

ADOT USE ONLY

ARIZONA CRASH REPORT		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="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				City		County		
	On Highway/Road/Street				<input type="checkbox"/> Inside <input type="checkbox"/> Outside				
Intersecting Street/Road/M.P. or R.P.				<input type="checkbox"/> North <input type="checkbox"/> East <input type="checkbox"/> Plus <input type="checkbox"/> Measured <input type="checkbox"/> Miles		Distance		<input type="checkbox"/> South <input type="checkbox"/> West <input type="checkbox"/> Minus <input type="checkbox"/> Approximate <input type="checkbox"/> Feet	

Safety Devices (SD) 0 - Not Applicable 1 - None Used 2 - Lap Belt 3 - Shoulder and Lap Belt 4 - Child Restraint System	5 - Helmet Used 6 - Air Bag Deployed 7 - Air Bag Deployed/Shoulder-Lap Belt 97 - Other 99 - Unknown	Injury Severity (IS) 1 - No Injury 2 - Possible Injury 3 - Non Incapacitating Injury	4 - Incapacitating Injury 5 - Fatal Injury 99 - Unknown/Not Reported	Seating Position <table border="1" style="font-size: small;"> <tr><td>31</td><td>21</td><td>11</td></tr> <tr><td>32</td><td>22</td><td>12</td></tr> <tr><td>33</td><td>23</td><td>13</td></tr> <tr><td>38</td><td>28</td><td>18</td></tr> </table>	31	21	11	32	22	12	33	23	13	38	28	18	18 - Front Seat - Other (Child in Lap) 28 or 38 - Additional passenger in vehicle by row 51 - In enclosed or cargo area 52 - In unenclosed passenger/cargo area 55 - Riding on Vehicle Exterior 99 - Unknown
31	21	11															
32	22	12															
33	23	13															
38	28	18															

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		
	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)			
	VIN				Trailer (Other Unit)	Plate No.	State	Year	GVW / GCWR (Rated) Greater Than 10k <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		Orders of		
	Insurance Company				Telephone Number			Policy Number		Exp. Date		

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	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		Orders of		
	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	Property Damaged (Other than Vehicles) Block 31, Event 29-49	Owner Code	1 - Private 2 - Public Utility	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

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

8	WITNESSES	Name _____	Address _____	City _____	State _____	Zip Code _____	Telephone Number _____	D.O.B./Age _____																			
9	CITATION CHARGES	UNIT # _____	A.R.S. NO. OR CITY CODE _____	UNIT # _____	A.R.S. NO. OR CITY CODE _____	BLOCKS 10 - 24: CHECK ONLY ONE OR ONE BLOCK PER UNIT UNLESS NOTED																					
						21 — CONDITION INFLUENCING Driver/Ped/Cyclist UP TO TWO CHOICES PER UNIT																					
10 — LIGHT CONDITION <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		11 — WEATHER CONDITIONS <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		12 — ROAD SURFACE CONDITION 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		13 — ROAD GRADE 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		14 — RELATION TO JUNCTION <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		15 — TYPE OF 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		16 — TRAFFIC WAY DESCRIPTION <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		17 — MANNER OF CRASH IMPACT <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		18 — DIRECTION OF UNIT TRAVEL (Compass) BEFORE 1ST CRASH EVENT 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		19 — CONTRIBUTING CIRCUMSTANCES 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		20 — TRAFFIC CONTROL DEVICE 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		22 — VIOLATIONS/BEHAVIOR UP TO TWO CHOICES PER UNIT UNIT # _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 0 NO APPARENT INFLUENCE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 ILLNESS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2 PHYSICAL IMPAIRMENT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3 FELL ASLEEP/FATIGUED <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4 ALCOHOL <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5 DRUGS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6 MEDICATIONS CHECK ONE IF BLOCKS 4, 5, OR 6 CHECKED <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> A. NO TEST GIVEN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> B. TEST GIVEN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> C. TEST REFUSED <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> D. TESTING UNKNOWN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 97 OTHER _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 99 UNKNOWN CONDITION		23 — TRAFFIC UNIT MANEUVER/ACTION UNIT # _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 0 NO IMPROPER ACTION <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 SPEED TOO FAST FOR CONDITIONS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2 EXCEEDED LAWFUL SPEED <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3 FOLLOWED TOO CLOSELY <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4 RAN STOP SIGN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5 DISREGARDED TRAFFIC SIGNAL <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6 MADE IMPROPER TURN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 7 DROVE/RODE IN OPPOSING TRAFFIC LANE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 8 KNOWINGLY OPERATED WITH FAULTY/ MISSING EQUIPMENT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 9 REQUIRED MOTORCYCLE SAFETY EQUIPMENT NOT USED <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 10 PASSED IN NO PASSING ZONE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 11 UNSAFE LANE CHANGE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 12 FAILED TO KEEP IN PROPER LANE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 13 DISREGARDED PAVEMENT MARKINGS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 14 OTHER UNSAFE PASSING <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 15 INATTENTION/DISTRACTION <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 16 DID NOT USE CROSSWALK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 17 WALKED ON WRONG SIDE OF ROAD <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 18 ELECTRONIC COMMUNICATIONS DEVICE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 19 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		24 — LOCATION OF PEDESTRIAN/CYCLIST UNIT # _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 0 MARKED CROSSWALK at INTERSECTION <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 AT INTERSECTION BUT NO CROSSWALK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2 NON-INTERSECTION CROSSWALK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3 DRIVEWAY ACCESS CROSSWALK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4 SCHOOL CROSSWALK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5 IN ROADWAY (not in crosswalk/intersection) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6 MEDIAN (but not on shoulder) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 7 ISLAND <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 8 SHOULDER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 9 SIDEWALK <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

1 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 #	2	3	4	0—NONE 10—UNDERCARRIAGE 97—OTHER 99—UNKNOWN	Unit #	2	3	4	0—NONE 10—UNDERCARRIAGE 97—OTHER 99—UNKNOWN	Unit #	2	3	4	0—NONE 10—UNDERCARRIAGE 97—OTHER 99—UNKNOWN
1	←	9	5		1	←	9	5		1	←	9	5	
	8	7	6			8	7	6			8	7	6	

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

- OVERTURN/ROLLOVER
- FIRE/EXPLOSION
- IMMERSION
- JACKKNIFE
- CARGO/EQUIPMENT LOSS/SHIFT
- FELL/JUMPED FROM VEHICLE
- THROWN OR FALLING OBJECT
- OTHER NON-COLLISION _____
- EQUIPMENT FAILURE (tires, brakes)
- SEPARATION OF UNITS
- RAN OFF ROAD RIGHT
- RAN OFF ROAD LEFT
- CROSS MEDIAN
- CROSS CENTERLINE
- DOWNHILL RUNAWAY

COLLISION WITH FIXED OBJECT

- IMPACT ATTENUATOR/CRASH CUSHION
- BRIDGE/OVERHEAD STRUCTURE
- BRIDGE RAIL
- CULVERT
- CURB
- DITCH
- EMBANKMENT
- GUARDRAIL FACE
- GUARDRAIL END
- CONCRETE TRAFFIC BARRIER
- CABLE TRAFFIC BARRIER
- OTHER TRAFFIC BARRIER
- TREE, BUSH, STUMP (standing)
- TRAFFIC SIGN SUPPORT
- TRAFFIC SIGNAL SUPPORT
- UTILITY POLE/LIGHT SUPPORT
- OTHER POST, POLE, OR SUPPORT
- FENCE
- MAILBOX
- BUILDING
- OTHER FIXED OBJ. _____
- UNKNOWN

29 — **EJECTION**

- NOT APPLICABLE
- NOT EJECTED
- EJECTED, PARTIALLY
- EJECTED, TOTALLY
- UNKNOWN DEGREE
- UNKNOWN

30 — **EXTRICATION**

- NOT APPLICABLE
- EXTRICATED
- UNKNOWN

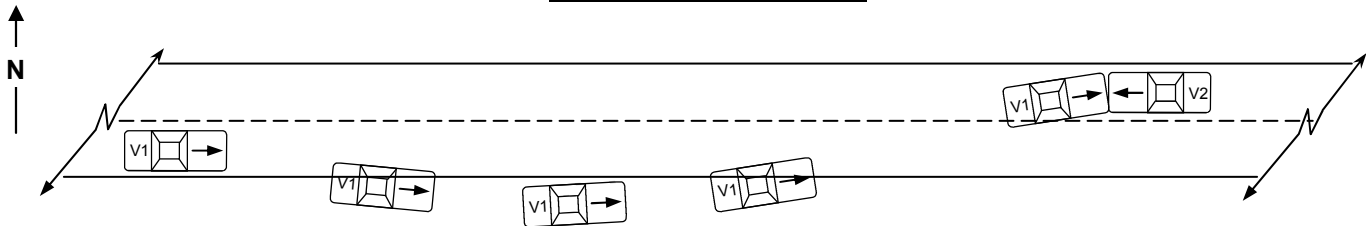
- MOTOR VEHICLE IN TRANSPORT
- PEDESTRIAN
- PEDALCYCLE
- RAILWAY VEHICLE (TRAIN, ENGINE)
- LIGHT RAILWAY/RAILCAR VEHICLE
- ANIMAL, WILD—NON GAME _____
- ANIMAL, WILD—GAME _____
- ANIMAL—PET _____
- ANIMAL—LIVESTOCK _____
- PARKED MOTOR VEHICLE
- WORK ZONE/MAINT. EQUIP.
- STRUCK BY FALLING, SHIFTING CARGO OR
 ANYTHING SET IN MOTION BY ANOTHER VEHICLE
- OTHER NON-FIXED OBJ. _____

SEQUENCE OF EVENTS			
UNIT	UNIT	UNIT	
			FIRST EVENT
			SECOND EVENT
			THIRD EVENT
			FOURTH EVENT

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 1	UNIT 2	UNIT _	
11	16		FIRST EVENT
14			SECOND EVENT
16			THIRD EVENT
			FOURTH EVENT

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	POLICE ONLY —FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 064R 206 S. 17TH AVE., PHOENIX, ARIZONA 85007-3233		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
32	CRASH DIAGRAM												<input type="checkbox"/> MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE <input type="checkbox"/> MEASUREMENTS ARE SCALED (SCALE = _____)							
													33	INDICATE NORTH						

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