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4		Is this a Secondary Collision: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, were any of the following 1 st responders hit? <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Fire <input type="checkbox"/> EMS <input type="checkbox"/> Tow Operator <input type="checkbox"/> DOT Worker <input type="checkbox"/> Other										Roadway Clear Time: 1 1 5 5			Incident Clear: 1 3 0 0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
5		Safety Devices (SD) 0 - Not Applicable 1 - None Used 2 - Lap Belt 3 - Shoulder and Lap Belt 4 - Child Restraint System 5 - Helmet Used 50 - Other 51 - Unknown		Airbag (AB) 0 - Not Applicable 1 - Deployed - Front 2 - Deployed - Side (Door, seatback) 3 - Deployed - Curtain (roof) 4 - Deployed - Other (knee, airbelt, etc.) 5 - Deployed - Combination 6 - Deployed - Unknown Location 7 - Not Deployed		Injury Severity (IS) 1 - No Injury 2 - Possible Injury 3 - Suspected Minor Injury 4 - Suspected Serious Injury 5 - Fatal Injury 51 - Unknown/Not Reported		Seating Position 31 21 11 32 22 12 42 33 23 13 38 28 18 18 - Front Seat - Other (child in Lap) 28 or 38 - Additional passenger in vehicle by row 40 - In enclosed cargo area 41 - In unenclosed cargo area 42 - Riding on Vehicle Exterior 50 - Other 51 - Unknown																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
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1		293 Unit # 1		294 Unit # 1		295 Unit # 1		296 Unit # 1		297 Unit # 1		298 Unit # 1		299 Unit # 1		300 Unit # 1		301 Unit # 1		302 Unit # 1		303 Unit # 1		304 Unit # 1		305 Unit # 1		306 Unit # 1		307 Unit # 1		308 Unit # 1		309 Unit # 1		310 Unit # 1		311 Unit # 1		312 Unit # 1		313 Unit # 1		314 Unit # 1		315 Unit # 1		316 Unit # 1		317 Unit # 1		318 Unit # 1		319 Unit # 1		320 Unit # 1		321 Unit # 1		322 Unit # 1		323 Unit # 1		324 Unit # 1		325 Unit # 1		326 Unit # 1		327 Unit # 1		328 Unit # 1		329 Unit # 1		330 Unit # 1		331 Unit # 1		332 Unit # 1		333 Unit # 1		334 Unit # 1		335 Unit # 1		336 Unit # 1		337 Unit # 1		338 Unit # 1		339 Unit # 1		340 Unit # 1		341 Unit # 1		342 Unit # 1		343 Unit # 1		344 Unit # 1		345 Unit # 1		346 Unit # 1		347 Unit # 1		348 Unit # 1		349 Unit # 1		350 Unit # 1		351 Unit # 1		352 Unit # 1		353 Unit # 1		354 Unit # 1		355 Unit # 1		356 Unit # 1		357 Unit # 1		358 Unit # 1		359 Unit # 1		360 Unit # 1		361 Unit # 1		362 Unit # 1		363 Unit # 1		364 Unit # 1		365 Unit # 1		366 Unit # 1		367 Unit # 1		368 Unit # 1		369 Unit # 1		370 Unit # 1		371 Unit # 1		372 Unit # 1		373 Unit # 1		374 Unit # 1		375 Unit # 1		376 Unit # 1		377 Unit # 1		378 Unit # 1		379 Unit # 1		380 Unit # 1		381 Unit # 1		382 Unit # 1		383 Unit # 1		384 Unit # 1		385 Unit # 1		386 Unit # 1		387 Unit # 1		388 Unit # 1		389 Unit # 1		390 Unit # 1		391 Unit # 1		392 Unit # 1		393 Unit # 1		394 Unit # 1		395 Unit # 1		396 Unit # 1		397 Unit # 1		398 Unit # 1		399 Unit # 1		400 Unit # 1		401 Unit # 1		402 Unit # 1		403 Unit # 1		404 Unit # 1		405 Unit # 1		406 Unit # 1		407 Unit # 1		408 Unit # 1		409 Unit # 1		410 Unit # 1		411 Unit # 1		412 Unit # 1		413 Unit # 1		414 Unit # 1		415 Unit # 1		416 Unit # 1		417 Unit # 1		418 Unit # 1		419 Unit # 1		420 Unit # 1		421 Unit # 1		422 Unit # 1		423 Unit # 1		424 Unit # 1		425 Unit # 1		426 Unit # 1		427 Unit # 1		428 Unit # 1		429 Unit # 1		430 Unit # 1		431 Unit # 1		432 Unit # 1		433 Unit # 1		434 Unit # 1		435 Unit # 1		436 Unit # 1		437 Unit # 1		438 Unit # 1		439 Unit # 1		440 Unit # 1		441 Unit # 1		442 Unit # 1		443 Unit # 1		444 Unit # 1		445 Unit # 1		446 Unit # 1		447 Unit # 1		448 Unit # 1		449 Unit # 1		450 Unit # 1		451 Unit # 1		452 Unit # 1		453 Unit # 1		454 Unit # 1		455 Unit # 1		456 Unit # 1		457 Unit # 1		458 Unit # 1		459 Unit # 1		460 Unit # 1		461 Unit # 1		462 Unit # 1		463 Unit # 1		464 Unit # 1		465 Unit # 1		466 Unit # 1		467 Unit # 1		468 Unit # 1		469 Unit # 1		470 Unit # 1		471 Unit # 1		472 Unit # 1		473 Unit # 1		474 Unit # 1		475 Unit # 1		476 Unit # 1		477 Unit # 1		478 Unit # 1		479 Unit # 1		480 Unit # 1		481 Unit # 1		482 Unit # 1		483 Unit # 1		484 Unit # 1		485 Unit # 1		486 Unit # 1		487 Unit # 1		488 Unit # 1		489 Unit # 1		490 Unit # 1		491 Unit # 1		492 Unit # 1		493 Unit # 1		494 Unit # 1		495 Unit # 1		496 Unit # 1		497 Unit # 1		498 Unit # 1		499 Unit # 1		500 Unit # 1		501 Unit # 1		502 Unit # 1		503 Unit # 1		504 Unit # 1		505 Unit # 1		506 Unit # 1		507 Unit # 1		508 Unit # 1		509 Unit # 1		510 Unit # 1		511 Unit # 1		512 Unit # 1		513 Unit # 1		514 Unit # 1		515 Unit # 1		516 Unit # 1		517 Unit # 1		518 Unit # 1		519 Unit # 1		520 Unit # 1		521 Unit # 1		522 Unit # 1		523 Unit # 1		524 Unit # 1		525 Unit # 1		526 Unit # 1		527 Unit # 1		528 Unit # 1		529 Unit # 1		530 Unit # 1		531 Unit # 1		532 Unit # 1		533 Unit # 1		534 Unit # 1		535 Unit # 1		536 Unit # 1		537 Unit # 1		538 Unit # 1		539 Unit # 1		540 Unit # 1		541 Unit # 1		542 Unit # 1		543 Unit # 1		544 Unit # 1		545 Unit # 1		546 Unit # 1		547 Unit # 1		548 Unit # 1		549 Unit # 1		550 Unit # 1		551 Unit # 1		552 Unit # 1		553 Unit # 1		554 Unit # 1		555 Unit # 1		556 Unit # 1		557 Unit # 1		558 Unit # 1		559 Unit # 1		560 Unit # 1		561 Unit # 1		562 Unit # 1		563 Unit # 1		564 Unit # 1		565 Unit # 1		566 Unit # 1		567 Unit # 1		568 Unit # 1		569 Unit # 1		570 Unit # 1		571 Unit # 1		572 Unit # 1			

ARIZONA CRASH REPORT										REPORT ID										Agency Report Number PR-22-003851																													
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										2		2		0		5		0		6		1		1		3		2		1		3		0		7		0		0		0		5		1		1	
12—ROAD SURFACE CONDITION																																																	
UNIT # _____																																																	
<input type="checkbox"/> 1 DRY <input type="checkbox"/> 8 MUD/DIRT/GRAVEL/SAND <input type="checkbox"/> 2 WET <input type="checkbox"/> 50 OTHER <input type="checkbox"/> 3 SNOW/SLUSH <input type="checkbox"/> 51 UNKNOWN <input type="checkbox"/> 5 ICE/FROST <input type="checkbox"/> 6 WATER (standing/moving)																																																	
13—ROAD GRADE																																																	
UNIT # _____																																																	
<input type="checkbox"/> 1 LEVEL <input type="checkbox"/> 3 UPHILL <input type="checkbox"/> 2 DOWNHILL <input type="checkbox"/> 51 UNKNOWN																																																	
14—RELATION TO JUNCTION																																																	
<input type="checkbox"/> 0 NOT JUNCTION RELATED <input type="checkbox"/> 4 RAILWAY GRADE CROSSING <input type="checkbox"/> 1 INTERSECTION (within) <input type="checkbox"/> 7 DRIVEWAY or ALLEY ACCESS <input type="checkbox"/> 4-WAY <input type="checkbox"/> T-INTER <input type="checkbox"/> OTHER <input type="checkbox"/> 50 OTHER <input type="checkbox"/> 2 INTERSECTION-RELATED <input type="checkbox"/> 51 UNKNOWN <input type="checkbox"/> 3 ENTRANCE/EXIT RAMP																																																	
15—TRAFFIC WAY DESCRIPTION																																																	
<input type="checkbox"/> 1 ONE WAY TRAFFICWAY <input type="checkbox"/> 2 TWO-WAY, NOT DIVIDED (no median present) <input type="checkbox"/> 3 TWO-WAY, (NOT DIVIDED) WITH A CONTINUOUS LEFT TURN LANE <input type="checkbox"/> 4 TWO-WAY, DIVIDED, UNPROTECTED MEDIAN <input type="checkbox"/> 5 TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER <input type="checkbox"/> 51 UNKNOWN																																																	
16—TRAFFIC CONTROL DEVICE																																																	
UNIT # _____																																																	
<input type="checkbox"/> 0 NO CONTROLS <input type="checkbox"/> 7 PERSON (law enforcement, crossing guard, flagger etc.) <input type="checkbox"/> 1 SIGNAL <input type="checkbox"/> 8 TRAFFIC CIRCLE / ROUNDABOUT <input type="checkbox"/> 2 STOP SIGN <input type="checkbox"/> 9 PEDESTRIAN HYBRID <input type="checkbox"/> 3 YIELD SIGN BEACON/HAWK <input type="checkbox"/> 4 WARNING SIGN <input type="checkbox"/> 50 OTHER <input type="checkbox"/> 5 RAILROAD CROSSING SIGN <input type="checkbox"/> 51 UNKNOWN <input type="checkbox"/> 6 FLASHING TRAFFIC SIGNAL																																																	
17—MANNER OF CRASH IMPACT																																																	
<input type="checkbox"/> 1 SINGLE VEHICLE <input type="checkbox"/> 6 SIDESWIPE, SAME DIRECTION <input type="checkbox"/> 2 ANGLE (front-to-side) (other than left turn) <input type="checkbox"/> 7 SIDESWIPE, OPPOSITE DIRECTION <input type="checkbox"/> 3 LEFT TURN <input type="checkbox"/> 10 U-TURN <input type="checkbox"/> 4 REAR END (front-to-rear) <input type="checkbox"/> 50 OTHER <input type="checkbox"/> 5 HEAD-ON (front-to-front) (other than left turn) <input type="checkbox"/> 51 UNKNOWN																																																	
18—DIRECTION OF UNIT TRAVEL (Compass)																																																	
BEFORE 1ST CRASH EVENT																																																	
UNIT # _____																																																	
<input type="checkbox"/> 1 NORTH <input type="checkbox"/> 6 NORTHEAST <input type="checkbox"/> 2 SOUTH <input type="checkbox"/> 7 SOUTHWEST <input type="checkbox"/> 3 EAST <input type="checkbox"/> 8 SOUTHEAST <input type="checkbox"/> 4 WEST <input type="checkbox"/> 51 UNKNOWN <input type="checkbox"/> 5 NORTHWEST																																																	
NOTE: FOR PARKED OR STOPPED VEHICLES, INDICATE THE DIRECTION THE VEHICLE WAS FACING AT THE TIME OF THE CRASH																																																	
19—CONTRIBUTING CIRCUMSTANCES																																																	
UP TO TWO CHOICES PER UNIT																																																	
UNIT # _____																																																	
<input checked="" type="checkbox"/> 0 NO CONTRIBUTING CIRCUMSTANCE																																																	
ENVIRONMENTAL															ROAD																																		
1. GLARE																																																	
<input type="checkbox"/> A. SUNLIGHT															<input type="checkbox"/> 3 ROAD SURFACE CONDITION <input type="checkbox"/> 4 DEBRIS <input type="checkbox"/> 5 WORK ZONE <input type="checkbox"/> 6 OBSTRUCTION IN ROADWAY <input type="checkbox"/> 7 CHANGING ROAD WIDTH <input type="checkbox"/> 8 NON-HIGHWAY WORK																																		
2. PHYSICAL OBSTRUCTION(S)																																																	
<input type="checkbox"/> A. STOPPED/PARKED VEHICLE <input type="checkbox"/> B. MOVING VEHICLE <input type="checkbox"/> C. LOAD ON VEHICLE <input type="checkbox"/> D. TREE/SHRUB/BUSH																																																	
MOTOR VEHICLE															ROAD RAGE																																		
<input type="checkbox"/> 1 TIRES <input type="checkbox"/> 50 OTHER <input type="checkbox"/> 51 UNKNOWN															<input type="checkbox"/> POSSIBLE ROAD RAGE INCIDENT																																		
20—DISTRACTED DRIVING BEHAVIOR																																																	
UNIT # _____																																																	
<input type="checkbox"/> 0 NOT DISTRACTED / NOT APPLICABLE <input type="checkbox"/> 1 TALKING ON HANDS FREE DEVICE <input type="checkbox"/> 2 TALKING ON HAND HELD DEVICE <input type="checkbox"/> 3 PASSENGER <input type="checkbox"/> 4 OTHER ACTIVITY, ELECTRONIC DEVICE <input type="checkbox"/> 5 MANUALLY OPERATING AN ELECTRONIC DEVICE <input type="checkbox"/> 6 OTHER INSIDE THE VEHICLE (eating, drinking, etc.) <input type="checkbox"/> 7 OUTSIDE THE VEHICLE (includes unspecified distractions) <input type="checkbox"/> 50 DISTRACTED, UNKNOWN REASON <input type="checkbox"/> 51 UNKNOWN IF DISTRACTED																																																	
21—CONDITION INFLUENCING DRIVER/PED/CYCLIST																																																	
UP TO THREE CHOICES PER UNIT																																																	
UNIT # _____																																																	
<input type="checkbox"/> 0 NO APPARENT INFLUENCE <input type="checkbox"/> 1 ILLNESS OR PHYSICAL IMPAIRMENT <input type="checkbox"/> 3 FELL ASLEEP/FATIGUED <input type="checkbox"/> 4 ALCOHOL <input type="checkbox"/> 5 ILLEGAL DRUGS <input type="checkbox"/> 6 MEDICATIONS <input type="checkbox"/> 7 MARIJUANA <input type="checkbox"/> 8 MED MARIJUANA CARD PRESENTED <input type="checkbox"/> 50 OTHER <input type="checkbox"/> 51 UNKNOWN CONDITION																																																	
																									21 DRE (check all that apply)																								
																									<input type="checkbox"/> a DRE RESPONDED <input type="checkbox"/> b SUSPECT EVALUATED <input type="checkbox"/> c SUSPECT ARRESTED																								
22—VIOLATIONS/BEHAVIOR																																																	
CHECK ALL THAT APPLY																																																	
UNIT # _____																																																	

ARIZONA CRASH REPORT		REPORT ID												Agency Report Number					
1	OCCUPANT SUPPLEMENT POLICE ONLY – FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 064R 206 S. 17 TH AVE., PHOENIX, ARIZONA 85007-3233	YEAR	MONTH	DAY	HOUR				NCIC NO.				OFFICER ID NO.						
		2	2	0	5	0	6	1	1	3	2	1	3	0	7	0	0	0	5
CRASH DIAGRAM OR NARRATIVE														<input type="checkbox"/> MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE <input type="checkbox"/> MEASUREMENTS ARE SCALED (SCALE = _____)					
<h1>Refer to Narrative</h1>																			
2	Officer's Name / Badge # S. Owens (511)	Supervisor's Signature N. Barto (PR253)								Agency Name Prescott Police Department								Date Completed 05/06/2022	

ARIZONA CRASH REPORT		REPORT ID										Agency Report Number						
1	OCCUPANT SUPPLEMENT 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.			PR-22-003851					
		2	2	0	5	0	6	1	1	3	2	1		3	0	7	0	0

CRASH DIAGRAM OR NARRATIVE

☐ MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE

☐ MEASUREMENTS ARE SCALED (SCALE = _____)

DISPATCHED TO A INJURY COLLISION, VEHICLE VS A PEDESTRIAN. UPON ARRIVAL I FOUND P-2 SITTING ON THE GROUND IN THE PARKING LOT BEING ATTENDED TO BY FIRE PERSONNEL. WHILE P-2 WAS BEING TREATED BY FIRE PERSONNEL. I LATER SPOKE TO OFC ATTENBERGER #252, WHO HAD INTERVIEWED P-2. P-2 SAID SHE WAS IN THE PARKING LOT ATTEMPTING TO TALK TO HER HUSBAND, D-1. HIS VEHICLE WAS PARKED IN A PARKING SPACE. SHE WAS ON THE PASSENGER SIDE OF THE CAR. HE BEGAN TO BACK OUT OF THE SPACE. SHE WAS HOLDING ONTO THE FRONT PASSENGER DOOR WINDOW. SHE WAS YELLING AT D-1 THAT SHE WANTED TO SPEAK TO HIM. D-1 CONTINUED BACKING OUT OF THE SPACE AND BEGAN DRIVING OFF, TOWARDS THE ENTRANCE. SHE WAS STILL HOLDING ONTO THE WINDOW WALKING ALONG WITH V-1. AT SOME POINT SHE FELL DOWN AND WAS RUN OVER BY V-1. THE RIGHT REAR TIRE RAN OVER HER ARM AND HIP AREA. V-1 CONTINUED THRU THE PARKING LOT AND OUT OF SIGHT. I WAS CONTACTED BY AN EMPLOYEE OF THE RETIREMENT HOME. HE WAS IDENTIFIED AS JOHN ROSSMAN (DOB [REDACTED]) HE TOLD ME THAT THE COLLISION MAY HAVE BEEN CAPTURED ON VIDEO. I WENT WITH HIM TO THE LOBBY AREA TO REVIEW THE VIDEO. THE CAMERAS IN THE FRONT PORTION OF THE FACILITY DID NOT CAPTURE THE COLLISION. HE WENT TO A SECONDARY BUILDING TO CHECK THOSE CAMERAS. HE LATER CONTACTED ME AND SAID HE HAD A PORTION OF WHAT HAPPENED ON VIDEO. MYSELF, SGT NATO AND OFC ATTENBERGER WENT TO THAT BUILDING TO VIEW THE VIDEO. IN THE VIDEO YOU SEE P-2 WALK TO THE PASSENGER SIDE OF V-1. V-1 STARTS TO BACK OUT OF THE PARKING SPACE. P-2 IS ON THE PASSENGER SIDE. AS V-1 TURNS AND STARTS TO DRIVE FORWARD YOU CAN PARTIALLY SEE P-2 WALKING ALONG WITH V-1 ON THE PASSENGER SIDE. THE VEHICLE GOES OVER A SPEED BUMP. V-1 CONTINUES AND IT APPEARS P-2 IS STILL ON THE PASSENGER SIDE OF THE VEHICLE. THE VEHICLE THEN GOES OFF CAMERA AS IT ROUNDS A BEND IN THE PARKING LOT. THAT VIDEO WAS LATER UPLOADED TO THE AXON EVIDENCE SYSTEM BY ROSSMAN. I ALSO SPOKE TO W-1 (SCHMIDT) SHE SAID THAT SHE WAS ON THE BALCONY OF A 2ND STORY UNIT OF THE COMPLEX. SHE SUDDENLY HEARD A WOMEN SCREAMING FOR HELP. SHE LOOKED TOWARDS THE PARKING LOT AND SAW P-2 LAYING ON THE GROUND SCREAMING FOR HELP. SCHMIDT RAN DOWNSTAIRS AND TO WHERE P-2 WAS LAYING. SHE ASKED P-2 WHAT HAD HAPPENED. P-2 TOLD HER SHE HAD BEEN RUN OVER BY A CAR. SCHMIDT ASKED IF SHE KNEW WHO WAS IN THE CAR. P-2 SAID IT WAS HER HUSBAND BUT REFUSED TO TELL SCHMIDT THE NAME OF HER HUSBAND. P-2 WOULD NOT PROVIDE ANY FURTHER INFORMATION. D-1 WAS LATER INTERVIEWED BY OFC ATTENBERGER #252 & SGT BARTO #253, REFER TO THEIR SUPPLEMENTAL FOR FURTHER. P-2 WAS TRANSPORTED TO YRMC WITH INJURIES [REDACTED] INJURY.

2	Officer's Name / Badge # S. Owens (511)	Supervisor's Signature N. Barto (PR253)	Agency Name Prescott Police Department	Date Completed 05/06/2022
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Prescott Police Department

WARNING / EQUIPMENT REPAIR ORDER

Report Number
PR-22-003851Warning Form Number
130722W4177Document Type
WA/ROSubject Type
DRIVERDriver's License Number
D02523371State
AZClass
D

SUBJECT	Name: First NOEL		Middle WILLIAM		Last CAMPBELL					
	Residential/Commercial Address [REDACTED]		City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Phone [REDACTED]	Cell <input type="checkbox"/>			
	Mailing Address [REDACTED]		City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Email Address [REDACTED]				
	SSN [REDACTED]	Gender MALE	Eyes HAZ	Hair BRO	Height 6-02	Weight 210	Origin W	DOB [REDACTED]	Age 80	Endorsements [REDACTED]

VEHICLE	NV <input type="checkbox"/>	Year 2014	Make CHEV	Model VOLT	Style HATC	Color SIL	License Plate [REDACTED]	State [REDACTED]	Exp. Date 6/15/2022	VIN [REDACTED]
	UNK <input type="checkbox"/>	Registered Owner's Name / Business NOEL WILLIAM CAMPBELL		Registered Owner's Address [REDACTED]		City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]		

Date 05/06/2022	Time 11:32	Approx 10	Posted 10	R&P 0	Speed Measurement Device ESTIMATE	Equipment Number 253	Direction of Travel NORTH	Lane 49
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On-Highway NO	Highway	Milepost	Location: 1036 / 1039 SCOTT DR / LAS FUENTES
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SUBJECT SIGNATURE X <u>SERVED</u>		NOTE: Warnings / Equipment Repair Orders are issued to you as a courtesy and to remind you to do your part in promoting safety on our roadways by closely observing our traffic laws.
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Officer
N. BARTOBadge Number
253

01	Type WARNING	Section 13-1503A (M2)	Statute ARS	Violation CRIMINAL TRESPASS 2N DEG
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ANIMAL WARNED # 1

Animal Description	Animal Breed	Animal Name	License Number
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OFFICERS NOTES



Prescott Police Department

WARNING / EQUIPMENT REPAIR ORDER

Report Number
PR-22-003851Warning Form Number
130722W3623Document Type
TRESPASSSubject Type
SUBJECTDriver's License Number
D02348784State
AZClass
DName: First
MARYMiddle
ELIZABETHLast
CAMPBELL

Residential/Commercial Address

City

State

Zip Code

Phone

Cell

Mailing Address

City

State

Zip Code

Email Address

SSN

Gender

Eyes

Hair

Height

Weight

Origin

DOB

Age

Endorsements

Restrictions

FEMALE

HAZ

BRO

5-03

115

W

63

NV

Year

Make

Model

Style

Color

License Plate

State

Exp. Date

VIN

UNK

Registered Owner's Name / Business

Registered Owner's Address

City

State

Zip Code

Date
05/06/2022Time
11:32

Approx

Posted

R&P

Speed Measurement Device

Equipment Number

Direction of Travel

Lane

On-Highway
NO

Highway

Milepost

Location:

1035 AND 1039 SCOT DR

SUBJECT SIGNATURE

SERVED

X

NOTE: You are hereby ordered not to return to the above listed Address for a period of one year. Violating this notice may result in criminal charges being filed against you.

Officer
W. NOVAKBadge Number
459

01

Type
WARNINGSection
13-1502A1Statute
ARSViolation
CRIM TRESP 3RD DEG-KNOW/REMAIN UNLAWFULLY ON PROP

ANIMAL WARNED # 1

Animal Description

Animal Breed

Animal Name

License Number

OFFICERS NOTES