

D.P.S. USE ONLY	South Carolina <b>Uniform Traffic Collision Report</b> (For Investigating Officers) Supplemental Bus & Truck Collision Report	Amended-Attach Copy of Original Report	Corrected
		Page _____ of _____ Pages	

Date	Time	County	Route Category	Collision Location	Auxiliary
			1-Interstate 2-US Primary 3-SC Primary 4-Secondary 5-County	(Route Number and Name if Any)	0-Mainline 2-Alternate 5-Spur 6-Connection 7-Business

SCREENING INFORMATION	
NUMBER OF QUALIFYING VEHICLES INVOLVED	
A Truck Having a GVWR of 10,001 lbs. or More For the Power Unit	→ <input style="width:50px;" type="text"/>
OR	
A Vehicle with a Hazardous Materials Placard	→ <input style="width:50px;" type="text"/>
OR	
A Bus That is Designed or Used to Carry 16 or More Persons, Including the Driver	→ <input style="width:50px;" type="text"/>
OR	
A Motor Vehicle Engaged in Interstate Commerce that is Designed or Used to Carry 9-15 Persons, Including the Driver, for Compensation	→ <input style="width:50px;" type="text"/>

Access Control	
1- No Access Control 2- Full Access Control 3- Partial Access Control	<input style="width:50px;" type="text"/>
Vehicle Information	
Gross Vehicle Weight Rating	
Weight Rating of the Power Unit of the Truck	
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	<input style="width:50px;" type="text"/>
Vehicle Configuration	
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 (2 axles/8+ 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 Trailer 10- Tractor w/ Triple Trailer 99- Other/Unable to Classif 99- Unknown/Hit and Run

Number of Persons Involved:	
Sustaining Fatal Injuries	→ <input style="width:50px;" type="text"/>
Transported for Immediate Medical Services	→ <input style="width:50px;" type="text"/>
Number of Vehicles Towed	
Towed From the Scene Due to Damage	→ <input style="width:50px;" type="text"/>
<b>Do Not Complete This Form Unless:</b> One or More Qualifying Vehicles was Involved - AND One or More Qualifying Injuries was Sustained - OR One or More Vehicles (not necessarily the truck or bus) Was Towed from the Scene	

Cargo Body Type					
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 Transport 08- Garbage/Refuse	09- Grain, Chips, Gravel 10- Pole 11- Intermodal Container 97- Not Applicable 98- Other 99- Unknown/Hit and Run				
Trailer Length and Width					
<u>Length</u>					
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	<table style="width:100%;"> <tr> <td style="width:50%; text-align: right;">Trailer 1 Length</td> <td style="width:50%; text-align: right;">Trailer 2 Length</td> </tr> <tr> <td style="text-align: right;"><input style="width:50px;" type="text"/></td> <td style="text-align: right;"><input style="width:50px;" type="text"/></td> </tr> </table>	Trailer 1 Length	Trailer 2 Length	<input style="width:50px;" type="text"/>	<input style="width:50px;" type="text"/>
Trailer 1 Length	Trailer 2 Length				
<input style="width:50px;" type="text"/>	<input style="width:50px;" type="text"/>				
<u>Width</u>					
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	<table style="width:100%;"> <tr> <td style="width:50%; text-align: right;">Trailer 1 Width</td> <td style="width:50%; text-align: right;">Trailer 2 Width</td> </tr> <tr> <td style="text-align: right;"><input style="width:50px;" type="text"/></td> <td style="text-align: right;"><input style="width:50px;" type="text"/></td> </tr> </table>	Trailer 1 Width	Trailer 2 Width	<input style="width:50px;" type="text"/>	<input style="width:50px;" type="text"/>
Trailer 1 Width	Trailer 2 Width				
<input style="width:50px;" type="text"/>	<input style="width:50px;" type="text"/>				

Total Number of Supplemental Forms Required for this Collision :

Unit Number _____	FR-10 Number _____
Carrier Information	
Name: _____	
Address: _____	
City: _____	State: <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>
	Zip: <input style="width:20px;" type="text"/>
Business Phone Number: <input style="width:20px;" type="text"/>	

Hazardous Material Involvement		
<b>Was This Vehicle Carrying Hazardous Materials?</b> 1- Yes    2- No    3- Unknown/Hit and Run	<input style="width:50px;" type="text"/>	
<b>Did the Vehicle Have a Hazardous Material Placard?</b> 1- Yes    2- No    3- Unknown/Hit and Run	<input style="width:50px;" type="text"/>	
<b>If "Yes", What Class of Hazardous Material (from placard/shipping paper)</b>		
01- Class 1 (Explosives) 02- Class 2 (Gases) 03- Class 3 (Flammable Liquids) 04- Class 4 (Flammable Solids) 05- Class 5 (Oxidizing Substance)	06- Class 6 (Poison/Infectious Substance) 07- Class 7 (Radioactive) 08- Class 8 (Corrosives) 09- Class 9 (Misc. Goods) 10- No Placard 99- Other/Unknown/Hit and Run	
<b>If "YES", enter 4 digit HAZMAT ID (from placard/shipping papers)</b> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>		
<b>Was Hazardous Material Released From This Vehicle's Cargo?</b> 1- Yes    2- No    3- Unknown/Hit and Run		<input style="width:50px;" type="text"/>

Identification Numbers	
U.S. DOT <input style="width:20px;" type="text"/>	None = 0 <input style="width:20px;" type="text"/>
ICC MC <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	State: <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>
State Number <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	Is this vehicle an (1) Interstate or a (2) Intrastate carrier? <input style="width:50px;" type="text"/>

Was a Citation Issued to this Vehicle?    1- Yes    2- No    3- Pending   

Investigator's Name _____	Rank _____	Date _____	Reviewer's Name _____	Date _____
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