

## ARIZONA TRAFFIC ACCIDENT REPORT SUPPLEMENT

FORWARD COPY TO: ACCIDENT ANALYSIS UNIT 064R  
ARIZONA DEPARTMENT OF TRANSPORTATION  
206 S. 17<sup>TH</sup> AVE., PHOENIX, AZ 85007-3233

Agency Report Number:	2009-038077
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**REPORT ID:**

YEAR/MO/DAY	HOUR	NCIC NO.	OFFICER'S ID NO.
2009/07/25	15:53	0799	06510

**Traffic Unit Two:**

Traffic unit two is a red 1994 Toyota sport utility vehicle bearing Arizona license of "761 [REDACTED]" and a vehicle identification number of "[REDACTED]". The Toyota is registered to Ruberto J. [REDACTED]. Traffic unit two was driven by "Ruberto [REDACTED] H [REDACTED]" of Guadalupe. The other male occupant was identified as "Randy [REDACTED]". The two female occupants were identified as "CINTIA F [REDACTED]" and "MARISA F [REDACTED]". The two males were standing in front of the vehicle, and were attempting to service the overheating vehicle. The two females were seated inside the vehicle. The two males sustained injuries and were transported by ground ambulances. Randy [REDACTED] was treated and released the same day. Ruberto H [REDACTED] was admitted to John C. Lincoln North Mountain Hospital. Traffic unit two sustained damage to rear of the vehicle. Traffic unit two was removed by C&S Towing to Black Canyon City.

**Driver Statement:**

I was unable to communicate with the driver or passenger of traffic unit one due to their medical condition, both were conscious but unresponsive.

**Witness Information:**

All the witnesses reported seeing the gray passenger car loose control of the vehicle as it passed the photo radar van, and was apparently trying to slow down for the photo radar van.

**Other Actions or Evidence:**

I observed no skid, scrape and gouge marks which indicate traffic unit one hydroplaned from the left lane onto the emergency lane where it collided with traffic unit two while it was rotating counterclockwise.

Vehicle damage indicates traffic unit one collided with traffic unit two on the passenger side and continued rotating coming to final rest.



# ARIZONA DEPARTMENT OF PUBLIC SAFETY TRAFFIC ACCIDENT WITNESS STATEMENT

DPS USE ONLY

CR. NUMBER: 09-38077

DATE: 07-25-09

WITNESS IS:  DRIVER  PASSENGER  OTHER WITNESS

LOCATION (STREET, HIGHWAY, MILEPOST, INTERSECTION, ETC.): I-17 N/B MP 260 S

START HERE | Please print all information |

WITNESS INFORMATION

NAME, LAST: [Redacted] FIRST: Tracy MIDDLE: Jan

CURRENT ADDRESS (Street, street number, apt., PO Box, etc.): [Redacted] CITY: Scottsdale STATE: AZ ZIP CODE: 85254

BUSINESS NAME/ADDRESS: Same as above CITY: STATE: ZIP CODE:

HOME PHONE: [Redacted] BUSINESS PHONE: [Redacted] BIRTH DATE (MO/DAY/YR): [Redacted] DRIVER'S LICENSE NUMBER: [Redacted] STATE: [Redacted]

WHAT WERE YOU DOING JUST PRIOR TO THE ACCIDENT?

Driving N on I-17

WHAT CALLED YOUR ATTENTION TO THE ACCIDENT? (breaking glass, etc.)

The Camaro trying to slow down because of speed camera

HOW FAR AWAY FROM THE ACCIDENT WERE YOU WHEN IT OCCURRED? 500 Feet

HOW MANY VEHICLES WERE INVOLVED IN THE ACCIDENT? 2

PLEASE DESCRIBE THE VEHICLES INVOLVED IN THE ACCIDENT

VEHICLE	COLOR	MAKE (Ford, Chevy, etc.)	MODEL (Mustang, Camaro, etc.)	BODY STYLE (Station Wagon, etc.)
1	Gray	Ford	Camaro	2-Door
2	Red	Toyota	4runner	4-Door SUV
3				
4				

WEATHER CONDITIONS

CLEAR  RAIN  SNOW  DUST  FOG  STRONG WINDS  CLOUDY  OTHER:

THIS SECTION TO BE COMPLETED ONLY BY DRIVERS OF VEHICLES INVOLVED IN THE ACCIDENT

INSURANCE COMPANY NAME: POLICY NUMBER: EFFECTIVE FROM/TO DATES: / / TO / /

PLEASE LIST ALL PASSENGERS IN YOUR VEHICLE (EXCLUDING YOURSELF)

NAME	ADDRESS	CITY, STATE, ZIP CODE	PHONE NUMBER	AGE	SEX
					M <input type="checkbox"/> F <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>

WHAT WAS YOUR SPEED? M.P.H. DIRECTION OF TRAVEL?  NORTH  SOUTH  EAST  WEST

**CONTINUE ON THE BACK**

DPS 802-01050 Rev. 3/95



ARIZONA DEPARTMENT OF PUBLIC SAFETY

TRAFFIC ACCIDENT WITNESS STATEMENT

DPS USE ONLY

OS NUMBER: 0938077

DATE: 07-25-09

MI: 2605

WITNESS ( ) DRIVER ( ) PASSENGER (X) LOCATION (STREET, HIGHWAY, RAIL, POST OFFICE, AND SECTION, CITY)

OTHER WITNESS ( ) I-17 10/13 MI 2605

START HERE | Please print all information |

WITNESS INFORMATION

NAME, LAST: S [REDACTED] FIRST: Helene MIDDLE: Marie

CURRENT MAILING ADDRESS (street, street number, apt., PO Box): [REDACTED] CITY: Scottsdale STATE: AZ ZIP CODE: 85260

BUSINESS NAME/ADDRESS: [REDACTED] CITY: STATE: ZIP CODE:

HOME PHONE: [REDACTED] BUSINESS PHONE: [REDACTED] DRIVER'S LICENSE NUMBER: [REDACTED] STATE: AZ

WHAT WERE YOU DOING JUST PRIOR TO THE ACCIDENT?

Watching the rain up ahead.

CIRCUMSTANCES

WHAT CALLED YOUR ATTENTION TO THE ACCIDENT? (breaking glass, etc.)

I saw the Camaro - swerve out of control - hit into the red SUV. It happened after the Camaro passed a speed camera.

HOW FAR AWAY FROM THE ACCIDENT WERE YOU WHEN IT OCCURRED? 500 ft

HOW MANY VEHICLES WERE INVOLVED IN THE ACCIDENT? 2

PLEASE DESCRIBE THE VEHICLES INVOLVED IN THE ACCIDENT

VEHICLE	COLOR	MAKE (Ford, Chevy, etc.)	MODEL (Mustang, Camaro, etc.)	BODY STYLE (Station Wagon, etc.)
1	Champagne	Camaro		
2	Red	Toyota		
3				
4				

WEATHER CONDITIONS

CLEAR  RAIN  SNOW  DUST  FOG  STRONG WINDS  CLOUDY  OTHER:

THIS SECTION TO BE COMPLETED ONLY BY DRIVERS OF VEHICLES INVOLVED IN THE ACCIDENT

INSURANCE COMPANY NAME: POLICY NUMBER: EFFECTIVE FROM/TO DATES: / / TO / /

PLEASE LIST ALL PASSENGERS IN YOUR VEHICLE (EXCLUDING YOURSELF)

NAME	ADDRESS	CITY, STATE, ZIP CODE	PHONE NUMBER	AGE	SEX
					M <input type="checkbox"/> F <input type="checkbox"/>
					M <input type="checkbox"/> F <input type="checkbox"/>
					M <input type="checkbox"/> F <input type="checkbox"/>
					M <input type="checkbox"/> F <input type="checkbox"/>
					M <input type="checkbox"/> F <input type="checkbox"/>

WHAT WAS YOUR SPEED? M.P.H. DIRECTION OF TRAVEL?  NORTH  SOUTH  EAST  WEST

CONTINUE ON THE BACK



ARIZONA DEPARTMENT OF PUBLIC SAFETY

TRAFFIC ACCIDENT WITNESS STATEMENT

DPS USE ONLY | CR NUMBER 09-38074 | DATE 07-25-09

WITNESS IS:  DRIVER  PASSENGER  OTHER WITNESS | LOCATION (STREET, HIGHWAY, MAIL, POST, INTERSECTION, ETC.) I-17 North Bound

START HERE | Please print all information

WITNESS INFORMATION | NAME: LAST S, FIRST ALLISON, MIDDLE JANE | CURRENT MAILING ADDRESS: [REDACTED] CITY SEDONA, STATE AZ, ZIP CODE 86336 | HOME PHONE [REDACTED]

DRIVING NORTH BOUND IN RAIN RIGHT NEAR PHOTO RADAR ENFORCEMENT VEHICAL.

WHAT CALLED YOUR ATTENTION TO THE ACCIDENT? (Breaking glass, etc.) SAW CAR FISH TAIL AHEAD OF US, SPIN AND HIT RED SUV WHICH THEN ALSO SPUN OFF THE ROAD

HOW FAR AWAY FROM THE ACCIDENT WERE YOU WHEN IT OCCURRED? ABOUT 150 FEET

HOW MANY VEHICLES WERE INVOLVED IN THE ACCIDENT 2

PLEASE DESCRIBE THE VEHICLES INVOLVED IN THE ACCIDENT

Table with 4 columns: VEHICLE, COLOR, MAKE, MODEL, BODY STYLE. Row 1: SILVER CAMARO. Row 2: RED TOYOTA. Row 3: WHITE PHOTO RADAR TRUCK.

WEATHER CONDITIONS:  CLEAR  RAIN  SNOW  DUST  FOG  STRONG WINDS  CLOUDY  OTHER

THIS SECTION TO BE COMPLETED ONLY BY DRIVERS OF VEHICLES INVOLVED IN THE ACCIDENT

INSURANCE COMPANY NAME, POLICY NUMBER, EFFECTIVE FROM/TO DATES

PLEASE LIST ALL PASSENGERS IN YOUR VEHICLE (EXCLUDING YOURSELF)

Table with 6 columns: NAME, ADDRESS, CITY, STATE, ZIP CODE, PHONE NUMBER, AGE, SEX. All cells are empty.

WHAT WAS YOUR SPEED? M.P.H. | DIRECTION OF TRAVEL?  NORTH  SOUTH  EAST  WEST

CONTINUE ON THE BACK