

ARIZONA CRASH REPORT		REPORT ID										Agency Report Number																	
1	POLICE ONLY - FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 064R 206 S. 17 TH AVE., PHOENIX, ARIZONA 85007-3233	YEAR	MONTH	DAY	HOUR	NCIC NO.	OFFICER ID NO.				122052126																		
		2	2	0	9	1	8	1	4	1			8	0	7	9	9	0	1	0	8	9	8	Total Number of Sheets	31				
COMPLETE THE TRUCK/BUS SUPPLEMENT IF ANY <input checked="" type="checkbox"/> (circle) AND ANY <input checked="" type="checkbox"/> (diamond) ARE CHECKED																													
2	Total Units	2	Total Injuries	0	Total Fatalities	4	Estimated Total Damage Compared To \$2,000 Limit: <input 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.		21120400														
3	LOCATION	On Highway/Road/Street SR-179										Private Property Crash		City		County		YAVAPAI											
		Intersecting Street/Road/M.P. or R.P. At From MP-298										<input type="checkbox"/> Inside <input type="checkbox"/> Outside		City		Distance		County		0.07									
3	Light Condition										Weather Conditions																		
	<input checked="" type="checkbox"/> 1 Daylight <input type="checkbox"/> 4 Dark - Lighted <input type="checkbox"/> 51 Unknown <input type="checkbox"/> 2 Dawn <input type="checkbox"/> 5 Dark - Not Lighted <input type="checkbox"/> 3 Dusk <input type="checkbox"/> 6 Dark - Unknown Lighting										<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: 34.690349910274										Longitude: -111.7438713635									
4	Is this a Secondary Collision: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, were any of the following 1 st responders hit? <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Fire <input type="checkbox"/> EMS <input type="checkbox"/> Tow Operator <input type="checkbox"/> DOT Worker <input type="checkbox"/> Other										Roadway Clear Time: 1 7 0 7					Incident Clear: 0 1 1 1													
Safety Devices (SD)			Airbag (AB)			Injury Severity (IS)			Seating Position																				
0 - Not Applicable 1 - None Used 2 - Lap Belt 3 - Shoulder and Lap Belt 4 - Child Restraint System 5 - Helmet Used 50 - Other 51 - Unknown			0 - Not Applicable 1 - Deployed - Front 2 - Deployed - Side (Door, seatback) 3 - Deployed - Curtain (roof) 4 - Deployed - Other (knee, airbelt, etc.) 5 - Deployed - Combination 6 - Deployed - Unknown Location 7 - Not Deployed			1 - No Injury 2 - Possible Injury 3 - Suspected Minor Injury 4 - Suspected Serious Injury 5 - Fatal Injury 51 - Unknown/Not Reported			31 21 11 32 22 12 33 23 13 42 38 28 18			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.	<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)					<input type="checkbox"/> ejected <input type="checkbox"/> extricated	Suffix	Sex															
		Restrictions	Address										City	State	Zip Code	Telephone Number													
		Date of Birth	Owner/Carrier Name										<input checked="" type="checkbox"/> Same as Driver <input type="checkbox"/> Gov't Vehicle	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 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	Orc Est. Speed	Injured Transported To/By																						
		Vehicle Removed to (Address/Storage Location Identifier)										<input checked="" type="checkbox"/> Disabled <input type="checkbox"/> Not Disabled	Vehicle Removed by		Orders of														
		Insurance Company			Telephone Number			Policy Number			Exp. Date																		
		MOHAVE INSURANCE										(800) 491-8421			MMTH25549090			04/01/2026											
		5	TRAFFIC UNIT NO.	<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)					<input type="checkbox"/> ejected <input type="checkbox"/> extricated	Suffix	Sex													
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Insurance Company				Telephone Number			Policy Number			Exp. Date																			
GEICO										(800) 841-3000			6047790131			12/31/2022													
6	PASSENGERS			Unit #	Seat Pos	SD	AB	IS	Name					Address	City	State	Zip Code	Phone	Sex	D.O.B.									
		2	13	3	5	5	DHINESH NAGARAJAN																						
		2	21	3	5	5	GNANAPPAN NAGARAJAN OT																						
		2	23	3	5	5	VIJAYA LAKSHMI GOPAL OT																						
7	VEHICLE DAMAGED AREA(S) - (CIRCLE ALL THAT APPLY)										1 - NONE 2 - UNDERCARRIAGE 3 - FEDERAL GOVERNMENT 4 - COUNTY IN ARIZONA 5 - TRIBAL NATION 6 - CITY IN ARIZONA 7 - UNKNOWN 8 - NONE 9 - UNDERCARRIAGE 10 - FEDERAL GOVERNMENT 11 - COUNTY IN ARIZONA 12 - TRIBAL NATION 13 - CITY IN ARIZONA 14 - UNKNOWN																		
8	Property Damaged (Other than Vehicles)										Owner Code 1 - Private 2 - Public Utility 3 - Federal Government 4 - State of Arizona 5 - County in Arizona 6 - City in Arizona 7 - Tribal Nation 8 - Unknown																		
9	WITNESSES										Name: SAM CHRISTOPHER KMACK DUSTIN MILES WRIGHT MARIA ELIZABETH SACCO																		
10	CITATION										UNIT # A.R.S. NO. OR CITY CODE UNIT # A.R.S. NO. OR CITY CODE																		
11	Photos Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No										Photographer's Name, ID Number and Agency Name: SGARIGLIA 10898 AZDPS																		
11	Invest. At Scene <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No										Date Invest. Time Invest. Fire/EMS Incident No: 09/18/2022 14:37																		
11	Officer's Name / Badge #										Supervisor's Signature Agency Name Date Completed: M. Sgariglia (10898) C. Jones (07416) AZ DPS 09/18/2022																		

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

YEAR	MONTH	DAY	HR	MIN	SEC	NCIC NO.	OFFICER ID NO.
2	2	0	9	1	8	1	4
1	8	1	4	1	8	0	7
9	9	0	1	0	8	9	8

122052126

12 — ROAD SURFACE CONDITION
 UNIT # 1 2

<input checked="" type="checkbox"/> 1 DRY	<input type="checkbox"/> 8 MUD/DIRT/GRAVEL/SAND
<input type="checkbox"/> 2 WET	<input type="checkbox"/> 50 OTHER
<input type="checkbox"/> 3 SNOW/SLUSH	<input type="checkbox"/> 51 UNKNOWN
<input type="checkbox"/> 5 ICE/FROST	
<input type="checkbox"/> 6 WATER (standing/moving)	

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

0 NO CONTRIBUTING CIRCUMSTANCE

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

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

13 — ROAD GRADE
 UNIT # 1 2

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

14 — RELATION TO JUNCTION

<input type="checkbox"/> 0 NOT JUNCTION RELATED	<input type="checkbox"/> 4 RAILWAY GRADE CROSSING
<input type="checkbox"/> 1 INTERSECTION (within)	<input type="checkbox"/> 7 DRIVEWAY or ALLEY ACCESS
<input type="checkbox"/> 2 INTERSECTION-RELATED	<input type="checkbox"/> 50 OTHER
<input type="checkbox"/> 3 ENTRANCE/EXIT RAMP	<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"/> 11 PASSED IN NO PASSING ZONE
<input type="checkbox"/> 2 SPEED TOO FAST FOR CONDITIONS	<input type="checkbox"/> 12 UNSAFE LANE CHANGE
<input type="checkbox"/> 3 EXCEEDED LAWFUL SPEED	<input type="checkbox"/> 13 FAILED TO KEEP IN PROPER LANE
<input type="checkbox"/> 4 FOLLOWED TOO CLOSELY	<input type="checkbox"/> 17 DID NOT USE CROSSWALK
<input type="checkbox"/> 5 RAN STOP SIGN	<input type="checkbox"/> 20 FAILED TO YIELD RIGHT-OF-WAY
<input type="checkbox"/> 6 DISREGARDED TRAFFIC SIGNAL	<input type="checkbox"/> 49 AGGRESSIVE DRIVING
<input type="checkbox"/> 7 MADE IMPROPER TURN	<input type="checkbox"/> 50 OTHER
<input type="checkbox"/> 8 DROVE LEFT OF CENTER LINE	<input type="checkbox"/> 51 UNKNOWN
<input type="checkbox"/> 9 WRONG WAY DRIVING	
<input type="checkbox"/> 10 CROSSED MEDIAN	

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

20 — DISTRACTED DRIVING BEHAVIOR
 UNIT # 1 2

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

23 — TRAFFIC UNIT MANEUVER/ACTION
 UNIT # 1 2

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

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

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

21 DRE (check all that apply)
1 2

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

17 — MANNER OF CRASH IMPACT

<input type="checkbox"/> 1 SINGLE VEHICLE	<input type="checkbox"/> 6 SIDESWIPE, SAME DIRECTION
<input checked="" 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"/> 50 OTHER
<input type="checkbox"/> 5 HEAD-ON (front-to-front) (other than left turn)	<input type="checkbox"/> 51 UNKNOWN

24 — LOCATION OF PEDESTRIAN/CYCLIST
 UNIT # 1 2

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

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 checked="" 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	2
50	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 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.

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

FIRST HARMFUL EVENT OF THE CRASH 9

SEQUENCE OF EVENTS PER TRAFFIC UNIT		
	Unit <u>1</u>	Unit <u>2</u>
FIRST EVENT	16	16
SECOND EVENT	11	11
THIRD EVENT	2	2
FOURTH EVENT		

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		2	2	0	9	1	8	1	4	1	8	0	7	9	9	0		1	0

CRASH DIAGRAM OR NARRATIVE

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

SEE TROOPER R. TURNER #6667
ReACT DIAGRAM FOR SCALE DRAWING

2	Officer's Name / Badge # M. Sgariglia (10898)	Supervisor's Signature C. Jones (07416)	Agency Name AZ DPS	Date Completed 09/18/2022
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																		122052126	

CRASH DIAGRAM OR NARRATIVE

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

SYNOPSIS:

ON SEPTEMBER 18TH, 2022, AT 1418 HOURS, A TWO-VEHICLE COLLISION OCCURRED ON STATE ROUTE 179 AT MILEPOST 298.07. THE COLLISION OCCURRED WITHIN THE INTERSECTION OF STATE ROUTE 179 AND INTERSTATE 17 298 "C-RAMP" & "J-RAMP". THE COLLISION OCCURRED NORTH OF THE TOWN OF CAMP VERDE, ARIZONA. THE COLLISION RESULTED IN FOUR FATALITIES.

INITIAL OBSERVATION:

WHEN I (TROOPER M. SGARIGLIA #10898) ARRIVED ON SCENE AT 1437 HOURS, I OBSERVED A TRACTOR-TRAILER OFF THE RIGHT SIDE OF THE INTERSTATE 17 MILEPOST 298 SOUTHBOUND ON RAMP (J-RAMP). THE VEHICLE WAS FACING SOUTHBOUND AND WAS IN A DIRT-DEPRESSED EMBANKMENT RESTING ON ITS WHEELS. THE TRACTOR WAS ACTIVELY ON FIRE AND THE FIRE WAS SPREADING TO THE TRAILER AND SURROUNDING BRUSH. COPPER CANYON FIRE AND MEDICAL DISTRICT WERE ON SCENE ATTEMPTING TO EXTINGUISH THE FIRE (RUN #22-002896). THE J-RAMP WAS CLOSED DUE TO THE INCIDENT.

INVESTIGATION:

- **ENVIRONMENTAL AND ROAD FACTORS:**

INTERSTATE 17 AT MILEPOST 298 WAS A CONTROLLED ACCESS TWO-WAY DIVIDED INTERSTATE FREEWAY WITH A DEPRESSED NATURAL LANDSCAPE MEDIAN SEPARATING THE NORTHBOUND AND SOUTHBOUND LANES. A SOUTHBOUND SINGLE-LANE ONE-WAY RAMP (C-RAMP) DEPARTED THE INTERSTATE TO THE SOUTHWEST, LEADING TO AN UNDIVIDED TWO-WAY HIGHWAY INTERSECTION AT STATE ROUTE 179 AT MILEPOST 298. THE C-RAMP HAD TWO POSTED STOP SIGNS ON BOTH SIDES OF THE BOTTOM OF THE RAMP. THE SPEED LIMIT ON THE INTERSTATE WAS POSTED AT SEVENTY-FIVE MILES PER HOUR. THE RAMP WAS MARKED WITH A YELLOW FORTY-FIVE MILE-PER-HOUR SPEED RECOMMENDATION SIGN. IN THE AREA OF THE COLLISION, THE SOUTHBOUND SECTION OF THE C-

2	Officer's Name / Badge # M. Sgariglia (10898)	Supervisor's Signature C. Jones (07416)	Agency Name AZ DPS	Date Completed 09/18/2022
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		2	2	0	9	1	8	1	4	1	8	0	7	9	9	0	1	0	8
CRASH DIAGRAM OR NARRATIVE												<input type="checkbox"/> MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE <input type="checkbox"/> MEASUREMENTS ARE SCALED (SCALE = _____)							

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RAMP HAD A DOWNWARD GRADE TOWARDS THE INTERSECTION.

STATE ROUTE 179 (SR-179) HAD ONE LANE IN THE NORTHBOUND AND ONE LANE IN THE SOUTHBOUND DIRECTIONS. THE TRAVEL LANES WERE FLAT WITH NO GRADE TO THEM. THE NORTHBOUND AND SOUTHBOUND LANES OF SR-179 HAD A POSTED SPEED LIMIT OF FORTY-FIVE MILES PER HOUR.

AT THE TIME OF THE COLLISION, IT WAS DAYTIME WITH CLEAR SKIES, AND THE ROADWAY WAS DRY. ACCORDING TO WEATHER UNDERGROUND FOR THE DATE, TIME, AND AREA OF THE COLLISION, THE TEMPERATURE WAS APPROXIMATELY 81° DEGREES FAHRENHEIT WITH A MAX WIND GUST OF 22 MPH AND A HUMIDITY OF 11%. THE ROADWAY IN THE AREA OF THE COLLISION WAS CONSTRUCTED OF ASPHALT AND WAS IN GOOD REPAIR.

TRAFFIC UNIT INFORMATION:

- TRAFFIC UNIT ONE:

TRAFFIC UNIT ONE WAS A BLUE 2006 FREIGHTLINER TRUCK TRACTOR BEARING TEXAS REGISTRATION PLATE R584245 AND A VEHICLE IDENTIFICATION NUMBER OF (VIN) 1FUJA6CKX6LV66751. TRAFFIC UNIT ONE WAS TOWING A WHITE 2007 ENCLOSED UTILITY TRAILER BEARING TEXAS REGISTRATION PLATE 171B983 AND VEHICLE IDENTIFICATION NUMBER (VIN) 1UYVS25387P118010. TRAFFIC UNIT ONE, TRUCK-TRACTOR, WAS REGISTERED TO EPHREM ADDILSLEM HABTOM. TRAFFIC UNIT ONE WAS REGISTERED AS A COMMERCIAL MOTOR VEHICLE AND WAS ENGAGED IN INTERSTATE COMMERCE. THE TRAILER WAS REGISTERED TO DAWIT MENGHISTU ISAAK. WHILE ON SCENE, I PHOTOGRAPHED TRAFFIC UNIT ONE.

TRAFFIC UNIT ONE DID NOT HAVE AIRBAGS TO DEPLOY. TRAFFIC UNIT ONE SUSTAINED HEAVY DAMAGE DUE TO THE INITIAL IMPACT AND

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SUBSEQUENT FIRE. THE CAB WAS HEAVILY DAMAGED. DUE TO THE INTENSITY OF THE FIRE, FROM THE "A PILLAR" REARWARD, THE PASSENGER AREA AND SLEEPER AREA WERE BURNED. THE RIGHT SIDE FUEL TANK WAS RUPTURED AND TORN OPEN. THE VEHICLE'S EXHAUST PIPE WAS INTACT AND STILL UPRIGHT ON THE RIGHT SIDE. THE FRONT RIGHT TIRE WAS INFLATED HOWEVER SUSTAINED FIRE DAMAGE. THE DRIVER-SIDE DOOR WAS STILL INTACT AND IN THE CLOSED POSITION. THE DRIVER'S DOOR HAD PRINTED ON THE SIDE "AHADU EXPRESS LLC. AURORA, CO". THE ENGINE'S HOOD WAS TORN OFF AND LOCATED IN FRONT OF THE VEHICLE. ALL OF THE GLASS SIDE WINDOWS WERE BROKEN OR MISSING. THE FRONT WINDSHIELD WAS BROKEN. THE VEHICLE'S MAIN STRUCTURAL FRAME WAS INTACT BUT SUSTAINED VISIBLE DAMAGE. THE FRONT BUMPER OF THE VEHICLE WAS CRUSHED INWARD TOWARDS THE CENTER. PERSONAL ITEMS WITHIN THE VEHICLE WERE BURNED.

TRAFFIC UNIT ONE'S TIRES (CAB):

- FRONT LEFT (STEERING TIRE)
 - SIZE: 285/75R24.5
 - MAKE: FIRESTONE
 - MODEL: FS591
 - MEASURED TREAD DEPTH: 9/32
 - PSI: INFLATED
- FRONT RIGHT (STEERING TIRE)
 - SIZE: UNK DUE TO DAMAGE
 - MAKE: UNK DUE TO DAMAGE
 - MODEL: UNK DUE TO DAMAGE
 - MEASURED TREAD DEPTH: 8/32"
 - PSI: INFLATED
- SECOND AXLE LEFT OUTER
 - SIZE: 285/75R24.5
 - MAKE: ROADMASTER

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CRASH DIAGRAM OR NARRATIVE

MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE
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- MODEL: RM852
- MEASURED TREAD DEPTH: 14/32”
- PSI: INFLATED
- SECOND AXLE LEFT INNER
 - SIZE: 285/75R24.5
 - MAKE: ROADMASTER
 - MODEL: RM852
 - MEASURED TREAD DEPTH: 14/32”
 - PSI: INFLATED
- SECOND AXLE RIGHT INNER
 - SIZE: 275/80R24.5
 - MAKE: MICHELIN
 - MODEL: KDA5
 - MEASURED TREAD DEPTH: 18/32”
 - PSI: INFLATED
- SECOND AXLE RIGHT OUTER
 - SIZE: 275/80R24.5
 - MAKE: MICHELIN
 - MODEL: KDA5
 - MEASURED TREAD DEPTH: 11/32”
 - PSI: DEFLATED
- THIRD AXLE LEFT OUTER
 - SIZE: 285/75R24.5
 - MAKE: MILEVER
 - MODEL: SDR06
 - MEASURED TREAD DEPTH: 13/32”
 - PSI: INFLATED
- THIRD AXLE LEFT INNER
 - SIZE: 285/75R24.5
 - MAKE: MILEVER
 - MODEL: SDR06
 - MEASURED TREAD DEPTH: 13/32”

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CRASH DIAGRAM OR NARRATIVE <input type="checkbox"/> MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE <input type="checkbox"/> MEASUREMENTS ARE SCALED (SCALE = _____)																			

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CRASH DIAGRAM OR NARRATIVE

- PSI: INFLATED
- THIRD AXLE RIGHT INNER
 - SIZE: 285/75R24.5
 - MAKE: MILEVER
 - MODEL: SDR06
 - MEASURED TREAD DEPTH: 15/32"
 - PSI: INFLATED
- THIRD AXLE RIGHT OUTER
 - SIZE: 285/75R24.5
 - MAKE: MILEVER
 - MODEL: SDR06
 - MEASURED TREAD DEPTH: 12/32"
 - PSI: DEFLATED

THE TRAILER, A FIFTY-THREE-FOOT ENCLOSED BOX, WAS LOADED WITH APPROXIMATELY (39,000LB +) OF GLASS MATERIAL. THE TRAILER WAS WHITE AND HAD "TRI ALEXANDER" WRITTEN ON THE SIDE. THE FRONT SECTION OF THE TRAILER WAS DAMAGED BY THE FIRE. THE FRONT WALL OF THE TRAILER WAS BURNT AND OPEN. THE FORWARD SECTION OF THE TRAILER'S SIDE WALLS HAD SEPARATED AND ALLOWED THE LOAD OF GLASS TO SPILL OUT ONTO THE GROUND. THE TRAILER WAS LEANING TO ITS RIGHT.

WHEN I ARRIVED ON SCENE THE DRIVER OF THE TRACTOR-TRAILER WAS STANDING BY A GROUP OF PASSERBY'S SOUTH OF THE COLLISION. THE DRIVER WAS IDENTIFIED AT A LATER TIME AS EPHREM ADDISLEM HBTOM (DOB [REDACTED]) BY A VALID MICHIGAN COMMERCIAL DRIVERS LICENSE ([REDACTED]).

TROOPER R. GARCIA (#10260) TOOK HBTOM'S INITIAL STATEMENT REGARDING THE CRASH. AZDPS COMMERCIAL VEHICLE TROOPER OTON VILLEGAS (#7251) TOOK A STATEMENT FROM HBTOM FOR THE

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COMMERICAL VEHICLE INSPECTION. AFTER BOTH TROOPERS RECEIVED STATEMENTS FROM HABTOM, I WALKED OVER TO HIM AND REQUESTED A STATEMENT FOR MY REPORT.

WHILE TALKING WITH HABTOM, HE TOLD ME HE WAS COMING "DOWN THE HILL" AND POINTED NORTH TOWARDS THE INTERSTATE 17 (I-17) DOWN GRADE. NORTH OF THE COLLISION SCENE FROM APPROXIMATELY MILEPOST 311 TO 298 ON I-17 WAS A 6% DOWNGRADE. THE GRADE WAS MARKED BY SIGNAGE STATING A 6% DOWNGRADE FOR SOUTHBOUND TRAVELERS. PRIOR TO THE GRADE, THERE WAS A BRAKE CHECK SAFETY AREA NEAR MILEPOST 312 SOUTHBOUND. LOCATED AT MILEPOST 300.2 SOUTHBOUND, APPROXIMATELY 2 MILES NORTH OF THE COLLISION SCENE, THERE WAS AN OPEN AND AVAILIBLE RUNAWAY TRUCK RAMP. THERE WERE MULTIPLE LARGE YELLOW POSTED SIGNS STATING HOW FAR AWAY THE RUNAWAY TRUCK RAMP WAS WHILE TRAVELING SOUTHBOUND.

HABTOM STATED HE WAS TRAVELING SOUTHBOUND DOWN THE GRADE AND EVERYTHING WAS FINE AT FIRST. HABTOM STATED HE WAS DRIVING IN THE NUMBER TWO ("SLOW LANE") AT APPROXIMATELY FIFTY TO SIXTY MILES PER HOUR. HABTOM STATED HE WASN'T DOING THE SPEED LIMIT DUE TO THE STEEP GRADE. HABTOM STATED HE ATTEMPTED TO SLOW DOWN; HOWEVER, HIS BRAKES DID NOT WORK. I ASKED HABTOM WHAT HE MEANT BY THE BRAKES NOT WORKING, TO WHICH HE STATED WHEN HE APPLIED THE BRAKES, HE WOULD ONLY GET A LITTLE BRAKING. HABTOM STATED THE BRAKES WERE NOT ENOUGH TO MAKE HIM STOP. I ASKED HABTOM HOW LONG HIS BRAKES WERE LIKE HE DESCRIBED, TO WHICH HE STATED SEVEN OR EIGHT MINUTES OF TRAVEL PRIOR TO THE CRASH. I ASKED HABTOM IF THE TRUCK WAS SPEEDING UP AND ACCELERATING DUE TO THE DOWNGRADE, TO WHICH HE TOLD ME "NO" AND THAT HE WAS MAINTAINING FIFTY TO SIXTY MILES PER HOUR.

I ASKED HABTOM WHY HE CHOSE TO TAKE THE MILEPOST 298 EXIT

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RAMP (C-RAMP), TO WHICH HE STATED HE WAS TRYING TO SLOW DOWN. HABTOM POINTED TO A LARGE DIRT SHOULDER AT THE TOP OF THE J-RAMP, STATING HE WAS TRYING TO GET TO THAT AREA. HABTOM TOLD ME ONCE ON THE C-RAMP, HE STILL COULD NOT SLOW DOWN AND WAS ACTIVELY TRYING TO BRAKE. I ASKED HABTOM HOW FAST HE WAS TRAVELING ONCE ON THE RAMP, TO WHICH HE TOOK A LONG PAUSE AND STATED, "MAYBE THIRTY [MPH]." HABTOM TOLD ME AS HE APPROACHED THE INTERSECTION, HE BEGAN TO APPLY THE VEHICLE'S HORN TO WARN THE MOTORISTS IN FRONT OF HIM.

HABTOM STATED HE SAW TRAFFIC UNIT TWO COMING INTO THE INTERSECTION, TRAVELING NORTHBOUND ON SR-179. I ASKED HABTOM IF HE KNEW THE COLOR OF TRAFFIC UNIT TWO, TO WHICH HE STATED HE DID NOT. I ASKED HABTOM IF HE TRIED TO MANEUVER TO AVOID COLLIDING WITH TRAFFIC UNIT TWO, TO WHICH HE TOLD ME HE TRIED. HABTOM HELD OUT HIS HANDS AND MADE A JERKING MANEUVER, VISUALLY SHOWING ME HIS ATTEMPT. HABTOM'S EXAMPLE ATTEMPTED TO SHOW HOLDING A STEERING WHEEL AND TURNING THE VEHICLE TO THE LEFT. HABTOM TOLD ME HE TRIED MANEUVERING TRAFFIC UNIT ONE AFTER PASSING THE STOP SIGNS AT THE BOTTOM OF THE RAMP AND WITHIN THE INTERSECTION. HABTOM STATED AFTER IMPACT WITH TRAFFIC UNIT TWO; BOTH VEHICLES WERE PUSHED OFF THE ROADWAY INTO THE DIRT. HABTOM STATED HIS VEHICLE DROVE OVERTOP OF TRAFFIC UNIT TWO ONCE IN THE DIRT EMBANKMENT. HABTOM TOLD ME ONCE THE VEHICLES CAME TO A STOP, HE WAS ASSISTED OUT OF HIS VEHICLE BY PASSERBYS. WHILE TALKING WITH HABTOM, I OBSERVED NO APPARENT INJURIES. HABTOM STATED HE WAS NOT HURT IN THE COLLISION.

HABTOM TOLD ME HE SLEPT IN HIS TRUCK AT A TRUCK STOP IN GRANTS, NEW MEXICO (NM), ON 09/17/2022 UNTIL APPROXIMATELY 1030 HOURS ON 09/18/2022. HABTOM TOLD ME HE SLEPT FOR

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APPROXIMATELY TEN HOURS PRIOR TO GOING BACK ON DUTY. HABTOM STATED HE WENT ON DUTY AND TRAVELED WESTBOUND ON INTERSTATE 40 FROM GRANTS, NM. HABTOM STATED HE PASSED THROUGH FLAGSTAFF, AZ, AND TRANSITIONED ONTO INTERSTATE 17 (I-17), TRAVELING SOUTHBOUND TOWARDS PHOENIX, AZ. HABTOM TOLD ME HE STOPPED AT A REST AREA ON I-17 NEAR MILEPOST 324. HABTOM STATED HE ONLY STOPPED TO UTILIZE THE RESTROOM AND WAS ONLY AT THE REST AREA FOR APPROXIMATELY FIVE MINUTES. HABTOM STATED HE REENTERED SOUTHBOUND I-17 TOWARDS PHOENIX, AZ.

DUE TO TRAFFIC UNIT ONE BEING A COMMERCIAL VEHICLE, A LEVEL TWO INSPECTION WAS COMPLETED BY ARIZONA DEPARTMENT OF PUBLIC SAFETY COMMERCIAL VEHICLE TROOPER VILLEGAS.

DURING THE INSPECTION, ONE PRE-CRASH VIOLATION AND ELEVEN POST-CRASH VIOLATIONS WERE NOTED ON A DRIVER'S VEHICLE EXAMINATION REPORT (DVER #AZ0332000362). THE PRE-CRASH VIOLATION WAS CFR 396.17C OPERATING WITHOUT PROOF OF A PERIODIC INSPECTION. TROOPER VILLEGAS NOTED THE TRAILER IN TOW DID NOT HAVE A CURRENT INSPECTION STICKER HOWEVER, THIS VIOLATION WAS NOT AN OUT-OF-SERVICE VIOLATION AND DID NOT HAVE A DIRECT BEARING ON THE COLLISION. THE OTHER POST-CRASH VIOLATIONS WERE CAUSED FROM THE COLLISION ITSELF. THERE WERE NO DRIVER DUTY STATUS VIOLATIONS FOUND. TROOPER VILLEGAS STATED HE PHOTOGRAPHED THE BRAKE PADS ON ALL THE AXLES BUT WAS UNABLE TO DETERMINE IF THE BRAKES WERE WORKING DUE TO THE EXTENSIVE DAMAGE.

TROOPER VILLEGAS TOLD ME HABTOM WAS OPERATING THE COMMERCIAL VEHICLE WITHIN HIS DRIVING RESTRICTIONS. SEE TROOPER VILLEGAS'S SUPPLEMENT AND TRUCK INSPECTION REPORT FOR MORE INFORMATION.

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TRAFFIC UNIT ONE WAS HEAVILY DAMAGED DUE TO THE COLLISION AND REQUIRED RECOVERY. TNT TOWING RECOVERED THE TRACTOR AND TRAILER AT A LATER TIME. THE TRUCK TRACTOR WAS TRANSPORTED TO THE AZDPS FIELD OFFICE IN CAMP VERDE, AZ, AS EVIDENCE (ITEM # 104669). THE TRAILER WAS SECURED AT TNT'S FACILITY IN PRESCOTT VALLEY, AZ.

- TRAFFIC UNIT TWO:

TRAFFIC UNIT TWO WAS A GRAY 2020 NISSAN SENTRA FOUR DOOR PASSENGER CAR BEARING ARIZONA REGISTRATION PLATE Y8A6XA AND WITH A VEHICLE IDENTIFICATION NUMBER (VIN) OF 3N1AB8CV1LY301457. TRAFFIC UNIT TWO WAS REGISTERED TO ATHISH NAGARAJAN OUT OF TEMPE, AZ. TRAFFIC UNIT TWO WAS LOCATED UNDERNEATH THE REAR SECTION OF THE CAB (TRAFFIC UNIT ONE). THE REAR OF TRAFFIC UNIT TWO WAS STICKING OUT FROM UNDER THE LEFT SIDE OF TRAFFIC UNIT ONE. TRAFFIC UNIT TWO WAS HEAVILY DAMAGED. TNT HEAVY TOWING AND RECOVERY RESPONDED TO THE SCENE WITH A "ROTATOR" STYLE TOW TRUCK, A HEAVY TOW TRUCK, AND A ROLL-BACK TOW TRUCK AND STARTED RECOVERY EFFORTS. THE "ROTATOR" ATTACHED TO TRAFFIC UNIT ONE AND LIFTED IT OFF OF TRAFFIC UNIT TWO. TRAFFIC UNIT TWO WAS SLID EAST AND OUT FROM UNDERNEATH TRAFFIC UNIT ONE. DUE TO THE EXTENSIVE DAMAGE TO TRAFFIC UNIT ONE AND TWO, FIRE PERSONNEL WERE UNABLE TO ACCESS THE OCCUPANTS OF TRAFFIC UNIT TWO UNTIL APPROXIMATELY 1927 HOURS. IT WAS UNKNOWN HOW MANY OCCUPANTS WERE WITHIN THE VEHICLE AT THE TIME. THE FULL DAMAGE TO TRAFFIC UNIT TWO WAS OBSERVED ONLY AFTER THE EXTENSIVE RECOVERY.

AT A LATER TIME, TRAFFIC UNIT TWO'S TIRES WERE DOCUMENTED.

TRAFFIC UNIT TWO TIRES:

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- FRONT LEFT (STEERING TIRE)
 - SIZE: UNK
 - MAKE: UNK
 - MODEL: UNK
 - MEASURED TREAD DEPTH: UNK
 - PSI: DEFLATED (DAMAGED)
- FRONT RIGHT (STEERING TIRE)
 - SIZE: UNK
 - MAKE: UNK
 - MODEL: UNK
 - MEASURED TREAD DEPTH: UNK
 - PSI: DEFLATED (DAMAGED)
- REAR LEFT
 - SIZE: 205/60R16
 - MAKE: HANKOOK
 - MODEL: KINERGY GT
 - MEASURED TREAD DEPTH: 5/32"
 - PSI: DEFLATED
- REAR RIGHT
 - SIZE: 205/60R16
 - MAKE: HANKOOK
 - MODEL: KINERGY GT
 - MEASURED TREAD DEPTH: 6/32"
 - PSI: DEFLATED

BOTH TRAFFIC UNITS HAD TO BE PULLED APART AS BOTH WERE ENTANGLED TOGETHER. THE ROOF OF TRAFFIC UNIT TWO WAS HEAVILY BURNED AND WHAT WAS LEFT WAS CRUSHED DOWNWARDS INTO THE PASSENGER COMPARTMENT. THE INSIDE OF THE VEHICLE WAS FULL OF BURNT DEBRIS AND PERSONAL ITEMS. COPPER CANYON FIRE PERSONNEL BEGAN EXTRICATION EFFORTS AT APPROXIMATELY 2001 HOURS (RUN # 22-002900). FIRE PERSONNEL BEGAN CUTTING ITEMS OFF OF THE

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VEHICLE TO GAIN ACCESS TO THE OCCUPANTS. IT BECAME APPARENT THERE WERE MULTIPLE PEOPLE WITHIN THE VEHICLE; HOWEVER, IT COULD NOT BE DETERMINED UNTIL FURTHER EFFORTS.

AT APPROXIMATELY 2100 HOURS, THE YAVAPAI COUNTY MEDICAL EXAMINER OFFICE DEATH INVESTIGATOR ARRIVED. INVESTIGATOR AMBREE BORG BEGAN ASSISTING WITH RECOVERY AND GAVE PERMISSION TO REMOVE THE OCCUPANTS FROM THE VEHICLE. INVESTIGATOR BORG STATED ALL THE OCCUPANTS OF TRAFFIC UNIT TWO WOULD BE PRONOUNCED DECEASED ON SCENE AT APPROXIMATELY 2100 HOURS.

AT APPROXIMATELY 2125 HOURS, THE FRONT RIGHT PASSENGER WAS REMOVED FROM THE VEHICLE AND PLACED NEARBY. THE BODY WAS OF AN ADULT MALE AND WAS VISIBLY BURNT BY THE FIRE. THE BODY WAS PHOTOGRAPHED. THE MALE WAS SECURED BY A SEATBELT THAT WAS CUT DURING THE EXTRICATION. THE MALE HAD BLACK HAIR AND WAS WEARING A GREY T-SHIRT, BLACK SHORTS, AND BLACK SHOES. THE MALE'S FACE WAS BLACKENED AND HAD PARTIAL BURNS. THE MALE'S ARMS AND LEGS WERE ALSO PARTIALLY BURNED. A SEARCH LOCATED A BLUE WALLET IN THE POCKET OF THE MALE. THE WALLET CONTAINED AN ARIZONA DRIVER'S LICENSE (██████████), AMONG OTHER CARDS. THE DRIVER'S LICENSE IDENTIFIED THE MALE AS DINESH NAGARAJAN (DOB ██████████), OUT OF TEMPE, AZ. THIS IDENTIFICATION WAS PENDING OFFICIAL CONFIRMATION BY THE YAVAPAI COUNTY MEDICAL EXAMINERS OFFICE.

DINESH'S BODY WAS PLACED INTO A BODY BAG BY UNITED TRANSPORT SERVICES PERSONNEL AND SEALED BY TAG #5614071 (UNITED # 2114816). DINESH WAS DOCUMENTED UNDER YAVAPAI OME REPORT NUMBER 22-00949.

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AT APPROXIMATELY 2144 HOURS, THE SECOND-ROW RIGHT PASSENGER WAS REMOVED FROM THE VEHICLE AND PLACED NEARBY. THE BODY WAS OF AN ADULT MALE AND WAS VISIBLY BURNT BY THE FIRE. THE BODY WAS PHOTOGRAPHED. THE MALE WAS SECURED BY A SEATBELT THAT WAS CUT DURING EXTRICATION. THE MALE HAD THIN BLACK HAIR AND WAS WEARING A WHITE T-SHIRT, BLACK PANTS, AND BLACK AND WHITE SNEAKER-STYLE SHOES. THE MALE'S FACE WAS BURNT ALONG WITH HIS ARMS. NO FORMS OF IDENTIFICATION WERE LOCATED ON THE MALE. ON SCENE, THE MALE WAS RECORDED AS "UNKNOW NUMBER 2" AND A TAG WAS PLACED ON HIS LEFT LEG. THE MALE WAS LATER IDENTIFIED BY A REPUBLIC OF INDIA PASSPORT PHOTO AS GNANAPPAN NAGARAJAN (DOB [REDACTED]). THIS IDENTIFICATION WAS PENDING OFFICIAL CONFIRMATION BY THE YAVAPAI COUNTY MEDICAL EXAMINERS OFFICE.

GNANAPPAN'S BODY WAS PLACED INTO A BODY BAG BY UNITED TRANSPORT SERVICES PERSONNEL AND SEALED BY TAG #5614016 (UNITED #2213983). GNANAPPAN WAS DOCUMENTED UNDER YAVAPAI OME REPORT NUMBER 22-00950.

AT APPROXIMATELY 2203 HOURS, THE DRIVER WAS REMOVED FROM THE VEHICLE AND PLACED NEARBY. THE BODY WAS OF AN ADULT MALE AND WAS VISIBLY BURNT BY THE FIRE. THE BODY WAS PHOTOGRAPHED. THE MALE WAS SECURED BY A SEATBELT THAT WAS CUT DURING EXTRICATION. THE MALE WAS HEAVILY BURNT. THE MALE'S SKIN WAS CHARRED AND BLACKENED. THE MALE WAS WEARING A BLACK SHIRT, BLACK PANTS, AND BLACK AND WHITE SHOES. A SEARCH LOCATED A BROWN WALLET ON THE DRIVER SIDE FLOORBOARD. THE WALLET CONTAINED AN ARIZONA DRIVER'S LICENSE ([REDACTED]), AMONG OTHER CARDS. THE DRIVER'S LICENSE IDENTIFIED THE MALE AS ATHISH NAGARAJAN (DOB [REDACTED]) OUT OF TEMPE, AZ. THIS IDENTIFICATION WAS PENDING OFFICIAL CONFIRMATION BY THE

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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	2	0	9	1	8	1	4	1	8	0	7	9	9	0	1	0	8
												122052126							

CRASH DIAGRAM OR NARRATIVE

MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE
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YAVAPAI COUNTY MEDICAL EXAMINERS OFFICE.

ATHISH'S BODY WAS PLACED INTO A BODY BAG BY UNITED TRANSPORT SERVICES PERSONNEL AND SEALED BY TAG #5614037 (UNITED # 2213982). ATHISH WAS DOCUMENTED UNDER YAVAPAI OME REPORT NUMBER 22-00951.

AT APPROXIMATELY 2211 HOURS, THE SECOND ROW LEFT PASSENGER WAS REMOVED FROM THE VEHICLE AND PLACED NEARBY. THE BODY WAS OF AN ADULT FEMALE AND WAS VISIBLY BURNT BY THE FIRE. THE BODY WAS PHOTOGRAPHED. THE FEMALE WAS SECURED BY A SEATBELT THAT WAS CUT DURING EXTRICATION. THE FEMALE WAS HEAVILY BURNT. THE FEMALE'S FACE WAS BLACKENED AND BURNT. THE FEMALE'S ARMS AND CHEST WERE BURNT. THE FEMALE WAS WEARING A GREEN AND WHITE FLORAL SHIRT ALONG WITH GREY AND BLACK CHECKERED PANTS AND WHITE AND BLACK SNEAKER-STYLE SHOES. NO FORMS OF IDENTIFICATION WERE LOCATED ON THE FEMALE. ON SCENE, THE FEMALE WAS RECORDED AS "UNKNOWN NUMBER 4" AND A TAG WAS PLACED ON HER LEFT LEG. THE FEMALE WAS LATER IDENTIFIED BY A REPUBLIC OF INDIA PASSPORT PHOTO AS VIJAYA LAKSHMI GOPAL (DOB [REDACTED]). THIS IDENTIFICATION WAS PENDING OFFICIAL CONFIRMATION BY THE YAVAPAI COUNTY MEDICAL EXAMINERS OFFICE.

VIJAYA'S BODY WAS PLACED INTO A BODY BAG BY UNITED TRANSPORT SERVICES PERSONNEL AND SEALED BY TAG #5614120 (UNITED # 2213985). VIJAYA WAS DOCUMENTED UNDER YAVAPAI OME REPORT NUMBER 22-00952.

ALL FOUR SUBJECTS WERE TRANSFERRED TO THE YAVAPAI COUNTY MEDICAL EXAMINERS OFFICE IN PRESCOTT VALLEY, ARIZONA.

ON 09/19/2022, I MADE CONTACT WITH VIJAYA NIRMALA GOPAL (DOB

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		2	2	0	9	1	8	1	4	1	8	0	7	9	9	0	1	0	8
												122052126							

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(REDACTED) BY TELEPHONE. VIJAYA NIRMALA GOPAL WAS LOCATED IN INDIA AT THE TIME. VIJAYA NIRMALA GOPAL WAS THE BIOLOGICAL SISTER TO VIJAYA LAKSMI GOPAL AND NEXT OF KIN INFORMATION WAS PROVIDED TO HER FOR ALL THE DECEASED.

ON 09/22/2022, THE YAVAPAI COUNTY MEDICAL EXAMINERS OFFICE OFFICIALLY CONFIRMED THE IDENTITY OF ALL FOUR PERSONS AS FOLLOWS:

DINESH NAGARAJAN WAS VISUALLY IDENTIFIED WITH A PASSPORT PHOTO AND ARIZONA DRIVER'S LICENSE.

GNANAPPAN NAGARAJAN WAS VISUALLY IDENTIFIED WITH A PASSPORT PHOTO.

ATHISH NAGARAJAN WAS IDENTIFIED WITH A FINGERPRINT COMPARISON.

VIJAYA LAKSHMI GOPAL WAS IDENTIFIED WITH A FINGERPRINT COMPARISON.

ON 10/06/2022, I CONTACTED AMIRYE KHAIRAT (DOB (REDACTED)) BY TELEPHONE. KHAIRAT WAS A FRIEND OF ATHISH NAGARAJAN AND WAS TEMPORARILY LIVING AT HIS HOME. KHAIRAT STATED HE KNEW DINESH AND ATHISH'S PARENTS WERE VISITING FROM INDIA AND THEY HAD BEEN IN THE UNITED STATES SINCE THE BEGINNING OF SEPTEMBER 2022. ON 09/17/2022 KHAIRAT STATED ATHISH, DINESH, GNANAPPAN AND VIJAYA WENT OUT TO EAT DINNER AND RETURNED TO THE HOME AROUND EIGHT O'CLOCK THAT EVENING. KHAIRAT STATED THE FAMILY WENT TO SLEEP (09/17/2022). KHAIRAT STATED HE LEFT FOR WORK EARLY THE NEXT MORNING (09/18/2022). KHAIRAT STATED ATHISH CONTACTED HIM BY TELEPHONE AT APPROXIMATELY ELEVEN O'CLOCK

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		2	2	0	9	1	8	1	4	1	8	0	7	9	9	0	1	0	8
												122052126							

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(09/18/2022), STATING HIS FAMILY AND HIM WERE GOING TO TRAVEL UP TO SEDONA FOR THE DAY. KHAIRAT STATED THIS WAS THE LAST CONTACT HE HAD WITH ATHISH PRIOR TO THE CRASH.

WITNESS INFORMATION:

ALL THE SUBJECTS BELOW PROVIDED A WRITTEN OR VERBAL WITNESS STATEMENT REGARDING THE CRASH; THEIR STATEMENTS ARE AS FOLLOWS (NOT DIRECT QUOTES):

ON 09/18/2022, DUSTIN MILES WRIGHT (DOB [REDACTED]) FILLED OUT A WRITTEN WITNESS STATEMENT ON SCENE. WRIGHT STATED HE WAS DRIVING DOWN SR-179 TOWARDS THE I-17. WRIGHT STATED AS HE TURNED ONTO THE I-17 J-RAMP, HE OBSERVED A SEMI IN A DITCH OFF THE SIDE OF THE ROAD. WRIGHT STATED THE DRIVER OF THE SEMI WAS YELLING AND WAIVING HIS HANDS WHILE STANDING NEAR THE TRUCK. WRIGHT STATED THE DRIVER WAS YELLING INCOHERENTLY.

WRIGHT STATED HE RAN DOWN TO THE VEHICLES WITH ANOTHER PASSERBY. WRIGHT STATED HE NOTICED THE PASSENGER CAR UNDERNEATH THE REAR AXLE OF THE SEMI-CAB. WRIGHT STATED THERE WAS A LOT OF FLUID ON THE GROUND NEAR THE VEHICLES. WRIGHT STATED HE COULD NOT GET TO THE OTHER VEHICLE AND COULD NOT EVEN SEE INTO IT. WRIGHT REFERENCED THE PASSENGER CAR AS "MANGLED BEYOND RECOGNITION". WRIGHT STATED WHILE HE WAS NEAR THE VEHICLES, THE SEMI BEGAN TO CATCH FIRE.

ON 09/18/2022, MARIA ELIZABETH SACCO (DOB [REDACTED]) FILLED OUT A WRITTEN WITNESS STATEMENT ON SCENE. SACCO STATED SHE WAS DRIVING SOUTH ON SR-179, TURNING ONTO THE I-17 J-RAMP. SACCO STATED SHE OBSERVED THE PASSENGER SIDE OF THE SEMI CATCHING FIRE. SACCO STATED SHE DID NOT WITNESS THE ACTUAL CRASH BUT STOPPED TO SEE IF SHE COULD HELP. SACCO STATED SHE

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		2	2	0	9	1	8	1	4	1	8	0	7	9	9	0	1	0	8	9	8	
																			122052126			

CRASH DIAGRAM OR NARRATIVE

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MADE CONTACT WITH THE SEMI TRUCK DRIVER, WHO TOLD HER "HE COULDN'T STOP". SACCO STATED THE DRIVER WAS VERY DISTRAUGHT. SACCO STATED THE DRIVER TOLD HER HE WAS EXITING I-17 SOUTHBOUND, AND HIS BRAKES DIDN'T WORK.

ON 09/20/2022, SAM CHRISTOPHER KMACK (DOB [REDACTED]) CALLED IN, STATING HE HAD WITNESSED THE CRASH. KMACK STATED HE ALSO OBSERVED THE SEMI-TRUCK TRAVELING ON THE ROADWAY PRIOR TO THE CRASH. I CALLED KMACK VIA TELEPHONE TO RECEIVE HIS STATEMENT. I NOTIFIED KMACK I WOULD BE RECORDING THE CONVERSATION, TO WHICH HE AGREED. I RECORDED KMACK'S STATEMENT ON THE AXON CAPTURE APPLICATION ON MY DEPARTMENT-ISSUED CELL PHONE. THIS AUDIO RECORDING WAS UPLOADED TO EVIDENCE.COM AT A LATER TIME.

KMACK STATED HE WAS TRAVELING SOUTHBOUND ON INTERSTATE 17. KMACK TOLD ME HE WAS GOING TO TAKE THE 298 EXIT TOWARDS SEDONA. KMACK TOLD ME HE DIDN'T KNOW THE EXACT MILEPOST HE FIRST NOTICED TRAFFIC UNIT ONE; HOWEVER, HE SAID HE OBSERVED A RUNAWAY TRUCK RAMP AFTER FOLLOWING TRAFFIC UNIT ONE FOR A FEW MINUTES. KMACK STATED TRAFFIC UNIT ONE WAS TRAVELING SOUTHBOUND IN FRONT OF HIM. KMACK TOLD ME TRAFFIC UNIT ONE WAS "SMOKING LIKE CRAZY" EVEN BEFORE PASSING THE RUNAWAY TRUCK RAMP.

KMACK STATED HE THOUGHT TRAFFIC UNIT ONE HAD BLOWN A TIRE OR WAS ABOUT TO BLOW A TIRE; HOWEVER, THE SMOKE WAS "POURING OUT OF THE TRUCK". KMACK DESCRIBED THE SMOKE AS A "WHITER SMOKE". KMACK TOLD ME THE SMOKE DIDN'T SMELL LIKE BURNING RUBBER. KMACK TOLD ME HE COULDN'T REMEMBER THEIR EXACT SPEED; HOWEVER, HE THOUGHT IT WAS NEAR THE SPEED LIMIT. KMACK STATED HE DIDN'T REMEMBER TRAFFIC UNIT ONE "...GOING CRAZY FAST". KMACK STATED TRAFFIC UNIT ONE PASSED THE RUNAWAY TRUCK RAMP,

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		2	2	0	9	1	8	1	4	1	8	0	7	9	9	0	1	0	8
CRASH DIAGRAM OR NARRATIVE												<input type="checkbox"/> MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE <input type="checkbox"/> MEASUREMENTS ARE SCALED (SCALE = _____)							

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CRASH DIAGRAM OR NARRATIVE

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MEASUREMENTS ARE SCALED (SCALE = _____)

TO WHICH KMACK THOUGHT IF THE TRUCK HAD PASSED THE RUNAWAY RAMP, THERE WAS NO LONGER A PROBLEM. KMACK STATED TRAFFIC UNIT ONE TOOK THE 298 EXIT RAMP, AND HE FOLLOWED FROM A DISTANCE BECAUSE HE "DIDN'T WANT TO GET BLASTED BY THE SMOKE".

KMACK STATED TRAFFIC UNIT ONE WAS STILL SMOKING AND "BLEW RIGHT THROUGH THE STOP SIGN". KMACK STATED TRAFFIC UNIT ONE COLLIDED WITH TRAFFIC UNIT TWO, WHICH WAS TRAVELING NORTHBOUND ON SR-179. KMACK STATED HE COULDN'T SEE WHAT TYPE OF VEHICLE TRAFFIC UNIT TWO WAS. KMACK STATED, "IT LOOKED LIKE THE TRUCK ALMOST LIKE JUMPED...JUMPED OR SOMETHING WHEN IT WENT INTO THAT DITCH". KMACK STATED HE PULLED OVER AND CALLED 9-1-1. KMACK STATED A FIRE BEGAN ON THE RIGHT SIDE OF TRAFFIC UNIT ONE. KMACK TOLD ME HE DIDN'T SEE ANY MANEUVERS FROM TRAFFIC UNIT ONE TO AVOID THE COLLISION. KMACK STATED TRAFFIC UNIT ONE COLLIDED DIRECTLY INTO THE RIGHT SIDE OF TRAFFIC UNIT TWO. KMACK STATED TRAVELING BEHIND TRAFFIC UNIT ONE, HE DIDN'T REMEMBER SEEING ACTIVE BRAKE LIGHTS ON THE TRUCK OR TRAILER.

OTHER ACTIONS OR EVIDENCE:

ARIZONA DEPARTMENT OF PUBLIC SAFETY REACT TEAM RESPONDED TO THE COLLISION SCENE. TROOPER R. TURNER #6667 MEASURED THE SCENE USING A RTC-360 SCANNER. SEE TROOPER TURNER'S DIAGRAM AND SUPPLEMENT REPORT FOR MORE INFORMATION.

WHEN I FIRST ARRIVED ON SCENE I OBSERVED COPPER CANYON FIRE PERSONNEL ATTEMPTING TO EXTINGUISH THE FIRE. I WAS CONTACTED BY ONE OF THE FIRE PERSONNEL WHO STATED THERE WAS A PASSENGER VEHICLE UNDERNEATH THE SEMI-TRUCK. FIRE PERSONNEL STATED THEY DIDN'T KNOW HOW MANY OCCUPANTS WERE IN THE VEHICLE; HOWEVER,

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		2	2	0	9	1	8	1	4	1	8	0	7		9	9	0	1	0

CRASH DIAGRAM OR NARRATIVE

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THEY STATED THERE WERE POSSIBLE FATALITIES. I WALKED TOWARDS THE SEMI, AND IT WAS ACTIVELY ON FIRE. I COULD NOT SEE THE PASSENGER CAR UNDER THE TRUCK. I NOTED BATALLION UNIT 811 (B-811), AMBULANCE 811 (A-811), ENGINE 811 (E-811), WATER TENDER 321 (WT-321), AND ENGINE 831 (3-831) WERE ON SCENE. THE RAMP WAS CLOSED TO CIVILIAN TRAFFIC.

WITHIN THE SR-179 / I-17 RAMP INTERSECTION, I OBSERVED A SMALL SET OF TIRE FRICTION MARKS POINTING TOWARDS THE TRAFFIC UNITS. THE MARKS WERE IN A RELATIVELY STRAIGHT PATTERN. THERE WERE GOUGES AND SCRAPE MARKS OBSERVED IN THE ASPHALT ROADWAY NEAR THE TIRE FRICTION MARKS.

THE EVIDENCE AT THE SCENE, ALONG WITH INFORMATION GATHERED DURING THE INVESTIGATION, INDICATE THE FOLLOWING: ACCORDING TO THE DRIVER OF TRAFFIC UNIT ONE, EPHREM ADDISLEM HABTOM, HE WAS TRAVELING SOUTHBOUND INTERSTATE 17. EPHRAM STATED TRAFFIC UNIT ONE LOST ITS BRAKES COMING DOWN A HILL AND COULD NOT STOP. HABTOM STATED HE TOOK THE INTERSTATE 17 298 SOUTHBOUND EXIT RAMP (C-RAMP) IN AN EFFORT TO STOP HIS VEHICLE. EPHRAM STATED HE TRAVELED DOWN THE EXIT RAMP; HOWEVER, HE WAS UNABLE TO STOP FOR THE STOP SIGNS PRIOR TO THE INTERSECTION. HABTOM STATED HE BEGAN ACTIVATING HIS AIR HORN IN AN EFFORT TO WARN OTHER MOTORISTS. HABTOM STATED HE ENTERED THE INTERSECTION AND COLLIDED WITH TRAFFIC UNIT TWO, WHICH WAS TRAVELING NORTHBOUND ON SR-179 BASED ON THE DRIVER OF TRAFFIC UNIT ONE, EYEWITNESS ACCOUNTS AND CONTACT DAMAGE TO THE RIGHT SIDE OF TRAFFIC UNIT TWO. HABTOM STATED AFTER THE IMPACT, BOTH VEHICLES WENT OFF THE ROADWAY AND BEGAN TO CATCH FIRE. HABTOM STATED HE WAS ASSISTED FROM THE VEHICLE BY PASSERBYS.

TIRE FRICTION MARKS WERE OBSERVED ON THE ASPHALT WITHIN THE

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		2	2	0	9	1	8	1	4	1	8	0	7	9	9	0	1	0	8
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CRASH DIAGRAM OR NARRATIVE

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INTERSECTION. THE TIRE FRICTION MARKS WERE WITHIN THE NORTHBOUND AND SOUTHBOUND TRAVEL LANES ON SR-179. THE TIRE FRICTION MARKS POINTED SOUTH TOWARDS THE FINAL RESTING PLACE OF TRAFFIC UNIT ONE AND TRAFFIC UNIT TWO, HOWEVER THEY DID NOT EXTEND PAST THE INTERSECTION. THE TIRE FRICTION MARKS WERE FROM TRAFFIC UNIT ONE BASED ON THE DIRECTION THE MARKS POINTED. GOUGE MARKS ON THE ASPHALT WERE OBSERVED WITHIN THE INTERSECTION, COMING FROM TRAFFIC UNIT ONE COLLIDING WITH TRAFFIC UNIT TWO. THE GOUGE MARKS WERE LOCATED IN THE NORTHBOUND AND SOUTHBOUND TRAVEL LANES OF SR-179. TRAFFIC UNIT TWO WAS LOCATED UNDERNEATH TRAFFIC UNIT ONE'S CAB. TRAFFIC UNIT ONE'S FRONT BUMPER WAS CRUSHED INWARD AT THE CENTER FROM COLLIDING WITH THE RIGHT SIDE OF TRAFFIC UNIT TWO. TRAFFIC UNIT TWO HAD RIGHT SIDE DAMAGE, CRUSHING INWARD FROM IMPACT FROM TRAFFIC UNIT ONE.

DIGITAL DATA FROM TRAFFIC UNIT ONE IS PENDING DOWNLOAD AND ANALYSIS. THIS INVESTIGATION IS CURRENTLY ONGOING AND WILL BE SUPPLEMENTED ONCE COMPLETED.

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ARIZONA CRASH REPORT		REPORT ID												Agency Report Number										
TRUCK/ BUS SUPPLEMENT <small>POLICE ONLY—FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 064R 206 S. 17TH AVE., PHOENIX, ARIZONA 85007-3233</small>		YEAR	MONTH	DAY	HOUR			NCIC NO.			OFFICER ID NO.			122052126										
1		2	2	0	9	1	8	1	4	1	8	0	7					9	9	0	1	0	8	9
		TRAFFIC UNIT NO. _____ Unit No. Must Match Unit No. on Page 1	QUALIFYING INFORMATION		At the Time of the Crash, <u>THIS</u> Vehicle was:												Commercial Driver License (CDL)							
<input type="checkbox"/> 1 - A truck or truck combination >10,000 lbs GVWR/GCWR <input type="checkbox"/> 2 - A bus with seats for 9 or more persons, including driver <input type="checkbox"/> 3 - A vehicle of any type with a hazardous materials placard (includes auto, light truck, van, 10,000 lbs or less)			<input type="checkbox"/> 1 - Operating on a traffic way open to the public (in-Transport) <input type="checkbox"/> 2 - Parked on or off the traffic way												<input type="checkbox"/> Yes <input type="checkbox"/> No License Class: (check one) <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Class D <input type="checkbox"/> Class M									
VEHICLE INFORMATION			VEHICLE CONFIGURATION <input type="checkbox"/> 1 -Passenger Car (only if vehicle has Hazardous Materials Placard(s)) <input type="checkbox"/> 2 -Light Truck (only if vehicle has Hazardous Materials Placard) <input type="checkbox"/> 3 -Bus (seats 9-15 people, including driver) <input type="checkbox"/> 4 -Bus (seats 16 people or more, including driver) <input type="checkbox"/> 5 -Single-Unit Truck (2 axles, 6 tires)						<input type="checkbox"/> 6 -Single-Unit Truck (3 or more axles) <input type="checkbox"/> 7 -Truck/Trailer(s) (Single-Unit Truck with Trailer(s)) <input type="checkbox"/> 8 -Truck/Tractor (without trailer, bobtail or saddle-mount) <input type="checkbox"/> 9 -Tractor/Semi-Trailer (one trailer) <input type="checkbox"/> 10 -Tractor/Doubles (two trailers) <input type="checkbox"/> 11 -Tractor/Triples (three trailers) <input type="checkbox"/> 97 -Other Truck > 10,000 lbs. (not listed above)						CARGO BODY TYPE				<input type="checkbox"/> 8 -Auto Transporter <input type="checkbox"/> 9 -Garbage or Refuse <input type="checkbox"/> 10 -Grain, Chips, Gravel <input type="checkbox"/> 11 -Pole <input type="checkbox"/> 12 -Vehicle Towing Another Motor Vehicle <input type="checkbox"/> 13 -Intermodal Chassis <input type="checkbox"/> 14 -Logging <input type="checkbox"/> 97 -Other Cargo Body (not listed above)					
GVWR/GCWR <input type="checkbox"/> 0 - Not Applicable <input type="checkbox"/> 1 - 10,000 lbs or less <input type="checkbox"/> 2 - 10,001 - 26,000 lbs <input type="checkbox"/> 3 - Greater than 26,000 lbs			BUS USE <input type="checkbox"/> 0 - Not Applicable - Not a bus <input type="checkbox"/> 1 - School <input type="checkbox"/> 2 - Transit/Commuter <input type="checkbox"/> 3 - Intercity <input type="checkbox"/> 4 - Charter/Tour <input type="checkbox"/> 5 - Shuttle/Other <input type="checkbox"/> A. School bus directly involved <input type="checkbox"/> B. School bus indirectly involved						HAZARDOUS MATERIALS INVOLVEMENT Did the vehicle have a Haz Mat Placard? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, include the following information from the Placard: HM 4-Digit # or name from diamond or box: _____ HM Class # (1-9) from bottom of diamond: _____ Was Haz Mat released from THIS vehicle's cargo? <input type="checkbox"/> Yes <input type="checkbox"/> No															
CARRIER INFORMATION																								
<input type="checkbox"/> 1 - Interstate Carrier <input type="checkbox"/> 2 - Intrastate Carrier <input type="checkbox"/> 3 - Not in Commerce-Government <input type="checkbox"/> 4 - Not in Commerce-Other Trucks (Over 10,000 lbs. GVWR/GCWR)																								
NAME <u>EPHREM ADDISLEM HABTOM</u>																								
SOURCE: <input type="checkbox"/> Shipping Papers <input type="checkbox"/> Vehicle Side <input type="checkbox"/> Driver <input type="checkbox"/> Log Book																								
ADDRESS <u>3125 CREEK DR SE APT 1A</u>																								
CITY <u>GRAND RAPIDS</u> STATE <u>MI</u> ZIP <u>49512</u>																								
IDENTIFICATION NUMBERS: <input type="checkbox"/> NONE																								
USDOT# <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>3</td><td>7</td><td>4</td><td>1</td><td>2</td><td>5</td><td>3</td></tr></table>																		3	7	4	1	2	5	3
3	7	4	1	2	5	3																		
MC/MX# _____ STATE# _____																								
TRAFFIC UNIT NO. _____ Unit No. Must Match Unit No. on Page 1	QUALIFYING INFORMATION		At the Time of the Crash, <u>THIS</u> Vehicle was:												Commercial Driver License (CDL)									
	<input type="checkbox"/> 1 - A truck or truck combination >10,000 lbs GVWR/GCWR <input type="checkbox"/> 2 - A bus with seats for 9 or more persons, including driver <input type="checkbox"/> 3 - A vehicle of any type with a hazardous materials placard (includes auto, light truck, van, 10,000 lbs or less)		<input type="checkbox"/> 1 - Operating on a traffic way open to the public (in-Transport) <input type="checkbox"/> 2 - Parked on or off the traffic way												<input type="checkbox"/> Yes <input type="checkbox"/> No License Class: (check one) <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Class D <input type="checkbox"/> Class M									
	VEHICLE INFORMATION		VEHICLE CONFIGURATION <input type="checkbox"/> 1 -Passenger Car (only if vehicle has Hazardous Materials Placard(s)) <input type="checkbox"/> 2 -Light Truck (only if vehicle has Hazardous Materials Placard) <input type="checkbox"/> 3 -Bus (seats 9-15 people, including driver) <input type="checkbox"/> 4 -Bus (seats 16 people or more, including driver) <input type="checkbox"/> 5 -Single-Unit Truck (2 axles, 6 tires)						<input type="checkbox"/> 6 -Single-Unit Truck (3 or more axles) <input type="checkbox"/> 7 -Truck/Trailer(s) (Single-Unit Truck with Trailer(s)) <input type="checkbox"/> 8 -Truck/Tractor (without trailer, bobtail or saddle-mount) <input type="checkbox"/> 9 -Tractor/Semi-Trailer (one trailer) <input type="checkbox"/> 10 -Tractor/Doubles (two trailers) <input type="checkbox"/> 11 -Tractor/Triples (three trailers) <input type="checkbox"/> 97 -Other Truck > 10,000 lbs. (not listed above)						CARGO BODY TYPE				<input type="checkbox"/> 8 -Auto Transporter <input type="checkbox"/> 9 -Garbage or Refuse <input type="checkbox"/> 10 -Grain, Chips, Gravel <input type="checkbox"/> 11 -Pole <input type="checkbox"/> 12 -Vehicle Towing Another Motor Vehicle <input type="checkbox"/> 13 -Intermodal Chassis <input type="checkbox"/> 14 -Logging <input type="checkbox"/> 97 -Other Cargo Body (not listed above)					
	GVWR/GCWR <input type="checkbox"/> 0 - Not Applicable <input type="checkbox"/> 1 - 10,000 lbs or less <input type="checkbox"/> 2 - 10,001 - 26,000 lbs <input type="checkbox"/> 3 - Greater than 26,000 lbs		BUS USE <input type="checkbox"/> 0 - Not Applicable - Not a bus <input type="checkbox"/> 1 - School <input type="checkbox"/> 2 - Transit/Commuter <input type="checkbox"/> 3 - Intercity <input type="checkbox"/> 4 - Charter/Tour <input type="checkbox"/> 5 - Shuttle/Other <input type="checkbox"/> A. School bus directly involved <input type="checkbox"/> B. School bus indirectly involved						HAZARDOUS MATERIALS INVOLVEMENT Did the vehicle have a Haz Mat Placard? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, include the following information from the Placard: HM 4-Digit # or name from diamond or box: _____ HM Class # (1-9) from bottom of diamond: _____ Was Haz Mat released from THIS vehicle's cargo? <input type="checkbox"/> Yes <input type="checkbox"/> No															
CARRIER INFORMATION																								
<input type="checkbox"/> 1 - Interstate Carrier <input type="checkbox"/> 2 - Intrastate Carrier <input type="checkbox"/> 3 - Not in Commerce-Government <input type="checkbox"/> 4 - Not in Commerce-Other Trucks (Over 10,000 lbs. GVWR/GCWR)																								
NAME _____																								
SOURCE: <input type="checkbox"/> Shipping Papers <input type="checkbox"/> Vehicle Side <input type="checkbox"/> Driver <input type="checkbox"/> Log Book																								
ADDRESS _____																								
CITY _____ STATE _____ ZIP _____																								
IDENTIFICATION NUMBERS: <input type="checkbox"/> NONE																								
USDOT# <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																								
MC/MX# _____ STATE# _____																								
OFFICER'S NAME															DATE									
M. Sgariglia (10898)															09/18/2022									

ARIZONA CRASH REPORT		REPORT ID										Agency Report Number							
1	FATAL SUPPLEMENT POLICE ONLY - FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 064R 206 S. 17TH AVE., PHOENIX, ARIZONA 85007-3233		YEAR	MONTH	DAY	HOUR				NCIC NO.			OFFICER ID NO.				122052126		
	2	2	0	9	1	8	1	4	1	8	0	7	9	9	0	1		0	8
2	DECEASED	Name ATHISH NAGARAJAN					Type: <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Pedestrian <input type="checkbox"/> Unknown Occupant Type <input type="checkbox"/> Passenger <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Unknown Non-Occupant Type												
		Sex M	Height 511	Weight 174			Date of Birth (MMDDYYYY) [REDACTED]												
		Deceased at Scene: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Deceased Removed To 918 PROSSER LN, PRESCOTT, AZ 86301 OME OFF					Deceased Removed By UNITED TRANSPORT SERVICES										
		Transported to First Medical Facility: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			First Medical Facility Transported To: NONE				Transported to First Medical Facility By: NONE										
Date of Death (MMDDYYYY)		0	9	1	8	2	0	2	2	Time of Death		2	1	0	0				
3	CRASH SCENE	If Intersection or Intersection-Related, Indicate Type of Intersection: <input checked="" 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 # _____ <input type="checkbox"/> 1 Concrete <input type="checkbox"/> 5 Dirt <input type="checkbox"/> 2 Blacktop, Bituminous, or Asphalt <input type="checkbox"/> 6 Other: _____ <input type="checkbox"/> 3 Brick or Block <input type="checkbox"/> 51 Unknown <input type="checkbox"/> 4 Slag, Gravel, or Stone												
		If intersection or Intersection-Related, and Traffic Signals Present, Indicate Type of Signal: <input type="checkbox"/> 1 Traffic Control Signal With Pedestrian Signal <input type="checkbox"/> 2 Traffic Control Signal Without Pedestrian Signal					Work Zone Type: <input checked="" type="checkbox"/> 0 No Work Zone Present <input type="checkbox"/> 3 Utility <input type="checkbox"/> 1 Construction <input type="checkbox"/> 4 Work Zone, Type Unknown <input type="checkbox"/> 2 Maintenance												
4	VEHICLE INFORMATION	Trailer Vehicle Identification Number(s): Unit # 1 - 1UYVS25387P118010 Unit # _____ Unit # _____ Unit # _____		Extent of Damage: UNIT # _____ <input type="checkbox"/> 1 No Damage <input type="checkbox"/> 2 Minor Damage <input type="checkbox"/> 3 Functional Damage <input type="checkbox"/> 4 Disabling Damage <input type="checkbox"/> 5 Unknown Damage		Motor Vehicle Contributing Circumstances: (Check all that apply) UNIT # _____ UNIT # _____ <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													
		Override/Override: UNIT # _____ UNIT # _____ <input type="checkbox"/> 1 No Override or Override Noted <input type="checkbox"/> 6 Underriding a Motor Vehicle Not in Transport, No Compartment Intrusion <input type="checkbox"/> 2 Underriding a Motor Vehicle in Transport, Compartment Intrusion <input type="checkbox"/> 7 Underriding a Motor Vehicle Not in Transport, Compartment Intrusion Unknown <input type="checkbox"/> 3 Underriding a Motor Vehicle in Transport, No Compartment Intrusion <input type="checkbox"/> 8 Overriding a Motor Vehicle in Transport <input type="checkbox"/> 4 Underriding a Motor Vehicle in Transport, Compartment Intrusion Unknown <input type="checkbox"/> 9 Overriding a Motor Vehicle Not in Transport <input type="checkbox"/> 5 Underriding a Motor Vehicle Not in Transport, Compartment Intrusion <input type="checkbox"/> 10 Unknown if Override or Underride Present																	
		Driver Unit # 1 Height: 509 Weight: 153		Driver Unit # 2 Height: 511 Weight: 174		Racing Involved UNIT # _____ <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes													
5	DRIVER INFORMATION	Compliance with License Restrictions: UNIT # _____ <input checked="" type="checkbox"/> 0 No Restrictions <input type="checkbox"/> 1 Restrictions Complied With <input type="checkbox"/> 2 Restrictions Not Complied With <input type="checkbox"/> 3 Restrictions, Compliance Unknown <input type="checkbox"/> 51 Unknown				Compliance with CDL Endorsements: UNIT # _____ <input checked="" type="checkbox"/> 0 No Endorsements Required for Vehicle <input type="checkbox"/> 1 Endorsement(s) Required, Complied With <input type="checkbox"/> 2 Endorsement(s) Required, Not Complied With <input type="checkbox"/> 3 Endorsement(s) Required, Compliance Unknown <input type="checkbox"/> 51 Unknown if Required													
		Driver Maneuvered to Avoid UNIT # _____ <input checked="" type="checkbox"/> 1 Driver Did Not Maneuver to Avoid <input type="checkbox"/> 2 Object <input type="checkbox"/> 3 Poor Road Conditions (puddle, ice, pothole etc.) <input type="checkbox"/> 4 Live Animal <input type="checkbox"/> 5 Motor Vehicle (in transport, parked, working) <input type="checkbox"/> 6 Pedestrian, Pedalcyclist or Other Non-Motorist <input type="checkbox"/> 7 Non-Contact Motor Vehicle <input type="checkbox"/> 51 Unknown				Driver's Attempted Avoidance Maneuver (Check Only One) UNIT # _____ UNIT # _____ <input checked="" type="checkbox"/> 1 No Avoidance Maneuver <input type="checkbox"/> 9 Accelerating <input type="checkbox"/> 2 Releasing Brakes <input type="checkbox"/> 10 Accelerating and Steering Left <input type="checkbox"/> 3 Braking <input type="checkbox"/> 11 Accelerating and Steering Right <input type="checkbox"/> 4 Steering Left <input type="checkbox"/> 12 Accelerating and Unknown Steering Direction <input type="checkbox"/> 5 Steering Right <input type="checkbox"/> 50 Other Actions: _____ <input type="checkbox"/> 6 Braking and Steering Left <input type="checkbox"/> 51 Unknown if Avoidance Maneuver Attempted <input type="checkbox"/> 7 Braking and Steering Right <input type="checkbox"/> 8 Braking and Unknown Steering Direction													
		Driver Influencing Substances Alcohol: Unit # 1 [X] Unit # 2 [X] No Test Given Test Given Test Refused Testing Unknown		Drugs Unit # 1 [X] Unit # 2 [X] No Test Given Test Given Test Refused Testing Unknown		Driver Alcohol/Drug Testing Results Unit # 1 Alcohol Test Type: _____ Alcohol Test Results: _____ Drug Test Type: _____ Drug Test Results: _____			Driver Alcohol/Drug Testing Results Unit # 2 Alcohol Test Type: _____ Alcohol Test Results: _____ Drug Test Type: _____ Drug Test Results: _____										

6	EMS	Notification Time EMS:		1	4	2	0	Arrival Time EMS:		1	4	3	2	EMS Time at Hospital:																															
7	MOTOR VEHICLE OCCUPANT/NON-OCCUPANT INFORMATION	Unit #	Seat Pos.	S/D	Ejection	EJ. Path	Extrication	Transport	Seating Position <table style="display:inline-table; border-collapse: collapse;"> <tr><td style="border:1px solid black; padding: 2px;">41</td><td style="border:1px solid black; padding: 2px;">31</td><td style="border:1px solid black; padding: 2px;">21</td><td style="border:1px solid black; padding: 2px;">11</td></tr> <tr><td style="border:1px solid black; padding: 2px;">42</td><td style="border:1px solid black; padding: 2px;">32</td><td style="border:1px solid black; padding: 2px;">22</td><td style="border:1px solid black; padding: 2px;">12</td></tr> <tr><td style="border:1px solid black; padding: 2px;">43</td><td style="border:1px solid black; padding: 2px;">33</td><td style="border:1px solid black; padding: 2px;">23</td><td style="border:1px solid black; padding: 2px;">13</td></tr> <tr><td style="border:1px solid black; padding: 2px;">48</td><td style="border:1px solid black; padding: 2px;">38</td><td style="border:1px solid black; padding: 2px;">28</td><td style="border:1px solid black; padding: 2px;">18</td></tr> <tr><td style="border:1px solid black; padding: 2px;">49</td><td style="border:1px solid black; padding: 2px;">39</td><td style="border:1px solid black; padding: 2px;">29</td><td style="border:1px solid black; padding: 2px;">19</td></tr> </table> 00 – Not Applicable/Non-Occupant 18, 28, 38, 48 – Additional passenger in vehicle by row (Ex: child in lap) 19, 29, 39, 49 – Unknown passenger location by row 50 – In enclosed passenger/cargo area 51 – In unenclosed passenger/cargo area 52 – Riding on vehicle exterior 53 – Riding in trailing unit 54 – Sleeper section of cab (truck) 55 – Unknown location											41	31	21	11	42	32	22	12	43	33	23	13	48	38	28	18	49	39	29	19						
		41	31	21	11																																								
		42	32	22	12																																								
		43	33	23	13																																								
		48	38	28	18																																								
		49	39	29	19																																								
		1	11	3	0	0	1	0																																					
		2	11	3	0	0	2	0																																					
		2	13	3	0	0	2	0																																					
		2	21	3	0	0	2	0																																					
2	23	3	0	0	2	0																																							
									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 # _____ <input type="checkbox"/> <input type="checkbox"/> 1 Two Wheel Motorcycle <input type="checkbox"/> <input type="checkbox"/> 2 Moped or Motorized Bicycle <input type="checkbox"/> <input type="checkbox"/> 3 Off-Road Motorcycle <input type="checkbox"/> <input type="checkbox"/> 4 Motor Scooter <input type="checkbox"/> <input type="checkbox"/> 5 Other Motorized Cycle Type <input type="checkbox"/> <input type="checkbox"/> 50 Unknown Motored Cycle Type																																											
		Motorcycles - Three Wheel Styles UNIT # _____ <input type="checkbox"/> <input type="checkbox"/> 11 Three Wheel Motorcycle (2 rear wheels) <input type="checkbox"/> <input type="checkbox"/> 12 Unenclosed Three Wheel Motorcycle/Unenclosed Autocycle (1 rear wheel) <input type="checkbox"/> <input type="checkbox"/> 13 Enclosed Three Wheel Motorcycle/Enclosed Autocycle (1 rear wheel) <input type="checkbox"/> <input type="checkbox"/> 51 Unknown Three Wheel Motorcycle Type <input type="checkbox"/> <input type="checkbox"/> 60 ATV/ATC (All Terrain Cycle)																																											
9	NON-OCCUPANT INFORMATION	Non-Occupant Person Type UNIT # _____ <input type="checkbox"/> <input type="checkbox"/> 1 Pedestrian <input type="checkbox"/> <input type="checkbox"/> 2 Bicyclist <input type="checkbox"/> <input type="checkbox"/> 3 Person on Personal Conveyances (skates, skateboards, wheelchairs, etc.) <input type="checkbox"/> <input type="checkbox"/> 4 Other Cyclist (unicycle, tricycle) <input type="checkbox"/> <input type="checkbox"/> 5 Person In/On Building <input type="checkbox"/> <input type="checkbox"/> 6 Occupant of a Non-Motor Vehicle Transport Device (train, on an animal) <input type="checkbox"/> <input type="checkbox"/> 51 Unknown Type of Non-Motorist									Non-Occupant Safety Equipment: (Check all that apply) UNIT # _____ <input type="checkbox"/> <input type="checkbox"/> 0 None Used Protective: UNIT # _____ <input type="checkbox"/> <input type="checkbox"/> 1 Helmet <input type="checkbox"/> <input type="checkbox"/> 2 Protective Pads <input type="checkbox"/> <input type="checkbox"/> 3 Other Protective Safety Equipment Preventative: UNIT # _____ <input type="checkbox"/> <input type="checkbox"/> 4 Reflective Clothing <input type="checkbox"/> <input type="checkbox"/> 5 Lighting Use <input type="checkbox"/> <input type="checkbox"/> 6 Other _____ <input type="checkbox"/> <input type="checkbox"/> 51 Unknown If Used																																		
		Non-Occupant Influencing Substances <table style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align:center;">Alcohol</th> <th colspan="2" style="text-align:center;">Drugs</th> </tr> <tr> <td style="width:25%;">Unit # _____</td> <td style="width:25%;">Unit # _____</td> <td style="width:25%;">Unit # _____</td> <td style="width:25%;">Unit # _____</td> </tr> <tr> <td><input type="checkbox"/> No Test Given</td> <td><input type="checkbox"/> Test Given</td> <td><input type="checkbox"/> No Test Given</td> <td><input type="checkbox"/> Test Given</td> </tr> <tr> <td><input type="checkbox"/> Test Refused</td> <td><input type="checkbox"/> Testing Unknown</td> <td><input type="checkbox"/> Test Refused</td> <td><input type="checkbox"/> Testing Unknown</td> </tr> </table>									Alcohol		Drugs		Unit # _____	Unit # _____	Unit # _____	Unit # _____	<input type="checkbox"/> No Test Given	<input type="checkbox"/> Test Given	<input type="checkbox"/> No Test Given	<input type="checkbox"/> Test Given	<input type="checkbox"/> Test Refused	<input type="checkbox"/> Testing Unknown	<input type="checkbox"/> Test Refused	<input type="checkbox"/> Testing Unknown	Non-Occupant Alcohol/Drug Testing Results <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Unit # _____</td> <td style="width:50%;">Unit # _____</td> </tr> <tr> <td>Alcohol Test Type: _____</td> <td>Alcohol Test Type: _____</td> </tr> <tr> <td>Alcohol Test Results: _____</td> <td>Alcohol Test Results: _____</td> </tr> <tr> <td>Drug Test Type: _____</td> <td>Drug Test Type: _____</td> </tr> <tr> <td>Drug Test Results: _____</td> <td>Drug Test Results: _____</td> </tr> </table>									Unit # _____	Unit # _____	Alcohol Test Type: _____	Alcohol Test Type: _____	Alcohol Test Results: _____	Alcohol Test Results: _____	Drug Test Type: _____	Drug Test Type: _____	Drug Test Results: _____	Drug Test Results: _____
		Alcohol		Drugs																																									
Unit # _____	Unit # _____	Unit # _____	Unit # _____																																										
<input type="checkbox"/> No Test Given	<input type="checkbox"/> Test Given	<input type="checkbox"/> No Test Given	<input type="checkbox"/> Test Given																																										
<input type="checkbox"/> Test Refused	<input type="checkbox"/> Testing Unknown	<input type="checkbox"/> Test Refused	<input type="checkbox"/> Testing Unknown																																										
Unit # _____	Unit # _____																																												
Alcohol Test Type: _____	Alcohol Test Type: _____																																												
Alcohol Test Results: _____	Alcohol Test Results: _____																																												
Drug Test Type: _____	Drug Test Type: _____																																												
Drug Test Results: _____	Drug Test Results: _____																																												
10 COMMENTS PRONOUNCED BY INVESTIGATOR AMBREE BORG - YAVAPAI COUNTY OME OFFICE																																													
11	Officer's Name / Badge #				Supervisor's Signature				Agency Name				Date Completed																																
11	M. Sgariglia (10898)				C. Jones (07416)				AZ DPS				09/18/2022																																

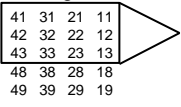
ARIZONA CRASH REPORT		REPORT ID										Agency Report Number																										
1	FATAL SUPPLEMENT	YEAR			MONTH			DAY			HOURL				NCIC NO.				OFFICER ID NO.				122052126															
	POLICE ONLY - FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 064R 206 S. 17TH AVE., PHOENIX, ARIZONA 85007-3233	2	2	0	9	1	8	1	4	1	8	0	7	9	9	0	1	0	8	9	8																	
2	DECEASED	Name DHINESH NAGARAJAN										Type: <input type="checkbox"/> Driver <input type="checkbox"/> Pedestrian <input type="checkbox"/> Unknown Occupant Type <input checked="" type="checkbox"/> Passenger <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Unknown Non-Occupant Type																										
		Sex M		Height 509			Weight 118			Date of Birth (MMDDYYYY) [REDACTED]																												
		Deceased at Scene: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Deceased Removed To 918 PROSSER LN, PRESCOTT, AZ 86301 OME OFF						Deceased Removed By UNITED TRANSPORT SERVICES																												
		Transported to First Medical Facility: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			First Medical Facility Transported To: NONE						Transported to First Medical Facility By: NONE																											
Date of Death (MMDDYYYY) 0 9 1 8 2 0 2 2										Time of Death 2 1 0 0																												
3	CRASH SCENE	If Intersection or Intersection-Related, Indicate Type of Intersection: <input checked="" 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 # <u>1</u> <u>2</u> <input type="checkbox"/> 1 Concrete <input type="checkbox"/> 5 Dirt <input 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 # <u>1</u> - <u>1UYVS25387P118010</u> Unit # _____ Unit # _____ Unit # _____					Extent of Damage: UNIT # <u>1</u> <u>2</u> <input type="checkbox"/> 1 No Damage <input type="checkbox"/> 2 Minor Damage <input type="checkbox"/> 3 Functional Damage <input type="checkbox"/> 4 Disabling Damage <input type="checkbox"/> 5 Unknown Damage					Motor Vehicle Contributing Circumstances: (Check all that apply) UNIT # <u>1</u> <u>2</u> UNIT # <u>1</u> <u>2</u> <input type="checkbox"/> 0 None <input type="checkbox"/> 8 Wipers <input type="checkbox"/> 1 Tires <input type="checkbox"/> 9 Wheels <input checked="" type="checkbox"/> 2 Brake System <input type="checkbox"/> 10 Mirrors <input type="checkbox"/> 3 Steering <input type="checkbox"/> 11 Windows/Windshield <input type="checkbox"/> 4 Suspension <input type="checkbox"/> 12 Body/Doors <input type="checkbox"/> 5 Power Train <input type="checkbox"/> 13 Truck Couplings/ Trailer Hitch/Safety Chains <input type="checkbox"/> 6 Exhaust System <input type="checkbox"/> 14 Safety Systems <input type="checkbox"/> 7 Lights (Specify: Head Signal Other) <input type="checkbox"/> 50 Other: _____ <input type="checkbox"/> 51 Unknown																										
		Override/Override: UNIT # <u>1</u> <u>2</u> UNIT # <u>1</u> <u>2</u> <input type="checkbox"/> 1 No Override or Override Noted <input type="checkbox"/> 6 Underriding a Motor Vehicle Not in Transport, No Compartment Intrusion <input type="checkbox"/> 2 Underriding a Motor Vehicle in Transport, Compartment Intrusion <input type="checkbox"/> 7 Underriding a Motor Vehicle Not in Transport, Compartment Intrusion Unknown <input type="checkbox"/> 3 Underriding a Motor Vehicle in Transport, No Compartment Intrusion <input 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 # 1 Height: <u>509</u> Weight: <u>153</u>					Driver Unit # 2 Height: <u>511</u> Weight: <u>174</u>					Racing Involved UNIT # <u>1</u> <u>2</u> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes																										
		Compliance with License Restrictions: UNIT # <u>1</u> <u>2</u> <input checked="" type="checkbox"/> 0 No Restrictions <input type="checkbox"/> 1 Restrictions Complied With <input type="checkbox"/> 2 Restrictions Not Complied With <input type="checkbox"/> 3 Restrictions, Compliance Unknown <input type="checkbox"/> 51 Unknown					Compliance with CDL Endorsements: UNIT # <u>1</u> <u>2</u> <input checked="" type="checkbox"/> 0 No Endorsements Required for Vehicle <input type="checkbox"/> 1 Endorsement(s) Required, Complied With <input type="checkbox"/> 2 Endorsement(s) Required, Not Complied With <input type="checkbox"/> 3 Endorsement(s) Required, Compliance Unknown <input type="checkbox"/> 51 Unknown if Required																															
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6	EMS	Notification Time EMS: <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td style="width:30px; text-align:center;">1</td><td style="width:30px; text-align:center;">4</td><td style="width:30px; text-align:center;">2</td><td style="width:30px; text-align:center;">0</td></tr></table>		1	4	2	0	Arrival Time EMS: <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td style="width:30px; text-align:center;">1</td><td style="width:30px; text-align:center;">4</td><td style="width:30px; text-align:center;">3</td><td style="width:30px; text-align:center;">2</td></tr></table>		1	4	3	2	EMS Time at Hospital: <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td style="width:30px; height:20px;"></td><td style="width:30px; height:20px;"></td><td style="width:30px; height:20px;"></td><td style="width:30px; height:20px;"></td></tr></table>																
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		2	13	3	0	0	2	0																						
		2	21	3	0	0	2	0																						
2	23	3	0	0	2	0																								
Safety Devices (SD)																														
0 – Not Applicable/None Used				8 – Booster Seat																										
1 – Lap Belt Only				9 – Child Restraint – Type Unknown																										
2 – Shoulder Belt Only				10 – No Helmet																										
3 – Shoulder and Lap Belt Used				11 – DOT-Compliant Motorcycle Helmet																										
4 – Restraint – Type Unknown				12 – Helmet, Other Than DOT-Compliant MC Helmet																										
5 – Other: Specify _____				13 – Helmet, Unknown if DOT-Compliant																										
6 – Child Restraint – Forward Facing				50 – Unknown if Helmet Worn																										
7 – Child Restraint – Rear Facing				51 – Unknown																										
Ejection 0 – Not Ejected/Not Applicable 1 – Ejected, Totally 2 – Ejected, Partially 3 – Ejected, Unknown Degree 51 – Unknown if Ejected			Ejection Path 0 – Not Applicable 1 – Through Side Door Opening 2 – Through Side Door Window 3 – Through Windshield 4 – Through Back Window 5 – Through Back Door/Tailgate Opening 6 – Through Roof Opening 7 – Through Roof (convertible roof up) 8 – Other Path (Back of pick-up truck) 51 – Ejection Path Unknown			Extrication 0 – Not Applicable 1 – Not Extricated 2 – Extricated 51 – Unknown if Extricated		Transport to First Medical Facility 0 – Not Transported 1 – EMS Air 2 – EMS Ground 3 – EMS Unknown Mode 4 – Law Enforcement 5 – Transported Unknown Source 6 – Other _____ 51 – Unknown if Transported																						
8	MOTORCYCLE INFORMATION	Motorcycle Body Style				Motorcycles - Three Wheel Styles																								
		Motorcycles – Two Wheel Styles UNIT # _____ <input type="checkbox"/> <input type="checkbox"/> 1 Two Wheel Motorcycle <input type="checkbox"/> <input type="checkbox"/> 2 Moped or Motorized Bicycle <input type="checkbox"/> <input type="checkbox"/> 3 Off-Road Motorcycle <input type="checkbox"/> <input type="checkbox"/> 4 Motor Scooter <input type="checkbox"/> <input type="checkbox"/> 5 Other Motorized Cycle Type <input type="checkbox"/> <input type="checkbox"/> 50 Unknown Motored Cycle Type				<input type="checkbox"/> <input type="checkbox"/> 11 Three Wheel Motorcycle (2 rear wheels) <input type="checkbox"/> <input type="checkbox"/> 12 Unenclosed Three Wheel Motorcycle/Unenclosed Autocycle (1 rear wheel) <input type="checkbox"/> <input type="checkbox"/> 13 Enclosed Three Wheel Motorcycle/Enclosed Autocycle (1 rear wheel) <input type="checkbox"/> <input type="checkbox"/> 51 Unknown Three Wheel Motorcycle Type <input type="checkbox"/> <input type="checkbox"/> 60 ATV/ATC (All Terrain Cycle)																								
9	NON-OCCUPANT INFORMATION	Non-Occupant Person Type				Non-Occupant Safety Equipment: (Check all that apply)																								
		UNIT # _____ <input type="checkbox"/> <input type="checkbox"/> 1 Pedestrian <input type="checkbox"/> <input type="checkbox"/> 2 Bicyclist <input type="checkbox"/> <input type="checkbox"/> 3 Person on Personal Conveyances (skates, skateboards, wheelchairs, etc.) <input type="checkbox"/> <input type="checkbox"/> 4 Other Cyclist (unicycle, tricycle) <input type="checkbox"/> <input type="checkbox"/> 5 Person In/On Building <input type="checkbox"/> <input type="checkbox"/> 6 Occupant of a Non-Motor Vehicle Transport Device (train, on an animal) <input type="checkbox"/> <input type="checkbox"/> 51 Unknown Type of Non-Motorist				UNIT # _____ <input type="checkbox"/> <input type="checkbox"/> 0 None Used Protective: UNIT # _____ <input type="checkbox"/> <input type="checkbox"/> 1 Helmet <input type="checkbox"/> <input type="checkbox"/> 2 Protective Pads <input type="checkbox"/> <input type="checkbox"/> 3 Other Protective Safety Equipment																								
		Preventative: UNIT # _____ <input type="checkbox"/> <input type="checkbox"/> 4 Reflective Clothing <input type="checkbox"/> <input type="checkbox"/> 5 Lighting Use <input type="checkbox"/> <input type="checkbox"/> 6 Other _____ <input type="checkbox"/> <input type="checkbox"/> 51 Unknown If Used																												
Alcohol		Drugs		Non-Occupant Influencing Substances		Non-Occupant Alcohol/Drug Testing Results																								
Unit # _____ Unit # _____		Unit # _____ Unit # _____		Unit # _____ Unit # _____		Unit # _____		Unit # _____																						
No Test Given		No Test Given		No Test Given		Alcohol Test Type: _____		Alcohol Test Type: _____																						
Test Given		Test Given		Test Given		Alcohol Test Results: _____		Alcohol Test Results: _____																						
Test Refused		Test Refused		Test Refused		Drug Test Type: _____		Drug Test Type: _____																						
Testing Unknown		Testing Unknown		Testing Unknown		Drug Test Results: _____		Drug Test Results: _____																						
10	COMMENTS	PRONOUNCED BY INVESTIGATOR AMBREE BORG - YAVAPAI COUNTY OME OFFICE																												
11	Officer's Name / Badge # M. Sgariglia (10898)			Supervisor's Signature C. Jones (07416)			Agency Name AZ DPS		Date Completed 09/18/2022																					

ARIZONA CRASH REPORT		REPORT ID										Agency Report Number																												
1	FATAL SUPPLEMENT POLICE ONLY - FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 064R 206 S. 17TH AVE., PHOENIX, ARIZONA 85007-3233		YEAR	MONTH	DAY	HOUR				NCIC NO.			OFFICER ID NO.																											
			2	2	0	9	1	8	1	4	1	8	0	7	9	9	0	1	0	8	9	8																		
2	DECEASED	Name GNANAPPAN NAGARAJAN										Type: <input type="checkbox"/> Driver <input type="checkbox"/> Pedestrian <input type="checkbox"/> Unknown Occupant Type <input checked="" type="checkbox"/> Passenger <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Unknown Non-Occupant Type																												
		Sex M		Height 507				Weight 180				Date of Birth (MMDDYYYY) [REDACTED]																												
		Deceased at Scene: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Deceased Removed To 918 PROSSER LN, PRESCOTT, AZ 86301 OME OFF						Deceased Removed By UNITED TRANSPORT SERVICES																														
		Transported to First Medical Facility: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				First Medical Facility Transported To: NONE				Transported to First Medical Facility By: NONE																														
		Date of Death (MMDDYYYY) 0 9 1 8 2 0 2 2								Time of Death 2 1 0 0																														
3	CRASH SCENE	If Intersection or Intersection-Related, Indicate Type of Intersection: <input checked="" 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 # <u>1</u> <u>2</u> <input type="checkbox"/> 1 Concrete <input type="checkbox"/> 5 Dirt <input 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 # <u>1</u> - <u>1UYVS25387P118010</u> Unit # _____ Unit # _____ Unit # _____					Extent of Damage: UNIT # <u>1</u> <u>2</u> <input type="checkbox"/> 1 No Damage <input type="checkbox"/> 2 Minor Damage <input type="checkbox"/> 3 Functional Damage <input type="checkbox"/> 4 Disabling Damage <input type="checkbox"/> 5 Unknown Damage					Motor Vehicle Contributing Circumstances: (Check all that apply) UNIT # UNIT # <u>1</u> <u>2</u> <u>1</u> <u>2</u> <input type="checkbox"/> 0 None <input type="checkbox"/> 8 Wipers <input type="checkbox"/> 1 Tires <input type="checkbox"/> 9 Wheels <input checked="" type="checkbox"/> 2 Brake System <input type="checkbox"/> 10 Mirrors <input type="checkbox"/> 3 Steering <input type="checkbox"/> 11 Windows/Windshield <input type="checkbox"/> 4 Suspension <input type="checkbox"/> 12 Body/Doors <input type="checkbox"/> 5 Power Train <input type="checkbox"/> 13 Truck Couplings/ Trailer Hitch/Safety Chains <input type="checkbox"/> 6 Exhaust System <input type="checkbox"/> 14 Safety Systems <input type="checkbox"/> 7 Lights (Specify: Head Signal Other) <input type="checkbox"/> 50 Other: _____ <input type="checkbox"/> 51 Unknown																												
		Override/Override: UNIT # <u>1</u> <u>2</u> <input type="checkbox"/> 1 No Override or Override Noted <input type="checkbox"/> 6 Underriding a Motor Vehicle Not in Transport, No Compartment Intrusion <input type="checkbox"/> 2 Underriding a Motor Vehicle in Transport, Compartment Intrusion <input type="checkbox"/> 7 Underriding a Motor Vehicle Not in Transport, Compartment Intrusion Unknown <input type="checkbox"/> 3 Underriding a Motor Vehicle in Transport, No Compartment Intrusion <input type="checkbox"/> 8 Overriding a Motor Vehicle in Transport <input type="checkbox"/> 4 Underriding a Motor Vehicle in Transport, Compartment Intrusion Unknown <input type="checkbox"/> 9 Overriding a Motor Vehicle Not in Transport <input type="checkbox"/> 5 Underriding a Motor Vehicle Not in Transport, Compartment Intrusion <input type="checkbox"/> 10 Unknown if Override or Underride Present																																						
		Driver Unit # 1 Height: <u>509</u> Weight: <u>153</u>					Driver Unit # 2 Height: <u>511</u> Weight: <u>174</u>					Racing Involved UNIT # <u>1</u> <u>2</u> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes																												
		Compliance with License Restrictions: UNIT # <u>1</u> <u>2</u> <input checked="" type="checkbox"/> 0 No Restrictions <input type="checkbox"/> 1 Restrictions Complied With <input type="checkbox"/> 2 Restrictions Not Complied With <input type="checkbox"/> 3 Restrictions, Compliance Unknown <input type="checkbox"/> 51 Unknown					Compliance with CDL Endorsements: UNIT # <u>1</u> <u>2</u> <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 # <u>1</u> <u>2</u> <input checked="" type="checkbox"/> 1 Driver Did Not Maneuver to Avoid <input type="checkbox"/> 2 Object <input type="checkbox"/> 3 Poor Road Conditions (puddle, ice, pothole etc.) <input type="checkbox"/> 4 Live Animal <input type="checkbox"/> 5 Motor Vehicle (in transport, parked, working) <input type="checkbox"/> 6 Pedestrian, Pedalcyclist or Other Non-Motorist <input type="checkbox"/> 7 Non-Contact Motor Vehicle <input type="checkbox"/> 51 Unknown					Driver's Attempted Avoidance Maneuver (Check Only One) UNIT # <u>1</u> <u>2</u> <input checked="" type="checkbox"/> 1 No Avoidance Maneuver <input type="checkbox"/> 9 Accelerating <input type="checkbox"/> 2 Releasing Brakes <input type="checkbox"/> 10 Accelerating and Steering Left <input type="checkbox"/> 3 Braking <input type="checkbox"/> 11 Accelerating and Steering Right <input type="checkbox"/> 4 Steering Left <input type="checkbox"/> 12 Accelerating and Unknown Steering Direction <input type="checkbox"/> 5 Steering Right <input type="checkbox"/> 50 Other Actions: _____ <input type="checkbox"/> 6 Braking and Steering Left <input type="checkbox"/> 51 Unknown if Avoidance Maneuver Attempted <input type="checkbox"/> 7 Braking and Steering Right <input type="checkbox"/> 8 Braking and Unknown Steering Direction																																	
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6	EMS	Notification Time EMS: 1 4 2 0				Arrival Time EMS: 1 4 3 2				EMS Time at Hospital: 																																																																																																									
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7	MOTOR VEHICLE OCCUPANT/NON-OCCUPANT INFORMATION	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																																																																																																																	
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8	MOTORCYCLE INFORMATION	Motorcycle Body Style Motorcycles – Two Wheel Styles UNIT # _____ <input type="checkbox"/> <input type="checkbox"/> 1 Two Wheel Motorcycle <input type="checkbox"/> <input type="checkbox"/> 2 Moped or Motorized Bicycle <input type="checkbox"/> <input type="checkbox"/> 3 Off-Road Motorcycle <input type="checkbox"/> <input type="checkbox"/> 4 Motor Scooter <input type="checkbox"/> <input type="checkbox"/> 5 Other Motorized Cycle Type <input type="checkbox"/> <input type="checkbox"/> 50 Unknown Motored Cycle Type										Motorcycles - Three Wheel Styles UNIT # _____ <input type="checkbox"/> <input type="checkbox"/> 11 Three Wheel Motorcycle (2 rear wheels) <input type="checkbox"/> <input type="checkbox"/> 12 Unenclosed Three Wheel Motorcycle/Unenclosed Autocycle (1 rear wheel) <input type="checkbox"/> <input type="checkbox"/> 13 Enclosed Three Wheel Motorcycle/Enclosed Autocycle (1 rear wheel) <input type="checkbox"/> <input type="checkbox"/> 51 Unknown Three Wheel Motorcycle Type <input type="checkbox"/> <input type="checkbox"/> 60 ATV/ATC (All Terrain Cycle)																																																																																																							
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ARIZONA CRASH REPORT		REPORT ID										Agency Report Number																			
1	FATAL SUPPLEMENT		POLICE ONLY - FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 064R 206 S. 17TH AVE., PHOENIX, ARIZONA 85007-3233		YEAR	MONTH	DAY	HOUR		NCIC NO.		OFFICER ID NO.				122052126															
			2	2	0	9	1	8	1	4	1	8	0	7	9		9	0	1	0	8	9	8								
2	DECEASED	Name VIJAYA LAKSHMI GOPAL						Type: <input type="checkbox"/> Driver <input type="checkbox"/> Pedestrian <input type="checkbox"/> Unknown Occupant Type <input checked="" type="checkbox"/> Passenger <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Unknown Non-Occupant Type																							
		Sex F		Height 505		Weight 170		Date of Birth (MMDDYYYY) [REDACTED]																							
		Deceased at Scene: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Deceased Removed To 918 PROSSER LN, PRESCOTT, AZ 86301 OME OFF				Deceased Removed By UNITED TRANSPORT SERVICES																							
		Transported to First Medical Facility: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		First Medical Facility Transported To: NONE				Transported to First Medical Facility By: NONE																							
		Date of Death (MMDDYYYY) 0 9 1 8 2 0 2 2						Time of Death 2 1 0 0																							
3	CRASH SCENE	If Intersection or Intersection-Related, Indicate Type of Intersection: <input checked="" 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 # _____ <input type="checkbox"/> 1 Concrete <input type="checkbox"/> 5 Dirt <input type="checkbox"/> 2 Blacktop, Bituminous, or Asphalt <input type="checkbox"/> 6 Other: _____ <input type="checkbox"/> 3 Brick or Block <input type="checkbox"/> 51 Unknown <input type="checkbox"/> 4 Slag, Gravel, or Stone																							
		If intersection or Intersection-Related, and Traffic Signals Present, Indicate Type of Signal: <input type="checkbox"/> 1 Traffic Control Signal With Pedestrian Signal <input type="checkbox"/> 2 Traffic Control Signal Without Pedestrian Signal						Work Zone Type: <input checked="" type="checkbox"/> 0 No Work Zone Present <input type="checkbox"/> 3 Utility <input type="checkbox"/> 1 Construction <input type="checkbox"/> 4 Work Zone, Type Unknown <input type="checkbox"/> 2 Maintenance																							
4	VEHICLE INFORMATION	Trailer Vehicle Identification Number(s): Unit # 1 - 1UYVS25387P118010 Unit # _____ Unit # _____ Unit # _____				Extent of Damage: UNIT # _____ <input type="checkbox"/> 1 No Damage <input type="checkbox"/> 2 Minor Damage <input type="checkbox"/> 3 Functional Damage <input type="checkbox"/> 4 Disabling Damage <input type="checkbox"/> 5 Unknown Damage				Motor Vehicle Contributing Circumstances: (Check all that apply) UNIT # _____ UNIT # _____ <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																					
		Override/Override: UNIT # _____ UNIT # _____ <input type="checkbox"/> 1 No Override or Override Noted <input type="checkbox"/> 6 Underriding a Motor Vehicle Not in Transport, No Compartment Intrusion <input type="checkbox"/> 2 Underriding a Motor Vehicle in Transport, Compartment Intrusion <input type="checkbox"/> 7 Underriding a Motor Vehicle Not in Transport, Compartment Intrusion Unknown <input type="checkbox"/> 3 Underriding a Motor Vehicle in Transport, No Compartment Intrusion <input type="checkbox"/> 8 Overriding a Motor Vehicle in Transport <input type="checkbox"/> 4 Underriding a Motor Vehicle in Transport, Compartment Intrusion Unknown <input type="checkbox"/> 9 Overriding a Motor Vehicle Not in Transport <input type="checkbox"/> 5 Underriding a Motor Vehicle Not in Transport, Compartment Intrusion <input type="checkbox"/> 10 Unknown if Override or Underride Present																													
		Driver Unit # 1 Height: 509 Weight: 153				Driver Unit # 2 Height: 511 Weight: 174				Racing Involved UNIT # _____ <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes																					
		Compliance with License Restrictions: UNIT # _____ <input checked="" type="checkbox"/> 0 No Restrictions <input type="checkbox"/> 1 Restrictions Complied With <input type="checkbox"/> 2 Restrictions Not Complied With <input type="checkbox"/> 3 Restrictions, Compliance Unknown <input type="checkbox"/> 51 Unknown				Compliance with CDL Endorsements: UNIT # _____ <input checked="" type="checkbox"/> 0 No Endorsements Required for Vehicle <input type="checkbox"/> 1 Endorsement(s) Required, Complied With <input type="checkbox"/> 2 Endorsement(s) Required, Not Complied With <input type="checkbox"/> 3 Endorsement(s) Required, Compliance Unknown <input type="checkbox"/> 51 Unknown if Required																									
Driver Manuevered to Avoid UNIT # _____ <input checked="" type="checkbox"/> 1 Driver Did Not Manuever 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 Manuever (Check Only One) UNIT # _____ <input checked="" type="checkbox"/> 1 No Avoidance Manuever <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 Manuever Attempted <input type="checkbox"/> 7 Braking and Steering Right <input type="checkbox"/> 8 Braking and Unknown Steering Direction																											
Driver Influencing Substances Alcohol Unit # 1 Unit # 2 <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="text-align: center;">x</td><td style="text-align: center;">x</td><td>No Test Given</td></tr> <tr><td> </td><td> </td><td>Test Given</td></tr> <tr><td> </td><td> </td><td>Test Refused</td></tr> <tr><td> </td><td> </td><td>Testing Unknown</td></tr> </table> Drugs Unit # 1 Unit # 2 <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="text-align: center;">x</td><td style="text-align: center;">x</td><td>No Test Given</td></tr> <tr><td> </td><td> </td><td>Test Given</td></tr> <tr><td> </td><td> </td><td>Test Refused</td></tr> <tr><td> </td><td> </td><td>Testing Unknown</td></tr> </table>				x	x	No Test Given			Test Given			Test Refused			Testing Unknown	x	x	No Test Given			Test Given			Test Refused			Testing Unknown	Driver Alcohol/Drug Testing Results Unit # 1 Unit # 2 Alcohol Test Type: _____ 0 Alcohol Test Results: _____ Drug Test Type: _____ 0 Drug Test Results: _____			
x	x	No Test Given																													
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		Testing Unknown																													
x	x	No Test Given																													
		Test Given																													
		Test Refused																													
		Testing Unknown																													

6	EMS	Notification Time EMS:		1	4	2	0	Arrival Time EMS:		1	4	3	2	EMS Time at Hospital:																																	
7	MOTOR VEHICLE OCCUPANT/NON-OCCUPANT INFORMATION	Unit #	Seat Pos.	S/D	Ejection	EJ. Path	Extrication	Transport	Seating Position  <ul style="list-style-type: none"> 00 – Not Applicable/Non-Occupant 18, 28, 38, 48 – Additional passenger in vehicle by row (Ex: child in lap) 19, 29, 39, 49 – Unknown passenger location by row 50 – In enclosed passenger/cargo area 51 – In unenclosed passenger/cargo area 52 – Riding on vehicle exterior 53 – Riding in trailing unit 54 – Sleeper section of cab (truck) 55 – Unknown location 																																						
		1	11	3	0	0	1	0																																							
		2	11	3	0	0	2	0																																							
		2	13	3	0	0	2	0																																							
		2	21	3	0	0	2	0																																							
		2	23	3	0	0	2	0																																							
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1	1	Officer's Name / Badge # M. Sgariglia (10898)				Supervisor's Signature C. Jones (07416)				Agency Name AZ DPS				Date Completed 09/18/2022																																	

ARIZONA CRASH SUPPLEMENT	REPORT ID					
	YEAR MONTH DAY 22 09 18	HOUR MIN 14 18	NCIC NO 0799	OFFICER ID 10898	AGENCY REPORT NUMBER I22052126	

NARRATIVE

ON 9/18/2022 AT 1445 HOURS, I RESPONDED TO ASSIST WITH A VEHICLE FIRE SOUTHBOUND INTERSTATE 17 AT MILEPOST 298 ON THE OFF RAMP. WHEN I ARRIVED ON SCENE, I OBSERVED A SEMI TRUCK ON TOP OF A PASSENGER CAR OFF THE HIGHWAY OFF RIGHT. I WAS ADVISED THE OCCUPANTS IN THE PASSENGER CAR WERE DECEASED. ON 9/18/2022, I SET UP A LEICA RTS360 SCANNER WITH SERIAL NUMBER KNFZNH9T. I SCANNED THE SCENE USING 22 SETUP POINTS. I UPLOADED THE SCENE INTO VIDEO EVIDENCE ON 9/30/2022.

Officer's Name R. Turner (06667)	Date Completed 10/02/2022
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ARIZONA CRASH SUPPLEMENT	REPORT ID				
	YEAR MONTH DAY 22 09 18	HOUR MIN 14 18	NCIC NO 0799	OFFICER ID 10898	AGENCY REPORT NUMBER I22052126

NARRATIVE

ON SUNDAY, SEPTEMBER 18, 2022, AT 1422 HOURS, I RESPONDED TO A REPORT OF A COMMERCIAL VEHICLE FIRE ON INTERSTATE 17 AT MILEPOST 298 SOUTHBOUND. WHILE I WAS EN ROUTE TO THE SCENE, I HEARD TROOPER SGARIGLIA, #10898, ADVISE (OVER THE AIR) THAT HE WAS ON SCENE AND THE COMMERCIAL VEHICLE TRUCK-TRACTOR WAS FULLY ENGULFED IN FIRE. A SHORT TIME LATER I HEARD TROOPER SGARIGLIA ADVISE OVER THE AIR THAT FIRE PERSONNEL HAD CONFIRMED THERE WAS AT LEAST ONE FATAL INJURY IN THIS COLLISION. PRIOR TO MY ARRIVAL ON SCENE TROOPER SGARIGLIA REQUESTED ADOT PERSONNEL TO RESPOND FOR TRAFFIC CONTROL, AS WELL AS AZDPS TROOPERS ASSIGNED TO THE COMMERCIAL VEHICLE UNIT TO INSPECT THE TRACTOR-TRAILER

I ARRIVED ON SCENE AT 1451 HOURS AND I SAW THE ON-RAMP TO I-17 SOUTHBOUND FROM STATE ROUTE (SR) 179 WAS BLOCKED BY POLICE AND FIRE VEHICLES. I SAW A COMMERCIAL VEHICLE, TRAFFIC UNIT ONE (TRACTOR-TRAILER), TO THE WEST OF THE SOUTHBOUND ON-RAMP, BELOW THE ROAD GRADE. I SAW FIRE PERSONNEL FROM COPPER CANYON FIRE AND MEDICAL AUTHORITY (CCFMA) WERE STILL EXTINGUISHING THE FIRE WHICH WAS MOSTLY CONTAINED TO THE TRUCK-TRACTOR.

AS I WALKED CLOSER TO THE COMMERCIAL VEHICLE I SAW THE REAR END OF A SMALL PASSENGER VEHICLE, TRAFFIC UNIT TWO, UNDERNEATH THE TRUCK-TRACTOR. THE PASSENGER VEHICLE WAS HEAVILY DAMAGED AND BURNED FROM THE FIRE. I SPOKE WITH CCFMA PERSONNEL WHO STATED THEY COULD NOT SEE CLEARLY INTO THE PASSENGER VEHICLE AND THEY DID NOT KNOW HOW MANY PERSONS WERE IN THE VEHICLE. DUE TO THE OBSERVED DAMAGE TO THE PASSENGER VEHICLE I BELIEVED THE OCCUPANT(S) WITHIN TRAFFIC UNIT TWO WERE DECEASED.

I WAS ADVISED THAT THE DRIVER OF TRAFFIC UNIT ONE WAS SPEAKING WITH TROOPERS SGARIGLIA AND GARCIA, #10260, AND THAT HE WAS NOT INJURED. I ASKED TROOPER GARCIA TO INTERVIEW THE DRIVER OF THE COMMERCIAL VEHICLE AND ADMINISTER FIELD SOBRIETY TESTS (SFST'S) TO THE DRIVER TO CHECK FOR IMPAIRMENT. I WAS NOT PRESENT WHEN THE SFST'S WERE ADMINISTERED. TROOPER GARCIA, AND LATER TROOPER SGARIGLIA, ADMINISTERED SFST'S AND BOTH TROOPERS STATED THEY SAW NO INDICATORS OF IMPAIRMENT.

I ASSUMED THE INCIDENT COMMANDER POSITION AND SUPERVISED ON-SCENE PERSONNEL AND COORDINATED THE RESPONSE OF TOW COMPANIES TO REMOVE THE VEHICLES. I COORDINATED THE RESPONSE OF PERSONNEL FROM THE YAVAPAI COUNTY OFFICE OF THE MEDICAL EXAMINER (OME) AND I WAS PRESENT AT THE SCENE WHEN THE TOW TRUCK(S) LIFTED TRAFFIC UNIT ONE OFF OF TRAFFIC UNIT TWO. I WAS PRESENT WHEN CCFMA PERSONNEL EXTRICATED FOUR DECEASED PERSONS FROM WITHIN TRAFFIC UNIT TWO. EACH OF THE FOUR DECEASED PERSONS WERE BRIEFLY EXAMINED BY OME INVESTIGATOR AMBREE BORG AND SHE ASSUMED CUSTODY OF THEIR BODIES TO BE TRANSPORTED TO THE OME OFFICE IN PRESCOTT VALLEY, AZ. I SPOKE WITH TROOPERS IN THE PHOENIX AREA VIA TELEPHONE AND REQUESTED THEY ATTEMPT TO CONTACT FAMILY OR FRIENDS IN THE PHOENIX AREA TO ASSIST IN IDENTIFYING THE OCCUPANTS OF TRAFFIC UNIT TWO.

WHILE ON SCENE I SPOKE BRIEFLY WITH EPHREM HABTOM, THE DRIVER OF TRAFFIC UNIT ONE. I REMINDED HABTOM THAT HE WAS NOT UNDER ARREST NOR WAS HE BEING DETAINED. I ASKED HABTOM WHAT HAPPENED TO CAUSE THE COLLISION AND HE STATED HIS BRAKES WERE "BURNING" AND HE COULD NOT STOP THE VEHICLE. I ASKED HABTOM IF HE HAD TRAVELED THIS ROUTE BEFORE AND HE SAID THAT HE HAD. I ASKED HABTOM WHY HE DID NOT TAKE THE RUNAWAY TRUCK RAMP, WHICH WAS APPROXIMATELY ONE MILE NORTH OF THE SEDONA EXIT, AND HABTOM STATED HE STILL HAD BRAKES AS HE WAS APPROACHING THE RUNAWAY TRUCK RAMP, AND THAT HE LOST HIS BRAKES BETWEEN THE RUNAWAY RAMP AND THE SEDONA EXIT. I TOLD HABTOM THAT THE END OF THE DOWNGRADE ON I-17 WAS LESS THAN ONE MILE SOUTH OF WHERE HE CHOSE TO TAKE THE SEDONA EXIT. SINCE HABTOM ADMITTED HAVING DRIVEN THIS ROUTE BEFORE, I ASKED HABTOM WHY HE DIDN'T CONTINUE TRAVELING ON I-17 TO THE BOTTOM OF THE GRADE, RATHER THAN TAKING THE EXIT WHEN HE KNEW HE WOULD NOT BE ABLE TO STOP AT THE BOTTOM OF THE OFF-RAMP. HABTOM SAID HE SAW A LARGE DIRT LOT (ADJACENT TO THE ON-RAMP TO I-17 FROM SR 179), AND HE THOUGHT HE WOULD BE ABLE TO PULL INTO THAT DIRT LOT AND STOP. I TOLD HABTOM THAT HIS COMMENT ABOUT STOPPING ON THE DIRT LOT, AFTER KNOWING HE HAD LOST HIS BRAKES, WAS ILLOGICAL TO ME.

I REMAINED ON SCENE AS INCIDENT COMMANDER UNTIL 2250 HOURS, AT WHICH TIME I INSTRUCTED TROOPER ERICKSON, #10509, TO REMAIN ON SCENE UNTIL TRAFFIC UNIT ONE (TRUCK-TRACTOR) WAS REMOVED FROM THE SCENE AND TO ESCORT THE TRUCK-TRACTOR TO THE AZDPS SUBSTATION IN CAMP VERDE TO BE SECURED AS EVIDENCE.

ON 09/20/2022 I WAS PRESENT WITH TROOPER SGARIGLIA AT THE AZDPS CAMP VERDE SUBSTATION WHEN HE SPOKE WITH A WITNESS TO THE COLLISION, SAM KMACK, VIA TELEPHONE. ONE OF THE STATEMENTS I HEARD KMACK MAKE WAS THAT HE FIRST SAW TRAFFIC UNIT ONE WHILE TRAVELING SOUTH ON I-17 A FEW MILES NORTH OF THE RUNAWAY TRUCK RAMP. KMACK SAID HE CAME UP BEHIND TRAFFIC UNIT ONE AND THERE WAS SO MUCH SMOKE COMING FROM TRAFFIC UNIT ONE THAT HE (KMACK) WAS AFRAID TO PASS TRAFFIC UNIT ONE. KMACK SAID TRAFFIC UNIT ONE CONTINUED SMOKING HEAVILY AS IT PASSED THE RUNAWAY TRUCK RAMP AND CONTINUED SOUTH ON I-17 UNTIL IT TOOK THE SEDONA EXIT. KMACK SAID HE SAW TRAFFIC UNIT ONE COLLIDE WITH TRAFFIC UNIT TWO IN THE INTERSECTION OF SR179.

Officer's Name G. Moran (05603)	Date Completed 10/17/2022
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ARIZONA CRASH SUPPLEMENT	REPORT ID					
	YEAR MONTH DAY	HOUR MIN	NCIC NO	OFFICER ID	AGENCY REPORT NUMBER	
	22 09 18	14 18	0799	10898	I22052126	
NARRATIVE						
END OF REPORT.						

Officer's Name G. Moran (05603)	Date Completed 10/17/2022
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ARIZONA CRASH SUPPLEMENT	REPORT ID					
	YEAR MONTH DAY 22 09 18	HOUR MIN 14 18	NCIC NO 0799	OFFICER ID 10898	AGENCY REPORT NUMBER I22052126	

NARRATIVE

ON 9/18/2022, AT APPROXIMATELY 1447 HOURS WHILE OFF DUTY, I RECEIVED A CALL FROM THE AZ DPS DUTY OFFICE IN REFERENCE TO A FATAL COLLISION INVOLVING A CMV (COMMERCIAL MOTOR VEHICLE) AND A CAR. I BEGAN TO LOCATE A CLOSER CMV (COMMERCIAL MOTOR VEHICLE) INSPECTOR. I HAD CMV INSPECTOR TROOPER O. VILLEGAS BADGE # 7251 RESPOND. HE WAS COMING OUT OF FLAGSTAFF. I -17 WENT DOWN TO ONE LANE THEN OPEN BACK UP DUE TO CONSTRUCTION. THIS SLOWED MY RESPONSE. I PASSED A SAFETY, RUN AWAY RAMP PRIOR TO ARRIVING ON SCENE. ABOUT 1721 HOURS I ARRIVED ON SCENE.

THE TRACTOR TRAILER WAS OFF THE ROAD AND LEANING TO THE RIGHT. BROKEN GLASS FROM THE LOAD IN THE TRAILER WOULD FALL OFF AS I WALKED AROUND THE TRUCK AND TRAILER. THE TRAILER WAS NOT SECURED TO A TOW TRUCK OR BRACED YET. I TOOK PHOTOS OF THE TRUCK AND TRAILER. THE ELECTRICAL LINE AND AIR LINE BEHIND THE CAB LEADING TO THE TRAILER WERE BURNT. EVEN WITH THE CAB FIRE ALL THE TIRES HAD AIR IN THEM. THE TIRE TREAD WAS GOOD. THE BRAKE PADS ON THE TRAILER AND REAR AXLE HAD SUFFICIENT PAD THICKNESS. I DID NOTICE SOME DARK DISCOLORATION ON A FEW OF THE PADS NOT IMMEDIATELY NEXT TO THE INVOLVED FIRE.

WHILE THE OTHER TROOPERS WERE BUSY ON SCENE I SAT AND OBSERVED THE TRACTOR TRAILER DRIVER. HE WAS SEATED IN THE BACK OF A PATROL CAR WITH THE DOOR OPEN. AT DIFFERENT POINTS HE STOOD OUTSIDE THE PATROL CAR AND SPOKE ON HIS PHONE. HE APPEARED TO BE STEADY ON HIS FEET.

THE HEAVY-DUTY TOW TRUCK ARRIVED AND LIFTED THE TRUCK OFF THE CAR. I OBSERVED 4 DECEASED IN THE CAR WHILE THE FIRE DEPARTMENT WAS STILL WORKING ON REMOVING THEM. THE TRUCK AND TRAILER WERE STILL UNBRACED, AND NO FURTHER INSPECTION TOOK PLACE BY ME. TROOPER VILLEGAS 7251 ASKED ME TO LOOK AT THE DRIVERS LOG. I SAW NO GLARING VIOLATION

Officer's Name R. Butters (04902)	Date Completed 09/21/2022
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ARIZONA CRASH SUPPLEMENT		REPORT ID					
YEAR	MONTH	DAY	HOUR	MIN	NCIC NO	OFFICER ID	AGENCY REPORT NUMBER
22	09	18	14	18	0799	10898	I22052126
NARRATIVE							
<p>ON 09/19/2022 A REPORT OF A FATAL COLLISION OCCURRED ON INTERSTATE 17 AND MILEPOST 298 SOUTHBOUND, RELATED TO THE ON AND OFF RAMP FOR INTERSTATE 17 AND THE INTERSECTION FOR STATE ROUTE 179. THE COLLISION OCCURRED AT APPROXIMATELY 1418 HOURS.</p> <p>INITIAL OBSERVATION:</p> <p>I ARRIVED ON SCENE AT 1540 HOURS. UPON ARRIVAL SERGEANT G. MORAN, BADGE NUMBER 05603, TROOPER M. SGARIGLIA BADGE NUMBER 10898, AND TROOPER R. GARCIA, BADGE NUMBER 10260, WERE ON SCENE. I OBSERVED A SEMI-TRUCK OFF RIGHT IN THE DESERT AND A SMALL CAR UNDERNEATH IT. ARIZONA DEPARTMENT OF TRANSPORTATION AND SERVICE PATROL UNITS WERE ALSO ON SCENE ASSISTING WITH TRAFFIC CONTROL. TROOPER R. TURNER, BADGE NUMBER 6667, WAS ON SCENE AND USING A SCANNER TO DOCUMENT THE SCENE.</p> <p>ACTIONS:</p> <p>WHEN I ARRIVED ON SCENE TROOPER GARCIA AND TROOPER SGARIGLIA INFORMED ME OF WHAT HAPPENED. AT 1610 HOURS, SERGEANT MORAN, TOLD ME I COULD BREAK SO THERE WOULD BE A UNIT UP NORTH PATROLLING. IN 1959 SERGEANT MORAN REQUESTED I COME BACK TO THE SCENE TO PICK UP THE SEMI-TRUCK DRIVER EPHREM ADDISLEM HABTOM [REDACTED] AND DRIVE HIM DOWN TO THE VERDE VALLEY MEDICAL CENTER. THE COMPANY FOR THE EPHREM ADDISLEM HABTOM ARRANGED TO HAVE THE EPHREM ADDISLEM HABTOM DO A BLOOD TEST. AT 2020 HOURS I ARRIVED BACK ON THE SCENE TO PICK UP EPHREM ADDISLEM HABTOM. I DROVE EPHREM ADDISLEM HABTOM TO VERDE VALLEY MEDICAL CENTER AND DROPPED HIM OFF AT 2052 HOURS. I GAVE EPHREM ADDISLEM HABTOM A LIST OF TAXI COMPANIES IN COTTONWOOD SO HE COULD ARRANGE TO GET TO A HOTEL THAT WAS GOING TO BE PROVIDED FOR BY HIS COMPANY. TROOPER ERICKSON, BADGE NUMBER 10509, CALLED ME AND ASKED IF I COULD OPEN UP THE GATE ON FINNIE FLAT ROAD SO THE TOW COMPANY TNT COULD DROP OFF THE SEMI-TRUCK AT THE AZDPS CAMP VERDE FIELD OFFICE.</p> <p>THIS ENDS MY INVOLVEMENT IN THE COLLISION.</p>							

Officer's Name Z. Herndon (11061)	Date Completed 09/19/2022
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ARIZONA CRASH SUPPLEMENT	REPORT ID				
	YEAR MONTH DAY 22 09 18	HOUR MIN 14 18	NCIC NO 0799	OFFICER ID 10898	AGENCY REPORT NUMBER I22052126

NARRATIVE

SUPPLEMENTAL REPORT FROM THE ARIZONA DEPARTMENT OF PUBLIC SAFETY

INCIDENT # I22052126
 FOUR FATALITY COLLISION
 SR-179 MP 298 / I-17 MP 298
 OCCURRED ON SEPTEMBER 18TH, 2022

ON 12/08/2022, I (TROOPER M. SGARIGLIA #10898) RECEIVED THE YAVAPAI COUNTY MEDICAL EXAMINERS REPORT REGARDING AZDPS DR# I22052126. THERE ARE FOUR REPORTS, ONE FOR EACH PERSON INVOLVED: VIJAYA LAKSHMI GOPAL, ATHISH NAGARAJAN, GNANAPPAN NAGARAJAN, AND DHINESH NAGARAJAN.

1. THE FINDINGS FOR VIJAYA LAKSHMI GOPAL ARE AS FOLLOWS: THE CAUSE OF DEATH IS ASCRIBED TO BLUNT FORCE AND THERMAL INJURIES. THERE WERE PARTIAL AND FULL-THICKNESS BURNS OF THE HEAD, UPPER EXTREMITIES, AND TORSO. THERE WAS A FRACTURE OF THE RIGHT FEMUR, DISLOCATION OF THE LEFT ELBOW, AND POSSIBLE ATLANTO-OCCIPITAL DISLOCATION OF THE CRANIUM FROM THE CERVICAL SPINE. THE MANNER OF DEATH IS LISTED AS ACCIDENT.

2. THE FINDINGS FOR ATHISH NAGARAJAN ARE AS FOLLOWS: THE CAUSE OF DEATH IS ASCRIBED TO BLUNT FORCE AND THERMAL INJURIES. THERE WERE PARTIAL AND FULL-THICKNESS BURNS OF THE HEAD, UPPER EXTREMITIES, AND TORSO. THERE WERE ALSO FRACTURES OF THE RIBS AND PELVIS.

3. THE FINDINGS FOR DHINESH NAGARAJAN ARE AS FOLLOWS: THE CAUSE OF DEATH IS ASCRIBED TO BLUNT FORCE AND THERMAL INJURIES. THERE WERE PARTIAL THICKNESS BURNS OF THE HEAD AND EXTREMITIES. THERE WERE FRACTURES OF THE LEFT RADIUS AND RIGHT HUMERUS. ALSO NOTED WERE ABRASIONS AND CONTUSIONS OF THE HEAD, TORSO, AND EXTREMITIES.

4. THE FINDINGS FOR GNANAPPAN NAGARAJAN ARE AS FOLLOWS: THE CAUSE OF DEATH IS ASCRIBED TO BLUNT FORCE AND THERMAL INJURIES. THERE WERE PARTIAL THICKNESS BURNS OF THE HEAD AND EXTREMITIES. THERE WERE FRACTURES OF THE LEFT RADIUS AND ULNA, RIBS, AND RIGHT FEMUR. ALSO NOTED WERE CONTUSIONS AND ABRASIONS OF THE TORSO AND EXTREMITIES.

SEE THE OFFICIAL AUTOPSY REPORTS FROM THE YAVAPAI COUNTY MEDICAL EXAMINER'S OFFICE FOR DETAILED FINDINGS.

WRITTEN BY TROOPER M. SGARIGLIA #10898

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Officer's Name M. Sgariglia (10898)	Date Completed 12/08/2022
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ARIZONA CRASH SUPPLEMENT		REPORT ID				
	YEAR MONTH DAY 22 09 18	HOUR MIN 14 18	NCIC NO 0799	OFFICER ID 10898	AGENCY REPORT NUMBER I22052126	
NARRATIVE						
<p>ON 09-18-2022, AT APPROXIMATELY 1451 HOURS, I RESPONDED TO A REPORT OF A FATAL COLLISION ON INTERSTATE 17 SOUTHBOUND AT MILE POST 298. I CONTACTED TROOPER R. TURNER, BADGE NUMBER 6667, TELEPHONICALLY TO ASK IF HE NEEDED ASSISTANCE MEASURING THE SCENE. TROOPER TURNER ADVISED THE HE WOULD NEED HELP CAPTURING THE SCENE.</p> <p>I OBSERVED THE UNITS THAT WERE ON SCENE ON THE SPILLMAN MAP, AND NOTICED THEY WERE ON THE ON-RAMP OF INTERSTATE 17 SOUTHBOUND AT EXIT 298 RAMP "J." I WENT TO APPROXIMATELY MILE POST 302, AND TURNED AROUND IN THE CROSSOVER ONTO SOUTHBOUND INTERSTATE 17. WHILE TRAVELING FROM MILE POST 302 TO EXIT 298 I DID NOT OBSERVE ANY ROADWAY EVIDENCE. I ARRIVED ON SCENE AT APPROXIMATELY 1530 HOURS, AND OBSERVED A COMMERCIAL VEHICLE DOWN AN EMBANKMENT. THERE WAS A SMALL PASSENGER CAR UNDERNEATH THE COMMERCIAL VEHICLE THAT APPEARED TO HAVE BEEN ON FIRE CAUSING FLAME IMPINGEMENT ONTO THE CAB OF THE COMMERCIAL VEHICLE.</p> <p>I ASSISTED TROOPER TURNER WITH CAPTURING THE SCENE USING THE LEICA RTC360 SCANNER.</p> <p>TNT TOWING ARRIVED ON SCENE AND WAS ABLE TO LIFT THE CAB FROM THE PASSENGER CAR. THERE WAS EXTENSIVE EXTRICATION BY COPPER CANYON FIRE DEPARTMENT TO REMOVE THE FOUR OCCUPANTS FROM THE VEHICLE. I ASSISTED TROOPER M. SGARIGLIA, BADGE NUMBER 10898, WITH PHOTOGRAPHING THE OCCUPANTS OF THE VEHICLE; AS WELL AS, ANY IDENTIFICATION FOUND ON THEIR PERSON. PHOTOGRAPHS ARE AVAILABLE ON EVIDENCE.COM UNDER THE SAME INCIDENT NUMBER. THERE WERE FOUR OCCUPANTS IN THE PASSENGER CAR. ALL FOUR OCCUPANTS WERE RESTRAINED IN THE VEHICLE, AND REQUIRED THE FIRE DEPARTMENT TO CUT THEIR SEAT BELTS. THE TWO REAR SEAT OCCUPANTS DID NOT HAVE ANY IDENTIFICATION ON THEIR PERSON. I ATTEMPTED TO LOCATE ANY FORM OF IDENTIFICATION IN THE BACK SEAT OF THE VEHICLE, AND WAS UNSUCCESSFUL. I ASSISTED TROOPER SGARIGLIA WITH COMPLETING THE YAVAPAI COUNTY MEDICAL EXAMINER'S "YELLOW CARD." AT THE TIME OF THE COMPLETION OF THE YELLOW CARDS THE TWO REAR SEAT PASSENGERS DID NOT HAVE IDENTITIES THAT WERE CONFIRMED.</p> <p>SERGEANT G. MORAN, BADGE NUMBER 5603, REQUESTED THAT THE CAB OF THE COMMERCIAL VEHICLE BE TAKEN FOR EVIDENCE TO THE ARIZONA DEPARTMENT OF PUBLIC SAFETY FIELD OFFICE IN CAMP VERDE. TNT TOWING TOWED THE VEHICLE FROM THE SCENE TO THE CAMP VERDE OFFICE. THE COMMERCIAL VEHICLE CAB WAS PLACED IN A DIRT LOT INSIDE THE GATES OF THE CAMP VERDE OFFICE.</p> <p>THIS CONCLUDED MY INVOLVEMENT WITH THIS CASE.</p>						

Officer's Name D. Erickson (10509)	Date Completed 09/19/2022
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ARIZONA CRASH SUPPLEMENT	REPORT ID					
	YEAR MONTH DAY 22 09 18	HOUR MIN 14 18	NCIC NO 0799	OFFICER ID 10898	AGENCY REPORT NUMBER I22052126	

NARRATIVE

ON 09/18/2022, AT APPROXIMATELY 1437 HOURS, I RESPONDED TO A COMMERCIAL VEHICLE FIRE WHICH OCCURRED AT THE INTERSECTION OF NORTHBOUND STATE ROUTE 179 AND SOUTHBOUND INTERSTATE 17. WHILE EN ROUTE, I HEARD TROOPER M. SGARIGLIA #10898, ADVISE DISPATCH THERE WAS A SECOND VEHICLE INVOLVED AND WAS UNDERNEATH THE TRACTOR TRAILER WHICH WAS FULLY ENGULFED IN FLAMES.

I ARRIVED ON SCENE AT APPROXIMATELY 1449 HOURS. I OBSERVED TROOPER SGARIGLIA AND COPPER CANYON FIRE AND MEDICAL PERSONNEL ON SCENE. COPPER CANYON FIRE PERSONNEL WERE ACTIVELY WORKING ON EXTINGUISHING THE FLAMES. THE SOUTHBOUND ON RAMP FROM STATE ROUTE 179 TO SOUTHBOUND INTERSTATE 17 WAS BLOCKED BY FIRE DEPARTMENT PERSONNEL. I SPOKE WITH TROOPER SGARIGLIA WHO REQUESTED I SPEAK WITH THE DRIVER OF THE COMMERCIAL VEHICLE. THE DRIVER WAS STANDING ON THE RIGHT SHOULDER OF THE RAMP SOUTH OF THE SCENE.

I WENT TO THE DRIVER, WHO WAS IDENTIFIED BY HIS MICHIGAN COMMERCIAL DRIVER'S LICENSE AS EPHREM ADDISLEM HABTOM (01/01/1997), AND SPOKE WITH HIM ABOUT THE COLLISION. HABTOM STATED HE WAS TRAVELING SOUTHBOUND ON INTERSTATE 17, AT APPROXIMATELY 55 MILES PER HOUR, WHEN THE BRAKES ON HIS TRACTOR TRAILER STARTED TO "BURN". HABTOM STATED HE DID NOT SEE ANY EXITS AND TRIED TO BRAKE BUT IT WASN'T WORKING. HABTOM STATED HE TOOK THE 298 SOUTHBOUND EXIT AND STARTED TO HONK HIS HORN WHILE CONTINUING TO BRAKE. HABTOM STATED HIS BRAKES DID NOT WORK AND HE WENT INTO THE INTERSECTION. HABTOM STATED HE SAW A CAR, POSSIBLY SILVER, DRIVE IN FRONT OF HIM. HABTOM STATED HE CRASHED WITH THE CAR BEFORE GOING OFF THE ROADWAY.

I ASKED HABTOM ABOUT THE LAST TIME HE SLEPT. HABTOM STATED HE STOPPED IN NEW MEXICO AND SLEPT FOR APPROXIMATELY 10 HOURS THE NIGHT BEFORE. I ASKED HABTOM IF HE HAD CONSUMED ANY ALCOHOLIC BEVERAGES, ILLICIT DRUGS, PRESCRIPTION DRUGS, OR ANY OTHER SUBSTANCES WHICH WOULD IMPAIR HIS ABILITY TO DRIVE PRIOR TO DRIVING. HABTOM DENIED THE USE OF ANY SUBSTANCE WHICH WOULD IMPAIR HIS ABILITY TO DRIVE AND AGREED TO PERFORM STANDARDIZED FIELD SOBRIETY TEST'S (SFST'S).

I PERFORMED SFST'S ON HABTOM. DURING THE TESTS I DID NOT OBSERVE ANY SIGNS OR SYMPTOMS OF IMPAIRMENT. I THEN EXPLAINED TO HABTOM HE COULD SIT IN THE REAR SEAT OF MY CAR IF HE WANTED TO COOL OFF IN THE AIR CONDITIONING. I TURNED THE REAR AIR CONDITIONING ON AND LEFT THE REAR RIGHT SIDE DOOR OPEN. I TOLD HABTOM I WOULD LEAVE THE REAR DOOR OPEN SO HE WOULD BE FREE TO GET IN AND OUT AS HE PLEASD. I FURTHER EXPLAINED HE WAS NOT DETAINED.

AFTER SPEAKING WITH HABTOM, I WENT TO THE SCENE AND OBSERVED THE DAMAGE TO THE VEHICLES. I OBSERVED A TRACTOR CAB, WHICH HAD SEVERE FIRE DAMAGE TO ITS LEFT SIDE, ATTACHED TO A WHITE ENCLOSED TRAILER. UNDERNEATH THE TRACTOR CAB, NEAR THE REAR AXLES, I OBSERVED THE TRUNK OF A NISSAN SENTRA WHICH DISPLAYED AN ARIZONA LICENSE PLATE OF Y8A6XA. THE NISSAN ALSO HAD FIRE DAMAGE TO ALL SIDES AND THE ROOF WAS COMPLETELY CRUSHED. DUE TO THE EXTENSIVE DAMAGE TO BOTH VEHICLES IT COULD NOT BE DETERMINED HOW MANY OCCUPANTS WERE IN THE NISSAN.

I REMAINED ON SCENE AND ASSISTED WITH TRAFFIC CONTROL WHILE TNT TOWING ARRIVED TO SEPARATE THE VEHICLES. DURING THIS TIME, I CONTINUED TO CHECK ON HABTOM AND PROVIDED HIM WITH WATER AND GATORADE TO DRINK.

DUE TO THE SEVERITY OF DAMAGE SUSTAINED BY BOTH VEHICLES TNT TOWING REQUIRED THE USE OF A ROTATOR TOW TRUCK TO LIFT THE TRACTOR TRAILER OFF OF THE NISSAN. TNT TOWING THEN USED A ROLLBACK TRUCK TO PULL THE NISSAN OUT FROM UNDERNEATH THE TRACTOR TRAILER. AT THIS POINT THE AMOUNT OF DAMAGE BECAME VISIBLE. THE RIGHT SIDE OF THE NISSAN WAS CRUSHED AND PUSHED TOWARDS THE DRIVER SIDE. THE ROOF OF THE NISSAN WAS BURNT AND RIPPED OFF. SEVERAL OCCUPANTS COULD THEN BE SEEN IN THE VEHICLE BUT DUE TO THE DAMAGE IT WAS NOT EASILY IDENTIFIABLE HOW MANY PASSENGERS WERE IN THE VEHICLE.

COPPER CANYON FIRE AND MEDICAL AUTHORITY RETURNED TO EXTRICATE THE BODIES FROM THE VEHICLE. IT TOOK EXTENSIVE EFFORT TO REMOVE THE PASSENGERS OF THE NISSAN. AS THE FIRE DEPARTMENT REMOVED THE PASSENGERS, I OBSERVED THEY WERE ALL WEARING THEIR SEAT BELTS. FOUR OCCUPANTS, LATER IDENTIFIED BY TROOPER M. SGARIGLIA, WERE REMOVED FROM THE VEHICLE. I THEN ASSISTED WITH LOOKING FOR PERSONAL ITEMS AND IDENTIFICATION FROM THE CAR. A BLACK BACKPACK WITH A KEYBOARD, APPLE MOUSE, AND SOME CLOTHING WAS LOCATED IN THE TRUNK. THREE CELL PHONES WERE LOCATED WITHIN THE VEHICLE AND PLACED IN THE BACKPACK.

AT APPROXIMATELY 2238 HOURS, I CLEARED THE SCENE AND TRANSPORTED THE PERSONAL BELONGINGS TO THE AZ DPS CAMP VERDE FIELD OFFICE FOR SAFEKEEPING. I ARRIVED AT THE OFFICE AT APPROXIMATELY 2249 HOURS AND PLACED THE BACK PACK IN LOCKER D.

Officer's Name R. Garcia (10260)	Date Completed 09/20/2022
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ARIZONA CRASH SUPPLEMENT	REPORT ID					
	YEAR MONTH DAY 22 09 18	HOUR MIN 14 18	NCIC NO 0799	OFFICER ID 10898	AGENCY REPORT NUMBER I22052126	

NARRATIVE

AT APPROXIMATELY 2303 HOURS, I CLEARED THIS INCIDENT. THIS CONCLUDED MY INVOLVEMENT IN THIS MATTER.

Officer's Name R. Garcia (10260)	Date Completed 09/20/2022
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ARIZONA CRASH SUPPLEMENT	REPORT ID				
	YEAR MONTH DAY 22 09 18	HOUR MIN 14 18	NCIC NO 0799	OFFICER ID 10898	AGENCY REPORT NUMBER I22052126

NARRATIVE

THIS SUPPLEMENT IS REGARDING A FATAL COLLISION THAT OCCURRED ON 09-18-2022, AT APPROXIMATELY 1418 HOURS, ON INTERSTATE 17 AT MILE POST 198 SOUTH BOUND, OUTSIDE OF VERDE VALLEY, AZ.

AT APPROXIMATELY 1500 HOURS, I WAS CALLED BY SERGEANT BUTTERS #4902 AND ASKED TO ASSIST DISTRICT 12 WITH A FATAL COLLISION INVOLVING 1 COMMERCIAL MOTOR VEHICLE (CMV) AND 1 PASSENGER VEHICLE (PV).

I ARRIVED ON SCENE AT APPROXIMATELY 1603 HOURS. I SPOKE WITH TROOPER GARCIA #10260; TROOPER GARCIA STATED THE DRIVER OF THE CMV HAD STATED TO HIM THAT HE WAS TRAVELING SOUTH BOUND ON I-17 AND HIS BRAKES CAUGHT ON FIRE. GARCIA ALSO STATED THE CMV DRIVER STATED TO HIM THAT HE WAS GOING APPROXIMATELY 55 MILES PER HOUR AND WHEN HE CAME DOWN EXIT #298, HE COULD NOT STOP. I SPOKE WITH TROOPER SGARIGLIA #10898, AND HE ADVISED ME THAT WHEN TROOPERS ARRIVED ON SCENE THE CMV WAS ON TOP OF THE PV, AND BOTH WERE ENGULFED WITH FIRE. I ALSO SPOKE WITH SGT. MORAN #5603, AND HE STATED HE NEEDED ME TO DETERMINE IF THE DRIVER HAD LOST HIS BRAKES PRIOR TO THE COLLISION.

TRAFFIC UNIT #1 WAS 2006 FREIGHTLINER TRUCK TRACTOR BEARING A TEXAS APPORTIONED LICENSE PLAT OF R584245. IT WAS PULLING A 2007 UTILITY BOX TRAILER BEARING AN TX LICENSE PLATE OF 171B983. TU #1 DISPLAYED "AHADU EXPRESS LLC" AS ITS CARRIER NAME AND #3741253 AS ITS USDOT NUMBER.

I SPOKE WITH THE DRIVER AND DETERMINED HIS NAME WAS EPHREM ADDISLEM HABTOM WITH A DATE OF BIRTH OF JANUARY 1ST, 1997. EPHREM STATED HE HAD A COMMERCIAL DRIVER LICENSE OUT OF MICHIGAN AND A RECORD CHECK THROUGH THE FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION SHOWED HIS COMMERCIAL DRIVER LICENSE WAS IN GOOD STANDING. I ASKED EPHREM IF HE WAS ABLE TO GET HIS ELECTRONIC LOGGING DEVICE (ELD) OUT OF HIS CMV AND HE SAID IT WAS ON HIS PHONE. I TRANSFERRED EPHREM'S ELECTRONIC RECORD OF DUTY STATUS (ERODS) AND REVIEWED IT LATER. A PRELIMINARY EXAMINATION FROM HIS ELD, SHOWED EPHREM HAD JUST OVER TEN HOURS OF SLEEP PRIOR TO DRIVING TODAY (09-18-2022). I ASKED EPHREM WHERE HE STARTED DRIVING FROM TODAY (09-18-2022), AND HE STATED FROM GRANT'S NEW MEXICO. I ASKED EPHREM WHAT HAD HAPPENED PRIOR TO THE COLLISION, AND HE STATED THAT AFTER HE PASSED THE RUNAWAY TRUCK RAMP THAT HIS BRAKES WERE ON FIRE, AND HE COULD NOT STOP. EPHREM STATED HE TOOK THE 298 EXIT AND KEPT TRYING TO STOP AND WAS USING HIS HIGHWAY HORN TO WARN VEHICLES. EPHREM STATED THAT WHEN HE CAME TO THE INTERSECTION OF EXIT RAMP 298 AND THE STATE ROUTE 179 JUNCTION, HE COLLIDED WITH THE VEHICLE THAT WAS TRAVELING WEST FROM UNDER THE BRIDGE. I ASKED EPHREM IF HE SEEN WHAT COLOR THE VEHICLE WAS, AND HE STATED IT WAS GRAY. I ASKED EPHREM IF HE FELT THE IMPACT OF THE COLLISION AND HE STATED YES. I ASKED EPHREM IF HE WAS HAD HIS SHIPPING PAPERS AND HE STATED THEY BURNED IN THE TRUCK. I ASKED EPHREM IF HE HAD A CO-DRIVER TODAY OR THE PRIOR SEVEN DAYS AND HE

Officer's Name O. Villegas (07251)	Date Completed 09/19/2022
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ARIZONA CRASH SUPPLEMENT	REPORT ID				
	YEAR MONTH DAY 22 09 18	HOUR MIN 14 18	NCIC NO 0799	OFFICER ID 10898	AGENCY REPORT NUMBER I22052126

NARRATIVE

NO THAT HE WAS ALWAYS SOLO.

DUE TO THE TRACTOR CAB BEING MOSTLY DESTROYED BY THE FIRE, I DETERMINED THAT I WOULD ONLY BE ABLE TO PERFORM A LEVEL 2 CMV INSPECTION. I TOOK PICTURES OF THE BRAKE PADS ON ALL AXLES BUT WAS UNABLE TO DETERMINE IF THE BRAKES WERE WORKING AT THE TIME OF THE COLLISION DUE TO THE EXTENSIVE FIRE DAMAGE. I DOCUMENTED 12 VIOLATIONS ON THE DRIVER VEHICLE EXAMINATION REPORT (DVER) NUMBER AZ0332000362. THE LEVEL 2 INSPECTION REVEALED THE FOLLOWING PRE- AND POST-CRASH VIOLATIONS:

PRE-CRASH VIOLATIONS:

1. CFR 396.17C: OPERATING A CMV WITHOUT PROOF OF A PERIODIC INSPECTION. THE TRAILER IN TOW HAD A PERIODIC INSPECTION LABEL THAT SHOWED THE INSPECTION WAS PERFORMED IN JANUARY OF 2021 WHICH WOULD HAVE EXPIRED AFTER JANUARY OF 2022. THIS IS NOT AN OUT OF SERVICE VIOLATION AND SHOULD HAVE NO BEARING ON THE COLLISION.

POST-CRASH VIOLATIONS:

1. CFR 393.203: CAB/BODY PARTS REQUIREMENTS VIOLATIONS: THE ENGINE HOOD WAS DETACHED; THE RIGHT-SIDE DOOR WAS MELTED; THE INTERIOR WAS BURNT/MELTED; AND THE SLEEPER BERTH WAS BURNT/MELTED. THIS IS NOT AN OUT OF SERVICE VIOLATION.
2. CFR 393.9A: INOPERABLE HEAD LAMPS: HEADLAMP AND TURN SIGNAL INOP DUE TO BROKEN AND MELTED WIRES. THIS IS AN OUT OF SERVICE VIOLATION.
3. CFR 393.45A: AIR BRAKE TUBING IMPROPERLY JOINED OR SPLICED: BOTH AIR LINES FROM CAB TO TRAILER WERE MELTED. ALL AIR LINES UNDER THE HOOD WERE MELTED. THIS IS AN OUT OF SERVICE VIOLATION.
4. CFR 396.3A1: A LIQUID FUEL SYSTEM WITH A DRIPPING LEAK AT ANY POINT: RIGHT SIDE FUEL TANK WAS RUPTURED AND LEAKING. THIS IS AN OUT OF SERVICE VIOLATION.
5. CFR 393.75A3: TIRE-FLAT AND/OR AUDIBLE AIR LEAK: AXLE #2 RIGHT SIDE OUTER WHEEL UNMOUNTED AND UNABLE TO HOLD AIR PRESSURE. THIS IS AN OUT OF SERVICE VIOLATION.
6. CFR 393.60C: DAMAGED OR DISCOLORED WINDSHIELD: WINDSHIELDS WERE BOTH SHATTERED. THIS IS NOT AN OUT OF SERVICE VIOLATION.
7. CFR 396.5B: OIL AND/OR GREASE LEAK: OIL LEAKING FROM ENGINE AND POOLING ONTO GROUND. THIS IS NOT AN OUT OF SERVICE VIOLATION.
8. CFR 396.5B: HUBS - OIL AND/OR GREASE LEAKING FROM HUB - OUTER WHEEL: RIGHT FRONT HUB LEAKING OIL, POOLING ON RIM. THIS IS AN OUT OF SERVICE VIOLATION.

ARIZONA CRASH SUPPLEMENT	REPORT ID				
	YEAR MONTH DAY 22 09 18	HOUR MIN 14 18	NCIC NO 0799	OFFICER ID 10898	AGENCY REPORT NUMBER I22052126

NARRATIVE

VIOLATION.

9. CFR 399.207: VEHICLE ACCESS REQUIREMENTS VIOLATIONS: THE TRACTORS RIGHT SIDE STEPS WERE MELTED / MISSING. THIS IS NOT AN OUT OF SERVICE VIOLATION.

10. CFR 393.201A: FRAME CRACKED / LOOSE / SAGGING / BROKEN: TRAILER RIGHT SIDE UPPER AND LOWER FRAME RAIL CRACKED THROUGH / TRAILER SAGGING. THIS IS AN OUT OF SERVICE VIOLATION.

11. CFR 393.100B: LEAKING/SPILLING/FLOWING/FALLING CARGO: LOAD SPILLING THROUGH THE BULKHEAD AND THROUGH THE RIGHT SIDE OF THE TRAILER. THIS IS AN OUT OF SERVICE VIOLATION.

FOR MORE INFORMATION SEE TROOPER SGARIGLIA'S COLLISION REPORT OR MY COMPLETED DVER #AZ0332000362.

I UPLOADED THE PHOTOS I TOOK INTO AXON AND ATTACHED A COPY OF THE DVER TO THIS SUPPLEMENT.

THIS CONCLUDED MY INVOLVEMENT WITH THIS COLLISION INVESTIGATION.



ARIZONA DEPARTMENT OF PUBLIC SAFETY

VEHICLE REMOVAL REPORT

Tow Sheet Number T13473622262001	
DR Number I22052126	Date Removed 09/18/2022

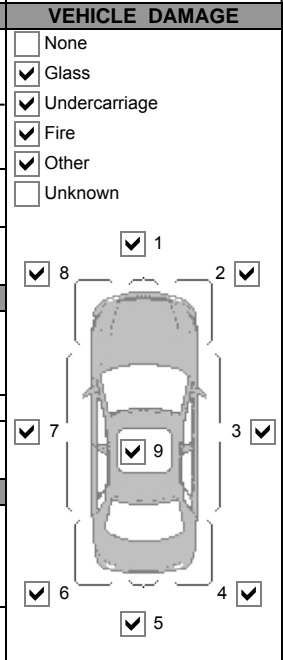
VEHICLE DESCRIPTION						LOCATION VEHICLE REMOVED				
Year 2006	Color BLU	Make FRHT	Model TK	License Plate R584245	State TX	Expiration Date 11/30/2022	Highway SR179	Milepost 298.0	Street / Private Property	
Vehicle Identification Number (VIN) 1FUJA6CKX6LV66751						Odometer 000000	City / Town SEDONA		County YAVAPAI	
Driver Name EPHREM ADDISLEM HABTOM			Address			City	State	ZipCode	Phone	
Owner Name EPHREM ADDISLEM HABTOM			Address			City	State	ZipCode	Phone	
Lien Holder			Address			City	State	ZipCode	Phone	
Trailer Towed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trailer Year	Make	Model	Plate	State	VIN				
Trailer Owner - Name			Address			City	State	Zip Code		

REASON FOR REMOVAL/SECURING ON SCENE (Check all that apply)		VEHICLE REMOVAL NOTICE INFORMATION			CONDITION OF:	
<input type="checkbox"/> Vehicle Removal Notice Affixed	<input checked="" type="checkbox"/> HPD <input type="checkbox"/> CID	Date First Contact With Vehicle	Time	Officer ID from Notice		D = Damaged M = Missing P = Present
<input checked="" type="checkbox"/> Collision	<input type="checkbox"/> Arrest - MISD	TOW COMPANY INFORMATION <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Heavy <input checked="" type="checkbox"/> Rotator				Right Front Tire <input type="checkbox"/> D
<input type="checkbox"/> Abandoned	<input type="checkbox"/> Arrest - Felony					Time Tow Requested 16:22
<input type="checkbox"/> Impound	<input checked="" type="checkbox"/> Evidence	Tow Company Name TNT TOWING & TRANSPORT LLC - 1		Phone (928) 772-2226	Left Front Tire <input type="checkbox"/> D	Left Rear Tire <input type="checkbox"/> P
<input type="checkbox"/> >2 Hours Metro Fwy	<input type="checkbox"/> Stolen Vehicle	Storage Address 1053 W. FINNIE FLAT RD. CAMP VERDE AZ				Spare Tire <input type="checkbox"/> M
<input type="checkbox"/> >4 Hours Rural Fwy	<input type="checkbox"/> Owner's Request					Stereo <input type="checkbox"/> D
<input type="checkbox"/> >48 Hrs Other Fwy	<input type="checkbox"/> Other					Seats <input type="checkbox"/> D
<input type="checkbox"/> Hazardous						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"/> None	
<input type="checkbox"/> Vehicle Secured Temporarily at the Scene					<input checked="" type="checkbox"/> Glass	
<input type="checkbox"/> Released to First Name _____ Last Name _____ Driver's License Number _____ DOB _____					<input checked="" type="checkbox"/> Undercarriage	
Address _____ City _____ State _____ ZipCode _____ Phone _____					<input checked="" type="checkbox"/> Fire	
					<input checked="" type="checkbox"/> Other	
					<input type="checkbox"/> Unknown	

IMPOUND INFORMATION					
<input type="checkbox"/> Impounded For violation of A.R.S. 28-3511 your vehicle is impounded. Any parties having interest in this vehicle may request a hearing to determine the validity of the impoundment.					
To request a hearing, contact the Arizona Department of Public Safety at:					
Address 1111 COMMERCE DRIVE	City PRESCOTT	State AZ	ZipCode 86305	Phone (928) 778-3271	

SIGNATURE	
<u>X</u>	Time 3:36 PM
+T13473622262001+	



REMARKS / PERSONAL PROPERTY LEFT IN VEHICLE		
<input type="checkbox"/> Ignition Key	<input type="checkbox"/> Registration	<input type="checkbox"/> Driver Remained with Vehicle
VEHICLE WAS HEAVILY DAMAGED BY IMPACT AND FIRE. NO INVENTORY COMPLETED.		

Trooper Name M. SGARIGLIA	Badge No. 10898	Investigative Trooper Badge 10898	Location Code 21120400
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ARIZONA DEPARTMENT OF PUBLIC SAFETY

VEHICLE REMOVAL REPORT

Tow Sheet Number T13473622262002	
DR Number I22052126	Date Removed 09/18/2022

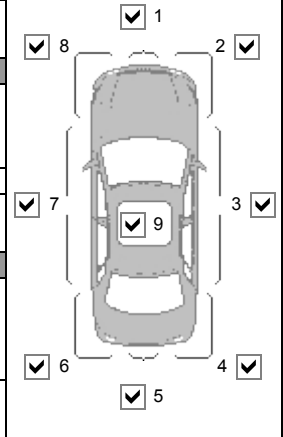
VEHICLE DESCRIPTION						LOCATION VEHICLE REMOVED				
Year 2020	Color GRY	Make NISS	Model SEN	License Plate Y8A6XA	State AZ	Expiration Date 12/31/2021	Highway SR179	Milepost 298.0	Street / Private Property	
Vehicle Identification Number (VIN) 3N1AB8CV1LY301457						Odometer 00000	City / Town SEDONA			County YAVAPAI
Driver Name ATHISH NAGARAJAN			Address			City		State	ZipCode	Phone
Owner Name ATHISH NAGARAJAN			Address			City		State	ZipCode	Phone
Lien Holder NISSAN MOTOR ACCEPTANCE COR			Address 8900 FREEPORT PARKWAY			City IRVING		State TX	ZipCode 75063	Phone
Trailer Towed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trailer Year	Make	Model		Plate	State	VIN			
Trailer Owner - Name			Address			City		State	Zip Code	

REASON FOR REMOVAL/SECURING ON SCENE (Check all that apply)			VEHICLE REMOVAL NOTICE INFORMATION			CONDITION OF:				
<input type="checkbox"/> Vehicle Removal Notice Affixed	<input type="checkbox"/> HPD	<input type="checkbox"/> CID	Date First Contact With Vehicle	Time	Officer ID from Notice		D = Damaged M = Missing P = Present			
<input checked="" type="checkbox"/> Collision	<input type="checkbox"/> Arrest - MISD		TOW COMPANY INFORMATION			Right Front Tire	<input type="checkbox"/> D			
<input type="checkbox"/> Abandoned	<input type="checkbox"/> Arrest - Felony		<input checked="" type="checkbox"/> Light	<input type="checkbox"/> Medium	<input type="checkbox"/> Heavy	<input type="checkbox"/> Rotator	Right Rear Tire	<input type="checkbox"/> D		
<input type="checkbox"/> Impound	<input type="checkbox"/> Evidence		Time Tow Requested	Time Tow Arrived		Left Front Tire	<input type="checkbox"/> D			
<input type="checkbox"/> >2 Hours Metro Fwy	<input type="checkbox"/> Stolen Vehicle		16:22	16:58		Left Rear Tire	<input type="checkbox"/> D			
<input type="checkbox"/> >4 Hours Rural Fwy	<input type="checkbox"/> Owner's Request		Tow Company Name		Phone	Spare Tire	<input type="checkbox"/> D			
<input type="checkbox"/> >48 Hrs Other Fwy	<input type="checkbox"/> Other		TNT TOWING & TRANSPORT LLC - 2		(928) 772-2226	Stereo	<input type="checkbox"/> D			
<input type="checkbox"/> Hazardous			Storage Address			Seats	<input type="checkbox"/> D			
			8767 E LAREDO DR, PRESCOTT VALLEY, AZ 86314			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"/> None		
<input type="checkbox"/> Removed to: _____						<input checked="" type="checkbox"/> Glass		
<input type="checkbox"/> Vehicle Secured Temporarily at the Scene						<input checked="" type="checkbox"/> Undercarriage		
<input type="checkbox"/> Released to First Name _____ Last Name _____ Driver's License Number _____ DOB _____						<input checked="" type="checkbox"/> Fire		
Address _____			City _____		State _____	ZipCode _____	Phone _____	<input checked="" type="checkbox"/> Other
						<input type="checkbox"/> Unknown		

IMPOUND INFORMATION					
<input type="checkbox"/> Impounded For violation of A.R.S. 28-3511 your vehicle is impounded. Any parties having interest in this vehicle may request a hearing to determine the validity of the impoundment.					
To request a hearing, contact the Arizona Department of Public Safety at:					
Address 1111 COMMERCE DRIVE		City PRESCOTT	State AZ	ZipCode 86305	Phone (928) 778-3271

SIGNATURE	
<u>X</u>	Time 3:41 PM
+T13473622262002+	



REMARKS / PERSONAL PROPERTY LEFT IN VEHICLE		
<input type="checkbox"/> Ignition Key	<input type="checkbox"/> Registration	<input type="checkbox"/> Driver Remained with Vehicle
VEHICLE WAS HEAVILY DAMAGED BY IMPACT AND FIRE. NO INVENTORY COMPLETED.		

Trooper Name M. SGARIGLIA	Badge No. 10898	Investigative Trooper Badge 10898	Location Code 21120400
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ARIZONA DEPARTMENT OF PUBLIC SAFETY

VEHICLE REMOVAL REPORT

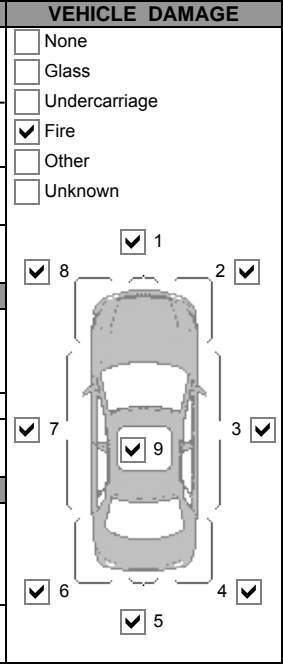
Tow Sheet Number T13473622264001	
DR Number I22052126	Date Removed 09/18/2022

VEHICLE DESCRIPTION						LOCATION VEHICLE REMOVED				
Year 2007	Color WHI	Make UTIL	Model TRL	License Plate 171B983	State TX	Expiration Date 7/31/2023	Highway SR179	Milepost 298.0	Street / Private Property	
Vehicle Identification Number (VIN) 1UYVS25387P118010						Odometer 0000	City / Town SEDONA		County YAVAPAI	
Driver Name EPHREM ADDISLEM HABTOM			Address			City	State	ZipCode	Phone	
Owner Name DAWIT MENGHISTU ISAAK			Address			City	State	ZipCode	Phone	
Lien Holder			Address			City	State	ZipCode	Phone	
Trailer Towed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trailer Year	Make	Model	Plate	State	VIN				
Trailer Owner - Name			Address			City	State	Zip Code		

REASON FOR REMOVAL/SECURING ON SCENE (Check all that apply)			VEHICLE REMOVAL NOTICE INFORMATION			CONDITION OF:		
<input type="checkbox"/> Vehicle Removal Notice Affixed	<input type="checkbox"/> HPD	<input type="checkbox"/> CID	Date First Contact With Vehicle	Time	Officer ID from Notice	D = Damaged M = Missing P = Present		
<input checked="" type="checkbox"/> Collision	<input type="checkbox"/> Arrest - MISD		TOW COMPANY INFORMATION			Right Front Tire	<input type="checkbox"/> P	
<input type="checkbox"/> Abandoned	<input type="checkbox"/> Arrest - Felony		<input type="checkbox"/> Light <input type="checkbox"/> Medium <input checked="" type="checkbox"/> Heavy <input type="checkbox"/> Rotator			Right Rear Tire	<input type="checkbox"/> P	
<input type="checkbox"/> Impound	<input type="checkbox"/> Evidence		Time Tow Requested	Time Tow Arrived		Left Front Tire	<input type="checkbox"/> P	
<input type="checkbox"/> >2 Hours Metro Fwy	<input type="checkbox"/> Stolen Vehicle		16:22	17:30		Left Rear Tire	<input type="checkbox"/> P	
<input type="checkbox"/> >4 Hours Rural Fwy	<input type="checkbox"/> Owner's Request		Tow Company Name		Phone	Spare Tire	<input type="checkbox"/> M	
<input type="checkbox"/> >48 Hrs Other Fwy	<input type="checkbox"/> Other		TNT TOWING & TRANSPORT LLC - 2		(928) 772-2226	Stereo	<input type="checkbox"/> M	
<input type="checkbox"/> Hazardous			Storage Address			Seats	<input type="checkbox"/> M	
			8767 E LAREDO DR, PRESCOTT VALLEY, AZ 86314			Interior	<input type="checkbox"/> M	

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

IMPOUND INFORMATION					
<input type="checkbox"/> Impounded For violation of A.R.S. 28-3511 your vehicle is impounded. Any parties having interest in this vehicle may request a hearing to determine the validity of the impoundment.					
To request a hearing, contact the Arizona Department of Public Safety at:					
Address 1111 COMMERCE DRIVE		City PRESCOTT	State AZ	ZipCode 86305	Phone (928) 778-3271
SIGNATURE					
X _____			Time _____		
+T13473622264001+					



REMARKS / PERSONAL PROPERTY LEFT IN VEHICLE			
<input type="checkbox"/> Ignition Key	<input type="checkbox"/> Registration	<input type="checkbox"/> Driver Remained with Vehicle	
VEHICLE WAS HEAVILY DAMAGED BY IMPACT AND FIRE. NO INVENTORY COMPLETED.			

Trooper Name M. SGARIGLIA	Badge No. 10898	Investigative Trooper Badge 10898	Location Code 21120400
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ARIZONA DEPARTMENT OF PUBLIC SAFETY

WARNING / EQUIPMENT REPAIR ORDER

www.azdps.gov

Issue Number 813473622279001
DR Number I22052126

SUBJECT	Subject's First Name EPHREM		Subject's Middle Name ADDISLEM		Subject's Last Name HABTOM	
	Member	State MI	Class A	Endorsements NONE		Restrictions NONE
	Residential Address			City	State	Zip Code

VEHICLE	Gender MALE	Weight 153	Height 5-09	Eyes BRO	Hair BLK	Origin B	DOB	Phone	
	License Plate R584245	State TX	Exp. Date 11/30/2022	Year 2006	Make FRHT	Model TK	Style TK	Color BLU	VIN 1FUJA6CKX6LV66751
	Registered Owner's Name / Business EPHREM ADDISLEM HABTOM								

ON	Date 09/18/2022	Time 14:18	SPEED:	Approx	Posted 75	R&P 0	Speed Measurement Device	Equipment Number
-----------	---------------------------	----------------------	---------------	--------	---------------------	-----------------	--------------------------	------------------

AT	Direction of Travel SOUTH	On Highway YES	Highway SR179	Milepost 298.0	Ramp	County YAVAPAI	COURT:	Court Code 1302
	Location Description							

Officer M. SGARIGLIA	Badge Number 10898	Location Code 21120400
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DRIVER SIGNATURE: _____



NOTE: Warnings / Equipment Repair Orders are issued to you as a courtesy and to remind you to do your part in promoting safety on our highways by closely observing our traffic laws.

WARNING / EQUIPMENT REPAIR ORDER VIOLATIONS

01	Type	Section	Statute	Violation
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NOTICE: A.R.S. 28-983.C states no person shall operate any vehicle after receiving a Repair Order except as may be necessary to return the vehicle to the residence or place of business of the owner or driver, if within a distance of twenty miles, or to a garage, until the vehicle and its equipment has been placed in proper repair and adjustment and otherwise made to conform to the requirement of the statute.

If you have received a Repair Order, the Certification of Correction or Adjustment of illegal or faulty equipment **MUST** be mailed to the Arizona Department of Public Safety, P.O. Box 18470, Phoenix, AZ 85005-8470 within Five (5) days.

Certification of Adjustment: I certify that the equipment on the motor vehicle described herein indicated has been tested and/or adjusted, and upon this date complies with the requirements of the motor vehicle laws of Arizona.

Firm Name: _____ Address: _____

Signed By: _____ Date: _____



ARIZONA DEPARTMENT OF PUBLIC SAFETY

WARNING / EQUIPMENT REPAIR ORDER

www.azdps.gov

Issue Number 813473622279002
DR Number I22052126

SUBJECT	Subject's First Name ATHISH		Subject's Middle Name		Subject's Last Name NAGARAJAN		
	Subject's License Number [REDACTED]	State AZ	Class D	Endorsements NONE		Restrictions N	
	Residential Address [REDACTED]			City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	
	Gender MALE	Weight 174	Height 5-11	Eyes BRO	Hair BLK	Origin U	DOB [REDACTED]

VEHICLE	License Plate Y8A6XA	State AZ	Exp. Date 12/31/2021	Year 2020	Make NISS	Model SEN	Style 4DSD	Color GRY	VIN 3N1AB8CV1LY301457
	Registered Owner's Name / Business ATHISH NAGARAJAN								
	Registered Owner's Address [REDACTED]			City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]			

ON	Date 09/18/2022	Time 14:18	SPEED:	Approx	Posted 75	R&P	Speed Measurement Device	Equipment Number
	[REDACTED]							

AT	Direction of Travel	On Highway YES	Highway SR179	Milepost 298.0	Ramp	County YAVAPAI	COURT:	Court Code 1302
	Location Description [REDACTED]							

Officer M. SGARIGLIA	Badge Number 10898	Location Code 21120400
--------------------------------	------------------------------	----------------------------------

DRIVER SIGNATURE: _____



NOTE: Warnings / Equipment Repair Orders are issued to you as a courtesy and to remind you to do your part in promoting safety on our highways by closely observing our traffic laws.

WARNING / EQUIPMENT REPAIR ORDER VIOLATIONS

01	Type	Section	Statute	Violation

NOTICE: A.R.S. 28-983.C states no person shall operate any vehicle after receiving a Repair Order except as may be necessary to return the vehicle to the residence or place of business of the owner or driver, if within a distance of twenty miles, or to a garage, until the vehicle and its equipment has been placed in proper repair and adjustment and otherwise made to conform to the requirement of the statute.

If you have received a Repair Order, the Certification of Correction or Adjustment of illegal or faulty equipment **MUST** be mailed to the Arizona Department of Public Safety, P.O. Box 18470, Phoenix, AZ 85005-8470 within Five (5) days.

Certification of Adjustment: I certify that the equipment on the motor vehicle described herein indicated has been tested and/or adjusted, and upon this date complies with the requirements of the motor vehicle laws of Arizona.

Firm Name: _____ Address: _____

Signed By: _____ Date: _____

Cyclone REGISTER 360 Registration Report



I22052126

Sep 27, 2022

Certified by:

R. Turner #6667

Trooper

AZ DPS



Job 007

Overall Quality

Error Results for Bundle 1

Setup Count: 22
Link Count: 21
Strength: 40 %
Overlap: 41 %

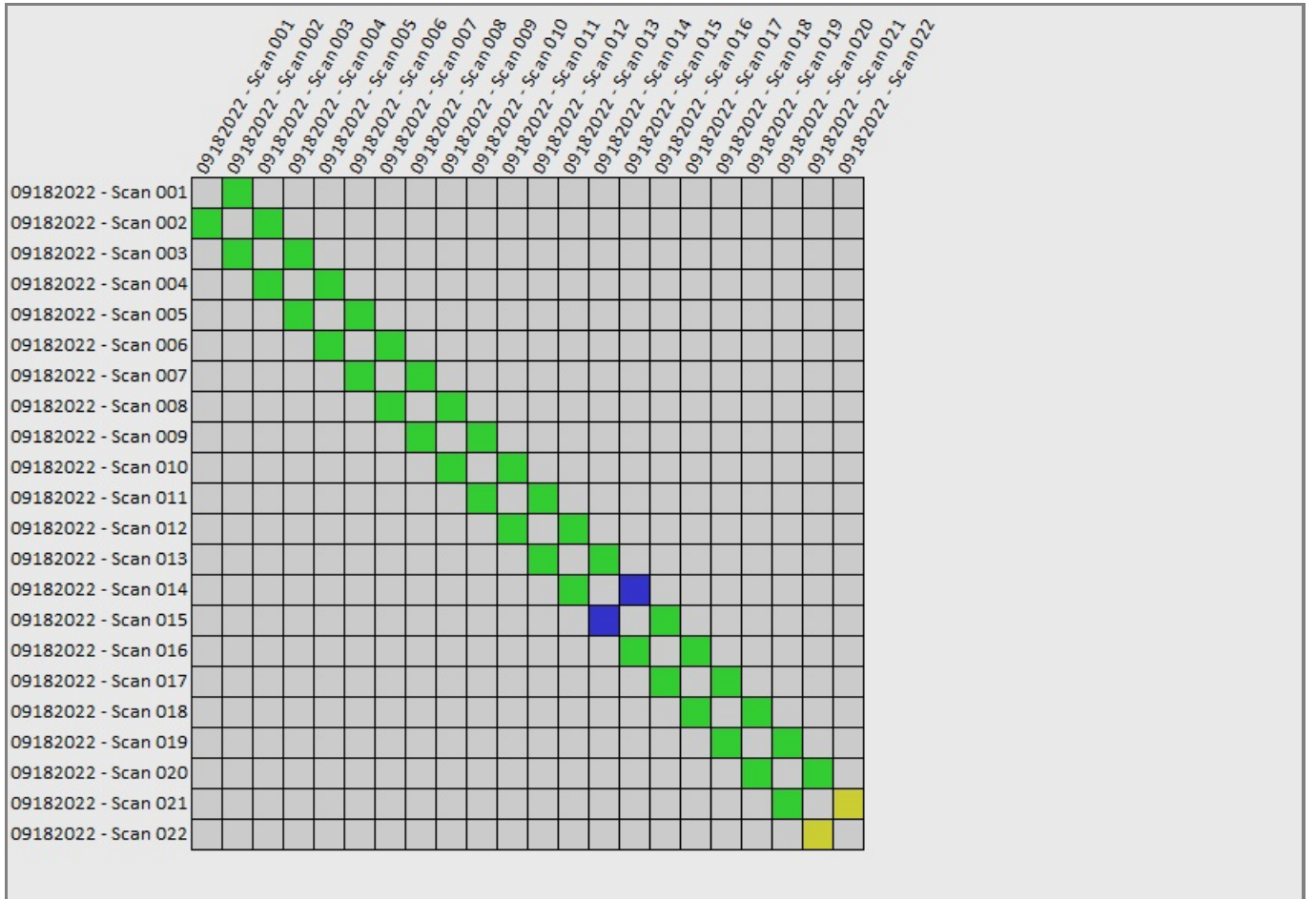
Bundle Error 0 ft 5/16 in ✓	
Overlap 41 % ✓	Strength 40 %
Cloud-to-Cloud 0 ft 5/16 in ✓	Target Error --

Max error of 0 ft 9/16 in.

Max error of 0 ft 13/16 in.

Error greater than 0 ft 13/16 in.

Link-Quality Matrix #1 -



Link Error Results

1 Overview

Link Name	Setup 1	Setup 2	Overlap	Abs. Mean Error
Link 1	09182022 - Scan 001	09182022 - Scan 002	75 %	0 ft 7/16 in
Link 2	09182022 - Scan 002	09182022 - Scan 003	46 %	0 ft 9/16 in
Link 3	09182022 - Scan 003	09182022 - Scan 004	43 %	0 ft 3/8 in
Link 4	09182022 - Scan 004	09182022 - Scan 005	51 %	0 ft 3/16 in
Link 5	09182022 - Scan 005	09182022 - Scan 006	44 %	0 ft 3/8 in
Link 6	09182022 - Scan 006	09182022 - Scan 007	63 %	0 ft 7/16 in
Link 7	09182022 - Scan 007	09182022 - Scan 008	50 %	0 ft 3/16 in
Link 8	09182022 - Scan 008	09182022 - Scan 009	51 %	0 ft 1/8 in
Link 9	09182022 - Scan 009	09182022 - Scan 010	49 %	0 ft 1/4 in
Link 10	09182022 - Scan 010	09182022 - Scan 011	52 %	0 ft 1/4 in
Link 11	09182022 - Scan 011	09182022 - Scan 012	21 %	0 ft 1/8 in
Link 12	09182022 - Scan 012	09182022 - Scan 013	29 %	0 ft 3/16 in
Link 13	09182022 - Scan 013	09182022 - Scan 014	21 %	0 ft 7/16 in
Link 21	09182022 - Scan 014	09182022 - Scan 015	1 %	0 ft 0 in
Link 14	09182022 - Scan 015	09182022 - Scan 016	30 %	0 ft 9/16 in
Link 15	09182022 - Scan 016	09182022 - Scan 017	28 %	0 ft 7/16 in
Link 16	09182022 - Scan 017	09182022 - Scan 018	21 %	0 ft 1/4 in
Link 17	09182022 - Scan 018	09182022 - Scan 019	51 %	0 ft 1/4 in
Link 18	09182022 - Scan 019	09182022 - Scan 020	57 %	0 ft 1/8 in
Link 19	09182022 - Scan 020	09182022 - Scan 021	44 %	0 ft 1/8 in
Link 20	09182022 - Scan 021	09182022 - Scan 022	34 %	0 ft 3/4 in

2 Details

Link Name	Setup 1	Setup 2	Overlap	Abs. Mean Error
Link 1	09182022 - Scan 001	09182022 - Scan 002	75 %	0 ft 7/16 in
		Cloud to Cloud Target		0 ft 7/16 in
			Mean Target Error:	--

Link Name	Setup 1	Setup 2	Overlap	Abs. Mean Error
Link 2	09182022 - Scan 002	09182022 - Scan 003	46 %	0 ft 9/16 in
		Cloud to Cloud Target	Mean Target Error:	0 ft 9/16 in --

Link Name	Setup 1	Setup 2	Overlap	Abs. Mean Error
Link 3	09182022 - Scan 003	09182022 - Scan 004	43 %	0 ft 3/8 in
		Cloud to Cloud Target	Mean Target Error:	0 ft 3/8 in --

Link Name	Setup 1	Setup 2	Overlap	Abs. Mean Error
Link 4	09182022 - Scan 004	09182022 - Scan 005	51 %	0 ft 3/16 in
		Cloud to Cloud Target	Mean Target Error:	0 ft 3/16 in --

Link Name	Setup 1	Setup 2	Overlap	Abs. Mean Error
Link 5	09182022 - Scan 005	09182022 - Scan 006	44 %	0 ft 3/8 in
		Cloud to Cloud Target	Mean Target Error:	0 ft 3/8 in --

Link Name	Setup 1	Setup 2	Overlap	Abs. Mean Error
Link 6	09182022 - Scan 006	09182022 - Scan 007	63 %	0 ft 7/16 in
		Cloud to Cloud Target	Mean Target Error:	0 ft 7/16 in --

Link Name	Setup 1	Setup 2	Overlap	Abs. Mean Error
Link 7	09182022 - Scan 007	09182022 - Scan 008	50 %	0 ft 3/16 in
		Cloud to Cloud Target	Mean Target Error:	0 ft 3/16 in --

Link Name	Setup 1	Setup 2	Overlap	Abs. Mean Error
Link 8	09182022 - Scan 008	09182022 - Scan 009	51 %	0 ft 1/8 in
		Cloud to Cloud Target	Mean Target Error:	0 ft 1/8 in --

Link Name	Setup 1	Setup 2	Overlap	Abs. Mean Error
Link 9	09182022 - Scan 009	09182022 - Scan 010	49 %	0 ft 1/4 in
		Cloud to Cloud Target	Mean Target Error:	0 ft 1/4 in --

Link Name	Setup 1	Setup 2	Overlap	Abs. Mean Error
Link 10	09182022 - Scan 010	09182022 - Scan 011	52 %	0 ft 1/4 in
		Cloud to Cloud Target	Mean Target Error:	0 ft 1/4 in --

Link Name	Setup 1	Setup 2	Overlap	Abs. Mean Error
Link 11	09182022 - Scan 011	09182022 - Scan 012	21 %	0 ft 1/8 in
		Cloud to Cloud Target	Mean Target Error:	0 ft 1/8 in --

Link Name	Setup 1	Setup 2	Overlap	Abs. Mean Error
Link 12	09182022 - Scan 012	09182022 - Scan 013	29 %	0 ft 3/16 in
		Cloud to Cloud Target	Mean Target Error:	0 ft 3/16 in --

Link Name	Setup 1	Setup 2	Overlap	Abs. Mean Error
Link 13	09182022 - Scan 013	09182022 - Scan 014	21 %	0 ft 7/16 in
		Cloud to Cloud Target	Mean Target Error:	0 ft 7/16 in --

Link Name	Setup 1	Setup 2	Overlap	Abs. Mean Error
Link 21	09182022 - Scan 014	09182022 - Scan 015	1 %	0 ft 0 in
		Cloud to Cloud Target	Mean Target Error:	0 ft 0 in --

Link Name	Setup 1	Setup 2	Overlap	Abs. Mean Error
Link 14	09182022 - Scan 015	09182022 - Scan 016	30 %	0 ft 9/16 in
		Cloud to Cloud Target	Mean Target Error:	0 ft 9/16 in --

Link Name	Setup 1	Setup 2	Overlap	Abs. Mean Error
Link 15	09182022 - Scan 016	09182022 - Scan 017	28 %	0 ft 7/16 in
		Cloud to Cloud Target	Mean Target Error:	0 ft 7/16 in --

Link Name	Setup 1	Setup 2	Overlap	Abs. Mean Error
Link 16	09182022 - Scan 017	09182022 - Scan 018	21 %	0 ft 1/4 in
		Cloud to Cloud Target	Mean Target Error:	0 ft 1/4 in --

Link Name	Setup 1	Setup 2	Overlap	Abs. Mean Error
Link 17	09182022 - Scan 018	09182022 - Scan 019	51 %	0 ft 1/4 in
		Cloud to Cloud Target	Mean Target Error:	0 ft 1/4 in --

Link Name	Setup 1	Setup 2	Overlap	Abs. Mean Error
Link 18	09182022 - Scan 019	09182022 - Scan 020	57 %	0 ft 1/8 in
		Cloud to Cloud Target	Mean Target Error:	0 ft 1/8 in --

Link Name	Setup 1	Setup 2	Overlap	Abs. Mean Error
Link 19	09182022 - Scan 020	09182022 - Scan 021	44 %	0 ft 1/8 in
		Cloud to Cloud Target	Mean Target Error:	0 ft 1/8 in --

Link Name	Setup 1	Setup 2	Overlap	Abs. Mean Error
Link 20	09182022 - Scan 021	09182022 - Scan 022	34 %	0 ft 3/4 in
		Cloud to Cloud Target	Mean Target Error:	0 ft 3/4 in --

Graphics



Job 007-1



ProjectIcon

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 3.0.0.17

Arizona Department of Public Safety
Commercial Vehicle Enforcement Bureau
 P. O. Box 18410
 Phoenix, AZ 85005
 Phone: (602)223-2522 E-mail: returndver@azdps.gov

Report Number: AZ0332000362
Inspection Date: 09/18/2022
Start: 04:03 PM MT **End:** 8:57:35 PM MT
Inspection Level: II - Walk-Around
HM Inspection Type: None

AHADU EXPRESS LLC
 12037 E CANAL DR
 AURORA, CO 80011-8210
USDOT#: 03741253 **Phone#:** (720)285-8608
MC/MX#: **Fax#:**
State#:
Location: INTERSTATE 17
Highway: I-17
County: YAVAPAI, AZ

Driver: HABTOM, EPHREM A
License#: [REDACTED] **State:** MI
Date of Birth: [REDACTED]
CoDriver:
License#: **State:**
Date of Birth:
Shipper: RYAN TRANSPORTATION SERVICES II
Bill of Lading: 3135582
Cargo: GLASS

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	CVSA Issued #	OOS Sticker
1	TT	FRHT	2006	TX	R584245	#421 / BLU	1FUJA6CKX6LV66751	52,000			
2	ST	UTIL	2007	TX	171B983	1147	1UYVS25387P118010	65,000			

BRAKE ADJUSTMENTS: No Brake Measurements Required For Level 2

VIOLATIONS

Vio Code	Section	Unit	OOS	Citation #	Verify	Crash	Violations Discovered
393.203	393.203	1	N		N	Y	Cab/body parts requirements violations: Engine hood detached; right door melted; sleeper berth melted; interior melted.
393.9H	393.9(a)	1	Y		U	Y	Inoperable head lamps: Headlamp and turn signal INOP due to broken and melted wires.
393.45A-AJS	393.45(a)	1	Y		U	Y	Air Brake tubing improperly joined or spliced: Both air lines from cab to trailer were melted. All air lines under the hood were melted.
396.3A1-LLEAK	396.3(a)(1)	1	Y		U	Y	A liquid fuel system with a dripping leak at any point.: Right side fuel tank was ruptured and leaking.
393.75A3	393.75(a)(3)	1	Y		U	Y	Tire-flat and/or audible air leak: Axle #2 right side outer wheel unmounted and unable to hold air pressure.
393.60C	393.60(c)	1	N		N	Y	Damaged or discolored windshield: Windshields were both shattered.
396.5B	396.5(b)	1	N		N	Y	Oil and/or grease leak: Oil leaking from engine and pooling onto ground.
396.5B-HLOW	396.5(b)	1	Y		U	Y	Hubs - oil and/or Grease Leaking from hub - outer wheel: Right front hub leaking oil, pooling on rim.
399.207	399.207	1	N		N	Y	Vehicle access requirements violations: Right side steps were melted and missing.
396.17C	396.17(c)	2	N		N	N	Operating a CMV without proof of a periodic inspection: Annual inspection sticker on trailer shows the inspection was performed on January of 2021 which means it expired on January of 2022.
393.201A	393.201(a)	2	Y		U	Y	Frame cracked / loose / sagging / broken: Right side upper and lower frame rail cracked through / trailer sagging.
393.100B	393.100(b)	2	Y		U	Y	Leaking/spilling/blowing/falling cargo: Load spilling through bulkhead and right side of trailer.

HazMat: No HM Transported.

Placard: No **Cargo Tank:**

Special Checks: Post Crash

Report Prepared By:
 O VILLEGAS

Badge #:
 7251

Copy Received By:
 EPHREM HABTOM

Page 1 of 2



03741253 AZ AZ0332000362

X

X _____

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 3.0.0.17

Arizona Department of Public Safety
Commercial Vehicle Enforcement Bureau
P. O. Box 18410
Phoenix, AZ 85005
Phone: (602)223-2522 E-mail: returndver@azdps.gov

Report Number: AZ0332000362
Inspection Date: 09/18/2022
Start: 04:03 PM MT End: 8:57:35 PM MT
Inspection Level: II - Walk-Around
HM Inspection Type: None

AHADU EXPRESS LLC
12037 E CANAL DR
AURORA, CO 80011-8210

USDOT#: 03741253 Phone#: (720)285-8608
MC/MX#: Fax#:
State#:

Driver: HABTOM, EPHREM A
License#:
Date of Birth:
CoDriver:
License#:
Date of Birth:
State: MI

Location: INTERSTATE 17
Highway: I-17
County: YAVAPAI, AZ

MilePost: 298 S Shipper: RYAN TRANSPORTATION SERVICES II
Origin: SPRING HILL, KS Bill of Lading: 3135582
Destination: YUMA, AZ Cargo: GLASS

* Pursuant to the authority contained in ARS 28-5204, I hereby declare vehicles with defects followed by a "Y" in the OOS column of the Violations section of this report to be OUT OF SERVICE. No person shall remove the Out of Service stickers applied to these vehicles, or operate such vehicles until the Out of Service defects have been repaired and the vehicles have been restored to safe operating conditions. Driver's initials: _____

Signature Of Repairer X: _____ Facility: _____ Date: _____

**** WARNING **** If this box is checked (), a separate traffic citation was issued to the violator. Please refer to the issued traffic citation for additional information. This is in addition to any action required by this report.

DRIVER & MOTOR CARRIER: This report must be furnished to the above named motor carrier. The motor carrier shall sign below and return, by mail or fax, within 15 days to:

Arizona Department of Public Safety
Commercial Vehicle Enforcement Bureau
PO Box 18410
Phoenix, Arizona 85005-8410
E-mail: returndver@azdps.gov

The undersigned certifies that all violations noted on this report have been corrected and action has been taken to assure compliance with the Federal Motor Carrier Safety and Hazardous Material Regulations as adopted by Arizona Revised Statutes 28-5204 insofar as they are applicable to motor carriers and drivers.

Signature Of Motor Carrier X: _____ Title: _____ Date: _____

Report Prepared By:
O VILLEGAS

Badge #:
7251

Copy Received By:
EPHREM HABTOM

Page 2 of 2



03741253 AZ AZ0332000362

X _____

X _____