

**INJURY CODE**

- 0 No injury
- 1 Possible injury
- 2 Nonincapacitating evident injury
- 3 Incapacitating injury
- 4 Fatal injury

**AIR BAG**

- 00 Non-Motorist
- 01 Available Deployed
- 20 Available Not Deployed
- 28 Available Switched Off
- 30 Not Available (this seat)
- 31 Not Replaced
- 32 Disabled/Removed
- 99 Unknown

**VEHICLE TRAILER**

- 00 No trailer
- 01 Boat trailer
- 02 Camper trailer
- 03 Farm trailer
- 04 House trailer
- 05 Horse trailer
- 06 Towed vehicle
- 07 2-Wheel utility
- 08 4-Wheel utility
- 09 Semi trailer (all types)
- 98 Other trailer
- 99 Unknown

**SAFETY EQUIPMENT**

- 00 None used/not applicable
- 01 Shoulder belt only used
- 02 Lap belt only used
- 03 Shoulder and lap belt used
- 04 Child safety seat used
- 05 Motorcycle helmet used
- 06 Bicycle helmet
- 13 Safety belt used improperly
- 14 Child safety seat used improperly
- 15 Helmets used improperly
- 08 Restraint used - type unknown
- 99 Restraint use unknown

**EJECTION PATH**

- 0 Not ejected/Not applicable
- 1 Through side door opening
- 2 Through side window
- 3 Through windshield
- 4 Through back window
- 5 Through back door/tailgate opening
- 6 Through roof opening (sunroof; convertible top down)
- 7 Through roof (convertible top up)
- 8 Other path (e.g., back of pickup truck)
- 9 Unknown

**VEHICLE DEFECTS**

- 00 None
- 01 Tires
- 02 Brake system
- 03 Steering system
- 04 Suspension
- 05 Power train
- 06 Exhaust system
- 07 Headlights
- 08 Signal lights
- 09 Other lights
- 10 Horn
- 11 Mirrors
- 12 Wipers
- 13 Driver seating and control
- 14 Body, doors, hood, motorcycle kickstand

**VEHICLE SPECIAL USE**

- 00 No special use
- 01 Taxi
- 02 Public school bus
- 03 Private school bus
- 04 Commuter bus
- 05 Shuttle bus
- 06 Tour bus
- 14 Scheduled Service Bus
- 07 Other bus
- 08 Military
- 09 Police
- 10 Ambulance
- 11 Fire apparatus
- 12 Rescue
- 13 Mail Carrier
- 19 Unknown

**STATE CODES**

AL	Alabama	HI	Hawaii	MN	Minnesota	OH	Ohio	WA	Washington
AK	Alaska	ID	Idaho	MS	Mississippi	OK	Oklahoma	WV	West Virginia
AZ	Arizona	IL	Illinois	MO	Missouri	OR	Oregon	WI	Wisconsin
AR	Arkansas	IN	Indiana	MT	Montana	PA	Pennsylvania	WY	Wyoming
CA	California	LA	Iowa	NE	Nebraska	RI	Rhode Island	US	Military
CO	Colorado	KS	Kansas	NV	Nevada	SC	South Carolina	CD	Canada
CT	Connecticut	KY	Kentucky	NH	New Hampshire	SD	South Dakota	MX	Mexico
DE	Delaware	LA	Louisiana	NJ	New Jersey	TN	Tennessee	OT	Other
DC	District of Columbia	ME	Maine	NM	New Mexico	TX	Texas		
FL	Florida	MD	Maryland	NY	New York	UT	Utah		
GA	Georgia	MA	Massachusetts	NC	North Carolina	VT	Vermont		
		MI	Michigan	ND	North Dakota	VA	Virginia		

**COUNTY CODES**

01	Anderson	17	Crockett	33	Hamilton	49	Lauderdale	65	Morgan	81	Stewart
02	Bedford	18	Cumberland	34	Hancock	50	Lawrence	66	Obion	82	Sullivan
03	Benton	19	Davidson	35	Hardeman	51	Lewis	67	Overton	83	Sumner
04	Bledsoe	20	Decatur	36	Hardin	52	Lincoln	68	Perry	84	Tipton
05	Blount	21	DeKalb	37	Hawkins	53	Loudon	69	Pickett	85	Trousdale
06	Bradley	22	Dickson	38	Haywood	54	McMinn	70	Polk	86	Unicoi
07	Campbell	23	Dyer	39	Henderson	55	McNairy	71	Putnam	87	Union
08	Cannon	24	Fayette	40	Henry	56	Macon	72	Rhea	88	Van Buren
09	Carroll	25	Fentress	41	Hickman	57	Madison	73	Roane	89	Warren
10	Carter	26	Franklin	42	Houston	58	Marion	74	Robertson	90	Washington
11	Cheatham	27	Gibson	43	Humphreys	59	Marshall	75	Rutherford	91	Wayne
12	Chester	28	Giles	44	Jackson	60	Maury	76	Scott	92	Weakley
13	Claiborne	29	Grainger	45	Jefferson	61	Meigs	77	Sequatchie	93	White
14	Clay	30	Greene	46	Johnson	62	Monroe	78	Sevier	94	Williamson
15	Cocke	31	Grundy	47	Knox	63	Montgomery	79	Shelby	95	Wilson
16	Coffee	32	Hamblen	48	Lake	64	Moore	80	Smith		

## VEHICLE BODY CODES

### Automobiles

- 01 Sedan, Hardtop, Coupe
- 02 Hatchback
- 03 Convertible (excludes sun-roof, t-bar)
- 04 Station wagon (excluding van and truck based)
- 05 Auto-based pickup (includes El Camino, Caballero, Ranchero, Subaru Brat, Rabbit Pickup)
- 08 Other automobiles
- 09 Automobile, unknown body type

### Utility Vehicles (0-10,000 lbs GVWR)

- 14 Compact utility (See Officer's Manual for examples.)
- 15 Large utility (See Officer's Manual for examples.)
- 16 Utility station wagon (includes suburban limousines, Suburban, Travellall, Grand Wagoneer)
- 19 Utility, unknown body type

### Van Based Light Trucks (0-10,000 lbs GVWR)

- 20 Minivan (See Officer's Manual for examples.)
- 21 Large Van (See Officer's Manual for examples.)
- 22 Step-van or walk-in van
- 28 Other van type
- 29 Unknown van type

### Light Truck, Pickup style or Conventional (0-10,000 lbs GVWR)

- 30 Compact Pickup (See Officer's Manual for examples.)
- 31 Standard Pickup (See Officer's Manual for examples.)
- 32 Pickup with slide-in camper
- 33 Convertible pickup
- 34 Cab chassis based (includes light stake, light dump, light tow, rescue vehicles)
- 38 Other light conventional truck type
- 39 Unknown light truck type

### Heavy/Medium Truck (Over 10,000 lbs GVWR)

- 40 Step Van
- 41 Single unit straight truck (10,001 lbs-26,000 lbs GVWR)
- 42 Single unit straight truck (Over 26,000 lbs GVWR)
- 43 Single unit straight truck (GVWR unknown)
- 46 Truck-Tractor (cab only)
- 47 Truck-Tractor (with any number of trailing units)
- 49 Unknown medium/heavy truck type

## SEATING POSITION

- 00 Non-Motorist

### Front Seat

- 11 Left side (motorcycle driver)
- 12 Middle
- 13 Right side
- 18 Other (lying down, etc.)
- 19 Unknown front seat

### Second Seat

- 21 Left side (motorcycle passenger)
- 22 Middle
- 23 Right side
- 28 Other (lying down, etc.)
- 29 Unknown second seat

### Third Seat

- 31 Left side
- 32 Middle
- 33 Right side
- 38 Other (lying down, etc.)
- 39 Unknown third seat

### Fourth Seat

- 41 Left side
- 42 Middle
- 43 Right side
- 48 Other (lying down, etc.)
- 49 Unknown fourth seat

### Motorcycles, Mopeds, All-Terrain Vehicles, All-Terrain Cycles

- 50 Motorcycle
- 51 Moped (motorized bicycle)
- 52 Motorscooter, Minibike
- 53 3-Wheel ATV (All Terrain Vehicle)
- 54 4-Wheel ATV (All Terrain Vehicle)
- 55 Off-road Motorcycle (2-wheel)
- 56 Three-wheel Motorcycle or Moped (not All-Terrain Vehicle)
- 58 Other motored cycle type
- 59 Unknown motored cycle type

### Buses

- 60 School bus
- 61 Van-based school bus
- 62 Cross Country/Intercity bus (i.e., Greyhound)
- 63 Transit bus (city bus)
- 64 Van-based transit bus
- 68 Other bus type
- 69 Unknown bus type

### Motorhomes

- 71 Van-based motorhome (light)
- 72 Light truck based motorhome (chassis mounted)
- 73 Camper or motorhome (medium/heavy type)
- 79 Unknown motorhome type

### Other Vehicles

- 80 Farm equipment (tractor, self-propelled combine, etc.)
- 81 Construction equipment (grader, roller, asphalt spreader, etc.)
- 82 Self-propelled crane, well drill, fork lift, street sweeper
- 83 Snowmobile
- 84 Go-cart, golf cart, lawn mower, etc.
- 87 Other vehicle type (includes dune/swamp buggy)

### 99 UNKNOWN BODY TYPE

### Others

- 50 Sleeper section of cab (truck)
- 51 Other passenger in enclosed passenger or cargo area (non-trailing unit)
- 52 Other passenger in unenclosed passenger or cargo area (non-trailing unit)
- 53 Other passenger in passenger or cargo area unknown whether or not enclosed (non-trailing unit)
- 54 Trailing unit
- 55 Riding on vehicle exterior (non-trailing unit)

### 99 UNKNOWN SEATING POSITION

Please Do Not Write In This Microfilm Space

**Tennessee Uniform Traffic Crash Report**

Reporting Agency Name

A8

## Document Type

- (1) Original Document (select 1) A4  
(2) Supplement Document  
(3) Amended Document

Reference Number Override

Local Agency Number

Page \_\_\_\_ of \_\_\_\_ A3

REFERENCE NUMBER A5

7228965

## Type of Crash

- (1) Fatal (select 1) A12  
(2) Injury  
(3) Property Damage (Over)  
(4) Property Damage (Under)

## Reporting Agency Type

- (1) Tennessee Highway Patrol (THP) A9  
(2) City/Metropolitan Police Dept. (CPD)  
(3) Sheriff's Office  
(4) Capitol Police  
(5) Commercial Vehicle Enforcement (CVE)  
(6) College/University Campus  
(7) National Park Service  
(8) Other

Investigation Complete? (1) Yes (2) No A10

Photos Taken? (1) Yes (2) No A11  
If Yes, by Whom?

- (1) Police  
(2) Other

## Totals

## Date of Crash

Vehicles	Killed	Injured	MONTH	DAY	YEAR
A17	A18	A19	<input type="radio"/> Jan <input type="radio"/> Feb <input type="radio"/> Mar <input type="radio"/> Apr <input type="radio"/> May <input type="radio"/> Jun <input type="radio"/> Jul <input type="radio"/> Aug <input type="radio"/> Sep <input type="radio"/> Oct <input type="radio"/> Nov <input type="radio"/> Dec <input type="radio"/> unk	A20 0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9 unk	 0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9 unk

## Day of Crash

- (1) SUN  
(2) MON  
(3) TUES  
(4) WED  
(5) THURS  
(6) FRI  
(7) SAT  
(9) UNK

Time of Crash County City Area Trafficway/Land Way/Private Way

Time of Crash	County	City	Area	Trafficway/Land Way/Private Way
A22	A25	A26	A27	A28
 0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9	 0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9	 0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9	 0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9	 0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9

## Additional Designation (select 1)

- (1) Trafficway - OPEN (select 1) A14  
(2) Trafficway - CLOSED  
(3) Parking Lot  
(4) Private Property or Private Road  
  
Hit and Run? A15  
(1) Yes-Hit Motor Vehicle in Transport  
(2) Yes-Hit Pedestrian or Non-Motorist  
(3) Yes-Hit Parked Vehicle or Object  
(4) No Hit and Run  
Solved? A16  
(1) Yes (2) No

## TDOT Use Only

## Rail/Crossing ID

ROUTE NUMBER	SPC CASE	CO. SEQ.	LOG MILE	LOC
A29				

GPS Coordinate

## Time Notified

LONGITUDE
A30

## Time Arrived

LATITUDE
A31

Police Pursuit Involved? (1) Yes (2) No A15

School Bus Related? (1) Yes (2) No A16

## ON Hwy No. and / Street Name

A31

## Estimated

- (1) FT. (N)  
(2) MI. (W) (E)  
(3) (S)

## FROM/AT

Hwy No. and / Street Name

Mile Post

## Vehicle Number

- (1) 2 3 4  
(5) 6 7 8  
(9) 10 20 30

## Total Number of Occupants

- (0) 1 2 3 4 5 6  
Other

## Driver Presence

- (1) Driver Operated Vehicle  
(2) Driver Operated Non-Contact Vehicle  
(3) Driver Operated Government Vehicle  
(4) Driverless Vehicle

DRIVER First M.I. Last

NAME D2

ADDRESS Street &amp; Number

D2

City &amp; State ZIP Phone Number

D2

Driver's License Number State Exp. Year

D3

Date of Birth Age Sex Race (1) White (3) Hispanic

D4 D5 D6 (M) (F) (2) Black (4) Other

License Class Endorsements Complied With? (Y) (N) Restrictions Complied With? (Y) (N)

D8 D9 D10 D11

Injury Code Safety Equipment AIRBAG EJECTED Ejection Path

P7 P9 P10 P11 P12

TRAPPED/ EXTRICATED (1) Not Trapped (3) Trapped/Not Extricated

Driver D11 (1) Less 25 mi. (3) Out of State Ambulance/Hospital

Residence D12 (2) Over 25 mi. P15

Year of Vehicle Make Model Color Body Type

V5 V6 V7 V8 V9

Vehicle ID Number Body Code

V11 V10

License Plate Number State Exp. Year

V12 V13 V14

Vehicle Owner First M.I. Last

Same (Y) (N) V4

Street Address

V4

City &amp; State ZIP Phone Number

V4

Violations D12 (may select 3) Charges:

D13

(0) None (3) Other Moving

(1) Alcohol/Drugs (4) Other Non-Moving

(2) Reckless/Careless (5) Pending

Investigating Officer Rank and Name: (Print Name)

A40

Badge/ID Number District/Zone Car No.

A40 A40 A40

Report Date

A41

SF1203 (rev 5-99)

PLEASE DO NOT WRITE IN THIS AREA

RDA  
1348

## Harmful Event

### Most Harmful Event per Vehicle

(select 1 per vehicle)

#### Collision with Object Not Fixed

V1 V2

- 08 08 Pedestrian
- 09 09 Pedalcycle
- 10 10 Railway Train
- 50 50 Deer (Animal)
- 11 11 Other Animal
- 12 12 Motor Vehicle in Transport
- 13 13 Motor Vehicle in Transport in Other Roadway
- 14 14 Parked Motor Vehicle
- 15 15 Other Type Non-Motorist
- 18 18 Other Object (Not Fixed)

#### Collision with Fixed Object

V1 V2

- 17 17 Boulder
- 19 19 Building
- 20 20 Impact Attenuator
- 21 21 Bridge Pier/Abutment
- 22 22 Bridge Parapet End
- 23 23 Bridge Rail
- 24 24 Guardrail Face
- 25 25 Guardrail End
- 26 26 Median Barrier
- 27 27 H-way Traffic Sign Post
- 28 28 Overhead Sign Support
- 29 29 Luminaire/Light Supp.
- 46 46 Traffic Signal Support
- 30 30 Utility Pole
- 31 31 Other Post, Pole, Supp.
- 32 32 Culvert
- 33 33 Curb
- 34 34 Ditch
- 35 35 Embankment
- 38 38 Fence
- 39 39 Wall
- 40 40 Mail Box
- 41 41 Shrubbery
- 42 42 Tree
- 47 47 Fire Hydrant
- 43 43 Other Fixed Object

#### Non-Collision

V1 V2

- 01 01 Overturn
- 02 02 Fire/Explosion
- 03 03 Immersion
- 04 04 Jackknife
- 05 05 Fell/Jumped from Vehicle
- 07 07 Other Non-Collision
- 16 16 Thrown or Falling Object

V1 V2

- 99 99 Unknown Most Harmful Event

### First Harmful Event for the Crash

--	--

### Manner of Collision at First Harmful Event (select 1)

- 0 Not Collision with Motor Vehicle in Transport
- 1 Rear-End
- 2 Head-On
- 3 Rear-to-Rear
- 4 Angle
- 5 Sideswipe, Same Direction
- 6 Sideswipe, Opposite Direction
- 9 Unknown

### Relation to Junction at First Harmful Event (select 1)

- | Non-Interchange                 | Interchange Area                 |
|---------------------------------|----------------------------------|
| 01 Non-junction                 | 10 Intersection                  |
| 02 Intersection                 | 11 Intersection-Related          |
| 03 Intersection-Related         | 12 Driveway                      |
| 04 Driveway, Alley Access, etc. | 13 Entrance/Exit Ramp Related    |
| 05 Entrance/Exit Ramp Related   | 14 Crossover-Related             |
| 06 Rail Grade Crossing          | 15 Other Location in Interchange |
| 07 Crossover-Related            | 19 Unknown, Interchange Area     |
| 09 Unknown-Non-Interchange      |                                  |

99 Unknown Relation to Junction

### Relation to Roadway at First Harmful Event

(select 1)

- 01 On Roadway
- 02 Shoulder
- 03 Median
- 04 Roadside-Left
- 05 Roadside-Right
- 10 Outside Trafficway
- 06 Off Roadway-Location Unknown
- 07 In Parking Lane
- 08 Gore
- 11 Parking Lot or Private Property
- 99 Unknown

## Driver Factors

### Driver Condition (may select 3)

D14

V1 V2

- 00 00 Appeared Normal
- 01 01 Had Been Drinking
- 02 02 Illegal Drug Use
- 03 03 Ill (Sick)
- 04 04 Apparently Fatigued
- 05 05 Apparently Asleep
- 06 06 Reaction to Drugs/Medication
- 07 07 Failure to Take Drugs/Medication
- 08 08 Physical Impairment (Narrative)
- 09 09 Emotional (Depressed, Angry, Disturbed)
- 99 99 Unknown Condition

### Driver Actions (may select 5)

V1 V2

- 10 10 No Contributing Actions
- 11 11 Inattentive (Eating, Reading, Talking, etc.)
- 12 12 Interfered With by Passenger
- 13 13 Driving Left of Center
- 14 14 Driving Wrong Way on One-Way Roadway
- 15 15 Failure to Comply with License Restrictions
- 16 16 Failure to Keep in Proper Lane or Running Off Road
- 17 17 Failure to Yield Right of Way
- 18 18 Failure to Obey Traffic Controls
- 19 19 Failure to Observe Warnings or Instructions
- 20 20 Failure to Signal Intentions
- 21 21 Failure to Use Lights
- 22 22 Following Improperly
- 23 23 Improper Backing
- 24 24 Improper Lane Changing
- 25 25 Improper Passing
- 26 26 Improper Turn
- 27 27 Improperly Towing or Pushing Vehicle
- 28 28 Improperly Carrying Hazardous Cargo
- 29 29 Improper Loading of Vehicle Cargo or Passengers
- 30 30 Operator Inexperience
- 31 31 Operating without Required Equipment
- 32 32 Over Correcting
- 33 33 Careless or Erratic Driving
- 34 34 Reckless or Negligent Driving
- 35 35 Speed Too Fast
- 36 36 Speed Too Slow
- 37 37 Vision Obstructed, By What? (Narrative)
- 38 38 Using Telephone, Two-Way Radio
- 98 98 Other (Narrative)
- 99 99 Unknown Action

### Highway Construction/Maintenance Zone

- 1 None
- 2 Construction Zone
- 3 Maintenance Zone (Short Duration)
- 4 Utility Zone (Short Duration)
- 5 Work Zone, Type Unknown
- 9 Unknown

### Light Conditions

(select 1)

- 1 Daylight
- 2 Dark-Not Lighted
- 3 Dark-Lighted
- 4 Dawn
- 5 Dusk
- 9 Unknown

### Weather Conditions

(select 1)

- 01 No Adverse Conditions
- 02 Rain
- 03 Sleet, Hail
- 04 Snow
- 05 Fog
- 06 Rain and Fog
- 07 Sleet and Fog
- 08 Smog, Smoke
- 09 Blowing Sand, Soil, Dirt, or Snow
- 10 Severe Crosswind
- 98 Other (narrative)
- 99 Unknown

## Driver Alcohol/Drugs

### Presence

(select 1)

D16

V1 V2

- 0 0 Neither Alcohol or Drugs Present
- 1 1 Yes (Alcohol Present)
- 2 2 Yes (Drugs Present)
- 3 3 Yes (Alcohol and Drugs Present)
- 9 9 Unknown

### Determination Method

(select 1 if applies)

D17

V1 V2

- 1 1 Evidential Test
- 3 3 Behavioral
- 4 4 Passive Alcohol Sensor
- 5 5 Observed
- 8 8 Other

### Alcohol

(select 1)

### Test Type

(select 1 if applies)

P16

V1 V2

- 95 95 Test Refused
- 96 96 None Given
- 97 97 Test Given, Results Unknown
- 98 98 Test Given, Insufficient Sample
- 99 99 Unknown, if tested
- 1 1 Blood
- 2 2 Breath
- 3 3 Urine
- 8 8 Other

V1

Alcohol Results

- 00 00 Negative BAC

V2

Positive Results

--	--

### Drugs

(select 1)

### Test Type

(select 1 if applies)

P17

V1 V2

- 95 95 Test Refused
- 96 96 None Given
- 97 97 Test Given, Results Unknown
- 98 98 Test Given, Insufficient Sample
- 99 99 Unknown, if tested
- 1 1 Blood
- 2 2 Breath
- 3 3 Urine
- 8 8 Other

V1

Drug Results

- 00 00 No Drugs Detected
- 02 02 Marijuana
- 03 03 Cocaine
- 04 04 Opiates
- 05 05 Amphetamines
- 06 06 PCP
- 08 08 Other Drug Medication
- 09 09 Drug Type Unknown

(may select 3)

### Driver/Vehicle Maneuver (select 1)

V1 V2

D15

- 00 00 Going Straight
- 01 01 Negotiating Curve
- 02 02 Passing or Overtaking Another Vehicle
- 03 03 Right Turn to Private Drive
- 04 04 Right Turn to Street
- 05 05 Right Turn on Red Permitted
- 06 06 Right Turn on Red Not Permitted
- 07 07 Left Turn to Private Drive
- 08 08 Left Turn to Street
- 09 09 Turning from Wrong Lane
- 10 10 Making a U-Turn
- 11 11 Slowing or Stopped for Signal or Sign
- 12 12 Slowing or Stopped for Turning Traffic
- 13 13 Slowing or Stopped for Entering Traffic
- 14 14 Slowing or Stopped Other
- 15 15 Stopped in Traffic Lane
- 16 16 Starting in Traffic
- 17 17 Backing from Drive
- 18 18 Backing from On Street Parking Space
- 19 19 Backing Up
- 20 20 Entering from Private Drive
- 21 21 Leaving a Parked Position
- 22 22 Parked Legally-Yes
- 23 23 Parked Legally-No
- 24 24 Changing Lanes or Merging
- 25 25 Maneuvering to Avoid Another Vehicle, Animal, Pedestrian, Object, etc.
- 98 98 Other (Narrative)
- 99 99 Unknown

# Vehicles

V1		V2	
First Impact 00 01 02 03 04 05 06 07 08 09 10 12 99 V20	Truck/Bus Supplement V16 1 Yes 2 No	First Impact 00 01 02 03 04 05 06 07 08 09 10 12 99 V20	Truck/Bus Supplement V16 1 Yes 2 No
(may select 3) Darken Numbered Area(s) of Vehicle Damage V21 06 07 08 10 05 Under-carriage REAR 04 03 02 FRONT 01	Emergency Use V18 1 Yes 2 No	(may select 3) Darken Numbered Area(s) of Vehicle Damage V21 06 07 08 10 05 Under-carriage REAR 04 03 02 FRONT 01	Emergency Use V18 1 Yes 2 No
Extent of Damage V22 0 None 4 Severe 1 Very Minor 5 Very Severe 2 Minor 9 Unknown 3 Moderate	Rollover V19 1 Yes 2 No	Extent of Damage V22 0 None 4 Severe 1 Very Minor 5 Very Severe 2 Minor 9 Unknown 3 Moderate	Rollover V19 1 Yes 2 No
Vehicle Defects (may select 2) V26 0 None	Fire V17 1 Yes 2 No	Vehicle Defects (may select 2) V26 0 None	Fire V17 1 Yes 2 No
Vehicle Towed Due to Damage? 1 Driven Away 2 Towed Away V25	Estimated Damage V24 1 Under \$400 2 Over \$400	Vehicle Towed Due to Damage? 1 Driven Away 2 Towed Away V25	Estimated Damage V24 1 Under \$400 2 Over \$400
Vehicle Special Use V27 0 None	Vehicle Trailer V28 0 None	Vehicle Special Use V27 0 None	Vehicle Trailer V28 0 None
If Towed, Where? V25		If Towed, Where? V25	

Vehicle Going/On	
On: N W E S	V25

Trafficway Flow		Roadway Surface Type	
V1 V2 (select 1) 1 1 Not Physically Divided (Two Way Trafficway) 2 2 Divided Highway, Median Strip (Without Traffic Barrier) 3 3 Divided Highway, Median Strip (With Traffic Barrier) 4 4 One Way Trafficway 9 9 Unknown	V31	V1 V2 (select 1) 1 1 Asphalt 2 2 Concrete 3 3 Brick or Block 4 4 Gravel, Slag, or Stone 5 5 Dirt 8 8 Other (Narrative) 9 9 Unknown	V34

Roadway Route Signing		Number of Travel Lanes		Roadway Surface Conditions	
V1 V2 (select 1) 1 1 Interstate 2 2 U.S. Route 3 3 State Route 4 4 County Route 5 5 Municipal Route 8 8 Other (Narrative) 9 9 Unknown	V29	V1 V2 (select 1) 1 1 One Lane 2 2 Two Lanes 3 3 Three Lanes 4 4 Four Lanes 5 5 Five Lanes 6 6 Six Lanes 7 7 Seven or More Lanes 8 8 Other (See Narrative) 9 9 Unknown	V30	V1 V2 (select 1) 1 1 Dry 2 2 Wet 3 3 Snow or Slush 4 4 Ice 5 5 Sand, Mud, Dirt or Oil 8 8 Other (Narrative) 9 9 Unknown	V35

Roadway Character	
V1 V2 Alignment: 1 1 Curve (select 1) 2 2 Straight 9 9 Unknown	V33
Profile: 1 1 Level (select 1) 2 2 Grade 3 3 Hillcrest 8 8 Other (Narrative) 9 9 Unknown	V33

Speed Limit		Access Control	
V1 0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9	V2 0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9	V1 V2 (select 1) 1 1 No Control (Unlimited Access) 2 2 Full Control (ONLY Ramp Entry and Exit) 3 3 Other (Narrative)	V32

Witness	
Name: First MI Last	
Address: Street & Number	
City & State ZIP	
Date of Birth Home Phone #	

V1		V2	
First Impact 00 01 02 03 04 05 06 07 08 09 10 12 99 V20	Truck/Bus Supplement V16 1 Yes 2 No	First Impact 00 01 02 03 04 05 06 07 08 09 10 12 99 V20	Truck/Bus Supplement V16 1 Yes 2 No
(may select 3) Darken Numbered Area(s) of Vehicle Damage V21 06 07 08 10 05 Under-carriage REAR 04 03 02 FRONT 01	Emergency Use V18 1 Yes 2 No	(may select 3) Darken Numbered Area(s) of Vehicle Damage V21 06 07 08 10 05 Under-carriage REAR 04 03 02 FRONT 01	Emergency Use V18 1 Yes 2 No
Extent of Damage V22 0 None 4 Severe 1 Very Minor 5 Very Severe 2 Minor 9 Unknown 3 Moderate	Rollover V19 1 Yes 2 No	Extent of Damage V22 0 None 4 Severe 1 Very Minor 5 Very Severe 2 Minor 9 Unknown 3 Moderate	Rollover V19 1 Yes 2 No
Vehicle Defects (may select 2) V26 0 None	Fire V17 1 Yes 2 No	Vehicle Defects (may select 2) V26 0 None	Fire V17 1 Yes 2 No
Vehicle Towed Due to Damage? 1 Driven Away 2 Towed Away V25	Estimated Damage V24 1 Under \$400 2 Over \$400	Vehicle Towed Due to Damage? 1 Driven Away 2 Towed Away V25	Estimated Damage V24 1 Under \$400 2 Over \$400
Vehicle Special Use V27 0 None	Vehicle Trailer V28 0 None	Vehicle Special Use V27 0 None	Vehicle Trailer V28 0 None
If Towed, Where? V25		If Towed, Where? V25	

Vehicle Going/On	
On: N W E S	V25

Trafficway Hazards		Traffic Control Devices	
V1 V2 (may select 3) 00 00 No Apparent Hazards 01 01 Inadequate Warning of Exits, Lanes Narrowing, Traffic Control, etc. 02 02 Defective Shoulders 03 03 No or Obscured Pavement Markings 04 04 Holes, Deep Ruts, Bumps 05 05 Loose Material on Surface 06 06 Slippery Surface 07 07 Surface Under Water 08 08 Surface Washed Out 09 09 Under Construction/Maintenance 10 10 Recent Previous Accident Scene Nearby 11 11 Street Lights Not Working 12 12 Traffic Control Device Not Visible 13 13 Other Hazards (Narrative) 99 99 Unknown	V37	V1 V2 (select 1) 00 00 No Controls 01 01 Traffic Light 02 02 Flashing Yellow (Caution) 03 03 Flashing Red (Stop) 04 04 Lane Use Control Signal 05 05 Stop Sign 06 06 Yield Sign 07 07 School Zone Signs 08 08 Warning Signs 09 09 Construction Zone Controls 10 10 RR Crossbucks 11 11 RR Flasher 12 12 RR Gates 13 13 Traffic Control Person 98 98 Other (Narrative)	V36

Other Property Damage?		Traffic Control Device Functioning?	
(select all that apply) 1 State Property 2 County Property 3 City Property 4 Private Property	A39	V1 V2 (select 1 if applies) 1 1 Device Not Functioning 2 2 Device Functioning Improperly 3 3 Device Functioning Properly	
Amount of Damage (Estimate) 1 Under \$400 2 Over \$400			

Owner Information for Other Property Damage	
Name	Phone:
Address	Describe Property
Name	Phone:
Address	Describe Property

Witness	
Name: First MI Last	
Address: Street & Number	
City & State ZIP	
Date of Birth Home Phone #	



Please Do Not Write In This Microfilm Space

## Motorists (Passengers) and/or Non-Motorists

## Document Type

- 2 Supplement Document  
3 Amended Document

Local Agency Number

Page \_\_\_\_ of \_\_\_\_

REFERENCE NUMBER

7228965

Reference Number Override

A6

Vehicle Number	NAME	First	M.I.	Last	Date of Birth	Age	Injury Code	SEAT Position	SAFETY Equipment	AIRBAG
P1 (1-2)	P3					P5				P10 (00-30)
3 (4-5) 6 (7)	ADDRESS	Same as	<input type="checkbox"/> Driver <input type="checkbox"/> Owner	Street & Number	City & State	ZIP	1 Male Sex 2 Female P6	0 (3) 1 (4) 2 P7	P8 P9	01 (31) 20 (32) 28 (99)
8 (9-10) 20 (30)										
Motorists (2)										
Non-Motorists P2 (7)	Other Cyclist	EJECTED P11	2 Totally Ejected	Ejection Path	TRAPPED/EXTRICATED 2 Trapped/Extricated	Medical Transport	Ambulance/Hospital	Alcohol	Drugs	
5 Pedestrian	8 Other Pedestrian	0 Not Applicable	3 Partially Ejected		0 Not Applicable 3 Trapped/Not Extricated					
6 Bicyclist	9 Other Non-Motorist	1 Not Ejected	9 Unknown	P12	1 Not Trapped P13 9 Unknown	P14 (Y) (N) P15		P16	P17	

Vehicle Number	NAME	First	M.I.	Last	Date of Birth	Age	Injury Code	SEAT Position	SAFETY Equipment	AIRBAG
P1 (1-2)	P3					P5				P10 (00-30)
3 (4-5) 6 (7)	ADDRESS	Same as	<input type="checkbox"/> Driver <input type="checkbox"/> Owner	Street & Number	City & State	ZIP	1 Male Sex 2 Female P6	0 (3) 1 (4) 2 P7	P8 P9	01 (31) 20 (32) 28 (99)
8 (9-10) 20 (30)										
Motorists (2)										
Non-Motorists P2 (7)	Other Cyclist	EJECTED P11	2 Totally Ejected	Ejection Path	TRAPPED/EXTRICATED 2 Trapped/Extricated	Medical Transport	Ambulance/Hospital	Alcohol	Drugs	
5 Pedestrian	8 Other Pedestrian	0 Not Applicable	3 Partially Ejected		0 Not Applicable 3 Trapped/Not Extricated					
6 Bicyclist	9 Other Non-Motorist	1 Not Ejected	9 Unknown	P12	1 Not Trapped P13 9 Unknown	P14 (Y) (N) P15		P16	P17	

Vehicle Number	NAME	First	M.I.	Last	Date of Birth	Age	Injury Code	SEAT Position	SAFETY Equipment	AIRBAG
P1 (1-2)	P3					P5				P10 (00-30)
3 (4-5) 6 (7)	ADDRESS	Same as	<input type="checkbox"/> Driver <input type="checkbox"/> Owner	Street & Number	City & State	ZIP	1 Male Sex 2 Female P6	0 (3) 1 (4) 2 P7	P8 P9	01 (31) 20 (32) 28 (99)
8 (9-10) 20 (30)										
Motorists (2)										
Non-Motorists P2 (7)	Other Cyclist	EJECTED P11	2 Totally Ejected	Ejection Path	TRAPPED/EXTRICATED 2 Trapped/Extricated	Medical Transport	Ambulance/Hospital	Alcohol	Drugs	
5 Pedestrian	8 Other Pedestrian	0 Not Applicable	3 Partially Ejected		0 Not Applicable 3 Trapped/Not Extricated					
6 Bicyclist	9 Other Non-Motorist	1 Not Ejected	9 Unknown	P12	1 Not Trapped P13 9 Unknown	P14 (Y) (N) P15		P16	P17	

Vehicle Number	NAME	First	M.I.	Last	Date of Birth	Age	Injury Code	SEAT Position	SAFETY Equipment	AIRBAG
P1 (1-2)	P3					P5				P10 (00-30)
3 (4-5) 6 (7)	ADDRESS	Same as	<input type="checkbox"/> Driver <input type="checkbox"/> Owner	Street & Number	City & State	ZIP	1 Male Sex 2 Female P6	0 (3) 1 (4) 2 P7	P8 P9	01 (31) 20 (32) 28 (99)
8 (9-10) 20 (30)										
Motorists (2)										
Non-Motorists P2 (7)	Other Cyclist	EJECTED P11	2 Totally Ejected	Ejection Path	TRAPPED/EXTRICATED 2 Trapped/Extricated	Medical Transport	Ambulance/Hospital	Alcohol	Drugs	
5 Pedestrian	8 Other Pedestrian	0 Not Applicable	3 Partially Ejected		0 Not Applicable 3 Trapped/Not Extricated					
6 Bicyclist	9 Other Non-Motorist	1 Not Ejected	9 Unknown	P12	1 Not Trapped P13 9 Unknown	P14 (Y) (N) P15		P16	P17	

Vehicle Number	NAME	First	M.I.	Last	Date of Birth	Age	Injury Code	SEAT Position	SAFETY Equipment	AIRBAG
P1 (1-2)	P3					P5				P10 (00-30)
3 (4-5) 6 (7)	ADDRESS	Same as	<input type="checkbox"/> Driver <input type="checkbox"/> Owner	Street & Number	City & State	ZIP	1 Male Sex 2 Female P6	0 (3) 1 (4) 2 P7	P8 P9	01 (31) 20 (32) 28 (99)
8 (9-10) 20 (30)										
Motorists (2)										
Non-Motorists P2 (7)	Other Cyclist	EJECTED P11	2 Totally Ejected	Ejection Path	TRAPPED/EXTRICATED 2 Trapped/Extricated	Medical Transport	Ambulance/Hospital	Alcohol	Drugs	
5 Pedestrian	8 Other Pedestrian	0 Not Applicable	3 Partially Ejected		0 Not Applicable 3 Trapped/Not Extricated					
6 Bicyclist	9 Other Non-Motorist	1 Not Ejected	9 Unknown	P12	1 Not Trapped P13 9 Unknown	P14 (Y) (N) P15		P16	P17	

Vehicle Number	NAME	First	M.I.	Last	Date of Birth	Age	Injury Code	SEAT Position	SAFETY Equipment	AIRBAG
P1 (1-2)	P3					P5				P10 (00-30)
3 (4-5) 6 (7)	ADDRESS	Same as	<input type="checkbox"/> Driver <input type="checkbox"/> Owner	Street & Number	City & State	ZIP	1 Male Sex 2 Female P6	0 (3) 1 (4) 2 P7	P8 P9	01 (31) 20 (32) 28 (99)
8 (9-10) 20 (30)										
Motorists (2)										
Non-Motorists P2 (7)	Other Cyclist	EJECTED P11	2 Totally Ejected	Ejection Path	TRAPPED/EXTRICATED 2 Trapped/Extricated	Medical Transport	Ambulance/Hospital	Alcohol	Drugs	
5 Pedestrian	8 Other Pedestrian	0 Not Applicable	3 Partially Ejected		0 Not Applicable 3 Trapped/Not Extricated					
6 Bicyclist	9 Other Non-Motorist	1 Not Ejected	9 Unknown	P12	1 Not Trapped P13 9 Unknown	P14 (Y) (N) P15		P16	P17	

Non-Motorist Number (A) (B) (C) (D) (E) (F)

## Non-Motorist

Non-Motorist Number (A) (B) (C) (D) (E) (F)

Location At Intersection				Location Not At Intersection										
N1	N2	N1	N2	N1	N2	N1	N2							
01	01	In Crosswalk	04	04	On Roadway, Crosswalk Availability Unknown	10	10	In Crosswalk	14	14	In Parking Lane	18	18	Other, Not on Roadway
02	02	On Roadway, Not in Crosswalk	05	05	Not on Roadway	11	11	On Roadway, Not in Crosswalk	15	15	On Road Shoulder	19	19	Unknown
03	03	On Roadway, Crosswalk Not Available	09	09	Unknown	12	12	On Roadway, Crosswalk Not Available	16	16	Bike Path			
						13	13	On Roadway, Crosswalk Availability Unknown	17	17	Outside Trafficway			

## Vehicle Striking Non-Motorist

N1 Vehicle # (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (20) (30)

N1	N2	Condition (may select 3)	N1	N2	Actions (may select 4)
00	00	Appeared Normal	10	10	No Contributing Actions
01	01	Had Been Drinking	20	20	Not Visible
02	02	Illegal Drug Use	21	21	Darting, Running or Stumbling into Road
03	03	Ill (Sick)	22	22	Crossing with Signal
04	04	Reaction to Drugs/Medication	23	23	Crossing against Signal
05	05	Failure to Take Drugs/Medication	24	24	Crossing, No Signal
06	06	Blind	25	25	Coming from Behind Parked Car
07	07	Restricted to Wheelchair	26	26	Standing in Safety Zone
08	08	Other Physical Impairment (Narrative)	27	27	Getting on or off Other Vehicle
09	09	Emotional (Depressed, Angry, Disturbed)	28	28	Pushing or Working on Vehicle
99	99	Unknown Condition	29	29	Other Working in Roadway

## Vehicle Striking Non-Motorist

N2 Vehicle # (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (20) (30)

N1	N2	Condition (may select 3)
30	30	Construction/Maintenance/Utility Worker
31	31	Playing in Roadway
32	32	Lying in Roadway
33	33	Walking in Roadway
34	34	Walking beside Roadway
41	41	Failure to Keep in Proper Lane or Running off Road
42	42	Failure to Yield Right of Way
43	43	Failure to Obey Traffic Controls
44	44	Failure to Observe Warnings or Instructions
45	45	Failure to Signal Intentions
46	46	Failure to Use Lights
47	47	Improper Loading of Vehicle Cargo or Passengers
48	48	Operator Inexperience
49	49	Operating without Required Equipment
50	50	Riding in Roadway Against Traffic
61	61	Vision Obstructed, By What? (Narrative)
99	99	Unknown Action

PLEASE DO NOT WRITE IN THIS AREA



Truck & Bus Crash Information

(This Section Must Be Completed for Each Truck or Bus Involved in this Crash.)

When To Use This Section:

Did the crash involve: . . .

Part A

A truck with at least two axles and six tires?

A truck with a hazardous materials placard?

A bus designed to carry 16 or more persons, including the driver?

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?

Any injured person requiring transport for immediate medical treatment?

One or more vehicles that had to be towed from the scene as a result of the crash?

One or more vehicles that required repair or were provided assistance before proceeding from scene under own power?

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 . . .

Vehicle # 1 2 3 4 5 6 7 8 9 10 20 30

Carrier Information

Carrier Identification Numbers

Source:

• Interstate Carrier?

US DOT

TN DOS

ICC MC

Carrier Name

Carrier Address

Vehicle Side

Shipping Papers

Trip Manifest

Driver

Log Book

Hazardous Material Information

• Hazardous Material Placard Displayed?

• Hazardous Cargo was Released?

Class Numbers

UN Numbers

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

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

Vehicle Information

Combined Gross Vehicle Weight Rating

LBS

Total # of Axles

Vehicle Configuration

Cargo Body Type

SEQUENCE OF EVENTS FOR THIS VEHICLE

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

Vehicle # 1 2 3 4 5 6 7 8 9 10 20 30

Carrier Information

Carrier Identification Numbers

Source:

• Interstate Carrier?

US DOT

TN DOS

ICC MC

Carrier Name

Carrier Address

Vehicle Side

Shipping Papers

Trip Manifest

Driver

Log Book

Hazardous Material Information

• Hazardous Material Placard Displayed?

• Hazardous Cargo was Released?

Class Numbers

UN Numbers

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

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

Vehicle Information

Combined Gross Vehicle Weight Rating

LBS

Total # of Axles

Vehicle Configuration

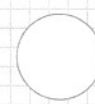
Cargo Body Type

SEQUENCE OF EVENTS FOR THIS VEHICLE

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

DO NOT WRITE OUTSIDE THIS AREA

**DIAGRAM**  
Indicate North By Arrow



SAMPLE

**Narrative**

Lined area for narrative text.

Investigator's Signature:

Date

Grid for date entry.

Report Reviewed By:

Date

Grid for date entry.