

**2022 Arizona**

# **Traffic Crash Report Forms Instruction Manual**

Revised

January 31st, 2021

12th Edition



# What's New for the Arizona Crash Form Manual 12<sup>th</sup> Edition?

The 12<sup>th</sup> edition of the Arizona Traffic Crash Forms Instruction Manual contains a number of important changes in how the Arizona Traffic Crash forms are used or interpreted. While most of the changes were made to clarify definitions within the manual, one of the revisions, minimum estimated total damage, required a change to the first page of the form itself. The changes are listed below:

## 1. Estimated Total Damage Compared to **\$2,000** Limit

- a. This change represents a change to Arizona State law which went into effect August 2019 and increased the minimum amount from \$1,000
- b. This change required revising information in this manual and page 1 of the three page crash form.
  - i. All three pages of the crash form are labeled R01/22 in the lower left corner of each form.
  - ii. This revision date will match the existing year for future forms.

## 2. Definitions page was added to the manual only.

## 3. Clarification of cross median collisions under violations/behavior and sequence of events added to the manual only.

## 4. Clarification of when to use Speed-too-fast-for-conditions under violations/behavior clarified added to the manual only.

## 5. Non-motorist violations/behaviors clarified in the manual only.

The Arizona Traffic Crash form is a traffic safety device. Having a form that is easy to understand and faster to complete ensures that the crash victims and investigating officers can clear the scene of a crash more quickly. Similarly, having information from the form that is easy to interpret ensures that decisions based on this information will make our roads safer.

ADOT and the state of Arizona are committed to making the traffic crash form and supporting manual as accurate and relevant as possible. We welcome questions or suggestions from the law enforcement community as well as the general public. Please email us at [azcrashfacts@azdot.gov](mailto:azcrashfacts@azdot.gov).

# Arizona Crash Report Forms Instruction Manual—12th Edition

## Crash Report Forms Instruction Manual 12th Edition

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# **Arizona Crash Report Forms Instruction Manual—12th Edition**

## **INTRODUCTION**

Traffic crash investigation and reporting serve two important functions: to provide detail on individual traffic crashes, and to provide information for analysis and evaluation on a broad scale. The importance of this information continues to escalate. Arizona is moving towards the national standard of capturing data, as well as major changes for information collection with new technologies.

It is our goal to see all law enforcement personnel complete the form electronically; however, we know this is not feasible for some agencies. When used electronically, the software will guide the reporting officer through the crash report allowing the officer to answer only the questions pertinent to that specific type of crash, thus accelerating the reporting process.

The TRCC is researching new technology to enhance an officer's crash reporting capabilities as well as linking to other databases capturing roadway features, citation data, etc. The benefits of this technology would be the time the officer is at the scene of a crash and would improve the accuracy of the reporting.

Mail the completed Investigator's Crash Report Form to the address listed below as well as any questions, comments or concerns:

**ADOT Traffic Records Section  
Mail Drop 064R  
206 S. 17th Ave.  
Phoenix, AZ 85007-3233**

## GENERAL INSTRUCTIONS

The instructions in this manual have been prepared to provide guidance for proper, uniform completion of the Arizona Crash Report. Please make every effort to obtain an accurate description on all items contained in the report as this will enhance the value of the information developed from the report.

The National Highway Safety Act of 1966 established a series of standards regarding traffic and highway safety. Standard 9 (Identification and Surveillance of Accident Locations), Standard 10 (Traffic Records), and Standard 18 (Accident Investigating and Reporting) created requirements to provide a uniform, central, state-wide file of all traffic crashes that occur within the State of Arizona.

The data extracted from this file is used by city, state, county, and police agencies in the development of traffic crash countermeasure programs, highway safety projects, and federal funding requests. This file is maintained by the Arizona Department of Transportation (Traffic Records Section), and contains information extracted from traffic crash reports submitted by law enforcement agencies throughout the state.

The Instruction Manual and Index is based upon standards established in the "Manual on Classification of Motor Vehicles Traffic Accidents ANSI-D16.1-2007—Seventh Edition" published by the National Safety Council.

### Definition of a Traffic Crash

If an incident occurs involving a motor vehicle, a determination must be made as to the classification of the event. Read the following criteria and if the response is "yes" to the first seven questions, (or eight if a railroad train is involved), then the incident should be classified as a reportable motor vehicle traffic crash.

1. Did the incident include one or more occurrences of injury, death, or damage?
2. Was there at least one occurrence of injury, death, or damage that was not a direct result of natural disaster?
3. Was there bodily injury, death, or damage to the property of any one person in excess of **two thousand dollars**? (See Arizona Revised Statute 28-667).
4. Did the incident involve one or more motor vehicles?
5. Of the motor vehicles involved, was at least one in transport?
6. Was the incident an un-stabilized situation?
7. Did the un-stabilized situation originate on a trafficway or did injury or damage occur on a traffic-way?
8. If a motor vehicle in transport collided with a railroad train, did the collision occur at or near a railroad crossing?

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## Submission Guidelines

Compliance with the submission instructions will ensure the uniformity necessary for a statewide file, and increase the ability to accurately locate, on a central computer system, all crashes that occur anywhere in the state.

1. Neatly block print (in ink) or type all information. All reports should be legible.
2. Fasten all supplementary reports to the “Arizona Crash Report.”
3. For more than two vehicles use additional forms.
4. Place the same “Arizona Crash Report I.D.” on all report forms and supplemental sheets pertaining to an individual crash. It is imperative that all report forms associated with a single crash have the identical I.D. number. All reports in the central file are recorded and stored by this identification number and not by individual law enforcement DR numbers.
5. Indicate the total number of sheets that make up the “Arizona Crash Report” including supplemental sheets.
6. Review the report for completeness and accuracy.
7. Every effort should be made to submit reports free of cross outs, areas that have been written over or other difficult to read corrections.
8. If your agency uses the four part carbonless (NCR) form 01-2704A R01/2022, you may distribute the copies to the drivers involved in the crash.
9. A photocopy of the completed report is to be forwarded to the Arizona Department of Transportation. The address is in the upper left corner of the report. Send photocopies only, no originals or carbon copies.
10. All papers not relevant to data entry of the **non-fatal** crash reports need not be forwarded to ADOT. They will be discarded prior to scanning by the Traffic Records Section with one exception - **fatal crash reports**. In this instance the report will be scanned in its entirety.
11. There are sometimes extenuating circumstances that may cause the completion of the report to be delayed for an extended period of time. This usually happens when there has been a death or serious injury and felony charges may be pending. It is preferred that when this occurs, a copy of the investigation dealing with the actual crash be forwarded to the Traffic Records Section before completion of the criminal case. The Traffic Records Section is not interested in criminal data other than civil citation number information from ARS Title 28 Transportation Laws of the State of Arizona.



## **ARIZONA CRASH REPORT FORMS**

As outlined in the introduction, a number of changes have been made to the Arizona Crash Report which has gone into effect **November 1, 2017**. Descriptions of the available forms are below. All forms are covered by ARS 28-667 when pertinent to the incident.

**FORM 01-2704A R01/2022** - This is the first page of the standard report form. Changes have been made that will be defined in the body of the manual. This is the required form for all investigated crashes. Note pages 2 and 3 of the R02/2020 version have not been changed and remain labeled as R11/2017.

**FORM 01-2704B R01/2022** - This is a continuation of the standard report form. It includes elements 12 through 27.

**FORM 01-2704C R01/2022** - This is a continuation of the standard report form. The Crash Diagram provides space to clarify information that may be omitted in the description or the narrative. The Narrative should also be used as a supplemental form by officers assisting with the collection of witness statements, information or for documentation of their involvement in the crash investigation.

**FORM 01-2705 R 01/2022** - The Fatal Supplement must be completed for each person that is killed or dies within 30 days as a result of injuries sustained in a crash.

**FORM 01-2710 R 01/2022** - Supplemental Truck / Bus Crash Report. This form should be completed when any circle **AND** any diamond are checked on Form 01-2704**A**.

**FORM 01-2712 R01/2022 (page 1)**- Occupant Supplement. This form is to add additional passengers, citations or witnesses that could not be entered on the first page of the Crash Report.

**FORM 01-2712 R01/2022 (page 2)**- Occupant Supplement. This page can be used for additional narrative space or a larger diagram.

# THE CRASH REPORT FORMS

**01-2704A R01/2022**

**01-2704B R01/2022**

**01-2704C R01/2022**

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## Crash Report Form, 01-2704A R01/2022

ARIZONA CRASH REPORT			REPORT ID										Agency Report Number						
<b>1</b>	POLICE ONLY - FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 064R 206 S. 17 <sup>TH</sup> 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 <input checked="" type="checkbox"/> (circle) AND ANY <input checked="" type="checkbox"/> (diamond) ARE CHECKED																			
<b>2</b>	Total Units	Total Injuries	Total Fatalities	Estimated Total Damage Compared To \$2,000 Limit:	Over	Under	Fatal	Hwy/Run Unit #	Person Transported for Immediate Medical Care?	Tow Away of At Least One Vehicle from Scene?	District or Grid No.								
<b>3</b>	LOCATION																		
	On Highway/Road/Street <input type="checkbox"/> Inside City <input type="checkbox"/> Outside <input type="checkbox"/> Intersecting Street/Road/M.P. or R.P. <input type="checkbox"/> North <input type="checkbox"/> East <input type="checkbox"/> Plus <input type="checkbox"/> Distance <input type="checkbox"/> Measured <input type="checkbox"/> Miles <input type="checkbox"/> AI <input type="checkbox"/> From <input type="checkbox"/> South <input type="checkbox"/> West <input type="checkbox"/> Minus <input type="checkbox"/> Approximate <input type="checkbox"/> Feet																		
<b>4</b>	Light Condition																		
	1 Daylight <input type="checkbox"/> 4 Dark - Lighted <input type="checkbox"/> 51 Unknown <input type="checkbox"/> 2 Dawn <input type="checkbox"/> 5 Dark - Not Lighted <input type="checkbox"/> 3 Dusk <input type="checkbox"/> 6 Dark - Unknown Lighting <input type="checkbox"/>																		
<b>5</b>	Weather Conditions																		
	1 Clear <input type="checkbox"/> 4 Rain <input type="checkbox"/> 8 Fog, Smog, Smoke <input type="checkbox"/> 2 Cloudy <input type="checkbox"/> 5 Snow or Blowing Snow <input type="checkbox"/> 9 Other <input type="checkbox"/> 3 Sleet, Hail (freezing rain/hail) <input type="checkbox"/> 7 Blowing Sand, Silt, Dirt <input type="checkbox"/> 51 Unknown <input type="checkbox"/>																		
<b>6</b>	GLOBAL POSITION																		
	Latitude: _____ Longitude: _____																		
<b>7</b>	Is this a Secondary Collision: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																		
	IF YES, were any of the following 1 <sup>st</sup> responders hit? <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Fire <input type="checkbox"/> EMS <input type="checkbox"/> Tow Operator <input type="checkbox"/> DOT Worker <input type="checkbox"/> Other _____																		
<b>8</b>	Safety Devices (SD)																		
	0 - Not Applicable <input type="checkbox"/> 1 - None Used <input type="checkbox"/> 2 - Lap Belt <input type="checkbox"/> 3 - Shoulder and Lap Belt <input type="checkbox"/> 4 - Child Restraint System <input type="checkbox"/> 5 - Helmet Used <input type="checkbox"/> 50 - Other _____ <input type="checkbox"/> 51 - Unknown <input type="checkbox"/>																		
<b>9</b>	Airbag (AB)																		
	0 - Not Applicable <input type="checkbox"/> 1 - Deployed - Front <input type="checkbox"/> 2 - Deployed - Side (Door, seatback) <input type="checkbox"/> 3 - Deployed - Curtain (roof) <input type="checkbox"/> 4 - Deployed - Other (knee, seatbelt, etc.) <input type="checkbox"/> 5 - Deployed - Combination <input type="checkbox"/> 6 - Deployed - Unknown Location <input type="checkbox"/> 7 - Not Deployed <input type="checkbox"/>																		
<b>10</b>	Injury Severity (IS)																		
	1 - No Injury <input type="checkbox"/> 2 - Possible Injury <input type="checkbox"/> 3 - Suspected Minor Injury <input type="checkbox"/> 4 - Suspected Serious Injury <input type="checkbox"/> 5 - Fatal Injury <input type="checkbox"/> 51 - Unknown/Not Reported <input type="checkbox"/>																		
<b>11</b>	Seating Position																		
	10 - Front Seat - Other (child in Lap) <input type="checkbox"/> 20 or 30 - Additional passenger in vehicle by row <input type="checkbox"/> 40 - In enclosed cargo area <input type="checkbox"/> 41 - In unenclosed cargo area <input type="checkbox"/> 42 - Riding on Vehicle Exterior <input type="checkbox"/> 50 - Other <input type="checkbox"/> 51 - Unknown <input type="checkbox"/>																		
<b>12</b>	TRAFFIC UNIT NO. 1																		
	DL # <input type="checkbox"/> No Valid License/Permit <input type="checkbox"/> State _____ Class _____ End _____ Driver <input type="checkbox"/> Driverless <input type="checkbox"/> Name (First, Middle, Last) _____ Pedestrian <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Ejected <input type="checkbox"/> Extricated <input type="checkbox"/> Suffix _____ Sex _____ Restrictions _____ Address _____ City _____ State _____ Zip Code _____ Telephone Number _____ Date of Birth _____ Driver/Carrier Name _____ Same as Driver <input type="checkbox"/> Gov't Vehicle <input type="checkbox"/> Address _____ City _____ State _____ Zip Code _____ Color _____ Vehicle Year _____ Make _____ Body Style _____ Plate Number _____ State _____ Plate Mo/Yr _____ VIN _____ Autonomous Veh. <input type="checkbox"/> Trailer (Other Unit) Plate No. _____ State _____ Year _____ Control: Men <input type="checkbox"/> AV <input type="checkbox"/> Unkn <input type="checkbox"/> Safety Devices _____ Airbag _____ Injury Severity _____ Posted Speed Limit _____ OTC Est. Speed _____ Injured Transported To/Tby _____ Vehicle Removed to (Address/Storage Location Identifier) _____ Disabled <input type="checkbox"/> Not Disabled <input type="checkbox"/> Vehicle Removed by _____ Orders of _____ Insurance Company _____ Telephone Number _____ Policy Number _____ Exp. Date _____																		
<b>13</b>	TRAFFIC UNIT NO. 2																		
	DL # <input type="checkbox"/> No Valid License/Permit <input type="checkbox"/> State _____ Class _____ End _____ Driver <input type="checkbox"/> Driverless <input type="checkbox"/> Name (First, Middle, Last) _____ Pedestrian <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Ejected <input type="checkbox"/> Extricated <input type="checkbox"/> Suffix _____ Sex _____ Restrictions _____ Address _____ City _____ State _____ Zip Code _____ Telephone Number _____ Date of Birth _____ Driver/Carrier Name _____ Same as Driver <input type="checkbox"/> Gov't Vehicle <input type="checkbox"/> Address _____ City _____ State _____ Zip Code _____ Color _____ Vehicle Year _____ Make _____ Body Style _____ Plate Number _____ State _____ Plate Mo/Yr _____ VIN _____ Autonomous Veh. <input type="checkbox"/> Trailer (Other Unit) Plate No. _____ State _____ Year _____ Control: Men <input type="checkbox"/> AV <input type="checkbox"/> Unkn <input type="checkbox"/> Safety Devices _____ Airbag _____ Injury Severity _____ Posted Speed Limit _____ OTC Est. Speed _____ Injured Transported To/Tby _____ Vehicle Removed to (Address/Storage Location Identifier) _____ Disabled <input type="checkbox"/> Not Disabled <input type="checkbox"/> Vehicle Removed by _____ Orders of _____ Insurance Company _____ Telephone Number _____ Policy Number _____ Exp. Date _____																		
<b>14</b>	PASSENGERS																		
	Unit # _____ Seat Pos. _____ SD _____ AB _____ IS _____ Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Sex _____ D.O.B. _____ <input type="checkbox"/> transported by EMS/First <input type="checkbox"/> ejected <input type="checkbox"/> extricated <input type="checkbox"/> transported by EMS/First <input type="checkbox"/> ejected <input type="checkbox"/> extricated <input type="checkbox"/> transported by EMS/First <input type="checkbox"/> ejected <input type="checkbox"/> extricated																		
<b>15</b>	VEHICLE DAMAGED AREA(S) - (CIRCLE ALL THAT APPLY)																		
	Unit # _____ 2 _____ 3 _____ 4 _____ 0 - NONE _____ 2 _____ 3 _____ 4 _____ 0 - NONE _____ 1 _____ 5 _____ 10 - UNDERCARRIAGE _____ 1 _____ 5 _____ 10 - UNDERCARRIAGE _____ 6 _____ 7 _____ 8 _____ 51 - UNKNOWN _____ 6 _____ 7 _____ 8 _____ 51 - UNKNOWN _____																		
<b>16</b>	Property Damaged (Other than Vehicles)																		
	Owner Code: 1 - Private (OC) 2 - Public Utility 3 - Federal Government 4 - State of Arizona 5 - County in Arizona 6 - City in Arizona 7 - Tribal Nation 8 - Inventory Tag No Address (or Bar Code ID Number) _____ City _____ State _____ Zip Code _____ Telephone Number _____																		
<b>17</b>	WITNESSES																		
	Name _____ Address _____ City _____ State _____ Zip Code _____ Telephone Number _____ D.O.B. _____																		
<b>18</b>	CITATION																		
	UNIT # _____ A.R.S. NO. OR CITY CODE _____ UNIT # _____ A.R.S. NO. OR CITY CODE _____																		
<b>19</b>	PHOTOGRAPHER																		
	Photos Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Photographer's Name, ID Number and Agency Name _____ Invest. At Scene <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date Invest. _____ Time Invest. _____ File/EMS Incident No. _____ Officer's Name / Badge # _____ Supervisor's Signature _____ Agency Name _____ Date Completed _____																		

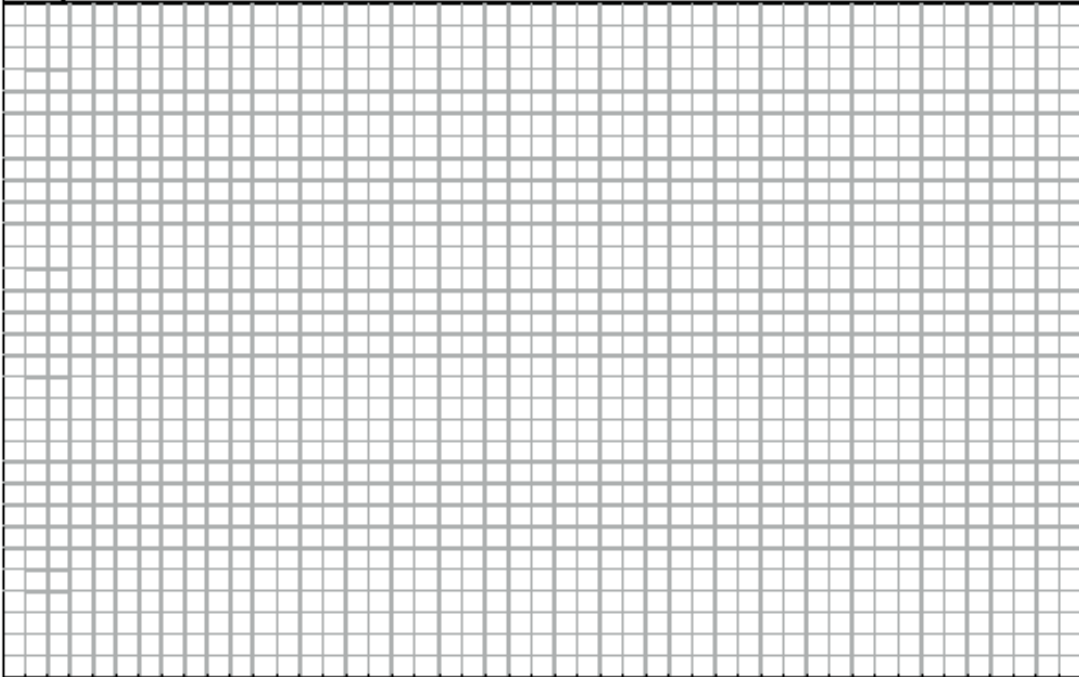
# Arizona Crash Report Forms Instruction Manual—12th Edition

## Crash Report Form, 01-2704B R01/2022 (Note: No changes to this page)

ARIZONA CRASH REPORT		REPORT ID						Agency Report Number																
1	CONTINUED POLICE ONLY – FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 064R 206 S. 17 <sup>TH</sup> AVE., PHOENIX, ARIZONA 85007-3233	YEAR	MONTH	DAY	HOUR	NCIC NO.	OFFICER ID NO.																	
								Total Number of Sheets _____																
<b>12 – ROAD SURFACE CONDITION</b> UNIT #		<b>19 – CONTRIBUTING CIRCUMSTANCES</b> UP TO TWO CHOICES PER UNIT						<b>BLOCKS 12 - 26: CHECK ONLY ONE OR ONE BLOCK PER UNIT UNLESS NOTED</b>																
<input type="checkbox"/> 01 DRY <input type="checkbox"/> 02 WET <input type="checkbox"/> 03 SNOW/SLEASH <input type="checkbox"/> 04 ICE/FROST <input type="checkbox"/> 05 WATER (standing/moving)		<input type="checkbox"/> 00 NO CONTRIBUTING CIRCUMSTANCE  <b>ENVIRONMENTAL</b> <input type="checkbox"/> 01 A. SUNLIGHT <input type="checkbox"/> 02 B. PHYSICAL OBSTRUCTION(S) <input type="checkbox"/> 03 A. STOPPED/PARKED VEHICLE <input type="checkbox"/> 04 B. MOVING VEHICLE <input type="checkbox"/> 05 C. LOAD ON VEHICLE <input type="checkbox"/> 06 D. TREE/SHRUB/BUSH  <b>ROAD</b> <input type="checkbox"/> 03 ROAD SURFACE CONDITION <input type="checkbox"/> 04 DEBRIS <input type="checkbox"/> 05 WORK ZONE <input type="checkbox"/> 06 OBSTRUCTION IN ROADWAY <input type="checkbox"/> 07 CHANGING ROAD WIDTH <input type="checkbox"/> 08 NON-HIGHWAY WORK						<b>22 – VIOLATION(S)/INFRACTION</b> CHECK ALL THAT APPLY UNIT #																
<input type="checkbox"/> 01 LEVEL <input type="checkbox"/> 02 DOWNHILL		<input type="checkbox"/> 01 NO IMPROPER ACTION <input type="checkbox"/> 02 SPEED TOO FAST FOR CONDITIONS <input type="checkbox"/> 03 EXCEEDED LAWFUL SPEED <input type="checkbox"/> 04 FOLLOWED TOO CLOSELY <input type="checkbox"/> 05 RAN STOP SIGN <input type="checkbox"/> 06 DISREGARDED TRAFFIC SIGNAL <input type="checkbox"/> 07 MADE IMPROPER TURN <input type="checkbox"/> 08 DROVE LEFT OF CENTER LINE <input type="checkbox"/> 09 WRONG WAY DRIVING <input type="checkbox"/> 10 CROSSED MEDIAN <input type="checkbox"/> 11 PASSED IN NO PASSING ZONE <input type="checkbox"/> 12 UNSAFE LANE CHANGE <input type="checkbox"/> 13 FAILED TO KEEP IN PROPER LANE <input type="checkbox"/> 17 DID NOT USE CROSSWALK <input type="checkbox"/> 20 FAILED TO YIELD RIGHT-OF-WAY <input type="checkbox"/> 49 AGGRESSIVE DRIVING <input type="checkbox"/> 50 OTHER <input type="checkbox"/> 51 UNKNOWN																						
<b>13 – ROAD GRADE</b> UNIT #		<b>20 – DISTRACTED DRIVING BEHAVIOR</b> UNIT #						<b>23 – TRAFFIC UNIT MANUEVER/ACTION</b> UNIT #																
<input type="checkbox"/> 01 LEVEL <input type="checkbox"/> 02 DOWNHILL <input type="checkbox"/> 03 UPHILL <input type="checkbox"/> 04 UNKNOWN		<input type="checkbox"/> 00 NOT DISTRACTED/NOT APPLICABLE <input type="checkbox"/> 01 TALKING ON HANDS FREE DEVICE <input type="checkbox"/> 02 TALKING ON HAND HELD DEVICE <input type="checkbox"/> 03 PASSENGER <input type="checkbox"/> 04 OTHER ACTIVITY, ELECTRONIC DEVICE <input type="checkbox"/> 05 MANUALLY OPERATING AN ELECTRONIC DEVICE <input type="checkbox"/> 06 OTHER INSIDE THE VEHICLE (eating, drinking, etc.) <input type="checkbox"/> 07 OUTSIDE THE VEHICLE (includes unspecified distractions) <input type="checkbox"/> 08 DISTRACTED, UNKNOWN REASON <input type="checkbox"/> 09 UNKNOWN IF DISTRACTED  <input type="checkbox"/> 12 TIRES <input type="checkbox"/> 50 OTHER <input type="checkbox"/> 51 UNKNOWN <input type="checkbox"/> POSSIBLE ROAD RAGE INCIDENT						<input type="checkbox"/> 01 GOING STRAIGHT AHEAD <input type="checkbox"/> 02 SLOWING IN TRAFFICWAY <input type="checkbox"/> 03 STOPPED IN TRAFFICWAY <input type="checkbox"/> 04 MAKING LEFT TURN <input type="checkbox"/> 05 MAKING RIGHT TURN <input type="checkbox"/> 06 MAKING U-TURN <input type="checkbox"/> 07 OVERTAKING/PASSING <input type="checkbox"/> 08 CHANGING LANES <input type="checkbox"/> 09 NEGOTIATING A CURVE <input type="checkbox"/> 10 BACKING <input type="checkbox"/> 11 AVOIDING VEHICLE/OBJECT/PEDESTALIST <input type="checkbox"/> 12 ENTERING PARKING POSITION <input type="checkbox"/> 13 LEAVING PARKING POSITION <input type="checkbox"/> 14 PROPERLY PARKED <input type="checkbox"/> 15 IMPROPERLY PARKED <input type="checkbox"/> 16 MOVING VEHICLE - NO DRIVER <input type="checkbox"/> 17 CROSSING ROAD <input type="checkbox"/> 18 WALKING WITH TRAFFIC <input type="checkbox"/> 19 WALKING AGAINST TRAFFIC <input type="checkbox"/> 20 STANDING <input type="checkbox"/> 21 LYING <input type="checkbox"/> 22 GETTING ON/OFF VEHICLE <input type="checkbox"/> 50 OTHER <input type="checkbox"/> 51 UNKNOWN																
<b>14 – RELATION TO JUNCTION</b>		<b>21 – CONDITION INFLUENCING DRIVER/PEDESTALIST</b> UP TO THREE CHOICES PER UNIT																						
<input type="checkbox"/> 00 NOT JUNCTION RELATED <input type="checkbox"/> 01 INTERSECTION (white) <input type="checkbox"/> 02 INTERSECTION-RELATED <input type="checkbox"/> 03 ENTRANCE/EXIT RAMP <input type="checkbox"/> 04 RAILWAY GRADE CROSSING <input type="checkbox"/> 05 DRIVEWAY or ALLEY ACCESS <input type="checkbox"/> 06 OTHER <input type="checkbox"/> 07 UNKNOWN		<input type="checkbox"/> 00 NO APPARENT INFLUENCE <input type="checkbox"/> 01 ILLNESS OR PHYSICAL IMPAIRMENT <input type="checkbox"/> 02 FELL ASLEEP/FATIGUED <input type="checkbox"/> 03 ALCOHOL <input type="checkbox"/> 04 ILLLEGAL DRUGS <input type="checkbox"/> 05 MEDICATIONS <input type="checkbox"/> 06 MARIJUANA <input type="checkbox"/> 07 MED MARIJUANA CARD PRESENTED <input type="checkbox"/> 08 OTHER <input type="checkbox"/> 09 UNKNOWN CONDITION																						
<b>15 – TRAFFICWAY DESCRIPTION</b>		<b>24 – LOCATION OF PEDESTALIAN/CYCLIST</b> UNIT #																						
<input type="checkbox"/> 01 ONE WAY TRAFFICWAY <input type="checkbox"/> 02 TWO-WAY, NOT DIVIDED (no median present) <input type="checkbox"/> 03 TWO-WAY, (NOT DIVIDED) WITH A CONTINUOUS LEFT TURN LANE <input type="checkbox"/> 04 TWO-WAY, DIVIDED, UNPROTECTED MEDIAN <input type="checkbox"/> 05 TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER <input type="checkbox"/> 06 UNKNOWN		<input type="checkbox"/> 01 AT INTERSECTION-IN MARKED CROSSWALK <input type="checkbox"/> 02 AT INTERSECTION-UNMARKED/UNKNOWN IF MARKED CROSSWALK <input type="checkbox"/> 03 AT INTERSECTION-NOT IN CROSSWALK <input type="checkbox"/> 04 AT INTERSECTION-UNKNOWN LOCATION <input type="checkbox"/> 05 NOT AT INTERSECTION-IN MARKED CROSSWALK <input type="checkbox"/> 06 NOT AT INTERSECTION-ON ROADWAY, NOT IN MARKED CROSSWALK <input type="checkbox"/> 07 NOT AT INTERSECTION-ON ROADWAY, CROSSWALK AVAILABILITY UNKNOWN <input type="checkbox"/> 08 SCHOOL CROSSWALK <input type="checkbox"/> 09 PARKING LANE/ZONE  <input type="checkbox"/> 10 BICYCLE LANE <input type="checkbox"/> 11 SHOULDER/ROADSIDE <input type="checkbox"/> 12 SIDEWALK <input type="checkbox"/> 13 MEDIAN/CROSSING ISLAND <input type="checkbox"/> 14 DRIVEWAY ACCESS <input type="checkbox"/> 15 SHARED-USE PATH <input type="checkbox"/> 16 NON-TRAFFICWAY AREA <input type="checkbox"/> 50 OTHER <input type="checkbox"/> 51 UNKNOWN LOCATION																						
<b>16 – TRAFFIC CONTROL DEVICE</b> UNIT #		<b>25 – ROADWAY ALIGNMENT</b> UNIT #																						
<input type="checkbox"/> 00 NO CONTROLS <input type="checkbox"/> 01 SIGNAL <input type="checkbox"/> 02 STOP SIGN <input type="checkbox"/> 03 YIELD SIGN <input type="checkbox"/> 04 WARNING SIGN <input type="checkbox"/> 05 RAILROAD CROSSING SIGN <input type="checkbox"/> 06 FLASHING TRAFFIC SIGNAL <input type="checkbox"/> 07 PERSON (law enforcement, crossing guard, flagger, etc.) <input type="checkbox"/> 08 TRAFFIC CIRCLE/ROUNDABOUT <input type="checkbox"/> 09 PEDESTRIAN HYBRID BEACON/HAWK <input type="checkbox"/> 50 OTHER <input type="checkbox"/> 51 UNKNOWN		<input type="checkbox"/> 01 STRAIGHT <input type="checkbox"/> 02 CURVE LEFT <input type="checkbox"/> 03 CURVE RIGHT <input type="checkbox"/> 04 UNKNOWN																						
<b>17 – MANNER OF CRASH IMPACT</b>		<b>26 – LANE</b> Please enter unit's number and lane of travel before first crash event																						
<input type="checkbox"/> 01 SINGLE VEHICLE <input type="checkbox"/> 02 ANGLE (front to side) (other than left turn) <input type="checkbox"/> 03 LEFT TURN <input type="checkbox"/> 04 REAR END (front-to-rear) <input type="checkbox"/> 05 HEAD-ON (front-to-front) (other than left turn) <input type="checkbox"/> 06 SIDESWIPE, SAME DIRECTION <input type="checkbox"/> 07 SIDESWIPE, OPPOSITE DIRECTION <input type="checkbox"/> 08 U-TURN <input type="checkbox"/> 09 OTHER <input type="checkbox"/> 50 OTHER <input type="checkbox"/> 51 UNKNOWN		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">UNIT</th> <th style="width: 50%;">UNIT</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> </tr> </tbody> </table>						UNIT	UNIT															
UNIT	UNIT																							
<b>18 – DIRECTION OF UNIT TRAVEL (Compass)</b> BEFORE 1ST CRASH EVENT UNIT #		<b>27 – SEQUENCE OF EVENTS</b> UP TO FOUR CRASH EVENTS FOR EACH UNIT IN THE ORDER OF OCCURRENCE						<b>COLLISION WITH FIXED OBJECT</b>																
<input type="checkbox"/> 01 NORTH <input type="checkbox"/> 02 SOUTH <input type="checkbox"/> 03 EAST <input type="checkbox"/> 04 WEST <input type="checkbox"/> 05 NORTHWEST <input type="checkbox"/> 06 NORTHEAST <input type="checkbox"/> 07 SOUTHWEST <input type="checkbox"/> 08 SOUTHEAST <input type="checkbox"/> 09 UNKNOWN		<input type="checkbox"/> 1 OVERTURN/ROLLOVER <input type="checkbox"/> 2 FIRE/EXPLOSION <input type="checkbox"/> 3 CARGO/EQUIPMENT LOSS/SHIFT <input type="checkbox"/> 4 FELL/JUMPED FROM VEHICLE <input type="checkbox"/> 5 OTHER NON-COLLISION <input type="checkbox"/> 6 EQUIPMENT FAILURE (BRAKES, STEERING) <input type="checkbox"/> 7 SEPARATION OF UNITS <input type="checkbox"/> 8 RAN OFF ROAD RIGHT <input type="checkbox"/> 9 RAN OFF ROAD LEFT <input type="checkbox"/> 10 CROSS MEDIAN <input type="checkbox"/> 11 CROSS CENTERLINE <input type="checkbox"/> 12 DOWNHILL RUNAWAY  <input type="checkbox"/> 29 IMPACT ATTENUATOR/CRASH CUSHION/GUARDRAIL END <input type="checkbox"/> 30 CONCRETE CURB <input type="checkbox"/> 31 GUARDRAIL FACE <input type="checkbox"/> 32 MEDIAN BARRIER <input type="checkbox"/> 33 CABLE BARRIER <input type="checkbox"/> 34 TREE, BUSH, STUMP (standing) <input type="checkbox"/> 35 TRAFFIC SIGN SUPPORT <input type="checkbox"/> 36 TRAFFIC SIGNAL SUPPORT <input type="checkbox"/> 37 UTILITY POLE/LIGHT SUPPORT <input type="checkbox"/> 38 FENCE <input type="checkbox"/> 39 OTHER FIXED OBJ. <input type="checkbox"/> 50 OTHER <input type="checkbox"/> 51 UNKNOWN																						
<b>19 – DIRECTION OF UNIT TRAVEL (Compass)</b> AFTER 1ST CRASH EVENT UNIT #		<b>28 – COLLISION WITH PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT</b>						<b>SEQUENCE OF EVENTS PER TRAFFIC UNIT</b>																
<input type="checkbox"/> 01 NORTH <input type="checkbox"/> 02 SOUTH <input type="checkbox"/> 03 EAST <input type="checkbox"/> 04 WEST <input type="checkbox"/> 05 NORTHWEST <input type="checkbox"/> 06 NORTHEAST <input type="checkbox"/> 07 SOUTHWEST <input type="checkbox"/> 08 SOUTHEAST <input type="checkbox"/> 09 UNKNOWN		<input type="checkbox"/> 16 MOTOR VEHICLE IN TRANSPORT <input type="checkbox"/> 17 PEDESTRIAN <input type="checkbox"/> 18 PEDALCYCLE <input type="checkbox"/> 19 TRAIN <input type="checkbox"/> 20 LIGHT RAILWAY/RAIL/CAR VEHICLE <input type="checkbox"/> 21 ANIMAL <input type="checkbox"/> 22 PARKED MOTOR VEHICLE <input type="checkbox"/> 23 STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY ANOTHER VEHICLE <input type="checkbox"/> 24 OTHER NON-FIXED OBJ.						FIRST HARMFUL EVENT OF THE CRASH _____  <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">FIRST EVENT</th> <th style="width: 25%;">Unit _____</th> <th style="width: 25%;">Unit _____</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </tbody> </table>		FIRST EVENT	Unit _____	Unit _____												
FIRST EVENT	Unit _____	Unit _____																						

# Arizona Crash Report Forms Instruction Manual—12th Edition

**Crash Report Form, 01-2704C R01/2022** (Note: No changes to this page)

<b>ARIZONA CRASH REPORT</b>		REPORT ID						Agency Report Number	
1	<b>CONTINUED</b>	YEAR	MONTH	DAY	HOUR	NCIC NO.	OFFICER ID NO.		
	POLICE ONLY—FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 064R 206 S. 17TH AVE., PHOENIX, ARIZONA 85007-3233								
28	<b>CRASH DIAGRAM</b>						<input type="checkbox"/> MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE <input type="checkbox"/> MEASUREMENTS ARE SCALED (SCALE = _____)		
									29 INDICATE NORTH
30	<b>NARRATIVE</b> Describe what happened								
01-2704C R01/17									

# **The Crash Report Forms**

## **Element & Attribute Definitions**

**01-2704A R01/2022**

# Arizona Crash Report Forms Instruction Manual—12th Edition

## Crash Report Form, 01-2704A R01/2022, Element & Attribute Definitions

ARIZONA CRASH REPORT				REPORT ID				Agency Report Number																													
POLICE ONLY - FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 064R 206 S. 17 <sup>TH</sup> AVE., PHOENIX, ARIZONA 85007-3233				YEAR	MONTH	DAY	HOUR	NCIC NO.	OFFICER ID NO.	1g		1h																									
				1a	1b	1c	1d	1e	1f																												
COMPLETE THE TRUCK/BUS SUPPLEMENT IF ANY <input checked="" type="checkbox"/> (circle) AND ANY <input checked="" type="checkbox"/> (diamond) ARE CHECKED												Total Number of Sheets																									
2		Total Units	Total Injured	Total Fatalities	Estimated Total Damage Compared To \$2,000 Limit:	Over	Under	Total	Hit/Run Unit #	Person Transported for Immediate Medical Care?	Low Away of At Least One Vehicle from Scene?	District or Ord No.																									
		2a	2b	2c	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2f	<input type="checkbox"/>	<input type="checkbox"/>	2i																									
3												3j																									
LOCATION				City				County																													
On Highway/Road/Street				<input type="checkbox"/> Inside <input type="checkbox"/> Outside				3b																													
Intersecting Street/Road/M.P. or R.P.				North <input type="checkbox"/> East <input type="checkbox"/> Plus <input type="checkbox"/> Distance				3d																													
<input type="checkbox"/> At <input type="checkbox"/> From				South <input type="checkbox"/> West <input type="checkbox"/> Minus <input type="checkbox"/>				3h																													
Light Condition				Weather Conditions				3i																													
<input type="checkbox"/> 1 Daylight <input type="checkbox"/> 4 Dark - Lighted <input type="checkbox"/> 51 Unknown				<input type="checkbox"/> 3k Clear <input type="checkbox"/> 4 Rain <input type="checkbox"/> 8 Fog, Smog, Smoke																																	
<input type="checkbox"/> 2 Dawn <input type="checkbox"/> 5 Dark - Not Lighted				<input type="checkbox"/> 2 Cloudy <input type="checkbox"/> 5 Snow or Blowing Snow <input type="checkbox"/> 9 Other																																	
<input type="checkbox"/> 3 Dusk <input type="checkbox"/> 6 Dark - Unknown Lighting				<input type="checkbox"/> 3 Sleet, Hail (freezing rain/drizzle) <input type="checkbox"/> 7 Blowing Sand, Soil, Dirt <input type="checkbox"/> 51 Unknown																																	
GLOBAL POSITION				Longitude				3l																													
Latitude																																					
4												4b		4c																							
Is this a Secondary Collision? <input type="checkbox"/> Yes <input type="checkbox"/> No												Roadway Clear Time:		Incident Clear:																							
If YES, were any of the following 1 <sup>st</sup> responders hit? <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Fire <input type="checkbox"/> EMS <input type="checkbox"/> Tow Operator <input type="checkbox"/> DOT Worker <input type="checkbox"/> Other																																					
Safety Devices (SD)				Airbag (AB)				Injury Severity (IS)				Seating Position																									
0 - Not Applicable				0 - Not Applicable				1 - No Injury				4 - Suspected Serious Injury																									
1 - None Used				1 - Deployed - Front				2 - Possible Injury				5 - Fatal Injury																									
2 - Lap Belt				2 - Deployed - Side (Door, seatback)				3 - Suspected Minor Injury				51 - Unknown/Not Reported																									
3 - Shoulder and Lap Belt				3 - Deployed - Curtain (roof)																																	
4 - Child Restraint System				4 - Deployed - Other (knee, airbel, etc.)																																	
5 - Helmet Used				5 - Deployed - Combination																																	
50 - Other				50 - Deployed - Unknown Location																																	
51 - Unknown				7 - Not Deployed																																	
5a												5b		5c		5d		5e		5f		5g		5h		5i		5j		5k							
Restrictions												Address		City		State		Zip Code		Telephone Number																	
Date of Birth												Owner/Carrier Name		<input type="checkbox"/> Same as Driver <input type="checkbox"/> Gov't Vehicle		Address		City		State		Zip Code															
Color												Vehicle Year		Make		Body Style		Plate Number		State		Plate Mo/Yr		<input type="checkbox"/> Bus (9 or more seats)													
VIN												Autonomous Veh Control		Man <input type="checkbox"/> AV <input type="checkbox"/> Unkn <input type="checkbox"/>		Trailer (Other Unit) Plate No.		State		Year		GWW/GCWR (Rated Greater Than 15k pounds?)		<input type="checkbox"/> Yes <input type="checkbox"/> No		HazMat Placard?		<input type="checkbox"/> Yes <input type="checkbox"/> No									
Safety Devices												Airbag		Injury Severity		Posted Speed Limit		Ofc Est. Speed		Injured Transported To/By																	
Vehicle Removed to (Address/Storage Location Identifier)												<input type="checkbox"/> Disabled <input type="checkbox"/> Not Disabled		Vehicle Removed by		Orders of																					
Insurance Company												Telephone Number		Policy Number		Exp. Date																					
6												6a		6b		6c		6d		6e		6f		6g		6h		6i		6j		6k		6l			
Unit #												Seat Pos		SO		AB		IS		Name		Address		City		State		Zip Code		Phone		Sex		D.O.B.			
<input type="checkbox"/> transported by EMS/Fire												<input type="checkbox"/> ejected		<input type="checkbox"/> extricated																							
<input type="checkbox"/> transported by EMS/Fire												<input type="checkbox"/> ejected		<input type="checkbox"/> extricated																							
<input type="checkbox"/> transported by EMS/Fire												<input type="checkbox"/> ejected		<input type="checkbox"/> extricated																							
7												7a		7b		7c		7d		7e		7f		7g		7h		7i		7j		7k		7l			
VEHICLE DAMAGED AREA(S) - (CIRCLE ALL THAT APPLY)												Unit #		1		2		3		4		5		6		7		8		9		10		11		12	
0 - NONE												10 - UNDERCARRIAGE		51 - UNKNOWN																							
8												8a		8b		8c		8d		8e		8f		8g		8h		8i		8j		8k		8l			
Property Damaged (Other than Vehicles)												Owner Code		1 - Private		3 - Federal Government		5 - County in Arizona		7 - Tribal Nation		Inventory Tag No.															
<input type="checkbox"/> (OC) <input type="checkbox"/> 2 - Public Utility <input type="checkbox"/> 4 - State of Arizona												6 - City in Arizona		8 - City in Arizona		51 - Unknown																					
Owner's Name												Address (or Bar Code ID Number)		City		State		Zip Code		Telephone Number																	
9												9a		9b		9c		9d		9e		9f		9g		9h		9i		9j		9k		9l			
Name												Address		City		State		Zip Code		Telephone Number		D.O.B.															
10												10a		10b		10c		10d		10e		10f		10g		10h		10i		10j		10k		10l			
CITATION												UNIT #		A.R.S. NO. OR CITY CODE		UNIT #		A.R.S. NO. OR CITY CODE																			
11												11a		11b		11c		11d		11e		11f		11g		11h		11i		11j		11k		11l			
Photographer's Name, ID Number and Agency Name												Invest At Scene		<input type="checkbox"/> Yes <input type="checkbox"/> No		Date Invest		Time Invest		Fire/EMS Incident No.																	
Officer's Name / Badge #												Supervisor's Signature		Agency Name		Date Completed																					

01-2704A R02/20

## Arizona Crash Report Forms Instruction Manual—12th Edition

Information required on the Arizona Crash Report Form is identified by alphanumeric codes shown on the preceding pages and following illustrated inserts.

### 1 - CRASH IDENTIFICATION BLOCK

All crash reports are identified and filed by the information contained in the crash identification block. **This is the date and time the crash occurred**, NOT the time the crash was reported or the date and time it was discovered or investigated. In rare cases the specific time may not be known and may be based on the investigating officer’s estimation as determined from the investigation. If this is the situation, it should be explained in the narrative. Reports are not filed by local jurisdiction DR numbers.

ARIZONA CRASH REPORT		REPORT ID						Agency Report Number	
1	POLICE ONLY – FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 064R 206 S. 17 <sup>TH</sup> AVE., PHOENIX, ARIZONA 85007-3233	YEAR	MONTH	DAY	HOUR	NCIC NO.	OFFICER ID NO.		Total Number of Sheets
		1a	1b	1c	1d	1e	1f	1g	1h

**1a - Year** - Enter two numeric digits for the year (16, 17, 18, etc.). The year the crash occurred - not the time notified or discovered.

**1b - Month** - Enter two numeric digits for the month (01 through 12). The month the crash occurred - not the month notified or discovered.

**1c - Day** - Enter two numeric digits for the day (01 through 31). The day the crash occurred - not the day notified or discovered.

**1d - Hour** - Enter the hour in military style. Valid times are 0000 through 2359; 2400 is **not** a valid time. This is the approximate time of the crash; **NOT** the time of discovery or the time the crash was reported.

**1e - NCIC No.** - Enter the four digit National Crime Information Center (NCIC) number of the law enforcement agency having jurisdiction of the crash scene.

**1f - Officer ID No.** - Enter officer’s I.D. number or other identification number. If it is less than five digits, prefix with leading zeros. (Example: I.D. number should be entered as 00193).

**1g - Agency Report Number** - Enter your local agency Report Number.

**1h - Total Number of Sheets** - Enter the total number of sheets that make up the "Arizona Crash Report". The front and back of one form, **A, B, C**, Supplement, etc. constitutes one sheet. The total should include a copy of the Arizona Crash Report Form and Continuation Sheet and any additional diagrams, narrations or supplemental reports pertaining to the crash.



## Arizona Crash Report Forms Instruction Manual—12th Edition

### 2 - GENERAL INFORMATION

<b>2</b>	Total Units <span style="border: 1px solid red; padding: 2px;">2a</span>	Total Injuries <span style="border: 1px solid red; padding: 2px;">2b</span>	Total Fatalities <span style="border: 1px solid red; padding: 2px;">2c</span>	Estimated Total Damage Compared To \$2,000 Limit: <input type="checkbox"/> Over <span style="border: 1px solid red; padding: 2px;">2d</span> <input type="checkbox"/> Under <span style="border: 1px solid red; padding: 2px;">2e</span> Fatal	Hit/Run Unit # <span style="border: 1px solid red; padding: 2px;">2f</span>	Person Transported for Immediate Medical Care? <input type="checkbox"/> <span style="border: 1px solid red; padding: 2px;">2g</span>	Tow Away of At Least One Vehicle from Scene? <input type="checkbox"/> <span style="border: 1px solid red; padding: 2px;">2h</span>	District or Grid No. <span style="border: 1px solid red; padding: 2px;">2i</span>
----------	--	---	---	--	---	--	--	---

**2a - Total Units**- Enter total number of traffic units (i.e., vehicles, pedestrians, pedalcyclists) involved in this crash.

**2b - Total Injuries** - Enter total number of persons with non-fatal injury classifications include 2 (possible), 3 (suspected minor), or 4 (suspected serious).

**2c - Total Fatalities** - Enter total number of fatalities as a result of this crash.

**2d - Estimated Total Damage** - Check the appropriate box to indicate if the estimated total damage is over or under the \$2,000. Any injury class 2 through 5 indicates over minimum. Note: The Estimated Total Damage includes all vehicles, public property and/or private property damaged in a crash.

**2e - Fatal** - This circle is checked if a fatality occurred as a result of this crash. A traffic crash fatality includes any person that dies of injuries sustained in the crash within 30 - 24 hour time periods from the date of the crash. A Fatal Supplement form, 01-2705 R01/2021, must be completed for each person killed in a crash.

**2f - Hit & Run** - A crash may be considered hit and run if any driver involved in the event fled the scene, even if the driver later was apprehended or reported the crash at a later time. Enter the Unit # of the vehicle that fled the scene in the blank. If more than one unit left the scene list all units.

**2g - Persons Transported for Immediate Medical Care** - If this circle is checked, it refers to someone being transported for medical care because of injuries suffered from the crash. A Truck/Bus Supplement may be required.

**2h - Tow** - If this circle is checked, a Truck/Bus Supplement may be needed and the disabled block should be checked when it applies.

**2i - District or Grid No.** - Enter your agency's identifying district or grid number if your department uses one.

# Arizona Crash Report Forms Instruction Manual—12th Edition

## 3 - LOCATION INFORMATION

The instructions have been separated into two main parts; the first for county roads and local street references and the second for state highway system crashes.

### COUNTY ROAD AND CITY STREET LOCATION

LOCATION	On Highway/Road/Street <span style="border: 1px solid red; padding: 2px;">3a</span>	<input type="checkbox"/> Inside <span style="border: 1px solid red; padding: 2px;">3b</span>	City <span style="border: 1px solid red; padding: 2px;">3c</span>	County <span style="border: 1px solid red; padding: 2px;">3d</span>
	Intersecting Street/Road/M.P. or R.P. <input type="checkbox"/> At <input type="checkbox"/> From <span style="border: 1px solid red; padding: 2px;">3e</span>	<input type="checkbox"/> North <span style="border: 1px solid red; padding: 2px;">3f</span>	<input type="checkbox"/> East <input type="checkbox"/> Plus <span style="border: 1px solid red; padding: 2px;">3g</span>	Distance <span style="border: 1px solid red; padding: 2px;">3h</span>
		<input type="checkbox"/> South <span style="border: 1px solid red; padding: 2px;">3f</span>	<input type="checkbox"/> West <input type="checkbox"/> Minus <span style="border: 1px solid red; padding: 2px;">3g</span>	<input type="checkbox"/> Approximate <input type="checkbox"/> Feet <span style="border: 1px solid red; padding: 2px;">3i</span>

**3a - Road/Street** - Enter the complete name of the road or street on which the crash occurred. Street name signs are not always correct. If a jurisdiction has officially identified all of its roads and streets, a list of these "official" street names can be supplied to the quality control group within the law enforcement agency. The street names, prefixes and suffixes must be entered **precisely** as they appear on the above mentioned list. Use street name signs only when the street name is not on the "official" list or if the list is not available for the jurisdiction. **(HOUSE NUMBER OR BLOCK NUMBER REFERENCES MAY BE USED AFTER STREET NAMES BUT NOT INSTEAD OF.)** If the crash occurred within the limits of an Indian Reservation, National Park, or National Monument, the name of that entity must also be entered.

**3b - Inside/Outside** - Check the appropriate box to indicate if inside or outside the city limits.

**3c - City** - Enter the name of the nearest city or town.

**3d - County** - Enter the name of the county in which the crash occurred.

**3e - Intersection** - If the crash happened in the intersection, mark the "AT" box and enter the complete name of the intersecting street. If the crash did not occur in an intersection, mark the "FROM" box and enter the complete name of the nearest intersecting street or road. Do not use house number, block number, poles, driveways, etc.

**NOTE: (3f - 3i)** For crashes within an intersection, enter information in 3e. Leave 3f, 3g, 3h, and 3i blank. For non-intersection crashes, enter information in 3e, 3f, 3h, and 3i. Leave 3g blank.

**3f - Compass Direction** - Check the appropriate box to indicate the compass direction from the intersecting street to the apparent point of the first event.

**3g - Plus/Minus - Blank** - This section should be left blank.

**3h - Distance** - Enter the distance from the apparent center line of the intersecting street to the point of the first event. Check boxes are available to indicate actual measurement or an approximate (estimated) distance.

**3i - Miles/Feet** - Check the appropriate box to indicate if the distance measurement is in miles or feet. Miles may be indicated to the nearest 1/100 mile if available. Measurements in feet should be to the nearest whole foot.

# Arizona Crash Report Forms Instruction Manual—12th Edition

## STATE HIGHWAY AND INTERSTATE LOCATIONS

LOCATION	On Highway/Road/Street <span style="border: 1px solid red; padding: 2px;">3a</span>	<input type="checkbox"/> Inside <span style="border: 1px solid red; padding: 2px;">3b</span>	City <span style="border: 1px solid red; padding: 2px;">3c</span>	County <span style="border: 1px solid red; padding: 2px;">3d</span>
	Intersecting Street/Road/M.P. or R.P. <input type="checkbox"/> At <input type="checkbox"/> From <span style="border: 1px solid red; padding: 2px;">3e</span>	<input type="checkbox"/> North <span style="border: 1px solid red; padding: 2px;">3f</span>	<input type="checkbox"/> East <input type="checkbox"/> West	<input type="checkbox"/> Plus <span style="border: 1px solid red; padding: 2px;">3g</span>
		<input type="checkbox"/> South <span style="border: 1px solid red; padding: 2px;">3f</span>	<input type="checkbox"/> Minus <span style="border: 1px solid red; padding: 2px;">3g</span>	<input type="checkbox"/> Measured <input type="checkbox"/> Miles <span style="border: 1px solid red; padding: 2px;">3i</span>
				<input type="checkbox"/> Approximate <input type="checkbox"/> Feet

The interstate and state highway system is divided into two road usage classifications called Mainline and Off mainline. In the instructions to follow, both of these terms will be used.

Mainline consists of major routes such as Interstate, U.S., and State routes (Examples: I-17, US-60, SR-51, SR-202). Off Mainline consists of on ramps, off ramps, frontage roads, rest areas, ports of entry, crossroads and connector roads that are connected with interstate and limited access routes.

Route numbers and mileposts are used to identify specific highways and serve the same purpose as street names in identifying crash locations.

**3a - Highway-** Enter the highway route number (as posted by the Arizona Department of Transportation) where the crash occurred e.g., US-60, I-17, I-8, SR-51, etc. On divided highways the particular roadway should be indicated as N/B, S/B, E/B, W/B.

**3b - Inside/Outside** - Check the appropriate box to indicate if inside or outside the city limits.

**3c - City** - Enter the name of the nearest city or town. Check the appropriate box to indicate if inside or outside the city limits.

If the crash occurred within the limits of an Indian Reservation, National park, or National Monument, the name of that entity must also be entered. (NOTE: If additional space is needed, this information can be written in elements 3a or 3e.)

**3d- County** - Enter the name of the county in which the crash occurred.

**3e - Intersection** - Milepost (M.P.) or Reference Point (R.P.) - Mainline Only Mark the "From" box for

all crashes occurring on the mainline system and in the space to the right record the milepost. Milepost numbers shall be written with the milepost number and the decimal being the distance from. The milepost number should always be the nearest milepost with the lowest number. (Reference a crash occurring between milepost 121 and 122 to milepost 121 regardless of the motor vehicle's direction of travel.)



The decimal values are always measured from the lower numbered milepost marker, and should indicate the distance as accurately as possible from the milepost marker to the first event of the crash recorded to the nearest tenth of a mile. If the decimal value is known to the nearest hundredth of a mile, that value should be shown instead of the nearest tenth of a mile.

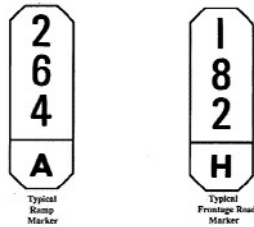
# Arizona Crash Report Forms Instruction Manual—12th Edition

NOTE: It is important that all measurements be made from the lowest numbered milepost marker in a direction towards the higher numbered milepost marker.

If the crash occurs on a state highway within an intersection or junction area mark the "AT" or "FROM" box, indicate the exact milepost (to the nearest 1/100 mile if known) and write the name of the intersecting street or highway

## Milepost or R.P. - Off Mainline Only

Enter the off mainline marker being used as a reference point. Special markers have been installed by the Arizona Department of Transportation for ramps and frontage roads to identify specific points on the off mainline system. For rest areas use "R" or "S".



## RAMPS

It is essential that off mainline markers placed on the ramps be used only for those crashes that occur between the beginning and ending gore points of the ramp. If the crash occurs in the deceleration lane prior to reaching the gore point of an off-ramp, or in the acceleration lane after passing the gore

point of an onramp, the crash should be charged to the mainline and the reference point used will be the milepost marker. The off mainline reference markers placed on the exit ramps are placed in line with the back of gore six (6) feet from face-of-curb (FOC) or edge of pavement.

## FRONTAGE ROADS

If the crash occurs on the frontage road before reaching the gore point of an on ramp or after passing the gore point of an off ramp, the appropriate frontage road marker should be used. The off line reference markers are placed in line with the guardrail or six (6) feet from face-of-curb (FOC) or edge of pavement.

LOCATION	On Highway/Road/Street <span style="border: 1px solid red; padding: 2px;">3a</span>	<input type="checkbox"/> Inside <span style="border: 1px solid red; padding: 2px;">3b</span>	City <span style="border: 1px solid red; padding: 2px;">3c</span>	County <span style="border: 1px solid red; padding: 2px;">3d</span>
	Intersecting Street/Road/M.P. or R.P. <input type="checkbox"/> At <input type="checkbox"/> From <span style="border: 1px solid red; padding: 2px;">3e</span>	<input type="checkbox"/> North <span style="border: 1px solid red; padding: 2px;">3f</span>	<input type="checkbox"/> East <input type="checkbox"/> West	<input type="checkbox"/> Plus <span style="border: 1px solid red; padding: 2px;">3g</span>
			<input type="checkbox"/> Minus <span style="border: 1px solid red; padding: 2px;">3g</span>	<input type="checkbox"/> Measured <input type="checkbox"/> Miles <span style="border: 1px solid red; padding: 2px;">3i</span>
				<input type="checkbox"/> Approximate <input type="checkbox"/> Feet

**3f - Compass Direction** - Leave blank for frontage roads.

**3g - Direction** - The direction shall be indicated as either a plus direction or a minus direction. The plus direction is always that direction in which the milepost numbers of the mainline system increase. The minus direction is always that direction in which the milepost numbers decrease. (Disregard the compass direction.)

1. With the exception of the ramps and short connector roadways, all other locations may be measured in a plus or a minus direction from the marker.
2. Ramps and connector roadways must be measured in the direction of traffic flow. Do not mark the direction box for ramps or connector roadways regardless of the direction involved.

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3. Crossroads can be measured in either a plus or a minus direction. If the measurement is toward the side of the highway on which traffic flows in a plus direction. Conversely, if the measurement is toward the side of the highway on which traffic flows in a minus direction, the direction from point "E" shall be shown in a minus direction. Point "E" is an understood point that represents the center of the space (median) between the two main roadways of the highway. See Appendix A.

**3h - Distance** - Enter the distance from the marker to the first event of the crash.

**3i - Miles/Feet** - Check the appropriate box to indicate if the distance given is in miles or feet.

**3j - Light Condition** - The type/level of light that existed at the time of the motor vehicle crash.

1. **Daylight** - Sun up to sundown.

2. **Dawn** - The transition period going from "dark of night" to a daylight condition. This is typically the 30minute period before the sun rises.

3. **Dusk** - The transition period going from a daylight condition to the "dark of night". This is typically the 30 minute period after the sun sets.

4. **Dark-Lighted** - Describes a condition where no "natural" light exists but there is overhead "manmade" lighting on the roadway where the crash occurs. Lighted areas will generally include streets within cities/ towns and some interchange areas. This doesn't include lighting from store fronts, houses, parking lots, etc.

5. **Dark-Not Lighted** - Describes a condition where no "natural" light exists and no overhead "manmade" lighting is present on the roadway where the crash occurs.

6. **Dark-Unknown Lighting** - If the Time of the Crash occurs during hours when no natural light exists but it is unknown if manmade lighting was present.

**51 – Unknown** – Use when the time of the crash is unknown.

**3k - Weather Conditions** - The prevailing (most significant) atmospheric conditions that existed at the time of the crash. This element should be coded without regard to whether or not weather conditions contributed to the cause of the crash.

1. **Clear** - Includes partial cloudiness if sunlight is not diminished.

2. **Cloudy** - Usually "overcast" but may include partial cloudiness if light is diminished.

3. **Sleet/Hail (freezing rain/drizzle)** - Precipitation is falling as ice at the time of the crash.

4. **Rain** - Precipitation is falling as rain at the time of the crash.

5. **Snow or Blowing Snow**- Is used when precipitation is falling as snow at the time of the crash or snow that has fallen to the ground and is set aloft by wind. Typically blowing

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across the roadway causing an otherwise dry road to have slick locations and can reduce visibility.

**7. Blowing Sand, Soil, Dirt** - Dust, sand or dirt set aloft by wind that causes reduced visibility (Dust Storm).

**8. Fog, Smog, Smoke** - Natural or man-made condition that causes reduced visibility.

**50. Other** - Would include any other natural or man-made atmospheric condition not listed above if they reduced visibility at the time of the crash. Also would include severe weather conditions such as severe thunderstorms or tornados. If the code "Other" is used it is recommended that it be listed on the line provided and explained in the narrative.

**51. Unknown** - Used if the weather conditions at the time of the crash are unknown. It is recommended that it be explained in the narrative.

**3L- Global Position** - (For Electronic Data Submittal Only) Crash location is a route name and GPS (Global Positioning System) GIS (Geographic Information System) locator, used in conjunction with the Linear Referencing System to locate where the first event of the crash occurred. Storage compatible with Arizona State Standards. Accurate crash location is critical for problem identification, prevention, engineering evaluations, mapping and linkage purposes.

### 4 - SECONDARY COLLISION

4	Is this a Secondary Collision: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>4a</b>	Roadway Clear Time: <input type="text"/> <input checked="" type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <b>4b</b>	Incident Clear: <input type="text"/> <input checked="" type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <b>4c</b>
	If YES, were any of the following 1 <sup>st</sup> responders hit? <b>4d</b> <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Fire <input type="checkbox"/> EMS <input type="checkbox"/> Tow Operator <input type="checkbox"/> DOT Worker <input checked="" type="checkbox"/> Other		

**4a - Is this a Secondary Collision?** - Select "Yes" if the collision occurred as a direct result of, or distraction created by, a prior incident on or adjacent to the roadway.

**4b - Roadway Clearance Time** - This is the time the roadway was cleared. This attribute is required for ALL crashes. If the crash does not result in the closure of the roadway, enter the time of the initial crash - item 1d. Enter the time in 24 hour military style. See item 1d.

**4c - Incident Clearance Time** - This is the time the incident was cleared. This attribute is required for ALL crashes. Enter the time in 24 hour military style. See item 1d.

**4d - 1<sup>st</sup> Responders Hit** - If the crash was a Secondary Collision, were any of the following first responders hit? Mark the appropriate box (or boxes) for any first responder that was hit in the secondary collision. This can apply to a first responder that was inside or outside of a vehicle at the time of the collision. If the "other" box was checked please explain in the narrative.

### 5- TRAFFIC UNIT SECTION

A traffic unit is a vehicle, pedestrian, pedalcycle, involved in a motor vehicle crash. There are spaces for two traffic units on the Arizona Crash Report Form. The applicable information is required for each traffic unit. In the event more than two units are involved in the crash, additional report forms should be completed, front and back, along with any supplements.

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5	TRAFFIC UNIT NO.	<input type="checkbox"/> DL # <input type="checkbox"/> No Valid License/Permit <input type="checkbox"/> State <input type="checkbox"/> Class <input type="checkbox"/> End <input type="checkbox"/> Driver <input type="checkbox"/> Driverless <input type="checkbox"/> Pedestrian <input type="checkbox"/> Pedalcyclist		Name (First, Middle, Last)		<input type="checkbox"/> Ejected	<input type="checkbox"/> Extricated	Suffix	Sex	
		Restriction	Address	City		State	Zip Code	Telephone Number		
		Date of Birth	Owner/Carrier Name		<input type="checkbox"/> Same as Driver	<input type="checkbox"/> Gov't Vehicle	Address	City	State	Zip Code
		Color	Vehicle Year	Make	Body Style	Plate Number	State	Plate Mo/Yr	<input type="checkbox"/> Bus (9 or more seats)	
		VIN	Autonomous Veh Control: Man <input type="checkbox"/> AV <input type="checkbox"/> Unkn <input type="checkbox"/>	Trailer (Other Unit) Plate No.	State	Year	GW/GWR (Rated) Greater Than 10k pounds <input type="checkbox"/> Yes <input type="checkbox"/> No	HazMat Placard <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Safety Devices	Airbag	Injury Severity	Posted Speed Limit	Ofc Est. Speed	Injured Transported To/By			
		Vehicle Removed to (Address/Storage Location Identifier)		<input type="checkbox"/> Disabled <input type="checkbox"/> Not Disabled	Vehicle Removed by		Orders of			
		Insurance Company	Telephone Number	Policy Number		Exp. Date				

**5a - Traffic Unit No.** - Traffic units must be numbered consecutively beginning with #1 and the assigned number written in the space titled "Traffic Unit No". **Traffic Unit #1 is the vehicle, pedestrian, pedalcycle that caused the collision or was most at fault. Note: Non- contact vehicles are not listed as units but, should be listed in the narrative.**

**5b - State** - List the abbreviation for the State, Canadian Territory or Mexican State that issued the driver's license. Abbreviations are available in Appendix B.

**5c - Class** - Enter the appropriate driver's license class which indicates the type of vehicle(s) that may be operated by this driver.

- A - Commercial Driver
- B - Commercial Driver
- C - Commercial Driver
- D - Operator
- G - Graduated (Age Restrictive)

**5d - Endorsements** - Enter the driver's license endorsement codes. The endorsements are:

- H - Hazardous Materials
- M - Motorcycle
- N - Tank Vehicle
- P - Bus
- S - School Bus
- T - Double/Triple Trailer
- X - Tank/vehicle carrying hazardous materials

**5e - DL#** - License number of the driver, pedestrian, pedalcyclist If a driver does not have their driver's license in their possession and the officer is able to check in the system whether this person has a valid license, then it should be marked accordingly.

**5f - Driver, Pedestrian, Pedalcyclist, Driverless** - Check the block that is applicable to this unit.

**Driver** - This occupant was in actual physical control of this vehicle, or was in control before physical control was lost during the crash sequence.

**Pedestrian** - A person who is not an occupant. Includes:

- Person on foot.
- Person walking, running, jogging, hiking, sitting or lying within the trafficway or on private property.

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Person in building.

Person on personal conveyance (skateboard, wheelchair, etc.).

Person ejected from a transport vehicle who has come to rest in the trafficway during a prior unstabilized situation and struck in a second or subsequent unstabilized situation.

**Pedalcyclist** - Any occupant of a pedalcycle in-transport. Note: A pedestrian dismounted and walking with a bicycle is not a pedalcyclist.

**Driverless** - This block defines the Unit as a vehicle, so in cases of parked or driverless vehicles, it should be checked.

**5g - Name** - Full name of the driver, pedestrian, pedalcyclist, **as provided on the driver's license**. Enter first, middle, last name: i.e., Robert Ernest Jones. A married woman's name should be given: i.e., Mary Jane Jones, not Mrs. Robert E. Jones. Combination names are separated by a hyphen.

**5h - Ejected** - Check this block if the driver is either partially or completely thrown from the interior of the motor vehicle, except motorcycles, as a result of a crash.

**5i - Extricated** - Check this block if equipment or other force is used to remove the driver from the vehicle. (This could include a partially ejected victim.)

**5j - Suffix** - Designation in a full name such as: JR, SR, III, etc.

**5k - Sex** - Gender of the driver, pedestrian, pedalcyclist, should always be indicated. "M" for male, "F" for female, or "U" for unknown, such as hit and run drivers.

**5l - Restrictions** - Enter the driver's restriction code.

**5m - Address** - The person's address as provided on the driver's license. Record the current address provided by the driver if different than the driver's license.

**5n - Telephone Number** - The person's phone number including area code.

**5o - Date of Birth** - Date of birth by month, day, and year of this person.

**5p - Owner/Carrier Name** - Full name (first, middle, last), number and street address, city and state of the registered owner. If same as driver, check the box and leave the remaining areas blank. Examples:

- Dependent driving parent's vehicle. Enter parent's name in this element as shown on the registration form.
- Husband and wife's name on registration and wife driving the vehicle. Check the "Same as Driver" block.
- Government vehicle – check this box if the vehicle is owned by some type of government agency (federal, state, county, city, tribal, etc.)

Note: If the unit is a parked vehicle the owner/carrier name needs to be filled out and all of the vehicle information that is available.

**5q - Color** - Indicate the first three letters of color. If two-tone, indicate the most prominent.



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**5r - Vehicle Year** - Vehicle Year of Manufacture -The year which is assigned to a motor vehicle by the manufacturer.

**5s - Make** - The distinctive name applied to a group of motor vehicles by a manufacture. Could be derived from the VIN. (Example: Ford, Nissan, Kia, etc.)

**5t - Body Style** - The general configuration or shape of a motor vehicle distinguished by characteristics such as number of doors, seats, windows, roof line hard top or convertible. See Appendix E. Use Arizona MVD body style codes.

**5u - Plate Number** - The license plate number. The alphanumeric identifier, exactly as displayed, on the registration plate affixed to the motor vehicle. For combination trucks, the motor vehicle plate number is obtained from the power unit or tractor and not the trailer.

**5v - State** -The state, commonwealth, territory, Indian Nation, US Government, foreign country, etc., issuing the registration plate as indicated on the plate displayed on the motor vehicle. Use State and Province FIPS Codes. See Appendix B.

**5w - Plate Mo/Yr** - The month and year when the vehicle registration will expire.

**5x - Bus** (9 or more seats) - Check this block to indicate if the vehicle is a bus/van used as a commercial (non-family) transport vehicle. A common “bus/van” for inclusion is one used for airport/ home shuttle service and normally commercially licensed. If this block is checked, a Truck/Bus Supplement Form may be required.

**5y - VIN** - (Motor Vehicle Identification Number) -A unique combination of alphanumeric or numeric characters assigned to a specific motor vehicle that is designated by the manufacturer. Please record the complete VIN number.

The 17 digit code identifies the origin, make, model and attributes of cars, trucks, buses, and even trailers worldwide. Every car manufactured and sold in the United States since 1981 has a unique VIN number. Prior to 1981 there was not an industry standard for VINs.

**5z - Autonomous Vehicle** - Check this box if the vehicle has some level of automation (partial or full).

**Control – Manual** –Check this box if the vehicle has some level of automation but it was not in use at the time of the crash. The driver was in complete control of the vehicle when the crash occurred.

**Autonomous Vehicle (AV)** – Check this box if the vehicle had partial or full automation at the time of the crash. Examples are listed below.

Partial Automation: Automation at this level involves one or more specific control functions. Examples include electronic stability or pre-charged brakes, where the vehicle automatically assists with braking to enable the driver to regain control of the vehicle or stop faster than possible by acting alone. This level also involves automation of at least two primary control functions designed to work in unison to relieve the driver of control of these functions. An example would be adaptive cruise control in combination with lane centering. In this level of automation the driver is expected to be available for occasional control but with sufficiently comfortable transition time.

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**Full Automation:** The vehicle is designed to perform all safety-critical driving functions and monitor roadway conditions for an entire trip. Such a design anticipates that the driver will provide destination or navigation input, but is not expected to be available for control at any time during the trip.

**Unknown** – check this block if it is unknown if the vehicle had some type of automation at the time of the crash

**5aa - Trailer (Other Unit) Plate Number** - If the vehicle had a trailer or other unit in tow, enter the license plate number of the towed unit.

**5bb - State (Trailer/Towed Unit)** -The state, commonwealth, territory, Indian Nation, US Government, foreign country, etc., issuing the registration plate as indicated on the plate displayed on the towed unit. State and Province FIPS Codes. See Appendix B.

**5cc - Year (Trailer/Towed Unit)**- The year that this trailer registration will expire as shown on decal displayed on state license plate.

**5dd - GVW (Rated) of Power Unit Greater than 10K pounds?** - Check “Yes” diamond if Gross Vehicle Weight Rating **OR** Gross Combined Weight Rating is in excess of 10,000 pounds. If “Yes” is checked, then a Truck/Bus Supplement may be required.

**5ee - HazMat Placard?** - Indication that a motor vehicle had a hazardous materials placard as required by federal and state regulations. If “Yes” is checked, then a Truck/Bus Supplement may be required.



**5ff - Safety Devices** - The restraint equipment in use by the occupant, or the helmet use by a motorcyclist, at the time of the crash.

**0. Not Applicable** - Use for driverless/parked vehicles or pedestrians. Do not use this code for motorcycle operators or pedalcyclists.

**1. None Used** - Any occupant of the motor vehicle (driver, passenger) did not use a device or in the case of a motorcycle or pedalcyclist, did not use a helmet.

**2. Lap Belt** - Use of only a lap safety belt either because the motor vehicle is equipped only with a lap belt or because the shoulder belt is not in use.

**3. Shoulder & Lap Belt** - Use of occupant restraint system where both the shoulder belt and lap belt portions are connected to a buckle.

**4. Child Restraint System** - This does not imply correct use or placement but requires the child to be buckled into the safety seat.

**5. Helmet Used** - This attribute applies to helmets used by drivers and passengers of all motorized cycles (motorcycles, mopeds, minibikes, motor scooters, and all-terrain vehicles) This should also be used for non-motorists such as pedalcyclists or a pedestrian

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on a skateboard wearing a helmet.

50. **Other** - Used if some other restraint system was in use this must be explained in the narrative. Such as a 5 point racing harness.

51. **Unknown** - When it is unknown whether or not an occupant was using a restraint system, this should be explained in the narrative.

**5gg - Airbag** -Deployment status of an airbag relative to the position in the vehicle for the occupant.

**0. Not Applicable** – This attribute would apply to any person who is: not an occupant of a vehicle in transport (pedalcyclists or pedestrians). Occupants in seat positions that are not equipped with an air bag in vehicles that have airbags in some positions. This would also apply to vehicles that do not have airbags such as motorcycles, all-terrain vehicles, early model passenger cars, some medium-heavy trucks, buses, etc.

**1. Deployed – front** – refers to an air bag forward of a first row occupant. The driver frontal air bag is located in the hub of the steering wheel. The right front passenger frontal air bag is located in the dashboard (instrument panel).

**2. Deployed – side (door, seatback)** - refers to an air bag mounted in the outboard side of the seat or in the door. Side impact air bags located between seating positions 11 and 13 within the inboard seatbacks or center console designed to mitigate occupant versus occupant injury are also collected in this attribute. In a convertible body type, a head impact curtain may deploy upward from the top of the door panel near the lower edge of the side glazing

**3. Deployed – curtain (roof)** - refers to a head only, side impact air bag for outboard occupants. These are usually mounted in the roof rail above the side windows, deploying between the glazing and the occupant. These look like a curtain when deployed and are designed to help protect an adult's head in a side-impact crash. This includes a head impact curtain in a convertible car body type, which deploys upward from the door panel near the lower edge of the side glazing. A single curtain may cover one or all rows, or, a vehicle may have one for the first row with another covering multiple rearward rows. They may also be known as a rollover curtain, roof bag, roof-rail bag, roof curtain, anti-ejection curtain, or a safety canopy. These rollover curtains are a special type of side curtain air bag with sensors that measure vehicle tilting and protect occupants from injury and ejection during a rollover crash

**4. Deployed –other (knee, airbelt, etc.)** – the air bag type that deployed is other than the ones listed above. If multiple “other” types of air bags deploy, use code 5 (Deployed-Combination) for this person.

**5. Deployed – combination** – multiple air bags deployed for this seat position

**6. Deployed – unknown location** – an air bag did deploy for this seat position, but the origin of the air bag is not known.

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7. **Not deployed** – check this option if no air bags deployed for this seat position.

**5hh - Injury Severity** - The injury severity level for the person involved in a crash. The determination of which attribute to assign should be based on the latest information available at the time the report is completed, except as described below for fatal injuries.

NOTE: The following definitions and attributes of Injury Severity (Status) are extracted from the Model Minimum Uniform Crash Criteria (MMUCC) Guidelines, Fourth Edition (2012), as required by FHWA for MAP-21 compliance and to conform to KABCO framework.

**1. No Injury (O)** - No apparent injury is a situation where there is no reason to believe that the person received any bodily harm from the motor vehicle crash. There is no physical evidence of injury and the person does not report any change in normal function.

**2. Possible Injury (C)** - An injury reported or claimed which is not a fatal, suspected serious or suspected minor injury. Examples include momentary loss of consciousness, claim of injury, limping, or complaint of pain or nausea. Possible injuries are those which are reported by the person or are indicated by his/her behavior, but no wounds or injuries are readily evident.

**3. Suspected Minor Injury (B)** - A minor injury is any injury that is evident at the scene of the crash, other than fatal or serious injuries. Examples include lump on the head, abrasions, bruises, minor lacerations (cuts on the skin surface with minimal bleeding and no exposure of deepertissue/muscle).

**4. Suspected Serious Injury (A)** - Any injury other than a fatal which results in one or more of the following:

- Severe laceration resulting in exposure of underlying tissues/muscle/organs or resulting in significant loss of blood
- Broken or distorted extremity (arm or leg)
- Crush injuries
- Suspected skull, chest or abdominal injury other than bruises or minor lacerations
- Significant burns (second and third degree burns over 10% or more of the body)
- Unconsciousness when taken from the crash scene
- Paralysis

**5. Fatal Injury (K)** - Any injury that results in death **within 30 days** after the motor vehicle crash occurred. If the person did not die at the scene but died within 30 days of the motor vehicle crash in which the injury occurred, the injury classification should be changed from the attribute previously assigned to the attribute "Fatal Injury". A Fatal Supplement, 01-2705 R07/2017, is **required**.

**99. Not Reported/Unknown** - Should be used only if the person is not present at the time of investigation. All efforts should be made to make an accurate determination.

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**5ii - Posted Speed Limit** - Posted (Authorized) speed limit in MPH for the motor vehicle at the time of the crash for the street, section, or highway on which the crash occurred. May be indicated by posted speed limit signs, blinking signs, school zones or temporary signs in constructions zones, lane markings, etc. If a crash occurred within an intersection, enter the posted speed limit for the unit most at fault.

If there is a posted statute or regulation established for this type of street (i.e. residential) enter the value. In some cities there is a sign that says speed limit 25 mph unless otherwise posted. Each individual street may not be posted but if the statute is posted it applies as the Posted Speed Limit.

**5jj - Officer Estimated Speed** - The investigating officer's estimate of the speed the unit was traveling just prior to the first sequence of events that led to the collision.

**5kk - Injured Transported To/By** - Type of unit providing transport to the medical facility receiving the patient. Medical facility refers to an injury treatment facility.

**5LL- Vehicle Removed to (Address/Storage Location Identifier)** - Specific destination of damaged vehicles removed from the scene.

**5mm - Disabled** - The disabled block should be checked if the damage precludes departure of the motor vehicle from the scene of the crash in its usual daylight-operating manner after simple repairs. As a result, the motor vehicle had to be towed, or carried from the crash scene, or assisted by an emergency motor vehicle.

The damage has rendered the vehicle inoperable without further damaging it, thus it sustained Disabling Damage.

**Not Disabled** - The NOT disabled block should be checked if the unit is drivable and is towed from the scene. Example: A minor Property Damage Only (PDO) crash occurs, but the investigating officer determines the driver is under the influence and arrests the driver. The officer orders the vehicle impounded.

**5nn - Vehicle Removed by** - Name of towing company or individual that removed the vehicle.

**5oo - Orders of** - The name of the individual who ordered the removal of the vehicle.

**5pp - Insurance Company** - The name of the insurance company as shown on the proof-of-insurance and not the local insurance agent.

**5qq - Telephone Number** - The telephone number of the insurance company, not the local insurance agent. This is normally an 800 or toll-free number listed on the proof-of-insurance card.

**5rr - Policy Number** - The insurance policy number as shown on the proof-of-insurance.

**5ss - Exp. Date** - The expiration month and year (MMYYYY) of the insurance policy.

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## 6 – PASSENGERS

6	PASSENGERS	Unit #	Seat Pos	SD	AB	IS	Name	Address	City	State	Zip Code	Phone	Sex	D.O.B.
		6a	6b	6c	6d	6e	<input type="checkbox"/> transported by EMS/Fire <input type="checkbox"/> transported by EMS/Fire <input type="checkbox"/> transported by EMS/Fire	6f	6g	<input type="checkbox"/> ejected <input type="checkbox"/> ejected <input type="checkbox"/> ejected	6h	<input type="checkbox"/> extricated <input type="checkbox"/> extricated <input type="checkbox"/> extricated	6i	6j

**6a - Unit #** - This element is the Unit # of the vehicle the passenger was riding in/on as identified in Block 5a.

**6b - Seat Position** - The location for this occupant in, on, or outside of the motor vehicle prior to the first event. See Appendix D for additional diagrams. NOTE: The driver is assumed to be Seat Position # 11; however, in the case of postal delivery vehicle or vehicles with the driver on the right side, explain in the narrative.

**Front Row**

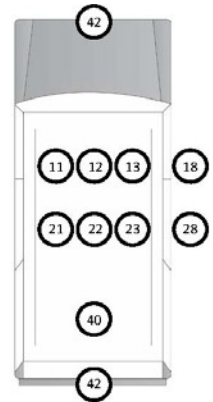
- 11 - Left Side (Driver's Side)
- 12 - Middle
- 13 - Right Side
- 18 - Other

**Second Row**

- 21 - Left Side
- 22 - Middle
- 23 - Right Side
- 28 - Other

**Third Row**

- 31 - Left Side (Driver's Side)
- 32 - Middle
- 33 - Right Side
- 38 - Other
- 40. Other Passenger in enclosed passenger or cargo area (Includes passengers in 5th row)
- 41. In unenclosed passenger/cargo area
- 42. Riding on exterior of vehicle
- 50. Other
- 51. Unknown



**6c - Safety Devices (SD)**- The restraint equipment in use by the occupant, or the helmet use by a motorcyclist, at the time of the crash. See element 5ff page 23.

**6d - Airbag (AB)** - Deployment status of an airbag relative to the position in the vehicle for the occupant. See element 5gg page 24.

**6e – Injury Severity (IS)**- The injury severity level for the person involved in a crash. See element 5hh page 25.

**6f - Transported by EMS/FIRE** - Check this block if this passenger was transported to a medical facility by either an Emergency Medical Services (EMS) unit or a Fire Department unit. This includes air ambulance.

**6g - Name** - Record the full names (First, Middle, Last) of all occupants, excluding drivers, along with their complete addresses. Use **SAD** if the occupant's address is the same as the driver's. Note: There is a passenger supplement, 01-2712 R01/2021, for more than 3 passenger.

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**6h - Ejected** - See element **5h** page 23.



**6i - Extricated** - See element **5i** page 23.

**6j - Telephone No.** - Telephone number of passenger. Use **SAD** if same as driver's.

**6k - Sex** - Enter the sex of the passenger as M = Male, F = Female, U = Unknown.

**6L - D.O.B** - Date of Birth - Date of birth by month, day, and year of this person.

**7 - VEHICLE DAMAGED AREA** - Indicate the location of the **initial** damage to the unit. Initial impact refers to the first impact point that produced property damage or personal injury for each unit. Circle all areas that apply.

<b>7</b> VEHICLE DAMAGED AREA(S) – (CIRCLE ALL THAT APPLY)	Unit #	2	3	4	0 – NONE 10 – UNDERCARRIAGE 51 – UNKNOWN	Unit #	2	3	4	0 – NONE 10 – UNDERCARRIAGE 51 – UNKNOWN
	<b>7a</b>	1		5	<b>7b</b>	1	1		5	
		8	7	6			8	7	6	

**7a - Unit #** - This number is from Element **5a** on the front page.

**7b - Damaged Area**

**0 - None** - No visible damage is evidenced by the investigating officer.

**10 - Undercarriage** - Wheel impacts as well as damage to the portion below the body of the vehicle.

**51 - Unknown** - Damage is unknown.

## 8 - PROPERTY DAMAGED

<b>8</b>	Property Damaged (Other than Vehicles) <b>8a</b>	Owner Code (OC) <b>8c</b>	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. <b>8b</b>
	Owner's Name <b>8c</b>	Address (or Bar Code ID Number) <b>8d</b>	City	State	Zip Code	Telephone Number <b>8e</b>	

**8a - Property Damaged** - This section is used to record whether or not damage was done to Public or Private Property such as signs, guardrails, landscaping, etc.

**8b - Inventory Tag No.** - This number should be entered if available. If a bar code tag is attached to the fixed object, i.e. sign, streetlight pole, transformer, etc., then it should be entered in this block

**8c - (OC) - Owner Code** - This element is obtained from the line above on the form.

**1. Private** - This category is for property that is outside of the trafficway (Right-of-Way) and not owned by a government entity.

**2. Public Utility** - This category applies to those fixed objects owned by APS, SRP, rural water district, etc.

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**3. Federal Government** - This category applies if a vehicle departs the travel way and collides with fixed inventory owned by the federal government, i.e. an exterior fence of a Military Installation, a Veterans Hospital, or other federal government facility.

**4. State of Arizona** - Applies to fixed inventory owned by the State of Arizona.

**5. County in Arizona** - Applies to fixed inventory owned by a county government.

**6. City in Arizona** - Applies to fixed inventory owned by a city government.

**7. Tribal Nation** - Applies to fixed inventory owned by a tribal nation government.

**51. Unknown** - The ownership of the object cannot be determined.

**8d - Owner's Name** - Include the complete name of the owner, if known. If the property is privately owned, enter the complete address of the owner.

**8e - Telephone Number** - Enter the telephone number of the private property owner.

### 9 - WITNESSES

9	WITNESSES	Name	Address	City	State	Zip Code	Telephone Number	D.O.B.
					9a			

**9a - Name, Address** - Complete the information on all witnesses to this crash. Complete names should be entered as First, Middle and Last and complete addresses.

**9b - Telephone Number** - Enter the current telephone number of any witnesses.

**9c - DOB** - Date of Birth - Enter the date of birth of any witnesses (MMDDYYYY).

### 10 – CITATION CHARGES - List the identifying statute numbers of the citations issued.

10	CITATION	UNIT #	A.R.S. NO. OR CITY CODE	UNIT #	A.R.S. NO. OR CITY CODE
			10a		10b

**10a - Unit #** - Enter the Unit Number from, Element 5a, to which the citation applies – do not identify the person receiving the statute.

**10b - A.R.S. No. or City Code** - Enter all citation charges that apply to this crash.



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## 11- SIGNATURES

1	Photos Taken <input type="checkbox"/> Yes <input type="checkbox"/> No	Photographer's Name, ID Number and Agency Name	Invest. At Scene <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Invest.	Time Invest.	Fire/EMS Incident No
	11a	11b	11c	11d	11e	11f
1	Officer's Name / Badge #	Supervisor's Signature	Agency Name	Date Completed		11j
	11g	11h	11i			

**11a - Photos Taken** - Indicates if the investigation included photographs. Check the appropriate box to indicate whether photographs of the crash were taken.

**11b - Photographer's Name, ID Number, and Agency** - Enter the name, identification number, and Law Enforcement Agency of the person taking the photographs. When photos are taken by persons other than police personnel, the complete name and address of the person should be entered.

**11c - Investigated at Scene** - This field indicates if an investigator was physically at the crash location, rather than a "counter report" (driver makes a crash report to law enforcement agency office). Check the appropriate block.

**11d - Date Investigated** - Enter the date the crash was investigated - MMDDYYYY. This date may be different than the Crash Date, **1a - 1c**.

**11e - Time Investigated** - The time at which law enforcement started the investigation or arrived at the scene. In most cases this time will be different than the Crash Hour, **1d**. Use military time as explained above.

**11f - Fire/EMS Incident No.** - Fire/EMS incident number assigned to this crash. This is obtained from the Fire/EMS personnel.

**11g - Officer's Name/Badge #** - Name of the lead/primary investigating officer for this crash and the officer's badge number.

**11h - Supervisor's Signature** - Signature of the law enforcement officer responsible for reviewing and approving the completed form.

**11i - Agency Name** - Indicate the name of the agency investigating the crash.

**11j - Date Completed** - Enter the date, MMDDYYYY, that the investigation report was completed. In most cases, this will be the date the Supervisor approves the completed form/investigation.

# **The Crash Forms**

## **Element & Attribute Definitions**

**01-2704B R01/2022**

# Arizona Crash Report Forms Instruction Manual—12th Edition

## Crash Report Form, 01-2704BR01/2022, Element & Attribute Definitions

ARIZONA CRASH REPORT		REPORT ID						Agency Report Number																		
<b>1</b>	<b>CONTINUED</b> POLICE ONLY – FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 064R 206 S. 17 <sup>TH</sup> AVE., PHOENIX, ARIZONA 85007-3233	YEAR	MONTH	DAY	HOUR	NCIC NO.	OFFICER ID NO.	1g	1h																	
		1a	1b	1c	1d	1e	1f	Total Number of Sheets																		
<b>12 – ROAD SURFACE CONDITION</b> UNIT # <span style="float: right;">12</span> <input type="checkbox"/> 1 DRY <input type="checkbox"/> 8 MUD/DIRT/GRAVEL/SAND <input type="checkbox"/> 2 WET <input type="checkbox"/> 50 OTHER <input type="checkbox"/> 3 SNOW/SLUSH <input type="checkbox"/> 51 UNKNOWN <input type="checkbox"/> 5 ICE/FROST <input type="checkbox"/> 6 WATER (standing/moving)		<b>13 – ROAD GRADE</b> UNIT # <span style="float: right;">13</span> <input type="checkbox"/> 1 LEVEL <input type="checkbox"/> 3 UPHILL <input type="checkbox"/> 2 DOWNHILL <input type="checkbox"/> 51 UNKNOWN		<b>14 – RELATION TO JUNCTION</b> UNIT # <span style="float: right;">14</span> <input type="checkbox"/> 0 NOT JUNCTION RELATED <input type="checkbox"/> 4 RAILWAY GRADE CROSSING <input type="checkbox"/> 1 INTERSECTION (within) <input type="checkbox"/> 7 DRIVEWAY or ALLEY ACCESS <input type="checkbox"/> 2 INTERSECTION-RELATED <input type="checkbox"/> 51 UNKNOWN <input type="checkbox"/> 3 ENTRANCE/EXIT RAMP		<b>15 – TRAFFIC WAY DESCRIPTION</b> UNIT # <span style="float: right;">15</span> <input type="checkbox"/> 1 ONE-WAY TRAFFICWAY <input type="checkbox"/> 2 TWO-WAY, NOT DIVIDED (no median present) <input type="checkbox"/> 3 TWO-WAY, (NOT DIVIDED) WITH A CONTINUOUS LEFT TURN LANE <input type="checkbox"/> 4 TWO-WAY, DIVIDED, UNPROTECTED MEDIAN <input type="checkbox"/> 5 TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER <input type="checkbox"/> 51 UNKNOWN		<b>16 – TRAFFIC CONTROL DEVICE</b> UNIT # <span style="float: right;">16</span> <input type="checkbox"/> 0 NO CONTROLS <input type="checkbox"/> 7 PERSON (law enforcement, crossing guard, flagger, etc.) <input type="checkbox"/> 1 SIGNAL <input type="checkbox"/> 8 TRAFFIC CIRCLE / ROUNDABOUT <input type="checkbox"/> 2 STOP SIGN <input type="checkbox"/> 9 PEDESTRIAN HYBRID BEACON/HAWK <input type="checkbox"/> 3 YIELD SIGN <input type="checkbox"/> 50 OTHER <input type="checkbox"/> 4 WARNING SIGN <input type="checkbox"/> 51 UNKNOWN <input type="checkbox"/> 5 RAILROAD CROSSING SIGN <input type="checkbox"/> 6 FLASHING TRAFFIC SIGNAL		<b>17 – MANNER OF CRASH IMPACT</b> UNIT # <span style="float: right;">17</span> <input type="checkbox"/> 1 SINGLE VEHICLE <input type="checkbox"/> 6 SIDESWIPE, SAME DIRECTION <input type="checkbox"/> 2 ANGLE (front to side) (other than left turn) <input type="checkbox"/> 7 SIDESWIPE, OPPOSITE DIRECTION <input type="checkbox"/> 3 LEFT TURN <input type="checkbox"/> 10 U-TURN <input type="checkbox"/> 4 REAR END (front-to-rear) <input type="checkbox"/> 50 OTHER <input type="checkbox"/> 5 HEAD-ON (front-to-front) (other than left turn) <input type="checkbox"/> 51 UNKNOWN		<b>18 – DIRECTION OF UNIT TRAVEL (Compass)</b> BEFORE 1ST CRASH EVENT UNIT # <span style="float: right;">18</span> <input type="checkbox"/> 1 NORTH <input type="checkbox"/> 6 NORTHEAST <input type="checkbox"/> 2 SOUTH <input type="checkbox"/> 7 SOUTHWEST <input type="checkbox"/> 3 EAST <input type="checkbox"/> 8 SOUTHEAST <input type="checkbox"/> 4 WEST <input type="checkbox"/> 51 UNKNOWN <input type="checkbox"/> 5 NORTHWEST NOTE: FOR PARKED OR STOPPED VEHICLES, INDICATE THE DIRECTION THE VEHICLE WAS FACING AT THE TIME OF THE CRASH		<b>19 – CONTRIBUTING CIRCUMSTANCES</b> UP TO TWO CHOICES PER UNIT <span style="float: right;">19</span> UNIT # <input type="checkbox"/> 0 NO CONTRIBUTING CIRCUMSTANCE <b>ENVIRONMENTAL</b> <input type="checkbox"/> 1 GLARE <input type="checkbox"/> A. SUNLIGHT <b>ROAD</b> <input type="checkbox"/> 3 ROAD SURFACE CONDITION <input type="checkbox"/> 4 DEBRIS <input type="checkbox"/> 5 WORK ZONE <input type="checkbox"/> 6 OBSTRUCTION IN ROADWAY <input type="checkbox"/> 7 CHANGING ROAD WIDTH <input type="checkbox"/> 8 NON-HIGHWAY WORK <b>MOTOR VEHICLE</b> <input type="checkbox"/> 12 TIRES <input type="checkbox"/> 50 OTHER <input type="checkbox"/> 51 UNKNOWN		<b>20 – DISTRACTED DRIVING BEHAVIOR</b> UNIT # <span style="float: right;">20</span> <input type="checkbox"/> 0 NOT DISTRACTED / NOT APPLICABLE <input type="checkbox"/> 1 TALKING ON HANDS FREE DEVICE <input type="checkbox"/> 2 TALKING ON HAND HELD DEVICE <input type="checkbox"/> 3 PASSENGER <input type="checkbox"/> 4 OTHER ACTIVITY, ELECTRONIC DEVICE <input type="checkbox"/> 5 MANUALLY OPERATING AN ELECTRONIC DEVICE <input type="checkbox"/> 6 OTHER INSIDE THE VEHICLE (eating, drinking, etc.) <input type="checkbox"/> 7 OUTSIDE THE VEHICLE (includes unspecified distractions) <input type="checkbox"/> 50 DISTRACTED, UNKNOWN REASON <input type="checkbox"/> 51 UNKNOWN IF DISTRACTED		<b>21 – CONDITION INFLUENCING Driver/Ped/Cyclist</b> UP TO THREE CHOICES PER UNIT <span style="float: right;">21</span> UNIT # <input type="checkbox"/> 0 NO APPARENT INFLUENCE <input type="checkbox"/> 1 ILLNESS OR PHYSICAL IMPAIRMENT <input type="checkbox"/> 2 FELL ASLEEP/FATIGUED <input type="checkbox"/> 3 ALCOHOL <input type="checkbox"/> 4 ILLEGAL DRUGS <input type="checkbox"/> 5 MEDICATIONS <input type="checkbox"/> 6 MARIJUANA <input type="checkbox"/> 7 MED MARIJUANA CARD PRESENTED <input type="checkbox"/> 80 OTHER <input type="checkbox"/> 51 UNKNOWN CONDITION <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> <b>21 DRE (check all that apply)</b>  <input type="checkbox"/> a DRE RESPONSIBLE <span style="float: right;">21 DRE</span>  <input type="checkbox"/> b SUSPECT EVALUATED  <input type="checkbox"/> c SUSPECT ARRESTED                     </div>		<b>22 – VIOLATIONS/BEHAVIOR</b> UP TO TWO CHOICES PER UNIT <span style="float: right;">22</span> UNIT # <input type="checkbox"/> 1 NO IMPROPER ACTION <input type="checkbox"/> 2 SPEED TOO FAST FOR CONDITIONS <input type="checkbox"/> 3 EXCEEDED LAWFUL SPEED <input type="checkbox"/> 4 FOLLOWED TOO CLOSELY <input type="checkbox"/> 5 RAN STOP SIGN <input type="checkbox"/> 6 DISREGARDED TRAFFIC SIGNAL <input type="checkbox"/> 7 MADE IMPROPER TURN <input type="checkbox"/> 8 DROVE LEFT OF CENTER LINE <input type="checkbox"/> 9 WRONG WAY DRIVING <input type="checkbox"/> 10 CROSSED MEDIAN <input type="checkbox"/> 11 PASSED IN NO PASSING ZONE <input type="checkbox"/> 12 UNSAFE LANE CHANGE <input type="checkbox"/> 13 FAILED TO KEEP IN PROPER LANE <input type="checkbox"/> 17 DID NOT USE CROSSWALK <input type="checkbox"/> 20 FAILED TO YIELD RIGHT-OF-WAY <input type="checkbox"/> 50 OTHER <input type="checkbox"/> 51 UNKNOWN		<b>23 – TRAFFIC UNIT MANEUVER/ACTION</b> UNIT # <span style="float: right;">23</span> <input type="checkbox"/> 1 GOING STRAIGHT AHEAD <input type="checkbox"/> 2 SLOWING IN TRAFFICWAY <input type="checkbox"/> 3 STOPPING IN TRAFFICWAY <input type="checkbox"/> 4 MAKING LEFT TURN <input type="checkbox"/> 5 MAKING RIGHT TURN <input type="checkbox"/> 6 MAKING U-TURN <input type="checkbox"/> 7 OVERTAKING/PASSING <input type="checkbox"/> 8 CHANGING LANES <input type="checkbox"/> 9 NEGOTIATING A CURVE <input type="checkbox"/> 10 BACKING <input type="checkbox"/> 11 AVOIDING VEHICLE OBJECT/PED/CYCLIST <input type="checkbox"/> 12 ENTERING PARKING POSITION <input type="checkbox"/> 13 LEAVING PARKING POSITION <input type="checkbox"/> 14 PROPERLY PARKED <input type="checkbox"/> 15 IMPROPERLY PARKED <input type="checkbox"/> 18 MOVING VEHICLE – NO DRIVER <input type="checkbox"/> 17 CROSSING ROAD <input type="checkbox"/> 19 WALKING WITH TRAFFIC <input type="checkbox"/> 10 WALKING AGAINST TRAFFIC <input type="checkbox"/> 20 STANDING <input type="checkbox"/> 21 LYING <input type="checkbox"/> 22 GETTING ON/OFF VEHICLE <input type="checkbox"/> 50 OTHER <input type="checkbox"/> 51 UNKNOWN				
<b>25 – ROADWAY ALIGNMENT</b> UNIT # <span style="float: right;">25</span> <input type="checkbox"/> 1 STRAIGHT <input type="checkbox"/> 3 CURVE RIGHT <input type="checkbox"/> 2 CURVE LEFT <input type="checkbox"/> 51 UNKNOWN		<b>26 – LANE</b> Please enter unit's number and lane of travel before first crash event <table border="1" style="width: 100%; margin: 5px 0;"> <tr> <td style="width: 50%; text-align: center;">UNIT <span style="float: right;">5a</span></td> <td style="width: 50%; text-align: center;">UNIT</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table> <input type="checkbox"/> 0 TWO-WAY CONTINUOUS LEFT TURN <input type="checkbox"/> 9-1 FIRST LANE NEXT TO A MEDIAN THRU 9 <input type="checkbox"/> 10 CROSSWALK <input type="checkbox"/> L1 THRU LX – LEFT TURN ONLY LANES (L1 = 1 <sup>ST</sup> LEFT TURN AFTER MEDIAN/CENTERLINE) <input type="checkbox"/> R1 THRU RX – RIGHT TURN LANES (R1 = 1 <sup>ST</sup> RIGHT TURN AFTER THROUGH LANES) <input type="checkbox"/> SW SIDEWALK <span style="float: right;">26b</span> <input type="checkbox"/> BL DEDICATED BIKE LANE <input type="checkbox"/> HOV HIGH OCCUPANCY VEHICLE <input type="checkbox"/> 48 NON-ROADWAY <input type="checkbox"/> 50 OTHER <input type="checkbox"/> 51 UNKNOWN		UNIT <span style="float: right;">5a</span>	UNIT			<b>27 – SEQUENCE OF EVENTS</b> UP TO FOUR CRASH EVENTS FOR EACH UNIT IN THE ORDER OF OCCURRENCE <b>NON-COLLISION</b> <input type="checkbox"/> 1 OVERTURN/ROLLOVER <input type="checkbox"/> 2 FIRE/EXPLOSION <input type="checkbox"/> 5 CARGO/EQUIPMENT LOSS/SHIFT <input type="checkbox"/> 6 FELL/JUMPED FROM VEHICLE <input type="checkbox"/> 8 OTHER NON-COLLISION <input type="checkbox"/> 9 EQUIPMENT FAILURE (tires, brakes) <input type="checkbox"/> 10 SEPARATION OF UNITS <input type="checkbox"/> 11 RAN OFF ROAD RIGHT <input type="checkbox"/> 12 RAN OFF ROAD LEFT <input type="checkbox"/> 13 CROSS MEDIAN <input type="checkbox"/> 14 CROSS CENTERLINE <input type="checkbox"/> 15 DOWNHILL RUNAWAY <b>COLLISION WITH PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT</b> <input type="checkbox"/> 16 MOTOR VEHICLE IN TRANSPORT <input type="checkbox"/> 17 PEDESTRIAN <input type="checkbox"/> 18 PEDALCYCLE <input type="checkbox"/> 19 TRAIN <input type="checkbox"/> 20 LIGHT RAILWAY/RAILCAR VEHICLE <input type="checkbox"/> 21 ANIMAL <input type="checkbox"/> 25 PARKED MOTOR VEHICLE <input type="checkbox"/> 27 STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY ANOTHER VEHICLE <input type="checkbox"/> 28 OTHER NON-FIXED OBJ.		<b>COLLISION WITH FIXED OBJECT</b> <input type="checkbox"/> 29 IMPACT ATTENUATOR/CRASH CUSHION/GUARDRAIL END <input type="checkbox"/> 33 CONCRETE CURB <input type="checkbox"/> 36 GUARDRAIL FACE <input type="checkbox"/> 38 MEDIAN BARRIER <input type="checkbox"/> 38 CABLE BARRIER <input type="checkbox"/> 41 TREE, BUSH, STUMP (standing) <input type="checkbox"/> 42 TRAFFIC SIGN SUPPORT <input type="checkbox"/> 43 TRAFFIC SIGNAL SUPPORT <input type="checkbox"/> 44 UTILITY POLE/LIGHT SUPPORT <input type="checkbox"/> 46 FENCE <input type="checkbox"/> 50 OTHER FIXED OBJ. <input type="checkbox"/> 51 UNKNOWN FIRST HARMFUL EVENT OF THE CRASH <span style="float: right;">27b</span> SEQUENCE OF EVENTS PER TRAFFIC UNIT <table border="1" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 30%;"></td> <td style="width: 35%; text-align: center;">Unit <span style="float: right;">5a</span></td> <td style="width: 35%;"></td> </tr> <tr> <td style="text-align: center;">FIRST EVENT</td> <td style="text-align: center;">27a</td> <td></td> </tr> <tr> <td style="text-align: center;">SECOND EVENT</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">THIRD EVENT</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">FOURTH EVENT</td> <td></td> <td></td> </tr> </table>			Unit <span style="float: right;">5a</span>		FIRST EVENT	27a		SECOND EVENT			THIRD EVENT			FOURTH EVENT		
UNIT <span style="float: right;">5a</span>	UNIT																									
	Unit <span style="float: right;">5a</span>																									
FIRST EVENT	27a																									
SECOND EVENT																										
THIRD EVENT																										
FOURTH EVENT																										

01-2704BR11/17

# Arizona Crash Report Forms Instruction Manual—12th Edition

## 1 - CRASH IDENTIFICATION BLOCK

ARIZONA CRASH REPORT		REPORT ID						Agency Report Number	
1	POLICE ONLY - FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 064R 206 S. 17 <sup>TH</sup> AVE., PHOENIX, ARIZONA 85007-3233	YEAR	MONTH	DAY	HOUR	NCIC NO.	OFFICER ID NO.		
		1a	1b	1c	1d	1e	1f	1g	1h
								Total Number of Sheets	1h

**1a - 1g - Report ID** - This information must match the information on the front page of Sheet 1 of the 01-2704A R01/2022 of the crash form in case the sheets become separated.

Note that the attributes recorded in Weather Conditions in most cases work in conjunction with Road Condition to describe the crash environment.

**12 - ROAD SURFACE CONDITION** - The roadway surface condition at the time and place of a crash for each unit. The intent of this data element is to best describe the condition of the roadway at the crash scene. It should be coded WITHOUT regard to whether or not road surface conditions contributed to causing the crash. Note: If isolated an isolated road surface condition (i.e. flooded wash, bridge iced over) contributed to a crash, then that isolated condition should be coded.

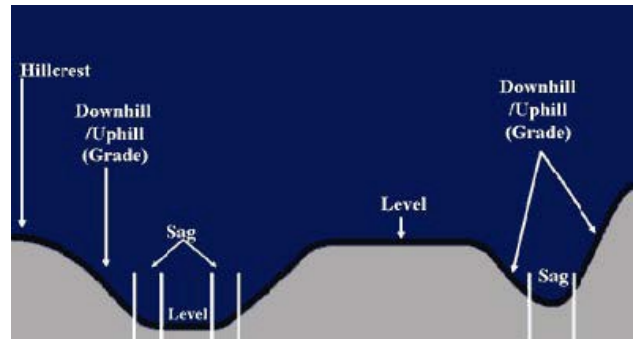
1. **Dry** - Describes a roadway surface that is dry.
2. **Wet** - Describes a roadway surface that is covered with water from rain or melted snow.
3. **Snow/Slush**- Describes a roadway surface that is covered with snow or snow pack or melting snow.
5. **Ice/Frost** - Would include a roadway surface covered with ice.
6. **Water (Standing or Moving)** - Would describe a roadway surface that is covered with an excessive amount of water usually attributed to flooding or heavy rain and typically localized.
8. **Mud, Dirt, Gravel, Sand** - Would indicate these substances presence on the surface of the roadway at the crash location, NOT the surface type of the roadway by design.
50. **Other** - Would include spilled substances such as grain, wet leaves, and liquids other than those listed above. If the code "Other" is used it is recommended that it be listed on the line provided and explained in the narrative.
51. **Unknown** - This would indicate that the Investigating Officer could not determine the road surface condition at the time of the crash.

Note that the attributes recorded in Roadway Surface Condition in most cases should work in conjunction with Weather Conditions; however, check the condition for each unit involved in the crash.

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**13 - ROAD GRADE** -The geometric inclination characteristics of the roadway in the direction of travel for each vehicle.

1. Level
2. Downhill
3. Uphill
51. Unknown



**14 - RELATION TO JUNCTION** - The location of the first event in relation to a junction.

**0. Not Junction Related** - Roadway that is not an intersection or a connection between a driveway access and a roadway other than a driveway access.

**1. Intersection (within)** - An area which:

- A. Contains a crossing or connection of two or more roadways not classified as driveway access and
- B. Is embraced within the prolongation of the lateral curb lines, or if none, the lateral boundary lines of the roadways.

Where the distance along a roadway between two areas meeting these criteria is less than 10m (33ft), the two areas and the roadway connecting them are considered to be parts of a single intersection.

**2. Intersection-Related** - Location of the crash next to an intersection, on the approach to or the exit from an intersection, and results from an action related to the movement of traffic units through the intersection. In the State of Arizona this distance is normally defined as 150 feet but can be greater if traffic is backed up beyond 150 feet; on the approach to an intersection; specifically stopped in traffic at a red light where traffic was backed up and the crash was related to traffic stopped for traffic signal (example: rear end collision).

If intersection or intersection-related is checked please indicate the type of intersection:

**Four-Way Intersection** – Where two roadways cross or intersect.

**T-Intersection** – Intersection where two roadways connect and one roadway does not continue across the other. The crash involves activity, control, or behavior related to an intersection of three legs that intersect at approximately right angles (~90 degrees). The roadways form a “T”.

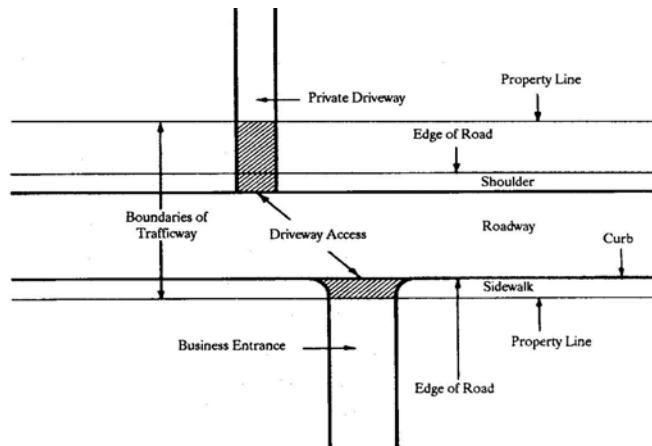
**Other** – Another type of intersection that is not a 4-way or T-intersection. Examples include Y-intersections or 5 point intersections (an intersection with five or more legs). Note: if the intersection is a traffic circle or roundabout then indicate this in box 16 (traffic control device) of the report.

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**3. Entrance / Exit Ramp** - Crash is located on either the entrance or exit ramp.

**4. Railway Grade Crossing** - An intersection between a roadway and train tracks which cross each other at the same level (Grade).

**7. Driveway or Alley Access** - A roadway providing access to non-commercial or commercial property adjacent to a trafficway. Driveway includes residential driveways, business entrance, cultural/institutional complex, pasture or field access, etc. and would include a vehicle crossing a trafficway from one driveway to another. (The first event of a crash occurs on the trafficway, or on the public portion of a driveway and results from an activity, behavior or control related to the movement of traffic to or from the driveway.)



**50 – Other** – The relation to the junction does not fall into one of the categories listed above (ex: frontage road)

**51. Unknown** - Used if the Relation to the Junction is unknown, recommended if used it be explained in the narrative.

**15 - TRAFFICWAY DESCRIPTION** - An indication of whether or not a trafficway is divided and whether it serves one-way or two-way traffic. A divided trafficway is one on which roadways for travel in opposite directions is physically separated by a median.

**1. One Way Trafficway** - A street or roadway, including a ramp or one-way street, upon which vehicular traffic is allowed to travel in one direction only.

**2. Two-Way , Not Divided** - A two-way roadway with opposing lanes of traffic separated by only a standard painted yellow centerline; including roads with no highway markings.

**3. Two-Way, Not Divided with a Continuous Left Turn Lane (TWLTL)** - A TWLTL is a lane placed between opposing lanes of traffic for the purpose of allowing traffic from either direction to make left turns off of a roadway.

**4. Two-Way, Divided, Unprotected (painted >4 feet) Median** - A two-way roadway with opposing lanes of traffic separated by a median. Medians may be depressed, raised, or flush

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with the pavement surface and may be grass, landscaped, or pavement in excess of two feet constructed of asphalt or concrete. (Excludes TWLTL)

**5. Two –Way, Divided Positive Median Barrier** - A two-way roadway with opposing lanes of traffic separated by a concrete wall, guardrail or other barrier intended to restrain or redirect an errant vehicle. The following are not barriers: trees, curbing, rumble strips, and drain depressions.

**51. Unknown** - Used if the Traffic Way Description is unknown, recommended if used it be explained in the narrative.

**16 - TRAFFIC CONTROL DEVICE** -The type of traffic control device (TCD) applicable to **each** motor vehicle at the crash location. Describes the traffic control device at the scene of the crash that regulates this unit. Note that this data element is designed to collect information about traffic controls at the scene of the crash WITHOUT regard to whether or not a traffic control (or malfunction thereof) was related to the crash.

More than one type of traffic control can be present or applicable in any location. If more than one traffic control is present, the investigating officer should select which device has the most bearing on the crash.

Warning Signs (From the Manual on Uniform Traffic Control Devices) are used when it is deemed necessary to warn traffic of existing or potentially hazardous conditions on or adjacent to a highway or street. Regulatory Signs (From the Manual on Uniform Traffic Control Devices) shall be used to inform road users of selected traffic laws or regulations and indicate the applicability of the legal requirements.

**0. No Controls** - This code should be used in situations when no traffic controls are present - includes intersection or non-intersection related crashes. This excludes situations where existing controls are knocked down, obscured, or malfunctioning.

**1. Signal** - Controls traffic movements by illuminating systematically, a green, yellow, or red light. Includes the below additional traffic control devices.

Note: If in the opinion of the investigating officer, the Pedestrian Signal was a contributing factor in the crash, the circumstances should be noted in the narrative.

**2. Stop Sign** - Eight sided Octagonal Sign is a Stop Sign Usually Red with White letters.

**3. Yield Sign** - A yield sign is a triangular sign that indicates that a traffic unit must slow down and prepare to stop if necessary usually while merging into traffic on another road but needn't stop if they way is clear.

**4. Warning Sign** - Signs that give notice to road users of a situation that might not be readily apparent. Warn traffic of existing or potentially hazardous conditions on or adjacent to a road.

**5. Railroad Crossing Device** - At a railroad crossing there is a railroad crossing cross buck sign. The words "RAILROAD CROSSING" are printed in black on the white cross pieces. If there are multiple tracks at the crossing, they are shown on a sign below the cross buck.

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**6. Flashing Traffic Signal** - Controls traffic movements by flashing a red light for stop or yellow for caution. In some locations Traffic Control Signals flash after hours or during low periods of traffic (Flash Cycle).

**7. Person** (as Traffic Control) - Includes law enforcement personnel, crossing guard, flagman, etc.

**8. Traffic Circle/Roundabout** -A traffic circle is an intersection of roads where motor vehicles must travel around a circle to continue on the same road or leave on any intersecting road. Normally associated with local streets. A roundabout is a Circular traffic patterns in which yield control is used on all entries, circulating vehicles have right of way, pedestrian access is allowed only across the legs of the roundabout behind the yield line and circulation is counterclockwise and passes to the right of the central island. Normally associated with freeways, restricted access, and arterial roadways.

**9. Pedestrian Hybrid Beacon/Hawk** - A HAWK beacon (High-Intensity Activated Crosswalk beacon) is a traffic control device used to stop road traffic and allow pedestrians to cross safely. It is officially known as a Pedestrian Hybrid Beacon (PHB). The purpose of a HAWK beacon is to allow protected pedestrian crossings, stopping road traffic only as needed. Where standard traffic signal 'warrants' prevent the installation of standard three-color traffic signals, the HAWK beacon provides an alternative. A HAWK beacon is used only for marked crosswalks. Similar hybrid beacons are allowed at driveways of emergency service buildings such as fire houses.

**50. Other** - Used for other Traffic Control Device. Please list on the line provided or if necessary describe in narrative.

**51. Unknown** - Used if the Traffic Control Device Description is unknown, recommended it be explained in the narrative.

**17 - MANNER OF CRASH IMPACT**- Identifies the manner in which two motor vehicles in transport initially came together without regard to direction of force. If a vehicle hits a pedestrian or pedalcyclist, indicate the manner of crash impact based on the vehicle action, for example, use left turn if the vehicle was turning left when it struck the pedestrian/pedalcyclist.

**1. Single Vehicle** - There is not a collision between two motor vehicles in transport.

**2. Angle (front to side) (other than left turn)** - Two motor vehicles approaching from an angle; usually resulting in a "T-bone" crash. (The front of one motor vehicle impacts the side of another motor vehicle.)

**3. Left Turn** - Two motor vehicles are traveling in opposite directions, prior to the crash, where at least one vehicle is making a left turn.

**4. Rear End (front to rear)** - A crash where the front of one motor vehicle impacts the rear of another motor vehicle.

**5. Head-On (front to front) (other than left turn)** - A crash where the front ends of two motor vehicles impact together.

**6. Sideswipe, Same Direction** - Crashes where two motor vehicles are traveling the same direction



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and impact on the side. Sideswipe - Same direction is used when the initial engagement does not overlap the corner of either vehicle so that there is no significant involvement of the front or rear surface areas. There is no pocketing of the impact in the suspension areas as the impact swipes along the surface of the vehicle parallel to the direction of travel. There is a low retardation of force along the surface of the vehicle. This must be true for both vehicles involved in the collision.

**7. Sideswipe, Opposite Direction** - Crashes where two motor vehicles are traveling the opposite direction and impact on the side. Sideswipe – Opposite Direction is used when the initial engagement does not overlap the corner of either vehicle so that there is no significant involvement of the front or rear surface areas. There is no pocketing of the impact in the suspension areas as the impact swipes along the surface of the vehicle parallel to the direction of travel. There is a low retardation of force along the surface of the vehicle. This must be true for both vehicles involved in the collision.

**10. U-Turn** - A crash that occurs as the result of one of the vehicles making a U-turn.

**50. Other** - Other is used for collisions where one vehicle's end swipes (end-swipe) another vehicle instead of their sides swiping. Also, this attribute should be used for any collision between two motor vehicles where the collision is not described by the other attributes.

Examples include:

- When one vehicle is airborne and makes contact with its front to the other vehicle's hood or top.
- Cargo/load on one motor vehicle in transport shifts and lands or is thrown onto/into another vehicle.
- A vehicle occupant or motorcyclist falls or is thrown from a vehicle striking or is struck by another vehicle.

If "Other" is used it MUST be listed on the line provided or described in the narrative.

**51. Unknown** - This would indicate that the Investigating Officer could not determine which Manner of Crash Impact occurred.

**18 - DIRECTION OF UNIT TRAVEL** (Compass) - Unit Number should match element 5a. Mark the direction the unit was traveling before the first event occurred. *\*Note: This is a required field and must be completed.*

**Note:** For parked or stopped vehicles, indicate the direction the vehicle was facing at the time of the crash.

**19 - CONTRIBUTING CIRCUMSTANCES** - Pre-existing environmental, road, or motor vehicle defects that may have contributed to the crash. The Investigating Officer should limit the choices to two choices total per unit.

**0. No Contributing Circumstances** - This would indicate that in the Investigating Officer's opinion there were NO environmental, road, or motor vehicle defect circumstances that may have contributed to the crash.

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## ENVIRONMENTAL

The Investigating Officer's opinion of the most apparent (1st) environmental circumstance that may have contributed to this crash. If applicable the Investigating Officer's opinion of an additional apparent contributing circumstance used when there are multiple circumstances that may have contributed to this crash.

**1. Glare** - A situation where:

A. Sunlight - The angle of the sun greatly reduces visibility either from direct exposure or reflected light.

**2. Physical Obstructions** (visual obstruction) - A situation where:

A. Stopped/Parked Vehicle - This would include any other vehicle parked or stopped in the trafficway that blocked sight or diminished visibility and thus contributed to the crash.

B. Moving Vehicle - This would include any other vehicle traveling in the roadway that blocked sight or diminished visibility and thus contributed to the crash.

C. Load on Vehicle - This would include any object, not part of the vehicle, which blocked sight or diminished visibility and thus contributed to the crash.

D. Tree/Shrub/Bush (vegetation) - This would include any bush, tree, hedge, etc. that blocked sight or diminished visibility and thus contributed to the crash.

## ROAD

Road Circumstance that may have contributed to this crash. The Investigating Officer's opinion of the most apparent (1st) road circumstance that may have contributed to this crash.

**3. Road Surface Condition** - Indication that the road surface conditions recorded in Roadway Surface Condition (Box 12) contributed to the crash.

**4. Debris** - Objects in the roadway that are not large enough to block travel but could cause damage or a loss of control. Items such as dislodged cargo, parts from a vehicle, tire tread, broken glass, or animal carcasses.

**5. Work Zone** - A crash occurs in or related to a construction, maintenance, or work zone, whether or not the workers were actually present at the time of the crash. Work Zone Related crashes may also include those motor vehicles stopped or slowed because of the work zone, even if the event occurred before the first warning sign. Needs to be collected at the scene because work zones are short term or moving operations.

Work Zone (Definition) - An area of a trafficway with highway construction, maintenance or utility work activities. A work zone is typically marked by signs, channelizing devices, barriers, pavement markings, and/or work vehicles. It extends from the first warning sign or flashing lights on a vehicle to the "END OF WORK" sign or the last traffic control device. A work zone may be for short or long durations and may include stationary or moving activities.

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**Work Zone Crash (Definition)** - A traffic crash in which the first event occurs within the boundaries of a work zone or on an approach to or exit from a work zone, resulting from an activity, behavior or control related to the movement of the traffic units through the work zone. Includes collision and non-collision crashes occurring within the signs or markings indicating a work zone or occurring on approach to, exiting from or adjacent to work zones that are related to the work zone.

For example:

- An automobile on the roadway loses control within a work zone due to a shift or reduction in the travel lanes and crashes into another vehicle in the work zone.
- A van in an open travel lane strikes a highway worker in the work zone.
- A highway construction vehicle working on the edge of the roadway is struck by a motor vehicle in transport in a construction zone.
- A rear-end collision crash occurs before the signs or markings indicating a work zone due to vehicles slowing or stopped on the roadway because of the work zone activity.
- A pickup in transport loses control in an open travel lane within a work zone due to a shift or reduction in the travel lanes and crashes into another vehicle which exited the work zone.
- A tractor-trailer approaching an intersection where the other roadway has a work zone strikes a pedestrian outside the work zone because of lack of visibility caused by the work zone equipment.

**6. Obstruction in Roadway** - A blockage in the roadway. The object would be large enough to completely or partially block a travel lane and should, due to size, be avoided. Items such as a fallen tree, boulder, etc.

**7. Changing Road Width** (reduced road width) - This would include locations where the road width was temporarily narrowed due to debris on the roadway, snow drifting, flooding, etc. Does NOT include reduced road width for WORK ZONES.

**8. Non-Highway Work** - Maintenance or other types of work occurring near or in the trafficway but, not related to the trafficway.

### MOTOR VEHICLE

**12. Tires** - Defective tires, tread separation, sidewall failure, excessively worn, bubbled, or bald tires. Tires improperly sized for this vehicle. (Excludes: Tire damage produced in the crash (hitting pot hole, curb, etc.).

**50. Other Contributing Circumstance** - Would include other environmental, or motor vehicle factor that contributed to this crash. If it cannot be listed on the line provided, explain in the narrative.

**51. Unknown Contributing Circumstance** - If in the opinion of the investigating officer an environmental, road, or motor vehicle factor contributed to this crash, but could not be determined.

**Possible Road Rage Incident** – In the investigator’s opinion, the collision was related to aggressive or angry behavior exhibited by a motorist. This may also apply to a secondary collision such as a third party driver who attempts to avoid a driver exhibiting aggressive or angry behavior and then collides with another vehicle, pedestrian, pedalcyclist or object.

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**20 - DISTRACTED DRIVING BEHAVIOR** - (Driver Distracted By) - Distractions which may have influenced the driver performance. The distractions can be inside the motor vehicle (internal) or outside the motor vehicle (external).

**0. Not Distracted/Not Applicable** - No distracting activities contributed to the crash. Not Distracted would indicate that in the officer's judgment the driver was completely attentive to driving. This should be checked for a driverless or parked vehicle or non-motorist.

**1. Talking on Hands Free Device** - (Talking on a Hands-Free Electronic Device) - The driver was conversing using a hands-free electronic device such a Bluetooth equipped headset/earpiece or vehicle-integrated system.

**2. Talking on Hand Held Device** - (Talking on a Hand-Held Electronic Device) - The driver was conversing on a hand-held electronic device such as a cell phone.

**3. Passenger** - The driver was distracted by talking, looking at, or interacting with a passenger, including children, in the vehicle.

**4. Other Activity, Electronic Device** - The driver was distracted by other electronic devices such as navigation device, radio, DVD player or other electronic devices which are not part of the vehicle.

**5. Manually operating an Electronic Device** - The driver was distracted by manually operating an electronic communication device such as texting, typing, dialing, etc.

**6. Other Inside the Vehicle (eating, drinking, etc.)** - The driver was distracted by eating, drinking, reading, applying make-up, shaving, animal, etc.

**7. Outside the Vehicle (includes unspecified distractions)** - The driver was distracted by something that occurred outside the vehicle such as a crash in another lane, billboards, automated highway signs, etc.

**50 – Distracted Unknown Reason** - The driver was distracted but what caused the distraction is unknown.

**51. Unknown if Distracted** - The officer could not determine if the driver was distracted at the time of the crash.

**21 - CONDITIONS INFLUENCING DRIVER/PEDESTRIAN/PEDALCYCLIST** - Any relevant condition of the driver, pedestrian or pedalcyclist that may be directly related to the crash.

**0. No Apparent Influence** - The investigating officer suspects nothing abnormal, No apparent condition of the driver that may be directly related to the crash.

**1. Illness or Physical Impairment (Sick)** - Would include diabetic reactions, allergic reactions to medications/drugs, failure to take required medication, seizures, heart attack, fainting, etc. contributed to this crash. Any relevant physical disability condition of the driver that may be directly related to the crash. Examples would be individuals missing a limb, an eye, legally blind or color blind, and hearing impairment/deaf.

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**3. Fell Asleep/Fatigued** - Asleep at the wheel not due to other factors such as drugs, alcohol, or being ill.

**4. Alcohol** - If a law enforcement officer has probable cause to believe that the driver **has violated** ARS 28-1381 and a sample of blood, urine, breath or other bodily substance is taken from that person, this block should be checked.

**5. Illegal Drugs** - Suspected of being under the influence of illegal drugs of any type. (Meth, cocaine, etc.)

**6. Medications** - Suspected of being under the influence of any legal prescription drug or over-the-counter medication such as cough syrup.

**7. Marijuana** - Suspected of being under the influence of marijuana

**8. Med Marijuana Card Presented** - Check this box if the person has a medical marijuana card and it was presented to the investigating officer. Three types of Arizona Medical Marijuana ID Cards are issued by the Arizona Department of Health Services (ADHS). Example images of the ID cards are shown below. Investigating officers can access the Arizona Medical Marijuana Card Verification System on the ADHS website to verify/validate Medical Marijuana Cards and submission of Dispensary Medical Marijuana Transactions. For more information on the verification of these cards, visit the DHS website [www.azdhs.gov/licensing/medical-marijuana/index.php#id-verify-law-enforcement](http://www.azdhs.gov/licensing/medical-marijuana/index.php#id-verify-law-enforcement)



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**50. Other** - Suspected of emotional condition (i.e. fatigue, depressed, angry, disturbed, includes: fighting, disagreements, etc.), that in the opinion of the Investigating Officer contributed to the crash. If this code is used, it should be explained in the narrative.

**51. Unknown Condition** - The condition of the driver, pedestrian or pedalcyclist is unknown at the time of the crash and the Investigating Officer is unable to make a valid determination.

### **21 - DRE –(Drug Recognition Expert) (check all that apply)**

**21a. DRE Responded** - Check this box if the DRE responded to the scene of the crash

**21b. Suspect Evaluated** - Check this box if the DRE evaluated a driver for possible impairment.

**21c. Suspect Arrested** - Check this box if the driver was arrested for possible or confirmed impairment.

### **22- VIOLATIONS/BEHAVIOR:**

**1. No Improper Action** - Driver operated motor vehicle in an apparently correct manner. No Improper Actions would indicate that in the officer's judgment the driver took no improper driving actions at the time of the crash.

**2. Speed Too Fast For Conditions** - Traveling at a speed that was unsafe for the road, weather, traffic or other environmental conditions at the time. Do not use this code for driver behavioral conditions such as distraction, impairment, fatigue or falling asleep. Do not use this code for other violations/behaviors such as ran stop sign or disregarded traffic signal.

**3. Exceeded Lawful Speed** - This code should be used when a vehicle was exceeding the legal posted speed limit. The legal limit is **NOT** to be construed as advisory speed limits such as those posted on curve signs.

**4. Followed Too Closely** - Driver was positioned at a distance behind another motor vehicle or non-occupant that was too close to permit safe response to any change in movement or behavior by the other motor vehicle or non-occupant.

**5. Ran Stop Sign** - Failed to come to complete stop at stop sign.

**6. Disregarded Traffic Signal** - Driver continues through yellow caution light shortly after it turns red.

**7. Made Improper Turn** - An illegal or improperly executed turn or U-turn; e.g., disregarding a No Turn sign, making a U-turn in a No U-turn zone or without proper traffic clearance, turning from the wrong lane, etc. Does not include right-of-way violations when a proper turn is made.

**8. Drove Left of Center Line** - Check this box if a vehicle drove across the striped centerline or a continuous left turn lane and caused a crash. This would not apply to vehicles that crossed a depressed median or positive median barrier. For these situations use code 10 (crossed median).

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- 9. Wrong Way Driving** - Check this box if a vehicle was established in and driving on the wrong side of the road. This would apply to a vehicle that enters a controlled access road traveling the opposite direction intended for this roadway (i.e. westbound in the eastbound lanes).
- 10. Crossed Median** - Check this box for multi-vehicle crashes when the driver of a vehicle traveling on a controlled access, median-divided roadway (interstate, state route, or US route), loses control of his/her vehicle causing it to enter and cross the median, enter the shoulder or lanes of the opposing roadway and strike one or more vehicles or other roadway users. Do not use this code for single vehicle crashes (cross median events) or if the driver of the original vehicle intentionally turns across the median in an attempted U-turn and strikes a vehicle in the opposing lane.
- 11. Passed in No Passing Zone** - Any illegal or improper maneuver by which one vehicle passes another moving vehicle; e.g., crossing double yellow lines, passing within a No Passing zone, etc.
- 12. Unsafe Lane Change** - Improper or Erratic Lane Changing - Weaving in and out of traffic.
- 13. Failed To Keep In Proper Lane** - Driver did not maintain position in appropriate travel lane.
- 17. Did Not Use Crosswalk** - A pedestrian crossing a roadway at any point other than within a marked crosswalk or within an unmarked crosswalk at an intersection. A pedestrian crossing a roadway at a point where a pedestrian tunnel or overhead pedestrian crossing has been provided or between adjacent intersections at which traffic control signals are in operation.
- 20. Failed to Yield Right-of-Way** - Driver failed to yield right-of-way to another motor vehicle or non-occupant as required.
- 50. Other** - Any other violation/behavior not listed that in the opinion of the investigating officer contributed to this crash. It should be listed on the line provided and explained in the narrative.
- 51. Unknown** - The investigating officer could not determine the violation/behavior of the driver/pedestrian/pedalcyclist at the time of the crash.
- 23- TRAFFIC UNIT MANEUVER/ACTION** - The maneuver for this motor vehicle or non-motorist prior to the beginning of the sequence of events. The last action before the start of the un-stabilized situation or the "crash."
- 1. Going Straight Ahead** - Applies to a vehicle traveling in a straight direction in the trafficway.
- 2. Slowing in Trafficway** - Applies to a vehicle which is slowing down on the trafficway.
- 3. Stopped in Trafficway** - Applies to a vehicle which is stopped on the trafficway in an area normally used for vehicle travel (i.e. outside a parking lane). It includes but is not limited to motor vehicles legally stopped for a stop sign or signal, motor vehicles stopped to turn PRIOR to initiating a turn, motor vehicles stopped in traffic due to a slowdown in traffic ahead, and motor vehicles illegally stopped in a traffic lane.
- 4. Making a Left Turn** - Used when executing a left turn at an intersection, interchange, driveway access, etc. or a vehicle that is waiting to initiate a turn. This does not include Negotiating a Curve.

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**5. Making Right Turn** - Used when in the actual process of executing a right turn at an intersection, interchange, driveway access, etc. This would include Right Turn on Red. This would **not** apply to a vehicle that is waiting to initiate a turn, see Stopped in Trafficway. This does not include Negotiating a Curve.

**6. Making a U Turn** - Used when in the actual process of executing a U-turn.

**7. Overtaking/Passing** - Used when this vehicle was traveling straight ahead and was in the process of passing or overtaking another vehicle on the left or right. Note: Do not use this action for rear-end collisions.

**8. Changing Lanes** - Shift from one traffic lane to another traffic lane moving in the same direction. Note that on an undivided highway moving into an opposing travel lane would not be changing lanes.

**9. Negotiating a Curve** - Applies to vehicles traveling along curved trafficway.

**10. Backing** - A start from a parked or stopped position in the direction of the rear of the motor vehicle.

**11. Avoiding Vehicle/Object/Pedestrian/Pedalcyclist** - Controlled defensive action taken by a driver to avoid a crash with a vehicle, non-motorist or other object.

**12. Entering Parking Position** - Applies to vehicles in the process of entering a strip of road located on the roadway, or next to the roadway, on which parking is permitted.

**13. Leaving Parking Position** - Applies to vehicles in the process of departing a strip of road located on the roadway, or next to the roadway, on which parking is permitted.

**14. Properly Parked** - Applies to a motor vehicle not in-transport, other than a working motor vehicle that is not in motion and not located in the roadway. Includes any stopped motor vehicle where the entirety of the vehicle's primary outline as defined by the four sides of the vehicle (e.g., tires, bumpers, fenders) and load, if any, is not within the roadway.

**15. Improperly Parked** - Applies to a motor vehicle not in-transport, other than a working motor vehicle that is not in motion and located in the roadway. Includes any stopped motor vehicle where the entirety of the vehicle's primary outline as defined by the four sides of the vehicle (e.g., tires, bumpers, fenders) and load, if any, is overlapping or falling completely within the roadway. Includes a motor vehicle left unattended on a roadway, where parking is never prohibited.

**16. Moving Vehicle No Driver**- A vehicle in traffic does not have a driver and the vehicle engine may or may NOT be running.

**Non-Motorist Maneuver/Action** – *The following categories apply only to Non-motorists which include pedalcyclists, pedestrians and pedestrians using personal conveyances (wheelchairs, scooters, skateboards, etc. See appendix for more detail). The categories also only apply when a collision occurs in the trafficway which includes the roadway, shoulder, median or sidewalk. These categories do not include maintenance or construction personnel.*



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**17. Crossing Road** - Applies to a non-motorist who prior to the collision was attempting to cross the roadway (vehicle and bicycle travel lanes and shoulders) either in a crosswalk or outside a crosswalk

**18. Walking With Traffic** - Applies to a non-motorist, walking or riding, who prior to the collision was traveling in the trafficway in the same designated direction of travel of motor vehicles.

**19. Walking Against Traffic** - Applies to a non-motorist, walking or riding, who prior to the collision was traveling in the trafficway against the designated direction of travel of motor vehicles.

**20. Standing** - Applies to a non-motorist who prior to the collision was standing in the trafficway.

**21. Lying** - Applies to a non-motorist who prior to the collision was lying in the trafficway.

**22. Getting On/Off Vehicle** - Applies to a non-motorist who prior to the collision was in the process of getting on or off of a vehicle in the trafficway.

**50. Other** - Used for any other controlled maneuver for this unit prior to the beginning of the sequence of events that led up to this crash. Please list on the line provided or describe in the narrative.

**51. Unknown** - Used if it's unknown what the movement of the unit was prior to the crash.

**24. LOCATION OF PEDESTRIAN/CYCLIST**( At time of crash) - The location with respect to the roadway at the time of the crash. This element applies to the location of the **first** pedestrian/pedalcyclist that came in contact with or was contacted by a motor vehicle.

**1. At Intersection – in marked crosswalk** - An intersection on that has been distinctly indicated for pedestrian crossing by lines or other markings on the surface of the roadway.

**2. At Intersection – unmarked/unknown if marked crosswalk** - An intersection that lacks distinct lines or other markings on the surface of the roadway to indicate a Pedestrian crosswalk. An implied crosswalk without pavement markings.

**3. At intersection – not in Crosswalk** - refers to a person in a travel lane that is not using an available crosswalk or there is not a crosswalk at this location.

**4. At intersection – unknown location** - used when a person is known to be at an intersection, but it cannot be determined whether the person was in a crosswalk area (marked or unmarked) or the intersection

**5. Not at intersection – in marked crosswalk** - used when a person is in the portion of the roadway, not at an intersection, that is distinctly indicated for pedestrian crossing by lines or other markings on the surface of the roadway. (i.e., the case identifies a mid-block crosswalk exists and the person is using it.) This attribute includes shared-use path crossings.

**6. Not at intersection – on roadway – not in marked crosswalk** - used when a person is in the portion of the roadway, not at an intersection, and either: a mid-block crosswalk exists and the person is not using it, or there is not a crosswalk at this location (the person is jaywalking when a mid-block crosswalk is available), or the person is crossing at a location where a mid-block

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crosswalk would not be expected to exist (a rural roadway or interstate).

**7. Not at intersection – on roadway, crosswalk availability unknown** - used when it cannot be determined if a crosswalk was available. (e.g., there is some information (possibly conflicting) that leads you to believe that there may be a mid-block crosswalk at this location, but there is not sufficient information about the location to be able to make a determination.)

**8. School crosswalk** - The area within the striped boundaries of a specially marked and signed crosswalk where speed is reduced. This box should be used only while school is in session or a school related function is in progress and the appropriate signage and/or crossing guards are in place.

**9. Parking lane/zone** - refers to a person in an area on the roadway, or next to the roadway, on which parking is permitted in marked or unmarked spaces. This includes curbside and edge of roadway parking (for example, legal residential parking, city-street parking, etc.). Sometimes a strip of roadway can be designated for parking at certain hours of the day (parking lane) and for regular travel at other hours (travel lane).

**10. Bicycle Lane** - Any road, path, or way which is specifically designated as being open to bicycle travel regardless of whether such facilities are designated for the exclusive use of bicycles or are to be shared with other transportation modes.

**11. Shoulder/Roadside** -Shoulder is that part of a trafficway contiguous with the roadway for emergency use, for accommodation of stopped motor vehicles, and lateral support of the roadway structure. Roadside is the outermost part of the trafficway from the property line or other boundary in to the edge of the first road

**12. Sidewalk** - The portion of a street between the curb and the adjacent property, that is paved or improved and intended for use by pedestrians.

**13. Median/Crossing Island** - used when a person is in a median or crossing island. Median is an area of trafficway between parallel roads separating travel in opposite directions. A median should be four or more feet wide. Crossing Island is a cement or grassy area in the middle of a trafficway. This attribute excludes crosswalk areas that pass through a median, crossing or traffic island.

**14. Driveway access** -a portion of the trafficway at the end of a driveway providing access to property adjacent to a trafficway. This includes the driveway crossing which is the portion of the driveway access where a sidewalk or shared-use path crosses over the driveway access

**15. Shared-use path** - used when a person on a bikeway physically separated from motorized vehicular traffic by an open space or barrier and either within the highway right-of-way or an independent right-of-way. Shared-Use Paths will also be used by pedestrians, skaters, wheelchairs, joggers, and other non-motorized users.

**16. Non-trafficway area** - Not physically located on any land way open to the public as a matter of right or custom for moving persons or property from one place to another.

**50. Other** - The non-motorist was at a location other than identified above. List and please explain in the narrative.

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**51. Unknown** - The location of the non-motorist in relation to the trafficway was unknown at the time of the crash.

**25 - ROADWAY ALIGNMENT** - Identifies the value which best represents the roadway alignment prior to this vehicle's first harmful event. Note: For vehicles departing the trafficway prior to their first harmful events, the trafficway selected for classification is the one the vehicle departed.

**26 - LANE** - A strip of roadway used for a single line of motor vehicles.

**5a - Unit #** - This number is from Element 5a on the front page.

**26b - Lane** - Lane of travel before the first crash event.

See Appendix C for lane diagrams and additional information.

**26 -- LANE**  
Please enter unit's number and lane of travel before first crash event

UNIT	5a	UNIT

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

**26b**

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FIRST HARMFUL EVENT OF THE CRASH <span style="border: 1px solid red; padding: 2px;">27b</span>		
SEQUENCE OF EVENTS PER TRAFFIC UNIT		
	Unit <span style="border: 1px solid red; padding: 2px;">5a</span>	Unit _____
FIRST EVENT	<span style="border: 1px solid red; padding: 2px;">27a</span>	
SECOND EVENT		
THIRD EVENT		
FOURTH EVENT		

**27 - SEQUENCE OF EVENTS** - The events in sequence 1 - 4 related to this Unit, including both non-collision as well as collision events regardless of injury and/or property damage.

**5a - Unit #** - The number is from Element 5a on the front page.

**27a - Event #** - Enter an event number from the list in Element 33 in order of occurrence for each Unit. Up to 4 events per Unit can be entered.

### NON-COLLISION

- 1. Overturn/Rollover** - A motor vehicle that has overturned at least 90 degrees to its side. This event includes motorcycles.
  
- 2. Fire/ Explosion** - A fire /explosion that was the cause or result of the crash.
  
- 5. Cargo/Equipment Loss or Shift** - This code is only used for non-collision crashes. The loss or shift would have to cause damage to the motor vehicle, or occupants that is transporting the cargo/equipment or the cargo or equipment itself.
  
- 6. Fell/Jumped from Motor Vehicle** - Is used when a person falls or jumps (not suicide) from the vehicle.
  
- 8. Other Non-Collision** - Driving off a cliff where damage is not the result of an overturn or a collision with a fixed object. This also includes when an occupant of a vehicle is run over by his/her own vehicle. When "Other" is used it is recommended that it be listed on the line provided and clarified in the narrative.
  
- 9. Equipment Failure** - Examples include defective: tires/wheels/rims, brakes, steering, suspension, power train, lighting systems, trailer hitch, air bag, etc. If a Motor Vehicle Contributing Circumstance was checked in Element 19, then this attribute should also be listed in the Sequence of Events.
  
- 10. Separation Of Units** - When the truck or truck tractor becomes separated from the semi-trailer and/or trailer(s) it is pulling. Would also apply to non-commercial vehicle pulling trailers.
  
- 11. Ran Off Road Right** - Failure of the driver to keep the motor vehicle on the roadway and departed on the right.
  
- 12. Ran Off Road Left** - Failure of the driver to keep the motor vehicle on the roadway and departed on the left.
  
- 13. Cross Median** - Is used when a vehicle completely crosses the median and enters the shoulder or travel lane on the opposite side of a divided highway. See element 22 item 10 (page 43) for more information.

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**14. Cross Centerline** - Is used when a vehicle completely crosses over the center line of a two-way undivided highway and enters the travel lane on the opposite side of the highway. See element 22 item 8 (page 43) for more information.

**15. Down Hill Run Away** - Usually occurs with heavy trucks on a steep grade AFTER an Equipment Failure (Brakes).

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

**16. Motor Vehicle in Transport** - Applied to motor vehicles, “in transport” means in motion or on a roadway. Inclusions: motor vehicle in traffic on a highway, driverless motor vehicle in motion, motor vehicle abandoned on a roadway, disabled motor vehicle on a roadway, etc. In roadway lanes used for travel during rush hours and parking during off peak periods, a parked motor vehicle is in transport during periods when parking is forbidden. Note: Do not use this element for single vehicle crashes.

**17. Pedestrian** - A person who is not an occupant of a motor vehicle in transport. Includes a person who is adjacent to the motor vehicle regardless of his/her actions. NOTE: If an occupant falls from a vehicle and is struck by his/her own vehicle this is not collision with a pedestrian.

**18. Pedalcycle** - Includes bicycle, tricycle, unicycle, pedal car, etc. Pedalcycle is defined as: Non-motorized vehicle propelled by pedaling.

**19. Railway Vehicle** - Any land vehicle (train, engine) that is (1) designed primarily for moving persons or property from one place to another on rails and (2) not in use on a land way other than a railway. Would also include any railway maintenance vehicle traveling on the rail.

**20. Light Railway/Railcar Vehicle** - An electric railway system, characterized by its ability to operate single or multiple cars (trains) along exclusive rights-of-way at ground level, on aerial structures, in subways or in streets, able to board and discharge passengers at station platforms or at street, track, or car-floor level and normally powered by overhead electrical wires. Would also include any light railway maintenance vehicle traveling on the rail.

**21. Animal** - Includes “livestock” (cow, horse, etc.) game (deer, elk, etc.) and domestic animals (dog, cat, etc.). If possible, list the type of animal that was hit in the narrative.

**25. Parked Motor Vehicle** - A transport motor vehicle that is not in motion or on a roadway. A motor vehicle or any portion of the motor vehicle outline (excludes open doors, mirrors, etc.) parked on the roadway during periods when parking is prohibited is considered in transport.

**27. Struck by Falling, Shifting Cargo or Anything Set-In-Motion by Another Vehicle** - In crashes involving events caused by objects set-in-motion by a motor vehicle in

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transport, keeping in mind that a vehicle's load is considered part of the vehicle. This would also include vehicles struck by debris from a nearby collision.

**28. Other Non-Fixed Object** - A collision with an object other than a motor vehicle in transit, a pedestrian, another road vehicle in transit, a parked motor vehicle, a railway vehicle, a pedalcycle, an animal, or a fixed object. Includes fallen tree, already laying in roadway; objects on the roadway which had fallen from a passing vehicle and had come to rest before being hit. Animals being used as transportation, animal carcasses or dead persons in the roadway. Please list on the line provided and explain in the narrative.

### COLLISION WITH FIXED OBJECT

**29. Impact Attenuator/Crash Cushion/Guardrail End** - A barrier at a spot location, less than 25ft. (7.6m) away, designed to prevent an errant motor vehicle from impacting a fixed object hazard by gradually decelerating the motor vehicle to a safe stop or by redirecting the motor vehicle away from the hazard. The guardrail end is typically painted a warning color and may include a breakaway or redirection design feature not to be confused with an impact attenuator.

**33. Concrete Curb** - A raised edge or border to a roadway. Curbs may be constructed of concrete, asphalt, or wood and typically have a face height of less than 12 Inches. But some curbs are constructed to prevent pedestrian crossing and may be higher.

**36. Guardrail Face** - Areas along a guardrail stretch other than the ends.

**38. Median Barrier** - A vertical barrier constructed of concrete either poured in place or precast in sections used in either permanent or temporary locations to redirect errant vehicles from hitting an object that has greater crash severity potential than the barrier itself. Includes Jersey Barriers. Often used in work zones and for prevention of median crossovers.

**39. Cable Traffic Barrier** - A flexible barrier system which uses several cables typically supported by steel posts. These can be on the roadside or in a median.

**41. Tree/Bush/Stump (Standing)** - A tree/bush/stump that is upright and in the ground. Does not include parts of trees or bushes that may have fallen from another vehicle or blown into the roadway from a storm.

**42. Traffic Sign Support** - Any sign mounted on a single or multiple posts, including overhead signs. The sign should be described in the narrative as a stop or yield or whatever type of sign it is and listed in Section 8.

**INCLUDES: Delineator Post** - Normally a steel post with a reflective button(s) and the top placed alongside the road shoulder to denote the road's edge. Used also to mark mile post at each structure and at each milepost. Sometimes used to mark access roads and driveway locations.

**43. Traffic Signal Support** - Constructed for the primary function of supporting a Traffic Signal. Should be listed in Section 8.

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**44. Utility Pole/Light Supports** - Constructed for the primary function of supporting an electric line, telephone line or other electrical-electronic transmission line or cable. Should be listed in Section 8.

**46. Fence** - Any type of fence, fence pole or post. Does not include cable barriers. Note: cinder block walls are considered fences.

**49. Other Fixed Object** - Any other fixed object not listed. Please note and explain fully in the narrative. Example: semi pulling an over-height load crashed into overhead power lines. Fire Hydrants, electrical transformer boxes, cattle guards, etc.

**51. Unknown** - Used if the sequence of events is unknown or cannot be determined.

**27b - FIRST HARMFUL EVENT OF THE CRASH** - The first injury or damage producing event that characterized the crash type. This event may not be the first event as related to Sequence of Events, but should appear in the sequence for one of the vehicles. ***\*Note: this is a required field and must be completed.***

# Element & Attribute

## Definitions

# The Crash Forms

01-2704C R01/2022



# Arizona Crash Report Forms Instruction Manual—12th Edition

## Crash Report Form, 01-2704CR01/2022, Element & Attribute Definitions

ARIZONA CRASH REPORT			REPORT ID						Agency Report Number	
1	<b>CONTINUED</b> <i>POLICE ONLY</i> —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.		1.g
		1.a	1.b	1.c	1.d	1.e		1.f		
28	CRASH DIAGRAM						28a MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE 28b MEASUREMENTS ARE SCALED (SCALE = _____)			
29 INDICATE NORTH										
29										
[Grid area for crash diagram]										

30	NARRATIVE		Describe what happened						
30									

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## 1 - CRASH IDENTIFICATION BLOCK

ARIZONA CRASH REPORT		REPORT ID						Agency Report Number	
1	POLICE ONLY – FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 064R 206 S. 17 <sup>TH</sup> AVE., PHOENIX, ARIZONA 85007-3233	YEAR	MONTH	DAY	HOUR	NCIC NO.	OFFICER ID NO.		1g
		1a	1b	1c	1d	1e	1f	1h	Total Number of Sheets

**1a - 1g - Report ID** - This information must match the information on the front page of Sheet 1 of the 01-2704A R01/2022 of the crash form in case the sheets become separated.

## 28 - CRASH DIAGRAM - A diagram of the crash scene.

**28a** - MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE— Check the appropriate block indicating whether the diagram is or is not to scale. If the diagram is to scale, then indicate the appropriate scale where space is provided.

**28b** - The diagram clarifies information that may be omitted in the description or the narrative and is extremely valuable for crash analysis. For minor crashes elaborate diagrams are not required; however, a basic diagram showing vehicles at points of impact should be shown. For severe crashes or fatal crashes a more detailed diagram is required and should be submitted on a Supplemental Form.

**29 - INDICATE NORTH (North Arrow)** - Indicate north by an arrow within the box located at the top right corner of the diagram. An attempt should be made to orient the diagram with north at the top of the page. For state highways, show the actual compass direction of the highway at the collision scene. For instance, Interstate 10 in Arizona is considered an east-west highway, but a good portion of this road runs in a northwest-southeast direction. If a collision occurs in this sector, the compass direction of the highway should be shown as northwest or southeast.

ARIZONA CRASH REPORT		REPORT ID						Agency Report Number	
1	<b>CONTINUED</b> POLICE ONLY – FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 064R 206 S. 17 <sup>TH</sup> AVE., PHOENIX, ARIZONA 85007-3233	YEAR	MONTH	DAY	HOUR	NCIC NO.	OFFICER ID NO.		1g
		1a	1b	1c	1d	1e	1f	1h	
28	<b>CRASH DIAGRAM</b> <div style="display: flex; justify-content: space-between; font-size: 8px; margin-top: 5px;"> <span>28a MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE</span> <span>28b MEASUREMENTS ARE SCALED (SCALE = _____)</span> </div>								
									29 INDICATE NORTH <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px auto; text-align: center; line-height: 20px;">29</div>

**30 - NARRATIVE** - Use this section to provide a simple, concise summary of the crash and include relevant pre or post-crash information.

30	<b>NARRATIVE</b> Describe what happened
<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto; text-align: center; line-height: 20px;">30</div>	

# **FATAL SUPPLEMENT FORM**

**01-2705 R01/2022**

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ARIZONA CRASH REPORT		REPORT ID										Agency Report Number	
FATAL SUPPLEMENT <small>POLICE ONLY - FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 064R 206 S. 17TH AVE., PHOENIX, ARIZONA 85007-3233</small>		YEAR	MONTH	DAY	HOUR	NCIC NO.	OFFICER ID NO.						
<b>2</b>	<b>DECEASED</b>	Name _____			Type: <input type="checkbox"/> Driver <input type="checkbox"/> Pedestrian <input type="checkbox"/> Unknown Occupant Type <input type="checkbox"/> Passenger <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Unknown Non-Occupant Type								
		Sex _____	Height _____ Ft _____ In _____		Weight _____		Date of Birth (MMDDYYYY) _____						
		Deceased at Scene: <input type="checkbox"/> Yes <input type="checkbox"/> No			Deceased Removed To _____			Deceased Removed By _____					
		Transported to First Medical Facility: <input type="checkbox"/> Yes <input type="checkbox"/> No			First Medical Facility Transported To: _____			Transported to First Medical Facility By _____					
		Date of Death (MMDDYYYY) _____						Time of Death _____					
<b>3</b>	<b>CRASH SCENE</b>	If intersection or intersection-related, indicate Type of Intersection:					Roadway Surface Type at Crash Scene:						
		<input type="checkbox"/> 1 Four Way Intersection <input type="checkbox"/> 5 Roundabout <input type="checkbox"/> 2 T-Intersection <input type="checkbox"/> 6 Five-Point, or More <input type="checkbox"/> 3 Y-Intersection <input type="checkbox"/> 7 L-Intersection <input type="checkbox"/> 4 Traffic Circle <input type="checkbox"/> 51 Unknown					UNIT # <input type="checkbox"/> 1 Concrete <input type="checkbox"/> 5 Dirt <input type="checkbox"/> 2 Blacktop, Bituminous, or Asphalt <input type="checkbox"/> 8 Other _____ <input type="checkbox"/> 3 Brick or Block <input type="checkbox"/> 51 Unknown <input type="checkbox"/> 4 Slag, Gravel, or Stone						
		If intersection or intersection-related, and traffic signals present, indicate Type of Signal:					Work Zone Type:						
		<input type="checkbox"/> 1 Traffic Control Signal With Pedestrian Signal <input type="checkbox"/> 2 Traffic Control Signal Without Pedestrian Signal					<input type="checkbox"/> 0 No Work Zone Present <input type="checkbox"/> 3 Utility <input type="checkbox"/> 1 Construction <input type="checkbox"/> 4 Work Zone, Type Unknown <input type="checkbox"/> 2 Maintenance						
<b>4</b>	<b>VEHICLE INFORMATION</b>	Trailer Vehicle Identification Number(s):			Extent of Damage:			Motor Vehicle Contributing Circumstances: (Check all that apply)					
		Unit # _____			UNIT # _____			UNIT # _____					
		Unit # _____			<input type="checkbox"/> 1 No Damage <input type="checkbox"/> 2 Minor Damage <input type="checkbox"/> 3 Functional Damage <input type="checkbox"/> 4 Disabling Damage <input type="checkbox"/> 5 Unknown Damage			<input type="checkbox"/> 0 None <input type="checkbox"/> 8 Wipers <input type="checkbox"/> 1 Tires <input type="checkbox"/> 9 Wheels <input type="checkbox"/> 2 Brake System <input type="checkbox"/> 10 Mirrors <input type="checkbox"/> 3 Steering <input type="checkbox"/> 11 Windows/Windshield <input type="checkbox"/> 4 Suspension <input type="checkbox"/> 12 Body/Doors <input type="checkbox"/> 5 Power Train <input type="checkbox"/> 13 Truck-Couplings/ Trailer Hitch/Safety Chains <input type="checkbox"/> 6 Exhaust System <input type="checkbox"/> 14 Safety Systems <input type="checkbox"/> 7 Lights (Specify: _____) <input type="checkbox"/> 50 Other: _____ <input type="checkbox"/> Head Signal Other) <input type="checkbox"/> 51 Unknown					
		Fire Occurrence: UNIT # _____ <input type="checkbox"/> No <input type="checkbox"/> Yes											
		Underride/Override: UNIT # _____			UNIT # _____								
		<input type="checkbox"/> 1 No Underride or Override Noted <input type="checkbox"/> 2 Underriding a Motor Vehicle in Transport, Compartment Intrusion <input type="checkbox"/> 3 Underriding a Motor Vehicle in Transport, No Compartment Intrusion <input type="checkbox"/> 4 Underriding a Motor Vehicle in Transport, Compartment Intrusion Unknown <input type="checkbox"/> 5 Underriding a Motor Vehicle Not in Transport, Compartment Intrusion			<input type="checkbox"/> 6 Underriding a Motor Vehicle Not in Transport, No Compartment Intrusion <input type="checkbox"/> 7 Underriding a Motor Vehicle Not in Transport, Compartment Intrusion Unknown <input type="checkbox"/> 8 Overriding a Motor Vehicle in Transport <input type="checkbox"/> 9 Overriding a Motor Vehicle Not in Transport <input type="checkbox"/> 10 Unknown if Override or Underride Present								
<b>5</b>	<b>DRIVER INFORMATION</b>	Driver Unit # _____		Driver Unit # _____		Racing Involved UNIT # _____ <input type="checkbox"/> No <input type="checkbox"/> Yes							
		Height _____ Ft _____ In _____		Height _____ Ft _____ In _____									
		Weight _____		Weight _____									
		Compliance with License Restrictions:			Compliance with CDL Endorsements:								
		UNIT # _____			UNIT # _____								
<input type="checkbox"/> 0 No Restrictions <input type="checkbox"/> 1 Restrictions Complied With <input type="checkbox"/> 2 Restrictions Not Complied With <input type="checkbox"/> 3 Restrictions, Compliance Unknown <input type="checkbox"/> 51 Unknown			<input type="checkbox"/> 0 No Endorsements Required for Vehicle <input type="checkbox"/> 1 Endorsement(s) Required, Complied With <input type="checkbox"/> 2 Endorsement(s) Required, Not Complied With <input type="checkbox"/> 3 Endorsement(s) Required, Compliance Unknown <input type="checkbox"/> 51 Unknown if Required										
Driver Maneuvered to Avoid			Driver's Attempted Avoidance Maneuver (Check Only One)										
UNIT # _____			UNIT # _____										
<input type="checkbox"/> 1 Driver Did Not Maneuver to Avoid <input type="checkbox"/> 2 Object <input type="checkbox"/> 3 Poor Road Conditions (puddle, ice, pothole, etc.) <input type="checkbox"/> 4 Live Animal <input type="checkbox"/> 5 Motor Vehicle (in transport, parked, working) <input type="checkbox"/> 6 Pedestrian, Pedalcyclist or Other Non-Motorist <input type="checkbox"/> 7 Non-Contact Motor Vehicle <input type="checkbox"/> 51 Unknown			<input type="checkbox"/> 1 No Avoidance Maneuver <input type="checkbox"/> 9 Accelerating <input type="checkbox"/> 2 Releasing Brakes <input type="checkbox"/> 10 Accelerating and Steering Left <input type="checkbox"/> 3 Braking <input type="checkbox"/> 11 Accelerating and Steering Right <input type="checkbox"/> 4 Steering Left <input type="checkbox"/> 12 Accelerating and Unknown Steering Direction <input type="checkbox"/> 5 Steering Right <input type="checkbox"/> 50 Other Actions: _____ <input type="checkbox"/> 6 Braking and Steering Left <input type="checkbox"/> 51 Unknown if Avoidance Maneuver Attempted <input type="checkbox"/> 7 Braking and Steering Right <input type="checkbox"/> 8 Braking and Unknown Steering Direction										
Driver Influencing Substances			Driver Alcohol/Drug Testing Results										
Alcohol		Drugs		UNIT # _____		Alcohol Test Type: _____			UNIT # _____				
Unit # _____	Unit # _____	Unit # _____	Unit # _____	Unit # _____	Unit # _____	Alcohol Test Results: _____	Alcohol Test Results: _____		Alcohol Test Results: _____				
	No Test Given		No Test Given			Drug Test Type: _____	Drug Test Type: _____		Drug Test Type: _____				
	Test Given		Test Given			Drug Test Results: _____	Drug Test Results: _____		Drug Test Results: _____				
	Test Refused		Test Refused										
	Testing Unknown		Testing Unknown										

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<b>6</b>	<b>EMS</b>	Notification Time EMS: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>		Arrival Time EMS: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>		EMS Time at Hospital: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>							
<b>7</b>	<b>MOTOR VEHICLE OCCUPANT/NON-OCCUPANT INFORMATION</b>	Unit #	Seat Pos.	S/D	Ejection	EJ. Path	Extrication	Transport	Seating Position 41 31 21 11 42 32 22 12 43 33 23 13 48 38 28 18 49 39 29 19	00 – Not Applicable/Non-Occupant 18, 28, 38, 48 – Additional passenger in vehicle by row (Ex: child in lap) 19, 29, 39, 49 – Unknown passenger location by row 50 – In enclosed passenger/cargo area 51 – In unenclosed passenger/cargo area 52 – Riding on vehicle exterior 53 – Riding in trailing unit 54 – Sleeper section of cab (truck) 55 – Unknown location			
									Safety Devices (SD) 0 – Not Applicable/None Used 1 – Lap Belt Only 2 – Shoulder Belt Only 3 – Shoulder and Lap Belt Used 4 – Restraint – Type Unknown 5 – Other Specify _____ 6 – Child Restraint – Forward Facing 7 – Child Restraint – Rear Facing	8 – Booster Seat 9 – Child Restraint – Type Unknown 10 – No Helmet 11 – DOT-Compliant Motorcycle Helmet 12 – Helmet, Other Than DOT-Compliant MC Helmet 13 – Helmet, Unknown if DOT-Compliant 50 – Unknown if Helmet Worn 51 – Unknown			
		Ejection 0 – Not Ejected/Not Applicable 1 – Ejected, Totally 2 – Ejected, Partially 3 – Ejected, Unknown Degree 51 – Unknown if Ejected		Ejection Path 0 – Not Applicable 1 – Through Side Door Opening 2 – Through Side Door Window 3 – Through Windshield 4 – Through Back Window 5 – Through Back Door/Tailgate Opening 6 – Through Roof Opening 7 – Through Roof (convertible roof up) 8 – Other Path (Back of pick-up truck) 51 – Ejection Path Unknown		Extrication 0 – Not Applicable 1 – Not Extricated 2 – Extricated 51 – Unknown if Extricated		Transport to First Medical Facility 0 – Not Transported 1 – EMS Air 2 – EMS Ground 3 – EMS Unknown Mode 4 – Law Enforcement 5 – Transported Unknown Source 8 – Other _____ 51 – Unknown if Transported					
<b>8</b>	<b>MOTORCYCLE INFORMATION</b>	<b>Motorcycle Body Style</b> Motorcycles – Two Wheel Styles UNIT # _____ <input type="checkbox"/> 1 Two Wheel Motorcycle <input type="checkbox"/> 2 Moped or Motorized Bicycle <input type="checkbox"/> 3 Off-Road Motorcycle				<input type="checkbox"/> 4 Motor Scooter <input type="checkbox"/> 5 Other Motorized Cycle Type <input type="checkbox"/> 50 Unknown Motored Cycle Type				<b>Motorcycles - Three Wheel Styles</b> UNIT # _____ <input type="checkbox"/> 11 Three Wheel Motorcycle (2 rear wheels) <input type="checkbox"/> 12 Unenclosed Three Wheel Motorcycle/Unenclosed Autocycle (1 rear wheel) <input type="checkbox"/> 13 Enclosed Three Wheel Motorcycle/Enclosed Autocycle (1 rear wheel) <input type="checkbox"/> 51 Unknown Three Wheel Motorcycle Type <input type="checkbox"/> 60 ATV/ATC (All Terrain Cycle)			
<b>9</b>	<b>NON-OCCUPANT INFORMATION</b>	<b>Non-Occupant Person Type</b> UNIT # _____ <input type="checkbox"/> 1 Pedestrian <input type="checkbox"/> 2 Bicyclist <input type="checkbox"/> 3 Person on Personal Conveyances (skates, skateboards, wheelchairs, etc.) <input type="checkbox"/> 4 Other Cyclist (unicycle, tricycle) <input type="checkbox"/> 5 Person In/On Building <input type="checkbox"/> 6 Occupant of a Non-Motor Vehicle Transport Device (train, on an animal) <input type="checkbox"/> 51 Unknown Type of Non-Motorist				<b>Non-Occupant Safety Equipment: (Check all that apply)</b> UNIT # _____ <input type="checkbox"/> 0 None Used Protective: UNIT # _____ <input type="checkbox"/> 1 Helmet <input type="checkbox"/> 2 Protective Pads <input type="checkbox"/> 3 Other Protective Safety Equipment				Preventative: UNIT # _____ <input type="checkbox"/> 4 Reflective Clothing <input type="checkbox"/> 5 Lighting Use <input type="checkbox"/> 6 Other _____ <input type="checkbox"/> 51 Unknown If Used			
		<b>Non-Occupant influencing Substances</b>				<b>Non-Occupant Alcohol/Drug Testing Results</b>							
		Alcohol Unit # _____ Unit # _____		Drugs Unit # _____ Unit # _____		Unit # _____		Unit # _____					
		No Test Given		No Test Given		Alcohol Test Type: _____		Alcohol Test Type: _____					
		Test Given		Test Given		Alcohol Test Results: _____		Alcohol Test Results: _____					
		Test Refused		Test Refused		Drug Test Type: _____		Drug Test Type: _____					
		Testing Unknown		Testing Unknown		Drug Test Results: _____		Drug Test Results: _____					
<b>10</b>	<b>COMMENTS</b>												
<b>11</b>	<b>11</b>	Officer's Name / Badge # _____			Supervisor's Signature _____			Agency Name _____		Date Completed _____			

01-2705 R11/17

# **Element & Attribute Definitions**

# **Fatal Supplement Form**

**01-2705 R01/2022**

# Arizona Crash Report Forms Instruction Manual—12th Edition

## Fatal Supplement, 01-2705R01/2022, Element & Attribute Definitions

ARIZONA CRASH REPORT		REPORT ID						Agency Report Number
<b>1</b>	FATAL SUPPLEMENT POLICE ONLY – FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 864R 206 S. 17 <sup>TH</sup> AVE., PHOENIX, ARIZONA 85007-3233	YEAR	MONTH	DAY	HOUR	NCIC NO.	OFFICER ID NO.	<b>1g</b>
		<b>1a</b>	<b>1b</b>	<b>1c</b>	<b>1d</b>	<b>1e</b>	<b>1f</b>	
<b>2</b>	Name <b>2a</b>		Type: <b>2b</b>		<input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Unknown Occupant Type <input type="checkbox"/> Unknown Non-Occupant Type			
	Sex <b>2c</b>	Height <b>2d</b>	Weight <b>2e</b>		Date of Birth (MMDDYYYY) <b>2f</b>			
	Deceased at Scene <b>2g</b>		Deceased Removed To <b>2h</b>		Deceased Removed By <b>2i</b>			
	Transported to First Medical Facility <b>2j</b>		First Medical Facility Transported To <b>2k</b>		Transported to First Medical Facility By <b>2l</b>			
	Date of Death (MMDDYYYY) <b>2m</b>		Time of Death <b>2n</b>					
<b>3</b>	<b>If Intersection or Intersection-Related, Indicate Type of Intersection:</b> <input type="checkbox"/> 1 Four Way Intersection <input type="checkbox"/> 2 T-Intersection <input type="checkbox"/> 3 Y-Intersection <input type="checkbox"/> 4 Traffic Circle <input type="checkbox"/> 5 Roundabout <input type="checkbox"/> 6 Five-Point, or More <input type="checkbox"/> 7 L-Intersection <input type="checkbox"/> 51 Unknown				<b>Roadway Surface Type at Crash Scene:</b> UNIT # <b>3a</b> <input type="checkbox"/> 1 Concrete <input type="checkbox"/> 2 Blacktop, Bituminous, or Asphalt <input type="checkbox"/> 3 Brick or Block <input type="checkbox"/> 4 Slag, Gravel, or Stone <input type="checkbox"/> 5 Dirt <input type="checkbox"/> 6 Other <input type="checkbox"/> 51 Unknown			
	<b>If Intersection or Intersection-Related, and Traffic Signals Present, Indicate Type of Signal:</b> <input type="checkbox"/> 1 Traffic Control Signal With Pedestrian Signal <input type="checkbox"/> 2 Traffic Control Signal Without Pedestrian Signal				<b>Work Zone Type:</b> <input type="checkbox"/> 0 No Work Zone Present <input type="checkbox"/> 1 Construction <input type="checkbox"/> 2 Maintenance <input type="checkbox"/> 3 Utility <input type="checkbox"/> 4 Work Zone, Type Unknown			
<b>4</b>	Trailer Vehicle Identification Number(s): <b>4a</b>		Extent of Damage: <b>4c</b>		Motor Vehicle Contributing Circumstances: (Check all that apply)			
	Unit # _____ Unit # _____ Unit # _____ Unit # _____		UNIT # _____ <input type="checkbox"/> 1 No Damage <input type="checkbox"/> 2 Minor Damage <input type="checkbox"/> 3 Functional Damage <input type="checkbox"/> 4 Disabling Damage <input type="checkbox"/> 5 Unknown Damage		UNIT # _____ <input type="checkbox"/> 0 None <input type="checkbox"/> 1 Tires <input type="checkbox"/> 2 Brake System <input type="checkbox"/> 3 Steering <input type="checkbox"/> 4 Suspension <input type="checkbox"/> 5 Power Train <input type="checkbox"/> 6 Exhaust System <input type="checkbox"/> 7 Lights (Specify: Head Signal Other) <input type="checkbox"/> 8 Wipers <input type="checkbox"/> 9 Wheels <input type="checkbox"/> 10 Mirrors <input type="checkbox"/> 11 Windows/Windshield <input type="checkbox"/> 12 Body/Doors <input type="checkbox"/> 13 Truck Couplings/ Trailer Hitch/Safety Chains <input type="checkbox"/> 14 Safety Systems <input type="checkbox"/> 50 Other: _____ <input type="checkbox"/> 51 Unknown			
	Fire Occurrence: <b>4b</b> UNIT # _____ <input type="checkbox"/> No <input type="checkbox"/> Yes		Undermide/Override: <b>4e</b> UNIT # _____ <input type="checkbox"/> 1 No Undermide or Override Noted <input type="checkbox"/> 2 Undermiding a Motor Vehicle in Transport, Compartment Intrusion <input type="checkbox"/> 3 Undermiding a Motor Vehicle in Transport, No Compartment Intrusion <input type="checkbox"/> 4 Undermiding a Motor Vehicle in Transport, Compartment Intrusion Unknown <input type="checkbox"/> 5 Undermiding a Motor Vehicle Not in Transport, Compartment Intrusion		<input type="checkbox"/> 6 Undermiding a Motor Vehicle Not in Transport, No Compartment Intrusion <input type="checkbox"/> 7 Undermiding a Motor Vehicle Not in Transport, Compartment Intrusion Unknown <input type="checkbox"/> 8 Overmiding a Motor Vehicle in Transport <input type="checkbox"/> 9 Overmiding a Motor Vehicle Not in Transport <input type="checkbox"/> 10 Unknown if Override or Undermide Present			
<b>5</b>	Driver Unit # _____ Height <b>5a</b> Ft _____ In _____ Weight <b>5b</b> _____		Driver Unit # _____ Height _____ Ft _____ In _____ Weight _____		Racing Involved <b>5c</b> UNIT # _____ <input type="checkbox"/> No <input type="checkbox"/> Yes			
	Compliance with License Restrictions: <b>5d</b> UNIT # _____ <input type="checkbox"/> 0 No Restrictions <input type="checkbox"/> 1 Restrictions Complied With <input type="checkbox"/> 2 Restrictions Not Complied With <input type="checkbox"/> 3 Restrictions, Compliance Unknown <input type="checkbox"/> 51 Unknown			Compliance with CDL Endorsements: <b>5e</b> UNIT # _____ <input type="checkbox"/> 0 No Endorsements Required for Vehicle <input type="checkbox"/> 1 Endorsement(s) Required, Complied With <input type="checkbox"/> 2 Endorsement(s) Required, Not Complied With <input type="checkbox"/> 3 Endorsement(s) Required, Compliance Unknown <input type="checkbox"/> 51 Unknown if Required				
	Driver Maneuvered to Avoid <b>5f</b> UNIT # _____ <input type="checkbox"/> 1 Driver Did Not Maneuver to Avoid <input type="checkbox"/> 2 Object <input type="checkbox"/> 3 Poor Road Conditions (puddle, ice, pothole etc.) <input type="checkbox"/> 4 Live Animal <input type="checkbox"/> 5 Motor Vehicle (in transport, parked, working) <input type="checkbox"/> 6 Pedestrian, Pedalcyclist or Other Non-Motorist <input type="checkbox"/> 7 Non-Contact Motor Vehicle <input type="checkbox"/> 51 Unknown			Driver's Attempted Avoidance Maneuver (Check Only One) <b>5g</b> UNIT # _____ <input type="checkbox"/> 1 No Avoidance Maneuver <input type="checkbox"/> 2 Releasing Brakes <input type="checkbox"/> 3 Braking <input type="checkbox"/> 4 Steering Left <input type="checkbox"/> 5 Steering Right <input type="checkbox"/> 6 Braking and Steering Left <input type="checkbox"/> 7 Braking and Steering Right <input type="checkbox"/> 8 Braking and Unknown Steering Direction <input type="checkbox"/> 9 Accelerating <input type="checkbox"/> 10 Accelerating and Steering Left <input type="checkbox"/> 11 Accelerating and Steering Right <input type="checkbox"/> 12 Accelerating and Unknown Steering Direction <input type="checkbox"/> 50 Other Actions: _____ <input type="checkbox"/> 51 Unknown if Avoidance Maneuver Attempted				
	Driver Influencing Substances <b>5h</b> Alcohol Unit # _____ Unit # _____ No Test Given _____ Test Given _____ Test Refused _____ Testing Unknown _____		Drugs <b>5i</b> Unit # _____ Unit # _____ No Test Given _____ Test Given _____ Test Refused _____ Testing Unknown _____		Driver Alcohol/Drug Testing Results <b>5j</b> Unit # _____ Alcohol Test Type: _____ Alcohol Test Results: <b>5k</b> _____ Drug Test Type: _____ Drug Test Results: <b>5l</b> _____ <b>5m</b> _____ <b>5n</b> _____		Unit # _____ Alcohol Test Type: _____ Alcohol Test Results: _____ Drug Test Type: _____ Drug Test Results: _____	

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# Arizona Crash Report Forms Instruction Manual—12th Edition

<b>6</b>	<b>EMS</b>	Notification Time EMS: <span style="border: 1px solid black; padding: 2px;">6a</span> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Arrival Time EMS: <span style="border: 1px solid black; padding: 2px;">6b</span> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	EMS Time at Hospital: <span style="border: 1px solid black; padding: 2px;">6c</span> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>																																																																																																		
<b>7</b>	<b>MOTOR VEHICLE OCCUPANT/NON-OCCUPANT INFORMATION</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Unit #</th> <th style="width: 10%;">Seat Pos.</th> <th style="width: 10%;">S/D</th> <th style="width: 10%;">Ejection</th> <th style="width: 10%;">EJ. Path</th> <th style="width: 10%;">Extrication</th> <th style="width: 10%;">Transport</th> </tr> </thead> <tbody> <tr> <td><span style="border: 1px solid black; padding: 2px;">7a</span></td> <td><span style="border: 1px solid black; padding: 2px;">7b</span></td> <td><span style="border: 1px solid black; padding: 2px;">7c</span></td> <td><span style="border: 1px solid black; padding: 2px;">7d</span></td> <td><span style="border: 1px solid black; padding: 2px;">7e</span></td> <td><span style="border: 1px solid black; padding: 2px;">7f</span></td> <td><span style="border: 1px solid black; padding: 2px;">7g</span></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Unit #	Seat Pos.	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01-2705 R11/17



# Arizona Crash Report Forms Instruction Manual—12th Edition

**Note:** To include a fatal supplement, a crash must involve at least one motor vehicle in transport traveling on a trafficway customarily open to the public and must result in the death of at least one person (occupant of a vehicle or a non-motorist) within 720 hours (30 days) of the crash date and time. If the fatality exceeds the 720 hour rule, a fatal supplement need not be submitted.

## 1 - CRASH IDENTIFICATION

ARIZONA CRASH REPORT		REPORT ID						Agency Report Number	
1	<small>FATAL SUPPLEMENT POLICE ONLY – FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 064R 206 S. 17<sup>TH</sup> AVE., PHOENIX, ARIZONA 85007-3233</small>	YEAR	MONTH	DAY	HOUR	NCIC NO.	OFFICER ID NO.		1g
		1a	1b	1c	1d	1e	1f		

**1a - 1g - Report ID** - This information must match the information on the front page of Sheet 1 of the 01-2704A R01/2022 of the crash form in case the forms become separated.

## 2 - DECEASED

2	DECEASED	Name	2a			Type:	2b				<input type="checkbox"/> Driver	<input type="checkbox"/> Pedestrian	<input type="checkbox"/> Unknown Occupant Type		
		Sex	2c		Height	2d		Ft	In	Weight	2e		Date of Birth (MMDDYYYY)	2f	
		Deceased at Scene:	2g		Deceased Removed To	2h			Deceased Removed By	2i					
		Transported to First Medical Facility:	2j		First Medical Facility Transported To:	2k			Transported to First Medical Facility By:	2l					
		Date of Death (MMDDYYYY)	2m					Time of Death	2n						

**2a - Name** - Full name (first, middle, last) of deceased. It is necessary that this information be completed - even if on the first page of the primary form.

**2b - Type** - Check the appropriate block. If the deceased is a driver, pedestrian or pedacyclist, it must agree with **Element 5d** on the first page of the primary form. Passenger means an occupant of the vehicle other than the driver. If Occupant Type or Non-Occupant Type is unknown, it may be indicated here.

**2c - Sex** - Enter the gender of the deceased. M = Male, F = Female, U = Unknown

**2d - Height** - Enter the height of the deceased as listed on the driver's license or other form of identification

**2e - Weight** - Enter the weight of the deceased as listed on the driver's license or other form of Identification.

**2f - Date of Birth** - Date of birth by month, day and year of the deceased as listed on the driver's license or other form of Identification.

**2g - Deceased at Scene** - Chose the appropriate block. This block is used to identify a victim who dies from injuries at the crash scene. If deceased at scene, continue to **2h, 2i Deceased Remove To/By**. If not deceased at scene and transported for medical treatment, continue to **2j Transported to First Medical Facility** box on next row.

**2h - Deceased Removed To** - The specific or complete name of the facility (mortuary, funeral home, hospital, OME) the deceased was removed to. If victim was transported for medical treatment, leave blank.

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**2i - Deceased Removed By** - Person or organization that removed the deceased from the crash scene. If victim was transported for medical treatment, leave blank.

**2j - Transported to First Medical Facility** - Chose the appropriate block. This block is used to identify a victim that was transported for medical treatment prior to becoming deceased.

**2k - First Medical Facility Transported To** - Name of the first medical facility the victim was transported to for treatment.

**2L - Transported to First Medical Facility By** - Person or organization that transported the victim for treatment.

**2m - Date of Death** - List MMDDYYYY for the date of death for this person.

**2n - Time of Death** - List time of death in military time.

### 3 - CRASH SCENE

<b>3</b>	<b>CRASH SCENE</b>	If Intersection or Intersection-Related, Indicate Type of Intersection: <input type="checkbox"/> 1 Four Way Intersection <input type="checkbox"/> 5 Roundabout <input type="checkbox"/> 2 T-Intersection <input type="checkbox"/> 6 Five-Point, or More <input type="checkbox"/> 3 Y-Intersection <input type="checkbox"/> 7 L-Intersection <input type="checkbox"/> 4 Traffic Circle <input type="checkbox"/> 51 Unknown	Roadway Surface Type at Crash Scene: UNIT # <input type="checkbox"/> 1 Concrete <input type="checkbox"/> 2 Blacktop, Bituminous, or Asphalt <input type="checkbox"/> 3 Brick or Block <input type="checkbox"/> 4 Slag, Gravel, or Stone
		If Intersection or Intersection-Related, and Traffic Signals Present, Indicate Type of Signal: <input type="checkbox"/> 1 Traffic Control Signal With Pedestrian Signal <input type="checkbox"/> 2 Traffic Control Signal Without Pedestrian Signal	<input type="checkbox"/> 5 Dirt <input type="checkbox"/> 6 Other: _____ <input type="checkbox"/> 51 Unknown  Work Zone Type: <input type="checkbox"/> 0 No Work Zone Present <input type="checkbox"/> 1 Construction <input type="checkbox"/> 2 Maintenance <input type="checkbox"/> 3 Utility <input type="checkbox"/> 4 Work Zone, Type Unknown

**3a - If Intersection or Intersection-Related, Indicate Type of Intersection** -Check the appropriate block. This element identifies various intersection types. For crashes that occur in non-junction areas, leave blank.

**1 Four-Way Intersection** refers to two roadways which cross or connect.

**2 T-Intersection** refers to an intersection where two roadways connect and one roadway does not continue across the other roadway. The roadways form a “T”.

**3 Y-Intersection** refers to an intersection where three roadways connect and none of the roadways continue across the other roadways. The roadways form a “Y”.

**4 Traffic Circle** refers to an intersection of roads where motor vehicles must travel around a circle to continue on the same road or leave on any intersecting road. A 4 (Traffic Circle) must meet the following criteria:

- Entering traffic is controlled by a stop sign, traffic signal or by no traffic control
- Parking is allowed within the circle
- Pedestrians are allowed access to the central island
- Circle traffic can be required to yield to entering traffic

**5 Roundabout** refers to an intersection of roads where motor vehicles must travel around a circle to continue on the same road or leave on any intersecting road. A 5 (Roundabout) must meet the following criteria:

- Entering traffic is controlled by a yield sign only

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- Circulating traffic has the right of way
- Pedestrian access is allowed behind the yield sign line
- No parking is allowed in the circle

**6 Five-Point, or More** refers to an intersection where more than two roadways cross or connect.

**7 L-Intersection** refers to a two-armed intersection in which one roadway intersects with another roadway but neither roadway extends beyond the other roadway. (Note: this should be configured as an intersection where the arms consist of two different named trafficways.)

**3b - If Intersection or Intersection-Related, and Traffic Signals Present, Indicate Type of Signal** - Check the appropriate block. This element identifies if pedestrian crossing signals are present on traffic control signals.

**1 Traffic Control Signal with Pedestrian Signal** refers to any highway traffic signal by which traffic is alternatively directed to stop and permitted to proceed, utilizing the colors of red, yellow, and green. This traffic control signal does have a pedestrian control signal. The source of actuation is of no concern.

**2 Traffic Control Signal without Pedestrian Signal** refers to any highway traffic signal by which traffic is alternatively directed to stop and permitted to proceed, utilizing the colors of red, yellow, and green. This traffic control signal does not have a pedestrian control signal. The source of actuation is of no concern.

**3c - Roadway Surface Type at Crash Scene** - Check the appropriate block. There may be more than one roadway surface type present at an intersection. An example would be a dirt road intersecting with an asphalt road.

**6 Other-** If Other is marked, please describe.

**3d - Work Zone Type** - Check the appropriate block. The use of these codes does not imply that the crash was caused by the construction, maintenance, or utility activity.

### Work Zone:

A work zone is defined as an area of a trafficway where construction, maintenance, or utility work activities are identified by warning signs/signals/ indicators, including those on transport devices (e.g., signs, flashing lights, channelizing devices, barriers, pavement markings, flagmen, warning signs, and arrow boards mounted on the vehicles in a mobile maintenance activity) that mark the beginning and end of a construction, maintenance or utility work activity. It extends from the first warning sign, signal, or flashing lights to the END ROAD WORK sign or the last traffic control device pertinent for that work activity. Work zones also include roadway sections where there is ongoing, moving (mobile) work activity such as lane line painting or roadside mowing only if the beginning of the ongoing, moving (mobile) work activity is designated by warning signs or signals.

### Work Zone Crash:

A work zone crash is a motor vehicle traffic crash in which the first harmful event occurs within the boundaries of a work zone or on an approach to or exit from a work zone, resulting from an

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activity, behavior or control related to the movement of the traffic units through the work zone.

**0 No Work Zone Present** is used when there is no indication that the crash is a work zone crash as defined above.

**1 Construction** is used when the available information indicates that there is long-term stationary construction such as building a new bridge, adding travel lanes to the roadway, extending an existing trafficway, etc. Highway construction includes construction of appurtenances such as guardrails or ditches, surveying activity, installation of utilities within the right-of-way, etc.

**2 Maintenance** is used when the available information indicates that there are work activities, including moving work activities, such as striping the roadway, median and roadside grass mowing/landscaping, pothole repair, snowplowing, etc., where there are warning signs or signals marking the beginning of the moving work area.

**3 Utility** is used when the available information indicates that there is short-term stationary work such as repairing/maintaining electric, gas, water lines or traffic signals. The utility company must perform the work.

**4 Work Zone, Type Unknown** is used when there is insufficient information to distinguish between **Construction, Maintenance, or Utility**.

### 4 – VEHICLE INFORMATION

<b>4</b>	<b>VEHICLE INFORMATION</b>	Trailer Vehicle Identification Number(s): <b>4a</b> Unit # _____ Unit # _____ Unit # _____ Unit # _____	Extent of Damage: <b>4c</b> UNIT # _____ <input type="checkbox"/> <input type="checkbox"/> 1 No Damage <input type="checkbox"/> <input type="checkbox"/> 2 Minor Damage <input type="checkbox"/> <input type="checkbox"/> 3 Functional Damage <input type="checkbox"/> <input type="checkbox"/> 4 Disabling Damage <input type="checkbox"/> <input type="checkbox"/> 5 Unknown Damage	Motor Vehicle Contributing Circumstances: (Check all that apply) UNIT # <b>4d</b> UNIT # _____ <input type="checkbox"/> <input type="checkbox"/> 0 None <input type="checkbox"/> <input type="checkbox"/> 1 Tires <input type="checkbox"/> <input type="checkbox"/> 2 Brake System <input type="checkbox"/> <input type="checkbox"/> 3 Steering <input type="checkbox"/> <input type="checkbox"/> 4 Suspension <input type="checkbox"/> <input type="checkbox"/> 5 Power Train <input type="checkbox"/> <input type="checkbox"/> 6 Exhaust System <input type="checkbox"/> <input type="checkbox"/> 7 Lights (Specify: _____ Head Signal Other) _____
		Fire Occurrence: <b>4b</b> UNIT # _____ <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Yes	Underride/Override: <b>4e</b> UNIT # _____ UNIT # _____ <input type="checkbox"/> <input type="checkbox"/> 1 No Underride or Override Noted <input type="checkbox"/> <input type="checkbox"/> 2 Underriding a Motor Vehicle in Transport, Compartment Intrusion <input type="checkbox"/> <input type="checkbox"/> 3 Underriding a Motor Vehicle in Transport, No Compartment Intrusion <input type="checkbox"/> <input type="checkbox"/> 4 Underriding a Motor Vehicle in Transport, Compartment Intrusion Unknown <input type="checkbox"/> <input type="checkbox"/> 5 Underriding a Motor Vehicle Not in Transport, Compartment Intrusion <input type="checkbox"/> <input type="checkbox"/> 6 Underriding a Motor Vehicle Not in Transport, No Compartment Intrusion <input type="checkbox"/> <input type="checkbox"/> 7 Underriding a Motor Vehicle Not in Transport, Compartment Intrusion Unknown <input type="checkbox"/> <input type="checkbox"/> 8 Overriding a Motor Vehicle in Transport <input type="checkbox"/> <input type="checkbox"/> 9 Overriding a Motor Vehicle Not in Transport <input type="checkbox"/> <input type="checkbox"/> 10 Unknown if Override or Underride Present	

**4a – Trailer Vehicle Identification Number(s)** – This element records the vehicle identification number (VIN) of all trailing units of a combination vehicle. VINs for the power unit are not reported in this element.

**4b – Fire Occurrence** – This element identifies whether or not a fire in any way related to the crash occurred in this vehicle.

**No** – is used if it cannot be determined that a fire occurred in the vehicle during the crash.

**Yes** – is used when there is indication that this vehicle sustained fire damage.

**Notes:** In a multi-vehicle crash where a fire occurs, only the vehicles sustaining fire damage should be coded **Yes**. Fires that begin in a vehicle before the first impact may be counted.

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**4c- Extent of Damage** – This element indicates the amount of damage sustained by this vehicle in this crash based on an operational scale.

**1 No Damage** is used when there is no damage indicated in the available information for this vehicle.

**2 Minor Damage** is damage that does not disable or affect the operation of the motor vehicle. This attribute is used when the case materials indicate damage to the vehicle to be Minor or less than Functional and the vehicle is not towed due to damage.

Examples of **2 Minor Damage** include: dented or bent fenders, bumpers, grills, body panels, and destroyed hubcaps.

**3 Functional Damage** is damage that is not disabling, but affects the operation of the motor vehicle or its parts. This attribute is used when the available information specifically indicates the damage is moderate or functional.

Examples of **3 Functional Damage** includes:

- doors, windows, hood and trunk lids that will not operate properly;
- broken glass that obscures vision;
- damage that would prevent the motor vehicle from passing an official motor vehicle inspection;
- tire damage even though the tire may have been changed at the scene;
- bumpers that are loose;
- headlamp or taillight damage that would make night driving hazardous but would not affect daytime driving; and,
- damage to turn signals, horn or windshield wipers, that makes them inoperative

**4 Disabling Damage** is damage that precludes departure of the motor vehicle from the crash scene in its usual daylight-operating manner after simple repairs. As a result, the motor vehicle would have had to have been towed, or carried from the crash scene, or assisted by an emergency motor vehicle. This attribute should be used when the available information specifically indicates disabling or severe damage. This attribute is also used when the damage is indicated to be of greater magnitude than Functional (moderate), e.g., major, extensive, totaled and the vehicle was towed from the scene.

**5 Unknown** is used when damage information is unavailable or cannot be determined. Example: Hit and run vehicle.

**Note:** There is a distinction between the cost to repair the damage (totaled, under/over monetary threshold) and the degree to which the damage affects the vehicle's operability. Operational damage is recorded here.

**4d- Motor Vehicle Contributing Circumstances** – This element describes the possible pre-existing motor vehicle defects or maintenance conditions that may have contributed to the crash. Check all that apply.

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**1 Tires** include any defect (e.g., lost/losing re-tread) or maintenance issue of a tire (e.g., one or more bald tires). If the contributing factor is of the wheel (e.g., a lug nut comes off), then use **9 Wheels**.

**2 Brake System** includes parking brakes.

**3 Steering** is used when the case materials indicate the following may have contributed to the crash: tie rod ends, kingpins, power steering components, and ball joints.

**4 Suspension** is used when the case materials indicate that the vehicle's suspension components may have contributed to the crash. These include, springs, shock absorbers, struts, and control arms.

**5 Power Train** is used when the case materials indicate that the vehicles power train components may have contributed to the crash. Examples are: universal joints, drive shaft, and transmission. This also includes engine, differential, and stuck throttles.

**6 Exhaust System** includes exhaust manifold(s), headers, muffler, catalytic converter, tailpipe, etc.

**7 Lights** is used for an indication of missing or inoperative lights on the vehicle or trailer contributing to the crash. Please specify which lights are missing or nonfunctional.

**8 Wipers** includes nonfunctional as well as missing.

**9 Wheels** includes loss of lug nuts.

**10 Mirrors** includes interior and exterior mirrors, which were damaged or missing prior to the crash.

**11 Windows/Windshield** is used when there is a pre-existing defect to the windows or windshield such as improper tinting or cracks.

**12 Body, Doors** includes trunk, hood, tailgate, rear doors of cargo vans, etc.

**13 Truck Coupling/Trailer Hitch/Safety Chains** applies to a defective trailer hitch or an improper trailer hitch.

**14 Safety Systems** is used when the case materials indicate that the air bags failed to deploy or the air bag deployed inappropriately. Also, use this when a seat belt failure is described, such as webbing that was excessively worn or came unlatched. Excludes: improper use.

**50 Other** includes any other component described in the case materials that is not listed in the above attribute list, such as, horns.

**4e – Underride/Override** – This element indicates whether an underride or override occurred during the crash involving this vehicle.

An **Underride** refers to a vehicle sliding under another vehicle during a crash. The classic example is

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an automobile striking the rear end or the side of a tractor-trailer and coming to a stop under the trailer. In this example, the automobile is the underriding vehicle. We distinguish between those underriding vehicles with compartment intrusion versus those with no compartment intrusion.

Compartment intrusion indicates a breach of the passenger compartment of this underriding (striking) vehicle. For example, damage to the windshield or glass area.

No compartment intrusion means that the underridden vehicle (struck vehicle) did not directly enter the passenger compartment of this vehicle (for example, damage to the hood or front bumper). It is possible for an auto to completely underride the trailer without stopping. **Underride is not applicable to motorcycles or snowmobiles.**

An **Override** refers to a vehicle riding up over another vehicle (including a parked vehicle). A vehicle straddling a guardrail, for example, is not coded as an override.

**1 No Underride or Override Noted** is used when there is no indication that this vehicle was involved in an underride or override.

**Codes 2-4** are used when **this vehicle** underrides a motor vehicle in-transport (includes those in motion outside the trafficway).

**Codes 5-7** are used when **this vehicle** underrides a motor vehicle that is Not In-Transport. This includes parked/stopped off roadway motor vehicles, working motor vehicles (e.g., cherry picker, paint-striping truck).

**8 Overriding a Motor Vehicle In-Transport** is used when this vehicle overrides a motor vehicle in-transport (includes those in motion outside the trafficway).

**9 Overriding a Motor Vehicle Not In-Transport** is used when this vehicle overrides a motor vehicle not in-transport. This includes parked/stopped off roadway motor vehicles, working motor vehicles (e.g. cherry picker, paint-striping truck).

**10 Unknown if Underride or Override** is used when an Underride or Override occurred but it cannot be determined which is appropriate.

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## 5 – DRIVER INFORMATION

<b>5</b>	<b>DRIVER INFORMATION</b>	Driver Unit # _____ Height <span style="border: 1px solid red; padding: 0 2px;">5a</span> _____ Ft _____ In Weight: <span style="border: 1px solid red; padding: 0 2px;">5b</span> _____	Driver Unit # _____ Height _____ Ft _____ In Weight: _____	Racing Involved UNIT # <span style="border: 1px solid red; padding: 0 2px;">5c</span> <input type="checkbox"/> No <input type="checkbox"/> Yes			
		Compliance with License Restrictions: UNIT # _____ <span style="border: 1px solid red; padding: 0 2px;">5d</span> <input type="checkbox"/> 0 No Restrictions <input type="checkbox"/> 1 Restrictions Complied With <input type="checkbox"/> 2 Restrictions Not Complied With <input type="checkbox"/> 3 Restrictions, Compliance Unknown <input type="checkbox"/> 51 Unknown	Compliance with CDL Endorsements: UNIT # _____ <span style="border: 1px solid red; padding: 0 2px;">5e</span> <input type="checkbox"/> 0 No Endorsements Required for Vehicle <input type="checkbox"/> 1 Endorsement(s) Required, Complied With <input type="checkbox"/> 2 Endorsement(s) Required, Not Complied With <input type="checkbox"/> 3 Endorsement(s) Required, Compliance Unknown <input type="checkbox"/> 51 Unknown if Required				
		Driver Maneuvered to Avoid UNIT # _____ <span style="border: 1px solid red; padding: 0 2px;">5f</span> <input type="checkbox"/> 1 Driver Did Not Maneuver to Avoid <input type="checkbox"/> 2 Object <input type="checkbox"/> 3 Poor Road Conditions (puddle, ice, pothole etc.) <input type="checkbox"/> 4 Live Animal <input type="checkbox"/> 5 Motor Vehicle (in transport, parked, working) <input type="checkbox"/> 6 Pedestrian, Pedalcyclist or Other Non-Motorist <input type="checkbox"/> 7 Non-Contact Motor Vehicle <input type="checkbox"/> 51 Unknown	Driver's Attempted Avoidance Maneuver (Check Only One) UNIT # _____ <span style="border: 1px solid red; padding: 0 2px;">5g</span> <input type="checkbox"/> 1 No Avoidance Maneuver <input type="checkbox"/> 2 Releasing Brakes <input type="checkbox"/> 3 Braking <input type="checkbox"/> 4 Steering Left <input type="checkbox"/> 5 Steering Right <input type="checkbox"/> 6 Braking and Steering Left <input type="checkbox"/> 7 Braking and Steering Right <input type="checkbox"/> 8 Braking and Unknown Steering Direction <input type="checkbox"/> 9 Accelerating <input type="checkbox"/> 10 Accelerating and Steering Left <input type="checkbox"/> 11 Accelerating and Steering Right <input type="checkbox"/> 12 Accelerating and Unknown Steering Direction <input type="checkbox"/> 50 Other Actions: _____ <input type="checkbox"/> 51 Unknown if Avoidance Maneuver Attempted				
		Driver Influencing Substances <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Alcohol <span style="border: 1px solid red; padding: 0 2px;">5h</span></th> <th style="width: 50%;">Drugs <span style="border: 1px solid red; padding: 0 2px;">5i</span></th> </tr> <tr> <td>                             Unit # _____ Unit # _____  <input type="checkbox"/> No Test Given  <input type="checkbox"/> Test Given  <input type="checkbox"/> Test Refused  <input type="checkbox"/> Testing Unknown                         </td> <td>                             Unit # _____ Unit # _____  <input type="checkbox"/> No Test Given  <input type="checkbox"/> Test Given  <input type="checkbox"/> Test Refused  <input type="checkbox"/> Testing Unknown                         </td> </tr> </table>	Alcohol <span style="border: 1px solid red; padding: 0 2px;">5h</span>	Drugs <span style="border: 1px solid red; padding: 0 2px;">5i</span>	Unit # _____ Unit # _____ <input type="checkbox"/> No Test Given <input type="checkbox"/> Test Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Testing Unknown	Unit # _____ Unit # _____ <input type="checkbox"/> No Test Given <input type="checkbox"/> Test Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Testing Unknown	Driver Alcohol/Drug Testing Results Unit # <span style="border: 1px solid red; padding: 0 2px;">5j</span> Alcohol Test Type: <span style="border: 1px solid red; padding: 0 2px;">5k</span> _____ Alcohol Test Results: <span style="border: 1px solid red; padding: 0 2px;">5l</span> _____ Drug Test Type: <span style="border: 1px solid red; padding: 0 2px;">5m</span> _____ Drug Test Results: <span style="border: 1px solid red; padding: 0 2px;">5n</span> _____
		Alcohol <span style="border: 1px solid red; padding: 0 2px;">5h</span>	Drugs <span style="border: 1px solid red; padding: 0 2px;">5i</span>				
Unit # _____ Unit # _____ <input type="checkbox"/> No Test Given <input type="checkbox"/> Test Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Testing Unknown	Unit # _____ Unit # _____ <input type="checkbox"/> No Test Given <input type="checkbox"/> Test Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Testing Unknown						

**5a - Height** - Enter the height of the driver as listed on the driver’s license or other form of identification.

**5b - Weight** - Enter the weight of the driver as listed on the driver’s license or other form of identification.

**5c – Racing Involved** – This element identifies if the driver’s speed was related to the crash as a result the driver engaged in a speed-related competition on the trafficway. Complete this box if **Section 22 -Violation/Behavior**, boxes 2 and/or 3 are filled or checked. Check the appropriate box.

**5d – Compliance with License Restrictions** – This element identifies if a driver was compliant with restrictions on their license.

**0 No Restrictions** is used when the driver has no restrictions on their license, when the driver is unlicensed or when they are operating a vehicle that does not require a license.

**1 Restrictions Complied With** is used when the driver is in compliance with the restrictions for their driver’s license.

**2 Restrictions Not Complied With** is used when the driver is not compliant with the restrictions for their driver’s license.

**3 Restrictions, Compliance Unknown** is used when it is known that this driver has restrictions on their license but compliance is not known.

**51 Unknown** is used when it is unknown if the driver is licensed or when it is unknown if a licensed driver had restrictions.



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**5e – Compliance with CDL Endorsements** – This element indicates whether the vehicle driven at the time of the crash requires endorsement(s) on a Commercial Driver’s License (CDL) and whether this driver is complying with the CDL endorsements.

**0 No Endorsements Required for the vehicle** is used when this vehicle requires no special endorsement on a CDL or requires no CDL to operate.

**1 Endorsement(s) Required, Complied With** is used when this vehicle requires a CDL and requires a particular endorsement or set of endorsements, and the driver has a CDL and is in compliance with the specific endorsements. (Note: The status of the CDL is not used in determining if the driver has complied with the endorsement.)

**2 Endorsement(s) Required, Not Complied With** is used when this vehicle requires a CDL and particular endorsement(s) on the CDL, but the driver does not have a CDL or does not have the particular endorsement(s) required for the vehicle driven. The driver may have some other endorsement(s). (Note: The status of the CDL is not used in determining if the driver has complied with the endorsement.)

**3 Endorsement(s) Required, Compliance Unknown** is used when this vehicle requires a CDL and particular endorsement(s) on the CDL, but it is not known whether the driver was in compliance with the particular endorsement(s) or it is not known whether the driver had a CDL.

**51 Unknown if Required** is used when it is unknown if the vehicle requires a CDL, or when it is unknown if an endorsement is required on a CDL to operate the crash vehicle. The driver may or may not have a CDL.

**5f – Driver Maneuvered to Avoid** – This element identifies the thing(s) the driver attempted to avoid while the vehicle was on the road portion of the trafficway, just prior to the First Harmful Event (FHE) for this vehicle.

**1 Driver Did Not Maneuver to Avoid** is used when the driver indicates no avoidance maneuvers were taken, the avoidance maneuver(s) occurred after the first harmful event for the vehicle, or the avoidance maneuver occurred when the vehicle was not on a roadway, shoulder, or parking lane.

**2 Object** is used when the driver attempted to avoid a non-fixed object such as; an animal carcass, an unattached trailer, a bicycle without a rider, downed tree limbs or power lines, debris from a previous crash, rocks that fall from an adjacent hillside, a load that fell from another vehicle, debris left from a tire blowout, etc.

**3 Poor Road Conditions (Puddle, Ice, Pothole, etc.)** are used when the driver maneuvered to avoid the location of a road condition. Treat the condition as if it were an object. Do not use this attribute if the driver lost control while traveling on/over the road condition but made no maneuver to avoid it.

**4 Live Animal** is used when the driver attempted to avoid a live animal that is stationary or moving. A dead animal carcass is considered debris and coded as **2 Object**.

**5 Motor Vehicle** is used when the driver attempted to avoid another **contact** motor vehicle in

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the crash. This includes in-transport, parked or working motor vehicles. A trailer not connected to a motor vehicle would be considered a **2 Object**.

**6 Pedestrian, Pedalcyclist or Other Non-Motorist** is used when the driver attempts to avoid a pedestrian, pedalcyclist or other non-motorist. Other Non-motorist would include persons riding on an animal, or in an animal drawn conveyance or on a personal conveyance. A person killed in a previous crash or an unoccupied pedalcycle or personal conveyance would be considered a **2 Object**.

**7 Non-Contact Motor Vehicle** is used when the driver attempted to avoid another motor vehicle in the crash that was reported as a **non-contact** vehicle This includes in-transport, parked, or working motor vehicles. A trailer not connected to a motor vehicle would be considered a **2 Object**.

**51 Unknown** is used when the information about a particular vehicle's circumstances are unknown.

**5g – Driver's Attempted Avoidance Maneuver** – This element identifies movements/actions taken by the driver prior to the First Harmful Event. Mark the box of known actions only. Select only one box.

**1 No Avoidance Maneuver** is selected whenever the driver did not attempt any evasive (pre-impact) maneuvers.

### **5h – 5i – Driver Influencing Substances**

**5h – Driver Influencing Substances (Alcohol)** – This element identifies if testing was performed as a result of Box 21, #4 being marked on the second page of the primary report (**Condition Influencing Driver/Ped/Cyclist**). Please mark the appropriate box.

**No Test Given** - This attribute should only be checked if the suspect driver is suspected of violating ARS 28-1381 AND is unavailable for chemical analysis, i.e. runs away from scene and is not apprehended or the investigating officer cannot prove suspect is driver of motor vehicle. The circumstance should be explained in the narrative.

**Test Given** - This attribute should be checked if a chemical analysis was performed and an analysis is pending. This would include a breath test that indicates the driver is in violation of ARS 28-1381.

**Test Refused** - This attribute should be checked if the person suspected of violating ARS 28-1381 refuses to submit to a test or tests under ARS 28-1321.

**Testing Unknown** - Would reflect that the Investigating Officer does not know if a test was given or refused.

**5i – Driver Influencing Substances (Drugs)** - This element identifies if testing was performed as a result of Box 21, #5 through 8 being marked on the second page of the primary report (**Condition Influencing Driver/Ped/Cyclist**). Please mark the appropriate box.

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**No Test Given** - This attribute should only be checked if the suspect driver is suspected of violating ARS 28-1381 AND is unavailable for chemical analysis, i.e. runs away from scene and is not apprehended or the investigating officer cannot prove suspect is driver of motor vehicle. The circumstance should be explained in the narrative.

**Test Given** -This attribute should be checked if a chemical analysis was performed and an analysis is pending.

**Test Refused** - This attribute should be checked if the person suspected of violating ARS 28-1381 refuses to submit to a test or tests under ARS 28-1321.

**Testing Unknown** - Would reflect that the Investigating Officer does not know if a test was given or refused.

**5j – 5n – Driver Alcohol/Drug Testing Results** – This element identifies the testing done for alcohol and/or drugs, and the results of said testing.

**5j – Unit #** - Number must match Unit # , on front page of Crash Report, 01-2704A R01/2021.

**5k – Alcohol Test Type**- Choices are as follows:

- 00 - Not Tested for Alcohol
- 01 - Whole Blood
- 02 - Breathalyzer “BAC”
- 03 - Urine
- 04 - Vitreous
- 05 - Blood Plasma/Serum
- 06 - Blood Clot
- 07 - Liver
- 08 - Other Test Type
- 10 - Preliminary Breath Test (PBT)
- 50 - Unknown Test Type
- 51 - Unknown if Tested

**5L – Alcohol Test Result** – Enter the actual to three digits.

- 98- Positive Reading With No Actual Value.
- 99- Unknown if Tested.

**5m – Drug Test Type**- Choices are as follows:

- 0 - Not Tested for Drugs
- 1 - Blood Test
- 2 - Urine Test
- 3 - Both: Blood and Urine Tests
- 4 - Unknown Test Type
- 5 - Other Type Test
- 6 - Unknown if Tested for Drugs

**5n - Drug Test Results** - Listing of all drugs found in a person’s system with the exception of Nicotine, Aspirin, Alcohol, and (all) drugs, administered after the crash for life-saving purposes by the EMS or hospital. Caffeine and mild analgesics are considered to be drug types. A copy of the

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drug test results should be sent to Traffic Records.

98 - Tested For Drugs, Drugs Found, Type Unknown

99 - Unknown if Tested

## 6 – EMS

6	EMS	Notification Time EMS:	<b>6a</b>				Arrival Time EMS:	<b>6b</b>				EMS Time at Hospital:	<b>6c</b>			

**6a - EMS Called** -The time EMS was notified. (Obtained from local CAD report or on scene from EMS responding personnel)

**6b - EMS Arrived** -Time the first EMS unit arrives on the scene. (Obtained same as above)

**6c - Arrival Time at Hospital** – Record the time Emergency Medical Services (EMS) arrived at the first treatment facility to which it was transporting any victim of the crash. This excludes any transport by anyone other than EMS. If more than one person is transported by EMS, try to obtain the time for the most severely injured person.

## 7 – MOTOR VEHICLE OCCUPANT AND NON-OCCUPANT INFORMATION

7	MOTOR VEHICLE OCCUPANT/NON-OCCUPANT INFORMATION	Unit #	Seat Pos.	S/D	Ejection	Ej. Path	Extrication	Transport	Seating Position	00 – Not Applicable/Non-Occupant 18, 28, 38, 48 – Additional passenger in vehicle by row (Ex: child in lap) 19, 29, 39, 49 – Unknown passenger location by row 50 – In enclosed passenger/cargo area 51 – In unenclosed passenger/cargo area 52 – Riding on vehicle exterior 53 – Riding in trailing unit 54 – Sleeper section of cab (truck) 55 – Unknown location
		<b>7a</b>	<b>7b</b>	<b>7c</b>	<b>7d</b>	<b>7e</b>	<b>7f</b>	<b>7g</b>	41 31 21 11 42 32 22 12 43 33 23 13 48 38 28 18 49 39 29 19	
									Safety Devices (SD) 0 – Not Applicable/None Used 1 – Lap Belt Only 2 – Shoulder Belt Only 3 – Shoulder and Lap Belt Used 4 – Restraint – Type Unknown 5 – Other: Specify _____ 6 – Child Restraint – Forward Facing 7 – Child Restraint – Rear Facing 8 – Booster Seat 9 – Child Restraint – Type Unknown 10 – No Helmet 11 – DOT-Compliant Motorcycle Helmet 12 – Helmet, Other Than DOT-Compliant MC Helmet 13 – Helmet, Unknown if DOT-Compliant 50 – Unknown if Helmet Worn 51 – Unknown	
									Ejection 0 – Not Ejected/Not Applicable 1 – Ejected, Totally 2 – Ejected, Partially 3 – Ejected, Unknown Degree 51 – Unknown if Ejected Ejection Path 0 – Not Applicable 1 – Through Side Door Opening 2 – Through Side Door Window 3 – Through Windshield 4 – Through Back Window 5 – Through Back Door/Tailgate Opening 6 – Through Roof Opening 7 – Through Roof (convertible roof up) 8 – Other Path (Back of pick-up truck) 51 – Ejection Path Unknown	
									Extrication 0 – Not Applicable 1 – Not Extricated 2 – Extricated 51 – Unknown if Extricated	
									Transport to First Medical Facility 0 – Not Transported 1 – EMS Air 2 – EMS Ground 3 – EMS Unknown Mode 4 – Law Enforcement 5 – Transported Unknown Source 6 – Other _____ 51 – Unknown if Transported	

This section is used to record information for all individuals (occupants and non-occupants) involved in the crash.

**7a – Unit #** - This number is from Elements 5a/6a on the front page.

**7b – Seat Position** – The location for this occupant in, on, or outside of the motor vehicle prior to the first event. NOTE: The driver is assumed to be Seat Position # 11; however, in the case of postal delivery vehicle or vehicles with the driver on the right side, explain in the narrative.

00- Not Applicable/ Non-Occupant

11- Front Seat, Left Side

12- Front Seat, Middle

13- Front Seat, Right Side

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- 18- Front Seat, Other Position
- 19- Front Seat, Unknown Position
- 21- Second Seat, Left Side
- 22- Second Seat, Middle
- 23- Second Seat, Right Side
- 28- Second Seat, Other Position
- 29- Second Seat, Unknown Position
- 31- Third Seat, Left Side
- 32- Third Seat, Middle
- 33- Third Seat, Right Side
- 38- Third Seat, Other Position
- 39- Third Seat, Unknown Position
- 41- Fourth Seat, Left Side
- 42- Fourth Seat, Middle
- 43- Fourth Seat, Right Side
- 48- Fourth Seat, Other Position
- 49- Fourth Seat, Unknown Position
- 50- In Enclosed Passenger/Cargo Area
- 51- In Unenclosed Passenger/Cargo Area
- 52- Riding on Vehicle Exterior
- 53- Riding in Trailing Unit
- 54- Sleeper Section of Cab (Truck)
- 55- Unknown Location

**18 Front Seat, Other Position, 28 Second Seat, Other Position, 38 Third Seat, Other Position** and **48 Fourth Seat, Other Position** are used to record the position of someone sitting on the floor or lying across the seat. In addition, enter these attributes when two or more persons are sitting abreast of one another in the same seating location (as opposed to on or in someone's lap), since only one occupant can be assigned the seat's position. These attributes are also used if there is only one seat in the seating row (e.g., bucket, pedestal, etc.), and the occupant was in the area but not in the seat. This situation could occur because of vehicle design or seat removal.

### Example

#### Multiple People in Other Seats

**Situation:** If you know one is in another's lap – Both get same Seating Position

**Situation:** If you don't know if they are sitting side-by-side or in another's lap – Both get that row, unknown

**Situation:** If you know they are sitting side-by-side and only one had a restraint:

Person	Seating Position
Person with restraint	As indicated
Other Person	That row, other

**Situation:** If you know they are sitting side-by-side and both had restraints:

Person	Seating Position
Oldest Person	As indicated
Other Person	That row, other

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**Situation:** If you know they are sitting side-by-side and neither had restraints:

Person	Seating Position
Oldest Person	As indicated
Other Person	That row, other

**19 Front Seat, Unknown Position, 29 Second Seat, Unknown Position, 39 Third Seat, Unknown Position, and 49 Fourth Seat, Unknown Position** are used to record the position of someone when the seating row is known; but, the seat position is not known and **18 Front Seat, Other Position, 28 Second Seat, Other Position, 38 Third Seat, Other Position, and 48 Fourth Seat, Other Position** do not apply.

### Example

#### Multiple People in Front Left (Driver's Seat)

**Situation:** You know who the driver is; however, it is unknown if other person is seated side-by-side with driver or on the driver's lap:

Person	Seating Position
The Driver	Front, Left (11)
Other Person	Front, Unknown (19)

**Situation:** You don't know who the driver is and it is unknown if side-by-side or on another's lap:

Person	Seating Position
Unknown	Front, Unknown (19)
Unknown	Front, Unknown (19)

**7c – Safety Device** – This element records the restraint equipment used by the occupant, or the helmet used by a motorcyclist, at the time of the crash.

**0- Not Applicable/None Used** is used when the case materials indicate that the occupant did not use a restraint. This includes situations where the occupant of that seat position did not use the available restraint, and that no restraint was available in the seat position of this occupant.

Use this attribute for persons who are riding in the sleeper section of the cab of a truck, for persons who are riding on the exterior of the vehicle, and for persons in unenclosed cargo areas, such as a bed of a pickup truck where a restraint would not be present to use. In the case of a motorcycle occupant without a helmet, use **10 No Helmet**.

**1- Lap Belt Only** is used when the occupant is using only a lap safety belt either because the motor vehicle is equipped only with a lap belt or because the shoulder belt is not in use.

**2- Shoulder Belt Only** is used for a two-part occupant restraint system and only the shoulder belt portion is connected to a buckle.

**3- Shoulder and Lap Belt** is used when the occupant restraint system consists of both the shoulder belt and lap belt portions and is connected to a buckle.

**4 Restraint - Type Unknown** is used when some type of restraint was in use but the type of restraint is not clear.

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**5 Other** is used when the case materials indicated that some other type of restraint not listed was being used at the time of the crash. Example: a five point harness.

**6 Child Restraint - Forward Facing** is used when a child passenger is seated in a forward-facing child safety seat. This does not imply correct use or placement of the seat.

**7 Child Restraint - Rear Facing** is used when a child passenger is seated in a rearward facing child safety seat. This does not imply correct use or placement of the seat.

**8 Booster Seat** is used when a child passenger is seated in a “belt-positioning seat” that positions a child on a vehicle seat to improve the fit of the child in a lap and shoulder seat belt system.

**9 Child Restraint - Type Unknown** is used when a child passenger is seated in a child safety seat; however, the type used (e.g. forward, rear, or booster, etc.) is not known.

**10 No Helmet** is used when the investigating officer indicates that the occupant of a motorcycle was not wearing a helmet.

**11 DOT-Compliant Motorcycle Helmet** is a motorcycle helmet that is compliant with Federal Motor Vehicle Safety Standards. It must be specifically indicated to be “DOT-Compliant”.

**12 Helmet, Other than DOT-Compliant Motorcycle Helmet** is a motorcycle helmet that is not a DOT-compliant helmet. This also would include bicycle helmets, skateboard helmets, and novelty helmets.

**13 Helmet, Unknown if DOT-Compliant** is when a motorcycle helmet was indicated to be worn by the motorcycle rider, but unknown if it is a DOT-compliant motorcycle helmet.

**50 Unknown if Helmet Worn** is used when it cannot be determined that helmet use is known for a motorcycle, moped, ATV/ATC, or snowmobile occupant.

**51 Unknown** is used when the restraint system use was unknown for vehicle occupants other than motorcycle, moped, ATV/ATC, or snowmobile occupants.

**7d – Ejection** – This element describes the ejection status and degree of ejection for this person, **excluding motorcycle occupants.**

**0 Not Ejected/ Not Applicable** is used if the occupant remained in the vehicle during the crash, and until post-crash momentum had ceased. Also applies to non-occupants, motorcycle rider, rider of an animal, etc.

**1 Ejected, Totally** is used when the occupant's body is entirely outside the vehicle but may be in contact with the vehicle. This includes occupants who are not initially in the seating compartment of the vehicle (e.g., pickup beds, boot of a convertible, and persons riding on open tailgates).

**2 Ejected, Partially** refers to those instances where some part but not all of an occupant's body is, at some time during the crash sequence, outside the occupant compartment. This does not

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apply to occupants who are not initially in the seating compartment of the vehicle (e.g., pickup beds, boot of a convertible, and persons riding on open tailgates), since any ejection for them is coded as **1 Ejected, Totally**.

**3 Ejected, Unknown Degree** is used when the officer indicates that an occupant is ejected but fails to discriminate between total and partial ejection.

**51 Unknown if Ejected** is used when the officer cannot determine if an ejection has occurred or not.

**7e – Ejection Path** – This element identifies the path by which this person was ejected from the vehicle.

**0 Not Applicable-** The victim was a pedestrian, pedacyclist, motorcyclist, rider of animal or as an occupant remained in the vehicle during the crash and until post-crash momentum had ceased.

**1 Through Side Door Opening** - Use if victim was ejected through side door openings, i.e. door opened during crash events.

**2 Through Side Door Window** - Use if victim was ejected through any side windows, first, second, third rows, bus side windows, etc.

**3 Through Windshield** - Use if victim was ejected through front windshield only.

**4 Through Back Window** - Use if victim was ejected through standard rear window, back window of Bronco, van, etc.

**5 Through Back Door/Tailgate Opening** - Use if victim was ejected through station wagon tailgate, back door of truck, back door of Bronco , van, etc.

**6 Through Roof Opening (sunroof, convertible top down)** - Use if victim was ejected through T-top, Targa top, etc.

**7 Through Roof (convertible top up)** - Use if victim was ejected through a convertible top with the roof up. See 8 below.

**8 Other Path** - Use if victim was ejected from the back of a pickup truck, a torn-off roof, a car cut in half, etc.

**51 Unknown** - Use if the investigating officer cannot determine the path the victim was ejected or partially ejected through.

**7f – Extrication** – This element identifies if equipment or other force was used to remove this person from the vehicle.

**0 Not Applicable-** The victim was a pedestrian, pedalcyclist, motorcyclist, rider of animal, etc.

**1 Not Extricated** is used if there is no reason to believe an occupant was extricated



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**2 Extricated** is used when the police officer uses the word “extricated” to indicate occupant removal. Use of the term “extricated” is sufficient information to use **2 Extricated** even if no mention of equipment is made. If the officer uses the term “pinned” or “wedged” or something similar, then the officer must indicate that equipment was used to remove the occupant in order to code attribute **2 Extricated**.

**51 Unknown if Extricated** is to be used when the officer states that the occupant is “pinned” or “wedged,” etc., and suggests that the occupant may have been removed with force, but does not make it clear whether equipment was used or not.

**7g – Transport to First Medical Facility** – This element identifies the method of transportation this person was provided to receive treatment or be evaluated for a possible injury at the first hospital or medical facility.

**0 Not Transported** is used for victims who are dead on the scene and for those who are not taken (or do not go) to a treatment facility or hospital for treatment from the crash scene. For example, an uninjured occupant rides along with an injured person to a treatment facility. **0 Not Transported** would be used if the person did not go to a treatment facility directly from the scene, but was transported at a later time for injuries sustained in this crash.

**1 EMS Air** includes any air transport device. This code would be used any time air transport was used for this person. For example, if there is an indication that both air and ground transportation were used, code **1 EMS Air**.

**2 EMS Ground** includes transport by private and county/city-owned ambulance or rescue squad vehicles.

**3 EMS Unknown Mode** is used when a person is transported to a treatment facility by EMS, but the mode of transportation is not known.

**4 Law Enforcement** includes transport by state, county or local law enforcement agency vehicles.

**5 Transported Unknown Source** is used if you know the person was transported to a treatment facility, but you do not know the source.

**6 Other** includes transport by private citizens or individuals who drive themselves to the hospital or treatment facility. May be indicated on your crash report as “POV” (Privately/Personally owned Vehicle).

**51 Unknown if Transported** is used when it is reported as “unknown” whether or not this victim was taken (or went) to a hospital/treatment facility for treatment.

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## 8 – MOTORCYCLE INFORMATION

8	MOTORCYCLE INFORMATION	Motorcycle Body Style		8a	Motorcycles - Three Wheel Styles	
		Motorcycles – Two Wheel Styles UNIT #			UNIT #	
		<input type="checkbox"/> 1 Two Wheel Motorcycle	<input type="checkbox"/> 4 Motor Scooter		<input type="checkbox"/> 11 Three Wheel Motorcycle (2 rear wheels)	
		<input type="checkbox"/> 2 Moped or Motorized Bicycle	<input type="checkbox"/> 5 Other Motorized Cycle Type		<input type="checkbox"/> 12 Unenclosed Three Wheel Motorcycle/Unenclosed Autocycle (1 rear wheel)	
		<input type="checkbox"/> 3 Off-Road Motorcycle	<input type="checkbox"/> 50 Unknown Motored Cycle Type		<input type="checkbox"/> 13 Enclosed Three Wheel Motorcycle/Enclosed Autocycle (1 rear wheel)	
					<input type="checkbox"/> 51 Unknown Three Wheel Motorcycle Type	
					<input type="checkbox"/> 60 ATV/ATC (All Terrain Cycle)	

**8a – Motorcycle Body Style** – Used to identify the body style of any motorcycle involved in the crash. If no motorcycles were involved, leave blank.

### Two Wheel Styles

**1 Two Wheel Motorcycle (excluding motor scooters)** is used when a motor vehicle having a seat or saddle for the use of its operator is a two-wheeled open (e.g., no enclosed body) vehicle propelled by a **motor**. Motorcycles equipped with a side car also use this code.

**2 Moped or Motorized Bicycle** is used when the vehicle is a speed-limited motor-driven cycle capable of moving either by pedaling or by a **motor**.

**3 Off-Road Motorcycle** is used when the vehicle is a two-wheeled open vehicle propelled by a motor designed or built for off road use only.

**4 Motor Scooter** is a light two-wheeled open motor vehicle on which the driver sits over an enclosed engine with legs together and feet resting on a floorboard.

**5 Other Motorized Cycle Type (mini-bike, pocket motorcycles “pocket bikes”)** is used when the vehicle in question does not qualify for attributes 1-4.

**50 Unknown Motored Cycle Type** is used when it is known that the vehicle is a motored cycle, but no further data is available.

### Three Wheel Styles

**11 Three-Wheeled Motorcycle (2 Rear Wheels)** is used when the vehicle is a three-wheeled open vehicle propelled by a **motor**, or a three-wheeled motorized bicycle capable of moving either by pedaling or by a **motor**.

**12 Unenclosed Three Wheel Motorcycle/Unenclosed Autocycle (1 Rear Wheel)** A large motorcycle with three wheels, configured with two front wheels and a saddle with handle bars or seat(s) and a steering wheel but not completely enclosed.

**13 Enclosed Three Wheel Motorcycle/Enclosed Autocycle (1 Rear Wheel)** A large motorcycle with three wheels, configured with two front wheels, a seat(s) and steering wheel and completely enclosed.

**51 Unknown Three Wheel Motorcycle Type** is used when the vehicle is known to be a three-wheel motorcycle but it is not known if attribute 11 Three-wheel Motorcycle (2 Rear Wheels), 12 Unenclosed Three Wheel Motorcycle / Unenclosed Autocycle (1 Rear Wheel), or 13 Enclosed Three Wheel Motorcycle / Enclosed Autocycle (1 Rear Wheel) applies.

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**60 ATV/ATC (All-Terrain Cycle)** is used for off-road recreational vehicles which cannot be licensed for use on public roadways. ATV/ATCs have 3 or 4 wheels, a saddle type seat and handle bars for steering (no steering wheel). Does not include **Recreational Off-Highway Vehicles (ROV)** with automobile type seats and steering wheel.

### 9 – NON-OCCUPANT INFORMATION

<b>9</b>	<b>NON-OCCUPANT INFORMATION</b>	<b>Non-Occupant Person Type</b> UNIT # <span style="border: 1px solid red; padding: 0 2px;">9a</span> <input type="checkbox"/> 1 Pedestrian <input type="checkbox"/> 2 Bicyclist <input type="checkbox"/> 3 Person on Personal Conveyances (skates, skateboards, wheelchairs, etc.) <input type="checkbox"/> 4 Other Cyclist (unicycle, tricycle) <input type="checkbox"/> 5 Person In/On Building <input type="checkbox"/> 6 Occupant of a Non-Motor Vehicle Transport Device (train, on an animal) <input type="checkbox"/> 51 Unknown Type of Non-Motorist	<b>Non-Occupant Safety Equipment: (Check all that apply)</b> UNIT # <span style="border: 1px solid red; padding: 0 2px;">9b</span> <input type="checkbox"/> 0 None Used Protective: UNIT # <input type="checkbox"/> 1 Helmet <input type="checkbox"/> 2 Protective Pads <input type="checkbox"/> 3 Other Protective Safety Equipment	Preventative: UNIT # <input type="checkbox"/> 4 Reflective Clothing <input type="checkbox"/> 5 Lighting Use <input type="checkbox"/> 6 Other _____ <input type="checkbox"/> 51 Unknown If Used								
		<table border="0" style="width: 100%;"> <tr> <td colspan="2" style="text-align: center;"><b>Non-Occupant Influencing Substances</b></td> <td colspan="2" style="text-align: center;"><b>Non-Occupant Alcohol/Drug Testing Results</b></td> </tr> <tr> <td style="text-align: center;">                     Alcohol <span style="border: 1px solid red; padding: 0 2px;">9c</span>                      Unit # ___ Unit # ___                 </td> <td style="text-align: center;">                     Drugs <span style="border: 1px solid red; padding: 0 2px;">9d</span>                      Unit # ___ Unit # ___                 </td> <td style="text-align: center;">                     Unit # <span style="border: 1px solid red; padding: 0 2px;">9e</span>                      Alcohol Test Type: _____                      Alcohol Test Results: <span style="border: 1px solid red; padding: 0 2px;">9f</span> <span style="border: 1px solid red; padding: 0 2px;">9g</span> _____                      Drug Test Type: _____                      Drug Test Results: <span style="border: 1px solid red; padding: 0 2px;">9h</span> <span style="border: 1px solid red; padding: 0 2px;">9i</span> _____                 </td> <td style="text-align: center;">                     Unit # _____                      Alcohol Test Type: _____                      Alcohol Test Results: _____                      Drug Test Type: _____                      Drug Test Results: _____                 </td> </tr> <tr> <td> <input type="checkbox"/> No Test Given  <input type="checkbox"/> Test Given  <input type="checkbox"/> Test Refused  <input type="checkbox"/> Testing Unknown                 </td> <td> <input type="checkbox"/> No Test Given  <input type="checkbox"/> Test Given  <input type="checkbox"/> Test Refused  <input type="checkbox"/> Testing Unknown                 </td> <td></td> <td></td> </tr> </table>	<b>Non-Occupant Influencing Substances</b>		<b>Non-Occupant Alcohol/Drug Testing Results</b>		Alcohol <span style="border: 1px solid red; padding: 0 2px;">9c</span> Unit # ___ Unit # ___	Drugs <span style="border: 1px solid red; padding: 0 2px;">9d</span> Unit # ___ Unit # ___	Unit # <span style="border: 1px solid red; padding: 0 2px;">9e</span> Alcohol Test Type: _____ Alcohol Test Results: <span style="border: 1px solid red; padding: 0 2px;">9f</span> <span style="border: 1px solid red; padding: 0 2px;">9g</span> _____ Drug Test Type: _____ Drug Test Results: <span style="border: 1px solid red; padding: 0 2px;">9h</span> <span style="border: 1px solid red; padding: 0 2px;">9i</span> _____	Unit # _____ Alcohol Test Type: _____ Alcohol Test Results: _____ Drug Test Type: _____ Drug Test Results: _____	<input type="checkbox"/> No Test Given <input type="checkbox"/> Test Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Testing Unknown	<input type="checkbox"/> No Test Given <input type="checkbox"/> Test Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Testing Unknown
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<input type="checkbox"/> No Test Given <input type="checkbox"/> Test Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Testing Unknown	<input type="checkbox"/> No Test Given <input type="checkbox"/> Test Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Testing Unknown											

**9a – Non-Occupant Person Type** – This element describes the role of this person in the crash. If no non-occupants were involved, leave blank.

**1 Pedestrian** is used for all pedestrians except for those on personal conveyances. A **person pushing a vehicle or being carried by a pedestrian** should be coded **Pedestrian**.

**2 Bicyclist** is used for a two-wheel, non-motorized cycle. **This includes** all persons (operator and passengers) on a bicycle **and a person being pulled by a bicycle (e.g., in a wagon or bike trailer)**.

**3 Person on Personal Conveyances:** This attribute should be used for pedestrians using personal conveyances. A personal conveyance is a device, other than a transport device, used by a pedestrian for personal mobility assistance or recreation. These devices can be motorized or human powered, but not propelled by pedaling.

#### Inclusions:

1. Rideable toys
  - a. Roller Skates, In-Line skates
  - b. Skateboards
  - c. Baby carriage
  - d. Scooters
  - e. Toy Wagons
2. Motorized rideable toys
  - a. Motorized skateboard
  - b. Motorized toy car
3. Devices for personal mobility assistance
  - a. Segway-style devices
  - b. Motorized and non-motorized wheelchairs
  - c. Handicapped scooters

#### Exclusions:

1. Golf cart

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2. Low Speed Vehicles (LSVs)
3. Go-carts
4. Minibike
5. “Pocket” motorcycles
6. Motor scooters
7. Moped

**Wheelchair:** use the term, “wheelchair” as follows: “Wheelchair – mobility aid, usable indoors, and designed for and used by individuals with mobility impairments, whether operated manually or powered.” Therefore, all wheelchair users, motorized or not, are **3 Persons on Personal Conveyances**.

**4 Other Cyclist** is used for unicycles and tricycles.

**5 Persons In/On Buildings** is used for a person inside of or on a building who is struck by a motor vehicle **directly or by way of an object set in motion (e.g., crash debris as a vehicle penetrates a wall)**. **5 Persons In/On Buildings** takes precedence over attributes “1-4.”

**6 Occupant of a Non-Motor Vehicle Transport Device** refers to persons riding in an animal-drawn conveyance, on an animal, or injured occupants of railway trains, etc.

**51 Unknown Type of Non-Motorist** is used only when it cannot be determined which attribute is applicable for persons not in motor vehicles.

**9b – Non-Occupant Safety Equipment** – This element identifies the safety equipment that was used and not used by this person. **Check all that apply.** If no non-occupants were involved, leave blank.

**0 None Used** – There was no use of any protective or preventative equipment.

### **Protective Equipment**

**1 Helmet** - the non-motorist was wearing a safety helmet (e.g. bicycle helmet, motorcycle helmet, racing helmet, etc.). The non-motorist does not have to be riding a bicycle at the time of the crash.

**2 Protective Pads** - the non-motorist was wearing padded, shaped attachments to protect specific areas of the body (elbows, knees, shins, etc.) from injury.

**3 Other Protective Safety Equipment** - the non-motorist was using protective safety equipment other than a helmet or pads (e.g., eye wear/face shields, gloves, wrist guards, etc.).

### **Preventative Equipment**

**4 Reflective Clothing** - the non-motorist was wearing or carrying some type of reflective item (e.g., jacket, backpack, vest, etc.). The emphasis is on the reflective property of the clothing or carried item and does not include devices which give off light under their own power (e.g., flashlights). For lighting, use 5 -Lighting. The reflective item can be reflective tape affixed to regular clothing, special reflective clothing, a reflective device that is worn or a reflective device that is carried. It can be made by the non-motorist and does not have to be specially designed as a safety device.

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**5 Lighting** - the non-motorist was using a light on his/her person or on a pedacycle or personal conveyance for safety purposes, to include flashlights.

**6 Other** - the non-motorist was using preventative safety equipment other than a reflective clothing/carried item or light (e.g., bicycle reflectors and flags, reflectors and triangles on a buggy, hi-glo orange clothing, rollerblade stoppers, etc.).

**51 Unknown** - it is unknown if this non-motorist used protective or preventative equipment.

### 9c – 9d – Non-Occupant Influencing Substances

**9c – Non-Occupant Influencing Substances (Alcohol)** – This element identifies if testing was performed as a result of Box 21, #4 being marked on the second page of the primary report (Condition Influencing Driver/Ped/Cyclist). If no non-occupants were involved, leave blank.

**No Test Given** -This attribute should only be checked if the suspect non-occupant is unavailable for chemical analysis.

**Test Given** - This attribute should be checked if a chemical analysis was performed and an analysis is pending. This would include a breath.

**Test Refused** -This attribute should be checked if the person refuses to submit to a test or tests.

**Testing Unknown** - Would reflect that the Investigating Officer does not know if a test was given or refused.

**9d – Non-Occupant Influencing Substances (Drugs)** - This element identifies if testing was performed as a result of Box 21, #5 through 8 being marked on the second page of the primary report (Condition Influencing Driver/Ped/Cyclist). If no non-occupants were involved, leave blank.

**No Test Given** -This attribute should only be checked if the non-occupant is unavailable for testing.

**Test Given** -This attribute should be checked if a chemical analysis was performed and an analysis is pending.

**Test Refused** - this attribute should be checked if the non-occupant refuses to submit to a test or tests.

**Testing Unknown** - Would reflect that the Investigating Officer does not know if a test was given or refused.

**9e – 9i – Non-Occupant Alcohol/Drug Testing Results** – This element identifies the testing done for alcohol and/or drugs, and the results of said testing. If no non-occupants were involved, leave blank.

**9e – Unit #** - Number must match Unit # , on front page of Crash Report, 01-2704A R01/2022.

**9f – Alcohol Test Type**- Choices are as follows:

00 - Not Tested for Alcohol

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- 01 - Whole Blood
- 02 - Breathalyzer “BAC”
- 03 - Urine
- 04 - Vitreous
- 05 - Blood Plasma/Serum
- 06 - Blood Clot
- 07 - Liver
- 08 - Other Test Type
- 10 - Preliminary Breath Test (PBT)
- 50 - Unknown Test Type
- 51 - Unknown if Tested

**9g – Alcohol Test Result** – Enter the actual to three digits, or:

- 97- AC Test Performed, Results Unknown.
- 98- Positive Reading With No Actual Value.
- 99- Unknown if Tested.

**9h – Drug Test Type**- Choices are as follows:

- 0 - Not Tested for Drugs
- 1 - Blood Test
- 2 - Urine Test
- 3 - Both: Blood and Urine Tests
- 4 - Unknown Test Type
- 5 - Other Type Test
- 6 - Unknown if Tested for Drugs

**9i - Drug Test Results** - Listing of all drugs found in a person’s system with the exception of Nicotine, Aspirin, Alcohol, and (all) drugs, administered after the crash for life-saving purposes by the EMS or hospital. Caffeine and mild analgesics are considered to be drug types. A copy of the drug test results should be sent to Traffic Records.

- 98 - Tested For Drugs, Drugs Found, Type Unknown
- 99 - Unknown if Tested

### 10 – COMMENTS

1 0	COMMENTS	10a
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**10a – Comment Section** – This space is provided for the investigating officer to make comments that he/she feels are pertinent to the fatal report that further clarify the comments in the primary report.

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## 11 – SIGNATURE

1 1	Officer's Name / Badge # <span style="border: 1px solid red; padding: 2px;">11a</span>	Supervisor's Signature <span style="border: 1px solid red; padding: 2px;">7f</span>	Agency Name <span style="border: 1px solid red; padding: 2px;">11c</span>	Date Completed <span style="border: 1px solid red; padding: 2px;">11d</span>
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**11a - Officer's Name/ Badge #** - Name and badge number of the lead/primary investigating officer completing this form.

**11b - Supervisor's Signature** - Signature of the law enforcement officer responsible for the review and approval.

**11c - Agency Name** - Indicate the name of the agency investigating the crash.

**11d - Date Completed** - Enter the date, YYMMDD, that the investigation report was completed.

# **TRUCK/BUS SUPPLEMENT FORM**

**01-2710 R01/2022**



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ARIZONA CRASH REPORT				REPORT ID				Agency Report Number							
TRUCK/ BUS SUPPLEMENT				YEAR	MONTH	DAY	HOUR	NCIC NO.	OFFICER ID NO.						
<b>1</b> POLICE ONLY—FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 064R 209 S. 17TH AVE., PHOENIX, ARIZONA 85007-3233															
<b>QUALIFYING INFORMATION</b> <input type="checkbox"/> 1 - A truck or truck combination >10,000 lbs GVWR/GCWR <input type="checkbox"/> 2 - A bus with seats for 9 or more persons, including driver <input type="checkbox"/> 3 - A vehicle of any type with a hazardous materials placard (includes auto, light truck, van, 10,000 lbs or less)				At the Time of the Crash, <u>THIS</u> Vehicle was: <input type="checkbox"/> 1 - Operating on a traffic way open to the public (in-Transport) <input type="checkbox"/> 2 - Parked on or off the traffic way				Commercial Driver License (CDL) <input type="checkbox"/> Yes <input type="checkbox"/> No  License Class: (check one) <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Class D <input type="checkbox"/> Class M							
<b>VEHICLE INFORMATION</b> <b>VEHICLE CONFIGURATION</b> <input type="checkbox"/> 1 - Passenger Car (only if vehicle has Hazardous Materials Placard(s)) <input type="checkbox"/> 2 - Light Truck (only if vehicle has Hazardous Materials Placard) <input type="checkbox"/> 3 - Bus (seats 9-15 people, including driver) <input type="checkbox"/> 4 - Bus (seats 16 people or more, including driver) <input type="checkbox"/> 5 - Single-Unit Truck (2 axles, 6 tires)				<input type="checkbox"/> 6 - Single-Unit Truck (3 or more axles) <input type="checkbox"/> 7 - Truck/Trailer(s) (Single-Unit Truck with Trailer(s)) <input type="checkbox"/> 8 - Truck/Tractor (without trailer, bobtail or saddle-mount) <input type="checkbox"/> 9 - Tractor/Semi-Trailer (one trailer) <input type="checkbox"/> 10 - Tractor/Doubles (two trailers) <input type="checkbox"/> 11 - Tractor/Triples (three trailers) <input type="checkbox"/> 97 - Other Truck > 10,000 lbs. (not listed above)				<b>CARGO BODY TYPE</b> <input type="checkbox"/> 0 - Not Applicable/No Cargo Body <input type="checkbox"/> 1 - Bus (seats 9-15 people, including driver) <input type="checkbox"/> 2 - Bus (seats 16 people or more, including driver) <input type="checkbox"/> 3 - Van/Enclosed Box <input type="checkbox"/> 4 - Cargo Tank <input type="checkbox"/> 5 - Flatbed <input type="checkbox"/> 6 - Dump <input type="checkbox"/> 7 - Concrete Mixer				<input type="checkbox"/> 8 - Auto Transporter <input type="checkbox"/> 9 - Garbage or Refuse <input type="checkbox"/> 10 - Grain, Chips, Gravel <input type="checkbox"/> 11 - Pole <input type="checkbox"/> 12 - Vehicle Towing Another Motor Vehicle <input type="checkbox"/> 13 - Intermodal Chassis <input type="checkbox"/> 14 - Logging <input type="checkbox"/> 97 - Other Cargo Body (not listed above)			
<b>GVWR/GCWR</b> <input type="checkbox"/> 0 - Not Applicable <input type="checkbox"/> 1 - 10,000 lbs or less <input type="checkbox"/> 2 - 10,001 - 26,000 lbs <input type="checkbox"/> 3 - Greater than 26,000 lbs		<b>BUS USE</b> <input type="checkbox"/> 0 - Not Applicable - Not a bus <input type="checkbox"/> 1 - School <input type="checkbox"/> A. School bus directly involved <input type="checkbox"/> B. School bus indirectly involved <input type="checkbox"/> 2 - Transit/Commuter		<input type="checkbox"/> 3 - Intercity <input type="checkbox"/> 4 - Charter/Tour <input type="checkbox"/> 5 - Shuttle/Other		<b>HAZARDOUS MATERIALS INVOLVEMENT</b> Did the vehicle have a Haz Mat Placard? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, include the following information from the Placard: HM 4-Digit # or name from diamond or box: _____ HM Class # (1-9) from bottom of diamond: _____ Was Haz Mat released from THIS vehicle's cargo? <input type="checkbox"/> Yes <input type="checkbox"/> No									
<b>CARRIER INFORMATION</b>															
<input type="checkbox"/> 1 - Interstate Carrier <input type="checkbox"/> 2 - Intrastate Carrier <input type="checkbox"/> 3 - Not in Commerce-Government <input type="checkbox"/> 4 - Not in Commerce-Other Trucks (Over 10,000 lbs. GVWR/GCWR)				NAME _____				IDENTIFICATION NUMBERS: <input type="checkbox"/> NONE							
SOURCE: <input type="checkbox"/> Shipping Papers <input type="checkbox"/> Vehicle Side <input type="checkbox"/> Driver <input type="checkbox"/> Log Book				ADDRESS _____				USDOT# _____							
CITY _____ STATE _____ ZIP _____				MC/MX# _____				STATE# _____							
<b>2</b> <b>QUALIFYING INFORMATION</b> <input type="checkbox"/> 1 - A truck or truck combination >10,000 lbs GVWR/GCWR <input type="checkbox"/> 2 - A bus with seats for 9 or more persons, including driver <input type="checkbox"/> 3 - A vehicle of any type with a hazardous materials placard (includes auto, light truck, van, 10,000 lbs or less)				At the Time of the Crash, <u>THIS</u> Vehicle was: <input type="checkbox"/> 1 - Operating on a traffic way open to the public (in-Transport) <input type="checkbox"/> 2 - Parked on or off the traffic way				Commercial Driver License (CDL) <input type="checkbox"/> Yes <input type="checkbox"/> No  License Class: (check one) <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Class D <input type="checkbox"/> Class M							
<b>VEHICLE INFORMATION</b> <b>VEHICLE CONFIGURATION</b> <input type="checkbox"/> 1 - Passenger Car (only if vehicle has Hazardous Materials Placard(s)) <input type="checkbox"/> 2 - Light Truck (only if vehicle has Hazardous Materials Placard) <input type="checkbox"/> 3 - Bus (seats 9-15 people, including driver) <input type="checkbox"/> 4 - Bus (seats 16 people or more, including driver) <input type="checkbox"/> 5 - Single-Unit Truck (2 axles, 6 tires)				<input type="checkbox"/> 6 - Single-Unit Truck (3 or more axles) <input type="checkbox"/> 7 - Truck/Trailer(s) (Single-Unit Truck with Trailer(s)) <input type="checkbox"/> 8 - Truck/Tractor (without trailer, bobtail or saddle-mount) <input type="checkbox"/> 9 - Tractor/Semi-Trailer (one trailer) <input type="checkbox"/> 10 - Tractor/Doubles (two trailers) <input type="checkbox"/> 11 - Tractor/Triples (three trailers) <input type="checkbox"/> 97 - Other Truck > 10,000 lbs. (not listed above)				<b>CARGO BODY TYPE</b> <input type="checkbox"/> 0 - Not Applicable/No Cargo Body <input type="checkbox"/> 1 - Bus (seats 9-15 people, including driver) <input type="checkbox"/> 2 - Bus (seats 16 people or more, including driver) <input type="checkbox"/> 3 - Van/Enclosed Box <input type="checkbox"/> 4 - Cargo Tank <input type="checkbox"/> 5 - Flatbed <input type="checkbox"/> 6 - Dump				<input type="checkbox"/> 7 - Concrete Mixer <input type="checkbox"/> 8 - Auto Transporter <input type="checkbox"/> 9 - Garbage or Refuse <input type="checkbox"/> 10 - Grain, Chips, Gravel <input type="checkbox"/> 11 - Pole <input type="checkbox"/> 12 - Vehicle Towing Another Motor Vehicle <input type="checkbox"/> 13 - Intermodal Chassis <input type="checkbox"/> 14 - Logging <input type="checkbox"/> 97 - Other Cargo Body (not listed above)			
<b>GVWR/GCWR</b> <input type="checkbox"/> 0 - Not Applicable <input type="checkbox"/> 1 - 10,000 lbs or less <input type="checkbox"/> 2 - 10,001 - 26,000 lbs <input type="checkbox"/> 3 - Greater than 26,000 lbs		<b>BUS USE</b> <input type="checkbox"/> 0 - Not Applicable - Not a bus <input type="checkbox"/> 1 - School <input type="checkbox"/> A. School bus directly involved <input type="checkbox"/> B. School bus indirectly involved <input type="checkbox"/> 2 - Transit/Commuter		<input type="checkbox"/> 3 - Intercity <input type="checkbox"/> 4 - Charter/Tour <input type="checkbox"/> 5 - Shuttle/Other		<b>HAZARDOUS MATERIALS INVOLVEMENT</b> Did the vehicle have a Haz Mat Placard? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, include the following information from the Placard: HM 4-Digit # or name from diamond or box: _____ HM Class # (1-9) from bottom of diamond: _____ Was Haz Mat released from THIS vehicle's cargo? <input type="checkbox"/> Yes <input type="checkbox"/> No									
<b>CARRIER INFORMATION</b>															
<input type="checkbox"/> 1 - Interstate Carrier <input type="checkbox"/> 2 - Intrastate Carrier <input type="checkbox"/> 3 - Not in Commerce-Government <input type="checkbox"/> 4 - Not in Commerce-Other Trucks (Over 10,000 lbs. GVWR/GCWR)				NAME _____				IDENTIFICATION NUMBERS: <input type="checkbox"/> NONE							
SOURCE: <input type="checkbox"/> Shipping Papers <input type="checkbox"/> Vehicle Side <input type="checkbox"/> Driver <input type="checkbox"/> Log Book				ADDRESS _____				USDOT# _____							
CITY _____ STATE _____ ZIP _____				MC/MX# _____				STATE# _____							
<b>3</b> OFFICER'S NAME _____						DATE _____									

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# Arizona Crash Report Forms Instruction Manual—12th Edition

## REPORT ON THE TRUCK/ BUS SUPPLEMENT IF A TRAFFIC CRASH INVOLVES...

**Any truck** that has a gross vehicle weight rating (GVWR) of more than 10,000 pounds or a gross combination weight rating (GCWR) of more than 10,000 pounds used on public highways

**OR** **Any motor vehicle** with seating to transport nine (9) or more people, including the driver's seat

**OR** **Any motor vehicle** displaying a hazardous materials placard (regardless of weight)

## ...AND RESULTS IN

**A fatality:** any person(s) killed in or outside of any vehicle (truck, bus, car, etc.) involved in the crash or who dies within 30 days of the crash as a result of any injury sustained in the crash

**OR** **An injury:** any person(s) injured as a result of the crash who immediately receives medical treatment away from the crash scene

**OR** **A tow-away:** any motor vehicle (truck, bus, car etc.) disabled as a result of the crash and transported away from the scene by a tow truck or other vehicle

## TYPICAL VEHICLE SILHOUETTES

VEHICLE CONFIGURATION	Bus - (9-15 Seats Including Driver) 	Truck Tractor (Bobtail) 		
	Bus - (16 or More Seats Including Driver) 	Tractor/Semi Trailer (one trailer) 		
	Single-Unit (2 axles, 6 tires) 	Truck Tractor/Double (two trailers) 		
	Single-Unit (3 or more axles) 	Truck Tractor/Triples (three trailers) 		
	Truck/Trailer (Single-Unit Truck pulling a trailer) 			
CARGO BODY TYPE	Bus - (9-15 Seats Including Driver) 	Dump 	Pole 	
	Bus - (16 or More Seats Including Driver) 	Concrete Mixer 	Log 	
	Van/Enclosed Box 	Auto Transporter 	Intermodal Chassis 	
	Cargo Tank 	Garbage/Refuse 	Vehicle Towing Vehicle 	
	Flat Bed 	Grain, Chips, Gravel 	No Cargo Body 	
TYPICAL HAZARDOUS MATERIALS PLACARDS				

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# Element & Attribute

## Definitions

# TRUCK/BUS SUPPLEMENT FORM

01-2710 R01/2022

# Arizona Crash Report Forms Instruction Manual—12th Edition

## Truck/Bus Supplement Form, 01-2710R01/2022, Element & Attribute Definitions

ARIZONA CRASH REPORT		REPORT ID						Agency Report Number
1 TRUCK/ BUS SUPPLEMENT		YEAR	MONTH	DAY	HOUR	NCIC NO.	OFFICER ID NO.	1g
POLICE ONLY—FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 064R 206 S. 17TH AVE., PHOENIX, ARIZONA 85007-3233		1a	1b	1c	1d	1e	1f	
TRAFFIC UNIT NO. Unit No. Must Match Unit No. on Page 1	<b>QUALIFYING INFORMATION</b> <span style="float: right;">2b</span>		At the Time of the Crash, <u>THIS</u> Vehicle was:				Commercial Driver License (CDL) <span style="float: right;">2d</span>	
	<input type="checkbox"/> 1 - A truck or truck combination >10,000 lbs GVWR/GCWR <input type="checkbox"/> 2 - A bus with seats for 9 or more persons, including driver <input type="checkbox"/> 3 - A vehicle of any type with a hazardous materials placard (includes auto, light truck, van, 10,000 lbs or less)		<input type="checkbox"/> 1 - Operating on a traffic way open to the public (in-Transport) <input type="checkbox"/> 2 - Parked on or off the traffic way				<input type="checkbox"/> Yes <input type="checkbox"/> No License Class: <span style="float: right;">2e</span> (check one) <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Class D <input type="checkbox"/> Class M	
	<b>VEHICLE INFORMATION</b> <span style="float: right;">2f</span>		<b>VEHICLE CONFIGURATION</b>		<b>CARGO BODY TYPE</b>		<b>HAZARDOUS MATERIALS INVOLVEMENT</b>	
	<input type="checkbox"/> 1 - Passenger Car (only if vehicle has Hazardous Materials Placard(s)) <input type="checkbox"/> 2 - Light Truck (only if vehicle has Hazardous Materials Placard) <input type="checkbox"/> 3 - Bus (seats 9-15 people, including driver) <input type="checkbox"/> 4 - Bus (seats 16 people or more, including driver) <input type="checkbox"/> 5 - Single-Unit Truck (2 axles, 6 tires)		<input type="checkbox"/> 6 - Single-Unit Truck (3 or more axles) <input type="checkbox"/> 7 - Truck/Trailer(s) (Single-Unit Truck with Trailer(s)) <input type="checkbox"/> 8 - Truck/Tractor (without trailer, bobtail or saddle-mount) <input type="checkbox"/> 9 - Tractor/Semi-Trailer (one trailer) <input type="checkbox"/> 10 - Tractor/Doubles (two trailers) <input type="checkbox"/> 11 - Tractor/Triples (three trailers) <input type="checkbox"/> 97 - Other Truck > 10,000 lbs. (not listed above)		<input type="checkbox"/> 0 - Not Applicable/No Cargo Body <input type="checkbox"/> 1 - Bus (seats 9-15 people, including driver) <input type="checkbox"/> 2 - Bus (seats 16 people or more, including driver) <input type="checkbox"/> 3 - Van/Enclosed Box <input type="checkbox"/> 4 - Cargo Tank <input type="checkbox"/> 5 - Flatbed <input type="checkbox"/> 6 - Dump <input type="checkbox"/> 7 - Concrete Mixer		<input type="checkbox"/> 8 - Auto Transporter <input type="checkbox"/> 9 - Garbage or Refuse <input type="checkbox"/> 10 - Grain, Chips, Gravel <input type="checkbox"/> 11 - Pole <input type="checkbox"/> 12 - Vehicle Towing Another Motor Vehicle <input type="checkbox"/> 13 - Intermodal Chassis <input type="checkbox"/> 14 - Logging <input type="checkbox"/> 97 - Other Cargo Body (not listed above)	
<b>GVWR/GCWR</b> <span style="float: right;">2h</span>		<b>BUS USE</b>		<b>HAZARDOUS MATERIALS INVOLVEMENT</b>				
<input type="checkbox"/> 0 - Not Applicable <input type="checkbox"/> 1 - 10,000 lbs or less <input type="checkbox"/> 2 - 10,001 - 26,000 lbs <input type="checkbox"/> 3 - Greater than 26,000 lbs		<input type="checkbox"/> 0 - Not Applicable - Not a bus 1 - School <input type="checkbox"/> A. School bus directly involved <input type="checkbox"/> B. School bus indirectly involved <input type="checkbox"/> 2 - Transit/Commuter		<input type="checkbox"/> 3 - Intercity <input type="checkbox"/> 4 - Charter/Tour <input type="checkbox"/> 5 - Shuttle/Other		Did the vehicle have a Haz Mat Placard? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, include the following information from the Placard: HM 4-Digit # or name from diamond or box: <span style="float: right;">2k</span> HM Class # (1-9) from bottom of diamond: <span style="float: right;">2l</span> Was Haz Mat released from THIS vehicle's cargo? <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">2m</span>		
<b>CARRIER INFORMATION</b>								
<input type="checkbox"/> 1 - Interstate Carrier <input type="checkbox"/> 2 - Intrastate Carrier <input type="checkbox"/> 3 - Not in Commerce-Government <input type="checkbox"/> 4 - Not in Commerce-Other Trucks (Over 10,000 lbs. GVWR/GCWR)								
NAME <span style="float: right;">2o</span>		IDENTIFICATION NUMBERS: <span style="float: right;">2u</span>		USDOT#		MCMX# <span style="float: right;">2v</span> STATE# <span style="float: right;">2w</span>		
SOURCE: <input type="checkbox"/> Shipping Papers <input type="checkbox"/> Vehicle Side <span style="float: right;">2p</span> <input type="checkbox"/> Driver <input type="checkbox"/> Log Book		ADDRESS <span style="float: right;">2q</span>		CITY <span style="float: right;">2r</span> STATE <span style="float: right;">2s</span> ZIP <span style="float: right;">2t</span>				
TRAFFIC UNIT NO. Unit No. Must Match Unit No. on Page 1	<b>QUALIFYING INFORMATION</b>		At the Time of the Crash, <u>THIS</u> Vehicle was:				Commercial Driver License (CDL)	
	<input type="checkbox"/> 1 - A truck or truck combination >10,000 lbs GVWR/GCWR <input type="checkbox"/> 2 - A bus with seats for 9 or more persons, including driver <input type="checkbox"/> 3 - A vehicle of any type with a hazardous materials placard (includes auto, light truck, van, 10,000 lbs or less)		<input type="checkbox"/> 1 - Operating on a traffic way open to the public (in-Transport) <input type="checkbox"/> 2 - Parked on or off the traffic way				<input type="checkbox"/> Yes <input type="checkbox"/> No License Class: (check one) <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Class D <input type="checkbox"/> Class M	
	<b>VEHICLE INFORMATION</b>		<b>VEHICLE CONFIGURATION</b>		<b>CARGO BODY TYPE</b>		<b>HAZARDOUS MATERIALS INVOLVEMENT</b>	
	<input type="checkbox"/> 1 - Passenger Car (only if vehicle has Hazardous Materials Placard(s)) <input type="checkbox"/> 2 - Light Truck (only if vehicle has Hazardous Materials Placard) <input type="checkbox"/> 3 - Bus (seats 9-15 people, including driver) <input type="checkbox"/> 4 - Bus (seats 16 people or more, including driver) <input type="checkbox"/> 5 - Single-Unit Truck (2 axles, 6 tires)		<input type="checkbox"/> 6 - Single-Unit Truck (3 or more axles) <input type="checkbox"/> 7 - Truck/Trailer(s) (Single-Unit Truck with Trailer(s)) <input type="checkbox"/> 8 - Truck/Tractor (without trailer, bobtail or saddle-mount) <input type="checkbox"/> 9 - Tractor/Semi-Trailer (one trailer) <input type="checkbox"/> 10 - Tractor/Doubles (two trailers) <input type="checkbox"/> 11 - Tractor/Triples (three trailers) <input type="checkbox"/> 97 - Other Truck > 10,000 lbs. (not listed above)		<input type="checkbox"/> 0 - Not Applicable/No Cargo Body <input type="checkbox"/> 1 - Bus (seats 9-15 people, including driver) <input type="checkbox"/> 2 - Bus (seats 16 people or more, including driver) <input type="checkbox"/> 3 - Van/Enclosed Box <input type="checkbox"/> 4 - Cargo Tank <input type="checkbox"/> 5 - Flatbed <input type="checkbox"/> 6 - Dump		<input type="checkbox"/> 7 - Concrete Mixer <input type="checkbox"/> 8 - Auto Transporter <input type="checkbox"/> 9 - Garbage or Refuse <input type="checkbox"/> 10 - Grain, Chips, Gravel <input type="checkbox"/> 11 - Pole <input type="checkbox"/> 12 - Vehicle Towing Another Motor Vehicle <input type="checkbox"/> 13 - Intermodal Chassis <input type="checkbox"/> 14 - Logging <input type="checkbox"/> 97 - Other Cargo Body (not listed above)	
<b>GVWR/GCWR</b>		<b>BUS USE</b>		<b>HAZARDOUS MATERIALS INVOLVEMENT</b>				
<input type="checkbox"/> 0 - Not Applicable <input type="checkbox"/> 1 - 10,000 lbs or less <input type="checkbox"/> 2 - 10,001 - 26,000 lbs <input type="checkbox"/> 3 - Greater than 26,000 lbs		<input type="checkbox"/> 0 - Not Applicable - Not a bus 1 - School <input type="checkbox"/> A. School bus directly involved <input type="checkbox"/> B. School bus indirectly involved <input type="checkbox"/> 2 - Transit/Commuter		<input type="checkbox"/> 3 - Intercity <input type="checkbox"/> 4 - Charter/Tour <input type="checkbox"/> 5 - Shuttle/Other		Did the vehicle have a Haz Mat Placard? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, include the following information from the Placard: HM 4-Digit # or name from diamond or box: _____ HM Class # (1-9) from bottom of diamond: _____ Was Haz Mat released from THIS vehicle's cargo? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>CARRIER INFORMATION</b>								
<input type="checkbox"/> 1 - Interstate Carrier <input type="checkbox"/> 2 - Intrastate Carrier <input type="checkbox"/> 3 - Not in Commerce-Government <input type="checkbox"/> 4 - Not in Commerce-Other Trucks (Over 10,000 lbs. GVWR/GCWR)								
NAME		IDENTIFICATION NUMBERS:		USDOT#		MCMX# STATE#		
SOURCE: <input type="checkbox"/> Shipping Papers <input type="checkbox"/> Vehicle Side <input type="checkbox"/> Driver <input type="checkbox"/> Log Book		ADDRESS		CITY STATE ZIP				
<b>3 OFFICER'S NAME</b> <span style="float: right;">3a</span>								
						<b>DATE</b> <span style="float: right;">3b</span>		

01-2710 R07/2010

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Information required on the Arizona Truck/Bus Supplement Form is identified by alphanumeric codes shown on the preceding pages and following illustrated inserts.

## 1 - CRASH IDENTIFICATION BLOCK

ARIZONA CRASH REPORT		REPORT ID						Agency Report Number
1 TRUCK/ BUS SUPPLEMENT <small>POLICE ONLY—FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 064R 206 S. 17TH AVE., PHOENIX, ARIZONA 85007-3233</small>		YEAR	MONTH	DAY	HOUR	NCIC NO.	OFFICER ID NO.	1g
		1a	1b	1c	1d	1e	1f	

**1a - 1g - Report ID** - This information must match the information on the front page of Sheet 1 of the 01-2704A R01/2022 of the crash form in case the forms become separated.

**2 - UNIT INFORMATION** - This section is for vehicles used for commercial purposes; A commercial motor vehicle is any motor vehicle used on a trafficway for the transportation of goods, property or people in interstate or intrastate commerce, would include Medium and Heavy Trucks, Buses, and any vehicle carrying Hazardous Materials.

2a	2a	<b>QUALIFYING INFORMATION</b> <span style="float: right;">2b</span> <input type="checkbox"/> 1 - A truck or truck combination >10,000 lbs GVWR/GCWR <input type="checkbox"/> 2 - A bus with seats for 9 or more persons, including driver <input type="checkbox"/> 3 - A vehicle of any type with a hazardous materials placard (includes auto, light truck, van, 10,000 lbs or less)	At the Time of the Crash, THIS Vehicle was: <span style="float: right;">2c</span> <input type="checkbox"/> 1 - Operating on a traffic way open to the public (in-Transport) <input type="checkbox"/> 2 - Parked on or off the traffic way	Commercial Driver License (CDL) <span style="float: right;">2d</span> <input type="checkbox"/> Yes <input type="checkbox"/> No License Class: <span style="float: right;">2e</span> <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Class D <input type="checkbox"/> Class M
	<b>VEHICLE INFORMATION</b> <span style="float: right;">2f</span> <b>VEHICLE CONFIGURATION</b> <input type="checkbox"/> 1 - Passenger Car (only if vehicle has Hazardous Materials Placard(s)) <input type="checkbox"/> 2 - Light Truck (only if vehicle has Hazardous Materials Placard) <input type="checkbox"/> 3 - Bus (seats 9-15 people, including driver) <input type="checkbox"/> 4 - Bus (seats 16 people or more, including driver) <input type="checkbox"/> 5 - Single-Unit Truck (2 axles, 6 tires)	<input type="checkbox"/> 6 - Single-Unit Truck (3 or more axles) <span style="float: right;">2g</span> <input type="checkbox"/> 7 - Truck/Trailer(s) (Single-Unit Truck with Trailer(s)) <input type="checkbox"/> 8 - Truck/Tractor (without trailer, bobtail or saddle-mount) <input type="checkbox"/> 9 - Tractor/Semi-Trailer (one trailer) <input type="checkbox"/> 10 - Tractor/Doubles (two trailers) <input type="checkbox"/> 11 - Tractor/Triples (three trailers) <input type="checkbox"/> 97 - Other Truck > 10,000 lbs. (not listed above)	<b>CARGO BODY TYPE</b> <input type="checkbox"/> 0 - Not Applicable/No Cargo Body <input type="checkbox"/> 1 - Bus (seats 9-15 people, including driver) <input type="checkbox"/> 2 - Bus (seats 16 people or more, including driver) <input type="checkbox"/> 3 - Van/Enclosed Box <input type="checkbox"/> 4 - Cargo Tank <input type="checkbox"/> 5 - Flatbed <input type="checkbox"/> 6 - Dump <input type="checkbox"/> 7 - Concrete Mixer	<input type="checkbox"/> 8 - Auto Transporter <input type="checkbox"/> 9 - Garbage or Refuse <input type="checkbox"/> 10 - Grain, Chips, Gravel <input type="checkbox"/> 11 - Pole <input type="checkbox"/> 12 - Vehicle Towing Another Motor Vehicle <input type="checkbox"/> 13 - Intermodal Chassis <input type="checkbox"/> 14 - Logging <input type="checkbox"/> 97 - Other Cargo Body (not listed above)
	<b>GVWR/GCWR</b> <span style="float: right;">2h</span> <input type="checkbox"/> 0 - Not Applicable <input type="checkbox"/> 1 - 10,000 lbs or less <input type="checkbox"/> 2 - 10,001 - 26,000 lbs <input type="checkbox"/> 3 - Greater than 26,000 lbs	<b>BUS USE</b> <span style="float: right;">2i</span> <input type="checkbox"/> 0 - Not Applicable - Not a bus <input type="checkbox"/> 1 - School <input type="checkbox"/> A. School bus directly involved <input type="checkbox"/> B. School bus indirectly involved <input type="checkbox"/> 2 - Transit/Commuter <input type="checkbox"/> 3 - Intercity <input type="checkbox"/> 4 - Charter/Tour <input type="checkbox"/> 5 - Shuttle/Other	<b>HAZARDOUS MATERIALS INVOLVEMENT</b> <span style="float: right;">2j</span> Did the vehicle have a Haz Mat Placard? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, include the following information from the Placard: HM 4-Digit # or name from diamond or box: <span style="float: right;">2k</span> HM Class # (1-9) from bottom of diamond: <span style="float: right;">2l</span> Was Haz Mat released from THIS vehicle's cargo? <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">2m</span>	
	<b>CARRIER INFORMATION</b> <span style="float: right;">2n</span> <input type="checkbox"/> 1 - Interstate Carrier <input type="checkbox"/> 2 - Intrastate Carrier <input type="checkbox"/> 3 - Not in Commerce-Government <input type="checkbox"/> 4 - Not in Commerce-Other Trucks (Over 10,000 lbs. GVWR/GCWR)			
NAME <span style="float: right;">2o</span> SOURCE: <input type="checkbox"/> Shipping Papers <input type="checkbox"/> Vehicle Side <span style="float: right;">2p</span> <input type="checkbox"/> Driver <input type="checkbox"/> Log Book ADDRESS <span style="float: right;">2q</span> CITY <span style="float: right;">2r</span> STATE <span style="float: right;">2s</span> ZIP <span style="float: right;">2t</span>		IDENTIFICATION NUMBERS: <span style="float: right;">2u</span> <input type="checkbox"/> NONE USDOT# _____ MC/MX# <span style="float: right;">2v</span> STATE# <span style="float: right;">2w</span>		

**2a - TRAFFIC UNIT NO.** - The Traffic Unit No. must match the Traffic Unit No., 5a, for this vehicle as identified on the front page of Sheet 1, 01-2704A R01/2022.

**2b - QUALIFYING INFORMATION** - Gross Vehicle or Combination Weight Rating -The amount recommended by the manufacture as the upper limit to the operational weight for a motor vehicle and any cargo to be carried. The Gross Combination Weight Rating (GCWR) is the sum of all the GVWRs for each unit in a combination-unit motor vehicle. Thus for single trucks there is no difference between GVWR and GCWR. For combination trucks (semi-tractor trailers pulling single

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or multiple trailers or trucks pulling other motor vehicles) the GCWR is the total of the GVWRs of all units in the combination.

Check the qualifying block:

1. A truck or truck combination > (greater than) 10,000 lbsGVWR/GCWR.

OR

2. A bus with seats for 9 or more persons, including driver. Smaller van-based buses qualify, e.g., commuter vans, van-based school buses, limousines, etc. However, a bus/van being used as a family transport vehicle is **NOT** included.

OR

3. A vehicle of ANY type with a hazardous materials placard (includes auto, light truck, van, 10,000 lbs or less. This attribute would include the passenger car, light truck (cargo van, mini-van, utility truck, panel truck, pickup truck 10,000 lbs. or less GVWR), sport utility vehicle, motorcycle, motor home.



### 2c - At the Time of the Crash, THIS Vehicle was:

1. Operating on a trafficway open to the public (in Transport) -

2. Parked on or off the traffic way - A transport motor vehicle that is not in motion or on a roadway. A motor vehicle or any portion of the motor vehicle outline (excludes open doors, mirrors, etc.) parked on the roadway during periods when parking is prohibited is considered in transport.

**2d - Commercial Driver License (CDL)** - Does the operator of the vehicle that qualified this crash as a FMCSA reportable crash have a Commercial Driver's License?

**2e - License Class** - (Choose only one.) - Obtained from driver's license. List for out-of-state drivers also.

- Class A - Commercial Driver
- Class B - Commercial Driver
- Class C - Commercial Driver
- Class D - Operator
- Class M - Motorcycle

**2f - Vehicle Configuration** - Indicates the general configuration of this commercial motor vehicle (See chart displaying types of truck configurations). This element is used in conjunction with Commercial Cargo body Type and GVWR to describe the vehicle and determine appropriate regulations.

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**2g - Cargo Body Type** - A description of the vehicle's primary cargo carrying capability.

0. **Not Applicable/No Cargo Body** - This attribute is used for any medium heavy truck with no cargo carrying capability (bobtail); a truck chassis with a cab only (stripped chassis); and light trucks and passenger vehicles displaying a hazardous materials placard.

1. **Bus** (seats 9-15 people, including driver (for compensation)) - Smaller van-based buses qualify e.g., commuter vans, van-based school buses, limousines.

2. **Bus** (seats 16 people or more, including driver (and is not being used for compensation)) - A van-based bus qualifies for this code if it is configured to include more than 15 seats. A CDL is required for the driver of this bus.

3. **Van/Enclosed Box** - this attribute is meant to be used with the normal enclosed cargo box whether it be a semi-trailer or a straight truck body. This category is not meant for use with a bus.

4. **Cargo Tank** - this attribute is meant to be used with a completely enclosed tank type body designed to transport liquid (gasoline, milk, etc.), gaseous (propane, etc.) and flowable solid material (powder, granular, etc.).

5. **Flatbed** - Is a cargo body type without sides or a roof, with or without removable stakes which may be tied together with chains, slats or panels. This would include "stake body" trucks.

6. **Dump** - Is a cargo body type that tilts to discharge its load by gravity. "Belly dump" trailers that discharge the load through a gate in the bottom without tilting are given the body type "grain, chips or gravel".

7. **Concrete Mixer** - Is a cargo body type specifically designed to transport and mix concrete.

8. **Auto Transporter** - Is a cargo body type specifically designed to transport multiple, fully assembled automobiles. Single-unit flatbed tow-trucks hauling cars DO NOT qualify. Auto transporters are typically configured as truck-trailers .

9. **Garbage or Refuse** - Is a cargo body type specifically designed to collect and transport garbage or refuse. Includes conventional rear-loading, "roll-off" style garbage and recycling trucks.

10. **Grain, Chips, Gravel** - Is a cargo body type used for hauling these or other similar bulk commodities. They may be referred to as "open hoppers" or "belly dumps".

11. **Pole** - Is a cargo body type that consists of a trailer designed to be attached to a towing vehicle by a reach or pole or by being boomed and secured to the towing vehicle. These are ordinarily used to carry property of a long or irregular shape, such as telephone poles. The "pole" extends or retracts to accommodate varying lengths of cargo.

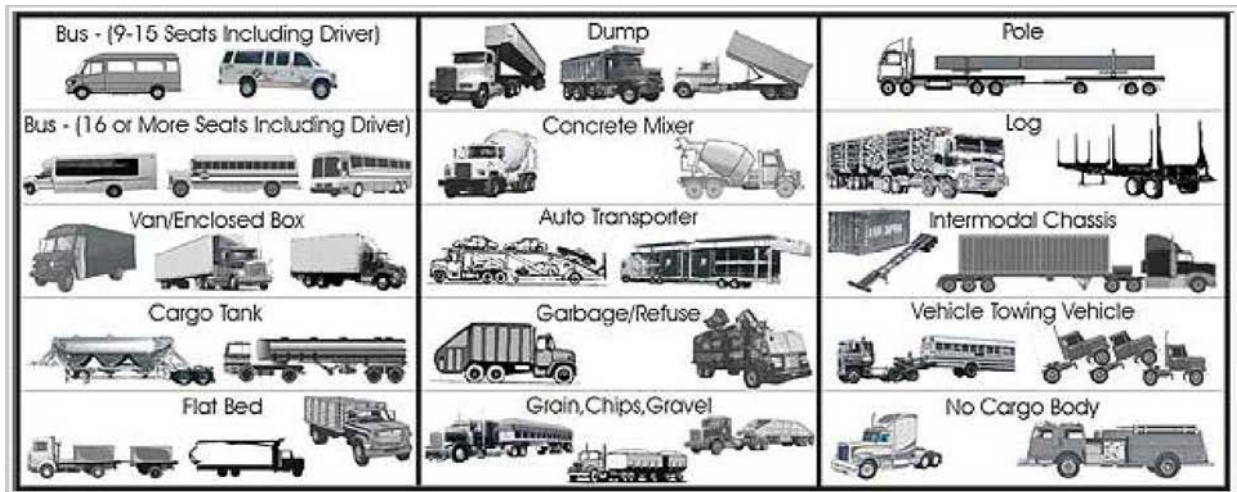
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12. **Vehicle Towing Another Motor Vehicle** - Refers to vehicles that have no cargo carrying capability but are in the act of towing another motor vehicle. These are often called "drive-away or tow-aways" and will be applicable to tow trucks and specially rigged trucktractors.

13. **Intermodal Chassis** - Is a cargo body type used for a trailer specifically designed to have a rail or ship container mounted directly on the chassis. These should not be confused with van/enclosed box cargo body types. Intermodal containers may also be mounted on a flatbed trailer, in which case "flatbed" is the cargo body type.

14. **Logging** - Cargo body type for trailers with a fixed middle beam and side support posts specifically designed for carrying logs. If the trailer can "telescope" to carry different log lengths, then it should be considered a pole trailer.

97. **Other Cargo Body** (not listed above) - This attribute is used when the cargo body type is other than the body types listed in attributes 1 -14. A Stake Truck has side rails, but is neither an enclosed box nor a flatbed - this attribute would apply.



(Source FMCSA)

**2h - GVWR/GCWR** - The GVWR (Gross Vehicle Weight Rating) or GCWR (Gross Combination Weight Rating) for the vehicle. This information can normally be found on the power unit inside the driver's side door frame or within the cab. For a trailer, the information will normally be found half way down the driver side of the trailer. Both are normally a metal plate, but it can also be stamped into the metal or on a sticker. The investigating officer must add the GVWR weight of the power unit to the GVWR of all of the trailers to determine the GCWR.

0. **Not Applicable** - This attribute is used when the vehicle is a Passenger Vehicle Carrying Hazardous Materials. This attribute would include the passenger car, light truck (cargo van, mini-van, utility truck, panel truck, pickup truck 10,000 lbs. or less GVWR), sport utility vehicle, motorcycle, motor home, etc.

OR

A crash involving a fatality



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OR

Bodily injury to a person who, as a result of the injury, immediately receives medical treatment away from the scene of the crash

OR

A crash having one vehicle towed away from the scene.

1. **10,000 or less** - Check if this unit is 10,000 lbs or less and has a hazmat placard displayed.
2. **10,001 -26,000 lbs** - Check if this unit's GVWR of the power unit of a combination-unit truck or a single unit truck: 10,000 lbs or less or 10,001 to 26,000 lbs. No CDL required.
3. **Greater than 26,000 lbs** - Check if this unit's GCWR of the power unit and towed units of a combination unit truck. CDL required.

### 2i - Bus Use

0. **Not Applicable** - Not a bus

1. **School** - A motor vehicle used for the transportation of any school pupil at or below the 12th-grade level to or from a public or private school or school-related activity. It is externally identifiable by the color yellow, the words, "school bus," flashing red lights located on the front and rear, and lettering on both sides identifying the school or school district served, or the company operating the bus

OR

School bus (used as) Any public or private school or district, or contracted carrier operation on behalf of the entity, providing transportation for K-12 pupils.

- A. School bus directly involved - Indicates that a school or motor vehicle functioning as a school bus for a school-related purpose is directly involved in the crash as a contact motor vehicle.
  - B. School bus indirectly involved - Indicates that a school or motor vehicle function as a school bus for a school-related purpose is indirectly involved in the crash as a non-contact vehicle. (e.g. Children struck when boarding or alighting from the school bus or two vehicles colliding as the result of the stopped school bus. (Example: at a railroad crossing.)
2. **Transit/Commuter** - Indicates a motor vehicle used for commuting between home and work or school (beyond 12th grade; e.g., college commute) or a direct point-to-point service (e.g., parking lot or pick-up location near home to drop-off location near work). These commuter buses can be large chartered buses and van-based buses.
3. **Intercity** - Indicates a motor vehicle used for regular municipal transit service and cross-country or intercity scheduled service. For example, scheduled Greyhound bus service between mayor cities. It also includes scheduled inner-city mass transit bus service.

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4. **Charter/Tour** - Indicates a motor vehicle used for any tour for sightseeing, pleasure trips, etc. These tours are typically in large chartered buses, but can be in van-based buses as well. Does not include school-sponsored function or activities.

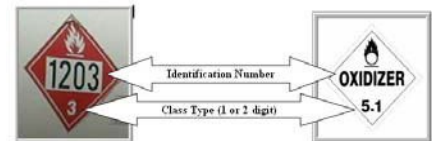
5. **Shuttle/Other** - This attribute should be used when it is indicated that the vehicle is being used to shuttle people other than for commuting, school, tours, or scheduled interstate/intercity/intra-city travel. Examples are: shuttles from airport, hotels, churches, community sponsored Head Start/day care, rental cars, to/from parking lots at sporting events, business facility-to-facility, prison or military and other governmental shuttling, etc.

### HAZARDOUS MATERIALS INVOLVEMENT

**2j - Did the vehicle have a Haz Mat Placard?** Indicate whether the motor vehicle had a hazardous materials placard as required by federal and state regulations. Check the appropriate block.



**2k - HM 4-Digit #** - If a Hazardous Material Placard is displayed, record the four-digit identification number that appears in the center of the diamond-shaped placard or orange panel, whichever is applicable.



**2l - HM Class #** - The DOT Placard Class Code is the number located on the bottom of the diamond placard. This may be the most important number on the placard. Some older placards may not have a class number identification and status of the materials should be noted in the narrative section of the report. Record the Class Code/Type.

**2m - Was Haz Mat released from THIS vehicle's cargo?** - Check the appropriate block. If more than one placard appears on the panel, list only the one associated with hazardous materials spilled/released from the vehicle during the crash, check Yes. Materials that spill but are contained within the vehicle and not released to the outside will not be considered as spilled/ released for this report.

### CARRIER INFORMATION

**2n - Interstate Carrier** - Interstate Commerce is any trade, traffic or transportation of commodities or persons in the United States where the transit between the points of origin and termination **does not occur entirely** within the borders of the State of origin.

Interstate commerce means trade, traffic or transportation in the United States.

- (1) Between a place in a State and a place outside of such State (including a place outside of the United States);
- (2) Between two places in a State through another State or a place outside of the United States; or
- (3) Between two places in a State as part of trade, traffic, or transportation originating or terminating outside the State or the United States.

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2. **Intrastate Carrier** - Intrastate Commerce is any trade, traffic or transportation of commodities or persons in the United States where the transit between the points of origin and termination ***occurs entirely*** within the borders of the State of origin.

3. **Not in commerce - Government** - Transportation performed by the Federal government, a state, or any political subdivision of a State, or an agency under a compact between States that has been approved by the Congress of the United States.

4. **Not in commerce - Other Trucks (Over 10,000 lbs. GVWR/GCWR)** - Transportation performed not in the furtherance of a commercial enterprise. A family moving their household goods in a rented vehicle i.e., U-Haul.

**2o - Name - Carrier Name** -The business entity, individual, partnership, corporation, or religious organization responsible for the transportation of the goods, property or people. A motor carrier is the legal entity that directs and controls the operation of one or more commercial vehicles. A motor carrier can be a trucking company, a bus company or any entity that uses vehicles for commercial purposes.

**2p - Source - Carrier Name** - The information for the motor carrier responsible for the trip on which the crash occurs should be recorded on the crash report. This may or may not be the company on the vehicle door or trailer. In order to determine the carrier responsible and locate that carrier's information, it is important to utilize all the sources of information available. A procedural approach to accurately obtaining the information should include the following sources:

1. Examination of the side of the vehicle. (See Below)
2. Interview of the driver. (See Below)
3. Examination of the shipping papers or bus manifest for this trip can provide the name of the motor carrier responsible for the load, but is not a good source for the USDOT #.

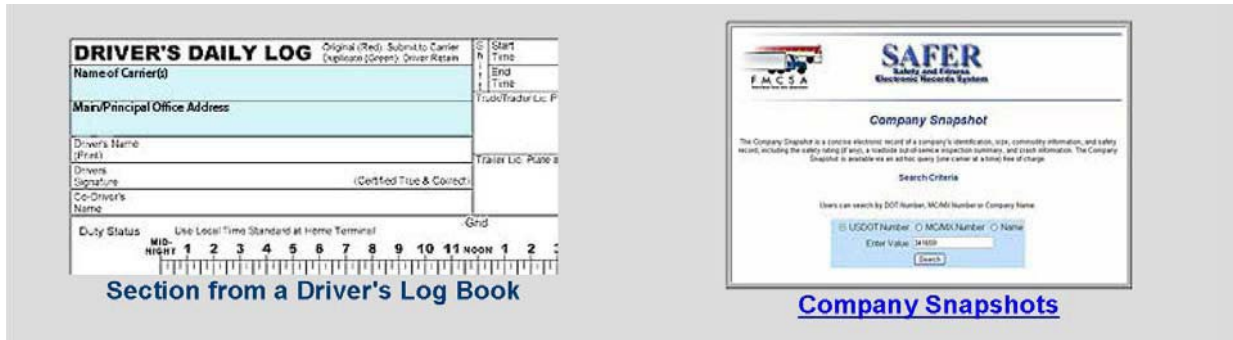


**STOP**

**1** The vehicle side is good in most cases to properly identify the carrier name and number. However, **DON'T STOP** with the side of the vehicle, it may or may not be the responsible carrier for this load.

**2** Ask the driver:  
Is the vehicle leased?  
Who is the motor carrier responsible?  
Who is directing the movement of this vehicle and its load?  
Where is the carrier's principal place of business?

# Arizona Crash Report Forms Instruction Manual—12th Edition



(Source FMCSA)

**Source** - Check the appropriate Block. Where did the investigating obtain the Carrier information?

- Shipping Papers
- Vehicle Side
- Driver
- Log Book

**2q - Address** - In addition to identifying the responsible motor carrier, it is critical to accurately record the USDOT number, the complete name and/or DBA “doing business as” name of the carrier and the carrier’s complete physical address (not PO Box). All three pieces of information are extremely important. Many carriers around the country have the same or similar names. Additionally, multiple names can legally appear on the vehicle. As a result, any recording errors or omissions are difficult to accurately resolve with incomplete information. See examples above and below:



**Don Hummer Trucking of Oxford, Iowa**

**RH Hummer Jr, Inc. of Williamsburg, Iowa**

As an “Agent” of United Van Lines, Hilldrup Moving (bottom) on most trips will be operating under United Van Lines authority. However, it has its own USDOT# and may operate under its own authority. This example illustrates the benefit of a procedural approach to identify the correct carrier.



**2r - City** - Carrier’s city.

**2s - State** - Carrier’s state.

**2t - Zip** - Carrier’s zip.

**2u - Identification Numbers:** assigned number sequence required by FMCSA for all interstate carriers. The FMCSA has the authority to fine and sanction unsafe interstate truck and bus companies. These numbers are used to identify potentially unsafe motor carriers when analyzing

## Arizona Crash Report Forms Instruction Manual—12th Edition

crash data. The identification number (found on the power unit, and assigned by the U.S. DOT or by a State) is a key element in the FMCSA databases for both carrier safety and regulatory purposes.

**2u - USDOT #** - Companies that operate commercial vehicles transporting passengers or hauling cargo in interstate commerce must be registered with the FMCSA. It is a unique number that must be affixed to both sides of the CMV.

**2v - MC/MX #** - MC # number assigned to a U.S. motor carrier that gives them the authority to transport other's property as a for hire carrier. MX# the number assigned to a Mexico based motor carrier that is private or for-hire.

**2w - State #** - Not Applicable.

### 3 - SIGNATURE BLOCKS

3	OFFICER'S NAME	DATE
	<b>3a</b>	<b>3b</b>

**3a - Name of Officer** - Name of officer, badge number or other identification number.

**3b. - Date** - MM/DD/YYYY that the crash report was completed.

# **OCCUPANT SUPPLEMENT FORM**

**01-2712 R01/2022**

# Arizona Crash Report Forms Instruction Manual—12th Edition

ARIZONA CRASH REPORT		REPORT ID										Agency Report Number				
<b>1</b>	<b>OCCUPANT SUPPLEMENT</b> POLICE ONLY – FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 064R 206 S. 17 <sup>TH</sup> AVE., PHOENIX, ARIZONA 85007-3233	YEAR	MONTH	DAY	HOUR	NCIC NO.	OFFICER ID NO.									
<b>QUALIFYING INFORMATION</b>																
<b>2</b> Use this form for additional passengers, citations, or witnesses that could not be entered on the first page of the crash report.																
<b>Safety Devices (SD)</b> 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		<b>Airbag (AB)</b> 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		<b>Injury Severity (IS)</b> 1 – No Injury 2 – Possible Injury 3 – Suspected Minor Injury 4 – Suspected Serious Injury 5 – Fatal Injury 51 – Unknown/ Not Reported				<b>Seating Position</b> 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								
<b>3</b>	PASSENGERS	UNIT #	Seat Post	SD	AB	IS	Name	Address	City	State	Zip Code	Phone	Sex	D.O.B.		
<b>4</b>	CITATION	UNIT #	A.R.S. NO. OR CITY CODE					UNIT #	A.R.S. NO. OR CITY CODE							
<b>5</b>	WITNESSES	Name		Address			City	State	Zip Code	Telephone Number		D.O.B.				
<b>6</b>	Officer's Name / Badge #				Supervisor's Signature				Agency Name				Date Completed			

# Arizona Crash Report Forms Instruction Manual—12th Edition

<b>ARIZONA CRASH REPORT</b>		REPORT ID										Agency Report Number	
<b>1</b>	<b>OCCUPANT SUPPLEMENT</b>	YEAR	MONTH	DAY	HOUR	NCIC NO				OFFICER ID NO			
	POLICE ONLY – FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 084R 206 S. 17 <sup>TH</sup> AVE., PHOENIX, ARIZONA 85007-3233												
<b>ADDITIONAL CRASH DIAGRAM OR NARRATIVE</b> (use only as needed)													
<b>2</b>	Officer's Name / Badge #	Supervisor's Signature				Agency Name				Date Completed			



# **Element & Attribute Definitions**

# **Occupant Supplement Form**

**01-2712 R01/2022**

# Arizona Crash Report Forms Instruction Manual—12th Edition

## Occupant Supplement Form, 01-2712R01/2022, Element & Attribute Definitions

ARIZONA CRASH REPORT		REPORT ID						Agency Report Number							
<b>1</b>	<b>OCCUPANT SUPPLEMENT</b> POLICE ONLY – FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 064R 206 S. 17 <sup>TH</sup> AVE., PHOENIX, ARIZONA 85007-3233	YEAR	MONTH	DAY	HOUR	NCIC NO.	OFFICER ID NO.	<b>1g</b>							
		1a	1b	1c	1d	1e	1f								
<b>QUALIFYING INFORMATION</b>															
<b>2</b> Use this form for additional passengers, citations, or witnesses that could not be entered on the first page of the crash report.															
<b>Safety Devices (SD)</b> 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		<b>Airbag (AB)</b> 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		<b>Injury Severity (IS)</b> 1 – No Injury 2 – Possible Injury 3 – Suspected Minor Injury 4 – Suspected Serious Injury 5 – Fatal Injury 51 – Unknown/Not Reported			<b>Seating Position</b> 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								
		<b>2a</b>		<b>2b</b>		<b>2c</b>			<b>2d</b>						
<b>3</b>	PASSENGERS	Unit #	Seat Pos	SD	AB	IS	Name	Address	City	State	Zip Code	Phone	Sex	D.O.B.	
		3a	3b	3c	3d	3e	3f			3g	3h	3i			
<b>4</b>	CITATION	UNIT #	A.R.S. NO. OR CITY CODE					UNIT #	A.R.S. NO. OR CITY CODE						
		4a	4b												
<b>5</b>	WITNESSES	Name		Address		City		State	Zip Code	Telephone Number		D.O.B.			
		5a		5b		5c					5d				
<b>6</b>		Officer's Name / Badge #		Supervisor's Signature				Agency Name		Date Completed					
		6a		6b				6c		6d					

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<b>ARIZONA CRASH REPORT</b>		REPORT ID										Agency Report Number	
<b>1</b>	<b>OCCUPANT SUPPLEMENT</b>	YEAR	MONTH	DAY	HOUR	NCIC NO.				OFFICER ID NO.			
	POLICE ONLY – FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 084R 206 S. 17 <sup>TH</sup> AVE., PHOENIX, ARIZONA 85007-3233												
<b>ADDITIONAL CRASH DIAGRAM OR NARRATIVE</b> (use only as needed)													
<b>2</b>	Officer's Name / Badge #	Supervisor's Signature				Agency Name				Date Completed			

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## OCCUPANT SUPPLEMENT

Use this form for additional passengers, citations, or witnesses that could not be entered on the first page of the crash report.

The back page of the Occupant Supplement has additional space for a narrative or diagram.

### 1 - CRASH IDENTIFICATION BLOCK

ARIZONA CRASH REPORT		REPORT ID						Agency Report Number	
<b>1</b>	OCCUPANT SUPPLEMENT POLICE ONLY – FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 064R 206 S. 17 <sup>TH</sup> AVE., PHOENIX, ARIZONA 85007-3233	YEAR	MONTH	DAY	HOUR	NCIC NO.	OFFICER ID NO.		<b>1g</b>
	<b>1a</b>	<b>1b</b>	<b>1c</b>	<b>1d</b>	<b>1e</b>	<b>1f</b>			

**1a - 1g - Report ID** - This information must match the information on the front page of Sheet 1 of the 01-2704A R01/2022 of the crash form in case the forms become separated.

### 2 - QUALIFYING INFORMATION

QUALIFYING INFORMATION																	
<b>2</b> Use this form for additional passengers, citations, or witnesses that could not be entered on the first page of the crash report.																	
<b>Safety Devices (SD)</b> 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	<b>Airbag (AB)</b> 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	<b>Injury Severity (IS)</b> 1 – No Injury 2 – Possible Injury 3 – Suspected Minor Injury 4 – Suspected Serious Injury 5 – Fatal Injury 51 – Unknown/ Not Reported	<b>Seating Position</b> <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">31</td> <td style="border: 1px solid black; padding: 2px;">21</td> <td style="border: 1px solid black; padding: 2px;">11</td> <td rowspan="4" style="font-size: 2em; vertical-align: middle;">}</td> <td rowspan="4" style="padding: 0 5px;"><b>2d</b></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">32</td> <td style="border: 1px solid black; padding: 2px;">22</td> <td style="border: 1px solid black; padding: 2px;">12</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">33</td> <td style="border: 1px solid black; padding: 2px;">23</td> <td style="border: 1px solid black; padding: 2px;">13</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">38</td> <td style="border: 1px solid black; padding: 2px;">28</td> <td style="border: 1px solid black; padding: 2px;">18</td> </tr> </table> 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	31	21	11	}	<b>2d</b>	32	22	12	33	23	13	38	28	18
31	21	11	}	<b>2d</b>													
32	22	12															
33	23	13															
38	28	18															

**2a - Safety Devices (SD)** - The restraint equipment in use by the occupant, or the helmet use by a motorcyclist, at the time of the crash. See element **5ff**, page 23, for definitions of Safety Devices.

**2b - Airbag** - Deployment status of an airbag relative to the position in the vehicle for the occupant. See element **5gg**, page 24, for definitions of Airbag.

**2c - Injury Severity (IS)** - The injury severity level for the person involved in a crash. See element **5hh**, page 25, for definitions of Injury Severity.

**2d - Seat Position (Seat Pos)** - The location for this occupant in, on, or outside of the motor vehicle prior to the first event. See the back of this form or Appendix **D** for additional diagrams.

### 3- PASSENGERS

UNIT #	Seat Pos	SD	AB	IS	Name	Address	City	State	Zip Code	Phone	Sex	D.O.B.
<b>3a</b>	<b>3b</b>	<b>3c</b>	<b>3d</b>	<b>3e</b>		<b>3f</b>				<b>3g</b>	<b>3h</b>	<b>3i</b>

**3b - 3e** - See definitions in QUALIFYING INFORMATION above, **2a - 2d**.

**3f - Name** - Record the full names (First, Middle, Last) of all occupants, excluding drivers, along with their complete addresses. Use **SAD** if the occupant's address is the same as the driver's.

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**3g - Telephone No.** - Record the telephone number of the occupant.

**3h - Sex** - Enter the sex of the passenger as M = Male, F = Female, U = Unknown.

**3i - D.O.B.** - Date of birth by month, day, and year of this person.

### 4 – ADDITIONAL CITATION CHARGES - List the identifying statute numbers of the citations issued.

4	CITATION	UNIT #	A.R.S. NO. OR CITY CODE	UNIT #	A.R.S. NO. OR CITY CODE
		4a	4b		

**4a - Unit #** - Enter the Unit Number from, Element 5a, to which the citation applies – do not identify the person receiving the statute.

**4b - A.R.S. No. or City Code** - Enter all citation charges that apply to this crash.

### 5 – ADDITIONAL WITNESSES

5	WITNESSES	Name	Address	City	State	Zip Code	Telephone Number	D.O.B.
		5a	5b	5c				

**5a - Name, Address** - Complete the information on all witnesses to this crash. Complete names should be entered as First, Middle and Last and complete addresses.

**5b - Telephone Number** - Enter the current telephone number of any witnesses.

**5c - DOB** - Date of Birth - Enter the date of birth of any witnesses (MMDDYYYY).

### 6 - SIGNATURE BLOCKS

6	Officer's Name / Badge #	6a	Supervisor's Signature	6b	Agency Name	6c	Date Completed	6d
---	--------------------------	----	------------------------	----	-------------	----	----------------	----

**6a - Officer's Name/Badge #** - Name and badge number of the lead/primary investigating officer completing this form.

**6b - Supervisor's Signature** - Signature of the law enforcement officer responsible for the review and approval of the information included on this form.

**6c - Agency Name** - Indicate the name of the agency investigating the crash.

**6d - Date Completed** - Enter the date, MMDDYYYY, that the investigation report was completed. In most cases, this will be the date the Supervisor approves the completed form/investigation.

# INDEXES

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# APPENDICES

# Definitions

**Bicycle:** a device, including a racing wheelchair, that is propelled by human power and on which a person may ride and that has either:

- (a) Two tandem wheels, either of which is more than sixteen inches in diameter.
- (b) Three wheels in contact with the ground, any of which is more than sixteen inches in diameter

**Motorcycle:** a motor vehicle that has a seat or saddle for the use of the rider and that is designed to travel on not more than three wheels in contact with the ground but excludes a tractor, an electric bicycle, an electric miniature scooter, an electric standup scooter and a moped.

**Pedestrian:** Any person afoot. A person who uses an electric personal assistive mobility device or a manual or motorized wheelchair is considered a pedestrian unless the manual wheelchair qualifies as a bicycle. For the purposes of this paragraph, "motorized wheelchair" means a self-propelled wheelchair that is used by a person for mobility.

**Roadway:** that portion of a highway that is improved, designed or ordinarily used for vehicular travel, exclusive of the berm or shoulder.

**Sidewalk:** that portion of a street that is between the curb lines or the lateral lines of a roadway and the adjacent property lines and that is intended for the use of pedestrians

**Traffic:** pedestrians, ridden or herded animals, vehicles and other conveyances either singly or together while using a highway for purposes of travel

**Traffic control signal:** a device, whether manually, electrically or mechanically operated, by which traffic is alternately directed to stop and to proceed.

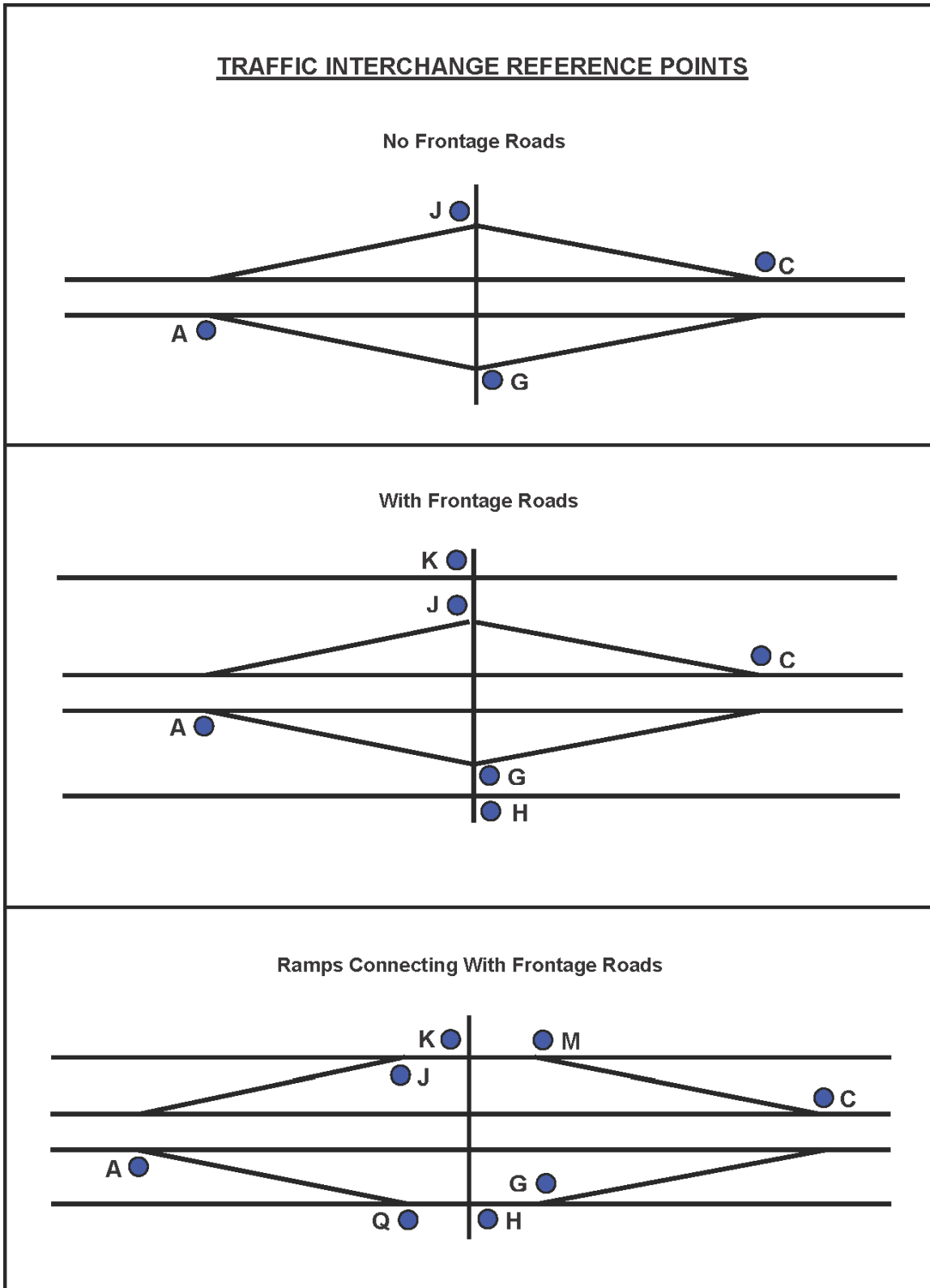
**Trafficway:** Any land way open to the public as a matter of right or custom for moving persons or property from one place to another. The entire width between property lines inclusive of shoulder, sidewalk, lanes of travel and median

**Vehicle:** A device in, on or by which a person or property is or may be transported or drawn on a public highway.

Does not include:

- (a) Electric bicycles, electric miniature scooters, electric standup scooters and devices moved by human power.
- (b) Devices used exclusively on stationary rails or tracks.
- (c) Personal delivery devices, personal mobile cargo carrying devices

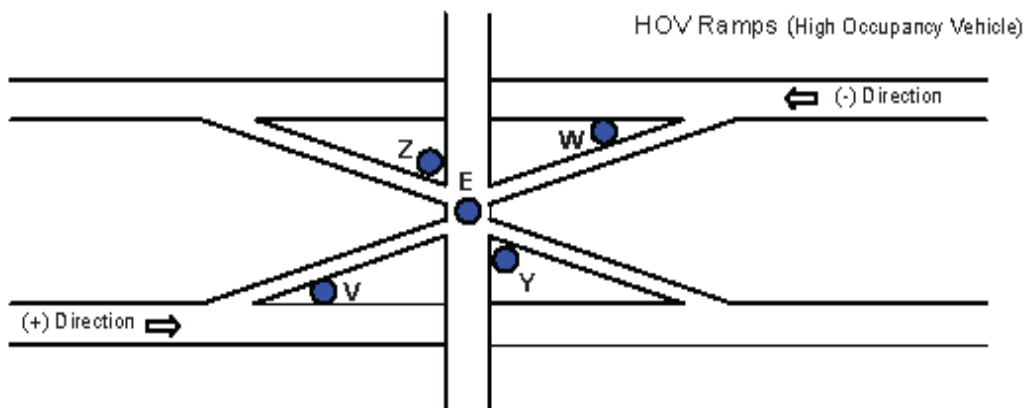
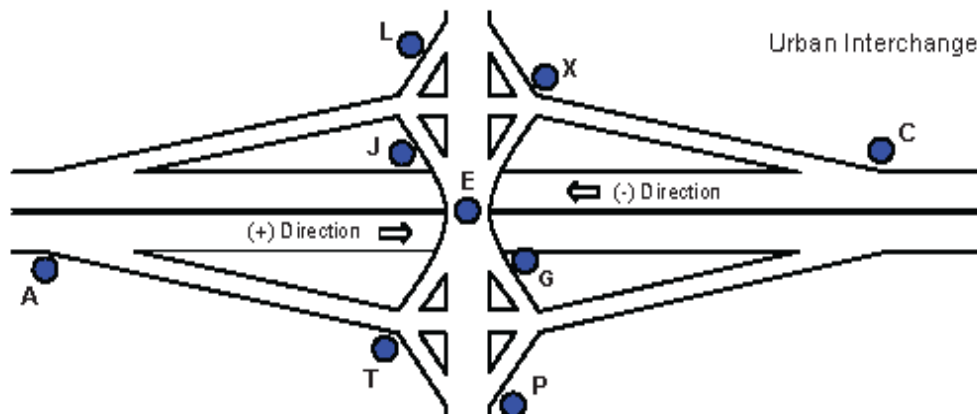
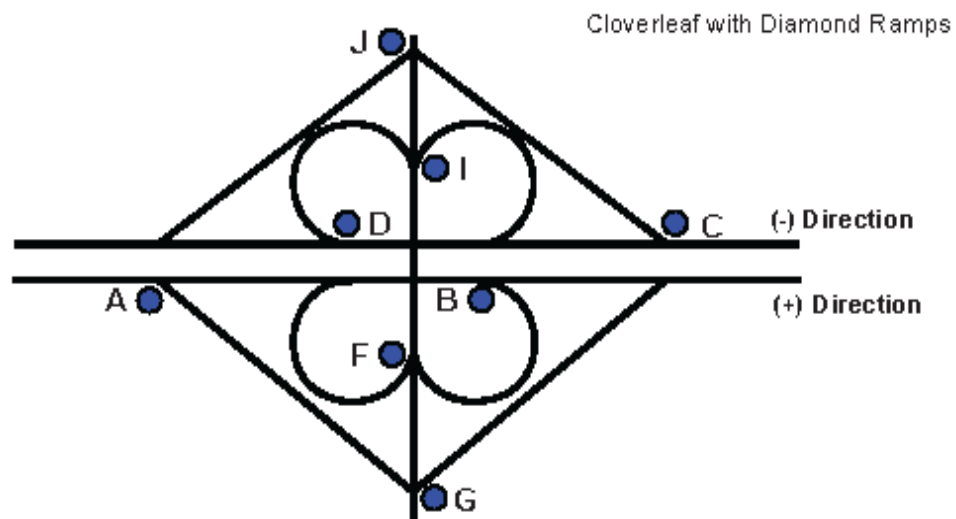
APPENDIX A: Crash Location Reference Points





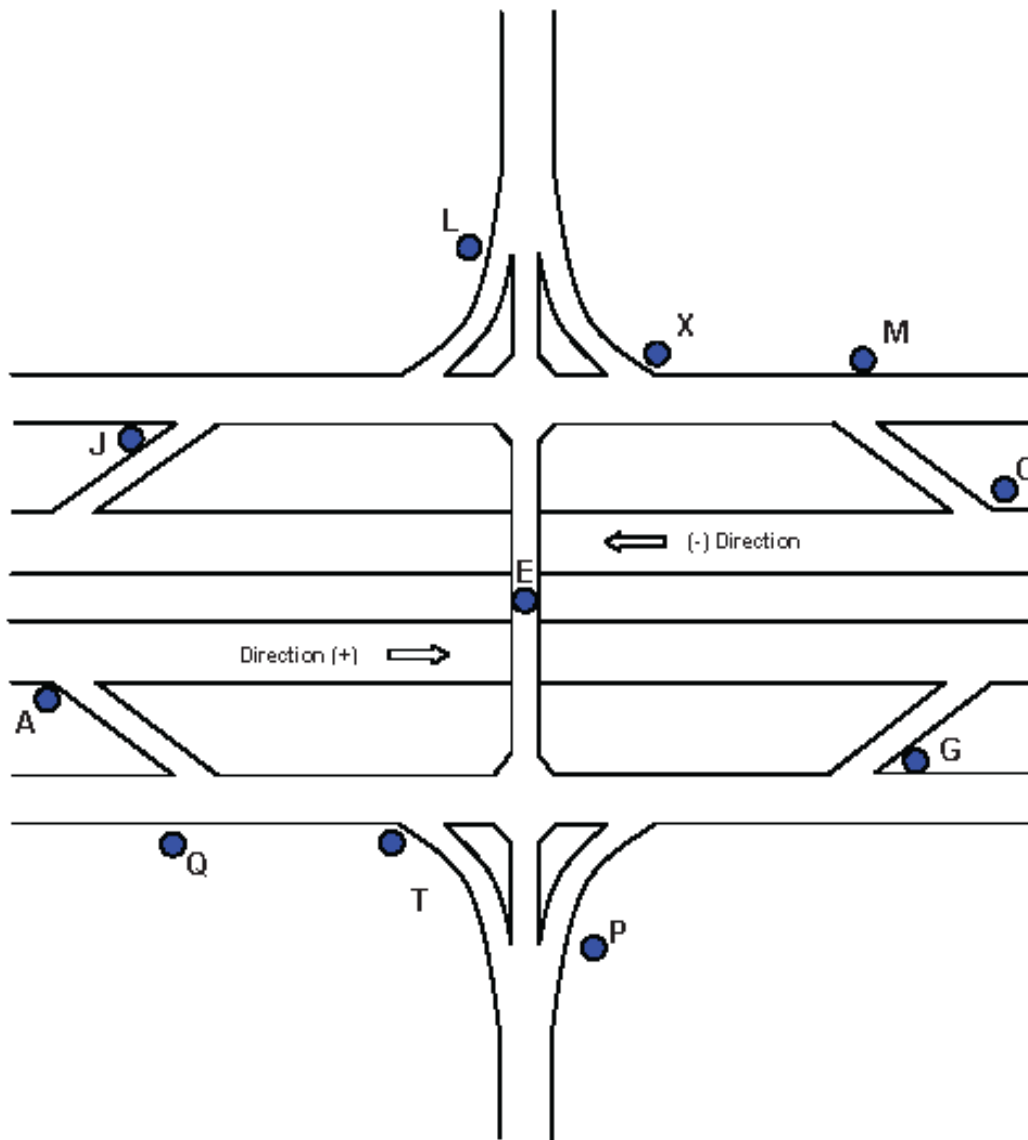
APPENDIX A—Continued

TRAFFIC INTERCHANGE REFERENCE POINTS



APPENDIX A—Continued

OFF MAINLINE REFERENCE POINTS

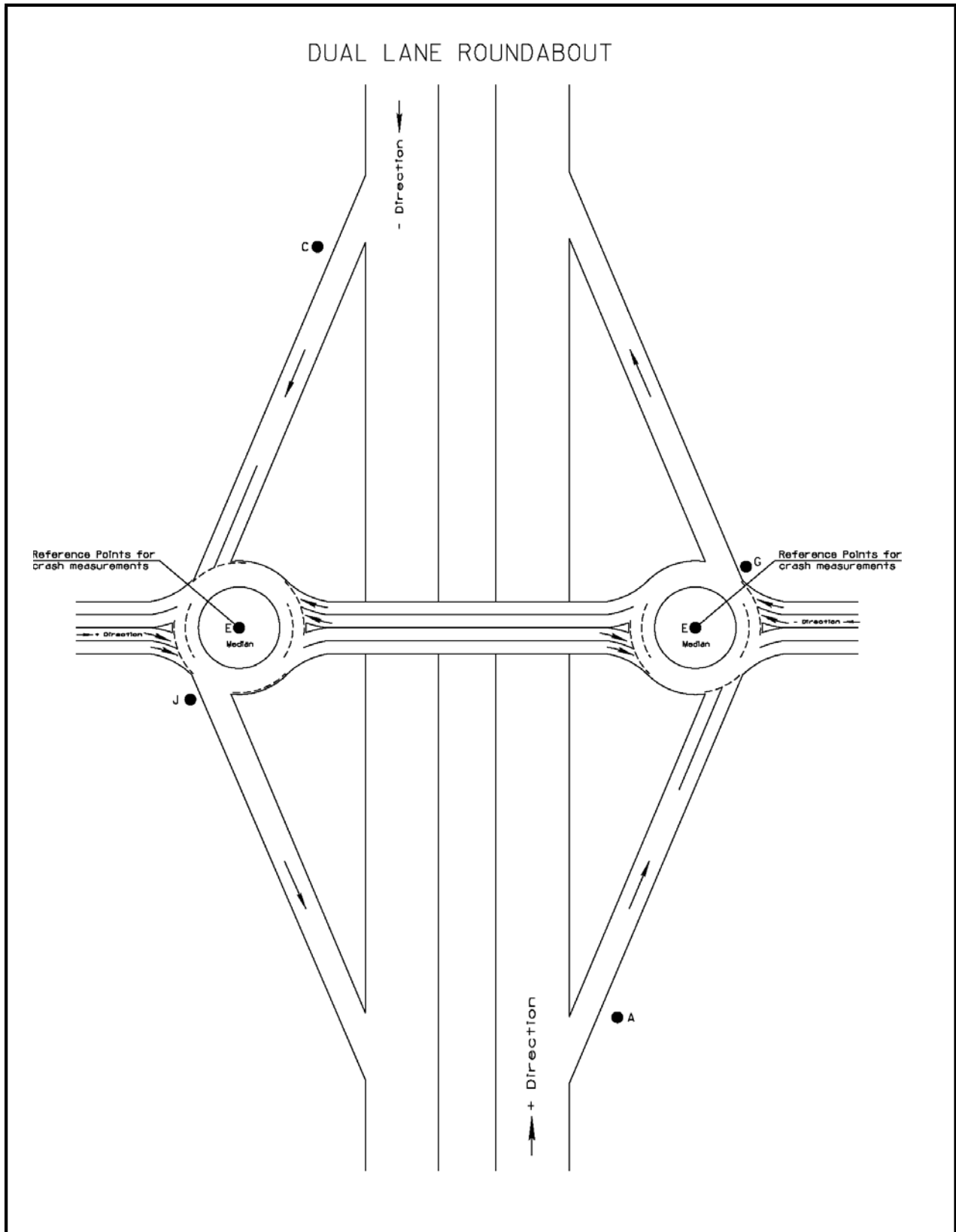


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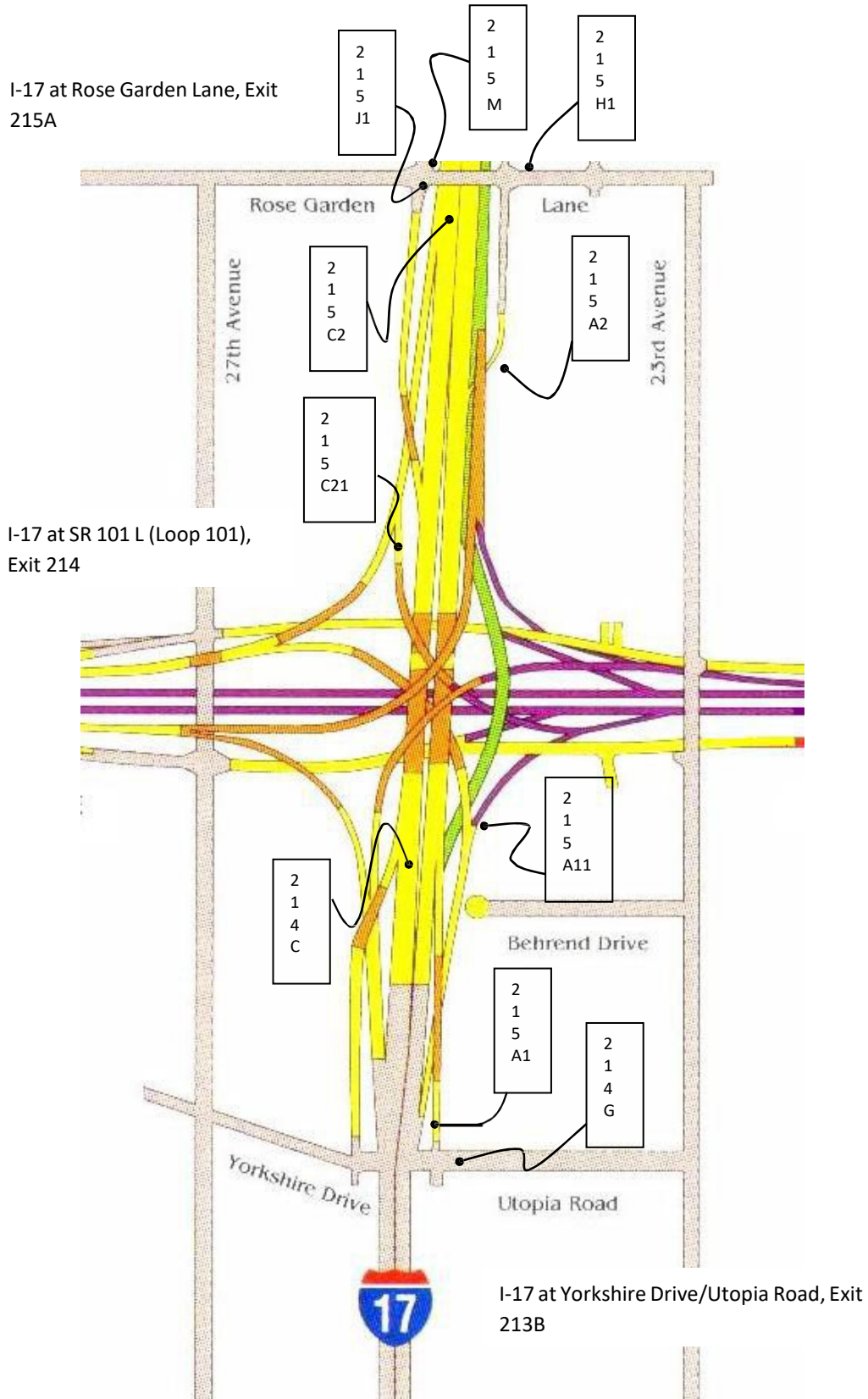
**APPENDIX A—Continued**

<b>OFF MAINLINE DEFINITIONS</b>	
Point	Location of Reference Marker
A:	Off ramp -from roadway carrying traffic in plus* direction.
B:	Off loop - from roadway carrying traffic in plus direction.
C:	Off ramp -from roadway carrying traffic in minus* direction
D:	Off loop - from roadway carrying traffic in minus direction.
E:	Center point of x-road - at interchange or grade separation.
F:	On loop - from x-road to roadway carrying traffic in plus direction.
G:	On ramp - to roadway carrying traffic in plus direction.
H:	Reference point on plus side frontage road where it meets the x-road.
I:	On loop - from x-road to roadway carrying traffic in minus direction.
J:	On ramp - to roadway carrying traffic in minus direction.
K:	Reference point on minus side frontage road where it meets the x-road.
L:	Connector - from x-road to frontage road or ramp in minus direction.
M:	Intermediate point - on minus side of frontage road denoting a merge.
P:	Connector - from x-road to frontage road or ramp in plus direction.
Q:	Intermediate point - on plus side of frontage road denoting a merge.
R:	Rest area - (Facilities and parking area) on plus side of roadway.
S:	Rest area - (Facilities and parking area) on minus side of roadway.
T:	Connector - from frontage road or ramp to X-road in plus direction.
V:	HOV - off-ramp from roadway carrying traffic in plus direction.
W:	HOV - off-ramp from roadway carrying traffic in minus direction.
X:	Connector - from frontage road or ramp to X-road in minus direction.
Y:	HOV - on-ramp to roadway carrying traffic in plus direction.
Z:	HOV - on-ramp to roadway carrying traffic in minus direction.
*	"Plus" is direction of increasing milepost numbers.
	"Minus" is direction of decreasing milepost numbers.

APPENDIX A—Continued



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## APPENDIX B: State and International Abbreviations

<b>State</b>			
Enter the state abbreviation in which the driver license was issued in Block <b>5b</b> and the state abbreviation in which the vehicle registration was issued in Block <b>5v</b> .			
<b>UNITED STATES ABBREVIATIONS</b>			
Alabama	AL	Montana	MT
Alaska	AK	Nebraska	NE
America Samoa	AS	Nevada	NV
Arizona	AZ	New Hampshire	NH
Arkansas	AR	New Jersey	NJ
California	CA	New Mexico	NM
Colorado	CO	New York	NY
Connecticut	CT	North Carolina	NC
Delaware	DE	North Dakota	ND
District of Columbia	DC	Ohio	OH
Florida	FL	Oklahoma	OK
Georgia	GA	Oregon	OR
Guam	GU	Pennsylvania	PA
Hawaii	HI	Puerto Rico	PR
Idaho	ID	Rhode Island	RI
Illinois	IL	South Carolina	SC
Indiana	IN	South Dakota	SD
Iowa	IA	Tennessee	TN
Kansas	KS	Texas	TX
Kentucky	KY	Utah	UT
Louisiana	LA	Vermont	VT
Maine	ME	Virginia	VA
Maryland	MD	Virgin Islands	VI
Massachusetts	MA	Washington	WA
Michigan	MI	West Virginia	WV
Minnesota	MN	Wisconsin	WI
Mississippi	MS	Wyoming	WY
Missouri	MO		
<b>CANADIAN TERRITORIES ABBREVIATIONS</b>			
Alberta	AB	Nunavut	NU
British Columbia	BC	Ontario	ON
Manitoba	MB	Prince Edward Island	PE
New Brunswick	NB	Quebec	PQ
Newfoundland/Labrador	NF	Saskatchewan	SK
Northwest Territories	NT	Yukon Territory	YT
Nova Scotia	NS		

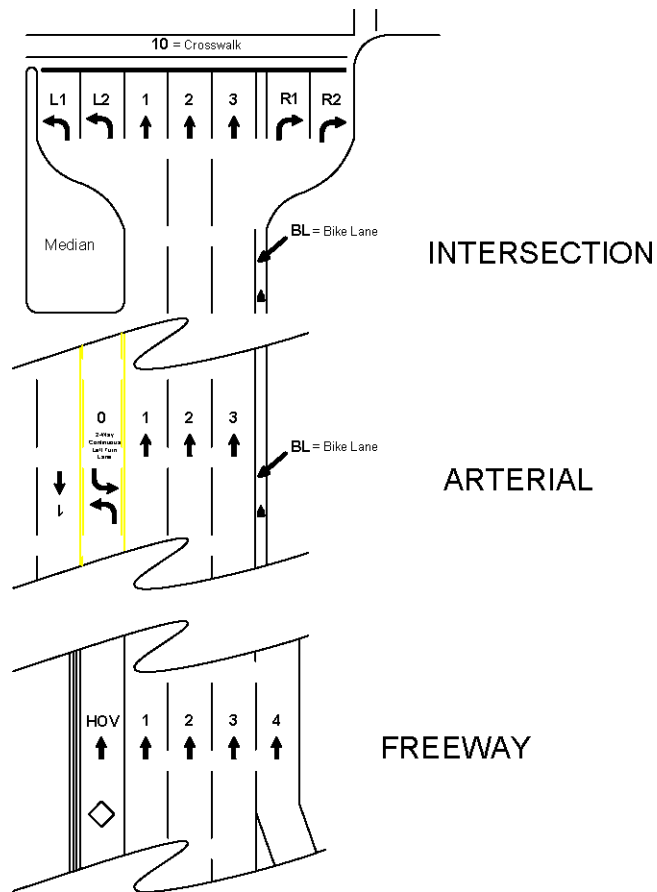
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## APPENDIX B—Continued

### MEXICAN STATES ABBREVIATIONS

Aguascalientes	AG	Moreos	MR
Baja California Norte	BN	Nayarit	NA
Baja California Sur	BS	Nuevo Leon	NL
Campeche	CP	Oaxace	OA
Chiapas	CS	Puebla	PU
Chihuahua	CI	Queretero de Arteaga	QE
Coahuila de Zaragoza	CH	Quintanta Roo	QI
Colima	CL	San Luis Potosi	SL
Distrito Federal	DF	Sinaloa	SI
Durango	DO	Sonora	SO
Guanajuato	GJ	Tabasco	TB
Guerrero	GE	Tamaulipas	TA
Hidalgo	HD	Tlaxcala	TL
Jalisco	JA	Veracruz-Llava	VC
Mexico	MX	Yucatan	YU
Michoacan de Ocampo	MC	Zacatecas	ZA

APPENDIX C: LANE NUMBERING SYSTEM



**0** - Two-Way Continuous Left Turn Lane

**1 - 9** - 1 = First lane next to a median through 9.

**10** - Crosswalk

**L1 Thru LX** - Left Turn Only Lanes (L1 = first left turn after median/centerline)

**R1 Thru RX** - Right Turn Lanes (R1= first right turn after thru lanes)

**SW** - Sidewalk

**BL** - Dedicated Bicycle Lane (Lane should be properly signed and striped)

**HOV** - High Occupancy Lane - (Hours of use restrictions do not apply to HOV designation)

**49** - Non-Roadway

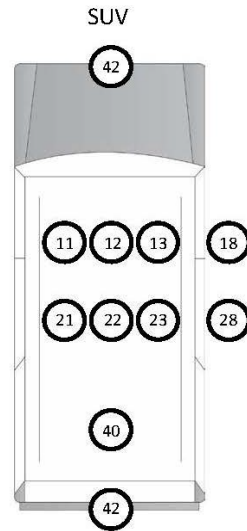
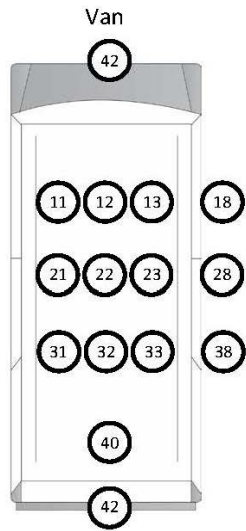
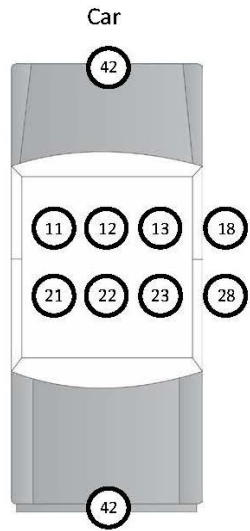
**50** - Other

**51** - Unknown

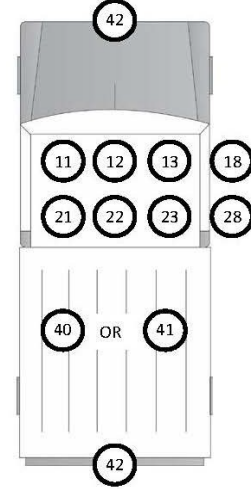


APPENDIX D: Seating Positions Diagrams

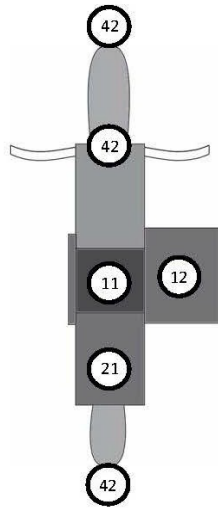
SEATING POSITIONS



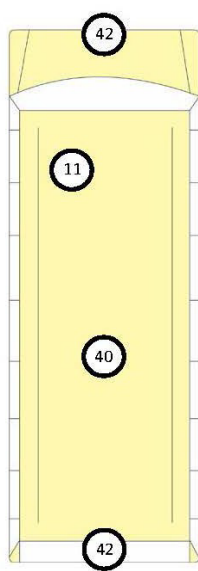
Pickup/Single Truck (Enclosed or Un-Enclosed Bed)



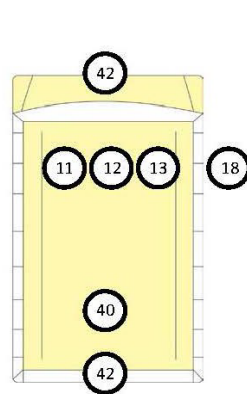
Motorcycle or Pedalcyclist



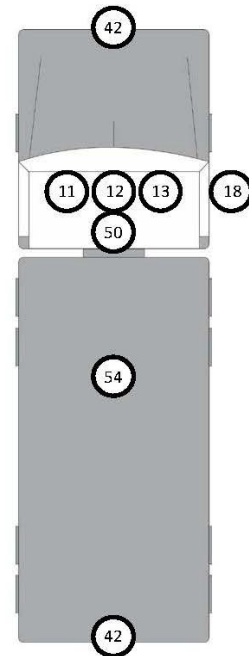
Bus



Van Based Bus



Tractor Trailer



## Arizona Crash Report Forms Instruction Manual—12th Edition

### APPENDIX E: Vehicle Body Style Abbreviations

VEHICLE TYPE	BODY STYLE CODE	DESCRIPTION	ADDITIONAL DESCRIPTION
PASSENGER	AM	AMBULANCE	
PASSENGER	CV	CONVERTIBLE	
PASSENGER	2DCV	CONVERTIBLE	2 DR
PASSENGER	3DCV	CONVERTIBLE	3 DR
PASSENGER	4DCV	CONVERTIBLE	4 DR
PASSENGER	5DCV	CONVERTIBLE	5 DR
PASSENGER	CP	COUPE	
PASSENGER	DBUG	DUNE BUGGY	
PASSENGER	HT	HARDTOP	
PASSENGER	2DHT	HARDTOP	2 DR
PASSENGER	3DHT	HARDTOP	3 DR
PASSENGER	4DHT	HARDTOP	4 DR
PASSENGER	5DHT	HARDTOP	5 DR
PASSENGER	HB	HATCHBACK	
PASSENGER	2DHB	HATCHBACK	2 DR
PASSENGER	3DHB	HATCHBACK	3 DR
PASSENGER	4DHB	HATCHBACK	4 DR
PASSENGER	5DHB	HATCHBACK	5 DR
PASSENGER	HR	HEARSE	
PASSENGER	JP	JEEP	
PASSENGER	LB	LIFTBACK	
PASSENGER	2DLB	LIFTBACK	2 DR
PASSENGER	3DLB	LIFTBACK	3 DR
PASSENGER	4DLB	LIFTBACK	4 DR
PASSENGER	5DLB	LIFTBACK	5 DR
PASSENGER	LM	LIMOUSINE	
PASSENGER	MHA	MOTORIZED HOME	CLASS A
PASSENGER	MHB	MOTORIZED HOME	CLASS B
PASSENGER	MHC	MOTORIZED HOME	CLASS C
PASSENGER	PU		PICKUP
PASSENGER	12PU	PICKUP	1/2 TON
PASSENGER	34PU	PICKUP	3/4 TON
PASSENGER	RV	RECREATIONAL VEHICLE	
PASSENGER	RVVN	RECREATIONAL VEHICLE	VAN
PASSENGER	RH	RETRACTBLE HARDTOP	
PASSENGER	2DRH	RETRACTBLE HARDTOP	2 DR
PASSENGER	3DRH	RETRACTBLE HARDTOP	3 DR
PASSENGER	4DRH	RETRACTBLE HARDTOP	4 DR
PASSENGER	5DRH	RETRACTBLE HARDTOP	5 DR
PASSENGER	RD	ROADSTER	
PASSENGER	SD	SEDAN	
PASSENGER	2DSD	SEDAN	2 DR
PASSENGER	3DSD	SEDAN	3 DR
PASSENGER	4DSD	SEDAN	4 DR
PASSENGER	5DSD	SEDAN	5 DR
PASSENGER	SP	SPECIAL	FORK LIFT, ROAD GRADER, ETC.
PASSENGER	SW	STATION WAGON	

## Arizona Crash Report Forms Instruction Manual—12th Edition

### APPENDIX E: Vehicle Body Style Abbreviations (Cont.)

VEHICLE TYPE	BODY STYLE CODE	DESCRIPTION	ADDITIONAL DESCRIPTION
PASSENGER	2DSW	STATION WAGON	2 DR
PASSENGER	3DSW	STATION WAGON	3 DR
PASSENGER	4DSW	STATION WAGON	4 DR
PASSENGER	5DSW	STATION WAGON	5 DR
PASSENGER	12VN	VAN	1/2 TON
PASSENGER	34VN	VAN	3/4 TON
TRUCK	AR	ARMORED TRUCK	
TRUCK	AC	AUTO CARRIER	
TRUCK	BR	BEVERAGE RACK	
TRUCK	BS	BUS (COMMERCIAL)	
TRUCK	CB	CAB CHASSIS	
TRUCK	CM	CONCRETE OR TRANSIT MIXER	
TRUCK	CR	CRANE	
TRUCK	DRTK	DRILLING TRUCK	
TRUCK	DP	DUMP TRUCK	
TRUCK	FT	FIRE TRUCK	
TRUCK	FB	FLATBED OR PLATFORM	
TRUCK	GG	GARBAGE OR REFUSE	
TRUCK	GR	GLASS RACK	
TRUCK	GN	GRAIN	
TRUCK	HO	HOPPER	
TRUCK	LW	LUNCH WAGON	
TRUCK	OS	OPEN SEED TRUCK	
TRUCK	PN	PANEL	
TRUCK	1TPU	PICKUP	1 TON
TRUCK	RF	REFRIGERATED VAN TRUCK	
TRUCK	RT	ROAD TRACTOR	
TRUCK	SCBS	SCHOOL BUS	
TRUCK	SR	SERVICE BODY TRUCK	
TRUCK	SPRT	SPREADER TRUCK	
TRUCK	ST	STAKE OR RACK	
TRUCK	TN	TANK	
TRUCK	WR	TOW TRUCK WRECKER	
TRUCK	TRTK	TRENCH TRUCK	
TRUCK	TK	TRUCK	
TRUCK	TT	TRUCK TRACTOR	
TRUCK	VN	VAN	
TRUCK	1TVN	VAN	1 TON
TRUCK	VT	VANNETTE	
TRUCK	WR	WRECKER	
TRUCK	WRTK	WRENCHER	
MOBILEHOME	MH	MOBILE HOME	
MOTORCYCLE	ATC	ALL TERRAIN CYCLE	
MOTORCYCLE	ATV	ALL TERRAIN VEHICLE	
MOTORCYCLE	GC	GOLF CART	
MOTORCYCLE	MCSP	MC WITH UNIQUE MODIFICATIONS	
MOTORCYCLE	MP	MOPED	
MOTORCYCLE	MC	MOTORCYCLE	
MOTORCYCLE	NEV	NEIGHBORHOOD ELECTRIC VEHICLE	
MOTORCYCLE	WCMC	WHEELCHAIR MOTORCYCLE VEHICLE	
UNKNOWN	UNK	UNKNOWN	