

**ADOT USE ONLY**

<b>ARIZONA CRASH REPORT</b>		REPORT ID										Agency Report Number	
		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="checkbox"/> Private Property		<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								City		County			
		Intersecting Street/Road/M.P. or R.P. <input type="checkbox"/> At <input type="checkbox"/> From								<input type="checkbox"/> Inside <input type="checkbox"/> Outside		Distance		<input type="checkbox"/> Measured <input type="checkbox"/> Approximate	

TRAFFIC UNIT NO.		State		Class		End.		<input type="checkbox"/> DL # <input type="checkbox"/> No Valid License/Permit		<input type="checkbox"/> Driver <input type="checkbox"/> Driverless <input type="checkbox"/> Pedestrian <input type="checkbox"/> Pedalcyclist		Name (First, Middle, Last)				Suffix	Sex		
		Restrictions		Address										City		State	Zip Code		Telephone Number
TRAFFIC UNIT NO.		Date of Birth		<input type="checkbox"/> Same as Driver		Owner/Carrier Name				Address				City		State	Zip Code		
		Color		Vehicle Year		Make		Model		Body Style		Plate Number		State	Plate Mo/Yr		<input type="checkbox"/> Bus (9 or more seats)		
TRAFFIC UNIT NO.		VIN		Trailer (Other Unit)		Plate No.		State	Year		GW / 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		Injury Severity		Posted Speed Limit		Ofc Est. Speed		Transported To/By				Removed to (Address/Storage Location Identifier)		<input type="checkbox"/> Disabled <input type="checkbox"/> Not Disabled		Removed by	
TRAFFIC UNIT NO.		Insurance Company				Telephone Number				Policy Number				Exp. Date					

5 PASSENGERS		Unit #	Seat Pos	SD	IS	Name				Address				City		State	Zip Code		Telephone No.		D.O.B./Age	Sex

6 OC		Property Damaged (Other than Vehicles) Block 31, Event 29-49		Owner Code		1 - Private (OC)		3 - Federal Government		5 - County in Arizona		7 - Tribal Nation		Inventory Tag No.	
		Owner's Name		Address (or Bar Code ID Number)				City		State	Zip Code		Telephone Number		

7		Photos Taken <input type="checkbox"/> Yes <input type="checkbox"/> No		Photographer's Name, ID Number and Agency Number				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	

<b>8</b>	<b>WITNESSES</b>	Name	Address	City	State	Zip Code	Telephone Number	D.O.B./Age																			
<b>9</b>	<b>CITATION CHARGES</b>	UNIT #	A.R.S. NO. OR CITY CODE	UNIT #	A.R.S. NO. OR CITY CODE	<b>BLOCKS 10 - 24: CHECK ONLY ONE OR ONE BLOCK PER UNIT UNLESS NOTED</b>																					
						<b>21 — CONDITION INFLUENCING Driver/Ped/Cyclist</b> UP TO TWO CHOICES PER UNIT																					
<b>10 — LIGHT CONDITION</b> <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		<b>11 — WEATHER CONDITIONS</b> <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		<b>12 — ROAD SURFACE CONDITION</b> UNIT # <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 DRY <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2 WET <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3 SNOW <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4 SLUSH <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5 ICE/FROST <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6 WATER (standing, moving) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 7 SAND <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 8 MUD, DIRT, GRAVEL <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 9 OIL <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 97 OTHER _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 99 UNKNOWN		<b>13 — ROAD GRADE</b> UNIT # <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 LEVEL <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2 DOWNHILL <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3 UPHILL <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4 HILLCREST <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5 SAG/DIP/BOTTOM <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 99 UNKNOWN		<b>14 — RELATION TO JUNCTION</b> <input type="checkbox"/> 0 NOT JUNCTION RELATED  <u>NON-CONTROLLED ACCESS AREA</u> <input type="checkbox"/> 1 INTERSECTION (within) <input type="checkbox"/> 2 INTERSECTION-RELATED <input type="checkbox"/> 3 ENTRANCE/EXIT RAMP (rest areas) <input type="checkbox"/> 4 RAILWAY GRADE CROSSING <input type="checkbox"/> 5 MEDIAN CROSSOVER-RELATED <input type="checkbox"/> 6 FRONTAGE ROAD <input type="checkbox"/> 7 DRIVEWAY <input type="checkbox"/> 8 ALLEY-ACCESS-RELATED <input type="checkbox"/> 9 UNKNOWN NON-INTERCHANGE  <u>CONTROLLED ACCESS AREA</u> <input type="checkbox"/> 10 THRU ROADWAY <input type="checkbox"/> 11 INTERSECTION (within) <input type="checkbox"/> 12 INTERSECTION-RELATED <input type="checkbox"/> 13 ENTRANCE/EXIT RAMP <input type="checkbox"/> 14 FRONTAGE ROAD <input type="checkbox"/> 15 OTHER PART OF INTERCHANGE <input type="checkbox"/> 99 UNKNOWN		<b>15 — TYPE OF INTERSECTION</b> <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		<b>16 — TRAFFIC WAY DESCRIPTION</b> <input type="checkbox"/> 1 ONE WAY TRAFFICWAY <input type="checkbox"/> 2 TWO-WAY, NOT DIVIDED (no median present) <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		<b>17 — MANNER OF CRASH IMPACT</b> <input type="checkbox"/> 1 SINGLE VEHICLE <input type="checkbox"/> 2 ANGLE (front to side) (other than left turn) <input type="checkbox"/> 3 LEFT TURN <input type="checkbox"/> 4 REAR END (front-to-rear) <input type="checkbox"/> 5 HEAD-ON (front-to-front) (other than left turn) <input type="checkbox"/> 6 SIDESWIPE, SAME DIRECTION <input type="checkbox"/> 7 SIDESWIPE, OPPOSITE DIRECTION <input type="checkbox"/> 8 REAR-TO-SIDE <input type="checkbox"/> 9 REAR-TO-REAR <input type="checkbox"/> 97 OTHER _____ <input type="checkbox"/> 99 UNKNOWN		<b>18 — DIRECTION OF UNIT TRAVEL (Compass) BEFORE 1ST CRASH EVENT</b> UNIT # <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 NORTH <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2 SOUTH <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3 EAST <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4 WEST <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5 NORTHWEST <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6 NORTHEAST <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 7 SOUTHWEST <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 8 SOUTHEAST <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 99 UNKNOWN		<b>19 — CONTRIBUTING CIRCUMSTANCES</b> UP TO TWO CHOICES PER UNIT UNIT # <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 0 NO CONTRIBUTING CIRCUMSTANCE  <u>ENVIRONMENTAL</u> <input type="checkbox"/> 1 GLARE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> A. SUNLIGHT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> B. HEADLIGHTS <input type="checkbox"/> 2 PHYSICAL OBSTRUCTION(S) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> A. STOPPED/PARKED VEHICLE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> B. MOVING VEHICLE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> C. LOAD ON VEHICLE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> D. TREE/SHRUB/BUSH  <u>ROAD</u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3 ROAD SURFACE CONDITION <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4 DEBRIS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5 WORK ZONE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> A. LANE CLOSURE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> B. LANE SHIFT/CLOSURE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> C. WORK ON SHOULDER OR MEDIAN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> D. INTERMITTENT OR MOVING WORK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> E. OTHER _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> F. WORKERS PRESENT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6 OBSTRUCTION IN ROADWAY <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 7 CHANGING ROAD WIDTH <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 8 NON-HIGHWAY WORK  <u>MOTOR VEHICLE</u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 9 BRAKES <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 10 STEERING <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 11 SUSPENSION <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 12 TIRES <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 13 WHEELS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 14 LIGHTS (head, signal, tail) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 15 WINDOWS/WINDSHIELD <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 16 MIRRORS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 17 WIPERS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 18 TRUCK COUPLING/TRAILER/HITCH/SAFETY CHAINS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 97 OTHER _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 99 UNKNOWN		<b>20 — TRAFFIC CONTROL DEVICE</b> UNIT # <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 0 NO CONTROLS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 SIGNAL <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2 STOP SIGN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3 YIELD SIGN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4 WARNING SIGN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5 RAILROAD CROSSING DEVICE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6 FLASHING TRAFFIC SIGNAL <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 7 PERSON (law enforcement, crossing guard, flagger, etc.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 97 OTHER _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 99 UNKNOWN		<b>22 — VIOLATIONS/BEHAVIOR</b> UP TO TWO CHOICES PER UNIT UNIT # <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 NO IMPROPER ACTION <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2 SPEED TOO FAST FOR CONDITIONS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3 EXCEEDED LAWFUL SPEED <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4 FOLLOWED TOO CLOSELY <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5 RAN STOP SIGN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6 DISREGARDED TRAFFIC SIGNAL <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 7 MADE IMPROPER TURN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 8 DROVE/RODE IN OPPOSING TRAFFIC LANE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 9 KNOWINGLY OPERATED WITH FAULTY/ MISSING EQUIPMENT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 10 REQUIRED MOTORCYCLE SAFETY EQUIPMENT NOT USED <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 11 PASSED IN NO PASSING ZONE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 12 UNSAFE LANE CHANGE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 13 FAILED TO KEEP IN PROPER LANE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 14 DISREGARDED PAVEMENT MARKINGS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 15 OTHER UNSAFE PASSING <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 16 INATTENTION/DISTRACTION <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 17 DID NOT USE CROSSWALK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 18 WALKED ON WRONG SIDE OF ROAD <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 19 ELECTRONIC COMMUNICATIONS DEVICE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 20 FAILED TO YIELD RIGHT-OF-WAY <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 97 OTHER _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 99 UNKNOWN		<b>23 — TRAFFIC UNIT MANEUVER/ACTION</b> UNIT # <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 GOING STRAIGHT AHEAD <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2 SLOWING IN TRAFFICWAY <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3 STOPPED IN TRAFFIC WAY <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4 MAKING LEFT TURN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5 MAKING RIGHT TURN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6 MAKING U-TURN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 7 OVERTAKING/PASSING <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 8 CHANGING LANES <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 9 NEGOTIATING A CURVE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 10 BACKING <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 11 AVOIDING VEHICLE /OBJECT/PED/CYCLIST <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 12 ENTERING PARKING POSITION <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 13 LEAVING PARKING POSITION <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 14 PROPERLY PARKED <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 15 IMPROPERLY PARKED <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 16 DRIVERLESS MOVING VEHICLE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 17 CROSSING ROAD <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 18 WALKING WITH TRAFFIC <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 19 WALKING AGAINST TRAFFIC <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 20 STANDING <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 21 LYING <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 22 GETTING ON/OFF VEHICLE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 23 WORKING ON/PUSHING VEHICLE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 24 WORKING ON ROAD <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 97 OTHER _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 99 UNKNOWN		<b>24 — LOCATION OF PEDESTRIAN/CYCLIST</b> UNIT # <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 MARKED CROSSWALK at INTERSECTION <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2 AT INTERSECTION BUT NO CROSSWALK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3 NON-INTERSECTION CROSSWALK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4 DRIVEWAY ACCESS CROSSWALK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5 SCHOOL CROSSWALK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6 IN ROADWAY (not in crosswalk/intersection) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 7 MEDIAN (but not on shoulder) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 8 ISLAND <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 9 SHOULDER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 10 SIDEWALK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 11 ROADSIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 12 OUTSIDE OF TRAFFICWAY <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 13 DEDICATED BIKE LANE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 14 SHARED-USE PATH <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 15 INSIDE BUILDING <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 97 OTHER _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 99 UNKNOWN	

# ARIZONA CRASH REPORT

REPORT ID

Agency Report Number

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

YEAR	MONTH	DAY	HOUR	NCIC NO.	OFFICER ID NO.

## 25 VEHICLE DAMAGED AREA(S) - (CIRCLE UP TO THREE AREAS PER UNIT)

Unit # 1  0—NONE 10—UNDERCARRIAGE 97—OTHER 99—UNKNOWN	Unit # 1  0—NONE 10—UNDERCARRIAGE 97—OTHER 99—UNKNOWN	Unit # 1  0—NONE 10—UNDERCARRIAGE 97—OTHER 99—UNKNOWN
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26 GLOBAL POSITION Latitude: Longitude:

27 —**ROADWAY ALIGNMENT**  
 UNIT #  
  1 - STRAIGHT  
  2 - CURVE LEFT  
  3 - CURVE RIGHT  
  99 - UNKNOWN

28 —**LANE**  
 Please enter unit's number and lane of travel before first crash event

UNIT ____	UNIT ____	UNIT ____

0 TWO-WAY CONTINUOUS LEFT TURN  
 1-9 1= FIRST LANE NEXT TO A MEDIAN THRU 9  
 10 CROSSWALK  
 L1 THRU LX - LEFT TURN ONLY LANES (L1= 1ST  
 LEFT TURN AFTER MEDIAN/ CENTERLINE)  
 R1 THRU RX - RIGHT TURN LANES (R1=1ST  
 RIGHT TURN AFTER THROUGH LANES)  
 BL DEDICATED BIKE LANE  
 HOV HIGH OCCUPANCY VEHICLE  
 97 NON-ROADWAY  
 99 UNKNOWN

31 —**SEQUENCE OF EVENTS**  
 SEE EXAMPLE BELOW  
 UP TO FOUR CRASH EVENTS FOR EACH UNIT IN THE  
 ORDER OF OCCURRENCE

- NON-COLLISION**
- 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
  - 9 EQUIPMENT FAILURE (tires, brakes)
  - 10 SEPARATION OF UNITS
  - 11 RAN OFF ROAD RIGHT
  - 12 RAN OFF ROAD LEFT
  - 13 CROSS MEDIAN
  - 14 CROSS CENTERLINE
  - 15 DOWNHILL RUNAWAY

- COLLISION WITH FIXED OBJECT**
- 29 IMPACT ATTENUATOR/CRASH CUSHION
  - 30 BRIDGE/OVERHEAD STRUCTURE
  - 31 BRIDGE RAIL
  - 32 CULVERT
  - 33 CURB
  - 34 DITCH
  - 35 EMBANKMENT
  - 36 GUARDRAIL FACE
  - 37 GUARDRAIL END
  - 38 CONCRETE TRAFFIC BARRIER
  - 39 CABLE TRAFFIC BARRIER
  - 40 OTHER TRAFFIC BARRIER
  - 41 TREE, BUSH, STUMP (standing)
  - 42 TRAFFIC SIGN SUPPORT
  - 43 TRAFFIC SIGNAL SUPPORT
  - 44 UTILITY POLE/LIGHT SUPPORT
  - 45 OTHER POST, POLE, OR SUPPORT
  - 46 FENCE
  - 47 MAILBOX
  - 48 BUILDING
  - 49 OTHER FIXED OBJ. \_\_\_\_\_
  - 99 UNKNOWN

29 —**EJECTION**  
 0 NOT APPLICABLE  
 1 NOT EJECTED  
 2 EJECTED, PARTIALLY  
 3 EJECTED, TOTALLY  
 4 UNKNOWN DEGREE  
 99 UNKNOWN

30 —**EXTRICATION**  
 0 NOT APPLICABLE  
 1 EXTRICATED  
 99 UNKNOWN

- COLLISION WITH PERSON, MOTOR VEHICLE, OR  
 NON-FIXED OBJECT**
- 16 MOTOR VEHICLE IN TRANSPORT
  - 17 PEDESTRIAN
  - 18 PEDALCYCLE
  - 19 RAILWAY VEHICLE (TRAIN, ENGINE)
  - 20 LIGHT RAILWAY/RAILCAR VEHICLE
  - 21 ANIMAL, WILD—NON GAME \_\_\_\_\_
  - 22 ANIMAL, WILD—GAME \_\_\_\_\_
  - 23 ANIMAL—PET \_\_\_\_\_
  - 24 ANIMAL—LIVESTOCK \_\_\_\_\_
  - 25 PARKED MOTOR VEHICLE
  - 26 WORK ZONE/MAINT. EQUIP.
  - 27 STRUCK BY FALLING, SHIFTING CARGO OR  
 ANYTHING SET IN MOTION BY ANOTHER VEHICLE
  - 28 OTHER NON-FIXED OBJ. \_\_\_\_\_

SEQUENCE OF EVENTS			
UNIT ____	UNIT ____	UNIT ____	
			FIRST EVENT
			SECOND EVENT
			THIRD EVENT
			<b>FIRST HARMFUL</b> (based on the crash)

Unit # and Seat Position from front page.  
 Driver seat position = 11

Unit #	Seat Pos	Ejection	Extrication

**EXAMPLE- SEQUENCE OF EVENTS**

**VEHICLE 1—SEQUENCE OF EVENTS**

- 11— RAN OFF ROAD RIGHT
- 14— CROSS CENTERLINE
- 16— MOTOR VEHICLE IN TRANSPORT

**VEHICLE 2—SEQUENCE OF EVENTS**

- 16— MOTOR VEHICLE IN TRANSPORT

SEQUENCE OF EVENTS			
UNIT <u>1</u>	UNIT <u>2</u>	UNIT _	
11	16		FIRST EVENT
14			SECOND EVENT
16			THIRD EVENT
Note: Fill FIRST HARMFUL based on the crash			<b>FIRST HARMFUL</b>

**ARIZONA CRASH REPORT**

REPORT ID

Agency Report Number

1

**CONTINUED**

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YEAR MONTH DAY HOUR NCIC NO. OFFICER ID NO.

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**CRASH DIAGRAM**

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

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INDICATE NORTH

Sample

<b>ARIZONA CRASH REPORT</b>		REPORT ID												Agency Report Number																									
<b>1</b>	<b>CONTINUED</b>											YEAR			MONTH			DAY			HOUR			NCIC NO.			OFFICER ID NO.												
	<b>POLICE ONLY</b> —FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 064R 206 S. 17TH AVE., PHOENIX, ARIZONA 85007-3233																																						
	<b>34</b>	<b>NARRATIVE</b>															Describe what happened																						
<b>ADDITIONAL PASSENGERS</b>	Unit #	Seat Pos	SD	IS	Name	Address	City	State	Zip Code	Telephone No.	D.O.B./Age	Sex																											
<b>ADDITIONAL WITNESSES</b>	Name					Address					City			State			Zip Code			Telephone Number			D.O.B./Age																

Sample