

ARIZONA TRAFFIC ACCIDENT REPORT

*REPORT ID

Agency Report Number

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

YEAR MONTH DAY
2001/01/01

HOUR
00 00

NCIC NO.
0000

OFFICER ID NO.
00000

0000-000000

Total No. of Sheets

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

2 Total Units, Total Injuries, Total Fatalities, Estimated Total Damage Compared to Limit, Over/Under, Fatal/Hit/Run, Govt. Prop., Persons Transported for Immediate Medical Care?, Tow Away at Least One (1) Vehicle from Scene?, District or Grid No. 0 9 0 1

3 LOCATION: On Highway/Road/Street, Intersecting Street, Road / M.P. or R.P., At/From, Inside/Outside City, North/South/East/West, Plus/Minus, Distance, Measured/Aproximate, Miles/Feet

TRAFFIC UNIT NO. 1: State, Class, End, DL#, SSN, BOTH, Driver, Pedestrian, Pedalcyclist, Name, Sex, Inj., Restrictions, Date of Birth, Address, City, State, Zip Code, Telephone Number, Plate Number, State, Year, Owner/Carrier Name, Address, City, State, Zip Code, Body Style, Make, Color, Year, VIN, Safety Device Code, Removed to, Destination, Disabled/Not Disabled, Removed by, Orders of, Posted Speed Limit, Ofc Est Speed, Insurance Company, Telephone Number, Policy Number, Effective Date, Expiration Date, Trailer (Other Unit) Plate No., State, Year, Description of Trailer or Other Unit, G.V.W. (Registered) of Power Unit Greater than 10k pounds?, HazMat Placard?, 4-digit, 1-digit, Was HazMat Cargo Released?, Yes/No

TRAFFIC UNIT NO. 2: State, Class, End, DL#, SSN, BOTH, Driver, Pedestrian, Pedalcyclist, Name, Sex, Inj., Restrictions, Date of Birth, Address, City, State, Zip Code, Telephone Number, Plate Number, State, Year, Owner/Carrier Name, Address, City, State, Zip Code, Body Style, Make, Color, Year, VIN, Safety Device Code, Removed to, Destination, Disabled/Not Disabled, Removed by, Orders of, Posted Speed Limit, Ofc Est Speed, Insurance Company, Telephone Number, Policy Number, Effective Date, Expiration Date, Trailer (Other Unit) Plate No., State, Year, Description of Trailer or Other Unit, G.V.W. (Registered) of Power Unit Greater than 10k pounds?, HazMat Placard?, 4-digit, 1-digit, Was HazMat Cargo Released?, Yes/No

TRAFFIC UNIT NO. 3: State, Class, End, DL#, SSN, BOTH, Driver, Pedestrian, Pedalcyclist, Name, Sex, Inj., Restrictions, Date of Birth, Address, City, State, Zip Code, Telephone Number, Plate Number, State, Year, Owner/Carrier Name, Address, City, State, Zip Code, Body Style, Make, Color, Year, VIN, Safety Device Code, Removed to, Destination, Disabled/Not Disabled, Removed by, Orders of, Posted Speed Limit, Ofc Est Speed, Insurance Company, Telephone Number, Policy Number, Effective Date, Expiration Date, Trailer (Other Unit) Plate No., State, Year, Description of Trailer or Other Unit, G.V.W. (Registered) of Power Unit Greater than 10k pounds?, HazMat Placard?, 4-digit, 1-digit, Was HazMat Cargo Released?, Yes/No

Seating Position: 07 04 01, 08 05 02, 09 06 03. Safety Devices: 1 - None used, 2 - Lap belt, 3 - Lap & shoulder, 4 - Airbag deployed, 5 - Child restraint, 6 - Protective helmet, 7 - Passive belt, 8 - Passive & lap, 9 - Other, 0 - Unknown. Injury Severity Codes: 1 - No injury, 2 - Possible injury, 3 - Non Incapacitating Injury, 4 - Incapacitating injury, 5 - Fatal injury, 6 - Not Reported / Unknown

5 PASSENGERS: Table with columns for Unit No., Seat Pos., Saf. Dev., Name, Address, City, State, Zip Code, Age, Sex, Inj. Sev.

6 Other Property Damage: Owner's Name, Address, City, State, Telephone Number (w/Area Code)

7 WITNESSES: Name, Address, City, State, Telephone Number, Age

8 Photos Taken (Yes/No), Photographer's Name, ID Number, Agency Name, Investigation at Scene (Yes/No), Date Investigated, Time Investigated, Officer's Signature, Badge No. 0000, Agency Name Arizona Department of Public Safety, Date Completed

9 - DIAGRAM

0000-000000

10 - INDICATE NORTH



11 - SKIDDING OCCURRED

VEHICLE YES NO checkboxes

12 - CITATIONS

UNIT NO. A. R. S. NO. OR CITY CODE

14 - PRIOR ACTION

YES NO checkboxes, RAN OFF ROADWAY PRIOR TO FIRST HARMFUL EVENT, RIGHT LEFT UNIT NO.

15 - MANNER OF COLLISION

- CHECK ONLY ONE (1) 1 SINGLE VEHICLE 2 ANGLE 3 LEFT TURN 4 RIGHT TURN 5 U-TURN 6 REAR-END 7 HEAD-ON 8 SIDESWIPE (SAME DIRECTION) 9 SIDESWIPE (OPPOSITE DIRECTION) 10 BACKING 11 NON-CONTACT MOTORCYCLE 12 NON-CONTACT NON-MOTORCYCLE 13 PEDESTRIAN 14 PEDALCYCLE 15 OTHER

30 - TRAFFIC UNIT ACTION

- CHECK ONE (1) PER UNIT 1 GOING STRAIGHT AHEAD 2 SLOWING IN TRAFFICWAY 3 STOPPED IN TRAFFICWAY 4 MAKING LEFT TURN 5 MAKING RIGHT TURN 6 MAKING U TURN 7 ENTERING ALLEY OR DRIVEWAY 8 LEAVING ALLEY OR DRIVEWAY 9 OVERTAKING / PASSING 10 CHANGING LANES 11 BACKING 12 AVOIDING VEHICLE, OBJECT, PEDESTRIAN 13 ENTERING PARKING POSITION 14 LEAVING PARKING POSITION 15 PROPERLY PARKED 16 IMPROPERLY PARKED 17 DRIVERLESS MOVING VEHICLE 18 CROSSING ROAD 19 WALKING WITH TRAFFIC 20 WALKING AGAINST TRAFFIC 21 STANDING 22 LYING 23 GETTING ON OR OFF VEHICLE 24 WORKING ON OR PUSHING VEHICLE 25 WORKING ON ROAD 26 OTHER 27 UNKNOWN

31 - VISION OBSCUREMENT

- CHECK ONE (1) PER UNIT 1 NOT OBSCURED 2 BY PARKED / STOPPED VEHICLE 3 BY MOVING VEHICLE 4 BY BUILDING 5 BY EMBANKMENT 6 BY SIGNBOARD 7 BY HILLCREST 8 BY LOAD ON VEHICLE 9 BY TREES, BUSHES 10 BY HEADLIGHT 11 BY SUN GLARE 12 BECAUSE OF BAD WEATHER 13 OTHER 14 RAIN, SNOW, FOG ON WINDSHIELD 15 WINDSHIELD OBSCURED - OTHER 16 UNKNOWN

32 - DIRECTION OF TRAVEL

- CHECK ONE (1) PER UNIT 1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NW 6 NE 7 SW 8 SE 9 UNKNOWN

13 - DESCRIBE WHAT HAPPENED

INJURED TAKEN TO / BY

16 - LIGHT CONDITION

- CHECK ONLY ONE (1) 1 DAYLIGHT 2 DAWN OR DUSK 3 DARKNESS YES NO 1 STREET LIGHT 2 STREET LIGHT FUNCTIONING

21 - SPECIAL CONDITION

- CHECK ONLY ONE (1) 1 SCHOOL CROSSING 2 PEDESTRIAN CROSSWALK (STRIPED) 3 PEDESTRIAN CROSSWALK (NO STRIPPING) 4 BRIDGE 5 TUNNEL 6 RR CROSSING 7 GORE AREA 8 BIKE PATH 9 2-WAY LEFT TURN LANE

22 - UNUSUAL ROAD CONDITION

- CHECK ONLY ONE (1) 1 UNDER CONSTRUCTION, TRAFFIC ALLOWED 2 UNDER CONSTRUCTION, NO TRAFFIC ALLOWED 3 UNDER REPAIRS 4 HOLES, RUTS, BUMPS 5 OBSTRUCTION - 6 PROTECTED OBSTRUCTION - 7 UNPROTECTED OBSTRUCTION - UNLIGHTED 8 AT NIGHT 9 DEFECTIVE SHOULDERS 10 CHANGING ROAD WIDTH WATER (STANDING OR MOVING)

23 - TRAFFIC CONTROL DEVICES

- LEGEND: A - DEVICE OPERATIONAL B - DAMAGED OR NON-FUNCTIONAL PRIOR TO ACCIDENT CHECK ALL THAT APPLY 1 TRAFFIC SIGNAL 2 YIELD SIGN 3 STOP SIGN 4 WARNING SIGN 5 RAILROAD SIGNAL 6 FLASHING SIGNAL 7 FLAGMAN OR OFFICER

24 - NON INTERSECTION ROAD CHARACTER

- CHECK ONLY ONE (1) 1 2-WAY, STRIPED CENTERLINE 2 2-WAY, NO STRIPE 3 2-WAY, PAINTED MEDIAN 4 2-WAY, RAISED MEDIAN 5 2-WAY, CONCRETE BARRIER 6 2-WAY, CABLE BARRIER 7 2-WAY, DEPRESSED MEDIAN 8 2-WAY, EXTENDED MEDIAN 9 1-WAY STREET

25 - ROAD GRADE

- CHECK ONLY ONE (1) 1 LEVEL 2 DOWNGRADE 3 UPGRADE 4 HILLCREST 5 DIP

26 - ROAD SURFACE CONDITION

- CHECK ONLY ONE (1) 1 DRY 2 WET 3 SAND, MUD, DIRT, OIL, GRAVEL 4 SNOW 5 SLUSH 6 ICE 7 OTHER 8 UNKNOWN

27 - CONDITIONS INFLUENCING DRIVER

- TWO (2) CHOICES PER PERSON MAY BE SELECTED 1 NO APPARENT 2 INFLUENCE 3 HAD BEEN DRINKING 4 USE OF ILLICIT DRUGS 5 ILLNESS 6 FELL ASLEEP / FATIGUED 7 PHYSICAL IMPAIRMENT 8 PRESCRIPTION DRUGS 9 OTHER

28 - VIOLATIONS / BEHAVIOR

- TWO (2) CHOICES PER PERSON MAY BE SELECTED 1 NO IMPROPER ACTION 2 SPEED TOO FAST FOR CONDITIONS 3 EXCEEDED LAWFUL SPEED 4 FAILED TO YIELD RIGHT-OF-WAY 5 FOLLOWED TOO CLOSELY 6 RAN STOP SIGN 7 DISREGARDED TRAFFIC SIGNAL 8 MADE IMPROPER TURN 9 DROVE IN OPPOSING TRAFFIC LANE 10 KNOWINGLY OPERATED WITH FAULTY OR MISSING EQUIPMENT 11 REQUIRED MOTORCYCLE SAFETY EQUIPMENT NOT USED 12 PASSED IN NO PASSING ZONE 13 UNSAFE LANE CHANGE 14 OTHER UNSAFE PASSING 15 INATTENTION 16 DID NOT USE CROSSWALK 17 WALKED ON WRONG SIDE OF ROAD 18 OTHER 19 UNKNOWN

29 - VEHICLE CONDITION

- TWO (2) CHOICES PER PERSON MAY BE SELECTED 1 NO APPARENT DEFECTS 2 DEFECTIVE BRAKES 3 DEFECTIVE STEERING 4 DEFECTIVE HEADLIGHTS 5 DEFECTIVE TAIL LIGHTS 6 DEFECTIVE TURN-SIGNAL 7 PUNCTURE OR BLOWOUT 8 ONE OR MORE SMOOTH TIRES 9 FIRE 10 DEFECTIVE WINDSHIELD WIPER 11 DEFECTIVE EXHAUST SYSTEM 12 OTHER DEFECTS 13 NO TRAILER BRAKES 14 UNKNOWN

**ARIZONA TRAFFIC ACCIDENT REPORT
TRUCK/BUS SUPPLEMENT**
FORWARD COPY TO
ADOT TRAFFIC RECORDS SECTION 064R
206 S. 17th AVE., PHOENIX, AZ 85007-3213

† 01-2710 R6/00

ADOT USE ONLY

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

TRAFFIC UNIT NO.
(MUST CORRESPOND WITH MAIN REPORT)

CARRIER INFORMATION

NAME: _____

SOURCE: Shipping Papers Vehicle Side Driver Log Book

ADDRESS: _____
(Street or P.O. Box)

City: _____ State: _____ Zip Code: _____

IDENTIFICATION NUMBERS None

US DOT: [] ICC MC: []

VEHICLE CONFIGURATION

Passenger Car
 Light Truck
 Bus (9-15 seats)
 Bus (> 15)
 1-Unit Truck (2 axle/6 or more tires)
 1-Unit Truck (3 or more axles)
 Truck with Trailer
 Truck Tractor only
 Truck Tractor with Semi-trailer
 Tractor with Double Trailers
 Tractor with Triple Trailers
 Other - Unable to Classify

GVWR [][][][][][][][][]

CARGO BODY TYPE

<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Dump
<input type="checkbox"/> Bus (9-15 seats)	<input type="checkbox"/> Grain, Chips, Gravel
<input type="checkbox"/> Bus (> 15 seats)	<input type="checkbox"/> Concrete Mixer
<input type="checkbox"/> Van/Enclosed Box	<input type="checkbox"/> Auto Transporter
<input type="checkbox"/> Cargo Tank	<input type="checkbox"/> Garbage or Refuse
<input type="checkbox"/> Pole	<input type="checkbox"/> Other
<input type="checkbox"/> Flatbed	

EVENT	SEQUENCE OF EVENTS (UP TO FOUR FOR EACH UNIT)
1. []	01. Ran off road 02. Jackknifed 03. Overturned or Rollover 04. Downhill runaway 05. Cargo Loss or Shift 06. Explosion or fire 07. Separation of units 08. Cross Median/Centerline 09. Equip. Failure (brakes, blowout) 10. Other Non Collision 11. Unknown Non Collision
2. []	
3. []	12. Pedestrian 13. Motor vehicle in transport 14. Parked vehicle 15. Train 16. Bicycle 17. Animal 18. Fixed object 19. Work Zone Maint. Equip. 20. Other Moveable Object 21. Unknown Moveable Object
4. []	

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SIGNATURE OF OFFICER

DATE

DEFINITIONS

Truck - A motor vehicle designed, used or maintained primarily for the transportation of property. For the purpose of this form the vehicle must also meet one of the following criteria:

- Have at least 6 tires on the ground
- OR -
- Carry a Hazardous Material Placard

Bus - A motor vehicle providing seats for 16 or more persons including the driver and used primarily for the transportation of persons.

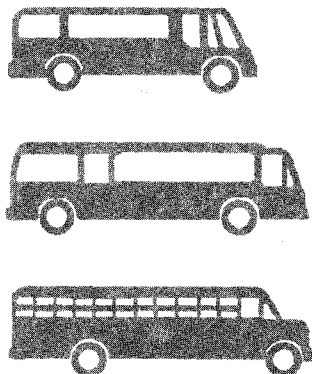
Trailer - A non-power vehicle towed by a motor vehicle.

Reportable Accident - A highway related incident normally investigated by a police officer and reported on a standard accident report form involving one or more trucks or buses (as defined above) which results in:

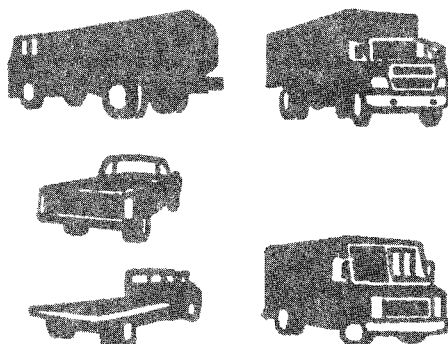
- One or more fatalities
- OR - ● One or more non-fatal injuries requiring transportation for the purpose of obtaining immediate medical treatment.
- OR - ● One or more of the vehicles being removed from the scene as a result of disabling damage.
- OR - ● One or more vehicles requiring intervening assistance before proceeding under it's own power.

TYPICAL VEHICLE SILHOUETTES

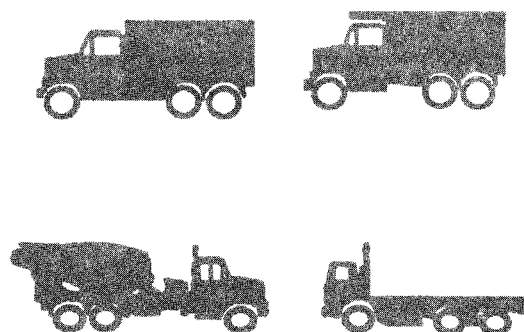
1. Bus



2. Single Unit Truck - 2 Axle / 6 Tire



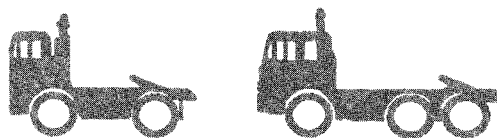
3. Single Unit Truck - 3 Axle



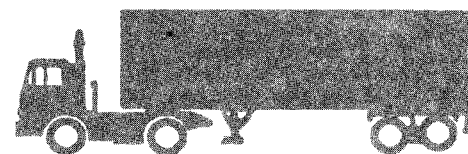
4. Truck with Trailer



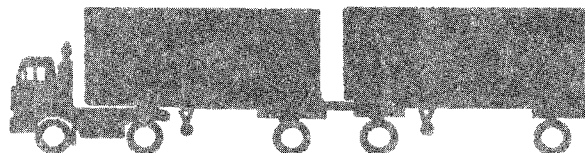
5. Truck Tractor (Bobtail)



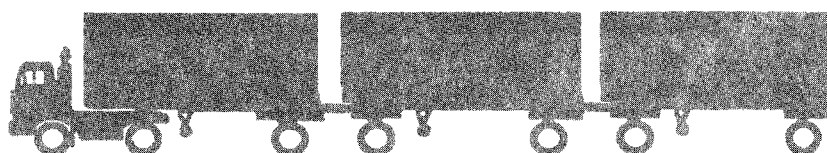
6. Tractor with Semi-Trailer



7. Tractor with Double Trailers



8. Tractor with Triple Trailers



TYPICAL HAZARDOUS MATERIAL PLACARDS

