

**ARIZONA TRAFFIC ACCIDENT REPORT**

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

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

1

Delayed Fatality

2

**VICTIM**

NAME OF VICTIM \_\_\_\_\_  DRIVER  PEDALCYCLIST  RACE \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_  
 PEDESTRIAN  PASSENGER

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ MARKS, SCARS/TATTOOS \_\_\_\_\_

SEX \_\_\_\_\_ WEIGHT \_\_\_\_\_ EYES \_\_\_\_\_ HEIGHT \_\_\_\_\_ HAIR \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ OCCUPATION \_\_\_\_\_

VICTIM REMOVED TO \_\_\_\_\_ VICTIM REMOVED BY \_\_\_\_\_

DESCRIPTION OF CLOTHING \_\_\_\_\_ MOTORCYCLE HELMET USED  YES  NO  UNK

DESCRIPTION OF PROPERTY (CONT) \_\_\_\_\_

PROPERTY IN CUSTODY OF: NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

NEXT OF KIN: NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ RELATION \_\_\_\_\_

NOTIFIED  YES  NO NOTIFIED BY \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_ MEDICAL EXAMINER \_\_\_\_\_

3

**DRIVER**

NAME OF DRIVER \_\_\_\_\_  SAME AS VICTIM RACE \_\_\_\_\_

OCCUPATION \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_

4

COMMENTS \_\_\_\_\_

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

5

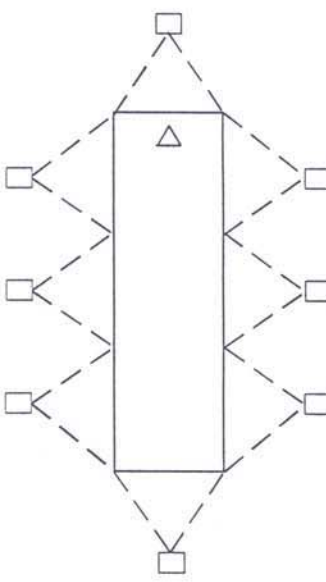
POLICE CALLED [ ] [ ] [ ] [ ] POLICE ARRIVED [ ] [ ] [ ] [ ] IF THE DECEASED WAS NOT TRANSPORTED, THE BLANKS TO THE RIGHT SHOULD RELATE TO THE NEXT MOST SEVERELY INJURED PERSON.

AMBULANCE CALLED [ ] [ ] [ ] [ ] AMBULANCE ARRIVED [ ] [ ] [ ] [ ] AMBULANCE DEPARTED SCENE [ ] [ ] [ ] [ ]

AMBULANCE ARRIVED AT HOSPITAL [ ] [ ] [ ] [ ] \*G or A

\*PLEASE INDICATE WHETHER THE VICTIM WAS TRANSPORTED BY GROUND (G) AMBULANCE OR AIR (A) AMBULANCE

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



- TOP
- UNDERCARRIAGE
- NONE
- UNKNOWN

7 RESTRAINT USAGE / RESTRAINT FAILURE

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

**RESTRAINT FAILURE**

**IMPROPER USAGE**

8 VICTIM EJECTED

- 1  NOT EJECTED
- 2  COMPLETE
- 3  PARTIAL
- 4  UNKNOWN

VICTIM EXTRICATION

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

TERRAIN TYPE

- 1  LEVEL
  - 2  HILLY
  - 3  MOUNTAINOUS
- ACCIDENT LOCALE
- 1  URBAN
  - 2  RURAL
  - 3  UNKNOWN

DRIVER FAMILIAR WITH LOCAL

- 1  YES
- 2  NO
- 3  UNKNOWN

ROAD ALIGNMENT

- 1  STRAIGHT ROAD
- 2  CURVED
- 3  UNKNOWN

BLOOD ALCOHOL CONTENT TEST TAKEN

1  YES - TYPE \_\_\_\_\_ RESULT \_\_\_\_\_ (QUANTITY) \_\_\_\_\_

- 2  NOT TESTED
- 3  UNKNOWN IF TESTED

DRUG SCREEN TAKEN

1  YES - TYPE \_\_\_\_\_ RESULT \_\_\_\_\_ (NAME[S] OF DRUG[S] ) \_\_\_\_\_

- 2  NOT TESTED
- 3  UNKNOWN IF TESTED

9

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