



**Arizona Department of Public Safety
Arizona Crash Report I21031311**

Phoenix, AZ

HWY21MH008

(98 pages)

ARIZONA CRASH REPORT		REPORT ID										Agency Report Number																									
1	POLICE ONLY - FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 064R 206 S. 17TH AVE., PHOENIX, ARIZONA 85007-3233										121031311																										
	YEAR	MONTH	DAY	HOUR	NCIC NO.	OFFICER ID NO.						Total Number of Sheets <u>42</u>																									
		2	1	0	6	0	9	2	2	0	9	0	1	0	4	7	4																				
COMPLETE THE TRUCK/BUS SUPPLEMENT IF ANY (circle) AND ANY (diamond) ARE CHECKED																																					
2		Total Units	8		Total Injuries	11		Total Fatalities	4		Estimated Total Damage Compared To \$1,000 Limit:		<input checked="" type="checkbox"/> Over <input type="checkbox"/> Under		<input checked="" type="checkbox"/> Fatal <input type="checkbox"/> Hit/Run Unit #		<input checked="" type="checkbox"/> Person Transported for Immediate Medical Care? <input type="checkbox"/> Tow Away of At Least One Vehicle from Scene?		District or Grid No. 31030500																		
3		LOCATION										City		County																							
		On Highway/Road/Street SR-202 Private Property Crash Intersecting Street/Road/M.P. or R.P. <input type="checkbox"/> At <input checked="" type="checkbox"/> From MP-3										PHOENIX		MARICOPA																							
3		Light Condition										Weather Conditions		Distance		Miles																					
		<input type="checkbox"/> 1 Daylight <input checked="" type="checkbox"/> 4 Dark - Lighted <input type="checkbox"/> 51 Unknown <input type="checkbox"/> 2 Dawn <input type="checkbox"/> 5 Dark - Not Lighted <input type="checkbox"/> 3 Dusk <input checked="" type="checkbox"/> 6 Dark - Unknown Lighting										<input checked="" type="checkbox"/> 1 Clear <input type="checkbox"/> 4 Rain <input type="checkbox"/> 8 Fog, Smog, Smoke <input type="checkbox"/> 2 Cloudy <input type="checkbox"/> 5 Snow or Blowing Snow <input type="checkbox"/> 50 Other <input type="checkbox"/> 3 Sleet, Hail (freezing rain/drizzle) <input type="checkbox"/> 7 Blowing Sand, Soil, Dirt <input type="checkbox"/> 51 Unknown		0.89		<input checked="" type="checkbox"/> Measured <input type="checkbox"/> Feet <input type="checkbox"/> Approximate																					
4		GLOBAL POSITION										Roadway Clear Time:		Incident Clear:																							
		Latitude: 33.456379526527 Longitude: -111.9763404496										0 8 1 5		0 8 1 5																							
4		Safety Devices (SD)										Airbag (AB)		Injury Severity (IS)		Seating Position																					
		0 - Not Applicable 1 - None Used 2 - Lap Belt 3 - Shoulder and Lap Belt 4 - Child Restraint System 5 - Helmet Used 50 - Other 51 - Unknown										0 - Not Applicable 1 - Deployed - Front 2 - Deployed - Side (Door, seatback) 3 - Deployed - Curtain (roof) 4 - Deployed - Other (knee, airbelt, etc.) 5 - Deployed - Combination 6 - Deployed - Unknown Location 7 - Not Deployed		1 - No Injury 2 - Possible Injury 3 - Suspected Minor Injury 4 - Suspected Serious Injury 5 - Fatal Injury 51 - Unknown/Not Reported		31 21 11 32 22 12 33 23 13 38 28 18 42																					
5		TRAFFIC UNIT NO. 1										DL #		State		Class		End.		Driver		Name (First, Middle, Last)		Sex													
		3AKJGEDR0GSGW6726 V N 3AKJGEDR0GSGW6726 Autonomous Veh Control: Man <input type="checkbox"/> AV <input type="checkbox"/> Unkn <input type="checkbox"/> Trailer (Other Unit) Plate No. 72443E State AZ Year 12/31/21 GWW/GCWR (Rated) Greater Than 10k pounds? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No HazMat Placard? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										AZ		A		N,T		<input type="checkbox"/> Driver <input type="checkbox"/> Driverless <input type="checkbox"/> Pedestrian <input type="checkbox"/> Pedalcyclist		CESAR FRANCO GAVONEL		M															
5		TRAFFIC UNIT NO. 2										DL #		State		Class		End.		Driver		Name (First, Middle, Last)		Sex													
		3FA6POH73GR V N 3FA6POH73GR Autonomous Veh Control: Man <input type="checkbox"/> AV <input type="checkbox"/> Unkn <input type="checkbox"/> Trailer (Other Unit) Plate No. UNK State AZ Year 01/31/2022 GWW/GCWR (Rated) Greater Than 10k pounds? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No HazMat Placard? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										AZ		D		D		<input type="checkbox"/> Driver <input type="checkbox"/> Driverless <input type="checkbox"/> Pedestrian <input type="checkbox"/> Pedalcyclist		DANTE BRUBECK		M															
6		PASSENGERS										Unit #		Seat Pos		SD		AB		IS		Name		Address		City		State		Zip Code		Phone		Sex		D.O.B.	
		2		21		51		6		5		JENNIFER VIDAL		[REDACTED]		CASA GRANDE AZ 85122		F		[REDACTED]																	
2		23		51		6		4		BRIANNA FULTON		[REDACTED]		CASA GRANDE AZ 85194		F		[REDACTED]																			
2		13		3		5		4		MICHAEL FRANCO		[REDACTED]		PHOENIX AZ 85008		M		[REDACTED]																			
7		VEHICLE DAMAGED AREA(S) - (CIRCLE ALL THAT APPLY)										Unit #		1		2		3		4		5		6		7		8		9		10		11		12	
		[Diagram showing vehicle damage areas 1-12]										0 - NONE 10 - UNDERCARRIAGE 51 - UNKNOWN		0 - NONE 10 - UNDERCARRIAGE 51 - UNKNOWN																							
8		Property Damaged (Other than Vehicles)										Owner Code (OC)		1 - Private 2 - Public Utility		3 - Federal Government 4 - State of Arizona		5 - County in Arizona 6 - City in Arizona		7 - Tribal Nation 51 - Unknown		Inventory Tag No															
		Owner's Name										Address (or Bar Code ID Number)		City		State		Zip Code		Telephone Number																	
9		WITNESSES										Name		Address		City		State		Zip Code		Phone		Sex		D.O.B.											
		BRADLEY HERRELL										[REDACTED]		SAFFORD AZ 85546		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]											
HAMZH MAAMOUN AL ZOUBANI										[REDACTED]		TEMPE AZ		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]													
NATHANAEL JASON AWAYAN										[REDACTED]		MESA AZ 85205		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]													
10		CITATION										UNIT #		A.R.S. NO. OR CITY CODE		UNIT #		A.R.S. NO. OR CITY CODE																			
		[Empty]										[Empty]		[Empty]		[Empty]		[Empty]																			
1		Photos Taken										Photographer's Name, ID Number and Agency Name		Invest. At Scene		Date Invest.		Time Invest.		Fire/EMS Incident No																	
		J. SNARRENBERG 10360 AZDPS										Invest. At Scene <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date Invest. 06/09/2021		Time Invest. 23:55		Fire/EMS Incident No 21-230569																			
1		Officer's Name / Badge #										Supervisor's Signature		Agency Name		Date Completed																					
		Z. Saxon (10474)										J. McDonald (06513)		AZ DPS		06/29/2021																					

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REPORT ID

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CONTINUED
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ADOT TRAFFIC RECORDS SECTION, 064R
206 S. 17TH AVE. PHOENIX, ARIZONA 85007-3233

YEAR	MONTH	DAY	HR	NCIC NO.	OFFICER ID NO.
2010	06	09	2209		010474

121031311

12 - ROAD SURFACE CONDITION UNIT # 1 2 <input checked="" type="checkbox"/> 1 DRY <input type="checkbox"/> 8 MUD/DIRT/GRAVEL/SAND <input type="checkbox"/> 2 WET <input type="checkbox"/> 50 OTHER _____ <input type="checkbox"/> 3 SNOW/SLUSH <input type="checkbox"/> 51 UNKNOWN <input type="checkbox"/> 5 ICE/FROST <input type="checkbox"/> 6 WATER (standing/moving)	19 - CONTRIBUTING CIRCUMSTANCES UP TO TWO CHOICES PER UNIT UNIT # 1 2 <input checked="" type="checkbox"/> 0 NO CONTR BUT NG C RCUMSTANCE ENVIRONMENTAL ROAD 1, GLARE <input type="checkbox"/> 3 ROAD SURFACE CONDITION <input type="checkbox"/> A. SUNLIGHT <input type="checkbox"/> 4 DEBRIS <input type="checkbox"/> 5 WORK ZONE <input type="checkbox"/> 6 OBSTRUCTION N ROADWAY <input type="checkbox"/> 7 CHANGING ROAD W DTH <input type="checkbox"/> 8 NON-HIGHWAY WORK 2, PHYSICAL OBSTRUCTION(S) <input type="checkbox"/> A. STOPPED/PARKED VEHICLE <input type="checkbox"/> B. MOVING VEHICLE <input type="checkbox"/> C. LOAD ON VEHICLE <input type="checkbox"/> D. TREE/SHRUB/BUSH	22 - VIOLATIONS/BEHAVIOR CHECK ALL THAT APPLY UNIT # 1 2 <input checked="" type="checkbox"/> 1 NO MPROPER ACTION <input checked="" type="checkbox"/> 2 SPEED TOO FAST FOR CONDITIONS <input type="checkbox"/> 3 EXCEEDED LAWFUL SPEED <input type="checkbox"/> 4 FOLLOWED TOO CLOSELY <input type="checkbox"/> 5 RAN STOP SIGN <input type="checkbox"/> 6 DISREGARDED TRAFFIC SIGNAL <input type="checkbox"/> 7 MADE IMPROPER TURN <input type="checkbox"/> 8 DROVE LEFT OF CENTER LINE <input type="checkbox"/> 9 WRONG WAY DRIVING <input type="checkbox"/> 10 CROSSED MEDIAN <input type="checkbox"/> 11 PASSED IN NO PASSING ZONE <input type="checkbox"/> 12 UNSAFE LANE CHANGE <input type="checkbox"/> 13 FAILED TO KEEP N PROPER LANE <input type="checkbox"/> 17 D D NOT USE CROSSWALK <input type="checkbox"/> 20 FAILED TO YIELD RIGHT-OF-WAY <input type="checkbox"/> 49 AGGRESSIVE DRIV NG <input type="checkbox"/> 50 OTHER _____ <input type="checkbox"/> 51 UNKNOWN				
13 - ROAD GRADE UNIT # 1 2 <input checked="" type="checkbox"/> 1 LEVEL <input type="checkbox"/> 3 UPH LL <input type="checkbox"/> 2 DOWNH LL <input type="checkbox"/> 51 UNKNOWN	20 - DISTRACTED DRIVING BEHAVIOR UNIT # 1 2 <input checked="" type="checkbox"/> 0 NOT DISTRACTED / NOT APPLICABLE <input type="checkbox"/> 1 TALKING ON HANDS FREE DEVICE <input type="checkbox"/> 2 TALKING ON HAND HELD DEVICE <input type="checkbox"/> 3 PASSENGER <input type="checkbox"/> 4 OTHER ACTIVITY, ELECTRONIC DEVICE <input type="checkbox"/> 5 MANUALLY OPERATING AN ELCTRONIC DEVICE <input type="checkbox"/> 6 OTHER NS DE THE VEHICLE (eating, drinking, etc.) <input type="checkbox"/> 7 OUTS DE THE VEHICLE (includes unspecified distractions) <input type="checkbox"/> 50 DISTRACTED, UNKNOWN REASON <input checked="" type="checkbox"/> 51 UNKNOWN F DISTRACTED	23 - TRAFFIC UNIT MANUEVER/ACTION UNIT # 1 2 <input checked="" type="checkbox"/> 1 GO NG STRAIGHT AHEAD <input type="checkbox"/> 2 SLOW NG N TRAFFICWAY <input type="checkbox"/> 3 STOPPED N TRAFFIC WAY <input type="checkbox"/> 4 MAK NG LEFT TURN <input type="checkbox"/> 5 MAK NG RIGHT TURN <input type="checkbox"/> 6 MAK NG U-TURN <input type="checkbox"/> 7 OVERTAK NG/PASSING <input type="checkbox"/> 8 CHANG NG LANES <input type="checkbox"/> 9 NEGOTIAT NG A CURVE <input type="checkbox"/> 10 BACKING <input type="checkbox"/> 11 AVOID NG VEHICLE /OBJECT/PED/CYCLIST <input type="checkbox"/> 12 ENTER NG PARK NG POSITION <input type="checkbox"/> 13 LEAVING PARK NG POSITION <input type="checkbox"/> 14 PROPERLY PARKED <input type="checkbox"/> 15 IMPROPERLY PARKED <input type="checkbox"/> 16 MOV NG VEHICLE - NO DRIVER <input type="checkbox"/> 17 CROSS NG ROAD <input type="checkbox"/> 18 WALKING WITH TRAFFIC <input type="checkbox"/> 19 WALKING AGA NST TRAFFIC <input type="checkbox"/> 20 STAND NG <input type="checkbox"/> 21 LY NG <input type="checkbox"/> 22 GETT NG ON/OFF VEHICLE <input type="checkbox"/> 50 OTHER _____ <input type="checkbox"/> 51 UNKNOWN				
14 - RELATION TO JUNCTION <input checked="" type="checkbox"/> 0 NOT JUNCTION RELATED <input type="checkbox"/> 4 RAILWAY GRADE CROSSING <input type="checkbox"/> 1 INTERSECTION (within) <input type="checkbox"/> 7 DRIVEWAY or ALLEY ACCESS <input type="checkbox"/> 4-WAY <input type="checkbox"/> T-NTER <input type="checkbox"/> OTHER <input type="checkbox"/> 50 OTHER <input type="checkbox"/> 2 NTERSECTION-RELATED <input type="checkbox"/> 51 UNKNOWN <input type="checkbox"/> 3 ENTRANCE/EXIT RAMP	21 - CONDITION INFLUENCING Driver/Ped/Cyclist UP TO THREE CHOICES PER UNIT UNIT # 1 2 <input checked="" type="checkbox"/> 0 NO APPARENT INFLUENCE <input type="checkbox"/> 1 LLNESS OR PHYSICAL MPARMENT <input type="checkbox"/> 3 FELL ASLEEP/FATIGUED <input type="checkbox"/> 4 ALCOHOL <input type="checkbox"/> 5 LLEGAL DRUGS <input type="checkbox"/> 6 MEDICATIONS <input type="checkbox"/> 7 MARIJUANA <input type="checkbox"/> 8 MED MARIJUANA CARD PRESENTED <input type="checkbox"/> 50 OTHER _____ <input checked="" type="checkbox"/> 51 UNKNOWN CONDITION 21 DRE (check all that apply) <input type="checkbox"/> a DRE RESPONDED <input type="checkbox"/> b SUSPECT EVALUATED <input type="checkbox"/> c SUSPECT ARRESTED	24 - LOCATION OF PEDESTRIAN/CYCLIST UNIT # _____ <input type="checkbox"/> 1 AT INTERSECTION- N MARKED CROSSWALK <input type="checkbox"/> 2 AT INTERSECTION-UNMARKED/UNKNOWN F MARKED CROSSWALK <input type="checkbox"/> 3 AT INTERSECTION-NOT IN CROSSWALK <input type="checkbox"/> 4 AT INTERSECTION-UNKNOWN LOCATION <input type="checkbox"/> 5 NOT AT INTERSECTION-IN MARKED CROSSWALK <input type="checkbox"/> 6 NOT AT INTERSECTION-ON ROADWAY, NOT N MARKED CROSSWALK <input type="checkbox"/> 7 NOT AT INTERSECTION-ON ROADWAY, CROSSWALK AVAILABILITY UNKNOWN <input type="checkbox"/> 8 SCHOOL CROSSWALK <input type="checkbox"/> 9 PARK NG LANE/ZONE <input type="checkbox"/> 10 BICYCLE LANE <input type="checkbox"/> 11 SHOULDER/ROADSIDE <input type="checkbox"/> 12 S DEWALK <input type="checkbox"/> 13 MEDIAN/CROSSING ISLAND <input type="checkbox"/> 14 DRIVEWAY ACCESS <input type="checkbox"/> 15 SHARED-USE PATH <input type="checkbox"/> 16 NON-TRAFFICWAY AREA <input type="checkbox"/> 50 OTHER _____ <input type="checkbox"/> 51 UNKNOWN LOCATION				
15 - TRAFFIC WAY DESCRIPTION <input type="checkbox"/> 1 ONE WAY TRAFFICWAY <input type="checkbox"/> 2 TWO-WAY, NOT DIV DED (no median present) <input type="checkbox"/> 3 TWO-WAY, (NOT DIVIDED) WITH A CONTINUOUS LEFT TURN LANE <input type="checkbox"/> 4 TWO-WAY, DIV DED, UNPROTECTED MEDIAN <input checked="" type="checkbox"/> 5 TWO-WAY, DIV DED, POSITIVE MEDIAN BARR ER <input type="checkbox"/> 51 UNKNOWN	25 - ROADWAY ALIGNMENT UNIT # 1 2 <input checked="" type="checkbox"/> 1 STRAIGHT <input type="checkbox"/> 3 CURVE RIGHT <input type="checkbox"/> 2 CURVE LEFT <input type="checkbox"/> 51 UNKNOWN	27 - SEQUENCE OF EVENTS UP TO FOUR CRASH EVENTS FOR EACH UNIT N THE ORDER OF OCCURRENCE NON-COLLISION 1 OVERTURN/ROLLOVER 2 F RE/EXPLOSION 5 CARGO/EQUIPMENT LOSS/SHIFT 6 FELL/JUMPED FROM VEHICLE 8 OTHER NON-COLLISION _____ 9 EQU PMENT FA LURE (tires, brakes) 10 SEPARATION OF UNITS 11 RAN OFF ROAD RIGHT 12 RAN OFF ROAD LEFT 13 CROSS MEDIAN 14 CROSS CENTERLINE 15 DOWNH LL RUNAWAY COLLISION WITH PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT 16 MOTOR VEHICLE N TRANSPORT 17 PEDESTRIAN 18 PEDALCYCLE 19 TRA N 20 LIGHT RA LWAY/RAILCAR VEHICLE 21 ANIMAL 25 PARKED MOTOR VEHICLE 27 STRUCK BY FALL NG, SHIFTING CARGO OR ANYTHING SET N MOTION BY ANOTHER VEHICLE 28 OTHER NON-FIXED OBJ. _____				
16 - TRAFFIC CONTROL DEVICE UNIT # 1 2 <input checked="" type="checkbox"/> 0 NO CONTROLS <input type="checkbox"/> 7 PERSON (law enforcement, crossing guard, flagger etc.) <input type="checkbox"/> 1 SIGNAL <input type="checkbox"/> 8 TRAFFIC C RCLE / ROUNDABOUT <input type="checkbox"/> 2 STOP SIGN <input type="checkbox"/> 9 PEDESTRIAN HYBR D BEACON/HAWK <input type="checkbox"/> 3 YIELD SIGN <input type="checkbox"/> 50 OTHER _____ <input type="checkbox"/> 4 WARNING SIGN <input type="checkbox"/> 51 UNKNOWN <input type="checkbox"/> 5 RAILROAD CROSS NG SIGN <input type="checkbox"/> 6 FLASHING TRAFFIC SIGNAL	26 - LANE Please enter unit's number and lane of travel before first crash event <table border="1"> <tr> <th>UNIT 1</th> <th>UNIT 2</th> </tr> <tr> <td>4</td> <td>4</td> </tr> </table> 0 TWO-WAY CONT NUOUS LEFT TURN 1-9 1= F RST LANE NEXT TO A MEDIAN THRU 9 10 CROSSWALK L1 THRU LX - LEFT TURN ONLY LANES (L1 = 1 ST LEFT TURN AFTER MEDIAN/CENTERL NE) R1 THRU RX - RIGHT TURN LANES (R1 = 1 ST RIGHT TURN AFTER THROUGH LANES) SW S DEWALK BL DEDICATED B KE LANE HOV HIGH OCCUPANCY VEHICLE 49 NON-ROADWAY 50 OTHER 51 UNKNOWN	UNIT 1	UNIT 2	4	4	28 - COLLISION WITH FIXED OBJECT 29 IMPACT ATTENUATOR/CRASH CUSHION/GUARDRA L END 33 CONCRETE CURB 36 GUARDRA L FACE 38 MEDIAN BARR ER 39 CABLE BARRIER 41 TREE, BUSH, STUMP (standing) 42 TRAFFIC SIGN SUPPORT 43 TRAFFIC SIGNAL SUPPORT 44 UT LITY POLE/LIGHT SUPPORT 46 FENCE 50 OTHER FIXED OBJ. _____ 51 UNKNOWN FIRST HARMFUL EVENT OF THE CRASH <u>16</u>
UNIT 1	UNIT 2					
4	4					
17 - MANNER OF CRASH IMPACT <input type="checkbox"/> 1 S NGLE VEHICLE <input type="checkbox"/> 6 S DESW PE, SAME D RECTION <input type="checkbox"/> 2 ANGLE (front to side) (other than left turn) <input type="checkbox"/> 7 S DESW PE, OPPOSITE D RECTION <input type="checkbox"/> 3 LEFT TURN <input type="checkbox"/> 10 U-TURN <input checked="" type="checkbox"/> 4 REAR END (front-to-rear) <input type="checkbox"/> 50 OTHER _____ <input type="checkbox"/> 5 HEAD-ON (front-to-front) (other than left turn) <input type="checkbox"/> 51 UNKNOWN	29 - COLLISION WITH PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT 16 MOTOR VEHICLE N TRANSPORT 17 PEDESTRIAN 18 PEDALCYCLE 19 TRA N 20 LIGHT RA LWAY/RAILCAR VEHICLE 21 ANIMAL 25 PARKED MOTOR VEHICLE 27 STRUCK BY FALL NG, SHIFTING CARGO OR ANYTHING SET N MOTION BY ANOTHER VEHICLE 28 OTHER NON-FIXED OBJ. _____	29 - COLLISION WITH FIXED OBJECT 29 IMPACT ATTENUATOR/CRASH CUSHION/GUARDRA L END 33 CONCRETE CURB 36 GUARDRA L FACE 38 MEDIAN BARR ER 39 CABLE BARRIER 41 TREE, BUSH, STUMP (standing) 42 TRAFFIC SIGN SUPPORT 43 TRAFFIC SIGNAL SUPPORT 44 UT LITY POLE/LIGHT SUPPORT 46 FENCE 50 OTHER FIXED OBJ. _____ 51 UNKNOWN FIRST HARMFUL EVENT OF THE CRASH <u>16</u>				
18 - DIRECTION OF UNIT TRAVEL (Compass) BEFORE 1 ST CRASH EVENT UNIT # 1 2 <input type="checkbox"/> 1 NORTH <input type="checkbox"/> 6 NORTHEAST <input type="checkbox"/> 2 SOUTH <input type="checkbox"/> 7 SOUTHWEST <input checked="" type="checkbox"/> 3 EAST <input type="checkbox"/> 8 SOUTHEAST <input type="checkbox"/> 4 WEST <input type="checkbox"/> 51 UNKNOWN <input type="checkbox"/> 5 NORTHWEST NOTE: FOR PARKED OR STOPPED VEHICLES, INDICATE THE DIRECTION THE VEHICLE WAS FACING AT THE TIME OF THE CRASH	25 - ROADWAY ALIGNMENT UNIT # 1 2 <input checked="" type="checkbox"/> 1 STRAIGHT <input type="checkbox"/> 3 CURVE RIGHT <input type="checkbox"/> 2 CURVE LEFT <input type="checkbox"/> 51 UNKNOWN	27 - SEQUENCE OF EVENTS UP TO FOUR CRASH EVENTS FOR EACH UNIT N THE ORDER OF OCCURRENCE NON-COLLISION 1 OVERTURN/ROLLOVER 2 F RE/EXPLOSION 5 CARGO/EQUIPMENT LOSS/SHIFT 6 FELL/JUMPED FROM VEHICLE 8 OTHER NON-COLLISION _____ 9 EQU PMENT FA LURE (tires, brakes) 10 SEPARATION OF UNITS 11 RAN OFF ROAD RIGHT 12 RAN OFF ROAD LEFT 13 CROSS MEDIAN 14 CROSS CENTERLINE 15 DOWNH LL RUNAWAY COLLISION WITH PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT 16 MOTOR VEHICLE N TRANSPORT 17 PEDESTRIAN 18 PEDALCYCLE 19 TRA N 20 LIGHT RA LWAY/RAILCAR VEHICLE 21 ANIMAL 25 PARKED MOTOR VEHICLE 27 STRUCK BY FALL NG, SHIFTING CARGO OR ANYTHING SET N MOTION BY ANOTHER VEHICLE 28 OTHER NON-FIXED OBJ. _____				
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UNIT 1	UNIT 2					
4	4					
20 - DISTRACTED DRIVING BEHAVIOR UNIT # 1 2 <input checked="" type="checkbox"/> 0 NOT DISTRACTED / NOT APPLICABLE <input type="checkbox"/> 1 TALKING ON HANDS FREE DEVICE <input type="checkbox"/> 2 TALKING ON HAND HELD DEVICE <input type="checkbox"/> 3 PASSENGER <input type="checkbox"/> 4 OTHER ACTIVITY, ELECTRONIC DEVICE <input type="checkbox"/> 5 MANUALLY OPERATING AN ELCTRONIC DEVICE <input type="checkbox"/> 6 OTHER NS DE THE VEHICLE (eating, drinking, etc.) <input type="checkbox"/> 7 OUTS DE THE VEHICLE (includes unspecified distractions) <input type="checkbox"/> 50 DISTRACTED, UNKNOWN REASON <input checked="" type="checkbox"/> 51 UNKNOWN F DISTRACTED	28 - COLLISION WITH FIXED OBJECT 29 IMPACT ATTENUATOR/CRASH CUSHION/GUARDRA L END 33 CONCRETE CURB 36 GUARDRA L FACE 38 MEDIAN BARR ER 39 CABLE BARRIER 41 TREE, BUSH, STUMP (standing) 42 TRAFFIC SIGN SUPPORT 43 TRAFFIC SIGNAL SUPPORT 44 UT LITY POLE/LIGHT SUPPORT 46 FENCE 50 OTHER FIXED OBJ. _____ 51 UNKNOWN FIRST HARMFUL EVENT OF THE CRASH <u>16</u>	29 - COLLISION WITH PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT 16 MOTOR VEHICLE N TRANSPORT 17 PEDESTRIAN 18 PEDALCYCLE 19 TRA N 20 LIGHT RA LWAY/RAILCAR VEHICLE 21 ANIMAL 25 PARKED MOTOR VEHICLE 27 STRUCK BY FALL NG, SHIFTING CARGO OR ANYTHING SET N MOTION BY ANOTHER VEHICLE 28 OTHER NON-FIXED OBJ. _____				

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1										2		1		0		6		0		9		2		2		0		9		0		1		0		4		7		4		Total Number of Sheets _____	
COMPLETE THE TRUCK/BUS SUPPLEMENT IF ANY <input checked="" type="checkbox"/> (circle) AND ANY <input checked="" type="checkbox"/> (diamond) ARE CHECKED																																											
2			Total Units		Total Injuries		Total Fatalities		Estimated Total Damage Compared To \$1,000 Limit: <input type="checkbox"/> Over <input type="checkbox"/> Under				<input type="radio"/> Fatal <input type="radio"/> Hit/Run Unit # _____		<input type="radio"/> Person Transported for Immediate Medical Care?		<input type="radio"/> Tow Away of At Least One Vehicle from Scene?		District or Grid No.																								
3			LOCATION			On Highway/Road/Street <input type="checkbox"/> Private Property Crash <input type="checkbox"/>										<input type="checkbox"/> Inside City		<input type="checkbox"/> Outside		County																							
3			Intersecting Street/Road/M.P. or R.P.			<input type="checkbox"/> At <input type="checkbox"/> From		<input type="checkbox"/> North <input type="checkbox"/> East <input type="checkbox"/> Plus		<input type="checkbox"/> South <input type="checkbox"/> West <input type="checkbox"/> Minus		Distance		<input type="checkbox"/> Measured <input type="checkbox"/> Miles		<input type="checkbox"/> Approximate <input type="checkbox"/> Feet																											
3			Light Condition			<input type="checkbox"/> 1 Daylight <input type="checkbox"/> 4 Dark - Lighted <input type="checkbox"/> 51 Unknown		<input type="checkbox"/> 2 Dawn <input type="checkbox"/> 5 Dark - Not Lighted		<input type="checkbox"/> 3 Dusk <input type="checkbox"/> 6 Dark - Unknown Lighting		Weather Conditions		<input type="checkbox"/> 1 Clear <input type="checkbox"/> 4 Rain <input type="checkbox"/> 8 Fog, Smog, Smoke		<input type="checkbox"/> 2 Cloudy <input type="checkbox"/> 5 Snow or Blowing Snow <input type="checkbox"/> 50 Other		<input type="checkbox"/> 3 Sleet, Hail (freezing rain/drizzle) <input type="checkbox"/> 7 Blowing Sand, Soil, Dirt <input type="checkbox"/> 51 Unknown																									
4			GLOBAL POSITION			Latitude: _____			Longitude _____			Is this a Secondary Collision: <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, were any of the following 1st responders hit? <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Fire <input type="checkbox"/> EMS <input type="checkbox"/> Tow Operator <input type="checkbox"/> DOT Worker <input type="checkbox"/> Other _____			Roadway Clear Time: <input type="text"/>			Incident Clear: <input type="text"/>																									
5			Safety Devices (SD)			Airbag (AB)			Injury Severity (IS)			Seating Position			<input type="checkbox"/> 0 - Not Applicable <input type="checkbox"/> 1 - None Used <input type="checkbox"/> 2 - Lap Belt <input type="checkbox"/> 3 - Shoulder and Lap Belt <input type="checkbox"/> 4 - Child Restraint System <input type="checkbox"/> 5 - Helmet Used <input type="checkbox"/> 50 - Other <input type="checkbox"/> 51 - Unknown																												
5			TRAFFIC UNIT NO. 3			DL # <input type="checkbox"/> No Valid License/Permit <input type="checkbox"/>			State AZ Class D End.		<input type="checkbox"/> Driver <input type="checkbox"/> Driverless <input type="checkbox"/> Pedestrian <input type="checkbox"/> Pedalcyclist		Name (First, Middle, Last) NICHOLAS SIMONELLI GREEN			<input type="checkbox"/> ejected <input type="checkbox"/> extricated		Suffix		Sex M																							
5			Restrictions			Address _____ TEMPE AZ 85281						City TEMPE AZ 85281		State AZ Zip Code		Telephone Number																											
5			Date of Birth			Owner/Carrier Name NICHOLAS SIMONELLI GREEN		<input type="checkbox"/> Same as Driver <input type="checkbox"/> Gov't Vehicle		Address _____ TEMPE AZ 85281		City TEMPE AZ 85281		State AZ Zip Code		Telephone Number																											
5			Color GRY			Vehicle Year 2013		Make TOYT		Body Style 4DSW		Plate Number _____		State AZ Plate Mo/Yr 11/30/2021		<input type="checkbox"/> Bus (9 or more seats) <input type="checkbox"/>																											
5			VIN JTDKN3DU2D1_____			Autonomous Veh <input type="checkbox"/>		Control: Man <input type="checkbox"/> AV <input type="checkbox"/> Unkn <input type="checkbox"/>		Trailer (Other Unit) Plate No. _____		State _____ Year _____		GWW/GCWR (Rated) Greater Than 10k pounds? <input type="checkbox"/> Yes <input type="checkbox"/> No		HazMat Placard? <input type="checkbox"/> Yes <input type="checkbox"/> No																											
5			Safety Devices 3			Airbag 1		Injury Severity 3		Posted Speed Limit 65		Ofc Est. Speed UNK		Injured Transported To/By COUNTY MEDICAL CENTER / PHX FIRE DEPARTMENT																													
5			Vehicle Removed to (Address/Storage Location Identifier) EVIDENCE			<input checked="" type="checkbox"/> Disabled <input type="checkbox"/> Not Disabled		Vehicle Removed by EXECUTIVE TOWING				Orders of POLICE																															
5			Insurance Company GEICO			Telephone Number (800) 841-3000			Policy Number _____			Exp. Date _____																															
4			TRAFFIC UNIT NO. 4			DL # <input type="checkbox"/> No Valid License/Permit <input type="checkbox"/>			State AZ Class D End.		<input type="checkbox"/> Driver <input type="checkbox"/> Driverless <input type="checkbox"/> Pedestrian <input type="checkbox"/> Pedalcyclist		Name (First, Middle, Last) SEDEQWA JAHNAE DEVONNE KEYARA PARKER			<input type="checkbox"/> ejected <input type="checkbox"/> extricated		Suffix		Sex F																							
4			Restrictions			Address _____ PHOENIX AZ 85015						City PHOENIX AZ 85015		State AZ Zip Code		Telephone Number																											
4			Date of Birth			Owner/Carrier Name SEDEQWA JAHNAE DEVONNE KEYARA PARKER		<input type="checkbox"/> Same as Driver <input type="checkbox"/> Gov't Vehicle		Address _____ PHOENIX AZ 85015		City PHOENIX AZ 85015		State AZ Zip Code		Telephone Number																											
4			Color _____			Vehicle Year 2021		Make CHEV		Body Style 4DSW		Plate Number _____		State AZ Plate Mo/Yr 03/31/2021		<input type="checkbox"/> Bus (9 or more seats) <input type="checkbox"/>																											
4			VIN 3GNAXHEV7MS_____			Autonomous Veh <input type="checkbox"/>		Control: Man <input type="checkbox"/> AV <input type="checkbox"/> Unkn <input type="checkbox"/>		Trailer (Other Unit) Plate No. _____		State _____ Year _____		GWW/GCWR (Rated) Greater Than 10k pounds? <input type="checkbox"/> Yes <input type="checkbox"/> No		HazMat Placard? <input type="checkbox"/> Yes <input type="checkbox"/> No																											
4			Safety Devices 51			Airbag 6		Injury Severity 5		Posted Speed Limit 65		Ofc Est. Speed UNK		Injured Transported To/By M.C.O.M.E.																													
4			Vehicle Removed to (Address/Storage Location Identifier) EVIDENCE			<input checked="" type="checkbox"/> Disabled <input type="checkbox"/> Not Disabled		Vehicle Removed by UNIQUE HEAVY RECOVERY				Orders of POLICE																															
4			Insurance Company GEICO			Telephone Number (800) 841-3000			Policy Number _____			Exp. Date _____																															
6			PASSENGERS			Unit #		Seat Pos		SD		AB		IS		Name			Address		City		State		Zip Code		Phone		Sex		D.O.B.												
6			5			13		3		1		3		AMELIA ROMERO			_____		PHOENIX AZ 85006		_____		_____		_____		F		10/05/83														
6			6			23		3		3		3		_____			_____		QUEEN CREEK AZ 85142		_____		_____		_____		F		_____														
6			7			13		1		5		5		ALEXIUS RENEE HOOPER			_____		PHOENIX AZ 85021		_____		_____		_____		F		11/26/99														
7			VEHICLE DAMAGED AREA(S) - (CIRCLE ALL THAT APPLY)			Unit # 1		<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8		0 - NONE <input type="checkbox"/> 10 - UNDERCARRIAGE <input type="checkbox"/> 51 - UNKNOWN <input type="checkbox"/>		Unit # 1		<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8		0 - NONE <input type="checkbox"/> 10 - UNDERCARRIAGE <input type="checkbox"/> 51 - UNKNOWN <input type="checkbox"/>																											
8			Property Damaged (Other than Vehicles)			Owner Code 1 - Private 2 - Public Utility 3 - Federal Government 4 - State of Arizona 5 - County in Arizona 6 - City in Arizona 7 - Tribal Nation 8 - Unknown			Inventory Tag No																																		
9			WITNESSES			Name MICHAEL BUCCOLA Ad _____			City CHANDLER AZ 85225			State _____ Zip Code _____		Telephone Number _____																													
9			Name KATLIN HAMMOND Ad _____			City TOLLESON AZ 85353			State _____ Zip Code _____		Telephone Number _____																																
9			Name JORDAN TOMAENO			City _____			State _____ Zip Code _____		Telephone Number _____																																
10			CITATION			UNIT #		A.R.S. NO. OR CITY CODE		UNIT #		A.R.S. NO. OR CITY CODE																															
11			Photos Taken <input type="checkbox"/> Yes <input type="checkbox"/> No			Photographer's Name, ID Number and Agency Name			Invest. At Scene <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Invest.		Time Invest.		Fire/EMS Incident No																												
11			Officer's Name / Badge #			Supervisor's Signature			Agency Name		Date Completed																																

ARIZONA CRASH REPORT

REPORT ID

Agency Report Number

1

CONTINUED
POLICE ONLY - FORWARD COPY TO
ADOT TRAFFIC RECORDS SECTION, 064R
206 S. 17TH AVE. PHOENIX, ARIZONA 85007-3233

YEAR	MONTH	DAY	HR	NCIC NO.	OFFICER ID NO.
2010	06	09	2209		010474

121031311

<p>12 - ROAD SURFACE CONDITION UNIT # 3 4 <input checked="" type="checkbox"/> 1 DRY <input type="checkbox"/> 2 WET <input type="checkbox"/> 3 SNOW/SLUSH <input type="checkbox"/> 4 WATER (standing/moving) <input type="checkbox"/> 5 ICE/FROST <input type="checkbox"/> 6 MUD/DIRT/GRAVEL/SAND <input type="checkbox"/> 7 OTHER _____ <input type="checkbox"/> 8 MUD/DIRT/GRAVEL/SAND <input type="checkbox"/> 9 OTHER _____ <input type="checkbox"/> 10 UNKNOWN</p>	<p>19 - CONTRIBUTING CIRCUMSTANCES UP TO TWO CHOICES PER UNIT UNIT # 3 4 <input checked="" type="checkbox"/> 0 NO CONTR BUT NG C RCUMSTANCE ENVIRONMENTAL <input type="checkbox"/> 1 GLARE <input type="checkbox"/> 2 A. SUNLIGHT <input type="checkbox"/> 3 PHYSICAL OBSTRUCTION(S) <input type="checkbox"/> 4 A. STOPPED/PARKED VEHICLE <input type="checkbox"/> 5 B. MOVING VEHICLE <input type="checkbox"/> 6 C. LOAD ON VEHICLE <input type="checkbox"/> 7 D. TREE/SHRUB/BUSH MOTOR VEHICLE <input type="checkbox"/> 8 T RES <input type="checkbox"/> 9 OTHER _____ <input type="checkbox"/> 10 UNKNOWN ROAD RAGE <input type="checkbox"/> 11 POSS BLE ROAD RAGE NCIDENT</p>	<p>22 - VIOLATIONS/BEHAVIOR CHECK ALL THAT APPLY UNIT # 3 4 <input checked="" type="checkbox"/> 1 NO MPROPER ACTION <input type="checkbox"/> 2 SPEED TOO FAST FOR CONDITIONS <input type="checkbox"/> 3 EXCEEDED LAWFUL SPEED <input type="checkbox"/> 4 FOLLOWED TOO CLOSELY <input type="checkbox"/> 5 RAN STOP SIGN <input type="checkbox"/> 6 DISREGARDED TRAFFIC SIGNAL <input type="checkbox"/> 7 MADE IMPROPER TURN <input type="checkbox"/> 8 DROVE LEFT OF CENTER LINE <input type="checkbox"/> 9 WRONG WAY DRIVING <input type="checkbox"/> 10 CROSSED MEDIAN <input type="checkbox"/> 11 PASSED IN NO PASSING ZONE <input type="checkbox"/> 12 UNSAFE LANE CHANGE <input type="checkbox"/> 13 FAILED TO KEEP N PROPER LANE <input type="checkbox"/> 14 D D NOT USE CROSSWALK <input type="checkbox"/> 15 FAILED TO YIELD RIGHT-OF-WAY <input type="checkbox"/> 16 AGGRESSIVE DRIV NG <input type="checkbox"/> 17 OTHER _____ <input type="checkbox"/> 18 UNKNOWN</p>																														
<p>13 - ROAD GRADE UNIT # 3 4 <input checked="" type="checkbox"/> 1 LEVEL <input type="checkbox"/> 2 DOWNH LL <input type="checkbox"/> 3 UPH LL <input type="checkbox"/> 4 UNKNOWN</p>	<p>20 - DISTRACTED DRIVING BEHAVIOR UNIT # 3 4 <input checked="" type="checkbox"/> 0 NOT DISTRACTED / NOT APPLICABLE <input type="checkbox"/> 1 TALKING ON HANDS FREE DEVICE <input type="checkbox"/> 2 TALKING ON HAND HELD DEVICE <input type="checkbox"/> 3 PASSENGER <input type="checkbox"/> 4 OTHER ACTIVITY, ELECTRONIC DEVICE <input type="checkbox"/> 5 MANUALLY OPERATING AN ELCTRONIC DEVICE <input type="checkbox"/> 6 OTHER NS DE THE VEHICLE (eating, drinking, etc.) <input type="checkbox"/> 7 OUTS DE THE VEHICLE (includes unspecified distractions) <input type="checkbox"/> 8 DISTRACTED, UNKNOWN REASON <input type="checkbox"/> 9 UNKNOWN F DISTRACTED</p>	<p>23 - TRAFFIC UNIT MANUEVER/ACTION UNIT # 3 4 <input type="checkbox"/> 1 GO NG STRAIGHT AHEAD <input type="checkbox"/> 2 SLOW NG N TRAFFICWAY <input checked="" type="checkbox"/> 3 STOPPED N TRAFFIC WAY <input type="checkbox"/> 4 MAK NG LEFT TURN <input type="checkbox"/> 5 MAK NG RIGHT TURN <input type="checkbox"/> 6 MAK NG U-TURN <input type="checkbox"/> 7 OVERTAK NG/PASSING <input type="checkbox"/> 8 CHANG NG LANES <input type="checkbox"/> 9 NEGOTIAT NG A CURVE <input type="checkbox"/> 10 BACKING <input type="checkbox"/> 11 AVOID NG VEHICLE /OBJECT/PED/CYCLIST <input type="checkbox"/> 12 ENTER NG PARK NG POSITION <input type="checkbox"/> 13 LEAVING PARK NG POSITION <input type="checkbox"/> 14 PROPERLY PARKED <input type="checkbox"/> 15 IMPROPERLY PARKED <input type="checkbox"/> 16 MOV NG VEHICLE - NO DRIVER <input type="checkbox"/> 17 CROSS NG ROAD <input type="checkbox"/> 18 WALKING WITH TRAFFIC <input type="checkbox"/> 19 WALKING AGA NST TRAFFIC <input type="checkbox"/> 20 STAND NG <input type="checkbox"/> 21 LY NG <input type="checkbox"/> 22 GETT NG ON/OFF VEHICLE <input type="checkbox"/> 23 OTHER _____ <input type="checkbox"/> 24 UNKNOWN</p>																														
<p>14 - RELATION TO JUNCTION <input checked="" type="checkbox"/> 0 NOT JUNCTION RELATED <input type="checkbox"/> 1 INTERSECTION (within) <input type="checkbox"/> 2 INTERSECTION-RELATED <input type="checkbox"/> 3 ENTRANCE/EXIT RAMP <input type="checkbox"/> 4 RAILWAY GRADE CROSSING <input type="checkbox"/> 5 DRIVEWAY or ALLEY ACCESS <input type="checkbox"/> 6 4-WAY or T-NTER <input type="checkbox"/> 7 OTHER <input type="checkbox"/> 8 50 OTHER <input type="checkbox"/> 9 51 UNKNOWN</p>	<p>21 - CONDITION INFLUENCING Driver/Ped/Cyclist UP TO THREE CHOICES PER UNIT UNIT # 3 4 <input checked="" type="checkbox"/> 0 NO APPARENT INFLUENCE <input type="checkbox"/> 1 LLNESS OR PHYSICAL MPARMENT <input type="checkbox"/> 2 FELL ASLEEP/FATIGUED <input type="checkbox"/> 3 ALCOHOL <input type="checkbox"/> 4 LLEGAL DRUGS <input type="checkbox"/> 5 MEDICATIONS <input type="checkbox"/> 6 MARIJUANA <input type="checkbox"/> 7 MED MARIJUANA CARD PRESENTED <input type="checkbox"/> 8 50 OTHER _____ <input type="checkbox"/> 9 51 UNKNOWN CONDITION</p>	<p>24 - LOCATION OF PEDESTRIAN/CYCLIST UNIT # _____ <input type="checkbox"/> 1 AT INTERSECTION- N MARKED CROSSWALK <input type="checkbox"/> 2 AT INTERSECTION-UNMARKED/UNKNOWN F MARKED CROSSWALK <input type="checkbox"/> 3 AT INTERSECTION-NOT IN CROSSWALK <input type="checkbox"/> 4 AT INTERSECTION-UNKNOWN LOCATION <input type="checkbox"/> 5 NOT AT INTERSECTION-IN MARKED CROSSWALK <input type="checkbox"/> 6 NOT AT INTERSECTION-ON ROADWAY, NOT N MARKED CROSSWALK <input type="checkbox"/> 7 NOT AT INTERSECTION-ON ROADWAY, CROSSWALK AVAILABILITY UNKNOWN <input type="checkbox"/> 8 SCHOOL CROSSWALK <input type="checkbox"/> 9 PARK NG LANE/ZONE <input type="checkbox"/> 10 BICYCLE LANE <input type="checkbox"/> 11 SHOULDER/ROADSIDE <input type="checkbox"/> 12 S DEWALK <input type="checkbox"/> 13 MEDIAN/CROSSING ISLAND <input type="checkbox"/> 14 DRIVEWAY ACCESS <input type="checkbox"/> 15 SHARED-USE PATH <input type="checkbox"/> 16 NON-TRAFFICWAY AREA <input type="checkbox"/> 17 OTHER _____ <input type="checkbox"/> 18 UNKNOWN LOCATION</p>																														
<p>15 - TRAFFIC WAY DESCRIPTION <input type="checkbox"/> 1 ONE WAY TRAFFICWAY <input type="checkbox"/> 2 TWO-WAY, NOT DIV DED (no median present) <input type="checkbox"/> 3 TWO-WAY, (NOT DIVIDED) WITH A CONTINUOUS LEFT TURN LANE <input type="checkbox"/> 4 TWO-WAY, DIV DED, UNPROTECTED MEDIAN <input checked="" type="checkbox"/> 5 TWO-WAY, DIV DED, POSITIVE MEDIAN BARR ER <input type="checkbox"/> 6 51 UNKNOWN</p>	<p>25 - ROADWAY ALIGNMENT UNIT # 3 4 <input type="checkbox"/> 1 STRAIGHT <input type="checkbox"/> 2 CURVE LEFT <input checked="" type="checkbox"/> 3 CURVE RIGHT <input type="checkbox"/> 4 51 UNKNOWN</p>	<p>26 - LANE Please enter unit's number and lane of travel before first crash event <table border="1"> <tr> <th>UNIT 3</th> <th>UNIT 4</th> </tr> <tr> <td>4</td> <td>4</td> </tr> </table> </p>	UNIT 3	UNIT 4	4	4																										
UNIT 3	UNIT 4																															
4	4																															
<p>16 - TRAFFIC CONTROL DEVICE UNIT # 3 4 <input checked="" type="checkbox"/> 0 NO CONTROLS <input type="checkbox"/> 1 SIGNAL <input type="checkbox"/> 2 STOP SIGN <input type="checkbox"/> 3 YIELD SIGN <input type="checkbox"/> 4 WARNING SIGN <input type="checkbox"/> 5 RAILROAD CROSS NG SIGN <input type="checkbox"/> 6 FLASHING TRAFFIC SIGNAL <input type="checkbox"/> 7 PERSON (law enforcement, crossing guard, flagger etc.) <input type="checkbox"/> 8 TRAFFIC C RCLE / ROUNDABOUT <input type="checkbox"/> 9 PEDESTRIAN HYBR D BEACON/HAWK <input type="checkbox"/> 10 50 OTHER _____ <input type="checkbox"/> 11 51 UNKNOWN</p>	<p>27 - SEQUENCE OF EVENTS UP TO FOUR CRASH EVENTS FOR EACH UNIT N THE ORDER OF OCCURRENCE NON-COLLISION 1 OVERTURN/ROLLOVER 2 F RE/EXPLOSION 3 CARGO/EQUIPMENT LOSS/SHIFT 4 FELL/JUMPED FROM VEHICLE 5 OTHER NON-COLLISION _____ 6 EQU PMENT FA LURE (tires, brakes) 7 SEPARATION OF UNITS 8 RAN OFF ROAD RIGHT 9 RAN OFF ROAD LEFT 10 CROSS MEDIAN 11 CROSS CENTERLINE 12 DOWNH LL RUNAWAY COLLISION WITH PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT 13 MOTOR VEHICLE N TRANSPORT 14 PEDESTRIAN 15 PEDALCYCLE 16 TRA N 17 LIGHT RA LWAY/RAILCAR VEHICLE 18 ANIMAL 19 PARKED MOTOR VEHICLE 20 STRUCK BY FALL NG, SHIFTING CARGO OR ANYTHING SET N MOTION BY ANOTHER VEHICLE 21 OTHER NON-FIXED OBJ. _____</p>	<p>COLLISION WITH FIXED OBJECT 22 IMPACT ATTENUATOR/CRASH CUSHION/GUARDRA L END 23 CONCRETE CURB 24 GUARDRA L FACE 25 MEDIAN BARR ER 26 CABLE BARRIER 27 TREE, BUSH, STUMP (standing) 28 TRAFFIC SIGN SUPPORT 29 TRAFFIC SIGNAL SUPPORT 30 UT LITY POLE/LIGHT SUPPORT 31 FENCE 32 OTHER FIXED OBJ. _____ 33 UNKNOWN</p>																														
<p>17 - MANNER OF CRASH IMPACT <input type="checkbox"/> 1 S NGLE VEHICLE <input type="checkbox"/> 2 ANGLE (front to side) (other than left turn) <input type="checkbox"/> 3 LEFT TURN <input checked="" type="checkbox"/> 4 REAR END (front-to-rear) <input type="checkbox"/> 5 HEAD-ON (front-to-front) (other than left turn) <input type="checkbox"/> 6 S DESW PE, SAME D RECTION <input type="checkbox"/> 7 S DESW PE, OPPOSITE D RECTION <input type="checkbox"/> 8 U-TURN <input type="checkbox"/> 9 50 OTHER _____ <input type="checkbox"/> 10 51 UNKNOWN</p>	<p>18 - DIRECTION OF UNIT TRAVEL (Compass) BEFORE 1ST CRASH EVENT UNIT # 3 4 <input type="checkbox"/> 1 NORTH <input type="checkbox"/> 2 SOUTH <input checked="" type="checkbox"/> 3 EAST <input type="checkbox"/> 4 WEST <input type="checkbox"/> 5 NORTHWEST <input type="checkbox"/> 6 NORTHEAST <input type="checkbox"/> 7 SOUTHWEST <input type="checkbox"/> 8 SOUTHEAST <input type="checkbox"/> 9 51 UNKNOWN</p> <p>NOTE: FOR PARKED OR STOPPED VEHICLES, INDICATE THE DIRECTION THE VEHICLE WAS FACING AT THE TIME OF THE CRASH</p>	<p>28 - FIRST HARMFUL EVENT OF THE CRASH 16</p>																														
<p>18 - DIRECTION OF UNIT TRAVEL (Compass) BEFORE 1ST CRASH EVENT UNIT # 3 4 <input type="checkbox"/> 1 NORTH <input type="checkbox"/> 2 SOUTH <input checked="" type="checkbox"/> 3 EAST <input type="checkbox"/> 4 WEST <input type="checkbox"/> 5 NORTHWEST <input type="checkbox"/> 6 NORTHEAST <input type="checkbox"/> 7 SOUTHWEST <input type="checkbox"/> 8 SOUTHEAST <input type="checkbox"/> 9 51 UNKNOWN</p> <p>NOTE: FOR PARKED OR STOPPED VEHICLES, INDICATE THE DIRECTION THE VEHICLE WAS FACING AT THE TIME OF THE CRASH</p>	<p>29 - SEQUENCE OF EVENTS PER TRAFFIC UNIT <table border="1"> <tr> <th></th> <th>Unit 3</th> <th>Unit 4</th> </tr> <tr> <td>F RST EVENT</td> <td>16</td> <td>16</td> </tr> <tr> <td>SECOND EVENT</td> <td>16</td> <td>16</td> </tr> <tr> <td>THIRD EVENT</td> <td>1</td> <td>16</td> </tr> <tr> <td>FOURTH EVENT</td> <td>33</td> <td>2</td> </tr> </table> </p>		Unit 3	Unit 4	F RST EVENT	16	16	SECOND EVENT	16	16	THIRD EVENT	1	16	FOURTH EVENT	33	2	<p>29 - SEQUENCE OF EVENTS PER TRAFFIC UNIT <table border="1"> <tr> <th></th> <th>Unit 3</th> <th>Unit 4</th> </tr> <tr> <td>F RST EVENT</td> <td>16</td> <td>16</td> </tr> <tr> <td>SECOND EVENT</td> <td>16</td> <td>16</td> </tr> <tr> <td>THIRD EVENT</td> <td>1</td> <td>16</td> </tr> <tr> <td>FOURTH EVENT</td> <td>33</td> <td>2</td> </tr> </table> </p>		Unit 3	Unit 4	F RST EVENT	16	16	SECOND EVENT	16	16	THIRD EVENT	1	16	FOURTH EVENT	33	2
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ARIZONA CRASH REPORT		REPORT ID								Agency Report Number							
1	POLICE ONLY – FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 064R 206 S. 17 TH AVE., PHOENIX, ARIZONA 85007-3233		YEAR	MONTH	DAY	HOUR	NCIC NO.	OFFICER ID NO.	121031311								
			2	1	0	6	0	9	2	2	0	9	0	1	0	4	7
COMPLETE THE TRUCK/BUS SUPPLEMENT IF ANY (circle) AND ANY (diamond) ARE CHECKED																	
2	Total Units	Total Injuries	Total Fatalities	Estimated Total Damage Compared To \$1,000 Limit: <input type="checkbox"/> Over <input type="checkbox"/> Under		<input type="radio"/> Fatal <input type="checkbox"/> Hit/Run Unit # _____		<input type="radio"/> Person Transported for Immediate Medical Care?		<input type="radio"/> Tow Away of At Least One Vehicle from Scene?		District or Grid No.					
3	LOCATION		On Highway/Road/Street Private Property Crash					City		County							
	Intersecting Street/Road/M.P. or R.P.		<input type="checkbox"/> Inside		<input type="checkbox"/> Outside		Distance		<input type="checkbox"/> Measured <input type="checkbox"/> Miles		<input type="checkbox"/> Approximate <input type="checkbox"/> Feet						
	<input type="checkbox"/> At <input type="checkbox"/> From		<input type="checkbox"/> North <input type="checkbox"/> East <input type="checkbox"/> Plus		<input type="checkbox"/> South <input type="checkbox"/> West <input type="checkbox"/> Minus		Weather Conditions		<input type="checkbox"/> 4 Rain <input type="checkbox"/> 8 Fog, Smog, Smoke		<input type="checkbox"/> 50 Other						
Light Condition		<input type="checkbox"/> 1 Daylight <input type="checkbox"/> 4 Dark – Lighted <input type="checkbox"/> 51 Unknown		<input type="checkbox"/> 2 Dawn <input type="checkbox"/> 5 Dark – Not Lighted		<input type="checkbox"/> 3 Sleet, Hail (freezing rain/drizzle)		<input type="checkbox"/> 6 Dark – Unknown Lighting		<input type="checkbox"/> 7 Blowing Sand, Soil, Dirt		<input type="checkbox"/> 51 Unknown					
GLOBAL POSITION		Latitude: _____					Longitude _____										
4	Is this a Secondary Collision: <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, were any of the following 1 st responders hit? <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Fire <input type="checkbox"/> EMS <input type="checkbox"/> Tow Operator <input type="checkbox"/> DOT Worker <input type="checkbox"/> Other _____						Roadway Clear Time: _____		Incident Clear: _____								
Safety Devices (SD)		Airbag (AB)		Injury Severity (IS)		Seating Position		<input type="checkbox"/> 0 – Not Applicable <input type="checkbox"/> 0 – Not Deployed <input type="checkbox"/> 1 – No Injury <input type="checkbox"/> 4 – Suspected Serious Injury <input type="checkbox"/> 18 – Front Seat – Other (child in Lap) <input type="checkbox"/> 1 – None Used <input type="checkbox"/> 1 – Deployed – Front <input type="checkbox"/> 2 – Possible Injury <input type="checkbox"/> 5 – Fatal Injury <input type="checkbox"/> 28 or 38 – Additional passenger in vehicle by row <input type="checkbox"/> 2 – Lap Belt <input type="checkbox"/> 2 – Deployed – Side (Door, seatback) <input type="checkbox"/> 3 – Suspected Minor Injury <input type="checkbox"/> 51 – Unknown/ Not Reported <input type="checkbox"/> 5 – Snow or Blowing Snow <input type="checkbox"/> 40 – In enclosed cargo area <input type="checkbox"/> 3 – Shoulder and Lap Belt <input type="checkbox"/> 3 – Deployed – Curtain (roof) <input type="checkbox"/> 4 – Riding on Vehicle Exterior <input type="checkbox"/> 41 – In unenclosed cargo area <input type="checkbox"/> 4 – Child Restraint System <input type="checkbox"/> 4 – Deployed – Other (knee, airbelt, etc.) <input type="checkbox"/> 50 – Other <input type="checkbox"/> 42 – Riding on Vehicle Exterior <input type="checkbox"/> 5 – Helmet Used <input type="checkbox"/> 5 – Deployed – Combination <input type="checkbox"/> 51 – Unknown <input type="checkbox"/> 50 – Other <input type="checkbox"/> 50 – Other <input type="checkbox"/> 6 – Deployed – Unknown Location <input type="checkbox"/> 51 – Unknown <input type="checkbox"/> 51 – Unknown									
5	DL # <input type="checkbox"/> No Valid License/Permit		State	Class	End.	Driver <input type="checkbox"/> Driverless <input type="checkbox"/> Ejected <input type="checkbox"/> Extricated		Name (First, Middle, Last)		Suffix	Sex						
	Restrictions		Address			City		State		Zip Code		Telephone Number					
	Date of Birth		Owner/Carrier Name			Address		City		State		Zip Code					
	Color		Vehicle Year	Make	Body Style	Plate Number		State	Plate Mo/Yr	<input type="checkbox"/> Bus (9 or more seats)							
	V N		Autonomous Veh <input type="checkbox"/>		Trailer (Other Unit) Plate No.		State	Year	GWW/GCWR (Rated) Greater Than 10k pounds? <input type="checkbox"/> Yes <input type="checkbox"/> No		HazMat Placard? <input type="checkbox"/> Yes <input type="checkbox"/> No						
	Safety Devices		Airbag	Injury Severity	Posted Speed Limit	Ofc Est. Speed		Injured Transported To/By									
	Vehicle Removed to (Address/Storage Location Identifier)						<input type="checkbox"/> Disabled <input type="checkbox"/> Not Disabled		Vehicle Removed by		Orders of						
	Insurance Company			Telephone Number			Policy Number			Exp. Date							
	DL # <input type="checkbox"/> No Valid License/Permit		State	Class	End.	Driver <input type="checkbox"/> Driverless <input type="checkbox"/> Ejected <input type="checkbox"/> Extricated		Name (First, Middle, Last)		Suffix	Sex						
	Restrictions		Address			City		State		Zip Code		Telephone Number					
Date of Birth		Owner/Carrier Name			Address		City		State		Zip Code						
Color		Vehicle Year	Make	Body Style	Plate Number		State	Plate Mo/Yr	<input type="checkbox"/> Bus (9 or more seats)								
V N		Autonomous Veh <input type="checkbox"/>		Trailer (Other Unit) Plate No.		State	Year	GWW/GCWR (Rated) Greater Than 10k pounds? <input type="checkbox"/> Yes <input type="checkbox"/> No		HazMat Placard? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Safety Devices		Airbag	Injury Severity	Posted Speed Limit	Ofc Est. Speed		Injured Transported To/By										
Vehicle Removed to (Address/Storage Location Identifier)						<input type="checkbox"/> Disabled <input type="checkbox"/> Not Disabled		Vehicle Removed by		Orders of							
Insurance Company			Telephone Number			Policy Number			Exp. Date								
6	Unit #		Seat Pos	SD	AB	IS	Name		Address		City	State	Zip Code	Phone	Sex	D.O.B.	
	<input type="checkbox"/> transported by EMS/Fire		<input type="checkbox"/> ejected		<input type="checkbox"/> extricated		DANTE AKEEM LEWIS		[REDACTED]		HAYTI MO 63851		[REDACTED]		M	[REDACTED]	
	<input type="checkbox"/> transported by EMS/Fire		<input type="checkbox"/> ejected		<input type="checkbox"/> extricated		JAMEL HARRIS		[REDACTED]		CHANDLER AZ 85224		[REDACTED]		M	[REDACTED]	
	<input type="checkbox"/> transported by EMS/Fire		<input type="checkbox"/> ejected		<input type="checkbox"/> extricated		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	[REDACTED]	
VEHICLE DAMAGED AREA(S) – (CIRCLE ALL THAT APPLY)		Unit #		Diagram		0 – NONE 10 – UNDERCARRIAGE 51 – UNKNOWN		Unit #		Diagram		0 – NONE 10 – UNDERCARRIAGE 51 – UNKNOWN					
Property Damaged (Other than Vehicles)		Owner Code (OC)		1 – Private 3 – Federal Government 5 – County in Arizona 7 – Tribal Nation		2 – Public Utility 4 – State of Arizona 6 – City in Arizona 51 – Unknown		Inventory Tag No									
OC		Owner's Name			Address (or Bar Code ID Number)			City		State	Zip Code	Telephone Number					
9	Name		Address			City		State	Zip Code	Telephone Number		D.O.B.					
	UNIT #		A.R.S. NO. OR CITY CODE			UNIT #		A.R.S. NO. OR CITY CODE									
Photos Taken <input type="checkbox"/> Yes <input type="checkbox"/> No		Photographer's Name, ID Number and Agency Name			Invest. At Scene <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Invest.		Time Invest.		Fire/EMS Incident No						
Officer's Name / Badge #			Supervisor's Signature			Agency Name			Date Completed								

ARIZONA CRASH REPORT

REPORT ID

Agency Report Number

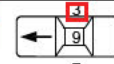
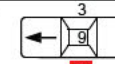
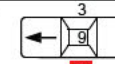
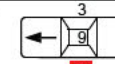
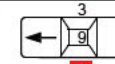
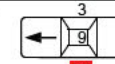
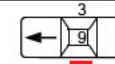
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CONTINUED
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ADOT TRAFFIC RECORDS SECTION, 064R
206 S. 17TH AVE. PHOENIX, ARIZONA 85007-3233

YEAR	MONTH	DAY	HR	NCIC NO.	OFFICER ID NO.
2016	09	09	2209		010474

121031311

12 - ROAD SURFACE CONDITION UNIT # 5/6 <input type="checkbox"/> 1 DRY <input type="checkbox"/> 8 MUD/DIRT/GRAVEL/SAND <input type="checkbox"/> 2 WET <input type="checkbox"/> 50 OTHER <input type="checkbox"/> 3 SNOW/SLUSH <input type="checkbox"/> 51 UNKNOWN <input type="checkbox"/> 4 ICE/FROST <input type="checkbox"/> 5 WATER (standing/moving)	19 - CONTRIBUTING CIRCUMSTANCES UP TO TWO CHOICES PER UNIT UNIT # 5/6 <input checked="" type="checkbox"/> 0 NO CONTR BUT NG C RCUMSTANCE ENVIRONMENTAL 1. GLARE <input type="checkbox"/> A. SUNLIGHT 2. PHYSICAL OBSTRUCTION(S) <input type="checkbox"/> A. STOPPED/PARKED VEHICLE <input type="checkbox"/> B. MOVING VEHICLE <input type="checkbox"/> C. LOAD ON VEHICLE <input type="checkbox"/> D. TREE/SHRUB/BUSH MOTOR VEHICLE <input type="checkbox"/> 12 T RES <input type="checkbox"/> 50 OTHER <input type="checkbox"/> 51 UNKNOWN ROAD RAGE <input type="checkbox"/> POSS BLE ROAD RAGE NCIDENT	22 - VIOLATIONS/BEHAVIOR CHECK ALL THAT APPLY UNIT # 5/6 <input checked="" type="checkbox"/> 1 NO MPROPER ACTION <input type="checkbox"/> 2 SPEED TOO FAST FOR CONDITIONS <input type="checkbox"/> 3 EXCEEDED LAWFUL SPEED <input type="checkbox"/> 4 FOLLOWED TOO CLOSELY <input type="checkbox"/> 5 RAN STOP SIGN <input type="checkbox"/> 6 DISREGARDED TRAFFIC SIGNAL <input type="checkbox"/> 7 MADE IMPROPER TURN <input type="checkbox"/> 8 DROVE LEFT OF CENTER LINE <input type="checkbox"/> 9 WRONG WAY DRIVING <input type="checkbox"/> 10 CROSSED MEDIAN <input type="checkbox"/> 11 PASSED IN NO PASSING ZONE <input type="checkbox"/> 12 UNSAFE LANE CHANGE <input type="checkbox"/> 13 FAILED TO KEEP N PROPER LANE <input type="checkbox"/> 17 D D NOT USE CROSSWALK <input type="checkbox"/> 20 FAILED TO YIELD RIGHT-OF-WAY <input type="checkbox"/> 49 AGGRESSIVE DRIV NG <input type="checkbox"/> 50 OTHER <input type="checkbox"/> 51 UNKNOWN															
13 - ROAD GRADE UNIT # 5/6 <input checked="" type="checkbox"/> 1 LEVEL <input type="checkbox"/> 3 UPH LL <input type="checkbox"/> 2 DOWNH LL <input type="checkbox"/> 51 UNKNOWN	20 - DISTRACTED DRIVING BEHAVIOR UNIT # 5/6 <input checked="" type="checkbox"/> 0 NOT DISTRACTED / NOT APPLICABLE <input type="checkbox"/> 1 TALKING ON HANDS FREE DEVICE <input type="checkbox"/> 2 TALKING ON HAND HELD DEVICE <input type="checkbox"/> 3 PASSENGER <input type="checkbox"/> 4 OTHER ACTIVITY, ELECTRONIC DEVICE <input type="checkbox"/> 5 MANUALLY OPERATING AN ELCTRONIC DEVICE <input type="checkbox"/> 6 OTHER NS DE THE VEHICLE (eating, drinking, etc.) <input type="checkbox"/> 7 OUTS DE THE VEHICLE (includes unspecified distractions) <input type="checkbox"/> 50 DISTRACTED, UNKNOWN REASON <input type="checkbox"/> 51 UNKNOWN F DISTRACTED	23 - TRAFFIC UNIT MANUEVER/ACTION UNIT # 5/6 <input type="checkbox"/> 1 GO NG STRAIGHT AHEAD <input type="checkbox"/> 2 SLOW NG N TRAFFICWAY <input checked="" type="checkbox"/> 3 STOPPED N TRAFFIC WAY <input type="checkbox"/> 4 MAK NG LEFT TURN <input type="checkbox"/> 5 MAK NG RIGHT TURN <input type="checkbox"/> 6 MAK NG U-TURN <input type="checkbox"/> 7 OVERTAK NG/PASSING <input type="checkbox"/> 8 CHANG NG LANES <input type="checkbox"/> 9 NEGOTIAT NG A CURVE <input type="checkbox"/> 10 BACKING <input type="checkbox"/> 11 AVOID NG VEHICLE /OBJECT/PED/CYCLIST <input type="checkbox"/> 12 ENTER NG PARK NG POSITION <input type="checkbox"/> 13 LEAVING PARK NG POSITION <input type="checkbox"/> 14 PROPERLY PARKED <input type="checkbox"/> 15 IMPROPERLY PARKED <input type="checkbox"/> 16 MOV NG VEHICLE - NO DRIVER <input type="checkbox"/> 17 CROSS NG ROAD <input type="checkbox"/> 18 WALKING WITH TRAFFIC <input type="checkbox"/> 19 WALKING AGA NST TRAFFIC <input type="checkbox"/> 20 STAND NG <input type="checkbox"/> 21 LY NG <input type="checkbox"/> 22 GETT NG ON/OFF VEHICLE <input type="checkbox"/> 50 OTHER <input type="checkbox"/> 51 UNKNOWN															
14 - RELATION TO JUNCTION <input checked="" type="checkbox"/> 0 NOT JUNCTION RELATED <input type="checkbox"/> 4 RAILWAY GRADE CROSSING <input type="checkbox"/> 1 INTERSECTION (within) <input type="checkbox"/> 7 DRIVEWAY or ALLEY ACCESS <input type="checkbox"/> 4-WAY <input type="checkbox"/> T- NTER <input type="checkbox"/> OTHER <input type="checkbox"/> 50 OTHER <input type="checkbox"/> 2 NTERSECTION-RELATED <input type="checkbox"/> 51 UNKNOWN <input type="checkbox"/> 3 ENTRANCE/EXIT RAMP	21 - CONDITION INFLUENCING Driver/Ped/Cyclist UP TO THREE CHOICES PER UNIT UNIT # 5/6 <input checked="" type="checkbox"/> 0 NO APPARENT INFLUENCE <input type="checkbox"/> 1 LLNESS OR PHYSICAL MPARMENT <input type="checkbox"/> 3 FELL ASLEEP/FATIGUED <input type="checkbox"/> 4 ALCOHOL <input type="checkbox"/> 5 LLEGAL DRUGS <input type="checkbox"/> 6 MEDICATIONS <input type="checkbox"/> 7 MARIJUANA <input type="checkbox"/> 8 MED MARIJUANA CARD PRESENTED <input type="checkbox"/> 50 OTHER <input type="checkbox"/> 51 UNKNOWN CONDITION 21 DRE (check all that apply) <input type="checkbox"/> a DRE RESPONDED <input type="checkbox"/> b SUSPECT EVALUATED <input type="checkbox"/> c SUSPECT ARRESTED	24 - LOCATION OF PEDESTRIAN/CYCLIST UNIT # <input type="checkbox"/> 1 AT INTERSECTION- N MARKED CROSSWALK <input type="checkbox"/> 2 AT INTERSECTION-UNMARKED/UNKNOWN F MARKED CROSSWALK <input type="checkbox"/> 3 AT INTERSECTION-NOT IN CROSSWALK <input type="checkbox"/> 4 AT INTERSECTION-UNKNOWN LOCATION <input type="checkbox"/> 5 NOT AT INTERSECTION-IN MARKED CROSSWALK <input type="checkbox"/> 6 NOT AT INTERSECTION-ON ROADWAY, NOT N MARKED CROSSWALK <input type="checkbox"/> 7 NOT AT INTERSECTION-ON ROADWAY, CROSSWALK AVAILABILITY UNKNOWN <input type="checkbox"/> 8 SCHOOL CROSSWALK <input type="checkbox"/> 9 PARK NG LANE/ZONE <input type="checkbox"/> 10 BICYCLE LANE <input type="checkbox"/> 11 SHOULDER/ROADSIDE <input type="checkbox"/> 12 S DEWALK <input type="checkbox"/> 13 MEDIAN/CROSSING ISLAND <input type="checkbox"/> 14 DRIVEWAY ACCESS <input type="checkbox"/> 15 SHARED-USE PATH <input type="checkbox"/> 16 NON-TRAFFICWAY AREA <input type="checkbox"/> 50 OTHER <input type="checkbox"/> 51 UNKNOWN LOCATION															
15 - TRAFFIC WAY DESCRIPTION <input type="checkbox"/> 1 ONEWAY TRAFFICWAY <input type="checkbox"/> 2 TWO-WAY, NOT DIV DED (no median present) <input type="checkbox"/> 3 TWO-WAY, (NOT DIVIDED) WITH A CONTINUOUS LEFT TURN LANE <input type="checkbox"/> 4 TWO-WAY, DIV DED, UNPROTECTED MEDIAN <input checked="" type="checkbox"/> 5 TWO-WAY, DIV DED, POSITIVE MEDIAN BARR ER <input type="checkbox"/> 51 UNKNOWN	25 - ROADWAY ALIGNMENT UNIT # 5/6 <input type="checkbox"/> 1 STRAIGHT <input checked="" type="checkbox"/> 3 CURVE RIGHT <input type="checkbox"/> 2 CURVE LEFT <input type="checkbox"/> 51 UNKNOWN	26 - LANE Please enter unit's number and lane of travel before first crash event <table border="1"> <tr> <th>UNIT 5</th> <th>UNIT 6</th> </tr> <tr> <td>4</td> <td>4</td> </tr> </table> <p>0 TWO-WAY CONT NUOUS LEFT TURN 1-9 1= F RST LANE NEXT TO A MEDIAN THRU 9 10 CROSSWALK L1 THRU LX - LEFT TURN ONLY LANES (L1 = 1ST LEFT TURN AFTER MEDIAN/CENTERL NE) R1 THRU RX - RIGHT TURN LANES (R1 = 1ST RIGHT TURN AFTER THROUGH LANES) SW S DEWALK BL DEDICATED B KE LANE HOV HIGH OCCUPANCY VEHICLE 49 NON-ROADWAY 50 OTHER 51 UNKNOWN</p>	UNIT 5	UNIT 6	4	4											
UNIT 5	UNIT 6																
4	4																
16 - TRAFFIC CONTROL DEVICE UNIT # 5/6 <input checked="" type="checkbox"/> 0 NO CONTROLS <input type="checkbox"/> 7 PERSON (law enforcement, crossing guard, flagger etc.) <input type="checkbox"/> 1 SIGNAL <input type="checkbox"/> 8 TRAFFIC C RCLE / ROUNDABOUT <input type="checkbox"/> 2 STOP SIGN <input type="checkbox"/> 9 PEDESTRIAN HYBR D <input type="checkbox"/> 3 YIELD SIGN <input type="checkbox"/> 50 OTHER <input type="checkbox"/> 4 WARNING SIGN <input type="checkbox"/> 51 UNKNOWN <input type="checkbox"/> 5 RAILROAD CROSS NG SIGN <input type="checkbox"/> 6 FLASHING TRAFFIC SIGNAL	27 - SEQUENCE OF EVENTS UP TO FOUR CRASH EVENTS FOR EACH UNIT N THE ORDER OF OCCURRENCE NON-COLLISION 1 OVERTURN/ROLLOVER 2 F RE/EXPLOSION 5 CARGO/EQUIPMENT LOSS/SHIFT 6 FELL/JUMPED FROM VEHICLE 8 OTHER NON-COLLISION 9 EQU PMENT FA LURE (tires, brakes) 10 SEPARATION OF UNITS 11 RAN OFF ROAD RIGHT 12 RAN OFF ROAD LEFT 13 CROSS MEDIAN 14 CROSS CENTERLINE 15 DOWNH LL RUNAWAY COLLISION WITH PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT 16 MOTOR VEHICLE N TRANSPORT 17 PEDESTRIAN 18 PEDALCYCLE 19 TRA N 20 LIGHT RA LWAY/RAILCAR VEHICLE 21 ANIMAL 25 PARKED MOTOR VEHICLE 27 STRUCK BY FALL NG, SHIFTING CARGO OR ANYTHING SET N MOTION BY ANOTHER VEHICLE 28 OTHER NON-FIXED OBJ.	COLLISION WITH FIXED OBJECT 29 IMPACT ATTENUATOR/CRASH CUSHION/GUARDRA L END 33 CONCRETE CURB 36 GUARDRA L FACE 38 MEDIAN BARR ER 39 CABLE BARRIER 41 TREE, BUSH, STUMP (standing) 42 TRAFFIC SIGN SUPPORT 43 TRAFFIC SIGNAL SUPPORT 44 UT LITY POLE/LIGHT SUPPORT 46 FENCE 50 OTHER FIXED OBJ. 51 UNKNOWN FIRST HARMFUL EVENT OF THE CRASH <u>16</u>															
17 - MANNER OF CRASH IMPACT <input type="checkbox"/> 1 S NGLE VEHICLE <input type="checkbox"/> 6 S DESW PE, SAME D RECTION <input type="checkbox"/> 2 ANGLE (front to side) <input type="checkbox"/> 7 S DESW PE, OPPOSITE D RECTION <input type="checkbox"/> (other than left turn) <input type="checkbox"/> 3 LEFT TURN <input type="checkbox"/> 10 U-TURN <input checked="" type="checkbox"/> 4 REAR END (front-to-rear) <input type="checkbox"/> 50 OTHER <input type="checkbox"/> 5 HEAD-ON (front-to-front) <input type="checkbox"/> 51 UNKNOWN <input type="checkbox"/> (other than left turn)	28 - DIRECTION OF UNIT TRAVEL (Compass) BEFORE 1 ST CRASH EVENT UNIT # 5/6 <input type="checkbox"/> 1 NORTH <input type="checkbox"/> 6 NORTHEAST <input type="checkbox"/> 2 SOUTH <input type="checkbox"/> 7 SOUTHWEST <input checked="" type="checkbox"/> 3 EAST <input type="checkbox"/> 8 SOUTHEAST <input type="checkbox"/> 4 WEST <input type="checkbox"/> 51 UNKNOWN <input type="checkbox"/> 5 NORTHWEST NOTE: FOR PARKED OR STOPPED VEHICLES, INDICATE THE DIRECTION THE VEHICLE WAS FACING AT THE TIME OF THE CRASH	29 - SEQUENCE OF EVENTS PER TRAFFIC UNIT <table border="1"> <tr> <th></th> <th>Unit 5</th> <th>Unit 6</th> </tr> <tr> <td>F RST EVENT</td> <td>16</td> <td>16</td> </tr> <tr> <td>SECOND EVENT</td> <td>16</td> <td>16</td> </tr> <tr> <td>THIRD EVENT</td> <td></td> <td></td> </tr> <tr> <td>FOURTH EVENT</td> <td></td> <td></td> </tr> </table>		Unit 5	Unit 6	F RST EVENT	16	16	SECOND EVENT	16	16	THIRD EVENT			FOURTH EVENT		
	Unit 5	Unit 6															
F RST EVENT	16	16															
SECOND EVENT	16	16															
THIRD EVENT																	
FOURTH EVENT																	

ARIZONA CRASH REPORT		REPORT ID										Agency Report Number					
1 POLICE ONLY - FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 064R 206 S. 17TH AVE., PHOENIX, ARIZONA 85007-3233		YEAR		MONTH		DAY		HOUR		NCIC NO.		OFFICER ID NO.					
		2 1		0 6		0 9		2 2		0 9		[REDACTED]		0 1 0 4 7 4			
Total Number of Sheets _____																	
COMPLETE THE TRUCK/BUS SUPPLEMENT IF ANY (circle) AND ANY (diamond) ARE CHECKED																	
2 Total Units		Total Injuries		Total Fatalities		Estimated Total Damage Compared To \$1,000 Limit: <input type="checkbox"/> Over <input type="checkbox"/> Under				<input type="checkbox"/> Fatal <input type="checkbox"/> Hit/Run Unit # _____		<input type="checkbox"/> Person Transported for Immediate Medical Care?		<input type="checkbox"/> Tow Away of At Least One Vehicle from Scene?		District or Grid No.	
3 LOCATION		On Highway/Road/Street Private Property Crash										<input type="checkbox"/> Inside City		County			
		Intersecting Street/Road/M.P. or R.P.										<input type="checkbox"/> North <input type="checkbox"/> East <input type="checkbox"/> Plus <input type="checkbox"/> Distance <input type="checkbox"/> Measured <input type="checkbox"/> Miles		<input type="checkbox"/> South <input type="checkbox"/> West <input type="checkbox"/> Minus <input type="checkbox"/> Approximate <input type="checkbox"/> Feet			
3 Light Condition		<input type="checkbox"/> 1 Daylight <input type="checkbox"/> 4 Dark - Lighted <input type="checkbox"/> 51 Unknown				Weather Conditions				<input type="checkbox"/> 1 Clear <input type="checkbox"/> 4 Rain <input type="checkbox"/> 8 Fog, Smog, Smoke							
3 GLOBAL POSITION		Latitude: _____				Longitude _____				<input type="checkbox"/> 2 Dawn <input type="checkbox"/> 5 Dark - Not Lighted <input type="checkbox"/> 50 Other							
3 <input type="checkbox"/> 3 Dusk <input type="checkbox"/> 6 Dark - Unknown Lighting		<input type="checkbox"/> 2 Cloudy <input type="checkbox"/> 7 Blowing Sand, Soil, Dirt <input type="checkbox"/> 51 Unknown				<input type="checkbox"/> 3 Sleet, Hail (freezing rain/drizzle) <input type="checkbox"/> 7 Blowing Sand, Soil, Dirt <input type="checkbox"/> 51 Unknown				<input type="checkbox"/> 18 - Front Seat - Other (child in Lap) <input type="checkbox"/> 28 or 38 - Additional passenger in vehicle by row <input type="checkbox"/> 40 - In enclosed cargo area <input type="checkbox"/> 41 - In unenclosed cargo area <input type="checkbox"/> 42 - Riding on Vehicle Exterior <input type="checkbox"/> 50 - Other <input type="checkbox"/> 51 - Unknown							
4 Is this a Secondary Collision: <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, were any of the following 1st responders hit? <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Fire <input type="checkbox"/> EMS <input type="checkbox"/> Tow Operator <input type="checkbox"/> DOT Worker <input type="checkbox"/> Other _____										Roadway Clear Time: [] [] [] [] [] [] [] [] [] []		Incident Clear: [] [] [] [] [] [] [] [] [] []					
5 Safety Devices (SD)		Airbag (AB)		Injury Severity (IS)				Seating Position									
0 - Not Applicable 1 - None Used 2 - Lap Belt 3 - Shoulder and Lap Belt 4 - Child Restraint System 5 - Helmet Used 50 - Other 51 - Unknown		0 - Not Applicable 1 - Deployed - Front 2 - Deployed - Side (Door, seatback) 3 - Deployed - Curtain (roof) 4 - Deployed - Other (knee, airbelt, etc.) 5 - Deployed - Combination 6 - Deployed - Unknown Location 7 - Not Deployed		1 - No Injury 2 - Possible Injury 3 - Suspected Minor Injury 4 - Suspected Serious Injury 5 - Fatal Injury 51 - Unknown/Not Reported				31 21 11 32 22 12 33 23 13 38 28 18 42									
7 DL # _____ No Valid License/Permit _____ State _____ Class _____ End. _____ Driver <input type="checkbox"/> Driverless <input type="checkbox"/> Pedestrian <input type="checkbox"/> Pedalcyclist _____ Name (First, Middle, Last) _____ Ejected <input type="checkbox"/> Extricated <input type="checkbox"/> Suffix _____ Sex _____		Restrictions _____ Address _____ City _____ State _____ Zip Code _____ Telephone Number _____		Date of Birth _____ Owner/Carrier Name _____ Same as Driver <input type="checkbox"/> Gov't Vehicle <input type="checkbox"/> Address _____ City _____ State _____ Zip Code _____				Color _____ Vehicle Year _____ Make _____ Body Style _____ Plate Number _____ State _____ Plate Mo/Yr _____ Bus (9 or more seats) <input type="checkbox"/>									
5 TRAFFIC UNIT NO. 7		V N 1N4AL3AP5FC _____ Autonomous Veh <input type="checkbox"/> Control: Man <input type="checkbox"/> AV <input type="checkbox"/> Unkn <input type="checkbox"/>		Trailer (Other Unit) Plate No. _____ State _____ Year _____ GWW/GCWR (Rated) Greater Than 10k pounds? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HazMat Placard? <input type="checkbox"/> Yes <input type="checkbox"/> No				Safety Devices 1 Airbag 5 Injury Severity 3 Posted Speed Limit 65 Ofc Est. Speed UNK Injured Transported To/By UNIVERSITY MEDICAL CENTER / PHX FIRE DEPT.									
5 EVIDENCE		Vehicle Removed to (Address/Storage Location Identifier) _____ Disabled <input type="checkbox"/> Not Disabled <input type="checkbox"/> Vehicle Removed by TOW Orders of POLICE				Insurance Company PROGRESSIVE Telephone Number (800) 776-4737 Policy Number _____ Exp. Date _____											
8 DL # _____ No Valid License/Permit _____ State _____ Class _____ End. _____ Driver <input type="checkbox"/> Driverless <input type="checkbox"/> Pedestrian <input type="checkbox"/> Pedalcyclist _____ Name (First, Middle, Last) _____ Ejected <input type="checkbox"/> Extricated <input type="checkbox"/> Suffix _____ Sex _____		Restrictions _____ Address _____ City _____ State _____ Zip Code _____ Telephone Number _____		Date of Birth _____ Owner/Carrier Name _____ Same as Driver <input type="checkbox"/> Gov't Vehicle <input type="checkbox"/> Address _____ City _____ State _____ Zip Code _____				Color _____ Vehicle Year _____ Make _____ Body Style _____ Plate Number _____ State _____ Plate Mo/Yr _____ Bus (9 or more seats) <input type="checkbox"/>									
8 TRAFFIC UNIT NO. 8		V N JTHKD5BH1D2 _____ Autonomous Veh <input type="checkbox"/> Control: Man <input type="checkbox"/> AV <input type="checkbox"/> Unkn <input type="checkbox"/>		Trailer (Other Unit) Plate No. _____ State _____ Year _____ GWW/GCWR (Rated) Greater Than 10k pounds? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HazMat Placard? <input type="checkbox"/> Yes <input type="checkbox"/> No				Safety Devices 3 Airbag 2 Injury Severity 3 Posted Speed Limit 65 Ofc Est. Speed 0 Injured Transported To/By UNIVERSITY MEDICAL CENTER / PHX FIRE DEPT.									
8 EVIDENCE		Vehicle Removed to (Address/Storage Location Identifier) _____ Disabled <input type="checkbox"/> Not Disabled <input type="checkbox"/> Vehicle Removed by PROFESSIONAL TOWING Orders of POLICE				Insurance Company SAFECO INSURANCE CO Telephone Number _____ Policy Number _____ Exp. Date _____											
6 PASSENGERS		Unit # _____ Seat Pos _____ SD _____ AB _____ IS _____ Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Sex _____ D.O.B. _____		<input type="checkbox"/> transported by EMS/Fire <input type="checkbox"/> ejected <input type="checkbox"/> extricated				<input type="checkbox"/> transported by EMS/Fire <input type="checkbox"/> ejected <input type="checkbox"/> extricated									
7 VEHICLE DAMAGED AREA(S) - (CIRCLE ALL THAT APPLY)		Unit # 7  8				0 - NONE 10 - UNDERCARRIAGE 51 - UNKNOWN				Unit # 2  3  4  5  6  7  8							
8 Property Damaged (Other than Vehicles)		Owner Code 1 - Private 2 - Public Utility 3 - Federal Government 4 - State of Arizona 5 - County in Arizona 6 - City in Arizona 7 - Tribal Nation 51 - Unknown				Inventory Tag No _____											
9 OC		Owner's Name _____ Address (or Bar Code ID Number) _____ City _____ State _____ Zip Code _____ Telephone Number _____				Name _____ Address _____ City _____ State _____ Zip Code _____ Telephone Number _____ D.O.B. _____											
10 CITATION		UNIT # _____ A.R.S. NO. OR CITY CODE _____				UNIT # _____ A.R.S. NO. OR CITY CODE _____											
11 Photos Taken <input type="checkbox"/> Yes <input type="checkbox"/> No		Photographer's Name, ID Number and Agency Name _____ Invest. At Scene <input type="checkbox"/> Yes <input type="checkbox"/> No				Date Invest. _____ Time Invest. _____		Fire/EMS Incident No _____									
11 Officer's Name / Badge # _____		Supervisor's Signature _____ Agency Name _____				Date Completed _____											

ARIZONA CRASH REPORT

REPORT ID

Agency Report Number

1

CONTINUED
POLICE ONLY - FORWARD COPY TO
ADOT TRAFFIC RECORDS SECTION, 064R
206 S. 17TH AVE. PHOENIX, ARIZONA 85007-3233

YEAR	MONTH	DAY	HR	NCIC NO.	OFFICER ID NO.
20	10	06	09	2209	010474

121031311

<p>12 - ROAD SURFACE CONDITION UNIT # 7 8</p> <p><input checked="" type="checkbox"/> 1 DRY <input type="checkbox"/> 8 MUD/DIRT/GRAVEL/SAND <input type="checkbox"/> 2 WET <input type="checkbox"/> 50 OTHER <input type="checkbox"/> 3 SNOW/SLUSH <input type="checkbox"/> 51 UNKNOWN <input type="checkbox"/> 5 ICE/FROST <input type="checkbox"/> 6 WATER (standing/moving)</p>	<p>19 - CONTRIBUTING CIRCUMSTANCES UP TO TWO CHOICES PER UNIT UNIT # 7 8</p> <p><input checked="" type="checkbox"/> 0 NO CONTR BUT NG C RCUMSTANCE</p> <p>ENVIRONMENTAL ROAD</p> <p>1 GLARE <input type="checkbox"/> 3 ROAD SURFACE CONDITION <input type="checkbox"/> A. SUNLIGHT <input type="checkbox"/> 4 DEBRIS <input type="checkbox"/> 5 WORK ZONE <input type="checkbox"/> 6 OBSTRUCTION N ROADWAY <input type="checkbox"/> 7 CHANGING ROAD W DTH <input type="checkbox"/> 8 NON-HIGHWAY WORK</p> <p>2 PHYSICAL OBSTRUCTION(S) <input type="checkbox"/> A. STOPPED/PARKED VEHICLE <input type="checkbox"/> B. MOVING VEHICLE <input type="checkbox"/> C. LOAD ON VEHICLE <input type="checkbox"/> D. TREE/SHRUB/BUSH</p>	<p>BLOCKS 12 - 26 CHECK ONLY ONE OR ONE BLOCK PER UNIT UNLESS NOTED</p> <p>22 - VIOLATIONS/BEHAVIOR CHECK ALL THAT APPLY UNIT # 7 8</p> <p><input checked="" type="checkbox"/> 1 NO MPROPER ACTION <input type="checkbox"/> 2 SPEED TOO FAST FOR CONDITIONS <input type="checkbox"/> 3 EXCEEDED LAWFUL SPEED <input type="checkbox"/> 4 FOLLOWED TOO CLOSELY <input type="checkbox"/> 5 RAN STOP SIGN <input type="checkbox"/> 6 DISREGARDED TRAFFIC SIGNAL <input type="checkbox"/> 7 MADE IMPROPER TURN <input type="checkbox"/> 8 DROVE LEFT OF CENTER LINE <input type="checkbox"/> 9 WRONG WAY DRIVING <input type="checkbox"/> 10 CROSSED MEDIAN <input type="checkbox"/> 11 PASSED IN NO PASSING ZONE <input type="checkbox"/> 12 UNSAFE LANE CHANGE <input type="checkbox"/> 13 FAILED TO KEEP N PROPER LANE <input type="checkbox"/> 17 D D NOT USE CROSSWALK <input type="checkbox"/> 20 FAILED TO YIELD RIGHT-OF-WAY <input type="checkbox"/> 49 AGGRESSIVE DRIV NG <input type="checkbox"/> 50 OTHER <input type="checkbox"/> 51 UNKNOWN</p>																			
<p>13 - ROAD GRADE UNIT # 7 8</p> <p><input checked="" type="checkbox"/> 1 LEVEL <input type="checkbox"/> 3 UPH LL <input type="checkbox"/> 2 DOWNH LL <input type="checkbox"/> 51 UNKNOWN</p>	<p>ENVIRONMENTAL ROAD</p> <p>1 GLARE <input type="checkbox"/> 3 ROAD SURFACE CONDITION <input type="checkbox"/> A. SUNLIGHT <input type="checkbox"/> 4 DEBRIS <input type="checkbox"/> 5 WORK ZONE <input type="checkbox"/> 6 OBSTRUCTION N ROADWAY <input type="checkbox"/> 7 CHANGING ROAD W DTH <input type="checkbox"/> 8 NON-HIGHWAY WORK</p>	<p>22 - VIOLATIONS/BEHAVIOR CHECK ALL THAT APPLY UNIT # 7 8</p> <p><input checked="" type="checkbox"/> 1 NO MPROPER ACTION <input type="checkbox"/> 2 SPEED TOO FAST FOR CONDITIONS <input type="checkbox"/> 3 EXCEEDED LAWFUL SPEED <input type="checkbox"/> 4 FOLLOWED TOO CLOSELY <input type="checkbox"/> 5 RAN STOP SIGN <input type="checkbox"/> 6 DISREGARDED TRAFFIC SIGNAL <input type="checkbox"/> 7 MADE IMPROPER TURN <input type="checkbox"/> 8 DROVE LEFT OF CENTER LINE <input type="checkbox"/> 9 WRONG WAY DRIVING <input type="checkbox"/> 10 CROSSED MEDIAN <input type="checkbox"/> 11 PASSED IN NO PASSING ZONE <input type="checkbox"/> 12 UNSAFE LANE CHANGE <input type="checkbox"/> 13 FAILED TO KEEP N PROPER LANE <input type="checkbox"/> 17 D D NOT USE CROSSWALK <input type="checkbox"/> 20 FAILED TO YIELD RIGHT-OF-WAY <input type="checkbox"/> 49 AGGRESSIVE DRIV NG <input type="checkbox"/> 50 OTHER <input type="checkbox"/> 51 UNKNOWN</p>																			
<p>14 - RELATION TO JUNCTION</p> <p><input checked="" type="checkbox"/> 0 NOT JUNCTION RELATED <input type="checkbox"/> 4 RAILWAY GRADE CROSSING <input type="checkbox"/> 1 INTERSECTION (within) <input type="checkbox"/> 7 DRIVEWAY or ALLEY ACCESS <input type="checkbox"/> 4-WAY <input type="checkbox"/> T-NTER <input type="checkbox"/> OTHER <input type="checkbox"/> 50 OTHER <input type="checkbox"/> 2 NTERSECTION-RELATED <input type="checkbox"/> 51 UNKNOWN <input type="checkbox"/> 3 ENTRANCE/EXIT RAMP</p>	<p>ENVIRONMENTAL ROAD</p> <p>1 GLARE <input type="checkbox"/> 3 ROAD SURFACE CONDITION <input type="checkbox"/> A. SUNLIGHT <input type="checkbox"/> 4 DEBRIS <input type="checkbox"/> 5 WORK ZONE <input type="checkbox"/> 6 OBSTRUCTION N ROADWAY <input type="checkbox"/> 7 CHANGING ROAD W DTH <input type="checkbox"/> 8 NON-HIGHWAY WORK</p>	<p>22 - VIOLATIONS/BEHAVIOR CHECK ALL THAT APPLY UNIT # 7 8</p> <p><input checked="" type="checkbox"/> 1 NO MPROPER ACTION <input type="checkbox"/> 2 SPEED TOO FAST FOR CONDITIONS <input type="checkbox"/> 3 EXCEEDED LAWFUL SPEED <input type="checkbox"/> 4 FOLLOWED TOO CLOSELY <input type="checkbox"/> 5 RAN STOP SIGN <input type="checkbox"/> 6 DISREGARDED TRAFFIC SIGNAL <input type="checkbox"/> 7 MADE IMPROPER TURN <input type="checkbox"/> 8 DROVE LEFT OF CENTER LINE <input type="checkbox"/> 9 WRONG WAY DRIVING <input type="checkbox"/> 10 CROSSED MEDIAN <input type="checkbox"/> 11 PASSED IN NO PASSING ZONE <input type="checkbox"/> 12 UNSAFE LANE CHANGE <input type="checkbox"/> 13 FAILED TO KEEP N PROPER LANE <input type="checkbox"/> 17 D D NOT USE CROSSWALK <input type="checkbox"/> 20 FAILED TO YIELD RIGHT-OF-WAY <input type="checkbox"/> 49 AGGRESSIVE DRIV NG <input type="checkbox"/> 50 OTHER <input type="checkbox"/> 51 UNKNOWN</p>																			
<p>15 - TRAFFIC WAY DESCRIPTION</p> <p><input type="checkbox"/> 1 ONE WAY TRAFFICWAY <input type="checkbox"/> 2 TWO-WAY, NOT DIV DED (no median present) <input type="checkbox"/> 3 TWO-WAY, (NOT DIVIDED) WITH A CONTINUOUS LEFT TURN LANE <input type="checkbox"/> 4 TWO-WAY, DIV DED, UNPROTECTED MEDIAN <input checked="" type="checkbox"/> 5 TWO-WAY, DIV DED, POSITIVE MEDIAN BARR ER <input type="checkbox"/> 51 UNKNOWN</p>	<p>ENVIRONMENTAL ROAD</p> <p>1 GLARE <input type="checkbox"/> 3 ROAD SURFACE CONDITION <input type="checkbox"/> A. SUNLIGHT <input type="checkbox"/> 4 DEBRIS <input type="checkbox"/> 5 WORK ZONE <input type="checkbox"/> 6 OBSTRUCTION N ROADWAY <input type="checkbox"/> 7 CHANGING ROAD W DTH <input type="checkbox"/> 8 NON-HIGHWAY WORK</p>	<p>22 - VIOLATIONS/BEHAVIOR CHECK ALL THAT APPLY UNIT # 7 8</p> <p><input checked="" type="checkbox"/> 1 NO MPROPER ACTION <input type="checkbox"/> 2 SPEED TOO FAST FOR CONDITIONS <input type="checkbox"/> 3 EXCEEDED LAWFUL SPEED <input type="checkbox"/> 4 FOLLOWED TOO CLOSELY <input type="checkbox"/> 5 RAN STOP SIGN <input type="checkbox"/> 6 DISREGARDED TRAFFIC SIGNAL <input type="checkbox"/> 7 MADE IMPROPER TURN <input type="checkbox"/> 8 DROVE LEFT OF CENTER LINE <input type="checkbox"/> 9 WRONG WAY DRIVING <input type="checkbox"/> 10 CROSSED MEDIAN <input type="checkbox"/> 11 PASSED IN NO PASSING ZONE <input type="checkbox"/> 12 UNSAFE LANE CHANGE <input type="checkbox"/> 13 FAILED TO KEEP N PROPER LANE <input type="checkbox"/> 17 D D NOT USE CROSSWALK <input type="checkbox"/> 20 FAILED TO YIELD RIGHT-OF-WAY <input type="checkbox"/> 49 AGGRESSIVE DRIV NG <input type="checkbox"/> 50 OTHER <input type="checkbox"/> 51 UNKNOWN</p>																			
<p>16 - TRAFFIC CONTROL DEVICE UNIT # 7 8</p> <p><input checked="" type="checkbox"/> 0 NO CONTROLS <input type="checkbox"/> 7 PERSON (law enforcement, crossing guard, flagger etc.) <input type="checkbox"/> 1 SIGNAL <input type="checkbox"/> 8 TRAFFIC C RCLE / ROUNDABOUT <input type="checkbox"/> 2 STOP SIGN <input type="checkbox"/> 9 PEDESTRIAN HYBR D BEACON/HAWK <input type="checkbox"/> 3 YIELD SIGN <input type="checkbox"/> 50 OTHER <input type="checkbox"/> 4 WARNING SIGN <input type="checkbox"/> 51 UNKNOWN <input type="checkbox"/> 5 RAILROAD CROSS NG SIGN <input type="checkbox"/> 6 FLASHING TRAFFIC SIGNAL</p>	<p>ENVIRONMENTAL ROAD</p> <p>1 GLARE <input type="checkbox"/> 3 ROAD SURFACE CONDITION <input type="checkbox"/> A. SUNLIGHT <input type="checkbox"/> 4 DEBRIS <input type="checkbox"/> 5 WORK ZONE <input type="checkbox"/> 6 OBSTRUCTION N ROADWAY <input type="checkbox"/> 7 CHANGING ROAD W DTH <input type="checkbox"/> 8 NON-HIGHWAY WORK</p>	<p>22 - VIOLATIONS/BEHAVIOR CHECK ALL THAT APPLY UNIT # 7 8</p> <p><input checked="" type="checkbox"/> 1 NO MPROPER ACTION <input type="checkbox"/> 2 SPEED TOO FAST FOR CONDITIONS <input type="checkbox"/> 3 EXCEEDED LAWFUL SPEED <input type="checkbox"/> 4 FOLLOWED TOO CLOSELY <input type="checkbox"/> 5 RAN STOP SIGN <input type="checkbox"/> 6 DISREGARDED TRAFFIC SIGNAL <input type="checkbox"/> 7 MADE IMPROPER TURN <input type="checkbox"/> 8 DROVE LEFT OF CENTER LINE <input type="checkbox"/> 9 WRONG WAY DRIVING <input type="checkbox"/> 10 CROSSED MEDIAN <input type="checkbox"/> 11 PASSED IN NO PASSING ZONE <input type="checkbox"/> 12 UNSAFE LANE CHANGE <input type="checkbox"/> 13 FAILED TO KEEP N PROPER LANE <input type="checkbox"/> 17 D D NOT USE CROSSWALK <input type="checkbox"/> 20 FAILED TO YIELD RIGHT-OF-WAY <input type="checkbox"/> 49 AGGRESSIVE DRIV NG <input type="checkbox"/> 50 OTHER <input type="checkbox"/> 51 UNKNOWN</p>																			
<p>17 - MANNER OF CRASH IMPACT</p> <p><input type="checkbox"/> 1 S NGLE VEHICLE <input type="checkbox"/> 6 S DESW PE, SAME D RECTION <input type="checkbox"/> 2 ANGLE (front to side) (other than left turn) <input type="checkbox"/> 7 S DESW PE, OPPOSITE D RECTION <input type="checkbox"/> 3 LEFT TURN <input type="checkbox"/> 10 U-TURN <input checked="" type="checkbox"/> 4 REAR END (front-to-rear) <input type="checkbox"/> 50 OTHER <input type="checkbox"/> 5 HEAD-ON (front-to-front) (other than left turn) <input type="checkbox"/> 51 UNKNOWN</p>	<p>ENVIRONMENTAL ROAD</p> <p>1 GLARE <input type="checkbox"/> 3 ROAD SURFACE CONDITION <input type="checkbox"/> A. SUNLIGHT <input type="checkbox"/> 4 DEBRIS <input type="checkbox"/> 5 WORK ZONE <input type="checkbox"/> 6 OBSTRUCTION N ROADWAY <input type="checkbox"/> 7 CHANGING ROAD W DTH <input type="checkbox"/> 8 NON-HIGHWAY WORK</p>	<p>22 - VIOLATIONS/BEHAVIOR CHECK ALL THAT APPLY UNIT # 7 8</p> <p><input checked="" type="checkbox"/> 1 NO MPROPER ACTION <input type="checkbox"/> 2 SPEED TOO FAST FOR CONDITIONS <input type="checkbox"/> 3 EXCEEDED LAWFUL SPEED <input type="checkbox"/> 4 FOLLOWED TOO CLOSELY <input type="checkbox"/> 5 RAN STOP SIGN <input type="checkbox"/> 6 DISREGARDED TRAFFIC SIGNAL <input type="checkbox"/> 7 MADE IMPROPER TURN <input type="checkbox"/> 8 DROVE LEFT OF CENTER LINE <input type="checkbox"/> 9 WRONG WAY DRIVING <input type="checkbox"/> 10 CROSSED MEDIAN <input type="checkbox"/> 11 PASSED IN NO PASSING ZONE <input type="checkbox"/> 12 UNSAFE LANE CHANGE <input type="checkbox"/> 13 FAILED TO KEEP N PROPER LANE <input type="checkbox"/> 17 D D NOT USE CROSSWALK <input type="checkbox"/> 20 FAILED TO YIELD RIGHT-OF-WAY <input type="checkbox"/> 49 AGGRESSIVE DRIV NG <input type="checkbox"/> 50 OTHER <input type="checkbox"/> 51 UNKNOWN</p>																			
<p>18 - DIRECTION OF UNIT TRAVEL (Compass) BEFORE 1ST CRASH EVENT UNIT # 7 8</p> <p><input type="checkbox"/> 1 NORTH <input type="checkbox"/> 6 NORTHEAST <input type="checkbox"/> 2 SOUTH <input type="checkbox"/> 7 SOUTHWEST <input checked="" type="checkbox"/> 3 EAST <input type="checkbox"/> 8 SOUTHEAST <input type="checkbox"/> 4 WEST <input type="checkbox"/> 51 UNKNOWN <input type="checkbox"/> 5 NORTHWEST</p> <p>NOTE: FOR PARKED OR STOPPED VEHICLES, INDICATE THE DIRECTION THE VEHICLE WAS FACING AT THE TIME OF THE CRASH</p>	<p>ENVIRONMENTAL ROAD</p> <p>1 GLARE <input type="checkbox"/> 3 ROAD SURFACE CONDITION <input type="checkbox"/> A. SUNLIGHT <input type="checkbox"/> 4 DEBRIS <input type="checkbox"/> 5 WORK ZONE <input type="checkbox"/> 6 OBSTRUCTION N ROADWAY <input type="checkbox"/> 7 CHANGING ROAD W DTH <input type="checkbox"/> 8 NON-HIGHWAY WORK</p>	<p>22 - VIOLATIONS/BEHAVIOR CHECK ALL THAT APPLY UNIT # 7 8</p> <p><input checked="" type="checkbox"/> 1 NO MPROPER ACTION <input type="checkbox"/> 2 SPEED TOO FAST FOR CONDITIONS <input type="checkbox"/> 3 EXCEEDED LAWFUL SPEED <input type="checkbox"/> 4 FOLLOWED TOO CLOSELY <input type="checkbox"/> 5 RAN STOP SIGN <input type="checkbox"/> 6 DISREGARDED TRAFFIC SIGNAL <input type="checkbox"/> 7 MADE IMPROPER TURN <input type="checkbox"/> 8 DROVE LEFT OF CENTER LINE <input type="checkbox"/> 9 WRONG WAY DRIVING <input type="checkbox"/> 10 CROSSED MEDIAN <input type="checkbox"/> 11 PASSED IN NO PASSING ZONE <input type="checkbox"/> 12 UNSAFE LANE CHANGE <input type="checkbox"/> 13 FAILED TO KEEP N PROPER LANE <input type="checkbox"/> 17 D D NOT USE CROSSWALK <input type="checkbox"/> 20 FAILED TO YIELD RIGHT-OF-WAY <input type="checkbox"/> 49 AGGRESSIVE DRIV NG <input type="checkbox"/> 50 OTHER <input type="checkbox"/> 51 UNKNOWN</p>																			
<p>25 - ROADWAY ALIGNMENT UNIT # 7 8</p> <p><input type="checkbox"/> 1 STRAIGHT <input checked="" type="checkbox"/> 3 CURVE RIGHT <input type="checkbox"/> 2 CURVE LEFT <input type="checkbox"/> 51 UNKNOWN</p>	<p>ENVIRONMENTAL ROAD</p> <p>1 GLARE <input type="checkbox"/> 3 ROAD SURFACE CONDITION <input type="checkbox"/> A. SUNLIGHT <input type="checkbox"/> 4 DEBRIS <input type="checkbox"/> 5 WORK ZONE <input type="checkbox"/> 6 OBSTRUCTION N ROADWAY <input type="checkbox"/> 7 CHANGING ROAD W DTH <input type="checkbox"/> 8 NON-HIGHWAY WORK</p>	<p>22 - VIOLATIONS/BEHAVIOR CHECK ALL THAT APPLY UNIT # 7 8</p> <p><input checked="" type="checkbox"/> 1 NO MPROPER ACTION <input type="checkbox"/> 2 SPEED TOO FAST FOR CONDITIONS <input type="checkbox"/> 3 EXCEEDED LAWFUL SPEED <input type="checkbox"/> 4 FOLLOWED TOO CLOSELY <input type="checkbox"/> 5 RAN STOP SIGN <input type="checkbox"/> 6 DISREGARDED TRAFFIC SIGNAL <input type="checkbox"/> 7 MADE IMPROPER TURN <input type="checkbox"/> 8 DROVE LEFT OF CENTER LINE <input type="checkbox"/> 9 WRONG WAY DRIVING <input type="checkbox"/> 10 CROSSED MEDIAN <input type="checkbox"/> 11 PASSED IN NO PASSING ZONE <input type="checkbox"/> 12 UNSAFE LANE CHANGE <input type="checkbox"/> 13 FAILED TO KEEP N PROPER LANE <input type="checkbox"/> 17 D D NOT USE CROSSWALK <input type="checkbox"/> 20 FAILED TO YIELD RIGHT-OF-WAY <input type="checkbox"/> 49 AGGRESSIVE DRIV NG <input type="checkbox"/> 50 OTHER <input type="checkbox"/> 51 UNKNOWN</p>																			
<p>26 - LANE Please enter unit's number and lane of travel before first crash event</p> <table border="1"> <tr> <th>UNIT 7</th> <th>UNIT 8</th> </tr> <tr> <td>4</td> <td>4</td> </tr> </table> <p>0 TWO-WAY CONT NUOUS LEFT TURN 1-9 1= F RST LANE NEXT TO A MEDIAN THRU 9 10 CROSSWALK L1 THRU LX - LEFT TURN ONLY LANES (L1 = 1ST LEFT TURN AFTER MEDIAN/CENTERL NE) R1 THRU RX - RIGHT TURN LANES (R1 = 1ST RIGHT TURN AFTER THROUGH LANES) SW S DEWALK BL DEDICATED B KE LANE HOV HIGH OCCUPANCY VEHICLE 49 NON-ROADWAY 50 OTHER 51 UNKNOWN</p>	UNIT 7	UNIT 8	4	4	<p>27 - SEQUENCE OF EVENTS UP TO FOUR CRASH EVENTS FOR EACH UNIT N THE ORDER OF OCCURRENCE</p> <p>NON-COLLISION</p> <p>1 OVERTURN/ROLLOVER 2 F RE/EXPLOSION 5 CARGO/EQUIPMENT LOSS/SHIFT 6 FELL/JUMPED FROM VEHICLE 8 OTHER NON-COLLISION _____ 9 EQU PMENT FA LURE (tires, brakes) 10 SEPARATION OF UNITS 11 RAN OFF ROAD RIGHT 12 RAN OFF ROAD LEFT 13 CROSS MEDIAN 14 CROSS CENTERLINE 15 DOWNH LL RUNAWAY</p> <p>COLLISION WITH PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT</p> <p>16 MOTOR VEHICLE N TRANSPORT 17 PEDESTRIAN 18 PEDALCYCLE 19 TRA N 20 LIGHT RA LWAY/RAILCAR VEHICLE 21 ANIMAL 25 PARKED MOTOR VEHICLE 27 STRUCK BY FALL NG, SHIFTING CARGO OR ANYTHING SET N MOTION BY ANOTHER VEHICLE 28 OTHER NON-FIXED OBJ. _____</p>	<p>COLLISION WITH FIXED OBJECT</p> <p>29 IMPACT ATTENUATOR/CRASH CUSHION/GUARDRA L END 33 CONCRETE CURB 36 GUARDRA L FACE 38 MEDIAN BARR ER 39 CABLE BARRIER 41 TREE, BUSH, STUMP (standing) 42 TRAFFIC SIGN SUPPORT 43 TRAFFIC SIGNAL SUPPORT 44 UT LITY POLE/LIGHT SUPPORT 46 FENCE 50 OTHER FIXED OBJ. _____ 51 UNKNOWN</p> <p>FIRST HARMFUL EVENT OF THE CRASH <u>16</u></p> <p>SEQUENCE OF EVENTS PER TRAFFIC UNIT</p> <table border="1"> <tr> <th></th> <th>Unit 7</th> <th>Unit 8</th> </tr> <tr> <td>F RST EVENT</td> <td>16</td> <td>16</td> </tr> <tr> <td>SECOND EVENT</td> <td>16</td> <td>16</td> </tr> <tr> <td>THIRD EVENT</td> <td>16</td> <td></td> </tr> <tr> <td>FOURTH EVENT</td> <td>33</td> <td></td> </tr> </table>		Unit 7	Unit 8	F RST EVENT	16	16	SECOND EVENT	16	16	THIRD EVENT	16		FOURTH EVENT	33	
UNIT 7	UNIT 8																				
4	4																				
	Unit 7	Unit 8																			
F RST EVENT	16	16																			
SECOND EVENT	16	16																			
THIRD EVENT	16																				
FOURTH EVENT	33																				

ARIZONA CRASH REPORT		REPORT ID										Agency Report Number						
1	CONTINUED POLICE ONLY—FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 064R 206 S. 17TH AVE., PHOENIX, ARIZONA 85007-3233	YEAR	MONTH	DAY	HOUR			NCIC NO.			OFFICER D NO.			I21031311				
		2	1	0	6	0	9	2	2	0	9	[REDACTED]			0	1	0	4

28	CRASH DIAGRAM	MEASUREMENTS ARE APPROX MATE AND NOT TO SCALE
		MEASUREMENTS ARE SCALED (SCALE = _____)

See attachment

30	NARRATIVE	Describe what happened
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SEE ATTACHED NARRATIVE

ARIZONA CRASH REPORT

REPORT ID

Agency Report Number

1	TRUCK/ BUS SUPPLEMENT										121031311					
	POLICE ONLY—FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 064R 206 S. 17TH AVE., PHOENIX, ARIZONA 85007-3233															
	YEAR	MONTH	DAY	HOUR	NCIC NO.				OFFICER ID NO.							
	2	1	0	6	0	9	2	2	0	9	[REDACTED]	0	1	0	4	7

TRAFFIC UNIT NO. 1
Unit No. Must Match Unit No. on Page 1

<p>QUALIFYING INFORMATION</p> <input type="checkbox"/> 1 - A truck or truck combination >10,000 lbs GVWR/GCWR <input type="checkbox"/> 2 - A bus with seats for 9 or more persons, including driver <input type="checkbox"/> 3 - A vehicle of any type with a hazardous materials placard (includes auto, light truck, van, 10,000 lbs or less)	<p>At the Time of the Crash, THIS Vehicle was:</p> <input checked="" type="checkbox"/> 1 - Operating on a traffic way open to the public (in-Transport) <input type="checkbox"/> 2 - Parked on or off the traffic way	<p>Commercial Driver License (CDL) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>License Class: (check one) <input checked="" type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Class D <input type="checkbox"/> Class M</p>
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<p>VEHICLE INFORMATION</p> <p>VEHICLE CONFIGURATION</p> <input type="checkbox"/> 1 - Passenger Car (only if vehicle has Hazardous Materials Placard(s)) <input type="checkbox"/> 2 - Light Truck (only if vehicle has Hazardous Materials Placard) <input type="checkbox"/> 3 - Bus (seats 9-15 people, including driver) <input type="checkbox"/> 4 - Bus (seats 16 people or more, including driver) <input type="checkbox"/> 5 - Single-Unit Truck (2 axles, 6 tires)	<input type="checkbox"/> 6 - Single-Unit Truck (3 or more axles) <input checked="" type="checkbox"/> 7 - Truck/Trailer(s) (Single-Unit Truck with Trailer(s)) <input type="checkbox"/> 8 - Truck/Tractor (without trailer, bobtail or saddle-mount) <input type="checkbox"/> 9 - Tractor/Semi-Trailer (one trailer) <input type="checkbox"/> 10 - Tractor/Doubles (two trailers) <input type="checkbox"/> 11 - Tractor/Triples (three trailers) <input type="checkbox"/> 97 - Other Truck > 10,000 lbs. (not listed above)	<p>CARGO BODY TYPE</p> <input type="checkbox"/> 0 - Not Applicable/No Cargo Body <input type="checkbox"/> 1 - Bus (seats 9-15 people, including driver) <input type="checkbox"/> 2 - Bus (seats 16 people or more, including driver) <input type="checkbox"/> 3 - Van/Enclosed Box <input checked="" type="checkbox"/> 4 - Cargo Tank <input type="checkbox"/> 5 - Flatbed <input type="checkbox"/> 6 - Dump <input type="checkbox"/> 7 - Concrete Mixer	<input type="checkbox"/> 8 - Auto Transporter <input type="checkbox"/> 9 - Garbage or Refuse <input type="checkbox"/> 10 - Grain, Chips, Gravel <input type="checkbox"/> 11 - Pole <input type="checkbox"/> 12 - Vehicle Towing Another Motor Vehicle <input type="checkbox"/> 13 - Intermodal Chassis <input type="checkbox"/> 14 - Logging <input type="checkbox"/> 97 - Other Cargo Body (not listed above)
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<p>GVWR/GCWR</p> <input type="checkbox"/> 0 - Not Applicable <input type="checkbox"/> 1 - 10,000 lbs or less <input type="checkbox"/> 2 - 10,001 - 26,000 lbs <input checked="" type="checkbox"/> 3 - Greater than 26,000 lbs	<p>BUS USE</p> <input checked="" type="checkbox"/> 0 - Not Applicable - Not a bus <input type="checkbox"/> 1 - School <input type="checkbox"/> 2 - Transit/Commuter <input type="checkbox"/> 3 - Intercity <input type="checkbox"/> 4 - Charter/Tour <input type="checkbox"/> 5 - Shuttle/Other	<p>HAZARDOUS MATERIALS INVOLVEMENT</p> <p>Did the vehicle have a Haz Mat Placard? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, include the following information from the Placard: HM 4-Digit # or name from diamond or box: _____ HM Class # (1-9) from bottom of diamond: _____</p> <p>Was Haz Mat released from THIS vehicle's cargo? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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CARRIER INFORMATION

1 - Interstate Carrier 2 - Intrastate Carrier 3 - Not in Commerce-Government 4 - Not in Commerce-Other Trucks (Over 10,000 lbs. GVWR/GCWR)

NAME ARIZONA MILK TRANSPORT IDENTIFICATION NUMBERS: NONE

SOURCE: Shipping Papers Vehicle Side Driver Log Book

ADDRESS 5115 N DYSART RD #202-422

CITY LITCHFIELD PARK STATE AZ ZIP 85340

USDOT#

0	1	4	3	5	9	5
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 MC/MX# _____ STATE# _____

TRAFFIC UNIT NO. 2
Unit No. Must Match Unit No. on Page 1

<p>QUALIFYING INFORMATION</p> <input type="checkbox"/> 1 - A truck or truck combination >10,000 lbs GVWR/GCWR <input type="checkbox"/> 2 - A bus with seats for 9 or more persons, including driver <input type="checkbox"/> 3 - A vehicle of any type with a hazardous materials placard (includes auto, light truck, van, 10,000 lbs or less)	<p>At the Time of the Crash, THIS Vehicle was:</p> <input type="checkbox"/> 1 - Operating on a traffic way open to the public (in-Transport) <input type="checkbox"/> 2 - Parked on or off the traffic way	<p>Commercial Driver License (CDL) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>License Class: (check one) <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Class D <input type="checkbox"/> Class M</p>
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<p>VEHICLE INFORMATION</p> <p>VEHICLE CONFIGURATION</p> <input type="checkbox"/> 1 - Passenger Car (only if vehicle has Hazardous Materials Placard(s)) <input type="checkbox"/> 2 - Light Truck (only if vehicle has Hazardous Materials Placard) <input type="checkbox"/> 3 - Bus (seats 9-15 people, including driver) <input type="checkbox"/> 4 - Bus (seats 16 people or more, including driver) <input type="checkbox"/> 5 - Single-Unit Truck (2 axles, 6 tires)	<input type="checkbox"/> 6 - Single-Unit Truck (3 or more axles) <input type="checkbox"/> 7 - Truck/Trailer(s) (Single-Unit Truck with Trailer(s)) <input type="checkbox"/> 8 - Truck/Tractor (without trailer, bobtail or saddle-mount) <input type="checkbox"/> 9 - Tractor/Semi-Trailer (one trailer) <input type="checkbox"/> 10 - Tractor/Doubles (two trailers) <input type="checkbox"/> 11 - Tractor/Triples (three trailers) <input type="checkbox"/> 97 - Other Truck > 10,000 lbs. (not listed above)	<p>CARGO BODY TYPE</p> <input type="checkbox"/> 0 - Not Applicable/No Cargo Body <input type="checkbox"/> 1 - Bus (seats 9-15 people, including driver) <input type="checkbox"/> 2 - Bus (seats 16 people or more, including driver) <input type="checkbox"/> 3 - Van/Enclosed Box <input type="checkbox"/> 4 - Cargo Tank <input type="checkbox"/> 5 - Flatbed <input type="checkbox"/> 6 - Dump <input type="checkbox"/> 7 - Concrete Mixer	<input type="checkbox"/> 8 - Auto Transporter <input type="checkbox"/> 9 - Garbage or Refuse <input type="checkbox"/> 10 - Grain, Chips, Gravel <input type="checkbox"/> 11 - Pole <input type="checkbox"/> 12 - Vehicle Towing Another Motor Vehicle <input type="checkbox"/> 13 - Intermodal Chassis <input type="checkbox"/> 14 - Logging <input type="checkbox"/> 97 - Other Cargo Body (not listed above)
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<p>GVWR/GCWR</p> <input type="checkbox"/> 0 - Not Applicable <input type="checkbox"/> 1 - 10,000 lbs or less <input type="checkbox"/> 2 - 10,001 - 26,000 lbs <input type="checkbox"/> 3 - Greater than 26,000 lbs	<p>BUS USE</p> <input type="checkbox"/> 0 - Not Applicable - Not a bus <input type="checkbox"/> 1 - School <input type="checkbox"/> 2 - Transit/Commuter <input type="checkbox"/> 3 - Intercity <input type="checkbox"/> 4 - Charter/Tour <input type="checkbox"/> 5 - Shuttle/Other	<p>HAZARDOUS MATERIALS INVOLVEMENT</p> <p>Did the vehicle have a Haz Mat Placard? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, include the following information from the Placard: HM 4-Digit # or name from diamond or box: _____ HM Class # (1-9) from bottom of diamond: _____</p> <p>Was Haz Mat released from THIS vehicle's cargo? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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CARRIER INFORMATION

1 - Interstate Carrier 2 - Intrastate Carrier 3 - Not in Commerce-Government 4 - Not in Commerce-Other Trucks (Over 10,000 lbs. GVWR/GCWR)

NAME _____ IDENTIFICATION NUMBERS: NONE

SOURCE: Shipping Papers Vehicle Side Driver Log Book

ADDRESS _____

CITY _____ STATE _____ ZIP _____

USDOT#

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 MC/MX# _____ STATE# _____

3 OFFICER'S NAME Z. Saxon (10474)	DATE 06/29/2021
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
ARIZONA CRASH REPORT		REPORT ID										Agency Report Number																					
1	FATAL SUPPLEMENT POLICE ONLY - FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 064R 206 S. 17TH AVE., PHOENIX, ARIZONA 85007-3233	YEAR	MONTH	DAY	HOUR	NCIC NO.				OFFICER D NO.				121031311																			
		2	1	0	6	0	9	2	2	0	9	0	1					0	4	7	4												
2	DECEASED	Name DANTE BRUBECK										Type: <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Pedestrian <input type="checkbox"/> Unknown Occupant Type <input type="checkbox"/> Passenger <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Unknown Non-Occupant Type																					
		Sex M		Height █		Weight █		Date of Birth (MMDDYYYY) █																									
		Deceased at Scene: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Deceased Removed To MARICOPA OME				Deceased Removed By MARICOPA OME																									
		Transported to First Medical Facility: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		First Medical Facility Transported To: Maricopa OME				Transported to First Medical Facility By: Maricopa OME																									
		Date of Death (MMDDYYYY) 0 6 0 9 2 0 2 1				Time of Death 2 2 4 3																											
3	CRASH SCENE	If Intersection or Intersection-Related, Indicate Type of Intersection <input type="checkbox"/> 1 Four Way Intersection <input type="checkbox"/> 5 Roundabout <input type="checkbox"/> 2 T-Intersection <input type="checkbox"/> 6 Five-Point, or More <input type="checkbox"/> 3 Y-Intersection <input type="checkbox"/> 7 L-Intersection <input type="checkbox"/> 4 Traffic Circle <input type="checkbox"/> 51 Unknown										Roadway Surface Type at Crash Scene UNIT # 1 2 <input type="checkbox"/> 1 Concrete <input type="checkbox"/> 5 Dirt <input checked="" type="checkbox"/> 2 Blacktop, Bituminous, or Asphalt <input type="checkbox"/> 6 Other: _____ <input type="checkbox"/> 3 Brick or Block <input type="checkbox"/> 51 Unknown <input type="checkbox"/> 4 Slag, Gravel, or Stone																					
		If intersection or Intersection-Related, and Traffic Signals Present, Indicate Type of Signal <input type="checkbox"/> 1 Traffic Control Signal With Pedestrian Signal <input type="checkbox"/> 2 Traffic Control Signal Without Pedestrian Signal										Work Zone Type <input checked="" type="checkbox"/> 0 No Work Zone Present <input type="checkbox"/> 3 Utility <input type="checkbox"/> 1 Construction <input type="checkbox"/> 4 Work Zone, Type Unknown <input type="checkbox"/> 2 Maintenance																					
4	VEHICLE INFORMATION	Trailer Vehicle Identification Number(s) Unit # 1 - _____ Unit # _____ Unit # _____ Unit # _____				Extent of Damage UNIT # 1 2 <input type="checkbox"/> 1 No Damage <input type="checkbox"/> 2 Minor Damage <input type="checkbox"/> 3 Functional Damage <input checked="" type="checkbox"/> 4 Disabling Damage <input type="checkbox"/> 5 Unknown Damage				Motor Vehicle Contributing Circumstances (Check all that apply) UNIT # UNIT # 1 2 1 2 <input type="checkbox"/> 0 None <input type="checkbox"/> 8 Wipers <input type="checkbox"/> 1 Tires <input type="checkbox"/> 9 Wheels <input type="checkbox"/> 2 Brake System <input type="checkbox"/> 10 Mirrors <input type="checkbox"/> 3 Steering <input type="checkbox"/> 11 Windows/Windshield <input type="checkbox"/> 4 Suspension <input type="checkbox"/> 12 Body/Doors <input type="checkbox"/> 5 Power Train <input type="checkbox"/> 13 Truck Couplings/ Trailer Hitch/Safety Chains <input type="checkbox"/> 6 Exhaust System <input type="checkbox"/> 14 Safety Systems <input type="checkbox"/> 7 Lights (Specify: Head Signal Other) <input checked="" type="checkbox"/> 51 Unknown																							
		Override/Override UNIT # UNIT # 1 2 1 2 <input type="checkbox"/> 1 No Override or Override Noted <input type="checkbox"/> 6 Underriding a Motor Vehicle Not in Transport, No Compartment Intrusion <input type="checkbox"/> 2 Underriding a Motor Vehicle in Transport, Compartment Intrusion <input type="checkbox"/> 7 Underriding a Motor Vehicle Not in Transport, Compartment Intrusion Unknown <input type="checkbox"/> 3 Underriding a Motor Vehicle in Transport, No Compartment Intrusion <input checked="" type="checkbox"/> 8 Overriding a Motor Vehicle in Transport <input type="checkbox"/> 4 Underriding a Motor Vehicle in Transport, Compartment Intrusion Unknown <input type="checkbox"/> 9 Overriding a Motor Vehicle Not in Transport <input type="checkbox"/> 5 Underriding a Motor Vehicle Not in Transport, Compartment Intrusion <input type="checkbox"/> 10 Unknown if Override or Underride Present																															
		Driver Unit # Height █ Weight: █				Driver Unit # Height █ Weight: █				Racing Involved UNIT # 1 2 <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes																							
5	DRIVER INFORMATION	Compliance with License Restrictions UNIT # 1 2 <input checked="" type="checkbox"/> 0 No Restrictions <input type="checkbox"/> 1 Restrictions Complied With <input type="checkbox"/> 2 Restrictions Not Complied With <input type="checkbox"/> 3 Restrictions, Compliance Unknown <input type="checkbox"/> 51 Unknown					Compliance with CDL Endorsements UNIT # 1 2 <input checked="" type="checkbox"/> 0 No Endorsements Required for Vehicle <input type="checkbox"/> 1 Endorsement(s) Required, Complied With <input type="checkbox"/> 2 Endorsement(s) Required, Not Complied With <input type="checkbox"/> 3 Endorsement(s) Required, Compliance Unknown <input type="checkbox"/> 51 Unknown if Required																										
		Driver Maneuvered to Avoid UNIT # 1 2 <input checked="" type="checkbox"/> 1 Driver Did Not Maneuver to Avoid <input type="checkbox"/> 2 Object <input type="checkbox"/> 3 Poor Road Conditions (puddle, ice, pothole etc.) <input type="checkbox"/> 4 Live Animal <input type="checkbox"/> 5 Motor Vehicle (in transport, parked, working) <input type="checkbox"/> 6 Pedestrian, Pedalcyclist or Other Non-Motorist <input type="checkbox"/> 7 Non-Contact Motor Vehicle <input checked="" type="checkbox"/> 51 Unknown					Driver's Attempted Avoidance Maneuver (Check Only One) UNIT # UNIT # 1 2 1 2 <input checked="" type="checkbox"/> 1 No Avoidance Maneuver <input type="checkbox"/> 9 Accelerating <input type="checkbox"/> 2 Releasing Brakes <input type="checkbox"/> 10 Accelerating and Steering Left <input type="checkbox"/> 3 Braking <input type="checkbox"/> 11 Accelerating and Steering Right <input type="checkbox"/> 4 Steering Left <input type="checkbox"/> 12 Accelerating and Unknown Steering Direction <input type="checkbox"/> 5 Steering Right <input type="checkbox"/> 50 Other Actions: _____ <input type="checkbox"/> 6 Braking and Steering Left <input checked="" type="checkbox"/> 51 Unknown if Avoidance Maneuver Attempted <input type="checkbox"/> 7 Braking and Steering Right <input type="checkbox"/> 8 Braking and Unknown Steering Direction																										
		Driver Influencing Substances Alcohol Unit # 1 Unit # 2 <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:50%;"></td><td style="width:50%;"></td></tr> <tr><td style="text-align: center;">✓</td><td style="text-align: center;">✓</td></tr> <tr><td style="text-align: center;">Test Given</td><td style="text-align: center;">Test Given</td></tr> <tr><td style="text-align: center;">Test Refused</td><td style="text-align: center;">Test Refused</td></tr> <tr><td style="text-align: center;">Testing Unknown</td><td style="text-align: center;">Testing Unknown</td></tr> </table>							✓	✓	Test Given	Test Given	Test Refused	Test Refused	Testing Unknown	Testing Unknown	Driver Alcohol/Drug Testing Results Unit # 1 Unit # 2 <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:50%;"></td><td style="width:50%;"></td></tr> <tr><td style="text-align: center;">8</td><td style="text-align: center;">8</td></tr> <tr><td style="text-align: center;">Alcohol Test Type: 8</td><td style="text-align: center;">Alcohol Test Type: 8</td></tr> <tr><td style="text-align: center;">Alcohol Test Results: 0</td><td style="text-align: center;">Alcohol Test Results: 0</td></tr> <tr><td style="text-align: center;">Drug Test Type: 8</td><td style="text-align: center;">Drug Test Type: 8</td></tr> <tr><td style="text-align: center;">Drug Test Results: 1</td><td style="text-align: center;">Drug Test Results: 99</td></tr> </table>							8	8	Alcohol Test Type: 8	Alcohol Test Type: 8	Alcohol Test Results: 0	Alcohol Test Results: 0	Drug Test Type: 8	Drug Test Type: 8	Drug Test Results: 1	Drug Test Results: 99
✓	✓																																
Test Given	Test Given																																
Test Refused	Test Refused																																
Testing Unknown	Testing Unknown																																
8	8																																
Alcohol Test Type: 8	Alcohol Test Type: 8																																
Alcohol Test Results: 0	Alcohol Test Results: 0																																
Drug Test Type: 8	Drug Test Type: 8																																
Drug Test Results: 1	Drug Test Results: 99																																

6	EMS	Notification Time EMS: <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td style="width:30px; text-align:center;">2</td><td style="width:30px; text-align:center;">2</td><td style="width:30px; text-align:center;">1</td><td style="width:30px; text-align:center;">2</td></tr></table>				2	2	1	2	Arrival Time EMS: <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td style="width:30px; text-align:center;">2</td><td style="width:30px; text-align:center;">2</td><td style="width:30px; text-align:center;">2</td><td style="width:30px; text-align:center;">2</td></tr></table>				2	2	2	2	EMS Time at Hospital: <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td style="width:30px; height:20px;"></td><td style="width:30px; height:20px;"></td><td style="width:30px; height:20px;"></td><td style="width:30px; height:20px;"></td></tr></table>																	
2	2	1	2																																
2	2	2	2																																
7	MOTOR VEHICLE OCCUPANT/NON-OCCUPANT INFORMATION	Unit #	Seat Pos.	S/D	Ejection	EJ. Path	Extrication	Transport	Seating Position <table border="1" style="display:inline-table; border-collapse: collapse; vertical-align: middle;"> <tr><td>41</td><td>31</td><td>21</td><td>11</td></tr> <tr><td>42</td><td>32</td><td>22</td><td>12</td></tr> <tr><td>43</td><td>33</td><td>23</td><td>13</td></tr> <tr><td>48</td><td>38</td><td>28</td><td>18</td></tr> <tr><td>49</td><td>39</td><td>29</td><td>19</td></tr> </table> 00 – Not Applicable/Non-Occupant 18, 28, 38, 48 – Additional passenger in vehicle by row (Ex: child in lap) 19, 29, 39, 49 – Unknown passenger location by row 50 – In enclosed passenger/cargo area 51 – In unenclosed passenger/cargo area 52 – Riding on vehicle exterior 53 – Riding in trailing unit 54 – Sleeper section of cab (truck) 55 – Unknown location				41	31	21	11	42	32	22	12	43	33	23	13	48	38	28	18	49	39	29	19			
		41	31	21	11																														
		42	32	22	12																														
		43	33	23	13																														
		48	38	28	18																														
		49	39	29	19																														
		1	11	3	0	0	1	0																											
		2	11	3	0	0	2	0																											
		2	21	51	0	0	2	0																											
		2	23	51	0	0	2	2																											
		2	13	3	0	0	2	2																											
		3	11	3	0	0	2	2																											
4	11	51	0	0	2	0																													
5	11	0	0	0	0	2																													
5	13	3	0	0	0	2																													
6	11	3	0	0	0	0																													
6	23	3	0	0	1	2																													
7	11	0	0	0	0	2																													
7	13	0	1	1	0	0																													
7	21	51	0	0	0	2																													
Ejection 0 – Not Ejected/Not Applicable 1 – Ejected, Totally 2 – Ejected, Partially 3 – Ejected, Unknown Degree 51 – Unknown if Ejected				Ejection Path 0 – Not Applicable 1 – Through Side Door Opening 2 – Through Side Door Window 3 – Through Windshield 4 – Through Back Window 5 – Through Back Door/Tailgate Opening 6 – Through Roof Opening 7 – Through Roof (convertible roof up) 8 – Other Path (Back of pick-up truck) 51 – Ejection Path Unknown				Extrication 0 – Not Applicable 1 – Not Extricated 2 – Extricated 51 – Unknown if Extricated		Transport to First Medical Facility 0 – Not Transported 1 – EMS Air 2 – EMS Ground 3 – EMS Unknown Mode 4 – Law Enforcement 5 – Transported Unknown Source 6 – Other _____ 51 – Unknown if Transported																									
8	MOTORCYCLE INFORMATION	Motorcycle Body Style				Motorcycles - Three Wheel Styles																													
		Motorcycles – Two Wheel Styles UNIT # _____ <input type="checkbox"/> <input type="checkbox"/> 1 Two Wheel Motorcycle <input type="checkbox"/> <input type="checkbox"/> 2 Moped or Motorized Bicycle <input type="checkbox"/> <input type="checkbox"/> 3 Off-Road Motorcycle <input type="checkbox"/> <input type="checkbox"/> 4 Motor Scooter <input type="checkbox"/> <input type="checkbox"/> 5 Other Motorized Cycle Type <input type="checkbox"/> <input type="checkbox"/> 50 Unknown Motored Cycle Type				UNIT # _____ <input type="checkbox"/> <input type="checkbox"/> 11 Three Wheel Motorcycle (2 rear wheels) <input type="checkbox"/> <input type="checkbox"/> 12 Unenclosed Three Wheel Motorcycle/Unenclosed Autocycle (1 rear wheel) <input type="checkbox"/> <input type="checkbox"/> 13 Enclosed Three Wheel Motorcycle/Enclosed Autocycle (1 rear wheel) <input type="checkbox"/> <input type="checkbox"/> 51 Unknown Three Wheel Motorcycle Type <input type="checkbox"/> <input type="checkbox"/> 60 ATV/ATC (All Terrain Cycle)																													
9	NON-OCCUPANT INFORMATION	Non-Occupant Person Type				Non-Occupant Safety Equipment (Check all that apply)																													
		UNIT # _____ <input type="checkbox"/> <input type="checkbox"/> 1 Pedestrian <input type="checkbox"/> <input type="checkbox"/> 2 Bicyclist <input type="checkbox"/> <input type="checkbox"/> 3 Person on Personal Conveyances (skates, skateboards, wheelchairs, etc.) <input type="checkbox"/> <input type="checkbox"/> 4 Other Cyclist (unicycle, tricycle) <input type="checkbox"/> <input type="checkbox"/> 5 Person In/On Building <input type="checkbox"/> <input type="checkbox"/> 6 Occupant of a Non-Motor Vehicle Transport Device (train, on an animal) <input type="checkbox"/> <input type="checkbox"/> 51 Unknown Type of Non-Motorist				UNIT # _____ <input type="checkbox"/> <input type="checkbox"/> 0 None Used Protective: UNIT # _____ <input type="checkbox"/> <input type="checkbox"/> 1 Helmet <input type="checkbox"/> <input type="checkbox"/> 2 Protective Pads <input type="checkbox"/> <input type="checkbox"/> 3 Other Protective Safety Equipment																													
		Non-Occupant Influencing Substances <table style="width:100%;"> <tr> <th colspan="2">Alcohol</th> <th colspan="2">Drugs</th> </tr> <tr> <td>Unit # _____</td> <td>Unit # _____</td> <td>Unit # _____</td> <td>Unit # _____</td> </tr> <tr> <td><input type="checkbox"/> No Test Given</td> <td><input type="checkbox"/> Test Given</td> <td><input type="checkbox"/> No Test Given</td> <td><input type="checkbox"/> Test Given</td> </tr> <tr> <td><input type="checkbox"/> Test Refused</td> <td><input type="checkbox"/> Testing Unknown</td> <td><input type="checkbox"/> Test Refused</td> <td><input type="checkbox"/> Testing Unknown</td> </tr> </table>				Alcohol		Drugs		Unit # _____	Unit # _____	Unit # _____	Unit # _____	<input type="checkbox"/> No Test Given	<input type="checkbox"/> Test Given	<input type="checkbox"/> No Test Given	<input type="checkbox"/> Test Given	<input type="checkbox"/> Test Refused	<input type="checkbox"/> Testing Unknown	<input type="checkbox"/> Test Refused	<input type="checkbox"/> Testing Unknown	Non-Occupant Alcohol/Drug Testing Results <table style="width:100%;"> <tr> <td>Unit # _____</td> <td>Unit # _____</td> </tr> <tr> <td>Alcohol Test Type: _____</td> <td>Alcohol Test Type: _____</td> </tr> <tr> <td>Alcohol Test Results: _____</td> <td>Alcohol Test Results: _____</td> </tr> <tr> <td>Drug Test Type: _____</td> <td>Drug Test Type: _____</td> </tr> <tr> <td>Drug Test Results: _____</td> <td>Drug Test Results: _____</td> </tr> </table>				Unit # _____	Unit # _____	Alcohol Test Type: _____	Alcohol Test Type: _____	Alcohol Test Results: _____	Alcohol Test Results: _____	Drug Test Type: _____	Drug Test Type: _____	Drug Test Results: _____	Drug Test Results: _____
Alcohol		Drugs																																	
Unit # _____	Unit # _____	Unit # _____	Unit # _____																																
<input type="checkbox"/> No Test Given	<input type="checkbox"/> Test Given	<input type="checkbox"/> No Test Given	<input type="checkbox"/> Test Given																																
<input type="checkbox"/> Test Refused	<input type="checkbox"/> Testing Unknown	<input type="checkbox"/> Test Refused	<input type="checkbox"/> Testing Unknown																																
Unit # _____	Unit # _____																																		
Alcohol Test Type: _____	Alcohol Test Type: _____																																		
Alcohol Test Results: _____	Alcohol Test Results: _____																																		
Drug Test Type: _____	Drug Test Type: _____																																		
Drug Test Results: _____	Drug Test Results: _____																																		
10	COMMENTS																																		
11	11	Officer's Name / Badge # _____			Supervisor's Signature _____			Agency Name AZ DPS		Date Completed 06/29/2021																									

ARIZONA CRASH REPORT		REPORT ID										Agency Report Number					
1	FATAL SUPPLEMENT POLICE ONLY - FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 064R 206 S. 17TH AVE., PHOENIX, ARIZONA 85007-3233	YEAR	MONTH	DAY	HOUR	NCIC NO.				OFFICER D NO.				121031311			
		2	1	0	6	0	9	2	2	0	9	[REDACTED]	[REDACTED]		0	1	0
2	DECEASED	Name DANTE BRUBECK										Type: <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Pedestrian <input type="checkbox"/> Unknown Occupant Type <input type="checkbox"/> Passenger <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Unknown Non-Occupant Type					
		Sex M		Height [REDACTED]		Weight [REDACTED]		Date of Birth (MMDDYYYY) [REDACTED]									
		Deceased at Scene: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Deceased Removed To MARICOPA OME				Deceased Removed By MARICOPA OME									
		Transported to First Medical Facility: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		First Medical Facility Transported To: Maricopa OME				Transported to First Medical Facility By: Maricopa OME									
		Date of Death (MMDDYYYY) [REDACTED]				Time of Death [REDACTED]											
3	CRASH SCENE	If Intersection or Intersection-Related, Indicate Type of Intersection <input type="checkbox"/> 1 Four Way Intersection <input type="checkbox"/> 5 Roundabout <input type="checkbox"/> 2 T-Intersection <input type="checkbox"/> 6 Five-Point, or More <input type="checkbox"/> 3 Y-Intersection <input type="checkbox"/> 7 L-Intersection <input type="checkbox"/> 4 Traffic Circle <input type="checkbox"/> 51 Unknown										Roadway Surface Type at Crash Scene UNIT # [REDACTED] <input type="checkbox"/> 1 Concrete <input type="checkbox"/> [REDACTED] 5 Dirt <input checked="" type="checkbox"/> 2 Blacktop, Bituminous, or Asphalt <input type="checkbox"/> [REDACTED] 6 Other: _____ <input type="checkbox"/> 3 Brick or Block <input type="checkbox"/> [REDACTED] 51 Unknown <input type="checkbox"/> 4 Slag, Gravel, or Stone					
		If intersection or Intersection-Related, and Traffic Signals Present, Indicate Type of Signal <input type="checkbox"/> 1 Traffic Control Signal With Pedestrian Signal <input type="checkbox"/> 2 Traffic Control Signal Without Pedestrian Signal										Work Zone Type <input checked="" type="checkbox"/> 0 No Work Zone Present <input type="checkbox"/> 3 Utility <input type="checkbox"/> 1 Construction <input type="checkbox"/> 4 Work Zone, Type Unknown <input type="checkbox"/> 2 Maintenance					
4	VEHICLE INFORMATION	Trailer Vehicle Identification Number(s) Unit # _____ Unit # _____ Unit # _____ Unit # _____				Extent of Damage UNIT # [REDACTED] <input type="checkbox"/> 1 No Damage <input type="checkbox"/> [REDACTED] 8 Wipers <input type="checkbox"/> 2 Minor Damage <input type="checkbox"/> [REDACTED] 9 Wheels <input type="checkbox"/> 3 Functional Damage <input type="checkbox"/> [REDACTED] 10 Mirrors <input checked="" type="checkbox"/> 4 Disabling Damage <input type="checkbox"/> [REDACTED] 11 Windows/Windshield <input type="checkbox"/> 5 Unknown Damage <input type="checkbox"/> [REDACTED] 12 Body/Doors <input type="checkbox"/> [REDACTED] 13 Truck Couplings/ Trailer Hitch/Safety Chains <input type="checkbox"/> [REDACTED] 14 Safety Systems <input type="checkbox"/> [REDACTED] 50 Other: _____ <input type="checkbox"/> [REDACTED] 51 Unknown				Motor Vehicle Contributing Circumstances (Check all that apply) UNIT # UNIT # [REDACTED] <input checked="" type="checkbox"/> 0 None <input type="checkbox"/> [REDACTED] 8 Wipers <input type="checkbox"/> [REDACTED] 1 Tires <input type="checkbox"/> [REDACTED] 9 Wheels <input type="checkbox"/> [REDACTED] 2 Brake System <input type="checkbox"/> [REDACTED] 10 Mirrors <input type="checkbox"/> [REDACTED] 3 Steering <input type="checkbox"/> [REDACTED] 11 Windows/Windshield <input type="checkbox"/> [REDACTED] 4 Suspension <input type="checkbox"/> [REDACTED] 12 Body/Doors <input type="checkbox"/> [REDACTED] 5 Power Train <input type="checkbox"/> [REDACTED] 13 Truck Couplings/ Trailer Hitch/Safety Chains <input type="checkbox"/> [REDACTED] 6 Exhaust System <input type="checkbox"/> [REDACTED] 14 Safety Systems <input type="checkbox"/> [REDACTED] 7 Lights (Specify: Head Signal Other) <input type="checkbox"/> [REDACTED] 50 Other: _____ <input type="checkbox"/> [REDACTED] 51 Unknown							
		Fire Occurrence UNIT # [REDACTED] <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes															
		Underride/Override UNIT # UNIT # [REDACTED] <input checked="" type="checkbox"/> 1 No Underride or Override Noted <input type="checkbox"/> [REDACTED] 6 Underriding a Motor Vehicle Not in Transport, No Compartment Intrusion <input type="checkbox"/> [REDACTED] 2 Underriding a Motor Vehicle in Transport, Compartment Intrusion <input type="checkbox"/> [REDACTED] 7 Underriding a Motor Vehicle Not in Transport, Compartment Intrusion Unknown <input type="checkbox"/> [REDACTED] 3 Underriding a Motor Vehicle in Transport, No Compartment Intrusion <input type="checkbox"/> [REDACTED] 8 Underriding a Motor Vehicle in Transport <input type="checkbox"/> [REDACTED] 4 Underriding a Motor Vehicle in Transport, Compartment Intrusion Unknown <input type="checkbox"/> [REDACTED] 9 Underriding a Motor Vehicle Not in Transport <input type="checkbox"/> [REDACTED] 5 Underriding a Motor Vehicle Not in Transport, Compartment Intrusion <input type="checkbox"/> [REDACTED] 10 Unknown if Override or Underride Present															
5	DRIVER INFORMATION	Driver Unit # Height: [REDACTED] Weight: [REDACTED]				Driver Unit # Height: [REDACTED] Weight: [REDACTED]				Racing Involved UNIT # [REDACTED] <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Yes							
		Compliance with License Restrictions UNIT # [REDACTED] <input checked="" type="checkbox"/> 0 No Restrictions <input type="checkbox"/> [REDACTED] 10 Accelerating and Steering Left <input type="checkbox"/> [REDACTED] 1 Restrictions Complied With <input type="checkbox"/> [REDACTED] 11 Accelerating and Steering Right <input type="checkbox"/> [REDACTED] 2 Restrictions Not Complied With <input type="checkbox"/> [REDACTED] 12 Accelerating and Unknown Steering Direction <input type="checkbox"/> [REDACTED] 3 Restrictions, Compliance Unknown <input type="checkbox"/> [REDACTED] 50 Other Actions: _____ <input type="checkbox"/> [REDACTED] 51 Unknown <input checked="" type="checkbox"/> 51 Unknown if Avoidance Maneuver Attempted					Compliance with CDL Endorsements UNIT # [REDACTED] <input checked="" type="checkbox"/> 0 No Endorsements Required for Vehicle <input type="checkbox"/> [REDACTED] 9 Accelerating <input type="checkbox"/> [REDACTED] 1 Endorsement(s) Required, Complied With <input type="checkbox"/> [REDACTED] 10 Accelerating and Steering Left <input type="checkbox"/> [REDACTED] 2 Endorsement(s) Required, Not Complied With <input type="checkbox"/> [REDACTED] 11 Accelerating and Steering Right <input type="checkbox"/> [REDACTED] 3 Endorsement(s) Required, Compliance Unknown <input type="checkbox"/> [REDACTED] 12 Accelerating and Unknown Steering Direction <input type="checkbox"/> [REDACTED] 51 Unknown if Required <input type="checkbox"/> [REDACTED] 50 Other Actions: _____										
		Driver Maneuvered to Avoid UNIT # [REDACTED] <input type="checkbox"/> 1 Driver Did Not Maneuver to Avoid <input type="checkbox"/> [REDACTED] 9 Accelerating <input type="checkbox"/> [REDACTED] 2 Object <input type="checkbox"/> [REDACTED] 10 Accelerating and Steering Left <input type="checkbox"/> [REDACTED] 3 Poor Road Conditions (puddle, ice, pothole etc.) <input type="checkbox"/> [REDACTED] 11 Accelerating and Steering Right <input type="checkbox"/> [REDACTED] 4 Live Animal <input type="checkbox"/> [REDACTED] 12 Accelerating and Unknown Steering Direction <input type="checkbox"/> [REDACTED] 5 Motor Vehicle (in transport, parked, working) <input type="checkbox"/> [REDACTED] 50 Other Actions: _____ <input type="checkbox"/> [REDACTED] 6 Pedestrian, Pedalcyclist or Other Non-Motorist <input checked="" type="checkbox"/> 51 Unknown if Avoidance Maneuver Attempted <input type="checkbox"/> [REDACTED] 7 Non-Contact Motor Vehicle					Driver's Attempted Avoidance Maneuver (Check Only One) UNIT # [REDACTED] <input type="checkbox"/> 1 No Avoidance Maneuver <input type="checkbox"/> [REDACTED] 9 Accelerating <input type="checkbox"/> [REDACTED] 2 Releasing Brakes <input type="checkbox"/> [REDACTED] 10 Accelerating and Steering Left <input type="checkbox"/> [REDACTED] 3 Braking <input type="checkbox"/> [REDACTED] 11 Accelerating and Steering Right <input type="checkbox"/> [REDACTED] 4 Steering Left <input type="checkbox"/> [REDACTED] 12 Accelerating and Unknown Steering Direction <input type="checkbox"/> [REDACTED] 5 Steering Right <input type="checkbox"/> [REDACTED] 50 Other Actions: _____ <input type="checkbox"/> [REDACTED] 6 Braking and Steering Left <input checked="" type="checkbox"/> 51 Unknown if Avoidance Maneuver Attempted <input type="checkbox"/> [REDACTED] 7 Braking and Steering Right <input type="checkbox"/> [REDACTED] 8 Braking and Unknown Steering Direction										
		Driver Influencing Substances Alcohol Unit # 3 Unit # 4 [REDACTED] <input checked="" type="checkbox"/> No Test Given <input type="checkbox"/> [REDACTED] 9 Accelerating [REDACTED] <input type="checkbox"/> Test Given <input type="checkbox"/> [REDACTED] 10 Accelerating and Steering Left [REDACTED] <input type="checkbox"/> Test Refused <input type="checkbox"/> [REDACTED] 11 Accelerating and Steering Right [REDACTED] <input type="checkbox"/> Testing Unknown <input type="checkbox"/> [REDACTED] 12 Accelerating and Unknown Steering Direction					Driver Alcohol/Drug Testing Results Unit # 3 Unit # 4 Alcohol Test Type: _____ Alcohol Test Results: _____ Alcohol Test Type: _____ Alcohol Test Results: _____ Drug Test Type: _____ Drug Test Results: _____ Drug Test Type: _____ Drug Test Results: _____										
		Alcohol Unit # 3 Unit # 4 [REDACTED] <input checked="" type="checkbox"/> No Test Given <input type="checkbox"/> [REDACTED] 9 Accelerating [REDACTED] <input type="checkbox"/> Test Given <input type="checkbox"/> [REDACTED] 10 Accelerating and Steering Left [REDACTED] <input type="checkbox"/> Test Refused <input type="checkbox"/> [REDACTED] 11 Accelerating and Steering Right [REDACTED] <input type="checkbox"/> Testing Unknown <input type="checkbox"/> [REDACTED] 12 Accelerating and Unknown Steering Direction					Drugs Unit # 3 Unit # 4 [REDACTED] <input checked="" type="checkbox"/> No Test Given <input type="checkbox"/> [REDACTED] 9 Accelerating [REDACTED] <input type="checkbox"/> Test Given <input type="checkbox"/> [REDACTED] 10 Accelerating and Steering Left [REDACTED] <input type="checkbox"/> Test Refused <input type="checkbox"/> [REDACTED] 11 Accelerating and Steering Right [REDACTED] <input type="checkbox"/> Testing Unknown <input type="checkbox"/> [REDACTED] 12 Accelerating and Unknown Steering Direction										

6	EMS	Notification Time EMS:		2	2	1	2	Arrival Time EMS:		2	2	2	2	EMS Time at Hospital:																									
7	MOTOR VEHICLE OCCUPANT/NON-OCCUPANT INFORMATION	Unit #	Seat Pos.	S/D	Ejection	EJ. Path	Extrication	Transport	Seating Position <table style="display: inline-table; border: none;"> <tr> <td style="border: none;">41</td><td style="border: none;">31</td><td style="border: none;">21</td><td style="border: none;">11</td></tr> <tr> <td style="border: none;">42</td><td style="border: none;">32</td><td style="border: none;">22</td><td style="border: none;">12</td></tr> <tr> <td style="border: none;">43</td><td style="border: none;">33</td><td style="border: none;">23</td><td style="border: none;">13</td></tr> <tr> <td style="border: none;">48</td><td style="border: none;">38</td><td style="border: none;">28</td><td style="border: none;">18</td></tr> <tr> <td style="border: none;">49</td><td style="border: none;">39</td><td style="border: none;">29</td><td style="border: none;">19</td></tr> </table> 00 – Not Applicable/Non-Occupant 18, 28, 38, 48 – Additional passenger in vehicle by row (Ex: child in lap) 19, 29, 39, 49 – Unknown passenger location by row 50 – In enclosed passenger/cargo area 51 – In unenclosed passenger/cargo area 52 – Riding on vehicle exterior 53 – Riding in trailing unit 54 – Sleeper section of cab (truck) 55 – Unknown location											41	31	21	11	42	32	22	12	43	33	23	13	48	38	28	18	49	39	29	19
		41	31	21	11																																		
		42	32	22	12																																		
		43	33	23	13																																		
		48	38	28	18																																		
		49	39	29	19																																		
		7	23	51	0	0	0	0	2																														
		8	11	3	0	0	0	0	2																														
		Ejection				Ejection Path				Extrication				Transport to First Medical Facility																									
		0 – Not Ejected/Not Applicable 1 – Ejected, Totally 2 – Ejected, Partially 3 – Ejected, Unknown Degree 51 – Unknown if Ejected				0 – Not Applicable 1 – Through Side Door Opening 2 – Through Side Door Window 3 – Through Windshield 4 – Through Back Window 5 – Through Back Door/Tailgate Opening 6 – Through Roof Opening 7 – Through Roof (convertible roof up) 8 – Other Path (Back of pick-up truck) 51 – Ejection Path Unknown				0 – Not Applicable 1 – Not Extricated 2 – Extricated 51 – Unknown if Extricated				0 – Not Transported 1 – EMS Air 2 – EMS Ground 3 – EMS Unknown Mode 4 – Law Enforcement 5 – Transported Unknown Source 6 – Other _____ 51 – Unknown if Transported																									
8	MOTORCYCLE INFORMATION	Motorcycle Body Style																																					
		Motorcycles – Two Wheel Styles						Motorcycles - Three Wheel Styles																															
		UNIT # <table style="display: inline-table; border: none;"> <tr> <td style="border: none;">3</td><td style="border: none;">4</td></tr> </table> <input type="checkbox"/> 1 Two Wheel Motorcycle <input type="checkbox"/> 2 Moped or Motorized Bicycle <input type="checkbox"/> 3 Off-Road Motorcycle <input type="checkbox"/> 4 Motor Scooter <input type="checkbox"/> 5 Other Motorized Cycle Type <input type="checkbox"/> 50 Unknown Motored Cycle Type						3	4	UNIT # <table style="display: inline-table; border: none;"> <tr> <td style="border: none;">3</td><td style="border: none;">4</td></tr> </table> <input type="checkbox"/> 11 Three Wheel Motorcycle (2 rear wheels) <input type="checkbox"/> 12 Unenclosed Three Wheel Motorcycle/Unenclosed Autocycle (1 rear wheel) <input type="checkbox"/> 13 Enclosed Three Wheel Motorcycle/Enclosed Autocycle (1 rear wheel) <input type="checkbox"/> 51 Unknown Three Wheel Motorcycle Type <input type="checkbox"/> 60 ATV/ATC (All Terrain Cycle)						3	4																						
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9	NON-OCCUPANT INFORMATION	Non-Occupant Person Type						Non-Occupant Safety Equipment (Check all that apply)																															
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		Non-Occupant Influencing Substances						Non-Occupant Alcohol/Drug Testing Results																															
		Alcohol Unit # Unit # <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> No Test Given Test Given Test Refused Testing Unknown											Drugs Unit # Unit # <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> No Test Given Test Given Test Refused Testing Unknown											Unit # _____ Alcohol Test Type: _____ Alcohol Test Results: _____ Drug Test Type: _____ Drug Test Results: _____			Unit # _____ Alcohol Test Type: _____ Alcohol Test Results: _____ Drug Test Type: _____ Drug Test Results: _____												
10	COMMENTS																																						
11	Officer's Name / Badge #						Supervisor's Signature						Agency Name						Date Completed																				
												AZ DPS						06/29/2021																					

ARIZONA CRASH REPORT		REPORT ID										Agency Report Number					
1	FATAL SUPPLEMENT POLICE ONLY - FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 064R 206 S. 17TH AVE., PHOENIX, ARIZONA 85007-3233	YEAR	MONTH	DAY	HOUR	NCIC NO.				OFFICER D NO.				121031311			
		2	1	0	6	0	9	2	2	0	9	0	1	0	4	7	4
2	DECEASED	Name DANTE BRUBECK										Type: <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Pedestrian <input type="checkbox"/> Unknown Occupant Type <input type="checkbox"/> Passenger <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Unknown Non-Occupant Type					
		Sex M		Height █		Weight █		Date of Birth (MMDDYYYY) █									
		Deceased at Scene: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Deceased Removed To MARICOPA OME				Deceased Removed By MARICOPA OME									
		Transported to First Medical Facility: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		First Medical Facility Transported To: Maricopa OME				Transported to First Medical Facility By: Maricopa OME									
		Date of Death (MMDDYYYY) █				Time of Death █											
		0	6	0	9	2	0	2	1	2	2	4	3				
3	CRASH SCENE	If Intersection or Intersection-Related, Indicate Type of Intersection <input type="checkbox"/> 1 Four Way Intersection <input type="checkbox"/> 5 Roundabout <input type="checkbox"/> 2 T-Intersection <input type="checkbox"/> 6 Five-Point, or More <input type="checkbox"/> 3 Y-Intersection <input type="checkbox"/> 7 L-Intersection <input type="checkbox"/> 4 Traffic Circle <input type="checkbox"/> 51 Unknown										Roadway Surface Type at Crash Scene UNIT # 5 6 <input type="checkbox"/> 1 Concrete <input type="checkbox"/> 5 Dirt <input checked="" type="checkbox"/> 2 Blacktop, Bituminous, or Asphalt <input type="checkbox"/> 6 Other: _____ <input type="checkbox"/> 3 Brick or Block <input type="checkbox"/> 51 Unknown <input type="checkbox"/> 4 Slag, Gravel, or Stone					
		If intersection or Intersection-Related, and Traffic Signals Present, Indicate Type of Signal <input type="checkbox"/> 1 Traffic Control Signal With Pedestrian Signal <input type="checkbox"/> 2 Traffic Control Signal Without Pedestrian Signal										Work Zone Type <input checked="" type="checkbox"/> 0 No Work Zone Present <input type="checkbox"/> 3 Utility <input type="checkbox"/> 1 Construction <input type="checkbox"/> 4 Work Zone, Type Unknown <input type="checkbox"/> 2 Maintenance					
4	VEHICLE INFORMATION	Trailer Vehicle Identification Number(s) Unit # _____ Unit # _____ Unit # _____ Unit # _____				Extent of Damage UNIT # 5 6 <input type="checkbox"/> 1 No Damage <input type="checkbox"/> 8 Wipers <input type="checkbox"/> 2 Minor Damage <input type="checkbox"/> 9 Wheels <input type="checkbox"/> 3 Functional Damage <input type="checkbox"/> 10 Mirrors <input checked="" type="checkbox"/> 4 Disabling Damage <input type="checkbox"/> 11 Windows/Windshield <input type="checkbox"/> 5 Unknown Damage <input type="checkbox"/> 12 Body/Doors <input type="checkbox"/> 13 Truck Couplings/ Trailer Hitch/Safety Chains <input type="checkbox"/> 14 Safety Systems <input type="checkbox"/> 50 Other: _____ <input type="checkbox"/> 51 Unknown				Motor Vehicle Contributing Circumstances (Check all that apply) UNIT # UNIT # 5 6 5 6 <input checked="" type="checkbox"/> 0 None <input type="checkbox"/> 8 Wipers <input type="checkbox"/> 1 Tires <input type="checkbox"/> 9 Wheels <input type="checkbox"/> 2 Brake System <input type="checkbox"/> 10 Mirrors <input type="checkbox"/> 3 Steering <input type="checkbox"/> 11 Windows/Windshield <input type="checkbox"/> 4 Suspension <input type="checkbox"/> 12 Body/Doors <input type="checkbox"/> 5 Power Train <input type="checkbox"/> 13 Truck Couplings/ Trailer Hitch/Safety Chains <input type="checkbox"/> 6 Exhaust System <input type="checkbox"/> 14 Safety Systems <input type="checkbox"/> 7 Lights (Specify: Head Signal Other) <input type="checkbox"/> 50 Other: _____ <input type="checkbox"/> 51 Unknown							
		Fire Occurrence UNIT # 5 6 <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes										Underride/Override UNIT # UNIT # 5 6 5 6 <input checked="" type="checkbox"/> 1 No Underride or Override Noted <input type="checkbox"/> 6 Underriding a Motor Vehicle Not in Transport, No Compartment Intrusion <input type="checkbox"/> 2 Underriding a Motor Vehicle in Transport, Compartment Intrusion <input type="checkbox"/> 7 Underriding a Motor Vehicle Not in Transport, Compartment Intrusion Unknown <input type="checkbox"/> 3 Underriding a Motor Vehicle in Transport, No Compartment Intrusion <input type="checkbox"/> 8 Overriding a Motor Vehicle in Transport <input type="checkbox"/> 4 Underriding a Motor Vehicle in Transport, Compartment Intrusion Unknown <input type="checkbox"/> 9 Overriding a Motor Vehicle Not in Transport <input type="checkbox"/> 5 Underriding a Motor Vehicle Not in Transport, Compartment Intrusion <input type="checkbox"/> 10 Unknown if Override or Underride Present					
		Driver Unit # _____ Height █ Weight: █				Driver Unit # _____ Height █ Weight: █				Racing Involved UNIT # 5 6 <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes							
		Compliance with License Restrictions UNIT # 5 6 <input checked="" type="checkbox"/> 0 No Restrictions <input type="checkbox"/> 1 Restrictions Complied With <input type="checkbox"/> 2 Restrictions Not Complied With <input type="checkbox"/> 3 Restrictions, Compliance Unknown <input type="checkbox"/> 51 Unknown					Compliance with CDL Endorsements UNIT # 5 6 <input checked="" type="checkbox"/> 0 No Endorsements Required for Vehicle <input type="checkbox"/> 1 Endorsement(s) Required, Complied With <input type="checkbox"/> 2 Endorsement(s) Required, Not Complied With <input type="checkbox"/> 3 Endorsement(s) Required, Compliance Unknown <input type="checkbox"/> 51 Unknown if Required										
Driver Maneuvered to Avoid UNIT # 5 6 <input type="checkbox"/> 1 Driver Did Not Maneuver to Avoid <input type="checkbox"/> 2 Object <input type="checkbox"/> 3 Poor Road Conditions (puddle, ice, pothole etc.) <input type="checkbox"/> 4 Live Animal <input type="checkbox"/> 5 Motor Vehicle (in transport, parked, working) <input type="checkbox"/> 6 Pedestrian, Pedalcyclist or Other Non-Motorist <input type="checkbox"/> 7 Non-Contact Motor Vehicle <input checked="" type="checkbox"/> 51 Unknown					Driver's Attempted Avoidance Maneuver (Check Only One) UNIT # UNIT # 5 6 5 6 <input type="checkbox"/> 1 No Avoidance Maneuver <input type="checkbox"/> 9 Accelerating <input type="checkbox"/> 2 Releasing Brakes <input type="checkbox"/> 10 Accelerating and Steering Left <input type="checkbox"/> 3 Braking <input type="checkbox"/> 11 Accelerating and Steering Right <input checked="" type="checkbox"/> 4 Steering Left <input type="checkbox"/> 12 Accelerating and Unknown Steering Direction <input type="checkbox"/> 5 Steering Right <input type="checkbox"/> 50 Other Actions: _____ <input type="checkbox"/> 6 Braking and Steering Left <input checked="" type="checkbox"/> 51 Unknown if Avoidance Maneuver Attempted <input type="checkbox"/> 7 Braking and Steering Right <input type="checkbox"/> 8 Braking and Unknown Steering Direction												
Driver Influencing Substances Alcohol Unit # 5 Unit # 6 ✓ ✓ No Test Given Test Given Test Refused Testing Unknown					Driver Alcohol/Drug Testing Results Unit # 5 Unit # 6 Alcohol Test Type: 0 Alcohol Test Results: _____ Alcohol Test Results: 0 Drug Test Type: _____ Drug Test Type: 0 Drug Test Results: _____ Drug Test Results: _____												

6	EMS	Notification Time EMS: <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td style="width:20px; text-align:center;">2</td><td style="width:20px; text-align:center;">2</td><td style="width:20px; text-align:center;">1</td><td style="width:20px; text-align:center;">2</td></tr></table>				2	2	1	2	Arrival Time EMS: <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td style="width:20px; text-align:center;">2</td><td style="width:20px; text-align:center;">2</td><td style="width:20px; text-align:center;">2</td><td style="width:20px; text-align:center;">2</td></tr></table>				2	2	2	2	EMS Time at Hospital: <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr></table>												
2	2	1	2																											
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7	MOTOR VEHICLE OCCUPANT/NON-OCCUPANT INFORMATION	Unit #	Seat Pos.	S/D	Ejection	EJ. Path	Extrication	Transport	Seating Position <table border="1" style="display:inline-table; border-collapse: collapse; margin-right: 10px;"> <tr><td style="width:15px; text-align:center;">41</td><td style="width:15px; text-align:center;">31</td><td style="width:15px; text-align:center;">21</td><td style="width:15px; text-align:center;">11</td></tr> <tr><td style="width:15px; text-align:center;">42</td><td style="width:15px; text-align:center;">32</td><td style="width:15px; text-align:center;">22</td><td style="width:15px; text-align:center;">12</td></tr> <tr><td style="width:15px; text-align:center;">43</td><td style="width:15px; text-align:center;">33</td><td style="width:15px; text-align:center;">23</td><td style="width:15px; text-align:center;">13</td></tr> <tr><td style="width:15px; text-align:center;">48</td><td style="width:15px; text-align:center;">38</td><td style="width:15px; text-align:center;">28</td><td style="width:15px; text-align:center;">18</td></tr> <tr><td style="width:15px; text-align:center;">49</td><td style="width:15px; text-align:center;">39</td><td style="width:15px; text-align:center;">29</td><td style="width:15px; text-align:center;">19</td></tr> </table>  <p>00 – Not Applicable/Non-Occupant 18, 28, 38, 48 - Additional passenger in vehicle by row (Ex: child in lap) 19, 29, 39, 49 – Unknown passenger location by row 50 – In enclosed passenger/cargo area 51 – In unenclosed passenger/cargo area 52 – Riding on vehicle exterior 53 – Riding in trailing unit 54 – Sleeper section of cab (truck) 55 – Unknown location</p>		41	31	21	11	42	32	22	12	43	33	23	13	48	38	28	18	49	39	29	19
		41	31	21	11																									
		42	32	22	12																									
		43	33	23	13																									
		48	38	28	18																									
		49	39	29	19																									
		Safety Devices (SD)		0 – Not Applicable/None Used		8 – Booster Seat																								
		1 – Lap Belt Only		9 – Child Restraint – Type Unknown		10 – No Helmet																								
		2 – Shoulder Belt Only		11 – DOT-Compliant Motorcycle Helmet		12 – Helmet, Other Than DOT-Compliant MC Helmet																								
		3 – Shoulder and Lap Belt Used		13 – Helmet, Unknown if DOT-Compliant		50 – Unknown if Helmet Worn																								
4 – Restraint – Type Unknown		7 – Child Restraint – Rear Facing		51 – Unknown																										
5 – Other: Specify _____																														
6 – Child Restraint – Forward Facing																														
7 – Child Restraint – Rear Facing																														
Ejection			Ejection Path			Extrication		Transport to First Medical Facility																						
0 – Not Ejected/Not Applicable			0 – Not Applicable			0 – Not Applicable		0 – Not Transported																						
1 – Ejected, Totally			1 – Through Side Door Opening			1 – Not Extricated		1 – EMS Air																						
2 – Ejected, Partially			2 – Through Side Door Window			2 – Extricated		2 – EMS Ground																						
3 – Ejected, Unknown Degree			3 – Through Windshield			51 – Unknown if Extricated		3 – EMS Unknown Mode																						
51 – Unknown if Ejected			4 – Through Back Window																											
			5 – Through Back Door/Tailgate Opening																											
			6 – Through Roof Opening																											
			7 – Through Roof (convertible roof up)																											
			8 – Other Path (Back of pick-up truck)																											
			51 – Ejection Path Unknown																											

8	MOTORCYCLE INFORMATION	Motorcycle Body Style Motorcycles – Two Wheel Styles UNIT # <table border="1" style="display:inline-table; border-collapse: collapse; margin-right: 20px;"> <tr><td style="width:15px; text-align:center;">5</td><td style="width:15px; text-align:center;">6</td></tr> </table> <input type="checkbox"/> <input type="checkbox"/> 1 Two Wheel Motorcycle <input type="checkbox"/> <input type="checkbox"/> 2 Moped or Motorized Bicycle <input type="checkbox"/> <input type="checkbox"/> 3 Off-Road Motorcycle <input type="checkbox"/> <input type="checkbox"/> 4 Motor Scooter <input type="checkbox"/> <input type="checkbox"/> 5 Other Motorized Cycle Type <input type="checkbox"/> <input type="checkbox"/> 50 Unknown Motored Cycle Type				5	6	Motorcycles - Three Wheel Styles UNIT # <table border="1" style="display:inline-table; border-collapse: collapse; margin-right: 20px;"> <tr><td style="width:15px; text-align:center;">5</td><td style="width:15px; text-align:center;">6</td></tr> </table> <input type="checkbox"/> <input type="checkbox"/> 11 Three Wheel Motorcycle (2 rear wheels) <input type="checkbox"/> <input type="checkbox"/> 12 Unenclosed Three Wheel Motorcycle/Unenclosed Autocycle (1 rear wheel) <input type="checkbox"/> <input type="checkbox"/> 13 Enclosed Three Wheel Motorcycle/Enclosed Autocycle (1 rear wheel) <input type="checkbox"/> <input type="checkbox"/> 51 Unknown Three Wheel Motorcycle Type <input type="checkbox"/> <input type="checkbox"/> 60 ATV/ATC (All Terrain Cycle)				5	6
5	6												
5	6												

9	NON-OCCUPANT INFORMATION	Non-Occupant Person Type UNIT # <input type="checkbox"/> <input type="checkbox"/> 1 Pedestrian <input type="checkbox"/> <input type="checkbox"/> 2 Bicyclist <input type="checkbox"/> <input type="checkbox"/> 3 Person on Personal Conveyances (skates, skateboards, wheelchairs, etc.) <input type="checkbox"/> <input type="checkbox"/> 4 Other Cyclist (unicycle, tricycle) <input type="checkbox"/> <input type="checkbox"/> 5 Person In/On Building <input type="checkbox"/> <input type="checkbox"/> 6 Occupant of a Non-Motor Vehicle Transport Device (train, on an animal) <input type="checkbox"/> <input type="checkbox"/> 51 Unknown Type of Non-Motorist				Non-Occupant Safety Equipment (Check all that apply) UNIT # <input type="checkbox"/> <input type="checkbox"/> 0 None Used Protective: UNIT # <input type="checkbox"/> <input type="checkbox"/> 1 Helmet <input type="checkbox"/> <input type="checkbox"/> 2 Protective Pads <input type="checkbox"/> <input type="checkbox"/> 3 Other Protective Safety Equipment				Preventative: UNIT # <input type="checkbox"/> <input type="checkbox"/> 4 Reflective Clothing <input type="checkbox"/> <input type="checkbox"/> 5 Lighting Use <input type="checkbox"/> <input type="checkbox"/> 6 Other _____ <input type="checkbox"/> <input type="checkbox"/> 51 Unknown If Used													
		Non-Occupant Influencing Substances				Non-Occupant Alcohol/Drug Testing Results																	
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
10	COMMENTS				
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11	11	Officer's Name / Badge #	Supervisor's Signature	Agency Name AZ DPS	Date Completed 06/29/2021
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ARIZONA CRASH REPORT		REPORT ID										Agency Report Number																	
1	FATAL SUPPLEMENT POLICE ONLY - FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 064R 206 S. 17TH AVE., PHOENIX, ARIZONA 85007-3233	YEAR	MONTH	DAY	HOUR	NCIC NO.				OFFICER D NO.				121031311															
		2	1	0	6	0	9	2	2	0	9	0	1					0	4	7	4								
2	DECEASED	Name DANTE BRUBECK										Type: <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Pedestrian <input type="checkbox"/> Unknown Occupant Type <input type="checkbox"/> Passenger <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Unknown Non-Occupant Type																	
		Sex M		Height █		Weight █		Date of Birth (MMDDYYYY) █																					
		Deceased at Scene: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Deceased Removed To MARICOPA OME				Deceased Removed By MARICOPA OME																					
		Transported to First Medical Facility: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		First Medical Facility Transported To: Maricopa OME				Transported to First Medical Facility By: Maricopa OME																					
		Date of Death (MMDDYYYY) 0 6 0 9 2 0 2 1				Time of Death 2 2 4 3																							
3	CRASH SCENE	If Intersection or Intersection-Related, Indicate Type of Intersection <input type="checkbox"/> 1 Four Way Intersection <input type="checkbox"/> 5 Roundabout <input type="checkbox"/> 2 T-Intersection <input type="checkbox"/> 6 Five-Point, or More <input type="checkbox"/> 3 Y-Intersection <input type="checkbox"/> 7 L-Intersection <input type="checkbox"/> 4 Traffic Circle <input type="checkbox"/> 51 Unknown										Roadway Surface Type at Crash Scene UNIT # 7 8 <input type="checkbox"/> 1 Concrete <input type="checkbox"/> 5 Dirt <input checked="" type="checkbox"/> 2 Blacktop, Bituminous, or Asphalt <input type="checkbox"/> 6 Other: _____ <input type="checkbox"/> 3 Brick or Block <input type="checkbox"/> 51 Unknown <input type="checkbox"/> 4 Slag, Gravel, or Stone																	
		If intersection or Intersection-Related, and Traffic Signals Present, Indicate Type of Signal <input type="checkbox"/> 1 Traffic Control Signal With Pedestrian Signal <input type="checkbox"/> 2 Traffic Control Signal Without Pedestrian Signal										Work Zone Type <input checked="" type="checkbox"/> 0 No Work Zone Present <input type="checkbox"/> 3 Utility <input type="checkbox"/> 1 Construction <input type="checkbox"/> 4 Work Zone, Type Unknown <input type="checkbox"/> 2 Maintenance																	
4	VEHICLE INFORMATION	Trailer Vehicle Identification Number(s) Unit # _____ Unit # _____ Unit # _____ Unit # _____				Extent of Damage UNIT # 7 8 <input type="checkbox"/> 1 No Damage <input type="checkbox"/> 8 Wipers <input type="checkbox"/> 2 Minor Damage <input type="checkbox"/> 9 Wheels <input type="checkbox"/> 3 Functional Damage <input type="checkbox"/> 10 Mirrors <input checked="" type="checkbox"/> 4 Disabling Damage <input type="checkbox"/> 11 Windows/Windshield <input type="checkbox"/> 5 Unknown Damage <input type="checkbox"/> 12 Body/Doors <input type="checkbox"/> 13 Truck Couplings/ Trailer Hitch/Safety Chains <input type="checkbox"/> 14 Safety Systems <input type="checkbox"/> 50 Other: _____ <input type="checkbox"/> 51 Unknown				Motor Vehicle Contributing Circumstances (Check all that apply) UNIT # UNIT # 7 8 7 8 <input checked="" type="checkbox"/> 0 None <input type="checkbox"/> 8 Wipers <input type="checkbox"/> 1 Tires <input type="checkbox"/> 9 Wheels <input type="checkbox"/> 2 Brake System <input type="checkbox"/> 10 Mirrors <input type="checkbox"/> 3 Steering <input type="checkbox"/> 11 Windows/Windshield <input type="checkbox"/> 4 Suspension <input type="checkbox"/> 12 Body/Doors <input type="checkbox"/> 5 Power Train <input type="checkbox"/> 13 Truck Couplings/ Trailer Hitch/Safety Chains <input type="checkbox"/> 6 Exhaust System <input type="checkbox"/> 14 Safety Systems <input type="checkbox"/> 7 Lights (Specify: Head Signal Other) <input type="checkbox"/> 50 Other: _____ <input type="checkbox"/> 51 Unknown																			
		Override/Override UNIT # UNIT # 7 8 7 8 <input checked="" type="checkbox"/> 1 No Override or Override Noted <input type="checkbox"/> 6 Underriding a Motor Vehicle Not in Transport, No Compartment Intrusion <input type="checkbox"/> 2 Underriding a Motor Vehicle in Transport, Compartment Intrusion <input type="checkbox"/> 7 Underriding a Motor Vehicle Not in Transport, Compartment Intrusion Unknown <input type="checkbox"/> 3 Underriding a Motor Vehicle in Transport, No Compartment Intrusion <input type="checkbox"/> 8 Overriding a Motor Vehicle in Transport <input type="checkbox"/> 4 Underriding a Motor Vehicle in Transport, Compartment Intrusion Unknown <input type="checkbox"/> 9 Overriding a Motor Vehicle Not in Transport <input type="checkbox"/> 5 Underriding a Motor Vehicle Not in Transport, Compartment Intrusion <input type="checkbox"/> 10 Unknown if Override or Underride Present																											
5	DRIVER INFORMATION	Driver Unit # _____ Height: _____ Weight: _____				Driver Unit # _____ Height: _____ Weight: _____				Racing Involved UNIT # 7 8 <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes																			
		Compliance with License Restrictions UNIT # 7 8 <input checked="" type="checkbox"/> 0 No Restrictions <input type="checkbox"/> 1 Restrictions Complied With <input type="checkbox"/> 2 Restrictions Not Complied With <input type="checkbox"/> 3 Restrictions, Compliance Unknown <input type="checkbox"/> 51 Unknown				Compliance with CDL Endorsements UNIT # 7 8 <input checked="" type="checkbox"/> 0 No Endorsements Required for Vehicle <input type="checkbox"/> 1 Endorsement(s) Required, Complied With <input type="checkbox"/> 2 Endorsement(s) Required, Not Complied With <input type="checkbox"/> 3 Endorsement(s) Required, Compliance Unknown <input type="checkbox"/> 51 Unknown if Required																							
		Driver Maneuvered to Avoid UNIT # 7 8 <input type="checkbox"/> 1 Driver Did Not Maneuver to Avoid <input type="checkbox"/> 2 Object <input type="checkbox"/> 3 Poor Road Conditions (puddle, ice, pothole etc.) <input type="checkbox"/> 4 Live Animal <input type="checkbox"/> 5 Motor Vehicle (in transport, parked, working) <input type="checkbox"/> 6 Pedestrian, Pedalcyclist or Other Non-Motorist <input type="checkbox"/> 7 Non-Contact Motor Vehicle <input checked="" type="checkbox"/> 51 Unknown				Driver's Attempted Avoidance Maneuver (Check Only One) UNIT # UNIT # 7 8 7 8 <input checked="" type="checkbox"/> 1 No Avoidance Maneuver <input type="checkbox"/> 9 Accelerating <input type="checkbox"/> 2 Releasing Brakes <input type="checkbox"/> 10 Accelerating and Steering Left <input type="checkbox"/> 3 Braking <input type="checkbox"/> 11 Accelerating and Steering Right <input type="checkbox"/> 4 Steering Left <input type="checkbox"/> 12 Accelerating and Unknown Steering Direction <input type="checkbox"/> 5 Steering Right <input type="checkbox"/> 50 Other Actions: _____ <input type="checkbox"/> 6 Braking and Steering Left <input checked="" type="checkbox"/> 51 Unknown if Avoidance Maneuver Attempted <input type="checkbox"/> 7 Braking and Steering Right <input type="checkbox"/> 8 Braking and Unknown Steering Direction																							
		Driver Influencing Substances Alcohol Unit # 7 Unit # 8 <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="text-align: center;">✓</td><td style="text-align: center;">✓</td></tr> <tr><td style="text-align: center;"> </td><td style="text-align: center;"> </td></tr> <tr><td style="text-align: center;"> </td><td style="text-align: center;"> </td></tr> <tr><td style="text-align: center;"> </td><td style="text-align: center;"> </td></tr> </table> No Test Given Test Given Test Refused Testing Unknown				✓	✓							Drugs Unit # 7 Unit # 8 <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="text-align: center;">✓</td><td style="text-align: center;">✓</td></tr> <tr><td style="text-align: center;"> </td><td style="text-align: center;"> </td></tr> <tr><td style="text-align: center;"> </td><td style="text-align: center;"> </td></tr> <tr><td style="text-align: center;"> </td><td style="text-align: center;"> </td></tr> </table> No Test Given Test Given Test Refused Testing Unknown				✓	✓							Driver Alcohol/Drug Testing Results Unit # 7 Unit # 8 Alcohol Test Type: _____ Alcohol Test Results: _____ Alcohol Test Results: _____ Drug Test Type: _____ Drug Test Results: _____ Drug Test Results: _____			
		✓	✓																										
✓	✓																												

6	EMS	Notification Time EMS: <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td style="width:30px; text-align:center;">2</td><td style="width:30px; text-align:center;">2</td><td style="width:30px; text-align:center;">1</td><td style="width:30px; text-align:center;">2</td></tr></table>	2	2	1	2	Arrival Time EMS: <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td style="width:30px; text-align:center;">2</td><td style="width:30px; text-align:center;">2</td><td style="width:30px; text-align:center;">2</td><td style="width:30px; text-align:center;">2</td></tr></table>	2	2	2	2	EMS Time at Hospital: <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td style="width:30px; height:20px;"></td><td style="width:30px; height:20px;"></td><td style="width:30px; height:20px;"></td><td style="width:30px; height:20px;"></td></tr></table>																																																																																	
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2	2	2	2																																																																																										
7	MOTOR VEHICLE OCCUPANT/NON-OCCUPANT INFORMATION	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:10%;">Unit #</th> <th style="width:10%;">Seat Pos.</th> <th style="width:10%;">S/D</th> <th style="width:10%;">Ejection</th> <th style="width:10%;">EJ. Path</th> <th style="width:10%;">Extrication</th> <th style="width:10%;">Transport</th> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>	Unit #	Seat Pos.	S/D	Ejection	EJ. Path	Extrication	Transport																																																																Seating Position <table border="1" style="display:inline-table; border-collapse: collapse;"> <tr><td>41</td><td>31</td><td>21</td><td>11</td></tr> <tr><td>42</td><td>32</td><td>22</td><td>12</td></tr> <tr><td>43</td><td>33</td><td>23</td><td>13</td></tr> <tr><td>48</td><td>38</td><td>28</td><td>18</td></tr> <tr><td>49</td><td>39</td><td>29</td><td>19</td></tr> </table> <p>00 – Not Applicable/Non-Occupant 18, 28, 38, 48 - Additional passenger in vehicle by row (Ex: child in lap) 19, 29, 39, 49 – Unknown passenger location by row 50 – In enclosed passenger/cargo area 51 – In unenclosed passenger/cargo area 52 – Riding on vehicle exterior 53 – Riding in trailing unit 54 – Sleeper section of cab (truck) 55 – Unknown location</p>	41	31	21	11	42	32	22	12	43	33	23	13	48	38	28	18	49	39	29	19
Unit #	Seat Pos.	S/D	Ejection	EJ. Path	Extrication	Transport																																																																																							
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		Ejection 0 – Not Ejected/Not Applicable 1 – Ejected, Totally 2 – Ejected, Partially 3 – Ejected, Unknown Degree 51 – Unknown if Ejected	Ejection Path 0 – Not Applicable 1 – Through Side Door Opening 2 – Through Side Door Window 3 – Through Windshield 4 – Through Back Window 5 – Through Back Door/Tailgate Opening 6 – Through Roof Opening 7 – Through Roof (convertible roof up) 8 – Other Path (Back of pick-up truck) 51 – Ejection Path Unknown	Extrication 0 – Not Applicable 1 – Not Extricated 2 – Extricated 51 – Unknown if Extricated	Transport to First Medical Facility 0 – Not Transported 1 – EMS Air 2 – EMS Ground 3 – EMS Unknown Mode 4 – Law Enforcement 5 – Transported Unknown Source 6 – Other _____ 51 – Unknown if Transported																																																																																								
8	MOTORCYCLE INFORMATION	Motorcycle Body Style Motorcycles – Two Wheel Styles UNIT # <table border="1" style="display:inline-table; border-collapse: collapse;"> <tr><td style="width:15px;">7</td><td style="width:15px;">8</td></tr> </table> <input type="checkbox"/> <input type="checkbox"/> 1 Two Wheel Motorcycle <input type="checkbox"/> <input type="checkbox"/> 2 Moped or Motorized Bicycle <input type="checkbox"/> <input type="checkbox"/> 3 Off-Road Motorcycle				7	8	Motorcycles - Three Wheel Styles UNIT # <table border="1" style="display:inline-table; border-collapse: collapse;"> <tr><td style="width:15px;">7</td><td style="width:15px;">8</td></tr> </table> <input type="checkbox"/> <input type="checkbox"/> 11 Three Wheel Motorcycle (2 rear wheels) <input type="checkbox"/> <input type="checkbox"/> 12 Unenclosed Three Wheel Motorcycle/Unenclosed Autocycle (1 rear wheel) <input type="checkbox"/> <input type="checkbox"/> 13 Enclosed Three Wheel Motorcycle/Enclosed Autocycle (1 rear wheel) <input type="checkbox"/> <input type="checkbox"/> 51 Unknown Three Wheel Motorcycle Type <input type="checkbox"/> <input type="checkbox"/> 60 ATV/ATC (All Terrain Cycle)				7	8																																																																																
7	8																																																																																												
7	8																																																																																												
9	NON-OCCUPANT INFORMATION	Non-Occupant Person Type UNIT # <input type="checkbox"/> <input type="checkbox"/> 1 Pedestrian <input type="checkbox"/> <input type="checkbox"/> 2 Bicyclist <input type="checkbox"/> <input type="checkbox"/> 3 Person on Personal Conveyances (skates, skateboards, wheelchairs, etc.) <input type="checkbox"/> <input type="checkbox"/> 4 Other Cyclist (unicycle, tricycle) <input type="checkbox"/> <input type="checkbox"/> 5 Person In/On Building <input type="checkbox"/> <input type="checkbox"/> 6 Occupant of a Non-Motor Vehicle Transport Device (train, on an animal) <input type="checkbox"/> <input type="checkbox"/> 51 Unknown Type of Non-Motorist		Non-Occupant Safety Equipment (Check all that apply) UNIT # <input type="checkbox"/> <input type="checkbox"/> 0 None Used Protective: UNIT # <input type="checkbox"/> <input type="checkbox"/> 1 Helmet <input type="checkbox"/> <input type="checkbox"/> 2 Protective Pads <input type="checkbox"/> <input type="checkbox"/> 3 Other Protective Safety Equipment		Preventative: UNIT # <input type="checkbox"/> <input type="checkbox"/> 4 Reflective Clothing <input type="checkbox"/> <input type="checkbox"/> 5 Lighting Use <input type="checkbox"/> <input type="checkbox"/> 6 Other _____ <input type="checkbox"/> <input type="checkbox"/> 51 Unknown If Used																																																																																							
		Non-Occupant Influencing Substances <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align:center;">Alcohol</th> <th colspan="2" style="text-align:center;">Drugs</th> </tr> <tr> <td style="width:15%;">Unit #</td> <td style="width:15%;">Unit #</td> <td style="width:15%;">Unit #</td> <td style="width:15%;">Unit #</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>		Alcohol		Drugs		Unit #	Unit #	Unit #	Unit #																	Non-Occupant Alcohol/Drug Testing Results <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Unit #</td> <td style="width:15%;">Unit #</td> <td style="width:15%;">Unit #</td> <td style="width:15%;">Unit #</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>		Unit #	Unit #	Unit #	Unit #																																																												
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10	COMMENTS																																																																																												
11	11	Officer's Name / Badge #	Supervisor's Signature	Agency Name AZ DPS	Date Completed 06/29/2021																																																																																								

ARIZONA CRASH REPORT		REPORT ID										Agency Report Number																			
1	FATAL SUPPLEMENT POLICE ONLY - FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 064R 206 S. 17TH AVE., PHOENIX, ARIZONA 85007-3233	YEAR	MONTH	DAY	HOUR	NCIC NO.				OFFICER D NO.				121031311																	
		2	1	0	6	0	9	2	2	0	9	0	1		0	4	7	4													
2	DECEASED	Name JENNIFER VIDAL										Type: <input type="checkbox"/> Driver <input type="checkbox"/> Pedestrian <input type="checkbox"/> Unknown Occupant Type <input checked="" type="checkbox"/> Passenger <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Unknown Non-Occupant Type																			
		Sex F		Height █		Weight █		Date of Birth (MMDDYYYY) █																							
		Deceased at Scene: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Deceased Removed To MARICOPA OME				Deceased Removed By MARICOPA OME																							
		Transported to First Medical Facility: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		First Medical Facility Transported To: Maricopa OME				Transported to First Medical Facility By: Maricopa OME																							
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3	CRASH SCENE	If Intersection or Intersection-Related, Indicate Type of Intersection <input type="checkbox"/> 1 Four Way Intersection <input type="checkbox"/> 5 Roundabout <input type="checkbox"/> 2 T-Intersection <input type="checkbox"/> 6 Five-Point, or More <input type="checkbox"/> 3 Y-Intersection <input type="checkbox"/> 7 L-Intersection <input type="checkbox"/> 4 Traffic Circle <input type="checkbox"/> 51 Unknown										Roadway Surface Type at Crash Scene UNIT # 1 2 <input type="checkbox"/> 1 Concrete <input type="checkbox"/> 5 Dirt <input checked="" type="checkbox"/> 2 Blacktop, Bituminous, or Asphalt <input type="checkbox"/> 6 Other: _____ <input type="checkbox"/> 3 Brick or Block <input type="checkbox"/> 51 Unknown <input type="checkbox"/> 4 Slag, Gravel, or Stone																			
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4	VEHICLE INFORMATION	Trailer Vehicle Identification Number(s) Unit # 1 - _____ Unit # _____ Unit # _____ Unit # _____				Extent of Damage UNIT # 1 2 <input type="checkbox"/> 1 No Damage <input type="checkbox"/> 8 Wipers <input type="checkbox"/> 2 Minor Damage <input type="checkbox"/> 9 Wheels <input type="checkbox"/> 3 Functional Damage <input type="checkbox"/> 10 Mirrors <input checked="" type="checkbox"/> 4 Disabling Damage <input type="checkbox"/> 11 Windows/Windshield <input type="checkbox"/> 5 Unknown Damage <input type="checkbox"/> 12 Body/Doors <input type="checkbox"/> 6 Underriding a Motor Vehicle Not in Transport, No Compartment Intrusion <input type="checkbox"/> 7 Underriding a Motor Vehicle Not in Transport, Compartment Intrusion Unknown <input checked="" type="checkbox"/> 8 Overriding a Motor Vehicle in Transport <input type="checkbox"/> 9 Overriding a Motor Vehicle Not in Transport <input type="checkbox"/> 10 Unknown if Override or Underride Present				Motor Vehicle Contributing Circumstances (Check all that apply) UNIT # UNIT # 1 2 1 2 <input type="checkbox"/> 0 None <input type="checkbox"/> 8 Wipers <input type="checkbox"/> 1 Tires <input type="checkbox"/> 9 Wheels <input type="checkbox"/> 2 Brake System <input type="checkbox"/> 10 Mirrors <input type="checkbox"/> 3 Steering <input type="checkbox"/> 11 Windows/Windshield <input type="checkbox"/> 4 Suspension <input type="checkbox"/> 12 Body/Doors <input type="checkbox"/> 5 Power Train <input type="checkbox"/> 13 Truck Couplings/ Trailer Hitch/Safety Chains <input type="checkbox"/> 6 Exhaust System <input type="checkbox"/> 14 Safety Systems <input type="checkbox"/> 7 Lights (Specify: Head Signal Other) <input type="checkbox"/> 50 Other: _____ <input checked="" type="checkbox"/> 51 Unknown																					
		Fire Occurrence UNIT # 1 2 <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes																													
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5	DRIVER INFORMATION	Driver Unit # Height █ Weight: █				Driver Unit # Height █ Weight: █				Racing Involved UNIT # 1 2 <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Yes																					
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✓	✓																														
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7	MOTOR VEHICLE OCCUPANT/NON-OCCUPANT INFORMATION	Unit #	Seat Pos.	S/D	Ejection	EJ. Path	Extrication	Transport	Seating Position <table border="1" style="display:inline-table; border-collapse: collapse; vertical-align: middle;"> <tr><td style="width:20px;">41</td><td style="width:20px;">31</td><td style="width:20px;">21</td><td style="width:20px;">11</td></tr> <tr><td>42</td><td>32</td><td>22</td><td>12</td></tr> <tr><td>43</td><td>33</td><td>23</td><td>13</td></tr> <tr><td>48</td><td>38</td><td>28</td><td>18</td></tr> <tr><td>49</td><td>39</td><td>29</td><td>19</td></tr> </table>				41	31	21	11	42	32	22	12	43	33	23	13	48	38	28	18	49	39	29	19			
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		1	11	3	0	0	1	0	 <ul style="list-style-type: none"> 00 – Not Applicable/Non-Occupant 18, 28, 38, 48 – Additional passenger in vehicle by row (Ex: child in lap) 19, 29, 39, 49 – Unknown passenger location by row 50 – In enclosed passenger/cargo area 51 – In unenclosed passenger/cargo area 52 – Riding on vehicle exterior 53 – Riding in trailing unit 54 – Sleeper section of cab (truck) 55 – Unknown location 																										
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5	11	0	0	0	0	2																													
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6	23	3	0	0	1	2																													
7	11	0	0	0	0	2																													
7	13	0	1	1	0	0																													
7	21	51	0	0	0	2																													
Ejection 0 – Not Ejected/Not Applicable 1 – Ejected, Totally 2 – Ejected, Partially 3 – Ejected, Unknown Degree 51 – Unknown if Ejected				Ejection Path 0 – Not Applicable 1 – Through Side Door Opening 2 – Through Side Door Window 3 – Through Windshield 4 – Through Back Window 5 – Through Back Door/Tailgate Opening 6 – Through Roof Opening 7 – Through Roof (convertible roof up) 8 – Other Path (Back of pick-up truck) 51 – Ejection Path Unknown				Extrication 0 – Not Applicable 1 – Not Extricated 2 – Extricated 51 – Unknown if Extricated		Transport to First Medical Facility 0 – Not Transported 1 – EMS Air 2 – EMS Ground 3 – EMS Unknown Mode 4 – Law Enforcement 5 – Transported Unknown Source 6 – Other _____ 51 – Unknown if Transported																									
8	MOTORCYCLE INFORMATION	Motorcycle Body Style Motorcycles – Two Wheel Styles UNIT # <u>1</u> <u>2</u> <input type="checkbox"/> <input type="checkbox"/> 1 Two Wheel Motorcycle <input type="checkbox"/> <input type="checkbox"/> 2 Moped or Motorized Bicycle <input type="checkbox"/> <input type="checkbox"/> 3 Off-Road Motorcycle				Motorcycles - Three Wheel Styles UNIT # <u>1</u> <u>2</u> <input type="checkbox"/> <input type="checkbox"/> 11 Three Wheel Motorcycle (2 rear wheels) <input type="checkbox"/> <input type="checkbox"/> 12 Unenclosed Three Wheel Motorcycle/Unenclosed Autocycle (1 rear wheel) <input type="checkbox"/> <input type="checkbox"/> 13 Enclosed Three Wheel Motorcycle/Enclosed Autocycle (1 rear wheel) <input type="checkbox"/> <input type="checkbox"/> 51 Unknown Three Wheel Motorcycle Type <input type="checkbox"/> <input type="checkbox"/> 60 ATV/ATC (All Terrain Cycle)																													
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9	NON-OCCUPANT INFORMATION	Non-Occupant Influencing Substances <table style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align:center;">Alcohol</th> <th colspan="2" style="text-align:center;">Drugs</th> </tr> <tr> <td style="width:20%;">Unit # _____</td> <td style="width:20%;">Unit # _____</td> <td style="width:20%;">Unit # _____</td> <td style="width:20%;">Unit # _____</td> </tr> <tr> <td><input type="checkbox"/> No Test Given</td> <td><input type="checkbox"/> Test Given</td> <td><input type="checkbox"/> No Test Given</td> <td><input type="checkbox"/> Test Given</td> </tr> <tr> <td><input type="checkbox"/> Test Refused</td> <td><input type="checkbox"/> Testing Unknown</td> <td><input type="checkbox"/> Test Refused</td> <td><input type="checkbox"/> Testing Unknown</td> </tr> </table>				Alcohol		Drugs		Unit # _____	Unit # _____	Unit # _____	Unit # _____	<input type="checkbox"/> No Test Given	<input type="checkbox"/> Test Given	<input type="checkbox"/> No Test Given	<input type="checkbox"/> Test Given	<input type="checkbox"/> Test Refused	<input type="checkbox"/> Testing Unknown	<input type="checkbox"/> Test Refused	<input type="checkbox"/> Testing Unknown	Non-Occupant Alcohol/Drug Testing Results <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Unit # _____</td> <td style="width:50%;">Unit # _____</td> </tr> <tr> <td>Alcohol Test Type: _____</td> <td>Alcohol Test Type: _____</td> </tr> <tr> <td>Alcohol Test Results: _____</td> <td>Alcohol Test Results: _____</td> </tr> <tr> <td>Drug Test Type: _____</td> <td>Drug Test Type: _____</td> </tr> <tr> <td>Drug Test Results: _____</td> <td>Drug Test Results: _____</td> </tr> </table>				Unit # _____	Unit # _____	Alcohol Test Type: _____	Alcohol Test Type: _____	Alcohol Test Results: _____	Alcohol Test Results: _____	Drug Test Type: _____	Drug Test Type: _____	Drug Test Results: _____	Drug Test Results: _____
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<input type="checkbox"/> No Test Given	<input type="checkbox"/> Test Given	<input type="checkbox"/> No Test Given	<input type="checkbox"/> Test Given																																
<input type="checkbox"/> Test Refused	<input type="checkbox"/> Testing Unknown	<input type="checkbox"/> Test Refused	<input type="checkbox"/> Testing Unknown																																
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10		COMMENTS																																	
11	Officer's Name / Badge # _____				Supervisor's Signature _____				Agency Name AZ DPS				Date Completed 06/29/2021																						


ARIZONA CRASH REPORT		REPORT ID										Agency Report Number			
1	FATAL SUPPLEMENT POLICE ONLY - FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 064R 206 S. 17TH AVE., PHOENIX, ARIZONA 85007-3233	YEAR	MONTH	DAY	HOUR	NCIC NO.				OFFICER D NO.				121031311	
		2	1	0	6	0	9	2	2	0	9	0	1		0
2	DECEASED	Name JENNIFER VIDAL										Type: <input type="checkbox"/> Driver <input type="checkbox"/> Pedestrian <input type="checkbox"/> Unknown Occupant Type <input checked="" type="checkbox"/> Passenger <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Unknown Non-Occupant Type			
		Sex F		Height █		Weight █		Date of Birth (MMDDYYYY) █							
		Deceased at Scene: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Deceased Removed To MARICOPA OME				Deceased Removed By MARICOPA OME							
		Transported to First Medical Facility: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		First Medical Facility Transported To: Maricopa OME				Transported to First Medical Facility By: Maricopa OME							
		Date of Death (MMDDYYYY) 0 6 0 9 2 0 2 1				Time of Death 2 2 4 3									
3	CRASH SCENE	If Intersection or Intersection-Related, Indicate Type of Intersection <input type="checkbox"/> 1 Four Way Intersection <input type="checkbox"/> 5 Roundabout <input type="checkbox"/> 2 T-Intersection <input type="checkbox"/> 6 Five-Point, or More <input type="checkbox"/> 3 Y-Intersection <input type="checkbox"/> 7 L-Intersection <input type="checkbox"/> 4 Traffic Circle <input type="checkbox"/> 51 Unknown										Roadway Surface Type at Crash Scene UNIT # 3 4 <input type="checkbox"/> 1 Concrete <input type="checkbox"/> 5 Dirt <input checked="" type="checkbox"/> 2 Blacktop, Bituminous, or Asphalt <input type="checkbox"/> 6 Other: _____ <input type="checkbox"/> 3 Brick or Block <input type="checkbox"/> 51 Unknown <input type="checkbox"/> 4 Slag, Gravel, or Stone			
		If intersection or Intersection-Related, and Traffic Signals Present, Indicate Type of Signal <input type="checkbox"/> 1 Traffic Control Signal With Pedestrian Signal <input type="checkbox"/> 2 Traffic Control Signal Without Pedestrian Signal										Work Zone Type <input checked="" type="checkbox"/> 0 No Work Zone Present <input type="checkbox"/> 3 Utility <input type="checkbox"/> 1 Construction <input type="checkbox"/> 4 Work Zone, Type Unknown <input type="checkbox"/> 2 Maintenance			
4	VEHICLE INFORMATION	Trailer Vehicle Identification Number(s) Unit # _____ Unit # _____ Unit # _____ Unit # _____				Extent of Damage UNIT # 3 4 <input type="checkbox"/> 1 No Damage <input type="checkbox"/> 8 Wipers <input type="checkbox"/> 2 Minor Damage <input type="checkbox"/> 9 Wheels <input type="checkbox"/> 3 Functional Damage <input type="checkbox"/> 10 Mirrors <input checked="" type="checkbox"/> 4 Disabling Damage <input type="checkbox"/> 11 Windows/Windshield <input type="checkbox"/> 5 Unknown Damage <input type="checkbox"/> 12 Body/Doors <input type="checkbox"/> 13 Truck Couplings/ Trailer Hitch/Safety Chains <input type="checkbox"/> 14 Safety Systems <input type="checkbox"/> 15 Other: _____ <input type="checkbox"/> 16 Head Signal Other <input type="checkbox"/> 51 Unknown				Motor Vehicle Contributing Circumstances (Check all that apply) UNIT # UNIT # 3 4 3 4 <input checked="" type="checkbox"/> 0 None <input type="checkbox"/> 8 Wipers <input type="checkbox"/> 1 Tires <input type="checkbox"/> 9 Wheels <input type="checkbox"/> 2 Brake System <input type="checkbox"/> 10 Mirrors <input type="checkbox"/> 3 Steering <input type="checkbox"/> 11 Windows/Windshield <input type="checkbox"/> 4 Suspension <input type="checkbox"/> 12 Body/Doors <input type="checkbox"/> 5 Power Train <input type="checkbox"/> 13 Truck Couplings/ Trailer Hitch/Safety Chains <input type="checkbox"/> 6 Exhaust System <input type="checkbox"/> 14 Safety Systems <input type="checkbox"/> 7 Lights (Specify: Head Signal Other) <input type="checkbox"/> 50 Other: _____ <input type="checkbox"/> 51 Unknown					
		Underride/Override UNIT # UNIT # 3 4 3 4 <input checked="" type="checkbox"/> 1 No Underride or Override Noted <input type="checkbox"/> 6 Underriding a Motor Vehicle Not in Transport, No Compartment Intrusion <input type="checkbox"/> 2 Underriding a Motor Vehicle in Transport, Compartment Intrusion <input type="checkbox"/> 7 Underriding a Motor Vehicle Not in Transport, Compartment Intrusion Unknown <input type="checkbox"/> 3 Underriding a Motor Vehicle in Transport, No Compartment Intrusion <input type="checkbox"/> 8 Overriding a Motor Vehicle in Transport <input type="checkbox"/> 4 Underriding a Motor Vehicle in Transport, Compartment Intrusion Unknown <input type="checkbox"/> 9 Overriding a Motor Vehicle Not in Transport <input type="checkbox"/> 5 Underriding a Motor Vehicle Not in Transport, Compartment Intrusion <input type="checkbox"/> 10 Unknown if Override or Underride Present													
		Driver Unit # Height █ Weight: █				Driver Unit # Height █ Weight: █				Racing Involved UNIT # 3 4 <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
		Compliance with License Restrictions UNIT # 3 4 <input checked="" type="checkbox"/> 0 No Restrictions <input type="checkbox"/> 1 Restrictions Complied With <input type="checkbox"/> 2 Restrictions Not Complied With <input type="checkbox"/> 3 Restrictions, Compliance Unknown <input type="checkbox"/> 51 Unknown					Compliance with CDL Endorsements UNIT # 3 4 <input checked="" type="checkbox"/> 0 No Endorsements Required for Vehicle <input type="checkbox"/> 1 Endorsement(s) Required, Complied With <input type="checkbox"/> 2 Endorsement(s) Required, Not Complied With <input type="checkbox"/> 3 Endorsement(s) Required, Compliance Unknown <input type="checkbox"/> 51 Unknown if Required								
5	DRIVER INFORMATION	Driver Maneuvered to Avoid UNIT # 3 4 <input type="checkbox"/> 1 Driver Did Not Maneuver to Avoid <input type="checkbox"/> 2 Object <input type="checkbox"/> 3 Poor Road Conditions (puddle, ice, pothole etc.) <input type="checkbox"/> 4 Live Animal <input type="checkbox"/> 5 Motor Vehicle (in transport, parked, working) <input type="checkbox"/> 6 Pedestrian, Pedalcyclist or Other Non-Motorist <input type="checkbox"/> 7 Non-Contact Motor Vehicle <input checked="" type="checkbox"/> 51 Unknown					Driver's Attempted Avoidance Maneuver (Check Only One) UNIT # 3 4 <input type="checkbox"/> 1 No Avoidance Maneuver <input type="checkbox"/> 9 Accelerating <input type="checkbox"/> 2 Releasing Brakes <input type="checkbox"/> 10 Accelerating and Steering Left <input type="checkbox"/> 3 Braking <input checked="" type="checkbox"/> 11 Accelerating and Steering Right <input type="checkbox"/> 4 Steering Left <input type="checkbox"/> 12 Accelerating and Unknown Steering Direction <input type="checkbox"/> 5 Steering Right <input type="checkbox"/> 50 Other Actions: _____ <input type="checkbox"/> 6 Braking and Steering Left <input checked="" type="checkbox"/> 51 Unknown if Avoidance Maneuver Attempted <input type="checkbox"/> 7 Braking and Steering Right <input type="checkbox"/> 8 Braking and Unknown Steering Direction								
		Driver Influencing Substances Alcohol Unit # 3 Unit # 4 No Test Given Test Given Test Refused Testing Unknown					Drugs Unit # 3 Unit # 4 No Test Given Test Given Test Refused Testing Unknown					Driver Alcohol/Drug Testing Results Unit # 3 Unit # 4 Alcohol Test Type: 0 Alcohol Test Results: 8 Alcohol Test Results: 0 Drug Test Type: 0 Drug Test Type: 8 Drug Test Results: 99			

6	EMS	Notification Time EMS:		2	2	1	2	Arrival Time EMS:		2	2	2	2	EMS Time at Hospital:																															
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		2	1	0	6	0	9	2	2	0	9	[REDACTED]	[REDACTED]					0	1	0	4	7	4										
2	DECEASED	Name JENNIFER VIDAL										Type: <input type="checkbox"/> Driver <input type="checkbox"/> Pedestrian <input type="checkbox"/> Unknown Occupant Type <input checked="" type="checkbox"/> Passenger <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Unknown Non-Occupant Type																					
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		Transported to First Medical Facility: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		First Medical Facility Transported To: Maricopa OME				Transported to First Medical Facility By: Maricopa OME																									
		Date of Death (MMDDYYYY) [REDACTED] 0 6 0 9 2 0 2 1						Time of Death [REDACTED] 2 2 4 3																									
3	CRASH SCENE	If Intersection or Intersection-Related, Indicate Type of Intersection <input type="checkbox"/> 1 Four Way Intersection <input type="checkbox"/> 5 Roundabout <input type="checkbox"/> 2 T-Intersection <input type="checkbox"/> 6 Five-Point, or More <input type="checkbox"/> 3 Y-Intersection <input type="checkbox"/> 7 L-Intersection <input type="checkbox"/> 4 Traffic Circle <input type="checkbox"/> 51 Unknown										Roadway Surface Type at Crash Scene UNIT # 5 6 <input type="checkbox"/> 1 Concrete <input type="checkbox"/> 5 Dirt <input checked="" type="checkbox"/> 2 Blacktop, Bituminous, or Asphalt <input type="checkbox"/> 6 Other: _____ <input type="checkbox"/> 3 Brick or Block <input type="checkbox"/> 51 Unknown <input type="checkbox"/> 4 Slag, Gravel, or Stone																					
		If intersection or Intersection-Related, and Traffic Signals Present, Indicate Type of Signal <input type="checkbox"/> 1 Traffic Control Signal With Pedestrian Signal <input type="checkbox"/> 2 Traffic Control Signal Without Pedestrian Signal										Work Zone Type <input checked="" type="checkbox"/> 0 No Work Zone Present <input type="checkbox"/> 3 Utility <input type="checkbox"/> 1 Construction <input type="checkbox"/> 4 Work Zone, Type Unknown <input type="checkbox"/> 2 Maintenance																					
4	VEHICLE INFORMATION	Trailer Vehicle Identification Number(s) Unit # _____ Unit # _____ Unit # _____ Unit # _____				Extent of Damage UNIT # 5 6 <input type="checkbox"/> 1 No Damage <input type="checkbox"/> 8 Wipers <input type="checkbox"/> 2 Minor Damage <input type="checkbox"/> 9 Wheels <input type="checkbox"/> 3 Functional Damage <input type="checkbox"/> 10 Mirrors <input checked="" type="checkbox"/> 4 Disabling Damage <input type="checkbox"/> 11 Windows/Windshield <input type="checkbox"/> 5 Unknown Damage <input type="checkbox"/> 12 Body/Doors <input type="checkbox"/> 13 Truck Couplings/ Trailer Hitch/Safety Chains <input type="checkbox"/> 14 Safety Systems <input type="checkbox"/> 50 Other: _____ <input type="checkbox"/> 51 Unknown				Motor Vehicle Contributing Circumstances (Check all that apply) UNIT # UNIT # 5 6 5 6 <input checked="" type="checkbox"/> 0 None <input type="checkbox"/> 8 Wipers <input type="checkbox"/> 1 Tires <input type="checkbox"/> 9 Wheels <input type="checkbox"/> 2 Brake System <input type="checkbox"/> 10 Mirrors <input type="checkbox"/> 3 Steering <input type="checkbox"/> 11 Windows/Windshield <input type="checkbox"/> 4 Suspension <input type="checkbox"/> 12 Body/Doors <input type="checkbox"/> 5 Power Train <input type="checkbox"/> 13 Truck Couplings/ Trailer Hitch/Safety Chains <input type="checkbox"/> 6 Exhaust System <input type="checkbox"/> 14 Safety Systems <input type="checkbox"/> 7 Lights (Specify: Head Signal Other) <input type="checkbox"/> 50 Other: _____ <input type="checkbox"/> 51 Unknown																							
		Fire Occurrence UNIT # 5 6 <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes										Underride/Override UNIT # UNIT # 5 6 5 6 <input checked="" type="checkbox"/> 1 No Underride or Override Noted <input type="checkbox"/> 6 Underriding a Motor Vehicle Not in Transport, No Compartment Intrusion <input type="checkbox"/> 2 Underriding a Motor Vehicle in Transport, Compartment Intrusion <input type="checkbox"/> 7 Underriding a Motor Vehicle Not in Transport, Compartment Intrusion Unknown <input type="checkbox"/> 3 Underriding a Motor Vehicle in Transport, No Compartment Intrusion <input type="checkbox"/> 8 Underriding a Motor Vehicle in Transport <input type="checkbox"/> 4 Underriding a Motor Vehicle in Transport, Compartment Intrusion Unknown <input type="checkbox"/> 9 Underriding a Motor Vehicle Not in Transport <input type="checkbox"/> 5 Underriding a Motor Vehicle Not in Transport, Compartment Intrusion <input type="checkbox"/> 10 Unknown if Override or Underride Present																					
		Driver Unit # _____ Height [REDACTED] Weight: [REDACTED]				Driver Unit # _____ Height [REDACTED] Weight: [REDACTED]				Racing Involved UNIT # 5 6 <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes																							
		Compliance with License Restrictions UNIT # 5 6 <input checked="" type="checkbox"/> 0 No Restrictions <input type="checkbox"/> 1 Restrictions Complied With <input type="checkbox"/> 2 Restrictions Not Complied With <input type="checkbox"/> 3 Restrictions, Compliance Unknown <input type="checkbox"/> 51 Unknown					Compliance with CDL Endorsements UNIT # 5 6 <input checked="" type="checkbox"/> 0 No Endorsements Required for Vehicle <input type="checkbox"/> 1 Endorsement(s) Required, Complied With <input type="checkbox"/> 2 Endorsement(s) Required, Not Complied With <input type="checkbox"/> 3 Endorsement(s) Required, Compliance Unknown <input type="checkbox"/> 51 Unknown if Required																										
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Driver Influencing Substances Alcohol Unit # 5 Unit # 6 <table border="1" style="font-size: x-small;"> <tr><td style="text-align: center;">✓</td><td style="text-align: center;">✓</td><td>No Test Given</td></tr> <tr><td style="text-align: center;"> </td><td style="text-align: center;"> </td><td>Test Given</td></tr> <tr><td style="text-align: center;"> </td><td style="text-align: center;"> </td><td>Test Refused</td></tr> <tr><td style="text-align: center;"> </td><td style="text-align: center;"> </td><td>Testing Unknown</td></tr> </table> Drugs Unit # 5 Unit # 6 <table border="1" style="font-size: x-small;"> <tr><td style="text-align: center;">✓</td><td style="text-align: center;">✓</td><td>No Test Given</td></tr> <tr><td style="text-align: center;"> </td><td style="text-align: center;"> </td><td>Test Given</td></tr> <tr><td style="text-align: center;"> </td><td style="text-align: center;"> </td><td>Test Refused</td></tr> <tr><td style="text-align: center;"> </td><td style="text-align: center;"> </td><td>Testing Unknown</td></tr> </table>					✓	✓	No Test Given			Test Given			Test Refused			Testing Unknown	✓	✓	No Test Given			Test Given			Test Refused			Testing Unknown	Driver Alcohol/Drug Testing Results Unit # 5 Unit # 6 Alcohol Test Type: _____ Alcohol Test Results: _____ Alcohol Test Type: _____ Alcohol Test Results: _____ Drug Test Type: _____ Drug Test Results: _____ Drug Test Type: _____ Drug Test Results: _____				
✓	✓	No Test Given																															
		Test Given																															
		Test Refused																															
		Testing Unknown																															
✓	✓	No Test Given																															
		Test Given																															
		Test Refused																															
		Testing Unknown																															

6	EMS	Notification Time EMS: <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td style="width:30px; text-align:center;">2</td><td style="width:30px; text-align:center;">2</td><td style="width:30px; text-align:center;">1</td><td style="width:30px; text-align:center;">2</td></tr></table>				2	2	1	2	Arrival Time EMS: <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td style="width:30px; text-align:center;">2</td><td style="width:30px; text-align:center;">2</td><td style="width:30px; text-align:center;">2</td><td style="width:30px; text-align:center;">2</td></tr></table>				2	2	2	2	EMS Time at Hospital: <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td style="width:30px; height:20px;"></td><td style="width:30px; height:20px;"></td><td style="width:30px; height:20px;"></td><td style="width:30px; height:20px;"></td></tr></table>																																																							
2	2	1	2																																																																						
2	2	2	2																																																																						
7	MOTOR VEHICLE OCCUPANT/NON-OCCUPANT INFORMATION	Unit #	Seat Pos.	S/D	Ejection	EJ. Path	Extrication	Transport	<div style="border: 1px solid black; padding: 5px;"> Seating Position <table border="1" style="display:inline-table; border-collapse: collapse; margin-right: 10px;"> <tr><td style="width:20px; text-align:center;">41</td><td style="width:20px; text-align:center;">31</td><td style="width:20px; text-align:center;">21</td><td style="width:20px; text-align:center;">11</td></tr> <tr><td style="width:20px; text-align:center;">42</td><td style="width:20px; text-align:center;">32</td><td style="width:20px; text-align:center;">22</td><td style="width:20px; text-align:center;">12</td></tr> <tr><td style="width:20px; text-align:center;">43</td><td style="width:20px; text-align:center;">33</td><td style="width:20px; text-align:center;">23</td><td style="width:20px; text-align:center;">13</td></tr> <tr><td style="width:20px; text-align:center;">48</td><td style="width:20px; text-align:center;">38</td><td style="width:20px; text-align:center;">28</td><td style="width:20px; text-align:center;">18</td></tr> <tr><td style="width:20px; text-align:center;">49</td><td style="width:20px; text-align:center;">39</td><td style="width:20px; text-align:center;">29</td><td style="width:20px; text-align:center;">19</td></tr> </table> <div style="display: inline-block; vertical-align: middle;"> </div> <p style="font-size: small; margin: 0;"> 00 – Not Applicable/Non-Occupant 18, 28, 38, 48 - Additional passenger in vehicle by row (Ex: child in lap) 19, 29, 39, 49 – Unknown passenger location by row 50 – In enclosed passenger/cargo area 51 – In unenclosed passenger/cargo area 52 – Riding on vehicle exterior 53 – Riding in trailing unit 54 – Sleeper section of cab (truck) 55 – Unknown location </p> </div>				41	31	21	11	42	32	22	12	43	33	23	13	48	38	28	18	49	39	29	19																																									
		41	31	21	11																																																																				
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		48	38	28	18																																																																				
		49	39	29	19																																																																				
		Safety Devices (SD) 0 – Not Applicable/None Used 1 – Lap Belt Only 2 – Shoulder Belt Only 3 – Shoulder and Lap Belt Used 4 – Restraint – Type Unknown 5 – Other: Specify _____ 6 – Child Restraint – Forward Facing 7 – Child Restraint – Rear Facing 8 – Booster Seat 9 – Child Restraint – Type Unknown 10 – No Helmet 11 – DOT-Compliant Motorcycle Helmet 12 – Helmet, Other Than DOT-Compliant MC Helmet 13 – Helmet, Unknown if DOT-Compliant 50 – Unknown if Helmet Worn 51 – Unknown																																																																							
		Ejection 0 – Not Ejected/Not Applicable 1 – Ejected, Totally 2 – Ejected, Partially 3 – Ejected, Unknown Degree 51 – Unknown if Ejected				Ejection Path 0 – Not Applicable 1 – Through Side Door Opening 2 – Through Side Door Window 3 – Through Windshield 4 – Through Back Window 5 – Through Back Door/Tailgate Opening 6 – Through Roof Opening 7 – Through Roof (convertible roof up) 8 – Other Path (Back of pick-up truck) 51 – Ejection Path Unknown							Extrication 0 – Not Applicable 1 – Not Extricated 2 – Extricated 51 – Unknown if Extricated		Transport to First Medical Facility 0 – Not Transported 1 – EMS Air 2 – EMS Ground 3 – EMS Unknown Mode 4 – Law Enforcement 5 – Transported Unknown Source 6 – Other _____ 51 – Unknown if Transported																																																										
		8	MOTORCYCLE INFORMATION	Motorcycle Body Style Motorcycles – Two Wheel Styles UNIT # _____ <table style="width:100%; font-size: x-small;"> <tr><td style="width:50%;"><input type="checkbox"/> <input type="checkbox"/> 1 Two Wheel Motorcycle</td><td style="width:50%;"><input type="checkbox"/> <input type="checkbox"/> 4 Motor Scooter</td></tr> <tr><td><input type="checkbox"/> <input type="checkbox"/> 2 Moped or Motorized Bicycle</td><td><input type="checkbox"/> <input type="checkbox"/> 5 Other Motorized Cycle Type</td></tr> <tr><td><input type="checkbox"/> <input type="checkbox"/> 3 Off-Road Motorcycle</td><td><input type="checkbox"/> <input type="checkbox"/> 50 Unknown Motored Cycle Type</td></tr> </table>									<input type="checkbox"/> <input type="checkbox"/> 1 Two Wheel Motorcycle	<input type="checkbox"/> <input type="checkbox"/> 4 Motor Scooter	<input type="checkbox"/> <input type="checkbox"/> 2 Moped or Motorized Bicycle	<input type="checkbox"/> <input type="checkbox"/> 5 Other Motorized Cycle Type	<input type="checkbox"/> <input type="checkbox"/> 3 Off-Road Motorcycle	<input type="checkbox"/> <input type="checkbox"/> 50 Unknown Motored Cycle Type	Motorcycles - Three Wheel Styles UNIT # _____ <table style="width:100%; font-size: x-small;"> <tr><td style="width:50%;"><input type="checkbox"/> <input type="checkbox"/> 11 Three Wheel Motorcycle (2 rear wheels)</td><td style="width:50%;"><input type="checkbox"/> <input type="checkbox"/> 12 Unenclosed Three Wheel Motorcycle/Unenclosed Autocycle (1 rear wheel)</td></tr> <tr><td><input type="checkbox"/> <input type="checkbox"/> 12 Unenclosed Three Wheel Motorcycle/Unenclosed Autocycle (1 rear wheel)</td><td><input type="checkbox"/> <input type="checkbox"/> 13 Enclosed Three Wheel Motorcycle/Enclosed Autocycle (1 rear wheel)</td></tr> <tr><td><input type="checkbox"/> <input type="checkbox"/> 13 Enclosed Three Wheel Motorcycle/Enclosed Autocycle (1 rear wheel)</td><td><input type="checkbox"/> <input type="checkbox"/> 51 Unknown Three Wheel Motorcycle Type</td></tr> <tr><td><input type="checkbox"/> <input type="checkbox"/> 51 Unknown Three Wheel Motorcycle Type</td><td><input type="checkbox"/> <input type="checkbox"/> 60 ATV/ATC (All Terrain Cycle)</td></tr> </table>								<input type="checkbox"/> <input type="checkbox"/> 11 Three Wheel Motorcycle (2 rear wheels)	<input type="checkbox"/> <input type="checkbox"/> 12 Unenclosed Three Wheel Motorcycle/Unenclosed Autocycle (1 rear wheel)	<input type="checkbox"/> <input type="checkbox"/> 12 Unenclosed Three Wheel Motorcycle/Unenclosed Autocycle (1 rear wheel)	<input type="checkbox"/> <input type="checkbox"/> 13 Enclosed Three Wheel Motorcycle/Enclosed Autocycle (1 rear wheel)	<input type="checkbox"/> <input type="checkbox"/> 13 Enclosed Three Wheel Motorcycle/Enclosed Autocycle (1 rear wheel)	<input type="checkbox"/> <input type="checkbox"/> 51 Unknown Three Wheel Motorcycle Type	<input type="checkbox"/> <input type="checkbox"/> 51 Unknown Three Wheel Motorcycle Type	<input type="checkbox"/> <input type="checkbox"/> 60 ATV/ATC (All Terrain Cycle)																																							
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9	NON-OCCUPANT INFORMATION			Non-Occupant Person Type UNIT # _____ <input type="checkbox"/> <input type="checkbox"/> 1 Pedestrian <input type="checkbox"/> <input type="checkbox"/> 2 Bicyclist <input type="checkbox"/> <input type="checkbox"/> 3 Person on Personal Conveyances (skates, skateboards, wheelchairs, etc.) <input type="checkbox"/> <input type="checkbox"/> 4 Other Cyclist (unicycle, tricycle) <input type="checkbox"/> <input type="checkbox"/> 5 Person In/On Building <input type="checkbox"/> <input type="checkbox"/> 6 Occupant of a Non-Motor Vehicle Transport Device (train, on an animal) <input type="checkbox"/> <input type="checkbox"/> 51 Unknown Type of Non-Motorist				Non-Occupant Safety Equipment (Check all that apply) UNIT # _____ <input type="checkbox"/> <input type="checkbox"/> 0 None Used Protective: UNIT # _____ <input type="checkbox"/> <input type="checkbox"/> 1 Helmet <input type="checkbox"/> <input type="checkbox"/> 2 Protective Pads <input type="checkbox"/> <input type="checkbox"/> 3 Other Protective Safety Equipment				Preventative: UNIT # _____ <input type="checkbox"/> <input type="checkbox"/> 4 Reflective Clothing <input type="checkbox"/> <input type="checkbox"/> 5 Lighting Use <input type="checkbox"/> <input type="checkbox"/> 6 Other _____ <input type="checkbox"/> <input type="checkbox"/> 51 Unknown If Used																																																													
				Non-Occupant Influencing Substances <table style="width:100%; font-size: x-small;"> <tr><th colspan="2">Alcohol</th><th colspan="2">Drugs</th></tr> <tr><td style="width:25%;">Unit # _____</td><td style="width:25%;">Unit # _____</td><td style="width:25%;">Unit # _____</td><td style="width:25%;">Unit # _____</td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>				Alcohol		Drugs		Unit # _____	Unit # _____	Unit # _____	Unit # _____																									Non-Occupant Alcohol/Drug Testing Results <table style="width:100%; font-size: x-small;"> <tr><th colspan="2">Alcohol</th><th colspan="2">Drugs</th></tr> <tr><td style="width:25%;">Unit # _____</td><td style="width:25%;">Unit # _____</td><td style="width:25%;">Unit # _____</td><td style="width:25%;">Unit # _____</td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>				Alcohol		Drugs		Unit # _____	Unit # _____	Unit # _____	Unit # _____																						
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10	COMMENTS																																																																								
		Officer's Name / Badge #				Supervisor's Signature				Agency Name				Date Completed																																																											
										AZ DPS				06/29/2021																																																											

ARIZONA CRASH REPORT		REPORT ID										Agency Report Number					
1	FATAL SUPPLEMENT POLICE ONLY - FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 064R 206 S. 17TH AVE., PHOENIX, ARIZONA 85007-3233	YEAR	MONTH	DAY	HOUR	NCIC NO.				OFFICER D NO.				121031311			
		2	1	0	6	0	9	2	2	0	9	[REDACTED]	[REDACTED]		0	1	0
2	DECEASED	Name JENNIFER VIDAL										Type: <input type="checkbox"/> Driver <input type="checkbox"/> Pedestrian <input type="checkbox"/> Unknown Occupant Type <input checked="" type="checkbox"/> Passenger <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Unknown Non-Occupant Type					
		Sex F		Height [REDACTED]		Weight [REDACTED]		Date of Birth (MMDDYYYY) [REDACTED]									
		Deceased at Scene: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Deceased Removed To MARICOPA OME				Deceased Removed By MARICOPA OME									
		Transported to First Medical Facility: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		First Medical Facility Transported To: Maricopa OME				Transported to First Medical Facility By: Maricopa OME									
		Date of Death (MMDDYYYY) [REDACTED]				Time of Death [REDACTED]											
3	CRASH SCENE	If Intersection or Intersection-Related, Indicate Type of Intersection <input type="checkbox"/> 1 Four Way Intersection <input type="checkbox"/> 5 Roundabout <input type="checkbox"/> 2 T-Intersection <input type="checkbox"/> 6 Five-Point, or More <input type="checkbox"/> 3 Y-Intersection <input type="checkbox"/> 7 L-Intersection <input type="checkbox"/> 4 Traffic Circle <input type="checkbox"/> 51 Unknown										Roadway Surface Type at Crash Scene UNIT # 7 8 <input type="checkbox"/> 1 Concrete <input type="checkbox"/> 5 Dirt <input checked="" type="checkbox"/> 2 Blacktop, Bituminous, or Asphalt <input type="checkbox"/> 6 Other: _____ <input type="checkbox"/> 3 Brick or Block <input type="checkbox"/> 51 Unknown <input type="checkbox"/> 4 Slag, Gravel, or Stone					
		If intersection or Intersection-Related, and Traffic Signals Present, Indicate Type of Signal <input type="checkbox"/> 1 Traffic Control Signal With Pedestrian Signal <input type="checkbox"/> 2 Traffic Control Signal Without Pedestrian Signal										Work Zone Type <input checked="" type="checkbox"/> 0 No Work Zone Present <input type="checkbox"/> 3 Utility <input type="checkbox"/> 1 Construction <input type="checkbox"/> 4 Work Zone, Type Unknown <input type="checkbox"/> 2 Maintenance					
4	VEHICLE INFORMATION	Trailer Vehicle Identification Number(s) Unit # _____ Unit # _____ Unit # _____ Unit # _____				Extent of Damage UNIT # 7 8 <input type="checkbox"/> 1 No Damage <input type="checkbox"/> 2 Minor Damage <input type="checkbox"/> 3 Functional Damage <input checked="" type="checkbox"/> 4 Disabling Damage <input type="checkbox"/> 5 Unknown Damage				Motor Vehicle Contributing Circumstances (Check all that apply) UNIT # UNIT # 7 8 7 8 <input checked="" type="checkbox"/> 0 None <input type="checkbox"/> 8 Wipers <input type="checkbox"/> 1 Tires <input type="checkbox"/> 9 Wheels <input type="checkbox"/> 2 Brake System <input type="checkbox"/> 10 Mirrors <input type="checkbox"/> 3 Steering <input type="checkbox"/> 11 Windows/Windshield <input type="checkbox"/> 4 Suspension <input type="checkbox"/> 12 Body/Doors <input type="checkbox"/> 5 Power Train <input type="checkbox"/> 13 Truck Couplings/ Trailer Hitch/Safety Chains <input type="checkbox"/> 6 Exhaust System <input type="checkbox"/> 14 Safety Systems <input type="checkbox"/> 7 Lights (Specify: Head Signal Other) <input type="checkbox"/> 50 Other: _____ <input type="checkbox"/> 51 Unknown							
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		Driver Unit #		Driver Unit #		Racing Involved UNIT # 7 8 <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes											
5	DRIVER INFORMATION	Compliance with License Restrictions UNIT # UNIT # 7 8 7 8 <input checked="" type="checkbox"/> 0 No Restrictions <input type="checkbox"/> 1 Restrictions Complied With <input type="checkbox"/> 2 Restrictions Not Complied With <input type="checkbox"/> 3 Restrictions, Compliance Unknown <input type="checkbox"/> 51 Unknown				Compliance with CDL Endorsements UNIT # UNIT # 7 8 7 8 <input checked="" type="checkbox"/> 0 No Endorsements Required for Vehicle <input type="checkbox"/> 1 Endorsement(s) Required, Complied With <input type="checkbox"/> 2 Endorsement(s) Required, Not Complied With <input type="checkbox"/> 3 Endorsement(s) Required, Compliance Unknown <input type="checkbox"/> 51 Unknown if Required											
		Driver Maneuvered to Avoid UNIT # UNIT # 7 8 7 8 <input type="checkbox"/> 1 Driver Did Not Maneuver to Avoid <input type="checkbox"/> 2 Object <input type="checkbox"/> 3 Poor Road Conditions (puddle, ice, pothole etc.) <input type="checkbox"/> 4 Live Animal <input type="checkbox"/> 5 Motor Vehicle (in transport, parked, working) <input type="checkbox"/> 6 Pedestrian, Pedalcyclist or Other Non-Motorist <input type="checkbox"/> 7 Non-Contact Motor Vehicle <input checked="" type="checkbox"/> 51 Unknown				Driver's Attempted Avoidance Maneuver (Check Only One) UNIT # UNIT # 7 8 7 8 <input checked="" type="checkbox"/> 1 No Avoidance Maneuver <input type="checkbox"/> 9 Accelerating <input type="checkbox"/> 2 Releasing Brakes <input type="checkbox"/> 10 Accelerating and Steering Left <input type="checkbox"/> 3 Braking <input type="checkbox"/> 11 Accelerating and Steering Right <input type="checkbox"/> 4 Steering Left <input type="checkbox"/> 12 Accelerating and Unknown Steering Direction <input type="checkbox"/> 5 Steering Right <input type="checkbox"/> 50 Other Actions: _____ <input type="checkbox"/> 6 Braking and Steering Left <input checked="" type="checkbox"/> 51 Unknown if Avoidance Maneuver Attempted <input type="checkbox"/> 7 Braking and Steering Right <input type="checkbox"/> 8 Braking and Unknown Steering Direction											
		Driver Influencing Substances Alcohol Drugs Unit # 7 Unit # 8 Unit # 7 Unit # 8 <table border="1" style="display: inline-table; margin-right: 20px;"> <tr><td>✓</td><td>✓</td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> No Test Given Test Given Test Refused Testing Unknown				✓	✓							Driver Alcohol/Drug Testing Results Unit # 7 Unit # 8 Alcohol Test Type: _____ Alcohol Test Type: _____ Alcohol Test Results: _____ Alcohol Test Results: _____ Drug Test Type: _____ Drug Test Type: _____ Drug Test Results: _____ Drug Test Results: _____			
		✓	✓														
Alcohol Unit # 7 Unit # 8		Drugs Unit # 7 Unit # 8		Alcohol Test Type: _____		Alcohol Test Results: _____		Drug Test Type: _____		Drug Test Results: _____							

6	EMS	Notification Time EMS: <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td style="width:30px; text-align:center;">2</td><td style="width:30px; text-align:center;">2</td><td style="width:30px; text-align:center;">1</td><td style="width:30px; text-align:center;">2</td></tr></table>				2	2	1	2	Arrival Time EMS: <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td style="width:30px; text-align:center;">2</td><td style="width:30px; text-align:center;">2</td><td style="width:30px; text-align:center;">2</td><td style="width:30px; text-align:center;">2</td></tr></table>				2	2	2	2	EMS Time at Hospital: <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td style="width:30px; height:20px;"></td><td style="width:30px; height:20px;"></td><td style="width:30px; height:20px;"></td><td style="width:30px; height:20px;"></td></tr></table>												
2	2	1	2																											
2	2	2	2																											
7	MOTOR VEHICLE OCCUPANT/NON-OCCUPANT INFORMATION	Unit #	Seat Pos.	S/D	Ejection	EJ. Path	Extrication	Transport	Seating Position <table border="1" style="display:inline-table; border-collapse: collapse; margin-right: 10px;"> <tr><td style="width:20px; text-align:center;">41</td><td style="width:20px; text-align:center;">31</td><td style="width:20px; text-align:center;">21</td><td style="width:20px; text-align:center;">11</td></tr> <tr><td style="width:20px; text-align:center;">42</td><td style="width:20px; text-align:center;">32</td><td style="width:20px; text-align:center;">22</td><td style="width:20px; text-align:center;">12</td></tr> <tr><td style="width:20px; text-align:center;">43</td><td style="width:20px; text-align:center;">33</td><td style="width:20px; text-align:center;">23</td><td style="width:20px; text-align:center;">13</td></tr> <tr><td style="width:20px; text-align:center;">48</td><td style="width:20px; text-align:center;">38</td><td style="width:20px; text-align:center;">28</td><td style="width:20px; text-align:center;">18</td></tr> <tr><td style="width:20px; text-align:center;">49</td><td style="width:20px; text-align:center;">39</td><td style="width:20px; text-align:center;">29</td><td style="width:20px; text-align:center;">19</td></tr> </table>  <p>00 – Not Applicable/Non-Occupant 18, 28, 38, 48 - Additional passenger in vehicle by row (Ex: child in lap) 19, 29, 39, 49 – Unknown passenger location by row 50 – In enclosed passenger/cargo area 51 – In unenclosed passenger/cargo area 52 – Riding on vehicle exterior 53 – Riding in trailing unit 54 – Sleeper section of cab (truck) 55 – Unknown location</p>		41	31	21	11	42	32	22	12	43	33	23	13	48	38	28	18	49	39	29	19
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		49	39	29	19																									
		Safety Devices (SD)		0 – Not Applicable/None Used		8 – Booster Seat																								
		1 – Lap Belt Only		9 – Child Restraint – Type Unknown		10 – No Helmet																								
		2 – Shoulder Belt Only		11 – DOT-Compliant Motorcycle Helmet		12 – Helmet, Other Than DOT-Compliant MC Helmet																								
		3 – Shoulder and Lap Belt Used		13 – Helmet, Unknown if DOT-Compliant		50 – Unknown if Helmet Worn																								
4 – Restraint – Type Unknown		7 – Child Restraint – Rear Facing		51 – Unknown																										
5 – Other: Specify _____																														
6 – Child Restraint – Forward Facing																														
7 – Child Restraint – Rear Facing																														
Ejection			Ejection Path			Extrication		Transport to First Medical Facility																						
0 – Not Ejected/Not Applicable			0 – Not Applicable			0 – Not Applicable		0 – Not Transported																						
1 – Ejected, Totally			1 – Through Side Door Opening			1 – Not Extricated		1 – EMS Air																						
2 – Ejected, Partially			2 – Through Side Door Window			2 – Extricated		2 – EMS Ground																						
3 – Ejected, Unknown Degree			3 – Through Windshield			51 – Unknown if Extricated		3 – EMS Unknown Mode																						
51 – Unknown if Ejected			4 – Through Back Window					4 – Law Enforcement																						
			5 – Through Back Door/Tailgate Opening					5 – Transported Unknown Source																						
			6 – Through Roof Opening					6 – Other _____																						
			7 – Through Roof (convertible roof up)					51 – Unknown if Transported																						
			8 – Other Path (Back of pick-up truck)																											
			51 – Ejection Path Unknown																											

8	MOTORCYCLE INFORMATION	Motorcycle Body Style Motorcycles – Two Wheel Styles UNIT # _____ <table border="1" style="display:inline-table; border-collapse: collapse; margin-right: 20px;"> <tr><td style="width:20px; text-align:center;">7</td><td style="width:20px; text-align:center;">8</td></tr> </table> <input type="checkbox"/> <input type="checkbox"/> 1 Two Wheel Motorcycle <input type="checkbox"/> <input type="checkbox"/> 2 Moped or Motorized Bicycle <input type="checkbox"/> <input type="checkbox"/> 3 Off-Road Motorcycle <input type="checkbox"/> <input type="checkbox"/> 4 Motor Scooter <input type="checkbox"/> <input type="checkbox"/> 5 Other Motorized Cycle Type <input type="checkbox"/> <input type="checkbox"/> 50 Unknown Motored Cycle Type				7	8	Motorcycles - Three Wheel Styles UNIT # _____ <table border="1" style="display:inline-table; border-collapse: collapse; margin-right: 20px;"> <tr><td style="width:20px; text-align:center;">7</td><td style="width:20px; text-align:center;">8</td></tr> </table> <input type="checkbox"/> <input type="checkbox"/> 11 Three Wheel Motorcycle (2 rear wheels) <input type="checkbox"/> <input type="checkbox"/> 12 Unenclosed Three Wheel Motorcycle/Unenclosed Autocycle (1 rear wheel) <input type="checkbox"/> <input type="checkbox"/> 13 Enclosed Three Wheel Motorcycle/Enclosed Autocycle (1 rear wheel) <input type="checkbox"/> <input type="checkbox"/> 51 Unknown Three Wheel Motorcycle Type <input type="checkbox"/> <input type="checkbox"/> 60 ATV/ATC (All Terrain Cycle)				7	8
7	8												
7	8												

9	NON-OCCUPANT INFORMATION	Non-Occupant Person Type UNIT # _____ <input type="checkbox"/> <input type="checkbox"/> 1 Pedestrian <input type="checkbox"/> <input type="checkbox"/> 2 Bicyclist <input type="checkbox"/> <input type="checkbox"/> 3 Person on Personal Conveyances (skates, skateboards, wheelchairs, etc.) <input type="checkbox"/> <input type="checkbox"/> 4 Other Cyclist (unicycle, tricycle) <input type="checkbox"/> <input type="checkbox"/> 5 Person In/On Building <input type="checkbox"/> <input type="checkbox"/> 6 Occupant of a Non-Motor Vehicle Transport Device (train, on an animal) <input type="checkbox"/> <input type="checkbox"/> 51 Unknown Type of Non-Motorist				Non-Occupant Safety Equipment (Check all that apply) UNIT # _____ <input type="checkbox"/> <input type="checkbox"/> 0 None Used Protective: UNIT # _____ <input type="checkbox"/> <input type="checkbox"/> 1 Helmet <input type="checkbox"/> <input type="checkbox"/> 2 Protective Pads <input type="checkbox"/> <input type="checkbox"/> 3 Other Protective Safety Equipment				Preventative: UNIT # _____ <input type="checkbox"/> <input type="checkbox"/> 4 Reflective Clothing <input type="checkbox"/> <input type="checkbox"/> 5 Lighting Use <input type="checkbox"/> <input type="checkbox"/> 6 Other _____ <input type="checkbox"/> <input type="checkbox"/> 51 Unknown If Used													
		Non-Occupant Influencing Substances				Non-Occupant Alcohol/Drug Testing Results																	
		Alcohol Unit # _____ Unit # _____ <table border="1" style="display:inline-table; border-collapse: collapse; margin-right: 20px;"> <tr><td style="width:30px; height:20px;"></td><td style="width:30px; height:20px;"></td></tr> <tr><td style="width:30px; height:20px;"></td><td style="width:30px; height:20px;"></td></tr> <tr><td style="width:30px; height:20px;"></td><td style="width:30px; height:20px;"></td></tr> <tr><td style="width:30px; height:20px;"></td><td style="width:30px; height:20px;"></td></tr> </table> No Test Given Test Given Test Refused Testing Unknown										Drugs Unit # _____ Unit # _____ <table border="1" style="display:inline-table; border-collapse: collapse; margin-right: 20px;"> <tr><td style="width:30px; height:20px;"></td><td style="width:30px; height:20px;"></td></tr> <tr><td style="width:30px; height:20px;"></td><td style="width:30px; height:20px;"></td></tr> <tr><td style="width:30px; height:20px;"></td><td style="width:30px; height:20px;"></td></tr> <tr><td style="width:30px; height:20px;"></td><td style="width:30px; height:20px;"></td></tr> </table> No Test Given Test Given Test Refused Testing Unknown										Unit # _____ Alcohol Test Type: _____ Alcohol Test Results: _____ Drug Test Type: _____ Drug Test Results: _____	

10	COMMENTS				
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11	11	Officer's Name / Badge #	Supervisor's Signature	Agency Name AZ DPS	Date Completed 06/29/2021
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ARIZONA CRASH REPORT		REPORT ID										Agency Report Number																					
1	FATAL SUPPLEMENT POLICE ONLY - FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 064R 206 S. 17TH AVE., PHOENIX, ARIZONA 85007-3233	YEAR	MONTH	DAY	HOUR	NCIC NO.				OFFICER D NO.				121031311																			
		2	1	0	6	0	9	2	2	0	9	[REDACTED]	[REDACTED]		0	1	0	4	7	4													
2	DECEASED	Name SEDEQWA JAHNAE DEVONNE KEYARA PARKER										Type: <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Pedestrian <input type="checkbox"/> Unknown Occupant Type <input type="checkbox"/> Passenger <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Unknown Non-Occupant Type																					
		Sex F		Height [REDACTED]		Weight [REDACTED]		Date of Birth (MMDDYYYY) [REDACTED]																									
		Deceased at Scene: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Deceased Removed To MARICOPA OME				Deceased Removed By MARICOPA OME																									
		Transported to First Medical Facility: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		First Medical Facility Transported To: Maricopa OME				Transported to First Medical Facility By: Maricopa OME																									
Date of Death (MMDDYYYY)		0	6	0	9	2	0	2	1	Time of Death				2	2	3	5																
3	CRASH SCENE	If Intersection or Intersection-Related, Indicate Type of Intersection <input type="checkbox"/> 1 Four Way Intersection <input type="checkbox"/> 5 Roundabout <input type="checkbox"/> 2 T-Intersection <input type="checkbox"/> 6 Five-Point, or More <input type="checkbox"/> 3 Y-Intersection <input type="checkbox"/> 7 L-Intersection <input type="checkbox"/> 4 Traffic Circle <input type="checkbox"/> 51 Unknown										Roadway Surface Type at Crash Scene UNIT # 1 2 <input type="checkbox"/> 1 Concrete <input type="checkbox"/> 5 Dirt <input checked="" type="checkbox"/> 2 Blacktop, Bituminous, or Asphalt <input type="checkbox"/> 6 Other: _____ <input type="checkbox"/> 3 Brick or Block <input type="checkbox"/> 51 Unknown <input type="checkbox"/> 4 Slag, Gravel, or Stone																					
		If intersection or Intersection-Related, and Traffic Signals Present, Indicate Type of Signal <input type="checkbox"/> 1 Traffic Control Signal With Pedestrian Signal <input type="checkbox"/> 2 Traffic Control Signal Without Pedestrian Signal										Work Zone Type <input checked="" type="checkbox"/> 0 No Work Zone Present <input type="checkbox"/> 3 Utility <input type="checkbox"/> 1 Construction <input type="checkbox"/> 4 Work Zone, Type Unknown <input type="checkbox"/> 2 Maintenance																					
4	VEHICLE INFORMATION	Trailer Vehicle Identification Number(s) Unit # 1 - _____ Unit # _____ Unit # _____ Unit # _____				Extent of Damage UNIT # 1 2 <input type="checkbox"/> 1 No Damage <input type="checkbox"/> 2 Minor Damage <input type="checkbox"/> 3 Functional Damage <input checked="" type="checkbox"/> 4 Disabling Damage <input type="checkbox"/> 5 Unknown Damage				Motor Vehicle Contributing Circumstances (Check all that apply) UNIT # UNIT # 1 2 1 2 <input type="checkbox"/> 0 None <input type="checkbox"/> 8 Wipers <input type="checkbox"/> 1 Tires <input type="checkbox"/> 9 Wheels <input type="checkbox"/> 2 Brake System <input type="checkbox"/> 10 Mirrors <input type="checkbox"/> 3 Steering <input type="checkbox"/> 11 Windows/Windshield <input type="checkbox"/> 4 Suspension <input type="checkbox"/> 12 Body/Doors <input type="checkbox"/> 5 Power Train <input type="checkbox"/> 13 Truck Couplings/ Trailer Hitch/Safety Chains <input type="checkbox"/> 6 Exhaust System <input type="checkbox"/> 14 Safety Systems <input type="checkbox"/> 7 Lights (Specify: Head Signal Other) <input checked="" type="checkbox"/> 51 Unknown																							
		Override/Override UNIT # UNIT # 1 2 1 2 <input type="checkbox"/> 1 No Override or Override Noted <input type="checkbox"/> 6 Underriding a Motor Vehicle Not in Transport, No Compartment Intrusion <input type="checkbox"/> 2 Underriding a Motor Vehicle in Transport, Compartment Intrusion <input type="checkbox"/> 7 Underriding a Motor Vehicle Not in Transport, Compartment Intrusion Unknown <input type="checkbox"/> 3 Underriding a Motor Vehicle in Transport, No Compartment Intrusion <input checked="" type="checkbox"/> 8 Underriding a Motor Vehicle in Transport <input type="checkbox"/> 4 Underriding a Motor Vehicle in Transport, Compartment Intrusion Unknown <input type="checkbox"/> 9 Underriding a Motor Vehicle Not in Transport <input type="checkbox"/> 5 Underriding a Motor Vehicle Not in Transport, Compartment Intrusion <input type="checkbox"/> 10 Unknown if Override or Underride Present																															
5	DRIVER INFORMATION	Driver Unit # Height [REDACTED] Weight: [REDACTED]				Driver Unit # Height [REDACTED] Weight: [REDACTED]				Racing Involved UNIT # 1 2 <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes																							
		Compliance with License Restrictions UNIT # 1 2 <input checked="" type="checkbox"/> 0 No Restrictions <input type="checkbox"/> 1 Restrictions Complied With <input type="checkbox"/> 2 Restrictions Not Complied With <input type="checkbox"/> 3 Restrictions, Compliance Unknown <input type="checkbox"/> 51 Unknown						Compliance with CDL Endorsements UNIT # 1 2 <input checked="" type="checkbox"/> 0 No Endorsements Required for Vehicle <input type="checkbox"/> 1 Endorsement(s) Required, Complied With <input type="checkbox"/> 2 Endorsement(s) Required, Not Complied With <input type="checkbox"/> 3 Endorsement(s) Required, Compliance Unknown <input type="checkbox"/> 51 Unknown if Required																									
		Driver Maneuvered to Avoid UNIT # 1 2 <input checked="" type="checkbox"/> 1 Driver Did Not Maneuver to Avoid <input type="checkbox"/> 2 Object <input type="checkbox"/> 3 Poor Road Conditions (puddle, ice, pothole etc.) <input type="checkbox"/> 4 Live Animal <input type="checkbox"/> 5 Motor Vehicle (in transport, parked, working) <input type="checkbox"/> 6 Pedestrian, Pedalcyclist or Other Non-Motorist <input type="checkbox"/> 7 Non-Contact Motor Vehicle <input checked="" type="checkbox"/> 51 Unknown						Driver's Attempted Avoidance Maneuver (Check Only One) UNIT # UNIT # 1 2 1 2 <input checked="" type="checkbox"/> 1 No Avoidance Maneuver <input type="checkbox"/> 9 Accelerating <input type="checkbox"/> 2 Releasing Brakes <input type="checkbox"/> 10 Accelerating and Steering Left <input type="checkbox"/> 3 Braking <input type="checkbox"/> 11 Accelerating and Steering Right <input type="checkbox"/> 4 Steering Left <input type="checkbox"/> 12 Accelerating and Unknown Steering Direction <input type="checkbox"/> 5 Steering Right <input type="checkbox"/> 50 Other Actions: _____ <input type="checkbox"/> 6 Braking and Steering Left <input checked="" type="checkbox"/> 51 Unknown if Avoidance Maneuver Attempted <input type="checkbox"/> 7 Braking and Steering Right <input type="checkbox"/> 8 Braking and Unknown Steering Direction																									
		Driver Influencing Substances Alcohol Unit # 1 Unit # 2 <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:50%;"></td><td style="width:50%;"></td></tr> <tr><td style="text-align: center;">No Test Given</td><td style="text-align: center;">No Test Given</td></tr> <tr><td style="text-align: center;">Test Given</td><td style="text-align: center;">Test Given</td></tr> <tr><td style="text-align: center;">Test Refused</td><td style="text-align: center;">Test Refused</td></tr> <tr><td style="text-align: center;">Testing Unknown</td><td style="text-align: center;">Testing Unknown</td></tr> </table>								No Test Given	No Test Given	Test Given	Test Given	Test Refused	Test Refused	Testing Unknown	Testing Unknown	Driver Alcohol/Drug Testing Results Unit # 1 Unit # 2 <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:50%;"></td><td style="width:50%;"></td></tr> <tr><td style="text-align: center;">Alcohol Test Type: 8</td><td style="text-align: center;">Alcohol Test Type: 8</td></tr> <tr><td style="text-align: center;">Alcohol Test Results: 0</td><td style="text-align: center;">Alcohol Test Results: 0</td></tr> <tr><td style="text-align: center;">Drug Test Type: 8</td><td style="text-align: center;">Drug Test Type: 8</td></tr> <tr><td style="text-align: center;">Drug Test Results: 1</td><td style="text-align: center;">Drug Test Results: 99</td></tr> </table>								Alcohol Test Type: 8	Alcohol Test Type: 8	Alcohol Test Results: 0	Alcohol Test Results: 0	Drug Test Type: 8	Drug Test Type: 8	Drug Test Results: 1	Drug Test Results: 99
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<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; height: 100px; vertical-align: top;"> Non-Occupant Person Type UNIT # _____ <input type="checkbox"/> <input type="checkbox"/> 1 Pedestrian <input type="checkbox"/> <input type="checkbox"/> 2 Bicyclist <input type="checkbox"/> <input type="checkbox"/> 3 Person on Personal Conveyances (skates, skateboards, wheelchairs, etc.) <input type="checkbox"/> <input type="checkbox"/> 4 Other Cyclist (unicycle, tricycle) <input type="checkbox"/> <input type="checkbox"/> 5 Person In/On Building <input type="checkbox"/> <input type="checkbox"/> 6 Occupant of a Non-Motor Vehicle Transport Device (train, on an animal) <input type="checkbox"/> <input type="checkbox"/> 51 Unknown Type of Non-Motorist </td> <td style="width:30%; height: 100px; vertical-align: top;"> Non-Occupant Safety Equipment (Check all that apply) UNIT # _____ <input type="checkbox"/> <input type="checkbox"/> 0 None Used Protective: UNIT # _____ <input type="checkbox"/> <input type="checkbox"/> 1 Helmet <input type="checkbox"/> <input type="checkbox"/> 2 Protective Pads <input type="checkbox"/> <input type="checkbox"/> 3 Other Protective Safety Equipment </td> <td style="width:40%; height: 100px; vertical-align: top;"> Non-Occupant Alcohol/Drug Testing Results Unit # _____ Alcohol Test Type: _____ Alcohol Test Results: _____ Drug Test Type: _____ Drug Test Results: _____ </td> </tr> </table>												Non-Occupant Person Type UNIT # _____ <input type="checkbox"/> <input type="checkbox"/> 1 Pedestrian <input type="checkbox"/> <input type="checkbox"/> 2 Bicyclist <input type="checkbox"/> <input type="checkbox"/> 3 Person on Personal Conveyances (skates, skateboards, wheelchairs, etc.) <input type="checkbox"/> <input type="checkbox"/> 4 Other Cyclist (unicycle, tricycle) <input type="checkbox"/> <input type="checkbox"/> 5 Person In/On Building <input type="checkbox"/> <input type="checkbox"/> 6 Occupant of a Non-Motor Vehicle Transport Device (train, on an animal) <input type="checkbox"/> <input type="checkbox"/> 51 Unknown Type of Non-Motorist	Non-Occupant Safety Equipment (Check all that apply) UNIT # _____ <input type="checkbox"/> <input type="checkbox"/> 0 None Used Protective: UNIT # _____ <input type="checkbox"/> <input type="checkbox"/> 1 Helmet <input type="checkbox"/> <input type="checkbox"/> 2 Protective Pads <input type="checkbox"/> <input type="checkbox"/> 3 Other Protective Safety Equipment	Non-Occupant Alcohol/Drug Testing Results Unit # _____ Alcohol Test Type: _____ Alcohol Test Results: _____ Drug Test Type: _____ Drug Test Results: _____																																													
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10	COMMENTS																																																										
11	Officer's Name / Badge #				Supervisor's Signature				Agency Name AZ DPS				Date Completed 06/29/2021																																														


ARIZONA CRASH REPORT		REPORT ID										Agency Report Number																			
1	FATAL SUPPLEMENT POLICE ONLY - FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 064R 206 S. 17TH AVE., PHOENIX, ARIZONA 85007-3233	YEAR	MONTH	DAY	HOUR	NCIC NO.				OFFICER D NO.				121031311																	
		2	1	0	6	0	9	2	2	0	9	0	1		0	4	7	4													
2	DECEASED	Name SEDEQWA JAHNAE DEVONNE KEYARA PARKER										Type: <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Pedestrian <input type="checkbox"/> Unknown Occupant Type <input type="checkbox"/> Passenger <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Unknown Non-Occupant Type																			
		Sex F		Height █		Weight █		Date of Birth (MMDDYYYY) █																							
		Deceased at Scene: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Deceased Removed To MARICOPA OME				Deceased Removed By MARICOPA OME																							
		Transported to First Medical Facility: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		First Medical Facility Transported To: Maricopa OME				Transported to First Medical Facility By: Maricopa OME																							
Date of Death (MMDDYYYY)		0	6	0	9	2	0	2	1	Time of Death				2	2	3	5														
3	CRASH SCENE	If Intersection or Intersection-Related, Indicate Type of Intersection <input type="checkbox"/> 1 Four Way Intersection <input type="checkbox"/> 5 Roundabout <input type="checkbox"/> 2 T-Intersection <input type="checkbox"/> 6 Five-Point, or More <input type="checkbox"/> 3 Y-Intersection <input type="checkbox"/> 7 L-Intersection <input type="checkbox"/> 4 Traffic Circle <input type="checkbox"/> 51 Unknown										Roadway Surface Type at Crash Scene UNIT # 3 4 <input type="checkbox"/> 1 Concrete <input type="checkbox"/> 5 Dirt <input checked="" type="checkbox"/> 2 Blacktop, Bituminous, or Asphalt <input type="checkbox"/> 6 Other: _____ <input type="checkbox"/> 3 Brick or Block <input type="checkbox"/> 51 Unknown <input type="checkbox"/> 4 Slag, Gravel, or Stone																			
		If intersection or Intersection-Related, and Traffic Signals Present, Indicate Type of Signal <input type="checkbox"/> 1 Traffic Control Signal With Pedestrian Signal <input type="checkbox"/> 2 Traffic Control Signal Without Pedestrian Signal										Work Zone Type <input checked="" type="checkbox"/> 0 No Work Zone Present <input type="checkbox"/> 3 Utility <input type="checkbox"/> 1 Construction <input type="checkbox"/> 4 Work Zone, Type Unknown <input type="checkbox"/> 2 Maintenance																			
4	VEHICLE INFORMATION	Trailer Vehicle Identification Number(s) Unit # _____ Unit # _____ Unit # _____ Unit # _____				Extent of Damage UNIT # 3 4 <input type="checkbox"/> 1 No Damage <input type="checkbox"/> 2 Minor Damage <input type="checkbox"/> 3 Functional Damage <input checked="" type="checkbox"/> 4 Disabling Damage <input type="checkbox"/> 5 Unknown Damage				Motor Vehicle Contributing Circumstances (Check all that apply) UNIT # UNIT # 3 4 3 4 <input checked="" type="checkbox"/> 0 None <input type="checkbox"/> 8 Wipers <input type="checkbox"/> 1 Tires <input type="checkbox"/> 9 Wheels <input type="checkbox"/> 2 Brake System <input type="checkbox"/> 10 Mirrors <input type="checkbox"/> 3 Steering <input type="checkbox"/> 11 Windows/Windshield <input type="checkbox"/> 4 Suspension <input type="checkbox"/> 12 Body/Doors <input type="checkbox"/> 5 Power Train <input type="checkbox"/> 13 Truck Couplings/ Trailer Hitch/Safety Chains <input type="checkbox"/> 6 Exhaust System <input type="checkbox"/> 14 Safety Systems <input type="checkbox"/> 7 Lights (Specify: Head Signal Other) <input type="checkbox"/> 50 Other: _____ <input type="checkbox"/> 51 Unknown																					
		Underride/Override UNIT # UNIT # 3 4 3 4 <input checked="" type="checkbox"/> 1 No Underride or Override Noted <input type="checkbox"/> 6 Underriding a Motor Vehicle Not in Transport, No Compartment Intrusion <input type="checkbox"/> 2 Underriding a Motor Vehicle in Transport, Compartment Intrusion <input type="checkbox"/> 7 Underriding a Motor Vehicle Not in Transport, Compartment Intrusion Unknown <input type="checkbox"/> 3 Underriding a Motor Vehicle in Transport, No Compartment Intrusion <input type="checkbox"/> 8 Underriding a Motor Vehicle in Transport <input type="checkbox"/> 4 Underriding a Motor Vehicle in Transport, Compartment Intrusion Unknown <input type="checkbox"/> 9 Underriding a Motor Vehicle Not in Transport <input type="checkbox"/> 5 Underriding a Motor Vehicle Not in Transport, Compartment Intrusion <input type="checkbox"/> 10 Unknown if Override or Underride Present																													
		<table style="width:100%; border: none;"> <tr> <td style="width: 33%;">Driver Unit # _____ Height: █ Weight: █</td> <td style="width: 33%;">Driver Unit # _____ Height: █ Weight: █</td> <td style="width: 34%;">Racing Involved UNIT # 3 4 <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> </table>														Driver Unit # _____ Height: █ Weight: █	Driver Unit # _____ Height: █ Weight: █	Racing Involved UNIT # 3 4 <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes													
Driver Unit # _____ Height: █ Weight: █	Driver Unit # _____ Height: █ Weight: █	Racing Involved UNIT # 3 4 <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes																													
Compliance with License Restrictions UNIT # 3 4 <input checked="" type="checkbox"/> 0 No Restrictions <input type="checkbox"/> 1 Restrictions Complied With <input type="checkbox"/> 2 Restrictions Not Complied With <input type="checkbox"/> 3 Restrictions, Compliance Unknown <input type="checkbox"/> 51 Unknown				Compliance with CDL Endorsements UNIT # 3 4 <input checked="" type="checkbox"/> 0 No Endorsements Required for Vehicle <input type="checkbox"/> 1 Endorsement(s) Required, Complied With <input type="checkbox"/> 2 Endorsement(s) Required, Not Complied With <input type="checkbox"/> 3 Endorsement(s) Required, Compliance Unknown <input type="checkbox"/> 51 Unknown if Required																											
Driver Manuevered to Avoid UNIT # 3 4 <input type="checkbox"/> 1 Driver Did Not Maneuver to Avoid <input type="checkbox"/> 2 Object <input type="checkbox"/> 3 Poor Road Conditions (puddle, ice, pothole etc.) <input type="checkbox"/> 4 Live Animal <input type="checkbox"/> 5 Motor Vehicle (in transport, parked, working) <input type="checkbox"/> 6 Pedestrian, Pedalcyclist or Other Non-Motorist <input type="checkbox"/> 7 Non-Contact Motor Vehicle <input checked="" type="checkbox"/> 51 Unknown							Driver's Attempted Avoidance Maneuver (Check Only One) UNIT # UNIT # 3 4 3 4 <input type="checkbox"/> 1 No Avoidance Maneuver <input type="checkbox"/> 9 Accelerating <input type="checkbox"/> 2 Releasing Brakes <input type="checkbox"/> 10 Accelerating and Steering Left <input type="checkbox"/> 3 Braking <input checked="" type="checkbox"/> 11 Accelerating and Steering Right <input type="checkbox"/> 4 Steering Left <input type="checkbox"/> 12 Accelerating and Unknown Steering Direction <input type="checkbox"/> 5 Steering Right <input type="checkbox"/> 50 Other Actions: _____ <input type="checkbox"/> 6 Braking and Steering Left <input checked="" type="checkbox"/> 51 Unknown if Avoidance Maneuver Attempted <input type="checkbox"/> 7 Braking and Steering Right <input type="checkbox"/> 8 Braking and Unknown Steering Direction																								
Driver Influencing Substances Alcohol Unit # 3 Unit # 4 <table style="width: 100%; border: none;"> <tr><td style="width: 50%; text-align: center;">✓</td><td style="width: 50%; text-align: center;">No Test Given</td></tr> <tr><td style="width: 50%; text-align: center;"> </td><td style="width: 50%; text-align: center;">Test Given</td></tr> <tr><td style="width: 50%; text-align: center;"> </td><td style="width: 50%; text-align: center;">Test Refused</td></tr> <tr><td style="width: 50%; text-align: center;"> </td><td style="width: 50%; text-align: center;">Testing Unknown</td></tr> </table>				✓	No Test Given		Test Given		Test Refused		Testing Unknown	Drugs Unit # 3 Unit # 4 <table style="width: 100%; border: none;"> <tr><td style="width: 50%; text-align: center;">✓</td><td style="width: 50%; text-align: center;">No Test Given</td></tr> <tr><td style="width: 50%; text-align: center;"> </td><td style="width: 50%; text-align: center;">Test Given</td></tr> <tr><td style="width: 50%; text-align: center;"> </td><td style="width: 50%; text-align: center;">Test Refused</td></tr> <tr><td style="width: 50%; text-align: center;"> </td><td style="width: 50%; text-align: center;">Testing Unknown</td></tr> </table>				✓	No Test Given		Test Given		Test Refused		Testing Unknown	Driver Alcohol/Drug Testing Results Unit # 3 Alcohol Test Type: _____ Alcohol Test Results: _____ Drug Test Type: _____ Drug Test Results: _____				Unit # 4 Alcohol Test Type: _____ Alcohol Test Results: _____ Drug Test Type: _____ Drug Test Results: _____			
✓	No Test Given																														
	Test Given																														
	Test Refused																														
	Testing Unknown																														
✓	No Test Given																														
	Test Given																														
	Test Refused																														
	Testing Unknown																														

6	EMS	Notification Time EMS:		2	2	1	2	Arrival Time EMS:		2	2	2	2	EMS Time at Hospital:																																							
7	MOTOR VEHICLE OCCUPANT/NON-OCCUPANT INFORMATION	Unit #	Seat Pos.	S/D	Ejection	EJ. Path	Extrication	Transport	Seating Position <table style="display:inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">41</td> <td style="border: 1px solid black; padding: 2px;">31</td> <td style="border: 1px solid black; padding: 2px;">21</td> <td style="border: 1px solid black; padding: 2px;">11</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">42</td> <td style="border: 1px solid black; padding: 2px;">32</td> <td style="border: 1px solid black; padding: 2px;">22</td> <td style="border: 1px solid black; padding: 2px;">12</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">43</td> <td style="border: 1px solid black; padding: 2px;">33</td> <td style="border: 1px solid black; padding: 2px;">23</td> <td style="border: 1px solid black; padding: 2px;">13</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">48</td> <td style="border: 1px solid black; padding: 2px;">38</td> <td style="border: 1px solid black; padding: 2px;">28</td> <td style="border: 1px solid black; padding: 2px;">18</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">49</td> <td style="border: 1px solid black; padding: 2px;">39</td> <td style="border: 1px solid black; padding: 2px;">29</td> <td style="border: 1px solid black; padding: 2px;">19</td> </tr> </table> 00 – Not Applicable/Non-Occupant 18, 28, 38, 48 – Additional passenger in vehicle by row (Ex: child in lap) 19, 29, 39, 49 – Unknown passenger location by row 50 – In enclosed passenger/cargo area 51 – In unenclosed passenger/cargo area 52 – Riding on vehicle exterior 53 – Riding in trailing unit 54 – Sleeper section of cab (truck) 55 – Unknown location											41	31	21	11	42	32	22	12	43	33	23	13	48	38	28	18	49	39	29	19														
		41	31	21	11																																																
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		8	11	3	0	0	0	0	2																																												
Ejection 0 – Not Ejected/Not Applicable 1 – Ejected, Totally 2 – Ejected, Partially 3 – Ejected, Unknown Degree 51 – Unknown if Ejected				Ejection Path 0 – Not Applicable 1 – Through Side Door Opening 2 – Through Side Door Window 3 – Through Windshield 4 – Through Back Window 5 – Through Back Door/Tailgate Opening 6 – Through Roof Opening 7 – Through Roof (convertible roof up) 8 – Other Path (Back of pick-up truck) 51 – Ejection Path Unknown				Extrication 0 – Not Applicable 1 – Not Extricated 2 – Extricated 51 – Unknown if Extricated				Transport to First Medical Facility 0 – Not Transported 1 – EMS Air 2 – EMS Ground 3 – EMS Unknown Mode 4 – Law Enforcement 5 – Transported Unknown Source 6 – Other _____ 51 – Unknown if Transported																																									
8	MOTORCYCLE INFORMATION	Motorcycle Body Style Motorcycles – Two Wheel Styles UNIT # _____ <table style="display:inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">3</td> <td style="border: 1px solid black; padding: 2px;">4</td> </tr> </table> <input type="checkbox"/> <input type="checkbox"/> 1 Two Wheel Motorcycle <input type="checkbox"/> <input type="checkbox"/> 2 Moped or Motorized Bicycle <input type="checkbox"/> <input type="checkbox"/> 3 Off-Road Motorcycle <input type="checkbox"/> <input type="checkbox"/> 4 Motor Scooter <input type="checkbox"/> <input type="checkbox"/> 5 Other Motorized Cycle Type <input type="checkbox"/> <input type="checkbox"/> 50 Unknown Motored Cycle Type																		3	4																																
		3	4																																																		
Motorcycles - Three Wheel Styles UNIT # _____ <table style="display:inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">3</td> <td style="border: 1px solid black; padding: 2px;">4</td> </tr> </table> <input type="checkbox"/> <input type="checkbox"/> 11 Three Wheel Motorcycle (2 rear wheels) <input type="checkbox"/> <input type="checkbox"/> 12 Unenclosed Three Wheel Motorcycle/Unenclosed Autocycle (1 rear wheel) <input type="checkbox"/> <input type="checkbox"/> 13 Enclosed Three Wheel Motorcycle/Enclosed Autocycle (1 rear wheel) <input type="checkbox"/> <input type="checkbox"/> 51 Unknown Three Wheel Motorcycle Type <input type="checkbox"/> <input type="checkbox"/> 60 ATV/ATC (All Terrain Cycle)																		3	4																																		
3	4																																																				
9	NON-OCCUPANT INFORMATION	Non-Occupant Person Type UNIT # _____ <input type="checkbox"/> <input type="checkbox"/> 1 Pedestrian <input type="checkbox"/> <input type="checkbox"/> 2 Bicyclist <input type="checkbox"/> <input type="checkbox"/> 3 Person on Personal Conveyances (skates, skateboards, wheelchairs, etc.) <input type="checkbox"/> <input type="checkbox"/> 4 Other Cyclist (unicycle, tricycle) <input type="checkbox"/> <input type="checkbox"/> 5 Person In/On Building <input type="checkbox"/> <input type="checkbox"/> 6 Occupant of a Non-Motor Vehicle Transport Device (train, on an animal) <input type="checkbox"/> <input type="checkbox"/> 51 Unknown Type of Non-Motorist									Non-Occupant Safety Equipment (Check all that apply) UNIT # _____ <input type="checkbox"/> <input type="checkbox"/> 0 None Used Protective: UNIT # _____ <input type="checkbox"/> <input type="checkbox"/> 1 Helmet <input type="checkbox"/> <input type="checkbox"/> 2 Protective Pads <input type="checkbox"/> <input type="checkbox"/> 3 Other Protective Safety Equipment									Preventative: UNIT # _____ <input type="checkbox"/> <input type="checkbox"/> 4 Reflective Clothing <input type="checkbox"/> <input type="checkbox"/> 5 Lighting Use <input type="checkbox"/> <input type="checkbox"/> 6 Other _____ <input type="checkbox"/> <input type="checkbox"/> 51 Unknown If Used																																	
		Non-Occupant Influencing Substances <table style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align:center;">Alcohol</th> <th colspan="2" style="text-align:center;">Drugs</th> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Unit # _____</td> <td style="border: 1px solid black; padding: 2px;">Unit # _____</td> <td style="border: 1px solid black; padding: 2px;">Unit # _____</td> <td style="border: 1px solid black; padding: 2px;">Unit # _____</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"> </td> <td style="border: 1px solid black; padding: 2px;"> </td> <td style="border: 1px solid black; padding: 2px;"> </td> <td style="border: 1px solid black; padding: 2px;"> </td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"> </td> <td style="border: 1px solid black; padding: 2px;"> </td> <td style="border: 1px solid black; padding: 2px;"> </td> <td style="border: 1px solid black; padding: 2px;"> </td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"> </td> <td style="border: 1px solid black; padding: 2px;"> </td> <td style="border: 1px solid black; padding: 2px;"> </td> <td style="border: 1px solid black; padding: 2px;"> </td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"> </td> <td style="border: 1px solid black; padding: 2px;"> </td> <td style="border: 1px solid black; padding: 2px;"> </td> <td style="border: 1px solid black; padding: 2px;"> </td> </tr> </table>									Alcohol		Drugs		Unit # _____	Unit # _____	Unit # _____	Unit # _____																	Non-Occupant Alcohol/Drug Testing Results <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">Unit # _____</td> <td style="border: 1px solid black; padding: 2px;">Unit # _____</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Alcohol Test Type: _____</td> <td style="border: 1px solid black; padding: 2px;">Alcohol Test Type: _____</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Alcohol Test Results: _____</td> <td style="border: 1px solid black; padding: 2px;">Alcohol Test Results: _____</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Drug Test Type: _____</td> <td style="border: 1px solid black; padding: 2px;">Drug Test Type: _____</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Drug Test Results: _____</td> <td style="border: 1px solid black; padding: 2px;">Drug Test Results: _____</td> </tr> </table>									Unit # _____	Unit # _____	Alcohol Test Type: _____	Alcohol Test Type: _____	Alcohol Test Results: _____	Alcohol Test Results: _____	Drug Test Type: _____	Drug Test Type: _____	Drug Test Results: _____	Drug Test Results: _____
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		Fire Occurrence UNIT # 5 6 <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes																															
5	DRIVER INFORMATION	Driver Unit # Height █ Weight: █				Driver Unit # Height █ Weight: █				Racing Involved UNIT # 5 6 <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes																							
		Compliance with License Restrictions UNIT # 5 6 <input checked="" type="checkbox"/> 0 No Restrictions <input type="checkbox"/> 1 Restrictions Complied With <input type="checkbox"/> 2 Restrictions Not Complied With <input type="checkbox"/> 3 Restrictions, Compliance Unknown <input type="checkbox"/> 51 Unknown								Compliance with CDL Endorsements UNIT # 5 6 <input checked="" type="checkbox"/> 0 No Endorsements Required for Vehicle <input type="checkbox"/> 1 Endorsement(s) Required, Complied With <input type="checkbox"/> 2 Endorsement(s) Required, Not Complied With <input type="checkbox"/> 3 Endorsement(s) Required, Compliance Unknown <input type="checkbox"/> 51 Unknown if Required																							
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				5	6																																																
5	6																																																				
Non-Occupant Person Type UNIT # <input type="checkbox"/> <input type="checkbox"/> 1 Pedestrian <input type="checkbox"/> <input type="checkbox"/> 2 Bicyclist <input type="checkbox"/> <input type="checkbox"/> 3 Person on Personal Conveyances (skates, skateboards, wheelchairs, etc.) <input type="checkbox"/> <input type="checkbox"/> 4 Other Cyclist (unicycle, tricycle) <input type="checkbox"/> <input type="checkbox"/> 5 Person In/On Building <input type="checkbox"/> <input type="checkbox"/> 6 Occupant of a Non-Motor Vehicle Transport Device (train, on an animal) <input type="checkbox"/> <input type="checkbox"/> 51 Unknown Type of Non-Motorist				Non-Occupant Safety Equipment (Check all that apply) UNIT # <input type="checkbox"/> <input type="checkbox"/> 0 None Used Protective: UNIT # <input type="checkbox"/> <input type="checkbox"/> 1 Helmet <input type="checkbox"/> <input type="checkbox"/> 2 Protective Pads <input type="checkbox"/> <input type="checkbox"/> 3 Other Protective Safety Equipment				Preventative: UNIT # <input type="checkbox"/> <input type="checkbox"/> 4 Reflective Clothing <input type="checkbox"/> <input type="checkbox"/> 5 Lighting Use <input type="checkbox"/> <input type="checkbox"/> 6 Other _____ <input type="checkbox"/> <input type="checkbox"/> 51 Unknown If Used																																													
Non-Occupant Influencing Substances <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Alcohol</th> <th colspan="2">Drugs</th> </tr> <tr> <th>Unit #</th> <th>Unit #</th> <th>Unit #</th> <th>Unit #</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Alcohol		Drugs		Unit #	Unit #	Unit #	Unit #																	Non-Occupant Alcohol/Drug Testing Results <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Unit #</th> <th>Alcohol Test Type:</th> <th>Unit #</th> <th>Alcohol Test Type:</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Unit #	Alcohol Test Type:	Unit #	Alcohol Test Type:																		
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10	COMMENTS																																																				
		Officer's Name / Badge #				Supervisor's Signature				Agency Name				Date Completed																																							
										AZ DPS				06/29/2021																																							

ARIZONA CRASH REPORT		REPORT ID										Agency Report Number													
1	FATAL SUPPLEMENT POLICE ONLY - FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 064R 206 S. 17TH AVE., PHOENIX, ARIZONA 85007-3233	YEAR	MONTH	DAY	HOUR	NCIC NO.				OFFICER D NO.				121031311											
		2	1	0	6	0	9	2	2	0	9	[REDACTED]	[REDACTED]		0	1	0	4	7	4					
2	DECEASED	Name SEDEQWA JAHNAE DEVONNE KEYARA PARKER										Type: <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Pedestrian <input type="checkbox"/> Unknown Occupant Type <input type="checkbox"/> Passenger <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Unknown Non-Occupant Type													
		Sex F		Height [REDACTED]		Weight [REDACTED]		Date of Birth (MMDDYYYY) [REDACTED]																	
		Deceased at Scene: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Deceased Removed To MARICOPA OME				Deceased Removed By MARICOPA OME																	
		Transported to First Medical Facility: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		First Medical Facility Transported To: Maricopa OME				Transported to First Medical Facility By: Maricopa OME																	
		Date of Death (MMDDYYYY) [REDACTED]				Time of Death [REDACTED]																			
3	CRASH SCENE	If Intersection or Intersection-Related, Indicate Type of Intersection <input type="checkbox"/> 1 Four Way Intersection <input type="checkbox"/> 5 Roundabout <input type="checkbox"/> 2 T-Intersection <input type="checkbox"/> 6 Five-Point, or More <input type="checkbox"/> 3 Y-Intersection <input type="checkbox"/> 7 L-Intersection <input type="checkbox"/> 4 Traffic Circle <input type="checkbox"/> 51 Unknown										Roadway Surface Type at Crash Scene UNIT # 7 8 <input type="checkbox"/> 1 Concrete <input type="checkbox"/> 5 Dirt <input checked="" type="checkbox"/> 2 Blacktop, Bituminous, or Asphalt <input type="checkbox"/> 6 Other: _____ <input type="checkbox"/> 3 Brick or Block <input type="checkbox"/> 51 Unknown <input type="checkbox"/> 4 Slag, Gravel, or Stone													
		If intersection or Intersection-Related, and Traffic Signals Present, Indicate Type of Signal <input type="checkbox"/> 1 Traffic Control Signal With Pedestrian Signal <input type="checkbox"/> 2 Traffic Control Signal Without Pedestrian Signal										Work Zone Type <input checked="" type="checkbox"/> 0 No Work Zone Present <input type="checkbox"/> 3 Utility <input type="checkbox"/> 1 Construction <input type="checkbox"/> 4 Work Zone, Type Unknown <input type="checkbox"/> 2 Maintenance													
4	VEHICLE INFORMATION	Trailer Vehicle Identification Number(s) Unit # _____ Unit # _____ Unit # _____ Unit # _____				Extent of Damage UNIT # 7 8 <input type="checkbox"/> 1 No Damage <input type="checkbox"/> 2 Minor Damage <input type="checkbox"/> 3 Functional Damage <input checked="" type="checkbox"/> 4 Disabling Damage <input type="checkbox"/> 5 Unknown Damage				Motor Vehicle Contributing Circumstances (Check all that apply) UNIT # UNIT # 7 8 7 8 <input checked="" type="checkbox"/> 0 None <input type="checkbox"/> 8 Wipers <input type="checkbox"/> 1 Tires <input type="checkbox"/> 9 Wheels <input type="checkbox"/> 2 Brake System <input type="checkbox"/> 10 Mirrors <input type="checkbox"/> 3 Steering <input type="checkbox"/> 11 Windows/Windshield <input type="checkbox"/> 4 Suspension <input type="checkbox"/> 12 Body/Doors <input type="checkbox"/> 5 Power Train <input type="checkbox"/> 13 Truck Couplings/ Trailer Hitch/Safety Chains <input type="checkbox"/> 6 Exhaust System <input type="checkbox"/> 14 Safety Systems <input type="checkbox"/> 7 Lights (Specify: Head Signal Other) <input type="checkbox"/> 50 Other: _____ <input type="checkbox"/> 51 Unknown															
		Override/Override UNIT # 7 8 <input checked="" type="checkbox"/> 1 No Override or Override Noted <input type="checkbox"/> 2 Underriding a Motor Vehicle in Transport, Compartment Intrusion <input type="checkbox"/> 3 Underriding a Motor Vehicle in Transport, No Compartment Intrusion <input type="checkbox"/> 4 Underriding a Motor Vehicle in Transport, Compartment Intrusion Unknown <input type="checkbox"/> 5 Underriding a Motor Vehicle Not in Transport, Compartment Intrusion										UNIT # 7 8 <input type="checkbox"/> 6 Underriding a Motor Vehicle Not in Transport, No Compartment Intrusion <input type="checkbox"/> 7 Underriding a Motor Vehicle Not in Transport, Compartment Intrusion Unknown <input type="checkbox"/> 8 Overriding a Motor Vehicle in Transport <input type="checkbox"/> 9 Overriding a Motor Vehicle Not in Transport <input type="checkbox"/> 10 Unknown if Override or Underride Present													
		Driver Unit # Height: [REDACTED] Weight: [REDACTED]		Driver Unit # Height: [REDACTED] Weight: [REDACTED]		Racing Involved UNIT # 7 8 <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes																			
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		8	MOTORCYCLE INFORMATION	Motorcycle Body Style Motorcycles – Two Wheel Styles UNIT # <table border="1" style="display:inline-table; border-collapse: collapse; margin-right: 20px;"> <tr><td style="width:20px; text-align:center;">7</td><td style="width:20px; text-align:center;">8</td></tr> </table> <input type="checkbox"/> <input type="checkbox"/> 1 Two Wheel Motorcycle <input type="checkbox"/> <input type="checkbox"/> 2 Moped or Motorized Bicycle <input type="checkbox"/> <input type="checkbox"/> 3 Off-Road Motorcycle				7					8	<input type="checkbox"/> <input type="checkbox"/> 4 Motor Scooter <input type="checkbox"/> <input type="checkbox"/> 5 Other Motorized Cycle Type <input type="checkbox"/> <input type="checkbox"/> 50 Unknown Motored Cycle Type				Motorcycles - Three Wheel Styles UNIT # <table border="1" style="display:inline-table; border-collapse: collapse; margin-right: 20px;"> <tr><td style="width:20px; text-align:center;">7</td><td style="width:20px; text-align:center;">8</td></tr> </table> <input type="checkbox"/> <input type="checkbox"/> 11 Three Wheel Motorcycle (2 rear wheels) <input type="checkbox"/> <input type="checkbox"/> 12 Unenclosed Three Wheel Motorcycle/Unenclosed Autocycle (1 rear wheel) <input type="checkbox"/> <input type="checkbox"/> 13 Enclosed Three Wheel Motorcycle/Enclosed Autocycle (1 rear wheel) <input type="checkbox"/> <input type="checkbox"/> 51 Unknown Three Wheel Motorcycle Type <input type="checkbox"/> <input type="checkbox"/> 60 ATV/ATC (All Terrain Cycle)				7	8																														
				7	8																																																
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Non-Occupant Person Type UNIT # <input type="checkbox"/> <input type="checkbox"/> 1 Pedestrian <input type="checkbox"/> <input type="checkbox"/> 2 Bicyclist <input type="checkbox"/> <input type="checkbox"/> 3 Person on Personal Conveyances (skates, skateboards, wheelchairs, etc.) <input type="checkbox"/> <input type="checkbox"/> 4 Other Cyclist (unicycle, tricycle) <input type="checkbox"/> <input type="checkbox"/> 5 Person In/On Building <input type="checkbox"/> <input type="checkbox"/> 6 Occupant of a Non-Motor Vehicle Transport Device (train, on an animal) <input type="checkbox"/> <input type="checkbox"/> 51 Unknown Type of Non-Motorist				Non-Occupant Safety Equipment (Check all that apply) UNIT # <input type="checkbox"/> <input type="checkbox"/> 0 None Used Protective: UNIT # <input type="checkbox"/> <input type="checkbox"/> 1 Helmet <input type="checkbox"/> <input type="checkbox"/> 2 Protective Pads <input type="checkbox"/> <input type="checkbox"/> 3 Other Protective Safety Equipment				Preventative: UNIT # <input type="checkbox"/> <input type="checkbox"/> 4 Reflective Clothing <input type="checkbox"/> <input type="checkbox"/> 5 Lighting Use <input type="checkbox"/> <input type="checkbox"/> 6 Other _____ <input type="checkbox"/> <input type="checkbox"/> 51 Unknown If Used																																													
Non-Occupant Influencing Substances <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Alcohol</th> <th colspan="2">Drugs</th> </tr> <tr> <th>Unit #</th> <th>Unit #</th> <th>Unit #</th> <th>Unit #</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Alcohol		Drugs		Unit #	Unit #	Unit #	Unit #																	Non-Occupant Alcohol/Drug Testing Results <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Unit #</th> <th>Alcohol Test Type:</th> <th>Unit #</th> <th>Alcohol Test Type:</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				Unit #	Alcohol Test Type:	Unit #	Alcohol Test Type:																		
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ARIZONA CRASH REPORT		REPORT ID										Agency Report Number													
1	FATAL SUPPLEMENT POLICE ONLY - FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 064R 206 S. 17TH AVE., PHOENIX, ARIZONA 85007-3233	YEAR	MONTH	DAY	HOUR	NCIC NO.				OFFICER D NO.				121031311											
		2	1	0	6	0	9	2	2	0	9	0	1					0	4	7	4				
2	DECEASED	Name ALEXIUS RENEE HOOPER										Type: <input type="checkbox"/> Driver <input type="checkbox"/> Pedestrian <input type="checkbox"/> Unknown Occupant Type <input checked="" type="checkbox"/> Passenger <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Unknown Non-Occupant Type													
		Sex F		Height █		Weight █		Date of Birth (MMDDYYYY) █																	
		Deceased at Scene: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Deceased Removed To MARICOPA OME				Deceased Removed By MARICOPA OME																	
		Transported to First Medical Facility: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		First Medical Facility Transported To: Maricopa OME				Transported to First Medical Facility By: Maricopa OME																	
Date of Death (MMDDYYYY)		0	6	0	9	2	0	2	1	Time of Death				2	2	2	6								
3	CRASH SCENE	If Intersection or Intersection-Related, Indicate Type of Intersection <input type="checkbox"/> 1 Four Way Intersection <input type="checkbox"/> 5 Roundabout <input type="checkbox"/> 2 T-Intersection <input type="checkbox"/> 6 Five-Point, or More <input type="checkbox"/> 3 Y-Intersection <input type="checkbox"/> 7 L-Intersection <input type="checkbox"/> 4 Traffic Circle <input type="checkbox"/> 51 Unknown										Roadway Surface Type at Crash Scene UNIT # 1 2 <input type="checkbox"/> 1 Concrete <input type="checkbox"/> 5 Dirt <input checked="" type="checkbox"/> 2 Blacktop, Bituminous, or Asphalt <input type="checkbox"/> 6 Other: _____ <input type="checkbox"/> 3 Brick or Block <input type="checkbox"/> 51 Unknown <input type="checkbox"/> 4 Slag, Gravel, or Stone													
		If intersection or Intersection-Related, and Traffic Signals Present, Indicate Type of Signal <input type="checkbox"/> 1 Traffic Control Signal With Pedestrian Signal <input type="checkbox"/> 2 Traffic Control Signal Without Pedestrian Signal										Work Zone Type <input checked="" type="checkbox"/> 0 No Work Zone Present <input type="checkbox"/> 3 Utility <input type="checkbox"/> 1 Construction <input type="checkbox"/> 4 Work Zone, Type Unknown <input type="checkbox"/> 2 Maintenance													
4	VEHICLE INFORMATION	Trailer Vehicle Identification Number(s) Unit # 1 - _____ Unit # _____ Unit # _____ Unit # _____				Extent of Damage UNIT # 1 2 <input type="checkbox"/> 1 No Damage <input type="checkbox"/> 2 Minor Damage <input type="checkbox"/> 3 Functional Damage <input checked="" type="checkbox"/> 4 Disabling Damage <input type="checkbox"/> 5 Unknown Damage				Motor Vehicle Contributing Circumstances (Check all that apply) UNIT # UNIT # 1 2 1 2 <input type="checkbox"/> 0 None <input type="checkbox"/> 8 Wipers <input type="checkbox"/> 1 Tires <input type="checkbox"/> 9 Wheels <input type="checkbox"/> 2 Brake System <input type="checkbox"/> 10 Mirrors <input type="checkbox"/> 3 Steering <input type="checkbox"/> 11 Windows/Windshield <input type="checkbox"/> 4 Suspension <input type="checkbox"/> 12 Body/Doors <input type="checkbox"/> 5 Power Train <input type="checkbox"/> 13 Truck Couplings/ Trailer Hitch/Safety Chains <input type="checkbox"/> 6 Exhaust System <input type="checkbox"/> 14 Safety Systems <input type="checkbox"/> 7 Lights (Specify: Head Signal Other) <input checked="" type="checkbox"/> 51 Unknown															
		Override/Override UNIT # 1 2 <input type="checkbox"/> 1 No Override or Override Noted <input type="checkbox"/> 2 Underriding a Motor Vehicle in Transport, Compartment Intrusion <input type="checkbox"/> 3 Underriding a Motor Vehicle in Transport, No Compartment Intrusion <input type="checkbox"/> 4 Underriding a Motor Vehicle in Transport, Compartment Intrusion Unknown <input type="checkbox"/> 5 Underriding a Motor Vehicle Not in Transport, Compartment Intrusion										UNIT # 1 2 <input type="checkbox"/> 6 Underriding a Motor Vehicle Not in Transport, No Compartment Intrusion <input type="checkbox"/> 7 Underriding a Motor Vehicle Not in Transport, Compartment Intrusion Unknown <input checked="" type="checkbox"/> 8 Underriding a Motor Vehicle in Transport <input type="checkbox"/> 9 Overriding a Motor Vehicle Not in Transport <input type="checkbox"/> 10 Unknown if Override or Underride Present													
		Driver Unit # Height █ Weight: █		Driver Unit # Height █ Weight: █		Racing Involved UNIT # 1 2 <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes																			
5	DRIVER INFORMATION	Compliance with License Restrictions UNIT # 1 2 <input checked="" type="checkbox"/> 0 No Restrictions <input type="checkbox"/> 1 Restrictions Complied With <input type="checkbox"/> 2 Restrictions Not Complied With <input type="checkbox"/> 3 Restrictions, Compliance Unknown <input type="checkbox"/> 51 Unknown				Compliance with CDL Endorsements UNIT # 1 2 <input checked="" type="checkbox"/> 0 No Endorsements Required for Vehicle <input type="checkbox"/> 1 Endorsement(s) Required, Complied With <input type="checkbox"/> 2 Endorsement(s) Required, Not Complied With <input type="checkbox"/> 3 Endorsement(s) Required, Compliance Unknown <input type="checkbox"/> 51 Unknown if Required																			
		Driver Maneuvered to Avoid UNIT # 1 2 <input checked="" type="checkbox"/> 1 Driver Did Not Maneuver to Avoid <input type="checkbox"/> 2 Object <input type="checkbox"/> 3 Poor Road Conditions (puddle, ice, pothole etc.) <input type="checkbox"/> 4 Live Animal <input type="checkbox"/> 5 Motor Vehicle (in transport, parked, working) <input type="checkbox"/> 6 Pedestrian, Pedalcyclist or Other Non-Motorist <input type="checkbox"/> 7 Non-Contact Motor Vehicle <input checked="" type="checkbox"/> 51 Unknown				Driver's Attempted Avoidance Maneuver (Check Only One) UNIT # 1 2 <input checked="" type="checkbox"/> 1 No Avoidance Maneuver <input type="checkbox"/> 9 Accelerating <input type="checkbox"/> 2 Releasing Brakes <input type="checkbox"/> 10 Accelerating and Steering Left <input type="checkbox"/> 3 Braking <input type="checkbox"/> 11 Accelerating and Steering Right <input type="checkbox"/> 4 Steering Left <input type="checkbox"/> 12 Accelerating and Unknown Steering Direction <input type="checkbox"/> 5 Steering Right <input type="checkbox"/> 50 Other Actions: _____ <input type="checkbox"/> 6 Braking and Steering Left <input checked="" type="checkbox"/> 51 Unknown if Avoidance Maneuver Attempted <input type="checkbox"/> 7 Braking and Steering Right <input type="checkbox"/> 8 Braking and Unknown Steering Direction																			
		Driver Influencing Substances Alcohol Unit # 1 Unit # 2 <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:50%;"></td><td style="width:50%;"></td></tr> <tr><td style="text-align: center;">✓</td><td style="text-align: center;">✓</td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> No Test Given Test Given Test Refused Testing Unknown						✓	✓					Drugs Unit # 1 Unit # 2 <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:50%;"></td><td style="width:50%;"></td></tr> <tr><td style="text-align: center;">✓</td><td style="text-align: center;">✓</td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> No Test Given Test Given Test Refused Testing Unknown						✓	✓				
✓	✓																								
✓	✓																								
Driver Alcohol/Drug Testing Results Unit # 1 Alcohol Test Type: _____ Alcohol Test Results: _____ Drug Test Type: _____ Drug Test Results: _____				Unit # 2 Alcohol Test Type: _____ Alcohol Test Results: _____ Drug Test Type: _____ Drug Test Results: _____																					

6	EMS	Notification Time EMS: <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td style="width:30px; text-align:center;">2</td><td style="width:30px; text-align:center;">2</td><td style="width:30px; text-align:center;">1</td><td style="width:30px; text-align:center;">2</td></tr></table>				2	2	1	2	Arrival Time EMS: <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td style="width:30px; text-align:center;">2</td><td style="width:30px; text-align:center;">2</td><td style="width:30px; text-align:center;">2</td><td style="width:30px; text-align:center;">2</td></tr></table>				2	2	2	2	EMS Time at Hospital: <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td style="width:30px; height:20px;"></td><td style="width:30px; height:20px;"></td><td style="width:30px; height:20px;"></td><td style="width:30px; height:20px;"></td></tr></table>														
2	2	1	2																													
2	2	2	2																													
7	MOTOR VEHICLE OCCUPANT/NON-OCCUPANT INFORMATION	Unit #	Seat Pos.	S/D	Ejection	EJ. Path	Extrication	Transport	Seating Position <table border="1" style="display:inline-table; border-collapse: collapse; margin-right: 10px;"> <tr><td>41</td><td>31</td><td>21</td><td>11</td></tr> <tr><td>42</td><td>32</td><td>22</td><td>12</td></tr> <tr><td>43</td><td>33</td><td>23</td><td>13</td></tr> <tr><td>48</td><td>38</td><td>28</td><td>18</td></tr> <tr><td>49</td><td>39</td><td>29</td><td>19</td></tr> </table> 00 – Not Applicable/Non-Occupant 18, 28, 38, 48 – Additional passenger in vehicle by row (Ex: child in lap) 19, 29, 39, 49 – Unknown passenger location by row 50 – In enclosed passenger/cargo area 51 – In unenclosed passenger/cargo area 52 – Riding on vehicle exterior 53 – Riding in trailing unit 54 – Sleeper section of cab (truck) 55 – Unknown location				41	31	21	11	42	32	22	12	43	33	23	13	48	38	28	18	49	39	29	19
		41	31	21	11																											
		42	32	22	12																											
		43	33	23	13																											
		48	38	28	18																											
		49	39	29	19																											
		1	11	3	0	0	1	0																								
		2	11	3	0	0	2	0																								
		2	21	51	0	0	2	0																								
		2	23	51	0	0	2	2																								
		2	13	3	0	0	2	2																								
		3	11	3	0	0	2	2																								
4	11	51	0	0	2	0																										
5	11	0	0	0	0	2																										
5	13	3	0	0	0	2																										
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8	MOTORCYCLE INFORMATION	Motorcycle Body Style				Motorcycles - Three Wheel Styles																										
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9	NON-OCCUPANT INFORMATION	Non-Occupant Person Type				Non-Occupant Safety Equipment (Check all that apply)																										
		UNIT # _____ <input type="checkbox"/> <input type="checkbox"/> 1 Pedestrian <input type="checkbox"/> <input type="checkbox"/> 2 Bicyclist <input type="checkbox"/> <input type="checkbox"/> 3 Person on Personal Conveyances (skates, skateboards, wheelchairs, etc.) <input type="checkbox"/> <input type="checkbox"/> 4 Other Cyclist (unicycle, tricycle) <input type="checkbox"/> <input type="checkbox"/> 5 Person In/On Building <input type="checkbox"/> <input type="checkbox"/> 6 Occupant of a Non-Motor Vehicle Transport Device (train, on an animal) <input type="checkbox"/> <input type="checkbox"/> 51 Unknown Type of Non-Motorist				UNIT # _____ <input type="checkbox"/> <input type="checkbox"/> 0 None Used Protective: UNIT # _____ <input type="checkbox"/> <input type="checkbox"/> 1 Helmet <input type="checkbox"/> <input type="checkbox"/> 2 Protective Pads <input type="checkbox"/> <input type="checkbox"/> 3 Other Protective Safety Equipment																										
		Non-Occupant Influencing Substances				Non-Occupant Alcohol/Drug Testing Results																										
		Alcohol Unit # _____ Unit # _____ <input type="checkbox"/> No Test Given <input type="checkbox"/> Test Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Testing Unknown		Drugs Unit # _____ Unit # _____ <input type="checkbox"/> No Test Given <input type="checkbox"/> Test Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Testing Unknown		Unit # _____ Alcohol Test Type: _____ Alcohol Test Results: _____ Drug Test Type: _____ Drug Test Results: _____		Unit # _____ Alcohol Test Type: _____ Alcohol Test Results: _____ Drug Test Type: _____ Drug Test Results: _____																								
10	COMMENTS																															
11	Officer's Name / Badge # _____				Supervisor's Signature _____				Agency Name AZ DPS		Date Completed 06/29/2021																					

ARIZONA CRASH REPORT		REPORT ID										Agency Report Number											
1	FATAL SUPPLEMENT POLICE ONLY - FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 064R 206 S. 17TH AVE., PHOENIX, ARIZONA 85007-3233	YEAR	MONTH	DAY	HOUR	NCIC NO.				OFFICER D NO.				121031311									
		2	1	0	6	0	9	2	2	0	9	[REDACTED]	0		1	0	4	7	4				
2	DECEASED	Name ALEXIUS RENEE HOOPER										Type: <input type="checkbox"/> Driver <input type="checkbox"/> Pedestrian <input type="checkbox"/> Unknown Occupant Type <input checked="" type="checkbox"/> Passenger <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Unknown Non-Occupant Type											
		Sex F		Height [REDACTED]		Weight [REDACTED]		Date of Birth (MMDDYYYY) [REDACTED]															
		Deceased at Scene: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Deceased Removed To MARICOPA OME				Deceased Removed By MARICOPA OME															
		Transported to First Medical Facility: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		First Medical Facility Transported To: Maricopa OME				Transported to First Medical Facility By: Maricopa OME															
Date of Death (MMDDYYYY)		0	6	0	9	2	0	2	1	Time of Death				2	2	2	6						
3	CRASH SCENE	If Intersection or Intersection-Related, Indicate Type of Intersection <input type="checkbox"/> 1 Four Way Intersection <input type="checkbox"/> 5 Roundabout <input type="checkbox"/> 2 T-Intersection <input type="checkbox"/> 6 Five-Point, or More <input type="checkbox"/> 3 Y-Intersection <input type="checkbox"/> 7 L-Intersection <input type="checkbox"/> 4 Traffic Circle <input type="checkbox"/> 51 Unknown										Roadway Surface Type at Crash Scene UNIT # 3 4 <input type="checkbox"/> 1 Concrete <input type="checkbox"/> 5 Dirt <input checked="" type="checkbox"/> 2 Blacktop, Bituminous, or Asphalt <input type="checkbox"/> 6 Other: _____ <input type="checkbox"/> 3 Brick or Block <input type="checkbox"/> 51 Unknown <input type="checkbox"/> 4 Slag, Gravel, or Stone											
		If intersection or Intersection-Related, and Traffic Signals Present, Indicate Type of Signal <input type="checkbox"/> 1 Traffic Control Signal With Pedestrian Signal <input type="checkbox"/> 2 Traffic Control Signal Without Pedestrian Signal										Work Zone Type <input checked="" type="checkbox"/> 0 No Work Zone Present <input type="checkbox"/> 3 Utility <input type="checkbox"/> 1 Construction <input type="checkbox"/> 4 Work Zone, Type Unknown <input type="checkbox"/> 2 Maintenance											
4	VEHICLE INFORMATION	Trailer Vehicle Identification Number(s) Unit # _____ Unit # _____ Unit # _____ Unit # _____				Extent of Damage UNIT # 3 4 <input type="checkbox"/> 1 No Damage <input type="checkbox"/> 8 Wipers <input type="checkbox"/> 2 Minor Damage <input type="checkbox"/> 9 Wheels <input type="checkbox"/> 3 Functional Damage <input type="checkbox"/> 10 Mirrors <input checked="" type="checkbox"/> 4 Disabling Damage <input type="checkbox"/> 11 Windows/Windshield <input type="checkbox"/> 5 Unknown Damage <input type="checkbox"/> 12 Body/Doors <input type="checkbox"/> 6 Underriding a Motor Vehicle Not in Transport, No Compartment Intrusion <input type="checkbox"/> 7 Underriding a Motor Vehicle Not in Transport, Compartment Intrusion Unknown <input type="checkbox"/> 8 Underriding a Motor Vehicle in Transport <input type="checkbox"/> 9 Overriding a Motor Vehicle Not in Transport <input type="checkbox"/> 10 Unknown if Override or Underride Present				Motor Vehicle Contributing Circumstances (Check all that apply) UNIT # UNIT # 3 4 3 4 <input checked="" type="checkbox"/> 0 None <input type="checkbox"/> 8 Wipers <input type="checkbox"/> 1 Tires <input type="checkbox"/> 9 Wheels <input type="checkbox"/> 2 Brake System <input type="checkbox"/> 10 Mirrors <input type="checkbox"/> 3 Steering <input type="checkbox"/> 11 Windows/Windshield <input type="checkbox"/> 4 Suspension <input type="checkbox"/> 12 Body/Doors <input type="checkbox"/> 5 Power Train <input type="checkbox"/> 13 Truck Couplings/ Trailer Hitch/Safety Chains <input type="checkbox"/> 6 Exhaust System <input type="checkbox"/> 14 Safety Systems <input type="checkbox"/> 7 Lights (Specify: Head Signal Other) <input type="checkbox"/> 50 Other: _____ <input type="checkbox"/> 51 Unknown													
		Underride/Override UNIT # UNIT # 3 4 3 4 <input checked="" type="checkbox"/> 1 No Underride or Override Noted <input type="checkbox"/> 6 Underriding a Motor Vehicle Not in Transport, No Compartment Intrusion <input type="checkbox"/> 2 Underriding a Motor Vehicle in Transport, Compartment Intrusion <input type="checkbox"/> 7 Underriding a Motor Vehicle Not in Transport, Compartment Intrusion Unknown <input type="checkbox"/> 3 Underriding a Motor Vehicle in Transport, No Compartment Intrusion <input type="checkbox"/> 8 Underriding a Motor Vehicle in Transport <input type="checkbox"/> 4 Underriding a Motor Vehicle in Transport, Compartment Intrusion Unknown <input type="checkbox"/> 9 Overriding a Motor Vehicle Not in Transport <input type="checkbox"/> 5 Underriding a Motor Vehicle Not in Transport, Compartment Intrusion <input type="checkbox"/> 10 Unknown if Override or Underride Present																					
		Driver Unit # _____ Driver Unit # _____ Height [REDACTED] Height [REDACTED] Weight: [REDACTED] Weight: [REDACTED]										Racing Involved UNIT # 3 4 <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Yes											
5	DRIVER INFORMATION	Compliance with License Restrictions UNIT # 3 4 <input checked="" type="checkbox"/> 0 No Restrictions <input type="checkbox"/> 9 Accelerating <input type="checkbox"/> 1 Restrictions Complied With <input type="checkbox"/> 10 Accelerating and Steering Left <input type="checkbox"/> 2 Restrictions Not Complied With <input type="checkbox"/> 11 Accelerating and Steering Right <input type="checkbox"/> 3 Restrictions, Compliance Unknown <input type="checkbox"/> 12 Accelerating and Unknown Steering Direction <input type="checkbox"/> 51 Unknown <input type="checkbox"/> 50 Other Actions: _____					Compliance with CDL Endorsements UNIT # 3 4 <input checked="" type="checkbox"/> 0 No Endorsements Required for Vehicle <input type="checkbox"/> 51 Unknown if Avoidance Maneuver Attempted <input type="checkbox"/> 1 Endorsement(s) Required, Complied With <input type="checkbox"/> 2 Endorsement(s) Required, Not Complied With <input type="checkbox"/> 3 Endorsement(s) Required, Compliance Unknown																
		Driver Maneuvered to Avoid UNIT # 3 4 <input type="checkbox"/> 1 Driver Did Not Maneuver to Avoid <input type="checkbox"/> 9 Accelerating <input type="checkbox"/> 2 Object <input type="checkbox"/> 10 Accelerating and Steering Left <input type="checkbox"/> 3 Poor Road Conditions (puddle, ice, pothole etc.) <input checked="" type="checkbox"/> 11 Accelerating and Steering Right <input type="checkbox"/> 4 Live Animal <input type="checkbox"/> 12 Accelerating and Unknown Steering Direction <input type="checkbox"/> 5 Motor Vehicle (in transport, parked, working) <input type="checkbox"/> 50 Other Actions: _____ <input type="checkbox"/> 6 Pedestrian, Pedalcyclist or Other Non-Motorist <input type="checkbox"/> 51 Unknown if Avoidance Maneuver Attempted <input checked="" type="checkbox"/> 7 Non-Contact Motor Vehicle					Driver's Attempted Avoidance Maneuver (Check Only One) UNIT # 3 4 <input type="checkbox"/> 1 No Avoidance Maneuver <input type="checkbox"/> 9 Accelerating <input type="checkbox"/> 2 Releasing Brakes <input type="checkbox"/> 10 Accelerating and Steering Left <input type="checkbox"/> 3 Braking <input checked="" type="checkbox"/> 11 Accelerating and Steering Right <input type="checkbox"/> 4 Steering Left <input type="checkbox"/> 12 Accelerating and Unknown Steering Direction <input type="checkbox"/> 5 Steering Right <input type="checkbox"/> 50 Other Actions: _____ <input type="checkbox"/> 6 Braking and Steering Left <input type="checkbox"/> 51 Unknown if Avoidance Maneuver Attempted <input type="checkbox"/> 7 Braking and Steering Right <input type="checkbox"/> 8 Braking and Unknown Steering Direction																
		Driver Influencing Substances Alcohol Unit # 3 Unit # 4 <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="text-align: center;">✓</td><td style="text-align: center;">[REDACTED]</td><td>No Test Given</td></tr> <tr><td style="text-align: center;">[REDACTED]</td><td style="text-align: center;">[REDACTED]</td><td>Test Given</td></tr> <tr><td style="text-align: center;">[REDACTED]</td><td style="text-align: center;">[REDACTED]</td><td>Test Refused</td></tr> <tr><td style="text-align: center;">[REDACTED]</td><td style="text-align: center;">[REDACTED]</td><td>Testing Unknown</td></tr> </table>					✓	[REDACTED]	No Test Given	[REDACTED]	[REDACTED]	Test Given	[REDACTED]	[REDACTED]	Test Refused	[REDACTED]	[REDACTED]	Testing Unknown	Driver Alcohol/Drug Testing Results Unit # 3 Alcohol Test Type: _____ Alcohol Test Results: _____ Drug Test Type: _____ Drug Test Results: _____				
		✓	[REDACTED]	No Test Given																			
[REDACTED]	[REDACTED]	Test Given																					
[REDACTED]	[REDACTED]	Test Refused																					
[REDACTED]	[REDACTED]	Testing Unknown																					
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[REDACTED]	[REDACTED]	No Test Given																					
[REDACTED]	[REDACTED]	Test Given																					
[REDACTED]	[REDACTED]	Test Refused																					
[REDACTED]	[REDACTED]	Testing Unknown																					

6	EMS	Notification Time EMS:		2	2	1	2	Arrival Time EMS:		2	2	2	2	EMS Time at Hospital:																									
7	MOTOR VEHICLE OCCUPANT/NON-OCCUPANT INFORMATION	Unit #	Seat Pos.	S/D	Ejection	EJ. Path	Extrication	Transport	Seating Position <table style="display:inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">41</td> <td style="border: 1px solid black; padding: 2px;">31</td> <td style="border: 1px solid black; padding: 2px;">21</td> <td style="border: 1px solid black; padding: 2px;">11</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">42</td> <td style="border: 1px solid black; padding: 2px;">32</td> <td style="border: 1px solid black; padding: 2px;">22</td> <td style="border: 1px solid black; padding: 2px;">12</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">43</td> <td style="border: 1px solid black; padding: 2px;">33</td> <td style="border: 1px solid black; padding: 2px;">23</td> <td style="border: 1px solid black; padding: 2px;">13</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">48</td> <td style="border: 1px solid black; padding: 2px;">38</td> <td style="border: 1px solid black; padding: 2px;">28</td> <td style="border: 1px solid black; padding: 2px;">18</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">49</td> <td style="border: 1px solid black; padding: 2px;">39</td> <td style="border: 1px solid black; padding: 2px;">29</td> <td style="border: 1px solid black; padding: 2px;">19</td> </tr> </table> 00 – Not Applicable/Non-Occupant 18, 28, 38, 48 – Additional passenger in vehicle by row (Ex: child in lap) 19, 29, 39, 49 – Unknown passenger location by row 50 – In enclosed passenger/cargo area 51 – In unenclosed passenger/cargo area 52 – Riding on vehicle exterior 53 – Riding in trailing unit 54 – Sleeper section of cab (truck) 55 – Unknown location											41	31	21	11	42	32	22	12	43	33	23	13	48	38	28	18	49	39	29	19
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		49	39	29	19																																		
		7	23	51	0	0	0	0	2																														
		8	11	3	0	0	0	0	2																														
		Ejection		Ejection Path		Extrication		Transport to First Medical Facility																															
		0 – Not Ejected/Not Applicable 1 – Ejected, Totally 2 – Ejected, Partially 3 – Ejected, Unknown Degree 51 – Unknown if Ejected		0 – Not Applicable 1 – Through Side Door Opening 2 – Through Side Door Window 3 – Through Windshield 4 – Through Back Window 5 – Through Back Door/Tailgate Opening 6 – Through Roof Opening 7 – Through Roof (convertible roof up) 8 – Other Path (Back of pick-up truck) 51 – Ejection Path Unknown		0 – Not Applicable 1 – Not Extricated 2 – Extricated 51 – Unknown if Extricated		0 – Not Transported 1 – EMS Air 2 – EMS Ground 3 – EMS Unknown Mode 4 – Law Enforcement 5 – Transported Unknown Source 6 – Other _____ 51 – Unknown if Transported																															
8	MOTORCYCLE INFORMATION	Motorcycle Body Style																																					
		Motorcycles – Two Wheel Styles					Motorcycles - Three Wheel Styles																																
		UNIT # 3 4 <input type="checkbox"/> <input type="checkbox"/> 1 Two Wheel Motorcycle <input type="checkbox"/> <input type="checkbox"/> 2 Moped or Motorized Bicycle <input type="checkbox"/> <input type="checkbox"/> 3 Off-Road Motorcycle					UNIT # 3 4 <input type="checkbox"/> <input type="checkbox"/> 4 Motor Scooter <input type="checkbox"/> <input type="checkbox"/> 5 Other Motorized Cycle Type <input type="checkbox"/> <input type="checkbox"/> 50 Unknown Motored Cycle Type						UNIT # 3 4 <input type="checkbox"/> <input type="checkbox"/> 11 Three Wheel Motorcycle (2 rear wheels) <input type="checkbox"/> <input type="checkbox"/> 12 Unenclosed Three Wheel Motorcycle/Unenclosed Autocycle (1 rear wheel) <input type="checkbox"/> <input type="checkbox"/> 13 Enclosed Three Wheel Motorcycle/Enclosed Autocycle (1 rear wheel) <input type="checkbox"/> <input type="checkbox"/> 51 Unknown Three Wheel Motorcycle Type <input type="checkbox"/> <input type="checkbox"/> 60 ATV/ATC (All Terrain Cycle)																										
9	NON-OCCUPANT INFORMATION	Non-Occupant Person Type					Non-Occupant Safety Equipment (Check all that apply)					Preventative:																											
		UNIT #					UNIT #					UNIT #																											
		<input type="checkbox"/> <input type="checkbox"/> 1 Pedestrian <input type="checkbox"/> <input type="checkbox"/> 2 Bicyclist <input type="checkbox"/> <input type="checkbox"/> 3 Person on Personal Conveyances (skates, skateboards, wheelchairs, etc.) <input type="checkbox"/> <input type="checkbox"/> 4 Other Cyclist (unicycle, tricycle) <input type="checkbox"/> <input type="checkbox"/> 5 Person In/On Building <input type="checkbox"/> <input type="checkbox"/> 6 Occupant of a Non-Motor Vehicle Transport Device (train, on an animal) <input type="checkbox"/> <input type="checkbox"/> 51 Unknown Type of Non-Motorist					<input type="checkbox"/> <input type="checkbox"/> 0 None Used Protective: UNIT # <input type="checkbox"/> <input type="checkbox"/> 1 Helmet <input type="checkbox"/> <input type="checkbox"/> 2 Protective Pads <input type="checkbox"/> <input type="checkbox"/> 3 Other Protective Safety Equipment					<input type="checkbox"/> <input type="checkbox"/> 4 Reflective Clothing <input type="checkbox"/> <input type="checkbox"/> 5 Lighting Use <input type="checkbox"/> <input type="checkbox"/> 6 Other _____ <input type="checkbox"/> <input type="checkbox"/> 51 Unknown If Used																											
		Non-Occupant Influencing Substances					Non-Occupant Alcohol/Drug Testing Results																																
		Alcohol		Drugs		Unit #		Alcohol Test Type:		Unit #		Alcohol Test Type:																											
		Unit # Unit #		Unit # Unit #		No Test Given		Alcohol Test Results:		Unit #		Alcohol Test Results:																											
		Test Given		Test Given		Test Given		Drug Test Type:		Drug Test Type:		Drug Test Type:																											
		Test Refused		Test Refused		Test Refused		Drug Test Results:		Drug Test Results:		Drug Test Results:																											
		Testing Unknown		Testing Unknown		Testing Unknown																																	
10	COMMENTS																																						
11	Officer's Name / Badge #					Supervisor's Signature					Agency Name					Date Completed																							
11											AZ DPS					06/29/2021																							

ARIZONA CRASH REPORT		REPORT ID										Agency Report Number																					
1	FATAL SUPPLEMENT POLICE ONLY - FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 064R 206 S. 17TH AVE., PHOENIX, ARIZONA 85007-3233	YEAR	MONTH	DAY	HOUR	NCIC NO.				OFFICER D NO.				121031311																			
		2	1	0	6	0	9	2	2	0	9	0	1	0	4	7	4																
2	DECEASED	Name ALEXIUS RENEE HOOPER										Type: <input type="checkbox"/> Driver <input type="checkbox"/> Pedestrian <input type="checkbox"/> Unknown Occupant Type <input checked="" type="checkbox"/> Passenger <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Unknown Non-Occupant Type																					
		Sex F		Height █		Weight █		Date of Birth (MMDDYYYY) █																									
		Deceased at Scene: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Deceased Removed To MARICOPA OME				Deceased Removed By MARICOPA OME																									
		Transported to First Medical Facility: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		First Medical Facility Transported To: Maricopa OME				Transported to First Medical Facility By: Maricopa OME																									
Date of Death (MMDDYYYY)		0	6	0	9	2	0	2	1	Time of Death				2	2	2	6																
3	CRASH SCENE	If Intersection or Intersection-Related, Indicate Type of Intersection <input type="checkbox"/> 1 Four Way Intersection <input type="checkbox"/> 5 Roundabout <input type="checkbox"/> 2 T-Intersection <input type="checkbox"/> 6 Five-Point, or More <input type="checkbox"/> 3 Y-Intersection <input type="checkbox"/> 7 L-Intersection <input type="checkbox"/> 4 Traffic Circle <input type="checkbox"/> 51 Unknown										Roadway Surface Type at Crash Scene UNIT # 5 6 <input type="checkbox"/> 1 Concrete <input type="checkbox"/> 5 Dirt <input checked="" type="checkbox"/> 2 Blacktop, Bituminous, or Asphalt <input type="checkbox"/> 6 Other: _____ <input type="checkbox"/> 3 Brick or Block <input type="checkbox"/> 51 Unknown <input type="checkbox"/> 4 Slag, Gravel, or Stone																					
		If intersection or Intersection-Related, and Traffic Signals Present, Indicate Type of Signal <input type="checkbox"/> 1 Traffic Control Signal With Pedestrian Signal <input type="checkbox"/> 2 Traffic Control Signal Without Pedestrian Signal										Work Zone Type <input checked="" type="checkbox"/> 0 No Work Zone Present <input type="checkbox"/> 3 Utility <input type="checkbox"/> 1 Construction <input type="checkbox"/> 4 Work Zone, Type Unknown <input type="checkbox"/> 2 Maintenance																					
4	VEHICLE INFORMATION	Trailer Vehicle Identification Number(s) Unit # _____ Unit # _____ Unit # _____ Unit # _____				Extent of Damage UNIT # 5 6 <input type="checkbox"/> 1 No Damage <input type="checkbox"/> 2 Minor Damage <input type="checkbox"/> 3 Functional Damage <input checked="" type="checkbox"/> 4 Disabling Damage <input type="checkbox"/> 5 Unknown Damage				Motor Vehicle Contributing Circumstances (Check all that apply) UNIT # UNIT # 5 6 5 6 <input checked="" type="checkbox"/> 0 None <input type="checkbox"/> 8 Wipers <input type="checkbox"/> 1 Tires <input type="checkbox"/> 9 Wheels <input type="checkbox"/> 2 Brake System <input type="checkbox"/> 10 Mirrors <input type="checkbox"/> 3 Steering <input type="checkbox"/> 11 Windows/Windshield <input type="checkbox"/> 4 Suspension <input type="checkbox"/> 12 Body/Doors <input type="checkbox"/> 5 Power Train <input type="checkbox"/> 13 Truck Couplings/ Trailer Hitch/Safety Chains <input type="checkbox"/> 6 Exhaust System <input type="checkbox"/> 14 Safety Systems <input type="checkbox"/> 7 Lights (Specify: Head Signal Other) <input type="checkbox"/> 50 Other: _____ <input type="checkbox"/> 51 Unknown																							
		Underride/Override UNIT # UNIT # 5 6 5 6 <input checked="" type="checkbox"/> 1 No Underride or Override Noted <input type="checkbox"/> 6 Underriding a Motor Vehicle Not in Transport, No Compartment Intrusion <input type="checkbox"/> 2 Underriding a Motor Vehicle in Transport, Compartment Intrusion <input type="checkbox"/> 7 Underriding a Motor Vehicle Not in Transport, Compartment Intrusion Unknown <input type="checkbox"/> 3 Underriding a Motor Vehicle in Transport, No Compartment Intrusion <input type="checkbox"/> 8 Underriding a Motor Vehicle in Transport <input type="checkbox"/> 4 Underriding a Motor Vehicle in Transport, Compartment Intrusion Unknown <input type="checkbox"/> 9 Underriding a Motor Vehicle Not in Transport <input type="checkbox"/> 5 Underriding a Motor Vehicle Not in Transport, Compartment Intrusion <input type="checkbox"/> 10 Unknown if Override or Underride Present																															
		Driver Unit # Height █ Weight: █				Driver Unit # Height █ Weight: █				Racing Involved UNIT # 5 6 <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes																							
		Compliance with License Restrictions UNIT # 5 6 <input checked="" type="checkbox"/> 0 No Restrictions <input type="checkbox"/> 1 Restrictions Complied With <input type="checkbox"/> 2 Restrictions Not Complied With <input type="checkbox"/> 3 Restrictions, Compliance Unknown <input type="checkbox"/> 51 Unknown							Compliance with CDL Endorsements UNIT # 5 6 <input checked="" type="checkbox"/> 0 No Endorsements Required for Vehicle <input type="checkbox"/> 1 Endorsement(s) Required, Complied With <input type="checkbox"/> 2 Endorsement(s) Required, Not Complied With <input type="checkbox"/> 3 Endorsement(s) Required, Compliance Unknown <input type="checkbox"/> 51 Unknown if Required																								
5	DRIVER INFORMATION	Driver Maneuvered to Avoid UNIT # 5 6 <input type="checkbox"/> 1 Driver Did Not Maneuver to Avoid <input type="checkbox"/> 2 Object <input type="checkbox"/> 3 Poor Road Conditions (puddle, ice, pothole etc.) <input type="checkbox"/> 4 Live Animal <input type="checkbox"/> 5 Motor Vehicle (in transport, parked, working) <input type="checkbox"/> 6 Pedestrian, Pedalcyclist or Other Non-Motorist <input type="checkbox"/> 7 Non-Contact Motor Vehicle <input checked="" type="checkbox"/> 51 Unknown							Driver's Attempted Avoidance Maneuver (Check Only One) UNIT # UNIT # 5 6 5 6 <input type="checkbox"/> 1 No Avoidance Maneuver <input type="checkbox"/> 9 Accelerating <input type="checkbox"/> 2 Releasing Brakes <input type="checkbox"/> 10 Accelerating and Steering Left <input type="checkbox"/> 3 Braking <input type="checkbox"/> 11 Accelerating and Steering Right <input checked="" type="checkbox"/> 4 Steering Left <input type="checkbox"/> 12 Accelerating and Unknown Steering Direction <input type="checkbox"/> 5 Steering Right <input type="checkbox"/> 50 Other Actions: _____ <input type="checkbox"/> 6 Braking and Steering Left <input checked="" type="checkbox"/> 51 Unknown if Avoidance Maneuver Attempted <input type="checkbox"/> 7 Braking and Steering Right <input type="checkbox"/> 8 Braking and Unknown Steering Direction																								
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		✓	✓																														
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6	EMS	Notification Time EMS: <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td style="width:30px; text-align:center;">2</td><td style="width:30px; text-align:center;">2</td><td style="width:30px; text-align:center;">1</td><td style="width:30px; text-align:center;">2</td></tr></table>				2	2	1	2	Arrival Time EMS: <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td style="width:30px; text-align:center;">2</td><td style="width:30px; text-align:center;">2</td><td style="width:30px; text-align:center;">2</td><td style="width:30px; text-align:center;">2</td></tr></table>				2	2	2	2	EMS Time at Hospital: <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td style="width:30px; height:20px;"></td><td style="width:30px; height:20px;"></td><td style="width:30px; height:20px;"></td><td style="width:30px; height:20px;"></td></tr></table>																																																			
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2	2	2	2																																																																		
7	MOTOR VEHICLE OCCUPANT/NON-OCCUPANT INFORMATION	Unit #	Seat Pos.	S/D	Ejection	EJ. Path	Extrication	Transport	<div style="border: 1px solid black; padding: 5px;"> Seating Position <table border="1" style="display:inline-table; border-collapse: collapse; margin-right: 10px;"> <tr><td style="width:20px; text-align:center;">41</td><td style="width:20px; text-align:center;">31</td><td style="width:20px; text-align:center;">21</td><td style="width:20px; text-align:center;">11</td></tr> <tr><td style="width:20px; text-align:center;">42</td><td style="width:20px; text-align:center;">32</td><td style="width:20px; text-align:center;">22</td><td style="width:20px; text-align:center;">12</td></tr> <tr><td style="width:20px; text-align:center;">43</td><td style="width:20px; text-align:center;">33</td><td style="width:20px; text-align:center;">23</td><td style="width:20px; text-align:center;">13</td></tr> <tr><td style="width:20px; text-align:center;">48</td><td style="width:20px; text-align:center;">38</td><td style="width:20px; text-align:center;">28</td><td style="width:20px; text-align:center;">18</td></tr> <tr><td style="width:20px; text-align:center;">49</td><td style="width:20px; text-align:center;">39</td><td style="width:20px; text-align:center;">29</td><td style="width:20px; text-align:center;">19</td></tr> </table> <div style="display: inline-block; vertical-align: middle;"> </div> <p style="font-size: small; margin-top: 5px;"> 00 – Not Applicable/Non-Occupant 18, 28, 38, 48 - Additional passenger in vehicle by row (Ex: child in lap) 19, 29, 39, 49 – Unknown passenger location by row 50 – In enclosed passenger/cargo area 51 – In unenclosed passenger/cargo area 52 – Riding on vehicle exterior 53 – Riding in trailing unit 54 – Sleeper section of cab (truck) 55 – Unknown location </p> </div>				41	31	21	11	42	32	22	12	43	33	23	13	48	38	28	18	49	39	29	19																																					
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													Safety Devices (SD) 0 – Not Applicable/None Used 1 – Lap Belt Only 2 – Shoulder Belt Only 3 – Shoulder and Lap Belt Used 4 – Restraint – Type Unknown 5 – Other: Specify _____ 6 – Child Restraint – Forward Facing 7 – Child Restraint – Rear Facing 8 – Booster Seat 9 – Child Restraint – Type Unknown 10 – No Helmet 11 – DOT-Compliant Motorcycle Helmet 12 – Helmet, Other Than DOT-Compliant MC Helmet 13 – Helmet, Unknown if DOT-Compliant 50 – Unknown if Helmet Worn 51 – Unknown																																																								
															Motorcycle Body Style Motorcycles – Two Wheel Styles UNIT # <table style="font-size: x-small; border-collapse: collapse;"> <tr><td style="width:10px; text-align:center;">5</td><td style="width:10px; text-align:center;">6</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table> Motorcycles - Three Wheel Styles UNIT # <table style="font-size: x-small; border-collapse: collapse;"> <tr><td style="width:10px; text-align:center;">5</td><td style="width:10px; text-align:center;">6</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>		5	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																															
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Non-Occupant Person Type UNIT # <input type="checkbox"/> <input type="checkbox"/> 1 Pedestrian <input type="checkbox"/> <input type="checkbox"/> 2 Bicyclist <input type="checkbox"/> <input type="checkbox"/> 3 Person on Personal Conveyances (skates, skateboards, wheelchairs, etc.) <input type="checkbox"/> <input type="checkbox"/> 4 Other Cyclist (unicycle, tricycle) <input type="checkbox"/> <input type="checkbox"/> 5 Person In/On Building <input type="checkbox"/> <input type="checkbox"/> 6 Occupant of a Non-Motor Vehicle Transport Device (train, on an animal) <input type="checkbox"/> <input type="checkbox"/> 51 Unknown Type of Non-Motorist		Non-Occupant Safety Equipment (Check all that apply) UNIT # <input type="checkbox"/> <input type="checkbox"/> 0 None Used Protective: UNIT # <input type="checkbox"/> <input type="checkbox"/> 1 Helmet <input type="checkbox"/> <input type="checkbox"/> 2 Protective Pads <input type="checkbox"/> <input type="checkbox"/> 3 Other Protective Safety Equipment Preventative: UNIT # <input type="checkbox"/> <input type="checkbox"/> 4 Reflective Clothing <input type="checkbox"/> <input type="checkbox"/> 5 Lighting Use <input type="checkbox"/> <input type="checkbox"/> 6 Other _____ <input type="checkbox"/> <input type="checkbox"/> 51 Unknown If Used																																																																			
				<table style="width:100%; font-size: x-small;"> <tr> <th colspan="4" style="text-align:center;">Non-Occupant Influencing Substances</th> <th colspan="4" style="text-align:center;">Non-Occupant Alcohol/Drug Testing Results</th> </tr> <tr> <th colspan="2" style="text-align:center;">Alcohol</th> <th colspan="2" style="text-align:center;">Drugs</th> <th colspan="2" style="text-align:center;">Unit # _____</th> <th colspan="2" style="text-align:center;">Unit # _____</th> </tr> <tr> <td style="width:10%;">Unit #</td> <td style="width:10%;">Unit #</td> <td style="width:10%;">Unit #</td> <td style="width:10%;">Unit #</td> <td style="width:10%;">Alcohol Test Type:</td> <td style="width:10%;"></td> <td style="width:10%;">Alcohol Test Type:</td> <td style="width:10%;"></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Alcohol Test Results:</td> <td>_____</td> <td>Alcohol Test Results:</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Drug Test Type:</td> <td>_____</td> <td>Drug Test Type:</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Drug Test Results:</td> <td>_____</td> <td>Drug Test Results:</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		Non-Occupant Influencing Substances				Non-Occupant Alcohol/Drug Testing Results				Alcohol		Drugs		Unit # _____		Unit # _____		Unit #	Unit #	Unit #	Unit #	Alcohol Test Type:		Alcohol Test Type:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alcohol Test Results:	_____	Alcohol Test Results:	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drug Test Type:	_____	Drug Test Type:	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drug Test Results:	_____	Drug Test Results:	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
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10 COMMENTS																																																																					

ARIZONA CRASH REPORT			REPORT ID										Agency Report Number																												
1	FATAL SUPPLEMENT POLICE ONLY - FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 064R 206 S. 17TH AVE., PHOENIX, ARIZONA 85007-3233		YEAR	MONTH	DAY	HOUR	NCIC NO.				OFFICER D NO.				121031311																										
	2	1	0	6	0	9	2	2	0	9	0	1	0	4	7	4																									
2	DECEASED	Name ALEXIUS RENEE HOOPER					Type: <input type="checkbox"/> Driver <input type="checkbox"/> Pedestrian <input type="checkbox"/> Unknown Occupant Type <input checked="" type="checkbox"/> Passenger <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Unknown Non-Occupant Type																																		
		Sex F		Height █			Weight █			Date of Birth (MMDDYYYY) █																															
		Deceased at Scene: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Deceased Removed To MARICOPA OME					Deceased Removed By MARICOPA OME																																
		Transported to First Medical Facility: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			First Medical Facility Transported To: Maricopa OME				Transported to First Medical Facility By: Maricopa OME																																
Date of Death (MMDDYYYY)		0	6	0	9	2	0	2	1	Time of Death				2	2	2	6																								
3	CRASH SCENE	If Intersection or Intersection-Related, Indicate Type of Intersection <input type="checkbox"/> 1 Four Way Intersection <input type="checkbox"/> 5 Roundabout <input type="checkbox"/> 2 T-Intersection <input type="checkbox"/> 6 Five-Point, or More <input type="checkbox"/> 3 Y-Intersection <input type="checkbox"/> 7 L-Intersection <input type="checkbox"/> 4 Traffic Circle <input type="checkbox"/> 51 Unknown											Roadway Surface Type at Crash Scene UNIT # 7 8 <input type="checkbox"/> 1 Concrete <input type="checkbox"/> 5 Dirt <input checked="" type="checkbox"/> 2 Blacktop, Bituminous, or Asphalt <input type="checkbox"/> 6 Other: _____ <input type="checkbox"/> 3 Brick or Block <input type="checkbox"/> 51 Unknown <input type="checkbox"/> 4 Slag, Gravel, or Stone																												
		If intersection or Intersection-Related, and Traffic Signals Present, Indicate Type of Signal <input type="checkbox"/> 1 Traffic Control Signal With Pedestrian Signal <input type="checkbox"/> 2 Traffic Control Signal Without Pedestrian Signal											Work Zone Type <input checked="" type="checkbox"/> 0 No Work Zone Present <input type="checkbox"/> 3 Utility <input type="checkbox"/> 1 Construction <input type="checkbox"/> 4 Work Zone, Type Unknown <input type="checkbox"/> 2 Maintenance																												
4	VEHICLE INFORMATION	Trailer Vehicle Identification Number(s) Unit # _____ Unit # _____ Unit # _____ Unit # _____				Extent of Damage UNIT # 7 8 <input type="checkbox"/> 1 No Damage <input type="checkbox"/> 2 Minor Damage <input type="checkbox"/> 3 Functional Damage <input checked="" type="checkbox"/> 4 Disabling Damage <input type="checkbox"/> 5 Unknown Damage				Motor Vehicle Contributing Circumstances (Check all that apply) UNIT # UNIT # 7 8 7 8 <input checked="" type="checkbox"/> 0 None <input type="checkbox"/> 8 Wipers <input type="checkbox"/> 1 Tires <input type="checkbox"/> 9 Wheels <input type="checkbox"/> 2 Brake System <input type="checkbox"/> 10 Mirrors <input type="checkbox"/> 3 Steering <input type="checkbox"/> 11 Windows/Windshield <input type="checkbox"/> 4 Suspension <input type="checkbox"/> 12 Body/Doors <input type="checkbox"/> 5 Power Train <input type="checkbox"/> 13 Truck Couplings/ Trailer Hitch/Safety Chains <input type="checkbox"/> 6 Exhaust System <input type="checkbox"/> 14 Safety Systems <input type="checkbox"/> 7 Lights (Specify: Head Signal Other) <input type="checkbox"/> 50 Other: _____ <input type="checkbox"/> 51 Unknown																															
		Override/Override UNIT # UNIT # 7 8 7 8 <input checked="" type="checkbox"/> 1 No Override or Override Noted <input type="checkbox"/> 6 Underriding a Motor Vehicle Not in Transport, No Compartment Intrusion <input type="checkbox"/> 2 Underriding a Motor Vehicle in Transport, Compartment Intrusion <input type="checkbox"/> 7 Underriding a Motor Vehicle Not in Transport, Compartment Intrusion Unknown <input type="checkbox"/> 3 Underriding a Motor Vehicle in Transport, No Compartment Intrusion <input type="checkbox"/> 8 Underriding a Motor Vehicle in Transport <input type="checkbox"/> 4 Underriding a Motor Vehicle in Transport, Compartment Intrusion Unknown <input type="checkbox"/> 9 Overriding a Motor Vehicle Not in Transport <input type="checkbox"/> 5 Underriding a Motor Vehicle Not in Transport, Compartment Intrusion <input type="checkbox"/> 10 Unknown if Override or Underride Present																																							
		<table style="width:100%; border: none;"> <tr> <td style="width: 50%; border: none;"> Driver Unit # Height █ Weight: █ </td> <td style="width: 50%; border: none;"> Driver Unit # Height █ Weight: █ </td> </tr> <tr> <td colspan="2" style="border: none;"> Racing Involved UNIT # 7 8 <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes </td> </tr> </table>																Driver Unit # Height █ Weight: █	Driver Unit # Height █ Weight: █	Racing Involved UNIT # 7 8 <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes																					
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Racing Involved UNIT # 7 8 <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes																																									
Compliance with License Restrictions UNIT # 7 8 <input checked="" type="checkbox"/> 0 No Restrictions <input type="checkbox"/> 1 Restrictions Complied With <input type="checkbox"/> 2 Restrictions Not Complied With <input type="checkbox"/> 3 Restrictions, Compliance Unknown <input type="checkbox"/> 51 Unknown								Compliance with CDL Endorsements UNIT # 7 8 <input checked="" type="checkbox"/> 0 No Endorsements Required for Vehicle <input type="checkbox"/> 1 Endorsement(s) Required, Complied With <input type="checkbox"/> 2 Endorsement(s) Required, Not Complied With <input type="checkbox"/> 3 Endorsement(s) Required, Compliance Unknown <input type="checkbox"/> 51 Unknown if Required																																	
Driver Maneuvered to Avoid UNIT # 7 8 <input type="checkbox"/> 1 Driver Did Not Maneuver to Avoid <input type="checkbox"/> 2 Object <input type="checkbox"/> 3 Poor Road Conditions (puddle, ice, pothole etc.) <input type="checkbox"/> 4 Live Animal <input type="checkbox"/> 5 Motor Vehicle (in transport, parked, working) <input type="checkbox"/> 6 Pedestrian, Pedalcyclist or Other Non-Motorist <input type="checkbox"/> 7 Non-Contact Motor Vehicle <input checked="" type="checkbox"/> 51 Unknown								Driver's Attempted Avoidance Maneuver (Check Only One) UNIT # UNIT # 7 8 7 8 <input checked="" type="checkbox"/> 1 No Avoidance Maneuver <input type="checkbox"/> 9 Accelerating <input type="checkbox"/> 2 Releasing Brakes <input type="checkbox"/> 10 Accelerating and Steering Left <input type="checkbox"/> 3 Braking <input type="checkbox"/> 11 Accelerating and Steering Right <input type="checkbox"/> 4 Steering Left <input type="checkbox"/> 12 Accelerating and Unknown Steering Direction <input type="checkbox"/> 5 Steering Right <input type="checkbox"/> 50 Other Actions: _____ <input type="checkbox"/> 6 Braking and Steering Left <input checked="" type="checkbox"/> 51 Unknown if Avoidance Maneuver Attempted <input type="checkbox"/> 7 Braking and Steering Right <input type="checkbox"/> 8 Braking and Unknown Steering Direction																																	
Driver Influencing Substances <table style="width:100%; border: none;"> <tr> <td style="width: 50%; border: none;"> Alcohol Unit # 7 Unit # 8 <table style="width:100%; border: none;"> <tr><td style="width: 50%; text-align: center;">✓</td><td style="width: 50%; text-align: center;">✓</td></tr> <tr><td style="width: 50%; text-align: center;"> </td><td style="width: 50%; text-align: center;"> </td></tr> <tr><td style="width: 50%; text-align: center;"> </td><td style="width: 50%; text-align: center;"> </td></tr> <tr><td style="width: 50%; text-align: center;"> </td><td style="width: 50%; text-align: center;"> </td></tr> </table> </td> <td style="width: 50%; border: none;"> Drugs Unit # 7 Unit # 8 <table style="width:100%; border: none;"> <tr><td style="width: 50%; text-align: center;">✓</td><td style="width: 50%; text-align: center;">✓</td></tr> <tr><td style="width: 50%; text-align: center;"> </td><td style="width: 50%; text-align: center;"> </td></tr> <tr><td style="width: 50%; text-align: center;"> </td><td style="width: 50%; text-align: center;"> </td></tr> <tr><td style="width: 50%; text-align: center;"> </td><td style="width: 50%; text-align: center;"> </td></tr> </table> </td> </tr> <tr> <td style="border: none;">No Test Given</td> <td style="border: none;">No Test Given</td> </tr> <tr> <td style="border: none;">Test Given</td> <td style="border: none;">Test Given</td> </tr> <tr> <td style="border: none;">Test Refused</td> <td style="border: none;">Test Refused</td> </tr> <tr> <td style="border: none;">Testing Unknown</td> <td style="border: none;">Testing Unknown</td> </tr> </table>								Alcohol Unit # 7 Unit # 8 <table style="width:100%; border: none;"> <tr><td style="width: 50%; text-align: center;">✓</td><td style="width: 50%; text-align: center;">✓</td></tr> <tr><td style="width: 50%; text-align: center;"> </td><td style="width: 50%; text-align: center;"> </td></tr> <tr><td style="width: 50%; text-align: center;"> </td><td style="width: 50%; text-align: center;"> </td></tr> <tr><td style="width: 50%; text-align: center;"> </td><td style="width: 50%; text-align: center;"> </td></tr> </table>	✓	✓							Drugs Unit # 7 Unit # 8 <table style="width:100%; border: none;"> <tr><td style="width: 50%; text-align: center;">✓</td><td style="width: 50%; text-align: center;">✓</td></tr> <tr><td style="width: 50%; text-align: center;"> </td><td style="width: 50%; text-align: center;"> </td></tr> <tr><td style="width: 50%; text-align: center;"> </td><td style="width: 50%; text-align: center;"> </td></tr> <tr><td style="width: 50%; text-align: center;"> </td><td style="width: 50%; text-align: center;"> </td></tr> </table>	✓	✓							No Test Given	No Test Given	Test Given	Test Given	Test Refused	Test Refused	Testing Unknown	Testing Unknown	Driver Alcohol/Drug Testing Results Unit # 7 Unit # 8 Alcohol Test Type: _____ Alcohol Test Results: _____ Alcohol Test Results: _____ Drug Test Type: _____ Drug Test Results: _____ Drug Test Results: _____							
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6	EMS	Notification Time EMS: <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td style="width:30px; text-align:center;">2</td><td style="width:30px; text-align:center;">2</td><td style="width:30px; text-align:center;">1</td><td style="width:30px; text-align:center;">2</td></tr></table>				2	2	1	2	Arrival Time EMS: <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td style="width:30px; text-align:center;">2</td><td style="width:30px; text-align:center;">2</td><td style="width:30px; text-align:center;">2</td><td style="width:30px; text-align:center;">2</td></tr></table>				2	2	2	2	EMS Time at Hospital: <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td style="width:30px; height:20px;"></td><td style="width:30px; height:20px;"></td><td style="width:30px; height:20px;"></td><td style="width:30px; height:20px;"></td></tr></table>																																																							
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2	2	2	2																																																																						
7	MOTOR VEHICLE OCCUPANT/NON-OCCUPANT INFORMATION	Unit #	Seat Pos.	S/D	Ejection	EJ. Path	Extrication	Transport	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Seating Position</p> <table border="1" style="font-size: small; border-collapse: collapse;"> <tr><td>41</td><td>31</td><td>21</td><td>11</td></tr> <tr><td>42</td><td>32</td><td>22</td><td>12</td></tr> <tr><td>43</td><td>33</td><td>23</td><td>13</td></tr> <tr><td>48</td><td>38</td><td>28</td><td>18</td></tr> <tr><td>49</td><td>39</td><td>29</td><td>19</td></tr> </table> </div> <div style="width: 50%;"> <p>00 – Not Applicable/Non-Occupant 18, 28, 38, 48 - Additional passenger in vehicle by row (Ex: child in lap) 19, 29, 39, 49 – Unknown passenger location by row 50 – In enclosed passenger/cargo area 51 – In unenclosed passenger/cargo area 52 – Riding on vehicle exterior 53 – Riding in trailing unit 54 – Sleeper section of cab (truck) 55 – Unknown location</p> </div> </div> <div style="margin-top: 10px;"> <p>Safety Devices (SD)</p> <table style="font-size: x-small; border: none;"> <tr><td>0 – Not Applicable/None Used</td><td>8 – Booster Seat</td></tr> <tr><td>1 – Lap Belt Only</td><td>9 – Child Restraint – Type Unknown</td></tr> <tr><td>2 – Shoulder Belt Only</td><td>10 – No Helmet</td></tr> <tr><td>3 – Shoulder and Lap Belt Used</td><td>11 – DOT-Compliant Motorcycle Helmet</td></tr> <tr><td>4 – Restraint – Type Unknown</td><td>12 – Helmet, Other Than DOT-Compliant MC Helmet</td></tr> <tr><td>5 – Other: Specify _____</td><td>13 – Helmet, Unknown if DOT-Compliant</td></tr> <tr><td>6 – Child Restraint – Forward Facing</td><td>50 – Unknown if Helmet Worn</td></tr> <tr><td>7 – Child Restraint – Rear Facing</td><td>51 – Unknown</td></tr> </table> </div>				41	31	21	11	42	32	22	12	43	33	23	13	48	38	28	18	49	39	29	19	0 – Not Applicable/None Used	8 – Booster Seat	1 – Lap Belt Only	9 – Child Restraint – Type Unknown	2 – Shoulder Belt Only	10 – No Helmet	3 – Shoulder and Lap Belt Used	11 – DOT-Compliant Motorcycle Helmet	4 – Restraint – Type Unknown	12 – Helmet, Other Than DOT-Compliant MC Helmet	5 – Other: Specify _____	13 – Helmet, Unknown if DOT-Compliant	6 – Child Restraint – Forward Facing	50 – Unknown if Helmet Worn	7 – Child Restraint – Rear Facing	51 – Unknown																									
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<p>Ejection</p> <p>0 – Not Ejected/Not Applicable 1 – Ejected, Totally 2 – Ejected, Partially 3 – Ejected, Unknown Degree 51 – Unknown if Ejected</p>				<p>Ejection Path</p> <p>0 – Not Applicable 1 – Through Side Door Opening 2 – Through Side Door Window 3 – Through Windshield 4 – Through Back Window 5 – Through Back Door/Tailgate Opening 6 – Through Roof Opening 7 – Through Roof (convertible roof up) 8 – Other Path (Back of pick-up truck) 51 – Ejection Path Unknown</p>				<p>Extrication</p> <p>0 – Not Applicable 1 – Not Extricated 2 – Extricated 51 – Unknown if Extricated</p>		<p>Transport to First Medical Facility</p> <p>0 – Not Transported 1 – EMS Air 2 – EMS Ground 3 – EMS Unknown Mode 4 – Law Enforcement 5 – Transported Unknown Source 6 – Other _____ 51 – Unknown if Transported</p>																																																															
8	MOTORCYCLE INFORMATION	<p>Motorcycle Body Style</p> <p>Motorcycles – Two Wheel Styles</p> <p>UNIT # _____</p> <table style="font-size: x-small; border: none;"> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>1</td><td>Two Wheel Motorcycle</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>2</td><td>Moped or Motorized Bicycle</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>3</td><td>Off-Road Motorcycle</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>4</td><td>Motor Scooter</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>5</td><td>Other Motorized Cycle Type</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>50</td><td>Unknown Motored Cycle Type</td></tr> </table>				<input type="checkbox"/>	<input type="checkbox"/>	1	Two Wheel Motorcycle	<input type="checkbox"/>	<input type="checkbox"/>	2	Moped or Motorized Bicycle	<input type="checkbox"/>	<input type="checkbox"/>	3	Off-Road Motorcycle	<input type="checkbox"/>	<input type="checkbox"/>	4	Motor Scooter	<input type="checkbox"/>	<input type="checkbox"/>	5	Other Motorized Cycle Type	<input type="checkbox"/>	<input type="checkbox"/>	50	Unknown Motored Cycle Type	<p>Motorcycles - Three Wheel Styles</p> <p>UNIT # _____</p> <table style="font-size: x-small; border: none;"> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>11</td><td>Three Wheel Motorcycle (2 rear wheels)</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>12</td><td>Unenclosed Three Wheel Motorcycle/Unenclosed Autocycle (1 rear wheel)</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>13</td><td>Enclosed Three Wheel Motorcycle/Enclosed Autocycle (1 rear wheel)</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>51</td><td>Unknown Three Wheel Motorcycle Type</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>60</td><td>ATV/ATC (All Terrain Cycle)</td></tr> </table>				<input type="checkbox"/>	<input type="checkbox"/>	11	Three Wheel Motorcycle (2 rear wheels)	<input type="checkbox"/>	<input type="checkbox"/>	12	Unenclosed Three Wheel Motorcycle/Unenclosed Autocycle (1 rear wheel)	<input type="checkbox"/>	<input type="checkbox"/>	13	Enclosed Three Wheel Motorcycle/Enclosed Autocycle (1 rear wheel)	<input type="checkbox"/>	<input type="checkbox"/>	51	Unknown Three Wheel Motorcycle Type	<input type="checkbox"/>	<input type="checkbox"/>	60	ATV/ATC (All Terrain Cycle)																				
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ARIZONA CRASH SUPPLEMENT	REPORT ID					
	YEAR MONTH DAY 21 06 09	HOUR MIN 22 09	NCIC NO [REDACTED]	OFFICER ID 10474	AGENCY REPORT NUMBER I21031311	

NARRATIVE

THIS SUPPLEMENT REPORT HAS BEEN PREPARED BY SERGEANT JACOB MELKI, #7155, FOR TROOPER Z. SAXON'S, #10474, COLLISION REPORT.

ON WEDNESDAY, JUNE 9, 2021, AT APPROXIMATELY 2209 HOURS, DPS OPCOMM BROADCASTED A COLLISION AND FIRE NEAR EASTBOUND SR202 AN 52ND ST/VAN BUREN. I WAS ASSISTING ON A PREVIOUS CALL AND WAS ABLE TO RESPOND AT APPROXIMATELY 2218 HOURS. TROOPERS RESPONDED TO THE SCENE AND BROADCAST THERE WERE MULTIPLE VEHICLES INVOLVED, TO INCLUDE A SEMI-TRUCK THAT CAUGHT FIRE AND IT'S TANKER SEPARATED AND WAS IN THE WESTBOUND LANES. ADDITIONAL INFORMATION INCLUDED MULTIPLE DECEASED AND INJURED PERSONS AT THE SCENE AND WHERE TRAFFIC CLOSURES NEEDED TO BE PLACED.

I RESPONDED AND ARRIVED AT THE SCENE AT APPROXIMATELY 2222 HOURS. I PARKED MY PATROL VEHICLE ON THE WESTBOUND SR202 NEAR THE ROLLED OVER TANKER AND CRAWLED OVER THE MEDIAN WALL. ONCE AT THE SCENE, I MET WITH THE TROOPERS AND THEN ESTABLISHED AN INCIDENT COMMAND SYSTEM AND BECAME THE COMMANDER OF THE INCIDENT. I GAVE DETAILED INSTRUCTIONS AND TASKS TO TROOPERS ON HOW TO GATHER INFORMATION AT THE SCENE FROM ALL INVOLVED PARTIES. I MET WITH PHOENIX FIRE COMMAND AND COORDINATED WITH THEM ON RELAYING OUR INFORMATION.

I NOTIFIED DIFFERENT DPS WORK GROUPS AND REMAINED AT THE SCENE THE ENTIRE NIGHT AS THE INCIDENT COMMANDER. I COORDINATED WITH ALL INVOLVED TROOPERS AND ADOT WORKERS TO ASSIST WITH THE INVESTIGATION. I GAVE A BRIEFING TO DETECTIVES AND TROOPERS AT THE SCENE AND FACILITATED NEXT OF KIN NOTIFICATIONS FOR THE DECEASED.

THE SCENE REMAINED CLOSED UNTIL APPROXIMATELY 0949 HOURS WHERE I THEN TERMINATED COMMAND AND RE-OPENED THE ROADWAY.

THIS CONCLUDES MY INVOLVEMENT.

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NARRATIVE

INTRODUCTION:

THIS SUPPLEMENT HAS BEEN PREPARED BY ARIZONA DEPARTMENT OF PUBLIC SAFETY (DPS) TROOPER TOMASZ FRANKOWSKI #6604, WHO ASSISTED WITH THE INVESTIGATION OF A FATAL COLLISION, INVOLVING ONE COMMERCIAL MOTOR VEHICLE (CMV) AND SEVEN PASSENGER VEHICLES THAT OCCURRED ON 06/09/2021, ON STATE ROUTE 202, AT MILEPOST 4.

TROOPER BACKGROUND:

TROOPER FRANKOWSKI HAS BEEN A SWORN TROOPER WITH DPS FOR OVER 14 YEARS. TROOPER FRANKOWSKI IS A CERTIFIED LEVEL 1 CMV INSPECTOR, HAVING ATTENDED 80 HOURS OF CLASSROOM AND FIELD INSTRUCTION TO BECOME CERTIFIED, LEARNING AND BECOMING PROFICIENT IN FEDERAL AND STATE LAWS THAT APPLY TO CMV'S AND CMV DRIVERS. TROOPER FRANKOWSKI CONDUCTED 32 INSPECTIONS UNDER THE CLOSE SUPERVISION OF LEVEL 1 CERTIFIED TROOPERS AND DOCUMENTED HIS FINDINGS ON DRIVER/VEHICLE EXAMINATION REPORTS (DVER). TROOPER FRANKOWSKI IS ALSO CERTIFIED AS A PASSENGER VEHICLE/MOTOR COACH INSPECTOR, GENERAL HAZARDOUS MATERIALS INSPECTOR AND A HAZARD MATERIALS CARGO TANK/BULK HAZARDOUS MATERIALS INSPECTOR.

FACTS AND CIRCUMSTANCES OF THE INVESTIGATION:

ON 06/09/2021, AT APPROXIMATELY 2308 HOURS HOURS, I RESPONDED TO ASSIST WITH A FATAL COLLISION INVESTIGATION, ON STATE ROUTE 202 EASTBOUND, NEAR MILEPOST 4, INVOLVING 8 VEHICLES. IT WAS REPORTED THAT ONE OF THE VEHICLES WAS A CMV.

ON 06/10/2021, AT APPROXIMATELY 0008 HOURS, I ARRIVED ON SCENE AND OBSERVED THE EASTBOUND LANES OF STATE ROUTE 202 COMPLETELY BLOCKED BY SEVERAL EMERGENCY VEHICLES. I OBSERVED SEVERAL DPS TROOPERS ON SCENE. THE SCENE WAS BLOCKED BY YELLOW POLICE TAPE.

I MET WITH SGT. BRADSHAW AND TROOPER ROSE JR., AT THE BEGINNING OF THE SCENE. I WAS INFORMED BY SGT. BRADSHAW OF THE MULTI-VEHICLE COLLISION, INVOLVING A CMV WITH SEVERAL INJURIES AND AT LEAST FOUR FATALITIES.

AS WE WERE WALKING TOWARDS THE CMV, I OBSERVED SEVERAL VEHICLES WITH HEAVY CRASH DAMAGE ON THE RIGHT SIDE OF THE FREEWAY AND IN THE MIDDLE OF THE FREEWAY. I ALSO OBSERVED VEHICLE DEBRIS SCATTERED OVER THE ENTIRE ROADWAY. THE CMV WAS LOCATED AT THE VERY END OF THE SCENE WITH A VEHICLE LODGED IN ITS FRONT END. THE CMV AND THE LODGED VEHICLE SUSTAINED MASSIVE FIRE DAMAGE TO THE ENTIRE ENGINE AND PASSENGER COMPARTMENT.

THE CARGO TANK, SEMI-TRAILER WAS ON ITS SIDE, IN THE WESTBOUND STATE ROUTE 202, BLOCKING THE TWO LEFT LANES. THE CARGO TANK WAS SPILLING ITS LOAD ONTO THE ROADWAY THROUGH A MANHOLE COVER. THE CARGO TANK SUSTAINED ROLL OVER DAMAGE TO THE OUTER SHELL BUT THE MAIN TANK WAS NOT COMPROMISED.

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NARRATIVE

VEHICLE INSPECTION OF CMV#1:

I ASSISTED TROOPER ROSE WITH AN INITIAL WALK-AROUND INSPECTION OF THE CMV. A VISUAL INSPECTION OF THE BRAKE COMPONENTS OF THE TRUCK AND TRAILER SHOWED THAT THE BRAKE PADS, DRUMS, CHAMBERS AND DISCS APPEARED TO BE ADEQUATE. THE BRAKES ON THE REAR TWO AXLES OF THE TRUCK AND THE TRAILER WERE IN THE LOCKED POSITION. ALL AIR LINES AROUND THE ENGINE COMPARTMENT WERE DESTROYED BY FIRE. THE TIRES ON THE TRUCK AND THE TRAILER WERE ADEQUATE AND NO BREAKING PATCHES WERE OBSERVED.

WITH THE ASSISTANCE OF A HEAVY-DUTY TOW TRUCK, A LEVEL 1 INSPECTION WAS CONDUCTED. THE TRAILER BRAKES WERE TESTED AND MEASURED. THE BRAKES WERE WITHIN THE ALLOWABLE LIMITS AND THE TIRES WERE IN GOOD WORKING CONDITION.

DURING THE INSPECTION AND WALK-AROUND OF THE SCENE, NO EVIDENCE OF BRAKING WAS OBSERVED ON THE ROADWAY AND TIRES. I TOOK SEVERAL PHOTOGRAPHS OF THE TRUCK AND TRAILER.

SGT. BRADSHAW, TROOPER ROSE, AND I SPOKE WITH SGT. MCDONALD OF VEHICULAR CRIME UNIT, ABOUT OUR OBSERVATIONS.

THIS CONCLUDED MY INVOLVEMENT IN THE INVESTIGATION.

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21	06	09	22	26		10474	I21031311
NARRATIVE							
<p>ON WEDNESDAY, JUNE 9, 2021, AT APPROXIMATELY 2230 HOURS, I, SERGEANT JEROMY MCDONALD, #6513, OF THE ARIZONA DEPARTMENT OF PUBLIC SAFETY (DPS), VEHICULAR CRIMES UNIT (VCU), WAS TELEPHONICALLY CONTACTED BY THE DPS DUTY OFFICE TROOPER, REGARDING A COLLISION BEING INVESTIGATED ON STATE ROUTE 202 (SR202) NEAR MILEPOST 4 (52ND STREET). THE DUTY OFFICE TROOPER INFORMED ME DPS HIGHWAY PATROL DIVISION (HPD), SERGEANT J. MELKI, #7155, WAS REQUESTING ASSISTANCE WITH A FATAL COLLISION. I CONTACTED SERGEANT MELKI, WHO INFORMED ME HE WAS ON SCENE OF A FATAL COLLISION INVOLVING MULTIPLE VEHICLES AND FATALITIES. I PROCEEDED TO CONTACT/CALL OUT VCU DETECTIVES AND ASSIGNED TASKS FOR EACH OF THEM.</p> <p>I ARRIVED ON SCENE AT 2330 HOURS AND OBSERVED THE EAST AND WESTBOUND ON SR202 WAS CLOSED TO TRAFFIC AS WELL AS. THE ARIZONA DEPARTMENT OF TRANSPORTATION (ADOT) WAS ON SCENE AND ALL TRAFFIC WAS BEING DIVERTED FROM THE INTERSECTION. SERGEANT MELKI PROVIDED ME A BRIEFING (REFERENCE THE INVESTIGATIVE REPORT FOR THE SCENE DESCRIPTION). I REMAINED ON SCENE AND CONDUCTED SUPERVISORY RESPONSIBILITIES INCLUDING ASSIGNING TASKS.</p> <p>AT 0815 HOURS, THE SCENE WAS CLEANED UP AND I DEPARTED THE SCENE.</p> <p>AT THE CONCLUSION OF THE ON-SCENE INVESTIGATION I CONTINUED TO REMAIN THE CASE SUPERVISOR.</p> <p>THIS CONCLUDES MY INVOLVEMENT WITH THIS INVESTIGATION TO DATE.</p>							

Officer's Name J. McDonald (06513)	Date Completed 06/12/2021
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ARIZONA CRASH SUPPLEMENT	REPORT ID					
	YEAR MONTH DAY 21 06 17	HOUR MIN 10 09	NCIC NO [REDACTED]	OFFICER ID 10474	AGENCY REPORT NUMBER I21031311	

NARRATIVE

ON JUNE 9, 2021, I WAS ASKED TO COME TO THE SCENE OF A COLLISION INVOLVING MULTIPLE FATALITIES NEAR MILEPOST 4 ON EASTBOUND SR 202. WHEN I ARRIVED, I WAS ASKED TO GO TO THE GOOD SAMARITAN HOSPITAL TO CONTACT A MALE SUBJECT THAT COULD NOT BE IDENTIFIED FROM ONE OF THE VEHICLES INVOLVED. I WENT TO THE HOSPITAL AND WAS ABLE TO SPEAK WITH THE SUBJECT AND POSITIVELY IDENTIFIED HIM AS BEING MICHAEL FRANCO. FRANCO EXPLAINED HE WAS IN PAIN AND HAD BUMPS AND BRUISES BUT NO SIGNIFICANT INJURIES. I LEFT SOON AFTER.

I ADDED ALL OF HIS INFORMATION TO THE CALL AND THIS ENDED MY INVOLVEMENT IN THIS INCIDENT.

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NARRATIVE

ON JUNE 9, 2021 HOURS, AT APPROXIMATELY 2237 HOURS, A MESSAGE WAS LEFT FOR ME BY THE DUTY OFFICE, INFORMING ME OF A COMMERCIAL MOTOR VEHICLE (CMV) COLLISION INVOLVING A FATALITY ON STATE ROUTE 202, NEAR MILEPOST 4. AFTER MULTIPLE CALLS, I VERIFIED THAT THE COLLISION INVOLVED MULTIPLE VEHICLES, INCLUDING A MILK TANKER AND MULTIPLE FATALITIES. I CALLED TROOPER ROSE #7857 AND FRANKOWSKI #6604 TO RESPOND TO THE SCENE FOR AN INSPECTION. AFTER NOTIFYING CAPTAIN SHARPENSTEEN OF THE SITUATION, I RESPONDED TO THE COLLISION.

I ARRIVED ON JUNE 10, 2021, AT APPROXIMATELY 0001 HOURS. I PARKED ON THE WESTBOUND SIDE OF STATE ROUTE 202, EAST OF THE COLLISION SCENE. THE ROADWAY HAD BEEN TAPED OFF WITH POLICE TAPE. I OBSERVED A TANKER TRAILER ON ITS SIDE, IN THE WESTBOUND LANES. MILK WAS SPILLING FROM THE COVER ON THE TOP OF THE TANKER. THE SHELL OF THE TANK WAS BROKEN, BUT MILK ONLY APPEARED TO BE SPILLING FROM THE COVER ON THE TOP OF THE TANK. I COULD SEE A PORTION OF THE TRUCK ON THE EASTBOUND SIDE AND COULD SEE IT HAD COMPLETELY BURNED. I CHECKED IN AND NOTIFIED THE SERGEANT ON-SCENE, THAT WE WOULD BE CONDUCTING AN INSPECTION OF THE CMV AND DRIVER. TROOPER ROSE WOULD COMPLETE THE DRIVER/VEHICLE EXAMINATION REPORT, WITH THE ASSISTANCE OF TROOPER FRANKOWSKI. TROOPER ROSE STATED THAT HE SPOKE WITH THE DRIVER AND REPRESENTATIVE OF THE COMPANY REFERENCE PAPERWORK FOR THE TRUCK. HE STATED THAT THE DRIVER TOLD HIM HIS VEHICLE CAUGHT FIRE OR BEGAN TO SMOKE PRIOR TO THE COLLISION AND HE COULD NOT BRAKE. THE DRIVER THEN FELT IMPACTS, BEFORE COMING TO A STOP.

AS WE WALKED BACK TOWARDS THE TRUCK AND TRAILER, I OBSERVED MULTIPLE VEHICLES IN THE EASTBOUND LANES OF SR202, WHICH HAD DIFFERENT LEVELS OF DAMAGE. NEAR A COUPLE OF THE VEHICLES, I OBSERVED BODIES, WHICH HAD BEEN COVERED WITH BLANKETS. WHILE WALKING BY THE AREA OF IMPACT, I DID NOT NOTICE SIGNS OF HEAVY BRAKING. THERE WAS AN OILY OR GREASE SUBSTANCE ON THE ROADWAY, WITH MULTIPLE TIRE MARKS TRAVELING THROUGH IT.

AT THE TRUCK AND TRAILER, I OBSERVED THE VEHICLES AS TROOPER ROSE AND FRANKOWSKI BEGAN THEIR INSPECTION. A SMALL SUV WAS WEDGED UNDER AND TO THE FRONT OF THE CMV AND HAD BEEN COMPLETELY BURNED. A BODY WAS IN THE FRONT SEAT WITH EXTENSIVE BURNS. I OBSERVED THAT THE ENGINE COMPARTMENT AND CAB HAD EXTENSIVE FIRE DAMAGE AND HAD HALF BURNED, TO THE FRAME. THE ENGINE ELECTRICAL WIRES AND AIR HOSES WERE ALL DESTROYED. THE HEAT FROM THE FIRE HAD BEGUN TO MELT THE PLASTIC ON THE FENDERS TO THE REAR AXLES. THE BRAKES ON THE FRONT OF THE VEHICLE APPEARED TO BE DISC BRAKES AND THE COMPONENTS THAT COULD BE SEEN APPEARED ADEQUATE. THE REAR BRAKES WERE DRUM BRAKES AND THE COMPONENTS, CHAMBERS, PADS, DRUMS, APPEARED TO BE ADEQUATE. THE REAR BRAKES ON THE TRACTOR WERE IN THE LOCKED POSITION, POSSIBLY FROM AIR PRESSURE LOSS. THE TIRES ON THE FRONT WERE DESTROYED BY FIRE, BUT THE REAR TIRES APPEARED INFLATED AND APPEARED TO HAVE ADEQUATE TREAD.

THE TRAILER WAS ON ITS SIDE AND THE FIFTH WHEEL PLATE APPEARED TO HAVE BROKEN FROM THE TRACTOR AND WAS STILL ATTACHED TO THE TRAILER. THE TRAILER BRAKES WERE DRUM BRAKES AND THE COMPONENTS APPEARED ADEQUATE. THE BRAKES WERE IN THE LOCKED POSITION, POSSIBLY FROM AIR PRESSURE LOSS. THE TIRES ON THE TRAILER APPEARED TO HAVE ADEQUATE TREAD.

TROOPERS FRANKOWSKI, ROSE, AND I SPOKE WITH SERGEANT MCDONALD OF THE AZDPS VEHICULAR CRIMES UNIT, ABOUT OUR OBSERVATIONS.

I NOTIFIED THE ACTING SUPERVISOR OF THE COMPLIANCE REVIEW SQUAD, TROOPER NYBOER #7040, OF THE COLLISION AND CIRCUMSTANCES, FOR FOLLOW-UP INVESTIGATION WITH THE COMPANY.

THIS CONCLUDES MY INVOLVEMENT IN THE COLLISION.

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	YEAR MONTH DAY	HOUR MIN	NCIC NO	OFFICER ID	AGENCY REPORT NUMBER
	21 06 09	22 11		10474	121031311

NARRATIVE

ON 06-09-2021, AT APPROXIMATELY 2236 HOURS, TROOPER J. MARTINEZ, #10181, AND I RESPONDED TO A MULTIPLE VEHICLE COLLISION ON STATE ROUTE 202 AT MILEPOST 4. WHEN I ARRIVED ON SCENE, I WAS DIRECTED BY SERGEANT JACOB MELKI, #7155, TO CONDUCT FOLLOW UP AT VALLEYWISE HEALTH MEDICAL CENTER. AT VALLEYWISE HEALTH MEDICAL CENTER I WAS ABLE TO IDENTIFY ONE OF THE SUBJECTS, TRANSPORTED BY THE FIRE DEPARTMENT, AS NICHOLAS EMEKA SIMONELLI-GREEN. SIMONELLI-GREEN WAS BEING TREATED FOR HIS INJURIES AND I WAS UNABLE TO CONDUCT AN INTERVIEW AT THE TIME. TROOPER CODY CARPENTER, #10537, WAS ALSO AT VALLEYWISE HEALTH MEDICAL CENTER; THEREFORE, TROOPER MARTINEZ AND I WERE REASSIGNED TO FOLLOW UP AT BANNER UNIVERSITY MEDICAL CENTER. AT BANNER UNIVERSITY MEDICAL CENTER WE WERE ABLE TO CONTACT THE TRAUMA TEAM WHO HELPED IDENTIFY THREE OF THE FOUR SUBJECTS TRANSPORTED TO THEM. I VERIFIED THE IDENTITY AND INTERVIEWED THE FOLLOWING SUBJECTS: EDWARD ISOM, NATALIE HALL, AND SHANARD DORSEY. THE FOURTH PATIENT WAS INTUBATED AND WE WERE UNABLE TO IDENTIFY HIM AT THE TIME. DURING INTERVIEWS, I WAS ABLE TO IDENTIFY A FIFTH SUBJECT, AMELIA ROMERO, TRANSPORTED AND LATER INTERVIEWED HER. TROOPER CARPENTER MET WITH US AT BANNER UNIVERSITY. I UPDATED HIM ON ALL THE INFORMATION I WAS ABLE TO OBTAIN. TROOPER CARPENTER ASSISTED WITH IDENTIFYING AMELIA ROMERO. AFTER UPDATING TROOPER CARPENTER, I WAS RELIEVED OF MY DUTY.

STATEMENTS:

I SPOKE TO NATALIE HALL FIRST. ON FIRST CONTACT, I WAS ABLE VERIFY HER IDENTITY AND OBTAINED AN ARIZONA ADDRESS FOR HER PARENTS. SHE WAS THEN TAKEN OUT OF THE TRAUMA BAY FOR A MEDICAL PROCEDURE. ON RETURN, I SPOKE TO HALL AGAIN. HALL STATED SHE WAS STOPPED IN THE #4 LANE. TRAFFIC WAS BUMPER TO BUMPER. SHE HEARD TIRES SCREECHING AND THEN FELT THE IMPACT OF A VEHICLE HITTING HER FROM BEHIND. HER CAR BEGAN TO SPIN AND CAME TO A REST IN THE FAR LEFT LANE. SHE WAS HELPED OUT OF THE CAR BY A BYSTANDER. SHE REMEMBERS HEARING SCREAMING AND SEEING A CAR ON FIRE. HALL STATED SHE WAS DRIVING A WHITE LEXUS CT AND WAS WEARING HER SEATBELT.

I SPOKE TO SHANARD DORSEY. I WAS ABLE TO VERIFY HIS IDENTITY WITH HIS NAME AND DATE OF BIRTH HE PROVIDED. DORSEY STATED HE WAS ON HIS WAY TO TEMPE. HE WANTED TO EXIT ON 52ND ST AND VAN BUREN BECAUSE OF ALL THE BRAKE LIGHTS HE SAW, BUT COULD NOT MAKE IT ACROSS TRAFFIC IN TIME. HE WAS IN THE #4 LANE, STOPPED IN TRAFFIC, WITH HIS PASSENGER, WHO HE IDENTIFIED AS AMELIA ROMERO. THE NEXT EVENT DORSEY REMEMBERED WAS YELLING "GET OFF MY LEG. GET OFF LEG." HE LOOKED AT ROMERO WHO TOLD HIM HE WAS BLEEDING FROM HIS MOUTH. DORSEY STATED HE WAS WEARING HIS SEATBELT AND DRIVING THE WHITE 2015 DODGE CHARGER.

I SPOKE TO EDWARD ISOM. I WAS ABLE TO IDENTIFY ISOM WITH THE HELP OF DISPATCH. ISOM STATED HE WAS ON HIS WAY TO TEMPE. HE WAS STOPPED IN THE #4 LANE. TRAFFIC WAS MOVING FASTER IN THE #3 LANE AND HE BEGAN TO MERGE INTO THE #3 LANE. AS HE WAS LOOKING IN HIS DRIVER SIDE MIRROR TO CHANGE LANES, HE NOTICED A SEMI-TRUCK MOVING AT A HIGH RATE OF SPEED. HE SAW THE SEMI-TRUCK HIT "THREE OR FOUR" VEHICLES BEFORE HITTING HIS. HE BRACED FOR IMPACT BECAUSE HE SAW THE SEMI-TRUCK AND OTHER VEHICLES BEING PUSHED INTO HIM. SINCE HE WAS CHANGING LANES, HIS VEHICLE WAS SLIGHTLY ANGLED AND NOT PARALLEL TO THE OTHER VEHICLES. ISOM STATED THIS CAUSED HIS VEHICLE TO ROLL WHEN THE VEHICLE WAS IMPACTED. ISOM STATED HIS "HEAD WENT FLYING BACK AND THEN FLYING FORWARD HITTING THE STEERING WHEEL." HE SAW HIS FRONT PASSENGER, ALEXIS HOOPER, EJECTED THROUGH THE PASSENGER SIDE WINDOW. WHEN HIS VEHICLE CAME TO A REST, HE CLIMBED OUT OF THE REAR PASSENGER WINDOW AND RAN TO HOOPER WAS ON THE GROUND OUTSIDE THE VEHICLE. HE SAW HOOPER WITH A "BROKEN JAW, BLOODY FACE, AND NO HEART BEAT." ISOM STATED HE HAD TWO OTHER PASSENGERS IN HIS VEHICLE AS WELL. JAMEL HARRIS WAS POSITIONED BEHIND THE DRIVER AND DANTE LOUIS WAS POSITIONED ON THE REAR PASSENGER SIDE. ISOM STATED HE WAS UNSURE OF THE WHEREABOUTS OF THE OTHER PASSENGERS BECAUSE HE WAS SO FOCUSED ON HOOPER. ISOM WAS DRIVING A 2015 RED NISSAN ALTIMA AND HE WAS WEARING HIS SEATBELT. HE WAS NOT SURE IF THE OTHER PASSENGERS IN HIS CAR WERE ALSO WEARING THEIR SEATBELTS.

I SPOKE TO AMELIA ROMERO. ROMERO STATED SHE WAS STOPPED IN TRAFFIC WITH DORSEY. SHE REMEMBERED LOOKING AT DORSEY AND FEELING THE IMPACT OF THE VEHICLES BEHIND HER COLLIDING WITH THE VEHICLE SHE WAS RIDING IN. ROMERO REMEMBERED SEEING DORSEY'S BLOODY FACE AND BROKEN LEG. SHE WAS WEARING HER SEATBELT.

THIS CONCLUDES MY INVOLVEMENT WITH THE CASE.

ARIZONA CRASH SUPPLEMENT		REPORT ID					
YEAR	MONTH	DAY	HOUR	MIN	NCIC NO	OFFICER ID	AGENCY REPORT NUMBER
21	06	09	22	11	0799	10474	I21031311
NARRATIVE							
<p>ON 06-09-2021 AT APPROXIMATELY 22:11 HOURS I RESPONDED TO A CALL FOR AN EIGHT VEHICLE, MULTI-FATALITY COLLISION THAT OCCURRED ON EASTBOUND STATE ROUTE 202 (SR-202) NEAR MILEPOST 4. I ARRIVED ON SCENE AT APPROXIMATELY 2219 HOURS AND REPORTED TO THE INCIDENT COMMANDER. I WAS TASKED WITH ASSISTING WITH THE ROAD CLOSURE AND GATHERING THE INFORMATION FOR ALL INVOLVED TRAFFIC UNITS, AS WELL AS SKETCHING AN PRELIMINARY NOT-TO-SCALE DIAGRAM. ONCE THESE TASKS WERE COMPLETE I BEGAN THE INCIDENT COMMAND SCENE LOG AND ACTED AS THE SCENE LOG SCRIBE UNTIL THE INCIDENT COMMAND WAS TERMINATED AND THE ROADWAY WAS REOPENED AT APPROXIMATELY 0815 HOURS.</p> <p>THIS CONCLUDES MY INVOLVEMENT IN THIS INCIDENT.</p> <p>TROOPER T. DE LAVEAGA #10889</p>							

Officer's Name T. De laveaga (10889)	Date Completed 06/15/2021
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ARIZONA CRASH SUPPLEMENT	REPORT ID					
	YEAR MONTH DAY 21 06 09	HOUR MIN 22 09	NCIC NO [REDACTED]	OFFICER ID 10474	AGENCY REPORT NUMBER I21031311	

NARRATIVE

ON WEDNESDAY JUNE 9, 2021 AT APPROXIMATELY 2213 HOURS, I RESPONDED TO THE AREA OF EASTBOUND STATE ROUTE 202 NEAR MILEPOST 4 FOR A MULTIPLE VEHICLE COLLISION. WHILE RESPONDING FROM THE AREA OF STATE ROUTE 101 AND SHEA ROAD, ARIZONA DEPARTMENT OF PUBLIC SAFETY (AZDPS) DISPATCH CENTER BROADCASTED OVER THE RADIO THE COLLISION IS INVOLVING MULTIPLE VEHICLE WHICH TWO OF THEM WERE FULLY ENGULFED. SHORTLY AFTER, DISPATCH STATED A TRAILER WAS BLOCKING WESTBOUND LANES.

AT APPROXIMATELY 2230 HOURS, I ARRIVED ON SCENE AND OBSERVED A TROOPER DIVERTING WESTBOUND TRAFFIC OFF AT EAST VAN BUREN ROAD. I HAD PARKED APPROXIMATELY 50 YARDS FROM A SEMI-TRAILER WHICH WAS BLOCKING THE HIGH OCCUPANCY VEHICLE (HOV) AND NUMBER 1 LANE. THE TRAILER WAS LEAKING WHAT APPEARED TO BE MILK ONTO THE LEFT SHOULDER.

I CONTACTED AZDPS SERGEANT JACOB MELKI, BADGE #7155 AND WAS TASKED WITH CONTACTING A MALE AND FEMALE NEXT TO A MAROON NISSAN ALTIMA. THE MALE HAD VERBALLY IDENTIFIED HIMSELF AS EDWARD ISOM, DATE OF BIRTH [REDACTED] ISOM WAS SITTING NEXT TO A FEMALE WHICH SHE WAS BEING COVERED UP BY A BLUE BLANKET AND SHOWED NO SIGNS OF LIFE. HE HAD VERBALLY IDENTIFIED HER AS HIS GIRLFRIEND, ALEXIS HOOPER [REDACTED]. HE STATED HIS TWO COUSINS WERE INSIDE OF THE VEHICLE WHICH WERE APPROXIMATELY 15 YARDS WEST OF THE NISSAN AS DANTE LEWIS AND JAMEL HARRIS. LEWIS AND HARRIS WERE BEING EVALUATED BY MEDICAL PERSONAL.

WHILE SPEAKING WITH ISOM, HE TOLD ME TRAFFIC WAS "CRAWLING" AT A SLOW SPEED WHEN IT HAD STOPPED. HE STATED WHILE HE WAS STOPPED IN THE NUMBER 4 LANE NEXT TO THE NORTH 52ND STREET OFF-RAMP, HE NOTICED A SEMI-TRUCK COLLIDING WITH VEHICLES BEHIND HIM. SHORTLY AFTER OBTAINING A PARTIAL STATEMENT, HE WAS TRANSPORTED TO BANNER GOOD SAMARITAN FOR HIS INJURES.

SERGEANT MELKI HAD TASKED TROOPER BLAKE HECKATHORN, BADGE #10656 AND I WITH PLACING CRIME SCENE TAPE AT THE EAST AND WEST ENDS OF COLLISION. SHORTLY AFTER, I WAS TASKED WITH ASSISTING TROOPER ISHMIL WELLS, BADGE #10717 WITH STARTING AN ARIZONA CRASH FORM FOR VEHICLE CRIME UNIT (VCU) DETECTIVES. I HAD GATHERED VICTIM'S AND VEHICLE'S INFORMATION FROM TROOPER HECKATHORN, TROOPER ALEC CUNNINGHAM #10531, AND TROOPER TIMOTHY DE LAVEAGA, BADGE #10889.

TROOPER WELLS ASSISTED ME WITH IDENTIFYING TWO DECEASED NEXT TO A FORD FUSION AS JENNIFER VIDAL, DOB [REDACTED] AND DANTE BURBECK, [REDACTED] BY UTILIZING A MORPHO FINGERPRINT SCANNER.

ALL VICTIM'S, WITNESSES, AND VEHICLE'S INFORMATION WERE TURNED OVER TO VCU SERGEANT JEROMY MCDONALD, BADGE #6513.

THIS CONCLUDES MY INVOLVEMENT.

ARIZONA CRASH SUPPLEMENT		REPORT ID					
YEAR	MONTH	DAY	HOUR	MIN	NCIC NO	OFFICER ID	AGENCY REPORT NUMBER
21	06	10	22	10		10474	I21031311
NARRATIVE							
<p>ON TUESDAY JUNE 9TH, 2021 AT APPROXIMATELY 2210 HOURS A MULTIPLE VEHICLE COLLISION WAS DISPATCHED ON STATE ROUTE 202 (SR-202) NEAR MILEPOST 4. THE COLLISION WAS REPORTEDLY BLOCKING BOTH EAST AND WEST BOUND LANES OF SR-202. I RESPONDED TO THE SCENE AS OTHER TROOPERS ARRIVED. THE ON-SCENE TROOPERS WERE GIVING DETAILS OF THE COLLISION AND PROVIDING INSTRUCTION FOR WHICH RAMPERS NEEDED TO BE CLOSED. I ARRIVED ON SCENE AND ASSISTED IN IDENTIFYING WITNESSES AND INVOLVED PARTIES. AS I WALKED THROUGH SCENE I OBSERVED SEVERAL VEHICLES WITH EXTENSIVE DAMAGE AND A TRACTOR TRAILER BURNED TO THE GROUND. THE TRAILER WAS FLIPPED OVER THE WALL AND CAME TO REST ON THE WESTBOUND SIDE OF SR-202. THE TRACTOR AND ALL OTHER VEHICLES INVOLVED WERE ON THE EASTBOUND SIDE. I SPOKE TO RANDELL BEAVER () WHO STATED HE SAW TWO PASSENGER CARS TRAVEL AT A HIGH RATE OF SPEED AND CUT OFF A TANKER TRUCK WHICH COLLIDED WITH THEM AND CAUSED THE PILE-UP. I ALSO SPOKE WITH A BRADLEY HERRELL () WHO STATED HE SAW A TRACTOR TRAILER GO FROM THE FAR RIGHT LANE TOWARDS THE LEFT LANE AND JACK-KNIFE AND HIT SEVERAL CARS. I ASSISTED IN GETTING NON-INVOLVED PARTIES OUT OF THE SCENE.</p> <p>THIS CONCLUDES MY INVOLVEMENT.</p>							

Officer's Name J. Zieke (10816)	Date Completed 06/10/2021
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ARIZONA CRASH SUPPLEMENT	REPORT ID					
	YEAR MONTH DAY	HOUR MIN	NCIC NO	OFFICER ID	AGENCY REPORT NUMBER	
	21 06 09	22 09		10474	I21031311	

NARRATIVE

THIS SUPPLEMENTAL REPORT IS PREPARED BY ARIZONA DEPARTMENT OF PUBLIC SAFETY (DPS) TROOPER JESSE MARQUIS, #10762, OF THE HIGHWAY PATROL DIVISION (HPD).

ON JUNE 9, 2021 AT APPROXIMATELY 2211 HOURS, TROOPER J. MARQUIS #10762 RESPONDED TO A MULTI-VEHICLE ROLLOVER CALL ON THE EAST BOUND STATE ROUTE 202 (SR-202) NEAR MILE POST 4. TROOPER MARQUIS ARRIVED IN HIS FULLY MARKED, DEPARTMENT ISSUED PATROL VEHICLE (#19737), AT APPROXIMATELY 2219 HOURS, TO ASSIST OR RENDER AID.

TROOPER MARQUIS ARRIVED ON SCENE AND BEGAN TO ASSIST IN DIRECTING TRAFFIC AWAY AND AROUND THE SCENE. TROOPER MARQUIS WAS REPLACED BY PHOENIX POLICE DEPARTMENT ON THE ON RAMP TO WESTBOUND STATE ROUTE 202 FROM 52ND STREET. AFTER BEING RELIEVED FROM THIS POSITION, TROOPER MARQUIS MOVED TO THE 44TH STREET ON RAMP TO EASTBOUND STATE ROUTE 202 TO ASSIST IN SHUTTING DOWN THE ACCESS TO THAT AREA. TROOPER MARQUIS WAS LATER RELIEVED FROM THIS POSITION BY ADOT AND CLEARED FROM THE SCENE BY 44TH STREET COMMAND AT APPROXIMATELY 0100 HOURS.

TROOPER MARQUIS COMPLETED HIS INVOLVEMENT ON SCENE FOR DR# I21031311 AT 0100 HOURS. THIS CONCLUDES TROOPER MARQUIS INVOLVEMENT IN THIS CASE TO DATE.

Officer's Name J. Marquis (10762)	Date Completed 06/23/2021
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ARIZONA CRASH SUPPLEMENT	REPORT ID					
	YEAR MONTH DAY 21 06 09	HOUR MIN 22 09	NCIC NO [REDACTED]	OFFICER ID 10474	AGENCY REPORT NUMBER I21031311	

NARRATIVE

ON WEDNESDAY, JUNE 9, 2021 AT APPROXIMATELY 2336 HOURS I WAS WORKING THE METRO EAST PHOENIX DISTRICT WHEN SERGEANT JACOB MELKI #7155 ADVISED DPS DISPATCH TO HAVE ANY AVAILABLE NIGHT WATCH TROOPER TO RESPOND TO THE AREA OF EASTBOUND STATE ROUTE 202 NEAR MILEPOST 4 TO ASSIST WITH A FATAL MOTOR VEHICLE COLLISION. AT APPROXIMATELY 2344 HOURS, I ARRIVED ON SCENE AND OBSERVED SEVERAL MARKED PATROL VEHICLES ON THE HIGHWAY AND YELLOW CRIME SCENE TAPE ACROSS THE EASTBOUND AND WESTBOUND LANES ON THE STATE ROUTE 202 NEAR MILEPOST 4, I ALSO OBSERVED SEVERAL VEHICLES AND DEBRIS WITH EXTENSIVE DAMAGE IN ALL LANES OF THE FREEWAY. AFTER A DEBRIEF WAS CONDUCTED I WAS TASKED BY SERGEANT MELKI WITH STARTING AN ARIZONA CRASH FORM. I WAS GIVEN A SHEET OF PAPER WITH A SKETCH COMPLETED BY TROOPER TIMOTHY DE LAVEAGA #10889 OF THE COLLISION AND EACH VEHICLE IN ORDER WITH LICENSE PLATE NUMBERS OR VIN NUMBERS, BASED ON THE SKETCH I BEGAN TO ENTER EACH VEHICLE INTO THE PROPER PLACE ON THE COLLISION FORM. I ALSO ASSISTED TROOPER JOSEPH LARA #10855 WITH IDENTIFYING TWO OF THE DECEASED. THEY WERE IDENTIFIED AS JENNIFER VIDAL DOB [REDACTED] AND DANTE BURBECK DOB [REDACTED] USING A MORPHO FINGERPRINT SCANNER.

THIS CONCLUDED MY INVOLVEMENT

ARIZONA CRASH SUPPLEMENT		REPORT ID			
	YEAR MONTH DAY	HOUR MIN	NCIC NO	OFFICER ID	AGENCY REPORT NUMBER
	21 06 20	14 38		10474	I21031311
NARRATIVE					
<p>THIS SUPPLEMENT REPORT HAS BEEN PREPARED BY TROOPER PERRY, #10663, FOR TROOPER Z. SAXON'S, #10474, COLLISION REPORT.</p> <p>ON WEDNESDAY, JUNE 9, 2021, AT APPROXIMATELY 2209 HOURS, DPS OPCOMM BROADCASTED A COLLISION AND FIRE NEAR EASTBOUND SR202 AN 52ND ST/VAN BUREN. I WAS COMPLETING A PREVIOUS CALL AT THE TIME AND DID NOT IMMEDIATELY RESPOND. I WAS ABLE TO RESPOND AT APPROXIMATELY 2255 HOURS IN ORDER TO ASSIST WITH TRAFFIC CONTROL AT THE EASTBOUND SR202 44TH STREET ON RAMP.</p> <p>I ARRIVED AT THE ON RAMP AT APPROXIMATELY 2333 HOURS IN ORDER TO PROVIDE TRAFFIC CONTROL. I REMAINED ON SCENE UNTIL I WAS RELIEVED BY ADOT AT APPROXIMATELY 0119 HOURS.</p> <p>THIS CONCLUDES MY INVOLVEMENT IN THIS CASE.</p>					

Officer's Name J. Perry (10663)	Date Completed 06/20/2021
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ARIZONA CRASH SUPPLEMENT	REPORT ID					
	YEAR MONTH DAY 21 06 09	HOUR MIN 22 11	NCIC NO [REDACTED]	OFFICER ID 10474	AGENCY REPORT NUMBER I21031311	

NARRATIVE

ON WEDNESDAY, JUNE 9, 2021, I TROOPER HECKATHORN, #10656, RESPONDED TO A MULTIPLE VEHICLE COLLISION THAT RESULTED IN FATALITIES, LOCATED ON STATE ROUTE 202 NEAR MILEPOST 4 EASTBOUND.

I RESPONDED TO THE SCENE AT APPROXIMATELY 2213 HOURS, AND ARRIVED AT APPROXIMATELY 2226 HOURS. UPON MY ARRIVAL, I OBSERVED A TANKER TRUCK BLOCKING THE WESTBOUND LANES OF TRAVEL, AND WAS LEAKING AN UNKNOWN SUBSTANCE AT THE TIME. I PARKED MY FULLY MARKED PATROL VEHICLE ON THE WESTBOUND LANES OF TRAVEL, AND STARTED ASSISTING TROOPERS ON SCENE WITH PATIENTS BEING TRANSPORTED TO LOCAL HOSPITALS.

I ASSISTED TROOPERS ON SCENE IDENTIFY THE WITNESSES OF THE COLLISION, AND ASSISTED PHOENIX FIRE DEPARTMENT LOAD PATIENTS ONTO THE STRETCHERS AND LOAD THEM INTO THE AMBULANCES.

I MEASURED THE SCENE USING THE LEICA RTC360 SCANNER, AND ASSISTED THE VEHICULAR CRIMES UNIT (VCU) WITH LABELING EVIDENCE AND ROADWAY EVIDENCE.

THIS CONCLUDES MY INVOLVEMENT IN THIS CASE.

ARIZONA CRASH SUPPLEMENT	REPORT ID					
	YEAR MONTH DAY 21 06 09	HOUR MIN 22 09	NCIC NO [REDACTED]	OFFICER ID 10474	AGENCY REPORT NUMBER I21031311	

NARRATIVE

ON 06/09/2021 AT APPROXIMATELY 2211 HOURS TROOPERS RECEIVED REPORT OF A COLLISION IN THE AREA OF THE STATE ROUTE 202 AND MILEPOST 4. I RESPONDED TO THE AREA AND ASSISTED WITH TRAFFIC CONTROL AND CLEARING OUT VEHICLES IN THE BACKUP. I WAS REQUESTED BY SERGEANT MELKI TO TRAVEL TO THE SURROUNDING HOSPITALS IN AN ATTEMPT TO IDENTIFY THE PERSON THAT WERE TRANSPORTED FROM THE COLLISION. I FIRST ARRIVED AT VALLEYWISE HEALTH MEDICAL CENTER AND WAS ABLE TO USE MY MOBILE FINGERPRINT SCANNER TO IDENTIFY ONE OCCUPANT AS BRIANNA FULTON DOB: [REDACTED]. I THEN TRAVELLED TO BANNER UNIVERSITY MEDICAL CENTER IN AN ATTEMPT TO COMPLETE ANOTHER FINGERPRINT SCAN ON AN UNKNOWN OCCUPANT FROM THE COLLISION. THE FINGERPRINT SCAN REVEALED NO RESULTS. UPDATES WERE PROVIDED TO SERGEANT MELKI AND A SHORT TIME LATER THE AZDPS FINGERPRINT UNIT ARRIVED AT THE HOSPITAL TO COMPLETE A FULL FINGERPRINT RETRIEVAL. I ESCORTED AND ASSISTED THE FINGERPRINT UNIT DURING THIS PORTION. I ASSISTED WITH COMPLETING INTELLIGENCE WORK UPS FOR NEXT OF KIN NOTIFICATION AND ATTEMPTED TO IDENTIFY THE UNKNOWN MALE STILL AT BANNER UNIVERSITY HOSPITAL. ALL UPDATES WERE PROVIDED TO SERGEANT MELKI AND I WAS CLEARED FROM THE CALL.

THIS CONCLUDES MY INVOLVEMENT IN THIS CASE. PLEASE SEE THE ORIGINAL REPORT OR ANY OTHER SUPPLEMENTS FOR FURTHER INFORMATION.

ARIZONA CRASH SUPPLEMENT		REPORT ID					
YEAR	MONTH	DAY	HOUR	MIN	NCIC NO	OFFICER ID	AGENCY REPORT NUMBER
21	06	09	22	09		10474	I21031311
NARRATIVE							
<p>ON WEDNESDAY, JUNE 9TH, 2021 AT APPROXIMATELY 2211 HOURS, I ARIZONA DEPARTMENT OF PUBLIC SAFETY TROOPER A. CUNNINGHAM, BADGE NUMBER 10531, RESPONDED TO THE AREA OF EASTBOUND STATE ROUTE 202 AT MILEPOST 4 TO ASSIST WITH A MULTI VEHICLE FATAL COLLISION. ONCE I ARRIVED ON SCENE, I WAS TASKED WITH GATHERING THE WITNESS INFORMATION AND IDENTIFYING THE MULTIPLE INDIVIDUALS THAT WERE TRANSPORTED TO NUMEROUS SURROUNDING HOSPITALS. ONCE I OBTAIN THE INFORMATION FOR THE ON-SCENE WITNESSES, I WENT TO ST. JOSEPH'S HOSPITAL AND IDENTIFIED THE INDIVIDUALS THAT WERE TRANSPORTED. AFTER OBTAINING EVERYTHING, I CREATED A WORD DOCUMENT THAT IDENTIFIED ALL KNOWN OCCUPANTS, WHICH VEHICLE EACH INDIVIDUAL WAS IN, THE HOSPITAL EVERYONE WAS TRANSPORTED TO, AND THE SEVERITY OF THE INJURIES FOR EVERYONE. I PROVIDED THE INFORMATION I OBTAINED TO THE ON-DUTY DISPATCHER SO SHE WOULD BE ABLE TO DOCUMENT THE CORRECT LOCATIONS OF EVERYONE AND PROVIDE THE CORRECT INFORMATION TO THE TOWING COMPANIES. I ALSO SENT THE INFORMATION TO THE LEAD ON SCENE TROOPER.</p> <p>I HAD NO OTHER INVOLVEMENT IN THE INVESTIGATION.</p>							

Officer's Name A. Cunningham (10531)	Date Completed 06/13/2021
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ARIZONA CRASH SUPPLEMENT	REPORT ID					
	YEAR MONTH DAY 21 06 09	HOUR MIN 22 10	NCIC NO [REDACTED]	OFFICER ID 10487	AGENCY REPORT NUMBER I21031311	

NARRATIVE

ON 6/9/2021 AT APPROXIMATELY 2214 HOURS, I RESPONDED TO A MULTIPLE VEHICLE FATALITY COLLISION LOCATED AT EASTBOUND STATE ROUTE 202 RED MOUNTAIN AT MILE POST FOUR. AT APPROXIMATELY 2225 HOURS, I ARRIVED ON SCENE AND OBSERVED A MILK CONTAINER ON IT'S SIDE IN THE WESTBOUND LANES OF TRAVEL IN LANES THREE AND FOUR WITH MILK POURING OUT OF IT. I CLIMBED THE CONCRETE MEDIAN THAT SEPARATES THE EASTBOUND AND WESTBOUND LANES OF TRAVEL. I OBSERVED IN THE EASTBOUND LANES OF TRAVEL A SEMI TRUCK FULLY ENGULFED IN FIRE IN THE NUMBER ONE LANE AND IN LANES THREE AND FOUR WERE MULTIPLE VEHICLES WITH HEAVY IMPACT DAMAGE FROM A COLLISION. THE PHOENIX FIRE DEPARTMENT WERE PROVIDING MEDICAL TREATMENT TO MULTIPLE VICTIMS INVOLVED IN THE COLLISION IN LANES THREE AND FOUR AND RIGHT SHOULDER OF THE ROADWAY.

I MADE CONTACT WITH A WITNESS TO THE COLLISION ON THE RIGHT SHOULDER OF THE ROADWAY. THE WITNESS VERBALLY IDENTIFIED AS NATHANAEL AWAYAN DOB [REDACTED] STATED HE OBSERVED TRAFFIC TRAVELING AT SLOW PACE IN ALL LANES OF TRAVEL IN THE EASTBOUND LANES OF TRAVEL. AWAYAN STATED HE OBSERVED THE SEMI TRUCK TRAVELING AT A HIGH RATE OF SPEED IN THE NUMBER FOUR LANE WHEN IT STRUCK TWO VEHICLES FROM THE REAR IN THE NUMBER FOUR LANE. AWAYAN STATED AFTER STRIKING MORE VEHICLES THE SEMI TRUCK STRUCK THE CONCRETE MEDIAN WALL ON THE LEFT SHOULDER OF THE ROADWAY. AWAYAN STATED HE HEARD OTHER PEOPLE SCREAMING THERE ARE PEOPLE STUCK IN THE VEHICLES STRUCK BY THE SEMI TRUCK AND WENT TO ASSIST HELPING THE VICTIMS.

I MADE CONTACT WITH THE DRIVER OF THE SEMI TRUCK IDENTIFIED BY HIS ARIZONA DRIVERS LICENSE CESAR GAVONEL DOB [REDACTED]. GAVONEL GAVE INFORMATION FOR HIS POINT OF CONTACT WITH THE ARIZONA MILK TRUCKING COMPANY. I MADE CONTACT WITH HARRIS RICHARDSON WHO GAVE CONTACT INFORMATION FOR HIS SUPERVISOR AS SUSAN SOLOMAN. I GAVE THIS CONTACT INFORMATION TO THE ARIZONA DEPARTMENT OF PUBLIC SAFETY COMMERCIAL VEHICLE ENFORCEMENT UNIT WHO WAS ON SCENE W. ROSE #7857.

THIS ENDS MY INVOLMENT.

Officer's Name D. Brinson (10487)	Date Completed
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ARIZONA CRASH SUPPLEMENT		REPORT ID			
YEAR MONTH DAY	HOUR MIN	NCIC NO	OFFICER ID	AGENCY REPORT NUMBER	
21 06 09	22 10			I21031311	

NARRATIVE

ON 06/10/2021, AT APPROXIMATELY 2212 HOURS, I RESPONDED TO A COLLISION EASTBOUND STATE ROUTE 202 AT MILEPOST 4. WHILE DRIVING WESTBOUND ON STATE ROUTE 202 AT MILEPOST 4, I DROVE UP TO A TANKER ROLLED ON ITS SIDE, BLOCKING THE HOV LANE AND LANE #1. I OBSERVED SMOKE AND FLAMES ON THE EASTBOUND SIDE OF THE HIGHWAY COMING FROM A VEHICLE. I NOTICED A RED PASSENGER VEHICLE OFF LEFT IN THE EMERGENCY SHOULDER. I DROVE UP TO THE VEHICLE AND NOTICED NO ONE INSIDE THE VEHICLE. I WAS APPROACHED BY A WITNESS STATING SEVEN VEHICLES WERE INVOLVED IN AN ACCIDENT. I JUMPED OVER INTO THE EASTBOUND SIDE OF THE FREEWAY AND NOTICED DEBRIS AND SEVERAL VEHICLES WITH HEAVY DAMAGE ALL AROUND. I NOTICED FURTHER EAST A VEHICLE ON FIRE AND FULLY ENGULFED. I BEGAN TO WALK TOWARDS TWO VEHICLES OFF RIGHT THAT WERE STUCK TOGETHER WITH HEAVY DAMAGE ALL AROUND. I WAS NOTIFIED BY SEVERAL WITNESS OF THREE PEOPLE TRAPPED INSIDE A SILVER VEHICLE. WHILE STANDING BY THE SILVER VEHICLE AND DARK COLORED VEHICLE, I NOTICED A MALE FRONT PASSENGER DISARRANGED WITH BLOOD ON HIS FACE AND ALERT, THE DRIVER WEDGED BETWEEN THE VEHICLE AND THE CENTER CONSOLE OF THE VEHICLE AND TWO REAR PASSENGERS TRAPPED IN THE BACK OF THE VEHICLE. A FEMALE WITNESS STATED SHE BELIEVED THE DRIVER OF THE SILVER VEHICLE MAY BE DECEASED. SHE THEN POINTED OVER TO THE DARK COLORED VEHICLE WHICH WAS STUCK WITH THE SILVER VEHICLE AND STATED HE WAS OKAY JUST NEED HELP GETTING OUT OF THE VEHICLE. THE FEMALE WITNESS STATED THERE WAS A DECEASED FEMALE FURTHER UP EAST FROM OUR LOCATION. I WALKED OVER TO A WHITE PASSENGER WITH HEAVY DAMAGE ALL AROUND AND OBSERVED NO ONE INSIDE THE VEHICLE. I WALKED OVER TO THE RIGHT EMERGENCY SHOULDER AND A FEMALE PASSENGER BEGAN TO ADVISE SHE WAS INSIDE THE CHARGER WITH THE MALE DRIVER WHO WAS SITTING NEXT TO HER WITH A BROKEN FOOT. I WALKED UP FURTHER EAST AND SPOKE WITH TWO MALES WHO WERE INSIDE THE RED 2015 NISSAN, ALTIMA AND STATED THEY WERE OKAY BUT HIS GIRL FRIEND WAS BY THE VEHICLE. I WALKED UP TO THE RED 2015 NISSAN, ALTIMA AND NOTICED A BLACK FEMALE ON THE GROUND NEXT TO THE VEHICLE AND NONE RESPONSIVE.

I NOTICED A MALE SITTING OFF LEFT FROM MY LOCATION AND WALKED TOWARDS HIM. I ASKED THE MALE DRIVER IF HE WAS INVOLVED AND HE STATED HIS TRUCK WAS IN FLAMES. THE DRIVER OF THE COMMERCIAL VEHICLE HAULING A TANK OF MILK WAS IDENTIFIED WITH AN ARIZONA DRIVER'S LICENSE AS CESAR FRANCISCO FRANCO GAVONEL, DATE OF BIRTH, [REDACTED]. I ASKED GAVONEL WHAT HAPPENED. GAVONEL STATED HE DID NOT REMEMBER AND IT HAPPENED SO FAST, SMOKE BEGAN TO COME UP FROM THE HOOD. HE STATED HE NOTICED THE SMOKE APPROXIMATELY A QUARTER OF A MILE FROM OUR LOCATION. GAVONEL STATED HE WAS DRIVING IN THE FAR RIGHT LANE AND TRAVELING AT APPROXIMATELY 67 MILES PER HOUR. I ASKED GAVONEL WHEN HE NOTICED THE BACK OF THE TRAFFIC AND HE STATED RIGHT AFTER THE EXIT OF STATE ROUTE 143. I REPEATED TO GAVONEL HE WAS TRAVELING 67 MILES PER HOUR IN THE FAR RIGHT LANE AND HE STATED YES. GAVONEL STATED THE TRUCKS WERE GOVERNED AT 67 MILES PER HOUR. GAVONEL STATED HE COULD NOT SEE BECAUSE OF THE SMOKE AND FLAMES COMING FROM HIS VEHICLE. I ASKED HIM IF HE FELT ANYTHING AND HE STATED HE DID FEEL THE IMPACT OF SOMETHING BUT COULD NOT TELL WHAT HE WAS HITTING BECAUSE OF THE SMOKE AND FLAME. I ASKED HIM HOW MANY HITS DID HE FELT AND HE STATED THREE OR FOUR. GAVONEL STATED THE LAST THING HE DID REMEMBER WAS HITTING THE LEFT CONCRETE MEDIAN BARRIER AND HIS TRUCK CAME TO A COMPLETE STOP. HE THEN STATED HE GOT OUT OF THE VEHICLE AND NOTICED THE TANKER HE WAS HAULING WAS ON THE WESTBOUND SIDE OF THE FREEWAY. I ASKED GAVONEL IF HE WAS BY HIMSELF AND HE STATED YES. I ASKED HIM WHERE HE WAS COMING FROM AND HE STATED FROM STOTZ DAIRY FARM WHICH IS IN BUCKEYE. I ASKED HIM AROUND WHAT TIME DID HE LEAVE FROM STOTZ DAIRY FARM AND HE STATED AROUND 8:30 P.M. OR 9:00 P.M. I ASKED GAVONEL IF HE DRANK, USED MEDICATIONS OR USED MARIJUANA. HE STATED NO. AT THIS TIME, I ASKED GAVONEL IF IT WAS OKAY TO PERFORM STANDARD FIELD SOBRIETY TESTS(SFSTS) JUST TO MAKE SURE HE WAS OKAY TO. HE CONSENTED TO PERFORMING SFSTS. UPON MY COMPLETION OF SFSTS, IT WAS DETERMINED HE WAS NOT IMPAIRED. THIS CONCLUDED MY INVOLVEMENT WITH THIS INVESTIGATION.

DURING THIS INCIDENT, I HAD MY PERSONAL BODY WORN CAMERA. VIDEO FOOTAGE IS AVAILABLE UPON REQUEST.

Officer's Name M. Cardona (10369)	Date Completed
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ARIZONA CRASH SUPPLEMENT	REPORT ID					
	YEAR MONTH DAY 21 06 09	HOUR MIN 22 11	NCIC NO [REDACTED]	OFFICER ID 10474	AGENCY REPORT NUMBER I21031311	

NARRATIVE

ON 06/09/2021, I (TROOPER JESUS MARTINEZ JR #10181) WAS FIELD TRAINING TROOPER S. SHERWOOD #10932. WE ARRIVED ON SCENE TO A COLLISION AT EASTBOUND STATE ROUTE 202 MILEPOST 4. WE WERE DIRECTED TO CONDUCT FOLLOW UP AT COUNTY HOSPITAL TO IDENTIFY SUBJECTS INVOLVED. WE WERE ABLE TO IDENTIFY ONE SUBJECT LOCATED AT COUNTY HOSPITAL, BEFORE WE WERE REASSIGNED TO GOOD SAMARITAN HOSPITAL. AT GOOD SAMARITAN HOSPITAL, WE WERE ABLE TO LOCATE FIVE SUBJECTS INVOLVED AND CONDUCT INTERVIEWS. PLEASE SEE TROOPER S. SHERWOOD SUPPLEMENTS FOR INTERVIEW STATEMENTS, FROM SUBJECTS INVOLVED. THIS

Officer's Name J. Martinez Jr (10181)	Date Completed 06/10/2021
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ARIZONA CRASH SUPPLEMENT	REPORT ID					
	YEAR MONTH DAY 21 06 09	HOUR MIN 22 12	NCIC NO [REDACTED]	OFFICER ID 10474	AGENCY REPORT NUMBER I21031311	

NARRATIVE

INTRODUCTION:

THIS SUPPLEMENT HAS BEEN PREPARED BY ARIZONA DEPARTMENT OF PUBLIC SAFETY (DPS) TROOPER W. ROSE #7857, WHO ASSISTED WITH THE INVESTIGATION OF AN EIGHT VEHICLE, MULTIPLE FATALITY COLLISION, INVOLVING A COMMERCIAL MOTOR VEHICLE (CMV) THAT OCCURRED AT APPROXIMATELY 2212 HOURS, ON 6/9/2021, ON STATE ROUTE 202, NEAR MILEPOST 4.

TROOPER BACKGROUND:

TROOPER W. ROSE HAS BEEN A STATE TROOPER FOR 6 YEARS. TROOPER ROSE IS A CERTIFIED LEVEL I CMV INSPECTOR, HAVING ATTENDED 80 HOURS OF CLASSROOM AND FIELD INSTRUCTION TO BECOME CERTIFIED AND PROFICIENT IN FEDERAL AND STATE LAWS THAT APPLY TO CMV'S AND CMV DRIVERS. TROOPER ROSE CONDUCTED 32 INSPECTIONS UNDER THE CLOSE SUPERVISION OF A LEVEL I CERTIFIED TROOPER AND DOCUMENTED HIS FINDINGS ON DRIVER/VEHICLE EXAMINATION REPORTS (DVER). TROOPER ROSE IS ALSO CERTIFIED AS A PASSENGER VEHICLE/MOTOR COACH INSPECTOR AND GENERAL HAZARDOUS MATERIALS INSPECTOR.

INITIAL OBSERVATIONS:

ON 6/9/2021, AT APPROXIMATELY 2247 HOURS, I WAS CONTACTED BY MY SERGEANT, L. BRADSHAW #5547, VIA PHONE. SERGEANT BRADSHAW TOLD ME A FATALITY COLLISION INVOLVING A CMV HAD OCCURRED IN THE AREA OF EASTBOUND STATE ROUTE 202, NEAR

MILEPOST 4. SERGEANT BRADSHAW ADVISED ME I WAS BEING CALLED OUT AND I COLLECTED MY GEAR AND BEGAN HEADING TO THE SCENE OF THE COLLISION.

I ARRIVED ON SCENE AT APPROXIMATELY 2321 HOURS, ON THE EASTBOUND LANES OF STATE ROUTE 202, WEST OF THE SCENE. I CONTACTED SERGEANT J. MELKI #7155, THE SUPERVISOR FOR THE SCENE. SERGEANT MELKI ADVISED ME THE CMV HAD STRUCK MULTIPLE VEHICLES AND THERE WERE SEVERAL FATALITIES AS A RESULT OF THE COLLISION. SEVERAL ADDITIONAL SUBJECTS HAD BEEN TRANSPORTED TO HOSPITALS FOR TREATMENT.

SERGEANT MELKI TOLD ME THE DRIVER OF THE CMV WAS ON SCENE AND TROOPER D. BRINSON #10487 HAD TALKED TO HIM. I NEXT CONTACTED TROOPER BRINSON. HE INFORMED ME HE HAD BEEN IN CONTACT WITH A REPRESENTATIVE OF THE CMV COMPANY, SUSAN SOLOMAN, AND PROVIDED ME WITH HER CONTACT INFORMATION. HE STATED SOLOMAN WAS WORKING ON GETTING THE INSURANCE INFORMATION OF THE VEHICLE. HE PROVIDED ME WITH A CARD THE DRIVER HAD GIVEN HIM, IDENTIFYING THE CMV COMPANY AS "ARIZONA MILK TRANSPORT".

DRIVER CONTACT:

ARIZONA CRASH SUPPLEMENT		REPORT ID			
	YEAR MONTH DAY 21 06 09	HOUR MIN 22 12	NCIC NO [REDACTED]	OFFICER ID 10474	AGENCY REPORT NUMBER I21031311

NARRATIVE

AFTER TALKING WITH TROOPER BRINSON, I CONTACTED THE DRIVER OF THE CMV, CESAR FRANCO GAVONEL. I ASKED FRANCO GAVONEL WHAT HAD HAPPENED. HE TOLD ME HE HAD BEEN EAST BOUND ON THE STATE ROUTE 202 HEADING TO HIS COMPANIES' YARD IN TEMPE. HE WAS LOADED WITH MILK AND WAS COMING FROM A FARM IN BUCKEYE. AS HE WAS DRIVING, HE STATED SMOKE BEGAN TO COME OUT OF THE ENGINE AREA OF HIS TRUCK, BLOCKING HIS SIGHT. HE TRIED TO BRAKE, BUT THE BRAKES DID NOT WORK. FRANCO GAVONEL TOLD ME HE FELT SEVERAL IMPACTS BEFORE THE VEHICLE CAME TO A STOP. HE EXITED HIS VEHICLE AS IT BECAME ENGULFED IN FLAMES.

I ASKED FRANCO GAVONEL HOW HIS COMPANY RECORDED THEIR WORKING HOURS. HE TOLD ME THEY RECORDED IT ON A TIME SHEET THE DRIVERS KEEP WITH THEM AND THE SHEET IS TURNED IN EVERY TWO WEEKS. I ASKED HIM WHERE HIS SHEET WAS AND HE STATED IT HAD BEEN IN HIS VEHICLE WHEN IT CAUGHT ON FIRE. I ASKED IF THE COMPANY WOULD HAVE A COPY OF HIS TIME SHEET AND HE TOLD ME HE DOUBTED IT. FRANCO GAVONEL INFORMED ME HE NORMALLY WORKED 12-HOUR SHIFTS, SUNDAY TO THURSDAY. ON 6/9/2021 HE STATED HE STARTED HIS SHIFT AT APPROXIMATELY 1430 HOURS. THE PREVIOUS DAY, HE HAD WORKED FROM APPROXIMATELY 1430 TO 0200.

FRANCO GAVONEL STATED THE TRUCK HE WAS DRIVING WAS HIS ASSIGNED TRUCK THAT HE NORMALLY DRIVES. HE TOLD ME HE CONDUCTED A PRE-TRIP INSPECTION THAT DAY AND DID NOT FIND ANYTHING WRONG WITH HIS VEHICLE. HE STATED HE FILLED OUT A "DVIR" TO RECORD HIS PRE-TRIP, BUT IT WAS IN THE VEHICLE DURING THE CRASH.

COMPANY REPRESENTATIVE CONTACT:

I CONTACTED SUSAN SOLOMAN, A SENIOR REPRESENTATIVE OF THE COMPANY. SOLOMAN STATED OTHER REPRESENTATIVES OF THE COMPANY WERE HEADED TO THE SCENE TO PROVIDE THE INSURANCE INFORMATION. I ASKED SOLOMAN HOW THE DRIVER RECORDS THEIR WORKING HOURS. SHE TOLD ME THEY USED PHYSICAL TIME SHEETS THE DRIVER KEEPS WITH THEM. THE TIME SHEETS ARE NORMALLY TURNED IN ON THE 15TH AND AT THE END OF THE MONTH. SOLOMAN PROVIDED ME WITH THE COMPANIES USDOT NUMBER (1435950) AND THE TRACTOR UNIT'S REGISTRATION. SHE ALSO EMAILED ME A COPY OF THE COMPANY'S INSURANCE CARD.

VEHICLE INSPECTION:

TRAFFIC UNIT #1

THE SEMI-TRUCK TRACTOR WAS COMPLETELY DESTROYED BY THE FIRE, BUT SOLOMAN PROVIDED DOCUMENTATION FOR IDENTIFICATION. THE TRUCK TRACTOR WAS A 2016 FREIGHTLINER TRUCK TRACTOR WITH ARIZONA REGISTRATION OF CK27704 AND A VEHICLE IDENTIFICATION NUMBER OF 3AKJGEDR0GSGW6726. THE TRUCK TRACTOR WAS REGISTERED TO ARIZONA MILK TRANSPORT, LOCATED IN LITCHFIELD PARK, AZ. AN INQUIRY THROUGH THE FEDERAL MOTOR CARRIER SAFETY

ARIZONA CRASH SUPPLEMENT			REPORT ID			
YEAR	MONTH	DAY	HOUR	MIN	NCIC NO	OFFICER ID
21	06	09	22	12		10474
						AGENCY REPORT NUMBER
						I21031311

NARRATIVE

ADMINISTRATION (FMCSA), MOTOR CARRIER MANAGEMENT INFORMATION SYSTEM (MICMIS) SITE INDICATED THAT ARIZONA MILK TRANSPORT POSSESSES A VALID US DEPARTMENT OF TRANSPORTATION (USDOT) NUMBER OF 1435950. AT THE TIME OF THE COLLISION, THE DRIVER AND TRUCK WERE OPERATING IN COMMERCE FOR INTRASTATE OPERATION.

TRAFFIC UNIT #1 WAS PULLING A 2015 WALKER TANK STYLE SEMI-TRAILER, WITH ARIZONA REGISTRATION 72443E AND A VEHICLE IDENTIFICATION NUMBER OF 5WSAA432XFN047046. IT WAS LEASED TO SHAMROCK FOODS COMPANY. THE TRAILER WAS LOADED WITH RAW MILK AT THE TIME OF THE COLLISION.

THE VEHICLE'S IDENTIFYING PAPERWORK WAS DESTROYED IN THE FIRE. AN ANNUAL INSPECTION WAS LOCATED ON THE TRAILER SHOWING IT WAS LAST CONDUCTED IN MAY OF 2021.

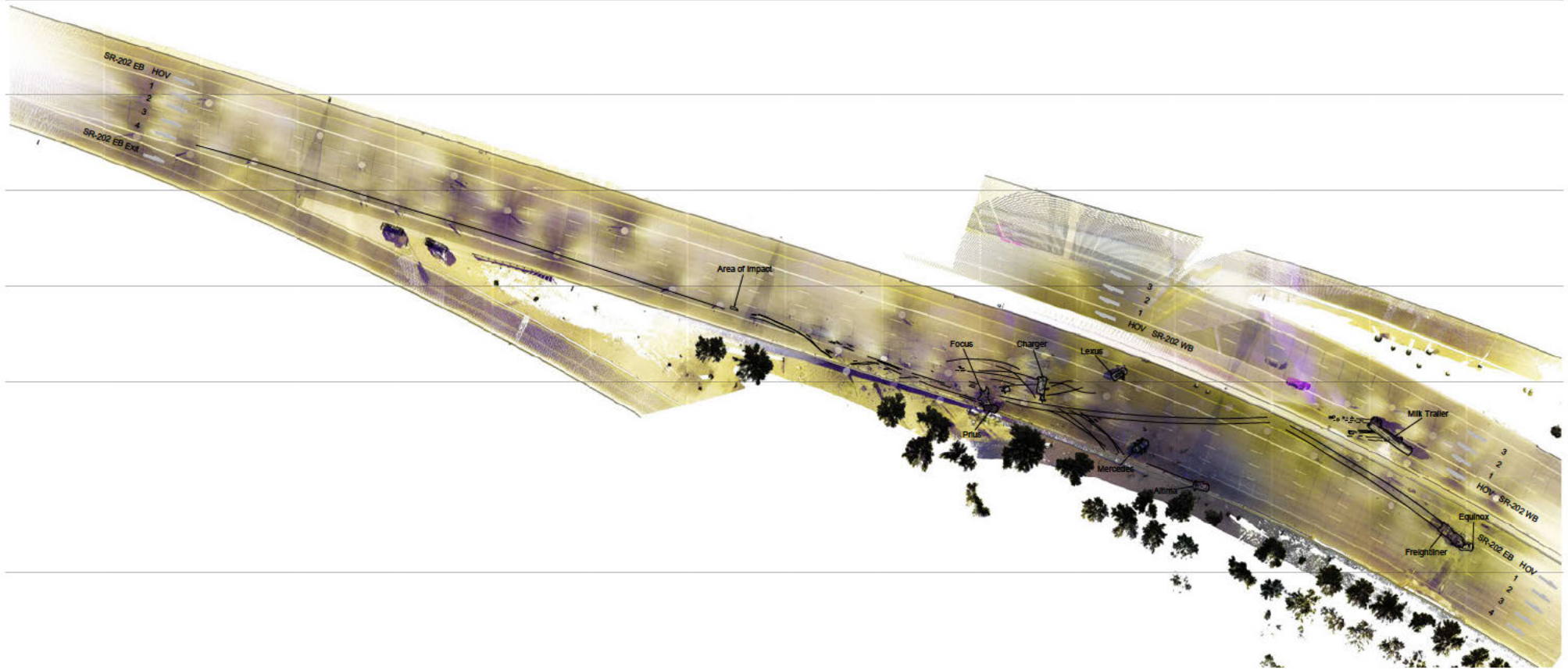
VEHICLE #1 WAS DRIVEN BY CESAR FRANCISCO FRANCO GAVONEL WHO POSSESSES A VALID ARIZONA COMMERCIAL DRIVER'S LICENSE # [REDACTED]. FRANCO GAVONEL'S NAME AND LICENSE NUMBERS WERE CHECKED THROUGH THE FMCSA INSPECTION PORTAL FOR PREVIOUS INSPECTIONS. THE INQUIRY SHOWED THERE WERE NO PREVIOUSLY RECORDED INSPECTIONS.

TROOPER ROSE COMPLETED A WALK-AROUND INSPECTION OF THE TRUCK-TRACTOR WITH THE ASSISTANCE OF TROOPER T. FRANKOWSKI #6604. VEHICLE 1 WAS COMPLETELY DESTROYED BY FIRE, BUT THE BRAKE COMPONENTS WERE STILL IN PLACE AND VISUAL. THE AIR SUPPLY LINES HAD BURNED OFF AS A RESULT OF THE FIRE. A VISUAL INSPECTION OF THE BRAKE COMPONENTS WAS COMPLETED AND OTHER THAN FROM THE FIRE, ALL PADS, CHAMBERS, AND RELATED COMPONENTS APPEARED TO BE IN GOOD WORKING CONDITION. THE FRONT PART OF THE TRACTOR STRUCTURE WAS COMPROMISED DUE TO THE EXTENSIVE FIRE.

THE TRAILER WAS INSPECTED WITH THE ASSISTANCE OF TROOPER FRANKOWSKI. A HEAVY TOW TRUCK PROVIDED AIR TO THE TRAILER, SO THE BRAKES COULD BE CHECKED. THE BRAKES, BRAKE PADS AND RELATED COMPONENTS APPEARED TO BE IN GOOD WORKING ORDER. THE TRAILER HAD SUSTAINED DAMAGE TO THE TANK AS A RESULT OF THE ROLLOVER. THE LIGHTS OF THE TRAILER COULD NOT BE INSPECTED DUE TO DAMAGE TO THE ELECTRICAL PIGTAIL. THE LOAD OF RAW MILK HAD SPILLED OUT OF THE TANK AND ONTO THE ROAD.

TROOPER ROSE COMPLETED A DRIVER/VEHICLE EXAMINATION REPORT #AZ0320000430, INDICATING THE CONDITION OF THE TRUCK TRACTOR AND TRAILER AND IS A PART OF THIS REPORT.

NO FURTHER ACTION WAS TAKEN AND TROOPER ROSE'S INVOLVEMENT IN THIS INVESTIGATION IS CONCLUDED.



Arizona Department of Public Safety

Incident Location:
SR-202 MP 4

Department Report:
I21031311

Date and time of incident:
June 9, 2021 2211 hours

Agency ORI:
0799

Investigating Officer/Trooper/Detective:
Z. Saxon, #10474

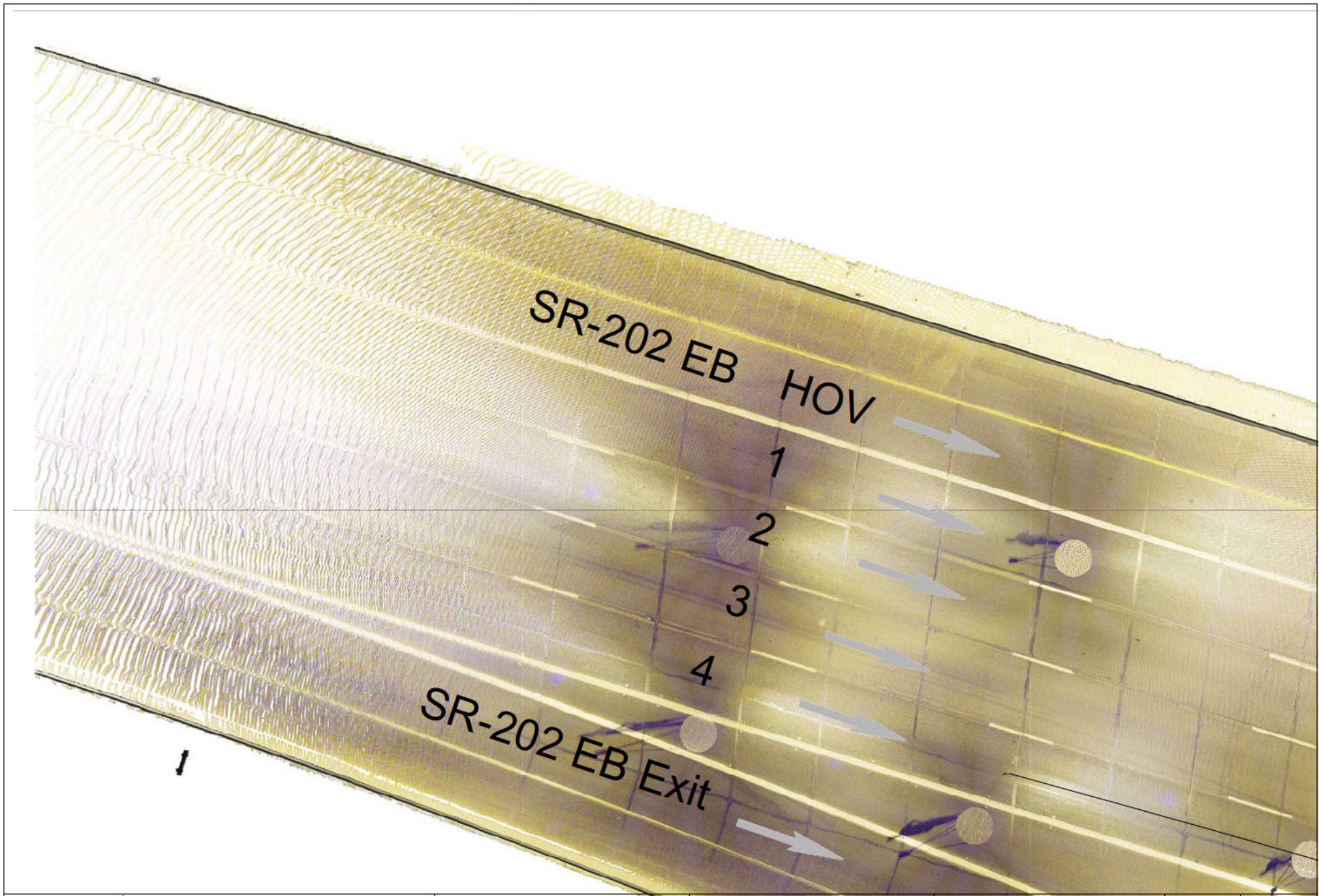
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D. Lee #10262



Drawn By:
D. Lee #10262

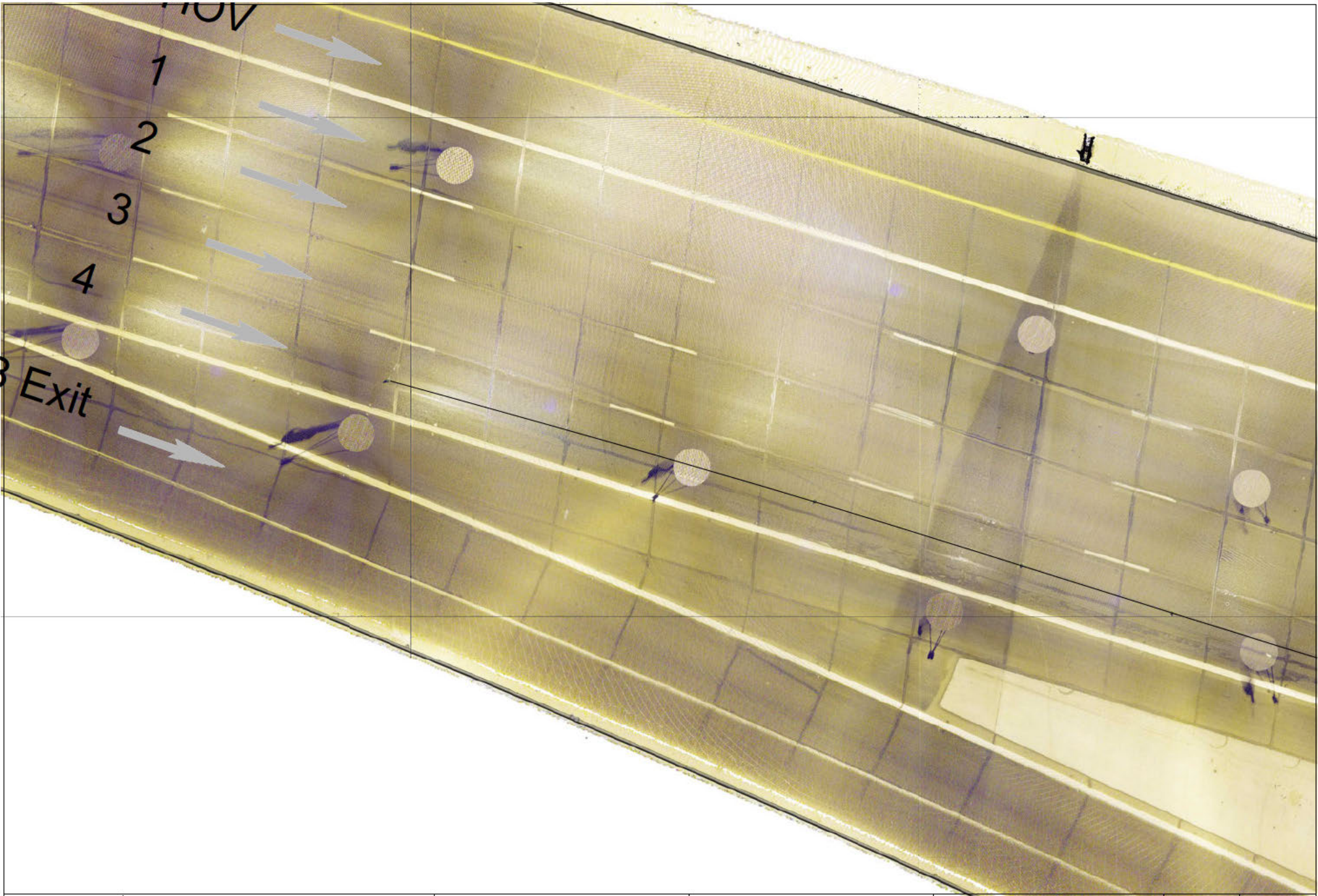
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Locator Code:
31030500

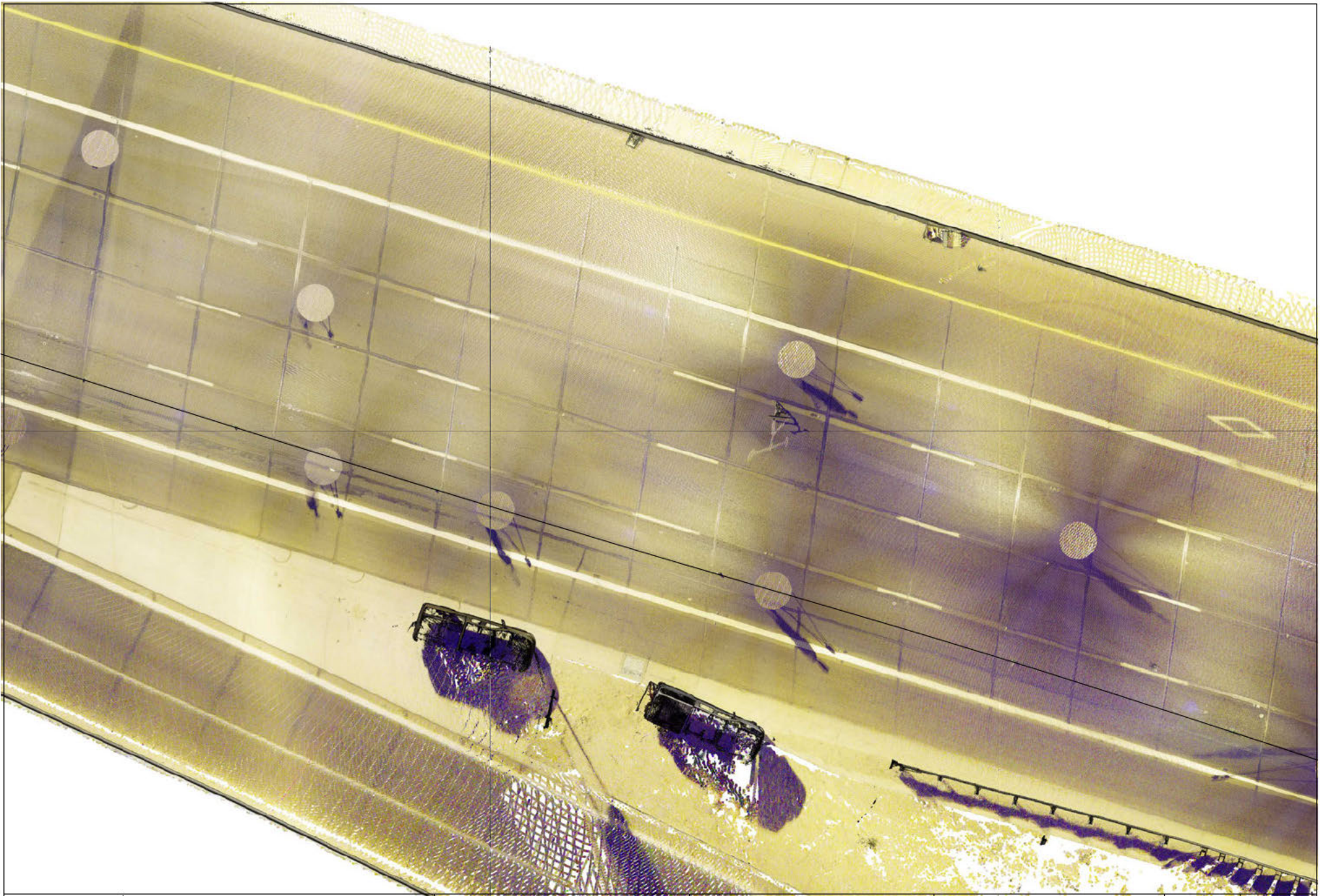




	Arizona Department of Public Safety	Department Report: I21031311	Agency ORI: 0799	Measured By: D. Lee #10262	Scale: 1"=20'	
	Incident Location: SR-202 MP 4	Date and time of incident: June 9, 2021 2211 hours	Investigating Officer/Trooper/Detective: Z. Saxon, #10474	Drawn By: D. Lee #10262	Locator Code: 31030500	



	Arizona Department of Public Safety	Department Report: I21031311	Agency ORI: 0799	Measured By: D. Lee #10262	Scale: 1"=20'	
	Incident Location: SR-202 MP 4	Date and time of incident: June 9, 2021 2211 hours	Investigating Officer/Trooper/Detective: Z. Saxon, #10474	Drawn By: D. Lee #10262	Locator Code: 31030500	



Arizona Department of Public Safety

Incident Location:
SR-202 MP 4

Department Report:
I21031311

Date and time of incident:
June 9, 2021 2211 hours

Agency ORI:
0799

Investigating Officer/Trooper/Detective:
Z. Saxon, #10474

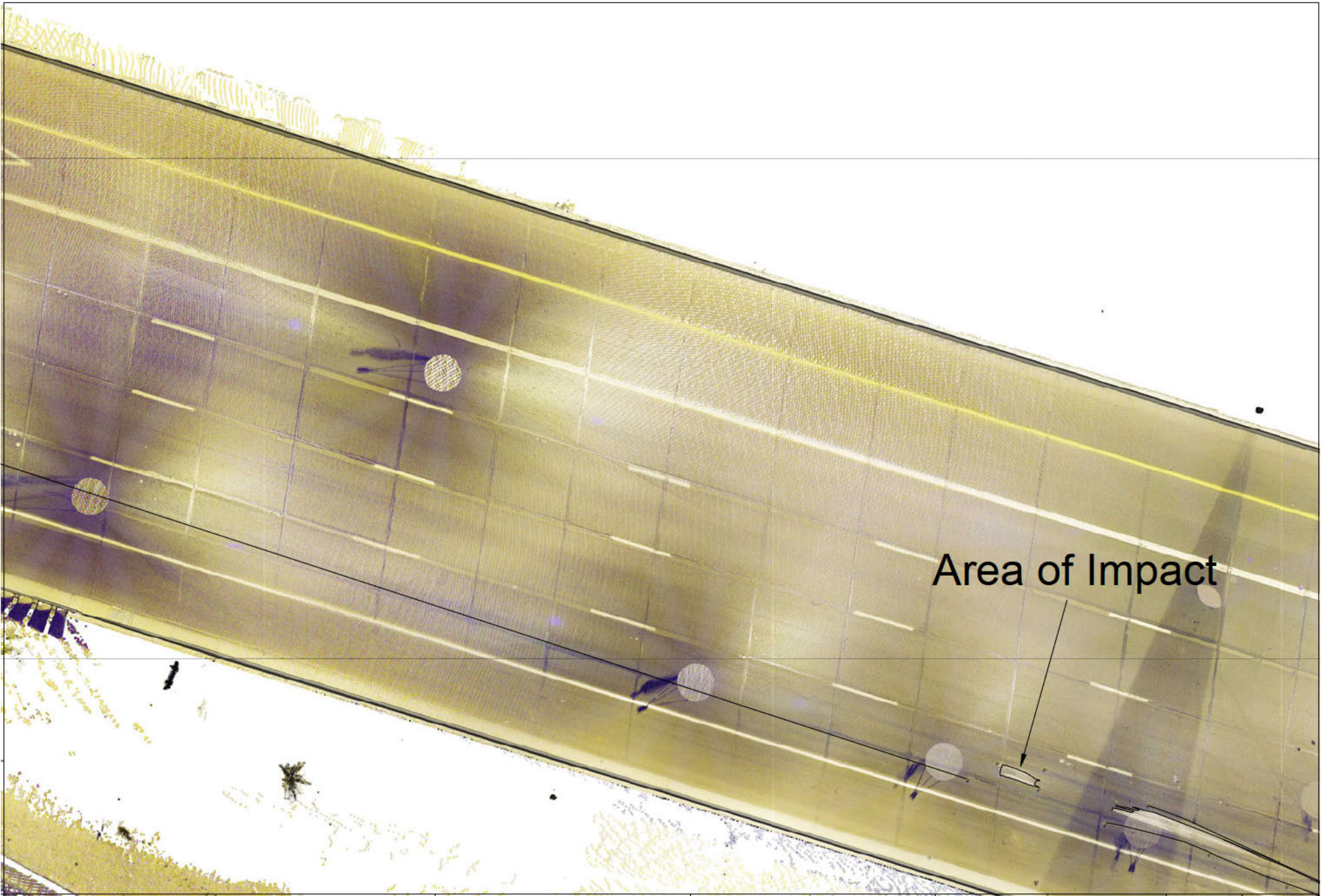
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D. Lee #10262

Drawn By:
D. Lee #10262



Scale:
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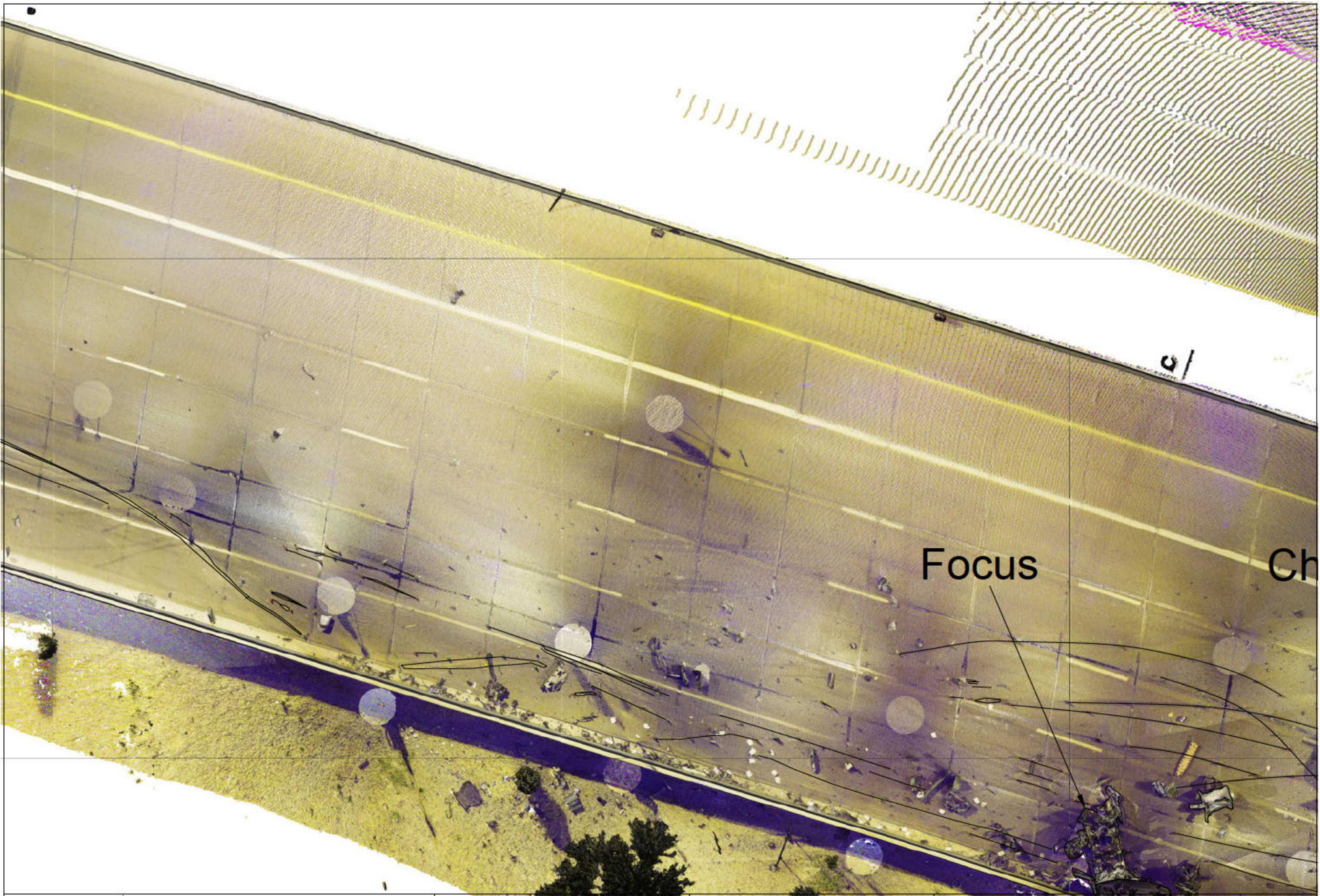


Locator Code:
31030500



Area of Impact

	Arizona Department of Public Safety	Department Report: I21031311	Agency ORI: 0799	Measured By: D. Lee #10262	Scale: 1"=20'	
	Incident Location: SR-202 MP 4	Date and time of incident: June 9, 2021 2211 hours	Investigating Officer/Trooper/Detective: Z. Saxon, #10474	Drawn By: D. Lee #10262	Locator Code: 31030500	



Arizona Department of Public Safety

Incident Location:
SR-202 MP 4

Department Report:
I21031311

Date and time of incident:
June 9, 2021 2211 hours

Agency ORI:
0799

Investigating Officer/Trooper/Detective:
Z. Saxon, #10474

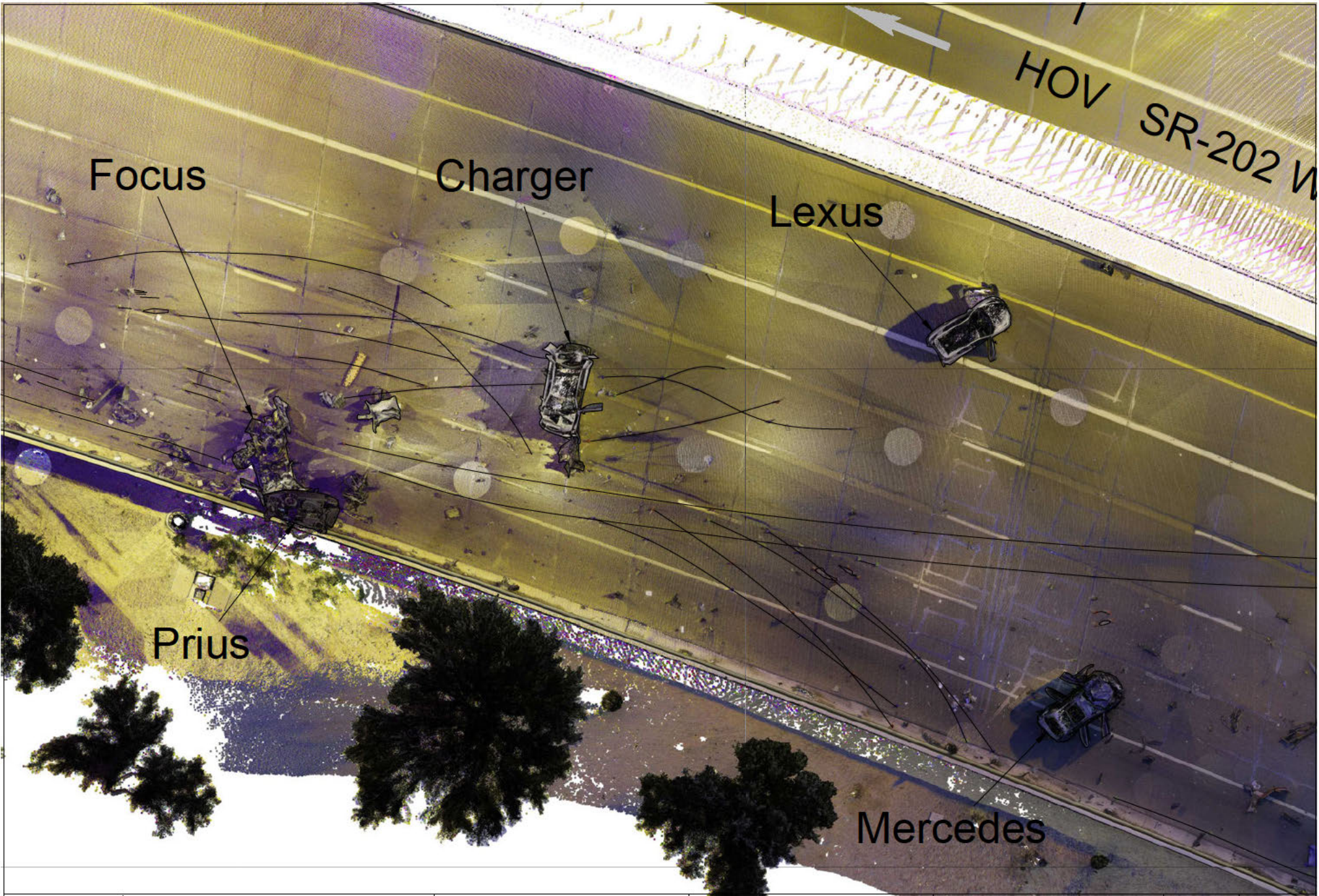
Measured By:
D. Lee #10262



Drawn By:
D. Lee #10262

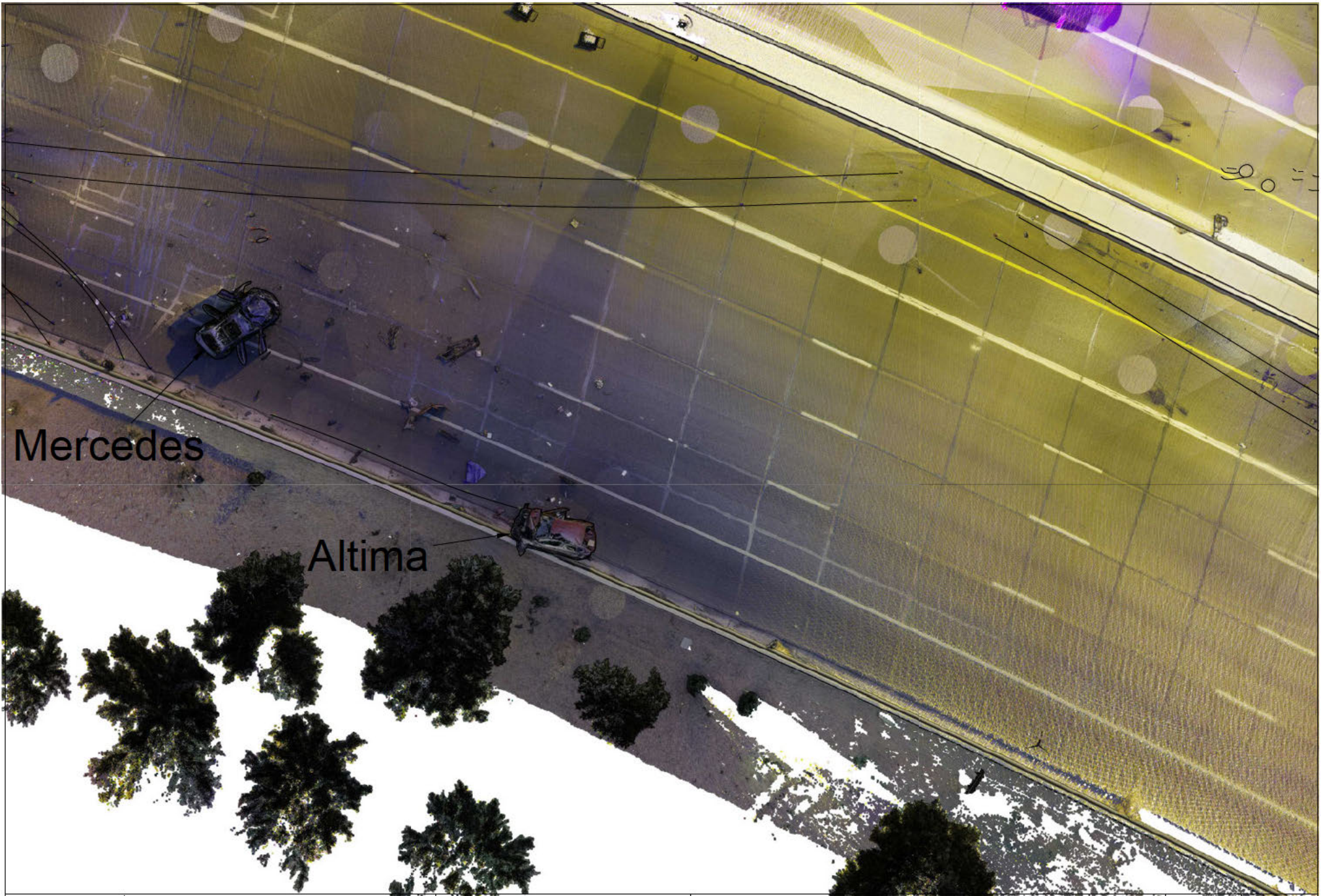
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Locator Code:
31030500



	Arizona Department of Public Safety	Department Report: I21031311	Agency ORI: 0799	Measured By: D. Lee #10262	Scale: 1":20'	
	Incident Location: SR-202 MP 4	Date and time of incident: June 9, 2021 2211 hours	Investigating Officer/Trooper/Detective: Z. Saxon, #10474	Drawn By: D. Lee #10262	Locator Code: 31030500	



Mercedes

Altima



Arizona Department of Public Safety

Incident Location:
SR-202 MP 4

Department Report:
I21031311

Date and time of incident:
June 9, 2021 2211 hours

Agency ORI:
0799

Investigating Officer/Trooper/Detective:
Z. Saxon, #10474

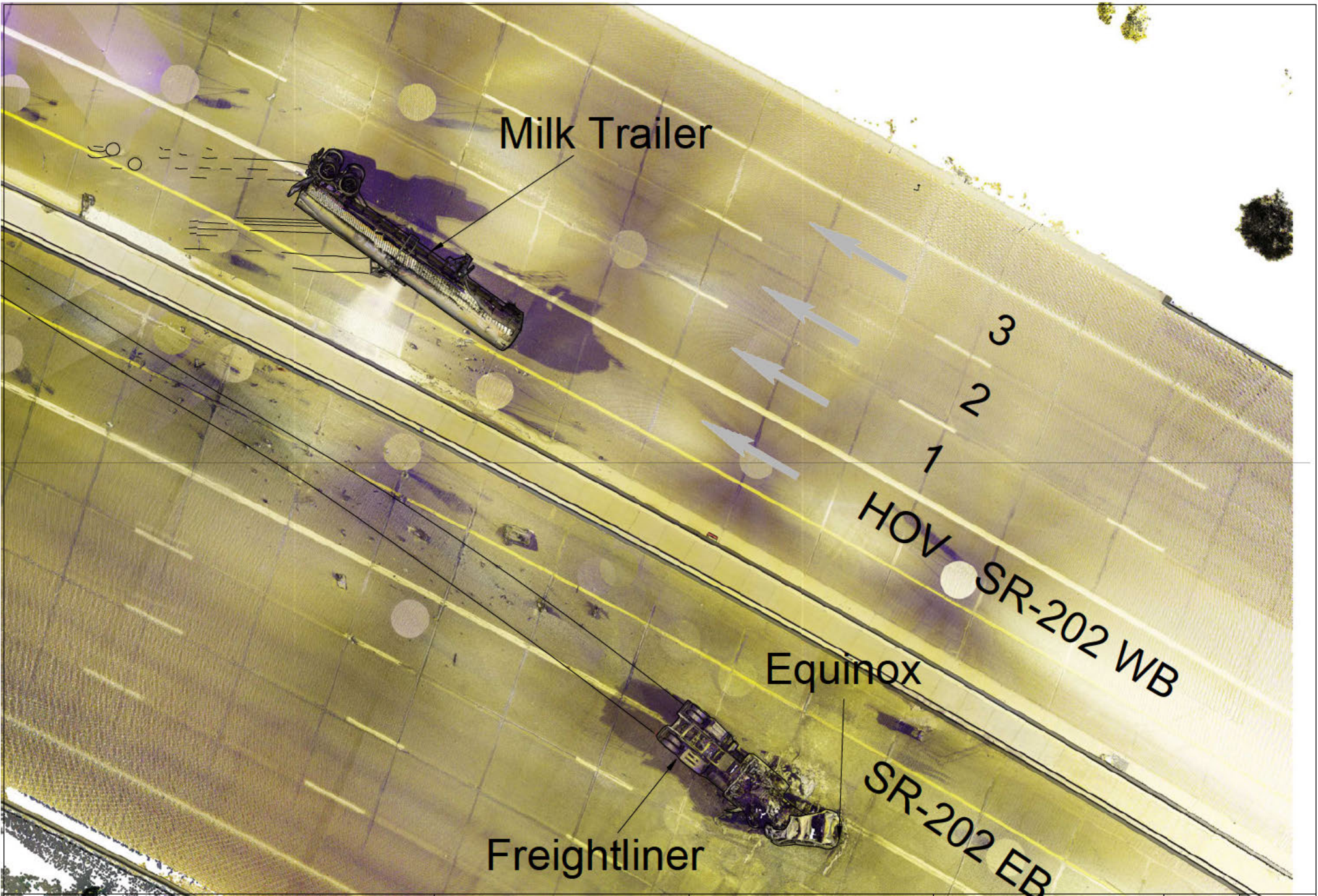
Measured By:
D. Lee #10262

Drawn By:
D. Lee #10262

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1"=20'



Locator Code:
31030500





Milk Trailer

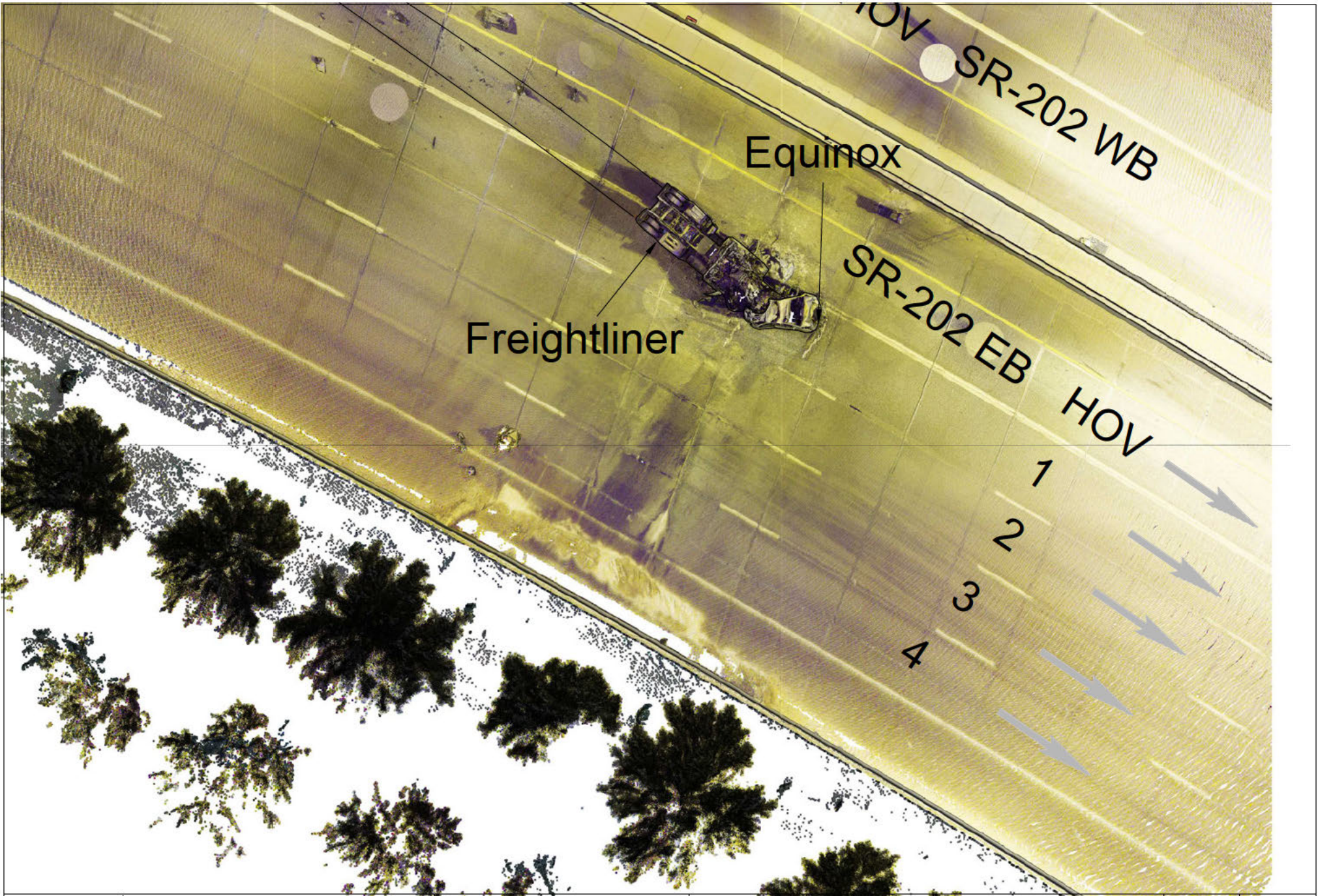
3
2
1
HOV SR-202 WB



Equinox

SR-202 EB

Freightliner

	Arizona Department of Public Safety	Department Report: I21031311	Agency ORI: 0799	Measured By: D. Lee #10262	Scale: 1"=20'	
	Incident Location: SR-202 MP 4	Date and time of incident: June 9, 2021 2211 hours	Investigating Officer/Trooper/Detective: Z. Saxon, #10474	Drawn By: D. Lee #10262	Locator Code: 31030500	



	Arizona Department of Public Safety	Department Report: I21031311	Agency ORI: 0799	Measured By: D. Lee #10262	Scale: 1"=20'	
	Incident Location: SR-202 MP 4	Date and time of incident: June 9, 2021 2211 hours	Investigating Officer/Trooper/Detective: Z. Saxon, #10474	Drawn By: D. Lee #10262	Locator Code: 31030500	



ARIZONA DEPARTMENT OF PUBLIC SAFETY

VEHICLE REMOVAL REPORT

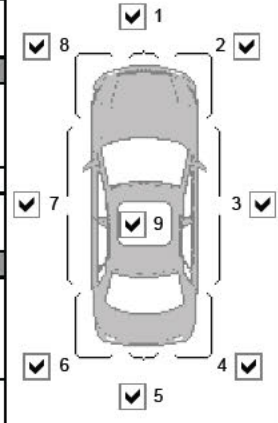
Tow Sheet Number T12582821161001	
DR Number I21031311	Date Removed 06/09/2021

VEHICLE DESCRIPTION					LOCATION VEHICLE REMOVED					
Year 2016	Color WHI	Make FRHT	Model CASC	License Plate CK27704	State AZ	Expiration Date 6/30/2021	Highway SR202	Milepost 3.9	Street / Private Property	
Vehicle Identification Number (VIN) 3AKJGEDR0GSGW6726					Odometer		City / Town PHOENIX		County MARICOPA	
Driver Name CESAR FRANCO GAVONEL			Address [REDACTED]			City PEORIA		State AZ	ZipCode 85383	Phone
Owner Name ARIZONA MILK TRANSPORT			Address 5115 N DYSART RD #202-422			City LITCHFIELD PARK		State AZ	ZipCode 85340	Phone
Lien Holder			Address			City		State	ZipCode	Phone
Trailer Towed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Trailer Year 2016		Plate CK27704	State AZ		VIN 3AKJGEDR0GSGW6726			
Trailer Owner - Name ARIZONA MILK TRANSPORT			Address 5115 N DYSART RD #202-422			City LITCHFIELD PARK		State AZ	Zip Code 85340	

REASON FOR REMOVAL/SECURING ON SCENE (Check all that apply)		VEHICLE REMOVAL NOTICE INFORMATION			CONDITION OF:	
<input type="checkbox"/> Vehicle Removal Notice Affixed	<input type="checkbox"/> HPD <input type="checkbox"/> CID	Date First Contact With Vehicle	Time	Officer ID from Notice		D = Damaged M = Missing P = Present
<input checked="" type="checkbox"/> Collision	<input type="checkbox"/> Arrest - MISD	TOW COMPANY INFORMATION <input type="checkbox"/> Light <input type="checkbox"/> Medium <input checked="" type="checkbox"/> Heavy				Right Front Tire
<input type="checkbox"/> Abandoned	<input type="checkbox"/> Arrest - Felony					Time Tow Requested 04:00
<input type="checkbox"/> 30-Day Impound	<input type="checkbox"/> Hazardous	Tow Company Name 3 - FIRST CLASS AUTOMOTIVE TRANSPORT		Phone (480) 644-8181	Left Front Tire	<input type="checkbox"/> D
<input type="checkbox"/> Seizure	<input type="checkbox"/> Evidence	Storage Address 2610 S 16TH ST AZDPS EVIDENCE LOT			Left Rear Tire	<input type="checkbox"/> D
<input type="checkbox"/> >2 Hours Metro Fwy	<input type="checkbox"/> Stolen Vehicle				Spare Tire	<input type="checkbox"/> D
<input type="checkbox"/> >4 Hours Rural Fwy	<input type="checkbox"/> Owner's Request				Stereo	<input type="checkbox"/> D
<input type="checkbox"/> >48 Hrs Other Fwy	<input type="checkbox"/> Other				Seats	<input type="checkbox"/> D
					Interior	<input type="checkbox"/> D

VEHICLE REMOVAL AUTHORIZATION					VEHICLE DAMAGE	
As owner / person in charge of the above described vehicle, I request that the vehicle be:						
<input type="checkbox"/> Removed to: _____						
<input type="checkbox"/> Vehicle Secured Temporarily at the Scene						
<input type="checkbox"/> Released to First Name		Last Name		Driver's License Number	DOB	
Address		City	State	ZipCode	Phone	
<input type="checkbox"/> None <input type="checkbox"/> Glass <input type="checkbox"/> Undercarriage <input type="checkbox"/> Fire <input type="checkbox"/> Other <input type="checkbox"/> Unknown						

IMPOUND INFORMATION					
<input type="checkbox"/> Impounded For violation of A.R.S. 28-3511 your vehicle is impounded for thirty (30) days. Any parties having interest in this vehicle may, within ten (10) days receipt of this notice, request a hearing to determine the validity of the impoundment.					
To request a hearing, contact the Arizona Department of Public Safety at:					
Address 2222 W. ENCANTO		City PHOENIX	State AZ	ZipCode 85009	Phone (602) 223-2957
SIGNATURE					
X _____			Time _____		
* + [REDACTED] + *					



REMARKS / PERSONAL PROPERTY LEFT IN VEHICLE		
<input type="checkbox"/> Ignition Key	<input type="checkbox"/> Registration	<input type="checkbox"/> Driver Remained with Vehicle
UNKNOWN		

Officer Name I. WELLS	Badge No. 10717	Investigative Officer Badge 10717	Location Code 22200100
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ARIZONA DEPARTMENT OF PUBLIC SAFETY

VEHICLE REMOVAL REPORT

Tow Sheet Number T12582821161002	
DR Number I21031311	Date Removed 06/09/2021

VEHICLE DESCRIPTION					LOCATION VEHICLE REMOVED				
Year 2016	Color GLD	Make CHEV	Model EQU	License Plate 11111	State AZ	Expiration Date 12/31/2021	Highway SR202	Milepost 3.9	Street / Private Property
Vehicle Identification Number (VIN) 111111111111111111					Odometer		City / Town PHOENIX		County MARICOPA
Driver Name UNKNOWN UNKNOWN		Address			City		State	ZipCode	Phone
Owner Name UNKNOWN		Address			City		State	ZipCode	Phone
Lien Holder		Address			City		State	ZipCode	Phone
Trailer Towed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trailer Year		Plate	State		VIN			
Trailer Owner - Name		Address			City		State	Zip Code	

REASON FOR REMOVAL/SECURING ON SCENE (Check all that apply)			VEHICLE REMOVAL NOTICE INFORMATION			CONDITION OF:		
<input type="checkbox"/> Vehicle Removal Notice Affixed	<input type="checkbox"/> HPD	<input type="checkbox"/> CID	Date First Contact With Vehicle	Time	Officer ID from Notice		D = Damaged M = Missing P = Present	
<input checked="" type="checkbox"/> Collision	<input type="checkbox"/> Arrest - MISD		TOW COMPANY INFORMATION			Right Front Tire	<input type="checkbox"/> D	
<input type="checkbox"/> Abandoned	<input type="checkbox"/> Arrest - Felony		<input checked="" type="checkbox"/> Light	<input type="checkbox"/> Medium	<input type="checkbox"/> Heavy	Right Rear Tire	<input type="checkbox"/> D	
<input type="checkbox"/> 30-Day Impound	<input type="checkbox"/> Hazardous		Time Tow Requested	Time Tow Arrived		Left Front Tire	<input type="checkbox"/> D	
<input type="checkbox"/> Seizure	<input type="checkbox"/> Evidence		04:00	04:30		Left Rear Tire	<input type="checkbox"/> D	
<input type="checkbox"/> >2 Hours Metro Fwy	<input type="checkbox"/> Stolen Vehicle		Tow Company Name		Phone	Spare Tire	<input type="checkbox"/> D	
<input type="checkbox"/> >4 Hours Rural Fwy	<input type="checkbox"/> Owner's Request		5 - UNIQUE HEAVY RECOVERY		(623) 582-0881	Stereo	<input type="checkbox"/> D	
<input type="checkbox"/> >48 Hrs Other Fwy	<input type="checkbox"/> Other		Storage Address			Seats	<input type="checkbox"/> D	
			23881 N 7TH AVE, PHOENIX, AZ 85085			Interior	<input type="checkbox"/> D	

VEHICLE REMOVAL AUTHORIZATION					VEHICLE DAMAGE	
As owner / person in charge of the above described vehicle, I request that the vehicle be:						
<input type="checkbox"/> Removed to: _____						
<input type="checkbox"/> Vehicle Secured Temporarily at the Scene						
<input type="checkbox"/>	Released to First Name	Last Name	Driver's License Number	DOB		
	Address		City	State	ZipCode	Phone
<input type="checkbox"/> None <input type="checkbox"/> Glass <input type="checkbox"/> Undercarriage <input type="checkbox"/> Fire <input type="checkbox"/> Other <input type="checkbox"/> Unknown						

IMPOUND INFORMATION				
<input type="checkbox"/> Impounded For violation of A.R.S. 28-3511 your vehicle is impounded for thirty (30) days. Any parties having interest in this vehicle may, within ten (10) days receipt of this notice, request a hearing to determine the validity of the impoundment.				
To request a hearing, contact the Arizona Department of Public Safety at:				
Address 2222 W. ENCANTO	City PHOENIX	State AZ	ZipCode 85009	Phone (602) 223-2957
SIGNATURE				
X _____			Time _____	
* [REDACTED] *				



REMARKS / PERSONAL PROPERTY LEFT IN VEHICLE			
<input type="checkbox"/> Ignition Key	<input type="checkbox"/> Registration	<input type="checkbox"/> Driver Remained with Vehicle	
UNKNOWN INFO FOR VEHICLE DUE TO DAMAGE AND BURNT			

Officer Name I. WELLS	Badge No. 10717	Investigative Officer Badge 10717	Location Code 22200100
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ARIZONA DEPARTMENT OF PUBLIC SAFETY

VEHICLE REMOVAL REPORT

Tow Sheet Number T12582821161003	
DR Number I21031311	Date Removed 06/09/2021

VEHICLE DESCRIPTION					LOCATION VEHICLE REMOVED					
Year 2015	Color MAR	Make NISS	Model ALT	License Plate [REDACTED]	State MO	Expiration Date 3/31/2021	Highway SR202	Milepost 3.9	Street / Private Property	
Vehicle Identification Number (VIN) 1N4AL3AP5FC					Odometer		City / Town PHOENIX		County MARICOPA	
Driver Name EDWARD CLAY ISOM			Address [REDACTED] 062			City PHOENIX		State AZ	ZipCode 85021	Phone
Owner Name ARDELIA ISOM			Address [REDACTED]			City HATI HEIGHTS		State MO	ZipCode 63851	Phone
Lien Holder			Address			City		State	ZipCode	Phone
Trailer Towed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Trailer Year		Plate	State		VIN			
Trailer Owner - Name			Address			City		State	Zip Code	

REASON FOR REMOVAL/SECURING ON SCENE (Check all that apply)		VEHICLE REMOVAL NOTICE INFORMATION			CONDITION OF:	
<input type="checkbox"/> Vehicle Removal Notice Affixed	<input type="checkbox"/> HPD <input type="checkbox"/> CID	Date First Contact With Vehicle	Time	Officer ID from Notice		D = Damaged M = Missing P = Present
<input checked="" type="checkbox"/> Collision	<input type="checkbox"/> Arrest - MISD	TOW COMPANY INFORMATION				Right Front Tire <input type="checkbox"/> D
<input type="checkbox"/> Abandoned	<input type="checkbox"/> Arrest - Felony	<input checked="" type="checkbox"/> Light	<input type="checkbox"/> Medium	<input type="checkbox"/> Heavy		Right Rear Tire <input type="checkbox"/> D
<input type="checkbox"/> 30-Day Impound	<input type="checkbox"/> Hazardous	Time Tow Requested 04:00	Time Tow Arrived 04:30			Left Front Tire <input type="checkbox"/> D
<input type="checkbox"/> Seizure	<input type="checkbox"/> Evidence	Tow Company Name 3 - FIRST CLASS AUTOMOTIVE TRANSPORT		Phone (480) 644-8181		Left Rear Tire <input type="checkbox"/> D
<input type="checkbox"/> >2 Hours Metro Fwy	<input type="checkbox"/> Stolen Vehicle	Storage Address 1401 E. UNIVERSITY DR., PHOENIX, AZ 85212				Spare Tire <input type="checkbox"/> D
<input type="checkbox"/> >4 Hours Rural Fwy	<input type="checkbox"/> Owner's Request					Stereo <input type="checkbox"/> D
<input type="checkbox"/> >48 Hrs Other Fwy	<input type="checkbox"/> Other					Seats <input type="checkbox"/> D
						Interior <input type="checkbox"/> D

VEHICLE REMOVAL AUTHORIZATION					VEHICLE DAMAGE	
As owner / person in charge of the above described vehicle, I request that the vehicle be:						
<input type="checkbox"/> Removed to: _____						
<input type="checkbox"/> Vehicle Secured Temporarily at the Scene						
<input type="checkbox"/> Released to First Name		Last Name		Driver's License Number	DOB	
Address			City	State	ZipCode	Phone
<input type="checkbox"/> None <input type="checkbox"/> Glass <input type="checkbox"/> Undercarriage <input type="checkbox"/> Fire <input type="checkbox"/> Other <input type="checkbox"/> Unknown						

IMPOUND INFORMATION					
<input type="checkbox"/> Impounded For violation of A.R.S. 28-3511 your vehicle is impounded for thirty (30) days. Any parties having interest in this vehicle may, within ten (10) days receipt of this notice, request a hearing to determine the validity of the impoundment.					
To request a hearing, contact the Arizona Department of Public Safety at:					
Address 2222 W. ENCANTO		City PHOENIX	State AZ	ZipCode 85009	Phone (602) 223-2957

SIGNATURE	
X _____	Time _____
* + [REDACTED] *	



REMARKS / PERSONAL PROPERTY LEFT IN VEHICLE		
<input type="checkbox"/> Ignition Key	<input type="checkbox"/> Registration	<input type="checkbox"/> Driver Remained with Vehicle
UNKNOWN DUE TO DAMAGE		

Officer Name I. WELLS	Badge No. 10717	Investigative Officer Badge 10717	Location Code 22200100
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ARIZONA DEPARTMENT OF PUBLIC SAFETY

VEHICLE REMOVAL REPORT

Tow Sheet Number T12582821161004	
DR Number I21031311	Date Removed 06/09/2021

VEHICLE DESCRIPTION					LOCATION VEHICLE REMOVED				
Year 2018	Color BLK	Make MERZ	Model C30	License Plate [REDACTED]	State AZ	Expiration Date 7/9/2021	Highway SR202	Milepost 3.9	Street / Private Property
Vehicle Identification Number (VIN) WDDWF4JB6JR					Odometer		City / Town PHOENIX		County MARICOPA
Driver Name YASMIN RODRIGUEZ			Address [REDACTED]			City QUEEN CREEK	State AZ	ZipCode 85142	Phone
Owner Name BILL LUKE CHRYSLER JEEP AND DO			Address 2425 W CAMELBACK ROAD			City PHOENIX	State AZ	ZipCode 85015	Phone
Lien Holder			Address			City	State	ZipCode	Phone
Trailer Towed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trailer Year		Plate	State		VIN			
Trailer Owner - Name			Address			City	State	Zip Code	

REASON FOR REMOVAL/SECURING ON SCENE (Check all that apply)		VEHICLE REMOVAL NOTICE INFORMATION			CONDITION OF:	
<input type="checkbox"/> Vehicle Removal Notice Affixed	<input type="checkbox"/> HPD <input type="checkbox"/> CID	Date First Contact With Vehicle	Time	Officer ID from Notice		D = Damaged M = Missing P = Present
<input checked="" type="checkbox"/> Collision	<input type="checkbox"/> Arrest - MISD	TOW COMPANY INFORMATION				Right Front Tire <input type="checkbox"/> D
<input type="checkbox"/> Abandoned	<input type="checkbox"/> Arrest - Felony	<input checked="" type="checkbox"/> Light	<input type="checkbox"/> Medium	<input type="checkbox"/> Heavy		Right Rear Tire <input type="checkbox"/> D
<input type="checkbox"/> 30-Day Impound	<input type="checkbox"/> Hazardous	Time Tow Requested	Time Tow Arrived			Left Front Tire <input type="checkbox"/> D
<input type="checkbox"/> Seizure	<input type="checkbox"/> Evidence	04:00	04:30			Left Rear Tire <input type="checkbox"/> D
<input type="checkbox"/> >2 Hours Metro Fwy	<input type="checkbox"/> Stolen Vehicle	Tow Company Name		Phone		Spare Tire <input type="checkbox"/> D
<input type="checkbox"/> >4 Hours Rural Fwy	<input type="checkbox"/> Owner's Request	1 - JD TOWING		(480) 234-0987		Stereo <input type="checkbox"/> D
<input type="checkbox"/> >48 Hrs Other Fwy	<input type="checkbox"/> Other	Storage Address				Seats <input type="checkbox"/> D
		229 W. VINE AVE, MESA, AZ 85210				Interior <input type="checkbox"/> D

VEHICLE REMOVAL AUTHORIZATION					VEHICLE DAMAGE	
As owner / person in charge of the above described vehicle, I request that the vehicle be:						
<input type="checkbox"/> Removed to: _____						
<input type="checkbox"/> Vehicle Secured Temporarily at the Scene						
<input type="checkbox"/>	Released to First Name	Last Name	Driver's License Number	DOB	<input type="checkbox"/> None <input type="checkbox"/> Glass <input type="checkbox"/> Undercarriage <input type="checkbox"/> Fire <input type="checkbox"/> Other <input type="checkbox"/> Unknown	
	Address	City	State	ZipCode	Phone	

IMPOUND INFORMATION					
<input type="checkbox"/> Impounded For violation of A.R.S. 28-3511 your vehicle is impounded for thirty (30) days. Any parties having interest in this vehicle may, within ten (10) days receipt of this notice, request a hearing to determine the validity of the impoundment.					
To request a hearing, contact the Arizona Department of Public Safety at:					
Address 2222 W. ENCANTO	City PHOENIX	State AZ	ZipCode 85009	Phone (602) 223-2957	

SIGNATURE	
X _____	Time _____
* + [REDACTED] *	

REMARKS / PERSONAL PROPERTY LEFT IN VEHICLE		
<input type="checkbox"/> Ignition Key	<input type="checkbox"/> Registration	<input type="checkbox"/> Driver Remained with Vehicle
DAMAGE		

Officer Name I. WELLS	Badge No. 10717	Investigative Officer Badge 10717	Location Code 22200100
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ARIZONA DEPARTMENT OF PUBLIC SAFETY

VEHICLE REMOVAL REPORT

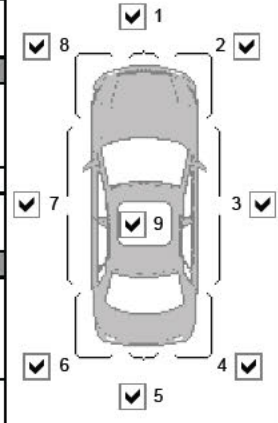
Tow Sheet Number T12582821161005	
DR Number I21031311	Date Removed 06/09/2021

VEHICLE DESCRIPTION					LOCATION VEHICLE REMOVED				
Year 2013	Color WHI	Make LEXS	Model CT	License Plate [REDACTED]	State AZ	Expiration Date 11/15/2021	Highway SR202	Milepost 3.9	Street / Private Property
Vehicle Identification Number (VIN) JTHKD5BH1D2 [REDACTED]					Odometer		City / Town PHOENIX		County MARICOPA
Driver Name UNK UNK		Address			City		State	ZipCode	Phone
Owner Name NELDON HALL		Address			City PLEASANT GROVE		State UT	ZipCode 84062	Phone
Lien Holder		Address			City		State	ZipCode	Phone
Trailer Towed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trailer Year		Plate	State		VIN			
Trailer Owner - Name		Address			City		State	Zip Code	

REASON FOR REMOVAL/SECURING ON SCENE (Check all that apply)			VEHICLE REMOVAL NOTICE INFORMATION			CONDITION OF:		
<input type="checkbox"/> Vehicle Removal Notice Affixed	<input type="checkbox"/> HPD	<input type="checkbox"/> CID	Date First Contact With Vehicle	Time	Officer ID from Notice		D = Damaged M = Missing P = Present	
<input checked="" type="checkbox"/> Collision	<input type="checkbox"/> Arrest - MISD		TOW COMPANY INFORMATION			Right Front Tire	<input type="checkbox"/> D	
<input type="checkbox"/> Abandoned	<input type="checkbox"/> Arrest - Felony		<input checked="" type="checkbox"/> Light	<input type="checkbox"/> Medium	<input type="checkbox"/> Heavy	Right Rear Tire	<input type="checkbox"/> D	
<input type="checkbox"/> 30-Day Impound	<input type="checkbox"/> Hazardous		Time Tow Requested	Time Tow Arrived		Left Front Tire	<input type="checkbox"/> D	
<input type="checkbox"/> Seizure	<input type="checkbox"/> Evidence		04:00	04:30		Left Rear Tire	<input type="checkbox"/> D	
<input type="checkbox"/> >2 Hours Metro Fwy	<input type="checkbox"/> Stolen Vehicle		Tow Company Name		Phone	Spare Tire	<input type="checkbox"/> D	
<input type="checkbox"/> >4 Hours Rural Fwy	<input type="checkbox"/> Owner's Request		2 - PROFESSIONAL TOWING & RECOVERY LLC		(480) 797-9922	Stereo	<input type="checkbox"/> D	
<input type="checkbox"/> >48 Hrs Other Fwy	<input type="checkbox"/> Other		Storage Address			Seats	<input type="checkbox"/> D	
			3420 N 27TH AVE, PHOENIX, AZ 85017			Interior	<input type="checkbox"/> D	

VEHICLE REMOVAL AUTHORIZATION					VEHICLE DAMAGE	
As owner / person in charge of the above described vehicle, I request that the vehicle be:						
<input type="checkbox"/> Removed to: _____						
<input type="checkbox"/> Vehicle Secured Temporarily at the Scene						
<input type="checkbox"/> Released to First Name		Last Name		Driver's License Number		DOB
Address		City		State	ZipCode	Phone
<input type="checkbox"/> None <input type="checkbox"/> Glass <input type="checkbox"/> Undercarriage <input type="checkbox"/> Fire <input type="checkbox"/> Other <input type="checkbox"/> Unknown						

IMPOUND INFORMATION					
<input type="checkbox"/> Impounded For violation of A.R.S. 28-3511 your vehicle is impounded for thirty (30) days. Any parties having interest in this vehicle may, within ten (10) days receipt of this notice, request a hearing to determine the validity of the impoundment.					
To request a hearing, contact the Arizona Department of Public Safety at:					
Address 2222 W. ENCANTO		City PHOENIX	State AZ	ZipCode 85009	Phone (602) 223-2957
SIGNATURE					
X _____			Time _____		
* [REDACTED] *			+		



REMARKS / PERSONAL PROPERTY LEFT IN VEHICLE		
<input type="checkbox"/> Ignition Key	<input type="checkbox"/> Registration	<input type="checkbox"/> Driver Remained with Vehicle
DAMAGE		

Officer Name I. WELLS	Badge No. 10717	Investigative Officer Badge 10717	Location Code 22200100
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ARIZONA DEPARTMENT OF PUBLIC SAFETY

VEHICLE REMOVAL REPORT

Tow Sheet Number T12582821161006	
DR Number I21031311	Date Removed 06/09/2021

VEHICLE DESCRIPTION					LOCATION VEHICLE REMOVED				
Year 2015	Color WHI	Make DOD	Model CHAR	License Plate [REDACTED]	State AZ	Expiration Date 12/31/2021	Highway SR202	Milepost 3.9	Street / Private Property
Vehicle Identification Number (VIN) 2C3CDXBG5FH [REDACTED]					Odometer		City / Town PHOENIX		County MARICOPA
Driver Name SHANARD C DORSEY			Address [REDACTED]			City PHOENIX	State AZ	ZipCode 85018	Phone
Owner Name SHANARD DORSEY			Address [REDACTED]			City PHOENIX	State AZ	ZipCode 85018	Phone
Lien Holder			Address			City	State	ZipCode	Phone
Trailer Towed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trailer Year		Plate	State		VIN			
Trailer Owner - Name			Address			City	State	Zip Code	

REASON FOR REMOVAL/SECURING ON SCENE (Check all that apply)		VEHICLE REMOVAL NOTICE INFORMATION			CONDITION OF:	
<input type="checkbox"/> Vehicle Removal Notice Affixed	<input type="checkbox"/> HPD <input type="checkbox"/> CID	Date First Contact With Vehicle	Time	Officer ID from Notice		D = Damaged M = Missing P = Present
<input checked="" type="checkbox"/> Collision	<input type="checkbox"/> Arrest - MISD	TOW COMPANY INFORMATION				Right Front Tire <input type="checkbox"/> D
<input type="checkbox"/> Abandoned	<input type="checkbox"/> Arrest - Felony	<input checked="" type="checkbox"/> Light	<input type="checkbox"/> Medium	<input type="checkbox"/> Heavy		Right Rear Tire <input type="checkbox"/> D
<input type="checkbox"/> 30-Day Impound	<input type="checkbox"/> Hazardous	Time Tow Requested	Time Tow Arrived			Left Front Tire <input type="checkbox"/> D
<input type="checkbox"/> Seizure	<input type="checkbox"/> Evidence	04:00	04:30			Left Rear Tire <input type="checkbox"/> D
<input type="checkbox"/> >2 Hours Metro Fwy	<input type="checkbox"/> Stolen Vehicle	Tow Company Name		Phone		Spare Tire <input type="checkbox"/> D
<input type="checkbox"/> >4 Hours Rural Fwy	<input type="checkbox"/> Owner's Request	2 - PROFESSIONAL TOWING & RECOVERY LLC		(480) 797-9922		Stereo <input type="checkbox"/> D
<input type="checkbox"/> >48 Hrs Other Fwy	<input type="checkbox"/> Other	Storage Address				Seats <input type="checkbox"/> D
		3420 N 27TH AVE, PHOENIX, AZ 85017				Interior <input type="checkbox"/> D

VEHICLE REMOVAL AUTHORIZATION					VEHICLE DAMAGE	
As owner / person in charge of the above described vehicle, I request that the vehicle be:						
<input type="checkbox"/> Removed to: _____						
<input type="checkbox"/> Vehicle Secured Temporarily at the Scene						
<input type="checkbox"/>	Released to First Name	Last Name	Driver's License Number	DOB	<input type="checkbox"/> None <input type="checkbox"/> Glass <input type="checkbox"/> Undercarriage <input type="checkbox"/> Fire <input type="checkbox"/> Other <input type="checkbox"/> Unknown	
	Address	City	State	ZipCode	Phone	

IMPOUND INFORMATION					
<input type="checkbox"/> Impounded For violation of A.R.S. 28-3511 your vehicle is impounded for thirty (30) days. Any parties having interest in this vehicle may, within ten (10) days receipt of this notice, request a hearing to determine the validity of the impoundment.					
To request a hearing, contact the Arizona Department of Public Safety at:					
Address 2222 W. ENCANTO	City PHOENIX	State AZ	ZipCode 85009	Phone (602) 223-2957	

SIGNATURE	
X _____	Time _____
* [REDACTED] *	

REMARKS / PERSONAL PROPERTY LEFT IN VEHICLE		
<input type="checkbox"/> Ignition Key	<input type="checkbox"/> Registration	<input type="checkbox"/> Driver Remained with Vehicle
DAMAGE		
JOEL FROM PROFESSIONAL TOWING ARRIVED ON SCENE AND ASSISTED WITH CLEAN UP OF MULTIPLE VEHICLE PARTS, DEBRIS AND TRANSPORTED DEBRIS TO KS VEHICLE IMPOUND LOT. HIS INVOICE IS TO BE INCLUDED IN THE OVERALL TOW BILL. (DETECTIVE PETERSEN #7075, AZ DPS VCU).		

Officer Name I. WELLS	Badge No. 10717	Investigative Officer Badge 10717	Location Code 22200100
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ARIZONA DEPARTMENT OF PUBLIC SAFETY

VEHICLE REMOVAL REPORT

Tow Sheet Number T12582821161007	
DR Number I21031311	Date Removed 06/09/2021

VEHICLE DESCRIPTION					LOCATION VEHICLE REMOVED				
Year 2013	Color GRY	Make TOYT	Model PRI	License Plate [REDACTED]	State AZ	Expiration Date 11/30/2021	Highway SR202	Milepost 3.9	Street / Private Property
Vehicle Identification Number (VIN) JTDKN3DU2D1					Odometer		City / Town PHOENIX		County MARICOPA
Driver Name NICHOLAS SIMONELLI GREEN			Address [REDACTED]			City TEMPE	State AZ	ZipCode 85281	Phone
Owner Name NICHOLAS SIMONELLI GREEN			Address [REDACTED]			City TEMPE	State AZ	ZipCode 85281	Phone
Lien Holder			Address			City	State	ZipCode	Phone
Trailer Towed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trailer Year		Plate	State		VIN			
Trailer Owner - Name			Address			City	State	Zip Code	

REASON FOR REMOVAL/SECURING ON SCENE (Check all that apply)		VEHICLE REMOVAL NOTICE INFORMATION			CONDITION OF:	
<input type="checkbox"/> Vehicle Removal Notice Affixed	<input type="checkbox"/> HPD <input type="checkbox"/> CID	Date First Contact With Vehicle	Time	Officer ID from Notice		D = Damaged M = Missing P = Present
<input checked="" type="checkbox"/> Collision	<input type="checkbox"/> Arrest - MISD	TOW COMPANY INFORMATION				Right Front Tire <input type="checkbox"/> D
<input type="checkbox"/> Abandoned	<input type="checkbox"/> Arrest - Felony	<input checked="" type="checkbox"/> Light	<input type="checkbox"/> Medium	<input type="checkbox"/> Heavy		Right Rear Tire <input type="checkbox"/> D
<input type="checkbox"/> 30-Day Impound	<input type="checkbox"/> Hazardous	Time Tow Requested	Time Tow Arrived			Left Front Tire <input type="checkbox"/> D
<input type="checkbox"/> Seizure	<input type="checkbox"/> Evidence	04:00	04:30			Left Rear Tire <input type="checkbox"/> D
<input type="checkbox"/> >2 Hours Metro Fwy	<input type="checkbox"/> Stolen Vehicle	Tow Company Name		Phone		Spare Tire <input type="checkbox"/> D
<input type="checkbox"/> >4 Hours Rural Fwy	<input type="checkbox"/> Owner's Request	2 - EXECUTIVE TOWING LLC		(480) 980-0053		Stereo <input type="checkbox"/> D
<input type="checkbox"/> >48 Hrs Other Fwy	<input type="checkbox"/> Other	Storage Address				Seats <input type="checkbox"/> D
		2244 W. APACHE TRAIL, APACHE JUNCTION, AZ 85120				Interior <input type="checkbox"/> D

VEHICLE REMOVAL AUTHORIZATION					VEHICLE DAMAGE	
As owner / person in charge of the above described vehicle, I request that the vehicle be:						
<input type="checkbox"/> Removed to: _____						
<input type="checkbox"/> Vehicle Secured Temporarily at the Scene						
<input type="checkbox"/>	Released to First Name	Last Name	Driver's License Number	DOB	<input type="checkbox"/> None <input type="checkbox"/> Glass <input type="checkbox"/> Undercarriage <input type="checkbox"/> Fire <input type="checkbox"/> Other <input type="checkbox"/> Unknown	
	Address	City	State	ZipCode	Phone	

IMPOUND INFORMATION					
<input type="checkbox"/> Impounded For violation of A.R.S. 28-3511 your vehicle is impounded for thirty (30) days. Any parties having interest in this vehicle may, within ten (10) days receipt of this notice, request a hearing to determine the validity of the impoundment.					
To request a hearing, contact the Arizona Department of Public Safety at:					
Address 2222 W. ENCANTO	City PHOENIX	State AZ	ZipCode 85009	Phone (602) 223-2957	

SIGNATURE	
X _____	Time _____
* [REDACTED] *	

REMARKS / PERSONAL PROPERTY LEFT IN VEHICLE		
<input type="checkbox"/> Ignition Key	<input type="checkbox"/> Registration	<input type="checkbox"/> Driver Remained with Vehicle
DAMAGE		

Officer Name I. WELLS	Badge No. 10717	Investigative Officer Badge 10717	Location Code 22200100
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ARIZONA DEPARTMENT OF PUBLIC SAFETY

VEHICLE REMOVAL REPORT

Tow Sheet Number T12582821161008	
DR Number I21031311	Date Removed 06/09/2021

VEHICLE DESCRIPTION					LOCATION VEHICLE REMOVED					
Year 2016	Color SIL	Make FORD	Model FUS	License Plate [REDACTED]	State AZ	Expiration Date 1/31/2022	Highway SR202	Milepost 3.9	Street / Private Property	
Vehicle Identification Number (VIN) 3FA6P0H73GR [REDACTED]					Odometer		City / Town PHOENIX		County MARICOPA	
Driver Name DANTE BRUBECK			Address [REDACTED]			City CASA GRANDE		State AZ	ZipCode 85122	Phone
Owner Name DANTE BRUBECK			Address [REDACTED]			City CASA GRANDE		State AZ	ZipCode 85122	Phone
Lien Holder			Address			City		State	ZipCode	Phone
Trailer Towed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trailer Year		Plate	State		VIN				
Trailer Owner - Name			Address			City		State	Zip Code	

REASON FOR REMOVAL/SECURING ON SCENE (Check all that apply)		VEHICLE REMOVAL NOTICE INFORMATION			CONDITION OF:	
<input type="checkbox"/> Vehicle Removal Notice Affixed	<input type="checkbox"/> HPD <input type="checkbox"/> CID	Date First Contact With Vehicle	Time	Officer ID from Notice		D = Damaged M = Missing P = Present
<input checked="" type="checkbox"/> Collision	<input type="checkbox"/> Arrest - MISD	TOW COMPANY INFORMATION				Right Front Tire <input type="checkbox"/> D
<input type="checkbox"/> Abandoned	<input type="checkbox"/> Arrest - Felony	<input checked="" type="checkbox"/> Light	<input type="checkbox"/> Medium	<input type="checkbox"/> Heavy		Right Rear Tire <input type="checkbox"/> D
<input type="checkbox"/> 30-Day Impound	<input type="checkbox"/> Hazardous	Time Tow Requested	Time Tow Arrived			Left Front Tire <input type="checkbox"/> D
<input type="checkbox"/> Seizure	<input type="checkbox"/> Evidence	04:00	04:30			Left Rear Tire <input type="checkbox"/> D
<input type="checkbox"/> >2 Hours Metro Fwy	<input type="checkbox"/> Stolen Vehicle	Tow Company Name		Phone		Spare Tire <input type="checkbox"/> D
<input type="checkbox"/> >4 Hours Rural Fwy	<input type="checkbox"/> Owner's Request	4 - ALL OVER TOWING		(602) 993-4874		Stereo <input type="checkbox"/> D
<input type="checkbox"/> >48 Hrs Other Fwy	<input type="checkbox"/> Other	Storage Address				Seats <input type="checkbox"/> D
		24250 N. 7TH AVE., PHOENIX, AZ 85024				Interior <input type="checkbox"/> D

VEHICLE REMOVAL AUTHORIZATION					VEHICLE DAMAGE	
As owner / person in charge of the above described vehicle, I request that the vehicle be:						
<input type="checkbox"/> Removed to: _____						
<input type="checkbox"/> Vehicle Secured Temporarily at the Scene						
<input type="checkbox"/>	Released to First Name	Last Name	Driver's License Number	DOB	<input type="checkbox"/> None <input type="checkbox"/> Glass <input type="checkbox"/> Undercarriage <input type="checkbox"/> Fire <input type="checkbox"/> Other <input type="checkbox"/> Unknown	
	Address	City	State	ZipCode	Phone	

IMPOUND INFORMATION					
<input type="checkbox"/> Impounded For violation of A.R.S. 28-3511 your vehicle is impounded for thirty (30) days. Any parties having interest in this vehicle may, within ten (10) days receipt of this notice, request a hearing to determine the validity of the impoundment.					
To request a hearing, contact the Arizona Department of Public Safety at:					
Address 2222 W. ENCANTO	City PHOENIX	State AZ	ZipCode 85009	Phone (602) 223-2957	

SIGNATURE	
X _____	Time _____
* [REDACTED] *	

REMARKS / PERSONAL PROPERTY LEFT IN VEHICLE		
<input type="checkbox"/> Ignition Key	<input type="checkbox"/> Registration	<input type="checkbox"/> Driver Remained with Vehicle

Officer Name I. WELLS	Badge No. 10717	Investigative Officer Badge 10717	Location Code 22200100
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ARIZONA DEPARTMENT OF PUBLIC SAFETY

VEHICLE REMOVAL REPORT

Tow Sheet Number T12582821161009	
DR Number I21031311	Date Removed 06/09/2021

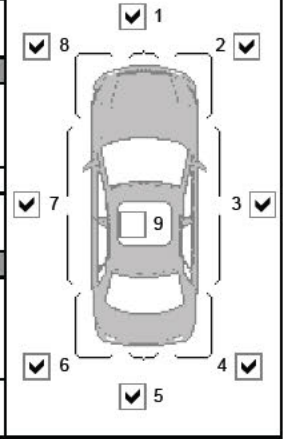
VEHICLE DESCRIPTION					LOCATION VEHICLE REMOVED					
Year 2015	Color SIL	Make WAL	Model TRAI	License Plate 72443E	State AZ	Expiration Date 12/31/2021	Highway SR202	Milepost 3.9	Street / Private Property	
Vehicle Identification Number (VIN) 5WSAA432XFN047046					Odometer 00000		City / Town PHOENIX		County MARICOPA	
Driver Name CESAR FRANCO GAVONEL			Address [REDACTED]			City PEORIA		State AZ	ZipCode 85383	Phone
Owner Name ARIZONA MILK TRANSPORT			Address 5115 N DYSART RD #202-422			City LITCHFIELD PARK		State AZ	ZipCode 85340	Phone
Lien Holder			Address			City		State	ZipCode	Phone
Trailer Towed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Trailer Year		Plate	State		VIN			
Trailer Owner - Name			Address			City		State	Zip Code	

REASON FOR REMOVAL/SECURING ON SCENE (Check all that apply)		VEHICLE REMOVAL NOTICE INFORMATION			CONDITION OF:	
<input type="checkbox"/> Vehicle Removal Notice Affixed	<input type="checkbox"/> HPD <input type="checkbox"/> CID	Date First Contact With Vehicle	Time	Officer ID from Notice		D = Damaged M = Missing P = Present
<input checked="" type="checkbox"/> Collision	<input type="checkbox"/> Arrest - MISD	TOW COMPANY INFORMATION				Right Front Tire <input type="checkbox"/> D
<input type="checkbox"/> Abandoned	<input type="checkbox"/> Arrest - Felony	<input type="checkbox"/> Light	<input type="checkbox"/> Medium	<input checked="" type="checkbox"/> Heavy		Right Rear Tire <input type="checkbox"/> D
<input type="checkbox"/> 30-Day Impound	<input type="checkbox"/> Hazardous	Time Tow Requested	Time Tow Arrived			Left Front Tire <input type="checkbox"/> D
<input type="checkbox"/> Seizure	<input type="checkbox"/> Evidence	04:00	04:30			Left Rear Tire <input type="checkbox"/> D
<input type="checkbox"/> >2 Hours Metro Fwy	<input type="checkbox"/> Stolen Vehicle	Tow Company Name		Phone		Spare Tire <input type="checkbox"/> M
<input type="checkbox"/> >4 Hours Rural Fwy	<input type="checkbox"/> Owner's Request	3 - FIRST CLASS AUTOMOTIVE TRANSPORT		(480) 644-8181		Stereo <input type="checkbox"/> M
<input type="checkbox"/> >48 Hrs Other Fwy	<input type="checkbox"/> Other	Storage Address				Seats <input type="checkbox"/> M
		1401 E. UNIVERSITY DR., PHOENIX, AZ 85212				Interior <input type="checkbox"/> M

VEHICLE REMOVAL AUTHORIZATION					VEHICLE DAMAGE	
As owner / person in charge of the above described vehicle, I request that the vehicle be:						
<input type="checkbox"/> Removed to: _____						
<input type="checkbox"/> Vehicle Secured Temporarily at the Scene						
<input type="checkbox"/> Released to First Name		Last Name		Driver's License Number	DOB	
Address			City	State	ZipCode	Phone
<input type="checkbox"/> None <input type="checkbox"/> Glass <input checked="" type="checkbox"/> Undercarriage <input type="checkbox"/> Fire <input type="checkbox"/> Other <input type="checkbox"/> Unknown						

IMPOUND INFORMATION					
<input type="checkbox"/> Impounded For violation of A.R.S. 28-3511 your vehicle is impounded for thirty (30) days. Any parties having interest in this vehicle may, within ten (10) days receipt of this notice, request a hearing to determine the validity of the impoundment.					
To request a hearing, contact the Arizona Department of Public Safety at:					
Address 2222 W. ENCANTO		City PHOENIX	State AZ	ZipCode 85009	Phone (602) 223-2957

SIGNATURE	
X SERVED	Time _____
* + [REDACTED] + *	



REMARKS / PERSONAL PROPERTY LEFT IN VEHICLE		
<input type="checkbox"/> Ignition Key	<input type="checkbox"/> Registration	<input type="checkbox"/> Driver Remained with Vehicle
MILK TANKER		

Officer Name I. WELLS	Badge No. 10717	Investigative Officer Badge 10717	Location Code 22200100
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SUPPLEMENT FORWARD COPY TO ACCIDENT RECORDS ANALYSIS UNIT 064R ARIZONA DEPARTMENT OF TRANSPORTATION 200 S. 17 TH AVE., PHOENIX, ARIZONA 85007-3233	YEAR	MONTH	DAY	HOUR				NCIC	OFFICER'S ID.NO.				AGENCY REPORT NUMBER	
	2	1	0	6	0	9	2	2	0	9	[REDACTED]			
COLLISION NARRATIVE														

SYNOPSIS:

On Wednesday, June 9, 2021, at 2209 hours, an eight vehicle, fatal collision occurred on eastbound State Route 202 (SR 202) at milepost 3.89. A Freightliner Cascadia, a fully loaded commercial vehicle, was traveling eastbound in the number four lane when it impacted the rear of a Ford Fusion. The Fusion was pushed into the rear of a Toyota Prius. The Prius then rolled over on top of the Fusion. The Freightliner continued eastbound and struck a Chevrolet Equinox. The Equinox was pinned to the front of the Freightliner and both vehicles smashed through a Dodge Charger, a Mercedes C300, a Nissan Altima, and a Lexus CT200h. The impact with the Altima caused it to roll over.

The Freightliner and Equinox continued across all the lanes of traffic and struck the Median Wall, before coming to final rest blocking the number one lane. The Freightliner and Equinox caught fire and completely burned.

INITIAL OBSERVATIONS:

I, Department of Public Safety (DPS), Highway Patrol Division (HPD) Trooper Zan Saxon, #10474, arrived on scene at approximately 2355 hours and observed Arizona Department of Transportation (ADOT) employees had the eastbound SR 202 traffic diverted at State Route 143 (SR 143). I saw cones, signs and ADOT vehicles blocking the eastbound SR 202 travel lanes. As I neared the scene, I saw DPS HPD marked patrol vehicles blocking the eastbound lanes. I saw yellow crime scene tape stretched across the freeway denoting the start of the crime scene.

I saw a silver Ford Fusion stopped in the right emergency shoulder, perpendicular to the roadway and a gray Toyota Prius, upside down resting on the hood of the Ford Focus and the right barrier wall. I observed a white Dodge Charger blocking the number two and three lanes and a white Lexus blocking the High Occupancy Vehicle (HOV) lane. I saw a black Mercedes blocking the number four lane and a red Nissan Altima up on the right barrier wall, facing wrong way. I could see a silver tanker trailer on the westbound side of the roadway. I also saw a completely burned semi cab with a completely burned unrecognizable vehicle attached to the front of the cab, both vehicles blocking the number one and two lanes. I saw damaged car parts, metal, fluids, plastic, clothing, and other debris scattered across the roadway and over the right barrier wall down the embankment.

DPS Vehicular Crimes Unit (VCU) Sergeant J. McDonald, #6513, assigned me as the lead investigator for the collision.

INVESTIGATION:

Environment and Road Factors:

SR 202, in the area of the collision, consisted of four primary lanes, and an HOV lane in both the eastbound and westbound directions. Both directions of the highway were constructed of concrete with an

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Zan Saxon	10474	22050400	06/14/21	Sergeant J. McDonald #6513

SUPPLEMENT FORWARD COPY TO ACCIDENT RECORDS ANALYSIS UNIT 064R ARIZONA DEPARTMENT OF TRANSPORTATION 200 S. 17 TH AVE., PHOENIX, ARIZONA 85007-3233	YEAR	MONTH	DAY	HOUR				NCIC	OFFICER'S ID.NO.				AGENCY REPORT NUMBER	
	2	1	0	6	0	9	2	2	0	9	[REDACTED]			
COLLISION NARRATIVE														

asphalt overlay. The asphalt overlay had no apparent defects observed. SR 202 directionally was an east/west freeway. Both directions of the freeway had a right emergency shoulder denoted by a solid white line and an approximate eight-foot asphalt shoulder bordered by an approximate three-foot cement barrier wall. Both directions had a left emergency shoulder denoted by a solid yellow line and an approximate eight-foot asphalt shoulder bordered by an approximate three-foot cement median wall.

Ambient Weather and Lighting:

The United States (U.S.) Department of Commerce, National Climatic Data Center, National Oceanic and Atmospheric Administration reported the weather conditions at the Phoenix Sky Harbor Airport, approximately 2 air miles southwest of the collision scene. The temperature for Wednesday, June 9, 2021, at 2151 hours, was 92 degrees Fahrenheit, with a windspeed of seven miles per hour (MPH) west/southwest. At 2251 hours, the temperature was 88 degrees Fahrenheit with a wind speed of seven mph west/southwest. The sky was clear with a 10-statute mile visibility. The recorded sunset for June 9th was at 1937 hours and recorded sunrise for June 10th was at 0518 hours. There were functional overhead streetlamps and ambient light from the surrounding city illuminating the area.

TRAFFIC UNIT INFORMATION:

TRAFFIC UNIT #1:

Vehicle:

Traffic Unit #1 was a white 2016 Freightliner Cascadia semi-tractor, bearing Arizona license plate "CK27704," and vehicle identification number (VIN) of "3AKJGEDR0GSGW6726." The Freightliner was registered to Arizona Milk Transport of Litchfield Park, Arizona. The Freightliner was hauling a tanker trailer bearing license plate "72443E," and VIN of "5WSAA432XFN047046." The trailer contained 6,200 gallons of milk and weighed approximately 63,000 pounds.

The Freightliner sustained heavy front-end damage. When it came to a rest, it caught fire and burned the entire vehicle. The tanker trailer was separated from the Freightliner during the collision. The tanker trailer rolled over the median wall and came to rest blocking the number one and HOV lane of westbound travel.

The Freightliner was towed from the scene by First Class Automotive Towing to the Central Regional Crime Lab (CRCL) Property and Evidence Section (PES) vehicle evidence lot at 2610 S. 16th Street in Phoenix, Arizona for further analysis. The tanker trailer was removed from the scene by First Class Automotive Towing to their storage yard.

Driver:

The driver of the Freightliner was Cesar Franco Gavonel, date of birth (DOB): [REDACTED], of Peoria, Arizona. Gavonel was identified by his valid Arizona driver's license ([REDACTED]) with photograph.

Detective Name	ID No.	Location	Date	Supervisor
Zan Saxon	10474	22050400	06/14/21	Sergeant J. McDonald #6513

SUPPLEMENT FORWARD COPY TO ACCIDENT RECORDS ANALYSIS UNIT 064R ARIZONA DEPARTMENT OF TRANSPORTATION 200 S. 17 TH AVE., PHOENIX, ARIZONA 85007-3233	YEAR	MONTH	DAY	HOUR				NCIC	OFFICER'S ID.NO.				AGENCY REPORT NUMBER		
	2	1	0	6	0	9	2	2	0	9	[REDACTED]				1 0 4 7 4
COLLISION NARRATIVE															

Gavonel did not sustain any injuries from the collision. Govonel was interviewed on scene by DPS, VCU Detective Todd Petersen, #7075 (reference Detective Petersen's supplement for details).

Gavonel was medically evaluated on scene by the Phoenix Fire Department and released without being transported.

TRAFFIC UNIT #2:

Vehicle:

Traffic Unit #2 was a silver 2016 Ford Fusion, four door passenger car, bearing Arizona license plate "[REDACTED]," and VIN of "3FA6P0H73GR[REDACTED]." The Fusion was registered to Dante Rogelio Brubeck of Casa Grande, Arizona.

The Fusion sustained heavy crush damage to the rear and front. The rear crush profile spanned the entire rear of the vehicle and into the passenger compartment, indicating a rear center impact. The vehicle was pushed forward impacting the rear of the Prius. The front crush profile is consistent with a passenger side front impact. The driver's steering wheel airbag deployed, along with the passenger's side roof curtain airbag and passenger's seat airbag.

The Prius was towed from the scene by All Over Towing to the CRCL PES vehicle evidence lot for further analysis.

Driver:

The driver of the Fusion was Dante Rogelio Brubeck, DOB: [REDACTED], of Casa Grande, Arizona. Brubeck was identified by his valid Arizona driver's license ([REDACTED]) with photograph. Brubeck suffered blunt force trauma to his head and body during the collision. Brubeck was found in the driver seat with no pulse and unresponsive. The Phoenix Fire Department extricated Brubeck from the vehicle. Phoenix Fire Battalion Chief Hernandez, #HA1095, pronounced Brubeck deceased at 2243 hours.

The driver's seat belt was locked in the extended position and was cut off Brubeck during extrication.

Brubeck was transported from the scene to the Maricopa County Office of the Medical Examiner (MCOME). On Thursday, June 10, 2021 at approximately 0718 hours, Trooper Rocha, #10267, provided next of kin (NOK) notification to Maria Seiden Stricker (reference Trooper Rocha's supplement for details).

Passengers:

Michael Franco, DOB: [REDACTED], was the front right seat passenger. Franco was wearing his seat belt, as the belt was extended and locked out. Franco suffered bruises and scrapes, but no major injuries. He was extricated from the vehicle by the Phoenix Fire Department and transported to University Medical Center. He was admitted for his injuries on June 10, 2021 and discharged on June 11, 2021. Franco stated he remembered being in the vehicle, then he woke up in the hospital. He does not remember the collision.

Detective Name	ID No.	Location	Date	Supervisor
Zan Saxon	10474	22050400	06/14/21	Sergeant J. McDonald #6513

SUPPLEMENT FORWARD COPY TO ACCIDENT RECORDS ANALYSIS UNIT 064R ARIZONA DEPARTMENT OF TRANSPORTATION 200 S. 17TH AVE., PHOENIX, ARIZONA 85007-3233	YEAR	MONTH	DAY	HOUR			NCIC	OFFICER'S ID.NO.	AGENCY REPORT NUMBER								
	2	1	0	6	0	9	2	2	0	9	[REDACTED]	1	0	4	7	4	I21031311
COLLISION NARRATIVE																	

Jennifer Vidal, DOB: [REDACTED], was the rear left seat passenger. Vidal was identified by her Arizona driver's license ([REDACTED]) with photograph. Vidal was wearing her seat belt, as the belt was extended and locked out. Vidal suffered blunt force trauma to her head and body, as well as a deep laceration of her abdomen during the collision. Vidal was extricated from the vehicle by the Phoenix Fire Department. At 2243 hours, Vidal was pronounced deceased by Phoenix Fire Battalion Chief Hernandez. Vidal was transported to the MCOME. On Thursday, June 10, 2021 at approximately 0842 hours, Trooper Rocha, #10267, provided NOK notification to Raul Vidal (refer to Trooper Rocha's supplement for details).

Brianna Fulton, DOB: [REDACTED], was the rear right seat passenger. Fulton was wearing her seatbelt, as the belt was extended and locked out. Fulton suffered extensive head trauma, a fractured wrist, as well as multiple scraps and bruises. She was extricated from the vehicle by the Phoenix Fire Department and transported to County Medical Center, where she was admitted on June 09, 2021 for her injuries.

TRAFFIC UNIT #3

Vehicle:

Traffic Unit #3 was a gray 2013 Toyota Prius, four-door passenger car, bearing Arizona license plate "[REDACTED]," and VIN "JTKDN3DU2D1[REDACTED]." The Prius was registered to Nicholas Simonelli-Green out of Tempe, Arizona.

The Prius sustained heavy damage to the rear-end, front-end, and roll over damage during the collision. The rear-end crush profile concentrated on the driver's side, indicating a driver's side rear impact. The driver's steering wheel airbag deployed, along with the side roof curtain airbags.

The Prius was removed from the scene by Executive Towing to the CRCL PES vehicle evidence lot for further analysis.

Driver:

The driver of the Prius was Nicholas Simonelli-Green, DOB: [REDACTED], of Tempe, Arizona. Simonelli-Green was identified by his valid Arizona driver's license ([REDACTED]) with photograph. Simonelli-Green was extricated from the vehicle by the Phoenix Fire Department and transported to Maricopa County Medical Center. Green suffered two fractured ribs, lacerations on his back, shoulder, and head, as well as a concussion. Green was admitted for treatment of his injuries on June 09, 2021 and discharged on June 13, 2021.

Simonelli-Green was interviewed by the National Transportation Safety Board (NTSB) after being released from the hospital. Simonelli-Green stated the following:

Simonelli-Green was driving home on the SR 202, approaching the Priest exit. He was in the right lane stopped in backed up traffic. He looked back and saw a semi-truck approaching quickly. He did not have time to react, he felt the impact and then blacked out (reference NTSB's report of details).

Detective Name	ID No.	Location	Date	Supervisor
Zan Saxon	10474	22050400	06/14/21	Sergeant J. McDonald #6513

SUPPLEMENT FORWARD COPY TO ACCIDENT RECORDS ANALYSIS UNIT 064R ARIZONA DEPARTMENT OF TRANSPORTATION 200 S. 17TH AVE., PHOENIX, ARIZONA 85007-3233	YEAR	MONTH	DAY	HOUR			NCIC	OFFICER'S ID.NO.			AGENCY REPORT NUMBER				
	2	1	0	6	0	9	2	2	0	9	1	0	4	7	4
COLLISION NARRATIVE															

TRAFFIC UNIT #4

Vehicle:

Traffic Unit #4 was a 2021 Chevrolet Equinox, four-door sport utility vehicle (SUV). The Equinox was bearing Arizona license plate "[REDACTED]," and VIN "3GNAXHEV7MS[REDACTED]." The Equinox was registered to Sedeqwa Parker of Phoenix, Arizona.

The Equinox sustained heavy rear and front damage. When it came to a rest, still attached to the front of the Freightliner, it caught fire and burned the entire vehicle.

The Equinox was towed from the scene by Unique Heavy Recovery to the CRCL PES vehicle evidence lot for further analysis. On June 11, 2021, Vehicle Theft Task Force (VTTF) Detective P. Moore, #6367, identified the Equinox by VIN using the fire wall VIN stamp (Reference Detective Moore's supplement for details).

Driver:

The driver of the Equinox was Sedeqwa Jahnae Devonne Keyara Parker, DOB: [REDACTED], of Phoenix, Arizona. Parker was found in the driver seat of the burned Equinox. Phoenix Fire Battalion Chief Hernandez pronounced Parker deceased at 2235 hours. Parker was identified by the MCOME using digital dental records. The MCOME reported Parker suffered smoke inhalation and severe burns. Parker had a valid Arizona driver's license ([REDACTED]).

On Thursday, June 10, 2021, at approximately 0449 hours, Trooper C. Carpenter, #10537, provided a preliminary NOK notification to Antonio Braser (reference Trooper Carpenter's supplemental report for details). The MCOME provided NOK notification to Braser upon confirmation of identity.

TRAFFIC UNIT #5:

Vehicle:

Traffic Unit #5 was a white 2015 Dodge Charger, four-door passenger car, bearing Arizona license plate "[REDACTED]," and VIN "2C3CDXBG5FH[REDACTED]." The Charger was registered to Shanard Dorsey of Phoenix, Arizona.

The Charger sustained heavy crush damage to the rear and front ends.

The Charger was towed from the scene by Professional Towing and Recovery to the CRCL PES vehicle evidence lot for further analysis.

Driver:

The driver of the Charger was Shanard C. Dorsey, DOB: [REDACTED], of Phoenix, Arizona. Dorsey was identified by his valid Arizona driver's license ([REDACTED]) with photograph. The driver seat belt

Detective Name	ID No.	Location	Date	Supervisor
Zan Saxon	10474	22050400	06/14/21	Sergeant J. McDonald #6513

SUPPLEMENT FORWARD COPY TO ACCIDENT RECORDS ANALYSIS UNIT 064R ARIZONA DEPARTMENT OF TRANSPORTATION 200 S. 17 TH AVE., PHOENIX, ARIZONA 85007-3233	YEAR	MONTH	DAY	HOUR			NCIC	OFFICER'S ID.NO.			AGENCY REPORT NUMBER				
	2	1	0	6	0	9	2	2	0	9	1	0	4	7	4
COLLISION NARRATIVE															

was locked in the stowed upright position, consistent with not being used. Dorsey was medically evaluated on scene by the Phoenix Fire Department and transported to University Medical Center where he was admitted for his injuries. Dorsey suffered a broken leg in the collision.

Troopers received a statement from Dorsey at the hospital. Dorsey did not recall the collision, only what happened afterwards (refer to Trooper Sherwood's #10932 supplemental report for further details).

Passenger:

Amelia Romero, DOB: [REDACTED], was the front right seat passenger. Romero was wearing her seatbelt, as the belt was extended and locked out. Romero was medically evaluated on scene by the Phoenix Fire Department and transported to University Medical Center where she was treated and released for her injuries.

TRAFFIC UNIT #6:

Vehicle:

Traffic Unit #6 was a black 2018 Mercedes C300, four-door passenger car, bearing Arizona license plate "[REDACTED]," and VIN "WDDWF4JB6JR [REDACTED]." The C300 was registered to Yasmin Rodriguez of Queen Creek, Arizona.

The C300 sustained heavy damage to the rear and front ends. The rear crush profile concentrated on the passenger's side, indicating a passenger's rear impact.

The C300 was towed from the scene by JD Towing to the CRCL PES vehicle evidence lot for further analysis.

Driver:

The driver of the C300 was Yasmin Rodriguez, DOB: [REDACTED], of Queen Creek, Arizona. Rodriguez was identified by her valid Arizona driver's license ([REDACTED]) with photograph. Rodriguez was medically evaluated on scene by the Phoenix Fire Department and released without being transported. Rodriguez suffered bruising on her hips, right leg laceration, as well as neck, shoulder, and back stiffness.

Rodriguez was interviewed by the NTSB on June 15, 2021. Rodriguez stated the following:

Rodriguez was in the far right lane in stop and go traffic. She was completely stopped when she suddenly heard a huge noise. She then felt the impact. She knows there were cars in front and behind her but not sure what kind.

Passenger:

Detective Name	ID No.	Location	Date	Supervisor
Zan Saxon	10474	22050400	06/14/21	Sergeant J. McDonald #6513

SUPPLEMENT FORWARD COPY TO ACCIDENT RECORDS ANALYSIS UNIT 064R ARIZONA DEPARTMENT OF TRANSPORTATION 200 S. 17 TH AVE., PHOENIX, ARIZONA 85007-3233	YEAR	MONTH	DAY	HOUR			NCIC	OFFICER'S ID.NO.			AGENCY REPORT NUMBER				
	2	1	0	6	0	9	2	2	0	9	1	0	4	7	4
COLLISION NARRATIVE															

██████████, DOB: ██████████, was the rear right seat passenger. ██████████ was medically evaluated on scene by the Phoenix Fire Department and transported to Phoenix Children's Hospital where she was treated and released. ██████████ suffered minor bruising from the seat belt on her neck and hips.

TRAFFIC UNIT #7:

Vehicle:

Traffic Unit #7 was a red 2015 Nissan Altima, four door passenger car, bearing Missouri license plate "██████████," and VIN "1N4AL3AP5FC ██████████." The Altima was registered to Ardelia Isom of Hayti Heights, Missouri.

The Altima sustained heavy rear and front damage. The Altima sustained roll over damage to the passenger side, hood, and roof.

The Altima was towed from the scene by First Class Automotive Towing to the CRCL PES vehicle evidence lot for further analysis.

Driver:

The Altima was driven by Edward Isom, DOB: ██████████, of Phoenix, Arizona. Isom was identified by his valid Missouri driver's license (██████████) with photograph. Isom was medically evaluated on scene by the Phoenix Fire Department and transported to University Medical Center where he was admitted for his injuries on June 10, 2021 and discharged the same day.

Troopers received a statement from Isom at the hospital who stated the following:

Isom was stopped in the number four lane and saw traffic was going faster in the number three lane. He began to change lanes while looking in his driver side mirror. He saw a semi-truck, moving at high speed, hit three or four vehicles before hitting his. His vehicle rolled when it was hit. He saw his passenger, Alexius Hooper, ejected through the passenger side window. When the vehicle came to rest, he climbed out of the rear passenger window and went to Alexius (reference Trooper Sherwood's #10932 supplemental report).

Passengers:

Alexius Renee Hooper, DOB: ██████████, was the front seat passenger. The front passenger seat belt was locked in the stowed upright position, consistent with not being used. Hooper was ejected out of the passenger side door. She suffered blunt force trauma to her head and body. Hooper was found unresponsive, with no pulse. Phoenix Fire Battalion Chief Hernandez pronounced Hooper deceased at 2226 hours. Hooper was transported to the MCOME. On Thursday, June 10, 2021 at approximately 0225 hours, Trooper Cunningham, #10531, provided NOK notification to Keshawn Brown, Hooper's mother, via telephone (refer to Trooper Cunningham's supplement for further details).

Detective Name	ID No.	Location	Date	Supervisor
Zan Saxon	10474	22050400	06/14/21	Sergeant J. McDonald #6513

SUPPLEMENT FORWARD COPY TO ACCIDENT RECORDS ANALYSIS UNIT 064R ARIZONA DEPARTMENT OF TRANSPORTATION 200 S. 17 TH AVE., PHOENIX, ARIZONA 85007-3233	YEAR	MONTH	DAY	HOUR				NCIC	OFFICER'S ID.NO.				AGENCY REPORT NUMBER	
	2	1	0	6	0	9	2	2	0	9	[REDACTED]			
COLLISION NARRATIVE														

Dante Akeem Lewis, DOB: [REDACTED], was the rear left seat passenger. Lewis was medically evaluated on scene by the Phoenix Fire Department and transported to Saint Joseph's Hospital where he was admitted for his injuries.

Jamel Harris, DOB: [REDACTED], was the rear right seat passenger. Harris was medically evaluated on scene by the Phoenix Fire Department and transported to Saint Joseph's Hospital where he was admitted for his injuries. Harris suffered a fractured neck, bruised tail bone and right shoulder stiffness during the collision. Harris was interviewed by the NTSB on June 12, 2021 at St. Joseph's Hospital. Harris stated he only remembered the initial impact, then blacked out (reference NTSB's report for further details).

TRAFFIC UNIT #8:

Vehicle:

Traffic Unit #8 was a white 2013 Lexus CT200h, four door passenger car, bearing Arizona license plate "[REDACTED]," and VIN "JTHKD5BH1D2[REDACTED]." The CT200h was registered to Neldon Hall of Pleasant Grove, Utah.

The CT200h sustained heavy damage to the rear end and driver side.

The CT200h was towed from the scene by Professional Towing and Recovery to the CRCL PES vehicle evidence lot for further analysis.

Driver:

The CT200h was driven by Natalie Hall, DOB: [REDACTED], of Mesa, Arizona. Hall was identified by her valid Arizona driver's license ([REDACTED]) with photograph. Hall was wearing her seat belt, as the belt was extended and locked out. Hall was medically evaluated on scene by the Phoenix Fire Department and transported to University Medical Center where she was treated and released for her injuries.

Troopers obtain a statement from Hall at the hospital. Hall stated the following:

Hall was stopped in the number four lane due to bumper to bumper traffic ahead. She heard tire screeching and then felt the impact from behind. Her car began to spin and came to rest in the far left lane (reference Trooper Sherwood's #10932 supplemental report).

Witness Information:

Nathanael Jason Awayan, DOB: [REDACTED], was interviewed by the NTSB on June 14, 2021, regarding witnessing the collision. Awayan stated the following:

Awayan was traveling eastbound on SR 202 in the number one lane at approximately 65mph. He was about 100 yards away from the 18-wheeler (the Freightliner), who was traveling in the right lane. He saw brakes lights ahead around the SR-143 offramp. He let off the gas and started to slow down. He noticed

Detective Name	ID No.	Location	Date	Supervisor
Zan Saxon	10474	22050400	06/14/21	Sergeant J. McDonald #6513

SUPPLEMENT FORWARD COPY TO ACCIDENT RECORDS ANALYSIS UNIT 064R ARIZONA DEPARTMENT OF TRANSPORTATION 200 S. 17 TH AVE., PHOENIX, ARIZONA 85007-3233	YEAR	MONTH	DAY	HOUR			NCIC	OFFICER'S ID.NO.			AGENCY REPORT NUMBER					
	2	1	0	6	0	9	2	2	0	9	█	1	0	4	7	4
COLLISION NARRATIVE																

the 18-wheeler was not braking as he did not see the brake light come on. He watched as the 18-wheeler was only a car out and knew it was going to hit the stopped cars. He saw the 18-wheeler hit two or three cars, come across the lanes, and hit the median wall. A white car came from the right lanes, across his lane and stopped in front of him. He parked his vehicle in the left emergency shoulder and called 911 before he assisted the female driver of the white car (Reference NTSB's report for further details).

Jordan Tomaeno, was interviewed by the NTSB on June 14, 2021, regarding witnessing the collision. Tomaeno stated the following:

Tomaeno was traveling eastbound on SR 202 in lane number three at approximately 65-70 mph. As he approached the bend at 52nd street, he could see traffic came to a stop ahead. He was slowing down and looked in his mirror to make sure no one was going to hit him. He watched all cars behind him, in every lane, start to slow except the truck in the right lane. The truck continued at the same speed without braking. He came to a stop about 500 feet before the back up because he knew the truck was not going to stop. The truck did not swerve or brake. It went straight through the first and second car. The third and fourth car that were hit spun out into the roadway. He lost visual when the truck veered across the roadway and hit the median. He stayed in his car because he did not want to see what he knew was going to be dead bodies (Reference NTSB's report for further details).

Other Actions and Evidence:

On Wednesday, June 9, 2021, at approximately 2056 hours, HPD Troopers conducted a temporary full freeway closure on eastbound SR 202 near milepost 5 for an unrelated investigation. All traffic was forced to exit at Priest Drive. The closure was re-opened at 2200 hours (reference incident I210304577). The Arizona Department of Transportation (ADOT) warned approaching traffic of the closure ahead using the overhead emergency boards. The board at eastbound SR 202 milepost 1, and eastbound SR 202 milepost 4 warned "Law enforcement at Priest expect to stop."

At 2209 hours, DPS Operational Communications (OpComm) received the initial 911 reports of the collision. Troopers arrived on scene at 2213 hours and began diverting traffic off the highway and triaging the injured persons. SR 202 eastbound lanes were completely blocked with debris, vehicles, and personal property. HPD Trooper D. Brinson, #10487, established the incident command system (ICS), until he was relieved by HPD Sergeant J. Melki, #7155. As other HPD troopers arrived on scene, they assisted in treatment of injured persons and securing the collision scene.

The area of impact (AOI) was in the eastbound number four lane. The AOI contained scrapes, gouges, and tire friction marks. From the AOI, scrape marks and gouges travel eastbound in the number four lane, into the right emergency shoulder, onto the right barrier wall, and up to the Fusion's final rest location. Additional scrap marks and gouges continue from the Fusion's location in a northeast direction. The scrap marks and gouges travel across all five travel lanes, cross the left emergency shoulder, and onto the median barrier wall. Additional scrap marks and gouges continued from the median barrier wall in a southeast direction. The scrap marks end at the Freightliner's final rest location. Additional gouges and

Detective Name	ID No.	Location	Date	Supervisor
Zan Saxon	10474	22050400	06/14/21	Sergeant J. McDonald #6513

SUPPLEMENT FORWARD COPY TO ACCIDENT RECORDS ANALYSIS UNIT 064R ARIZONA DEPARTMENT OF TRANSPORTATION 200 S. 17 TH AVE., PHOENIX, ARIZONA 85007-3233	YEAR	MONTH	DAY	HOUR			NCIC	OFFICER'S ID.NO.			AGENCY REPORT NUMBER				
	2	1	0	6	0	9	2	2	0	9	1	0	4	7	4

COLLISION NARRATIVE

scrap marks were found in the HOV and number one lane of the westbound side leading to the final rest of the overturned milk trailer.

Conclusion:

Based on the roadway evidence, damage to the vehicle, the digital scans of the scene, injuries suffered and witness statements the following occurred:

The Freightliner, a commercial vehicle weighing 80,000 pounds, was traveling in the eastbound number four lane. The Freightliner did not slow when approaching stopped traffic ahead. The Freightliner, at freeway speed, struck the Fusion, pushing it into the Prius. The Fusion and Prius were pushed into the right barrier wall, causing the Prius to roll over on top of the Fusion.

The Freightliner continued in the number four lane, impacting the rear of the Equinox. The Equinox was pinned to the front of the Freightliner. The Freightliner pushed the Equinox into the Charger, C300, Altima, and Ct200h.

The impact the Altima received, caused it to roll onto the passenger side and rotate counterclockwise into the right barrier wall. When the Altima rolled, the front seat passenger was ejected.

The Freightliner and Fusion continued as one across all lanes and into the median barrier wall. When the Freightliner struck the median wall, the tanker trailer separated and rolled over the median wall, coming to rest in the westbound traffic lanes. The Freightliner and Equinox were redirected off the median wall and came to rest in the number one lane. After coming to a rest, both vehicles caught fire.

Detective Name	ID No.	Location	Date	Supervisor
Zan Saxon	10474	22050400	06/14/21	Sergeant J. McDonald #6513



ARIZONA DEPARTMENT OF PUBLIC SAFETY SUPPLEMENTAL REPORT

DR NUMBER:	I21031311
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This supplemental report was authored by Detective Todd Petersen, #7075, of the Arizona Department of Public Safety (DPS), Vehicular Crimes Unit (VCU).

Notification

On Wednesday, June 9, 2021, at approximately 2241 hours, I was contacted by VCU Sergeant J. McDonald, #6513, regarding a multiple fatality collision involving a commercial vehicle that occurred on eastbound State Route 202 (SR 202) at milepost 4. Sergeant McDonald asked me to respond to the scene.

Arrival

At approximately 2325 hours, I arrived on scene. I saw westbound SR 202 traffic was being diverted off the freeway at Van Buren Street. The eastbound SR 202 was being diverted off at 40th Street. The eastbound SR 202 freeway was blocked by DPS Highway Patrol (HP) marked police cars, fire engines and ambulances. The westbound SR 202 was blocked with DPS HP marked police vehicles. I saw yellow police crime scene tape stretched across the westbound lanes of the SR 202, delineating the beginning of the crime scene.

Assignments

I spoke with Trooper M. Cardona, #10369, about his interaction with the driver of the commercial vehicle. Trooper Cardona said the driver was in the far-right lane travelling at approximately 67 miles per hour (mph), saw smoke from the hood of his vehicle, tried to brake and saw smoke and flames. He (the driver) could not see, felt three or four hits, remembers hitting the left median wall. Prior to the collision, the driver left Buckeye, Arizona between 2030-2100 hours and had not ingested any alcohol or drugs. Trooper Cardona mentioned the driver said he left late from the dairy pick up and text his boss at approximately 2000 hours that he was running late.

I was tasked with interviewing the driver of the commercial vehicle involved in the collision. At approximately 0007 hours, I interviewed the driver of the commercial vehicle. The interview took place in my assigned vehicle (2014 Chevrolet Silverado). The driver identified himself as Cesar Gavonel and was seated in the front passenger seat of my vehicle. The following is an interview summary of the conversation we had:

- He woke up at approximately 1030-11 A.M. at his house. He had breakfast with his wife and then got ready for work. He left his house at 1330 hours and drove to work. His work is located near Hardy Road and Broadway Road.
- He has driven the same truck for the last three years. He drives truck #57 and the truck he drives is a 2015 or 2016 Freightliner. He has driven commercial vehicles for the last twenty-one years.
- He completed a pre-trip inspection with no noticed issues. He also completed a post trip inspection the night before.
- He does not use electronic logging devices (ELD), works five days a week, less than 12 hours a day and is a local driver that drives within the 100-air mile radius.



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- The first dairy picks up is 42 to 43 miles from work. He does not have a dedicated route and his route varies each day. He has worked for this company for twelve years.
- The first pick up he encountered slow moving traffic on Interstate 10 (I-10) and it took him two and a half hours to get to his destination (*Investigator's note: A collision involving a separate commercial vehicle had restricted lanes on I-10 in the area he would have travelled*)
- He exited at Litchfield Road, went south to Buckeye road and over to the dairy. He entered the freeway at Avondale Blvd and I-10.
- He left the plant and went to the first dairy (Rainbow Valley dairy) and returned back to the plant. Each load he picks up is 6,200 gallons of milk.
- He arrived at the first dairy approximately 1630-1640 hours.
- He arrived back at the plant between 1830-1840 hours.
- He described the process for dropping off the milk: when he picks up the load of milk, several samples of the milk are given to him in separate containers. The containers of milk are given to the lab at the plant for testing. After the milk is tested and is accepted, the tanker of milk is then unloaded. The tankers are required to be cleaned and sanitized after three loads.
- He went to the second dairy, Stotz Dairy, near Palo Verde Road and Yuma Road in Buckeye. He arrived at approximately 2000 hours.
- It took 50 minutes to fill the tanker with 6,200 gallons of milk. He scaled out (weighed the truck on his exit from the dairy).
- He prefers to drive on I-10 to the SR 202 to Priest Road instead of driving I-10 and Broadway Road.
- He said at "8 and 9 o'clock unless there is an accident, traffic flows lighter than 5 in the afternoon traffic."
- He said, "Once I got on the 202, I did notice at the distance, brake lights, like there was some kind of back up, but when I was approaching, trying to step on the brakes, that's when I notice, I don't know if it was my truck or coming from somewhere else I saw smoke, and then all the sudden, the flames and I couldn't see a thing. I don't know, I'm trying to step on the brake hard and they are not stopping. I can't see a thing. All I can feel, I don't know if I'm hitting the concrete wall or if I'm hitting the vehicle, but I can't see a thing, and then when I feel I hit the right side of the freeway, the concrete barrier, and then I don't know if it was, ah it happened so fast. But the last time I feel I hit was on the left side, and I uh, I saw the tractor was going to flip over, and I still can't see a thing. All I see is the smoke and fire in front of me, and at some point, not because, of the brakes, at some point it came to a stop finally. Then when, my first reaction is when I seen the flames, so I took off my seat belt and I run, I jump and when I was running, I saw the tanker on this side (westbound lanes). So that's when I realized, the you know, it felt like I was flip over to this side, but with all the weight of the tanker, I don't know if it broke or detached from the tractor, the fifth wheel, it end up by itself on this side (westbound lanes) of the freeway.
- He noticed smoke on the outside of his vehicle and then the flames. He did not notice smoke in the air around his vehicle, but knew the smoke was coming from his vehicle.



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- He saw traffic slowing in the distance in the right. He didn't know if traffic was trying to exit the freeway.
- He looked down at the gauges, checking to see if he was losing air pressure.
- What broke his concentration of looking at the gauges in the dashboard was the smoke and the fire from the hood and that he could not see. He said the smoke/flames were from under the hood of his vehicle not at a distance from his vehicle.
- He couldn't control the tractor, nor could he see. He said if he didn't have brakes, but could see, he would have tried to avoid what was in front of him.
- He couldn't estimate the time or the distance between when he first saw the smoke/flames to when he felt the first hit. He couldn't see a thing.
- He did notice traffic slowing down in front of him.
- He saw the flames at the windshield and did not know how much heat the windshield could take before cracking in his face.
- He saw the flames but could not see a thing, he didn't know if he could turn left or right or if he could avoid anything.
- He was driving between 65 and 67 mph. The trucks are governed at 67 mph.
- He was not in a rush, running late, no set time for pick up and deliveries.
- He applied the brakes, the truck did not respond, no low air pressure alarm (either audible or visual), the pounds per square inch (PSI) for the air brakes was full (typically at approximately 120 PSI). He said he pumped down the brakes to get the low air warning light at the pre-trip inspection. Air pressure built back up without a problem.
- The truck seemed to be operating normal.
- The flames were taller than the windshield on his tractor.
- He saw flames coming through the windshield/dashboard.
- He exited the vehicle and ran west three to four hundred feet. He left his cell phone, lunch box and backpack (containing his tools) in the vehicle. He heard people screaming.
- He kept his cell phone in a cubby on the center of the dash. He was not using his phone, talking, texting, or utilizing navigation. Has a headset for his phone which was hanging next to his phone.
- He slept seven to eight hours the night before.
- He takes Allegra for seasonal allergies.
- His last medical exam for his Commercial Driver License (CDL) was September 2020 and has no medical problems.
- His last eye exam was in 2019.
- His typical work week is Sunday to Thursday from 1100 to 0000 hours.
- He is paid by the load and writes down the start time and end time.
- He does not consume alcohol because it usually makes him sleepy.
- The carrier is Arizona Milk Transport, which has a random drug screen program. He doesn't worry about taking random drug screens due to his non consumption of alcohol or drugs. He has always passed his drug and alcohol tests.

I ended my interview with Gavonel at approximately 0102 hours.



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I assisted Trooper Z. Saxon, #10474, and Detective Ritchie, #6515, with placing colored cones on tire friction marks, gouge marks, and scrape marks.

At approximately 0750 hours, the eight vehicles (reference DPS evidence item numbers: 382969, 382970, 382971, 382972, 382973, 382974, 382975 and 382979) involved in the collision were loaded onto eight tow trucks. Detective Lee and I followed the tow trucks to the DPS Property and Evidence Vehicle Lot. At approximately 0815 hours, the vehicles were placed into the secure evidence facility located at 2610 South 16th Street, Phoenix, Arizona.

On Friday, June 11, 2021 at approximately 1500 hours, I placed the audio interview with Gavonel into DPS P&E (reference DPS property item number 66972).

At approximately 1030 hours, I ended my involvement in this incident.

This concludes my investigation to date.