



TRAFFIC ACCIDENT WITNESS STATEMENT

DPS USE ONLY	
DR NUMBER	2019-023248

DATE 5/13/2019	WITNESS IS: <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input checked="" type="checkbox"/> OTHER WITNESS	LOCATION (STREET, HIGHWAY, MILEPOST, INTERSECTION, ETC.) I-40 G.B 185
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PLEASE PRINT ALL INFORMATION		
START	NAME: LAST Hudman	FIRST Ehn
		MIDDLE Jade

CIRCUMSTANCES

What were you doing just prior to the accident?
Driving to work

What called your attention to the accident? (breaking glass, etc.)
patient getting hit by car.

How far away from the accident were you when it occurred?
How many vehicles were involved in the accident?

PLEASE DESCRIBE THE VEHICLE INVOLVED IN THE ACCIDENT.

VEHICLE	COLOR	MAKE (Ford, Chevy, etc.)	MODEL (Mustang, Camero, etc.)	BODY STYLE (Station Wagon, 2dr, 4dr, etc.)
1	N/A			
2				
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.

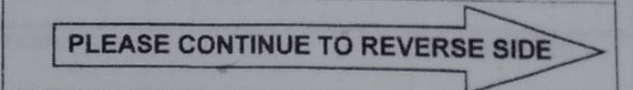
INSURANCE COMPANY NAME	POLICY NUMBER	EFFECTIVE DATES
		From: To:

PLEASE LIST ALL PASSENGERS IN YOUR VEHICLE (EXCLUDING YOURSELF)

NAME	ADDRESS	CITY, STATE, ZIP CODE	AGE	GENDER
none				<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"/> M <input type="checkbox"/> F
				<input type="checkbox"/> M <input type="checkbox"/> F

WHAT WAS YOUR SPEED? M.P.H. North South East West Other

DIRECTION OF TRAVEL?





DPS USE ONLY	
DR NUMBER	2019-023248

DESCRIPTION OF ACCIDENT (maximum of 1,675 characters)

Patient fell off overpass, laying on the right hand side, pick-up drove over top.

- (1) On the grid below indicate NORTH by placing an arrow pointing north in the box provided.
- (2) Using the grid area below, draw a diagram which shows the location of the vehicles at the time the accident occurred.
- (3) Use a solid line to show the path of the vehicles BEFORE the accident occurred.
- (4) Number each vehicle according to the numbers you used on the other side of this form.

INDICATE NORTH

YOUR SIGNATURE X <i>[Signature]</i>	WITNESSED BY (OFFICER) X	BADGE NUMBER
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TRAFFIC ACCIDENT WITNESS STATEMENT

DPS USE ONLY	
OR NUMBER	2019-023248

DATE 5/13/2019	WITNESS IS: <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> OTHER WITNESS	LOCATION (STREET, HIGHWAY, MILEPOST, INTERSECTION, ETC.) EXIT 185 TRANSWESTERN RD
START PLEASE PRINT ALL INFORMATION		
NAME: LAST KOCH	FIRST John	MIDDLE MICHAEL

CIRCUMSTANCES

What were you doing just prior to the accident?
DRIVING E ON TRANSWESTERN Rd ACROSS THE BRIDGE

What called your attention to the accident? (breaking glass, etc.)
A WHITE MALE ACTING STRANGELY ON THE SIDE OF THE GUARDRAIL
I OBSERVED THE VICTIM FALL BACKWARDS OFF THE BRIDGE AND THEN GET STRUCK BY A VEHICLE.

How far away from the accident were you when it occurred? 200'

How many vehicles were involved in the accident? MULTIPLE AT LEAST 2

PLEASE DESCRIBE THE VEHICLE INVOLVED IN THE ACCIDENT.

VEHICLE	COLOR	MAKE (Ford, Chevy, etc.)	MODEL (Mustang, Camero, etc.)	BODY STYLE (Station Wagon, 2dr, 4dr, etc.)
1	MARON/SILVER	FORD	PICK-UP	P/U
2				
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 DATES
		From: To:

PLEASE LIST ALL PASSENGERS IN YOUR VEHICLE (EXCLUDING YOURSELF)

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

WHAT WAS YOUR SPEED? M.P.H. North South East West Other

DIRECTION OF TRAVEL?

PLEASE CONTINUE TO REVERSE SIDE



DPS USE ONLY
DR NUMBER
2019-023248

DESCRIPTION OF ACCIDENT (maximum of 1,675 characters)

WHILE DRIVING ACROSS EXIT 185 BRIDGE I OBSERVED A WHITE MOBILE
STANDING ON THE GUARDRAIL OF THE BRIDGE ACTING ERRATIC. WHILE ON
THE PHONE WITH 911 I OBSERVED THE MOBILE FALL OFF THE BRIDGE
ONTO THE NORTHBOUND I-40 LANE. UPON SCISSORING HILL UNDER
THE BRIDGE TO CHECK ON THE VICTIM I OBSERVED HIM GET STRUCK
BY AT LEAST ONE VEHICLE.

- (1) On the grid below indicate NORTH by placing an arrow pointing north in the box provided.
- (2) Using the grid area below, draw a diagram which shows the location of the vehicles at the time the accident occurred.
- (3) Use a solid line to show the path of the vehicles BEFORE the accident occurred.
- (4) Number each vehicle according to the numbers you used on the other side of this form.

INDICATE
NORTH

YOUR SIGNATURE X	WITNESSED BY (OFFICER) X	BADGE NUMBER 7017
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ARIZONA DEPARTMENT OF PUBLIC SAFETY
TRAFFIC ACCIDENT WITNESS STATEMENT

DPS USE ONLY
 DR NUMBER
 2019-023248

DATE: 5-13-19
 WITNESS IS: DRIVER PASSENGER OTHER WITNESS
 LOCATION (STREET, HIGHWAY, MILEPOST, INTERSECTION, ETC.): BELLEMONT OVERPASS

START HERE PLEASE PRINT ALL INFORMATION

NAME: LAST: DECK FIRST: LEVI MIDDLE: GANNON

CIRCUMSTANCES

What were you doing just prior to the accident?
 JUST GOT MORNING COFFEE, ON OUR WAY TO SCHOOL (WARRIOR TO INSPECTOR) HEADING OVER THE BRIDGE I SAW THE MAN FLAILING AS HE ~~WAS~~ TRIED TO KILL HIMSELF THE FIRST TIME, HE REGAINED HIS BALLANCE AND WE TRIED TO GET TO HIM AS QUICK AS POSSIBLE, MY BROTHER TRIED TO GRAB HIM BUT HE JUMPED BEFORE HE COULD

What called your attention to the accident? (breaking glass, etc.) GRAB HIM.
 THE MAN FLAILING ON FIRST FAILED ATTEMPT OF SUICIDE.

How far away from the accident were you when it occurred? WE TRIED TO PULL HIM FROM THE EDGE.
 How many vehicles were involved in the accident? 1

PLEASE DESCRIBE THE VEHICLE INVOLVED IN THE ACCIDENT.

VEHICLE	COLOR	MAKE (Ford, Chevy, etc.)	MODEL (Mustang, Camero, etc.)	BODY STYLE (Station Wagon, etc.)
1				
2				
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	AGE	GENDER
				<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"/> M <input type="checkbox"/> F
				<input type="checkbox"/> M <input type="checkbox"/> F

WHAT WAS YOUR SPEED? _____ M.P.H. DIRECTION OF TRAVEL? North South East West

PLEASE CONTINUE TO REVERSE SIDE

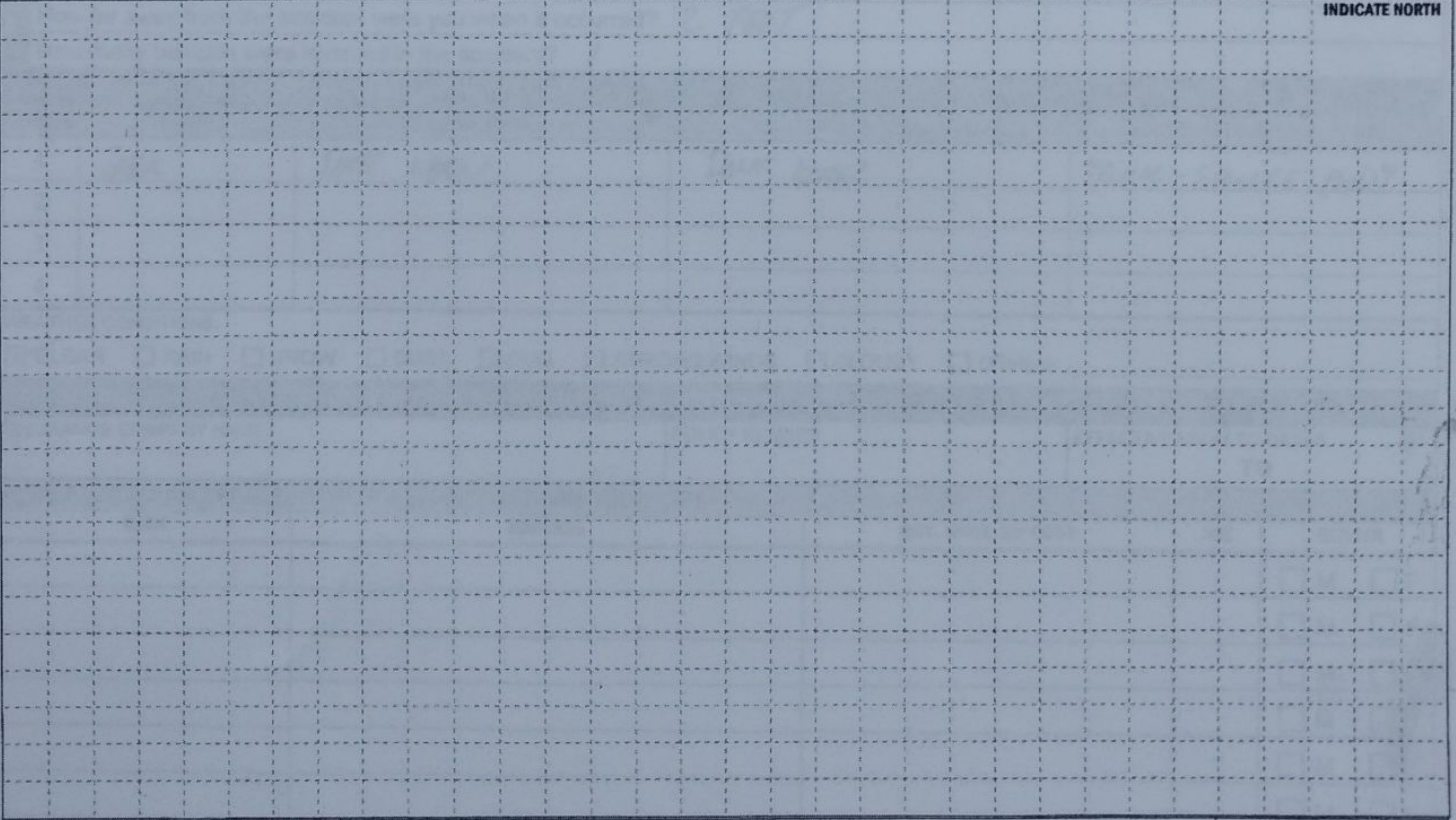
DR NUMBER

DESCRIPTION OF ACCIDENT (maximum of 1,675 characters)

WE SAW HIM TRY TO COMMIT SUICIDE AS WE WERE COMING UP TO THE BRIDGE (HE WAS FLAILING AND ABOUT TO FALL OFF) HE RE-GAINED HIS BALANCE AND WE TRIED TO GET TO HIM AS SOON AS POSSIBLE BUT JUST AS WE PULLED UP NEXT TO HIM TO TRY AND PULL HIM AWAY, HE JUMPED. ~~THE~~ ONE VEHICLE RAN OVER THE TOP OF ~~HIM~~ HIM AS HE WAS ON THE GROUND. WE PROCEEDED TO DIRECT TRAFFIC AWAY THE BEST WE COULD.

- (1) On the grid below indicate NORTH by placing an arrow pointing north in the box provided.
- (2) Using the grid area below, draw a diagram which shows the location of the vehicles at the time the accident occurred.
- (3) Use a solid line to show the path of the vehicles BEFORE the accident occurred.
- (4) Number each vehicle according to the numbers you used on the other side of this form.

INDICATE NORTH



YOUR SIGNATURE

X *[Signature]*

WITNESSED BY (OFFICER)

X *[Signature]*

BADGE NUMBER

7653



ARIZONA DEPARTMENT OF PUBLIC SAFETY
TRAFFIC ACCIDENT WITNESS STATEMENT

DPS USE ONLY
DR NUMBER
2019-023248

DATE: 5-13-19
 WITNESS IS: DRIVER PASSENGER OTHER WITNESS
 LOCATION (STREET, HIGHWAY, MILEPOST, INTERSECTION, ETC.): BELMONT OVERPASS

START HERE PLEASE PRINT ALL INFORMATION

NAME: LAST DECK	FIRST TANNER	MIDDLE JAMES
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CIRCUMSTANCES

What were you doing just prior to the accident?
GETTING FOOD & DRINKS AT THE PILOT GAS STATION

What called your attention to the accident? (breaking glass, etc.)
MAN WAS ~~DRIVING~~ ~~ON~~ ~~DRIVING~~ FLAILING HIS ARMS SITTING ON EDGE OF BRIDGE BACKWARD.

How far away from the accident were you when it occurred? 2 FEET
 How many vehicles were involved in the accident? 1

PLEASE DESCRIBE THE VEHICLE INVOLVED IN THE ACCIDENT.

VEHICLE	COLOR	MAKE (Ford, Chevy, etc.)	MODEL (Mustang, Camero, etc.)	BODY STYLE (Station Wagon, etc.)
1	PARK	DONT KNOW	DONT KNOW	TRUCK - SQUARE BODY
2				
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
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PLEASE LIST ALL PASSENGERS IN YOUR VEHICLE (EXCLUDING YOURSELF)

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

WHAT WAS YOUR SPEED? _____ M.P.H.
 DIRECTION OF TRAVEL? North South East West

PLEASE CONTINUE TO REVERSE SIDE

2019-023248

DESCRIPTION OF ACCIDENT (maximum of 1,675 characters)

AS MY BROTHER AND I CAME OVER THE BRIDGE FROM THE PILOT GAS STATION. WE SAW A MAN SITTING ON THE EDGE OF THE BRIDGE BACKWARD WITH HIS ARMS FLAILING AS IF TO RE BATHER HIS BALANCE. I INSTANTLY THOUGHT HE WAS TRYING TO KILL HISSELF BY JUMPING OFF. MY BROTHER AND I SPED UP TO HIM AND STOPPED THE TRUCK. I JUMPED OUT AND RAN TOWARD HIM TO GRAB HIM. HE SAW ME AND PUSHED HIMSELF OVER THE RAIL BACKWARD. HE HIT THE GROUND. WE TRIED TO TELL THE PEOPLE ON THE FREEWAY BELOW TO STOP OR MOVE OVER, AND SOME DID BUT A LARGE OLDER TRUCK DID NOT AND RAN HIM OVER.

- (1) On the grid below indicate NORTH by placing an arrow pointing north in the box provided.
- (2) Using the grid area below, draw a diagram which shows the location of the vehicles at the time the accident occurred.
- (3) Use a solid line to show the path of the vehicles BEFORE the accident occurred.
- (4) Number each vehicle according to the numbers you used on the other side of this form.

INDICATE NORTH

YOUR SIGNATURE

X *[Signature]*

WITNESSED BY (OFFICER)

X *[Signature]*

BADGE NUMBER

7653



ARIZONA DEPARTMENT OF PUBLIC SAFETY
TRAFFIC ACCIDENT WITNESS STATEMENT

DPS USE ONLY
DR NUMBER
2019-023248

DATE: 5/13/19
WITNESS IS: DRIVER PASSENGER OTHER WITNESS
LOCATION (STREET, HIGHWAY, MILEPOST, INTERSECTION, ETC.): I-40 E.B. 185

START HERE PLEASE PRINT ALL INFORMATION

NAME: LAST: Proctor FIRST: Forrest MIDDLE: Scott

CIRCUMSTANCES

What were you doing just prior to the accident?
heading east on I40 in bellmont two cars verde to the side I ~~had~~ hit something in the road pulled over walked back and seen it was a person

What called your attention to the accident? (breaking glass, etc.)
heard something hit my undercarriage so I pulled over

How far away from the accident were you when it occurred? 1/2 mi on top of it

How many vehicles were involved in the accident? 2

PLEASE DESCRIBE THE VEHICLE INVOLVED IN THE ACCIDENT.

VEHICLE	COLOR	MAKE (Ford, Chevy, etc.)	MODEL (Mustang, Camero, etc.)	BODY STYLE (Station Wagon, etc.)
1	Red	Ford	Truck	
2				
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	AGE	GENDER
				<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"/> M <input type="checkbox"/> F
				<input type="checkbox"/> M <input type="checkbox"/> F

WHAT WAS YOUR SPEED? M.P.H. North South East West

DIRECTION OF TRAVEL?

PLEASE CONTINUE TO REVERSE SIDE

DPS USE ONLY

DR NUMBER

2019-023248

DESCRIPTION OF ACCIDENT (maximum of 1,675 characters)

Large blank area with horizontal dashed lines for describing the accident.

- (1) On the grid below indicate NORTH by placing an arrow pointing north in the box provided.
- (2) Using the grid area below, draw a diagram which shows the location of the vehicles at the time the accident occurred.
- (3) Use a solid line to show the path of the vehicles BEFORE the accident occurred.
- (4) Number each vehicle according to the numbers you used on the other side of this form.

INDICATE NORTH

Large grid area for drawing the accident diagram.

YOUR SIGNATURE X <i>Forest Prato</i>	WITNESSED BY (OFFICER) X	BADGE NUMBER
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TRAFFIC ACCIDENT WITNESS STATEMENT

DPS USE ONLY	
DR NUMBER	2019-023248

DATE 5-13-19	WITNESS IS: <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> OTHER WITNESS	LOCATION (STREET, HIGHWAY, MILEPOST, INTERSECTION, ETC.) I-40 EB and Transwestern Rd
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START PLEASE PRINT ALL INFORMATION		
NAME: LAST Taylor	FIRST Robert	MIDDLE Vincent

CIRCUMSTANCES

What were you doing just prior to the accident?
Driving EB on I-40

What called your attention to the accident? (breaking glass, etc.)
what looked like debri on the Hwy in the right lane and people waving on the overpass

How far away from the accident were you when it occurred?

How many vehicles were involved in the accident?

PLEASE DESCRIBE THE VEHICLE INVOLVED IN THE ACCIDENT.

VEHICLE	COLOR	MAKE (Ford, Chevy, etc.)	MODEL (Mustang, Camero, etc.)	BODY STYLE (Station Wagon, 2dr, 4dr, etc.)
1				
2				
3				
4				

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

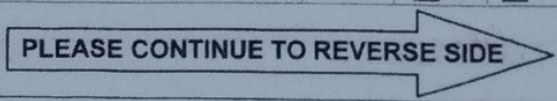
THIS SECTION TO BE COMPLETED ONLY BY DRIVERS OF VEHICLES INVOLVED IN THE ACCIDENT.

INSURANCE COMPANY NAME	POLICY NUMBER	EFFECTIVE DATES
		From: To:

PLEASE LIST ALL PASSENGERS IN YOUR VEHICLE (EXCLUDING YOURSELF)

NAME	ADDRESS	CITY, STATE, ZIP CODE	AGE	GENDER
None				<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"/> M <input type="checkbox"/> F
				<input type="checkbox"/> M <input type="checkbox"/> F

WHAT WAS YOUR SPEED? M.P.H.	DIRECTION OF TRAVEL? <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Other
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DPS USE ONLY	
DR NUMBER	2019-023240

DESCRIPTION OF ACCIDENT (maximum of 1,675 characters)

saw person lying motionless
in right lane. Pulled over to help

- (1) On the grid below indicate NORTH by placing an arrow pointing north in the box provided.
- (2) Using the grid area below, draw a diagram which shows the location of the vehicles at the time the accident occurred.
- (3) Use a solid line to show the path of the vehicles BEFORE the accident occurred.
- (4) Number each vehicle according to the numbers you used on the other side of this form.

INDICATE NORTH

YOUR SIGNATURE X <i>[Signature]</i>	WITNESSED BY (OFFICER) X	BADGE NUMBER
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