

ADOT USE ONLY

ARIZONA TRAFFIC ACCIDENT 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 FOLLOWING SUPPLEMENT IF ANY (circle) AND ANY (diamond) ARE CHECKED

2 Total Units, Total Injuries, Total Fatalities, Estimated Total Damage Compared to Limit, Fatal, Govt. Prop., Persons Transported for Immediate Medical Care, Tow Away of At Least One Vehicle from Scene?, Districtor Grid No.

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

TRAFFIC UNIT NO. 1 State, Class, End, DL#, SSN, Both, Driver/Pedestrian/Pedalcyclist, Name, Sex, Inj, Restrictions, Date of Birth, Address, City, State, Zip Code, Telephone Number, Plate Number, State, Year, Same as Driver, Owner/Carrier Name, Address, City, State, Zip Code, Body Style, Make, Color, Year, VIN, Safety Device Code, Removed to, Orders of, Posted Speed Limit, Ofc Est Speed, Insurance Company, Telephone Number, Policy Number, Eff Date / Exp Date, Trailer (Other Unit) Plate No., State, Year, Description of Trailer or Other Unit, GVW, HazMat Placard, Was HazMat Cargo Released?

TRAFFIC UNIT NO. 2 State, Class, End, DL#, SSN, Both, Driver/Pedestrian/Pedalcyclist, Name, Sex, Inj, Restrictions, Date of Birth, Address, City, State, Zip Code, Telephone Number, Plate Number, State, Year, Same as Driver, Owner/Carrier Name, Address, City, State, Zip Code, Body Style, Make, Color, Year, VIN, Safety Device Code, Removed to, Orders of, Posted Speed Limit, Ofc Est Speed, Insurance Company, Telephone Number, Policy Number, Eff Date / Exp Date, Trailer (Other Unit) Plate No., State, Year, Description of Trailer or Other Unit, GVW, HazMat Placard, Was HazMat Cargo Released?

TRAFFIC UNIT NO. 3 State, Class, End, DL#, SSN, Both, Driver/Pedestrian/Pedalcyclist, Name, Sex, Inj, Restrictions, Date of Birth, Address, City, State, Zip Code, Telephone Number, Plate Number, State, Year, Same as Driver, Owner/Carrier Name, Address, City, State, Zip Code, Body Style, Make, Color, Year, VIN, Safety Device Code, Removed to, Orders of, Posted Speed Limit, Ofc Est Speed, Insurance Company, Telephone Number, Policy Number, Eff Date / Exp Date, Trailer (Other Unit) Plate No., State, Year, Description of Trailer or Other Unit, GVW, HazMat Placard, Was HazMat Cargo Released?

5 PASSENGERS Seating Position, Safety Devices, Injury Severity Codes, Unit #, Seat Pos, SD, Name, Address, City, State, Zip Code, Age, Sex, Inj

6 Other Property Damage (Describe), Owner's Name, Address, City, State, Zip Code, Telephone Number

7 WITNESSES Name, Address, City, State, Zip Code, Telephone Number, Age

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

9 - DIAGRAM

10 - INDICATE NORTH

11 - SKIDDING OCCURRED

	VEHICLE		
	1	2	3
YES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12 - CITATIONS

UNIT NO. _____ A.R.S. NO. OR CITY CODE _____

14 - PRIOR ACTION

YES NO RAN OFF ROADWAY PRIOR TO FIRST HARMFUL EVENT

RIGHT LEFT UNIT NO. _____

15 - MANNER OF COLLISION

CHECK ONLY ONE

- SINGLE VEHICLE
- ANGLE
- LEFT TURN
- RIGHT TURN
- U-TURN
- REAR-END
- HEAD-ON
- SIDESWIPE (SAME DIRECTION)
- SIDESWIPE (OPPOSITE DIRECTION)
- BACKING
- NON-CONTACT MOTORCYCLE
- NON-CONTACT NON-MOTORCYCLE
- PEDESTRIAN
- PEDALCYCLE
- OTHER

13 - DESCRIBE WHAT HAPPENED

INJURED TAKEN TO / BY _____

30 - TRAFFIC UNIT ACTION

CHECK ONE PER UNIT

	1	2	3
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16 - LIGHT CONDITION

CHECK ONLY ONE

- DAYLIGHT
- DAWN OR DUSK
- DARKNESS

YES NO

- STREETLIGHT FUNCTIONING
- STREETLIGHT NOT FUNCTIONING

17 - WEATHER CONDITIONS

CHECK ONLY ONE

- CLEAR
- CLOUDY
- SLEET/ HAIL
- RAIN
- SNOW
- SEVERE CROSSWINDS
- BLOWING SAND, SOIL, DIRT, SNOW
- FOG, SMOG, SMOKE

18 - ROAD SURFACE TYPE

CHECK ONLY ONE

- ASPHALT
- CONCRETE
- GRAVEL
- DIRT
- OTHER

19 - TYPE OF LOCATION

CHECK ONLY ONE

- INTERSECTION
- JUNCTION AREA
- NON-JUNCTION AREA
- DRIVEWAY ACCESS
- ALLEY ACCESS
- ALLEY

20 - INTERSECTION RELATED

YES NO

21 - SPECIAL LOCATION

CHECK ONLY ONE

- SCHOOL CROSSING
- PEDESTRIAN CROSSWALK (STRIPED)
- PEDESTRIAN CROSSWALK (NO STRIPING)
- BRIDGE
- TUNNEL
- RR CROSSING
- GORE AREA
- BIKE PATH
- 2-WAY LEFT TURN LANE

22 - UNUSUAL ROAD CONDITION

CHECK ONLY ONE

- UNDER CONSTRUCTION, TRAFFIC ALLOWED
- UNDER CONSTRUCTION, NO TRAFFIC ALLOWED
- UNDER REPAIRS
- HOLES, RUTS, BUMPS
- OBSTRUCTION - PROTECTED
- OBSTRUCTION - UNPROTECTED
- OBSTRUCTION - UNLIGHTED AT NIGHT
- DEFECTIVE SHOULDERS
- CHANGING ROAD WIDTH
- WATER (STANDING OR MOVING)
- TEMPORARY LANE CLOSURE

23 - TRAFFIC CONTROL DEVICES

LEGEND:
A-DEVICE OPERATIONAL
B-DAMAGED OR NON-FUNCTIONAL PRIOR TO ACCIDENT

CHECK ANY THAT APPLY

A	B
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>

24 - NON INTERSECTION ROAD CHARACTER

CHECK ONLY ONE

- 2-WAY STRIPED CENTERLINE
- 2-WAY, NO STRIPE
- 2-WAY, PAINTED MEDIAN
- 2-WAY, RAISED MEDIAN
- 2-WAY, CONCRETE BARRIER
- 2-WAY, CABLE BARRIER
- 2-WAY, DEPRESSED MEDIAN
- 2-WAY EXTENDED MEDIAN
- 1-WAY STREET

25 - ROAD GRADE

CHECK ONLY ONE

- LEVEL
- DOWNGRADE
- UPGRADE
- HILLCREST
- DIP

26 - ROAD SURFACE CONDITION

CHECK ONLY ONE

- DRY
- WET
- SAND, MUD, DIRT, OIL, GRAVEL
- SNOW
- SLUSH
- ICE
- OTHER
- UNKNOWN

27 - CONDITIONS INFLUENCING DRIVER

TWO CHOICES PER PERSON MAY BE SELECTED

	1	2	3
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28 - VIOLATIONS / BEHAVIOR

TWO CHOICES PER PERSON MAY BE SELECTED

	1	2	3
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29 - VEHICLE CONDITION

TWO CHOICES PER VEHICLE MAY BE SELECTED

	1	2	3
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

31 - VISION OBSCUREMENT

CHECK ONE PER UNIT

	1	2	3
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32 - DIRECTION OF TRAVEL

CHECK ONE PER UNIT

	1	2	3	1	2	3
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ARIZONA TRAFFIC ACCIDENT REPORT

FATAL SUPPLEMENT
 FORWARD COPY TO
 TRAFFIC RECORDS SECTION, 064R
 ARIZONA DEPARTMENT OF TRANSPORTATION
 206 S. 17th AVE., PHOENIX, ARIZONA 85007-3233

YEAR			MONTH			DAY			REPORT ID			HOUR			NCIC NO.			OFFICERS ID NO.					

Agency Report Number _____
 Delayed Fatality

VICTIM

DRIVER

9

NAME OF VICTIM _____ DRIVER PEDALCYCLIST RACE _____ MARITAL STATUS _____
 PEDESTRIAN PASSENGER

ADDRESS _____ CITY _____ STATE _____ MARKS, SCARS/TATTOOS _____

SEX _____ WEIGHT _____ EYES _____ HEIGHT _____ HAIR _____ DATE OF BIRTH _____ OCCUPATION _____

VICTIM REMOVED TO _____ VICTIM REMOVED BY _____

DESCRIPTION OF CLOTHING _____ MOTORCYCLE HELMET USED YES NO UNK

DESCRIPTION OF PROPERTY (CONT) _____

PROPERTY IN CUSTODY OF: NAME _____ ADDRESS _____ CITY _____ STATE _____

NEXT OF KIN: NAME _____ ADDRESS _____ CITY _____ STATE _____ RELATION _____

NOTIFIED YES NO NOTIFIED BY _____ DATE _____ TIME _____ MEDICAL EXAMINER _____

NAME OF DRIVER _____ RACE _____
 SAME AS VICTIM

OCCUPATION _____ MARITAL STATUS _____

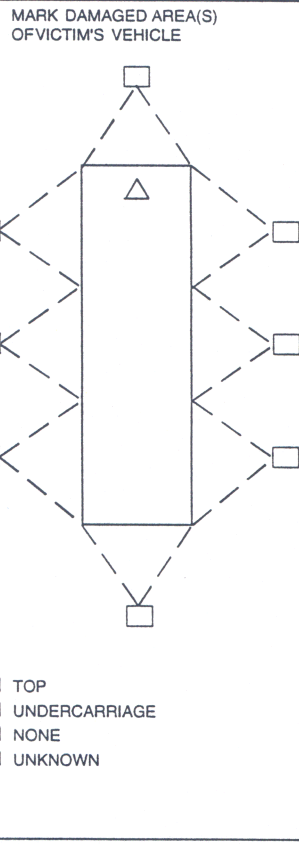
COMMENTS _____

DECEASED AT SCENE: Yes No / TRANSPORTED TO HOSPITAL: Yes No

5 POLICE CALLED [] [] [] [] POLICE ARRIVED [] [] [] [] IF THE DECEASED WAS NOT TRANSPORTED, THE BLANKS TO THE RIGHT SHOULD RELATE TO THE NEXT MOST SEVERELY INJURED PERSON.

AMBULANCE CALLED [] [] [] [] AMBULANCE ARRIVED [] [] [] [] AMBULANCE DEPARTED SCENE [] [] [] []

AMBULANCE ARRIVED AT HOSPITAL [] [] [] [] *G or A



7 RESTRAINT USAGE / RESTRAINT FAILURE

ENTER SEAT POSITION					
NONE FAILED					
LAP FAILED					
SHOULDER FAILED					
BOTH FAILED					
CHILD RESTRAINT					
AIR BAG NOT DEPLOYED					
PASSIVE SYSTEM					
UNKNOWN					
RESTRAINT PROPERLY USED					
CHILD RESTRAINT					
PASSIVE & LAP					
SHOULDER					

RESTRAINT FAILURE

IMPROPER USAGE

* PLEASE INDICATE WHETHER THE VICTIM WAS TRANSPORTED BY GROUND (G) AMBULANCE OR AIR (A) AMBULANCE

OTHER VICTIMS TRANSPORTED

FROM UNIT NO.	SEAT POSITION	BY * G or A
_____	_____	_____
_____	_____	_____
_____	_____	_____

8 **VICTIM EJECTED**

1 NOT EJECTED
 2 COMPLETE
 3 PARTIAL
 4 UNKNOWN

VICTIM EXTRICATION

1 NOT REQUIRED
 2 BY AMBULANCE ATTENDANT
 3 BY POLICE
 4 BY FIRE DEPARTMENT
 5 BY PASSERSBY
 6 OTHER

TERRAIN TYPE

1 LEVEL
 2 HILLY
 3 MOUNTAINOUS

ACCIDENT LOCALE

1 URBAN
 2 RURAL
 3 UNKNOWN

DRIVER FAMILIAR WITH LOCAL

1 YES
 2 NO
 3 UNKNOWN

ROAD ALIGNMENT

1 STRAIGHT ROAD
 2 CURVED
 3 UNKNOWN

BLOOD ALCOHOL CONTENT TEST TAKEN

1 YES - TYPE _____ RESULT _____ (QUANTITY)
 2 NOT TESTED
 3 UNKNOWN IF TESTED

DRUG SCREEN TAKEN

1 YES - TYPE _____ RESULT _____ (NAME[S] OF DRUG[S])
 2 NOT TESTED
 3 UNKNOWN IF TESTED

OFFICER'S SIGNATURE AND ID NUMBER _____ AGENCY _____ DATE REPORT COMPLETED _____

