

TRAC
2826127

ADOT USE ONLY

ARIZONA CRASH REPORT

REPORT ID

Agency Report Number

2014013279

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.
1 4 0 4 0 2 0 1 5 6 0 7 9 9 0 6 9 3 0

Total Number of Sheets 6

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

2 Total Units 1 Total Injuries 10 Total Fatalities 0 Estimated Total Damage Compared To \$1,000 Limit: Over Under Fatal Hit/Run Unit # Person Transported for Immediate Medical Care? Tow Away of At Least One Vehicle from Scene? District or Grid No. 22140303

3 LOCATION On Highway/Road/Street Private Property Crash SR-303 NONCARD Intersecting Street/Road/M.P. or R.P. At From MP-19 Inside Outside City SURPRISE County MARICOPA North South East West Plus Minus Distance 0.56 Measured Approximate Miles Feet

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

State Class End. DL # No Valid License/Permit Driver Driverless Pedestrian Pedalcyclist Name (First, Middle, Last) Suffix Sex M

TRAFFIC UNIT NO. 1 Restrictions Address City WICKENBURG State AZ Zip Code 85390 Telephone Number Date of Birth Same as Driver Owner/Carrier Name Address City State Zip Code Color WHI Vehicle Year 2000 Make CHEV Model Body Style TK Plate Mo/Yr AZ 05/30/2015 Bus (9 or more seats) HazMat Placard? Safety Devices 99 Injury Severity 5 Posted Speed Limit 45 Ofc Est. Speed 45 Transported To/By Removed to (Address/Storage Location Identifier) TRI STAR Disabled Not Disabled Removed by AZ DPS Orders of AZ DPS Insurance Company Telephone Number Policy Number Exp. Date

TRAFFIC UNIT NO. 4 State Class End. DL # No Valid License/Permit Driver Driverless Pedestrian Pedalcyclist Name (First, Middle, Last) Suffix Sex Restrictions Address City State Zip Code Telephone Number Date of Birth Same as Driver Owner/Carrier Name Address City State Zip Code Color Vehicle Year Make Model Body Style Plate Number State Plate Mo/Yr Bus (9 or more seats) HazMat Placard? VIN Trailer (Other Unit) Plate No. State Year GWW / GVWR (Rated) Greater Than 10k pounds? Yes No HazMat Placard? Yes No Safety Devices Injury Severity Posted Speed Limit Ofc Est. Speed Transported To/By Removed to (Address/Storage Location Identifier) Disabled Not Disabled Removed by Orders of Insurance Company Telephone Number Policy Number Exp. Date

TRAFFIC UNIT NO. 5 State Class End. DL # No Valid License/Permit Driver Driverless Pedestrian Pedalcyclist Name (First, Middle, Last) Suffix Sex Restrictions Address City State Zip Code Telephone Number Date of Birth Same as Driver Owner/Carrier Name Address City State Zip Code Color Vehicle Year Make Model Body Style Plate Number State Plate Mo/Yr Bus (9 or more seats) HazMat Placard? VIN Trailer (Other Unit) Plate No. State Year GWW / GVWR (Rated) Greater Than 10k pounds? Yes No HazMat Placard? Yes No Safety Devices Injury Severity Posted Speed Limit Ofc Est. Speed Transported To/By Removed to (Address/Storage Location Identifier) Disabled Not Disabled Removed by Orders of Insurance Company Telephone Number Policy Number Exp. Date

5 PASSENGERS Table with columns: Unit #, Seat Pos, SD, IS, Name, Address, City, State, Zip Code, Telephone No., D.O.B./Age, Sex

Property Damaged (Other than Vehicles) Block 31, Event 29-49 Owner Code 1 - Private 2 - Public Utility 3 - Federal Government 4 - State of Arizona 5 - County in Arizona 6 - City in Arizona 7 - Tribal Nation 99 - Unknown Inventory Tag No.

6 OC 4 Owner's Name ADOT Address (or Bar Code ID Number) [37] 1324 N. 22ND AVENUE City PHOENIX State AZ Zip Code 85009 Telephone Number (602) 712-7327

7 Photos Taken Yes No Photographer's Name, ID Number and Agency Number HERNANDEZ 6930 AZ DPS Invest At Scene Yes No Date Invest 04/02/2014 Time Invest 02:08 Fire/EMS Incident No. 0 Officer's Name/ Badge # 06930 Supervisor's Signature Agency Name 0799 Date Completed 04/02/2014

8	WITNESSES	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 <input type="checkbox"/> 1 DAYLIGHT <input type="checkbox"/> 2 DAWN <input type="checkbox"/> 3 DUSK <input type="checkbox"/> 4 DARK—LIGHTED <input checked="" type="checkbox"/> 5 DARK—NOT LIGHTED <input type="checkbox"/> 6 DARK—UNKNOWN LIGHTING		11 — WEATHER CONDITIONS <input checked="" type="checkbox"/> 1 CLEAR <input type="checkbox"/> 2 CLOUDY <input type="checkbox"/> 3 SLEET, HAIL (freezing rain/drizzle) <input type="checkbox"/> 4 RAIN <input type="checkbox"/> 5 SNOW <input type="checkbox"/> 6 SEVERE CROSSWINDS <input type="checkbox"/> 7 BLOWING SAND, SOIL, DIRT <input type="checkbox"/> 8 FOG, SMOG, SMOKE <input type="checkbox"/> 9 BLOWING SNOW <input type="checkbox"/> 97 OTHER _____ <input type="checkbox"/> 99 UNKNOWN		12 — ROAD SURFACE CONDITION UNIT # _____ <input type="checkbox"/> 1 DRY <input type="checkbox"/> 2 WET <input type="checkbox"/> 3 SNOW <input type="checkbox"/> 4 SLUSH <input type="checkbox"/> 5 ICE/FROST <input type="checkbox"/> 6 WATER (standing, moving) <input type="checkbox"/> 7 SAND <input type="checkbox"/> 8 MUD, DIRT, GRAVEL <input type="checkbox"/> 9 OIL <input type="checkbox"/> 97 OTHER _____ <input type="checkbox"/> 99 UNKNOWN		13 — ROAD GRADE UNIT # _____ <input checked="" type="checkbox"/> 1 LEVEL <input type="checkbox"/> 2 DOWNHILL <input type="checkbox"/> 3 UPHILL <input type="checkbox"/> 4 HILLCREST <input type="checkbox"/> 5 SAG/DIP/BOTTOM <input type="checkbox"/> 99 UNKNOWN		14 — RELATION TO JUNCTION <input checked="" type="checkbox"/> 0 NOT JUNCTION RELATED NON-CONTROLLED ACCESS AREA <input type="checkbox"/> 1 INTERSECTION (within) <input type="checkbox"/> 2 INTERSECTION-RELATED <input type="checkbox"/> 3 ENTRANCE/EXIT RAMP (rest areas) <input type="checkbox"/> 4 RAILWAY GRADE CROSSING <input type="checkbox"/> 5 MEDIAN CROSSOVER-RELATED <input type="checkbox"/> 6 FRONTAGE ROAD <input type="checkbox"/> 7 DRIVEWAY <input type="checkbox"/> 8 ALLEY-ACCESS-RELATED <input type="checkbox"/> 9 UNKNOWN NON-INTERCHANGE CONTROLLED ACCESS AREA <input type="checkbox"/> 10 THRU ROADWAY <input type="checkbox"/> 11 INTERSECTION (within) <input type="checkbox"/> 12 INTERSECTION-RELATED <input type="checkbox"/> 13 ENTRANCE/EXIT RAMP <input type="checkbox"/> 14 FRONTAGE ROAD <input type="checkbox"/> 15 OTHER PART OF INTERCHANGE <input type="checkbox"/> 99 UNKNOWN		15 — TYPE OF INTERSECTION <input type="checkbox"/> 1 FOUR-WAY INTERSECTION <input type="checkbox"/> 2 T-INTERSECTION <input type="checkbox"/> 3 Y-INTERSECTION <input type="checkbox"/> 4 INTER. AS PART OF INTERCHANGE <input type="checkbox"/> 5 TRAFFIC CIRCLE <input type="checkbox"/> 6 ROUNDABOUT <input type="checkbox"/> 7 FIVE POINT, OR MORE <input type="checkbox"/> 99 UNKNOWN		16 — TRAFFIC WAY DESCRIPTION <input type="checkbox"/> 1 ONE WAY TRAFFICWAY <input type="checkbox"/> 2 TWO-WAY, NOT DIVIDED (no median present) <input checked="" type="checkbox"/> 3 TWO-WAY, (NOT DIVIDED) WITH A CONTINUOUS LEFT TURN LANE <input type="checkbox"/> 4 TWO-WAY, DIVIDED, UNPROTECTED (PAINTED > 4 FEET) MEDIAN <input type="checkbox"/> 5 TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER <input type="checkbox"/> 99 UNKNOWN		17 — MANNER OF CRASH IMPACT <input checked="" type="checkbox"/> 1 SINGLE VEHICLE <input type="checkbox"/> 2 ANGLE (front to side) (other than left turn) <input type="checkbox"/> 3 LEFT TURN <input type="checkbox"/> 4 REAR END (front-to-rear) <input type="checkbox"/> 5 HEAD-ON (front-to-front) (other than left turn) <input type="checkbox"/> 6 SIDESWIPE, SAME DIRECTION <input type="checkbox"/> 7 SIDESWIPE, OPPOSITE DIRECTION <input type="checkbox"/> 8 REAR-TO-SIDE <input type="checkbox"/> 9 REAR-TO-REAR <input type="checkbox"/> 97 OTHER _____ <input type="checkbox"/> 99 UNKNOWN		18 — DIRECTION OF UNIT TRAVEL (Compass) BEFORE 1ST CRASH EVENT UNIT # _____ <input type="checkbox"/> 1 NORTH <input checked="" type="checkbox"/> 2 SOUTH <input type="checkbox"/> 3 EAST <input type="checkbox"/> 4 WEST <input type="checkbox"/> 5 NORTHWEST <input type="checkbox"/> 6 NORTHEAST <input type="checkbox"/> 7 SOUTHWEST <input type="checkbox"/> 8 SOUTHEAST <input type="checkbox"/> 99 UNKNOWN		19 — CONTRIBUTING CIRCUMSTANCES UP TO TWO CHOICES PER UNIT UNIT # _____ ENVIRONMENTAL <input type="checkbox"/> 1 GLARE <input type="checkbox"/> 2 A. SUNLIGHT <input type="checkbox"/> 2 B. HEADLIGHTS <input type="checkbox"/> 2 PHYSICAL OBSTRUCTION(S) <input type="checkbox"/> 2 A. STOPPED/PARKED VEHICLE <input type="checkbox"/> 2 B. MOVING VEHICLE <input type="checkbox"/> 2 C. LOAD ON VEHICLE <input type="checkbox"/> 2 D. TREE/SHRUB/BUSH ROAD <input type="checkbox"/> 3 ROAD SURFACE CONDITION <input type="checkbox"/> 4 DEBRIS <input type="checkbox"/> 5 WORK ZONE <input type="checkbox"/> 5 A. LANE CLOSURE <input type="checkbox"/> 5 B. LANE SHIFT/CLOSURE <input type="checkbox"/> 5 C. WORK ON SHOULDER OR MEDIAN <input type="checkbox"/> 5 D. INTERMITTENT OR MOVING WORK <input type="checkbox"/> 5 E. OTHER _____ <input type="checkbox"/> 5 F. WORKERS PRESENT <input type="checkbox"/> 6 OBSTRUCTION IN ROADWAY <input type="checkbox"/> 7 CHANGING ROAD WIDTH <input type="checkbox"/> 8 NON-HIGHWAY WORK MOTOR VEHICLE <input type="checkbox"/> 9 BRAKES <input type="checkbox"/> 10 STEERING <input type="checkbox"/> 11 SUSPENSION <input type="checkbox"/> 12 TIRES <input type="checkbox"/> 13 WHEELS <input type="checkbox"/> 14 LIGHTS (head, signal, tail) <input type="checkbox"/> 15 WINDOWS/WINDSHIELD <input type="checkbox"/> 16 MIRRORS <input type="checkbox"/> 17 WIPERS <input type="checkbox"/> 18 TRUCK COUPLING/TRAILER/HITCH/SAFETY CHAINS <input type="checkbox"/> 97 OTHER _____ <input type="checkbox"/> 99 UNKNOWN		20 — TRAFFIC CONTROL DEVICE UNIT # _____ <input checked="" type="checkbox"/> 0 NO CONTROLS <input type="checkbox"/> 1 SIGNAL <input type="checkbox"/> 2 STOP SIGN <input type="checkbox"/> 3 YIELD SIGN <input type="checkbox"/> 4 WARNING SIGN <input type="checkbox"/> 5 RAILROAD CROSSING DEVICE <input type="checkbox"/> 6 FLASHING TRAFFIC SIGNAL <input type="checkbox"/> 7 PERSON (law enforcement, crossing guard, flagger, etc.) <input type="checkbox"/> 97 OTHER _____ <input type="checkbox"/> 99 UNKNOWN		21 — CONDITION INFLUENCING Driver/Ped/Cyclist UP TO TWO CHOICES PER UNIT UNIT # _____ <input type="checkbox"/> 0 NO APPARENT INFLUENCE <input type="checkbox"/> 1 ILLNESS <input type="checkbox"/> 2 PHYSICAL IMPAIRMENT <input checked="" type="checkbox"/> 3 FELL ASLEEP/FATIGUED <input type="checkbox"/> 4 ALCOHOL <input type="checkbox"/> 5 DRUGS <input type="checkbox"/> 6 MEDICATIONS CHECK ONE IF BLOCKS 4, 5, OR 6 CHECKED <input type="checkbox"/> A. NO TEST GIVEN <input type="checkbox"/> B. TEST GIVEN <input type="checkbox"/> C. TEST REFUSED <input type="checkbox"/> D. TESTING UNKNOWN <input type="checkbox"/> 97 OTHER _____ <input type="checkbox"/> 99 UNKNOWN CONDITION		22 — VIOLATIONS/BEHAVIOR UP TO TWO CHOICES PER UNIT UNIT # _____ <input type="checkbox"/> 1 NO IMPROPER ACTION <input type="checkbox"/> 2 SPEED TOO FAST FOR CONDITIONS <input type="checkbox"/> 3 EXCEEDED LAWFUL SPEED <input type="checkbox"/> 4 FOLLOWED TOO CLOSELY <input type="checkbox"/> 5 RAN STOP SIGN <input type="checkbox"/> 6 DISREGARDED TRAFFIC SIGNAL <input type="checkbox"/> 7 MADE IMPROPER TURN <input type="checkbox"/> 8 DROVE/RODE IN OPPOSING TRAFFIC LANE <input type="checkbox"/> 9 KNOWINGLY OPERATED WITH FAULTY/MISSING EQUIPMENT <input type="checkbox"/> 10 REQUIRED MOTORCYCLE SAFETY EQUIPMENT NOT USED <input type="checkbox"/> 11 PASSED IN NO PASSING ZONE <input type="checkbox"/> 12 UNSAFE LANE CHANGE <input checked="" type="checkbox"/> 13 FAILED TO KEEP IN PROPER LANE <input type="checkbox"/> 14 DISREGARDED PAVEMENT MARKINGS <input type="checkbox"/> 15 OTHER UNSAFE PASSING <input type="checkbox"/> 16 INATTENTION/DISTRACTION <input type="checkbox"/> 17 DID NOT USE CROSSWALK <input type="checkbox"/> 18 WALKED ON WRONG SIDE OF ROAD <input type="checkbox"/> 19 ELECTRONIC COMMUNICATIONS DEVICE <input type="checkbox"/> 20 FAILED TO YIELD RIGHT-OF-WAY <input type="checkbox"/> 97 OTHER _____ <input type="checkbox"/> 99 UNKNOWN		23 — TRAFFIC UNIT MANEUVER/ACTION UNIT # _____ <input checked="" 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 DRIVERLESS MOVING VEHICLE <input type="checkbox"/> 17 CROSSING ROAD <input type="checkbox"/> 18 WALKING WITH TRAFFIC <input type="checkbox"/> 19 WALKING AGAINST TRAFFIC <input type="checkbox"/> 20 STANDING <input type="checkbox"/> 21 LYING <input type="checkbox"/> 22 GETTING ON/OFF VEHICLE <input type="checkbox"/> 23 WORKING ON/PUSHING VEHICLE <input type="checkbox"/> 24 WORKING ON ROAD <input type="checkbox"/> 97 OTHER _____ <input type="checkbox"/> 99 UNKNOWN		24 — LOCATION OF PEDESTRIAN/CYCLIST UNIT # _____ <input type="checkbox"/> 1 MARKED CROSSWALK at INTERSECTION <input type="checkbox"/> 2 AT INTERSECTION BUT NO CROSSWALK <input type="checkbox"/> 3 NON-INTERSECTION CROSSWALK <input type="checkbox"/> 4 DRIVEWAY ACCESS CROSSWALK <input type="checkbox"/> 5 SCHOOL CROSSWALK <input type="checkbox"/> 6 IN ROADWAY (not in crosswalk/intersection) <input type="checkbox"/> 7 MEDIAN (but not on shoulder) <input type="checkbox"/> 8 ISLAND <input type="checkbox"/> 9 SHOULDER <input type="checkbox"/> 10 SIDEWALK <input type="checkbox"/> 11 ROADSIDE <input type="checkbox"/> 12 OUTSIDE OF TRAFFICWAY <input type="checkbox"/> 13 DEDICATED BIKE LANE <input type="checkbox"/> 14 SHARED-USE PATH <input type="checkbox"/> 15 INSIDE BUILDING <input type="checkbox"/> 97 OTHER _____ <input type="checkbox"/> 99 UNKNOWN	

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		1	4	0	4	0	2	0	1	5	6	0	7	9	9	0	6	9	3	0																									
25 VEHICLE DAMAGED AREA(S) - (CIRCLE UP TO THREE AREAS PER UNIT)																																													
1 Unit # 2 3 4 5 6 7 8 						2 Unit # 2 3 4 5 6 7 8 						3 Unit # 2 3 4 5 6 7 8 						4 Unit # 2 3 4 5 6 7 8 																											
26 GLOBAL POSITION Latitude: 33.6835423121645 Longitude: -112.400703721844																																													
27 —ROADWAY ALIGNMENT UNIT # 1 <input type="checkbox"/> 1 - STRAIGHT <input type="checkbox"/> 2 - CURVE LEFT <input type="checkbox"/> 3 - CURVE RIGHT <input type="checkbox"/> 99 - UNKNOWN											31 —SEQUENCE OF EVENTS SEE EXAMPLE BELOW UP TO FOUR CRASH EVENTS FOR EACH UNIT IN THE ORDER OF OCCURRENCE																																		
28 —LANE Please enter unit's number and lane of travel before first crash event <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">UNIT 1</td> <td style="width:33%;">UNIT</td> <td style="width:33%;">UNIT</td> </tr> <tr> <td style="text-align: center;">1</td> <td></td> <td></td> </tr> </table>											UNIT 1	UNIT	UNIT	1			NON-COLLISION 1 OVERTURN/ROLLOVER 2 FIRE/EXPLOSION 3 IMMERSION 4 JACKKNIFE 5 CARGO/EQUIPMENT LOSS/SHIFT 6 FELL/JUMPED FROM VEHICLE 7 THROWN OR FALLING OBJECT 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																												
UNIT 1	UNIT	UNIT																																											
1																																													
29 —EJECTION 0 NOT APPLICABLE 1 NOT EJECTED 2 EJECTED, PARTIALLY 3 EJECTED, TOTALLY 4 UNKNOWN DEGREE 99 UNKNOWN						30 —EXTRICATION 0 NOT APPLICABLE 1 EXTRICATED 99 UNKNOWN						COLLISION WITH FIXED OBJECT 29 IMPACT ATTENUATOR/CRASH CUSHION 30 BRIDGE/OVERHEAD STRUCTURE 31 BRIDGE RAIL 32 CULVERT 33 CURB 34 DITCH 35 EMBANKMENT 36 GUARDRAIL FACE 37 GUARDRAIL END 38 CONCRETE TRAFFIC BARRIER 39 CABLE TRAFFIC BARRIER 40 OTHER TRAFFIC BARRIER 41 TREE, BUSH, STUMP (standing) 42 TRAFFIC SIGN SUPPORT 43 TRAFFIC SIGNAL SUPPORT 44 UTILITY POLE/LIGHT SUPPORT 45 OTHER POST, POLE, OR SUPPORT 46 FENCE 47 MAILBOX 48 BUILDING 49 OTHER FIXED OBJ. _____ 99 UNKNOWN																																	
Unit # and Seat Position from front page. Driver seat position = 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Unit #</th> <th>Seat Pos</th> <th>Ejection</th> <th>Extrication</th> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">11</td> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>											Unit #	Seat Pos	Ejection	Extrication	1	11	1	1									COLLISION WITH PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT 16 MOTOR VEHICLE IN TRANSPORT 17 PEDESTRIAN 18 PEDALCYCLE 19 RAILWAY VEHICLE (TRAIN, ENGINE) 20 LIGHT RAILWAY/RAILCAR VEHICLE 21 ANIMAL, WILD—NON GAME 22 ANIMAL, WILD—GAME 23 ANIMAL—PET 24 ANIMAL—LIVESTOCK 25 PARKED MOTOR VEHICLE 26 WORK ZONE/MAINT. EQUIP. 27 STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY ANOTHER VEHICLE 28 OTHER NON-FIXED OBJ. _____																		
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1	4	0	4	0	2	0	1	5	6	0	7	9	9	0	6	9	3	0

2014013279

34

NARRATIVE

Describe what happened

SYNOPSIS:

ON 04/02/2014 AT 0157, AT THE SOUTHBOUND SR303, MILEPOST 119, I RESPONDED TO A ROLLOVER COLLISION RESULTING IN A FATALITY OF THE DRIVER OF THE BLOCKING VEHICLE.

WITNESS INFORMATION:

- OFFICER P. HERNANDEZ #6930 AZ DPS, 602-223-2531 EXT 2531,
 PHERNANDEZ@AZDPS.GOV
- SERGEANT J. YEAGER #6100 AZ DPS, 602-223-2531
 JYEAGER@AZDPS.GOV
- OFFICER R. HANSEN #5614 AZ DPS 602-223-2006 EXT 6897 RHANSEN@AZDPS.GOV

INITIAL OBSERVATIONS:

AT 0208, OFFICER P. HERNANDEZ #6930 AND SERGEANT J. YEAGER #6100 ARRIVED ON SCENE AND ADVISED THE SOUTHBOUND TRAFFIC WAS BLOCKED BY EMERGENCY VEHICLES. OFFICER HERNANDEZ OBSERVED VEHICLE ONE WAS ROLLED ON ITS RIGTH SIDE OFF RIGHT OF THE SOUTHBOUND LANE. DRIVER ONE WAS ALREADY EXTRACTED FROM THE VEHICLE AND WAS BEING ATTENDED TO.

THE SUN CITY WEST FIRE DEPARTMENT ADVISED THEY HAVE A HELICOPTER ENROUTE AND WOULD NEED BOTH DIRECTIONS OF TRAFFIC STOPPED. DRIVER ONE WAS FLOWN TO JOHN C. LINCOLN NORTH MOUNTAIN HOSPITAL.

INVESTIGATION

ROAD / WEATHER CONDITIONS:

THE SOUTHBOUND SR303 HIGHWAY IN THE AREA MERGES INTO ONE LANE SEAPARATED FROM TWO NORTHBOUND LANES BY A PAINTED PAVED CENTER MEDIAN WHICH IS LEVEL AND NOT LIGHTED. THE ROADWAY WAS IN GOOD CONDITION WITH NO OBVIOUS DEFECTS.

TRAFFIC AT THAT TIME OF DAY WAS LIGHT AND THERE WAS NO INCLEMENT WEATHER AT THE TIME.

EMERGENCY PERSONNEL:

AT 0200, SURPRISE, AZ AND SUN CITY WEST, AZ FIRE DEPARTMENTS ARRIVED ON SCENE. SURPRISE FIRE DEPARTMENT INCIDENT NUMBER IS F14-101684. THE GLENDALE HALO FLIGHT INCIDENT NUMBER IS 2014-115027.

ADOT ARRIVED ON SCENE AND ASSISTED WITH THE CLOSURE AND DIVERTING TRAFFIC.

TRAFFIC UNIT ONE:

NO DRIVER ONE STATEMENT WAS TAKEN PRIOR TO BEING FLOWN FROM THE SCENE. DRIVER ONE WAS IDENTIFIED BY HIS ARIZONA DRIVER'S LICENSE. WICKENBURG POLICE MADE CONTACT WITH FAMILY MEMBERS.

VEHICLE ONE DRIFTED OFF RIGHT FROM THE PAVED PORTION OF THE ROADWAY AND DROVE HEAD ON INTO A GUARDRAIL END CAP BEFORE ROLLING ONTO THE RIGHT SIDE. NO TIRE MARKS WERE

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					

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NARRATIVE

Describe what happened

FOUND AT THE SCENE INDICATING NO BRAKING OR EVASIVE ACTION WAS TAKEN.

VEHICLE 1 SUSTAINED HEAVY FRONT END DAMAGE FROM THE IMPACT WITH THE END CAP OF THE GUARDRAIL.

HIGHWAY DAMAGE:
 APPROXIMATELY 100 FEET OF GUARDRAIL WAS DAMAGED TO INCLUDE 11 POSTS.

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

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

YEAR	MONTH	DAY	HOUR	NCIC NO.	OFFICER ID NO.
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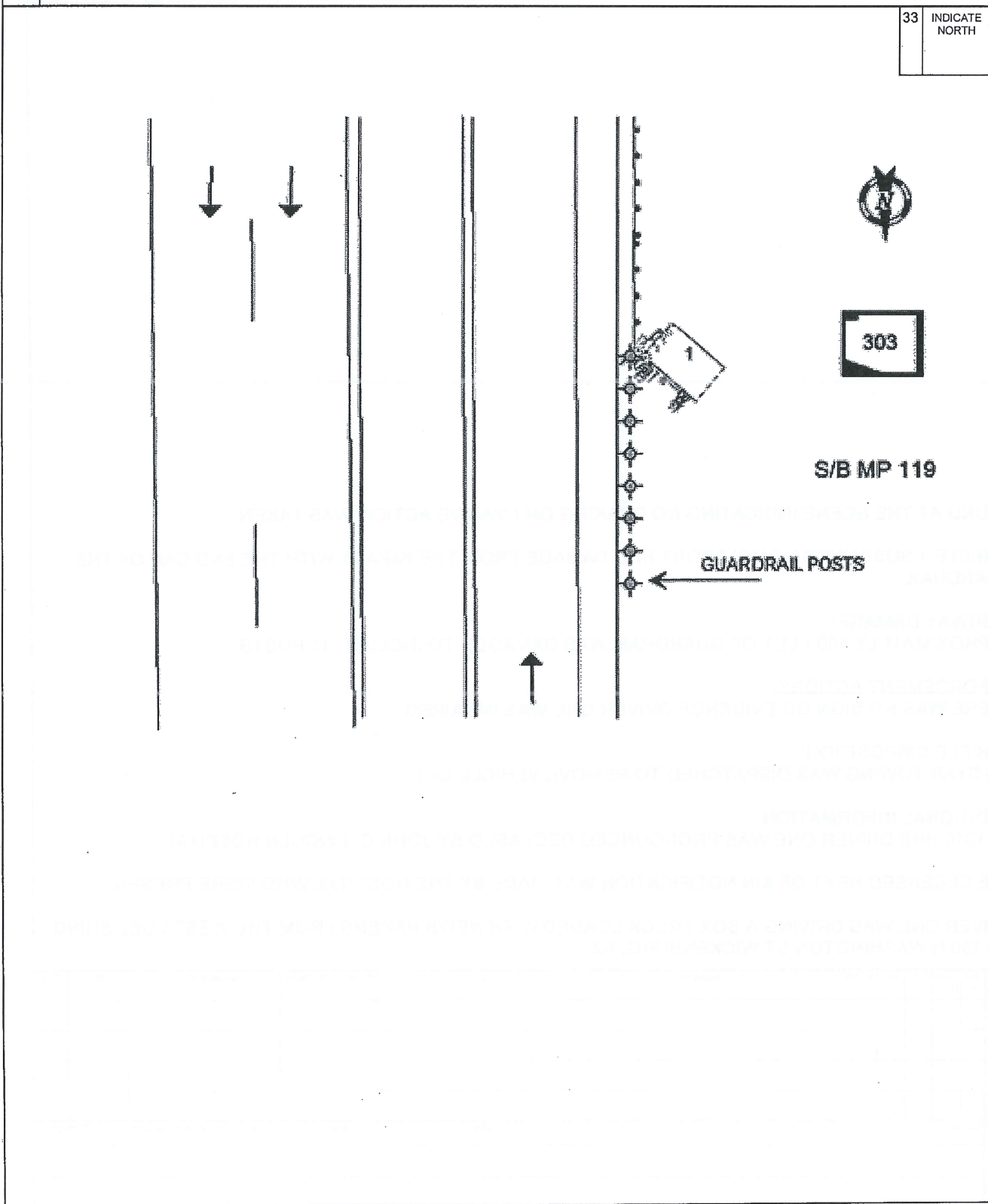
2014013279

32

CRASH DIAGRAM

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

33 INDICATE NORTH



7402



ARIZONA DEPARTMENT OF PUBLIC SAFETY

MAY 05 2014

CONTINUATION / SUPPLEMENTAL REPORT

CONTINUATION REPORT SUPPLEMENTAL REPORT

DR NUMBER
2014-013279

ADDITIONAL INFORMATION

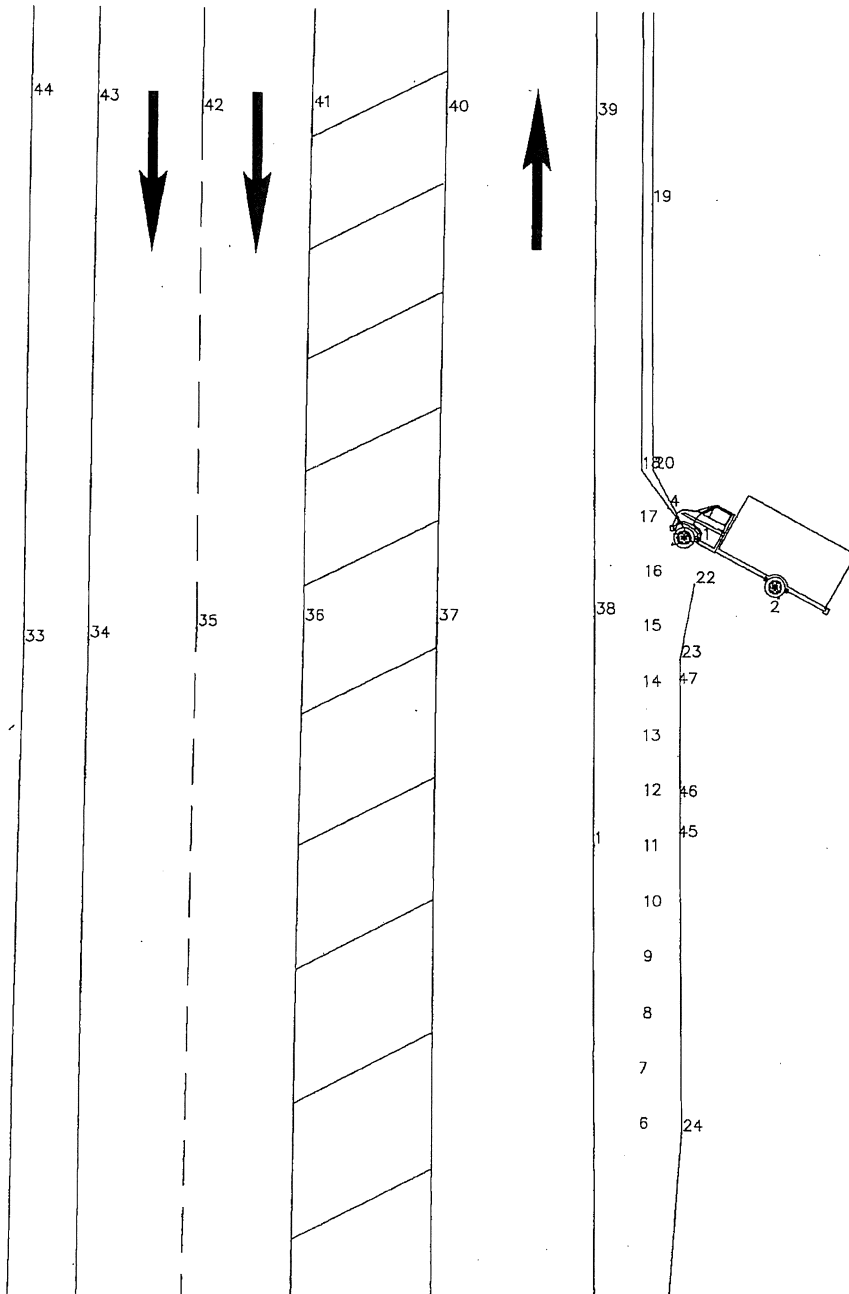
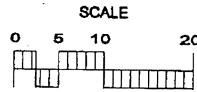
On 04/02/2014 at approximately 0301 hours, I was dispatched as part of the Metro Collision Response Team (CRT) to a one vehicle serious injury collision on State Route 303 southbound at mile post 119.2. I arrived at the scene at approximately 0355 hours and observed a white utility box truck (traffic unit #1) on the west shoulder of the roadway. Traffic unit #1 sustained heavy front-end damage and was on its right side, facing in a southeast direction. The beginning of the guardrail on the west side of the roadway was severely damaged along with several guardrail post. There were no marks on the roadway prior to traffic unit #1 impacting the guardrail. The driver of traffic unit #1 had been transported from the scene prior to my arrival. Phoenix Fire Department personnel, AZ Department of Transportation personnel, Tri-City Towing, AZDPS Sgt Yeager #6100, AZDPS Officer P Hernandez #6930, AZDPS Officer D Smith #6687 and AZDPS Officer O'Bryant #5501 were on scene prior to my arrival.

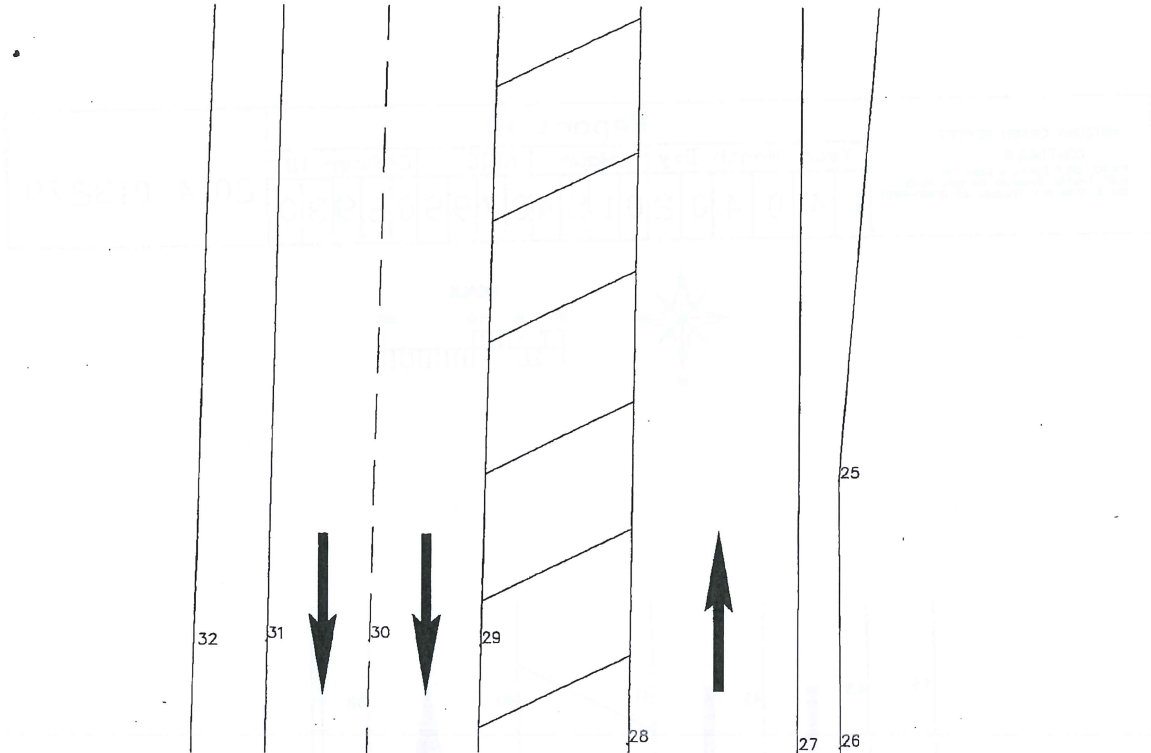
Ofc O'Bryant and I measured the scene using the Nivo Total Station. I cleared the scene at approximately 0532 hours. This concluded my involvement with this investigation.

Ofc R Hansen #5614
Metro West/Buckeye
22140205

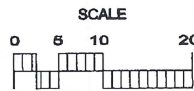
OFFICER NAME	BADGE NO	SUPERVISOR SIGNATURE	DATE
P Hernandez	6930	X	

ARIZONA CRASH REPORT CONTINUED POLICE ONLY-Forward Copy To ADOT Traffic Records Section 064R 206 S 17th Ave Phoenix AZ 85007-3233	Report ID												2014-013279						
	Year			Month			Day			Hour				NCIC			Officer ID		
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ARIZONA CRASH REPORT CONTINUED <small>POLICE ONLY-Forward Copy To ADOT Traffic Records Section 064R 206 S 17th Ave Phoenix AZ 85007-3233</small>	Report ID												2014-013279					
	Year			Month			Day			Hour		NCIC		Officer ID				
	1	4	0	4	0	2	0	1	5	4	0	7		9	9	0	6	9



	DATE	HOUR	NCIC	OFFICER ID	DEPARTMENT REPORT
	14/04/02	0154	799	06930	2014-013279

POINT	Y-COORD	X-COORD	Z-COORD	DESCRIPTION
1	0	0	0	STATION
2	28 254767	20 691356	-1 183848	TRAFFIC UNIT #1 RIGHT REAR TIRE
3	34 268704	8 704203	2 604417	TRAFFIC UNIT #1 RIGHT FRONT TIRE
4	38 34305	8 279165	5 519313	TRAFFIC UNIT #1 CENTER FRONT BUMPER
5	140 165816	168 960506	-15 120242	REAR BUMPER (INCORRECT MEASUREMENT)
6	-32 079037	4 806647	-1 035266	GUARDRAIL POST
7	-25 963026	4 716721	-0 819191	GUARDRAIL POST
8	-19 75437	5 264231	-0 700589	GUARDRAIL POST
9	-13 406746	5 363221	-0 89283	GUARDRAIL POST
10	-7 22036	5 456094	-0 419463	GUARDRAIL POST
11	-0 810856	5 432408	-0 292349	GUARDRAIL POST
12	5 443	5 453672	-0 065962	GUARDRAIL POST
13	11 644841	5 353087	0 157101	GUARDRAIL POST
14	17 847121	5 36392	0 29674	GUARDRAIL POST
15	24 203017	5 42209	0 222686	GUARDRAIL POST
16	30 401505	5 564181	0 595797	GUARDRAIL POST
17	36 565704	4 993167	1 17771	GUARDRAIL POST
18	42 63974	5 295106	1 288711	GUARDRAIL POST
19	72 691351	6 316347	2 321583	CURB
20	42 659028	6 598884	1 506955	CURB
21	34 638803	10 874326	1 187955	CURB
22	29 702814	11 252401	1 173145	CURB 2
23	21 199225	9 667995	0 848913	CURB 2
24	-32 362635	9 694721	-0 975746	CURB 2
25	-102 691693	4 090117	-2 770355	CURB 2
26	-132 798431	4 296454	-3 627654	CURB 2
27	-133 19951	-0 453332	-4 213013	LANE LINE SOLID 4
28	-132 331667	-19 514164	-3 871189	LANE LINE SOLID 3
29	-121 323197	-35 97212	-2 830251	LANE LINE SOLID 2
30	-120 748389	-48 472554	-2 5361	LANE LINE DASH
31	-120 77684	-60 028605	-2 593041	LANE LINE SOLID 1
32	-121 512124	-67 844358	-2 180505	WALL
33	22 669794	-63 951498	1 940649	WALL
34	23 180846	-56 673296	1 799935	LANE LINE SOLID 1
35	24 516315	-44 602183	1 544802	LANE LINE DASH
36	25 183842	-32 520496	1 392609	LANE LINE SOLID 2
37	25 259845	-17 503975	1 057958	LANE LINE SOLID 3
38	26 093416	0 034789	0 857027	LANE LINE SOLID 4
39	82 389445	-0 055522	2 410687	LANE LINE SOLID 4
40	82 581335	-16 740915	2 753275	LANE LINE SOLID 3
41	82 941007	-31 863909	3 084933	LANE LINE SOLID 2
42	82 409075	-44 207422	3 311686	LANE LINE DASH
43	83 399863	-55 91101	3 613129	LANE LINE SOLID 1

DATE	HOUR	NCIC	OFFICER ID	DEPARTMENT REPORT
14/04/02	0154	799	06930	2014-013279

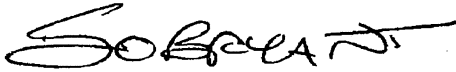
POINT	Y-COORD	X-COORD	Z-COORD	DESCRIPTION
44	83 963554	-63 324703	3 693572	WALL
45	0 739292	9 288799	-0 063503	SCUFF MARK
46	5 287119	9 346008	0 187913	SCUFF MARK
47	18 127825	9 288124	0 644445	SCUFF MARK

ARIZONA TRAFFIC ACCIDENT REPORT	REPORT ID				AGENCY REPORT NUMBER
SUPPLEMENT FORWARD COPY TO ACCIDENT RECORDS ANALYSIS UNIT 064R ARIZONA DEPARTMENT OF TRANSPORTATION 206 S 17 TH AVE PHOENIX ARIZONA 85007-3233	YEAR/MONTH/DAY	HOUR	NCIC NO	OFFICER ID NO	2014-013279
	14/04/02	0156	0799	06930	
ACCIDENT DESCRIPTION (NARRATIVE)					

On 04-02-2014 at approximately 0300 hours I responded to a collision located on State Route 303, near US 60 Upon my arrival at 0345 hours, I was assigned to assist in the investigation by diagraming the collision scene Officer Hansen and I utilized a Nikon Total Station and measured the scene.

At a later date I utilized Map Scenes 2010 and drew a scaled diagram based on the measurements taken at the scene I also completed a cooresponding diagram legend

No further involvement



Officer Sean K. O'Bryant #5501
 Arizona Department of Public Safety

7706

JUL 21 2014

ARIZONA TRAFFIC ACCIDENT REPORT		REPORT ID		AGENCY REPORT NUMBER	
SUPPLEMENT FORWARD COPY TO ACCIDENT RECORDS ANALYSIS UNIT 064R ARIZONA DEPARTMENT OF TRANSPORTATION 206 S 17 th AVE PHOENIX ARIZONA 85007 3233		YEAR MONTH DAY	HOUR	INCIDENT NO	OFFICER ID NO
		14/04/02	0156	0799	06930
DIAGRAM LEGEND					2014-013279

Point #	X-Axis	Y-Axis	Z-Axis	Description
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1	0	0	0	STATION
2	28 25477	20 69136	-1 18385	RR TIRE
3	34 2687	8 704203	2 604417	RF TIRE
4	38 34305	8 279165	5 519313	FRONT BUMPER
5	140 1658	168 9605	-15 1202	Point Taken, not used
6	-32 079	4 806647	-1 03527	GUARD RAIL POST
7	-25 963	4 716721	-0 81919	GUARD RAIL POST
8	-19 7544	5 264231	-0 70059	GUARD RAIL POST
9	-13 4067	5 363221	-0 89283	GUARD RAIL POST
10	-7 22036	5 456094	-0 41946	GUARD RAIL POST
11	-0 81086	5 432408	-0 29235	GUARD RAIL POST
12	5 443	5 453672	-0 06596	GUARD RAIL POST
13	11 64484	5 353087	0 157101	GUARD RAIL POST
14	17 84712	5 36392	0 29674	GUARD RAIL POST
15	24 20302	5 42209	0 222686	GUARD RAIL POST
16	30 40151	5 564181	0 595797	GUARD RAIL POST
17	36 5657	4 993167	1 17771	GUARD RAIL POST
18	42 63974	5 295106	1 288711	GUARD RAIL POST
19	72 69135	6 316347	2 321583	CURB
20	42 65903	6 598884	1 506955	CURB
21	34 6388	10 87433	1 187955	CURB
22	29 70281	11 2524	1 173145	CURB
23	21 19923	9 667995	0 848913	CURB
24	-32 3626	9 694721	-0 97575	CURB
25	-102 692	4 090117	-2 77036	CURB
26	-132 798	4 296454	-3 62765	CURB
27	-133 2	-0 45333	-4 21301	SOUTH BOUND RIGHT LANE LINE
28	-132 332	-19 5142	-3 87119	SOUTH BOUND LEFT YELLOW LANE LINE
29	-121 323	-35 9721	-2 83025	NORTH BOUND LEFT YELLOW LANE LINE
30	-120 748	-48 4726	-2 5361	NORTHBOUND CENTER LANE DIVIDER
31	-120 777	-60 0286	-2 59304	NORTH BOUND RIGHT LANE LINE
32	-121 512	-67 8444	-2 18051	WALL
33	22 66979	-63 9515	1 940649	WALL
34	23 18085	-56 6733	1 799935	NORTH BOUND RIGHT LANE LINE
35	24 51632	-44 6022	1 544802	NORTHBOUND CENTER LANE DIVIDER

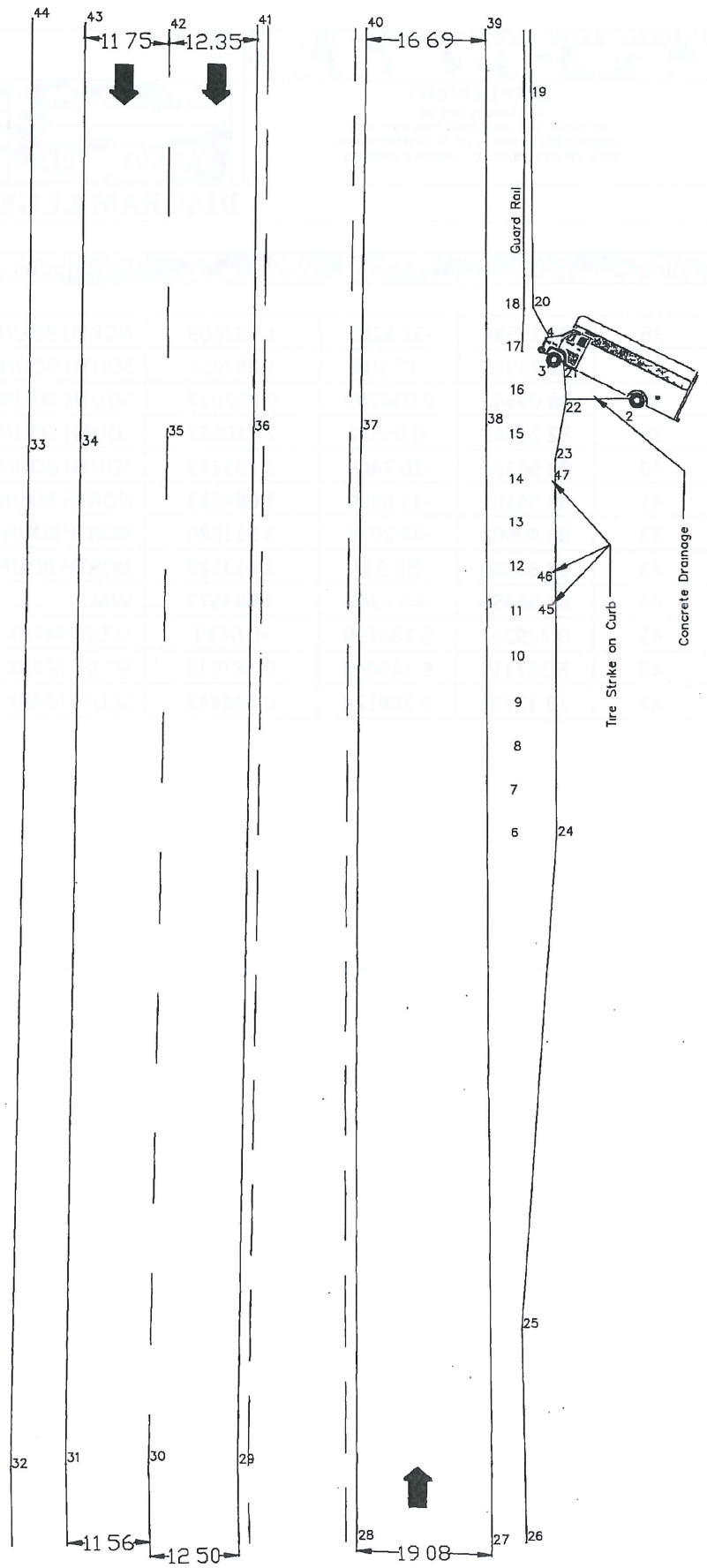
ARIZONA TRAFFIC ACCIDENT REPORT	REPORT ID				AGENCY REPORT NUMBER
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	14/04/02	0156	0799	06930	
DIAGRAM LEGEND					

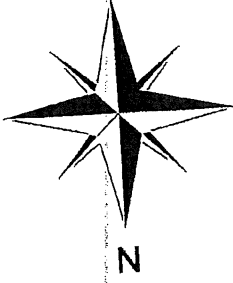
Point #	X-Axis	Y-Axis	Z-Axis	Description
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36	25 18384	-32 5205	1 392609	NORTH BOUND LEFT YELLOW LANE LINE
37	25 25985	-17 504	1 057958	SOUTH BOUND LEFT YELLOW LANE LINE
38	26 09342	0 034789	0 857027	SOUTH BOUND RIGHT LANE LINE
39	82 38945	-0 05552	2 410687	SOUTH BOUND RIGHT LANE LINE
40	82 58134	-16 7409	2 753275	SOUTH BOUND LEFT YELLOW LANE LINE
41	82 94101	-31 8639	3 084933	NORTH BOUND LEFT YELLOW LANE LINE
42	82 40908	-44 2074	3 311686	NORTHBOUND CENTER LANE DIVIDER
43	83 39986	-55 911	3 613129	NORTH BOUND RIGHT LANE LINE
44	83 96355	-63 3247	3 693572	WALL
45	0 739292	9 288799	-0 0635	SCUFF MARK
46	5 287119	9 346008	0 187913	SCUFF MARK
47	18 12783	9 288124	0 644445	SCUFF MARK



ARIZONA CRASH REPORT CONTINUED POLICE ONLY - Forward Copy To ADOT Traffic Records Section 064R 206 S 17th Ave Phoenix AZ 85007-3233	Report ID				Agency Report Number			
	Year	Month	Day	Hour	NCIC	Officer ID	2014-013279	
1	4	0	2	0	1	56079906930		





Agency Report Number
2014-013279

Report ID			
Year	Month	Day	Hour
1	4	0	2
0	4	0	1
5	6	0	7
9	9	0	6
9	3	0	6
6	9	3	0

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CONTINUED
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