ADOT USE ONLY

ARIZONA TRAFFIC ACCIDENT REPORT

1

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

REPORT ID

YEAR	MONTH	DAY	HOUR	NCIC NO.	OFFICERS ID NO.

Agency Report Number

Total No. of Sheets ______

COMPLETE THE FOLLOWING SUPPLEMENT IF ANY (circle) *AND* ANY (diamond) ARE CHECKED

2

Total Units	Total Injuries	Total Fatalities	Estimated Total Damage Compared to Limit: ☐ Over ☐ Under	◯ Fatal ☐ Hit/Run	☐ Govt. Prop.	◯ Persons 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 ☐ East ☐ South ☐ West	☐ Plus ☐ Minus	Distance	☐ Measured ☐ Approximate	☐ Miles ☐ Feet

4

TRAFFIC UNIT NO. ____

State	Class	End.	☐ DL #	☐ SSN	☐ Both	☐ Driver ☐ Pedestrian ☐ Pedalcyclist	Name	Sex	Inj

Restrictions	Date of Birth	Address	City	State	Zip Code	Telephone Number

Plate Number	State	Year	☐ Same as Driver	Owner/Carrier Name	Address	City	State	Zip Code

Body Style	◇ Bus (9 or more seats)	Make	Color	Year	VIN	Safety Device Code

Removed to	☐ Disabled ☐ Not Disabled	Removed by	Orders of	Posted Speed Limit	Ofc Est Speed

Insurance Company	Telephone Number	Policy Number	Eff Date / Exp Date

Trailer (Other Unit) Plate No.	State	Year	Description of Trailer or Other Unit	GVW (Registered) of Power Unit Greater than 10k pounds? ◇ Yes ☐ No	HazMat Placard? ◇ Yes ☐ No 4-Digit	1-Digit	Was HazMat Cargo Released ☐ Yes ☐ No

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5 PASSENGERS

Seating Position

07	04	01
08	05	02
09	06	03

10 Not in Passenger Compart
11 Motorcycle, Bus
12 Other
13 Unknown
14 Pedalcyclist

Safety Devices

1 None used
2 Lapbelt
3 Lap & shoulder
4 Airbag deployed
5 Child restraint
6 Protective helmet
7 Passive belt
8 Passive & lap
9 Other
0 Unknown

Injury Severity Codes

1 - No injury
2 - Possible Injury
3 - Non Incapacitating Injury
4 - Incapacitating Injury
5 - Fatal Injury
6 - Not Reported / Unknown

Unit #	Seat Pos	SD	Name	Address	City	State	Zip Code	Age	Sex	Inj

6

Other Property Damage (Describe)

Owner's Name	Address	City	State	Zip Code	Telephone Number

7 WITNESSES

Name	Address	City	State	Zip Code	Telephone Number	Age

8

Photos Taken ☐ Yes ☐ No	Photographer's Name, ID Number, and Agency	Invest. at Scene ☐ Yes ☐ No	Date Invest.	Time Invest.