

**PUBLIC NOTICE**

**STUDY SESSION MAYOR AND CITY COUNCIL MEETING  
4:30 PM, WEDNESDAY, FEBRUARY 7, 2018  
CITY HALL COMPLEX COUNCIL CHAMBERS  
777 N. GRAND AVENUE  
NOGALES, AZ 85621**



**AGENDA**

***“You’re Among Friends”***

---

**STUDY SESSION MEETING**

**I. CALL TO ORDER**

**II. PLEDGE OF ALLEGIANCE**

**III. COMMUNICATIONS**

***A. Presentation***

1. Finance Update.

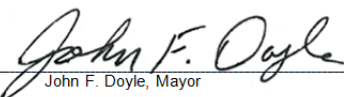
***B. Reports***

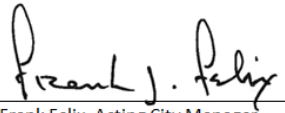
1. Report by NPD on Train Blocking City Streets. ( Councilman Varona)
2. Report on Side Loader accident ( Councilman Varona)
3. Report on Peña Blanca Sewer Line ( Councilman Varona)
4. Strategic Plan Update Planning & Zoning.
5. Strategic Plan Update Facilities

**IV. DISCUSSION ITEMS**


1. Discussion: Nogales Chamber of Commerce contract. ( Councilman Varona)
2. Discussion: Review of City Charter proposed revisions by City Council

**V. ADJOURNMENT**

  
John F. Doyle, Mayor

  
Frank Felix, Acting City Manager

## CITY CLERK'S NOTE:

  
POSTED AT:  
CITY HALL BULLETIN BOARD, SANTA  
CRUZ CO. COMPLEX, U.S. POST OFFICE.

Upon a vote of the majority of the City Council, the council may enter into Executive Session pursuant to Arizona Revised Statutes §38-431.03 (3) (legal advice) to obtain legal advice on matters listed on the Agenda.


INDIVIDUALS WITH DISABILITIES: TO REQUEST AN ACCOMMODATION OR INFORMATION ABOUT PHYSICAL ACCESSIBILITY, CONTACT LETICIA AT (520) 287-6571.

1450 N. Hohokam Drive  
Nogales, Arizona 85621  
(520) 285-5753  
(520) 287-8352, fax

**City of Nogales  
Public Works Dept.**

# Memo

**To:** Dr. Frank Felix, Acting City Manager  
John Kissinger, Deputy City Manager

**From:** Alejandro Barcenas, Community Services/Public Works Director 

**Date:** January 10, 2018

**Re:** Sanitation Truck Accident

---

This is a summary of the internal investigation performed on the vehicle accident involving one of our sanitation trucks on August 18, 2017.

During our investigation, we found that the factors that may have played a role in this accident were: A malfunction of the arm that picks up the trash can which is an automatic process; once the can is released, the arms retract to the body of the truck, which in this case, did not work appropriately. We reported it to the manufacturer however, they cannot find an explanation for the malfunction yet. The alarm speaker that indicates the arms are not fully retracted was too low and could not be heard. This problem has been resolved by installing a bigger and louder speaker. We requested information from the manufacturer about options in the mechanism of the equipment that will not allow truck movement if the arms are not fully retracted. We have not received any information yet.

The driver of the truck, Jose Joaquin Hernandez, has a clean record on file related to prior accidents or safety issues. After the internal investigation, facts were completed and the repairs to the truck were done (paid by City's insurance). We closed the case advising the drivers to put extra attention to the correct function of the equipment.

Please let me know if you have any questions, or need additional information.

# Memorandum

**To:** Alejandro Barcenas (PWD)  
**From:** Jose Jouaquin Hernandez (Sanitation Supervisor) JH  
**Date:** 9/8/2017  
**Re:** Unit 662

---

As you are aware of on August 18, 2017 I was involved in a collision involving unit 662 a 2015 Peterbilt side loader refuse truck. As you will see from the police report I was traveling eastbound on E. Calle Caborca when all of a sudden I felt an impact on the right side of my unit. At that point I stopped my unit and realized that I had hit a vehicle that was parked on the right side of the street. The only explanation I can have is that maybe one of the arms on the side loader came out and impacted the vehicle (see pictures on police report). I then proceeded to call my supervisor Ruben Artana and explained what had happened.

After the incident I drove the unit to the PW mechanic shop and reported to Alfonso Lopes (fleet manager) what had happened. I then proceeded to get drug tested which came back negative.

The truck was sent to Arizona Refuse Sales for repairs which came to a total of \$19,503.03. Please keep in mind that we only paid an insurance deductible of \$1000.00. After the truck came back from repairs we noticed that a warning alarm that comes on when the arms are sticking out was not working, at that point we found that the speaker for the sensor was not loud enough and couldn't be heard, the mechanic shop replaced the speaker and all was working fine after that.

08

Communication: Report on Side Loader accident ( Councilman Varona) (Reports)



## ADOT USE ONLY

## ARIZONA CRASH REPORT

## REPORT ID

Agency Report Number

170009696

Total Number of Sheets

1 POLICE ONLY—FORWARD COPY TO  
ADOT TRAFFIC RECORDS SECTION, 064R  
205 S. 17<sup>TH</sup> AVE., PHOENIX, AZ 85007-3233

YEAR MONTH DAY HOUR NCIC NO. OFFICER ID NO.  
1 7 0 8 1 8 0 9 2 2 1 2 0 1 0 0 2 4 9

## COMPLETE THE TRUCK/BUS SUPPLEMENT IF ANY (CIRCLE) AND ANY (DIAMOND) ARE CHECKED

2 Total Units 2 Total Injuries 0 Total Fatalities 0 Estimated Total Damage Compared To \$1,000 Limit: ☐ Over ☐ Under ☐ Fatal ☐ HR/Run Unit # ☐ Person Transported for Immediate Medical Care? ☐ Tow Away of At Least One Vehicle from Scene? District or Grid No: N2

3 On Highway/Road/Street E. CALLE CABORCA Inside ☐ Outside ☐ City NOGALES, ARIZONA County SANTA CRUZ  
Intersection Street/Road/M.P./R.P. N. PLACITA TAMPICO ☐ North ☐ South ☐ East ☐ West ☐ Plus ☐ Minus 50 ☐ 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  
98 - 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

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

State AZ Class A End. DL# ☐ No Valid License/Permit ☐ Drive ☐ Driverless ☐ Pedestrian ☐ Pedal cyclist Name (First, Middle, Last) JOSE JOAQUIN HERNANDEZ FLORES ☐ Ejected ☐ Extricated Suffix Sex M

Restrictions Address 550 N. POTRERO AVE., APT #3 City NOGALES State AZ Zip Code 85621 Telephone Number 520-287-6571

Date of Birth 06/18/1979 ☐ Same as Driver Owner/Carrier Name CITY OF NOGALES Address 777 N. GRAND AVENUE City NOGALES State AZ Zip Code 85621

Color WHITE Vehicle Year 2015 Make PETERBUILT Model 320 Body Style GARBAGE Plate Number G204GJ State AZ Plate Mo/Yr PERM ☐ Bus (9 or more Seats) ☐ HazMat Placard? ☐ Yes ☐ No

VIN 3BPZHJ8X5FF268804 Trailer (Other Unit) Plate No State Year GVW/GCWR (Rated) Greater than 10K pounds? ☐ Yes ☐ No

Safety Devices 3 Injury Severity 1 Posted Speed Limit 15 Ofc. Est. Speed 15 Transported To/By

Removed to (Address/Storage Location Identifier) DESTINATION Disabled ☐ Not Disabled Removed By: DRIVER Orders Of: DRIVER

Insurance Company ST. PAUL FIRE AND MARINE Telephone Number 1-800-787-2851 Policy Number GP09312683 Expiration Date 07/01/2018

State AZ Class A End. DL# ☐ No Valid License/Permit ☐ Drive ☐ Driverless ☐ Pedestrian ☐ Pedal cyclist Name (First, Middle, Last) ☐ Ejected ☐ Extricated Suffix Sex

Restrictions Address 434 E. CALLE CABORCA City NOGALES State AZ Zip Code 85621 Telephone Number 520-313-4202

Date of Birth 08/01/1964 ☐ Same as Driver Owner/Carrier Name ALFONSO SANTANA Address 434 E. CALLE CABORCA City NOGALES State AZ Zip Code 85621

Color SILVER Vehicle Year 2015 Make NISSAN Model ALTIMA Body Style 4DR Plate Number BLM0800 State AZ Plate Mo/Yr 02/18 ☐ Bus (9 or more Seats) ☐ HazMat Placard? ☐ Yes ☐ No

VIN 1N4AL3AP8FN375645 Trailer (Other Unit) Plate No State Year GVW/GCWR (Rated) Greater than 10K pounds? ☐ Yes ☐ No

Safety Devices Injury Severity Posted Speed Limit 25 Ofc. Est. Speed 0 Transported To/By

Removed to (Address/Storage Location Identifier) DESTINATION Disabled ☐ Not Disabled Removed By: DRIVER Orders Of: DRIVER

Insurance Company AMERICAN FAMILY INSURANCE Telephone Number 520-298-8070 Policy Number 41010-74744-72 Expiration Date 11/30/17

State AZ Class A End. DL# ☐ No Valid License/Permit ☐ Drive ☐ Driverless ☐ Pedestrian ☐ Pedal cyclist Name (First, Middle, Last) ☐ Ejected ☐ Extricated Suffix Sex

Restrictions Address City State Zip Code Telephone Number

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

Color Vehicle Year Make Model Body Style Plate Number State Plate Mo/Yr ☐ Bus (9 or more Seats) ☐ HazMat Placard? ☐ Yes ☐ No

VIN Trailer (Other Unit) Plate No State Year GVW/GCWR (Rated) Greater than 10K pounds? ☐ Yes ☐ No

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

Removed to (Address/Storage Location Identifier) Disabled ☐ Not Disabled Removed By: Orders Of:

Insurance Company Telephone Number Policy Number Expiration Date

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

Property Damaged (Other than Vehicles) Block 31, Event 29-49 Owner Code 1 - Private 3 - Federal Government 7 - Tribal Nation Inventory Tag No.  
2 - Public Utility 4 - State of Arizona 99 - Unknown

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

Photos Taken ☐ Yes ☐ No Photographer's Name, ID Number and Agency Number G. VILLA #249 AZ0100120 Invest. ☐ Yes ☐ No Date Invest. 08/18/2017 Time Invest. 0922 Fire/EMT Incident No.

Officer's Name/Agency # G. VILLA #249 Supervisor's Signature Agency Name NOGALES POLICE DEPARTMENT Date Completed 08/18/2017

01-2704A1 R05/2014

Communication: Report on Side Loader accident ( Councilman Varona ) ( Reports )



ARIZONA CRASH REPORT		REPORT ID												Agency Report Number						
CONTINUED		YEAR	MONTH	DAY	HOUR	NOV. NO.	OFFICER ID NO.													
<b>1</b> POLICE ONLY-FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 064 206 S. 17 <sup>TH</sup> AVE., PHOENIX, ARIZONA 85007-3233		1	7	0	8	1	8	0	9	2	2	1	2	0	1	0	0	2	4	9
<b>99-LIGHT CONDITIONS</b> <input type="checkbox"/> 1 DAYLIGHT <input type="checkbox"/> 2 DAWN <input type="checkbox"/> 3 DUSK <input type="checkbox"/> 4 DARK-LIGHTED <input type="checkbox"/> 5 DARK-NOT LIGHTED <input type="checkbox"/> 6 DARK-UNKNOWN LIGHTING		<b>17-MANNER OF CRASH IMPACT</b> <input type="checkbox"/> 1 SINGLE VEHICLE <input type="checkbox"/> 2 ANGLE (front to side) (other than left turn) <input type="checkbox"/> 3 LEFT TURN <input type="checkbox"/> 4 REAR END (Front to rear) <input type="checkbox"/> 5 HEAD-ON (front to front) (other than left turn) <input type="checkbox"/> 6 SIDESWIPE, SAME DIRECTION <input type="checkbox"/> 7 SIDESWIPE, SAME DIRECTION <input type="checkbox"/> 8 REAR TO SIDE <input type="checkbox"/> 9 REAR-TO-REAR <input type="checkbox"/> 97 OTHER _____ <input type="checkbox"/> 99 UNKNOWN												<b>BLOCKS 09-24 CHECK ONLY ONE OR ONE BLOCK PER UNIT UNLESS NOTED</b> <b>21-CONDITION INFLUENCING DRIVER/PEDESTRIAN/CYCLIST</b> UNIT # <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 31 <input type="checkbox"/> 32 <input type="checkbox"/> 33 <input type="checkbox"/> 34 <input type="checkbox"/> 35 <input type="checkbox"/> 36 <input type="checkbox"/> 37 <input type="checkbox"/> 38 <input type="checkbox"/> 39 <input type="checkbox"/> 40 <input type="checkbox"/> 41 <input type="checkbox"/> 42 <input type="checkbox"/> 43 <input type="checkbox"/> 44 <input type="checkbox"/> 45 <input type="checkbox"/> 46 <input type="checkbox"/> 47 <input type="checkbox"/> 48 <input type="checkbox"/> 49 <input type="checkbox"/> 50 <input type="checkbox"/> 51 <input type="checkbox"/> 52 <input type="checkbox"/> 53 <input type="checkbox"/> 54 <input type="checkbox"/> 55 <input type="checkbox"/> 56 <input type="checkbox"/> 57 <input type="checkbox"/> 58 <input type="checkbox"/> 59 <input type="checkbox"/> 60 <input type="checkbox"/> 61 <input type="checkbox"/> 62 <input type="checkbox"/> 63 <input type="checkbox"/> 64 <input type="checkbox"/> 65 <input type="checkbox"/> 66 <input type="checkbox"/> 67 <input type="checkbox"/> 68 <input type="checkbox"/> 69 <input type="checkbox"/> 70 <input type="checkbox"/> 71 <input type="checkbox"/> 72 <input type="checkbox"/> 73 <input type="checkbox"/> 74 <input type="checkbox"/> 75 <input type="checkbox"/> 76 <input type="checkbox"/> 77 <input type="checkbox"/> 78 <input type="checkbox"/> 79 <input type="checkbox"/> 80 <input type="checkbox"/> 81 <input type="checkbox"/> 82 <input type="checkbox"/> 83 <input type="checkbox"/> 84 <input type="checkbox"/> 85 <input type="checkbox"/> 86 <input type="checkbox"/> 87 <input type="checkbox"/> 88 <input type="checkbox"/> 89 <input type="checkbox"/> 90 <input type="checkbox"/> 91 <input type="checkbox"/> 92 <input type="checkbox"/> 93 <input type="checkbox"/> 94 <input type="checkbox"/> 95 <input type="checkbox"/> 96 <input type="checkbox"/> 97 OTHER: _____ <input type="checkbox"/> 99 UNKNOWN CONDITION						
<b>10-WEATHER CONDITIONS</b> <input type="checkbox"/> 1 CLEAR <input type="checkbox"/> 2 CLOUDY <input type="checkbox"/> 3 SLEET, HAIL (FREEZING RAIN/DRIZZLE) <input type="checkbox"/> 4 RAIN <input type="checkbox"/> 5 SNOW <input type="checkbox"/> 6 SEVERE CROSSWINDS <input type="checkbox"/> 7 BLOWING SAND, SOIL, DIRT <input type="checkbox"/> 8 FOG, SMOG, SMOKE <input type="checkbox"/> 9 BLOWING SNOW <input type="checkbox"/> 97 OTHER _____ <input type="checkbox"/> 99 UNKNOWN		<b>18-DIRECTION OF UNIT TRAVEL (Compass)</b> BEFORE 1 <sup>ST</sup> CRASH EVENT UNIT # <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 31 <input type="checkbox"/> 32 <input type="checkbox"/> 33 <input type="checkbox"/> 34 <input type="checkbox"/> 35 <input type="checkbox"/> 36 <input type="checkbox"/> 37 <input type="checkbox"/> 38 <input type="checkbox"/> 39 <input type="checkbox"/> 40 <input type="checkbox"/> 41 <input type="checkbox"/> 42 <input type="checkbox"/> 43 <input type="checkbox"/> 44 <input type="checkbox"/> 45 <input type="checkbox"/> 46 <input type="checkbox"/> 47 <input type="checkbox"/> 48 <input type="checkbox"/> 49 <input type="checkbox"/> 50 <input type="checkbox"/> 51 <input type="checkbox"/> 52 <input type="checkbox"/> 53 <input type="checkbox"/> 54 <input type="checkbox"/> 55 <input type="checkbox"/> 56 <input type="checkbox"/> 57 <input type="checkbox"/> 58 <input type="checkbox"/> 59 <input type="checkbox"/> 60 <input type="checkbox"/> 61 <input type="checkbox"/> 62 <input type="checkbox"/> 63 <input type="checkbox"/> 64 <input type="checkbox"/> 65 <input type="checkbox"/> 66 <input type="checkbox"/> 67 <input type="checkbox"/> 68 <input type="checkbox"/> 69 <input type="checkbox"/> 70 <input type="checkbox"/> 71 <input type="checkbox"/> 72 <input type="checkbox"/> 73 <input type="checkbox"/> 74 <input type="checkbox"/> 75 <input type="checkbox"/> 76 <input type="checkbox"/> 77 <input type="checkbox"/> 78 <input type="checkbox"/> 79 <input type="checkbox"/> 80 <input type="checkbox"/> 81 <input type="checkbox"/> 82 <input type="checkbox"/> 83 <input type="checkbox"/> 84 <input type="checkbox"/> 85 <input type="checkbox"/> 86 <input type="checkbox"/> 87 <input type="checkbox"/> 88 <input type="checkbox"/> 89 <input type="checkbox"/> 90 <input type="checkbox"/> 91 <input type="checkbox"/> 92 <input type="checkbox"/> 93 <input type="checkbox"/> 94 <input type="checkbox"/> 95 <input type="checkbox"/> 96 <input type="checkbox"/> 97 OTHER: _____ <input type="checkbox"/> 99 UNKNOWN												<b>22-VIOLATIONS/BEHAVIOR</b> UNIT # <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 31 <input type="checkbox"/> 32 <input type="checkbox"/> 33 <input type="checkbox"/> 34 <input type="checkbox"/> 35 <input type="checkbox"/> 36 <input type="checkbox"/> 37 <input type="checkbox"/> 38 <input type="checkbox"/> 39 <input type="checkbox"/> 40 <input type="checkbox"/> 41 <input type="checkbox"/> 42 <input type="checkbox"/> 43 <input type="checkbox"/> 44 <input type="checkbox"/> 45 <input type="checkbox"/> 46 <input type="checkbox"/> 47 <input type="checkbox"/> 48 <input type="checkbox"/> 49 <input type="checkbox"/> 50 <input type="checkbox"/> 51 <input type="checkbox"/> 52 <input type="checkbox"/> 53 <input type="checkbox"/> 54 <input type="checkbox"/> 55 <input type="checkbox"/> 56 <input type="checkbox"/> 57 <input type="checkbox"/> 58 <input type="checkbox"/> 59 <input type="checkbox"/> 60 <input type="checkbox"/> 61 <input type="checkbox"/> 62 <input type="checkbox"/> 63 <input type="checkbox"/> 64 <input type="checkbox"/> 65 <input type="checkbox"/> 66 <input type="checkbox"/> 67 <input type="checkbox"/> 68 <input type="checkbox"/> 69 <input type="checkbox"/> 70 <input type="checkbox"/> 71 <input type="checkbox"/> 72 <input type="checkbox"/> 73 <input type="checkbox"/> 74 <input type="checkbox"/> 75 <input type="checkbox"/> 76 <input type="checkbox"/> 77 <input type="checkbox"/> 78 <input type="checkbox"/> 79 <input type="checkbox"/> 80 <input type="checkbox"/> 81 <input type="checkbox"/> 82 <input type="checkbox"/> 83 <input type="checkbox"/> 84 <input type="checkbox"/> 85 <input type="checkbox"/> 86 <input type="checkbox"/> 87 <input type="checkbox"/> 88 <input type="checkbox"/> 89 <input type="checkbox"/> 90 <input type="checkbox"/> 91 <input type="checkbox"/> 92 <input type="checkbox"/> 93 <input type="checkbox"/> 94 <input type="checkbox"/> 95 <input type="checkbox"/> 96 <input type="checkbox"/> 97 OTHER: _____ <input type="checkbox"/> 99 UNKNOWN						
<b>11-ROAD SURFACE CONDITION</b> UNIT # <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 31 <input type="checkbox"/> 32 <input type="checkbox"/> 33 <input type="checkbox"/> 34 <input type="checkbox"/> 35 <input type="checkbox"/> 36 <input type="checkbox"/> 37 <input type="checkbox"/> 38 <input type="checkbox"/> 39 <input type="checkbox"/> 40 <input type="checkbox"/> 41 <input type="checkbox"/> 42 <input type="checkbox"/> 43 <input type="checkbox"/> 44 <input type="checkbox"/> 45 <input type="checkbox"/> 46 <input type="checkbox"/> 47 <input type="checkbox"/> 48 <input type="checkbox"/> 49 <input type="checkbox"/> 50 <input type="checkbox"/> 51 <input type="checkbox"/> 52 <input type="checkbox"/> 53 <input type="checkbox"/> 54 <input type="checkbox"/> 55 <input type="checkbox"/> 56 <input type="checkbox"/> 57 <input type="checkbox"/> 58 <input type="checkbox"/> 59 <input type="checkbox"/> 60 <input type="checkbox"/> 61 <input type="checkbox"/> 62 <input type="checkbox"/> 63 <input type="checkbox"/> 64 <input type="checkbox"/> 65 <input type="checkbox"/> 66 <input type="checkbox"/> 67 <input type="checkbox"/> 68 <input type="checkbox"/> 69 <input type="checkbox"/> 70 <input type="checkbox"/> 71 <input type="checkbox"/> 72 <input type="checkbox"/> 73 <input type="checkbox"/> 74 <input type="checkbox"/> 75 <input type="checkbox"/> 76 <input type="checkbox"/> 77 <input type="checkbox"/> 78 <input type="checkbox"/> 79 <input type="checkbox"/> 80 <input type="checkbox"/> 81 <input type="checkbox"/> 82 <input type="checkbox"/> 83 <input type="checkbox"/> 84 <input type="checkbox"/> 85 <input type="checkbox"/> 86 <input type="checkbox"/> 87 <input type="checkbox"/> 88 <input type="checkbox"/> 89 <input type="checkbox"/> 90 <input type="checkbox"/> 91 <input type="checkbox"/> 92 <input type="checkbox"/> 93 <input type="checkbox"/> 94 <input type="checkbox"/> 95 <input type="checkbox"/> 96 <input type="checkbox"/> 97 OTHER: _____ <input type="checkbox"/> 99 UNKNOWN		<b>19-CONTRIBUTING CIRCUMSTANCES</b> UP TO TWO CHOICES PER UNIT UNIT # <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 31 <input type="checkbox"/> 32 <input type="checkbox"/> 33 <input type="checkbox"/> 34 <input type="checkbox"/> 35 <input type="checkbox"/> 36 <input type="checkbox"/> 37 <input type="checkbox"/> 38 <input type="checkbox"/> 39 <input type="checkbox"/> 40 <input type="checkbox"/> 41 <input type="checkbox"/> 42 <input type="checkbox"/> 43 <input type="checkbox"/> 44 <input type="checkbox"/> 45 <input type="checkbox"/> 46 <input type="checkbox"/> 47 <input type="checkbox"/> 48 <input type="checkbox"/> 49 <input type="checkbox"/> 50 <input type="checkbox"/> 51 <input type="checkbox"/> 52 <input type="checkbox"/> 53 <input type="checkbox"/> 54 <input type="checkbox"/> 55 <input type="checkbox"/> 56 <input type="checkbox"/> 57 <input type="checkbox"/> 58 <input type="checkbox"/> 59 <input type="checkbox"/> 60 <input type="checkbox"/> 61 <input type="checkbox"/> 62 <input type="checkbox"/> 63 <input type="checkbox"/> 64 <input type="checkbox"/> 65 <input type="checkbox"/> 66 <input type="checkbox"/> 67 <input type="checkbox"/> 68 <input type="checkbox"/> 69 <input type="checkbox"/> 70 <input type="checkbox"/> 71 <input type="checkbox"/> 72 <input type="checkbox"/> 73 <input type="checkbox"/> 74 <input type="checkbox"/> 75 <input type="checkbox"/> 76 <input type="checkbox"/> 77 <input type="checkbox"/> 78 <input type="checkbox"/> 79 <input type="checkbox"/> 80 <input type="checkbox"/> 81 <input type="checkbox"/> 82 <input type="checkbox"/> 83 <input type="checkbox"/> 84 <input type="checkbox"/> 85 <input type="checkbox"/> 86 <input type="checkbox"/> 87 <input type="checkbox"/> 88 <input type="checkbox"/> 89 <input type="checkbox"/> 90 <input type="checkbox"/> 91 <input type="checkbox"/> 92 <input type="checkbox"/> 93 <input type="checkbox"/> 94 <input type="checkbox"/> 95 <input type="checkbox"/> 96 <input type="checkbox"/> 97 OTHER: _____ <input type="checkbox"/> 99 UNKNOWN												<b>23-TRAFFIC UNIT MANUEVER/ACTION</b> UNIT # <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 31 <input type="checkbox"/> 32 <input type="checkbox"/> 33 <input type="checkbox"/> 34 <input type="checkbox"/> 35 <input type="checkbox"/> 36 <input type="checkbox"/> 37 <input type="checkbox"/> 38 <input type="checkbox"/> 39 <input type="checkbox"/> 40 <input type="checkbox"/> 41 <input type="checkbox"/> 42 <input type="checkbox"/> 43 <input type="checkbox"/> 44 <input type="checkbox"/> 45 <input type="checkbox"/> 46 <input type="checkbox"/> 47 <input type="checkbox"/> 48 <input type="checkbox"/> 49 <input type="checkbox"/> 50 <input type="checkbox"/> 51 <input type="checkbox"/> 52 <input type="checkbox"/> 53 <input type="checkbox"/> 54 <input type="checkbox"/> 55 <input type="checkbox"/> 56 <input type="checkbox"/> 57 <input type="checkbox"/> 58 <input type="checkbox"/> 59 <input type="checkbox"/> 60 <input type="checkbox"/> 61 <input type="checkbox"/> 62 <input type="checkbox"/> 63 <input type="checkbox"/> 64 <input type="checkbox"/> 65 <input type="checkbox"/> 66 <input type="checkbox"/> 67 <input type="checkbox"/> 68 <input type="checkbox"/> 69 <input type="checkbox"/> 70 <input type="checkbox"/> 71 <input type="checkbox"/> 72 <input type="checkbox"/> 73 <input type="checkbox"/> 74 <input type="checkbox"/> 75 <input type="checkbox"/> 76 <input type="checkbox"/> 77 <input type="checkbox"/> 78 <input type="checkbox"/> 79 <input type="checkbox"/> 80 <input type="checkbox"/> 81 <input type="checkbox"/> 82 <input type="checkbox"/> 83 <input type="checkbox"/> 84 <input type="checkbox"/> 85 <input type="checkbox"/> 86 <input type="checkbox"/> 87 <input type="checkbox"/> 88 <input type="checkbox"/> 89 <input type="checkbox"/> 90 <input type="checkbox"/> 91 <input type="checkbox"/> 92 <input type="checkbox"/> 93 <input type="checkbox"/> 94 <input type="checkbox"/> 95 <input type="checkbox"/> 96 <input type="checkbox"/> 97 OTHER: _____ <input type="checkbox"/> 99 UNKNOWN						
<b>12-ROAD GRADE</b> UNIT # <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 31 <input type="checkbox"/> 32 <input type="checkbox"/> 33 <input type="checkbox"/> 34 <input type="checkbox"/> 35 <input type="checkbox"/> 36 <input type="checkbox"/> 37 <input type="checkbox"/> 38 <input type="checkbox"/> 39 <input type="checkbox"/> 40 <input type="checkbox"/> 41 <input type="checkbox"/> 42 <input type="checkbox"/> 43 <input type="checkbox"/> 44 <input type="checkbox"/> 45 <input type="checkbox"/> 46 <input type="checkbox"/> 47 <input type="checkbox"/> 48 <input type="checkbox"/> 49 <input type="checkbox"/> 50 <input type="checkbox"/> 51 <input type="checkbox"/> 52 <input type="checkbox"/> 53 <input type="checkbox"/> 54 <input type="checkbox"/> 55 <input type="checkbox"/> 56 <input type="checkbox"/> 57 <input type="checkbox"/> 58 <input type="checkbox"/> 59 <input type="checkbox"/> 60 <input type="checkbox"/> 61 <input type="checkbox"/> 62 <input type="checkbox"/> 63 <input type="checkbox"/> 64 <input type="checkbox"/> 65 <input type="checkbox"/> 66 <input type="checkbox"/> 67 <input type="checkbox"/> 68 <input type="checkbox"/> 69 <input type="checkbox"/> 70 <input type="checkbox"/> 71 <input type="checkbox"/> 72 <input type="checkbox"/> 73 <input type="checkbox"/> 74 <input type="checkbox"/> 75 <input type="checkbox"/> 76 <input type="checkbox"/> 77 <input type="checkbox"/> 78 <input type="checkbox"/> 79 <input type="checkbox"/> 80 <input type="checkbox"/> 81 <input type="checkbox"/> 82 <input type="checkbox"/> 83 <input type="checkbox"/> 84 <input type="checkbox"/> 85 <input type="checkbox"/> 86 <input type="checkbox"/> 87 <input type="checkbox"/> 88 <input type="checkbox"/> 89 <input type="checkbox"/> 90 <input type="checkbox"/> 91 <input type="checkbox"/> 92 <input type="checkbox"/> 93 <input type="checkbox"/> 94 <input type="checkbox"/> 95 <input type="checkbox"/> 96 <input type="checkbox"/> 97 OTHER: _____ <input type="checkbox"/> 99 UNKNOWN		<b>20-DISTRACTED DRIVING BEHAVIOR</b> <input type="checkbox"/> 0 NOT DISTRACTED <input type="checkbox"/> 1 TALKING ON HANDS FREE DEVICE <input type="checkbox"/> 2 TALKING ON HANDS HELD DEVICE <input type="checkbox"/> 3 PASSENGER <input type="checkbox"/> 4 OTHER ACTIVITY, ELECTRONIC DEVICE <input type="checkbox"/> 5 MANUALLY OPERATING AN ELECTRONIC DEVICE <input type="checkbox"/> 6 OTHER INSIDE THE VEHICLE (eating, drinking, etc.) <input type="checkbox"/> 7 OUTSIDE THE VEHICLE (includes unspecified distractions) <input type="checkbox"/> 99 UNKNOWN												<b>24-LOCATION OF PEDESTRIAN/CYCLIST</b> UNIT # <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 31 <input type="checkbox"/> 32 <input type="checkbox"/> 33 <input type="checkbox"/> 34 <input type="checkbox"/> 35 <input type="checkbox"/> 36 <input type="checkbox"/> 37 <input type="checkbox"/> 38 <input type="checkbox"/> 39 <input type="checkbox"/> 40 <input type="checkbox"/> 41 <input type="checkbox"/> 42 <input type="checkbox"/> 43 <input type="checkbox"/> 44 <input type="checkbox"/> 45 <input type="checkbox"/> 46 <input type="checkbox"/> 47 <input type="checkbox"/> 48 <input type="checkbox"/> 49 <input type="checkbox"/> 50 <input type="checkbox"/> 51 <input type="checkbox"/> 52 <input type="checkbox"/> 53 <input type="checkbox"/> 54 <input type="checkbox"/> 55 <input type="checkbox"/> 56 <input type="checkbox"/> 57 <input type="checkbox"/> 58 <input type="checkbox"/> 59 <input type="checkbox"/> 60 <input type="checkbox"/> 61 <input type="checkbox"/> 62 <input type="checkbox"/> 63 <input type="checkbox"/> 64 <input type="checkbox"/> 65 <input type="checkbox"/> 66 <input type="checkbox"/> 67 <input type="checkbox"/> 68 <input type="checkbox"/> 69 <input type="checkbox"/> 70 <input type="checkbox"/> 71 <input type="checkbox"/> 72 <input type="checkbox"/> 73 <input type="checkbox"/> 74 <input type="checkbox"/> 75 <input type="checkbox"/> 76 <input type="checkbox"/> 77 <input type="checkbox"/> 78 <input type="checkbox"/> 79 <input type="checkbox"/> 80 <input type="checkbox"/> 81 <input type="checkbox"/> 82 <input type="checkbox"/> 83 <input type="checkbox"/> 84 <input type="checkbox"/> 85 <input type="checkbox"/> 86 <input type="checkbox"/> 87 <input type="checkbox"/> 88 <input type="checkbox"/> 89 <input type="checkbox"/> 90 <input type="checkbox"/> 91 <input type="checkbox"/> 92 <input type="checkbox"/> 93 <input type="checkbox"/> 94 <input type="checkbox"/> 95 <input type="checkbox"/> 96 <input type="checkbox"/> 97 OTHER: _____ <input type="checkbox"/> 99 UNKNOWN						
<b>13-RELATION TO JUNCTION</b> <input type="checkbox"/> 0 NOT JUNCTION RELATED <b>NON-CONTROLLED ACCESS AREA</b> <input type="checkbox"/> 1 INTERSECTION (within) <input type="checkbox"/> 2 INTERSECTION-RELATED <input type="checkbox"/> 3 ENTRANCE/EXIT RAMP (rest area) <input type="checkbox"/> 4 RAILWAY GRADE CROSSING <input type="checkbox"/> 5 MEDIAN CROSSOVER-RELATED <input type="checkbox"/> 6 FRONTAGE ROAD <input type="checkbox"/> 7 DRIVEWAY <input type="checkbox"/> 8 ALLEY-ACCESS-RELATED <input type="checkbox"/> 9 UNKNOWN NON-INTERCHANGE <b>CONTROLLED ACCESS AREA</b> <input type="checkbox"/> 10 THRU ROADWAY <input type="checkbox"/> 11 INTERSECTION (within) <input type="checkbox"/> 12 INTERSECTION-RELATED <input type="checkbox"/> 13 ENTRANCE/EXIT RAMP <input type="checkbox"/> 14 FRONTAGE ROAD <input type="checkbox"/> 15 OTHER PART OF INTERCHANGE <input type="checkbox"/> 16 MEDIAN CROSSOVER-RELATED <input type="checkbox"/> 99 UNKNOWN		<b>21-CONTRIBUTING CIRCUMSTANCES</b> UP TO TWO CHOICES PER UNIT UNIT # <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 31 <input type="checkbox"/> 32 <input type="checkbox"/> 33 <input type="checkbox"/> 34 <input type="checkbox"/> 35 <input type="checkbox"/> 36 <input type="checkbox"/> 37 <input type="checkbox"/> 38 <input type="checkbox"/> 39 <input type="checkbox"/> 40 <input type="checkbox"/> 41 <input type="checkbox"/> 42 <input type="checkbox"/> 43 <input type="checkbox"/> 44 <input type="checkbox"/> 45 <input type="checkbox"/> 46 <input type="checkbox"/> 47 <input type="checkbox"/> 48 <input type="checkbox"/> 49 <input type="checkbox"/> 50 <input type="checkbox"/> 51 <input type="checkbox"/> 52 <input type="checkbox"/> 53 <input type="checkbox"/> 54 <input type="checkbox"/> 55 <input type="checkbox"/> 56 <input type="checkbox"/> 57 <input type="checkbox"/> 58 <input type="checkbox"/> 59 <input type="checkbox"/> 60 <input type="checkbox"/> 61 <input type="checkbox"/> 62 <input type="checkbox"/> 63 <input type="checkbox"/> 64 <input type="checkbox"/> 65 <input type="checkbox"/> 66 <input type="checkbox"/> 67 <input type="checkbox"/> 68 <input type="checkbox"/> 69 <input type="checkbox"/> 70 <input type="checkbox"/> 71 <input type="checkbox"/> 72 <input type="checkbox"/> 73 <input type="checkbox"/> 74 <input type="checkbox"/> 75 <input type="checkbox"/> 76 <input type="checkbox"/> 77 <input type="checkbox"/> 78 <input type="checkbox"/> 79 <input type="checkbox"/> 80 <input type="checkbox"/> 81 <input type="checkbox"/> 82 <input type="checkbox"/> 83 <input type="checkbox"/> 84 <input type="checkbox"/> 85 <input type="checkbox"/> 86 <input type="checkbox"/> 87 <input type="checkbox"/> 88 <input type="checkbox"/> 89 <input type="checkbox"/> 90 <input type="checkbox"/> 91 <input type="checkbox"/> 92 <input type="checkbox"/> 93 <input type="checkbox"/> 94 <input type="checkbox"/> 95 <input type="checkbox"/> 96 <input type="checkbox"/> 97 OTHER: _____ <input type="checkbox"/> 99 UNKNOWN												<b>25-LOCATION OF PEDESTRIAN/CYCLIST</b> UNIT # <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 31 <input type="checkbox"/> 32 <input type="checkbox"/> 33 <input type="checkbox"/> 34 <input type="checkbox"/> 35 <input type="checkbox"/> 36 <input type="checkbox"/> 37 <input type="checkbox"/> 38 <input type="checkbox"/> 39 <input type="checkbox"/> 40 <input type="checkbox"/> 41 <input type="checkbox"/> 42 <input type="checkbox"/> 43 <input type="checkbox"/> 44 <input type="checkbox"/> 45 <input type="checkbox"/> 46 <input type="checkbox"/> 47 <input type="checkbox"/> 48 <input type="checkbox"/> 49 <input type="checkbox"/> 50 <input type="checkbox"/> 51 <input type="checkbox"/> 52 <input type="checkbox"/> 53 <input type="checkbox"/> 54 <input type="checkbox"/> 55 <input type="checkbox"/> 56 <input type="checkbox"/> 57 <input type="checkbox"/> 58 <input type="checkbox"/> 59 <input type="checkbox"/> 60 <input type="checkbox"/> 61 <input type="checkbox"/> 62 <input type="checkbox"/> 63 <input type="checkbox"/> 64 <input type="checkbox"/> 65 <input type="checkbox"/> 66 <input type="checkbox"/> 67 <input type="checkbox"/> 68 <input type="checkbox"/> 69 <input type="checkbox"/> 70 <input type="checkbox"/> 71 <input type="checkbox"/> 72 <input type="checkbox"/> 73 <input type="checkbox"/> 74 <input type="checkbox"/> 75 <input type="checkbox"/> 76 <input type="checkbox"/> 77 <input type="checkbox"/> 78 <input type="checkbox"/> 79 <input type="checkbox"/> 80 <input type="checkbox"/> 81 <input type="checkbox"/> 82 <input type="checkbox"/> 83 <input type="checkbox"/> 84 <input type="checkbox"/> 85 <input type="checkbox"/> 86 <input type="checkbox"/> 87 <input type="checkbox"/> 88 <input type="checkbox"/> 89 <input type="checkbox"/> 90 <input type="checkbox"/> 91 <input type="checkbox"/> 92 <input type="checkbox"/> 93 <input type="checkbox"/> 94 <input type="checkbox"/> 95 <input type="checkbox"/> 96 <input type="checkbox"/> 97 OTHER: _____ <input type="checkbox"/> 99 UNKNOWN						
<b>14-TYPE OF INTERSECTION</b> <input type="checkbox"/> 1 FOUR-WAY INTERSECTION <input type="checkbox"/> 2 T-INTERSECTION <input type="checkbox"/> 3 Y-INTERSECTION <input type="checkbox"/> 4 INTER AS PART OF INTERCHANGE <input type="checkbox"/> 5 TRAFFIC CIRCLE <input type="checkbox"/> 6 ROUNDABOUT <input type="checkbox"/> 7 FIVE POINT OR MORE <input type="checkbox"/> 99 UNKNOWN		<b>22-CONTRIBUTING CIRCUMSTANCES</b> UP TO TWO CHOICES PER UNIT UNIT # <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 31 <input type="checkbox"/> 32 <input type="checkbox"/> 33 <input type="checkbox"/> 34 <input type="checkbox"/> 35 <																		

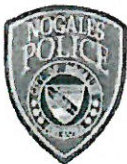


ARIZONA CRASH REPORT										REPORT ID										Agency Report Number																									
1 CONTINUED POLICE ONLY—FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 054R 206 S. 17 <sup>TH</sup> AVE., PHOENIX, ARIZONA 85007-8238										YEAR		MONTH		DAY		HOUR		NCIC NO.		OFFICER ID NO.		170009696																							
										1	7	0	8	1	8	0	9	2	2	1	2	0	1	0	0	2	4	9																	
2 5 PASSENGERS	Unit #	Seat Pos	SD	IS	Name	Address		City		State	Zip Code	Telephone No.		D.O.B. or Age	Sex																														
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 <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;"> 31 21 11 32 22 12 33 23 13 38 28 18 </div> <div style="font-size: 2em; margin: 0 5px;">55</div> </div> 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																																	
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)																																													
<div style="display: flex; justify-content: space-between;"> <div> Unit # 1    0 - NONE 10 - UNDERCARRIAGE 97 - OTHER 99 - UNKNOWN </div> <div> Unit # 2    0 - NONE 10 - UNDERCARRIAGE 97 - OTHER 99 - UNKNOWN </div> <div> Unit # 3    0 - NONE 10 - UNDERCARRIAGE 97 - OTHER 99 - UNKNOWN </div> </div>																																													
28 GLOBAL POSITION Latitude													Longitude																																
29 - ROADWAY ALIGNMENT Unit # 1 2 <input type="checkbox"/> 1 - STRAIGHT <input type="checkbox"/> 2 - CURVE LEFT <input type="checkbox"/> 3 - CURVE RIGHT <input type="checkbox"/> 99 - UNKNOWN													33 - SEQUENCE OF EVENTS UP TO FOUR CRASH EVENTS FOR EACH UNIT IN THE ORDER OF OCCURRENCE  <b>NON-COLLISION</b> 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  <b>COLLISION WITH PERSON, MOTOR VEHICLE, OR FIXED OBJECT</b> 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, WIL—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 MOTOR BY ANOTHER VEHICLE 28. OTHER NON-FIXED OBJ.																																
30 - LANE Please enter unit's number and lane of travel before first crash event <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>UNIT 1</th> <th>UNIT 2</th> <th>UNIT</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>99</td> <td></td> </tr> </tbody> </table> 0 TWO-WAY CONTINUOUS LEFT TURN 1-9 1 - FIRST LANE NEXT TO MEDIAN THROUGH 9 10 CROSSWALK LT THRU LX - LEFT TURN ONLY LANES (LT=1 <sup>ST</sup> LEFT TURN AFTER MEDIAN/CENTERLINE) R1 THRU RX - RIGHT TURN LANES (R1 RIGHT TURN AFTER THROUGH LANES) SW SIDEWALK BL DEDICATED BIKE LANE HOV HIGH OCCUPANCY VEHICLE 97 NON-ROADWAY 99 UNKNOWN													UNIT 1	UNIT 2	UNIT	1	99		<b>COLLISION WITH FIXED OBJECT</b> 29 IMPACT ATTENUATOR/CRASH CUSHION 30 BRIDGE/OVERHEAD STRUCTURE 31 BRIDGE RAIL 32 CULVERT 33 CURB 34 DITCH 35 EMBANKMENT 36 GUARDRAIL 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 SIGN SUPPORT 44 UTILITY POLE/LIGHT SUPPORT 45 OTHER POST, POLE, OR SUPPORT 46 FENCE 47 MAILBOX 48 BUILDING 49 OTHER FIXED OBJ. _____ 99 UNKNOWN																										
UNIT 1	UNIT 2	UNIT																																											
1	99																																												
31 - EJECTION 0 NOT APPLICABLE 1 NOT EJECTED 2 EJECTED, PARTIALLY 3 EJECTED, TOTALLY 4 UNKNOWN DEGREE 99 UNKNOWN													32 - EXTRICATION 0 NO APPLICABLE 1 EXTRICATED 99 UNKNOWN																																
Unit # and Seat Position from front page Driver seat position = 11 <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Unit #</th> <th>Seat Pos</th> <th>Ejection</th> <th>Extrication</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>11</td> <td>1</td> <td>0</td> </tr> </tbody> </table>													Unit #	Seat Pos	Ejection	Extrication	1	11	1	0																									
Unit #	Seat Pos	Ejection	Extrication																																										
1	11	1	0																																										
<b>FIRST HARMFUL EVENT OF THE CRASH</b> 16  <b>SEQUENCE OF EVENTS PER TRAFFIC UNIT</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Unit 1</th> <th>Unit 2</th> <th>Unit</th> </tr> </thead> <tbody> <tr> <td>FIRST EVENT</td> <td>16</td> <td>25</td> <td></td> </tr> <tr> <td>SECOND EVENT</td> <td></td> <td></td> <td></td> </tr> <tr> <td>THIRD EVENT</td> <td></td> <td></td> <td></td> </tr> <tr> <td>FOURTH EVENT</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>														Unit 1	Unit 2	Unit	FIRST EVENT	16	25		SECOND EVENT				THIRD EVENT				FOURTH EVENT																
	Unit 1	Unit 2	Unit																																										
FIRST EVENT	16	25																																											
SECOND EVENT																																													
THIRD EVENT																																													
FOURTH EVENT																																													

01-270482 R05/2014

ARIZONA CRASH REPORT			REPORT ID												Agency Report Number						
<b>CONTINUED</b> <small>POLICE ONLY—FORWARD COPY TO            ADOT TRAFFIC RECORDS SECTION, 064R            206 S. 17TH AVE., PHOENIX, ARIZONA 85007-3233</small>			YEAR	MONTH	DAY	HOUR		NCIC NO.				OFFICER ID NO.				170009696					
			1	7	0	8	1	8	0	9	2	2	1	2	0		1	0	0	2	4
32		CRASH DIAGRAM																		<input type="checkbox"/> MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE <input type="checkbox"/> MEASUREMENTS ARE SCALED (SCALE = _____)	
<div style="position: absolute; top: 10px; right: 10px; border: 1px solid black; padding: 2px;">           33 INDICATE NORTH  </div> <div style="position: absolute; top: 45%; left: 25%; font-size: 1.2em;">             E CALLE CABORCA, Nogales Az 85621           </div> <div style="position: absolute; top: 60%; left: 10%;"> </div> <div style="position: absolute; top: 78%; left: 15%;">             434 E. CALLE CABORCA.           </div> <div style="position: absolute; top: 83%; left: 60%;">             446 E. CALLE CABORCA.           </div> <div style="position: absolute; top: 74%; left: 38%; transform: rotate(-90deg);">             Point of Impact           </div> <div style="position: absolute; top: 73%; left: 72%; transform: rotate(-90deg);">             Beginning Point           </div>																					





# Nogales Police Department

Officer Report for Incident 170009696

**Nature:** Accident Damage

**Address:** N PLACITA TAMPICO / E CALLE  
CABORCA  
Nogales AZ 85621

**Location:** LNN2

**Offense Codes:** TAPD

**Received By:** O Madrigal

**How Received:** 3

**Agency:** NPD

**Responding Officers:** G Villa

**Responsible Officer:** G Villa

**Disposition:** INF 08/21/17

**When Reported:** 09:22:22 08/18/17

**Occurred Between:** 09:21:55 08/18/17 and 09:21:55 08/18/17

**Assigned To:**

**Detail:**

**Date Assigned:** \*\*/\*\*/\*\*

**Status:**

**Status Date:** \*\*/\*\*/\*\*

**Due Date:** \*\*/\*\*/\*\*

**Complainant:** 8544

**Last:** HERNANDEZ-  
FLORES

**First:** JOSE

**Mid:**

**DOB:** 06/18/79

**Dr Lic:** D01123072

**Address:** 550 N POTRERO AVE

**Race:** W

**Sex:** M

**Phone:** (520)287-6571

**City:** Nogales, AZ 85621

## Offense Codes

**Reported:** TAPD Traffic Accident, Prop Damage

**Observed:** TAPD Traffic Accident, Prop Damage

**Additional Offense:** TAPD Traffic Accident, Prop Damage

## Circumstances

**Responding Officers:**

G Villa

**Unit :**

T249

**Responsible Officer:** G Villa

**Agency:** NPD

**Received By:** O Madrigal

**Last Radio Log:** \*\*.\*.\*\*\* \*\*/\*\*/\*\*

**How Received:** 3 Admin Line 3

**Clearance:** DR Incident Report To Follow

**When Reported:** 09:22:22 08/18/17

**Disposition:** INF Date: 08/21/17

**Judicial Status:**

**Occurred between:** 09:21:55 08/18/17

**Misc Entry:**

**and:** 09:21:55 08/18/17

**Modus Operandi:**

**Description :**

**Method :**

## Involvements

Communication: Report on Side Loader accident ( Councilman Varona ) (Reports)

08/21/17

Date	Type	Description	Relationship
08/18/17	Name	HERNANDEZ-FLORES, JOSE	Driver
08/18/17	Name	HERNANDEZ-FLORES, JOSE	Complainant
08/18/17	Name	SANTANA, ALFONSO	Owner
08/18/17	Vehicle	SIL 2015 NISS A2S AZ	Damaged
08/18/17	Vehicle	WHI 2015 PETE 320 AZ	Offender Vehicle
08/18/17	Property	SIL Trunk NISSAN ALTIMA 12000	Property



**Narrative**

On August 18, 2017 at 09:22 hours, a report of a Motor Vehicle Collision was reported at the 400th block of E. Calle Caborca in Nogales, Arizona Santa Cruz County.

**Supplement Officer: G Villa****Pre-crash:**

Traffic #1 was traveling eastbound on E. Calle Caborca and Traffic #2 was properly parked in front of 434 E. Calle Caborca, facing eastbound.

**Crash- Phase:**

As Traffic #1 was traveling eastbound on E. Calle Caborca, the arms that collect the garbage cans, came down and collided with the left rear end of Traffic #2, causing major damage to the rear portion of Traffic #2.

**Post-crash phase:**

Both Traffic units remained at the point of the collision.

See attached photographs.

**Note:**

Jose Joaquin Hernandez Flores the driver of Traffic #1, said that he was in the area of E. Calle Caborca picking up the trash cans. Jose added that after picking up the last trash can that was next to 434 E. Calle Caborca, he stated that he closed the arms and that they retracted back into the dump truck. Jose said that as he was traveling eastbound on E. Calle Caborca to collect another trash can, he stated that he felt an impact on the right side of the dump truck, realizing that the arms that retracted back into the dump truck, they had come by themselves and collided with Traffic #2. I asked Jose if he had anything else to add to his statement and he stated no.

Based on the evidence found at the scene of the collision, it appears that the dump truck dragged Traffic #2, from 434 E. Calle Caborca. Refer to attached pictures of skid marks

I met with the owner of Traffic #2, Alfonso Santana and I asked him he had witnessed the accident and he stated no. Alfonso told me that he was inside his residence and he heard a loud crashing noise. Alfonso added that when he walked out of his residence to see what was the noise, he stated that he saw that a garbage truck had crashed into his car and that his car had been dragged all the way to his next door neighbor.

**Vehicle Disposition:**

Traffic #1 was taken back to Nogales Public Works by Jose and Traffic #2, remained at 434 E. Calle Caborca.

Both drivers were given a report number for future reference and this concludes my involvement.





Communication: Report on Side Loader accident ( Councilman Varona) (Reports)





Communication: Report on Side Loader accident ( Councilman Varona) (Reports)









Communication: Report on Side Loader accident ( Councilman Varona) (Reports)

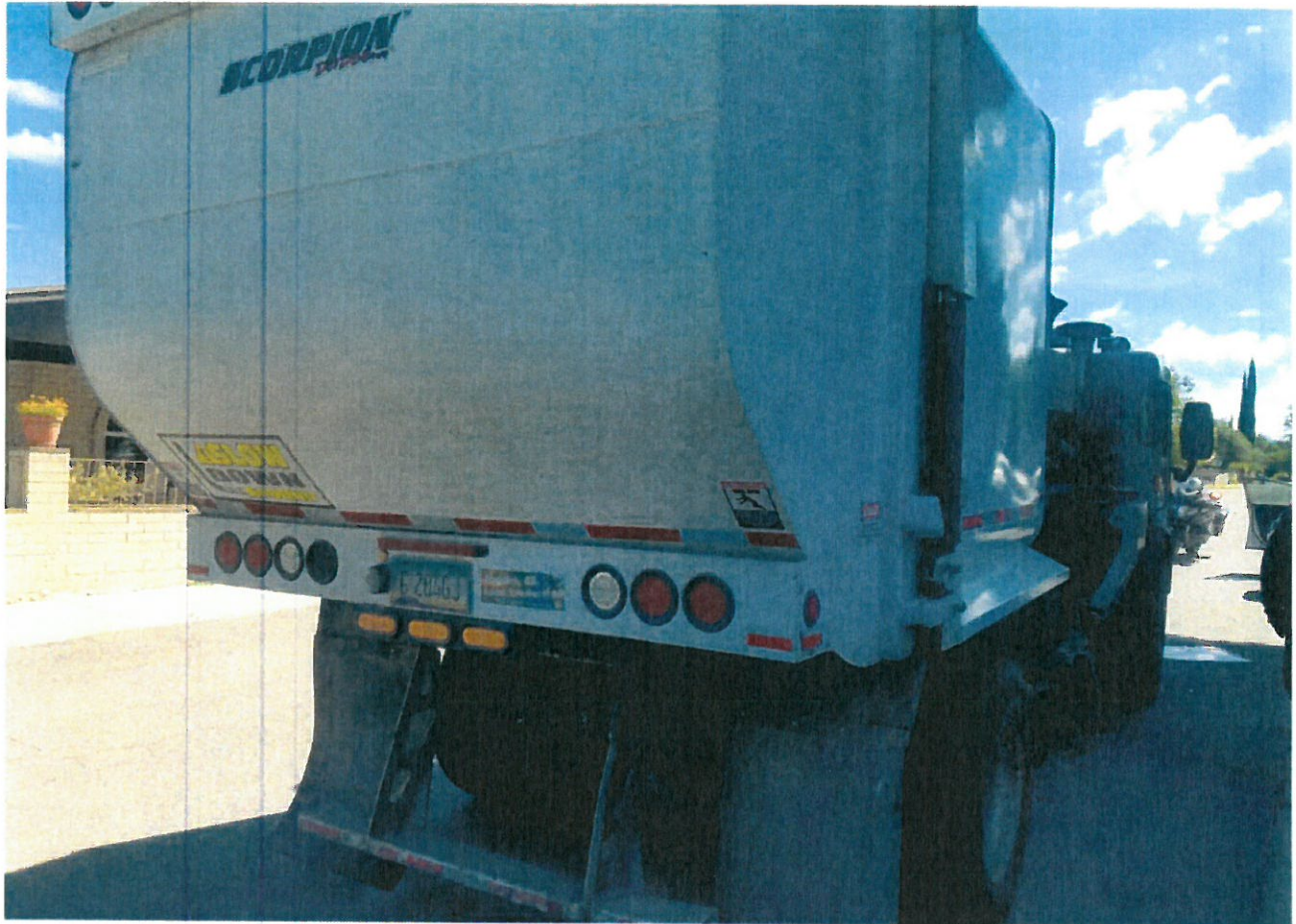










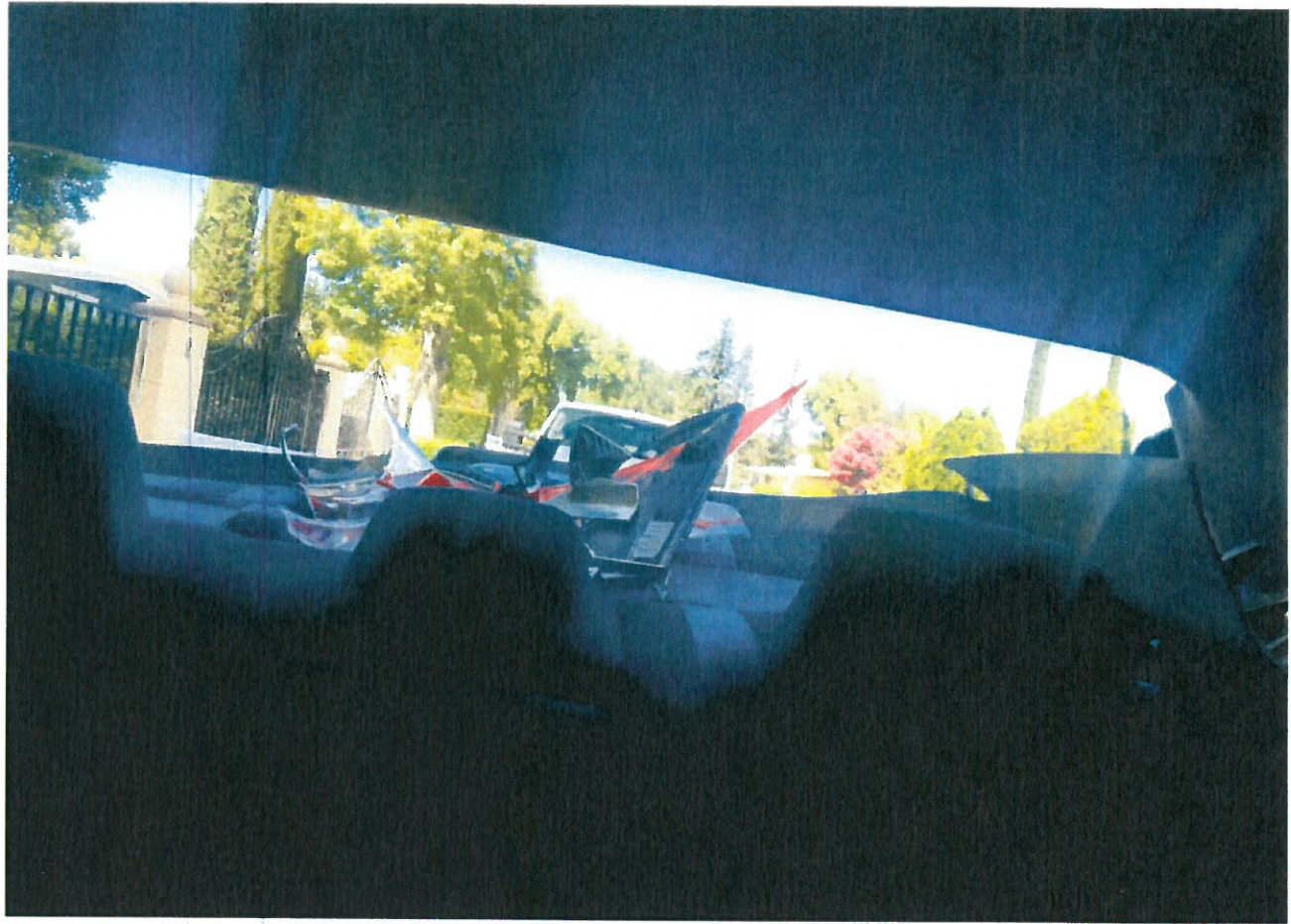






Communication: Report on Side Loader accident ( Councilman Varona) (Reports)





Communication: Report on Side Loader accident ( Councilman Varona) (Reports)




1450 N. Hohokam Drive  
Nogales, Arizona 85621  
(520) 285-5753  
(520) 287-8352, fax

**City of Nogales  
Public Works Dept.**

# Memo

**To:** Dr. Frank Felix, Acting City Manager  
John Kissinger, Deputy City Manager

**From:** Alejandro Barcenas, Community Services/Public Works Director 

**Date:** January 10, 2018

**Re:** Pena Blanca Sewer Line Repair Update

As you may know, the sewer line serving the area of Pena Blanca Highlands was damaged during a flooding event in 2014. The cover of the line was eroded and a section of the pipe was dislodged along the Potrero Wash. The City of Nogales immediately controlled the sewer discharge to the Wash by turning off the lift station that controls the flow in this pipe. City crews made temporary fixes and started working on a permanent repair.

The sewer line has been inspected on a regular basis by our sewer department personnel; if there is any leakage observed in the pipe, crews are instructed to turn off the lift station and reestablish the temporary fix.

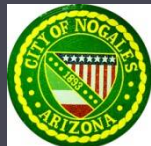
The permanent repairs were delayed due to compliance the Arizona Department of Environmental Quality (ADEQ) regulations which require a full engineering design of the repairs and additional analysis of scour of the wash and environmental review.

The design of the permanent repairs and all of ADEQ requirements have been met and the City of Nogales has applied for a NADBank Grant to complete the repairs. Our position with NADBank ranking is high and the funding decision is expected by March 2018. As soon as the funding is available, we will proceed with the formal implementation of the permanent fixes; these will need to comply with all federal regulations.

In the meantime, the City will continue to monitor the line on a weekly basis to assure that no sewer is being discharged into the Wash. Currently this project is not considered an emergency, but does need to be permanently fixed as soon as possible.

Please let me know if you have any questions, or need additional information.





# CITY OF NOGALES

## Strategic Plan Update – Planning and Development

2/7/18 - Presentation by: Frank Dillon

# Goal: Business Development

**Strategy:** Review City Code regarding Development Standards and ensure funding allocations for cleanup of blight

## **Initiative: Development Standards Code Revision**

### Completed Action Items:

- ✓ Explore other jurisdictions codes for best practices
- ✓ Identify format and structure for revision
- ✓ Complete scope of work, identify qualified consultant and request proposal for services

### Action Items In Progress:

- ✓ Retain consultant and begin overhaul (est. completion 12-18 months)
- ✓ Conduct quarterly community engagement meetings

Costs Associated: TBD



# Goal: Business Development

**Strategy:** Review City Code regarding development standards and ensure funding allocations for cleanup of blight (continued)

**Initiative:** Implement a blight improvement program to address unsightly community resources

Completed Action Items:

- ✓ Best practices research
- ✓ Identification of effective strategies

Action Items In Progress:

- ✓ Develop and implement a blight clean-up program utilizing strategies that employ applicable best practices (12 months)
- ✓ Inventory nuisance properties
- ✓ Create sections in Development Standards Code to address violations and penalties
- ✓ Conduct community outreach and education to promote awareness
- ✓ Work with Grant writer to identify opportunities for funding

Costs Associated: TBD

# Goal: Business Development

**Strategy:** Simplify and clarify business processes program

**Initiative:** Consolidate and streamline business license application process

Completed Action Items:

- ✓ Identification of existing customer service issues
- ✓ Identification improvement strategies
- ✓ Interim departmental coordination to improve the process

Action Items In Progress:

- ✓ Review and issue business license applications at Development Services (3-6 months)
- ✓ Improve the business license application form (2-4 weeks)
- ✓ Ensure that applications are available online, easily located and understandable (2-4 weeks)

Costs Associated: None



# Goal: Business Development

**Strategy:** Simplify and clarify business processes program (continued)

**Initiative:** Expand the online capability of Planning and Development Services

Completed Action Items:

- ✓ Identification of existing issues
- ✓ Identification improvement strategies

Action Items In Progress:

- ✓ Develop web applications for project submittal and tracking (6-12 months)
- ✓ Ensure that policies and procedures are online, easily located and understandable
- ✓ Simplify navigation and layout for ease of use and convenience
- ✓ Develop an online customer satisfaction survey
- ✓ IGA with Santa Cruz County to host CON GIS data

Costs Associated: TBD

# Goal: Business Development

**Strategy:** Simplify and clarify business processes program (continued)

**Initiative:** Development Review process improvement

Completed Action Items:

- ✓ Development Services review consolidation
- ✓ Improved review coordination / internal project management
- ✓ Improved submittal process / single point of contact
- ✓ Improved plan review turnaround times and customer service
- ✓ Improved coordination with external

Action Items In Progress:

- ✓ Continue to refine and simplify process as needed

Costs Associated: None



# Questions





# City of Nogales Public Works Department Facilities Division

Strategic Plan Presentation to Mayor and City Council

Presented by  
Juan Guerra, PE, CFM, MM  
City Engineer

February 7, 2018

# City of Nogales Strategic Plan Goals

## MAYOR AND COUNCIL

Mayor	John F. Doyle
Vice Mayor	Robert Rojas
Councilman	Nubar Hanessian
Councilman	Jorge Maldonado
Councilman	Jose "Joe" Diaz
Councilman	Marcelino Varona Jr.
Councilman	Greg Lucero







## City of Nogales Strategic Plan Goals Applicable to Facilities Division

## Goal 1: SAFETY

Strategy #	Initiative	Tentative Completion Time	Cost
1. Maintain Current & Advanced Training and Education.	Facilities Supervisor will coordinate regular safety training for him and his team.	12 months	TBD
2. Set infrastructure safety plan for the City.	With technical assistance from the Fire Dept. and City Engineer, Facilities Supervisor will prepare a safety plan for each City building.	12 months	None

## Goal 1: SAFETY

Strategy #	Initiative	Tentative Completion Time	Cost
3. Ensure proper equipment and training on its proper use for all employees.	Facilities Supervisor will coordinate proper equipment use trainings for him and his team.	12 months	TBD
4. Integrate safety issues in infrastructure upgrades for crosswalks, sidewalks, lighting, and related issues.	Facilities Supervisor will inspect any needed infrastructure upgrade to ensure compliance with all applicable safety codes and ADA requirements.	12 months	None



## Goal 2: INFRASTRUCTURE

Strategy #	Initiative	Tentative Completion Time	Cost
1. Establish a master plan based upon a full review of aging infrastructure	Facilities Supervisor will prepare a master plan for capital improvements for each of the City buildings.	12 months	TBD
8. Establish regular dialogue between Council and Management regarding capital and infrastructure priorities during budget preparation	A master plan for capital improvements will be presented during budget preparation.	6 months	TBD

## Goal 4: SKILLED CITY WORKFORCE

Strategy #	Initiative	Tentative Completion Time	Cost
1. Communicate and encourage city staff to take advantage of City policy to pay for post-secondary education.	Facilities Supervisor will remind his working team during his staff meetings about this benefit.	12 months	TBD
2. Refine training and education opportunities for City staff.	Facilities Supervisor will coordinate trainings for him and his team.	12 months	TBD



## Goal 4: SKILLED CITY WORKFORCE

Strategy #	Initiative	Tentative Completion Time	Cost
3. Encourage membership in professional associations.	Facilities Supervisor will remind his working team during his staff meetings about this benefit.	12 months	TBD
4. Enhance internal evaluation system to ensure process improvements and results	Facilities Supervisor will perform annually performance evaluations to his working team	12 months	TBD

## Goal 5: CLEAN ENVIRONMENT

Strategy #	Initiative	Tentative Completion Time	Cost
1. The city explores right sizing recycling efforts and current practices.	Facilities Supervisor will install recycling bins in all city buildings to encourage recycling practices.	12 months	TBD
4. The City continues litigation associated with environmental issues where needed.	With technical assistance from MS4 coordinator and the City Engineer, all employees will receive trainings to detect and report any illicit Stormwater discharge within City buildings or Public Right-of-Ways.	12 months	TBD



# Thank You



Juan Guerra, City Engineer

Email: [jguerra@nogalesaz.gov](mailto:jguerra@nogalesaz.gov)

Phone: (520) 285-5753