

MANUAL OF INSTRUCTIONS

For use with

State Of Arizona

Traffic Accident Report Forms

Published by

Arizona Department Of Transportation

Traffic Records Section

Phone 602-712-7132

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ARIZONA TRAFFIC ACCIDENT REPORT

INSTRUCTION MANUAL AND GLOSSARY

7TH EDITION (PDF Version)

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 accidents 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 accident 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 accident reports submitted by police jurisdictions throughout the state.

The Instruction Manual and Glossary is based upon standards established in the "Manual on Classification of Motor Vehicles Traffic Accidents ANSI-D16.1-1996 - Sixth Edition" published by the National Safety Council.

Some of the instructions and definitions used in this manual have been clarified and expanded insuring greater uniformity in the classification and submission of Arizona Traffic Accident Reports.

***** IMPORTANT NOTE REGARDING PDF VERSION *****

The PDF version of this manual DOES NOT INCLUDE full images of the actual forms. It includes only annotated portions of each form. To view the forms in their entirety, please refer to the paper copy of the forms.

Definition of a Motor Vehicle Traffic Accident

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 accident.

- 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? (See definitions of "Unstabilized Situation," "Private Property," and "Trafficway" in the glossary portion of this manual for further clarification.)
- 8.) If a motor vehicle in transport collided with a railroad train, did the collision occur at or near a railroad crossing?

Definitions of the terminology used in this checklist can be found in the glossary portion of the manual.

ARIZONA TRAFFIC ACCIDENT REPORT FORMS

A few changes have been made to the Arizona Traffic Accident Report that which will go into effect approximately January 1, 2001. In addition to the changes, a new form is being added. Descriptions of the available forms are below. All forms are covered by ARS 28-667 when pertinent to the incident.

FORM 01-2703 R98 (Four Part) - The front page of the Arizona Traffic Accident Report form is available in four part carbonless paper as well as the traditional format (01-2704). The three part form is available to police agencies so that basic accident data, including insurance exchange information, can be distributed to the victim drivers at the scene. This form's preferred use is in under minimum or private property accidents when only three units are involved. The standard form should be used in those cases with three or more units or when it is the preference of your jurisdiction. The four part form costs the state approximately five times the standard 01-2704, therefore it is preferred that its use be minimal. This form should not be used when the Truck/Bus Supplement is needed.

Form 01-2703 is available in pads of 25 four part with 35 back pages attached. All other forms are in pads of 50.

FORM 01-2704 R/00 - This is the standard report form. A few changes have been made that will be defined in the body of the manual. This is the preferred form for all investigated accidents.

FORM 01-2705 R/99 - The Fatal Supplement must be completed for each person that is killed in an accident.

FORM 01-2706 R/93 - Front page is for use when a full-page diagram is preferred. Back page is lined for use with longer narratives.

FORM 01-2707 R/93 - This form can be used with laser printers as a narrative page.

FORM 01-2708 R/93 - This form can be used for accident measurements when there is an extensive accident scene.

FORM 01-2710 R/00 - Supplemental Truck / Bus Accident report. This form should be completed when any circle **AND** any diamond are checked on Form 01-2704

SUBMISSION REQUIREMENTS

The instructions in this manual have been prepared to provide guidance for proper, uniform completion of the Arizona Traffic Accident 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.

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 accidents 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 Traffic Accident Report".
3. For more than three vehicles use additional forms.
4. Place the same "Arizona Traffic Accident Report I.D." on all report forms and supplemental sheets pertaining to an individual accident. All reports in the central file are recorded and stored by this identification number and not by individual police jurisdiction DR. numbers.
5. Indicate the total number of sheets that make up the "Arizona Traffic Accident Report" including supplemental sheets.
6. Review the report for completeness and accuracy.
7. Every effort should be made to submit reports free of writeovers, cross outs or other difficult to read corrections.
8. If your agency uses the four part carbon less (NCR) form 01-2703, 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. Please send photocopies only, no originals or carbon copies. (Exception: See No. 11 below).
10. All papers not relevant to data entry of the **non-fatal** accidents reports need not be forwarded. They will be discarded prior to microfilming by this office with two exceptions. In those two instances the report will be filmed in its entirety. They are:
 1. The accident has a fatality.
 2. We perform the microfilming for your agency.

Some of the unnecessary photo copies in **non-fatal** accidents include:

Citations

Witness statements

DUI reports, field sobriety tests, BAC results

Driver license, Social Security Card or other forms of ID

Motor Vehicle Division reports

Insurance or exchange slips

Copies of photographs

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 accident be forwarded to this office before completion of the criminal case. This office is not interested in criminal data other than civil citation number information from ARS Title 28 Transportation Laws of the State of Arizona.

PART ONE

INSTRUCTIONS FOR COMPLETING

THE BASIC ACCIDENT REPORT

Form 01-2704

& Four Part 01-2703

FRONT

***** IMPORTANT NOTE REGARDING PDF VERSION *****

The PDF version of this manual DOES NOT INCLUDE full images of the actual forms. It includes only annotated portions of each form. To view the forms in their entirety, please refer to the paper copy of the forms.

Information required on the Arizona Accident Report Form is identified by alpha numeric codes shown on the preceding page and following illustrated inserts.

1. ACCIDENT IDENTIFICATION BLOCK

All accident reports are identified and filed by the information contained in the accident identification block. Reports are not filed by local jurisdiction DR numbers.

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

- 1a. Enter two numeric digits for the year (01, 02, 03, etc).
- 1b. Enter two numeric digits for the month (01 through 12).
- 1c. Enter two numeric digits for the day (01 through 31).
- 1d. Enter the hour in military style. Valid times are 0000 through 2359; 2400 is not a valid time.
- 1e. Enter the four digit NCIC number of the police agency submitting the accident report. For a complete list of Arizona NCIC numbers, refer to pages 64-66 in the appendix of this manual.
- 1f. 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). If one officer is called upon to investigate more than one accident and it is determined that they both occurred at the same time, the Officer's I.D. number should be prefixed with an alphabetic character such as A, B, or C to insure that the I.D.'s are unique (Example: A0123). A 1 minute difference may be made in the Report ID-Hour, if preferred by your agency.
- 1g. Enter your agency Report Number and indicate the total number of sheets that make up the "Arizona Traffic Accident Report". The front and back of one form constitutes 1 sheet. The total should include a copy of the Arizona Traffic Accident Report Form and any diagrams, narration or supplemental reports pertaining to the accident.

Example 1a through 1g:

An accident occurring on January 1, 1998, at 3:45 A.M. and investigated by D.P.S. Officer 193, should be written as shown in the figure below. The number of sheets comprising the accident report is also indicated.

1	ARIZONA TRAFFIC ACCIDENT REPORT FORWARD COPY TO TRAFFIC RECORDS SECTION 064R ARIZONA DEPARTMENT OF TRANSPORTATION 206 S. 17th AVE., PHOENIX, ARIZONA 85007-3233		YEAR			MONTH			DAY		REPORT ID HOUR		NCIC NO.		OFFICERS ID NO.		Agency Report Number	
			9	8	0	1	0	1	0	3	4	5	0	7	9	9	0	0
Total No. of Sheets <u>5</u>																		

2. GENERAL INFORMATION

COMPLETE THE FOLLOWING SUPPLEMENT IF ANY <input checked="" type="checkbox"/> (circle) AND ANY <input checked="" type="checkbox"/> (diamond) ARE CHECKED										
2	Total Units	Total Injuries	Total Fatalities	Estimated Total Damage Compared to Limit: <input type="checkbox"/> Over <input type="checkbox"/> Under	<input type="radio"/> Fatal <input type="checkbox"/> Govt. Prop.	<input type="radio"/> Persons Transported for Immediate Medical Care?	<input type="radio"/> Tow Away of At Least One Vehicle from Scene?	District or Grid No.		
	2a	2b	2c	2d	2e			2f		

- 2a. Enter total number of traffic units (i.e., vehicles, pedestrians, riders on animals) involved in the accident. (For further definition see "Traffic Units" in the glossary.)
- 2b. Enter total number of persons with non-fatal injury classifications of 2, 3, or 4. (Refer to the "Injury Classifications" definitions on pages 51 & 52).
- 2c. Enter total number of fatalities as a result of this accident.
- 2d. Check the appropriate box to indicate if the estimated total damage is over or under the \$1,000. minimum reporting level as required by Arizona Revised Statute 28-667. Any injury class 2 through 5 indicates over minimum.
- 2e. Check any or all boxes that apply. Note: checking any circle may indicate the need to complete the following supplemental report. Government property includes fixed (immovable) objects as well as government vehicles.
- 2f. 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 accidents.

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

- 3a. Enter the complete name of the road or street on which the accident 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 accident occurred within the limits of an Indian Reservation, National Park, or National Monument, the name of that entity must also be entered.

- 3b. Enter the name of the nearest city or town. Check the appropriate box to indicate if inside or outside the city limits.
- 3c. Enter the name of the county in which the accident occurred.
- 3d. If the accident happened in the intersection, mark the "AT" box and enter the complete name of the intersecting street. If the accident 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. Mile post markers on non-state highways may only be used up to 99.
- 3d-3f. For accidents within an intersection, enter information in 3d. Leave 3e, 3f, 3g, and 3h blank. For non-intersection accidents, enter information in 3d, 3e, 3g, and 3h. Leave 3f blank.
- 3e. Check the appropriate box to indicate the nearest compass direction from the intersecting street (in 3d) to the apparent point of the first harmful event.
- 3f. This section should be left blank.
- 3g. Enter the distance from the apparent center line of the intersecting street to the point of the first harmful event (See page 49 for a definition). Check boxes are available to indicate actual measurement or an approximate (estimated) distance.
- 3h. 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.

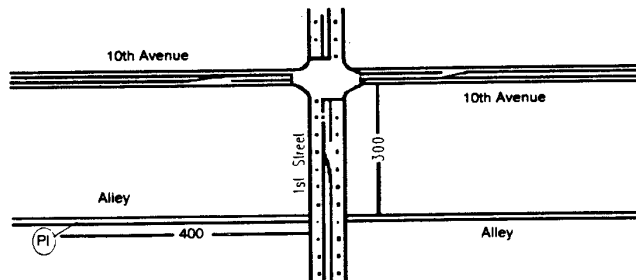
ALLEYS

Traffic accidents that take place in an alley are considered just like any other crash that involves a motor vehicle, except that the location of such an accident is reported in the following manner. In this example, assume an accident involved one motorized vehicle that struck a utility pole in an alley 400 feet west of the entrance from 1st Street and 300 feet south of the intersection of 1st Street and 10th Avenue.

The "on street" location should be the street intersected by the alley, in this case 1st Street. The "at/from street" location should be a street that intersects the "on street" on either side of the alley. In this example, 10th Avenue would be one possible choice.

Note the location portion of the accident report and the suggested typical coding illustrated below. The 318 feet difference between the distance recorded on the report, section 3, and that shown on the diagram is the distance from the curb to the center of 10th Avenue, the point from which the distance should be measured.

NOTE: Box 19 on the back page of the Arizona Accident Report should be checked "Alley" and references to roadway surface and road condition should refer to the alley location.



3	On Highway/Road/Street 1st Street	<input checked="" type="checkbox"/> Inside <input type="checkbox"/> Outside	City Phoenix	County Maricopa		
	Intersecting Street, Road / M.P. or R.P. <input type="checkbox"/> At <input checked="" type="checkbox"/> From 10th Avenue	<input type="checkbox"/> North <input type="checkbox"/> East	<input checked="" type="checkbox"/> South <input type="checkbox"/> West	<input type="checkbox"/> Plus <input type="checkbox"/> Minus	Distance 0318	<input type="checkbox"/> Miles <input checked="" type="checkbox"/> Feet

STATE AND INTERSTATE HIGHWAY LOCATIONS

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, S-51, S-202). Off Mainline consists of on ramps, off ramps, frontage roads, access roads, etc. that are connected with interstate and limited access routes; also, rest areas, ports of entry, crossroads, and connector roads.

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

- 3a. Enter the highway route number (as posted by the Arizona Department of Transportation) where the accident occurred e.g., US 60, I-17, I-8, S 51, etc. On divided highways the particular roadway should be indicated as N/B, S/B, E/B, W/B.
- 3b. Enter the name of the nearest city or town. Check the appropriate box to indicate if inside or outside the city limits.
If the accident occurred within the limits of an Indian Reservation, National park, or National Monument, the name of that entity must also be entered.
- 3c. Enter the name of the county in which the accident occurred.
- 3d. Milepost (M.P.) or Reference Point (R.P.) (See figure 6) -Mainline Only
Mark the "AT" box for all accidents 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 an accident 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 harmful event of the accident 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.

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 accident 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. (See figure 6) - 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. In addition to those that are marked, all crossroads, underpasses or overpasses have an unmarked designated point (Point E) which is located at the point on the crossroad which is approximately in the center of the mainline system. For rest areas use "R" or "S" as described on page 15.

RAMPS

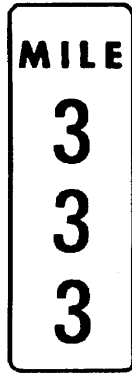
It is essential that off mainline markers placed on the ramps be used only for those accidents that occur between the beginning and ending gore points of the ramp. If the accident occurs in the deceleration lane prior to reaching the gore point of an off-ramp, or in the acceleration lane after passing the gore point of an onramp, the accident should be charged to the mainline and the reference point used will be the milepost marker.

FRONTAGE ROADS

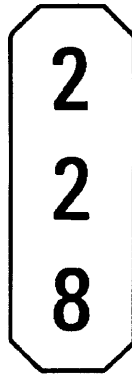
If the accident occurs on the frontage road before reaching the gore point of an on ramp or after passing the gore point of an off ramp, the appropriate frontage road marker should be used.

- 3e. Leave blank for frontage roads.
- 3f. 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.
 - 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, the direction from point "E" shall be shown on 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.
- 3g. Enter the distance from the marker to the first harmful event of the accident.
- 3h. Check the appropriate box to indicate if the distance given is in miles or feet.

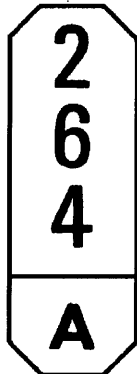
MARKERS AND MILEPOSTS



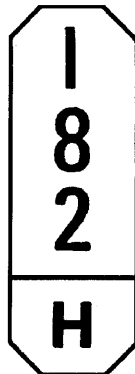
Typical
New Style
Milepost



Typical
Old Style
Milepost

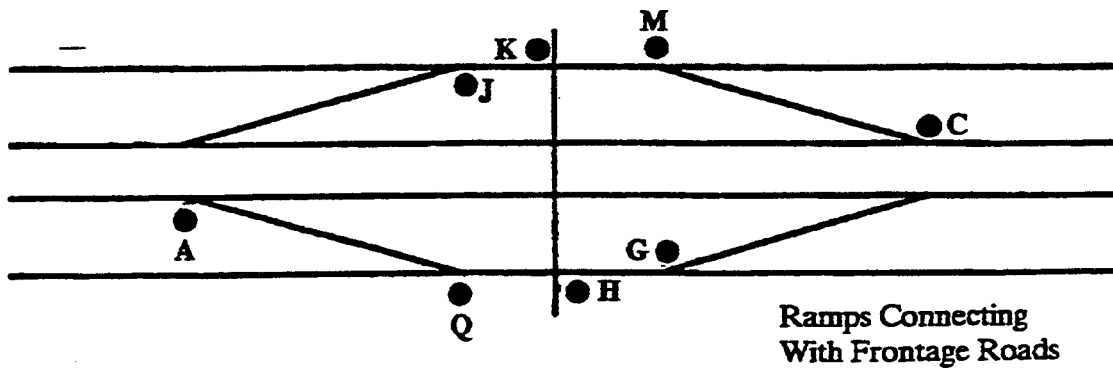
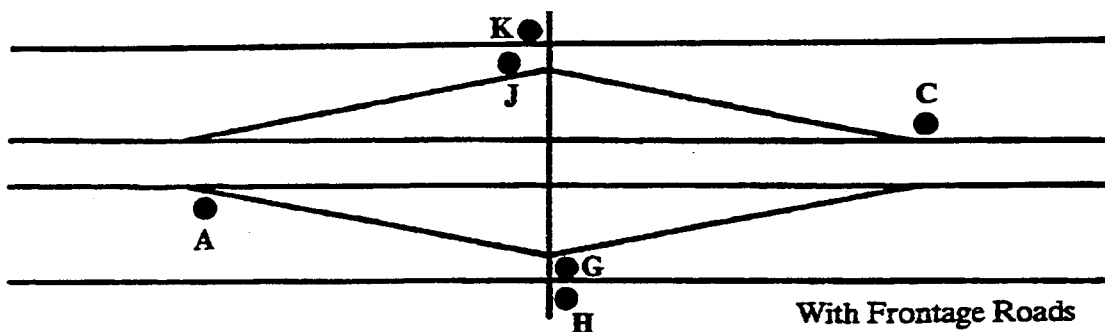
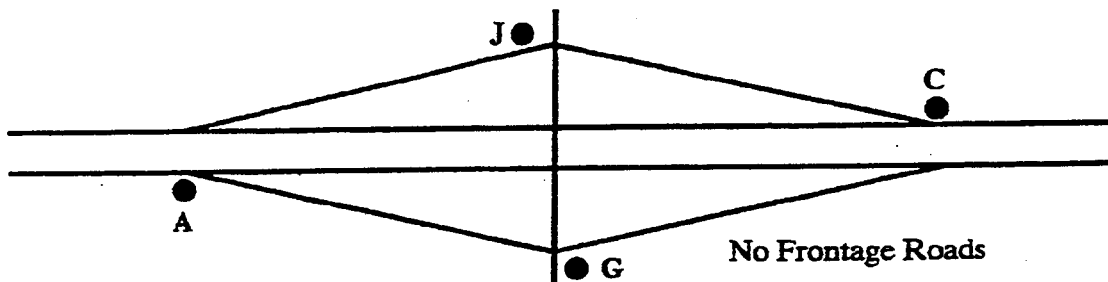


Typical
Ramp
Marker



Typical
Frontage Road
Marker

TRAFFIC INTERCHANGES



TRAFFIC INTERCHANGES

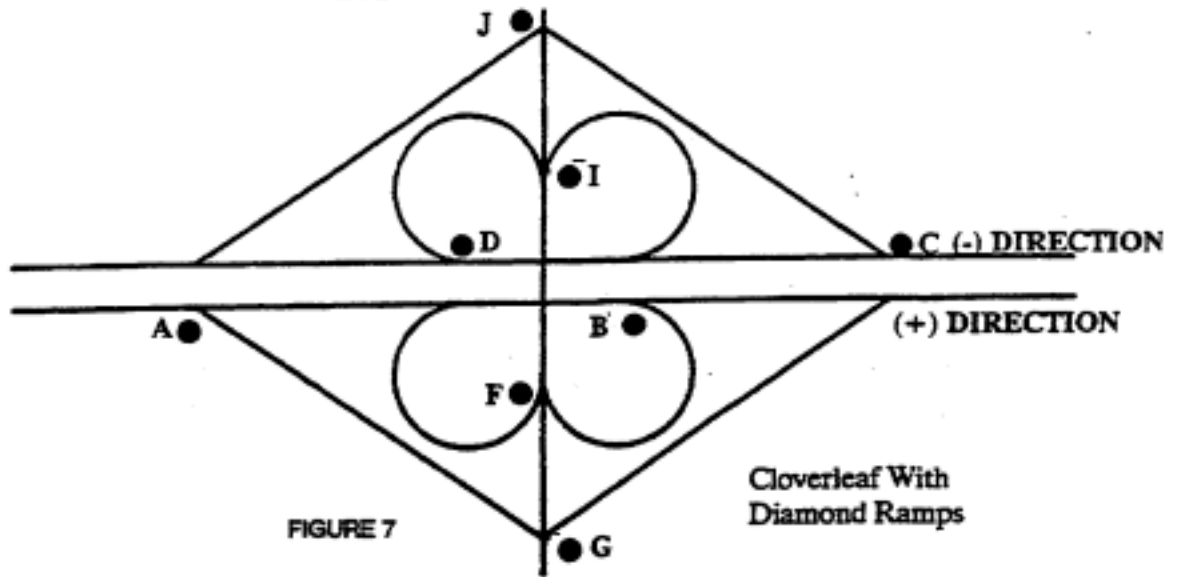
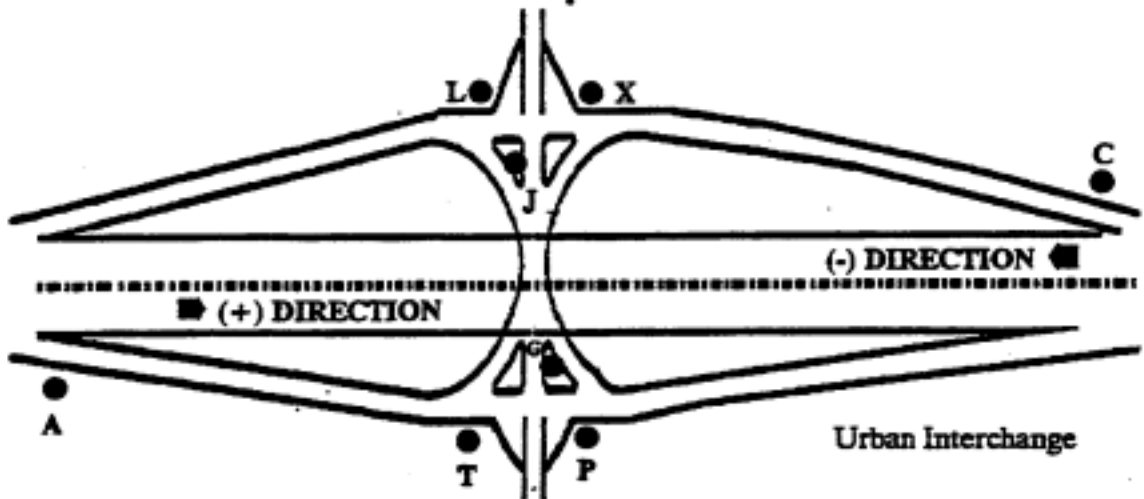
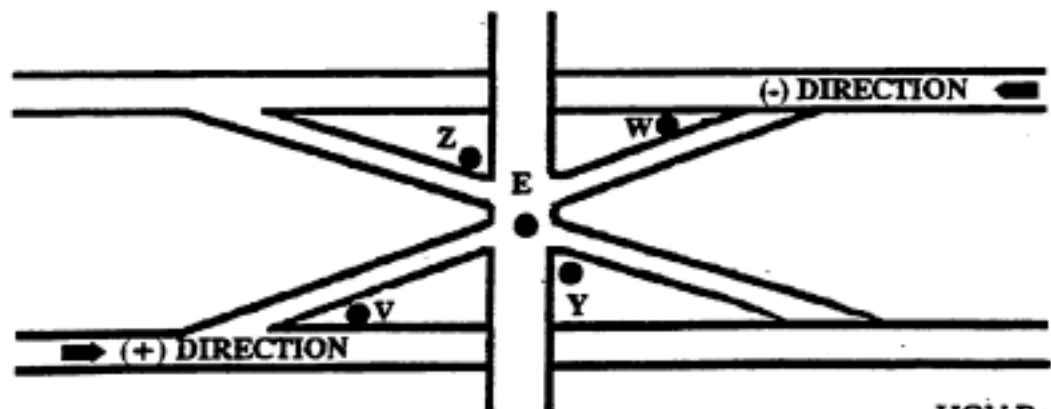


FIGURE 7

Cloverleaf With Diamond Ramps

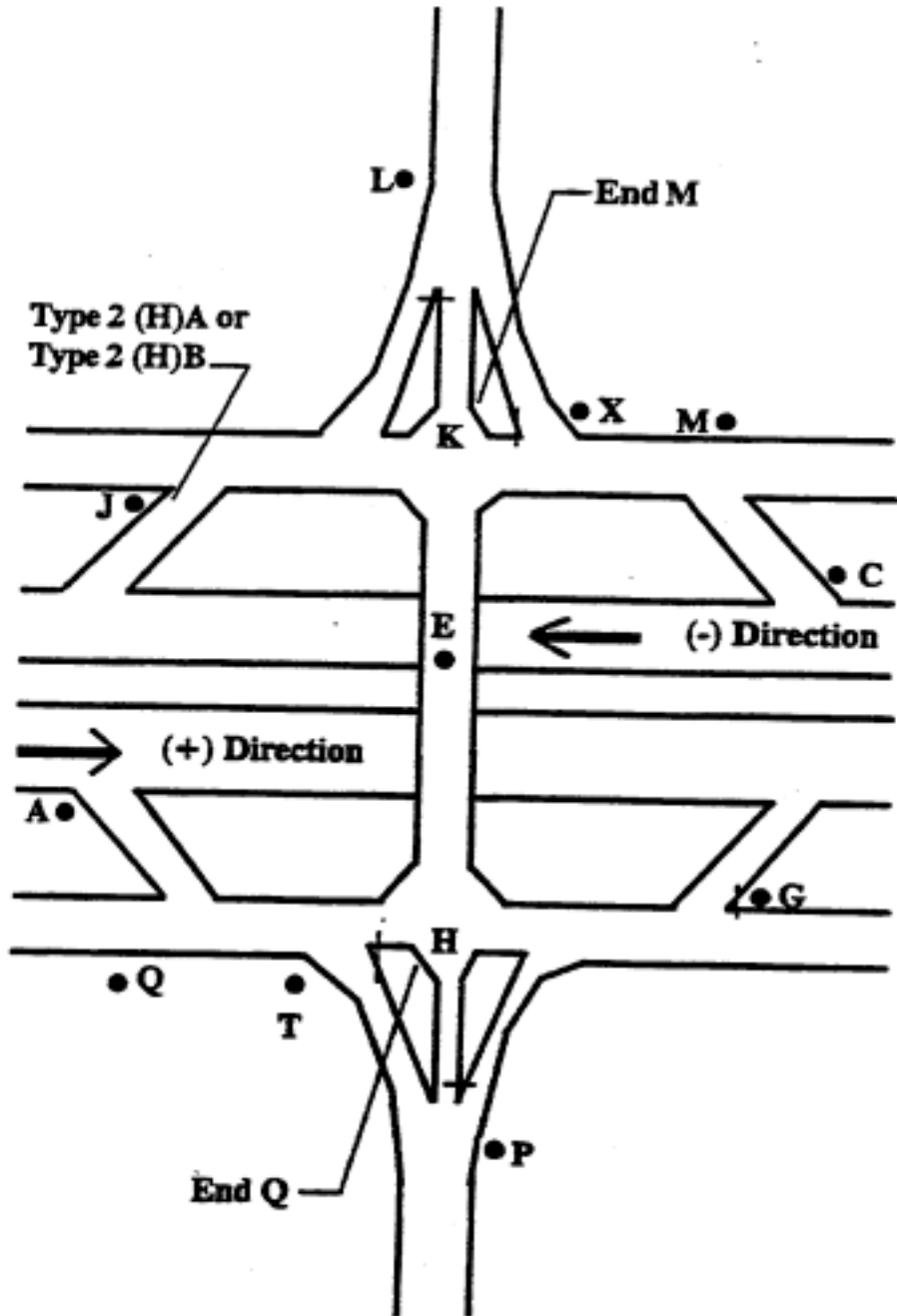


Urban Interchange



HOV Ramps
(High Occupancy
Vehicle)

OFF MAINLINE REFERENCE POINTS



OFF MAINLINE DEFINITIONS:

- 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.

4. INFORMATION ON DRIVER, VEHICLE

4a	TRAFFIC UNIT NO.	State	Class	End.	<input type="checkbox"/> DL #	<input type="checkbox"/> SSN	<input type="checkbox"/> Both	<input type="checkbox"/> Driver <input type="checkbox"/> Pedestrian <input type="checkbox"/> Pedalcyclist	Name	Sex	Inj		
		4b	4c	4d	4e				4f	4g	4h		
		Restrictions	Date of Birth	Address		City	State	Zip Code	Telephone Number				
		4i	4j	4k									
		Plate Number	State	Year	<input type="checkbox"/> Same as Driver	Owner/Carrier Name	Address	City	State	Zip Code			
		4l	4m	4n	4o								
		Body Style	<input checked="" type="checkbox"/> Bus (9 or more seats)	Make	Color	Year	VIN	Safety Device Code					
		4p	4q	4r	4s	4t							
		Removed to	<input type="checkbox"/> Disabled <input type="checkbox"/> Not Disabled	Removed by	Orders of	Posted Speed Limit	O/c Est Speed						
		4v	4w	4x	4y	4z							
Insurance Company	Telephone Number	Policy Number	Eff Date / Exp Date										
4aa	4bb	4cc	4dd										
Trailer (Other Unit) Plate No.	State	Year	Description of Trailer or Other Unit	GVW (Registered) of Power Unit Greater than 10k pounds?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	HazMat Placard?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4-Digit	1-Digit	Was HazMat Cargo Released?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4ee	4ff	4gg	4hh	4ii	4jj	4kk							
4	TRAFFIC UNIT NO.	State	Class	End.	<input type="checkbox"/> DL #	<input type="checkbox"/> SSN	<input type="checkbox"/> Both	<input type="checkbox"/> Driver <input type="checkbox"/> Pedestrian <input type="checkbox"/> Pedalcyclist	Name	Sex	Inj		
		Restrictions	Date of Birth	Address		City	State	Zip Code	Telephone Number				
		Plate Number	State	Year	<input type="checkbox"/> Same as Driver	Owner/Carrier Name	Address	City	State	Zip Code			
		Body Style	<input checked="" type="checkbox"/> Bus (9 or more seats)	Make	Color	Year	VIN	Safety Device Code					
		Removed to	<input type="checkbox"/> Disabled <input type="checkbox"/> Not Disabled	Removed by	Orders of	Posted Speed Limit	O/c Est Speed						
		Insurance Company	Telephone Number	Policy Number	Eff Date / Exp Date								
		Trailer (Other Unit) Plate No.	State	Year	Description of Trailer or Other Unit	GVW (Registered) of Power Unit Greater than 10k pounds?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	HazMat Placard?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4-Digit	1-Digit	Was HazMat Cargo Released?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		State	Class	End.	<input type="checkbox"/> DL #	<input type="checkbox"/> SSN	<input type="checkbox"/> Both	<input type="checkbox"/> Driver <input type="checkbox"/> Pedestrian <input type="checkbox"/> Pedalcyclist	Name	Sex	Inj		
		Restrictions	Date of Birth	Address		City	State	Zip Code	Telephone Number				
		Plate Number	State	Year	<input type="checkbox"/> Same as Driver	Owner/Carrier Name	Address	City	State	Zip Code			
Body Style	<input checked="" type="checkbox"/> Bus (9 or more seats)	Make	Color	Year	VIN	Safety Device Code							
Removed to	<input type="checkbox"/> Disabled <input type="checkbox"/> Not Disabled	Removed by	Orders of	Posted Speed Limit	O/c Est Speed								
Insurance Company	Telephone Number	Policy Number	Eff Date / Exp Date										
Trailer (Other Unit) Plate No.	State	Year	Description of Trailer or Other Unit	GVW (Registered) of Power Unit Greater than 10k pounds?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	HazMat Placard?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4-Digit	1-Digit	Was HazMat Cargo Released?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

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

- 4a. Traffic units must be numbered consecutively beginning with #1 and the assigned number written in the space titled "Traffic Unit No ____ ". **It is preferred that Traffic Unit No.1 be the vehicle, pedestrian, pedal cycle or animal rider that caused the collision or was most at fault.** That preference is not mandatory to this instruction manual.
- 4b. List the abbreviation for the State that issued the driver's license. Abbreviations are available on page 85.
- 4c. Enter the class of license for Arizona drivers as well as out of state drivers.

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

For further detailed explanation of the classification used in the CDL program, please see page 47 and 48 in the glossary under the heading "Driver's License Classifications".

- 4d. Enter the drivers' license endorsement codes for Arizona and out of state drivers if applicable. The endorsements are as follows:
- D - Operator
 - H - Hazardous Materials
 - M - Motorcycle
 - N - Tank Vehicle
 - P - Bus/School Bus
 - T - Double/Triple Trailer
 - X - Tank/vehicle carrying hazardous materials
- 4e. License number of the driver, pedestrian, pedalcyclist or animal rider. If a driver's license is not available or applicable enter a social security number. Check boxes are available for DL, SSN, or both.
- 4f. Full name of the driver, pedestrian, pedalcyclist, or animal rider. 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.
Check the appropriate box to indicate that the person named is a driver, pedestrian, or pedalcyclist. If riding an animal please check the driver box.
- 4g. Sex 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.
- 4h. Injury severity by numerical code as shown below traffic unit 3 (right). For further definition consult "Injury Classifications" on pages 74 & 75 in the glossary.
- 1. No Injury
 - 2. Possible Injury
 - 3. Non Incapacitating Evident
 - 4. Incapacitating
 - 5. Fatal
 - 6. Unknown (Should be used only if the person is not present at the time of investigation. All efforts should be made to make accurate determination.)
- 4i. All Arizona and out of state driver license restrictions should conform to the standards used on the CDL license. Restriction codes are as follows:
- 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 air brake vehicles only
 - M. Moped/Motorized cart only
 - N. None
 - O. Other
 - P. Instruction permit
 - R. Restricted instruction permit
- 4j. Date of Birth by month, day, and year. If only age is known, i.e. 7 year old pedestrian, default DOB to January 1, of appropriate year.

- 4k. The complete address and telephone number of the driver.
- 4l. The license plate number assigned to the vehicle.
- 4m. State where the vehicle is registered. Refer to state abbreviations on page 85.
- 4n. Year the vehicle registration will expire.
- 4o. 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.
- 4p. Enter vehicle body style such as 2 dr., SW (station wagon), SUV (sport utility vehicle), PU (pickup), TT (tractor-trailer), etc. Check the included box to indicate if the vehicle was a bus/van used as a non-family transport vehicle. A common 'bus/van' for inclusion is one used for airport/home shuttle service and normally commercially licensed.
- 4q. Vehicle make; i.e., Chevrolet, Ford, etc.
- 4r. Color of the vehicle; if multi color, state color top to bottom; i.e., Brn, Wht/Blu, Orange/White/Orange, etc.
- 4s. Model year of the vehicle.
- 4t. Manufacturer's 17 character vehicle identification number (VIN).
- 4u. Select the appropriate safety device/restraint code from the following list. Code 1 indicates that no safety restraint was in use at the time of the accident or the vehicle was not equipped with a device. Code 2 through 9 should be chosen if the person was using a safety device/restraint at the time of the accident. **If an airbag deployed, always include the appropriate non-airbag safety code in the same box with the airbag code: i.e. 3,4 etc. -- or 1,4 if the airbag deployed for an unrestrained occupant.**
 - 1. None used
 - 2. Lap belt
 - 3. Lap and shoulder
 - 4. Airbag deployed
 - 5. Child restraint
 - 6. Protective helmet (Motorcycle and Pedalcycle)
 - 7. Passive belt *
 - 8. Passive belt and lap belt
 - 9. Other
 - 0. Unknown

* - A belt that is automatically buckled into place by the vehicle rather than by the driver.
- 4v. Destination of damaged vehicles removed from the scene. Check appropriate box.
- 4w. Name of individual or company that removed the vehicle.
- 4x. Name of individual who ordered removal of the vehicle.
- 4y. The posted speed limit for the street, section, or highway on which the accident occurred.
- 4z. The officer's estimate of the speed the vehicle was traveling just prior to the chain events that led to the collision.
- 4aa. The name of the driver's insurance company.
- 4bb. The insurance company's telephone number.
- 4cc. The driver's insurance policy number.
- 4dd. The effective date and expiration date of the insurance policy.
- 4ee. If the vehicle had a trailer or other unit in tow, enter the license plate number or VIN number of the towed unit.
- 4ff. The state where the towed unit is registered.
- 4gg. The year the towed unit registration will expire.
- 4hh. A description of the towed unit, i.e., Silver 1973 40' Fruehauf refrigerated trailer.
- 4ii. Check diamond if Gross Vehicle Weight Rating is in excess of 10,000 pounds.

- 4jj. Enter hazardous material placard numbers if present.
 4kk. Check the appropriate box as to whether the HazMat cargo was spilled/released.
 If 4p is checked and/or 4ii and/or 4jj are applicable, form 01-2710, Supplemental Truck/Bus Accident Report may need to be completed (see Part Four, beginning on page 39).

5. PASSENGERS

Seating Position			Safety Devices			Injury Severity Codes																	
07 04 01	08 05 02	09 06 03	10 Not in Passenger Compartment	11 Motorcycle, Bus	12 Other	13 Unknown	14 Pedalcyclist	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	1 - No injury	2 - Possible Injury	3 - Non Incapacitating Injury	4 - Incapacitating Injury	5 - Fatal Injury	6 - Not Reported / Unknown
Unit #	Seat Pos	SD	Name	Address	City	State	Zip Code	Age	Sex	Inj													
5a	5b	5c	5d					5e	5f	5g													

Up to 7 passengers can be entered. (Do not include the driver in this section).

- 5a. Enter the assigned unit number of the vehicle in which this person was riding.
 5b. Record the seat position of all occupants. Use the seat position diagram above the occupant section as a guide. The entries can be 02 through 14. Seating positions 07 through 09 are for passenger van type vehicles.
 Center or side facing seats should be marked 12 (other).
 Only one person can be assigned to the outside left seat positions (#s01-04-07), and outside right seat positions (#s03-06-09). The center positions (#02-05-08) should be assigned to all other persons who occupy the same seat including children being held by a person in a right or left outside seat position.
 Classify occupants riding in the box of a truck, inside a camper, or not in a normal passenger compartment as being "Not in Passenger Compartment" (Seat Position 10). Classify persons riding on construction, farm, or industrial machinery as being "Other" (Seat Position 12).
 Classify the second person on a pedalcycle or the rear occupant on a tandem bicycle as being in Seat Position 14.
 5c. Enter the code number from the safety devices table located above the occupant section. If restraints were not in use enter code #1. For restraints used enter codes #2 through #9. (Refer to item 4u on page 18).
 5d. Record the full names (first, middle, last) of all occupants, excluding drivers, along with their complete addresses. Use S.A.D. for address/phone same as driver.
 5e. Record the passengers' ages as of their last birthday.
 5f. Enter sex of passengers (M = male, F = female, U = unknown).
 5g. Record the injury severity (1-5) as explained under the "Injury Classification" definition in the glossary portion of this manual on pages 51 & 52. If the injury is unknown, "6" should be recorded as the injury classification. "Unknown" should be used only if the occupant is not present at the time of the investigation. All efforts should be made to make an accurate determination.

If there are more occupants than spaces on the form, attach a second report form. The report identification block (1a through 1g) must be completed on the additional form as well as information for the additional occupants (5a through 5g). It is not necessary to rewrite any information which was entered on the first report form.

6. IDENTIFICATION OF OTHER PROPERTY DAMAGE

6	Other Property Damage (Describe) 6a					
	Owner's Name 6b	Address	City	State	Zip Code	Telephone Number

- 6a. Write a brief description of other property damaged in the accident, excluding the principal vehicles, and their loads.
- 6b. Include the complete name, address, and telephone number of the owner, if known.

7. WITNESSES

7	WITNESSES	Name 7a	Address	City	State	Zip Code	Telephone Number	Age 7b	

- 7a. Enter the complete name (first, middle, last) of the witnesses along with their complete addresses and phone.
- 7b. Record the age(s) of the witness(es).

8. INVESTIGATION

8a 8	Photos <input type="checkbox"/> Yes Taken <input type="checkbox"/> No	Photographer's Name, ID Number, and Agency 8b	8c	Invest. <input type="checkbox"/> Yes at Scene <input type="checkbox"/> No	Date Invest. 8d	Time Invest. 8e
	Officer's Signature and ID Number 8f	Agency 8g		Date Completed 8h		

- 8a. Check the appropriate box to indicate whether photographs of the accident were taken.
- 8b. Enter the name, identification number, and 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.
- 8c. Check the appropriate box, whether or not the accident was investigated at the scene.
- 8d. Enter the date the accident was investigated.
- 8e. Record the time the investigation started (arrival time).
- 8f. Signature of investigating officer and ID number.
- 8g. Indicate the name of the agency investigating the accident.
- 8h. Record the month, day, and year the accident report was completed. If the circumstance on page 3 item 11 of this book exists, you may write 'pending' and forward the completed information concerning the accident only.

PART TWO

**INSTRUCTIONS FOR COMPLETING
THE BASIC ACCIDENT REPORT
01-2703 & 01-2704**

BACK

***** IMPORTANT NOTE REGARDING PDF VERSION *****

The PDF version of this manual DOES NOT INCLUDE full images of the actual forms. It includes only annotated portions of each form. To view the forms in their entirety, please refer to the paper copy of the forms.

9. ACCIDENT DIAGRAM

9 - DIAGRAM	10 - INDICATE NORTH	11 - SKIDDING OCCURRED			
		VEHICLE 1	VEHICLE 2	VEHICLE 3	
		YES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		12 - CITATIONS			
		UNIT NO.	A.R.S. NO. OR CITY CODE		

9. Sketch a collision diagram in the space provided. For minor accidents elaborate diagrams are not required, however a basic diagram showing vehicles at points of impact should be shown. For injury and fatal accidents, complete diagrams and measurements are recommended and can be illustrated in this portion of the accident report form.

Supplementary 8 1/2" x 11" diagram sheets (ADOT Forms 01-2706, 01-2707) and measurement sheets (ADOT Form 01-2708), illustrated on pages 24-26 are available whenever the normal space does not allow for a clear diagram or description of events, or when complete diagrams or measurements are needed for major injury or fatality accidents.

The collision diagram should show the following information:

- A. Each vehicle, pedestrian, pedalcyclist, and animal rider should be numbered to correspond with the number assigned in the report.
- B. Vehicle direction of travel prior to, during, and after impact, as well as the final resting position.
- C. Position of vehicles at point of impact.
- D. Position of vehicles at point of rest.
- E. Physical features of importance, such as, view obstructions, traffic signals, warning signs, and fixed objects.
- F. Vehicle overturning and the number of times it overturned.
- G. Vehicles, pedestrians, pedalcyclists, and animal rider indirectly involved in the collision.
- H. Street width and lane markings.
- I. Intersection features.
- J. Accident measurements.
- K. Any other information your agency regards as necessary.

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10. 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.

11. SKIDDING

Check the appropriate box to indicate whether or not a vehicle involved in the collision skidded because of braking or other evasive movements prior to the collision.

12. CITATIONS

List the identifying statute numbers of the citations issued. Do not identify the person receiving the statute, only the assigned unit number to which the citation applies.

12 - CITATIONS	
UNIT NO.	A.R.S. NO. OR CITY CODE

13. ACCIDENT DESCRIPTION

13 - DESCRIBE WHAT HAPPENED	
	INJURED TAKEN TO / BY

- 13a Describe in detail what happened
- 13b. Where the injured were taken and by what emergency carrier.

The narrative, along with the diagram, should describe and show in a clear and concise manner, the sequential events of the accident. All vehicle, pedestrian, pedalcyclist, or animal rider movements prior to, during, and after the collision should be clearly described and illustrated as well as events indirectly associated with the collision. You may need to use form 01-2707 or a self generated form for lengthy detail.

14 - PRIOR ACTION	
<input type="checkbox"/> YES	<input type="checkbox"/> NO
RAN OFF ROADWAY PRIOR TO FIRST HARMFUL EVENT	
<input type="checkbox"/> RIGHT	<input type="checkbox"/> LEFT
UNIT NO. _____	
15 - MANNER OF COLLISION	
CHECK ONLY ONE	
1	<input type="checkbox"/> SINGLE VEHICLE
2	<input type="checkbox"/> ANGLE
3	<input type="checkbox"/> LEFT TURN
4	<input type="checkbox"/> RIGHT TURN
5	<input type="checkbox"/> U-TURN
6	<input type="checkbox"/> REAR-END
7	<input type="checkbox"/> HEAD-ON
8	<input type="checkbox"/> SIDESWIPE (SAME DIRECTION)
9	<input type="checkbox"/> SIDESWIPE (OPPOSITE DIRECTION)
10	<input type="checkbox"/> BACKING
11	<input type="checkbox"/> NON-CONTACT MOTORCYCLE
12	<input type="checkbox"/> NON-CONTACT NON-MOTORCYCLE
13	<input type="checkbox"/> PEDESTRIAN
14	<input type="checkbox"/> PEDALCYCLE
15	<input type="checkbox"/> OTHER

14. PRIOR ACTION

Indicate if any vehicle ran off the roadway prior to the first harmful event. If yes, indicate if it ran off to the right or left and which unit.

15. MANNER OF COLLISION

This describes the actual type of accident. The choices are fairly descriptive. A brief definition of each is on pages 58 & 59.

16 - LIGHT CONDITION CHECK ONLY ONE 1 <input type="checkbox"/> DAYLIGHT 2 <input type="checkbox"/> DAWN OR DUSK 3 <input type="checkbox"/> DARKNESS YES NO 1 <input type="checkbox"/> <input type="checkbox"/> STREET LIGHT 2 <input type="checkbox"/> <input type="checkbox"/> STREET LIGHT FUNCTIONING	21 - SPECIAL LOCATION CHECK ONLY ONE 1 <input type="checkbox"/> SCHOOL CROSSING 2 <input type="checkbox"/> PEDESTRIAN CROSSWALK (STRIPED) 3 <input type="checkbox"/> PEDESTRIAN CROSSWALK (NO STRIPING) 4 <input type="checkbox"/> BRIDGE 5 <input type="checkbox"/> TUNNEL 6 <input type="checkbox"/> RR CROSSING 7 <input type="checkbox"/> GORE AREA 8 <input type="checkbox"/> BIKE PATH 9 <input type="checkbox"/> 2-WAY LEFT TURN LANE	24 - NON INTERSECTION ROAD CHARACTER CHECK ONLY ONE 1 <input type="checkbox"/> 2-WAY STRIPED CENTERLINE 2 <input type="checkbox"/> 2-WAY, NO STRIPE 3 <input type="checkbox"/> 2-WAY, PAINTED MEDIAN 4 <input type="checkbox"/> 2-WAY, RAISED MEDIAN 5 <input type="checkbox"/> 2-WAY, CONCRETE BARRIER 6 <input type="checkbox"/> 2-WAY, CABLE BARRIER 7 <input type="checkbox"/> 2-WAY, DEPRESSED MEDIAN 8 <input type="checkbox"/> 2-WAY EXTENDED MEDIAN 9 <input type="checkbox"/> 1-WAY STREET
17 - WEATHER CONDITIONS CHECK ONLY ONE 1 <input type="checkbox"/> CLEAR 2 <input type="checkbox"/> CLOUDY 3 <input type="checkbox"/> SLEET/ HAIL 4 <input type="checkbox"/> RAIN 5 <input type="checkbox"/> SNOW 6 <input type="checkbox"/> SEVERE CROSSWINDS 7 <input type="checkbox"/> BLOWING SAND, SOIL, DIRT, SNOW 8 <input type="checkbox"/> FOG, SMOG, SMOKE	22 - UNUSUAL ROAD CONDITION CHECK ONLY ONE 1 <input type="checkbox"/> UNDER CONSTRUCTION, TRAFFIC ALLOWED 2 <input type="checkbox"/> UNDER CONSTRUCTION, NO TRAFFIC ALLOWED 3 <input type="checkbox"/> UNDER REPAIRS 4 <input type="checkbox"/> HOLES, RUTS, BUMPS 5 <input type="checkbox"/> OBSTRUCTION - PROTECTED 6 <input type="checkbox"/> OBSTRUCTION - UNPROTECTED 7 <input type="checkbox"/> OBSTRUCTION - UNLIGHTED AT NIGHT 8 <input type="checkbox"/> DEFECTIVE SHOULDERS 9 <input type="checkbox"/> CHANGING ROAD WIDTH 10 <input type="checkbox"/> WATER (STANDING OR MOVING) 11 <input type="checkbox"/> TEMPORARY LANE CLOSURE	25 - ROAD GRADE CHECK ONLY ONE 1 <input type="checkbox"/> LEVEL 2 <input type="checkbox"/> DOWNGRADE 3 <input type="checkbox"/> UPGRADE 4 <input type="checkbox"/> HILLCREST 5 <input type="checkbox"/> DIP
18 - ROAD SURFACE TYPE CHECK ONLY ONE 1 <input type="checkbox"/> ASPHALT 2 <input type="checkbox"/> CONCRETE 3 <input type="checkbox"/> GRAVEL 4 <input type="checkbox"/> DIRT 5 <input type="checkbox"/> OTHER	23 - TRAFFIC CONTROL DEVICES LEGEND: A-DEVICE OPERATIONAL B-DAMAGED OR NON-FUNCTIONAL PRIOR TO ACCIDENT CHECK ANY THAT APPLY A B 1 <input type="checkbox"/> <input type="checkbox"/> TRAFFIC SIGNAL 2 <input type="checkbox"/> <input type="checkbox"/> YIELD SIGN 3 <input type="checkbox"/> <input type="checkbox"/> STOP SIGN 4 <input type="checkbox"/> <input type="checkbox"/> WARNING SIGN 5 <input type="checkbox"/> <input type="checkbox"/> RAILROAD SIGNAL 6 <input type="checkbox"/> <input type="checkbox"/> FLASHING SIGNAL 7 <input type="checkbox"/> <input type="checkbox"/> FLAGMAN OR OFFICER	26 - ROAD SURFACE CONDITION CHECK ONLY ONE 1 <input type="checkbox"/> DRY 2 <input type="checkbox"/> WET 3 <input type="checkbox"/> SAND, MUD, DIRT, OIL, GRAVEL 4 <input type="checkbox"/> SNOW 5 <input type="checkbox"/> SLUSH 6 <input type="checkbox"/> ICE 7 <input type="checkbox"/> OTHER 8 <input type="checkbox"/> UNKNOWN
19 - TYPE OF LOCATION CHECK ONLY ONE 1 <input type="checkbox"/> INTERSECTION 2 <input type="checkbox"/> JUNCTION AREA 3 <input type="checkbox"/> NON-JUNCTION AREA 4 <input type="checkbox"/> DRIVEWAY ACCESS 5 <input type="checkbox"/> ALLEY ACCESS 6 <input type="checkbox"/> ALLEY		27 - CONDITIONS INFLUENCING DRIVER TWO CHOICES PER PERSON MAY BE SELECTED 1 2 3 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NO APPARENT INFLUENCE 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> HAD BEEN DRINKING 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> USE OF ILICIT DRUGS 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ILLNESS 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> FELL ASLEEP/ FATIGUED 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PHYSICAL IMPAIRMENT 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PRESCRIPTION DRUGS 8 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OTHER 9 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> UNKNOWN
20 - INTERSECTION RELATED YES <input type="checkbox"/> NO <input type="checkbox"/>		

16. LIGHT CONDITION

Mark the appropriate box indicating the light condition.

If the accident occurred during hours of darkness, mark the appropriate box to indicate if streetlights were present and whether or not they were functioning.

17. WEATHER CONDITION

Mark the appropriate box indicating the weather condition at the time of the accident. Check severe crosswind if the accident was a direct result of the wind during clear or cloudy weather. Severe crosswinds should be considered secondary to other inclement weather, such as, rain, snow, fog, or dust. Check the appropriate weather category (rain, snow, fog, dust). If more than one category is applicable please describe the conditions in the narrative portion of the report.

18. ROAD SURFACE TYPE

Mark the appropriate surface characteristic.

19. TYPE OF LOCATION

Mark the appropriate box indicating the type of location. Note that Alley has been moved to this to this category from box 21.

20. Intersection Related

Mark the appropriate box indicating if the accident was related to the intersection.

Intersection Related - A traffic accident where the first harmful event (1) occurs on a approach to, movement through or exit from an intersection and (2) has resulted from an activity, behavior, or control related to the intersection.

21. SPECIAL LOCATION

Mark the appropriate box indicating the type of special location involved. If this section is not applicable leave it blank. (One selection only)

- 1) **School Crossing** - A specially signed area preceding and including the crosswalk where speed is reduced. This box should be used only while school is in session or a school related function is in progress.
- 2) **Pedestrian Crosswalk (striped)** - The area within the striped boundaries of the crosswalk.
- 3) **Pedestrian Crosswalk (not striped)** - Areas where pedestrians may legally cross the roadway adjacent to the intersection area.
- 4) **Bridge** - Includes the road on the bridge structure and the approaches to the bridge if the road width changes.
- 5) **Tunnel** - Includes the road within the tunnel and the approaches to the tunnel if the road width changes. Railroad or roadway underpasses are not considered tunnels.
- 6) **Railroad Crossing** - where the railroad right-of-way and the trafficway overlap. The trafficway must be at the same grade as the railroad and not an overpass or underpass.
- 7) **Gore** - An area of the trafficway where two roadways diverge or converge, and is bounded on at least two sides by the edges of those roadways. (See page 73 for more detail and diagrams.)
- 8) **Bike Path** - A place reserved for bicycle travel and marked either by signs, painted markings, or physical barriers or a combination thereof.
- 9) **Two-way Left Turn Lane** - Where there is a commonly used lane only for left turns by traffic traveling in opposing directions.

22. UNUSUAL ROAD CONDITION

Mark the appropriate box if an unusual condition existed. If none, leave blank.

- 1) **Under Construction Traffic Allowed-** Area of roadway under construction marked with appropriate construction zone signing with motor vehicle traffic permitted to travel through the construction zone either continuously or intermittently by flag person or a pilot car.
- 2) **Under Construction No Traffic Allowed-** Area of roadway under construction that is closed to through traffic by barricades or other traffic controls. The accident must occur within the closed construction zone.
- 3) **Under Repairs-** Area where roadway and/or utilities in the roadway are undergoing maintenance or repair. The repair zone is usually identified by temporary signs and channeling devices, such as cones which are generally in place for a short time such as a few hours or a few days.
- 4) **Holes, Ruts, Bumps-** Area of roadway surface in need of immediate repair due to pot holes, pavement upheaval, or cracking. It does not include roadway surfaces worn down by normal wear and tear.
- 5) **Obstruction Protected-** Obstacles on the roadside (such as bridge supports, poles, sign posts, gore areas) that are protected by impact attenuator devices such as crash cushions, guard rails, barriers etc.
- 6) **Obstruction Unprotected-** Obstacles on the roadside (such as bridge support, poles, signs posts, gore areas) that are not protected by impact attenuator devices such as crash cushions, guard rails, or barriers.

- 7) This item is currently not in use.
- 8) **Irregular Shoulders**- The shoulder portion of the roadway that is either not maintained or is signed with "low shoulder" or "soft shoulder" signs.
- 9) **Changing Road Width**- The pavement width is tapered either for the addition or deletion of a traffic lane or a turn lane. This does not include a tapering in the width of a traffic lane where no lanes are added or deleted.
- 10) **Water (Standing or Moving)**- Water on a roadway backed up from a curb, drainage area, or wash and sufficient enough to result in vehicle control problems, and is other than wet surface from rain.
- 11) **Temporary Lane Closure**- When a lane of a multiple lane roadway is closed to traffic by using cones, barricades, etc. This category is not intended for two lane, two way roadways where traffic control is handled by flag person or a pilot car. (See Under Construction Traffic Allowed-#1).

23. TRAFFIC CONTROL DEVICES

Indicate the traffic control present at the scene. A check under Column A indicates the type of traffic control present at the scene, and that it was functioning prior to the accident. A check under Column B indicates the type of control, and that it was nonfunctional prior to the accident. If it is unknown whether the device was non-functional prior to the accident assume it was working.

24. NON INTERSECTION ROAD CHARACTER

Mark the appropriate box.

- 1) **Two-way striped center line**- Traffic traveling in opposite directions is separated by double solid lines where passing is prohibited in both directions, a double line consisting of a broken and a solid line where passing is permitted in one direction, or one broken line where passing is permitted in both directions. The lines may be formed with paint, raised pavement markings, or both.
- 2) **Two-way no stripe**- Either an unpaved roadway or a paved roadway with no travel lanes designated by paint or other pavement markings.
- 3) **Two-way painted median**- An area flush with the pavement and outlined with paint, raised pavement markings, or both. Includes a two way left turn lane and may include diagonal stripes for better definition.
- 4) **Two-way raised median**- The median consists of a paved or landscaped island higher than the adjacent roadway surface. The boundary between the median and the road may or may not have a curb.
- 5) **Two-way concrete barrier median**- A concrete barrier of any kind designed specifically to prevent traffic from entering the opposing lanes. Sometimes called a "jersey barrier".
- 6) **Two way Cable Barrier**- A wire cable barrier periodically anchored in the ground and Designated to prevent or deter a vehicle from entering the opposing lane.
- 7) **Two-Way depressed median**- The opposing traffic roadway surfaces are separated by a constructed depression, usually shallow, and wide enough to impede traffic from intentionally crossing the median.
- 8) **Two-Way extended median**- The opposing traffic roadway surfaces are separated by natural geographic features such as hills, mountains, gorges, etc. The width is greater than what a normally designed median would be.
- 9) **One way street**- There are no opposing roadway surfaces. All traffic moves in the same direction.

25. ROAD GRADE

Mark the appropriate box indicating the relative road grade of the On Highway/Road/Street in 3a.

26. ROAD SURFACE CONDITION

Check the condition present at the time of the crash.

Items 27 through 32 should be completed for each traffic unit in the accident and related to the specific vehicle on the front of the report by placing an "X" in the appropriate box.

		30 - TRAFFIC UNIT ACTION CHECK ONE PER UNIT 1 2 3	
		1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GOING STRAIGHT AHEAD	
		2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SLOWING IN TRAFFICWAY	
		3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> STOPPED IN TRAFFICWAY	
		4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MAKING LEFT TURN	
		5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MAKING RIGHT TURN	
		6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MAKING U TURN	
		7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ENTERING ALLEY OR DRIVEWAY	
		8 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> LEAVING ALLEY OR DRIVEWAY	
		9 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OVERTAKING/PASSING	
		10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> CHANGING LANES	
		11 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> BACKING	
		12 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> AVOIDING VEHICLE, OBJECT, PEDESTRIAN	
		13 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ENTERING PARKING POSITION	
		14 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> LEAVING PARKING POSITION	
		15 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PROPERLY PARKED	
		16 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> IMPROPERLY PARKED	
		17 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DRIVERLESS MOVING VEHICLE	
		18 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> CROSSING ROAD	
		19 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> WALKING WITH TRAFFIC	
		20 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> WALKING AGAINST TRAFFIC	
		21 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> STANDING	
		22 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> LYING	
		23 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GETTING ON OR OFF VEHICLE	
		24 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> WORKING ON OR PUSHING VEHICLE	
		25 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> WORKING ON ROAD	
		26 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OTHER	
		27 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> UNKNOWN	
		31 - VISION OBSCUREMENT CHECK ONE PER UNIT 1 2 3	
		1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NOT OBSCURED	
		2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> BY PARKED/STOPPED VEHICLE	
		3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> BY MOVING VEHICLE	
		4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> BY BUILDING	
		5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> BY EMBANKMENT	
		6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> BY SIGNBOARD	
		7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> BY HILLCREST	
		8 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> BY LOAD ON VEHICLE	
		9 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> BY TREES, BUSHES	
		10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> BY HEADLIGHT	
		11 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> BY SUN GLARE	
		12 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> BECAUSE OF BAD WEATHER	
		13 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OTHER	
		14 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> RAIN, SNOW, FOG ON WINDSHIELD	
		15 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> WINDSHIELD OBSCURED - OTHER	
		16 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> UNKNOWN	
		32 - DIRECTION OF TRAVEL CHECK ONE PER UNIT 1 2 3 1 2 3	
		1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NORTH	
		2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SOUTH	
		3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> EAST	
		4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> WEST	
		5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NW	
		6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NE	
		7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SW	
		8 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SE	
		9 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> UNKNOWN	
		28 - VIOLATIONS / BEHAVIOR TWO CHOICES PER PERSON MAY BE SELECTED 1 2 3	
		1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NO IMPROPER ACTION	
		2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SPEED TOO FAST FOR CONDITIONS	
		3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> EXCEEDED LAWFUL SPEED	
		4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> FAILED TO YIELD RIGHT-OF-WAY	
		5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> FOLLOWED TOO CLOSELY	
		6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> RAN STOP SIGN	
		7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DISREGARDED TRAFFIC SIGNAL	
		8 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MADE IMPROPER TURN	
		9 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DROVE IN OPPOSING TRAFFIC LANE	
		10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> KNOWINGLY OPERATED WITH FAULTY OR MISSING EQUIPMENT	
		11 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> REQUIRED MOTORCYCLE SAFETY EQUIPMENT NOT USED	
		12 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PASSED IN NO PASSING ZONE	
		13 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> UNSAFE LANE CHANGE	
		14 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OTHER UNSAFE PASSING	
		15 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> INATTENTION	
		16 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DID NOT USE CROSSWALK	
		17 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> WALKED ON WRONG SIDE OF ROAD	
		18 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OTHER	
		19 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> UNKNOWN	
		29 - VEHICLE CONDITION TWO CHOICES PER VEHICLE MAY BE SELECTED 1 2 3	
		1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NO APPARENT DEFECTS	
		2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DEFECTIVE BRAKES	
		3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DEFECTIVE STEERING	
		4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DEFECTIVE HEADLIGHTS	
		5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DEFECTIVE TAIL LIGHTS	
		6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DEFECTIVE TURN-SIGNAL	
		7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PUNCTURE OR BLOWOUT	
		8 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ONE OR MORE SMOOTH TIRES	
		9 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> FIRE	
		10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DEFECTIVE WINDSHIELD WIPER	
		11 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DEFECTIVE EXHAUST SYSTEM	
		12 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OTHER DEFECTS	
		13 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NO TRAILER BRAKES	
		14 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> UNKNOWN	
		27 - CONDITIONS INFLUENCING DRIVER TWO CHOICES PER PERSON MAY BE SELECTED 1 2 3	
		1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NO APPARENT INFLUENCE	
		2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> HAD BEEN DRINKING	
		3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> USE OF ILLICIT DRUGS	
		4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ILLNESS	
		5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> FELL ASLEEP / FATIGUED	
		6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PHYSICAL IMPAIRMENT	
		7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PRESCRIPTION DRUGS	
		8 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OTHER	
		9 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> UNKNOWN	

27. PHYSICAL CONDITIONS INFLUENCING DRIVER

Mark the appropriate box indicating the physical condition of the **DRIVER, PEDESTRIAN, PEDALCYCLIST, OR ANIMAL RIDER** at the time of the accident. (two selections may be made).

- 1) **No apparent influences** – The appearance and behavior of the person reveals no apparent influences.
- 2) **Had been drinking** – The investigator has reason to believe the person had been drinking and alcohol. The person does not need to meet ARS 28-1381 criteria.
- 3) **Use of illicit drugs** – The investigator has reason to believe that drugs or narcotics have influenced the person's actions.
- 4) **Illness** – Physical and/or mental impairment other than bodily defects or infirmities.
- 5) **Sleep/Fatigued** – When the officer believes from his investigation that the person was sleepy or fatigued. This determination can be made from driver statements, manner in which vehicle left roadway, etc.
- 6) **Physical Impairment** – Any temporary or permanent disability. Describe specific defect in accident narrative.
- 7) **Prescription Drugs** – Those prescribed by medical personnel.
- 8) **Other** – An influencing factor not included above. Describe in narrative.
- 9) **Unknown** – This classification should be selected if the investigator is unable to make a valid determination without further information.

28. VIOLATIONS/BEHAVIOR

Mark the appropriate box or boxes indicating the driver, pedestrian, pedalcyclist, or animal rider violations/behavior. (Two selections may be made for each driver, pedestrian, pedalcyclist, or animal rider).

29. VEHICLE CONDITION

Mark the appropriate box describing the vehicle condition just prior to the occurrence of the accident regardless if it contributes to the accident. (Two conditions may be selected.)

30. TRAFFIC UNIT ACTION

Mark the appropriate box indicating the vehicle, pedestrian, pedalcyclist, or animal rider action at the moment of and/or which most directly affected the accident.

31. VISION OBSCUREMENT

Mark the appropriate box for each traffic unit indicating if there was a vision obscurement.

32. DIRECTION OF TRAVEL

Mark the appropriate box for each traffic unit. The direction indicated should be the compass direction just prior to the onset of the unstabilized situation. Be sure to include the pedestrians, pedalcyclists, or animal rider's direction of travel.

PART THREE

01-2705

INSTRUCTIONS FOR FATAL SUPPLEMENT

FRONT

***** IMPORTANT NOTE REGARDING PDF VERSION *****

The PDF version of this manual DOES NOT INCLUDE full images of the actual forms. It includes only annotated portions of each form. To view the forms in their entirety, please refer to the paper copy of the forms.

1. REPORT IDENTIFICATION

1	ARIZONA TRAFFIC ACCIDENT REPORT			REPORT ID			Agency Report Number			
	FATAL SUPPLEMENT			YEAR	MONTH	DAY	HOUR	NCIC NO.	OFFICERS ID NO.	lg
FORWARD COPY TO TRAFFIC RECORDS SECTION, 064R ARIZONA DEPARTMENT OF TRANSPORTATION 206 S. 17TH AVE., PHOENIX, ARIZONA 85007-3233			1 a	1 b	1 c	1 d	1 e	1 f	<input type="checkbox"/> Delayed Fatality	1 h

When completing the fatal supplement report identification block, the information entered should be exactly the same as the report identification block on the original report.

1a-1g See pages 6

1h Check the box to indicate if the victim died after the investigation was completed. State and federal guidelines allow a delayed fatality for up to 30 days (30 – 24 hour periods) from the time listed in the 'HOUR' in the REPORT ID. If a person died more than 30 days after the crash, we will maintain an injury level of 4 (incapacitating) in our statistical data.

2. VICTIM

2 VICTIM	NAME OF VICTIM 2a						<input type="checkbox"/> DRIVER 2b	<input type="checkbox"/> PEDALCYCLIST	RACE	MARITAL STATUS
	ADDRESS 2e						<input type="checkbox"/> PEDESTRIAN	<input type="checkbox"/> PASSENGER	2c	2d
	CITY STATE						MARKS, SCARS/TATTOOS 2f			
	SEX 2g	WEIGHT 2h	EYES 2i	HEIGHT 2j	HAIR 2k	DATE OF BIRTH 2l	OCCUPATION 2m			
	VICTIM REMOVED TO 2n						VICTIM REMOVED BY 2o			
	DESCRIPTION OF CLOTHING 2p								MOTORCYCLE HELMET USED	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK
	DESCRIPTION OF PROPERTY (CONT) 2q									
	PROPERTY IN CUSTODY OF:		NAME	ADDRESS	CITY	STATE				
	2r									
	NEXT OF KIN:		NAME	ADDRESS	CITY	STATE	RELATION			
2s										
NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO	NOTIFIED BY 2u	DATE 2v	TIME 2w	MEDICAL EXAMINER 2x						

Enter the following information:

- 2a. Full name (first, middle, last) of victim.
- 2b. Mark the appropriate box to indicate the status of the subject at the time of the accident. (Passenger means an occupant of the vehicle other than the operator.)
- 2c. Race of victim.
- 2d. Marital status of the victim, i.e., single, married, divorced, widowed.
- 2e. Address of the victim. (Avoid post office box numbers and general delivery when possible.)
- 2f. List any marks, scars, or tattoos on victim's body.
- 2g. Sex, M, F.
- 2h. Weight of victim.
- 2i. Color of eyes.
- 2j. Height of victim.
- 2k. Color of hair.
- 2l. Victim's date of birth.
- 2m. Victim's occupation.

- 2n. Location victim taken to
- 2o. Person or organization who transported the victim from the scene.
- 2p. Description of all clothing worn by victim.
- 2q. Description of all property in victim's or police department's possession.
- 2r. Enter name (first, middle, last) of person or organization that retained victim's property.
- 2s. Enter complete name (first, middle, last) and address of next of kin including the relationship to the victim (father, mother, brother, etc.)
- 2t. Indicate if next of kin was notified by checking the appropriate box.
- 2u. Name (first, middle, last) of person or officer who notified the next of kin.
- 2v. Date the next of kin was notified,
- 2w. Time of day the next of kin was notified.
- 2x. Complete name and title of Medical Examiner.

3. DRIVER

3	DRIVER	NAME OF DRIVER <input type="checkbox"/> SAME AS VICTIM 3a	RACE 3b
		OCCUPATION 3c	MARITAL STATUS 3d

- 3a. 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 off the "Same as victim" box and leave 3b, 3c, and 3d blank.
- 3b. Race of driver.
- 3c. Occupation of driver.
- 3d. Marital status of driver.

4. COMMENTS

4	COMMENTS 4a
	DECEASED AT SCENE: Yes <input type="checkbox"/> No <input type="checkbox"/> / TRANSPORTED TO HOSPITAL: Yes <input type="checkbox"/> No <input type="checkbox"/>

This space is provided for the investigator to make any comments that he feels are pertinent to the report. Check appropriate box to indicate whether the victim was deceased at the scene or if death occurred during or shortly after transportation to a medical facility.

5. TIME AND TRANSPORTATION MODE

5	POLICE CALLED 5a [][][]	POLICE ARRIVED 5b [][][]	IF THE DECEASED WAS NOT TRANSPORTED, THE BLANKS TO THE RIGHT SHOULD RELATE TO THE NEXT MOST SEVERELY INJURED PERSON.	AMBULANCE DEPARTED SCENE 5e [][][]												
	AMBULANCE CALLED 5c [][][]	AMBULANCE ARRIVED 5d [][][]		AMBULANCE ARRIVED AT HOSPITAL 5f [][][] *G or A 5g												
				*PLEASE INDICATE WHETHER THE VICTIM WAS TRANSPORTED BY GROUND (G) AMBULANCE OR AIR (A) AMBULANCE OTHER VICTIMS TRANSPORTED <table border="1"> <thead> <tr> <th>FROM UNIT NO.</th> <th>SEAT POSITION</th> <th>BY *G or A</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	FROM UNIT NO.	SEAT POSITION	BY *G or A	_____	_____	_____	_____	_____	_____	_____	_____	_____
FROM UNIT NO.	SEAT POSITION	BY *G or A														
_____	_____	_____														
_____	_____	_____														
_____	_____	_____														
				5h												

- 5a. Time police were notified of accident.
- 5b. Time police arrived at scene.
- 5c. Time ambulance company notified of accident.
- 5d. Time ambulance arrived at scene.
- 5e. Time ambulance left scene for hospital.
- 5f. Time ambulance arrived at hospital.
- 5g. Circle whether the victim's transportation mode was by ground ambulance (G) or air ambulance (A).
- 5h. Use this area for up to four other seriously injured victim transportation mode. (It is not necessary to complete another form for more than four.)

6. DAMAGE AREA (S)

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

6a

TOP

UNDERCARRIAGE

NONE

UNKNOWN

Check block(s) to indicate damaged areas of victim's vehicle. If victim is a pedestrian, pedalcyclist, or animal rider, check block(s) to indicate point on vehicle that struck pedestrian, pedalcyclist, or animal rider.

7. RESTRAINT FAILURE OR IMPROPER RESTRAINT USAGE

7 RESTRAINT USAGE / RESTRAINT FAILURE						
ENTER SEAT POSITION		7	a			
RESTRAINT FAILURE	NONE FAILED					
	LAP FAILED	7	b			
	SHOULDER FAILED					
	BOTH FAILED					
	CHILD RESTRAINT					
	AIRBAG NOT DEPLOYED					
	PASSIVE SYSTEM					
	UNKNOWN					
IMPROPER USAGE	RESTRAINT PROPERLY USED	7	c			
	CHILD RESTRAINT					
	PASSIVE & LAP					
	SHOULDER HARNESS					

- 7a. Enter the seat position for each occupant in the fatal victim's vehicle as illustrated in the seating position diagram on the front page of the "Arizona Traffic Accident Report".
- 7b. Indicate which restraint(s) failed at time of the accident by placing an "X" in the appropriate box. If restraints did not fail for a particular seat position, place an "X" in the "None Failed" box.
- 7c. Indicate which restraint was used improperly at the time of the accident by placing an "X" in the appropriate box. If restraints were used properly for a particular seat position place an "X" in the "Restraint Properly Used" box.

Improper usage of safety restraints would include but not limited to: using the passive belt only in a passive-lap combination; securing the shoulder harness behind the occupant's body rather than in front of the torso; not securing the child restraint properly; disconnecting portions of a restraint system; improper tension of lap belts etc.

SUPPLEMENTAL DATA

Place an "X" in the appropriate box for each item which is applicable. Indicate alcohol and/or drug screening test type and results (blood, urine, etc, drug content).

8	
VICTIM EJECTED	DRIVER FAMILIAR WITH LOCAL
1 <input type="checkbox"/> NOT EJECTED	1 <input type="checkbox"/> YES
2 <input type="checkbox"/> COMPLETE	2 <input type="checkbox"/> NO
3 <input type="checkbox"/> PARTIAL	3 <input type="checkbox"/> UNKNOWN
4 <input type="checkbox"/> UNKNOWN	
VICTIM EXTRICATION	ROAD ALIGNMENT
1 <input type="checkbox"/> NOT REQUIRED	1 <input type="checkbox"/> STRAIGHT ROAD
2 <input type="checkbox"/> BY AMBULANCE ATTENDANT	2 <input type="checkbox"/> CURVED
3 <input type="checkbox"/> BY POLICE	3 <input type="checkbox"/> UNKNOWN
4 <input type="checkbox"/> BY FIRE DEPARTMENT	
5 <input type="checkbox"/> BY PASSERSBY	BLOOD ALCOHOL CONTENT
6 <input type="checkbox"/> OTHER	TEST TAKEN
	1 <input type="checkbox"/> YES - TYPE _____
	RESULT _____
	(QUANTITY)
	2 <input type="checkbox"/> NOT TESTED
	3 <input type="checkbox"/> UNKNOWN IF TESTED
TERRAIN TYPE	DRUG SCREEN TAKEN
1 <input type="checkbox"/> LEVEL	1 <input type="checkbox"/> YES - TYPE _____
2 <input type="checkbox"/> HILLY	RESULT _____
3 <input type="checkbox"/> MOUNTAINOUS	(NAME(S) OF DRUG(S))
	2 <input type="checkbox"/> NOT TESTED
ACCIDENT LOCALE	3 <input type="checkbox"/> UNKNOWN IF TESTED
1 <input type="checkbox"/> URBAN	
2 <input type="checkbox"/> RURAL	
3 <input type="checkbox"/> UNKNOWN	

9. INVESTIGATION

- 9a. Signature of investigating officer, badge number, or other identification number.
- 9b. Name of the agency investigating the accident.
- 9c. Month, day, and year the accident report was completed.

9	OFFICER'S SIGNATURE AND ID NUMBER	AGENCY	DATE REPORT COMPLETED
	9a	9b	9c

PART FOUR

01-2710

INSTRUCTIONS FOR SUPPLEMENTAL

TRUCK/BUS ACCIDENT REPORT

FRONT

***** IMPORTANT NOTE REGARDING PDF VERSION *****

The PDF version of this manual DOES NOT INCLUDE full images of the actual forms. It includes only annotated portions of each form. To view the forms in their entirety, please refer to the paper copy of the forms.

SCREENING INFORMATION AND REPORTING CRITERIA

THIS FORM IS TO BE USED ONLY WHEN AT LEAST ONE CONDITION EXISTS FROM EACH OF THE FOLLOWING:

Qualifying Vehicles. The accident must involve either:

- ⇒ a vehicle with a Gross Vehicle Weight Rating (GVWR) greater than 10,000 Pounds, **or**;
- ⇒ any vehicle displaying a hazardous materials placard, **or**;
- ⇒ a vehicle designated to transport persons (bus) with seating for 8 or more Individuals including the driver. There is a discrepancy in the notation of 9 to 15 seats; is should read 8 to 15. This will be/has been corrected on the subsequent printings.

AND

Severity of Accident. The accident must result in:

- ⇒ at least one fatality, **or** :
- ⇒ at least one injury severe enough for the injured person to require transportation from the scene in need of immediate medical attention, **or**;
- ⇒ at least one involved vehicle sustaining damage, other than a flat tire, which is sufficient to prevent the vehicle from being driven away without repairs (disabling damage) or an event which requires that the vehicle be moved, sat upright, or otherwise assisted by emergency equipment (disabling event).

1. ACCIDENT INFORMATION BLOCK

ADOT USE ONLY												Agency Report Number																	
REPORT ID																													
YEAR			MONTH			DAY			HOUR			NCIC NO.			OFFICERS ID NO.														
1a			1b			1c			1d			1e			1f														

1a to 1g. This information must agree with form 01-2704. **See page 6 for instructions.**

2. TRAFFIC UNIT AND CARRIER INFORMATION

CARRIER INFORMATION													
2a TRAFFIC UNIT NO. (MUST CORRESPOND WITH MAIN REPORT)	NAME: <u>2b</u>												
	2c SOURCE: <input type="checkbox"/> Shipping Papers <input type="checkbox"/> Vehicle Side <input type="checkbox"/> Driver <input type="checkbox"/> Log Book												
	ADDRESS: <u>2d</u> <small>(Street or P.O. Box)</small>												
	City: _____ State: _____ Zip Code: _____												
	IDENTIFICATION NUMBERS <input type="checkbox"/> None												
	US DOT: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">2</td><td style="width: 20px; text-align: center;">e</td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table> ICC MC: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">2</td><td style="width: 20px; text-align: center;">f</td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table>	2	e					2	f				
2	e												
2	f												

This form is to be used for the only qualifying vehicle types from above. In the normal crash, not all vehicles will need to be detailed on this form.

- 2a. Traffic unit number (must agree with the unit number for form 01-2704)
- 2b. Carrier Name. This will not necessarily be the same as any visible lettering on the vehicle due to contract agreements. Check the shipping papers.
- 2c. Check the box as to the source of the carrier name.
- d. Principal place of business of the carrier listed in 2b.
- 2e. Enter the US DOT or ICC number of the carrier listed in 2b. If no number is available, check the box marked 'None'.

3. VEHICLE CONFIGURATION, CARGO BODY TYPE, SEQUENCE OF EVENTS

VEHICLE CONFIGURATION						
3a	<input type="checkbox"/> Passenger Car					
	<input type="checkbox"/> Light Truck					
	<input type="checkbox"/> Bus (9-15 seats)					
	<input type="checkbox"/> Bus (> 15)					
	<input type="checkbox"/> 1-Unit Truck (2 axle/6 or more tires)					
	<input type="checkbox"/> 1-Unit Truck (3 or more axles)					
	<input type="checkbox"/> Truck with Trailer					
	<input type="checkbox"/> Truck Tractor only					
	<input type="checkbox"/> Truck Tractor with Semi-trailer					
	<input type="checkbox"/> Tractor with Double Trailers					
<input type="checkbox"/> Tractor with Triple Trailers						
<input type="checkbox"/> Other - Unable to Classify						
GVWR	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table>					

- 3a. Check the appropriate box to best describe the configuration of the vehicle involved. Passenger car and light pickup will normally not qualify for inclusion on this form except when displaying a hazardous material placard.

Enter the Gross Vehicle Weight Rating (GVWR) if appropriate and available.

CARGO BODY TYPE		3b
<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		

- 3b. Check the cargo body style that best describes the manufacturer's design of this vehicle with or without it's intended cargo.

examples:

1. A trailer with a seagoing container resting upon it is normally a flatbed and should be listed as a flatbed.
2. A pole truck may be carrying sawn trees, telephone poles, steel beams, etc.

EVENT	3c	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.		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
3.		
4.		

- 3c. List up to (4) event sequences that this vehicle may have experienced during the duration of the unstabilized situation.

example: A vehicle that left the roadway, hit an embankment, overturned and caught fire would have the following codes.

1. 01 (ran off road)
2. 18 (fixed object)
3. 03 (overturned or rollover)
4. 06 (explosion or fire)

A more detailed booklet and / or answers to questions are available from:

Arizona Department of Public Safety
Special Services Region
P.O. Box 6638
Phoenix, AZ 85005-6638

Phone 602 / 223-2413

If unable to contact any one at the above location, call ADOT Traffic Records Section at 602 / 712-7132 and we will expedite the resolution of your problem or question.

PART FIVE

GLOSSARY OF TERMS AND DEFINITIONS

For use with

**State of Arizona
Traffic Accident Report**

DECEMBER 2000

Portions of this glossary are based upon definitions found in the Manual of Classification of Motor Vehicle Traffic Accidents, Sixth Edition, American National Standard D 16. 1, 1996; and Arizona Revised Statutes.

**ACCIDENT (MOTOR
VEHICLE TRAFFIC
ACCIDENT)**

- A. The incident included one or more occurrences of injury, death, or damage, which were not a direct result of a cataclysm, and in excess of one thousand dollars (as defined by Arizona Statute 28-667).
- B. The incident involved one or more motor vehicles at least one of which was in transport.
- C. The incident was an unstabilized situation originating on a trafficway, or the injury, damage, or death occurred on a trafficway.
- D. If a motor vehicle collided with a railway train the incident would have to have occurred at or near a railroad crossing (For further definition refer to page 4 of this manual).

**ACCIDENT REPORT
IDENTIFICATION
NUMBER**

The Report ID block located on the top front of the Arizona Traffic Accident Report which shows:

- A. The date and time the accident occurred.
- B. The investigating agency's NCIC number.
- C. The officer's identification number.

AGENCY REPORT NUMBER

The investigating police agency's identification number to be recorded in the block on the top front of the Arizona Accident Report Form. This number is used by local police jurisdictions only, as the Arizona Department of Transportation does not file by this number since many jurisdictions use the format of a two-digit year code followed by four or five numbers. (Refer to 1g on page 7 in this manual).

ALLEY

An unnamed road, usually narrow, through the middle of a block giving access to the rear of buildings. Accidents occurring in an alleyway are considered reportable accidents and should be reported. (Refer to page 11 in this manual).

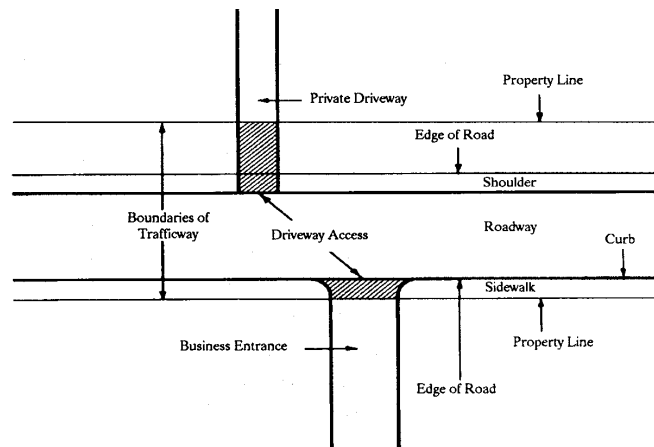
AXLE	A supporting shaft or rod on which a vehicle's wheels revolve. Number of shafts on a commercial vehicle (truck) can vary due to the length of the vehicle.
CATAclysm	A violent natural disaster such as: avalanche, cloudburst, cyclone, earthquake, flood, hurricane, landslide, lightning, tidal wave, tornado, volcanic eruption, etc.
CHANNELIZED INTERSECTION	An at-grade intersection in which traffic is diverted into definite paths by raised or painted traffic islands.
COMMERCIAL VEHICLE	A motor vehicle designed primarily for carrying property and involved in work designed or planned for the mass market such as commerce.
CROSSWALK	That part of a roadway at an intersection included within the connections of the lateral lines of the sidewalks on opposite sides of the roadway, measured from the curbs, or in the absence of curbs, from the edge of the traversable roadway. Any portion of a roadway at an intersection or elsewhere distinctly indicated for pedestrian crossing by lines or other markings on the surface.
DAMAGE	Any harm to property that reduces the monetary value of that property.
DELIBERATE INTENT	Occurs when a person acts deliberately to cause an incident. Includes: suicide, self inflicted injury, homicide, injury and damage purposely inflicted. Excludes: injury, damage, or death beyond that which was intended.

DRIVER

Is an occupant of a transport vehicle who is in actual physical control of that vehicle, or for an out of control vehicle, an occupant who was in control prior to losing control.

DRIVEWAY ACCESS

A roadway by which motor vehicles may enter or leave a trafficway and limited to the portion that is entirely within the confines of the trafficway, Includes driveways and entrances to and exits from property adjacent to the trafficway.



DRIVER LICENSE CLASSIFICATIONS

A- A class A license is valid for operating a vehicle combination with a gross combined weight rating of twenty-six thousand one or more pounds, if the gross vehicle weight rating of the vehicle being towed is in excess of ten thousand pounds, including all vehicles requiring a class B, C, or D license, but not including a vehicle requiring a class M license or a vehicle or vehicle combination which requires a special endorsement unless the proper endorsement appears on the license.

- B- A class B license is valid for operating a single motor vehicle with a gross vehicle weight rating of twenty-six thousand one or more pounds or any such vehicle towing a vehicle not in excess of ten thousand pounds gross vehicle weight rating, including all vehicles requiring a class C or D license, but not including vehicles requiring a class M license or vehicles which require a special endorsement unless the proper endorsement appears on the license.

- C- A class C license is valid for operating a single motor vehicle with a gross vehicle weight rating of twenty-six thousand pounds or less or any such vehicle towing a vehicle not in excess of a ten thousand pound gross vehicle weight rating, or any such vehicle towing a unit in excess of a ten thousand pound gross vehicle weight rating if the gross combined weight rating is less than twenty-six thousand one pounds and if the vehicle is required to be placarded for hazardous materials or is a bus or school bus and all vehicles requiring a class D license, but not vehicles requiring a class M license or vehicles which require a special endorsement unless the proper endorsement appears on the license.

- D- A class D license is valid for operating a single motor vehicle with a gross vehicle weight rating of twenty-six thousand pounds or less or any such vehicle towing a vehicle not in excess of a ten thousand pound gross vehicle weight rating, or any such vehicle towing a unit in excess of a ten thousand pound gross vehicle weight rating if the gross combined weight rating is less than twenty-six thousand one pounds but not vehicles requiring a class M license or vehicles which require a special endorsement unless the proper endorsement appears on the license.

M- A class M license is valid for operating a motorcycle, motor-driven cycle or pedal bicycle with helper motor. For the purpose of driver's licensing, this license classification may be endorsed on a valid class A, B, C, or D license.

**FIRST HARMFUL
EVENT**

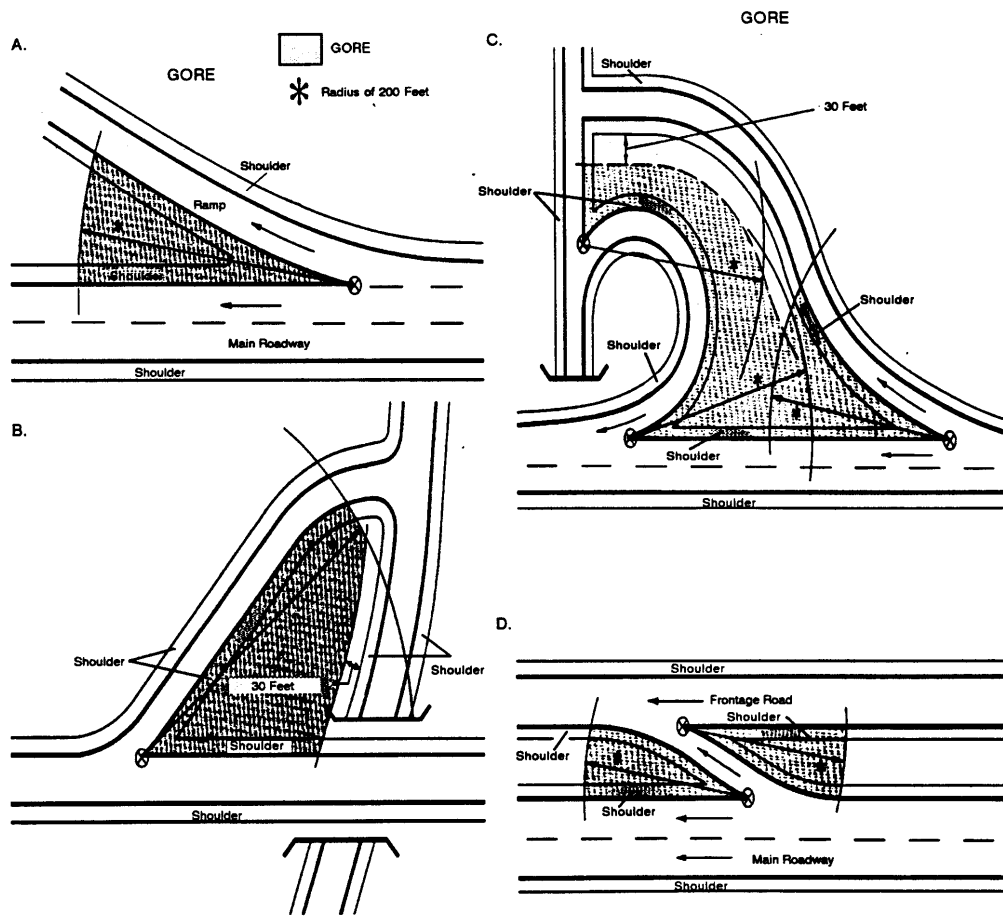
The first occurrence of damage, injury, or death in the series of events that constitute a motor vehicle traffic accident.

FRONTAGE ROAD
(access road)

A road contiguous to and generally paralleling an expressway, freeway, parkway, or through street to intercept, collect and distribute traffic desiring to cross, enter, or leave such facility and to furnish access to property which would be otherwise isolated as a result of controlled-access features.

GORE

An area of land where two roadways diverge or converge, and is bounded on two sides by the edges of the roadways which join at the point of divergence or convergence. The direction of traffic being the same on both sides of these roadways. The area includes shoulders or marked pavement, if any, between the roadways with the third side being 200 feet from the point of divergence or convergence, or if any other road is within 230 feet of that point, a line 30 feet from the nearest edge of such road.



**GOVERNMENT
PROPERTY**

Refers to check box on front of the Arizona Accident Report Form and should be checked off for any government property damaged in the accident whether it's city, state, county, or federal. Property damaged could be such items as motor vehicles, right of way fences, buildings, bridges, etc. (Refer to 2E on page 9 in this manual.)

**GROSS
WEIGHT**

The total weight of the vehicle including the vehicle itself, the load (persons and property), and all added equipment.

**HAZARDOUS
MATERIAL
PLACARD**

A diamond shaped placard appearing on the outside of a commercial truck that is carrying hazardous material. The placard has a four digit classification code identifying the material being transported.

**IMPACT
ATTENUATORS**

Protective devices such as crash cushions, guardrails, barriers, etc. that prevent errant motor vehicles from impacting fixed object hazards.

**INJURY
CLASSIFICATIONS**

1. No injury - a situation where there is no reason to believe that the person received any bodily harm from the motor vehicle traffic accident in which they were involved.
2. Possible Injury - Any injury reported or claimed which is not a fatal, incapacitating, or non-incapacitating evident injury. Includes such situations as nausea, hysteria, complaint of pain, and injuries not evident.
3. Non-Incapacitating Evident - Any injury other than fatal and incapacitating which is evident to any observer at the scene of the accident. Includes bumps, abrasions, bruises and minor lacerations. The person receiving these injuries is still able to leave the scene under their own power.

4. Incapacitating – Is an injury, other than a fatal, which prevents the injured person from walking, driving or normally continuing the activities which he was capable of performing prior to the motor vehicle traffic accident. Includes severe lacerations, broken or distorted limbs, unconsciousness, inability to leave accident scene without assistance.

6. Unknown - Primarily used for people who have left the scene of the accident prior to police arrival such as hit and run situations.

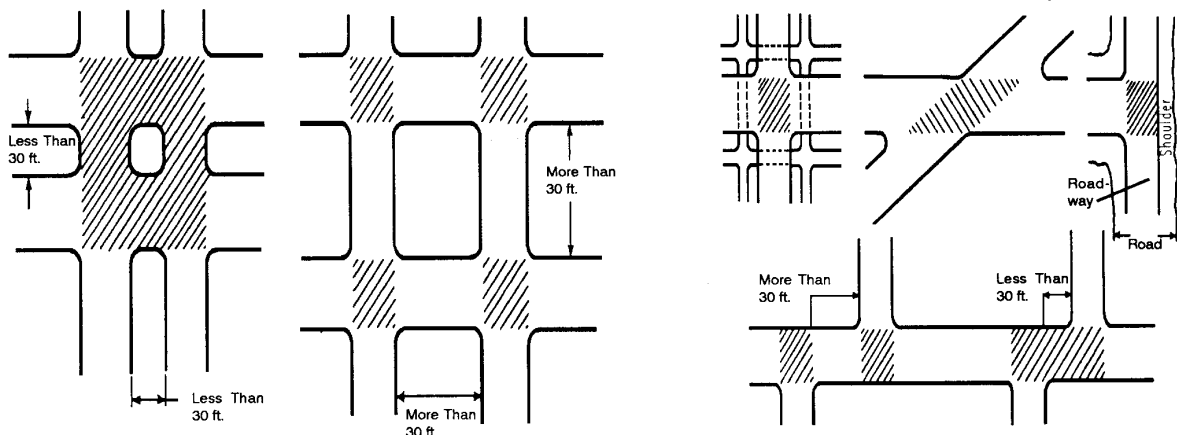
All of the above injuries, except death, should be classified on the basis of conditions known at the time that the Arizona Traffic Accident Report Form is prepared. If information is received that an injury produced death within 30 days from the date of the accident an amended report should be issued by the investigating agency changing the injury classification accordingly. Amended reports should be prominently marked as such, and a reference to the original identification block should be indicated on the amended report.

INTERSECTION

When two or more roadways cross or connect, the area contained within the extension of curb lines, or, if none then the lateral roadway boundary lines is defined as the intersection. Driveway accesses are not classified as intersections.

When the distance along a roadway between two areas meeting the criteria of an intersection is less than 30 feet, the two areas and the roadway connecting them are considered to be parts of a single intersection.

If the two areas as described above are more than 30 feet apart, then the areas are considered to be separate intersections.



INTERSECTION RELATED

A traffic accident where the first harmful event (1) occurs on an approach to, movement through, or exit from an intersection (2) has resulted from an activity, behavior, or control related to the intersection.

INTERSTATE COMMERCE COMMISSION NUMBER

A number issued by the Interstate Commerce Commission to commercial vehicle (truck) companies. This number, or the U.S Government (Department of Transportation) number, should appear on the side of the vehicle's cab or tractor.

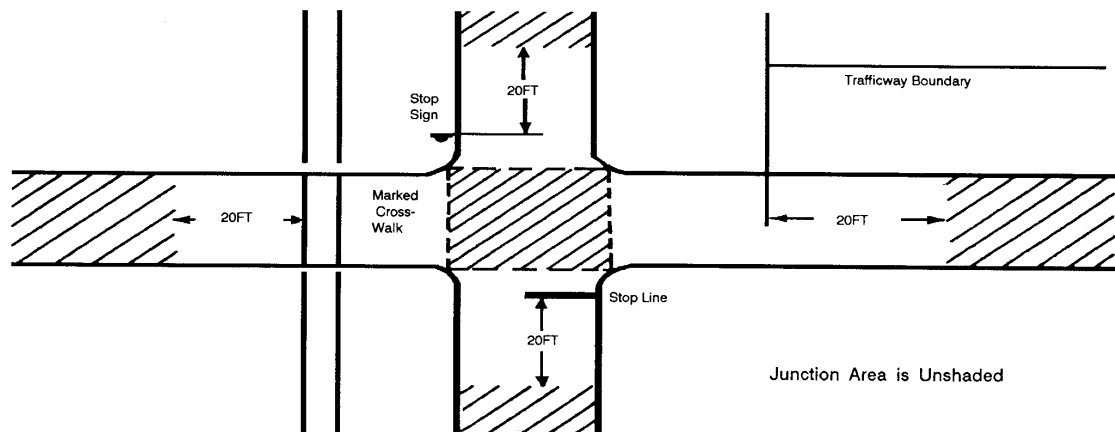
IN TRANSPORT

Means in motion or on a roadway when applied to motor vehicles. In transport includes: motor vehicle in traffic or on a highway, driverless motor vehicle in motion, motionless motor vehicle abandoned on a roadway and disabled motor vehicles on a roadway. On roadway lanes used for travel during rush hours, and parking during off peak hours, a parked motor vehicle is in transport during periods when parking is forbidden.

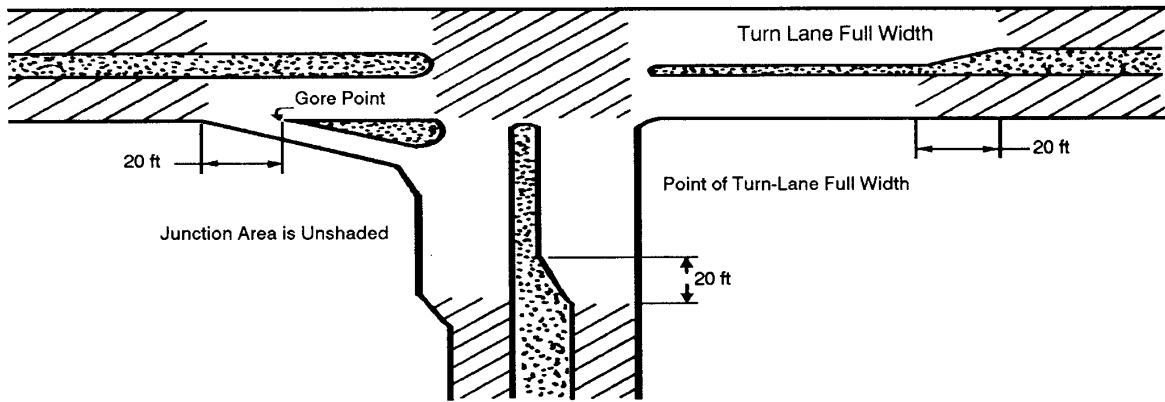
JUNCTION AREA

The area in the vicinity of the intersection of two or more roadways.

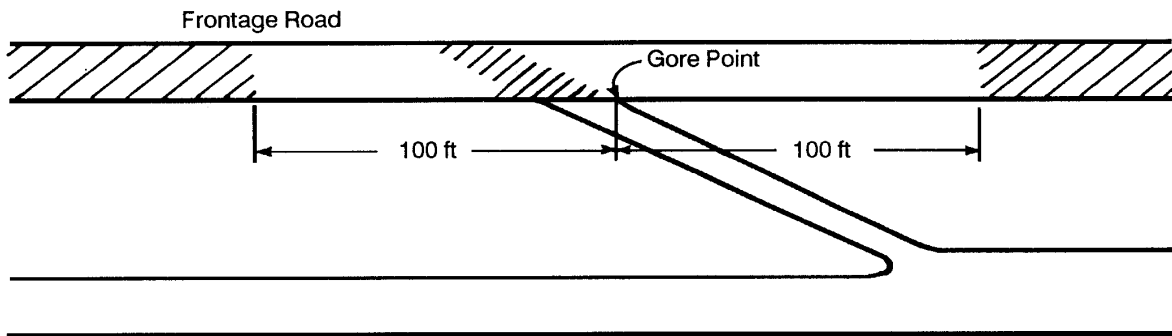
- A. At unchannelized at-grade junctions, the junction area is within twenty (20) feet beyond the crosswalk(whether marked or unmarked), a stop-line marking, a stop sign or yield sign, whichever is farthest from the intersection. Whenever these limits are not present, use projections of the boundaries of the trafficway.



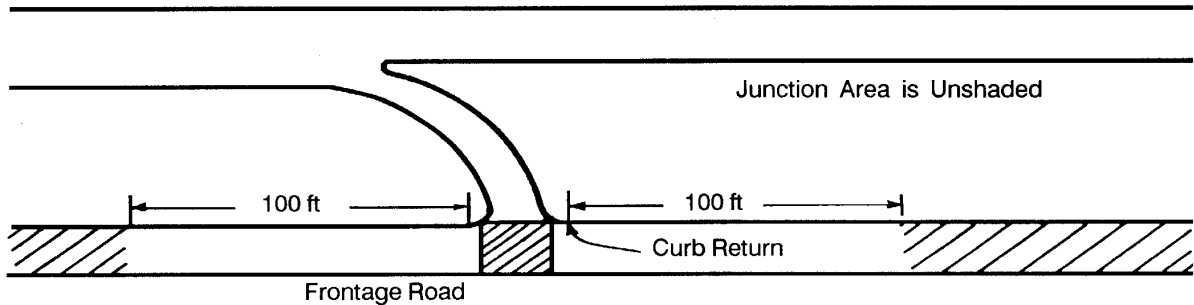
- B. At channelized junctions, the junction area is within twenty (20) feet beyond the gore of islands, or the point at which the turn lane attains full width. Disregard advance warning signs in determining limits of junction area.



- C. At an interchange the junction area is within 100 feet beyond the farthest gore or curb return of the turning roads in each direction. Do not consider painted or reflectorized separation or barrier lines as gores for this purpose.



- D. At connectors to frontage or service roads, the junction area includes the connector and parts of the frontage or service road within one hundred (100) feet in either direction of the gore or curb return and between the connector and service or frontage road.



LEGAL INTERVENTION

Injury, death, or damage caused by a law enforcement agent through the use of a motor vehicle while apprehending or attempting to apprehend a law-breaker is not considered a motor vehicle accident. If these acts produce other injury or damage that goes beyond the original intent, these events are considered accidental.

Legal intervention includes:

1. A lawbreaker crashing intentionally or unintentionally into a roadblock set up to stop the lawbreaker.
2. A police car is driven intentionally into another vehicle being pursued.
3. A lawbreaker loses control of his vehicle as a result of firearms being discharged into his vehicle by the police.

Accidents include:

1. A motor vehicle driver other than the lawbreaker crashes unintentionally into a roadblock.
2. A lawbreaker while eluding police loses control of his vehicle and crashes into another vehicle.
3. A police vehicle skids and crashes while chasing a lawbreaker.

MAINLINE

Refers to major controlled access state and interstate highway routes. (Examples: I-17, U.S.-60, SR-51, SL-202, but not their frontage roads or ramps).

MANNER OF COLLISION

This is the type of crash that causes the damage. Most of the choices are self-explanatory but some basic guidelines follow. Vehicle action also gives a clue to manner.

Single Vehicle- Usually ran off road, fixed object, overturning.

Angle- Vehicles must be traveling on roadways that intersect each other. T-bone.

Left Turn- A left turn movement. Some may appear to be angle or head on.

Right Turn- A right turn movement.

U Turn- Attempting to travel in the opposite direction.

Rear-End- Must be traveling in the same direction.

Head-On- Must be traveling in opposite directions.

Contact does not necessarily have to be front to front.

Sideswipe Same Direction – Examples include: a Passing movement or drifting in the travel lane.

Sideswipe Opposite Direction- Does not change direction of momentum, less than 4 inches of contact.

Backing- Self explanatory

on-Contact Motorcycle- Lay down to avoid or during slide.
Non-Contact Non-Motorcycle- Example; Vehicle breakage or fire.
Pedestrian- Self Explanatory.
Pedalcycle- Self Explanatory.
Other- None of the above.

MEDIAN	A paved, raised, or landscaped center dividing area separating directions of a roadway.
MILEPOST	A reference marker located along side a highway indicating a specific location point.
MOTOR VEHICLE	Any mechanically or electrically powered device, not operated on rails, upon which, or by which any person or property may be transported upon a roadway.
NON-COLLISION ACCIDENT	A motor vehicle traffic accident that does not involve a collision, but does include accidents such as overturning, jackknifing, carbon monoxide, vehicle breakage, explosion, fire, toxic chemical leakage, falling or jumping from a vehicle, object falling from, on, in, or thrown against a vehicle, etc.
NCIC NUMBER	National Crime Information Center number is a code that uniquely identifies each law enforcement agency. Numbers are assigned by the Federal Bureau of Investigation. (See pages 86 through 88 for a complete list of Arizona NCIC Numbers.)
OFF MAINLINE	Consists of on-ramps, off-ramps, frontage roads, access roads, etc. that are connected with controlled or limited access routes as well as rest areas, ports of entry, crossroads, and connector roads.
PEDALCYCLE	Non-motorized vehicle operated by pedals and propelled by human power. Includes: bicycles, tricycles, unicycles, pedal cars, etc.
PEDESTRIAN	Any person who is not an occupant or driver of a motor vehicle or other road vehicle. Includes: person walking, sitting, lying, working, or operating a pedestrian conveyance.
PEDESTRIAN CONVEYANCE	Human powered device, other than pedaling, by which a pedestrian may move himself or other pedestrians. Includes, but non limited to: baby carriage, child's wagon, roller skates, sleds, push carts, non-motorized wheel chairs, scooters, skateboards, etc.

**PRIVATE PROPERTY
ACCIDENT**

Accidents where the unstabilized situation, damage, injury, or death do not originate nor occur on a trafficway. Private Property accidents include: accidents in parking stalls, driveways, or other areas away from roadways and highways such as deserts, farm land, etc. The following three types of accidents are periodically misclassified as private property accidents. These accidents answer the definition criteria for motor vehicle accidents and are considered legitimate traffic accidents.

1. A driver loses control of a motor vehicle while on a trafficway and runs off the road striking a tree, fence, building, embankment etc. This incident should be classified as a legitimate accident as the unstabilized situation (loss of control) occurred on the trafficway. The fact that the first harmful event occurred off the roadway does not make this a private property accident.
2. A motor vehicle entering or exiting a driveway striking a pedalcyclist or pedestrian on the sidewalk. This incident should be classified as a legitimate accident. The sidewalk is part of the trafficway. (See trafficway diagram on page 77.)
3. A motorist crashes his vehicle on a canal bank road. Classified as a legitimate accident if the canal bank road is not posted as private property and the road is used by habit or custom by motorists.

RAMP

An inclined roadway connector carrying motor vehicle traffic to and from different levels of roadway.

ROAD

The part of a trafficway which includes the roadway and the shoulder alongside the roadway.

**SAFETY DEVICE /
RESTRAINT USAGE**

Codes from the safety device table located on the front of the Arizona Accident Report Form should indicate whether the driver and occupants were or were not using a safety device at the time of the accident.

- 1 Select this code if no safety device was used even though the vehicle may be equipped with restraints.
- 2-9 Select these codes if a safety device was used at the time of the accident.
- 4 Airbag deployed. Should be used along with any other relevant device.
- 0 Select this code only if unable to determine if a restraint was or was not used.

SEAT POSITION

Codes listed on seat position diagram on the front of the Arizona Accident Report Form are:

- 01 Designates driver's position
- 02 Front passenger position between driver and right front passenger. Also used for right side driver/steering vehicles (US Postal Service, Foreign registry, British, etc.)
- 03 Right front passenger position.
- 04 Left rear passenger position. (Left center for station wagons or vans.)
- 05 Rear passenger position between left rear and right rear. (Center position for station wagons and vans.)
- 06 Right rear passenger position. (Right center for station wagons and vans.)
- 07 Left rear passenger position for station wagons and vans.
- 08 Center passenger position for station wagons and vans.
Right rear passenger position for station wagons and vans.
- 10 Passenger not in a normal passenger compartment. (Riding in the bed of a truck, inside camper, etc.)
- 11 Passengers on a motorcycle or in a bus.
- 12 Persons riding on construction, farm, or industrial machinery, etc.

SHOULDER

That portion of the road contiguous to the roadway for accommodation of stopped vehicles, for emergency use, and for lateral support of the roadway structure. The line between the roadway and the shoulder may be a painted edge line, a curb, or a change of surface color or material. On some modern trafficways, there may be a surfaced shoulder on the right side, and frequently a narrower shoulder on the left side of a one-way roadway.

STABILIZED ACCIDENT SITUATION

The condition prevailing after motion and other actions constituting the events of an accident have ceased and no further harm will ensue unless a new series of events are initiated by some means.

STATUTES PERTAINING TO ARIZONA TRAFFIC ACCIDENT REPORT

Arizona Revised Statutes 28-667; 28-669; 28-670; 28-671.

TRAFFIC UNIT NUMBER

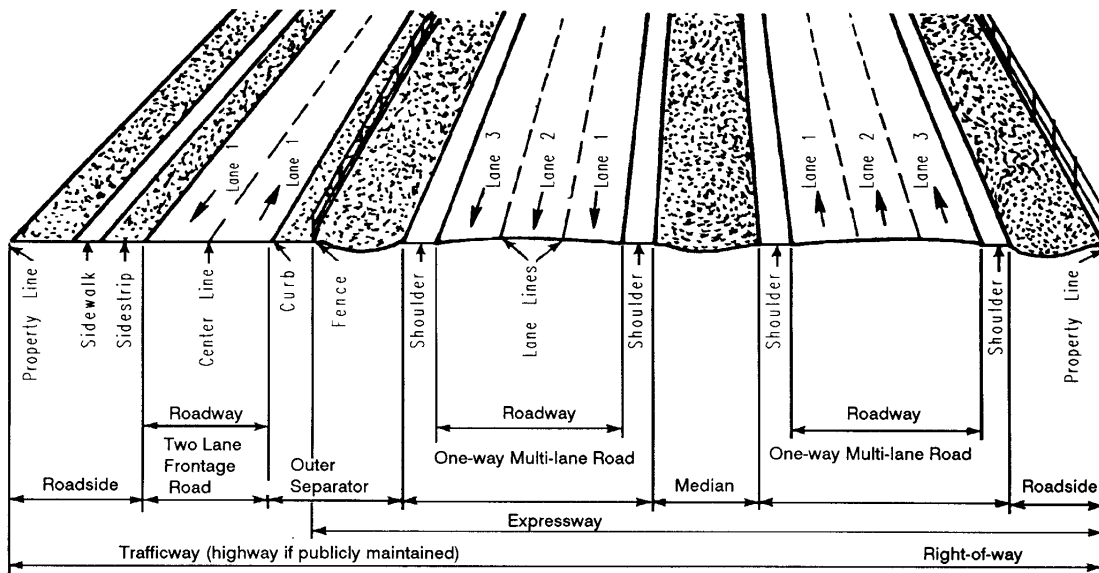
Used as an identifier for each motor vehicle.

- 1. Motor vehicles - automobiles, trucks, vans, motorcycles, motor homes, mopeds, buses, taxis, ambulances, police vehicles, fire trucks, golf carts, etc. Includes electrically powered.
- 2. Pedestrians - people on foot or on human powered non-motorized devices such as:
skateboards, roller skates, baby carriages, etc.

3. Pedalcyclists - people on non-motorized devices propelled by pedaling such as: bicycles, tricycles, unicycles, pedalcars, etc.
4. Animal and rider - person on a horse, mule, etc. or sitting in a cart drawn by an animal or team of animals.
5. Construction. farm. or industrial - machinery while in transport upon a trafficway for the purpose of moving people, the device itself, or property from one place to another.

TRAFFICWAY

Any land way open to the public as a matter of right or custom for moving persons or property from one place to another.



UNSTABILIZED SITUATION

A set of events not under human control that originates when control is lost and terminates when control is regained, or when all persons and property are at rest.

U.S. GOVERNMENT PERMIT NUMBER

A number issued by the U.S. Government (Department of Transportation) to commercial vehicle (truck) companies. This number, or the I.C.C. (Interstate Commerce Commission) number, should appear on the side of the vehicle's cab or tractor.

STATE ABBREVIATIONS

Alaska	AK	Montana	MT
Alabama	AL	Nebraska	NE
Arizona	AZ	Nevada	NV
Arkansas	AR	New Hampshire	NH
California	CA	New Jersey	NJ
Colorado	CO	New Mexico	NM
Connecticut	CT	New York	NY
Delaware	DE	North Carolina	NC
Florida	FL	North Dakota	ND
Georgia	GA	Ohio	OH
Hawaii	HI	Oklahoma	OK
Idaho	ID	Oregon	OR
Illinois	IL	Pennsylvania	PA
Indiana	IN	Rhode Island	RI
Iowa	IA	South Carolina	SC
Kansas	KS	South Dakota	SD
Kentucky	KY	Tennessee	TN
Louisiana	LA	Texas	TX
Maine	ME	Utah	UT
Maryland	MD	Vermont	VT
Massachusetts	MA	Virginia	VA
Michigan	MI	Washington	WA
Minnesota	MN	West Virginia	WV
Mississippi	MS	Wisconsin	WI
Missouri	MO	Wyoming	WY
Canada	CD	Mexico	MM

POLICE DEPARTMENT NCIC NUMBERS

Apache County S.O.	0100	Fredonia	0303
Apache Junction	1113	Ft. McDowell Reservation	0716
Arizona State University	0797	Ft.Mohave Reservation	0862
Arizona Western College	1497	Gila Bend	0709
Avondale	0701	Gila Bend Reservation	0762
Benson	0201	Gila County S.O.	0400
Bisbee	0203	Gila River Reservation (Pinal)	1189
Buckeye	0703	Gila River reservation (Maricopa)	0764
Bullhead City	0805	Gilbert	0711
Camp Verde	1313	Glendale	0713
Carefree	0760	Globe	0401
Casa Grande	1101	Goodyear	0715
Cave Creek	0704	Graham County S.O.	0500
Central Arizona College	1197	Green Valley	1004
Chandler	0705	Greenlee County S.O.	0600
Chino Valley	1312	Guadalupe	0739
Clarkdale	1301	Hayden	0403
Clifton	0601	Holbrook	0901
Cochise County S.O.	0200	Hopi Reservation (Navajo)	0902
Coconino County S.O.	0300	Hopi Reservation (Coconino)	0365
Colorado City	0806	Huachuca City	0207
Colorado River Reservation	1506	Hualapai Reservation (Mohave)	0802
Coolidge	1103	Hualapai Reservation (Yavapai)	1363
Cottonwood	1303	Hualapai Reservation (Coconino)	0302
Dept. of Public Safety	0799	Jerome	1305
Douglas	0205	Kaibab-Paiute Reservation	0860
Duncan	0603	Kearney	1109
Eagar	0101	Kingman	0801
El Mirage	0707	La Paz County S.O.	1500
Eloy	1105	Lake Havasu City	0804
Flagstaff	0301	Mammoth	1111
Florence	1107	Marana	1009
Fountain Hills	0756	Maricopa County S.O.	0700

POLICE DEPARTMENTS NCIC NUMBERS

Maricopa Reservation	1165	Sedona	0310
Mesa	0717	Show Low	0903
Miami	0405	Sierra Vista	0209
Mohave County S.O.	0800	Snowflake	0905
Navajo County S.O.	0900	Somerton	1403
Navajo Reservation (Apache)	0189	South Tucson	1001
Navajo Reservation (Navajo)	0962	Springerville	0105
Navajo Reservation (Coconino)	0389	Superior	1112
Nogales	1201	Surprise	0727
Northern Arizona University	0397	Taylor	0907
Oro Valley	1007	Tempe	0729
Page	0308	Thatcher	0505
Paradise Valley	0719	Tohono O'Odham Res. (Pima)	1089
Parker	1501	Tohono O'Odham Res. (Pinal)	1164
Patagonia	1203	Tohono O'Odham Res. (Maricopa)	0763
Payson	0406	Tolleson	0731
Peoria	0721	Tombstone	0211
Phoenix	0723	Tucson	1003
Pima	0501	University of Arizona	1097
Pima County S.O.	1000	Wellton	1407
Pinal County S.O.	1100	Whitemountain Apache Res. (Apache)	0162
Pinetop/Lakeside	0913	Whitemountain Apache Res. (Gila)	0465
Prescott	1307	Whitemountain Apache Res. (Navajo)	0989
Prescott Valley	1311	Wickenburg	0733
Quartzite	1503	Willcox	0213
Safford	0503	Williams	0307
Sahuarita	1004	Winkelman	0407
St. Johns	0103	Winslow	0909
Salt River Reservation	0789	Yavapai County S.O.	1300
San Carlos Reservation (Gila)	0489	Youngtown	0735
San Carlos Reservation (Graham)	0562	Yuma	1405
San Luis	1408	Yuma County S.O.	1400
San Xavier Reservation	1062		
Santa Cruz County S.O.	1200		
Scottsdale	0725		

**U.S. NATIONAL MONUMENTS AND PARKS
NCIC NUMBERS**

Canyon De Chelly National Monument	I007
Casa Grande Ruins National Monument	I012
Chiricauha National Monument	I013
Glen Canyon National Monument	I003
Montezuma Castle National Monument	I014
Navajo National Monument	I009
Organ Pipe Cactus National Monument	I015
Petrified Forest National Park	I004
Saguaro National Monument	I005
Sunset Crater National Monument	I010
Tonto National Monument	I016
Tumacacori National Monument	I017
Tuzigoot National Monument	I018
Walnut Canyon National Monument	I019
Wupatki National Monument	I011

U.S. MILITARY BASES

NCIC NUMBERS

Davis Monthan Air Force Base	F001
Ft. Huachuca Army Base	USA0
Luke Air Force Base	F003
Yuma Proving Grounds Army Base	SA02