

Arizona Traffic Accident Report		ADOT Use Only				Report ID				Agency Report Number			
		Year		Month		Day		Hour		NCIC No.		Officer's ID No.	
1		Police Only - Forward Copy to ADOT Traffic Records Section 064R 206 S. 17th Ave., Phoenix, Arizona 85007-3233											
												Total No. of Sheets	

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

2	Total Units 2	Total Injuries 1	Total Fatalities 0	Estimated Total to Limit <input checked="" type="checkbox"/>	Damage Compared Over <input type="checkbox"/>	Fatal Hit/Run <input type="checkbox"/>	Govt Prop. <input type="checkbox"/>	Persons Transported for Immediate Medical care? <input type="checkbox"/>	Tow Away At Least One Vehicle From Scene? <input checked="" type="checkbox"/>	District or Grid No.
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3	On Highway / Road / Street SW 14th St Intersecting Street, Road / M.P. or R.P. <input checked="" type="checkbox"/> At <input type="checkbox"/> From Johnson Ave	<input checked="" type="checkbox"/> Inside City Florence <input type="checkbox"/> Outside <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> Plus <input type="checkbox"/> Distance <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Minus <input type="checkbox"/> Measured <input type="checkbox"/> Miles <input type="checkbox"/> Approximate <input type="checkbox"/> Feet
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TRAFFIC UNIT NO. 1	State	Class	End.	DL # <input checked="" type="checkbox"/>	SSN <input type="checkbox"/>	Both <input type="checkbox"/>	Driver <input checked="" type="checkbox"/>	Pedestrian <input type="checkbox"/>	Pedalcyclist <input type="checkbox"/>	First Name Dave	Middle Initial J	Last Name Mollett	Sex M	Inj. N
	Restrictions		Date of Birth 04/05/1962		Address 3490 SW 142 Ave		City Beaverton		State OR		ZIP Code 97008			
	Plate Number JRT 543		State OR		Year 2002		Same As Driver <input checked="" type="checkbox"/>		Owner / Carrier Name		Address		City	
	Body Style Tahoe		Bus (9 or more Seats) <input checked="" type="checkbox"/>		Make Chev		Color Red		Year 2000		VIN 1GNFK13R6WK52489		Safety Device Code	
	Removed To		Disabled <input type="checkbox"/>		Not Disabled <input type="checkbox"/>		Removed By		Orders Of		Posted Speed Limit 35		Ofc. Est. Speed 40	

TRAFFIC UNIT NO. 2	State	Class	End.	DL # <input checked="" type="checkbox"/>	SSN <input type="checkbox"/>	Both <input type="checkbox"/>	Driver <input checked="" type="checkbox"/>	Pedestrian <input type="checkbox"/>	Pedalcyclist <input type="checkbox"/>	First Name Diana	Middle Initial A	Last Name Brown	Sex F	Inj.
	Restrictions		Date of Birth 12/05/1958		Address 733 N Wilson Ave		City Florence		State AZ		ZIP Code 85232			
	Plate Number KLW 983		State AZ		Year 2004		Same As Driver <input checked="" type="checkbox"/>		Owner / Carrier Name		Address		City	
	Body Style Mazda3		Bus (9 or more Seats) <input checked="" type="checkbox"/>		Make Mazda		Color Blue		Year 2003		VIN 3MBAR26T6KL64329		Safety Device Code	
	Removed To Acme Auto Repair		Disabled <input type="checkbox"/>		Not Disabled <input type="checkbox"/>		Removed By Southside Tow		Orders Of Owner		Posted Speed Limit 35		Ofc. Est. Speed 10	

TRAFFIC UNIT NO. 3	State	Class	End.	DL # <input type="checkbox"/>	SSN <input type="checkbox"/>	Both <input type="checkbox"/>	Driver <input type="checkbox"/>	Pedestrian <input type="checkbox"/>	Pedalcyclist <input type="checkbox"/>	First Name	Middle Initial	Last Name	Sex	Inj.
	Restrictions		Date of Birth		Address		City		State		ZIP Code			
	Plate Number		State		Year		Same As Driver <input type="checkbox"/>		Owner / Carrier Name		Address		City	
	Body Style		Bus (9 or more Seats) <input checked="" type="checkbox"/>		Make		Color		Year		VIN		Safety Device Code	
	Removed To		Disabled <input type="checkbox"/>		Not Disabled <input type="checkbox"/>		Removed By		Orders Of		Posted Speed Limit		Ofc. Est. Speed	

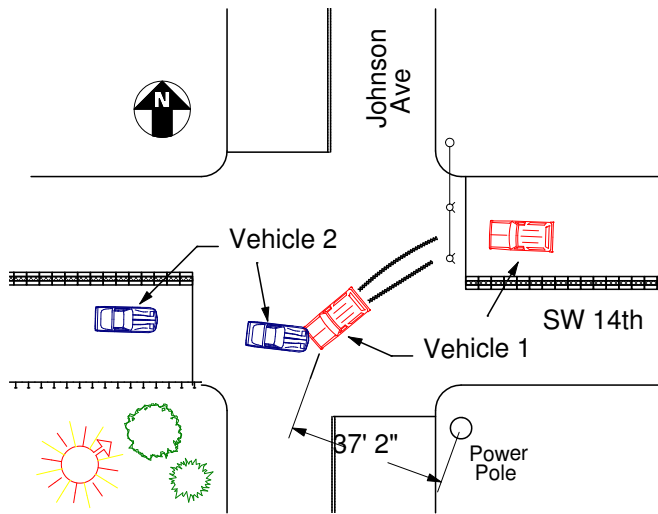
5 PASSENGERS	Seating Position		10 Not in Passenger Compartment	Safety Devices		4 Airbag deployed	8 Passive & lap	Injury Severity Codes					
			11 Motorcycle, Bus			5 Child restraint	9 Other	1 - No Injury					
			12 Other			6 Protective helmet	0 Unknown	2 - Possible Injury					
			13 Unknown			3 Lap & shoulder		3 - Non Incapacitating Injury					
			14 Pedalcyclist			7 Passive belt		4 - Incapacitating Injury					
							5 - Fatal Injury						
							6 - Not Reported / Unknown						
Unit #		Seat POS	SD	First Name	M.I.	Last Name	Address	City	State	ZIP Code	Age	Sex	Inj
2		03		Sean	M	Brown	733 N WILSON AVE	Florence	AZ	85232	15	M	3

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

7 WITNESSES	Name	Address			City			State		ZIP Code		Telephone Number		Age

8	Photos Taken <input type="checkbox"/> Yes <input type="checkbox"/> No	Photographer's Name, ID Number, and Agency					Invest At Scene <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date Invest.	Time Invest.
	Officer's Signature and ID Number Officer John Galt #547						Agency Florence PD		Date Completed 03/02/2004 10:40

9 - DIAGRAM



10 - INDICATE NORTH

11 - SKIDDING OCCURRED

	VEHICLE		
YES	<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3
NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12 - CITATIONS

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

14 - PRIOR ACTION *RAN OFF ROADWAY PRIOR TO FIRST HARMFUL EVENT*

YES NO

RIGHT LEFT UNIT NO. 5349

15 - MANNER OF COLLISION *CHECK ONLY ONE*

- SINGLE VEHICLE
- ANGLE
- LEFT TURN
- RIGHT TURN
- U - TURN
- REAR - END
- HEAD - ON
- SIDESWIPE (SAME DIRECTION)
- SIDESWIPE (OPPOSITE DIRECTION)
- BACKING
- NON - CONTACT MOTORCYCLE
- NON - CONTACT NON - MOTORCYCLE
- PEDESTRIAN
- PEDALCYCLE
- OTHER

DESCRIBE WHAT HAPPENED

Unit 2 was heading East on SW 14th St. They stopped at a red light at the intersection of Johnson Ave and then proceeded into the intersection when the light turned green. Unit 1 was heading West on SW 14th. The driver of Unit 1 failed to yield to Unit 2 and proceeded to make a left turn onto Johnson Ave. Unit 1 impacted the driver's side, front of Unit 2. The 15 year old passenger of Unit 2 received slight injuries due to impact with the air bag. He left the scene under parental supervision. Unit 2 received more than \$2000 damage was removed from the scene by Southside Tow.

INJURED TAKEN TO / BY

30 - TRAFFIC UNIT ACTION *CHECK ONE PER UNIT*

1	<input checked="" 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 checked="" 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

16 - LIGHT CONDITION *CHECK ONLY ONE*

1 DAYLIGHT

2 DAWN OR DUSK

3 DARKNESS

YES NO

1 STREET LIGHT

2 STREET LIGHT FUNCTIONING

17 - WEATHER CONDITIONS *CHECK ONLY ONE*

1 CLEAR

2 CLOUDY

3 SLEET / HAIL

4 RAIN

5 SNOW

6 SEVERE CROSSWINDS

7 BLOWING SAND, SOIL, DIRT, SNOW

8 FOG, SMOG, SMOKE

18 - ROAD SURFACE TYPE *CHECK ONLY ONE*

1 ASPHALT

2 CONCRETE

3 GRAVEL

4 DIRT

5 OTHER

19 - TYPE OF LOCATION *CHECK ONLY ONE*

1 INTERSECTION

2 JUNCTION AREA

3 NON-JUNCTION AREA

4 DRIVEWAY ACCESS

5 ALLEY ACCESS

6 ALLEY

20 - INTERSECTION RELATED

YES NO

21 - SPECIAL LOCATION *CHECK ONLY ONE*

1 SCHOOL CROSSING

2 PEDESTRIAN CROSSWALK (STRIPED)

3 PEDESTRIAN CROSSWALK (NO STRIPING)

4 BRIDGE

5 TUNNEL

6 RR CROSSING

7 GORE AREA

8 BIKE PATH

9 2 - WAY LEFT TURN LANE

22 - UNUSUAL ROAD CONDITION *CHECK ONLY ONE*

1 UNDER CONSTRUCTION, TRAFFIC ALLOWED

2 UNDER CONSTRUCTION, NO TRAFFIC ALLOWED

3 UNDER REPAIRS

4 HOLES, RUTS BUMPS

5 OBSTRUCTION - PROTECTED

6 OBSTRUCTION - UNPROTECTED

7 OBSTRUCTION - UNLIGHTED AT NIGHT

8 DEFECTIVE SHOULDERS

9 CHANGING ROAD WIDTH

10 WATER (STANDING OR MOVING)

11 TEMPORARY LANE CLOSURE

23 - TRAFFIC CONTROL DEVICES

LEGEND:
A - DEVICE OPERATIONAL
B - DAMAGED OR NON-FUNCTIONAL PRIOR TO ACCIDENT

CHECK ANY THAT APPLY

A B

1 TRAFFIC SIGNAL

2 YIELD SIGN

3 STOP SIGN

4 WARNING SIGN

5 RAILROAD SIGNAL

6 FLASHING SIGNAL

7 FLAGMAN OR OFFICER

24 - NON INTERSECTION ROAD CHARACTER *CHECK ONLY ONE*

1 2 - WAY STRIPED CENTERLINE

2 2 - WAY, NO STRIPE

3 2 - WAY, PAINTED MEDIAN

4 2 - WAY, RAISED MEDIAN

5 2 - WAY, CONCRETE BARRIER

6 2 - WAY, CABLE BARRIER

7 2 - WAY, DEPRESSED MEDIAN

8 2 - WAY, EXTENDED MEDIAN

9 1 - WAY STREET

25 - ROAD GRADE *CHECK ONLY ONE*

1 LEVEL

2 DOWNGRADE

3 UPGRADE

4 HILLCREST

5 DIP

26 - ROAD SURFACE CONDITION *CHECK ONLY ONE*

1 DRY

2 WET

3 SAND, MUD, DIRT, OIL, GRAVEL

4 SNOW

5 SLUSH

6 ICE

7 OTHER

8 UNKNOWN

27 - CONDITIONS INFLUENCING DRIVER *TWO CHOICES PER PERSON MAY BE SELECTED*

1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NO APPARENT INFLUENCE
2	<input checked="" 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

28 - VIOLATIONS / BEHAVIOR *TWO CHOICES PER PERSON MAY BE SELECTED*

1	<input checked="" 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 checked="" 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 PERSON MAY BE SELECTED*

1	<input checked="" type="checkbox"/>	<input checked="" 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

31 - VISION OBSCUREMENT *CHECK ONE PER UNIT*

1	<input checked="" type="checkbox"/>	<input checked="" 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NW
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NE
3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SW
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SE
				9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	UNKNOWN