

1	ARIZONA TRAFFIC ACCIDENT REPORT	REPORT ID			Agency Report Number				
	FATAL SUPPLEMENT	YEAR	MONTH	DAY	HOUR	NCIC NO.	OFFICERS ID NO.		
2	VICTIM	NAME OF VICTIM	<input type="checkbox"/> DRIVER		<input type="checkbox"/> PEDALCYCLIST		RACE		
		ADDRESS	CITY		STATE		MARKS, SCARS/TATTOOS		
		SEX	WEIGHT	EYES	HEIGHT	HAIR	DATE OF BIRTH	OCCUPATION	
		VICTIM REMOVED TO	VICTIM REMOVED BY						
		DESCRIPTION OF CLOTHING						MOTORCYCLE HELMET USED	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK
		DESCRIPTION OF PROPERTY (CONT)							
		PROPERTY IN CUSTODY OF:	NAME	ADDRESS			CITY	STATE	
		NEXT OF KIN:	NAME	ADDRESS			CITY	STATE	RELATION
		NOTIFIED	NOTIFIED BY	DATE	TIME	MEDICAL EXAMINER			
		<input type="checkbox"/> YES <input type="checkbox"/> NO							
3	DRIVER	NAME OF DRIVER	<input type="checkbox"/> SAME AS VICTIM				RACE		
		OCCUPATION					MARITAL STATUS		
4	COMMENTS								
5	DECEASED AT SCENE: Yes <input type="checkbox"/> No <input type="checkbox"/> / TRANSPORTED TO HOSPITAL: Yes <input type="checkbox"/> No <input type="checkbox"/>	POLICE CALLED	POLICE ARRIVED	IF THE DECEASED WAS NOT TRANSPORTED, THE BLANKS TO THE RIGHT SHOULD RELATE TO THE NEXT MOST SEVERELY INJURED PERSON.		AMBULANCE DEPARTED SCENE			
		AMBULANCE CALLED	AMBULANCE ARRIVED			AMBULANCE ARRIVED AT HOSPITAL			
6	MARK DAMAGED AREA(S) OF VICTIM'S VEHICLE	TOP, <input type="checkbox"/> UNDERCARRIAGE, <input type="checkbox"/> NONE, <input type="checkbox"/> UNKNOWN"/>	7 RESTRAINT USAGE / RESTRAINT FAILURE	ENTER SEAT POSITION	8 VICTIM EJECTED	DRIVER FAMILIAR WITH LOCAL			
				NONE FAILED			NOT EJECTED	YES	
7	RESTRAINT FAILURE	IMPROPER USAGE	LAP FAILED	COMPLETE	NO				
			SHOULDER FAILED	PARTIAL	UNKNOWN				
8	VICTIM EXTRICATION	ROAD ALIGNMENT	BOTH FAILED	NOT REQUIRED	STRAIGHT ROAD				
			CHILD RESTRAINT	BY AMBULANCE ATTENDANT	CURVED				
9	ACCIDENT LOCALE	BLOOD ALCOHOL CONTENT TEST TAKEN	AIR BAG NOT DEPLOYED	BY POLICE	UNKNOWN				
			PASSIVE SYSTEM	BY FIRE DEPARTMENT	YES - TYPE _____				
9	TERRAIN TYPE	OTHER VICTIMS TRANSPORTED	UNKNOWN	BY PASSERSBY	RESULT _____				
			RESTRAINT PROPERLY USED	OTHER	(QUANTITY)				
9	LEVEL	DRUG SCREEN TAKEN	CHILD RESTRAINT	NOT TESTED	YES - TYPE _____				
			PASSIVE & LAP	UNKNOWN IF TESTED	RESULT _____				
9	MOUNTAINOUS	DATE REPORT COMPLETED	SHOULDER	NOT TESTED	(NAME(S) OF DRUG(S))				
			RESTRAINT FAILURE	UNKNOWN IF TESTED	RESULT _____				
9	OFFICER'S SIGNATURE AND ID NUMBER	AGENCY	TOP	URBAN	RURAL				
			UNDERCARRIAGE	RURAL	UNKNOWN				
9	NONE	UNKNOWN	NONE	MOUNTAINOUS	UNKNOWN				
			UNKNOWN	UNKNOWN	UNKNOWN				