

| ARIZONA CRASH REPORT | | | REPORT ID | | | | | | | | | | | | Agency Report Number | | | |
|---|--|--|-----------|------|--|------------------|--|----------|---|--|---------------------------------|--|---|--|----------------------|-----------------------|--|--|
| 1 | FATAL SUPPLEMENT | | | YEAR | MONTH | DAY | HOURL | NCIC NO. | OFFICER ID NO. | | | | <input type="checkbox"/> Delayed Fatality | | | | | |
| | POLICE ONLY —FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 064R 206 S. 17TH AVE., PHOENIX, ARIZONA 85007-3233 | | | | | | | | | | | | | | | | | |
| V I C T I M | NAME OF VICTIM | | | | | | | | | | <input type="checkbox"/> DRIVER | | <input type="checkbox"/> PEDESTRIAN | | | | | |
| | ADDRESS | | | | | | | | | | CITY | | STATE | | ZIP | | | |
| | SEX | | WEIGHT | | EYES | | HEIGHT | | HAIR | | DATE OF BIRTH | | | | | | | |
| | VICTIM REMOVED TO | | | | | | VICTIM REMOVED BY | | | | | | | | | | | |
| | <input type="checkbox"/> DECEASED AT SCENE | | | | <input type="checkbox"/> TRANSPORTED TO HOSPITAL | | | | DATE OF DEATH | | | | TIME OF DEATH | | | | | |
| | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | <div style="border: 1px solid black; width: 100px; height: 15px; display: inline-block;"></div> | | | | <div style="border: 1px solid black; width: 60px; height: 15px; display: inline-block;"></div> | | | | | |
| | MMDYYYYY | | | | | | | | | | | | | | | | | |
| | SAFETY DEVICE FAILURE | | | | | | SAFETY DEVICE - IMPROPER USAGE | | | | | | EJECTION (Eject) PATH | | | | | |
| | <input type="checkbox"/> 0 NOT APPLICABLE (safety device worked)/ NOT USED <input type="checkbox"/> 1 LAP FAILED <input type="checkbox"/> 2 SHOULDER FAILED <input type="checkbox"/> 3 BOTH FAILED <input type="checkbox"/> 4 CHILD SAFETY SEAT FAILED <input type="checkbox"/> 5 CHILD BOOSTER SEAT FAILED <input type="checkbox"/> 99 UNKNOWN | | | | | | <input type="checkbox"/> 0 NOT APPLICABLE (safety device properly used)/ NOT USED <input type="checkbox"/> 1 LAP <input type="checkbox"/> 2 SHOULDER <input type="checkbox"/> 3 BOTH <input type="checkbox"/> 4 CHILD SAFETY SEAT <input type="checkbox"/> 5 CHILD BOOSTER SEAT <input type="checkbox"/> 99 UNKNOWN | | | | | | <input type="checkbox"/> 0 NOT APPLICABLE (non-motorist/ not ejected) <input type="checkbox"/> 1 THROUGH SIDE DOOR OPENING <input type="checkbox"/> 2 THROUGH SIDE WINDOW <input type="checkbox"/> 3 THROUGH WINDSHIELD <input type="checkbox"/> 4 THROUGH BACK WINDOW <input type="checkbox"/> 5 THROUGH BACK DOOR/ TAILGATE OPENING <input type="checkbox"/> 6 THROUGH ROOF OPENING (sunroof; convertible top down) <input type="checkbox"/> 7 Through ROOF (convertible top up) <input type="checkbox"/> 8 OTHER PATH <input type="checkbox"/> 99 UNKNOWN | | | | | |
| | AIR BAG NOT AVAILABLE | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 0 NOT APPLICABLE <input type="checkbox"/> 1 PREVIOUSLY DEPLOYED - NOT REPLACED <input type="checkbox"/> 2 DISABLED <input type="checkbox"/> 3 REMOVED | | | | | | | | | | | | | | | | | | |
| 3 DRIVER | | | | | | | | | | | | | | | | | | |
| NAME OF DRIVER <input type="checkbox"/> SAME AS VICTIM | | | | | | | | | | | | | | | | | | |
| 4 | EXTRICATION (Extr) SUPPLEMENT | | | | | | 5 COMPLETED IF ANY DRIVER IS TESTED FOR ALCOHOL/ DRUGS | | | | | | | | | | | |
| | UNIT # <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 0 NOT APPLICABLE (non-motorist)/ NOT EXTRICATED <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 BY AMBULANCE ATTENDANT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2 BY POLICE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3 BY FIRE DEPARTMENT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4 BY PASSERBY <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 97 OTHER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 99 UNKNOWN | | | | | | DRIVER # _____ DRIVER # _____ DRIVER # _____ ALCOHOL TEST TYPE _____ ALCOHOL TEST TYPE _____ ALCOHOL TEST TYPE _____ ALCOHOL TEST RESULTS _____ ALCOHOL TEST RESULTS _____ ALCOHOL TEST RESULTS _____ DRUG TEST TYPE _____ DRUG TEST TYPE _____ DRUG TEST TYPE _____ DRUG TEST RESULTS _____ DRUG TEST RESULTS _____ DRUG TEST RESULTS _____ | | | | | | | | | | | |
| 6 | UNDERRIDE/ OVERRIDE | | | | | | | | | | | | FIRE OCCURRENCE | | | | | |
| | UNIT # <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 0 NOT APPLICABLE <div style="display: flex; justify-content: space-around;"> <div style="width: 45%;"> UNDERRIDING A MOTOR VEHICLE IN- TRANSPORT <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 1 UNDERRIDE (compartment intrusion) <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 2 UNDERRIDE (no compartment intrusion) <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 3 UNDERRIDE (compartment intrusion unknown) </div> <div style="width: 45%;"> UNDERRIDING A MOTOR VEHICLE NOT IN- TRANSPORT <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 4 UNDERRIDE (compartment intrusion) <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 5 UNDERRIDE (no compartment intrusion) <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> 6 UNDERRIDE (compartment intrusion unknown) </div> </div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 7 OVERRIDING A MOTOR VEHICLE IN- TRANSPORT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 8 OVERRIDING A MOTOR VEHICLE NOT IN- TRANSPORT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 9 THROUGH ROOF OPENING (sunroof) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 99 UNKNOWN | | | | | | | | | | | | UNIT # <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 0 NOT APPLICABLE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 FIRE OCCURRED IN VEHICLE DURING CRASH | | | | | |
| 7 | EMTS | | | | | | | | | | | | | | | | | |
| | TIME EMS CALLED | | | | | TIME EMS ARRIVED | | | | | ARRIVAL TIME AT HOSPITAL | | | | | | | |
| 8 | COMMENTS | | | | | | | | | | | | | | | | | |
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| 9 | OFFICER'S NAME | | | | | | SUPERVISOR'S SIGNATURE | | | | | | AGENCY | | | DATE COMPLETED | | |