	AR	IZC	DNA	CR	AS	H R	EP	ORT	1						REP	PORTI	D						Agency F	Report Number						
						RWARI RDS SI		Y TO N, 064R	-	YEAR	MONT	Ή	DAY	Н	OUR	_	NCIC N	10.	0	FFICER ID	NO.									
1	2							35007-3														Total N	umber of	Sheets						
CO	MP	LET	E THI		пск	/BUS	SUP	PLEN	IENT		1	Ø	(circle	e) AND	) ANY	- Q	(dian	nond) A		HECKED										
	Tota	al	Tot	al	٦	Fotal		Estimat	ed Total	Damage	Compa	red	() Fata		lit/Run		Person	Transpor	rted for	Tov	Away of A			strict or Grid No.						
2	Unit			ries		atalitie	s	To \$1,0	00 Limit	: 🗖 Ove	er ⊡U	Inder			JIIII #	_		iate Medio	cal Care?	? <sup>∪</sup> One		from Scene?								
	OCATION	On	Highwa	ау/Коа	d/Stre	eet								□ In: □ O	side utside		Cit	ty			ľ	County								
	OCA	Inte				ad/M.P.	or R.P									North			Plus			Measured     Miles     Approximate     Feet								
3	ت Lig	ht Co	nditior		From	1								Ņ	Weather	South r Condit	tions	rest	🗆 Minu	5										
	🗖 1	Daylig Dawn	ht			J 4 Dark J 5 Dark					🗖 51 Ur	nknown		(	□ 1 Clear □ 2 Cloud				□ 4 F □ 5 S	Rain Snow or Blow	ina Snow		3 8 Fog, S 3 50 Other	imog, Smoke r						
		Dusk	POSITI	ON		3 6 Dark titude:	– Unkr	nown Lig	hting					(	3 Sleet,	Hail (free	ezing rain/	(drizzle)		Blowing Sand			<b>1</b> 51 Unkn	own						
	-	-	Secon	-				Yes 🗆	1 No																					
4	lf	YES,	were a	ny of t	he foi	llowing	1 <sup>st</sup> res	ponder	rs hit?		-	-	-			Roadw Time:	ay Clea	r			Incider Clear:	nt								
Safe			Enforce s (SD)		-	rbag (A		5 🗆	Tow Op	perator		Severit		ner			Sea	ting Pos	ition		oroan									
	ot Ap	plicable			0	<ul> <li>Not A</li> <li>Deplo</li> </ul>	pplicabl				1 – No I				Suspected Injury	d Serious	_	31 21 1 <sup>-</sup>			t Seat – Oth - Additional			cle by row						
2 – La	ар Ве	lt	Lap Bel	+	2	- Deplo	yed – S		or, seatba	ick)			linor Injur	y 5–	Fatal Injur - Unknowr			32 22 12 33 23 13	2 42	> 40 – In er	nclosed carg	jo area								
	hild R	estrair	t Syster		4	- Deplo	yed – C		ee, airbe	t, etc.)				01	Not Repo			38 28 18			ng on Vehicl									
50 – 0 51 - U	Other				6	<ul> <li>Deplo</li> <li>Deplo</li> <li>Not D</li> </ul>	yed - U	nknown	Location											51 – Unk										
	_	DL	# 🗖	No Vali		ense/Pe			Class	End.	Drive		Driver		Name (F	First, Mid	ldle, Last	)		🗖 eje	cted 🗆 e	xtricate	d Suff	fix Sex						
	Destrictions Autors										L Pede	estrian	Pedal						State	Zip Code	Tala	phone Number								
		Restrictions Address																		•										
		Date o	of Birth			Owne	r/Carri	er Name		Same as	Driver	Gov'	t Vehicle	/	Address				City			State Zip Code								
		Color			Vehi	cle Yea	r	Make			Boo	dy Style		F	Plate Num	nber					State	Plate Mo/Yr Sus (9 or								
	1	VIN								Autonom	nous Veh			Trailer	(Other U	nit) Plate	e No		State	Year	GVW/GCW		♦Yes	more seats) HazMat Placard?						
	.NO	Control:								Man 🗖 🥖	AV 🗖 Un	kn 🗖			nit) i lat					(Rated) Grea Than 10k por	iter ,	No No	♦ Yes □ No							
	UNIT								Posted Limit	Speed		Ofc Es Speed			In	ijured Trai	nsported	То/Ву												
				oved to	o (Add	Iress/St	orage l		Identifi	er)				Disa	abled		Vehicle F	Removed	by			Ord	lers of							
	TRAFFIC	Insura	ance Co	ompany	/					Tele	phone N	umber		□ Not	Disabled		Policy Nu	umber				Exp	. Date							
5	'					(D		01-1-	01					1	N 1					-										
		🗖 DL	# []	no vai	Ia Lice	ense/Pe	ermit	State	Class	End.	Drive		Driver		Name (F	irst, iviide	die, Last)				ed 🗆 ext	ricated	Suffi	ix Sex						
		Restri	ctions	Add	ress								City	/					State	Zip Code	Telep	ohone N	lumber	1						
		Date o	of Birth			Owne	r/Carri	er Name		Same as	Driver	Gov'	t Vehicle	1	Address				City			State Zip Code								
		Color			Vehi	cle Yea	r	Make			Boo	dy Style		F	Plate Num	her					State	Plate N	/o/Yr	A Bus (9 or						
	ļ					0.0 1.00		mano		Γ.										L			♦Yes	more seats)						
	NO	VIN							nous Veh 🗖 Man 🗇 AV 🗇 Unkn 🗇			Irailer	(Other U	nit) Plate	e No.		State	Year	GVW / GCW (Rated) Grea Than 10k por	ter	HazMat Placard?									
	UNIT	Safety Airbag Injury						Speed		Ofc Es			In	ijured Trai	nsported	То/Ву			🗖 No											
		Devices         Severity           Vehicle Removed to (Address/Storage Location Identifier)						Limit			Speed Disa		1	Vehicle F	Removed	by			Orders of											
	TRAFFIC								Tele	phone N	umher		Not	Disabled		Policy Nu	Imper				Exp. Date									
	-														T Olicy N															
	6	Unit #	Seat Pos	SD	AB	IS	Name				Address			Cit			Sta		Zip Code	Pho	ne	Sex	D.O.B.							
	GER(						_ trans	ported b	y EMS/F	ire					🗖 eje	ected		⊡ e>	tricated											
6	PASSENGERS						d trans	ported b	y EMS/F	ire					🗖 eje	ected		🗆 e>	tricated											
	PAS:						☐ trans	ported b	y EMS/F	ire					🗖 eje	ected		□ e>	tricated											
								-	-						-															
7			DAMAG			5) —	Unit #	_ 2 <sup>#</sup> 1		- <u>]</u>	1	4 5			NDERCA			Unit #	2 1	3		F		DERCARRIAGE						
	(U	OLE	ILL I LA		• ,			8				6		51 – U	NKNOWI	N			8			6	51 – UNI	KNOWN						
	Pro	oerty [	Damage	ed (Oth	er tha	n Vehic	les)	Owne		1 – Priva	ate	3 –	Federal (		nent		ounty in A		7 – 1	ribal Nation	Invent	ory Tag	No							
8 OC Owner's Name Address (or Bar Code ID													State of <i>i</i>	Arizona		o – Ci	ty in Arizo City		51 - State	Unknown Zip Co	de T	elephor	ne Numb	er						
		Nam	<u> </u>				4 ۸	lress				City				Stat	-	Code		Telephone		D.O.E	3							
	SES	indifi	C .				Aut	1000				City				ରାଧା	ы ∠ір	COUR		reiehriotie	NULLIDEL	D.0.6	J.							
9	WITNESSES																													
	WIT																													
	N	<b> </b>	UNIT	Γ#		A.R.S.	NO. OI	R CITY	CODE							UNIT #		A.R.S. N	io. or c	ITY CODE										
1	CITATION																													
1												ate Inves	t.	Time Inv	est.	Fire/E	MS Inci	dent No												
1			lame / l	Badge	#				S	Superviso	r's Signa	ature		-		Agency	Name					Da	ate Comp	bleted						

A	RIZONA CRASH	REPORT						RE	PORTI	D								Agency Report Number						
1	CONTINU POLICE ONLY - FORW		YEAR	M	ONTH	DAY		HOUR		N	1 212/	NO.		OFFIC	ER ID	NO.								
<b>'</b>	ADOT TRAFFIC RECORD 206 S. 17 <sup>TH</sup> AVE., PHOENIX, A																Total	Number of Sheets						
<b>12 —<u>RO</u></b> UNIT #	AD SURFACE CONDITION				19 — <u>CONTRIBUTING CIRCUMSTANCES</u> UP TO TWO CHOICES PER UNIT											BLOCKS 12 - 26: CHECK ONLY ONE OR ONE BLOCK PER UNIT UNLESS NOTED								
	WET		VEL/SAND			NO CONT	RIBUTING		STANCE							ALL THAT	ROPER	,						
13 — <u>RO</u> UNIT #	AD GRADE		- . SUNLIGH	т					IRFACE C	ONDITI		3 EXCEEDED LAWFUL SPEED     4 FOLLOWED TOO CLOSELY     5 RAN STOP SIGN												
	DOWNHILL			2.PHYSICAL OBSTRUCTION(S)  C 4 DEBNIS  D 5 WORK ZONE  D 6 OBSTRUCTION IN ROADWAY  D 6 OBSTRUCTION IN ROADWAY  D 7 CHANGING ROAD WIDTH  D 7 CHANGING ROAD WIDTH  D 9 WRONG WAY DRIVING												) TRAFFIC SIGNAL PER TURN DF CENTER LINE DRIVING								
14 — RELATION TO JUNCTION         □ 0 NOT JUNCTION RELATED       □ 4 RAILWAY GRADE CROSSING         □ 1 INTERSECTION (within)       □ 7 DRIVEWAY or ALLEY ACCESS         □ 4 -WAY □ T-INTER □OTHER       □ 50 OTHER         □ 2 INTERSECTION-RELATED       □ 51 UNKNOWN         □ 3 ENTRANCE/EXIT RAMP						Image: Distribution of the constraint of the constrai											DIAN ) PASSING ZONE E CHANGE EP IN PROPER LANE CROSSWALK ELD RIGHT-OF-WAY							
					20 — <u>DI</u>	1 UNKNOW		G BEHA		-	-	-	-											
□ 3 TW □ 4 TW	D-WAY, NOT DIVIDED (no median D-WAY, (NOT DIVIDED) WITH A C D-WAY, DIVIDED, UNPROTECTE( D-WAY, DIVIDED, POSITIVE MED (NOWN	CONTINUOUS LEFT TURN D MEDIAN	I LANE			NOT DIST TALKING ( TALKING (	ON HANDS	S FREE D	EVICE					1 (		□ 1 GOING STRAIGHT AHEAD □ 2 SLOWING IN TRAFFICWAY								
UNIT #	YIELD SIGN WARNING SIGN RAILROAD CROSSING SIGN FLASHING TRAFFIC SIGNAL	:, .)	1 J 3 PASSENGER     1 ASSENGER     1 J 3 OTHER ACTIVITY, ELECTRONIC DEVICE     1 5 MANUALLY OPERATING AN ELECTRONIC DEVICE     1 6 OTHER INSIDE THE VEHICLE (eating, drinking, etc.)     1 7 OUTSIDE THE VEHICLE (includes unspecified distractions)     5 10 STRACTED, UNKNOWN REASON     5 11 UNKNOWN IF DISTRACTED 21										14 MAKING LEFT TURN     15 MAKING RIGHT TURN     16 MAKING U-TURN     17 OVERTAKING/PASSING     18 CHANGING LANES     19 NEGOTIATING A CURVE     110 BACKING     111 AVOIDING VEHICLE /OBJECT/PED/CYCLIST     12 ENTERING PARKING POSITION     13 LEAVING PARKING POSITION											
17 — <u>MA</u>	NNER OF CRASH IMPACT	51 UNKNOWN				NO APPA								ť.		4 PROPE	PERLY F	PARKED						
<ul> <li>2 ANG (other</li> <li>3 LEF</li> <li>4 REA</li> <li>5 HEA</li> </ul>	GLE (front to side) 1 er than left turn) T TURN 1 AR END (front-to-rear) 1	<ul> <li>G SIDESWIPE, SAME I</li> <li>T SIDESWIPE, OPPOS DIRECTION</li> <li>U-TURN</li> <li>U-TURN</li> <li>50 OTHER</li> <li>51 UNKNOWN</li> </ul>	N	□       1       ILLNESS OR PHYSICAL IMPAIRMENT         □       3       FELL ASLEEP/FATIGUED         □       4       ALCOHOL         □       5       ILLEGAL DRUGS         □       6       MEDICATIONS         □       7       MARIJUANA         □       8       MED MARIJUANA CARD PRESENTED         □       50       OTHER         □       50       OTHER         □       50       OTHER         □       50       SUSPECT F											7 CROSS 8 WALKIN 9 WALKIN 0 STANDI 21 LYING	ING ROANG WITH NG AGAI ING ING IG ON/O	LE – NO DRIVER AD ITRAFFIC INST TRAFFIC INST TRAFFIC							
BEFORE	ECTION OF UNIT TRAVEL (Co 1ST CRASH EVENT	ompass)			<b>24 —<u>LC</u></b> UNIT #	CATION C	F PEDES	TRIAN/C	YCLIST															
<b>NOTE:</b> F	SOUTH	ΗE	AT INTERSECTION-IN MARKED CROSSWALK     I 10 BICYCLE LANE     CROSSWALK     I 11 SHOULDER/ROADSIDE     CROSSWALK     I 12 SIDEWALK     I 13 MEDIAN/CROSSING ISLAND     I 4 AT INTERSECTION-UNKNOWN LOCATION     I 4 AT INTERSECTION-IN MARKED CROSSWALK     I 13 MEDIAN/CROSSING ISLAND     I 4 AT INTERSECTION-IN MARKED CROSSWALK     I 15 SHARED-USE PATH     CROSSWALK     I 16 NON-TRAFFICWAY AREA     CROSSWALK     I 16 NON-TRAFFICWAY AREA     CROSSWALK     I 16 NON-TRAFFICWAY AREA     CROSSWALK     I 18 SCHOOL CROSSWALK     I 18 SCHOOL CROSSWALK     I 19 PARKING LANEZONE												DADSIDE ISING ISLAND CESS PATH WAY AREA									
25 — <u>RC</u> UNIT #	ADWAY ALIGNMENT				27 — <u>S</u>	EQUENCE	OF EVEN	<u>ITS</u>				COL	LISION	I WITH	FIXED	OBJECT								
$\begin{array}{c} \hline \\ \hline $	STRAIGHT CURVE LEFT	event		UP TO FOUR CRASH EVENTS FOR EACH UNIT IN THE ORDER OF OCCURRENCE         29         IMPACT ATTENUATOR/CRAS 30           NON-COLLISION         33         CONCRETE CURB 36         GUARDRAIL FACE 38         36           1         OVERTURN/ROLLOVER         33         CABLE BARRIER 39         CABLE BARRIER 41         TREF. BUSH, STUMP (standir 42           5         CARGO/EQUIPMENT LOSS/SHIFT 6         43         TRAFFIC SIGN SUPPORT 44         UTILITY POLE/LIGHT SUPPOR 44           6         FELL/JUMPED FROM VEHICLE 9         44         UTILITY POLE/LIGHT SUPPOR 46         46           10         SEPARATION OF UNITS         51         UNKNOWN								anding) F DRT PPORT	g) RT											
0 1-9	TWO-WAY CONTINUOUS LEFT				12 13	RAN OFF R RAN OFF R CROSS ME	OAD LEF	Г				FIF	RST HA	RMFUL	EVEN	T OF THE (	CRASH							
<ul> <li>10 CROSSWALK</li> <li>L1 THRU LX – LEFT TURN ONLY LANES (L1 = 1<sup>ST</sup> LEFT TURN AFTER MEDIANCENTERLINE)</li> <li>R1 THRU RX – RIGHT TURN LANES (R1 = 1<sup>ST</sup> RIGHT TURN AFTER THROUGH LANES)</li> </ul>						CROSS CE DOWNHILL																		
						ON WITH P	ERSON, I	MOTOR V	EHICLE, O	OR N	ION-	SE	QUEN	CE OF	EVEN	TS PER T	RAFFIC							
BL	SIDEWALK DEDICATED BIKE LANE					MOTOR VE PEDESTRI/		TRANSPO	ORT						Ur	nit	_	Unit						
HOV 49 50	HIGH OCCUPANCY VEHICLE NON-ROADWAY OTHER	18 PEDALCYCLE FIRST EVENT																						
51	UNKNOWN		21	LIGHT RAIL ANIMAL PARKED M			HICLE				COND													
					27	STRUCK B' ANYTHING	Y FALLING SET IN M	6, SHIFTI OTION B				E	IIRD E	VENT										
					28	OTHER NO	N-FIXED (	JRJ					URTH 'ENT											

01-2704B R11/17

А	RIZ	ON	A (	CR	AS	βH	RE	ΞP	O	RТ													R	EP	OR	ΓID												Age	ncy	Repo	rt Nu	mbe	
				С	ONT	TIN	UEI	D					YE	AR	М	ONT	н	I	DAY			HC	DUR				N	CIC	NO.			OF	FICE	R ID	NO.								
1	206	<b>PO</b> ADOT S. 171																																									
28																$\sim$	R	٨٩	21	-	ור	٨٨	21	2/	<u>\                                    </u>	Λ					ASUR									T TOI	0 SC	CALE	
20																U	11	<u>л</u> ,		1 6	ור	~`			יור					ME	ASUR	EME	NTS	ARE	SCA	LED	(SC/	ALE =					)
																																									29		OCATE
																																									_	111	
	_										_	_			_							_	_																		_		
	_							_	_			_			_	_						_	_	_		_								_			_		_		_		
	_		_	_	_			_	_		_	_	_	_	_	-	-			_	_	_	_	_	_	_	_	_	_	-		_	_	_	_		_		_	_	+	-	
			_	_	-				_				_	_	-	-	-				_	-		_	_	_	_	_	_	-		_	_	-	-		_	_	+	_	+	-	
	-		-	-	-			_	_		-	-	-	-	-	-	-			_	_	-	-	-	-	-	_	-	_	-		-	_	-	-		_		+	-	+-	-	
	+		-		-			_	_		$\rightarrow$	$\rightarrow$	-	-	+	+	-					+	$\rightarrow$	-	$\rightarrow$	-	_	+	-	+		-	-	+	-				+	-	+	-	
	+		-	-	-				_		$\rightarrow$	-	-	+	+	+	-					-	-		$\rightarrow$	-		-	-	-		-	-	+	-			-	+	+	+	-	
	-								_							-						-								-		-		-					+		+		
															-															1											+		
																																									_		
	_		_		-				_		_	_	_	_	-	-					_	_	_	_	_	_	_		_	-		_	_	_	-		_	_	_	_	_		
	_		_	-	-						_	_	_	_	-	-	-				_	-	_	_	_	_	_	_	_	-		_	_	-	-		_		+	_	+	-	
	-		-	-	-			_	_		-	-	-	-	-	-	-			_	_	-	-	-	-	-	_	-	_	-		-	_	-	-		_		+	-	+-	-	
	+-								_				-	-	+	-														+		-		-	-				+	-	+		
	-								_																					1									+		+		
																																									$\perp$		
$\square$	_														_		_																	_			_				_	_	
	_		_	_	-				_			_		_		_	-				_	_	_	_	-+	_		_	_	-		_	_	_	-		_		_	_	+	-	
$\vdash$	_	$\left  - \right $	_		-	$\left  - \right $			_		_	-	_	_	-	-	-				_	+	-	+	-	$\rightarrow$		_	_	+	$\left  \right $	_	_	-	-		_		+	_	+	-	
$\vdash$	-		-	-	-	$\left  - \right $			_		$\neg$	+	-	-	-	+	-				$\neg$	+	+	+	+	+	-	-	-	+		-	-	-	-		-		+	-	+-	-	
$\vdash$	-			-		$\square$			-			+		-	-	+	-				$\neg$	+	+	+	+	+		-	-	$\vdash$		+		-	-				+		+	-	
					1												1													1					1							1	

30	NARRATIVE	Describe what happened	