



City of Scottsdale 2020 Bicycle and Pedestrian Collision Report

City of Scottsdale

2020 Bicycle and Pedestrian Collision Report

TABLE OF CONTENTS

Table of Contents	1
Introduction	3
Facts at a Glance	6
5 Year Trends	7
Bicycle Collision Data (2014 – 2018)	8
1 - Age of Bicyclist.....	8
2 - Age of Driver	8
3 - Bicyclist in Collision by Gender	9
4 - Driver in Collision by Gender	9
5 - Bicycle Collisions by Light Condition.....	10
6 - Bicycle Collision by Month.....	10
7 - Bicycle Collisions by Day of Week	11
8 - Bicycle Collision by Time of Day	11
9 - Bicyclist Violation.....	12
10 - Driver Violation.....	12
11 - Impairment.....	13
12 - Driver Intended Movement Prior to Collision	14
13 - Manner of Bicycle Collision	14
14 - Bicyclist Action (Within 150 feet of Intersection).....	15
15 - Bicyclist Action (Over 150 feet from Intersection)	15
16 - Traffic control at Place of Bicycle Collision.....	16
17 - Bicycle Collision of Private Property.....	16
18 - Collision by Bicyclist Injury Severity.....	17
19 - Location of Bike Crossing.....	18
20 - Primary Fault in Collision	18
21 - Bicyclist Direction of Travel Compared to Traffic	18
Pedestrian Collision Data (2014 – 2018)	19
22 - Age of Pedestrian	19
23 - Age of Driver.....	19
24 - Pedestrian in Collision by Gender.....	20
25 - Driver in Collision by Gender	20
26 - Pedestrian Collisions by Light Condition	21
27 - Pedestrian Collisions by Month.....	21
28 - Pedestrian Collisions by Day of Week	22
29 - Pedestrian Collisions by Time of Day.....	22

30 - Pedestrian Violation	23
31 - Driver Violation.....	23
32 - Impairment.....	24
33 - Driver Intended Movement Prior to Collision	25
34 - Manner of Pedestrian Collision	25
35 - Pedestrian Action (Within 150 feet of Intersection)	26
36 - Pedestrian Action (Over 150 feet from Intersection).....	26
37 - Traffic Control at Place of Pedestrian Collision	27
38 - Pedestrian Collisions on Private Property	27
39 - Collision by Pedestrian Injury Severity	28
40 - Location of Pedestrian Crossing	29
41 - Primary Fault in Collision	29
42 - Pedestrian Mode of Transportation	30
Bicycle Collision Maps (2014 – 2018)	31
43 - 5 Year Total Citywide.....	31
44 - 5 Year Total Northern Scottsdale	32
45 - 5 Year Total Central Scottsdale	33
46 - 5 Year Total Southern Scottsdale	34
47 - 5 Year Total "Old Town" Scottsdale	35
Pedestrian Collision Maps (2014 – 2018).....	36
48 - 5 Year Total Citywide.....	36
49 - 5 Year Total Northern Scottsdale	37
50 - 5 Year Total Central Scottsdale	38
51 - 5 Year Total Southern Scottsdale	39
52 - 5 Year Total "Old Town" Scottsdale.....	40
Bicycle and Pedestrian Collision Severity Maps (2014 – 2018)	41
53 - 5 Year Total Citywide.....	41
54 - 5 Year Total Northern Scottsdale	42
55 - 5 Year Total Central Scottsdale	43
56 - 5 Year Total Southern Scottsdale	44
57 - 5 Year Total "Old Town" Scottsdale.....	45
Arizona Crash Report	46
58 - Page 1 of 3	46
59 - Page 2 of 3	47
60 - Page 3 of 3	48
Arizona Crash Report: Definitions and Excerpts	49

City of Scottsdale

2020 Bicycle and Pedestrian Collision Report

INTRODUCTION

The purpose of this document is to provide bicycle and pedestrian collision data for the City of Scottsdale for the most recent five (5) years of reported data. The data available at the time of this report is 2014-2018. This is the first report the City has produced of this type. It is expected that this report will be updated periodically. Due to the relative infrequency of bicycle and pedestrian collisions relative to vehicular collisions, it is anticipated that updates would occur less frequently than the Cities' biennial *Traffic Volume and Collision Report Manual*.

Using data available at the date of this publication, the City bicycle and pedestrian infrastructure inventory contains nearly two hundred (200) bicycle lane miles and nearly one hundred thirty (130) miles of shared use pathways with programs in place to expand those facilities over time. Also, at the time of this report, the League of American Bicyclists has designated the City of Scottsdale as a gold level member in the League's Bicycle Friendly Community program. The City has held gold status since 2011 and is re-evaluated every four (4) years.

During the five (5) year analysis period, there were a total of 378 documented bicycle collisions and 281 documented pedestrian collisions. This correlates to a yearly average of approximately 76 bicycle collisions and 56 pedestrian collisions. The data was vetted extensively, and each individual collision report was reviewed to confirm that the report did, in fact, involve a bicycle or pedestrian. This is an important distinction because a simple query of the collision type – at the state, regional, or local level – may yield different results. The discrepancies could be attributed to reporting criteria, officer interpretation, and human error. Because all documented collisions contained in this report have been vetted, there is a high degree of confidence that all bicycle and pedestrian collision reports for the five (5) year analysis period between 2014-2018 are accurately represented. It is also important to note that the data in the report is for bicycle and pedestrian collisions and that it is logical to expect there are bicycle and pedestrian collisions that do not result in a collision report and thus are not represented in the data contained in this report.

In addition to tabulated data, this report also includes graphical representations to illustrate the collision data. Bar and pie charts are used to show the relative percentages of collisions occurring for many different variables such as age, gender, day of week, time of day, action by motorist relative to the bicycle and pedestrian, and so on.

There are also maps contained within this report that provide a spatial representation of the locations where bicycle and pedestrian collisions have occurred. For the purposes of this report, the City was divided into four (4) distinct segments by geographic area – northern, central, southern, and downtown (“Old Town”). The maps provide a breakdown of total collisions by mode (bicycle or pedestrian) and by severity (serious injuries and fatalities).

When reviewing the report, it is also important to understand some of the applicable laws as they relate to bicyclists and pedestrians.

For bicyclists the following state statutes apply:

- It is legal to ride a bicycle on sidewalks in Scottsdale as well as the roadway.
- A bicyclist can ride in either direction on a sidewalk, but this can make them vulnerable to see, particularly to vehicles making a right turn in the same direction.
- It is illegal to ride a bicycle in the roadway against traffic (A.R.S. 28-721)
- It is illegal for motorist to enter an intersection without making a reasonable attempt of ensuring it is clear to proceed (A.R.S. 28-701A, 28-645.A.1.a, 28-773, 28-774).

For pedestrians the following state statutes apply:

- Arizona law requires drivers to exercise due care to avoid colliding with a pedestrian (A.R.S. 28-794).
- It is also against the law to pass vehicles stopped at marked or unmarked crosswalks when pedestrians are present (A.R.S. 28-792).
- Pedestrians walking or running along a roadside without sidewalks have a legal right to do so and vehicles must avoid colliding with them (A.R.S. 28-796) but if sidewalks are provided, a pedestrian shall not walk along and on an adjacent roadway (A.R.S. 28-796).
- A pedestrian crossing a roadway at any point other than within a marked crosswalk or within an unmarked crosswalk at an intersection shall yield the right-of-way to all vehicles on the roadway.
- At locations between adjacent intersections at which traffic control signals are in operation, pedestrians shall not cross at any place except in a marked crosswalk (A.R.S. 28-793A and C).

There are numerous other laws that apply to both bicyclists and pedestrians; however, the intent of this report is to provide context to the collision categories and the laws referenced assist the reader with that intent.

It is anticipated that the *Bicycle and Pedestrian Collision Report* will provide a resource for practitioners in several applications. First, the report can be used as a screening tool for locations that have a documented history of bicycle and pedestrian collisions. This information can be supplemented with other references, such as the previously referenced biennial *Traffic Volume and Collision Report Manual*, to assist in identifying possible locations for road safety audits and device reviews. One of the challenges associated with the bicycle and pedestrian modes of transportation is knowing where to deploy traffic control to promote safe travel by anticipating latent demand. Understanding where collisions have occurred amongst bicyclists and pedestrians can assist to bridge that unknown. Second, locations that have a history of bicycle and pedestrian collisions can be identified for capital improvement projects. Third, knowing the locations with documented bicycle and pedestrian collisions can assist with identifying infrastructure improvements associated with private development. Fourth, understanding the behaviors associated with collisions involving bicycles and pedestrians can lead to better education, targeted enforcement, and influence design of new facilities such as bike lanes.

Below are approximate corridor locations that exhibit clusters of bicycle and pedestrian collisions between 2014 and 2018 broken down by geographic area – northern, central, southern, and Old Town. These locations are by listed by frequency and not by severity. As one may expect, the denser areas of the City – Southern Scottsdale and Old Town, have a larger number of collision clusters while the less densely populated area of northern Scottsdale had fewer clusters of collisions.

Northern

Bicycle:

- Pima Road from Pinnacle Peak Road to Lone Mountain Road

Pedestrian:

- No discernable cluster(s)

Central

Bicycle:

- Scottsdale Road from Shea Boulevard to Frank Lloyd Wright Boulevard
- Frank Lloyd Wright Boulevard from near the Loop 101 interchange east to Thompson Peak Parkway
- Area bounded by Via Linda to the south, Mountain View Road to the north, 90th Street to the west and 96th Street to the east

Pedestrian:

- Scottsdale Road between Greenway Road and Union Hills Drive
- Scottsdale Road between Mountain View Road and Cholla Street
- Area surrounding the Honor Health Medical Campus – Shea Boulevard, 90th Street, and 92nd Street

Southern

Bicycle:

- Scottsdale Road from Roosevelt Street to McDowell Road
- McDowell Road from Scottsdale Road to Hayden Road
- Hayden Road from Thomas Road to Osborn Road
- McDonald Drive from Miller Road to Pima Road

Pedestrian:

- McDowell Road from Miller Road to Hayden Road
- Thomas Road near the intersection of Scottsdale Road to the east and west
- Scottsdale Road from McDowell Road to Thomas Road
- Indian School Road from Miller Road to Hayden Road

Old Town

Bicycle:

- Scottsdale Road from Indian School Road to Chaparral Road

Pedestrian:

- Camelback Road from Goldwater Boulevard to 75th Street
- Scottsdale Road from Main Street to Indian School Road
- Stetson Drive/5th Avenue from Scottsdale Road to Wells Fargo Avenue

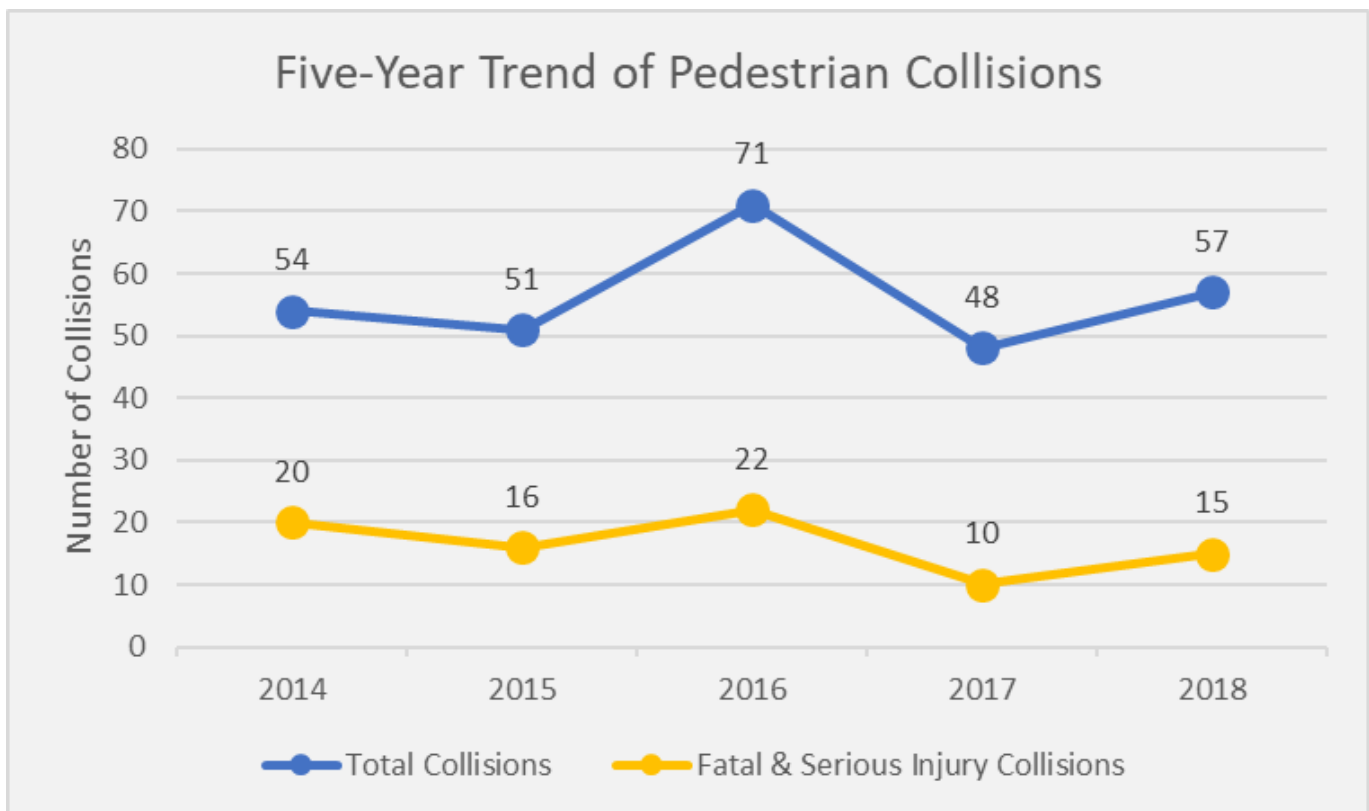
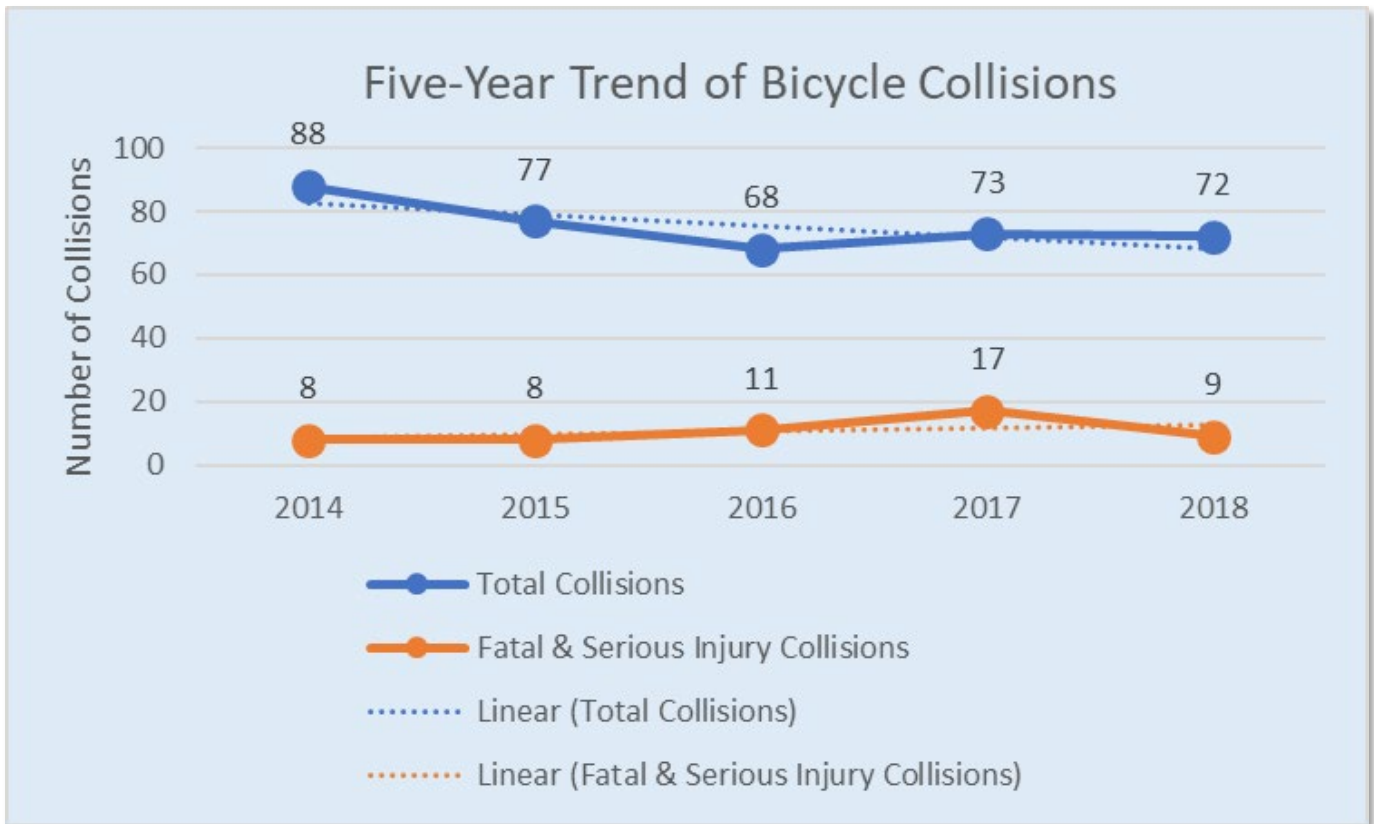
From 2014 to 2018...

Bicycle Collisions:

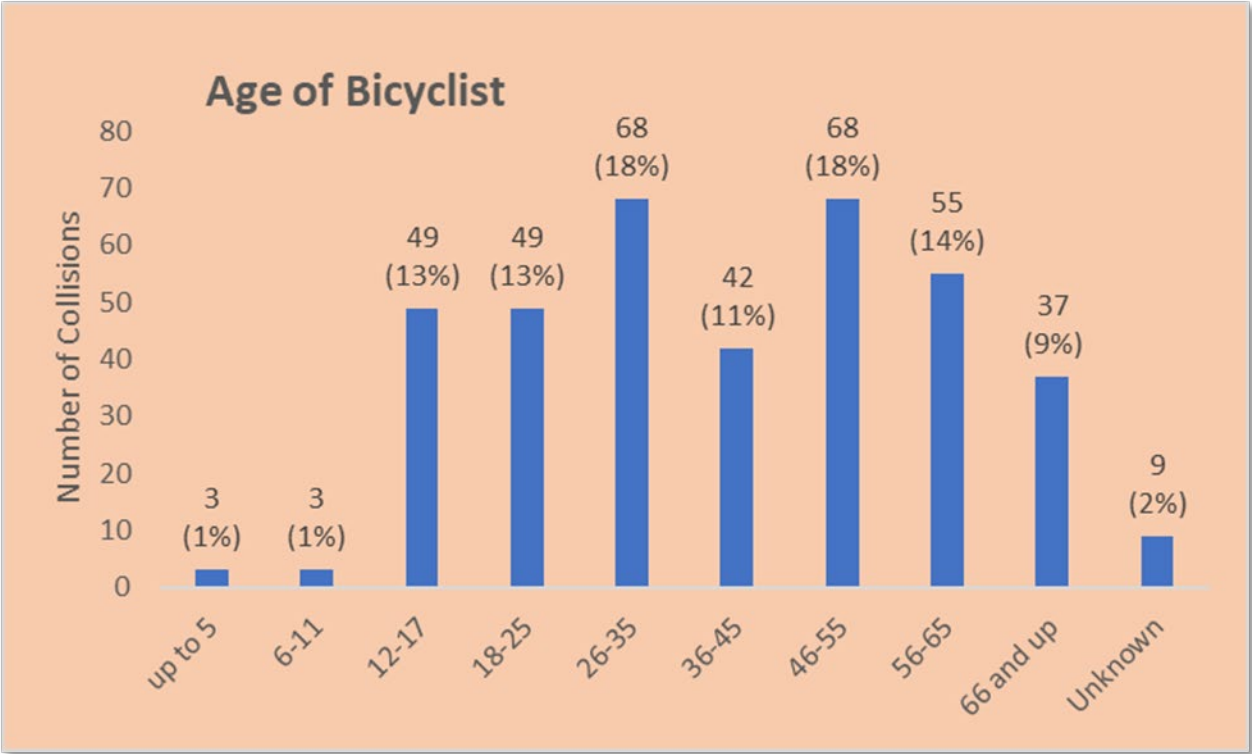
- There were 378 bicycle collisions – an average of 76 collisions annually
- Of the 378 bicycle collisions, 55 involved hit-and-run collisions
- Bicycle collisions accounted for 1.7% of all collisions over the 5-years
- 15% of bicyclists were individuals under the age of 18
- 78% of bicycle collisions occurred during daylight
- 4% of bicycle collisions involved a party that was impaired
- 42% of bicycle collisions did not result in any violation
- The second highest reported bicycle violation (second to “no improper action”) was riding in the opposite direction of traffic (at 22%)
- The second highest reported driver violation (second to “no improper action”) was failure to yield right-of-way (at 26%)
- 80% of collisions involving bicyclists occurred within 150-feet of an intersection
- Bicycle collisions occurred most frequently between 3 PM and 6 PM and on Tuesdays
- October had the highest number of bicycle collisions with 45
- 44% of all bicycle collisions occurred while the motorist was making a right turn
- 33% of bicycle collisions occurred at uncontrolled locations and another 45% occurred at a signalized location.

Pedestrian Collisions:

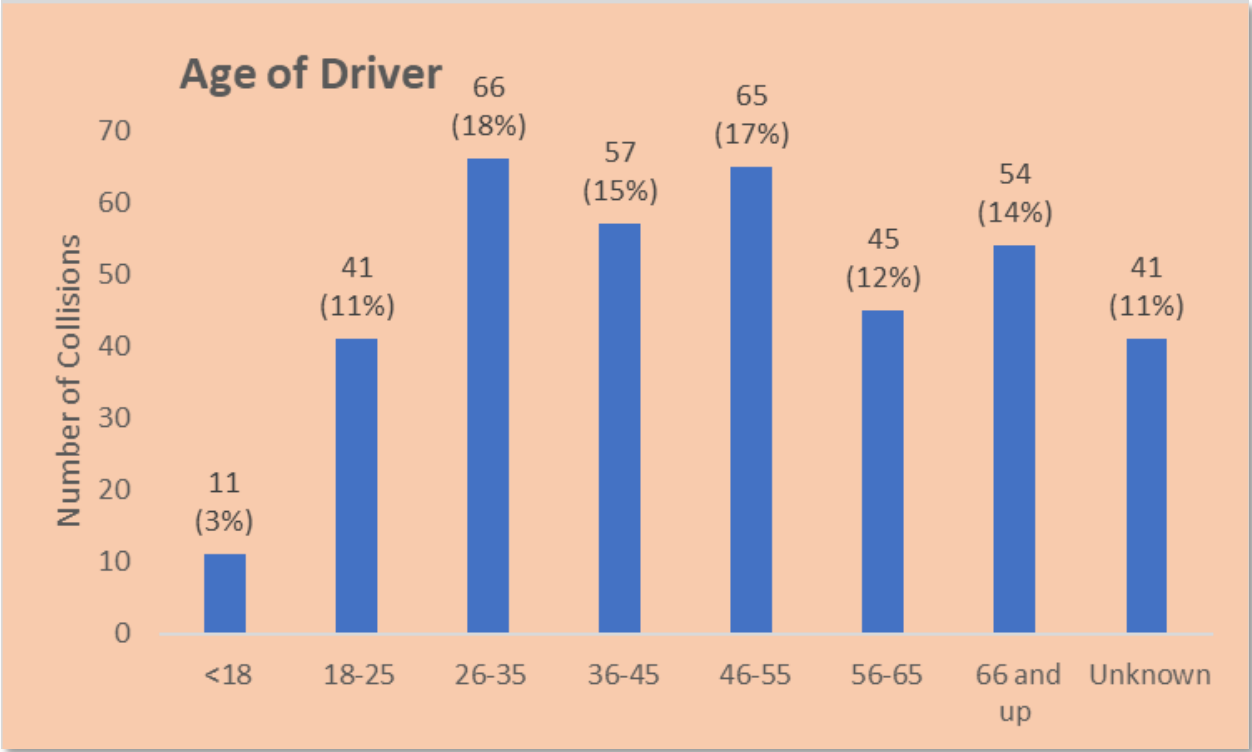
- There were 281 pedestrian collisions– an average of 56 collisions annually
- Of the 281 pedestrian collisions, 62 involved hit-and-run collisions
- Pedestrian collisions accounted for 1.3% of all collisions over the 5-years
- 11% of pedestrians were individuals under the age of 18
- 55% of pedestrian collisions occurred during daylight
- 16% of pedestrian collisions involved a party that was impaired
- 55% of pedestrian collisions did not result in any violation
- The second highest reported pedestrian violation (second to “no improper action”) was “did not use crosswalk” (at 21%)
- The second highest reported driver violation (second to “no improper action”) was failure to yield right-of-way (at 35%)
- 57% of pedestrian collisions within 150-feet of an intersection occurred while crossing in a marked crosswalk
- 48% of pedestrian collisions beyond 150-feet of an intersection occurred by crossing midblock
- Pedestrian collisions occurred most frequently between 3 PM and 6 PM and on Wednesdays
- March had the highest number of pedestrian collisions with 36
- 52% of all pedestrian collisions were categorized as the driver being at-fault
- 44% of pedestrian collisions occurred at uncontrolled locations



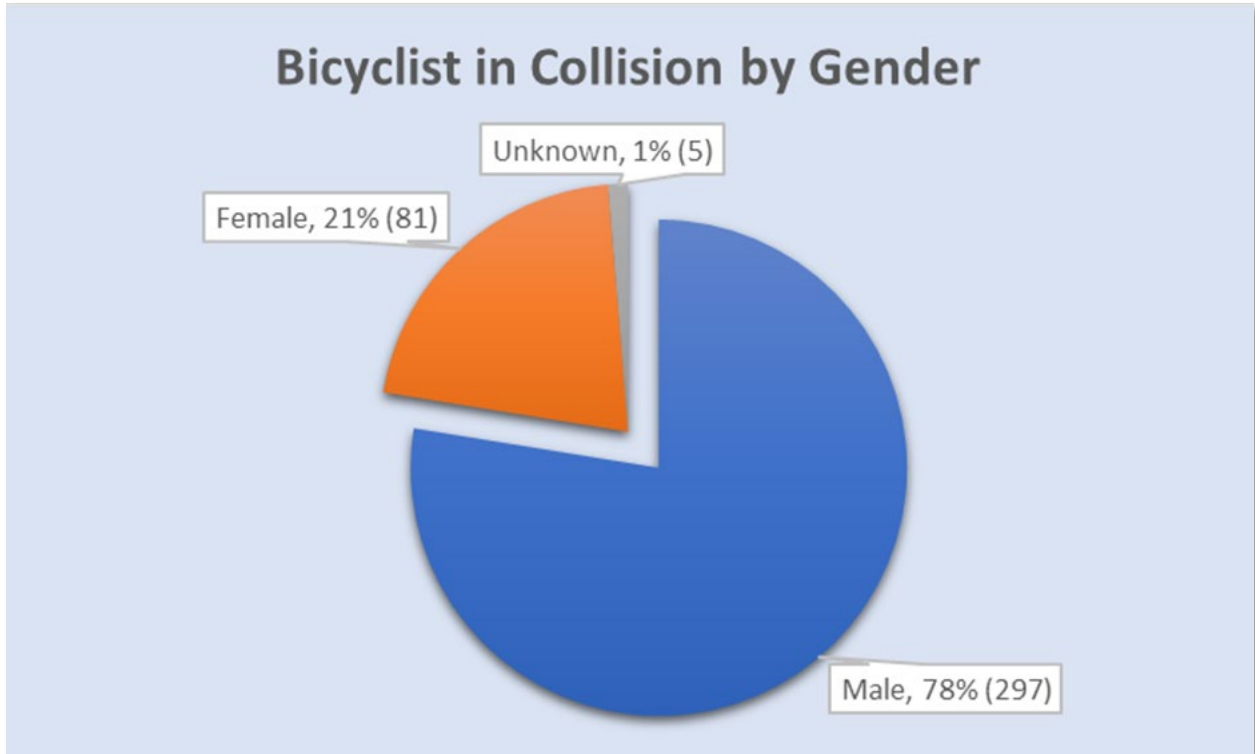
BICYCLE COLLISION DATA (2014 – 2018)



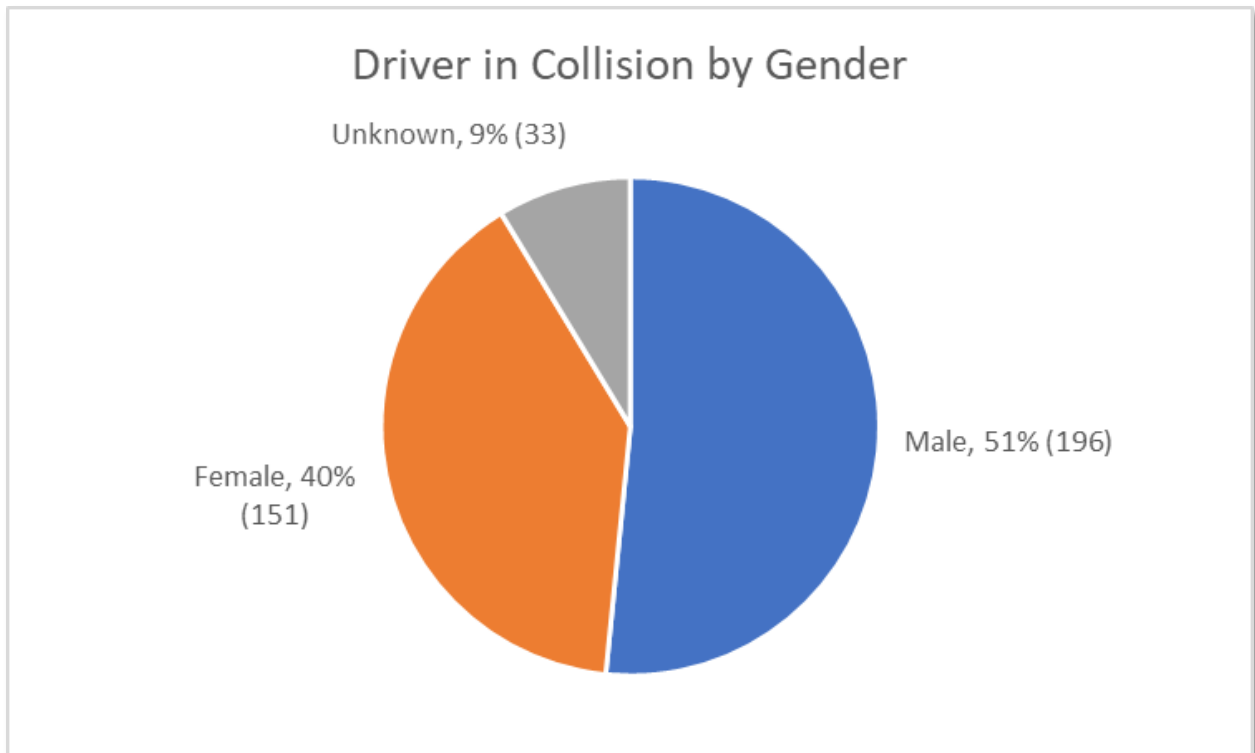
1 - Age of Bicyclist



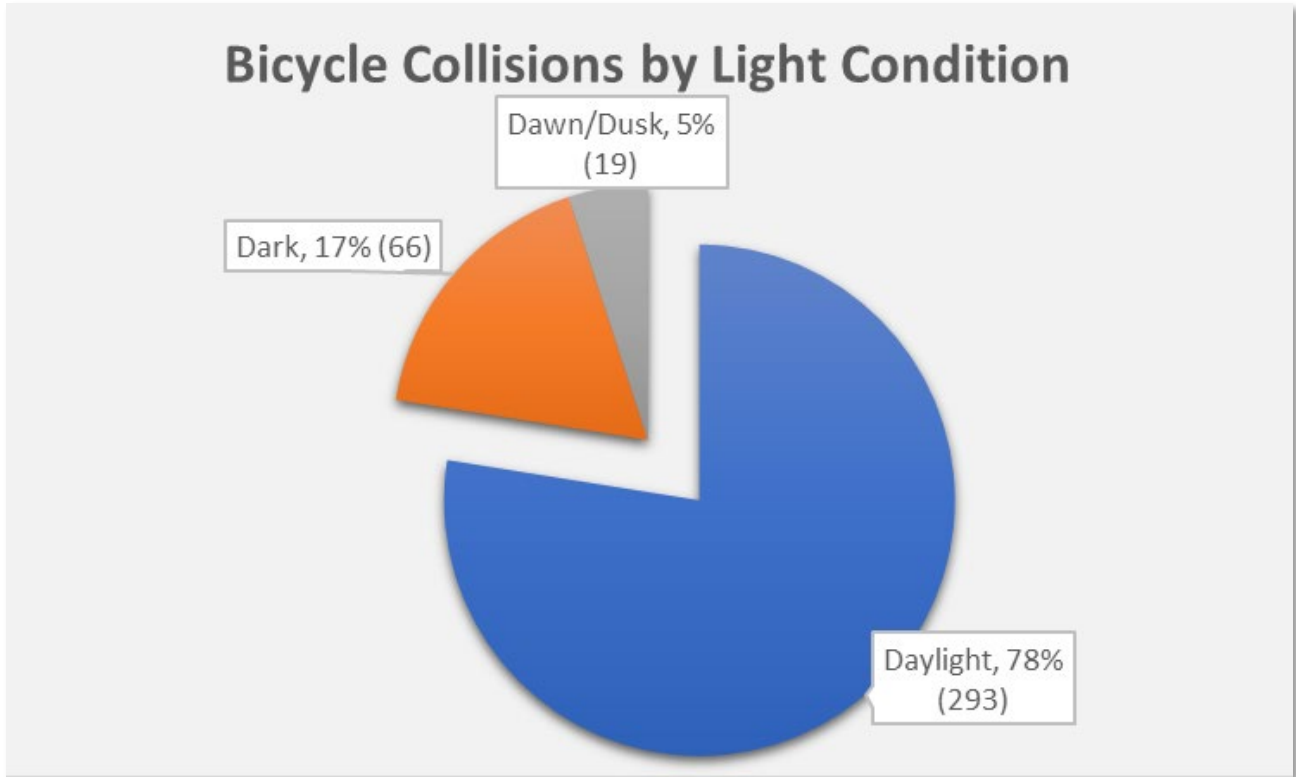
2 - Age of Driver



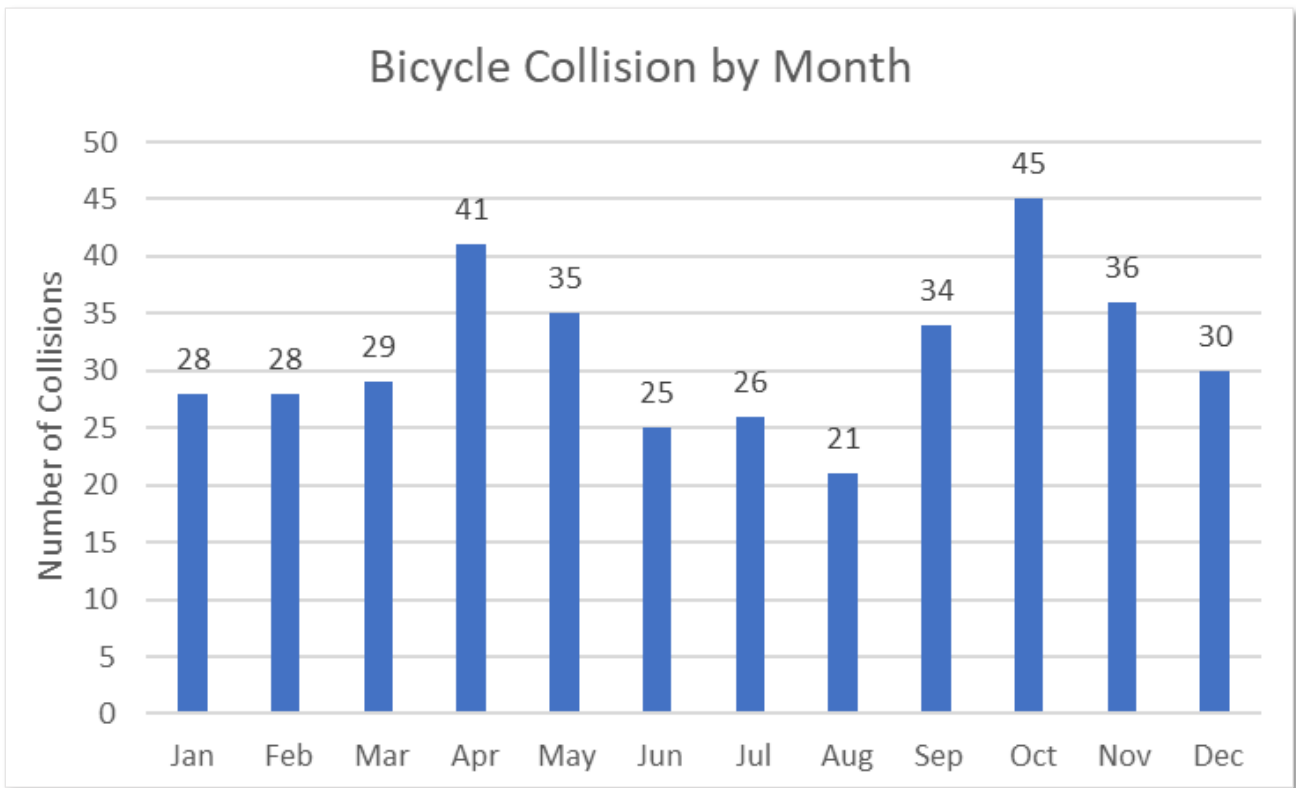
3 - Bicyclist in Collision by Gender



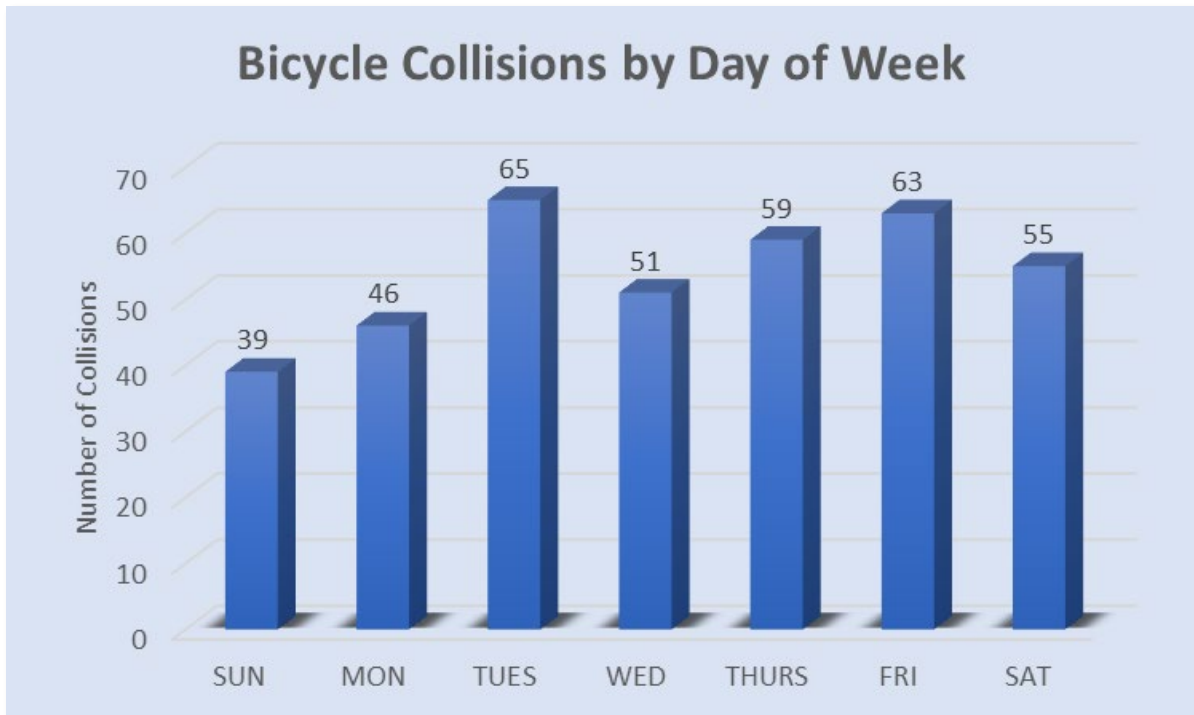
4 - Driver in Collision by Gender



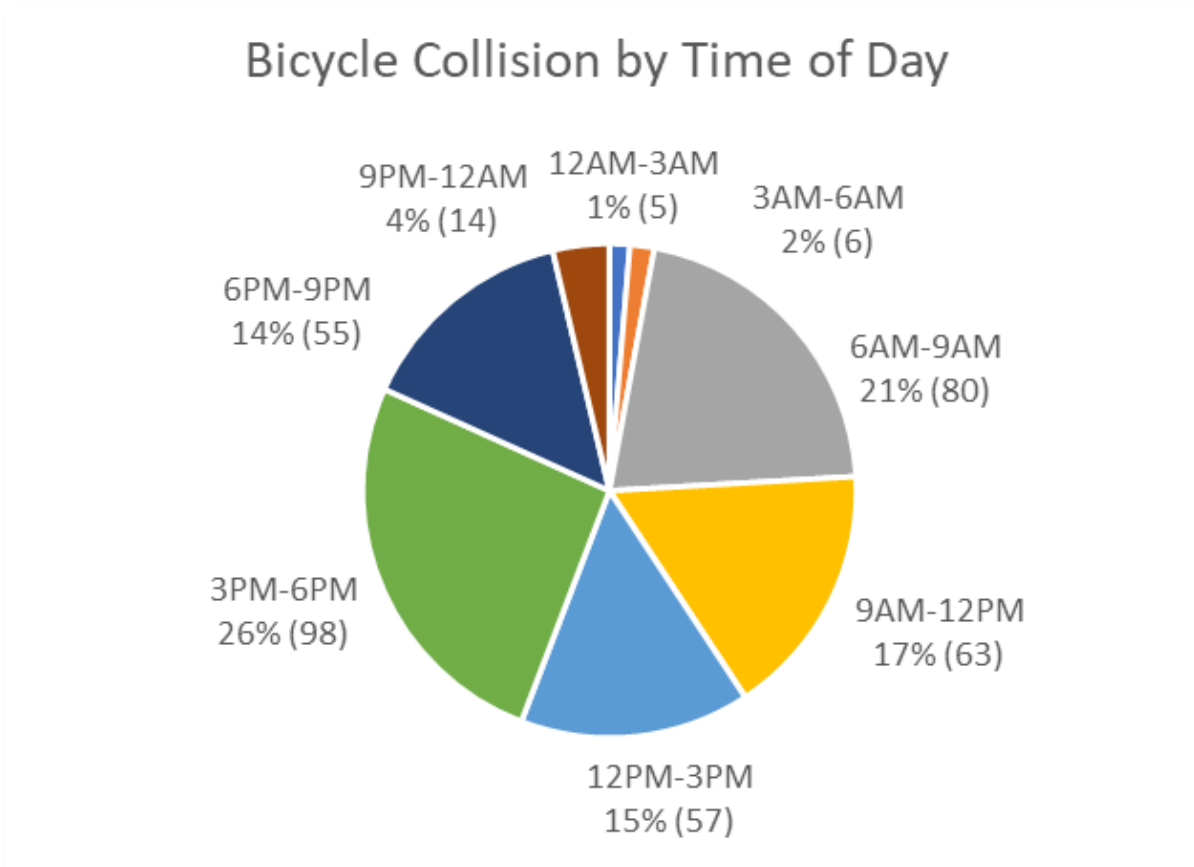
5 - Bicycle Collisions by Light Condition



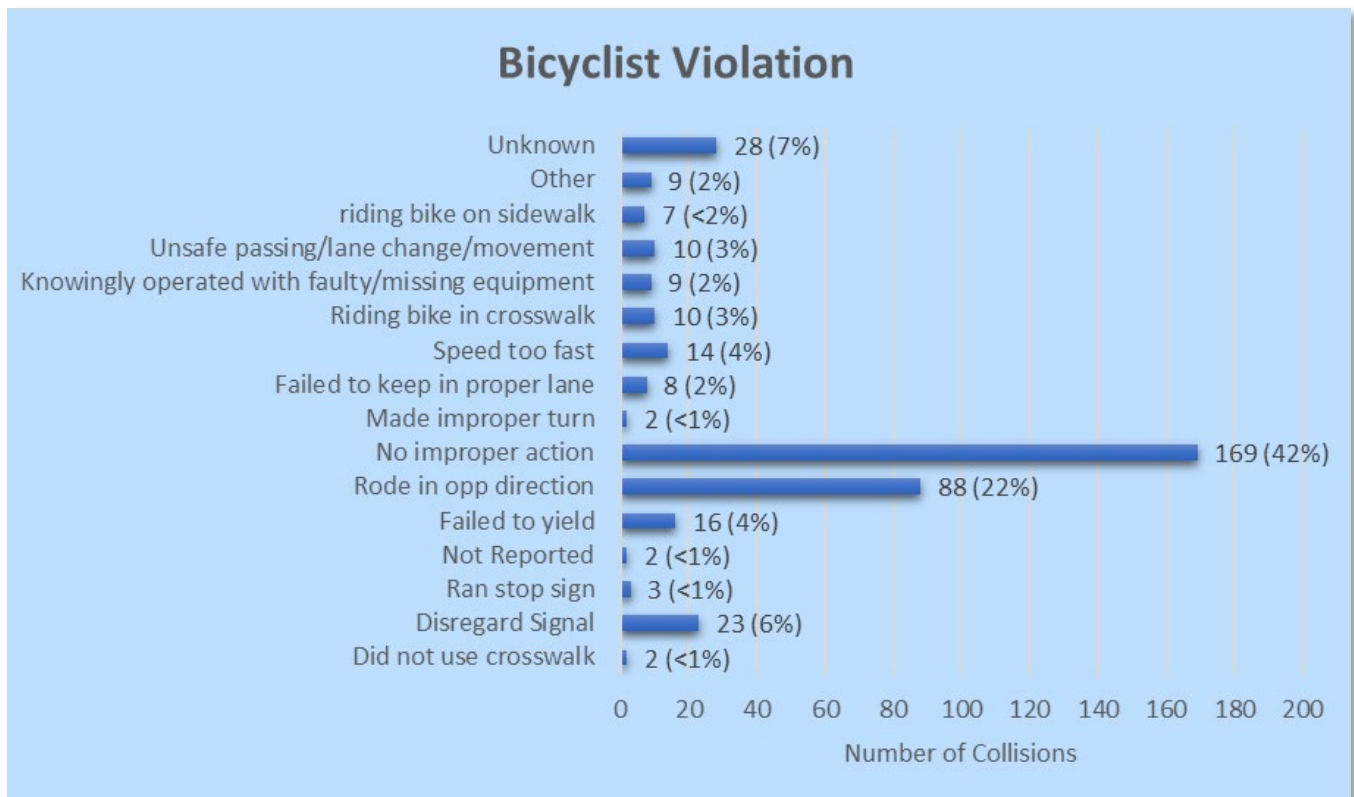
6 - Bicycle Collision by Month



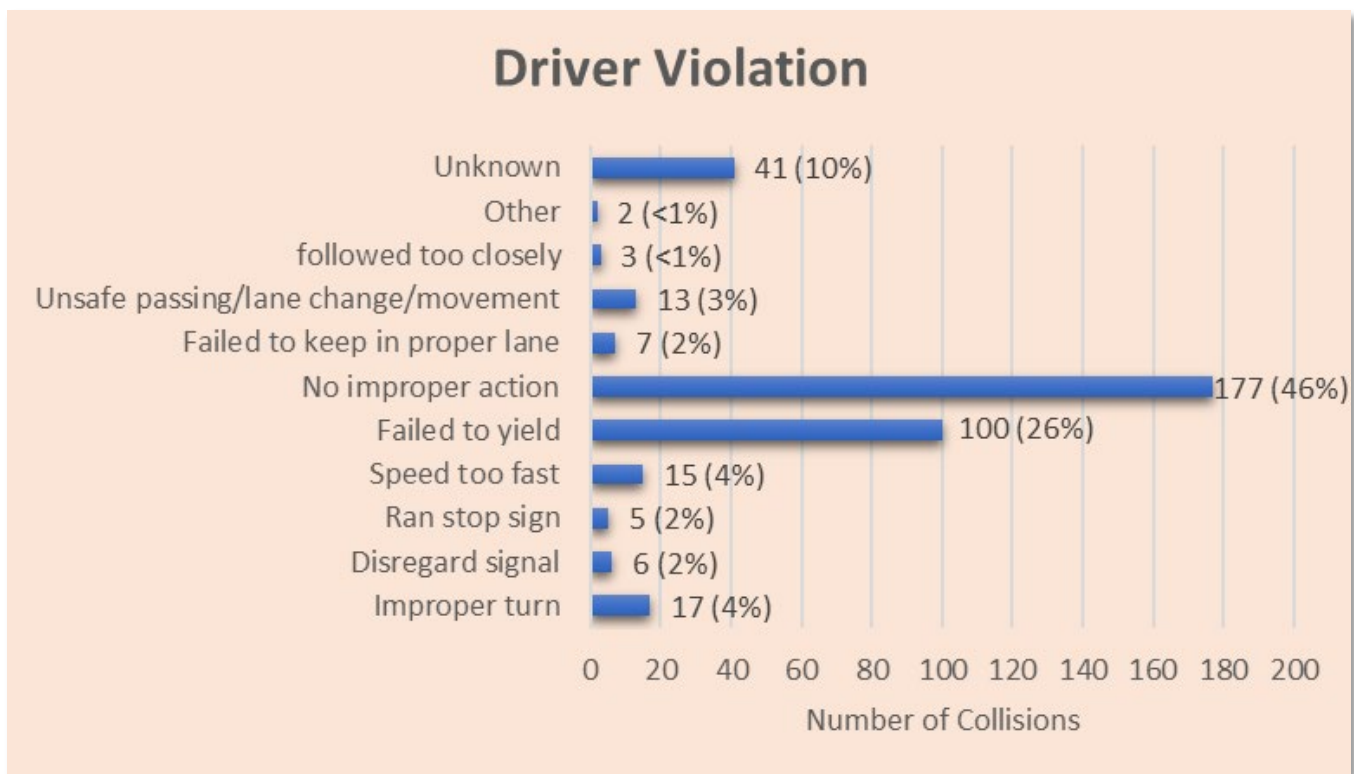
7 - Bicycle Collisions by Day of Week



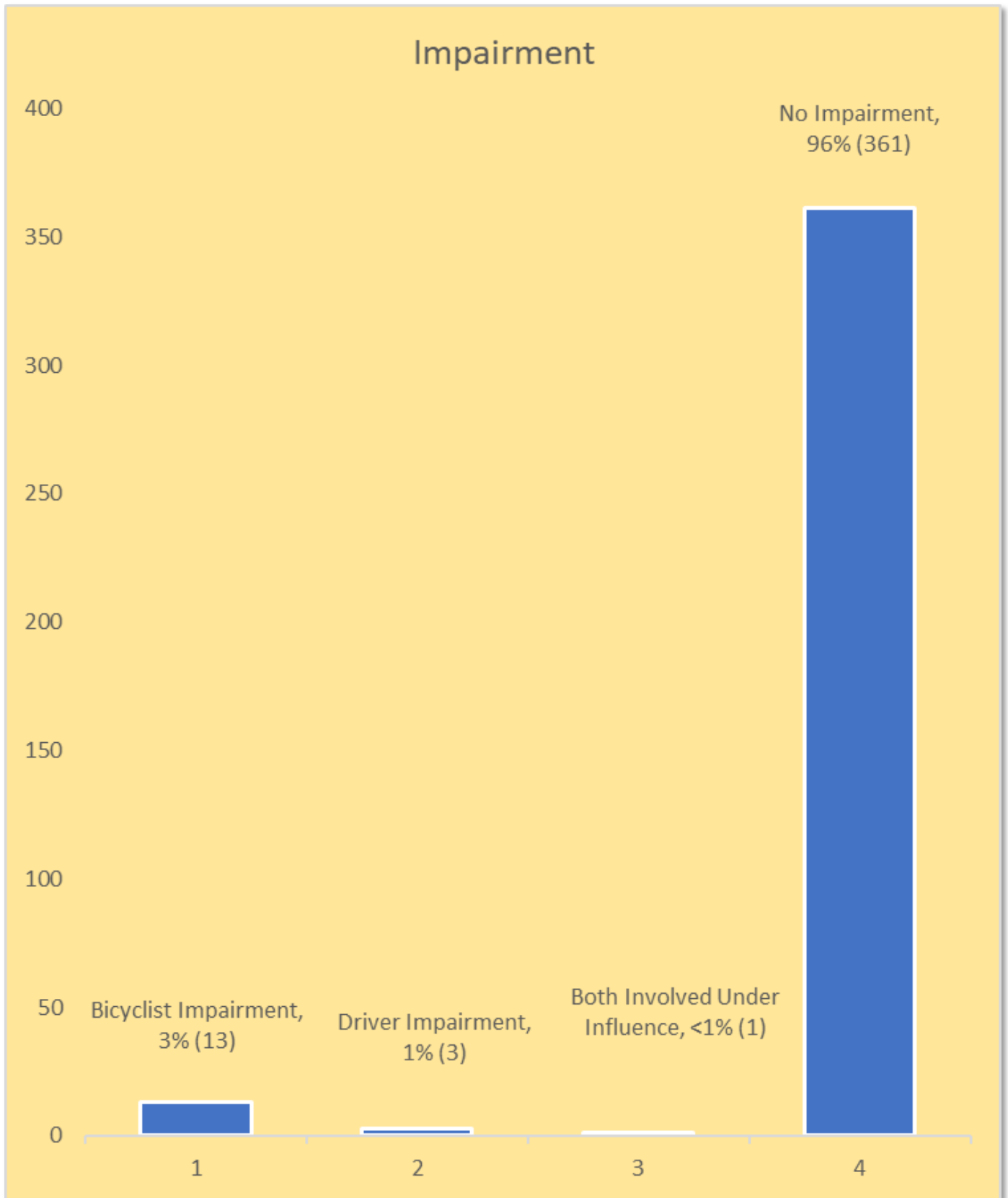
8 - Bicycle Collision by Time of Day



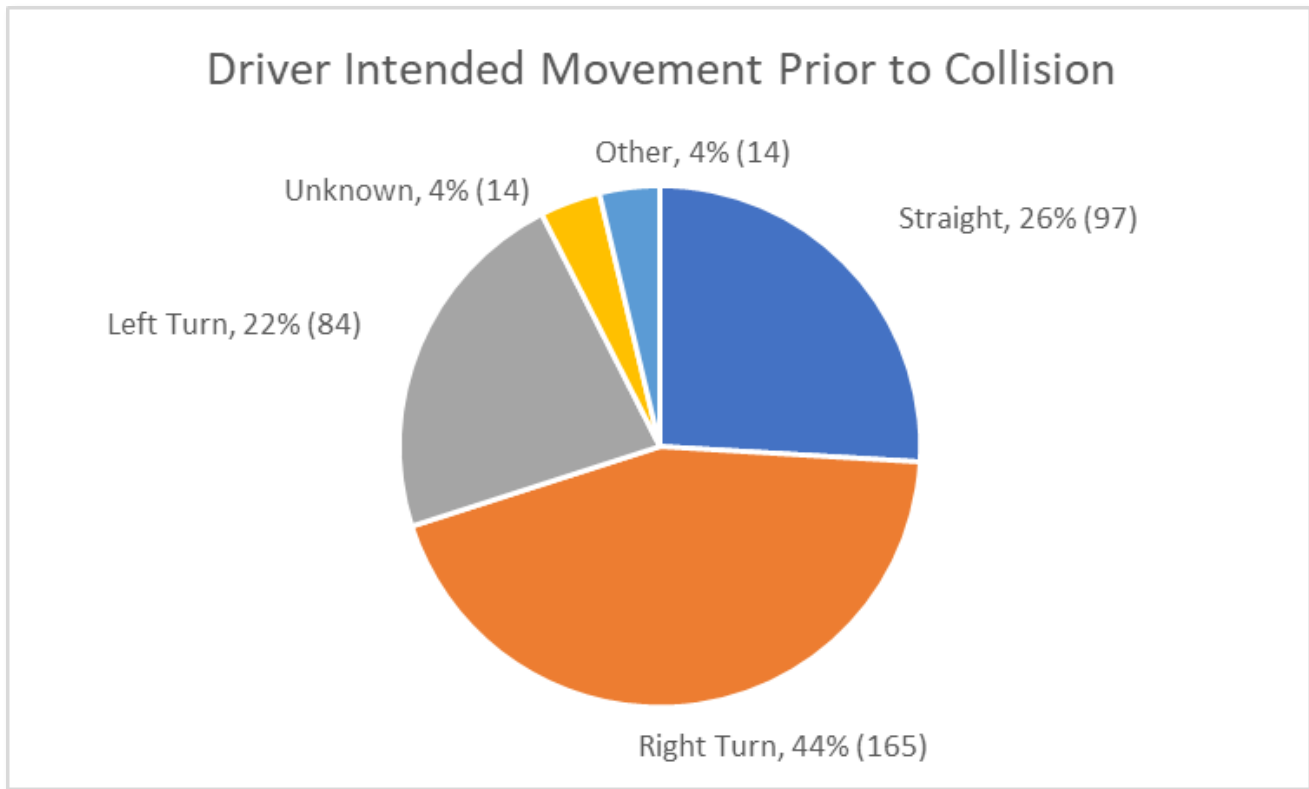
9 - Bicyclist Violation



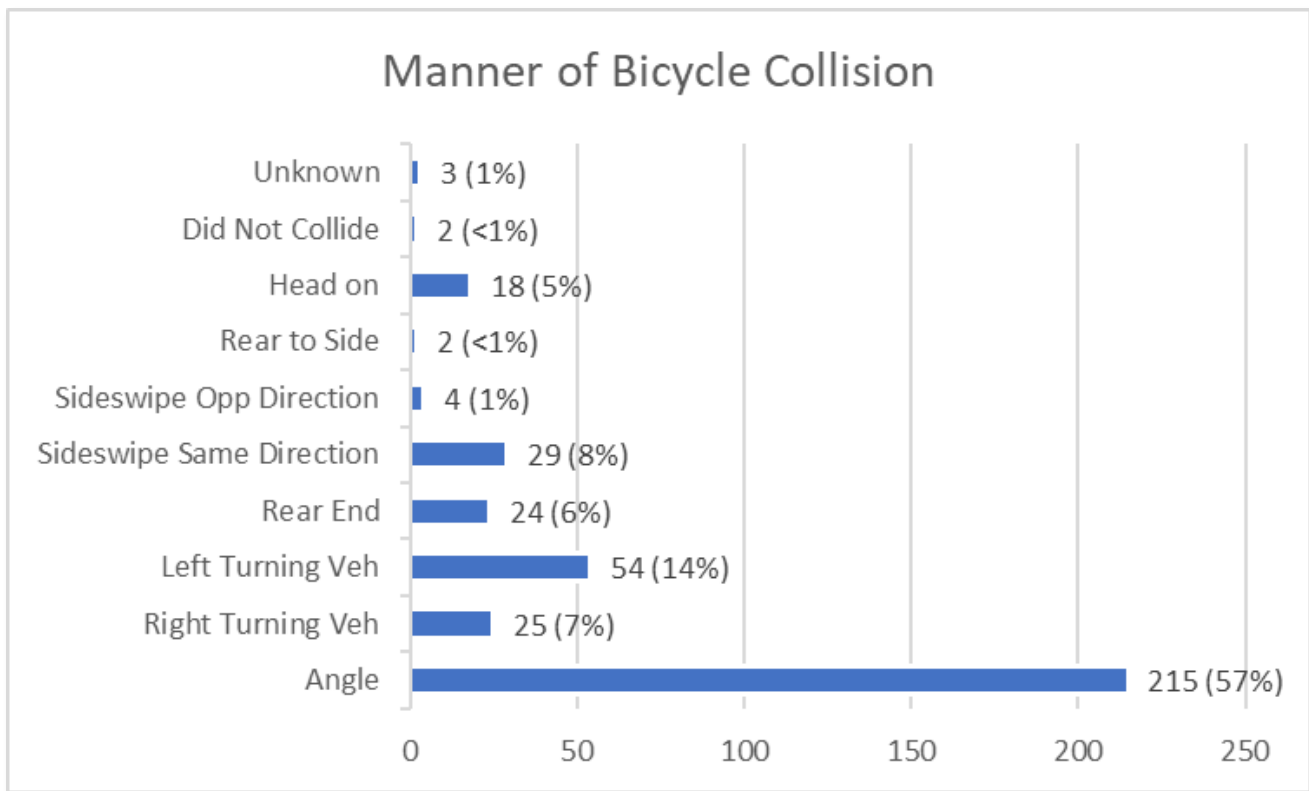
10 - Driver Violation



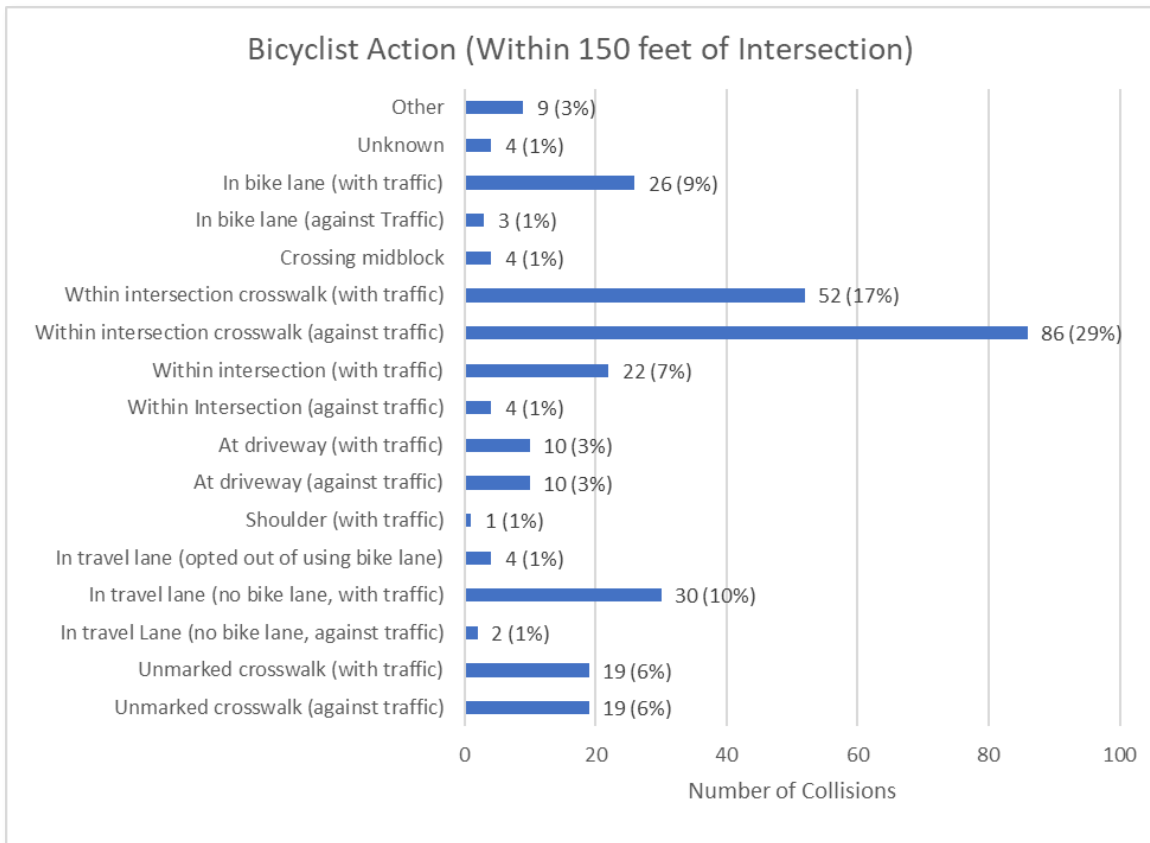
11 - Impairment



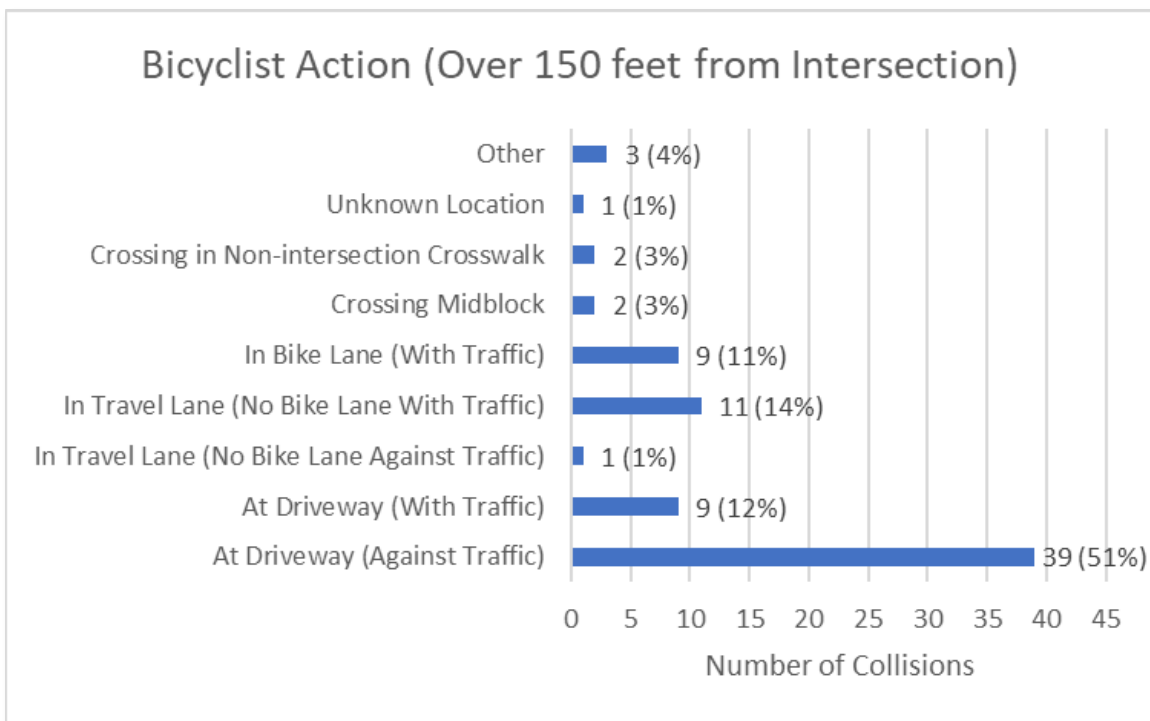
12 - Driver Intended Movement Prior to Collision



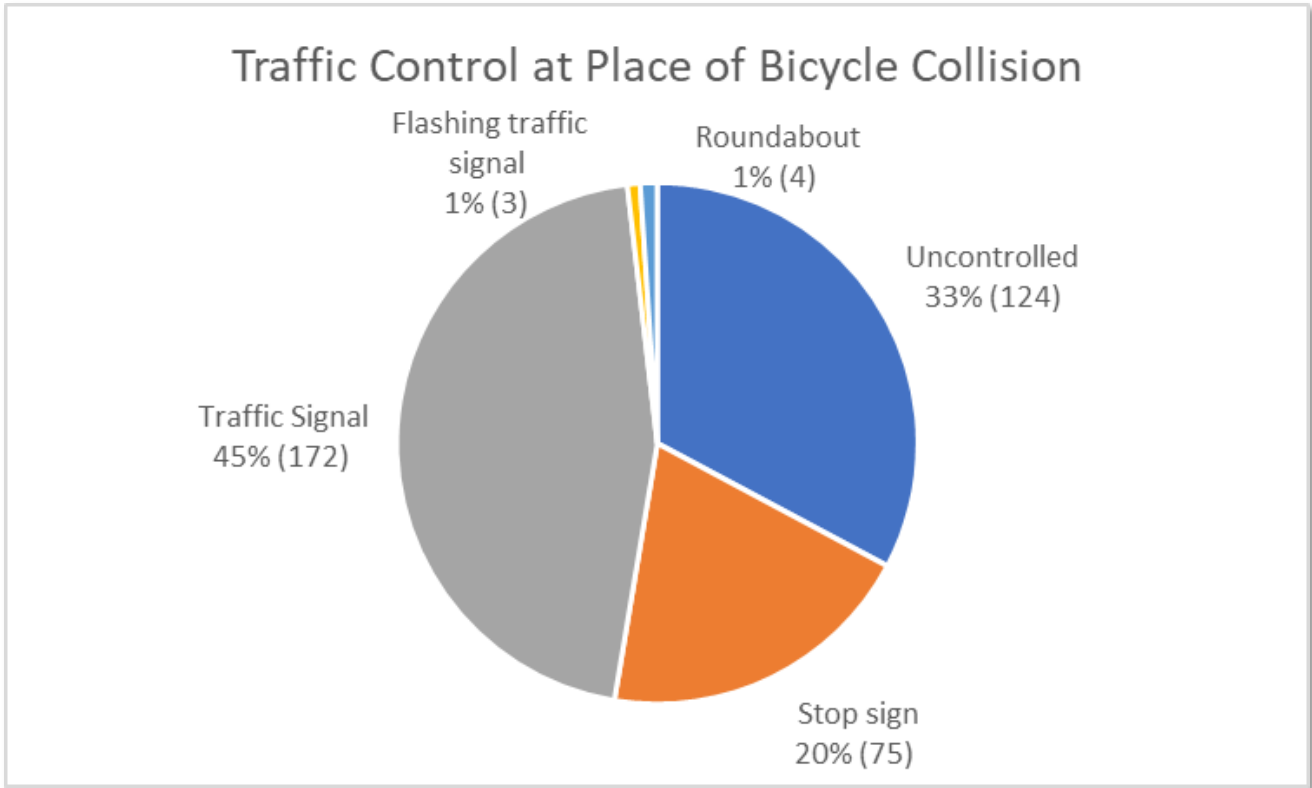
13 - Manner of Bicycle Collision



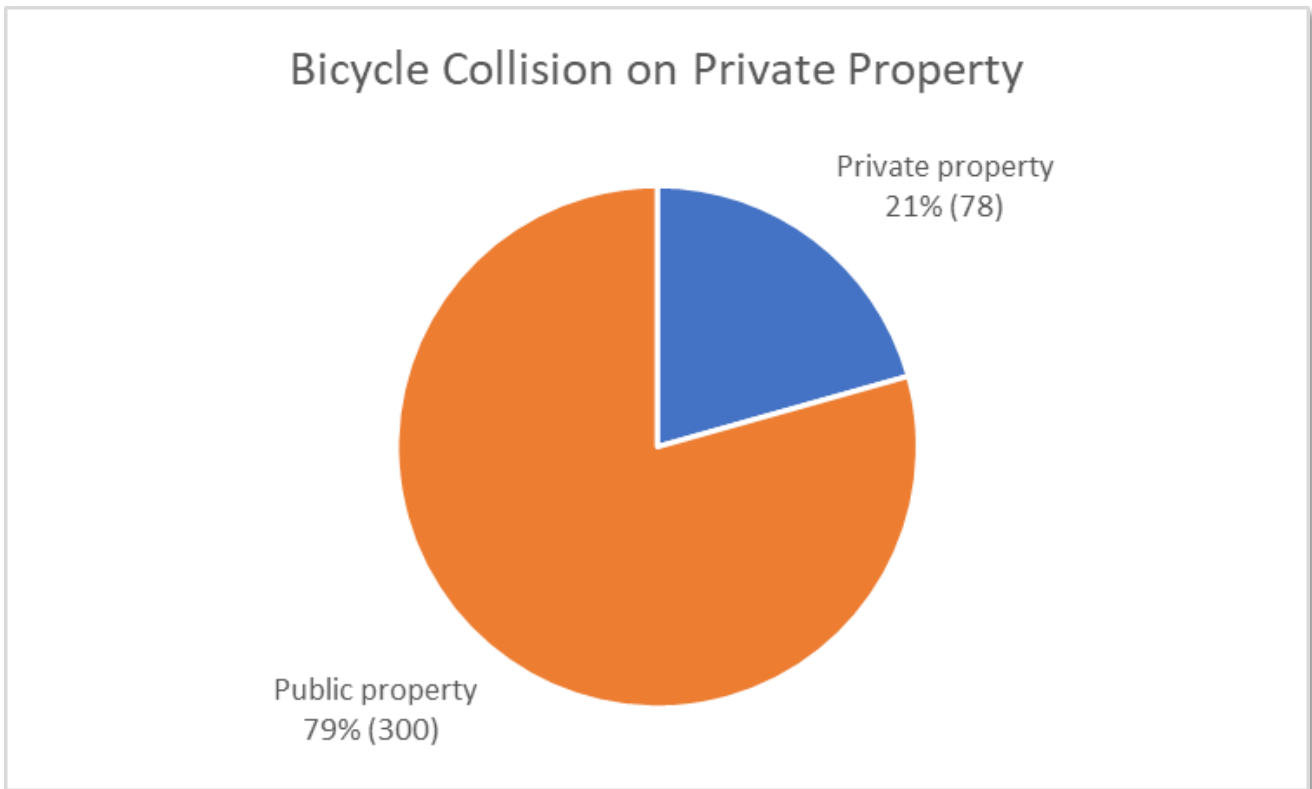
14 - Bicyclist Action (Within 150 feet of Intersection)



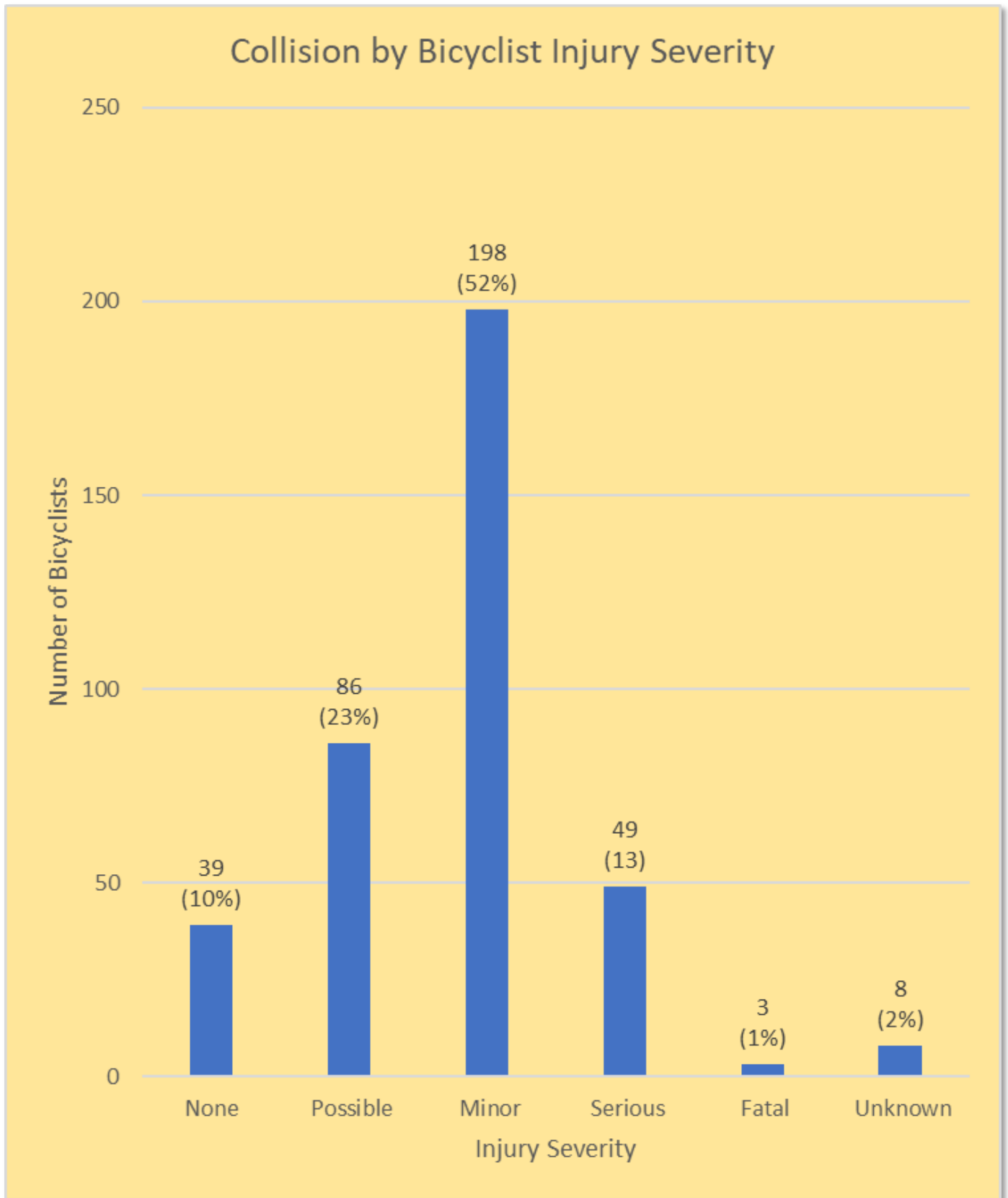
15 - Bicyclist Action (Over 150 feet from Intersection)



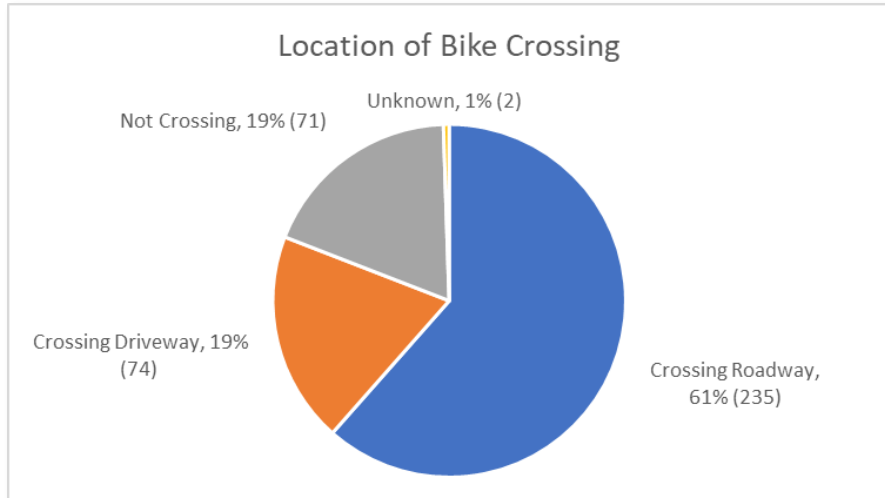
16 - Traffic control at Place of Bicycle Collision



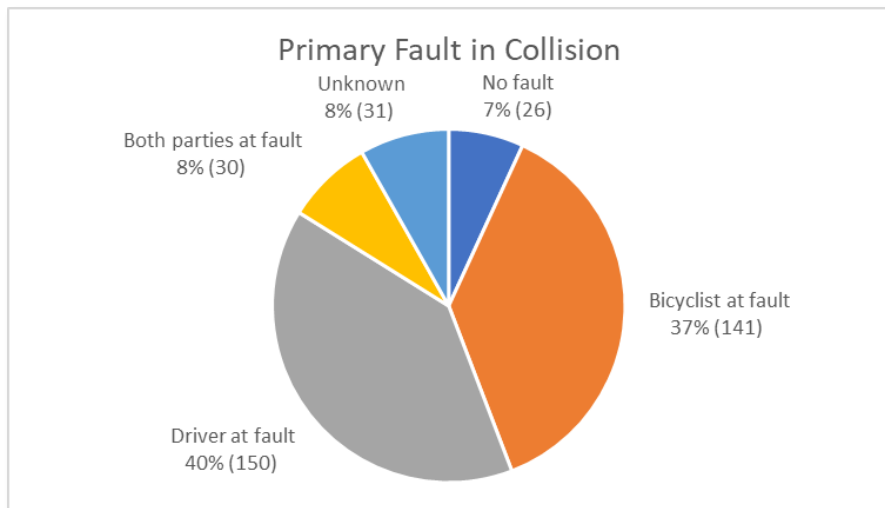
17 - Bicycle Collision of Private Property



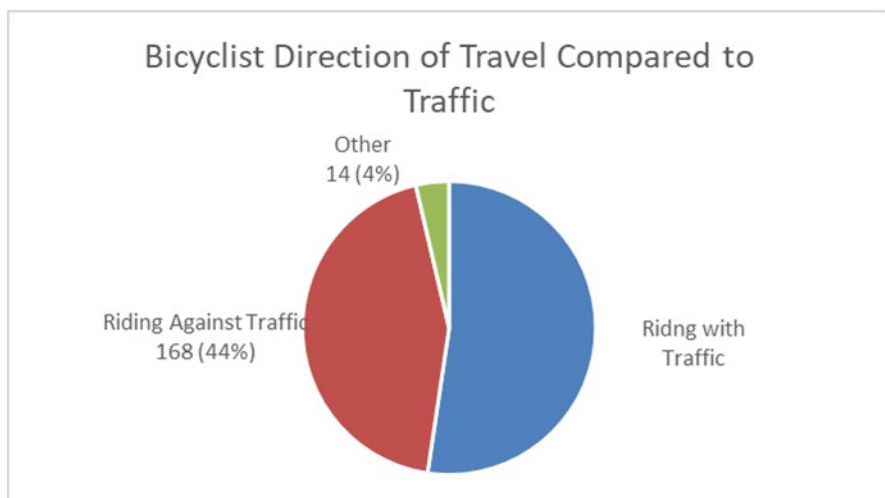
18 - Collision by Bicyclist Injury Severity



19 - Location of Bike Crossing

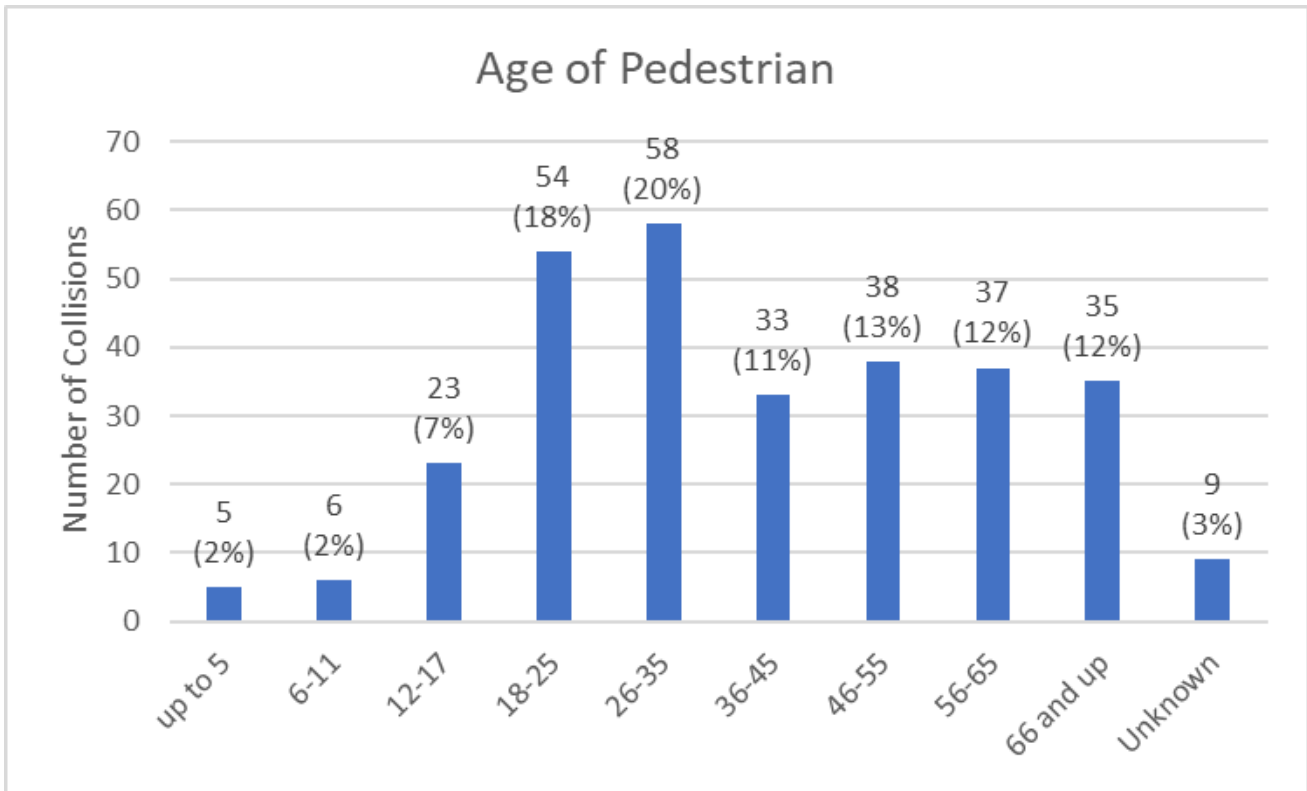


20 - Primary Fault in Collision

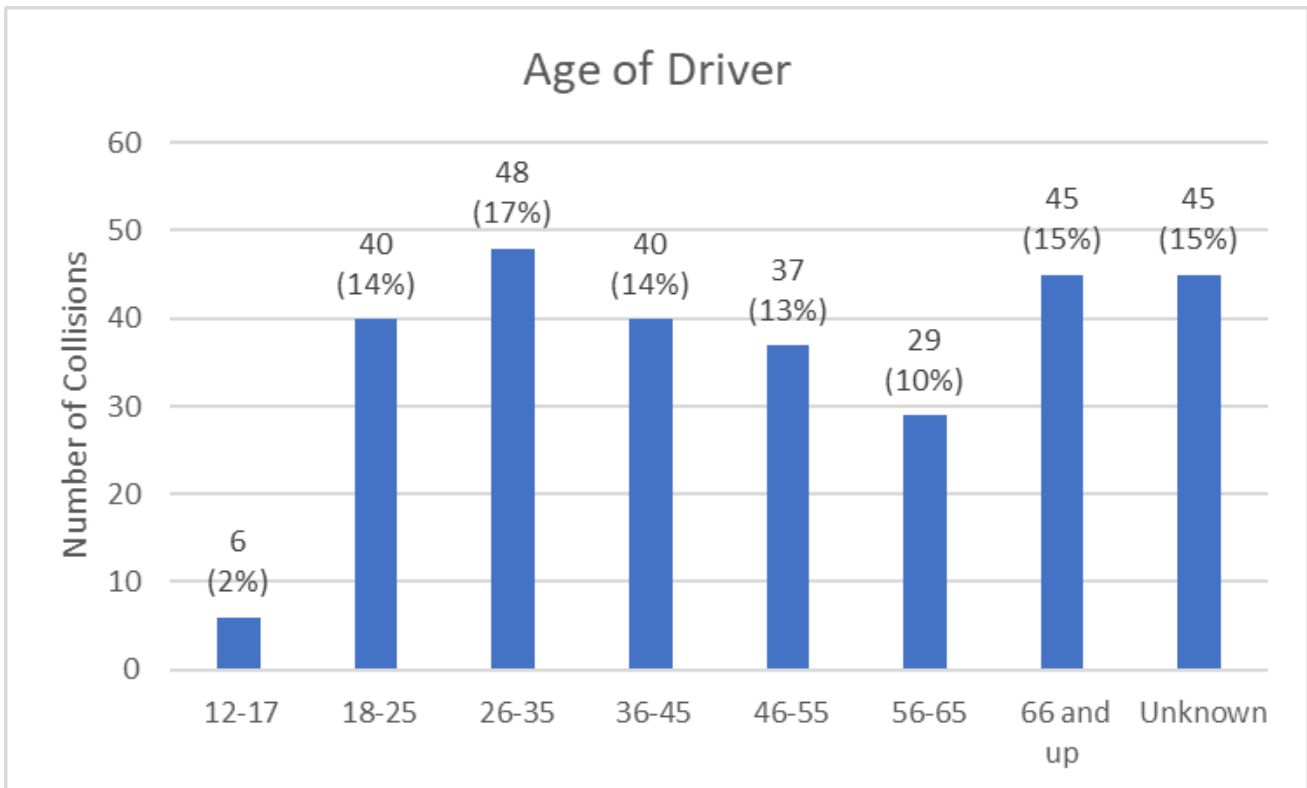


21 - Bicyclist Direction of Travel Compared to Traffic

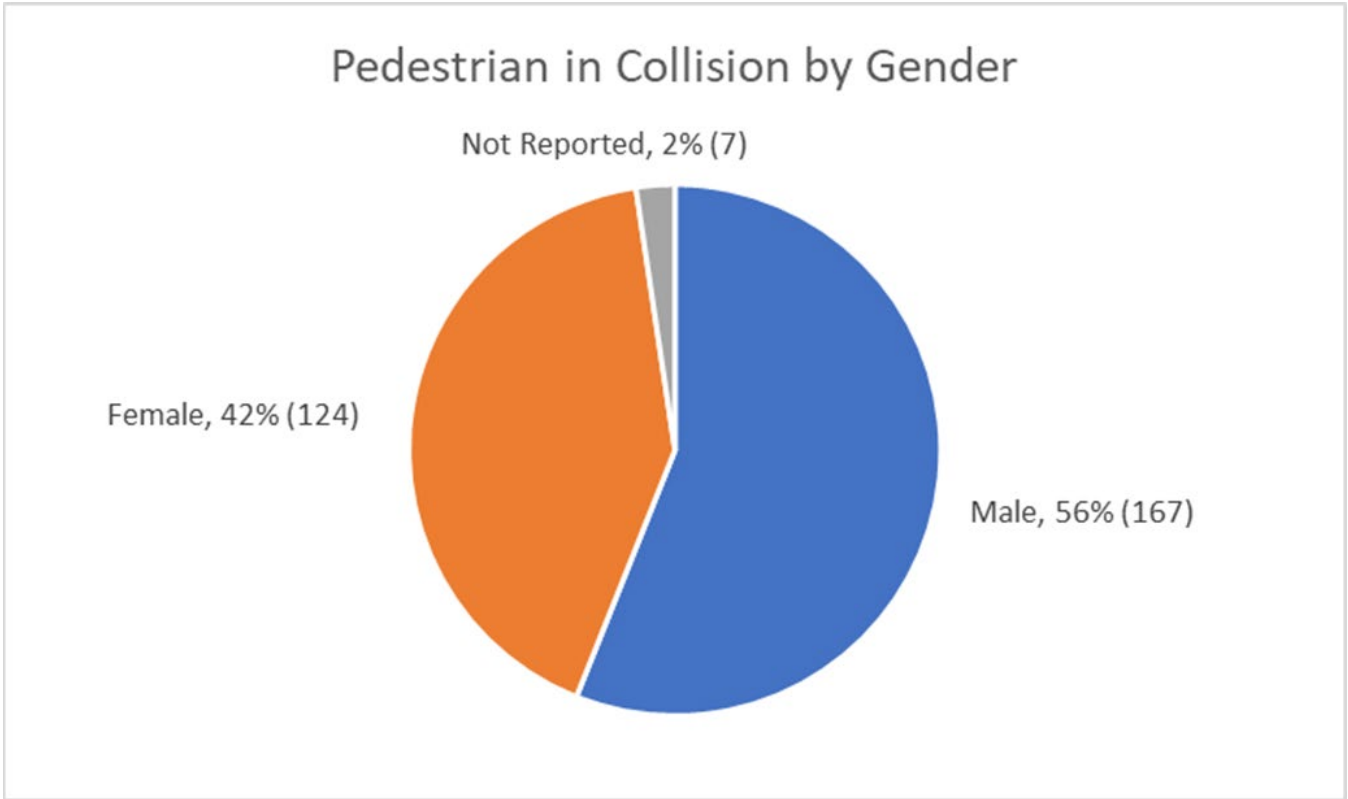
PEDESTRIAN COLLISION DATA (2014 – 2018)



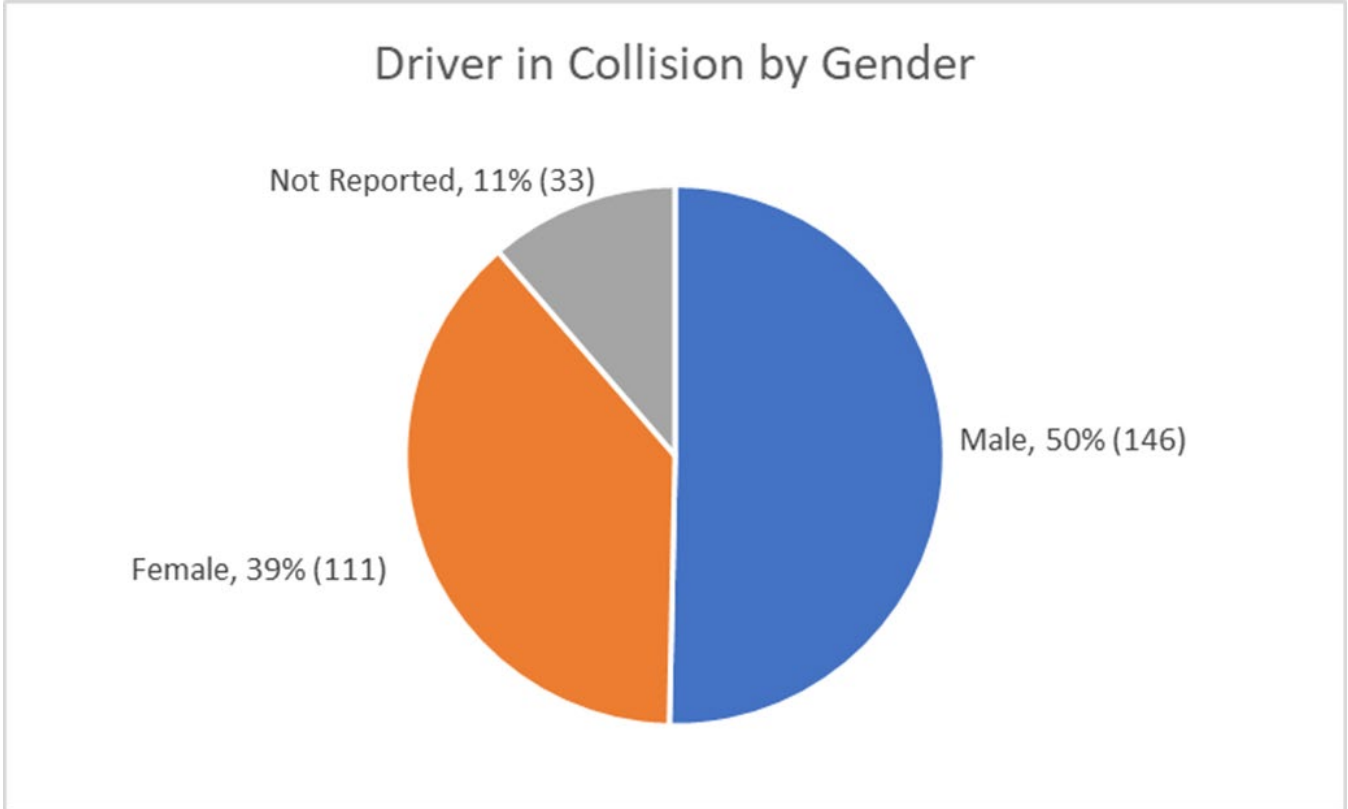
22 - Age of Pedestrian



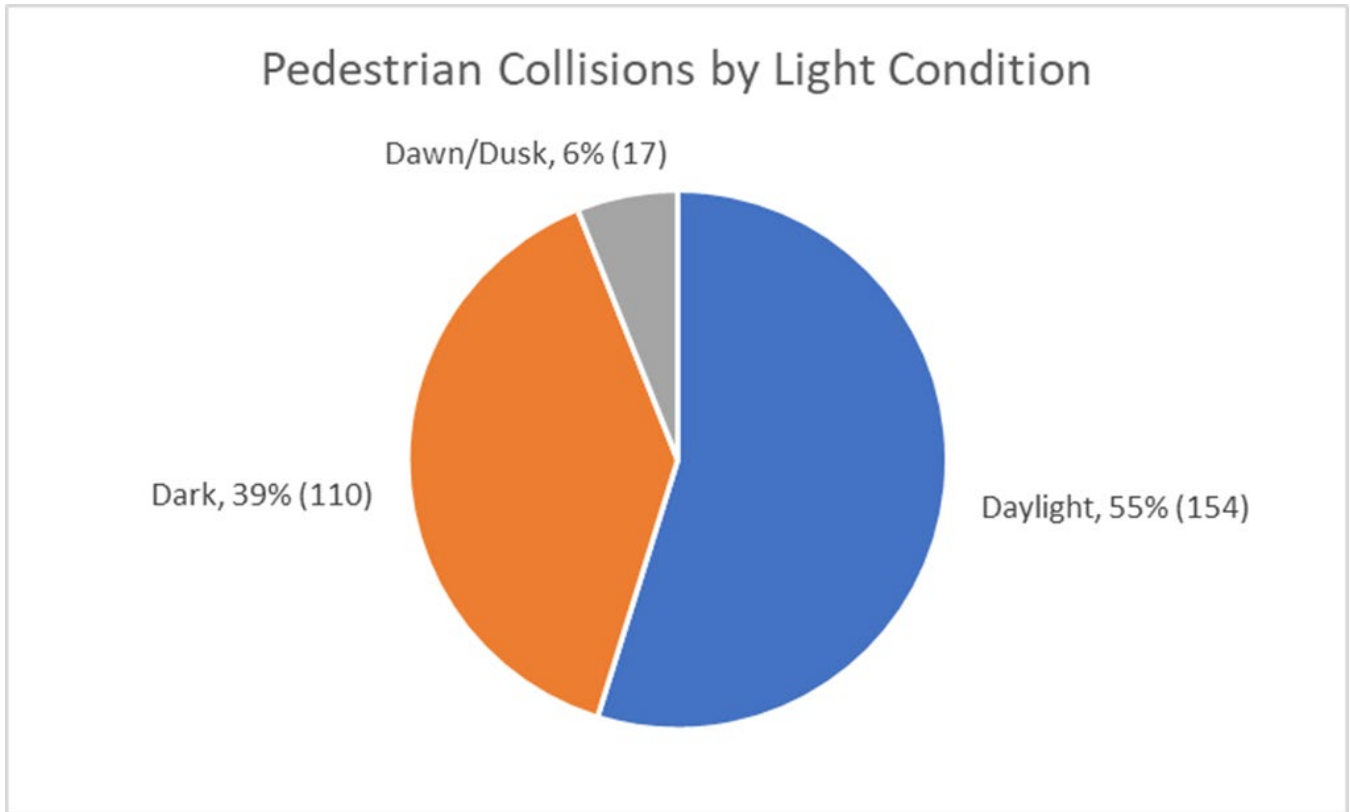
23 - Age of Driver



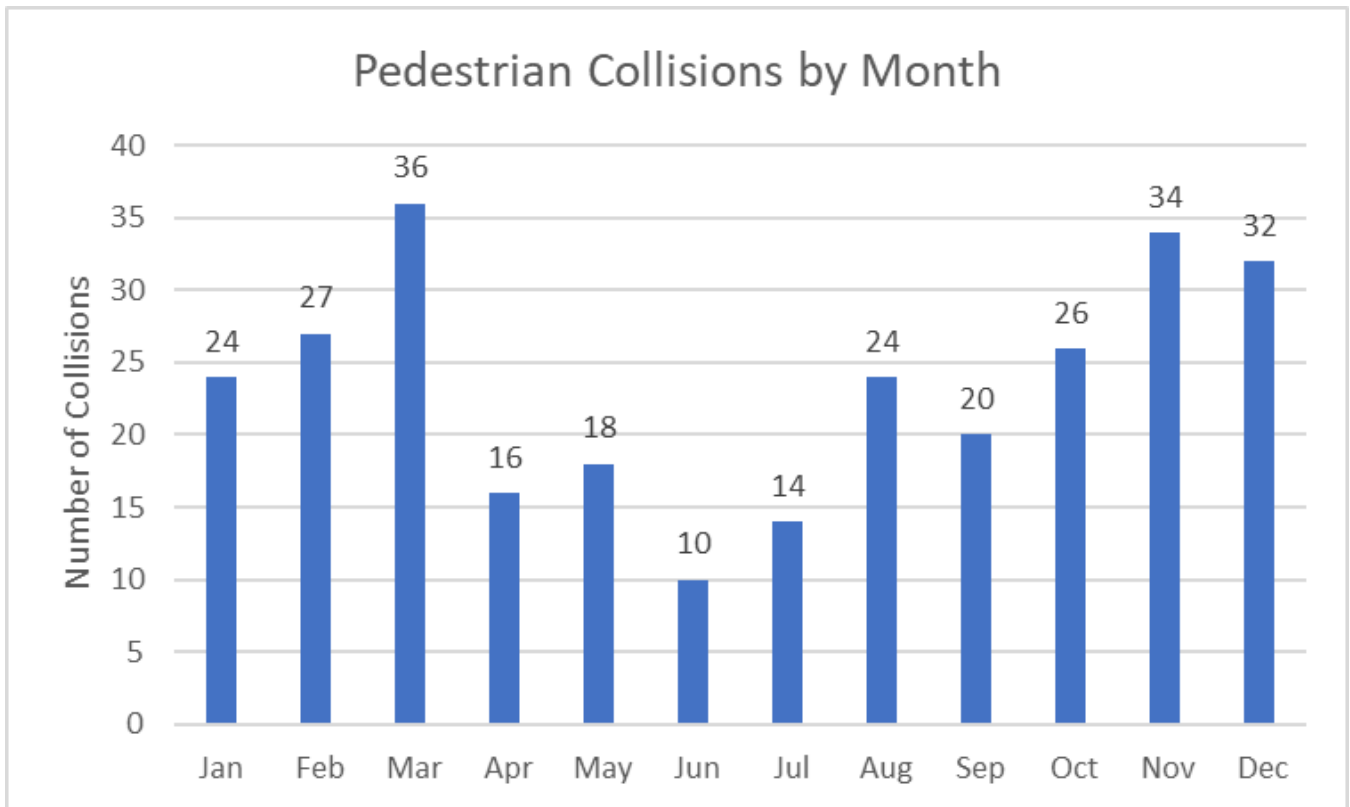
24 - Pedestrian in Collision by Gender



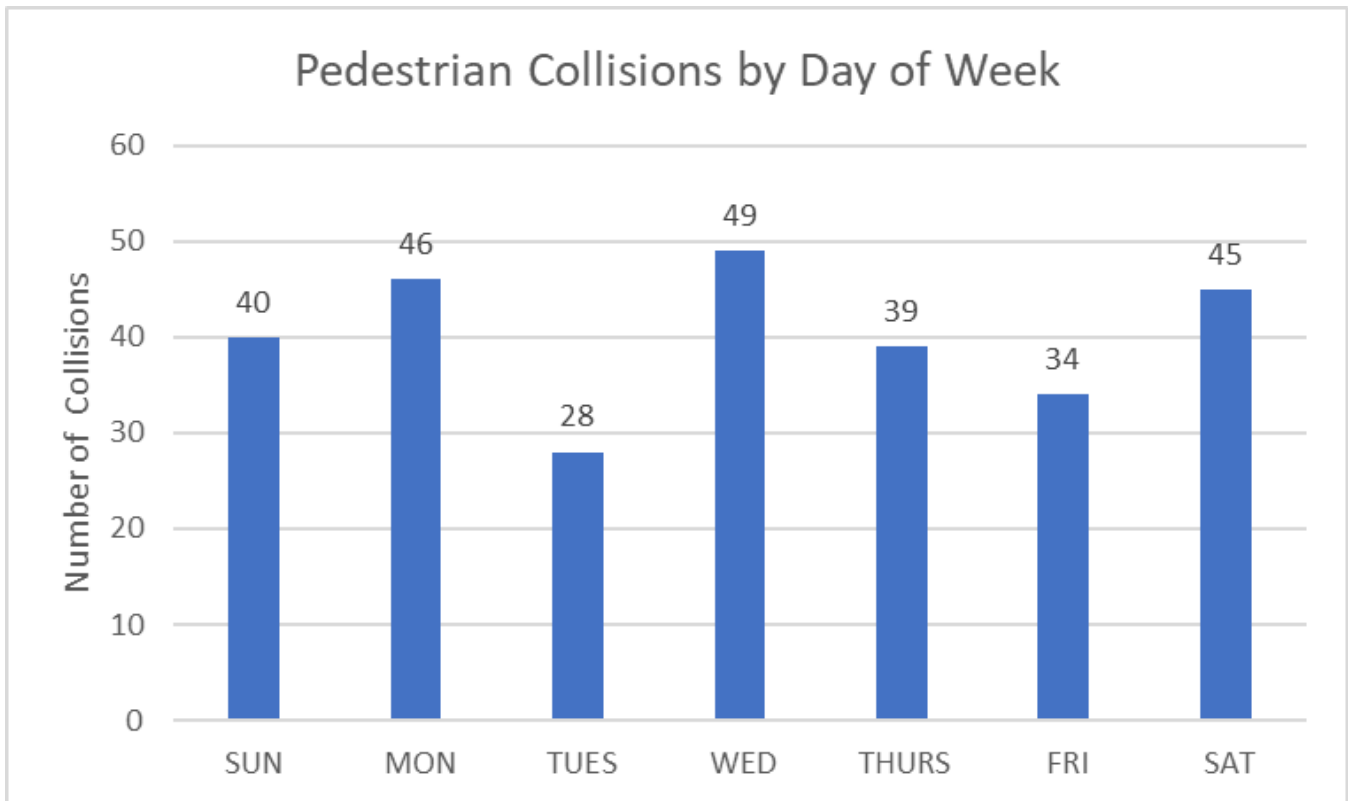
25 - Driver in Collision by Gender



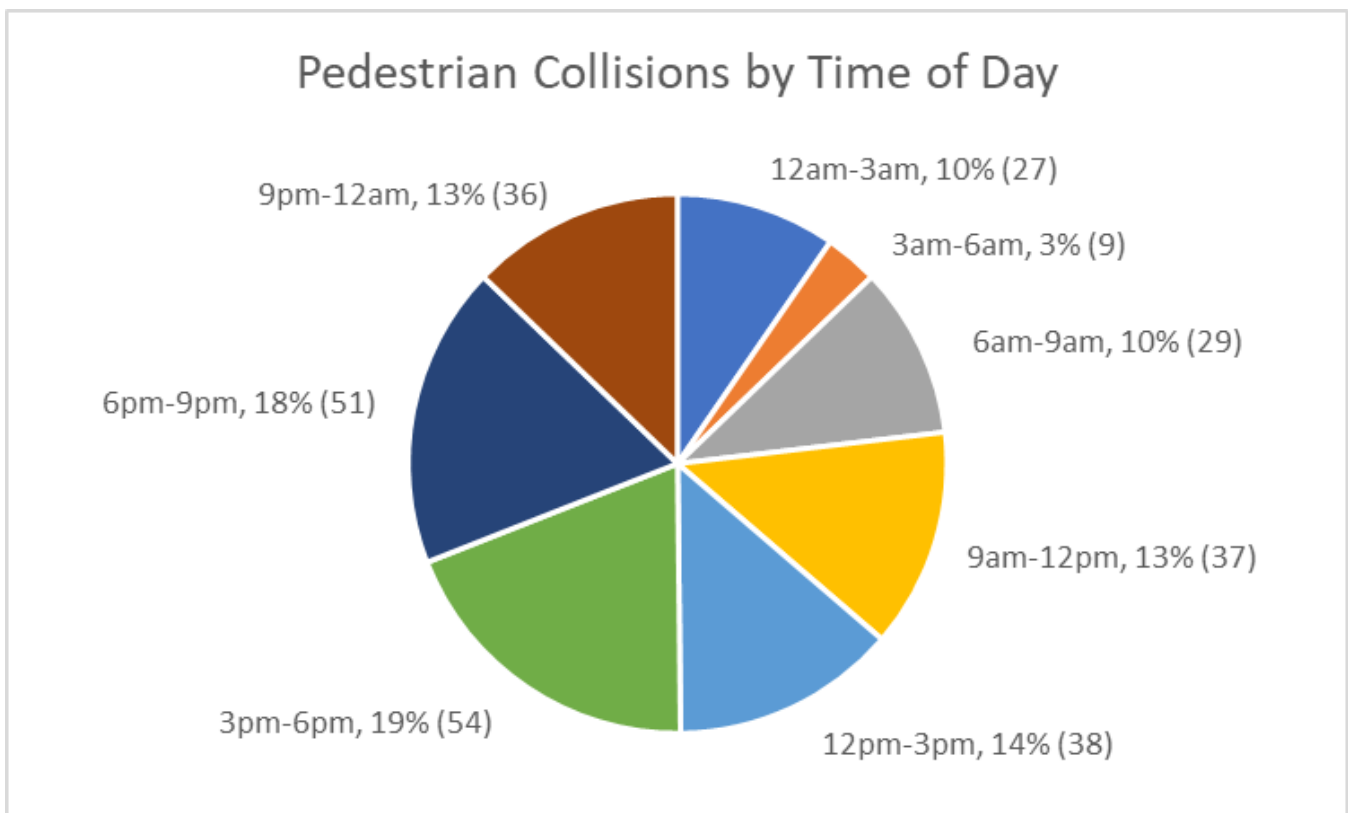
26 - Pedestrian Collisions by Light Condition



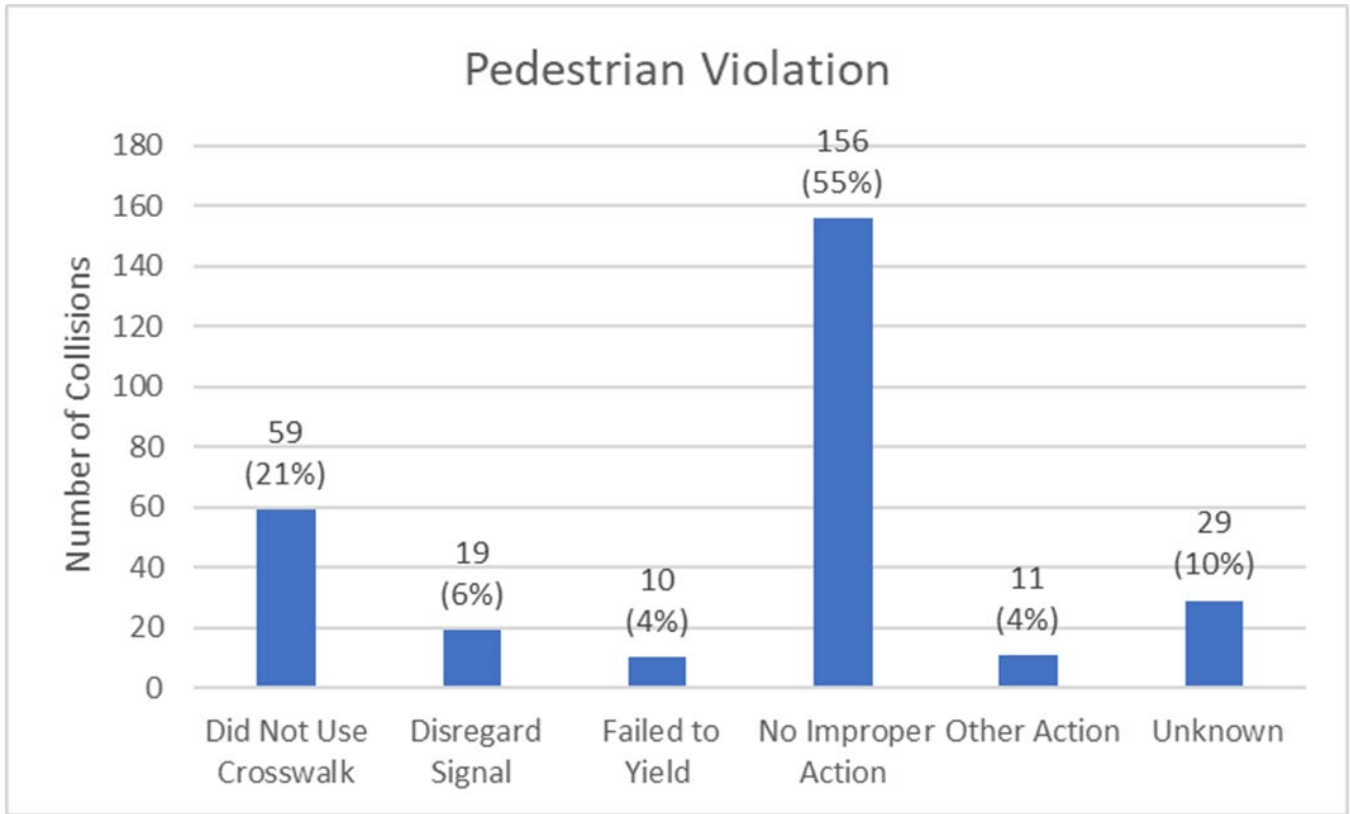
27 - Pedestrian Collisions by Month



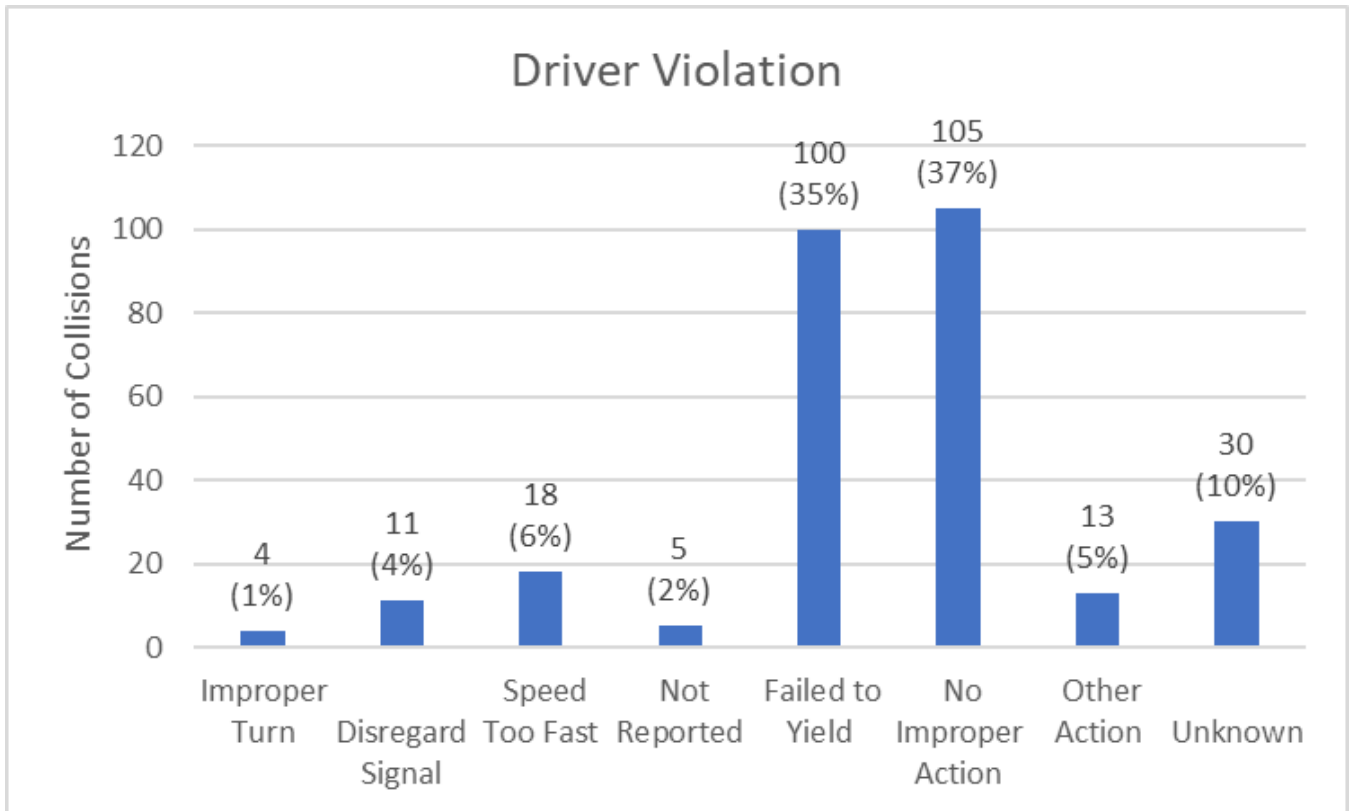
28 - Pedestrian Collisions by Day of Week



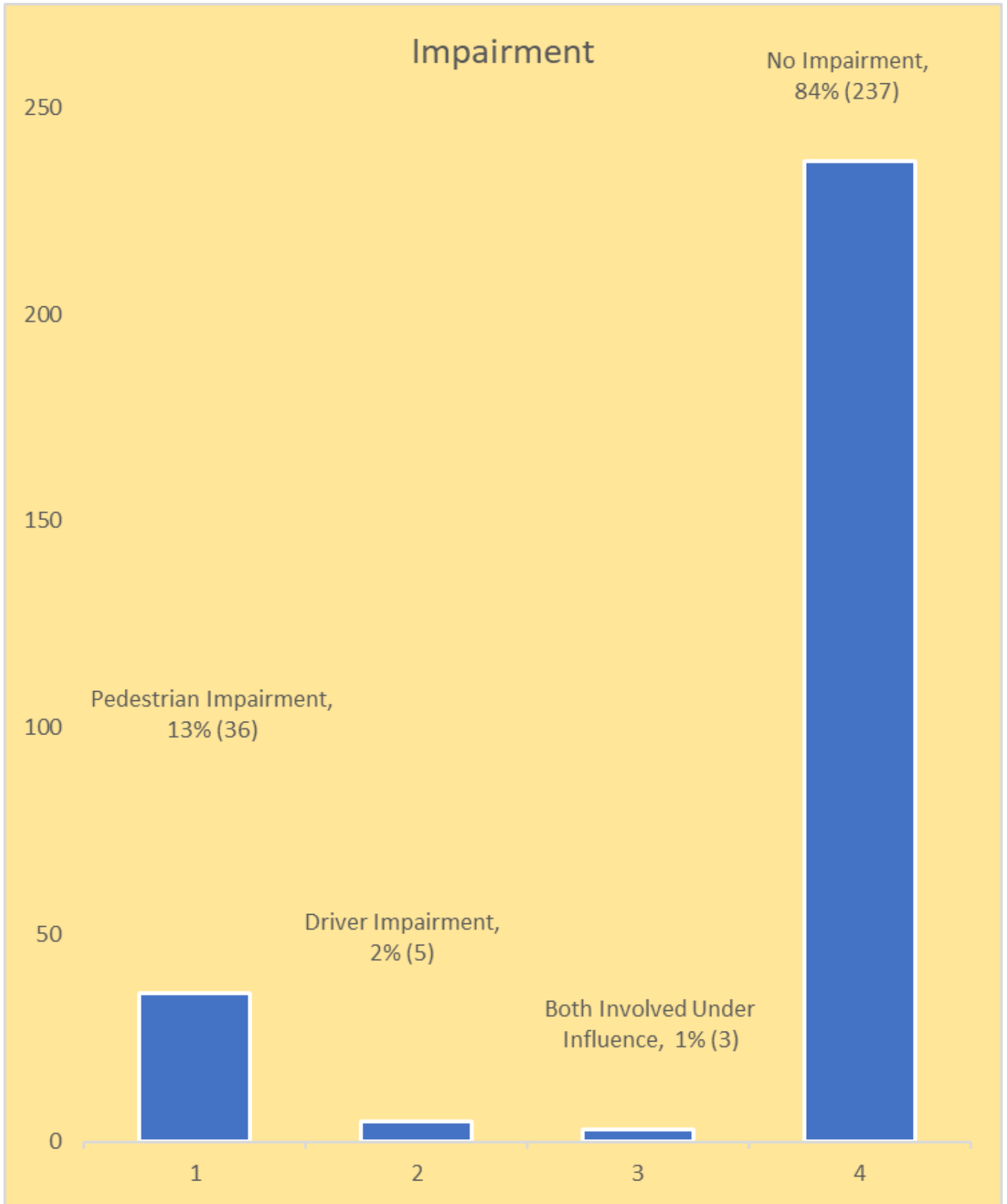
29 - Pedestrian Collisions by Time of Day



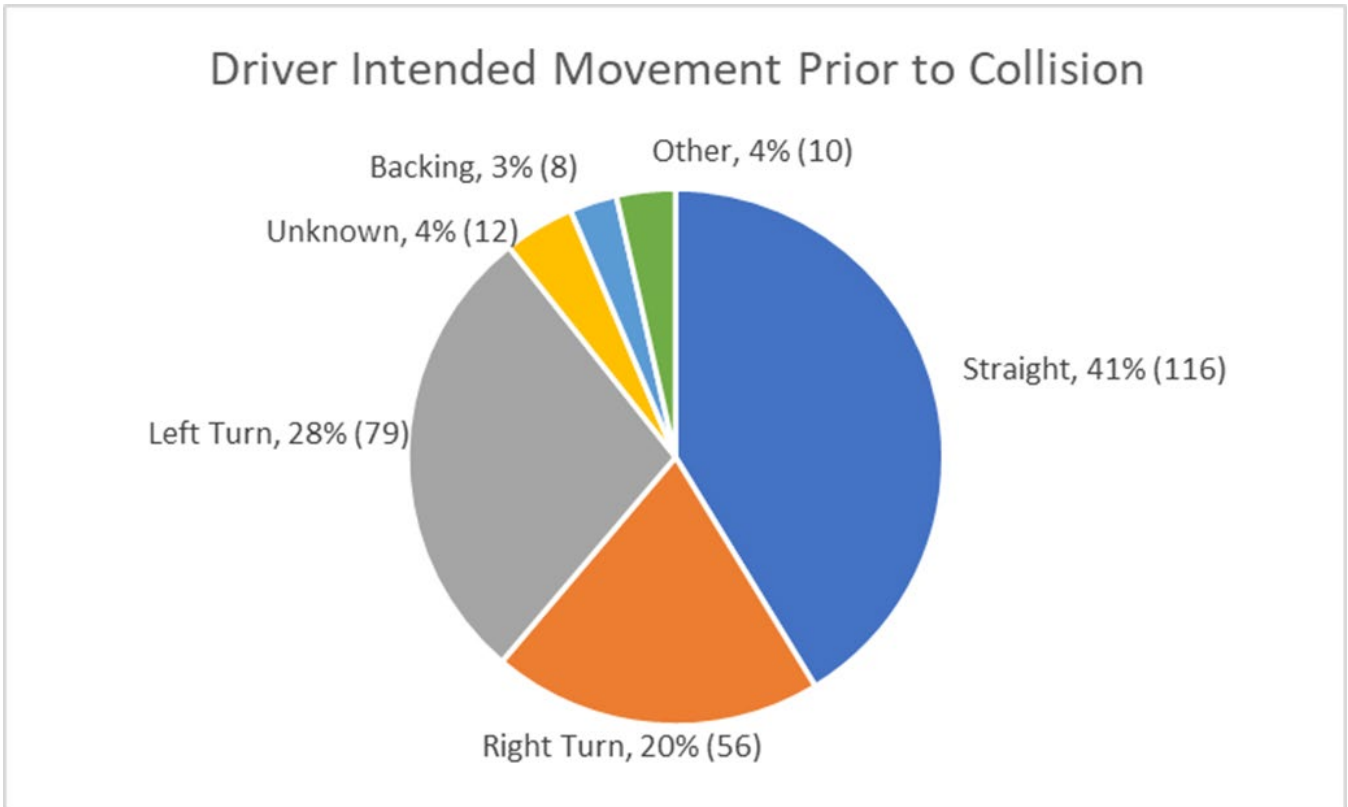
30 - Pedestrian Violation



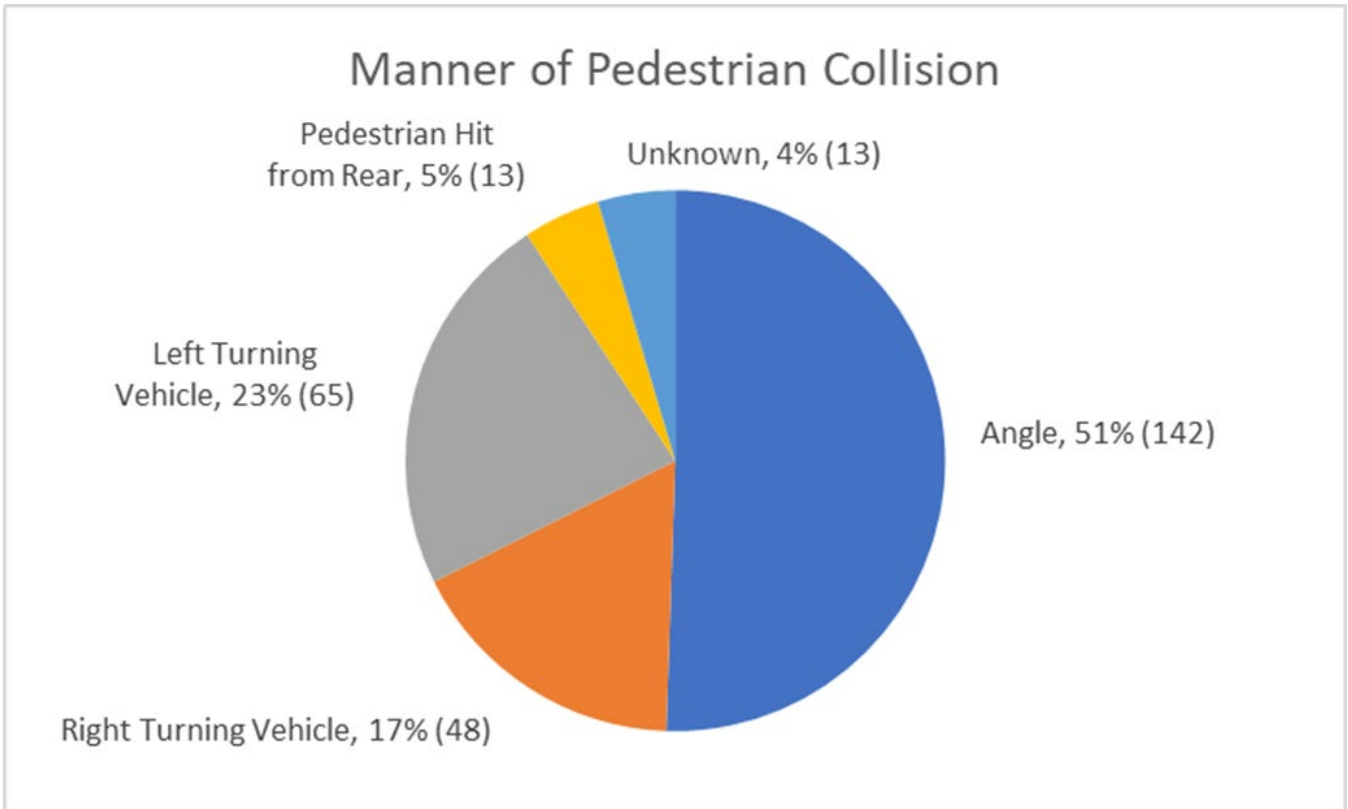
31 - Driver Violation



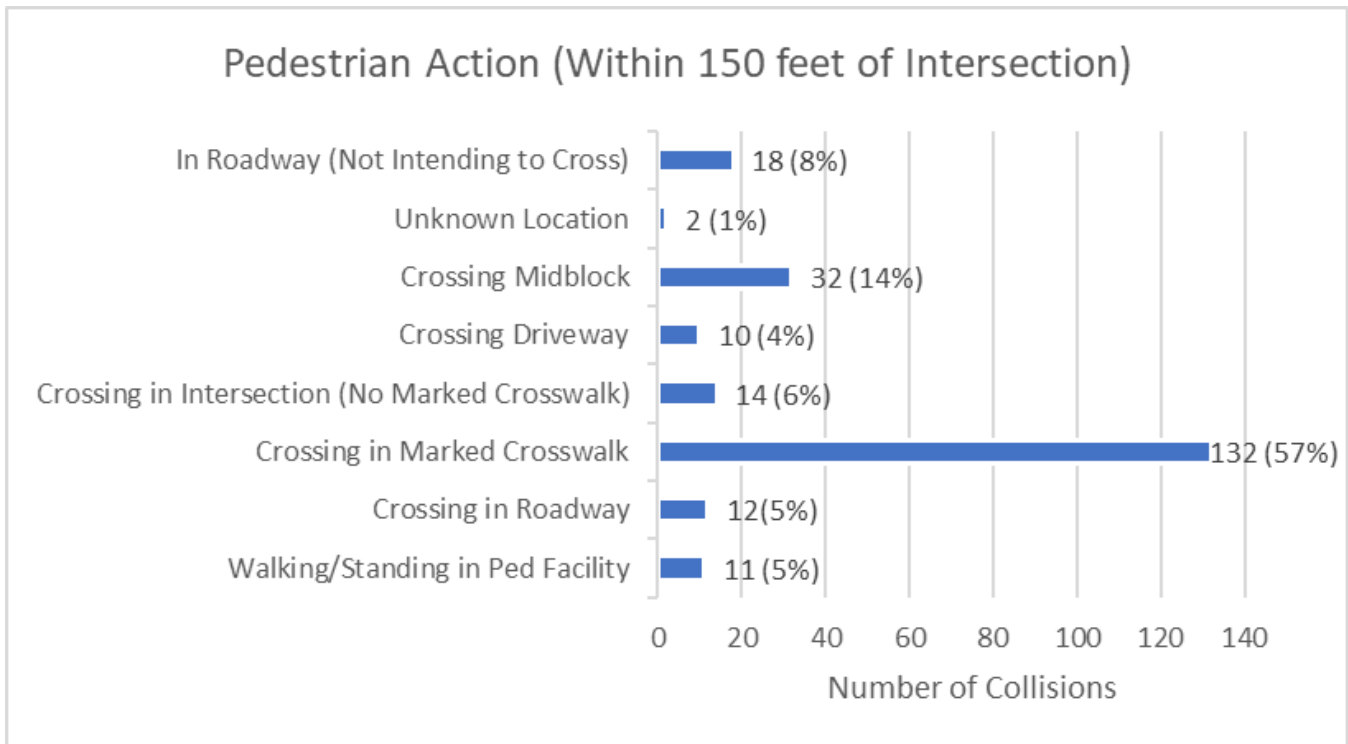
32 - Impairment



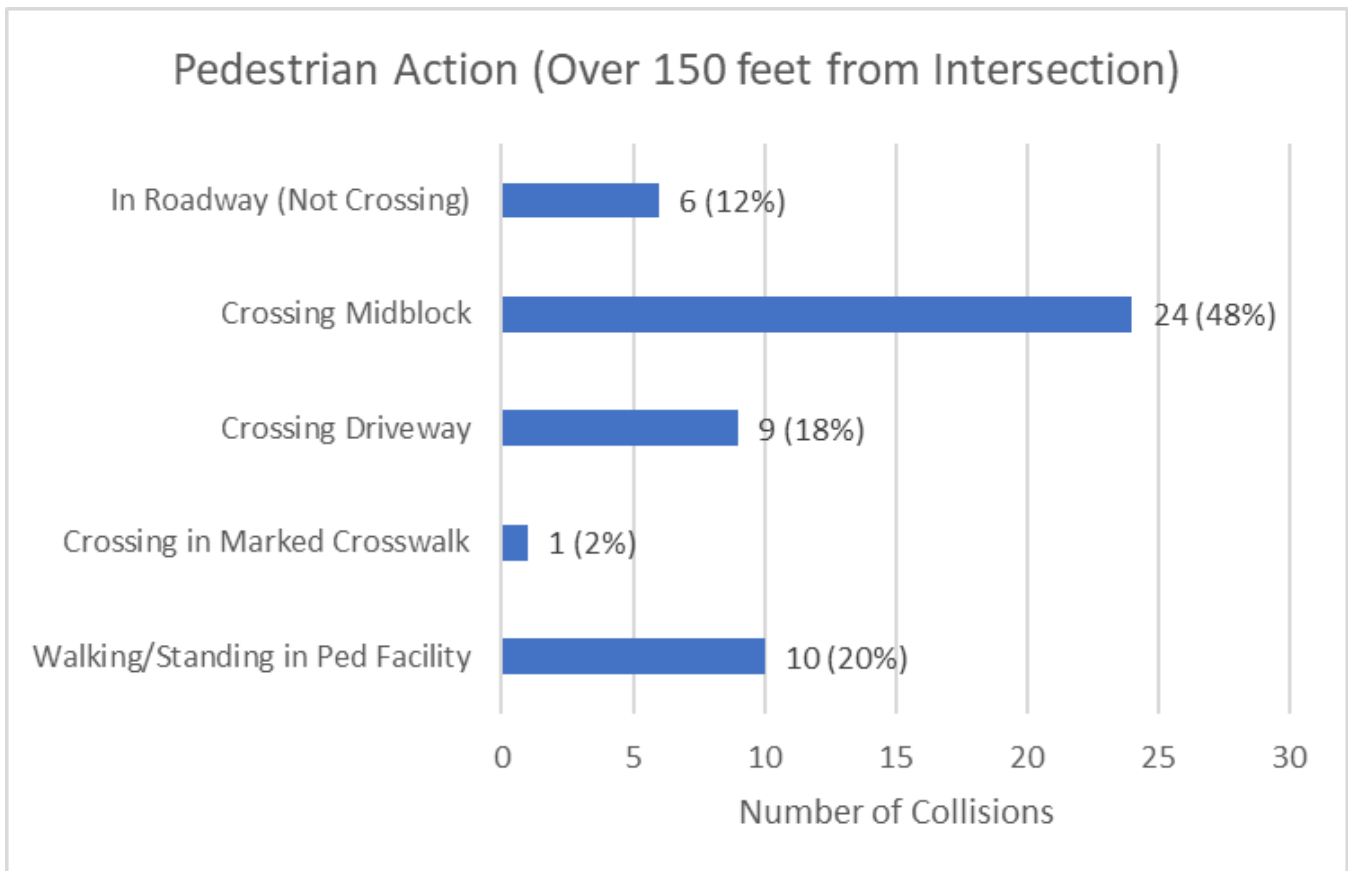
33 - Driver Intended Movement Prior to Collision



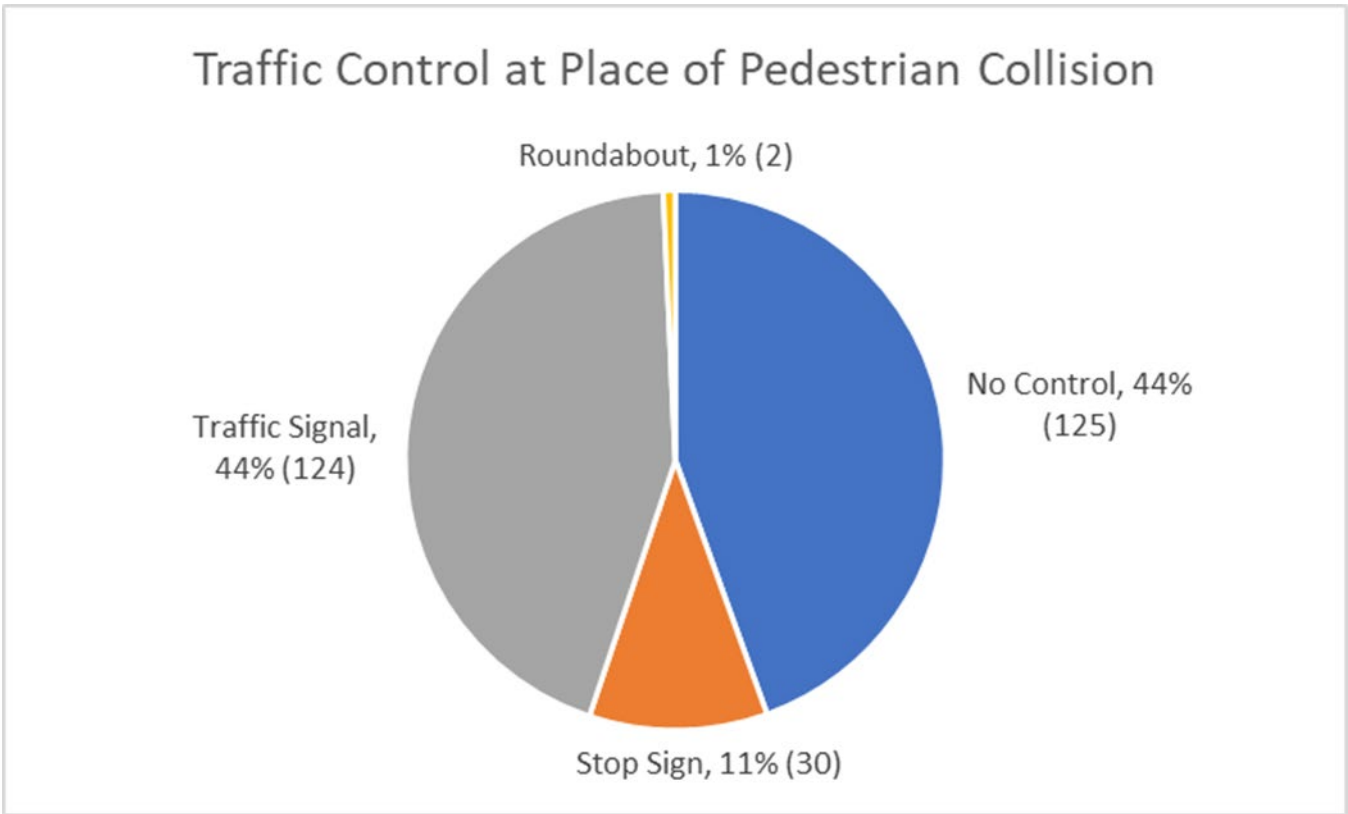
34 - Manner of Pedestrian Collision



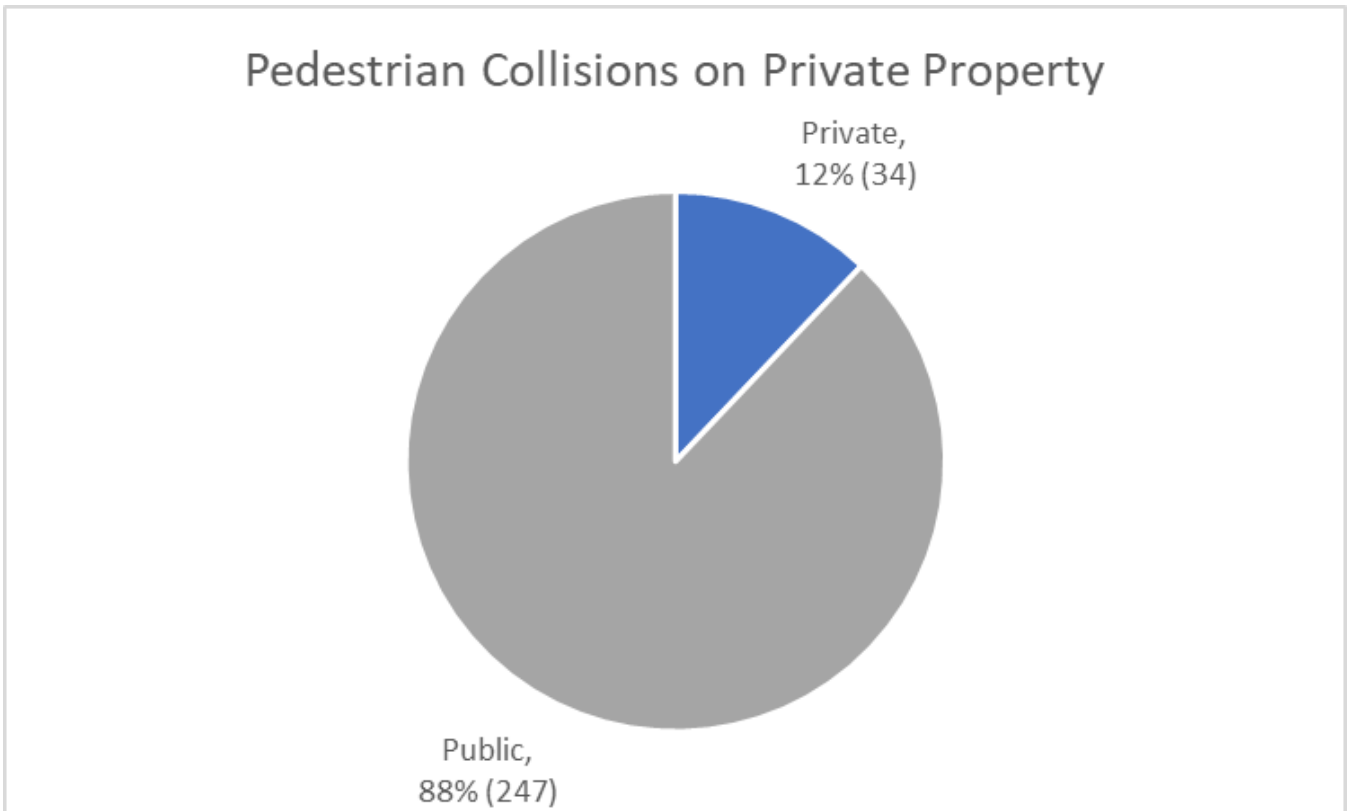
35 - Pedestrian Action (Within 150 feet of Intersection)



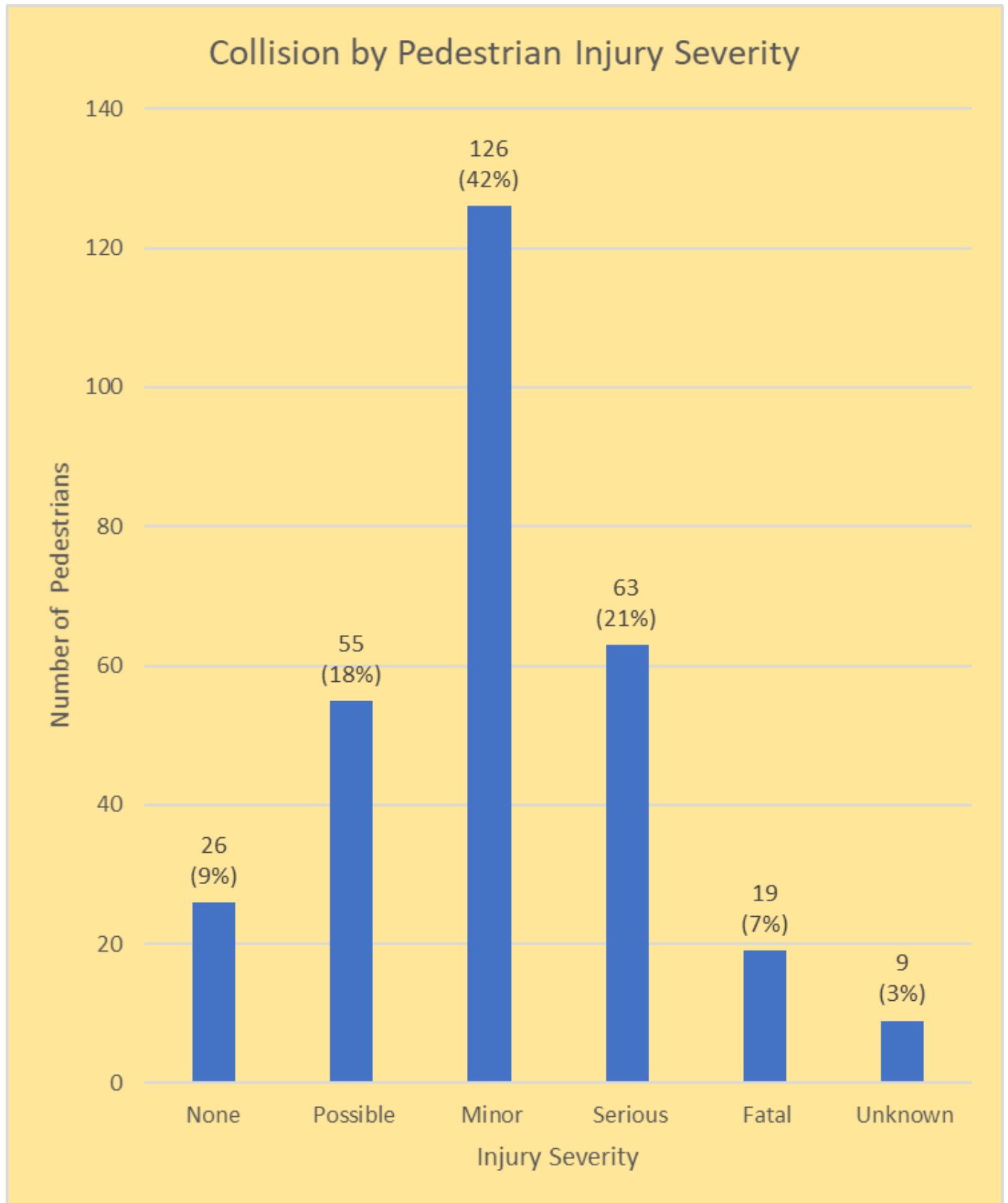
36 - Pedestrian Action (Over 150 feet from Intersection)



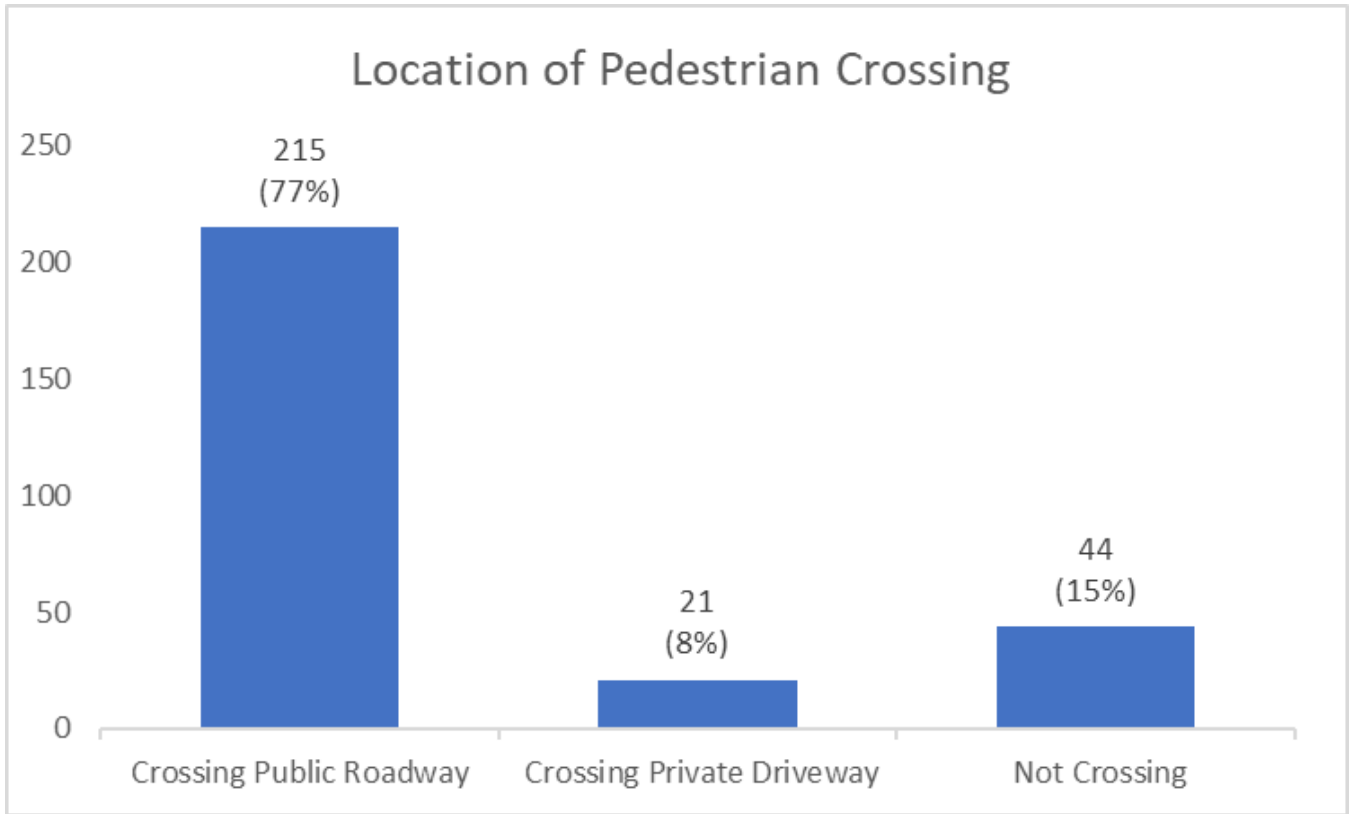
37 - Traffic Control at Place of Pedestrian Collision



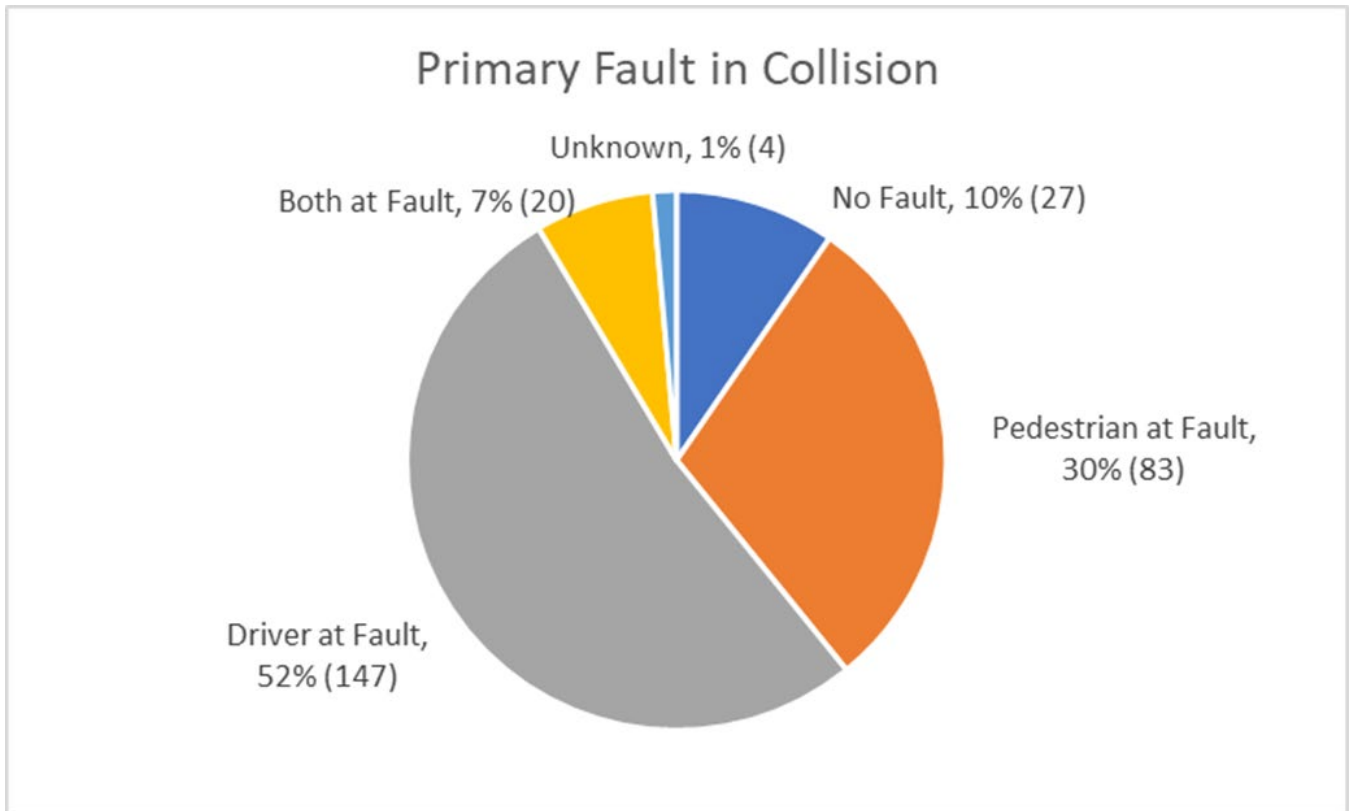
38 - Pedestrian Collisions on Private Property



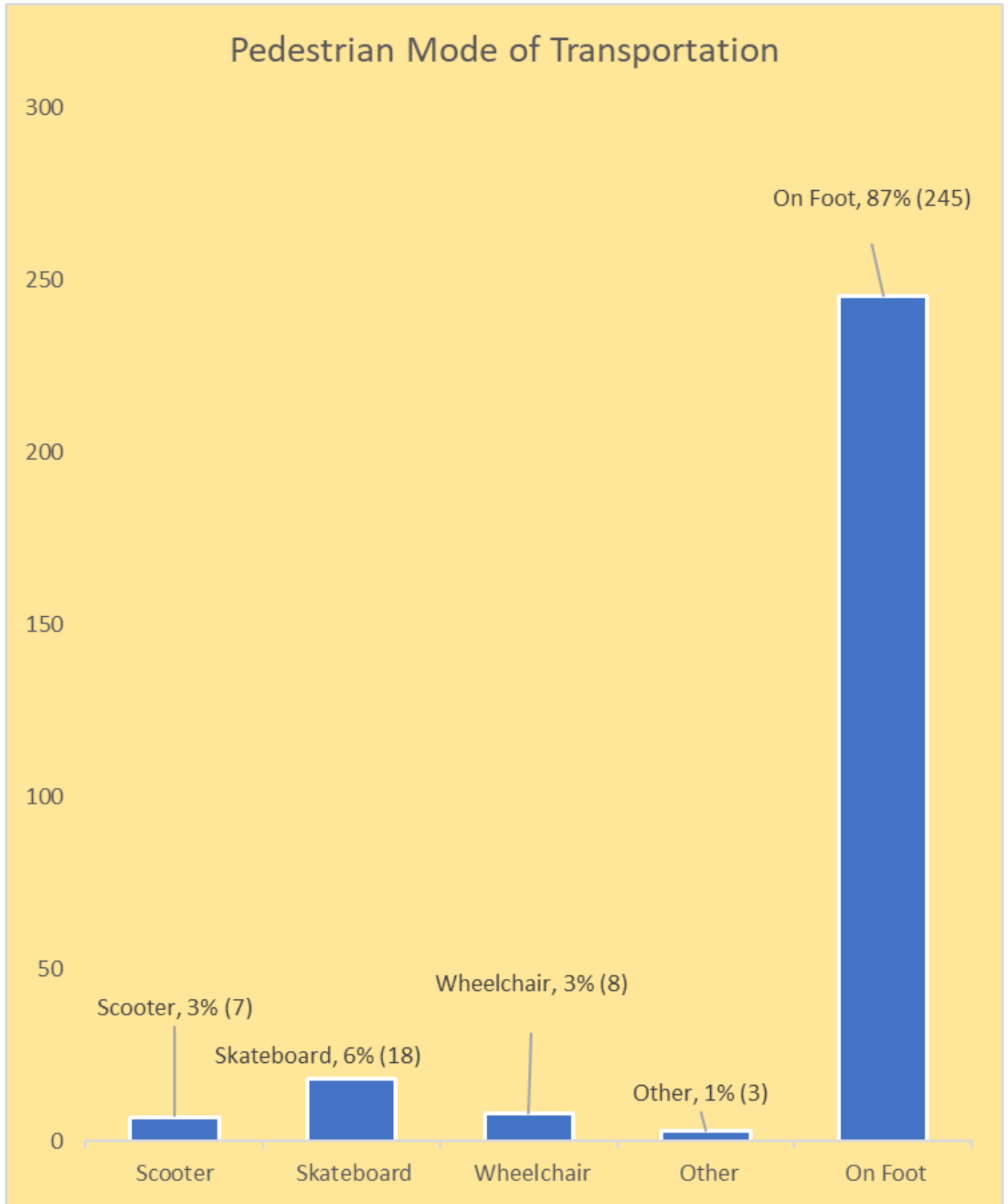
39 - Collision by Pedestrian Injury Severity



40 - Location of Pedestrian Crossing

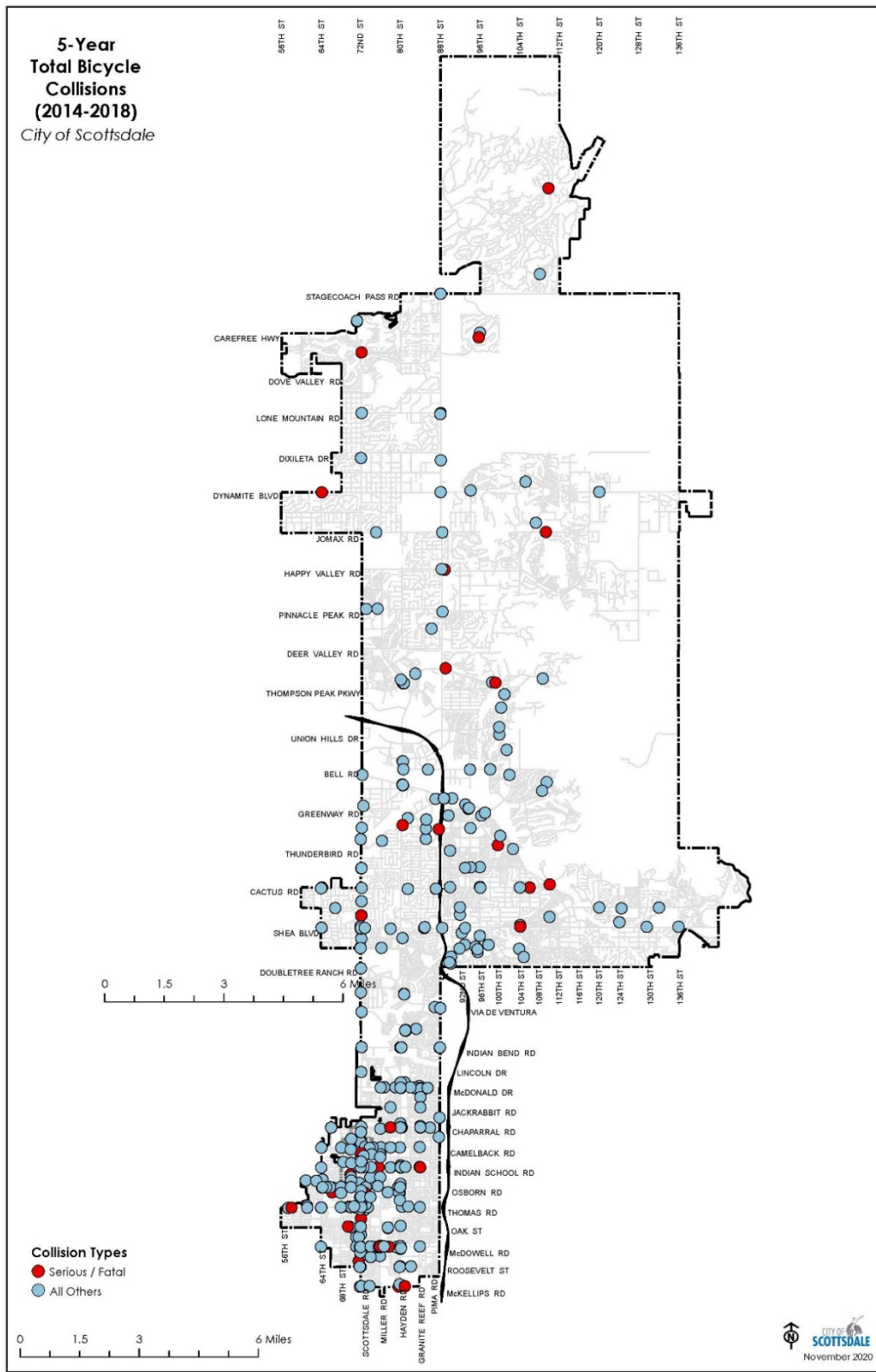


41 - Primary Fault in Collision

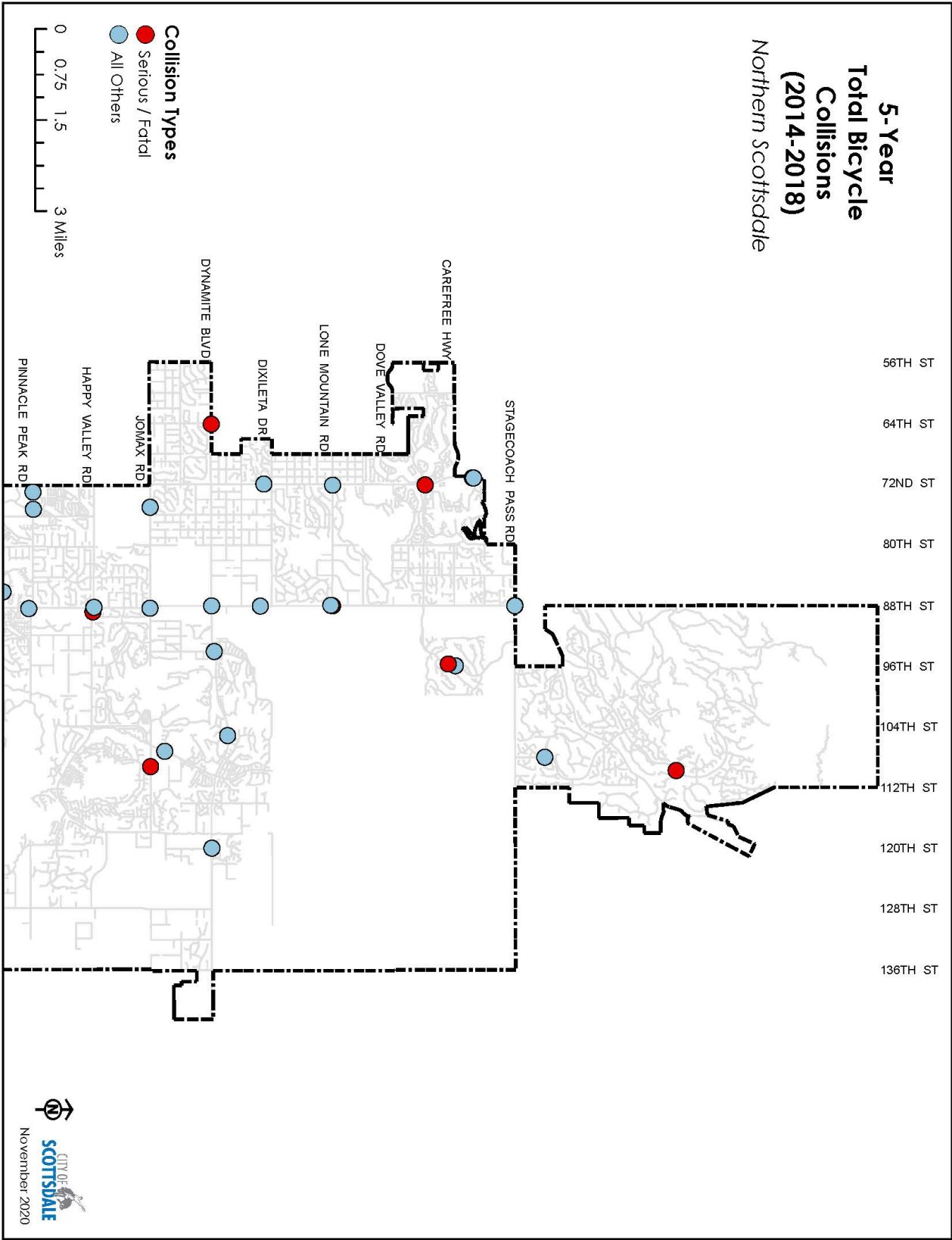


42 - Pedestrian Mode of Transportation

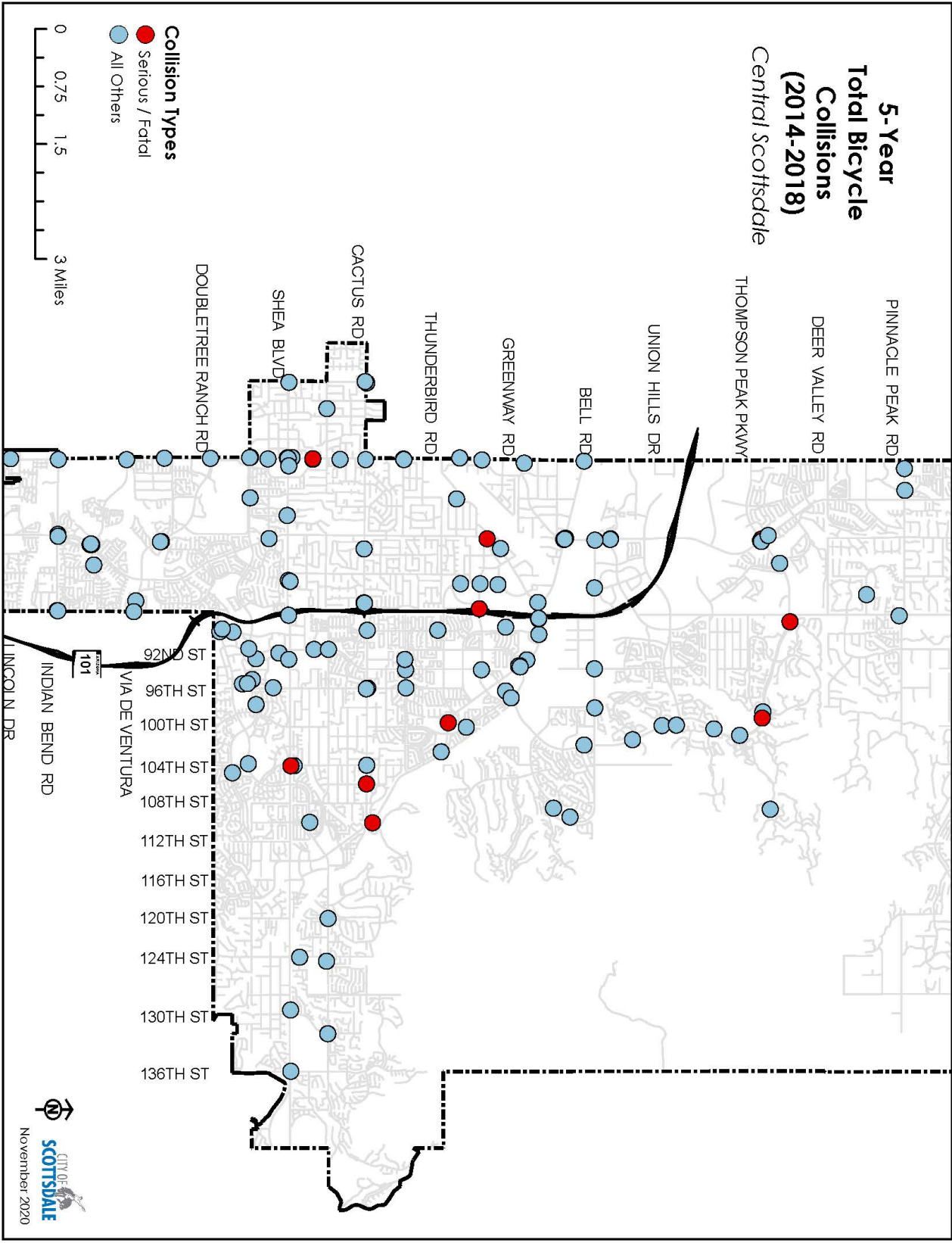
BICYCLE COLLISION MAPS (2014 – 2018)



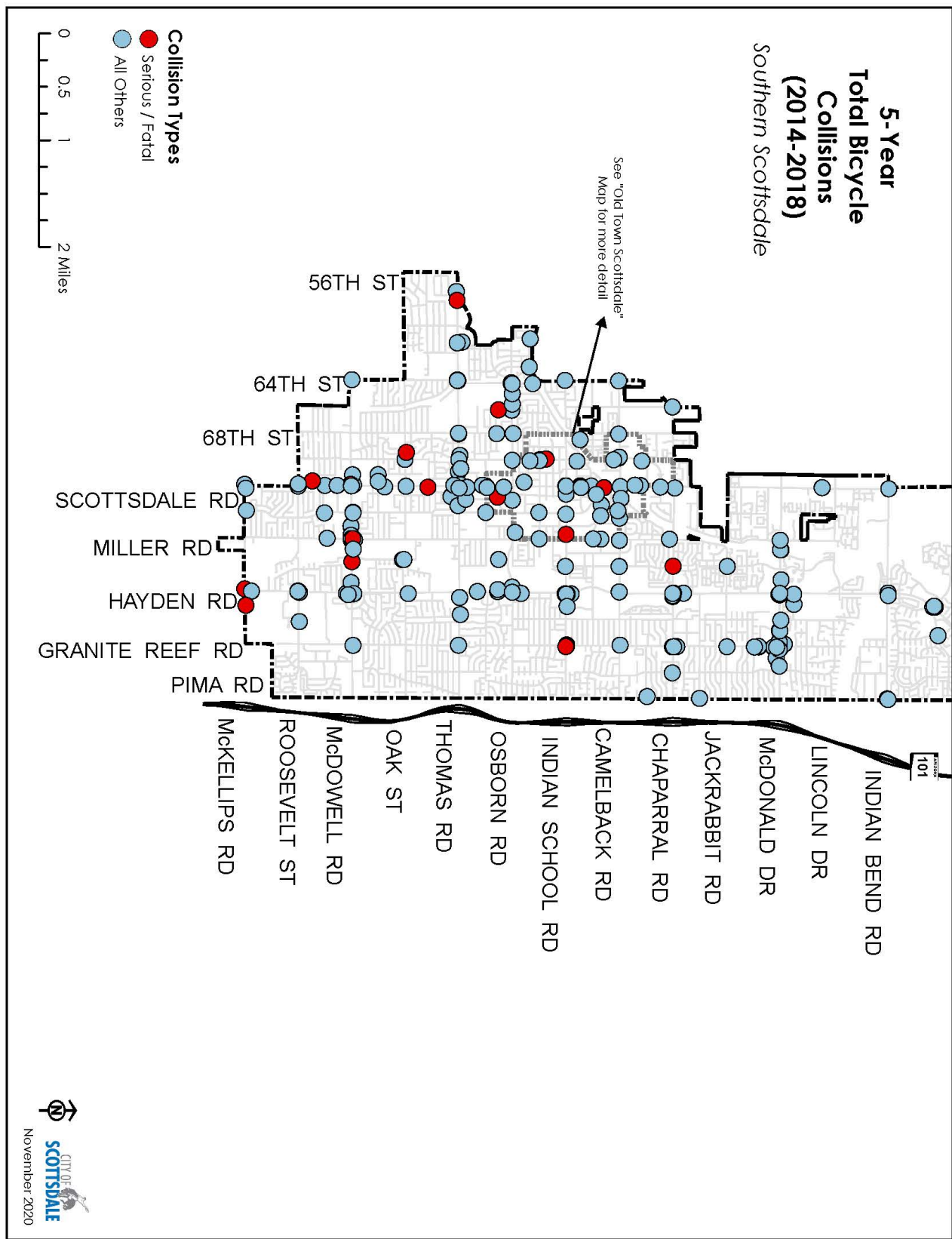
43 - 5 Year Total Citywide



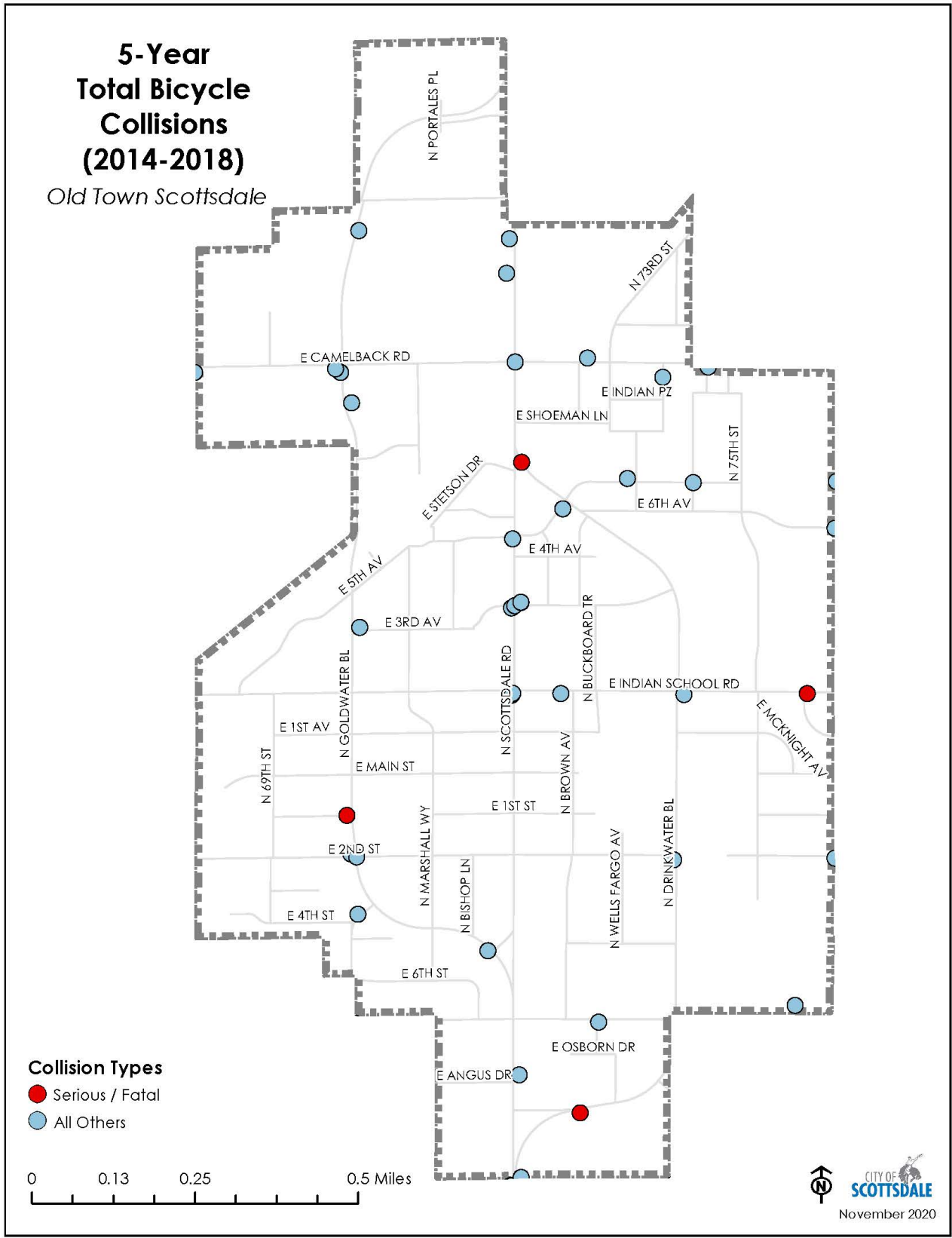
44 - 5 Year Total Northern Scottsdale



45 - 5 Year Total Central Scottsdale

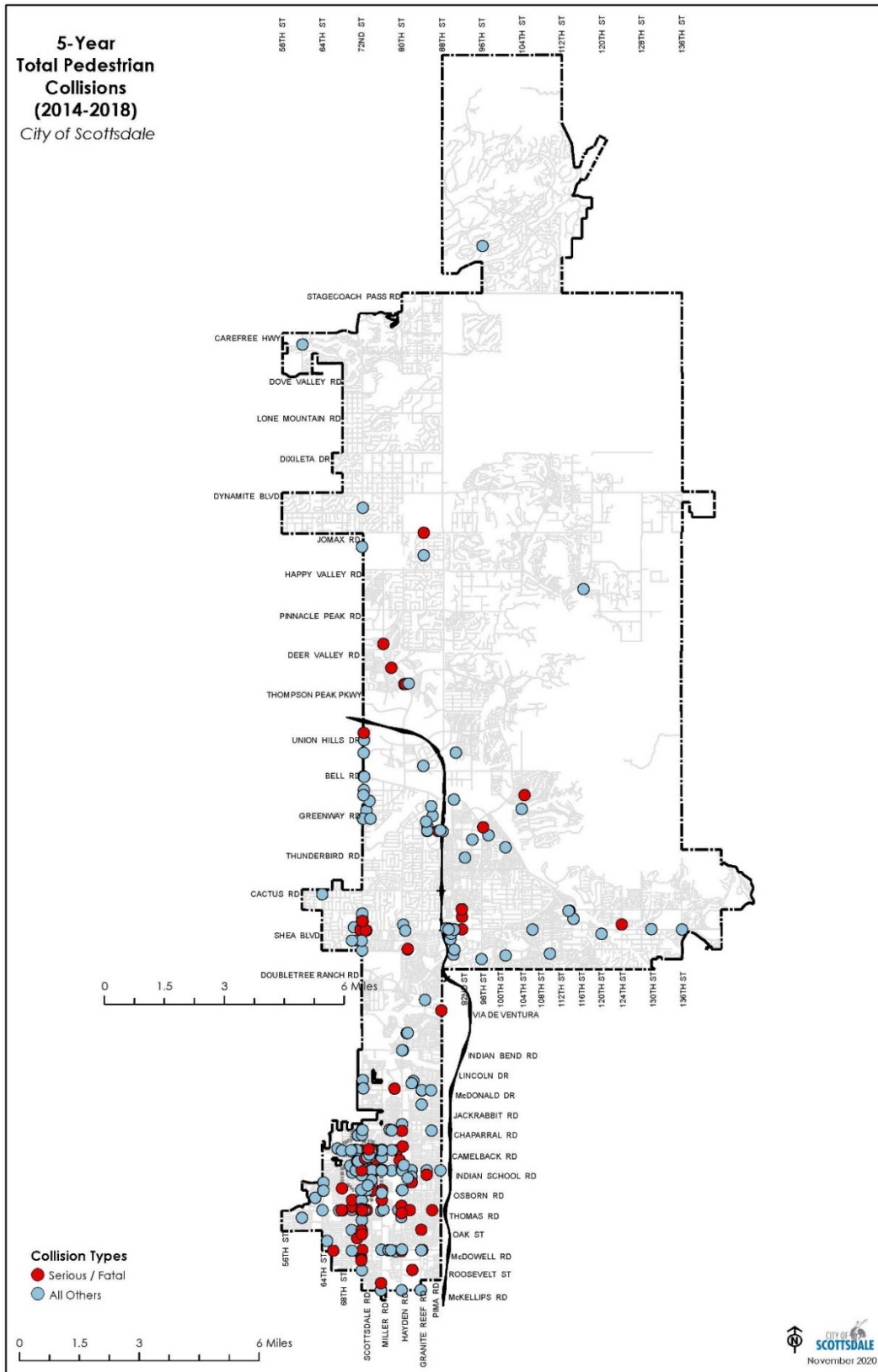


46 - 5 Year Total Southern Scottsdale

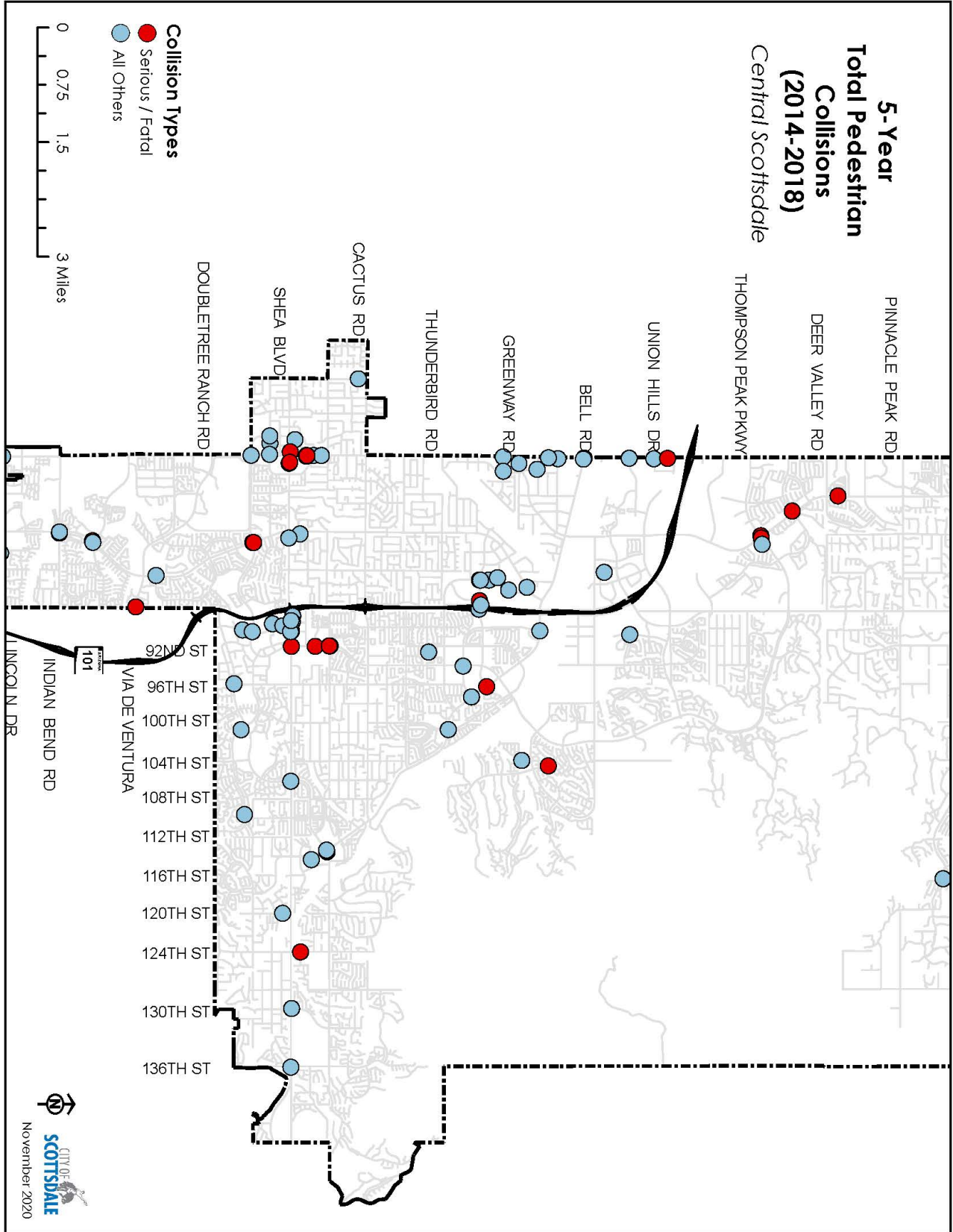


47 - 5 Year Total "Old Town" Scottsdale

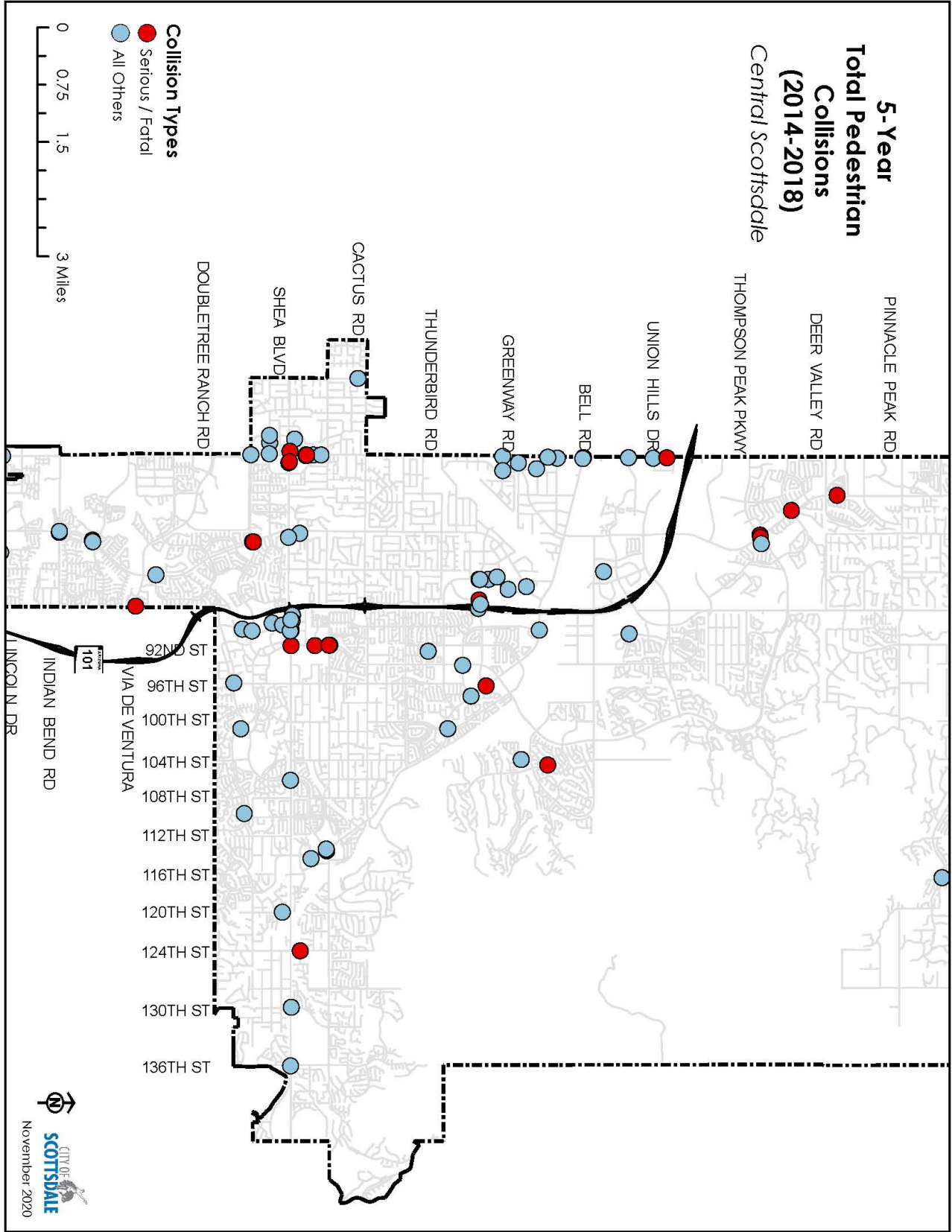
PEDESTRIAN COLLISION MAPS (2014 – 2018)



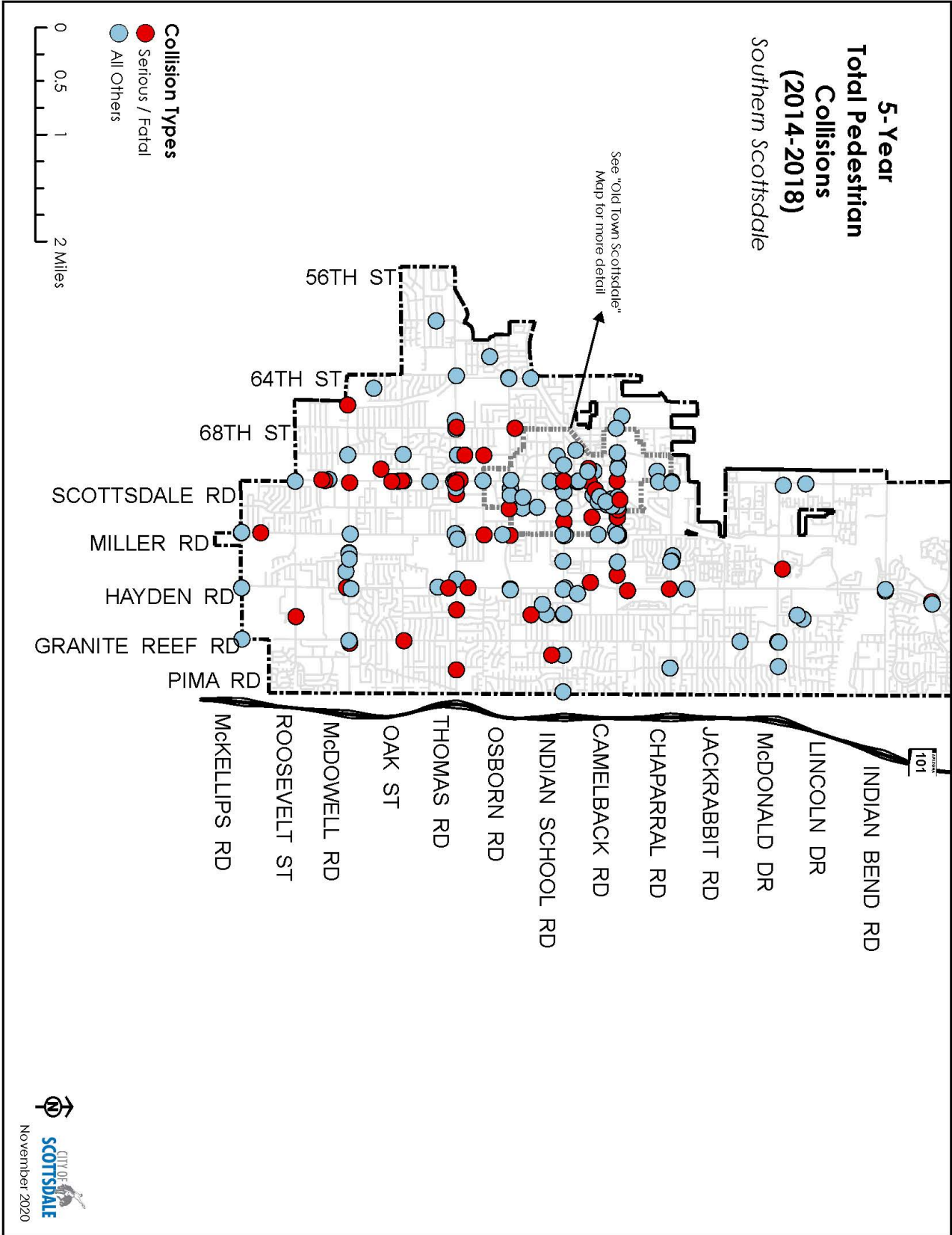
48 - 5 Year Total Citywide



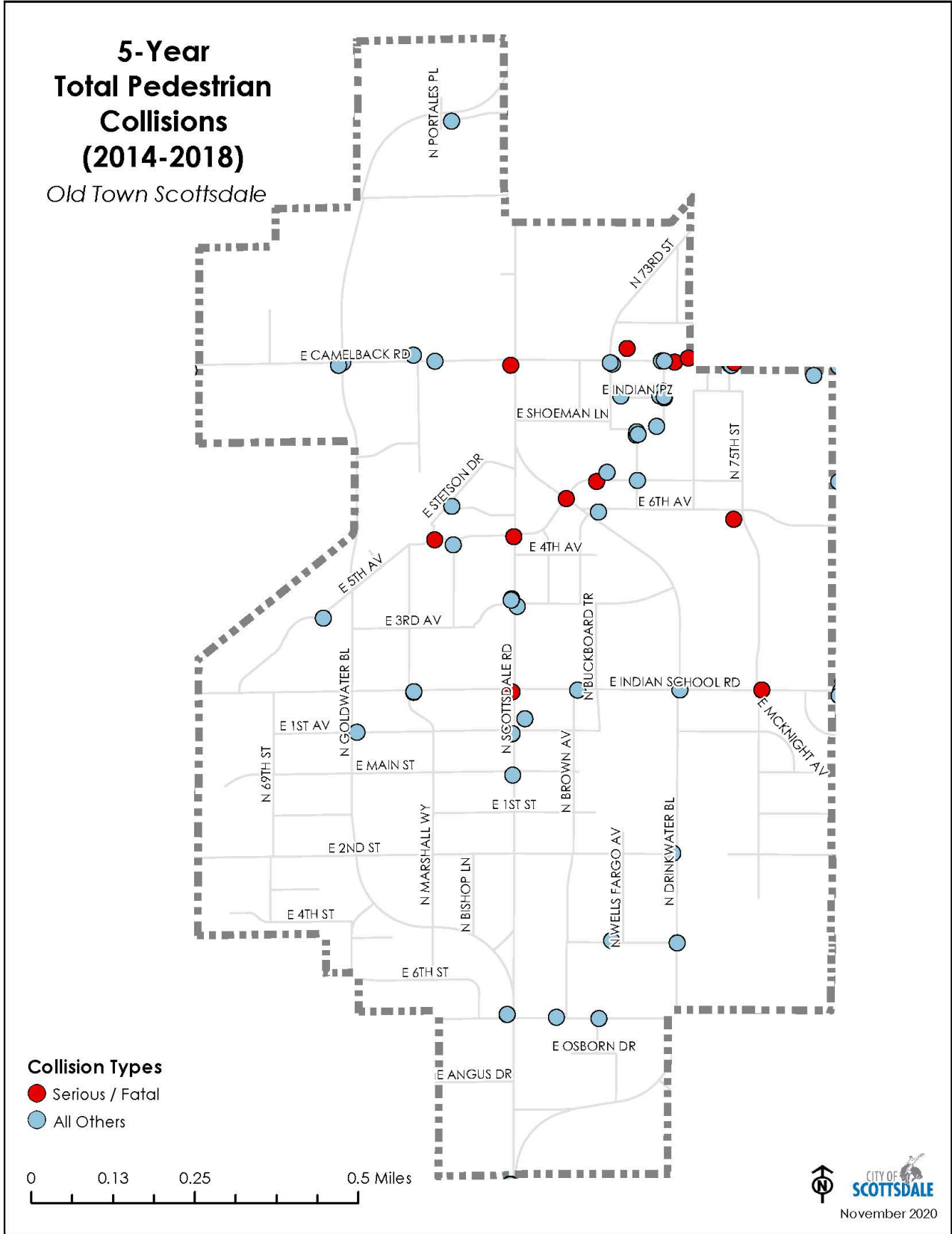
49 - 5 Year Total Northern Scottsdale



50 - 5 Year Total Central Scottsdale

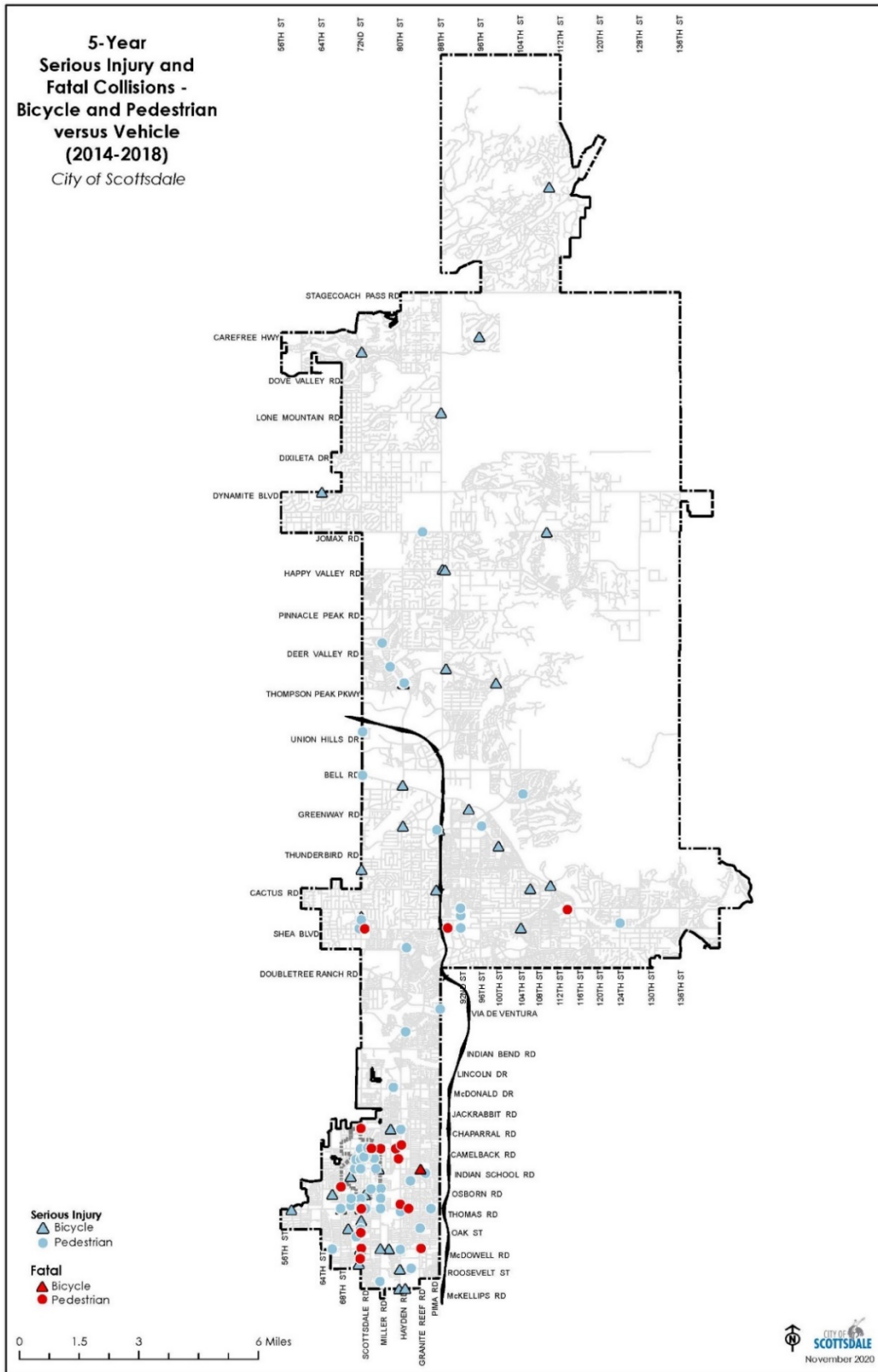


51 - 5 Year Total Southern Scottsdale

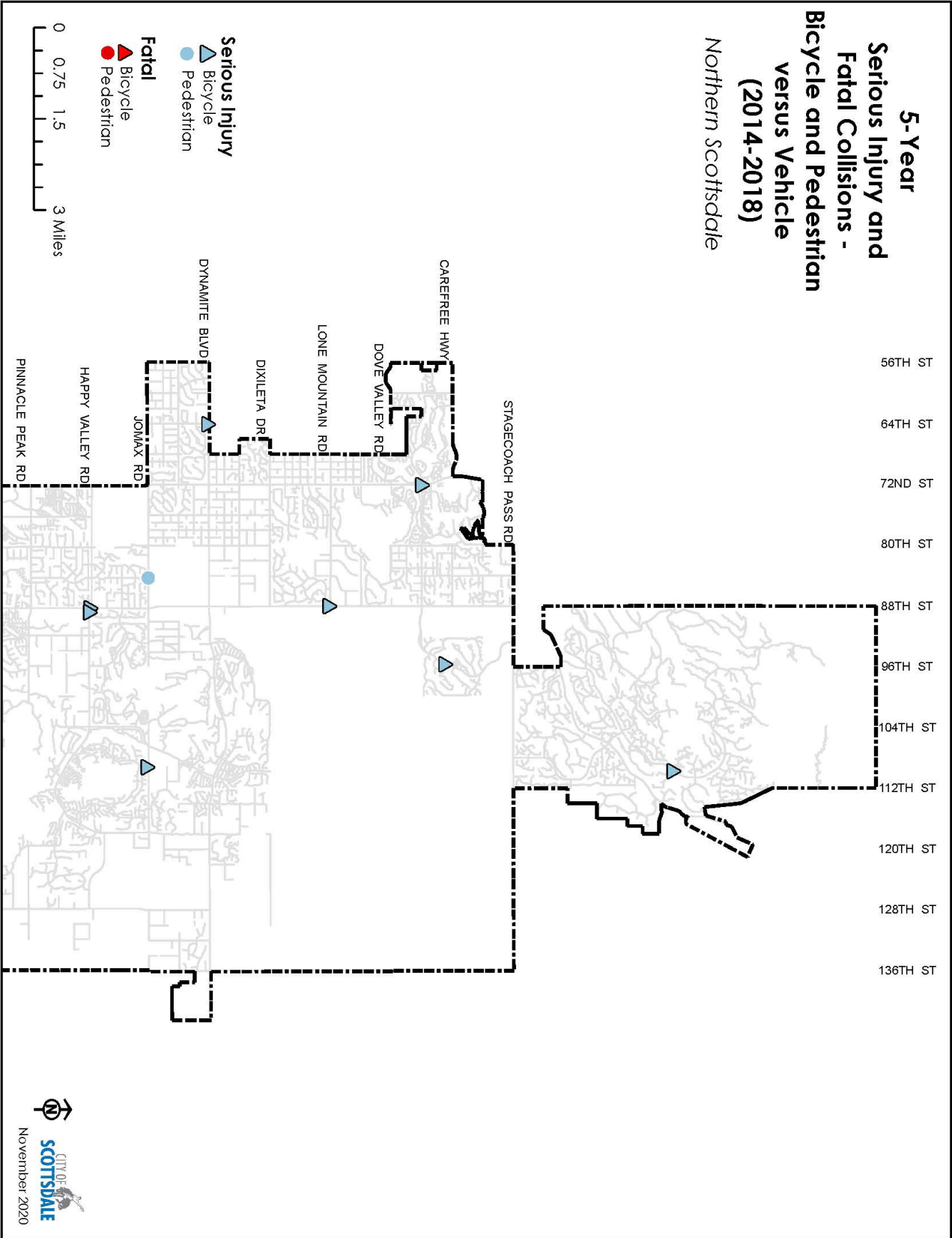


52 - 5 Year Total "Old Town" Scottsdale

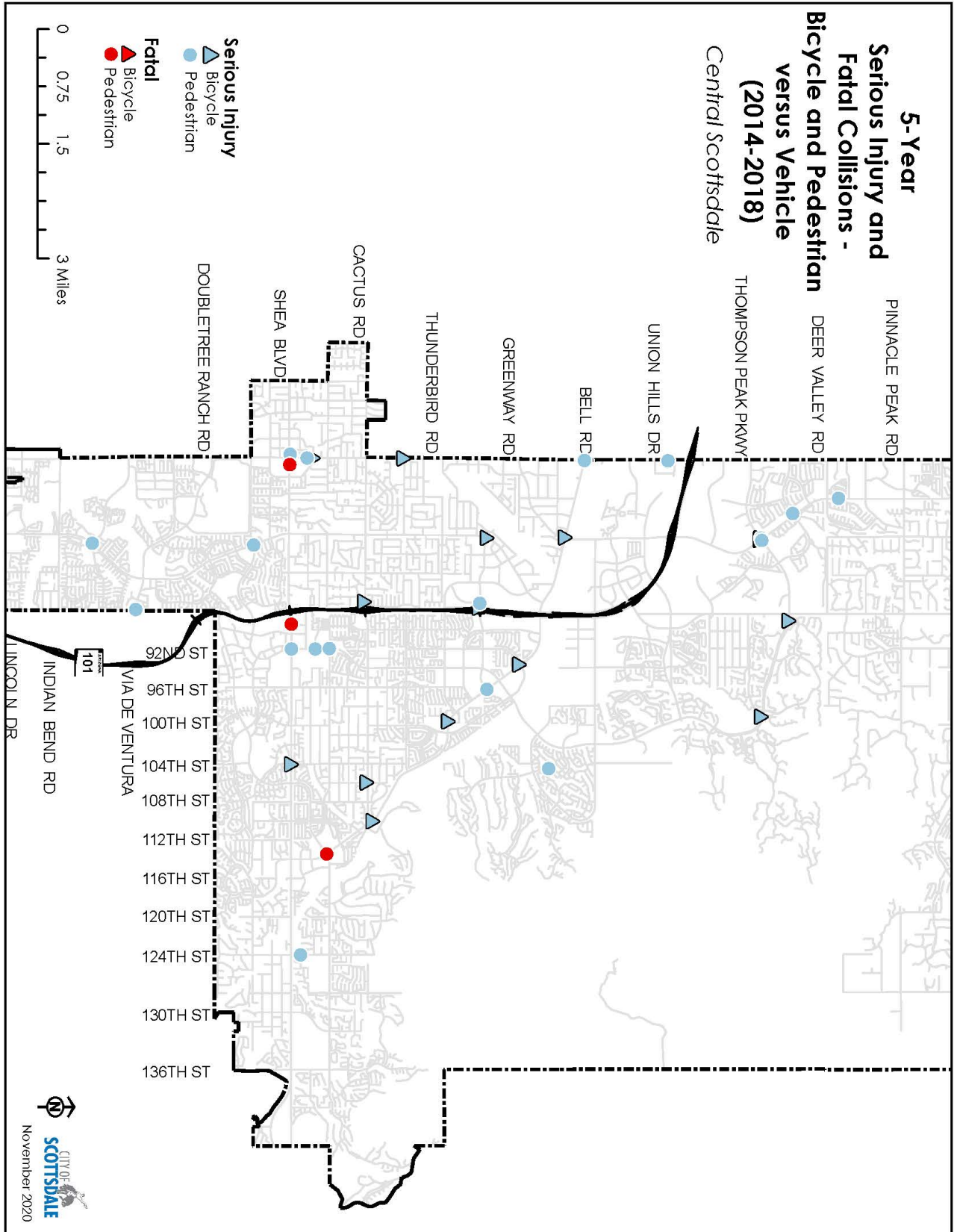
BICYCLE AND PEDESTRIAN COLLISION SEVERITY MAPS (2014 – 2018)



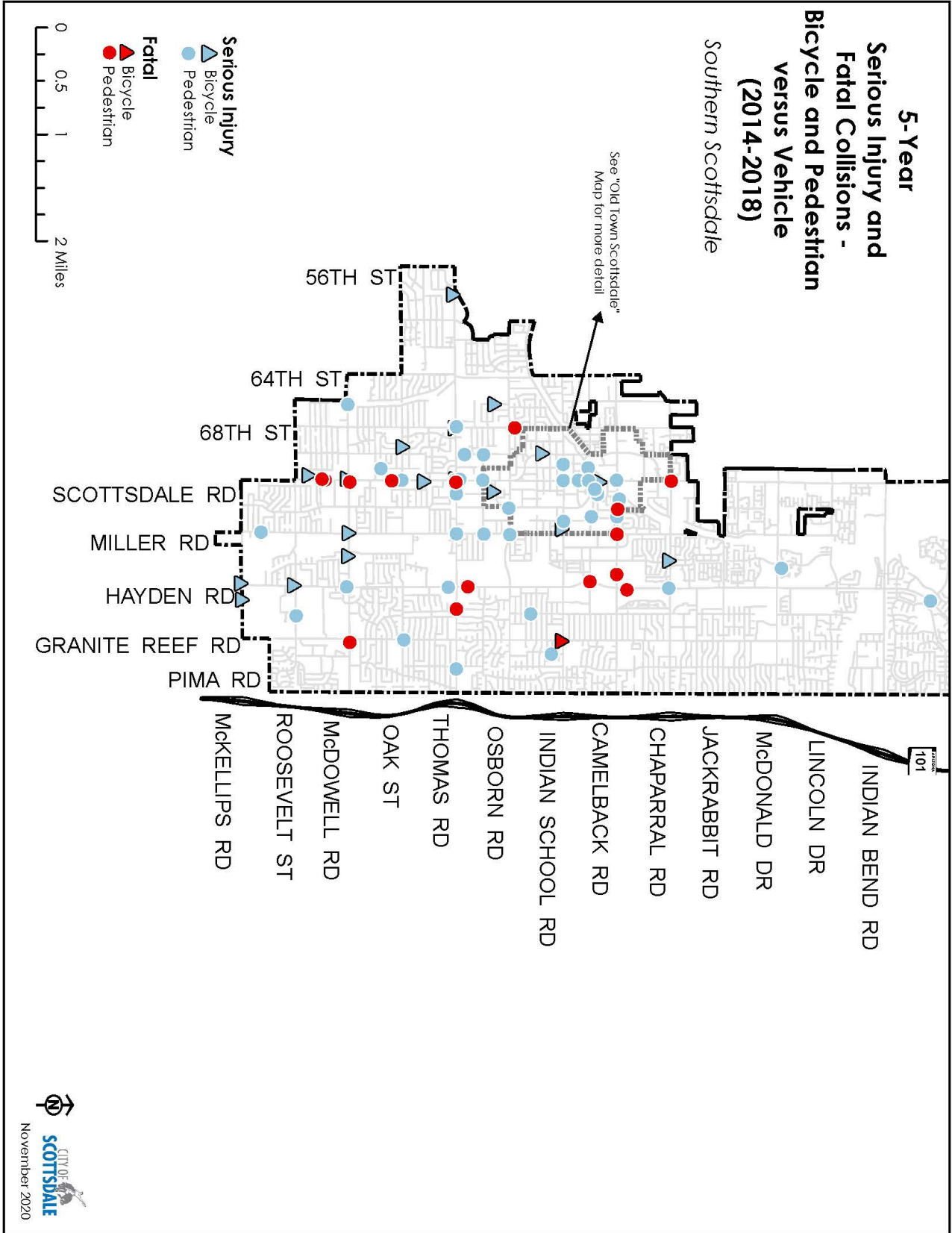
53 - 5 Year Total Citywide



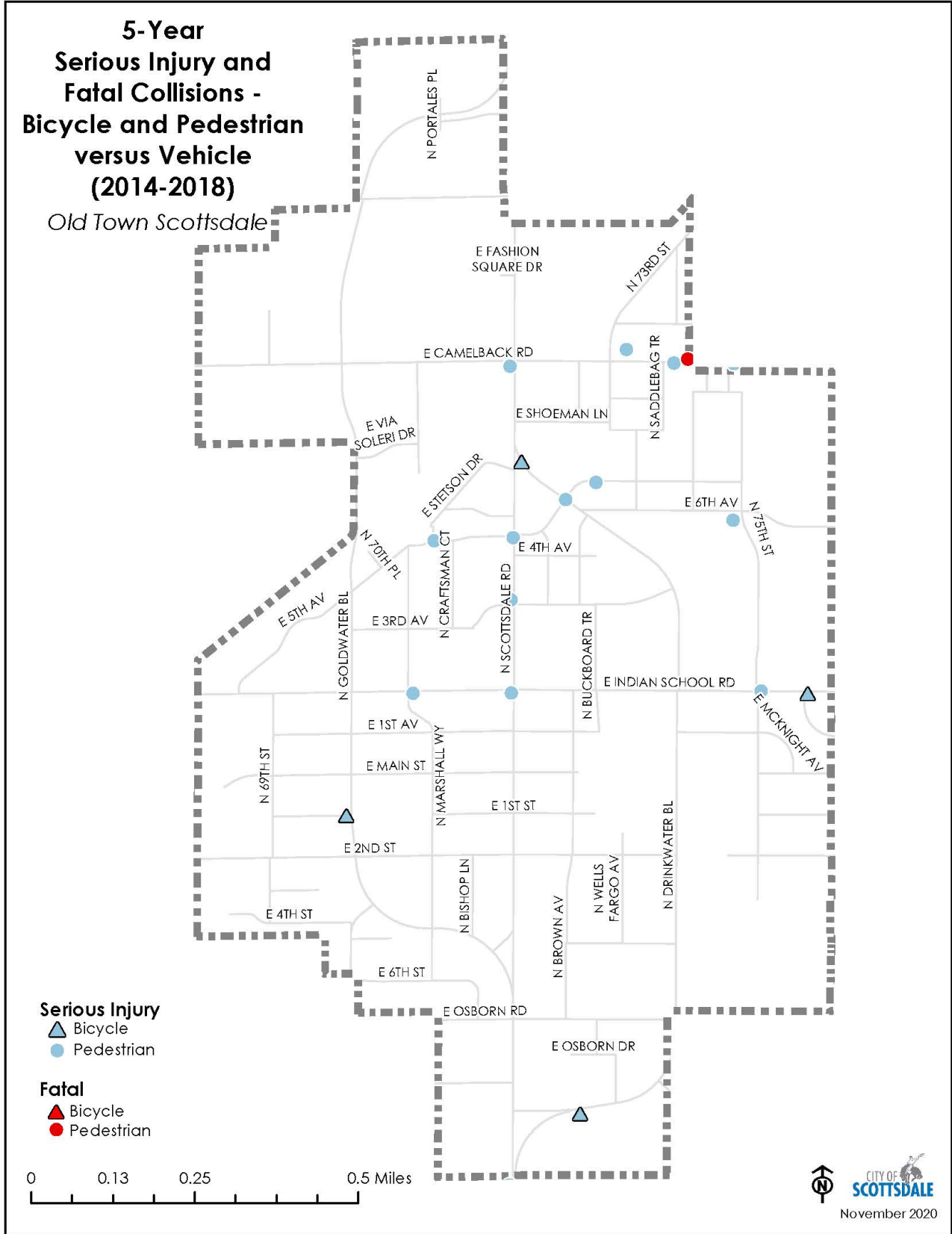
54 - 5 Year Total Northern Scottsdale



55 - 5 Year Total Central Scottsdale





56 - 5 Year Total Southern Scottsdale



57 - 5 Year Total "Old Town" Scottsdale

ARIZONA CRASH REPORT

ARIZONA CRASH REPORT			REPORT ID								Agency Report Number			
1	POLICE ONLY - FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 064R 206 S. 17 TH AVE., PHOENIX, ARIZONA 85007-3233			YEAR	MONTH	DAY	HOUR	NCIC NO.	OFFICER ID NO.	Total Number of Sheets _____				
	COMPLETE THE TRUCK/BUS 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 \$2,000 Limit: <input type="checkbox"/> Over <input type="checkbox"/> Under		<input type="checkbox"/> Fatal <input type="checkbox"/> Hit/Run Unit # _____		<input type="checkbox"/> Person Transported for Immediate Medical Care?		<input type="checkbox"/> Tow Away of At Least One Vehicle from Scene?		District or Grid No.		
	LOCATION: <input type="checkbox"/> On Highway/Road/Street <input type="checkbox"/> Inside City <input type="checkbox"/> Outside City <input type="checkbox"/> County Intersecting Street/Road/M.P. or R.P. <input type="checkbox"/> North <input type="checkbox"/> East <input type="checkbox"/> Plus <input type="checkbox"/> Distance <input type="checkbox"/> Measured <input type="checkbox"/> Miles <input type="checkbox"/> At <input type="checkbox"/> From <input type="checkbox"/> South <input type="checkbox"/> West <input type="checkbox"/> Minus <input type="checkbox"/> Approximate <input type="checkbox"/> Feet													
3	Light Condition <input type="checkbox"/> 1 Daylight <input type="checkbox"/> 2 Dawn <input type="checkbox"/> 3 Dusk <input type="checkbox"/> 4 Dark - Lighted <input type="checkbox"/> 5 Dark - Not Lighted <input type="checkbox"/> 6 Dark - Unknown Lighting <input type="checkbox"/> 51 Unknown				Weather Conditions <input type="checkbox"/> 1 Clear <input type="checkbox"/> 2 Cloudy <input type="checkbox"/> 3 Sleet, Hail (freezing rain/drizzle) <input type="checkbox"/> 4 Rain <input type="checkbox"/> 5 Snow or Blowing Snow <input type="checkbox"/> 6 Fog, Smog, Smoke <input type="checkbox"/> 7 Blowing Sand, Soil, Dirt <input type="checkbox"/> 50 Other <input type="checkbox"/> 51 Unknown				GLOBAL POSITION: Latitude: _____ Longitude: _____					
	Is this a Secondary Collision: <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, were any of the following 1 st 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: _____ Incident Clear: _____													
4	Safety Devices (SD) 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			Airbag (AB) 0 - Not Applicable 1 - Deployed - Front 2 - Deployed - Side (Door, seatback) 3 - Deployed - Curtain (roof) 4 - Deployed - Other (one, airbelt, etc.) 5 - Deployed - Combination 6 - Deployed - Unknown Location 7 - Not Deployed			Injury Severity (IS) 1 - No Injury 2 - Possible Injury 3 - Suspected Minor Injury 4 - Suspected Serious Injury 5 - Fatal Injury 51 - Unknown/Not Reported			Seating Position 31 21 11 32 22 12 33 23 13 38 28 18 42 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				
	Driver: <input type="checkbox"/> DL # _____ <input type="checkbox"/> No Valid License/Permit State _____ Class _____ End _____ <input 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 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 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 type="checkbox"/> Yes <input type="checkbox"/> No HazMat Placard? <input type="checkbox"/> Yes <input 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 type="checkbox"/> Disabled <input type="checkbox"/> Not Disabled Vehicle Removed by _____ Orders of _____ Insurance Company _____ Telephone Number _____ Policy Number _____ Exp. Date _____													
5	Driver: <input type="checkbox"/> DL # _____ <input type="checkbox"/> No Valid License/Permit State _____ Class _____ End _____ <input 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 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 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 type="checkbox"/> Yes <input type="checkbox"/> No HazMat Placard? <input type="checkbox"/> Yes <input 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 type="checkbox"/> Disabled <input type="checkbox"/> Not Disabled Vehicle Removed by _____ Orders of _____ Insurance Company _____ Telephone Number _____ Policy Number _____ Exp. Date _____													
	Driver: <input type="checkbox"/> DL # _____ <input type="checkbox"/> No Valid License/Permit State _____ Class _____ End _____ <input 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 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 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 type="checkbox"/> Yes <input type="checkbox"/> No HazMat Placard? <input type="checkbox"/> Yes <input 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 type="checkbox"/> Disabled <input type="checkbox"/> Not Disabled Vehicle Removed by _____ Orders of _____ Insurance Company _____ Telephone Number _____ Policy Number _____ Exp. Date _____													
6	PASSENGERS: 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													
	VEHICLE DAMAGED AREA(S) - (CIRCLE ALL THAT APPLY) Unit # 1  Unit # 2  0 - NONE 10 - UNDERCARRIAGE 51 - UNKNOWN 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 _____													
8	Property Damaged (Other than Vehicles) _____ Owner Code _____ Address (or Bar Code ID Number) _____ City _____ State _____ Zip Code _____ Telephone Number _____ Name _____ Address _____ City _____ State _____ Zip Code _____ Telephone Number _____ D.O.B. _____													
	UNIT # _____ A.R.S. NO. OR CITY CODE _____ UNIT # _____ A.R.S. NO. OR CITY CODE _____													
10	Photos Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Photographer's Name, ID Number and Agency Name _____ Invest. At Scene <input type="checkbox"/> Yes <input type="checkbox"/> No Date Invest. _____ Time Invest. _____ Fire/EMS Incident No _____ Officer's Name / Badge # _____ Supervisor's Signature _____ Agency Name _____ Date Completed _____													

01-2704A R02/20

ARIZONA CRASH REPORT		REPORT ID					Agency Report Number _____												
1 CONTINUED POLICE ONLY - FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 064R 206 S. 17 TH AVE., PHOENIX, ARIZONA 85007-3233		YEAR	MONTH	DAY	HOUR	NCIC NO.	OFFICER ID NO.	Total Number of Sheets _____											
12 - ROAD SURFACE CONDITION UNIT # <input type="checkbox"/> 01 DRY <input type="checkbox"/> 08 MUD/DIRT/GRAVEL/SAND <input type="checkbox"/> 02 WET <input type="checkbox"/> 09 SNOW/SLUSH <input type="checkbox"/> 50 OTHER <input type="checkbox"/> 03 SNOW/SLUSH <input type="checkbox"/> 51 UNKNOWN <input type="checkbox"/> 04 ICE/FROST <input type="checkbox"/> 05 WATER (standing/moving)	19 - CONTRIBUTING CIRCUMSTANCES UP TO TWO CHOICES PER UNIT UNIT # <input type="checkbox"/> 00 NO CONTRIBUTING CIRCUMSTANCE ENVIRONMENTAL 1. GLARE <input type="checkbox"/> 01 A. SUNLIGHT <input type="checkbox"/> 03 ROAD SURFACE CONDITION <input type="checkbox"/> 02 B. OBSTRUCTION(S) <input type="checkbox"/> 04 DEBRIS <input type="checkbox"/> 05 WORK ZONE <input type="checkbox"/> 06 OBSTRUCTION IN ROADWAY <input type="checkbox"/> 07 CHANGING ROAD WIDTH <input type="checkbox"/> 08 NON-HIGHWAY WORK ROAD <input type="checkbox"/> 09 A. STOPPED/PARKED VEHICLE <input type="checkbox"/> 10 B. MOVING VEHICLE <input type="checkbox"/> 11 C. LOAD ON VEHICLE <input type="checkbox"/> 12 D. TREE/SHRUB/BUSH MOTOR VEHICLE <input type="checkbox"/> 13 TIRES <input type="checkbox"/> 14 50 OTHER <input type="checkbox"/> 15 51 UNKNOWN <input type="checkbox"/> POSSIBLE ROAD RAGE INCIDENT	22 - VIOLATIONS/BEHAVIOR CHECK ALL THAT APPLY UNIT # <input type="checkbox"/> 01 NO IMPROPER ACTION <input type="checkbox"/> 02 SPEED TOO FAST FOR CONDITIONS <input type="checkbox"/> 03 EXCEEDED LAWFUL SPEED <input type="checkbox"/> 04 FOLLOWED TOO CLOSELY <input type="checkbox"/> 05 RAN STOP SIGN <input type="checkbox"/> 06 DISREGARDED TRAFFIC SIGNAL <input type="checkbox"/> 07 MADE IMPROPER TURN <input type="checkbox"/> 08 DROVE LEFT OF CENTER LINE <input type="checkbox"/> 09 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"/> 14 DID NOT USE CROWD WALK <input type="checkbox"/> 15 FAILED TO YIELD RIGHT-OF-WAY <input type="checkbox"/> 16 AGGRESSIVE DRIVING <input type="checkbox"/> 17 50 OTHER <input type="checkbox"/> 18 51 UNKNOWN																	
13 - ROAD GRADE UNIT # <input type="checkbox"/> 01 LEVEL <input type="checkbox"/> 03 UPHILL <input type="checkbox"/> 02 DOWNHILL <input type="checkbox"/> 51 UNKNOWN	20 - DISTRACTED DRIVING BEHAVIOR UNIT # <input type="checkbox"/> 00 NOT DISTRACTED/NOT APPLICABLE <input type="checkbox"/> 01 TALKING ON HANDS FREE DEVICE <input type="checkbox"/> 02 TALKING ON HAND HELD DEVICE <input type="checkbox"/> 03 PASSENGER <input type="checkbox"/> 04 OTHER ACTIVITY, ELECTRONIC DEVICE <input type="checkbox"/> 05 MANUALLY OPERATING AN ELECTRONIC DEVICE <input type="checkbox"/> 06 OTHER INSIDE THE VEHICLE (eating, drinking, etc.) <input type="checkbox"/> 07 OUTSIDE THE VEHICLE (includes unspecified distractions) <input type="checkbox"/> 08 DISTRACTED, UNKNOWN REASON <input type="checkbox"/> 09 51 UNKNOWN IF DISTRACTED	23 - TRAFFIC UNIT MANEUVER/ACTION UNIT # <input type="checkbox"/> 01 GOING STRAIGHT AHEAD <input type="checkbox"/> 02 SLOWING IN TRAFFICWAY <input type="checkbox"/> 03 STOPPED IN TRAFFICWAY <input type="checkbox"/> 04 MAKING LEFT TURN <input type="checkbox"/> 05 MAKING RIGHT TURN <input type="checkbox"/> 06 MAKING U-TURN <input type="checkbox"/> 07 OVERTAKING/PASSING <input type="checkbox"/> 08 CHANGING LANES <input type="checkbox"/> 09 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"/> 23 50 OTHER <input type="checkbox"/> 24 51 UNKNOWN																	
14 - RELATION TO JUNCTION <input type="checkbox"/> 0 NOT JUNCTION RELATED <input type="checkbox"/> 4 RAILWAY GRADE CROSSING <input type="checkbox"/> 1 INTERSECTION (with) <input type="checkbox"/> 7 DRIVEWAY or ALLEY ACCESS <input type="checkbox"/> 2 4-WAY T-INTER <input type="checkbox"/> 50 OTHER <input type="checkbox"/> 3 INTERSECTION-RELATED <input type="checkbox"/> 51 UNKNOWN <input type="checkbox"/> 4 ENTRANCE/EXIT RAMP	21 - CONDITION INFLUENCING Driver/Ped/Cyclist UP TO THREE CHOICES PER UNIT UNIT # <input type="checkbox"/> 00 NO APPARENT INFLUENCE <input type="checkbox"/> 01 ILLNESS OR PHYSICAL IMPAIRMENT <input type="checkbox"/> 02 FELL ASLEEP/FATIGUED <input type="checkbox"/> 03 ALCOHOL <input type="checkbox"/> 04 ILLEGAL DRUGS <input type="checkbox"/> 05 MEDICATIONS <input type="checkbox"/> 06 MARIJUANA <input type="checkbox"/> 07 MED MARIJUANA CARD PRESENTED <input type="checkbox"/> 08 50 OTHER <input type="checkbox"/> 09 51 UNKNOWN CONDITION 21 DRE (check all that apply) <input type="checkbox"/> a DRE RESPONDED <input type="checkbox"/> b SUSPECT EVALUATED <input type="checkbox"/> c SUSPECT ARRESTED	24 - LOCATION OF PEDESTRIAN/CYCLIST UNIT # <input type="checkbox"/> 01 AT INTERSECTION-IN MARKED CROSSWALK <input type="checkbox"/> 02 AT INTERSECTION-UNMARKED/UNKNOWN IF MARKED CROSSWALK <input type="checkbox"/> 03 AT INTERSECTION-NOT IN CROSSWALK <input type="checkbox"/> 04 AT INTERSECTION-UNKNOWN LOCATION <input type="checkbox"/> 05 NOT AT INTERSECTION-IN MARKED CROSSWALK <input type="checkbox"/> 06 NOT AT INTERSECTION-ON ROADWAY, NOT IN MARKED CROSSWALK <input type="checkbox"/> 07 NOT AT INTERSECTION-ON ROADWAY, CROSSWALK AVAILABILITY UNKNOWN <input type="checkbox"/> 08 SCHOOL CROSSWALK <input type="checkbox"/> 09 PARKING LANE/ZONE <input type="checkbox"/> 10 BICYCLE LANE <input type="checkbox"/> 11 SHOULDER/ROADSIDE <input type="checkbox"/> 12 SIDEWALK <input type="checkbox"/> 13 MEDIAN/CROSSING ISLAND <input type="checkbox"/> 14 DRIVEWAY ACCESS <input type="checkbox"/> 15 SHARED-USE PATH <input type="checkbox"/> 16 NON-TRAFFICWAY AREA <input type="checkbox"/> 17 50 OTHER <input type="checkbox"/> 18 51 UNKNOWN LOCATION																	
15 - TRAFFICWAY DESCRIPTION <input type="checkbox"/> 0 ONE WAY TRAFFICWAY <input type="checkbox"/> 1 TWO-WAY, NOT DIVIDED (no median present) <input type="checkbox"/> 2 TWO-WAY, (NOT DIVIDED) WITH A CONTINUOUS LEFT TURN LANE <input type="checkbox"/> 3 TWO-WAY, DIVIDED, UNPROTECTED MEDIAN <input type="checkbox"/> 4 TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER <input type="checkbox"/> 5 51 UNKNOWN	25 - ROADWAY ALIGNMENT UNIT # <input type="checkbox"/> 01 STRAIGHT <input type="checkbox"/> 03 CURVE RIGHT <input type="checkbox"/> 02 CURVE LEFT <input type="checkbox"/> 51 UNKNOWN	27 - SEQUENCE OF EVENTS UP TO FOUR CRASH EVENTS FOR EACH UNIT IN THE ORDER OF OCCURRENCE NON-COLLISION 1 OVERTURN/ROLLOVER 2 FIRE/EXPLOSION 3 CARGO/EQUIPMENT LOSS/SHIFT 4 FELL/JUMPED FROM VEHICLE 5 OTHER NON-COLLISION _____ 6 EQUIPMENT FAILURE (tires, brakes) 7 SEPARATION OF UNITS 8 RAN OFF ROAD RIGHT 9 RAN OFF ROAD LEFT 10 CROSS MEDIAN 11 CROSS CENTERLINE 12 DOWNHILL RUNAWAY COLLISION WITH PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT 16 MOTOR VEHICLE IN TRANSPORT 17 PEDESTRIAN 18 PEDALCYCLE 19 TRAIN 20 LIGHT RAILWAY/RAILCAR VEHICLE 21 ANIMAL 22 PARKED MOTOR VEHICLE 23 STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY ANOTHER VEHICLE 24 OTHER NON-FIXED OBJ. _____																	
16 - TRAFFIC CONTROL DEVICE UNIT # <input type="checkbox"/> 00 NO CONTROLS <input type="checkbox"/> 07 PERSON (law enforcement, crossing guard, flagger, etc.) <input type="checkbox"/> 01 SIGNAL <input type="checkbox"/> 08 TRAFFIC CIRCLE / ROUNDABOUT <input type="checkbox"/> 02 STOP SIGN <input type="checkbox"/> 09 PEDESTRIAN HYBRID BEACON/HAWK <input type="checkbox"/> 03 YIELD SIGN <input type="checkbox"/> 50 OTHER <input type="checkbox"/> 04 WARNING SIGN <input type="checkbox"/> 51 UNKNOWN <input type="checkbox"/> 05 RAILROAD CROSSING SIGN <input type="checkbox"/> 06 FLASHING TRAFFIC SIGNAL	26 - LANE Please enter unit's number and lane of travel before first crash event <table border="1" style="width: 100%; height: 40px;"> <tr> <td style="width: 50%;">UNIT</td> <td style="width: 50%;">UNIT</td> </tr> </table> 0 TWO-WAY CONTINUOUS LEFT TURN 1-9 1= FIRST LANE NEXT TO A MEDIAN THRU 9 CROSSWALK 10 THROUGH LANE(S) L1 THRU LX - LEFT TURN ONLY LANES (L1 = 1 ST LEFT TURN AFTER MEDIAN/CENTERLINE) R1 THRU RX - RIGHT TURN LANES (R1 = 1 ST RIGHT TURN AFTER THROUGH LANES) SW SIDEWALK BL DEDICATED BIKE LANE HOV HIGH OCCUPANCY VEHICLE 49 NON-ROADWAY 50 OTHER 51 UNKNOWN	UNIT	UNIT	COLLISION WITH FIXED OBJECT 29 IMPACT ATTENUATOR/CRASH CUSHION/GUARDRAIL END 30 CONCRETE CURB 31 GUARDRAIL FACE 32 MEDIAN BARRIER 33 CABLE BARRIER 34 TREE, BUSH, STUMP (standing) 35 TRAFFIC SIGN SUPPORT 36 TRAFFIC SIGNAL SUPPORT 37 UTILITY POLE/LIGHT SUPPORT 38 FENCE 39 OTHER FIXED OBJ. _____ 40 UNKNOWN FIRST HARMFUL EVENT OF THE CRASH _____ SEQUENCE OF EVENTS PER TRAFFIC UNIT <table border="1" style="width: 100%;"> <tr> <th>Event</th> <th>Unit _____</th> <th>Unit _____</th> </tr> <tr> <td>FIRST EVENT</td> <td></td> <td></td> </tr> <tr> <td>SECOND EVENT</td> <td></td> <td></td> </tr> <tr> <td>THIRD EVENT</td> <td></td> <td></td> </tr> <tr> <td>FOURTH EVENT</td> <td></td> <td></td> </tr> </table>	Event	Unit _____	Unit _____	FIRST EVENT			SECOND EVENT			THIRD EVENT			FOURTH EVENT		
UNIT	UNIT																		
Event	Unit _____	Unit _____																	
FIRST EVENT																			
SECOND EVENT																			
THIRD EVENT																			
FOURTH EVENT																			
17 - MANNER OF CRASH IMPACT <input type="checkbox"/> 01 SINGLE VEHICLE <input type="checkbox"/> 06 SIDESWIPE, SAME DIRECTION <input type="checkbox"/> 02 ANGLE (front to side) <input type="checkbox"/> 07 SIDESWIPE, OPPOSITE DIRECTION <input type="checkbox"/> 03 LEFT TURN <input type="checkbox"/> 10 U-TURN <input type="checkbox"/> 04 REAR END (front-to-rear) <input type="checkbox"/> 50 OTHER <input type="checkbox"/> 05 HEAD-ON (front-to-front) <input type="checkbox"/> 51 UNKNOWN (other than left turn)	18 - DIRECTION OF UNIT TRAVEL (Compass) BEFORE 1ST CRASH EVENT UNIT # <input type="checkbox"/> 01 NORTH <input type="checkbox"/> 06 NORTHEAST <input type="checkbox"/> 02 SOUTH <input type="checkbox"/> 07 SOUTHWEST <input type="checkbox"/> 03 EAST <input type="checkbox"/> 08 SOUTHEAST <input type="checkbox"/> 04 WEST <input type="checkbox"/> 51 UNKNOWN <input type="checkbox"/> 05 NORTHWEST NOTE: FOR PARKED OR STOPPED VEHICLES, INDICATE THE DIRECTION THE VEHICLE WAS FACING AT THE TIME OF THE CRASH																		

01-2704B R11/17

ARIZONA CRASH REPORT		REPORT ID						Agency Report Number	
1	CONTINUED POLICE ONLY—FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 084R 206 S. 17TH AVE., PHOENIX, ARIZONA 85007-3233	YEAR	MONTH	DAY	HOUR	NCIC NO.	OFFICER ID NO.		
28	CRASH DIAGRAM						<input type="checkbox"/> MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE <input type="checkbox"/> MEASUREMENTS ARE SCALED (SCALE = _____)		
									29 INDICATE NORTH

30	NARRATIVE	Describe what happened

01-2704C R11/17

ARIZONA CRASH REPORT: DEFINITIONS AND EXCERPTS

Pedestrian Collision Category Definitions

- Light Condition – taken from field 09 on the corresponding Arizona Crash Report, shown in the snippet below.
 - Daylight – reports listed as having “Day” light condition all contained field 09 with the first checkbox marked.
 - Dawn/Dusk – reports listed as having “Twilight” light condition contained field 09 with checkboxes 2 or 3 marked.
 - Dark – reports listed as having “Night” light condition contained field 09 with checkboxes 4, 5 or 6 marked.

09 - LIGHT CONDITION	
<input type="checkbox"/>	1 DAYLIGHT
<input type="checkbox"/>	2 DAWN
<input type="checkbox"/>	3 DUSK
<input checked="" type="checkbox"/>	4 DARK-LIGHTED
<input type="checkbox"/>	5 DARK-NOT LIGHTED
<input type="checkbox"/>	6 DARK-UNKNOWN LIGHTING

- Violation/Behavior of Pedestrian & Driver – taken from field 22 on the corresponding Arizona Crash Report, shown in the snippet below. Some Crash Reports listed multiple violations/behaviors for a single individual involved or consisted of multiple pedestrians/vehicles involved in a single collision. Therefore, the total number of violations for both pedestrians and drivers are greater than the total number of listed reports.

22 - VIOLATIONS / BEHAVIOR		
UNIT #		UP TO TWO CHOICES PER PERSON
1	2	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1 NO IMPROPER ACTION
<input type="checkbox"/>	<input type="checkbox"/>	2 SPEED TOO FAST FOR CONDITIONS
<input type="checkbox"/>	<input type="checkbox"/>	3 EXCEEDED LAWFUL SPEED
<input type="checkbox"/>	<input type="checkbox"/>	4 FOLLOWED TOO CLOSELY
<input type="checkbox"/>	<input type="checkbox"/>	5 RAN STOP SIGN
<input type="checkbox"/>	<input type="checkbox"/>	6 DISREGARDED TRAFFIC SIGNAL
<input type="checkbox"/>	<input type="checkbox"/>	7 MADE IMPROPER TURN
<input type="checkbox"/>	<input type="checkbox"/>	8 DROVE/RODE IN OPPOSING TRAFFIC LANE
<input type="checkbox"/>	<input type="checkbox"/>	9 KNOWINGLY OPERATED WITH FAULTY / MISSING EQUIPMENT
<input type="checkbox"/>	<input type="checkbox"/>	10 REQUIRED MOTORCYCLE SAFETY EQUIPMENT NOT USED
<input type="checkbox"/>	<input type="checkbox"/>	11 PASSED IN NO PASSING ZONE
<input type="checkbox"/>	<input type="checkbox"/>	12 UNSAFE LANE CHANGE
<input type="checkbox"/>	<input type="checkbox"/>	13 FAILED TO KEEP IN PROPER LANE
<input type="checkbox"/>	<input type="checkbox"/>	14 DISREGARDED PAVEMENT MARKINGS
<input type="checkbox"/>	<input type="checkbox"/>	15 OTHER UNSAFE PASSING
<input type="checkbox"/>	<input type="checkbox"/>	16 (Moved to Box 20 - Distracted Driver Behavior)
<input type="checkbox"/>	<input type="checkbox"/>	17 DID NOT USE CROSSWALK
<input type="checkbox"/>	<input type="checkbox"/>	18 WALKED ON WRONG SIDE OF ROAD
<input type="checkbox"/>	<input type="checkbox"/>	19 (Moved to Box 20 - Distracted Driver Behavior)
<input type="checkbox"/>	<input type="checkbox"/>	20 FAILED TO YIELD RIGHT-OF-WAY
<input type="checkbox"/>	<input type="checkbox"/>	97 OTHER _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	99 UNKNOWN

- Impairment – taken from field 21 on the corresponding Arizona Crash Report, shown in the snippet below. For the purpose of this report, impairment refers to alcohol, drug, or medication use.
 - Pedestrian Impairment – report contained field 21 with checkboxes 4, 5 or 6 marked for the unit corresponding to the pedestrian.
 - Driver Impairment – report contained field 21 with checkboxes 4, 5 or 6 marked for the unit corresponding to the driver.
 - Both Involved Under Influence – report contained field 21 with checkboxes 4, 5 or 6 marked for the unit corresponding to the pedestrian and driver.
 - No Impairment – report contained field 21 with checkboxes 0, 1, 2, 3, 97 or 99 marked for the unit corresponding to both the pedestrian and driver.

21 - CONDITIONS INFLUENCING Driver/Ped/Cyclist			
UNIT #		UP TO TWO CHOICES PER UNIT	
1	2		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	NO APPARENT INFLUENCE
<input type="checkbox"/>	<input type="checkbox"/>	1	ILLNESS
<input type="checkbox"/>	<input type="checkbox"/>	2	PHYSICAL IMPAIRMENT
<input type="checkbox"/>	<input type="checkbox"/>	3	FELL ASLEEP / FATIGUED
<input type="checkbox"/>	<input type="checkbox"/>	4	ALCOHOL
<input type="checkbox"/>	<input type="checkbox"/>	5	DRUGS
<input type="checkbox"/>	<input type="checkbox"/>	6	MEDICATIONS
CHECK ONE IF BLOCKS 4, 5, OR 6 CHECKED			
<input type="checkbox"/>	<input type="checkbox"/>	A	NO TEST GIVEN
<input type="checkbox"/>	<input type="checkbox"/>	B	TEST GIVEN
<input type="checkbox"/>	<input type="checkbox"/>	C	TEST REFUSED
<input type="checkbox"/>	<input type="checkbox"/>	D	TESTING UNKNOWN
<input type="checkbox"/>	<input type="checkbox"/>	97	OTHER _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	99	UNKNOWN CONDITION

- Driver’s Intended Movement Prior to Collision – This category was interpreted from the narrative included in the Arizona Crash Report. In the narrative, the driver’s intended traffic unit maneuver is commonly mentioned.
 - Unknown – reports listed as “unknown” in this category are listed as such because either the driver fled the scene before arrival of SPD or the driver’s intended movement was not stated in the narrative.
 - Other – reports listed as “other” in this category include scenarios such as: the driver intended to park the vehicle, the driver was negotiating a curve, the driver was changing lanes, the driver was driving on the wrong side on the roadway, the driver intended to make a U-turn, or the driver’s foot slipped off of the brake pedal.

- Action of Pedestrian (within 150-feet and over 150-feet) – This category was interpreted from the narrative included in the Arizona Crash Report. Intersection listed by police officer.
 - Walking/Standing in Pedestrian Facility – the pedestrian was struck by a vehicle while being in a pedestrian facility such as a parking lot, sidewalk, yard, etc.
 - Crossing Roadway – the pedestrian was struck by a vehicle while crossing a roadway outside of a near provided crosswalk.
 - Crossing in Marked Crosswalk – the pedestrian was struck by a vehicle while crossing a roadway in the designated marked crosswalk.
 - Crossing in Intersection – the pedestrian was struck by a vehicle while crossing a roadway at an intersection with no provided marked crosswalk.
 - Crossing in Driveway – the pedestrian was struck by a vehicle while crossing a driveway.
 - Crossing Midblock – the pedestrian was struck by a vehicle while crossing a roadway midblock with no designated crosswalk nearby.
 - Unknown Location – the two reports listed as “unknown” in this category are listed as such because the pedestrian involved left the scene of the collision prior to SPD arrival.
 - In Roadway (Not Crossing) – reports listed as “In Roadway (Not Crossing)” in this category include scenarios such as: the pedestrian leaning on the involved vehicle which then moved causing an injury, the pedestrian momentarily stepping off of the sidewalk into the roadway with no intention of crossing to roadway, the pedestrian walking in the roadway or bike lane alongside traffic with no intention of crossing the roadway, or the pedestrian lying in the roadway,

- Traffic Control at Location of Collision – taken from field 16 on the corresponding Arizona Crash Report, shown in the snippet below.
 - Roundabout – “roundabout” is not an option in field 16 on the crash reports. This information was noted from the crash report narrative.

16 - TRAFFIC CONTROL DEVICE			
UNIT #			
1	2		
<input type="checkbox"/>	<input type="checkbox"/>	0	NO CONTROLS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1	SIGNAL
<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	STOP SIGN
<input type="checkbox"/>	<input type="checkbox"/>	3	YIELD SIGN
<input type="checkbox"/>	<input type="checkbox"/>	4	WARNING SIGN
<input type="checkbox"/>	<input type="checkbox"/>	5	RAILROAD CROSSING DEVICE
<input type="checkbox"/>	<input type="checkbox"/>	6	FLASHING TRAFFIC SIGNAL
<input type="checkbox"/>	<input type="checkbox"/>	7	PERSON (law enforcement, crossing guard, flagger, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	97	OTHER _____
<input type="checkbox"/>	<input type="checkbox"/>	99	UNKNOWN

- Direction of Impact on Pedestrian – This category was interpreted from the narrative included in the Arizona Crash Report.
 - Angle – the pedestrian was hit by a vehicle traveling in a perpendicular direction to their direction of travel.
 - Right turning Vehicle – the pedestrian was hit by a vehicle in the process of making a right turn.
 - Left Turning Vehicle – the pedestrian was hit by a vehicle in the process of making a left turn.
 - Hit from Rear – the pedestrian was hit by a vehicle approaching from behind.
 - Unknown – reports listed as “unknown” in this category were either hit and run collisions where the pedestrian left the scene before SPD arrival, or it was unclear in the narrative and could not be determined.

- Private Property/Public Property –there is no specified field on the crash reports to indicate if the collision occurred on private or public property. Therefore, this category was interpreted from the narrative of the crash report. If the officer noted in the report narrative the involvement of a private roadway/driveway/parking lot/address etc., the incident was categorized as private property. If the report narrative did not include any mention of private property, the report was listed as a collision on public property.

- Pedestrian Riding Device (Mode of Transportation) – a total of 36 pedestrian collision reports consisted of the pedestrian involved riding an alternate form of transportation such as a scooter, skateboard, or wheelchair. The reports listed as “other” in this category consisted of a pedestrian on rollerblades, a pedestrian on a Segway, and a pedestrian pushing a child in a stroller.

- Location of Pedestrian Crossing – This category was interpreted from the narrative included in the Arizona Crash Report. This category is an oversimplified version of the Action of Pedestrian categories. The main purpose of this category is to compare the number of pedestrians hit when crossing a roadway vs crossing a driveway. May be considered redundant.

- Action of Driver Leading to Collision – taken from field 23 on the corresponding Arizona Crash Report, shown in the snippet below.
 - Other – reports listed as “other” in this category contain field 23 with checkbox 97 marked. These reports are scenarios such as: the driver was leaving a parking position, the driver was negotiating a curve, the driver was stopped, the driver veered off of the street and onto the sidewalk, the driver changed lanes, the driver veered into the bike lane, the driver was performing a U-turn, or the driver was driving on the wrong side of the road.

23 - TRAFFIC UNIT MANEUVER/ACTION		
UNIT #		
1	2	
<input type="checkbox"/>	<input type="checkbox"/>	1 GOING STRAIGHT AHEAD
<input type="checkbox"/>	<input type="checkbox"/>	2 SLOWING IN TRAFFICWAY
<input type="checkbox"/>	<input type="checkbox"/>	3 STOPPED IN TRAFFICWAY
<input type="checkbox"/>	<input type="checkbox"/>	4 MAKING LEFT TURN
<input type="checkbox"/>	<input type="checkbox"/>	5 MAKING RIGHT TURN
<input type="checkbox"/>	<input type="checkbox"/>	6 MAKING U TURN
<input type="checkbox"/>	<input type="checkbox"/>	7 OVERTAKING/PASSING
<input type="checkbox"/>	<input type="checkbox"/>	8 CHANGING LANES
<input type="checkbox"/>	<input type="checkbox"/>	9 NEGOTIATING A CURVE
<input type="checkbox"/>	<input type="checkbox"/>	10 BACKING
<input type="checkbox"/>	<input type="checkbox"/>	11 AVOIDING VEH/OBJ/PED/CYCLIST/ANIMAL
<input type="checkbox"/>	<input type="checkbox"/>	12 ENTERING PARKING POSITION
<input type="checkbox"/>	<input type="checkbox"/>	13 LEAVING PARKING POSITION
<input type="checkbox"/>	<input type="checkbox"/>	14 PROPERLY PARKED
<input type="checkbox"/>	<input type="checkbox"/>	15 IMPROPERLY PARKED
<input type="checkbox"/>	<input type="checkbox"/>	16 DRIVERLESS MOVING VEHICLE
<input type="checkbox"/>	<input checked="" type="checkbox"/>	17 CROSSING ROAD
<input type="checkbox"/>	<input type="checkbox"/>	18 WALKING WITH TRAFFIC
<input type="checkbox"/>	<input type="checkbox"/>	19 WALKING AGAINST TRAFFIC
<input type="checkbox"/>	<input type="checkbox"/>	20 STANDING
<input type="checkbox"/>	<input type="checkbox"/>	21 LYING
<input type="checkbox"/>	<input type="checkbox"/>	22 GETTING ON OR OFF VEHICLE
<input type="checkbox"/>	<input type="checkbox"/>	23 WORKING ON/PUSHING VEHICLE
<input type="checkbox"/>	<input type="checkbox"/>	24 WORKING ON ROAD
<input type="checkbox"/>	<input type="checkbox"/>	97 OTHER _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	99 UNKNOWN

- Primary Fault in Collision – This category was interpreted from the narrative included in the Arizona Crash Report. Nearly all crash reports stated in the narrative which party was cited. For the few reports that did not state which individual was at fault, this category was interpreted from the information provided on the crash report.

Bicycle Collision Category Definitions (that differ from the pedestrian collision categories)

- **Bicyclist Movement Compared to Traffic Flow** – This category was interpreted from the narrative included in the Arizona Crash Report. This category is a simplified version of the Action/Location of Bike categories. May be considered redundant.
 - Crossing Roadway – the bicyclist was hit while crossing a roadway
 - Crossing Driveway – the bicyclist was hit while crossing a driveway access
 - Riding Against Traffic – the bicyclist was hit while riding against traffic, not crossing a roadway or driveway.
 - Riding with Traffic – The bicyclist was hit while riding with traffic, not crossing a roadway or driveway.
 - Unknown – reports listed as “unknown” in this category consist of scenarios such as: a hit and run collision where the driver fled the scene and the bicyclist was too intoxicated to remember the incident and a car on car collision that impacted a nearby bicyclist.
 - Other – reports listed as “other” in this category consisted of scenarios such as: a child playing in an alley or the bicyclist was hit while riding in a parking lot

- **Vehicle Exiting/Entering a Driveway or Alley** – This category was interpreted from the narrative included in the Arizona Crash Report.

- **Driver’s Intended Movement Prior to Collision** – This category was interpreted from the narrative included in the Arizona Crash Report. In the narrative, the driver’s intended traffic unit maneuver is commonly mentioned.
 - Other – reports listed as “other” in this category include scenarios such as: the driver was stopped, the vehicle was parked and unoccupied, the driver was backing out of a driveway, or the driver was traveling through a roundabout (all of the scenarios listed in this subcategory for pedestrian involved collisions apply here as well).

- **Action/Location of Bike (within 150-feet and over 150-feet)** – This category was interpreted from the narrative included in the Arizona Crash Report. A small number of collisions involved multiple bicycles.

- **Manner of Collision** – taken from field 17 on the corresponding Arizona Crash Report, shown in the snippet below. Differs from “direction of impact for pedestrian” category, some collisions occurred because bicycle hit vehicle.

17 - MANNER OF CRASH IMPACT	
<input type="checkbox"/>	1 SINGLE VEHICLE
<input checked="" type="checkbox"/>	2 ANGLE (front to side) (other than left turn)
<input type="checkbox"/>	3 LEFT TURN
<input type="checkbox"/>	4 REAR END(front-to-rear)
<input type="checkbox"/>	5 HEAD-ON (front-to-front) (other than left turn)
<input type="checkbox"/>	6 SIDESWIPE, SAME DIRECTION
<input type="checkbox"/>	7 SIDESWIPE, OPPOSITE DIRECTION
<input type="checkbox"/>	8 REAR-TO-SIDE
<input type="checkbox"/>	9 REAR-TO-REAR
<input type="checkbox"/>	97 OTHER _____
<input type="checkbox"/>	99 UNKNOWN