

ARIZONA CRASH REPORT			REPORT ID												Agency Report Number																																												
1	FATAL SUPPLEMENT			YEAR			MONTH			DAY			HOUR			NCIC NO.			OFFICER ID NO.																																								
	POLICE ONLY - FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 064R 206 S. 17TH AVE., PHOENIX, ARIZONA 85007-3233																																																										
2	DECEASED	Name _____												Type: <input type="checkbox"/> Driver <input type="checkbox"/> Pedestrian <input type="checkbox"/> Unknown Occupant Type <input type="checkbox"/> Passenger <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Unknown Non-Occupant Type																																													
		Sex _____			Height _____ Ft _____ In			Weight _____			Date of Birth (MMDDYYYY) _____																																																
		Deceased at Scene: <input type="checkbox"/> Yes <input type="checkbox"/> No			Deceased Removed To _____						Deceased Removed By _____																																																
		Transported to First Medical Facility: <input type="checkbox"/> Yes <input type="checkbox"/> No			First Medical Facility Transported To: _____						Transported to First Medical Facility By: _____																																																
		Date of Death (MMDDYYYY) _____						Time of Death _____																																																			
3	CRASH SCENE	<b>If Intersection or Intersection-Related, Indicate Type of Intersection:</b> <input type="checkbox"/> 1 Four Way Intersection <input type="checkbox"/> 5 Roundabout <input type="checkbox"/> 2 T-Intersection <input type="checkbox"/> 6 Five-Point, or More <input type="checkbox"/> 3 Y-Intersection <input type="checkbox"/> 7 L-Intersection <input type="checkbox"/> 4 Traffic Circle <input type="checkbox"/> 51 Unknown												<b>Roadway Surface Type at Crash Scene:</b> UNIT # _____ <input type="checkbox"/> 1 Concrete <input type="checkbox"/> 5 Dirt <input type="checkbox"/> 2 Blacktop, Bituminous, or Asphalt <input type="checkbox"/> 6 Other: _____ <input type="checkbox"/> 3 Brick or Block <input type="checkbox"/> 51 Unknown <input type="checkbox"/> 4 Slag, Gravel, or Stone																																													
		<b>If intersection or Intersection-Related, and Traffic Signals Present, Indicate Type of Signal:</b> <input type="checkbox"/> 1 Traffic Control Signal With Pedestrian Signal <input type="checkbox"/> 2 Traffic Control Signal Without Pedestrian Signal												<b>Work Zone Type:</b> <input type="checkbox"/> 0 No Work Zone Present <input type="checkbox"/> 3 Utility <input type="checkbox"/> 1 Construction <input type="checkbox"/> 4 Work Zone, Type Unknown <input type="checkbox"/> 2 Maintenance																																													
4	VEHICLE INFORMATION	<b>Trailer Vehicle Identification Number(s):</b> Unit # _____ Unit # _____ Unit # _____ Unit # _____						<b>Extent of Damage:</b> UNIT # _____ <input type="checkbox"/> 1 No Damage <input type="checkbox"/> 2 Minor Damage <input type="checkbox"/> 3 Functional Damage <input type="checkbox"/> 4 Disabling Damage <input type="checkbox"/> 5 Unknown Damage						<b>Motor Vehicle Contributing Circumstances: (Check all that apply)</b> UNIT # _____ UNIT # _____ <input type="checkbox"/> 0 None <input type="checkbox"/> 8 Wipers <input type="checkbox"/> 1 Tires <input type="checkbox"/> 9 Wheels <input type="checkbox"/> 2 Brake System <input type="checkbox"/> 10 Mirrors <input type="checkbox"/> 3 Steering <input type="checkbox"/> 11 Windows/Windshield <input type="checkbox"/> 4 Suspension <input type="checkbox"/> 12 Body/Doors <input type="checkbox"/> 5 Power Train <input type="checkbox"/> 13 Truck Couplings/ Trailer Hitch/Safety Chains <input type="checkbox"/> 6 Exhaust System <input type="checkbox"/> 14 Safety Systems <input type="checkbox"/> 7 Lights (Specify: Head Signal Other) <input type="checkbox"/> 50 Other: _____ <input type="checkbox"/> 51 Unknown																																													
		<b>Override/Override:</b> UNIT # _____ UNIT # _____ <input type="checkbox"/> 1 No Override or Override Noted <input type="checkbox"/> 6 Underriding a Motor Vehicle Not in Transport, No Compartment Intrusion <input type="checkbox"/> 2 Underriding a Motor Vehicle in Transport, Compartment Intrusion <input type="checkbox"/> 7 Underriding a Motor Vehicle Not in Transport, Compartment Intrusion Unknown <input type="checkbox"/> 3 Underriding a Motor Vehicle in Transport, No Compartment Intrusion <input type="checkbox"/> 8 Overriding a Motor Vehicle in Transport <input type="checkbox"/> 4 Underriding a Motor Vehicle in Transport, Compartment Intrusion Unknown <input type="checkbox"/> 9 Overriding a Motor Vehicle Not in Transport <input type="checkbox"/> 5 Underriding a Motor Vehicle Not in Transport, Compartment Intrusion <input type="checkbox"/> 10 Unknown if Override or Underride Present																																																									
		<b>Driver Unit # _____</b> <b>Driver Unit # _____</b> Height _____ Ft _____ In      Height _____ Ft _____ In Weight: _____      Weight: _____																																																									
5	DRIVER INFORMATION	<b>Compliance with License Restrictions:</b> UNIT # _____ <input type="checkbox"/> 0 No Restrictions <input type="checkbox"/> 1 Restrictions Complied With <input type="checkbox"/> 2 Restrictions Not Complied With <input type="checkbox"/> 3 Restrictions, Compliance Unknown <input type="checkbox"/> 51 Unknown						<b>Compliance with CDL Endorsements:</b> UNIT # _____ <input type="checkbox"/> 0 No Endorsements Required for Vehicle <input type="checkbox"/> 1 Endorsement(s) Required, Complied With <input type="checkbox"/> 2 Endorsement(s) Required, Not Complied With <input type="checkbox"/> 3 Endorsement(s) Required, Compliance Unknown <input type="checkbox"/> 51 Unknown if Required																																																			
		<b>Driver Manuevered to Avoid</b> UNIT # _____ <input type="checkbox"/> 1 Driver Did Not Manuever to Avoid <input type="checkbox"/> 2 Object <input type="checkbox"/> 3 Poor Road Conditions (puddle, ice, pothole etc.) <input type="checkbox"/> 4 Live Animal <input type="checkbox"/> 5 Motor Vehicle (in transport, parked, working) <input type="checkbox"/> 6 Pedestrian, Pedalcyclist or Other Non-Motorist <input type="checkbox"/> 7 Non-Contact Motor Vehicle <input type="checkbox"/> 51 Unknown						<b>Driver's Attempted Avoidance Manuever (Check Only One)</b> UNIT # _____ <input type="checkbox"/> 1 No Avoidance Manuever <input type="checkbox"/> 9 Accelerating <input type="checkbox"/> 2 Releasing Brakes <input type="checkbox"/> 10 Accelerating and Steering Left <input type="checkbox"/> 3 Braking <input type="checkbox"/> 11 Accelerating and Steering Right <input type="checkbox"/> 4 Steering Left <input type="checkbox"/> 12 Accelerating and Unknown Steering Direction <input type="checkbox"/> 5 Steering Right <input type="checkbox"/> 50 Other Actions: _____ <input type="checkbox"/> 6 Braking and Steering Left <input type="checkbox"/> 51 Unknown if Avoidance Manuever Attempted <input type="checkbox"/> 7 Braking and Steering Right <input type="checkbox"/> 8 Braking and Unknown Steering Direction																																																			
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<b>6</b>	<b>EMS</b>	Notification Time EMS: <table border="1" style="display:inline-table; width:100px; height:20px;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>						Arrival Time EMS: <table border="1" style="display:inline-table; width:100px; height:20px;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>						EMS Time at Hospital: <table border="1" style="display:inline-table; width:100px; height:20px;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>																															
<b>7</b>	<b>MOTOR VEHICLE OCCUPANT/NON-OCCUPANT INFORMATION</b>	Unit #	Seat Pos.	S/D	Ejection	EJ. Path	Extrication	Transport	<b>Seating Position</b> <table border="1" style="display:inline-table; width:100px; height:50px;"> <tr><td>41</td><td>31</td><td>21</td><td>11</td></tr> <tr><td>42</td><td>32</td><td>22</td><td>12</td></tr> <tr><td>43</td><td>33</td><td>23</td><td>13</td></tr> <tr><td>48</td><td>38</td><td>28</td><td>18</td></tr> <tr><td>49</td><td>39</td><td>29</td><td>19</td></tr> </table> 00 – Not Applicable/Non-Occupant 18, 28, 38, 48 - Additional passenger in vehicle by row (Ex: child in lap) 19, 29, 39, 49 – Unknown passenger location by row 50 – In enclosed passenger/cargo area 51 – In unenclosed passenger/cargo area 52 – Riding on vehicle exterior 53 – Riding in trailing unit 54 – Sleeper section of cab (truck) 55 – Unknown location	41	31	21	11	42	32	22	12	43	33	23	13	48	38	28	18	49	39	29	19																
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		42	32	22	12																																								
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		48	38	28	18																																								
		49	39	29	19																																								
		<b>Safety Devices (SD)</b> 0 – Not Applicable/None Used 1 – Lap Belt Only 2 – Shoulder Belt Only 3 – Shoulder and Lap Belt Used 4 – Restraint – Type Unknown 5 – Other: Specify _____ 6 – Child Restraint – Forward Facing 7 – Child Restraint – Rear Facing 8 – Booster Seat 9 – Child Restraint – Type Unknown 10 – No Helmet 11 – DOT-Compliant Motorcycle Helmet 12 – Helmet, Other Than DOT-Compliant MC Helmet 13 – Helmet, Unknown if DOT-Compliant 50 – Unknown if Helmet Worn 51 – Unknown																																											
		<b>Ejection</b> 0 – Not Ejected/Not Applicable 1 – Ejected, Totally 2 – Ejected, Partially 3 – Ejected, Unknown Degree 51 – Unknown if Ejected			<b>Ejection Path</b> 0 – Not Applicable 1 – Through Side Door Opening 2 – Through Side Door Window 3 – Through Windshield 4 – Through Back Window 5 – Through Back Door/Tailgate Opening 6 – Through Roof Opening 7 – Through Roof (convertible roof up) 8 – Other Path (Back of pick-up truck) 51 – Ejection Path Unknown			<b>Extrication</b> 0 – Not Applicable 1 – Not Extricated 2 – Extricated 51 – Unknown if Extricated		<b>Transport to First Medical Facility</b> 0 – Not Transported 1 – EMS Air 2 – EMS Ground 3 – EMS Unknown Mode 4 – Law Enforcement 5 – Transported Unknown Source 6 – Other _____ 51 – Unknown if Transported																																			
		<b>8</b>	<b>MOTORCYCLE INFORMATION</b>	<b>Motorcycle Body Style</b> <b>Motorcycles – Two Wheel Styles</b> UNIT # _____ <input type="checkbox"/> <input type="checkbox"/> 1 Two Wheel Motorcycle <input type="checkbox"/> <input type="checkbox"/> 2 Moped or Motorized Bicycle <input type="checkbox"/> <input type="checkbox"/> 3 Off-Road Motorcycle				<b>Motorcycles - Three Wheel Styles</b> UNIT # _____ <input type="checkbox"/> <input type="checkbox"/> 4 Motor Scooter <input type="checkbox"/> <input type="checkbox"/> 5 Other Motorized Cycle Type <input type="checkbox"/> <input type="checkbox"/> 50 Unknown Motored Cycle Type <input type="checkbox"/> <input type="checkbox"/> 11 Three Wheel Motorcycle (2 rear wheels) <input type="checkbox"/> <input type="checkbox"/> 12 Unenclosed Three Wheel Motorcycle/Unenclosed Autocycle (1 rear wheel) <input type="checkbox"/> <input type="checkbox"/> 13 Enclosed Three Wheel Motorcycle/Enclosed Autocycle (1 rear wheel) <input type="checkbox"/> <input type="checkbox"/> 51 Unknown Three Wheel Motorcycle Type <input type="checkbox"/> <input type="checkbox"/> 60 ATV/ATC (All Terrain Cycle)																																					
				<b>Non-Occupant Person Type</b> UNIT # _____ <input type="checkbox"/> <input type="checkbox"/> 1 Pedestrian <input type="checkbox"/> <input type="checkbox"/> 2 Bicyclist <input type="checkbox"/> <input type="checkbox"/> 3 Person on Personal Conveyances (skates, skateboards, wheelchairs, etc.) <input type="checkbox"/> <input type="checkbox"/> 4 Other Cyclist (unicycle, tricycle) <input type="checkbox"/> <input type="checkbox"/> 5 Person In/On Building <input type="checkbox"/> <input type="checkbox"/> 6 Occupant of a Non-Motor Vehicle Transport Device (train, on an animal) <input type="checkbox"/> <input type="checkbox"/> 51 Unknown Type of Non-Motorist				<b>Non-Occupant Safety Equipment: (Check all that apply)</b> UNIT # _____ <input type="checkbox"/> <input type="checkbox"/> 0 None Used Protective: UNIT # _____ <input type="checkbox"/> <input type="checkbox"/> 1 Helmet <input type="checkbox"/> <input type="checkbox"/> 2 Protective Pads <input type="checkbox"/> <input type="checkbox"/> 3 Other Protective Safety Equipment Preventative: UNIT # _____ <input type="checkbox"/> <input type="checkbox"/> 4 Reflective Clothing <input type="checkbox"/> <input type="checkbox"/> 5 Lighting Use <input type="checkbox"/> <input type="checkbox"/> 6 Other _____ <input type="checkbox"/> <input type="checkbox"/> 51 Unknown If Used																																					
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<b>10</b>	<b>COMMENTS</b>																																												
		Officer's Name / Badge #		Supervisor's Signature			Agency Name		Date Completed																																				