U.S. Department of Transportation
National Highway Traffic Safety Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire

To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 252

Date Received	Repository
16-JUN-2003 2003 AUG 5 AM	
	Reference No. 10024179

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	
Address [redacted]	Evening Telephone Number	
City JEROME / State AZ / Zip Code [redacted]		

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of [redacted] provide your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 7/30/03

VEHICLE INFORMATION

17-digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
	DODGE	RAM	1998

Date Purchased	Dealer's Name and Telephone Number			Engine: 360 V8 No. Cylinders	Fuel Type:
4/23/03	ALLRED FMC.			8	GAS
Original Owner ☐	Dealer's City Cottonwood	State AZ	Zip Code 86326		

Transmission Type		Powertrain	Vehicle Component Code
Auto.	☐ Antilock Brakes ☒ Cruise Control	2WD	191000 TIRES: TREAD/BELT Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
16-JUN-2003			

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTHAL9ABC0361)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	3	0	N

Narrative Description of Incident(S), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

WHILE TRAVELING ON THE HIGHWAY AND WITHOUT PRIOR WARNING, RIGHT REAR TIRE TREAD SEPARATED FROM THE WHEEL. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

MAY 2 7 2003

ADOT USE ONLY

ARIZONA TRAFFIC ACCIDENT REPORT

1 POLICE ONLY - FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION 064R 2065 17th AVE., PHOENIX, ARIZONA 85007-3233

REPORT ID

YEAR	MONTH	DAY	HOUR	NCIC NO.	OFFICERS ID NO.
03	05	25	16	0301	56152

Agency Report Number: 03-10111 FPD

Total No. of Sheets: 1 of 3

COMPLETE THE FOLLOWING SUPPLEMENT IF ANY (circle) AND ANY (diamond) ARE CHECKED

2 Total Units: 2 | Total Injuries: 4 | Total Fatalities: Ø | Estimated Total Damage Compared to Limit: ■ Over ☐ Under | ○ Fatal ☐ Hit/Run | ☐ Govt. Prop. | ○ Persons Transported for Immediate Medical Care? | ○ Tow Away of At Least One Vehicle from Scene? | District or Grid No.

3 LOCATION
On Highway/Road/Street: University Ave
Intersecting Street, Road / M.P. or R.P.: ■ At ☐ From Forest Meadows
■ Inside ☐ Outside City: Flagstaff | County: Coconino
☐ North ☐ South ☐ Plus ☐ East ☑ West ☐ Minus | Distance | ☐ Measured ☐ Approximate | ☐ Miles ☐ Feet

4 TRAFFIC UNIT NO. 1
State: Az | Class: G | End.: / | ☐ DL # ☐ SSN ☐ Both [redacted] | ■ Driver ☐ Pedestrian ☐ Pedalcyclist | Name: [redacted] | Sex: F | Inj: 3
Restrictions: None | Date of Birth: [redacted] | Address: [redacted] | City: Cottonwood | State: Az | Zip Code: 86326 | Telephone Number: [redacted]
Plate Number: Temp | State: Az | Year: 03 | ☐ Same as Driver | Owner/Carrier Name: [redacted] | Address: N. Stardust Tr | City: Flagstaff | State: Az | Zip Code: [redacted]
Body Style: PU | ◇ Bus (9 or more seats) | Make: Dodge | Color: Black | Year: 98 | VIN: 1B7HF16Z9WS[redacted] | Safety Device Code
Removed to: AM/PM | ■ Disabled ☐ Not Disabled | Removed by: AM/PM | Orders of: Officer | Posted Speed Limit: 30 | Ofc Est Speed: 40-45
Insurance Company: Victoria Insurance | Telephone Number: 800-926-3165 | Policy Number: [redacted] | Eff Date / Exp Date: 05/03 - 11/03
Trailer (Other Unit) Plate No. | State | Year | Description of Trailer or Other Unit | GVW (Registered) of Power Unit Greater than 10k pounds? ◇ Yes ☐ No | Haz Mat Placard? ◇ Yes ☐ No 4-Digit 1-Digit | Was Haz Mat Cargo Released? ☐ Yes ☐ No

TRAFFIC UNIT NO. 2
State: Az | Class: D | End.: / | ■ DL # ☐ SSN ☐ Both [redacted] | ■ Driver ☐ Pedestrian ☐ Pedalcyclist | Name: [redacted] | Sex: F | Inj: 2
Restrictions: A | Date of Birth: [redacted] | Address: [redacted] | City: Flagstaff | State: Az | Zip Code: [redacted] | Telephone Number: (928)
Plate Number: 002GHN | State: Az | Year: 04 | ■ Same as Driver | Owner/Carrier Name | Address | City | State | Zip Code
Body Style: PU | ◇ Bus (9 or more seats) | Make: Chevy | Color: S/L | Year: 01 | VIN: 1GCHK23G21F[redacted] | Safety Device Code: 3
Removed to: AM/PM | ■ Disabled ☐ Not Disabled | Removed by: AM/PM | Orders of: Officer | Posted Speed Limit: 35 | Ofc Est Speed: 30-35
Insurance Company: USAA | Telephone Number: 800-531-8222 | Policy Number: [redacted] | Eff Date / Exp Date: 02/03 - 08/03
Trailer (Other Unit) Plate No. | State | Year | Description of Trailer or Other Unit | GVW (Registered) of Power Unit Greater than 10k pounds? ◇ Yes ☐ No | Haz Mat Placard? ◇ Yes ☐ No 4-Digit 1-Digit | Was Haz Mat Cargo Released? ☐ Yes ☐ No

TRAFFIC UNIT NO. (not used — lined out)
State | Class | End. | ☐ DL # ☐ SSN ☐ Both | ☐ Driver ☐ Pedestrian ☐ Pedalcyclist | Name | Sex | Inj
Restrictions | Date of Birth | Address | City | State | Zip Code | Telephone Number
Plate Number | State | Year | ☐ Same as Driver | Owner/Carrier Name | Address | City | State | Zip Code
Body Style | ◇ Bus (9 or more seats) | Make | Color | Year | VIN | Safety Device Code
Removed to | ☐ Disabled ☐ Not Disabled | Removed by | Orders of | Posted Speed Limit | Ofc Est Speed
Insurance Company | Telephone Number | Policy Number | Eff Date / Exp Date
Trailer (Other Unit) Plate No. | State | Year | Description of Trailer or Other Unit | GVW (Registered) of Power Unit Greater than 10k pounds? ◇ Yes ☐ No | Haz Mat Placard? ◇ Yes ☐ No 4-Digit 1-Digit | Was Haz Mat Cargo Released? ☐ Yes ☐ No

5 PASSENGERS

Seating Position: 07 04 01 / 08 05 02 / 09 06 03; 10 Not in Passenger Compart; 11 Motorcycle, Bus; 12 Other; 13 Unknown; 14 Pedalcyclist

Safety Devices: 1 None used; 2 Lap belt; 3 Lap & shoulder; 4 Airbag deployed; 5 Child restraint; 6 Protective helmet; 7 Passive belt; 8 Passive & lap; 9 Other; 0 Unknown

Injury Severity Codes: 1 - No Injury; 2 - Possible Injury; 3 - Non Incapacitating Injury; 4 - Incapacitating Injury; 5 - Fatal Injury; 6 - Not Reported / Unknown

Unit #	Seat Pos	SD	Name	Address	City	State	Zip Code	Age	Sex	Inj
2	04	5	Kaelyn Strouse	1754 W. University Ave	Flagstaff	Az	86001	6	M	2
1	03	1	Lukas Baird	145 S 14th St.	Cottonwood			22	M	3

FLAGSTAFF POLICE DEPT.
DISSEMINATION
TO [signature]
BY [signature]

6 Other Property Damage (Describe): City of Flagstaff Light Pole on N/E Corner, 1254 E. University Ave Guil
Owner's Name: Progressive Insurance | Address: 1254 E. University Ave | City: Flagstaff | State: Az | Zip Code: 86001 | Telephone Number: (UNK)

7 WITNESSES

Name	Address	City	State	Zip Code	Telephone Number	Age
James Eide	1555 E. Thunderbird #2403	Phoenix	Az	85022	(602) 741-9656	25
Federica Barbieri	815 W. University #1410	Flagstaff	Az	86001	(928) 779-3405	30

8 Photos Taken: ■ Yes ☐ No | Photographer's Name, ID Number, and Agency: Sgt L. Roberts #701 | Invest. at Scene: ■ Yes ☐ No | Date Invest.: 5-25-03 | Time Invest.: 1621
Officer's Signature and ID Number: B. Conway (#152) | Agency: Flagstaff Police Dept | Date Completed: 5-25-03

01-2704 R08/00

K.L. 2/10

FAX 6 / 2000

6 - DIAGRAM

10 - INDICATE NORTH

11 - SHOWING DAMAGED

	VEHICLE 1	2	3
YES	☐	☐	☐
NO	☒	☒	☐

12 - CITATIONS

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

1 28-701, A1

2 28-855, B

See Attached

14 - PRIOR ACTION

☐ YES ☒ NO — RAN OFF ROADWAY PRIOR TO FIRST HARMFUL EVENT

☐ RIGHT ☐ LEFT UNTRD. _____

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

13 - DESCRIBE WHAT HAPPENED

Vehicle 2 going E/B ON University Ave at Forest Meadows Vehicle 1 going N/B ON Forest Meadows at University Ave, Vehicle 1 going At a High Rate of Speed, Struck By Veh 1 Driver Between (40-45) mph, Ran Stop Sign at Intersection and (T-Boned) hit side of Vehicle 2 IN The Middle of Intersection. Vehicle 1 then Flipped over Vehicle 2 (Cont)

INJURED TAKEN TO/BY (Flagstaff medical) Center (FMC)

30 - TRAFFIC UNIT ACTION
CHECK ONE PER UNIT

	1	2	3	
1	☒	☒	☐	GOING STRAIGHT AHEAD
2	☐	☐	☐	SLOWING IN TRAFFICWAY
3	☐	☐	☐	STOPPED IN TRAFFICWAY
4	☐	☐	☐	MAKING LEFT TURN
5	☐	☐	☐	MAKING RIGHT TURN
6	☐	☐	☐	MAKING U-TURN
7	☐	☐	☐	ENTERING ALLEY OR DRIVEWAY
8	☐	☐	☐	LEAVING ALLEY OR DRIVEWAY
9	☐	☐	☐	OVERTAKING/PASSING
10	☐	☐	☐	CHANGING LANES
11	☐	☐	☐	BACKING
12	☐	☐	☐	AVOIDING VEHICLE, OBJECT, PEDESTRIAN
13	☐	☐	☐	ENTERING PARKING POSITION
14	☐	☐	☐	LEAVING PARKING POSITION
15	☐	☐	☐	PROPERLY PARKED
16	☐	☐	☐	IMPROPERLY PARKED
17	☐	☐	☐	DRIVERLESS MOVING VEHICLE
18	☐	☐	☐	CROSSING ROAD
19	☐	☐	☐	WALKING WITH TRAFFIC
20	☐	☐	☐	WALKING AGAINST TRAFFIC
21	☐	☐	☐	STANDING
22	☐	☐	☐	LYING
23	☐	☐	☐	GETTING ON OR OFF VEHICLE
24	☐	☐	☐	WORKING ON OR PUSHING VEHICLE
25	☐	☐	☐	WORKING ON ROAD
26	☐	☐	☐	OTHER
27	☐	☐	☐	UNKNOWN

16 - LIGHT CONDITION
CHECK ONLY ONE

1 ☒ DAYLIGHT
2 ☐ DAWN OR DUSK
3 ☐ DARKNESS

	YES	NO
1	☒	☐ STREETLIGHT
2	☐	☐ STREETLIGHT FUNCTIONING

17 - WEATHER CONDITION
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 (MARKED)
3 ☐ PEDESTRIAN CROSSWALK (NO STRIPING)
4 ☐ BRIDGE
5 ☐ TUNNEL
6 ☐ RR CROSSING
7 ☐ WORK 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 - UNMARKED 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

	A	B	
1	☐	☐	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	2	3	
1	☒	☒	☐	NO APPARENT INFLUENCE
2	☐	☐	☐	HAD BEEN DRINKING
3	☐	☐	☐	USE OF ILLICIT DRUGS
4	☐	☐	☐	ILLNESS
5	☐	☐	☐	FELL ASLEEP, FAINTED
6	☐	☐	☐	PHYSICAL IMPAIRMENT
7	☐	☐	☐	PRESCRIPTION DRUGS
8	☐	☐	☐	OTHER
9	☐	☐	☐	UNKNOWN

28 - VIOLATION / MISBEHAVIOR
TWO CHOICES PER PERSON MAY BE SELECTED

	1	2	3	
1	☐	☒	☐	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	2	3	
1	☒	☒	☐	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

31 - VISION OBSCUREMENT
CHECK ONE PER UNIT

	1	2	3	
1	☒	☒	☐	NOT OBSCURED
2	☐	☐	☐	BY PARKED/STOPPED VEHICLE
3	☐	☐	☐	BY MOVING VEHICLE
4	☐	☐	☐	BY BUILDING
5	☐	☐	☐	BY EMBANKMENT
6	☐	☐	☐	BY SIGNBOARD
7	☐	☐	☐	BY FOLIAGE
8	☐	☐	☐	BY LOAD ON VEHICLE
9	☐	☐	☐	BY TREES, BUSHES
10	☐	☐	☐	BY HEADLIGHT GLARE
11	☐	☐	☐	BECAUSE OF BAD WEATHER
12	☐	☐	☐	OTHER
13	☐	☐	☐	RAIN, SNOW, FOG ON WINDSHIELD
14	☐	☐	☐	WINDSHIELD OBSCURED - OTHER
15	☐	☐	☐	UNKNOWN

32 - DIRECTION OF TRAVEL
CHECK ONE PER UNIT

	1	2	3		1	2	3	
1	☒	☐	☐	NORTH	5	☐	☐	NW
2	☐	☐	☐	SOUTH	6	☐	☐	NE
3	☒	☐	☐	EAST	7	☐	☐	SW
4	☐	☐	☐	WEST	8	☐	☐	SE
					9	☐	☐	UNKNOWN

01-3704 R/00 BACK

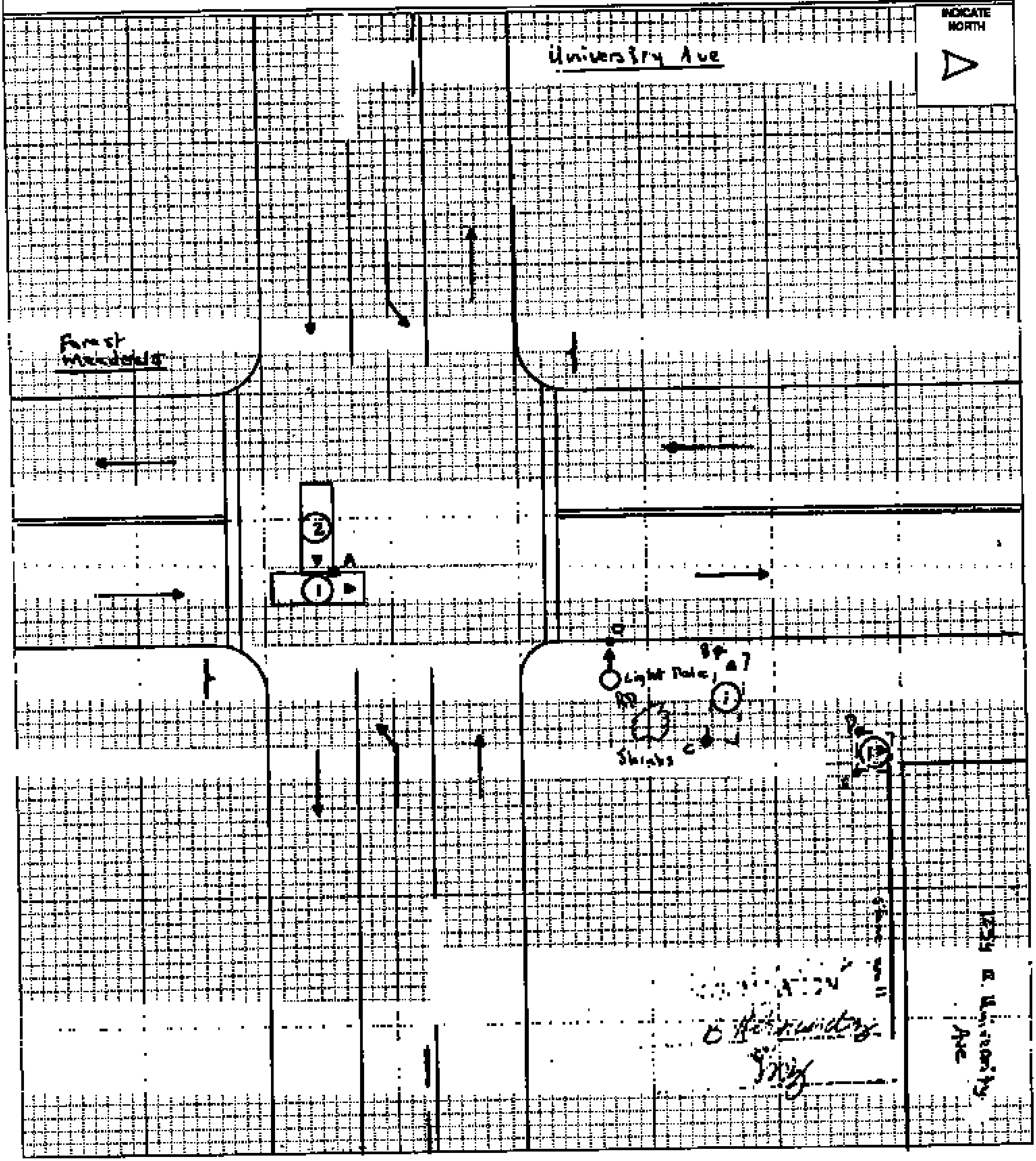
MAY 2 7 2003

ARIZONA TRAFFIC ACCIDENT REPORT SUPPLEMENT	YEAR	MONTH	DAY	REPORT ID HOUR	MDC NO.	OFFICERS ID NO.	Agency Report Number
FORWARD COPY TO ACCIDENT RECORDS ANALYSIS UNIT 064R ARIZONA DEPARTMENT OF TRANSPORTATION 206 S. 17th AVE., PHOENIX, ARIZONA 85007-3233	03	05	25	1619	0301	56152	03 - 10/11 FPD 2 of 3

ACCIDENT DIAGRAM

■ MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE
☐ MEASUREMENTS ARE SCALED (SCALE = ________)

INDICATE NORTH



01-2706 2/02
FORM A

MAY 27 2003

ARIZONA TRAFFIC ACCIDENT REPORT SUPPLEMENT FORWARD COPY TO ACCIDENT RECORDS ANALYSIS UNIT 064R ARIZONA DEPARTMENT OF TRANSPORTATION 206 S. 17th AVE., PHOENIX, ARIZONA 85007-3233	YEAR	MONTH	DAY	REPORT TO HOUR	NCIC NO.	OFFICER'S ID NO.	Agency Report Number
	03	05	25	1619	0301	56152	03-[illegible] FPD 1 of 3

ACCIDENT DESCRIPTION
(Narrative)

according to witnesses. Vehicle 2 spun around with Front End damage as it struck Vehicle 1's Drivers side. Vehicle 1 was Reported airborne and the Cab of Vehicle (1) Pickup was separated from the Frame. The Frame of Vehicle 1 went Approximately 15 Feet From Reference Point and the Cab flew another 40 Feet From Reference Point. Vehicle 1 Frame landed on landscaping of Private Property. Vehicle 1 Cab landed on Stone Wall Several Feet From building At 1254 E University Ave. Passenger in Vehicle 1 Stated he was ejected from Passengers side window on Impact. Driver of Vehicle 1 Remained in Cab During entire Impact and while Airborne. Both Driver and Passenger did Not have on seatbelt. Light Pole (LP) was Damaged and Fixture Broken off at Top. Tire From Vehicle 1 found approximately another 25 Feet North of Cab and Building had significant Hole To West side (apparently from Dislocated Tire). Vehicle 2 had Total Front End Damage But air bags were Not Deployed. Minor Injuries Reported by Two Occupants in Vehicle 2 But were Transported To FMC. Passenger in Vehicle 1 had significant Abrasions to back and legs, stated by him from "Sliding across asphalt after getting thrown out". Driver of Vehicle 1 also had significant Abrasions and a swollen Lip w/ Bruises to Body. Driver Vehicle 2 appeared under No Impairment and told me "It was all my fault, my Sandal slipped off The Brake and onto the gas." No Skid marks from either Vehicle 1 or 2 and witnesses Stated Impact made at Full speed w/ No Braking. Diagram indicates Measurements from Light Pole (Ref. Point) and shows approximate Point of Impact. No Significant or Disabling Injuries occurred! End of Vehicle accident.

FLAGSTAFF POLICE DEPT.
DISSEMINATION

INVESTIGATOR'S SIGNATURE [signature] 56152 TO B Hernandez DATE 5-25-03

[initials]

FORM A

MAY 07 2003

ARIZONA TRAFFIC ACCIDENT REPORT
ACCIDENT MEASUREMENT SUPPLEMENT
FORWARD COPY TO
ACCIDENT RECORDS ANALYSIS UNIT 0641
ARIZONA DEPARTMENT OF TRANSPORTATION
206 S. 17th AVE., PHOENIX, ARIZONA 85007-3212

YEAR	MONTH	DAY	REPORT ID HOUR	MCIC NO.	OFFICER ID NO.	Agency Report Number
03	05	25	1619	0390	1561	03-1011

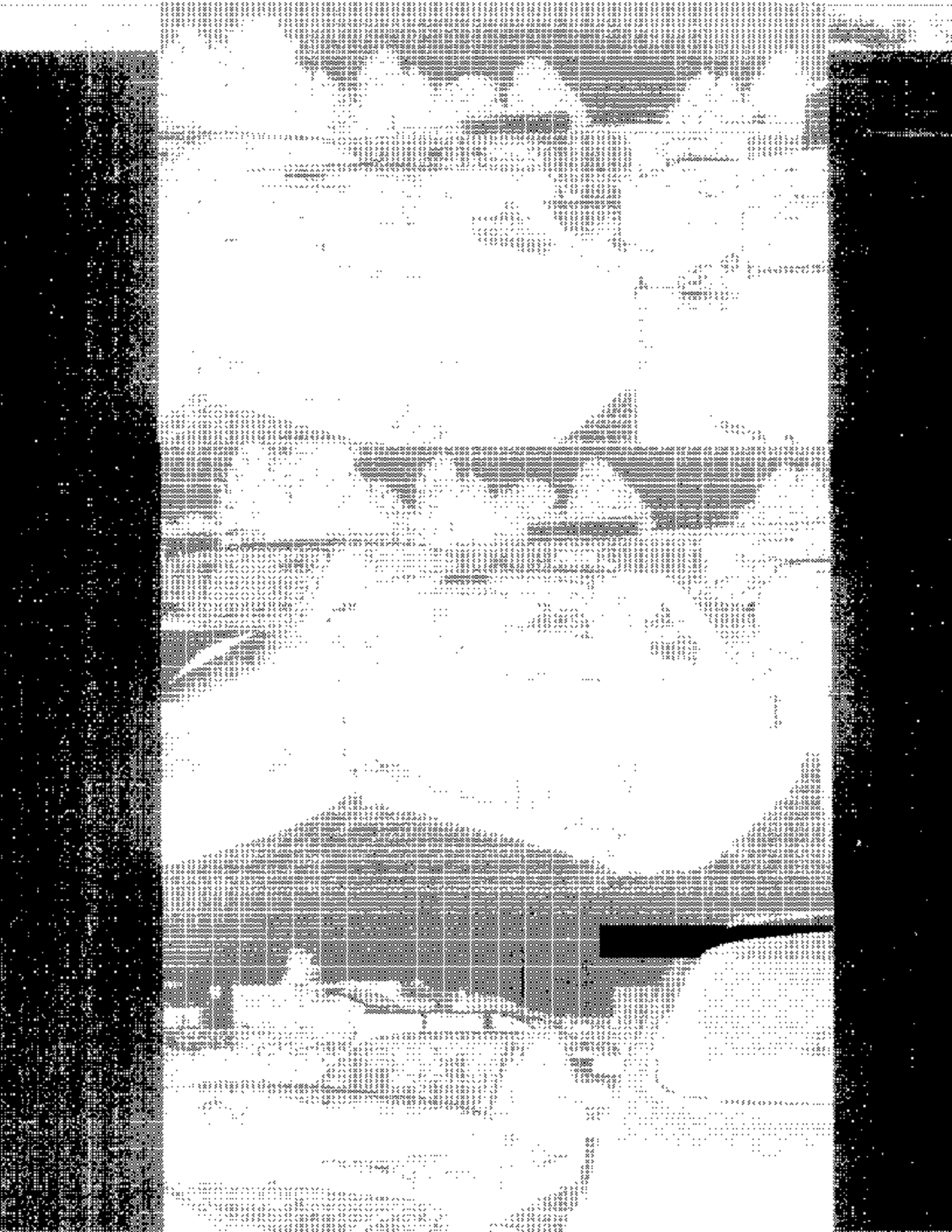
3 of 3 FLAGSTAFF P.D.

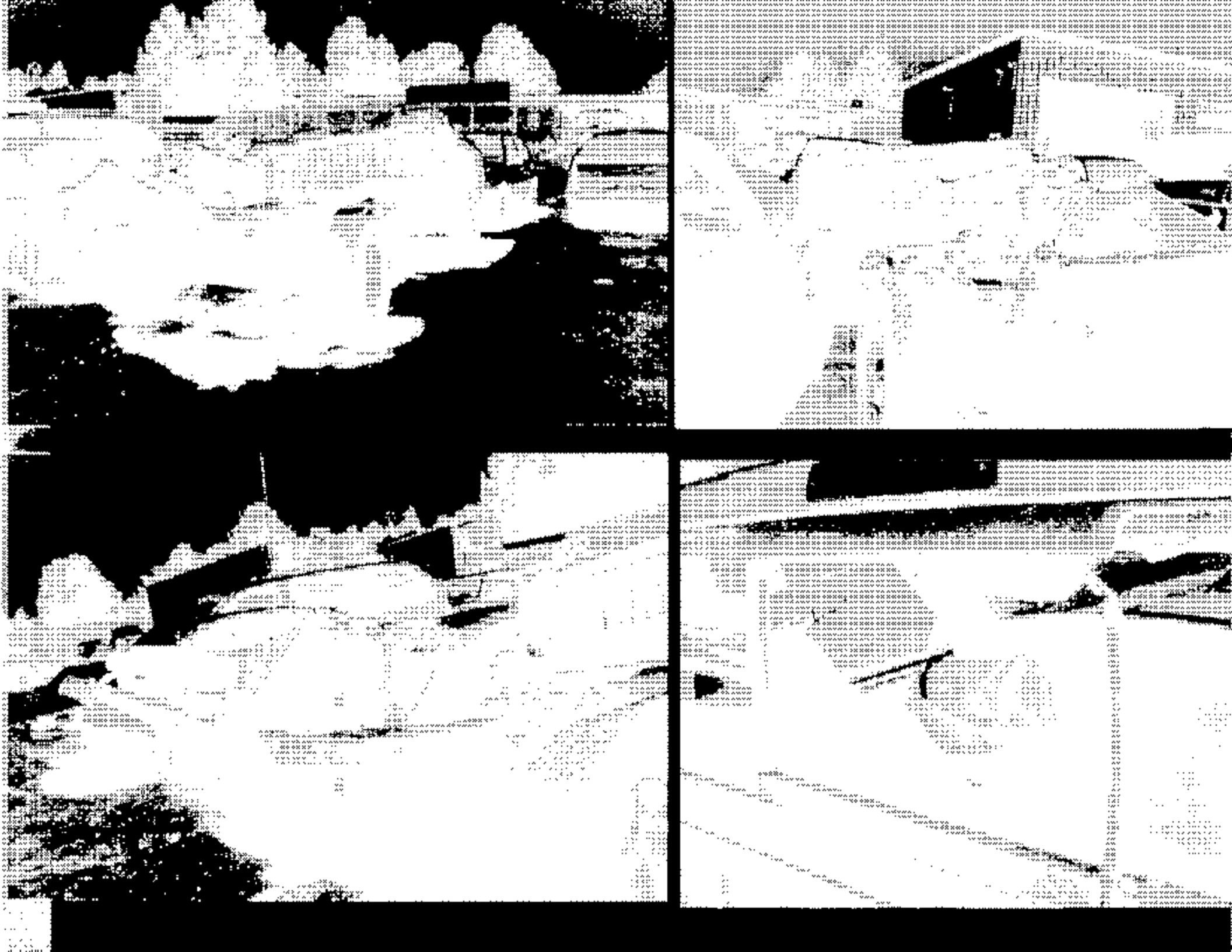
ZERO POINT IS THE EDGE 10' WEST OF REFERENCE POINT — MEASUREMENTS ARE IN FEET AND TENTHS ☐

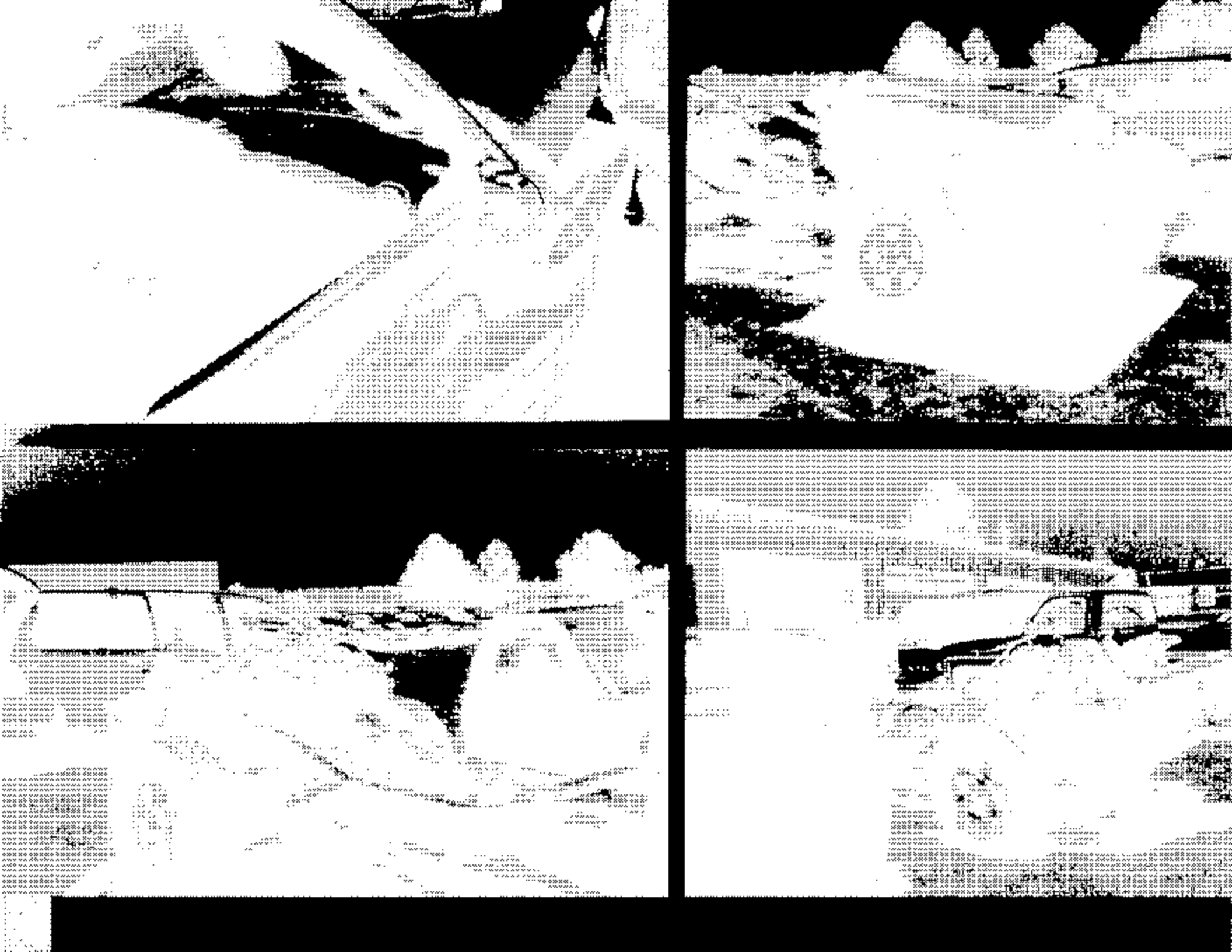
EDGE IS EAST CURB ALONG FOOTPATH REFERENCE POINT IS APS Power Pole #3045 — FEET AND INCHES ☒

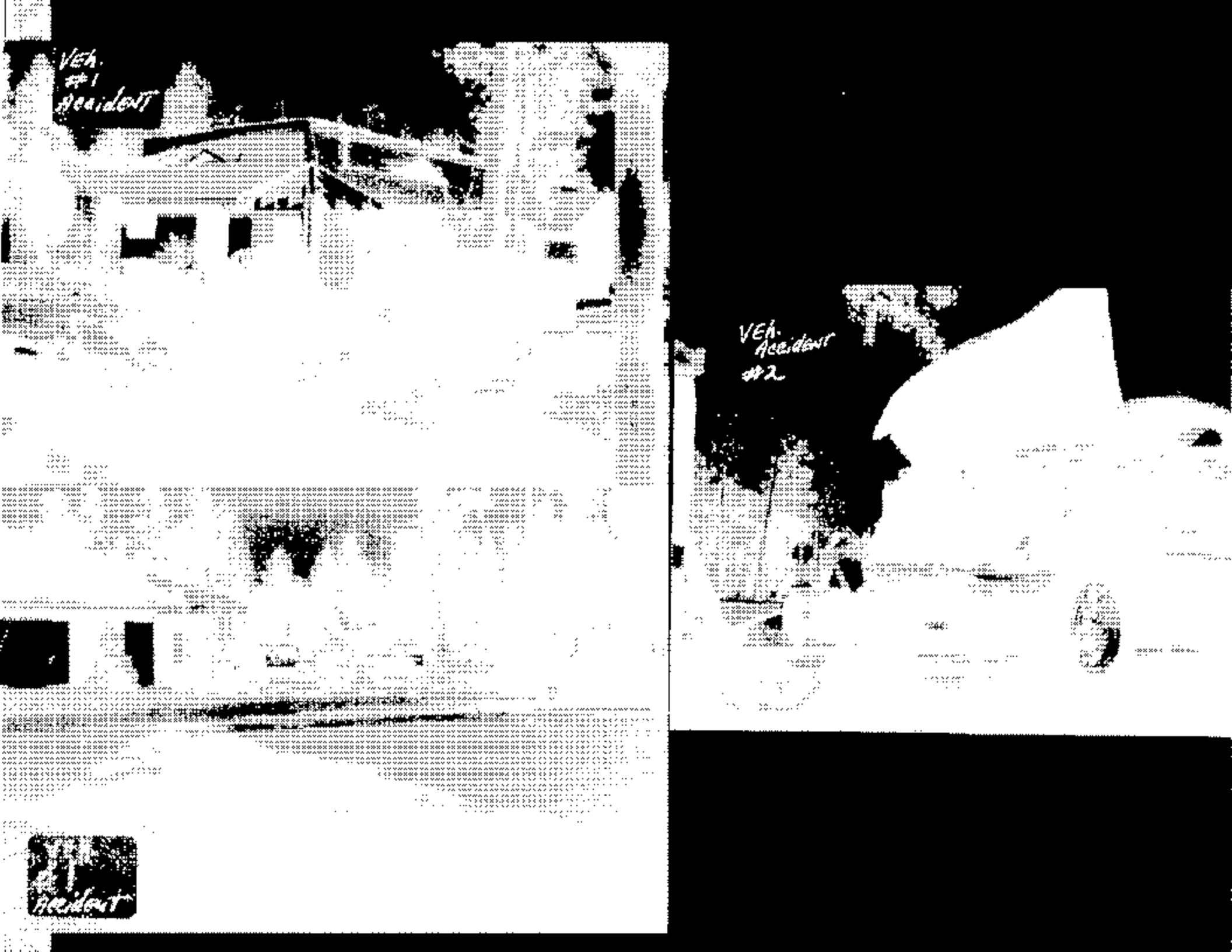
POINT	FROM EDGE	FROM RP	DESCRIPTION OF POINT MEASURED
A	16' W	67.5" S	APPROXIMATE POINT OF IMPACT
B	72" E	11' N	VEHICLE #1 DRIVERS SIDE FRONT TIRE ON FRAME
C	16'10" E	9' N	VEHICLE #1 DRIVERS SIDE REAR TIRE ON FRAME
D	29' E	39'2" N	VEHICLE #1 DRIVERS SIDE REAR OF CAB
E	34'9" E	38'10" N	VEHICLE #1 PASSENGER SIDE REAR OF CAB

STATE POLICE DEPT.
DISSEMINATION
TO
B. Hernandez
BY








VEH. #1 ACCIDENT
VEH. ACCIDENT #2