

ARIZONA CRASH REPORT		REPORT ID												Agency Report Number											
<b>1</b> POLICE ONLY – FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 064R 206 S. 17 <sup>TH</sup> AVE., PHOENIX, ARIZONA 85007-3233		YEAR			MONTH			DAY			HOUR			NCIC NO.			OFFICER ID NO.			<b>24043840</b> Total Number of Sheets <u>1</u>					
		2	4	1	0	1	9	1	7	5	6	0	7	1	3	1	9	2	1			5			
COMPLETE THE TRUCK/BUS SUPPLEMENT IF ANY <input checked="" type="checkbox"/> (circle) AND ANY <input checked="" type="checkbox"/> (diamond) ARE CHECKED																									
2		Total Units	2	Total Injuries	1	Total Fatalities	0	Estimated Total Damage Compared To \$2,000 Limit: <input checked="" type="checkbox"/> Over <input type="checkbox"/> Under			<input type="radio"/> Fatal <input type="radio"/> Hit/Run Unit #			<input checked="" type="checkbox"/> Person Transported for Immediate Medical Care?			<input checked="" type="checkbox"/> Tow Away of At Least One Vehicle from Scene?			District or Grid No. <b>05cd</b>					
3		LOCATION										City			County										
		On Highway/Road/Street <b>W. GLENDALE AVE</b>										<b>GLENDALE</b>			<b>MARICOPA</b>										
3		Intersecting Street/Road/M.P. or R.P. <b>N 99TH AVE</b>										<input checked="" type="checkbox"/> North <input type="checkbox"/> East <input type="checkbox"/> Plus			Distance <b>10</b> <input type="checkbox"/> Measured <input checked="" type="checkbox"/> Approximate										
		<input checked="" type="checkbox"/> At <input type="checkbox"/> From										<input checked="" type="checkbox"/> South <input type="checkbox"/> West <input type="checkbox"/> Minus			<input type="checkbox"/> Miles <input checked="" type="checkbox"/> Feet										
Light Condition										Weather Conditions															
<input type="checkbox"/> 1 Daylight <input checked="" type="checkbox"/> 4 Dark - Lighted <input type="checkbox"/> 51 Unknown										<input checked="" type="checkbox"/> 1 Clear <input type="checkbox"/> 4 Rain <input type="checkbox"/> 8 Fog, Smog, Smoke															
<input type="checkbox"/> 2 Dawn <input type="checkbox"/> 5 Dark - Not Lighted										<input type="checkbox"/> 2 Cloudy <input type="checkbox"/> 5 Snow or Blowing Snow <input type="checkbox"/> 50 Other															
<input type="checkbox"/> 3 Dusk <input type="checkbox"/> 6 Dark - Unknown Lighting										<input type="checkbox"/> 3 Steet, Hail (freezing rain/drizzle) <input type="checkbox"/> 7 Blowing Sand, Soil, Dirt <input type="checkbox"/> 51 Unknown															
GLOBAL POSITION										Longitude															
Latitude:										Longitude															
4		Is this a Secondary Collision: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, were any of the following 1 <sup>st</sup> responders hit? <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Fire <input type="checkbox"/> EMS <input type="checkbox"/> Tow Operator <input type="checkbox"/> DOT Worker <input type="checkbox"/> Other										Roadway Clear Time: <b>1 9 1 5</b>			Incident Clear: <b>1 9 1 5</b>										
Safety Devices (SD)					Airbag (AB)					Injury Severity (IS)					Seating Position										
0 - Not Applicable 1 - None Used 2 - Lap Belt 3 - Shoulder and Lap Belt 4 - Child Restraint System 5 - Helmet Used 50 - Other 51 - Unknown					0 - Not Applicable 1 - Deployed - Front 2 - Deployed - Side (Door, seatback) 3 - Deployed - Curtain (roof) 4 - Deployed - Other (knee, airbelt, etc.) 5 - Deployed - Combination 6 - Deployed - Unknown Location 7 - Not Deployed					1 - No Injury 2 - Possible Injury 3 - Suspected Minor Injury 4 - Suspected Serious Injury 5 - Fatal Injury 51 - Unknown/Not Reported					18 - Front Seat - Other (child in Lap) 28 or 38 - Additional passenger in vehicle by row 40 - In enclosed cargo area 41 - In unenclosed cargo area 42 - Riding on Vehicle Exterior 50 - Other 51 - Unknown										
5		<input checked="" type="checkbox"/> DL # <input type="checkbox"/> No Valid License/Permit		State	Class	End.	<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Driverless <input type="checkbox"/> Pedestrian <input type="checkbox"/> Pedalcyclist		Name (First, Middle, Last)			<input type="checkbox"/> ejected <input type="checkbox"/> extricated		Suffix	Sex										
		Restrictions	Address			City			State	Zip Code	Telephone Number														
		Date of Birth	Owner/Carrier Name			<input checked="" type="checkbox"/> Same as Driver <input type="checkbox"/> Gov't Vehicle		Address			City	State	Zip Code												
		Color	Vehicle Year	Make	Body Style	Plate Number			State	Plate Mo/Yr	<input checked="" type="checkbox"/> Bus (9 or more seats)														
		VIN		Autonomous Veh <input type="checkbox"/>		Control: Man <input type="checkbox"/> AV <input type="checkbox"/> Unkn <input type="checkbox"/>		Trailer (Other Unit) Plate No.		State	Year	GWW/GCWR (Rated) Greater Than 10k pounds? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	HazMat Placard? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No												
		Safety Devices	Airbag	Injury Severity	Posted Speed Limit	Ofc Est. Speed	Injured Transported To/By																		
		Vehicle Removed to (Address/Storage Location Identifier)						<input checked="" type="checkbox"/> Disabled <input type="checkbox"/> Not Disabled			Vehicle Removed by			Orders of											
		Insurance Company						Telephone Number			Policy Number			Exp. Date											
		2		<input checked="" type="checkbox"/> DL # <input type="checkbox"/> No Valid License/Permit		State	Class	End.	<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Driverless <input type="checkbox"/> Pedestrian <input type="checkbox"/> Pedalcyclist		Name (First, Middle, Last)			<input type="checkbox"/> ejected <input type="checkbox"/> extricated		Suffix	Sex								
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Vehicle Removed to (Address/Storage Location Identifier)						<input checked="" type="checkbox"/> Disabled <input type="checkbox"/> Not Disabled			Vehicle Removed by			Orders of													
Insurance Company						Telephone Number			Policy Number			Exp. Date													
6				Unit #	Seat Pos	SD	AB	IS	Name			Address			City	State	Zip Code	Phone	Sex	D.O.B.					
				<input type="checkbox"/> transported by EMS/Fire <input type="checkbox"/> ejected <input type="checkbox"/> extricated																					
		<input type="checkbox"/> transported by EMS/Fire <input type="checkbox"/> ejected <input type="checkbox"/> extricated																							
		<input type="checkbox"/> transported by EMS/Fire <input type="checkbox"/> ejected <input type="checkbox"/> extricated																							
7		VEHICLE DAMAGED AREA(S) - (CIRCLE ALL THAT APPLY)						VEHICLE DAMAGED AREA(S) - (CIRCLE ALL THAT APPLY)																	
1 Unit #		2	3	4	5	6	0 - NONE 10 - UNDERCARRIAGE 51 - UNKNOWN		2 Unit #		3	4	5	6	0 - NONE 10 - UNDERCARRIAGE 51 - UNKNOWN										
8		Property Damaged (Other than Vehicles)			Owner Code			1 - Private 2 - Public Utility 3 - Federal Government 4 - State of Arizona 5 - County in Arizona 6 - City in Arizona 7 - Tribal Nation 51 - Unknown			Inventory Tag No														
OC		Owner's Name			Address (or Bar Code ID Number)			City			State	Zip Code	Telephone Number												
9		Name															D.O.B.								
		Address															D.O.B.								
10		UNIT #						A.R.S. NO. OR CITY CODE						UNIT #						A.R.S. NO. OR CITY CODE					
		CITATION																							
1		Photos Taken	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Photographer's Name, ID Number and Agency Name				Invest. At Scene	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date Invest.	Time Invest.	Fire/EMS Incident No													
1		Officer's Name / Badge #				Supervisor's Signature				Agency Name				Date Completed											
		ANTHONY HOGAN 19215								GLENDALE POLICE DEPARTMENT				10192024											

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		2	4	1	0	1	9	1	7	5	6	0	7		1	3	1	9	2	1	5	Total Number of Sheets <b>1</b>								
<b>12 – ROAD SURFACE CONDITION</b> UNIT # <u>1 2</u> <input checked="" type="checkbox"/> 1 DRY <span style="margin-left: 100px;"><input type="checkbox"/> 8 MUD/DIRT/GRAVEL/SAND</span> <input type="checkbox"/> 2 WET <span style="margin-left: 100px;"><input type="checkbox"/> 50 OTHER</span> <input type="checkbox"/> 3 SNOW/SLUSH <span style="margin-left: 100px;"><input type="checkbox"/> 51 UNKNOWN</span> <input type="checkbox"/> 5 ICE/FROST <input type="checkbox"/> 6 WATER (standing/moving)		<b>19 – CONTRIBUTING CIRCUMSTANCES</b> UP TO TWO CHOICES PER UNIT UNIT # <u>1 2</u> <input checked="" type="checkbox"/> 0 NO CONTRIBUTING CIRCUMSTANCE  <b>ENVIRONMENTAL</b> <span style="margin-left: 100px;"><b>ROAD</b></span> 1. GLARE <span style="margin-left: 100px;"><u>1 2</u></span> <input type="checkbox"/> A. SUNLIGHT <span style="margin-left: 100px;"><input type="checkbox"/> 3 ROAD SURFACE CONDITION</span> <input type="checkbox"/> B. PHYSICAL OBSTRUCTION(S) <span style="margin-left: 100px;"><input type="checkbox"/> 4 DEBRIS</span> <input type="checkbox"/> C. STOPPED/PARKED VEHICLE <span style="margin-left: 100px;"><input type="checkbox"/> 5 WORK ZONE</span> <input type="checkbox"/> D. MOVING VEHICLE <span style="margin-left: 100px;"><input type="checkbox"/> 6 OBSTRUCTION IN ROADWAY</span> <input type="checkbox"/> E. LOAD ON VEHICLE <span style="margin-left: 100px;"><input type="checkbox"/> 7 CHANGING ROAD WIDTH</span> <input type="checkbox"/> F. TREE/SHRUB/BUSH <span style="margin-left: 100px;"><input type="checkbox"/> 8 NON-HIGHWAY WORK</span>										<b>BLOCKS 12 - 26: CHECK ONLY ONE OR ONE BLOCK PER UNIT UNLESS NOTED</b>  <b>22 – VIOLATIONS/BEHAVIOR</b> CHECK ALL THAT APPLY UNIT # <u>1 2</u> <input checked="" type="checkbox"/> 1 NO IMPROPER ACTION <input type="checkbox"/> 2 SPEED TOO FAST FOR CONDITIONS <input type="checkbox"/> 3 EXCEEDED LAWFUL SPEED <input type="checkbox"/> 4 FOLLOWED TOO CLOSELY <input type="checkbox"/> 5 RAN STOP SIGN <input type="checkbox"/> 6 DISREGARDED TRAFFIC SIGNAL <input type="checkbox"/> 7 MADE IMPROPER TURN <input type="checkbox"/> 8 DROVE LEFT OF CENTER LINE <input type="checkbox"/> 9 WRONG WAY DRIVING <input type="checkbox"/> 10 CROSSED MEDIAN <input type="checkbox"/> 11 PASSED IN NO PASSING ZONE <input type="checkbox"/> 12 UNSAFE LANE CHANGE <input type="checkbox"/> 13 FAILED TO KEEP IN PROPER LANE <input type="checkbox"/> 17 DID NOT USE CROSSWALK <input type="checkbox"/> 20 FAILED TO YIELD RIGHT-OF-WAY <input type="checkbox"/> 49 AGGRESSIVE DRIVING <input type="checkbox"/> 50 OTHER <input type="checkbox"/> 51 UNKNOWN																		
<b>13 – ROAD GRADE</b> UNIT # <u>1 2</u> <input checked="" type="checkbox"/> 1 LEVEL <span style="margin-left: 100px;"><input type="checkbox"/> 3 UPHILL</span> <input type="checkbox"/> 2 DOWNHILL <span style="margin-left: 100px;"><input type="checkbox"/> 51 UNKNOWN</span>		<b>20 – DISTRACTED DRIVING BEHAVIOR</b> UNIT # <u>1 2</u> <input checked="" type="checkbox"/> 0 NOT DISTRACTED/NOT APPLICABLE <input type="checkbox"/> 1 TALKING ON HANDS FREE DEVICE <input type="checkbox"/> 2 TALKING ON HAND HELD DEVICE <input type="checkbox"/> 3 PASSENGER <input type="checkbox"/> 4 OTHER ACTIVITY, ELECTRONIC DEVICE <input type="checkbox"/> 5 MANUALLY OPERATING AN ELECTRONIC DEVICE <input type="checkbox"/> 6 OTHER INSIDE THE VEHICLE (eating, drinking, etc.) <input type="checkbox"/> 7 OUTSIDE THE VEHICLE (includes unspecified distractions) <input type="checkbox"/> 50 DISTRACTED, UNKNOWN REASON <input type="checkbox"/> 51 UNKNOWN IF DISTRACTED										<b>23 – TRAFFIC UNIT MANEUVER/ACTION</b> UNIT # <u>1 2</u> <input checked="" type="checkbox"/> 1 GOING STRAIGHT AHEAD <input type="checkbox"/> 2 SLOWING IN TRAFFICWAY <input type="checkbox"/> 3 STOPPED IN TRAFFICWAY <input type="checkbox"/> 4 MAKING LEFT TURN <input type="checkbox"/> 5 MAKING RIGHT TURN <input type="checkbox"/> 6 MAKING U-TURN <input type="checkbox"/> 7 OVERTAKING/PASSING <input type="checkbox"/> 8 CHANGING LANES <input type="checkbox"/> 9 NEGOTIATING A CURVE <input type="checkbox"/> 10 BACKING <input type="checkbox"/> 11 AVOIDING VEHICLE/OBJECT/PED/CYCLIST <input type="checkbox"/> 12 ENTERING PARKING POSITION <input type="checkbox"/> 13 LEAVING PARKING POSITION <input type="checkbox"/> 14 PROPERLY PARKED <input type="checkbox"/> 15 IMPROPERLY PARKED <input type="checkbox"/> 16 MOVING VEHICLE – NO DRIVER <input type="checkbox"/> 17 CROSSING ROAD <input type="checkbox"/> 18 WALKING WITH TRAFFIC <input type="checkbox"/> 19 WALKING AGAINST TRAFFIC <input type="checkbox"/> 20 STANDING <input type="checkbox"/> 21 LYING <input type="checkbox"/> 22 GETTING ON/OFF VEHICLE <input type="checkbox"/> 50 OTHER <input type="checkbox"/> 51 UNKNOWN																		
<b>14 – RELATION TO JUNCTION</b> <input type="checkbox"/> 0 NOT JUNCTION RELATED <span style="margin-left: 100px;"><input type="checkbox"/> 4 RAILWAY GRADE CROSSING</span> <input checked="" type="checkbox"/> 1 INTERSECTION (within) <span style="margin-left: 100px;"><input type="checkbox"/> 7 DRIVEWAY or ALLEY ACCESS</span> <input type="checkbox"/> 2 INTERSECTION-RELATED <span style="margin-left: 100px;"><input type="checkbox"/> 50 OTHER</span> <input type="checkbox"/> 3 ENTRANCE/EXIT RAMP <span style="margin-left: 100px;"><input type="checkbox"/> 51 UNKNOWN</span>		<b>21 – CONDITION INFLUENCING Driver/Ped/Cyclist</b> UP TO THREE CHOICES PER UNIT UNIT # <u>1 2</u> <input checked="" type="checkbox"/> 0 NO APPARENT INFLUENCE <input type="checkbox"/> 1 ILLNESS OR PHYSICAL IMPAIRMENT <input type="checkbox"/> 2 FELL ASLEEP/FATIGUED <input type="checkbox"/> 3 ALCOHOL <input type="checkbox"/> 4 ILLEGAL DRUGS <input type="checkbox"/> 5 MEDICATIONS <input type="checkbox"/> 6 MARIJUANA <input type="checkbox"/> 7 MED MARIJUANA CARD PRESENTED <input type="checkbox"/> 8 OTHER <input type="checkbox"/> 51 UNKNOWN CONDITION										<b>21 DRE (check all that apply)</b> UNIT # <u>1 2</u> <input type="checkbox"/> a DRE RESPONDED <input type="checkbox"/> b SUSPECT EVALUATED <input type="checkbox"/> c SUSPECT ARRESTED																		
<b>15 – TRAFFICWAY DESCRIPTION</b> <input type="checkbox"/> 1 ONE WAY TRAFFICWAY <input type="checkbox"/> 2 TWO-WAY, NOT DIVIDED (no median present) <input type="checkbox"/> 3 TWO-WAY, (NOT DIVIDED) WITH A CONTINUOUS LEFT TURN LANE <input type="checkbox"/> 4 TWO-WAY, DIVIDED, UNPROTECTED MEDIAN <input checked="" type="checkbox"/> 5 TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER <input type="checkbox"/> 51 UNKNOWN		<b>24 – LOCATION OF PEDESTRIAN/CYCLIST</b> UNIT # <u>1 2</u> <input type="checkbox"/> 1 AT INTERSECTION-IN MARKED CROSSWALK <input type="checkbox"/> 2 AT INTERSECTION-UNMARKED/UNKNOWN IF MARKED CROSSWALK <input type="checkbox"/> 3 AT INTERSECTION-NOT IN CROSSWALK <input type="checkbox"/> 4 AT INTERSECTION-UNKNOWN LOCATION <input type="checkbox"/> 5 NOT AT INTERSECTION-IN MARKED CROSSWALK <input type="checkbox"/> 6 NOT AT INTERSECTION-ON ROADWAY, NOT IN MARKED CROSSWALK <input type="checkbox"/> 7 NOT AT INTERSECTION-ON ROADWAY, CROSSWALK AVAILABILITY UNKNOWN <input type="checkbox"/> 8 SCHOOL CROSSWALK <input type="checkbox"/> 9 PARKING LANE/ZONE										<b>COLLISION WITH FIXED OBJECT</b> 29 IMPACT ATTENUATOR/CRASH CUSHION/GUARDRAIL END 33 CONCRETE CURB 36 GUARDRAIL FACE 38 MEDIAN BARRIER 39 CABLE BARRIER 41 TREE, BUSH, STUMP (standing) 42 TRAFFIC SIGNAL SUPPORT 43 TRAFFIC SIGNAL SUPPORT 44 UTILITY POLE/LIGHT SUPPORT 46 FENCE 50 OTHER FIXED OBJ. 51 UNKNOWN																		
<b>16 – TRAFFIC CONTROL DEVICE</b> UNIT # <u>1 2</u> <input type="checkbox"/> 0 NO CONTROLS <span style="margin-left: 100px;"><input type="checkbox"/> 7 PERSON (law enforcement, crossing guard, flagger, etc.)</span> <input checked="" type="checkbox"/> 1 SIGNAL <span style="margin-left: 100px;"><input type="checkbox"/> 8 TRAFFIC CIRCLE / ROUNDABOUT</span> <input type="checkbox"/> 2 STOP SIGN <span style="margin-left: 100px;"><input type="checkbox"/> 9 PEDESTRIAN HYBRID BEACON/HAWK</span> <input type="checkbox"/> 3 YIELD SIGN <span style="margin-left: 100px;"><input type="checkbox"/> 50 OTHER</span> <input type="checkbox"/> 4 WARNING SIGN <span style="margin-left: 100px;"><input type="checkbox"/> 51 UNKNOWN</span> <input type="checkbox"/> 5 RAILROAD CROSSING SIGN <input type="checkbox"/> 6 FLASHING TRAFFIC SIGNAL		<b>25 – ROADWAY ALIGNMENT</b> UNIT # <u>1 2</u> <input checked="" type="checkbox"/> 1 STRAIGHT <span style="margin-left: 100px;"><input type="checkbox"/> 3 CURVE RIGHT</span> <input type="checkbox"/> 2 CURVE LEFT <span style="margin-left: 100px;"><input type="checkbox"/> 51 UNKNOWN</span>										<b>27 – SEQUENCE OF EVENTS</b> UP TO FOUR CRASH EVENTS FOR EACH UNIT IN THE ORDER OF OCCURRENCE  <b>NON-COLLISION</b> 1 OVERTURN/ROLLOVER 2 FIRE/EXPLOSION 5 CARGO/EQUIPMENT LOSS/SHIFT 6 FELL/JUMPED FROM VEHICLE 8 OTHER NON-COLLISION 9 EQUIPMENT FAILURE (tires, brakes) 10 SEPARATION OF UNITS 11 RAN OFF ROAD RIGHT 12 RAN OFF ROAD LEFT 13 CROSS MEDIAN 14 CROSS CENTERLINE 15 DOWNHILL RUNAWAY  <b>COLLISION WITH PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT</b> 16 MOTOR VEHICLE IN TRANSPORT 17 PEDESTRIAN 18 PEDALCYCLE 19 TRAIN 20 LIGHT RAILWAY/RAILCAR VEHICLE 21 ANIMAL 25 PARKED MOTOR VEHICLE 27 STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY ANOTHER VEHICLE 28 OTHER NON-FIXED OBJ.																		
<b>17 – MANNER OF CRASH IMPACT</b> <input type="checkbox"/> 1 SINGLE VEHICLE <span style="margin-left: 100px;"><input type="checkbox"/> 6 SIDESWIPE, SAME DIRECTION</span> <input type="checkbox"/> 2 ANGLE (front to side) (other than left turn) <span style="margin-left: 100px;"><input type="checkbox"/> 7 SIDESWIPE, OPPOSITE DIRECTION</span> <input type="checkbox"/> 3 LEFT TURN <span style="margin-left: 100px;"><input type="checkbox"/> 10 U-TURN</span> <input type="checkbox"/> 4 REAR END (front-to-rear) <span style="margin-left: 100px;"><input type="checkbox"/> 50 OTHER</span> <input checked="" type="checkbox"/> 5 HEAD-ON (front-to-front) (other than left turn) <span style="margin-left: 100px;"><input type="checkbox"/> 51 UNKNOWN</span>		<b>26 – LANE</b> Please enter unit's number and lane of travel before first crash event <table border="1" style="margin-left: 20px; border-collapse: collapse;"> <tr> <td style="width: 50px; text-align: center;">UNIT 1</td> <td style="width: 50px; text-align: center;">UNIT 2</td> </tr> <tr> <td style="text-align: center;">L1</td> <td style="text-align: center;">2</td> </tr> </table>										UNIT 1	UNIT 2	L1	2	FIRST HARMFUL EVENT OF THE CRASH <u>16</u>														
UNIT 1	UNIT 2																													
L1	2																													
<b>18 – DIRECTION OF UNIT TRAVEL (Compass)</b> BEFORE 1 <sup>ST</sup> CRASH EVENT UNIT # <u>1 2</u> <input type="checkbox"/> 1 NORTH <span style="margin-left: 100px;"><input type="checkbox"/> 6 NORTHEAST</span> <input type="checkbox"/> 2 SOUTH <span style="margin-left: 100px;"><input type="checkbox"/> 7 SOUTHWEST</span> <input checked="" type="checkbox"/> 3 EAST <span style="margin-left: 100px;"><input type="checkbox"/> 8 SOUTHEAST</span> <input type="checkbox"/> 4 WEST <span style="margin-left: 100px;"><input type="checkbox"/> 51 UNKNOWN</span> <input type="checkbox"/> 5 NORTHWEST  <b>NOTE: FOR PARKED OR STOPPED VEHICLES, INDICATE THE DIRECTION THE VEHICLE WAS FACING AT THE TIME OF THE CRASH</b>		<b>28 – SEQUENCE OF EVENTS PER TRAFFIC UNIT</b> <table border="1" style="margin-left: 20px; border-collapse: collapse;"> <tr> <td style="width: 50px;"></td> <td style="width: 50px; text-align: center;">Unit <u>1</u></td> <td style="width: 50px; text-align: center;">Unit <u>2</u></td> </tr> <tr> <td style="text-align: center;">FIRST EVENT</td> <td style="text-align: center;">16</td> <td style="text-align: center;">16</td> </tr> <tr> <td style="text-align: center;">SECOND EVENT</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">THIRD EVENT</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">FOURTH EVENT</td> <td></td> <td></td> </tr> </table>											Unit <u>1</u>	Unit <u>2</u>	FIRST EVENT	16	16	SECOND EVENT			THIRD EVENT			FOURTH EVENT			SEQUENCE OF EVENTS PER TRAFFIC UNIT			
	Unit <u>1</u>	Unit <u>2</u>																												
FIRST EVENT	16	16																												
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THIRD EVENT																														
FOURTH EVENT																														

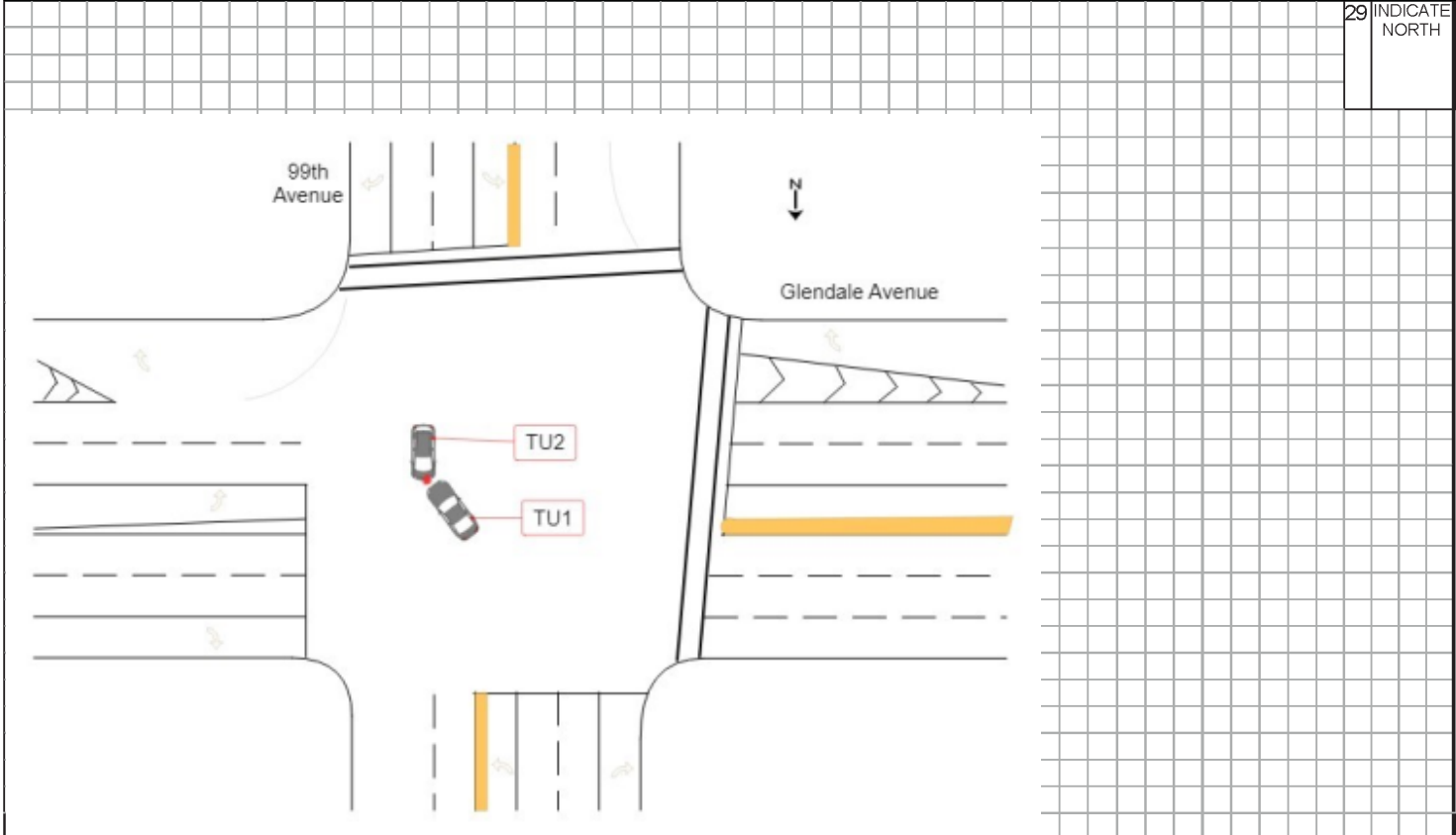
**1** **CONTINUED**  
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 ADOT TRAFFIC RECORDS SECTION, 064R  
 206 S. 17TH AVE., PHOENIX, ARIZONA 85007-3233

YEAR	MONTH	DAY	HOUR	NCIC NO.	OFFICER ID NO.
2	4	1	0	1	9
1	7	5	6	0	7
1	3	1	9	2	1
5					

**24043840**

**28**  MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE  
 MEASUREMENTS ARE SCALED (SCALE = \_\_\_\_\_)

## CRASH DIAGRAM



**30** Describe what happened

## NARRATIVE

ON 1756 HOURS TU2 WAS TRAVELING NORTH ON N 99TH AVE WHEN IT COLLIDED HEADON WITH TU1 WHO WAS MAKING A LEFT FROM N 99TH AVE ONTO W. GLENDALE AVE. BOTH VEHICLES SUSTAINED MAJOR DAMAGE AND WERE TOWED FROM THE SCENE