

MOHAVE COUNTY TRAFFIC SAFETY COMMITTEE

Agenda

Public Works Building - Turquoise Conference Room
3715 Sunshine Drive Kingman AZ 86409

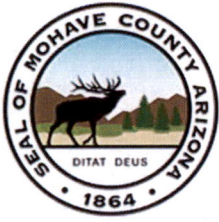
A physical copy of this notice is posted in the Public Works Lobby located at 3715 Sunshine Drive.
Pursuant to A.R.S. §38-431.02(H), the public will have physical access to the meeting place fifteen (15) minutes prior to the meeting.

Thursday September 10, 2026 at 9:00 am

1. Call to Order:
2. Roll Call:
3. Approval of the August 13, 2026 Traffic Safety Committee Meeting Minutes:
4. Call to the Public:
5. For Discussion and Possible Action RE: Review of Recent Traffic Crashes Which Warrant a Traffic Safety Committee Review:
 - a) Oatman Highway Golden Shores Fatal Accident Review
Recommendation:
No Action – the accident appears to have been entirely attributable to motorist error, with no apparent contributing factors related to traffic control devices or roadway conditions.
6. For Discussion and Possible Action RE: Old Business from Previous Meeting(s): None
7. For Discussion and Possible Action RE: New Business (backup attached):

**Next Traffic Safety Committee Meeting
October 8, 2026 at 9:00 AM - Turquoise Conference Room**

Pursuant to the Americans with Disabilities Act (ADA), Mohave County endeavors to ensure the accessibility of all its programs, facilities, and services to all persons with disabilities. If you need accommodation for this meeting, please contact the Public Works Department at (928) 757-0910.



MOHAVE COUNTY TRAFFIC SAFETY COMMITTEE

Meeting Minutes

Public Works Building - Turquoise Conference Room
3715 Sunshine Drive, Kingman AZ 86409

Pursuant to A.R.S. §38-431.02(H), the public will have physical access to the meeting place fifteen (15) minutes prior to the meeting.

Thursday August 13, 2026 - 9:00 am

1. **Call to Order:** Steve Latoski called the meeting to order at 9:00 am.
2. **Roll Call:** Committee members present:
 - Steve Latoski, P.E., PTOE, County Engineer/Public Works Director
 - Steven Vest, Jr., Roads Superintendent
 - Sergio Gudino, Engineering
 - Robert McLaughlin, Traffic Control
 - Jasmine Yusi, Engineering
 - Gregg Swierczek, Risk Management
 - Andrew Hardison, Risk Safety Consultant
 - Tingwei Chavez, Mohave County Attorney – Attended by Teams virtually
 - Philip Camacho, Engineering
3. **Approval of the July 9, 2026 Traffic Safety Committee Meeting Minutes:**
Steven Vest, Jr. motioned to approve. Sergio Gudino seconded. Motion was voted on and approved unanimously.
4. **Call to the Public:** No public present.
5. **For Discussion and Possible Action RE: Review of Recent Traffic Crashes Which Warrant a Traffic Safety Committee Review:** None
6. **For Discussion and Possible Action RE: Old Business from Previous Meeting:** None
7. **For Discussion and Possible Action RE: New Business**
 - a) **Concho Drive Speed Management**
Valle Vista residents continue to express concern over traffic speeding and passing maneuvers on Concho Drive through the Valle Vista community.

Recommendation

Install 6-inch edge line delineating 10-foot travel lanes on Concho Drive, from State Route 66 to Painted Rock.

MOTION: Approve as written with the addition of Bicycle symbol pavement markings where shoulders are five (5) foot or wider.

Sergio Gudino motioned to approve. Gregg Swierczek seconded. Motion was voted on and approved unanimously.

b) Safety Review of Frontage Road at Aztec Road

Evaluate the safety of the left turn movement from northbound Frontage Road onto Aztec Rd, located immediately southeast of the signalized intersection with SR 95. This study evaluates whether prohibiting the left turn movement at the subject location is appropriate based on MUTCD guidance and engineering judgment.

Recommendation

1. Install an oversized No Left Turn (R3-2) sign and replace the existing STOP sign with an oversized STOP sign near right corner of Frontage Road.
2. Install delineated center line, RIGHT TURN ONLY pavement markings and a stop bar at the approach of Frontage Road to Aztec Road.
3. Recommend to ADOT to install an Advance Street Name (D3-2) sign on SR 95 reading "Frontage Road → NEXT RIGHT" to replace the existing Right Turn sign.

MOTION: Approve recommendations with changes notes.

Sergio Gudino motioned to approve. Gregg Swierczek seconded. Motion was voted on and approved unanimously.

c) Speed Study of Superstition Drive

A speed study was conducted on Superstition Drive from Route 66 to Mohave Road to determine an appropriate regulatory speed limit for the segment of the roadway. The evaluation included a geometric review of the curve and an analysis of operating speed data collected over multiple days.

Recommendation

1. Install a 35 MPH speed limit sign (R2-1) at the east end of Superstition Drive, immediately after vehicles turn off Route 66 onto westbound Superstition Drive.
2. Install a second 35 MPH speed limit sign (R2-1) east of the intersection with Mohave Drive, facing eastbound traffic leaving the neighborhood.

MOTION: Approve as written.

Sergio Gudino motioned to approve. Jasmine Yusi seconded. Motion was voted on and approved unanimously.

Meeting was adjourned at 9:46 am

Steve Latoski, P.E., PTOE, Public Works Director, County Engineer

Date

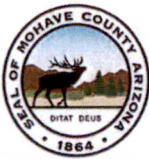
Nichole Jenks, Administration Supervisor, Clerk

Date

**Next Traffic Safety Committee Meeting
Thursday September 10, 2026 at 9:00 AM
Public Works Turquoise Conference Room**

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DRAFT



MOHAVE COUNTY PUBLIC WORKS



MCPW@mohave.gov

(928)757-0910

Steven P. Latoski, P.E., PTOE

County Engineer / Director

3715 Sunshine Dr. – P.O. Box 7000, Kingman, AZ 86402-7000

www.mohave.gov

(928)753-9141

J. David Strahl

County Manager

DATE: August 25, 2026

LOCATION: Oatman Highway – MM 11 (Lat: 34.86° N, Lon: 114.45° W) – Golden Shores, AZ

Accident Day: 01/31/2026

REQUEST: Fatal Accident Review – Report ID: 26-004020

REPORT BY: Sergio Gudino, Unregistered Civil Engineer

REVIEWED BY: Steven P. Latoski, P.E., P.T.O.E., Public Works Director

CLASSIFICATION:

- Oatman Highway: County Highway

CONDITIONS:

Crash Characteristics:	➤ Single-occupant motorcycle fatality. ➤ Dry roadway. ➤ Motorist was not wearing helmet.	➤ No apparent contributing circumstances. ➤ Direction of travel: eastbound.
Oatman Highway at MM 11:	➤ Paved road. ➤ Posted speed limit of 45 MPH. ➤ 100 feet of right of way ➤ Pavement width: 24 feet ➤ Two-lane roadway with a single lane in each direction of travel. ➤ ADT of less than 300 vehicles.	➤ The crash occurred in a reverse-curve segment of the roadway with W1-3 turn signs and W13-1P advisory speed plaques of 30 MPH on both directions of travel. ➤ Curve has edgeline and centerline rumble strips, along with pavement striping.
Horizontal Curve Characteristics:	➤ Curve: Interior angle of 31 degrees ➤ Length of curve: 430' ➤ Observed radius: 400 feet.	



Engineering
Sergio Gudino

Equipment/Fleet Services
Rebecca Pitel

Roads
Steven Vest, Jr.

Surveying
Mike Timblin, R.L.S.

Traffic Control
Robert McLaughlin

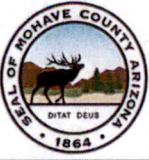
Emergency Management
Mike Browning

Facilities
Butch Finkbeiner

Improvement Districts
Kelly Stickrath

Parks
Bo Hellams

Water Systems
Jesse Roybal



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J. David Strahl

County Manager

CRASH HISTORY:

- This curve is located on Oatman Highway between MP 11.12-11.34 and has three crashes on record in the past 5 years; these crashes include:
 - February 25, 2024 – “Motorcycle failed to negotiate curve.”
 - Report ID: 24-007131
 - Serious injury reported.
 - June 5, 2024 – “Motorcycle failed to negotiate curve.”
 - Report ID: 24-021038
 - Fatality.
 - Report being presented.

ANALYSIS:

- The motorist, a motorcycle driver, was traveling eastbound on Oatman Highway and failed to anticipate the reverse curve ahead.
- The motorist was traveling in a motorcycle group.
- Witnesses reported that the motorist failed to negotiate the curve at entry and overcorrected as vehicles approached from the opposite direction, causing the motorcycle to wobble and ejecting the motorist.
- Crash occurred during daylight hours with clear weather conditions.
- Motorist was not wearing a helmet and impacted the pavement headfirst.
- A curve speed analysis determined that the posted 30-mph advisory speed is consistent with the requirements set forth by the Manual on Uniform Traffic Control Devices (MUTCD).

RECOMMENDATION:

No action – the accident appears to have been entirely attributable to motorist error, with no apparent contributing factors related to traffic control devices or roadway conditions.

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Equipment/Fleet Services
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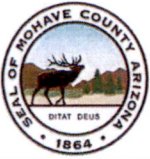
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Oatman Highway:



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ARIZONA CRASH REPORT										REPORT ID										Agency Report Number																																										
POLICE ONLY - FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 684R 206 S. 17TH AVE., PHOENIX, ARIZONA 85007-3233										YEAR		MONTH		DAY		HOUR		NCIG NO.				OFFICER ID NO.				26-004020																																				
1										2	6	0	1	3	1	1	1	4	5	0	8	0	0	0	0	0	0	2	9	Total Number of Sheets <u>7</u>																																
COMPLETE THE TRUCK/BUS SUPPLEMENT IF ANY (circle) AND ANY (diamond) ARE CHECKED																																																														
2		Total Units	1	Total Injuries	1	Total Fatalities	1	Estimated Total Damage Compared To \$2,000 Limit: ☒ Over ☐ Under										☒ Fatal ☐ HI/Run Unit #		☒ Person Transported for Immediate Medical Care				☒ Tow Away of At Least One Vehicle from Scene				District or Grid No. Mohave Valley																																		
3		LOCATION	On Highway/Road/Street Oatman Highway Intersecting Street/Road/M.P. or R.P. ☐ At ☒ From Mile Post 11										☐ Inside ☒ Outside		City Mohave Valley				County Mohave		☐ North ☒ East ☐ Plus ☐ South ☐ West ☐ Minus		Distance 450		☐ Measured ☒ Approximate		☐ Miles ☒ Feet																																			
3		Light Condition	☒ 1 Daylight ☐ 4 Dark - Lighted ☐ 51 Unknown ☐ 2 Dawn ☐ 5 Dark - Not Lighted ☐ 3 Dusk ☐ 6 Dark - Unknown Lighting										Weather Conditions ☒ 1 Clear ☐ 4 Rain ☐ 8 Fog, Smog, Smoke ☐ 2 Cloudy ☐ 5 Snow or Blowing Snow ☐ 3 Sleet, Hail (freezing rain/drizzle) ☐ 7 Blowing Sand, Silt, Dirt ☐ 50 Other ☐ 51 Unknown																																																	
4		GLOBAL POSITION	Latitude: 34.857709N Longitude: 114.446631W										Is this a Secondary Collision? ☐ Yes ☒ No If YES, were any of the following 1 st responders hit? ☐ Law Enforcement ☐ Fire ☐ EMS ☐ Tow Operator ☐ DOT Worker ☐ Other										Roadway Clear 1 8 5 8				Incident Clear: 1 8 5 8																																			
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, airbell, 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 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																													
5		TRAFFIC UNIT NO. 1	DL#	☐ No Valid License/Permit	State	Class	End.	Driver	☐ Driverless ☐ Pedestrian ☐ Pedalcyclist	Name (First, Middle, Last)										☐ ejected ☐ extricated	Suffix	Sex	Male																																							
5		TRAFFIC UNIT NO. 2	Restrictions	Address										City Lake Havasu City										State	Zip Code	Telephone Number																																				
5		TRAFFIC UNIT NO. 3	Date of Birth	Owner/Carrier Name										☐ Same as Driver ☐ Gov't Vehicle	Address										City	State	Zip Code																																			
5		TRAFFIC UNIT NO. 4	Color	Vehicle Year	Make	Body Style	Plate Number	State	Plate Mo/Yr	Bus (8 or more seats)																																																				
5		TRAFFIC UNIT NO. 5	VIN	Autonomous Veh	☐ Control Man ☐ AV ☐ Unkn	Trailer (Other Unit) Plate No.										State	Year	GW/GWR (Rated) Greater Than 10k pounds?	☐ Yes ☐ No	HazMat Placard?																																										
5		TRAFFIC UNIT NO. 6	Safety Devices	1	Airbag	0	Injury Severity	5	Posted Speed Limit	45	Otc Est. Speed	30	Injured Transported To/By																																																	
5		TRAFFIC UNIT NO. 7	Vehicle Removed to (Address/Storage Location Identifier)										☐ Disabled ☐ Not Disabled										Vehicle Removed by										Orders of Deputy																													
5		TRAFFIC UNIT NO. 8	Insurance Company										Telephone Number										Policy Number										Exp. Date																													
5		TRAFFIC UNIT NO. 9	DL#	☐ No Valid License/Permit	State	Class	End.	Driver	☐ Driverless ☐ Pedestrian ☐ Pedalcyclist	Name (First, Middle, Last)										☐ ejected ☐ extricated	Suffix	Sex																																								
5		TRAFFIC UNIT NO. 10	Restrictions	Address										City										State	Zip Code	Telephone Number																																				
5		TRAFFIC UNIT NO. 11	Date of Birth	Owner/Carrier Name										☐ Same as Driver ☐ Gov't Vehicle	Address										City	State	Zip Code																																			
5		TRAFFIC UNIT NO. 12	Color	Vehicle Year	Make	Body Style	Plate Number	State	Plate Mo/Yr	Bus (8 or more seats)																																																				
5		TRAFFIC UNIT NO. 13	VIN	Autonomous Veh	☐ Control Man ☐ AV ☐ Unkn	Trailer (Other Unit) Plate No.										State	Year	GW/GWR (Rated) Greater Than 10k pounds?	☐ Yes ☐ No	HazMat Placard?																																										
5		TRAFFIC UNIT NO. 14	Safety Devices	Airbag	Injury Severity	Posted Speed Limit	Otc Est. Speed	Injured Transported To/By																																																						
5		TRAFFIC UNIT NO. 15	Vehicle Removed to (Address/Storage Location Identifier)										☐ Disabled ☐ Not Disabled										Vehicle Removed by										Orders of																													
5		TRAFFIC UNIT NO. 16	Insurance Company										Telephone Number										Policy Number										Exp. Date																													
6		PASSENGERS	Unit #	Seat Pos	SD	AB	IS	Name										Address										City	State	Zip Code	Phone	Sex	D.O.B.																													
6		PASSENGERS	☐ transported by EMS/Fire										☐ ejected ☐ extricated																																																	
6		PASSENGERS	☐ transported by EMS/Fire										☐ ejected ☐ extricated																																																	
6		PASSENGERS	☐ transported by EMS/Fire										☐ ejected ☐ extricated																																																	
7		VEHICLE DAMAGED AREA(S) - (CIRCLE ALL THAT APPLY)	Unit #	2	3	4	5	6	7	8	9	10	0 - NONE 10 - UNDERCARRIAGE 51 - UNKNOWN										Unit #	2	3	4	5	6	7	8	9	10	0 - NONE 10 - UNDERCARRIAGE 51 - UNKNOWN																													
8		Property Damaged (Other than Vehicles)	Owner Code 1 - Private (OC) 2 - Public Utility 3 - Federal Government 4 - State of Arizona 5 - County in Arizona 6 - City in Arizona 7 - Tribal Nation 8 - Unknown										Inventory Tag No																																																	
8		OC	Owner's Name										Address (or Bar Code ID Number)										City	State	Zip Code	Telephone Number																																				
9		WITNESSES	Name										Address										City	State	Zip Code	Telephone Number				D.O.B.																																
9		WITNESSES	THOMPSON FALLS										Mohave Valley										Az	86426																																						
10		CITATION	UNIT #										A.R.S. NO. OR CITY CODE										UNIT #										A.R.S. NO. OR CITY CODE																													
11		PHOTOS	☒ Yes ☐ No										Photographer's Name, ID Number and Agency Name										Invest. At Scene ☒ Yes ☐ No										Date Invest. 1/31/2026										Time Invest. 1439										Fire/EMS Incident No									
11		OFFICER'S	Officer's Name / Badge #										Supervisor's Signature										Agency Name										Mohave County Sheriff's Office										Date Completed 4/12/2026																			

ARIZONA CRASH REPORT		REPORT ID																Agency Report Number																					
1		YEAR				MONTH				DAY				HOUR				NCIC NO.				OFFICER ID NO.				26-004020													
2		6		0		1		3		1		1		1		4		5		0		8		0		0		0		0		2		9		Total Number of Sheets			
12—ROAD SURFACE CONDITION		UNIT #		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		BLOCKS 12-26: CHECK ONLY ONE OR ONE BLOCK PER UNIT UNLESS NOTED			
13—ROAD GRADE		UNIT #		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		22—VIOLATIONS/BEHAVIOR			
14—RELATION TO JUNCTION		UNIT #		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		CHECK ALL THAT APPLY			
15—TRAFFICWAY DESCRIPTION		UNIT #		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		23—TRAFFIC UNIT MANEUVER/ACTION			
16—TRAFFIC CONTROL DEVICE		UNIT #		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		24—LOCATION OF PEDESTRIAN/CYCLIST			
17—MANNER OF CRASH IMPACT		UNIT #		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		25—ROADWAY ALIGNMENT			
18—DIRECTION OF UNIT TRAVEL (Compass)		BEFORE 1ST CRASH EVENT		UNIT #		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		26—LANE			
19—CONTRIBUTING CIRCUMSTANCES		UP TO TWO CHOICES PER UNIT		UNIT #		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		27—SEQUENCE OF EVENTS			
20—DISTRACTED DRIVING BEHAVIOR		UNIT #		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		COLLISION WITH FIXED OBJECT			
21—CONDITION INFLUENCING DRIVER/PED/CYCLIST		UP TO THREE CHOICES PER UNIT		UNIT #		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		28—OTHER NON-FIXED OBJ.			
22—VIOLATIONS/BEHAVIOR		CHECK ALL THAT APPLY		UNIT #		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		29—IMPACT ATTENUATOR/CRASH CUSHION/GUARDRAIL END			
23—TRAFFIC UNIT MANEUVER/ACTION		UNIT #		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		30—CONCRETE CURB			
24—LOCATION OF PEDESTRIAN/CYCLIST		UNIT #		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		31—GUARDRAIL FACE			
25—ROADWAY ALIGNMENT		UNIT #		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		32—MEDIAN BARRIER			
26—LANE		Please enter unit's number and lane of travel before first crash event		UNIT		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		33—CABLE BARRIER			
27—SEQUENCE OF EVENTS		UP TO FOUR CRASH EVENTS FOR EACH UNIT IN THE ORDER OF OCCURRENCE		UNIT		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		34—TREE, BUSH, STUMP (standing)			
28—OTHER NON-FIXED OBJ.		UNIT		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		35—TRAFFIC SIGN SUPPORT			
29—IMPACT ATTENUATOR/CRASH CUSHION/GUARDRAIL END		UNIT		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		36—TRAFFIC SIGNAL SUPPORT			
30—CONCRETE CURB		UNIT		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		37—UTILITY POLE/LIGHT SUPPORT			
31—GUARDRAIL FACE		UNIT		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		38—FENCE			
32—MEDIAN BARRIER		UNIT		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		39—OTHER FIXED OBJ.			
33—CABLE BARRIER		UNIT		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		40—UNKNOWN			
34—TREE, BUSH, STUMP (standing)		UNIT		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		41—FIRST HARMFUL EVENT OF THE CRASH			
35—TRAFFIC SIGN SUPPORT		UNIT		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		42—SEQUENCE OF EVENTS PER TRAFFIC UNIT			
36—TRAFFIC SIGNAL SUPPORT		UNIT		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		43—FIRST EVENT			
37—UTILITY POLE/LIGHT SUPPORT		UNIT		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		44—SECOND EVENT			
38—FENCE		UNIT		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		45—THIRD EVENT			
39—OTHER FIXED OBJ.		UNIT		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		46—FOURTH EVENT			
40—UNKNOWN		UNIT		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		1		47—FIRST HARMFUL EVENT OF THE CRASH			

ARIZONA CRASH REPORT										REPORT ID										Agency Report Number																			
FATAL SUPPLEMENT POLICE ONLY - FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 684R 206 S. 17TH AVE., PHOENIX, ARIZONA 85007-3233										YEAR			MONTH			DAY			HOUR			NCIC NO.			OFFICER ID NO.														
1											2	6	0	1	3	1	1	1	4	5	0	8	0	0	0	0	0	2	9	26-004020									
2	DECEASED	Name: XXXXXXXXXX										Type: ☒ Driver ☐ Pedestrian ☐ Unknown Occupant Type ☐ Passenger ☐ Pedalcyclist ☐ Unknown Non-Occupant Type																											
		Sex: Male		Height: 5 Ft 8 In				Weight: 250		Date of Birth (MMDDYYYY): XXXXXXXXXX																													
		Deceased at Scene: ☐ Yes ☒ No		Deceased Removed To: Clark County Coroner, Las Vegas Nevada										Deceased Removed By: Clark County Coroner, Las Vegas Nevada																									
		Transported to First Medical Facility: ☒ Yes ☐ No					First Medical Facility Transported To: Sunrise Hospital; 3186 S. Maryland Parkway, LV, NV										Transported to First Medical Facility By: Classic Air Helicopter-1-800-440-9223																						
		Date of Death (MMDDYYYY): XXXXXXXXXX					0	1	3	1	2	0	2	6	Time of Death: XXXXXXXXXX					1	4	0	4																
3	CRASH SCENE	If Intersection or Intersection-Related, Indicate Type of Intersection: ☐ 1 Four Way Intersection ☐ 5 Roundabout ☐ 2 T-Intersection ☐ 6 Five-Point, or More ☐ 3 Y-Intersection ☐ 7 L-Intersection ☐ 4 Traffic Circle ☐ 8 Unknown										Roadway Surface Type at Crash Scene: UNIT # XXXXXXXXXX ☐ 1 Concrete ☐ 5 Dirt ☒ 2 Blacktop, Bituminous, or Asphalt ☐ 6 Other: _____ ☐ 3 Brick or Block ☐ 61 Unknown ☐ 4 Slag, Gravel, or Stone																											
		If Intersection or Intersection-Related, and Traffic Signals Present, Indicate Type of Signal: ☐ 1 Traffic Control Signal With Pedestrian Signal ☐ 2 Traffic Control Signal Without Pedestrian Signal										Work Zone Type: ☒ 0 No Work Zone Present ☐ 3 Utility ☐ 1 Construction ☐ 4 Work Zone, Type Unknown ☐ 2 Maintenance																											
4	VEHICLE INFORMATION	Trailer Vehicle Identification Number(s): Unit # _____ Unit # _____ Unit # _____ Unit # _____					Extent of Damage: UNIT # XXXXXXXXXX ☐ 1 No Damage ☐ 2 Minor Damage ☐ 3 Functional Damage ☐ 4 Disabling Damage ☐ 5 Unknown Damage					Motor Vehicle Contributing Circumstances: (Check all that apply) UNIT # XXXXXXXXXX ☐ 0 None ☐ 8 Wipers ☐ 1 Tires ☐ 9 Wheels ☐ 2 Brake System ☐ 10 Mirrors ☐ 3 Steering ☐ 11 Windows/Windshield ☐ 4 Suspension ☐ 12 Body/Doors ☐ 5 Power Train ☐ 13 Truck Couplings/ Trailer Hitch/Safety Chains ☐ 6 Exhaust System ☐ 14 Safety Systems ☐ 7 Lights (Specify: Head Signal Other) ☐ 50 Other: _____ ☐ 51 Unknown																											
		Underide/Override: UNIT # XXXXXXXXXX ☐ 1 No Underide or Override Noted ☐ 2 Underiding a Motor Vehicle In Transport, Compartment Intrusion ☐ 3 Underiding a Motor Vehicle In Transport, No Compartment Intrusion ☐ 4 Underiding a Motor Vehicle In Transport, Compartment Intrusion Unknown ☐ 5 Underiding a Motor Vehicle Not In Transport, Compartment Intrusion										UNIT # XXXXXXXXXX ☐ 6 Underiding a Motor Vehicle Not In Transport, No Compartment Intrusion ☐ 7 Underiding a Motor Vehicle Not In Transport, Compartment Intrusion Unknown ☐ 8 Overriding a Motor Vehicle In Transport ☐ 9 Overriding a Motor Vehicle Not In Transport ☐ 10 Unknown if Override or Underide Present																											
5	DRIVER INFORMATION	Driver Unit # _____ Height: _____ Ft _____ In Weight: _____					Driver Unit # _____ Height: _____ Ft _____ In Weight: _____					Racing Involved UNIT # XXXXXXXXXX ☒ No ☐ Yes																											
		Compliance with License Restrictions: UNIT # XXXXXXXXXX ☐ 0 No Restrictions ☐ 1 Restrictions Complied With ☐ 2 Restrictions Not Complied With ☐ 3 Restrictions, Compliance Unknown ☐ 51 Unknown					Compliance with CDL Endorsements: UNIT # XXXXXXXXXX ☐ 0 No Endorsements Required for Vehicle ☒ 1 Endorsement(s) Required, Complied With ☐ 2 Endorsement(s) Required, Not Complied With ☐ 3 Endorsement(s) Required, Compliance Unknown ☐ 51 Unknown if Required																																
		Driver Maneuvered to Avoid UNIT # XXXXXXXXXX ☐ 1 Driver Did Not Maneuver to Avoid ☐ 2 Object ☐ 3 Poor Road Conditions (puddle, ice, pothole etc.) ☐ 4 Live Animal ☒ 5 Motor Vehicle (in transport, parked, working) ☐ 6 Pedestrian, Pedalcyclist or Other Non-Motorist ☐ 7 Non-Contact Motor Vehicle ☐ 51 Unknown					Driver's Attempted Avoidance Maneuver (Check Only One) UNIT # XXXXXXXXXX ☐ 1 No Avoidance Maneuver ☐ 2 Releasing Brakes ☐ 3 Braking ☐ 4 Steering Left ☐ 5 Steering Right ☐ 6 Braking and Steering Left ☒ 7 Braking and Steering Right ☐ 8 Braking and Unknown Steering Direction ☐ 9 Accelerating ☐ 10 Accelerating and Steering Left ☐ 11 Accelerating and Steering Right ☐ 12 Accelerating and Unknown Steering Direction ☐ 50 Other Actions: _____ ☐ 51 Unknown if Avoidance Maneuver Attempted																																
		Driver Influencing Substances										Driver Alcohol/Drug Testing Results																											
		Alcohol Unit # XXXXXXXXXX Unit # _____ ☒ No Test Given ☐ Test Given ☐ Test Refused ☐ Testing Unknown					Drugs Unit # XXXXXXXXXX Unit # _____ ☒ No Test Given ☐ Test Given ☐ Test Refused ☐ Testing Unknown					Unit # _____ Alcohol Test Type: _____ Alcohol Test Results: _____ Drug Test Type: _____ Drug Test Results: _____					Unit # _____ Alcohol Test Type: _____ Alcohol Test Results: _____ Drug Test Type: _____ Drug Test Results: _____																						

6	EMS	Notification Time EMS: 1 1 5 2		Arrival Time EMS: 1 2 2 5		EMS Time at Hospital: 1 3 4 5																							
7	MOTOR VEHICLE OCCUPANT/NON-OCCUPANT INFORMATION	Unit #	Seat Pos.	S/D	Ejection	EJ. Path	Extrication	Transport	Seating Position <table border="1" style="border-collapse: collapse; text-align: center; margin-right: 10px;"> <tr><td>41</td><td>31</td><td>21</td><td>11</td></tr> <tr><td>42</td><td>32</td><td>22</td><td>12</td></tr> <tr><td>43</td><td>33</td><td>23</td><td>13</td></tr> <tr><td>48</td><td>38</td><td>28</td><td>18</td></tr> <tr><td>49</td><td>39</td><td>29</td><td>19</td></tr> </table> ▶ 00 – Not Applicable/Non-Occupant 18, 28, 38, 48 – Additional passenger in vehicle by row (Ex: child in lap) 19, 29, 39, 49 – Unknown passenger location by row 50 – In enclosed passenger/cargo area 51 – In unenclosed passenger/cargo area 52 – Riding on vehicle exterior 53 – Riding in trailing unit 54 – Sleeper section of cab (truck) 55 – Unknown location	41	31	21	11	42	32	22	12	43	33	23	13	48	38	28	18	49	39	29	19
41	31	21	11																										
42	32	22	12																										
43	33	23	13																										
48	38	28	18																										
49	39	29	19																										
									Safety Devices (SD) 0 – Not Applicable/None Used 1 – Lap Belt Only 2 – Shoulder Belt Only 3 – Shoulder and Lap Belt Used 4 – Restraint – Type Unknown 5 – Other: Specify _____ 6 – Child Restraint – Forward Facing 7 – Child Restraint – Rear Facing 8 – Booster Seat 9 – Child Restraint – Type Unknown 10 – No Helmet 11 – DOT-Compliant Motorcycle Helmet 12 – Helmet, Other Than DOT-Compliant MC Helmet 13 – Helmet, Unknown if DOT-Compliant 50 – Unknown if Helmet Worn 51 – Unknown																				
		Ejection 0 – Not Ejected/Not Applicable 1 – Ejected, Totally 2 – Ejected, Partially 3 – Ejected, Unknown Degree 51 – Unknown if Ejected			Ejection Path 0 – Not Applicable 1 – Through Side Door Opening 2 – Through Side Door Window 3 – Through Windshield 4 – Through Back Window 5 – Through Back Door/Tailgate Opening 6 – Through Roof Opening 7 – Through Roof (convertible roof up) 8 – Other Path (Back of pick-up truck) 51 – Ejection Path Unknown			Extrication 0 – Not Applicable 1 – Not Extricated 2 – Extricated 51 – Unknown if Extricated	Transport to First Medical Facility 0 – Not Transported 1 – EMS Air 2 – EMS Ground 3 – EMS Unknown Mode 4 – Law Enforcement 5 – Transported Unknown Source 6 – Other _____ 51 – Unknown if Transported																				
8	MOTORCYCLE INFORMATION	Motorcycle Body Style Motorcycles – Two Wheel Styles UNIT # _____ ☐ 1 Two Wheel Motorcycle ☐ 2 Moped or Motorized Bicycle ☐ 3 Off-Road Motorcycle ☐ 4 Motor Scooter ☐ 5 Other Motorized Cycle Type ☐ 50 Unknown Motorized Cycle Type																											
		Motorcycles - Three Wheel Styles UNIT # _____ ☐ 11 Three Wheel Motorcycle (2 rear wheels) ☐ 12 Unenclosed Three Wheel Motorcycle/Unenclosed Autocycle (1 rear wheel) ☐ 13 Enclosed Three Wheel Motorcycle/Enclosed Autocycle (1 rear wheel) ☐ 51 Unknown Three Wheel Motorcycle Type ☐ 60 ATV/ATC (All Terrain Cycle)																											
9	NON-OCCUPANT INFORMATION	Non-Occupant Person Type UNIT # _____ ☐ 1 Pedestrian ☐ 2 Bicyclist ☐ 3 Person on Personal Conveyances (skates, skateboards, wheelchairs, etc.) ☐ 4 Other Cyclist (unicycle, tricycle) ☐ 5 Person In/On Building ☐ 6 Occupant of a Non-Motor Vehicle Transport Device (train, on an animal) ☐ 51 Unknown Type of Non-Motorist				Non-Occupant Safety Equipment: (Check all that apply) UNIT # _____ ☐ 0 None Used Protective: UNIT # _____ ☐ 1 Helmet ☐ 2 Protective Pads ☐ 3 Other Protective Safety Equipment																							
		Non-Occupant Influencing Substances Alcohol Unit # _____ Unit # _____ <table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td>No Test Given</td></tr> <tr><td>Test Given</td></tr> <tr><td>Test Refused</td></tr> <tr><td>Testing Unknown</td></tr> </table> Drugs Unit # _____ Unit # _____ <table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td>No Test Given</td></tr> <tr><td>Test Given</td></tr> <tr><td>Test Refused</td></tr> <tr><td>Testing Unknown</td></tr> </table>				No Test Given	Test Given	Test Refused	Testing Unknown	No Test Given	Test Given	Test Refused	Testing Unknown	Non-Occupant Alcohol/Drug Testing Results Unit # _____ Alcohol Test Type: _____ Alcohol Test Results: _____ Drug Test Type: _____ Drug Test Results: _____ Unit # _____ Alcohol Test Type: _____ Alcohol Test Results: _____ Drug Test Type: _____ Drug Test Results: _____															
No Test Given																													
Test Given																													
Test Refused																													
Testing Unknown																													
No Test Given																													
Test Given																													
Test Refused																													
Testing Unknown																													
10	COMMENTS	Golden Shores Fire Department, Called 1151 hours, arrival at 1159 hours Classic Air Helicopter Sunrise Hospital																											
11		Officer's Name / Badge # Deputy Jason Thlen #29		Supervisor's Signature		Agency Name Mohave County Sheriff's Office		Date Completed 3/24/2026																					

ARIZONA CRASH REPORT										REPORT ID										Agency Report Number							
1	CONTINUED POLICE ONLY—FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 664R 206 S. 17TH AVE., PHOENIX, ARIZONA 85007-3233										YEAR		MONTH		DAY		HOUR		NCIC NO.				OFFICER ID NO.				26-004020
	2	6	0	1	3	1	1	1	4	5	0	8	0	0	0	0	0	2	9								

34	NARRATIVE	Describe what happened
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1. Intro:
This was a one-vehicle accident with fatal injuries which occurred at mile post 11 on Oatman Highway (Route 66), outside of Golden Shores in unincorporated Mohave County, on January 31, 2026 at approximately 1145 hours.

2. Scene Description:
The collision occurred on Oatman Highway (Route 66) near mile post 11. Weather conditions were sunny and warm, and the roadway surface was dry asphalt. Eastbound travel at mile post 11 begins on a relatively flat section before entering a downgrade and a series of curves. A yellow advisory sign posted prior to the curve recommends a speed of 30 MPH and warns of a curve to the right followed by a curve to the left. The roadway is marked with continuous double yellow centerlines indicating a no-passing zone. Rumble strips are present in the center of the roadway.

Physical evidence on the roadway included gouge marks and scuff marks consistent with a motorcycle losing control through the curve. These markings indicated the motorcycle made a wide right turn while negotiating the curve and traveled across the center rumble strip and double yellow lines into the westbound lane. The marks then showed the motorcycle abruptly crossing back into the eastbound lane before briefly traveling back into the westbound lane one additional time. The markings then indicated the motorcycle began returning toward the eastbound lane where it appeared the rider was ejected into what I believe to be the westbound portion of the roadway.

Blood staining was observed on the roadway in the westbound lane. I was advised this location was where the rider had come to rest prior to being moved for medical treatment.

A skid mark was observed earlier in the scene beginning in the eastbound lane and extending across the westbound lane toward a widened dirt shoulder area. The marking appeared fresh; however, based on witness statements and the location of the crash evidence, I believe this skid mark was likely created by one of the other motorcycles riding behind the involved rider and was not associated with the fatal collision.

3. Driver and Vehicle Descriptions:
A black 2017 Harley-Davidson motorcycle bearing Arizona license plate [REDACTED] was operated by Driver #1 [REDACTED] who was also the registered owner. No passengers were present.

4. Accident Description:
The motorcycle was traveling eastbound on Oatman Highway as part of a group of six motorcycles. Witness statements indicate the group was traveling approximately 30–35 MPH as they approached the series of curves near mile post 11.

As the motorcycle entered the curve, it traveled left of the double yellow centerlines and crossed the center rumble strip into the westbound lane. At that time, two side-by-side off-road vehicles were traveling westbound and had just emerged from a dip near the bottom of the adjacent curve.

The operator observed the approaching vehicles and steered back toward the eastbound lane. Both side-by-side vehicles took evasive action and moved toward the right shoulder to avoid a collision.

As the motorcycle crossed back over the rumble strip into the eastbound lane, it began to wobble. Witnesses described the motorcycle experiencing severe instability commonly referred to as a "death wobble." The motorcycle briefly moved between lanes before the operator leaned heavily from side to side, at which point the rider was ejected from the motorcycle and struck the roadway head-first.

ADDITIONAL PASSENGERS	Unit #	Seat Pos	SD	IS	Name	Address	City	State	Zip Code	Telephone No.	D.O.B./Age	Sex
ADDITIONAL WITNESSES	Name		Address		City		State	Zip Code	Telephone Number		D.O.B./Age	
	Greg Bertsch		18364 PATTERSON ST		Omaha		NE	68135	(402)837-5997		7/30/1974	

ARIZONA CRASH REPORT		REPORT ID												Agency Report Number					
CONTINUED		YEAR	MONTH	DAY	HOUR			NCIC NO.			OFFICER ID NO.			26-004020					
1	POLICE ONLY—FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 684R 208 S. 17TH AVE., PHOENIX, ARIZONA 85007-3233	2	6	0	1	3	1	1	1	4	5	0	8			0	0	0	0

34	NARRATIVE	Describe what happened
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5. Statements:

Witness #1 — [REDACTED]
[REDACTED] stated he was riding directly behind [REDACTED] as part of a group of six motorcycles. Another rider, [REDACTED] was several hundred feet ahead. As the group entered the curve at approximately 30–35 MPH, [REDACTED] exited the turn early and crossed the double yellow lines into oncoming traffic. Two side-by-side vehicles came over the hill directly in front of [REDACTED] immediately attempted to return to the eastbound lane. The side-by-side vehicles moved off the roadway to avoid a collision. As [REDACTED] crossed back over the rumble strip, the motorcycle began to wobble. [REDACTED] leaned heavily from side to side before he was ejected from the motorcycle. [REDACTED] struck the roadway head-first and was unconscious.

Witness #2 — [REDACTED]
[REDACTED] stated he was operating a side-by-side westbound and had observed a motorcycle enter the corner ahead of him. Based on his experience riding motorcycles, he believed there may have been additional motorcycles entering the curve behind the first rider. [REDACTED] intentionally slowed his vehicle and moved slightly toward the right side of the roadway to provide additional space in the event another rider entered the curve wide. [REDACTED] then observed the involved motorcycle cross into the westbound lane before returning toward the eastbound lane and subsequently crashing. [REDACTED] reported hearing from a person on scene that the motorcycle's front tire was new and possibly "oily," which could have contributed to the crash.

Witness #3 — [REDACTED]
[REDACTED] stated he was operating a side-by-side behind [REDACTED] and a pickup truck was traveling behind him. [REDACTED] observed several motorcycles approaching from the opposite direction. He observed the front tire of one motorcycle cross the center rumble strips and painted centerlines and saw the rear tire begin to slide.

[REDACTED] stated the motorcycle initially traveled between the side-by-side operated by [REDACTED] and his side-by-side as he was the second vehicle traveling westbound. [REDACTED] stated the motorcycle operator made an evasive maneuver to avoid striking his side-by-side, which [REDACTED] believed may have prevented a collision with him. [REDACTED] believed this evasive maneuver may have ultimately contributed to the rider being thrown from the motorcycle.

6. Officer's Opinion:

Based on roadway evidence, scene documentation, and witness statements, it appears [REDACTED] crossed the centerline into the westbound lane while negotiating the curve. While attempting to return to the eastbound lane and avoid oncoming vehicles, [REDACTED] lost control of the motorcycle after crossing the center rumble strips, causing the motorcycle to become unstable and resulting in [REDACTED] being ejected from the motorcycle.

7. Injuries:

[REDACTED] was not wearing a helmet and sustained severe head trauma after striking the roadway. Classic Air air ambulance landed on the roadway and transported [REDACTED] later succumbed to his injuries. The Clark County Coroner's Office assumed the death investigation in Las Vegas under their assigned case number.

A 3D LiDAR scan of the scene was completed and preserved as evidence.

ADDITIONAL PASSENGERS	Unit #	Seat Pos	SD	IS	Name	Address	City	State	Zip Code	Telephone No.	D.O.B./Age	Sex
ADDITIONAL WITNESSES	Name					Address		City	State	Zip Code	Telephone Number	D.O.B./Age

ARIZONA CRASH REPORT CONTINUED POLICE ONLY—FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 064R 205 S. 17TH AVE., PHOENIX, ARIZONA 85007-3239		REPORT ID												Agency Report Number				
		YEAR	MONTH	DAY	HOUR		NCIC NO.				OFFICER ID NO.				26-60400			
1	2	6	0	1	3	1	1	1	4	5	0	8	0	0		0	0	2

**POLICE ONLY—FORWARD COPY TO
ADOT TRAFFIC RECORDS SECTION, 054R
S. 17TH AVE., PHOENIX, ARIZONA 85007-3233**

Agency Report Number

OFFICER ID NO. _____

2601311175080000027

22-00000

CRASH DIAGRAM

☒ MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE
☐ MEASUREMENTS ARE SCALED (SCALE = _____)

35

INDICATE
NORTH

