

Arizona Crash Report

Presentation by Glen Robison
State Custodian of Crash Records
Prepared 6/3/2020

1- Crash Identification Block

ARIZONA CRASH REPORT		REPORT ID						Agency Report Number	
1	POLICE ONLY – FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 064R 206 S. 17 TH AVE., PHOENIX, ARIZONA 85007-3233	YEAR	MONTH	DAY	HOUR	NCIC NO.	OFFICER ID NO.		1g
		1a	1b	1c	1d	1e	1f		

The month, day and hour should be when the crash occurred

Not when reported
Not when you arrived

2- General Information

COMPLETE THE TRUCK/BUS SUPPLEMENT IF ANY <input checked="" type="checkbox"/> (circle) AND ANY <input checked="" type="checkbox"/> (diamond) ARE CHECKED								
2	Total Units <input type="text" value="2a"/>	Total Injuries <input type="text" value="2b"/>	Total Fatalities <input type="text" value="2c"/>	Estimated Total Damage Compared To \$1,000 Limit: <input type="checkbox"/> Over <input type="text" value="2d"/> <input type="checkbox"/> Under <input type="text" value="2e"/>	Fatal <input type="checkbox"/> Hit/Run Unit # <input type="text" value="2f"/>	Person Transported for Immediate Medical Care? <input type="text" value="2g"/>	Tow Away of At Least One Vehicle from Scene? <input type="text" value="2h"/>	District or Grid No. <input type="text" value="2i"/>

Estimated Total Damage Compared to \$1,000 Limit
 Changed to \$2,000
 Over minimum if possible injury (2) or greater

3 – Location Information

LOCATION	On Highway/Road/Street 3a	<input type="checkbox"/> Inside 3b	City 3c	County 3d
	Intersecting Street/Road/M.P. or R.P. <input type="checkbox"/> At <input type="checkbox"/> From 3e	<input type="checkbox"/> North 3f <input type="checkbox"/> South	<input type="checkbox"/> East <input type="checkbox"/> West	<input type="checkbox"/> Plus 3g <input type="checkbox"/> Minus
			Distance 3h	<input type="checkbox"/> Measured <input type="checkbox"/> Miles 3i <input type="checkbox"/> Approximate <input type="checkbox"/> Feet

If crash occurred in intersection: “At”

If crash occurred outside intersection: “From”

Don't use address unless crash occurred on private property

4- Secondary Collision

4	Is this a Secondary Collision: <input type="checkbox"/> Yes <input type="checkbox"/> No	4a	Roadway Clear Time:	4b	Incident Clear:	4c
	If YES, were any of the following 1 st responders hit? <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Fire <input type="checkbox"/> EMS <input type="checkbox"/> Tow Operator <input type="checkbox"/> DOT Worker <input type="checkbox"/> Other	4d				

Crash occurred as a result of or distraction caused by prior incident

Roadway Clearance Time: time crash/debris removed from the roadway
and lanes are open for travel

Incident Clearance Time: time patrol, collision vehs/debris moved
from traffic view-no longer distraction

5z- Traffic Unit Autonomous Veh

VIN	5y	Autonomous Veh <input type="checkbox"/>	5z	Trailer (Other Unit) Plate No.	5aa	State	5bb	Year	5cc	GVW / GCWR (Rated) Greater Than 10k pounds?	5dd	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	HazMat Placard?	5ee	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Autonomous Veh

if veh had capabilities:

was veh manually controlled

was veh in autonomous mode

5hh- Injury Severity

Safety Devices	5ff	Airbag	5gg	Injury Severity	5hh	Posted Speed Limit	5ii	Ofc Est. Speed	5jj	Injured Transported To/By	5kk
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Possible: reported but nothing observed

Suspected minor: bumps, bruises, minor cuts

Suspected serious: broken bones, exposed
organs, severe blood loss, significant
burns, paralysis

15 -Trafficway Description



Two Way, Divided, Unprotected Median

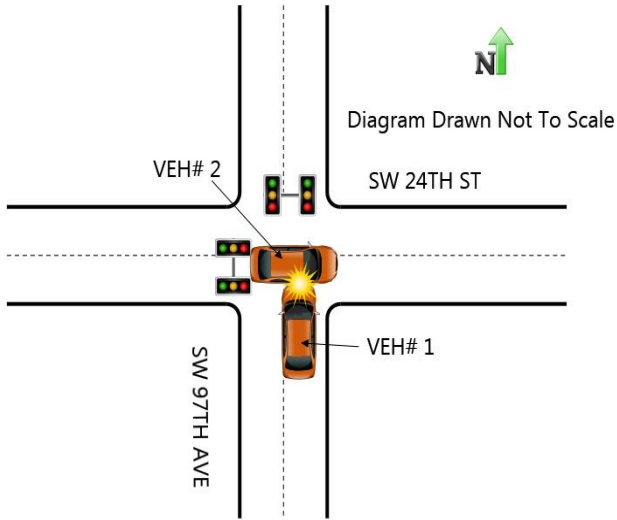
15 -Trafficway Description



Two-Way, Divided, Positive Median Barrier

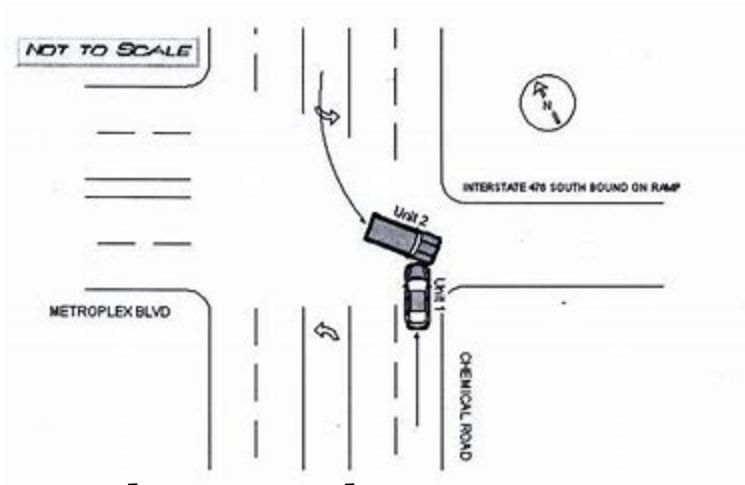
17- Manner of Crash Impact

Angle



Typically T-bone crash
Front to side impact

Left Turn



Vehs traveling opposite
directions and one unit turns
left in front of another

22 - Violations/Behavior

- Speed Too Fast For Conditions:
 - Do not use for behavioral conditions such as distraction, impairment, fatigue, falling asleep
 - Do not use for other violations/behaviors such as ran stop sign or disregarded traffic signal

22- Violations/Behavior

Drove Left of Center Line: Drove across striped centerline/two way left turn lane

Wrong Way Driving: Established in and driving on wrong side of road

Crossed Median: roadway is physically divided

Not for centerline/two way left turn lane

27- Sequence of Events

FIRST HARMFUL EVENT OF THE CRASH 27b _____		
SEQUENCE OF EVENTS PER TRAFFIC UNIT		
	Unit 5a _____	Unit _____
FIRST EVENT	27a	
SECOND EVENT		
THIRD EVENT		
FOURTH EVENT		

First Harmful Event of the Crash

-when damage or injury first occurs

Single vehicle crash should not have “16”

Non-Contact Vehicle

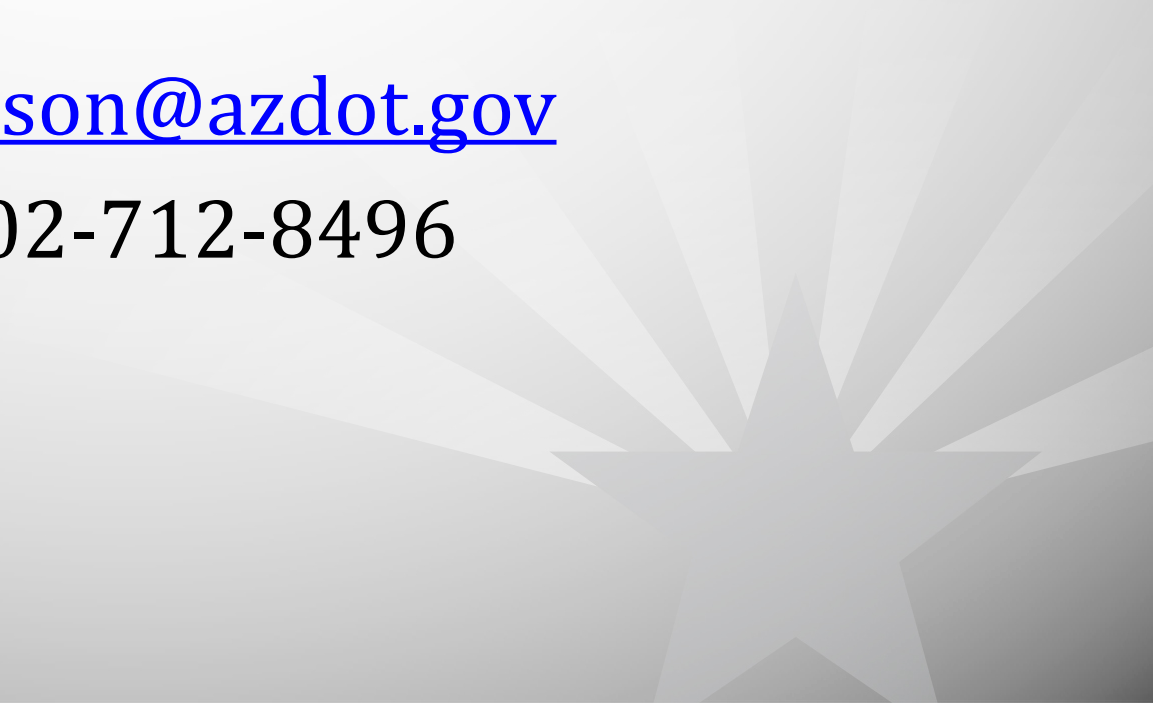


Do not put vehicle info. on face sheet
– put info. in narrative

Questions

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602-712-8496

A large, faint, light gray graphic of the Arizona state star is positioned in the bottom right corner of the slide. The star is a five-pointed star with a smaller five-pointed star inside it, and it has a sunburst or starburst effect emanating from its top point.