**TRAFFIC-WAY FLOW**
1 Two-way Trafficway With No Physical Separation
2 Two-way Trafficway With A Physical Separation
3 Two-way Trafficway With A Physical Barrier
4 One-way Trafficway

**WEATHER**
1 Clear 5 Sleet
2 Cloudy 6 Fog
3 Rain 7 Other
4 Snow

**SURFACE CONDITION**
1 Dry 4 Icy
2 Wet 5 Other
3 Snow

**LIGHT CONDITION**
1 Daylight 4 Dark - Lighted
2 Dusk 5 Dark - Not Lighted
3 Dawn

**MANNER OF COLLISION**
1 Angle
2 Head On
3 Rear End
4 Sideswipe - Same Direction
5 Sideswipe - Opposite Direction
6 Not A Collision With A Motor Vehicle

**LOCATION AT AREA OF IMPACT**
1 On Roadway 4 Median
2 On Shoulder 5 Ramp
3 Off Roadway 6 Gore

**ROAD CONDITION**
1 Concrete 4 Dirt
2 Black Top 5 Gravel
3 Tar And Gravel 6 Other

**CONTRIBUTING ROAD DEFECTS**
1 No Defects
2 Defective Shoulders
3 Holes, Deep Ruts, Bumps
4 Loose Material On Surface
5 Water Standing
6 Road Under Construction
7 Running Water
8 Other

**ROAD CHARACTER**
1 Straight And Level
2 Straight On Grade
3 Straight On Horizontal
4 Curve And Level
5 Curve On Grade
6 Curve On Horizontal

**DAMAGE TO VEHICLE**
1 None 4 Extreme
2 Slight 5 Fire Present
3 Moderate

**AGE**
00 - Up To One Year
01 - 97 Actual Age
98 - Ninety-eight Or Older
99 - Unknown

**SEX**
M- Male
F- Female

**INJURY CODE**
0 Not Injured 3 Serious
1 Killed 4 Visible
2 Complaint

**TAKEN FOR TREATMENT** 1-Yes 2-No

**EJECTION**
1 Not Ejected 3 Totally Ejected
2 Trapped 4 Partially Ejected

**SAFETY EQUIPMENT**
0 None Used
1 Shoulder Belt
2 Lap Belt
3 Lap And Shoulder Belt
4 Child Safety Seat (Property Used)
5 Child Safety Seat (Improperly Used)
6 Motorcycle Helmet
7 Bicycle Helmet
8 Unknown

**EXTRICATION (EQUIPMENT USED)**
1 - Yes 2 - No

**AIR BAG FUNCTION**
0 No Air Bag In Vehicle
1 Deployed Air Bag
2 Non-Deployed Air Bag

**POINTS OF INITIAL CONTACT**
Use:
00 Undetermined
13 Top
14 Underarriage

**SEATING POSITION**
(Use "P" for Pedestrian)

| | | |
|---|---|---|
| 11 | 12 | 13 |
| 4 | 5 | 6 |
| | 7 | |
| 0 | | 8 |

| Accident Number | Agency NCIC No. | GEORGIA UNIFORM MOTOR VEHICLE ACCIDENT REPORT | County | Date Rec. By DPS |
|---|---|---|---|---|

| Date | Day Of Week ☐ Sun ☐ M ☐ T ☐ W ☐ Th ☐ F ☐ S | Time | Off. Arrived | Total Number Of: Vehicles / Injuries / Fatalities | Inside City Of: |
|---|---|---|---|---|---|

Road of Occurrence _____ 1 ☐ Interstate 2 ☐ Lowest St. Rt. 3 ☐ Co. Road 4 ☐ City St. At Its Intersection _____ With 1 ☐ Interstate 2 ☐ Lowest St. Rt. 3 ☐ Co. Road 4 ☐ City St.

Corrected Report Yes ☐

Suppl. To Original Yes ☐

Not At Its Intersection But _____ ☐ Miles ☐ Feet 1 ☐ North 2 ☐ South 3 ☐ East 4 ☐ West Of: _____ 1 ☐ Interstate 2 ☐ Lowest St. Rt. 3 ☐ Co. Road 4 ☐ City St. 5 ☐ Co. Line

And Continuing in the Direction Checked Above The Next Reference Point Is _____ 1 ☐ Interstate 2 ☐ Lowest St. Rt. 3 ☐ Co. Road 4 ☐ City St. 5 ☐ Co. Line

| Driver # / Ped ☐ | Last Name | First | Middle |
|---|---|---|---|
| | Address | | |
| City | State | Zip | DOB |
| Driver's License No. | Class | State | ☐ Male ☐ Female |
| Posted Speed | Insurance Co. | Policy No. | |
| Year | Make | Model | Telephone No. |
| VIN | | Vehicle Color | |
| Tag # | State | County | Year |
| Trailer Tag # | State | County | Year |
| ☐ Same as Driver | Owner's Last Name | First | Middle |
| Address | | | |
| City | State | Zip | |
| Removed By | | ☐ Request | ☐ List |

| Alcohol Test | Type | Results | Drug Test | Type | Results |
|---|---|---|---|---|---|
| Driver Condition | Direction of Travel | Vision Obscured | Contributing Factors | | |
| Vehicle Condition | Vehicle Maneuver | Pedestrian Maneuver | | | |
| Most Harmful Event | Vehicle Class | Vehicle Type | | | |
| Traffic Control | Device Inoperative? ☐ Yes ☐ No | | | | |

| Driver # / Ped ☐ | Last Name | First | Middle |
|---|---|---|---|
| | Address | | |
| City | State | Zip | DOB |
| Driver's License No. | Class | State | ☐ Male ☐ Female |
| Posted Speed | Insurance Co. | Policy No. | |
| Year | Make | Model | Telephone No. |
| VIN | | Vehicle Color | |
| Tag # | State | County | Year |
| Trailer Tag # | State | County | Year |
| ☐ Same as Driver | Owner's Last Name | First | Middle |
| Address | | | |
| City | State | Zip | |
| Removed By | | ☐ Request | ☐ List |

| Alcohol Test | Type | Results | Drug Test | Type | Results |
|---|---|---|---|---|---|
| Driver Condition | Direction of Travel | Vision Obscured | Contributing Factors | | |
| Vehicle Condition | Vehicle Maneuver | Pedestrian Maneuver | | | |
| Most Harmful Event | Vehicle Class | Vehicle Type | | | |
| Traffic Control | Device Inoperative? ☐ Yes ☐ No | | | | |

Injured Taken To _____ By: _____

EMS Notified Time _____ EMS Arrival Time _____ Hospital Arrival Time _____ Photos Taken: ☐ Yes ☐ No By: _____

Report By: _____ Department _____ Report Date _____ Checked By: _____ Date Checked _____

Witness(es): Name _____ Address _____ City _____ State _____ Zip Code _____ Telephone No. _____

**DPS MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE)**

## COMMERCIAL VEHICLES ONLY

| Carrier Name Vehicle # | | | |
|---|---|---|---|
| Address | | | |
| City | State | Zip | |
| Number of Axles | G.V.W.R. | Fed. Reportable 1 ☐ Yes 2 ☐ No | Cargo Body Type |
| Vehicle Config. | I.C.C.M.C. # | U.S. D.O.T. # | Interstate ☐ Intrastate ☐ |

C.D.L.? 1 ☐ Yes 2 ☐ No C.D.L. Suspended? 1 ☐ Yes 2 ☐ No

Vehicle Placarded? 1 ☐ Yes 2 ☐ No Hazardous Materials? 1 ☐ Yes 2 ☐ No Released? 1 ☐ Yes 2 ☐ No

If YES, Name or 4 Digit Number from Diamond or Box: _____ 1 Digit Number from Bottom of Diamond: _____

___ Ran Off Road ___ Down Hill Runaway ___ Cargo Loss Or Shift ___ Separation of Units

| Carrier Name Vehicle # | | | |
|---|---|---|---|
| Address | | | |
| City | State | Zip | |
| Number of Axles | G.V.W.R. | Fed. Reportable 1 ☐ Yes 2 ☐ No | Cargo Body Type |
| Vehicle Config. | I.C.C.M.C. # | U.S. D.O.T. # | Interstate ☐ Intrastate ☐ |

C.D.L.? 1 ☐ Yes 2 ☐ No C.D.L. Suspended? 1 ☐ Yes 2 ☐ No

Vehicle Placarded? 1 ☐ Yes 2 ☐ No Hazardous Materials? 1 ☐ Yes 2 ☐ No Released? 1 ☐ Yes 2 ☐ No

If YES, Name or 4 Digit Number from Diamond or Box: _____ 1 Digit Number from Bottom of Diamond: _____

___ Ran Off Road ___ Down Hill Runaway ___ Cargo Loss Or Shift ___ Separation of Units

MAIL TO: GEORGIA DEPARTMENT OF PUBLIC SAFETY, ACCIDENT REPORTING UNIT, P.O. BOX 1456, ATLANTA, GEORGIA, 30371-2303

DPS-523 (2/94)