

**Early Notification
Vehicular Crimes Unit
ADOT Traffic Records**

Investigating Agency: _____

963 963H 962 962H Delayed Indus. Pri. Prop. Natural

Total Units: ____	Total Injuries: ____	Total Fatalities: ____
DR #: _____	Date: _____	Time: _____

Location: **ON:** _____ **AT** **FROM:** _____

V1 Description: _____ <small>(Year, Make, Body Style, Color, State & Plate #)</small>			
<input type="checkbox"/> Driver <input type="checkbox"/> Pedestrian <input type="checkbox"/> Pedalcyclist			
Name: _____		DOB: _____	Injury Type: _____
Date of Death _____	DL # _____	State _____	
Alcohol/Drugs: Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		Seatbelt: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Passenger Name: _____	DOB: _____	Injury: _____	Seat Pos: _____
Passenger Name: _____	DOB: _____	Injury: _____	Seat Pos: _____
Passenger Name: _____	DOB: _____	Injury: _____	Seat Pos: _____
Passenger Name: _____	DOB: _____	Injury: _____	Seat Pos: _____

V2 Description: _____ <small>(Year, Make, Body Style, Color, State & Plate #)</small>			
<input type="checkbox"/> Driver <input type="checkbox"/> Pedestrian <input type="checkbox"/> Pedalcyclist			
Name: _____		DOB: _____	Injury Type: _____
Date of Death _____	DL # _____	State _____	
Alcohol/Drugs: Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		Seatbelt: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Passenger Name: _____	DOB: _____	Injury: _____	Seat Pos: _____
Passenger Name: _____	DOB: _____	Injury: _____	Seat Pos: _____
Passenger Name: _____	DOB: _____	Injury: _____	Seat Pos: _____
Passenger Name: _____	DOB: _____	Injury: _____	Seat Pos: _____

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V3 Description: _____
(Year, Make, Body Style, Color, State & Plate #)

Driver Pedestrian Pedalcyclist

Name: _____ DOB: _____ Injury type: _____

Date of Death _____ DL # _____ State: _____

Alcohol/Drugs: Yes No Unknown Seatbelt: Yes No

Passenger Name: _____ DOB: _____ Injury: _____ Seat Pos: _____

Passenger Name: _____ DOB: _____ Injury: _____ Seat Pos: _____

Passenger Name: _____ DOB: _____ Injury: _____ Seat Pos: _____

Passenger Name: _____ DOB: _____ Injury: _____ Seat Pos: _____

Victim #1: _____ Veh #: _____
Date of Death _____ NOK Notified Yes No

Victim #2: _____ Veh #: _____
Date of Death _____ NOK Notified Yes No

Victim #3: _____ Veh #: _____
Date of Death _____ NOK Notified Yes No

NARRATIVE:

Detectives: Case: _____ Other: _____

Log Entry by: _____ Ser#: _____ Call Sign: _____

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