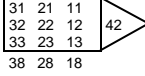


ARIZONA CRASH REPORT										REPORT ID										Agency Report Number																				
1	OCCUPANT SUPPLEMENT																				YEAR MONTH DAY HOUR NCIC NO. OFFICER ID NO.																			
	POLICE ONLY - FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 064R 206 S. 17 TH AVE., PHOENIX, ARIZONA 85007-3233																																							

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

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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ARIZONA CRASH REPORT

REPORT ID

Agency Report Number

1**OCCUPANT SUPPLEMENT**

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

YEAR	MONTH	DAY	HOUR	NCIC NO.	OFFICER ID NO.

ADDITIONAL CRASH DIAGRAM OR NARRATIVE

(use only as needed)

2

Officer's Name / Badge #

Supervisor's Signature

Agency Name

Date Completed