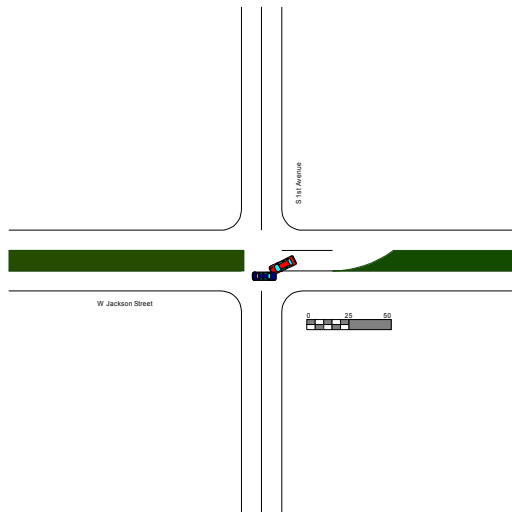


ARIZONA TRAFFIC ACCIDENT REPORT		REPORT ID										Agency Report Number							
1 POLICE ONLY - FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION 064R 206 S. 17th AVE., PHOENIX, ARIZONA 85007-3233		YEAR	MONTH	DAY	HOUR			NCIC NO.			OFFICERS ID NO.			3185231 Total No. of Sheets <u>2</u>					
		0	3	0	5	0	4	0	9	0	0	5	7		0	2	7	8	9
COMPLETE THE FOLLOWING 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	0	Estimated Total Damage Compared to Limit:	<input checked="" type="checkbox"/> Over <input type="checkbox"/> Under	<input type="checkbox"/> Fatal <input type="checkbox"/> Hit/Run	<input type="checkbox"/> Govt Prop.	<input type="checkbox"/> Persons Transported for Immediate Medical Care?	<input checked="" type="checkbox"/> Tow Away of At Least One Vehicle from Scene?	District or Grid No.					
3		LOCATION										City		County					
		On Highway / Road / Street W Jackson St										Phoenix		Maricopa					
		Intersecting Street, Road / M.P. or R.P. <input checked="" type="checkbox"/> At <input type="checkbox"/> From S 1st Ave										North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/>		Distance		<input type="checkbox"/> Measured <input type="checkbox"/> Approximate		<input type="checkbox"/> Miles <input type="checkbox"/> Feet	
4		TRAFFIC UNIT NO. 1																	
		State	Class	End.	<input checked="" type="checkbox"/> DL # <input type="checkbox"/> SSN <input type="checkbox"/> Both	<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Pedestrian <input type="checkbox"/> Pedalcyclist	Name					Sex	Inj						
		AZ	D		34575231		Lee Thomlin					M	1						
		Restrictions	Date of Birth	Address		City		State	Zip Code	Telephone Number									
		N	07/08/56	3643 W Willow Ave		Phoenix		AZ	85029	602-896-0000									
		Plate Number	State	Year	<input checked="" type="checkbox"/> Same as Driver	Owner/Carrier Name		Address		City	State	Zip Code							
		001 ZZZ	AZ	2004															
		Body Style	<input checked="" type="checkbox"/> BUS (9 or more seats)	Make	Color	Year	VIN	Safety Device Code											
		Sedan		Dodge	Green	2000	1234-SD328-A 1-789632	3											
		Removed to	<input checked="" type="checkbox"/> Disabled <input type="checkbox"/> Not Disabled	Removed by		Orders of		Posted Speed Limit	Ofc Est Speed										
		AAA Autobody		Ace Tow ing		Lee Thomlin		35	50										
		Insurance Company	Telephone Number		Policy Number		Eff Date / Exp Date												
		State Farm Insurance	602-555-2343		SF-03-12347856		02/01/2003 02/01/2004												
		Trailer (Other Unit) Plate No.	State	Year	Description of Trailer or Other Unit		GVW (Registered) of Power Unit Greater than 10k pounds? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		HazMat Placard? <input type="checkbox"/> Yes <input type="checkbox"/> No 4-Digit 1-Digit		Was HazMat Cargo Released? <input type="checkbox"/> Yes <input type="checkbox"/> No								
4		TRAFFIC UNIT NO. 2																	
		State	Class	End.	<input checked="" type="checkbox"/> DL # <input type="checkbox"/> SSN <input type="checkbox"/> Both	<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Pedestrian <input type="checkbox"/> Pedalcyclist	Name					Sex	Inj						
		AZ	D		34575231		Chris Brow n					M	1						
		Restrictions	Date of Birth	Address		City		State	Zip Code	Telephone Number									
		N	03/15/70	2929 E Elm St		Phoenix		AZ	85016	602-955-5555									
		Plate Number	State	Year	<input checked="" type="checkbox"/> Same as Driver	Owner/Carrier Name		Address		City	State	Zip Code							
		001 ZZA	AZ	2003															
		Body Style	<input checked="" type="checkbox"/> BUS (9 or more seats)	Make	Color	Year	VIN	Safety Device Code											
		Coupe		Ford	Red	1990	2389-WQ582-S6-129836	3											
		Removed to	<input checked="" type="checkbox"/> Disabled <input type="checkbox"/> Not Disabled	Removed by		Orders of		Posted Speed Limit	Ofc Est Speed										
		A 1 Autobody		AAA Club Tow ing		Chris Brow n		35	35										
		Insurance Company	Telephone Number		Policy Number		Eff Date / Exp Date												
		State farm Insurance	602-555-2343		SF-03-54760259		05/01/2003 05/01/2004												
		Trailer (Other Unit) Plate No.	State	Year	Description of Trailer or Other Unit		GVW (Registered) of Power Unit Greater than 10k pounds? <input type="checkbox"/> Yes <input type="checkbox"/> No		HazMat Placard? <input type="checkbox"/> Yes <input type="checkbox"/> No 4-Digit 1-Digit		Was HazMat Cargo Released? <input type="checkbox"/> Yes <input type="checkbox"/> No								
5		PASSENGERS																	
		Seating Position		10 Not in Passenger Compartment 11 Motorcycle, Bus 12 Other 13 Unknown 14 Pedalcyclist			Safety Devices			4 Airbag deployed 8 Passive & lap 5 Child restraint 9 Other 6 Protective helmet 0 Unknown 7 Passive belt			Injury Severity Codes						
		07 04 01 08 05 02 09 06 03					1 None used 5 Child restraint 9 Other 2 Lap belt 6 Protective helmet 0 Unknown 3 Lap & shoulder 7 Passive belt			4 - Incapacitating Injury 5 - Fatal Injury 6 - Not Reported / Unknown									
		Unit #	Seat Pos	SD	Name		Address		City		State	Zip Code	Age	Sex	Inj				
		1	03	3	Susan Thomlin		3643 W Willow Ave		Phoenix		AZ	85029	37	F	1				
6		OTHER PROPERTY DAMAGE (DESCRIBE)																	
		Owner's Name																	
7		WITNESSES																	
		Name																	
		Address																	
		City																	
		State																	
		Zip Code																	
		Telephone Number																	
		Age																	
8		PHOTOS TAKEN																	
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																	
		Photographer's Name, ID Number, and Agency										Invest. at Scene <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Date Invest.		Time Invest.			
		L.D. Barnett #13945 Phoenix Police Dept												05/04/03		0925			
		Officer's Signature and ID Number					Agency					Date Completed							
		LD Barnett 13945					Phoenix Police Dept					05/04/03							

9 - DIAGRAM



13 - DESCRIBE WHAT HAPPENED

Lee Thomlin was speeding excessively. He turned left and collided with Chris Brown's Ford coupe.

INJURED TAKEN TO/ BY

16 - LIGHT CONDITION

- CHECK ONLY ONE
- 1 DAYLIGHT
 - 2 DAWN OR DUSK
 - 3 DARKNESS

- YES NO
- 1 STREETLIGHT
 - 2 STREETLIGHT FUNCTIONING

17 - WEATHER CONDITIONS

- CHECK ONLY ONE
- 1 CLEAR
 - 2 CLOUDY
 - 3 SLEET/ HAIL
 - 4 RAIN
 - 5 SNOW
 - 6 SEVERE CROSSWINDS
 - 7 BLOWING, SAND, SOIL, DIRT, SNOW
 - 8 FOG, SMOG, SMOKE

18 - ROAD SURFACE TYPE

- CHECK ONLY ONE
- 1 ASPHALT
 - 2 CONCRETE
 - 3 GRAVEL
 - 4 DIRT
 - 5 OTHER

19 - TYPE OF LOCATION

- CHECK ONLY ONE
- 1 INTERSECTION
 - 2 JUNCTION AREA
 - 3 NON-JUNCTION AREA
 - 4 DRIVEWAY ACCESS
 - 5 ALLEY ACCESS
 - 6 ALLEY

20 - INTERSECTION RELATED

- YES NO

21 - SPECIAL LOCATION

- CHECK ONLY ONE
- 1 SCHOOL CROSSING
 - 2 PEDESTRIAN CROSSWALK (STRIPED)
 - 3 PEDESTRIAN CROSSWALK (NO STRIPING)
 - 4 BRIDGE
 - 5 TUNNEL
 - 6 RR CROSSING
 - 7 GORE AREA
 - 8 BIKE PATH
 - 9 2-WAY LEFT TURN LANE

22 - UNUSUAL ROAD CONDITION

- CHECK ONLY ONE
- 1 UNDER CONSTRUCTION, TRAFFIC ALLOWED
 - 2 UNDER CONSTRUCTION, NO TRAFFIC ALLOWED
 - 3 UNDER REPAIRS
 - 4 HOLES, RUTS, BUMPS
 - 5 OBSTRUCTION - PROTECTED
 - 6 OBSTRUCTION - UNPROTECTED
 - 7 OBSTRUCTION UNLIGHTED AT NIGHT
 - 8 DEFECTIVE SHOULDERS
 - 9 CHANGING ROAD WIDTH
 - 10 WATER (STANDING OR MOVING)
 - 11 TEMPORARY LANE CLOSURE

23 - TRAFFIC CONTROL DEVICES

- LEGEND:
A-DEVICE OPERATIONAL
B-DAMAGED OR NON-FUNCTIONAL PRIOR TO ACCIDENT
- CHECK ANY THAT APPLY
- 1 A B TRAFFIC SIGNAL
 - 2 YIELD SIGN
 - 3 STOP SIGN
 - 4 WARNING SIGN
 - 5 RAILROAD SIGNAL
 - 6 FLASHING SIGNAL
 - 7 FLAGMAN OR OFFICER

24 - NON INTERSECTION ROAD

- CHARACTER CHECK ONLY ONE
- 1 2-WAY STRIPED CENTERLINE
 - 2 2-WAY, NO STRIPE
 - 3 2-WAY, PAINTED MEDIAN
 - 4 2-WAY, RAISED MEDIAN
 - 5 2-WAY, CONCRETE BARRIER
 - 6 2-WAY, CABLE BARRIER
 - 7 2-WAY, DEPRESSED MEDIAN
 - 8 2-WAY EXTENDED MEDIAN
 - 9 1-WAY STREET

25 - ROAD GRADE

- CHECK ONLY ONE
- 1 LEVEL
 - 2 DOWNGRADE
 - 3 UPGRADE
 - 4 HILLCREST
 - 5 DIP

26 - ROAD SURFACE CONDITION

- CHECK ONLY ONE
- 1 DRY
 - 2 WET
 - 3 SAND, MUD, DIRT, OIL, GRAVEL
 - 4 SNOW
 - 5 SLUSH
 - 6 ICE
 - 7 OTHER
 - 8 UNKNOWN

27 - CONDITIONS INFLUENCING DRIVER

- TWO CHOICES PER PERSON MAY BE SELECTED
- 1 1 2 3 NO APPARENT INFLUENCE
 - 2 HAD BEEN DRINKING
 - 3 USE OF ILLICIT DRUGS
 - 4 ILLNESS
 - 5 FELL ASLEEP/ FATIGUED
 - 6 PHYSICAL IMPAIRMENT
 - 7 PRESCRIPTION DRUGS
 - 8 OTHER
 - 9 UNKNOWN

28 - VIOLATIONS / BEHAVIOR

- TWO CHOICES PER PERSON MAY BE SELECTED
- 1 1 2 3 NO IMPROPER ACTION
 - 2 SPEED TOO FAST FOR CONDITIONS
 - 3 EXCEEDED LAWFUL SPEED
 - 4 FAILED TO YIELD RIGHT-OF-WAY
 - 5 FOLLOWED TOO CLOSELY
 - 6 RAN STOP SIGN
 - 7 DISREGARDED TRAFFIC SIGNAL
 - 8 MADE IMPROPER TURN
 - 9 DROVE IN OPPOSING TRAFFIC LANE
 - 10 KNOWINGLY OPERATED WITH FAULTY OR MISSING EQUIPMENT
 - 11 REQUIRED MOTORCYCLE SAFETY EQUIPMENT NOT USED
 - 12 PASSED IN NO PASSING ZONE
 - 13 UNSAFE LANE CHANGE
 - 14 OTHER UNSAFE PASSING
 - 15 INATTENTION
 - 16 DID NOT USE CROSSWALK
 - 17 WALKED ON WRONG SIDE OF ROAD
 - 18 OTHER
 - 19 UNKNOWN

29 - VEHICLE CONDITION

- TWO CHOICES PER VEHICLE MAY BE SELECTED
- 1 1 2 3 NO APPARENT DEFECTS
 - 2 DEFECTIVE BRAKES
 - 3 DEFECTIVE STEERING
 - 4 DEFECTIVE HEADLIGHTS
 - 5 DEFECTIVE TAIL LIGHTS
 - 6 DEFECTIVE TURN-SIGNAL
 - 7 PUNCTURE OR BLOWOUT
 - 8 ONE OR MORE SMOOTH TIRES
 - 9 FIRE
 - 10 DEFECTIVE WINDSHIELD WIPER
 - 11 DEFECTIVE EXHAUST SYSTEM
 - 12 OTHER DEFECTS
 - 13 NO TRAILER BRAKES
 - 14 UNKNOWN

11 - SKIDDING OCCURRED

- VEHICLE
- | | | | |
|-----|-------------------------------------|---------------------------------------|----------------------------|
| YES | 1 <input type="checkbox"/> | 2 <input checked="" type="checkbox"/> | 3 <input type="checkbox"/> |
| NO | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

12 - CITATIONS

UNIT NO. _____ A.R.S. NO. OR CITY CODE _____

14 - PRIOR ACTION

- YES NO RAN OFF ROADWAY PRIOR TO FIRST HARMFUL EVENT
- RIGHT LEFT UNIT NO. _____

15 - MANNER OF COLLISION

- CHECK ONLY ONE
- 1 SINGLE VEHICLE
 - 2 ANGLE
 - 3 LEFT TURN
 - 4 RIGHT TURN
 - 5 U-TURN
 - 6 REAR-END
 - 7 HEAD-ON
 - 8 SIDESWIPE (SAME DIRECTION)
 - 9 SIDESWIPE (OPPOSITE DIRECTION)
 - 10 BACKING
 - 11 NON-CONTACT MOTORCYCLE
 - 12 NON-CONTACT NON-MOTORCYCLE
 - 13 PEDESTRIAN
 - 14 PEDALCYCLE
 - 15 OTHER

30 - TRAFFIC UNIT ACTION

- CHECK ONE PER UNIT
- | | | | | |
|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------------------|
| 1 | 1 | 2 | 3 | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | GOING STRAIGHT AHEAD |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SLOWING IN TRAFFICWAY |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | STOPPED IN TRAFFICWAY |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | MAKING LEFT TURN |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | MAKING RIGHT TURN |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | MAKING U TURN |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ENTERING ALLEY OR DRIVEWAY |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | LEAVING ALLEY OR DRIVEWAY |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | OVERTAKING / PASSING |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | CHANGING LANES |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | BACKING |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | AVOIDING VEHICLE, OBJECT, PEDESTRIAN |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ENTERING PARKING POSITION |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | LEAVING PARKING POSITION |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | PROPERLY PARKED |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | IMPROPERLY PARKED |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | DRIVERLESS MOVING VEHICLE |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | CROSSING ROAD |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | WALKING WITH TRAFFIC |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | WALKING AGAINST TRAFFIC |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | STANDING |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | LYING |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | GETTING ON OR OFF VEHICLE |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | WORKING ON OR PUSHING VEHICLE |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | WORKING ON ROAD |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | OTHER |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | UNKNOWN |

31 - VISION OBSCUREMENT

- CHECK ONE PER UNIT
- | | | | | |
|-------------------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------|
| 1 | 1 | 2 | 3 | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | NOT OBSCURED |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | BY PARKED/ STOPPED VEHICLE |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | BY MOVING VEHICLE |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | BY BUILDING |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | BY EMBANKMENT |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | BY SIGNBOARD |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | BY HILLCREST |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | BY LOAD ON VEHICLE |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | BY TREES, BUSHES |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | BY HEADLIGHT |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | BY SUN GLARE |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | BECAUSE OF BAD WEATHER |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | OTHER |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | RAIN, SNOW, FOG ON WINDSHIELD |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | WINDSHIELD OBSCURED- OTHER |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | UNKNOWN |

32 - DIRECTION OF TRAVEL

- CHECK ONE PER UNIT
- | | | | | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 | 1 | 2 | 3 | 5 | 1 | 2 | 3 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |