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**INVESTIGATION**

- Name of Investigating Officer
- Agency
- Date

**ROADWAY ENVIRONMENT**

- Lane Type
- Shoulder
- Curb
- Traffic Signs
- Traffic Control
- Opposing Lanes Separated By

**NARRATIVE AND DIAGRAM**

- Description
- Code

**CODES**

- VICTIMS
- SEATING

**SEATING**

- Unit 1
- Unit 2

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*Note: The document contains various fields for accident details, including names, addresses, and codes for different elements of the investigation.*
Alabama Uniform Traffic Accident Report
Truck/Bus Supplemental Sheet

Complete this form for each qualifying vehicle ONLY if the accident meets BOTH of the following criteria:
1. The accident involved a qualifying vehicle (truck with 6 or more tires or Haz/Mat placard, or a bus designed to carry 16 or more, including driver) and;
2. The accident resulted in at least one of the following: A. one or more fatalities  B. one or more persons injured and taken from the scene for immediate medical attention, or  C. one or more involved vehicles had to be towed from the scene as a result of disabling damage or had to receive assistance to leave.

Number of Qualifying Vehicles:
Trucks with 6 or more tires or Haz/Mat placard _______
Buses designed to carry 16 or more (including driver) _______

Number of Persons:
Sustaining fatal injuries _______
Transported for Immediate medical treatment _______
Number of vehicles towed from scene due to damage or provided assistance _______

Gross Vehicle Weight Rating (GVWR)
A. Truck, tractor or bus _______
B. Trailer or trailers (total) _______
Total GVWR for unit (A+B) _______

Total number of axles _______

Vehicle Information

Hazardous Material Involvement
Did vehicle have a Haz/Mat placard _____ Yes _____ No _______
If Yes, include following information from placard
A. Name or 4-digit number from diamond or box
B. The 1-digit number from bottom of diamond _______
Was hazardous material released from THIS vehicle's cargo? _____ Yes _____ No _______

Vehicle Configuration (circle one number)
1. Bus  2. Single unit truck (2 axles/ 6 or more tires)  3. Single unit truck (3 or more axles)
4. Truck with trailer  5. Truck tractor only (bobtail)  6. Tractor with semi-trailer
7. Tractor with double trailers  8. Tractor with triple trailers  9. Unknown class heavy truck
10. Any other 4-tired vehicle _______

Cargo Body Type (circle one number) _______

Motor Carrier Information

NOTE: IF NOT a motor carrier, enter NONE under Carrier Name, 0 for None under Carrier Identification Numbers, and go to Sequence Of Events Section

Carrier Name _______
Source (circle one number) _______
Carrier mailing address (Street or P.O. Box) _______
City, State, Zip _______
Carrier Identification Numbers ( _____ None = 0) _______
US DOT _______
ICC MC _______
STATE NO. _______
STATE _______

Sequence of Events

Note: for THIS vehicle – list up to four _______ Event #1 _______ Event #2 _______ Event #3 _______ Event #4 _______

EVENT CODES
5. Cargo loss or shift  6. Explosion or fire  7. Separation of units  8. Other non-collision

Signature of Reporting Officer _______
Officer ID _______
Reporting Police Agency ORI _______
Date _______
Time _______
AM PM _______
MT _______