

ALABAMA UNIFORM TRAFFIC CRASH REPORT

DPS Case No. _____

Check if Amendment
Check if Error Correction

# Vehicles	# Pedestrians	# Injured	# Fatalities	# Unit 1 Type	Unit 2 Type
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Local Case No. _____
***** NOT OFFICIAL *****

Sheet 1

LOCATION AND TIME	Date	Time	Day of Week	County	City	Rural <input type="checkbox"/>	Local Zone
	Month	Day	Year	On Street, Road, Highway		At Intersection of or Between (Node 1) And (Node 2)	
	(On) Street/Road/Highway ← Code		1 2 ← Node Code →		From Node 1		
	Mile Post	Control Access Hwy Loc	Primary Contrib Circums	Primary Contributing Unit #	First Harmful Event Location	First Harmful Event	Most Harmful Event
	Distance to Fixed Object feet	Roadway Junction/Feature	Manner of Crash	Lat Coordinate	Long Coordinate	Coordinate Type	Hwy Side
	School Bus Related	Crash Severity					

<input type="checkbox"/> UNIT NO <input type="checkbox"/> LEFT SCENE <input type="checkbox"/> COM VEH <input type="checkbox"/> VEHICLE or NON-MOTORIST	Driver Full Name		Street Address		City and State		ZIP	Telephone				
	DOB	Race	Sex	DL State	Driver License No.		DL Class	DL Status	Restrict Violations	CDL Status	Endorse Violations	
	Month	Day	Year	Place of Employment								
	Liability Insurance Co.				Liability Policy No.				Residence Less Than 25 Miles			
	Driver Condition		Sobriety/ Officer Opinion		Alcohol: Drugs:		Type Alcohol Test Given	Alcohol Test Results	Type Drug Test Given	Drug Test Results	Manuver	
	Most Harmful Event for MV		Travel Road Name				Road Code	Travel Direction	Unit Contributing Circumstance	Total Injuries in Unit		
	Sequence of Events	Event 1	Event 2	Event 3	Event 4	First Harmful Event Location		Areas Damaged Are Shaded				
	Veh Year	Make	Veh Model	Body	V.I.N.							
	Owner's Name			License Tag Number		State	Year					
	Street or R.F.D.			City		State	Zip					
	Type	Usage	Emergency Status	Placard Required	Hazardous Cargo	Hazardous Cargo Released?						
	Attachment	Oversized Load (Req. Permit)	If Yes, Did Owner Have Permit?	Contrib Defect	Speed Limit MPH	Est Speed MPH	Citation Offense(s) Charged					
	Damage Severity	Towed?	Vehicle Towed By Whom:									
	Towed To Where:											

<input type="checkbox"/> UNIT NO <input type="checkbox"/> LEFT SCENE <input type="checkbox"/> COM VEH <input type="checkbox"/> VEHICLE or NON-MOTORIST	Driver Full Name		Street Address		City and State		ZIP	Telephone				
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	DRIVER	Liability Insurance Co.						Liability Policy No.			Residence Less Than 25 Miles		
		Driver Condition		Sobriety/ Officer Opinion		Alcohol: Drugs:		Type Alcohol Test Given	Alcohol Test Results	Type Drug Test Given	Drug Test Results	Maneuver	
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Damage Severity	Towed?	Vehicle Towed By Whom:											
Towed To Where:													

Point of Initial Impact _____

Seating Position Codes

2, 4, or 6 Passenger	9 Passenger (add):	12 Passenger (add):	Bicycle, Motorcycle, ATV	12 - Pedestrian	16 - Not in Passenger Compartment														
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>4</td><td>5</td><td>6</td></tr> </table>	1	2	3	4	5	6	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>7</td><td>8</td><td>9</td></tr> </table>	7	8	9	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>17</td><td>18</td><td>19</td></tr> </table>	17	18	19	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>10</td></tr> <tr><td>11</td></tr> </table>	10	11	13 - Rider of Domestic Animal 14 - Occ. of Non-Motorized Vehicle 15 - Passenger of Bus	97 - Not Applicable 98 - Other (Explain) 99 - Unknown
1	2	3																	
4	5	6																	
7	8	9																	
17	18	19																	
10																			
11																			

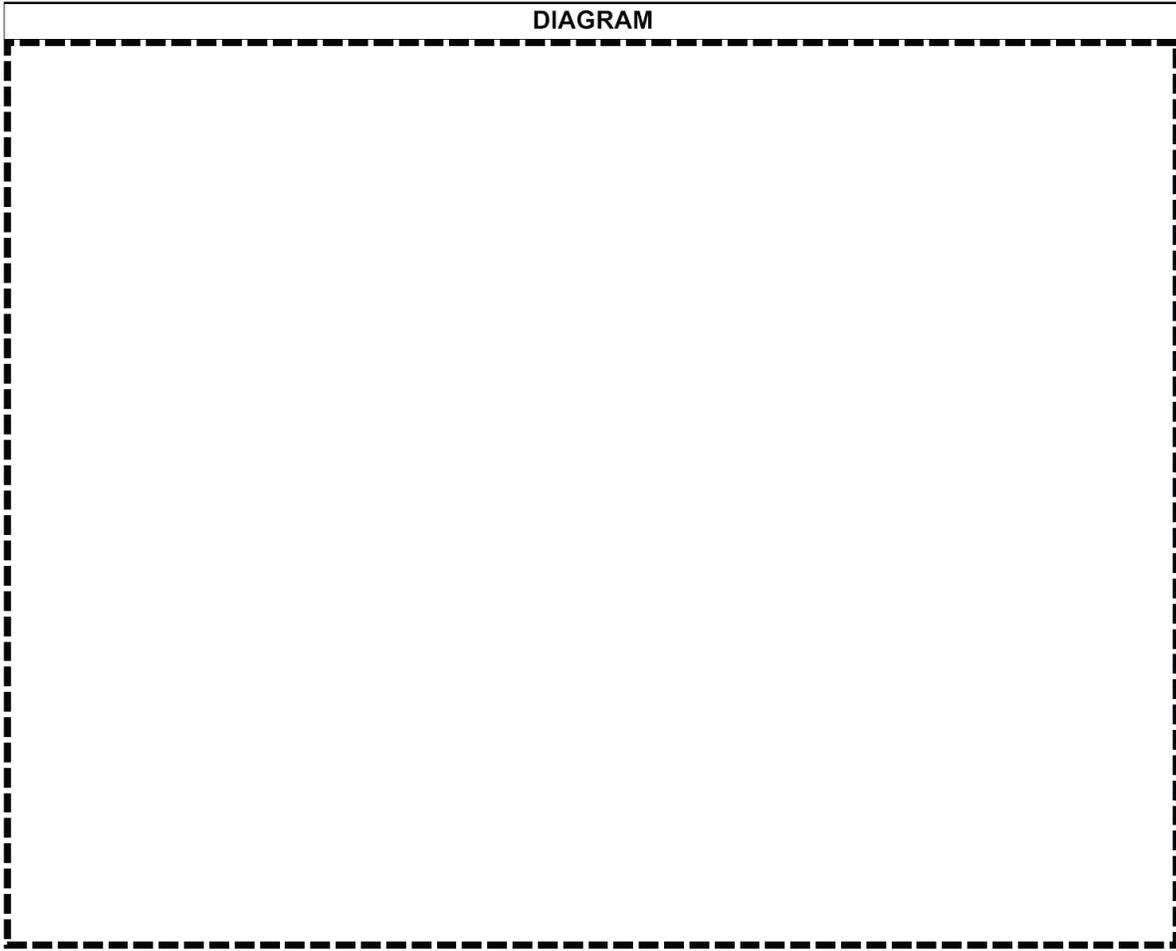
UNINJURED OCCUPANTS

Unit No	Seat Pos	Occ. Type	Safety Equip.	Air-bag	Age	Sex	Ejec-tion	Unit No	Seat Pos	Occ. Type	Safety Equip.	Air-bag	Age	Sex	Ejec-tion	Unit No	Seat Pos	Occ. Type	Safety Equip.	Air-bag	Age	Sex	Ejec-tion

VICTIMS

	N/A <input type="checkbox"/>	Unit No	Seat Pos	Occ. Type	Safety Equip.	Air-bag	Injury Type	Age	Sex	Ejec-tion	First Aid By
Name											
Address											
Taken To						Taken By					
Medical Facility											

DIAGRAM



NARRATIVE

ROADWAY ENVIRONMENT

Unit No.	Involved Road/Bridge	Road Surface Type	Roadway Condition	Workzone Related?	Workzone Type	Workers Present?	Workzone Law Enforcement Present?	Contributing Circumstances Environment	Contrib Matl In Roadway		
Contrib Material Source	Rdway Curve & Grade	Vision Obscured By	Traffic Control	Traffic Control Functioning	Opposing Lane Separation	Trafficway Lanes	Turn Lanes	One-Way Street	Total # Occupants In Unit	Total # Injured in Unit	Total # Killed in Unit
Total Number of Units		Light		Weather		Locale		Police Present?	DOT Railroad Crossing No.		
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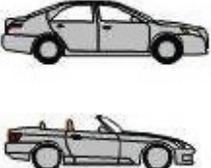
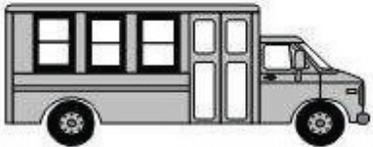
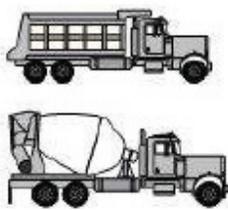
INVESTIGATION					
Property Damage Description					
Description:			Address:		
Owner:			Telephone:		
Name of Photographer			Non-Vehicular Property Damage		
Time Police Notified	Time Police Arrived	Time EMS Arrived	EMS Response Run #		
Witness Full Name		Address			Telephone
Witness Full Name		Address			Telephone
Name of Investigating Officer			Officer ID	Agency ORI	
Name of Investigating Officer			Officer ID	Agency ORI	
The data on this report reflects the best knowledge, opinion, and belief regarding the crash, but no warrant is made as to the factual accuracy thereof.					

Unit No. _____
 (same as on main report)

ALABAMA UNIFORM TRAFFIC CRASH REPORT Truck/Bus Supplemental Sheet

AST-27B Rev. 06/08

General Instructions																																				
<p>Complete this form each qualifying vehicle ONLY if the crash meets BOTH of the Following criteria:</p> <ol style="list-style-type: none"> 1. The crash involved a qualifying vehicle (a truck with a gross vehicle weight rating (GVWR) or a gross combination weight rating (GCWR) of more than 10,000 pounds, or Haz/Mat placard, or a vehicle designed to carry nine 9 or more, including driver) and; 2. The crash 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																																				
<p><i>Number of Qualifying Vehicles:</i></p> <p>Trucks with GVWR or GCWR of more than 10,000 pounds or Haz/Mat placard _____</p> <p>Buses designed to carry 9 or more (including driver) _____</p>	<p><i>Number of Persons:</i></p> <p>Sustaining fatal injuries _____</p> <p>Transported for immediate medical treatment _____</p> <p>Number of vehicles towed from scene due to damage or provided assistance _____</p>																																			
Vehicle Information																																				
<p><i>Weight Rating of Power Unit of the Truck</i></p>	<p><i>Hazardous Material Involvement</i></p> <p>Did vehicle have a Haz/Mat placard? <input type="checkbox"/></p> <p>If Yes, include following information from placard</p> <p>A. Name or 4-digit number from Diamond or box _____</p> <p>B. The 1-digit number from bottom of diamond _____</p> <p>Was hazardous material released from THIS vehicle's cargo? <input type="checkbox"/></p>																																			
<p><i>Vehicle Configuration</i></p>	<p><i>Bus Usage</i></p>																																			
<p><i>Cargo Body Type</i></p>	<p><i>Cargo Type</i></p>																																			
Motor Carrier Information																																				
<p>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</p> <p>Carrier Name _____</p> <p>Carrier Mailing Address (Street or P.O. Box) _____</p> <p>City, State, Zip _____</p> <p>Carrier Identification Number (_____ None = 0)</p> <p>Motor Carrier Type _____</p> <p>US DOT _____ ICC MC _____ STATE NO. _____</p> <p>STATE _____ OTHER COUNTRY AUTHORITY _____ COUNTRY _____</p>																																				
Sequence of Events																																				
<p>NOTE: for THIS vehicle -- list up to four Event #1 _____ Event #2 _____ Event #3 _____ Event #4 _____</p>																																				
<p>EVENT CODES</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Non-Collision</td> <td style="width: 20%;">1. Ran off road</td> <td style="width: 20%;">2. Jackknife</td> <td style="width: 20%;">3. Overturned (rollover)</td> <td style="width: 20%;">4. Downhill runaway</td> </tr> <tr> <td></td> <td>5. Cargo loss or shift</td> <td>6. Explosion or fire</td> <td>7. Separation of units</td> <td>8. Cross median/centerline</td> </tr> <tr> <td></td> <td colspan="2">9. Equipment Failure (brake failure, blown tires, etc.)</td> <td>10. Other non-collision</td> <td>11. Unknown</td> </tr> <tr> <td>Collision with</td> <td>12. Pedestrian</td> <td>13. Motor Vehicle in Transport</td> <td>14. Parked Motor Vehicle</td> <td>15. Train</td> </tr> <tr> <td></td> <td>16. Pedalcycle</td> <td>17. Animal</td> <td>18. Fixed object</td> <td>19. Work Zone Maintenance equipment</td> </tr> <tr> <td></td> <td colspan="2">20. Other movable object</td> <td colspan="2">21. Unknown movable object</td> </tr> <tr> <td>Not applicable</td> <td colspan="4">97. Not applicable</td> </tr> </table>	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. Cross median/centerline		9. Equipment Failure (brake failure, blown tires, etc.)		10. Other non-collision	11. Unknown	Collision with	12. Pedestrian	13. Motor Vehicle in Transport	14. Parked Motor Vehicle	15. Train		16. Pedalcycle	17. Animal	18. Fixed object	19. Work Zone Maintenance equipment		20. Other movable object		21. Unknown movable object		Not applicable	97. Not applicable			
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Definitions		
<p>Truck</p> <p>A motor vehicle designed, used or maintained primarily for the transportation of property. For the purpose of this form the vehicle must also meet one of the following criteria:</p> <ul style="list-style-type: none"> * Have a GVWR or a GCWR of more than 10,000 pounds, or * Carry a Hazardous Material Placard <p>Bus</p> <p>A motor vehicle providing seats for 9 or more persons including the driver and used primarily for the transportation of persons.</p> <p>Trailer</p> <p>A non-power vehicle towed by a motor vehicle.</p>	<p>Reportable Crash</p> <p>A highway related incident normally investigated by a police officer and reported on a standard crash report form involving one or more trucks or buses (as defined here) which results in:</p> <ul style="list-style-type: none"> * One or more fatalities, or * One or more non-fatal injuries requiring transportation for the purpose of obtaining immediate medical treatment, or * One or more of the vehicles being removed from the scene as a result of disabling damage, or * One or more of the vehicles requiring intervening assistance before proceeding under its own power. 	
Typical Vehicle Silhouettes		
<p>1. Passenger Vehicle</p> 	<p>2. Light truck (van, mini-van, panel, pickup, sport utility vehicle)</p> 	<p>3. Bus (seats for 9-15 people, including driver)</p> 
<p>4. Bus (seats for more than 15 people, including driver)</p> 	<p>5. Single unit truck - 2 axes / 6 tires</p> 	<p>6. Single unit truck - 3 axes</p> 
<p>7. Truck with trailer</p> 	<p>8. Truck tractor (bobtail)</p> 	<p>9. Tractor with semi-trailer</p> 
<p>10. Tractor with double trailers</p> 	<p>11. Tractor with triple trailers</p> 	
Typical Hazardous Material Placards		
		

LEGEND

Location	Category	Code	Description	Location	Category	Code	Description
ReportHeader	Unit Type	1	Passenger car	Driver	Race	1	White / Caucasian
Location And Time	Contributing Circumstance	31	Failed to yield right-of-way from traffic signal	Driver	Race	2	Black / African-American
Location And Time	Contributing Unit	10	Unit	Driver	Travel Direction	1	North
Location And Time	Controlled Access Highway Location	97	Not a controlled access highway	Driver	Travel Direction	3	South
Location And Time	Coordinate Status	99	Unknown	Vehicle	Attachment	1	None
Location And Time	Coordinate Type	97	Not applicable	Vehicle	Body	2	Four door
Location And Time	Crash Manner	6	Angle (front-to side), opposite direction	Vehicle	Citation Offense	131	No proof of insurance
Location And Time	Crash Severity	K	Fatal injury	Vehicle	Citation Offense	99	None
Location And Time	Distance Node Unit	0	Unknown	Vehicle	Damage Severity	4	Major, disabled
Location And Time	Harmful Event	22	Collision with vehicle in traffic	Vehicle	Defect	1	None
Location And Time	Highway Classification	2	Federal	Vehicle	Emergency Status	97	Not applicable
Location And Time	Highway Side	1	Northbound	Vehicle	Emergency Status	99	Unknown
Location And Time	Roadway Feature	1	No special feature	Vehicle	Estimated Speed Code		Not set
Location And Time	School Bus Related	1	No school bus involved	Vehicle	Hazardous Cargo	97	Not applicable
Location And Time	Time Display Format	10	Standard	Vehicle	Hazardous Cargo Release Type	97	Not applicable
Driver	Alcohol Test Type	1	Blood test	Vehicle	K12 Child Going To Or From School	0	Not Set
Driver	Alcohol Test Type	6	No Test Given	Vehicle	Make	FORD	Ford
Driver	Commercial Driver License Status	97	Not applicable / unlicensed	Vehicle	Make	PONT	Pontiac
Driver	Contributing Circumstance	31	Failed to yield right-of-way from traffic signal	Vehicle	Non-Motorist Action	0	Not Set
Driver	Contributing Circumstance	97	Not applicable	Vehicle	Non-Motorist Location	0	Not Set
Driver	Driver Condition	1	Apparently normal	Vehicle	Oversized Load	N/A	NoApplicable
Driver	Driver License Class Code	0	Not set	Vehicle	Oversized Load Permit	N/A	NoApplicable
Driver	Driver License Endorsement	97	Not applicable	Vehicle	Owner Name Code		Not Set
Driver	Driver License Number	0	Not set	Vehicle	Placard Requirement	97	Not applicable
Driver	Driver License Restriction	97	Not applicable	Vehicle	Tag Number		Not set
Driver	Driver License State Code	0	Not set	Vehicle	Tag State	0	Not set
Driver	Driver License Status	C	Current / valid	Vehicle	Tag Year	0	Not set
Driver	Driver License Status	S	Suspended	Vehicle	Tow Status	1	Towed due to disabling damage
Driver	Drug Test Result	97	Not applicable	Vehicle	Towed Code	0	Not Set
Driver	Drug Test Result	99	Unknown	Vehicle	Unit Type	1	Passenger car
Driver	Drug Test Type	1	Blood test	Vehicle	Usage	1	Personal
Driver	Drug Test Type	4	No test given	Vehicle	Usage	21	Police
Driver	Gender	1	Male	Vehicle	VIN	0	Not set
Driver	Harmful Event	22	Collision with vehicle in traffic	Vehicle	Year		Not set
Driver	Liability Ins. Policy Code	97	Not applicable	Uninjured Occupants	Airbag	4	Not deployed, switch on
Driver	Liability Ins. Policy Code	99	Unknown	Uninjured Occupants	Ejection Status	1	Not ejected or trapped
Driver	Maneuver	1	Movement essentially straight	Uninjured Occupants	Gender	1	Male
Driver	Maneuver	2	Turning left	Uninjured Occupants	Occupant Type	1	Driver
Driver	Phone Number Code	0	Not Set	Uninjured Occupants	Safety Equipment	1	None used - motor vehicle occupant
Driver	Place of Employment		Not Set	Victims	Airbag	7	Deployed front, switch on

LEGEND							
Location	Category	Code	Description	Location	Category	Code	Description
Vidms	Ejection Status	1	Not ejected or trapped				
Vidms	First Aid Provider	1	Paramedic / EMT				
Vidms	Gender	1	Male				
Vidms	Injury Type	1	Fatal				
Vidms	Medical Facility Transport	2	EMS ground				
Vidms	Occupant Type	1	Driver				
Vidms	Safety Equipment	1	None used - motor vehicle occupant				
Vidms	Victim Taken By		Not Set				
Vidms	Victim Taken To		Not Set				
Roadway Environment	Environmental Contributing Circumstances	1	None apparent				
Roadway Environment	Light Condition	8	Dark, continuous illumination, both sides of roadway				
Roadway Environment	Locale	3	Shopping or business				
Roadway Environment	Opposing Lane Separation	3	Unpaved surface				
Roadway Environment	Road Bridge Condition	1	None apparent				
Roadway Environment	Road Surface Type	1	Asphalt				
Roadway Environment	Roadway Condition	1	Dry				
Roadway Environment	Roadway Curvature And Grade	1	Straight, level				
Roadway Environment	Roadway Material	1	None				
Roadway Environment	Roadway Material Source	97	Not applicable				
Roadway Environment	Traffic Control	6	Traffic signals				
Roadway Environment	Traffic Control Status	1	Yes				
Roadway Environment	Trafficway Lane Count	4	Four lanes				
Roadway Environment	Turn Lane Presence	4	Both left and right turn lanes				
Roadway Environment	Vision Obscuration	1	Not obscured				
Roadway Environment	Vision Obscuration	98	Other (explain in narrative)				
Roadway Environment	Weather Condition	1	Clear				
Roadway Environment	Workzone Law Encroachment Presence	97	Not applicable				
Roadway Environment	Workzone Relationship	1	Not in / related to workzone				
Roadway Environment	Workzone Type	97	Not applicable				
Investigation	Non-Vehicular Property Damage Severity	1	None visible				