ARIZONA CRASH REPORT

REPORT ID

Agency Report Number

1 POLICE ONLY – FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 064R 206 S. 17TH AVE., PHOENIX, ARIZONA 85007-3233

YEAR	MONTH	DAY	HOUR	NCIC NO.	OFFICER ID NO.

Total Number of Sheets _____

COMPLETE THE TRUCK/BUS SUPPLEMENT IF ANY ⊘ (circle) AND ANY ◇ (diamond) ARE CHECKED

2

Total Units	Total Injuries	Total Fatalities	Estimated Total Damage Compared To $1,000 Limit: ☐ Over ☐ Under	○ Fatal	☐ Hit/Run Unit # ____	○ Person Transported for Immediate Medical Care?	○ Tow Away of At Least One Vehicle from Scene?	District or Grid No.

3

LOCATION

On Highway/Road/Street ☐ Inside ☐ Outside | City | County

Intersecting Street/Road/M.P. or R.P. ☐ At ☐ From | ☐ North ☐ South | ☐ East ☐ West | ☐ Plus ☐ Minus | Distance | ☐ Measured ☐ Approximate | ☐ Miles ☐ Feet

Light Condition
- ☐ 1 Daylight
- ☐ 2 Dawn
- ☐ 3 Dusk
- ☐ 4 Dark – Lighted
- ☐ 5 Dark – Not Lighted
- ☐ 6 Dark – Unknown Lighting
- ☐ 51 Unknown

Weather Conditions
- ☐ 1 Clear
- ☐ 2 Cloudy
- ☐ 3 Sleet, Hail (freezing rain/drizzle)
- ☐ 4 Rain
- ☐ 5 Snow or Blowing Snow
- ☐ 7 Blowing Sand, Soil, Dirt
- ☐ 8 Fog, Smog, Smoke
- ☐ 50 Other
- ☐ 51 Unknown

GLOBAL POSITION | Latitude: | Longitude:

4

Is this a Secondary Collision: ☐ Yes ☐ No
If YES, were any of the following 1st responders hit?
☐ *Law Enforcement* ☐ *Fire* ☐ *EMS* ☐ *Tow Operator* ☐ *DOT Worker* ☐ *Other* _____

Roadway Clear Time: | Incident Clear:

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

31	21	11	
32	22	12	42
33	23	13	
38	28	18	

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

5

TRAFFIC UNIT NO.

☐ DL # ☐ No Valid License/Permit | State | Class | End. | ☐ Driver ☐ Driverless ☐ Pedestrian ☐ Pedalcyclist | Name (First, Middle, Last) | ☐ ejected ☐ extricated | Suffix | Sex

Restrictions | Address | City | State | Zip Code | Telephone Number

Date of Birth | Owner/Carrier Name ☐ Same as Driver ☐ Gov't Vehicle | Address | City | State | Zip Code

Color | Vehicle Year | Make | Body Style | Plate Number | State | Plate Mo/Yr | ◇ Bus (9 or more seats)

VIN | Autonomous Veh ☐ Control: Man ☐ AV ☐ Unkn ☐ | Trailer (Other Unit) Plate No. | State | Year | GVW / GCWR (Rated) Greater Than 10k pounds? ◇Yes ☐ No | HazMat Placard? ◇ Yes ☐ No

Safety Devices | Airbag | Injury Severity | Posted Speed Limit | Ofc Est. Speed | Injured Transported To/By

Vehicle Removed to (Address/Storage Location Identifier) | ☐ Disabled ☐ Not Disabled | Vehicle Removed by | Orders of

Insurance Company | Telephone Number | Policy Number | Exp. Date

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6

PASSENGERS

Unit #	Seat Pos	SD	AB	IS	Name	Address	City	State	Zip Code	Phone	Sex	D.O.B.
					☐ transported by EMS/Fire		☐ ejected		☐ extricated			
					☐ transported by EMS/Fire		☐ ejected		☐ extricated			
					☐ transported by EMS/Fire		☐ ejected		☐ extricated			

7 VEHICLE DAMAGED AREA(S) – (CIRCLE ALL THAT APPLY)

Unit # ____ 2 3 4 / 1 ←[9] 5 / 8 7 6 | 0 – NONE 10 – UNDERCARRIAGE 51 – UNKNOWN

Unit # ____ 2 3 4 / 1 ←[9] 5 / 8 7 6 | 0 – NONE 10 – UNDERCARRIAGE 51 – UNKNOWN

8

Property Damaged (Other than Vehicles) | Owner Code (OC) 1 – Private 2 – Public Utility | 3 – Federal Government 4 – State of Arizona | 5 – County in Arizona 6 – City in Arizona | 7 – Tribal Nation 51 - Unknown | Inventory Tag No

OC | Owner's Name | Address (or Bar Code ID Number) | City | State | Zip Code | Telephone Number

9

WITNESSES

Name	Address	City	State	Zip Code	Telephone Number	D.O.B.

10

CITATION

UNIT #	A.R.S. NO. OR CITY CODE	UNIT #	A.R.S. NO. OR CITY CODE

11

Photos Taken ☐ Yes ☐ No | Photographer's Name, ID Number and Agency Name | Invest. At Scene ☐ Yes ☐ No | Date Invest. | Time Invest. | Fire/EMS Incident No

Officer's Name / Badge # | Supervisor's Signature | Agency Name | Date Completed

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12 —ROAD SURFACE CONDITION
UNIT #

- ☐ ☐ 1 DRY
- ☐ ☐ 2 WET
- ☐ ☐ 3 SNOW/SLUSH
- ☐ ☐ 5 ICE/FROST
- ☐ ☐ 6 WATER (standing/moving)
- ☐ ☐ 8 MUD/DIRT/GRAVEL/SAND
- ☐ ☐ 50 OTHER _____
- ☐ ☐ 51 UNKNOWN

13 —ROAD GRADE
UNIT #

- ☐ ☐ 1 LEVEL
- ☐ ☐ 2 DOWNHILL
- ☐ ☐ 3 UPHILL
- ☐ ☐ 51 UNKNOWN

14 —RELATION TO JUNCTION

- ☐ 0 NOT JUNCTION RELATED
- ☐ 1 INTERSECTION (within)
  - ☐ 4-WAY ☐ T-INTER ☐OTHER
- ☐ 2 INTERSECTION-RELATED
- ☐ 3 ENTRANCE/EXIT RAMP
- ☐ 4 RAILWAY GRADE CROSSING
- ☐ 7 DRIVEWAY or ALLEY ACCESS
- ☐ 50 OTHER
- ☐ 51 UNKNOWN

15 —TRAFFICWAY DESCRIPTION

- ☐ 1 ONE WAY TRAFFICWAY
- ☐ 2 TWO-WAY, NOT DIVIDED (no median present)
- ☐ 3 TWO-WAY, (NOT DIVIDED) WITH A CONTINUOUS LEFT TURN LANE
- ☐ 4 TWO-WAY, DIVIDED, UNPROTECTED MEDIAN
- ☐ 5 TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER
- ☐ 51 UNKNOWN

16 —TRAFFIC CONTROL DEVICE
UNIT #

- ☐ ☐ 0 NO CONTROLS
- ☐ ☐ 1 SIGNAL
- ☐ ☐ 2 STOP SIGN
- ☐ ☐ 3 YIELD SIGN
- ☐ ☐ 4 WARNING SIGN
- ☐ ☐ 5 RAILROAD CROSSING SIGN
- ☐ ☐ 6 FLASHING TRAFFIC SIGNAL
- ☐ ☐ 7 PERSON (law enforcement, crossing guard, flagger, etc.)
- ☐ ☐ 8 TRAFFIC CIRCLE / ROUNDABOUT
- ☐ ☐ 9 PEDESTRIAN HYBRID BEACON/HAWK
- ☐ ☐ 50 OTHER _____
- ☐ ☐ 51 UNKNOWN

17 —MANNER OF CRASH IMPACT

- ☐ 1 SINGLE VEHICLE
- ☐ 2 ANGLE (front to side)
- ☐ 3 LEFT TURN
- ☐ 4 REAR END (front-to-rear)
- ☐ 5 HEAD-ON (front-to-front) (other than left turn)
- ☐ 6 SIDESWIPE, SAME DIRECTION
- ☐ 7 SIDESWIPE, OPPOSITE DIRECTION
- ☐ 10 U-TURN
- ☐ 50 OTHER _____
- ☐ 51 UNKNOWN

18 —DIRECTION OF UNIT TRAVEL (Compass)
BEFORE 1ST CRASH EVENT
UNIT #

- ☐ ☐ 1 NORTH
- ☐ ☐ 2 SOUTH
- ☐ ☐ 3 EAST
- ☐ ☐ 4 WEST
- ☐ ☐ 5 NORTHWEST
- ☐ ☐ 6 NORTHEAST
- ☐ ☐ 7 SOUTHWEST
- ☐ ☐ 8 SOUTHEAST
- ☐ ☐ 51 UNKNOWN

NOTE: *FOR PARKED OR STOPPED VEHICLES, INDICATE THE DIRECTION THE VEHICLE WAS FACING AT THE TIME OF THE CRASH*

19 —CONTRIBUTING CIRCUMSTANCES
UP TO TWO CHOICES PER UNIT
UNIT #

- ☐ ☐ 0 NO CONTRIBUTING CIRCUMSTANCE

ENVIRONMENTAL
1.GLARE

- ☐ ☐ A. SUNLIGHT

2.PHYSICAL OBSTRUCTION(S)

- ☐ ☐ A. STOPPED/PARKED VEHICLE
- ☐ ☐ B. MOVING VEHICLE
- ☐ ☐ C. LOAD ON VEHICLE
- ☐ ☐ D. TREE/SHRUB/BUSH

ROAD

- ☐ ☐ 3 ROAD SURFACE CONDITION
- ☐ ☐ 4 DEBRIS
- ☐ ☐ 5 WORK ZONE
- ☐ ☐ 6 OBSTRUCTION IN ROADWAY
- ☐ ☐ 7 CHANGING ROAD WIDTH
- ☐ ☐ 8 NON-HIGHWAY WORK

MOTOR VEHICLE

- ☐ ☐ 12 TIRES
- ☐ ☐ 50 OTHER _____
- ☐ ☐ 51 UNKNOWN

☐ POSSIBLE ROAD RAGE INCIDENT

20 —DISTRACTED DRIVING BEHAVIOR
UNIT #

- ☐ ☐ 0 NOT DISTRACTED/NOT APPLICABLE
- ☐ ☐ 1 TALKING ON HANDS FREE DEVICE
- ☐ ☐ 2 TALKING ON HAND HELD DEVICE
- ☐ ☐ 3 PASSENGER
- ☐ ☐ 4 OTHER ACTIVITY, ELECTRONIC DEVICE
- ☐ ☐ 5 MANUALLY OPERATING AN ELCTRONIC DEVICE
- ☐ ☐ 6 OTHER INSIDE THE VEHICLE (eating, drinking, etc.)
- ☐ ☐ 7 OUTSIDE THE VEHICLE (includes unspecified distractions)
- ☐ ☐ 50 DISTRACTED, UNKNOWN REASON
- ☐ ☐ 51 UNKNOWN IF DISTRACTED

21 —CONDITION INFLUENCING Driver/Ped/Cyclist
UP TO THREE CHOICES PER UNIT
UNIT #

- ☐ ☐ 0 NO APPARENT INFLUENCE
- ☐ ☐ 1 ILLNESS OR PHYSICAL IMPAIRMENT
- ☐ ☐ 3 FELL ASLEEP/FATIGUED
- ☐ ☐ 4 ALCOHOL
- ☐ ☐ 5 ILLEGAL DRUGS
- ☐ ☐ 6 MEDICATIONS
- ☐ ☐ 7 MARIJUANA
- ☐ ☐ 8 MED MARIJUANA CARD PRESENTED
- ☐ ☐ 50 OTHER _____
- ☐ ☐ 51 UNKNOWN CONDITION

21 DRE *(check all that apply)*

- ☐ ☐ a DRE RESPONDED
- ☐ ☐ b SUSPECT EVALUATED
- ☐ ☐ c SUSPECT ARRESTED

24 —LOCATION OF PEDESTRIAN/CYCLIST
UNIT #

- ☐ ☐ 1 AT INTERSECTION-IN MARKED CROSSWALK
- ☐ ☐ 2 AT INTERSECTION-UNMARKED/UNKNOWN IF MARKED CROSSWALK
- ☐ ☐ 3 AT INTERSECTION-NOT IN CROSSWALK
- ☐ ☐ 4 AT INTERSECTION-UNKNOWN LOCATION
- ☐ ☐ 5 NOT AT INTERSECTION-IN MARKED CROSSWALK
- ☐ ☐ 6 NOT AT INTERSECTION-ON ROADWAY, NOT IN MARKED CROSSWALK
- ☐ ☐ 7 NOT AT INTERSECTION-ON ROADWAY, CROSSWALK AVAILABILITY UNKNOWN
- ☐ ☐ 8 SCHOOL CROSSWALK
- ☐ ☐ 9 PARKING LANE/ZONE
- ☐ ☐ 10 BICYCLE LANE
- ☐ ☐ 11 SHOULDER/ROADSIDE
- ☐ ☐ 12 SIDEWALK
- ☐ ☐ 13 MEDIAN/CROSSING ISLAND
- ☐ ☐ 14 DRIVEWAY ACCESS
- ☐ ☐ 15 SHARED-USE PATH
- ☐ ☐ 16 NON-TRAFFICWAY AREA
- ☐ ☐ 50 OTHER _____
- ☐ ☐ 51 UNKNOWN LOCATION

BLOCKS 12 - 26: CHECK ONLY ONE OR ONE BLOCK PER UNIT UNLESS NOTED

22 —VIOLATIONS/BEHAVIOR
CHECK ALL THAT APPLY
UNIT #

- ☐ ☐ 1 NO IMPROPER ACTION
- ☐ ☐ 2 SPEED TOO FAST FOR CONDITIONS
- ☐ ☐ 3 EXCEEDED LAWFUL SPEED
- ☐ ☐ 4 FOLLOWED TOO CLOSELY
- ☐ ☐ 5 RAN STOP SIGN
- ☐ ☐ 6 DISREGARDED TRAFFIC SIGNAL
- ☐ ☐ 7 MADE IMPROPER TURN
- ☐ ☐ 8 DROVE LEFT OF CENTER LINE
- ☐ ☐ 9 WRONG WAY DRIVING
- ☐ ☐ 10 CROSSED MEDIAN
- ☐ ☐ 11 PASSED IN NO PASSING ZONE
- ☐ ☐ 12 UNSAFE LANE CHANGE
- ☐ ☐ 13 FAILED TO KEEP IN PROPER LANE
- ☐ ☐ 17 DID NOT USE CROSSWALK
- ☐ ☐ 20 FAILED TO YIELD RIGHT-OF-WAY
- ☐ ☐ 49 AGGRESSIVE DRIVING
- ☐ ☐ 50 OTHER _____
- ☐ ☐ 51 UNKNOWN

23 —TRAFFIC UNIT MANEUVER/ACTION
UNIT #

- ☐ ☐ 1 GOING STRAIGHT AHEAD
- ☐ ☐ 2 SLOWING IN TRAFFICWAY
- ☐ ☐ 3 STOPPED IN TRAFFICWAY
- ☐ ☐ 4 MAKING LEFT TURN
- ☐ ☐ 5 MAKING RIGHT TURN
- ☐ ☐ 6 MAKING U-TURN
- ☐ ☐ 7 OVERTAKING/PASSING
- ☐ ☐ 8 CHANGING LANES
- ☐ ☐ 9 NEGOTIATING A CURVE
- ☐ ☐ 10 BACKING
- ☐ ☐ 11 AVOIDING VEHICLE /OBJECT/PED/CYCLIST
- ☐ ☐ 12 ENTERING PARKING POSITION
- ☐ ☐ 13 LEAVING PARKING POSITION
- ☐ ☐ 14 PROPERLY PARKED
- ☐ ☐ 15 IMPROPERLY PARKED
- ☐ ☐ 16 MOVING VEHICLE – NO DRIVER
- ☐ ☐ 17 CROSSING ROAD
- ☐ ☐ 18 WALKING WITH TRAFFIC
- ☐ ☐ 19 WALKING AGAINST TRAFFIC
- ☐ ☐ 20 STANDING
- ☐ ☐ 21 LYING
- ☐ ☐ 22 GETTING ON/OFF VEHICLE
- ☐ ☐ 50 OTHER _____
- ☐ ☐ 51 UNKNOWN

25 — ROADWAY ALIGNMENT
UNIT #

- ☐ ☐ 1 STRAIGHT
- ☐ ☐ 2 CURVE LEFT
- ☐ ☐ 3 CURVE RIGHT
- ☐ ☐ 51 UNKNOWN

26 — LANE

Please enter unit's number and lane of travel before first crash event

UNIT	UNIT

- 0 TWO-WAY CONTINUOUS LEFT TURN
- 1-9 1= FIRST LANE NEXT TO A MEDIAN THRU 9
- 10 CROSSWALK
- L1 THRU LX – LEFT TURN ONLY LANES (L1 = 1ST LEFT TURN AFTER MEDIAN/CENTERLINE)
- R1 THRU RX – RIGHT TURN LANES (R1 = 1ST RIGHT TURN AFTER THROUGH LANES)
- SW SIDEWALK
- BL DEDICATED BIKE LANE
- HOV HIGH OCCUPANCY VEHICLE
- 49 NON-ROADWAY
- 50 OTHER
- 51 UNKNOWN

27 — SEQUENCE OF EVENTS

UP TO FOUR CRASH EVENTS FOR EACH UNIT IN THE ORDER OF OCCURRENCE

NON-COLLISION

- 1 OVERTURN/ROLLOVER
- 2 FIRE/EXPLOSION
- 5 CARGO/EQUIPMENT LOSS/SHIFT
- 6 FELL/JUMPED FROM VEHICLE
- 8 OTHER NON-COLLISION _____
- 9 EQUIPMENT FAILURE (tires, brakes)
- 10 SEPARATION OF UNITS
- 11 RAN OFF ROAD RIGHT
- 12 RAN OFF ROAD LEFT
- 13 CROSS MEDIAN
- 14 CROSS CENTERLINE
- 15 DOWNHILL RUNAWAY

COLLISION WITH PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT

- 16 MOTOR VEHICLE IN TRANSPORT
- 17 PEDESTRIAN
- 18 PEDALCYCLE
- 19 TRAIN
- 20 LIGHT RAILWAY/RAILCAR VEHICLE
- 21 ANIMAL
- 25 PARKED MOTOR VEHICLE
- 27 STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY ANOTHER VEHICLE
- 28 OTHER NON-FIXED OBJ. _____

COLLISION WITH FIXED OBJECT

- 29 IMPACT ATTENUATOR/CRASH CUSHION/GUARDRAIL END
- 33 CONCRETE CURB
- 36 GUARDRAIL FACE
- 38 MEDIAN BARRIER
- 39 CABLE BARRIER
- 41 TREE, BUSH, STUMP (standing)
- 42 TRAFFIC SIGN SUPPORT
- 43 TRAFFIC SIGNAL SUPPORT
- 44 UTILITY POLE/LIGHT SUPPORT
- 46 FENCE
- 50 OTHER FIXED OBJ. _____
- 51 UNKNOWN

FIRST HARMFUL EVENT OF THE CRASH _____

SEQUENCE OF EVENTS PER TRAFFIC UNIT

	Unit _____	Unit _____
FIRST EVENT		
SECOND EVENT		
THIRD EVENT		
FOURTH EVENT		

01-2704B R11/17

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28 CRASH DIAGRAM

☐ MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE

☐ MEASUREMENTS ARE SCALED (SCALE = _____)

29 INDICATE NORTH

30 NARRATIVE — Describe what happened

01-2704C R11/17