

TraCS User's Group

3/23/2021

Glen Robison

State Custodian of Crash Records

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Hit and Run Vehicles

Vehicle left at scene but driver fled on foot

TRAFFIC UNIT 001		<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Pedestrian <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Driverless				<input checked="" type="checkbox"/> Hit & Run		<input type="checkbox"/> DL #		<input type="checkbox"/> No License / Permit				
NON	First UNKNOWN		Middle UNKNOWN		Last UNKNOWN		Suffix		DL# UNKNOWN		State	Class	Endorsements	Restrictions
	Date of Birth 01/01/1901		Sex M	Address UNKNOWN				City UNKNOWN		State	Zip		Phone Number	Ped/Cyclist Location
	SD 51	AB 0	IS 51	Violations 2	Condition 51	DRE	Distracted 51	Eject <input type="checkbox"/>	Extr <input type="checkbox"/>	Transported To/By				

Mark the “Driver” box not “Driverless”

Driverless - parked veh or parked vehicle that rolls and crashes; self-driving vehicle with no operator (Waymo)

For name, DL #, address - fill in “Unknown” unless that information becomes known through your investigation

Unknown DOB - Use 01/01/1901 - tells us that DOB is unknown

SD, IS, Condition, Distracted - Use 51 for unknown, don’t leave blank

Violations - Use code if known otherwise, use 51

First Harmful Event

When damage or injury first occurs

Select First Harmful Event

21 - ANIMAL
 25 - PARKED MOTOR VEHICLE
 27 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING
 28 - OTHER NON-FIXED OBJECT
29 - IMPACT ATTENUATOR/CRASH CUSHION/GUARDRAIL E
 33 - CONCRETE CURB

CRASH DETAILS							
Photos Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Photographer's Name ROBISON	ID Number 364	Agency CPD	Invest. At Scene <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date Invest. 03/22/2021	Time Invest. 09:00	Fire/EMS Incident No.
Light Condition 1	Weather Condition 1	Relation to Junction 0	Traffic Way Desc. 4	Crash Impact Manner 4	First Harmful Event 29	<input type="checkbox"/> Possible Road Rage Incident	

- Select First Harmful Event - the first event that occurs in the crash sequence that causes injury or damage
- ran off road right or left would not be first harmful event

Crash Impact Manner

Single vehicle crash

Select Crash Impact Manner

- 1 - SINGLE VEHICLE
- 2 - ANGLE (front to side) (other than left turn)
- 3 - LEFT TURN
- 4 - REAR END (front-to-rear)
- 5 - HEAD-ON (front-to-front) (other than left turn)
- 6 - SIDESWIPE, SAME DIRECTION

CRASH DETAILS							
Photos Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Photographer's Name ROBISON	ID Number 364	Agency CPD	Invest. At Scene <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date Invest. 03/22/2021	Time Invest. 09:00	Fire/EMS Incident No.
Light Condition 1	Weather Condition 1	Relation to Junction 0	Traffic Way Desc. 4	Crash Impact Manner 1	First Harmful Event 29	<input type="checkbox"/> Possible Road Rage Incident	

We see single vehicle crashes marked as “Other” or “Unknown”
For Crash Impact Manner select “single vehicle”

Safety Device

Select Safety Device

- 0 - NOT APPLICABLE
- 1 - NONE USED
- 2 - LAP BELT
- 3 - SHOULDER AND LAP BELT
- 4 - CHILD RESTRAINT SYSTEM
- 5 - HELMET USED

TRAFFIC UNIT 001		<input checked="" type="checkbox"/> Driver		<input type="checkbox"/> Pedestrian		<input type="checkbox"/> Pedalcyclist		<input type="checkbox"/> Driverless		<input type="checkbox"/> Hit & Run		<input type="checkbox"/> DL #		<input type="checkbox"/> No License / Permit		
First ARTHUR			Middle		Last FONZARELLI			Suffix		DL# B123456		State WI	Class M	Endorsements		Restrictions
Date of Birth 01/01/1949		Sex M	Address 1234 CUNNINGHAM ST					City MILWAUKEE		State WI	Zip 64044		Phone Number		Ped/Cyclist Location	
NON	SD	AB	IS	Violations	Condition	DRE	Distracted	Eject	Extr	Transported To/By						
	1	0	1	1	0		0	<input type="checkbox"/>	<input type="checkbox"/>							

For Safety Device (SD) - select none used or helmet used for motorcyclist and m/c passenger, bicyclist
 - Not Applicable - used for pedestrians or parked vehicles - **not for m/c or bicyclists**

Secondary Collision

Collision occurred as a direct result of or distraction created by a prior **incident** on or adjacent to the roadway

Were any first 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

Be sure to check yes or no box.
Don't leave blank

Secondary Collision?	<input checked="" type="checkbox"/> Yes	Were any first responders hit?
	<input type="checkbox"/> No	

Questions?

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