AZ Corp. Commission

05397899

PATRICIA L. BARFIELD
Director
Corporations Division

ARIZONA CORPORATION COMMISSION

Date **January 14, 2016**

CMEGO, LLC
24654 N LAKE PLEASANT PKWY
PEORIA, AZ 85383

Dear Sir or Madam:

Enclosed is a copy of the following document(s) that were served upon the Arizona Corporation Commission on **01/13/2016** as agent for **CMEGO, LLC**:

Case caption: **CITY OF PEORIA ARIZONA** v. **CMEGO, LLC, etal,**
Case number: **CC2015232702** Court: **MARICOPA COUNTY ARROWHEAD PRECINCT JUSTICE COURT**

- ☒ Summons
- ☒ Complaint
- ☐ Subpoena
- ☐ Subpoena Duces Tecum
- ☐ Default Judgment
- ☐ Judgment
- ☐ Writ of Garnishment
- ☐ Motion For Summary Judgment
- ☐ Motion for
- ☒ Other **CERTIFICATE OF COMPULSORY ARBRITATION**

Sincerely,

Lynda B. Griffin
Custodian of Records

Initials **MLB**
File number **R-1222823-2**

Rec08.doc
Rev 10/09

ARIZONA CORPORATION COMMISSION

CERTIFICATE OF MAILING

The undersigned person certifies the following facts:

On **January 13, 2016**, **MARY LEE BLAIR** , an employee of the Arizona Corporation Commission ("ACC"), received on behalf of the ACC service of the following documents upon the ACC as agent for **CMEGO, LLC.**

Case caption: **CITY OF PEORIA, ARIZONA** v. **CMEGO, LLC etal,**
Case number: **CC2015232702**
Court: **MARICOPA COUNTY ARROWHEAD PRECINCT JUSTICE COURT**

- ☒ Summons
- ☒ Complaint
- ☐ Subpoena
- ☐ Subpoena Duces Tecum
- ☐ Motion For Summary Judgment
- ☐ Motion for
- ☒ Other **CERTIFICATE OF COMPULSORY ARBRITATION**
- ☐ Default Judgment
- ☐ Judgment
- ☐ Writ of Garnishment

On **January 14, 2016**, the undersigned person placed a copy of the above listed documents in the United States Mail, postage prepaid, addressed to the entity at its last known place of business address, as follows:

CMEGO, LLC
24654 N LAKE PLEASANT PKWY
PEORIA, AZ 85383

OR

The undersigned was unable to mail the above listed documents to

because that entity is not a registered corporation or limited liability company in the State of Arizona, and the Arizona Corporation Commission has no record of its known place of business.

I declare and certify under penalty of perjury that the foregoing is true and correct.

Printed name: **MARY LEE BLAIR** Date: **1/14/2016**

Signature: Mary Lee Blair

Stephen M. Kemp, City Attorney (010026)
OFFICE OF THE CITY ATTORNEY
CITY OF PEORIA

Physical Address:
8401 West Monroe Street, Room 280
Peoria, Arizona 85345
Mailing Address:
Post Office Box 4038
Peoria, Arizona 85380-4038
Telephone: (623) 773-7330
Facsimile: (623) 773-7043
Email: caofiling@peoriaaz.gov
Attorneys for City of Peoria

IN THE JUSTICE COURT OF MARICOPA COUNTY, ARIZONA

ARROWHEAD PRECINCT

CITY OF PEORIA, ARIZONA, an Arizona municipal corporation, Plaintiff, v. CMEGO, LLC, a Nevada limited liability company, husband and wife; SANDRA HOPE and JOHN DOE HOPE, husband and wife; JOHN DOES I-X; JANE DOES I-X; and ABC CORPORATIONS I-X, Defendants.	Case No. CC2015232702 **SUMMONS**

THE STATE OF ARIZONA TO:

CMEGO, LLC
c/o Sandra Hope, Statutory Agent
24654 N. Lake Pleasant Parkway, Suite #103-248
Peoria, AZ 85383

1. You are summoned to respond to this complaint by filing an answer with this court and paying the court's required fee. If you cannot afford to pay the required fee, you may request the court to waive or to defer the fee.

2. If you were served with this summons in the State of Arizona, the court must receive your answer to the complaint within twenty (20) calendar days from the date you were served. If you were served outside the State of Arizona, the court must receive your answer to the complaint within thirty (30) days from the date of service. If the last day is a Saturday, Sunday or a holiday, you will have until the next working day to file your answer. When calculating time, do not count the day you were served with the summons.

3. This court is located at: Arrowhead Justice Court
14264 W. Tierra Buena Lane
Surprise, Arizona 85374
(602) 372-2000

4. Your answer must be in writing. (a) You may obtain an answer form from the court listed above, or in the Self-Service Center of the Arizona Judicial Branch at http://www.azcourts/gov/ under the *"Public Services"* tab. (b) You may visit http://www.azturbocourt.gov/ to fill in your answer form electronically; this requires payment of an additional fee. (c) You may also prepare your answer on a plain sheet of paper, but your answer must include the case number, the court location, and the names of the parties.

5. You must provide a copy of your answer to the plaintiff(s) or to the plaintiff's attorney.

IF YOU FAIL TO FILE A WRITTEN ANSWER WITH THE COURT WITHIN THE TIME INDICATED ABOVE, A DEFAULT JUDGMENT MAY BE ENTERED AGAINST YOU, AS REQUESTED IN THE PLAINTIFF(S) COMPLAINT.

DATE: 12/16/15

Judge's Signature (COURT SEAL)

REQUEST FOR REASONABLE ACCOMMODATION FOR PERSONS WITH DISABILITIES MUST BE MADE TO THE COURT AS SOON AS POSSIBLE BEFORE A COURT PROCEEDING.

Stephen M. Kemp, City Attorney (010026)
OFFICE OF THE CITY ATTORNEY
CITY OF PEORIA

Physical Address:
8401 West Monroe Street, Room 280
Peoria, Arizona 85345
Mailing Address:
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IN THE JUSTICE COURT OF MARICOPA COUNTY, ARIZONA

ARROWHEAD PRECINCT

CITY OF PEORIA, ARIZONA, an Arizona municipal corporation, Plaintiff, v. CMEGO, LLC, a Nevada limited liability company, husband and wife; SANDRA HOPE and JOHN DOE HOPE, husband and wife; JOHN DOES I-X; JANE DOES I-X; and ABC CORPORATIONS I-X, Defendants.	Case No. CC2015232702 **NOTICE TO DEFENDANTS**

NOTICE TO THE DEFENDANTS: A LAWSUIT HAS BEEN FILED

AGAINST YOU IN JUSTICE COURT

You have rights and responsibilities in this lawsuit. Read this notice carefully.

1. In a justice court lawsuit, individuals have a right to represent themselves, or they may hire an attorney to represent them. A family member or a friend may not represent someone in justice court unless the family member or friend is an attorney. A corporation has a right to be represented by an officer of the corporation and a limited liability company ("LLC") may be represented by a managing member. A corporation or an LLC may also be represented by an attorney.

If you represent yourself, you have the responsibility to properly complete your court papers and to file them when they are due. The clerks and staff at the court are not allowed to give you legal advice. If you would like legal advice, you may ask the court for the name and phone number of a local lawyer referral service, the local bar association, or a legal aid organization.

2. You have a responsibility to follow the Justice Court Rules of Civil Procedure ("JCRCP") that apply in your lawsuit. The rules are available in many public libraries, at the courthouse, and online at the Court Rules page of the Arizona Judicial Branch website, at *http://www.azcourts.gov/*, under the "AZ Supreme Court" tab.

3. A "plaintiff" is someone who files a lawsuit against a "defendant." You must file an answer or other response to the plaintiff's complaint **in writing** and **within twenty (20) days** from the date you were served with the summons and complaint (or thirty (30) days if you were served out-of-state.) If you do not file an answer within this time, the plaintiff may ask the court to enter a "default" and a "default judgment" against you. Your answer must state your defenses to the lawsuit. Answer forms are available at the courthouse, and on the Self-Service Center of the Arizona Judicial Branch website at *http://www.azcourts.gov/* under the "Public Services" tab. You may prepare your answer electronically at *http://www.azturbocourt.gov/*; this requires payment of an additional fee. You may also prepare your answer on a plain sheet of paper, but your answer must include the court location, the case number and the names of the parties. You must provide to the plaintiff a copy of any document that you file with the court, including your answer.

4. You may bring a claim against the plaintiff if you have one. When you file your answer or written response with the court, you may also file your "counterclaim" against the plaintiff.

5. You must pay a filing fee to the court when you file your answer. If you cannot afford to pay a filing fee, you may apply to the court for a fee waiver or deferral, but you must still file your answer on time.

6. You may contact the plaintiff or the plaintiff's attorney and try to reach an agreement to settle the lawsuit. However, until an agreement is reached you must still file your answer and participate in the lawsuit. During the lawsuit, the court may require the parties to discuss settlement.

7. Within forty (40) days after your answer has been filed, you and the plaintiff are required to provide a disclosure statement to each other. The disclosure statement provides information about witnesses and exhibits that will be used in the lawsuit. A party may also learn more about the other side's case through discovery. Read the Justice Court Rules of Civil Procedure for more information about disclosure statements and discovery.

8. The court will notify you of all hearing dates and trial dates. You must appear at the time and place specified in each notice. If you fail to appear at a trial or a hearing, the Court may enter a judgment against you. To assure that you receive these notices, you must keep the court informed, in writing, of your current address and telephone number until the lawsuit is over.

DATED this 9th day of December, 2015.

OFFICE OF THE CITY ATTORNEY
CITY OF PEORIA

Stephen M. Kemp, City Attorney
Attorneys for the City of Peoria

Stephen M. Kemp, City Attorney (010026)
OFFICE OF THE CITY ATTORNEY
CITY OF PEORIA

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IN THE JUSTICE COURT OF MARICOPA COUNTY, ARIZONA

ARROWHEAD PRECINCT

CITY OF PEORIA, ARIZONA, an Arizona municipal corporation, Plaintiff, v. CMEGO, LLC, a Nevada limited liability company, husband and wife; SANDRA HOPE and JOHN DOE HOPE, husband and wife; JOHN DOES I-X; JANE DOES I-X; and ABC CORPORATIONS I-X, Defendants.	Case No. CC2015232702 **COMPLAINT** (Negligence/Vicarious Liability)

Plaintiff, City of Peoria, Arizona ("PEORIA"), for its Complaint against Defendants, alleges as follows:

PARTIES AND JURISDICTION

1. PEORIA is an Arizona Municipal Corporation organized pursuant to the Constitution and laws of the State of Arizona with its principal place of business in the City of Peoria, Maricopa County.

2. Upon information and belief, Defendant CMEGO, LLC ("CMEGO") was at all times referred to in this Complaint, a Nevada limited liability company doing business in Maricopa County, Arizona.

3. Upon information and belief, Defendants SANDRA HOPE ("HOPE") and JOHN DOE HOPE, husband and wife, were at all times referred to in this Complaint, residents of Maricopa County, Arizona.

4. At all times mentioned herein, all defendants identified as husband and wife were married to each other and were acting in furtherance of their marital community.

5. Defendants John Does and Jane Does I-X and ABC Corporations I-X are individuals, corporations, or partnerships, respectively or other incorporated or unincorporated associates subject to suit in a common name whose names are unknown to Plaintiff and who are, therefore, designated by fictitious names pursuant to Rule 110(b)(1), Justice Court Rules of Civil Procedure. Each of the Defendants caused Plaintiff's damages by negligence or by duties owed to Plaintiff, or is responsible as a matter of law for acts of others who caused Plaintiff's damages by such negligence or breach of duty. These persons and entities hereby are notified of Plaintiff's intention to join them as defendants if and when additional investigation or discovery reveals the appropriateness of such joinder.

6. Defendants' acts have given rise to the causes of action stated herein and caused events to occur in Maricopa County, Arizona.

7. As a direct and proximate result of Defendants' wrongful conduct, PEORIA suffered damages in an amount that is not in excess of the jurisdictional limit for justice court; therefore, jurisdiction and venue (Arrowhead Precinct) are proper.

FACTUAL ALLEGATIONS

8. Plaintiff incorporates the previous allegations as if fully restated herein.

9. Upon information and belief, and at all times mentioned herein, Defendant CMEGO was the lawful owner of a 2005 Cadillac CTS, Arizona Plate No. BATRIDE (the "Vehicle").

10. Upon information and belief, and at all times mentioned herein, Defendant HOPE had permission to drive and use the Vehicle.

11. At approximately 2:23 p.m. on July 1, 2015, Defendant HOPE lost control of the Vehicle while parking in a parking spot located at Peoria City Hall/Council Chambers, 8401 W. Monroe St., Peoria, AZ 85345 when she drove over a curb and struck a back-flow pipe to a fire suppression system (the "Collision").

12. Upon arrival at the scene, the Peoria Police Department noted that the back-flow valve sustained damage and it was dislodged from the ground (the "Property Damage"). Public Works Project Coordinator Jose Castillo was notified of the Accident, responded to the scene and was provided with an accident exchange printout with HOPE's information. (Copy of the Peoria Police Department Crash Report attached hereto as Exhibit "A".)

13. Subsequent to the Collision, PEORIA made demand upon Defendants CMEGO and HOPE under the auto policy provided to the Peoria Police Department by Defendant HOPE at the time of the Collision.

14. On July 14, 2015, Farmers/21st Century Insurance Company denied coverage asserting the referenced policy (188765072) had been cancelled prior to the Accident.

15. On or about August 3, 2015 and October 14, 2015 PEORIA notified Defendants that Farmers/21st Century Insurance Company denied coverage for the Collision and that PEORIA would be seeking recovery of the costs to repair the Property Damage from Defendants if no other insurance is provided that was current at the time of the Collision. (Copies of the Notice Letters attached hereto as Exhibit "B".)

16. PEORIA received no response from Defendants to either Notice Letter.

17. On or about October 26, 2015, PEORIA made demand upon Defendants, for payment of the repair of the Property Damage resulting from the Collision in the amount of $9,573.17. (Copy of the October 26, 2015 Demand Letter attached as Exhibit "C" and copies of the invoices for the repair of the Property Damage attached hereto as Exhibit "D".)

18. Defendants did not respond to PEORIA'S October 26, 2015 demand, nor have they made any attempts to contact PEORIA to remedy the outstanding balance owed.

19. On or about November 17, 2015, PEORIA made its Final Notice/Demand Letter Prior to Lawsuit to Defendants for payment of the repair of the Property Damage resulting from the Collision in the amount of $9,573.17. (Copy of the November 17, 2015 Final Notice/Demand Letter attached hereto as Exhibit "E".)

20. Defendants did not respond to PEORIA's November 17, 2015 demand, nor have they made any attempts to contact PEORIA to remedy the outstanding balance owed.

21. As a direct and proximate result of the Collision, PEORIA paid Nine Thousand Five Hundred Seventy Three Dollars and Seventeen Cents ($9,573.17) to repair the Property Damage resulting from the Collision.

22. Pursuant to ARS § 12-550, PEORIA brings this subrogation action against Defendants for reimbursement within four (4) years after the date of payment to repair the Property Damage.

COUNT ONE
(Negligence - HOPE)

23. Plaintiff incorporates paragraphs 1-22 as if fully restated herein.

24. HOPE had a duty to operate the Vehicle in a safe manner without reckless disregard to persons or property while driving.

25. HOPE breached her duty when she lost control of the Vehicle, drove over a curb and struck the PEORIA back-flow pipe to a fire suppression system, causing damage.

26. As a result of HOPE'S negligence, PEORIA has suffered damages, including, but not limited to: the costs to repair the damage to the back-flow pipe and fire suppression system.

COUNT TWO
(Negligence - CMEGO)

27. Plaintiff incorporates paragraphs 1-26 as if fully restated herein.

28. CMEGO had a duty to carry liability insurance under A.R.S. §§ 28-4009 and 28-4135.

29. CMEGO breached that duty by negligently authorizing and allowing HOPE to operate the Vehicle, although it knew, or should have known, that the insurance on the Vehicle had been cancelled.

30. CMEGO negligently and carelessly refrained from preventing such operation, with the result that the Vehicle, while operated by HOPE, struck and damaged property belonging to PEORIA.

31. By allowing such operation of the Vehicle by HOPE, CMEGO left PEORIA with no recourse to recover the cost of the repairs of the Property Damage under a legally required insurance policy.

32. As a result of CMEGO'S negligence, PEORIA has suffered damages, including, but not limited to: the costs to repair the damage to the back-flow pipe and fire suppression system.

COUNT THREE
(Vicarious Liability - CMEGO)

33. Plaintiff incorporates paragraphs 1-32 as if fully restated herein.

34. At all times relevant to this complaint, CMEGO owned the Vehicle.

35. At all times relevant to this complaint, HOPE was an employee and/or agent of CMEGO.

36. CMEGO authorized and allowed HOPE to operate the Vehicle, therefore, CMEGO is vicariously liable for HOPE'S negligent and reckless operation, which resulted in HOPE losing control of the Vehicle and causing the Property Damage.

37. As a result of CMEGO'S above referenced conduct, PEORIA has suffered damages, including, but not limited to: the costs to repair the damage to the back-flow pipe and fire suppression system.

WHEREFORE, PEORIA requests that this Court grant judgment against Defendants HOPE and CMEGO, jointly and severally,

A. For the sum of Nine Thousand Five Hundred Seventy Three Dollars and Seventeen Cents ($9,573.17), together with interest thereon from the date of judgment until paid;

B. For its costs and expenses, together with interest thereon from the date of judgment until paid; and

C. For such other further relief as the Court deems just and proper under the circumstances.

DATED this 7th day of December, 2015.

OFFICE OF THE CITY ATTORNEY
CITY OF PEORIA

Stephen M. Kemp, City Attorney
Attorney for the City of Peoria

EXHIBIT A

ADOT USE ONLY

961 PP

ARIZONA CRASH REPORT

REPORT ID

YEAR	MONTH	DAY	HOUR	NCIC NO	OFFICER ID NO
15	07	01	1423	0721	11318

Agency Report Number: 2015-00045707

Total Number of Sheets: 6

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

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

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

3 LOCATION: On Highway/Road/Street: Private Property | ☒ Inside ☐ Outside | City: Peoria | County: Maricopa

Intersecting Street/Road/M.P. or R.P.: ☒ At ☐ From 8401 W Monroe St | ☐ North ☐ South ☐ East ☐ West | ☐ Plus ☐ Minus | Distance ☐ Measured ☐ Approximate | ☐ Miles ☐ Feet

4 Is this a Secondary Collision: Yes ☐ No ☒ | Roadway Clearance Time: | Incident Clearance Time:

Safety Devices (SD)
0 - Not Applicable
1 - None Used
2 - Lap Belt
3 - Shoulder and Lap Belt
4 - Child Restraint System
5 - Helmet Used
6 - Air Bag Deployed
7 - Air Bag Deployed/ Shoulder-Lap Belt
97 - Other ____
99 - Unknown

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 55
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

1 TRAFFIC UNIT NO. 1

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

Restrictions: N | Address: 27090 N[redacted] | City: PEORIA | State: AZ | Zip Code: 85383 | Telephone Number: (480)391-1010

Date of Birth: [redacted] | ☐ Same as Driver | Owner/Carrier Name: CMEGO LLC | Address: 61B E. Sunflower RD | City: Heber | State: AZ | Zip Code: 85928

Color: BLK | Vehicle Year: 2005 | Make: Cadillac | Model: CTS | Body Style: 2T | Plate Number: BATRIDE | State: AZ | Plate Mo/Yr: 10/2013 | ◇ Bus (9 or more seats)

VIN: 1G6YV34AX55600854 | Trailer (Other Unit) Plate No. | State | Year | GVW / GCWR (Rated) Greater Than 10k pounds? ◇ Yes ☒ No | HazMat Placard? ◇ Yes ☒ No

Safety Devices: 3 | Injury Severity: 1 | Posted Speed Limit | Ofc Est. Speed | Transported To/By: Not Transported

Removed to (Address/Storage Location Identifier): Service | ☐ Disabled ☒ Not Disabled | Removed by: Driver | Orders of: Driver

Insurance Company: Farmers | Telephone Number: (623)247-7799 | Policy Number: 188765072 | Exp. Date: 03/06/2015

5 TRAFFIC UNIT NO. ____

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)

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

TRAFFIC UNIT NO. ____

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)

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

6 WITNESSES

Name	Address	City	State	Zip Code	Telephone Number	D.O.B / Age

7

Property Damaged (Other than Vehicles) Block 33, Event 29-49 | Owner Code (OC): 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.: 165399

OC	Owner's Name	Address (or Bar Code ID Number)	City	State	Zip Code	Telephone Number
6	City of Peoria	8401 W. MONROE ST	Peoria	AZ	85345	(623)773-7390

8

Photos Taken ☒ Yes ☐ No | Photographer's Name, ID Number and Agency Number: Alex Torres Jr 11318 AZ0072100 | Invest. At Scene ☒ Yes ☐ No | Date Invest.: 07/01/2015 | Time Invest.: 15:07 | Fire/EMS Incident No.: 15223254

Officer's Name/ Badge #	Supervisor's Signature	Agency Name	Date Completed
Alex Torres 11318	Carpenter, Jeffrey	Peoria PD	07/01/2015

01-2704A1 R05/2014b

ARIZONA CRASH REPORT

CONTINUED

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

REPORT ID																								Agency Report Number
YEAR		MONTH		DAY		HOUR				NCIC NO.				OFFICER ID NO.										
1	5	0	7	0	1	1	4	2	3	0	7	2	1	1	1	3	1	8						2015-00045707

09 —LIGHT CONDITION

- [X] 1 DAYLIGHT
- [ ] 2 DAWN
- [ ] 3 DUSK
- [ ] 4 DARK—LIGHTED
- [ ] 5 DARK—NOT LIGHTED
- [ ] 6 DARK—UNKNOWN LIGHTING

10 —WEATHER CONDITIONS

- [X] 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 _ _ _

- [X] [ ] [ ] 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 _ _ _

- [X] [ ] [ ] 1 LEVEL
- [ ] [ ] [ ] 2 DOWNHILL
- [ ] [ ] [ ] 3 UPHILL
- [ ] [ ] [ ] 4 HILLCREST
- [ ] [ ] [ ] 5 SAG/DIP/BOTTOM
- [ ] [ ] [ ] 99 UNKNOWN

13 —RELATION TO JUNCTION

- [X] 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
- [X] 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 _ _ _

- [X] [ ] [ ] 0 NO CONTROLS
- [ ] [ ] [ ] 1 SIGNAL
- [ ] [ ] [ ] 2 STOP SIGN
- [ ] [ ] [ ] 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

17 —MANNER OF CRASH IMPACT

- [X] 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 _ _ _

- [X] [ ] [ ] 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 _ _ _

- [ ] [ ] [ ] 0 NO CONTRIBUTING CIRCUMSTANCE

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 _____
- [X] [ ] [ ] 99 UNKNOWN

20 —DISTRACTED DRIVING BEHAVIOR

UNIT #

1 _ _ _

- [ ] [ ] [ ] 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 ELCTRONIC DEVICE
- [ ] [ ] [ ] 6 OTHER INSIDE THE VEHICLE (eating, drinking, etc.)
- [ ] [ ] [ ] 7 OUTSIDE THE VEHICLE (includes unspecified distractions)
- [X] [ ] [ ] 99 UNKNOWN DISTRACTIONS

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

21 —CONDITION INFLUENCING Driver/Ped/Cyclist

UP TO TWO CHOICES PER UNIT

UNIT #

1 _ _ _

- [ ] [ ] [ ] 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 _____
- [X] [ ] [ ] 99 UNKNOWN CONDITION

22 —VIOLATIONS/BEHAVIOR

UP TO TWO CHOICES PER UNIT

UNIT #

1 _ _ _

- [ ] [ ] [ ] 1 NO IMPROPER ACTION
- [X] [ ] [ ] 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 Driving Behavior)
- [ ] [ ] [ ] 17 DID NOT USE CROSSWALK
- [ ] [ ] [ ] 18 WALKED ON WRONG SIDE OF ROAD
- 19 (Moved to Box 20-Distracted Driving Behavior)
- [ ] [ ] [ ] 20 FAILED TO YIELD RIGHT-OF-WAY
- [ ] [ ] [ ] 97 OTHER _____
- [ ] [ ] [ ] 99 UNKNOWN

23 —TRAFFIC UNIT MANEUVER/ACTION

UNIT #

1 _ _ _

- [ ] [ ] [ ] 1 GOING STRAIGHT AHEAD
- [ ] [ ] [ ] 2 SLOWING IN TRAFFICWAY
- [ ] [ ] [ ] 3 STOPPED IN TRAFFIC WAY
- [ ] [ ] [ ] 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
- [X] [ ] [ ] 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 _ _ _

- [ ] [ ] [ ] 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

01-2704B1 R05/2014b

ARIZONA CRASH REPORT

CONTINUED

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

1

REPORT ID

YEAR		MONTH		DAY		HOUR				NCIC NO.				OFFICER ID NO.				
1	5	0	7	0	1	1	4	2	3	0	7	2	1	1	1	3	1	8

Agency Report Number
2015-00045707

2 5 PASSENGERS

Unit #	Seat Pos	SD	IS	Name	Address	City	State	Zip Code	Telephone No	D.O.B. or Age	Sex
				☐ transported by EMS/FIRE	☐ ejected		☐ extricated				
				☐ transported by EMS/FIRE	☐ ejected		☐ extricated				
				☐ transported by EMS/FIRE	☐ ejected		☐ extricated				
				☐ transported by EMS/FIRE	☐ ejected		☐ extricated				
				☐ transported by EMS/FIRE	☐ ejected		☐ extricated				

Safety Devices (SD)
0 - Not Applicable
1 - None Used
2 - Lap Belt
3 - Shoulder and Lap Belt
4 - Child Restraint System
5 - Helmet Used
6 - Air Bag Deployed
7- Air Bag Deployed/ Shoulder-Lap Belt
97 - Other ________
99 - Unknown

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

55

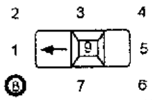
18 - Front Seat - Other (Child in Lap)
28 or 38 - Additional passenger in vehicle by row
51 - In enclosed or cargo area
52 - In unenclosed passenger/cargo area
55 - Riding on Vehicle Exterior
99 - Unknown

2 6 CITATION

UNIT #	A.R.S. NO. OR CITY CODE	UNIT #	A.R.S. NO. OR CITY CODE

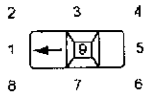
27 VEHICLE DAMAGED AREA(S) - (CIRCLE UP TO THREE AREAS PER UNIT)

1
Unit #



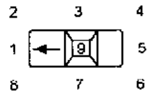
0—NONE
10—UNDERCARRIAGE
97—OTHER
99—UNKNOWN

Unit #



0—NONE
10—UNDERCARRIAGE
97—OTHER
99—UNKNOWN

Unit #



0—NONE
10—UNDERCARRIAGE
97—OTHER
99—UNKNOWN

28 GLOBAL POSITION Latitude: Longitude:

29 —ROADWAY ALIGNMENT

UNIT #
1 _ _
☐ ☐ ☐ 1 - STRAIGHT
☐ ☐ ☐ 2 - CURVE LEFT
☐ ☐ ☐ 3 - CURVE RIGHT
☐ ☐ ☐ 99 - UNKNOWN

30 —LANE

Please enter unit's number and lane of travel before first crash event

UNIT 1	UNIT ___	UNIT ___
97		

0 TWO-WAY CONTINUOUS LEFT TURN
1-9 1= FIRST LANE NEXT TO A MEDIAN THRU 9
10 CROSSWALK
L1 THRU LX - LEFT TURN ONLY LANES (L1= 1ST LEFT TURN AFTER MEDIAN/ CENTERLINE)
R1 THRU RX - RIGHT TURN LANES (R1=1ST RIGHT TURN AFTER THROUGH LANES)
SW SIDEWALK
BL DEDICATED BIKE LANE
HOV HIGH OCCUPANCY VEHICLE
97 NON-ROADWAY
99 UNKNOWN

31 —EJECTION

0 NOT APPLICABLE
1 NOT EJECTED
2 EJECTED, PARTIALLY
3 EJECTED, TOTALLY
4 UNKNOWN DEGREE
99 UNKNOWN

32 —EXTRICATION

0 NOT APPLICABLE
1 EXTRICATED
99 UNKNOWN

Unit # and Seat Position from front page.
Driver seat position = 11

Unit #	Seat Pos	Ejection	Extrication
1	11	1	0

33 —SEQUENCE OF EVENTS

UP TO FOUR CRASH EVENTS FOR EACH UNIT IN THE ORDER OF OCCURRENCE

NON-COLLISION

1 OVERTURN/ROLLOVER
2 FIRE/EXPLOSION
3 IMMERSION
4 JACKKNIFE
5 CARGO/EQUIPMENT LOSS/SHIFT
6 FELL/JUMPED FROM VEHICLE
7 THROWN OR FALLING OBJECT
8 OTHER NON-COLLISION ____________
9 EQUIPMENT FAILURE (tires, brakes)
10 SEPARATION OF UNITS
11 RAN OFF ROAD RIGHT
12 RAN OFF ROAD LEFT
13 CROSS MEDIAN
14 CROSS CENTERLINE
15 DOWNHILL RUNAWAY

COLLISION WITH PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT

16 MOTOR VEHICLE IN TRANSPORT
17 PEDESTRIAN
18 PEDALCYCLE
19 RAILWAY VEHICLE (TRAIN, ENGINE)
20 LIGHT RAILWAY/RAILCAR VEHICLE
21 ANIMAL, WILD—NON GAME ____________
22 ANIMAL, WILD—GAME ____________
23 ANIMAL—PET ____________
24 ANIMAL—LIVESTOCK ____________
25 PARKED MOTOR VEHICLE
26 WORK ZONE/MAINT. EQUIP.
27 STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY ANOTHER VEHICLE
28 OTHER NON-FIXED OBJ. ____________

COLLISION WITH FIXED OBJECT

29 IMPACT ATTENUATOR/CRASH CUSHION
30 BRIDGE/OVERHEAD STRUCTURE
31 BRIDGE RAIL
32 CULVERT
33 CURB
34 DITCH
35 EMBANKMENT
36 GUARDRAIL FACE
37 GUARDRAIL END
38 CONCRETE TRAFFIC BARRIER
39 CABLE TRAFFIC BARRIER
40 OTHER TRAFFIC BARRIER
41 TREE, BUSH, STUMP (standing)
42 TRAFFIC SIGN SUPPORT
43 TRAFFIC SIGNAL SUPPORT
44 UTILITY POLE/LIGHT SUPPORT
45 OTHER POST, POLE, OR SUPPORT
46 FENCE
47 MAILBOX
48 BUILDING
49 OTHER FIXED OBJ. ____________

99 UNKNOWN

FIRST HARMFUL EVENT OF THE CRASH 16

SEQUENCE OF EVENTS PER TRAFFIC UNIT

	Unit 1	Unit ___	Unit ___
FIRST EVENT	16		
SECOND EVENT			
THIRD EVENT			
FOURTH EVENT			

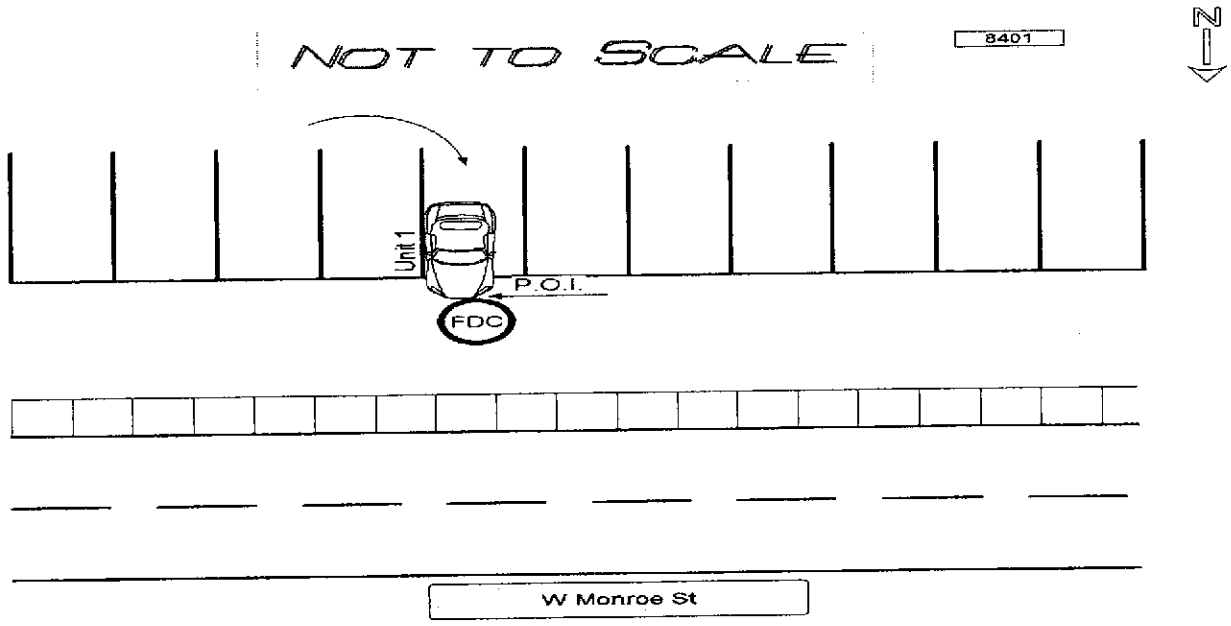
01-2704B2 R05/2014

ARIZONA CRASH REPORT	REPORT ID																			Agency Report Number
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.				2015-00045707
		1	5	0	7	0	1	1	4	2	3	0	7	2	1	1	1	3	1	8

32 CRASH DIAGRAM

[X] MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE
[ ] MEASUREMENTS ARE SCALED (SCALE = _____)

33 INDICATE NORTH



01-2704C1 R05/2014

ARIZONA CRASH REPORT	REPORT ID																			Agency Report Number
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.					2015-00045707
	1	5	0	7	0	1	1	4	2	3	0	7	2	1	1	1	3	1	8	

34 NARRATIVE Describe what happened

On 07-01-15 at about 1423 hrs TU1 was parking in a parking spot located at 8401 W Monroe St when it drove over a curb and struck a back-flow pipe to a fire suppression system.

Driver of TU1, Sandra Hope stated while parking she was tapping on her brakes to avoid her car hitting the curb. She stated she felt a bump and then proceeded to reverse. Sandra stated she did not press on the gas to accelerate forward. Sandra did not sustain any injuries but was examined by the fire dept, Peoria Ladder 191 C-Shift. TU1 sustained moderate damage to the front driver's side.

The bump that Sandra stated she felt was TU1 striking a back-flow pumping system connected to a fire suppression system, just in front on the parking spot where Sandra was parking. The back flow valve sustained damaged and it was dislodged from the ground. Public Works Project Coordinator Jose Castillo was notified and responded to the scene. Jose created incident #165399. Jose was provided with an accident exchange printout with Sandra's information.

The collision was found to be a private property collision and no ARS Title 28 violations were determined.

This case is closed, non-criminal.

ARIZONA CRASH REPORT

1

FATAL SUPPLEMENT

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

REPORT ID

YEAR		MONTH		DAY		HOUR				NCIC NO.					OFFICER ID NO.			
1	5	0	7	0	1	1	4	2	3	0	7	2	1	1	1	3	1	8

Agency Report Number **2015-00045707**

☐ Delayed Fatality

2 VICTIM

NAME OF VICTIM

☐ DRIVER ☐ PASSENGER ☐ PEDESTRIAN ☐ PEDALCYCLIST

ADDRESS CITY STATE ZIP

SEX WEIGHT EYES HEIGHT HAIR DATE OF BIRTH

VICTIM REMOVED TO VICTIM REMOVED BY

DECEASED AT SCENE ☐ YES ☐ NO

TRANSPORTED TO HOSPITAL ☐ YES ☐ NO

DATE OF DEATH ☐☐☐☐☐☐☐☐ MMDDYYYY

TIME OF DEATH ☐☐☐☐

SAFETY DEVICE FAILURE

- ☐ 0 NOT APPLICABLE (SAFETY DEVICE WORKED)
- ☐ 1 LAP FAILED
- ☐ 2 SHOULDER FAILED
- ☐ 3 BOTH FAILED
- ☐ 4 CHILD SAFETY SEAT FAILED
- ☐ 5 CHILD BOOSTER SEAT FAILED
- ☐ 99 UNKNOWN

AIR BAG NOT AVAILABLE

- ☐ 0 NOT APPLICABLE
- ☐ 1 PREVIOUSLY DEPLOYED - NOT REPLACED
- ☐ 2 DISABLED
- ☐ 3 REMOVED

SAFETY DEVICE - IMPROPER USAGE

- ☐ 0 NOT APPLICABLE (Safety Device Properly Used)
- ☐ 1 LAP
- ☐ 2 SHOULDER
- ☐ 3 BOTH
- ☐ 4 CHILD SAFETY SEAT
- ☐ 5 CHILD BOOSTER SEAT
- ☐ 99 UNKNOWN

EJECTION (Eject) PATH

- ☐ 0 NOT APPLICABLE (NON-MOTORIST/ NOT EJECTED)
- ☐ 1 THROUGH SIDE DOOR OPENING
- ☐ 2 THROUGH SIDE WINDOW
- ☐ 3 THROUGH WINDSHIELD
- ☐ 4 THROUGH BACK WINDOW
- ☐ 5 THROUGH BACK DOOR/ TAILGATE OPENING
- ☐ 6 THROUGH ROOF OPENING (sunroof; convertible top down)
- ☐ 7 Through ROOF (convertible top up)
- ☐ 8 OTHER PATH
- ☐ 99 UNKNOWN

3 DRIVER

NAME OF DRIVER ☐ SAME AS VICTIM

4

EXTRICATION (Extr) SUPPLEMENT

UNIT #

- ☐☐☐ 0 NOT APPLICABLE (NON MOTORIST)/ NOT EXTRICATED
- ☐☐☐ 1 BY AMBULANCE ATTENDANT
- ☐☐☐ 2 BY POLICE
- ☐☐☐ 3 BY FIRE DEPARTMENT
- ☐☐☐ 4 BY PASSERBY
- ☐☐☐ 97 OTHER
- ☐☐☐ 99 UNKNOWN

5 COMPLETED IF ANY DRIVER IS TESTED FOR ALCOHOL/ DRUGS

DRIVER #	01	DRIVER #		DRIVER #	
ALCOHOL TEST TYPE	00	ALCOHOL TEST TYPE		ALCOHOL TEST TYPE	
ALCOHOL TEST RESULTS		ALCOHOL TEST RESULTS		ALCOHOL TEST RESULTS	
DRUG TEST TYPE	0	DRUG TEST TYPE		DRUG TEST TYPE	
DRUG TEST RESULTS		DRUG TEST RESULTS		DRUG TEST RESULTS	

6 MOTOR VEHICLE

UNDERRIDE/ OVERRIDE

UNIT #

- ☐☐☐ 0 NOT APPLICABLE

UNDERRIDING A MOTOR VEHICLE IN- TRANSPORT

- ☐☐☐ 1 UNDERRIDE (COMPARTMENT INSTRUSION)
- ☐☐☐ 2 UNDERRIDE (NO COMPARTMENT INTRUSION)
- ☐☐☐ 3 UNDERRIDE (COMPARTMENT INTRUSION UNKNOWN)

UNDERRIDING A MOTOR VEHICLE NOT IN- TRANSPORT

- ☐☐☐ 4 UNDERRIDE (COMPARTMENT INSTRUSION)
- ☐☐☐ 5 UNDERRIDE (NO COMPARTMENT INTRUSION)
- ☐☐☐ 6 UNDERRIDE (COMPARTMENT INTRUSION UNKNOWN)

- ☐☐☐ 7 OVERRIDING A MOTOR VEHICLE IN- TRANSPORT
- ☐☐☐ 8 OVERRIDING A MOTOR VEHICLE NOT IN- TRANSPORT
- ☐☐☐ 9 THROUGH ROOF OPENING (sunroof)
- ☐☐☐ 99 UNKNOWN

FIRE OCCURRENCE

UNIT #

- ☐☐☐ 0 NOT APPLICABLE
- ☐☐☐ 1 FIRE OCCURRED IN VEHICLE DURING CRASH

7 EMS

TIME EMS CALLED ☐☐☐☐ TIME EMS ARRIVED ☐☐☐☐ ARRIVAL TIME AT HOSPITAL ☐☐☐☐

8 COMMENTS

9

OFFICER'S NAME	SUPERVISOR'S SIGNATURE	AGENCY	DATE COMPLETED
Alex Torres 11318	**Carpenter, Jeffrey**	**Peoria PD**	**07/01/2015**

01-2705 R06/2010

EXHIBIT B

City of Peoria

OFFICE OF THE CITY ATTORNEY

P.O. Box 4038, Peoria, Arizona 85380-4038
8401 W. Monroe St. Peoria, Arizona 85345
T Risk Management 623-773-7647
F Risk Management 623-773-7663
brian.flint@peoriaaz.gov • peoriaaz.gov

August 3, 2015

Sandra Hope (Driver)
27090 N. 97th Lane
Peoria, AZ 85383

CMEGO LLC (Vehicle Owner)
61 B E. Sunflower Rd.
Heber, AZ 85928

Re: Date of Loss: 07/01/2015
City Claim #: EV 6159
City Property: Sprinkler Value Equipment

Dear Ms. Hope & CMEGO LLC:

As a result of the above referenced auto accident the City sustained damages and costs. We are working to determine our final costs for this claim. However we will be seeking recovery on those costs from the driver, and / or the vehicle owner, or any insurance, if available. As the driver and vehicle owner you are both jointly and severally responsible.

I am writing to you because we contacted the insurance listed for your vehicle, a 2005 Cadillac, but Farmers Insurance advised us that the policy was cancelled or expired prior to this loss. Therefore they would not be providing coverage for our pending damage claim.

If you have more current insurance for this accident and vehicle please let us know immediately and forward a copy of this letter to your current auto insurance carrier. Thank you for your prompt attention to this matter.

Sincerely,

OFFICE OF THE CITY ATTORNEY
CITY OF PEORIA

By_____
Brian Flint
Claims Coordinator

Professional ⅄ Ethical ⅄ Open ⅄ Responsive ⅄ Innovative ⅄ Accountable

City of Peoria

OFFICE OF THE CITY ATTORNEY

P.O. Box 4038, Peoria, Arizona 85380-4038
8401 W. Monroe St. Peoria, Arizona 85345
T Risk Management 623-773-7647
F Risk Management 623-773-7663
brian.flint@peoriaaz.gov • peoriaaz.gov

October 14, 2015

CMEGO LLC (Vehicle Owner)
24654 N. Lake Pleasant Parkway, Suite#103-248
Peoria, AZ 85383

Sandra Hope (Driver)
27090 N. 97th Lane
Peoria, AZ 85383

Re: Date of Loss: 07/01/2015
City Claim #: GC 3952
City Property: Sprinkler Value Equipment Hit in MVA

Dear CMEGO LLC:

As a result of the above referenced auto accident the City sustained damages and costs. We are working to determine our final costs. However we will be seeking recovery on those costs from you, the driver, and / or CMEGO LLC, the vehicle owner. You are both jointly responsible for the damage.

Additionally, I am writing to you both because we contacted the insurance listed on the police report for the vehicle, a 2005 Cadillac, which was Farmers Insurance. However Farmers advised us that the policy was cancelled or expired prior to this loss. Therefore they would not be providing coverage.

If you, as the owner, and you, as the driver, have any other current insurance for this accident and vehicle please let us know immediately. Otherwise we may be forced to take actions against both of you to recover our costs. Thank you for your prompt attention to this matter.

Sincerely,

OFFICE OF THE CITY ATTORNEY
CITY OF PEORIA

By_____
Brian Flint
Claims Coordinator

Professional • Ethical • Open • Responsive • Innovative • Accountable

EXHIBIT C

City of Peoria

OFFICE OF THE CITY ATTORNEY

P.O. Box 4038, Peoria, Arizona 85380-4038
8401 W. Monroe St. Peoria, Arizona 85345
T Risk Management 623-773-7647
F Risk Management 623-773-7663
brian.flint@peoriaaz.gov • peoriaaz.gov

October 26, 2015

Claim Notice

Sandra Hope (Driver)
27090 N. 97th Lane
Peoria, AZ 85383

CMEGO LLC (Vehicle Owner)
24654 N. Lake Pleasant Parkway, suite# 103-248
Peoria, AZ 85383

Re: Date of Loss: 07/01/2015
City Claim #: GC 3952
City Property: Sprinkler Value Equipment

Dear Ms. Hope & CMEGO LLC:

As a result of the above referenced auto accident the City sustained damages and costs in the amount of $ 9,573.17. We are now seeking recovery on our claim damages from you, as the vehicle driver, and CMEGO LLC as the listed vehicle owner. You are both jointly and severally liable for our damages.

As of this date we have not been able to verify any valid insurance in effect for the 2005 Cadillac at the time of this accident Farmers advised us that the policy was cancelled or expired prior to this loss. Therefore they would not be providing coverage.

For this reason we are now sending this claim to your attention for payment. Please make your check payable to the City of Peoria and mail the check to my attention at: PO Box 4038, Peoria, AZ 85380. Please reference our claim # on the check. If you had any valid insurance at the time of this accident please forward this claim to them and let us know. Thanks

Sincerely,

OFFICE OF THE CITY ATTORNEY
CITY OF PEORIA

By_____
Brian Flint
Claims Coordinator

Professional • Ethical • Open • Responsive • Innovative • Accountable

EXHIBIT D

CLIMATEC

Invoice No.	17 113016
Page	1

REMIT TO:Climatec, LLC
Dept. 730047, PO Box 660919
Dallas, TX 75266-0919
Phone: (602) 944-3330

AZ CONTRACTORS LICENSE NO L-11 ROC206193, L-39 ROC193418, C-11 ROC209134
CA CONTRACTORS LICENSE NO C20, C10 991068

BILL TO
CITY OF PEORIA
8401 W. MONROE ST.
PEORIA AZ 85345

SITE
COUNCIL CHAMBERS BLDG
8401 W MONROE STREET
PEORIA AZ 85345

Invoice Date	FSR Number	Customer No.	Payment Terms	Contract No
07/24/15		CI0011	NET 30 DAYS	

Ticket #	Qty	Unit Meas	Description	Unit Price	Extended Price
W/O # - B50702057					
			COUNCILS CHAMBERS - SERVICE TO TROUBLSHOOT BACKFLOW WATER LEAK FROM BASE 4" WATTS 709 SKY: 05923		
B50702057	7.00	HR	SYSTEM SPECIALIST	75.00	525.00

RECEIVED
JUL 29 2015

Gross	Tax	Net Amount
525.00	.00	525.00

15509

CLIMATEC

Invoice No.	17 116098
Page	1

REMIT TO:Climatec, LLC
Dept. 730047, PO Box 660919
Dallas, TX 75266-0919
Phone: (602) 944-3330

AZ CONTRACTORS LICENSE NO L-11 ROC209133, L-39 ROC193418, C-11 ROC209134
CA CONTRACTORS LICENSE NO C20, C10 991066

BILL TO:
CITY OF PEORIA
8401 W. MONROE ST.
PEORIA AZ 85345

Okay to Pay:
Signature:
Date: 10/21/15

SHIP TO:
COUNCIL CHAMBERS BLDG
8401 W MONROE STREET
PEORIA AZ 85345

10/22/15

Invoice Date	FSR Number	Customer No.	Payment Terms	Contract No.
09/26/15		CI0011	NET 30 DAYS	

Ticket #	Qty	Unit Meas	Description	Unit Price	Extended Price
W/O # - B50825016			P.O. # - COPAZ-0000083402		
			FIRELINE BACKFLOW REPAIRS QUOTED TOTAL $4333.65 PO: COPAZ-0000083402 SKY:06353		
B50825016	1.00	EA	CITY OF PEORIA BACKFLOW PER	50.00	50.00
	1.00	EA	SHORT ALL-TERRAIN LIFT	550.00	550.00
	10.00	HR	SYSTEM SPECIALIST	75.00	750.00
	1.00	EA	4" 350ASTR OSY DBL CK ASSY	2895.68	2,895.68
	3.00	EA	4" NUT, BOLT & GSKT KITS	22.85	68.55
	4.00	EA	1/2" TEST ADAPTERS	3.92	15.68
	4.00	EA	BRASS TEST FITTING CAP	.94	3.76

RISK CLAIM # EV0159

RECEIVED
OCT 22 2015
By 2035552

PROCESS
For Payment
OCT - 1 2015
Yvette
FINANCE

B -0.02

RECEIVED
SEP 30
FINANCE

FYI

Gross	Tax	Net Amount
4,333.67	.00	4,333.67

OK to Pay: [signature] 8/19/15

CLIMATEC

Invoice No	17 113514
Page	1

REMIT TO:Climatec, LLC
Dept. 730047, PO Box 660919
Dallas, TX 75266-0919
Phone: (602) 944-3330

AZ CONTRACTORS LICENSE NO L-11 ROC209133, L-39 ROC193418, C-11 ROC209134
CA CONTRACTORS LICENSE NO C20, C10 991060

BILL TO:
CITY OF PEORIA
8401 W. MONROE ST.
PEORIA AZ 85345

SITE:
COUNCIL CHAMBERS BLDG
8401 W MONROE STREET
PEORIA AZ 85345

Invoice Date	FSR Number	Customer No.	Payment Terms	Contract No
07/31/15		CI0011	NET 30 DAYS	

Ticket#	Qty	Unit Meas	Description	Unit Price	Extended Price
W/O # - B50702057					
COUNCILS CHAMBERS - SERVICE TO TROUBLSHOOT BACKFLOW WATER LEAK FROM BASE 4" WATTS 709 SKY: 05923					
TICKET #2	1.00	EA	SUBCONTRACTOR	4714.50	4,714.50

RISK CLAIM
EV0159

PROCESS
For Payment
AUG - 5 2015
Yvette
FINANCE

RECEIVED
AUG 03 2015
FINANCE

FAC

Gross	Tax	Net Amount
4,714.50	.00	4,714.50

EXHIBIT E

City of Peoria

Office of the City Attorney
PO Box 4038, Peoria Arizona 85380-4038
Civil/Risk Phone: 623-773-7330 *Fax:* 623-773-7043
Criminal/Victim's Assistance Phone: 623-773-7326
Criminal/Victim's Assistance Fax: 623-773-7323
E-Mail: cityattorney@peoriaaz.com

November 17, 2015

Sandra Hope
27090 N. 97th Lane
Peoria, AZ 85383

CMEGO LLC
c/o Mate Check Private Investigations
24654 N. Lake Pleasant Parkway, Suite #103-248
Peoria, AZ 85383

FINAL NOTICE/DEMAND LETTER PRIOR TO LAWSUIT

Dear Ms. Hope & CMEGO, LLC:

The City of Peoria Attorney's Office represents the City of Peoria ("Peoria"), who sustained property damage in the amount of **$9,573.17** on July 1, 2015, when a vehicle, owned by CMEGO, LLC and driven by you, struck a Peoria fire suppression system backflow. As the owner and driver of the vehicle, you are both respectively and jointly responsible for the damage caused, and Peoria hereby demands payment of the entire balance of the repairs from you immediately.

We hope that we can collect this debt from you amicably and without the need for further legal action. If our client finds a lawsuit necessary, we will ask that attorneys' fees and the costs of court be added to the amount you now owe.

In order to avoid a lawsuit, you must pay the entire balance owing of $9,573.17 at our law offices, in certified funds, either by mail or in person, no later than **Wednesday, December 2, 2015**. The certified check should be payable to the CITY OF PEORIA and remitted as follows:

Payment Remittance Address: City of Peoria Attorney's Office
Attention: Brian Flint
P.O. Box 4038
Peoria, Arizona 85380-4038

If the debt has not been paid in certified funds, by December 2, 2015, we will pursue litigation against you and seek judgment for the recovery of payment, for reasonable attorneys' fees incurred in collecting this debt, and for costs of court pursuant to ARS §§ 12-341 and 12-341.01.

If you have any questions regarding this final notice/demand letter, please contact Brian Flint, Claims Coordinator, at 623-773-7234.

Sincerely,

OFFICE OF THE CITY ATTORNEY
CITY OF PEORIA

Stephen Kemp
City Attorney

Professional • Ethical • Open • Responsive • Innovative • Accountable

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CMEGD, LLC
c/o Mate Check Private
Investigations
24654 N. Lake Pleasant Pkwy #103-248
Peoria, AZ 85383

9590 9403 0659 5183 0183 13

2. Article Number *(Transfer from service label)*

7015 1730 0001 4388 8468

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [signature] ☒ Agent ☐ Addressee

B. Received by *(Printed Name)* Matthew J Rotors

C. Date of Delivery 11/20/15

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☒ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

IAS#:	COP	50861
Atty #:	Sandra Hope	

Court: ARROWHEAD JUSTICE COURT
County: MARICOPA
State: ARIZONA
Case #: CC2015232702

NON SERVICE AFFIDAVIT

Plaintiff/Petitioner: CITY OF PEORIA, ARIZONA
vs
Defendant/Respondent: CMEGO, LLC, ET AL

Client: City of Peoria, City Attorney's Office, Michael Wawro

Documents: Summons; Complaint; Notice To the Defendant;
Date Received: 1/4/2016
Attempted Upon: CMEGO, LLC, by service upon its Statutory Agent, Sandra Hope

I attempted service at: 24654 N. Lake Pleasant Pkwy, Ste 103-248, Peoria, AZ 85383 on 1/9/2016 at 2:40 p.m., I found this to be a UPS Store, a private mailbox facility. The clerk inside told me he was unable to provide me with any information regarding their customers.

Per client request, we will attempt to serve the documents at the Arizona Corporation Commission at: 1300 W. Washington, Phoenix, AZ 85007.

/s Joseph Beacom
Affiant authorized under A.R.C.P. 4 to serve legal papers in the above matter

SUBSCRIBED AND SWORN to me this 11th day of January, 2016.

GAIL R DAMMANN
NOTARY PUBLIC, ARIZONA
MARICOPA COUNTY
My Commission Expires
August 24, 2018

Notary Public: Gail R Dammann
My Commission Expires: August 24, 2018

Integrity Attorney Services
P.O. Box 33123
Phoenix, Arizona. 85067-3123

$16.00	Attempt
$30.00	Mileage (12) JB
$0.00	
$9.00	Preparation of Affidavit/Notary
$ 55.00	Total

CORPORATIONS DIVISION
RECORDS SECTION
1300 West Washington
Phoenix, Arizona 85007-2929

User Id: MLEEBLAI
Invoice No.: 4956290

Check Batch:
Invoice Date: 01/13/2016
Date Received: 01/13/2016
Customer No.:

ATTN:
(CASH CUSTOMER)

Quantity	Description	Amount
1	SERVICE OF PROCESS R-1222823-2 CMEGO, LLC	$25.00

Total Documents: $ 25.00

CHECK 4728 $25.00
PAYMENT

Balance Due: $ 0.00

Corporate Inquiry

01/13/2016 State of Arizona Public Access System 2:53 PM

File Number: R-1222823-2
Corp. Name: CMEGO, LLC

Domestic Address	Foreign Address
24654 N LAKE PLEASANT PKWY	R D JOHNSON LAW OFFICE LLC 1081 S CIMARRON RD STE B-2
PEORIA, AZ 85383	LAS VEGAS, NV 89145

Agent: SANDRA HOPE
Status: APPOINTED 08/25/2005
Mailing Address:
24654 N LAKE PLEASANT PKWY

PEORIA, AZ 85383
Agent Last Updated: 04/15/2013

Business Type:

Domicile: NEVADA
County: MARICOPA
Corporation Type: FOREIGN L.L.C.
Life Period: PERPETUAL
Incorporation Date: 08/25/2005
Approval Date: 08/25/2005
Last A/R Received: /
Date A/R Entered:
Next Report Due:

FIRST RECORD IN MICROFILM FILE FOR THIS CORPORATION. (A204)

Joseph Beacom