

# ALABAMA UNIFORM TRAFFIC ACCIDENT REPORT

DPS

Accident No. \_\_\_\_\_

Shaded Areas To Be Used By Data Processing Only

Sheet \_\_\_\_\_ of \_\_\_\_\_ Sheet(s)

Microfilm No. \_\_\_\_\_

Local Case No. \_\_\_\_\_

<b>LOCATION AND TIME</b>	Date: _____ Time: _____ AM/PM _____	Day of Week: _____	County: _____ City: _____	Rural: <input type="checkbox"/>	Highway Classification: _____	M—Municipal P—Private Prop. O—Other	Local Zone: _____
	Month: _____ Day: _____ Year: _____	At Intersection of or Between (Node 1) _____		And (Node 2) _____	01 - Overturned 02 - Fire/Explosion 03 - Immersion 04 - Gas Inhalation	NONCOLLISION EVENT 05 - Spill 06 - Road/Bridge Collapsed 07 - Jackknifed	08 - Parts/Cargo Fell From Moving Vehicle 09 - Trailer Hitch Came Loose 12 - Other
	On Street, Road or Highway: _____	Street or Road Code: _____		Node _____	15 - Pedestrian(s) 20 - Non-parked Vehicle 30 - Parked Vehicle 35 - Train 40 - Pedal Cyclist 51 - Guardrail 52 - Crash Cushion 53 - Utility Pole 54 - Non-breakaway Light 55 - Tree 56 - Fire Hydrant 57 - Pier or Column 58 - Non-breakaway Sign	61 - Mailbox(es) 62 - Gas Line 63 - Barricade 64 - Bridge Rail 65 - Culvert Headwall 66 - Curbing 67 - Retaining Wall 68 - Median Barrier 69 - Sidewalk 71 - Building 72 - Fence 73 - Boulder 74 - Ditch	75 - Overpass/Underpass 76 - Other Fixed Object 77 - Breakaway Sign 78 - Manhole 79 - Telephone Booth 80 - Guy Wire 81 - Breakaway Light 82 - Overhead Object 84 - Bridge Abutment 87 - Animal with Rider 90 - Foreign Material in Road 93 - Pothole 97 - None 98 - Other
	Intersection Related: 1 - Node 1 2 - Node 2 N - Not Int. Related	Mile Post: _____	Control Access Hwy Loc: _____	1 - Main Rd 3 - Interchange 5 - Exit Ramp 2 - Frontage Rd 4 - Entrance Ramp 6 - N/A	Prime Contr Circums: _____ Prime Contr Unit No: _____		

<b>UNIT NO</b> <b>LEFT SCENE</b> <b>COM VEH</b>	Driver Full Name: _____ Street Address: _____ City and State: _____ ZIP: _____ Telephone No: _____											
	DOB: _____ Race: _____ Sex: _____ DL State: _____ Driver License No: _____ DL Class: _____ DL Status: _____ List Restrictions Not Complied With: _____ CDL Status: _____ List Endorsements Not Complied With: _____ Residence Less Than 25 Miles: Yes/No											
	Place of Employment: _____ Liability Insurance Co: _____ Social Security No: _____											
	Driver Condition: 1 - No Defect 3 - Fatigued 8 - Other 2 - Apparently Asleep 4 - Ill 9 - Unknown Sobriety: _____ Officer's Opinion: _____ Alcohol/Drugs: Yes/No/Unk Type Test Given: 9 - No Test 1 - Blood Test 3 - Urine Test 5 - Refused Test 2 - Breath Test 4 - Unable to Administer											
Maneuver: _____ Travel Road Name: _____ Road Code: _____ Travel Direction: _____ Other Contr Circumstance: _____ Prime Harm Event: _____ Event Loc: _____												
Veh Year: _____ Make: _____ Model: _____ Body: _____ V.I.N.: _____ License Tag Number: _____ State: _____ Year: _____												
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Speed Limit: _____ Est. Speed: _____ Citation Offense Charged: _____ Damage Severity: 1 - None Visible 2 - Not Disabled 3 - Disabled Vehicle Towed Away? Yes/No Occupants in Unit: _____ Total Injuries in Unit: _____												
Vehicle Towed By Whom: _____ To Where: _____												

<b>UNIT NO</b> <b>LEFT SCENE</b> <b>COM VEH</b>	Driver/Pedestrian Full Name: _____ Street Address: _____ City and State: _____ ZIP: _____ Telephone No: _____											
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- SAFETY EQUIPMENT**
- 01 - None Installed
  - 95 - Not Applicable
  - 99 - Unknown (Any Type)
- Lap Belt Only**
- 11 - Fastened
  - 12 - Not Fastened
- Lap/Shoulder Harness**
- 21 - Lap Only Used
  - 22 - Neither Used
  - 23 - Shoulder Only Used
  - 24 - Both Used
- Motorcycle Helmet**
- 31 - None Used
  - 32 - Used
- Air Bags**
- 41 - Deployed, Belts Used
  - 42 - Not Deployed, Belts Used
  - 43 - Deployed, Belts Not Used
  - 44 - Not Deployed, Belts Not Used
- Child Restraints**
- 81 - Child Restraint Used
  - 82 - Other Restraint Used
  - 83 - None Used
- Pedal Cycle/Pedestrian**
- 91 - Contrasting Clothing
  - 92 - Non-contrasting Clothing

<b>VICTIMS</b>	Name										Address										Unit No	Seat Pos	Injury Type	Age	Sex	Ejec- tron	First Aid By
	Taken To										Taken By																
	Name										Address																
	Taken To										Taken By																

<b>CODES</b>	<b>Injury Type</b>			<b>Ejected</b>			<b>First Aid By</b>		
	K - Killed B - Bruise/Abrasion/Swelling	A - Visible or Carried from Scene C - Not Visible—Has Pain/Faint	N - Not F - Fully P - Partially	T - Trapped U - Unknown A - Not Applicable	A - Ambulance Attended D - Doctor	M - Paramedic O - Other	P - Police U - Unknown N - None		

NARRATIVE AND DIAGRAM

<b>ROADWAY ENVIRONMENT</b>	N/A	For Each Roadway Environment Field, Circle One Entry for Each Involved Unit:												
	1	Unit 1	<b>Contributing Road Defects</b>	<b>Surface Construction</b>	<b>Condition</b>	<b>Accident In Or Related To Road Construction Zone?</b>	<b>Material In Roadway (Contributing)</b>	<b>Material Source</b>	<b>Character</b>					
2	N/A	Unit 2	4 4 - None 1 1 - Shoulders Low 2 2 - Shoulders High 3 3 - Holes, Bumps, Etc. 8 8 - Other	1 1 - Asphalt 2 2 - Concrete 3 3 - Brick 4 4 - Unpaved 8 8 - Other	1 1 - Dry 2 2 - Wet 3 3 - Icy 4 4 - Snowy/Stushy 5 5 - Muddy 8 8 - Other	Yes Yes No No	1 1 - None 2 2 - Rocks 3 3 - Trees/Limbs 4 4 - Dirt 5 5 - Gravel 6 6 - Oil/Petrol 8 8 - Other	1 1 - Not Applicable 2 2 - Natural Environment 3 3 - Dropped From Vehicle 4 4 - Already in Road, But Fell From Vehicle. 8 8 - Other 9 9 - Unknown	1 1 - Straight—Level 2 2 - Straight—Down Grade 3 3 - Straight—Up Grade 4 4 - Straight—Hillcrest 5 5 - Curve—Level	6 6 - Curve—Down Grade 7 7 - Curve—Up Grade 8 8 - Curve—Hillcrest				
			<b>Vision Obscured By:</b>			<b>Traffic Control</b>			<b>Opposing Lanes Separated By:</b>			<b>Trafficway Lanes</b>		
			97 97 - Not Obscured 1 1 - Buildings 2 2 - Signboard 3 3 - Trees, Crops, Bushes 4 4 - Blowing Snow/Sand 5 5 - Hillcrest 6 6 - Curve in Road 7 7 - Fog 8 8 - Parked Vehicle 9 9 - Moving Vehicle(s)	10 10 - Blinded by Sunlight 11 11 - Fire/Smoke 12 12 - Dust 13 13 - Blinded by Headlights 14 14 - Embankment 15 15 - Rain on Windshield 16 16 - Snow on Windshield 98 98 - Other 99 99 - Unknown	1 1 - Police Officer 2 2 - R.R. Crossing Gates 3 3 - R.R. Flashing Lights 4 4 - R.R. Cross Bucks/Pave. Mark 5 5 - Pedestrian Control 6 6 - Traffic Signal 7 7 - Flashing Beacon 8 8 - Stop Sign 9 9 - Yield Sign 10 10 - Lane Control Device	11 11 - Flagger 12 12 - No Passing Zone 97 97 - None 98 98 - Other	1 1 - Paved Surface 2 2 - Unpaved Surface 3 3 - Broken Painted Line 4 4 - Solid Painted Line 5 5 - Concrete Barrier 6 6 - Metal Guard Rail 7 7 - Fence 98 98 - Other Barrier	1 1 - One Lane 2 2 - Two Lanes 3 3 - Three Lanes 4 4 - Four Lanes 5 5 - Five Lanes 6 6 - Six Lanes or More	<b>One-Way Street</b> Yes Yes No No					

<b>INVESTIGATION</b>	<b>Light</b>		<b>Weather</b>		<b>Locale</b>		<b>Non-Vehicular Property Damage</b>		<b>Property Damage Description</b>			
	1 - Daylight 2 - Dawn 3 - Dusk	4 - Darkness—Road Not Lit 5 - Darkness—Road Lit	1 - Clear 2 - Cloudy 3 - Rain 4 - Snow	5 - Sleet/Hail 6 - Crosswind 7 - Fog 8 - Other	1 - Open Country 2 - Residential 3 - Shop'g or Business 4 - Mfg. or Industrial	5 - School 6 - Playground 8 - Other	1 - None Visible 2 - Light	3 - Moderate 4 - Severe				
	Time Police Notified		Time Police Arrived		Time EMS Arrived		Name of Photographer			Description:		
	AM PM MT		AM PM MT		AM PM MT					Owner:		
	Witness Full Name				Address				Telephone			
	Witness Full Name				Address				Telephone			
	Name of Investigating Officer						Officer ID		Agency ORI		Supervisor Reviewed	
	Name of Other Investigating Officer(s) at Scene						Officer ID		Agency ORI			
The data on this report reflects my best knowledge, opinion and belief covering the accident, but no warrant is made as to the factual accuracy thereof.												
Signature of Investigating Officer										Date		