

# TENNESSEE TRAFFIC ACCIDENT REPORT

DOCUMENT CONTROL NUMBER (DO NOT USE)	LOCAL AGENCY USE	REFERENCE NUMBER <b>5376276</b>
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REPORTING AGENCY 1 <input type="checkbox"/> THP 2 <input type="checkbox"/> CPD 3 <input type="checkbox"/> SO 4 <input type="checkbox"/> OTHER	NAME OF INVESTIGATING AGENCY	HIT AND RUN? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	SOLVED? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO
DATE OF ACCIDENT MO. DAY YR.	DAY OF ACCIDENT SUN M T W THU F S 1 2 3 4 5 6 7	TIME OF ACCIDENT 1 <input type="checkbox"/> AM 2 <input type="checkbox"/> PM	POLICE NOTIFIED 1 <input type="checkbox"/> AM 2 <input type="checkbox"/> PM
POLICE ARRIVED 1 <input type="checkbox"/> AM 2 <input type="checkbox"/> PM		INVESTIGATION COMPLETE? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	

TYPE ACCIDENT 1 <input type="checkbox"/> FATAL 2 <input type="checkbox"/> INJURY 3 <input type="checkbox"/> PROPERTY DAMAGE	TOTAL VEHICLES	TOTAL KILLED	TOTAL INJURED	TOTAL UNINJURED	PHOTOS TAKEN? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	IF YES, BY WHOM? POLICE <input type="checkbox"/> OTHER <input type="checkbox"/>
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COUNTY:	CODE	IN ("X" IF INSIDE CITY LIMITS) or _____ MILES <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of CITY:	CODE
OCCURRED ON: STREET, HWY. NAME, OR ROUTE NUMBER		SR. NO.	AT INTERSECTION WITH: SR. NO.

OR: NEAREST INTERSECTION, BRIDGE, RR CROSSING (HOUSE NO - CITY ONLY) _____ FEET <input type="checkbox"/> N <input type="checkbox"/> E OR _____ MILES <input type="checkbox"/> S <input type="checkbox"/> W	_____ FEET <input type="checkbox"/> N <input type="checkbox"/> E MILE POST OR _____ MILES <input type="checkbox"/> S <input type="checkbox"/> W
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0 <input type="checkbox"/> NON-INTERSECTION 1 <input type="checkbox"/> INTERSECTION 2 <input type="checkbox"/> RR-XING GRADE XING NO.	3 <input type="checkbox"/> BRIDGE	4 <input type="checkbox"/> UNDERPASS 5 <input type="checkbox"/> RAMP 6 <input type="checkbox"/> PRIVATE PROPERTY	TENN. DEPT. OF TRANSPORTATION USE ONLY			
CO. NO.	ROUTE NUMBER	SPC CASE	CO. SEQ.	LOG MILE	LOC	FXOB

VEH. 1	YEAR	MAKE	MODEL	COLOR	BODY TYPE	BODY CODE	VIN
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LICENSE PLATE NO.	STATE	YEAR	VEH. PULLING TRAILER? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	TRAILER CODE	VEH. DISABLED? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	VEH. TOWED? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	IF TOWED, WHERE?
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VEHICLE GOING ON: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	POSTED SPEED	OFFICER'S ESTIMATED AMOUNT OF DAMAGE 1 <input type="checkbox"/> UNDER \$400 3 <input type="checkbox"/> OVER \$400	"X" POINT OF INITIAL IMPACT (Shade Damaged Areas) 
DRIVER'S FIRST NAME	DOB: MO. DAY YR.	DRIVER LICENSE NO. STATE	
DRIVER'S ADDRESS	CITY STATE ZIP	TELEPHONE NUMBER	

LICENSE CLASS/TYPE	ENDORSEMENT CODE(S)	ENDORSEMENT COMPLIED WITH? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	RESTRICTION CODE(S)	RESTRICTIONS COMPLIED WITH? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	SEX 1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	RACE 1 <input type="checkbox"/> WHITE 2 <input type="checkbox"/> BLACK 3 <input type="checkbox"/> OTHER	DRIVER RESIDENCE 1 <input type="checkbox"/> LESS 25 MI. 2 <input type="checkbox"/> OVER 25 MI. 3 <input type="checkbox"/> OUT OF STATE
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OWNER'S NAME FIRST MI LAST	DOB: MO. DAY YR.	DRIVER LICENSE NO.	STATE	SPECIAL VEHICLE USAGE (Enter Code)	CMV <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> SAME AS DRIVER	CITY STATE ZIP	TELEPHONE NO.			

VEH. 2	YEAR	MAKE	MODEL	COLOR	BODY TYPE	BODY CODE	VIN
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CITATIONS ISSUED? <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	DRIVER NO. _____	COURT DIV. _____	COURT DATE _____	DRIVER NO. _____	COURT DIV. _____	COURT DATE _____
	CHARGES _____		CITATION NO. _____	CHARGES _____		CITATION NO. _____

INVESTIGATING OFFICER RANK & NAME (Print Name)	BADGE/ID NO.	DIST./ZONE	CAR. NO.	REPORT DATE MO. DAY YR.
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PEDESTRIAN ACTION ("X" all that apply)

Was Pedestrian Involved? 1  YES 2  NO

- 1  Crossing at intersection-with Signal
- 2  Same-Against Signal
- 3  Same-No Signal
- 4  Same-Diagonally
- 5  Crossing Not at Intersection

Was Crosswalk Available? 1  YES 2  NO

Was Crosswalk Marked? 1  YES 2  NO

Was Pedestrian Within Crosswalk Markings or Extension of Sidewalk Lines? 1  YES 2  NO

- 6  Coming from Behind Parked Cars
- 8  Standing in Safety Zone
- 9  Getting On or Off Other Vehicle
- 10  Pushing or Working on Vehicle
- 11  Other Working in Roadway
- 12  Playing in Roadway
- 14  Lying in Roadway

7 Walking in Roadway

a. With Traffic

b. Against Traffic

Was Sidewalk Available? 1  YES 2  NO

16 Walking Beside Roadway

a. With Traffic

b. Against Traffic

Was Sidewalk Available? 1  YES 2  NO

Was Pedestrian on Sidewalk? 1  YES 2  NO

15  Not in Roadway, Other \_\_\_\_\_

(explain)

ACCIDENT INVOLVED

- 1  Motor Vehicle/Other Motor Vehicle
- 2  Motor Vehicle/Railroad Train
- 3  Motor Vehicle/Farm Implement
- 4  Motor Vehicle/ Animal Drawn Vehicle
- 5  Motor Vehicle/Bicycle
- 6  Motor Vehicle/Other Pedalcycle  
Type Pedalcycle? \_\_\_\_\_
- 7  Motor Vehicle/Animal
- 8  Motor Vehicle/Pedestrian
- 9  Motor Vehicle Miscellaneous Actions  
Type Action? \_\_\_\_\_
- 10  Motor Vehicle Overtuned in Roadway

Motor Vehicle Ran Off Roadway And

- 11  Overtuned
- 12  Struck Fixed Object  
Type Object? \_\_\_\_\_
- 13  Other \_\_\_\_\_

(explain)

OTHER PROPERTY DAMAGED?

YES if Yes:  PUBLIC  PRIVATE

AMOUNT OF DAMAGE (ESTIMATE)

1  UNDER \$400 3  OVER \$400

OWNER:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

DESCRIBE PROPERTY \_\_\_\_\_

TYPE OF COLLISION

- 1  Head-on
- 2  Rear end
- 3  Angle
- 4  Sideswipe-Same Direction
- 5  Sideswipe-Opposite Direction
- 7  Other \_\_\_\_\_

(explain)

LIGHT CONDITIONS

- 1  Dawn
- 2  Daylight
- 3  Dusk
- 5  Dark (No Street Lights)
- 6  Dark (Street Lights On)
- 4  Dark (Street Lights Off)

WEATHER CONDITIONS

- 1  Clear
- 2  Cloudy
- 3  Foggy
- 4  Raining
- 5  Snowing
- 6  Other \_\_\_\_\_

(explain)

ROADWAY TYPE-1 ("X" one)

VEH

- 1   Interstate
- 2   U.S. Route
- 3   State Route
- 4   County Route
- 5   Municipal Route
- 6   Other \_\_\_\_\_

(explain)

ROADWAY TYPE-2 ("X" all that apply)

VEH

- 3   One Way
- 6   Ramp (Entrance/Exit)
- 1   Two Lane
- 2   Four Lane
- 4   Divided Lanes

By What \_\_\_\_\_

5   Other \_\_\_\_\_

(explain)

ROADWAY HAZARDS ("X" all that apply)

VEH

- 5   No Apparent Hazards
- 1   Defective Shoulders
- 2   Holes, Deep Ruts
- 7   No or Obscured Pavement Markings
- 3   Loose Material on Surface
- 8   Construction/Maintenance Zone
- 4   Other Hazards \_\_\_\_\_

(explain)

TRAFFIC CONTROLS

VEH

- 1   No Controls
- 2   Traffic Light
- 10   Flashing Yellow (Caution)
- 11   Flashing Red (Stop)
- 12   Lane Use Control
- 3   Stop Sign
- 8   4-Way Stop
- 4   Yield
- 13   Construction Zone Controls
- 5   RR Crossbucks
- 6   RR Flasher
- 7   RR Gates
- 9   Other \_\_\_\_\_

(explain)

Was Traffic Control Visible?

Veh. 1  YES  NO

Veh. 2  YES  NO

Was Traffic Control Functioning Properly?

Veh. 1  YES  NO

Veh. 2  YES  NO

ROADWAY SURFACE TYPE

VEH

- 1   Asphalt
- 4   Concrete
- 2   Brick
- 3   Gravel
- 5   Dirt
- 6   Other \_\_\_\_\_

(explain)

ROADWAY SURFACE CONDITIONS

VEH

- 4   Dry
- 3   Wet
- 2   Snow
- 1   Ice
- 5   Mud
- 6   Other \_\_\_\_\_

(explain)

ROADWAY CHARACTER ("X" two)

VEH

- 1   Curve
- 2   Straight
- 3   Upgrade
- 4   Downgrade
- 5   Level

DRIVER CONTRIBUTING FACTORS ("X" all that apply)

DRIVER

- 11   None
- 5   Drinking
- 6   Speeding
- 1   Failure to Yield
- 2   Following too Closely
- 14   Reckless Driving
- 3   Improper Passing
- 4   Improper Turn
- 8   Disregard Signal or Sign
- 9   Wrong Side of Road
- 15   Wrong Way
- 7   Weather
- 13   Vision Obstructed

By What? \_\_\_\_\_

10   Other \_\_\_\_\_

(explain)

TYPE OF ACTION ("X" all that apply)

DRIVER

- 1   Going Straight
- 18   Negotiating Curve
- 19   Passing or Overtaking Another Vehicle
- 3   Right Turn to Private Drive
- 2   Right Turn to Street
- 20   Right Turn on Red Permitted
- 21   Right Turn on Red Not Permitted
- 5   Left Turn to Private Drive
- 4   Left Turn to Street
- 22   Turning From Wrong Lane
- 6   Slowing or Stopped for Signal or Sign
- 7   Slowing or Stopped for Turning Traffic
- 8   Slowing or Stopped for Entering Traffic
- 9   Slowing or Stopped Other \_\_\_\_\_
- 10   Starting in Traffic
- 11   Starting from Parked Position
- 12   Stopped in Traffic Lane
- 13   Parked (Legally - 1  YES 2  NO)
- 14   Backing from Drive
- 15   Backing from On-Street Parking Space
- 17   Entering from Private Drive
- 16   Other \_\_\_\_\_

(explain)

HAZARDOUS CARGO

Did Accident Involve Hazardous Cargo? 1  YES 2  NO  
(If yes, "X" all that apply)

VEH

- 0   NONE
- 1   Explosives
- 2   Gases
- 3   Flammable Liquids
- 4   Flammable Solids

VEH

- 5   Oxidizers
- 6   Etiologic Materials
- 7   Radioactive Materials
- 8   Corrosives
- 9   Misc. \_\_\_\_\_

(explain)

VEHICLE CONDITION ("X" all that apply)

VEH. 1

VEH. 2

Was vehicle moved prior to investigation? 1  YES 2  NO

Was vehicle burned? 1  YES 2  NO

Was vehicle modified? If yes, explain? 1  YES 2  NO

VEHICLE DEFECTS

VEH. 1

VEH. 2

Did officer check for defect? 1  YES 2  NO

("X" all that apply)

VEH

- 6   No Apparent Defects
- 1   Defective Brakes
- 3   Defective Steering Mechanism
- 4   Defective Tires
- 8   Defective Headlights
- 9   Defective Signal Lights
- 10   Defective Tail Lights
- 11   Defective Other Lights \_\_\_\_\_

(explain)

5  Other \_\_\_\_\_

(explain)

CONDITION OF DRIVER or PEDESTRIAN

("X" all that apply)

- 2    Had Not Been Drinking
- 3    Had Been Drinking
- 6    Physical Defect
- 7    Ill (Sick)
- 5    Ability Not Impaired
- 4    Ability Impaired
- 8    Apparently Asleep
- 10    Apparently Drugged
- 1    Apparently Normal
- 9    Unknown if Drinking
- 11    Other \_\_\_\_\_

(explain)

DOCUMENT CONTROL NUMBER (DO NOT USE)

LOCAL AGENCY USE

REFERENCE NUMBER

5376276

VEH NO. _____ <input type="checkbox"/> 1 DRIVER <input type="checkbox"/> 2 PASSENGER <input type="checkbox"/> 3 PEDESTRIAN	NAME _____ ADDRESS SAME AS: ( <input type="checkbox"/> DRIVER / <input type="checkbox"/> OWNER ) OF VEHICLE OR _____ ZIP _____ TAKEN TO _____ BY _____ MEDICAL FACILITY (AMBULANCE SERVICE NAME OR PRIVATE PARTY)	Age	Sex	Injury Code	Seating Position	Ejected	Seat Belt	Helmet	Test	ALCOHOL		DRUGS		
										Result	Refused	Test	Result	Refused
		M		0		YES	YES	YES	YES		YES	YES	POS	YES
				1										
				2										
		F		3		NO	NO	NO	NO		NO	NO	NEG	NO
				4										

**LIST BELOW ALL CHILD PASSENGERS UNDER FOUR (4) YEARS OF AGE**

VEH NO. _____	NAME _____ ADDRESS SAME AS: ( <input type="checkbox"/> DRIVER / <input type="checkbox"/> OWNER ) OF VEHICLE OR _____ ZIP _____ TAKEN TO _____ BY _____ MEDICAL FACILITY (AMBULANCE SERVICE NAME OR PRIVATE PARTY)	Age	Sex	Injury Code	Seating Position	Ejected	Seat Belt	Helmet	Held	CHILD RESTRAINT DEVICE		
										Available	Used	Used Properly
		Yrs.	M	0		YES	YES	YES	YES	YES	YES	YES
				1								
				2								
		Mos.	F	3		NO	NO	NO	NO	NO	NO	NO
				4								

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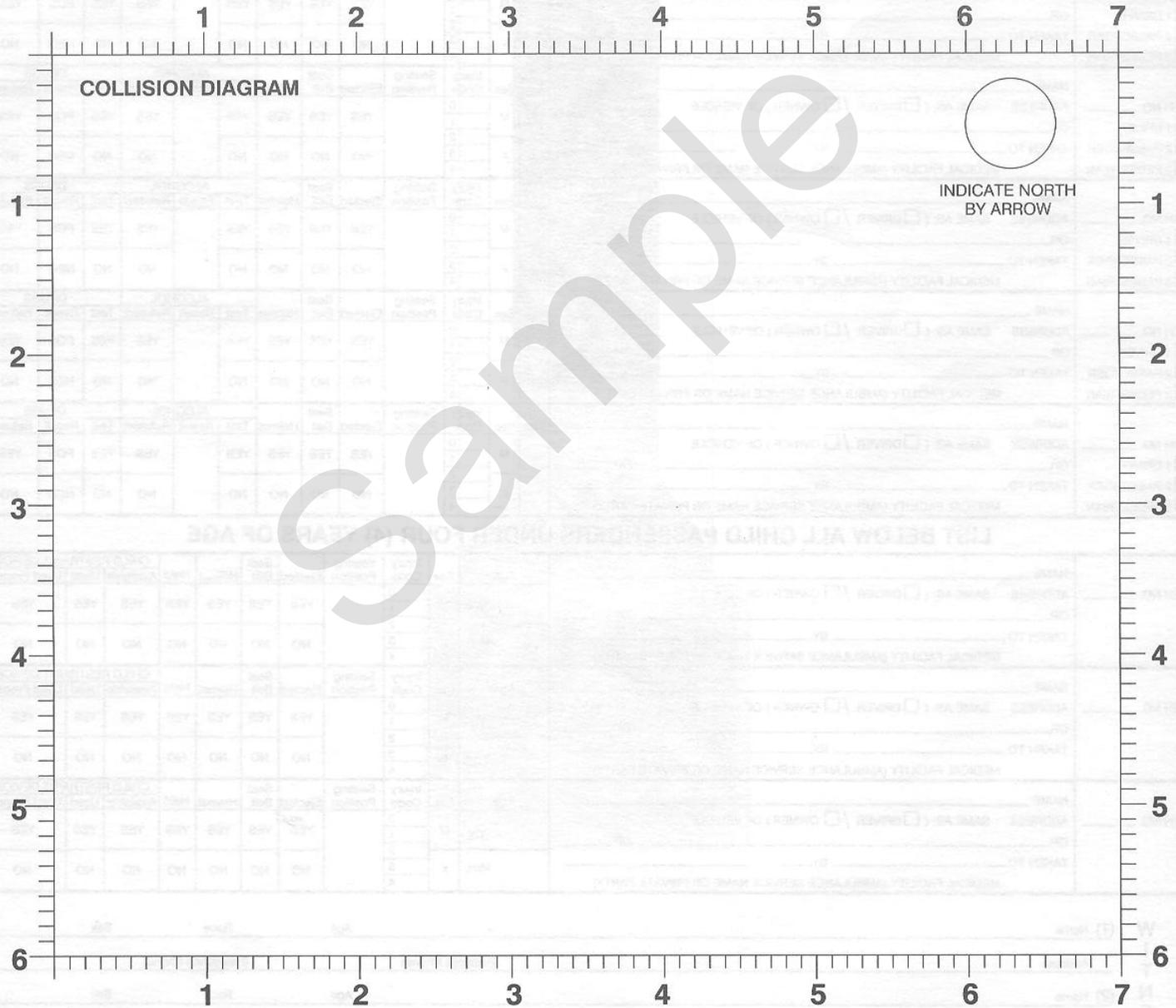
(1) Name \_\_\_\_\_ Age \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_  
 Address \_\_\_\_\_ (Business Phone) \_\_\_\_\_ (Residence Phone) \_\_\_\_\_

(2) Name \_\_\_\_\_ Age \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_  
 Address \_\_\_\_\_ (Business Phone) \_\_\_\_\_ (Residence Phone) \_\_\_\_\_

(3) Name \_\_\_\_\_ Age \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_  
 Address \_\_\_\_\_ (Business Phone) \_\_\_\_\_ (Residence Phone) \_\_\_\_\_

DESCRIBE WHAT HAPPENED:

Blank lines for describing the incident.



INVESTIGATOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

REPORT REVIEWED BY: \_\_\_\_\_ DATE \_\_\_\_\_

# TENNESSEE UNIFORM TRAFFIC ACCIDENT REPORT—VEHICLE SUPPLEMENT

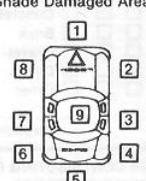
PAGE \_\_\_ of \_\_\_

DO NOT USE THIS BLOCK		DOCUMENT CONTROL NUMBER (DO NOT USE)				LOCAL AGENCY USE		REFERENCE NUMBER		
REPORTING AGENCY 1 <input type="checkbox"/> THP 3 <input type="checkbox"/> SO 2 <input type="checkbox"/> CPD 4 <input type="checkbox"/> OTHER		NAME OF INVESTIGATING AGENCY				COUNTY:		CODE	DATE OF ACCIDENT MO.   DAY   YR.	

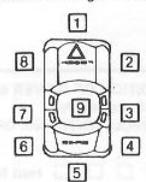
  

VEH.	YEAR	MAKE	MODEL	COLOR	BODY TYPE	BODY CODE	VIN			
LICENSE PLATE NO.	STATE	YEAR	VEH. PULLING TRAILER? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	TRAILER CODE	VEH. DISABLED? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	VEH. TOWED? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	IF TOWED, WHERE?			
VEHICLE GOING ON: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W					OFFICER'S ESTIMATED AMOUNT OF DAMAGE 1 <input type="checkbox"/> UNDER \$400 3 <input type="checkbox"/> OVER \$400			"X" POINT OF INITIAL IMPACT (Shade Damaged Areas) 		
DRIVER'S FIRST NAME		MI	LAST		DOB: MO.   DAY   YR.	DRIVER LICENSE NO.				STATE
DRIVER'S ADDRESS			CITY	STATE	ZIP	TELEPHONE NO.				
LICENSE CLASS/TYPE	ENDORSEMENT CODE(S)	RESTRICTION CODE(S)	RESTRICTIONS COMPLIED WITH? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	SEX 1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	RACE 1 <input type="checkbox"/> WHITE 2 <input type="checkbox"/> BLACK 3 <input type="checkbox"/> OTHER	DRIVER RESIDENCE 1 <input type="checkbox"/> LESS 25 MI. 2 <input type="checkbox"/> OVER 25 MI.		3 <input type="checkbox"/> OUT OF STATE	10 UNDERCARRIAGE 11 UNKNOWN 12 ROLLED 13 NON-CONTACT	
OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER		FIRST MI	LAST		DOB: MO.   DAY   YR.	DRIVER LICENSE NO.		STATE	SPECIAL VEHICLE USAGE (Enter Code)	CMV <input type="checkbox"/> YES <input type="checkbox"/> NO
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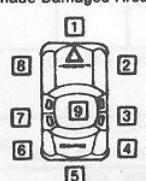
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OWNER'S ADDRESS				CITY	STATE	ZIP	TELEPHONE NO.	SPECIAL VEHICLE USAGE (Enter Code)	
ROADWAY TYPE-1 ("x" one) VEHICLE (ENTER NO.)		ROADWAY TYPE-2 ("x" all that apply) VEHICLE (ENTER NO.)		ROADWAY HAZARDS ("x" all that apply) VEHICLE (ENTER NO.)		TRAFFIC CONTROLS VEHICLE (ENTER NO.)			
1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Interstate 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> U. S. Route 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> State Route 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> County Route 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Municipal Route 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other (explain)		3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> One Way 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ramp (Entrance/Exit) 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Two Lane 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Four Lane 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Divided Lanes By What _____ 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other (explain)		5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No Apparent Hazards 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Defective Shoulders 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Holes, Deep Ruts 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No or Obscured Pavement Markings 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Loose Material on Surface 8 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Construction/Maintenance Zone 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other Hazards (explain)		1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No Controls 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Traffic Light 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Flashing Yellow (Caution) 11 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Flashing Red (Stop) 12 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Lane Use Control 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Stop Sign 8 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4-Way Stop 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yield 13 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Construction Zone Controls 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> RR Crossbucks 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> RR Flasher 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> RR Gates 9 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other (explain)			
ROADWAY SURFACE TYPE VEHICLE (ENTER NO.)		ROADWAY SURFACE CONDITIONS VEHICLE (ENTER NO.)		ROADWAY CHARACTER ("x" two) VEHICLE (ENTER NO.)			Was Traffic Control Visible? Veh. No. ___ <input type="checkbox"/> YES <input type="checkbox"/> NO Veh. No. ___ <input type="checkbox"/> YES <input type="checkbox"/> NO Veh. No. ___ <input type="checkbox"/> YES <input type="checkbox"/> NO Veh. No. ___ <input type="checkbox"/> YES <input type="checkbox"/> NO		
1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Asphalt 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Concrete 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Brick 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Gravel 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Dirt 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other (explain)		4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Dry 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Wet 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Snow 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ice 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Mud 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other (explain)		1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Curve 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Straight 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Upgrade 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Downgrade 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Level			Was Traffic Control Functioning Properly? Veh. No. ___ <input type="checkbox"/> YES <input type="checkbox"/> NO Veh. No. ___ <input type="checkbox"/> YES <input type="checkbox"/> NO Veh. No. ___ <input type="checkbox"/> YES <input type="checkbox"/> NO Veh. No. ___ <input type="checkbox"/> YES <input type="checkbox"/> NO		
DRIVER CONTRIBUTING FACTORS ("x" all that apply) VEHICLE (ENTER NO.)		TYPE OF ACTION ("x" all that apply) VEHICLE (ENTER NO.)		VEHICLE CONDITION ("x" all that apply) VEHICLE (ENTER NO.)					
11 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> None 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Drinking 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Speeding 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Failure to Yield 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Following too Closely 14 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Reckless Driving 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Improper Passing 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Improper Turn 8 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Disregard Signal or Sign 9 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Wrong Side of Road 15 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Wrong Way 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Weather 13 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Vision Obstructed By What? (explain) 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other (explain)		1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Going Straight 18 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Negotiating Curve 19 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Passing or Overtaking Another Vehicle 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Right Turn to Private Drive 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Right Turn to Street 20 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Right Turn on Red Permitted 21 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Right Turn on Red Not Permitted 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Left Turn to Private Drive 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Left Turn to Street 22 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Turning From Wrong Lane 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Slowing or Stopped for Signal or Sign 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Slowing or Stopped for Turning Traffic 8 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Slowing or Stopped for Entering Traffic 9 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Slowing or Stopped Other (Explain) 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Starting in Traffic 11 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Starting from Parked Position 12 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Stopped in Traffic Lane 13 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Parked (Legally-1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO) 14 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Backing from Drive 15 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Backing from On-Street Parking Space 17 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Entering from Private Drive 16 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other (explain)		Was vehicle moved prior to investigation? 1 <input type="checkbox"/> YES 1 <input type="checkbox"/> YES 1 <input type="checkbox"/> YES 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO 2 <input type="checkbox"/> NO 2 <input type="checkbox"/> NO 2 <input type="checkbox"/> NO Was vehicle burned? 1 <input type="checkbox"/> YES 1 <input type="checkbox"/> YES 1 <input type="checkbox"/> YES 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO 2 <input type="checkbox"/> NO 2 <input type="checkbox"/> NO 2 <input type="checkbox"/> NO Was vehicle modified? 1 <input type="checkbox"/> YES 1 <input type="checkbox"/> YES 1 <input type="checkbox"/> YES 1 <input type="checkbox"/> YES If yes, explain 2 <input type="checkbox"/> NO 2 <input type="checkbox"/> NO 2 <input type="checkbox"/> NO 2 <input type="checkbox"/> NO					
CONDITION OF DRIVER or PEDESTRIAN ("x" all that apply) VEHICLE (ENTER NO. OR "P" FOR PEDESTRIAN)		HAZARDOUS CARGO ("x" all that apply) VEHICLE (ENTER NO.)		VEHICLE DEFECTS VEHICLE (ENTER NO.)					
2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Had Not Been Drinking 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Had Been Drinking 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Physical Defect 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ill (Sick) 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ability Not Impaired 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ability Impaired 8 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Apparently Asleep 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Apparently Drugged 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Apparently Normal 9 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unknown if Drinking 11 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other (explain)		0 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NONE 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Explosives 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Gases 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Flammable Liquids 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Flammable Solids 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Oxidizers 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Etiologic Materials 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Radioactive Materials 8 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Corrosives 9 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Misc. (explain)		Did officer check for defect? 1 <input type="checkbox"/> YES 1 <input type="checkbox"/> YES 1 <input type="checkbox"/> YES 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO 2 <input type="checkbox"/> NO 2 <input type="checkbox"/> NO 2 <input type="checkbox"/> NO ("x" all that apply) VEHICLE (ENTER NO.) 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No Apparent Defects 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Defective Brakes 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Defective Steering Mechanism 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Defective Tires 8 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Defective Headlights 9 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Defective Signal Lights 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Defective Tail Lights 11 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Defective Other Lights (explain) 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other (explain)					

# TENNESSEE UNIFORM TRAFFIC ACCIDENT REPORT—OCCUPANT SUPPLEMENT

PAGE      of     

<b>DO NOT USE THIS BLOCK</b>	DOCUMENT CONTROL NUMBER (DO NOT USE)	LOCAL AGENCY USE	REFERENCE NUMBER
REPORTING AGENCY <input type="checkbox"/> 1 THP <input type="checkbox"/> 3 SO <input type="checkbox"/> 2 CPD <input type="checkbox"/> 4 OTHER		NAME OF INVESTIGATING AGENCY COUNTY:                      CODE:                      DATE OF ACCIDENT MO.                      DAY                      YR.	

VEH NO. <input type="checkbox"/> 1 DRIVER <input type="checkbox"/> 2 PASSENGER <input type="checkbox"/> 3 PEDESTRIAN	NAME ADDRESS SAME AS: ( <input type="checkbox"/> DRIVER/ <input type="checkbox"/> OWNER) OF VEHICLE OR _____ ZIP _____ TAKEN TO _____ BY _____ MEDICAL FACILITY (AMBULANCE SERVICE NAME OR PRIVATE PARTY)	Age	Sex	Injury Code	Seating Position	Ejected	Seat Belt	Helmet	Alcohol			Drugs											
									Test	Result	Refused	Test	Result	Refused									
				0																			
																1	YES	YES	YES	YES	YES	POS	YES
																2							
																3	NO	NO	NO	NO	NO	NEG	NO
4																							
				0																			
																1	YES	YES	YES	YES	YES	POS	YES
																2							
																3	NO	NO	NO	NO	NO	NEG	NO
4																							
				0																			
																1	YES	YES	YES	YES	YES	POS	YES
																2							
																3	NO	NO	NO	NO	NO	NEG	NO
4																							
				0																			
																1	YES	YES	YES	YES	YES	POS	YES
																2							
																3	NO	NO	NO	NO	NO	NEG	NO
4																							
				0																			
																1	YES	YES	YES	YES	YES	POS	YES
																2							
																3	NO	NO	NO	NO	NO	NEG	NO
4																							
				0																			
																1	YES	YES	YES	YES	YES	POS	YES
																2							
																3	NO	NO	NO	NO	NO	NEG	NO
4																							
				0																			
																1	YES	YES	YES	YES	YES	POS	YES
																2							
																3	NO	NO	NO	NO	NO	NEG	NO
4																							
				0																			
																1	YES	YES	YES	YES	YES	POS	YES
																2							
																3	NO	NO	NO	NO	NO	NEG	NO
4																							
				0																			
																1	YES	YES	YES	YES	YES	POS	YES
																2							
																3	NO	NO	NO	NO	NO	NEG	NO
4																							
				0																			
																1	YES	YES	YES	YES	YES	POS	YES
																2							
																3	NO	NO	NO	NO	NO	NEG	NO
4																							

INVESTIGATING OFFICER RANK & NAME (Print Name)	BADGE/ID NO.	DIST./ZONE	CAR. NO.	REPORT DATE MO.    DAY    YR.
--	--------------	------------	----------	----------------------------------

**LIST BELOW ALL CHILD PASSENGERS UNDER FOUR (4) YEARS OF AGE**

VEH NO. _____	NAME _____ ADDRESS SAME AS: ( <input type="checkbox"/> DRIVER/ <input type="checkbox"/> OWNER) OF VEHICLE OR _____ ZIP _____ TAKEN TO _____ BY _____ MEDICAL FACILITY (AMBULANCE SERVICE NAME OR PRIVATE PARTY)	Age	Sex	Injury Code	Seating Postion	Ejected	Seat Belt	Helmet	Held	CHILD RESTRAINT DEVICE		
										Available	Used	Used Properly
		Yrs.	M	0		YES	YES	YES	YES	YES	YES	YES
				1								
				2								
				3								
		Mos.	F	4		NO	NO	NO	NO	NO	NO	NO
				1								
				2								
				3								
		Yrs.	M	0		YES	YES	YES	YES	YES	YES	YES
				1								
				2								
				3								
		Mos.	F	4		NO	NO	NO	NO	NO	NO	NO
				1								
				2								
				3								
		Yrs.	M	0		YES	YES	YES	YES	YES	YES	YES
				1								
				2								
				3								
		Mos.	F	4		NO	NO	NO	NO	NO	NO	NO
				1								
				2								
				3								
		Yrs.	M	0		YES	YES	YES	YES	YES	YES	YES
				1								
				2								
				3								
		Mos.	F	4		NO	NO	NO	NO	NO	NO	NO
				1								
				2								
				3								
		Yrs.	M	0		YES	YES	YES	YES	YES	YES	YES
				1								
				2								
				3								
		Mos.	F	4		NO	NO	NO	NO	NO	NO	NO
				1								
				2								
				3								
		Yrs.	M	0		YES	YES	YES	YES	YES	YES	YES
				1								
				2								
				3								
		Mos.	F	4		NO	NO	NO	NO	NO	NO	NO
				1								
				2								
				3								
		Yrs.	M	0		YES	YES	YES	YES	YES	YES	YES
				1								
				2								
				3								
		Mos.	F	4		NO	NO	NO	NO	NO	NO	NO
				1								
				2								
				3								

**ADDITIONAL CHARGES**

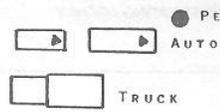
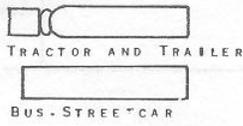
NAME _____	NAME _____
COURT DIV. _____ COURT DATE _____	COURT DIV. _____ COURT DATE _____
CITATION NO. _____ CHARGES _____	CITATION NO. _____ CHARGES _____
NAME _____	NAME _____
COURT DIV. _____ COURT DATE _____	COURT DIV. _____ COURT DATE _____
CITATION NO. _____ CHARGES _____	CITATION NO. _____ CHARGES _____

**WITNESSES**

(1) Name _____	Age _____	Race _____	Sex _____
Address _____	(Business Phone) _____	(Residence Phone) _____	
(2) Name _____	Age _____	Race _____	Sex _____
Address _____	(Business Phone) _____	(Residence Phone) _____	
(3) Name _____	Age _____	Race _____	Sex _____
Address _____	(Business Phone) _____	(Residence Phone) _____	



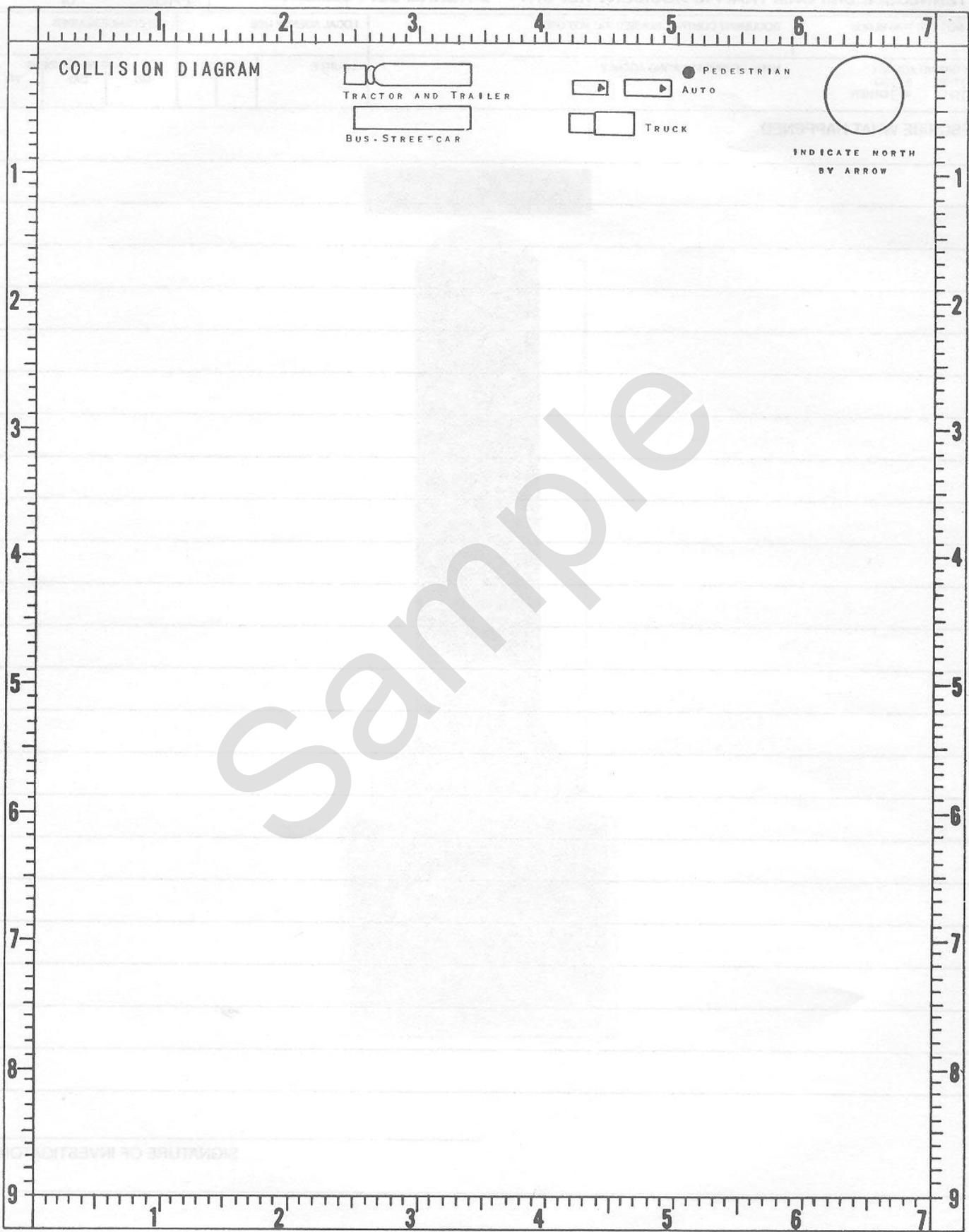
COLLISION DIAGRAM



INDICATE NORTH  
BY ARROW

Sample

SIGNATURE OF INVESTIGATOR







# TENNESSEE UNIFORM TRAFFIC ACCIDENT REPORT

## TRUCK and/or BUS SUPPLEMENT

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

DO NOT USE THIS BLOCK		DOCUMENT CONTROL NUMBER			LOCAL AGENCY USE			REFERENCE NUMBER			
ACCIDENT DATE MO.   DAY   YR.		TIME OF ACCIDENT _____ : _____ a.m. HRS. : MINS. _____ p.m.			WHEN TO USE THIS FORM: Answers to questions below determine use. Did the Accident involve -- 1. Truck with at least 2 axles, 6 tires or haz. mat. placard? <input type="checkbox"/> YES <input type="checkbox"/> NO 2. Bus with seats for more than 15 people, including the driver? <input type="checkbox"/> YES <input type="checkbox"/> NO <u>STOP -- If response to both questions is "NO" -- Do Not Fill Out Form.</u> 3. Person(s) fatally injured? <input type="checkbox"/> YES <input type="checkbox"/> NO 4. Injured Person(s) taken away for medical attention? <input type="checkbox"/> YES <input type="checkbox"/> NO 5. Vehicle(s) Towed from scene? <input type="checkbox"/> YES <input type="checkbox"/> NO <u>STOP -- If response to 3, 4, and 5 is "NO" -- Do Not Fill Out Form.</u> <u>If response to 3, 4, and 5 is "YES" -- FILL OUT FORM</u>						
REPORTING AGENCY 1. _____ THP    3. _____ SO 2. _____ CPD    4. _____ OTHER											
INVESTIGATING AGENCY											
Total Number of Vehicles involved in this Accident		Number of FATALITIES as result of Accident:			Number of INJURIES as result of Accident:			As result of Accident was any Vehicle Towed? (1) _____ Yes    (2) _____ No			
COUNTY	CODE	CITY			CODE	Location: Number/Name of Highway/Street			S.R. NO.		
VEH.	LICENSE PLATE NO.	STATE	YEAR	VIN (Vehicle Identification Number)							
CARRIER'S IDENTIFICATION NUMBERS: US DOT (6 Digit Number)    ICC MC (6 Digit Number)					IF NOT US DOT OR ICC MC, then State Name and Number STATE    STATE NUMBER						
CARRIER'S NAME:					Source of Carrier Name	1. _____ Vehicle Side 2. _____ Shipping Papers 3. _____ Driver					
CARRIER'S ADDRESS		(Street or PO Box)			City			State		ZIP Code	
Gross Veh. Wt. Rating _____ lbs.	Axles on Vehicles, including trailers: _____	HAZ MAT INVOLVEMENT: Did VEH have HAZ MAT Placard? 1. _____ Yes    2. _____ No			Was Hazardous Cargo from Vehicle released? (do not count fuel from fuel tank) 1. _____ Yes    2. _____ No			HAZ MAT Name:		Nos. from Haz Mat Placard 4-digit    1-digit	
TRUCK OR BUS - DRIVER'S NAME Last    First    MI					DOB Mo.   Day   Yr.		DRIVER LICENSE NO.			STATE	
VEH.	LICENSE PLATE NO.	STATE	YEAR	VIN (Vehicle Identification Number)							
CARRIER'S IDENTIFICATION NUMBERS: US DOT (6 Digit Number)    ICC MC (6 Digit Number)					IF NOT US DOT OR ICC MC, then State Name and Number STATE    STATE NUMBER						
CARRIER'S NAME:					Source of Carrier Name	1. _____ Vehicle Side 2. _____ Shipping Papers 3. _____ Driver					
CARRIER'S ADDRESS		(Street or PO Box)			City			State		ZIP Code	
Gross Veh. Wt. Rating _____ lbs.	Axles on Vehicles, including trailers: _____	HAZ MAT INVOLVEMENT: Did VEH have HAZ MAT Placard? 1. _____ Yes    2. _____ No			Was Hazardous Cargo from Vehicle released? (do not count fuel from fuel tank) 1. _____ Yes    2. _____ No			HAZ MAT Name:		Nos. from Haz Mat Placard 4-digit    1-digit	
TRUCK OR BUS - DRIVER'S NAME Last    First    MI					DOB Mo.   Day   Yr.		DRIVER LICENSE NO.			STATE	
INVESTIGATING OFFICER RANK & NAME (Print Name)					BADGE/ID NO.		DIST/ZONE	CAR NO.	REPORT DATE MO.   DAY   YR.		

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WEATHER CONDITION	LIGHT CONDITION	ROAD SURFACE CONDITION
<input type="checkbox"/> 1. No Adverse Condition <input type="checkbox"/> 2. Rain <input type="checkbox"/> 3. Sleet, Hail <input type="checkbox"/> 4. Snow <input type="checkbox"/> 5. Fog <input type="checkbox"/> 6. Blowing Sand, Soil, Dirt, or Snow <input type="checkbox"/> 7. Severe Crosswinds <input type="checkbox"/> 8. Other _____ <input type="checkbox"/> 9. Unknown	<input type="checkbox"/> 1. Daylight <input type="checkbox"/> 2. Dark - Not Lighted <input type="checkbox"/> 3. Dark - Lighted <input type="checkbox"/> 4. Dawn <input type="checkbox"/> 5. Dusk <input type="checkbox"/> 9. Unknown	VEHICLE <input type="checkbox"/> <input type="checkbox"/> 1. Dry <input type="checkbox"/> <input type="checkbox"/> 2. Wet <input type="checkbox"/> <input type="checkbox"/> 3. Snow or Slush <input type="checkbox"/> <input type="checkbox"/> 4. Ice <input type="checkbox"/> <input type="checkbox"/> 5. Sand, Mud, Dirt or Oil <input type="checkbox"/> <input type="checkbox"/> 8. Other _____ <input type="checkbox"/> <input type="checkbox"/> 9. Unknown

TRAFFICWAY	ACCESS CONTROL
VEHICLE <input type="checkbox"/> <input type="checkbox"/> 1. Not Physically Divided (2-way trafficway) <input type="checkbox"/> <input type="checkbox"/> 2. Divided Highway, Median Strip, Without Traffic Barrier <input type="checkbox"/> <input type="checkbox"/> 3. Divided Highway, Median Strip, With Traffic Barrier <input type="checkbox"/> <input type="checkbox"/> 4. One - Way Trafficway	VEHICLE <input type="checkbox"/> <input type="checkbox"/> 1. No Control (unlimited access) <input type="checkbox"/> <input type="checkbox"/> 2. Full Control (ONLY ramp entry and exit) <input type="checkbox"/> <input type="checkbox"/> 3. Other _____

VEHICLE CONFIGURATION	CARGO BODY TYPE
VEHICLE <input type="checkbox"/> <input type="checkbox"/> 1. Bus <input type="checkbox"/> <input type="checkbox"/> 2. Single-unit truck: 2 axles, 6 tires <input type="checkbox"/> <input type="checkbox"/> 3. Single-unit truck: 3 or more axles <input type="checkbox"/> <input type="checkbox"/> 4. Truck/trailer <input type="checkbox"/> <input type="checkbox"/> 5. Truck tractor (bobtail) <input type="checkbox"/> <input type="checkbox"/> 6. Tractor/semi-trailer <input type="checkbox"/> <input type="checkbox"/> 7. Tractor/doubles <input type="checkbox"/> <input type="checkbox"/> 8. Tractor/triples <input type="checkbox"/> <input type="checkbox"/> 9. Unknown heavy truck, cannot classify	VEHICLE <input type="checkbox"/> <input type="checkbox"/> 1. Bus <input type="checkbox"/> <input type="checkbox"/> 2. Van/enclosed box <input type="checkbox"/> <input type="checkbox"/> 3. Cargo tank <input type="checkbox"/> <input type="checkbox"/> 4. Flatbed <input type="checkbox"/> <input type="checkbox"/> 5. Dump <input type="checkbox"/> <input type="checkbox"/> 6. Concrete mixer <input type="checkbox"/> <input type="checkbox"/> 7. Auto transporter <input type="checkbox"/> <input type="checkbox"/> 8. Garbage/refuse <input type="checkbox"/> <input type="checkbox"/> 9. Other _____

SEQUENCE OF EVENTS	APPARENT DRIVER CONDITION																																																			
Circle the numbers (up to four) that best describe the sequence of events for that vehicle. VEHICLE <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">SEQUENCE</th> <th style="width:10%;">SEQUENCE</th> <th style="width:80%;"></th> </tr> </thead> <tbody> <tr><td>1 2 3 4</td><td>1 2 3 4</td><td>Ran off Road</td></tr> <tr><td>1 2 3 4</td><td>1 2 3 4</td><td>Jackknife</td></tr> <tr><td>1 2 3 4</td><td>1 2 3 4</td><td>Overturn</td></tr> <tr><td>1 2 3 4</td><td>1 2 3 4</td><td>Downhill runaway</td></tr> <tr><td>1 2 3 4</td><td>1 2 3 4</td><td>Cargo loss or shift</td></tr> <tr><td>1 2 3 4</td><td>1 2 3 4</td><td>Explosion or fire</td></tr> <tr><td>1 2 3 4</td><td>1 2 3 4</td><td>Separation of units</td></tr> <tr><td>1 2 3 4</td><td>1 2 3 4</td><td>Collision involving pedestrian</td></tr> <tr><td>1 2 3 4</td><td>1 2 3 4</td><td>Collision involving motor vehicle in transport</td></tr> <tr><td>1 2 3 4</td><td>1 2 3 4</td><td>Collision involving parked motor vehicle</td></tr> <tr><td>1 2 3 4</td><td>1 2 3 4</td><td>Collision involving train</td></tr> <tr><td>1 2 3 4</td><td>1 2 3 4</td><td>Collision involving pedalcycle</td></tr> <tr><td>1 2 3 4</td><td>1 2 3 4</td><td>Collision involving animal</td></tr> <tr><td>1 2 3 4</td><td>1 2 3 4</td><td>Collision involving fixed object</td></tr> <tr><td>1 2 3 4</td><td>1 2 3 4</td><td>Collision involving other object</td></tr> <tr><td>1 2 3 4</td><td>1 2 3 4</td><td>Other _____</td></tr> </tbody> </table>	SEQUENCE	SEQUENCE		1 2 3 4	1 2 3 4	Ran off Road	1 2 3 4	1 2 3 4	Jackknife	1 2 3 4	1 2 3 4	Overturn	1 2 3 4	1 2 3 4	Downhill runaway	1 2 3 4	1 2 3 4	Cargo loss or shift	1 2 3 4	1 2 3 4	Explosion or fire	1 2 3 4	1 2 3 4	Separation of units	1 2 3 4	1 2 3 4	Collision involving pedestrian	1 2 3 4	1 2 3 4	Collision involving motor vehicle in transport	1 2 3 4	1 2 3 4	Collision involving parked motor vehicle	1 2 3 4	1 2 3 4	Collision involving train	1 2 3 4	1 2 3 4	Collision involving pedalcycle	1 2 3 4	1 2 3 4	Collision involving animal	1 2 3 4	1 2 3 4	Collision involving fixed object	1 2 3 4	1 2 3 4	Collision involving other object	1 2 3 4	1 2 3 4	Other _____	DRIVER (Note: Check only ONE condition per driver) VEHICLE <input type="checkbox"/> <input type="checkbox"/> 1. Appeared Normal <input type="checkbox"/> <input type="checkbox"/> 2. Had Been Drinking <input type="checkbox"/> <input type="checkbox"/> 3. Illegal Drug Use <input type="checkbox"/> <input type="checkbox"/> 4. Sick <input type="checkbox"/> <input type="checkbox"/> 5. Fatigue <input type="checkbox"/> <input type="checkbox"/> 6. Asleep <input type="checkbox"/> <input type="checkbox"/> 7. Medication <input type="checkbox"/> <input type="checkbox"/> 8. Unknown
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**VEHICLE BODY TYPES  
FOR ACCIDENT REPORTS**

**PASSENGER CARS & STATION WAGONS**

- 10 Passenger Cars
- 11 Station Wagon

**LIGHT TRUCKS (0-10,000 Lbs. G.V.W.)**

- 20 Pickup
- 21 Blazers, Bronco, Scout, Cherokee, etc.
- 22 Jeep and Jeep type vehicle
- 23 Auto Based Vehicle (El Camino, Ranchero, etc.)
- 24 Van (Include Mini Van)
- 25 Panel Trucks/Step Vans
- 28 Other Light Truck

**MEDIUM TRUCKS (10,001-26,000 Lbs. G.V.W.)**

- 30 Straight Trucks
- 38 Other Medium Trucks

**HEAVY TRUCKS (Over 26,000 Lbs. G.V.W.)**

- 40 Truck Tractor (Bob-Tail, No Trailer)
- 41 Tractor/one (1) Trailer
- 42 Tractor/Double Bottom Trailers
- 43 Straight Heavy Trucks (Dump Truck, Cement Truck, Large Delivery Trucks, etc.)
- 48 Other Heavy Trucks

**MOTORIZED CYCLES**

- 50 Motorcycle
- 51 Moped (Motorized Bicycle)
- 52 Motorscooter
- 53 3-Wheel ATV (All Terrain Vehicle)
- 54 4-Wheel ATV (All Terrain Vehicle)
- 55 Autocycle
- 58 Other Motorcycle Type

**BUSES**

- 60 School Bus Public (yellow)
- 61 School Bus Public (other color)
- 62 School Bus Private (yellow)
- 63 School Bus Private (other color)
- 64 Church Bus
- 65 Commercial Bus (Greyhound, Trailways, etc.)
- 66 Transit (City Bus)
- 68 Other Bus

**NON-MOTORIZED**

- 70 Bicycle
- 71 Pedalcycle (Big Wheel, Tricycles, etc.)
- 72 Animal Drawn Vehicle
- 78 Other Non-Motorized Vehicle

**SPECIAL VEHICLES**

- 80 Farm (Tractor, Self-Propelled Combine, etc.)
- 81 Construction (Grader, Roller, Asphalt Spreader, etc.)
- 82 Train
- 83 Go Cart, Golf Cart, etc.
- 84 Self-Propelled Crane, Well Drill, etc.
- 85 Motor Home (all sizes)
- 88 Other Special Vehicles (Fork Lift, Street Sweeper, etc.)
- 99 **Unknown Body Type**  
(Hit & Run, but no description given)

**SEATING POSITION/NON-OCCUPANT CODES**

**FRONT SEAT**

- 11 Left Side (Driver)
- 12 Center
- 13 Right Side
- 18 Other Front Side (Lying Down, etc.)
- 19 Unknown Front Seat

**SECOND SEAT**

- 21 Left Side
- 22 Center
- 23 Right Side
- 28 Other (Lying Down, etc.)
- 29 Unknown Second Seat

**THIRD SEAT**

- 31 Left Side
- 32 Center
- 33 Right Side
- 38 Other (Lying Down, etc.)
- 39 Unknown Third Seat

- 41 Sleeper Section of Cab or Truck
- 42 Open Bed of Truck (Back of Pickup)
- 43 Other Seating Inside of Vehicle  
(On Engine Cover of Truck, in Rear of Pickup w/Camper)
- 44 Riding on Vehicle Exterior  
(Running Board of Truck, on Rear of Fire Eng.)
- 49 **Unknown Seating Position**

**MOTORIZED CYCLES**

- 51 Driver
- 52 Passenger
- 59 Unknown

**BUSES**

- 61 Bus Driver
- 62 Passenger (Any Seat)
- 63 Standing Passenger
- 68 Other Bus Occupancy (Sitting in Aisle, on Steps, etc.)

**NON-MOTORIZED**

- 71 Bicycle Driver
- 72 Bicycle Passenger
- 73 Pedalcyclist (Big Wheel, etc.)

- 75 Pedestrian
- 76 Riding Animal or in Animal Drawn Veh.
- 78 Other (Non-Motorized Person)

**SPECIAL VEHICLES**

- 81 Driver of Special Vehicle  
(Farm Tractor, Crane, Grader, Roller, etc.)
- 88 Passenger of Special Vehicle

82

**TRAILER TYPE CODES**

- 10 Boat Trailer
- 11 Camper Trailer
- 12 Farm Trailer
- 13 House Trailer
- 14 Horse Trailer
- 15 Towed Vehicle
- 16 2-Wheel Utility
- 17 4-Wheel Utility
- 18 Other Trailer
- 20 Semi Trailer (All Types)

**SPECIAL VEHICLE USE CODES**

- 0 - No Special Use
- 1 - Taxi
- 2 - School Bus
- 3 - Other Bus
- 4 - Military
- 5 - Police
- 6 - Ambulance
- 7 - Fire Apparatus
- 8 - Rescue

**INJURY CODES**

- 0 - No Injury
- 1 - Possible Injury
- 2 - Nonincapacitating Injury
- 3 - Incapacitating Injury
- 4 - Fatal Injury

## COUNTY CODES

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

## STATE CODES

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

### UNIFORM ACCIDENT REPORT SUPPLEMENTS

SF-0397 - Vehicle Supplement  
SF-0691 - Table of Measurements  
SF-0802 - Occupant Supplement  
SF-0884 - Statement/Diagram