

## Georgia Uniform Vehicle Accident Report Overlay

<b>PEDESTRIAN MANEUVER</b> 1 - Crossing, Not At Crosswalk 2 - Crossing at Crosswalk 3 - Walking with Traffic 4 - Walking Against Traffic 5 - Pushing Or Working Vehicle 6 - Other Working in Roadway 7 - Playing Roadway 8 - Standing in Roadway 9 - Off Roadway 10 - Other 11 - Darting Into Traffic		<b>CONTRIBUTING FACTORS</b> 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		1 - Passenger Car 2 - Pickup Truck 3 - Truck Tractor (Bobtail) 4 - Tractor Trailers 5 - Tractor Trailer 6 - Logging Trailer 7 - Logging Trailer 8 - Single Unit Trailer 9 - Panel Truck 10 - Van 11 - Utility Passenger Vehicle 12 - Gates 13 - No Control Panel 14 - Traffic Signal 15 - RR Signal/Switch 16 - Warning Sign	
<b>FIRST HARMFUL EVENT/MOST HARMFUL EVENT NON-COLLISION</b> 1 - Overturn 2 - Fire/Explosion 3 - Immersion 4 - Jackknife 5 - Other Non-Collision		<b>VEHICLE CLASS</b> 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		1 - Van (Encl. Box) 2 - Auto Carrier 3 - Bus 4 - Van (Encl. Box) 5 - Auto Carrier 6 - Bus 7 - Bus (Seating for more than 15 Passengers) 8 - Single Unit Truck: 2 Axles 9 - Single Unit Truck: 3 or More Axles 10 - Truck Trailer 11 - Truck Tractor (Bobtail) 12 - Tractor Trailer 13 - Tractor With Twin Trailers 14 - Unknown Heavy Truck (Cannot Classify)	
<b>COLLISION WITH OBJECT NOT FIXED</b> 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)		<b>VEHICLE CLASS</b> 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		1 - Van (Encl. Box) 2 - Auto Carrier 3 - Bus 4 - Van (Encl. Box) 5 - Auto Carrier 6 - Bus 7 - Bus (Seating for more than 15 Passengers) 8 - Single Unit Truck: 2 Axles 9 - Single Unit Truck: 3 or More Axles 10 - Truck Trailer 11 - Truck Tractor (Bobtail) 12 - Tractor Trailer 13 - Tractor With Twin Trailers 14 - Unknown Heavy Truck (Cannot Classify)	
<b>COLLISION WITH FIXED OBJECT</b> 15 - Impact Attenuate 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		<b>VEHICLE CLASS</b> 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		1 - Van (Encl. Box) 2 - Auto Carrier 3 - Bus 4 - Van (Encl. Box) 5 - Auto Carrier 6 - Bus 7 - Bus (Seating for more than 15 Passengers) 8 - Single Unit Truck: 2 Axles 9 - Single Unit Truck: 3 or More Axles 10 - Truck Trailer 11 - Truck Tractor (Bobtail) 12 - Tractor Trailer 13 - Tractor With Twin Trailers 14 - Unknown Heavy Truck (Cannot Classify)	

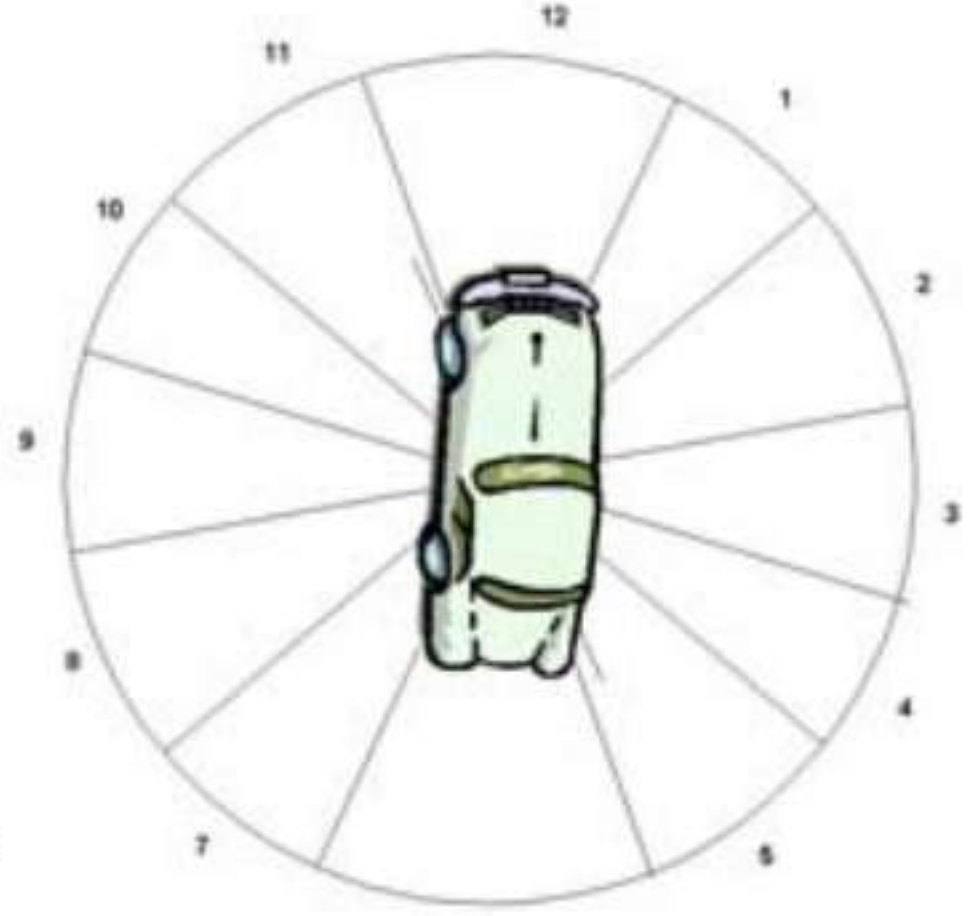
This section will include information about the vehicles involved in the crash. This includes information about the drivers and vehicle owners. The officer will also record the make and model of the vehicles, as well as VIN and plate number.

At the top of the page, you'll find the date, time, and location of the accident. The investigating officer will record the number of injuries and fatalities in the crash. The officer will note the time police arrived on the scene.

The officer will record information about drug or alcohol tests, if they were given. There will also be information about the driver's condition and maneuvers made by each vehicle.

This section notes whether anyone involved in the crash was taken to a hospital. The officer will also record information about any witnesses.

If the accident involved a commercial vehicle, the officer will record information about the driver, the carrier, and the vehicle configuration.

<b>LOCATION AT AREA OF IMPACT</b> 1 - On Roadway 2 - On Shoulder 3 - Off Roadway 4 - Median 5 - Ramp 6 - Gore		<b>AGE</b> 00 - Up To One Year 01 - 97 Actual Age 98 - Ninety-eight Or Older 99 - Unknown		<b>SEX</b> M - Male F - Female	
<b>ROAD COMPOSITION</b> 1 - Concrete 2 - Black Top 3 - Tar And Gravel 4 - Dirt 5 - Gravel 6 - Other		<b>INJURY CODE</b> 0 - Not injured 1 - Killed 2 - Serious 3 - Visible 4 - Complaint		<b>TAKEN FOR TREATMENT</b> 1 - Yes 2 - No	
<b>CONTRIBUTING ROAD DEFECTS</b> 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		<b>CONSTRUCTION / MAINTENANCE ZONE CODES</b> 0 - None 1 - Construction 2 - Maintenance 3 - Utility 4 - Unknown type		<b>EJECTION</b> 1 - Not Ejected 2 - Trapped 3 - Totally Ejected 4 - Partially Ejected	
<b>ROAD CHARACTER</b> 1 - Straight And Level 2 - Straight On Grade 3 - Straight On Hillcrest 4 - Curve And Level 5 - Curve On Grade 6 - Curve On Hillcrest		<b>SAFETY EQUIPMENT</b> 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		<b>EXTRICATION (Equipment Used)</b> 1 - Yes 2 - No	
<b>DAMAGE TO VEHICLE</b> 1 - None 2 - Slight 3 - Moderate 4 - Extensive 5 - Fire 6 - Present		<b>AIR BAG FUNCTION</b> 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			

The officer will include written notes about the accident in the "remarks" section. This may contain information not noted in other parts of the report.

There will be a diagram which notes each vehicle's direction of travel prior to the accident, as well any traffic signals or signs.

This section will note any citations given in connection with the accident.

The officer will record any other property damage that occurred as a result of the crash.

This section will note any other occupants of the vehicles, along with injuries and safety equipment use.

Agency NCIC No.		GEORGIA UNIFORM MOTOR VEHICLE ACCIDENT REPORT				County	Date Rec. by DOT
Day of Week <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Th <input type="checkbox"/> Fri <input type="checkbox"/> Sat		Time	Off. Arrived	Vehicles	Total Number of: Injuries	Fatalities	Inside City Of:
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. 5 <input type="checkbox"/> Co. Line					
Miles 1 <input type="checkbox"/> North 3 <input type="checkbox"/> East		Of: _____					
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					
Checked above, _____							
FIRST		MIDDLE		Driver #	LAST NAME		
City		State		Zip	DOB		
Driver's License No.		Class		State		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Posted Speed		Insurance Co.		Policy No.			
Year		Make		Model		Telephone No.	
VIN		Vehicle Color					
Tag #		State		County		Year	
Trailer Tag #		State		County		Year	
Driver's Last Name		First		Middle			
Address		City					
State		Zip					
<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		Drug Test	
Type		Results		Type		Results	
Direction Of Travel		Vision Obscured		Contributing Factors			
Driver Cond		Veh Cond		Veh Maneuver		Ped. Maneuver	
Most Harmful Event		Veh Class:		Veh Type:		Traffic Ctrl	
Device Inoperative? <input type="checkbox"/> Yes <input type="checkbox"/> No		Veh Class:		Veh Type:		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	
Report By:		Department		Report Date		Checked By:	
Date Ch		Address		City		State	
DOT MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE)							
COMMERCIAL VEHICLES ONLY							
Carrier Name				Carrier Name			
City				City			
State		Zip		State		Zip	
No. of Axles		G.V.W.R.		Fed. Reportable		Cargo Body Type	
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
U.S. D.O.T. #		Interstate <input type="checkbox"/> Intrastate <input type="checkbox"/>		U.S. D.O.T. #		Interstate <input type="checkbox"/> Intrastate <input type="checkbox"/>	
C.D.L. Suspended? 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. Suspended? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		C.D.L. Suspended? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
Hazardous Materials? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Hazardous Materials? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Hazardous Materials? 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		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			