

ALABAMA UNIFORM TRAFFIC ACCIDENT REPORT

DPS
Accident No.

Shaded Areas To Be Used By Data Processing Only

Sheet ____ of ____ Sheet(s)

Microfilm No.

Local Case No.

SEATING	<table border="1"> <tr><td colspan="3">Unit 1</td><td colspan="3">1 2 3</td><td colspan="3">10</td><td colspan="3">1 2 3</td><td colspan="3">10</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>11</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>11</td></tr> </table> <p>Other Involved Unit (Circle One)</p> <p>12 - Pedestrian 13 - Rider of Domestic Animal 14 - Occ. of Non-Motorized Vehicle 15 - Victim of Other Circumstance/ Codes Not Applicable</p> <p>Other Involved Safety Equipment _____</p> <table border="1"> <tr><td colspan="3">Unit 2</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table> <p>Other Involved Unit (Circle One)</p> <p>12 - Pedestrian 13 - Rider of Domestic Animal 14 - Occ. of Non-Motorized Vehicle 15 - Victim of Other Circumstance/ Codes Not Applicable</p> <p>Other Involved Safety Equipment _____</p>												Unit 1			1 2 3			10			1 2 3			10			1	2	3	4	5	6	11	4	5	6	7	8	9	11	Unit 2			1	2	3	4	5	6	7	8	9	CODES																																																							
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**ALABAMA
UNIFORM TRAFFIC ACCIDENT REPORT**

LOCAL CASE NO. _____

AST No. 34 Rev. 4/86

SUPPLEMENTAL SHEET

SHEET **OF** **SHEET(S)**

Unit No.	Seat Pos.	Injury Type	Age	Sex	Ejection	First Aid By

	Name	Address	No.	Pos.	Type	tion	Aid By
3	Taken to	Taken by					
4	Name	Address					
	Taken to	Taken by					
5	Name	Address					
	Taken to	Taken by					
6	Name	Address					
	Taken to	Taken by					
7	Name	Address					
	Taken to	Taken by					
8	Name	Address					
	Taken to	Taken by					
9	Name	Address					
	Taken to	Taken by					
10	Name	Address					
	Taken to	Taken by					
11	Name	Address					
	Taken to	Taken by					
12	Name	Address					
	Taken to	Taken by					

DESCRIBE WHAT HAPPENED (Refer to vehicles by number)

ADDITIONAL ACCIDENT VICTIMS

ADDITIONAL NARRATIVE SPACE

Diagram Not to Scale Diagram Scale 1 inch	= =	(20 feet) (10 feet)	Location	Time	A.M. P.M. MT.
Signature of Reporting Officer(s)			Officer ID	DATE	
				Month	Day
				Year	

Alabama Uniform Traffic Accident Report

Truck/Bus Supplemental Sheet

Unit No. _____
(same as on main report)

AST-34T
1/94

Sheet _____ of _____ Sheets

General Instructions

Complete this form for each qualifying vehicle **ONLY** if the accident meets **BOTH** of the following criteria:

1. 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;
2. The accident resulted in at least one of the following: **A.** one or more fatalities **B.** one or more persons injured and taken from the scene for immediate medical attention, or **C.** 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.

Screening Information

Number of Qualifying Vehicles:

Number of Persons:

Trucks with 6 or more tires or Haz/Mat placard _____

Sustaining fatal injuries _____

Buses designed to carry 16 or more (including driver) _____

Transported for **immediate** medical treatment _____

Number of vehicles towed from scene due to damage or provided assistance _____

Vehicle Information

Gross Vehicle Weight Rating (GVWR)

A. Truck, tractor or bus _____

B. Trailer or trailers (total) _____

Total GVWR for unit (A+B) _____

Total number of axles _____

Hazardous Material Involvement

Did vehicle have a Haz/Mat placard Yes No

If Yes, include following information from placard

A. Name or 4-digit number from diamond or box _____

B. The 1-digit number from bottom of diamond _____

Was hazardous material released from THIS vehicle's cargo? Yes No

Vehicle Configuration (circle one number)

- | | | |
|---------------------------------|---|--|
| 1. Bus | 2. Single unit truck (2 axles/ 6 or more tires) | 3. Single unit truck (3 or more axles) |
| 4. Truck with trailer | 5. Truck tractor only (bobtail) | 6. Tractor with semi-trailer |
| 8. Tractor with triple trailers | 9. Unknown class heavy truck | 7. Tractor with double trailers |
| 0. Any other 4-tired vehicle | | |

Cargo Body Type (circle one number)

- | | | | | |
|-------------------|---------------------|--------------------|------------|---------|
| 1. Bus | 2. Van/enclosed box | 3. Cargo tank | 4. Flatbed | 5. Dump |
| 6. Concrete mixer | 7. Auto transporter | 8. Garbage/ refuse | 9. Other | |

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

Carrier Name _____

Source (circle one number) 1. Vehicle side 2. Shipping papers 3. Driver 4. Other

Carrier mailing address (Street or P.O. Box) _____

City, State, Zip _____

Carrier Identification Numbers (_____ None = 0)

US DOT _____ ICC MC _____ STATE NO. _____ STATE _____

Sequence of Events

Note: for THIS vehicle – list up to four Event #1 _____ Event #2 _____ Event #3 _____ Event #4 _____

**EVENT
CODES**

- | | | | | |
|----------------|------------------------|------------------------|--------------------------|------------------------|
| 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 |
| Collision With | 9. Pedestrian | 10. Non-parked vehicle | 11. Parked vehicle | 12. Train |
| | 13. Pedalcycle | 14. Animal | 15. Fixed object | 16. Other object |

Signature of Reporting Officer

Officer ID

Reporting Police Agency ORI

Date

Time

AM
PM
MT

Truck

A motor vehicle designed, used or maintained primarily for the transportation of property. For the purpose of this form the vehicle must also meet one of the following criteria:

- Have at least 6 tires on the ground, **or**
- Carry a Hazardous Material Placard.

Bus

A motor vehicle providing seats for 16 or more persons including the driver and used primarily for the transportation of persons.

Trailer

A non-power vehicle towed by a motor vehicle.

Reportable Accident

A highway related incident normally investigated by a police officer and reported on a standard accident report form involving one or more trucks or buses (as defined here) which results in:

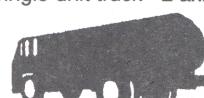
- One or more fatalities, **or**
- One or more non-fatal injuries requiring transportation for the purpose of obtaining immediate medical treatment, **or**
- One or more of the vehicles being removed from the scene as a result of disabling damage, **or**
- One or more vehicles requiring intervening assistance before proceeding under its own power.

Typical Vehicle Silhouettes

1. Bus



2. Single unit truck - 2 axles / 6 tires



3. Single unit truck - 3 axles



4. Truck with trailer



5. Truck tractor (bobtail)



6. Tractor with semi-trailer



7. Tractor with double trailers



8. Tractor with triple trailers

**Typical Hazardous Material Placards**