

ARIZONA CRASH REPORT		REPORT ID										Agency Report Number									
POLICE ONLY - FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 664R 204 S. 17TH AVE., PHOENIX, ARIZONA 85007-3233		YEAR	MONTH		DAY		HOUR		MIN		SEC		OFFICER ID NO.		120062072 Total Number of Sheets 3						
1		2	0	1	2	1	5	1	6	2	2	0	7	9			9	0	0	7	7
COMPLETE THE TRUCK/BUS SUPPLEMENT IF ANY <input checked="" type="checkbox"/> (circle) AND ANY <input checked="" type="checkbox"/> (diamond) ARE CHECKED																					
2		Total Units 2	Total Injuries 2	Total Fatalities 0	Estimated Total Damage Compared To \$1,000 Limit: <input type="checkbox"/> Over <input checked="" type="checkbox"/> Under				<input type="checkbox"/> Fatal <input type="checkbox"/> Inj. Run <input type="checkbox"/> P		<input type="checkbox"/> Person Transported for Immediate Medical Care? <input type="checkbox"/>		<input type="checkbox"/> Towed Away of At Least One Vehicle from Scene? <input type="checkbox"/>		District or Ord. No. 22070400						
3		LOCATION On Highway/Road/Street SR-101 Intersecting Street/Road/M.P. or R.P. 34 <input checked="" type="checkbox"/> From M.P. 44 <input type="checkbox"/> At <input type="checkbox"/> From M.P. 44				CITY SCOTTSDALE <input type="checkbox"/> Inside <input type="checkbox"/> Outside				COUNTY MARICOPA <input type="checkbox"/> Measured <input checked="" type="checkbox"/> Approximate <input type="checkbox"/> Miles <input type="checkbox"/> Feet											
3		Light Condition <input checked="" type="checkbox"/> 1 Daylight <input type="checkbox"/> 2 Dark - Lighted <input type="checkbox"/> 3 Dark - Not Lighted <input type="checkbox"/> 4 Unknown <input type="checkbox"/> 5 Fog <input type="checkbox"/> 6 Snow - Unknown <input type="checkbox"/> 7 Other				Weather Conditions <input type="checkbox"/> 1 Clear <input type="checkbox"/> 2 Cloudy <input type="checkbox"/> 3 Rain <input type="checkbox"/> 4 Fog, Snow, Smoke <input type="checkbox"/> 5 Wind <input type="checkbox"/> 6 Other				Distance 0.43 <input type="checkbox"/> 1 Measured <input type="checkbox"/> 2 Approximate <input type="checkbox"/> 3 Miles <input type="checkbox"/> Feet											
4		Is this a Secondary Collision? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter any of the following: <input type="checkbox"/> 1 Passenger RHP <input type="checkbox"/> 2 Low Enforcement <input type="checkbox"/> 3 Fine <input type="checkbox"/> 4 EMS <input type="checkbox"/> 5 Row Operator <input type="checkbox"/> 6 DOT Worker <input type="checkbox"/> 7 Other				Roadway Clear 1 6 2 2 Time				Incident Clear 1 6 2 2											
5		Safety Devices (SD) <input type="checkbox"/> 1 Not Applicable <input type="checkbox"/> 2 Not Used <input type="checkbox"/> 3 Not Used <input type="checkbox"/> 4 Not Used <input type="checkbox"/> 5 Not Used <input type="checkbox"/> 6 Not Used <input type="checkbox"/> 7 Not Used <input type="checkbox"/> 8 Not Used <input type="checkbox"/> 9 Not Used <input type="checkbox"/> 10 Not Used <input type="checkbox"/> 11 Not Used <input type="checkbox"/> 12 Not Used <input type="checkbox"/> 13 Not Used <input type="checkbox"/> 14 Not Used <input type="checkbox"/> 15 Not Used <input type="checkbox"/> 16 Not Used <input type="checkbox"/> 17 Not Used <input type="checkbox"/> 18 Not Used <input type="checkbox"/> 19 Not Used <input type="checkbox"/> 20 Not Used <input type="checkbox"/> 21 Not Used <input type="checkbox"/> 22 Not Used <input type="checkbox"/> 23 Not Used <input type="checkbox"/> 24 Not Used <input type="checkbox"/> 25 Not Used <input type="checkbox"/> 26 Not Used <input type="checkbox"/> 27 Not Used <input type="checkbox"/> 28 Not Used <input type="checkbox"/> 29 Not Used <input type="checkbox"/> 30 Not Used <input type="checkbox"/> 31 Not Used <input type="checkbox"/> 32 Not Used <input type="checkbox"/> 33 Not Used <input type="checkbox"/> 34 Not Used <input type="checkbox"/> 35 Not Used <input type="checkbox"/> 36 Not Used <input type="checkbox"/> 37 Not Used <input type="checkbox"/> 38 Not Used <input type="checkbox"/> 39 Not Used <input type="checkbox"/> 40 Not Used <input type="checkbox"/> 41 Not Used <input type="checkbox"/> 42 Not Used <input type="checkbox"/> 43 Not Used <input type="checkbox"/> 44 Not Used <input type="checkbox"/> 45 Not Used <input type="checkbox"/> 46 Not Used <input type="checkbox"/> 47 Not Used <input type="checkbox"/> 48 Not Used <input type="checkbox"/> 49 Not Used <input type="checkbox"/> 50 Not Used <input type="checkbox"/> 51 Not Used <input type="checkbox"/> 52 Not Used <input type="checkbox"/> 53 Not Used <input type="checkbox"/> 54 Not Used <input type="checkbox"/> 55 Not Used <input type="checkbox"/> 56 Not Used <input type="checkbox"/> 57 Not Used <input type="checkbox"/> 58 Not Used <input type="checkbox"/> 59 Not Used <input type="checkbox"/> 60 Not Used <input type="checkbox"/> 61 Not Used <input type="checkbox"/> 62 Not Used <input type="checkbox"/> 63 Not Used <input type="checkbox"/> 64 Not Used <input type="checkbox"/> 65 Not Used <input type="checkbox"/> 66 Not Used <input type="checkbox"/> 67 Not Used <input type="checkbox"/> 68 Not Used <input type="checkbox"/> 69 Not Used <input type="checkbox"/> 70 Not Used <input type="checkbox"/> 71 Not Used <input type="checkbox"/> 72 Not Used <input type="checkbox"/> 73 Not Used <input type="checkbox"/> 74 Not Used <input type="checkbox"/> 75 Not Used <input type="checkbox"/> 76 Not Used <input type="checkbox"/> 77 Not Used <input type="checkbox"/> 78 Not Used <input type="checkbox"/> 79 Not Used <input type="checkbox"/> 80 Not Used <input type="checkbox"/> 81 Not Used <input type="checkbox"/> 82 Not Used <input type="checkbox"/> 83 Not Used <input type="checkbox"/> 84 Not Used <input type="checkbox"/> 85 Not Used <input type="checkbox"/> 86 Not Used <input type="checkbox"/> 87 Not Used <input type="checkbox"/> 88 Not Used <input type="checkbox"/> 89 Not Used <input type="checkbox"/> 90 Not Used <input type="checkbox"/> 91 Not Used <input type="checkbox"/> 92 Not Used <input type="checkbox"/> 93 Not Used <input type="checkbox"/> 94 Not Used <input type="checkbox"/> 95 Not Used <input type="checkbox"/> 96 Not Used <input type="checkbox"/> 97 Not Used <input type="checkbox"/> 98 Not Used <input type="checkbox"/> 99 Not Used <input type="checkbox"/> 100 Not Used				Airbag (AB) <input type="checkbox"/> 1 Not Applicable <input type="checkbox"/> 2 Not Deployed <input type="checkbox"/> 3 Deployed - Front <input type="checkbox"/> 4 Deployed - Side (Door, seatback) <input type="checkbox"/> 5 Deployed - Curtain (roof) <input type="checkbox"/> 6 Deployed - Other (seats, airbell, etc.) <input type="checkbox"/> 7 Deployed - Combination <input type="checkbox"/> 8 Deployed - Unknown Location <input type="checkbox"/> 9 Not Deployed				Injury Severity (IS) <input type="checkbox"/> 1 No Injury <input type="checkbox"/> 2 Possible Injury <input type="checkbox"/> 3 Suspected Minor Injury <input type="checkbox"/> 4 Suspected Serious Injury <input type="checkbox"/> 5 Fatal Injury <input type="checkbox"/> 6 Unknown <input type="checkbox"/> 7 Not Reported				Seating Position <input type="checkbox"/> 1 1st 1st <input type="checkbox"/> 2 1st 2nd <input type="checkbox"/> 3 1st 3rd <input type="checkbox"/> 4 1st 4th <input type="checkbox"/> 5 1st 5th <input type="checkbox"/> 6 1st 6th <input type="checkbox"/> 7 1st 7th <input type="checkbox"/> 8 1st 8th <input type="checkbox"/> 9 1st 9th <input type="checkbox"/> 10 1st 10th <input type="checkbox"/> 11 1st 11th <input type="checkbox"/> 12 1st 12th <input type="checkbox"/> 13 1st 13th <input type="checkbox"/> 14 1st 14th <input type="checkbox"/> 15 1st 15th <input type="checkbox"/> 16 1st 16th <input type="checkbox"/> 17 1st 17th <input type="checkbox"/> 18 1st 18th <input type="checkbox"/> 19 1st 19th <input type="checkbox"/> 20 1st 20th <input type="checkbox"/> 21 1st 21st <input type="checkbox"/> 22 1st 22nd <input type="checkbox"/> 23 1st 23rd <input type="checkbox"/> 24 1st 24th <input type="checkbox"/> 25 1st 25th <input type="checkbox"/> 26 1st 26th <input type="checkbox"/> 27 1st 27th <input type="checkbox"/> 28 1st 28th <input type="checkbox"/> 29 1st 29th <input type="checkbox"/> 30 1st 30th <input type="checkbox"/> 31 1st 31st <input type="checkbox"/> 32 1st 32nd <input type="checkbox"/> 33 1st 33rd <input type="checkbox"/> 34 1st 34th <input type="checkbox"/> 35 1st 35th <input type="checkbox"/> 36 1st 36th <input type="checkbox"/> 37 1st 37th <input type="checkbox"/> 38 1st 38th <input type="checkbox"/> 39 1st 39th <input type="checkbox"/> 40 1st 40th <input type="checkbox"/> 41 1st 41st <input type="checkbox"/> 42 1st 42nd <input type="checkbox"/> 43 1st 43rd <input type="checkbox"/> 44 1st 44th <input type="checkbox"/> 45 1st 45th <input type="checkbox"/> 46 1st 46th <input type="checkbox"/> 47 1st 47th <input type="checkbox"/> 48 1st 48th <input type="checkbox"/> 49 1st 49th <input type="checkbox"/> 50 1st 50th <input type="checkbox"/> 51 1st 51st <input type="checkbox"/> 52 1st 52nd <input type="checkbox"/> 53 1st 53rd <input type="checkbox"/> 54 1st 54th <input type="checkbox"/> 55 1st 55th <input type="checkbox"/> 56 1st 56th <input type="checkbox"/> 57 1st 57th <input type="checkbox"/> 58 1st 58th <input type="checkbox"/> 59 1st 59th <input type="checkbox"/> 60 1st 60th <input type="checkbox"/> 61 1st 61st <input type="checkbox"/> 62 1st 62nd <input type="checkbox"/> 63 1st 63rd <input type="checkbox"/> 64 1st 64th <input type="checkbox"/> 65 1st 65th <input type="checkbox"/> 66 1st 66th <input type="checkbox"/> 67 1st 67th <input type="checkbox"/> 68 1st 68th <input type="checkbox"/> 69 1st 69th <input type="checkbox"/> 70 1st 70th <input type="checkbox"/> 71 1st 71st <input type="checkbox"/> 72 1st 72nd <input type="checkbox"/> 73 1st 73rd <input type="checkbox"/> 74 1st 74th <input type="checkbox"/> 75 1st 75th <input type="checkbox"/> 76 1st 76th <input type="checkbox"/> 77 1st 77th <input type="checkbox"/> 78 1st 78th <input type="checkbox"/> 79 1st 79th <input type="checkbox"/> 80 1st 80th <input type="checkbox"/> 81 1st 81st <input type="checkbox"/> 82 1st 82nd <input type="checkbox"/> 83 1st 83rd <input type="checkbox"/> 84 1st 84th <input type="checkbox"/> 85 1st 85th <input type="checkbox"/> 86 1st 86th <input type="checkbox"/> 87 1st 87th <input type="checkbox"/> 88 1st 88th <input type="checkbox"/> 89 1st 89th <input type="checkbox"/> 90 1st 90th <input type="checkbox"/> 91 1st 91st <input type="checkbox"/> 92 1st 92nd <input type="checkbox"/> 93 1st 93rd <input type="checkbox"/> 94 1st 94th <input type="checkbox"/> 95 1st 95th <input type="checkbox"/> 96 1st 96th <input type="checkbox"/> 97 1st 97th <input type="checkbox"/> 98 1st 98th <input type="checkbox"/> 99 1st 99th <input type="checkbox"/> 100 1st 100th							
5		<input checked="" type="checkbox"/> DL <input type="checkbox"/> No Valid License/Permit <input type="checkbox"/> State <input type="checkbox"/> Class <input type="checkbox"/> End <input type="checkbox"/> Driver <input type="checkbox"/> Pedestrian <input type="checkbox"/> Driverless <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Name (First, Middle, Last) ALENNA RAE REYES <input type="checkbox"/> Sighted <input type="checkbox"/> Executed <input type="checkbox"/> Suffix <input type="checkbox"/> Sex F				Address 3716 GREENE AVE BELLEVUE NE 68147 City State Zip Code Telephone Number (402) 290-2818				Date of Birth 06/09/2001 Driver's License Number ALNNA RAE REYES Address 3716 GREENE AVE BELLEVUE NE 68147 City State Zip Code											
5		Color BLU Vehicle Year 2004 Make HOND Body Style 40SD Plate Number WCE100 State NE Plate Month 06/30/2021 <input type="checkbox"/> Bus (if more seats) <input type="checkbox"/> Yes <input type="checkbox"/> No				VIN 1HGCM56734A112585 Automatic Veh. (A) Control Man (C) Air (A) Lock (L) Trailer (Other Unit) Plate No. State Year 05/1/2004 Public Owner (Yes - 1st priority) (No - 2nd priority) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No				Safety Devices 3 Airbag 7 Injury Severity 2 Postest Speed Limit 65 On Est. Speed - Injured Transported To/By N/A											
5		Vehicle Removed to (Address/Storage Location Identifier) DESTINATION ALLSTATE Insurance Company Telephone Number (800) 255-7828				Vehicle Removed by DRIVER Policy Number 826 292 714 Orders of DRIVER Exp. Date 03/19/2021															
5		<input checked="" type="checkbox"/> DL <input type="checkbox"/> No Valid License/Permit <input type="checkbox"/> State <input type="checkbox"/> Class <input type="checkbox"/> End <input type="checkbox"/> Driver <input type="checkbox"/> Pedestrian <input type="checkbox"/> Driverless <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Name (First, Middle, Last) MARRINA LIN <input type="checkbox"/> Sighted <input type="checkbox"/> Executed <input type="checkbox"/> Suffix <input type="checkbox"/> Sex F				Address 67 E RIMROCK DR SCOTTSDALE AZ 852559132 City State Zip Code Telephone Number (402) 290-2818				Date of Birth 03/18/19 Driver's License Number MARRINA LIN Address 67 E RIMROCK DR SCOTTSDALE AZ 852559132 City State Zip Code											
5		Color WHI Vehicle Year 2017 Make HOND Body Style 40SD Plate Number BCF8568 State AZ Plate Month 04/15/2021 <input type="checkbox"/> Bus (if more seats) <input type="checkbox"/> Yes <input type="checkbox"/> No				VIN JHMCR8F76H0014763 Automatic Veh. (A) Control Man (C) Air (A) Lock (L) Trailer (Other Unit) Plate No. State Year 05/1/2004 Public Owner (Yes - 1st priority) (No - 2nd priority) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No				Safety Devices 3 Airbag 7 Injury Severity 2 Postest Speed Limit 65 On Est. Speed - Injured Transported To/By N/A											
5		Vehicle Removed to (Address/Storage Location Identifier) DESTINATION STATE FARM Insurance Company Telephone Number (800) 782-8332				Vehicle Removed by DRIVER Policy Number 050 0136-A08-03L Orders of DRIVER Exp. Date 01/08/2021															
6		Passenger <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 31 <input type="checkbox"/> 32 <input type="checkbox"/> 33 <input type="checkbox"/> 34 <input type="checkbox"/> 35 <input type="checkbox"/> 36 <input type="checkbox"/> 37 <input type="checkbox"/> 38 <input type="checkbox"/> 39 <input type="checkbox"/> 40 <input type="checkbox"/> 41 <input type="checkbox"/> 42 <input type="checkbox"/> 43 <input type="checkbox"/> 44 <input type="checkbox"/> 45 <input type="checkbox"/> 46 <input type="checkbox"/> 47 <input type="checkbox"/> 48 <input type="checkbox"/> 49 <input type="checkbox"/> 50 <input type="checkbox"/> 51 <input type="checkbox"/> 52 <input type="checkbox"/> 53 <input type="checkbox"/> 54 <input type="checkbox"/> 55 <input type="checkbox"/> 56 <input type="checkbox"/> 57 <input type="checkbox"/> 58 <input type="checkbox"/> 59 <input type="checkbox"/> 60 <input type="checkbox"/> 61 <input type="checkbox"/> 62 <input type="checkbox"/> 63 <input type="checkbox"/> 64 <input type="checkbox"/> 65 <input type="checkbox"/> 66 <input type="checkbox"/> 67 <input type="checkbox"/> 68 <input type="checkbox"/> 69 <input type="checkbox"/> 70 <input type="checkbox"/> 71 <input type="checkbox"/> 72 <input type="checkbox"/> 73 <input type="checkbox"/> 74 <input type="checkbox"/> 75 <input type="checkbox"/> 76 <input type="checkbox"/> 77 <input type="checkbox"/> 78 <input type="checkbox"/> 79 <input type="checkbox"/> 80 <input type="checkbox"/> 81 <input type="checkbox"/> 82 <input type="checkbox"/> 83 <input type="checkbox"/> 84 <input type="checkbox"/> 85 <input type="checkbox"/> 86 <input type="checkbox"/> 87 <input type="checkbox"/> 88 <input type="checkbox"/> 89 <input type="checkbox"/> 90 <input type="checkbox"/> 91 <input type="checkbox"/> 92 <input type="checkbox"/> 93 <input type="checkbox"/> 94 <input type="checkbox"/> 95 <input type="checkbox"/> 96 <input type="checkbox"/> 97 <input type="checkbox"/> 98 <input type="checkbox"/> 99 <input type="checkbox"/> 100				Transported by EMS/Police <input type="checkbox"/> Sighted <input type="checkbox"/> Executed															
7		Vehicle Damaged Area(s) - (Circle all that apply) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 31 <input type="checkbox"/> 32 <input type="checkbox"/> 33 <input type="checkbox"/> 34 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8		Owner's Name Address (or Bar Code ID Number) City State Zip Code Telephone Number				Owner Code <input type="checkbox"/> 1 - Private <input type="checkbox"/> 2 - Public Utility <input type="checkbox"/> 3 - Federal Government <input type="checkbox"/> 4 - State of Arizona <input type="checkbox"/> 5 - County in Arizona <input type="checkbox"/> 6 - City in Arizona <input type="checkbox"/> 7 - Tribal Nation <input type="checkbox"/> 8 - Unknown				Inventory Tag No. Inventory Tag No.											
9		Name Address City State Zip Code Telephone Number D.O.B.				Name Address City State Zip Code Telephone Number D.O.B.															
10		UNIT # 1 A.R.S. NO. OR CITY CODE 28-701A				UNIT # 1 A.R.S. NO. OR CITY CODE 28-701A															
11		Photos Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Photographer's Name, ID Number and Agency Name D. Jackson (07787)				Invest. At Scene <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Invest. Date 12/15/2020 Invest. Time 17:10 Fire/EMS Incident No. 12/15/2020															
12		Officer's Name / Badge # D. Jackson (07787) Supervisor's Signature M. Beaudoin (05690) Agency Name AZ DPS Date Completed 12/15/2020				Officer's Name / Badge # D. Jackson (07787) Supervisor's Signature M. Beaudoin (05690) Agency Name AZ DPS Date Completed 12/15/2020															

Mark Martorella Accident Police Report

**New York (State). Supreme Court.
Appellate Division**

A red circular graphic with a gradient, appearing as a semi-circle or a partial circle, located to the right of the text box.

Mark Martorella Accident Police Report:

Reports of cases decided in the Appellate Division of the Supreme Court of the state of New York ,1993

Reports of Cases Heard and Determined in the Appellate Division of the Supreme Court of the State of New York New York (State). Supreme Court. Appellate Division,1993 **Reports of Cases Decided in the Appellate Division of the Supreme Court of the State of New York** New York (State). Supreme Court. Appellate Division,1993 West's New York Digest ,2003 **Footnotes** ,1977

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Mark Martorella Accident Police Report Introduction

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