

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	3	1	1	2	7	1	7	0	4	0	7	9	9	0	1	0	5	0	9								
		Total Number of Sheets <u>16</u>																											
COMPLETE THE TRUCK/BUS SUPPLEMENT IF ANY (circle) AND ANY (diamond) ARE CHECKED																													
2 Total Units 4		Total Injuries 1		Total Fatalities 1		Estimated Total Damage Compared To \$2,000 Limit: <input checked="" type="checkbox"/> Over <input type="checkbox"/> Under				<input checked="" type="checkbox"/> Fatal <input type="checkbox"/> Hit/Run Unit #		<input type="checkbox"/> Person Transported for Immediate Medical Care? <input checked="" type="checkbox"/> Tow Away of At Least One Vehicle from Scene?				District or Grid No. 21120600													
3 LOCATION On Highway/Road/Street I-17 NONCARD Intersecting Street/Road/M.P. or R.P. <input checked="" type="checkbox"/> At <input checked="" type="checkbox"/> From MP-292		City RIMROCK										County YAVAPAI																	
		<input type="checkbox"/> Inside <input checked="" type="checkbox"/> Outside				Distance 0.91		<input type="checkbox"/> Measured <input checked="" type="checkbox"/> Approximate		<input type="checkbox"/> Miles <input type="checkbox"/> Feet																			
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 checked="" type="checkbox"/> 3 Dusk <input checked="" 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																			
GLOBAL POSITION Latitude: 34.637019394557										Longitude: -111.8230803887																			
4 Is this a Secondary Collision: <input checked="" 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: 2 1 3 2				Incident Clear: 2 1 3 2															
Safety Devices (SD) 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				Airbag (AB) 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				Injury Severity (IS) 1 - No Injury 2 - Possible Injury 3 - Suspected Minor Injury 4 - Suspected Serious Injury 5 - Fatal Injury 51 - Unknown/Not Reported				Seating Position 18 - Front Seat - Other (child in Lap) 28 or 38 - Additional passenger in vehicle by row 40 - In enclosed cargo area 41 - In unenclosed cargo area 42 - Riding on Vehicle Exterior 50 - Other 51 - Unknown																	
5 TRAFFIC UNIT NO. 1		<input checked="" type="checkbox"/> DL # <input type="checkbox"/> No Valid License/Permit		State		Class		End.		<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Driverless <input type="checkbox"/> Pedestrian <input type="checkbox"/> Pedalcyclist		Name (First, Middle, Last) KARL ALLEN STOCK				<input type="checkbox"/> ejected <input type="checkbox"/> extricated		Suffix II		Sex M									
Restrictions A		Address										City		State		Zip Code		Telephone Number											
Date of Birth		Owner/Carrier Name KARL ALLEN STOCK										Address		City		State		Zip Code											
Color RED		Vehicle Year 2021		Make TESL		Body Style 4DSW		Plate Number DBA2DRA		State AZ		Plate Mo/Yr 12/2025		<input type="checkbox"/> Bus (9 or more seats)		HazMat Placard? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
VIN 5YJYGDEE7MF091866		Autonomous Veh Control: <input type="checkbox"/> Man <input type="checkbox"/> AV <input type="checkbox"/> Unkn		Trailer (Other Unit) Plate No.				State		Year		GWW/GCWR (Rated) Greater Than 10k pounds? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Injured Transported To/By		Speed 75		Ofc Est. Speed --											
Safety Devices 3				Airbag 7		Injury Severity 1		Posted Speed Limit 75		Vehicle Removed to (Address/Storage Location Identifier) TOWYARD				<input checked="" type="checkbox"/> Disabled <input type="checkbox"/> Not Disabled		Vehicle Removed by TOW		Orders of POLICE											
Insurance Company SAFECO				Telephone Number (800) 332-3226				Policy Number H2510177				Exp. Date 03/27/2024																	
5 TRAFFIC UNIT NO. 2		<input type="checkbox"/> DL # <input type="checkbox"/> No Valid License/Permit		State		Class		End.		<input type="checkbox"/> Driver <input checked="" type="checkbox"/> Driverless <input type="checkbox"/> Pedestrian <input type="checkbox"/> Pedalcyclist		Name (First, Middle, Last) P V HOLDING				<input type="checkbox"/> ejected <input type="checkbox"/> extricated		Suffix		Sex									
Restrictions		Address										City		State		Zip Code		Telephone Number											
Date of Birth		Owner/Carrier Name P V HOLDING										Address 5721 W 96TH ST LOS ANGELES CA 90045		City		State		Zip Code											
Color BLK		Vehicle Year 2023		Make TOYT		Body Style 4DSW		Plate Number 9EAX945		State CA		Plate Mo/Yr 02/2024		<input type="checkbox"/> Bus (9 or more seats)		HazMat Placard? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
VIN JTERU5JR0P6113438		Autonomous Veh Control: <input type="checkbox"/> Man <input type="checkbox"/> AV <input type="checkbox"/> Unkn		Trailer (Other Unit) Plate No.				State		Year		GWW/GCWR (Rated) Greater Than 10k pounds? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Injured Transported To/By		Speed 75		Ofc Est. Speed 0											
Safety Devices				Airbag		Injury Severity		Posted Speed Limit 75		Vehicle Removed to (Address/Storage Location Identifier) TOWYARD				<input checked="" type="checkbox"/> Disabled <input type="checkbox"/> Not Disabled		Vehicle Removed by TOW		Orders of POLICE											
Insurance Company CONTINENTAL CASUALTY CO				Telephone Number (866) 446-8376				Policy Number BUA 7001700830				Exp. Date 07/01/2023																	
6 PASSENGERS		Unit #		Seat Pos		SD		AB		IS		Name				Address		City		State		Zip Code		Phone		Sex		D.O.B.	
		4		11		1		1		2		ALLISON RENEE DULL														F			
												<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																	
												<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 #		1 2		2 1		3 3		4		5		6		7		8		9		0 - NONE		10 - UNDERCARRIAGE		51 - UNKNOWN			
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																							
8 OC		Owner's Name										Address (or Bar Code ID Number)		City		State		Zip Code		Telephone Number									
9 WITNESSES		Name BRANDON MICHAEL DULL										Address		City		State		Zip Code											
		SARAH NICOLE STORY																											
		BRIAN HUGH HOWARD																											
10 CITATION		UNIT #				A.R.S. NO. OR CITY CODE				UNIT #				A.R.S. NO. OR CITY CODE															
1 Photos Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Photographer's Name, ID Number and Agency Name Z. HERNDON 11061 AZ DPS				Invest. At Scene <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Date Invest. 11/27/2023		Time Invest. 17:40		Fire/EMS Incident No. N23003778																	
Officer's Name / Badge # D. Erickson (10509)				Supervisor's Signature D. Stopke (05905)				Agency Name AZ DPS				Date Completed 11/29/2023																	

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.
2	3	1	1	2	7
1	1	2	7	1	7
0	4	0	7	9	9
0	7	9	9	0	1
0	1	0	5	0	9

123068698

12 - ROAD SURFACE CONDITION
UNIT # 1 2

<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"/> 5 ICE/FROST	
<input type="checkbox"/> 6 WATER (standing/moving)	

19 - CONTRIBUTING CIRCUMSTANCES
UP TO TWO CHOICES PER UNIT
UNIT # 1 2

0 NO CONTRIBUTING CIRCUMSTANCE

ENVIRONMENTAL	ROAD
1. GLARE	3. ROAD SURFACE CONDITION
<input type="checkbox"/> A. SUNLIGHT	<input type="checkbox"/> 4 DEBRIS
	<input type="checkbox"/> 5 WORK ZONE
2. PHYSICAL OBSTRUCTION(S)	<input type="checkbox"/> 6 OBSTRUCTION IN ROADWAY
<input type="checkbox"/> A. STOPPED/PARKED VEHICLE	<input type="checkbox"/> 7 CHANGING ROAD WIDTH
<input type="checkbox"/> B. MOVING VEHICLE	<input type="checkbox"/> 8 NON-HIGHWAY WORK
<input type="checkbox"/> C. LOAD ON VEHICLE	
<input type="checkbox"/> D. TREE/SHRUB/BUSH	

BLOCKS 12 - 26: CHECK ONLY ONE OR ONE BLOCK PER UNIT UNLESS NOTED

13 - ROAD GRADE
UNIT # 1 2

<input type="checkbox"/> 1 LEVEL	<input type="checkbox"/> 3 UPHILL
<input type="checkbox"/> 2 DOWNHILL	<input type="checkbox"/> 51 UNKNOWN

22 - VIOLATIONS/BEHAVIOR
CHECK ALL THAT APPLY
UNIT # 1 2

<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 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 IN PROPER LANE
<input type="checkbox"/> 17 DID NOT USE CROSSWALK
<input type="checkbox"/> 20 FAILED TO YIELD RIGHT-OF-WAY
<input type="checkbox"/> 49 AGGRESSIVE DRIVING
<input type="checkbox"/> 50 OTHER
<input type="checkbox"/> 51 UNKNOWN

14 - RELATION TO JUNCTION

<input type="checkbox"/> 0 NOT JUNCTION RELATED	<input type="checkbox"/> 4 RAILWAY GRADE CROSSING
1 INTERSECTION (within)	<input type="checkbox"/> 7 DRIVEWAY or ALLEY ACCESS
<input type="checkbox"/> 4-WAY <input type="checkbox"/> T-INTER <input type="checkbox"/> OTHER	<input type="checkbox"/> 50 OTHER
<input type="checkbox"/> 2 INTERSECTION-RELATED	<input type="checkbox"/> 51 UNKNOWN
<input type="checkbox"/> 3 ENTRANCE/EXIT RAMP	

20 - DISTRACTED DRIVING BEHAVIOR
UNIT # 1 2

<input 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 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"/> 50 DISTRACTED, UNKNOWN REASON
<input type="checkbox"/> 51 UNKNOWN IF DISTRACTED

23 - TRAFFIC UNIT MANUEVER/ACTION

15 - TRAFFIC WAY DESCRIPTION

<input type="checkbox"/> 1 ONE WAY TRAFFICWAY
<input type="checkbox"/> 2 TWO-WAY, NOT DIVIDED (no median present)
<input type="checkbox"/> 3 TWO-WAY, (NOT DIVIDED) WITH A CONTINUOUS LEFT TURN LANE
<input type="checkbox"/> 4 TWO-WAY, DIVIDED, UNPROTECTED MEDIAN
<input type="checkbox"/> 5 TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER
<input type="checkbox"/> 51 UNKNOWN

21 - CONDITION INFLUENCING Driver/Ped/Cyclist
UP TO THREE CHOICES PER UNIT
UNIT # 1 2

<input type="checkbox"/> 0 NO APPARENT INFLUENCE
<input type="checkbox"/> 1 ILLNESS OR PHYSICAL IMPAIRMENT
<input type="checkbox"/> 3 FELL ASLEEP/PHYSIGUED
<input type="checkbox"/> 4 ALCOHOL
<input type="checkbox"/> 5 ILLEGAL 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

UNIT # 1 2

<input type="checkbox"/> 1 GOING STRAIGHT AHEAD
<input type="checkbox"/> 2 SLOWING IN TRAFFICWAY
<input 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 MOVING VEHICLE - NO DRIVER
<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"/> 50 OTHER
<input type="checkbox"/> 51 UNKNOWN

16 - TRAFFIC CONTROL DEVICE
UNIT # 1 2

<input 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 CIRCLE / ROUNDABOUT
<input type="checkbox"/> 2 STOP SIGN	<input type="checkbox"/> 9 PEDESTRIAN HYBRID 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 CROSSING SIGN	
<input type="checkbox"/> 6 FLASHING TRAFFIC SIGNAL	

24 - LOCATION OF PEDESTRIAN/CYCLIST
UNIT #

<input type="checkbox"/> 1 AT INTERSECTION-IN MARKED CROSSWALK
<input type="checkbox"/> 2 AT INTERSECTION-UNMARKED/UNKNOWN IF 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 IN MARKED CROSSWALK
<input type="checkbox"/> 7 NOT AT INTERSECTION-ON ROADWAY, CROSSWALK AVAILABILITY UNKNOWN
<input type="checkbox"/> 8 SCHOOL CROSSWALK
<input type="checkbox"/> 9 PARKING LANE/ZONE
<input type="checkbox"/> 10 BICYCLE LANE
<input type="checkbox"/> 11 SHOULDER/ROADSIDE
<input type="checkbox"/> 12 SIDEWALK
<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

17 - MANNER OF CRASH IMPACT

<input type="checkbox"/> 1 SINGLE VEHICLE	<input type="checkbox"/> 6 SIDESWIPE, SAME DIRECTION
<input type="checkbox"/> 2 ANGLE (front to side) (other than left turn)	<input type="checkbox"/> 7 SIDESWIPE, OPPOSITE DIRECTION
<input type="checkbox"/> 3 LEFT TURN	<input type="checkbox"/> 10 U-TURN
<input type="checkbox"/> 4 REAR END (front-to-rear)	<input type="checkbox"/> 51 UNKNOWN
<input type="checkbox"/> 5 HEAD-ON (front-to-front) (other than left turn)	

21 DRE (check all that apply)
1 2

<input type="checkbox"/> a DRE RESPONDED
<input type="checkbox"/> b SUSPECT EVALUATED
<input type="checkbox"/> c SUSPECT ARRESTED

18 - DIRECTION OF UNIT TRAVEL (Compass)
BEFORE 1ST 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 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 type="checkbox"/> 1 STRAIGHT	<input 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

UNIT 1	UNIT 2
1	1

0 TWO-WAY CONTINUOUS LEFT TURN
1-9 1= FIRST LANE NEXT TO A MEDIAN THRU 9
10 CROSSWALK
L1 THRU LX - LEFT TURN ONLY LANES (L1 = 1ST LEFT TURN AFTER MEDIAN/CENTERLINE)
R1 THRU RX - RIGHT TURN LANES (R1 = 1ST RIGHT TURN AFTER THROUGH LANES)
SW SIDEWALK
BL DEDICATED BIKE LANE
HOV HIGH OCCUPANCY VEHICLE
49 NON-ROADWAY
50 OTHER
51 UNKNOWN

27 - SEQUENCE OF EVENTS
UP TO FOUR CRASH EVENTS FOR EACH UNIT IN THE ORDER OF OCCURRENCE

NON-COLLISION

- OVERTURN/ROLLOVER
- FIRE/EXPLOSION
- CARGO/EQUIPMENT LOSS/SHIFT
- FELL/JUMPED FROM VEHICLE
- OTHER NON-COLLISION
- EQUIPMENT FAILURE (tires, brakes)
- SEPARATION OF UNITS
- RAN OFF ROAD RIGHT
- RAN OFF ROAD LEFT
- CROSS MEDIAN
- CROSS CENTERLINE
- DOWNHILL RUNAWAY

COLLISION WITH PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT

- MOTOR VEHICLE IN TRANSPORT
- PEDESTRIAN
- PEDALCYCLE
- TRAIN
- LIGHT RAILWAY/RAILCAR VEHICLE
- ANIMAL
- PARKED MOTOR VEHICLE
- STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY ANOTHER VEHICLE
- OTHER NON-FIXED OBJ.

COLLISION WITH FIXED OBJECT

- IMPACT ATTENUATOR/CRASH CUSHION/GUARDRAIL END
- CONCRETE CURB
- GUARDRAIL FACE
- MEDIAN BARRIER
- CABLE BARRIER
- TREE, BUSH, STUMP (standing)
- TRAFFIC SIGN SUPPORT
- TRAFFIC SIGNAL SUPPORT
- UTILITY POLE/LIGHT SUPPORT
- FENCE
- OTHER FIXED OBJ.
- UNKNOWN

FIRST HARMFUL EVENT OF THE CRASH 16

SEQUENCE OF EVENTS PER TRAFFIC UNIT		
	Unit <u>1</u>	Unit <u>2</u>
FIRST EVENT	16	16
SECOND EVENT	17	
THIRD EVENT	16	
FOURTH EVENT	12	

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3	LOCATION On Highway/Road/Street <input type="checkbox"/> Private Property Crash <input type="checkbox"/> Inside City <input type="checkbox"/> Outside County _____																																																												
	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"/> 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																																																												
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	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)																																																
	VIN _____				Autonomous Veh 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																																																
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	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 _____																																																	
5	DL # <input type="checkbox"/> No Valid License/Permit		State	Class	End.	<input type="checkbox"/> Driver <input checked="" 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 BLU		Vehicle Year 2020		Make TOYT		Body Style 4DSD		Plate Number HKA2YJ		State AZ	Plate Mo/Yr 05/2025	<input type="checkbox"/> Bus (9 or more seats)																																																
	VIN JTDHPRAE7LJ091828				Autonomous Veh 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		HazMat Placard? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																
	Safety Devices _____		Airbag _____		Injury Severity _____		Posted Speed Limit 75		Ofc Est. Speed 0		Injured Transported To/By _____																																																		
	Vehicle Removed to (Address/Storage Location Identifier) TOWYARD																																																												
	<input checked="" type="checkbox"/> Disabled <input type="checkbox"/> Not Disabled																																																												
	Vehicle Removed by TOW																																																												
	Orders of POLICE																																																												
Insurance Company ALLSTATE				Telephone Number (800) 255-7828				Policy Number 808472654				Exp. Date 12/11/2023																																																	
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																																																												
	<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 # 2				Unit # 1				Unit # 4				Unit # 2				Unit # 4				Unit # 5				Unit # 6																																			
0 - NONE 10 - UNDERCARRIAGE 51 - UNKNOWN																																																													
0 - NONE 10 - UNDERCARRIAGE 51 - UNKNOWN																																																													
Property Damaged (Other than Vehicles)		Owner Code 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 AIRAM ALEJANDRA FERNANDEZ Address _____ City _____ State _____ Zip Code _____																																																												
	Name MELISSA M MAGLAYA Address _____ City _____ State _____ Zip Code _____																																																												
10	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 _____																																																	

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.
2	3	1	1	2	7
1	1	2	7	1	7
0	4	0	7	9	9
0	7	9	9	0	1
0	1	0	5	0	9

123068698

12 - ROAD SURFACE CONDITION
 UNIT # 3 4

1 DRY 8 MUD/DIRT/GRAVEL/SAND
 2 WET 50 OTHER
 3 SNOW/SLUSH 51 UNKNOWN
 5 ICE/FROST
 6 WATER (standing/moving)

19 - CONTRIBUTING CIRCUMSTANCES
 UP TO TWO CHOICES PER UNIT
 UNIT # 3 4

0 NO CONTRIBUTING CIRCUMSTANCE

ENVIRONMENTAL **ROAD**

1 GLARE 3 4
 A. SUNLIGHT 3 ROAD SURFACE CONDITION
 B. MOUVING VEHICLE 4 DEBRIS
 C. LOAD ON VEHICLE 5 WORK ZONE
 D. TREE/SHRUB/BUSH 6 OBSTRUCTION IN ROADWAY
 7 CHANGING ROAD WIDTH
 8 NON-HIGHWAY WORK

PHYSICAL OBSTRUCTION(S)
 A. STOPPED/PARKED VEHICLE
 B. MOVING VEHICLE
 C. LOAD ON VEHICLE
 D. TREE/SHRUB/BUSH

BLOCKS 12 - 26: CHECK ONLY ONE OR ONE BLOCK PER UNIT UNLESS NOTED

13 - ROAD GRADE
 UNIT # 3 4

1 LEVEL 3 UPHILL
 2 DOWNHILL 51 UNKNOWN

22 - VIOLATIONS/BEHAVIOR
 CHECK ALL THAT APPLY
 UNIT # 3 4

1 NO IMPROPER ACTION
 2 SPEED TOO FAST FOR CONDITIONS
 3 EXCEEDED LAWFUL SPEED
 4 FOLLOWED TOO CLOSELY
 5 RAN STOP SIGN
 6 DISREGARDED TRAFFIC SIGNAL
 7 MADE IMPROPER TURN
 8 DROVE LEFT OF CENTER LINE
 9 WRONG WAY DRIVING
 10 CROSSED MEDIAN
 11 PASSED IN NO PASSING ZONE
 12 UNSAFE LANE CHANGE
 13 FAILED TO KEEP IN PROPER LANE
 17 DID NOT USE CROSSWALK
 20 FAILED TO YIELD RIGHT-OF-WAY
 49 AGGRESSIVE DRIVING
 50 OTHER
 51 UNKNOWN

14 - RELATION TO JUNCTION

0 NOT JUNCTION RELATED 4 RAILWAY GRADE CROSSING
 1 INTERSECTION (within) 7 DRIVEWAY or ALLEY ACCESS
 4-WAY T-INTER OTHER 50 OTHER
 2 INTERSECTION-RELATED 51 UNKNOWN
 3 ENTRANCE/EXIT RAMP

20 - DISTRACTED DRIVING BEHAVIOR
 UNIT # 3 4

0 NOT DISTRACTED / NOT APPLICABLE
 1 TALKING ON HANDS FREE DEVICE
 2 TALKING ON HAND HELD DEVICE
 3 PASSENGER
 4 OTHER ACTIVITY, ELECTRONIC DEVICE
 5 MANUALLY OPERATING AN ELECTRONIC DEVICE
 6 OTHER INSIDE THE VEHICLE (eating, drinking, etc.)
 7 OUTSIDE THE VEHICLE (includes unspecified distractions)
 50 DISTRACTED, UNKNOWN REASON
 51 UNKNOWN IF DISTRACTED

MOTOR VEHICLE **ROAD RAGE**

3 4
 12 TIRES POSSIBLE ROAD RAGE INCIDENT
 50 OTHER
 51 UNKNOWN

23 - TRAFFIC UNIT MANUEVER/ACTION
 UNIT # 3 4

1 GOING STRAIGHT AHEAD
 2 SLOWING IN TRAFFICWAY
 3 STOPPED IN TRAFFICWAY
 4 MAKING LEFT TURN
 5 MAKING RIGHT TURN
 6 MAKING U-TURN
 7 OVERTAKING/PASSING
 8 CHANGING LANES
 9 NEGOTIATING A CURVE
 10 BACKING
 11 AVOIDING VEHICLE OBJECT/PED/CYCLIST
 12 ENTERING PARKING POSITION
 13 LEAVING PARKING POSITION
 14 PROPERLY PARKED
 15 IMPROPERLY PARKED
 16 MOVING VEHICLE - NO DRIVER
 17 CROSSING ROAD
 18 WALKING WITH TRAFFIC
 19 WALKING AGAINST TRAFFIC
 20 STANDING
 21 LYING
 22 GETTING ON/OFF VEHICLE
 50 OTHER
 51 UNKNOWN

15 - TRAFFIC WAY DESCRIPTION

1 ONE WAY TRAFFICWAY
 2 TWO-WAY, NOT DIVIDED (no median present)
 3 TWO-WAY, (NOT DIVIDED) WITH A CONTINUOUS LEFT TURN LANE
 4 TWO-WAY, DIVIDED, UNPROTECTED MEDIAN
 5 TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER
 51 UNKNOWN

21 - CONDITION INFLUENCING Driver/Ped/Cyclist
 UP TO THREE CHOICES PER UNIT
 UNIT # 3 4

0 NO APPARENT INFLUENCE
 1 ILLNESS OR PHYSICAL IMPAIRMENT
 3 FELL ASLEEP/FATIGUED
 4 ALCOHOL
 5 ILLEGAL DRUGS
 6 MEDICATIONS
 7 MARIJUANA
 8 MED MARIJUANA CARD PRESENTED
 50 OTHER
 51 UNKNOWN CONDITION

21 DRE (check all that apply)
3 4
 a DRE RESPONDED
 b SUSPECT EVALUATED
 c SUSPECT ARRESTED

24 - LOCATION OF PEDESTRIAN/CYCLIST
 UNIT # 3 4

1 AT INTERSECTION-IN MARKED CROSSWALK 10 BICYCLE LANE
 2 AT INTERSECTION-UNMARKED/UNKNOWN IF MARKED CROSSWALK 11 SHOULDER/ROADSIDE
 3 AT INTERSECTION-NOT IN CROSSWALK 12 SIDEWALK
 4 AT INTERSECTION-UNKNOWN LOCATION 13 MEDIAN/CROSSING ISLAND
 5 NOT AT INTERSECTION-IN MARKED CROSSWALK 14 DRIVEWAY ACCESS
 6 NOT AT INTERSECTION-ON ROADWAY, NOT IN MARKED CROSSWALK 15 SHARED-USE PATH
 7 NOT AT INTERSECTION-ON ROADWAY, CROSSWALK AVAILABILITY UNKNOWN 16 NON-TRAFFICWAY AREA
 8 SCHOOL CROSSWALK 50 OTHER
 9 PARKING LANE/ZONE 51 UNKNOWN LOCATION

16 - TRAFFIC CONTROL DEVICE
 UNIT # 3 4

0 NO CONTROLS 7 PERSON (law enforcement, crossing guard, flagger etc.)
 1 SIGNAL 8 TRAFFIC CIRCLE / ROUNDABOUT
 2 STOP SIGN 9 PEDESTRIAN HYBRID BEACON/HAWK
 3 YIELD SIGN 50 OTHER
 4 WARNING SIGN 51 UNKNOWN
 5 RAILROAD CROSSING SIGN
 6 FLASHING TRAFFIC SIGNAL

17 - MANNER OF CRASH IMPACT

1 SINGLE VEHICLE 6 SIDESWIPE, SAME DIRECTION
 2 ANGLE (front to side) (other than left turn) 7 SIDESWIPE, OPPOSITE DIRECTION
 3 LEFT TURN 10 U-TURN
 4 REAR END (front-to-rear) 50 OTHER
 5 HEAD-ON (front-to-front) (other than left turn) 51 UNKNOWN

25 - ROADWAY ALIGNMENT
 UNIT # 3 4

1 STRAIGHT 3 CURVE RIGHT
 2 CURVE LEFT 51 UNKNOWN

18 - DIRECTION OF UNIT TRAVEL (Compass)
 BEFORE 1ST CRASH EVENT
 UNIT # 3 4

1 NORTH 6 NORTHEAST
 2 SOUTH 7 SOUTHWEST
 3 EAST 8 SOUTHEAST
 4 WEST 51 UNKNOWN
 5 NORTHWEST

NOTE: FOR PARKED OR STOPPED VEHICLES, INDICATE THE DIRECTION THE VEHICLE WAS FACING AT THE TIME OF THE CRASH

26 - LANE
 Please enter unit's number and lane of travel before first crash event

UNIT	3	UNIT	4
	1		1

0 TWO-WAY CONTINUOUS LEFT TURN
 1-9 1= FIRST LANE NEXT TO A MEDIAN THRU 9
 10 CROSSWALK
 L1 THRU LX - LEFT TURN ONLY LANES (L1 = 1ST LEFT TURN AFTER MEDIAN/CENTERLINE)
 R1 THRU RX - RIGHT TURN LANES (R1 = 1ST RIGHT TURN AFTER THROUGH LANES)
 SW SIDEWALK
 BL DEDICATED BIKE LANE
 HOV HIGH OCCUPANCY VEHICLE
 49 NON-ROADWAY
 50 OTHER
 51 UNKNOWN

27 - SEQUENCE OF EVENTS
 UP TO FOUR CRASH EVENTS FOR EACH UNIT IN THE ORDER OF OCCURRENCE

NON-COLLISION

1 OVERTURN/ROLLOVER
 2 FIRE/EXPLOSION
 5 CARGO/EQUIPMENT LOSS/SHIFT
 6 FELL/JUMPED FROM VEHICLE
 8 OTHER NON-COLLISION
 9 EQUIPMENT FAILURE (tires, brakes)
 10 SEPARATION OF UNITS
 11 RAN OFF ROAD RIGHT
 12 RAN OFF ROAD LEFT
 13 CROSS MEDIAN
 14 CROSS CENTERLINE
 15 DOWNHILL RUNAWAY

COLLISION WITH FIXED OBJECT

29 IMPACT ATTENUATOR/CRASH CUSHION/GUARDRAIL END
 33 CONCRETE CURB
 36 GUARDRAIL FACE
 38 MEDIAN BARRIER
 39 CABLE BARRIER
 41 TREE, BUSH, STUMP (standing)
 42 TRAFFIC SIGN SUPPORT
 43 TRAFFIC SIGNAL SUPPORT
 44 UTILITY POLE/LIGHT SUPPORT
 46 FENCE
 50 OTHER FIXED OBJ.
 51 UNKNOWN

28 - COLLISION WITH PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT

16 MOTOR VEHICLE IN TRANSPORT
 17 PEDESTRIAN
 18 PEDALCYCLE
 19 TRAIN
 20 LIGHT RAILWAY/RAILCAR VEHICLE
 21 ANIMAL
 25 PARKED MOTOR VEHICLE
 27 STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY ANOTHER VEHICLE
 28 OTHER NON-FIXED OBJ.

29 - FIRST HARMFUL EVENT OF THE CRASH 16

SEQUENCE OF EVENTS PER TRAFFIC UNIT		
	Unit <u>3</u>	Unit <u>4</u>
FIRST EVENT	16	16
SECOND EVENT		6
THIRD EVENT		12
FOURTH EVENT		

ARIZONA CRASH REPORT		REPORT ID										Agency Report Number									
1	OCCUPANT SUPPLEMENT		YEAR	MONTH		DAY		HOUR		NCIC NO.		OFFICER ID NO.				123068698					
	POLICE ONLY – FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 064R 206 S. 17 TH AVE., PHOENIX, ARIZONA 85007-3233		2	3	1	1	2	7	1	7	0	4	0	7	9		9	0	1	0	5

CRASH DIAGRAM OR NARRATIVE

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

SEE ATTACHED DIAGRAM

2	Officer's Name / Badge # D. Erickson (10509)	Supervisor's Signature D. Stopke (05905)	Agency Name AZ DPS	Date Completed 11/29/2023
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SYNOPSIS:

THIS WAS A THREE-VEHICLE SECONDARY COLLISION WITH A PEDESTRIAN INVOLVING ONE FATALITY WHICH OCCURRED ON NOVEMBER 27, 2023 AT 1704 HOURS ON SOUTHBOUND INTERSTATE 17 AT MILE POST 292.9.

INITIAL OBSERVATION:

I ARRIVED ON SCENE AT 1737 HOURS, AND OBSERVED TWO TOW TRUCKS ON THE EMERGENCY SHOULDER, TWO COPPER CANYON FIRE AND MEDICAL DISTRICT ENGINES PARKED DIAGONALLY BLOCKING THE LEFT AND RIGHT LANE. I ALSO OBSERVED FOUR PASSENGER CARS OFF LEFT IN THE MEDIAN: A BLACK TOYOTA 4RUNNER THAT HAD ITS PASSENGER SIDE DOORS BENT TOWARD THE FRONT OF THE VEHICLE, A SILVER INFINITI EX35 WITH NO DAMAGE, A GRAY TOYOTA COROLLA WITH REAR-END AND FRONT END DAMAGE, AND A RED TESLA MODEL Y WITH HEAVY FRONT-END DAMAGE. I OBSERVED A BODY COVERED BY A WHITE SHEET IN THE RIGHT LANE OF INTERSTATE 17.

INVESTIGATION:

ENVIRONMENTAL AND ROAD FACTORS:

INTERSTATE 17 WAS A NORTHBOUND AND SOUTHBOUND CONTROLLED ACCESS FREEWAY AND PART OF THE UNITED STATES INTERSTATE SYSTEM. INTERSTATE 17 AT MILE POST 292.9 CONSISTED OF TWO NORTHBOUND TRAVEL LANES AND TWO SOUTHBOUND TRAVEL LANES SEPARATED BY A MEDIAN OF NATURAL TERRAIN. THE TRAVEL LANES IN EACH DIRECTION WERE DIVIDED BY A BROKEN WHITE LINE WITH DEPRESSED, SUBTERRANEAN REFLECTORS IN THE ROADWAY. THE TRAVEL LANES WERE BORDERED TO THE RIGHT BY A SOLID WHITE LINE, A RUMBLE STRIP, AN EMERGENCY SHOULDER, AND NATURAL TERRAIN. THERE WERE EARTHEN EMBANKMENTS PRESENT ON THE EAST (MEDIAN SIDE) AND WEST SIDE OF THE SOUTHBOUND LANES. THE TRAVEL LANES WERE BORDERED TO THE LEFT BY A SOLID YELLOW LINE, AND MEDIAN CONSISTING OF NATURAL TERRAIN. THE SOUTHBOUND ROADWAY HAD AN UPHILL GRADE IN THE AREA, AND WAS STRAIGHT.

INTERSTATE 17 WAS CONSTRUCTED OF RUBBERIZED ASPHALT. THE POSTED SPEED LIMIT ON INTERSTATE 17 WAS 75 MILES PER HOUR.

THE WEATHER AT THE TIME OF THE CRASH, AS REPORTED BY THE NATIONAL WEATHER SERVICE AND MEASURED AT SEDONA AIRPORT APPROXIMATELY 14.7 MILES NORTHEAST OF THE CRASH SCENE, WAS 44 DEGREES FAHRENHEIT WITH WINDS COMING FROM THE NORTH-NORTHWEST AT 15 MILES PER HOUR. SKIES WERE CLEAR AND VISIBILITY WAS AT 10 MILES. AT THE TIME OF THE COLLISION THE SUN WAS SETTING DIRECTLY IN THE LINE OF SIGHT OF SOUTHBOUND TRAFFIC.

TRAFFIC UNIT INFORMATION:

TRAFFIC UNIT ONE:

2	Officer's Name / Badge # D. Erickson (10509)	Supervisor's Signature D. Stopke (05905)	Agency Name AZ DPS	Date Completed 11/29/2023
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CRASH DIAGRAM OR NARRATIVE

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TRAFFIC UNIT ONE WAS A RED 2021 TESLA MODEL Y BEARING ARIZONA REGISTRATION DBA2DRA AND A VEHICLE IDENTIFICATION NUMBER OF 5YJYGDEE7MF091866. THE TESLA WAS REGISTERED TO AND DRIVEN BY KARL ALLEN STOCK II.

THE TESLA WAS AT REST OFF LEFT OF THE ROADWAY WITH ITS REAR PASSENGER SIDE TIRE ON THE MEDIAN YELLOW LINE, AND THE FRONT PASSENGER SIDE TIRE PAST THE YELLOW MEDIAN LINE. THE TESLA SUSTAINED CRUSH DAMAGE TO THE FRONT OF THE VEHICLE, AND HAD DAMAGE TO THE DRIVER'S SIDE OF THE VEHICLE. TRAFFIC UNIT ONE'S HOOD WAS CRUSHED TOWARDS THE WINDSHIELD. THE WINDSHIELD OF TRAFFIC UNIT ONE WAS SHATTERED IN A SEMI-CIRCULAR PATTERN AND HAD A LARGE HOLE. THE FRONT BUMPER OF TRAFFIC UNIT ONE WAS SEPARATED FROM THE VEHICLE AT THE DRIVER'S SIDE, AND WAS STILL ATTACHED AT THE PASSENGER'S SIDE. THE FRONT BUMPER HAD GRAY PAINT TRANSFER. THE DRIVER'S SIDE REAR VIEW MIRROR WAS DETACHED FROM TRAFFIC UNIT ONE, AND THE TURNING SIGNAL WAS HANGING FROM ITS HOUSING. THE FRONT DRIVER'S SIDE FENDER HAD CREASES AND DENTS WITH BLACK PAINT TRANSFER. TRAFFIC UNIT ONE'S FRONT DRIVER'S SIDE TIRE WAS DEFLATED, AND THE RIM WAS BROKEN. TRAFFIC UNIT ONE DID NOT HAVE AIRBAG DEPLOYMENT. THERE WAS DEBRIS IN THE LEFT LANE OF INTERSTATE 17 FROM TRAFFIC UNIT ONE'S HEADLIGHT. TRAFFIC UNIT ONE WAS TOWED BY FIREBIRD TOWING TO THEIR TOW YARD LOCATED IN CAMP VERDE.

STOCK WAS SITTING IN THE DRIVER'S SEAT AT THE TIME OF MY ARRIVAL. STOCK STATED HE WAS TRAVELING SOUTHBOUND ON INTERSTATE 17 INTO THE SUN AND SAW VEHICLES STOPPED IN FRONT OF HIM. STOCK SAID THAT HE HAD NO PLACE TO GO, AND HIS VEHICLE "SLAMMED," INTO A VEHICLE IN FRONT OF HIM. STOCK EXPLAINED THAT HE WAS "SORRY," AND THAT EVERYTHING HAPPENED SO FAST. STOCK AGAIN STATED HE HAD NO PLACE TO GO TO AVOID HITTING THE VEHICLES. AT THE TIME OF THE COLLISION STOCK WAS WEARING HIS SEATBELT, AND WAS NOT COMPLAINING OF INJURY. STOCK STATED HE WAS TRAVELING AT 65 MILES PER HOUR.

AT THE TIME OF THE COLLISION STOCK WAS COMPLIANT WITH HIS DRIVING RESTRICTION, AND WAS WEARING HIS GLASSES.

I GATHERED A TWENTY-FOUR HOUR HISTORY FROM STOCK. STOCK STATED HE WAS WATCHING A FOOTBALL GAME, AND EATING DINNER AT 5:00 PM LAST NIGHT (NOVEMBER 28 2023), AT HIS SECOND HOME LOCATED AT [REDACTED] STOCK SAID AFTER DINNER HE WENT TO BED AT 9:00 PM OR 10:00 PM. STOCK SAID THAT HE WOKE UP THAT MORNING AT 4:00 AM OR 5:00 AM. STOCK COULD NOT RECALL WHAT HE DID OTHER THAN RIDING HIS MOUNTAIN BIKE IN THE EARLY AFTERNOON. STOCK LEFT FLAGSTAFF AT 4:00 PM TO DRIVE SOUTH TO PHOENIX.

TRAFFIC UNIT TWO:

TRAFFIC UNIT TWO WAS A BLACK 2023 TOYOTA 4RUNNER BEARING CALIFORNIA REGISTRATION 9EAX945 AND A VEHICLE IDENTIFICATION NUMBER OF JTERU5JR0P6113438. TRAFFIC UNIT TWO WAS REGISTERED TO P V HOLDING CORPORATION AND WAS UNOCCUPIED AT THE TIME OF THE COLLISION.

TRAFFIC UNIT TWO WAS AT REST WITH ITS REAR PASSENGER SIDE, AND FRONT PASSENGER SIDE

2	Officer's Name / Badge # D. Erickson (10509)	Supervisor's Signature D. Stopke (05905)	Agency Name AZ DPS	Date Completed 11/29/2023
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TIRE TO THE WEST OF THE YELLOW MEDIAN LINE, AND IN THE LEFT TRAVEL LANE OF INTERSTATE 17 SOUTHBOUND. TRAFFIC UNIT TWO HAD PASSENGER SIDE DAMAGE. THE PASSENGER SIDE DOORS WERE PUSHED, AND BENT TOWARD THE FRONT OF THE VEHICLE. THE FRONT PASSENGER SIDE DOOR HAD DAMAGE TO THE BOTTOM OF THE DOOR WITH RED PAINT TRANSFER. TRAFFIC UNIT TWO WAS TOWED BY FIREBIRD TOWING TO THEIR TOW YARD LOCATED IN CAMP VERDE.

TRAFFIC UNIT THREE:

TRAFFIC UNIT THREE WAS A PEDESTRIAN. THE PEDESTRIAN WAS TRAVELING IN TRAFFIC UNIT TWO, AND EXITED THE VEHICLE TO ASSIST WITH TRAFFIC CONTROL FOR A PREVIOUS COLLISION. THE PEDESTRIAN WAS IDENTIFIED BY STATEMENTS FROM HER DAUGHTER, SARAH STORY, AND HER ARIZONA MOTOR VEHICLE DIVISION PHOTOGRAPH AS JOHNA LEE STORY, DATE OF BIRTH [REDACTED]. STORY'S BODY WAS AT REST IN THE RIGHT LANE IN THE PRONE POSITION. STORY HAD DEFORMITIES TO HER RIGHT AND LEFT LEGS. STORY HAD BRUISING TO HER RIGHT SIDE, AND WAS BLEEDING PROFUSELY FROM THE RIGHT SIDE OF HER FACE AND HEAD. AT THE TIME OF THE COLLISION STORY WAS WEARING AN ORANGE HIGH VISIBILITY VEST, GRAY SHIRT, BLACK SHORTS, AND BLACK AND WHITE TENNIS SHOES.

STORY WAS PRONOUNCED DECEASED BY COPPER CANYON FIRE AND MEDICAL DISTRICT FIRE FIGHTER PARAMEDIC P. MORAN, FOR OBVIOUS SIGNS OF DEATH. COPPER CANYON FIRE AND MEDICAL DISTRICT'S INCIDENT NUMBER IS N23003778. STORY WAS TRANSPORTED FROM THE SCENE BY UNITED TRANSPORT TO THE YAVAPAI COUNTY MEDICAL EXAMINER'S OFFICE. STORY'S PRELIMINARY CAUSE OF DEATH WAS BLUNT FORCE TRAUMA. THE YAVAPAI COUNTY OFFICE OF MEDICAL EXAMINER'S REPORT NUMBER IS 23-00979.

I GATHERED A TWENTY-FOUR HOUR HISTORY FROM JOHNA STORY'S DAUGHTER, SARAH STORY. SARAH SAID JOHNA WENT TO DINNER LAST NIGHT (NOVEMBER 27, 2023) AT A CHILI'S RESTAURANT IN CHANDLER, ARIZONA AT 5:00 PM. AFTER DINNER THEY LEFT THE CHILI'S AND WENT BACK TO JOHNA'S RESIDENCE LOCATED AT [REDACTED]. JOHNA WENT TO SLEEP BETWEEN 9:00 PM, AND 10:00 PM. JOHNA WOKE THE NEXT MORNING (NOVEMBER 28, 2023) BETWEEN 4:30 AM AND 5:00 AM. JOHNA TOOK SARAH'S CHILDREN TO SCHOOL AT 8:00 IN MESA. JOHNA AND SARAH LEFT THEIR HOME FOR WORK AT 8:00 AM AT PHOENIX SKY HARBOR AIRPORT. SARAH STATED HER AND JOHNA WORK FOR A RENTAL CAR COMPANY, AND THEY TRANSPORT VEHICLES TO-AND-FROM AIRPORTS. JOHNA AND SARAH LEFT PHOENIX SKY HARBOR AIRPORT AT 11:00 AM AND ARRIVED AT THEIR DESTINATION FLAGSTAFF PULLIAM AIRPORT AT 2:00 PM. JOHNA AND SARAH LEFT FLAGSTAFF PULLIAM AIRPORT BETWEEN 3:30 PM AND 4:00 PM, AND ATE AT A SIZZLER'S RESTAURANT IN FLAGSTAFF. SARAH WAS UNSURE WHEN THEY LEFT THE SIZZLER'S RESTAURANT, BUT STATED THEY WERE IN THE PROCESS OF TRANSPORTING TRAFFIC UNIT TWO BACK TO PHOENIX SKY HARBOR AIRPORT.

TRAFFIC UNIT FOUR:

TRAFFIC UNIT FOUR WAS A GRAY 2020 TOYOTA COROLLA BEARING ARIZONA REGISTRATION HKA2YJ AND A VEHICLE IDENTIFICATION NUMBER OF JTDHPRAE7LJ091828. THE TOYOTA COROLLA WAS

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MEASUREMENTS ARE SCALED (SCALE = _____)

REGISTERED TO MICHAEL DUANE WILLIAMS, AND ALLISON RENEE DULL.

TRAFFIC UNIT FOUR WAS AT REST FACING EASTBOUND, AND THE FRONT OF THE VEHICLE AGAINST AN EMBANKMENT ON THE EAST SIDE OF THE INTERSTATE. TRAFFIC UNIT FOUR HAD REAR BUMPER DAMAGE WITH RED PAINT TRANSFER. THE DRIVER'S SIDE REAR BLINKER WAS TORN FROM THE VEHICLE. THERE WERE RUB MARKS ON THE DRIVER'S SIDE OF THE REAR BUMPER, AND THE BUMPER WAS PARTIALLY TORN FROM TRAFFIC UNIT FOUR. THE REAR BUMPER OF TRAFFIC UNIT FOUR AT THE PASSENGER SIDE WAS COMPLETELY TORN FROM THE VEHICLE, AND THE PASSENGER SIDE REAR TIRE WAS BENT OUT-WARD AND TOWARD THE FRONT OF THE VEHICLE. THERE WERE CREASES AND DENTS THAT EXTENDED FROM THE REAR PASSENGER SIDE FENDER TO THE REAR PASSENGER SIDE DOOR. TRAFFIC UNIT TWO HAD FRONT END DAMAGE, AND FRONT AIRBAG DEPLOYMENT THAT WAS FROM THE INITIAL COLLISION. TRAFFIC UNIT FOUR WAS TOWED FROM THE SCENE BY FIREBIRD TOWING TO THEIR TOW YARD LOCATED IN CAMP VERDE.

AT THE TIME OF THE COLLISION ALLISON RENEE DULL WAS OCCUPYING THE DRIVER'S SEAT TO GATHER BELONGINGS FROM INSIDE THE VEHICLE, BUT WAS NOT IN ACTUAL PHYSICAL CONTROL OF THE VEHICLE. DULL WAS INVOLVED IN THE INITIAL COLLISION CAUSED BY HER HUSBAND REAR-ENDING ANOTHER VEHICLE. DULL WAS THROWN FROM THE VEHICLE WHEN IT WAS STRUCK BY TRAFFIC UNIT ONE. DULL WAS NOT WEARING A SEAT BELT, AND THE DRIVER'S SIDE DOOR WAS AJAR DUE TO THE VEHICLE BEING DISABLED, AND STATIONARY FROM THE INITIAL COLLISION. DULL REFUSED MEDICAL TRANSPORT AT THE SCENE.

WITNESS INFORMATION:

BRANDON MICHAEL DULL WAS PROVIDED AN ARIZONA DEPARTMENT OF PUBLIC SAFETY TRAFFIC ACCIDENT WITNESS STATEMENT. BRANDON WAS DRIVING, AND WAS INVOLVED IN THE INITIAL COLLISION. AT THE TIME OF THIS COLLISION HE WAS STANDING OUTSIDE OF HIS VEHICLE OFF LEFT IN THE MEDIAN. BRANDON STATED HE WITNESSED THE RED TESLA STRIKE ANOTHER VEHICLE, THEN STRIKE HIS VEHICLE CAUSING HIS WIFE TO BE THROWN FROM THE DRIVER'S SEAT OF HIS VEHICLE. BRANDON SAID HE OBSERVED ANOTHER WOMAN IN THE AIR, AND THAT A WOMAN WAS KILLED BY THE RED TESLA.

SARAH NICOLE STORY WAS PROVIDED AN ARIZONA DEPARTMENT OF PUBLIC SAFETY TRAFFIC ACCIDENT WITNESS STATEMENT. STORY STATED SHE WAS DRIVING AND THE SUN WAS "HORRIBLE." SARAH SAID THERE WAS AN ACCIDENT IN A BAD SPOT, SO SHE PULLED OFF TO SEE IF THEY WERE "OK." SARAH SAID HER MOM AND BRIAN HUGH HOWARD EXITED THE VEHICLE TO WARN TRAFFIC OF THE COLLISION, AND HEARD A CRASH. SARAH SAID A WOMAN STARTED SCREAMING, "A LADY GOT HIT." SARAH LOOKED DOWN THE ROAD AND NOTICED JOHNA WAS STRUCK BY A VEHICLE.

BRIAN HUGH HOWARD WAS PROVIDED AN ARIZONA DEPARTMENT OF PUBLIC SAFETY TRAFFIC ACCIDENT WITNESS STATEMENT. HOWARD WAS TRAVELING WITH SARAH AND JOHNA PRIOR TO THE COLLISION. HOWARD SAID HE WAS TRAVELING SOUTHBOUND AND SAW THE SUN ON THE HORIZON BLINDING OTHER DRIVER'S. HOWARD SAID SARAH STOPPED ON THE SIDE OF THE ROAD, AND HE EXITED ATTEMPTING TO WARN TRAFFIC OF THE COLLISION. HOWARD STATED HE WAS WARNING DRIVERS WHEN A CAR CAME PAST SLOWING TRAFFIC AND HIT THE REAR CORNER OF THE VEHICLE HE

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ARIZONA CRASH REPORT		REPORT ID										Agency Report Number							
1	OCCUPANT SUPPLEMENT 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.							
		2	3	1	1	2	7	1	7	0	4	0	7	9	9	0	1	0	5

Agency Report Number

123068698

CRASH DIAGRAM OR NARRATIVE

MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE

MEASUREMENTS ARE SCALED (SCALE = _____)

WAS IN. HOWARD SAID JOHNA WAS ON THE PASSENGER SIDE OF THE VEHICLE, THE SAME SIDE THAT WAS HIT BY THE RED TESLA. HOWARD THEN WALKED TO THE VEHICLE HE WAS IN, AND SAW JOHNA "150 FT ON THE GROUND IN THE CENTER OF THE HIGHWAY."

AIRAM ALEJANDRA FERNANDEZ WAS PROVIDED AN ARIZONA DEPARTMENT OF PUBLIC SAFETY TRAFFIC ACCIDENT WITNESS STATEMENT. AIRAM STATED HE WAS SLOWING DOWN FOR A COLLISION AND A COLLISION HAPPENED IN FRONT OF HIM. AIRAM SAID A LADY WAS STRUCK BY A SPEEDING CAR. AIRAM PROVIDED A DESCRIPTION OF THE ACCIDENT, AND STATED A TOYOTA 4RUNNER WAS OFF TO THE LEFT OF THE ROADWAY WITH IT'S HAZARD LIGHTS ON. TRAFFIC STARTED TO MERGE TO THE RIGHT LANE, AND AS HE WAS MERGING, A TESLA SPED PAST HIS CAR STRIKING A 4RUNNER, A LADY, AND A CAR.

MELLISA M MAGLAYA WAS PROVIDED AN ARIZONA DEPARTMENT OF PUBLIC SAFETY TRAFFIC ACCIDENT WITNESS STATEMENT. MAGLAYA SAID SHE WAS DRIVING TOWARDS THE SUNSET, AND NOTICED A CAR IN FRONT OF HER WAS AT A COMPLETE STOP. MAGLAYA SAID SHE PULLED TO THE LEFT SIDE OF THE ROADWAY. MAGLAYA STATED A TOYOTA SEDAN WAS STOPPED IN THE ROAD FROM A PREVIOUS ACCIDENT AND A RED TESLA SLAMMED INTO HE BACK OF A BLACK SUV'S PASSENGER DOORS.

OTHER ACTIONS AND EVIDENCE:

TROOPER J. MCMAINS, BADGE NUMBER 10624, ADMINISTERED FIELD SOBRIETY TESTING TO STOCK. TROOPER MCMAINS STATED HE DID NOT OBSERVE ANY SYMPTOMS OF IMPAIRMENT.

THE COLLISION EVENT WAS CAPTURED BOTH BY A WITNESS DASH CAMERA, AND VIDEO DOWNLOADED FROM THE CAMERAS EQUIPPED ON TRAFFIC UNIT ONE, THE TESLA. TROOPER P. MCCABE, BADGE NUMBER 6512, DOWNLOADED THE VIDEO FROM THE TESLA WITH CONSENT FROM STOCK.

THE SEQUENCE OF EVENTS FROM THE FRONT CAMERA OF TRAFFIC UNIT ONE ARE AS FOLLOWS:

THE FOOTAGE BEGINS WITH TRAFFIC UNIT ONE TRAVELING ON INTERSTATE 17 IN THE LEFT LANE. TRAFFIC UNIT ONE PASSED EXIT 293 (MCGUIREVILLE MONTEZUMA WELL). TRAFFIC UNIT ONE CONTINUED PAST THE ON-RAMP OF EXIT 293 TRAVELING IN THE LEFT LANE. THE FRONT CAMERA CAPTURED VEHICLES IN BOTH THE RIGHT AND LEFT LANES WITH THEIR HAZARD LIGHTS ACTIVATED. TRAFFIC UNIT ONE CONTINUED IN THE LEFT LANE PAST BRYAN HOWARD WAIVING AT TRAFFIC USING A YELLOW CLOTH TO WARN DRIVERS. AFTER PASSING HOWARD THE TESLA MODEL Y SWERVED TO THE LEFT. A BLACK TOYOTA CAMRY WAS DIRECTLY IN FRONT OF TRAFFIC UNIT ONE. TRAFFIC UNIT TWO IS SEEN STATIONARY, PARTIALLY ON THE LEFT SHOULDER AND PARTIALLY IN THE LEFT LANE AT THIS POINT, WITH ITS HAZARD LIGHTS ACTIVATED AND BOTH PASSENGER SIDE DOORS OPEN. JOHNA IS SEEN STANDING IN THE LEFT LANE PUTTING ON AN ORANGE REFLECTIVE VEST JUST PAST TRAFFIC UNIT TWO'S PASSENGER SIDE FRONT DOOR. JOHNA'S BACK WAS TO TRAFFIC AND SHE WAS WALKING SOUTHBOUND. TRAFFIC UNIT ONE SWERVED TOWARD THE RIGHT LANE. TRAFFIC UNIT ONE STRUCK THE REAR PASSENGER SIDE DOOR, THE FRONT PASSENGER SIDE DOOR OF TRAFFIC UNIT TWO, AND HIT JOHNA WITH THE FRONT BUMPER AS SHE WAS TURNING TO HER RIGHT. JOHNA WENT UP TRAFFIC UNIT ONE'S HOOD, AND COLLIDED WITH THE WINDSHIELD SHATTERING IT. JOHNA IS THEN SEEN

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		2	3	1	1	2	7	1	7	0	4	0	7	9	9	0	1	0	5

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CRASH DIAGRAM OR NARRATIVE

MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE

MEASUREMENTS ARE SCALED (SCALE = _____)

TUMBLING THROUGH THE AIR ABOVE THE VEHICLE. TRAFFIC UNIT ONE CONTINUED AND COLLIDED WITH THE REAR OF TRAFFIC UNIT FOUR BEFORE ROTATING IN A COUNTERCLOCKWISE ROTATION, AND TURNED BACK TO IT'S RIGHT BEFORE COMING TO A STOP. DURING THE FOOTAGE THE SUN WAS DIRECTLY ABOVE THE HORIZON FROM THE CAMERA'S PERSPECTIVE AND CAUSING GLARE.

DETECTIVE M. CURTIS, BADGE NUMBER 7847, PROVIDED AIRAM ALEJANDRA FERNANDEZ WITH AN AXON LINK DUE TO HER HAVING A DASH CAMERA ACTIVE AT THE TIME OF THE COLLISION.

THE SEQUENCE OF EVENTS FROM FERNANDEZ'S DASH CAMERA ARE AS FOLLOWS:

FERNANDEZ IS TRAVELING IN THE LEFT LANE OF INTERSTATE 17 SOUTHBOUND WITH THE SUN SETTING IN THE SAME DIRECTION. FERNANDEZ IS SLOWING IN THE LEFT LANE AND A SILVER PICK-UP IS SEEN IN FRONT OF HER VEHICLE WITH IT'S RIGHT TURN SIGNAL ACTIVATED. THE SILVER PICK-UP LANE CHANGES FROM THE RIGHT TO LEFT LANE. HOWARD IS SEEN WALKING ON THE MEDIAN SHOULDER CARRYING A CLOTH IN HIS HAND. TRAFFIC UNIT TWO IS SEEN PARTIALLY IN THE LEFT TRAVEL LANE OF INTERSTATE 17 WITH IT'S PASSENGER SIDE TIRES WITHIN THE LEFT TRAVEL LANE. A GREEN SPORT UTILITY VEHICLE (SUV), AND TRACTOR TRAILER ARE TRAVELING SOUTHBOUND ON THE RIGHT SHOULDER WITH THEIR HAZARD LIGHTS ACTIVATED. JOHNA IS SEEN PUTTING HER ORANGE HIGH VISIBILITY VEST ON AND STANDING IN THE LEFT TRAVEL LANE. ALLISON DULL IS WALKING TO THE DRIVER'S SIDE OF THE VEHICLE. ALLISON DULL ENTERS TRAFFIC UNIT FOUR THROUGH THE DRIVER'S SIDE DOOR. TRAFFIC UNIT ONE PASSES BETWEEN TRAFFIC UNIT TWO, AND FERNANDEZ'S VEHICLE STRIKING THE FRONT PASSENGER SIDE DOOR AND JOHNA. THE BRAKE LIGHTS OF TRAFFIC UNIT ONE WERE ON AS IT COLLIDED WITH THE VEHICLES AND JOHNA. JOHNA WAS FACING WEST, AND ROLLS UP TRAFFIC UNIT ONE'S HOOD ON HER RIGHT SIDE. JOHNA COLLIDED WITH THE WINDSHIELD AND THE IMPACT BETWEEN HER AND THE WINDSHIELD CAUSED HER TO TUMBLE THROUGH THE AIR. TRAFFIC UNIT ONE THEN COLLIDED WITH TRAFFIC UNIT FOUR WITH ALLISON DULL ENTERING THE DRIVER'S SEAT. ALLISON DULL WAS PULLED AWAY FROM THE VEHICLE BY HER HUSBAND, BRANDON DULL, AND FELL TO THE GROUND. JOHNA LANDED IN THE RIGHT LANE. TRAFFIC UNIT FOUR WAS PUSHED FROM THE LEFT LANE, AND INTO AN EMBANKMENT OFF LEFT OF THE ROADWAY. FERNANDEZ BEGAN TO PULL HER VEHICLE OFF RIGHT ONTO THE EMERGENCY SHOULDER, AND THE FOOTAGE ENDS WITH TRAFFIC UNIT ONE PARTIALLY IN THE LEFT LANE, AND MEDIAN.

THERE WAS A FLUID TRAIL CAUSED BY TRAFFIC UNIT FOUR BASED ON POOLING OF THE FLUID CAUSED BY TRAFFIC UNIT FOUR BEING AT REST FROM THE INITIAL COLLISION. THE FLUID TRAIL THEN BECAME SPORADIC AND CONTINUED TO THE FINAL RESTING POINT OF TRAFFIC UNIT FOUR. A BLOOD TRAIL WAS OBSERVED FROM JOHNA LANDING ON THE ASPHALT AND SLIDING TO HER RESTING LOCATION. A GOUGE MARK WAS OBSERVED IN THE LEFT LANE CAUSED BY TRAFFIC UNIT ONE'S DRIVER FRONT RIM DIGGING INTO THE ASPHALT WHILE COLLIDING WITH TRAFFIC UNIT FOUR. I OBSERVED SCRAPE MARKS CAUSED BY TRAFFIC UNIT ONE'S FRONT DRIVER'S SIDE RIM FROM THE GOUGE MARK TO TRAFFIC UNIT ONE'S RESTING LOCATION. I OBSERVED A DEBRIS FIELD CAUSED BY BROKEN FRAGMENTS OF TRAFFIC UNIT ONE'S DRIVER'S SIDE HEADLIGHT AND TURN SIGNAL AND FRAGMENTS OF TRAFFIC UNIT FOUR'S REAR BUMPER AND FENDER. THERE WAS A TIRE MARK CAUSED BY TRAFFIC UNIT FOUR'S FRONT DRIVER'S SIDE TIRE THAT BEGAN AT THE YELLOW MEDIAN LINE AND CONTINUED ACROSS THE MEDIAN LINE, RUMBLE STRIP AND INTO THE DIRT.

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		2	3	1	1	2	7	1	7	0	4	0	7	9	9	0	1	0	5
CRASH DIAGRAM OR NARRATIVE												<input type="checkbox"/> MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE <input type="checkbox"/> MEASUREMENTS ARE SCALED (SCALE = _____)							

BASED ON WITNESS STATEMENTS, CAMERA FOOTAGE, AND ROADWAY EVIDENCE, TRAFFIC UNIT ONE, BEING DRIVEN BY KARL ALLEN STOCK II, WAS TRAVELING SOUTHBOUND ON INTERSTATE 17 IN THE LEFT LANE. A COLLISION HAD OCCURRED MINUTES PRIOR TO TRAFFIC UNIT ONE TRAVELING THROUGH THE AREA. JOHNA EXITED TRAFFIC UNIT TWO THROUGH THE PASSENGER SIDE FRONT DOOR PARTIALLY BLOCKING THE LEFT LANE TO PROVIDE TRAFFIC CONTROL, AND TO SLOW TRAFFIC DOWN. TRAFFIC UNIT ONE SWERVED LEFT ONTO THE MEDIAN SHOULDER, SWERVED RIGHT BETWEEN FERNANDEZ'S VEHICLE AND TRAFFIC UNIT TWO. TRAFFIC UNIT ONE STRUCK THE PASSENGER REAR DOOR OF TRAFFIC UNIT TWO, STRUCK THE PASSENGER SIDE FRONT DOOR OF TRAFFIC UNIT TWO AND JOHNA NEXT TO IT. TRAFFIC UNIT TWO STAYED AT REST PARTIALLY BLOCKING THE LEFT LANE OF TRAVEL. THE COLLISION CAUSED JOHNA TO TUMBLE THROUGH THE AIR. TRAFFIC UNIT ONE HIT THE REAR PASSENGER SIDE OF TRAFFIC UNIT FOUR PUSHING IT OFF LEFT INTO AN EMBANKMENT, AND TO ITS RESTING LOCATION IN THE MEDIAN. JOHNA LANDED IN THE RIGHT TRAVEL LANE AND SLID TO HER RESTING LOCATION BLOCKING THE RIGHT LANE. TRAFFIC UNIT ONE CAME TO REST JUST SOUTH OF TRAFFIC UNIT FOUR OFF LEFT IN THE MEDIAN.

TROOPER MCCABE CAPTURED THE SCENE USING THE LEICA RTC360 SCANNER. A HIGHER RESOLUTION SCENE DIAGRAM IS AVAILABLE FOR REVIEW AT EVIDENCE.COM.

BODY WORN CAMERA FOOTAGE, PHOTOGRAPHS, ON BOARD CAMERA FOOTAGE, AND DASH CAMERA FOOTAGE ARE AVAILABLE FOR REVIEW UNDER INCIDENT NUMBER I23068968.

THE INITIAL COLLISION OCCURRED AT THE SAME LOCATION AND WAS ASSIGNED THE INCIDENT NUMBER I23068717, AND WAS INVESTIGATED BY TROOPER Z. HERNDON # 11061.

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		2	3	1	1	2	7	1	7	0	4	0	7		9	9	0	1	0
2	DECEASED	Name JOHNA LEE STORY										Type: <input 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) [REDACTED]									
		Deceased at Scene: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Deceased Removed To YAVAPAI COUNTY MEDICAL EXAMINER'S OFFICE					Deceased Removed By UNITED TRANSPORT SERVICES										
		Transported to First Medical Facility: <input type="checkbox"/> Yes <input type="checkbox"/> No			First Medical Facility Transported To:				Transported to First Medical Facility By:										
Date of Death (MMDDYYYY)		1	1	2	7	2	0	2	3	Time of Death		1	7	1	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 # _____ Unit # _____ Unit # _____ Unit # _____				Extent of Damage: UNIT # 1 2 <input type="checkbox"/> 1 No Damage <input type="checkbox"/> 2 Minor Damage <input checked="" 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 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 # 1 2 1 2 <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 # <u>1</u> Driver Unit # _____ Racing Involved UNIT # _____ Height: <u>507</u> Height: _____ <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Weight: <u>150</u> Weight: _____ <input type="checkbox"/> Yes																	
		Compliance with License Restrictions: UNIT # 1 <input type="checkbox"/> 0 No Restrictions <input checked="" 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 <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 # 1 <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 checked="" 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 type="checkbox"/> 51 Unknown						Driver's Attempted Avoidance Maneuver (Check Only One) UNIT # 1 <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 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 # <u>1</u> Unit # _____ <input checked="" type="checkbox"/> No Test Given <input type="checkbox"/> Test Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Testing Unknown				Drugs Unit # <u>1</u> Unit # _____ <input checked="" type="checkbox"/> No Test Given <input type="checkbox"/> Test Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Testing Unknown				Driver Alcohol/Drug Testing Results Unit # <u>1</u> Alcohol Test Type: _____ Alcohol Test Results: _____ Drug Test Type: _____ Drug Test Results: <u>1</u>				Unit # _____ Alcohol Test Type: _____ Alcohol Test Results: _____ Drug Test Type: _____ Drug Test Results: _____					

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		2	3	1	1	2	7	1	7	0	4	0	7		9	9	0	1	0
2	DECEASED	Name JOHNA LEE STORY										Type: <input 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) [REDACTED]									
		Deceased at Scene: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Deceased Removed To YAVAPAI COUNTY MEDICAL EXAMINER'S OFFICE					Deceased Removed By UNITED TRANSPORT SERVICES										
		Transported to First Medical Facility: <input type="checkbox"/> Yes <input type="checkbox"/> No			First Medical Facility Transported To:				Transported to First Medical Facility By:										
Date of Death (MMDDYYYY)		1	1	2	7	2	0	2	3	Time of Death		1	7	1	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 # 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 # 4 4 <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 type="checkbox"/> 51 Unknown									
		Underride/Override: UNIT # UNIT # 4 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																	
		Fire Occurrence: UNIT # 4 <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes																	
5	DRIVER INFORMATION	Driver Unit # _____ Driver Unit # _____ Height: _____ Height: _____ Weight: _____ Weight: _____				Racing Involved UNIT # _____ <input type="checkbox"/> No <input type="checkbox"/> Yes													
		Compliance with License Restrictions: UNIT # <input 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 # <input 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 # <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 type="checkbox"/> 51 Unknown						Driver's Attempted Avoidance Maneuver (Check Only One) UNIT # <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 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 # Unit # _____ _____ No Test Given Test Given Test Refused Testing Unknown						Driver Alcohol/Drug Testing Results Unit # _____ Alcohol Test Type: _____ Alcohol Test Results: _____ Drug Test Type: _____ Drug Test Results: _____											
		Drugs Unit # Unit # _____ _____ No Test Given Test Given Test Refused Testing Unknown						Unit # _____ 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:20px; text-align:center;">1</td><td style="width:20px; text-align:center;">7</td><td style="width:20px; text-align:center;">0</td><td style="width:20px; text-align:center;">8</td></tr></table>				1	7	0	8	Arrival Time EMS: <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td style="width:20px; text-align:center;">1</td><td style="width:20px; text-align:center;">7</td><td style="width:20px; text-align:center;">0</td><td style="width:20px; text-align:center;">9</td></tr></table>				1	7	0	9	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>																			
1	7	0	8																																		
1	7	0	9																																		
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> 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																																
											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 # <u>4</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>4</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)																													
				Non-Occupant Person Type UNIT # <u>3</u> <input checked="" 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 # <u>3</u> <input type="checkbox"/> <input type="checkbox"/> 0 None Used Protective: UNIT # <u>3</u> <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 # <u>3</u> <input checked="" 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="width:15%;">Unit # <u>3</u></td> <td style="width:15%;">Unit # _____</td> <td style="width:15%;">Unit # <u>3</u></td> <td style="width:15%;">Unit # _____</td> </tr> <tr> <td style="text-align:center;"><input checked="" type="checkbox"/></td> <td></td> <td style="text-align:center;"><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td></td> <td>No Test Given</td> <td></td> <td>No Test Given</td> </tr> <tr> <td></td> <td>Test Given</td> <td></td> <td>Test Given</td> </tr> <tr> <td></td> <td>Test Refused</td> <td></td> <td>Test Refused</td> </tr> <tr> <td></td> <td>Testing Unknown</td> <td></td> <td>Testing Unknown</td> </tr> </table>				Alcohol		Drugs		Unit # <u>3</u>	Unit # _____	Unit # <u>3</u>	Unit # _____	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			No Test Given		No Test Given		Test Given		Test Given		Test Refused		Test Refused		Testing Unknown		Testing Unknown	Non-Occupant Alcohol/Drug Testing Results Unit # <u>3</u> 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: _____					
Alcohol				Drugs																																	
Unit # <u>3</u>	Unit # _____			Unit # <u>3</u>	Unit # _____																																
<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>																																	
	No Test Given				No Test Given																																
	Test Given				Test Given																																
	Test Refused				Test Refused																																
	Testing Unknown				Testing Unknown																																
10	COMMENTS																																				
		Officer's Name / Badge #				Supervisor's Signature		Agency Name		Date Completed																											
		D. Erickson (10509)				D. Stopke (05905)		AZ DPS		11/29/2023																											

ARIZONA CRASH SUPPLEMENT	REPORT ID					
	YEAR MONTH DAY 23 11 27	HOUR MIN 17 04	NCIC NO 0799	OFFICER ID 10509	AGENCY REPORT NUMBER I23068698	

NARRATIVE

ON 11/27/2023, AT 1704 HOURS, I RESPONDED TO A MULTIPLE VEHICLE FATAL COLLISION INVOLVING A PEDESTRIAN. THE COLLISION OCCURRED ON INTERSTATE 17 SOUTHBOUND AT MP 293.

WHEN I ARRIVED ON SCENE, THERE WERE SEVERAL FIRE TRUCKS BLOCKING THE ROADWAY, AND ONE OTHER ARIZONA DEPARTMENT OF PUBLIC SAFETY PATROL CAR ON SCENE. THERE WERE MULTIPLE VEHICLES ON THE LEFT AND RIGHT SIDES OF THE HIGHWAY, AND THE DECEASED PEDESTRIAN WAS LAYING IN THE ROAD, COVERED BY A BLANKET.

I ASSISTED WITH TRAFFIC CONTROL ON SCENE, COMPLETED ONLINE FORMS AND OTHER PAPERWORK INVOLVED IN THE COLLISION, AND HANDED OUT AND COLLECTED WITNESS STATEMENT FORMS WITH THE INVOLVED PARTIES.

ONCE THE COLLISION INVESTIGATION WAS DONE, I TOOK THE DRIVER OF TRAFFIC UNIT ONE TO MEET HIS FAMILY AND GET A RIDE HOME.

THIS IS THE END OF MY INVOLVEMENT.

Officer's Name J. McMains (10624)	Date Completed 12/10/2023
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ARIZONA CRASH SUPPLEMENT	REPORT ID					
	YEAR MONTH DAY 23 11 27	HOUR MIN 17 04	NCIC NO 0799	OFFICER ID 10509	AGENCY REPORT NUMBER I23068698	

NARRATIVE

ON 11/27/2023, AT APPROXIMATELY 1704 HOURS, IT WAS REPORTED THAT A PEDESTRIAN WAS STRUCK BY A VEHICLE ON INTERSTATE 17 AND MILEPOST 293 SOUTHBOUND. I ARRIVED ON SCENE, AT APPROXIMATELY 1714 HOURS. COPPER CANYON FIRE AND MEDICAL WERE BLOCKING ALL LANES OF TRAVEL SOUTHBOUND. COPPER CANYON FIRE WAS ASSESSING THOSE INVOLVED IN THE COLLISION.

I BEGAN IDENTIFYING PASSENGERS AND WITNESSES TO THE FATAL COLLISION AND INVESTIGATING WHAT LED UP TO THE FATAL COLLISION. I INITIATED MCQUIREVILLE COMMAND. IT WAS REPORTED TO ME THERE WAS A PRIOR COLLISION IN THE AREA THAT WAS BLOCKING THE LEFT LANE. I ASSISTED TROOPER ERICKSON IN DOCUMENTING THE SCENE AND IDENTIFYING DRIVERS AND VEHICLES INVOLVED IN THE COLLISION. I ASSISTED IN HANDING OUT AND COLLECTING WITNESS STATEMENTS AND INTERVIEWING WITNESS ABOUT THE COLLISION. I WAS ABLE TO SEE DASH CAM FOOTAGE FROM A WITNESS AND HAD THAT UPLOADED TO AXON. I DID A CRASH REPORT FOR THE INITIAL COLLISION, THAT LED TO THE SECOND COLLISION WHICH RESULTED IN A FATALITY.

Officer's Name Z. Herndon (11061)	Date Completed 11/29/2023
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ARIZONA CRASH SUPPLEMENT	REPORT ID					
	YEAR MONTH DAY 23 11 27	HOUR MIN 17 04	NCIC NO 0799	OFFICER ID 10509	AGENCY REPORT NUMBER I23068698	

NARRATIVE

ON 11/27/2023 AT 1704 HOURS I WAS MONITORING A MULTIPLE VEHICLE COLLISION INVOLVING A PEDESTRIAN WHICH RESULTED IN A FATALITY ON INTERSTATE 17 SOUTHBOUND AT MP 293. AT THIS TIME I WAS UNABLE TO RESPOND AS I WAS OUT WITH A BLOCKING COMMERCIAL VEHICLE WITH LOCKED BRAKES ON INTERSTATE 17 NORTHBOUND AT MP 235. AT 1728 HOURS THE TOW TRUCK ARRIVED ON SCENE AND I CLEARED AND RESPONDED TO THE COLLISION SCENE. I ARRIVED AT THIS COLLISION SCENE AT 1834 HOURS AND LATER TOOK OVER AS "MCGUIREVILLE COMMAND".

WHEN I ARRIVED ON SCENE I FOUND THAT THE ARIZONA DEPARTMENT OF TRANSPORTATION (ADOT) HAD CLOSED THE SOUTHBOUND LANES OF INTERSTATE 17 AND WAS REDIRECTING TRAFFIC. THE LOCAL FIRE DEPARTMENT WA ALSO ASSISTING WITH TRAFFIC CONTROL. THERE WERE SEVERAL ARIZONA DEPARTMENT OF PUBLIC SAFETY (AZ DPS) PATROL CARS ALONG WITH TOW TRUCKS BLOCKING THE ROADWAY. THERE WERE NUMEROUS VEHICLES ON THE LEFT AND RIGHTS SIDE OF THE ROADWAY AND I COULD SEE WHERE A DECEASED PERSON WAS COVERED WITH A BLANKET IN THE MIDDLE OF THE # 2 TRAFFIC LANE.

I WAS BRIEFED AS TO WHAT HAD OCCURRED AND HOW THE INVESTIGATION HAD PROGRESSED UP TO THIS POINT. FROM THIS POINT ON I CONDUCTED SUPERVISORY DUTIES AND COORDINATING RESOURCES AND THE INVESTIGATION.

AT 2132 HOURS, I TERMINATED COMMAND AND I CLEARED THE SCENE.

AT THIS TIME THERE IS NOTHING FURTHER.

Officer's Name J. Tarr (05987)	Date Completed 12/03/2023
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ARIZONA CRASH SUPPLEMENT		REPORT ID					
YEAR	MONTH	DAY	HOUR	MIN	NCIC NO	OFFICER ID	AGENCY REPORT NUMBER
23	11	27	17	04	0799	10509	123068698

NARRATIVE

THIS SUPPLEMENT WAS COMPLETED BY TROOPER P. J. MCCABE, #6512.

ON NOVEMBER 27, 2023, I RESPONDED TO A MULTI-VEHICLE CRASH WHICH OCCURRED ON INTERSTATE 17 AT MILEPOST 292 SOUTHBOUND. WHEN I ARRIVED ON SCENE, THE SOUTHBOUND TRAVEL LANES WERE BLOCKED BY MULTIPLE EMERGENCY VEHICLES. I APPROACHED THE SCENE FROM THE SOUTH AND OBSERVED A NISSAN ROGUE WITH REAR-END DAMAGE ON THE LEFT SHOULDER OF THE HIGHWAY. MOVING NORTH THROUGH THE SCENE I OBSERVED A TESLA MODEL Y WITH DAMAGE TO THE FRONT OF THE VEHICLE AND THE WINDSHIELD ALSO STOPPED ON THE LEFT SHOULDER. IN THE RIGHT LANE WAS A YELLOW BLANKET COVERING THE BODY OF A DECEDENT WHO WAS INVOLVED IN THE CRASH. A BLACK SEDAN WAS STOPPED JUST NORTH OF THE BODY ON THE RIGHT SHOULDER. A HONDA CIVIC WITH FRONT AND REAR DAMAGE WAS OFF THE ROADWAY TO THE LEFT ALONG WITH AN ADDITIONAL VEHICLE WITH NO APPARENT DAMAGE. A TOYOTA 4-RUNNER WAS STOPPED WITH ITS RIGHT SIDE TIRES IN THE LEFT LANE. BOTH PASSENGER-SIDE DOORS OF THE 4-RUNNER WERE OPEN AND FORCED FORWARD.

I CONTACTED TROOPER Z. HERNDON AND WAS INFORMED THE INCIDENT INVOLVED TWO SEPARATE CRASHES. A NON-INJURY CRASH OCCURRED, WHICH LEFT ONE VEHICLE (CIVIC) DISABLED AND BLOCKING THE LEFT LANE. PASSERSBY STOPPED TO ASSIST WITH THE FIRST CRASH WHEN A TESLA CAME INTO THE AREA AT A HIGH RATE OF SPEED. THE TESLA REPORTEDLY SIDE-SWIPE THE 4-RUNNER BEFORE STRIKING A PEDESTRIAN WHO WAS IN THE TRAVEL LANE, FOLLOWED BY IT STRIKING THE CIVIC. BASED ON THIS INITIAL INFORMATION, IT WAS DECIDED TROOPER HERNDON WOULD INVESTIGATE THE INITIAL CRASH WHILE TROOPER ERICKSON WOULD INVESTIGATE THE SECONDARY CRASH.

I RETRIEVED MY DEPARTMENT -ISSUED LEICA RTC360 SCANNER FROM MY PATROL TRUCK AND CREATED A ROUGH SCAN PLAN. I STARTED AT THE SOUTH END OF THE SCENE WITH THE NISSAN ROGUE AND WORKED NORTHWARD TOWARD THE OTHER VEHICLES. IN TOTAL I COMPLETED TWENTY-TWO SETUPS TO CAPTURE THE CRASH SCENE. ALL RAW SCAN DATA WAS LATER UPLOADED TO EVIDENCE.COM FOR STORAGE.

UTILIZING MY DEPARTMENT -ISSUED CELLULAR TELEPHONE I ALSO OBTAINED PHOTOGRAPHS OF THE CRASH SCENE TO INCLUDE THE THREE INVOLVED VEHICLES. ALL PHOTOGRAPHS WERE UPLOADED TO EVIDENCE.COM FOR STORAGE.

I CONTACTED THE DRIVER OF THE TESLA MODEL Y, KARL STOCK, WHO WAS SEATED INSIDE HIS VEHICLE FOR THE MAJORITY OF MY TIME ON SCENE. I ASKED MR. STOCK IF I COULD ATTEMPT TO RETRIEVE THE VIDEO FILES FROM HIS VEHICLE TO ASSIST WITH THE CRASH INVESTIGATION, AND HE AGREED. AFTER I DISMOUNTED THE MEMORY DEVICE FROM THE VEHICLE, I REMOVED IT FROM ITS LOCATION IN THE GLOVE COMPARTMENT AND OPENED THE MEMORY STICK ON MY DEPARTMENT -ISSUED MOBILE-DATA COMPUTER (MDC). MULTIPLE FOLDERS WERE PRESENT ON THE MEMORY STICK AND I LOCATED ONE NEAREST THE REPORTED TIME OF THE CRASH, 1704

ARIZONA CRASH SUPPLEMENT	REPORT ID					
	YEAR MONTH DAY 23 11 27	HOUR MIN 17 04	NCIC NO 0799	OFFICER ID 10509	AGENCY REPORT NUMBER I23068698	

NARRATIVE

HOURS. WITHIN THIS FOLDER I LOCATED VIDEO FROM THE FRONT, REAR, AND BOTH SIDES OF THE TESLA LEADING UP TO THE CRASH. I COPIED THESE FOUR VIDEO FILES FROM THE MEMORY STICK AND UPLOADED THEM TO EVIDENCE.COM FOR STORAGE. I RETURNED TO MR. STOCK, PROVIDED HIM WITH THE MEMORY STICK AND, AT HIS REQUEST, PLAYED THE RECORDED VIDEO OF THE CRASH INCIDENT FROM THE FRONT CAMERA.

I CLEARED THE SCENE 2146 HOURS.

ON NOVEMBER 28, 2023, I IMPORTED THE SCAN DATA INTO LEICA CYCLONE REGISTER360+ AND REGISTERED THE POINT CLOUD DATA. AFTER REGISTERING THE DATA INTO A SINGLE BUNDLE, I GENERATED AN LGS POINT CLOUD FILE, ORTHO-SLICES, AND A REGISTRATION REPORT. I IMPORTED THE LGS FILE AND ORTHO-SLICE INTO LEICA MAP360 2024 AND GENERATED A SCALED REPRESENTATION OF THE CRASH SCENE. FROM THIS MAP360 FILE, I EXPORTED A LAYERED PDF FILE OF THE SECONDARY CRASH SCENE. A LOW-RESOLUTION VERSION OF THE SCALED DIAGRAM IS ATTACHED TO THIS SUPPLEMENT WHILE THE FULL-RESOLUTION, POINT CLOUD DIAGRAM WAS UPLOADED TO EVIDENCE.COM FOR STORAGE.

THIS CONCLUDED MY INVOLVEMENT WITH THE INVESTIGATION. ALL RAW DATA (SCAN DATA, PHOTOGRAPHS, VIDEO FILES), WORK PRODUCT (REGISTER 360, MAP360), AND DELIVERABLE FILES (LGS, REGISTRATION REPORT, SCALED DIAGRAM) WERE UPLOADED TO EVIDENCE.COM FOR STORAGE.



ARIZONA DEPARTMENT OF PUBLIC SAFETY
TRAFFIC ACCIDENT WITNESS STATEMENT

DPS USE ONLY
 DR NUMBER
 I23068698

DATE: 11-27-23
 WITNESS IS: DRIVER PASSENGER OTHER WITNESS
 LOCATION (STREET, HIGHWAY, MILEPOST, INTERSECTION, ETC.): SB I17 AT 292.9

START HERE PLEASE PRINT ALL INFORMATION

NAME: LAST: Howard FIRST: BRIAN MIDDLE: HUGH
 CURRENT MAILING ADDRESS (street, street number, apt. PO Box, etc.): [REDACTED] CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED]
 BUSINESS NAME / ADDRESS: [REDACTED] CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED]
 PRIMARY PHONE: [REDACTED] SECONDARY PHONE: [REDACTED] BIRTH DATE (MM/DD/YYYY): [REDACTED] DRIVER'S LICENSE NUMBER: [REDACTED] STATE: [REDACTED]

CIRCUMSTANCES

What were you doing just prior to the accident?
 RIDING SOUTHBOUND, WE SAW THE SUN LOW ON HORIZON DIRECTLY IN FRONT. MANY CARS WERE STOPPED IN ROADWAY AFTER A PREVIOUS REAR ENDING. WE STOPPED AT SIDE OF ROAD AND TRIED TO ALERT ARRIVING TRAFFIC TO SLOW & STOP. I WENT PARTIAL BACK UP THE ROAD TO ALERT DRIVERS SOONER. I WAS 150 FEET AWAY WHEN
 What called your attention to the accident? (breaking glass, etc.)
 A CAR CAME ~~BEHIND~~ PAST SLOWING TRAFFIC AND HIT THE REAR CORNER OF THE VEHICLE I WAS IN. HE SKIDDED & ACCED TO THE LEFT AND OFF THE ROAD SOME 150 FT FURTHER. WHEN THE PEOPLE IN CARS HE HIT & THE PREVIOUS CRASH MOVED TO THE SIDE I SAW MY SUPERVISOR ALSO 150 FT ON THE GROUND IN THE CENTER
 How far away from the accident were you when it occurred? OF THE HIGHWAY, SHE HAD BEEN
 How many vehicles were involved in the accident? AT THE PASSENGER SIDE OF OUR VEHICLE WHEN

PLEASE DESCRIBE THE VEHICLE(S) INVOLVED IN THE ACCIDENT. HE HIT IT.

VEHICLE	COLOR	MAKE (Ford, Chevy, etc.)	MODEL (Mustang, Camero, etc.)	BODY STYLE (Station Wagon, 2dr, 4dr, etc.)
1				
2				
3				
4				

WEATHER CONDITIONS:
 CLEAR RAIN SNOW DUST FOG STRONG WINDS CLOUDY Other _____

THIS SECTION TO BE COMPLETED ONLY BY DRIVERS OF VEHICLES INVOLVED IN THE ACCIDENT.

INSURANCE COMPANY NAME: _____ POLICY NUMBER: _____ EFFECTIVE DATES: From: _____ To: _____

PLEASE LIST ALL PASSENGERS IN YOUR VEHICLE (EXCLUDING YOURSELF)

NAME	ADDRESS	CITY, STATE, ZIP CODE	AGE	GENDER
				<input type="checkbox"/> M <input type="checkbox"/> F
				<input type="checkbox"/> M <input type="checkbox"/> F
				<input type="checkbox"/> M <input type="checkbox"/> F
				<input type="checkbox"/> M <input type="checkbox"/> F
				<input type="checkbox"/> M <input type="checkbox"/> F
				<input type="checkbox"/> M <input type="checkbox"/> F

WHAT WAS YOUR SPEED? M.P.H. _____ DIRECTION OF TRAVEL? North South East West Other _____

PLEASE CONTINUE TO REVERSE SIDE



ARIZONA DEPARTMENT OF PUBLIC SAFETY
DESCRIPTION OF ACCIDENT

DPS USE ONLY
DR NUMBER

Large blank area with horizontal dotted lines for writing a description of the accident.

- (1) On the grid below indicate NORTH by placing an arrow pointing north in the box provided.
- (2) Using the grid area below, draw a diagram which shows the location of the vehicles at the time the accident occurred.
- (3) Use a solid line to show the path of the vehicles BEFORE the accident occurred.
- (4) Number each vehicle according to the numbers you used on the other side of this form.

	INDICATE NORTH

YOUR SIGNATURE X	WITNESSED BY (TROOPER) X	BADGE
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ARIZONA DEPARTMENT OF PUBLIC SAFETY
TRAFFIC ACCIDENT WITNESS STATEMENT

DPS USE ONLY
 DR NUMBER
 I23068698

DATE: 11-27-23
 WITNESS IS: DRIVER PASSENGER OTHER WITNESS
 LOCATION (Street, Highway, Milepost, Intersection, Etc.): SB I17H 292.9

START HERE PLEASE PRINT ALL INFORMATION

NAME: LAST: FERNANDEZ FIRST: AIREAM MIDDLE: ALEJANDRA
 CURRENT MAILING ADDRESS (Street, Street Number, Apt, PO Box, Etc.): [REDACTED] CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED]
 BUSINESS NAME / ADDRESS: [REDACTED] CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED]
 PRIMARY PHONE: [REDACTED] SECONDARY PHONE: [REDACTED] BIRTH DATE (MM/DD/YYYY): [REDACTED] DRIVER'S LICENSE NUMBER: [REDACTED] STATE: [REDACTED]

WITNESS INFORMATION

What were you doing just prior to the accident?
 SLOWING DOWN FOR COLLISION

What called your attention to the accident? (breaking glass, etc.)
 HAPPENED IN FRONT OF US; LADY WAS STRUCK BY SPEEDING CAR

How far away from the accident were you when it occurred? 10 in
 How many vehicles were involved in the accident? 3

PLEASE DESCRIBE THE VEHICLE(S) INVOLVED IN THE ACCIDENT

VEHICLE	COLOR	MAKE (Ford, Chevy, etc.)	MODEL (Mustang, Camero, etc.)	BODY STYLE (Station Wagon, 2dr, 4dr, Truck, etc.)
1	RED	TESLA	SUV	SUV
2	GREY	TOYOTA	COROLLA	SEDAN
3	BLK	4RUNNER	TOYOTA	SUV
4				

WEATHER CONDITIONS:
 CLEAR RAIN SNOW DUST FOG STRONG WINDS CLOUDY OTHER: SUNNY

PLEASE DESCRIBE THE VEHICLE(S) INVOLVED IN THE ACCIDENT

INSURANCE COMPANY NAME: [REDACTED] POLICY NUMBER: [REDACTED] EFFECTIVE DATES: From: [REDACTED] To: [REDACTED]

PLEASE LIST ALL PASSENGERS IN YOUR VEHICLE (EXCLUDING YOURSELF)

NAME	ADDRESS	CITY, STATE, ZIP CODE	AGE	GENDER
SARA R.	[REDACTED]	[REDACTED]	18	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
NATHALIA M.	[REDACTED]	[REDACTED]	15	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
				<input type="checkbox"/> Male <input type="checkbox"/> Female
				<input type="checkbox"/> Male <input type="checkbox"/> Female
				<input type="checkbox"/> Male <input type="checkbox"/> Female

WHAT WAS YOUR SPEED? 5 M.P.H. DIRECTION OF TRAVEL? North South East West Other





ARIZONA DEPARTMENT OF PUBLIC SAFETY
DESCRIPTION OF ACCIDENT

DPS USE ONLY
DR NUMBER

4Runner was to left of road with hazards on. Traffic started to merge to right lane. As I was merging, Tesla speeds through my car & 4runner striking lady and car.

SARA MARIE RAMOS

FRONT SEAT PASSENGER

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

CAMILA

MATILDA MONROZA

[REDACTED]

REAR

[REDACTED]

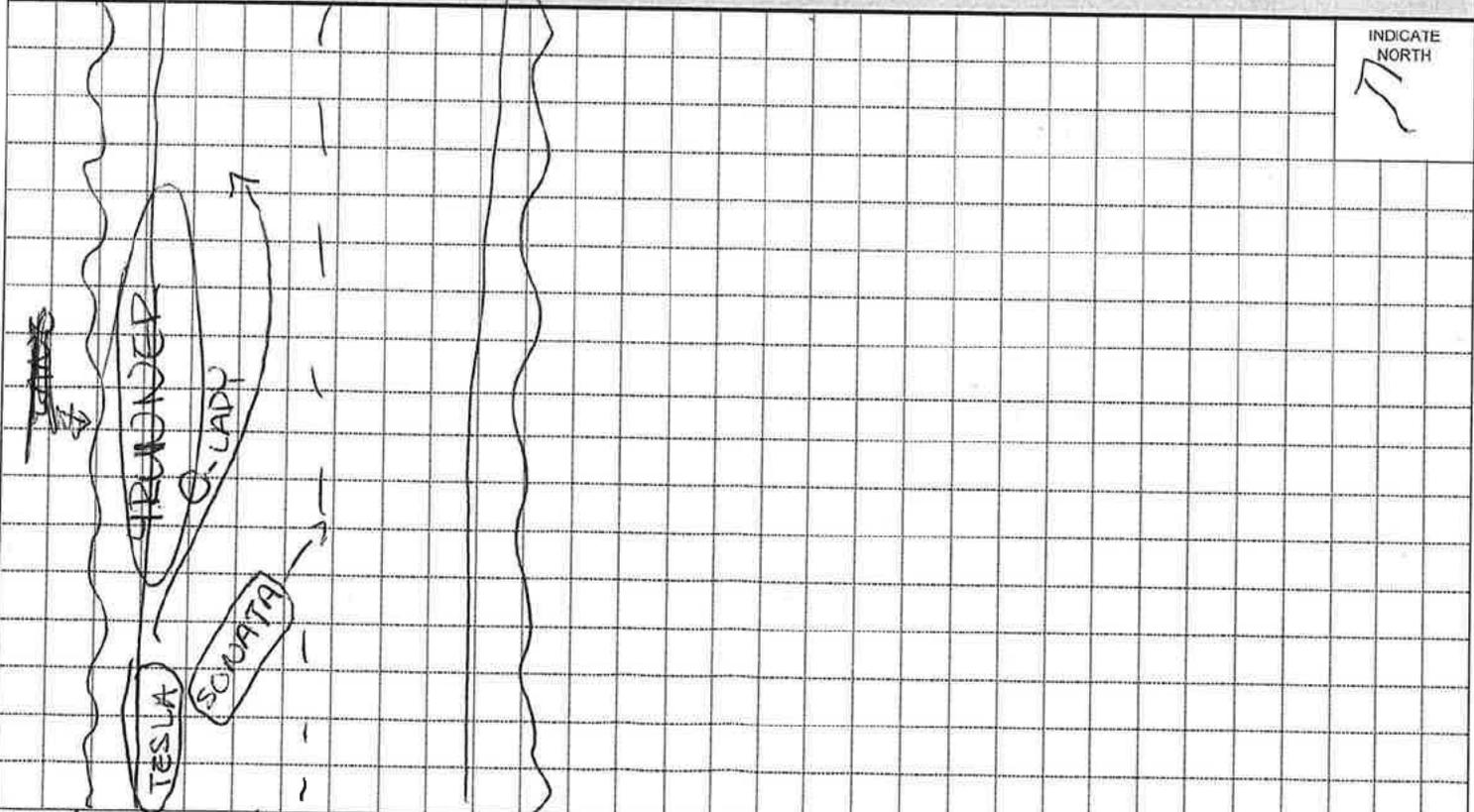
SEAT

[REDACTED]

PASS.

[REDACTED]

- (1) On the grid below, indicate NORTH by placing an arrow pointing north in the box provided.
- (2) Using the grid area below, draw a diagram which shows the location of the vehicles at the time the accident occurred.
- (3) Use a solid line to show the path of the vehicles BEFORE the accident occurred.
- (4) Number each vehicle according to the numbers you used on the other side of this form.



YOUR SIGNATURE

X [Signature]

WITNESSED BY (TROOPER)

BADGE NUMBER



ACCIDENT WITNESS STATEMENT

DR NUMBER

123068698

DATE: 11/27/23
 WITNESS IS: DRIVER PASSENGER OTHER WITNESS
 LOCATION (STREET, HIGHWAY, MILEPOST, INTERSECTION, ETC.): I-17 SB AT 292.9

START HERE PLEASE PRINT ALL INFORMATION

NAME: LAST: maglaya FIRST: melissa MIDDLE: m
 CURRENT MAILING ADDRESS (street, street number, apt. DOB): [REDACTED] CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED]
 BUSINESS NAME / ADDRESS: [REDACTED] CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED]
 PRIMARY PHONE: [REDACTED] SECONDARY PHONE: [REDACTED] BIRTH DATE (MM/DD/YYYY): [REDACTED] DRIVER'S LICENSE NUMBER: [REDACTED] STATE: [REDACTED]

CIRCUMSTANCES

What were you doing just prior to the accident?
 driving towards sunset. Noticed the car in front of me was at a complete stop. I pulled over on the side^{left} of the road.
 What called your attention to the accident? (breaking glass, etc.)
 Toyota^{Sedan} was stopped in the road. 1st accident Red tesla slammed into black SUV^{doors} passenger side doors. Then ~~hit~~ hit toyota off the road.
 How far away from the accident were you when it occurred? 6-7 yrd
 How many vehicles were involved in the accident? 4

PLEASE DESCRIBE THE VEHICLE(S) INVOLVED IN THE ACCIDENT.

VEHICLE	COLOR	MAKE (Ford, Chevy, etc.)	MODEL (Mustang, Camero, etc.)	BODY STYLE (Station Wagon, 2dr, 4dr, etc.)
1	black	Toyota	Pathfinder	SUV
2	red	tesla		SUV
3	blue/gray	toyota	camry	sedan
4				

WEATHER CONDITIONS:
 CLEAR RAIN SNOW DUST FOG STRONG WINDS CLOUDY Other Sunny

THIS SECTION TO BE COMPLETED ONLY BY DRIVERS OF VEHICLES INVOLVED IN THE ACCIDENT.

INSURANCE COMPANY NAME: _____ POLICY NUMBER: _____ EFFECTIVE DATES: From: _____ To: _____

PLEASE LIST ALL PASSENGERS IN YOUR VEHICLE (EXCLUDING YOURSELF)

NAME	ADDRESS	CITY, STATE, ZIP CODE	AGE	GENDER
Melissa maglaya	[REDACTED]	[REDACTED]	[REDACTED]	<input type="checkbox"/> M <input checked="" type="checkbox"/> F
Mary Kay maglaya	[REDACTED]	[REDACTED]	[REDACTED]	<input type="checkbox"/> M <input checked="" type="checkbox"/> F
Same Address	[REDACTED]	[REDACTED]	[REDACTED]	<input type="checkbox"/> M <input type="checkbox"/> F
	[REDACTED]	[REDACTED]	[REDACTED]	<input type="checkbox"/> M <input type="checkbox"/> F
	[REDACTED]	[REDACTED]	[REDACTED]	<input type="checkbox"/> M <input type="checkbox"/> F

WHAT WAS YOUR SPEED? 0 M.P.H. DIRECTION OF TRAVEL? North South East West Other

PLEASE CONTINUE TO REVERSE SIDE



see (circumstances) page 1

- (1) On the grid below indicate NORTH by placing an arrow pointing north in the box provided.
- (2) Using the grid area below, draw a diagram which shows the location of the vehicles at the time the accident occurred.
- (3) Use a solid line to show the path of the vehicles BEFORE the accident occurred.
- (4) Number each vehicle according to the numbers you used on the other side of this form.

		INDICATE NORTH

YOUR SIGNATURE <i>Melissa Maglar</i>	WITNESSED BY (TROOPER) X	BADGE
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TRAFFIC ACCIDENT WITNESS STATEMENT

DPS USE ONLY

DR NUMBER
I23068698

DATE: **11-27-23** WITNESS IS: DRIVER PASSENGER OTHER WITNESS LOCATION (STREET, HIGHWAY, MILEPOST, INTERSECTION, ETC.): **SB I-17 AT 292.9**

START HERE PLEASE PRINT ALL INFORMATION

NAME: LAST **Stock** FIRST **Karl** MIDDLE

CURRENT MAILING ADDRESS (street, street number, apt., PO Box, etc.) [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED]

BUSINESS NAME / ADDRESS CITY STATE ZIP CODE

PRIMARY PHONE [REDACTED] SECONDARY PHONE BIRTH DATE (MM/DD/YYYY) [REDACTED] DRIVER'S LICENSE NUMBER [REDACTED] STATE [REDACTED]

CIRCUMSTANCES

What were you doing just prior to the accident?
Driving South I17 into the Sun
saw vehicles stopped in front of me
I had no place to go, my vehicle slammed into
vehicle in front of me

What called your attention to the accident? (breaking glass, etc.)
Vehicles we

How far away from the accident were you when it occurred?
How many vehicles were involved in the accident?

PLEASE DESCRIBE THE VEHICLE(S) INVOLVED IN THE ACCIDENT.

VEHICLE	COLOR	MAKE (Ford, Chevy, etc.)	MODEL (Mustang, Camero, etc.)	BODY STYLE (Station Wagon, 2dr, 4dr, etc.)
1				
2				
3				
4				

WEATHER CONDITIONS:
 CLEAR RAIN SNOW DUST FOG STRONG WINDS CLOUDY Other _____

THIS SECTION TO BE COMPLETED ONLY BY DRIVERS OF VEHICLES INVOLVED IN THE ACCIDENT.

INSURANCE COMPANY NAME: **Safeco** POLICY NUMBER: **H251017?** EFFECTIVE DATES: From: To:

PLEASE LIST ALL PASSENGERS IN YOUR VEHICLE (EXCLUDING YOURSELF)

NAME	ADDRESS	CITY, STATE, ZIP CODE	AGE	GENDER
None				<input type="checkbox"/> M <input type="checkbox"/> F
				<input type="checkbox"/> M <input type="checkbox"/> F
				<input type="checkbox"/> M <input type="checkbox"/> F
				<input type="checkbox"/> M <input type="checkbox"/> F
				<input type="checkbox"/> M <input type="checkbox"/> F
				<input type="checkbox"/> M <input type="checkbox"/> F

WHAT WAS YOUR SPEED? **65** M.P.H. DIRECTION OF TRAVEL? North South East West Other _____





ARIZONA DEPARTMENT OF PUBLIC SAFETY TRAFFIC ACCIDENT WITNESS STATEMENT

DPS USE ONLY
DR NUMBER
F23068698

DATE: **1/27/23**
WITNESS IS: DRIVER PASSENGER OTHER WITNESS
LOCATION (STREET, HIGHWAY, MILEPOST, INTERSECTION, ETC.): **South Bound 17 AT 292.9**

START HERE PLEASE PRINT ALL INFORMATION

NAME: LAST **Doll** FIRST **Brandon** MIDDLE **Michael**

CURRENT MAILING ADDRESS (street, street number, apt, PO Box, etc.)
[REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED]

BUSINESS NAME / ADDRESS
[REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED]

PRIMARY PHONE [REDACTED] SECONDARY PHONE [REDACTED] BIRTH DATE (MM/DD/YYYY) [REDACTED] DRIVER'S LICENSE NUMBER [REDACTED] STATE [REDACTED]

CIRCUMSTANCES

What were you doing just prior to the accident?
Stopped at a Rest Area 5 miles North and started heading to Phoenix Airport. ³⁵¹

What called your attention to the accident? (breaking glass, etc.)
our vehicle was to Scott into the curb of the shoulder of the Road. A woman was killed. Someone hit us from behind.

I was Driving South Bound on 17, uphill Hard to see w/ Sun in my Eyes. Checked the Rearview mirror and the car Alarm started going off. Air Bags went off and there was a lot of Shattering. My wife and I Evacuated the vehicle People Stopped Behind us and another vehicle struck our vehicle My wife was thrown out of the car. Another woman went into the air.

How far away from the accident were you when it occurred? **In the car.**

How many vehicles were involved in the accident? **3 vehicles**

PLEASE DESCRIBE THE VEHICLE(S) INVOLVED IN THE ACCIDENT.

VEHICLE	COLOR	MAKE (Ford, Chevy, etc.)	MODEL (Mustang, Camero, etc.)	BODY STYLE (Station Wagon, 2dr, 4dr, etc.)
1	Black	GMC?	Suburban?	Big 4 Dr.
2	Blue	Toyota	Corolla	4 Dr.
3	Red	Tesla?		4 door
4				

WEATHER CONDITIONS:
 CLEAR RAIN SNOW DUST FOG STRONG WINDS CLOUDY Other **Sunny**

THIS SECTION TO BE COMPLETED ONLY BY DRIVERS OF VEHICLES INVOLVED IN THE ACCIDENT.

INSURANCE COMPANY NAME _____ POLICY NUMBER _____ EFFECTIVE DATES
From: _____ To: _____

PLEASE LIST ALL PASSENGERS IN YOUR VEHICLE (EXCLUDING YOURSELF)

NAME	ADDRESS	CITY, STATE, ZIP CODE	AGE	GENDER
Alison Doll	[REDACTED]	[REDACTED]	[REDACTED]	<input type="checkbox"/> M <input checked="" type="checkbox"/> F
				<input type="checkbox"/> M <input type="checkbox"/> F
				<input type="checkbox"/> M <input type="checkbox"/> F
				<input type="checkbox"/> M <input type="checkbox"/> F
				<input type="checkbox"/> M <input type="checkbox"/> F
				<input type="checkbox"/> M <input type="checkbox"/> F

WHAT WAS YOUR SPEED? _____ M.P.H.
DIRECTION OF TRAVEL? North South East West Other _____

PLEASE CONTINUE TO REVERSE SIDE



ARIZONA DEPARTMENT OF PUBLIC SAFETY
TRAFFIC ACCIDENT WITNESS STATEMENT

DPS USE ONLY
 DR NUMBER
 I23068698

DATE: 11-27-23
 WITNESS IS: DRIVER PASSENGER OTHER WITNESS
 LOCATION (Street, Highway, Milepost, Intersection, Etc.): SB I-17 AT 292.9

START HERE PLEASE PRINT ALL INFORMATION

WITNESS INFORMATION

NAME: LAST: Story FIRST: Sarah MIDDLE: Nicole
 CURRENT MAILING ADDRESS (Street, Street Number, Apt, PO Box, Etc.): [REDACTED] CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED]
 BUSINESS NAME / ADDRESS: [REDACTED] CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED]
 PRIMARY PHONE: [REDACTED] SECONDARY PHONE: [REDACTED] BIRTH DATE (MM/DD/YYYY): [REDACTED] DRIVER'S LICENSE NUMBER: [REDACTED] STATE: [REDACTED]

CIRCUMSTANCES

What were you doing just prior to the accident?
 I was driving on the sun was horrible had spot there was an accident so I pulled over to see if they were ok. my mom an co-worker took off vest to tell traffic an I was talking to lady an heard
 What called your attention to the accident? (breaking glass, etc.)
 a crash an lady started screaming the lady got hit b I look an it was my mom dont know after that
 How far away from the accident were you when it occurred?
 How many vehicles were involved in the accident?

PLEASE DESCRIBE THE VEHICLE(S) INVOLVED IN THE ACCIDENT

VEHICLE	COLOR	MAKE (Ford, Chevy, etc.)	MODEL (Mustang, Camero, etc.)	BODY STYLE (Station Wagon, 2dr, 4dr, Truck, etc.)
1				
2				
3				
4				

WEATHER CONDITIONS:
 CLEAR RAIN SNOW DUST FOG STRONG WINDS CLOUDY OTHER

PLEASE DESCRIBE THE VEHICLE(S) INVOLVED IN THE ACCIDENT

INSURANCE COMPANY NAME: POLICY NUMBER: EFFECTIVE DATES: From: To:

PLEASE LIST ALL PASSENGERS IN YOUR VEHICLE (EXCLUDING YOURSELF)

NAME	ADDRESS	CITY, STATE, ZIP CODE	AGE	GENDER
				<input type="checkbox"/> Male <input type="checkbox"/> Female
				<input type="checkbox"/> Male <input type="checkbox"/> Female
				<input type="checkbox"/> Male <input type="checkbox"/> Female
				<input type="checkbox"/> Male <input type="checkbox"/> Female
				<input type="checkbox"/> Male <input type="checkbox"/> Female

WHAT WAS YOUR SPEED? M.P.H. North South East West Other

DIRECTION OF TRAVEL?





ARIZONA DEPARTMENT OF PUBLIC SAFETY
DESCRIPTION OF ACCIDENT

DPS USE ONLY
DR NUMBER

Can't tell you anything else sorry

- (1) On the grid below, indicate NORTH by placing an arrow pointing north in the box provided.
- (2) Using the grid area below, draw a diagram which shows the location of the vehicles at the time the accident occurred.
- (3) Use a solid line to show the path of the vehicles BEFORE the accident occurred.
- (4) Number each vehicle according to the numbers you used on the other side of this form.

	INDICATE NORTH

YOUR SIGNATURE

WITNESSED BY (TROOPER)

BADGE NUMBER

X



TRAFFIC ACCIDENT WITNESS STATEMENT

DPS USE ONLY
DR NUMBER
I23068698

DATE: **11-27-23**

WITNESS IS: DRIVER PASSENGER OTHER WITNESS

LOCATION (STREET, HIGHWAY, MILEPOST, INTERSECTION, ETC.): **SB I-17 AT 292.9**

START HERE PLEASE PRINT ALL INFORMATION

WITNESS INFORMATION

NAME: LAST **Dull** FIRST **Allison** MIDDLE **Renee**

CURRENT MAILING ADDRESS (street, street number and P.O. Box, etc.): [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED]

BUSINESS NAME / ADDRESS [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED]

PRIMARY PHONE [REDACTED] SECONDARY PHONE [REDACTED] BIRTH DATE (MM/DD/YYYY) [REDACTED] DRIVER'S LICENSE NUMBER [REDACTED] STATE [REDACTED]

CIRCUMSTANCES

What were you doing just prior to the accident?
Was in the passenger seat napping. we were on our way to the airport.

What called your attention to the accident? (breaking glass, etc.)
m The loud crash woke me, my husband dragged me out driver side door, so not to get hit by pass traffic.

How far away from the accident were you when it occurred? **I was in it.**

How many vehicles were involved in the accident? **2 in the first 2 in the second**

PLEASE DESCRIBE THE VEHICLE(S) INVOLVED IN THE ACCIDENT.

VEHICLE	COLOR	MAKE (Ford, Chevy, etc.)	MODEL (Mustang, Camero, etc.)	BODY STYLE (Station Wagon, 2dr, 4dr, etc.)
1	Blue	Toyota	camery	Sedan
2				
3				
4				

WEATHER CONDITIONS:

CLEAR RAIN SNOW DUST FOG STRONG WINDS CLOUDY Other **Very Sunny.**

THIS SECTION TO BE COMPLETED ONLY BY DRIVERS OF VEHICLES INVOLVED IN THE ACCIDENT.

INSURANCE COMPANY NAME [REDACTED] POLICY NUMBER [REDACTED] EFFECTIVE DATES From: [REDACTED] To: [REDACTED]

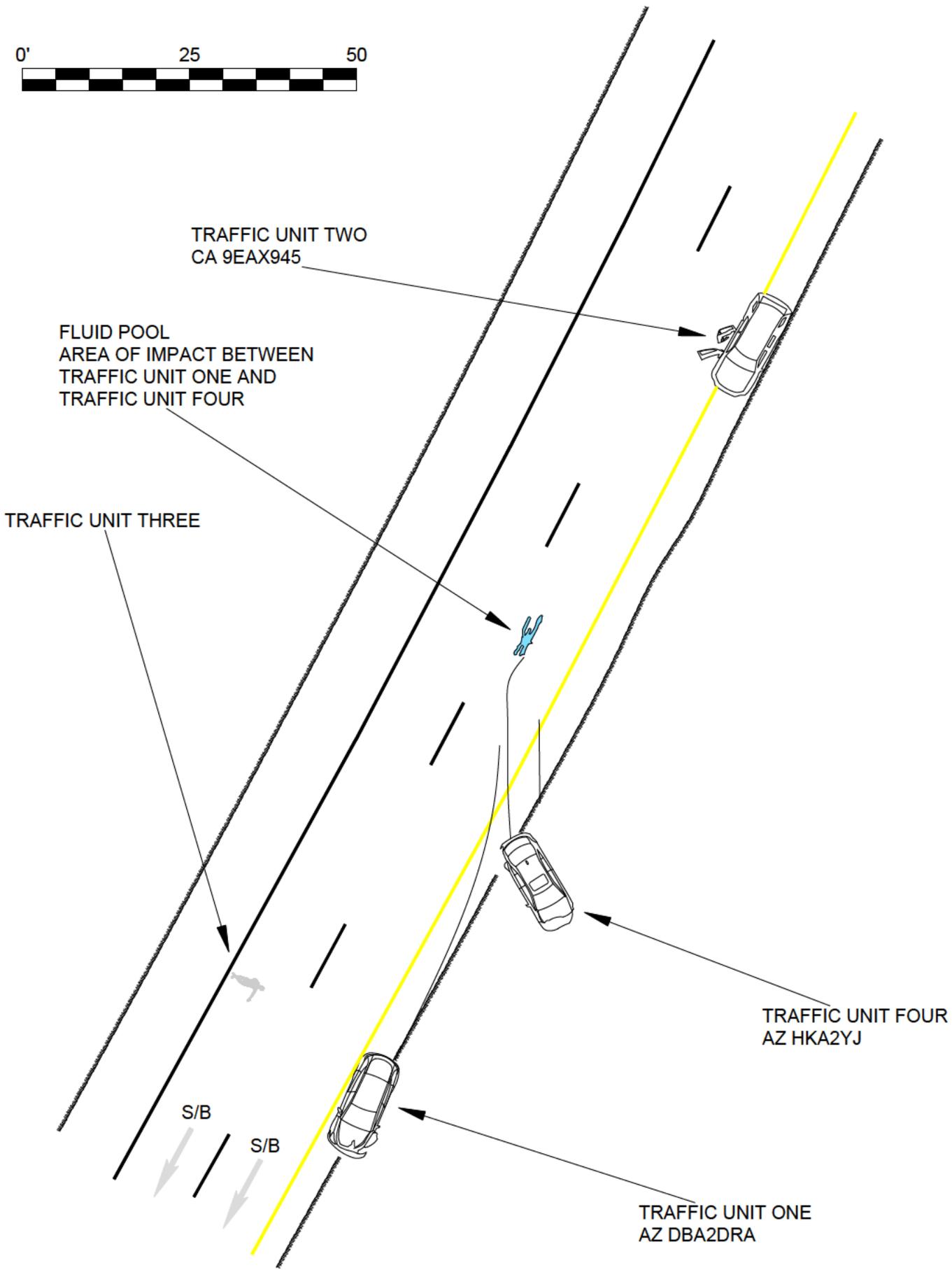
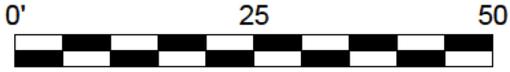
PLEASE LIST ALL PASSENGERS IN YOUR VEHICLE (EXCLUDING YOURSELF)

NAME	ADDRESS	CITY, STATE, ZIP CODE	AGE	GENDER
				<input type="checkbox"/> M <input type="checkbox"/> F
				<input type="checkbox"/> M <input type="checkbox"/> F
				<input type="checkbox"/> M <input type="checkbox"/> F
				<input type="checkbox"/> M <input type="checkbox"/> F
				<input type="checkbox"/> M <input type="checkbox"/> F
				<input type="checkbox"/> M <input type="checkbox"/> F

WHAT WAS YOUR SPEED? **M.P.H.**

DIRECTION OF TRAVEL? North South East West Other

PLEASE CONTINUE TO REVERSE SIDE



	Arizona Department of Public Safety	Department Report: I23068698	Agency ORI: 0799	Measured By: P. J. McCabe, #6512	Scale: 1":20'	
	Incident Location: Interstate 17 Southbound, Milepost 292.8	Date and time of incident: 11/27/2023 at 1704 Hours	Investigating Officer: D. Erickson, #10509	Drawn By: P. J. McCabe, #6512	Locator Code: 21120600	