

November 14, 2018

Julie Castañeda  
Clerk of the Pima County Board of Supervisors  
130 West Congress, 5<sup>th</sup> Floor  
Tucson, Arizona 85701

Re: My Client: Trinidad Tester  
Date of Loss: May 19, 2018

**NOTICE OF CLAIM**  
**Against**  
**Pima County**

Dear Clerk Castañeda:

This letter and accompanying documents constitute my client's notice of claim against Pima County pursuant to A.R.S. §12-821.01. This is to confirm formally that I represent Trinidad Tester in connection with the injuries suffered by Trinidad and the related losses and damages. These claims arise out of a motor vehicle accident of May 19, 2018, involving Richard Elias. Enclosed is a copy of the Arizona Crash Report for your reference. Mr. Elias negligently caused the collision and related injuries, losses and damages. At all times material, Mr. Elias was acting in the course and scope of his employment, office and/or other agency relationship with Pima County.

**Injuries and Damages**

Trinidad Tester suffered, among other things, neck and back injuries, headaches, dizziness, left shoulder and knee pain, sleep disturbance and anxiety when driving as a result of the collision. Enclosed, for your consideration, are medical records and bills which document those injuries and the care and treatment provided:

- 1) The itemized bill from Southwest Ambulance of Tucson, which totals \$1,119.44;
- 2) Itemized bill from Banner University Medical Center, which totals \$4,769.00 (the medical records have been requested but have not yet been provided. We will supplement upon receipt);
- 3) Itemized bills from Banner University Medical Group, which total \$533.00;

Clerk's Note: A copy of the Arizona Crash Report and associated medical records is on file in the Clerk of the Board's Office.

- 4) Medical records and bill from Carondelet Medical Group, which total \$821.00;
- 5) Medical records and bill from L. Roderick Anderson, M.D. Dr. Anderson's charges total \$325.00; and
- 6) Medical records and bill from ProActive Physical Therapy. ProActive Physical Therapy's charges total \$3,067.00.

Medical expenses, to date, total \$10,634.84. Trinidad was evaluated in the emergency room, followed-up with her primary care physician, underwent a neurological evaluation and completed a course of physical therapy with ProActive Physical Therapy. Fortunately, Trinidad responded well to the treatment regimen and was released from active care on August 2. Trinidad continues to perform her home exercise program to avoid regression.

In addition, Trinidad's vehicle was damaged and she has, therefore, suffered property damage losses. In that regard, please note the enclosed repair estimate from Competitive Paint and Body, Inc., which documents repair costs of \$745.77 for Trinidad's vehicle.

#### **Conclusion**

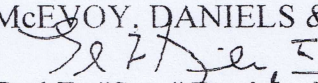
While this letter and accompanying records and bills constitute our Notice of Claim on behalf of Trinidad Tester, be assured that we will assist you in all reasonable ways to investigate and evaluate her claims.

In view of the foregoing, Trinidad Tester's claims can be settled for \$40,745.77.

Thank you for your consideration. Again, my staff and I are available to assist your assessment of these claims. Please call me for any desired assistance. My direct telephone number is (520) 326-6612.

Very truly yours,

McEVROY, DANIELS & DARCY, P.C.

  
Earl F. "Sam" Daniels, III

Notice of Claim  
Re: *Trinidad Tester*  
November 14, 2018  
Page 3

**Verification**

Trinidad Tester, being first duly sworn, states that the allegations and assertions set forth in the foregoing Notice of Claim against Pima County are true and correct of her own knowledge and information. She executes this verification and claim under penalties of perjury.

Dated this 14 day of November, 2018.

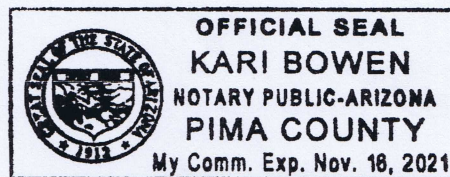
*Trinidad Tester*

Trinidad Tester  
Claimant

Subscribed, sworn and executed this 14<sup>th</sup> day of November, 2018, in Tucson, Arizona. by Trinidad Tester.

*Kari Bowen*

Notary Public



# OFFICIAL REPORT



## Case Summary Report

Agency: TPD

Case Number: 1805190326

Date: 5/25/2018 20:33:20

Last Modified: 5/19/2018 19:31:47

### Incident Information

Date/Time Reported 05/19/2018 14:06	Date/Time Found 05/19/2018 14:06	Date/Time Found 05/19/2018 14:06	Officer (100962) SOLARINO, NICOLO
Incident Location N Campbell Av / E Speedway Bl, Tucson, AZ 85719			

### Crime Classification (UCR)

<b>1</b>	Charge Type	Description OTHER VEHICLE ACCIDENTS/OTHER	TPD CODE 3404	FBI 999	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com
Alcohol, Drugs or Computers Used <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Computers		Location Type HIGHWAY/ROAD/ALLEY	Premises Entered	Forced Entry <input type="checkbox"/> Yes <input type="checkbox"/> No	Weapons 1. 2. 3.
Entry	Exit	Criminal Activity			
Bias Motivation NONE (NO BIAS)		Bias Target	Bias Circumstances		Hate Group

### Victim(s)

Seq. # <b>1</b>	Name Type INDIVIDUAL	Injuries None	AZ Resident (R, N or U) Unknown		Ethnicity Unknown	
Name (Last, First, M) NO VICTIM [JUVENILE]			Race	Sex	DOB	Age NN
Address					Home Phone	
Employer Name/Address /					Business Phone	
Victim of Crimes 1		Email Address			Cell Phone	

TTY Required

I WAIVE 'upon request' rights in this case

I CHOOSE 'upon request' rights in this case

REQUEST/Waiver exception per A.R.S. 13-4405(B) and Section 8-386(B)

Lawful Representative (If Applicable):

Relationship to Victim:

Phone Number (If Different From Victim):

Address (If Different from Victim):

# OFFICIAL REPORT



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### Other Persons Involved

Name Type	Seq. #	Name (Last, First, M)	Race	Sex	DOB
Involved, Other	1	TESTER, TRINIDAD R	H	F	[REDACTED]
Address				Home Phone	
6633 E CALLE LA PAZ APT. A, TUCSON, AZ				[REDACTED]	
Employer Name/Address				Business Phone	
/					
Name Type	Seq. #	Name (Last, First, M)	Race	Sex	DOB
Involved, Other	2	ELIAS, RICHARD D	H	M	[REDACTED]
Address				Home Phone	
2324 E DRACHMAN, TUCSON, AZ 85719				(520) 740-8126	
Employer Name/Address				Business Phone	
/				(520) 740-8126	

### Vehicle(s)

Seq. #	Year	Color	Style	Make	Model
1	2015	WHITE	4 DOOR	FORD	ESCAPE
VIN		License Plate Type	License / State	License Year	Owner
1FMCU0F76FUB50889		PASSENGER CAR	CJ29629 / AZ	0	
Status			Status Date	Value	
NONE			05/19/2018		
Vehicle Notes					

# OFFICIAL REPORT



## Case Summary Report

Agency: TPD

Case Number: 1805190326

Date: 5/25/2018 20:33:20

Last Modified: 5/19/2018 19:31:47

### Vehicle(s)

Seq. # <b>2</b>	Year 2007	Color RED	Style 4 DOOR	Make KIA	Model SORENTO
VIN KNDJD736875755167	License Plate Type PASSENGER CAR	License / State CGF5511 / AZ	License Year 0	Owner TESTER, TRINIDAD RACHEL	
Status NONE	Status Date 05/19/2018	Value			
Vehicle Notes					

### Assisting Officer(s)

(53649) BARGHOUT, ZACHARY



Agency: TPD

**Case Summary Report**

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Date: 5/25/2018 20:33:20

Last Modified: 5/19/2018 19:31:47

**Notes/Narratives**

VEHICLE 1/2 OPERATED WEST ON E SPEEDWAY AND WERE BOTH STOPPED IN THE ROADWAY EAST OF N CAMPBELL. AT SOME POINT VEHICLE 1 WAS REPORTED AS OPERATING AT IDLE SPEED AND ROLLED INTO REAR END OF VEHICLE 2 CAUSING NO DAMAGES. DRIVER 1/2 EXCHANGED INFORMATION. DRIVER 2 EXPLAINED SHE HAD SOME [REDACTED] ISSUES IN 1985 AND WAS HAVING ONGOING ISSUES/UNKNOWN LINK TO THIS COLLISION/TRANSPORTED PER DRIVER 2 REQUEST FOR EVALUATION. NO CITATIONS ISSUED. NFI.

**Notes/Continuation**

ARIZONA CRASH REPORT

REPORT ID

Agency Report Number

1805190326

YEAR MONTH DAY HOUR NCIC NO. OFFICER ID NO.

1 8 0 5 1 9 1 4 0 6 1 0 0 3 0 0 9 6 2

Total Number of Sheets 5

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

Total Units 2 Total Injuries 0 Total Fatalities 0 Estimated Total Damage Compared To \$1,000 Limit: Over Under Fatal HiV/Run Unit # Persons Transported for Immediate Medical Care? Tow Away of At Least One Vehicle from Scene? District or Grid No.

LOCATION On Highway/Road / Street SPEEDWAY BL E Intersecting Street/Road/ M.P. or R.P. At From CAMPBELL AV N Inside City Outside TUCSON County PIMA COUNTY North East South West Plus Minus Distance 1000 Measured Approximate Miles Feet

Is this a Secondary Collision Yes No Roadway Clearance Time 1 4 3 0 Incident Clearance Time 1 4 3 0

Safety Devices (SD) 5 - Helmet Used 0 - Not Applicable 1 - None Used 2 - Lap Belt 3 - Shoulder and Lap Belt 4 - Child Restraint System Injury Severity (IS) 1 - No Injury 2 - Possible Injury 3 - Non Incapacitating Injury 4 - Incapacitating Injury 5 - Fatal Injury 99 - Unknown/ Not Reported Seating Position 31 21 11 32 22 12 33 23 13 38 28 18 18 - Front Seat - Other (Child in Lap) 28 or 38 - Additional passenger in vehicle by row 51 - In enclosed or cargo area 52 - In unenclosed passenger/cargo area 55 - Riding on Vehicle Exterior 99 - Unknown

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

Restrictions Address 2324 E DRACHMAN, TUCSON, AZ 85719 City State Zip Code Telephone Number (520) 740-8126

Date of Birth Owner/Carrier Name PC BOARD OF SUPERVISORS Address 1301 S MISSION RD, TUCSON, AZ 85713 City State Zip Code

Color WHI Vehicle Year 2015 Make FORD Model ECP Body Style 4DLB Plate Number CJ29629 State AZ Plate Mo/Yr 05/2020 Bus (9 or more seats) HazMat Placard?

VIN 1FMCU0F76FUB50889 Trailer (Other Unit) Plate No. State Year GVW / GCWR (Rated) Greater Than 10k pounds? Yes No

Safety Devices 99 Injury Severity 01 Posted Speed Limit 40 Ofc Est. Speed 40 Transported To/By / 00 - NOT TRANSPORTED

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

Insurance Company Telephone Number Policy Number Exp. Date

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

Restrictions Address 6633 E CALLE LA PAZ Apt. A, TUCSON, AZ 85715 City State Zip Code Telephone Number

Date of Birth Same as Driver Owner/Carrier Name Address City State Zip Code

Color RED Vehicle Year 2007 Make KIA Model SOR Body Style 4DCV Plate Number CGF5511 State AZ Plate Mo/Yr 08/2018 Bus (9 or more seats) HazMat Placard?

VIN KNDJD736875755167 Trailer (Other Unit) Plate No. State Year GVW / GCWR (Rated) Greater Than 10k pounds? Yes No

Safety Devices 99 Injury Severity 01 Posted Speed Limit 40 Ofc Est. Speed 40 Transported To/By / 00 - NOT TRANSPORTED

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

Insurance Company Telephone Number Policy Number Exp. Date

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

Restrictions Address City State Zip Code Telephone Number

Date of Birth Same as Driver Owner/Carrier Name Address City State Zip Code

Color Vehicle Year Make Model Body Style Plate Number State Plate Mo/Yr Bus (9 or more seats) HazMat Placard?

VIN Trailer (Other Unit) Plate No. State Year GVW / GCWR (Rated) Greater Than 10k pounds? Yes No

Safety Devices Injury Severity Posted Speed Limit Ofc Est. Speed Transported To/By

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

Insurance Company Telephone Number Policy Number Exp. Date

Name Address City State Zip Code Telephone Number DOB/Age

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Name Address City State Zip Code Telephone Number DOB/Age

Property Damaged (Other than Vehicles) Block 33, Event 29-49 Owner Code 1 - Private 2 - Public Utility 3 - Federal Government 4 - State of Arizona 5 - County in Arizona 6 - City in Arizona 7 - Tribal Nation 99 - Unknown Inventory Tag No.

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

Photos Taken Yes No Photographer's Name, ID Number and Agency Number Invest. At Scene Yes No Date Invest. 05/19/2018 Time Invest. 1430 Fire/EMS Incident No.

Officer's Name/ Badge # (100962) SOLARINO, NICLO Supervisor's Signature (51941) RIBEIRO DA CRUZ, VINICIUS Agency Name TUCSON POLICE Date Completed 05/19/2018

Officer's Name/ Badge # (100962) SOLARINO, NICLO Supervisor's Signature (51941) RIBEIRO DA CRUZ, VINICIUS Agency Name TUCSON POLICE Date Completed 05/19/2018

Officer's Name/ Badge # (100962) SOLARINO, NICLO Supervisor's Signature (51941) RIBEIRO DA CRUZ, VINICIUS Agency Name TUCSON POLICE Date Completed 05/19/2018

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Officer's Name/ Badge # (100962) SOLARINO, NICLO Supervisor's Signature (51941) RIBEIRO DA CRUZ, VINICIUS Agency Name TUCSON POLICE Date Completed 05/19/2018



ARIZONA CRASH REPORT

REPORT ID

Agency Report Number

1805190326

CONTINUED

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

Table with columns: YEAR, MONTH, DAY, HOUR, NCIC NO., OFFICER ID NO. Values: 1 8 0 5 1 9 1 4 0 6 1 0 0 3 0 0 9 6 2

09 - LIGHT CONDITION
1 DAYLIGHT
2 DAWN
3 DUSK
4 DARK-LIGHTED
5 DARK-NOT LIGHTED
6 DARK-UNKNOWN LIGHTING

10 - WEATHER CONDITIONS
1 CLEAR
2 CLOUDY
3 SLEET, HAIL (freezing rain/drizzle)
4 RAIN
5 SNOW
6 SEVERE CROSSWINDS
7 BLOWING SAND, SOIL, DIRT
8 FOG, SMOG, SMOKE
9 BLOWING SNOW
97 OTHER
99 UNKNOWN

11 - ROAD SURFACE CONDITION
UNIT #
1 2
1 DRY
2 WET
3 SNOW
4 SLUSH
5 ICE/FROST
6 WATER (standing, moving)
7 SAND
8 MUD, DIRT, GRAVEL
9 OIL
97 OTHER
99 UNKNOWN

12 - ROAD GRADE
UNIT #
1 2
1 LEVEL
2 DOWNHILL
3 UPHILL
4 HILL CREST
5 SAG/DIP/BOTTOM
99 UNKNOWN

13 - RELATION TO JUNCTION
0 NOT JUNCTION RELATED
NON-CONTROLLED ACCESS AREA
1 INTERSECTION (Within)
2 INTERSECTION-RELATED
3 ENTRANCE/EXIT RAMP/REST AREAS
4 RAILWAY GRADE CROSSING
5 MEDIAN CROSSOVER-RELATED
6 FRONTAGE ROAD
7 DRIVEWAY
8 ALLEY-ACCESS-RELATED
18 WRONG WAY DRIVING
9 UNKNOWN NON-INTERCHANGE
CONTROLLED ACCESS AREA
10 THRU ROADWAY
11 INTERSECTION (within)
12 INTERSECTION-RELATED
13 ENTRANCE / EXIT RAMP
14 FRONTAGE ROAD
15 OTHER PART OF INTERCHANGE
16 MEDIAN CROSSOVER-RELATED
17 WRONG WAY DRIVING
99 UNKNOWN

14 - TYPE OF INTERSECTION
1 FOUR-WAY INTERSECTION
2 T-INTERSECTION
3 Y-INTERSECTION
4 INTER. AS PART OF INTERCHANGE
5 TRAFFIC CIRCLE
6 ROUNDABOUT
7 FIVE POINT, OR MORE
99 UNKNOWN

15 - TRAFFIC WAY DESCRIPTION
1 ONE WAY TRAFFICWAY
2 TWO-WAY, NOT DIVIDED (no median present)
3 TWO-WAY, (NOT DIVIDED) WITH A CONTINUOUS LEFT TURN LANE
4 TWO-WAY, DIVIDED, UNPROTECTED (PAINTED > 4 FEET) MEDIAN
5 TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER
99 UNKNOWN

16 - TRAFFIC CONTROL DEVICE
UNIT #
1 2
0 NO CONTROLS
1 SIGNAL
2 STOP SIGN

17 - MANNER OF CRASH IMPACT
1 SINGLE VEHICLE
2 ANGLE (front to side) (other than left turn)
3 LEFT TURN
4 REAR END (front-to-rear)
5 HEAD-ON (front-to-front) (other than left turn)
6 SIDESWIPE, SAME DIRECTION
7 SIDESWIPE, OPPOSITE DIRECTION
8 REAR-TO-SIDE
9 REAR-TO-REAR
97 OTHER
99 UNKNOWN

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

19 - CONTRIBUTING CIRCUMSTANCES UP TO TWO CHOICES PER UNIT
UNIT #
1 2
0 NO CONTRIBUTING CIRCUMSTANCES
ENVIRONMENTAL
1 GLARE
A. SUNLIGHT
B. HEADLIGHTS
2 PHYSICAL OBSTRUCTION(S)
A. STOPPED / PARKED VEHICLE
B. MOVING VEHICLE
C. LOAD ON VEHICLE
D. TREE/SHRUB/BUSH

ROAD
3 ROAD SURFACE CONDITION
4 DEBRIS
5 WORK ZONE
A. LANE CLOSURE
B. LANE SHIFT/CLOSURE
C. WORK ON SHOULDER OR MEDIAN
D. INTERMITTENT OR MOVING WORK
E. OTHER
F. WORKERS PRESENT
6 OBSTRUCTION IN ROADWAY
7 CHANGING ROAD WIDTH
8 NON-HIGHWAY WORK

MOTOR VEHICLE
9 BRAKES
10 STEERING
11 SUSPENSION
12 TIRES
13 WHEELS
14 LIGHTS (head, signal, tail)
15 WINDOWS/WINDSHIELD
16 MIRRORS
17 WIPERS
18 TRUCK COUPLING/TRAILER/HITCH/SAFETY CHAINS
97 OTHER
99 UNKNOWN

20 - DISTRACTED DRIVING BEHAVIOR
UNIT #
1 2
0 NOT DISTRACTED
1 TALKING ON HANDS FREE DEVICE
2 TALKING ON HAND HELD DEVICE
3 PASSENGER
4 OTHER ACTIVITY, ELECTRONIC DEVICE
5 MANUALLY OPERATING AN ELECTRONIC DEVICE
6 OTHER INSIDE VEHICLE (eating, drinking, etc)
7 OUTSIDE THE VEHICLE (includes unspecified distractions)
8 UNKNOWN DISTRACTIONS

3 YIELD SIGN
4 WARNING SIGN
5 RAILROAD CROSSING SIGN
6 FLASHING TRAFFIC SIGNAL
7 PERSON (law enforcement, crossing guard, flagger, etc.)
97 OTHER
99 UNKNOWN

BLOCKS 09 - 24: CHECK ONLY ONE OR ONE BLOCK PER UNIT UNLESS NOTED

21 - CONDITIONS INFLUENCING Driver/Ped/Cyclist
UNIT # UP TO TWO CHOICES PER UNIT
1 2
0 NO APPARENT INFLUENCE
1 ILLNESS
2 PHYSICAL IMPAIRMENT
3 FELL ASLEEP / FATIGUED
4 ALCOHOL
5 DRUGS
6 MEDICATIONS
CHECK ONE IF BLOCKS 4, 5, OR 6 CHECKED
A NO TEST GIVEN
B TEST GIVEN
C TEST REFUSED
D TESTING UNKNOWN
97 OTHER
99 UNKNOWN CONDITION

22 - VIOLATIONS / BEHAVIOR
UNIT # UP TO TWO CHOICES PER PERSON
1 2
1 NO IMPROPER ACTION
2 SPEED TOO FAST FOR CONDITIONS
3 EXCEEDED LAWFUL SPEED
4 FOLLOWED TOO CLOSELY
5 RAN STOP SIGN
6 DISREGARDED TRAFFIC SIGNAL
7 MADE IMPROPER TURN
8 DROVE/RODE IN OPPOSING TRAFFIC LANE
9 KNOWINGLY OPERATED WITH FAULTY / MISSING EQUIPMENT
10 REQUIRED MOTORCYCLE SAFETY EQUIPMENT NOT USED
11 PASSED IN NO PASSING ZONE
12 UNSAFE LANE CHANGE
13 FAILED TO KEEP IN PROPER LANE
14 DISREGARDED PAVEMENT MARKINGS
15 OTHER UNSAFE PASSING
16 (Moved to Box 20 - Distracted Driver Behavior)
17 DID NOT USE CROSSWALK
18 WALKED ON WRONG SIDE OF ROAD
19 (Moved to Box 20 - Distracted Driver Behavior)
20 FAILED TO YIELD RIGHT-OF-WAY
97 OTHER
99 UNKNOWN

23 - TRAFFIC UNIT MANEUVER/ACTION
UNIT #
1 2
1 GOING STRAIGHT AHEAD
2 SLOWING IN TRAFFICWAY
3 STOPPED IN TRAFFICWAY
4 MAKING LEFT TURN
5 MAKING RIGHT TURN
6 MAKING U TURN
7 OVERTAKING/PASSING
8 CHANGING LANES
9 NEGOTIATING A CURVE
10 BACKING
11 AVOIDING: VEHICLE/OBJECT/PED/CYCLIST
12 ENTERING PARKING POSITION
13 LEAVING PARKING POSITION
14 PROPERLY PARKED
15 IMPROPERLY PARKED
16 DRIVERLESS MOVING VEHICLE
17 CROSSING ROAD
18 WALKING WITH TRAFFIC
19 WALKING AGAINST TRAFFIC
20 STANDING
21 LYING
22 GETTING ON/OFF VEHICLE
23 WORKING ON/PUSHING VEHICLE
24 WORKING ON ROAD
97 OTHER
99 UNKNOWN

24 - LOCATION OF PEDESTRIAN / CYCLIST
UNIT #
1 2
1 MARKED CROSSWALK at INTERSECTION
2 AT INTERSECTION BUT NO-CROSSWALK
3 NON-INTERSECTION CROSSWALK
4 DRIVEWAY ACCESS CROSSWALK
5 SCHOOL CROSSWALK
6 IN ROADWAY (not in crosswalk/intersection)
7 MEDIAN (but not on shoulder)
8 ISLAND
9 SHOULDER
10 SIDEWALK
11 ROADSIDE
12 OUTSIDE OF TRAFFICWAY
13 DEDICATED BIKE LANE
14 SHARED-USE PATH
15 INSIDE BUILDING
97 OTHER
99 UNKNOWN

ARIZONA CRASH REPORT

REPORT ID

Agency Report Number 1805190326

CONTINUED

Table with columns: YEAR, MONTH, DAY, HOUR, NCIC NO., OFFICER ID NO. Values: 1 8 0 5 1 9 1 4 0 6 1 0 0 3 0 0 9 6 2

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Table for PASSENGERS with columns: Unit #, Seat Pos, SD, IS, Name, Address, City, State, Zip Code, Telephone No., D.O.B. or Age, Sex. Includes checkboxes for transported by EMS/FIRE, ejected, and extricated.

Table for Safety Devices (SD), Injury Severity (IS), and Seating Position. Includes checkboxes for various safety features and injury types.

Table for STATION CITATION with columns: Unit #, A.R.S. NO. OR CITY CODE.

Table for VEHICLE DAMAGED AREA (S) with diagrams showing damage locations on a vehicle unit.

Table for GLOBAL POSITION with Latitude: 32:14:09.81 and Longitude: 110:56:38.21

Table for ROADWAY ALIGNMENT with checkboxes for STRAIGHT, CURVE LEFT, CURVE RIGHT, UNKNOWN.

Table for LANE with a sub-table for unit and lane numbers (01, 01) and a list of lane types.

Table for EJECTION and EXTRICATION with checkboxes for NOT APPLICABLE, EJECTED, EXTRICATED, UNKNOWN.

Table for Unit# and Seat Position from front page, Driver seat position = 11, with columns for Unit #, Seat Pos, Ejection, Extrication.

Table for SEQUENCE OF EVENTS with lists for COLLISION WITH FIXED OBJECT, NON-COLLISION, and COLLISION WITH PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT.

Table for FIRST HARMFUL EVENT OF THE CRASH and SEQUENCE OF EVENTS PER TRAFFIC UNIT with columns for Unit 1, Unit 2, Unit.

**ARIZONA TRAFFIC ACCIDENT REPORT**

REPORT ID

Agency Report Number

1805190326

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

YEAR MONTH DAY

HOUR

NCIC NO.

OFFICER ID NO.

1 8 0 5 1 9 1 4 0 6 1 0 0 3 0 0 9 6 2

32

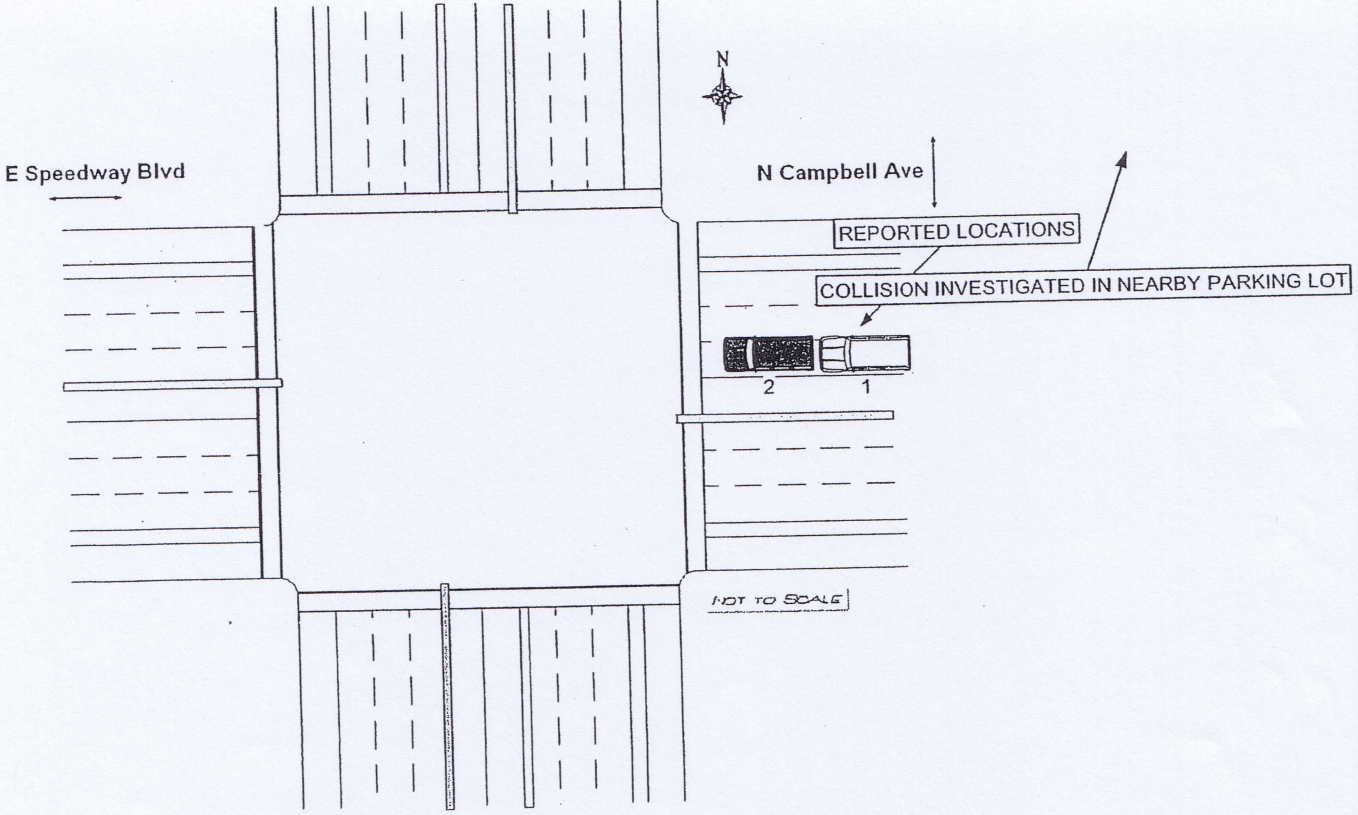
**CRASH DIAGRAM**

MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE

MEASUREMENTS ARE SCALED (SCALE = \_\_\_\_\_ )

33

INDICATE NORTH



**ARIZONA CRASH REPORT**

## REPORT ID

Agency Report Number

**CONTINUED**

YEAR

MONTH

DAY

HOUR

NCIC NO.

OFFICER ID NO.

1805190326

1 POLICE ONLY - FORWARD COPY TO  
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206 S. 17TH AVE., PHOENIX, ARIZONA 85007-3233

1	8	0	5	1	9	1	4	0	6	1	0	0	3	0	0	9	6	2
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

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**NARRATIVE**

Describe what happened

VEHICLE 1/2 OPERATED WEST ON E SPEEDWAY AND WERE BOTH STOPPED IN THE ROADWAY EAST OF N CAMPBELL. AT SOME POINT VEHICLE 1 WAS REPORTED AS OPERATING AT IDLE SPEED AND ROLLED INTO REAR END OF VEHICLE 2 CAUSING NO DAMAGES. DRIVER 1/2 EXCHANGED INFORMATION. DRIVER 2 EXPLAINED SHE HAD SOME [REDACTED] IN 1985 AND WAS HAVING ONGOING ISSUES/UNKNOWN LINK TO THIS COLLISION/TRANSPORTED PER DRIVER 2 REQUEST FOR EVALUATION. NO CITATIONS ISSUED. NFI.

**ARIZONA CRASH REPORT**

Agency Report Number

**1805190326**

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

YEAR MONTH DAY

REPORT ID

HOUR

NCIC NO.

OFFICER ID NO.

1	8	0	5	1	9	1	4	0	6	1	0	0	3	0	0	9	6	2
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

**SUPPLEMENT NARRATIVE**

Describe what happened

34

## INSURANCE INFORMATION:

VEHICLE 1:

COUNTY INSURED

VEHICLE 2:

CALIFORNIA CASUALTY

POLICY: 1013773523

800-841-4736

INVESTIGATOR'S SIGNATURE

**(100962) SOLARINO, NICOLO**

DATE

**05/19/2018**

JUN 20 2018

# DrSpray.com

5207912800 This location owned and operated by Competitive Paint and Body Inc. PO box 14575 Phoenix Az. 85063

Name: Trinidad Tester ESTIMATE# 5204812212 Date Written: 5.21.18  
 Address: Date Printed: 5/21/2018  
 City, State, Zip:  
 Phone: 5204812212 email:

<<<<<Year 2007 VIN: kndjd736875755167  
 <<<<<Make kia Plate:  
 <<<<<Model sorrento Estimated Completion Date 4 Working days do not include sat ar  
 <<<<<Color oem red Service Provider: Shannon

**1 - PAINT SERVICE** Paint Service Chosen: Spot \$199.00

A spot repair is mixed to your factory code. These codes are sometimes off a shade depending on what plant the vehicle was painted at. Autos from 1999 and newer can pinpoint variances in shades from plant to plant but sometimes the differences are too great to overcome. This this case, the spot needs to be blended into adjacent panels to create an optical illusion at the rate of \$100 per adjacent panel. We will not automatically do this without your approval.

as thoroughly as possible without opening or removing items. There will be areas that cannot be reached without removal that costs extra.

Exterior is defined as: All of one color that can be sprayed with the vehicle masked, in driving position, with all of it's exterior moving parts in the closed position. Any additional coverage areas are subject to additional charge.

Adhesion Promote \$44.00  
 TOTAL PAINT: \$243.00

**2 - PREP** Unless the panel is completely stripped at the rate of \$60 per panel, there is still no guarantee of it being chip free. Extra prep may be charged below to pay special attention to highly defective areas. In most cases the entire panel will not be stripped.

Total Panels	Stripping	peeling	\$0.00
	Keyed/chipping	stripping	\$0.00
	Peeling	keyed/chipping	\$0.00
			\$0.00

**3 - PARTS** \$363.00

rear bumper	233		
rt retainer	65		\$0.00
lt retainer	65		\$0.00
	363	0	0 PARTS TOTAL \$363.00

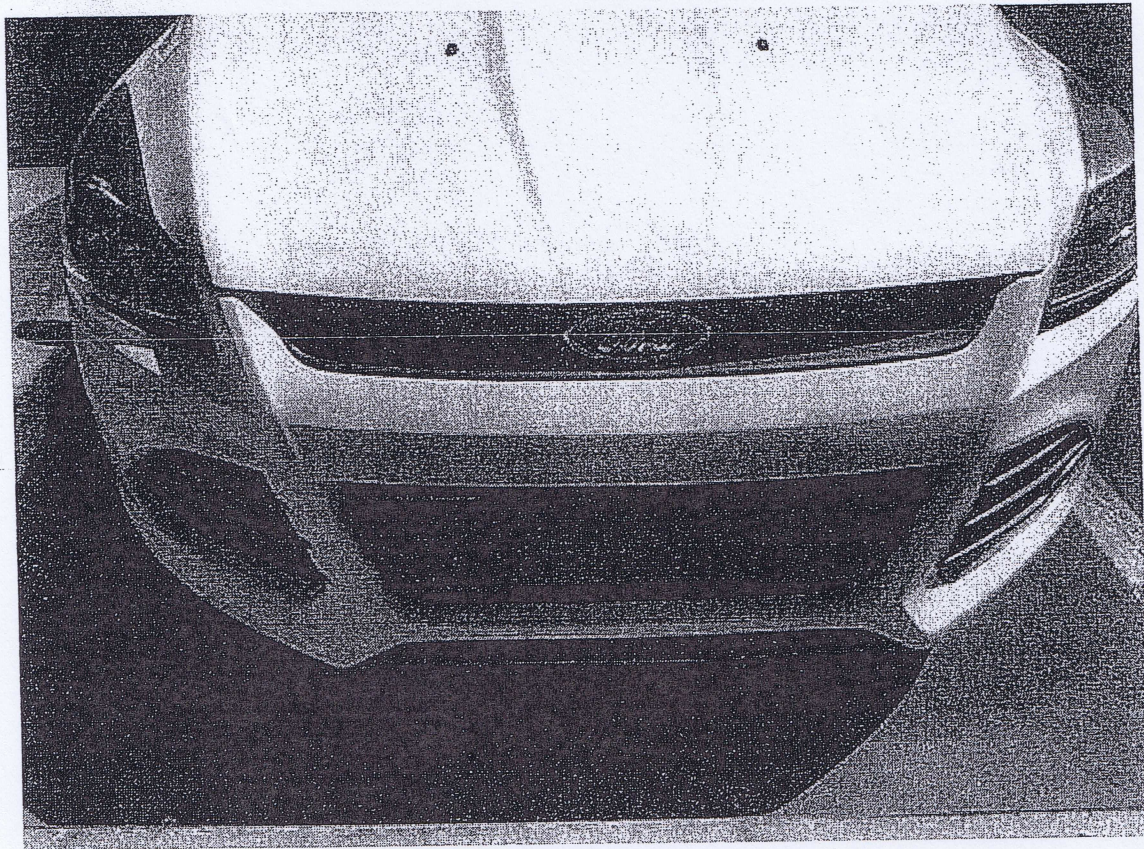
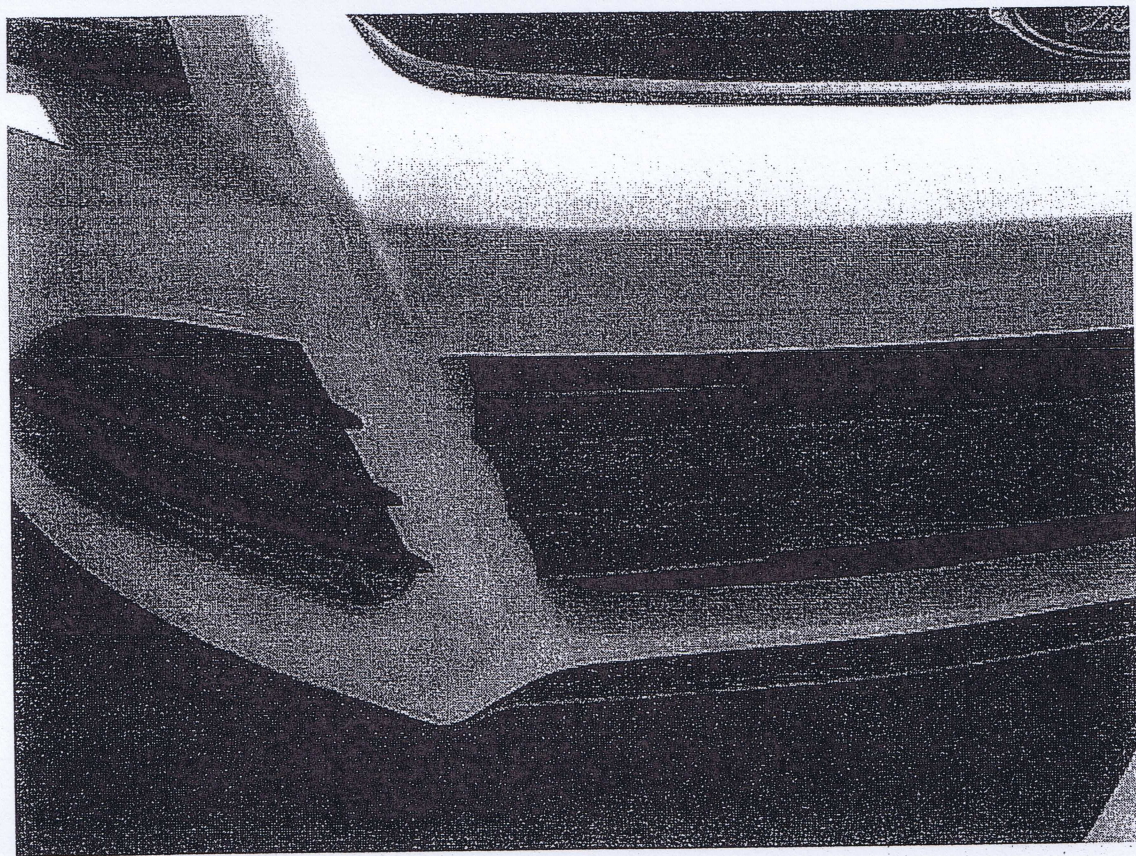
**4 - BODYWORK**

	Hours		Hours	
r&r rear bumper	1.5	\$66.00		\$0.00
		\$0.00		\$0.00
		\$0.00		\$0.00
		\$0.00		\$0.00
		\$0.00		\$0.00
		\$0.00		\$0.00
Sub-Total	1.5	\$66.00	Sub-total:	0 \$0.00
			TOTAL BODY REPAIRS:	\$66.00

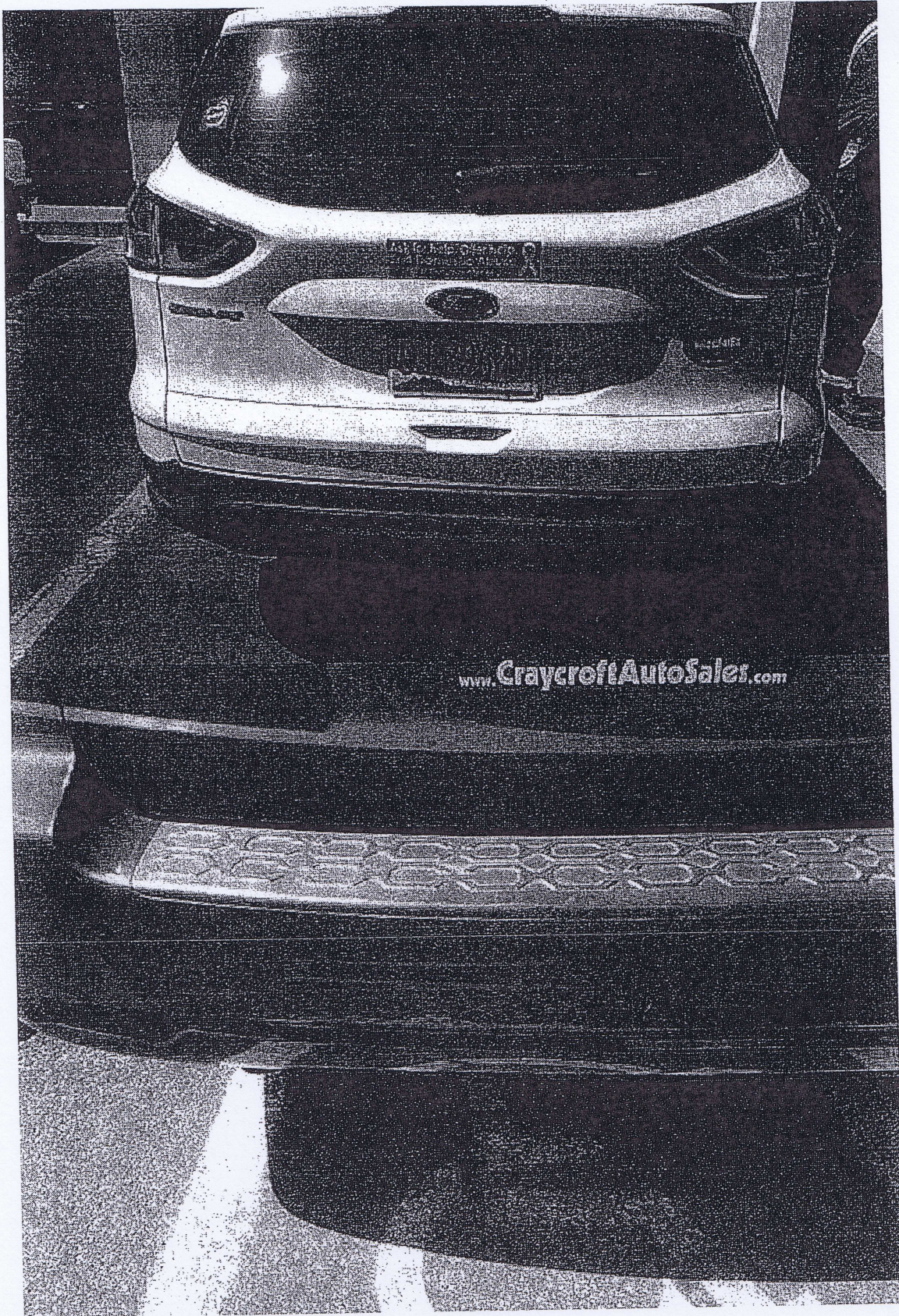
**5 - SUBLETS** TOTAL SUBLETS: \$0.00

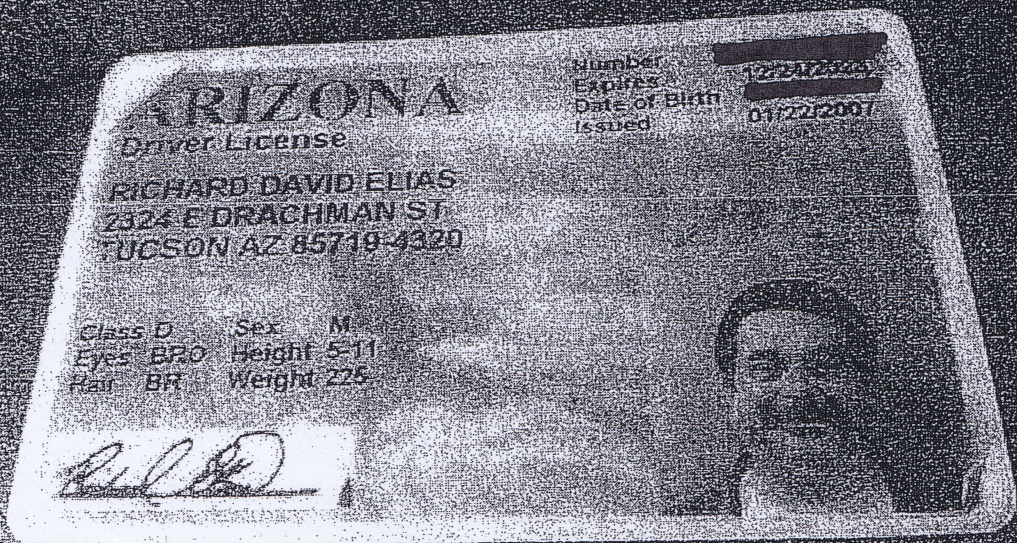
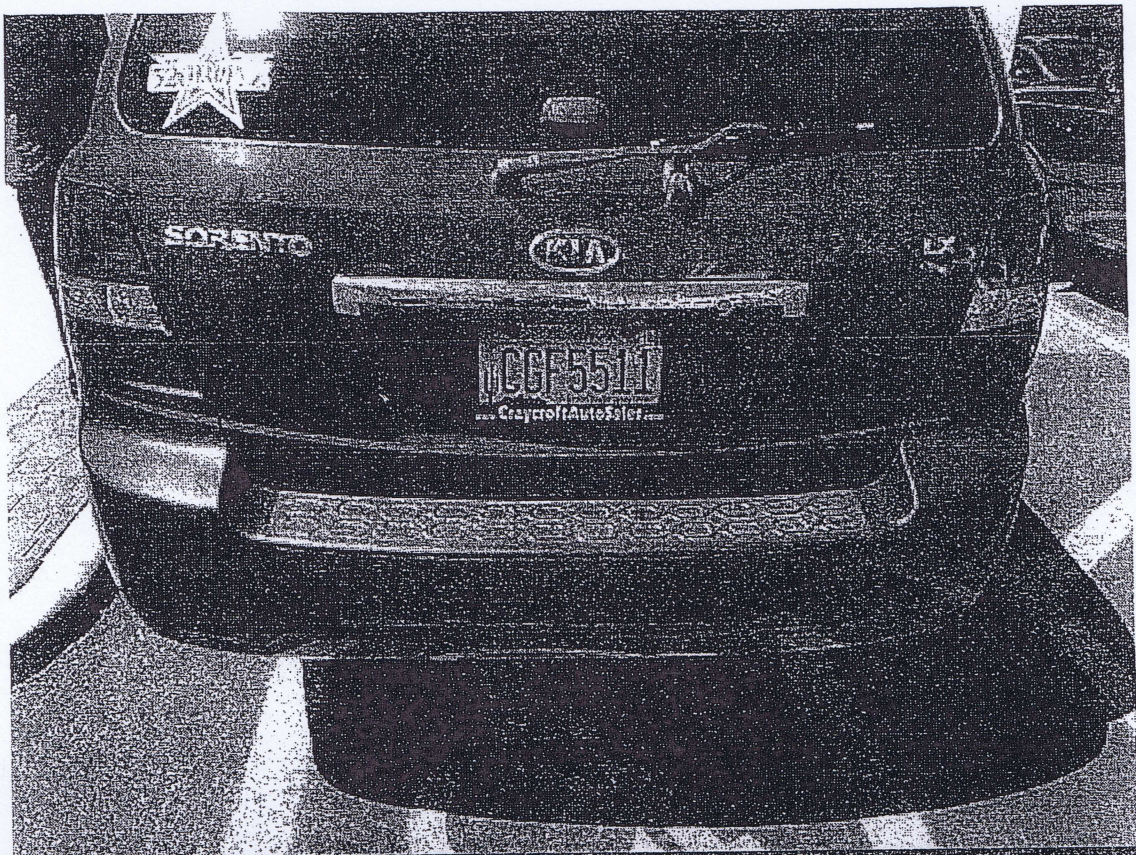
Any defect not listed above is not covered under any warranty or guarantee.

ESTIMATE ONLY DO NOT PAY ESTIMATE ONLY DO NOT PAY	Sub-Total:	\$672.00
ESTIMATE ONLY DO NOT PAY ESTIMATE ONLY DO NOT PAY	Haz/Impact:	\$14.00
ESTIMATE ONLY DO NOT PAY ESTIMATE ONLY DO NOT PAY	Body Material:	\$23.10
ESTIMATE ONLY DO NOT PAY ESTIMATE ONLY DO NOT PAY	Sales Tax:	\$36.67
ESTIMATE ONLY DO NOT PAY ESTIMATE ONLY DO NOT PAY	<b>TOTAL:</b>	<b>\$745.77</b>
ESTIMATE ONLY DO NOT PAY ESTIMATE ONLY DO NOT PAY	<b>NO CHECKS</b>	
ESTIMATE ONLY DO NOT PAY ESTIMATE ONLY DO NOT PAY	deposit	
ESTIMATE ONLY DO NOT PAY ESTIMATE ONLY DO NOT PAY	balance	\$745.77









On Tue, May 29, 2018 at 4:42 PM, [eclaims@calcas.com](mailto:eclaims@calcas.com) <[eclaims@calcas.com](mailto:eclaims@calcas.com)> wrote:

Thank you for calling today to report your automobile claim. You were presented with a lot of information during your call so, as your adjuster, I wanted to acknowledge your claim in writing and provide you with the details for your future reference. Your claim number is 50000439240.

If you have any questions or need additional information or assistance feel free to contact me at [myclaim@calcas.com](mailto:myclaim@calcas.com) and 602-866-4853 or 1-800-841-4736 X4853. If you are unable to reach me you may leave a message.

Thank you for insuring with California Casualty.

Diana Mark | Claims Adjuster  
California Casualty Management Company  
p: 602-866-4853 or 1-800-841-4736 X4853 f: 800-229-3094 e: [myclaim@calcas.com](mailto:myclaim@calcas.com)  
[www.calcas.com](http://www.calcas.com)

McEVOY, DANIELS & DARCY, P.C.

EARL F. "SAM" DANIELS, III  
DAVID A. McEVOY

6.16.18  
Case Collision  
CAMP LOWELL CORPORATE CENTER  
4560 EAST CAMP LOWELL DRIVE  
TUCSON, ARIZONA 85712  
TELEPHONE (520) 326-0133  
FAX (520) 326-5938

June 4, 2018

Tucson Police Department  
ATTN: Records  
270 South Stone Avenue  
Tucson, Arizona 85701

**Re: Accident Date:** May 19, 2018  
**Drivers:** Trinidad Tester and Richard Elias  
**Location:** Speedway/Campbell  
**Report No.:** 1805190326

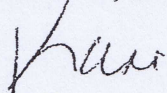
To Whom It May Concern:

This is to request a copy of the complete Arizona Crash Report regarding the above-referenced accident. Enclosed is our check for \$5.00 and a self-addressed stamped envelope.

Thank you for your consideration. If you have any questions, please call.

Very truly yours,

McEVOY, DANIELS & DARCY, P.C.

  
Kari Bowen  
Secretary to  
Earl F. "Sam" Daniels, III

:kb  
Enclosure