

Arizona Crash Report

Presentation by Glen Robison
State Custodian of Crash Records
Prepared 11/21/2019

1- Crash Identification Block

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

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

Estimated Total Damage Compared to \$1,000 Limit
Changed to \$2,000
Over minimum if injury and EMS transported

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"/> East	<input type="checkbox"/> Plus 3g
		<input type="checkbox"/> South 3f	<input type="checkbox"/> West	<input type="checkbox"/> Minus 3g
				<input type="checkbox"/> Measured <input type="checkbox"/> Miles 3i
				<input type="checkbox"/> Approximate <input type="checkbox"/> Feet 3i

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: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; border: 1px solid red; text-align: center;">4b</td><td style="width: 20px; height: 20px;"></td></tr></table>		4b		Incident Clear: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; border: 1px solid red; text-align: center;">4c</td><td style="width: 20px; height: 20px;"></td></tr></table>		4c	
			4b						
	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 type="checkbox"/> Yes <input type="checkbox"/> No	HazMat Placard?	5e	<input type="checkbox"/> Yes <input 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

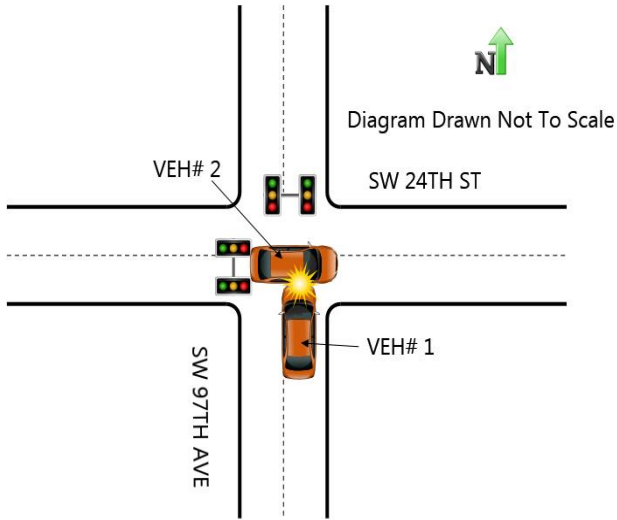
15 -Trafficway Description



Two-Way, Divided, Positive Median Barrier

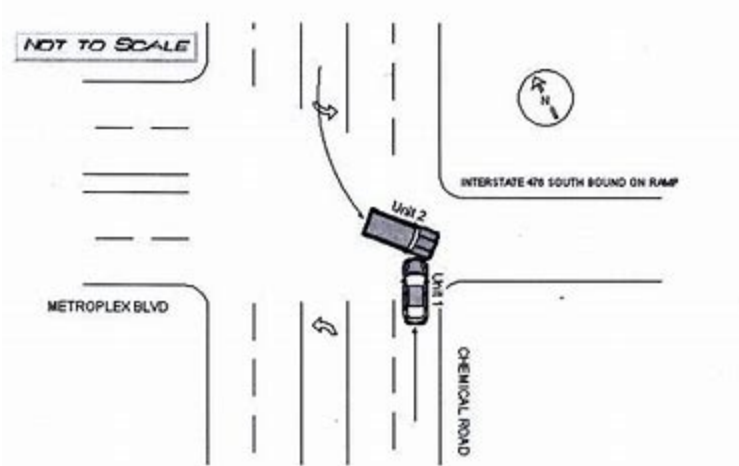
17- Manner of Crash Impact

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

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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