



Georgia Uniform Vehicle Accident Report

Instruction Guide

Version 2.0

Documentation Change Log

For DOT use only [Document Name: S:\Accident Reporting\Accident Reporting Manual\Accident Reporting Manual 2003 Edition MASTER COPY.doc]

| Version # | Change History | Author/ Change made by | Date Changed |
|-----------|--|------------------------------|-----------------|
| 1.0 | Original Developed | BR | 1994 |
| 2.0 | Update content, reorganize, reformat, and distribute under different media Added information that is in effect as of July 1, 2003 | rbm | 12/03 |
| | | | |

-
- ▶ *Note:* You can download a copy of this manual at: www.dot.state.ga.us/dot/operations/traffic-safety-design/subunit/aru.shtml
 - ▶ See Forms and Manuals. A unique UserId and Password is required and can be obtained from DOT upon approval.
-

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Changes to Accident Report – Effective July 1, 2003

This guide contains pointers where changes apply.

Hit and Run Item

■ = Effective July 1, 2003

| | | | | | | | | | | | | | |
|---|--|---|--|---|--|---|--|--|--|-------------------|--|--|--|
| Accident Number | | Agency NCIC No. | | GEORGIA UNIFORM MOTOR VEHICLE ACCIDENT REPORT | | | | County | | Date Rec. By DMVS | | | |
| Date | | Day Of Week Sun M T W Th F S | | Time | | Off. Arrived | | Total Number Of: Vehicles Injuries Fatalities | | Inside City Of: | | | |
| Road of Occurrence 1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St. | | | | At Its Intersection With 1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St. | | | | Corrected Report Yes <input type="checkbox"/> | | | | | |
| Not At Its Intersection But | | <input type="checkbox"/> Miles 1 <input type="checkbox"/> North 3 <input type="checkbox"/> East <input type="checkbox"/> Feet 2 <input type="checkbox"/> South 4 <input type="checkbox"/> West | | Of: | | 1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St. 5 <input type="checkbox"/> Co. Line | | Suppl. To Original Yes <input type="checkbox"/> | | | | | |
| And Continuing in the Direction Checked Above The Next Reference Point Is | | | | 1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St. 5 <input type="checkbox"/> Co. Line | | | | Hit and Run Yes <input type="checkbox"/> | | | | | |

Hit and Run (new item)

Hit and Run is a new item that will appear on the updated July 1, 2003 form. You only need to check this box if the accident was a Hit and Run otherwise, leave this blank.

Front Overlay Code Additions

The following are codes that will be added to Overlay that folds to the front of the Accident Report form:

Pedestrian Maneuver

■ = Effective July 1, 2003

- | | |
|----------------------------------|---------------------------------|
| 1. Crossing, Not At Crosswalk | 6. Other Working In Road |
| 2. Crossing At Crosswalk | 7. Playing In Roadway |
| 3. Walking With Traffic | 8. Standing in Roadway |
| 4. Walking Against Traffic | 9. Off Roadway |
| 5. Pushing Or Working On Vehicle | 10. Other |
| | 11. Darting Into Traffic |

Contributing Factors

■ = Effective July 1, 2003

| | |
|-------------------------------|------------------------------------|
| 1. No Contributing Factors | 15. Mechanical Or Vehicle Failure |
| 2. D.U.I. | 16. Surface Defects |
| 3. Following Too Close | 17. Misjudged Clearance |
| 4. Failed to Yield | 18. Improper Backing |
| 5. Exceeding Speed Limit | 19. No Signal/Improper Signal |
| 6. Disregard Stop Sign/Signal | 20. Driver Condition |
| 7. Wrong Side of Road | 21. Driverless Vehicle |
| 8. Weather Conditions | 22. Too Fast For Conditions |
| 9. Improper Passing | 23. Improper Passing Of School Bus |
| 10. Driver Lost Control | 24. Disregard Police Officer |
| 11. Changes Lanes Improperly | 25. Distracted |
| 12. Object Or Animal | 26. Other |
| 13. Improper Turn | 27. Cell Phone |
| 14. Parked Improperly | 28. Inattentive |

Vehicle Types

■ = Effective July 1, 2003

| | |
|-------------------------------|------------------------------------|
| 1. Passenger Car | 13. Bus |
| 2. Pickup Truck | 14. Truck Towing House Trailer |
| 3. Tractor/Trailer (Bobtail) | 15. Ambulance |
| 4. Tractor/Trailer | 16. Motorized Recreational Vehicle |
| 5. Tractor w/Twin Trailers | 17. Motorcycle |
| 6. Logging Truck | 18. Scooter, Mini bike |
| 7. Logging Tractor/Trailer | 19. Pedacycle, Bicycle |
| 8. Single Unit Truck | 20. Farm or Const. equipment |
| 9. Panel Truck | 21. All Terrain Vehicle |
| 10. Van | 22. Other |
| 11. Utility Passenger Vehicle | 23. Go-cart |
| 12. Vehicle with Trailer | |

Traffic Control

■ = Effective July 1, 2003

| | |
|-----------------------|---------------------------|
| 0. Gates | 5. Stop or Yield |
| 1. No Control Present | 6. No passing Zone |
| 2. Traffic Signal | 7. Lanes |
| 3. RR Signal/Sign | 8. Other |
| 4. Warning Sign | 9. Flashing Lights |

Back Overlay Code Additions

The following are codes that will be added to Overlay that folds to the back of the Accident Report form:

Traffic-Way Flow

■ = Effective July 1, 2003

- | |
|--|
| 1. Two-way Traffic-way With No Physical Separation |
| 2. Two-way Traffic-way With a Physical Separation |
| 3. Two-way Traffic-way With a Physical Barrier |
| 4. One-way Traffic-way |
| 5. Continuous Turning Lane |

Surface Conditions

■ = Effective July 1, 2003

- | | |
|----------|-----------------|
| 1. Dry | 6. Mud |
| 2. Wet | 7. Sand |
| 3. Snowy | 8. Slush |
| 4. Icy | 9. Oil |
| 5. Other | |

Air Bag Function

■ = Effective July 1, 2003

- | | |
|------------------------------------|---|
| 0. No Air Bag in This Seat | 5. Deployed Multiple Directions |
| 1. Deployed Air Bag | 6. Non-deployed Front |
| 2. Non-Deployed Air Bag | 7. Non-deployed Side |
| 3. Deployed Side | 8. Non-deployed Other Direction |
| 4. Deployed Other Direction | 9. Non-deployed Multiple Direction |

Construction / Maintenance Zone Codes

■ = Effective July 1, 2003

| | |
|--|--|
| <ul style="list-style-type: none"> 0 None 1 Construction 2 Maintenance 3 Utility 4 Work Zone, Type Unknown | <p>Notes:</p> <p>To use codes 1-3, the duration of the work must be considered. If the work is short-term (i.e., takes less than one period of daylight and is not performed during hours of darkness), use codes 2 or 3 as applicable. If the maintenance or utility work is long-term, code 1 must be used.</p> <p>Code 0 – None. Use only when it is reasonably certain that codes 1-4 do not apply.</p> <p>Code 1 – Construction. This code indicates that an accident occurred in the vicinity of highway construction activity or within an area marked by signs, barricades, or other devices as a highway construction site. Highway construction includes construction of appurtenances such as guardrails or ditches, surveying activity, installation of utilities within the right-of-way, etc. The use of this code does not imply that the accident was caused by the construction activity or zone.</p> <p>Code 2 – Maintenance. This code indicates that the accident occurred in the vicinity of highway maintenance activity or within an area marked by signs, barricades, or other devices as a highway maintenance zone. Highway maintenance includes pavement marking, painting guardrail, cleaning ditches, mowing grass, etc.</p> <p>Code 3 – Utility. This code indicates that the accident occurred in the vicinity of utility work such as electrical work within the right-of-way. The utility company must perform the work.</p> <p>Code 4 – Work Zone, Type Unknown. Use this code when there is insufficient information to distinguish between construction, maintenance, and utility.</p> |
|--|--|

Points of Initial Contact

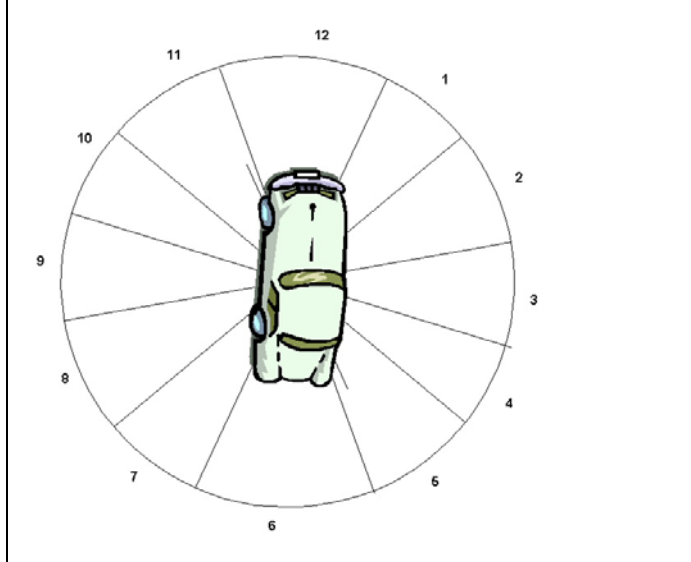
■ = Effective July 1, 2003

00 Overturned

13 Top

14 Undercarriage

15 Non-contact Vehicle



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Georgia Uniform Motor Vehicle Accident Report

In This Document

This document contains instructions for completing the Georgia Accident Report. You will also find definitions of terms and other information needed to complete and submit the report correctly.

Introduction

One of the primary objectives in investigating traffic accidents is to obtain information that can be used to develop accident prevention and reduction programs. The Georgia Uniform Motor Vehicle Accident Report Form is the primary source document for the Georgia Accident Reporting System.

After reading numerous reports and studies from states throughout the country, it becomes apparent that Georgia experiences the common problems that are faced in gathering accident data.

When investigating a traffic accident, the report provides detailed facts that are used for legal purposes as well as identifying traffic safety hazards, developing appropriate countermeasures and implementing such measures to eliminate those hazards.

Those who investigate traffic accidents need to know that they are the most important source of information for agencies concerned with traffic safety.

Every attempt must be made to keep up-to-date and accurate information that may save the lives of Georgia citizens. DOT is always available to answer questions or assist officers with updates and additional information.

The Accident Reporting Section of DOT provides statewide, county, and selected city statistics on request.

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Accident Reporting Form

About the Accident Report Form

The Accident Report consists of one sheet of 8 1/2" by 14" paper with a 3 1/2" perforation at the top of the page. Sections of this form are described in the document as follows:

- Front of the Accident Report form
- Back of the Accident Report form
- Overlay – Perforation
- Continuation Sheet

Front of the Accident Report Form

- ❑ The front of the report contains items for all vehicles covering about ¾ of the page. The front has the title, “GEORGIA UNIFORM MOTOR VEHICLE ACCIDENT REPORT” at the top.
- ❑ On the bottom of the front page are items for the **COMMERCIAL VEHICLE ONLY** items.

| | | | | | | | | | | | | |
|---|--|---|--|--|---------------|--|-----------------------|--|---|--|---------------------------|--|
| Accident Number 1 | | Agency NCIC No. 2 | | GEORGIA UNIFORM MOTOR VEHICLE ACCIDENT REPORT | | | | County 3 | | Date Rec. by DOT 4 | | |
| Date 5 | | Day of Week 6 <input type="checkbox"/> Sun <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S | | | Time 7 | | Off. Arrived 8 | | Total Number of: 9 Vehicles Injuries Fatalities | | Inside City Of: 10 | |
| Road of Occurrence 11 1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St. Not At Its Intersection But 13 <input type="checkbox"/> Miles 1 <input type="checkbox"/> North 3 <input type="checkbox"/> East <input type="checkbox"/> South 4 <input type="checkbox"/> West | | | | | | | | At Its Intersection With 12 1 <input type="checkbox"/> 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St. | | Corrected Report? Yes <input type="checkbox"/> 16 | | |
| And continuing in the direction checked above, the Next Reference Point is 15 1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St. 5 <input type="checkbox"/> Co. Line | | | | | | | | Suppl. To Original? Yes <input type="checkbox"/> | | Hit and Run ? Yes <input type="checkbox"/> 17 | | |
| Driver # 18 19 LAST NAME FIRST MIDDLE Address 20 Ped # <input type="checkbox"/> | | | | Driver # LAST NAME FIRST MIDDLE Address Ped # <input type="checkbox"/> | | | | | | | | |
| City State Zip DOB 21 | | | | City State Zip DOB | | | | | | | | |
| 22 Driver's License No. 23 Class 24 State 25 <input type="checkbox"/> Male <input type="checkbox"/> Female | | | | Driver's License No. Class State <input type="checkbox"/> Male <input type="checkbox"/> Female | | | | | | | | |
| Posted Speed 26 | | Insurance Co. 27 | | Policy No. 28 | | Posted Speed | | Insurance Co. | | Policy No. | | |
| Year 29 | | Make 30 | | Model 31 | | Telephone No. 32 | | Year | | Make Model Telephone No. | | |
| VIN 33 | | | | Vehicle Color 34 | | | | VIN Vehicle Color | | | | |
| Tag # 35 | | | | Tag # | | | | State County Year | | | | |
| Trailer Tag # 36 | | | | Trailer Tag # | | | | State County Year | | | | |
| 37 <input type="checkbox"/> Same as Driver Owner's Last Name First Middle | | | | <input type="checkbox"/> Same as Driver Owner's Last Name First Middle | | | | | | | | |
| Address | | | | Address | | | | | | | | |
| City State Zip | | | | City State Zip | | | | | | | | |
| 38 Removed By 39 <input type="checkbox"/> Request 40 <input type="checkbox"/> List | | | | Removed By <input type="checkbox"/> Request <input type="checkbox"/> List | | | | | | | | |
| Alcohol Test 41 | | Type | | Results 42 | | Drug Test 43 | | Type | | Results 44 | | |
| Driver Cond 45 | | Direction Of Travel 46 | | Vision 47 Obscured | | Contributing Factors 51 | | Driver Cond | | Direction Of Travel Vision Obscured Contributing Factors | | |
| 48 Veh Cond | | 49 Veh Maneuver | | Ped. Maneuver 50 | | Veh Cond | | Veh Maneuver | | Ped. Maneuver | | |
| Most Harmful Event 52 | | Veh Class: 53 | | Veh Type: 54 | | Most Harmful Event | | Veh Class: | | Veh Type: | | |
| Traffic Ctrl 55 | | 56 Device Inoperative? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Traffic Ctrl | | Device Inoperative? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| Injured Taken To: 57 | | | | By: | | | | | | | | |
| 58 EMS Notified Time | | EMS Arrival Time | | Hospital Arrival Time | | 59 Photos Taken: <input type="checkbox"/> Yes <input type="checkbox"/> No | | By: | | | | |
| 60 Report By: Department Report Date | | | | 61 Checked By: Date Checked | | | | | | | | |
| 62 Witness(es): Name Address | | | | City State Zip Code Telephone No. | | | | | | | | |
| 63 DOT MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE) | | | | | | | | | | | | |
| COMMERCIAL VEHICLES ONLY | | | | | | | | | | | | |
| Carrier Name 64 | | | | | | Carrier Name | | | | | | |
| Vehicle # 65 | | | | | | Vehicle # | | | | | | |
| 66 Address State Zip | | | | | | Address State Zip | | | | | | |
| No. of Axles 67 | | G.V.W.R. 68 | | 69 Fed. Reportable 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | | Cargo Body Type 70 | | No. of Axles | | G.V.W.R. | | |
| Vehicle Config. 71 | | I.C.C.M.C. # 72 | | U.S. D.O.T. # 73 | | Interstate <input type="checkbox"/> 74 Intrastate <input type="checkbox"/> | | Vehicle Config. | | I.C.C.M.C. # | | |
| 75 C.D.L.? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | | 76 C.D.L. Suspended? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | | 77 Vehicle Placarded? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | | 78 Hazardous Materials? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | | 79 Released? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | | C.D.L. Suspended? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | | |
| If YES, Name or 4 Digit Number from Diamond or Box: 80 1 Digit Number from Bottom of Diamond: 81 | | | | | | Vehicle Placarded? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Released? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No If YES, Name or 4 Digit Number from Diamond or Box: _____ 1 Digit Number from Bottom of Diamond: _____ __ Ran Off Road __ Down Hill Runaway __ Cargo Loss or Shift __ Separation of Units | | | | | | |

Back of the Accident Report Form

The back of the report contains items for all vehicles. This is where the reporting officer records remarks, draws required diagrams, and records what may have contributed to the accident.

83 PAGE ____ OF ____

REMARKS 82

INDICATE ON THIS DIAGRAM WHAT HAPPENED 84

INDICATE NORTH 

CITATIONS – VEHICLE # 85

CITATIONS – VEHICLE # _____

| | | | | | | | | | | |
|---------------------------|------------------------|---------------|---------------------|-------------------|---------------------------|----------------------------------|------------------|-----------------|-----------------------|--------------------------------------|
| First Harmful Event 86 | Traffic-Way Flow 87 | Weather 88 | Surface Cond. 89 | Light Cond. 90 | Manner Of Collision 91 | Location At Area Of Impact 92 | Road Comp. 93 | Road Def. 94 | Road Character 95A | Construction/Maintenance Zone 95B |
|---------------------------|------------------------|---------------|---------------------|-------------------|---------------------------|----------------------------------|------------------|-----------------|-----------------------|--------------------------------------|

| | | | | |
|-----------------------------|--|--|--|-------------------------------|
| 96 VEH # _____ VEH# _____ | | | 100 SKID DISTANCE BEFORE IMPACT _____ AFTER _____ VEH. VEH. _____ VEH. VEH. | Width of Road _____ 101 |
| 97 Number of Occupants | | | | |
| 98 Point of Initial Contact | | | | |
| 99 Damage To Vehicles | | | | |

| | | | | | | | | | | | | | | | |
|---------------------------------------|----------|-----------------|------|-------------|-------------|------------------|-------------|--------|-----------------|-------|--------------|--------|---------|-------|------|
| Damage Other Than Vehicle: 102 | | Owner: | | A G E | S E X | V E H # | P O S | INJURY | TAKEN FOR TREAT | EJECT | SAFETY EQUIP | EXTRIC | AIR BAG | | |
| | Driver # | Or Pedestrian # | | | | | | | | | | | | | |
| Occupants 103 | Driver # | Or Pedestrian # | | | | | | | | | | | | | |
| LAST NAME | FIRST | ADDRESS | CITY | STATE | ZIP | X | X | X | X | XXXXX | XXXXX | XXXX | XXXXX | XXXXX | XXXX |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

MAIL TO: Georgia Department of Transportation, ACCIDENT REPORTING UNIT, P.O. BOX 80447, CONYERS, GA 30013-8447

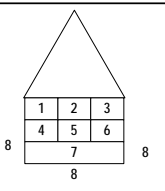
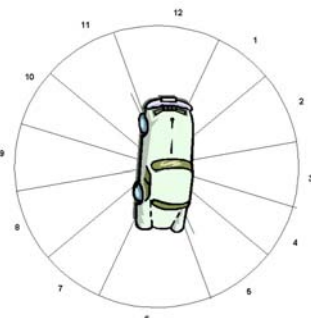
Perforation - Overlay

- ❑ The 3 1/2" perforation (overlay) at the top of the report contains codes and illustrations to assist the reporting officer when completing the report.
- ❑ When you fold the overlay over the front of the report, the codes are readily available.
- ❑ After completing the front, fold the overlay over the back page at the perforation. All codes for the back page will come from that side of the overlay with the exception of First Harmful Event.

Codes and conditions used for completing the 'front' of the Accident Report.

| | | | |
|--|--|--|---|
| ALCOHOL AND/OR DRUG TEST GIVEN 1 - Yes 2 - No 3 - Refused | PEDESTRIAN MANEUVER 1 - Crossing, Not At Crosswalk 2 - Crossing at Crosswalk 3 - Walking with Traffic 4 - Walking Against Traffic 5 - Pushing Or Working on Vehicle 6 - Other Working in Road 7 - Playing Roadway 8 - Standing in Roadway 9 - Off Roadway 10 - Other 11 - Darting Into Traffic | CONTRIBUTING FACTORS 1 - No Contributing Factors 2 - D.U.I. 3 - Following Too Close 4 - Failed to Yield 5 - Exceeding Speed Limit 6 - Disregard Stop Sign/Signal 7 - Wrong Side Of Road 8 - Weather Conditions 9 - Improper Passing 10 - Driver Lost Control 11 - Changed Lanes Improperly 12 - Object Or Animal 13 - Improper Turn 14 - Parked Improperly 15 - Mechanical Or Vehicle Failure 16 - Surface Defects 17 - Misjudged Clearance 18 - Improper Backing 19 - No Signal/Improper Signal 20 - Driver Condition 21 - Driver's Vehicle 22 - Too Fast For Conditions 23 - Improper Passing Of School Bus 24 - Disregard Police Officer 25 - Distracted 26 - Other 27 - Cell Phone 28 - Inattentive | VEHICLE TYPE 1 - Passenger Car 2 - Pickup Truck 3 - Truck Tractor (Bobtail) 4 - Tractor/Trailer 5 - Tractor W/Twin Trailers 6 - Logging Truck 7 - Logging Tractor/Trailer 8 - Single Unit Truck 9 - Panel Truck 10 - Van 11 - Utility Passenger Vehicle. 12 - Vehicle With Trailer 13 - Bus 14 - Truck Towing House Trailer 15 - Ambulance 16 - Motorized Recreational Vehicle 17 - Motorcycle, Scooter, Minibike 18 - Moped 19 - Pedalcycle, Bicycle 20 - Farm or Construction Equip. 21 - All Terrain Vehicle 22 - Other 23 - Go cart |
| TYPE TEST 1 - Blood 2 - Breath 3 - Urine 4 - Other | FIRST HARMFUL EVENT/MOST HARMFUL EVENT NON-COLLISION 1 - Overturn 2 - Fire/Explosion 3 - Immersion 4 - Jackknife 5 - Other Non-Collision | VEHICLE CLASS 1 - Privately Owned 2 - Police 3 - Fire 4 - School 5 - Other Govt. Owned 6 - Military 7 - Commercial Vehicle (For Acc. Reporting Purposes Only) 8 - Other | TRAFFIC CONTROL 0 - Gates 1 - No Control Present 2 - Traffic Signal 3 - RR Signal/Sign 4 - Warning Sign 5 - Stop Or Yield Sign 6 - No Passing Zone 7 - Lanes 8 - Other 9 - Flashing Lights |
| DRIVER CONDITION 1 - Not Drinking 2 - Not Known if U.I. 3 - Drinking Not Impaired 4 - U.I. Alcohol 5 - U.I. Drugs 6 - U.I. Alcohol & Drugs 7 - Physical Impairment 8 - Apparently Fell Asleep | COLLISION WITH OBJECT NOT FIXED 6 - Pedestrian 7 - Pedalcycle 8 - Railway Train 9 - Animal 10 - Parked Motor Vehicle 11 - Motor Vehicle In Motion 12 - Motor Vehicle In Motion - In Other Roadway 13 - Other Object (Not Fixed) 14 - Deer | COLLISION WITH FIXED OBJECT 15 - Impact Attenuate 16 - Bridge Pier/Abutment 17 - Bridge Parapet End 18 - Bridge Rail 19 - Guardrail Face 20 - Guardrail End 21 - Median Barrier 22 - Highway Traffic Sign Post 23 - Overhead Sign Support 24 - Luminaire light Support 25 - Utility Pole 26 - Other Post 27 - Culvert 28 - Curb 29 - Ditch 30 - Embankment 31 - Fence 32 - Mailbox 33 - Tree 34 - Other - Fixed Object | CARGO BODY TYPE 1 - Van (Encl. Box) 2 - Auto Carrier 3 - Bus 4 - Dump 5 - Garbage/Refuse 6 - Flatbed 7 - Cargo Tanker 8 - Concrete Mixer 9 - Other |
| DIRECTION OF TRAVEL 1 - North 2 - South 3 - East 4 - West | VISION OBSCURED BY 1 - Not Obscured 2 - Headlights 3 - Sunlight 4 - Parked Vehicle 5 - Trees, Bushes 6 - Rain, Snow, Ice on Windshield 7 - Other | VEHICLE MANEUVER 1 - Turning Left 2 - Turning Right 3 - Making U-turn 4 - Stopped 5 - Straight 6 - Changing Lanes 7 - Backing 8 - Parked 9 - Passing 10 - Negotiating A Curve 11 - Entering/Leaving Parking 12 - Entering/Leaving Driveway | VEHICLE CONFIGURATION 1 - Bus (Seating for More Than 15 Passengers) 2 - Single Unit Truck: 2 Axles 3 - Single Unit Truck: 3 or More Axles 4 - Truck Trailer 5 - Truck Tractor (Bobtail) 6 - Tractor Trailer 7 - Tractor With Twin Trailers 8 - Unknown Heavy Truck (Cannot Classify) |

Codes and conditions used for completing the 'back' of the Accident

| | | | | |
|---|--|---|--|---|
| TRAFFIC-WAY FLOW 1 - Two-way Trafficway With No Physical Separation 2 - Two-way Trafficway With a Physical Separation 3 - Two-way Trafficway With a Physical Barrier 4 - One-way Trafficway 5 - Continuous Turning Lane | LOCATION AT AREA OF IMPACT 1 - On Roadway 2 - On Shoulder 3 - Off Roadway 4 - Median 5 - Ramp 6 - Gore | AGE 00 - Up To One Year 01 - 97 Actual Age 98 - Ninety-eight Or Older 99 - Unknown | SEX M - Male F - Female TAKEN FOR TREATMENT 1 - Yes 2 - No |  <p>SEATING POSITION</p> |
| WEATHER 1 - Clear 2 - Cloudy 3 - Rain 4 - Snow 5 - Sleet 6 - Fog 7 - Other | ROAD COMPOSITION 1 - Concrete 2 - Black Top 3 - Tar And Gravel 4 - Dirt 5 - Gravel 6 - Other | INJURY CODE 0 - Not injured 1 - Killed 2 - Serious 3 - Visible 4 - Complaint | CONSTRUCTION / Maintenance Zone Codes 0 - None 1 - Construction 2 - Maintenance 3 - Utility 4 - Unknown Type | POINTS OF INITIAL CONTACT 00 - Overturned 13 - Top 14 - Undercarriage 15 - Non-Contact Vehicle |
| SURFACE CONDITION 1 - Dry 2 - Wet 3 - Snowy 4 - Icy 5 - Other 6 - Mud 7 - Sand 8 - Slush 9 - Oil | CONTRIBUTING ROAD DEFECTS 1 - No Defects 2 - Defective Shoulders 3 - Holes, Deep Ruts, Bumps 4 - Loose Material On Surface 5 - Water Standing 6 - Road Under Construction 7 - Running Water 8 - Other | EJECTION 1 - Not Ejected 2 - Trapped 3 - Totally Ejected 4 - Partially Ejected | SAFETY EQUIPMENT 0 - None Used 1 - Shoulder Belt 2 - Lap Belt 3 - Lap and Shoulder Belt 4 - Child Safety Seat (Property Used) 5 - Child Safety Seat (Improperly Used) 6 - Motorcycle Helmet 7 - Bicycle Helmet 8 - Unknown |  |
| LIGHT CONDITION 1 - Daylight 2 - Dusk 3 - Dawn 4 - Dark - Lighted 5 - Dark - Not Lighted | ROAD CHARACTER 1 - Straight And Level 2 - Straight On Grade 3 - Straight On Hillcrest 4 - Curve And Level 5 - Curve On Grade 6 - Curve On Hillcrest | EXTRICATION (Equipment Used) 1 - Yes 2 - No | AIR BAG FUNCTION 0 - No Air Bag In This Seat 1 - Deployed Air Bag 2 - Non-Deployed Air Bag 3 - Deployed Side 4 - Deployed other Directions 5 - Deployed Multiple Directions 6 - Non-Deployed Front 7 - Non-Deployed Side 8 - Non-Deployed Other Direction 9 - Non-Deployed Multiple Direction | |
| MANNER OF COLLISION 1 - Angle 2 - Head On 3 - Rear End 4 - Sideswipe - Same Direction 5 - Sideswipe - Opposite Direction 6 - Not A Collision With a Motor Vehicle | DAMAGE TO VEHICLE 1 - None 2 - Slight 3 - Moderate 4 - Extensive 5 - Fire Present | | | |

Submitting the Accident Report

The following are guidelines for submitting a completed Accident Reporting form to the Department of Transportation.

1. The overlay may or may not be torn off before submitting the completed report to the Department of Transportation.
2. Submit the original accident report within four (4) days after completion to the Department of Transportation, unless specifically needed for court appearance.
3. The report may be typed, computer generated or completed in ink. Print if you use an ink pen.
4. Anytime a code is used for other, it must be explained in the Remarks section on the back of the report
5. Keep in mind that the department is microfilming or scanning all paper reports.
 - Accuracy, completeness, and LEGIBILITY are of the utmost importance.
 - You and your department will have a record that can be used in civil or criminal proceedings weeks, months, or even years later.
 - Images of paper reports are retained by DOT for 10 years.

▶ *Note: Although not required, each agency may desire to maintain a copy of the report for their files as well as for customer copy requests.*

Statistical Summaries (Reports)

The Accident Reporting Section offers, upon request, a statewide monthly and yearly statistical summary by county and selected cities. If monthly reports are not received in a timely manner, the monthly reports are included only in the year-end totals.

Contact Information

- The Department no longer supplies paper forms or instruction guides. Current electronic versions are available free for download on our web site under Forms & Manuals. A unique Userid and Password are required to access the secured section containing the accident report forms and manual. Contact DOT at the phone number shown on this page to inquire about obtaining access for these items.

www.dot.state.ga.us

- For questions regarding completing the Accident Reporting Form, please contact the Department of Transportation, Accident Reporting section by written request, telephone, or fax. The address, telephone number, or fax number are listed below:

Georgia Department of Transportation
Accident Reporting Unit
2206 Eastview Parkway
Conyers, Georgia 30013
Office Phone: 678-413-8647
Office Fax: 678-413-8584

- Direct requests for maps and questions concerning accident locations to:

MAPS:

Georgia DOT
Office of Transportation Data
Map Sales Unit
No. 2 Capitol Square
Atlanta, Georgia 30334
Office Phone: 404-656-5336
Office Fax: 404-463-2765

ACCIDENT LOCATION:

Georgia DOT
Office of Traffic Safety & Design
935 E. Confederate Avenue
Building #24 - TMC
Atlanta, Georgia 30316
Office Phone: 404-635-8131
Office Fax: 404-635-8116

http://www.dot.state.ga.us/DOT/plan-prog/transportation_data/mapsales/

<http://www.dot.state.ga.us/dot/operations/traffic-safety-design/subunit/aru.shtml>

- Assistance in completing the Commercial Vehicle Information section can be obtained by calling the Georgia Department of Public Safety. Or, you may contact any Motor Carrier Compliance Officer throughout the State.

Georgia Department of Public Safety, Motor Carrier Compliance Division
P.O. Box 1456
Atlanta, Georgia 30371-2303
Office Phone: 404-624-7226
Office Email: obbugg@gsp.net

Front of Accident Report Form

The following items are numbered to correspond to the respective item number on front of the report.

| | | | | | | | | | | | |
|---|---|--------------------------|--|--|---|---|-----------------|---|---------------------------|--|--|
| Accident Number 1 | | Agency NCIC No. 2 | | GEORGIA UNIFORM MOTOR VEHICLE ACCIDENT REPORT | | | County 3 | | Date Rec. by DOT 4 | | |
| Date 5 | Day of Week 6 <input type="checkbox"/> Sun <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S | | | Time 7 | Off. Arrived 8 | Total Number of: 9 Vehicles Injuries Fatalities | | Inside City Of: 10 | | | |
| Road of Occurrence 11 1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St. | | | | | At Its Intersection With 12 1 <input type="checkbox"/> 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St. | | | Corrected Report? Yes <input type="checkbox"/> 16 | | | |
| Not At Its Of: 14 <input type="checkbox"/> Miles 1 <input type="checkbox"/> North 3 <input type="checkbox"/> East | | | | | | | | Suppl. To Original? Yes <input type="checkbox"/> | | | |
| Intersection But 13 <input type="checkbox"/> Feet 2 <input type="checkbox"/> South 4 <input type="checkbox"/> West | | | | | 1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> city St. 5 <input type="checkbox"/> Co. Line | | | Hit and Run ? 17 Yes <input type="checkbox"/> | | | |
| And Continuing in the Direction Checked Above | | | | | | | | | | | |
| The Next Reference Point is 15 | | | | | 1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St. 5 <input type="checkbox"/> Co. Line | | | | | | |

| Item # | Item | Description |
|--------|------------------------|---|
| 1 | Accident Number | A locally assigned number to be recorded on every page of the accident report and as well as any supplements. |
| 2 | Agency NCIC No | Record the ORI (OR iginating) agency I dentifier. |
| 3 | County | Record the name of the county in which the accident occurred on all accident reports. <ul style="list-style-type: none"> In the event a motor vehicle accident occurs on a boundary line, between two states, counties, or cities, the accident should be allocated to the jurisdiction from which the vehicle was traveling. If two vehicles were involved and one was coming from one jurisdiction, the other from another jurisdiction, the accident should be allocated to the jurisdiction from which the driver most at fault was coming. |

| Item # | Item | Description | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------|------------------|---|------------------|--------|------------------|--------------|---------------|----------------|--------------|--------------|----------------|--------------|--------------|---------------|--------------|--------------|----------------|--------------|--------------|----------------|--------------|--------------|--|--------------|--------------|--|--------------|--------------|--|--------------|--------------|--|---------------|---------------|--|---------------|---------------|--|---------------|---------------|--|--|-----|-----|---------|------|--------|------------------|-------|---------------|---------|---------|--|--|--|--|---|--|--|--|--|--|
| 4 | Date Rec. By DOT | Leave this space blank. DOT Accident Reporting Personnel will record the receive date. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Date | The date that the accident occurred. Record the date in number format only (month, day, and year). <i>Example: 04-06-88</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Day of Week | Check the box for the day of the week on which the accident occurred. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | Time | Record the time of day the accident occurred using the 24- hour clock (military time format only). <table border="1" data-bbox="771 625 1446 1058"> <thead> <tr> <th>AM</th> <th>PM</th> <th>Examples</th> </tr> </thead> <tbody> <tr><td>1 AM – 01:00</td><td>1 PM – 13:00</td><td>1:01 AM – 0101</td></tr> <tr><td>2 AM – 02:00</td><td>2 PM – 14:00</td><td>1:30 AM – 0130</td></tr> <tr><td>3 AM – 03:00</td><td>3 PM – 15:00</td><td>5:02 PM –1702</td></tr> <tr><td>4 AM – 04:00</td><td>4 PM – 16:00</td><td>6:45 PM – 1845</td></tr> <tr><td>5 AM – 05:00</td><td>5 PM – 17:00</td><td>10:15 PM –2215</td></tr> <tr><td>6 AM – 06:00</td><td>6 PM – 18:00</td><td></td></tr> <tr><td>7 AM – 07:00</td><td>7 PM – 19:00</td><td></td></tr> <tr><td>8 AM – 08:00</td><td>8 PM – 20:00</td><td></td></tr> <tr><td>9 AM – 09:00</td><td>9 PM – 21:00</td><td></td></tr> <tr><td>10 AM – 10:00</td><td>10 PM – 22:00</td><td></td></tr> <tr><td>11 AM – 11:00</td><td>11 PM – 23:00</td><td></td></tr> <tr><td>12 AM – 12:00</td><td>12 PM – 24:00</td><td></td></tr> </tbody> </table> <p>► Note: Ten (10) minutes after midnight is 0010.</p> | AM | PM | Examples | 1 AM – 01:00 | 1 PM – 13:00 | 1:01 AM – 0101 | 2 AM – 02:00 | 2 PM – 14:00 | 1:30 AM – 0130 | 3 AM – 03:00 | 3 PM – 15:00 | 5:02 PM –1702 | 4 AM – 04:00 | 4 PM – 16:00 | 6:45 PM – 1845 | 5 AM – 05:00 | 5 PM – 17:00 | 10:15 PM –2215 | 6 AM – 06:00 | 6 PM – 18:00 | | 7 AM – 07:00 | 7 PM – 19:00 | | 8 AM – 08:00 | 8 PM – 20:00 | | 9 AM – 09:00 | 9 PM – 21:00 | | 10 AM – 10:00 | 10 PM – 22:00 | | 11 AM – 11:00 | 11 PM – 23:00 | | 12 AM – 12:00 | 12 PM – 24:00 | | | | | | | | | | | | | | | | | | | | | | |
| AM | PM | Examples | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 AM – 01:00 | 1 PM – 13:00 | 1:01 AM – 0101 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 AM – 02:00 | 2 PM – 14:00 | 1:30 AM – 0130 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 AM – 03:00 | 3 PM – 15:00 | 5:02 PM –1702 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 AM – 04:00 | 4 PM – 16:00 | 6:45 PM – 1845 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 AM – 05:00 | 5 PM – 17:00 | 10:15 PM –2215 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 AM – 06:00 | 6 PM – 18:00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 AM – 07:00 | 7 PM – 19:00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 AM – 08:00 | 8 PM – 20:00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 AM – 09:00 | 9 PM – 21:00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 AM – 10:00 | 10 PM – 22:00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 AM – 11:00 | 11 PM – 23:00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 AM – 12:00 | 12 PM – 24:00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | Off. Arrived | Record the time (military time format) you arrived at the accident scene. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | Total Number Of: | <p>Vehicles — Record the total number of vehicles involved in the accident.</p> <p>Injuries — Record the total number of injuries. Do not count fatalities here. The number of injuries recorded on the front of this report should correspond with the number of injury codes in the Occupants section (item #103) on the back of the report.</p> <p>► <i>Note: Injury code 4 is counted as an injury. Include code 4 injuries in totals.</i></p> <table border="1" data-bbox="781 1455 1487 1675"> <tr> <td colspan="3">Total Number Of:</td> <td colspan="7"></td> </tr> <tr> <td>Vehicles</td> <td>Injuries</td> <td>Fatalities</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td> <td>1</td> <td></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td colspan="3"></td> <td colspan="7">↑</td> </tr> <tr> <td>AGE</td> <td>SEX</td> <td>VEH NO.</td> <td>POS.</td> <td>INJURY</td> <td>TAKEN FOR TREAT.</td> <td>EJECT</td> <td>SAFETY EQUIP.</td> <td>EXTRIC.</td> <td>AIR BAG</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>4</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p>Fatalities — Record the total number of fatalities in the Fatality Box on the front of the report. Do not count injuries here. The number of fatalities recorded on the front of the report must correspond with the number of fatalities recorded in the Occupant Section on the back of the report.</p> | Total Number Of: | | | | | | | | | | Vehicles | Injuries | Fatalities | | | | | | | | | 1 | | | | | | | | | | | | ↑ | | | | | | | AGE | SEX | VEH NO. | POS. | INJURY | TAKEN FOR TREAT. | EJECT | SAFETY EQUIP. | EXTRIC. | AIR BAG | | | | | 4 | | | | | |
| Total Number Of: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vehicles | Injuries | Fatalities | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | ↑ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AGE | SEX | VEH NO. | POS. | INJURY | TAKEN FOR TREAT. | EJECT | SAFETY EQUIP. | EXTRIC. | AIR BAG | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Item # | Item | Description | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------|-----------------|--|------|--------|------------------|---------|---------------|------------------|---------|---------------|---------|---------|--|--|--|--|---|---|---|---|---|---|--|--|--|--|---|---|---|---|---|---|----|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|---|---|---|---|---|---|---|---|---|
| | | <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> Total Number Of: Vehicles Injuries Fatalities <div style="text-align: center; font-weight: bold; font-size: 1.2em;">6</div> </div> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th>AGE</th> <th>SEX</th> <th>VEH NO.</th> <th>POS.</th> <th>INJURY</th> <th>TAKEN FOR TREAT.</th> <th>ILLEGOT</th> <th>SAFETY EQUIP.</th> <th>EXTRIC.</th> <th>AIR BAG</th> </tr> </thead> <tbody> <tr> <td colspan="4" style="background-color: black;"></td> <td>1</td> <td>2</td> <td>1</td> <td>3</td> <td>2</td> <td>0</td> </tr> <tr> <td colspan="4" style="background-color: black;"></td> <td>1</td> <td>2</td> <td>1</td> <td>3</td> <td>2</td> <td>2</td> </tr> <tr> <td>18</td> <td>M</td> <td>1</td> <td>3</td> <td>1</td> <td>1</td> <td>1</td> <td>3</td> <td>2</td> <td>0</td> </tr> <tr> <td>5</td> <td>F</td> <td>1</td> <td>4</td> <td>1</td> <td>1</td> <td>1</td> <td>3</td> <td>2</td> <td>0</td> </tr> <tr> <td>8</td> <td>F</td> <td>1</td> <td>6</td> <td>1</td> <td>1</td> <td>1</td> <td>3</td> <td>2</td> <td>0</td> </tr> <tr> <td>60</td> <td>M</td> <td>2</td> <td>3</td> <td>1</td> <td>2</td> <td>1</td> <td>3</td> <td>2</td> <td>0</td> </tr> </tbody> </table> | AGE | SEX | VEH NO. | POS. | INJURY | TAKEN FOR TREAT. | ILLEGOT | SAFETY EQUIP. | EXTRIC. | AIR BAG | | | | | 1 | 2 | 1 | 3 | 2 | 0 | | | | | 1 | 2 | 1 | 3 | 2 | 2 | 18 | M | 1 | 3 | 1 | 1 | 1 | 3 | 2 | 0 | 5 | F | 1 | 4 | 1 | 1 | 1 | 3 | 2 | 0 | 8 | F | 1 | 6 | 1 | 1 | 1 | 3 | 2 | 0 | 60 | M | 2 | 3 | 1 | 2 | 1 | 3 | 2 | 0 |
| AGE | SEX | VEH NO. | POS. | INJURY | TAKEN FOR TREAT. | ILLEGOT | SAFETY EQUIP. | EXTRIC. | AIR BAG | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 1 | 2 | 1 | 3 | 2 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 1 | 2 | 1 | 3 | 2 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | M | 1 | 3 | 1 | 1 | 1 | 3 | 2 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | F | 1 | 4 | 1 | 1 | 1 | 3 | 2 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | F | 1 | 6 | 1 | 1 | 1 | 3 | 2 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 60 | M | 2 | 3 | 1 | 2 | 1 | 3 | 2 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | Inside City of: | If the accident occurred within the incorporated limits of a city, record the name of the city. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Location:

Items 11 through 15 address accident location. Location information is used by the Georgia Department of Transportation to exactly locate each accident to the nearest hundredth mile. Location of all accidents provides data for accident analysis by DOT that funds statewide roadway improvements based on accident experience.

| | | |
|---|--|--|
| Road of Occurrence <u>11</u> 1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St. | At Its Intersection With <u>12</u> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St. | Corrected Report Yes <input type="checkbox"/> 16 |
| Not At Its Intersection But <u>13</u> <input type="checkbox"/> Miles 1 <input type="checkbox"/> North 3 <input type="checkbox"/> East <input type="checkbox"/> Feet 2 <input type="checkbox"/> South 4 <input type="checkbox"/> West | Of: <u>14</u> 1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> city St. 5 <input type="checkbox"/> Co. Line | Suppl. To Original Yes <input type="checkbox"/> |
| And Continuing in the Direction Checked Above The Next Reference Point is <u>15</u> 1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St. 5 <input type="checkbox"/> Co. Line | | Hit and Run Yes <input type="checkbox"/> 17 |

| Item # | Item | Description | | | | | | | | | | | | | | | |
|--------|--------------------|--|---------|---------|--------|---------|---------|--------|--------|---------|---------|---------|--------|--------|---------|---------|---------|
| 11 | Road of Occurrence | <ul style="list-style-type: none"> Mark the corresponding box that identifies the following accident location: <p>1 <input type="checkbox"/> Interstate Mark the Interstate box and record the interstate number only.</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td>I - 16</td> <td>I - 59</td> <td>I - 95</td> <td>I - 475</td> <td>I - 575</td> </tr> <tr> <td>I - 20</td> <td>I - 75</td> <td>I - 185</td> <td>I - 516</td> <td>I - 675</td> </tr> <tr> <td>I - 24</td> <td>I - 85</td> <td>I - 285</td> <td>I - 520</td> <td>I - 985</td> </tr> </table> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Road of Occurrence <u>I-75 S.B. EXIT RAMP #201</u> 1 <input checked="" type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St. </div> | I - 16 | I - 59 | I - 95 | I - 475 | I - 575 | I - 20 | I - 75 | I - 185 | I - 516 | I - 675 | I - 24 | I - 85 | I - 285 | I - 520 | I - 985 |
| I - 16 | I - 59 | I - 95 | I - 475 | I - 575 | | | | | | | | | | | | | |
| I - 20 | I - 75 | I - 185 | I - 516 | I - 675 | | | | | | | | | | | | | |
| I - 24 | I - 85 | I - 285 | I - 520 | I - 985 | | | | | | | | | | | | | |

- Example B:**
- I-75 Northbound off-ramp. Measure the distance from main road to point of impact on the ramp.
 - Use this distance and direction in the area for first reference.
 - Use the intersecting road at the end of the ramp- in the area for second reference.

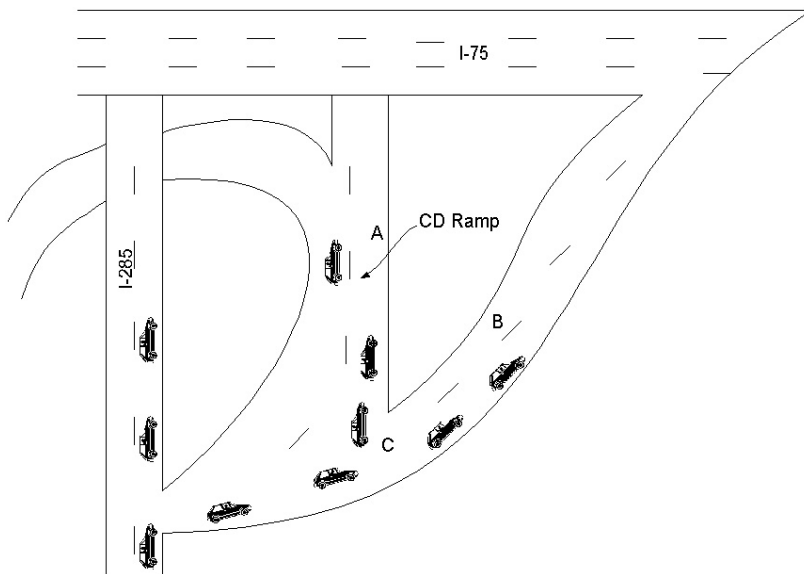
| | | | | | | | | | | | | |
|---|---|---|--|---|-------------------------------------|---|-----------------------------------|--|---|-----------------------------------|-----------------------------------|-----------------------------------|
| Road of Occurrence | I-75 Northbound Off Ramp | | | At Its Intersection With | | | | | | | | |
| | <input checked="" type="checkbox"/> Interstate | <input type="checkbox"/> Lowest St. Rt. | <input type="checkbox"/> Co. Road | <input type="checkbox"/> City St. | <input type="checkbox"/> Interstate | <input type="checkbox"/> Lowest St. Rt. | <input type="checkbox"/> Co. Road | <input type="checkbox"/> City St. | | | | |
| Not At Its Intersection But | 400 | <input type="checkbox"/> Miles | <input checked="" type="checkbox"/> Feet | <input checked="" type="checkbox"/> North | <input type="checkbox"/> East | <input type="checkbox"/> South | <input type="checkbox"/> West | Of: | I-75 | | | |
| | | | | | | | | <input checked="" type="checkbox"/> Interstate | <input type="checkbox"/> Lowest St. Rt. | <input type="checkbox"/> Co. Road | <input type="checkbox"/> City St. | <input type="checkbox"/> Co. Line |
| And Continuing in the Direction Checked Above The Next Reference Point Is | <input type="checkbox"/> Interstate <input type="checkbox"/> Lowest St. Rt. <input type="checkbox"/> Co. Road <input type="checkbox"/> City St. <input type="checkbox"/> Co. Line | | | | | | | | | | | |

Example C - Collector-distributor Ramps:

Accident occurred on the C-D ramp at the intersection of a C-D ramp and another ramp Road of occurrence should be written as follows:

| | | | | | | | | | | | | |
|---|--|---|--|-----------------------------------|-------------------------------------|---|--|--|---|-----------------------------------|-----------------------------------|-----------------------------------|
| Road of Occurrence | I-285 C-D Westbound | | | At Its Intersection With | | | | | | | | |
| | <input checked="" type="checkbox"/> Interstate | <input type="checkbox"/> Lowest St. Rt. | <input type="checkbox"/> Co. Road | <input type="checkbox"/> City St. | <input type="checkbox"/> Interstate | <input type="checkbox"/> Lowest St. Rt. | <input type="checkbox"/> Co. Road | <input type="checkbox"/> City St. | | | | |
| Not At Its Intersection But | 350 | <input type="checkbox"/> Miles | <input checked="" type="checkbox"/> Feet | <input type="checkbox"/> North | <input type="checkbox"/> East | <input checked="" type="checkbox"/> South | <input checked="" type="checkbox"/> West | Of: | Ramp to Northbound I-75 | | | |
| | | | | | | | | <input checked="" type="checkbox"/> Interstate | <input type="checkbox"/> Lowest St. Rt. | <input type="checkbox"/> Co. Road | <input type="checkbox"/> City St. | <input type="checkbox"/> Co. Line |
| And Continuing in the Direction Checked Above The Next Reference Point Is | <input checked="" type="checkbox"/> Interstate <input type="checkbox"/> Lowest St. Rt. <input type="checkbox"/> Co. Road <input type="checkbox"/> City St. <input type="checkbox"/> Co. Line | | | | | | | | | | | |

See the following example for accidents occurring on the I-285 CD ramp and accidents occurring at the intersection of a CD ramp and another ramp.



| Item # | Item | Description | | | | | | | | | | | | |
|-----------------------------|--|--|--------------------------------|---|-------------------------------|--------------------------------|--|-------------------------------|--|--|--|--------------------------------|-------------------------------|--|
| 12 | At its Intersection With | <p>Mark the corresponding box that identifies the following accident location:</p> <p>1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. (state route) 3 <input type="checkbox"/> Co. (County road name or number) 4 <input type="checkbox"/> City St. (street name on which the accident occurred.)</p> <p><i>For example:</i></p> <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">At Its Intersection With</td> <td style="width: 60%; text-align: center;">169</td> <td style="width: 25%;"></td> </tr> <tr> <td></td> <td style="text-align: center;"> <input type="checkbox"/> Interstate <input type="checkbox"/> Lowest St. Rt. <input checked="" type="checkbox"/> Co. Road <input type="checkbox"/> City St. </td> <td></td> </tr> </table> </div> <p>▶ Note: Businesses, other roadway characteristics, and other roadway characteristics are not acceptable information.</p> | At Its Intersection With | 169 | | | <input type="checkbox"/> Interstate <input type="checkbox"/> Lowest St. Rt. <input checked="" type="checkbox"/> Co. Road <input type="checkbox"/> City St. | | | | | | | |
| At Its Intersection With | 169 | | | | | | | | | | | | | |
| | <input type="checkbox"/> Interstate <input type="checkbox"/> Lowest St. Rt. <input checked="" type="checkbox"/> Co. Road <input type="checkbox"/> City St. | | | | | | | | | | | | | |
| 13 | Not At Its Intersection But | <p>Distance is used to locate the accident to the nearest hundredth mile or 50 feet. A measurement in feet is preferred for accuracy.</p> <ul style="list-style-type: none"> For accidents between intersections, measure as accurately as possible the distance from an intersection or county line to the accident site. Record the distance and check the box that indicates how you measured the distance and the direction of the measurement from the reference point to the accident site. <p>▶ Note: This is not necessarily the same as direction of travel for the vehicles.</p> <p><i>For example:</i></p> <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Not At Its Intersection But</td> <td style="width: 10%; text-align: center;">15</td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Miles</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> North</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> East</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;"><input checked="" type="checkbox"/> Feet</td> <td style="text-align: center;"><input type="checkbox"/> South</td> <td style="text-align: center;"><input type="checkbox"/> West</td> <td></td> </tr> </table> </div> | Not At Its Intersection But | 15 | | <input type="checkbox"/> Miles | <input checked="" type="checkbox"/> North | <input type="checkbox"/> East | | | <input checked="" type="checkbox"/> Feet | <input type="checkbox"/> South | <input type="checkbox"/> West | |
| Not At Its Intersection But | 15 | | <input type="checkbox"/> Miles | <input checked="" type="checkbox"/> North | <input type="checkbox"/> East | | | | | | | | | |
| | | <input checked="" type="checkbox"/> Feet | <input type="checkbox"/> South | <input type="checkbox"/> West | | | | | | | | | | |
| 14 | Of: | <ul style="list-style-type: none"> Record the intersecting road or county line used as the reference point. Check the corresponding box. <p>1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St. 5 <input type="checkbox"/> Co. Line</p> <p><i>For example:</i></p> <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">Of:</td> <td style="width: 80%; text-align: center;">Poncohontas Road</td> <td style="width: 10%;"></td> </tr> <tr> <td></td> <td style="text-align: center;"> <input type="checkbox"/> Interstate <input type="checkbox"/> Lowest St. Rt. <input checked="" type="checkbox"/> Co. Road <input type="checkbox"/> City St. <input type="checkbox"/> Co. Line </td> <td></td> </tr> </table> </div> <p>▶ Note: Businesses or other roadway characteristics are not acceptable.</p> | Of: | Poncohontas Road | | | <input type="checkbox"/> Interstate <input type="checkbox"/> Lowest St. Rt. <input checked="" type="checkbox"/> Co. Road <input type="checkbox"/> City St. <input type="checkbox"/> Co. Line | | | | | | | |
| Of: | Poncohontas Road | | | | | | | | | | | | | |
| | <input type="checkbox"/> Interstate <input type="checkbox"/> Lowest St. Rt. <input checked="" type="checkbox"/> Co. Road <input type="checkbox"/> City St. <input type="checkbox"/> Co. Line | | | | | | | | | | | | | |

| Item # | Item | Description | | | | | | | | | | |
|--------|--|--|--------|------|---|-----------------|---|-----------------|---|--------|---|------|
| 15 | And Continuing in the Direction Check Above The Next Reference Point is | <p>A second reference is required in case the first reference is not included in the location reference tables.</p> <ul style="list-style-type: none"> When traveling from the accident site in the direction used in the first reference section, record the next intersecting road or county line, and check the corresponding box. <p>1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St. 5 <input type="checkbox"/> Co. Line</p> <p><i>For example:</i></p> <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p>And Continuing in the Direction Checked Above The Next Reference Point is <u>Chickasaw Road</u></p> <p>1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input checked="" type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St. 5 <input type="checkbox"/> Co. Line</p> </div> <p>▶ Note: Businesses or other roadway characteristics are not acceptable.</p> | | | | | | | | | | |
| 16 | Corrected Report? Suppl. To Original? | <p>Check the box that relates to the report being submitted. Check only one box.</p> <p>▶ Note: A partially corrected report is NOT acceptable. You must submit a complete report with corrections.</p> <ul style="list-style-type: none"> A Corrected Report is a complete report that will replace the original report. The DOT Accident Reporting personnel will destroy the original report and use the Corrected Report. A Supplement is an attachment to the original report. You may need to submit a supplement because you have received the results of an Alcohol or Drug Test or a driver provided their insurance information after you submitted the report. Only record information that was either not available when you submitted your report or information that was omitted on the original report. <p>You must complete the following required items on the Supplement:</p> <table border="1" data-bbox="704 1377 1326 1598"> <thead> <tr> <th>Item #</th> <th>Item</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Accident Number</td> </tr> <tr> <td>2</td> <td>Agency NCIC No.</td> </tr> <tr> <td>3</td> <td>County</td> </tr> <tr> <td>5</td> <td>Date</td> </tr> </tbody> </table> <p><i>Provide the date of the accident, NOT the date of the Supplement.</i></p> | Item # | Item | 1 | Accident Number | 2 | Agency NCIC No. | 3 | County | 5 | Date |
| Item # | Item | | | | | | | | | | | |
| 1 | Accident Number | | | | | | | | | | | |
| 2 | Agency NCIC No. | | | | | | | | | | | |
| 3 | County | | | | | | | | | | | |
| 5 | Date | | | | | | | | | | | |
| 17 | Hit and Run Yes? <input type="checkbox"/> | Check the box if this accident was a hit and run. | | | | | | | | | | |

Vehicle #1 or
Pedestrian

Vehicle #2 or
Pedestrian

| | | | | | | | | | | | |
|---|------------------------|---|--|---|-------------------|--|---|---------------------|-----------|-----------------|----------------------|
| Driver # 18 | 19 LAST NAME | FIRST | MIDDLE | Driver # | LAST NAME | FIRST | MIDDLE | | | | |
| Ped # <input type="checkbox"/> | Address 20 | | | Ped # <input type="checkbox"/> | Address | | | | | | |
| 21 City | State | Zip | DOB | City | State | Zip | DOB | | | | |
| 22 Driver's License No. | 23 Class | 24 State | 25 <input type="checkbox"/> Male <input type="checkbox"/> Female | Driver's License No. | Class | State | <input type="checkbox"/> Male <input type="checkbox"/> Female | | | | |
| Posted 26 | Speed | Insurance Co. 27 | Policy No. 28 | Posted Speed | Insurance Co. | Policy No. | | | | | |
| Year 29 | Make 30 | Model 31 | Telephone No. 32 | Year | Make | Model | Telephone No. | | | | |
| VIN 33 | Vehicle Color 34 | | | VIN | Vehicle Color | | | | | | |
| Tag # 35 | State | County | Year | Tag # | State | County | Year | | | | |
| Trailer Tag # 36 | State | County | Year | Trailer Tag # | State | County | Year | | | | |
| 37 <input type="checkbox"/> Same as Driver | Owner's Last Name | First | Middle | <input type="checkbox"/> Same as Driver | Owner's Last Name | First | Middle | | | | |
| Address | | | | Address | | | | | | | |
| City | | State | Zip | City | | State | Zip | | | | |
| 38 Removed By 39 <input type="checkbox"/> Request <input type="checkbox"/> List | | | | Removed By <input type="checkbox"/> Request <input type="checkbox"/> List | | | | | | | |
| Alcohol Test 41 | Type | Results 42 | Drug Test 43 | Type | Results 44 | Alcohol Test | Type | Results | Drug Test | Type | Results |
| Driver Cond 45 | Direction Of Travel 46 | | Vision 47 Obscured | Contributing Factors 51 | | | Driver Cond | Direction Of Travel | | Vision Obscured | Contributing Factors |
| 48 Veh Cond | 49 Veh Maneuver | | Ped. Maneuver 50 | | | | Veh Cond | Veh Maneuver | | Ped. Maneuver | |
| Most Harmful Event 52 | | Veh Class: 53 | Veh Type: 54 | Most Harmful Event | | Veh Class: | Veh Type: | | | | |
| Traffic Ctrl 55 | | 56 Device Inoperative? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Traffic Ctrl | | Device Inoperative? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |

| Item # | Item | Description |
|--------|------------------------------|---|
| 18 | Driver # Ped | <ul style="list-style-type: none"> • Check the Ped (pedestrian) box if it is appropriate. • Vehicle number one (1) should always be listed on the left side of the report. • Vehicle number two (2) should always be listed on the right side of the report. • Be sure the vehicle numbers on the front correspond to the correct vehicle information on the back. • All information pertaining to pedestrians except for injury codes are entered on the front of the report unless a citation is issued. If a citation is issued, record the Ped # in item 85. |
| 19 | Last Name First Middle | <ul style="list-style-type: none"> • Record the driver's last, first and middle name. It is important that the driver's name be recorded exactly as it appears on the driver's license and not abbreviated or spelled in a different manner. • If it is a driverless vehicle, record Driverless on this line. |

| Item # | Item | Description |
|--------|--------------------------------------|--|
| | | <ul style="list-style-type: none"> If the driver is unknown, record Unknown on this line. If the vehicle is parked and the owner's name or the person who parked the vehicle is known, record their name here. If neither is available, LEAVE THIS BLANK. Make sure Vehicle Maneuver (item #49) contains a code 8 – Parked for all parked vehicles. |
| 20 | Address City State Zip Code | Record the complete address of the driver, which includes street address and/or apartment number, city, state, and zip code. |
| 21 | DOB | Record the full date of birth (month, day, and year) of the driver. Use numeric characters only. <i>For example: 09-05-51.</i> |
| 22 | Driver's License No. | Always record the complete driver's license number. <ul style="list-style-type: none"> If revoked or suspended, record the status in parentheses after the license number. <i>For example, (Revoked) (Suspended)</i> If the driver is unlicensed, record None. |
| 23 | Class | Record the driver's license class that appears on the driver's license. |
| 24 | State | <ul style="list-style-type: none"> Record the state abbreviation for the state of issuance of the driver's license. See "State Abbreviation Codes" on page 68 in the Appendix of this guide. |
| 25 | Male Female | Check the box that indicates the driver's sex. |
| 26 | Posted Speed | <ul style="list-style-type: none"> Record the posted speed limit for the road on which the vehicle was traveling. If speeding or too fast for conditions is marked as a contributing factor, it must be explained in the remarks section. |
| 27 | Insurance Co. | Record the driver's insurance company and/or agency. If the driver does not have insurance, record None in this space. |
| 28 | Policy No. | Record the insurance policy number. |
| 29 | Year | Record the year of the vehicle. |
| 30 | Make | Record the name commonly used by the manufacturer. <i>For example, Ford, Buick, Mack, and Chevrolet.</i> If abbreviations are used, use those listed in the "N.C.I.C. Manual". See " Alphabetical Listing of Car Makes and NCIC Code " on page |

| Item # | Item | Description |
|--------|----------------|---|
| | | 61 in this guide. |
| 31 | Model | Record the model name or number used by the manufacturer to different types of vehicles within a given make. <i>For example, Mustang and Skylark.</i> The following are NOT examples of models: Pickup, 2-door, and hardtop. |
| 32 | Telephone No. | This is for the officer's use. You may get the home or work phone number. This is NOT mandatory. |
| 33 | VIN | Accurately , record the complete vehicle identification number. Standard VINs 1981 and later are 17 characters. Older VINs may be shorter. There are no letter "I's" or "O's" in VINs. If possible, record this number from the vehicle instead of the insurance card. |
| 34 | Vehicle Color | Use one word to describe the car color. When describing a vehicle with more than one color, use a "/" to separate the colors. <i>For example, red/white.</i> The color order should be top to bottom, or front to back. |
| 35 | Tag # | Record the complete license plate number, state, county, and year. |
| 36 | Trailer Tag # | Record the complete trailer plate number, state, county, and year. |
| 37 | Same as Driver | <ul style="list-style-type: none"> • Check this box if the driver is the same as the owner. • If driver is not the owner, record the owner's name and address. |
| 38 | Removed By | Record the name of the wrecker service that removed the vehicle from the scene of the accident. This does NOT include family members or other individuals. |
| 39 | Request | Check this box if the vehicle(s) were removed at the owner's request. |
| 40 | List | Check this box if the vehicles were removed by a service from a list of services used by the officer. |

| Item # | Item | Description | | | | | | | | | | | | | | | | | | |
|--------|---|---|--------|------|---|-----------------|---|-----------------|---|-------------------------|----|------------------------|----|------------------------------------|----|---|----|------------------|----|----------------------|
| 41 | Alcohol Test | <ul style="list-style-type: none"> Record only one code. 1 = Yes 2 = No 3 = Refused | | | | | | | | | | | | | | | | | | |
| 42 | Type Results | <ul style="list-style-type: none"> Record only one code. 1 = Blood 2 = Breath 3 = Urine 4 = Other Record the results. If the results are available at-a-later-date, a supplement must be sent giving this information. Remember, a supplement is NOT a complete report, just additional information. Complete the following items on the supplement: <table border="1"> <thead> <tr> <th>Item #</th> <th>Item</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Accident Number</td> </tr> <tr> <td>2</td> <td>Agency NCIC No.</td> </tr> <tr> <td>5</td> <td>Date (date of accident)</td> </tr> <tr> <td>18</td> <td>Driver# or Pedestrian#</td> </tr> <tr> <td>19</td> <td>Driver's name</td> </tr> <tr> <td>41</td> <td>Record the Alcohol numerical level</td> </tr> <tr> <td>45</td> <td>Driver Condition</td> </tr> <tr> <td>51</td> <td>Contributing Factors</td> </tr> </tbody> </table> | Item # | Item | 1 | Accident Number | 2 | Agency NCIC No. | 5 | Date (date of accident) | 18 | Driver# or Pedestrian# | 19 | Driver's name | 41 | Record the Alcohol numerical level | 45 | Driver Condition | 51 | Contributing Factors |
| Item # | Item | | | | | | | | | | | | | | | | | | | |
| 1 | Accident Number | | | | | | | | | | | | | | | | | | | |
| 2 | Agency NCIC No. | | | | | | | | | | | | | | | | | | | |
| 5 | Date (date of accident) | | | | | | | | | | | | | | | | | | | |
| 18 | Driver# or Pedestrian# | | | | | | | | | | | | | | | | | | | |
| 19 | Driver's name | | | | | | | | | | | | | | | | | | | |
| 41 | Record the Alcohol numerical level | | | | | | | | | | | | | | | | | | | |
| 45 | Driver Condition | | | | | | | | | | | | | | | | | | | |
| 51 | Contributing Factors | | | | | | | | | | | | | | | | | | | |
| 43 | Drug Test | <p>Record only one code. 1 = Yes 2 = No 3 = Refused</p> | | | | | | | | | | | | | | | | | | |
| 44 | Type Results | <ul style="list-style-type: none"> Use only one code. 1 = Blood 2 = Breath 3 = Urine 4 = Other Record the results. If the results are available at-a-later-date, a supplement must be sent giving this information. Remember, a supplement is NOT a complete report, just additional information. The supplement must include the following: <table border="1"> <thead> <tr> <th>Item #</th> <th>Item</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Accident Number</td> </tr> <tr> <td>2</td> <td>Agency NCIC No.</td> </tr> <tr> <td>5</td> <td>Date (date of accident)</td> </tr> <tr> <td>18</td> <td>Driver# or Pedestrian#</td> </tr> <tr> <td>19</td> <td>Driver's name or Pedestrian's name</td> </tr> <tr> <td>44</td> <td>Record the Positive or Negative for Drug Test Results</td> </tr> </tbody> </table> | Item # | Item | 1 | Accident Number | 2 | Agency NCIC No. | 5 | Date (date of accident) | 18 | Driver# or Pedestrian# | 19 | Driver's name or Pedestrian's name | 44 | Record the Positive or Negative for Drug Test Results | | | | |
| Item # | Item | | | | | | | | | | | | | | | | | | | |
| 1 | Accident Number | | | | | | | | | | | | | | | | | | | |
| 2 | Agency NCIC No. | | | | | | | | | | | | | | | | | | | |
| 5 | Date (date of accident) | | | | | | | | | | | | | | | | | | | |
| 18 | Driver# or Pedestrian# | | | | | | | | | | | | | | | | | | | |
| 19 | Driver's name or Pedestrian's name | | | | | | | | | | | | | | | | | | | |
| 44 | Record the Positive or Negative for Drug Test Results | | | | | | | | | | | | | | | | | | | |

| Item # | Item | Description | | | | |
|--------|----------------------|--|----|------------------|----|----------------------|
| | | <table border="1"> <tr> <td>45</td> <td>Driver Condition</td> </tr> <tr> <td>51</td> <td>Contributing Factors</td> </tr> </table> | 45 | Driver Condition | 51 | Contributing Factors |
| 45 | Driver Condition | | | | | |
| 51 | Contributing Factors | | | | | |
| 45 | Driver Condition | <ul style="list-style-type: none"> Record only one code. If it is determined (test results) that the driver or pedestrian is under the influence of alcohol or drugs, enter the appropriate code on the Supplement under driver condition and contributing factor (Item #45 & #51) See the Overlay for available codes. | | | | |
| 46 | Direction of Travel | <ul style="list-style-type: none"> Mark the direction of travel prior to the accident. If the vehicle was making a turn, use the direction prior to the turn. Record only one code. See the Overlay for available codes. | | | | |
| 47 | Vision Obscured | <ul style="list-style-type: none"> Record only one code. If vision was obscured by more than one object, code the most predominate and document the others in the remarks. See the Overlay for available codes. | | | | |
| 48 | Vehicle Condition | <ul style="list-style-type: none"> If the defect did contribute to the accident, record the appropriate code. Also, record code 15 – Mechanical or Vehicle Failure found under Contributing Factors codes on the Overlay. Please explain in remarks when “other” is used. See the Overlay for available codes. | | | | |
| 49 | Vehicle Maneuver | <ul style="list-style-type: none"> Record the code that shows what action the driver was taking at the time of collision. Record only one code. See the Overlay for available codes. | | | | |
| 50 | Pedestrian Maneuver | <ul style="list-style-type: none"> Record the action the pedestrian was taking at the time of the accident. Record only one code. See the Overlay for available codes. | | | | |
| 51 | Contributing Factors | <ul style="list-style-type: none"> Each vehicle must have at least ONE code, no more than four. Record additional codes in the Remarks section. Record the code factor(s) that most contributed to the cause of the accident. <hr/> <p>▶ Note: When you record Contributing Factor code #1, no other codes are required.</p> <hr/> <ul style="list-style-type: none"> See the Overlay for available codes. | | | | |

| Item # | Item | Description |
|--------|---------------------|---|
| 52 | Most Harmful Event | <ul style="list-style-type: none"> The Most Harmful Event is the event that causes the most severe injury or, if there is no injury, the worst degree of damage. Most Harmful Event applies to each vehicle. Only (1) one code can be used and every vehicle must have a code. <p><i>For example, vehicle #1 and vehicle#2 have a head-on collision. The First Harmful Event is code 11- Motor Veh. In Motion. Vehicle #2 continues moving, strikes a tree, and the driver dies. The Most Harmful Event for vehicle #2 in this example is code 33 - Tree. The Most Harmful Event for vehicle #1 is code 11- Motor Veh. In Motion.</i></p> <ul style="list-style-type: none"> See the Overlay for available codes. |
| 53 | Vehicle Class | <ul style="list-style-type: none"> Record only one code. See the "Glossary" on page 74 in this guide for the definition of code 7 - commercial vehicle for accident reporting purposes only. See the Overlay for available codes. |
| 54 | Vehicle Type | <ul style="list-style-type: none"> Indicate the type of vehicle. If you record code 14 -Truck Towing House Trailer, record the width of the trailer in your remarks. Record only one code. See the Overlay for available codes. |
| 55 | Traffic Control | <ul style="list-style-type: none"> Record the traffic control that was most prominent at the point of impact. Record only one code. See the Overlay for available codes. |
| 56 | Device Inoperative? | <ul style="list-style-type: none"> Check Yes if the control is inoperative. For example, traffic light not working or stop sign knocked down. Check No if the control is operative. |

| | | | |
|---|------------------|-----------------------|--|
| Injured Taken To: 57 | | By: | |
| 58 EMS Notified Time | EMS Arrival Time | Hospital Arrival Time | 59 Photos Taken: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 60 Report By: | | Department | Report Date |
| 61 Checked By: | | Date Checked | |
| 62 Witness(es): Name Telephone No. | | Address | City State Zip Code |
| 63 DOT MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE) | | | |

| Item # | Item | Description |
|--------|--|--|
| 57 | Injured Taken To By: | Record the destination of injured persons, and the name of the ambulance service or E.M.S. unit that provided the service. |
| 58 | EMS Notified Time EMS Arrival Time Hospital Arrival Time | These times are required if a fatality occurred in the accident. ▶ <i>Note: The EMS Notified Time should not be earlier than the accident time (item #7).</i> |
| 59 | Photos Taken: By: | Record if photographs were taken and, if so, the name of the person or agency who took them. |
| 60 | Report By: Department Report Date | <ul style="list-style-type: none"> Signature of the officer investigating the accident. Record the name of the department or posts to which the investigating officer is assigned. Record the date the report was prepared. |
| 61 | Checked By: Date Checked | <ul style="list-style-type: none"> Signature of the supervisor checking and approving the report. Record the date the report was checked and approved. |
| 62 | Witness(es): | List all names, addresses, and phone numbers of person(s) who witnessed the accident. |
| 63 | DOT Microfilm Number | For DOT use only. |

Commercial Vehicles Only Section

In This Section

This section contains items and descriptions listed in the Commercial Vehicles Only section near the bottom of the Accident Report on the front.

Overview

An important decision facing an officer who encounters an accident involving a truck or bus is whether the vehicle(s) qualifies as a commercial vehicle(s). State and federal government use the following supplemental information to determine the effectiveness of truck safety programs.

-
- ▶ *Note:* It is imperative that all entries be accurate and complete on the commercial vehicle supplement. Incorrect entries or errors by the investigating officer could adversely affect a company's national safety rating and cause a business to suffer unjust penalties. If a commercial vehicle is involved in an accident, it is mandatory that the Commercial Vehicles Only section of the accident report be completed.
-

Qualifying Criteria - Commercial Vehicle

Before you complete the commercial vehicle information section, you must determine if one or more vehicles involved in the accident meets the definition of a commercial motor vehicle.

Commercial Vehicle

The accident must involve:

- ❑ A truck or truck/trailer combination or other vehicle combination having a manufacturer's gross weight rating (GVWR) or gross combination weight rating (GCWR) of 10,001 or more pounds,

- ❑ A vehicle that is required to display a hazardous material placard, or
- ❑ A bus with seating capacity for more than 15 persons, including the driver.

Exceptions

The definition of a commercial vehicle **does not** include the following:

- ❑ Governmental Vehicles - owned or operated by Federal, State, City, or County agencies.
- ❑ School Buses - operated to transport school children and teachers to and from school functions.
- ❑ Rental Vehicles - Vehicles used by individuals on occasion to transport personal property not for compensation or in the furtherance of a commercial enterprise. Commercial enterprise includes almost any business, including non-profit organizations.

▶ *Note: Governmental buses engaged in charter operations should be included as commercial vehicles for accident reporting purposes.*

Vehicle #1

Vehicle #2

| COMMERCIAL VEHICLES ONLY | | | | | | | | | | |
|---|---------------------------|--|-------|---|---------|-----------------|--------------|---|-----|--|
| Carrier Name 64 Vehicle # 65 | | | | Carrier Name Vehicle # | | | | | | |
| 66 Address | | | State | Zip | Address | | | State | Zip | |
| No. of Axles 67 | G.V.W.R. 68 | 69 Fed. Reportable 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | | Cargo Body Type 70 | | No. of Axles | G.V.W.R. | Fed. Reportable 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | | Cargo Body Type |
| Vehicle Config. 71 | I.C.C.M.C. # 72 | U.S. D.O.T. # 73 | | Interstate <input type="checkbox"/> 74 Intrastate <input type="checkbox"/> | | Vehicle Config. | I.C.C.M.C. # | U.S. D.O.T. # | | Interstate <input type="checkbox"/> Intrastate <input type="checkbox"/> |
| 75 C.D.L.? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 76 C.D.L. Suspended? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | | | | C.D.L.? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No C.D.L. Suspended? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | | | | | | |
| 77 Vehicle Placarded? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 78 Hazardous Materials? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | | | | Vehicle Placarded? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Hazardous Materials? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | | | | | | |
| 79 Released? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | | | | Released? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | | | | | | |
| If YES, Name or 4 Digit Number from Diamond or Box: _____ 1 Digit Number from Bottom of Diamond: _____ | | | | If YES, Name or 4 Digit Number from Diamond or Box: _____ 1 Digit Number from Bottom of Diamond: _____ | | | | | | |
| 81 ___ Ran Off Road ___ Down Hill Runaway ___ Cargo Loss or Shift ___ Separation of Units | | | | ___ Ran Off Road ___ Down Hill Runaway ___ Cargo Loss or Shift ___ Separation of Units | | | | | | |


| Item # | Item | Description |
|--------|--------------|---|
| 64 | Carrier Name | <ul style="list-style-type: none"> Record the carrier's name in the box provided. The Carrier name is the commercial business operating the vehicle or vehicle combination at the time of the accident. To determine the Carrier Name check the following: <ul style="list-style-type: none"> Vehicle rental agreements, lease agreements, and registration information Single-state Registration Receipts Form D-1Cab Cards (bingo cards), and Department of Transportation (Form G). International Fuel Tax Agreement (ITFA) Cab cards Driver's log book |

| Item # | Item | Description |
|--------|-----------------|--|
| | | <ul style="list-style-type: none"> The Carrier's name may also be displayed on the vehicle and the insurance card. If not incapacitated, the driver is another valuable source of information. <hr/> <p>▶ Note: <u>Never</u> rely solely on the name marked on the vehicle or any single document to determine the name of the carrier. <u>Always</u> confirm the carrier's identification by as many sources as possible.</p> <hr/> <p><u>Example A:</u></p> <p>A vehicle owned by Joe Smith (owner-operator) is identified as and leased to Taylor Truck Lines, Inc. at the time of the accident. Taylor Truck Lines is the Motor Carrier and is the entity required to furnish the liability insurance.</p> <p><u>Example B:</u></p> <p>Bennett Cabinet Shop rents a truck belonging to Ryder Truck Rental, Inc. to haul cabinets from their shop to a new home. Bennett Cabinet Shop would be the Motor Carrier because they are the commercial business that rented the truck.</p> <hr/> <p>▶ Note: A truck rental company is rarely shown as a motor carrier.</p> |
| 65 | Vehicle # | <p>This is the number that the accident investigator assigns to the driver in relation to the accident report as in box # 18 – Driver #.</p> <p><i>For example: Vehicle #1 Vehicle #2</i></p> |
| 66 | Address | <ul style="list-style-type: none"> Record the home office (also called 'Principle Place of Business' used by the motor carrier. Do NOT use a terminal address, if the headquarters address can be determined. <ul style="list-style-type: none"> Street address and/or post office box number, City, State - using the Standard U.S. Postal Service (USPS) two letter abbreviation, and Zip Code - using the USPS five-digit code, plus four (if available). <p>This information may be obtained from the same sources as the motor carrier's name. See item 64 for details.</p> |
| 67 | Number of Axles | <p>Record the total number of axles, including auxiliary axles, under the vehicle or vehicle combination (truck and trailer).</p> <hr/> <p>▶ Important! <i>This is the total number of axles, NOT wheels, or tires. A typical 18-wheel tractor-trailer combination has five axles.</i></p> <hr/> <p><u>Example A:</u></p> <p>An empty single-unit dump truck is involved in an accident. The truck has a total of four (4) axles, including one (1) axle that is locked in an up position that does not allow the tires to contact the roadway. Although only three (3) of the four (4) axles are actually carrying the load, the proper entry is "4".</p> |

| Item # | Item | Description |
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| | | <p><u>Example B:</u></p> <p>A tractor and semi-trailer pulling another trailer (tractor/twin trailers) is involved in an accident. The investigating officer counts all the axles in the vehicle configuration. In this case, there are three (3) axles under the tractor, 1 (one) under the semi-trailer, one (1) under the converter dolly, and one (1) under the additional semi-trailer for a total of "6" axles.</p> |
| 68 | G.V.W.R | <p>The Gross Vehicle Weight Rating (GVWR) is the amount of weight of the vehicle and the maximum load the vehicle is <u>capable</u> of transporting added together. It is also the sum of all the individual ratings on the power unit and all trailing units.</p> <ul style="list-style-type: none"> • Record the GVWR in the box provided. The GVWR for most vehicles may be found in several locations: <ul style="list-style-type: none"> ▪ Most commonly, on the driver's side hinge pillar, door-latch post, and door edge; ▪ Inside the tool compartment; ▪ Behind the driver's seat at the top portion of the cab; or ▪ Inside the cab firewall. • If the GVWR <u>cannot</u> be located, several avenues can be taken: <ul style="list-style-type: none"> ▪ Record 80,000 for tractor-trailer and tractor-twin trailers because this weight usually corresponds with these types of vehicles, ▪ Contact the vehicle manufacturer or dealer, or ▪ Reference 'VIN Assist', a computer application from the National Insurance Crime Bureau, or the "NICB Commercial Vehicle and Off Road Equipment Identification Manual." NICB can be contacted at (708) 430-2330 or on the Internet at http://www.nicb.org/. |
| 69 | Fed. Reportable | <p>An accident is federally reportable when it results in:</p> <ul style="list-style-type: none"> • Record the correct response by marking the appropriate box. • At least one fatality, • At least one injury that is severe enough for the injured person to require transportation from the scene for immediate medical attention, or • At least one vehicle (any vehicle involved, commercial or not) in the accident sustains disabling damage. • <i>See the Overlay for available codes.</i> <p>The reportable accident severity criterion applies to <u>any</u> vehicle(s) or person(s) involved in the accident.</p> <p><i>For example, A tractor-trailer and a passenger automobile are involved in a collision. The tractor-trailer sustains minor damage and is driven away; however, the automobile sustains sufficient damage and has to be towed away. This would make the accident a federally reportable accident.</i></p> |

| Item # | Item | Description |
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| | | <p>▶ Note: A vehicle that had to be towed from a ditch or some other obstruction, but was driven from the scene of the accident by the owner, is NOT considered a Federally Reportable Accident.</p> |
| 70 | Cargo Body Type | <ul style="list-style-type: none"> Record the response that best describes the cargo body of the vehicle, by placing the correct numeric code from the Accident Report legend in the space provided. The cargo body type selected must be the one which best represents the <u>purpose for which the vehicle was designed and built</u>. <p><u>Example A:</u> A tractor with a flatbed semi-trailer picks up a containerized load for transport. Although the body type appears similar to an enclosed box, it should be classified as a "6" (flatbed).</p> <p><u>Example B:</u> A single unit truck with a van body is hauling a small flatbed trailer. Since multiple cargo body styles are involved, the correct entry is 9 - Other.</p> <p><u>Example C:</u> A vehicle designed and built to load, transport, and off-load another vehicle is involved in an accident. The correct entry would be 2 - Auto Carrier.</p> <hr/> <p>▶ Note: The above scenario would also apply to a flatbed tow truck, most commonly called a "roll-back wrecker."</p> <hr/> <p><u>Example D:</u> A utility company vehicle is transporting a pole supported in the rear by a dolly -- a configuration frequently described as a "pole trailer". This type vehicle combination does not fit into any of the categories, so the correct response would be 9 - Other.</p> |
| 71 | Vehicle Config. | <p>Record the description of the vehicle involved in the accident by placing the correct numeric code in the space provided.</p> <ul style="list-style-type: none"> For vehicles that are not listed in the legend, record N/A (not applicable). See the <i>Overlay for available codes</i>. |
| 72 | I.C.C.M.C. # | <p>In the past, most for-hire vehicles involved in interstate commerce had to possess an Interstate Commerce Commission Motor Carrier (ICC/MC) number. However, this has changed; the ICC number gradually disappears from use.</p> <p>Where you find an ICC MC number, record it in this space.</p> |
| 73 | U.S. D.O.T. # | <p>Most Private and For-Hire motor carriers of property or passengers operating in must possess United States Department of Transportation (US DOT) numbers. These numbers typically contain six (6) or seven (7) digits and are usually marked on the sides of the vehicle.</p> |

| Item # | Item | Description |
|--------|--------------------------|--|
| | | <p>Private Motor Carriers:</p> <p>In most cases, private companies, which operate trucks incidental to their business are also motor carriers.</p> <p><u>Example A:</u></p> <p>Irwin Manufacturing Company is a business that makes clothing. As part of their business, they must haul piece goods from one plant to another. The trucks they operate are commercial vehicles, because they are used in the furtherance of a commercial enterprise. It does not matter whether or not the company hauls for-hire.</p> <p><u>Example B:</u></p> <p>In most cases, logging companies are private motor carriers, such as Smith's Logging Company, who contracts to cut and haul timber for Georgia-Pacific Corp.</p> |
| 74 | Interstate Intrastate | <p>Interstate Commerce:</p> <p>Trade, traffic, or transportation in the United States, which is between a place in a state and a place outside of such state. This includes a place outside of the United States or is between two places in a state through another state or place outside of the United States.</p> <p>Intrastate Commerce:</p> <p>Trade, traffic, or transportation within any single state that is not described in the term "Interstate".</p> <p>Check only one box.</p> |
| 75 | C.D.L.? | <ul style="list-style-type: none"> • Mark Yes or No to indicate whether the Commercial Vehicle driver possesses a CDL. • A Commercial Driver's License (CDL) is identified on the driver's license as Commercial Driver's License or CDL. |
| 76 | C.D.L. Suspended? | Mark Yes or No to indicate whether the Commercial Driver's License (CDL) is suspended. |
| 77 | Vehicle Placarded? | <p>(Hazardous Material Involvement)</p> <p>Mark Yes or No to indicate whether the vehicle has a placard.</p> <p>Most vehicles carrying hazardous materials are required by law to conspicuously display a placard indicating the hazard class, type, or the specific name of the hazardous material.</p> <p>In addition, vehicles transporting hazardous materials in tank cars, bulk packages, cargo tanks, or portable tanks are required to display the 4-digit hazardous material identification number assigned to the specific material on a diamond shaped placard or an orange rectangular panel.</p> <p><i>Was the vehicle involved in the accident displaying hazardous material warning placards?</i></p> |





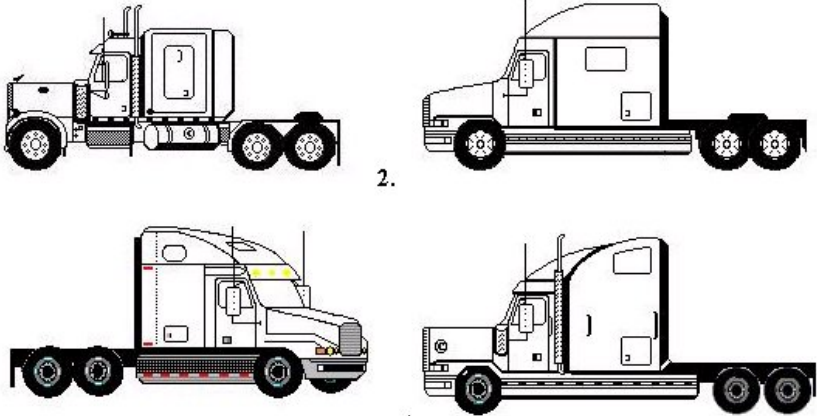
| Item # | Item | Description |
|--------|---|--|
| 78 | Hazardous Materials? | <p>Does the vehicle actually contain hazardous materials? Mark the appropriate box to indicate the correct response.</p> <p>Verification that the vehicle contains hazardous materials may come from several sources, such as:</p> <ul style="list-style-type: none"> • Hazardous material shipping documents, • Particular package labels and markings, • Driver; or • Motor carrier, shipper, and consignee. |
| 79 | Released? | <p>The purpose of this question is to record whether hazardous materials were released into the environment.</p> <div style="text-align: center;">  </div> <hr/> <p>▶ Note: Answer this item only if the vehicle is transporting a hazardous material. If no, hazardous material is transported, skip to item 81.</p> <hr/> <ul style="list-style-type: none"> • The correct response is Yes, only if the hazardous material is released from the original container being transported. • Fuel used to power a vehicle is not considered a hazardous material for accident reporting purposes; therefore fuel leakage or spillage from a ruptured fuel tank is not considered a hazardous material release. <hr/> <p>▶ Note: If a significant amount of fuel is spilled, the officer should contact the appropriate environmental authorities.</p> |
| 80 | <p>If, YES, Name or 4 Digit Number from Diamond or Box</p> <p>1-Digit Hazard Classification</p> | <p>If the vehicle involved in the accident is displaying a diamond-shaped hazardous material placards <u>and/or</u> orange rectangular panels, from the center of the diamond-shaped placard or orange rectangular panel, record either the 4-digit number or the name in the space provided on the report.</p> <p>If the 4-digit number is not displayed, the placard may have one of the following names:</p> <ul style="list-style-type: none"> • Explosives • Poison Gas • Dangerous When Wet • Poison • Radioactive • Flammable Gas • Non-Flammable Gas • Flammable • Combustible • Flammable Solid • Spontaneously Combustible • Organic Peroxide |

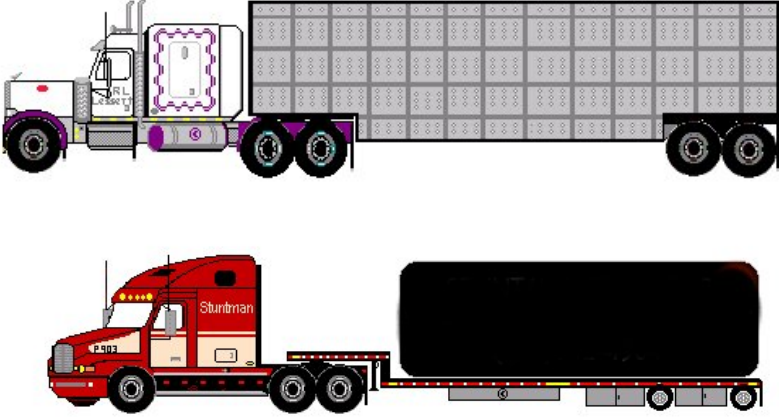
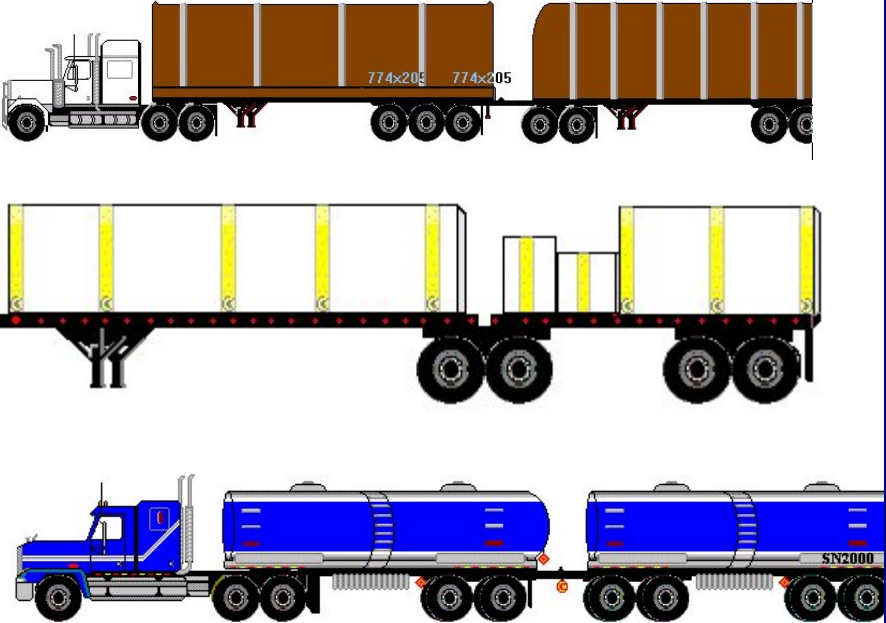
| Item # | Item | Description |
|--------|--|--|
| | | <ul style="list-style-type: none"> Keep Away From Food Corrosive Class 9 Oxidizer <p>1-Digit Hazard Classification</p> <p>If a 1-digit number appears at the bottom tip of the diamond-shaped Hazardous Material placard, record the number in the space provided.</p> |
| 81 | Ran Off Road Down Hill Runaway Cargo Loss Or Shift Separation of Units | <p>These are the sequence of events for this vehicle.</p> <ul style="list-style-type: none"> Record in order of occurrence any of the events that apply to this vehicle. <p><u>Example A:</u></p> <p><u>2</u> Ran Off Road <u>1</u> Down Hill Runaway <u>3</u> Cargo Loss or Shift <u> </u> Separation of Units</p> <hr/> <p>▶ Note: If information requested by the Commercial Vehicle Information Section cannot be determined, then leave that particular slot blank.</p> <hr/> <p><u>Example B:</u></p> <p>A truck and trailer combination going down a mountain road loses its brakes. The driver is unable to negotiate a curve and leaves the roadway. The vehicle overturns and the load spills.</p> |

Frequently Asked Questions (FAQs) About Commercial Vehicles

| Question | Response |
|--|--|
| 1. Why is the Gross Vehicle Weight Rating (G.V.W.R.) of a commercial motor vehicle for accident reporting purposes set at 10,001 lbs. as it is for Commercial Driver's Licenses (CDL)? | The U.S. Department of Transportation (U.S. D.O.T.) and the Georgia Department of Transportation (DOT) regulate safety on all commercial vehicles 10,001 lbs. and over. The 10,001 lb. threshold has been in place for many decades. However, when Congress passed the Commercial Driver's License (CDL) law, the threshold level for acquiring a Commercial Driver's License (CDL) was set at 26,001 lbs. |
| 2. How do I determine the Gross Vehicle Weight Rating (G.V.W.R.) for a truck and trailer combination? | Add the manufacturer's Gross Vehicle Weight Rating (G.V.W.R.) for the truck to the manufacturer's Gross Vehicle Weight Rating (G.V.W.R.) for the trailer. If the trailer does not have a Gross Vehicle Weight Rating (G.V.W.R.) label, such as in the case of a homemade trailer, the Gross Vehicle Weight Rating (G.V.W.R.) of the trailer is the actual or estimated weight of the trailer and the cargo loaded thereon. |
| 3. Is a government vehicle (County, City, State, or Federal) involved in an accident, considered a commercial vehicle for accident reporting? | No. The U.S. Department of Transportation (U.S. D.O.T.) does not regulate the safety of government vehicles, except for the driver being required to have a Commercial Driver's License. However, include the governmental agency information in the Commercial Vehicle Only section. |

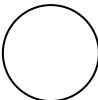
Vehicle Configurations

| | |
|---|--|
| <p>Bus – Seats more than 15 passengers</p> |  |
| <p>Single Unit Truck: 2 Axles, 6 Tires</p> |  |
| <p>Single Unit Truck: 3 or more Axles</p> |  |
| <p>Truck/Trailer</p> |  |
| <p>Truck Tractor (Bobtail)</p> |  |

| | |
|---|---|
| <p>Tractor/Trailer</p> |  |
| <p>Tractor with Twin Trailer</p> |  |

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Back of Accident Reporting Form

| | | |
|---|-----------|---|
| REMARKS | 82 | |
| | | |
| | | |
| | | |
| | | |
| INDICATE ON THIS DIAGRAM WHAT HAPPENED | | INDICATE NORTH |
| 84 | |  |

| Item # | Item | Description |
|--------|-----------------|---|
| 82 | Remarks | Record DETAILED remarks that clarify any part of the report. Officers should use the Remarks section for information needed to describe the exact events occurring in the accident. Be sure the Remarks validate with all areas of the report. |
| 83 | Page ___ Of ___ | Record the page number and total pages of the report. <i>For example, if it took two (2) pages (front and back) to complete your accident report, number the pages as follows:</i> <i>Page 1 of 4, Page 2 of 4, and Page 3 of 4, and Page 4 of 4.</i> |

| Item # | Item | Description |
|--------|--|--|
| 84 | INDICATE ON THIS DIAGRAM WHAT HAPPENED | <p>Draw a diagram for all reports.</p> <ul style="list-style-type: none"> • Record north by drawing an arrow within the circle located in the upper right hand corner of the diagram area. • Number each vehicle to correspond with the number assigned on the front of the report (item 17). • Draw a solid arrow to indicate the direction from which the vehicle came. _____ • Draw a broken line to indicate from the area of impact to where the vehicles came to rest. - - - - - • A second area of impact should be identified by a small arrow labeled 2nd area of impact. _____→ • Include and identify in the diagram any physical features of importance such as an obstruction to the drivers' view, traffic signal/sign, fixed objects, debris, and vehicle parts on scene and so on. • If the vehicles have been moved, and for some reason the officer's investigation cannot determine the path of travel, a diagram of the roadway should still be drawn with the obstructions, debris from accident, traffic signal/sign, and so on. • If you have deer/animal accidents with no other involvement (single vehicle and no injury or fatality), then a diagram is optional. • If a road character is marked curve, the diagram should show a curve. • If the road character is marked straight, the diagram should show a straight roadway. |

| | | | | | | | | | | | | | | | | |
|---|-------------------------------|----------------------|----------------------------|---|----------------------------------|---|---|------------------------|------------------------------|---|-------|------|-------|-------|------|--|
| CITATIONS – VEHICLE # <u>85</u> | | | | | CITATIONS – VEHICLE # _____ | | | | | | | | | | | |
| First Harmful Event 86 | Traffic-Way Flow 87 | Weather 88 | Surface Cond. 89 | Light Cond. 90 | Manner Of Collision 91 | Location At Area Of Impact 92 | Road Comp. 93 | Road Def. 94 | Road Character 95A | Construction/Maintenance Zone 95B | | | | | | |
| 96 VEH # _____ VEH# _____ 97 Number of Occupants _____ 98 Point of Initial Contact _____ 99 Damage To Vehicles _____ | | | | 100 SKID DISTANCE BEFORE IMPACT _____ AFTER _____ VEH. VEH. _____ VEH. VEH. | | | Width of Road _____ 101 _____ | | | | | | | | | |
| Damage Other Than Vehicle: 102 Owner: _____ | | | | | A | G | S | V | | | | | | | | |
| Occupants 103 Driver # _____ Or Pedestrian # _____ Driver # _____ Or Pedestrian # _____ | | | | | | | | | | | | | | | | |
| LAST NAME | FIRST | ADDRESS | CITY | STATE | ZIP | X | X | X | X | XXXXX | XXXXX | XXXX | XXXXX | XXXXX | XXXX | |
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| Item # | Item | Description |
|--------|-----------------------|--|
| 85 | Citations – Vehicle # | <ul style="list-style-type: none"> Record the vehicle #. Officers must record a Georgia code for all violations. <p><i>For example, Speeding (40-6-181). If more room is needed, use the Remarks section.</i></p> |
| 86 | First Harmful Event | <ul style="list-style-type: none"> <i>See the front Overlay for valid codes.</i> This information provides major clues as to how the accident occurred. First harmful event applies to the first injury or damage-producing event. Record only (1) one code. Every accident must have a code. |
| 87 | Traffic-Way Flow | <ul style="list-style-type: none"> <i>See the Overlay for valid codes.</i> Traffic-way flow applies to the accident at the point of impact. <ul style="list-style-type: none"> Two-way traffic - Physical Separation means separated by grass median, and so on. Two-way traffic - Physical Barrier means separated by wall, concrete median, and so on. Record only one (1) code. |

| Item # | Item | Description |
|--------|---------------------------------|---|
| 88 | Weather | <ul style="list-style-type: none"> • See the Overlay for valid codes. • Record the most prominent weather condition at the time of the accident. • Record only one (1) code. |
| 89 | Surface Cond. | <ul style="list-style-type: none"> • See the Overlay for valid codes. • Record the most prominent surface condition at the time of the accident. • Record only one (1) code. |
| 90 | Light Conditions | <ul style="list-style-type: none"> • See the Overlay for valid codes. • Code the light condition at the time of the accident, which may not be the same as the time of investigation. • Record only one (1) code. |
| 91 | Manner of Collision | <ul style="list-style-type: none"> • Explain how the vehicles initially made contact. • Record only one (1) code. <hr/> <p>▶ Note: Always use code 6 for one-vehicle accidents.</p> |
| 92 | Location At Area of Impact | <p>See the Overlay for valid codes.</p> <p>Record only one (1) code.</p> |
| 93 | Road Comp. | <ul style="list-style-type: none"> • See the Overlay for valid Road Composition codes. • Record the type of road surface at the point of impact. If the road surface is two types, mark the type that seems least favorable to safety. • Record only one (1) code. |
| 94 | Road Defects | <ul style="list-style-type: none"> • See the Overlay for valid Road Defects codes. • Always record code 1 – No Defect unless the contributing defects directly affects the accident at the point of impact. • Record only one (1) code. |
| 95A | Road Character | <ul style="list-style-type: none"> • See the Overlay for valid codes. • Record the road character code where the unstable situation begins. • Record only one (1) code. |
| 95B | Construction / Maintenance Zone | <ul style="list-style-type: none"> • See the Overlay for valid codes. • Record only one (1) code. |

| Item # | Item | Description | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----------------------------|-----------------------------|--|----------------------------|-----|--------|---------|------|--------|------------------|-------|---------------|------------------|---------|---------------|---------|---------|-----------|--|----------------------------|--|--|--|--|--|---|---|---|---|---|---|--|--|----------------------------|--|--|--|--|--|---|---|--|--|--|--|
| 96 | Veh # | Record the vehicle or pedestrian number listed on the front of the report. Record in sequential order. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 97 | Number of Occupants | Number of occupants, including the driver must match the number of occupants listed on the report for each vehicle. This number also includes injured and uninjured. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 98 | Point of Initial Contact | <ul style="list-style-type: none"> See the Overlay for valid codes. Code the initial point of impact for each vehicle using the 12 point clock: <ul style="list-style-type: none"> Use code 00 for overturn Use code 13 is for the top of vehicle Use code 14 is for the undercarriage. Record only one (1) code. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Damage To Vehicles | <ul style="list-style-type: none"> See the Overlay for valid codes. Determine the damage severity and record the correct code. Record only one (1) code. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 100 | SKID DISTANCE BEFORE IMPACT | Record the distance each vehicle skidded before and after impact. This is <u>not</u> the distance traveled. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 101 | Width Of Road | Measure the distance from shoulder to shoulder. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 102 | Damage Other Than Vehicle | <ul style="list-style-type: none"> Record any property damage that resulted from the accident, other than the vehicles involved. Record the owner's name. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 103 | Occupants | <ul style="list-style-type: none"> Complete the Driver and Pedestrian information like the following example: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Damage Other Than Vehicle:</th> <th colspan="2">Owner:</th> <th>AGE</th> <th>SEX</th> <th>VEH NO.</th> <th>POB.</th> <th>INJURY</th> <th>TAKEN FOR TREAT.</th> <th>EJECT</th> <th>SAFETY EQUIP.</th> <th>EXTRIC.</th> <th>AIR BAG</th> </tr> </thead> <tbody> <tr> <td colspan="2">Occupants</td> <td colspan="2">Driver # 1 Or Pedestrian #</td> <td></td> <td></td> <td></td> <td></td> <td>1</td> <td>2</td> <td>1</td> <td>3</td> <td>2</td> <td>0</td> </tr> <tr> <td colspan="2"></td> <td colspan="2">Driver # 2 Or Pedestrian #</td> <td></td> <td></td> <td></td> <td></td> <td>1</td> <td>2</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <ul style="list-style-type: none"> List all vehicle occupants by name as follows: | Damage Other Than Vehicle: | | Owner: | | AGE | SEX | VEH NO. | POB. | INJURY | TAKEN FOR TREAT. | EJECT | SAFETY EQUIP. | EXTRIC. | AIR BAG | Occupants | | Driver # 1 Or Pedestrian # | | | | | | 1 | 2 | 1 | 3 | 2 | 0 | | | Driver # 2 Or Pedestrian # | | | | | | 1 | 2 | | | | |
| Damage Other Than Vehicle: | | Owner: | | AGE | SEX | VEH NO. | POB. | INJURY | TAKEN FOR TREAT. | EJECT | SAFETY EQUIP. | EXTRIC. | AIR BAG | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Occupants | | Driver # 1 Or Pedestrian # | | | | | | 1 | 2 | 1 | 3 | 2 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Driver # 2 Or Pedestrian # | | | | | | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Damage Other Than Vehicle: | | Owner: | | AGE | SEX | VEH NO. | POB. | INJURY | TAKEN FOR TREAT. | EJECT | SAFETY EQUIP. | EXTRIC. | AIR BAG | | |
|----------------------------|----------------|----------------------------|-------|-------|-----|---------|------|---------|------------------|--------|------------------|---------|---------------|---------|---------|
| Occupants | | Driver # 1 Or Pedestrian # | | | | | | 4 | 2 | 1 | 3 | 2 | 0 | | |
| | | Driver # 2 Or Pedestrian # | | | | | | 4 | 2 | 1 | 3 | 2 | 2 | | |
| Last Name | First | Address | City | State | Zip | AGE | SEX | VEH NO. | POB. | INJURY | TAKEN FOR TREAT. | EJECT | SAFETY EQUIP. | EXTRIC. | AIR BAG |
| Duck, Donald | 999 Disedy St. | Griffin, Ga. | 30223 | 18 | M | 1 | 3 | 4 | 1 | 1 | 3 | 2 | 0 | | |
| Mouse, Minnie | 999 Disedy St. | Griffin, Ga. | 30223 | 5 | F | 1 | 4 | 4 | 1 | 1 | 3 | 2 | 0 | | |
| Oil, Olive | 1000 Ship Rd. | Jackson, Ga. | 30233 | 8 | F | 1 | 6 | 4 | 1 | 1 | 3 | 2 | 0 | | |
| Brutus, Bruto | Easy St. | Milledgeville, Ga. | 31061 | 60 | M | 2 | 3 | 4 | 2 | 1 | 3 | 2 | 0 | | |

| Item # | Item | Description |
|--------|------|-------------|
|--------|------|-------------|

| Item # | Item | Description |
|--------|--------------------------|--|
| 103 | Occupants (continued) | <ul style="list-style-type: none"> • Give injured parties an injury code 2, 3, or 4. Give uninjured parties a code of zero (0). <i>See the Overlay for valid codes.</i> • Give fatalities a code of one (1). • Include the number of complaints of injury (code 4) with the number of injuries listed on the top front of the report (item #9). This numbers should match. • List age, sex, vehicle number, position, safety equipment, and air bag for all injured and uninjured occupants. • Buses are exempt unless someone is injured. If there is a report of injury on a School Bus, the driver will be responsible for providing the officer with a list of uninjured passengers. <hr/> <p>▶ Note: If the bus is a school bus, the driver provides a list of all passengers to the officer.</p> <hr/> <ul style="list-style-type: none"> • Taken for treatment applies to injured parties taken from the scene of an accident by any means to a medical facility for treatment. <ul style="list-style-type: none"> ▪ If a victim dies in route to a hospital, record code 1 for yes. <p>If a victim is dead on the scene and is transported to be pronounced dead, record code 2 for no.</p> |

Fatal Accidents

In This Section

Overview

The Fatal Analysis Reporting System (FARS) gathers data on the most severe traffic accidents that occur each year - those that result in loss of human life.

The system was conceived, designed, and developed by the National Center for Statistics and Analysis (NCSA) of the National Highway Traffic Safety Administration (NHTSA). The system provides an overall measure of highway safety and helps provide an objective basis on which to evaluate the effectiveness of motor vehicle safety standards and highway safety programs.

A sample of specific FARS data uses include the evaluation of:

- Legal drinking age legislation
- Motorcycle helmet usage legislation
- Restraint usage laws
- The 65 mph speed limit
- Safety design of cars and light trucks
- Safety of large trucks on the highway

FARS became operational in 1975 and contains data on a census of fatal traffic accidents within the 50 states, the District of Columbia, and Puerto Rico. NHTSA has a contract with an agency in each state government to provide information in a standard format on fatal accidents. The Georgia FARS analysts are located within the Accident Reporting Section in the Georgia Department of Transportation in Conyers.

There are several sources of information used by the FARS analysts, but the 523 is the initial document. The 523 contains many details related to an accident, FARS coding is more specific.

Below are some examples of information that may **not** be included, but would be important to the FARS system.

Accident Information

- Recent previous accident scene nearby- if it causes a change in traffic patterns, requires a reduction in traffic speed, and leaves occupants and vehicles on the roadway.
- Number of travel lanes.

Driver Information

- Physical/Mental condition- drowsy, fatigued, ill, emotional, inattentive, and so on.
- Vision obscured- be specific
- Possible distractions inside the vehicle
- Non-compliance of any license restrictions

Vehicle Information

- Defects - be specific
- Travel speed
- Body type- hatchback, station wagon, convertible, etc.
- Evidence of steering and/or braking in attempt to avoid the accident
- Vehicle towed due to the extent of damage
- Citations given after the initial report was made

Occupant Information

- Ejection path- through side window, back window, and so on.
- Occupants other than drivers tested for alcohol or drug involvement
- Death date- if other than accident date
- Death time- if available

If any of the above items are made available to the analysts, they are coded and reported in the FARS cases. For any questions or concerns about fatal traffic accidents, contact the analysts directly at:

678-413-8805 or 678-413-8808

Common Errors to Avoid in Coding

In This Section

This section contains common errors that officers make when completing the Accident Report. These errors could cause the DOT Accident Reporting section to send the report back to the reporting officer for corrections. Reporting errors could also cause the state to lose valuable funding.

All codes are listed on the report Overlay. Please review each error; it could save you time and the state money.

- N/A – Never write N/A anywhere on the Accident Reporting form.

Occupant Section

See the back of the report for this section.

Unknown or hit and run

- Never write this information in the Occupants section (item #103) on the back of the report.
- Never draw a line through this section. If you have no injuries to report, leave this area blank.

Pedestrian

- Maneuver Codes (item #50) - Never use these codes unless it is a pedestrian. A pedestrian is any person NOT in or on a motor vehicle or other road vehicle.
- A person boarding, de-boarding, jumping on/off, or falling from a motor or road vehicle are NOT pedestrians, they are passengers.
- Bicycles are NOT pedestrians.
- Pedestrians are numbered as if they are a vehicle. If the vehicle is on the left side of the report, it is number one (1). If the pedestrian is on the right side of the report, it is number two (2). Therefore, the pedestrian is numbered two (2) in all places throughout the accident report.
- *One vehicle with a driver and one passenger stopped to assist a disabled motorist. All three individuals had exited their vehicles. The three individuals were struck by an on-coming vehicle. Your report should have the following vehicle and pedestrian identifiers:*

Pedestrian #1 – Driver

Pedestrian #2 – Passenger

Pedestrian #3 – Motorist with disabled vehicle

Vehicle #4 – 1st vehicle (vehicle with driver and passenger)

Vehicle #5 – 2nd vehicle (disabled motorist's vehicle)

Vehicle #6 – 3rd vehicle (vehicle that struck the pedestrians)

▶ **Note:** Always number Pedestrians and Vehicles sequentially.

- When coding a pedestrian accident, the following items **must** be completed:

| Item # | Item Name | Item # | Item Name |
|---------|-----------------------|--------|---|
| 19 | Name | 47 | Vision Obscured |
| 21 | DOB | 50 | Pedestrian Maneuver |
| 25 | Sex | 51 | Contributing Factor (Code 1 or 26 only) |
| 41 & 42 | Alcohol Test and Type | 52 | Most Harmful Event (Code 11 only) |
| 43 & 44 | Drug Test and Type | 55 | Traffic Control |
| 45 | Driver Condition | 103 | Occupant – record the Injury code and Taken for Treat. code only |
| 46 | Direction of Travel | | |

First Harmful Event/Most Harmful Event - Non-Collision Codes

First Harmful Event applies to the accident as a whole. Most Harmful Event applies to individual vehicles or pedestrians.

For example, vehicle #1 collides with vehicle #2, then vehicle #2 runs off the road and strikes a tree and the driver dies.

- ❑ **First Harmful Event** code 11 – Motor Vehicle in Motion when vehicle #1 struck vehicle #2.
- ❑ **Most Harmful Event** for vehicle #1 is code 11 - Motor Vehicle in Motion.
- ❑ **Most Harmful Event** for vehicle #2 is a code 33 - Tree when vehicle #2 struck the tree and the driver died.

▶ **Note:** Never use code 11 – Motor Vehicle in Motion for a one-vehicle accident.

- When a vehicle strikes a pedestrian and this is the only event that occurs, use the following codes:
 - First Harmful Event code 6 - Pedestrian,
 - Most Harmful Event for the vehicle is code 6 – Pedestrian, and
 - Most Harmful Event for the pedestrian is code 11 – Motor Vehicle in Motion.
- When a motor vehicle strikes a bicycle and this is the only event that occurs, use the following codes:
 - First Harmful Event is code 7 – Pedal cycle (for the bicycle).

- Most Harmful Event for the motor vehicle is code 7 - Pedalcycle.
- Most Harmful Event for the bicycle is code 11 – Motor Vehicle in Motion.
- Total Number of Vehicles (item #9) at the top of the report should include the bicycle. **Always** code and count a bicycle as a vehicle.
- When a motor vehicle strikes a railway train and that is the only event that occurs:
 - First Harmful Event is code 8 – Railway Train.
 - Most Harmful Event for the motor vehicle is code 8 – Railway Train.
 - Most Harmful Event for the railway train is code 11 – Motor Vehicle in Motion.
- Code 12 – Motor Vehicle in Motion – In Other Roadway refers to accidents that occur on Interstates or divided highways.

For example:

Vehicle #1 is traveling Southbound (SB) on I-75, crosses the median, and strikes *Vehicle #2*, which is traveling Northbound (NB) on I-75.

- First Harmful Event is code 12 – Motor Vehicle in Motion – In Other Roadway.
- Most Harmful Event for *Vehicle #1* is code 12 – Motor Vehicle in Motion – In Other Roadway.
- Most Harmful Event for *Vehicle #2* is code 11 – Motor Vehicle in Motion.
- **Never** use code 12 – Motor Vehicle in Motion – In Other Roadway for intersection accidents.
- When a moving vehicle strikes a legally parked vehicle and this is the only event that occurs:
 - First Harmful Event is code 10 – Parked Motor Vehicle.
 - Most Harmful Event for the **legally parked** vehicle is code 11 – Motor Vehicle in Motion.
 - Most Harmful Event for vehicle in motion is code 10 – Parked Motor Vehicle.
- When a vehicle strikes a **deer** and this is the only occurrence, **the** First and Most Harmful Event is code 14 – Deer. Use code **9** for all other animals.
- **When you have a non-contact vehicle, record code 15 for Point of Initial Contact.**

Vehicle Maneuver (item# 49)

- Code 8 - Parked vehicles should be used for ‘legally’ parked vehicles only. Vehicles that are stopped in the roadway for any reason and vehicles that are illegally parked should have a code of 4 - Stopped.
- Vehicle maneuver turning left or right is for vehicles making turns at intersecting roadways code 1 – Turning Left and 2 – Turning Right.
- When a vehicle is pulling into or out of a driveway, always record maneuver code 12 – Entering/Leaving Driveway.
- When a vehicle is entering or leaving a legal parking space on the street, NOT a parking lot, record code 11 – Entering/Leaving Parking.

- When you are completing a parked vehicle accident, **always** record the person who parked the vehicle in item #18.
- When Road Character (item #95) is coded 4 – Curve and Level, 5 – Curve on Grade, or 6 – Curve on Hillcrest, and the vehicle or vehicles are negotiating a curve, record the Vehicle Maneuver code as 10 – Negotiating a Curve, NOT 5 – Straight.

Other Errors

Vehicle in Tow:

- If a driver is towing another vehicle and the vehicle in tow does NOT have a driver that can control the vehicle, then you should report this as a one-vehicle accident. Should the vehicle in tow separate from the towing vehicle this is still only a one-vehicle accident.
- If a driver is towing another vehicle, the vehicle in tow is controlled or being steered by an individual, and the vehicle separates, then you should report this as a two-vehicle accident.

Documenting Vehicle and/or Pedestrian:

Always, document vehicle #1 from the front of the report in position #1 consistently on the back of the report.

Appendix

Accident Reporting Assistance

Reporting

The Accident Reporting Section offers, by request, a monthly and yearly statistical summary, statewide, by county, and selected cities. If reports are not received in a timely manner, they are not included in the monthly totals, but in year-end only. To obtain statistical summaries, contact the Department of Transportation, Accident Reporting Unit.

Accident Report Completion Assistance

When needing assistance to complete an accident report, please contact the Accident Reporting section by written request, telephone or fax. The address, telephone number, or fax number is listed below.

Georgia Department of Transportation, Accident Reporting Unit
 2206 Eastview Parkway
 Conyers, Georgia 30013
 (678) 413-8647 or (678) 413-8584 (FAX)

Maps or Accident Location Information Request

MAPS:

Georgia DOT
 Office of Transportation Data
 Map Sales Unit
 No. 2 Capitol Square
 Atlanta, Georgia 30334
 Office Phone: 404-656-5336
 Office Fax: 404-463-2765

ACCIDENT LOCATION:

Georgia DOT
 Office of Traffic Safety & Design
 935 E. Confederate Avenue
 Building #24 - TMC
 Atlanta, Georgia 30316
 Office Phone: 404-624-1300
 Office Fax: 404-635-8116

http://www.dot.state.ga.us/DOT/plan-prog/transportation_data/mapsales/

Commercial Vehicle Assistance

Assistance in completing the Commercial Vehicle Information section can be obtained by calling Georgia Department of Transportation.

Georgia Department of Public Safety, Motor Carrier Compliance Division
P.O. Box 1456
Atlanta, Georgia 30371-2303
Contact: Captain Bruce Bugg
(404) 624-7226
obbugg@gsp.net

Additional Reference Material

The following is additional reference material that may assist you when you are completing your report:

American National Standards — *“Manual on Classification of Motor Vehicle Traffic Accidents”* - Sixth Edition (ANSI D16.1-1996)

Alphabetical Listing of Car Makes and NCIC Code

| MAKE | NCIC Code |
|--------------------------------|-----------|
| ACME TRAILER MFG. CO. | ACME |
| ACRO TANK CO. | ACRO |
| ACURA | ACUR |
| AIRSTREAM | AIRS |
| AJAX TRAILER CO. | AJAX |
| ALABAMA TRAILER CO. | ALAB |
| ALADDIN TRAILER CO. | ALAD |
| ALASKAN CAMPER | ALAS |
| ALFA ROMERO | ALFA |
| ALL SEASONS MOTOR HOME | ALSE |
| ALLISON | ALIS |
| AM GENERAL | AMER |
| AM GENERAL CORPORATION | AMGN |
| AMERICAN | AME |
| AMERICAN LA FRANCE | LAFR |
| AMERICAN MOTORS | AMER |
| AMERICAN TRAILER & MFG. CO. | AMEM |
| AMERICAN TRAILER SPECIALISTS | AMET |
| AMERICAN TRAILERS, INC. | AME |
| ANCHOR HOMES, INC. | ANCH |
| ARGOSY TRAVEL TRAILER | ARGS |
| ARISTOCRAT MOTOR HOME | ARIS |
| ARROW | ARRO |
| ARROW TRAILERS, INC. | ARRT |
| ARROWHEAD TRAILERS | ARRW |
| ARTCRAFT MOBILE HOMES MFG. CO. | ARTH |
| ARTCRAFT OF GEORGIA | ARTG |
| ASPLUNDH MANUFACTURING DIV. | ASPL |
| ASPT | ASPT |
| ASSOCIATED TRUCK & TRAILER | ATTC |
| ASTON MARTIN | ASTO |
| AUDI | AUDI |
| AUSTIN/AUSTIN HEALEY | AUST |
| AUTOCAR | AUTO |
| AUTO-UNION-DKW | AUTU |
| AVANTI | AVTI |
| BANKHEAD ENTERPRISES, INC. | BANH |
| BANKHEAD WELDING SERVICE | BANK |
| BARTOLINI CHASSIS TRAILER | BART |
| BEACH-CRAFT MOTOR HOMES | BEAM |

| MAKE | NCIC Code |
|--------------------------------|-----------|
| BEACHWOOD MOTOR HOME | BEEH |
| BEALL | BEAL |
| BEALL TRANS-LINER, INC. | BEAT |
| BEAVER MONTEREY MOTOR | BEAE |
| BENDIX CORP. | BEDX |
| BENLO CO. | BENL |
| BENTLEY | BENT |
| BERTOLINI CONTAINER CO. | BRTO |
| BERTONE | BERO |
| BIG JOHN | BJHN |
| BLUE BIRD | BLUB |
| BMW | BMW |
| BO-MAR MFG. CO. | BOMA |
| BRIKLIN | BRIC |
| BROCKWAY | BROC |
| BROWN | BROW |
| BSA | BSA |
| BUICK | BUIC |
| BUSHCRAFT TRAILER | BUSH |
| BUSHOG/LOADCRAFT | LODC |
| BUTLER MFG. CO. | BUTL |
| BUTLER. C. TRAILER MFG. CO. | CBUT |
| BUTLER. L. T. | BUTE |
| CADILLAC | CADI |
| CANADIAN TRAILMOBILE LTD. | CAND |
| CAN-CAR (CANADIAN CAR TRAILER) | CACR |
| CAPACITY OF TEXAS. INC. | CAPT |
| CASE | CSE |
| CENTURION INTERNATIONAL, INC. | CENI |
| CENTURION TRAVEL TRAILER | CENU |
| CENTURY AUTO BODY & TRAILER | CENR |
| CHALLENGER TRAILER | CHLG |
| CHECKER | CHEC |
| CHEVROLET | CHEV |
| CHRYSLER | CHRY |
| CITROEN | CITR |
| CLARK EQUIPMENT CO. | CLAR |
| CLARK-WILCOX | CLWX |
| COOK SEMI TRAILER | COOK |
| COOS-BILT TRAILERS | COOS |
| COTTRELL | COTR |
| CRAFTSMAN | CRAF |

| MAKE | NCIC Code |
|-------------------------------|-----------|
| CRANE CARRIER COMPANY | CCC |
| CROWLEY MFG. | CRLY |
| CUSTOM (CARGO TANK) | CUSM |
| DAIHATSU | DAIH |
| DATSUN | DATS |
| DAVENPORT TRAILER | DAVN |
| DEERE, JOHN, TRAILER | DEER |
| DELOREAN | DELO |
| DESOTO | DESO |
| DIAMOND REO | DIAR |
| DILLON ENTERPRISES. INC. | DILO |
| DITCH WITCH | DITC |
| DIVCO | DIVC |
| DIXIE CRAFT TRAILERS, INC. | DIXE |
| DODGE | DODG |
| DORSEY TRAILER INC. | DORS |
| DUCATI | DUCA |
| DURABILT | BALT |
| EAGER BEAVER TRAILER | EAGB |
| EAGLE | EGIL |
| EAGLE CUSTOM COACH | EAGC |
| EAST DUMP TRAILER | EADU |
| ECONO FLO BULK SERVICE | ECOF |
| ECONOLINE UTILITY TRAILER | ECLN |
| ELGIN SWEEPER COMPANY | ELGN |
| EMERGENCY ONE, INC. | EMON |
| EVANS MFG. CO. INC., JOHN | EVAN |
| EVANS-PLUGGE CO., INC. | EVAP |
| EVERGREEN LOG TRAILER | EVER |
| EVINRUDE MOTORS | EVIN |
| EXCALIBER | EXCL |
| FARGO | FARG |
| FEEDLINER | GLFI |
| FERRARI | FERR |
| FIAT | FIAT |
| FLEETCRAFT CORP. | FLEE |
| FLEETWOOD ENTERPRISES, INC. | FTWD |
| FLEX | FLX |
| FLEXI-COIL LTD. | FLEI |
| FLINTSTONE INDUSTRIES | FLIN |
| FLORIDA TRAILER CO. | FLOD |
| FLORIDA WHOLESALE DISTRIBUTOR | FLOI |

| MAKE | NCIC Code |
|------------------------------|-----------|
| FMC CORP. | FMC |
| FONTAINE TRUCK EQUIPMENT CO. | FONA |
| FORD | FORD |
| FREIGHTLINER | FRHT |
| FRUEHAUF CORP. | FRUE |
| FWD CORP. | FWD |
| GALION MANUFACTURING DIV. | GALI |
| GEORGIA TRAILER & EQUIPMENT | GEOT |
| GMC | GMC |
| GOLDEN EAGLE | GOL |
| GREAT DANE | GDAN |
| GRUMMAN MOTOR HOME | GRUM |
| HARLEY-DAVIDSON | HD |
| HARMON TANK CO. | HRTK |
| HAULMARK INDUSTRIES. INC. | HAUI |
| HEIL CO., THE | HEIL |
| HILLMAN | HILL |
| HINO | HINO |
| HOBBS TRAILERS | HOBB |
| HO-BO TRAILER | HOBO |
| HOLIDAY RAMBLER | HOLR |
| HOLMES WRECKER | HOLK |
| HEMOCRAFT | ACTE |
| HOMEMADE TRAILER | HMDE |
| HONDA | HOND |
| HUDSON | HUDS |
| HYSTER CORP. | HYST |
| HYUNDAI | HYUN |
| HYUNDAI TRAILER | HYTR |
| IMPERIAL | CHRY |
| INFINITI | INFI |
| INTERNATIONAL | INTL |
| ISUZU | ISU |
| ITASCA MOTOR HOMES | ITAS |
| IVECO TRUCKS / IVECO/MAGIRUS | IVEC |
| JAGUAR | JAGU |
| JAYCO, INC. | JAY |
| JEEP (BEFORE 1970) | JEP |
| JEEP (1971- 1988) | AMER |
| JEEP (AFTER 1988) | JEEP |
| JENSEN | JENS |

| MAKE | NCIC Code |
|----------------------------|-----------|
| KARI COOL TRAILER | KARI |
| KAUFMAN | KAUF |
| KAWASAKI | KAWK |
| KENTUCKY MFG. CO. | KENT |
| KENWORTH MOTOR TRUCK CO. | KW |
| KENWORTH NORTHWEST, INC. | KNNW |
| KOUNTRY BOY TRAILERS | KBOY |
| KRAGER KUSTOM KOACH, INC | KRAE |
| KUSTOM KRAFT | KUST |
| LADA | LADA |
| LAMBORGHINI | LAMO |
| LANCIA | LNCI |
| LANDCRAFT CORP. | LAND |
| LEER, INC. | LEER |
| LEXUS | LEXS |
| LINCOLN | LINC |
| LOADCRAFT DIV., BUSHOG | LODC |
| LOTUS | LOTU |
| LUFKIN TRAILERS | LUFK |
| MACK TRUCKS, INC. | MACK |
| MAGIRUS | IVEC |
| MARMON HARRINGTON | MAHA |
| MASERATI | MASE |
| MAXON INDUSTRIES. INC. | MAXO |
| MAZDA | MAZD |
| MCI | MCIN |
| MERCEDES BENZ | MERZ |
| MERCURY | MERC |
| MERKUR | MERK |
| MG | MG |
| MISSISSIPPI TANK CO., INC. | MTCI |
| MINI | MITS |
| MOHAWK, INC. | MOHA |
| MONACO MOTOR HOME | MNAC |
| MORGAN | MORG |
| MORRIS | MORR |
| MOTO-GUZZI | MOGU |
| MOTOR COACH INDUSTRIES | MCIN |
| NAVISTAR | NAVI |
| NEOPLAN | NEOP |
| NISSAN | NISS |

| MAKE | NCIC Code |
|-----------------------------|-----------|
| NISSAN DIESEL MOTOR CO. | NDMC |
| NORTON | NORT |
| NOVABUS | NOVA |
| OGEECHEE | OGEE |
| OLDSMOBILE | OLDS |
| OPEL | OPEL |
| OPEN ROAD INDUSTRIES | OPEN |
| ORION BUS | ORIN |
| OSH KOSH | OSHK |
| PACE AMERICAN, INC. | PAMR |
| PACEMAKER BOAT TRAILER | PACB |
| PACKARD | PACK |
| PEERLESS DIVISION | PERL |
| PETERBUILT | PTRB |
| PEUGEOT | PEUG |
| PITTS | PITT |
| PLYMOUTH | PLYM |
| POLAR MFG. CO. | POLA |
| PONTIAC | PONT |
| PORSCHE | PORS |
| PREVOST CAR. INC. | PREO |
| PULLMAN TRAILMOBILE | TRIM |
| REBEL TRAILERS | REBL |
| RELIABLE TANK INC. | RELB |
| RELIANT (BRITISH) | RELA |
| RENAULT | RENA |
| REO | REO |
| RIDGECRAFT CORP. | RIDG |
| RILEY | RILY |
| ROADCRAFT MFG. & LEASING | RADC |
| ROLLS ROYCE | ROL |
| ROVER | ROV |
| SAAB | SAA |
| SAFETYLINER | SAF |
| SATURN | STRN |
| SCANIA | SCAN |
| SEAGRAVE FIRE APPARATUS | SEAF |
| SETRA BUS | SETR |
| SILVER EAGLE | SIL |
| SILVER EAGLE TRAVEL TRAILER | SIEA |
| SILVER STREAK TRAILER CO | SILV |

| MAKE | NCIC Code |
|------------------------------|-----------|
| SIMCA | SIM |
| SINGER | SIN |
| SPARTAN MOTORS, INC. | SPTN |
| SPORTCOACH MOTOR HOME | SPRT |
| STAR | STTT |
| STAR TANK & TRAILER MFG. CO. | STAP |
| STARCRAFT CORP. | STAO |
| STEELCRAFT LOG TRAILER | STCR |
| STERLING | STLG |
| STRICK TRAILERS CORP. | STRI |
| STUDEBAKER | STU |
| STUTZ | STUZ |
| SUBARU | SUBA |
| SUNBEAM | SUNB |
| SUZUKI | SUZI |
| TANKRAFT TRAILER | TANK |
| TENNESSEE TRAILER | TENN |
| TERRAVAC CORP. | TERR |
| THEURER ATLANTIC, INC. | THEU |
| THIELE, INC. | THIL |
| THOMAS BUILT | THMS |
| TIMPTE, INC. | TIMP |
| TOWMASTER | TOWR |
| TOYOTA | TOYA |
| TRAILCRAFT BOAT TRAILER | TRCF |
| TRAILMOBILE | TRIM |
| TRAILSTAR | TRST |
| TRANS VAN MOTOR HOMES | CHAM |
| TRASCRAFT CORP. | TRAO |
| TREK, INC. | TREK |
| TRIUMPH | TRIU |
| TSC | TSC |
| TUCKER, AL, TRAILER CO. | TUCE |
| TVR | TRV |
| TWIN COACH | MCI |
| UD | UD |
| U-HAUL CO. | UHAU |
| US CARGO | USCG |
| UTILITY TRAILER MFG. CO. | UTIL |
| VAN HOOL BUS | VANH |
| VOLKSWAGEN | VOLK |
| VOLVO | VOLV |

| MAKE | NCIC Code |
|-----------------------------|-----------|
| VULCAN TRAILER MFG. CO. | VULC |
| WABASH NATIONAL CORPORATION | WANC |
| WARD LAFRANCE | WALA |
| WARRIOR MFR. | WARM |
| WATSON INDUSTRIES | WATS |
| WELLS CARGO, INC. | WELL |
| WESTERN | WESE |
| WESTERN STAR | WSTR |
| WHITE/AUTOCAR | WHIT |
| WHITE/GMC | WHGM |
| WIG-A-WAM, INC. | WIGA |
| WINNEBAGO INDUSTRIES, INC. | WINN |
| X-TRA CAMPER CO. | XTRA |
| YAMAHA | YAMA |
| YUGO | YUGO |
| ZOLLINGER TRAILER CO. | ZOLL |
| OTHER | OTHR |

State Abbreviation Codes

The following is a list of USPS two-digit abbreviations for the 50 States and other similar U.S. Administrative Units.

OT = Other

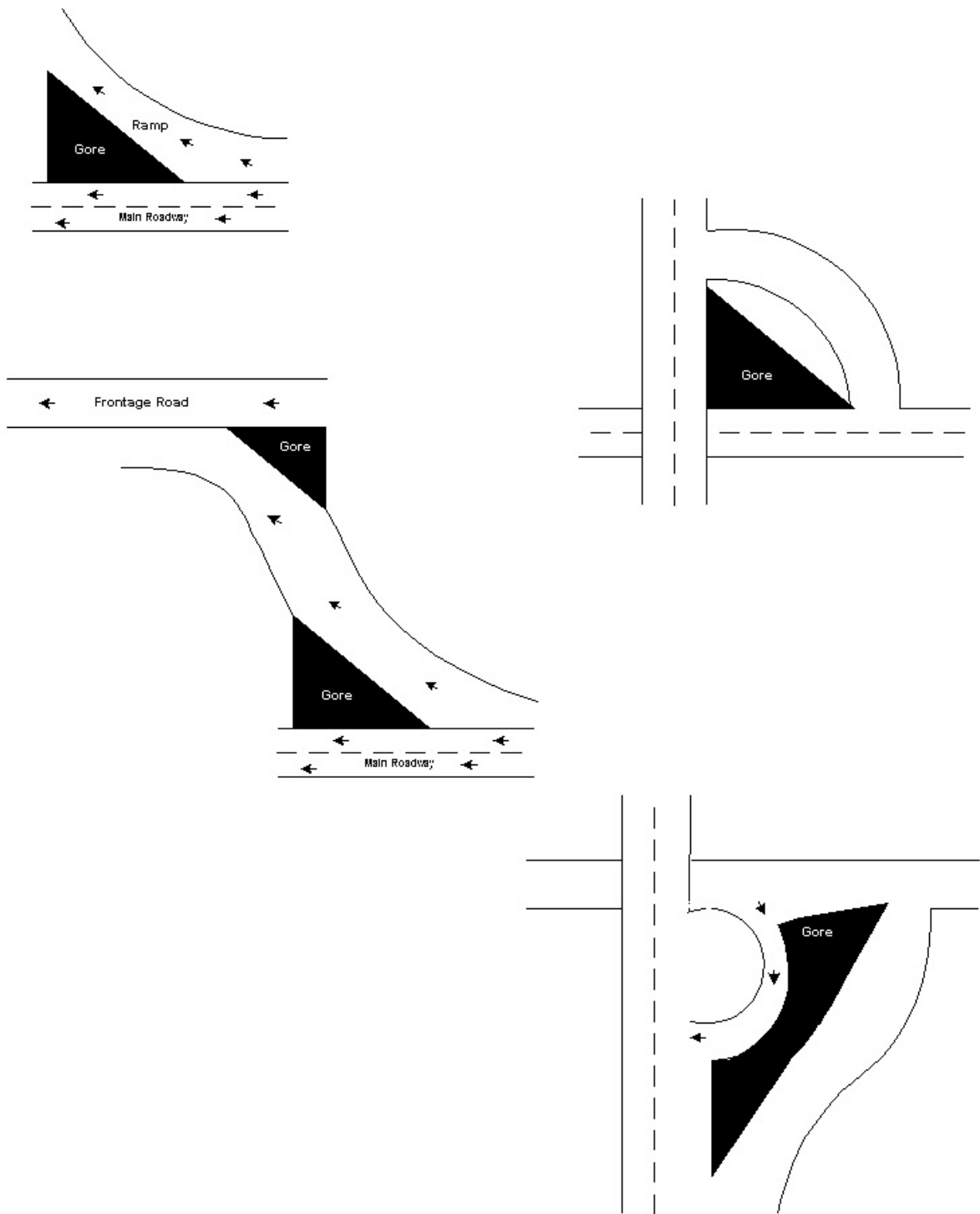
UK = Unknown

| Continental Location | State | Code |
|----------------------|----------------------|------|
| United States | ALABAMA | AL |
| | ALASKA | AK |
| | ARIZONA | AZ |
| | ARKANSAS | AR |
| | CALIFORNIA | CA |
| | COLORADO | CO |
| | CONNECTICUT | CT |
| | DELAWARE | DE |
| | DISTRICT OF COLUMBIA | DC |
| | FLORIDA | FL |
| | GEORGIA | GA |
| | HAWAII | HI |
| | IDAHO | ID |
| | ILLINOIS | IL |

| Continental Location | State | Code |
|----------------------|------------------|-------------|
| | INDIANA | IN |
| | IOWA | IA |
| | KANSAS | KS |
| | KENTUCKY | KY |
| | LOUISIANA | LA |
| | MAINE | ME |
| | MARYLAND | MD |
| | MASSACHUSETTS | MA |
| | MICHIGAN | MI |
| | MINNESOTA | MN |
| | MISSISSIPPI | MS |
| | MISSOURI | MO |
| | MONTANA | MT |
| | NEBRASKA | NE |
| | NEVADA | NV |
| | NEW HAMPSHIRE | NH |
| | NEW JERSEY | NJ |
| | NEW MEXICO | NM |
| | NEW YORK | NY |
| | NORTH CAROLINA | NC |
| | NORTH DAKOTA | ND |
| | OHIO | OH |
| | OKLAHOMA | OK |
| | OREGON | OR |
| | PENNSYLVANIA | PA |
| | RHODE ISLAND | RI |
| | SOUTH CAROLINA | SC |
| | SOUTH DAKOTA | SD |
| | TENNESSEE | TN |
| | TEXAS | TX |
| | UTAH | UT |
| | VERMONT | VT |
| | VIRGINIA | VA |
| | WASHINGTON | WA |
| | WEST VIRGINIA | WV |
| | WISCONSIN | WI |
| | WYOMING | WY |
| | Territory | Code |

| Continental Location | State | Code |
|-----------------------------|-----------------------|-------------|
| U.S. Territories | AMERICAN SAMOA | AS |
| | GUAM | GU |
| | PUERTO RICO | PR |
| | VIRGIN ISLANDS | VI |
| Providence | | Code |
| Canada | ALBERTA | AB |
| | BRITISH COLUMBIA | BC |
| | MANITOBA | MB |
| | NEW BRUNSWICK | NB |
| | NEWFOUNDLAND | NF |
| | NORTHWEST TERRITORIES | NT |
| | NOVA SCOTIA | NS |
| | ONTARIO | ON |
| | PRINCE EDWARD ISLAND | PE |
| | QUEBEC | PQ |
| | SASKATCHEWAN | SK |
| | YUKON TERRITORIES | YT |
| Other Countries | | |
| | MEXICO | MX |

Examples of Gore Area



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Glossary

| Term | Definition |
|---------------------------|---|
| Accident | An unintended event that produces injury or damage through the operation of a motor vehicle upon a public roadway. |
| All-Terrain Vehicle (ATV) | Any motorized off-highway vehicle fifty inches or less in width, having an un-laden, dry weight of six-hundred pounds or less, traveling on three or more low-pressure tires, having a seat designed to be straddled by the operator and handlebars for steering control. |
| Bridge Parapet End | This is the end of a low wall, which runs along the outer most edge of the roadway or sidewalk on the bridge. It is usually composed of brick, stone, or concrete. Balustrade is often used synonymously with parapet |
| Bridge Pier or Abutment | This refers to <u>support</u> structures. They are most likely struck by vehicles passing <u>under</u> bridges. |
| Bridge Rail | <p>A wooden, brick, stone, concrete or metal fence-like wall which runs along the outermost edge of the roadway or sidewalk on the bridge or a rail constructed along the top of a parapet.</p> <p>Bridges do not need to support another roadway. It may be an overpass for a train or even for a viaduct (water conduit).</p> |

| Term | Definition |
|----------------------|---|
| Commercial Vehicle | <p>Any vehicle, bus, self-propelled straight truck, tractor, trailer, semi-trailer, or combination thereof that moves down the highway under its own power transporting passengers or property, <u>and/or</u> used in the furtherance of a commercial business when:</p> <ul style="list-style-type: none"> • The vehicle or vehicle combination has a manufacturers Gross Vehicle Weight Rating (GVWR) or a Gross Combination Weight Rating (GCWR) of more than 10,000 pounds, • The vehicle is designed to transport 16 or more passengers including the driver, or • The vehicle or vehicle combination is used for the transportation of hazardous materials in a quantity that requires the use of hazardous material warning placards. |
| Complaint of Injury | Possible injuries that are claimed or indicated by behavior but not by wounds. |
| Corrected Copy | A complete new report that replaces the original. The original is discarded and the corrected report replaces it. Corrected copy needs to be typed in the blank space in the location area at the top of the report. <i>Include a supplement with this document.</i> |
| Delayed Death | A reported injury of any person that produced death within 30days after the date of the accident. Delayed deaths must be reported to the Department of Transportation. |
| Deliberate Intent | <p>When injury or property damage is done on purpose, with a motor vehicle, the event should not be considered accidental. Intent is the important consideration in the following:</p> <ul style="list-style-type: none"> • Suicide or self-inflicted injury using a motor vehicle. • Assault or murder using a motor vehicle <hr/> <p>▶ <i>Note: If unintended harm results from an intended act, the unintended harm is an accident.</i></p> |
| Disabling Damage | Is defined as damage other than a flat tire that is sufficient to prevent the vehicle from being driven away without repair. |
| Disabling Event | An event, which requires that the vehicle be moved, up-righted, or otherwise, assisted by <u>emergency equipment</u> . |
| Exempt Motor Carrier | A motor carrier engaged in transportation exempt from economic regulation by the Federal Motor Carrier Safety Administration (which took over the function of ICC). "Exempt Motor Carriers are subject to accident reporting". |
| Extrication | This applies when equipment was used to free a person who could not get out of the vehicle by any other means. |

| Term | Definition |
|--|---|
| Federally Reportable Accident | <p>An accident involving a commercial vehicle or vehicles that results in:</p> <ul style="list-style-type: none"> • At least one fatality, • At least one injury that is severe enough for the injured person to require transportation from the scene for immediate medical attention, or • At least one vehicle involved sustains "disabling damage" or a "disabling event". |
| For-Hire Motor Carrier | A motor carrier engaged in the transportation of goods or passengers for compensation. |
| Gore <i>(See page 71 for examples of Gore Area)</i> | Gore is an area of land where two roadways diverge or converge. The area is bounded on two sides by the edges of the roadways, which join at the point of divergence or convergence. The direction of traffic must be the same on both of these roadways. The area includes shoulders or marked pavement, if any, between the roadways. The third side is 60 meters (approximately 200 feet) from the point of divergence or convergence or, if any other road is within 70 meters (230 feet) of that point, a line 10 meters (33 feet) from the nearest edge of such road. |
| Gross Vehicle Weight Rating (GVWR) | The manufacturer's GVWR is the amount of weight of the vehicle and the maximum load the vehicle is <u>capable</u> of carrying added together. It is also the sum of all individual ratings on the power unit and all trailing units. |
| Hazard Classification Number | Is a one-digit number that appears at the bottom tip of a hazardous material placard - this number represents the hazard class of the material transported. |
| Hazardous Material | A substance or material, including a hazardous substance, which has been determined by the Secretary of Transportation to be capable of posing an unreasonable risk to health, safety, and property when transported in commerce, and which has been so designated. |
| Hazardous Material Identification Number Marking | A four-digit number displayed in the center of a placard or within an orange rectangular box. This number identifies the specific hazardous material that is being transported. |
| Head-on Collision | A collision in which the front-end of one vehicle collides with the front-end of another, while the two vehicles are traveling in opposite directions. All accidents in which the front of both vehicles makes contact in the First Harmful Event are head on. Direction of force will NOT be used in determining head-on collisions. |
| I.C.C. Number | A number issued by the Federal Motor Carrier Safety Administration (which tool over the function of the I.C.C) for-hire motor carriers that are engaged in interstate commerce. |

| Term | Definition |
|----------------------------|--|
| Impact Attenuator | This is a device for controlling the absorption of energy released during vehicle collision. It's most common application involves the protection of fixed roadside objects such as bridge piers, elevated gores at exit ramps, and so on. <i>Examples</i> include barrels filled with water or sand and plastic collapsible structures. |
| In Transport | Used to describe the state or condition of a vehicle which meets one of the following: <ul style="list-style-type: none"> • Vehicle is in motion • Vehicle is in readiness for motion (such as a car stopped to turn) |
| Injury Types | <ul style="list-style-type: none"> • Serious Injury – see definition • Visible Injury – see definition • Complaint of Injury – see definition |
| <u>Interstate</u> Commerce | Trade, traffic, or transportation in the United States which is between a place in a state and a place outside of such state (including a place outside of the United States) or is between two places in a state through another state or place outside of the United States. |
| <u>Intrastate</u> Commerce | Trade, traffic, or transportation within any single state that is not described in the term "Interstate". |
| Luminaire/Light Support | Highway lighting system other than lights mounted to utility poles. |
| Manner of Collision | <p>The identification in an accident of how the vehicles initially came together.</p> <ul style="list-style-type: none"> • Angle Accidents: Applies when a collision results from the FIRST injury or damage-producing event involves two or more motor vehicles traveling in directions that are generally perpendicular. • Rear End: Applies when the FIRST injury or damage-producing event involves two motor vehicles proceeding in the same general direction. • Head-on Collision: A collision in which the front-end of one vehicle collides with the front-end of another, while the two vehicles are traveling in opposite directions. All accidents in which the front of both vehicles makes contact in the First Harmful Event are head on. Direction of force will NOT be used in determining head-on collisions. • Sideswipe – Same Direction: Applies when the FIRST injury or damage-producing event involves two motor vehicles colliding side to side while proceeding in the same direction. • Sideswipe – Opposite Direction: Applies when the FIRST injury or damage-producing event involves two motor vehicles colliding side to side from generally considered |

| Term | Definition |
|---|--|
| | <p>opposite directions.</p> <ul style="list-style-type: none"> • Not a collision with a Motor Vehicle: Applies when the FIRST occurrence doing injury or damage involves a motor vehicle that does not involve a collision, overturning, or pedestrian. These include: <ul style="list-style-type: none"> ▪ Accidental poisoning from carbon monoxide generated by the motor vehicle in transport. ▪ Breakage of any part of the motor vehicle while in transport which results in further property damage or injury. <hr/> <p>▶ <i>Note: Any mechanical failure such as a tire blowout, broken fan belt, etc., does not, by itself constitute a motor vehicle accident. However, any subsequent injury or damage resulting from the mechanical failure would be a motor vehicle accident if the motor vehicle were in transport.</i></p> <hr/> <ul style="list-style-type: none"> ▪ Any other injury or damage-producing event involving only the motor vehicle that is of a non-collision nature, such as a motor vehicle striking holes or bumps in the surfaces of the roadway |
| Median | <p>Median is defined as the portion of a divided highway separating the travel ways for traffic in opposing directions. The principal functions of a median are to:</p> <ul style="list-style-type: none"> • Provide the desired freedom from interference of opposing traffic. • Provide a recovery area for out-of-control vehicles. • Provide a stopping area in case of emergencies. • Provide for speed change and storage of left-turning and U-turning vehicles. • Minimize headlight glare. <p>Medians may be depressed, raised or flush. Flush medians can be as little as 2-feet wide between roadway edge-lines. Painted roadway edge-lines two (2) or more feet wide denote medians. Medians of lesser width must have a barrier to be considered a median. Continuous left turn lanes are considered medians.</p> |
| Motor Vehicle in Motion – In Other Roadway | <p>This applies to events where a vehicle leaves one roadway and enters a different roadway, having a collision with a motor vehicle in transport in a different roadway.</p> <p><i>For example, one vehicle travels across the median of a divided highway, enters oncoming traffic, and is struck; or, when a vehicle traveling on an overpass leaves the traffic-way and strikes or is struck by a vehicle traveling on a traffic-way below.</i></p> |
| Pedestrian | <p>Any person not in or upon a motor vehicle or other road vehicle. Persons boarding, alighting, jumping, or falling from a motor vehicle are NOT pedestrians; they are passengers. Bicyclists are NOT pedestrians.</p> |
| Placard | <p>A diamond-shaped warning sign for hazardous materials. Different colors of placards indicate various hazardous material classes. Either names or numbers may appear on the placards for material identification purposes.</p> |

| Term | Definition |
|-----------------------|--|
| Private Motor Carrier | A motor carrier that transports, by motor vehicle property of which the motor carrier is the owner, lessee, or bailee. Such transportation being for the purpose of sale, lease, rent, bailment, or in the furtherance of any commercial enterprise. This generally includes Not-For-Profit organizations. |
| Serious Injury | Any injury that prevents the injured person from walking, driving, or normally continuing the activities that, that person was capable of performing prior to the accident. |
| Stabilized Situations | <p>A stabilized situation exists after motion and other action involving the accident has ceased. The stabilizing situation may be brief but "none-the-less" separates the end of one event from the beginning of another.</p> <p>► <i>Note: Sometimes during bad weather conditions, several vehicles are involved in an accident at the same place and within a short time. This "chain reaction" may be one accident or several accidents depending on whether stabilizing situations developed during the series of accident. If stabilizing situations cannot be established, code as one accident.</i></p> |
| Supplements | <p>Supplements MUST be submitted for delayed blood alcohol results, hit and run drivers, etc. Any time you do not supplement an original report where the driver was unknown to be D.U.I. at the time of the accident; these D.U.I.'s will not be recorded and counted in the state count.</p> <p>Include at least one driver's name, the date of the accident (not the date of supplement), the change in driver's condition and contributing factors if they contributed to the accident.</p> |
| Traffic-way Flow | Traffic-ways are not physically divided unless the divider is a median, barrier, or other constructed device. Pavement markings do qualify. |
| U.S. D.O.T. Number | A number issued by the United State Department of Transportation to private and for-hire motor carriers. |
| Vehicle in Tow | <p>A vehicle in tow when being controlled by the driver of the towing vehicle is considered a part of that vehicle.</p> <p>The vehicle in tow SHOULD NOT be counted or listed on the front of the report. When a person in the towed vehicle controls a vehicle in tow, it should be counted as two vehicles and both should be listed on the front of the report.</p> |
| Visible Injury | Any injury that is evident to any person other than the injured at the scene of the accident. |

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| Submitting The Accident Report | 19 | Year | 29 |
| Supplement | 27 | | |
| Supplements | 78 | | |
| Surface Cond | 50 | | |

NOTES: