

1 <b>ARIZONA CRASH REPORT</b>		YEAR MONTH DAY			REPORT ID		NCIC NO.		OFFICERS ID NO.		Agency Report Number					
<b>FATAL SUPPLEMENT</b> POLICE ONLY - FORWARD COPY TO TRAFFIC RECORDS SECTION, 064R ADOT TRAFFIC RECORDS SECTION, 064R 206 S. 17th AVE., PHOENIX, ARIZONA 85007-3233																
2 <b>VICTIM</b>	NAME OF VICTIM										<input type="checkbox"/> DRIVER <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> PASSENGER <input type="checkbox"/> PEDALCYCLIST					
	ADDRESS										CITY		STATE		ZIP	
	SEX		WEIGHT		EYES		HEIGHT		HAIR		DATE OF BIRTH					
	VICTIM REMOVED TO						VICTIM REMOVED BY									
	DECEASED AT SCENE <input type="checkbox"/> YES <input type="checkbox"/> NO				TRANSPORTED TO HOSPITAL: <input type="checkbox"/> YES <input type="checkbox"/> NO				ARRIVAL TIME AT HOSPITAL							
	<b>SAFETY DEVICE FAILURE</b>				<b>SAFETY DEVICE - IMPROPER USAGE</b>				<b>EJECTION (Eject) PATH</b>							
	<input type="checkbox"/> 0 - Not Applicable (Safety Device Worked) <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) <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 (e.g., back of pickup truck) <input type="checkbox"/> 99 - Unknown							
	<b>AIR BAG NOT AVAILABLE</b>															
	<input type="checkbox"/> 0 - Not Applicable (Air Bag Available) <input type="checkbox"/> 1 - Previously Deployed - Not Replaced <input type="checkbox"/> 2 - Disabled <input type="checkbox"/> 3 - Removed															
	<b>3 DRIVER</b>		NAME OF DRIVER										<input type="checkbox"/> SAME AS VICTIM			
<b>4 EXTRACTION (Extr) SUPPLEMENT</b>						<b>5 COMPLETE IF ANY DRIVER IS TESTED FOR ALCOHOL/DRUGS</b>										
Unit # 1 2 <input type="checkbox"/> <input type="checkbox"/> 0 - Not Applicable (Non Motorist) / Not Extracted <input type="checkbox"/> <input type="checkbox"/> 1 - By Ambulance Attendant <input type="checkbox"/> <input type="checkbox"/> 2 - By Police <input type="checkbox"/> <input type="checkbox"/> 3 - By Fire Department <input type="checkbox"/> <input type="checkbox"/> 4 - By Passerby <input type="checkbox"/> <input type="checkbox"/> 97 - Other <input type="checkbox"/> <input type="checkbox"/> 99 - Unknown						Driver # _____      Driver # _____  Alcohol Test Type _____      Alcohol Test Type _____ Alcohol Test Results _____      Alcohol Test Results _____ Drug Test Type _____      Drug Test Type _____ Drug Test Results _____      Drug Test Results _____										
6 <b>MOTOR VEHICLE</b>	<b>UNDERRIDE / OVERRIDE</b>						<b>FIRE OCCURRNCE</b>									
	Unit # 1 2 <input type="checkbox"/> <input type="checkbox"/> 0 - Not Applicable <i>UNDERRIDING A MOTOR VEHICLE IN-TRANSPORT</i> <input type="checkbox"/> <input type="checkbox"/> 1 - Underride (Compartment Intrusion) <input type="checkbox"/> <input type="checkbox"/> 2 - Underride (No Compartment Intrusion) <input type="checkbox"/> <input type="checkbox"/> 3 - Underride (Compartment Intrusion Unknown) <input type="checkbox"/> <input type="checkbox"/> 7 - Overriding a Motor Vehicle In-Transport <input type="checkbox"/> <input type="checkbox"/> 8 - Overriding a Motor Vehicle Not In-Transport <input type="checkbox"/> <input type="checkbox"/> 9 - Through Roof Opening (sunroof) <input type="checkbox"/> <input type="checkbox"/> 99 - Unknown						Unit # 1 2 <input type="checkbox"/> <input type="checkbox"/> 0 - Not Applicable <input type="checkbox"/> <input type="checkbox"/> 1 - Fire Occurred in Vehicle During Accident <input type="checkbox"/> <input type="checkbox"/> 2 - Fire occurred in This Vehicle and Initiated Fire/Explosion in Another Vehicle <input type="checkbox"/> <input type="checkbox"/> 99 - Unknown									
<b>7 EMS</b>		EMS CALLED				EMS ARRIVED										
<b>8 COMMENTS</b>																
<b>9 OFFICER'S SIGNATURE</b>				SUPERVISOR'S SIGNATURE				AGENCY		DATE COMPLETED						