ALCOHOL AND/OR DRUG TEST GIVEN

1 - Yes 2 - No 3 - Refused

TYPE TEST

1-Breath 2-Blood 3-Urine 4-Other

DRIVER CONDITION

1 Not Driving
2 Not Known If U.I.
3 Driving
4 U.I. Alcohol
5 U.I. Drugs
6 U.I. Alcohol & Drugs
7 Physical Impairment
8 Apparently Well
9 Not Impaired
Impairment Asleep

FEDERAL MANEUVER

1 Crossing
2 Crossing At Crossroads
3 Making Left Turn
4 Making Right Turn
5 Making On Median
6 Other Making Turn
7 Backing In Roadway
8 Standing In Roadway
9 Off Roadway
10 Other

DIRECTION OF TRAVEL

1-North 2-South 3-East 4-West

VISION OBSCURED BY

1 Not Obscured
2 Headlights
3 Sunlight
4 Parked Vehicle
5 Rain, Snow, Ice
6 Trees, Bushes
7 Other
8 Glare
On Windshield

FIRST HARMFUL EVENT/MOST HARMFUL EVENT

NON-COLLISION

1 Overturn
2 Fire/Explosion
3 Immersion
4 Jackknife
5 Other Non-Collision

COLLISION WITH OBJECT NOT FIXED

6 Pedestrian
7 Pedalcyclist
8 Railway Train
9 Animal
10 Parked Motor Veh.
11 Motor Vehicle in Motion
12 Motor Vehicle in Motion - Backing
13 Other Object (Not Fixed)
14 Other Roadway
15 Other Non-Collision

VEHICLE MANEUVER

1 Turning Left
2 Turning Right
3 Making U-Turn
4 Stopped
5 Starting
6 Changing Lanes
7 Backing
8 Parked
9 Passing
10 Negotiating a Curve
11 Entering/Leaving Parking
12 Entering/Leaving Driveway

VEHICLE CONDITION

1 No Known Defects
2 Tire Failure
3 Brake Failure
4 Improper Lights
5 Steering Failure
6 Stuck Tires
7 Other

COLLISION WITH FIXED OBJECT

15 Impact Attenuator
16 Bridge
17 Bridge
18 Bridge Rail
19 Guardrail Face
20 Guardrail End
21 Median Barrier
22 Highway Traffic Sign Post
23 Overhead Sign Support
24 Luminaire/Light Support
25 Utility Pole
26 Other Post
27 Culvert
28 Other Fixed Object
29 Ditch
30 Embankment
31 Fence
32 Mailbox
33 Tree
34 Other Fixed Object

CONTRIBUTING FACTORS

1 No Contributing Factors
2 D.U.I.
3 Following Too Close
4 Failed To Yield
5 Exceeding Speed Limit
6 Disregard Stop Sign/Light
7 Wrong Side Of Road
8 Improper Passing
9 Improper Turn
10 Driver Lost Control
11 Overlaid Lanes Improperly
12 Object Or Animal
13 Improper Turn
14 Parked Improperly
15 Mechanical Or Vehicle Failure
16 Surface Defects
17 Misjudged Clearance
18 Improper Backing
19 No Signal/Improper Signal
20 Driver Condition
21 Driverless Vehicle
22 Too Fast For Conditions
23 Improper Passing Or School Bus
24 Improper Passing Or Driver
25 Distracted
26 Other

VEHICLE CLASS

1 Passenger Car
2 Pickup
3 Truck Tractor (Double)
4 Tractor/Trailer
5 Tractor W/Twin Trailers
6 Logging Truck
7 Logging Truck/Trailer
8 Single Unit Truck
9 Panel Truck
10 Van
11 Utility Passenger Veh.
12 Vehicle With Trailer
13 Bus
14 Truck Towing House Trailer
15 Motorcycle
16 Motorcycle Recreational Vehicle
17 Motorcycle, Scooter, Moped
18 Bicycle
19 Pedalcyclist, Bicycle
20 Farm or Construc. Equip.
21 All Terrain Vehicle
22 Other

TRAFFIC CONTROL

1 No Control Present
2 Traffic Signal
3 Flashing Signal
4 Warning Sign
5 Stop Or Yield Sign
6 No Passing Zone
7 Lanes
8 Other

CARGO BODY TYPE

1 Van (Enc. Bodi)
2 Auto Carrier
3 Bus
4 Dump
5 Garbage/Refuse
6 Pulpwood
7 Cargo Tanker
8 Concrete Mixer
9 Other

VEHICLE CONFIGURATION

1 Bus (Seating For More Than 15 Passengers)
2 Single Unit Truck 2 Axles
3 Single Unit Truck 3 Or More Axles
4 Tractor/Trailer
5 Truck Tractor (Bobtail)
6 Tractor/Trailer
7 Tractor With Two Trailers
8 Unknown Heavy Truck (Cannot Classify)

VEHICLE TYPE

1 Passenger Car
2 Truck Tractor (Double)
3 Tractor/Trailer
4 Tractor W/Twin Trailers
5 Logging Truck
6 Logging Truck/Trailer
7 Single Unit Truck
8 Panel Truck
9 Van
10 Utility Passenger Veh.
11 Vehicle With Trailer
12 Bus
13 Truck Towing House Trailer
14 Motorcycle
15 Motorcycle Recreational Vehicle
16 Motorcycle, Scooter, Moped
17 Bicycle
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20 All Terrain Vehicle
21 Other

REMARKS PAGE _____ OF _____

INDICATE ON THIS DIAGRAM WHAT HAPPENED

INDICATE NORTH

Accident Investigation Site? ☐ Yes ☐ No

Site Number: _____

CITATIONS - VEHICLE #_____

CITATIONS - VEHICLE #_____

First Harmful Event	Traffic-Way Flow	Weather	Surface Cond.	Light Condition	Manner Of Collision	Location At Area Of Impact	Road Comp.	Road Defects	Road Character

	VEH. #____	VEH. #____
Number of Occupants		
Point Of Initial Contact		
Damage To Vehicles		

SKID DISTANCE BEFORE IMPACT _____ VEH. _____ VEH. AFTER _____ VEH. _____ VEH. Width Of Road _____

Damage Other Than Vehicle: Owner:

Occupants

Driver # Or Pedestrian #

Driver # Or Pedestrian #

Last Name	First	Address	City	State	Zip	AGE	SEX	VEH NO	POS.	INJURY	TAKEN FOR TREAT.	EJECT	SAFETY EQUIP.	EXTRIC.	AIR BAG

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