

ARIZONA CRASH REPORT										REPORT ID										Agency Report Number																																																
1	POLICE ONLY – FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 064R 206 S. 17 TH AVE., PHOENIX, ARIZONA 85007-3233										YEAR		MONTH		DAY		HOUR		NCIC NO.		OFFICER ID NO.		Total Number of Sheets _____																																													
COMPLETE THE TRUCK/BUS SUPPLEMENT IF ANY (circle) AND ANY (diamond) ARE CHECKED																																																																				
2	Total Units	Total Injuries	Total Fatalities	Estimated Total Damage Compared To \$1,000 Limit: <input type="checkbox"/> Over <input type="checkbox"/> Under				<input type="radio"/> Fatal <input type="checkbox"/> Hit/Run Unit # _____		<input type="radio"/> Person Transported for Immediate Medical Care?				<input type="radio"/> Tow Away of At Least One Vehicle from Scene?				District or Grid No.																																																		
3	LOCATION	On Highway/Road/Street										<input type="checkbox"/> Inside City		County																																																						
		Intersecting Street/Road/M.P. or R.P.										<input type="checkbox"/> North <input type="checkbox"/> East <input type="checkbox"/> Plus		Distance				<input type="checkbox"/> Measured <input type="checkbox"/> Miles		<input type="checkbox"/> Approximate <input type="checkbox"/> Feet																																																
		<input type="checkbox"/> At <input type="checkbox"/> From										<input type="checkbox"/> South <input type="checkbox"/> West <input type="checkbox"/> Minus																																																								
3	Light Condition										Weather Conditions																																																									
	<input type="checkbox"/> 1 Daylight <input type="checkbox"/> 4 Dark – Lighted <input type="checkbox"/> 51 Unknown										<input type="checkbox"/> 1 Clear <input type="checkbox"/> 4 Rain <input type="checkbox"/> 8 Fog, Smog, Smoke																																																									
	<input type="checkbox"/> 2 Dawn <input type="checkbox"/> 5 Dark – Not Lighted										<input type="checkbox"/> 2 Cloudy <input type="checkbox"/> 5 Snow or Blowing Snow <input type="checkbox"/> 50 Other																																																									
<input type="checkbox"/> 3 Dusk <input type="checkbox"/> 6 Dark – Unknown Lighting										<input type="checkbox"/> 3 Sleet, Hail (freezing rain/drizzle) <input type="checkbox"/> 7 Blowing Sand, Soil, Dirt <input type="checkbox"/> 51 Unknown																																																										
GLOBAL POSITION										Latitude:										Longitude																																																
4	Is this a Secondary Collision: <input type="checkbox"/> Yes <input type="checkbox"/> No										Roadway Clear Time: <input type="text"/>										Incident Clear: <input type="text"/>																																															
	If YES, were any of the following 1 st responders hit? <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Fire <input type="checkbox"/> EMS <input type="checkbox"/> Tow Operator <input type="checkbox"/> DOT Worker <input type="checkbox"/> Other _____																																																																			
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, airbelt, 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 <table><tr><td>31</td><td>21</td><td>11</td></tr><tr><td>32</td><td>22</td><td>12</td></tr><tr><td>33</td><td>23</td><td>13</td></tr><tr><td>38</td><td>28</td><td>18</td></tr></table> 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										31	21	11	32	22	12	33	23	13	38	28	18																	
31	21	11																																																																		
32	22	12																																																																		
33	23	13																																																																		
38	28	18																																																																		
5	TRAFFIC UNIT NO.	<input type="checkbox"/> DL # <input type="checkbox"/> No Valid License/Permit		State	Class	End.	<input type="checkbox"/> Driver <input type="checkbox"/> Driverless <input type="checkbox"/> Pedestrian <input type="checkbox"/> Pedalcyclist		Name (First, Middle, Last)										<input type="checkbox"/> ejected <input type="checkbox"/> extricated		Suffix	Sex																																														
		Restrictions		Address										City										State		Zip Code		Telephone Number																																								
		Date of Birth		Owner/Carrier Name										<input type="checkbox"/> Same as Driver <input type="checkbox"/> Gov't Vehicle		Address										City		State		Zip Code																																						
		Color		Vehicle Year		Make		Body Style		Plate Number										State	Plate Mo/Yr		<input type="checkbox"/> Bus (9 or more seats)																																													
		VIN		Autonomous Veh <input type="checkbox"/>		Control: Man <input type="checkbox"/> AV <input type="checkbox"/> Unkn <input type="checkbox"/>		Trailer (Other Unit) Plate No.										State	Year		GVW / GCWR (Rated) Greater Than 10k pounds? <input type="checkbox"/> Yes <input type="checkbox"/> No		HazMat Placard? <input type="checkbox"/> Yes <input type="checkbox"/> No																																													
		Safety Devices		Airbag		Injury Severity		Posted Speed Limit		Ofc Est. Speed		Injured Transported To/By																																																								
		Vehicle Removed to (Address/Storage Location Identifier)										<input type="checkbox"/> Disabled <input type="checkbox"/> Not Disabled		Vehicle Removed by										Orders of																																												
		Insurance Company										Telephone Number										Policy Number										Exp. Date																																				
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6	PASSENGERS	Unit #	Seat Pos	SD	AB	IS	Name										Address										City										State		Zip Code		Phone		Sex	D.O.B.																								
								<input type="checkbox"/> transported by EMS/Fire										<input type="checkbox"/> ejected <input type="checkbox"/> extricated																																																		
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7	VEHICLE DAMAGED AREA(S) – (CIRCLE ALL THAT APPLY)										Unit # <table><tr><td>2</td><td>3</td><td>4</td></tr><tr><td>1</td><td>9</td><td>5</td></tr><tr><td>8</td><td>7</td><td>6</td></tr></table>										2	3	4	1	9	5	8	7	6	0 – NONE 10 – UNDERCARRIAGE 51 – UNKNOWN										Unit # <table><tr><td>2</td><td>3</td><td>4</td></tr><tr><td>1</td><td>9</td><td>5</td></tr><tr><td>8</td><td>7</td><td>6</td></tr></table>										2	3	4	1	9	5	8	7	6	0 – NONE 10 – UNDERCARRIAGE 51 – UNKNOWN									
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8	7	6																																																																		
8	Property Damaged (Other than Vehicles)										Owner Code (OC) 1 – Private 2 – Public Utility 3 – Federal Government 4 – State of Arizona 5 – County in Arizona 6 – City in Arizona 7 – Tribal Nation 51 – Unknown										Inventory Tag No																																															
	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.																														
10	CITATION	UNIT #										A.R.S. NO. OR CITY CODE										UNIT #										A.R.S. NO. OR CITY CODE																																				
11	1	Photos Taken <input type="checkbox"/> Yes <input type="checkbox"/> No		Photographer's Name, ID Number and Agency Name										Invest. At Scene <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Invest.		Time Invest.		Fire/EMS Incident No																																																
		Officer's Name / Badge #										Supervisor's Signature										Agency Name										Date Completed																																				

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12 —ROAD SURFACE CONDITION			19 —CONTRIBUTING CIRCUMSTANCES												BLOCKS 12 - 26: CHECK ONLY ONE OR ONE BLOCK PER UNIT UNLESS NOTED			
UNIT #			UP TO TWO CHOICES PER UNIT												22 —VIOLATIONS/BEHAVIOR			
<div><div><input type="checkbox"/> 1 DRY</div><div><input type="checkbox"/> 2 WET</div><div><input type="checkbox"/> 3 SNOW/SLUSH</div><div><input type="checkbox"/> 5 ICE/FROST</div><div><input type="checkbox"/> 6 WATER (standing/moving)</div></div> <div><div><input type="checkbox"/> 8 MUD/DIRT/GRAVEL/SAND</div><div><input type="checkbox"/> 50 OTHER _____</div><div><input type="checkbox"/> 51 UNKNOWN</div></div>																		

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28		CRASH DIAGRAM																						<input type="checkbox"/> MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE <input type="checkbox"/> MEASUREMENTS ARE SCALED (SCALE = _____)									
																								29		INDICATE NORTH							

30		NARRATIVE												Describe what happened									