

ADOT USE ONLY

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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. 17TH AVE., PHOENIX, ARIZONA 85007-3233										YEAR	MONTH	DAY	HOUR	NCIC NO.	OFFICER ID NO.				17-34909 961											
										1	7	0	3	2	4	1	8	2	5	0	7	2	9	2	3	0	7	7	Total Number of Sheets	14

COMPLETE THE TRUCK/BUS SUPPLEMENT IF ANY (circle) AND ANY (diamond) ARE CHECKED

2 Total Units	4	Total Injuries	0	Total Fatalities	0	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 checked="" type="radio"/> Tow Away of At Least One Vehicle from Scene?	District or Grid No.	1103				
3 LOCATION	On Highway/Road/Street S MCCLINTOCK DR										<input checked="" type="checkbox"/> Inside <input type="checkbox"/> Outside	City	TEMPE	County	MARICOPA	
	Intersecting Street/Road/M.P. or R.P. <input checked="" type="checkbox"/> At <input type="checkbox"/> From E DON CARLOS AVE										<input type="checkbox"/> North <input type="checkbox"/> South	<input type="checkbox"/> East <input type="checkbox"/> West	<input type="checkbox"/> Plus <input type="checkbox"/> Minus	Distance	<input type="checkbox"/> Measured <input checked="" type="checkbox"/> Approximate	<input type="checkbox"/> Miles <input checked="" type="checkbox"/> Feet

4 Is this a Secondary Collision:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Roadway Clearance Time:	2 1 2 4	Incident Clearance Time:	2 1 2 4
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Safety Devices (SD)	5 - Helmet Used 6 - Air Bag Deployed 7 - Air Bag Deployed/Shoulder-Lap Belt 97 - Other 99 - Unknown	Injury Severity (IS)	1 - No Injury 2 - Possible Injury 3 - Non Incapacitating Injury 4 - Incapacitating Injury 5 - Fatal Injury 99 - Unknown/Not Reported	Seating Position	18 - Front Seat - Other (Child in Lap) 28 or 38 - Additional passenger in vehicle by row 51 - In enclosed or cargo area 52 - In unenclosed passenger/cargo area 55 - Riding on Vehicle Exterior 99 - Unknown
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1	State	Class	End.	<input checked="" type="checkbox"/> DL # <input type="checkbox"/> No Valid License/Permit	<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Driverless <input type="checkbox"/> Pedestrian <input type="checkbox"/> Pedalcyclist	Name (First, Middle, Last)	<input type="checkbox"/> ejected <input type="checkbox"/> extricated	Suffix	Sex
	AZ	D	-			ALEXANDRA, SHEA, COLE		-	F
	Restrictions	Address		City	State	Zip Code	Telephone Number		
	Date of Birth	<input type="checkbox"/> Same as Driver	Owner/Carrier Name	Address		City	State	Zip Code	
TRAFFIC UNIT NO.	Color	Vehicle Year	Make	Model	Body Style	Plate Number	State	Plate Mo/Yr	<input checked="" type="checkbox"/> Bus (9 or more seats)
	GRN	2008	HOND	CRV	4DSW	BGT5847	AZ	12/2017	
	VIN	JHLRE48568C025921							
	Safety Devices	Injury Severity	Posted Speed Limit	Ofc Est. Speed	Transported To/By				
	3	1	40	20	REFUSED				
	Removed to (Address/Storage Location Identifier)				<input checked="" type="checkbox"/> Disabled <input type="checkbox"/> Not Disabled	Removed by			Orders of
	616 S SMITH RD TEMPE AZ 85281					ALL CITY TOWING			TEMPE PD
	Insurance Company	Telephone Number	Policy Number		Exp. Date				
	USAA	800-1531-USAA	0049522 91U 71055		08-12-2017				

2	State	Class	End.	<input checked="" type="checkbox"/> DL # <input type="checkbox"/> No Valid License/Permit	<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Driverless <input type="checkbox"/> Pedestrian <input type="checkbox"/> Pedalcyclist	Name (First, Middle, Last)	<input type="checkbox"/> ejected <input type="checkbox"/> extricated	Suffix	Sex
	AZ	D	-			PATRICK, REGAN, MURPHY		-	M
	Restrictions	Address		City	State	Zip Code	Telephone Number		
	Date of Birth	<input type="checkbox"/> Same as Driver	Owner/Carrier Name	Address		City	State	Zip Code	
TRAFFIC UNIT NO.	Color	Vehicle Year	Make	Model	Body Style	Plate Number	State	Plate Mo/Yr	<input checked="" type="checkbox"/> Bus (9 or more seats)
	GREY	2017	VOLV	XT8	4DSW	BND7004	AZ	01/2018	
	VIN	YV4BC0PL3H1123889							
	Safety Devices	Injury Severity	Posted Speed Limit	Ofc Est. Speed	Transported To/By				
	3	1	40	38	REFUSED				
	Removed to (Address/Storage Location Identifier)				<input checked="" type="checkbox"/> Disabled <input type="checkbox"/> Not Disabled	Removed by			Orders of
	PRIVATE TOW					PRIVATE TOW			DRIVER/OWNER
	Insurance Company	Telephone Number	Policy Number		Exp. Date				
	OLD REPUBLIC	415-391-2141	MWTB307487		06-30-2017				

3	State	Class	End.	<input checked="" type="checkbox"/> DL # <input type="checkbox"/> No Valid License/Permit	<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Driverless <input type="checkbox"/> Pedestrian <input type="checkbox"/> Pedalcyclist	Name (First, Middle, Last)	<input type="checkbox"/> ejected <input type="checkbox"/> extricated	Suffix	Sex
	AZ	D	-			MINHUA,,ZHU		-	F
	Restrictions	Address		City	State	Zip Code	Telephone Number		
	Date of Birth	<input type="checkbox"/> Same as Driver	Owner/Carrier Name	Address		City	State	Zip Code	
TRAFFIC UNIT NO.	Color	Vehicle Year	Make	Model	Body Style	Plate Number	State	Plate Mo/Yr	<input checked="" type="checkbox"/> Bus (9 or more seats)
	GLD	2007	HYUN	EST	4DSD	BCD1049	AZ	08/2017	
	VIN	KMHDN46D95U169546							
	Safety Devices	Injury Severity	Posted Speed Limit	Ofc Est. Speed	Transported To/By				
	3	1	40	0	REFUSED				
	Removed to (Address/Storage Location Identifier)				<input type="checkbox"/> Disabled <input checked="" type="checkbox"/> Not Disabled	Removed by			Orders of
	SERVICE					DRIVER			DRIVER
	Insurance Company	Telephone Number	Policy Number		Exp. Date				
	GEICO	800-841-3000	4318902709		02-14-2017				

6	Name	Address		City	State	Zip Code	Telephone Number	D.O.B / Age
	BRAYAN TORRES							
	REILLY FRANCIS							

7	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 99 - Unknown	Inventory Tag No.	
	Block 33, Event 29-49							
	OC	Owner's Name	Address (or Bar Code ID Number)		City	State	Zip Code	Telephone Number
	2	CITY OF TEMPE	31 E 5TH ST		TEMPE	AZ	85281	480-350-8321
	Photos Taken	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Photographer's Name, ID Number and Agency Number	Invest. At Scene	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date Invest.	Time Invest.	Fire/EMS Incident No.
			M. MCCORMICK #22020 0729			03-24-2017	1825	17-104948
8	Officer's Name/ Badge #	Supervisor's Signature		Agency Name	Date Completed			
	D. PATTERSON #23077	B. CULLINS #17712		TEMPE PD	03-25-2017			

Risk Management

ADOT USE ONLY

ARIZONA CRASH REPORT		REPORT ID										Agency Report Number						
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.	17-34909 961		Total Number of Sheets								
		1	7	0	3	2	4	1	8					2	5	0	7	2

COMPLETE THE TRUCK/BUS SUPPLEMENT IF ANY (circle) AND ANY (diamond) ARE CHECKED

2 Total Units 4		Total Injuries 0		Total Fatalities 0		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. 1103	
3 LOCATION		On Highway/Road/Street S MCCLINTOCK DR						City TEMPE		County MARICOPA					
		Intersecting Street/Road/M.P. or R.P. <input checked="" type="checkbox"/> At <input type="checkbox"/> From E DON CARLOS AVE						<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 checked="" type="checkbox"/> Feet			
4 Is this a Secondary Collision: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				Roadway Clearance Time: 2 1 2 4				Incident Clearance Time: 2 1 2 4							

Safety Devices (SD)			Injury Severity (IS)			Seating Position			18 - Front Seat - Other (Child in Lap)					
0 - Not Applicable 1 - None Used 2 - Lap Belt 3 - Shoulder and Lap Belt 4 - Child Restraint System			5 - Helmet Used 6 - Air Bag Deployed 7 - Air Bag Deployed/ Shoulder-Lap Belt 97 - Other 99 - Unknown			1 - No Injury 2 - Possible Injury 3 - Non Incapacitating Injury			4 - Incapacitating Injury 5 - Fatal Injury 99 - Unknown/ Not Reported			28 - 38 - Additional passenger in vehicle by row 51 - In enclosed or cargo area 52 - In unenclosed passenger/cargo area 55 - Riding on Vehicle Exterior 99 - Unknown		
						31 21 11 32 22 12 33 23 13 38 28 18			55					

4 TRAFFIC UNIT NO.		State Class End. <input checked="" type="checkbox"/> DL # <input type="checkbox"/> No Valid License/Permit		<input type="checkbox"/> Driver <input type="checkbox"/> Driverless <input type="checkbox"/> Pedestrian <input type="checkbox"/> Pedalcyclist		Name (First, Middle, Last)		<input type="checkbox"/> ejected <input type="checkbox"/> extricated		Suffix		Sex	
		AZ D -				MICHAEL,ANGELO,RODRIGUEZ				-		M	
		Restrictions		Address		City		State		Zip Code		Telephone Number	
		Date of Birth		<input type="checkbox"/> Same as Driver		Owner/Carrier Name		Address		City		State Zip Code	
		Color GRY		Vehicle Year 2014		Make FORD		Model EDGE		Body Style 4DSW		Plate Number BWK1428	
		VIN 2FMDK3AK5EBB65914		Trailer (Other Unit) Plate No.		State		Year		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	
		Safety Devices 3		Injury Severity 1		Posted Speed Limit 40		Ofc Est. Speed 0		Transported To/By REFUSED			
		Removed to (Address/Storage Location Identifier) SERVICE		<input type="checkbox"/> Disabled <input checked="" type="checkbox"/> Not Disabled		Removed by DRIVER		Orders of DRIVER					
		Insurance Company AMERICAN FAMILY		Telephone Number 800-692-6326		Policy Number 410028560777		Exp. Date 08-16-2017					

5 TRAFFIC UNIT NO.		State Class End. <input type="checkbox"/> DL # <input type="checkbox"/> No Valid License/Permit		<input type="checkbox"/> Driver <input type="checkbox"/> Driverless <input type="checkbox"/> Pedestrian <input type="checkbox"/> Pedalcyclist		Name (First, Middle, Last)		<input type="checkbox"/> ejected <input type="checkbox"/> extricated		Suffix		Sex	
		Restrictions		Address		City		State		Zip Code		Telephone Number	
		Date of Birth		<input type="checkbox"/> Same as Driver		Owner/Carrier Name		Address		City		State Zip Code	
		Color		Vehicle Year		Make		Model		Body Style		Plate Number	
		VIN		Trailer (Other Unit) Plate No.		State		Year		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	
		Safety Devices		Injury Severity		Posted Speed Limit		Ofc Est. Speed		Transported To/By			
		Removed to (Address/Storage Location Identifier)		<input type="checkbox"/> Disabled <input checked="" type="checkbox"/> Not Disabled		Removed by		Orders of					
		Insurance Company		Telephone Number		Policy Number		Exp. Date					

6 TRAFFIC UNIT NO.		State Class End. <input type="checkbox"/> DL # <input type="checkbox"/> No Valid License/Permit		<input type="checkbox"/> Driver <input type="checkbox"/> Driverless <input type="checkbox"/> Pedestrian <input type="checkbox"/> Pedalcyclist		Name (First, Middle, Last)		<input type="checkbox"/> ejected <input type="checkbox"/> extricated		Suffix		Sex	
		Restrictions		Address		City		State		Zip Code		Telephone Number	
		Date of Birth		<input type="checkbox"/> Same as Driver		Owner/Carrier Name		Address		City		State Zip Code	
		Color		Vehicle Year		Make		Model		Body Style		Plate Number	
		VIN		Trailer (Other Unit) Plate No.		State		Year		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	
		Safety Devices		Injury Severity		Posted Speed Limit		Ofc Est. Speed		Transported To/By			
		Removed to (Address/Storage Location Identifier)		<input type="checkbox"/> Disabled <input checked="" type="checkbox"/> Not Disabled		Removed by		Orders of					
		Insurance Company		Telephone Number		Policy Number		Exp. Date					

6 WITNESSES		Name		Address		City		State		Zip Code		Telephone Number		D.O.B / Age	

7		Property Damaged (Other than Vehicles) Block 33, Event 29-49		Owner Code 1 - Private (OC) 2 - Public Utility		3 - Federal Government 4 - State of Arizona		5 - County in Arizona 6 - City in Arizona		7 - Tribal Nation 99 - Unknown		Inventory Tag No.	
		OC Owner's Name CITY OF TEMPE		Address (or Bar Code ID Number) 31 E 5TH ST		City TEMPE		State AZ		Zip Code 85281		Telephone Number 480-350-8321	
		Photos Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Photographer's Name, ID Number and Agency Number M. MCCORMICK #22020 0729		Invest. At Scene <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Date Invest. 03-24-2017		Time Invest. 1825		Fire/EMS Incident No. 17-104948	
8		Officer's Name/ Badge # D.PATTERSON #23077		Supervisor's Signature B. CULLINS #17712		Agency Name TEMPE PD		Date Completed 03-25-2017					

ARIZONA CRASH REPORT			REPORT ID										Agency Report Number							
1	CONTINUED		YEAR	MONTH	DAY	HOUR			NCIC NO.			OFFICER ID NO.			17-34909	961				
	POLICE ONLY—FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 064R 206 S. 17TH AVE., PHOENIX, ARIZONA 85007-3233		1	7	0	3	2	4	1	8	2	5	0	7			2	9	2	3
09 — LIGHT CONDITION <input type="checkbox"/> 1 DAYLIGHT <input type="checkbox"/> 2 DAWN <input checked="" type="checkbox"/> 3 DUSK <input type="checkbox"/> 4 DARK—LIGHTED <input type="checkbox"/> 5 DARK—NOT LIGHTED <input type="checkbox"/> 6 DARK—UNKNOWN LIGHTING			17 — MANNER OF CRASH IMPACT <input type="checkbox"/> 1 SINGLE VEHICLE <input type="checkbox"/> 2 ANGLE (front to side) (other than left turn) <input checked="" type="checkbox"/> 3 LEFT TURN <input 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 SIDESWIPE, SAME DIRECTION <input type="checkbox"/> 7 SIDESWIPE, OPPOSITE DIRECTION <input type="checkbox"/> 8 REAR-TO-SIDE <input type="checkbox"/> 9 REAR-TO-REAR <input type="checkbox"/> 97 OTHER _____ <input type="checkbox"/> 99 UNKNOWN										BLOCKS 09 - 24: CHECK ONLY ONE OR ONE BLOCK PER UNIT UNLESS NOTED							
10 — WEATHER CONDITIONS <input checked="" type="checkbox"/> 1 CLEAR <input type="checkbox"/> 2 CLOUDY <input type="checkbox"/> 3 SLEET, HAIL (freezing rain/drizzle) <input type="checkbox"/> 4 RAIN <input type="checkbox"/> 5 SNOW <input type="checkbox"/> 6 SEVERE CROSSWINDS <input type="checkbox"/> 7 BLOWING SAND, SOIL, DIRT <input type="checkbox"/> 8 FOG, SMOG, SMOKE <input type="checkbox"/> 9 BLOWING SNOW <input type="checkbox"/> 97 OTHER _____ <input type="checkbox"/> 99 UNKNOWN			18 — DIRECTION OF UNIT TRAVEL (Compass) BEFORE 1ST CRASH EVENT UNIT # <input checked="" type="checkbox"/> 1 NORTH <input type="checkbox"/> 2 SOUTH <input 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"/> 99 UNKNOWN										21 — CONDITION INFLUENCING Driver/Ped/Cyclist UP TO TWO CHOICES PER UNIT UNIT # <input checked="" type="checkbox"/> 0 NO APPARENT INFLUENCE <input type="checkbox"/> 1 ILLNESS <input type="checkbox"/> 2 PHYSICAL IMPAIRMENT <input type="checkbox"/> 3 FELL ASLEEP/FATIGUED <input type="checkbox"/> 4 ALCOHOL <input type="checkbox"/> 5 DRUGS <input type="checkbox"/> 6 MEDICATIONS CHECK ONE IF BLOCKS 4, 5, OR 6 CHECKED <input type="checkbox"/> A. NO TEST GIVEN <input type="checkbox"/> B. TEST GIVEN <input type="checkbox"/> C. TEST REFUSED <input type="checkbox"/> D. TESTING UNKNOWN <input type="checkbox"/> 97 OTHER _____ <input type="checkbox"/> 99 UNKNOWN CONDITION							
11 — ROAD SURFACE CONDITION UNIT # <input checked="" type="checkbox"/> 1 DRY <input type="checkbox"/> 2 WET <input type="checkbox"/> 3 SNOW <input type="checkbox"/> 4 SLUSH <input type="checkbox"/> 5 ICE/FROST <input type="checkbox"/> 6 WATER (standing, moving) <input type="checkbox"/> 7 SAND <input type="checkbox"/> 8 MUD, DIRT, GRAVEL <input type="checkbox"/> 9 OIL <input type="checkbox"/> 97 OTHER _____ <input type="checkbox"/> 99 UNKNOWN			19 — CONTRIBUTING CIRCUMSTANCES UP TO TWO CHOICES PER UNIT UNIT # <input checked="" type="checkbox"/> 0 NO CONTRIBUTING CIRCUMSTANCE										22 — VIOLATIONS/BEHAVIOR UP TO TWO CHOICES PER UNIT UNIT # <input type="checkbox"/> 1 NO IMPROPER 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/RODE IN OPPOSING TRAFFIC LANE <input type="checkbox"/> 9 KNOWINGLY OPERATED WITH FAULTY/MISSING EQUIPMENT <input type="checkbox"/> 10 REQUIRED MOTORCYCLE SAFETY EQUIPMENT NOT USED <input type="checkbox"/> 11 PASSED IN NO PASSING ZONE <input type="checkbox"/> 12 UNSAFE LANE CHANGE <input type="checkbox"/> 13 FAILED TO KEEP IN PROPER LANE <input type="checkbox"/> 14 DISREGARDED PAVEMENT MARKINGS <input type="checkbox"/> 15 OTHER UNSAFE PASSING <input type="checkbox"/> 16 (Moved to Box 20-Distracted Driving Behavior) <input type="checkbox"/> 17 DID NOT USE CROSSWALK <input type="checkbox"/> 18 WALKED ON WRONG SIDE OF ROAD <input type="checkbox"/> 19 (Moved to Box 20-Distracted Driving Behavior) <input checked="" type="checkbox"/> 20 FAILED TO YIELD RIGHT-OF-WAY <input type="checkbox"/> 97 OTHER _____ <input type="checkbox"/> 99 UNKNOWN							
12 — ROAD GRADE UNIT # <input checked="" type="checkbox"/> 1 LEVEL <input type="checkbox"/> 2 DOWNHILL <input type="checkbox"/> 3 UPHILL <input type="checkbox"/> 4 HILLCREST <input type="checkbox"/> 5 SAG/DIP/BOTTOM <input type="checkbox"/> 99 UNKNOWN			ENVIRONMENTAL <input type="checkbox"/> 1 GLARE <input type="checkbox"/> A. SUNLIGHT <input type="checkbox"/> B. HEADLIGHTS <input type="checkbox"/> 2 PHYSICAL OBSTRUCTION(S) <input checked="" 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																	
13 — RELATION TO JUNCTION <input type="checkbox"/> 0 NOT JUNCTION RELATED NON-CONTROLLED ACCESS AREA <input checked="" type="checkbox"/> 1 INTERSECTION (within) <input type="checkbox"/> 2 INTERSECTION-RELATED <input type="checkbox"/> 3 ENTRANCE/EXIT RAMP (rest areas) <input type="checkbox"/> 4 RAILWAY GRADE CROSSING <input type="checkbox"/> 5 MEDIAN CROSSOVER-RELATED <input type="checkbox"/> 6 FRONTAGE ROAD <input type="checkbox"/> 7 DRIVEWAY <input type="checkbox"/> 8 ALLEY-ACCESS-RELATED <input type="checkbox"/> 18 WRONG WAY DRIVING <input type="checkbox"/> 9 UNKNOWN NON-INTERCHANGE CONTROLLED ACCESS AREA <input type="checkbox"/> 10 THRU ROADWAY <input type="checkbox"/> 11 INTERSECTION (within) <input type="checkbox"/> 12 INTERSECTION-RELATED <input type="checkbox"/> 13 ENTRANCE/EXIT RAMP <input type="checkbox"/> 14 FRONTAGE ROAD <input type="checkbox"/> 15 OTHER PART OF INTERCHANGE <input type="checkbox"/> 16 MEDIAN CROSSOVER-RELATED <input type="checkbox"/> 17 WRONG WAY DRIVING <input type="checkbox"/> 99 UNKNOWN			ROAD <input type="checkbox"/> 3 ROAD SURFACE CONDITION <input type="checkbox"/> 4 DEBRIS <input type="checkbox"/> 5 WORK ZONE <input type="checkbox"/> A. LANE CLOSURE <input type="checkbox"/> B. LANE SHIFT/CLOSURE <input type="checkbox"/> C. WORK ON SHOULDER OR MEDIAN <input type="checkbox"/> D. INTERMITTENT OR MOVING WORK <input type="checkbox"/> E. OTHER _____ <input type="checkbox"/> F. WORKERS PRESENT <input type="checkbox"/> 6 OBSTRUCTION IN ROADWAY <input type="checkbox"/> 7 CHANGING ROAD WIDTH <input type="checkbox"/> 8 NON-HIGHWAY WORK																	
14 — TYPE OF INTERSECTION <input checked="" type="checkbox"/> 1 FOUR-WAY INTERSECTION <input type="checkbox"/> 2 T-INTERSECTION <input type="checkbox"/> 3 Y-INTERSECTION <input type="checkbox"/> 4 INTER. AS PART OF INTERCHANGE <input type="checkbox"/> 5 TRAFFIC CIRCLE <input type="checkbox"/> 6 ROUNDABOUT <input type="checkbox"/> 7 FIVE POINT, OR MORE <input type="checkbox"/> 99 UNKNOWN			MOTOR VEHICLE <input type="checkbox"/> 9 BRAKES <input type="checkbox"/> 10 STEERING <input type="checkbox"/> 11 SUSPENSION <input type="checkbox"/> 12 TIRES <input type="checkbox"/> 13 WHEELS <input type="checkbox"/> 14 LIGHTS (head, signal, tail) <input type="checkbox"/> 15 WINDOWS/WINDSHIELD <input type="checkbox"/> 16 MIRRORS <input type="checkbox"/> 17 WIPERS <input type="checkbox"/> 18 TRUCK COUPLING/TRAILER/HITCH/SAFETY CHAINS <input type="checkbox"/> 97 OTHER _____ <input type="checkbox"/> 99 UNKNOWN																	
15 — TRAFFIC WAY DESCRIPTION <input type="checkbox"/> 1 ONE WAY TRAFFICWAY <input type="checkbox"/> 2 TWO-WAY, NOT DIVIDED (no median present) <input checked="" type="checkbox"/> 3 TWO-WAY, (NOT DIVIDED) WITH A CONTINUOUS LEFT TURN LANE <input type="checkbox"/> 4 TWO-WAY, DIVIDED, UNPROTECTED (PAINTED > 4 FEET) MEDIAN <input type="checkbox"/> 5 TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER <input type="checkbox"/> 99 UNKNOWN			20 — DISTRACTED DRIVING BEHAVIOR UNIT # <input checked="" type="checkbox"/> 0 NOT DISTRACTED <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 ELECTRONIC DEVICE <input type="checkbox"/> 6 OTHER INSIDE THE VEHICLE (eating, drinking, etc.) <input type="checkbox"/> 7 OUTSIDE THE VEHICLE (includes unspecified distractions) <input type="checkbox"/> 99 UNKNOWN DISTRACTIONS										23 — TRAFFIC UNIT MANEUVER/ACTION UNIT # <input type="checkbox"/> 1 GOING STRAIGHT AHEAD <input type="checkbox"/> 2 SLOWING IN TRAFFICWAY <input checked="" type="checkbox"/> 3 STOPPED IN TRAFFIC WAY <input type="checkbox"/> 4 MAKING LEFT TURN <input type="checkbox"/> 5 MAKING RIGHT TURN <input type="checkbox"/> 6 MAKING U-TURN <input type="checkbox"/> 7 OVERTAKING/PASSING <input type="checkbox"/> 8 CHANGING LANES <input type="checkbox"/> 9 NEGOTIATING A CURVE <input type="checkbox"/> 10 BACKING <input type="checkbox"/> 11 AVOIDING VEHICLE /OBJECT/PED/CYCLIST <input type="checkbox"/> 12 ENTERING PARKING POSITION <input type="checkbox"/> 13 LEAVING PARKING POSITION <input type="checkbox"/> 14 PROPERLY PARKED <input type="checkbox"/> 15 IMPROPERLY PARKED <input type="checkbox"/> 16 DRIVERLESS MOVING VEHICLE <input type="checkbox"/> 17 CROSSING ROAD <input type="checkbox"/> 18 WALKING WITH TRAFFIC <input type="checkbox"/> 19 WALKING AGAINST TRAFFIC <input type="checkbox"/> 20 STANDING <input type="checkbox"/> 21 LYING <input type="checkbox"/> 22 GETTING ON/OFF VEHICLE <input type="checkbox"/> 23 WORKING ON/PUSHING VEHICLE <input type="checkbox"/> 24 WORKING ON ROAD <input type="checkbox"/> 97 OTHER _____ <input type="checkbox"/> 99 UNKNOWN							
16 — TRAFFIC CONTROL DEVICE UNIT # <input type="checkbox"/> 0 NO CONTROLS <input checked="" type="checkbox"/> 1 SIGNAL <input type="checkbox"/> 2 STOP SIGN			24 — LOCATION OF PEDESTRIAN/CYCLIST UNIT # <input type="checkbox"/> 1 MARKED CROSSWALK at INTERSECTION <input type="checkbox"/> 2 AT INTERSECTION BUT NO CROSSWALK <input type="checkbox"/> 3 NON-INTERSECTION CROSSWALK <input type="checkbox"/> 4 DRIVEWAY ACCESS CROSSWALK <input type="checkbox"/> 5 SCHOOL CROSSWALK <input type="checkbox"/> 6 IN ROADWAY (not in crosswalk/intersection) <input type="checkbox"/> 7 MEDIAN (but not on shoulder) <input type="checkbox"/> 8 ISLAND <input type="checkbox"/> 9 SHOULDER <input type="checkbox"/> 10 SIDEWALK <input type="checkbox"/> 11 ROADSIDE <input type="checkbox"/> 12 OUTSIDE OF TRAFFICWAY <input type="checkbox"/> 13 DEDICATED BIKE LANE <input type="checkbox"/> 14 SHARED-USE PATH <input type="checkbox"/> 15 INSIDE BUILDING <input type="checkbox"/> 97 OTHER _____ <input type="checkbox"/> 99 UNKNOWN																	

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1	CONTINUED	YEAR	MONTH	DAY	HOUR	NCIC NO.			OFFICER ID NO.			17-34909 961							
	POLICE ONLY—FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 064R 206 S. 17TH AVE., PHOENIX, ARIZONA 85007-3233	1	7	0	3	2	4	1	8	2	5			0	7	2	9	2	3
09 —LIGHT CONDITION <input type="checkbox"/> 1 DAYLIGHT <input type="checkbox"/> 2 DAWN <input checked="" type="checkbox"/> 3 DUSK <input type="checkbox"/> 4 DARK—LIGHTED <input type="checkbox"/> 5 DARK—NOT LIGHTED <input type="checkbox"/> 6 DARK—UNKNOWN LIGHTING	10 —WEATHER CONDITIONS <input checked="" type="checkbox"/> 1 CLEAR <input type="checkbox"/> 2 CLOUDY <input type="checkbox"/> 3 SLEET, HAIL (freezing rain/drizzle) <input type="checkbox"/> 4 RAIN <input type="checkbox"/> 5 SNOW <input type="checkbox"/> 6 SEVERE CROSSWINDS <input type="checkbox"/> 7 BLOWING SAND, SOIL, DIRT <input type="checkbox"/> 8 FOG, SMOG, SMOKE <input type="checkbox"/> 9 BLOWING SNOW <input type="checkbox"/> 97 OTHER _____ <input type="checkbox"/> 99 UNKNOWN	11 —ROAD SURFACE CONDITION UNIT # <input checked="" type="checkbox"/> 1 DRY <input type="checkbox"/> 2 WET <input type="checkbox"/> 3 SNOW <input type="checkbox"/> 4 SLUSH <input type="checkbox"/> 5 ICE/FROST <input type="checkbox"/> 6 WATER (standing, moving) <input type="checkbox"/> 7 SAND <input type="checkbox"/> 8 MUD, DIRT, GRAVEL <input type="checkbox"/> 9 OIL <input type="checkbox"/> 97 OTHER _____ <input type="checkbox"/> 99 UNKNOWN	12 —ROAD GRADE UNIT # <input checked="" type="checkbox"/> 1 LEVEL <input type="checkbox"/> 2 DOWNHILL <input type="checkbox"/> 3 UPHILL <input type="checkbox"/> 4 HILLCREST <input type="checkbox"/> 5 SAG/DIP/BOTTOM <input type="checkbox"/> 99 UNKNOWN	13 —RELATION TO JUNCTION <input type="checkbox"/> 0 NOT JUNCTION RELATED NON-CONTROLLED ACCESS AREA <input checked="" type="checkbox"/> 1 INTERSECTION (within) <input type="checkbox"/> 2 INTERSECTION-RELATED <input type="checkbox"/> 3 ENTRANCE/EXIT RAMP (rest areas) <input type="checkbox"/> 4 RAILWAY GRADE CROSSING <input type="checkbox"/> 5 MEDIAN CROSSOVER-RELATED <input type="checkbox"/> 6 FRONTAGE ROAD <input type="checkbox"/> 7 DRIVEWAY <input type="checkbox"/> 8 ALLEY-ACCESS-RELATED <input type="checkbox"/> 18 WRONG WAY DRIVING <input type="checkbox"/> 9 UNKNOWN NON-INTERCHANGE CONTROLLED ACCESS AREA <input type="checkbox"/> 10 THRU ROADWAY <input type="checkbox"/> 11 INTERSECTION (within) <input type="checkbox"/> 12 INTERSECTION-RELATED <input type="checkbox"/> 13 ENTRANCE/EXIT RAMP <input type="checkbox"/> 14 FRONTAGE ROAD <input type="checkbox"/> 15 OTHER PART OF INTERCHANGE <input type="checkbox"/> 16 MEDIAN CROSSOVER-RELATED <input type="checkbox"/> 17 WRONG WAY DRIVING <input type="checkbox"/> 99 UNKNOWN	14 —TYPE OF INTERSECTION <input checked="" type="checkbox"/> 1 FOUR-WAY INTERSECTION <input type="checkbox"/> 2 T-INTERSECTION <input type="checkbox"/> 3 Y-INTERSECTION <input type="checkbox"/> 4 INTER. AS PART OF INTERCHANGE <input type="checkbox"/> 5 TRAFFIC CIRCLE <input type="checkbox"/> 6 ROUNDABOUT <input type="checkbox"/> 7 FIVE POINT, OR MORE <input type="checkbox"/> 99 UNKNOWN	15 —TRAFFIC WAY DESCRIPTION <input type="checkbox"/> 1 ONE WAY TRAFFICWAY <input type="checkbox"/> 2 TWO-WAY, NOT DIVIDED (no median present) <input checked="" type="checkbox"/> 3 TWO-WAY, (NOT DIVIDED) WITH A CONTINUOUS LEFT TURN LANE <input type="checkbox"/> 4 TWO-WAY, DIVIDED, UNPROTECTED (PAINTED> 4 FEET) MEDIAN <input type="checkbox"/> 5 TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER <input type="checkbox"/> 99 UNKNOWN	16 —TRAFFIC CONTROL DEVICE UNIT # <input type="checkbox"/> 0 NO CONTROLS <input checked="" 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 CROSSING SIGN <input type="checkbox"/> 6 FLASHING TRAFFIC SIGNAL <input type="checkbox"/> 7 PERSON (law enforcement, crossing guard, flagger, etc.) <input type="checkbox"/> 97 OTHER _____ <input type="checkbox"/> 99 UNKNOWN	17 —MANNER OF CRASH IMPACT <input type="checkbox"/> 1 SINGLE VEHICLE <input type="checkbox"/> 2 ANGLE (front to side) (other than left turn) <input checked="" type="checkbox"/> 3 LEFT TURN <input 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 SIDESWIPE, SAME DIRECTION <input type="checkbox"/> 7 SIDESWIPE, OPPOSITE DIRECTION <input type="checkbox"/> 8 REAR-TO-SIDE <input type="checkbox"/> 9 REAR-TO-REAR <input type="checkbox"/> 97 OTHER _____ <input type="checkbox"/> 99 UNKNOWN	18 —DIRECTION OF UNIT TRAVEL (Compass) BEFORE 1ST CRASH EVENT UNIT # <input type="checkbox"/> 1 NORTH <input checked="" type="checkbox"/> 2 SOUTH <input 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"/> 99 UNKNOWN	19 —CONTRIBUTING CIRCUMSTANCES UP TO TWO CHOICES PER UNIT UNIT # <input checked="" type="checkbox"/> 0 NO CONTRIBUTING CIRCUMSTANCE	ENVIRONMENTAL <input type="checkbox"/> 1 GLARE <input type="checkbox"/> A. SUNLIGHT <input type="checkbox"/> B. HEADLIGHTS <input type="checkbox"/> 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	ROAD <input type="checkbox"/> 3 ROAD SURFACE CONDITION <input type="checkbox"/> 4 DEBRIS <input type="checkbox"/> 5 WORK ZONE <input type="checkbox"/> A. LANE CLOSURE <input type="checkbox"/> B. LANE SHIFT/CLOSURE <input type="checkbox"/> C. WORK ON SHOULDER OR MEDIAN <input type="checkbox"/> D. INTERMITTENT OR MOVING WORK <input type="checkbox"/> E. OTHER _____ <input type="checkbox"/> F. WORKERS PRESENT <input type="checkbox"/> 6 OBSTRUCTION IN ROADWAY <input type="checkbox"/> 7 CHANGING ROAD WIDTH <input type="checkbox"/> 8 NON-HIGHWAY WORK	MOTOR VEHICLE <input type="checkbox"/> 9 BRAKES <input type="checkbox"/> 10 STEERING <input type="checkbox"/> 11 SUSPENSION <input type="checkbox"/> 12 TIRES <input type="checkbox"/> 13 WHEELS <input type="checkbox"/> 14 LIGHTS (head, signal, tail) <input type="checkbox"/> 15 WINDOWS/WINDSHIELD <input type="checkbox"/> 16 MIRRORS <input type="checkbox"/> 17 WIPERS <input type="checkbox"/> 18 TRUCK COUPLING/TRAILER/HITCH/SAFETY CHAINS <input type="checkbox"/> 97 OTHER _____ <input type="checkbox"/> 99 UNKNOWN	20 —DISTRACTED DRIVING BEHAVIOR UNIT # <input checked="" type="checkbox"/> 0 NOT DISTRACTED <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 ELECTRONIC DEVICE <input type="checkbox"/> 6 OTHER INSIDE THE VEHICLE (eating, drinking, etc.) <input type="checkbox"/> 7 OUTSIDE THE VEHICLE (includes unspecified distractions) <input type="checkbox"/> 99 UNKNOWN DISTRACTIONS	21 —CONDITION INFLUENCING Driver/Ped/Cyclist UP TO TWO CHOICES PER UNIT UNIT # <input checked="" type="checkbox"/> 0 NO APPARENT INFLUENCE <input type="checkbox"/> 1 ILLNESS <input type="checkbox"/> 2 PHYSICAL IMPAIRMENT <input type="checkbox"/> 3 FELL ASLEEP/FATIGUED <input type="checkbox"/> 4 ALCOHOL <input type="checkbox"/> 5 DRUGS <input type="checkbox"/> 6 MEDICATIONS CHECK ONE IF BLOCKS 4, 5, OR 6 CHECKED <input type="checkbox"/> A. NO TEST GIVEN <input type="checkbox"/> B. TEST GIVEN <input type="checkbox"/> C. TEST REFUSED <input type="checkbox"/> D. TESTING UNKNOWN <input type="checkbox"/> 97 OTHER _____ <input type="checkbox"/> 99 UNKNOWN CONDITION	22 —VIOLATIONS/BEHAVIOR UP TO TWO CHOICES PER UNIT UNIT # <input checked="" type="checkbox"/> 1 NO IMPROPER 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/RODE IN OPPOSING TRAFFIC LANE <input type="checkbox"/> 9 KNOWINGLY OPERATED WITH FAULTY/MISSING EQUIPMENT <input type="checkbox"/> 10 REQUIRED MOTORCYCLE SAFETY EQUIPMENT NOT USED <input type="checkbox"/> 11 PASSED IN NO PASSING ZONE <input type="checkbox"/> 12 UNSAFE LANE CHANGE <input type="checkbox"/> 13 FAILED TO KEEP IN PROPER LANE <input type="checkbox"/> 14 DISREGARDED PAVEMENT MARKINGS <input type="checkbox"/> 15 OTHER UNSAFE PASSING <input type="checkbox"/> 16 (Moved to Box 20-Distracted Driving Behavior) <input type="checkbox"/> 17 DID NOT USE CROSSWALK <input type="checkbox"/> 18 WALKED ON WRONG SIDE OF ROAD <input type="checkbox"/> 19 (Moved to Box 20-Distracted Driving Behavior) <input type="checkbox"/> 20 FAILED TO YIELD RIGHT-OF-WAY <input type="checkbox"/> 97 OTHER _____ <input type="checkbox"/> 99 UNKNOWN	23 —TRAFFIC UNIT MANEUVER/ACTION UNIT # <input type="checkbox"/> 1 GOING STRAIGHT AHEAD <input type="checkbox"/> 2 SLOWING IN TRAFFICWAY <input checked="" type="checkbox"/> 3 STOPPED IN TRAFFIC WAY <input type="checkbox"/> 4 MAKING LEFT TURN <input type="checkbox"/> 5 MAKING RIGHT TURN <input type="checkbox"/> 6 MAKING U-TURN <input type="checkbox"/> 7 OVERTAKING/PASSING <input type="checkbox"/> 8 CHANGING LANES <input type="checkbox"/> 9 NEGOTIATING A CURVE <input type="checkbox"/> 10 BACKING <input type="checkbox"/> 11 AVOIDING VEHICLE /OBJECT/PED/CYCLIST <input type="checkbox"/> 12 ENTERING PARKING POSITION <input type="checkbox"/> 13 LEAVING PARKING POSITION <input type="checkbox"/> 14 PROPERLY PARKED <input type="checkbox"/> 15 IMPROPERLY PARKED <input type="checkbox"/> 16 DRIVERLESS MOVING VEHICLE <input type="checkbox"/> 17 CROSSING ROAD <input type="checkbox"/> 18 WALKING WITH TRAFFIC <input type="checkbox"/> 19 WALKING AGAINST TRAFFIC <input type="checkbox"/> 20 STANDING <input type="checkbox"/> 21 LYING <input type="checkbox"/> 22 GETTING ON/OFF VEHICLE <input type="checkbox"/> 23 WORKING ON/PUSHING VEHICLE <input type="checkbox"/> 24 WORKING ON ROAD <input type="checkbox"/> 97 OTHER _____ <input type="checkbox"/> 99 UNKNOWN	24 —LOCATION OF PEDESTRIAN/CYCLIST UNIT # <input type="checkbox"/> 1 MARKED CROSSWALK at INTERSECTION <input type="checkbox"/> 2 AT INTERSECTION BUT NO CROSSWALK <input type="checkbox"/> 3 NON-INTERSECTION CROSSWALK <input type="checkbox"/> 4 DRIVEWAY ACCESS CROSSWALK <input type="checkbox"/> 5 SCHOOL CROSSWALK <input type="checkbox"/> 6 IN ROADWAY (not in crosswalk/intersection) <input type="checkbox"/> 7 MEDIAN (but not on shoulder) <input type="checkbox"/> 8 ISLAND <input type="checkbox"/> 9 SHOULDER <input type="checkbox"/> 10 SIDEWALK <input type="checkbox"/> 11 ROADSIDE <input type="checkbox"/> 12 OUTSIDE OF TRAFFICWAY <input type="checkbox"/> 13 DEDICATED BIKE LANE <input type="checkbox"/> 14 SHARED-USE PATH <input type="checkbox"/> 15 INSIDE BUILDING <input type="checkbox"/> 97 OTHER _____ <input type="checkbox"/> 99 UNKNOWN	

ARIZONA CRASH REPORT

REPORT ID

Agency Report Number

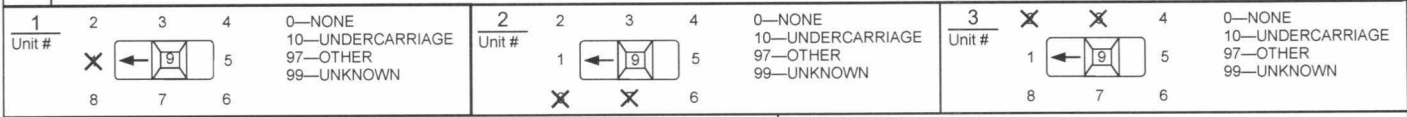
CONTINUED POLICE ONLY - FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 064R 206 S. 17TH AVE., PHOENIX, ARIZONA 85007-3233

Table with columns: Unit #, Seat Pos, SD, IS, Name, Address, City, State, Zip Code, Telephone No., D.O.B. or Age, Sex. Includes passenger MATTHEW RENTZ.

Safety Devices (SD), Injury Severity (IS), Seating Position. Includes diagrams for seating positions and checkboxes for various safety features.

Table with columns: UNIT #, A.R.S. NO. OR CITY CODE. Includes citation information for ARS 28-754.A.

27 VEHICLE DAMAGED AREA(S) - (CIRCLE UP TO THREE AREAS PER UNIT)



28 GLOBAL POSITION Latitude: Longitude:

29 - ROADWAY ALIGNMENT UNIT # 1 2 3. Includes checkboxes for STRAIGHT, CURVE LEFT, CURVE RIGHT, UNKNOWN.

30 - LANE Please enter unit's number and lane of travel before first crash event. Includes table with columns UNIT 1, UNIT 2, UNIT 3 and values L1, 3, 2.

31 - EJECTION 0 NOT APPLICABLE, 1 NOT EJECTED, 2 EJECTED, PARTIALLY, 3 EJECTED, TOTALLY, 4 UNKNOWN DEGREE, 99 UNKNOWN.

Table with columns: Unit #, Seat Pos, Ejection, Extrication. Includes driver seat position = 11.

33 - SEQUENCE OF EVENTS UP TO FOUR CRASH EVENTS FOR EACH UNIT IN THE ORDER OF OCCURRENCE. Includes lists for NON-COLLISION and COLLISION WITH FIXED OBJECT.

32 - EXTRICATION 0 NOT APPLICABLE, 1 EXTRICATED, 99 UNKNOWN. Includes list of collision types like MOTOR VEHICLE IN TRANSPORT, PEDESTRIAN, etc.

Table with columns: FIRST HARMFUL EVENT OF THE CRASH, SEQUENCE OF EVENTS PER TRAFFIC UNIT. Includes rows for FIRST, SECOND, THIRD, FOURTH EVENT.

ARIZONA CRASH REPORT

REPORT ID

Agency Report Number

CONTINUED
POLICE ONLY - FORWARD COPY TO
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206 S. 17TH AVE., PHOENIX, ARIZONA 85007-3233

Table with columns: YEAR, MONTH, DAY, HOUR, NCIC NO., OFFICER ID NO.
Values: 1 7 0 3 2 4 1 8 2 5 0 7 2 9 2 3 0 7 7

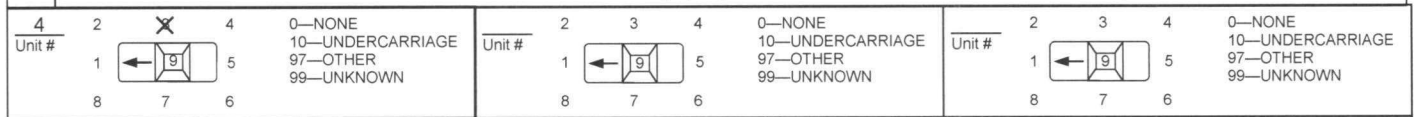
17-34909 961

Table for PASSENGERS with columns: Unit #, Seat Pos, SD, IS, Name, Address, City, State, Zip Code, Telephone No., D.O.B. or Age, Sex. Includes checkboxes for transport status and extrication.

Safety Devices (SD) and Injury Severity (IS) section. Includes lists for SD types (0-4) and IS levels (1-99), and a Seating Position diagram with values 31, 21, 11, 32, 22, 12, 33, 23, 13, 38, 28, 18.

Table for CITATION with columns: UNIT #, A.R.S. NO. OR CITY CODE, UNIT #, A.R.S. NO. OR CITY CODE.

27 VEHICLE DAMAGED AREA(S) - (CIRCLE UP TO THREE AREAS PER UNIT)



28 GLOBAL POSITION section with fields for Latitude and Longitude.

29 ROADWAY ALIGNMENT section with checkboxes for 1-STRAIGHT, 2-CURVE LEFT, 3-CURVE RIGHT, 99-UNKNOWN.

30 LANE section including a table for unit and lane numbers, and a list of roadway types (0-99).

31 EJECTION section with checkboxes for 0-NOT APPLICABLE, 1-NOT EJECTED, 2-EJECTED, etc.

32 EXTRICATION section with checkboxes for 0-NOT APPLICABLE, 1-EXTRICATED, 99-UNKNOWN.

Table for Ejection and Extrication with columns: Unit #, Seat Pos, Ejection, Extrication.

33 SEQUENCE OF EVENTS section. Includes 'COLLISION WITH FIXED OBJECT' list (29-49), 'NON-COLLISION' list (1-15), and 'COLLISION WITH PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT' list (16-28).

Table for FIRST HARMFUL EVENT OF THE CRASH and SEQUENCE OF EVENTS PER TRAFFIC UNIT. Includes columns for Unit # and event descriptions.

ARIZONA CRASH REPORT

REPORT ID

Agency Report Number

1

CONTINUED

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

YEAR	MONTH	DAY	HOUR	NCIC NO.	OFFICER ID NO.
17	03	24	1825	0729	23077

17-34909

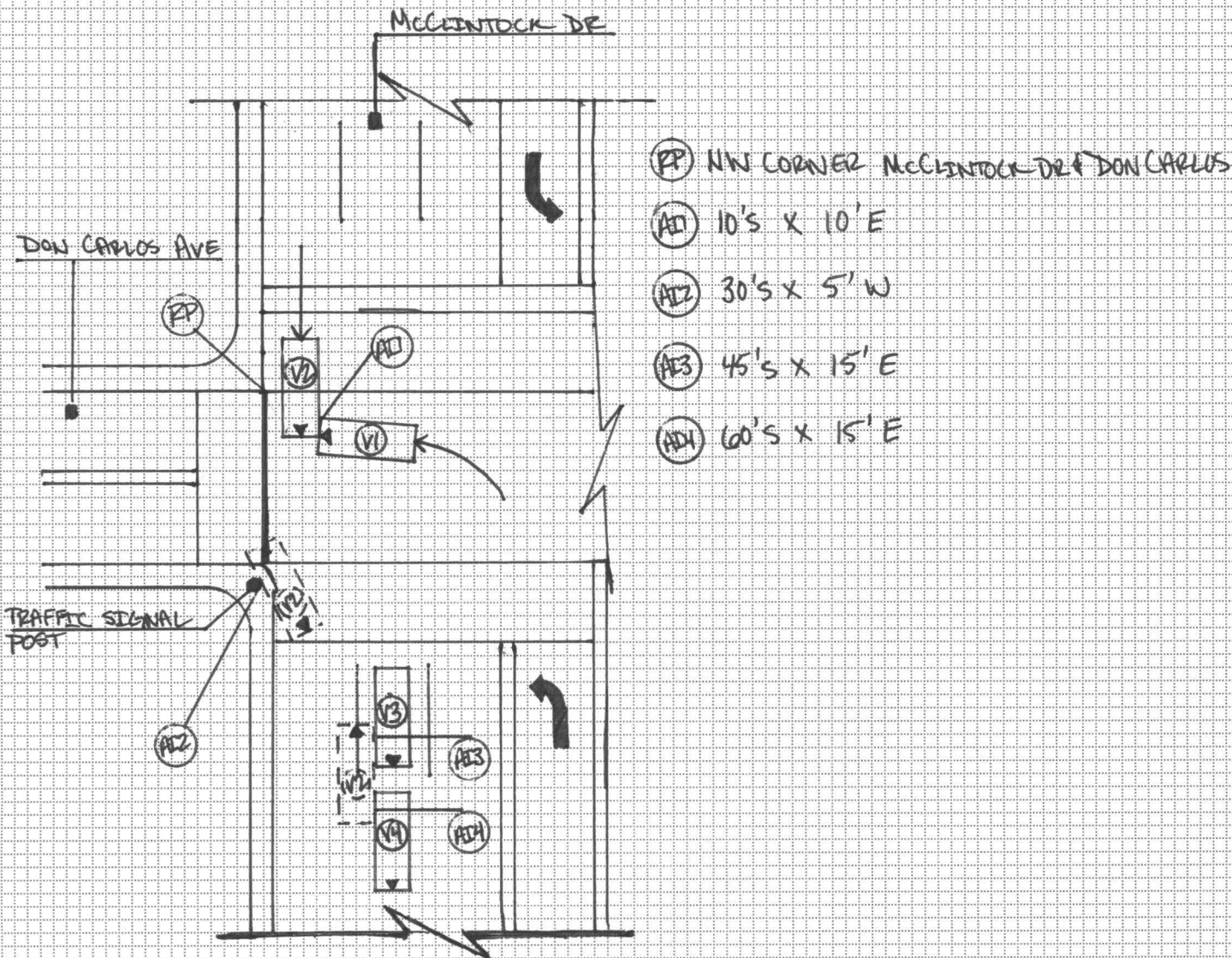
961

34

CRASH DIAGRAM

MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE
 MEASUREMENTS ARE SCALED (SCALE = _____)

35
INDICATE NORTH
↑
N



ARIZONA CRASH REPORT

REPORT ID

Agency Report Number

CONTINUED

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.

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36

NARRATIVE

Describe what happened

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 ID NO.													
1	7	0	3	2	4	1	8	2	5	0	7	2	9	2	3	0	7	7

17-34909 961

36

NARRATIVE

Describe what happened

VEHICLE 1 WAS NORTHBOUND IN THE LEFT TURN LANE OF S MCCLINTOCK DR WHEN IT FAILED TO YIELD MAKING A LEFT TURN ONTO E DON CARLOS AVE AND COLLIDED WITH VEHICLE 2 WHICH WAS SOUTHBOUND IN LANE 3 OF S MCCLINTOCK DR. AFTER BEING STRUCK VEHICLE 2 COLLIDED WITH A TRAFFIC SIGNAL POLE, THEN FLIPPED ON ITS SIDE AND COLLIDED WITH VEHICLE 3 AND VEHICLE 4 WHICH WERE STOPPED IN TRAFFIC SOUTHBOUND IN LANE 2 OF S MCCLINTOCK DR.

G.O. NUMBER: 17-34909

OFFICER NAME/SERIAL #: D. PATTERSON #23077

TEMPE POLICE DEPARTMENT COLLISION STATEMENT

STATEMENT COMPLETED BY:

Driver:

Passenger:

Witness:

BASIC INFORMATION

First Name: <u>Alexandra</u>	Last Name: <u>Wole</u>	Date of Birth: [REDACTED]	Phone Number: [REDACTED]
Street Address: [REDACTED]	City: [REDACTED]	State: [REDACTED]	Zip Code: [REDACTED]

DRIVERS ONLY

Insurance Company Name: [REDACTED]	Policy Number: [REDACTED]	Expiration Date: [REDACTED]	Phone Number: [REDACTED]
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Direction of travel (circle one): NORTH SOUTH EAST WEST

Lane of travel: left turn lane

Approximate speed at the time of the collision: 20 MPH.

PASSENGERS IN YOUR VEHICLE (if any)

First Name:	Last Name:	Date of Birth:	Phone Number:	Mark Seat Position
Complete Address:				

First Name:	Last Name:	Date of Birth:	Phone Number:	Mark Seat Position
Complete Address:				

First Name:	Last Name:	Date of Birth:	Phone Number:	Mark Seat Position
Complete Address:				

First Name:	Last Name:	Date of Birth:	Phone Number:	Mark Seat Position
Complete Address:				

First Name:	Last Name:	Date of Birth:	Phone Number:	Mark Seat Position
Complete Address:				

COMPLETE REVERSE SIDE

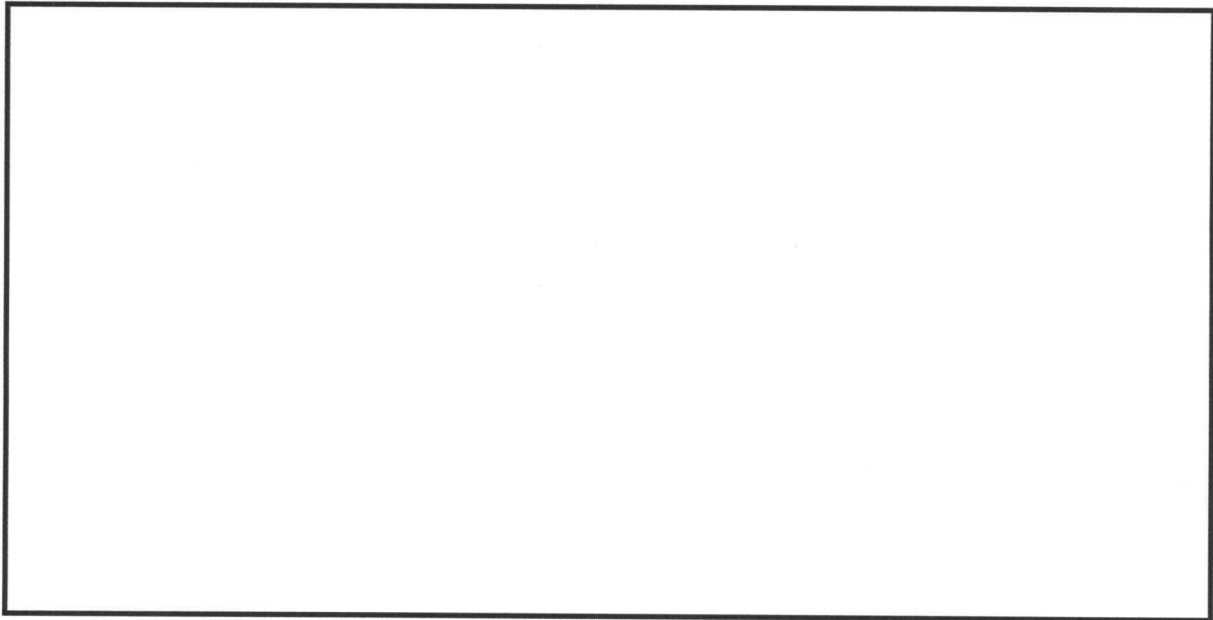
DETAILED COLLISION DESCRIPTION

I was in the left turn lane of Northbound McClintock turning onto Westbound Don Carlos. The lane closest to me and the middle of Southbound McClintock were stopped as traffic across the intersection was stopped. The light was green and there ~~was~~ were about 5 seconds left on the crosswalk timer. As far as I could tell, the third lane had no one coming in it so I was clear to make my turn. Right as I got to the middle lane about to cross the third I saw a car flying through the intersection but couldn't brake fast enough to completely avoid collision. I braked as much as possible but still collided with the oncoming car and my airbag deployed. ~~_____~~
I sustained no immediate injuries because my vehicle was not moving fast. After the collision I put my emergency ~~vehicle~~ brake on and put my car in park. I was wearing my seatbelt at the time of collision.

WITNESSES ONLY

Approximate distance from the collision: _____

COLLISION DIAGRAM



Driver, Passenger, Witness Signature: Alexandra S Cole Date: 03-24-17

G.O. NUMBER: 17-34909

OFFICER NAME/SERIAL #: D. PATTERSON #23077

TEMPE POLICE DEPARTMENT COLLISION STATEMENT

STATEMENT COMPLETED BY:

Driver:

Passenger:

Witness:

BASIC INFORMATION

First Name: <u>Patrick</u>	Last Name: <u>Murphy</u>	Date of Birth: [REDACTED]	Phone Number: [REDACTED]
Street Address: [REDACTED]		City: [REDACTED]	State: [REDACTED] Zip Code: [REDACTED]

DRIVERS ONLY

Insurance Company Name: <u>Old Republic</u>	Policy Number: <u>24147</u>	Expiration Date:	Phone Number: <u>415-391-2141</u>
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Direction of travel (circle one): NORTH SOUTH EAST WEST

Lane of travel: far Right

Approximate speed at the time of the collision: 38 MPH.

PASSENGERS IN YOUR VEHICLE (if any)

First Name: <u>Matthew</u>	Last Name: <u>Rentz</u>	Date of Birth: [REDACTED]	Phone Number: [REDACTED]	Mark Seat Position									
Complete Address: [REDACTED]				<table border="1"> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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First Name:	Last Name:	Date of Birth:	Phone Number:	Mark Seat Position									
Complete Address:				<table border="1"> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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First Name:	Last Name:	Date of Birth:	Phone Number:	Mark Seat Position									
Complete Address:				<table border="1"> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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First Name:	Last Name:	Date of Birth:	Phone Number:	Mark Seat Position									
Complete Address:				<table border="1"> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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First Name:	Last Name:	Date of Birth:	Phone Number:	Mark Seat Position									
Complete Address:				<table border="1"> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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COMPLETE REVERSE SIDE

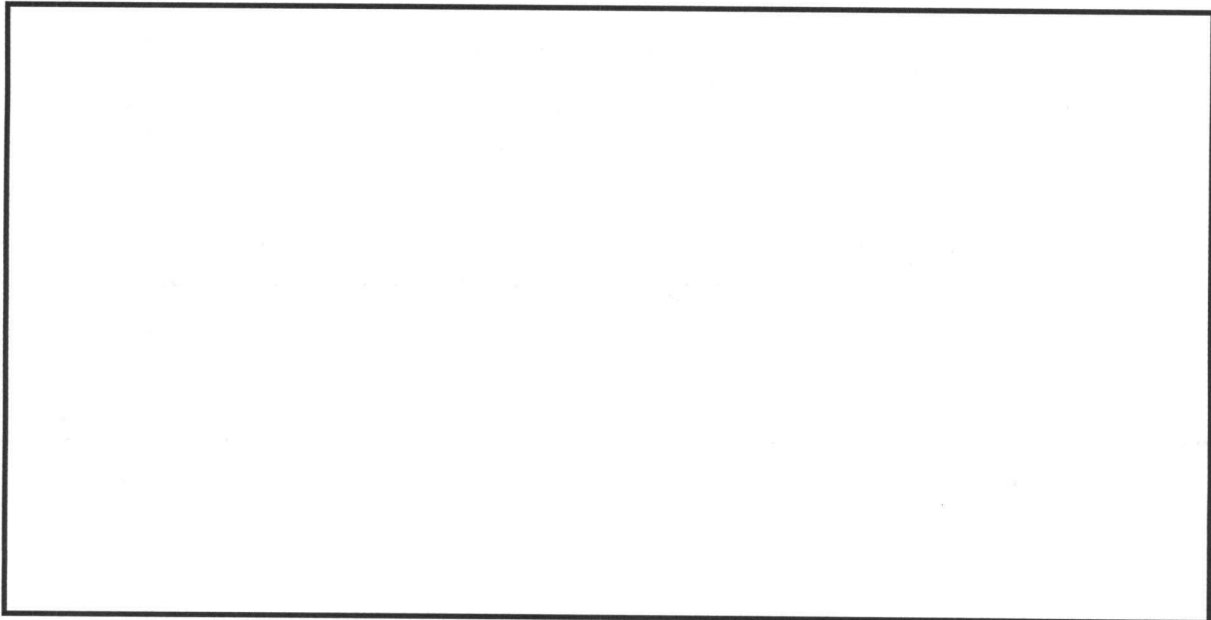
DETAILED COLLISION DESCRIPTION

Traveling Southbound on McClintock in the far right lane @ 38 MPH approaching DON CARLOS the traffic signal turned yellow as I entered the intersection, there was traffic lined up in the left lane all the way to DON CARLOS (Both prior to and past DON CARLOS) ~~as I~~ as I entered the intersection I saw the vehicle turn left on DON from the north bound McClintock lane, there was no time to react as there was a blind spot created by the line of traffic in the southbound left lane on McClintock

WITNESSES ONLY

Approximate distance from the collision: _____

COLLISION DIAGRAM



Driver, Passenger, Witness Signature: Patrick Murphy

Date: 3-24-17

G.O. NUMBER: 17-34909

OFFICER NAME/SERIAL #: D. PATTERSON #23077

TEMPE POLICE DEPARTMENT COLLISION STATEMENT

STATEMENT COMPLETED BY:

Driver:

Passenger:

Witness:

BASIC INFORMATION

First Name: <u>MINHUA</u>	Last Name: <u>ZHU</u>	Date of Birth: [REDACTED]	Phone Number: [REDACTED]
Street Address: [REDACTED]	City: [REDACTED]	State: [REDACTED]	Zip Code: [REDACTED]

DRIVERS ONLY

Insurance Company Name: [REDACTED]	Policy Number: [REDACTED]	Expiration Date: [REDACTED]	Phone Number: [REDACTED]
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Direction of travel (circle one): NORTH SOUTH EAST WEST

Lane of travel: Center

Approximate speed at the time of the collision: 0 MPH. (Stop, not moving)

PASSENGERS IN YOUR VEHICLE (if any)

First Name:	Last Name:	Date of Birth:	Phone Number:	Mark Seat Position									
Complete Address:				<table border="1"> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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First Name:	Last Name:	Date of Birth:	Phone Number:	Mark Seat Position									
Complete Address:				<table border="1"> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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First Name:	Last Name:	Date of Birth:	Phone Number:	Mark Seat Position									
Complete Address:				<table border="1"> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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First Name:	Last Name:	Date of Birth:	Phone Number:	Mark Seat Position									
Complete Address:				<table border="1"> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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First Name:	Last Name:	Date of Birth:	Phone Number:	Mark Seat Position									
Complete Address:				<table border="1"> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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COMPLETE REVERSE SIDE

DETAILED COLLISION DESCRIPTION

waiting in the traffic

I was completely stop while the car hit me on the side (right side) I just heard a big crash sound and saw a Uber car crash on its side on the right.

Date: Mar 24, 2017 - around 6:15pm

Direction: South down McClintock just past Don Carlos.

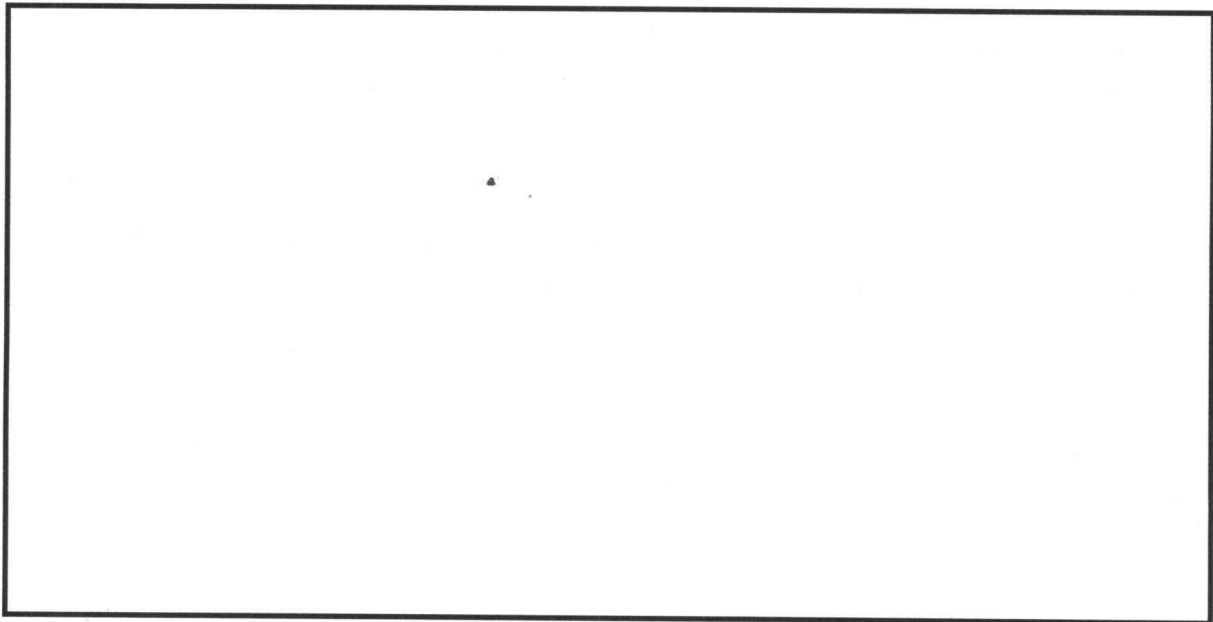
LANE - center lane

I felt like a big hit on my back and I still feel sore after the accident. I have no passengers. My vehicle was hit on the right side with medium damage.

WITNESSES ONLY

Approximate distance from the collision: _____

COLLISION DIAGRAM



Driver, Passenger, Witness Signature: Mr. Hunt

Date: 03/24/2017

G.O. NUMBER: 17-34909

OFFICER NAME/SERIAL #: D. PATTERSON #23077

TEMPE POLICE DEPARTMENT COLLISION STATEMENT

STATEMENT COMPLETED BY:

Driver:

Passenger:

Witness:

BASIC INFORMATION

First Name: <u>Michael</u>	Last Name: <u>Rodriguez</u>	Date of Birth: [REDACTED]	Phone Number: [REDACTED]
Street Address: [REDACTED]	City: [REDACTED]	State: [REDACTED]	Zip Code: [REDACTED]

DRIVERS ONLY

Insurance Company Name: [REDACTED]	Policy Number: [REDACTED]	Expiration Date: [REDACTED]	Phone Number: [REDACTED]
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Direction of travel (circle one): NORTH SOUTH EAST WEST

Lane of travel: center

Approximate speed at the time of the collision: stopped not moving MPH.

PASSENGERS IN YOUR VEHICLE (if any)

First Name:	Last Name:	Date of Birth:	Phone Number:	Mark Seat Position
Complete Address:				<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>

First Name:	Last Name:	Date of Birth:	Phone Number:	Mark Seat Position
Complete Address:				<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>

First Name:	Last Name:	Date of Birth:	Phone Number:	Mark Seat Position
Complete Address:				<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>

First Name:	Last Name:	Date of Birth:	Phone Number:	Mark Seat Position
Complete Address:				<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>

First Name:	Last Name:	Date of Birth:	Phone Number:	Mark Seat Position
Complete Address:				<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>

COMPLETE REVERSE SIDE

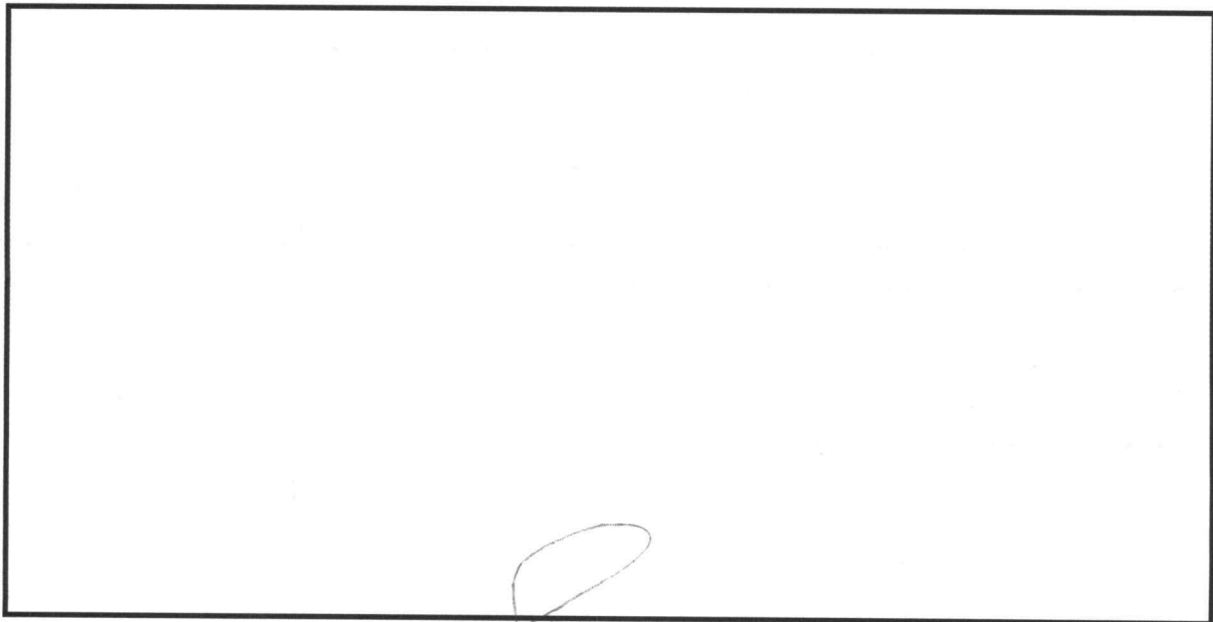
DETAILED COLLISION DESCRIPTION

Stopped in traffic in center lane 2 car lengths south of Don Carlos on McClintock. I heard a large crash looked in the rearview and saw an SUV rolling my way and it smashed into my side and rear of my 2014 Ford Edge Sport around 6:15 pm Friday 3.24.17 I was the only one in the car. My neck and back are sore but no other injuries. I have major damage to my car along with the soreness to my body. Whiplash neck pain, lower back pain, soreness in legs.

WITNESSES ONLY

Approximate distance from the collision: _____

COLLISION DIAGRAM



Driver, Passenger, Witness Signature: _____

Date: 3.24.17

G.O. NUMBER: 17-34909

OFFICER NAME/SERIAL #: D. PATTERSON #23077

TEMPE POLICE DEPARTMENT COLLISION STATEMENT

STATEMENT COMPLETED BY:

Driver:

Passenger:

Witness:

BASIC INFORMATION

First Name: <u>FRANCIS</u>	Last Name: <u>Reilly</u>	Date of Birth: [REDACTED]	Phone Number: [REDACTED]
Street Address: [REDACTED]	City: [REDACTED]	State: [REDACTED]	Zip Code: [REDACTED]

DRIVERS ONLY

Insurance Company Name:	Policy Number:	Expiration Date:	Phone Number
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Direction of travel (circle one): NORTH SOUTH EAST WEST

Lane of travel: S. B. Hayden

Approximate speed at the time of the collision: STOP MPH.

PASSENGERS IN YOUR VEHICLE (if any)

First Name:	Last Name: <u>N/A</u>	Date of Birth:	Phone Number:	Mark Seat Position
Complete Address:				

First Name:	Last Name: <u>N/A</u>	Date of Birth:	Phone Number:	Mark Seat Position
Complete Address:				

First Name:	Last Name: <u>N/A</u>	Date of Birth:	Phone Number:	Mark Seat Position
Complete Address:				

First Name:	Last Name:	Date of Birth:	Phone Number:	Mark Seat Position
Complete Address:				

First Name:	Last Name:	Date of Birth:	Phone Number:	Mark Seat Position
Complete Address:				

COMPLETE REVERSE SIDE

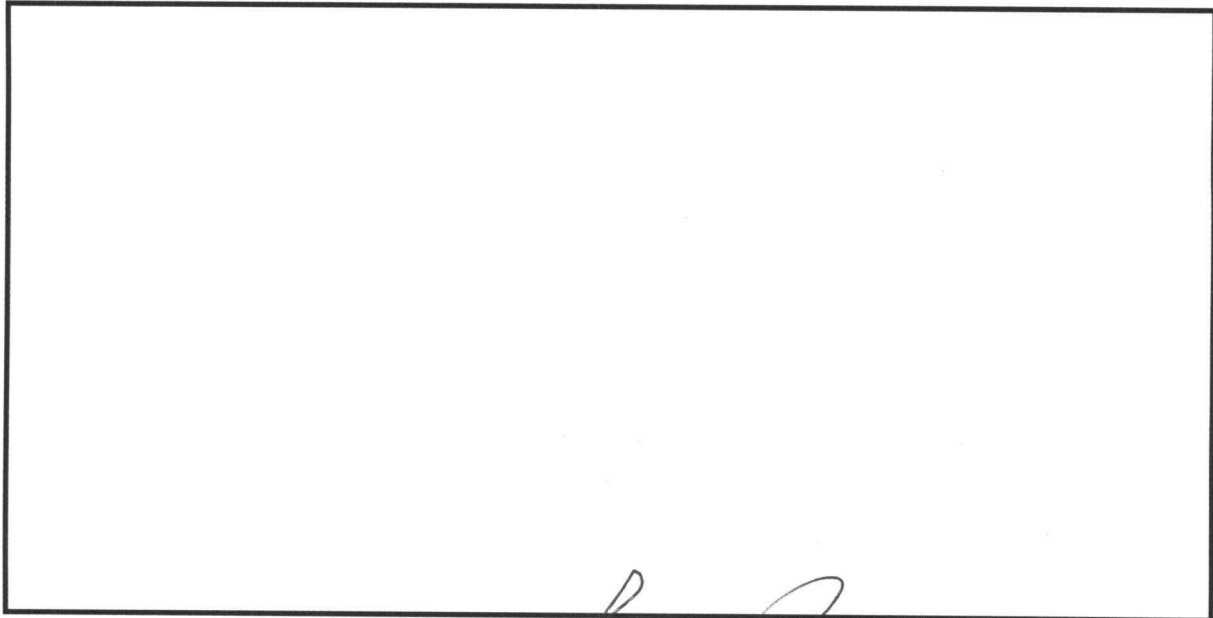
DETAILED COLLISION DESCRIPTION

I WAS STOPPED AT S. B. Hayden - DON-CARLOS, A SILVER S.U.V TURNING LEFT, IN FRONT OF ME, GOING NORTH, A SOUTH BOUND SILVER S.U.V GOING THROUGH THE INTERSECTION, WAS HIT BY THE FIRST S.U.V, TURNING LEFT,

WITNESSES ONLY

Approximate distance from the collision: 50' FEET

COLLISION DIAGRAM



Driver, Passenger, Witness Signature: _____

[Handwritten Signature]

Date: 03 24 17

G.O. NUMBER: 17-34909

OFFICER NAME/SERIAL #: D. PATTERSON #23077

TEMPE POLICE DEPARTMENT COLLISION STATEMENT

STATEMENT COMPLETED BY:

Driver:

Passenger:

Witness:

BASIC INFORMATION

First Name: <u>Brayan O.</u>	Last Name: <u>Torres</u>	Date of Birth: [REDACTED]	Phone Number: [REDACTED]
Street Address: [REDACTED]	City: [REDACTED]	State: [REDACTED]	Zip Code: [REDACTED]

DRIVERS ONLY

Insurance Company Name:	Policy Number:	Expiration Date:	Phone Number
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Direction of travel (circle one): NORTH SOUTH EAST WEST

Lane of travel: North

Approximate speed at the time of the collision: 45 MPH. aproximate

PASSENGERS IN YOUR VEHICLE (if any)

First Name: <u>Adrian</u>	Last Name: <u>leyva</u>	Date of Birth:	Phone Number:	Mark Seat Position									
Complete Address:				<table border="1"><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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First Name: <u>Brayan</u>	Last Name: <u>Ortega Torres</u>	Date of Birth:	Phone Number:	Mark Seat Position									
Complete Address:				<table border="1"><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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First Name:	Last Name:	Date of Birth:	Phone Number:	Mark Seat Position									
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First Name:	Last Name:	Date of Birth:	Phone Number:	Mark Seat Position									
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COMPLETE REVERSE SIDE

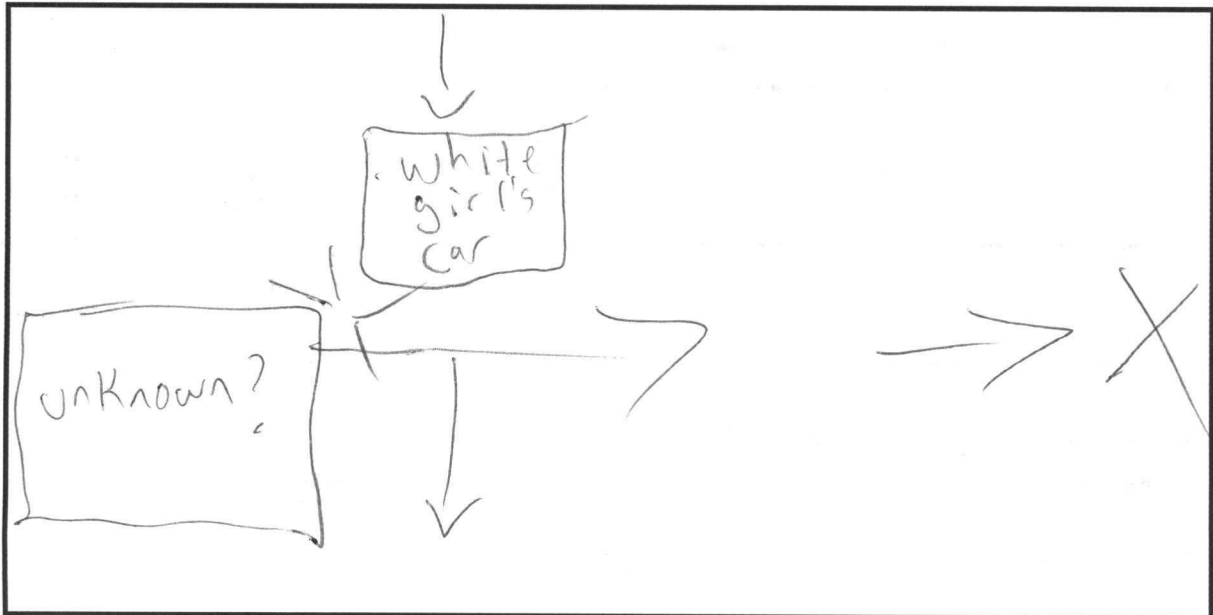
DETAILED COLLISION DESCRIPTION

We saw the white girl's car
it was coming fine on her
end, however, the other
person just wanted to beat
the light and kept going
we were right in front of
it when this happen and
it was really bad to see
this so close, all I want
to say that it was good on
the end of the white girl
driving toward us it was the
other drivers fault for trying
to beat the light and hitting
the gas so hard.

WITNESSES ONLY

Approximate distance from the collision: 12 feet away

COLLISION DIAGRAM



Driver, Passenger, Witness Signature: Brayan Otey Date: 3-24-17