

ADOT USE ONLY

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.

Total Number of Sheets 6

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



TRAFFIC UNIT NO. 1	WHI	2000	CHEV	TK	AZ	09/30/2014	<input checked="" type="checkbox"/> Bus (9 or more seats)
	VIN		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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Safety Devices 99	Injury Severity 4	Posted Speed Limit 45	Ofc Est. Speed 45	Transported To/By		
	Removed to (Address/Storage Location Identifier) TRI STAR			<input checked="" type="checkbox"/> Disabled <input type="checkbox"/> Not Disabled		Removed by AZ DPS	
Insurance Company		Telephone Number		Policy Number		Exp. Date	
TRAFFIC UNIT NO. 4	State Class End.	<input type="checkbox"/> DL # <input type="checkbox"/> No Valid License/Permit	<input type="checkbox"/> Driver <input type="checkbox"/> Driverless <input type="checkbox"/> Pedestrian <input type="checkbox"/> Pedalcyclist	Name (First, Middle, Last)			Suffix Sex
	Restrictions Address		City		State	Zip Code	Telephone Number
	Date of Birth	<input type="checkbox"/> Same as Driver	Owner/Carrier Name		Address		City State Zip Code
	Color	Vehicle Year	Make	Model	Body Style	Plate Number	State Plate Mo/Yr <input checked="" type="checkbox"/> Bus (9 or more seats)
VIN		Trailer (Other Unit) Plate No. State Year		GWW / GCWR (Rated Greater Than 10k pounds?) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		HazMat Placard? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Safety Devices	Injury Severity	Posted Speed Limit	Ofc Est. Speed	Transported To/By			
Removed to (Address/Storage Location Identifier)			<input type="checkbox"/> Disabled <input type="checkbox"/> Not Disabled		Removed by		Orders of
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Safety Devices	Injury Severity	Posted Speed Limit	Ofc Est. Speed	Transported To/By			
Removed to (Address/Storage Location Identifier)			<input type="checkbox"/> Disabled <input type="checkbox"/> Not Disabled		Removed by		Orders of
Insurance Company		Telephone Number		Policy Number		Exp. Date	
PASSENGERS 5	Unit #	Seat Pos	SD	IS	Name	Address	City State Zip Code Telephone No. D.O.B./Age Sex



7	Photos Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Photographer's Name, ID Number and Agency Number HERNANDEZ 6930 AZ DPS	Invest. At Scene <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date Invest. 04/02/2014	Time Invest. 02:08	Fire/EMS Incident No.
	Officer's Name/ Badge # P. HERNANDEZ (06930)	Supervisor's Signature J. YEAGER (06100)	Agency Name DPS	Date Completed 04/02/2014		

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

9	CITATION CHARGES	UNIT #	A.R.S. NO. OR CITY CODE	UNIT #	A.R.S. NO. OR CITY CODE	
BLOCKS 10 - 24: CHECK ONLY ONE OR ONE BLOCK PER UNIT UNLESS NOTED						

10 — LIGHT CONDITION

1 DAYLIGHT
 2 DAWN
 3 DUSK
 4 DARK—LIGHTED
 5 DARK—NOT LIGHTED
 6 DARK—UNKNOWN LIGHTING

11 — WEATHER CONDITIONS

1 CLEAR
 2 CLOUDY
 3 SLEET, HAIL (freezing rain/drizzle)
 4 RAIN
 5 SNOW
 6 SEVERE CROSSWINDS
 7 BLOWING SAND, SOIL, DIRT
 8 FOG, SMOG, SMOKE
 9 BLOWING SNOW
 97 OTHER _____
 99 UNKNOWN

12 — ROAD SURFACE CONDITION

UNIT # _____

1 DRY
 2 WET
 3 SNOW
 4 SLUSH
 5 ICE/FROST
 6 WATER (standing, moving)
 7 SAND
 8 MUD, DIRT, GRAVEL
 9 OIL
 97 OTHER _____
 99 UNKNOWN

13 — ROAD GRADE

UNIT # _____

1 LEVEL
 2 DOWNHILL
 3 UPHILL
 4 HILLCREST
 5 SAG/DIP/BOTTOM
 99 UNKNOWN

14 — RELATION TO JUNCTION

0 NOT JUNCTION RELATED

NON-CONTROLLED ACCESS AREA

1 INTERSECTION (within)
 2 INTERSECTION-RELATED
 3 ENTRANCE/EXIT RAMP (rest areas)
 4 RAILWAY GRADE CROSSING
 5 MEDIAN CROSSOVER-RELATED
 6 FRONTAGE ROAD
 7 DRIVEWAY
 8 ALLEY-ACCESS-RELATED
 9 UNKNOWN NON-INTERCHANGE

CONTROLLED ACCESS AREA

10 THRU ROADWAY
 11 INTERSECTION (within)
 12 INTERSECTION-RELATED
 13 ENTRANCE/EXIT RAMP
 14 FRONTAGE ROAD
 15 OTHER PART OF INTERCHANGE
 99 UNKNOWN

15 — TYPE OF INTERSECTION

1 FOUR-WAY INTERSECTION
 2 T-INTERSECTION
 3 Y-INTERSECTION
 4 INTER. AS PART OF INTERCHANGE
 5 TRAFFIC CIRCLE
 6 ROUNDABOUT
 7 FIVE POINT, OR MORE
 99 UNKNOWN

16 — 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 (PAINTED > 4 FEET) MEDIAN
 5 TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER
 99 UNKNOWN

17 — MANNER OF CRASH IMPACT

1 SINGLE VEHICLE
 2 ANGLE (front to side) (other than left turn)
 3 LEFT TURN
 4 REAR END (front-to-rear)
 5 HEAD-ON (front-to-front) (other than left turn)
 6 SIDESWIPE, SAME DIRECTION
 7 SIDESWIPE, OPPOSITE DIRECTION
 8 REAR-TO-SIDE
 9 REAR-TO-REAR
 97 OTHER _____
 99 UNKNOWN

18 — DIRECTION OF UNIT TRAVEL (Compass) BEFORE 1ST CRASH EVENT

UNIT # _____

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

19 — CONTRIBUTING CIRCUMSTANCES UP TO TWO CHOICES PER UNIT

UNIT # _____

0 NO CONTRIBUTING CIRCUMSTANCE

ENVIRONMENTAL

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

ROAD

3 ROAD SURFACE CONDITION
 4 DEBRIS
 5 WORK ZONE
 A. LANE CLOSURE
 B. LANE SHIFT/CLOSURE
 C. WORK ON SHOULDER OR MEDIAN
 D. INTERMITTENT OR MOVING WORK
 E. OTHER _____
 F. WORKERS PRESENT

MOTOR VEHICLE

9 BRAKES
 10 STEERING
 11 SUSPENSION
 12 TIRES
 13 WHEELS
 14 LIGHTS (head, signal, tail)
 15 WINDOWS/WINDSHIELD
 16 MIRRORS
 17 WIPERS
 18 TRUCK COUPLING/TRAILER/HITCH/SAFETY CHAINS
 97 OTHER _____
 99 UNKNOWN

20 — TRAFFIC CONTROL DEVICE

UNIT # _____

0 NO CONTROLS
 1 SIGNAL
 2 STOP SIGN
 3 YIELD SIGN
 4 WARNING SIGN
 5 RAILROAD CROSSING DEVICE
 6 FLASHING TRAFFIC SIGNAL
 7 PERSON (law enforcement, crossing guard, flagger, etc.)
 97 OTHER _____
 99 UNKNOWN

21 — CONDITION INFLUENCING Driver/Ped/Cyclist UP TO TWO CHOICES PER UNIT

UNIT # _____

0 NO APPARENT INFLUENCE
 1 ILLNESS
 2 PHYSICAL IMPARMENT
 3 FELL ASLEEP/FATIGUED
 4 ALCOHOL
 5 DRUGS
 6 MEDICATIONS
 CHECK ONE IF BLOCKS 4, 5, OR 6 CHECKED
 A. NO TEST GIVEN
 B. TEST GIVEN
 C. TEST REFUSED
 D. TESTING UNKNOWN
 97 OTHER _____
 99 UNKNOWN CONDITION

22 — VIOLATIONS/BEHAVIOR UP TO TWO CHOICES PER UNIT

UNIT # _____

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/RODE IN OPPOSING TRAFFIC LANE
 9 KNOWINGLY OPERATED WITH FAULTY/MISSING EQUIPMENT
 10 REQUIRED MOTORCYCLE SAFETY EQUIPMENT NOT USED
 11 PASSED IN NO PASSING ZONE
 12 UNSAFE LANE CHANGE
 13 FAILED TO KEEP IN PROPER LANE
 14 DISREGARDED PAVEMENT MARKINGS
 15 OTHER UNSAFE PASSING
 16 INATTENTION/DISTRACTION
 17 DID NOT USE CROSSWALK
 18 WALKED ON WRONG SIDE OF ROAD
 19 ELECTRONIC COMMUNICATIONS DEVICE
 20 FAILED TO YIELD RIGHT-OF-WAY
 97 OTHER _____
 99 UNKNOWN

23 — TRAFFIC UNIT MANEUVER/ACTION

UNIT # _____

1 GOING STRAIGHT AHEAD
 2 SLOWING IN TRAFFICWAY
 3 STOPPED IN TRAFFIC WAY
 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 DRIVERLESS MOVING VEHICLE
 17 CROSSING ROAD
 18 WALKING WITH TRAFFIC
 19 WALKING AGAINST TRAFFIC
 20 STANDING
 21 LYING
 22 GETTING ON/OFF VEHICLE
 23 WORKING ON/PUSHING VEHICLE
 24 WORKING ON ROAD
 97 OTHER _____
 99 UNKNOWN

24 — LOCATION OF PEDESTRIAN/CYCLIST

UNIT # _____

1 MARKED CROSSWALK at INTERSECTION
 2 AT INTERSECTION BUT NO CROSSWALK
 3 NON-INTERSECTION CROSSWALK
 4 DRIVEWAY ACCESS CROSSWALK
 5 SCHOOL CROSSWALK
 6 IN ROADWAY (not in crosswalk/intersection)
 7 MEDIAN (but not on shoulder)
 8 ISLAND
 9 SHOULDER
 10 SIDEWALK
 11 ROADSIDE
 12 OUTSIDE OF TRAFFICWAY
 13 DEDICATED BIKE LANE
 14 SHARED-USE PATH
 15 INSIDE BUILDING
 97 OTHER _____
 99 UNKNOWN

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

Unit # 1	2	3	4	0—NONE 10—UNDERCARRIAGE 97—OTHER 99—UNKNOWN	Unit # 2	3	4	0—NONE 10—UNDERCARRIAGE 97—OTHER 99—UNKNOWN	Unit # 3	2	3	4	0—NONE 10—UNDERCARRIAGE 97—OTHER 99—UNKNOWN
1	←	9	5		1	←	9	5		1	←	9	5
8	7	6			8	7	6			8	7	6	

26 GLOBAL POSITION Latitude: **33.6835423121645** Longitude: **-112.400703721844**

27—ROADWAY ALIGNMENT
 UNIT # **1**
 1 - STRAIGHT
 2 - CURVE LEFT
 3 - CURVE RIGHT
 99 - UNKNOWN

28—LANE
 Please enter unit's number and lane of travel before first crash event

UNIT <u>1</u>	UNIT <u> </u>	UNIT <u> </u>
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)
 BL DEDICATED BIKE LANE
 HOV HIGH OCCUPANCY VEHICLE
 97 NON-ROADWAY
 99 UNKNOWN

31—SEQUENCE OF EVENTS
 SEE EXAMPLE BELOW
 UP TO FOUR CRASH EVENTS FOR EACH UNIT IN THE ORDER OF OCCURRENCE

- NON-COLLISION**
- OVERTURN/ROLLOVER
 - FIRE/EXPLOSION
 - IMMERSION
 - JACKKNIFE
 - CARGO/EQUIPMENT LOSS/SHIFT
 - FELL/JUMPED FROM VEHICLE
 - THROWN OR FALLING OBJECT
 - 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 FIXED OBJECT**
- IMPACT ATTENUATOR/CRASH CUSHION
 - BRIDGE/OVERHEAD STRUCTURE
 - BRIDGE RAIL
 - CULVERT
 - CURB
 - DITCH
 - EMBANKMENT
 - GUARDRAIL FACE
 - GUARDRAIL END
 - CONCRETE TRAFFIC BARRIER
 - CABLE TRAFFIC BARRIER
 - OTHER TRAFFIC BARRIER
 - TREE, BUSH, STUMP (standing)
 - TRAFFIC SIGN SUPPORT
 - TRAFFIC SIGNAL SUPPORT
 - UTILITY POLE/LIGHT SUPPORT
 - OTHER POST, POLE, OR SUPPORT
 - FENCE
 - MAILBOX
 - BUILDING
 - OTHER FIXED OBJ. _____

29—EJECTION

- NOT APPLICABLE
- NOT EJECTED
- EJECTED, PARTIALLY
- EJECTED, TOTALLY
- UNKNOWN DEGREE
- 99 UNKNOWN

30—EXTRICATION

- NOT APPLICABLE
- EXTRICATED
- 99 UNKNOWN

- COLLISION WITH PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT**
- MOTOR VEHICLE IN TRANSPORT
 - PEDESTRIAN
 - PEDALCYCLE
 - RAILWAY VEHICLE (TRAIN, ENGINE)
 - LIGHT RAILWAY/RAILCAR VEHICLE
 - ANIMAL, WILD—NON GAME _____
 - ANIMAL, WILD—GAME _____
 - ANIMAL—PET _____
 - ANIMAL—LIVESTOCK _____
 - PARKED MOTOR VEHICLE
 - WORK ZONE/MAINT. EQUIP.
 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY ANOTHER VEHICLE
 - OTHER NON-FIXED OBJ. _____

Unit # and Seat Position from front page.
 Driver seat position = 11

Unit #	Seat Pos	Ejection	Extrication
1	11	1	1

SEQUENCE OF EVENTS

UNIT <u>1</u>	UNIT <u> </u>	UNIT <u> </u>	
11			FIRST EVENT
36			SECOND EVENT
1			THIRD EVENT
			FOURTH EVENT
First Harmful Event			11

EXAMPLE- SEQUENCE OF EVENTS

VEHICLE 1—SEQUENCE OF EVENTS

- RAN OFF ROAD RIGHT
- CROSS CENTERLINE
- MOTOR VEHICLE IN TRANSPORT

VEHICLE 2—SEQUENCE OF EVENTS

- MOTOR VEHICLE IN TRANSPORT

UNIT <u>1</u>	UNIT <u>2</u>	UNIT <u> </u>	
11	16		FIRST EVENT
14			SECOND EVENT
16			THIRD EVENT
			FOURTH EVENT

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DATE AND NOT TO SCALE

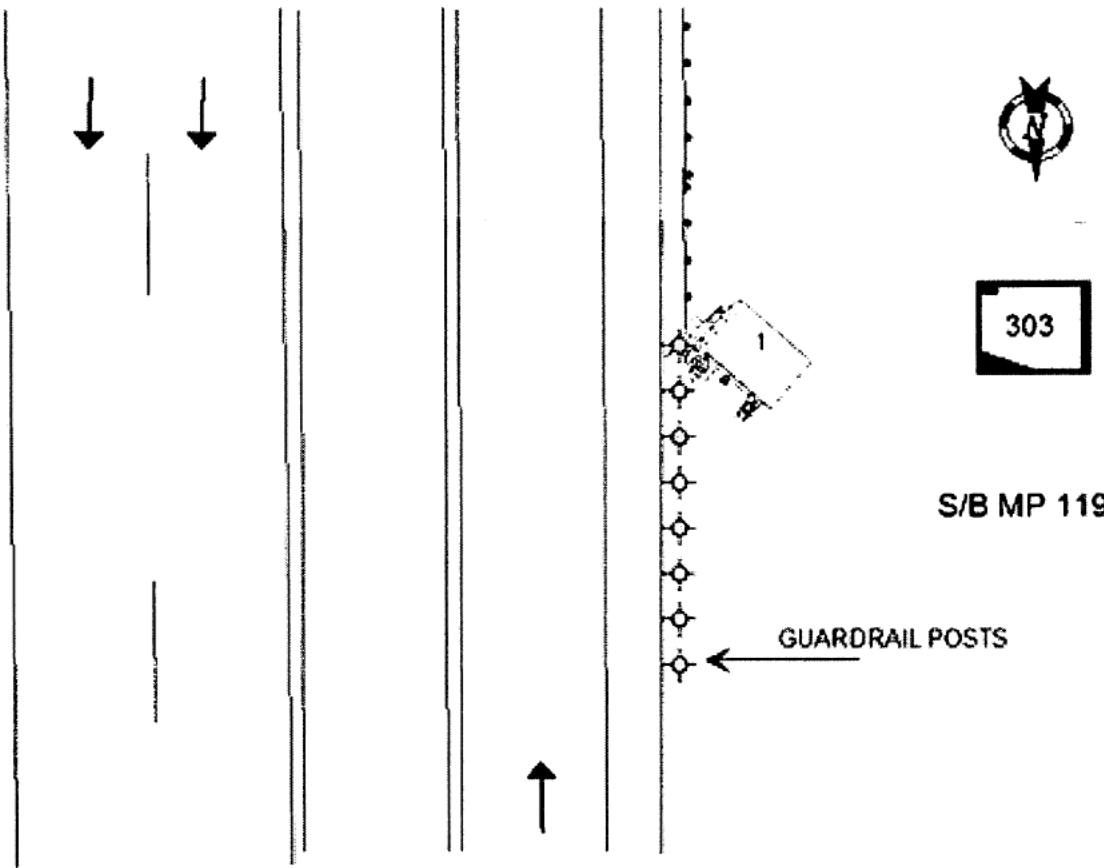
32

CRASH DIAGRAM

MEASUREMENTS ARE SCALED (SCALE = _____)

33

INDICATE
NORTH



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206 S. 17TH AVE., PHOENIX, ARIZONA 85007-32

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PRELIMINARY Describe what happened

ENFORCEMENT ACTIONS:

THERE WAS NO SIGN OR EVIDENCE DRIVER ONE WAS IMPAIRED.

VEHICLE DISPOSITION:

TRI STAR TOWING WAS DISPATCHED TO REMOVE VEHICLE ONE.

ADDITIONAL INFORMATION:

AT 1010 HRS DRIVER ONE WAS PRONOUNCED DECEASED BY JOHN C. LINCOLN HOSPITAL.

THE DECEASED NEXT OF KIN NOTIFICATION WAS MADE BY THE HOSPITAL WHO WERE PRESENT.

DRIVER ONE WAS DRIVING A BOX TRUCK LOADED WITH NEWS PAPERS FROM THE WEST PUBLISHING CO 180 N WASHINGTON ST WICKENBURG, AZ.

ADDITIONAL PASSENGERS	Unit #	Seat Pos	SD	IS	Name	Address	City	State	Zip Code	Telephone No.	D.O.B./Age	Sex

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



ARIZONA DEPARTMENT OF PUBLIC SAFETY

VEHICLE REMOVAL REPORT

Tow Sheet Number T08148714092001	
DR Number 2014-013279	Date Removed 04/02/2014

VEHICLE DESCRIPTION					LOCATION VEHICLE REMOVED					
Year 2000	Color WHI	Make CHEV	Model	License Plate	State AZ	Expiration Date	Highway SR303	Milepost 19.6	Street / Private Property	
Vehicle Identification Number (VIN)					Odometer		City / Town SURPRISE			County MARICOPA
Driver Name			Address			City	State	ZipCode	Phone	
Owner Name NEWS WEST PUBLISHING CO INC			Address 180 N WASHINGTON ST			City WICKENBURG	State AZ	ZipCode 85390	Phone	
Lien Holder NONE			Address			City	State	ZipCode	Phone	

REASON FOR REMOVAL (Check all that apply)	VEHICLE REMOVAL NOTICE INFORMATION	CONDITION OF:
<input type="checkbox"/> Vehicle Removal Notice Affixed <input checked="" type="checkbox"/> Collision <input type="checkbox"/> Abandoned <input type="checkbox"/> 30-Day Impound <input type="checkbox"/> Seizure <input type="checkbox"/> >2 Hours Metro Fwy <input type="checkbox"/> >4 Hours Rural Fwy <input type="checkbox"/> >48 Hrs Other Fwy <input type="checkbox"/> Arrest - MISD <input type="checkbox"/> Arrest - Felony <input type="checkbox"/> Hazardous <input type="checkbox"/> Evidence <input type="checkbox"/> Stolen Vehicle <input type="checkbox"/> Owner's Request <input type="checkbox"/> Other	Date First Contact With Vehicle Time Officer ID from Notice TOW COMPANY INFORMATION Time Tow Requested 02:24 Time Tow Arrived 03:10 Tow Company Name TRI STAR Phone [REDACTED] Storage Yard Address TRI STAR	D = Damaged M = Missing P = Present Right Front Tire <input type="checkbox"/> D Right Rear Tire <input type="checkbox"/> D Left Front Tire <input type="checkbox"/> D Left Rear Tire <input type="checkbox"/> D Spare Tire <input type="checkbox"/> D Stereo <input type="checkbox"/> D Seats <input type="checkbox"/> D Interior <input type="checkbox"/> D

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

IMPOUND INFORMATION	VEHICLE DAMAGE DIAGRAM
<input checked="" type="checkbox"/> Impounded For violation of A.R.S. 28-3511 your vehicle is impounded for thirty (30) days. Any parties having interest in this vehicle may, within ten (10) days receipt of this notice, request a hearing to determine the validity of the impoundment. To request a hearing, contact the Arizona Department of Public Safety at: Address 2610 S. 16TH STREET City PHOENIX State AZ ZipCode 85034 Phone (602) 950-2004	

SIGNATURE	REMARKS / PERSONAL PROPERTY LEFT IN VEHICLE
X _____ Time _____	<input checked="" type="checkbox"/> Ignition Key <input type="checkbox"/> Registration <input type="checkbox"/> Driver Remained with Vehicle NEWS PAPERS

Officer Name P. HERNANDEZ	Badge No. 06930	Investigative Officer Badge 6930	Location Code 22140303
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Mark Joseph Hranek, Wickenburg Sun newspaper truck driver, dies after accident

BY: Associated Press

POSTED: 4:48 AM, Apr 2, 2014

UPDATED: 2:50 PM, Apr 2, 2014

The man was transported to the hospital in critical condition.

KNXV

SURPRISE, AZ - A distribution driver for the weekly Wickenburg Sun has died after being injured Wednesday in an early morning accident when the delivery truck he was driving went off a highway on the Phoenix area's western outskirts.

The state Department of Public Safety said Mark Joseph Hranek died later at a Phoenix hospital where he'd undergone surgery.

DPS spokesman Bart Graves said investigators believe Hranek may have fallen asleep before the truck went off Loop 303 near Grand Avenue and sheared off 140 feet of guardrail.

According to Graves, some of the guardrail entered the truck cab, resulting in Hranek losing part of one leg.

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