INFORMATION REDACTED PURSUANT TO THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C.552(B)(6)

U.S. Department of Transportation

**National Highway Traffic Safety Administration**

# 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 100148 | |
|---|---|
| Date Received | **Repository** ☐ |
| 22-APR-2021 | Reference No. 11413436 |

**OWNER INFORMATION (Type or Print)**

| | | | |
|---|---|---|---|
| **Name** [redacted] | | Daytime Telephone Number [redacted] | E-mail Address [redacted] |
| **Address** [redacted] | | Evening Telephone Number | |
| **City** MESA | **State** AZ | **Zip Code** [redacted] | |

*The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).*

**VEHICLE INFORMATION**

| 17 digit Vehicle Identification Number Located at bottom of windshield on driver's side | Make | Model | Model Year |
|---|---|---|---|
| VBKLSV401LM[redacted] | KTM | 690 SMC R | 2020 |

| Date Purchased | Dealer's Name and Telephone Number | | Engine: | Fuel Type: |
|---|---|---|---|---|
| | Nash Power sports 602-973-5111 | | ~~No. Cylinders~~ 1 cylinder | gas |
| **Original Owner** ☒ | **Dealer's City** Phoenix | **State** AZ **Zip Code** 85007 | | |

| Transmission Type | | Powertrain | Multiple Failure: | Incident Date(s) |
|---|---|---|---|---|
| 6 speed | ☒ Antilock Brakes ☐ Cruise Control | 1 cylinder 690cc | clutch slave cylinder gas tank issue | 21-APR-2021 |

**FAILED COMPONENT(S)/PART(S) INFORMATION**

| Vehicle Component Codes: 074000 FUEL/PROPULSION SYSTEM (PWS), 162000 STRUCTURE: BODY | Failure Mileage | Failure Speed |
|---|---|---|
| | 800 | 25 |

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

| Tire Make | Tire Model (Name or Number) | Tire Size (Example P215/65R15) | |
|---|---|---|---|
| Bridgestone [redacted] | Battlax | Front 120/70 ZR17 | Rear 160/60 ZR17 |
| **DOT No. (Example: DOTMAL9ABC036)** | ☒ Original Equipment ☐ Prior Repair | **Failure Location:** N/A | |
| **Tire Component Code** | | **Tire Failure Type:** N/A | |

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE**

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

**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 | 1 | 0 | Y |

**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).**

TL* THE CONTACT OWNED A 2020 KTM 690 SMC R. THE CONTACT STATED WHILE DRIVING 25 MPH, THE MOTORCYCLE SLID OUT WHEN THE CONTACT WENT TO STAND THE MOTOR BIKE UP; THE MOTORCYCLE PROCEEDED TO EXPLODE WITHOUT WARNING, ENGULFING THE CONTACT IN FLAMES. THE FIRE DEPARTMENT WAS CALLED AND THE FIRE WAS EXTINGUISHED AND A REPORT WAS TAKEN. THE CONTACT WAS NOT INJURED. THE MOTORCYCLE WAS TOWED TO THE CONTACT'S RESIDENCE AND UPON EXAMINATION THE MOTORCYCLE WAS A COMPLETE LOSS. THE MOTORCYCLE WAS NOT REPAIRED. THE MANUFACTURER WAS INFORMED OF THE FAILURE AND TOLD THE CONTACT THAT THEY WERE UNABLE TO ASSIST. THE FAILURE MILEAGE WAS APPROXIMATELY 800.

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

# ARIZONA CRASH REPORT

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

REPORT ID: YEAR 2021 | MONTH 04 | DAY 21 | HOUR 1045 | NCIC NO. [redacted] | OFFICER ID NO. [redacted]

Agency Report Number: [redacted]

Total Number of Sheets: 3

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

2 — Total Units: 1 | Total Injuries: 0 | Total Fatalities: 0 | Estimated Total Damage Compared To $1,000 Limit: ■ Over ☐ Under | ○ Fatal | ☐ Hit/Run Unit # ____ | ○ Person Transported for Immediate Medical Care? | ◉ Tow Away of At Least One Vehicle from Scene? | District or Grid No.: [redacted]

3 — LOCATION

| On Highway/Road/Street | Private Property Crash | ☐ Inside ■ Outside | City | County |
|---|---|---|---|---|
| SR-88 | | | APACHE JUNCTION | MARICOPA |

Intersecting Street/Road/M.P. or R.P.: ☐ At ■ From [redacted] | ☐ North ☐ East ☐ South ☐ West | ☐ Plus ☐ Minus | Distance: 0.4 | ☐ Measured ■ Approximate | ■ Miles ☐ Feet

**Light Condition:** ■ 1 Daylight ☐ 2 Dawn ☐ 3 Dusk ☐ 4 Dark – Lighted ☐ 5 Dark – Not Lighted ☐ 6 Dark – Unknown Lighting ☐ 51 Unknown

**Weather Conditions:** ■ 1 Clear ☐ 2 Cloudy ☐ 3 Sleet, Hail (freezing rain/drizzle) ☐ 4 Rain ☐ 5 Snow or Blowing Snow ☐ 7 Blowing Sand, Soil, Dirt ☐ 8 Fog, Smog, Smoke ☐ 50 Other ☐ 51 Unknown

GLOBAL POSITION: Latitude: 33.540033091341 | Longitude: -111.4448177904

4 — Is this a Secondary Collision: ☐ Yes ■ No

*If YES, were any of the following 1st responders hit?* ☐ *Law Enforcement* ☐ *Fire* ☐ *EMS* ☐ *Tow Operator* ☐ *DOT Worker* ☐ *Other* _____

Roadway Clear Time: 1143 | Incident Clear: 1224

**Safety Devices (SD):** 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

**Airbag (AB):** 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

**Injury Severity (IS):** 1 – No Injury; 2 – Possible Injury; 3 – Suspected Minor Injury; 4 – Suspected Serious Injury; 5 – Fatal Injury; 51 – Unknown/ Not Reported

**Seating Position:** 31 21 11 / 32 22 12 / 33 23 13 / 38 28 18 / 42; 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. 1

| ■ DL # [redacted] ☐ No Valid License/Permit | State: AZ | Class: D | End. | ■ Driver ☐ Driverless ☐ Pedestrian ☐ Pedalcyclist | Name (First, Middle, Last): [redacted] | ☐ ejected ☐ extricated | Suffix | Sex: M |
|---|---|---|---|---|---|---|---|---|

Restrictions: B | Address: [redacted] MESA AZ [redacted] | State | Zip Code | Telephone Number

Date of Birth: [redacted] | Owner/Carrier Name: ■ Same as Driver ☐ Gov't Vehicle [redacted] | Address | City: MESA AZ [redacted] | State | Zip Code

| Color | Vehicle Year | Make | Body Style | Plate Number | State | Plate Mo/Yr | ◇ Bus (9 or more seats) |
|---|---|---|---|---|---|---|---|
| BLK | 2002 | KTM | MC | [redacted] | [redacted] | | |

| VIN | Autonomous Veh ☐ Control: Man ☐ AV ☐ Unkn ☐ | Trailer (Other Unit) Plate No. | State | Year | GVW / GCWR (Rated) Greater Than 10k pounds? ◇ Yes ■ No | HazMat Placard? ◇ Yes ■ No |
|---|---|---|---|---|---|---|
| VBKLSV401LM[redacted] | | | | | | |

| Safety Devices: 5 | Airbag: 0 | Injury Severity: 1 | Posted Speed Limit: 25 | Ofc Est. Speed: 000 | Injured Transported To/By: NA |
|---|---|---|---|---|---|

Vehicle Removed to (Address/Storage Location Identifier): TOWYARD | ■ Disabled ☐ Not Disabled | Vehicle Removed by: CL KING | Orders of: POLICE

Insurance Company: STATE FARM | Telephone Number: [redacted] | Policy Number: [redacted] | Exp. Date: 09/24/2021

TRAFFIC UNIT NO. ____

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

Restrictions | Address | City | State | Zip Code | Telephone Number

Date of Birth | Owner/Carrier Name ☐ Same as Driver ☐ Gov't Vehicle | Address | City | State | Zip Code

| Color | Vehicle Year | Make | Body Style | Plate Number | State | Plate Mo/Yr | ◇ Bus (9 or more seats) |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

| VIN | Autonomous Veh ☐ Control: Man ☐ AV ☐ Unkn ☐ | Trailer (Other Unit) Plate No. | State | Year | GVW / GCWR (Rated) Greater Than 10k pounds? ◇ Yes ☐ No | HazMat Placard? ◇ Yes ☐ No |
|---|---|---|---|---|---|---|
| | | | | | | |

| Safety Devices | Airbag | Injury Severity | Posted Speed Limit | Ofc Est. Speed | Injured Transported To/By |
|---|---|---|---|---|---|
| | | | | | |

Vehicle Removed to (Address/Storage Location Identifier) | ☐ Disabled ☐ Not Disabled | Vehicle Removed by | Orders of

Insurance Company | Telephone Number | Policy Number | Exp. Date

6 — PASSENGERS

| Unit # | Seat Pos | SD | AB | IS | Name | Address | City | State | Zip Code | Phone | Sex | D.O.B. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | ☐ transported by EMS/Fire | | ☐ ejected | ☐ extricated | | | | |
| | | | | | ☐ transported by EMS/Fire | | ☐ ejected | ☐ extricated | | | | |
| | | | | | ☐ transported by EMS/Fire | | ☐ ejected | ☐ extricated | | | | |

7 — VEHICLE DAMAGED AREA(S) – (CIRCLE ALL THAT APPLY)

Unit # ____ — 1 2 3 4 5 6 7 8 9 — 0 – NONE; 10 – UNDERCARRIAGE; 51 – UNKNOWN

Unit # ____ — 1 2 3 4 5 6 7 8 9 — 0 – NONE; 10 – UNDERCARRIAGE; 51 – UNKNOWN

8 — Property Damaged (Other than Vehicles) | Owner Code (OC): 1 – Private; 2 – Public Utility; 3 – Federal Government; 4 – State of Arizona; 5 – County in Arizona; 6 – City in Arizona; 7 – Tribal Nation; 51 – Unknown | Inventory Tag No

OC | Owner's Name | Address (or Bar Code ID Number) | City | State | Zip Code | Telephone Number

9 — WITNESSES

| Name | Address | City | State | Zip Code | Telephone Number | D.O.B. |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |

10 — CITATION

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

11 — Photos Taken: ☐ Yes ■ No | Photographer's Name, ID Number and Agency Name | Invest. At Scene: ■ Yes ☐ No | Date Invest.: 04/21/2021 | Time Invest.: 10:50 | Fire/EMS Incident No

Officer's Name / Badge #: C. Wallace (06631) | Supervisor's Signature: D. Holweger (05429) | Agency Name: AZ DPS | Date Completed: 04/23/2021

# ARIZONA CRASH REPORT

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

REPORT ID

| YEAR | MONTH | DAY | HOUR | NCIC NO. | OFFICER ID NO. |
|---|---|---|---|---|---|
| 21 | 04 | 21 | 1045 | [redacted] | 006631 |

Agency Report Number: [redacted]

## 12 — ROAD SURFACE CONDITION
UNIT #
- ■ 1 DRY
- ☐ 2 WET
- ☐ 3 SNOW/SLUSH
- ☐ 5 ICE/FROST
- ☐ 6 WATER (standing/moving)
- ☐ 8 MUD/DIRT/GRAVEL/SAND
- ☐ 50 OTHER _____
- ☐ 51 UNKNOWN

## 13 — ROAD GRADE
UNIT #
- ☐ 1 LEVEL
- ■ 2 DOWNHILL
- ☐ 3 UPHILL
- ☐ 51 UNKNOWN

## 14 — RELATION TO JUNCTION
- ■ 0 NOT JUNCTION RELATED
- ☐ 1 INTERSECTION (within) ☐ 4-WAY ☐ T-INTER ☐ OTHER
- ☐ 2 INTERSECTION-RELATED
- ☐ 3 ENTRANCE/EXIT RAMP
- ☐ 4 RAILWAY GRADE CROSSING
- ☐ 7 DRIVEWAY or ALLEY ACCESS
- ☐ 50 OTHER
- ☐ 51 UNKNOWN

## 15 — TRAFFIC WAY DESCRIPTION
- ☐ 1 ONE WAY TRAFFICWAY
- ■ 2 TWO-WAY, NOT DIVIDED (no median present)
- ☐ 3 TWO-WAY, (NOT DIVIDED) WITH A CONTINUOUS LEFT TURN LANE
- ☐ 4 TWO-WAY, DIVIDED, UNPROTECTED MEDIAN
- ☐ 5 TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER
- ☐ 51 UNKNOWN

## 16 — TRAFFIC CONTROL DEVICE
UNIT #
- ■ 0 NO CONTROLS
- ☐ 1 SIGNAL
- ☐ 2 STOP SIGN
- ☐ 3 YIELD SIGN
- ☐ 4 WARNING SIGN
- ☐ 5 RAILROAD CROSSING SIGN
- ☐ 6 FLASHING TRAFFIC SIGNAL
- ☐ 7 PERSON (law enforcement, crossing guard, flagger etc.)
- ☐ 8 TRAFFIC CIRCLE / ROUNDABOUT
- ☐ 9 PEDESTRIAN HYBRID BEACON/HAWK
- ☐ 50 OTHER _____
- ☐ 51 UNKNOWN

## 17 — MANNER OF CRASH IMPACT
- ■ 1 SINGLE VEHICLE
- ☐ 2 ANGLE (front to side) (other than left turn)
- ☐ 3 LEFT TURN
- ☐ 4 REAR END (front-to-rear)
- ☐ 5 HEAD-ON (front-to-front) (other than left turn)
- ☐ 6 SIDESWIPE, SAME DIRECTION
- ☐ 7 SIDESWIPE, OPPOSITE DIRECTION
- ☐ 10 U-TURN
- ☐ 50 OTHER _____
- ☐ 51 UNKNOWN

## 18 — DIRECTION OF UNIT TRAVEL (Compass)
*BEFORE 1ST CRASH EVENT*
UNIT #
- ☐ 1 NORTH
- ☐ 2 SOUTH
- ■ 3 EAST
- ☐ 4 WEST
- ☐ 5 NORTHWEST
- ☐ 6 NORTHEAST
- ☐ 7 SOUTHWEST
- ☐ 8 SOUTHEAST
- ☐ 51 UNKNOWN

***NOTE:*** *FOR PARKED OR STOPPED VEHICLES, INDICATE THE DIRECTION THE VEHICLE WAS FACING AT THE TIME OF THE CRASH*

## 19 — CONTRIBUTING CIRCUMSTANCES
*UP TO TWO CHOICES PER UNIT*
UNIT #
- ■ 0 NO CONTRIBUTING CIRCUMSTANCE

***ENVIRONMENTAL***
1. GLARE
- ☐ A. SUNLIGHT

2. PHYSICAL OBSTRUCTION(S)
- ☐ A. STOPPED/PARKED VEHICLE
- ☐ B. MOVING VEHICLE
- ☐ C. LOAD ON VEHICLE
- ☐ D. TREE/SHRUB/BUSH

***ROAD***
- ☐ 3 ROAD SURFACE CONDITION
- ☐ 4 DEBRIS
- ☐ 5 WORK ZONE
- ☐ 6 OBSTRUCTION IN ROADWAY
- ☐ 7 CHANGING ROAD WIDTH
- ☐ 8 NON-HIGHWAY WORK

***MOTOR VEHICLE***
- ☐ 12 TIRES
- ☐ 50 OTHER _____
- ☐ 51 UNKNOWN

**ROAD RAGE**
- ☐ POSSIBLE ROAD RAGE INCIDENT

## 20 — DISTRACTED DRIVING BEHAVIOR
UNIT #
- ■ 0 NOT DISTRACTED / NOT APPLICABLE
- ☐ 1 TALKING ON HANDS FREE DEVICE
- ☐ 2 TALKING ON HAND HELD DEVICE
- ☐ 3 PASSENGER
- ☐ 4 OTHER ACTIVITY, ELECTRONIC DEVICE
- ☐ 5 MANUALLY OPERATING AN ELCTRONIC DEVICE
- ☐ 6 OTHER INSIDE THE VEHICLE (eating, drinking, etc.)
- ☐ 7 OUTSIDE THE VEHICLE (includes unspecified distractions)
- ☐ 50 DISTRACTED, UNKNOWN REASON
- ☐ 51 UNKNOWN IF DISTRACTED

## 21 — CONDITION INFLUENCING Driver/Ped/Cyclist
*UP TO THREE CHOICES PER UNIT*
UNIT #
- ■ 0 NO APPARENT INFLUENCE
- ☐ 1 ILLNESS OR PHYSICAL IMPARMENT
- ☐ 3 FELL ASLEEP/FATIGUED
- ☐ 4 ALCOHOL
- ☐ 5 ILLEGAL DRUGS
- ☐ 6 MEDICATIONS
- ☐ 7 MARIJUANA
- ☐ 8 MED MARIJUANA CARD PRESENTED
- ☐ 50 OTHER _____
- ☐ 51 UNKNOWN CONDITION

**21 DRE** *(check all that apply)*
- ☐ a DRE RESPONDED
- ☐ b SUSPECT EVALUATED
- ☐ c SUSPECT ARRESTED

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

## 22 — VIOLATIONS/BEHAVIOR
*CHECK ALL THAT APPLY*
UNIT #
- ☐ 1 NO IMPROPER ACTION
- ■ 2 SPEED TOO FAST FOR CONDITIONS
- ☐ 3 EXCEEDED LAWFUL SPEED
- ☐ 4 FOLLOWED TOO CLOSELY
- ☐ 5 RAN STOP SIGN
- ☐ 6 DISREGARDED TRAFFIC SIGNAL
- ☐ 7 MADE IMPROPER TURN
- ☐ 8 DROVE LEFT OF CENTER LINE
- ☐ 9 WRONG WAY DRIVING
- ☐ 10 CROSSED MEDIAN
- ☐ 11 PASSED IN NO PASSING ZONE
- ☐ 12 UNSAFE LANE CHANGE
- ☐ 13 FAILED TO KEEP IN PROPER LANE
- ☐ 17 DID NOT USE CROSSWALK
- ☐ 20 FAILED TO YIELD RIGHT-OF-WAY
- ☐ 49 AGGRESSIVE DRIVING
- ☐ 50 OTHER _____
- ☐ 51 UNKNOWN

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

## 24 — LOCATION OF PEDESTRIAN/CYCLIST
UNIT #
- ☐ 1 AT INTERSECTION-IN MARKED CROSSWALK
- ☐ 2 AT INTERSECTION-UNMARKED/UNKNOWN IF MARKED CROSSWALK
- ☐ 3 AT INTERSECTION-NOT IN CROSSWALK
- ☐ 4 AT INTERSECTION-UNKNOWN LOCATION
- ☐ 5 NOT AT INTERSECTION-IN MARKED CROSSWALK
- ☐ 6 NOT AT INTERSECTION-ON ROADWAY, NOT IN MARKED CROSSWALK
- ☐ 7 NOT AT INTERSECTION-ON ROADWAY, CROSSWALK AVAILABILITY UNKNOWN
- ☐ 8 SCHOOL CROSSWALK
- ☐ 9 PARKING LANE/ZONE
- ☐ 10 BICYCLE LANE
- ☐ 11 SHOULDER/ROADSIDE
- ☐ 12 SIDEWALK
- ☐ 13 MEDIAN/CROSSING ISLAND
- ☐ 14 DRIVEWAY ACCESS
- ☐ 15 SHARED-USE PATH
- ☐ 16 NON-TRAFFICWAY AREA
- ☐ 50 OTHER _____
- ☐ 51 UNKNOWN LOCATION

## 25 — ROADWAY ALIGNMENT
UNIT #
- ☐ 1 STRAIGHT
- ■ 2 CURVE LEFT
- ☐ 3 CURVE RIGHT
- ☐ 51 UNKNOWN

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

| UNIT 1 | UNIT |
|---|---|
| 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: 50

SEQUENCE OF EVENTS PER TRAFFIC UNIT

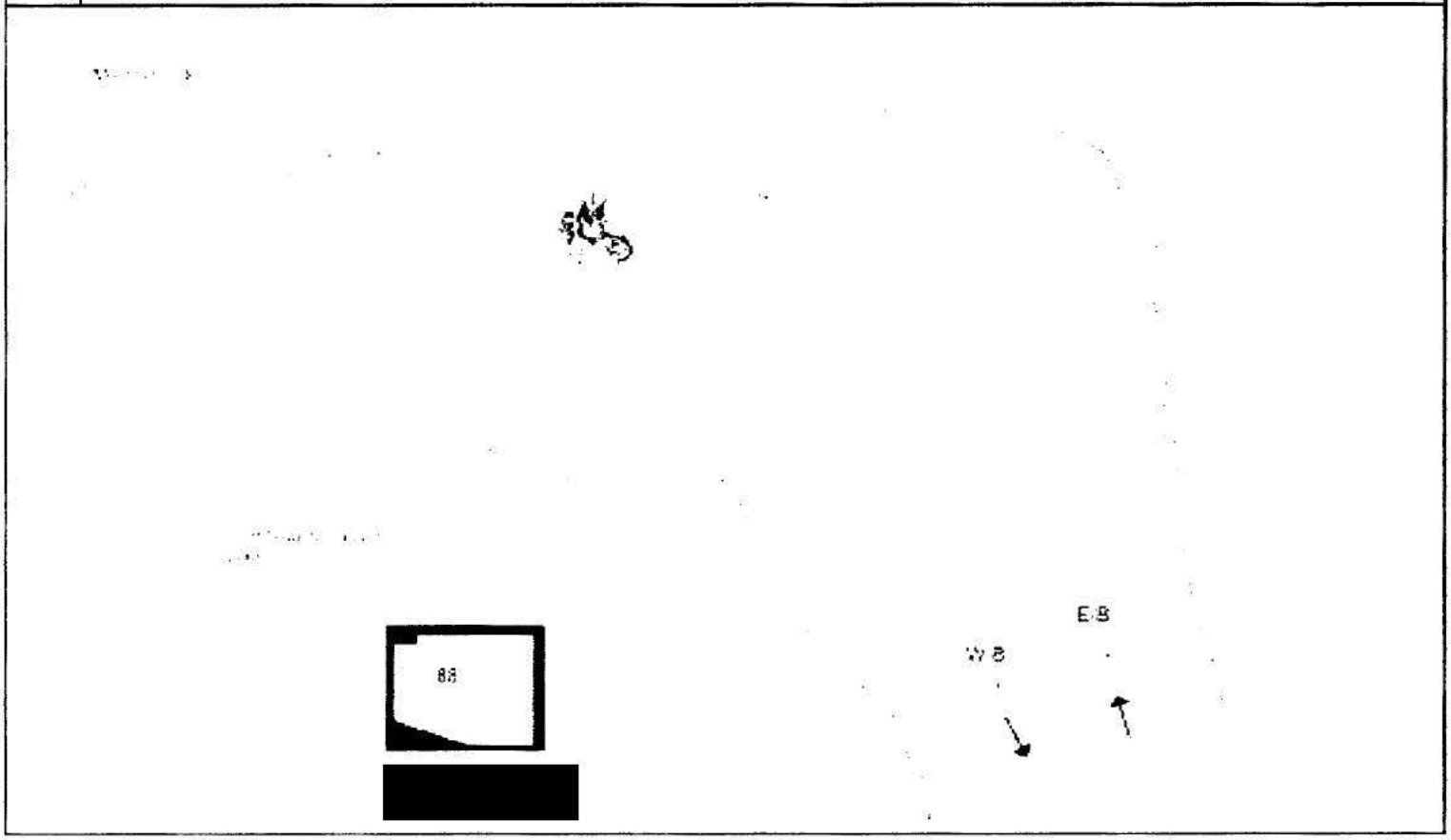
| | Unit 1 | Unit |
|---|---|---|
| FIRST EVENT | 1 | |
| SECOND EVENT | 12 | |
| THIRD EVENT | 50 | |
| FOURTH EVENT | 2 | |

| ARIZONA CRASH REPORT | | REPORT ID | | | | | | | | | | | | Agency Report Number |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | **CONTINUED**<br>***POLICE ONLY***—FORWARD COPY TO<br>ADOT TRAFFIC RECORDS SECTION, 064R<br>206 S. 17TH AVE., PHOENIX, ARIZONA 85007-3233 | YEAR | MONTH | DAY | HOUR | | NCIC NO. | OFFICER ID NO. | | | | | | [redacted] |
| | | 2 1 | 0 4 | 2 1 | 1 0 4 5 | | [redacted] | 0 0 6 6 3 1 | | | | | | |

28 **CRASH DIAGRAM**

MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE

MEASUREMENTS ARE SCALED (SCALE =_____)




30 **NARRATIVE** Describe what happened

ON 04/21/2021 AT APPROXIMATELY 1045 HOURS A SING VEHICLE COLLISION OCCURRED EASTBOUND SR 79 AT ABOUT [redacted] TRAFFIC UNIT #1 WAS TRAVELING EASTBOUND SR 79. TRAFFIC UNIT STARTED TO NEGOTIATE A LEFT CURVE IN THE ROADWAY. TRAFFIC UNIT #1 LOST CONTROL, CAUSING THE MOTORCYCLE TO FALL OVER ON IT'S SIDE AND SLIDE INTO THE MOUNTAIN SIDE. TRAFFIC UNIT #1 LEAKED FUEL CAUSING TRAFFIC UNIT TO CATCH FIRE. TRAFFIC UNIT BURNT DOWN TO THE FRAME. DRIVER #1 INJURED HIS LEFT FOOT, BUT REFUSED TRANSPORT.

DRIVER #1 SAID THAT HE WAS TRAVELING EASTBOUND AND THERE WERE SMALL ROCK IN THE ROAD. DRIVER #1 SAID THAT HE HIT THE ROCKS AND THE BACK TIRE SLID OUT FROM UNDERNEATH HIM. DRIVER #1 SAID THAT THE MOTORCYCLE FELL TO THE SIDE AND HIT THE MOUNTAINSIDE BEFORE COMING TO REST IN THE EASTBOUND LANE. DRIVER #1 SAID THAT WHEN HE PICKED UP THE MOTORCYCLE, FUEL LEAKED FROM THE TANK AND IMMEDIATELY CAUGHT FIRE.

TRAFFIC UNIT HAD TOTAL DAMAGE FROM THE FIRE. ALL THAT WAS LEFT WAS THE FRAME. CL KING REMOVED THE MOTORCYCLE FROM THE SCENE.

ARIZONA DEPARTMENT OF PUBLIC SAFETY

# VEHICLE REMOVAL REPORT

Tow Sheet Number: T13535721111001

DR Number: [redacted] | Date Removed: 04/21/2021

## VEHICLE DESCRIPTION

| Year | Color | Make | Model | License Plate | State | Expiration Date |
|---|---|---|---|---|---|---|
| 2002 | BLK | KTM | UNK | [redacted] | AZ | [redacted] |

Vehicle Identification Number (VIN): VBKLSV401LM[redacted]

Odometer:

## LOCATION VEHICLE REMOVED

| Highway | Milepost | Street / Private Property | City / Town | County |
|---|---|---|---|---|
| SR88 | [redacted] | | APACHE JUNCTION | MARICOPA |

| Driver Name | Address | City | State | ZipCode | Phone |
|---|---|---|---|---|---|
| [redacted] | [redacted] | MESA | AZ | [redacted] | |

| Owner Name | Address | City | State | ZipCode | Phone |
|---|---|---|---|---|---|
| [redacted] | [redacted] | MESA | AZ | [redacted] | |

| Lien Holder | Address | City | State | ZipCode | Phone |
|---|---|---|---|---|---|
| | | | | | |

| Trailer Towed | Trailer Year | Plate | State | VIN |
|---|---|---|---|---|
| ☐ Yes ☒ No | | | | |

| Trailer Owner - Name | Address | City | State | Zip Code |
|---|---|---|---|---|
| | | | | |

## REASON FOR REMOVAL/SECURING ON SCENE (Check all that apply)

☐ Vehicle Removal Notice Affixed ☐ HPD ☐ CID

- ☑ Collision
- ☐ Abandoned
- ☐ 30-Day Impound
- ☐ Seizure
- ☐ >2 Hours Metro Fwy
- ☐ >4 Hours Rural Fwy
- ☐ >48 Hrs Other Fwy
- ☐ Arrest - MISD
- ☐ Arrest - Felony
- ☐ Hazardous
- ☐ Evidence
- ☐ Stolen Vehicle
- ☐ Owner's Request
- ☐ Other

## VEHICLE REMOVAL NOTICE INFORMATION

| Date First Contact With Vehicle | Time | Officer ID from Notice |
|---|---|---|
| | | |

## TOW COMPANY INFORMATION

☒ Light ☐ Medium ☐ Heavy

| Time Tow Requested | Time Tow Arrived |
|---|---|
| 11:22 | 11:57 |

| Tow Company Name | Phone |
|---|---|
| CL KING | [redacted] |

Storage Address: APACHE JUNCTION

## CONDITION OF:

D = Damaged M = Missing P = Present

| | |
|---|---|
| Right Front Tire | D |
| Right Rear Tire | D |
| Left Front Tire | D |
| Left Rear Tire | D |
| Spare Tire | D |
| Stereo | D |
| Seats | D |
| Interior | D |

## VEHICLE REMOVAL AUTHORIZATION

**As owner / person in charge of the above described vehicle, I request that the vehicle be:**

☐ **Removed to:**

☐ **Vehicle Secured Temporarily at the Scene**

☐

| Released to First Name | Last Name | Driver's License Number | DOB |
|---|---|---|---|
| | | | |

| Address | City | State | ZipCode | Phone |
|---|---|---|---|---|
| | | | | |

## IMPOUND INFORMATION

☐ **Impounded** For violation of A.R.S. 28-3511 your vehicle is impounded for thirty (30) days. Any parties having interest in this vehicle may, within ten (10) days receipt of this notice, request a hearing to determine the validity of the impoundment.

**To request a hearing, contact the Arizona Department of Public Safety at:**

| Address | City | State | ZipCode | Phone |
|---|---|---|---|---|
| 2222 W. ENCANTO | PHOENIX | AZ | 85009 | (602) 223-2957 |

## SIGNATURE

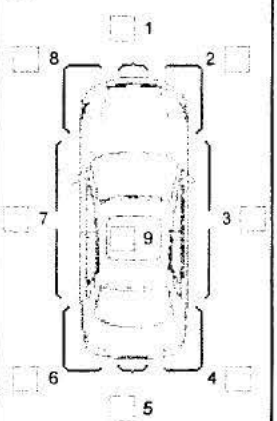
X [redacted] SERVED

Time

*+T13535721111001+*

## VEHICLE DAMAGE

- ☐ None
- ☐ Glass
- ☐ Undercarriage
- ☑ Fire
- ☐ Other
- ☐ Unknown




## REMARKS / PERSONAL PROPERTY LEFT IN VEHICLE

☐ Ignition Key ☐ Registration ☐ Driver Remained with Vehicle

NO VALUABLES. VEHICLE BURNED DOWN TO FRAME

| Officer Name | Badge No. | Investigative Officer Badge | Location Code |
|---|---|---|---|
| C. WALLACE | 06631 | 6631 | [redacted] |