

|  |      |        |  |  |  |  |
|--|------|--------|--|--|--|--|
| D.P.S. USE ONLY  |      |        | <b>South Carolina</b><br><b>Uniform Traffic Collision Report</b><br><b>(For Investigating Officers)</b><br><b>Supplemental Bus &amp; Truck Collision Report</b><br>(Revised 04/2009) |  | <input type="checkbox"/> Amended-Attach Copy of Original Report  | <input type="checkbox"/> Corrected   |
|  |      |        | Page _____ of _____ Pages  |  |  |  |
| Date   | Time | County | <b>Route Category</b><br>1-Interstate      4-Secondary<br>2-US Primary    5-County<br>3-SC Primary    6-Other  |  | <b>Accident Location</b><br>(Route Number and Name if Any)<br>ON _____   | <b>Auxiliary</b><br>0-Mainline    6-Connection<br>2-Alternate    7-Business<br>5-Spur        9-Other |
| <b>IF THIS CRASH INCLUDES:</b>   |      |        |  |  | <b>Access Control</b>  |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><u>Any</u> truck that has a gross vehicle weight rating (GVWR) of more than 10,000 pounds or a gross combination weight rating (GCWR) of more than 10,000 pounds and is used on public highways,</p> <p style="text-align: center;">OR</p> <p><u>Any</u> motor vehicle with seating to transport nine (9) or more people, including the driver</p> <p style="text-align: center;">OR</p> <p><u>Any</u> motor vehicle (<i>regardless of weight</i>) displaying a hazardous materials placard;</p> </div> <div style="width: 45%;"> <p>How Many? <input style="width: 50px;" type="text"/></p> <p>How Many? <input style="width: 50px;" type="text"/></p> <p>How Many? <input style="width: 50px;" type="text"/></p> </div> </div>   |      |        |  |  | 1- No Access Control<br>2- Full Access Control<br>3- Partial Access Control  |  |
|  |      |        |  |  | <b>Vehicle Information</b>   |  |
|  |      |        |  |  | <b>Gross Vehicle Weight Rating/</b><br><b>Gross Combination Weight Rating</b><br>01- Less than or Equal to 10,000 Pounds<br>02- 10,001-26,000 Pounds<br>03- More than 26,000 Pounds<br>99- Unknown/ Hit and Run  |  |
|  |      |        |  |  | <b>Vehicle Configuration</b><br>00- Passenger Car (only w/ HAZMAT placard)    08- Tractor w/ Semi-Trailer<br>01- Light Truck (only w/ HAZMAT placard)      09- Tractor w/ Double Trailers<br>02- Bus (seats for 9-15 people)                    10- Tractor w/ Triple Trailers<br>03- Bus (seats for 16 + people)                    98- Other/Unable to Classify<br>04- Single Unit Truck (2axles/6+ tires)           99- Unknown/ Hit and Run<br>05- Single Unit Truck (3 or more axles)<br>06- Truck w/ Trailer<br>07- Truck-Tractor Only (Bobtail) |  |
| <b>AND RESULTS IN:</b>   |      |        |  |  | <b>Bus Use</b>   |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><u>Any</u> fatality or fatalities</p> <p><u>Any</u> person(s) transported for immediate medical services</p> <p style="text-align: center;">Number of Vehicles Towed</p> <p><u>Any</u> disabled motor vehicle(s) towed away from the scene</p> </div> <div style="width: 45%;"> <p>How Many? <input style="width: 50px;" type="text"/></p> <p>How Many? <input style="width: 50px;" type="text"/></p> <p>How Many? <input style="width: 50px;" type="text"/></p> </div> </div>   |      |        |  |  | 01- Not used as a bus<br>02- School<br>03- Transit/Commuter/Sch service<br>04- Intercity   |  |
|  |      |        |  |  | <b>Cargo Body Type</b>   |  |
|  |      |        |  |  | 00- Bus (seats for 9-15 people)<br>01- Bus (seats for 16+ people)<br>02- Enclosed Box<br>03- Cargo Tank<br>04- Flat Bed<br>05- Dump<br>06- Concrete Mixer<br>07- Auto Transporter<br>08- Garbage/Refuse<br>09- Grain, Chips, Gravel<br>10- Pole<br>11- Intermodal Container<br>12- Log<br>13- Veh. Towing Vehicle<br>97- N/A<br>98- Other<br>99- Unknown/Hit & Run   |  |
| <b>Complete This Form Only If:</b>   |      |        |  |  | <b>Trailer Length and Width</b>  |  |
| One or More Qualifying Vehicle(s) was Involved - <b>AND</b><br>One or More Qualifying Injuries/Fatalities was Sustained - <b>OR</b><br>One or More Disabled Vehicle(s) was <b>Towed Away</b> From the Scene  |      |        |  |  | <b>Length</b><br>00- No Trailer<br>01- Less than 480 in. (40 ft)<br>02- 481 in. - 576 in (48 ft).<br>03- 577 in. or more<br>99- Unknown/ Hit and Run   |  |
|  |      |        |  |  | <b>Width</b><br>00- No Trailer<br>01- Less than 60 in. (5 ft.)<br>02- 61 in. - 84 in. (7 ft.)<br>03- 85 in. or more<br>99- Unknown/ Hit and Run  |  |
|  |      |        |  |  | <b>Hazardous Material Involmt</b>  |  |
| Total Number of Supplemental Forms Required for this Collision : <input style="width: 50px;" type="text"/>   |      |        |  |  | <b>Was This Vehicle Carrying Hazardous Materials?</b>  |  |
| Unit Number _____ FR-10 Number _____   |      |        |  |  | 1- Yes    2- No    3- Unknown/Hit and Run  |  |
| <b>Carrier Information</b>   |      |        |  |  | <b>Did the Vehicle Have a Hazardous Material Placard?</b>  |  |
| Name: _____<br>Address: _____<br>City: _____ State: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Zip: <input style="width: 40px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/><br>Business Phone Number: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> |      |        |  |  | 1-Yes    2- No    3- Unknown/Hit and Run   |  |
|  |      |        |  |  | <b>Identification Numbers</b>  |  |
|  |      |        |  |  | U.S. DOT <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> None = 0 <input style="width: 20px;" type="text"/>  |  |
| State Number <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> S C   |      |        |  |  | If "Yes", What Class of Hazardous Material (off placard/shipping papers)?<br>01- Class 1 (Explosives)    06- Class 6 (Poison/Infectious Substance)<br>02- Class 2 (Gases)        07- Class 7 (Radioactive)<br>03- Class 3 (Flammable Liquids)    08- Class 8 (Corrosives)<br>04- Class 4 (Flammable Solids)    09- Class 9 (Misc. Goods)<br>05- Class 5 (Oxidizing Substance)    10- No Placard<br>99- Other/Unknown/Hit and Run   |  |
| Carrier Type: Is this vehicle a(n) (1) Interstate, (2) Intrastate Carrier?   |      |        |  |  |  |  |
| <b>Was a Citation Issued to this Vehicle?</b>  |      |        |  |  | <b>Did Hazardous Material Release from this Vehicle?</b>   |  |
| 1- Yes    2- No    3- Pending  |      |        |  |  | 1-Yes    2- No    3- Unknown/Hit and Run   |  |
| Investigator's Name _____ Rank _____ Date _____  |      |        |  |  | Reviewer's Name _____ Date _____   |  |