

**South Carolina
Traffic Collision
Report Form
(TR-310)
And
Supplemental Bus
And Truck Report
Form
Instruction Manual**

Rev. 10/2006

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INTRODUCTION

The instructions in this manual have been prepared to provide guidance for completing the South Carolina Traffic Collision Report Form TR-310 (Revised 1/2001) and the Supplemental Bus and Truck Collision Report Form.

Since January 1, 1970, a standard form has been used by all law enforcement agencies within the State, including state, county, and municipal agencies responsible for investigating and reporting traffic collisions.

Those who investigate traffic collisions are one of the most important sources for departments and agencies concerned with traffic safety. When investigating a traffic collision, your report provides specific, detailed facts that are of utmost importance. Facts regarding traffic collisions are used for legal and insurance purposes as well as for identifying traffic safety hazards, developing appropriate countermeasures, and implementing such measures to eliminate the hazards.

Familiarity with this manual will save you time and effort at the collision scene and will aid you in submitting the reports as accurately and completely as possible, thereby, making them of the greatest possible value for collision prevention purposes.

Each TR-310 consists of an Original Collision Report and three Financial Responsibility forms. The original is to be submitted to the address shown on the back of the report form. The Financial Responsibility forms are to be given to the driver(s) involved in the collision.

All codes needed to interpret the form are contained on the form itself. Blocks corresponding to each individual unit are marked with 1, 2, or 3.

Your cooperation in using good judgement and accurately preparing the Collision Report for the statewide Traffic Records System will be rewarded with better information for all users and, above all, reduced collisions and deaths.

**STATUTES FOR ACCIDENT REPORTING FROM THE SOUTH CAROLINA
CODE OF LAWS**

56-5-370. Department of Public Safety.

Section 56-5-370 "Department" for the purpose of this chapter (Five) means the Department of Public Safety acting directly or through its duly authorized officer and agents.

56-5-1210. Duties of driver involved in accident resulting in death or personal injury.

The driver of any vehicle involved in an accident resulting in injury to or the death of any person shall immediately stop such vehicle at the scene of such accident or as close thereto as possible, but shall then forthwith return to and in every event shall remain at the scene of the accident until he has fulfilled the requirements of Section 56-5-1230. Every such stop shall be made without obstructing traffic more than necessary. Any person failing to stop or to comply with such requirements under such circumstances shall upon conviction be punished by imprisonment for not less than thirty days or not more than one year or by a fine of not less than one hundred dollars nor more than five thousand dollars, or by both such fine and imprisonment. The Department shall revoke the driver's license of the person so convicted.

56-5-1220. Duties of driver involved in accident resulting in damage to attended vehicles.

The driver of any vehicle involved in an accident resulting only on damage to a vehicle which is driver or attended by any person shall immediately stop such vehicle at the scene of such accident or as close thereto as possible but not forthwith to and in every event shall remain at the scene of such accident until he has fulfilled the requirements of Section 56-5-1230. Every such stop shall be made without obstructing traffic more than is necessary. Any person failing to stop or comply with such requirements under such circumstances shall be guilty of a misdemeanor.

56-5-1230. Duty to give information and render aid.

The driver of any vehicle involved in an accident resulting in injury to or death of any person or damage to any vehicle which is driven or attended to by any person shall give his name, address and the registration number of the vehicle he is driving and shall upon request and if available exhibit his driver license to the person struck or the driver or occupant of or person attending any vehicle collided with and shall render to any person injured in such accident reasonable assistance, including the carrying or making arrangements for the carrying of such person to a physician, surgeon or hospital for medical or surgical treatment that such treatment is necessary or if such treatment is requested by the injured person.

56-5-1240. Duties of driver involved in accident involving unattended vehicle.

The driver of any vehicle which collides with any vehicle which is unattended shall immediately stop and shall then and there either locate and notify the operator or owner of such vehicle of the name and address of the driver and owner of the vehicle striking the unattended vehicle or shall leave in a conspicuous place in the vehicle a written notice giving the name of the driver and the owner of the vehicle doing the striking and a statement of the circumstances thereof.

56-5-1250. Duties of driver striking fixtures upon or adjacent to highway.

The driver of any vehicle involved in an accident resulting only in damage to fixtures legally upon or adjacent to a highway shall take reasonable steps to locate and notify the owner or person in charge of such property of such fact and of his name and address and of the registration number of the vehicle he is driving and shall upon request and if available exhibit his driver's license and shall make report of such accident when and as required in Section 56-5-1270.

56-5-1260. Immediate report of accidents resulting in personal injury or death.

The driver of a vehicle involved in an accident resulting in injury to or death of any person shall immediately by the quickest means of communication, whether oral or written, give notice of such accident to the local police department if such accident occurs within a municipality, otherwise to the office of the county sheriff or the nearest office of the South Carolina Highway Patrol.

56-5-1270. Operators, owners and law enforcement officers shall make written reports of certain accidents and investigations.

The operator or owner of a motor vehicle involved in an accident resulting in injury to or death of any person or total property damage to an apparent extent of one thousand dollars (\$1000) or more which was not investigated by a law enforcement officer, within fifteen (15) days after the accident, shall forward a written report and verification of liability insurance coverage of the accident to the Department, the proof and report to be in a manner prescribed by the Department. The completed and verified form must be returned by the operator or owner to the Department within fifteen (15) days from the accident date. Failure to forward the accident report verified in the proper manner in respect to the vehicle involved in the accident is prima facie evidence that the vehicle is uninsured.

Every law enforcement officer who, in the regular course of duty, investigates a motor vehicle accident either at the time of and at the scene of the accident or after the accident by interviewing participants or witnesses, within twenty-four hours after completing the investigation, shall forward a written report of the accident to the Department including

the names of the interviewed participants and witnesses. If a two-wheeled motorized vehicle is involved in the accident and the operator or a passenger of the vehicle suffers a head injury, the injury must be indicated on the report.

56-5-1280. In case driver shall be unable to report, other occupant or owner shall report.

Whenever the driver of a vehicle is physically incapable of making an immediate or written report of an accident as required in Section 56-5-1260 and there was another occupant in the vehicle at the time of the accident capable of making a report, such occupant shall make or cause to be made such report not made by the driver. Whenever the driver is so physically incapable of making a written report as required in Section 56-5-1270 and such driver is not the owner of the vehicle involved in such accident shall within five (5) days after learning of the accident shall make such report not made by the driver.

56.5.1290. Reports shall not be used as evidence of negligence or due care in civil actions.

None of the reports required by Sections 56-5-1260 to 56-5-1280 shall be referred to in any way or be any evidence of the negligence or due care of either party at the trial or any action at law to recover damages.

56-5-1300. Accident report forms.

The Department shall prepare and upon request supply to police departments, coroners, sheriffs, garages and other suitable agencies or individuals forms for accident reports required hereunder, appropriate with respect to the persons required to make such reports and the purposes to be served. The written reports to be made by persons involved in accidents and by investigating officers shall call for sufficiently detailed information to disclose with reference to a traffic accident the cause, conditions then existing and the persons and vehicles involved. Every accident report required to be made in writing shall be made on the appropriate form approved by the Department and shall contain all of the information required therein unless not available.

56-5-1320. Coroners shall report traffic deaths.

Every coroner or other official performing like functions shall on or before the tenth day of each month report in writing to the Department the death of any person within his jurisdiction during the preceding calendar month as the result of a traffic accident, giving the time and place of the accident and the circumstances relating thereto.

56-5-1330. Garages or repair shops shall report accidents or bullet damages.

The person in charge of any garage or repair shop to which is brought any motor vehicle which shows evidence of having been involved in an accident of which report must be made as provided in Section 56-5-1270 or struck by any bullet shall report to the Department within twenty-four (24) hours after such motor vehicle is received, giving the engine number, registration number and the name and address of the owner or operator of such vehicle.

56-5-1340. Accident reports shall be without prejudice and confidential; use; permissible disclosures.

All accident reports made by persons involved in accidents shall be without prejudice to the individual so reporting and shall be for the confidential use of the Department or other State agencies having use for the records for accident prevention purposes. The Department may disclose the identity of a person involved in an accident when such identity is not otherwise known or when such person denies his presence at such accident and may upon request disclose to any person who has suffered injury to his person or property any information contained on any report regarding existence of insurance. No such report shall be used as evidence in any trial, civil or criminal, arising out of an accident, except that the Department shall furnish, upon demand of any person who has, or claims to have, made such a report or upon demand of any court, a certificate showing that a specified accident report has or has not been made to the Department solely to prove a compliance or a failure to comply with the requirement that such a report be made to the Department.

56-5-1350. Tabulation and analysis of reports; publication of statistical information.

The Department shall tabulate and may analyze all accident reports and shall publish annually or at more frequent intervals statistical information based thereon as to the number and circumstances of traffic accidents.

56-5-1360. Municipality may require accident reports; use.

Any incorporated city or town may by ordinance require that the driver of a vehicle involved in an accident shall also file with a designated city department a report of such accident or a copy of any report herein required to be filed with the Department. All such reports shall be for the confidential use of the city department and subject to the provisions of Section 56-5-1340.

ATTORNEY GENERAL'S OPINION

Reporting of accidents occurring on private property.

A motorist is required to submit a written report to the South Carolina Department of Public Safety of an accident that occurs on private property. 1973-74 Op. Att'y Gen., No. 3689, P. 36.

Investigation of accidents occurring on private property.

There is nothing to prevent a law enforcement officer from entering private property in order to investigate the probability of a violation of the law – especially when the area to be entered is an open area, such as a road or parking lot to which the public is invited. When a motor vehicle accident has occurred on such an area, traffic police are empowered to conduct routine investigations and to prefer charges when there is valid evidence to support charges. 1973-74 Op. Att'y Gen., No. 3689, P.36.

SPECIAL INSTRUCTIONS FOR TR-310

1. Each report consists of a set of four pages: an original Collision Report and three Financial Responsibility forms.
2. THE ORIGINAL COLLISION REPORT IS TO BE SUBMITTED TO THE ADDRESS SHOWN ON THE BACK OF EACH REPORT:

South Carolina Department of Motor Vehicles
Office of Financial Responsibility
PO Box 1498
Blythewood, South Carolina 29016

- Please be sure that the person in your department responsible for mailing collision report forms is sending them to the proper address.
3. The Financial Responsibility Form FR-10 is to be given to the driver(s) involved in the collision.
 4. A copy of the Collision Report form should be made for you or your headquarters, as desired.
 5. **The ORIGINAL Collision Report must be submitted to the Office of Financial Responsibility; copies of collision reports will not be accepted.** Xerox copies of collision reports or copies which should be retained by local agencies, if submitted, will be rejected and returned to that agency.
 6. **USE BLACK INK ONLY** when completing the collision report. Once received by the South Carolina Department of Public Safety (SCDPS), reports are microfilmed and photocopied for a variety of reasons and requests. Inks other than black do not photocopy well.
 7. Please print or type all information. The information you record on the form is entered directly into the Traffic Records System and placed on a computer file. The accuracy of the data entered depends largely on how neatly the report form has been completed.
 8. Reports containing more than one page should be stapled together at the **center, top of the page**. Please do not staple pages in the block marked "FOR DPS USE ONLY". Pages should not be paper clipped together.

9. If a question or section does not apply, place “NA” in the block. If multiple questions concern one subject and “NA” was placed in the first block reference that subject, the additional blocks can be left blank unless specific directions are given otherwise.
10. If you need additional copies of the Instruction Manual For Investigating Officers, go to www.scdps.org . Go to Office of Highway Safety. Click on Statistical Services. Look for TR-310 Instruction Manual. Each officer who investigates traffic collisions should be equipped with the manual and report forms.
11. An **AMENDED** report should be submitted when the officer detects an error on the original report or specific facts regarding the collision have changed. For example, if a person listed as injured on the original report dies shortly after the collision; an amended report should be submitted to show severity as “fatal”.

When submitting an amended report, use a new report form. Check the block at the top of the form for “**AMENDED**” report and complete only the following portions of the report form: (1) the top line of the report which includes the date, time, county, route the collision occurred on, and city or town; (2) the name and driver license number of the driver(s) involved in the collision; (3) indicate the FR-10 numbers issued to the driver(s)/owner(s) from the original report; (4) the information that you are changing; and (5) your name, rank, badge and agency code. If possible, attach a copy of the original to the amended report. It is not necessary to indicate “Supplement” at the top of the collision report form.

12. A **CORRECTED** report should be submitted if a collision report has been returned to you by the Office of Financial Responsibility because an error has been detected or if more information is needed. For example, if the officer fails to insert the distance offset or does not complete the back of the report, the report would be rejected and returned to the officer for correction. These reports have been processed and assigned a case number.

When submitting a corrected report, use a new report form. Check the block at the top of the form for “**CORRECTED**” report and complete only the following portions of the report form: (1) the line of the report which includes the date, time, county, route the collision occurred on, and city or town; (2) the name and driver license number of the driver(s) involved in the collision; (3) indicate the FR-10 numbers issued to the driver(s)/owner(s) from the original report; (4) the information that you are correcting; and (5) your name, rank, badge and agency code. ATTACH THE CORRECTED REPORT TO THE CORRESPONDENCE FROM THE OFFICE OF FINANCIAL RESPONSIBILITY AND RETURN TO THE ADDRESS SPECIFIED. It is not necessary to indicate “Supplement” at the top of the collision report form.

13. If, while completing a collision report, you make a mistake (or several mistakes) and you have not yet issued the FR-10's which correspond to the report, simply tear up and discard all four pages of the set (the original and the three green FR-10's) and start over on a new set of forms. If you have issued the FR-10's and are later completing the remainder of the collision report and make several mistakes, mark the collision report as "Void" or "Spoiled". Re-write the report on a new set of forms. Discard or tear up the FR-10's which correspond to the new original. On the new original TR-310, draw a straight line through the FR-10 numbers and directly to the right of the FR-10 numbers you have just crossed out, write in the FR-10 numbers which you actually issued to the driver(s)/owner(s) involved. These numbers should match the FR-10 numbers on the report you marked "Void" or "Spoiled". Staple the "Void" or "Spoiled" report to the new report you have just completed. Do not mark the new report you have completed as "corrected" or "amended" since it does not meet the definition as described in items 11 and 12. Mail the documents, stapled together, to the Office of Financial Responsibility.

Note: If, in trying to complete a collision report, you "mess up" and start over several times, please do not send five or six "voided" reports. Send in only the "Voided" or "spoiled" report from which the FR-10's were issued and the new report you have completed with the FR-10 number crossed out and listed as directed above.

If you investigate a collision involving only one unit, give the driver of that unit the proper FR-10. Discard the other FR-10's. Do not send it in with your original report.

15. All questions regarding proper completion of the TR-310 should be directed to the Office of Highway Safety, 30311 Wilson Blvd., Blythewood, South Carolina 29016, (803) 896-9950. Please feel free to call the Office of Highway Safety at any time with your questions.
16. **When mailing collision reports to the Office of Financial Responsibility, please leave all reports unfolded.** All reports are processed through several pieces of equipment. Reports folded frequently cause the machine to jam.
17. Some jurisdictions assign their own internal case numbers to collision reports. If your department follows this procedure, please do not write the number on the block labeled "For DPS Use Only" at the top of the collision report form. There is a space for your report number in the lower right hand corner of the first page and is marked "Internal Agency Code".
18. Do not deface any portion of the TR-310 by use of a stamp or other departmental logos. The only stamp accepted is one indicating "ORIGINAL" for those reports

which are computer generated.

19. Use additional report forms where more than three (3) vehicles; or more than eight (8) total occupants; or more than two pedestrians are involved. Forms should be stapled together in the center of the page at the top. **DO NOT STAPLE IN THE BLOCK MARKED "FOR DPS USE ONLY"**. Number the pages properly and fasten them together securely. For example, if a collision involved three vehicles and a pedestrian, use two (2) collision forms and submit both (pages one and two). If a collision involved seven units, you would submit three (3) original report forms. Pages would be labeled page 1 of 3 (units 1, 2 and 3), 2 of 3 (units 4, 5 and 6), 3 of 3 (unit 7). Reports with missing pages will be rejected and returned to the officer.
20. Every reasonable effort should be made to obtain and report factual information. Investigating officers should use their best judgment and record their considered opinions even though sufficient evidence is not present for a criminal charge.
21. **DO NOT LEAVE THE BLOCK FOR # OF UNITS BLANK.** Enter the total number of units involved in the collision. This includes every device by which persons or property may be moved or transported, including railroad trains, vehicles moved by human power (bicycles, etc.) and pedestrians. Each pedestrian should be listed separately.

DEFINITIONS AND DIAGRAMS

LAND WAYS, LAND VEHICLES AND USERS

LAND WAY. A land way is the space within the property lines or other boundary lines of any transport way that is neither an airway nor a waterway.

TRAFFICWAY. A trafficway is any land way open to the public as a right or custom for moving persons property from one place to another. South Carolina Law refers to this as Highway, right or way to right of way.

Inclusions:

Within areas with guarded entrances, such as military posts or private residential developments, land ways are trafficways if the guards customarily admit public traffic.

Exclusions:

A land way under construction is not a trafficway if traffic is prohibited from entering by signing or barriers which are in conformance with applicable standards. However, if any part of the land way is open to travel while the remainder is closed, that part which is open for traffic is a trafficway. Likewise, any temporary bypass of a construction site is a trafficway.

A land way temporarily closed to travel and marked by barriers which are in conformance with applicable standards is not a trafficway even though used by authorized vehicles, such as maintenance vehicles or when intentionally or inadvertently used by unauthorized vehicles. A land way open only to local traffic is not considered closed.

PRIVATE WAY. A private way is any land way other than a trafficway. The space within a crossing of a private way and a trafficway shall be considered to be a trafficway.

RAILWAY. A railway is any private way reserved primarily for land vehicles moving person or property from one place to another on rails.

RAILWAY TRAIN. A railway train is any motorized railway vehicle.

ROAD VEHICLE. A road vehicle is any land vehicle other than a railway vehicle.

MOTOR VEHICLE. A motor vehicle is any motorized (mechanically or electrically powered) road vehicle not operated on rails.

OTHER ROAD VEHICLE. An other road vehicle is any road vehicle other than a motor vehicle.

Inclusions:

Animal-drawn vehicle (any type)

Animal harnessed to a conveyance

Animal carrying a person

Street car

Pedalcycle

AUTOMOBILE. An automobile is a motor vehicle, other the motorcycle, consisting primarily of a transport device designed for carrying ten or fewer persons.

COMMERCIAL VEHICLE. A commercial vehicle is one which has (1) a truck whose Gross Vehicle Weight Rating (GVWR) of the power unit is 10,001 pounds or more; or (2) a vehicle displaying hazardous material placard; or (3) a bus with seating for 16 or more persons including the driver; or (4) a motor vehicle with seats for between 9-15 persons including the driver, if the vehicle is used primarily to transport passengers for compensation across state lines.

BUS. A bus is a motor vehicle consisting primarily of a transport device which provides seats for more than eight persons including the driver.

LIGHT TRUCK. A light truck is a motor vehicle consisting primarily of a transport device designed for carrying a load or property weighing up to 2000 kilograms (4409 pounds) on or in the device.

SINGLE-UNIT TRUCK. A single unit truck is a motor vehicle consisting primarily of a single transport device designed for carrying a load or property weighing up to 2000 kilograms (4409 pounds) or more on or in the device. When connected to a trailer, such a device may be part of a truck combination.

TRUCK TRACTOR. A truck tractor is a motor vehicle consisting primarily of a single motorized transport device designed for drawing trailers or semi-trailers but not for carrying other property on or in the device. When connected to a trailer, such a device may be part of a truck combination.

TRUCK COMBINATION. A truck combination is a motor vehicle consisting primarily of a transport device which is a single-unit truck or truck tractor together with any attached trailer or semi-trailer.

PEDALCYCLE. A pedalcycle is a non-motorized other road vehicle propelled by pedalling.

Inclusions:

Bicycle, tricycle, unicycle, pedalcar.

MOPED. A moped is a cycle with pedals to permit propulsion by human power or without pedals and with a motor of not more than fifty cubic centimeters which produces not to exceed two brake horsepower and which is not capable of propelling the vehicle at a speed in excess of thirty miles an hour on level ground. If an internal combustion engine is used, the moped must have a power drive system that functions directly or automatically without clutching or shifting by the operator after the drive system is engaged.

ROADWAY. A roadway is that part of a trafficway designed, improved, and ordinarily used for motor vehicle travel or, where various classes of motor vehicle travel of motor vehicles are segregated, that part of a trafficway used by a particular class. Separate roadways may be provided for northbound and southbound traffic or for trucks and automobiles. See Figure 1.

Exclusions:

Bridle paths, bicycle paths.

SHOULDER. A shoulder is that part of a trafficway contiguous with the roadway for emergency use, for accommodation of stopped road vehicles, and for lateral support of the roadway structure. See figure 1.

ROAD. A road is that part of a trafficway which includes both the roadway and any shoulder alongside the roadway. See Figure 1.

IN TRANSPORT. The term "in transport" denotes the state or condition of a transport vehicle which is in motion or within the portion of a transport way ordinarily used for travel by similar transport vehicles. When applied to motor vehicles, "in transport" means in motion or on a roadway.

Inclusions:

Motor vehicles in traffic on a highway.

Driverless motor vehicle in motion.

Motionless motor vehicle abandoned on a roadway.

Disabled motor vehicle on a roadway.

OCCUPANT. An occupant is any person who is part of a transport vehicle.

PEDESTRIAN. A pedestrian is any person who is not an occupant.

DRIVER. A driver is an occupant who is actual physical control of a transport vehicle or, for an out-of-control vehicle, an occupant who was in control until control was lost.

PASSENGER. A passenger is any occupant of a road vehicle other than its driver.

PEDALCYCLIST. A pedalcyclist is any occupant of a pedalcycle in transport.

TRAFFIC UNIT. A traffic unit is a road vehicle, pedestrian, pedalcyclist, railway train, or other road vehicle.

BIKEWAY. A bikeway is that part of a trafficway specifically designated as being open for pedalcycle travel or, where various classes of pedalcycle travel are segregated, that part of a trafficway open for a particular class.

BICYCLE TRAIL. A bicycle trail is a bikeway reserved exclusively for pedalcycles and separated from roadways by open space or barriers.

BICYCLE LANE. A bicycle lane is a bikeway which has (1) is contiguous with a parallel roadway and (2) has been designated for preferential or exclusive use by pedalcycles.

SHARED ROAD. A shared road is any bikeway which is a part of a roadway but not a bicycle lane.

INJURIES AND DAMAGE

INJURY. An injury is bodily harm to a person.

Exclusions:

Effects of diseases such as stroke, heart attack, diabetic coma, epileptic seizure.

FATAL INJURY. A fatal injury is any injury that results in death.

INCAPACITATING INJURY. An incapacitating injury is any injury, other than a fatal injury, which prevents the injured person from walking, driving or normally continuing the activities he was capable of performing before the injury occurred.

Inclusions:

Severe lacerations, broken or distorted limbs, skull or chest injuries, abdominal

injuries, unconscious at or when taken from the crash scene, unable to leave crash scene without assistance.

Exclusions:

Momentary unconsciousness.

NON-INCAPACITATING EVIDENT INJURY. A non-incapacitating evident injury is any injury, other than a fatal injury or incapacitating injury, which is evident to observers at the scene of the collision in which the injury occurred.

Inclusions:

Lump on head, abrasions, bruises, or minor lacerations.

Exclusions:

Limping (the injury cannot be seen).

POSSIBLE INJURY. A possible injury is any injury reported or claimed which is not a fatal injury, incapacitating injury or non-incapacitating evident injury.

Inclusions:

Momentary unconsciousness.

Claims of injuries not evident.

Limping, complaint of pain, nausea, hysteria.

DAMAGE. Damage is harm to property that reduces the monetary value of that property.

Inclusions:

Harm to wild animals, or birds, which have monetary value.

Exclusions:

Harm to wild animals, or birds, which have no monetary value.

Harm to a snowbank unless, for example, additional snow removal costs are incurred because of the harm.

Mechanical failure during normal operation, such as tire blowout, broken fan belt, or broken axle.

COLLISIONS

HARMFUL EVENT. A harmful event is an occurrence of injury or damage.

Inclusions:

Injury or damage when a driver dies or loses consciousness because of a disease condition such as a stroke, heart attack, diabetic coma, or epileptic seizure. In such a case the immediate effect of the disease, such as the driver's death or loss of consciousness, is not itself considered to be a harmful event.

DELIBERATE INTENT. Deliberate intent is the classification given to the cause of an event which occurs when a person acts deliberately to cause the event or deliberately refrains from prudent acts which would prevent occurrence of the event.

Inclusions:

Suicide, self-inflicted injury, homicide, injury or damage purposely inflicted and others.

Exclusions:

Injury or damage beyond that which was intended.

UNSTABILIZED SITUATION. An unstabilized situation is a set of events not under human control. It originates when control is lost and terminates when control is regained or, in the absence of persons who are able to regain, when all persons and property are at rest.

CATAclysm. A cataclysm is a cloudburst, cyclone, earthquake, flood, hurricane, lightening, tidal wave, torrential rain, tornado or volcanic eruption.

TRAFFIC COLLISION. A traffic collision is a road vehicle collision in which (1) the unstabilized situation originates on a trafficway or (2) a harmful event occurs on a trafficway not directly resulting from a cataclysm.

Inclusions:

Motor vehicle driven into water after bridge was washed out during a hurricane or flood.

Motor vehicle driven into fallen materials covering a roadway after a landslide or avalanche.

Exclusions:

Motor vehicle in transport washed away with a bridge during a hurricane or flood.

Motor vehicle in transport buried by a landslide or avalanche.

INJURY COLLISION. An injury collision is any road vehicle collision that results in one or more injuries.

FATAL COLLISION. A fatal collision is any injury collision that results in one or more fatal injuries.

PROPERTY DAMAGE ONLY COLLISION. A property damage only collision is any road vehicle collision other than an injury collision.

OVERRIDE/UNDERRIDE COLLISION. An override refers to a vehicle riding up over another vehicle. An underride refers to a vehicle sliding under another vehicle during a crash.

LOCATION

INTERSTATE SYSTEM. The Interstate System is the National System of Interstate and Defense highways as defined in Section 101, Title 23, United States Code.

INTERSTATE HIGHWAY. An Interstate highway is a trafficway in the Interstate System.

OTHER U.S. ROUTE NUMBERED HIGHWAY. An other U.S. numbered highway is a trafficway numbered by the American Association of State highway and Transportation Officials, but not an Interstate highway.

OTHER STATE ROUTE NUMBERED HIGHWAY. An other state route numbered highway is a trafficway within a state highway system, but not an Interstate highway or other U.S. route numbered highway.

COUNTY HIGHWAY. A county road is a trafficway within a county trafficway system that is not an Interstate highway, other U.S. route numbered highway, or other state route numbered highway including city streets.

CITY STREET. A city street is a trafficway within a city trafficway system that is not an Interstate highway, other U.S. route numbered highway, or other state numbered highway, or county road.

DRIVEWAY ACCESS. A driveway access is a roadway providing access to property adjacent to a trafficway.

Inclusions:

Entrances to gas stations.

Exclusions:

Any area not within a trafficway.

INTERSECTION. An intersection is an area which (1) contains a crossing or connection of two or more roadways not classified as driveway access and (2) is embraced within the prolongation of the lateral curb lines or, if none, the lateral boundary lines of the roadways. Where the distance along a roadway between two areas meeting these criteria is less than 10 meters (33 feet), the two areas and the roadway connecting them are considered to be parts of a single intersection. See Figure 3.

JUNCTION. A junction is either an intersection or the connection between a driveway access and a roadway other than a driveway access.

INTERCHANGE. An interchange is a system of interconnecting roadways in conjunction with one or more grade separations, providing for the movement of traffic between two or more roadways on different levels.

RAMP. A ramp is an auxiliary roadway used for entering or leaving through-traffic lanes.

GORE. A gore is an area of land where two roadways diverge and converge. The area is bounded on two sides by the edges of the roadways, which join at the point of divergence or convergence. The direction of traffic must be the same on both sides of these roadways. The area includes shoulders and marked pavement, if any, between the roadways. The third side is 60 meters (approximately 200 feet) from the point of divergence or convergence or, if any other road is within 70 meters (approximately 230 feet) of that point, a line 10 meters (33 feet) from the nearest of such road. See Figure 4.

Inclusions:

Areas at rest area entry or exit ramps.

Areas at truck weigh stations entry or exit ramps.

Areas where two main roadways diverge or converge.

Areas where a ramp and another roadway, or two ramps, diverge or converge.

Areas where two roadways diverge or converge.

Exclusions:

Islands for channelization of vehicle movement.

Islands for pedestrian refuge.

CROSSWALK. A crosswalk is (1) that part of a roadway at an intersection included within the connections of the lateral lines of the sidewalks on opposite sides of the roadway measured from the curbs or, in the absence of curbs, from the edges of the traversable roadway, or (2) any portion of a roadway at an intersection or elsewhere distinctly indicated for pedestrian crossing by lines or other markings on the surface of the roadway.

ROAD VEHICLE COLLISION TYPES

OVERTURNING COLLISION. An overturning collision is a road vehicle collision in which the first harmful event is the overturning of a road vehicle.

COLLISION EVENT. A collision event is a road vehicle collision other than an overturning collision in which the first harmful event is a collision of a road vehicle in transport with another road vehicle, other than property or pedestrian.

NON-COLLISION EVENT. A non-collision event is any road vehicle collision other than a collision event.

Inclusions:

Overturning collision.

Accidental poisoning from carbon monoxide generated by a road vehicle in transport.

Breakage of any part of the road vehicle, resulting in injury or in further property damage.

Explosion of any part of the road vehicle. Fire starting in the road vehicle.

Fall or jump from the road vehicle.

Occupant hit by an object in, or thrown against some part of the road vehicle.

Injury or damage from moving part of the road vehicle.

Object falling from, or in, the road vehicle.

Object falling on the road vehicle.

Toxic or corrosive chemicals leaking out of the road vehicle.

Injury or damage involving only the road vehicle that is of a non-collision nature, such as a bridge giving way under the weight of a road vehicle, striking holes or bumps on the surface of the trafficway, or driving into water, without overturning or collision.

Exclusions:

Being pushed from a road vehicle when this is an act of deliberate intent.

Object thrown towards, or in, or on the road vehicle by a person when this is an act of deliberate intent.

COLLISION INVOLVING A PEDESTRIAN. A collision involving a pedestrian is a collision in which the first harmful event is the collision of a pedestrian and a road vehicle in transport.

COLLISION INVOLVING A MOTOR VEHICLE IN TRANSPORT. A collision involving a motor vehicle in transport is a collision that is both a motor vehicle collision and a collision in which the first harmful event is the collision of two or more motor vehicles in transport.

COLLISION INVOLVING A PARKED MOTOR VEHICLE. A collision involving a parked motor vehicle is a collision in which the first harmful event is the striking of a motor vehicle not in transport by a road vehicle in transport.

COLLISION INVOLVING A RAILWAY VEHICLE. A collision involving a railway vehicle is a collision in which the first harmful event is the collision of a road vehicle in transport and a railway vehicle.

COLLISION INVOLVING A PEDALCYCLE. A collision involving a pedalcycle is an accident that is both a motor vehicle collision and a collision in which the first harmful event is the collision of a pedalcycle in transport and a motor vehicle in transport.

COLLISION INVOLVING AN ANIMAL. A collision involving an animal is a collision in which the first harmful event is the collision of an animal, other than an animal powering an other road vehicle, and a road vehicle in transport.

COLLISION INVOLVING A FIXED OBJECT. A collision involving fixed object is a collision in which the first harmful event is the striking of a fixed object by a road vehicle in transport. fixed objects include such objects as guardrails, bridge railing or abutments, construction barricades, impact attenuators, trees, embedded rocks, utility poles, ditches, steep earth or rock slopes, culverts, fences and buildings.

COLLISIONS INVOLVING OTHER OBJECTS. A collision involving other objects is any collision other than a (1) collision involving pedestrian, (2) collision involving motor vehicle in transport, (3) collision involving other road vehicle in transport, (4) collision involving parked motor vehicle, (5) collision involving railway vehicle, (6) collision involving pedalcycle, (7) collision involving animal, or (8) collision involving fixed object.

LOCATION OF ROAD VEHICLE COLLISIONS

ON ROADWAY COLLISION. An on roadway collision is (1) a collision in which the initial point of contact between colliding units in the first harmful event is within a roadway or (2) a non-collision in which the road vehicle involved was partly or entirely on the roadway at the time of the first harmful event.

OFF ROADWAY COLLISION. An off roadway collision is any road vehicle collision other than an on roadway collision.

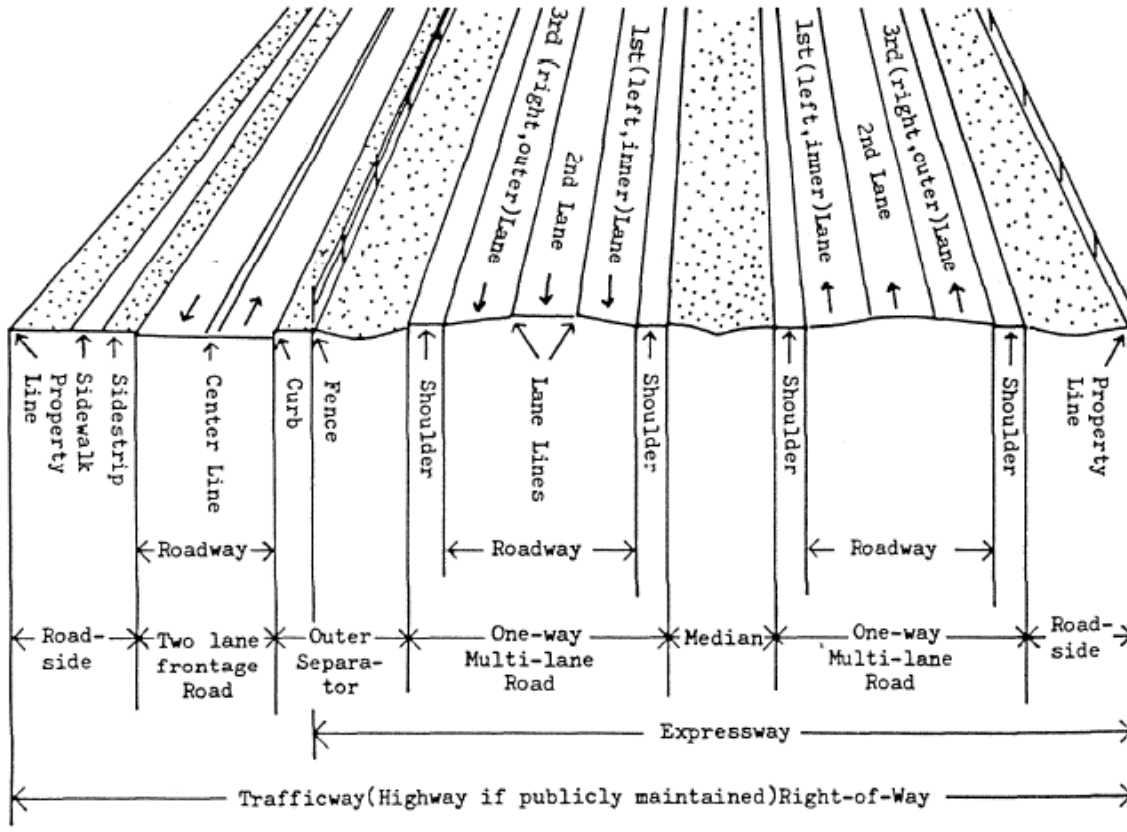
AT INTERSECTION COLLISION. An at intersection collision is a traffic collision in which the first harmful event occurs with the limits of an intersection. See Figure 3.

DRIVEWAY ACCESS COLLISION. A driveway access collision is a traffic collision in which the first harmful event occurs on a driveway access or involves a road vehicle entering or leaving another roadway by way of driveway access.

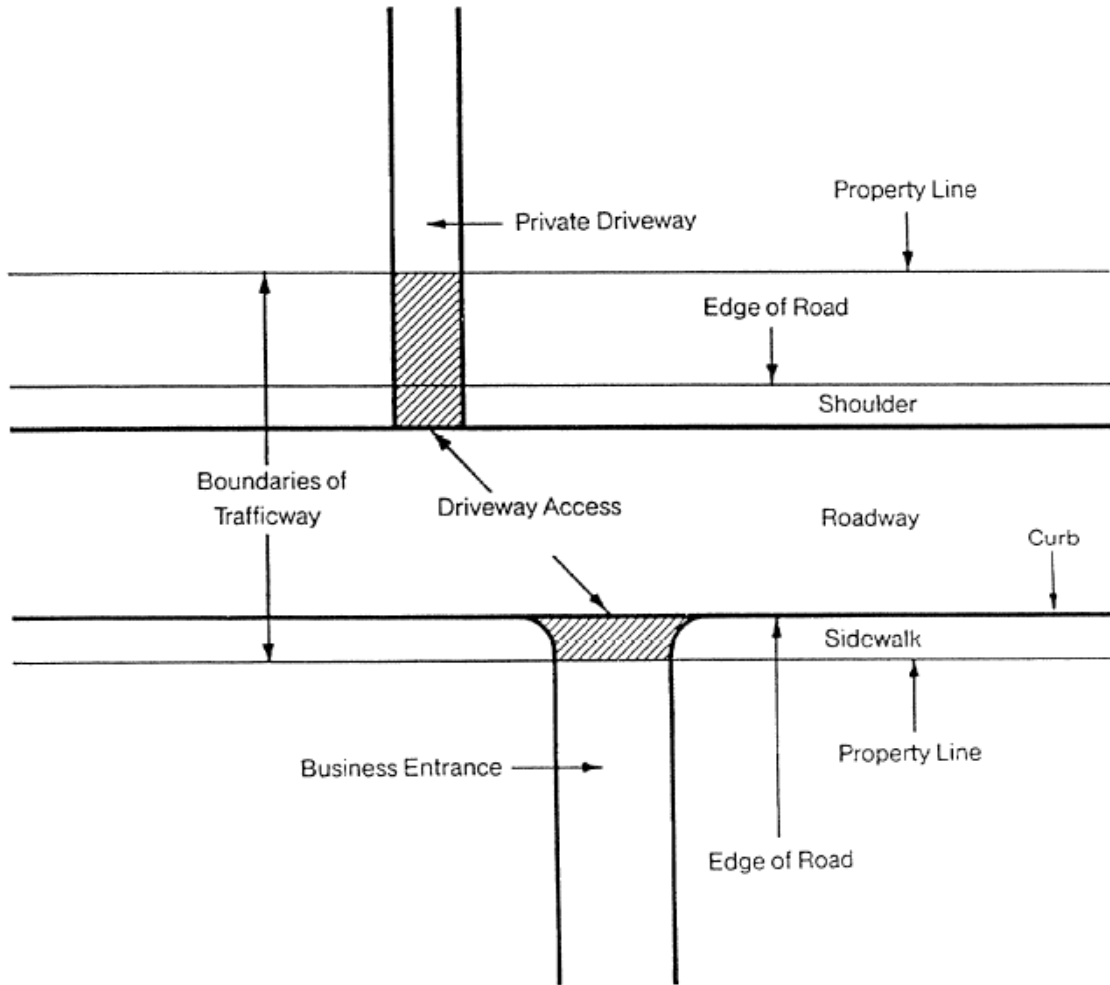
NON-JUNCTION COLLISION. A non-junction collision is a road vehicle collision that is not an at-intersection collision, a driveway access collision or an intersection-related collision.

INTERCHANGE COLLISION. An interchange collision is a traffic collision in which the first harmful event occurs within the boundaries which include a ramp or auxiliary roadway and include each roadway entering or leaving the interchange to a point of 30 meters (100 feet) beyond the gore or curb return at the outermost ramp connection. Interchange collisions may include at intersection collisions, intersection related collisions, driveway access collisions or non-junction collisions. See Figure 5.

**FIGURE 1
TRAFFIC WAY**



**FIGURE 2
DRIVEWAY ACCESS**



**FIGURE 3
INTERSECTION**

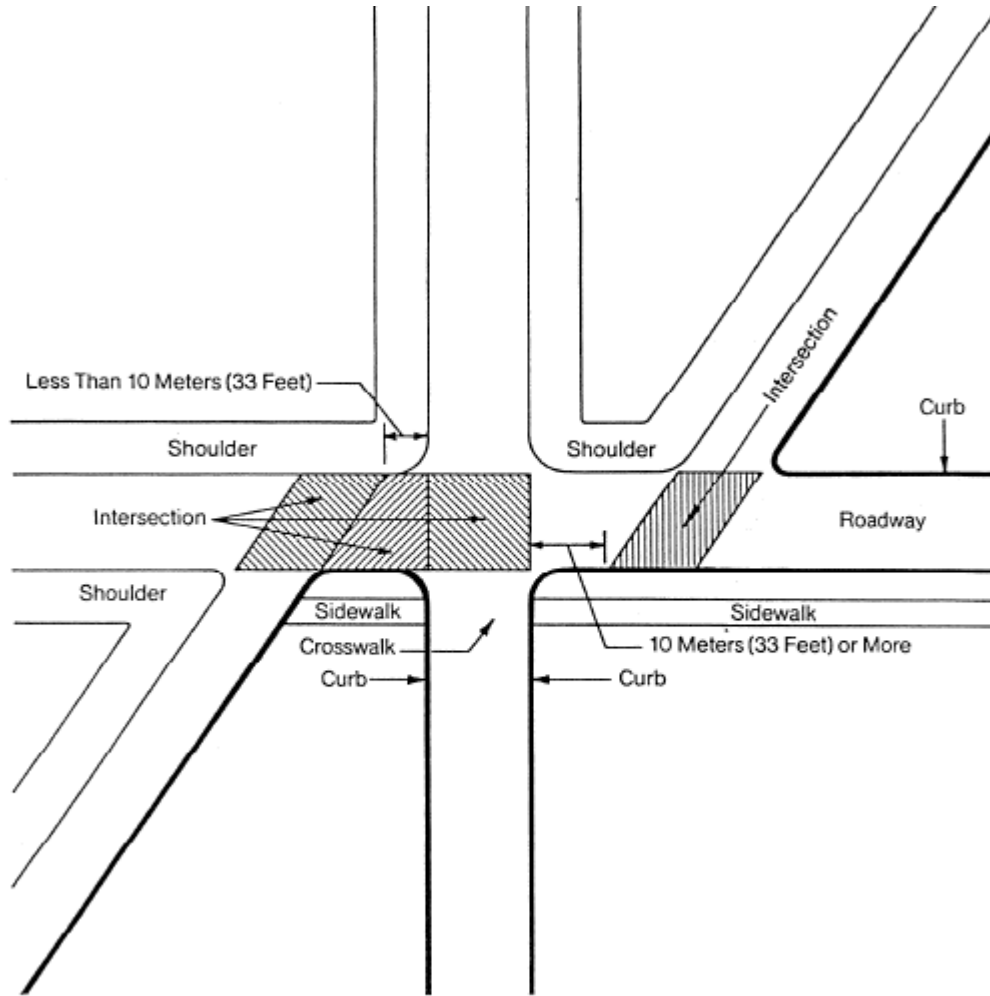
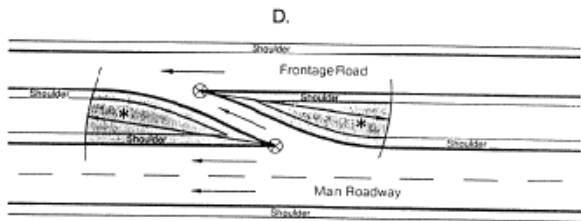
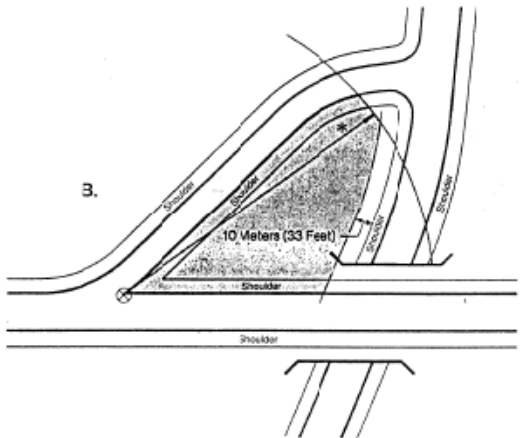
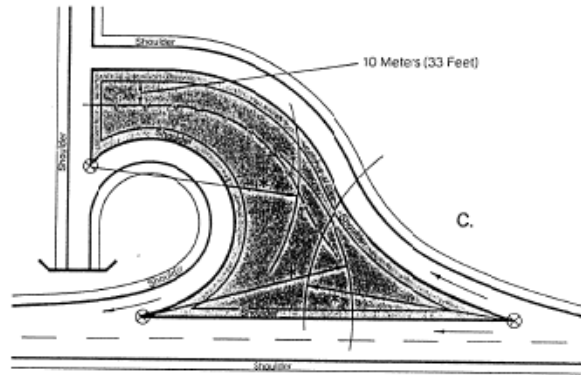
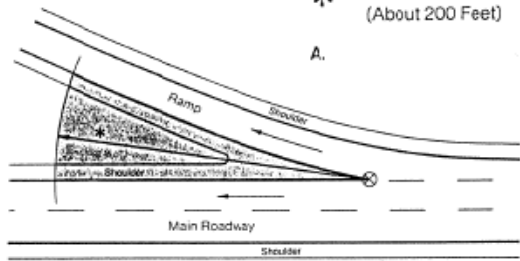
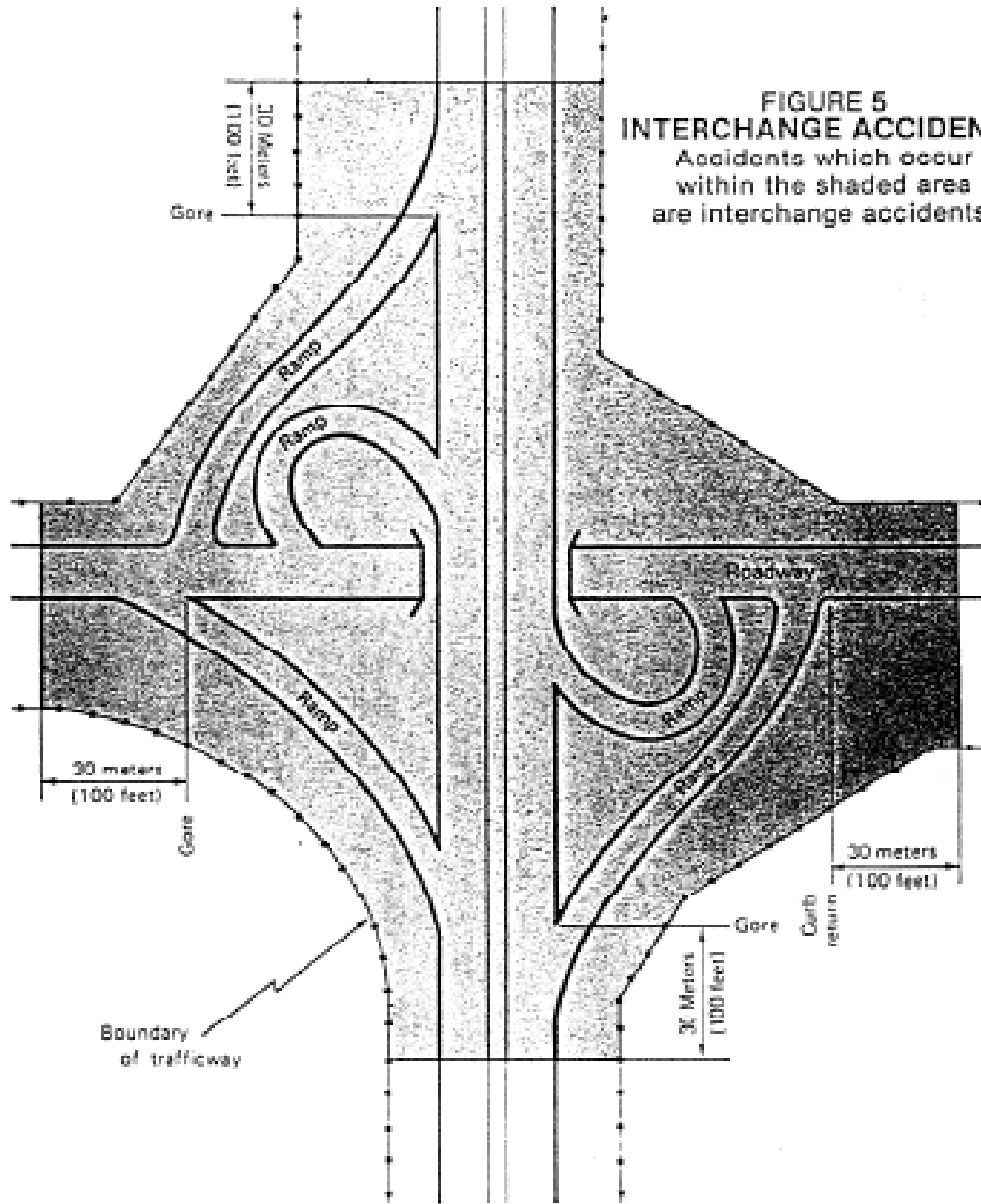



FIGURE 4
GORE

* Radius of 60 Meters
 (About 200 Feet)



**FIGURE 5
INTERCHANGE ACCIDENTS**
Accidents which occur within the shaded area are interchange accidents.



D.P.S. USE ONLY		Page #		SOUTH CAROLINA TRAFFIC COLLISION REPORT FORM TB-209 (Rev. 9/1/2001)				# of Units (2)	Report Abstract of Original Report (3)	Noticed (4)	Arrested (5)						
Date (6)	Time (7)	County (8)	1- Interstate 2- US Primary 3- Other	4- Secondary 5- County 6- Other	Collision Location (R. # / Name) (10)		0- Main 1- Alternate 2- Spur	3- Commercial 4- Business 5- Other	6- N 7- E 8- W	in / Near City or Town of (13)							
Lane # / Dir. (14)	Direction (15)	From (16)	1- Interstate 2- US Primary 3- SC Primary 4- Other	4- Secondary 5- County 6- Other	First Intersection (R. # / Name) (17)		0- Main 1- Alternate 2- Spur	3- Commercial 4- Business 5- Other	6- N 7- E 8- W	Approx. Dist. (18)							
R.R. Id. (19)	From (20)	To (21)	1- Interstate 2- US Primary 3- SC Primary 4- Other	4- Secondary 5- County 6- Other	Second Intersection (R. # / Name) (18)		0- Main 1- Alternate 2- Spur	3- Commercial 4- Business 5- Other	6- N 7- E 8- W	Longitude (22)							
K- ##### (23) Driver/Pedestrian's Full Name (23)						K- ##### (23) Driver/Pedestrian's Full Name (23)											
Sex (24)	Race (25)	Street (26)	City, State, & Zip (29)			Sex (24)	Race (25)	Street (26)	City, State, & Zip (29)								
State (31)	Driver's License # (32)	Insurance Company (33)	Year Body Vehicle Make VIN # (34)			State (31)	Driver's License # (32)	Insurance Company (33)	Year Body Vehicle Make VIN # (34)								
State (35)	Year (36)	License Plate # (37)	Owner's D.L. # (38)			State (35)	Year (36)	License Plate # (37)	Owner's D.L. # (38)								
Home Telephone (39)	Owner's Full Name (40)					Home Telephone (39)	Owner's Full Name (40)										
Bus. Telephone (41)	Street (42)					Bus. Telephone (41)	Street (42)										
Contributed To Collision (43)			City, State, & Zip (44)			Contributed To Collision (43)			City, State, & Zip (44)								
Height (45)	Weight (46)	Color (47)	Build (48)	Eye (49)	Hair (50)	Height (45)	Weight (46)	Color (47)	Build (48)	Eye (49)	Hair (50)						
State (51)	Year (52)	License Plate # (53)	Owner's D.L. # (54)			State (51)	Year (52)	License Plate # (53)	Owner's D.L. # (54)								
Home Telephone (55)	Owner's Full Name (56)					Home Telephone (55)	Owner's Full Name (56)										
Bus. Telephone (57)	Street (58)					Bus. Telephone (57)	Street (58)										
Contributed To Collision (59)			City, State, & Zip (60)			Contributed To Collision (59)			City, State, & Zip (60)								
Year (61)	Body (62)	Vehicle Make (63)	VIN # (64)			Year (61)	Body (62)	Vehicle Make (63)	VIN # (64)								
Height (65)	Weight (66)	Color (67)	Build (68)	Eye (69)	Hair (70)	Height (65)	Weight (66)	Color (67)	Build (68)	Eye (69)	Hair (70)						
Dir. of Travel: Unit 1: N (40) Unit 2: N S E W Unit 3: N S E W						Unit 1 Dam. (51) Unit 2 Dam. (52) Unit 3 Dam. (53) Prop. Dam. 1 (54) Prop. Dam. 2 (55)											
 <div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 20px auto;">(80)</div>						Property Owner/Witness: (82) Property Owner/Witness:											
						Address:						Address:					
						State Zip: Phone:						State Zip: Phone:					
						Photo: (84) Describe What Happened (State by Unit by Number)						(85)					
Investigating Officer's Name (86)			Title (87)			Date (87)			Reviewer's Name (88)			Title (89)					

LOCATION SEGMENT

STANDARD LOCATING METHOD

The precise location of collisions or harmful events is one of the most important data elements captured on the Uniform Traffic Collision Report. Detailed statistics are of little or no value if they cannot be matched to road features, signals and other characteristics at a specified site. To be useful, locations must be accurate to a distance of no more than 50 feet from where the event actually occurred.

A Standard Locating Method has been designed to help the Investigating Officer and other interested users identify locations as accurately as possible.

COLLISION LOCATION

A Collision Location will always be referenced as on a public road between two intersections. The Base Intersection will be a public road from which the location will be measured; the base intersection is the intersection closest to the collision site. The location will be measured in a direction toward the Second Intersection, beyond the collision site. The Collision Location is thus “sandwiched” between the Base Intersection and the Second Intersection. Private property must not be used in the location section as a base or second intersection.

Measurements will be made from the exact center of the Base Intersection in the smallest segments of feet, hundredths (1/100) of a mile and/or miles. For example, a collision located less than 53 feet from the center of a Base Intersection should be measured in feet. If the collision is located 53 feet or more from the Base Intersection, it should be measured in 1/100 .01 miles. Each 53 feet distance or portion will equal 1/100 mile. Measurements greater than one mile (5,280 feet) should be shown in whole and hundredths of miles.

EXAMPLES:

Collision located 45 feet from the center of the Base Intersection, show the distance as 45 feet (less than 53 feet).

Collision located 350 feet from the center of the Base Intersection, show distance as .07 (7/100) miles. ($350/5,280 \text{ ft.} = .066$).

Collision located 2 miles plus 200 feet from the center of the Base Intersection, show the distance as 2.04 miles. ($200/5,280 \text{ ft.} = .037$) (2 miles + .04 = 2.04)

STANDARD DIRECTION

All referenced directions will be standardized to reduce confusion in locating collisions. If a road is assigned an odd number (I-95, US 1, SC 97), the direction is always assumed to be South-North. If a road is assigned an even number (I-20, US 52, SC 34), the road is always assumed to be West-East. If a road is not assigned a number (City Street, County Road), the general compass orientation of the road will be used to determine direction.

The standard direction in the location segment of the collision report will be used for every reference to road direction such as traffic flow or movement, or distance. Lane/Ramp Travel Direction refers to the traffic flow direction; Distance Offset Direction refers to the direction toward the Second Intersection from the Base Intersection. Direction in this sections does not refer to or describe the actual travel direction of the units involved in the collision.

EXAMPLES:

1. A collision occurs on I-20 going from Augusta to Florence. The lane direction is East since the road is assigned an even number.
2. A collision occurs on I-85 exit ramp to I-385 going from Anderson to Clinton. The ramp direction is North since the road to which the ramp belongs is assigned an odd number.
3. A collision occurs on US 1, .30 miles from the Base Intersection I-20 toward the Second Intersection I-77. The Distance Offset Direction is North since the road is assigned an odd number.

LOCATING WITHIN COUNTIES

All references to base intersection and second intersection must be within the same county. If an intersection would be referenced in another county, the county line should be referenced instead.

EXAMPLES:

1. A collision occurred in Richland County on US 1, .20 miles North of S-40-955 in the direction of S-28-407. Reference the county line (Kersahw) as the second intersection.
2. A collision occurred in Richland County on US 1, .50 miles South of S-28-407 in the direction of S-40-55. Reference the county line (Kershaw) as the base intersection and measure the distance offset from the county line.

LOCATION SEGMENT DATA FIELDS

Page # Of: (1)	SOUTH CAROLINA TRAFFIC COLLISION REPORT FORM TR-310 (Rev. 01/2001)	# Of Units (2)	Amended - Attach Copy of Original Report Corrected (3)	Notified (4)	Arrived (5)
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(1) PAGE __ OF __ PAGES – Refer to Item 18 under “Special Instructions” for more information.

(2) # OF UNITS – Refer to Item 20 under “Special Instructions” for more information.

(3) AMENDED /CORRECTED – Refer to Items 11 and 12 under “Special Instructions” for more information.

(4) NOTIFIED – Use military time only to indicate the time the collision was reported to the police agency. Do not write AM or PM in this block. For example, if the police agency was notified at 7:50 pm, enter 1950 in the block provided. Do not leave this block blank.

(5) ARRIVED – Use military time only to indicate the time the police arrived at the scene of the collision. Do not write AM or PM in this block. For example, if the police agency arrived at 7:55 p.m., enter 1955 in the block provided. Do not leave this block blank.

Date (6)	Time (7)	County (8)
--------------------	--------------------	----------------------

(6) DATE – Indicate the eight (8) digit date on which the collision occurred using a hyphen to separate month, day and year. (Example: 01-01-2001 for January 1, 2001). Please include all four (4) digits of the year. **DO NOT LEAVE THIS BLOCK BLANK.**

(7) TIME – Use military time only to indicate the time of the collision. Do not write AM or PM in this block. For example, if the crash occurred at 7:45 pm, enter 1945 in the block provided. **DO NOT LEAVE THIS BLOCK BLANK.** Example: 12:00 – Noon is 1200; 12:00 midnight is 2400.

(8) COUNTY – Use the two (2) digit county number referenced in the back of this manual. **DO NOT LEAVE THIS BLOCK BLANK.**

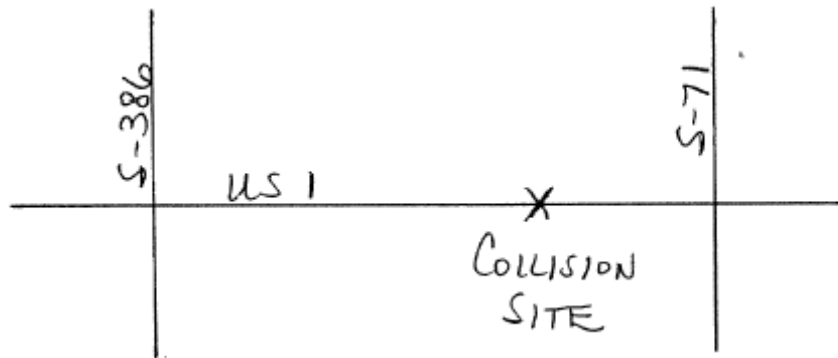
COLLISION LOCATION SYSTEM

Collisions are located on a particular route “sandwiched” between a base intersection and a second intersection. The base intersection is the intersection closer to the collision site. The distance offset is the distance from the center of the base intersection to the first harmful event. In this segment of the report, known as the “location segment”, the procedures for locating the collision have been standardized. The lane direction, ramp direction and distance offset direction should be determined according to the instructions that follow.

- ON - This indicates the route on which the collision occurred. List the route number and/or name for the route on which the collision occurred.
- FROM – This is the base intersection. Indicate the route and/or the name of the base intersection from which you measure the distance offset and direction. Use the intersection closest to the site of the collision; this will make the measurement easier.
- TOWARD – This is the second intersection. Indicate the route and name (if available) of a second intersection (the next intersecting route) beyond the base intersection and the location of the collision. If you have as your choice of a second intersection, a new street which is named but unnumbered and a route which is numbered and well-established, choose the numbered route as the second intersection.

NOTE that the actual collision location should be on the “ON” route and should be between the “FROM” (Base Intersection) and “TOWARD” (Second Intersection) routes.

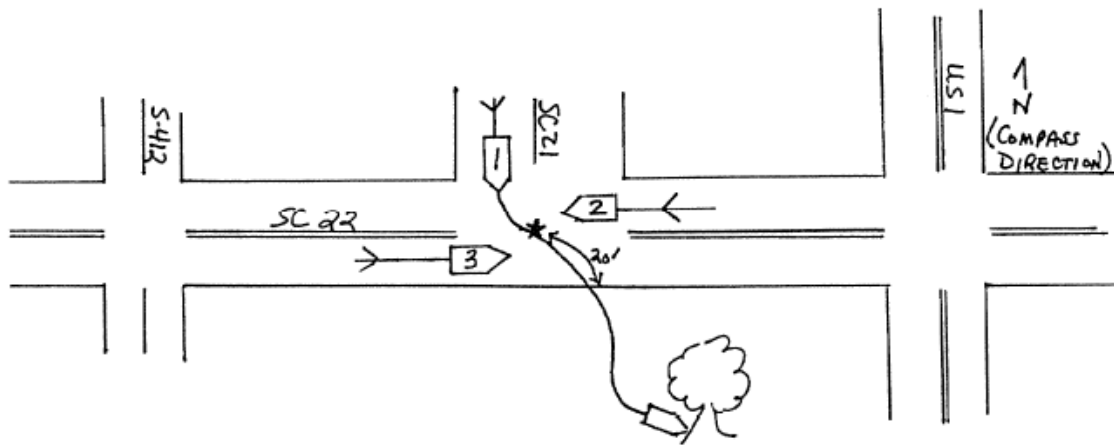
EXAMPLE OF LOCATION SELECTION:



This collision location would be “ON” US 1, “FROM” the Base intersection S-71, “TOWARD” the Second Intersection, S-386.

T-Intersection collision – Many questions have arisen as to how to determine the proper location for reporting purposes and where to measure from when collisions occur at a “T-Intersection”. In determining the route on which the collision occurred for a normal intersection, follow standard procedures and use the highest order, lowest numbered route for the collision location. In determining the collision location or the route on which the collision occurred, the “T-Intersection” will present, in some cases, an exception to this standard rule. If the collision occurs in the area indicated on the picture below, the through route will always be listed as the “ON” route. The crash must still be pinpointed between a base and second intersection.

Example 1:



Collision location: SC 22

Base Intersection: SC21

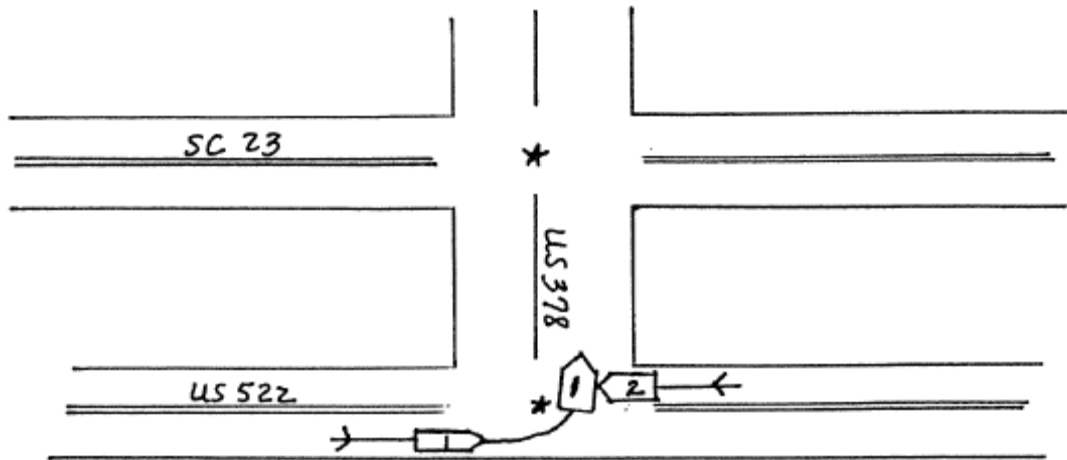
Second Intersection: US 1

* = Center of the Intersection (0.00)

Distance Offset: 20 Feet (Measure from the center of the intersection to the point where the driver left the roadway)

Example 2:

In this collision, two vehicles collided in the intersection.



Collision location: US 378

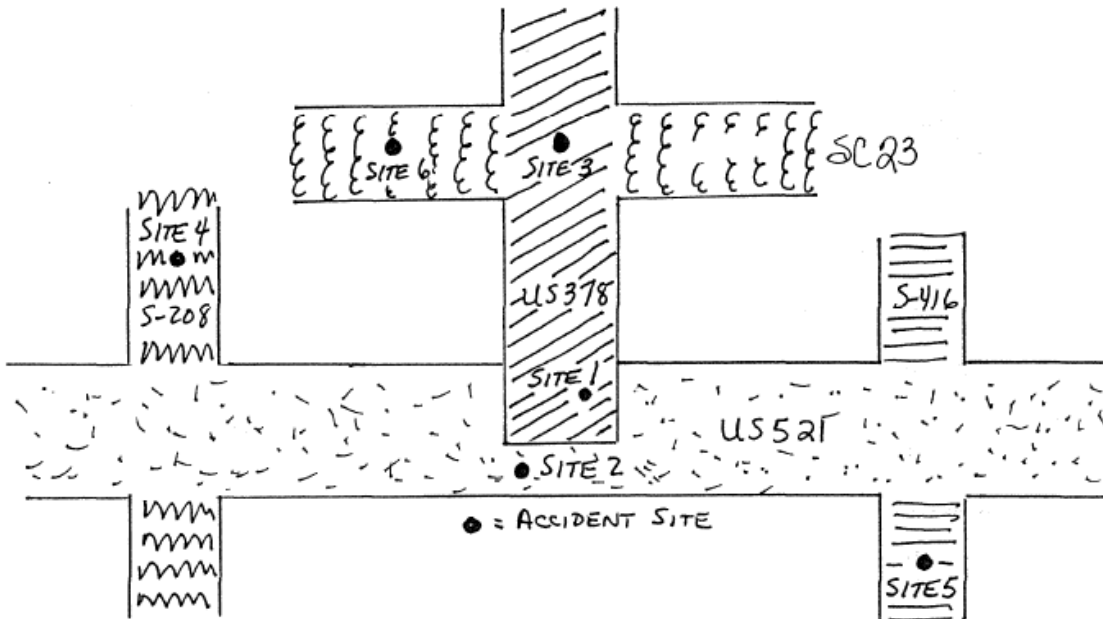
Base Intersection: US 522


Second Intersection: SC 23

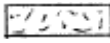
* = Center of the Intersection (0.00)


Distance Offset: 10 feet (Measure from the center of the intersection to the point Of the first harmful event)


In determining the collision location for a T-intersection, certain standard engineering applications will apply. The examples on the next page will illustrate the appropriate selection of the collision location route, base and second intersection.





Site 1: If the first harmful event occurs here , the collision would be located on US 378; US 521 would be the base intersection; and SC 23 would be the second intersection.

Site 2: If the first harmful event occurred at Site 2 , the collision would be located on US 521; the base intersection would be US 378. The second intersection would be S-208.

Site 3: If the first harmful event occurred at Site 3 , it belongs to US 378 (highest order, lowest number).

Site 4: If a collision occurs in this area , it belongs to S-208.

Site 5: If a collision occurs in this area , it belongs to S-416.

Site 6: If a collision occurs in this area , it belongs to SC 23.

1- Interstate	4- Secondary	Collision Location (Rt. # / Name)	0- Main	6- Connection
2- US Primary	5- County		2- Alternate	7- Business
3- SC Primary	(9)		5- Spur	(11)
		(10)		

(9) ROUTE CATEGORY – Circle the number which corresponds to the route category on which the collision occurred. If the collision occurred at an intersection, use the route category of the highest classification, with the lowest number. Classification ranking is as follows:

- Interstate (highest)
- U.S. Primary
- S.C. Primary
- Secondary
- County (lowest)

Example #1:

If the collision occurred at the intersection of US 1 and SC 34, the collision location would be on US 1.

Example #2:

If the collision occurred at the intersection of SC 341 and SC 522, the collision location would be on SC 341.

Example #3:

Also, use the highest classification rule when two route classifications overlap one another.

Just North of Bishopville, the highway is signed U.S. 15, S.C. 341 and S.C. 34. Circle on your report the code 2 – U.S. Primary.

Example #4:

If a collision occurs on a roadway which crosses over an interstate highway in the interchange, list the collision as occurring in the particular roadway and not on the interstate. For example, two cars collide on the U.S. 378 bridge over I-20; show the collision as occurring on U.S. 378.

If the collision occurred on private property, leave route category blank on the report. When completing a report for a collision which occurred on private property, indicate "PRIVATE PROPERTY" in the collision location section. The name of the private property can be indicated in the same block. Selection of a base and second intersection is not necessary.

(10) ROUTE OR ROAD NUMBER – Enter the route or road number on which the collision occurred. Give the street or highway name if known. Always use the lowest highway number of the highest classification when two routes overlap one another. Do not include block numbers (5400 Main Street) in the location section.

Example: South of Florence a section of U.S. 52 overlaps with U.S. 301. A collision on this section of highway would be reported as happening on U.S.52.

Note: If a collision occurs on an unnamed county dirt road, between a named paved road and another highway, record in this space “County Dirt Road”.

(11) AUXILIARY CODE - Circle the auxiliary code that identifies the specific Route on which the collision occurred. The auxiliary designation would be part of the posted sign for the route.

Example #1: Just south of Murrells Inlet in Georgetown County, U.S. 17 separates into two routes. The route running through Murrells Inlet and continuing on into Horry County and through Garden City, Surfside Beach, and Myrtle Beach will receive the auxiliary code 7 – Business. The route running from Murrells Inlet and connecting with U.S. 17 Business just south of North Myrtle Beach will receive the auxiliary code of 0 – Main line.

Example #2: Just North of Pocotaligo in Jasper County, U.S. 17 separates into two routes with the same number. The route running through Walterboro, Summerville, Moncks Corner, and Jamestown will receive the Auxiliary Code 2 – Alternate Route until it reconnects with US 17 (Code 0 – Main Line) in Georgetown.

Miles:	Dir.	In / Near City or Town of:
(12)	N E S W	(13)

(12) MILES/DIRECTION – Indicate the distance in miles from the nearest city or town and circle the compass direction from the city limits to where the collision is located. This is indicated only if the collision did not occur within a city or town. If the collision occurred within a city or town limit leave “MILES/DIRECTION” blank.

(13) IN CITY OR TOWN OF – If the collision occurred within the corporate limits of a city or town, enter the name of the city or town and draw a straight line through the word “Near”.

OR IF OUTSIDE – If the collision occurred outside the incorporated area of a city or town, enter the name of the city nearest to the collision scene. Then enter the distance in miles from that city limits and circle the compass direction from the city limits to where the collision is located. Draw a straight line through the word “In”.

(14) LANE NUMBER/OFF/DIRECTION – Enter the lane number where the first harmful event occurs. Lanes are numbered left to right from the median or center line to the roadway edge. They are usually delineated by paint, reflectors, dividers, etc. One-way lanes are numbered from the left roadway edge to the right roadway edge based on travel direction. Also, enter the total number of lanes for the roadway.

- If a collision (first harmful event) occurs on a two-lane road, both lanes would be lane number 1 of 2 lanes.
- If a collision (first harmful event) occurs in the passing (center) lane of a three lane road, enter lane 1 of 3 for the passing lane.
- If a collision (first harmful event) occurs in the right hand lane of a four lane road, the lane number would be 2 of 4.
- If a collision (first harmful event) occurs off the roadway, place NA in the block and leave the "Total Lanes" and "Direction" blank..
- If a collision (first harmful event) occurs in the center turning lane (lawful turning from either direction) on a four lane highway, the lane number would be zero (0), total lanes would be four (4) and lane direction would be blank.
- If a collision (first harmful event) occurs on a median crossover, the lane would be zero (0), total lanes would be four (4) and lane direction would be blank.
- If the collision (first harmful event) occurs in a grass or earth median, place NA in the lane number, and "Total Lanes and Direction" blank.

Circle direction of travel permitted according to the lanes orientation. Travel direction has nothing to do with the direction the vehicle is traveling. For example: A vehicle is involved in a collision in the eastbound lane; however, the driver is traveling west. The lane direction is east.

(15) DISTANCE OFFSET – Indicate the distance in miles or feet to the first harmful event occurrence, measuring from the center of the base intersection. Select the intersection closest to the collision as the base intersection, preferably a numbered route. If this information is missing, the report will be rejected and returned to the investigating officer. If the first harmful event occurred in the exact center of the intersection, place a “0” in the block and mark “feet”. When measuring the distance offset from the base intersection, measure to the collision location (first harmful event) regardless of the lane.

Lane # / Dir.		Distance Offset	Direction	1- Interstate	4- Secondary	Base Intersection (Rt. # / Name)	0- Main	6- Connection	ASRU code	IMP/Grid
#	Of	(15)	(16)	2- US Primary	5- County		(17)	2- Alternate		
	(14)	Miles	N E	3- SC Primary	6- Other		5- Spur	9- Other	(18)	
		Feet	S W							

The following chart should be used in converting feet to hundredths of miles:

FEET	MILES	FEET	MILES
53	.01	742	.14
106	.02	795	.15
159	.03	848	.16
212	.04	901	.17
265	.05	954	.18
318	.06	1007	.19
371	.07	1060	.20
424	.08	1113	.21
477	.09	1166	.22
530	.10	1219	.23
583	.11	1272	.24
636	.12	1325	.25
689	.13		

If the collision occurs on an exit ramp, measure the distance from the center point of the intersection to the divergence or convergence point. Then measure the distance from that point to the scene of the collision (first harmful event). The distance offset will be the total of the two measurements to the nearest 50 feet or less if possible. Enter a single number and circle "Feet" or "Miles" on the report. If the collision occurs on an entrance ramp, measure the distance from the scene of the collision (first harmful event) to the point of divergence or convergence. Then measure from that point to the center of the intersection. Add the two measurement as previously described and list the sum as directed on the report.

To determine the distance offset for collisions in which the first harmful event occurs off the roadway, measure from the base intersection to the point at which the vehicle left the roadway. For example, if a vehicle travels 300 feet through a field and hits a tree, measure from the base intersection to the point at which the vehicle left the roadway, not where it struck the tree.

If the distance is less than 1/100 miles (approximately 53 feet), enter the distance in feet on the report by drawing a straight line through the word "miles". For example, a collision occurs on SC 51, 35 feet from Secondary 577, the Base Intersection. Enter 35 feet as the distance offset on the report and draw a line through the word "Miles".

If the distance is more that 1/100 mile, use a measuring device or drive from the center point of the Base Intersection to the collision site (first harmful event) and compute the distance using your odometer to the nearest 1/100 mile, as accurately as you can. If, for example, a collision occurs on SC 51, 100 feet past .5 miles from SC 34, the Base Intersection, the report will reflect .52 miles.

(16) DIRECTION – Indicate the direction from the base intersection using the standard direction: West-East for even-numbered routes or South-North for odd-numbered routes. In the example below, the collision occurred on SC 56 (an even-numbered route). If you use Leaphart Road (S-204) as the base intersection, and look toward the collision site, in the direction of a second intersection, the direction would be “West” of the base intersection. If you use S-20 as the base intersection, and look toward the collision site, in the direction of a second intersection, direction would be “East” of the base intersection. The lane in which the collision occurred has no bearing on direction from the base intersection, nor does the actual compass orientation. Direction for all unnumbered roads, however, will be based on the general compass orientation for that road.

To determine standard direction for any collision, draw a similar diagram on a scratch sheet of paper or use the conversion chart below; if the collision occurred on an odd-numbered road, you would insert “South” for “West” and replace “East” with “North”.

Conversion Chart

Even-numbered Route =	Compass Direction SOUTH	converts to	Standard Direction WEST
Odd-numbered Route =	Compass Direction WEST	converts to	Standard Direction SOUTH
Even-numbered Route =	Compass Direction NORTH	converts to	Standard Direction EAST
Odd-numbered Route =	Compass Direction EAST	converts to	Standard Direction NORTH

Another way to describe how to determine using the standard location procedure is as follows:

If the route or road number on which the collision occurred is even-numbered, the direction will only be West-East, regardless of the actual road compass orientation or the unit’s travel direction. If the route or road number is odd-numbered, the direction will only be South-North. Circle West if the direction from the base intersection is West or South on an even-numbered road; circle North if the direction is North or East on an odd-numbered road. Circle East if the direction is East or North on an even-numbered road; circle South if the direction is South or West on an odd-numbered road.

As stated previously, direction for all unnumbered roads will be based on the general compass orientation for that road.

Example #1: SC 56 runs generally North-South. If a crash occurs South of the base intersection, SC 215, circle West on the report.

Example #2: In Rock Hill, Red River Road runs generally North-South. If a collision occurs North of the base intersection, US 21, circle North on the report.

(17) BASE INTERSECTION – Circle the Route Category, enter the Route Number and Name and circle the Auxiliary code for the closest intersecting highway or street from which the distance offset to the collision will be measured. Use the intersection closest to the collision site as the base intersection; this will make measurement easier. Unnumbered intersecting routes should be skipped in favor of a numbered route that will appear on the Department of Public Safety’s maps and computer file. If using an unnumbered route, enter the posted or best known road name. Please note that the county or state line may be used as a base intersection; however, do not use city limits for this purpose since these boundary lines change frequently.

(18) ASRU/MP/GRID – Do not write in this block. This block is used by the Office of Financial Responsibility to assign milepost or grid numbers to the crash location.

RR Id.	From	Ramp Only	To	1- Interstate	4- Secondary	Second Intersection (Rt. # / Name)	0- Main	6- Connector
(19)	N E	1 - Entrance	N E	2- US Primary	5- County	(21)	2- Alternate	7- Business
	S W	2 - Exit	S W	3- SC Primary	6- Other		5- Spur	9- Other

(19) RR CROSSING ID – Enter the Railroad Crossing Identification Number found on the crossbuck at the crossing where the collision occurs. If the RR Crossing ID is missing or does not apply, place a "NA" in the block.

(20) RAMP (FROM/TO) - This area is to be completed only if the collision occurs on a ramp. If the collision does not occur on a ramp, leave this area blank.

FROM - Circle the lawful direction of travel of the road the vehicle was exiting.

RAMP ONLY – Based on the "Collision Location" indicate whether this was an entrance or exit ramp.

TO – Circle the lawful direction of travel of the road the vehicle was entering.

EXAMPLE: A vehicle is traveling north on US 1 (towards West Columbia) and is attempting to enter I-26 eastbound. The collision occurred on the ramp. This collision would be located "From" North (US 1), "Ramp" would be 1 - Entrance and "To" would be East (I-26).

(21) SECOND INTERSECTION – Circle the Route Category, enter the Route Number and/or Name and circle the Auxiliary code for the next intersecting highway or street beyond the base intersection. If you have as your choice of a second intersection, a new street which is named but unnumbered and a route which is numbered and well-established, use the numbered route as the second intersection.

Note that the actual location should be on the “ON” route and should be between the “FROM” (base intersection) and “TOWARD” (second intersection) routes.

ON (Collision location)

FROM (Base intersection)

TOWARD (Second intersection)

Also note that the county line or state line may be used as the Second Intersection; however, do not use city limits, as these boundaries change frequently. If a collision occurs on a dead end road, between the dead end and an intersection, you may list “dead end” as the second intersection; however, please do not use “dead end” for the base intersection.

Latitude	°	'	''
(22)			
Longitude	°	'	''

(22) GLOBAL POSITIONING SYSTEM (GPS) – Indicate the latitude and longitude position of the collision location. If GPS is not available, leave blank.

LATITUDE/LONGITUDE should be indicated in degrees, minutes and seconds and decimal seconds. dd°mm’ss.ss. Latitude and Longitude coordinates will never begin with a 0. Minutes and Seconds should never be greater than 59.90.

Position Format = hddd°mm’ss.ss”

Map Datum = WGS 84

Distance / Speed = Statute

Elevation / Vert. Speed = Feet

Example:

The fields on the TR-310 appear as:

Latitude 34 09 58 40

Longitude 82 05 51 30

It is extremely important that officers understand the proper format and supervisors are reviewing TR-310s for its accuracy.

UNIT SEGMENT

N23267469			Driver/Pedestrian's Full Name (25)
(24)	(26)	(27)	Street/R.F.D. (28)
	(29)		City, State, & Zip (30)

(43) FR-10 NUMBER – There are three FR-10 numbers indicated on each TR-310 report and each is located in the top left portion of the unit section. These numbers are printed in red, and prefaced with a letter and a hyphen. These same numbers should appear on all four sheets of the collision report set. If you void or “mess up” a collision report after you have issued the FR-10 to the driver(s) involved in the crash, you must indicate those FR-10 numbers on the report that you submit to the Department of Public Safety. Strike through the numbers on the new report and write the FR-10 numbers that correspond to the ones issued to the driver(s). It is critical that you indicate the FR-10 numbers issued to the driver(s).

(24) UNIT # - Enter a “1” for the first unit (motor vehicle, pedestrian, etc.) in the collision. Enter a “2” for the second unit, a “3” for the third, etc. Unit numbers should always correspond to the description of the collision given in the narrative. Units should be listed beginning with Unit #1 in the left position. Do not repeat units on additional pages. If any of the unit segments are not utilized, place "NA" in the Unit Number block. Example: In a two unit collision write "NA" in the third unit number block.

(25) DRIVER OR PEDESTRIAN’S FULL NAME – Enter the name of the driver, pedestrian, or pedalcyclist. Always enter the last name, insert a hyphen (-), then the first name, then the middle name or initial. If licensed, the name should be entered exactly the same as it is shown on the driver’s license. Do not use the comma as indicated on the driver license. Do not place the last name in parentheses. If the driver’s name is different from that shown on the driver’s license, the difference should be explained in the narrative section. If a driver is unlicensed, the full name should be recorded. A married woman’s name should be written as Brown-Mary Smith, not as Mrs. Brown-John David. If the driver does not have a middle name or initial enter the name as follows: Brown – John (NMN).

(26) SEX - Enter “M” for male or “F” for female.

(27) RACE – Enter “A” for Asian or Pacific Islander
 Enter “B” for African American
 Enter “I” for Alaskan Native or American Indian
 Enter “H” for Hispanic

Enter "W" for White (Caucasian)
 Enter "O" for Other
 Enter "U" for Unknown

(28) STREET ADDRESS – Enter the address from the driver’s license if available and acknowledged to be correct. If no license is available and the driver gives a R.F.D. number, also obtain the name or number of the highway on which he/she resides.

(29) BIRTHDATE - Indicate the eight digit date of birth for the driver, pedestrian, etc., using a hyphen to separate month, day, and year (Example: 01-01-1945 for January 1, 1945).

(30) CITY, STATE, AND ZIP – Enter the city, state, and zip from the driver’s license if available and acknowledged to be correct.

State (31)	Driver's License # (32)	Insurance Company (33)
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(31) STATE – Enter the two digit standard abbreviation for the name of the state that issued the driver’s license.

(32) DRIVER LICENSE NUMBER – Be sure to enter this completely and above all, accurately. Out-of-state driver’s license numbers will be entered the same as in-state drivers. If a driver is not licensed, enter “NONE”.

(33) INSURANCE COMPANY– Indicate the name of the insurance company (not agency) that issued the liability insurance for the vehicle involved in the collision. If the vehicle is uninsured, indicate "None". If the vehicle is self-insured, indicate "Self-Insured". If the vehicle is owned by a government entity, indicate "NA". If the officer is unable to determine the name of the insurance company, indicate "Unknown".

Year (34)	Body (35)	Vehicle Make (36)	VIN # (37)
State (35)	Year (36)	License Plate # (37)	Owner's D.L. # (38)

(34) YEAR, BODY, MAKE, AND VEHICLE IDENTIFICATION NUMBER (VIN) – Enter the four digit year and the body, make and VIN as shown on the motor vehicle registration card. Please verify that the vehicle identification number (VIN) you list on the collision report is exactly the same as that shown on the vehicle itself; double check the VIN number with the registration card. Please be sure that you indicate the vehicle information for the vehicle involved in the collision; otherwise, insurance information cannot be verified for the vehicle listed.

(35) STATE – Enter the standard two digit abbreviation for the name of the state that issued the vehicle license plate.

(36) YEAR – Enter the four digit year of expiration as shown on the registration card for the vehicle.

(37) LICENSE PLATE NUMBER – Enter the full number from the license plate and compare with the registration card if available. If the vehicle has no license plates, enter "NONE".

(38) OWNER’S DRIVER LICENSE NUMBER – Indicate the South Carolina driver license number for the owner of the vehicle involved in the collision. If the vehicle is registered to an out-of-state owner, indicate "NA". If the owner is a company, business, or government entity indicate "NA". If the officer is unable to determine the owner driver license number, indicate "Unknown".

Home Telephone () (39)	Owner's Full Name
Bus. Telephone ()	Street/R.F.D. (40)
Contributed To Collision Yes (41) No	City, State, & Zip

(39) HOME AND BUSINESS TELEPHONE NUMBER – Enter the area code and telephone numbers where the owner of the vehicle may be reached both at home and work. If there is no number, enter "NA".

(40) OWNER’S FULL NAME, STREET OR R.F.D., CITY, STATE, ZIP - Enter the current information from the registration card, driver or other available source. List the owner’s name as follows: Last name, hyphen (-), first name, middle name or initial, suffix. Example: Brown – John David Jr..

(41) CONTRIBUTED TO COLLISION - Circle YES if you believe that the driver or pedestrian of this unit either did something to cause the collision or did not do something to avoid it. Circle NO if you believe the driver or pedestrian did not contribute to the collision. If you cannot determine if the driver contributed to the collision, circle NO. DO NOT LEAVE THIS BLOCK BLANK.

Estimated Speed (42)	Speed Limit (43)	C.D.L. Req. (44) Summons # (47)	T/B S Req. (45) Code	Summons #	Alt/Drg info (see back): (46) Code Towed By (48)
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(42) ESTIMATED SPEED - Enter the estimated speed (in miles per hour) of this vehicle prior to the first harmful event. For example, if the vehicle is traveling 90 mph, loses control, leaves the roadway, travels through a field and hits a tree at 45 mph, list the estimated speed as 90 mph. Do not enter a range of speed (35 to 40 mph).

(43) SPEED LIMIT – Enter the posted or statutory speed limit for the particular section of roadway where the collision occurred, whether posted or not. For speed limit on private property, indicate "NA".


(44) COMMERCIAL DRIVER LICENSE REQUIRED – Circle YES if a commercial driver license was required for the operation of this vehicle. Circle NO if not required.

(45) TRUCK/BUS SUPPLEMENT REQUIRED – Circle YES if the Truck/Bus Supplement is required. Circle NO if not required.

(46) ALCOHOL/DRUG INFORMATION – Circle YES if an alcohol or drug test was given. Circle NO if an alcohol or drug test was not given. If No is indicated, you are not required to complete the Alcohol/Drug section on the back of the report form. You will always indicate NO if the collision occurred on private property.

(47) SUMMONS NUMBER AND VIOLATION CODE - These two fields go hand-in-hand; you cannot list one without the other. If you indicate a violation code, you must enter a summons number. If you indicate a summons number, you must indicate a violation code. If you issue two citations, list the summons number of each. The summons number is found on the lower right hand corner of the Uniform Traffic Ticket. If you issue more than two citations, indicate the summons numbers and the violation codes for the two violations which contributed most to the collision. Use only the two digit codes listed in the Instruction Manual for Investigating Officers.. If you indicate only one violation, place "NA" in the second summons block. If no summons was issued, place "NA" in both blocks for summons number.

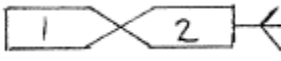
(48) VEHICLE TOWED BY – Enter the name of the company or person who removed the vehicle from the collision scene. If the vehicle was not towed, place "NA" in this block.

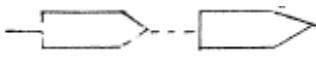
Dir. of Travel:	Unit 1: N (49) W	Unit 2: N S E W	Unit 3: N S E W
	(50)		

(49) DIRECTION OF TRAVEL – Indicate the actual compass direction of travel for each unit by circling the proper letter.

(50) DIAGRAM WHAT HAPPENED - Draw the collision scene exactly as you observed it. Follow the instructions given below:


1. Draw an arrow indicating North. Do not convert your diagram to the standard, artificial direction. The diagram should be drawn exactly according the compass direction.
2. Unit numbers must correspond with those in the unit section, the diagram and the narrative.


3. Number each vehicle and show the direction of travel. 

4. Use a solid line to show the unit's path before the collision; a dotted line after the collision. 

5. Show pedestrian by: 

6. Show a railroad by: 

7. Show a utility pole by: 

8. Show a pedalcycle, bicycle, moped or motorcycle by: 

9. Show objects on and off the roadway.

10. Show traffic controls that are present.

11. Show the probable point of impact.

Unit 1 Dam.	Unit 2 Dam.	Unit 3 Dam.	Prop. Dam. 1	Prop. Dam. 2
\$ (51)	\$	\$	\$ (52)	\$

(51) ESTIMATED AMOUNT OF DAMAGE TO UNITS – Estimate the total amount of damage to each unit involved in the collision to the best of your ability. Write this dollar value in the appropriate block. If there was no damage to the unit, place a zero in the block. This block will be left blank if "NA" is indicated in Unit Number.

(52) AMOUNT OF DAMAGE TO PROPERTY OTHER THAN VEHICLE – Estimate the total amount of damages to property other than the units involved in the collision. Do not leave this blank if property is damaged in the collision. Do not include parked vehicles in this block if they are listed in the unit section. If there was no damage to the property, place a zero in the block. If no property was damaged, place "NA" in both property damage blocks.

Property Owner/Witness (53)			Property Owner/Witness		
Address			Address		
State	Zip	Phone	State	Zip	Phone
Photo: Describe What Happened (Refer to Units by Number) (54)					
(55)					

(53) PROPERTY OWNER NAME/WITNESS FULL NAME; ADDRESS; ZIP – These two blocks are interchangeable. You may show a property owner or witness in either block by drawing a single line through the one that does not apply. Record the name and address of any competent witness. Exclude driver and/or those listed under “Occupants”. When entering the name of the witness, list the last name first, hyphen, first name and/or middle initial.

List the name(s) and address(s) of property owners of all property other than the vehicle(s) that was damaged in the collision. Use additional pages if necessary to list all property owners. This is a requirement of the Financial Responsibility Office. If you list a dollar amount in the block “Property Damage” and leave the block for Property Owner Name/Address blank, the report will be returned for correction. When entering the name of the property owner, list the last name first, hyphen, first name and middle initial.

(54) PHOTO – Circle YES if photographs were taken of the collision. Circle NO if photographs were not taken.

(55) DESCRIBE WHAT HAPPENED - Relate briefly what happened in the collision, so that this information, coupled with the diagram, will describe the main events of the collision. A concise, but complete description of what happened is necessary, so the collision can be reconstructed by the Office of Highway Safety and traffic engineers for analysis and preparation of statistical data.

Investigating Officer's Name (56)	Rank	Badge #	Code	Date (57)	Reviewer's Name (58)	Rank	Internal Agency Code (59)
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(56) INVESTIGATING OFFICER’S NAME; RANK; BADGE#; AGENCY TYPE; AGENCY CODE - Enter the officer’s name who investigated the collision, his rank and badge number. Enter the police agency type and jurisdiction code; use only the codes in the code lists in the Instruction Manual. Each jurisdiction has been assigned a specific code. Do not add extra zeros (0) in the agency code and do not leave this block blank. If you cannot find your agency’s jurisdiction code, please contact the Office of Highway Safety and obtain a number. When entering the name of the investigating officer, list the last name first, hyphen (-), first name and middle initial. Please type or legibly print the investigator’s name.

(57) DATE – Enter the date this report was completed.

(58) REVIEWER’S NAME; RANK – Enter the name and rank of another officer at the scene or of an officer who reviewed this report for accuracy and correctness. All reports should be carefully checked before they are mailed to the Office of Financial Responsibility. When entering the name of the reviewing officer, list the last name first, hyphen (-), first name and middle initial.

(59) INTERNAL AGENCY CODE – This section is set aside for agencies/jurisdiction to indicate their own internal case numbers. If your agency follows this procedure please indicate your internal agency case number here.

OCCUPANT SEGMENT

INFORMATION IS NEEDED ON ALL OCCUPANTS, NOT JUST THOSE INJURED OR KILLED!

An exception to this rule would be in regards to a Private Property Collisions, the only persons listed in the Occupant Section would be those injured or fatally injured.

Complete the blocks in the occupant section for **all occupants in each unit** as specified below. This includes pedestrians and pedalcyclists that are listed as units on the collision report.

For each unit, list the unit number, sex, race, date of birth, seat location, restraint equipment used, air bag information, whether occupants were ejected, location after impact, transported to medical facility, and the injury severity for all occupants in the unit. This includes the driver, since the driver is an occupant. This also includes pedestrians and pedalcyclists who are listed as units.

For each unit, list the name, address and zip code only for occupants, pedestrians and pedalcyclists who are injured or fatally injured in the collision. It is not necessary to list the name and address for those occupants who are not injured; however, complete all other statistical blocks describing sex, race, seat location, etc. If the occupant injured was the driver, indicate "Driver Unit #" and the corresponding unit number in the space for the name. Example: Driver Unit #1.

In vehicles with a seating capacity of sixteen (16) or more occupants, complete the occupant section for the driver and for any other occupants who are injured or killed. Do not complete the statistical blocks for occupants who are not injured in this type of vehicle. For example, unit #1 is a passenger car with 4 occupants (including the driver) and one occupant is injured, you would list all four occupants in the occupant section including seat positions, date of birth, sex, race, etc. You would also list the name and address of the occupant who was injured on the same line with his/her statistical information. Another example is a 65 passenger school bus. Two of the occupants were injured in the collision. For this unit you would complete the occupant section for the driver of the bus and the two occupants who were injured. Be sure to list the names and addresses of the injured occupants on the lines with their statistical information.

The collision report form provides space for eight (8) occupants. If you have more than eight occupants, continue the report on a second report form. Label the first page as page 1 of 2 pages and the second as page 2 of 2 pages. Attach the two sheets securely before submitting the report. On the second sheet, complete the occupant section only; you do not need to complete the entire report again.

Reports failing to submit proper occupant information will be returned to the investigating officer.

Unit	Date of Birth	Sex	Race	INJ	Seat	R/S/D	A.B.D.	Eject	LAI	Tran
(60)				a b			a b			a b
				a b			a b			a b
				a b			a b			a b

(60) UNIT NUMBER – Enter the number of the unit this person occupied.

DATE OF BIRTH – Enter the eight digit date of birth for each person involved in the crash. List all four digits for the year. If the month or day of birth is a single digit, record the month or day with a zero prefacing the single digit. Separate the month, day and year with a hyphen. Example: If the occupant was born on May 24, 1966, record the date of birth as 05-24-1966.

Date of birth is one of the eighteen Critical Automated Data Reporting Elements (CADRE) for highway safety analysis as finalized by the National Highway Traffic Safety Administration (NHTSA) and the Federal Highway Administration (FHWA). Uses of accurate reporting of age include assessing effectiveness of occupant protection systems for specific age groups, and identifying the need for safety programs directed toward them. Without this element, analysts cannot identify specific groups of the general population or direct countermeasures which would assist in reducing the problem. This element is also critical in providing linkage from the Master file to EMS and hospital records. Work to establish this linkage is now underway.

SEX – Enter “M” for Male and “F” for Female.

RACE - Enter “A” for Asian or Pacific Islander
 Enter “B” for African American
 Enter “I” for Alaskan Native or American Indian
 Enter “H” for Hispanic
 Enter “W” for White (Caucasian)
 Enter “O” for Other
 Enter "U" for Unknown

INJURY STATUS – Enter the proper injury code for each occupant as shown on the report or in the code tables.

SEATING LOCATION – Enter the seat position that best describes the location for each occupant/person on, or outside of a motor vehicle prior to the collision. If more than one person is occupying a seat position, (e.g. child on lap of passenger) use code 80 for the child sitting on the lap of the passenger). Occupant seat location is another one of the CADRE. Without known seating for each person in the vehicle, it is not possible to fully evaluate the effectiveness of occupant protection programs or the effectiveness of restraint use by all occupants. Such data also provides a basis for future occupant restraint legislation. Federal entities need the information to assess effectiveness and prevent injuries to rear seat occupants and to analyze the types of injuries received by occupants in all seating positions.

RESTRAINT/SAFETY DEVICE - Enter the restraint equipment in use by each occupant at the time of the crash or use of safety devices by the pedestrian, motorcyclist, moped or bicycle rider. Another CADRE field, Restraint Equipment Used helps to properly classify available occupant protection systems and the effectiveness of such equipment. The data must be collected for all persons whether injured or not.

AIR BAG DEPLOYMENT – Indicate if there was an air bag available and if the air bag deployed during the collision. If there was no air bag available for that occupant, enter a “7” for not applicable.

SWITCH – Enter the proper code to indicate if the switch was on or off prior to the crash. If you selected “7” for Air Bag Deployment, then leave this block blank.

EJECTION – Enter the location of the occupant’s body as being completely or partially thrown from the vehicle as a result of the collision. If the occupants remain in the vehicle, select “1 – Not Ejected”. If the occupant is a pedestrian, select “7 – Not Applicable”. Occupant protection systems prevent or mitigate ejections to different extents. This CADRE element will be compared to Occupant Seat Location and Restraint Equipment Used to determine crashworthiness. Collision injury outcome may depend on information from this element.

LOCATION AFTER IMPACT - This CADRE field solely addresses whether occupants were trapped and/or extricated as a result of the collision. Enter the appropriate code if there are persons who are mechanically restrained in the vehicle by damaged vehicle components as a result of a collision, and/or freed/removed from the vehicle. If none of the occupants are trapped or extricated, select “1 – Not Trapped”. If the field does not apply, for example in the case of a pedestrian, select “4”.

TRANSPORTED TO A MEDICAL FACILITY – (a) Enter the proper code for each person involved in a collision as to whether that person was transported from a collision site to a medical facility for treatment of injuries sustained in the collision. (b) Indicate the manner by which the occupant was transported to the medical facility .

Name	Street Address	Zip Code
(60)		

NAME, ADDRESS, ZIP – Enter the name, address and zip of the injured victims only (include fatally injured). You may write “Driver Unit #1” or “Pedestrian #1” if the complete name is previously recorded in the Unit Section for the Driver or Pedestrian’s full name. If the name is not previously recorded, enter the last name, hyphen (-), first name, and middle initial.

BACK OF COLLISION REPORT FORM

Sequence of Events					
Non-Collision		(61)		Collision: Not Fixed	
01- Cargo/Equip Loss or Shift	04- Equipment Failure	20- Animal (Deer Only)	27- Pedestrian	40- Bridge Overhead Structure	47- Embankment
02- Cross Median/Center Line	05- Fire/Explosion	21- Animal (All Other)	28- Railway Veh	41- Bridge Parapet End	48- Equipment
03- Downhill Runaway	06- Immersion	22- Motor Veh. (w Transport)	29- Work Zone Maint. Equip	42- Bridge Pier or Abutment	49- Fence
	07- Jackknife	23- Motor Veh. (Stopped)	30- Other Movable Object	43- Bridge Rail	50- Guardrail End
	08- Overturn/Rollover	24- Motor Veh. (Other Roadway)	31- Link, Movable Object	51- Guardrail Face	52- Highway Traffic Sign Post
	09- Ran off Road Left	25- Motor Veh. (Parked)	32- Link, Movable Object	53- Culvert	53- Impact Attenuator/Crash Cushion
	10- Ran off Road Right	26- Pedalcycle		54- Ditch	54- Light/Luminaire Support
	11- Separation of Units				55- Mail Box
	12- Spill (Non-hazardous)				56- Median Barrier
	13- Spill (Hazardous)				57- Overhead Sign Support
	14- Other Non-collision				58- Other (Post, Pole, Support, Etc.)
	15- Link, Non-collision				59- Other (Wall, Building, Tunnel, Etc.)
	16- Other Non-collision				60- Tree
	17- Other Non-collision				61- Utility Pole
	18- Other Non-collision				62- Walk Zone Maint. Equipment

(61) SEQUENCE OF/AND MOST HARMFUL EVENTS

SEQUENCE OF EVENTS – Indicate in order the events which occurred to this unit. In the boxes provided, enter the number(s) that best describes the sequence of events for this unit in the collision. Only the first four events should be reported. If less than four events occurred, leave the remaining blocks blank.

MOST HARMFUL EVENT – Refers to the event producing the greatest injury or damage for each unit. Do not "X" out this block or leave it blank; such reports will be returned. Select only one number to indicate the event that caused the greatest injury or damage for each unit.

FIRST HARMFUL EVENT – Refers to the **FIRST** occurrence of damage or injury in an accident, and not to any particular unit involved. Do not "X" out this block or leave it blank; such reports will be returned. Select only one number to indicate the event that caused injury or death to one or more occupants, pedestrians, or pedalcyclists or damage to property. Indicate the FIRST such event if a more serious or harmful event occurred subsequently.

Manner of Collision (Struck Veh.)		
1	00- Not Coll. W/ Motor Veh.	30- Rear-to-Rear
2	10- Rear End	41- Angle (↘ ↙)
3	20- Head On	42- Angle (→ ←)
		43- Angle (↘ ↙)
		50- Sideswipe Same Dir.
		60- Sideswipe Opposite Dir.
		70- Backed Into
		99- Unknown

(62) MANNER OF COLLISION – Select a number to indicate how the vehicles came together. Write this two digit code in the appropriate block. **THIS SHOULD BE INDICATED ONLY FOR THE VEHICLE WHICH WAS STRUCK AND SHOULD BE THE FIRST HARMFUL COLLISION EVENT.**

Vehicle Type:			
1	01- Automobile	15- Full Size Van	27- Pedalcycle
2	12- Pickup Truck	16- Mini Van (63)	38- Animal Drawn Veh
3	13- Truck Tractor	17- Sport Utility	39- Animal (Ridden)
4	14- Other Truck	25- Motorcycle	41- Pedestrian
		26- Other Motorbike	51- Train
			61- School Bus
			62- Passenger Bus
			98- Other
			99- Unk. (Hit and Run Only)

(63) VEHICLE TYPE – Indicate the type of this unit by the listed categories. Write the two digit code in the appropriate block for each unit. This applies to pedestrians and pedalcyclists as well as to vehicles. A station wagon should be coded as “01 – Automobile”.

Vehicle Use Code			
1	01- Personal	04- Ambulance	08- Farm Use
2	02- Driver Training	05- Military (64)	09- Wrecker or Tow
3	03- Construction/Maint.	06- Transport Passengers	10- Police
	07- Transport Property	11- Government	12- Fire Fighting
			13- Logging
			18- Other
			41- Pedestrian

(64) VEHICLE USE – Indicate the purpose for which the vehicle is used. If the unit is a pedestrian, select 18 – Other. Write the two digit code in the appropriate block.

Vehicle Attachment			
1	1- None	4- Utility Trailer	8- Towed Motor Vehicle
2	2- Mobile Home	5- Farm Trailer (65)	9- Petroleum Tanker
3	3- Semi-Trailer	6- Trailer w/Boat	A- Lowboy Trailer
		7- Camper Trailer	B- Autocarrier Trailer
			C- Other Tanker
			D- Flat Bed
			E- Twin Trailers
			F- Other

(65) VEHICLE ATTACHMENT – Select the appropriate code to identify the type unit attachment. If the unit has no attachment, select 1 – None. Write the two digit code in the appropriate block.

Action Prior to Impact	(Vehicle)	(Non-motorist)
1 01- Backing (66)	08- Parked	21- Approaching/Leaving Vehicle
2 02- Changing Lanes	09- Stopping	22- Entering/Crossing Location
3 03- Entering Traffic Lane	Stopped in Traffic	23- Playing/Working on Vehicle
4 04- Leaving Traffic Lane	10- Turning Left	24- Pushing Vehicle
5 05- Making U-turn	11- Turning Right	25- Standing
6 06- Movements Essentially Straight Ahead		26- Walking, Playing, Cycling
7 07- Overtaking/Passing	88- Other	99- Unk.
		27- Working

(66) ACTION PRIOR TO IMPACT – Indicate what the vehicle was doing prior to the collision with respect to the roadway. Indicate non motorist actions prior to impact.

Weather Condition			
1	1- Clear (no adverse conditions)	3- Cloudy	6- Fog, Smog, Smoke
2	2- Rain	4- Sleet, Hail	7- Blowing Sand
		5- Snow	8- Severe Crosswinds
			9- Unk.

(67) WEATHER – Select one number to reveal the weather condition at the time of the collision. Write this one digit code in the appropriate block.

Light Condition	3- Dusk	6- Dark (Street Lamp Not Lit)
1- Daylight	4- Dark (Lighting Unspecified)	7- Dark (No lights)
2- Dawn (68)	5- Dark (Street Lamp Lit)	

(68) **LIGHT** – Select one number to reveal the light condition at the time of the collision. Write this one digit code in the block provided. Light should agree with the time of the collision. For example, if the collision occurred at 2200 hours (10:00 pm), choose items 4 – 7, depending on whether or not any type of artificial light was present.

Junction Type	03- Five/More Points (69)	07- Shared Use Paths or Trail	12- Y-Intersection
01- Crossover	04- Four-way Intersection	08- T-Intersection	13- Nonjunction
02- Driveway	05- Railway Grade Crossing	09- Traffic Circle	99- Unk.

(69) **JUNCTION TYPE** – Select two digit code to describe the type of intersection where the collision occurred. If the collision did not occur at an intersection, enter 13 – Non Junction.

Primary	Contributing Factors	09- Made an Improper Turn	Roadway	Non-Motorist	Environmental	52- Obstruction
	Driver	10- Medical Related	30- Debris	40- Other	50- Inattentive	60- Animal in Road
	01- Disregard Signs, Signals, Etc	12- Aggressive Operation of Vehicle	31- Non-highway Work	45- Unk	51- Lying &/or Illegally in Roadway	63- Weather Cond
	02- Distracted/Inattention (70)	13- Over-taking/Over-laneing	32- Obstruction in Roadway	52- Failure to Yield R. of W	53- Not Visible (Dark Clothing)	65- Other
	03- Driving Too Fast for Conditions	14- Swerving to Avoiding Object	33- Road Surface Condition (i.e., Wet)	53- Failure to Yield R. of W	54- Disregard Signs, Signals, Etc	69- Unk.
	04- Exceeded Authorized Speed Limit	15- Wrong Side or Wrong Way	34- Rut Holes, Bumps	54- Disregard Signs, Signals, Etc	55- Improper Crossing	Vehicle Defect
	05- Failed to Yield Right of Way	16- Under the Influence	35- Shoulders (None, Low, Soft, High)	55- Improper Crossing	56- Darting	70- Brakes
	06- Ran off Road	17- Vision Obscured (Within Unit)	36- Traffic Control Device (i.e., Missing)	56- Darting	57- Wrong Side of Road	71- Steering
	07- Fatigued/Asleep	18- Improper Lane Usage/Change	37- Work Zone (Const./Maint./Utility)	57- Wrong Side of Road	58- Link	72- Power Plant
	08- Followed Too Closely	28- Other Improper Action	38- Worn, Travel/Polished Surface	58- Other	59- Link	73- Tires/Wheel
						74- Lights
						75- Signals
						76- Windows/Shield
						77- Restraint System
						78- Truck Coupling
						79- Cargo
						80- Fuel System
						81- Other
						82- Unk.

(70) **CONTRIBUTING FACTORS**– Indicate the apparent driver, environmental, non-motorist, roadway or vehicle defect conditions which contributed to the collision. You must have a primary contributing factor. Additional contributing factors may be listed but do not have to be ranked in order.

1 st / Most Deformed Area	1 st Deformed	2	3	Most Deformed	1	2	3
(71)	13	33	34	35	53	54	55
	14	15	16	17	18	19	20
	21	22	23	24	25	26	27
	28	29	30	31	32	33	34
	35	36	37	38	39	40	41
	42	43	44	45	46	47	48
	49	50	51	52	53	54	55
	56	57	58	59	60	61	62
	63	64	65	66	67	68	69
	70	71	72	73	74	75	76
	77	78	79	80	81	82	83
	84	85	86	87	88	89	90
	91	92	93	94	95	96	97
	98	99	Unk.				

(71) **FIRST/MOST DEFORMED AREA** - Select the number that most accurately describes the first area of deformity in the unit numbers spaces. Then select the most deformed area. When there is contact, you must show a first and most deformed area. The code 81 – None will be used when there is a non-contact unit. Example: A person falls out of a moving vehicle.

A1	D1	Alcohol / Drug Test Given	3- Given - Pending
A2	D2	1- Given - Known Results	4- None
A3	D3	2- Given - Unusable (72)	5- Refused
A1	D1	Test Type	3- Urine
A2	D2	1- Breath (Alc Only)	4- Serum
A3	D3	2- Blood	8- Other
D1	Drug Results		3- Marijuana
D2	1- Amphetamines	4- Opiates	
D3	2- Cocaine	6- PCP	8- Other
Alc Test Results			
A1-			
A2-			
A3-			

(72) ALCHOL/DRUG INFORMATION (If the front page of the TR-310 indicates no alcohol/drug info it is not necessary to complete the alcohol/drug test information for that unit.

ALCOHOL/DRUG TEST GIVEN – Indicate in the appropriate if an alcohol or drug test was given. Example: If a DataMaster test was given and the individual registered a .18%, enter 1 – Given, Results Known. Indicate 4 – None on the D side to indicate that no test was given for drugs.

TEST TYPE – If a test was shown in the Alcohol/Drug Test Given block, the type of test would have to be identified in this block. If a alcohol/drug test was not given, leave this section blank.

DRUG RESULTS – If a test was shown in the Drug Test Given block, the results would be indicated here.

ALCOHOL TEST RESULTS – List blood alcohol test results in percentage form (.18%). If no alcohol test was given, leave this section blank.

If a BAC test was given but you do not have the test results when the original report is filed; you must file an amended report as soon as possible giving the BAC test results.

1- Under- Compartment Intrusion	Under/Override	1
2- Under- No Intrusion	4- Over- MV in Transport	6- None
3- Under- Unknown	5- Over- Other Vehicle	Unk. (73)

(73) UNDERRIDE/OVERRIDE –. If a collision involves an underride or override (see Definition Section), select the number that indicates the position for each unit.

0- None/Minor	Extent of Deformity		1
2- Functional Damage	4- Severe/Totaled	9- Unk.	2
3- Disabling Damage	5- Not Applicable	(74)	3

(74) EXTENT OF DEFORMITY – Select one number to indicate the extent of vehicle damage sustained in the collision for each unit. This should coincide with the information provided on the front of the TR-310 in the Unit Damage Section.

1- Two-way, Not Divided	(75)	3- Two-way, Divided, Barrier	Trafficway
2- Two-way, Divided, Unprotected Median	4- One-Way	8- Other	

(75) TRAFFICWAY – Indicate by the proper code whether or not the trafficway is divided and whether it serves one-way or two-way traffic. (A divided trafficway is one on which roadways for travel in opposite directions are physically separated by more than an easily traversable centerline).

A: 1- Gore	3- Median	5- Roadway	7- Sidewalk	9- Unk.	B: X-walk	1 st Harmful	Event Loc.
2- Island	4- Roadside	6- Shoulder	(76) Outside Trafficway		1-1 Y 2- N 3- U		

(76) FIRST HARMFUL EVENT LOCATION – (A) The location of the First Harmful Event as it relates to its position within or outside the trafficway.

(B) Indicate, if there was a crosswalk available for **THIS** collision.

1- Straight - Level	3- Straight - Hillcrest	5- Curve - On Grade	Road Character
2- Straight - On Grade	4- Curve - Level	(77) 6- Curve - Hillcrest	

(77) ROAD CHARACTER – Select one number to indicate the character of the road on which the collision occurred. Write this one digit code in the appropriate block.

1- Dry	3- Snow	5- Ice	(78)	7- Water (Standing, etc.)	Road Surface Condition
2- Wet	4- Slush	6- Contaminate	8- Other	9- Unk.	

(78) ROAD SURFACE CONDITION – Select only one number to reveal the roadway condition at the time of the collision. Write this one digit code in the appropriate block.

01- Stop and Go Light	21- Officer or Flagman	(79)	Traffic Control Type
02- Flashing Traffic Signal	22- Oncoming Emergency Vehicle		
11- RR (X-bucks, Lights & Gates)	31- Pavement Markings (only)	43- Yield Sign	51- Flashing Beacon
12- RR (X-bucks & Lights)	41- Stop Sign	44- Work Zone	98- None
13- RR (X-bucks Only)	42- School Zone Sign	45- Other Warning Sign	99- Unk.

(79) TRAFFIC CONTROL - If the presence of a traffic control device has a direct relationship to a collision or influenced the driver or pedestrian involved in the collision, write the two digit code selected in the appropriate block. Select “45 – Other Warning Sign” when signs other than those listed are present. If no traffic control is present, select “98 – None”.

1- Yes, Directly	2- Yes, Indirectly	3- No	(80)	9- Unk.	School Bus Involved:
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(80) SCHOOL BUS RELATED – Indicate by number if a school bus is related to the collision. A "school bus", with or without students on board, would be “directly” involved as a contact vehicle or could be “indirectly” involved as a non-contact vehicle.

1- Before 1 st Sign	3- Transition Area	5- Termination Area	1- Yes 2- No	Work Zone:
2- Advanced Warning Area	4- Activity Area	Area (81)	-----Work Zone Location	
1- Shoulder/Median Work	3- Intermittent/Moving Work		-----Work Zone Type	
2- Lane Shift/Crossover	4- Lane Closure	8- Other 9- Unk.	1- Yes 2- No Workers Present:	

(81) WORK ZONE RELATED – Indicate by number if the collision occurred in a work zone, the location in and/or about the work zone area, the type of work zone and if workers were present. If work zone is NO, all other corresponding blocks will be left blank.

WORK ZONE – Indicate if the collision occurred in a work zone.

WORK ZONE LOCATION – Indicate the location of the collision as related to the work zone.

WORK ZONE TYPE – Indicate the type of work being performed in the work zone.

WORKERS PRESENT – Indicate if there were workers present in the work zone at the time of the collision.

CODE TABLES

TABLE 1. ACTION PRIOR TO IMPACT

VEHICLE

BACKING	01
CHANGING LANES	02
ENTERING TRAFFIC LANE	03
LEAVING TRAFFIC LANE	04
MAKING U-TURN	05
MOVEMENTS ESSENTIALLY STRAIGHT AHEAD	06
OVERTAKING/PASSING	07
PARKED	08
SLOWING OR STOPPED IN TRAFFIC	09
TURNING LEFT	10
TURNING RIGHT	11
NON-MOTORIST	
APPROACHING/LEAVING VEHICLE	21
ENTERING/CROSSING LOCATION	22
PLAYING/WORKING ON VEHICLE	23
PUSHING VEHICLE	24
STANDING	25
WALKING, PLAYING, CYCLING	26

WORKING	27
ALL OTHERS	
OTHER	88
UNKNOWN	99

TABLE 2. AIR BAG DEPLOYMENT/SWITCH

A. DEPLOYMENT

DEPLOYED FRONT	1
DEPLOYED SIDE	2
DEPLOYED BOTH (Front and Side)	3
NOT DEPLOYED	4
NOT APPLICABLE	7
DEPLOYMENT UNKNOWN	9

B. SWITCH

SWITCH IN ON POSITION	1
SWITCH IN OFF POSITION	2
NO SWITCH	3
UNKNOWN	9

TABLE 3. ALCOHOL

ALCOHOL OR DRUG TEST GIVEN

GIVEN, RESULTS KNOWN	1
GIVEN, SAMPLE UNUSABLE	2
GIVEN, PENDING	3
NONE	4

REFUSED	5
TEST TYPE	
BREATH – ALCOHOL ONLY	1
BLOOD	2
URINE	3
SERUM	4
OTHER	8
DRUG RESULTS	
AMPHETAMINES	1
COCAINE	2
MARIJUANA	3
OPIATES	4
PCP	5
OTHER	8

TABLE 4. CONTRIBUTING FACTORS

DRIVER

DISREGARDED SIGNS, SIGNALS, ETC.	01
DISTRACTED/INATTENTION	02
DRIVING TOO FAST FOR CONDITIONS	03
EXCEEDED AUTHORIZED SPEED LIMITS	04
FAILED TO YIELD RIGHT OF WAY	05
RAN OFF ROAD	06
FATIGUED/ASLEEP	07

FOLLOWED TOO CLOSELY	08
MADE AN IMPROPER TURN	09
MEDICAL RELATED	10
AGGRESSIVE OPERATION OF VEHICLE	12
OVER-CORRECTING/OVER STEERING	13
SWERVING TO AVOID OBJECT	14
WRONG SIDE OR WRONG WAY	15
UNDER THE INFLUENCE	16
VISION OBSCURED (WITHIN UNIT)	17
IMPROPER LANE USAGE/CHANGE	18
CELL PHONE	19
OTHER IMPROPER ACTION	28
UNKNOWN	29
ROADWAY	
DEBRIS	30
NON-HIGHWAY WORK	31
OBSTRUCTION IN ROADWAY	32
ROAD SURFACE CONDITION (I.E., WET)	33
RUT, HOLES, BUMPS	34
SHOULDERS (NONE, LOW, SOFT, HIGH)	35
TRAFFIC CONTROL DEVICE (I. E., MISSING)	36
WORK ZONE (CONSTRUCTION/MAINTENANCE/UTILITY)	37
WORN, TRAVEL-POLISHED SURFACE	38

NON-MOTORIST	
INATTENTIVE	50
LYING AND/OR ILLEGALLY IN ROADWAY	51
FAILURE TO YIELD RIGHT OF WAY	52
NOT VISIBLE (DARK CLOTHING)	53
DISREGARDED SIGNS, SIGNALS, ETC.	54
IMPROPER CROSSING	55
DARTING	56
WRONG SIDE OF ROAD	57
OTHER	58
UNKNOWN	59
ENVIRONMENTAL	
ANIMAL IN ROAD	60
GLARE	61
OBSTRUCTION	62
WEATHER CONDITION	63
OTHER	68
UNKNOWN	69
VEHICLE DEFECT	
BRAKES	70
STEERING	71
POWER PLANT	72
TIRES/WHEEL	73

LIGHTS	74
SIGNALS	75
WINDOWS/SHIELD	76
RESTRAINT SYSTEM	77
TRUCK COUPLING	78
CARGO	79
FUEL SYSTEM	80
OTHER	88
UNKNOWN	89

TABLE 5. COUNTY CODE LIST

ABBEVILLE	01	GREENWOOD	24
AIKEN	02	HAMPTON	25
ALLENDALE	03	HORRY	26
ANDERSON	04	JASPER	27
BAMBERG	05	KERSHAW	28
BARNWELL	06	LANCASTER	29
BEAUFORT	07	LAURENS	30
BERKELEY	08	LEE	31
CALHOUN	09	LEXINGTON	32
CHARLESTON	10	MCCORMICK	33
CHEROKEE	11	MARION	34
CHESTER	12	MARLBORO	35
CHESTERFIELD	13	NEWBERRY	36

COUNTY CODE LIST CONTINUED

CLARENDON	14	OCONEE	37
COLLETON	15	ORANGEBURG	38
DARLINGTON	16	PICKENS	39
DILLON	17	RICHLAND	40
DORCHESTER	18	SALUDA	41
EDGEFIELD	19	SPARTANBURG	42
FAIRFIELD	20	SUMTER	43
FLORENCE	21	UNION	44
GEORGETOWN	22	WILLIAMSBURG	45
GREENVILLE	23	YORK	46

TABLE 6. EXTENT OF DEFORMITY

NONE/MINOR	0
FUNCTIONAL DAMAGE	2
DISABLING DAMAGE	3
SEVERE/TOTALED	4
NOT APPLICABLE	5
UNKNOWN	9

TABLE 7. FIRST HARMFUL EVENT LOCATION

A. LOCATION

GORE	1
ISLAND	2
MEDIAN	3

ROADSIDE	4
ROADWAY	5
SHOULDER	6
SIDEWALK	7
OUTSIDE TRAFFICWAY	8
UNKNOWN	9
B. CROSSWALK	
YES	1
NO	2
UNKNOWN	9

TABLE 8. INJURY CODES

A. INJURY STATUS

NO INJURY	0
POSSIBLE INJURY	1

Any reported or claimed injury which is not immediately evident. Inclusions: momentary unconsciousness; claim of injuries not evident; limping; complaint of pain, nausea, hysteria).

NON-INCAPACITATING INJURY	2
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Any injury evident to observers at the scene of the crash in which the injury occurred which is not fatal or incapacitating. Inclusions: abrasions, bruises, minor lacerations, lump on head.

INCAPACITATING INJURY	3
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Any non-fatal injury which prevents the victim from walking, driving or normally continuing the activities he was capable of performing before the injury occurred. Inclusions: severe lacerations, broken or distorted limbs, skull or chest injuries, abdominal injuries, unconscious at or when taken from crash scene, unable to leave scene without assistance, etc.

FATAL 4

Any injury that results in death.

B. MOTORCYCLE ONLY

HEAD INJURY YES – 1 NO –2

TABLE 9. JUNCTION TYPE

CROSSOVER	01
DRIVEWAY	02
FIVE OR MORE POINTS	03
FOURWAY INTERSECTION	04
RAILWAY GRADE CROSSING	05
SHARED USE PATHS OR TRAILS	07
T-INTERSECTION	08
TRAFFIC CIRCLE	09
Y INTERSECTION	12
NON JUNCTION	13
UNKNOWN	99

TABLE 10. JURISDICTION CODES

S..C HIGHWAY PATROL	HP00
S.C.HIGHWAY PATROL DISTRICT 1	HP01
S.C.HIGHWAY PATROL DISTRICT 2	HP02
S.C.HIGHWAY PATROL DISTRICT 3	HP03
S.C.HIGHWAY PATROL DISTRICT 4	HP04
S.C.HIGHWAY PATROL DISTRICT 5	HP05
S.C.HIGHWAY PATROL DISTRICT 6	HP06
S.C.HIGHWAY PATROL DISTRICT 7	HP07
TRANSPORT POLICE	TP01
ABBEVILLE COUNTY SHERIFF'S OFFICE	0100
ABBEVILLE POLICE DEPARTMENT	0101
CALHOUN FALLS POLICE DEPARTMENT	0102
DONALDS POLICE DEPARTMENT	0103
DUE WEST POLICE DEPARTMENT	0104
ERSKINE COLLEGE PUBLIC SAFETY	0105
AIKEN COUNTY SHERIFF'S OFFICE	0200
AIKEN POLICE DEPARTMENT	0201
NORTH AUGUSTA POLICE DEPARTMENT	0203
JACKSON POLICE DEPARTMENT	0205
NEW ELLENTON POLICE DEPARTMENT	0206
SALLEY POLICE DEPARTMENT	0207
WAGENER POLICE DEPARTMENT	0208
WAKENHUT SECURITY	0209
USC – AIKEN CAMPUS POLICE DEPARTMENT	0210
PERRY POLICE DEPARTMENT	0211
ALLENDALE COUNTY SHERIFF'S OFFICE	0300
ALLENDALE POLICE DEPARTMENT	0301
FAIRFAX POLICE DEPARTMENT	0302
ANDERSON COUNTY SHERIFF'S OFFICE	0400
ANDERSON POLICE DEPARTMENT	0401
BELTON POLICE DEPARTMENT	0402
HONEA PATH POLICE DEPARTMENT	0403
PENDLETON POLICE DEPARTMENT	0404
WILLIAMSTON POLICE DEPARTMENT	0405
IVA POLICE DEPARTMENT	0406
PELZER POLICE DEPARTMENT	0407
PEIDMONT POLICE DEPARTMENT	0408
STARR POLICE DEPARTMENT	0409
WEST PELZER POLICE DEPARTMENT	0410

BAMBERG COUNTY SHERIFF'S OFFICE	0500
BAMBERG POLICE DEPARTMENT	0501
DENMARK POLICE DEPARTMENT	0502
EHRHARDT POLICE DEPARTMENT	0503
OLAR POLICE DEPARTMENT	0504
DENMARK TECHNICAL COLLEGE POLICE DEPARTMENT	0505
BARNWELL COUNTY SHERIFF'S OFFICE	0600
BARNWELL POLICE DEPARTMENT	0601
WILLISTON POLICE DEPARTMENT	0602
BLACKVILLE POLICE DEPARTMENT	0603
BEAUFORT COUNTY SHERIFF'S OFFICE	0700
BEAUFORT POLICE DEPARTMENT	0701
BLUFFTON POLICE DEPARTMENT	0702
PORT ROYAL POLICE DEPARTMENT	0703
SEA PINES SECURITY	0704
HILTON HEAD PLANTATION SECURITY	0705
PORT ROYAL PLANTATION SECURITY	0706
MELROSE PLANTATION SECURITY	0707
SHIPYARD PLANTATION SECURITY	0708
GREENWOOD DEVELOPMENT CORPORATION	0709
LONG COVE CLUB SECURITY	0710
BERKELEY COUNTY SHERIFF'S OFFICE	0800
MONCKS CORNER POLICE DEPARTMENT	0801
BONNEAU POLICE DEPARTMENT	0802
GOOSE CREEK POLICE DEPARTMENT	0803
JAMESTOWN POLICE DEPARTMENT	0804
ST.STEPHENS POLICE DEPARTMENT	0805
HANAHAN POLICE DEPARTMENT	0806
CALHOUN COUNTY SHERIFF'S OFFICE	0900
CAMERON POLICE DEPARTMENT	0901
ST.MATTHEWS POLICE DEPARTMENT	0902
CHARLESTON COUNTY SHERIFF'S OFFICE	1000
CHARLESTON POLICE DEPARTMENT	1001
MT PLEASANT POLICE DEPARTMENT	1003
FOLLY BEACH POLICE DEPARTMENT	1004
LINCOLNVILLE POLICE DEPARTMENT	1005
ISLE OF PALMS POLICE DEPARTMENT	1006
SULLIVANS ISLAND POLICE DEPARTMENT	1007
NORTH CHARLESTON POLICE DEPARTMENT	1008
MEDICAL UNIVERSITY POLICE DEPARTMENT	1009
CHARLESTON COUNTY AVIATION AUTHORITY	1015

RAVENEL POLICE DEPARTMENT	1010
THE CITADEL DEPARTMENT OF PUBLIC SAFETY	1020
S.C. STATE PORTS AUTHORITY	1030
SEABROOK ISLAND SECURITY DEPARTMENT	1040
KIAWAH ISLAND SECURITY DEPARTMENT	1050
TRIDENT TECHNICAL COLLEGE SECURITY	1060
CHEROKEE COUNTY SHERIFF'S OFFICE	1100
BLACKBURG POLICE DEPARTMENT	1101
GAFFNEY POLICE DEPARTMENT	1102
KINGS MOUNTAIN NATIONAL PARK SECURITY	1103
CHESTER COUNTY SHERIFF'S OFFICE	1200
CHESTER POLICE DEPARTMENT	1201
GREAT FALLS POLICE DEPARTMENT	1202
FORT LAWN POLICE DEPARTMENT	1203
CHESTERFIELD COUNTY SHERIFF'S OFFICE	1300
CHERAW POLICE DEPARTMENT	1301
CHESTERFIELD POLICE DEPARTMENT	1302
JEFFERSON POLICE DEPARTMENT	1303
MCBEE POLICE DEPARTMENT	1304
PAGELAND POLICE DEPARTMENT	1305
PATRICK POLICE DEPARTMENT	1306
CLARENDON COUNTY SHERIFF'S OFFICE	1400
MANNING POLICE DEPARTMENT	1401
SUMMERTON POLICE DEPARTMENT	1402
TURBEVILLE POLICE DEPARTMENT	1403
COLLETON COUNTY SHERIFF'S OFFICE	1500
WALTERBORO POLICE DEPARTMENT	1501
COTTAGEVILLE POLICE DEPARTMENT	1502
EDISTO BEACH POLICE DEPARTMENT	1503
DARLINGTON COUNTY SHERIFF'S OFFICE	1600
DARLINGTON POLICE DEPARTMENT	1601
HARTSVILLE POLICE DEPARTMENT	1602
LAMAR POLICE DEPARTMENT	1603
SOCIETY HILL POLICE DEPARTMENT	1604
DILLON COUTNY SHERIFF'S OFFICE	1700
DILLON POLICE DEPARTMENT	1701
LAKEVIEW POLICE DEPARTMENT	1702
LATTA POLICE DEPARTMENT	1703

DORCHESTER COUNTY SHERIFF'S OFFICE	1800
ST.GEORGE POLICE DEPARTMENT	1801
SUMMERVILLE POLICE DEPATRMENT	1802
HARLEYVILLE POLICE DEPARTMENT	1803
RIDGEVILLE POLICE DEPARTMENT	1804
EDGEFIELD COUNTY SHERIFF'S OFFICE	1900
EDGEFIELD POLICE DEPARTMENT	1901
JOHNSTON POLICE DEPARTMENT	1902
TRENTON POLICE DEPARTMENT	
FAIRFIELD COUNTY SHERIFF'S OFFICE	2000
WINNSBORO POLICE DEPARTMENT	2001
RIDGEWAY POLICE DEPARTMENT	2002
FLORENCE COUNTY SHERIFF'S OFFICE	2100
FLORENCE POLICE DEPARTMENT	2101
LAKE CITY POLICE DEPARTMENT	2102
COWARD POLICE DEPARTMENT	2103
JOHNSONVILLE POLICE DEPARTMENT	2104
OLANTA POLICE DEPARTMENT	2105
PAMPLICO POLICE DEPARTMENT	2106
QUINBY POLICE DEPARTMENT	2107
SCRANTON POLICE DEPARTMENT	2108
TIMMONSVILLE POLICE DEPARTMENT	2109
FRANCES MARION COLLEGE POLICE DEPARTMENT	2110
GEORGETOWN COUNTY SHERIFF'S OFFICE	2200
ANDREWS POLICE DEPARTMENT	2201
GEORGETOWN POLICE DEPARTMENT	2202
GREENVILLE COUNTY SHERIFF'S OFFICE	2300
FOUNTAIN INN POLICE DEPARTMENT	2301
GREENVILLE POLICE DEPARTMENT	2302
GREER POLICE DEPARTMENT	2303
MAULDIN POLICE DEPARTMENT	2304
SIMPSONVILLE POLICE DEPARTMENT	2305
TRAVELERS REST POLICE DEPARTMENT	2306
CITY VIEW POLICE DEPARTMENT	2308
FURMAN UNIVERSITY POLICE DEPARTMENT	2309
BOB JONES UNIVERSITY POLICE DEPARTMENT	2310
GREENWOOD COUNTY SHERIFF'S OFFICE	2400
GREENWOOD POLICE DEPARTMENT	2401
WARE SHOALS POLICE DEPARTMENT	2402

HODGES POLICE DEPARTMENT	2403
NINETY SIX POLICE DEPARTMENT	2404
LANDER UNIVERSITY POLICE DEPARTMENT	2405
HAMPTON COUNTY SHERIFF'S OFFICE	2500
BRUNSON POLICE DEPARTMENT	2501
ESTILL POLICE DEPARTMENT	2502
HAMPTON POLICE DEPARTMENT	2503
VARNVILLE POLICE DEPARTMENT	2504
GIFFORD POLICE DEPARTMENT	2505
YEMASSEE POLICE DEPARTMENT	2506
HORRY COUNTY SHERIFF'S OFFICE	2600
ATLANTIC BEACH POLICE DEPARTMENT	2601
CONWAY POLICE DEPARTMENT	2602
AYNOR POLICE DEPARTMENT	2603
HORRY COUNTY POLICE DEPARTMENT	2604
LORIS POLICE DEPARTMENT	2605
MYRTLE BEACH POLICE DEPARTMENT	2606
NORTH MYRTLE BEACH POLICE DEPARTMENT	2607
SURFSIDE BEACH POLICE DEPARTMENT	2608
USC – COASTAL CAROLINA POLICE DEPARTMENT	2609
BRIARCLIFF ACRES POLICE DEPARTMENT	2610
JASPER COUNTY SHERIFF'S OFFICE	2700
HARDEEVILLE POLICE DEPARTMENT	2701
RIDGELAND POLICE DEPARTMENT	2702
KERSHAW COUNTY SHERIFF'S OFFICE	2800
CAMDEN POLICE DEPARTMENT	2801
BETHUME POLICE DEPARTMENT	2802
ELGIN POLICE DEPARTMENT	2804
LANCASTER COUNTY SHERIFF'S OFFICE	2900
LANCASTER POLICE DEPARTMENT	2901
HEATH SPRINGS POLICE DEPARTMENT	2902
KERSHAW POLICE DEPARTMENT	2903
LAURENS COUNTY SHERIFF'S OFFICE	3000
LAURENS POLICE DEPARTMENT	3001
CLINTON POLICE DEPARTMENT	3002
CROSS HILL POLICE DEPARTMENT	3003
GRAY COURT POLICE DEPARTMENT	3004
LEE COUNTY SHERIFF'S OFFICE	3100

BISHOPVILLE POLICE DEPARTMENT	3101
LYNCHBURG POLICE DEPARTMENT	3102
LEXINGTON COUNTY SHERIFF'S OFFICE	3200
BATESBURG POLICE DEPARTMENT	3201
CAYCE POLICE DEPARTMENT	3202
LEXINGTON POLICE DEPARTMENT	3204
WEST COLUMBIA POLICE DEPARTMENT	3205
CHAPIN POLICE DEPARTMENT	3206
IRMO POLICE DEPARTMENT	3207
PELION POLICE DEPARTMENT	3208
PINE RIDGE POLICE DEPARTMENT	3209
SOUTH CONGAREE POLICE DEPARTMENT	3210
SPRINGDALE POLICE DEPARTMENT	3211
SWANSEA POLICE DEPARTMENT	3212
COLUMBIA METROPOLITAN AIRPORT POLICE DEPARTMENT	3213
GASTON POLICE DEPARTMENT	3214
MCCORMICK COUNTY SHERIFF'S OFFICE	3300
MCCORMICK POLICE DEPARTMENT	3301
MARION COUNTY SHERIFF'S OFFICE	3400
MARION POLICE DEPARTMENT	3401
MULLINS POLICE DEPARTMENT	3402
NICHOLS POLICE DEPARTMENT	3403
SELLERS POLICE DEPARTMENT	3404
MARLBORO COUNTY SHERIFF'S OFFICE	3500
BENNETTSVILLE POLICE DEPARTMENT	3501
MCCOLL POLICE DEPARTMENT	3502
CLIO POLICE DEPARTMENT	3503
NEWBERRY COUNTY SHERIFF'S OFFICE	3600
NEWBERRY POLICE DEPARTMENT	3601
WHITMIRE POLICE DEPARTMENT	3602
CHAPPELS POLICE DEPARTMENT	3603
LITTLE MOUNTAIN POLICE DEPARTMENT	3604
PROSPERITY POLICE DEPARTMENT	3605
SILVERSTREET POLICE DEPARTMENT	3606
WHITTEN CENTER POLICE DEPARTMENT	3607
OCONEE COPUNTY SHERIFF'S OFFICE	3700
SENECA POLICE DEPARTMENT	3701
WALHALLA POLICE DEPARTMENT	3702
WESTMINSTER POLICE DEPARTMENT	3703

WEST UNION POLICE DEPARTMENT	3704
SALEM POLICE DEPARTMENT	3705
ORANGEBURG COUNTY SHERIFF'S OFFICE	3800
ORANGEBURG POLICE DEPARTMENT	3801
BRANCHVILLE POLICE DEPARTMENT	3802
BOWMAN POLICE DEPARTMENT	3803
CORDOVA POLICE DEPARTMENT	3804
ELLOREE POLICE DEPARTMENT	3805
EUTAWVILLE POLICE DEPARTMENT	3806
HOLLY HILL POLICE DEPARTMENT	3807
NORTH POLICE DEPARTMENT	3808
NORWAY POLICE DEPARTMENT	3809
SPRINGFIELD POLICE DEPARTMENT	3810
SANTEE POLICE DEPARTMENT	3811
SOUTH CAROLINA STATE COLLEGE POLICE DEPARTMENT	3812
VANCE POLICE DEPARTMENT	3813
PICKENS COUNTY SHERIFF'S OFFICE	3900
CENTRAL POLICE DEPARTMENT	3901
CLEMSON POLICE DEPARTMENT	3902
EASLEY POLICE DEPARTMENT	3903
LIBERTY POLICE DEPARTMENT	3904
PICKENS POLICE DEPARTMENT	3905
CLEMSON UNIVERSITY POLICE DEPARTMENT	3906
NORRIS POLICE DEPARTMENT	3907
RICHLAND COUNTY SHERIFF'S OFFICE	4000
COLUMBIA POLICE DEPARTMENT	4001
EASTOVER POLICE DEPARTMENT	4003
FOREST ACRES POLICE DEPARTMENT	4004
MIDLANDS CENTER POLICE DEPARTMENT	4005
DEPARTMENT OF YOUTH SERVICES	4006
CAPITOL COMPLEX	4007
USC CAMPUS POLICE DEPARTMENT	4008
DEPARTMENT OF MENTAL HEALTH	4009
MIDLANDS TECHNICAL COLLEGE	4010
EMPLOYMENT SECURITY COMMISSION	4011
DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL	4012
COLUMBIA COLLEGE POLICE DEPARTMENT	4013
SALUDA COUNTY SHERIFF'S OFFICE	4100
SALUDA POLICE DEPARTMENT	4101
RIDGE SPRING POLICE DEPARTMENT	4102

SPARTANBURG COUNTY SHERIFF'S OFFICE	4200
SPARTANBURG POLICE DEPARTMENT	4201
WOODRUFF POLICE DEPARTMENT	4202
DUNCAN POLICE DEPARTMENT	4203
CAMPOBELLO POLICE DEPARTMENT	4205
CHESNEE POLICE DEPARTMENT	4206
COWPENS POLICE DEPARTMENT	4207
ENOREE POLICE DEPARTMENT	4208
INMAN POLICE DEPARTMENT	4209
LANDRUM POLICE DEPARTMENT	4210
LYMAN POLICE DEPARTMENT	4211
PPACOLET POLICE DEPARTMENT	4212
WELLFORD POLICE DEPARTMENT	4213
USC – SPARTANBURG CAMPUS POLICE DEPARTMENT	4214
PACOLET MILLS POLICE DEPARTMENT	4215
GREENVILLE/SPARTANBURG AIRPORT POLICE DEPARTMENT	4216
SUMTER COUNTY SHERIFF'S DEPARTMENT	4300
SUMTER POLICE DEPARTMENT	4301
MAYESVILLE POLICE DEPARTMENT	4302
PINEWOOD POLICE DEPARTMENT	4303
UNION COUNTY SHERIFF'S OFFICE	4400
UNION POLICE DEPARTMENT	4401
CARLISLE POLICE DEPARTMENT	4402
JONESVILLE POLICE DEPARTMENT	4403
WILLIAMSBURG COUNTY SHERIFF'S OFFICE	4500
HEMINGWAY POLICE DEPARTMENT	4501
KINGSTREE POLICE DEPARTMENT	4502
STUCKEY POLICE DEPARTMENT	4503
GREELEYVILLE POLICE DEPARTMENT	4504
YORK COUNTY SHERIFF'S OFFICE	4600
CLOVER POLICE DEPARTMENT	4601
FORT MILL POLICE DEPARTMENT	4602
ROCK HILL POLICE DEPARTMENT	4603
YORK POLICE DEPARTMENT	4604
TEGA CAY POLICE DEPARTMENT	4605
WINTHROP COLLEGE POLICE DEPARTMENT	4606
RIVERHILLS PLANTATION SECURITY	4609

TABLE 11. LIGHT CONDITION CODE

DAYLIGHT (Full daylight)	1
DAWN (Early morning light)	2
DUSK (Early evening light)	3
DARK (Lighting Unspecified)	4
DARK-LIGHTED (Street Lamps Lit)	5
DARK-LIGHTED (Street Lamps Not Lit)	6
DARK (No Lights)	7
EXAMPLE: Dark (Nighttime), no street lamps, but neon signs, store and parking lights illuminate street, Code 4.	

TABLE 12. MANNER OF COLLISION

NOT COLLISION WITH MOTOR VEHICLE IN TRANSPORT	00
REAR END	10
HEAD-ON	20
REAR-TO-REAR	30
ANGLE	41-43
SIDESWIPE, SAME DIRECTION	50
SIDESWIPE, OPPOSITE DIRECTION	60
BACKED INTO	70
UNKNOWN	99

TABLE 13. OCCUPANT EJECTION CODE

NOT EJECTED	1
PARTIALLY EJECTED	2
TOTALLY EJECTED	3
NOT APPLICABLE	7
UNKNOWN	9

TABLE 14. OCCUPANT LOCATION AFTER IMPACT

NOT TRAPPED	1
EXTRICATED (MECHANICAL MEANS)	2
FREED (NON-MECHANICAL)	3
NOT APPLICABLE	4
UNKNOWN	9

TABLE 15. OCCUPANT SEAT LOCATION CODE

Driver Seat (Front Seat – Left side) (Applies to motorcycle operators, as well as, automobile or truck drivers)	01
Front Passenger Seat Other Than Driver Seat and the Far Right Passenger Seat/Front Seat Middle) (Applies to motorcycle sidecar)	02
Front Passenger Seat Near Right Window/Front Seat – Right side (Applies to bucket seat beside driver)	03
Second Row Passenger Seat Directly Behind Driver/Second Seat Left Side (Applies to motorcycle passenger)	04
Second Row Passenger Seat Behind Front Seat But Not Far Left or Right Window/Second Seat – Middle	05

Second Row Passenger Seat Behind Front Seat Near Right Window/ Second Seat – Right Side	06
Third Row Passenger Directly Behind Driver/Left Side	07
Third Row Passenger Seat Behind Front Seat But Not Near Left or Right Window/Third Row Middle	08
Third Row Passenger Seat Behind Front Seat and Near Right Window/Third Row – Right side	09
Pedestrian	20
Trailing Unit	30
Bus or Van (4 th Row or Higher)	40
Passenger in Other Enclosed Passenger or Cargo Area (Non-trailing Unit)	50
Passenger in Unenclosed Passenger or Cargo Area (Non-trailing Unit)	51
Sleeper Birth of Truck or Tractor	60
Riding on Vehicle Exterior (Non-trailing Unit)	70
Lap	80
Unknown/Not Applicable	99

TABLE 16. RACE CODE

ASIAN/PACIFIC ISLANDER HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF THE FAR EAST, SOUTHEAST ASIA, OR PACIFIC ISLANDS. THIS INCLUDES CHINA, INDIA, JAPAN, KOREA, SAMOA, AND THE PHILLIPINE ISLANDS.	A
AFRICAN-AMERICAN HAVING ORIGINS IN ANY OF THE BLACK RACIAL GROUPS OF AFRICA.	B

ALASKAN NATIVE OR AMERICAN INDIAN HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF NORTH AMERICA.	I
HISPANIC A PERSON OF MEXICAN, PUERTO RICAN, CUBAN, CENTRAL OR SOUTH AMERICAN OR OTHER SPANISH CULTURE OR ORIGIN, REGARDLESS OF RACE.	H
CAUCASIAN	W
OTHER	O
UNKNOWN	U

TABLE 17. RESTRAINT/SAFETY DEVICE

NONE USED	00
SHOULDER	11
LAP BELT ONLY	12
SHOULDER & LAP BELT	13
CHILD SAFETY SEAT	21
OTHER	88
UNKNOWN	99
PEDESTRIAN, MOTORCYCLE, PEDALCYCLE ONLY	
HELMET	31
PROTECTIVE PADS	41
REFLECTIVE CLOTHING	51
LIGHTING	61

TABLE 18. ROAD CHARACTER

STRAIGHT-LEVEL	1
STRAIGHT-ON GRADE	2
STRAIGHT-HILLCREST	3
CURVE-LEVEL	4
CURVE-ON GRADE	5
CURVE-HILLCREST	6

TABLE 19. ROAD SURFACE CONDITION

DRY	1
WET	2
SNOW	3
SLUSH	4
ICE	5
CONTAMINATE	6
WATER (STANDING, ETC.)	7
OTHER	8
UNKNOWN	9

TABLE 20. SEQUENCE OF EVENTS

NON-COLLISION	
CARGO/EQUIPMENT LOSS OR SHIFT	01
CROSS MEDIAN/CENTER	02
DOWNHILL RUNAWAY	03

EQUIPMENT FAILURE	04
FIRE/EXPLOSION	05
IMMERSION	06
JACKKNIFE	07
OVERTURN/ROLLOVER	08
RAN OFF ROAD/LEFT	09
RAN OFF ROAD/RIGHT	10
SEPARATION OF UNITS	11
SPILL (Two Wheeled Vehicle)	12
OTHER NON-COLLISION	18
UNKNOWN NON-COLLISION	19
COLLISION WITH OBJECT NOT FIXED	
ANIMAL (DEER ONLY)	20
ANIMAL (ALL OTHERS)	21
MOTOR VEHICLE (IN-TRANSIT)	22
MOTOR VEHICLE (STOPPED)	23
MOTOR VEHICLE (Other Roadway)	24
MOTOR VEHICLE (PARKED)	25
PEDALCYCLE	26
PEDESTRIAN	27
RAILWAY VEHICLE	28
WORK ZONE MAINTENANCE EQUIPMENT	29
OTHER MOVABLE OBJECT	38

UNKNOWN MOVABLE OBJECT	39
COLLISION WITH FIXED OBJECT	
BRIDGE OVERHEAD STRUCTURE	40
BRIDGE PARAPET END	41
BRIDGE PIER OR ABUTMENT	42
BRIDGE RAIL	43
CULVERT	44
CURB	45
DITCH	46
EMBANKMENT	47
EQUIPMENT	48
FENCE	49
GUARDRAIL END	50
GUARDRAIL FACE	51
HIGHWAY TRAFFIC SIGN POST	52
IMPACT ATTENUATOR/CRASH CUSHION	53
LIGHT/LUMINAIRE SUPPORT	54
MAIL BOX	55
MEDIAN BARRIER	56
OVERHEAD SIGN SUPPORT	57
OTHER (POST, POLE, SUPPORT, ETC.)	58
OTHER (WALL, BUILDING, TUNNEL, ETC.)	59
TREE	60

UTILITY POLE	61
WORK ZONE MAINTENANCE EQUIPMENT	62
OTHER	68
UNKNOWN	69

TABLE 21. TRAFFIC CONTROL TYPE

STOP AND GO LIGHT	01
FLASHING TRAFFIC SIGNAL	02
RAILROAD (CROSS BUCKS, LIGHTS AND GATES)	11
RAILROAD (CROSS BUCKS AND LIGHTS)	12
CROSS BUCKS ONLY	13
OFFICER OR FLAGMAN	21
ONCOMING EMERGENCY VEHICLE	22
PAVEMENT MARKINGS (ONLY)	31
STOP SIGN	41
SCHOOL ZONE	42
YIELD SIGN	43
WORK ZONE	44
OTHER WARNING SIGNS	45
FLASHING BEACON	51
NONE	98
UNKNOWN	99

TABLE 22. TRAFFICWAY

TWO-WAY, NOT DIVIDED	1
TWO-WAY, DIVIDED, UNPROTECTED MEDIAN	2
TRAFFICWAY CONTINUED	
TWO-WAY, DIVIDED, BARRIER	3
ONE-WAY	4
OTHER	8

TABLE 23. TRANSPORTED TO MEDICAL FACILITY CODE

A.	
YES	1
NO	2
B.	
EMS	1
POLICE	2
OTHER	8
UNKNOWN	9.

TABLE 24. UNDERRIDE/OVERRIDE

UNDER-COMPARTMENT INTRUSION	1
UNDER-NO INTRUSION	2
UNDER-UNKNOWN	3
OVER-MOTOR VEHICLE IN TRANSPORT	4
OVER-OTHER MOTOR VEHICLE	5
NONE	6

UNKNOWN 9

TABLE 26. VEHICLE ATTACHMENT

NONE 1

MOBILE HOME 2

SEMI-TRAILER 3

UTILITY TRAILER 4

FARM TRAILER 5

TRAILER WITH BOAT 6

CAMPER TRAILER 7

TOWED MOTOR VEHICLE 8

PETROLEUM TANKER 9

LOW BOY TRAILER A

AUTOCARRIER TRAILER B

OTHER TANKER C

FLAT BED D

TWIN TRAILERS E

OTHER F

TABLE 26. VEHICLE UNIT TYPE

AUTOMOBILE 01

PICKUP TRUCK 12

TRUCK TRACTOR 13

OTHER TRUCK 14

FULL SIZE VAN 15

MINIVAN 16

SPORT UTILITY	17
MOTORCYCLE	25
OTHER MOTOR BIKE	26
PEDALCYCLE	27
ANIMAL DRAWN VEHICLE	38
ANIMAL (RIDDEN)	39
PEDESTRIAN	41
TRAIN	51
SCHOOL BUS	61
PASSENGER BUS	62
OTHER	98
UNKNOWN (HIT AND RUN ONLY)	99

TABLE 27. VEHICLE USE CODE

PERSONAL	01
DRIVING TRAINING	02
CONSTRUCTION/MAINTENANCE	03
AMBULANCE	04
MILITARY	05
TRANSPORT PASSENGERS	06
TRANSPORT PROPERTY	07
FARM USE	08
WRECKER OR TOW TRUCK	09
POLICE	10

GOVERNMENT	11
FIRE FIGHTING	12
LOGGING	13
OTHER	18
PEDESTRIAN	41

TABLE 28. WEATHER CONDITION

CLEAR (NO ADVERSE CONDITIONS)	1
RAIN	2
CLOUDY	3
SLEET, HAIL	4
SNOW	5
FOG, SMOG, SMOKE	6
BLOWING SAND, OIL, DIRT OR SNOW	7
SEVERE CROSSWINDS	8
UNKNOWN	9

TABLE 29. WORK ZONE

A. VERIFICATION (DID CRASH OCCUR IN A WORK ZONE)

YES – 1 NO – 2

B. LOCATION

BEFORE FIRST SIGN	1
ADVANCED WARNING	2
TRANSITION AREA	3
ACTIVITY AREA	4

TERMINATION AREA 5

C. TYPE

SHOULDER/MEDIAN WORK 1

LANE SHIFT/CROSSOVER 2

INTERMITTENT/MOVING WORK 3

LANE CLOSURE 4

OTHER 8

UNKNOWN 9

D. WORKERS PRESENT

YES - 1

NO - 2

FINANCIAL RESPONSIBILITY FORM FR-10

INTRODUCTION

This manual has been produced to be a training manual as well as an information reference to aid in the completion of the South Carolina Notice of Requirement, Form FR-10.

The Governor of the State of South Carolina signed into law Senate Bill S-150 on June 27, 1988, whereby Section 56-9-350 of the 1976 South Carolina Code of Laws, as amended, states:

The operator or owner of a motor vehicle involved in an accident resulting in property damage of four hundred dollars or more, or in bodily injury or death, must be furnished a written request form at the time of the accident, or as soon after the accident as possible, by the investigating officer for completion and verification of liability insurance coverage, the form to be in a manner prescribed by the Department.

The completed and verified form must be returned by the operator or owner to the Department [of Motor Vehicles] within fifteen days from the date the form was delivered by the officer. Failure to return the form, verified in the proper manner, is prima facie evidence that the vehicle was uninsured.

The operator or owner of a motor vehicle involved in an accident resulting in property damage of four hundred dollars or more, or in bodily injury or death, which was not investigated by a law enforcement officer shall furnish to the Department [of Motor Vehicles] a written report and verification of liability insurance coverage, the proof to be in a manner prescribed by the Department [of Motor Vehicles].

The South Carolina Department of Public Safety is responsible for the administration of the Act and the co-operation of all law enforcement agencies in the State is respectfully requested in order to comply with the statutory requirements. The Department has designed and printed a uniform requirement of insurance verification form, Form FR-10, for use by all law enforcement agencies.

GENERAL INSTRUCTIONS

I. FORM FR-10 ISSUED DURING MOTOR VEHICLE COLLISION INVESTIGATION

The operator or owner of a motor vehicle involved in an investigated collision shall be the Form FR-10, Notice of Requirement for Liability Insurance Verification. **The information on the Form FR-10 shall be consistent with the information on the Form TR-310 (name of driver, name of owner, address, vehicle description, etc.).**

A copy of the Form FR-10 will be furnished to the operator or owner of a motor vehicle with instructions to have the insurance company representative (agent, broker, claims representative, underwriting representative, etc.) complete the form verifying that on the date and time stated the motor vehicle was insured pursuant to South Carolina Statute. The form FR-10 must be returned to the Department of Motor Vehicles at the address exactly as printed on the top of the form within fifteen (15) days from the date of issuance or submitted electronically by the insurance company agent or representative at WWW.SC-ALIR.COM. Failure of the operator or owner to comply could result in the Department of Motor Vehicles suspending the person's driving and registration privileges in South Carolina. If owner of a motor vehicle has questions regarding the form, the owner should contact the Department of Motor Vehicles at (803) 896-5000.

II. CERTAIN MOTOR VEHICLES ARE EXEMPT

- A. Legally parked motor vehicles.
- B. Motor vehicles owned by federal, state, municipal, county and regional governments.

III. FORMS FR-10 LOST OR MISPLACED BY OPERATOR OR OWNER

Do not issue another Form FR-10 to the operator or owner of the motor vehicle if the DRIVER/OWNER copy of the Form FR-10 is lost or misplaced. The person may have the liability insurance company representative furnish to the Department of Motor Vehicles a written statement that the FORM FR-10 has been lost or misplaced and certification that coverage was in effect by specifying name of insurance company, policy number, effective dates, operator/owner, vehicle make, year, serial number, and collision date for insurance verification.

IV. OPERATOR OR OWNER REQUIRED BY LAW TO COMPLY

Within fifteen (15) days from the date the Form FR-10 is furnished by the officer, the motor vehicle operator or owner is required to return the form to the Department of Motor Vehicles properly completed by a representative of the insurance company verifying that the vehicle was insured pursuant to South Carolina statute. If the insurance representative decides to submit the insurance electronically, then the form does not have to be mailed to the Department. Failure to provide the insurance information in the proper manner shall be prima facie evidence that the motor vehicle was uninsured. In the event that a Form SR-23, Fleet Policy of 25 or more vehicles, is on file with the Department of Motor Vehicles covering the motor vehicle, or if a

- B. Motor vehicles owned by federal, state, municipal, county and regional governments.

Certificate of Self-Insurance has been issued by the Department of Motor Vehicles covering the motor vehicle, the operator or owner may disregard the above procedure and check the appropriate block provided at the bottom, sign and date where indicated, and return the Form FR-10 to the Department of Motor Vehicles at the address shown thereon.

V. FORM FR-10 NOT TO BE ISSUED IF SUMMONS ISSUED FOR UNINSURED MOTORIST

No Form FR-10 will be issued to the operator or owner of a motor vehicle if a summons is issued at the time of the collision investigation under Section 56-10-520 of the 1976 South Carolina Code of Laws, as amended. Please complete the bottom right hand corner of the FR-10. Attach FR-10 to the TR-310.

VI. IF OPERATOR IS UNABLE TO SIGN FORM

- A. In the event the operator or owner is injured to such a degree or cannot be located for the law enforcement officer to deliver the Form FR-10, the officer should enter "Unable to Sign" or "Unable to Locate" in the space normally allotted for the operator/owner signature and staple the original Form FR-10, DRIVER/OWNER copy, and the Form TR-310, South Carolina Uniform Traffic Collision Report, and forward to the Department of Motor Vehicles.
- B. In the event the operator is killed in the motor vehicle collision and:
 - 1. The operator is different from the owner of the motor vehicle and the owner is not readily available, staple the copy of the Form FR-10 along with the Form TR-310, South Carolina Uniform Traffic Collision Report, and forward to the Department of Motor Vehicles.

2. The operator and owner of the motor vehicle is the same person, no Form FR-10 will be issued and justification of same will be reflected by the "4" inserted on the South Carolina Uniform Traffic Collision Report Form for Investigating Officers, Form TR-310, under "INJURY".

C. Form FR-10 is not issued to the owner of a stolen motor vehicle but rather to the operator of the vehicle, if known. Indicate "STOLEN" on top of the Form FR-10.

VII. PRIVATE PROPERTY MOTOR VEHICLE COLLISIONS

In the event a reportable motor vehicle collision is investigated on private property, the

form TR-310 should be completed and the FR-10 should be issued. Issuance of the Form FR-10 for insurance verification will enable the Department of Motor Vehicles to initiate appropriate suspension action under Section 56-9-351 of the 1976 South Carolina Code of Laws, as amended.

VIII. INCIDENT REPORTS AND NON-INVESTIGATED COLLISIONS

Do not issue a Form FR-10 in conjunction with the completion of an Incident Report or when the motor vehicle collision is not actually investigated. Please inform the operator or owner that they are required to properly complete the Form FR-309 (formerly Form 309/SR-21), Individual Traffic Collision Report, and forward it to the Office of Financial Responsibility. An insurance company representative must verify the insurance portion. Incident Reports should never be forwarded to the Office of Financial Responsibility.

Mail FR-10 to: SC Department of Motor Vehicles Office of Financial Responsibility (803) 896-5000 PO Box 1498, Blythewood, SC 29018			South Carolina Department of Motor Vehicles (DMV) FR-10 (REV. 10/05) NOTICE OF REQUIREMENT			Submit Electronically: Agents or Company Representatives can submit your insurance information at WWW.SC-ALIR.COM			
Date	Time	Count	1- Interstate 2- US Primary 3- SC Primary	4- Secondary 5- County	Collision Location (Rt. # / Name)	4-Main line 5-Alternate 6-Spur	6-Connection 7-Business	Miles: _____ Dir: _____ N E S W	In / Near City or Town of: _____
1	2	3		4	5	6			
To Vehicle Owner/ Operator: Failure to return this form to the Department of Motor Vehicles within 15 days from the date of the collision could result in the suspension of your driver license and registration privileges pursuant to South Carolina Code of Laws 56-9-351 and 56-10-530.									
FR10 Audit No. K- #####					FR10 Audit No. K- #####				
Driver/Pedestrian's Full Name 10					Driver/Pedestrian's Full Name				
Unit #	Sex	Race	Street		Unit #	Sex	Race	Street	
7	8	9	11						
Birth Date		City, State, & Zip			Birth Date		City, State, & Zip		
12		13							
State	Drivers License #		Insurance Company:			State	Drivers License #		Insurance Company:
14	15								
Year	Body	Vehicle Make	VIN #		Year	Body	Vehicle Make	VIN #	
16	17	18							
State	Year	License Plate #	Owner's D.L. #		State	Year	License Plate #	Owner's D.L. #	
19	20	21	23						
Home Telephone ()		Owner's Full Name			Home Telephone ()		Owner's Full Name		
22		23							
Bus. Telephone ()		Street			Bus. Telephone ()		Street		
Contributed To Collision		City, State, & Zip			Contributed To Collision		City, State, & Zip		
Yes No					Yes No				
FR10 Audit No. K- #####					FR10 Audit No. K- #####				
Driver/Pedestrian's Full Name					Driver/Pedestrian's Full Name				
Unit #	Sex	Race	Street		Unit #	Sex	Race	Street	
Birth Date		City, State, & Zip			Birth Date		City, State, & Zip		
State	Drivers License #		Insurance Company:			State	Drivers License #		Insurance Company:
Year	Body	Vehicle Make	VIN #		Year	Body	Vehicle Make	VIN #	
Home Telephone ()		Owner's Full Name			Home Telephone ()		Owner's Full Name		
Bus. Telephone ()		Street			Bus. Telephone ()		Street		
Contributed To Collision		City, State, & Zip			Contributed To Collision		City, State, & Zip		
Yes No					Yes No				
All Units Insurance Information (to be completed by Investigating Officer) 24					All Units Insurance Information (to be completed by Investigating Officer) 24				
Automobile liability insurance information for Unit #					Automobile liability insurance information for Unit #				
Company Name		Area Code/Phone Number ()			Company Name		Area Code/Phone Number ()		
Agency Name		Policy Number			Agency Name		Policy Number		
Automobile Liability Insurance Information					Automobile Liability Insurance Information				
Notice of Requirement Accepted					Signature 25				
					Y N Refused to Affix Signature?				
					Y N Vehicle Subject to Registration in SC?				
To Be Completed Below or Entered at WWW.SC-ALIR.COM By Insurance Company Representative. This form should not be mailed to DMV if insurance information has been submitted electronically.					The information as contained herein is based solely upon my knowledge and belief as a representative of the above insurance company and no warranty of liability is imputed into the above mentioned insurance as I have listed herein.				
Reference to Unit #: _____, I here by affirm that to the best of my knowledge the vehicle described above was insured by the below stated insurance company on the date of the collision.									
Insurance Company		Policy #: 26			Signature		Title		
Beginning Date:		Ending Date:		Policy Holder:		NAIC# (Assigned by S.C. Dept. of Ins.)		Bus. Telephone ()	
Notice: If liability insurance was not in effect for your vehicle involved in the collision, The Department of Motor Vehicles could suspend your driver license and registration privileges pursuant to South Carolina Code of Laws 56-9-351 and 56-10-530.					Form FR-10 Not Issued: Section 56-10-520				
If any of the below are applicable, disregard the above portion.					Form FR-10 Not Issued: Section 56-10-520				
<input type="checkbox"/> Check here if a Form SR-23, Fleet Policy of 25 or more vehicles is on file with the Department of Motor Vehicles covering the vehicle.					No FR-10 Issued to Operator/ Owner of Unit #: _____				
<input type="checkbox"/> Check here if a certificate of self-insurance has been issued by the Department of Motor Vehicles covering the vehicle and indicate the certificate number: SI - _____					Summons Issued to: 27				
<input type="checkbox"/> Check here if liability insurance was not in effect to comply with South Carolina statutory requirements.					For operating or allowing the operation of an uninsured vehicle				
Signature _____ Date _____					Summons Number: _____				
					Signature _____				
Investigating Officer's Name		Rank	Badge #	Code	Date	Reviewer's Name		Rank	Internal Agency Code

INSTRUCTIONS FOR COMPLETION OF FR-10

The Form FR-10 is a part of the four-part collision report form. The items listed below on the Form FR-10 are completed first and separated from the remainder of the collision report. The officer then completes the remainder of the collision report form.

- (1) **DATE** – Enter the appropriate month, day of the month and year. Please follow this sequence to provide uniformity for the Department records. Use a hyphen (-) to separate the numbers.
- (2) **TIME** – Enter the time at which the collision occurred. Use military time and do not indicate a.m. or p.m.
- (3) **COUNTY** – Enter the appropriate code number for the county in which the motor vehicle collision occurred.
- (4) **ROUTE CATEGORY** – Circle the number that corresponds to the route category on which the collision occurred.
- (5) **COLLISION LOCATION** – Enter the appropriate route or road number, or if a street name, enter the name of the street.
- (6) **AUXILIARY CODE** – Circle the auxiliary code that identifies the specific route or controlled access highway location on which the collision occurred.
- (7) **UNIT NUMBER** – Enter a “1” for the first unit in the collision; a “2” for the second unit, a “3” for the third, etc.
- (8) **SEX** – Enter M for male, F for female and U for Unknown.
- (9) **RACE** – Enter A for Asian/Pacific Islander, B for African American, C for Caucasian, H for Hispanic, I for Alaskan Native or American Indian, O for Other or U for Unknown.
- (10) **DRIVER OR PEDESTRIAN FULL NAME** – Enter the name of the person who was operating the vehicle at the time of the collision. Record the last name first, and then insert a hyphen (-), the first name and middle initial.
- (11) **STREET** – Copy from the driver’s license if available and acknowledged to be correct.
- (12) **DATE OF BIRTH** – Enter as it appears on the driver license. If no license, enter month, day and year of birth. Separate month day, and year with a hyphen.

- (13) **CITY, STATE AND ZIP** – Copy from the driver’s license if available and acknowledged to be correct.
- (14) **STATE** – Enter standard abbreviation for the name of the state that issued the driver’s license.
- (15) **DRIVER LICENSE NUMBER** – Copy this completely and accurately from the driver license possessed by the vehicle operator.
- (16) **YEAR** – Enter the year the vehicle was manufactured.
- (17) **BODY** – Enter as shown on the vehicle registration card.
- (18) **MAKE AND IDENTIFICATION NUMBER** – Enter the complete brand name and identification number of the vehicle as shown on the vehicle itself. Check this number against that on the registration card.
- (19) **STATE** – Enter abbreviation of the state that issued the license plate.
- (20) **YEAR** – Enter the year of expiration as shown on the registration card.
- (21) **LICENSE PLATE NUMBER** – Enter the letters and/or numbers that appear on the metal plate on the vehicle.
- (22) **PHONE NUMBERS** – Enter this information if available to assist with possible future contact.
- (23) **OWNERS FULL NAME, STREET OR RFD, CITY, STATE AND ZIP** – Enter the current information from the registration card, driver or any other source.
- (24) **COLLISION INSURANCE INFORMATION** – The law enforcement officer is asked to obtain the name of the insurance agency, insurance company and policy number from each driver for this section, if available. It is not mandatory that the officer does this, but it will serve as a convenience to the driver to exchange insurance information and a follow-up for insurance companies. After completing the Form FR-10, write the adverse party’s insurance information on his Form FR-10. This will also assist the officer in any further investigations. Remember, this section has no relationship in having the driver/owner verify his insurance through our established procedures. The driver/owner must not be led to believe that this is positive proof of insurance by completing this section.
- (25) **SIGNATURE** – This line should be signed by either the operator or the owner of the vehicle to clarify which person actually signed the form.

- (26) **INSURANCE INFORMATION** – The law enforcement officer will not be responsible for entering the insurance information in this section of the Form FR-10; the owner or operator is to forward this to the insurance representative to verify by completing that portion of the form or by transmitting it electronically to the Department of Motor Vehicles.
- (27) **FORM FR-10 NOT ISSUED UNDER SECTION 56-10-520** – This will be completed at the time of the collision investigation. If it is determined that liability insurance is not in effect, the officer should complete this section and sign in the designated location. No Form FR-10 will be issued to the operator or owner of a motor vehicle if a summons is issued at the time of the collision investigation under Section 56-10-520 of the 1976 South Carolina Code of Laws, as amended (see Section IX in general instructions for Form FR-10).

SUPPLEMENTAL BUS AND TRUCK COLLISION REPORT

FORWARD

Objective and Scope

The objective of this section of the Manual is to serve as a guide for law enforcement personnel on the proper procedures for reporting the uniform truck and bus collision data elements endorsed by the National Governor's Association (NGA) and adopted for use by the United States Department of Transportation. This section of the manual is intended for use by both state and local law enforcement personnel, and is suitable for training cadets and experienced officers. This section of the Manual is also intended to serve as an office and/or field reference when special or unusual collision reporting situations arise.

This section of the manual is designed to give complete and precise instructions for reporting each NGA data element. Numerous examples of collision situations are included to illustrate key points. In addition, a supplemental report form has been included in this section of the manual to aid in instruction.

Format for This Section of the Manual

This first part of this section of the Manual presents special instructions and definitions of key terms. Instructions are given for determining when a collision is "reportable" as a truck or bus collision; that is, under what conditions must the NGA data elements be reported. Detailed instructions are then presented for reporting each truck/bus collision data element.

SUPPLEMENTAL BUS AND TRUCK COLLISION REPORT

SPECIAL INSTRUCTIONS

1. A Supplemental Bus and Truck Collision Report form should be completed for each qualified vehicle in a qualified, reportable collision.
2. Every reasonable effort should be made to obtain and report factual information. However, if this is not possible, investigating officers should use their best sound judgment to record their considered opinions as information. This should be done even though it may not be possible to substantiate the recorded information or have sufficient prosecuting evidence.
3. Each report consists of a set of two pages: An original Supplemental Bus and Truck Collision Report to be submitted to the South Carolina Department of Public Safety (SCDPS) and one Supplemental Bus and Truck Collision Report copy for the officer/agency to retain.
4. The ORIGINAL Supplemental Bus and Truck Collision Report is to be stapled to the center top of the original corresponding Uniform Traffic Collision Report Form (TR-310).
5. The copy of the Supplemental Bus and Truck Collision Report is for you or your Headquarters to use as desired.
6. The ORIGINAL Supplemental Bus and Truck Collision Report must be submitted to the Office of Financial Responsibility (OFR); copies of collision reports will not be accepted. Xeroxed copies of collision reports or copies that should be retained by the local agencies, if submitted to OFR, will be rejected and returned to the agency.
7. Use Black Ink Only.
8. An AMENDED report should be submitted when the officer detects an error on the original report or specific facts regarding the collision have changed.
9. When submitting an AMENDED report, use a new report form. Check the block at the top of the form for “Amended” and complete the following sections of the Supplemental Bus and Truck Collision Report: (1) the top line of the report form

which includes the date, county, time, and collision location; (2) indicate the unit number and FR-10 number for the corresponding unit; and (3) complete the bottom line of the report (Investigator's Name, Rank, Date, etc.)

Please attach a copy of the original to the amended report. It is not necessary to write "supplement" at the top of the collision report form.

10. A **CORRECTED** report should be submitted if a Supplemental Bus and Truck Collision Report has been returned to you by Office of Financial Responsibility because an error has been made or if more information is needed. When submitting a corrected report, use a new report form. Check the block at the top of the form for "Corrected" and complete the following sections of the Supplemental Bus and Truck Collision Report: (1) the top line of the report form which includes the date, county, time, and accident location; (2) indicate the unit number and FR-10 number for the corresponding unit; and (3) complete the bottom line of the report (Investigator's Name, Rank, Date, etc.)

Attach the CORRECTED report to the correspondence from OFR and return to the address specified. It is not necessary to write "supplement" at the top of the Supplemental Bus and Truck Collision Report form.

11. All questions regarding the Supplemental Bus and Truck Collision Report should be directed to the State Transport Police, 10311 Wilson Blvd., Blythewood, S.C. 29016 or by telephone (803) 896-9663 during regular business hours.
12. When mailing collision report form to OFR, please leave all reports unfolded.

SUPPLEMENTAL BUS AND TRUCK COLLISION REPORT

BASIC DEFINITIONS

ACCESS CONTROL. The number and manner of the access connections to the trafficway determine the access control of the trafficway. There are three classes of access control: “No Access Control”, “Full Access Control”, and “Partial Access Control”. “No Access Control” is a trafficway with no ramp entry or unlimited access; there is no preference given for through traffic. “Full Access Control” is a trafficway that allows for only ramp entry or exit. “Partial Access Control” is a trafficway that may contain some ramp entry/exit but also may have other forms of access.

BUS. A motor vehicle providing seats for 16 or more persons including the driver and is used primarily for the transportation of persons OR a motor vehicle providing seats for between 9 – 15 persons including the driver and is transporting passengers for monetary compensation. A vehicle is a bus if it is designed to carry the above number of passengers regardless of whether it is actually carrying that many.

CARGO BODY TYPE. The cargo body type of the qualified vehicle involved in the motor vehicle collision. There are 14 categories of cargo body type:

(00) Bus (Seats for 9-15 passengers). See definition of Bus above.

(01) Bus (Seats for 16+ passengers). See definition of Bus above.

(02) Enclosed Box. A single-unit truck, truck/trailer, or tractor/semi-trailer having an enclosed body integral to the frame of the vehicle.

(03) Cargo Tank. A single-unit truck, truck/trailer, or tractor/semi-trailer having a cargo body type specifically designed to transport either dry bulk (i.e., fly ash or other solid materials), liquid bulk (i.e., milk or gasoline), or gaseous bulk (i.e., propane).

(04) Flatbed. A single-unit truck, truck/trailer, or tractor/semi-trailer whose body is without sides or roof, with or without readily removable stakes that may be tied together with chains, slats, or panels. This includes trucks transporting containerized loads.

(05) Dump. A single-unit truck, truck/trailer, or tractor/semi-trailer having a low-side open body designed to transport dry fluid commodities in bulk which can be tilted or otherwise manipulated to discharge its load by gravity.

(06) Concrete Mixer. A single-unit truck with a body specifically designed to mix or agitate concrete.

(07) Auto Transporter. A single-unit truck, truck/trailer, or tractor/semi-trailer having a cargo body specifically designed to transport other motor vehicles. This includes flatbed and standard body tow trucks.

(08) Garbage/Refuse. A single-unit truck having a body specifically designed to collect and transport garbage or refuse. This includes both conventional rear loading and over-the-top bucket loading garbage trucks.

(09) Grain, Chips, Gravel. A truck whose cargo body is specifically designed to transport grains, wood chips, or rocks and gravel.

(10) Pole. Any motor vehicle which is designed to be drawn by another motor vehicle and attached to the towing motor vehicle by means of a “reach” or “pole”, or by being “boomed” or otherwise secured to the towing motor vehicle, for transporting long or irregularly shaped loads such as poles, pipes, or structural members, which generally are capable of sustaining themselves as beams between supporting connections.

(11) Intermodal Container. A reusable cargo container of a rigid construction and rectangular configuration; fitted with devices permitting its ready handling, particularly its transfer from one mode of transportation to another; so designed to be readily filled and emptied; intended to contain one or more articles of cargo or bulk commodities for transportation by water and one or more transportation modes.

(12) Log. A trailer or semi trailer that is designed exclusively for harvesting logs or pulpwood and constructed with a skeletal frame with now means for attachment of a solid bed, body, or container.

(97) Not Applicable. Cargo Body Type would not be applicable for qualifying vehicles if they are not designed to transport cargo or passengers at the time of the collisions. An example of this would be a Truck-Tractor not towing a Trailer (bobtail).

(98) Other/Unable to Classify. If a truck’s cargo body does not fit into any of the above categories.

(99) Unknown/Hit and Run. Should only be used in cases of hit and run.

COMBINATION. A truck combination is a truck consisting primarily of a transport device which is a single-unit truck or truck tractor together with one or more attached trailers. Inclusions: truck tractor with semi-trailer, truck-tractor with semi-trailer and one or more full trailers; single unit truck with one or more trailers attached.

DISABLING DAMAGE. Road vehicle damage, other than a flat tire, which prevents departure of the vehicle from the scene of the collision in its usual operating manner by daylight after simple repairs. Exclusions: headlight or taillight damage, which would make night driving hazardous but would not affect daytime driving.

FOR-HIRE MOTOR CARRIER OF PASSENGERS. Business operating passenger-carrying commercial motor vehicles in interstate commerce, and receiving direct or indirect compensation for their transportation services.

GROSS VEHICLE WEIGHT RATING (GVWR). The value specified by the manufacturer as the total weight of the vehicle.

EMERGENCY VEHICLE. Emergency vehicles consist of ambulances, fire trucks, police cars, and other officially-designated rescue vehicles.

HAZARDOUS MATERIALS. A hazardous material is any substance which has been determined by the U.S. Secretary of Transportation to be capable of posing an unreasonable risk to health, safety, and property when transported in commerce and which has been so designated under regulation of the U.S. Department of Transportation.

INTERSTATE COMMERCE. Trade, traffic, or transportation in the United States:

Between a place in a State and a place outside of a State (including a place outside of the United States); or

Between two places in a State through another State or a place outside of the United States; or

Between two places in a State as part of a trade, traffic, or transportation originating or terminating outside the State or United States.

INTRASTATE COMMERCE. Any trade, traffic, or transportation in any State which is not described in the term “interstate commerce”.

REPORTABLE COLLISION. An important decision facing an officer who encounters a collision involving a truck or bus is whether this collision qualifies as a “reportable” collision by NGA standards, i.e. whether a Supplemental Bus and Truck Collision Report is required. The officer must determine whether the vehicles involved in the collision meet the definition of a truck or a bus, are carrying hazardous materials, or if the vehicle is carrying or is designed to carry 9-15 passengers, if they are being transported for compensation. If a vehicle meets one of these criteria, the officer then must decide if the collision is severe enough to qualify. There are two conditions that the officer must consider when determining if the incident must be reported. Both of these conditions must be met:

If this collision includes either:

Any truck having a Gross Vehicle Weight Rating (GVWR) of more than 10,000 pounds used on public highways; OR

Any motor vehicle designed to transport nine (9) or more people, including the driver; OR

Any vehicle displaying a hazardous material placard (regardless of weight)

AND the collision results in:

Any fatality or fatalities; OR

Any person(s) transported for immediate medical services; OR

Any disabled motor vehicle(s) towed away from the scene.

The severity criterion applies to any vehicles or persons involved in the collision, not just to the truck or bus and its occupants. If the collision is determined to be “reportable”, a separate form must be completed for each qualifying vehicle.

A reportable injury collision is defined as any motor vehicle collision that involves at least one qualified vehicle and which requires the transport of an injured person from the collision scene for immediate medical attention.

A reportable fatal collision is defined as any motor vehicle collision which involves at least one qualified vehicle and which produces an injury resulting in the death of a person at the time of the collision or within thirty days of the collision.

A reportable tow-away collision is defined as any motor vehicle collision which involves at least one qualified vehicle and which results in any road vehicle damage which precludes the departure of the vehicle from the collision scene in its usual operating manner.

TRAILER. Any non-powered vehicle designed to be towed by a motor vehicle.

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

A truck whose Gross Vehicle Weight Rating (GVWR) of the power unit is 10,001 pounds or more; OR

A vehicle displaying a hazardous material placard.

VEHICLE CONFIGURATION. The configuration of the vehicle involved in the motor vehicle collision. There are twelve categories of vehicle configuration. They are:

(00) Passenger Car (only HAZMAT Carrier). If a vehicle is a passenger car and qualifies as a truck/bus on this form only because it displays a hazardous material placard.

(01) Light Truck (only HAZMAT Carrier). If a vehicle is a light truck and qualifies as a truck/bus on this form only because it displays a hazardous material placard.

(02) Bus (Seats for 9-15 Passengers). A motor vehicle with seats for between 9-15 persons including the driver.

(03) Bus (Seats for 16+ Passengers). A motor vehicle with seating from 16 or more persons including the driver.

(04) Single-Unit Truck (2 Axles/6+ Tires). A motor vehicle consisting of a single motorized transport device having 2 axles and 6 or more tires.

(05) Single-Unit Truck (3 or more Axles). A motor vehicle consisting of a single motorized transport device having at least 3 axles.

(06) Truck with Trailer. A motor vehicle combination consisting of a single-unit truck and a trailer.

(07) Truck-Tractor Only (Bobtail). A motor vehicle consisting of a single motorized transport device designed primarily for pulling semi-trailers.

(08) Truck w/Semi-Trailer. A motor vehicle combination consisting of a truck-tractor and a semi-trailer.

(09) Tractor w/Double Trailer. A motor vehicle combination consisting of a truck tractor towing a semi-trailer and a trailer

(10) Tractor w/Triple Trailer. A motor vehicle combination consisting of a truck tractor towing a semi-trailer and two trailers.

(98) Other/Unable to Classify. A single unit truck, truck/trailer, or tractor/semi-trailer which cannot be classified as one of the previous vehicle configurations.

(99) Unknown. Should only be used in cases of hit and run

Date (1)		Time (2)	County (3)	Route Category (4)		Collision Location (5)	Auxiliary (6)	
				1-Interstate 2-US Primary 3-SC Primary	4-Secondary 5-County 6-Other	(Route Number and Name if Any)	0-Mainline 2-Alternate 5-Spur	6-Connection 7-Business 8-Other
IF THIS CRASH INCLUDES: (7) Any truck having a gross vehicle weight rating (GVWR) of more than 10,000 pounds used on public highways, <input type="text"/> How Many? <input type="text"/> OR Any motor vehicle designed to transport nine (9) or more people, including the driver, <input type="text"/> How Many? <input type="text"/> OR Any vehicle displaying a hazardous materials placard (regardless of weight) <input type="text"/> How Many? <input type="text"/>				Access Control (19) 1- No Access Control 2- Full Access Control 3- Partial Access Control				
AND RESULTS IN: (8) Any fatality or fatalities <input type="text"/> How Many? <input type="text"/> Any person(s) transported for immediate medical services <input type="text"/> How Many? <input type="text"/> Number of Vehicles Towed (9) <input type="text"/> How Many? <input type="text"/> Any disabled motor vehicle(s) towed away from the scene <input type="text"/> How Many? <input type="text"/>				Vehicle Information Gross Vehicle Weight Rating (20) 01- Less than or Equal to 10,000 Pounds 02- 10,001-26,000 Pounds 03- More than 26,000 Pounds 99- Unknown/ Hit and Run				
Complete This Form Only If: One or More Qualifying Vehicle(s) was Involved -AND One or More Qualifying Injuries/Fatalities was Sustained -OR One or More Disabled Vehicle(s) was Towed Away From the Scene				Vehicle Configuration (21) 00- Passenger Car (only w/ HAZMAT placard) 01- Light Truck (only w/ HAZMAT placard) 02- Bus (seats for 9-15 people) 03- Bus (seats for 16 + people) 04- Single Unit Truck (2axles/6+ tires) 05- Single Unit Truck (3 or more axles) 06- Truck w/ Trailer 07- Truck-Tractor Only (Bobtail) 08- Tractor w/ Semi-Trailer 09- Tractor w/ Double Trailers 10- Tractor w/ Triple Trailers 98- Other/Unable to Classify 99- Unknown/ Hit and Run				
Total Number of Supplemental Forms Required for this Collision: (10) <input type="text"/>				Cargo Body Type (22) 00- Bus (seats for 9-15 people) 01- Bus (seats for 16+ people) 02- Enclosed Box 03- Cargo Tank 04- Flat Bed 05- Dump 06- Concrete Mixer 07- Auto Transporter 08- Garbage/Refuse 09- Grain, Chips, Gravel 10- Pole 11- Intermodal Container 12- Log 07- N/A 99- Other				
Carrier Information Unit Number (11) _____ FR-10 Number (12) _____ Name: (13) _____ Address: (14) _____ City: _____ State: [][] Zip: [][][][][][] Business Phone Number: [][][][][][][][][][][][][][][][] (15)				Trailer Length and Width (23) Length 00- No Trailer 01- Less than 480 in. (40 ft.) 02- 481 in. - 576 in. (48 ft.) 03- 577 in. or more 99- Unknown/ Hit and Run Width 00- No Trailer 01- Less than 60 in. (5 ft.) 02- 61 in. - 84 in. (7 ft.) 03- 85 in. or more 99- Unknown/ Hit and Run				
Identification Numbers U.S. DOT [][][][][][][][][][][][][][][][] (16) None = 0 [] ICC MC [][][][][][][][][][][][][][][][] State: [][] State Number [][][][][][][][][][][][][][][][] (17) Is this vehicle an (1) Interstate or a (2) Intrastate carrier? <input type="checkbox"/>				Hazardous Material Involvement Was This Vehicle Carrying Hazardous Materials? (24) 1- Yes 2- No 3- Unknown/Hit and Run Did the Vehicle Have a Hazardous Material Placard? (25) 1- Yes 2- No 3- Unknown/Hit and Run If "Yes", What Class of Hazardous Material (off placard/shipping papers)? (26) 01- Class 1 (Explosives) 06- Class 6 (Poison/Infectious Substance) 02- Class 2 (Gases) 07- Class 7 (Radioactive) 03- Class 3 (Flammable Liquids) 08- Class 8 (Corrosives) 04- Class 4 (Flammable Solids) 09- Class 9 (Misc. Goods) 05- Class 5 (Oxidizing Substance) 10- No Placard 99- Other/Unknown/Hit and Run If "YES", enter 4 digit HAZMAT ID (Look on placard/shipping papers) (27) [][][][]				
Was a Citation Issued to this Vehicle? (18) 1- Yes 2- No 3- Pending <input type="checkbox"/>				Did Hazardous Material Release from this Vehicle? (28) 1- Yes 2- No 3- Unknown/Hit and Run <input type="checkbox"/>				
Name of Agency Notified (in Case of Release): (29) _____				Investigator's Name _____ Rank _____ Date _____ Reviewer's Name _____ Date _____				

COLLISION LOCATION

The following fields can be copied from information on the original TR-310 corresponding to this form: Fields 1-6, 8, and 9.

(1) DATE – Indicated the eight digit date on which the collision occurred using a hyphen (-) to separate month, day, and year (Example: 1-01-2001 if the collision occurred on January 1, 2001). Please include all four digits of year.

(2) TIME – Use military time only to indicate the time of the collision. Do not write AM or PM in this block. (Example: Enter 1945 if the collision occurred at 7:45 PM, 12:00 noon is 1200, and 12:00 midnight is 2400.)

(3) COUNTY – Use the county code from the listing in this manual only. Do not write in the name of the county in this block.

(4) ROUTE CATEGORY – Circle the number that corresponds to the route category on which the collision occurred.

(5) ROUTE OR ROAD NUMBER – Enter the route or road number on which the collision occurred; also, give the street or highway name if known.

(6) AUXILIARY – Circle the auxiliary code that identifies the specific route or controlled access highway location on which the collision occurred.

<u>IF THIS CRASH INCLUDES:</u> (7)	
<u>Any</u> truck having a gross vehicle weight rating (GVWR) of more than 10,000 pounds used on public highways,	How Many? <input style="width: 50px; height: 20px;" type="text"/>
OR	→ <input style="width: 50px; height: 20px;" type="text"/>
<u>Any</u> motor vehicle designed to transport nine (9) or more people, including the driver	How Many? <input style="width: 50px; height: 20px;" type="text"/>
OR	→ <input style="width: 50px; height: 20px;" type="text"/>
<u>Any</u> vehicle displaying a hazardous materials placard (regardless of weight)	How Many? <input style="width: 50px; height: 20px;" type="text"/>
	→ <input style="width: 50px; height: 20px;" type="text"/>

(7) NUMBER OF QUALIFYING VEHICLES INVOLVED - Read the following statements to determine if this form should be used.

a. Did the collision involve any truck with a GVWR of the power unit of the truck of 10,001 pounds or more? If it did, enter the number of trucks meeting those criteria in the box provided.

Example: A collision occurs between a pickup truck with a lawn mower trailer attached and a dump truck. The dump truck's GVWR is labeled on its side door, and is over 10,001 pounds. However, the pickup truck's GVWR is not 10,001 pounds. Therefore you would place a "1" in the blank.

Example: A collision occurs between a pickup truck and a flower shop delivery van. Neither vehicle weighs 10,001 pounds so you would place a "0" in the box.

b. Did this collision involve any vehicle displaying a hazardous material placard? If so, enter the number of vehicles meeting this criterion in the box provided.

Example: In the collision example above between a flower shop delivery van and the pickup truck, the pickup truck is displaying a hazardous material placard. The officer would then enter "1" in this box.

Example: In a collision between a propane tanker and a tractor with a semi-trailer. would place a "1" in this box.

c. Did the collision involve any passenger vehicle or bus having seats for sixteen (16) or more persons including the driver? If it did, enter the number of vehicles meeting this criterion in the box.

Example: A Greyhound bus transporting 52 passengers collides with an airport shuttle bus that is designed to transport and is transporting 9 passengers. Since the bus has seats for 16 or more passengers and the shuttle van does not, enter a "1" in the box.

Example: A church bus whose only passenger is the driver loses control, leaves the roadway, and hits a tree. Even though the bus had only one person in it, it had seats for 16 or more persons. Therefore, you would place a "1" in this box.

d. Did the collision involve any motor vehicle designed to carry 9-15 passengers and is primarily used to transport passengers for compensation? The vehicle must meet these three criteria: (1) The motor carrier must provide point-to-point interstate transportation of passengers for a commercial purpose. (2) The motor carrier must be compensated either directly or indirectly for transportation services provided. (3) The point-to-point transportation service is generally available to the public at large.

Example: In a collision between a passenger vehicle and an private charter van that is designed to transport and is transporting 9 passengers. Since the charter van was being compensated for transporting these passengers, the officer would place a "1" in the box.

=====

STOP! IF THE RESPONSE TO ALL QUESTIONS (A, B, C, D) IS "0", THE COLLISION IS NOT REPORTABLE. IF THE RESPONSE TO ANY OF THE ABOVE QUESTIONS IS "1" OR MORE, COMPLETE THE NEXT BLOCK

=====

AND RESULTS IN: (8)	
<u>Any</u> fatality or fatalities	<div style="display: flex; align-items: center; justify-content: center;"> <div style="flex-grow: 1; border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="font-size: 24px; margin: 0 10px;">→</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">How Many?</div> </div> <div style="text-align: center; margin-top: 5px;"> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> </div>
<u>Any</u> person(s) transported for immediate medical services	<div style="display: flex; align-items: center; justify-content: center;"> <div style="flex-grow: 1; border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="font-size: 24px; margin: 0 10px;">→</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">How Many?</div> </div> <div style="text-align: center; margin-top: 5px;"> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> </div>
Number of Vehicles Towed (9)	
<u>Any</u> disabled motor vehicle(s) towed away from the scene	<div style="display: flex; align-items: center; justify-content: center;"> <div style="flex-grow: 1; border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="font-size: 24px; margin: 0 10px;">→</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">How Many?</div> </div> <div style="text-align: center; margin-top: 5px;"> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> </div>
Complete This Form Only If:	
One or More Qualifying Vehicle(s) was Involved - AND	
One or More Qualifying Injuries/Fatalities was Sustained - OR	
One or More Disabled Vehicle(s) was Towed Away From the Scene	
Total Number of Supplemental Forms Required for this Collision : (10)	

(8) NUMBER OF QUALIFYING PERSONS INVOLVED - Read the following statements to determine if the form should be completed.

a. Were any persons fatally injured as a result of this collision? If so, enter the number of persons killed in the box provided.

Example: A serious collision involving a tractor/semi-trailer and a passenger car has resulted in the death of the car driver. Place a "1" in the box in response to this question, even though the person who was killed was in the car and not the truck. The same rationale would apply if the victim was a pedestrian or a pedalcyclist.

b. Were any of the persons injured in this collision transported from the collision scene for immediate medical attention? If there were, enter the number of persons removed from the scene in the box provided.

Example: The driver of a dump truck loses control of the vehicle and the truck overturns. He refuses medical treatment at the scene, indicating he will see his own doctor. Place a "0" in the box.

Example: A collision has occurred a few blocks from a hospital. Before the officer arrives, a passing motorist transports the injured driver of one of the vehicles to the hospital. Place a "1" in the box even though the transportation was not by an emergency vehicle.

Example: A 2-door passenger car strikes the rear of a tractor/semi-trailer stopped at a red light. The truck driver is not injured, but the driver and passenger of the car are transported to the hospital by ambulance. The proper response is to place a "2" in the box even though the injured persons were in the car, not the truck.

Example: A pedestrian waiting to cross the street is struck by a tractor/semi-trailer. Although the pedestrian is injured, he is able to walk directly into the emergency room of a nearby hospital. Place a "0" in the box. If the injured person had been unable to walk and had to be transported to the hospital in a vehicle, "1" would have been recorded even though he/she was a pedestrian.

(9) NUMBER OF VEHICLES TOWED FROM THE SCENE DUE TO DISABLING DAMAGE – Were any of the motor vehicles involved in this collision towed from the scene as a result of disabling damage? Disabling damage is defined as: Road vehicle damage, other than a flat tire, which prevents departure of the vehicle from the scene of the collision in its usual operating manner by daylight after simple repairs.

Example: A bus driver is involved in a minor collision and is arrested for drunk driving. Because of driver unavailability, the bus is towed. Place a “0” in the box because the bus was not towed due to disabling damage.

Example: A single-unit truck runs over some debris in the roadway resulting in a flat tire. Because the driver does not have a spare, the truck is towed. Place a “0” in the box because the truck did not suffer disabling damage.

Example: A truck and a car collide. The car drives off under its own power. The truck overturned. A wrecker is called to assist the truck back into an upright position, after which the truck is able to leave the scene under its own power, without being towed. The correct response is to place a “0” in the box. Although the truck required assistance, it was able to leave the scene under its own power.

Example: A tractor/semi-trailer involved in a nighttime collision suffers damage to the tractor's frame. Because of towing difficulties, the vehicle will not be able to be towed away from the scene until the following day. Even though the vehicle was not towed while the investigating officer was at the scene, place a “1” in the box because the truck will be towed as a result of disabling damage.

Example: A tractor/semi-trailer strikes a passenger car but is able to continue. However, the car must be towed from the scene. Place a “1” in the box.

=====
**STOP! FOR THE COLLISION TO BE REPORTABLE, TWO CONDITIONS
MUST BE SATISFIED.**
=====

At least one qualifying truck, HAZMAT carrier, or bus as identified in block 7 must be involved in the collision.

AND

There must be at least one fatality, qualifying injury, or vehicle towed from the scene due to disabling damage as identified in blocks 8 and 9.

=====

DO NOT COMPLETE THIS FORM UNLESS:

One or more qualified vehicles were involved.

AND

One or more qualified injuries were sustained

OR

One or more vehicles were towed from the scene due to disabling damage.

(10) TOTAL NUMBER OF SUPPLEMENTAL FORMS REQUIRED – If both of the above conditions are satisfied, the remaining data elements must be coded. One supplemental form should be completed for each qualifying vehicle involved in the collision (from Block 7, above). Enter the total number of supplemental forms required.

Total Number of Supplemental Forms Required for this Collision:	
Unit Number _____ FR-10 Number _____	

(11) UNIT NUMBER – Indicate the number for this unit corresponding to the unit number on the original TR-310.

(12) FR-10 NUMBER – Indicate the FR-10 number of this unit corresponding to the original TR-310.

CARRIER INFORMATION

The Carrier Information, blocks 13-19 is used to report information on the commercial carrier that has caused and directed the movement of cargo and passengers. If more than one vehicle in the collision meets the definition of a qualifying truck, vehicle containing HAZMAT, or bus, the same set of information must be compiled on a separate form for each qualifying vehicle.

Determining the motor carrier and recording the carrier's identification number, name, and address can be difficult. A motor carrier is "the business entity, individual, partnership, corporation, or religious organization responsible for the transportation of goods, property, or people." The goal is to record the carrier's name, the carrier's address and business phone number, and the carrier's identification number.

The shipping papers are the most reliable means of identifying the carrier and the carrier address. However, following severe collisions and other unusual circumstances, the shipping papers may not be available. In these cases, the officer must rely on backup sources such as the name printed on the side of the vehicle, or questioning the driver. On single-unit trucks, there should only be one carrier name on the vehicle. However, with multi-unit trucks, there might be one name on the tractor and others on the semi-trailer or trailers.

Carrier Information			
Name:	_____	(13)	_____
Address:	_____	(14)	_____
City:	_____	State:	<input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/>
		Zip:	<input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/>
Business Phone Number:	<input style="width: 30px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 15px; border: 1px solid black;" type="text"/>		(15)

(13) CARRIER NAME – Enter the carrier's name in the space provided. A motor carrier is the "business entity, individual, partnership, corporation, or religious organization responsible for the transportation of the goods, property, or people". If the carrier's name includes a person's name (e.g., John Ray Trucking), DO NOT alter the word to make the person's last name come first (e.g., Ray, John Trucking).

The shipping papers are the most reliable means of identifying the carrier name. The first place an officer should look for a company name to verify the correct "carrier" is on the shipping papers that the driver carries in the cab.

The following point is often confusing: The carrier is the party responsible for the movement, and it can be different than the name on the side of the truck due to contractual arrangements.

In the case of a bus, the driver must carry a “trip manifest” or charter order” which will give the name of the motor carrier.

The following examples illustrate the complexities of determining the motor carrier. Note that the tractor and semi-trailers will sometimes have different company names on them.

Example: John Smith owns his own bobtail tractor. He contracts with White Manufacturing Company to take one of its trailers loaded with its goods from New York to Los Angeles. John Smith is the motor carrier because his is the entity that has agreed to carry this particular load

Example: John Smith, driving his bobtail, utilizes a cargo broker to obtain goods from Intermodal Incorporated Shipping Company for his return trip to New York. On the return trip, John Smith is again the carrier.

Example: John Smith, driving his bobtail tractor, leases his services to Polyester Chemical Company. Polyester has a contract to transport chemicals for a company based in St. Louis and directs Smith to deliver a semi-trailer from New York to St. Louis. In this case, Polyester is the motor carrier, because it told Mr. Smith to take the particular load.

Example: John Smith is driving a tractor/semi-trailer. Both truck and trailer are owned by ABC Trucking. Therefore, ABC Trucking is the motor carrier.

Example: John Smith is driving a tractor owned by ABC Trucking which has been leased by XYZ Trucking Company. XYZ used the tractor to pull XYZ trailers in its regular shipping service. In this case, XYZ is the carrier because XYZ is directing the carrying of the load.

(14) CARRIER ADDRESS – Indicate the complete street address, city, state, and zip code for the principal place of business used by the carrier.

Street Name. Enter the complete street address. Include the suite or building number. If the street name is a number (e.g., First Street), spell out the number if it is spelled out in the source document. Otherwise, enter the number with the appropriate suffix: -st, -nd, -rd, or -th (e.g., 1st Street).

City. Spell out completely the city of the motor carrier’s principal place of business.

State. List the abbreviation for the state of the motor carrier's principal place of business. The state should be indicated by the standard, US Postal Service two-letter abbreviation. A listing of these codes, including codes for Mexican and Canadian states/provinces are included in the Code Table section of this manual.

Zip Code. List the zip code of the motor carrier's principal place of business. The zip code should be a five-digit code. If a Mexico code, enter "MEXICO". If a Canadian zip code that is unknown, enter "CANADA".

(15) CARRIER BUSINESS PHONE NUMBER – Enter the business phone number of the carrier. Be sure to enter in the Area Code in the first three blocks. **DO NOT ENTER IN HOME TELEPHONE NUMBERS, CELL PHONE NUMBERS, OR PAGER NUMBERS! ONLY NUMBERS THAT CAN BE USED TO REACH THE CARRIERS PRINCIPAL PLACE OF BUSINESS TO VERIFY CARRIER AND SHIPPING INFORMATION SHOULD BE ENTERED HERE.**

Identification Numbers			
U. S. DOT	<input type="text"/>	(16)	None = 0 <input type="checkbox"/>
ICC MC	<input type="text"/>	State: <input type="text"/>	Is vehicle an (1) Interstate or a (2) <input type="checkbox"/>
State Number	<input type="text"/>		Intrastate carrier? (17)

(16) CARRIER IDENTIFICATION NUMBERS – Private fleet and for-hire vehicles involved in interstate commerce must have either a US DOT (United State Department of Transportation) or and ICC MC (Interstate Commerce Commission Motor Carrier) number. Vehicles that haul "exempt" commodities such as unprocessed agricultural products are not required to have either an ICC MC or US DOT identification number.

US DOT – Enter the US DOT number found on the vehicle. The number is always preceded by "US DOT". The US DOT number is found only on vehicles of interstate private carriers (those trucks operating in the furtherance of any commercial enterprise). US DOT numbers have six (6) or seven (7) digits. Numbers should be right justified in the spaces provided. "0's" should be used to fill any remaining spaces at the left.

ICC MC – Enter the ICC MC number found on the vehicle. "ICC MC" usually precedes the number. In some cases just "ICC" or just "MC" may precede it. ICC numbers may have up to six (6) digits. Numbers should be entered right justified in the spaces provided. "0's" should be used to fill in any remaining spaces at the left. Some carriers will have two or more ICC numbers. Choose only one to record.

STATE NAME – Enter the standard abbreviation for the name of the state that allows the vehicle to operate in either interstate commerce or within the state.

STATE NUMBER – State numbers can vary in length. Enter the number assigned by the state(s) allowing the vehicle to operate. More than one type of number can be entered. For example, both an ICC MC and a state number should be entered if both are available. If multiple state numbers appear, choose any one, but make sure the state code (standard, two-letter abbreviation) is noted as well. A public utility commission, a public service commission, or some other state agency issues state numbers to vehicles that operate either in interstate commerce or only within that state. There is not national standard for the number of digits in state numbers.

Federal regulations require that almost all trucks operating across state lines (i.e., interstate), except those hauling “exempt commodities have ID numbers. However, some states do not regulate the motor carrier industry and therefore these states have no reason to issue state numbers. Trucks and buses that operate strictly with such states (i.e., intrastate) may not have such numbers.

Enter the number “0” in the block marked “None=0” if no identification numbers were available.

Example: A tractor/semi-trailer is involved in a motor vehicle collision. A number adjacent to the driver’s door read MC 5369. Although most ICC MC identification numbers have 6 digits, other documentation verifies the four-digit number. This would correctly be entered in the ICC MC section as “0 0 5 3 6 9”.

Example: A truck owned and operated by a county highway department is involved in a construction area collision where it is struck by a passenger car. The vehicle is not involved in interstate commerce, so it does not have either a US DOT number or an ICC MC number. Because it is government owned, it does not carry a state number. Therefore, the correct response is to print a “0” in the block marked “None=0”.

Is this vehicle an (1) Interstate or a (2) <input type="checkbox"/> Intrastate carrier? (17)
--

(17) IS THIS AN INTERSTATE OR INTRASTATE CARRIER? - Federal regulations require that almost all trucks operating across state lines (i.e., interstate), except those hauling “exempt commodities have ID numbers. Also, some carriers that are technically required to have interstate identification numbers will not for various

reasons such as lack of knowledge of the regulation requiring this, or simple unwillingness to obtain the proper identification numbers. Therefore, there may be interstate carriers that do not have proper identification for these and other reasons. The purpose of this field is to identify whether the carrier is an “interstate” or “intrastate” carrier regardless of what identification may be present or missing. The best source of determining this is the shipping papers, which contain the truck's origin and destination. Code “1” for an Interstate Carrier or “2” for an Intrastate Carrier.

Was a Citation Issued to this Vehicle? (18)	1-Yes	2-No	3-Pending	<input type="checkbox"/>
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(18) WAS A CITATION ISSUED TO THIS VEHICLE? – Simply code whether a traffic citation was issued to this vehicle for its involvement in the collision. Code “1” if a citation was issued to this vehicle, code “2” if a citation was not issued to this vehicle, or code “3” if the investigation into the collision is ongoing and a citation is pending for this vehicle.

Access Control	
1- No Access Control 2- Full Access Control 3- Partial Access Control	(19) <input type="checkbox"/>

(19) ACCESS CONTROL – Indicate the access control characteristics which best describe the roadway which the truck or bus was traveling on at the time the collision occurred by placing the correct code in the block provided. The following access control descriptions are available:

- (1) No Access Control. A street or highway where driveways provide access to and egress from adjacent properties and where cross-streets intersect at grade.
- (2) Full Access Control. An expressway or freeway where the only means of entry or exit from the roadway is by ramps connecting to other streets or highways. All cross streets are bridged over or under the main highway.
- (3) Partial Access Control. A street or highway which does not clearly fit the above descriptions. May have characteristics of both above types of roadways. This code should only be used in rare instances.

Example: A truck is involved in a collision at an intersection of two municipal streets controlled by a traffic signal. Even though the traffic signal exerts a type of control, this would be correctly marked as “1”, No Control of Access, because access to the street is available by means other than ramps.

Example: A collision takes place on an interstate or other highway with similar restrictions on access. This is an access control “2”, Full Access Control, since the only way to enter and exit is via ramps.

Example: A collision occurs on a state highway. While cross streets are generally grade separated and no driveways exist, a few intersections are at grade and are controlled by traffic signals. Since the highways has features of both full access control (interchanges) and no access control (intersections), the correct access control code would be “3”, Partial Access Control.

VEHICLE INFORMATION

Vehicle Information	
Gross Vehicle Weight Rating	(20)
01- Less than or Equal to 10,000 Pounds	
02- 10,001-26,000 Pounds	
03- More than 26,000 Pounds	
99- Unknown/ Hit and Run	

(20) GROSS VEHICLE RATING (GVWR) FOR THE POWER UNIT (ONLY) – Indicate the category that the GVWR of the power unit only of the vehicle falls into. The GVWR of trucks are usually found on the driver’s side of the vehicle by opening the door and looking at the hinge pillar, door-latch post, or door edge. The driver should also be a helpful source in determining the location of GVWR information on the vehicle.

The GVWR of buses is often difficult to locate and the information is generally not useful to agencies concerned with bus safety. Thus, in order to facilitate the completion of the form, the GVWR for buses is not required. If the vehicle is a bus, enter “NA” (Not Applicable).

Example: A 3-axle single unit truck has a GVWR of 38,000 pounds as seen on the door latch post. Enter “3”, More than 26,000 pounds in the box.

Example: A truck tractor is hauling a semi-trailer. The GVWR of the tractor is 24,000 pounds, and the GVWR of the trailer is 22,000 pounds. This makes the GVWR of the combination 46,000 pounds. However, you would code “2” because we are only interested in the GVWR of the power unit, not the attached trailers, and the power unit weighs between 10,001-26,000 pounds.

Vehicle Configuration	
00- Passenger Car (only w/ HAZMAT placard)	08- Tractor w/ Semi-Trailer
01- Light Truck (only w/ HAZMAT placard)	09- Tractor w/ Double Trailers
02- Bus (seats for 9-15 people)	10- Tractor w/ Triple Trailers
03- Bus (seats for 16 + people)	98- Other/Unable to Classify
04- Single Unit Truck (2axles/6+ tires)	99- Unknown/ Hit and Run
05- Single Unit Truck (3 or more axles)	
06- Truck w/Trailer	
07- Truck-Tractor Only (Bobtail)	

(21)

(21) VEHICLE CONFRIGURATION – Select the code that describes the truck or bus involved in the collision. Write the code in the block provided.

Example: A standard, four-tire pickup truck displays a hazardous material placard. Code”01”, Light Truck (only HAZMAT carrier).

Example: A lawn care company dump truck is towing a small water tank trailer. This would be classified as number “06”, Truck with Trailer.

Cargo Body Type	
00- Bus (seats for 9-15 people)	09- Grain, Chips, Gravel
01- Bus (seats for 16+ people)	10- Pole
02- Enclosed Box	11- Intermodal Container
03- Cargo Tank	12- Log
04- Flat Bed	97- N/A
05- Dump	98- Other
06- Concrete Mixer	
07- Auto Transporter	99- Unknown/ Hit and Run
08- Garbage/Refuse	

(22)

(22) CARGO BODY TYPE - Select the proper code to indicate the cargo body type of the truck or bus involved in the collision. The cargo body type selected should be the one which best represents the purpose for which the vehicle was designed and built.

Example: A tractor with a flatbed semi-trailer picks up a containerized load for transport. Although this body type appears similar to an enclosed box, it is correctly classified as “4” (Flatbed).

Example: A flatbed tow truck (i.e., a single-unit truck designed and built to load, transport, and off-load another vehicle) is involved in a collision. The cargo body type is classified as a “7” (Auto Transporter).

Example: A single-unit truck with an enclosed box body is hauling a small flatbed trailer. Since multiple cargo body types are involved, the correct code is “12” (Other).

Example: If a passenger car or light truck displaying a hazardous material placard, or a bobtail tractor were involved in collisions, the correct code would be “11” (Not Applicable)

Example: A utility company vehicle is transporting a pole supported in the rear on a dolly – a configuration frequently described as a “pole” trailer”. This type of configuration would be coded “10” (Pole).

Trailer Length and Width (23)	
<u>Length</u>	
00- No Trailer	
01- Less than 480 in. (40 ft)	Trailer 1 Length
02- 481 in. - 576 in (48 ft).	Trailer 2 Length
03- 577 in. or more	
99- Unknown/ Hit and Run	
<u>Width</u>	
00- No Trailer	
01- Less than 60 in. (5 ft.)	Trailer 1 Width
02- 61 in. - 84 in. (7 ft.)	Trailer 2 Width
03- 85 in. or more	
99- Unknown/ Hit and Run	

(23) TRAILER LENGTH/WIDTH - Indicate the categories of length and width that the trailer(s) fall into. Measure any attached trailer except for attached boat trailers or attached campers. There are boxes available to enter measurements of a second trailer if it is present. If there are no attached trailers to measure, place an “00” in the box. If there is only one trailer, enter the category for the first trailer in the appropriate space, and place “00” in the boxes for the second trailer information.

HAZARDOUS MATERIAL INVOLVEMENT

Hazardous Material Involvement	
Was This Vehicle Carrying Hazardous Materials?	
1- Yes 2- No 3- Unknown/Hit and Run	
(24)	<input type="text"/>
Did the Vehicle Have a Hazardous Material Placard?	
1-Yes 2- No 3- Unknown/Hit and Run	
(25)	<input type="text"/>
If "Yes", What Class of Hazardous Material (off placard/shipping papers)?	
01- Class 1 (Explosives)	06- Class 6 (Poison/Infectious Substance)
02- Class 2 (Gases)	07- Class 7 (Radioactive)
03- Class 3 (Flammable Liquids)	08- Class 8 (Corrosives)
04- Class 4 (Flammable Solids)	09- Class 9 (Misc. Goods)
05- Class 5 (Oxidizing Substance)	10- No Placard
99- Other/Unknown/Hit and Run	
(26)	<input type="text"/>
If "YES", enter 4 digit HAZMAT ID (Look on placard/shipping papers)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (27)

(24) Was This Vehicle Carrying Hazardous Materials? - Select the proper code to indicate if this vehicle was carrying hazardous materials.

(25) DID THE VEHICLE HAVE A HAZARDOUS MATERIAL PLACARD? – Select the proper code to indicate whether the vehicle displayed a placard indicating the class, type or the specific name of the hazardous material cargo.

Most vehicles carrying hazardous materials are required by law to conspicuously display a placard indicating the class, type, or name of the specific name of the hazardous material cargo. In addition, vehicles transporting hazardous materials in tank cars, catgo tanks, or portable tanks are required to display the 4-digit hazardous materials number assigned to the specific material on placards or orange panels.

There are two shapes of placards – diamond and rectangular. Most trucks that have placards will have the diamond variety.

(26) IF YES, WHAT CLASS OF HAZARDOUS MATERIAL? - The class of hazardous materials is normally a one-digit code on the bottom of the placard. If it is a 2-digit code separated by a decimal (e.g., 4.2), the class is the first digit. The class of hazardous material should be between 1 and 9. The class of hazardous materials being transported can also be found on the shipping papers. In the event that an officer determines that a vehicle is transporting hazardous material without a placard, the officer must use other sources than the placard (such as shipping papers and information from the driver) in determining the proper class of HAZMAT to code.

Example: A vehicle transporting hazardous materials displays a placard indicating it is carrying HAZMAT Class 2.3. The correct code is “2” (Gases) because in cases where the code is a two digit number separated by a decimal, the code is the first digit.

(27) IF YES, ENTER THE 4 DIGIT HAZMAT ID – From the middle of the placard or from the shipping papers enter the 4-digit hazardous materials identification code. If it is not on the placard, the officer **MUST** go to the shipping papers to find this number. On the shipping papers, “UN” or “NA” usually precedes this 4-digit code.

Did Hazardous Material Release from this Vehicle?			
1-Yes	2- No	3- Unknown/Hit and Run	<input type="checkbox"/> (28)

(28) WAS HAZARDOUS MATERIAL RELEASED FROM THIS VEHICLE? – The purpose of this question is to record whether or not the placarded material was released. The correct response is “YES” only if material was released from the cargo tank or compartment of the truck. Fuel spilled from the vehicle’s fuel tank should not be counted, even though it is a hazardous material.

Example: The saddle diesel tank on a tractor pulling a tank of diesel fuel was cut in a sideswipe with another truck. Because all of the diesel fuel was lost, the tractor had to be towed from the scene. Because the fuel was not part of the cargo, it should be coded “2” (NO).

Example: The truck in the previous example jackknifed following the initial contact and the cargo tank was punctured, resulting in a loss of diesel cargo. Although the fuel was exactly the same as was in the tractor’s fuel tank, the proper response would be “1” (YES) since the source was the cargo tank.

Name of Agency Notified (In Case of Release): (29)
--

(29) NOTIFICATION OF RELEASE – This field should be completed by entering the name of the agency notified if there was a release of hazardous materials from this vehicle.

BUS AND TRUCK SUPPLEMENT CODE TABLES

ACCESS CONTROL CODE

1.	NO CONTROL OF ACCESS	1
2.	FULL CONTROL OF ACCESS	2
3.	PARTIAL ACCESS CONTROL	3

VEHICLE INFORMATION

WEIGHT RATING OF THE POWER UNIT OF THE TRUCK

Less than or Equal to 10,000 pounds	01
10,001 to 26,000 pounds	02
More than 26, 000 pounds	03
Unknown/Hit and Run	99

VEHICLE CONFIGURATION

Passenger Car (Only HAZMAT Carrier)	00
Light Truck (Only HAZMAT Carrier)	01
Bus (Seats for 9-15 Passengers)	02
Bus (Seats for 16+ Passengers)	03
Single Unit Truck (2 Axles/6+ Tires)	04
Single Unit Truck (3 or more Axles)	05
Truck with Trailer	06
Truck-Tractor Only (Bobtail)	07

Truck with Semi-Trailer	08
Tractor with Double Trailer	09
Tractor with Triple Trailer	10
Other/ Unable to Classify	98
Unknown/Hit and Run	99

CARGO BODY TYPE CODE

Bus (Seating for 9-15 persons including the driver)	00
Bus (Seating for 16 or more persons including the driver)	01
Van/Enclosed Box	02
Cargo Tank	03
Flatbed	04
Dump	05
Concrete Mixer	06
Auto Transporter	07
Garbage/Refuse	08
Grain, Chips, Gravel	09
Pole	10
Intermodal Container	11
Not Applicable	97
Other	98
Unknown/Hit and Run	99

TRAILER LENGTH AND WIDTH

LENGTH

No Trailer	00
Less Than 480 Inches (40 Feet)	01
481 Inches to 576 Inches (48 Feet)	02
577 Inches or More	03
Unknown/Hit and Run	99

WIDTH

No Trailer	00
Less Than 60 Inches (5 Feet)	01
61 Inches to 84 Inches (7 Feet)	02
85 Inches or More	03
Unknown/Hit and Run	99

HAZARDOUS MATERIAL INVOLVMENT

WAS THIS VEHICLE CARRYING HAZARDOUS MATERIALS?

YES	1
NO	2
Unknown/Hit and Run	3

DID THE VEHICLE HAVE A HAZARDOUS MATERIAL PLACARD?

YES	1
NO	2
Unknown/Hit and Run	3

If "Yes", What Class of Hazardous Material (Off Placard)?

Class 1 (Explosives)	01
Class 2 (Gases)	02
Class 3 (Flammable Liquids)	03
Class 4 (Flammable Solids)	04
Class 5 (Oxidizing Substance)	05
Class 6 (Poison/Infectious Substance)	06
Class 7 (Radioactive)	07
Class 8 (Corrosives)	08
Class 9 (Miscellaneous Goods)	09
Class 10 (No Placard)	10
Other/Unknown/Hit and Run	99

Did Hazardous Material Release From This Vehicle?

YES	1
NO	2
Unknown/Hit and Run	3

STATE CODE TABLE

ALABAMA	AL	MONTANA	MT
ALASKA	AK	NEBRASKA	NE
ARIZONA	AZ	NEVADA	NV
ARKANSAS	AR	NEW HAMPSHIRE	NH
CALIFORNIA	CA	NEW JERSEY	NJ
COLORADO	CO	NEW MEXICO	NM
CONNECTICUT	CT	NEW YORK	NY
DELAWARE	DE	NORTH CAROLINA	NC
DISTRICT OF COLUMBIA	DC	NORTH DAKOTA	ND
FLORIDA	FL	OHIO	OH
GEORGIA	GA	OKLAHOMA	OK
HAWAII	HI	OREGON	OR
IDAHO	ID	PENNSYLVANIA	PA
ILLINOIS	IL	RHODE ISLAND	RI
INDIANA	IN	SOUTH CAROLINA	SC
IOWA	IA	SOUTH DAKOTA	SD
KANSAS	KS	TENNESEE	TN
KENTUCKY	KY	TEXAS	TX
LOUISIANA	LA	UTAH	UT
MAINE	ME	VERMONT	VT
MARYLAND	MD	VIRGINIA	VA

MASSACHUSETTS	MA	WASHINGTON	WA
MICHIGAN	MI	WEST VIRGINIA	WV
MINNESOTA	MN	WISCONSIN	WI
MISSISSIPPI	MS	WYOMING	WY
MISSOURI	MO	OTHER	OT
UNKNOWN	UK		

ADDITIONAL STATES

AMERICAN-SAMOA	AS	PUERTO RICO	PR
CANAL-ZONE	CZ	VIRGIN ISLANDS	VI
GUAM	GU		

CANADA

ALBERTA	AB	ONTARIO	ON
BRITISH COLUMBIA	BC	PRINCE EDWARD	PE
MANITOBA	MB	QUEBEC	PQ
NEW BRUNSWICK	NB	SASKATCHEWAN	SK
NEWFOUNDLAND	NF	YUKON TERRITORY	YT
NOVA SCOTIA	NS		

MEXICO

AGUSCALIENTES	AG	NAYARIT	NA
BAJA CALIFORNIA NORTE	BN	NUEVO LEON	NL
BAJA CALIFORNIA SUR	BS	OAXACA	OA
CAMPECHE	CP	PUEBLA	PU

CHIAPAS	CS	QUERETARO	QE
CHIHUAHUA	CI	QUINTANA ROO	QI
COAHUILA	CL	SAN LUIS POSTOSI	SL
DISTRITO FEDERAL	DF	SINOLOA	SI
DURANGO	DG	SONORA	SO
GUANAJUATO	GJ	TABASCO	TB
GUERRERO	GE	TAMAULIPAS	TA
HIDALGO	HD	TLAXCALA	TL
JALISCO	JA	VERACRUZ	VC
MEXICO	MX	YUCATAN	YU
MICHOACAN	MC	ZACATECAS	ZA
MORELOS	MR		

SAMPLE COLLISION SCENERIO

Fill out the Supplemental Bus and Truck Collision Report Blocks #7 through the end.

A 1989 Dodge pickup truck (GVWR 6,600) owned by the Able Gas Company is making a local delivery of cylinders of propane gas. It has a hazardous materials placard with the #2 at the bottom of the diamond. The truck operated out of a transfer facility in Columbia, S.C. Shipping papers show the main office is located at 123 Main Street, Columbia, S.C. 29202. The South Carolina Public Service Commission issued #HF2963 to the 1989 Dodge pick-up.

It is 10:34 a.m. on a clear morning the day after New Year's Day. Patches of ice from an overnight freezing rain exist where trees have prevented the sun from reaching the road and melting the ice. The truck rounds a curve on the two-lane road just prior to the driveway to Sid's Lawn and Garden Equipment in Columbia, where the driver is to make a cylinder delivery. The driver loses control when the vehicle hits a patch of ice and slides into a tree. The truck turns over on its side. Several cylinders are thrown out of the racks. Two of the cylinders get trapped under the truck, and four others roll down an embankment into an adjacent field. Some propane leaked from one of the damaged cylinders..

The driver is not hurt and walks to Sid's Lawn and Garden Equipment to call his office for help. Since there is a potential for loss of the propane gas, company employees are sent to the scene. The office manger calls the local fire department. Because there was damage to the truck as a result of the collision a tow truck was called to remove the vehicle from the scene.

On the original TR-310, the officer issued FR-10 number A-29735 to the driver of the 1989 Dodge pickup, which was also listed as unit 1.

Questions and Answers Concerning the National Governors' Association Truck and Bus Data Elements

Q: Who formulated the National Governors' Association (NGA) truck and bus data elements, definitions, and reportable collision criteria?

A: A 16 member Technical Advisory Group (TAG) developed the elements under a FHWA contract with the NGA. The TAG included four State Troopers, three state transportation department officials, two representatives of associations of State officials, two representatives of safety associations, and others representing truck, automobile, and vehicle manufacturer's associations, a state department of public safety, and safety researchers. The elements were tested by State and local officers in a five state pilot test, and modified on the basis of the test before the final adoption.

Q: Who supports the NGA recommendations?

A: The Fifty State governors meeting at the NGA 1988 Winter Meeting first approved The NGA elements. They have been endorsed by the Transportation Research Board, the National Association of Governor's Highway Safety Representatives, and the Traffic Records Committee of the National Safety Council, and the Congress, through passage of the 1991 Intermodal Surface Transportation Efficiency Act (ISTEA).

Q: Do all States have to adopt all NGA elements, definitions, and criteria?

A: Yes. The Motor Carrier Act of 1991, incorporated as Title IV of the ISTEA, requires participation by States in SAFETYNET by January 1, 1994. The NGA data elements are part of the SAFETYNET collision data module, codified in the final rule (49CFR 350.9n).

Q: Can the NGA data elements, definitions, and reportable collision criteria be changed by individual states?

A: No. A national uniform truck and bus collision database requires that all States and localities collect the exact same data. It is expensive and time consuming for States to change their police accident report (PAR) forms. A large number of States have adopted the NGA elements and are using them. The Federal Motor Carrier Safety Administration (FMCSA, formerly OMC) has slightly changed and modified the elements somewhat to accommodate State concerns or other changing data needs.

Q: What is the importance of the NGA definitions of truck, bus, fatality, injury, and towaway; and criteria for a reportable collision?

A: A reliable national truck/bus collision database depends in the first instance on a uniform definition of "reportable collision". At one time, States had different definitions

of a reportable collision. Adoption of the NGA definitions for these five terms and an understanding of the criteria for a reportable collision is the bedrock upon which FMCSA has built its uniform national truck and bus database.

Q: Why, in some cases, do the NGA definitions differ from existing accepted definitions?

A: While many State police are familiar with federal definitions (FMCSR Part 390.5), the NGA TAG felt that such knowledge can not be expected of all police officers. The TAG's guiding rule was to make the collection of the data as simple as possible for the officer at the collision scene.

Q: Are State required to change their police collision report truck and bus collision definitions to conform to the NGA recommendations?

A: No. Most States use a dollar threshold to determine whether a collision is reportable. The TAG purposely avoided a dollar threshold in their definition of a reportable collision. States do not have to change the definitions they use to conform to their State's laws and regulations to conform to the NGA definition of a reportable collision. The only requirement is that States report to FMCSA through SAFETYNET only those collisions that meet the NGA definition of a reportable collision.

Q: Why are the NGA data elements divided into two groups?

A: Some of the NGA data elements apply only to trucks and buses involved in collisions, such as, Cargo Body Type, Vehicle Configuration, GVWR, etc. Since historically PARS were designed to fit collisions involving only automobiles, these are elements not normally collected by the States. However, these are also the elements of most concern to FMCSA.

The other elements would apply to any collision, such as, accident time, location, etc. These are usually collected on State PARS. Since the FMCSA is primarily concerned with the definitions and reportability criteria, and the elements that apply only to trucks and buses, it was felt helpful to divide the elements into these two groups.

Q: Do the NGA recommendations require reporting on all collisions involving commercial motor vehicles?

A: No. Nowhere in the NGA recommended criteria for a reportable collision or data elements do the words "commercial motor vehicle" appear. This was done on purpose. The NGA TAG did not want to burden an officer at the scene of a collision with deciding whether the truck or bus involved was being used for commercial purposes. Collisions involving a commercial delivery van would not typically meet the criteria for a reportable

collision, while a church van carrying 16 passengers on a recreational outing will meet the criteria. Remember that the TAG" philosophy was the minimize the burden on the reporting officer, and let the SAFETYNET data analysis personnel deal with the problem of separating out unneeded data.

Q: Why does FMCSA need a uniform national truck and bus collision database?

A: Before implementing the NGA standards, FMCSA had no reliable database on truck collisions. We acknowledge that our 50T database was unreliable, and have dropped the requirement that carriers submit 50T's. The NGA data elements have replaced the 50T's and will be more reliable. With good data on truck collisions, we anticipate we will be able to identify the motor carriers having the most collisions and the most severe collisions. This data will be critical to field staff when they design effective safety enforcement strategies and which carriers need to be audited. State officials will also find the data helpful in planning their truck safety programs.

SAMPLE TRAFFIC COLLISION REPORTS

- Example 1. Locating a collision which intersects with the same road twice.
- Example 2. Locating a collision in which the second intersection is a dead end.
- Example 3. Locating a collision which occurred on a county road between an intersection and a secondary road where the pavement ends.
- Example 4. Locating a collision which occurred on a bridge over an interstate route.
- Example 5. This example shows the location of the center of an intersection.
- Example 6. Locating a collision using a county line as the second intersection.
- Example 7. Locating a collision on an odd-numbered route.
- Example 8. Locating a collision on an even-numbered route.
- Example 9. Locating a collision on a ramp.
- Example 10. This sample shows how to complete an amended report.
- Example 11. This example shows how to compete a corrected report.
- Example 12. This sample shows how to complete a private property report.


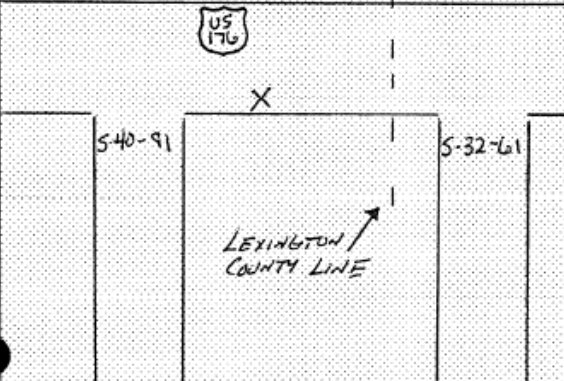
D.F.S. USE ONLY		Page #	SOUTH CAROLINA TRAFFIC COLLISION REPORT FORM TR-310 (Rev. 01/2001)				# of Units	Approved - Aiken Copy of Original Report	Notified	Arrived									
Date	Time	County	1- Interstate 2- US Primary 3- SC Primary	4- Secondary 5- County 6- Other	Collision Location (Rt. # / Name)	0- Main 1- Alternate 2- Spur	6- Connection 7- Business 8- Other	Miles: 3.5	Dir: N E S W	Near City or Town of: COLUMBIA									
Lane # / Dir: 1/2 N/S	Distance Offset: 52	Direction: N/W	1- Interstate 2- US Primary 3- SC Primary	4- Secondary 5- County 6- Other	Base Intersection (Rt. # / Name): 125	0- Main 1- Alternate 2- Spur	6- Connection 7- Business 8- Other	ASRU code	MPI/Grid										
R.R. Id: N/A	From: N/F S/W	Ramp Only	1- Interstate 2- US Primary 3- SC Primary	4- Secondary 5- County 6- Other	Second Intersection (Rt. # / Name): 125	0- Main 1- Alternate 2- Spur	6- Connection 7- Business 8- Other	Latitude	Longitude										
N-258457 Driver/Pedestrian's Full Name					N-258458 Driver/Pedestrian's Full Name														
Unit #	Sex	Race	Street/R.F.D.		Unit #	Sex	Race	Street/R.F.D.											
Birth Date		City, State, & Zip			Birth Date		City, State, & Zip												
State	Driver's License #		Insurance Company		State	Driver's License #		Insurance Company											
Year	Body	Vehicle Make	VIN #		Year	Body	Vehicle Make	VIN #											
State	Year	License Plate #	Owner's D.L. #		State	Year	License Plate #	Owner's D.L. #											
Home Telephone		Owner's Full Name			Home Telephone		Owner's Full Name												
Bus. Telephone		Street/R.F.D.			Bus. Telephone		Street/R.F.D.												
Contributed To Collision		City, State, & Zip			Contributed To Collision		City, State, & Zip												
Estimated Speed	Speed Limit	C.D.L. Req. Yes No	T/B S Req. Yes No	Alc/Org info (see back): Yes No	Estimated Speed	Speed Limit	C.D.L. Req. Yes No	T/B S Req. Yes No	Alc/Org info (see back): Yes No										
Summons #	Code	Summons #	Code	Towed By	Summons #	Code	Summons #	Code	Towed By										
N-258459 Driver/Pedestrian's Full Name					N-258459 Driver/Pedestrian's Full Name														
Unit #	Sex	Race	Street/R.F.D.		Unit #	Sex	Race	Street/R.F.D.											
Birth Date		City, State, & Zip			Birth Date		City, State, & Zip												
State	Driver's License #		Insurance Company		State	Driver's License #		Insurance Company											
Year	Body	Vehicle Make	VIN #		Year	Body	Vehicle Make	VIN #											
State	Year	License Plate #	Owner's D.L. #		State	Year	License Plate #	Owner's D.L. #											
Home Telephone		Owner's Full Name			Home Telephone		Owner's Full Name												
Bus. Telephone		Street/R.F.D.			Bus. Telephone		Street/R.F.D.												
Contributed To Collision		City, State, & Zip			Contributed To Collision		City, State, & Zip												
Estimated Speed	Speed Limit	C.D.L. Req. Yes No	T/B S Req. Yes No	Alc/Org info (see back): Yes No	Estimated Speed	Speed Limit	C.D.L. Req. Yes No	T/B S Req. Yes No	Alc/Org info (see back): Yes No										
Summons #	Code	Summons #	Code	Towed By	Summons #	Code	Summons #	Code	Towed By										
Dir. of Travel: Unit 1: N S E W Unit 2: N S E W Unit 3: N S E W																			
					<table border="1"> <tr> <td>Unit 1 Dam.</td> <td>Unit 2 Dam.</td> <td>Unit 3 Dam.</td> <td>Prop. Dam. 1</td> <td>Prop. Dam. 2</td> </tr> <tr> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> </tr> </table>					Unit 1 Dam.	Unit 2 Dam.	Unit 3 Dam.	Prop. Dam. 1	Prop. Dam. 2	\$	\$	\$	\$	\$
Unit 1 Dam.	Unit 2 Dam.	Unit 3 Dam.	Prop. Dam. 1	Prop. Dam. 2															
\$	\$	\$	\$	\$															
Property Owner/Witness					Property Owner/Witness														
Address					Address														
State		Zip	Phone		State		Zip	Phone											
Photo: Describe What Happened (Refer to Units by Number)																			
Y N THIS SAMPLE SHOWS THAT SECONDARY 125 INTERSECTS WITH SC48 TWO TIMES. THE COLLISION OCCURRED BETWEEN THE TWO INTERSECTIONS. THE BASE AND SECOND INTERSECTION FOR THIS COLLISION WOULD BE SECONDARY 125.																			
<p>NOTICE - THE TR-310 IS FOR STATISTICAL REPORTING PURPOSES ONLY AND IS A REFLECTION OF THE OFFICER'S BEST KNOWLEDGE, OPINION, AND BELIEF COVERING THE COLLISION BUT NO WARRANTY IS MADE AS TO THE FACTUAL ACCURACY THEREOF.</p>																			
Investigating Officer's Name		Rank	Badge #	Code	Date	Reviewer's Name		Rank	Internal Agency Code										

D.P.S. USE ONLY		Page #	SOUTH CAROLINA TRAFFIC COLLISION REPORT FORM TR-310 (Rev. 01/2001)				# Of Units	Amended - Attach Copy of Original Report	Notified	Arrived
Date	Time	County	1- Interstate 2- US Primary 3- SC Primary	4- Secondary 5- County 6- Other	Collision Location (Rt. # / Name)	0- Main 2- Alternate 5- Spur	6- Connection 7- Business 8- Other	Miles: Dir. N, S, E, W	Near City or Town of:	
01-19-2001	1920	40			5 22			2.0 (S) W	COLUMBIA	
Lane # / Dir.	Distance Offset Miles	Direction N, E, S, W	1- Interstate 2- US Primary 3- SC Primary	4- Secondary 5- County 6- Other	Base Intersection (Rt. # / Name)	0- Main 2- Alternate 5- Spur	6- Connection 7- Business 8- Other	ASRU code	MP/Grid	
# 1 2	.20	N E			21					
R.R. Id.	From Ramp Only	To	1- Interstate 2- US Primary 3- SC Primary	4- Secondary 5- County 6- Other	Second Intersection (Rt. # / Name)	0- Main 2- Alternate 5- Spur	6- Connection 7- Business 8- Other	Latitude	Longitude	
N/A					DEAD END					
N-258460 Driver/Pedestrian's Full Name					N-258461 Driver/Pedestrian's Full Name					
Unit #	Sex	Race	Street/R.F.D.		Unit #	Sex	Race	Street/R.F.D.		
Birth Date		City, State, & Zip			Birth Date		City, State, & Zip			
State	Driver's License #	Insurance Company			State	Driver's License #	Insurance Company			
Year	Body	Vehicle Make	VIN #		Year	Body	Vehicle Make	VIN #		
State	Year	License Plate #	Owner's D.L. #		State	Year	License Plate #	Owner's D.L. #		
Home Telephone		Owner's Full Name			Home Telephone		Owner's Full Name			
Bus. Telephone		Street/R.F.D.			Bus. Telephone		Street/R.F.D.			
Contributed To Collision		City, State, & Zip			Contributed To Collision		City, State, & Zip			
Yes	No				Yes	No				
Estimated Speed	Speed Limit	C.D.L. Req. Yes No	T/B S Req. Yes No	Alc/Org info (see back): Yes No	Estimated Speed	Speed Limit	C.D.L. Req. Yes No	T/B S Req. Yes No	Alc/Org info (see back): Yes No	
		Summons #	Code	Summons #	Code	Towed By	Summons #	Code	Summons #	
N-258462 Driver/Pedestrian's Full Name					N-258463 Driver/Pedestrian's Full Name					
Unit #	Sex	Race	Street/R.F.D.		Unit #	Sex	Race	Street/R.F.D.		
Birth Date		City, State, & Zip			Birth Date		City, State, & Zip			
State	Driver's License #	Insurance Company			State	Driver's License #	Insurance Company			
Year	Body	Vehicle Make	VIN #		Year	Body	Vehicle Make	VIN #		
Home Telephone		Owner's Full Name			Home Telephone		Owner's Full Name			
Bus. Telephone		Street/R.F.D.			Bus. Telephone		Street/R.F.D.			
Contributed To Collision		City, State, & Zip			Contributed To Collision		City, State, & Zip			
Yes	No				Yes	No				
Estimated Speed	Speed Limit	C.D.L. Req. Yes No	T/B S Req. Yes No	Alc/Org info (see back): Yes No	Estimated Speed	Speed Limit	C.D.L. Req. Yes No	T/B S Req. Yes No	Alc/Org info (see back): Yes No	
		Summons #	Code	Summons #	Code	Towed By	Summons #	Code	Summons #	
Dir. of Travel: Unit 1: N S E W Unit 2: N S E W Unit 3: N S E W										
					Unit 1 Dam.	Unit 2 Dam.	Unit 3 Dam.	Prop. Dam. 1	Prop. Dam. 2	
					\$	\$	\$	\$	\$	
					Property Owner/Witness		Property Owner/Witness			
					Address		Address			
					State	Zip	Phone	State	Zip	Phone
Photo: Describe What Happened (Refer to Units by Number)										
Y N THIS SAMPLE SHOWS HOW TO COMPLETE THE LOCATION SEGMENT WHEN THE COLLISION OCCURRED ON A DEAD END ROAD										
<p>NOTICE - THE TR-310 IS FOR STATISTICAL REPORTING PURPOSES ONLY AND IS A REFLECTION OF THE OFFICER'S BEST KNOWLEDGE, OPINION, AND BELIEF COVERING THE COLLISION BUT NO WARRANT IS MADE AS TO THE FACTUAL ACCURACY THEREOF.</p>										
Investigating Officer's Name	Rank	Badge #	Code	Date	Reviewer's Name	Rank	Internal Agency Code			

D.P.S. USE ONLY		Page #	SOUTH CAROLINA TRAFFIC COLLISION REPORT FORM TR-310 (Rev. 01/2001)				# Of Units	Amended - Attach Copy of Original Report Corrected	Notified	Arrived	
Date	Time	County	1- Interstate 2- US Primary 3- SC Primary	4- Secondary 5- County	Collision Location (Rt. # / Name)	0- Main 2- Alternate 5- Spur	6- Connection 7- Business	Miles: 3.7	Dir. N E S W	Near City or Town of: COLUMBIA	
Lane # / Dir. # 12	Distance Offset .30	Direction N E	1- Interstate 2- US Primary 3- SC Primary	4- Secondary 5- County 6- Other	Base Intersection (Rt. # / Name) 13	0- Main 2- Alternate 5- Spur	6- Connection 7- Business 9- Other	ASRU code	IMPIGrid		
R.R. Id. N/A	From	Ramp Only	To	1- Interstate 2- US Primary 3- SC Primary	Second Intersection (Rt. # / Name) 12	0- Main 2- Alternate 5- Spur	6- Connection 7- Business 9- Other	Latitude	Longitude		
N-258463 Driver/Pedestrian's Full Name					N-258464 Driver/Pedestrian's Full Name						
Unit #	Sex	Race	Street/R.F.D.			Unit #	Sex	Race	Street/R.F.D.		
Birth Date		City, State, & Zip				Birth Date		City, State, & Zip			
State	Driver's License #		Insurance Company			State	Driver's License #		Insurance Company		
Year	Body	Vehicle Make	VIN #			Year	Body	Vehicle Make	VIN #		
State	Year	License Plate #	Owner's D.L. #			State	Year	License Plate #	Owner's D.L. #		
Home Telephone		Owner's Full Name				Home Telephone		Owner's Full Name			
Bus. Telephone		Street/R.F.D.				Bus. Telephone		Street/R.F.D.			
Contributed To Collision		City, State, & Zip				Contributed To Collision		City, State, & Zip			
Estimated Speed	Speed Limit	C.D.L. Req. Yes No	T/B S Req. Yes No	Alo/Drg info (see back): Yes No		Estimated Speed	Speed Limit	C.D.L. Req. Yes No	T/B S Req. Yes No	Alo/Drg info (see back): Yes No	
Summons #	Code	Summons #	Code	Towed By		Summons #	Code	Summons #	Code	Towed By	
N-258465 Driver/Pedestrian's Full Name					N-258466 Driver/Pedestrian's Full Name						
Unit #	Sex	Race	Street/R.F.D.			Home Telephone		Owner's Full Name			
Birth Date		City, State, & Zip				Bus. Telephone		Street/R.F.D.			
State	Driver's License #		Insurance Company			Contributed To Collision		City, State, & Zip			
Year	Body	Vehicle Make	VIN #			Estimated Speed	Speed Limit	C.D.L. Req. Yes No	T/B S Req. Yes No	Alo/Drg info (see back): Yes No	
Dir. of Travel:		Unit 1: N S E W	Unit 2: N S E W	Unit 3: N S E W	Summons #	Code	Summons #	Code	Towed By		
					Unit 1 Dam.	Unit 2 Dam.	Unit 3 Dam.	Prop. Dam. 1	Prop. Dam. 2		
					\$	\$	\$	\$	\$		
					Property Owner/Witness			Property Owner/Witness			
					Address			Address			
					State	Zip	Phone	State	Zip	Phone	
Photo: Describe What Happened (Refer to Units by Number) Y N THIS SAMPLE REPORT SHOWS HOW TO COMPLETE THE LOCATION SEGMENT FOR A COLLISION THAT OCCURRED ON A COUNTY ROAD BETWEEN AN INTERSECTION AND A SECONDARY ROAD WHERE THE PAVEMENT BEGINS.											
NOTICE - THE TR-310 IS FOR STATISTICAL REPORTING PURPOSES ONLY AND IS A REFLECTION OF THE OFFICER'S BEST KNOWLEDGE, OPINION, AND BELIEF COVERING THE COLLISION BUT NO WARRANT IS MADE AS TO THE FACTUAL ACCURACY THEREOF.											
Investigating Officer's Name			Rank	Badge #	Code	Date	Reviewer's Name			Rank	Internal Agency Code

D.P.S. USE ONLY		Page #	SOUTH CAROLINA TRAFFIC COLLISION REPORT FORM - TR-310 (Rev. 01/2001)				# Of Units	Accident of Original Report	Notified	Arrived									
Date	Time	County	1- Interstate 2- US Primary 3- SC Primary	4- Secondary 5- County 6- Other	Collision Location (Rt. # / Name)	0- Main 1- Alternate 2- Spur	6- Connection 7- Business 8- Other	Miles: 1 Dir. 2- W 3- E 4- S 5- N	Near City or Town of:										
01-04-2001	2120	40	2	5	1	0	7	1.1	COLUMBIA										
Lane # / Dir.	Distance Offset	Direction	1- Interstate 2- US Primary 3- SC Primary	4- Secondary 5- County 6- Other	Base Intersection (Rt. # / Name)	0- Main 1- Alternate 2- Spur	6- Connection 7- Business 8- Other	ASRU code	MPI/Grid										
1 4	10	N	1	4	20	0	7												
R.R. Id.	From	Ramp Only	To	1- Interstate 2- US Primary 3- SC Primary	Second Intersection (Rt. # / Name)	0- Main 1- Alternate 2- Spur	6- Connection 7- Business 8- Other	Latitude	Longitude										
N/A	N F	1 - Entrance	N E	2- US Primary	44	0	7												
N-258466 Driver/Pedestrian's Full Name					N-258467 Driver/Pedestrian's Full Name														
Unit #	Sex	Race	Street/R.F.D.		Unit #	Sex	Race	Street/R.F.D.											
Birth Date		City, State, & Zip			Birth Date		City, State, & Zip												
State	Driver's License #		Insurance Company		State	Driver's License #		Insurance Company											
Year	Body	Vehicle Make	VIN #		Year	Body	Vehicle Make	VIN #											
State	Year	License Plate #	Owner's D.L. #		State	Year	License Plate #	Owner's D.L. #											
Home Telephone		Owner's Full Name			Home Telephone		Owner's Full Name												
Bus. Telephone		Street/R.F.D.			Bus. Telephone		Street/R.F.D.												
Contributed To Collision		City, State, & Zip			Contributed To Collision		City, State, & Zip												
Yes	No				Yes	No													
Estimated Speed	Speed Limit	C.D.L. Req: Yes No	T/B S Req: Yes No	Alc/Org info (see back): Yes No	Estimated Speed	Speed Limit	C.D.L. Req: Yes No	T/B S Req: Yes No	Alc/Org info (see back): Yes No										
		Summons #	Code	Summons #			Summons #	Code	Summons #										
N-258468 Driver/Pedestrian's Full Name					N-258469 Driver/Pedestrian's Full Name														
Unit #	Sex	Race	Street/R.F.D.		Unit #	Sex	Race	Street/R.F.D.											
Birth Date		City, State, & Zip			Birth Date		City, State, & Zip												
State	Driver's License #		Insurance Company		State	Driver's License #		Insurance Company											
Year	Body	Vehicle Make	VIN #		Year	Body	Vehicle Make	VIN #											
Home Telephone		Owner's Full Name			Home Telephone		Owner's Full Name												
Bus. Telephone		Street/R.F.D.			Bus. Telephone		Street/R.F.D.												
Contributed To Collision		City, State, & Zip			Contributed To Collision		City, State, & Zip												
Yes	No				Yes	No													
Estimated Speed	Speed Limit	C.D.L. Req: Yes No	T/B S Req: Yes No	Alc/Org info (see back): Yes No	Estimated Speed	Speed Limit	C.D.L. Req: Yes No	T/B S Req: Yes No	Alc/Org info (see back): Yes No										
		Summons #	Code	Summons #			Summons #	Code	Summons #										
Dir. of Travel: Unit 1: N S E W Unit 2: N S E W Unit 3: N S E W																			
					<table border="1"> <tr> <td>Unit 1 Dam.</td> <td>Unit 2 Dam.</td> <td>Unit 3 Dam.</td> <td>Prop. Dam. 1</td> <td>Prop. Dam. 2</td> </tr> <tr> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> </tr> </table>					Unit 1 Dam.	Unit 2 Dam.	Unit 3 Dam.	Prop. Dam. 1	Prop. Dam. 2	\$	\$	\$	\$	\$
Unit 1 Dam.	Unit 2 Dam.	Unit 3 Dam.	Prop. Dam. 1	Prop. Dam. 2															
\$	\$	\$	\$	\$															
<p>Property Owner/Witness</p> <p>Address</p> <p>State Zip Phone</p>					<p>Property Owner/Witness</p> <p>Address</p> <p>State Zip Phone</p>														
<p>Photo: Describe What Happened (Refer to Units by Number)</p> <p>Y N THIS SAMPLE REPORT SHOWS HOW TO COMPLETE THE LOCATION SEGMENT FOR A COLLISION THAT OCCURRED ON THE US 1 BRIDGE OVER I-20.</p> <p>THIS SAMPLE ALSO SHOWS HOW TO NUMBER LANES AND THAT YOU PUT TOTAL NUMBER OF LANES IN BOTH DIRECTIONS IN RIGHT SIDE OF LANE BOX</p>																			
<p>NOTICE - THE TR-310 IS FOR STATISTICAL REPORTING PURPOSES ONLY AND IS A REFLECTION OF THE OFFICER'S BEST KNOWLEDGE, OPINION, AND BELIEF COVERING THE COLLISION BUT NO WARRANT IS MADE AS TO THE FACTUAL ACCURACY THEREOF.</p>																			
Investigating Officer's Name		Rank	Badge #	Code	Date	Reviewer's Name		Rank	Internal Agency Code										

D.P.S. USE ONLY		Page #	SOUTH CAROLINA TRAFFIC COLLISION REPORT FORM TR-310 (Rev. 01/2001)				# Of Units	Amended - Attach Copy of Original Report	Notified	Arrived		
Date	Time	County	1- Interstate 2- US Primary 3- SC Primary	4- Secondary 5- County 6- Other	Collision Location (Rt. # / Name)	0-Main 2-Alternate 5-Spur	6-Connection 7-Business 9-Other	Miles: 1 Dir. 2 N E 3 S W	In / Near City or Town of:			
Lane # / Dir. #	Distance Offset Miles	Direction N E S W	1- Interstate 2- US Primary 3- SC Primary	4- Secondary 5- County 6- Other	Base Intersection (Rt. # / Name)	0-Main 2-Alternate 5-Spur	6-Connection 7-Business 9-Other	ASRU code	MPI/Grid			
R.R. Id.	From Ramp Only	To	1- Interstate 2- US Primary 3- SC Primary	4- Secondary 5- County 6- Other	Second Intersection (Rt. # / Name)	0-Main 2-Alternate 5-Spur	6-Connection 7-Business 9-Other	Latitude	Longitude			
N-258490 Driver/Pedestrian's Full Name					N-258491 Driver/Pedestrian's Full Name							
Unit #	Sex	Race	Street/R.F.D.		Unit #	Sex	Race	Street/R.F.D.				
Birth Date		City, State, & Zip			Birth Date		City, State, & Zip					
State	Driver's License #		Insurance Company		State	Driver's License #		Insurance Company				
Year	Body	Vehicle Make	VIN #		Year	Body	Vehicle Make	VIN #				
State	Year	License Plate #	Owner's D.L. #		State	Year	License Plate #	Owner's D.L. #				
Home Telephone ()		Owner's Full Name			Home Telephone ()		Owner's Full Name					
Bus. Telephone ()		Street/R.F.D.			Bus. Telephone ()		Street/R.F.D.					
Contributed To Collision		City, State, & Zip			Contributed To Collision		City, State, & Zip					
Estimated Speed	Speed Limit	C.D.L. Req. Yes No	T/B S Req. Yes No	Alc/Org info (see back): Yes No	Estimated Speed	Speed Limit	C.D.L. Req. Yes No	T/B S Req. Yes No	Alc/Org info (see back): Yes No			
Summons #		Code	Summons #	Code	Summons #		Code	Summons #	Code			
N-258492 Driver/Pedestrian's Full Name					State Year License Plate # Owner's D.L. #							
Unit #	Sex	Race	Street/R.F.D.		Home Telephone ()		Owner's Full Name					
Birth Date		City, State, & Zip			Bus. Telephone ()		Street/R.F.D.					
State	Driver's License #		Insurance Company		Contributed To Collision		City, State, & Zip					
Year	Body	Vehicle Make	VIN #		Estimated Speed	Speed Limit	C.D.L. Req. Yes No	T/B S Req. Yes No	Alc/Org info (see back): Yes No			
Summons #		Code	Summons #	Code	Summons #		Code	Summons #	Code			
Dir. of Travel: Unit 1: N S E W Unit 2: N S E W Unit 3: N S E W					Unit 1 Dam. Unit 2 Dam. Unit 3 Dam. Prop. Dam. 1 Prop. Dam. 2							
					Property Owner/Witness							
					Address							
					State Zip		Phone			State Zip		Phone
					Photo: Describe What Happened (Refer to Units by Number)							
					Y N THIS SAMPLE REPORT SHOWS THE CENTER OF THIS INTERSECTION. THE CENTER OF THE INTERSECTION IS LOCATED IN THE EXACT CENTER OF THE ROAD.							
EXCEPTION: IF THE MEDIAN IS OVER 33 FEET WIDE, THERE ARE TWO DIFFERENT INTERSECTIONS												
<p>NOTICE - THE TR-310 IS FOR STATISTICAL REPORTING PURPOSES ONLY AND IS A REFLECTION OF THE OFFICER'S BEST KNOWLEDGE, OPINION, AND BELIEF COVERING THE COLLISION BUT NO WARRANTY IS MADE AS TO THE FACTUAL ACCURACY THEREOF.</p>												
Investigating Officer's Name		Rank	Badge #	Code	Date	Reviewer's Name		Rank	Internal Agency Code			

D.P.S. USE ONLY		Page #	SOUTH CAROLINA TRAFFIC COLLISION REPORT FORM				# Of Units	Amended - Attach Copy of Original Report	Notified	Arrived									
			TR-310 (Rev. 01/2001)					Corrected											
Date	Time	County	1- Interstate 2- US Primary 3- SC Primary	4- Secondary 5- County	Collision Location (Rt. # / Name)	0- Main 1- Alternate 2- Spur	6- Connection 7- Business	Miles: 5.0	Dir. N S E W	Near City or Town of: COLUMBIA									
01-01-2001	0120	40			176														
Lane # / Dir.	Distance Offset	Direction	1- Interstate 2- US Primary 3- SC Primary	4- Secondary 5- County 6- Other	Base Intersection (Rt. # / Name)	0- Main 1- Alternate 2- Spur	6- Connection 7- Business 8- Other	ASRU code	MP/Grid										
# 1 / 2 N E S W	.10	N E S W			91														
R.R. Id.	From	Ramp Only	To	1- Interstate 2- US Primary 3- SC Primary	4- Secondary 5- County 6- Other	Second Intersection (Rt. # / Name)	0- Main 1- Alternate 2- Spur	6- Connection 7- Business 8- Other	Latitude	Longitude									
N/A						LEXINGTON CO. LINE													
N-258469					N-258470														
Unit #	Sex	Race	Street/R.F.D.		Unit #	Sex	Race	Street/R.F.D.											
Birth Date		City, State, & Zip			Birth Date		City, State, & Zip												
State	Driver's License #		Insurance Company		State	Driver's License #		Insurance Company											
Year	Body	Vehicle Make	VIN #		Year	Body	Vehicle Make	VIN #											
State	Year	License Plate #	Owner's D.L. #		State	Year	License Plate #	Owner's D.L. #											
Home Telephone		Owner's Full Name			Home Telephone		Owner's Full Name												
Bus. Telephone		Street/R.F.D.			Bus. Telephone		Street/R.F.D.												
Contributed To Collision		City, State, & Zip			Contributed To Collision		City, State, & Zip												
Yes No					Yes No														
Estimated Speed	Speed Limit	C.D.L. Req. Yes No	T/B S Req. Yes No	Alc/Drg info (see back) Yes No	Estimated Speed	Speed Limit	C.D.L. Req. Yes No	T/B S Req. Yes No	Alc/Drg info (see back) Yes No										
		Summons #	Code	Summons #			Summons #	Code	Summons #										
N-258471					N-258471														
Unit #	Sex	Race	Street/R.F.D.		Home Telephone	Owner's Full Name													
Birth Date		City, State, & Zip			Bus. Telephone		Street/R.F.D.												
State	Driver's License #		Insurance Company		Contributed To Collision		City, State, & Zip												
Year	Body	Vehicle Make	VIN #		Yes No														
Estimated Speed	Speed Limit	C.D.L. Req. Yes No	T/B S Req. Yes No	Alc/Drg info (see back) Yes No	Estimated Speed	Speed Limit	C.D.L. Req. Yes No	T/B S Req. Yes No	Alc/Drg info (see back) Yes No										
		Summons #	Code	Summons #			Summons #	Code	Summons #										
Dir. of Travel: Unit 1: N S E W Unit 2: N S E W Unit 3: N S E W																			
					<table border="1"> <tr> <td>Unit 1 Dam.</td> <td>Unit 2 Dam.</td> <td>Unit 3 Dam.</td> <td>Prop. Dam. 1</td> <td>Prop. Dam. 2</td> </tr> <tr> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> </tr> </table>					Unit 1 Dam.	Unit 2 Dam.	Unit 3 Dam.	Prop. Dam. 1	Prop. Dam. 2	\$	\$	\$	\$	\$
Unit 1 Dam.	Unit 2 Dam.	Unit 3 Dam.	Prop. Dam. 1	Prop. Dam. 2															
\$	\$	\$	\$	\$															
Property Owner/Witness					Property Owner/Witness														
Address					Address														
State		Zip	Phone		State		Zip	Phone											
																			
Photo: Describe What Happened (Refer to Units by Number) Y N THIS SAMPLE REPORT SHOWS HOW TO COMPLETE THE LOCATION SEGMENT USING A COUNTY LINE AS THE SECOND INTERSECTION * DO NOT CROSS COUNTY LINES AND USE INTERSECTIONS IN THE NEXT COUNTY AS BASE OR SECOND INTERSECTIONS.																			
NOTICE - THE TR-310 IS FOR STATISTICAL REPORTING PURPOSES ONLY AND IS A REFLECTION OF THE OFFICER'S BEST KNOWLEDGE, OPINION, AND BELIEF COVERING THE COLLISION BUT NO WARRANT IS MADE AS TO THE FACTUAL ACCURACY THEREOF.																			
Investigating Officer's Name		Rank	Badge #	Code	Date	Reviewer's Name		Rank	Internal Agency Code										

D.P.S. USE ONLY				Page #	SOUTH CAROLINA TRAFFIC COLLISION REPORT FORM TR-310 (Rev. 01/2001)				# Of Units	Amended - Attach Copy of Original Report	Notified	Arrived
Date	Time	County	1- Interstate 2- US Primary 3- SC Primary	4- Secondary 5- County	Collision Location (Rt. # / Name)				0- Main 2- Alternate 5- Spur	6- Connection 7- Business	Miles: 1.5	Dir. N Near City or Town of: COLUMBIA
Lane # / Dir. 2 / SW	Distance Offset 20	Direction NE	1- Interstate 2- US Primary 3- SC Primary	4- Secondary 5- County 6- Other	Base Intersection (Rt. # / Name) 156				0- Main 2- Alternate 5- Spur	6- Connection 7- Business 9- Other	ASRU code	MP/Grid
R.R. Id. N/A	From	Ramp Only	1- Interstate 2- US Primary 3- SC Primary	4- Secondary 5- County 6- Other	Second Intersection (Rt. # / Name) 155				0- Main 2- Alternate 5- Spur	6- Connection 7- Business 9- Other	Latitude	Longitude
N-258475 Driver/Pedestrian's Full Name						N-258476 Driver/Pedestrian's Full Name						
Unit #	Sex	Race	Street/R.F.D.			Unit #	Sex	Race	Street/R.F.D.			
Birth Date		City, State, & Zip				Birth Date		City, State, & Zip				
State	Driver's License #		Insurance Company			State	Driver's License #		Insurance Company			
Year	Body	Vehicle Make	VIN #			Year	Body	Vehicle Make	VIN #			
State	Year	License Plate #	Owner's D.L. #			State	Year	License Plate #	Owner's D.L. #			
Home Telephone		Owner's Full Name				Home Telephone		Owner's Full Name				
Bus. Telephone		Street/R.F.D.				Bus. Telephone		Street/R.F.D.				
Contributed To Collision		City, State, & Zip				Contributed To Collision		City, State, & Zip				
Estimated Speed	Speed Limit	C.D.L. Req: Yes No	T/B S Req: Yes No	Alc/Org info (see back): Yes No		Estimated Speed	Speed Limit	C.D.L. Req: Yes No	T/B S Req: Yes No	Alc/Org info (see back): Yes No		
N-258477 Driver/Pedestrian's Full Name		State Year License Plate # Owner's D.L. #				N-258477 Driver/Pedestrian's Full Name		State Year License Plate # Owner's D.L. #				
Unit #	Sex	Race	Street/R.F.D.			Unit #	Sex	Race	Street/R.F.D.			
Birth Date		City, State, & Zip				Birth Date		City, State, & Zip				
State	Driver's License #		Insurance Company			State	Driver's License #		Insurance Company			
Year	Body	Vehicle Make	VIN #			Year	Body	Vehicle Make	VIN #			
Contributed To Collision		City, State, & Zip				Contributed To Collision		City, State, & Zip				
Estimated Speed	Speed Limit	C.D.L. Req: Yes No	T/B S Req: Yes No	Alc/Org info (see back): Yes No		Estimated Speed	Speed Limit	C.D.L. Req: Yes No	T/B S Req: Yes No	Alc/Org info (see back): Yes No		
Dir. of Travel: Unit 1: N S E W Unit 2: N S E W Unit 3: N S E W												
						Unit 1 Dam.	Unit 2 Dam.	Unit 3 Dam.	Prop. Dam. 1	Prop. Dam. 2		
						\$	\$	\$	\$	\$		
						Property Owner/Witness			Property Owner/Witness			
						Address			Address			
State Zip		Phone		State Zip		Phone						
Photo: Describe What Happened (Refer to Units by Number)												
Y N THIS SAMPLE REPORT SHOWS HOW TO COMPLETE THE LOCATION SEGMENT FOR A COLLISION THAT OCCURRED ON AN ODD-NUMBERED ROUTE.												
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Investigating Officer's Name			Rank	Badge #	Code	Date	Reviewer's Name			Rank	Internal Agency Code	

D.F.S. USE ONLY		Page #	SOUTH CAROLINA TRAFFIC COLLISION REPORT FORM TR-310 (Rev. 01/2001)				# Of Units	Amended - Attach Copy of Original Report	Notified	Arrived
Date	Time	County	1- Interstate 2- US Primary 3- SC Primary	4- Secondary 5- County	Collision Location (Rt. # / Name)	0- Main 2- Alternate 5- Spur	6- Connection 7- Business 9- Other	Miles	Dir. Near City or Town of	
1-14-2001	0910	32			On 378			10.1	(S) W LEXINGTON	
Lane # / Dir.	Distance Offset	Direction	1- Interstate 2- US Primary 3- SC Primary	4- Secondary 5- County 6- Other	Base Intersection (Rt. # / Name)	0- Main 2- Alternate 5- Spur	6- Connection 7- Business 9- Other	ASRU code	MP/GRID	
1 2 (S) W	.10	(S) W			22					
R.R. Id.	From Ramp Only	To	1- Interstate 2- US Primary 3- SC Primary	4- Secondary 5- County 6- Other	Second Intersection (Rt. # / Name)	0- Main 2- Alternate 5- Spur	6- Connection 7- Business 9- Other	Latitude	Longitude	
N/A	N E 1 - Entrance S W 1 2 - Exit	N E S W			41					
N-258478 Driver/Pedestrian's Full Name					N-258479 Driver/Pedestrian's Full Name					
Unit #	Sex	Race	Street/R.F.D.		Unit #	Sex	Race	Street/R.F.D.		
Birth Date		City, State, & Zip			Birth Date		City, State, & Zip			
State	Driver's License #		Insurance Company			State	Driver's License #		Insurance Company	
Year	Body	Vehicle Make	VIN #		Year	Body	Vehicle Make	VIN #		
State	Year	License Plate #	Owner's D.L. #		State	Year	License Plate #	Owner's D.L. #		
Home Telephone		Owner's Full Name			Home Telephone		Owner's Full Name			
Bus. Telephone		Street/R.F.D.			Bus. Telephone		Street/R.F.D.			
Contributed To Collision		City, State, & Zip			Contributed To Collision		City, State, & Zip			
Yes	No				Yes	No				
Estimated Speed	Speed Limit	C.D.L. Req. Yes No	T/B S Req. Yes No	Alc/Drg info (see back): Yes No	Estimated Speed	Speed Limit	C.D.L. Req. Yes No	T/B S Req. Yes No	Alc/Drg info (see back): Yes No	
		Summons #	Code	Summons #			Summons #	Code	Summons #	
N-258480 Driver/Pedestrian's Full Name					State Year License Plate # Owner's D.L. #					
Unit #	Sex	Race	Street/R.F.D.		Home Telephone		Owner's Full Name			
Birth Date		City, State, & Zip			Bus. Telephone		Street/R.F.D.			
State	Driver's License #		Insurance Company			Contributed To Collision		City, State, & Zip		
Year	Body	Vehicle Make	VIN #		Estimated Speed	Speed Limit	C.D.L. Req. Yes No	T/B S Req. Yes No	Alc/Drg info (see back): Yes No	
							Summons #	Code	Summons #	
Dir. of Travel: Unit 1: N S E W Unit 2: N S E W Unit 3: N S E W					Unit 1 Dam. Unit 2 Dam. Unit 3 Dam. Prop. Dam. 1 Prop. Dam. 2					
					Property Owner/Witness					
					Address					
					State Zip Phone					
					State Zip Phone					
Photo: Describe What Happened (Refer to Units by Number)					Y N THIS SAMPLE REPORT SHOWS HOW TO COMPLETE THE LOCATION SEGMENT FOR A COLLISION THAT OCCURRED ON AN EVEN NUMBERED ROUTE					
<p>NOTICE - THE TR-310 IS FOR STATISTICAL REPORTING PURPOSES ONLY AND IS A REFLECTION OF THE OFFICER'S BEST KNOWLEDGE, OPINION, AND BELIEF COVERING THE COLLISION BUT NO WARRANTY IS MADE AS TO THE FACTUAL ACCURACY THEREOF.</p>										
Investigating Officer's Name		Rank	Badge #	Code	Date	Reviewer's Name		Rank	Internal Agency Code	

D.P.S. USE ONLY		Page #	SOUTH CAROLINA TRAFFIC COLLISION REPORT FORM TR-310 (Rev. 01/2001)				# Of Units	Amended - Attach Copy of Original Report Corrected	Notified	Arrived
Date	Time	County	1- Interstate 2- US Primary 3- SC Primary	4- Secondary 5- County 6- Other	Collision Location (Rt. # / Name)	0- Main 1- Alternate 2- Spur	6- Connection 7- Business 8- Other	Miles: 5.5	Dir. 1 N E S W	Near City or Town of: LEXINGTON
Lane # / Dir.	Distance Offset Miles	Direction	1- Interstate 2- US Primary 3- SC Primary	4- Secondary 5- County 6- Other	Base Intersection (Rt. # / Name)	0- Main 1- Alternate 2- Spur	6- Connection 7- Business 8- Other	ASRU code	IMPI/Grid	
# 1 / 1	.10	N E	N E	N E	378	0- Main 1- Alternate 2- Spur	6- Connection 7- Business 8- Other			
R.R. Id. NA	From	Ramp Only	To	1- Interstate 2- US Primary 3- SC Primary	Second Intersection (Rt. # / Name)	0- Main 1- Alternate 2- Spur	6- Connection 7- Business 8- Other	Latitude	Longitude	
N-258502 Driver/Pedestrian's Full Name					N-258503 Driver/Pedestrian's Full Name					
Unit #	Sex	Race	Street/R.F.D.		Unit #	Sex	Race	Street/R.F.D.		
			Birth Date					Birth Date		
			City, State, & Zip					City, State, & Zip		
State	Driver's License #		Insurance Company		State	Driver's License #		Insurance Company		
Year	Body	Vehicle Make	VIN #		Year	Body	Vehicle Make	VIN #		
State	Year	License Plate #	Owner's D.L. #		State	Year	License Plate #	Owner's D.L. #		
Home Telephone		Owner's Full Name			Home Telephone		Owner's Full Name			
Bus. Telephone		Street/R.F.D.			Bus. Telephone		Street/R.F.D.			
Contributed To Collision		City, State, & Zip			Contributed To Collision		City, State, & Zip			
Yes	No				Yes	No				
Estimated Speed	Speed Limit	C.D.L. Req. Yes No	T/B S Req. Yes No	Alto/Org info (see back): Yes No	Estimated Speed	Speed Limit	C.D.L. Req. Yes No	T/B S Req. Yes No	Alto/Org info (see back): Yes No	
		Summons #	Code	Towed By			Summons #	Code	Towed By	
N-258504 Driver/Pedestrian's Full Name					State Year License Plate # Owner's D.L. #					
Unit #	Sex	Race	Street/R.F.D.		Home Telephone		Owner's Full Name			
			Birth Date		Bus. Telephone		Street/R.F.D.			
			City, State, & Zip		Contributed To Collision		City, State, & Zip			
State	Driver's License #		Insurance Company		Contributed To Collision		City, State, & Zip			
Year	Body	Vehicle Make	VIN #		Estimated Speed	Speed Limit	C.D.L. Req. Yes No	T/B S Req. Yes No	Alto/Org info (see back): Yes No	
					Summons #	Code	Summons #	Code	Towed By	
Dir. of Travel: Unit 1: N S E W Unit 2: N S E W Unit 3: N S E W										
					Unit 1 Dam.	Unit 2 Dam.	Unit 3 Dam.	Prop. Dam. 1	Prop. Dam. 2	
					\$	\$	\$	\$	\$	
					Property Owner/Witness		Property Owner/Witness		Property Owner/Witness	
					Address		Address		Address	
					State	Zip	Phone	State	Zip	Phone
Photo: Describe What Happened (Refer to Units by Number)										
Y N THIS SAMPLE SHOWS THE PROPER WAY TO COMPLETE THE LOCATION SEGMENT WHEN THE COLLISION OCCURRED ON A RAMP.										
<p>NOTICE - THE TR-310 IS FOR STATISTICAL REPORTING PURPOSES ONLY AND IS A REFLECTION OF THE OFFICER'S BEST KNOWLEDGE, OPINION, AND BELIEF COVERING THE COLLISION BUT NO WARRANT IS MADE AS TO THE FACTUAL ACCURACY THEREOF.</p>										
Investigating Officer's Name		Rank	Badge #	Code	Date	Reviewer's Name		Rank	Internal Agency Code	

D.P.S. USE ONLY		Page #	SOUTH CAROLINA TRAFFIC COLLISION REPORT FORM TR-310 (Rev. 01/2001)				# Of Units	Amended - Attach Copy of Original Report	Notified	Arrived
Date	Time	County	1- Interstate 2- US Primary 3- SC Primary	4- Secondary 5- County 6- Other	Collision Location (Rt. # / Name)	0- Main 2- Alternate 5- Spur	6- Connection 7- Business 9- Other	Miles	Dir. N S W	+/ Near City or Town of:
01-01-2001	0900	32			6 /			5.2	W	LEXINGTON
Lane # / Dir.	Distance Offset	Direction	1- Interstate 2- US Primary 3- SC Primary	4- Secondary 5- County 6- Other	Base Intersection (Rt. # / Name)	0- Main 2- Alternate 5- Spur	6- Connection 7- Business 9- Other	ASRU code	MPI/ Grid	
R.R. Id.	From	Ramp Only	To	1- Interstate 2- US Primary 3- SC Primary	4- Secondary 5- County 6- Other	Second Intersection (Rt. # / Name)	0- Main 2- Alternate 5- Spur	6- Connection 7- Business 9- Other	Latitude	Longitude
N-258493 Driver/Pedestrian's Full Name N-258421 BROWN - JOHN ALVIN					N-258494 Driver/Pedestrian's Full Name N-258422 SMITH - MARY ANN					
Unit #	Sex	Race	Street/R.F.D.		Unit #	Sex	Race	Street/R.F.D.		
1					2					
Birth Date		City, State, & Zip			Birth Date		City, State, & Zip			
State	Driver's License #		Insurance Company		State	Driver's License #		Insurance Company		
	007759258					002487080				
Year	Body	Vehicle Make	VIN #		Year	Body	Vehicle Make	VIN #		
State	Year	License Plate #	Owner's D.L. #		State	Year	License Plate #	Owner's D.L. #		
Home Telephone		Owner's Full Name			Home Telephone		Owner's Full Name			
Bus. Telephone		Street/R.F.D.			Bus. Telephone		Street/R.F.D.			
Contributed To Collision		City, State, & Zip			Contributed To Collision		City, State, & Zip			
Yes No					Yes No					
Estimated Speed	Speed Limit	C.D.L. Req: Yes No	T.B.S. Req: Yes No	Alc/Org Info (see back): Yes No	Estimated Speed	Speed Limit	C.D.L. Req: Yes No	T.B.S. Req: Yes No	Alc/Org Info (see back): Yes No	
		Summons #	Code	Summons #			Summons #	Code	Summons #	
N-258495 Driver/Pedestrian's Full Name					State Year License Plate # Owner's D.L. #					
Unit #	Sex	Race	Street/R.F.D.		Home Telephone		Owner's Full Name			
Birth Date		City, State, & Zip			Bus. Telephone		Street/R.F.D.			
State	Driver's License #		Insurance Company		Contributed To Collision		City, State, & Zip			
					Yes No					
Year	Body	Vehicle Make	VIN #		Estimated Speed	Speed Limit	C.D.L. Req: Yes No	T.B.S. Req: Yes No	Alc/Org Info (see back): Yes No	
							Summons #	Code	Summons #	
Dir. of Travel: Unit 1: N S E W Unit 2: N S E W Unit 3: N S E W										
Unit 1 Dam.		Unit 2 Dam.		Unit 3 Dam.		Prop. Dam. 1		Prop. Dam. 2		
\$		\$		\$		\$		\$		
Property Owner/Witness					Property Owner/Witness					
Address					Address					
State		Zip		Phone		State		Zip		
Photo: Describe What Happened (Refer to Units by Number)										
Y N DRUG RESULTS WHERE NOT AVAILABLE WHEN REPORT WAS INITIALLY SUBMITTED. DRIVER OF UNIT #1 TESTED POSITIVE FOR DRUGS. (SEE BACK OF REPORT)										
THIS SAMPLE SHOWS HOW TO PROPERLY COMPLETE AN AMENDED REPORT										
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Investigating Officer's Name		Rank	Badge #	Code	Date	Reviewer's Name		Rank	Internal Agency Code	
FELDER-NA		CPL	78	AP1100						

Unit	Date of Birth	Sex	Race	INJ	Seat	R/SD	A.B.D	Eject	LAI	Tran	Name	Street Address	Zip Code
1	08-12-1967	M	W	3	01	00	1	1	2	1	DRIVER UNIT #1		
2	07-14-1994	F	W	0	01	13	1	1	1	2			
3	03-12-1996	M	W	3	03	00	1	1	1	1	HOLTZ-JAMES BRYAN	100 BULL ST. COLUMBIA, S.C.	29201

Race	A - Asian/Pacific Islander B - African American C - Hispanic D - Alaskan Native or American Indian	W - Caucasian O - Other U - Unk.	a) Injury Status 0 - Not Injured 1 - Possible 2 - Non-incapacitating 3 - Incapacitating 4 - Fatal	2- Non-incapacitating 3- Incapacitating 4- Fatal	Seating Loc. 01 02 03 04 05 06 07 08 09	20- Pedestrian 30- Trailing Unit 40- Bus or Van (4th row or Higher) 50- Other Enclosed Area (nontrailing) 51- Other Unenclosed Area (nontrailing)	60- Sleeper of Cab 70- Riding on Unit Exterior 80- Lap 99- Unk./NA	Restrain/Safety Device 00- None Used 11- Shoulder Belt Only 12- Lap Belt Only 13- Shoulder & Lap Belt 21- Child Safety Seat 88- Other
Air Bag Deployment / Switch	1- Deployed Front 2- Deployed Side 3- Deployed Both 4- Not Deployed 5- Not Applicable 6- Deployment Unk.	1- Not Ejected 2- Part Ejected 3- Tot. Ejected 4- Not App.	b) Motorcycle Only 1- Yes 2- No	Head Injury 1- Yes 2- No	3- Freed (non-mech.) 4- Not Applicable 9- Unknown	a) Transported to Medical Facility 1- Yes 2- No 3- Unknown	b) By: 1- EMS 2- Police 3- Other 4- Unk.	41- Protective Pads 51- Reflective Clothing 61- Lighting

Non-Collision	04- Equipment Failure	Collision: Not Fixed	27- Pedestrian	Collision: Fixed Object	47- Embankment	55- Mail Box	68- Other
01- Cargo/Equip Loss or Shift	05- Fire/Explosion	20- Animal (Deer Only)	28- Railway Veh.	40- Bridge Overhead Structure	48- Equipment	56- Median Barrier	69- Unk.
02- Cross Median/Center Line	06- Immersion	21- Animal (All Other)	29- Work Zone Maint. Equip.	41- Bridge Parapet End	49- Fence	57- Overhead Sign Support	
03- Downhill Runaway	07- Jackknife	22- Motor Veh. (In Transport)	30- Motor Veh. (Dropped)	42- Bridge Pier or Abutment	50- Guardrail End	58- Other (Post, Pole, Support, Etc.)	
		23- Motor Veh. (Other Roadway)	31- Motor Veh. (Planned)	43- Bridge Rail	51- Guardrail Face	59- Other (Wall, Building, Tunnel, Etc.)	
		24- Motor Veh. (Other Roadway)	32- Motor Veh. (Other Roadway)	44- Culvert	52- Highway Traffic Sign Post	60- Tree	
		25- Motor Veh. (Planned)	33- Unk. Movable Object	45- Curb	53- Impact Attenuator/Crash Cushion	61- Utility Pole	
		26- Pedalcycle	34- Unk. Movable Object	46- Ditch	54- Light/Luminaire Support	62- Work Zone Maint. Equipment	

Manner of Collision (Struck Veh.)	00- Not Coll. W/ Motor Veh.	10- Rear End	20- Head On	30- Rear-to-Rear	40- Angle (>45°)	50- Sideswipe Same Dir.	60- Sideswipe Opposite Dir.	70- Backed Into	80- Other	90- Unk.
Vehicle Type	01- Automobile	11- Mini Van	21- Full Size Van	31- Pedalcycle	41- School Bus	51- Animal (Deer Only)	61- Animal (Other)	71- Other	81- Unk. (Hit and Run Only)	91- Unk.
Vehicle Use Code	01- Personal	02- Driver Training	03- Construction/Maint.	04- Utility Trailer	05- Farm Tractor	06- Transport Passengers	07- Transport Property	08- Military	09- Wrecker or Tow	10- Logging
Vehicle Attachment	1- None	2- Mobile Home	3- Semi-Trailer	4- Utility Trailer	5- Farm Trailer	6- Trailer w/Boat	7- Camper Trailer	8- Towed Motor Vehicle	9- Petroleum Tanker	10- Flat Bed

Alcohol / Drug Test Given	01- Given - Known Results	02- Given - Unusable	03- Given - Pending	04- None	05- Refused
Test Type	1- Breath (Alc Only)	2- Blood	3- Urine	4- Serum	5- Other
Drug Results	01- Amphetamines	02- Cocaine	03- Marijuana	04- Opiate	05- PCP
Other	06- Other	07- Other	08- Other	09- Other	10- Other

Action Prior to Impact (Vehicle)	01- Backing	02- Changing Lanes	03- Entering Traffic Lane	04- Leaving Traffic Lane	05- Making U-turn	06- Movements Essentially Straights Ahead	07- Overtaking/Passing	08- Parked	09- Stopping or	10- Stopped in Traffic	11- Turning Right	12- Turning Left	13- Approaching/Leaving Vehicle	14- Entering/Crossing Location	15- Playing/Working on Vehicle	16- Pushing Vehicle	17- Standing	18- Walking, Playing, Cycling	19- Working	
Weather Condition	1- Clear (no adverse conditions)	2- Rain	3- Dusk	4- Dark (Lighting Unspecified)	5- Daylight	6- Dawn	7- Dark (No lights)	8- Sleet, Hail	9- Snow	10- Fog, Smog, Smoke	11- Blowing Sand	12- Severe Crosswinds	13- Oil, Dirt or Snow	14- Unk.	15- Other	16- Other	17- Other	18- Other	19- Other	20- Other
Light Condition	1- Daylight	2- Dawn	3- Dusk	4- Dark (Lighting Unspecified)	5- Daylight	6- Dawn	7- Dark (No lights)	8- Sleet, Hail	9- Snow	10- Fog, Smog, Smoke	11- Blowing Sand	12- Severe Crosswinds	13- Oil, Dirt or Snow	14- Unk.	15- Other	16- Other	17- Other	18- Other	19- Other	20- Other
Junction Type	01- Crossover	02- Driveway	03- Five/More Points	04- Four-way Intersection	05- Railway Grade Crossing	06- T-Intersection	07- Shared Use Paths or Trail	08- Traffic Circle	09- Unk.	10- Y-Intersection	11- Non-junction	12- Non-junction	13- Non-junction	14- Non-junction	15- Non-junction	16- Non-junction	17- Non-junction	18- Non-junction	19- Non-junction	20- Non-junction
Primary Contributing Factors	01- Disregarded Signs, Signals, Etc.	02- Distracted/Inattention	03- Driving Too Fast for Conditions	04- Exceeded Authorized Speed Limit	05- Failed to Yield Right of Way	06- Ran off Road	07- Fatigued/Asleep	08- Followed Too Closely	09- Made an Improper Turn	10- Medical Related	11- Aggressive Operation of Vehicle	12- Over-correcting/Over-steering	13- Swerving to Avoiding Object	14- Wrong Side or Wrong Way	15- Under the Influence	16- Vision Obscured (Within Unit)	17- Improper Lane Usage/Change	18- Other Improper Action	19- Unk.	20- Unk.
Roadway	30- Debris	31- Non-highway Work	32- Obstruction in Roadway	33- Road Surface Condition (i.e., Wet)	34- Rut, Holes, Bumps	35- Shoulders (None, Low, Soft, High)	36- Traffic Control Device (i.e., Missing)	37- Work Zone (Constr./Maint./Utility)	38- Worn, Travel-Polished Surface	39- Other	40- Unk.	41- Unk.	42- Unk.	43- Unk.	44- Unk.	45- Unk.	46- Unk.	47- Unk.	48- Unk.	49- Unk.
Non-Motorist	50- Inattentive	51- Lying &/or Illegally in Roadway	52- Failure to Yield R. of W.	53- Not Visible (Dark Clothing)	54- Disregard Signs, Signals, Etc.	55- Improper Crossing	56- Daring	57- Wrong Side of Road	58- Other	59- Unk.	60- Unk.	61- Unk.	62- Unk.	63- Unk.	64- Unk.	65- Unk.	66- Unk.	67- Unk.	68- Unk.	
Environmental	69- Animal in Road	70- Glare	71- Other	72- Other	73- Other	74- Other	75- Other	76- Other	77- Other	78- Other	79- Other	80- Other	81- Other	82- Other	83- Other	84- Other	85- Other	86- Other	87- Other	
Obstruction	88- Other	89- Unk.	90- Unk.	91- Unk.	92- Unk.	93- Unk.	94- Unk.	95- Unk.	96- Unk.	97- Unk.	98- Unk.	99- Unk.	100- Unk.	101- Unk.	102- Unk.	103- Unk.	104- Unk.	105- Unk.	106- Unk.	

Vehicle Defect	70- Brakes	71- Steering	72- Power Plant	73- Tires/Wheel	74- Lights	75- Signals	76- Windows/Shield	77- Restraint System	78- Truck Coupling	79- Cargo	80- Fuel System	81- Other	82- Other	83- Other	84- Other	85- Other	86- Other	87- Other	88- Other	89- Unk.
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D.P.E. USE ONLY		Page #	SOUTH CAROLINA TRAFFIC COLLISION REPORT FORM		# of Units	Amended - Attach Copy of Original Report	Notified	Arrived										
		1/1	TR-310 (Rev. 01/2001)		3	Corrected	2245	2300										
Date	Time	County	1- Interstate 2- US Primary 3- SC Primary	4- Secondary 5- County 6- Other	Collision Location (Rt. # / Name)	0- Main 1- Alternate 2- Spur	3- Connection 4- Business 5- Other	Miles	Dir. of Travel	1- Near City or Town of:								
01-06-2001	2140	40	2	5	5	1		9.0	N	COLUMBIA								
Lane # / Dir.	Distance Offset	Direction	1- Interstate 2- US Primary 3- SC Primary	4- Secondary 5- County 6- Other	Base Intersection (Rt. # / Name)	0- Main 1- Alternate 2- Spur	3- Connection 4- Business 5- Other	ASRU code	MP/ Grid									
#2 / 4	.05	SW	2	5	52													
R.R. Id.	From	Ramp Only	To	1- Interstate 2- US Primary 3- SC Primary	4- Secondary 5- County 6- Other	Second Intersection (Rt. # / Name)	0- Main 1- Alternate 2- Spur	3- Connection 4- Business 5- Other	Latitude	Longitude								
NA	N E	1- Entrance 2- Exit	N E	2	5	2033												
Unit #	Sex	Race	Street/R.F.D.	City, State, & Zip	Birth Date	State	Year	License Plate #	Owner's D.L. #	Home Telephone	Owner's Full Name	Bus. Telephone	Street/R.F.D.	City, State, & Zip	Contributed To Collision	Yes	No	City, State, & Zip
N-222379	M	W	121 HOLLYWOOD BLVD	COLUMBIA, S.C. 29210	08-12-1967	S.C.	2001	ABC-123	0001234567	803-798-0303	BROWN-CHARLES DAVID	803-1896-7005	121 HOLLYWOOD BLVD	COLUMBIA, S.C. 29210	Yes	No	COLUMBIA, S.C. 29210	
N-222380	F	W	800 DEVINE ST.	LEXINGTON, S.C. 29073	07-14-1974	S.C.	2001	GOTCHA	000899073	803-407-2956	REDMOND-LUCY JAMES	803-1699-2001	800 DEVINE ST.	LEXINGTON, S.C. 29073	Yes	No	LEXINGTON, S.C. 29073	
N-222381	M	W	110 GREYSTONE BLVD	COLUMBIA, S.C. 29210	10-12-1975	S.C.	2001	CBA-231	0001235721	803-421-6440	JOHNSON-JEREMY HAROLD	803-787-8321	110 GREYSTONE BLVD	COLUMBIA, S.C. 29210	Yes	No	COLUMBIA, S.C. 29210	
Estimated Speed	Speed Limit	C.D.L. Req. Yes (No)	T/B S Req. Yes (No)	Alc/Drg info (see back): Yes (No)	Estimated Speed	Speed Limit	C.D.L. Req. Yes (No)	T/B S Req. Yes (No)	Alc/Drg info (see back): Yes (No)	Towed By								
0	45	NA	NA	NA	0	45	NA	NA	NA	KENDERMENDER								
Estimated Speed	Speed Limit	C.D.L. Req. Yes (No)	T/B S Req. Yes (No)	Alc/Drg info (see back): Yes (No)	Estimated Speed	Speed Limit	C.D.L. Req. Yes (No)	T/B S Req. Yes (No)	Alc/Drg info (see back): Yes (No)	Towed By								
15	45	NA	NA	NA	15	45	NA	NA	NA	HAPPY DADDY								
Dir. of Travel:	Unit 1:	Unit 2:	Unit 3:	Unit 1 Dam.	Unit 2 Dam.	Unit 3 Dam.	Prop. Dam. 1	Prop. Dam. 2										
(N) S E W	(N) S E W	(N) S E W		\$ 2,500.	\$ 4,000.	\$ 1,500.	\$ 500.	\$ NA										
Photo: Describe What Happened (Refer to Units by Number) (X) N UNIT #1, #2, AND UNIT #3 WERE TRAVELING NORTHBOUND ON U.S. 1. UNIT #1 AND UNIT #2 HAD COME TO A COMPLETE STOP BEHIND OTHER TRAFFIC. THE DRIVER OF UNIT #3, UNDER THE INFLUENCE OF ALCOHOL, STRUCK UNIT #2 IN THE CENTER REAR. UNIT #2 THEN STRUCK UNIT #1, FORCING UNIT #1 OFF THE RIGHT SIDE OF THE ROADWAY AND INTO A UTILITY POLE.																		
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Investigating Officer's Name	Rank	Badge #	Code	Date	Reviewer's Name	Rank	Internal Agency Code											
HARRISON-C.S.II	LCPL	397	HP100	01-06-2001														