# Tennessee Uniform Traffic Crash Report

## Reporting Agency Type
- Tennessee Highway Patrol (TTP)
- City/Metropolitan Police Dept. (CMPD)
- Sheriff's Office
- Capitol Police
- Commercial Vehicle Enforcement (CVE)
- College/University Campus
- National Park Service
- Other

## Investigation Complete?
- Yes
- No

## Photos Taken?
- Yes
- No

## If Yes, by Whom?

## Rail Crossing ID

## GPS Coordinate

## Estimated

## Time Noticed

## Time Arrived

## LATITUDE

## LONGITUDE

## School Bus Related?
- Yes
- No

## Vehicle Number

<table>
<thead>
<tr>
<th>Total Number of Occupants</th>
<th>Driver Presence</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>6</td>
<td>Other</td>
</tr>
</tbody>
</table>

## Driver Presence
- Driver Operated Vehicle
- Driver Operated Non-Contact Vehicle
- Driver Operated Government Vehicle
- Driverless Vehicle

## Endorsements

## Restrictions

## Airbag

## Service Equipment

## Injury Code

## Safety Equipment

## TRAPPED

## Year of Vehicle

## Make

## Color

## Body Type

## Vehicle ID Number

## License Plate Number

## Vehicle Owner

## Street Address

## City & State

## ZIP

## Phone Number

## License Plate Number

## Vehicle Owner

## Street Address

## City & State

## ZIP

## Phone Number

## Violations

## Charges

## Investigating Officer Rank and Name (Print Name)

## Badge ID Number

## District/Zone

## Car No.

## Report Date
<table>
<thead>
<tr>
<th>Vehicle Number</th>
<th>NAME First</th>
<th>M.I.</th>
<th>Last</th>
<th>Date of Birth</th>
<th>P.I.</th>
<th>Age</th>
<th>Injury Code</th>
<th>SEAT Position</th>
<th>SAFETY Equipment</th>
<th>AIRBAG</th>
<th>Medical Transport</th>
<th>Ambulance/Hospital</th>
<th>Alcohol</th>
<th>Drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Zeta</td>
<td></td>
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<td>2</td>
<td>Eta</td>
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</tr>
</tbody>
</table>

**Non-Motorists**

<table>
<thead>
<tr>
<th>Vehicle Number</th>
<th>NAME First</th>
<th>M.I.</th>
<th>Last</th>
<th>Date of Birth</th>
<th>P.I.</th>
<th>Age</th>
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<td>Zeta</td>
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<td></td>
</tr>
</tbody>
</table>

**Non-Motorist Number**

<table>
<thead>
<tr>
<th>Location At Intersection</th>
<th>Location Not At Intersection</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.01 In Crosswalk</td>
<td>1.10 In Parking Lane</td>
</tr>
<tr>
<td>1.02 On Roadway, Not in Crosswalk</td>
<td>1.11 On Roadway, Not in Crosswalk</td>
</tr>
<tr>
<td>1.03 On Roadway, Crosswalk Available Unknown</td>
<td>1.12 On Roadway, Crosswalk Not Available</td>
</tr>
</tbody>
</table>

**Vehicle Striking Non-Motorist**

<table>
<thead>
<tr>
<th>Vehicle #</th>
<th>Condition (may select 3)</th>
<th>Actions (may select 6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N1 N2</td>
<td>00.00 Apparent Normal</td>
<td>01.01 No Contributing Actions</td>
</tr>
<tr>
<td>N1 N2</td>
<td>01.05 Had Been Drinking</td>
<td>02.00 Illegal Drug Use</td>
</tr>
<tr>
<td>N1 N2</td>
<td>03.00 Ill (Sick)</td>
<td>04.00 Reaction to Drugs/Medication</td>
</tr>
<tr>
<td>N1 N2</td>
<td>05.00 Blind</td>
<td>06.00 Other Physical Impairment (Narrative)</td>
</tr>
<tr>
<td>N1 N2</td>
<td>07.00 Unknown Condition</td>
<td>08.00 Emotional (Depressed, Angry, Disturbed)</td>
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</tr>
</thead>
<tbody>
<tr>
<td>N2 Vehicle</td>
<td>00.00 Apparent Normal</td>
<td>01.01 No Contributing Actions</td>
</tr>
<tr>
<td>N2 Vehicle</td>
<td>01.05 Had Been Drinking</td>
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**PLEASE DO NOT WRITE IN THIS AREA**
### Carrier Information

| Vehicle # | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 |

**When To Use This Section:**

**Did the crash involve...**

- Part A
  - A truck with at least two axles and six tires? Y (N)
  - A truck with a hazardous materials placard? Y (N)
  - A bus designed to carry 16 or more persons, including the driver? Y (N)

**STOP!** If all the responses to Part A are "NO" do not complete this Truck & Bus Crash Information Section. If there are any "YES" answers, continue to Part B.

**Part B**

- Any person who was fatally injured? Y (N)
- Any injured person requiring transport for immediate medical treatment? Y (N)
- One or more vehicles that had to be towed from the scene as a result of the crash? Y (N)
- One or more vehicles that required repair or were provided assistance before proceeding from scene under own power? Y (N)

**STOP!** If all the responses to Part B are "NO" do not continue. If there are any "YES" answers, please complete this Truck & Bus Crash Information Section...

### Carrier Identification Numbers

<table>
<thead>
<tr>
<th>Source:</th>
<th>Vehicle Side</th>
<th>Shipping Papers</th>
<th>Trip Manifest</th>
<th>Driver</th>
<th>Log Book</th>
</tr>
</thead>
</table>

**US DOT**

**ICMC**

**TN DOS**

### Hazardous Material Information

**Class Numbers**

**UN Numbers**

List the Hazardous Material(s) by name in this load:

<table>
<thead>
<tr>
<th>Hazardous Material(s):</th>
</tr>
</thead>
</table>

List the Name(s) of Released Hazardous Material(s):

### Vehicle Information

**Combined Gross Vehicle Weight Rating**

**LBS**

**Total # of Axles**

### Cargo Body Type

<table>
<thead>
<tr>
<th>Source:</th>
<th>Vehicle Side</th>
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</thead>
</table>

**Fm 55**

**Fm 80**

**Gauge Single Axle**

**Gauge Double Axle**

**Other**

### Vehicle Configuration

<table>
<thead>
<tr>
<th>Vehicle Configuration</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
</table>

**SEQUENCE OF EVENTS FOR THIS VEHICLE**

Mark a total of one to four events in the order that they occurred.

1. Ran off Road
2. Jackknife
3. Overturn (Rollover)
4. Downhill Runaway
5. Cargo Loss or Shift
6. Explosion or Fire
7. Separation of Units
8. Collision involving pedestrian

**Audit Data**

Mark "X" where applicable.