

ALABAMA UNIFORM TRAFFIC ACCIDENT REPORT

DPS	1
Accident No.	4

Shaded Areas To Be Used By Data Processing Only

Sheet 2 of 3 Sheet(s) Microfilm No. 3

Local Case No. 4

LOCATION AND TIME	Date: 5/15/83	Time: 6:00 AM	Day of Week: TH	County: 8	City: 9	Rural: <input type="checkbox"/>	Highway Classification: I-Interstate, S-State, F-Federal	M-Municipal, P-Private Prop., C-County, O-Other	Local Zone: 11								
	On Street, Road or Highway: 12	At Intersection of or Between (Node 1): 13		And (Node 2): 14		01 - Overturned 02 - Fire/Explosion 03 - Immersion 04 - Gas Inhalation 05 - Spill 06 - Road/Bridge Collapsed 07 - Jackknifed 08 - Parts/Cargo Fell From Moving Vehicle 09 - Trailer Hitch Came Loose 10 - Other											
	Street or Road Code: 15	Street or Road Name: 16	Node Code: 17	Feet From Node 1 or 2 (Circle One): 17		15 - Pedestrian(s) 20 - Non-parked Vehicle 30 - Parked Vehicle 35 - Train 40 - Pedal Cyclist 45 - Animal 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 - Mailboxes 62 - Gas Line 63 - Barricade 64 - Bridge Rail 65 - Culvert Headwall 68 - Curbing 69 - Retaining Wall 68 - Median Barrier 69 - Sideslope 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: 19	Control Access: 1 - Main Rd, 2 - Frontage Rd	Interchange: 20	Exit Ramp: 5	Entrance Ramp: 6	N/A: 6	Prime Contr. Unit No.: 21	Prime Contr. Unit No.: 22	1st Harmful Event: 23	Event Location: 24	Distance to Fixed Object: 25	No. of Vehicles: 26	No. Pedestrians: 27	No. Injured: 28	No. Fatalities: 29	Unit 1 Type: 30

UNIT NO 26 LEFT SCENE 27 COM VEH 28	Driver Full Name: 29	Street Address: 30	City and State: 31	ZIP: 32	Telephone No.: 33								
	DL State: 34	DL Class: 35	DL Status: 36	List Restrictions Not Complied With: 37	CDL Status: 38	List Endorsements Not Complied With: 39	Residence Less Than 25 Miles: 40						
	Place of Employment: 41	Liability Insurance Co.: 42	Social Security No.: 43	Driver Condition: 44	Sobriety: 45	Officer's Opinion: 46	Alcohol/Drugs: 47	Type Test Given: 48	Blood Test: 49	Urine Test: 50	Refused Test: 51	Test Results: 52	
	Travel Road Name: 53	Road Code: 54	Travel Direction: 55	Other Contr. Circumstance: 56	Prime Harm Event: 57	Event Loc: 58	Year: 59	Make: 60	Model: 61	Body: 62	V.I.N.: 63	License Tag Number: 64	State: 65

VEHICLE UNIT 1	Type: 1 - Auto, 2 - StaWagon, 3 - Pick Up, 4 - Van, 5 - Truck Tractor, 6 - Other Truck, 7 - Comm. Bus, 8 - School Bus, 9 - Other Bus, 10 - Motorcycle	Usage: 1 - Personal, 2 - Driver Trng, 3 - Construction, 4 - Ambulance/Paramedical, 5 - Military, 6 - Taxi, 7 - Transport Prop., 8 - Agriculture, 9 - Wrecker/Tow	Hazardous Cargo: 1 - None, 2 - Explosive, 3 - Gas, 4 - Flam/Combust Liq, 5 - Flammable Solids, 6 - Oxidizer/Peroxide, 7 - Poison, 8 - Radioactive Matl., 9 - Corrosive Material, 98 - Other	Attachment: 1 - None, 2 - Mobile Home, 3 - Semi Trailer, 4 - Utility Trailer, 5 - 4-Wheel Trailer, 6 - Boat Trailer	Contributing Defect: 1 - Brakes, 2 - Steering, 3 - Power Plant, 4 - Suspension, 5 - Tires, 6 - Exhaust, 7 - Lights, 8 - Turn Signal, 99 - Unknown	Circle areas Damaged On Diagram: 10 Under Carriage, 11 Attachment	
	Speed Limit: 75 MPH	Est. Speed: 78 MPH	Citation Offense Charged: 79	Damage Severity: 1 - None Visible, 2 - Not Disabled, 3 - Disabled	Vehicle Towed Away? 78	Occupants in Unit: 80	Total Injuries in Unit: 81
	Vehicle Towed By Whom: 82	To Where: 83	Enter Point of Initial Impact: 84				
	Owner's Name: 65	Street or R.F.D.: 66	City: 67	State: 68	ZIP: 69	Telephone No.: 70	

UNIT NO LEFT SCENE COM VEH VEHICLE OR PEDESTRIAN	Driver/Pedestrian Full Name: 85	Street Address: 86	City and State: 87	ZIP: 88	Telephone No.: 89								
	DL State: 90	DL Class: 91	DL Status: 92	List Restrictions Not Complied With: 93	CDL Status: 94	List Endorsements Not Complied With: 95	Residence Less Than 25 Miles: 96						
	Place of Employment: 97	Liability Insurance Co.: 98	Social Security No.: 99	Driver/Ped Condition: 100	Sobriety: 101	Officer's Opinion: 102	Alcohol/Drugs: 103	Type Test Given: 104	Blood Test: 105	Urine Test: 106	Refused Test: 107	Test Results: 108	
	Travel Road Name: 109	Road Code: 110	Travel Direction: 111	Other Contr. Circumstance: 112	Prime Harm Event: 113	Event Loc: 114	Year: 115	Make: 116	Model: 117	Body: 118	V.I.N.: 119	License Tag Number: 120	State: 121

VEHICLE OR PEDESTRIAN	Type: 89	Usage: 90	Hazardous Cargo: 92	Attachment: 93	Contributing Defect: 96	Circle areas Damaged On Diagram: 105 Under Carriage, 11 Attachment	
	Speed Limit: 77 MPH	Est. Speed: 80 MPH	Citation Offense Charged: 99	Damage Severity: 1 - None Visible, 2 - Not Disabled, 3 - Disabled	Vehicle Towed Away? 100	Occupants in Unit: 102	Total Injuries in Unit: 103
	Vehicle Towed By Whom: 103	To Where: 104	Enter Point of Initial Impact: 106				
	Owner's Name: 88	Street or R.F.D.: 89	City: 90	State: 91	ZIP: 92	Telephone No.: 93	

Contributing Circumstances	Driver Maneuver	Pedestrian Action	Event Loc
01 - Improper Passing	01 - Go Straight Ahead	01 - Cross/Enter-Intersection	1 - On Roadway
02 - Improper Lane Change/Usage	02 - Pass on Left	02 - Cross/Enter-Other	2 - Off Roadway
03 - Improper Turn/U-Turn	03 - Pass on 1-Way Street	03 - Walk in Road-With Traffic	3 - Median
04 - Following Too Close	04 - Pass on Right	04 - Walk in Road-Against Traffic	4 - Driveway
05 - Misjudg. Stopping Dist	05 - Go Straight-Left Turn Lane	05 - Stand in Roadway	5 - Private Road/Property
06 - Over Speed Limit	06 - Go Straight-Right Turn Lane	06 - Get on/off Vehicle	6 - In Intersection
07 - Avoid Object/Person/Veh	07 - Change Lanes-Left	07 - Push/Work on Vehicle	
08 - Unseen Object/Person/Veh	08 - Change Lanes-Right	08 - In Road-Other Work	
09 - Improper Backing	09 - Merge-Left	09 - In Road-Playing	
10 - Inop Traffic Control	10 - Merge-Right	10 - In Road-Other	
11 - Improper/No Signal	11 - Wrong Side of Road	11 - Not in Road	
12 - Fail to Heed Sign/Signal	12 - Wrong Way-1-Way	98 - Other	
13 - Improper Driving Environ	25 - Veh Pushed by Person	99 - Unknown	
14 - Road Defect	26 - Veh Left Road		
15 - Vision Obstruction	27 - Driver Not in Control		
16 - Defective Equipment	28 - Load Shift		
17 - DUI	29 - Parts/Cargo from Veh		
18 - Under Min Speed	30 - Ped Violation		
19 - Improper Load/Size	31 - Veh Wgt/Lngth		
20 - Improper Attachment	32 - Ped Under Influence		
21 - Fail to Yield Right-of-Way	33 - Illegal/Improper Parking		
22 - Driver Condition	97 - None		
23 - Wrong Side of Road	98 - Other		
24 - Veh Pushed/Towed by Veh	99 - Unknown		

SEATING	107	1 2 3 4 5 6 7 8 9	10 11	Other Involved Unit (Circle One) 12 - Pedestrian 13 - Rider of Domestic Animal 14 - Occ. of Non-Motorized Vehicle 15 - Victim of Other Circumstance/ Codes Not Applicable Other Involved <input type="text"/> Safety Equipment <input type="text"/>	Unit 2	1 2 3 4 5 6 7 8 9	10 11	Other Involved Unit (Circle One) 12 - Pedestrian 13 - Rider of Domestic Animal 14 - Occ. of Non-Motorized Vehicle 15 - Victim of Other Circumstance/ Codes Not Applicable Other Involved <input type="text"/> Safety Equipment <input type="text"/>	CODES 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				
	Unit 1	108	109	Name	Address	Unit No	Seat Pos	Injury Type		Age	Sex	Ejection	First Aid By
VICTIMS	110					116							
	Taken To		117		Taken By								
N/A	111												
		Name		Address									
		Taken To		Taken By									

CODES	K - Killed B - Bruise/Abrasion/Swelling	Injury Type A - Visible or Carried from Scene C - Not Visible—Has Pain/Faint	N - Not Ejected F - Fully P - Partially	T - Trapped U - Unknown A - Not Applicable	A - Ambulance Attended D - Doctor	First Aid By M - Paramedic O - Other	P - Police U - Unknown N - None
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118

Officer's Opinion of What Happened:

119

ROADWAY ENVIRONMENT	N/A	For Each Roadway Environment Field, Circle One Entry for Each Involved Unit:											
	120	Unit 1	Contributing Road Defects	Surface Construction	Condition	Accident In Or Related To Road Construction Zone?	Material In Roadway (Contributing)	Material Source	Character				
N/A	2	Unit 2											
			Vision Obscured By:		Traffic Control		Opposing Lanes Separated By:		Trafficway Lanes				
			97 97 - Not Obscured		10 10 - Blinded by Sunlight		11 11 - Flagger		1 1 - Straight—Level				
			1 1 - Buildings		11 11 - Fire/Smoke		12 12 - No Passing Zone		6 6 - Curve—Down Grade				
			2 2 - Signboard		12 12 - Dust		97 97 - None		7 7 - Curve—Up Grade				
			3 3 - Trees, Crops, Bushes		13 13 - Blinded by Headlights		98 98 - Other		8 8 - Curve—Hillcrest				
			4 4 - Blowing Snow/Sand		14 14 - Embankment		Traffic Control Functioning		4 4 - Straight—Hillcrest				
			5 5 - Hillcrest		15 15 - Rain on Windshield		Yes Yes		5 5 - Curve—Level				
			6 6 - Curve in Road		16 16 - Snow on Windshield		No No		8 8 - Other				
			7 7 - Fog		98 98 - Other		N/A N/A		9 9 - Unknown				
			8 8 - Parked Vehicle		99 99 - Unknown		DOT Railroad Crossing No		133				
			9 9 - Moving Vehicle(s)		10 10 - Lane Control Device		131		134				
							132		135				

INVESTIGATION	Light	136	Weather	137	Locale	138	Non-Vehicular Property Damage	139	Property Damage Description		
	1 - Daylight 2 - Dawn 3 - Dusk	4 - Darkness—Road Not 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 - Mtg. or Industrial	5 - Airport 6 - Playground 8 - Other	1 - None Visible 2 - Light	3 - Moderate 4 - Severe	Description: Owner: 140 Address: 140		
Time Police Notified		141	Time Police Arrived		142	Time EMS Arrived		143	Name of Photographer		
		AM PM MT			AM PM MT			AM PM MT	144		
Witness Full Name			145			Address			Telephone		
Witness Full Name						Address			Telephone		
Name of Investigating Officer						146		Officer ID		Agency ORI	
Name of Other Investigating Officer(s) at Scene						147		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.						149		Signature of Investigating Officer		Date	
						150				Date	

Unit No. 163
(same as on main report)

Alabama Uniform Traffic Accident Report Truck/Bus Supplemental Sheet

Sheet 164 of Sheets

General Instructions

Complete this form for each qualifying vehicle **ONLY** if the accident meets **BOTH** of the following criteria:

- 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;
- 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.

Screening Information

Number of Qualifying Vehicles:

Number of Persons:

Trucks with 6 or more tires or Haz/Mat placard _____
Buses designed to carry 16 or more (including driver) _____

165

Sustaining fatal injuries _____
Transported for **immediate** medical treatment _____

Number of vehicles towed from scene due to damage or provided assistance _____

Vehicle Information

Gross Vehicle Weight Rating (GVWR)

- A. Truck, tractor or bus _____ 166
 B. Trailer or trailers (total) _____
 Total GVWR for unit (A+B) _____

Hazardous Material Involvement

- Did vehicle have a Haz/Mat placard ___ Yes ___ No 168
 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

Total number of axles _____ 167

Vehicle Configuration (circle one number)

169

- Bus
- Single unit truck (2 axles/ 6 or more tires)
- Single unit truck (3 or more axles)
- Truck with trailer
- Truck tractor only (bobtail)
- Tractor with semi-trailer
- Tractor with double trailers
- Tractor with triple trailers
- Unknown class heavy truck
- Any other 4-tired vehicle

Cargo Body Type (circle one number)

170

- Bus
- Van/enclosed box
- Cargo tank
- Flatbed
- Dump
- Concrete mixer
- Auto transporter
- Garbage/ refuse
- Other _____

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 171 _____

Source (circle one number) 172 1. Vehicle side 2. Shipping papers 3. Driver 4. Other

Carrier mailing address (Street or P.O. Box) _____

City, State, Zip 173 _____

Carrier Identification Numbers (_____ None = 0) 174

US DOT _____ ICC MC _____ STATE NO. _____ STATE _____

Sequence of Events

Note: for THIS vehicle - list up to four 175 Event #1 _____ Event #2 _____ Event #3 _____ Event #4 _____

EVENT CODES

- Non-Collision 1. Ran off road 2. Jackknife 3. Overturned (rollover) 4. Downhill runaway
 5. Cargo loss or shift 6. Explosion or fire 7. Separation of units 8. Other non-collision
 Collision With 9. Pedestrian 10. Non-parked vehicle 11. Parked vehicle 12. Train
 13. Pedalcycle 14. Animal 15. Fixed object 16. Other object

Signature of Reporting Officer 176

Officer ID 177

Reporting Police Agency ORI 178

Date 179

Time 180

AM
PM
MT