

TRAFFIC ACCIDENT REPORT CODING GUIDE

1. Type of Roadway

- | | |
|-----------------------|---------------------|
| 1 Not Divided (2-Way) | 5 Exit Ramp/On Ramp |
| 2 Divided w/o Barrier | 6 Un-Paved |
| 3 Divided w/Barrier | 7 Parking Lot |
| 4 One Way | 99 Other |

2. Traffic Controls

- | | |
|------------------|------------------|
| 1 No Controls | 7 Yield Sign |
| 2 Stop Sign | 8 Inop. Signal |
| 3 Traffic Signal | 9 Missing Signal |
| 4 Officer | 99 Other |
| 5 R/R Signal | |
| 6 Flashing Light | |

3. Road Surface

- | | |
|------------|---------------|
| 1 Concrete | 3 Gravel/Dirt |
| 2 Asphalt | 99 Other |

4. Road Condition

- | | |
|----------------------------------|------------------|
| 1 Dry | 6 Construction |
| 2 Wet | 7 Repair |
| 3 Snow or Slush | 8 Surface Defect |
| 4 Ice | 99 Other |
| 5 Contaminants (i.e., Sand, Oil) | |

5. Weather Condition

- | | |
|--------------------|---------------------|
| 1 No Adverse Cond. | 5 Fog/Mist |
| 2 Rain | 6 Cloudy |
| 3 Sleet or Hail | 7 Severe Crosswinds |
| 4 Snow | 99 Other |

6. Light Condition

- | | |
|----------------------|----------|
| 1 Daylight | 4 Dawn |
| 2 Dark (Not Lighted) | 5 Dusk |
| 3 Dark (Lighted) | 99 Other |

7. Traffic Condition

- | | |
|----------|----------|
| 1 Light | 3 Heavy |
| 2 Medium | 99 Other |

8. Type of Location

- | | |
|---------------|--------------|
| 1 Residential | 3 Comm./Ind. |
| 2 Rural | 99 Other |

Unit Types

- | | |
|-----|--|
| 1 | - 2 Door |
| 2 | - 4 Door |
| 3 | - Convertible |
| 4 | - Station Wagon |
| 5 | - Van |
| 6 | - Pickup Truck |
| 10 | - Truck Tractor Only (Bobtail) |
| 12 | - School Bus |
| 13 | - Motor Home |
| 14 | - Motorcycle |
| 15 | - Moped |
| 16 | - Motor Bike |
| 17 | - Bicycle |
| 18 | - Snowmobile |
| 19 | - Pedestrian |
| 20 | - 2 Axle Single Unit w/Dual Tires |
| 21 | - 2 Axle Tractor w/Single Axle Semi |
| 22 | - 2 Axle Tractor w/Tandem Axle Semi |
| 25 | - 2 Axle Tractor w/Single Axle Semi & 2 Axle Trailer |
| 30 | - 3 Axle Single Unit |
| 31 | - 3 Axle Tractor w/Single Axle Semi |
| 32 | - 3 Axle Tractor w/Tandem Axle Semi |
| 33 | - 3 Axle Tractor w/Tandem Axle Semi |
| 35 | - 3 Axle Tractor w/Single Axle Semi & 2 Axle Trailer |
| 36 | - 3 Axle Tractor w/Tandem Axle Semi & 2 Axle Trailer |
| 37 | - 5 Axle Semi; Split Trailer Tandem |
| 38 | - 6 Axle Semi; Split Trailer Tandem w/Center Axle |
| 39 | - 6 Axle; Standard Trailer Tandem w/Center Axle |
| 40 | - 4 Axle Single Unit |
| 42 | - 4 Axle Tractor w/Tandem Axle Semi |
| 60 | - Other Unit |
| 81 | - 2 Axle Bus |
| 82 | - 3 Axle Bus |
| 98 | - Farm Vehicles/Tractors |
| 99 | - Unknown |
| 100 | - Witness |

* V# - Denotes Vehicle Number

10. Non M/V Collision

- | | |
|-------------------|-------------|
| 1 Guard Rail | 6 Sign Post |
| 2 Pole | 7 Animal |
| 3 Tree | 8 Barrier |
| 4 Bridge Abutment | 99 Other |
| 5 Bridge Rail | |

11. Vehicle Action Prior to Accident

- | | |
|-------------------|------------|
| 1 Straight | 7 Starting |
| 2 Changing Lanes | 8 Stopped |
| 3 Making (R) Turn | 9 Backing |
| 4 Making (L) Turn | 10 Parked |
| 5 Making (U) Turn | 99 Other |
| 6 Slowing | |

12. Physical Condition of Driver

- | | |
|-----------------------|---------------------|
| 1 Appeared Normal | 6 Asleep |
| 2 Had Been Drinking | 7 Physical Handicap |
| 3 Drug Use/Medication | 8 View Obstructed |
| 4 Sick | 9 Unknown |
| 5 Fatigued | 99 Other |

13. Chemical Test Data

- | | |
|----------------|----------|
| 1 Refused | 4 Urine |
| 2 Breathalyzer | 99 Other |
| 3 Blood | |

14. Chemical Test Result

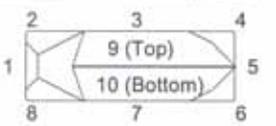
- | |
|--------------------------------|
| 1 Positive for Alcohol |
| 2 Positive for Drugs |
| 3 Positive for Alcohol & Drugs |
| 4 Negative |

9. Initial Collision

- | | |
|-------------------------|----------------|
| 1 Angle | 6 Rear End |
| 2 Merging | 7 Broadside |
| 3 Sideswipe - Same Dir. | 8 Rollover |
| 4 Sideswipe - Opp. Dir. | 9 Ran off Road |
| 5 Head On | 99 Other |

Unit Number	Sex	Seat Location	Ejected	Seat Belt Use	Injury Code	Helmet									
1 Unit 1	M Male	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>4</td><td>5</td><td>6</td></tr> <tr><td>7</td><td>8</td><td>9</td></tr> </table>	1	2	3	4	5	6	7	8	9	Y Yes	1 Shoulder (2 Pt)	4 Child Restrain	1 Bleeding/Broken Bones
1	2	3													
4	5	6													
7	8	9													
2 Unit 2	F Female	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>10</td></tr> </table>	10	N No	2 Lap (2 Pt)	5 Not Used	2 Bruises/Abrasions								
10															
3 Unit 3 (etc.)		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>11</td></tr> </table>	11		3 Lap/Shoulder (3 Pt)	6 Unknown	3 No Visible Injury/Complaints of Pain								
11															
						4 Fatal									
						5 No Injury									
						N No									

STATE OF RHODE ISLAND UNIFORM ACCIDENT REPORT

1	Reporting Agency	Type of Collision (i.e., Car - Car)	Report Number	<input type="checkbox"/> Walk In	10a	
2	Accident Date	Day of the Week	Military Time	Posted Speed	Total Units Involved	10b
3	Route	City/Town	Name of Street or Highway	# of Lanes	Intersection With	11a
4	Distance (From Nearest Intersecting St) <input type="checkbox"/> Feet <input type="checkbox"/> Miles		Direction (From Nearest Intersecting St) N S E W		Nearest Intersecting Street/Landmark	11b
5	Unit Number	Unit Type	Unit Number	Unit Type		12a
6	Operator's Last Name		First	M.I.		12b
7	Street/Mailing Address		City/Town			13a
8	State	Zip	Telephone	DOB	Sex	13b
9	License Number	State	<input type="checkbox"/> CDL	Class	Restrictions	14a
10	Owner's Last Name		First	M.I.		14b
11	Street/Mailing Address		City/Town			9
12	State	Zip	Telephone			
13	Insurance Co.	Policy No.				
14	Registration No.	State	VIN			
15	Vehicle Yr.	Make	Color	Plate Type		
16	# Air Bags Deployed	Air Bags <input type="checkbox"/> Front <input type="checkbox"/> Side	Direction of Travel N S E W			
17			Towed By			
18			Damage Estimate <input type="checkbox"/> None <input type="checkbox"/> <\$500 <input type="checkbox"/> >\$500			
19	Trailer Reg. No.		State	Make		
20	VIN		Towed By			
21	Non-Vehicle Property Damage					
22	Owner	Address	Phone	Damage Description		
23	Name all Persons Involved (Occupants - Witnesses - Pedestrians)					
24	Unit #	Sex	DOB	Seat	Eject	Belt
25						Injury
26						Helmet
27	Reporting Officer		Badge No.	Date of Report		

State of Rhode Island
Supplement to

UNIFORM ACCIDENT REPORT

for
Additional Diagrams, Data or any
Necessary Statements Taken

Report Number

SAMPLE

State of Rhode Island
Truck/Bus Supplemental to
UNIFORM ACCIDENT REPORT

Report Number

U.S. DOT # (7-Digits)		ICC/MC # (6-Digits)		State No.		State		<input type="checkbox"/> Interstate Carrier	
Carrier Name						Source of Carrier Name (Check One)			
Address						<input type="checkbox"/> 1 Side of Vehicle			
City						<input type="checkbox"/> 2 Shipping Papers/Truck or Trip Manifes/Bus			
State						<input type="checkbox"/> 3 Driver			
Zip						<input checked="" type="checkbox"/> 4 Log Book			
Configuration Type (Check One)									
<input type="checkbox"/> 0 Any Four (4) Tire Vehicle			<input type="checkbox"/> 4 Truck/Trailer			<input type="checkbox"/> 8 Tractor/Triple			
<input type="checkbox"/> 1 Bus/Seats of 16 or more Persons			<input type="checkbox"/> 5 Truck Tractor/Boobtail			<input type="checkbox"/> 9 Unknown Truck, Cannot Classify			
<input type="checkbox"/> 2 Single - Unit (2 - Axles, 6 - Tires)			<input type="checkbox"/> 6 Tractor/SemiTrailer			<input type="checkbox"/> 10 Motorcycle			
<input type="checkbox"/> 3 Single - Unit Truck (3 or more Axles)			<input type="checkbox"/> 7 Tractor/Double			<input checked="" type="checkbox"/> 99 Other			
Other Configuration Type									
Cargo Body Type (Check One)									
<input type="checkbox"/> 1 Bus carrying 16 or more Persons			<input type="checkbox"/> 4 Flatbed			<input type="checkbox"/> 7 Auto Transporter (Car-Carrier)			
<input type="checkbox"/> 2 Van/Enclosed Box			<input type="checkbox"/> 5 Dump			<input type="checkbox"/> 8 Garbage/Refuse			
<input type="checkbox"/> 3 Cargo Tank			<input type="checkbox"/> 6 Concrete Mixer			<input type="checkbox"/> 99 Other			
Other Cargo Body Type									
Truck/Tractor or Bus GVWR (lbs.)		Trailer(s) Total GVWR (lbs.)		Total Amount GVWR (lbs.)		Total Axles (Including Trailer)			
<input type="checkbox"/> Vehicle has Hazardous Material Placard									
Indicate Name or 4-Digit Number on Placard (From Diamond or Box)									
One Digit Number from Placard (from bottom of Diamond)									
<input type="checkbox"/> Hazardous Material Released from this Vehicle's Cargo									
Sequence of Events (Enter in order of occurrence)									
First Event		Second Event			Third Event		Fourth Event		
1 Ran off Road		5 Cargo Loss or Shift			9 Collision Involving Motor Vehicle in Transport/ANY MOVING VEHICLE		12 Collision Involving Pedal Cycle		
2 Jack Knife		6 Explosion or Fire					13 Collision Involving Animal		
3 Overturn (Rollover)		7 Separation of Units			10 Collision Involving Parked Vehicle		14 Collision Involving Fixed Object		
4 Down Hill Runaway		8 Collision Involving Pedestrian			11 Collision Involving Train		15 Collision Involving Other Object		
							99 Other		
Other (Briefly Describe)									
<input type="checkbox"/> MSCAP Inspection Form Done				Form No.			Inspection Code No.		