



2010
ARIZONA'S
Crash Report Forms
Instruction
Manual

Revised July 2010

**Crash Report Forms Instruction Manual
9th Edition
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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 Committee is researching new technology to enhance an officer's crash reporting capabilities as well as linking to other databases capturing roadway features, EMS data, 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.

For local agencies, blocks (elements) 25 through 31 are not required on form 01-2704B R07/2010. This data is required to be reported by the Arizona Department of Public Safety (DPS) and for any crashes occurring on any highway.

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 one 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 unstabilized situation?
7. Did the unstabilized situation originate on a trafficway or did injury or damage occur on a trafficway?

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8. If a motor vehicle in transport collided with a railroad train, did the collision occur at or near a railroad crossing?

Submission Guidelines

Compliance with the submission instructions will insure 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 three 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 R06/10, 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. They will be discarded prior to microfilming by the Traffic Records Section with one exception - **fatal crash reports**. In this instance the report will be filmed 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 significant changes have been made to the Arizona Crash Report which will go into effect **July 1, 2010**. Descriptions of the available forms are below. All forms are covered by ARS 28-667 when pertinent to the incident.

FORM 01-2704A R 06/2010 - 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.

FORM 01-2704B R 07/2010 - This is a continuation of the standard report form. It includes boxes 10 through 31. NOTE: Boxes 25 through 31 are not required to be reported, except for DPS.

FORM 01-2704C R 06/2010

- NARRATIVE - This is a continuation form for the standard report form. It 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. There is space for 4 additional passengers and 2 witnesses at the bottom of the front page. On the back of this form there is a full page for the - DIAGRAM.

FORM 01-2705 R 06/2010 - The Fatal Supplement must be completed for each person that is killed in a crash.

FORM 01-2708 R8/92 - This form can be used for crash measurements when there is an extensive crash scene.

FORM 01-2710 R 07/2010 - Supplemental Truck / Bus Crash Report. This form should be completed when any circle **AND** any diamond are checked on Form 01-2704A.

FORM 01-2712 R07/2010 - Occupant Supplement. This form is to add additional passengers in bus or other vehicle carrying more than the number of people that will fit on the standard report form.

THE CRASH REPORT FORM

01-2701A R06/2010

01-2701B R07/2010

01-2701C R06/2010

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ADOT USE ONLY																								
ARIZONA CRASH REPORT			REPORT ID						Agency Report Number															
POLICE ONLY —FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 064R 206 S. 17TH AVE., PHOENIX, ARIZONA 85007-3233			YEAR	MONTH	DAY	HOUR	NCIC NO.	OFFICER ID NO.	Total Number of Sheets															
COMPLETE THE TRUCK/BUS SUPPLEMENT IF ANY (circle) AND ANY (diamond) ARE CHECKED																								
2 Total Units		Total Injuries		Total Fatalities		Estimated Total Damage Compared To \$1,000 Limit: <input type="checkbox"/> Over <input type="checkbox"/> Under		<input type="radio"/> Fatal <input type="checkbox"/> Hit/Run Unit # _____		<input type="radio"/> Person Transported for Immediate Medical Care?		<input type="radio"/> Tow Away of At Least One Vehicle from Scene?		District or Grid No.										
3 LOCATION																								
On Highway/Road/Street						<input type="checkbox"/> Inside City <input type="checkbox"/> Outside			County															
Intersecting Street/Road/M.P. or R.P.						<input type="checkbox"/> North <input type="checkbox"/> East <input type="checkbox"/> South <input type="checkbox"/> West		<input type="checkbox"/> Plus <input type="checkbox"/> Minus		Distance		<input type="checkbox"/> Measured <input type="checkbox"/> Approximate		<input type="checkbox"/> Miles <input type="checkbox"/> Feet										
Safety Devices (SD)			Injury Severity (IS)			Seating Position			18 - Front Seat - Other (Child in Lap)															
0 - Not Applicable 1 - None Used 2 - Lap Belt 3 - Shoulder and Lap Belt 4 - Child Restraint System			5 - Helmet Used 6 - Air Bag Deployed 7 - Air Bag Deployed/Shoulder-Lap Belt 97 - Other 99 - Unknown			1 - No Injury 2 - Possible Injury 3 - Non Incapacitating Injury			4 - Incapacitating Injury 5 - Fatal Injury 99 - Unknown/Not Reported			26 or 38 - Additional passenger in vehicle by row 51 - In enclosed or cargo area 52 - In unenclosed passenger/cargo area 55 - Riding on Vehicle Exterior 99 - Unknown												
4 TRAFFIC UNIT NO. 1																								
State		Class		End		<input type="checkbox"/> DL # <input type="checkbox"/> No Valid License/Permit		<input type="checkbox"/> Driver <input type="checkbox"/> Driveness <input type="checkbox"/> Pedestrian <input type="checkbox"/> Pedalcyclist		Name (First, Middle, Last)			Suffix		Sex									
Restrictions		Address						City		State		Zip Code		Telephone Number										
Date of Birth		<input type="checkbox"/> Same as Driver		Owner/Carrier Name						Address		City		State		Zip Code								
Color		Vehicle Year		Make		Model		Body Style		Plate Number		State		Plate Mo/Yr		<input checked="" type="checkbox"/> Bus (9 or more seats)								
VIN						Trailer (Other Unit) Plate No.		State		Year		GVW/GWR (Rated Greater Than 10k pounds?) <input type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> HazMat Placard? <input type="checkbox"/> Yes <input type="checkbox"/> No										
Safety Devices		Injury Severity		Posted Speed Limit		Ofc Est. Speed		Transported To/By																
Removed to (Address/Storage Location Identifier)						<input type="checkbox"/> Disabled <input type="checkbox"/> Not Disabled		Removed by		Orders of														
Insurance Company				Telephone Number				Policy Number				Exp. Date												
4 TRAFFIC UNIT NO. 2																								
State		Class		End		<input type="checkbox"/> DL # <input type="checkbox"/> No Valid License/Permit		<input type="checkbox"/> Driver <input type="checkbox"/> Driveness <input type="checkbox"/> Pedestrian <input type="checkbox"/> Pedalcyclist		Name (First, Middle, Last)			Suffix		Sex									
Restrictions		Address						City		State		Zip Code		Telephone Number										
Date of Birth		<input type="checkbox"/> Same as Driver		Owner/Carrier Name						Address		City		State		Zip Code								
Color		Vehicle Year		Make		Model		Body Style		Plate Number		State		Plate Mo/Yr		<input checked="" type="checkbox"/> Bus (9 or more seats)								
VIN						Trailer (Other Unit) Plate No.		State		Year		GVW/GWR (Rated Greater Than 10k pounds?) <input type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> HazMat Placard? <input type="checkbox"/> Yes <input type="checkbox"/> No										
Safety Devices		Injury Severity		Posted Speed Limit		Ofc Est. Speed		Transported To/By																
Removed to (Address/Storage Location Identifier)						<input type="checkbox"/> Disabled <input type="checkbox"/> Not Disabled		Removed by		Orders of														
Insurance Company				Telephone Number				Policy Number				Exp. Date												
4 TRAFFIC UNIT NO. 3																								
State		Class		End		<input type="checkbox"/> DL # <input type="checkbox"/> No Valid License/Permit		<input type="checkbox"/> Driver <input type="checkbox"/> Driveness <input type="checkbox"/> Pedestrian <input type="checkbox"/> Pedalcyclist		Name (First, Middle, Last)			Suffix		Sex									
Restrictions		Address						City		State		Zip Code		Telephone Number										
Date of Birth		<input type="checkbox"/> Same as Driver		Owner/Carrier Name						Address		City		State		Zip Code								
Color		Vehicle Year		Make		Model		Body Style		Plate Number		State		Plate Mo/Yr		<input checked="" type="checkbox"/> Bus (9 or more seats)								
VIN						Trailer (Other Unit) Plate No.		State		Year		GVW/GWR (Rated Greater Than 10k pounds?) <input type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> HazMat Placard? <input type="checkbox"/> Yes <input type="checkbox"/> No										
Safety Devices		Injury Severity		Posted Speed Limit		Ofc Est. Speed		Transported To/By																
Removed to (Address/Storage Location Identifier)						<input type="checkbox"/> Disabled <input type="checkbox"/> Not Disabled		Removed by		Orders of														
Insurance Company				Telephone Number				Policy Number				Exp. Date												
5 PASSENGERS																								
Unit #		Seat Pos		SD		IS		Name			Address		City		State		Zip Code		Telephone No.		D.O.B./Age		Sex	
6 OC																								
Property Damaged (Other than Vehicles) Block 31, Event 2949				Owner Code (OC)				1 - Private 2 - Public Utility		3 - Federal Government 4 - State of Arizona		5 - County in Arizona 6 - City in Arizona		7 - Tribal Nation 99 - Unknown		Inventory Tag No.								
Owner's Name				Address (or Bar Code ID Number)				City		State		Zip Code		Telephone Number										
7 Photos Taken		<input type="checkbox"/> Yes <input type="checkbox"/> No		Photographer's Name, ID Number and Agency Number				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												

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8	WITNESSES	Name _____	Address _____	City _____	State _____	Zip Code _____	Telephone Number _____	D.O.B./Age _____																	
9	CITATION CHARGES	UNIT # _____	A.R.S. NO. OR CITY CODE _____	UNIT # _____	A.R.S. NO. OR CITY CODE _____	BLOCKS 10 - 24: CHECK ONLY ONE OR ONE BLOCK PER UNIT UNLESS NOTED 21 —CONDITION INFLUENCING Driver/Ped/Cyclist UP TO TWO CHOICES PER UNIT UNIT # _____ <input type="checkbox"/> <input type="checkbox"/> 0 NO APPARENT INFLUENCE <input type="checkbox"/> <input type="checkbox"/> 1 ILLNESS <input type="checkbox"/> <input type="checkbox"/> 2 PHYSICAL IMPAIRMENT <input type="checkbox"/> <input type="checkbox"/> 3 FELL ASLEEP/FATIGUED <input type="checkbox"/> <input type="checkbox"/> 4 ALCOHOL <input type="checkbox"/> <input type="checkbox"/> 5 DRUGS <input type="checkbox"/> <input type="checkbox"/> 6 MEDICATIONS CHECK ONE IF BLOCKS 4, 5, OR 6 CHECKED <input type="checkbox"/> <input type="checkbox"/> A. NO TEST GIVEN <input type="checkbox"/> <input type="checkbox"/> B. TEST GIVEN <input type="checkbox"/> <input type="checkbox"/> C. TEST REFUSED <input type="checkbox"/> <input type="checkbox"/> D. TESTING UNKNOWN <input type="checkbox"/> <input type="checkbox"/> 97 OTHER _____ <input type="checkbox"/> <input type="checkbox"/> 99 UNKNOWN CONDITION _____																			
10 —LIGHT CONDITION <input type="checkbox"/> 1 DAYLIGHT <input type="checkbox"/> 2 DAWN <input type="checkbox"/> 3 DUSK <input type="checkbox"/> 4 DARK—LIGHTED <input type="checkbox"/> 5 DARK—NOT LIGHTED <input type="checkbox"/> 6 DARK—UNKNOWN LIGHTING		11 —WEATHER CONDITIONS <input type="checkbox"/> 1 CLEAR <input type="checkbox"/> 2 CLOUDY <input type="checkbox"/> 3 SLEET_HAIL (freezing rain/drizzle) <input type="checkbox"/> 4 RAIN <input type="checkbox"/> 5 SNOW <input type="checkbox"/> 6 SEVERE CROSSWINDS <input type="checkbox"/> 7 BLOWING SAND, SOIL, DIRT <input type="checkbox"/> 8 FOG, SMOGS, SMOKE <input type="checkbox"/> 9 BLOWING SNOW <input type="checkbox"/> 97 OTHER _____ <input type="checkbox"/> 99 UNKNOWN _____		12 —ROAD SURFACE CONDITION UNIT # _____ <input type="checkbox"/> <input type="checkbox"/> 1 DRY <input type="checkbox"/> <input type="checkbox"/> 2 WET <input type="checkbox"/> <input type="checkbox"/> 3 SNOW <input type="checkbox"/> <input type="checkbox"/> 4 SLUSH <input type="checkbox"/> <input type="checkbox"/> 5 ICE/FROST <input type="checkbox"/> <input type="checkbox"/> 6 WATER (standing, moving) <input type="checkbox"/> <input type="checkbox"/> 7 SAND <input type="checkbox"/> <input type="checkbox"/> 8 MUD, DIRT, GRAVEL <input type="checkbox"/> <input type="checkbox"/> 9 OIL <input type="checkbox"/> <input type="checkbox"/> 97 OTHER _____ <input type="checkbox"/> <input type="checkbox"/> 99 UNKNOWN _____					13 —ROAD GRADE UNIT # _____ <input type="checkbox"/> <input type="checkbox"/> 1 LEVEL <input type="checkbox"/> <input type="checkbox"/> 2 DOWNHILL <input type="checkbox"/> <input type="checkbox"/> 3 UPHILL <input type="checkbox"/> <input type="checkbox"/> 4 HILLCREST <input type="checkbox"/> <input type="checkbox"/> 5 SAG/DIP/BOTTOM <input type="checkbox"/> <input type="checkbox"/> 99 UNKNOWN _____		14 —RELATION TO JUNCTION <input type="checkbox"/> 0 NOT JUNCTION RELATED NON-CONTROLLED ACCESS AREA <input type="checkbox"/> 1 INTERSECTION (within) <input type="checkbox"/> 2 INTERSECTION-RELATED <input type="checkbox"/> 3 ENTRANCE/EXIT RAMP (rest areas) <input type="checkbox"/> 4 RAILWAY GRADE CROSSING <input type="checkbox"/> 5 MEDIAN CROSSOVER-RELATED <input type="checkbox"/> 6 FRONTAGE ROAD <input type="checkbox"/> 7 DRIVEWAY <input type="checkbox"/> 8 ALLEY-ACCESS-RELATED <input type="checkbox"/> 9 UNKNOWN NON-INTERCHANGE CONTROLLED ACCESS AREA <input type="checkbox"/> 10 THRU ROADWAY <input type="checkbox"/> 11 INTERSECTION (within) <input type="checkbox"/> 12 INTERSECTION-RELATED <input type="checkbox"/> 13 ENTRANCE/EXIT RAMP <input type="checkbox"/> 14 FRONTAGE ROAD <input type="checkbox"/> 15 OTHER PART OF INTERCHANGE <input type="checkbox"/> 99 UNKNOWN _____		15 —TYPE OF INTERSECTION <input type="checkbox"/> 1 FOUR-WAY INTERSECTION <input type="checkbox"/> 2 T-INTERSECTION <input type="checkbox"/> 3 Y-INTERSECTION <input type="checkbox"/> 4 INTER. AS PART OF INTERCHANGE <input type="checkbox"/> 5 TRAFFIC CIRCLE <input type="checkbox"/> 6 ROUNDABOUT <input type="checkbox"/> 7 FIVE POINT, OR MORE <input type="checkbox"/> 99 UNKNOWN _____		16 —TRAFFIC WAY DESCRIPTION <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 (PAINTED > 4 FEET) MEDIAN <input type="checkbox"/> 5 TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER <input type="checkbox"/> 99 UNKNOWN _____		17 —MANNER OF CRASH IMPACT <input type="checkbox"/> 1 SINGLE VEHICLE <input type="checkbox"/> 2 ANGLE (front to side) (other than left turn) <input type="checkbox"/> 3 LEFT TURN <input type="checkbox"/> 4 REAR END (front-to-rear) <input type="checkbox"/> 5 HEAD-ON (front-to-front) (other than left turn) <input type="checkbox"/> 6 SIDESWIPE, SAME DIRECTION <input type="checkbox"/> 7 SIDESWIPE, OPPOSITE DIRECTION <input type="checkbox"/> 8 REAR-TO-SIDE <input type="checkbox"/> 9 REAR-TO-REAR <input type="checkbox"/> 97 OTHER _____ <input type="checkbox"/> 99 UNKNOWN _____		18 —DIRECTION OF UNIT TRAVEL (Compass) BEFORE 1ST CRASH EVENT UNIT # _____ <input type="checkbox"/> <input type="checkbox"/> 1 NORTH <input type="checkbox"/> <input type="checkbox"/> 2 SOUTH <input type="checkbox"/> <input type="checkbox"/> 3 EAST <input type="checkbox"/> <input type="checkbox"/> 4 WEST <input type="checkbox"/> <input type="checkbox"/> 5 NORTHWEST <input type="checkbox"/> <input type="checkbox"/> 6 NORTHEAST <input type="checkbox"/> <input type="checkbox"/> 7 SOUTHWEST <input type="checkbox"/> <input type="checkbox"/> 8 SOUTHEAST <input type="checkbox"/> <input type="checkbox"/> 99 UNKNOWN _____		19 —CONTRIBUTING CIRCUMSTANCES UP TO TWO CHOICES PER UNIT UNIT # _____ <input type="checkbox"/> <input type="checkbox"/> 0 NO CONTRIBUTING CIRCUMSTANCE ENVIRONMENTAL <input type="checkbox"/> <input type="checkbox"/> 1 GLARE <input type="checkbox"/> <input type="checkbox"/> A. SUNLIGHT <input type="checkbox"/> <input type="checkbox"/> B. HEADLIGHTS <input type="checkbox"/> <input type="checkbox"/> 2 PHYSICAL OBSTRUCTION(S) <input type="checkbox"/> <input type="checkbox"/> A. STOPPED/PARKED VEHICLE <input type="checkbox"/> <input type="checkbox"/> B. MOVING VEHICLE <input type="checkbox"/> <input type="checkbox"/> C. LOAD ON VEHICLE <input type="checkbox"/> <input type="checkbox"/> D. TREE/SHRUB/BUSH ROAD <input type="checkbox"/> <input type="checkbox"/> 3 ROAD SURFACE CONDITION <input type="checkbox"/> <input type="checkbox"/> 4 DEBRIS <input type="checkbox"/> <input type="checkbox"/> 5 WORK ZONE <input type="checkbox"/> <input type="checkbox"/> A. LANE CLOSURE <input type="checkbox"/> <input type="checkbox"/> B. LANE SHIFT/CLOSURE <input type="checkbox"/> <input type="checkbox"/> C. WORK ON SHOULDER OR MEDIAN <input type="checkbox"/> <input type="checkbox"/> D. INTERMITTENT OR MOVING WORK <input type="checkbox"/> <input type="checkbox"/> E. OTHER _____ <input type="checkbox"/> <input type="checkbox"/> F. WORKERS PRESENT <input type="checkbox"/> <input type="checkbox"/> 6 OBSTRUCTION IN ROADWAY <input type="checkbox"/> <input type="checkbox"/> 7 CHANGING ROAD WIDTH <input type="checkbox"/> <input type="checkbox"/> 8 NON-HIGHWAY WORK MOTOR VEHICLE <input type="checkbox"/> <input type="checkbox"/> 9 BRAKES <input type="checkbox"/> <input type="checkbox"/> 10 STEERING <input type="checkbox"/> <input type="checkbox"/> 11 SUSPENSION <input type="checkbox"/> <input type="checkbox"/> 12 TIRES <input type="checkbox"/> <input type="checkbox"/> 13 WHEELS <input type="checkbox"/> <input type="checkbox"/> 14 LIGHTS (head, signal, tail) <input type="checkbox"/> <input type="checkbox"/> 15 WINDOWS/WINDSHIELD <input type="checkbox"/> <input type="checkbox"/> 16 MIRRORS <input type="checkbox"/> <input type="checkbox"/> 17 WIPERS <input type="checkbox"/> <input type="checkbox"/> 18 TRUCK COUPLING/TRAILER/HITCH/SAFETY CHAINS <input type="checkbox"/> <input type="checkbox"/> 97 OTHER _____ <input type="checkbox"/> <input type="checkbox"/> 99 UNKNOWN _____		22 —VIOLATIONS/BEHAVIOR UP TO TWO CHOICES PER UNIT UNIT # _____ <input type="checkbox"/> <input type="checkbox"/> 1 NO IMPROPER ACTION <input type="checkbox"/> <input type="checkbox"/> 2 SPEED TOO FAST FOR CONDITIONS <input type="checkbox"/> <input type="checkbox"/> 3 EXCEEDED LAWFUL SPEED <input type="checkbox"/> <input type="checkbox"/> 4 FOLLOWED TOO CLOSELY <input type="checkbox"/> <input type="checkbox"/> 5 RAN STOP SIGN <input type="checkbox"/> <input type="checkbox"/> 6 DISREGARDED TRAFFIC SIGNAL <input type="checkbox"/> <input type="checkbox"/> 7 MADE IMPROPER TURN <input type="checkbox"/> <input type="checkbox"/> 8 DROVE/RODE IN OPPOSING TRAFFIC LANE <input type="checkbox"/> <input type="checkbox"/> 9 KNOWINGLY OPERATED WITH FAULTY/MISSING EQUIPMENT <input type="checkbox"/> <input type="checkbox"/> 10 REQUIRED MOTORCYCLE SAFETY EQUIPMENT NOT USED <input type="checkbox"/> <input type="checkbox"/> 11 PASSED IN NO PASSING ZONE <input type="checkbox"/> <input type="checkbox"/> 12 UNSAFE LANE CHANGE <input type="checkbox"/> <input type="checkbox"/> 13 FAILED TO KEEP IN PROPER LANE <input type="checkbox"/> <input type="checkbox"/> 14 DISREGARDED PAVEMENT MARKINGS <input type="checkbox"/> <input type="checkbox"/> 15 OTHER UNSAFE PASSING <input type="checkbox"/> <input type="checkbox"/> 16 INATTENTION/DISTRACTION <input type="checkbox"/> <input type="checkbox"/> 17 DID NOT USE CROSSWALK <input type="checkbox"/> <input type="checkbox"/> 18 WALKED ON WRONG SIDE OF ROAD <input type="checkbox"/> <input type="checkbox"/> 19 ELECTRONIC COMMUNICATIONS DEVICE <input type="checkbox"/> <input type="checkbox"/> 20 FAILED TO YIELD RIGHT-OF-WAY <input type="checkbox"/> <input type="checkbox"/> 97 OTHER _____ <input type="checkbox"/> <input type="checkbox"/> 99 UNKNOWN _____		23 —TRAFFIC UNIT MANEUVER/ACTION UNIT # _____ <input type="checkbox"/> <input type="checkbox"/> 1 GOING STRAIGHT AHEAD <input type="checkbox"/> <input type="checkbox"/> 2 SLOWING IN TRAFFICWAY <input type="checkbox"/> <input type="checkbox"/> 3 STOPPED IN TRAFFICWAY <input type="checkbox"/> <input type="checkbox"/> 4 MAKING LEFT TURN <input type="checkbox"/> <input type="checkbox"/> 5 MAKING RIGHT TURN <input type="checkbox"/> <input type="checkbox"/> 6 MAKING U-TURN <input type="checkbox"/> <input type="checkbox"/> 7 OVERTAKING/PASSING <input type="checkbox"/> <input type="checkbox"/> 8 CHANGING LANES <input type="checkbox"/> <input type="checkbox"/> 9 NEGOTIATING A CURVE <input type="checkbox"/> <input type="checkbox"/> 10 BACKING <input type="checkbox"/> <input type="checkbox"/> 11 AVOIDING VEHICLE /OBJECT/PED/CYCLIST <input type="checkbox"/> <input type="checkbox"/> 12 ENTERING PARKING POSITION <input type="checkbox"/> <input type="checkbox"/> 13 LEAVING PARKING POSITION <input type="checkbox"/> <input type="checkbox"/> 14 PROPERLY PARKED <input type="checkbox"/> <input type="checkbox"/> 15 IMPROPERLY PARKED <input type="checkbox"/> <input type="checkbox"/> 16 DRIVERLESS MOVING VEHICLE <input type="checkbox"/> <input type="checkbox"/> 17 CROSSING ROAD <input type="checkbox"/> <input type="checkbox"/> 18 WALKING WITH TRAFFIC <input type="checkbox"/> <input type="checkbox"/> 19 WALKING AGAINST TRAFFIC <input type="checkbox"/> <input type="checkbox"/> 20 STANDING <input type="checkbox"/> <input type="checkbox"/> 21 LYING <input type="checkbox"/> <input type="checkbox"/> 22 GETTING ON/OFF VEHICLE <input type="checkbox"/> <input type="checkbox"/> 23 WORKING ON/PUSHING VEHICLE <input type="checkbox"/> <input type="checkbox"/> 24 WORKING ON ROAD <input type="checkbox"/> <input type="checkbox"/> 97 OTHER _____ <input type="checkbox"/> <input type="checkbox"/> 99 UNKNOWN _____

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ARIZONA CRASH REPORT		REPORT ID										Agency Report Number	
1	CONTINUED POLICE ONLY —FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 084R 208 S. 17TH AVE., PHOENIX, ARIZONA 85007-3233	YEAR	MONTH	DAY	HOUR	NCIC NO.				OFFICER ID NO.			
32	CRASH DIAGRAM										<input type="checkbox"/> MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE <input type="checkbox"/> MEASUREMENTS ARE SCALED (SCALE = _____)		
											33	INDICATE NORTH	

Element & Attribute Definitions

The Crash Forms

01-2701A R06/2010

Sheet 1

Front Page

Arizona Crash Report Forms Instruction Manual

ADOT USE ONLY										
ARIZONA CRASH REPORT										
REPORT ID										
Agency Report Number										
1	POLICE ONLY—FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 064R 206 S. 17TH AVE., PHOENIX, ARIZONA 85007-3233									
	YEAR 1a	MONTH 1b	DAY 1c	HOUR 1d	NCIC NO. 1e	OFFICER ID NO. 1f	Total Number of Sheets			1g 1h
COMPLETE THE TRUCK/BUS SUPPLEMENT IF ANY (circle) AND ANY (diamond) ARE CHECKED										
2	Total Units 2a	Total Injuries 2b	Total Fatalities 2c	Estimated Total Damage To \$1,000 Limit: <input type="checkbox"/> Over <input type="checkbox"/> Under	<input type="radio"/> Fatal <input type="radio"/> Hit/Run Unit # 2e <input type="radio"/> Person Transported for Immediate Medical Care? <input type="radio"/> Tow Away or At Least One Vehicle from Scene?	District or Grid No. 2h				
3	LOCATION									
	On Highway/Road/Street 3a			City 3b			County 3c			
Intersecting Street/Road/M.P. or R.P. 3d										
<input type="checkbox"/> At <input type="checkbox"/> From <input type="checkbox"/> North 3e <input type="checkbox"/> East <input type="checkbox"/> South 3e <input type="checkbox"/> West <input type="checkbox"/> Plus 3f <input type="checkbox"/> Minus 3f Distance 3g <input type="checkbox"/> Measured <input type="checkbox"/> Approximate <input type="checkbox"/> Miles 3h <input type="checkbox"/> Feet 3h										
Safety Devices (SD) <input type="checkbox"/> 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"/> 6 - Air Bag Deployed <input type="checkbox"/> 7 - Air Bag Deployed/Shoulder-Lap Belt <input type="checkbox"/> 97 - Other <input type="checkbox"/> 99 - Unknown Injury Severity (IS) <input type="checkbox"/> 1 - No Injury <input type="checkbox"/> 2 - Possible Injury <input type="checkbox"/> 3 - Non Incapacitating Injury <input type="checkbox"/> 4 - Incapacitating Injury <input type="checkbox"/> 5 - Fatal Injury <input type="checkbox"/> 99 - Unknown/Not Reported Seating Position <input type="checkbox"/> 31 <input type="checkbox"/> 21 <input type="checkbox"/> 11 <input type="checkbox"/> 32 <input type="checkbox"/> 22 <input type="checkbox"/> 12 <input type="checkbox"/> 33 <input type="checkbox"/> 23 <input type="checkbox"/> 13 <input type="checkbox"/> 38 <input type="checkbox"/> 28 <input type="checkbox"/> 18 <input type="checkbox"/> 55 1d - Front Seat - Other (Child in Lap) <input type="checkbox"/> 26 or 38 - Additional passenger in vehicle by row <input type="checkbox"/> 51 - In enclosed or cargo area <input type="checkbox"/> 52 - In unenclosed passenger/cargo area <input type="checkbox"/> 55 - Riding on Vehicle Exterior <input type="checkbox"/> 99 - Unknown										
4	TRAFFIC UNIT NO. 1									
	State 4b Class 4c End 4d <input type="checkbox"/> DL # <input type="checkbox"/> No Valid License/Permit <input type="checkbox"/> Driver <input type="checkbox"/> Pedestrian <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Driverless <input type="checkbox"/> Name (First, Middle, Last) 4g Suffix 4h Sex 4i									
	Restrictions 4j Address 4k City 4l State 4m Zip Code 4n Telephone Number 4o									
	Date of Birth 4m <input type="checkbox"/> Same as Driver <input type="checkbox"/> Owner/Carrier Name 4n Address 4n City 4n State 4n Zip Code 4n									
	Color 4o Vehicle Year 4p Make 4q Model 4r Body Style 4s Plate Number 4t State 4u Plate Mo/Yr 4v <input type="checkbox"/> Bus (9 or more seats) 4w									
	VIN 4x Trailer (Other Unit) 4y Plate No. 4z State 4a Year 4aa GVW / GCWR (Rated Greater Than 10k pounds?) <input type="checkbox"/> Yes <input type="checkbox"/> No 4bb HazMat Placard? <input type="checkbox"/> Yes <input type="checkbox"/> No 4cc									
	Safety Devices 4dd Injury Severity 4ee Posted Speed Limit 4ff Ofc Est. Speed 4gg Transported To/By 4hh									
	Removed to (Address/Storage Location Identifier) 4ii <input type="checkbox"/> Disabled <input type="checkbox"/> Not Disabled 4jj Removed by 4kk Orders of 4kk									
	Insurance Company 4ll Telephone Number 4mm Policy Number 4nn Exp. Date 4oo									
	State 4b Class 4c End 4d <input type="checkbox"/> DL # <input type="checkbox"/> No Valid License/Permit <input type="checkbox"/> Driver <input type="checkbox"/> Pedestrian <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Driverless <input type="checkbox"/> Name (First, Middle, Last) 4g Suffix 4h Sex 4i									
	Restrictions 4j Address 4k City 4l State 4m Zip Code 4n Telephone Number 4o									
	Date of Birth 4m <input type="checkbox"/> Same as Driver <input type="checkbox"/> Owner/Carrier Name 4n Address 4n City 4n State 4n Zip Code 4n									
Color 4o Vehicle Year 4p Make 4q Model 4r Body Style 4s Plate Number 4t State 4u Plate Mo/Yr 4v <input type="checkbox"/> Bus (9 or more seats) 4w										
VIN 4x Trailer (Other Unit) 4y Plate No. 4z State 4a Year 4aa GVW / GCWR (Rated Greater Than 10k pounds?) <input type="checkbox"/> Yes <input type="checkbox"/> No 4bb HazMat Placard? <input type="checkbox"/> Yes <input type="checkbox"/> No 4cc										
Safety Devices 4dd Injury Severity 4ee Posted Speed Limit 4ff Ofc Est. Speed 4gg Transported To/By 4hh										
Removed to (Address/Storage Location Identifier) 4ii <input type="checkbox"/> Disabled <input type="checkbox"/> Not Disabled 4jj Removed by 4kk Orders of 4kk										
Insurance Company 4ll Telephone Number 4mm Policy Number 4nn Exp. Date 4oo										
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Arizona Crash Report Forms Instruction Manual

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 his 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. 17TH 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	

1a - Year - Enter two numeric digits for the year (09, 10, 11, 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 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

2 - GENERAL INFORMATION

COMPLETE THE TRUCK/BUS SUPPLEMENT IF ANY <input checked="" type="checkbox"/> (circle) AND ANY <input checked="" type="checkbox"/> (diamond) ARE CHECKED										
2	Total Units	2a Total Injuries	2b Total Fatalities	2c Estimated Total Damage Control To Limit: <input type="checkbox"/> Over <input type="checkbox"/> Under	2d Fatal <input type="checkbox"/> Hit/Run Unit #	2e Persons Transported for Immediate Medical Care?	2f Tow Away One Vehicle?	2g Least One Vehicle at Scene?	District or Grid No.	2h

2a - Total - 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 (non-incapacitating), or 4 (incapacitating).

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 \$1,000. 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/Hit & Run - Check any or all boxes that apply. Note: checking any circle may indicate the need to complete a Fatal or Truck/Bus Supplemental Report.

Fatal - 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.

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.

2f - 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.

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

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

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.

Adherence to these instructions will help insure accurate location information furnished to law enforcement, engineering and other interested jurisdictional subdivisions.

COUNTY ROAD AND CITY STREET LOCATIONS

3	LOCATION	On Highway/Road/Street 3a	<input type="checkbox"/> Inside City 3b <input type="checkbox"/> Outside	County 3c
		Intersecting Street/Road/M.P. or R.P. <input type="checkbox"/> At <input type="checkbox"/> From 3d	<input type="checkbox"/> North 3e <input type="checkbox"/> East <input type="checkbox"/> South <input type="checkbox"/> West	<input type="checkbox"/> Plus 3f Distance 3g <input type="checkbox"/> Minus <input type="checkbox"/> Measured Approximate <input type="checkbox"/> Miles 3h <input type="checkbox"/> Feet

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

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

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

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

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

3g - 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.

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

STATE HIGHWAY AND INTERSTATE LOCATIONS

3	On Highway/Road/Street 3a	<input type="checkbox"/> Inside City 3b <input type="checkbox"/> Outside		County 3c	
	Intersecting Street/Road/M.P. or R.P. <input type="checkbox"/> At <input type="checkbox"/> From 3d	<input type="checkbox"/> North 3e <input type="checkbox"/> South	<input type="checkbox"/> East <input type="checkbox"/> West	<input type="checkbox"/> Plus 3f <input type="checkbox"/> Minus	Distance 3g <input type="checkbox"/> Measured <input type="checkbox"/> Approximate

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 - 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 3b.

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

3d - Intersection - Milepost (M.P.) or Reference Point (R.P.) -Mainline Only Mark the "AT" 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 decimal value shown as one number, i.e., 121.3, 73.9, 452.7, etc. 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.

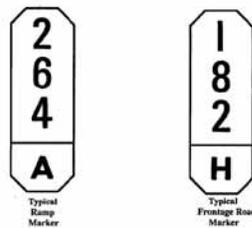
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NOTE: It is important that all measurements be made from the lowest numbered milepost marker in a direction towards the higher numbered milepost marker.

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.

3	On Highway/Road/Street (3a)	<input type="checkbox"/> Inside City (3b)	County (3c)
	Intersecting Street/Road/M.P. or R.P. (3d) <input type="checkbox"/> At <input type="checkbox"/> From	<input type="checkbox"/> North (3e) <input type="checkbox"/> South	<input type="checkbox"/> East (3f) <input type="checkbox"/> West
		Distance (3g)	<input type="checkbox"/> Measured (3h) <input type="checkbox"/> Approximate

3e - Compass Direction - Leave blank for frontage roads.

3f - 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.

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

3h - Measurement - Check the appropriate box to indicate if the distance given is in miles or feet.

4 - TRAFFIC UNIT SECTION

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

TRAFFIC UNIT NO.	State	Class	End	<input type="checkbox"/> DL#	<input type="checkbox"/> No Valid License/Permit	<input type="checkbox"/> Driver	<input type="checkbox"/> Drivewless	Name (First, Middle, Last)			Suffix	Sex
	Residence	Address		City			State	Zip Code	Telephone Number			
	Date of Birth	Owner/Carrier Name		Address			City	State	Zip Code			
	Color	Vehicle Year	Make	Model	Body Style	Plate Number	State	Plate Mo/Yr	<input type="checkbox"/> Bus (9 or more seats)			
	VIN	Trailer (Other Unit)		Plate No.	State	Year	<input type="checkbox"/> GVW / GVWR (Rated Greater Than 10,000 pounds?)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Haz Mat Placard?		
	Safety Devices	Injury Severity	Posted Speed Limit	Ofc Est. Speed	Transported To/By							
	Removed to (Address/Storage Location Identifier)	<input type="checkbox"/> Disabled		<input type="checkbox"/> Not Disabled		Removed by	Orders of					
	Insurance Company	Telephone Number		Policy Number		Exp. Date						

4a - 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 or animal rider that caused the collision or was most at fault.** **Note: Non-contact vehicles are not listed as units but, could be listed in the narrative.**

4b - State - List the abbreviation for the State, Canadian Territory or Mexican State that issued the driver's license. Abbreviations are available in Appendix B.

4c - 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)
- M - Motorcycle

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4d - Endorsements - Enter the driver's license endorsement codes for Arizona. The endorsements are:

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

4e - DL# - License number of the driver, pedestrian, pedalcyclist or animal rider. 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.

4f - 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 animal, 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.
- Person in building.
- Person on personal conveyance.
- 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.

4g - Name - Full name of the driver, pedestrian, pedalcyclist, or animal rider **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.

4h - Suffix - Designation in a full name such as: JR, SR, III, etc.

4i - Sex - Gender of the driver, pedestrian, pedalcyclist, or animal rider should always be indicated. "M" for male, "F" for female, or "U" for unknown, such as hit and run drivers.

4j - Restrictions - All Arizona and out of state driver license restrictions should conform to the standards used on the CDL license. Restriction codes are:

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- A. Corrective lenses
- B. Left outside mirror
- C. Automatic transmission
- D. Daylight hours only
- E. Golf cart only
- F. Full hand controls
- G. Mechanical Signals
- I. Right, left and inside mirrors
- J. Motorcycle 100cc or less
- K. CDL Intrastate only
- L. Non airbrake vehicles only
- M. Moped/Motorized cart only
- N. None
- O. Other
- P. Instruction permit
- R. Restricted instruction permit

4k - 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.

4l - Telephone Number - The person's phone number including area code.

4m - Date of Birth - Date of birth by month, day, and year of this person. If only age is known, i.e. 7 year old pedestrian, default DOB to appropriate age.

4n - 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.

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.

4o - Color - Indicate the first three letters of color. If two-tone, indicate the most prominent.

4p - Vehicle Year - Vehicle Year of Manufacture -The year which is assigned to a motor vehicle by the manufacturer.

4q - Make - The distinctive name applied to a group of motor vehicles by a manufacture. Could be derived from the VIN.

4r - Model - style such as: Mustang, Impala, Hummer

4s - 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.

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4t - 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.

4u - 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**.

4v - Plate Mo/Yr - MMYYYY when the vehicle registration will expire.

4w - 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.

4x - 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.

4y - Trailer (Other Unit) Plate Number - If the vehicle had a trailer or other unit in tow, enter the license plate number or VIN number of the towed unit.

4z - 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**.

4aa - Year (Trailer/Towed Unit)- The year that this trailer registration will expire as shown on decal displayed on state license plate.

4bb - 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.

4cc - 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.



4dd - 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** - Does not pertain to vehicles that were manufactured before restraint equipment was standard equipment or to a pedestrian or pedalcyclist.

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1. **None Used** - Any occupant of the motor vehicle (driver, passenger) did not use a restraint or in the case of a motorcycle, 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** - (from FARS Coding Manual) – This attribute applies to helmets used by drivers and passengers of all motorized cycles (motorcycles, mopeds, minibikes, motor scooters, and all-terrain vehicles) This is not used for non-motorists such as bicycle and other pedalcycle riders and vehicle occupants other than motorized cycles.
6. **Air Bag Deployed**
7. **Air Bag Deployed/Shoulder-Lap Belt** - Combination was in use at the time of the crash.
97. **Other** - Used if some other restraint system was in use this must be explained in the narrative. Such as a 5 point racing harness.
99. **Unknown** - When it is unknown whether or not an occupant was using a restraint system, this should be explained in the narrative.

4ee - Injury Severity - The injury severity level for the person involved in a crash

1. **No Injury** - No complaint or treatment was required by the person.
2. **Possible Injury** - Complaint of pain without visible injury. Includes – momentary unconsciousness, claim of injuries not evident, limping, complaint of pain, nausea or hysteria.
3. **Non-Incapacitating Injury** - Any injury, other than a fatal injury or an incapacitating injury, which is evident to observers at the scene of the crash in which the injury occurred. Examples: contusions (bruises), laceration, bloody nose, lump on head, or abrasions.
4. **Incapacitating Injury** - Any injury, other than a fatal injury, which prevents the injured person from walking, driving or normally continuing the activities the person was capable of performing before the injury occurred. Often defined as “needing help from the scene.” Includes: severe lacerations, broken or distorted limbs, skull or chest injuries, abdominal injuries, unconsciousness when taken from the crash scene.
5. **Fatal Injury** - Any injury that results in death ***within a 30 - 24 hour time period*** after the crash occurred. A Fatal Supplement, 01-2705 R6/2010, is **required**.

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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.

4ff - 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.

4gg - 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.

4hh - Injured Transported To/By - Type of unit providing transport to the medical facility receiving the patient. Medical facility refers to an injury treatment facility.

4ii - Removed to (Address/Storage Location Identifier) - Specific destination of damaged vehicles removed from the scene.

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.

4jj - Removed by - Name of towing company or individual that removed the vehicle.

4kk - Orders of - The name of the individual who ordered the removal of the vehicle.

4ll - Insurance Company - The name of the insurance company as shown on the proof-of-insurance and not the local insurance agent.

4mm - 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.

4nn - Policy Number - The insurance policy number as shown on the proof-of-insurance.

4oo - Exp. Date - The expiration month and year (MMYYYY) of the insurance policy .

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5 - PASSENGERS

5	PASSENGERS	Unit #	Seat Pos	SD	IS	Name	Address	City	State	Zip Code	Telephone No.	D.O.B./Age	Sex
		5a	5b	5c	5d	5e			5f	5g	5h		

5a - Unit # - This element is the Unit # of the vehicle the passenger was riding in/on as identified in Block 4a.

5b - 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.

0 - Non-Motorist

Front Row

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

Second Row

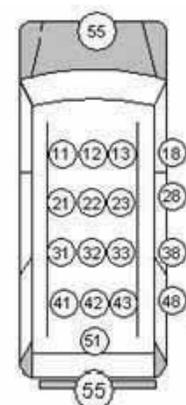
- 21– Left Side
- 22 - Middle
- 23 - Right Side
- 28 - Other
- 29 Unknown

Third Row

- 31 – Left Side
- 32 – Middle
- 33 – Right Side
- 38 – Other
- 39 – Unknown

Fourth Row

- 41 – Left Side
- 42 – Middle
- 43 – Right Side
- 48 – Other
- 49 – Unknown



50. Sleeper Section of Cab (Truck)

51. Other Passenger in enclosed passenger or cargo area (Includes passengers in 5th row)

52. In unenclosed passenger/cargo area

54. Trailing Unit

55. Riding on exterior of vehicle

99. Unknown

5c - 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** - Does not pertain to vehicles that were manufactured before restraint equipment was standard equipment or to a pedestrian or pedalcyclist.

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1. **None Used** - Any occupant of the motor vehicle (driver, passenger) did not use a restraint or in the case of a motorcycle, 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** - 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** - (from FARS Coding Manual) – This attribute applies to helmets used by drivers and passengers of all motorized cycles (motorcycles, mopeds, minibikes, motor scooters, and all-terrain vehicles) This is not used for non-motorists such as bicycle and other pedalcycle riders and vehicle occupants other than motorized cycles.
6. **Air Bag Deployed** -
7. **Air Bag Deployed/Shoulder - Lap Belt** - Combination was in use at the time of the crash.
97. **Other** - Used if some other restraint system was in use this must be explained in the narrative. Such as a 5 point racing harness.
99. **Unknown** - When it is unknown whether or not an occupant was using a restraint system, this should be explained in the narrative.

5d - Injury Severity - The injury severity level for the person involved in a crash

1. **No Injury** - No complaint or treatment was required by the person.
2. **Possible Injury** - Complaint of pain without visible injury. Includes – momentary unconsciousness, claim of injuries not evident, limping, complaint of pain, nausea or hysteria.
3. **Non-Incapacitating Injury** - Any injury, other than a fatal injury or an incapacitating injury, which is evident to observers at the scene of the crash in which the injury occurred. Examples: contusions (bruises), laceration, bloody nose, lump on head, or abrasions.
4. **Incapacitating Injury** - Any injury, other than a fatal injury, which prevents the injured person from walking, driving or normally continuing the activities the person was capable of performing before the injury occurred. Often defined as “needing help from the scene.” Includes: severe lacerations, broken or distorted limbs, skull or chest injuries, abdominal injuries, unconsciousness when taken from the crash scene.
5. **Fatal Injury** - Any injury that results in death ***within a 30 - 24 hour time period*** after the crash occurred. A Fatal Supplement, 01-2705 R06/2010, is **required**.

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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.

5e - 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: If there are more occupants than can be accommodated on this form, there is room for four additional passengers on the narrative page. There is also a passenger supplement for bus involved crashes. The entire sheet is used for listing passengers.

5f - Telephone No. - Telephone number of passenger. Use **SAD** if same as driver's.

5g - D.O.B./Age. - Date of Birth - Date of birth by month, day, and year of this person. If only age is known, i.e. 7 year old pedestrian, default DOB to January 1 of appropriate year.

5h - Sex - Enter the sex of the passenger as M = Male, F = Female, U = Unknown.

6 - PROPERTY DAMAGED

Property Damaged (Other than Vehicles) Block 31, Event 29-49 6a		Owner Code (OC) 1 - Private 2 - Public Utility	3 - Federal Government 4 - State of Arizona	5 - County in Arizona 6 - City in Arizona	7 - Tribal Nation 99 - Unknown	Inventory Tag No. 6b
6	6c Owner's Name	6d Address (or Bar Code ID Number)		City	State	Zip Code
						Telephone Number 6e

6a - 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. If property is damaged then the appropriate Crash Event from Block 31, Event 29-49, should be selected.

6b - 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 Block **6b**.

6c - (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.

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.

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

6d - 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.

6e - Telephone Number - Enter the telephone number of the private property owner.

7 - SIGNATURES

7	Photographer's Name, ID Number and Agency Number	Invest. At Scene	Date Investigated	Time Investigated	Fire/EMS Incident No.
	Officer's Name/ Badge #	Supervisor's Signature	Agency Name	Date Completed	

7a - Photos Taken - Indicates if the investigation included photographs. Check the appropriate box to indicate whether photographs of the crash were taken.

7b - 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.

7c - 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.

7d - Date Investigated - Enter the date the crash was investigated - MMDDYYYY. This date may be different than the Crash Date, **1a - 1c**.

7e - 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.

7f - Fire/EMS Incident No. - Fire/EMS incident number assigned to this crash. This is obtained from the Fire/EMS personnel.

7g - Officer's Name/Badge # - Name of the lead/primary investigating officer for this crash and the officer's badge number.

7h - Supervisor's Signature - Signature of the law enforcement officer responsible for reviewing and approving the completed form.

7i - Agency Name- Indicate the name of the agency investigating the crash.

7j - 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.

Element & Attribute Definitions

The Crash Forms

01-2701B R07/2010

Sheet 2

Front Page

Arizona Crash Report Forms Instruction Manual

8	WITNESSES	Name _____ Address _____ City _____ State _____ Zip Code _____ Telephone Number _____ D.O.B./Age _____	8a	8b	8c								
9	CITATION CHARGES	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:10%;">UNIT #</th> <th style="width:40%;">A.R.S. NO. OR CITY CODE</th> <th style="width:10%;">UNIT #</th> <th style="width:40%;">A.R.S. NO. OR CITY CODE</th> </tr> <tr> <td style="text-align:center;">9a</td> <td style="text-align:center;">9b</td> <td></td> <td></td> </tr> </table>	UNIT #	A.R.S. NO. OR CITY CODE	UNIT #	A.R.S. NO. OR CITY CODE	9a	9b			BLOCKS 10 - 24: CHECK ONLY ONE OR ONE BLOCK PER UNIT UNLESS NOTED 21 — CONDITION INFLUENCING Driver/Ped/Cyclist UP TO TWO CHOICES PER UNIT 21 UNIT # _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 0 NO APPARENT INFLUENCE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 ILLNESS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2 PHYSICAL IMPAIRMENT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3 FELL ASLEEP/FATIGUED <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4 ALCOHOL <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5 DRUGS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6 MEDICATIONS CHECK ONE IF BLOCKS 4, 5, OR 6 CHECKED <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> A. NO TEST GIVEN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> B. TEST GIVEN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> C. TEST REFUSED <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> D. TESTING UNKNOWN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 97 OTHER _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 99 UNKNOWN CONDITION		
UNIT #	A.R.S. NO. OR CITY CODE	UNIT #	A.R.S. NO. OR CITY CODE										
9a	9b												
	10 — LIGHT CONDITION 10	11 — WEATHER CONDITIONS 11	12 — ROAD SURFACE CONDITION 12	13 — ROAD GRADE 13	14 — RELATION TO JUNCTION 14								
	15 — TYPE OF INTERSECTION 15	16 — TRAFFIC WAY DESCRIPTION 16	17 — MANNER OF CRASH IMPACT 17	18 — DIRECTION OF UNIT TRAVEL (Compass) BEFORE 1ST CRASH EVENT 18	19 — CONTRIBUTING CIRCUMSTANCES UP TO TWO CHOICES PER UNIT 19								
			20 — TRAFFIC CONTROL DEVICE 20	22 — VIOLATIONS/BEHAVIOR UP TO TWO CHOICES PER UNIT 22	23 — TRAFFIC UNIT MANEUVER/ACTION 23								
				24 — LOCATION OF PEDESTRIAN/CYCLIST 24									

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8 - WITNESSES

8a - Name, Address - Complete the information on all witnesses to this crash. Complete names should be entered as First, Middle and Last and complete addresses.

8b - Telephone Number - Enter the current telephone number of any witnesses.

8c - DOB/Age - Date of Birth - Enter the date of birth of any witnesses (MMDDYYYY). If only age is known, enter the age.

9 - CITATION CHARGES - List the identifying statute numbers of the citations issued.

9a - Unit # - Enter the Unit Number from the front page, Element **4a**, to which the citation applies - do not identify the person receiving the statute.

9b - A.R.S. No. or City Code - Enter all citation charges that apply to this crash.

10 - LIGHT CONDITION - The type/level of light that existed at the time of the motor vehicle crash.

1. **Daylight** - Sun up to sun down.

2. **Dawn** - The transition period going from "dark of night" to a daylight condition. This is typically the 30 minute 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 "man-made" 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 "man-made" lighting is present on the roadway where the crash occurs.

6. **Dark-Unknown Lighting** - If the Time or Date of the Crash is unknown then the lighting may be unknown.

11 - 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/Overcast** - 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.

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4. **Rain** - Precipitation is falling as rain at the time of the crash.
5. **Snow** - Is used when precipitation is falling as snow at the time of the crash.
6. **Severe Crosswinds** - Strong wind conditions on an otherwise clear or overcast day. Severe Crosswinds takes precedence over Clear or Cloudy/Overcast if the wind contributed or may have contributed to the cause of the crash.
7. **Blowing Sand, Soil, Dirt** - Dust, sand or dirt set aloft by wind that causes reduced visibility (Dust Storm).
8. **Fog, Smog, Smoke** - Natural condition that causes reduced visibility.
9. **Blowing Snow** - Applies to snow that has fallen to the ground and is set aloft by wind. Typically blowing across the roadway causing an otherwise dry road to have slick locations. Can reduce visibility.
97. **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.
99. **Unknown** - Used if the weather conditions at the time of the crash are unknown. It is recommended that it be explained in the narrative.

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** - Describes a roadway surface that is covered with snow or snow pack.
4. **Slush** - Describes a roadway surface that is covered with 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.

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7. **Sand** - Would include sand on the roadway as a result of sand blown by wind, sand discharged on the roadway by highway trucks or snow plows.

8. **Mud, Dirt, Gravel** - Would indicate these substances presence on the surface of the roadway at the crash location, NOT the surface type of the roadway by design.

9. **Oil/Fuel** - Would include oil or fuel spilled on the roadway.

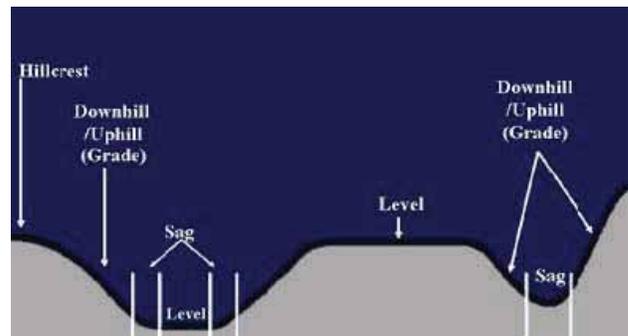
97. **Other** - Would include spilled substances such as grain, wet leaves, and liquids other than those listed above. If the code "Other" is used it is recommended that it be listed on the line provided and explained in the narrative.

99 **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.

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

1. **Level**
2. **Downhill**
3. **Uphill**
4. **Hillcrest**
5. **Sag /Dip/Bottom**
99. **Unknown**



14 - RELATION TO JUNCTION - The location of the first event in relation to a junction. Junction (From ANSI D-16) – either an intersection or the connection between a driveway access and a roadway other than a driveway access.

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.

Non-Controlled Access Area:

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.

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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; on the approach to an intersection; unless, 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).

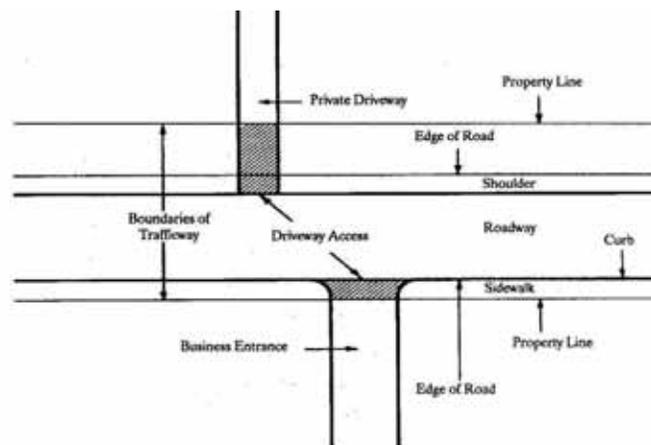
3. **Entrance / Exit Ramp (rest areas)** - Crash is located on either the entrance or exit ramp. These are non-interstate ramps.

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

5. **Median Cross Over Related** - Crash is located in the area of the median of a divided trafficway where motor vehicles are permitted to cross the opposing lanes of traffic or do a U-turn. The crash has to be related to the use of the Cross Over.

6. **Frontage Road** - Crash is located on a frontage road (surface street parallel to expressway) and not within prolongation of lateral curbs of entrance or exit ramps of expressway.

7. **Driveway** - 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.)



8. **Alley-Access Related** – The first event of a crash occurs on the trafficway (right-of-way) while entering/exiting an alley.

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

Controlled Access Area:

Controlled Access Area: A system of interconnecting roadways in conjunction with one or more grade separations, providing for the movement of traffic between two or more roadways on different levels.

10. **Thru Roadway** – A crash would have this code when it is on the roadway in an interchange area and it does NOT occur: (1) On an Entrance / Exit ramp, or (2) In an intersection or related to an intersection or other junction.

11. **Intersection** - (within an Interchange) – Refers to the areas within an Interchange where roadways intersect. This would include the areas where the entrance and exit ramps intersect with the adjacent roadway.

12. **Intersection-Related** (within an Interchange) - Location of the crash next to an intersection and results from an action related to the movement of traffic units through the intersection. This would include any vehicle changing lanes to avoid merging traffic that strikes another vehicle or causes another vehicle to leave the roadway.

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

14. **Frontage Road** - Crash is located on the frontage road where it intersects with an entrance/exit ramp.

15. **Other Part of Interchange** (from FARS coding manual) - Other part of interchange refers to crashes where the First Event occurs within the boundaries of the interchange in an area other than those covered by the other interchange attributes. This would include crashes that occur in the median, roadside, gore, and off-roadway locations that are not intersection or ramp-related. If used it is recommended that it be explained in the narrative.

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

15 - TYPE OF INTERSECTION - An intersection consists of two or more roadways that intersect at the same level. The area embraced within the prolongation of connection of the lateral curb lines, or if none, then the lateral boundary of the roadway of two highways which join each other at, or approximately at, right angles, or the area within which vehicles traveling upon different highways joining at any other angle may come in conflict. This box (box 15) is left blank if the crash is intersection or ramp-related.

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

2. **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".

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3. **Y-Intersection** - Intersection where three roadways connect and none of the roadways continue across the others. The roadways form a “Y”. May also be called a 2 - Way Intersection.
4. **Intersection as Part of Interchange** - An area which contains a crossing or connection of two or more roadways in conjunction with one or more grade separations, providing for the movement of traffic between two or more roadways on different levels
5. **Traffic Circle** - 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.
6. **Roundabout** - 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.
7. **Five Point or More** - Where more than two roads intersect. An intersection with five or more legs.
99. **Unknown** - Type of Intersection is unknown.

16 - 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 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.
99. **Unknown** - Used if the Traffic Way Description is unknown, recommended if used it be explained in the narrative.

17 - MANNER OF CRASH IMPACT- Identifies the manner in which two motor vehicles in transport initially came together.

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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.
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 and impact on the side. (Sideswipe - Same Direction from FARS Coding Manual) 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 from FARS Coding Manual) 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.
8. **Rear-to-Side** - A crash where the back of one motor vehicle impacts the side of another motor vehicle. Vehicle #1 backing out of a parking space and striking vehicle #2 in the side
9. **Rear-to-Rear** - A crash where the backs of two motor vehicles impact together. This impact type could occur as in the first example below where the car loses control and spins 180 degrees impacting the rear of the truck.

Another possible scenario would be two vehicles backing from roadside parking and impacting rear-to-rear.

97. **Other** - (Other from FARS Coding Manual) 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.

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- 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.

99. **Unknown** - This would indicate that the Investigating Officer could not determine which Manner of Collision occurred.

18 - DIRECTION OF UNIT TRAVEL (Compass) - Unit Number should match element 4a. Mark the direction the unit was traveling before the first event occurred.

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 this crash.

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.
- B. Headlights - The headlight exposure from another vehicle reduces visibility.

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 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.

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.

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Excludes single-vehicle crashes involving working vehicles not located in trafficway. Such as a highway maintenance truck strikes a highway worker inside the work site.

A. Lane Closure - A reduction in the number of lanes but traffic is not diverted across median or onto shoulder.

B. Lane Shift/Crossover - There is no reduction in number of lanes but traffic is shifted or diverted into opposing traffic lanes, median or shoulder.

C. Work on Shoulder or Median - There is no reduction in roadway width but work is being performed immediately adjacent to the roadway.

D. Intermittent or Moving Work - Pothole patching, lane marking or other maintenance or non-fixed location work.

E. Other - If "Other" is used, list on the line provided or explain in the narrative.

F. Workers Present - Construction or maintenance workers physically present in the work zone at the time of the crash.

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

Pre-existing motor vehicle defects or maintenance conditions that may have contributed to the crash.

9. **Brakes** - Includes loss of brake fluid (or system error), faded brakes, or ineffective brakes due to a grossly overloaded vehicle. Excludes locked wheels.

10. **Steering** - Includes failure of manual or power steering mechanism, tie rod, kingpin, ball joint, etc.

11. **Suspension** - Includes springs, shock absorbers, MacPherson struts, axle bearing, control arms, etc. Modification to standard suspension (Suspension Lift Kit).

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.).

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13. **Wheels** - Includes wheels that have collapsed or split, or bolts that have sheared, allowing the wheel to detach from the vehicle. Also includes hub caps and multiple-piece rings.
14. **Lights (Head, Signal, Tail)** - Defective/faulty/under-maintained as opposed to failure to use or misuse.
15. **Windows/Windshield** - Severely cracked/pitted/chipped/tinted reducing visibility.
16. **Mirrors** - Includes missing mirrors.
17. **Wipers** - Defective/faulty/under-maintained as opposed to failure to use.
18. **Truck Coupling/Trailer Hitch/Safety Chains** - Defective trailer hitch denotes improperly adjusted trailer hitch, lack of safety chain, 5th wheel hitch, etc. Does not include towing without a hitch or improper towing of vehicle by rope, chain, etc.
97. **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.
99. **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.

20 - 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.

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3. **Yield Sign** - Triangular Yield.

4. **Warning Signs** - 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.

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.

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

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

21 - CONDITIONS INFLUENCING DRIVER/PEDESTRIAN/PEDALCYCLIST - Any relevant condition of the driver 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** (Sick) (from FARS Coding Manual) - Would include diabetic reactions, allergic reactions to medications/drugs, failure to take required medication, seizures, heart attack, etc.

2. **Physical Impairment** - 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.

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

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, then this block should be checked. If used, Blocks A, B, C, or D must be checked below. NOTE: If a person is suspected of alcohol consumption, but field tests do not indicate further testing is warranted, then this block should NOT be checked.

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5. **Drugs** - Suspected of being under the influence of illegal drugs of any type. (See 4. above.) If used, Blocks A, B, C, or D must be checked below.

21 — CONDITION INFLUENCING Driver/Ped/Cyclist		
UNIT # UP TO TWO CHOICES PER UNIT		
<input type="checkbox"/>	<input type="checkbox"/>	0 NO APPARENT INFLUENCE
<input type="checkbox"/>	<input type="checkbox"/>	1 ILLNESS
<input type="checkbox"/>	<input type="checkbox"/>	2 PHYSICAL IMPARMENT
<input type="checkbox"/>	<input type="checkbox"/>	3 FELL ASLEEP/FATIGUED
<input type="checkbox"/>	<input type="checkbox"/>	4 ALCOHOL
<input type="checkbox"/>	<input type="checkbox"/>	5 DRUGS
<input type="checkbox"/>	<input type="checkbox"/>	6 MEDICATIONS
CHECK ONE IF BLOCKS 4, 5, OR 6 CHECKED		
<input type="checkbox"/>	<input type="checkbox"/>	A. NO TEST GIVEN
<input type="checkbox"/>	<input type="checkbox"/>	B. TEST GIVEN
<input type="checkbox"/>	<input type="checkbox"/>	C. TEST REFUSED
<input type="checkbox"/>	<input type="checkbox"/>	D. TESTING UNKNOWN
<input type="checkbox"/>	<input type="checkbox"/>	97 OTHER _____
<input type="checkbox"/>	<input type="checkbox"/>	99 UNKNOWN CONDITION

6. **Medications** - Suspected of being under the influence of any legal prescription drug or over-the-counter medication such as cough syrup. (See 4. above.) If used, Blocks A, B, C, or D must be checked below.

IF CONDITION 4, 5 or 6 IS CHECKED, THEN ONE BOX BELOW MUST BE CHECKED

A. No Test Given - This attribute should only be checked if the suspect driver/pedestrian/pedalcyclist 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.

B. 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.

C. 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.

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

NOTE: FARS requires that information on the blood alcohol/drug test results of **persons** involved in fatal crashes be submitted if available (including surviving drivers, pedestrians, and pedalcyclists).

97. **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.

99. **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.

22 - VIOLATIONS/BEHAVIOR:

1. **No Improper Actions** - 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 that contributed to 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.

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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 before or 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/Rode in Opposing Traffic Lane** - Any situation in which the driver is operating a vehicle within an opposing traffic lane. Does not include improper passing or failing to keep in proper lane. Wrong way is for driving the wrong direction on a one-way roadway or the wrong way on a divided trafficway.
9. **Knowingly Operated with Faulty/Missing Equipment** - Motor vehicle or pedalcycle operating with defective or no lamps, brakes, mirrors, horn, etc. or other required equipment.
10. **Required Motorcycle Safety Equipment Not Used** - Motorcycle operators and passengers under 18 are required by Arizona law to wear a helmet, safely secured.

Motorcycle operators are required to wear protective glasses, goggles or a transparent face shield unless the motorcycle is equipped with a protective windshield. Windscreens on sport style motorcycles are not considered protective windshields.
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.
14. **Disregarded Pavement Markings** - Disregarded pavement markings include crossing solid white lines to change lanes, disregarding turn lane arrows, driving in gore areas, etc.
15. **Other Unsafe Passing** - Passing with insufficient sight distance or adequate visibility.
16. **Inattention/Distraction** - Driver distracted by children or other interior or exterior action or event. Reading, talking, daydreaming, eating, reading automated highway sign (billboard), etc. Electronic Distractions are marked on box 19.

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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.

18. **Walked on Wrong Side of Road** - Condition denotes "in the roadway." Does not include construction or maintenance personnel.

19. **Electronic Communications Device** - Includes cell phone, text messaging, pager, and other hand-held electronic devices. Also included are other electronic devices which are part of the vehicle i.e. navigation devices, DVD players, etc. that the investigating officer believe distracted this driver and contributed to the crash.

20. **Failed to Yield Right-of-Way** - Driver failed to yield right-of-way to another motor vehicle or non-occupant as required.

Choice # 20 was added to this form **AFTER** the report forms were printed. Please place a 20 in choice number 97 - OTHER ____ or place failed to yield right of way for the unit this applies to and our office will make the change to the data.

97. **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.

99. **Unknown** - The investigating officer could not determine the violation/behavior of the driver/pedestrian/pedalcyclist at the time of the crash that contributed to the crash.

23 - TRAFFIC UNIT MANEUVER/ACTION - The maneuver for this motor vehicle prior to the beginning of the sequence of events. The last action before the start of the unstabilized 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 slow down 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.

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.

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

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7. **Overtaking/Passing** - Determination of this would be by the investigating officer.
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 another motor vehicle.
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 always prohibited.
16. **Driverless Moving Vehicle** - A vehicle in traffic does not have a driver and the vehicle engine may or may NOT be running.
17. **Crossing Road** - (Non-Motorist) - Applies to a pedestrian, pedalcyclist or rider of an animal who prior to the collision was attempting to cross the roadway either in a crosswalk or outside a crosswalk.
18. **Walking With Traffic** - (Non-Motorist) - Applies to a pedestrian, pedalcyclist or rider of an animal who prior to the collision was traveling in the trafficway in the same designated direction of travel of motor vehicles. Does not include maintenance or construction personnel.
19. **Walking Against Traffic** - (Non-Motorist) - Applies to a pedestrian, pedalcyclist or rider of an animal who prior to the collision was traveling in the trafficway against the designated direction of travel of motor vehicles. Does not include maintenance or construction personnel.

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20. **Standing** - (Non-Motorist) - Applies to a pedestrian, pedalcyclist or rider of an animal who prior to the collision was standing in the trafficway. Does not include maintenance or construction personnel.
21. **Lying** - (Non-Motorist) - Applies to a pedestrian, pedalcyclist or rider of an animal who prior to the collision was lying in the trafficway. Does not include maintenance or construction personnel.
22. **Getting On/Off Vehicle** - (Non-Motorist) - Applies to a pedestrian, pedalcyclist or rider of an animal who prior to the collision was in the process of getting on or off of a vehicle in the trafficway. Does not include maintenance or construction personnel.
23. **Working On/Pushing Vehicle** - (Non-Motorist) - Applies to a pedestrian, pedalcyclist or rider of an animal who prior to the collision was working on or pushing a vehicle in the trafficway. Does not include maintenance or construction personnel. Example: Pedalcyclist who is pushing a bicycle in the trafficway.
24. **Working on Road** - (Construction/Maintenance/Utility Worker) - Applies to personnel working for the highway department, utility company, or other contractor who prior to the collision was working in an area of the trafficway. This includes the occupant of a transport device used as equipment.
97. **Other** - Used for any other controlled maneuver for this unit prior to the beginning of the sequence of events that lead up to this crash. Please list on the line provided or describe in the narrative.
99. **Unknown** - Used if it's unknown what the movement of the vehicle 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. **Marked Crosswalk at Intersection** - An intersection that has been distinctly indicated for pedestrian crossing by lines or other markings on the surface of the roadway. See 5. below.
2. **At Intersection But No (Without) 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. **Non-intersection Crosswalk** - A 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.
4. **Driveway Access Crosswalk** - A crosswalk on roadway providing access to property adjacent to a trafficway.
5. **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.

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6. **In Roadway (not in crosswalk/intersection)** - That part of a trafficway designed, improved, and ordinarily used for motor vehicle travel. Bridle paths, bicycle paths, and shoulders are not included in this definition.
7. **Median (but not on shoulder)** - An area of trafficway between parallel roads separating travel in opposite directions. A median should be four or more feet wide.
8. **Island** - Cement or grassy area in the middle of a trafficway. Designed with the pedestrian in mind.
9. **Shoulder** - That part of a trafficway contiguous with the roadway for emergency use, or accommodation of stopped motor vehicles, and lateral support of the roadway structure.
10. **Sidewalk** - That portion of a street between the curb and the adjacent property, that is paved or improved and intended for use by pedestrians.
11. **Roadside** - From the property line of the outermost part of the trafficway to the edge of the first road.
12. **Outside of Trafficway** - 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.
13. **Dedicated Bike Lane (Bikeway)** - 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.
14. **Shared-Use Path** - 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.
15. **Inside Building** - "Structure" means any building, object or place with sides and a floor that is separately securable from any other structure attached to it and that is used for lodging, business, recreation or storage.
97. **Other** - The non-motorist was at a location other that identified above. List and please explain in the narrative.
99. **Unknown** - The location of the non-motorist in relation to the trafficway was unknown at the time of the crash.

Element & Attribute Definitions

Crash Forms

01-2701B R07/2010

Sheet 2

Back Page

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ARIZONA CRASH REPORT		REPORT ID						Agency Report Number																							
CONTINUED POLICE ONLY —FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 064R 206 S. 17TH AVE., PHOENIX, ARIZONA 85007-3233		YEAR	MONTH	DAY	HOUR	NCIC NO	OFFICER ID NO	(1g)																							
		(1a)	(1b)	(1c)	(1d)	(1e)	(1f)																								
25 VEHICLE DAMAGED AREA(S) - (CIRCLE UP TO THREE AREAS PER UNIT)																															
(25a)	2	3	4	0—NONE 10—UNDERCARRIAGE 97—OTHER 99—UNKNOWN	Unit #	2	3	4	0—NONE 10—UNDERCARRIAGE 97—OTHER 99—UNKNOWN	Unit #	1	3	4	0—NONE 10—UNDERCARRIAGE 97—OTHER 99—UNKNOWN																	
(25b)	1	7	6		8	7	6			8	7	6																			
26 GLOBAL POSITION Latitude: (26)		Longitude: (26)																													
27—ROADWAY ALIGNMENT (27) <input type="checkbox"/> 1 - STRAIGHT <input type="checkbox"/> 2 - CURVE LEFT <input type="checkbox"/> 3 - CURVE RIGHT <input type="checkbox"/> 99 - UNKNOWN				31—SEQUENCE OF EVENTS SEE EXAMPLE BELOW UP TO FOUR CRASH EVENTS FOR EACH UNIT IN THE ORDER OF OCCURRENCE				COLLISION WITH FIXED OBJECT 29 IMPACT ATTENUATOR/CRASH CUSHION 30 BRIDGE/OVERHEAD STRUCTURE 31 BRIDGE RAIL 32 CULVERT 33 CURB 34 DITCH 35 EMBANKMENT 36 GUARDRAIL FACE 37 GUARDRAIL END 38 CONCRETE TRAFFIC BARRIER 39 CABLE TRAFFIC BARRIER 40 OTHER TRAFFIC BARRIER 41 TREE, BUSH, STUMP (standing) 42 TRAFFIC SIGN SUPPORT 43 TRAFFIC SIGNAL SUPPORT 44 UTILITY POLE/LIGHT SUPPORT 45 OTHER POST, POLE, OR SUPPORT 46 FENCE 47 MAILBOX 48 BUILDING 49 OTHER FIXED OBJ. _____ 99 UNKNOWN																							
28—LANE Please enter unit's number and lane of travel before first crash event				NON-COLLISION 1 OVERTURN/ROLLOVER 2 FIRE/EXPLOSION 3 IMMERSION 4 JACKKNIFE 5 CARGO/EQUIPMENT LOSS/SHIFT 6 FELL/JUMPED FROM VEHICLE 7 THROWN OR FALLING OBJECT 8 OTHER NON-COLLISION _____ 9 EQUIPMENT FAILURE (tires, brakes) 10 SEPARATION OF UNITS 11 RAN OFF ROAD RIGHT 12 RAN OFF ROAD LEFT 13 CROSS MEDIAN 14 CROSS CENTERLINE 15 DOWNHILL RUNAWAY				COLLISION WITH PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT 16 MOTOR VEHICLE IN TRANSPORT 17 PEDESTRIAN 18 PEDALCYCLE 19 RAILWAY VEHICLE (TRAIN, ENGINE) 20 LIGHT RAILWAY/RAILCAR VEHICLE 21 ANIMAL, WILD—NON GAME 22 ANIMAL, WILD—GAME 23 ANIMAL—PET 24 ANIMAL—LIVESTOCK 25 PARKED MOTOR VEHICLE 26 WORK ZONE/MAINT. EQUIP. 27 STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY ANOTHER VEHICLE 28 OTHER NON-FIXED OBJ. _____																							
29—EJECTION 0 NOT APPLICABLE 1 NOT EJECTED 2 EJECTED, PARTIALLY 3 EJECTED, TOTALLY 4 UNKNOWN DEGREE 99 UNKNOWN		30—EXTRICATION 0 NOT APPLICABLE 1 EXTRICATED 99 UNKNOWN		SEQUENCE OF EVENTS				<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Unit (31a)</th> <th style="text-align: center;">UNIT</th> <th style="text-align: center;">UNIT</th> <th style="text-align: center;">UNIT</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">(31b)</td> <td></td> <td></td> <td style="text-align: center;">FIRST EVENT</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">SECOND EVENT</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">THIRD EVENT</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">FOURTH EVENT</td> </tr> </tbody> </table>				Unit (31a)	UNIT	UNIT	UNIT	(31b)			FIRST EVENT				SECOND EVENT				THIRD EVENT				FOURTH EVENT
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(31b)			FIRST EVENT																												
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Unit # and Seat Position from front page. Driver seat position = 11				<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Unit #</th> <th style="text-align: center;">Seat Pos</th> <th style="text-align: center;">Ejection</th> <th style="text-align: center;">Extrication</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">(4a)</td> <td style="text-align: center;">(5b)</td> <td style="text-align: center;">(29)</td> <td style="text-align: center;">(30)</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Unit #	Seat Pos	Ejection	Extrication	(4a)	(5b)	(29)	(30)																
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EXAMPLE- SEQUENCE OF EVENTS																															
VEHICLE 1—SEQUENCE OF EVENTS 11— RAN OFF ROAD RIGHT 14— CROSS CENTERLINE 16— MOTOR VEHICLE IN TRANSPORT				VEHICLE 2—SEQUENCE OF EVENTS 16— MOTOR VEHICLE IN TRANSPORT				<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">UNIT 1</th> <th style="text-align: center;">UNIT 2</th> <th style="text-align: center;">UNIT _</th> <th style="text-align: center;">UNIT _</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">11</td> <td style="text-align: center;">16</td> <td></td> <td style="text-align: center;">FIRST EVENT</td> </tr> <tr> <td style="text-align: center;">14</td> <td></td> <td></td> <td style="text-align: center;">SECOND EVENT</td> </tr> <tr> <td style="text-align: center;">16</td> <td></td> <td></td> <td style="text-align: center;">THIRD EVENT</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">FOURTH EVENT</td> </tr> </tbody> </table>				UNIT 1	UNIT 2	UNIT _	UNIT _	11	16		FIRST EVENT	14			SECOND EVENT	16			THIRD EVENT				FOURTH EVENT
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			FOURTH EVENT																												

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1 - CRASH IDENTIFICATION BLOCK

ARIZONA CRASH REPORT		REPORT ID						Agency Report Number
1	CONTINUED <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.	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 R06/2010 of the crash form in case the sheets become separated.

NOTE: The information in Blocks (Fields) 25—31 is not required except for reports submitted by the Arizona Department of Public Safety and for any crashes occurring on any highway.

25 - VEHICLE DAMAGED AREA - Indicate the location of the **initial** damage to the unit. Initial impact (FARS Coding Manual) refers to the first impact point that produced property damage or personal injury for each unit. Up to three locations can be chosen.

25	VEHICLE DAMAGED AREA(S) - (CIRCLE UP TO THREE AREAS PER UNIT)													
25a Unit #	2	3	4	0—NONE	Unit #	2	3	4	0—NONE	Unit #	2	3	4	0—NONE
	1	←	□	10—UNDERCARRIAGE		1	←	□	10—UNDERCARRIAGE		1	←	□	10—UNDERCARRIAGE
	8	7	6	97—OTHER		8	7	6	97—OTHER		8	7	6	97—OTHER
				99—UNKNOWN					99—UNKNOWN					99—UNKNOWN

25a - Unit # - This number should match Element 4a.

25b - 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.

97 - **Other**

99 - **Unknown**

26 - 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 and is a requirement for electronic crash data submission.

26	GLOBAL POSITION	Latitude: 26	Longitude: 26
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27 - ROADWAY ALIGNMENT - Mark an adjustment in the road, if applicable.

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28 - LANE

UNIT 28a	UNIT ____	UNIT ____
28b		

28a - Unit # - This number should match Element 4a.

28b - Lane - Lane of travel before the first crash event. See Appendix C.

29 - EJECTION - Either partially or completely thrown from the interior of the motor vehicle, except motorcycles, as a result of a crash (from FARS CODING MANUAL). Unit number, seat position and the ejection number that applies to each person.

Unit #	Seat Pos	Ejection	Extrication
4a	5b	29	30

30 - EXTRICATION - The use of equipment or other force to remove persons from the vehicles. Unit number, seat position and the number that applies to each person.

31 - 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. Example Included on Form 2704B R07/2010, front page.

SEQUENCE OF EVENTS			
UNIT 31a	UNIT ____	UNIT ____	
31b			FIRST EVENT
			SECOND EVENT
			THIRD EVENT
			FOURTH EVENT

31a - Unit # - The number should match Element 4a.

31b - Event # - Enter an event number from the list in Element 31 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.

3. **Immersion** - An object or person covered completely by liquid.

4. **Jackknife** - An uncontrolled articulation between a tractor and trailer(s) that occurs at any time during the crash sequence. Would also include uncontrolled articulation between pickup, SUV, or other vehicle towing a trailer (camp trailers, boat trailers, stock trailers, etc).

5. **Cargo/Equipment Loss or Shift** (from FARS Coding Manual) - 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** (from FARS Coding Manual) – Is used when a person falls or jumps (not suicide) from the vehicle.

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7. **Thrown or Falling Object** - Object that is thrown or falls on or near a motor vehicle in transport at the time of the crash. The thrown or falling object would have to strike a motor vehicle in transport and cause injury or damage.
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.
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.
15. **Down Hill Run Away** - Usually occurs with heavy trucks on a steep grade AFTER an Equipment Failure (Brakes). It’s important to document down hill run away.

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, motionless 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.
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 (from ANSI D16): Non-motorized vehicle propelled by pedaling.
19. **Railway Vehicle** - Any land vehicle (train, engine) that is (1) designed primarily for moving per-

Arizona Crash Report Forms Instruction Manual

sons 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, Wild - Non Game - Includes "range livestock" meaning livestock customarily permitted to roam upon the ranges of the state.

22. Animal, Wild - Game - (ARS 17-101) Includes game animals such as deer, elk, bear, bison javelin, etc.

23. Animal, Pet - Includes domesticated animals such as cats, dogs, and horses. Those not normally found in a state of nature.

24. Animal, Livestock - (ARS 3-1201) means, but is not limited to, cattle, equine, sheep, goats and swine except feral pigs.

NOTE: Animal (21 - 24) is used for collisions with live animals that are not themselves being used as transportation or to draw a wagon, cart or other transport device.

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.

26. Work Zone/Maintenance Equipment - Equipment related to the work zone or roadway maintenance. This would include construction/maintenance vehicles not in transport on the roadway (Working vehicles such as a snow plow, plowing snow or a street sweeper sweeping the street.)

INCLUDES: Work Zone Channeling Devices - This would include Traffic Barrels, Drums, Cones, Temporary Barricades, Temporary Barriers (Sand and Water Filled Barrier), Vertical Panels, Crash Cushions, Signs, Arrow Boards, Changeable Message Signs, etc. that have been temporarily installed for short or long term Work Zones. It is critical that specific detail be described in the narrative.

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 transport, keeping in mind that a vehicle's load is considered part of the vehicle. For example, if cargo falls from a truck (in transport) and strikes another vehicle in transport, this is treated as a two-vehicle crash (event 16 - collision with a motor vehicle in transport).

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** - A barrier at a spot location, less than 25ft. (7.6 m) 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.

30. **Bridge/Overhead Structure** - A bridge or overhead structure is a structure built to span gorge, valley, road, railroad track, river or any other physical obstacle, for the purpose of providing passage over the obstacle. This includes bridge pier (column supporting bridge) or abutment (wall supporting the ends of a bridge).

31. **Bridge Rail** - A barrier attached to a bridge deck or a bridge parapet to restrain motor vehicles, pedestrians or other users.

32. **Culvert** - End of Culvert/Drainage Pipe/Structure - An enclosed structure providing free passage of water under a roadway with a clear opening of less than twenty feet measured along the center of the roadway. Structures of greater than 20 feet are bridges.

33. **Curb - Curb or Raised Median** - 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.

34. **Ditch** - Developed primarily to collect and move water. It is adjacent to a highway and is usually identified as the roadside.

35. **Embankment - Earth Embankment/Berm** - Any earthen feature on the roadside, except the cut slope, road approach or a wall. Embankment (from FARS Coding Manual) raised structures to hold back water, to carry or support a roadway, or the result of excavation or washout that may be faced with earth, rock, stone or concrete. An embankment can usually be differentiated from a wall by its incline, whereas a wall is usually vertical.

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

37. **Guardrail End** - The guardrail end is typically painted a warning color and may include a break-away or redirection design feature not to be confused with an impact attenuator.

38. **Concrete Traffic 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.

See Work Zone Channeling Device (Non-Fixed Object) for non concrete barriers temporarily installed.

Arizona Crash Report Forms Instruction Manual

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.

40. **Other Traffic Barrier** - Other Traffic Barrier would include moveable barriers such as cones, chains, barrels, law enforcement vehicle, etc. NOT used for Work Zones. See Work Zone/Maintenance Equipment, Work Zone Channeling Device under non-fixed objects or barriers temporarily installed.

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 that is a movable object.

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 6.

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 milepost 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 6.

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 6.

45. **Other Post, Pole or Support** - Constructed to support any other sign or utility. If used, it is recommended that the pole or support be described in the narrative and listed in Section 6.

46. **Fence** - Any type of fence (including cinder block), fence pole, post or freeway sound wall. Does not include cable barriers.

47. **Mail Box** - Mail Box or post - private or public. Owner and ownership should be listed in Section 6.

48. **Building** - A building or any other man made structure (excluding fences). It's recommended that this be explained in the narrative.

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. Also List in Section 6.

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

Element & Attribute Definitions

The Crash Forms

01-2701C R06/2010

Sheet 3

Front & Back Pages

Arizona Crash Report Forms Instruction Manual

CRASH DIAGRAM

ARIZONA CRASH REPORT		REPORT ID						Agency Report Number	
1	CONTINUED <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.		1g
		1a	1b	1c	1d	1e	1f		
32	CRASH DIAGRAM						<input type="checkbox"/> MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE <input type="checkbox"/> MEASUREMENTS ARE SCALED (SCALE = _____)		33 INDICATE NORTH 33
32									

1 - CRASH IDENTIFICATION BLOCK

ARIZONA CRASH REPORT		REPORT ID						Agency Report Number	
1	CONTINUED <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.		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 R06/2010 of the crash form in case the forms become separated.

32 - CRASH DIAGRAM - A diagram of the crash scene. 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 01-2704C R06/2010.

33 - 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.

33	INDICATE NORTH
33	

FATAL SUPPLEMENT FORM

01-2705 R06/2010

Element & Attribute Definitions

Fatal Supplement Form

01-2705 R06/2010

Arizona Crash Report Forms Instruction Manual

ARIZONA CRASH REPORT				REPORT ID				Agency Report Number		
1	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.	1g
				1a	1b	1c	1d	1e	1f	1f
V I C T I M	NAME OF VICTIM							<input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER		<input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> PEDALCYCLIST
	ADDRESS							CITY	STATE	ZIP
	SEX	WEIGHT	EYES	HEIGHT	HAIR	DATE OF BIRTH				
	2d	2e	2f	2g	2h	2i				
	VICTIM REMOVED TO				VICTIM REMOVED BY					
	DECEASED AT SCENE		TRANSPORTED TO HOSPITAL		DATE OF DEATH			TIME OF DEATH		
	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		MMDDYYYY					
	SAFETY DEVICE FAILURE			SAFETY DEVICE - IMPROPER USAGE			EJECTION (Eject) PATH			
	<input type="checkbox"/> 0 NOT APPLICABLE (SAFETY DEVICE WORKED) <input type="checkbox"/> 1 LAP FAILED <input type="checkbox"/> 2 SHOULDER FAILED <input type="checkbox"/> 3 BOTH FAILED <input type="checkbox"/> 4 CHILD SAFETY SEAT FAILED <input type="checkbox"/> 5 CHILD BOOSTER SEAT FAILED <input type="checkbox"/> 99 UNKNOWN			<input type="checkbox"/> 0 NOT APPLICABLE (Safety Device Properly Used) <input type="checkbox"/> 1 LAP <input type="checkbox"/> 2 SHOULDER <input type="checkbox"/> 3 BOTH <input type="checkbox"/> 4 CHILD SAFETY SEAT <input type="checkbox"/> 5 CHILD BOOSTER SEAT <input type="checkbox"/> 99 UNKNOWN			<input type="checkbox"/> 0 NOT APPLICABLE (NON-MOTORIST/ NOT EJECTED) <input type="checkbox"/> 1 THROUGH SIDE DOOR OPENING <input type="checkbox"/> 2 THROUGH SIDE WINDOW <input type="checkbox"/> 3 THROUGH WINDSHIELD <input type="checkbox"/> 4 THROUGH BACK WINDOW <input type="checkbox"/> 5 THROUGH BACK DOOR/ TAILGATE OPENING <input type="checkbox"/> 6 THROUGH ROOF OPENING (sunroof; convertible top down) <input type="checkbox"/> 7 Through ROOF (convertible top up) <input type="checkbox"/> 8 OTHER PATH <input type="checkbox"/> 99 UNKNOWN			
	AIR BAG NOT AVAILABLE									
<input type="checkbox"/> 0 NOT APPLICABLE <input type="checkbox"/> 1 PREVIOUSLY DEPLOYED - NOT REPLACED <input type="checkbox"/> 2 DISABLED <input type="checkbox"/> 3 REMOVED										
3	DRIVER			NAME OF DRIVER						
				<input type="checkbox"/> SAME AS VICTIM						
4	EXTRICATION (Extr) SUPPLEMENT			5 COMPLETED IF ANY DRIVER IS TESTED FOR ALCOHOL/ DRUGS						
	UNIT # <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 0 NOT APPLICABLE (NON MOTORIST)/NOT EXTRICATED <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 BY AMBULANCE ATTENDANT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2 BY POLICE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3 BY FIRE DEPARTMENT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4 BY PASSERBY <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 97 OTHER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 99 UNKNOWN			DRIVER # _____ ALCOHOL TEST TYPE _____ ALCOHOL TEST RESULTS _____ DRIVER # _____ ALCOHOL TEST TYPE _____ ALCOHOL TEST RESULTS _____ DRIVER # _____ ALCOHOL TEST TYPE _____ ALCOHOL TEST RESULTS _____ DRIVER # _____ DRUG TEST TYPE _____ DRUG TEST RESULTS _____ DRIVER # _____ DRUG TEST TYPE _____ DRUG TEST RESULTS _____ DRIVER # _____ DRUG TEST TYPE _____ DRUG TEST RESULTS _____						
6	M O T O R V E H I C L E	UNDERRIDE/ OVERRIDE					FIRE OCCURRENCE			
		UNIT # <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 0 NOT APPLICABLE UNDERRIDING A MOTOR VEHICLE IN- TRANSPORT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 UNDERRIDE (COMPARTMENT INTRUSION) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2 UNDERRIDE (NO COMPARTMENT INTRUSION) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3 UNDERRIDE (COMPARTMENT INTRUSION UNKNOWN) UNDERRIDING A MOTOR VEHICLE NOT IN- TRANSPORT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4 UNDERRIDE (COMPARTMENT INTRUSION) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5 UNDERRIDE (NO COMPARTMENT INTRUSION) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6 UNDERRIDE (COMPARTMENT INTRUSION UNKNOWN) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 7 OVERRIDING A MOTOR VEHICLE IN- TRANSPORT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 8 OVERRIDING A MOTOR VEHICLE NOT IN- TRANSPORT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 9 THROUGH ROOF OPENING (sunroof) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 99 UNKNOWN					UNIT # <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 0 NOT APPLICABLE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 FIRE OCCURRED IN VEHICLE DURING CRASH			
7	EMS	TIME EMS CALLED	TIME EMS ARRIVED	ARRIVAL TIME AT HOSPITAL						
8	C O M M E N T S									
9	OFFICER'S NAME	SUPERVISOR'S SIGNATURE			AGENCY	DATE COMPLETED				

Arizona Crash Report Forms Instruction Manual

Information required on the Arizona Fatal 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	FATAL SUPPLEMENT <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.		
		1a	1b	1c	1d	1e	1f	1g	1f
								<input type="checkbox"/> Delayed Fatality	

1a - 1g - Report ID - This information must match the information on the front page of Sheet 1 of the 01-2704A R06/2010 of the crash form in case the forms become separated.

1f - Delayed Fatality - Check this block to indicate if the victim died after 30 days (30 - 24 hour periods) from the time listed in the "HOUR" in the REPORT ID, 1d. Death was due to causes related to the crash.

2 - VICTIM INFORMATION

VICTIM	NAME OF VICTIM						<input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> PEDALCYCLIST		
	ADDRESS						CITY	STATE ZIP	
	SEX	WEIGHT	EYES	HEIGHT	HAIR	DATE OF BIRTH			
	VICTIM REMOVED TO			VICTIM REMOVED BY					
	DECEASED AT SCENE		TRANSPORTED TO HOSPITAL		DATE OF DEATH		TIME OF DEATH		
	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		MMDDYYYY		MMDDYYYY		
	SAFETY DEVICE FAILURE			SAFETY DEVICE - IMPROPER USAGE			EJECTION (Eject) PATH		
	<input type="checkbox"/> 0 NOT APPLICABLE (SAFETY DEVICE WORKED) <input type="checkbox"/> 1 LAP FAILED <input type="checkbox"/> 2 SHOULDER FAILED <input type="checkbox"/> 3 BOTH FAILED <input type="checkbox"/> 4 CHILD SAFETY SEAT FAILED <input type="checkbox"/> 5 CHILD BOOSTER SEAT FAILED <input type="checkbox"/> 99 UNKNOWN			<input type="checkbox"/> 0 NOT APPLICABLE (Safety Device Properly Used) <input type="checkbox"/> 1 LAP <input type="checkbox"/> 2 SHOULDER <input type="checkbox"/> 3 BOTH <input type="checkbox"/> 4 CHILD SAFETY SEAT <input type="checkbox"/> 5 CHILD BOOSTER SEAT <input type="checkbox"/> 99 UNKNOWN			<input type="checkbox"/> 0 NOT APPLICABLE (NON-MOTORIST/NOT EJECTED) <input type="checkbox"/> 1 THROUGH SIDE DOOR OPENING <input type="checkbox"/> 2 THROUGH SIDE WINDOW <input type="checkbox"/> 3 THROUGH WINDSHIELD <input type="checkbox"/> 4 THROUGH BACK WINDOW <input type="checkbox"/> 5 THROUGH BACK DOOR/ TAILGATE OPENING <input type="checkbox"/> 6 THROUGH ROOF OPENING (sunroof, convertible top down) <input type="checkbox"/> 7 Through ROOF (convertible top up) <input type="checkbox"/> 8 OTHER PATH <input type="checkbox"/> 99 UNKNOWN		
	AIR BAG NOT AVAILABLE								
	<input type="checkbox"/> 0 NOT APPLICABLE <input type="checkbox"/> 1 PREVIOUSLY DEPLOYED - NOT REPLACED <input type="checkbox"/> 2 DISABLED <input type="checkbox"/> 3 REMOVED								

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

2b - Unit Type - Check the block that applies. If the victim is a driver, pedestrian, pedalcyclist it must agree with Element 4f on the first page of the primary form. Passenger means an occupant of the vehicle other than the operator.

2c - Address - Full address of the victim. It is necessary that this information be completed - even if on the first page of the primary form.

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2d - Sex - Enter the gender of the victim. M = Male, F = Female, U = Unknown

2e - Weight - Enter the weight of the victim as listed on the driver's license or other form of identification.

2f - Eyes - Enter the color of the eyes of the victim as listed on the driver's license or other form of identification.

2g - Height - Enter the height of the victim as listed on the driver's license or other form of identification.

2h - Hair - Enter the color of the hair of the victim as listed on the driver's license or other form of identification.

2i - Date of Birth - Date of birth by month, day and year of the victim as listed on the driver's license or other form of identification.

2j - Victim Removed To - The **specific** (or complete) name of the facility (mortuary, funeral home, hospital, OME) the victim is removed to.

2k - Victim Removed By - Person or organization that removed the victim from the crash scene.

2l - Deceased at Scene - Chose the appropriate block. This block is used to identify a victim who dies from injuries at the crash scene.

2m - Transported to Hospital - Indicate whether any occupant was transported to a hospital.

2n - Date of Death - List MMDDYYYY

2o - Time of Death - List time of death in military time.

2p - Safety Device Failure

0. **Not Applicable - (Safety Device Worked)** - The protection system apparently functioned normally.

1. **Lap Failed** - Use if only a lap safety belt failed because the motor vehicle was equipped only with a lap belt or because the shoulder belt was not in use.

2. **Shoulder Failed** - Use only if in a **two-part** occupant restraint system only the shoulder belt portion connected to a buckle failed.

3. **Both Failed** - Use if the occupant restraint system contains both a shoulder belt and a lap belt and are connected to a buckle and the system failed.

4. **Child Safety Seat Failed** - Forward or Rear Facing - Use if the child was properly buckled into the safety seat and the safety seat system failed.

5. **Child Booster Seat Failed** - Use if a “belt-positioning seat” that positions a child on a vehicle seat to improve the fit of the lap and shoulder seat belt system was used and the lap and shoulder seat belt system failed.

99. **Unknown** - Use if the investigating officer cannot determine if the occupant protection system functioned normally or failed.

2q - Safety Device - Improper Usage

0. **Not Applicable - (Safety Device Worked)** - The protection system apparently functioned normally.

1. **Lap** - Use only if a lap safety belt was improperly used because the motor vehicle was equipped only with a lap belt or because the shoulder belt was not in use.

2. **Shoulder** - Use only if in a **two-part** occupant restraint system only the shoulder belt portion connected to a buckle was improperly used.

3. **Both** - Use if the occupant restraint system contains both a shoulder belt and a lap belt and are connected to a buckle and the system was improperly used.

4. **Child Safety Seat Misuse - Forward or Rear Facing** - Use if the vehicle restraint system used to secure the Child Safety Seat was improperly used.

5. **Child Booster Seat Failed** - Use if a “belt-positioning seat” that positions a child on a vehicle seat to improve the fit of the lap and shoulder seat belt system was improperly used or installed.

99. **Unknown** - Use if the investigating officer cannot determine if the occupant protection system was misused.

Scenarios of Misuse:

Shoulder belt cut, altered or placed behind occupant’s back while lap belt portion secured.

Shoulder belt only placed behind occupants back.

Lap belt only, buckled underneath person.

Unsecured seat other than child safety seat used.

Shoulder, Lap, or Lap and Shoulder used to secure child requiring safety seat.

Improper installation of the child seat or booster.

Arizona Crash Report Forms Instruction Manual

2r - Ejection (Eject) Path - Either partially or completely thrown from the interior of the motor vehicle, except motorcycles, as a result of a crash (from FARS Coding Manual).

0. **Not Applicable (Non-Motorist)/ Not Ejected** - The victim was a pedestrian, pedalcyclist, 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 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.

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

2s - Air Bag Not Available

0. **Not Applicable (Air Bag Available)** - Use if information indicated that the vehicle was equipped with an air bag for this occupant's position. Use if this element is not applicable to this type of unit i.e. pedestrian, pedalcyclist, motorcyclist, etc.

1. **Previously Deployed - Not Replaced** - Use if investigation determines that for air bag(s) for this occupant's position was not available in this crash because it had deployed in an earlier incident and was never replaced.

2. **Disabled** - Use if investigation determines that air bag(s) for this occupant's position was not available in this crash because it had been tampered with so that it did not operate properly, or was otherwise disabled including by of a cut-off switch. Note: Explain in narrative.

Arizona Crash Report Forms Instruction Manual

3. **Removed** - Use if investigation determines that for air bag(s) for this occupant's position was not available in this crash because it had been stolen or removed and was never replaced.

3 - DRIVER

3	DRIVER	NAME OF DRIVER 3a	<input type="checkbox"/> SAME AS VICTIM
----------	---------------	---	---

3a - Name of Driver - Enter the full name (first, middle, last) of the operator of the motor vehicle in which the victim was riding. If same as victim, check the "Same as Victim" block and if the driver was not the victim leave the block blank.

4 - EXTRICATION (Extr) SUPPLEMENT

Extraction refers to the use of equipment or other force to remove persons from the vehicles; i.e., more than just lifting or carrying a person out of the wreckage. If the police officer enters Code 1 in the Extrication block on the front page of 012704**B** R07/2010, then the extricating agency or person needs to be identified.

NOTE: If any person (fatality or not) is extracted, it needs to be documented who extracted the trapped person(s) in a fatal crash.

- 0. Not Applicable (Non Motorist)/Not Extracted - Victim was a pedestrian, pedalcyclist, motorcyclist or mechanical means were not required to extricate the person.

- 1 - By Ambulance Attendant
- 2 - By Police
- 3 - By Fire Department
- 4 - By Passerby
- 97 - Other (please list in the narrative)
- 99 - Unknown

5 - COMPLETE IF ANY DRIVER IS TESTED FOR ALCOHOL/DRUGS

5a - Driver # - Number must match Unit #, **4a**, on front page of Crash Report, 01-2704**A** R06/2010.

5b - 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
- 09 - Preliminary Breath Test (PBT)

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- 98 - Unknown Test Type
- 99 - Unknown if Tested

5c - Alcohol Test Results

- Enter the actual value - to three digits
- 97- AC Test Performed, Results Unknown
 - 98 - Positive Reading With No Actual Value
 - 99 - Unknown if Tested

A copy of the test results should be sent to Traffic Records.

5d - Drug Test Type

- 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

5e - Drug Test Results - All drugs found in a persons 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.

- 1 - Other Drug - List of drugs and results of tests.
- 2 - Tested For Drugs, Results Unknown
- 3 - Tested For Drugs, Drugs Found, Type Unknown
- 4 - Unknown if Tested

6 - MOTOR VEHICLE

M O T O R V E H I C L E	UNDERRIDE/ OVERRIDE 6a		FIRE OCCURRENCE	
	UNIT #		UNIT #	
	000 0 NOT APPLICABLE		000 0 NOT APPLICABLE	
	<i>UNDERRIDING A MOTOR VEHICLE IN-TRANSPORT</i>		<i>UNDERRIDING A MOTOR VEHICLE NOT IN-TRANSPORT</i>	
	000 1 UNDERRIDE (COMPARTMENT INTRUSION)		000 4 UNDERRIDE (COMPARTMENT INTRUSION)	
	000 2 UNDERRIDE (NO COMPARTMENT INTRUSION)		000 5 UNDERRIDE (NO COMPARTMENT INTRUSION)	
	000 3 UNDERRIDE (COMPARTMENT INTRUSION UNKNOWN)		000 6 UNDERRIDE (COMPARTMENT INTRUSION UNKNOWN)	
	000 7 OVERRIDING A MOTOR VEHICLE IN-TRANSPORT		6b	
	000 8 OVERRIDING A MOTOR VEHICLE NOT IN-TRANSPORT			
	000 9 THROUGH ROOF OPENING (sunroof)			
000 99 UNKNOWN				

6a - Underride/Override - An Underride refers to this motor vehicle sliding under another motor vehicle during a crash. An Override refers to this motor vehicle riding up over or onto another motor vehicle. Either can occur with a parked motor vehicle.

0 - Not Applicable

Compartment Intrusion - A breach of the occupant compartment as a result of a crash. (This can include damaged windshield or glass area to qualify.) FHWA has used penetration or significant inward deformation of the windshield as being compartment intrusion. It's one or the other NOT both. Underride, Override (from FARS Coding Manual): It is important to determine the vehicle performing the action. Two vehicles cannot be considered to Underride and Override simultaneously.

A car underriding the side of a truck would be coded for the car. You would not in-turn code override for the truck.

A truck changes lanes and runs over a car traveling along side the truck, you would code override for the truck but would NOT in this case code underride for the car.

Mark the appropriate box for each unit that overrode or underride another vehicle.

UNDERRIDING A MOTOR VEHICLE IN-TRANSPORT:

The next three choices are all involving a motor vehicle in transport:

1 - **Underride, Compartment Intrusion:** In this example, the car struck the trailer resulting in a breach of the passenger compartment as it traveled under the trailer.

2 - **Underride, No Compartment Intrusion.**

3 - **Underride, Compartment Intrusion Unknown.**

UNDERRIDING A MOTOR VEHICLE NOT IN-TRANSPORT:

The next three choices involve motor vehicles not in transport (example: parked vehicles):

4 - **Underride, Compartment Intrusion:** In this example, the car struck the trailer resulting in a breach of the passenger compartment as it traveled under the trailer.

5 - **Underride, No Compartment Intrusion.**

6 - **Underride, Compartment Intrusion Unknown.**

OVERRIDING:

7 - **Overriding a motor vehicle in transport.**

8 - **Overriding a motor vehicle not in transport.**

9 - **Through roof opening (sunroof).** - Please disregard.

99 -**Unknown**

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6b - Fire Occurrence- A fire/explosion that was the cause or result of this crash. Fire/Explosion as a First Event would only occur as the first injury or damage producing event of the crash.

0. Not Applicable - No fire occurred as a result of this crash.

1. Fire Occurred in Vehicle During Crash

7 - EMS

7	E								
	M	TIME EMS CALLED	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	TIME EMS ARRIVED	<input type="text"/>	<input type="text"/>
	S						ARRIVAL TIME AT HOSPITAL	<input type="text"/>	<input type="text"/>

7a - EMS Called - The time EMS was notified. (Obtained from local CAD report or on scene from EMS responding personnel)

7b - EMS Arrived - Time the first EMS unit arrives on the scene. (Obtained same as above.)

7c - Arrival Time at Hospital - Record the time Emergency Medical Service (EMS) arrived at the treatment facility to which it was transporting any victim of the crash.

8 - COMMENTS

8	C	
	O	
	M	
	M	
	E	
	N	

This space is provided for the investigating officer to make any comments that he/she feels are pertinent to the fatal report that further clarifies the comments in the primary report.

9 - SIGNATURE BLOCKS

9	OFFICER'S NAME	SUPERVISOR'S SIGNATURE	AGENCY	DATE COMPLETED
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

9a - Officer's Name - Name of the lead/primary investigating officer completing this form.

9b - Supervisor's Signature - Signature of the law enforcement officer responsible for the review and approval.

9c - Agency - Indicate the name of the agency investigating the crash.

9d - Date Completed - Enter the date, YYMMDD, that the investigation report was completed.

***TRUCK/BUS
SUPPLEMENT
FORM***

01-2710 R07/2010

Arizona Crash Report Forms Instruction Manual

ARIZONA CRASH REPORT			REPORT ID						Agency Report Number			
1 TRUCK/ BUS SUPPLEMENT			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												
TRAFFIC UNIT NO. _____ Unit No. Must Match Unit No. on Page 1	QUALIFYING INFORMATION <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: <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					
	VEHICLE INFORMATION VEHICLE CONFIGURATION <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)			CARGO BODY TYPE <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)		
	GVWR/GCWR <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		BUS USE <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		HAZARDOUS MATERIALS INVOLVEMENT 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					
	CARRIER INFORMATION <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# _____											
TRAFFIC UNIT NO. _____ Unit No. Must Match Unit No. on Page 1	QUALIFYING INFORMATION <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: <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					
	VEHICLE INFORMATION VEHICLE CONFIGURATION <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)			CARGO BODY TYPE <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)		
	GVWR/GCWR <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		BUS USE <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		HAZARDOUS MATERIALS INVOLVEMENT 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					
	CARRIER INFORMATION <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# _____											
3 OFFICER'S NAME _____								DATE _____				

Arizona Crash Report Forms Instruction Manual

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 axes, 6 tires) 	Truck Tractor/Double (two trailers) 	
	Single-Unit (3 or more axes) 	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			

01-2710 R09/2010

Element & Attribute Definitions

The Truck/ Bus Form

**01-2710 R07/2010
Front Page**

Arizona Crash Report Forms Instruction Manual

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			
2	TRUCK/ BUS SUPPLEMENT <small>Unit No. Must Match Unit No. on Page 1</small>	QUALIFYING INFORMATION 2b <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: 2c <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) 2d <input type="checkbox"/> Yes <input type="checkbox"/> No License Class: (check one) 2e <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				
		VEHICLE INFORMATION 2f VEHICLE CONFIGURATION <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)		CARGO BODY TYPE 2g <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)	
		GVWR/GCWR 2h <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		BUS USE 2i <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		HAZARDOUS MATERIALS INVOLVEMENT 2j 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				
		CARRIER INFORMATION <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: 2u <input type="checkbox"/> NONE		USDOT# _____		MC/MX# _____ STATE# _____ 2w				
SOURCE: <input type="checkbox"/> Shipping Papers <input type="checkbox"/> Vehicle Side <input type="checkbox"/> Driver <input type="checkbox"/> Log Book		CITY _____ STATE _____ ZIP _____ 2t		USDOT# _____		MC/MX# _____ STATE# _____ 2w				
QUALIFYING INFORMATION <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)										
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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										
VEHICLE INFORMATION VEHICLE CONFIGURATION <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)		CARGO BODY TYPE <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)				
GVWR/GCWR <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		BUS USE <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		HAZARDOUS MATERIALS INVOLVEMENT 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						
CARRIER INFORMATION <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		USDOT# _____		MC/MX# _____ STATE# _____				
SOURCE: <input type="checkbox"/> Shipping Papers <input type="checkbox"/> Vehicle Side <input type="checkbox"/> Driver <input type="checkbox"/> Log Book		CITY _____ STATE _____ ZIP _____		USDOT# _____		MC/MX# _____ STATE# _____				
3 OFFICER'S NAME 3a										
						DATE 3b				

Arizona Crash Report Forms Instruction Manual

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
TRUCK/ BUS SUPPLEMENT		YEAR	MONTH	DAY	HOUR	NCIC NO	OFFICER ID NO	1g
1	POLICE ONLY - FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 064R 206 S. 17TH AVE., PHOENIX, ARIZONA 85007-3233	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 R06/2010 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 TRAFFIC UNIT NO. _____ <small>Unit No. Must Match Unit No. on Page 1</small>	VEHICLE INFORMATION 2f VEHICLE CONFIGURATION <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)	CARGO BODY TYPE 2g <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)	
	GVWR/GCWR 2h <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	BUS USE 2i <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	HAZARDOUS MATERIALS INVOLVEMENT 2j 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
	CARRIER INFORMATION <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 _____ SOURCE: <input type="checkbox"/> Shipping Papers <input type="checkbox"/> Vehicle Side <input type="checkbox"/> Driver <input type="checkbox"/> Log Book ADDRESS _____ CITY _____ STATE _____ ZIP _____ IDENTIFICATION NUMBERS: _____ <input type="checkbox"/> NONE USDOT# _____ MC/MX# _____ STATE# _____		

2a - TRAFFIC UNIT NO. - The Traffic Unit No. must match the Traffic Unit No., **4a**, for this vehicle as identified on the front page of Sheet 1, 01-2704A R06/2010.

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 or

Arizona Crash Report Forms Instruction Manual

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 lbs GVWR/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.

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.

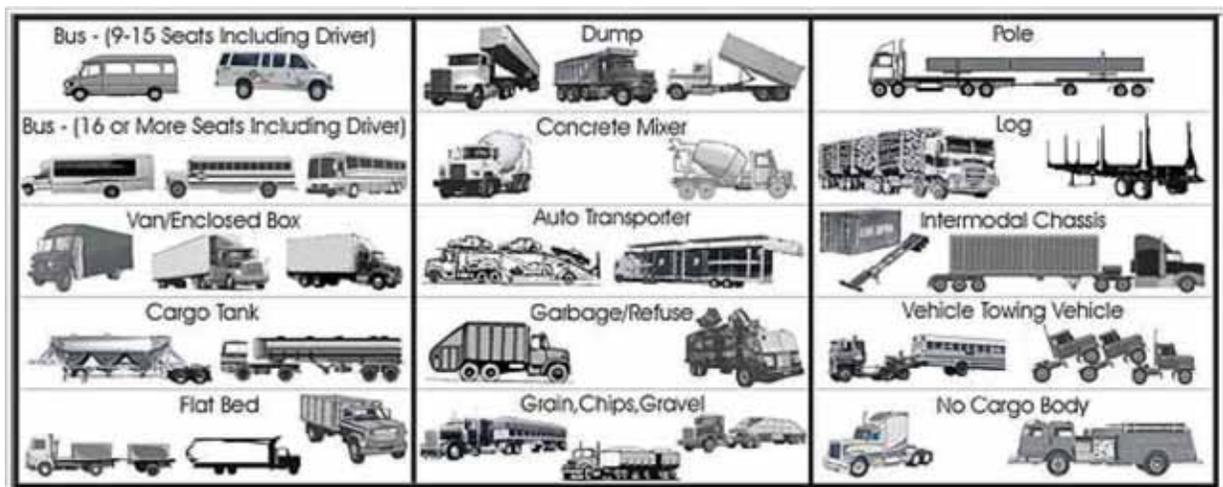
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12. **Vehicle Towing Another Motor Vehicle** - Refers to vehicles that have no cargo carrying capability but are in the act of towing another motor vehicle. These are often called "drive-away or tow-aways" and will be applicable to tow trucks and specially rigged truck tractors.

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 or 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 drivers 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

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A crash involving a fatality

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 functioning 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 com-

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muter 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.

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);

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- (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.

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#.

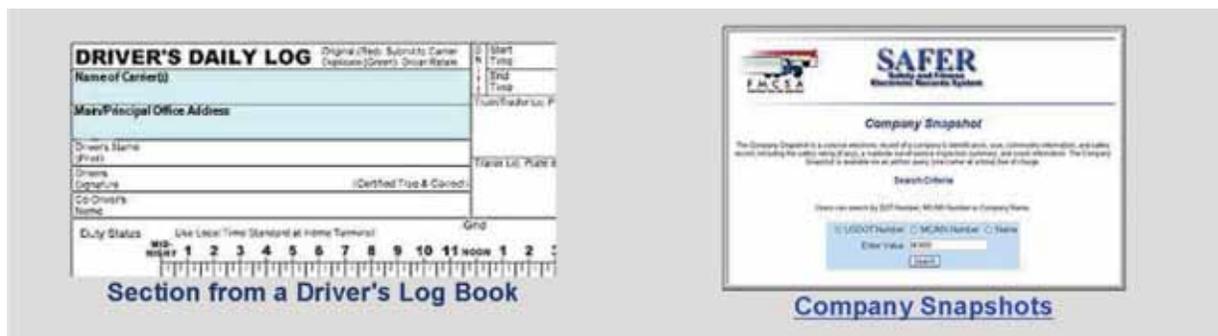
1

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?

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(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 US-DOT 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:



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.

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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 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 (3a)	DATE (3b)
----------	--	--

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 R06/2010

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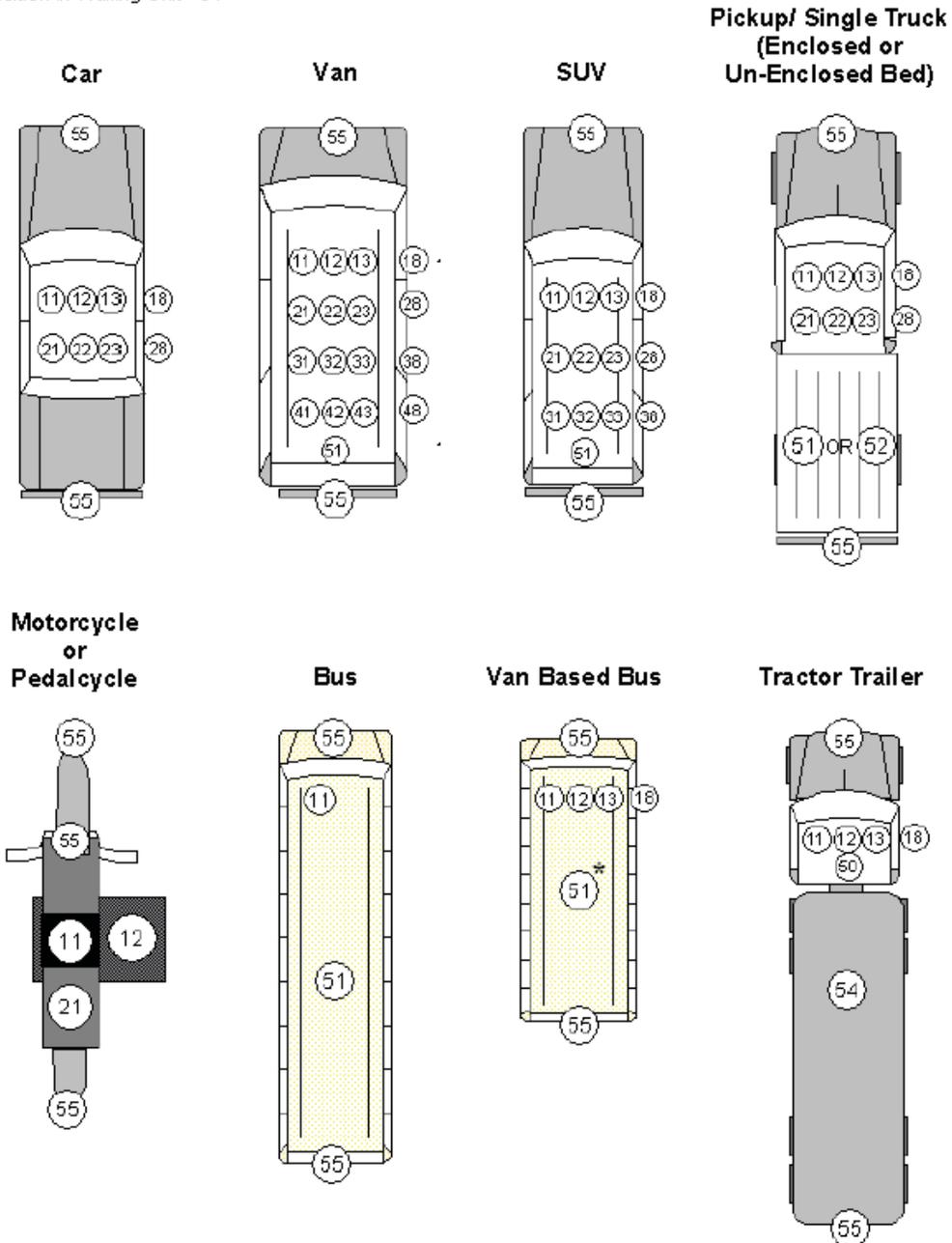
ARIZONA CRASH REPORT		REPORT ID										Agency Report Number																					
1	OCCUPANT SUPPLEMENT POLICE ONLY - FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 064R 206 S. 17TH AVE., PHOENIX, ARIZONA 85007-3233	YEAR	MONTH	DAY	HOUR	NCIC NO.					OFFICER ID NO.																						
QUALIFYING INFORMATION																																	
2 This form is only to be used if the units involved in this crash were carrying 10 or more occupants and the drivers and first 4 occupants' information was recorded on the original 01-2704A.																																	
Unit Number (Unit #) Unit Number must match Unit Number on front page (01-2704A).				Seat Position (Seat Pos)  <ul style="list-style-type: none"> 18 - Front Seat - Other (Child in Lap) 28 or 38 - Additional passenger in vehicle by row 51 - In enclosed or cargo area 52 - In unenclosed passenger/cargo area 54 - Trailing Unit 55 - Riding on Vehicle Exterior 99 - Unknown (See Reverse for Additional Configurations)										Safety Devices (SD) <table style="width: 100%; font-size: x-small;"> <tr> <td>0 - Not Applicable</td> <td>6 - Air Bag Deployed</td> </tr> <tr> <td>1 - None Used</td> <td>7 - Air Bag Deployed/Shoulder-Lap Belt</td> </tr> <tr> <td>2 - Lap Belt</td> <td>97 - Other _____</td> </tr> <tr> <td>3 - Shoulder and Lap Belt</td> <td>99 - Unknown</td> </tr> <tr> <td>4 - Child Restraint System</td> <td></td> </tr> <tr> <td>5 - Helmet Used</td> <td></td> </tr> </table>								0 - Not Applicable	6 - Air Bag Deployed	1 - None Used	7 - Air Bag Deployed/Shoulder-Lap Belt	2 - Lap Belt	97 - Other _____	3 - Shoulder and Lap Belt	99 - Unknown	4 - Child Restraint System		5 - Helmet Used	
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Injury Severity (IS) 1 No Injury 2 Possible Injury 3 Non Incapacitating Injury 4 Incapacitating Injury 5 Fatal Injury 99 Unknown/ Not Reported						Ejection (Eject) 0 Not Applicable 1 Not Ejected 2 Ejected, Partially 3 Ejected, Totally 4 Unknown degree 99 Unknown						Extraction (Extr) 0 Not Applicable 1 Extricated 99 Unknown																					
3	PASSENGERS	Unit #	Seat Pos	SD	IS	Eject	Extr	Name	Address	City	State	Zip Code	Telephone No.	D.O.B./Age	Sex																		
		4		Officer's Name/ Badge #				Supervisor's Signature				Agency Name				Date Completed																	

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SEATING 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 a postal delivery vehicle or vehicles with the driver on the right side, explain in the narrative.

Non-Motorist (Pedestrian or Pedalcyclist) - 0
 Seating position in Trailing Unit - 54



Van Based Bus - Seats 9-15 people or more and is being used for compensation. Normally smaller van-based buses qualify e.g. commuter vans, van-based school buses, limousines.

Element & Attribute Definitions

Occupant Supplement Form

**01-2712 R06/2010
Front Page**

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ARIZONA CRASH REPORT		REPORT ID						Agency Report Number							
1	OCCUPANT SUPPLEMENT <small>POLICE ONLY—FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 064R 206 S. 17TH AVE., PHOENIX, ARIZONA 85007-3233</small>	YEAR 1a	MONTH 1b	DAY 1c	HOUR 1d	NCIC NO. 1e	OFFICER ID NO. 1f	1g							
	QUALIFYING INFORMATION														
2 This form is only to be used if the units involved in this crash were carrying 10 or more occupants and the drivers and first 4 occupants' information was recorded on the original 01-2704A.		Unit Number (Unit #) 2a Unit Number must match Unit Number on front page (01-2704A).		Seat Position (Seat Pos) 2b  18 - Front Seat - Other (Child in Lap) 28 or 38 - Additional passenger in vehicle by row 51 - In enclosed or cargo area 52 - In unenclosed passenger/cargo area 54 - Trailing Unit 55 - Riding on Vehicle Exterior 99 - Unknown (See Reverse for Additional Configurations)		Safety Devices (SD) 2c 0 - Not Applicable 1 - None Used 2 - Lap Belt 3 - Shoulder and Lap Belt 4 - Child Restraint System 5 - Helmet Used 6 - Air Bag Deployed 7 - Air Bag Deployed/Shoulder-Lap Belt 97 - Other 99 - Unknown									
Injury Severity (IS) 2d 1 No Injury 2 Possible Injury 3 Non Incapacitating Injury 4 Incapacitating Injury 5 Fatal Injury 99 Unknown/ Not Reported			Ejection (Eject) 2e 0 Not Applicable 1 Not Ejected 2 Ejected, Partially 3 Ejected, Totally 4 Unknown degree 99 Unknown		Extraction (Extr) 2f 0 Not Applicable 1 Extricated 99 Unknown										
3 PASSENGERS	Unit #	Seat Pos	SD	IS	Eject	Extr	Name	Address	City	State	Zip Code	Telephone No.	D.O.B./Age	Sex	
	3a	3b	3c	3d	3e	3f	3g		3h	3i	3j				
	4 Officer's Name/ Badge # 4a		Supervisor's Signature 4b			Agency Name 4c			Date Completed 4d						

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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.

OCCUPANT SUPPLEMENT

This form is to be used if the units involved in this crash were carrying 10 or more occupants and the drivers and first 4 occupants' information was recorded on the original 01-2074A.

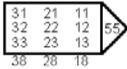
The back page of the Occupant Supplement has a help for the seating positions.

1 - CRASH IDENTIFICATION BLOCK

ARIZONA CRASH REPORT		REPORT ID						Agency Report Number
1	OCCUPANT SUPPLEMENT POLICE ONLY - FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 064R 206 S. 17TH AVE., PHOENIX, ARIZONA 85007-3233	YEAR	MONTH	DAY	HOUR	NCIC NO	OFFICER ID NO	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 R06/2010 of the crash form in case the forms become separated.

2 - QUALIFYING INFORMATION

QUALIFYING INFORMATION		
2 This form is only to be used if the units involved in this crash were carrying 10 or more occupants and the drivers and first 4 occupants' information was recorded on the original 01-2704A.		
Unit Number (Unit #) 2a Unit Number must match Unit Number on front page (01-2704A).	Seat Position (Seat Pos) 2b  18 - Front Seat - Other (Child in Lap) 28 or 38 - Additional passenger in vehicle by row 51 - In enclosed or cargo area 52 - In unenclosed passenger/cargo area 54 - Trailing Unit 55 - Riding on Vehicle Exterior 99 - Unknown (See Reverse for Additional Configurations)	Safety Devices (SD) 2c 0 - Not Applicable 1 - None Used 2 - Lap Belt 3 - Shoulder and Lap Belt 4 - Child Restraint System 5 - Helmet Used 6 - Air Bag Deployed 7 - Air Bag Deployed/Shoulder-Lap Belt 97 - Other 99 - Unknown
Injury Severity (IS) 2d 1 No Injury 2 Possible Injury 3 Non Incapacitating Injury 4 Incapacitating Injury 5 Fatal Injury 99 Unknown/ Not Reported	Ejection (Eject) 2e 0 Not Applicable 1 Not Ejected 2 Ejected, Partially 3 Ejected, Totally 4 Unknown degree 99 Unknown	Extraction (Extr) 2f 0 Not Applicable 1 Extricated 99 Unknown

2a - Unit Number - The Unit Number from 0102704A R06/2010.

2b - 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.

2c - 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 page 26 for definitions of Safety Devices.

2d - Injury Severity (IS) - The injury severity level for the person involved in a crash. See page 27

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for definitions of Injury Severity.

2e - Ejection (Eject) - Either partially or completely thrown from the interior of the motor vehicle, except motorcycles, as a result of a crash (from FARS CODING MANUAL).

2f - Extraction (Extr) - The use of equipment or other force to remove persons from the vehicles.

3 - PASSENGERS

Unit #	Seat Pos	SD	IS	Eject	Extr	Name	Address	City	State	Zip Code	Telephone No.	D.O.B./ Age	Sex
3a	3b	3c	3d	3e	3f	3g				3h	3i	3j	

3a - 3f - See definitions in QUALIFYING INFORMATION above, **2a - 2f**.

3g - 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.

3h - Telephone No. - Record the telephone number of the occupant.

3i - D.O.B./Age - Date of birth by month, day, and year of this person. If only age is known, i.e. 7 year old pedestrian, default DOB to January 1 of appropriate year.

3j - Sex - Enter the sex of the passenger as M = Male, F = Female, U = Unknown.

3 - SIGNATURE BLOCKS

4	Officer's Name/ Badge # 4a	Supervisor's Signature 4b	Agency Name 4c	Date Completed 4d
---	----------------------------	---------------------------	----------------	-------------------

4a - Officer's Name/Badge # - Name and badge number of the lead/primary investigating officer completing this form.

4b - Supervisor's Signature - Signature of the law enforcement officer responsible for the review and approval of the information included on this form.

4c - Agency Name - Indicate the name of the agency investigating the crash.

4d - Date Completed - Enter the date, YYMMDD, that the investigation report was completed. In most cases, this will be the date the Supervisor approves the completed form/investigation.

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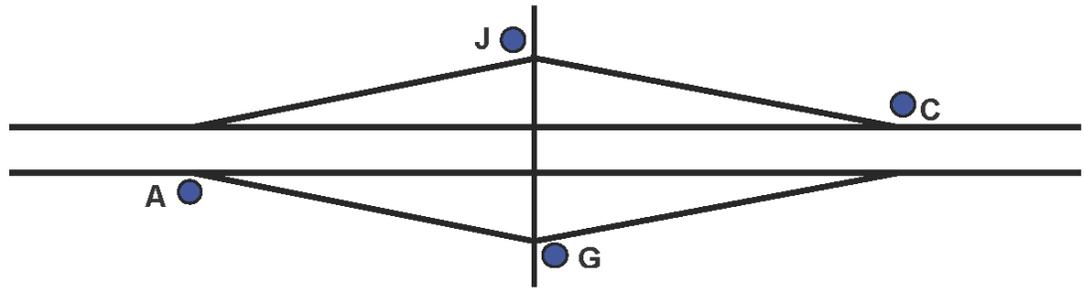
Unit Number 3a 92

APPENDICES

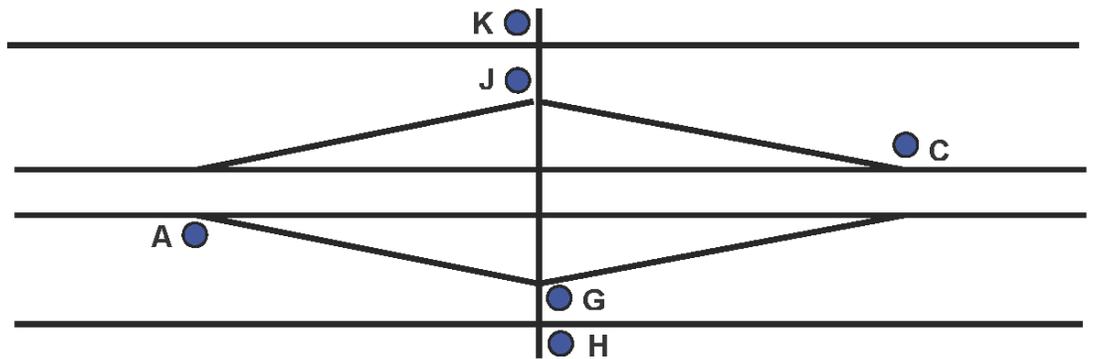
APPENDIX A

TRAFFIC INTERCHANGE REFERENCE POINTS

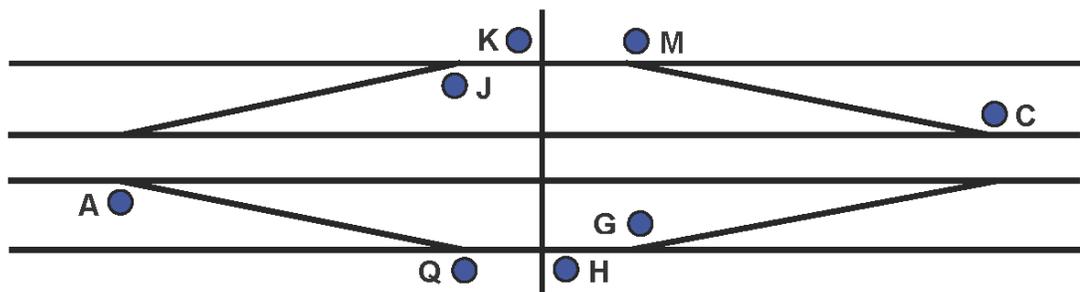
No Frontage Roads



With Frontage Roads

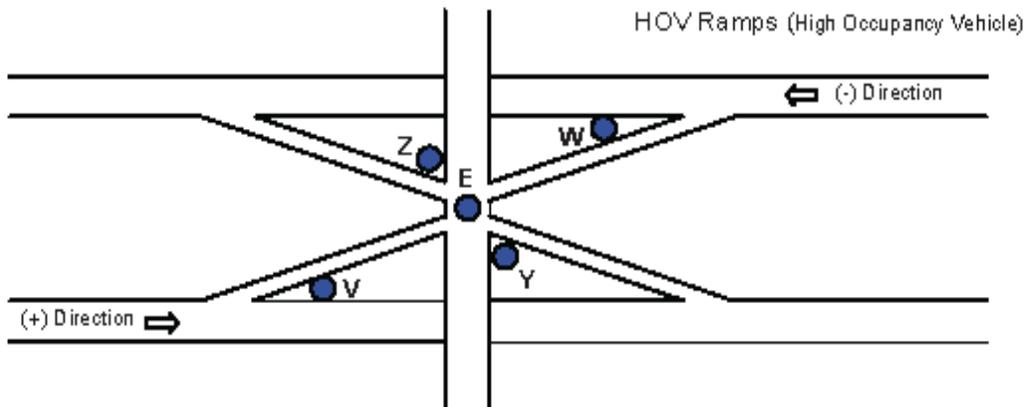
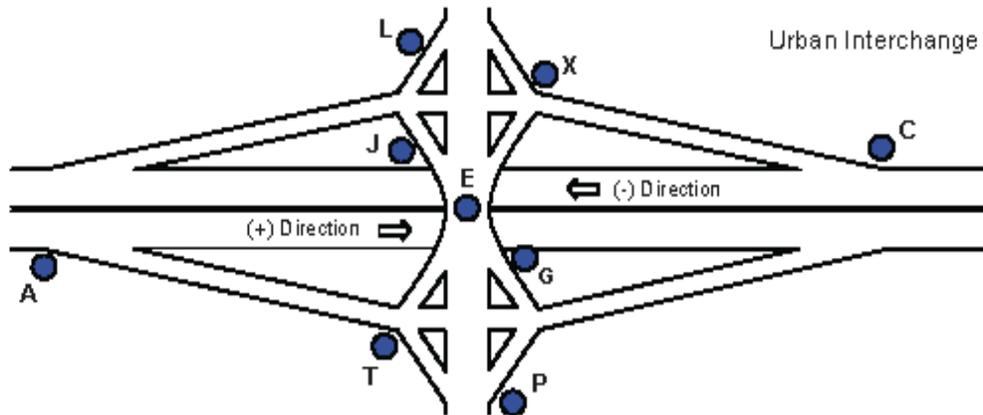
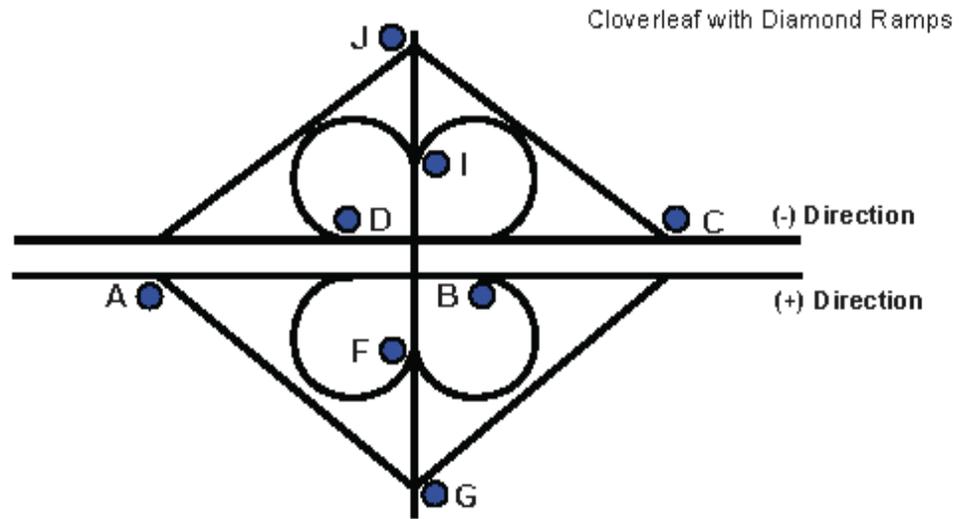


Ramps Connecting With Frontage Roads



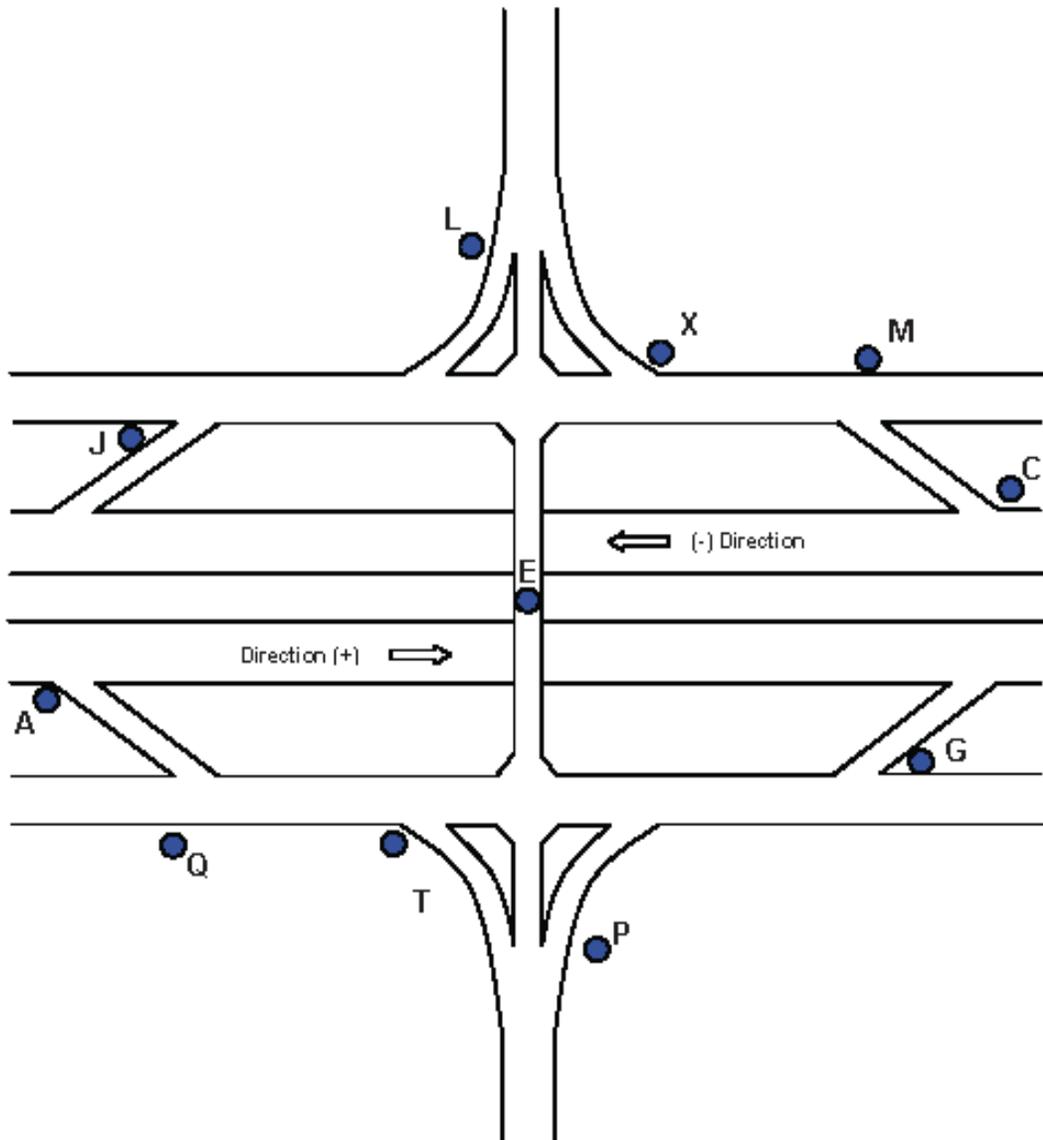
APPENDIX A—Continued

TRAFFIC INTERCHANGE REFERENCE POINTS



APPENDIX A—Continued

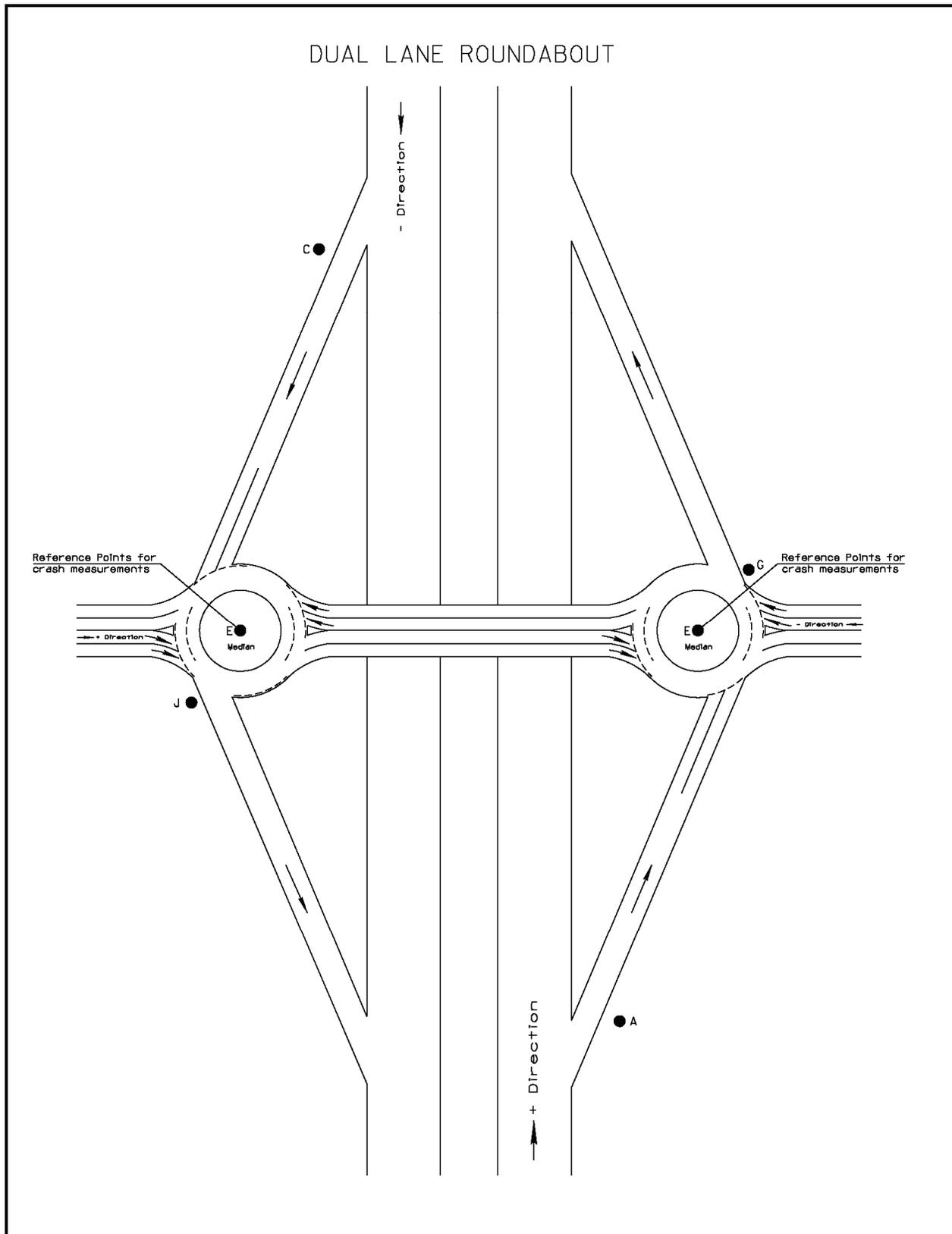
OFF MAINLINE REFERENCE POINTS



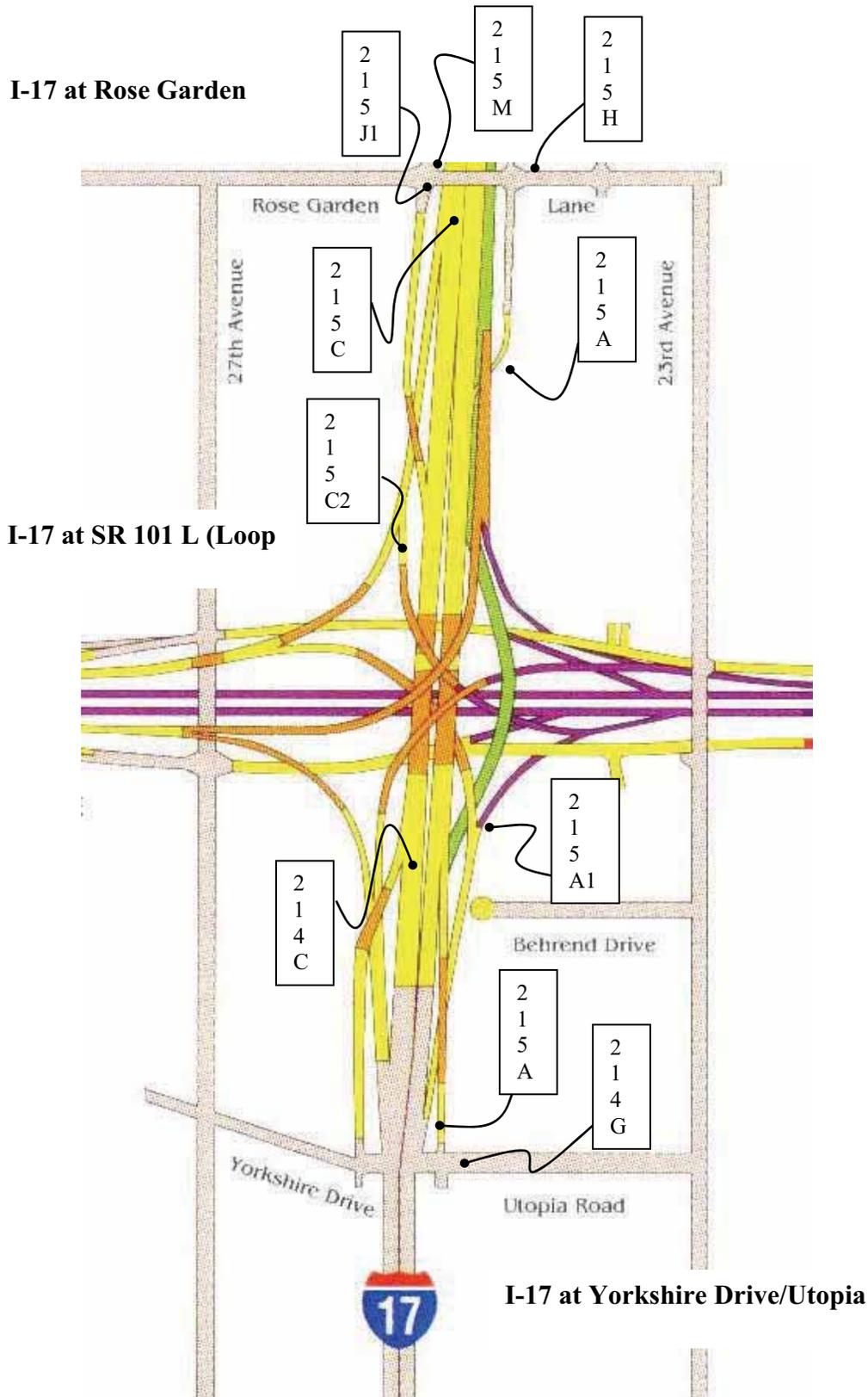
APPENDIX A—Continued

OFF MAINLINE DEFINITIONS	
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



APPENDIX A—Continued



APPENDIX B

State			
Enter the state abbreviation in which the driver license was issued in Block 4b and the state abbreviation in which the vehicle registration was issued in Block 4u.			
UNITED STATES ABBREVIATIONS			
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		
CANADIAN TERRITORIES ABBREVIATIONS			
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		

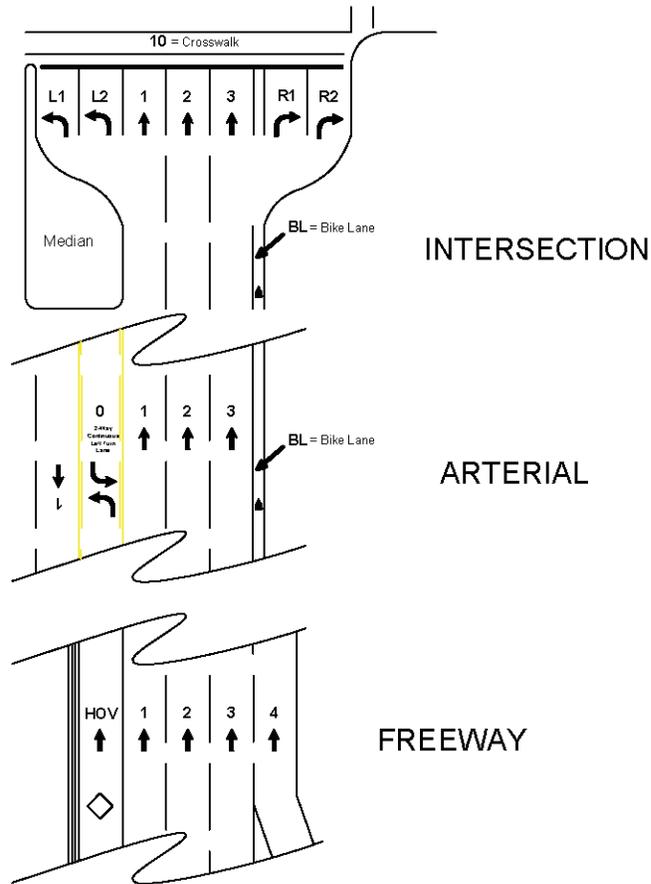
APPENDIX B—Continued

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)
- 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)
- 97 - Non-Roadway
- 99 - Unknown

APPENDIX D

SEATING POSITIONS

