

ADOT USE ONLY

ARIZONA TRAFFIC ACCIDENT 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. OFFICERS ID NO.

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: Fatal 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 Intersecting Street, Road / M.P. or R.P. Inside City County Outside City County North South East West Plus Minus Distance Measured Approximate Miles Feet

TRAFFIC UNIT NO. 4 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? HazMat Placard? Was HazMat Cargo Released?

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5 PASSENGERS Seating Position Safety Devices Injury Severity Codes 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 Photographer's Name, ID Number, and Agency Invest. at Scene Date Invest. Time Invest. Officer's Signature and ID Number Agency Date Completed

**ARIZONA TRAFFIC ACCIDENT REPORT**

**FATAL SUPPLEMENT**  
 FORWARD COPY TO  
 TRAFFIC RECORDS SECTION, 064R  
 ARIZONA DEPARTMENT OF TRANSPORTATION  
 206 S. 17th AVE., PHOENIX, ARIZONA 85007-3233

YEAR			MONTH			DAY			REPORT ID			NCIC NO.			OFFICERS ID NO.			Agency Report Number	

**1** NAME OF VICTIM \_\_\_\_\_  DRIVER  PEDALCYCLIST  RACE \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_  
 PEDESTRIAN  PASSENGER  
 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  YES  NO  UNK  
 DESCRIPTION OF PROPERTY (CONT) \_\_\_\_\_  
 PROPERTY IN CUSTODY OF: NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_  
 NEXT OF KIN: NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ RELATION \_\_\_\_\_  
 NOTIFIED  YES  NO NOTIFIED BY \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_ MEDICAL EXAMINER \_\_\_\_\_

**2 VICTIM** NAME OF DRIVER \_\_\_\_\_ RACE \_\_\_\_\_  
 SAME AS VICTIM  
 OCCUPATION \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_

**3 DRIVER** COMMENTS \_\_\_\_\_

**4** DECEASED AT SCENE: Yes  No  / TRANSPORTED TO HOSPITAL: Yes  No

**5** 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 CALLED [ ] [ ] [ ] [ ] AMBULANCE ARRIVED [ ] [ ] [ ] [ ] AMBULANCE DEPARTED SCENE [ ] [ ] [ ] [ ]  
 AMBULANCE ARRIVED AT HOSPITAL [ ] [ ] [ ] [ ] \*G or A

**6** MARK DAMAGED AREA(S) OF VICTIM'S VEHICLE

TOP  
 UNDERCARRIAGE  
 NONE  
 UNKNOWN

**7** RESTRAINT USAGE / RESTRAINT FAILURE

ENTER SEAT POSITION					
NONE FAILED					
LAP FAILED					
SHOULDER FAILED					
BOTH FAILED					
CHILD RESTRAINT					
AIR BAG NOT DEPLOYED					
PASSIVE SYSTEM					
UNKNOWN					
RESTRAINT PROPERLY USED					
CHILD RESTRAINT					
PASSIVE & LAP					
SHOULDER					

**RESTRAINT FAILURE**  
**IMPROPER USAGE**

**8** VICTIM EJECTED \_\_\_\_\_  
 1  NOT EJECTED  
 2  COMPLETE  
 3  PARTIAL  
 4  UNKNOWN

**VICTIM EXTRICATION**  
 1  NOT REQUIRED  
 2  BY AMBULANCE ATTENDANT  
 3  BY POLICE  
 4  BY FIRE DEPARTMENT  
 5  BY PASSERSBY  
 6  OTHER

**TERRAIN TYPE**  
 1  LEVEL  
 2  HILLY  
 3  MOUNTAINOUS

**ACCIDENT LOCALE**  
 1  URBAN  
 2  RURAL  
 3  UNKNOWN

**OTHER VICTIMS TRANSPORTED**

FROM UNIT NO.	SEAT POSITION	BY * G or A
_____	_____	_____
_____	_____	_____
_____	_____	_____

**DRIVER FAMILIAR WITH LOCAL**  
 1  YES  
 2  NO  
 3  UNKNOWN

**ROAD ALIGNMENT**  
 1  STRAIGHT ROAD  
 2  CURVED  
 3  UNKNOWN

**BLOOD ALCOHOL CONTENT TEST TAKEN**  
 1  YES - TYPE \_\_\_\_\_ RESULT \_\_\_\_\_ (QUANTITY)  
 2  NOT TESTED  
 3  UNKNOWN IF TESTED

**DRUG SCREEN TAKEN**  
 1  YES - TYPE \_\_\_\_\_ RESULT \_\_\_\_\_ (NAME[S] OF DRUG[S])  
 2  NOT TESTED  
 3  UNKNOWN IF TESTED

**9** OFFICER'S SIGNATURE AND ID NUMBER \_\_\_\_\_ AGENCY \_\_\_\_\_ DATE REPORT COMPLETED \_\_\_\_\_



