

ARIZONA CRASH REPORT

REPORT ID

Agency Report Number

POLICE ONLY - FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION 064R 206 S. 17th AVE., PHOENIX, ARIZONA 85007-3233

Table with columns: YEAR, MONTH, DAY, HOUR, NCIC NO., OFFICERS ID NO.

Total No. 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 Limit, Fatal, Persons Transported for Immediate Medical Care?, Tow Away of At Least One Vehicle from Scene?, District or Grid No.

3 LOCATION: On Highway/Road / Street, Intersecting Street, Road / M.P. or R.P., Inside City, Outside, North, South, East, West, Plus, Minus, Distance, Measured, Approximate, Miles, Feet

Safety Devices (SD), Air Bag Status (ABS), Injury Severity (IS), Injured (Trans)ported By

Ejection (Eject), Extraction (Extr), Direction of Travel (DoT) Before 1st Crash Event, Lane, Roadway Grade, Roadway Alignment, Seating Position

4 TRAFFIC UNIT NO. 1: State, Class, End., DL#, SSN, Both, Driver, Pedestrian, Pedalcyclist, Name, Sex, No License/Permit, Restrictions, Address, City, State, Zip Code, Telephone Number, Date of Birth, Owner/Carrier Name, Address, City, State, Zip Code, Same as Driver, Plate Number, State, Year, Body Style, Make, Color, Bus (9 or more seats), Agency Use, VIN, Trailer (Other Unit) Plate No., State, Year, GVW (Rated) of Power Unit Greater than 10k pounds?, HazMat Placard?, SD, ABS, IS, Trans, Eject, Extr, DoT, Lane, Grade, Alignment, Posted Speed Limit, Ofc Est Speed, Transported To, Removed to (Address/Storage Location Identifier), Disabled, Not Disabled, Removed by, Orders of, EMS I.D., Incident No., Insurance Company, Telephone Number (800#), Policy Number, Name of Policy Holder, Eff Date/ Exp Date

4 TRAFFIC UNIT NO. 2: State, Class, End., DL#, SSN, Both, Driver, Pedestrian, Pedalcyclist, Name, Sex, No License/Permit, Restrictions, Address, City, State, Zip Code, Telephone Number, Date of Birth, Owner/Carrier Name, Address, City, State, Zip Code, Same as Driver, Plate Number, State, Year, Body Style, Make, Color, Bus (9 or more seats), Agency Use, VIN, Trailer (Other Unit) Plate No., State, Year, GVW (Rated) of Power Unit Greater than 10k pounds?, HazMat Placard?, SD, ABS, IS, Trans, Eject, Extr, DoT, Lane, Grade, Alignment, Posted Speed Limit, Ofc Est Speed, Transported To, Removed to (Address/Storage Location Identifier), Disabled, Not Disabled, Removed by, Orders of, EMS I.D., Incident No., Insurance Company, Telephone Number (800#), Policy Number, Name of Policy Holder, Eff Date/ Exp Date

5 PASSENGERS: Table with columns: Unit #, Seat Pos, SD, ABS, IS, Trans, Eject, Extr, Name, Address, City, State, Zip Code, D.O.B., Sex

6 Property Damaged (Other than Vehicles) Block 22B, Event 21 - 41, Owner Code (OC), 1 - Private, 2 - Public Utility (APS, etc), 3 - Federal Government, 4 - State of Arizona, 5 - County in Arizona, 6 - City in Arizona, 7 - Tribal Nation, 99 - Unknown, Inventory Tag No., (OC) Owner's Name, Address (or Bar Code ID Number), City, State, Zip Code, Telephone Number

7 Photos Taken, Photographer's Name, ID Number, and Agency, Invest. at Scene, Date Invest., Time Invest., Officer's Signature, Supervisor's Signature, Agency, Date Completed

<b>8</b> WITNESSES	Name	Address	City	State	Zip Code	Telephone Number	DOB

9 - CITATION CHARGES		22A - EVENT			22B - CRASH EVENTS FIRST HARMFUL, MOST HARMFUL and SEQUENCE OF  <u>NON-COLLISION</u> 1 OVERTURN/ROLLOVER 2 FIRE/EXPLOSION 3 IMMERSION 4 JACKKNIFE 5 CARGO/EQUIPMENT LOSS/SHIFT 6 FELL/JUMPED FROM VEHICLE 7 THROWN OR FALLING OBJECT 8 OTHER NON-COLLISION <u>COLLISION WITH NON-FIXED OBJECT</u> 9 MOTOR VEHICLE IN TRANSPORT 10 PEDESTRIAN 11 PEDALCYCLE 12 RAILWAY VEHICLE (TRAIN, ENGINE) 13 LIGHT RAILWAY/RAIL CAR VEHICLE 14 ANIMAL, WILD - NON GAME 15 ANIMAL, WILD - GAME 16 ANIMAL - PET 17 ANIMAL - LIVESTOCK 18 PARKED MOTOR VEHICLE 19 WORK ZONE /MAINT. EQUIP. 20 OTHER NON-FIXED OBJ. <u>COLLISION WITH FIXED OBJECT</u> 21 IMPACT ATTENUATOR/ CRASH CUSHION 22 BRIDGE/OVERHEAD STRUCTURE 23 BRIDGE RAIL 24 CULVERT 25 CURB 26 DITCH 27 EMBANKMENT 28 GUARDRAIL FACE 29 GUARDRAIL END 30 CONCRETE TRAFFIC BARRIER 31 CABLE TRAFFIC BARRIER 32 OTHER TRAFFIC BARRIER 33 TREE, BUSH, STUMP (STANDING) 34 TRAFFIC SIGN SUPPORT 35 TRAFFIC SIGNAL SUPPORT 36 UTILITY POLE/LIGHT SUPPORT 37 OTHER POST, POLE, OR SUPPORT 38 FENCE 39 MAILBOX 40 BUILDING 41 OTHER FIXED OBJ.
UNIT NO.	A.R.S. NO. OR CITY CODE	UNIT	UNIT	SEQUENCE OF EVENTS	
				FIRST EVENT	
				SECOND EVENT	
				THIRD EVENT	
				FOURTH EVENT	
		MOST HARMFUL EVENT BY VEHICLE (USE CODES 1 TO 49)			
		FIRST HARMFUL EVENT OF CRASH (USE CODES 1 TO 41 ONLY)			

**CHECK ONLY ONE OR ONE BLOCK PER UNIT UNLESS NOTED**

<p><b>10 - LIGHT CONDITION</b></p> <input type="checkbox"/> 1 DAYLIGHT <input type="checkbox"/> 2 DAWN <input type="checkbox"/> 3 DUSK <input type="checkbox"/> 4 DARK-LIGHTED <input type="checkbox"/> 5 DARK-NOT LIGHTED <input type="checkbox"/> 6 DARK-UNKNOWN LIGHTING	<p><b>16 - TRAFFIC CONTROL DEVICE</b></p> <p>UNIT # 1 2</p> <input type="checkbox"/> 0 NO CONTROLS <input type="checkbox"/> 1 SIGNAL <input type="checkbox"/> 2 STOP SIGN <input type="checkbox"/> 3 YIELD SIGN <input type="checkbox"/> 4 WARNING SIGN <input type="checkbox"/> 5 RAILROAD CROSSING DEVICE <input type="checkbox"/> 6 FLASHING TRAFFIC SIGNAL <input type="checkbox"/> 7 PERSON (law enforcement, crossing guard, flagger, etc.) <input type="checkbox"/> 97 OTHER <input type="checkbox"/> 99 UNKNOWN	<p><b>19 - VIOLATIONS / BEHAVIOR</b> UP TO TWO CHOICES PER PERSON</p> <p>UNIT # 1 2</p> <input type="checkbox"/> 0 NO IMPROPER ACTION <input type="checkbox"/> 1 SPEED TOO FAST FOR CONDITIONS <input type="checkbox"/> 2 EXCEEDED LAWFUL SPEED <input type="checkbox"/> 3 FAILED TO YIELD RIGHT-OF-WAY <input type="checkbox"/> 4 FOLLOWED TOO CLOSELY <input type="checkbox"/> 5 FAILED TO OBEY STOP SIGN <input type="checkbox"/> 6 FAILED TO STOP FOR RED SIGNAL <input type="checkbox"/> 7 DISREGARDED TRAFFIC SIGNAL <input type="checkbox"/> 8 MADE IMPROPER TURN <input type="checkbox"/> 9 DROVE/RODE IN OPPOSING TRAFFIC LANE <input type="checkbox"/> 10 KNOWINGLY OPERATED WITH FAULTY / MISSING EQUIPMENT <input type="checkbox"/> 11 REQUIRED MOTORCYCLE SAFETY EQUIPMENT NOT USED <input type="checkbox"/> 12 PASSED IN NO PASSING ZONE <input type="checkbox"/> 13 UNSAFE LANE CHANGE <input type="checkbox"/> 14 FAILED TO KEEP IN PROPER LANE <input type="checkbox"/> 15 DISREGARDED PAVEMENT MARKINGS <input type="checkbox"/> 16 OTHER UNSAFE PASSING <input type="checkbox"/> 17 INATTENTION / DISTRACTION <input type="checkbox"/> 18 DID NOT USE CROSSWALK <input type="checkbox"/> 19 WALKED ON WRONG SIDE OF ROAD <input type="checkbox"/> 20 ELECTRONIC COMMUNICATIONS DEVICE <input type="checkbox"/> 97 OTHER <input type="checkbox"/> 99 UNKNOWN
<p><b>11 - WEATHER CONDITIONS</b></p> <input type="checkbox"/> 1 CLEAR <input type="checkbox"/> 2 CLOUDY <input type="checkbox"/> 3 SLEET/HAIL (freezing rain/drizzle) <input type="checkbox"/> 4 RAIN <input type="checkbox"/> 5 SNOW <input type="checkbox"/> 6 SEVERE CROSSWINDS <input type="checkbox"/> 7 BLOWING SAND, SOIL, DIRT <input type="checkbox"/> 8 FOG, SMOG, SMOKE <input type="checkbox"/> 9 BLOWING SNOW <input type="checkbox"/> 97 OTHER <input type="checkbox"/> 99 UNKNOWN	<p><b>17 - MANNER OF CRASH IMPACT</b></p> <input type="checkbox"/> 1 SINGLE VEHICLE <input type="checkbox"/> 2 ANGLE (front to side) SAME DIRECTION <input type="checkbox"/> 3 ANGLE (front to side) OPPOSITE DIRECTION <input type="checkbox"/> 4 ANGLE (front to side) RIGHT ANGLE <input type="checkbox"/> 5 ANGLE - DIRECTION NOT SPECIFIED <input type="checkbox"/> 6 REAR END (front to rear) <input type="checkbox"/> 7 HEAD-ON (front-to-front) <input type="checkbox"/> 8 SIDESWIPE, SAME DIRECTION <input type="checkbox"/> 9 SIDESWIPE, OPPOSITE DIRECTION <input type="checkbox"/> 10 REAR-TO-SIDE <input type="checkbox"/> 11 REAR-TO-REAR <input type="checkbox"/> 97 OTHER <input type="checkbox"/> 99 UNKNOWN	<p><b>20 - CONDITIONS INFLUENCING DRIVER/ PED/BICYCLIST</b> UP TO TWO CHOICES PER PERSON</p> <p>UNIT # 1 2</p> <input type="checkbox"/> 0 NO APPARENT INFLUENCE <input type="checkbox"/> 1 ILLNESS <input type="checkbox"/> 2 PHYSICAL IMPAIRMENT <input type="checkbox"/> 3 FELL ASLEEP / FATIGUED <input type="checkbox"/> 4 ALCOHOL <input type="checkbox"/> 5 DRUGS <input type="checkbox"/> 6 MEDICATIONS <input type="checkbox"/> 97 OTHER <input type="checkbox"/> 99 UNKNOWN CONDITION
<p><b>12 - ROAD SURFACE CONDITION</b></p> <input type="checkbox"/> 1 DRY <input type="checkbox"/> 2 WET <input type="checkbox"/> 3 SNOW <input type="checkbox"/> 4 SLUSH <input type="checkbox"/> 5 ICE/FROST <input type="checkbox"/> 6 WATER (standing, moving) <input type="checkbox"/> 7 SAND <input type="checkbox"/> 8 MUD, DIRT, GRAVEL <input type="checkbox"/> 9 OIL <input type="checkbox"/> 97 OTHER <input type="checkbox"/> 99 UNKNOWN	<p><b>18 - CONTRIBUTING CIRCUMSTANCES</b> UP TO TWO CHOICES PER UNIT</p> <p>UNIT # 1 2</p> <input type="checkbox"/> 0 NO CONTRIBUTING CIRCUMSTANCES <input type="checkbox"/> 1 GLARE <input type="checkbox"/> A. SUNLIGHT <input type="checkbox"/> B. HEADLIGHTS <input type="checkbox"/> 2 PHYSICAL OBSTRUCTION(S) <input type="checkbox"/> A. STOPPED / PARKED VEHICLE <input type="checkbox"/> B. MOVING VEHICLE <input type="checkbox"/> C. LOAD ON VEHICLE <input type="checkbox"/> D. TREE/SHRUB/BUSH <input type="checkbox"/> E. EMBANKMENT <input type="checkbox"/> 3 ROAD SURFACE CONDITION <input type="checkbox"/> 4 DEBRIS <input type="checkbox"/> 5 RUT, HOLES, BUMPS <input type="checkbox"/> 6 WORK ZONE <input type="checkbox"/> A. LANE CLOSURE <input type="checkbox"/> B. LANE SHIFT/CLOSURE <input type="checkbox"/> C. WORK ON SHOULDER OR MEDIAN <input type="checkbox"/> D. INTERMITTENT OR MOVING WORK <input type="checkbox"/> E. OTHER <input type="checkbox"/> F. WORKERS PRESENT <input type="checkbox"/> 7 WORN, TRAVEL-POLISHED SURFACE <input type="checkbox"/> 8 OBSTRUCTION IN ROADWAY <input type="checkbox"/> 9 CHANGING ROAD WIDTH <input type="checkbox"/> 10 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING OR OBSCURED <input type="checkbox"/> 11 SHOULDERS (none, low, soft, high) <input type="checkbox"/> 12 NON-HIGHWAY WORK <input type="checkbox"/> 13 BRAKES <input type="checkbox"/> 14 STEERING <input type="checkbox"/> 15 POWER TRAIN <input type="checkbox"/> 16 SUSPENSION <input type="checkbox"/> 17 TIRES <input type="checkbox"/> 18 WHEELS <input type="checkbox"/> 19 LIGHTS (head, signal, tail) <input type="checkbox"/> 20 WINDOWS/WINDSHIELD <input type="checkbox"/> 21 MIRRORS <input type="checkbox"/> 22 WIPERS <input type="checkbox"/> 23 TRUCK COUPLING/TRAILER/HITCH SAFETY CHAINS <input type="checkbox"/> 97 OTHER <input type="checkbox"/> 99 UNKNOWN CONTRIBUTING	<p><b>21 - TRAFFIC UNIT MANEUVER / ACTION</b></p> <p>UNIT # 1 2</p> <input type="checkbox"/> 1 GOING STRAIGHT AHEAD <input type="checkbox"/> 2 SLOWING IN TRAFFICWAY <input type="checkbox"/> 3 STOPPED IN TRAFFICWAY <input type="checkbox"/> 4 MAKING LEFT TURN <input type="checkbox"/> 5 MAKING RIGHT TURN <input type="checkbox"/> 6 MAKING U TURN <input type="checkbox"/> 7 OVERTAKING/PASSING <input type="checkbox"/> 8 CHANGING LANES <input type="checkbox"/> 9 NEGOTIATING A CURVE <input type="checkbox"/> 10 BACKING <input type="checkbox"/> 11 AVOIDING VEH/OBJ/PED/ CYCLIST/ANIMAL <input type="checkbox"/> 12 ENTERING PARKING POSITION <input type="checkbox"/> 13 LEAVING PARKING POSITION <input type="checkbox"/> 14 PROPERLY PARKED <input type="checkbox"/> 15 IMPROPERLY PARKED <input type="checkbox"/> 16 DRIVERLESS MOVING VEHICLE <input type="checkbox"/> 17 CROSSING ROAD <input type="checkbox"/> 18 WALKING WITH TRAFFIC <input type="checkbox"/> 19 WALKING AGAINST TRAFFIC <input type="checkbox"/> 20 STANDING <input type="checkbox"/> 21 LYING <input type="checkbox"/> 22 GETTING ON OR OFF VEHICLE <input type="checkbox"/> 23 WORKING ON/PUSHING VEHICLE <input type="checkbox"/> 24 WORKING ON ROAD <input type="checkbox"/> 97 OTHER <input type="checkbox"/> 99 UNKNOWN
<p><b>13 - RELATION TO JUNCTION</b></p> <input type="checkbox"/> 0 NOT JUNCTION RELATED <u>JUNCTION NON-INTERCHANGE AREA:</u> <input type="checkbox"/> 1 INTERSECTION <input type="checkbox"/> 2 INTERSECTION-RELATED <input type="checkbox"/> 3 ENTRANCE/EXIT RAMP <input type="checkbox"/> 4 RAILWAY GRADE CROSSING <input type="checkbox"/> 5 CROSSOVER-RELATED <input type="checkbox"/> 6 FRONTAGE ROAD <input type="checkbox"/> 7 DRIVEWAY <input type="checkbox"/> 8 ALLEY-ACCESS-RELATED <input type="checkbox"/> 9 OTHER NON-INTERCHANGE <input type="checkbox"/> 10 UNKNOWN NON-INTERCHANGE <u>JUNCTION INTERCHANGE AREA</u> <input type="checkbox"/> 11 THRU ROADWAY <input type="checkbox"/> 12 INTERSECTION <input type="checkbox"/> 13 INTERSECTION-RELATED <input type="checkbox"/> 14 ENTRANCE/ EXIT RAMP <input type="checkbox"/> 15 FRONTAGE ROAD <input type="checkbox"/> 16 OTHER PART OF INTERCHANGE <input type="checkbox"/> 17 UNKNOWN INTERCHANGE <input type="checkbox"/> 18 UNKNOWN JUNCTION <input type="checkbox"/> 99 UNKNOWN	<p><b>23 - LOCATION OF FIRST HARMFUL EVENT</b></p> <input type="checkbox"/> 1 ON ROADWAY <input type="checkbox"/> 2 SHOULDER <input type="checkbox"/> 3 ROADSIDE <input type="checkbox"/> 4 OUTSIDE RIGHT-OF-WAY (trafficway) <input type="checkbox"/> 5 MEDIAN <input type="checkbox"/> 6 GORE <input type="checkbox"/> 7 SEPARATOR <input type="checkbox"/> 8 IN PARKING LANE OR ZONE <input type="checkbox"/> 9 TUNNEL <input type="checkbox"/> 10 BRIDGE <input type="checkbox"/> 11 OFF ROADWAY (location unknown) <input type="checkbox"/> 99 UNKNOWN	<p><b>24 - LOCATION OF PEDESTRIAN / CYCLIST</b></p> <input type="checkbox"/> 1 MARKED CROSSWALK AT INTERSECTION <input type="checkbox"/> 2 AT INTERSECTION BUT NO MARKED CROSSWALK <input type="checkbox"/> 3 NON-INTERSECTION CROSSWALK <input type="checkbox"/> 4 DRIVEWAY ACCESS CROSSWALK <input type="checkbox"/> 5 SCHOOL CROSSWALK <input type="checkbox"/> 6 IN ROADWAY (not in crosswalk/intersection) <input type="checkbox"/> 7 MEDIAN (but not on shoulder) <input type="checkbox"/> 8 ISLAND <input type="checkbox"/> 9 SHOULDER <input type="checkbox"/> 10 SIDEWALK <input type="checkbox"/> 11 ROADSIDE <input type="checkbox"/> 12 OUTSIDE OF TRAFFICWAY <input type="checkbox"/> 13 DEDICATED BIKE LANE <input type="checkbox"/> 14 SHARED-USE PATH <input type="checkbox"/> 15 INSIDE BUILDING <input type="checkbox"/> 97 OTHER <input type="checkbox"/> 99 UNKNOWN
<p><b>14 - TYPE OF INTERSECTION</b></p> <input type="checkbox"/> 0 NOT AT INTERSECTION <input type="checkbox"/> 1 FOUR-WAY INTERSECTION <input type="checkbox"/> 2 T-INTERSECTION <input type="checkbox"/> 3 Y-INTERSECTION <input type="checkbox"/> 4 INTER. AS PART OF INTERCHANGE <input type="checkbox"/> 5 TRAFFIC CIRCLE <input type="checkbox"/> 6 ROUNDABOUT <input type="checkbox"/> 7 FIVE POINT, OR MORE <input type="checkbox"/> 99 UNKNOWN	<p><b>15 - TRAFFIC WAY DESCRIPTION</b></p> <input type="checkbox"/> 1 ONE WAY TRAFFICWAY <input type="checkbox"/> 2 TWO-WAY, NOT DIVIDED <input type="checkbox"/> 3 TWO-WAY, NOT DIVIDED WITH A CONTINUOUS LEFT TURN LANE <input type="checkbox"/> 4 TWO-WAY, DIVIDED, UNPROTECTED (painted > 4 feet) MEDIAN <input type="checkbox"/> 5 TWO-WAY, DIVIDED POSITIVE MEDIAN BARRIER <input type="checkbox"/> 99 UNKNOWN	<p><b>22 - ADDITIONAL SEQUENCE EVENTS</b></p> <input type="checkbox"/> 42 EQUIPMENT FAILURE (TIRE, BRAKE ETC.) <input type="checkbox"/> 43 SEPARATION OF UNITS <input type="checkbox"/> 44 RAN OFF ROAD RIGHT <input type="checkbox"/> 45 RAN OFF ROAD LEFT <input type="checkbox"/> 46 CROSS MEDIAN <input type="checkbox"/> 47 CROSS CENTERLINE <input type="checkbox"/> 48 DOWN-HILL RUNAWAY <input type="checkbox"/> 49 STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY ANOTHER VEHICLE <input type="checkbox"/> 99 UNKNOWN

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**CONTINUED**

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206 S. 17th AVE., PHOENIX, ARIZONA 85007-3233

YEAR MONTH DAY

HOUR

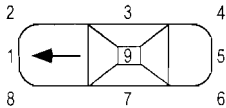
NCIC NO.

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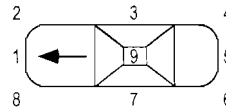
25

UNIT \_\_\_\_\_  
Vehicle Damaged Area  
(circle up to three)



0 - NONE  
10 - UNDERCARRIAGE  
11 - TOTALED  
97 - OTHER  
99 - UNKNOWN

UNIT \_\_\_\_\_  
Vehicle Damaged Area  
(circle up to three)



0 - NONE  
10 - UNDERCARRIAGE  
11 - TOTALED  
97 - OTHER  
99 - UNKNOWN

26

**GLOBAL POSITION:**

**LATITUDE**


Degrees

Minutes

Seconds

**LONGITUDE**


Degrees

Minutes

Seconds

27

**CRASH DIAGRAM**

- MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE
- MEASUREMENTS ARE SCALED (SCALE = \_\_\_\_\_)

28

INDICATE NORTH

29

**NARRATIVE**

Describe what happened

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**NARRATIVE (Continued)**

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YEAR

MONTH

DAY

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**CRASH DESCRIPTION**  
(Narrative)

INVESTIGATOR'S SIGNATURE

DATE