



ONLY

EAST SOUTH
ARIZONA ARIZONA
72 95
↑ →

ONLY
RIGHT LANE

SR 72



ONLY

ONLY
RIGHT LANE

EAST
72



ONLY

ONLY
RIGHT LANE

EAST
72





Yellow rectangular sign on the left shoulder.

White rectangular sign on the left shoulder.

Green directional sign.

55

NORTH
95





STOP

CROSS TRAFFIC
DOES NOT STOP

NORTH EAST
95 72

ROAD AHEAD

35



STOP

CROSS TRAFFIC
DOES NOT STOP

NORTH EAST
95 72

← →

35



SLOWLY





CROSS TRAFFIC DOES NOT STOP

STOP

CROSS TRAFFIC DOES NOT STOP

NORTH EAST
95 72

DEAD END

SPEED LIMIT 35

END 72



STOP



CROSS TRAFFIC
← →
DOES NOT STOP





CROSS TRAFFIC DOES NOT STOP

NORTH 95 EAST 72

DEAD END

35



CROSS TRAFFIC DOES NOT STOP





GALLAGHER & KENNEDY

P.A.
LAW OFFICES

MATTHEW P. MACLEOD
DIRECT DIAL: (602) 530-8120
E-MAIL: MATT.MACLEOD@GKNET.COM

March 12, 2009

2575 EAST CAMELBACK ROAD
PHOENIX, ARIZONA 85016-9225
PHONE: (602) 530-8000
FAX: (602) 530-8500
WWW.GKNET.COM

VIA FACSIMILE (602) 248-0947
AND U.S. MAIL

Curtis J. Busby, Esq.
Bowman & Brooke, LLP
2901 N. Central Avenue, Suite 1600
Phoenix, Arizona 85012-2763

Dear Mr. Busby

This letter is to advise you that our office has been retained to represent [REDACTED] and [REDACTED] in connection with claims they have against you arising from a June 30, 2007 motor vehicle/motorcycle incident in Parker, Arizona in which the passenger side airbag in a 2007 Jeep Cherokee, VIN # IJ8GR48K17C [REDACTED] failed to properly deploy.

It has been brought to our attention that this 2007 Jeep Cherokee, VIN # IJ8GR48K17C [REDACTED] is under Chrysler LLC and Global Electric Motorcars control and custody. Further, we have been informed that the vehicle is currently being housed at an undisclosed location in the Phoenix, Arizona metropolitan area.

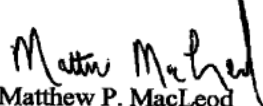
This letter will also serve to admonish you that Arizona law requires that persons who are in possession of information or materials that are relevant or could reasonably lead to the discovery of relevant information relating to a matter that is likely to be litigated preserve all such materials and information. *See Souza v. Fred Carries Contracts, Inc.*, 191 Ariz. 247, 250, 955 P.2d 3, 6 (App. 1997). Pursuant to this authority, we request that you preserve any and all information in your possession or control that may shed light on this claim, specifically the aforementioned vehicle. Our experts will need access to this vehicle to perform examination and testing.

Please contact me at your earliest convenience. I look forward to hearing from you in the near future.

Sincerely,

Gallagher & Kennedy, P.A.

By:


Matthew P. MacLeod

MPM/slm
2060379/99-8732

CT CORPORATION
A WoltersKluwer Company

**Service of Process
Transmittal**

07/15/2008
CT Log Number 513638512

P2
1194131



Handwritten notes:
New
SLL
(Call me)

TO: Richard D Houtman, VP/Associate Gen Csl.
Chrysler LLC
Office Of General Counsel, 1000 Chrysler Drive
CIMS 485-14-78
Auburn Hills, MI 48326-2766

RE: Process Served in Nevada

FOR: Chrysler LLC (Domestic State: DE)

7C554974

ENCLOSED ARE COPIES OF LEGAL PROCESS RECEIVED BY THE STATUTORY AGENT OF THE ABOVE COMPANY AS FOLLOWS:

TITLE OF ACTION: [REDACTED] et al., Pltfs. vs. Chrysler, LLC, etc., et al., Dfts.

DOCUMENT(S) SERVED: Summons, Affidavit of Service form, Complaint

COURT/AGENCY: District Court, Clark County, Nevada, Clark, NV
Case # [REDACTED]

NATURE OF ACTION: Personal Injury - Seeks damages in excess of \$10,000 for injuries on or about June 30, 2007 in Parker, Arizona

ON WHOM PROCESS WAS SERVED: The Corporation Trust Company of Nevada, Reno, NV

DATE AND HOUR OF SERVICE: By Process Server on 07/15/2008 at 14:30

APPEARANCE OR ANSWER DUE: Within 20 days, exclusive of day of service

ATTORNEY(S) / SENDER(S): Mainor Eglet Cottle
City Centre Place
400 South Fourth Street
Suite 600
Las Vegas, NV 89101
702-450-5400

ACTION ITEMS: SOP Papers with Transmittal, via Fed Ex 2 Day , 798479994159
Email Notification, Richard D Houtman sprocess@chrysler.com

SIGNED: The Corporation Trust Company of Nevada

ADDRESS: 6100 Neil Road
Suite 500
Reno, NV 89511

TELEPHONE: 775-688-3061

CHRYSLER LLC
OFFICE OF THE GENERAL COUNSEL

JUL 18 2008

Signature
BY: [Signature] / [Name] / [Title]

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7/15/08

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SUMM

DISTRICT COURT

CLARK COUNTY, NEVADA

[Redacted]

[Redacted]

CASE NO.:

Plaintiffs,

DEPT NO.:

XXIV

vs.

CHRYSLER, LLC a Michigan corporation;
GLOBAL ELECTRIC MOTORCARS, LLC a
Florida corporation; ALAMO RENTAL (US),
INC., a corporation; ROE AIR BAG
CORPORATION; DOFS I through V, and
ROE CORPOATIONS I through V,

Arbitration Exemption Claimed
Damages in Excess of \$50,000.00

Defendants.

SUMMONS

NOTICE! YOU HAVE BEEN SUED. THE COURT MAY DECIDE AGAINST YOU WITHOUT YOUR
BEING HEARD UNLESS YOU RESPOND WITHIN 20 DAYS. READ THE INFORMATION BELOW.

TO THE DEFENDANT: A civil Complaint has been filed by the plaintiff against you for the relief set forth in the
Complaint.

CHRYSLER, LLC

- If you intend to defend this lawsuit, within 20 days after this Summons is served on you exclusive of the day of service, you must do the following:
 - File with the Clerk of this Court, whose address is shown below, a formal written response to the Complaint in accordance with the rules of the Court.
 - Serve a copy of your response upon the attorney whose name and address is shown below.
- Unless you respond, your default will be entered upon application of the plaintiff and this Court may enter a judgment against you for the relief demanded in the Complaint, which could result in the taking of money or property or other relief requested in the Complaint.
- If you intend to seek the advice of an attorney in this matter, you should do so promptly so that your response may be filed on time.

Issued at the direction of:

ROBERT W. COTTLE, ESQ.
Nevada Bar No. 4576
DAVID A. TANNER, ESQ.
Nevada Bar No.: 8282
400 S. Fourth Street, 6th Floor
Las Vegas, Nevada 89101
(702) 450-5400
For Plaintiffs

CHARLES J. SHORT, CLERK OF COURT

By: [Signature]
Deputy Clerk
County Courthouse
200 Lewis Avenue
Las Vegas, Nevada 89155

JUL 14 2008

SUSAN JOVANOVIK

MAINOR EGLET COTTLE
TRIAL LAWYERS

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COMP
ROBERT W. COTTLE, ESQ.
Nevada Bar No. 4576
DAVID A. TANNER, ESQ.
Nevada Bar No.: 8282
MAINOR EGLET COTTLE, TRIAL LAWYERS
City Centre Place
400 South Fourth Street Suite/Floor 6
Las Vegas, Nevada 89101
(702) 450-5400
Attorneys for Plaintiffs


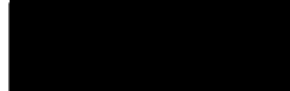
Clark
CLERK OF THE COURT

Jul 14 2 48 PM '08

FILED


DISTRICT COURT

CLARK COUNTY, NEVADA

)	
)	CASE NO.:
Plaintiffs,)	DEPT NO.: <u>XXIV</u>
vs.)	
)	
CHRYSLER, LLC a Michigan corporation;)	
GLOBAL ELECTRIC MOTORCARS, LLC a)	Arbitration Exemption Claimed
Florida corporation; ALAMO RENTAL (US),)	Damages in Excess of \$50,000.00
INC., a corporation; ROE AIR BAG)	
CORPORATION; DOES I through V, and)	
ROE CORPOATIONS I through V,)	
)	
Defendants.)	
_____)	

COMPLAINT

Arbitration Exemption Claimed
Damages in Excess of \$50,000.00

COMES NOW, Plaintiffs  by and

through their attorneys, ROBERT W. COTTLE and DAVID A. TANNER, of the law firm
MAINOR EGLET COTTLE, TRIAL LAWYERS, and for their cause of action against
Defendants, and each of them, complain and allege as follows:

////

III
MAINOR EGLET COTTLE
TRIAL LAWYERS

PARTIES AND JURISDICTION

1
2 1. That the amount in controversy in this case is in excess of Fifty Thousand Dollars
3 (\$50,000.00), exclusive of interest and costs, thereby exempting this case from arbitration.
4

5 2. At all times relevant hereto, Plaintiffs [REDACTED]
6 [REDACTED] were resident of the County of Clark, state of Nevada.

7 3. At all times relevant hereto, Defendant CHRYSLER, LLC ("CHRYSLER") was a
8 corporation organized and existing under the laws of the state of Michigan and at all times relevant
9 herein was doing business in the Country of Clark, state of Nevada.
10

11 4. At all times relevant hereto, Defendant GLOBAL ELECTRIC MOTORCARS, LLC
12 ("Global Electric") was a registered trademark corporation doing business as Chrysler, LLC
13 organized and existing under the laws of the state of Florida and at all times relevant herein was
14 doing business in the Country of Clark, state of Nevada.

15 5. At all times relevant hereto, Defendant ALAMO RENTAL (US), INC., a
16 corporation ("ALAMO") was a corporation organized and existing under the laws of the state of
17 Nevada and at all times relevant herein was doing business in the Country of Clark, state of
18 Nevada.
19

20 6. At all times relevant hereto, Defendant ROE AIR BAG CORPORATION was a
21 corporation engaged in the design, manufacture, installation, and sales of air bags for use by the
22 general public, including but not limited to Plaintiff.

23 7. That the true names and capacities, whether individual, corporate, associate or
24 otherwise, of the Defendants herein designated as Doe are unknown to Plaintiffs at this time who
25 therefore sues said Defendants by fictitious names. Plaintiffs alleges that each named Defendant
26 herein designated as Doe is negligently, willfully, contractually, or otherwise legally responsible
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MAINOR EGLET COTTLE
ATTORNEYS AT LAW

III
MAINOR EGLET COTTLE
ATTORNEYS AT LAW

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for the events and happenings herein referred to and proximately caused injury and damages Plaintiffs as herein alleged. Plaintiffs will seek leave of Court to amend this Complaint to insert the true names and capacities of such Defendants when same have been ascertained and will further seek leave to join said Defendants in these proceedings.

8. That the true names and capacities, whether individual, corporate, associate or otherwise, of the Defendants herein designated as Roe Corporations are unknown to Plaintiffs at this time who therefore sues said Defendants by fictitious names. Plaintiffs alleges that each named Defendant herein designated as Roe Corporation is negligently, willfully, contractually, or otherwise legally responsible for the events and happenings herein referred to and proximately caused injury and damages thereto Plaintiffs as herein alleged. Plaintiffs will seek leave of Court to amend this Complaint to insert the true names and capacities of such Defendants when same have been ascertained and will further seek leave to join said Defendants in these proceedings.

GENERAL ALLEGATIONS COMMON TO ALL CAUSES OF ACTION

9. On or about the 30th day of June, 2007, Plaintiff [REDACTED] was the passenger of a 2007 JEEP, P.C. automobile, VIN 1J8GR48K17C [REDACTED] ("subject vehicle"), a vehicle rented through DEFENDANT ALAMO RENTAL in Las Vegas, Nevada. The incident occurred at or near the intersection of Highway 95 and Highway 72 in Parker, Arizona.

10. Defendants Chrysler, Global Electric, Alamo, and Roe Air Bag Manufacturer designed, tested, manufactured, assembled, marketed, sold, rented and placed in the stream of commerce the subject vehicle.

**FIRST CAUSE OF ACTION
NEGLIGENCE**

11. Plaintiff hereby incorporates Paragraph Nos. 1 through 10 above as though fully set

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MAINOR EGLET COTTLE
ATTORNEYS AT LAW

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forth herein.

12. Defendants Chrysler, Global Electric, Alamo, and Roe Air Bag Manufacturer owed a duty of due care to Plaintiff, and others similarly situated, in the design, testing, manufacture, assembly, marketing, distribution, rental and sale of the subject vehicle.

13. Defendants Chrysler, Global Electric, Alamo, and Roe Air Bag Manufacturer breached their duty of due care by their negligent, careless, wanton, willful, and indifferent failure to act including, but not limited to:

a. The negligent and improper design, testing, manufacture, assembly, and inspection of the air bag system;

b. The failure to provide adequate, accurate, and effective warnings and instructions to owners, operators, and users of the Jeep vehicle line and other similar vehicles.

14. As a direct result of unreasonably dangerous defects in the subject vehicle and the breach of the duty owed by Defendants Chrysler, Global Electric, Alamo, and Roe Air Bag Manufacturer and the breach of the duty owed by Defendant Alamo, Plaintiff suffered injuries to her brain, jaw, fiber and facial bones, including but not limited to severe brain trauma.

14. Upon information and belief, at the time of the aforesaid accident, the subject vehicle and its component parts were in the same condition as when they left the control of Defendants Chrysler, Global Electric, Alamo, and Roe Air Bag Manufacturer who manufactured them and were being used without any substantial change or alteration in their condition.

15. As a direct and proximate result of the conduct of the Defendants described hereinabove, Plaintiffs have sustained damages in excess of TEN THOUSAND DOLLARS (\$10,000.00).

16. As a result of Defendants' conduct, as set forth herein, Plaintiffs have been required

1 to retain the services of an attorney, and, as direct, natural, and foreseeable consequence thereof,
2 has been damaged thereby, and is entitled to reasonable attorneys' fees and costs.

3 17. Defendants have acted willfully and maliciously, and with oppression, fraud, or
4 malice, and as a result of Defendants' wrongful conduct, Plaintiffs are entitled to an award of
5 exemplary or punitive damages.
6

7 **SECOND CAUSE OF ACTION**
8 **LOSS OF CONSORTIUM**

9 18. Plaintiffs hereby incorporate Paragraph Nos. 1 through 17 above as though fully set
10 forth herein.

11 19. At all times mentioned herein, Plaintiff [REDACTED] was and is now the
12 wife of Plaintiff [REDACTED]

13 20. That by reason of the injuries sustained by Plaintiff [REDACTED] as
14 hereinabove alleged, Plaintiff [REDACTED] has suffered, and will continue to suffer the
15 loss of services of his wife, and his comfort and happiness in his society and companionship have
16 been impaired, and Plaintiff [REDACTED] as suffered and will continue to suffer loss
17 of her consortium since the date of the incident in that she was disabled and mentally upset causing
18 the homelife and general conjugal relationship of the Plaintiffs to be greatly impaired, all to his
19 damage in amount in excess of TEN THOUSAND DOLLARS (\$10,000.00).
20

21 21. As a result of Defendants conduct, as set forth herein, Plaintiffs have been required
22 to retain the services of an attorney, and, as direct, natural, and foreseeable consequence thereof,
23 has been damaged thereby, and is entitled to reasonable attorneys' fees and costs.
24

25 22. Defendants acted willfully and maliciously, and with oppression, fraud, or malice,
26 and as a result of Defendant's wrongful conduct, Plaintiffs are entitled to an award of exemplary or
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III
MAINOR EGLET COTTLE
ATTORNEYS AT LAW

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punitive damages.

THIRD CLAIM FOR RELIEF
STRICT PRODUCT LIABILITY

23. Plaintiffs hereby incorporate Paragraph Nos. 1 through 22 above as though fully set forth herein.

24. The subject vehicle and its component parts that were designed, tested, manufactured, inspected, constructed, maintained, marketed, sold, rented and distributed by Defendants were unreasonably dangerous and defective, in that they were designed, tested, manufactured, inspected, constructed, maintained, marketed, and distributed with characteristics that rendered them unsafe for the use for which they were intended in light of their nature and intended function or for reasonably foreseeable uses.

25. The subject vehicle and its component parts failed to perform as expected and were more dangerous than reasonably expected by an ordinary consumer.

26. The defects existed in the subject vehicle and its component parts at the time they left the control of Defendants and continued in the defective condition until the subject incident.

27. That Defendants designed, tested, manufactured, inspected, constructed, maintained, distributed, sold, rental, and distributed the subject vehicle, subject air bag system and delivered to Plaintiff a vehicle that was not crash worthy, and further failed to warn of the defective condition of the subject vehicle.

28. That Defendants are strictly liable for the unreasonably dangerous and defective condition of the subject vehicle and its component parts.

29. That Defendants breached their express and implied warranties with respect to the subject vehicle and its component parts.

III
MAJOR EGLET COTTLE
LEGAL SERVICES

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30. As a direct and proximate result of the defects in the subject vehicle and its component parts as set forth described herein, Plaintiffs have sustained damages in excess of TEN THOUSAND DOLLARS (\$10,000.00).

31. As a result of defects in the subject vehicle and its component parts, as set forth herein, Plaintiffs have been required to retain the services of an attorney, and, as direct, natural, and foreseeable consequence thereof, has been damaged thereby, and are entitled to reasonable attorneys' fees and costs.

32. Defendants have acted willfully and maliciously, and with oppression, fraud, or malice, and as a result of Defendants' wrongful conduct, Plaintiffs are entitled to an award of exemplary or punitive damages.

FOURTH CAUSE OF ACTION
NEGLIGENT FAILURE TO INSPECT AND WARN

33. Plaintiffs hereby incorporate Paragraph Nos. 1 through 32 as though fully set forth herein.

34. Defendants inspected the subject vehicle before June 30, 2007, and knew or should have known that the subject vehicle, the air bag system, and its component parts were defective in design and/or manufacture and failed to warn the Plaintiff of the dangerous condition, to Plaintiffs detriment and damages as heretofore alleged.

35. That the failure to inspect and warn was a proximate cause of the injuries and damages heretofore alleged and was, further, a willful and conscious disregard of known safety procedures.

36. As a direct and proximate result of the conduct of the Defendants described hereinabove, Plaintiffs have sustained damages in excess of TEN THOUSAND DOLLARS

III
MAINOR EGLET COTTLE
ATTORNEYS AT LAW

1 (\$10,000.00).

2 37. As a result of Defendants' conduct, as set forth herein, Plaintiffs have been required
3 to retain the services of an attorney, and, as direct, natural, and foreseeable consequence thereof,
4 has been damaged thereby, and we entitled to reasonable attorneys' fees and costs.

5 38. Defendants have acted willfully and maliciously, and with oppression, fraud, or
6 malice, and as a result of Defendants' wrongful conduct, Plaintiffs are entitled to an award of
7 exemplary or punitive damages.
8

9 **FIFTH CAUSE OF ACTION**
10 **BREACH OF WARRANTY**

11 39. Plaintiffs hereby incorporate Paragraph Nos. 1 through 38 as though fully set forth
12 herein.

13 40. Through the design, testing, manufacture, assembly, marketing, sale, rental, and
14 distribution of the subject vehicle, implied warranties of merchantability and fitness for use arose
15 by operation of the Nevada common law.
16

17 41. The subject vehicle and its component parts were neither merchantable nor fit for
18 their intended use; and, on the contrary, were defective and unreasonably dangerous due to the
19 breach by Defendants of the implied warranties of merchantability and fitness for use for the
20 reasons described above.
21

22 42. The aforesaid breaches of implied warranty were causes in fact and proximate
23 causes of the damages sustained by Plaintiffs.

24 43. As a direct and proximate result of the conduct of the Defendants described
25 hereinabove, Plaintiffs have sustained damages in excess of TEN THOUSAND DOLLARS
26 (\$10,000.00).
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III
MAINOR EGLET COTTLE
TRIAL LAWYERS

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44. As a result of Defendants' conduct, as set forth herein, Plaintiffs have been required to retain the services of an attorney, and, as direct, natural, and foreseeable consequence thereof, has been damaged thereby, and is entitled to reasonable attorneys' fees and costs.

45. Defendants have acted willfully and maliciously, and with oppression, fraud, or malice, and as a result of Defendants' wrongful conduct, Plaintiffs are entitled to an award of exemplary or punitive damages, thereby entitling Plaintiffs to an award of general and punitive damages in an amount in excess of TEN THOUSAND DOLLARS (\$10,000.00).

SIXTH CAUSE OF ACTION
NEGLIGENT INFLICTION OF EMOTIONAL DISTRESS

46. Plaintiffs hereby incorporate Paragraph Nos. 1 through 45 as though fully set forth herein.

47. Defendants, and each of them, have negligently inflicted emotional distress to the Plaintiffs.

48. As a direct and proximate result of the conduct of the Defendants described hereinabove, Plaintiffs have sustained damages in excess of TEN THOUSAND DOLLARS (\$10,000.00).

49. As a result of Defendants' conduct, as set forth herein, Plaintiffs have been required to retain the services of an attorney, and, as direct, natural, and foreseeable consequence thereof, has been damaged thereby, and are entitled to reasonable attorneys' fees and costs.

50. Defendants have acted willfully and maliciously, and with oppression, fraud, or malice, and as a result of Defendants' wrongful conduct, Plaintiffs are entitled to an award of exemplary or punitive damages.

WHEREFORE, Plaintiffs pray for judgment of this Court as follows:

 MAINOR EGLET COTTLE
TRIAL LAWYERS

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1. General damages in an amount in excess of TEN THOUSAND DOLLARS (\$10,000.00) according to proof at trial;


3. Punitive damages in an amount in excess of TEN THOUSAND DOLLARS (\$10,000.00) according to proof at trial;

4. For costs of suit incurred herein; and

5. For such other and further relief as the Court may deem just and proper in the premises.

DATED on this 10 day of July, 2008

MAINOR EGLET COTTLE, TRIAL LAWYERS


ROBERT W. COTTLE, ESQ.
Nevada Bar No. 4576
DAVID A. TANNER, ESQ.
Nevada Bar No.: 8282
City Centre Place
400 South Fourth Street Suite/Floor 6
Las Vegas, Nevada 89101
(702) 450-5400
Attorneys for Plaintiffs

MAINOR EGLET COTTLE
TRIAL LAWYERS



ADOT USE ONLY

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	OFFICER ID NO	Total No. of Sheets
		2007	06	30	22:17	1501	586	

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

2	Total Units 2	Total Injuries 4	Total Fatalities 1	Estimated Total Damage Compared to Limit	Over <input checked="" type="checkbox"/> Under <input type="checkbox"/>	Partial <input checked="" type="checkbox"/> Gov. PROP. <input type="checkbox"/>	Hit/Run <input type="checkbox"/>	Immediate Medical Care <input checked="" type="checkbox"/>	One Vehicle from Scene <input checked="" type="checkbox"/>	District Grid No. PS
---	---------------	------------------	--------------------	--	---	---	----------------------------------	--	--	----------------------

3	On Highway Road/Street	HWY 95	City	PARKER	County	LAPZ
	Intersection Street Road	HWY 72	Distance		Measured <input type="checkbox"/> Approximate <input checked="" type="checkbox"/>	Miles <input type="checkbox"/> Feet <input checked="" type="checkbox"/>

State	Class	End	DL #	SSN	Both	Driver <input type="checkbox"/> Pedestrian <input type="checkbox"/> Pedalcyclist <input type="checkbox"/>	Name	Sex	Inj
NV								F	04

Restrictions	Date Of Birth	Address	City	State	Zip Code	Telephone Number
01						

Plate Number	State	Year	Owner / Carrier Name	Address	City	State	Zip Code
	NV	1107	ALAMO FINANCING LP.	6929 NORTH LAKEWOOD AVE SUIT 100	TULSA	OK	

Body style	Make	Color	Year	VIN	Safety Device Code
PC	Jeep	White/	2007	1J8GR48K170	01

Removed to	Disabled <input checked="" type="checkbox"/> Not Disabled <input type="checkbox"/>	Removed by	Order of	Posted Speed Limit	Ofc Est Speed
MARKS TOWING		PARKER TOWING	OFFICER	55	

Insurance Company	Telephone Number	Policy Number	Eff Date / Exp Date
UNKNOWN	UNKNOWN	UNKNOWN	UNKNOWN

Trailer (Other Unit) Plate No.	State	Year	Discription of Trailer or Other Unit	GWV(Registered) of Power Unit Greater than 10k pounds	Haz Mat Placard?	Was Haz Mat Cargo Released?
				<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

State	Class	End	DL #	SSN	Both	Driver <input type="checkbox"/> Pedestrian <input type="checkbox"/> Pedalcyclist <input type="checkbox"/>	Name	Sex	Inj
AZ	A							M	01

Restrictions	Date Of Birth	Address	City	State	Zip Code	Telephone Number
01						

Plate Number	State	Year	Owner / Carrier Name	Address	City	State	Zip Code
	AZ	0408	ARIZONA PUBLIC SERVICE	PHOENIX, AZ	85021		

Body style	Make	Color	Year	VIN	Safety Device Code
PT	Ford	White/	2007	1FDAF57P37E	01

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MARKS TOWING		PARKER TOWING	OFFICER	UNK	

Insurance Company	Telephone Number	Policy Number	Eff Date / Exp Date
ARIZONA RISK MANAGEMENT			

Trailer (Other Unit) Plate No.	State	Year	Discription of Trailer or Other Unit	GWV(Registered) of Power Unit Greater than 10k pounds	Haz Mat Placard?	Was Haz Mat Cargo Released?
				<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

State	Class	End	DL #	SSN	Both	Driver <input type="checkbox"/> Pedestrian <input type="checkbox"/> Pedalcyclist <input type="checkbox"/>	Name	Sex	Inj

Restrictions	Date Of Birth	Address	City	State	Zip Code	Telephone Number

Plate Number	State	Year	Owner / Carrier Name	Address	City	State	Zip Code

Body style	Make	Color	Year	VIN	Safety Device Code
		White/			

Removed to	Disabled <input type="checkbox"/> Not Disabled <input type="checkbox"/>	Removed by	Order of	Posted Speed Limit	Ofc Est Speed

Insurance Company	Telephone Number	Policy Number	Eff Date / Exp Date

Trailer (Other Unit) Plate No.	State	Year	Discription of Trailer or Other Unit	GWV(Registered) of Power Unit Greater than 10k pounds	Haz Mat Placard?	Was Haz Mat Cargo Released?
				<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

Seating Position	10 Not in Passenger Compartment	Safety Devices	4 Airbag deployed	8 Passive & lap	Injury Severity Codes
07 04 01 08 05 02 09 06 03	11 Motorcycle, Bus 12 Other 13 Unknown 14 Pedalcyclist	1 None used 2 Lap belt 3 Lap & shoulder	5 Child restraint 6 Protective helmet 7 Passive belt	9 Other 10 Unknown	1 - No injury 2 - Possible injury 3 - Non Incapacitating injury 4 - Incapacitating injury 5 - Fatal injury 6 - Not Report ed/ Unknown

Unit #	Seat Pos	SD	Name	Address	City	State	Zip Code	Age	Sex	Inj
1	FP	03				NV				04
1	RP	01								05
1	RP	01								04

Other Property Damage (Describe)	Owner / Carrier Name	Address	City	State	Zip Code	Telephone Number

Name	Address	City	State	Zip Code	Telephone Number	Age

Photo Taken	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Photographer's Name, ID Number, and Agency	Invest. at Scene	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date Invest.	Time Invest.
		M. ISABELA P. 50			6-30-07	2217

Office's Signature and ID Number	Agency	Date Completed
	PPD	08/31/2007

9 - DIAGRAM

10 - INDICATE NORTH

11 - SKIDDING OCCURRED

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

12 - CITATIONS

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

14 - PRIOR ACTION

RAN OFF ROADWAY PRIOR TO FIRST HARMFUL EVENT

YES NO

RIGHT LEFT UNIT NO. _____

15 - MANNER OF COLLISION

CHECK ONLY ONE

- SINGLE VEHICLE
- ANGLE
- LEFT TURN
- RIGHT TURN
- U TURN
- REAR-END
- HEAD ON
- SIDESWIPE (SAME DIRECTION)
- SIDESWIPE (OPPOSITE DIRECTION)
- BACKING
- NON-CONTACT MOTORCYCLE
- NON-CONTACT NON-MOTORCYCLE
- PEDESTRIAN
- PEDALCYCLE
- OTHER

13 - DESCRIBE WHAT HAPPENED (FOR FULL NARRATIVE SEE ATTACHED)

PARKER POLICE DEPARTMENT

1314 11th Street

Parker, Arizona 85344

928-669-2264

INJURED TAKEN TO / BY

30 - TRAFFIC UNIT ACTION

CHECK ONE PER UNIT

	1	2	3
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16 - LIGHT CONDITION

CHECK ONLY ONE

- DAYLIGHT
- DAWN OR DUSK
- DARKNESS

YES NO

1 STREETLIGHT

2 STREETLIGHT FUNCTIONING

21 - SPECIAL LOCATION

CHECK ONLY ONE

- SCHOOL CROSSING
- PEDESTRIAN CROSSWALK (STRIPED)
- PEDESTRIAN CROSSWALK (NO STRIPING)
- BRIDGE
- TUNNEL
- RR CROSSING
- GORE AREA
- BIKE PATH
- 2-WAY LEFT TURN LANE

24 - NON INTERSECTION ROAD CHARACTER

CHECK ONLY ONE

- 2 - WAY, STRIPED CENTERLINE
- 2 - WAY, NO STRIPE
- 2 - WAY, PAINTED MEDIAN
- 2 - WAY, RAISED MEDIAN
- 2 - WAY, CONCRETE BARRIER
- 2 - WAY, CABLE BARRIER
- 2 - WAY, DEPRESSED MEDIAN
- 2 - WAY, EXTENDED MEDIAN
- 1 - WAY STREET

28 - VIOLATIONS / BEHAVIOR

TWO CHOICES PER PERSON MAY BE SELECTED

	1	2	3
1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17 - WEATHER CONDITIONS

CHECK ONLY ONE

CLEAR

CLOUDY

SLEET / HAIL

RAIN

SNOW

SEVERE CROSSWIND

BLOWING SAND, SOIL, DIRT, SNOW

FOG, SMOG, SMOKE

22 - UNUSUAL ROAD CONDITION

CHECK ONLY ONE

- UNDER CONSTRUCTION TRAFFIC ALLOWED
- UNDER CONSTRUCTION NO TRAFFIC ALLOWED
- UNDER REPAIRS
- HOLES, RUTS, BUMPS
- OBSTRUCTION, PROTECTED
- OBSTRUCTION, UNPROTECTED
- OBSTRUCTION, UNLIGHTED AT NIGHT
- DEFECTIVE SHOULDER
- CHANGING, ROAD WIDTH
- WATER (STANDING OR MOVING)
- 2-WAY LEFT TURN LANE

25 - ROAD GRADE

CHECK ONLY ONE

- LEVEL
- DOWNGRADE
- UP-GRADE
- HILLCREST
- DIP

26 - ROAD SURFACE CONDITION

CHECK ONLY ONE

- DRY
- WET
- SAND, MUD, DIRT, OIL, GRAVEL
- SNOW
- SLUSH
- ICE
- OTHER
- UNKNOWN

29 - VEHICLE CONDITION

TWO CHOICES PER VEHICLE MAY BE SELECTED

	1	2	3
1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18 - ROAD SURFACE TYPE

CHECK ONLY ONE

ASPHALT

CONCRETE

GRAVEL

DIRT

OTHER

23 - TRAFFIC CONTROL DEVICES

LEGEND:

A- DEVICE OPERATIONAL

B- DAMAGED OR NON-FUNCTIONAL PRIOR TO ACCIDENT

CHECK ANY THAT APPLY

	A	B
1	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>

27 - CONDITIONS INFLUENCING DRIVER

TWO CHOICES PER PERSON MAY BE SELECTED

	1	2	3
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

31 - VISION OBSCUREMENT

CHECK ONE PER UNIT

	1	2	3
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32 - DIRECTION OF TRAVEL

CHECK ONE PER UNIT

	1	2	3	1	2	3
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ARIZONA TRAFFIC ACCIDENT REPORT
FATAL SUPPLEMENT
 FORWARD COPY TO
 TRAFFIC RECORDS SECTION, 0649
 ARIZONA DEPARTMENT OF TRANSPORTATION
 206 S. 17th AVE., PHOENIX, ARIZONA 85007-3233

REPORT ID: YEAR MONTH DAY HOUR NCIC NO. OFFICERS ID NO. Agency Report Number

07 06 30 22 17 1501 P50

Delayed Fatality

NAME OF VICTIM: [REDACTED]

DRIVER PEDALCYCLIST PEDESTRIAN PASSENGER

RACE: H MARITAL STATUS: MARRIED

ADDRESS: [REDACTED] CITY: [REDACTED] STATE: [REDACTED] MARKS, SCARS/TATTOOS: UNH

SEX: [REDACTED] WEIGHT: [REDACTED] EYES: [REDACTED] HEIGHT: [REDACTED] HAIR: [REDACTED] DATE OF BIRTH: [REDACTED] OCCUPATION: UNK

VICTIM REMOVED TO: SAINT JOSEPH'S HOSPITAL VICTIM REMOVED BY: RIVER MEDICAL

DESCRIPTION OF CLOTHING: UNK MOTORCYCLE HELMET USED: YES NO UNK

DESCRIPTION OF PROPERTY (CONT):

PROPERTY IN CUSTODY OF: NAME ADDRESS CITY STATE

NEXT OF KIN: NAME ADDRESS CITY STATE RELATION

NOTIFIED: YES NO NOTIFIED BY: DOUG POPPA DATE: [REDACTED] TIME: UNH MEDICAL EXAMINER: UNH

NAME OF DRIVER: [REDACTED] RACE: [REDACTED]

OCCUPATION: UNK MARITAL STATUS: UNK

COMMENTS:

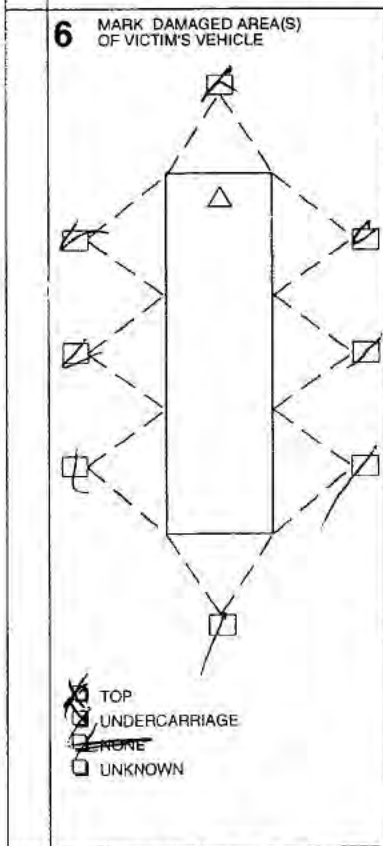
DECEASED AT SCENE: Yes No / TRANSPORTED TO HOSPITAL: Yes No

POLICE CALLED: 2217 POLICE ARRIVED: 2225 AMBULANCE DEPARTED SCENE: UNH

AMBULANCE CALLED: 2217 AMBULANCE ARRIVED: UNH

IF THE DECEASED WAS NOT TRANSPORTED, THE BLANKS TO THE RIGHT SHOULD RELATE TO THE NEXT MOST SEVERELY INJURED PERSON.

AMBULANCE ARRIVED AT HOSPITAL: UNH *G or A



7 RESTRAINT USAGE / RESTRAINT FAILURE

ENTER SEAT POSITION	1	2	3	4
NONE FAILED	X	X	X	X
LAP FAILED				
SHOULDER FAILED				
BOTH FAILED				
CHILD RESTRAINT				
AIR BAG NOT DEPLOYED				
PASSIVE SYSTEM				
UNKNOWN				
RESTRAINT PROPERLY USED				
CHILD RESTRAINT				
PASSIVE & LAP				
SHOULDER HARNESS				

OTHER VICTIMS TRANSPORTED

FROM UNIT NO.	SEAT POSITION	BY *G or A
1	D	A
1		
1		

8 VICTIM EJECTED: NOT EJECTED, COMPLETE, PARTIAL, UNKNOWN

VICTIM EXTRICATION: NOT REQUIRED, BY AMBULANCE ATTENDANT, BY POLICE, BY FIRE DEPARTMENT, BY PASSERSBY, OTHER

TERRAIN TYPE: LEVEL, HILLY, MOUNTAINOUS

ACCIDENT LOCALE: URBAN, RURAL, UNKNOWN

DRIVER FAMILIAR WITH LOCAL: YES, NO, UNKNOWN

ROAD ALIGNMENT: STRAIGHT ROAD, CURVED, UNKNOWN

BLOOD ALCOHOL CONTENT TEST TAKEN: YES - TYPE _____ RESULT _____ (QUANTITY), NOT TESTED, UNKNOWN IF TESTED

DRUG SCREEN TAKEN: YES - TYPE _____ RESULT _____ (NAME(S) OF DRUG(S)), NOT TESTED, UNKNOWN IF TESTED

9 OFFICER'S SIGNATURE AND ID NUMBER: [Signature] P50 AGENCY: PARKER PD DATE REPORT COMPLETED: 7/18/07

PARKER POLICE DEPARTMENT

1314 11TH ST
PARKER, AZ 85344

Page: 1

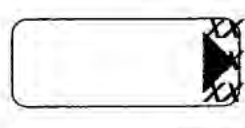
Accident Detail Page

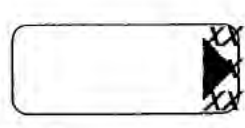
Print Date: 09/20/2007

Accident #: [REDACTED]

Date: 06/30/2007	Day: Saturday	Time: 22:17	Officer ID: 586	Agency: PPD
Beat: PS	Sector:	District: PS	Incident #: 07-000748	Other #:
Location: HWY 95 x street: HWY 72 PARKER AZ				

SUBJECT / VEHICLE INFORMATION

Vehicle 1	DRIVER'S LICENSE NUMBER	STATE NV	MAKE / MODEL / COLOR JEEP	VEH YEAR 2007	[REDACTED]					
[REDACTED]	[REDACTED]	INJUR/FAT I	WHI	VIN 1J8GR48K17C	[REDACTED]					
PED <input type="checkbox"/>	STREET ADDRESS		OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER ALAMO FINANCING LP.							
PASS <input type="checkbox"/>	CITY / STATE / ZIP		OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER 6929 NORTH LAKEWOOD AVE SUIT 100							
BICYCLIST <input type="checkbox"/>	SEX [REDACTED]	HAIR BR	EYES GR	HEIGHT 411	WEIGHT 105	BIRTHDATE	AGE [REDACTED]	RACE H	DISPOSITION OF VEHICLE: <input checked="" type="checkbox"/> TOWED	WHERE: MARKS TOWING
OTHER <input type="checkbox"/>	HOME PHONE	BUSINESS PHONE	DESCRIBE VEHICLE DAMAGE:			SHADE IN DAMAGED AREA				
INSURANCE CARRIER			<input type="checkbox"/> UNK	<input type="checkbox"/> NONE	<input type="checkbox"/> MINOR					
DIR OF TRAVEL E	ON STREET OR HIGHWAY HIGHWAY 95	SPEED LIMIT 0	MOVEMENT PRECEDING COLLISION							

Vehicle 1	DRIVER'S LICENSE NUMBER	STATE NV	MAKE / MODEL / COLOR JEEP	VEH YEAR 2007	LICENSE NUMBER [REDACTED]	STATE CA				
DRIVER <input type="checkbox"/>	NAME / FIRST / MIDDLE / LAST [REDACTED]	INJUR/FAT I	WHI	VIN 1J8GR48K17C	[REDACTED]	[REDACTED]				
PED <input type="checkbox"/>	STREET ADDRESS		OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER ALAMO FINANCING LP.							
PASS <input checked="" type="checkbox"/>	CITY / STATE / ZIP		OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER 6929 NORTH LAKEWOOD AVE SUIT 100							
BICYCLIST <input type="checkbox"/>	SEX [REDACTED]	HAIR BR	EYES BR	HEIGHT 501	WEIGHT 130	BIRTHDATE	AGE [REDACTED]	RACE [REDACTED]	DISPOSITION OF VEHICLE: <input checked="" type="checkbox"/> TOWED	WHERE: MARKS TOWING
OTHER <input type="checkbox"/>	HOME PHONE	BUSINESS PHONE	DESCRIBE VEHICLE DAMAGE:			SHADE IN DAMAGED AREA				
INSURANCE CARRIER			<input type="checkbox"/> UNK	<input type="checkbox"/> NONE	<input type="checkbox"/> MINOR					
DIR OF TRAVEL E	ON STREET OR HIGHWAY HIGHWAY 95	SPEED LIMIT 0	MOVEMENT PRECEDING COLLISION							

Offense: 28-855A - Failed to Stop @ Posted Stop Sign	Weather: Clear		
Collision Type: Sideswipe	Controls: Operational Warning Sign	Roadway: Mod. Traffic	
Involved With: Other Motor Vehicle	Hit & Run: N	Tow Away: N	Surface: Dry
Ped. Action: No Pedestrians	Alcohol Related: N	Private Property: N	Lighting: Night with Street Lights
Fixed Obj.	Loc First: Measured	Rd Design: Yes	Surface Fe: No- Ran Off
Alignment: Asphalt	att 6: Intersection	att 7: 2-Way Striped	att 8: Level

Officer ID: **Mike Bailey** 586 Reviewed By: **Dennis Shrewsbury** Date: **07/18/2007**

ACCIDENT



PARKER POLICE DEPARTMENT

1314 11TH ST
PARKER, AZ 85344

Page 2

Accident Detail Page

Print Date : 09/20/2007

Accident # : [REDACTED]

ACCIDENT

Vehicle 1	DRIVER'S LICENSE NUMBER	STATE MX	MAKE / MODEL / COLOR JEEP	VEH YEAR 2007	LICENSE NUMBER [REDACTED]	STATE
DRIVER	NAME (FIRST, MIDDLE, LAST) [REDACTED]	INJUR/FAT F	WHI	VIN 1J8GR48K17C	[REDACTED]	[REDACTED]
PED	STREET ADDRESS	OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER ALAMO FINANCING LP.				
PASS.	CITY / STATE / ZIP	OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER 6929 NORTH LAKEWOOD AVE SUIT 100				
BICYCLIST	SEX [REDACTED]	HAIR BR	EYES BR	HEIGHT 411	WEIGHT 150	BIRTHDATE [REDACTED]
OTHER	HOME PHONE	BUSINESS PHONE	DISPOSITION OF VEHICLE : <input checked="" type="checkbox"/> TOWED WHERE : MARKS TOWING			
INSURANCE CARRIER			<input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> TOTAL			
DIR OF TRAVEL E	ON STREET OR HIGHWAY HIGHWAY 95	SPEED LIMIT 0	MOVEMENT PRECEEDING COLLISION			

Vehicle 1	DRIVER'S LICENSE NUMBER	STATE MX	MAKE / MODEL / COLOR JEEP	VEH YEAR 2007	LICENSE NUMBER [REDACTED]	STATE
DRIVER	NAME (FIRST, MIDDLE, LAST) [REDACTED]	INJUR/FAT I	WHI	VIN 1J8GR48K17C	[REDACTED]	[REDACTED]
PED	STREET ADDRESS	OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER ALAMO FINANCING LP.				
PASS.	CITY / STATE / ZIP	OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER 6929 NORTH LAKEWOOD AVE SUIT 100				
BICYCLIST	SEX [REDACTED]	HAIR GR	EYES BR	HEIGHT 509	WEIGHT 175	BIRTHDATE [REDACTED]
OTHER	HOME PHONE	BUSINESS PHONE	DISPOSITION OF VEHICLE : <input checked="" type="checkbox"/> TOWED WHERE : MARKS TOWING			
INSURANCE CARRIER			<input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> TOTAL			
DIR OF TRAVEL E	ON STREET OR HIGHWAY HIGHWAY 95	SPEED LIMIT 0	MOVEMENT PRECEEDING COLLISION			

Vehicle 2	DRIVER'S LICENSE NUMBER	STATE AZ	MAKE / MODEL / COLOR FORD F5D	VEH YEAR 2007	LICENSE NUMBER [REDACTED]	STATE
DRIVER	NAME (FIRST, MIDDLE, LAST) [REDACTED]	INJUR/FAT WHI	WHI	VIN 1FDAF57P37E	[REDACTED]	[REDACTED]
PED	STREET ADDRESS	OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER ARIZONA PUBLIC SERVICE COMPANY				
PASS.	CITY / STATE / ZIP SALOME AZ	OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER				
BICYCLIST	SEX [REDACTED]	HAIR BR	EYES GR	HEIGHT 510	WEIGHT 210	BIRTHDATE [REDACTED]
OTHER	HOME PHONE	BUSINESS PHONE	DISPOSITION OF VEHICLE : <input checked="" type="checkbox"/> TOWED WHERE : MARKS TOWING			
INSURANCE CARRIER ARIZONA RISK MANAGEMENT			<input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> TOTAL			
DIR OF TRAVEL W	ON STREET OR HIGHWAY HIGHWAY 95	SPEED LIMIT 0	MOVEMENT PRECEEDING COLLISION			

Officer ID : Mike Bailey

586

Reviewed By :
Dennis Shrewsbury

Date :
07/18/2007



PARKER POLICE DEPARTMENT

Accident Detail Page

1314 11TH ST
PARKER, AZ 85344

Print Date : 09/20/2007

Accident # [REDACTED]

ACCIDENT

Vehicle	DRIVER'S LICENSE NUMBER	STATE	MAKE / MODEL / COLOR	VEH YEAR	LICENSE NUMBER	STATE
		NV				
DRIVER	NAME (FIRST, MIDDLE, LAST)		INJUR/FAT		VIN	
<input type="checkbox"/>	[REDACTED]					
PED	STREET ADDRESS		OWNER'S NAME	<input checked="" type="checkbox"/> SAME AS DRIVER		
<input type="checkbox"/>						
PASS	CITY / STATE / ZIP		OWNER'S ADDRESS	<input checked="" type="checkbox"/> SAME AS DRIVER		
<input type="checkbox"/>	PARKER AZ [REDACTED]					
BICYCLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE
<input type="checkbox"/>				0	0	[REDACTED]
	AGE	RACE	DISPOSITION OF VEHICLE		<input type="checkbox"/> TOWED	
			WHERE			
OTHER	HOME PHONE	BUSINESS PHONE	DESCRIBE VEHICLE DAMAGE:		SHADE IN DAMAGED AREA	
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/> UNK. <input type="checkbox"/> NONE <input type="checkbox"/> MINOR			
	INSURANCE CARRIER		<input type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> TOTAL			
	DIR OF TRAVEL	ON STREET OR HIGHWAY	SPEED LIMIT	MOVEMENT PRECEEDING COLLISION		

Vehicle	DRIVER'S LICENSE NUMBER	STATE	MAKE / MODEL / COLOR	VEH YEAR	LICENSE NUMBER	STATE
		AZ				
DRIVER	NAME (FIRST, MIDDLE, LAST)		INJUR/FAT		VIN	
<input type="checkbox"/>	[REDACTED]					
PED	STREET ADDRESS		OWNER'S NAME	<input checked="" type="checkbox"/> SAME AS DRIVER		
<input type="checkbox"/>						
PASS	CITY / STATE / ZIP		OWNER'S ADDRESS	<input checked="" type="checkbox"/> SAME AS DRIVER		
<input type="checkbox"/>						
BICYCLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE
<input type="checkbox"/>				0	0	[REDACTED]
	AGE	RACE	DISPOSITION OF VEHICLE		<input type="checkbox"/> TOWED	
			WHERE			
OTHER	HOME PHONE	BUSINESS PHONE	DESCRIBE VEHICLE DAMAGE:		SHADE IN DAMAGED AREA	
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/> UNK. <input type="checkbox"/> NONE <input type="checkbox"/> MINOR			
	INSURANCE CARRIER		<input type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> TOTAL			
	DIR OF TRAVEL	ON STREET OR HIGHWAY	SPEED LIMIT	MOVEMENT PRECEEDING COLLISION		

Vehicle	DRIVER'S LICENSE NUMBER	STATE	MAKE / MODEL / COLOR	VEH YEAR	LICENSE NUMBER	STATE
DRIVER	NAME (FIRST, MIDDLE, LAST)		INJUR/FAT		VIN	
<input type="checkbox"/>						
PED	STREET ADDRESS		OWNER'S NAME	<input type="checkbox"/> SAME AS DRIVER		
<input type="checkbox"/>						
PASS	CITY / STATE / ZIP		OWNER'S ADDRESS	<input type="checkbox"/> SAME AS DRIVER		
<input type="checkbox"/>						
BICYCLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE
<input type="checkbox"/>						
	AGE	RACE	DISPOSITION OF VEHICLE		<input type="checkbox"/> TOWED	
			WHERE			
OTHER	HOME PHONE	BUSINESS PHONE	DESCRIBE VEHICLE DAMAGE:		SHADE IN DAMAGED AREA	
<input type="checkbox"/>			<input checked="" type="checkbox"/> UNK. <input type="checkbox"/> NONE <input type="checkbox"/> MINOR			
	INSURANCE CARRIER		<input type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> TOTAL			
	DIR OF TRAVEL	ON STREET OR HIGHWAY	SPEED LIMIT	MOVEMENT PRECEEDING COLLISION		

Officer ID : **Mike Bailey** 586 Reviewed By : **Dennis Shrewsbury** Date : **07/18/2007**



**PARKER
POLICE DEPARTMENT**

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PARKER, AZ 85344

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**Accident
Detail Page**

Print Date : 09/20/2007

Accident # : [REDACTED]

PARKER POLICE DEPARTMENT
1314 11th Street
Parker, Arizona 85344
928-669-2264

Sergeant J. Martinez #S18
Officer F. Baldenegro #P52
Officer M. Bailey #P50

LA PAZ COUNTY SHERIFF'S DEPARTMENT
1109 Arizona Avenue
Parker, Arizona 85344
928-669-6141

Deputy J. Quandel #71

ARIZONA DEPARTMENT OF PUBLIC SAFETY
2111 E. Gila Ridge Road
Yuma, Arizona 85365
928-782-1679

Officer K. Jackson #6661

RIVER MEDICAL
415 El Camino
Lake Havasu City, Arizona 86403
928-855-3428

2902
[REDACTED]
[REDACTED]

2904
[REDACTED]
[REDACTED]

2906
[REDACTED]
[REDACTED]

TRI - STATE CARE FLIGHT
2000 Highway 95 Suite 210
Bullhead, Arizona 86442
1-800-800-0900

Officer ID : Mike Bailey

586

Reviewed By :
Dennis Shrewsbury

Date
07/18/2007



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**Accident
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Accident # : [REDACTED]

Care Flight #6

Adam Hite Pilot
Troy Jenson Flight Nurse
James Groat Paramedic

Care Flight #7

Tom Cislo Pilot
Phillip Fitzgerald Flight Nurse
Ryan Fix Paramedic

NATIVE AIR

P.O.B. 6069
Mesa, Arizona 85216
1-800-806-7106

Native 8

Native 6

PARKER FIRE DEPARTMENT

1101 Arizona Avenue
Parker, Arizona 85344
928-669-2206

Engine #2221

Captain Karl Hartmetz
Teddy Seibert

ARIZONA DEPARTMENT OF TRANSPORT - EMERGENCY RESPONSE TEAM

771 W. Kuehn Boulevard
Quartzsite, Arizona 85359

Stacy Sway

Robert Flanders
John Lopes
Bub Bergen

INITIAL OBSERVATIONS:

On 06-30-2007 at approximately 2245 hours, I responded to two-vehicle, injury collision at the intersection of State Routes 95 and 72. Upon my arrival, I noticed a Parker Police vehicle parked in the west bound lanes of State Route 72. I then noticed a Parker Fire Department truck parked in the #2, westbound lane of State Route 95. A River Medical ambulance parked in the #2, westbound lane of State Route 95. A second River Medical ambulance parked on the service road north of State Route 95,

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Dennis Shrewsbury

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Accident #: [REDACTED]

and another Parker Police vehicle parked in the #1 and #2, westbound lanes of State Route 72. I then noticed a white Jeep sport utility vehicle with heavy damage facing southwest north of the westbound lanes of State Route 95. I then noticed a white utility truck lying on the left side approximately 200 feet from the Jeep north of the westbound lanes on State Route 72.

ROAD AND WEATHER CONDITIONS:

The junction of State Routes 95 and 72 is a four way intersection. State Route 95 eastbound becomes State Route 72. It has two lanes of travel for eastbound traffic and two lanes of travel for westbound traffic. There is a left turn lane for west and eastbound traffic as well as a right turn lane for eastbound traffic. State Route 95 has one lane of travel for north and southbound traffic. There is a left turn lane for northbound traffic. There is a stop sign for northbound traffic on State Route 95 with functioning streetlights. The roadway is constructed of an asphalt type material with no apparent defects in the roadway. The roadway was dry at the time of the collision. The weather was clear at the time of the collision. The collision occurred during the hours of darkness.

VEHICLE, DRIVER, PASSENGER INFORMATION:

VEHICLE #1

Vehicle #1 was a White, 2007 Jeep sport utility vehicle with a California license plate of [REDACTED]. Vehicle #1 sustained major damage the front, right, and left sides as a result of the collision. Parker Towing removed vehicle #1 from the scene.

The driver of Vehicle #1 was identified as [REDACTED] with a date of birth of [REDACTED] through Central Dispatch from a valid Nevada driver's license. [REDACTED] sustained head injuries and was flown to Good Samaritan Hospital in Phoenix, Arizona as a result of her injuries.

The front seat passenger of Vehicle #1 was identified as [REDACTED] with a date of birth of [REDACTED] through Central Dispatch from a valid Nevada driver's license. [REDACTED] sustained injuries all over. She was flown from the scene to Saint Joseph's Hospital in Phoenix, Arizona.

The rear seat passenger was identified as [REDACTED] with a date of birth of [REDACTED] from a Mexico Passport. [REDACTED] was flown from the scene to Saint Joseph's Hospital in Phoenix, Arizona where she later died as a result of her injuries.

The other rear seat passenger was identified as [REDACTED] with a date of birth of [REDACTED] from a Mexico Passport. Montoya sustained injuries all over. River Medical transported him to La Paz Regional Hospital. He was later flown to Good Samaritan Hospital in Phoenix, Arizona.

VEHICLE #2

Vehicle #2 was a White, 2007 Ford truck with an Arizona license plate of [REDACTED]. Vehicle #2 sustained major damage to the front, right, left, and top as a result of the collision. Parker Towing removed Vehicle #2 from the scene.

The driver of Vehicle #2 was identified as [REDACTED] with a date of birth of [REDACTED] through [REDACTED]

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Accident # : [REDACTED]

Central Dispatch from a valid Arizona driver's license. [REDACTED] reported no injuries to me as a result of the collision.

[REDACTED] stated he was traveling eastbound on State Route 95, approaching the intersection. He stated he thought the vehicle was starting to slow down approximately a quarter mile south of the stop sign. He stated it looked as if the vehicle then sped up as it neared the stop sign. He stated he attempted to avoid the vehicle by applying the brakes and driving into the left turn lane. He stated he thought he missed the vehicle when it hit the right, rear quarter panel of his truck.

INVESTIGATION:

Based on evidence at the scene and driver statements; Vehicle #1 was traveling northbound on State Route 95 at a high rate of speed when it failed to stop at the posted stop sign. Vehicle #1 traveled through the intersection and collided with Vehicle #2. Vehicle #2 was traveling eastbound on State Route 95 towards State Route 72 when it collided with Vehicle #1. After colliding with each other, Vehicle #2 continued east bound on State Route 72 coming to an uncontrolled position of rest off the north side of the roadway. Vehicle #1 rotated counter clockwise and came to an uncontrolled position of rest on its tires west of Vehicle #2 off the north side of the roadway.

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Dennis Shrewsbury

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07/18/2007



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POLICE DEPARTMENT**

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Page	1	Accident Supplement Page	
Accident No.		[REDACTED]	
Reported	07/02/2007	16:30	Monday

On 07-01-2007 at approximately 1830 hours, I spoke with [REDACTED], [REDACTED] boyfriend, and [REDACTED] husband. I told them I was informed one of the occupants that was flown to Saint Joseph's Hospital had died after arriving. I told them I had attempted to confirm who had died but was unable to.

At approximately 1945 hours, I contacted the trauma nurse who had information regarding the occupant who died. She told me she was unable to identify her because she had no identification on her. I advised her of the two names I had and asked if she had a physical description of the two females. She told me the one who died was approximately two hundred pounds, older, and had light colored hair. She stated she was not comfortable confirming her by the physical description. I then faxed copies of the two females' Passport pictures to her. I then faxed the pictures to the Maricopa County Medical Examiner's office.

After talking with the nurse at Saint Joseph's Hospital, I contacted Doug, who had left Parker and traveled to Phoenix. He stated [REDACTED] was the one who had died and [REDACTED] was in critical condition.

Officer ID:	586	Agency:	PPD	Reviewed By:	Jose Martinez	Date:	08/10/2007
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