Clear

ARIZONA CRASH REPORT

REPORT ID | Agency Report Number

1 **OCCUPANT SUPPLEMENT**
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.

QUALIFYING INFORMATION

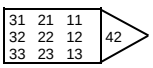
2 Use this form for additional passengers, citations, or witnesses that could not be entered on the first page of the crash report.

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



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

3 **PASSENGERS**

Unit #	Seat Pos	SD	AB	IS	Name	Address	City	State	Zip Code	Phone	Sex	D.O.B.

4 **CITATION**

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

5 **WITNESSES**

Name	Address	City	State	Zip Code	Telephone Number	D.O.B.

6

Officer's Name / Badge #	Supervisor's Signature	Agency Name	Date Completed

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ADDITIONAL CRASH DIAGRAM OR NARRATIVE

(use only as needed)

2	Officer's Name / Badge #	Supervisor's Signature	Agency Name	Date Completed