

D.P.S. USE ONLY

Page #

SOUTH CAROLINA TRAFFIC COLLISION REPORT FORM

Of Units

Amended - Attach Copy of Original Report

Notified

Arrived

Of:

TR-310 (Rev. 01/2001)

Corrected

Date, Time, County, Collision Location (Rt. # / Name), 0-Main, 6-Connection, 2-Alternate, 7-Business, 5-Spur, Miles, Dir., In / Near City or Town of.

Lane # / Dir., Distance Offset, Direction, Base Intersection (Rt. # / Name), R.R. Id., Second Intersection (Rt. # / Name), ASRU code, MP/Grid, Latitude, Longitude.

N-279001 Driver/Pedestrian's Full Name, N-279002 Driver/Pedestrian's Full Name

Unit #, Sex, Race, Street/R.F.D., Birth Date, City, State, & Zip

State, Driver's License #, Insurance Company

Year, Body, Vehicle Make, VIN #

State, Year, License Plate #, Owner's D.L. #

Home Telephone, Owner's Full Name

Bus. Telephone, Street/R.F.D.

Contributed To Collision, City, State, & Zip

Estimated Speed, Speed Limit, C.D.L. Req: Yes No, T/B S Req: Yes No, Alc/Drg info (see back): Yes No, Summons #, Code, Towed By

N-279003 Driver/Pedestrian's Full Name, State, Year, License Plate #, Owner's D.L. #

Unit #, Sex, Race, Street/R.F.D., Birth Date, City, State, & Zip

State, Driver's License #, Insurance Company

Year, Body, Vehicle Make, VIN #

Home Telephone, Owner's Full Name, Bus. Telephone, Street/R.F.D., Contributed To Collision, City, State, & Zip

Estimated Speed, Speed Limit, C.D.L. Req: Yes No, T/B S Req: Yes No, Alc/Drg info (see back): Yes No, Summons #, Code, Towed By

Dir. of Travel: Unit 1: N S E W, Unit 2: N S E W, Unit 3: N S E W

Unit 1 Dam., Unit 2 Dam., Unit 3 Dam., Prop. Dam. 1, Prop. Dam. 2, Property Owner/Witness, Address, State, Zip, Phone, Photo: Describe What Happened (Refer to Units by Number)

NOTICE - THE TR-310 IS FOR STATISTICAL REPORTING PURPOSES ONLY AND IS A REFLECTION OF THE OFFICER'S BEST KNOWLEDGE, OPINION, AND BELIEF COVERING THE COLLISION BUT NO WARRANT IS MADE AS TO THE FACTUAL ACCURACY THEREOF.

Investigating Officer's Name, Rank, Badge #, Code, Date, Reviewer's Name, Rank, Internal Agency Code

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South Carolina Uniform Traffic Collision Report (For Investigating Officers) Supplemental Bus & Truck Collision Report

Amended-Attach Copy of Original Report

Corrected

Page ___ of ___ Pages

Table with columns: Date, Time, County, Route Category (1-Interstate, 2-US Primary, 3-SC Primary, 4-Secondary, 5-County), Collision Location (Route Number and Name if Any), Auxiliary (0-Mainline, 2-Alternate, 5-Spur, 6-Connection, 7-Business)

SCREENING INFORMATION

Access Control

NUMBER OF QUALIFYING VEHICLES INVOLVED

- 1- No Access Control
2- Full Access Control
3- Partial Access Control

Empty box for Access Control rating

Vehicle Information

Gross Vehicle Weight Rating

Weight Rating of the Power Unit of the Truck

- 01- Less Than or Equal to 10,000 Pounds
02- 10,001-26,000 Pounds
03- More Than 26,000 Pounds
99- Unknown/Hit and Run

Empty box for Weight Rating

Vehicle Configuration

- 00- Passenger Car (only w/ HAZMAT placard)
01- Light Truck (only w/ HAZMAT placard)
02- Bus (seats for 9-15 people)
03- Bus (seats for 16 + people)
04- Single Unit Truck (2 axles/6+ Tires)
05- Single Unit Truck (3 or more axles)
06- Truck w/ Trailer
07- Truck-Tractor Only (Bobtail)
08- Tractor w/ Semi-Trailer
09- Tractor w/ Double Trailers
10- Tractor w/ Triple Trailers
98- Other/Unable to Classify
99- Unknown/Hit and Run

Empty box for Vehicle Configuration

Number of Persons Involved:

Cargo Body Type

Sustaining Fatal Injuries

- 00- Bus (seats for 9-15 people)
01- Bus (seats for 16+ people)
02- Enclosed Box
03- Cargo Tank
04- Flat Bed
05- Dump
06- Concrete Mixer
07- Auto Transport
08- Garbage/Refuse
09- Grain, Chips, Gravel
10- Pole
11- Intermodal Container
97- Not Applicable
98- Other
99- Unknown/Hit and Run

Empty box for Cargo Body Type

Transported for Immediate Medical Services

Number of Vehicles Towed

Trailer Length and Width

Towed From the Scene Due to Damage

Length

- 00- No Trailer
01- Less than 480 in. (40 ft)
02- 481 in. - 576 in. (48 ft.)
03- 577 in. or more
99- Unknown/Hit and Run

Trailer 1 Length box

Trailer 2 Length box

Width

- 00- No Trailer
01- Less than 60 in. (5 ft.)
02- 61 in. - 84 in. (7 ft.)
03- 85 in. or more
99- Unknown/Hit and Run

Trailer 1 Width box

Trailer 2 Width box

Do Not Complete This Form Unless:

One or More Qualifying Vehicles was Involved - AND

One or More Qualifying Injuries was Sustained - OR

One or More Vehicles (not necessarily the truck or bus) Was Towed from the Scene

Total Number of Supplemental Forms Required for this Collision :

Hazardous Material Involvement

Unit Number _____ FR-10 Number _____

Was This Vehicle Carrying Hazardous Materials?

- 1- Yes 2- No 3- Unknown/Hit and Run

Empty box for Hazardous Materials

Carrier Information

Name: _____

Did the Vehicle Have a Hazardous Material Placard?

- 1-Yes 2- No 3- Unknown/Hit and Run

Empty box for Placard

Address: _____

City: _____ State: [] [] Zip: [] [] [] [] [] []

If "Yes", What Class of Hazardous Material (from placard/shipping papers)?

- 01- Class 1 (Explosives) 06- Class 6 (Poison/Infectious Substance)
02- Class 2 (Gases) 07- Class 7 (Radioactive)
03- Class 3 (Flammable Liquids) 08- Class 8 (Corrosives)
04- Class 4 (Flammable Solids) 09- Class 9 (Misc. Goods)
05- Class 5 (Oxidizing Substance) 10- No Placard
99- Other/Unknown/Hit and Run

Empty box for Hazardous Material Class

Business Phone Number: [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

Identification Numbers

If "YES", enter 4 digit HAZMAT ID(from placard/shipping papers)

Empty box for HAZMAT ID

U.S. DOT [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] None = 0 [] []

ICC MC [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] State: [] []

Is this vehicle an (1) Interstate or a (2) Intrastate carrier? []

Was Hazardous Material Released From This Vehicle's Cargo?

- 1-Yes 2- No 3- Unknown/Hit and Run

Empty box for Hazardous Material Release

State Number [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

Was a Citation Issued to this Vehicle?

- 1- Yes 2- No 3- Pending []

Notification of Release:

Investigator's Name _____ Rank _____ Date _____ Reviewer's Name _____ Date _____