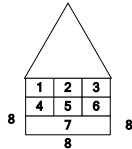
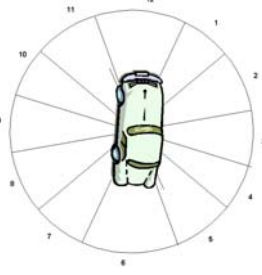


Georgia Uniform Vehicle Accident Report Overlay

ALCOHOL AND / OR DRUG TEST GIVEN 1 - YES 2 - NO 3 - TYPE TEST 1 - Blood 2 - Breath 3 - Urine 4 - Other	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 10 - Other	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
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	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 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
DIRECTION OF TRAVEL 1 - North 2 - South 3 - East 4 - West	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	VEHICLE WITH FIXED OBJECT 15 - Impact Attenuate Pole 16 - Bridge Pier/Abutment 17 - Bridge Parapet End 18 - Bridge Rail 19 - Guardrail Face 20 - Guardrail End 21 - Median Barrier 22 - Highway Traffic Sign 23 - Overhead Sign 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 Support	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
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 CONDITION 1 - No Known Defects 2 - Tire Failure 3 - Brake Failure 4 - Improper Lights 5 - Steering Failure 6 - Slick Tires 7 - Other	VEHICLE MANEUVER 1 - Turning Left 2 - Turning Right 3 - Making U-turn 4 - Stopped 5 - Straight 6 - Changing Lanes 7 - Backing 8 - Steering 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 3 - Single Unit Truck: 2 or More Axles 4 - Truck Trailer 5 - Truck Tractor (Bobtail) 6 - Tractor Trailer 7 - Tractor With Twin Trailers 8 - Unknown Heavy Truck (Cannot Classify)

TRAFFIC-WAY FLOW 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	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	 <p>POINTS OF INITIAL CONTACT</p>
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	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 Directions
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	DAMAGE TO VEHICLE 1 - None 2 - Slight 3 - Moderate 4 - Extensive 5 - Fire Present	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	

Accident Number		Agency NCIC No.		GEORGIA UNIFORM MOTOR VEHICLE ACCIDENT REPORT				County		Date Rec. by DOT					
Date	Day of Week <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		Off. Arrived		Total Number of: Vehicles Injuries Fatalities		Inside City Of:					
Road of Occurrence _____ 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. 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 Of: _____ <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								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"/>							
Driver # LAST NAME FIRST MIDDLE				Driver # LAST NAME FIRST MIDDLE											
Ped # <input type="checkbox"/> Address				Ped # <input type="checkbox"/> Address											
City		State		Zip		DOB		City		State		Zip		DOB	
Driver's License No. Class State <input type="checkbox"/> Male <input type="checkbox"/> Female				Driver's License No. Class State <input type="checkbox"/> Male <input type="checkbox"/> Female											
Posted Speed		Insurance Co.		Policy No.		Posted Speed		Insurance Co.		Policy No.					
Year	Make	Model	Telephone No.		Year	Make	Model	Telephone No.							
VIN				VIN											
Tag #	State	County	Year		Tag #	State	County	Year							
Trailer Tag #	State	County	Year		Trailer Tag #	State	County	Year							
<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					
Removed By <input type="checkbox"/> Request <input type="checkbox"/> List				Removed By <input type="checkbox"/> Request <input type="checkbox"/> List											
Alcohol Test	Type	Results	Drug Test	Type	Results	Alcohol Test	Type	Results	Drug Test	Type	Results				
Driver Cond	Direction Of Travel	Vision Obscured	Contributing Factors			Driver Cond	Direction Of Travel	Vision Obscured	Contributing Factors						
Veh Cond	Veh Maneuver	Ped. Maneuver				Veh Cond	Veh Maneuver	Ped. Maneuver							
Most Harmful Event		Veh Class:		Veh Type:		Most Harmful Event		Veh Class:		Veh Type:					
Traffic Ctrl		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: _____						By: _____									
EMS Notified Time		EMS Arrival Time		Hospital Arrival Time		Photos Taken: <input type="checkbox"/> Yes <input type="checkbox"/> No		By: _____							
Report By: _____ Department _____ Report Date _____				Checked By: _____ Date Checked _____											
Witness(es): Name _____ Address _____						City _____ State _____ Zip Code _____ Telephone No. _____									
DOT MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE)															
COMMERCIAL VEHICLES ONLY															
Carrier Name _____ Vehicle # _____ Address _____ City _____ State _____ Zip _____						Carrier Name _____ Vehicle # _____ Address _____ City _____ State _____ Zip _____									
No. of Axles	G.V.W.R.	Fed. Reportable 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Cargo Body Type	No. of Axles	G.V.W.R.	Fed. Reportable 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Cargo Body Type						
Vehicle Config.	I.C.C.M.C. #	U.S. D.O.T. #	Interstate <input type="checkbox"/> Intrastate <input type="checkbox"/>	Vehicle Config.	I.C.C.M.C. #	U.S. D.O.T. #	Interstate <input type="checkbox"/> Intrastate <input type="checkbox"/>								
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			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						
Vehicle Placarded? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			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						
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: _____						If YES, Name or 4 Digit Number from Diamond or Box: _____									
1 Digit Number from Bottom of Diamond: _____						1 Digit Number from Bottom of Diamond: _____									
__ 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									

Reported By:

Page ___ of ___