Police Crash Report

October 04 2020

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ALABAMA UNIFORM TRAFFIC ACCIDENT REPORT

Officer Name: Bill Murray

Status: ON DUTY

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Number of Accidents Reported: 347

Branch: Dothan, AL

Re

		Location and Time				
Date and Time MM/DD/YYYY 9 24 AM Day of Week Select County Select City Select	On Street, Road, or Highway Street, Road, Hwy At intersection of or between Node 1 and Node 2 Street or Road Code Code Node 1 Code Code	Node 2 Code Code Distance XXX.XX	Select Prime Control Circms Enter here Prime Control Unit No. Enter here First Harmful Event Enter here Event Location Enter here	Distance to fixed object (ft.) Distance No. of Vehicles Enter here No. of Pedestrians Enter here No. Injured Enter here No. Fatalities Enter here		
Unit 1 Type Enter here Unit 2 Type Enter here Highway Classification type Select Local Zone Enter here	NON-COLLISION EVENT O 01 - Overturned O 02 - Fire/Explosion O 03 - Immersion O 04 - Gas Inhalation O 05 - Spill O 06 - Road/Bridge Collapsed O 07 - Jackknifed O 08 - Parts/Cargo Fell From Moving Vehicle O 09 - Trailer Hitch Came Loose O 12 - Other	O 15 - Pedestrian(s) O 20 - Non-Parked Vehicle O 30 - Parked Vehicle O 35 - Train O 40 - Pedal Cyclist O 45 - Animal O 51 - Guardrail O 52 - Crash Cushion O 53 - Utility Pole O 54 - Non-breakaway Light O 55 - Tree O 56 - Fire Hydrant O 57 - Pier or Column O 59 - Non-breakaway Sign	COLLISION EVENT Of 61 - Mailbox(es) Of 62 - Gas Line Of 63 - Barricade Of 64 - Bridge Rail Of 65 - Culvert Headwall Of 66 - Curbing Of 7 - Retaining Wall Of 68 - Median Barrier Of 9 - Sideslope Of 1 - Building Of 2 - Fence Of 3 - Boulder Of 4 - Ditch	O 75 - Overpass/Underpass O 76 - Other Fixed Object O 77 - Breakaway Sign O 78 - Manhole O 79 - Telephone Booth O 80 - Guy Wire O 81 - Breakaway Light O 82 - Overhead Object O 84 - Bridge Abutment O 87 - Animal with Rider O 90 - Foreign Material in Road O 93 - Pothole O 97 - None O 98 - Other	that appl	elect any of the options ly to the crash you are g. Multiple options can b



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Report New Accident

		Driver a	and Vehicle					
Driver Full Name First, Middle, Last Street Address Address City and State City, State ZIP Code ZIP Telephone Number (XXX)XXX-XXXX	Date of Birth MM/DD/YYYY Race Select Driver's License State Select Driver's License Number Enter here Driver's License Class Enter here		ere ere ere ements not	Place of Employn Enter here Liability Insuranc Enter here Social Security N Enter here Driver Condition Select	e Company Di umber Ty	Sobriety Officer's Opinion Icohol Select rugs Select ype Test Given Select est Results Enter here		
Maneuver	Vehicle Info						?	Please use th make sure yo all of the Veh
Enter here Travel Road Name Enter here Road Code Enter here Travel Direction Select Other Contr Circumstance Enter here Prime Harm Event Enter here Event Location Enter here	Enter here Make Enter here Model Enter here Body Enter here V.I.N. Enter here License Tag Number Enter here	State Enter here Year Enter here Owner's Name Enter here Street or R.F.D. Enter here City and State City, State ZIP Enter here	O 1 - Auto O 2 - StaWagon O 3 - Pick Up O 4 - Van O 5 - Truck Tractor O 6 - Other Truck O 7 - Comm Bus O 8 - School Bus O 9 - Other Bus O 10 - Motorcycle	Type O 11 - Moped O 12 - M. Scooter O 13 - Pedal Cycle O 14 - Farm Mach. O 15 - Train O 16 - Road Equipment O 17 - Ridden Animal O 18 - M. Home (RV) O 19 - ATV O 98 - Other	O 1 - Personal O 2 - Driver Trng. O 3 - Construction O 4 - Ambulance/Paramed O 5 - Military O 6 - Taxi O 7 - Transport Prop. O 8 - Agriculture O 9 - Wrecker/Tow	Usage O 10 - Police O 11 - Other Business O 12 - Bus/Pass. Transport dical O 13 - Fire Fighting O 98 - Other Placard O Yes O No O NA		