

# ALABAMA CAR ACCIDENT REPORT

ALABAMA UNIFORM TRAFFIC CRASH REPORT															DPS Case No. 00000000						
AST-27 REV. 06/08		<input type="checkbox"/> Check if Amendment <input type="checkbox"/> Check if Error Correction		# Vehicles		# Pedestrians		# Injured		# Fatalities		# Unit 1 Type		# Unit 2 Type		Local Case No.					
Sheet 1																					
LOCATION AND TIME		Date		Time		Day of Week		County				City				Rural <input type="checkbox"/>		Local Zone			
		Month		Day		Year															
		Hwy Class.		On Street, Road, Highway								At Intersection of or Between (Node 1)				And (Node 2)					
				(On) Street/ Road/Highway Code				1 2 Node Code				From Node 1									
		Mile Post		Control Access Hwy Loc.		Primary Contrib Circum		Primary Contributing Unit #		First Harmful Event		First Harmful Event Location		Most Harmful Event							
		Distance to Fixed Object		Roadway Junction/ Feature		Manner of Crash		Lat Coordinate		Long Coordinate		Coordinate Type		Hwy Side							
		School Bus Related		Crash Severity		Distracted Driving															
DRIVER		Driver Full Name		Street Address								City and State				ZIP		Telephone			
		DOB		Race		Sex		DL State		Driver License No.		DL Class		DL Status		Restrict Violations		CDL Status		Endorse Violations	
		Month		Day		Year															
		Place of Employment												Residence Less Than 25 Miles		Insurance		NAIC Number			
		Liability Insurance Co.												Liability Policy No.							
		Driver Condition		Sobriety/ Officer Opinion		Alcohol/ Drugs		Type Alcohol Test Given		Alcohol Test Results		Type Drug Test Given		Drug Test Results		Maneuver					
		Most Harmful Event for MV		Travel Road Name								Road Code		Travel Direction		Unit Contributing Circumstance		Total Injuries in Unit			
		Sequence of Events		Event 1		Event 2		Event 3		Event 4		First Harmful Event Location		Areas Damaged Are Shaded							
		Veh Year		Make		Veh Model				Body		VIN		<div style="border: 1px solid black; padding: 2px; text-align: center;">             14 Under Carriage           </div>							
		Owner's Name		License Tag Number				State		Year		<div style="border: 1px solid black; padding: 2px; text-align: center;">             11 12 1 97              10 2              9 13 3 16              8 4              7 5              B              15              Attachment           </div>									
VEHICLE		Street or R.F.D.		City		State		Zip													
		Type		Usage		Emergency Status		Placard Status		Placard Required		Hazardous Cargo		Hazardous Cargo Released?		2K					
		Attachment		Oversized Load (Reg. Permit)		If Yes, Did Owner Have Permit?		Contrib Defect		Speed Limit MPH		Est Speed MPH		Citation Offense(s) Charge							
		Damage Severity		Towed?		Vehicle Towed By Whom:															
		Towed To Where:																			
		Point of Initial Impact																			
DRIVER		Driver Full Name		Street Address								City and State				ZIP		Telephone			
		DOB		Race		Sex		DL State		Driver License No.		DL Class		DL Status		Restrict Violations		CDL Status		Endorse Violations	
		Month		Day		Year															
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		Towed To Where:																			
		Point of Initial Impact																			

- 1 LOCATION AND TIME:**  
Details about where and when your accident occurred are recorded. These include the city, street name, distance to the closest intersection, vehicles involved, pedestrians involved and whether fatalities occurred in the crash.
- 2 UNIT NUMBER BOXES:**  
Information on drivers and vehicles is recorded, including:
  - 2A** Full name, address, phone number
  - 2B** License number
  - 2C** Insurance company name
  - 2D** Physical condition
  - 2E** Driver impairment
  - 2F** Drug test results
- VEHICLE INFORMATION:**
  - 2G** Vehicle owner name
  - 2H** Vehicle make, model, year
  - 2I** License plate number
  - 2J** Vehicle identification number (VIN)
  - 2K** Citations charged
  - 2L** Damage severity and location

**Seating Position Codes:**

2, 4, or 6 Passenger	9 Passenger (add)	12 Passenger (add)	Bicycle, Motorcycle, ATV	12 - Pedestrian	16 - Not in Passenger Compartment														
<table border="1"> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>4</td><td>5</td><td>6</td></tr> </table>	1	2	3	4	5	6	<table border="1"> <tr><td>7</td><td>8</td><td>9</td></tr> </table>	7	8	9	<table border="1"> <tr><td>17</td><td>18</td><td>19</td></tr> </table>	17	18	19	<table border="1"> <tr><td>10</td></tr> <tr><td>11</td></tr> </table>	10	11	13 - Rider of Domestic Animal 14 - Occ. of Non-Motorized Vehicle 15 - Passenger of Bus	07 - Not Applicable 08 - Other (Explain) 09 - Unknown
1	2	3																	
4	5	6																	
7	8	9																	
17	18	19																	
10																			
11																			

VICTIMS												
5	4											
Name	N/A		Unit No.	Seal Pos.	Occ. Type	Safety Equip.	Air-bag	Injury Type	Age	Sex	Ejection	First Aid By
Address												
Taken To	Taken By											
Medical Facility	Birth Date											
Name												
Address												
Taken To	Taken By											
Medical Facility	Birth Date											
Name												
Address												
Taken To	Taken By											
Medical Facility	Birth Date											
Name												
Address												
Taken To	Taken By											
Medical Facility	Birth Date											

- 3 **CODES:** Numeric codes are used by officers to explain how they believed the accident occurred, including contributing circumstances, driver maneuvers or pedestrian actions.
- 4 **SEATING:** Officers document the number of people in each vehicle and their seating location.
- 5 **VICTIMS:** Contact information for others involved in the accident is recorded, including whether that person was injured, killed or taken to a hospital *after the accident.*

6

DIAGRAM

The diagram area is a large rectangle with a dashed border, occupying most of the page. It is currently empty, intended for a diagram.

- 6 NARRATIVE AND DIAGRAM:** Officers document their opinion of what happened via a pictorial diagram and written narrative. Review this information carefully, as officers may include information not found elsewhere on the accident report.

NARRATIVE	

ROADWAY ENVIRONMENT														
Unit No.	Involved Road Bridge	Road Surface Type	Roadway Condition	Workzone Related?	Workzone Type	Workers Present?	Workzone Law Enforcement Present?	Contributing Circumstances Environment	Contrib. Mat. In Roadway					
Contrib. Material Source	Railway Curve & Grade	Vision Obscured By	Traffic Control	Traffic Control Functioning	Opposing Lane Separation	Trafficway Lanes	Turn Lanes	One-Way Street	Total # Occupant a In Unit	Total # Injured In Unit	Total # Killed In Unit			
Total Number of Units	Light			Weather			Locale		Police Present?	DOT Railroad Crossing No.				

  

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INVESTIGATION				
Investigator				
Time Police Notified	Time Police Arrived	Time EMS Arrived	EMS Response Run #	
Name of Investigating Officer			Officer ID	Agency ORI
Name of Investigating Officer			Officer ID	Agency ORI
The data on this report reflects the best knowledge, opinion, and belief regarding the crash, but no warrant is made as to the factual accuracy thereof.				

- 8 INVESTIGATION:** Light conditions, weather conditions and witness information is collected. In addition, the officer documents the time arrived at the scene of the accident, property damage and his or her name and officer identification number.

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> <div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; line-height: 30px; margin: 0 auto;">9</div> <div>Unit No. _____ (same as on main report)</div> </div> <div style="text-align: center; flex-grow: 1;"> <h1 style="margin: 0;">Alabama Uniform Traffic Accident Report</h1> <h2 style="margin: 0;">Truck/Bus Supplemental Sheet</h2> </div> <div style="text-align: right; font-size: small;">             AST-94T 1/94 Sheet _____ of _____ Sheets           </div> </div>					
General Instructions					
<p>Complete this form for each qualifying vehicle <b>ONLY</b> if the accident meets <b>BOTH</b> of the following criteria:</p> <ol style="list-style-type: none"> <li>The accident involved a qualifying vehicle (truck with 6 or more tires or Haz/Mat placard, or a bus designed to carry 16 or more, including driver) and;</li> <li>The accident resulted in at least one of the following: <b>A.</b> one or more fatalities <b>B.</b> one or more persons injured and taken from the scene for immediate medical attention, or <b>C.</b> one or more involved vehicles had to be towed from the scene as a result of disabling damage or had to receive assistance to leave.</li> </ol>					
Screening Information					
<b>Number of Qualifying Vehicles:</b> Trucks with 6 or more tires or Haz/Mat placard _____ Buses designed to carry 16 or more (including driver) _____ Number of vehicles towed from scene due to damage or provided assistance _____		<b>Number of Persons:</b> Sustaining fatal injuries _____ Transported for <b>immediate</b> medical treatment _____			
Vehicle Information					
<b>Gross Vehicle Weight Rating (GVWR)</b> <b>A.</b> Truck, tractor or bus: _____ <b>B.</b> Trailer or trailers (total): _____ Total GVWR for unit (A+B): _____		<b>Hazardous Material Involvement</b> Did vehicle have a Haz/Mat placard ____ Yes ____ No If Yes, include following information from placard <b>A.</b> Name or 4-digit number from diamond or box _____ <b>B.</b> The 1-digit number from bottom of diamond _____ Was hazardous material released from THIS vehicle's cargo? ____ Yes ____ No			
<b>Total number of axles</b> _____					
<b>Vehicle Configuration</b> (circle one number) <div style="display: flex; flex-wrap: wrap; padding: 5px;"> <div style="width: 33%;">1. Bus</div> <div style="width: 33%;">2. Single unit truck (2 axles/ 6 or more tires)</div> <div style="width: 33%;">3. Single unit truck (3 or more axles)</div> <div style="width: 33%;">4. Truck with trailer</div> <div style="width: 33%;">5. Truck tractor only (bobtail)</div> <div style="width: 33%;">6. Tractor with semi-trailer</div> <div style="width: 33%;">7. Tractor with double trailers</div> <div style="width: 33%;">8. Tractor with triple trailers</div> <div style="width: 33%;">9. Unknown class heavy truck</div> <div style="width: 33%;">0. Any other 4-tired vehicle</div> </div>					
<b>Cargo Body Type</b> (circle one number) <div style="display: flex; flex-wrap: wrap; padding: 5px;"> <div style="width: 33%;">1. Bus</div> <div style="width: 33%;">2. Van/enclosed box</div> <div style="width: 33%;">3. Cargo tank</div> <div style="width: 33%;">4. Flatbed</div> <div style="width: 33%;">5. Dump</div> <div style="width: 33%;">6. Concrete mixer</div> <div style="width: 33%;">7. Auto transporter</div> <div style="width: 33%;">8. Garbage/ refuse</div> <div style="width: 33%;">9. Other _____</div> </div>					
Motor Carrier Information					
NOTE: If NOT a motor carrier, enter NONE under Carrier Name, 0 for None under Carrier Identification Numbers, and go to Sequence Of Events Section					
<b>Carrier Name</b> _____					
<b>Source</b> (circle one number)    1. Vehicle side    2. Shipping papers    3. Driver    4. Other					
<b>Carrier mailing address</b> (Street or P.O. Box) _____					
<b>City, State, Zip</b> _____					
<b>Carrier Identification Numbers</b> ( _____ None = 0)					
<b>US DOT</b> _____ <b>ICC MC</b> _____ <b>STATE NO.</b> _____ <b>STATE</b> _____					
Sequence of Events					
Note: for THIS vehicle – list up to four <b>Event #1</b> _____ <b>Event #2</b> _____ <b>Event #3</b> _____ <b>Event #4</b> _____					
<b>EVENT CODES</b>	Non-Collision	1. Ran off road	2. Jackknife	3. Overturned (rollover)	4. Downhill runaway
		5. Cargo loss or shift	6. Explosion or fire	7. Separation of units	8. Other non-collision
<b>EVENT CODES</b>	Collision With	9. Pedestrian	10. Non-parked vehicle	11. Parked vehicle	12. Train
		13. Pedalcycle	14. Animal	15. Fixed object	16. Other object
<b>Signature of Reporting Officer</b> _____		<b>Officer ID</b> _____	<b>Reporting Police Agency ORI</b> _____	<b>Date</b> _____	<b>Time</b> _____

- 9 TRUCK/BUS  
SUPPLEMENTAL SHEET:**  
Officers complete this page if a truck or other commercial vehicle was involved in the crash. This includes gross vehicle weight rating (GVWR), involvement of hazardous materials, vehicle and cargo type and information about the motor vehicle carrier who owns the vehicle.