



01-0120 R04/24

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# Arizona Fatal Crash Early Notification

Investigating Agency: \_\_\_\_\_

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

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

Location: **ON:** \_\_\_\_\_  **AT**  **FROM:** \_\_\_\_\_

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

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

**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: Cases: \_\_\_\_\_ Other: \_\_\_\_\_

Log Entry by: \_\_\_\_\_ Ser# \_\_\_\_\_ Call Sign: \_\_\_\_\_

Email copy to: [FARSANALYSTS@azdot.gov](mailto:FARSANALYSTS@azdot.gov)