

ARIZONA CRASH REPORT			REPORT ID										Agency Report Number					
<b>1</b>	POLICE ONLY – FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 064R 206 S. 17 <sup>TH</sup> AVE., PHOENIX, ARIZONA 85007-3233		YEAR	MONTH	DAY	HOUR	NCIC NO.	OFFICER ID NO.							Total Number of Sheets _____			
<b>COMPLETE THE TRUCK/BUS SUPPLEMENT IF ANY</b> <input checked="" type="checkbox"/> (circle) <b>AND ANY</b> <input checked="" type="checkbox"/> (diamond) <b>ARE CHECKED</b>																		
<b>2</b>	Total Units	Total Injuries	Total Fatalities	Estimated Total Damage Compared To \$2,000 Limit: <input type="checkbox"/> Over <input type="checkbox"/> Under		<input type="checkbox"/> Fatal <input type="checkbox"/> Hit/Run Unit # _____		<input type="checkbox"/> Person Transported for Immediate Medical Care?		<input type="checkbox"/> Tow Away of At Least One Vehicle from Scene?		District or Grid No.						
<b>3</b>	LOCATION On Highway/Road/Street <input type="checkbox"/> Inside City <input type="checkbox"/> Outside		Intersecting Street/Road/M.P. or R.P. <input type="checkbox"/> At <input type="checkbox"/> From		City		County		Distance <input type="checkbox"/> Measured <input type="checkbox"/> Miles <input type="checkbox"/> Approximate <input type="checkbox"/> Feet									
	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 <input type="checkbox"/> 51 Unknown				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 or Blowing Snow <input type="checkbox"/> 7 Blowing Sand, Soil, Dirt <input type="checkbox"/> 8 Fog, Smog, Smoke <input type="checkbox"/> 50 Other <input type="checkbox"/> 51 Unknown													
	GLOBAL POSITION Latitude: _____				Longitude _____													
<b>4</b>	Is this a Secondary Collision: <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, were any of the following 1 <sup>st</sup> 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 _____						Roadway Clear Time: _____		Incident Clear: _____									
Safety Devices (SD) 0 – Not Applicable 1 – None Used 2 – Lap Belt 3 – Shoulder and Lap Belt 4 – Child Restraint System 5 – Helmet Used 50 – Other 51 – Unknown		Airbag (AB) 0 – Not Applicable 1 – Deployed – Front 2 – Deployed – Side (Door, seatback) 3 – Deployed – Curtain (roof) 4 – Deployed – Other (knee, airbelt, etc.) 5 – Deployed – Combination 6 – Deployed – Unknown Location 7 – Not Deployed		Injury Severity (IS) 1 – No Injury 2 – Possible Injury 3 – Suspected Minor Injury 4 – Suspected Serious Injury 5 – Fatal Injury 51 – Unknown/Not Reported		Seating Position 31 21 11 32 22 12 33 23 13 38 28 18 42 18 – Front Seat – Other (child in Lap) 28 or 38 – Additional passenger in vehicle by row 40 – In enclosed cargo area 41 – In unenclosed cargo area 42 – Riding on Vehicle Exterior 50 – Other 51 – Unknown												
<b>5</b>	TRAFFIC UNIT NO.	<input type="checkbox"/> DL # <input type="checkbox"/> No Valid License/Permit		State	Class	End.	<input type="checkbox"/> Driver <input type="checkbox"/> Driverless <input type="checkbox"/> Pedestrian <input type="checkbox"/> Pedalcyclist		Name (First, Middle, Last)		<input type="checkbox"/> ejected <input type="checkbox"/> extricated		Suffix	Sex				
	Restrictions		Address		City		State	Zip Code		Telephone Number								
	Date of Birth		Owner/Carrier Name		<input type="checkbox"/> Same as Driver <input type="checkbox"/> Gov't Vehicle		Address		City		State	Zip Code						
	Color		Vehicle Year	Make		Body Style		Plate Number		State	Plate Mo/Yr	<input type="checkbox"/> Bus (9 or more seats)						
	VIN			Autonomous Veh Control: Man <input type="checkbox"/> AV <input type="checkbox"/> Unkn <input type="checkbox"/>		Trailer (Other Unit) Plate No.			State	Year	GWW / 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		Airbag	Injury Severity		Posted Speed Limit		Ofc Est. Speed		Injured Transported To/By								
	Vehicle Removed to (Address/Storage Location Identifier)						<input type="checkbox"/> Disabled <input type="checkbox"/> Not Disabled		Vehicle Removed by			Orders of						
	Insurance Company				Telephone Number				Policy Number				Exp. Date					
	TRAFFIC UNIT NO.	<input type="checkbox"/> DL # <input type="checkbox"/> No Valid License/Permit		State	Class	End.	<input type="checkbox"/> Driver <input type="checkbox"/> Driverless <input type="checkbox"/> Pedestrian <input type="checkbox"/> Pedalcyclist		Name (First, Middle, Last)		<input type="checkbox"/> ejected <input type="checkbox"/> extricated		Suffix	Sex				
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Insurance Company				Telephone Number				Policy Number				Exp. Date						
<b>6</b>	PASSENGERS	Unit #	Seat Pos	SD	AB	IS	Name		Address		City		State	Zip Code		Phone	Sex	D.O.B.
<b>7</b>	VEHICLE DAMAGED AREA(S) – (CIRCLE ALL THAT APPLY)		Unit #		1 2 3 4 5 6 7 8		0 – NONE 10 – UNDERCARRIAGE 51 – UNKNOWN		Unit #		1 2 3 4 5 6 7 8		0 – NONE 10 – UNDERCARRIAGE 51 – UNKNOWN					
<b>8</b>	Property Damaged (Other than Vehicles)		Owner Code (OC) 1 – Private 2 – Public Utility 3 – Federal Government 4 – State of Arizona 5 – County in Arizona 6 – City in Arizona 7 – Tribal Nation 51 – Unknown		Inventory Tag No													
	OC	Owner's Name		Address (or Bar Code ID Number)		City		State	Zip Code		Telephone Number							
<b>9</b>	WITNESSES	Name		Address		City		State	Zip Code		Telephone Number		D.O.B.					
<b>10</b>	CITATION	UNIT #		A.R.S. NO. OR CITY CODE		UNIT #		A.R.S. NO. OR CITY CODE										
<b>11</b>	Photos Taken <input type="checkbox"/> Yes <input type="checkbox"/> No		Photographer's Name, ID Number and Agency Name				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							

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

YEAR	MONTH	DAY	HOUR	NCIC NO.	OFFICER ID NO.

Total Number of Sheets \_\_\_\_\_

**12 — ROAD SURFACE CONDITION**  
 UNIT # \_\_\_\_\_

<input type="checkbox"/> 1 DRY	<input type="checkbox"/> 8 MUD/DIRT/GRAVEL/SAND
<input type="checkbox"/> 2 WET	<input type="checkbox"/> 50 OTHER _____
<input type="checkbox"/> 3 SNOW/SLUSH	<input type="checkbox"/> 51 UNKNOWN
<input type="checkbox"/> 5 ICE/FROST	
<input type="checkbox"/> 6 WATER (standing/moving)	

**19 — CONTRIBUTING CIRCUMSTANCES**  
 UP TO TWO CHOICES PER UNIT  
 UNIT # \_\_\_\_\_

0 NO CONTRIBUTING CIRCUMSTANCE

ENVIRONMENTAL	ROAD
<input type="checkbox"/> 1 GLARE	<input type="checkbox"/> 3 ROAD SURFACE CONDITION
<input type="checkbox"/> A. SUNLIGHT	<input type="checkbox"/> 4 DEBRIS
	<input type="checkbox"/> 5 WORK ZONE
<input type="checkbox"/> 2 PHYSICAL OBSTRUCTION(S)	<input type="checkbox"/> 6 OBSTRUCTION IN ROADWAY
	<input type="checkbox"/> 7 CHANGING ROAD WIDTH
<input type="checkbox"/> A. STOPPED/PARKED VEHICLE	<input type="checkbox"/> 8 NON-HIGHWAY WORK
<input type="checkbox"/> B. MOVING VEHICLE	
<input type="checkbox"/> C. LOAD ON VEHICLE	
<input type="checkbox"/> D. TREE/SHRUB/BUSH	

**BLOCKS 12 - 26: CHECK ONLY ONE OR ONE BLOCK PER UNIT UNLESS NOTED**

**13 — ROAD GRADE**  
 UNIT # \_\_\_\_\_

<input type="checkbox"/> 1 LEVEL	<input type="checkbox"/> 3 UPHILL
<input type="checkbox"/> 2 DOWNHILL	<input type="checkbox"/> 51 UNKNOWN

**22 — VIOLATIONS/BEHAVIOR**  
 CHECK ALL THAT APPLY  
 UNIT # \_\_\_\_\_

<input type="checkbox"/> 1 NO IMPROPER ACTION	<input type="checkbox"/> 11 PASSED IN NO PASSING ZONE
<input type="checkbox"/> 2 SPEED TOO FAST FOR CONDITIONS	<input type="checkbox"/> 12 UNSAFE LANE CHANGE
<input type="checkbox"/> 3 EXCEEDED LAWFUL SPEED	<input type="checkbox"/> 13 FAILED TO KEEP IN PROPER LANE
<input type="checkbox"/> 4 FOLLOWED TOO CLOSELY	<input type="checkbox"/> 17 DID NOT USE CROSSWALK
<input type="checkbox"/> 5 RAN STOP SIGN	<input type="checkbox"/> 20 FAILED TO YIELD RIGHT-OF-WAY
<input type="checkbox"/> 6 DISREGARDED TRAFFIC SIGNAL	<input type="checkbox"/> 49 AGGRESSIVE DRIVING
<input type="checkbox"/> 7 MADE IMPROPER TURN	<input type="checkbox"/> 50 OTHER _____
<input type="checkbox"/> 8 DROVE LEFT OF CENTER LINE	<input type="checkbox"/> 51 UNKNOWN
<input type="checkbox"/> 9 WRONG WAY DRIVING	
<input type="checkbox"/> 10 CROSSED MEDIAN	

**14 — RELATION TO JUNCTION**

<input type="checkbox"/> 0 NOT JUNCTION RELATED	<input type="checkbox"/> 4 RAILWAY GRADE CROSSING
<input type="checkbox"/> 1 INTERSECTION (within)	<input type="checkbox"/> 7 DRIVEWAY or ALLEY ACCESS
<input type="checkbox"/> 4-WAY <input type="checkbox"/> T-INTER <input type="checkbox"/> OTHER	<input type="checkbox"/> 50 OTHER _____
<input type="checkbox"/> 2 INTERSECTION-RELATED	<input type="checkbox"/> 51 UNKNOWN
<input type="checkbox"/> 3 ENTRANCE/EXIT RAMP	

**MOTOR VEHICLE**

<input type="checkbox"/> 12 TIRES	<input type="checkbox"/> POSSIBLE ROAD RAGE INCIDENT
<input type="checkbox"/> 50 OTHER _____	
<input type="checkbox"/> 51 UNKNOWN	

**15 — TRAFFICWAY DESCRIPTION**

<input type="checkbox"/> 1 ONE WAY TRAFFICWAY	<input type="checkbox"/> 51 UNKNOWN
<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 MEDIAN	
<input type="checkbox"/> 5 TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER	

**20 — DISTRACTED DRIVING BEHAVIOR**  
 UNIT # \_\_\_\_\_

<input type="checkbox"/> 0 NOT DISTRACTED/NOT APPLICABLE	<input type="checkbox"/> 50 DISTRACTED, UNKNOWN REASON
<input type="checkbox"/> 1 TALKING ON HANDS FREE DEVICE	<input type="checkbox"/> 51 UNKNOWN IF DISTRACTED
<input type="checkbox"/> 2 TALKING ON HAND HELD DEVICE	
<input type="checkbox"/> 3 PASSENGER	
<input type="checkbox"/> 4 OTHER ACTIVITY, ELECTRONIC DEVICE	
<input type="checkbox"/> 5 MANUALLY OPERATING AN ELECTRONIC DEVICE	
<input type="checkbox"/> 6 OTHER INSIDE THE VEHICLE (eating, drinking, etc.)	
<input type="checkbox"/> 7 OUTSIDE THE VEHICLE (includes unspecified distractions)	

**23 — TRAFFIC UNIT MANEUVER/ACTION**  
 UNIT # \_\_\_\_\_

<input type="checkbox"/> 1 GOING STRAIGHT AHEAD	<input type="checkbox"/> 11 AVOIDING VEHICLE/OBJECT/PED/CYCLIST
<input type="checkbox"/> 2 SLOWING IN TRAFFICWAY	<input type="checkbox"/> 12 ENTERING PARKING POSITION
<input type="checkbox"/> 3 STOPPED IN TRAFFICWAY	<input type="checkbox"/> 13 LEAVING PARKING POSITION
<input type="checkbox"/> 4 MAKING LEFT TURN	<input type="checkbox"/> 14 PROPERLY PARKED
<input type="checkbox"/> 5 MAKING RIGHT TURN	<input type="checkbox"/> 15 IMPROPERLY PARKED
<input type="checkbox"/> 6 MAKING U-TURN	<input type="checkbox"/> 16 MOVING VEHICLE - NO DRIVER
<input type="checkbox"/> 7 OVERTAKING/PASSING	<input type="checkbox"/> 17 CROSSING ROAD
<input type="checkbox"/> 8 CHANGING LANES	<input type="checkbox"/> 18 WALKING WITH TRAFFIC
<input type="checkbox"/> 9 NEGOTIATING A CURVE	<input type="checkbox"/> 19 WALKING AGAINST TRAFFIC
<input type="checkbox"/> 10 BACKING	<input type="checkbox"/> 20 STANDING
<input type="checkbox"/> 11 AVOIDING VEHICLE/OBJECT/PED/CYCLIST	<input type="checkbox"/> 21 LYING
<input type="checkbox"/> 12 ENTERING PARKING POSITION	<input type="checkbox"/> 22 GETTING ON/OFF VEHICLE
<input type="checkbox"/> 13 LEAVING PARKING POSITION	<input type="checkbox"/> 50 OTHER _____
<input type="checkbox"/> 14 PROPERLY PARKED	<input type="checkbox"/> 51 UNKNOWN
<input type="checkbox"/> 15 IMPROPERLY PARKED	

**16 — TRAFFIC CONTROL DEVICE**  
 UNIT # \_\_\_\_\_

<input type="checkbox"/> 0 NO CONTROLS	<input type="checkbox"/> 7 PERSON (law enforcement, crossing guard, flagger, etc.)
<input type="checkbox"/> 1 SIGNAL	<input type="checkbox"/> 8 TRAFFIC CIRCLE / ROUNDABOUT
<input type="checkbox"/> 2 STOP SIGN	<input type="checkbox"/> 9 PEDESTRIAN HYBRID BEACON/HAWK
<input type="checkbox"/> 3 YIELD SIGN	<input type="checkbox"/> 50 OTHER _____
<input type="checkbox"/> 4 WARNING SIGN	<input type="checkbox"/> 51 UNKNOWN
<input type="checkbox"/> 5 RAILROAD CROSSING SIGN	
<input type="checkbox"/> 6 FLASHING TRAFFIC SIGNAL	

**21 — CONDITION INFLUENCING Driver/Ped/Cyclist**  
 UP TO THREE CHOICES PER UNIT  
 UNIT # \_\_\_\_\_

<input type="checkbox"/> 0 NO APPARENT INFLUENCE	<input type="checkbox"/> a DRE RESPONDED
<input type="checkbox"/> 1 ILLNESS OR PHYSICAL IMPAIRMENT	<input type="checkbox"/> b SUSPECT EVALUATED
<input type="checkbox"/> 3 FELL ASLEEP/FATIGUED	<input type="checkbox"/> c SUSPECT ARRESTED
<input type="checkbox"/> 4 ALCOHOL	
<input type="checkbox"/> 5 ILLEGAL DRUGS	
<input type="checkbox"/> 6 MEDICATIONS	
<input type="checkbox"/> 7 MARIJUANA	
<input type="checkbox"/> 8 MED MARIJUANA CARD PRESENTED	
<input type="checkbox"/> 50 OTHER _____	
<input type="checkbox"/> 51 UNKNOWN CONDITION	

**21 DRE (check all that apply)**

<input type="checkbox"/> a DRE RESPONDED
<input type="checkbox"/> b SUSPECT EVALUATED
<input type="checkbox"/> c SUSPECT ARRESTED

**17 — MANNER OF CRASH IMPACT**

<input type="checkbox"/> 1 SINGLE VEHICLE	<input type="checkbox"/> 6 SIDESWIPE, SAME DIRECTION
<input type="checkbox"/> 2 ANGLE (front to side) (other than left turn)	<input type="checkbox"/> 7 SIDESWIPE, OPPOSITE DIRECTION
<input type="checkbox"/> 3 LEFT TURN	<input type="checkbox"/> 10 U-TURN
<input type="checkbox"/> 4 REAR END (front-to-rear)	<input type="checkbox"/> 50 OTHER _____
<input type="checkbox"/> 5 HEAD-ON (front-to-front) (other than left turn)	<input type="checkbox"/> 51 UNKNOWN

**24 — LOCATION OF PEDESTRIAN/CYCLIST**  
 UNIT # \_\_\_\_\_

<input type="checkbox"/> 1 AT INTERSECTION-IN MARKED CROSSWALK	<input type="checkbox"/> 10 BICYCLE LANE
<input type="checkbox"/> 2 AT INTERSECTION-UNMARKED/UNKNOWN IF MARKED CROSSWALK	<input type="checkbox"/> 11 SHOULDER/ROADSIDE
<input type="checkbox"/> 3 AT INTERSECTION-NOT IN CROSSWALK	<input type="checkbox"/> 12 SIDEWALK
<input type="checkbox"/> 4 AT INTERSECTION-UNKNOWN LOCATION	<input type="checkbox"/> 13 MEDIAN/CROSSING ISLAND
<input type="checkbox"/> 5 NOT AT INTERSECTION-IN MARKED CROSSWALK	<input type="checkbox"/> 14 DRIVEWAY ACCESS
<input type="checkbox"/> 6 NOT AT INTERSECTION-ON ROADWAY, NOT IN MARKED CROSSWALK	<input type="checkbox"/> 15 SHARED-USE PATH
<input type="checkbox"/> 7 NOT AT INTERSECTION-ON ROADWAY, CROSSWALK AVAILABILITY UNKNOWN	<input type="checkbox"/> 16 NON-TRAFFICWAY AREA
<input type="checkbox"/> 8 SCHOOL CROSSWALK	<input type="checkbox"/> 50 OTHER _____
<input type="checkbox"/> 9 PARKING LANE/ZONE	<input type="checkbox"/> 51 UNKNOWN LOCATION

**18 — DIRECTION OF UNIT TRAVEL (Compass)**  
 BEFORE 1<sup>ST</sup> CRASH EVENT  
 UNIT # \_\_\_\_\_

<input type="checkbox"/> 1 NORTH	<input type="checkbox"/> 6 NORTHEAST
<input type="checkbox"/> 2 SOUTH	<input type="checkbox"/> 7 SOUTHWEST
<input type="checkbox"/> 3 EAST	<input type="checkbox"/> 8 SOUTHEAST
<input type="checkbox"/> 4 WEST	<input type="checkbox"/> 51 UNKNOWN
<input type="checkbox"/> 5 NORTHWEST	

**NOTE: FOR PARKED OR STOPPED VEHICLES, INDICATE THE DIRECTION THE VEHICLE WAS FACING AT THE TIME OF THE CRASH**

**25 — ROADWAY ALIGNMENT**  
 UNIT # \_\_\_\_\_

<input type="checkbox"/> 1 STRAIGHT	<input type="checkbox"/> 3 CURVE RIGHT
<input type="checkbox"/> 2 CURVE LEFT	<input type="checkbox"/> 51 UNKNOWN

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

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 = 1<sup>ST</sup> LEFT TURN AFTER MEDIAN/CENTERLINE)  
 R1 THRU RX - RIGHT TURN LANES (R1 = 1<sup>ST</sup> RIGHT TURN AFTER THROUGH LANES)  
 SW SIDEWALK  
 BL DEDICATED BIKE LANE  
 HOV HIGH OCCUPANCY VEHICLE  
 49 NON-ROADWAY  
 50 OTHER  
 51 UNKNOWN

**27 — SEQUENCE OF EVENTS**  
 UP TO FOUR CRASH EVENTS FOR EACH UNIT IN THE ORDER OF OCCURRENCE

**NON-COLLISION**

- 1 OVERTURN/ROLLOVER
- 2 FIRE/EXPLOSION
- 5 CARGO/EQUIPMENT LOSS/SHIFT
- 6 FELL/JUMPED FROM VEHICLE
- 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 PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT**

- 16 MOTOR VEHICLE IN TRANSPORT
- 17 PEDESTRIAN
- 18 PEDALCYCLE
- 19 TRAIN
- 20 LIGHT RAILWAY/RAILCAR VEHICLE
- 21 ANIMAL
- 25 PARKED MOTOR VEHICLE
- 27 STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY ANOTHER VEHICLE
- 28 OTHER NON-FIXED OBJ. \_\_\_\_\_

**COLLISION WITH FIXED OBJECT**

- 29 IMPACT ATTENUATOR/CRASH CUSHION/GUARDRAIL END
- 33 CONCRETE CURB
- 36 GUARDRAIL FACE
- 38 MEDIAN BARRIER
- 39 CABLE BARRIER
- 41 TREE, BUSH, STUMP (standing)
- 42 TRAFFIC SIGN SUPPORT
- 43 TRAFFIC SIGNAL SUPPORT
- 44 UTILITY POLE/LIGHT SUPPORT
- 46 FENCE
- 50 OTHER FIXED OBJ. \_\_\_\_\_
- 51 UNKNOWN

FIRST HARMFUL EVENT OF THE CRASH \_\_\_\_\_

SEQUENCE OF EVENTS PER TRAFFIC UNIT

	Unit _____	Unit _____
FIRST EVENT		
SECOND EVENT		
THIRD EVENT		
FOURTH EVENT		

**ARIZONA CRASH REPORT**

REPORT ID

Agency Report Number

**1**

**CONTINUED**

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

YEAR

MONTH

DAY

HOUR

NCIC NO.

OFFICER ID NO.

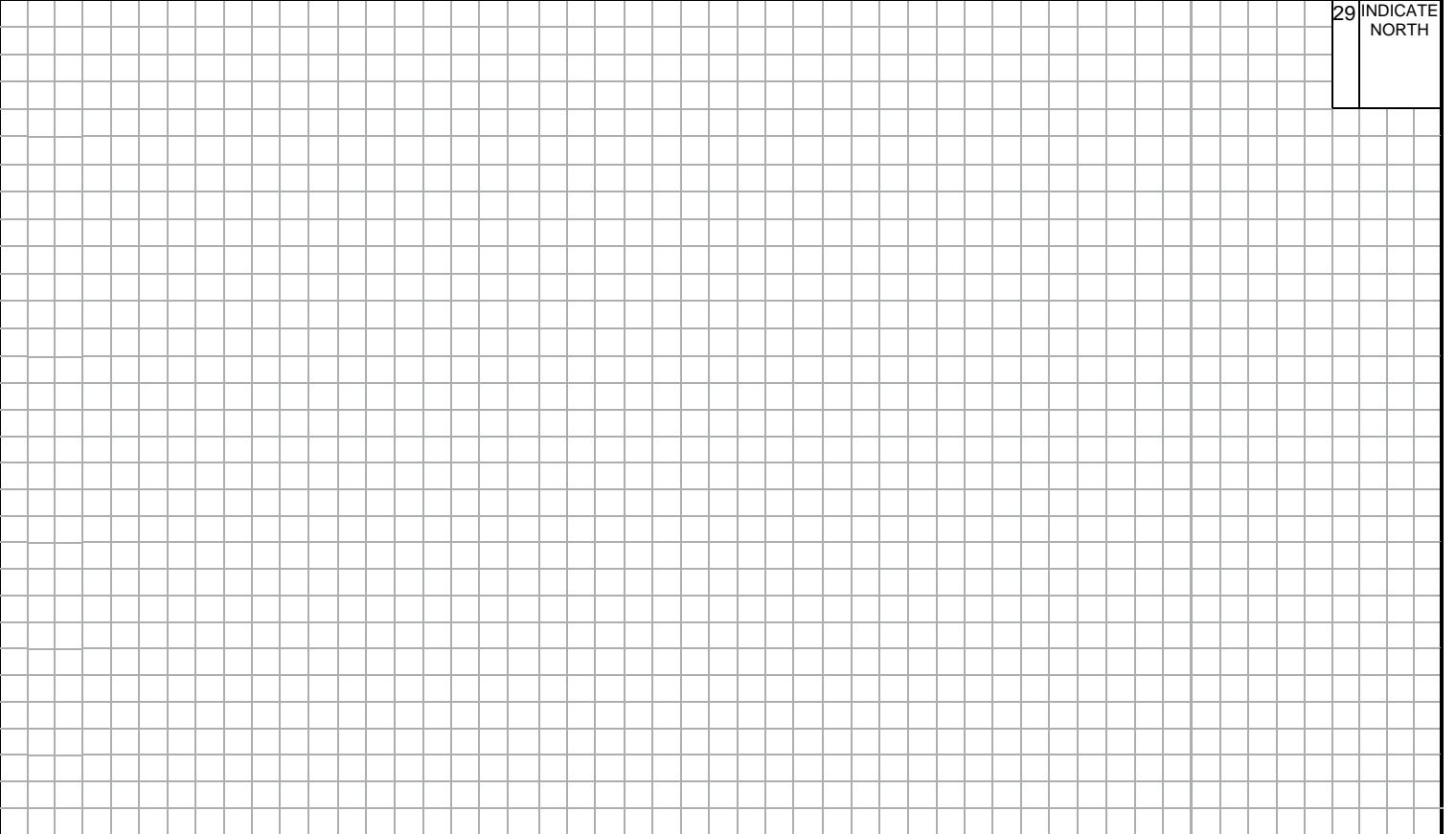
**28**

**CRASH DIAGRAM**

MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE

MEASUREMENTS ARE SCALED (SCALE = \_\_\_\_\_)

**29** INDICATE  
NORTH



**30**

**NARRATIVE**

Describe what happened

Large empty rectangular area for writing the narrative description of the crash event.