

# ALABAMA UNIFORM TRAFFIC CRASH REPORT

DPS Case No.

Sheet 1

This section gives some basic facts about the accident, including the time and location of the crash, the number of vehicles involved, and the number of reported injuries and fatalities.

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

		Day of Week	County		City			Rural <input type="checkbox"/>	Local Zone		
Highway			At Intersection of or Between (Node 1)			And (Node 2)					
n) Street/ ad/Hwyway				<div> <div>1</div> <div>2</div> </div> <div>&lt;--- ---&gt;</div>				From Node 1			
Code		Node Code									
Control Access Loc		Primary Contrib Circums		Primary Contributing Unit #		First Harmful Event		First Harmful Event Location		Most Harmful Event	
Function/ Loc		Manner of Crash		Lat Coordinate		Long Coordinate		Coordinate Type		Hwy Side	
Severity											
Street Address					City and State			ZIP		Telephone	
Sex	DL State	Driver License No.			DL Class	DL Status	Restrict Violations		CDL Status		Endorse Violations

<input type="checkbox"/> LEFT SCENE  <input type="checkbox"/> COM VEH  <input type="checkbox"/> VEHICLE or NON-MOTORIST	DRIVER		Liability Insurance Co.				Liability Policy No.				Residence Less Than 25 Miles			
	Driver Condition		Sobriety/Alcohol: Officer Opinion    Drugs:		Type Alcohol Test Given		Alcohol Test Results		Type Drug Test Given		Drug Test Results		Manuver	
VEHICLE <input type="checkbox"/> VEHICLE or NON-MOTORIST	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 <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 5px; margin-right: 10px;">14</div> <div>Under Carriage</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 5px; margin-right: 10px;">11</div> <div style="border: 1px solid black; padding: 5px; margin-right: 10px;">12</div> <div style="border: 1px solid black; padding: 5px; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 5px; margin-right: 10px;">97</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 5px; margin-right: 10px;">10</div> <div style="border: 1px solid black; padding: 5px; margin-right: 10px;">2</div> <div style="border: 1px solid black; padding: 5px; margin-right: 10px;">N/A</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 5px; margin-right: 10px;">9</div> <div style="border: 1px solid black; padding: 5px; margin-right: 10px;">3</div> <div style="border: 1px solid black; padding: 5px; margin-right: 10px;">16</div> </div>			
	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:														

<div>UNIT NO</div> <div>LEFT SCENE</div> <div>COM VEH</div> <div>VEHICLE or NON-MOTORIST</div>	DRIVER	Driver Full Name		Street Address				City and State			
		DOB				Race	Sex	DL State	Driver License No.	DL Class	DL State
			Month	Day	Year						
		Place of Employment									
		Liability Insurance Co.							Liability Policy No.		
		Driver Condition		Sobriety/Alcohol: Officer Opinion		Alcohol: Drugs:		Type Alcohol Test Given	Alcohol Test Results	Type Test Given	
		Most Harmful Event for MV		Travel Road Name					Road Code	Travel Direction	
		Sequence of Events	Event 1	Event 2	Event 3	Event 4	First Harmful Event Location				
		Veh Year	Make	Veh Model			Body	V.I.N.			
		Owner's Name					License Tag Number		State		
Street or R.F.D.					City		State	Zip			
Type	Usage	Emergency Status		Placard Required	Hazardous Cargo		Hazardous Material				
Attachment	Oversized Load (Req. Permit)	If Yes, Did Owner Have Permit?	Contrib Defect	Speed Limit MPH	Est Speed MPH	Citation					
Damage Severity	Towed?	Vehicle Towed By Whom:									
Towed To Where:											
								6	15		
								Attachment			
								Point of Initial Impact _____			

These sections provide information about the drivers and their vehicles. The officer will include each driver's name, address, insurance information, and notes on impairment or citations issued for traffic violations. The officer will note the make, model, and license plate number for each vehicle, and indicate which parts of the vehicle were damaged.

UNIT NO

LEFT SCENE

COM VEH

VEHICLE or NON-MOTORIST

DRIVER

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

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

If Yes, Did Owner Permit?

Contrib Defect

Speed Limit MPH

Est Speed MPH

Citation Offense(s) Charged

By Whom:

Point of Initial Impact

14

Under Carriage

12

1

97

N/A

11

10

9

8

7

6

13

2

3

4

5

16

Totaled

15

Attachment

The seating position codes indicate the location of each person involved at the time of the crash.

1

2

3

4

5

6

7

8

9

10

11

12 - Pedestrian

13 - Rider of Domestic Animal

14 - Occ. of Non-Motorist

15 - Passenger of Bus

16 - Not in Passenger Compartment

97 - Not Applicable

17

18

19

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

VICTIMS

N/A

Unit No

Se Po

Name

Address

Taken To

Taken By

Medical Facility

The “victims” section gives information about people who were injured or killed in the accident, including the medical facilities that treated them.



DIAGRAM

Through a diagram and a written narrative, the investigating officer will provide their understanding of how the accident happened, noting any factors that played a role in the crash.

NARRATIVE

ROADWAY ENVIRONMENT																			
Unit No.		Involved Road/ Bridge		Road Surface Type		Roadway Condition		Workzone Related?		Workzone Type		Workers Present ?				Workzone Enforcement Present			
Contrib Material Source		Rdway Curve & Grade		Vision Obscured By		Traffic Control		Traffic Control Functioning		Opposing Lane Separation		Trafficway Lanes		Turn Lanes					
Total Number of Units		Light				Weather				Locale				Police Present?					

Unit No.		Involved Road/ Bridge		Road Surface Type		Roadway Condition		Workzone Related?		Workzone Type		Workers Present ?				Workzone Enforcement Present			
Contrib Material Source		Rdway Curve & Grade		Vision Obscured By		Traffic Control		Traffic Control Functioning		Opposing Lane Separation		Trafficway Lanes		Turn Lanes					
Total Number of Units		Light				Weather				Locale				Police Present?					

Unit No.		Involved Road/ Bridge		Road Surface Type		Roadway Condition		Workzone Related?		Workzone Type		Workers Present ?				Workzone Enforcement Present				
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.				

The Roadway Environment section gives details about the road surface, lighting, visibility, and work zones. This information can help determine whether a driver was going too fast for conditions.

INVESTIGATION									
Property Damage Description									
Description:					Address:				
Owner:					Telephone:				
Name of Photographer				Non-Vehicular Property Damage					
Time Police Notified		Time Police Arrived		Time EMS Arrived					
Witness Full Name				Address				Telephone	
Witness Full Name				Address				Telephone	
Name of Investigating Officer					Officer ID		Agency ORI		
					Officer ID		Agency ORI		
and belief regarding the crash, but no warrant is made as to the factual accuracy thereof.									

The investigation section records the arrival times of police and emergency responders. Keep in mind that the investigating officer often arrives well after the crash has already happened.

Unit No. \_\_\_\_\_  
(same as on main report)

# ALABAMA UNIFORM TRAFFIC CRASH REPORT

## Truck/Bus Supplemental Sheet

AST-278 Rev. 06/08

This supplemental page is used for accidents involving buses or commercial trucks. One section to pay attention to on this page is "Vehicle Information," which gives information about the vehicles' weight rating and hazardous material involvement, both of which can affect liability.

### General Instructions

Use **ONLY** if the crash meets **BOTH** of the Following criteria:

Vehicle (a truck with a gross vehicle weight rating (GVWR) or a gross combination weight rating (GCWR) of 10,000 lbs. or more, or a vehicle with a placard, or a vehicle designed to carry nine (9) or more, including driver) and;  
One of the following: **A.** one or more fatalities **B.** one or more persons injured and taken from the scene for medical attention, or **C.** one or more involved vehicles had to be towed from the scene as a result of damage or provided assistance to leave.

### Screening Information

Number of Persons:

Number of persons killed \_\_\_\_\_ Sustaining fatal injuries \_\_\_\_\_  
Number of persons injured \_\_\_\_\_  
Number of persons transported for immediate medical treatment \_\_\_\_\_  
Number of vehicles towed from scene due to damage or provided assistance \_\_\_\_\_

### Vehicle Information

Hazardous Material Involvement

Did vehicle have a Haz/Mat placard? ☐

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? ☐

Vehicle Configuration

Bus Usage

Cargo Body Type

Cargo Type

### Motor Carrier Information

NOTE: If NOT a motor carrier, enter NONE under Carrier Name, 0 for None under Carrier Identification Number.

Carrier Name \_\_\_\_\_

Carrier Mailing Address (Street or P.O. Box) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Carrier Identification Number ( \_\_\_\_\_ None = 0)

Motor Carrier Type \_\_\_\_\_

US DOT \_\_\_\_\_ ICC MC \_\_\_\_\_

STATE \_\_\_\_\_ OTHER COUNTRY AUTHORITY \_\_\_\_\_

### Sequence of Events

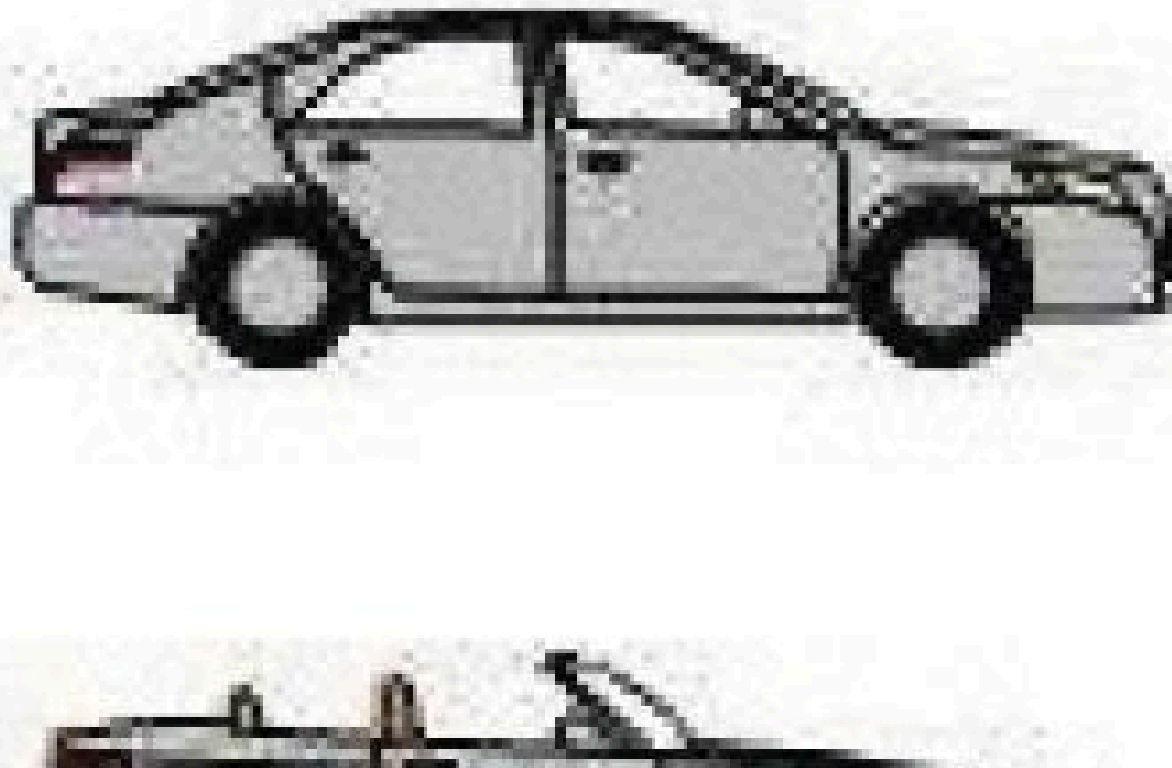
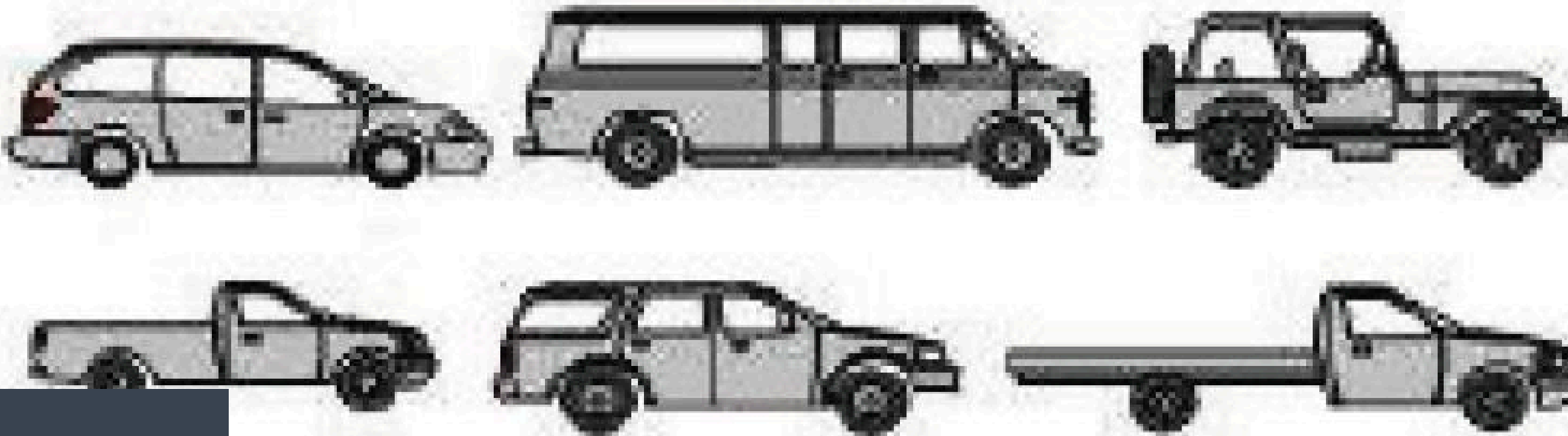

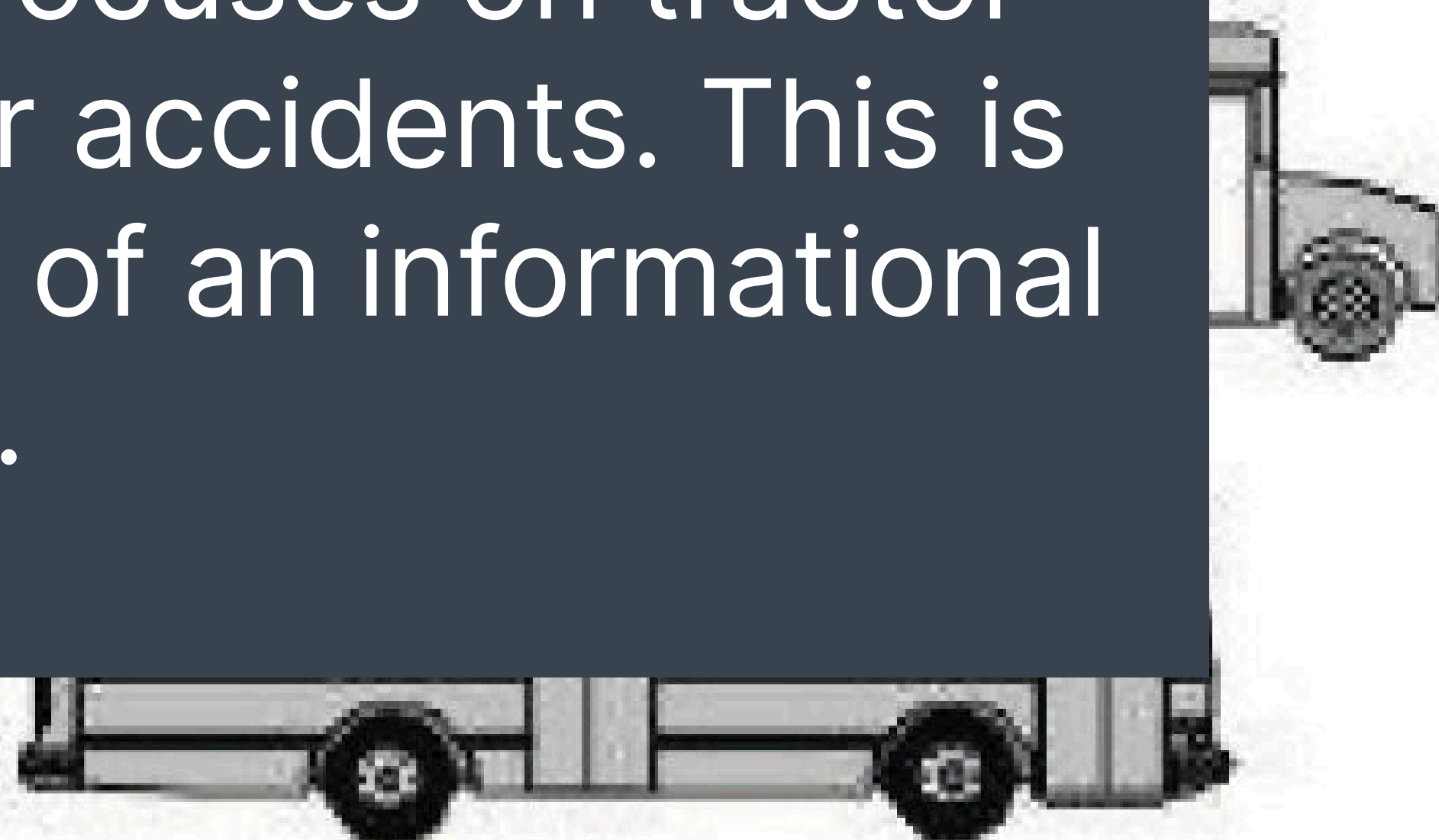

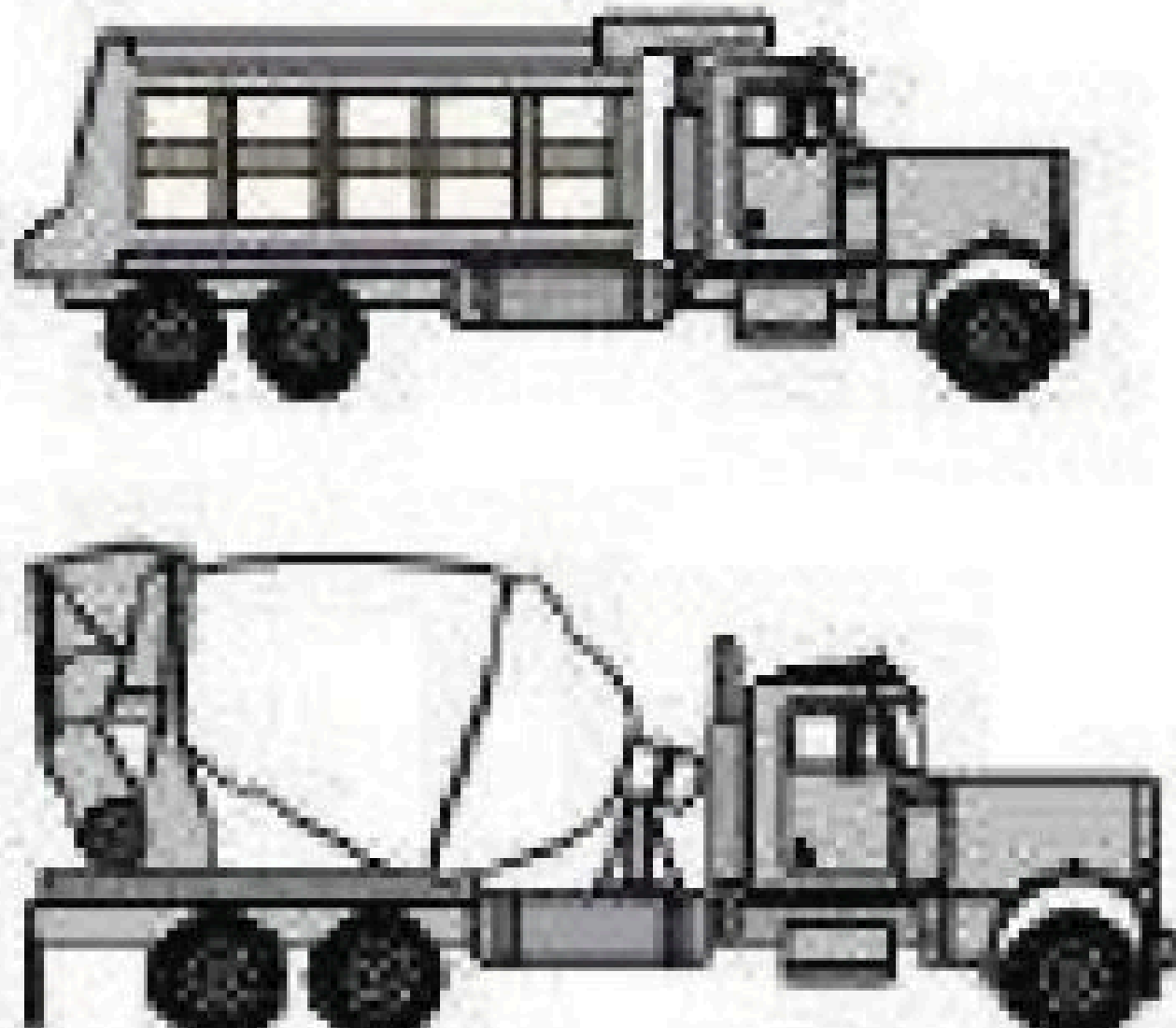
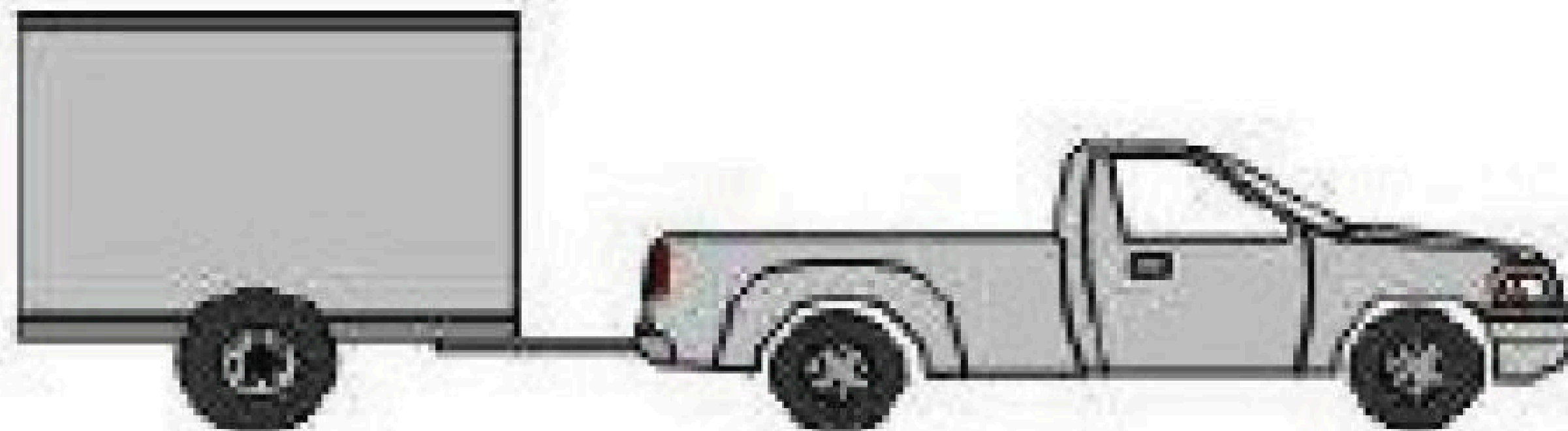
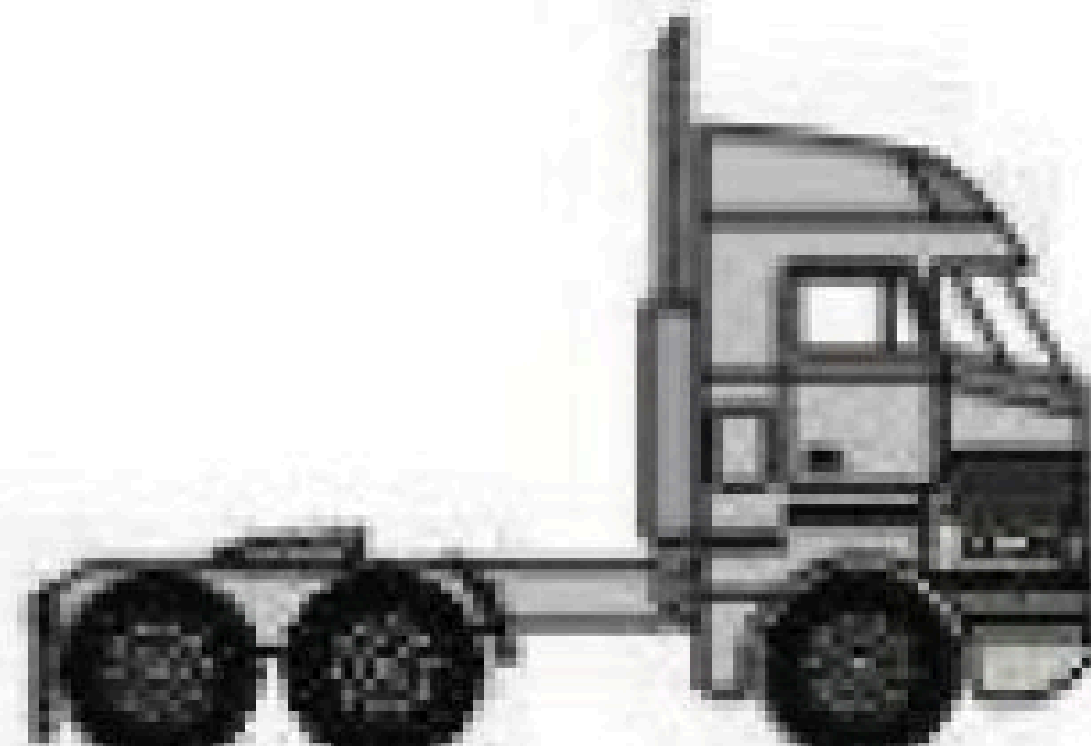


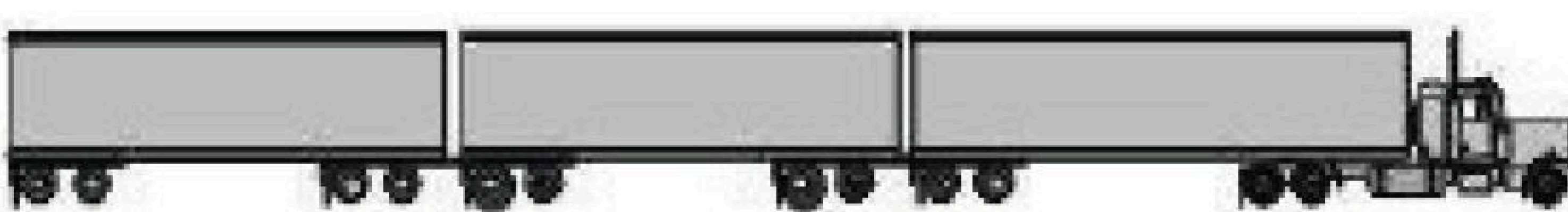
NOTE: for THIS vehicle -- list up to four Event #1 \_\_\_\_\_ Event #2 \_\_\_\_\_ Event #3 \_\_\_\_\_ Event #4 \_\_\_\_\_

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. 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			

Near the bottom of the page, you can find the contact information for the trucking company that owns and operates the tractor-trailer or other commercial truck involved in your accident.



Definitions	
<p><b>Truck</b></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"> <li>* Have a GVWR or a GCWR of more than 10,000 pounds, or</li> <li>* Carry a Hazardous Material Placard</li> </ul>	<p><b>Reportable Crash</b></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"> <li>* One or more fatalities, or</li> <li>* One or more non-fatal injuries requiring transportation for the purpose of obtaining immediate medical treatment, or</li> <li>* One or more of the vehicles being removed from the scene as a result of disabling damage, or</li> <li>* One or more of the vehicles requiring intervening assistance before proceeding under its own power.</li> </ul>
<p><b>Bus</b></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><b>Trailer</b></p> <p>A non-power vehicle towed by a motor vehicle.</p>	

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. Tractor-trailer (including driver)</p> 	<p>5. Single unit truck - 2 axles / 6 tires</p> 	<p>6. Single unit truck - 3 axles</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> 	

This supplemental page also focuses on tractor-trailer accidents. This is more of an informational page.

Typical Hazardous Material Placards								
								

This supplemental page also focuses on tractor-trailer accidents. This is more of an informational page.



LEGEND							
Location	Category	Code	Description	Location	Category	Code	Description
Report Header	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	Unit1	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	K 12 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
<div>This page provides information about the codes used by the investigating officer throughout the report.</div>			Apparently normal	Vehicle	Oversized Load	N/A	NotApplicable
			Not set	Vehicle	Oversized Load Permit	N/A	NotApplicable
			Not applicable	Vehicle	Owner Name Code		Not Set
			Not set	Vehicle	Placard Requirement	97	Not applicable
			Not applicable	Vehicle	Tag Number		Not set
			Not set	Vehicle	Tag State	0	Not set
			Current / valid	Vehicle	Tag Year	0	Not set
Driver	Driver License Status	8	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