Early Notification
Vehicular Crimes Unit
ADOT Traffic Records

Please send to:
Patricia Geans
Email: PGeans@azdot.gov
Phone: (602) 712-6339
Fax: (602) 712-3488

Jurisdiction: _____

☐ 963 ☐ 963H ☐ 962 ☐ 962H ☐ Delayed ☐ Indus. ☐ Pri. Prop. ☐ Natural

DR #:_____Date:_____Time:_____ # of Fatals: _____

Location: On:_____☐At ☐ From :_____

Unit # 1 # of Occupants:_____
Description:_____
☐ Driver ☐ Ped. ☐ Bicyclist Name:_____ Injury type:_____
Alcohol/Drugs ☐ Yes ☐ No ☐ Unknown
☐ Passenger Injury Type:_____ ☐ Passenger Injury Type:_____
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☐ Passenger Injury Type:_____ ☐ Passenger Injury Type:_____

Unit # 2 # of Occupants:_____
Description:_____
☐ Driver ☐ Ped. ☐ Bicyclist Name:_____ Injury type:_____
Alcohol/Drugs ☐ Yes ☐ No ☐ Unknown
☐ Passenger Injury Type:_____ ☐ Passenger Injury Type:_____
☐ Passenger Injury Type:_____ ☐ Passenger Injury Type:_____
☐ Passenger Injury Type:_____ ☐ Passenger Injury Type:_____

Unit # 3 # of Occupants:_____
Description:_____
☐ Driver ☐ Ped. ☐ Bicyclist Name:_____ Injury type:_____
Alcohol/Drugs ☐ Yes ☐ No ☐ Unknown
☐ Passenger Injury Type:_____ ☐ Passenger Injury Type:_____
☐ Passenger Injury Type:_____ ☐ Passenger Injury Type:_____
☐ Passenger Injury Type:_____ ☐ Passenger Injury Type:_____

Victim #1:_____ Veh #:_____
NOK Notified ☐ Yes ☐ No Seatbelt: ☐ Yes ☐ No

Victim #2:_____ Veh #:_____
NOK Notified ☐ Yes ☐ No Seatbelt: ☐ Yes ☐ No

Victim #3:_____ Veh #:_____
NOK Notified ☐ Yes ☐ No Seatbelt: ☐ Yes ☐ No

Summary:

Detectives: Case:_____ Other:_____
Log Entry by: _____ Ser#:_____Call Sign:_____