A1
A2

Please Do Not Write In This Microfilm Space

Tennessee Uniform Traffic Crash Report

Page ____ of ____ A3

REFERENCE NUMBER A4
7228965

Document Type
1 Original Document (select 1) A4
2 Supplement Document
3 Amended Document

Reference Number Override A6

Local Agency Number A7

Type of Crash
1 Fatal (select 1) A1
2 Injury
3 Property Damage (Over)
4 Property Damage (Under)

Reporting Agency Name
A8

Reporting Agency Type
1 Tennessee Highway Patrol (THP) A9
2 City/Metropolitan Police Dept. (CPD)
3 Sheriff's Office
4 Capitol Police
5 Commercial Vehicle Enforcement (CVE)
6 College/University Campus
7 National Park Service
8 Other

Investigation Complete? A10 1 Yes 2 No

Photos Taken? A11 1 Yes 2 No
If Yes, by Whom?
1 Police
2 Other

Totals

Vehicles	Killed	Injured
A17	A18	A19

Date of Crash

MONTH	DAY	YEAR
Jan	A20	
Feb		
Mar	0 0	0 0
Apr	1 1	1 1
May	2 2	2 2
Jun	3 3	3
Jul	4	4
Aug	5	5
Sep	6	6
Oct	7	7
Nov	8	8
Dec	9	9 9
unk	unk	unk

Day of Crash A21
1 SUN
2 MON
3 TUES
4 WED
5 THURS
6 FRI
7 SAT
9 UNK

Time of Crash A22

County A25

City A26

Area A27
1 Urban
2 Rural

Additional Designation (select 1)
0 Not Applicable
3 Business
4 Residential
5 School

Trafficway/Land Way/Private Way
1 Trafficway – OPEN (select 1) A1
2 Trafficway – CLOSED
3 Parking Lot
4 Private Property or Private Road

Hit and Run? A1
1 Yes–Hit Motor Vehicle in Transport
2 Yes–Hit Pedestrian or Non-Motorist
3 Yes–Hit Parked Vehicle or Object
4 No Hit and Run

Solved?
1 Yes 2 No

Police Pursuit Involved? 1 Yes 2 No A1

School Bus Related? 1 Yes 2 No A1

TDOT Use Only

Rail/Crossing ID A28

Time Notified A25

Time Arrived A24

ROUTE NUMBER	SPC CASE	CO. SEQ.	LOG MILE	LOC
A29				

GPS Coordinate A30

LONGITUDE	LATITUDE

ON Hwy No. and / Street Name A31

Estimated FT. ML. N W E S A31

FROM/AT Hwy No. and / Street Name Mile Post A31

Vehicle Number
1 2 3 4 5 6 7 8 9 10 20 30 V1

Total Number of Occupants
0 1 2 3 4 5 6 Other V2

Driver Presence
1 Driver Operated Vehicle
2 Driver Operated Non-Contact Vehicle
3 Driver Operated Government Vehicle
4 Driverless Vehicle D1

DRIVER NAME First M.I. Last D2

ADDRESS Street & Number D2

City & State ZIP Phone Number D2

Driver's License Number State Exp. Year D3

Date of Birth D4 Age D5 Sex D6 M F Race D7 1 White 2 Black 3 Hispanic 4 Other

License Class D8 Endorsements D9 Complied With? Y N Restrictions D10 Complied With? Y N

Injury Code P7 0 3 1 4 2

Safety Equipment P9

AIRBAG P10
00 Non-Motorist
01 Avail. Deployed
20 Avail. Not Dplyd.
28 Avail. Swtch. Off
30 Not Available
31 Not Replaced
32 Disabled/Rmvd.
99 Unknown

EJECTED
0 Not Applicable
1 Not Ejected
2 Totally Ejected
3 Partially Ejected
9 Unknown P11

Ejection Path P12

TRAPPED/EXTRICATED P13 0 Not Applicable 1 Not Trapped 2 Trapped/Extricated 3 Trapped/Not Extricated 9 Unknown

Medical Transport P14 Y N

Driver Residence D11 1 Less 25 mi. 2 Over 25 mi. 3 Out of State

Ambulance/Hospital P15

Year of Vehicle V5 Make V6 Model V7 Color V8 Body Type V9

Vehicle ID Number V11 Body Code V10

License Plate Number V12 State V13 Exp. Year V14

Vehicle Owner Same Y N First V4 M.I. Last

Street Address V4

City & State V4 ZIP Phone Number

Violations D12 (may select 3)
0 None
1 Alcohol/Drugs
2 Reckless/Careless
3 Other Moving
4 Other Non-Moving
5 Pending

Charges: D13

Vehicle Number
1 2 3 4 5 6 7 8 9 10 20 30 V1

Total Number of Occupants
0 1 2 3 4 5 6 Other V2

Driver Presence
1 Driver Operated Vehicle
2 Driver Operated Non-Contact Vehicle
3 Driver Operated Government Vehicle
4 Driverless Vehicle D1

DRIVER NAME First M.I. Last D2

ADDRESS Street & Number D2

City & State ZIP Phone Number D2

Driver's License Number State Exp. Year D3

Date of Birth D4 Age D5 Sex D6 M F Race D7 1 White 2 Black 3 Hispani 4 Other

License Class D8 Endorsements D9 Complied With? Y N Restrictions D10 Complied With? Y N

Injury Code P7 0 3 1 4 2

Safety Equipment P9

AIRBAG P10
00 Non-Motorist
01 Avail. Deployed
20 Avail. Not Dplyd.
28 Avail. Swtch. Off
30 Not Available
31 Not Replaced
32 Disabled/Rmvd.
99 Unknown

EJECTED
0 Not Applicable
1 Not Ejected
2 Totally Ejected
3 Partially Ejected
9 Unknown P11

Ejection Path P12

TRAPPED/EXTRICATED P13 0 Not Applicable 1 Not Trapped 2 Trapped/Extricated 3 Trapped/Not Extricated 9 Unknown

Medical Transport P14 Y N

Driver Residence D11 1 Less 25 mi. 2 Over 25 mi. 3 Out of State

Ambulance/Hospital P15

Year of Vehicle V5 Make V6 Model V7 Color V8 Body Type V9

Vehicle ID Number V11 Body Code V10

License Plate Number V12 State V13 Exp. Year V14

Vehicle Owner Same Y N First V4 M.I. Last

Street Address V4

City & State V4 ZIP Phone Number

Violations D12 (may select 3)
0 None
1 Alcohol/Drugs
2 Reckless/Careless
3 Other Moving
4 Other Non-Moving
5 Pending

Charges: D13

Investigating Officer Rank and Name: (Print Name) A40 Badge/ID Number A40 District/Zone A40 Car No. A40 Report Date A41

SF1203 (rev 5-99) PLEASE DO NOT WRITE IN THIS AREA RDA 1348

© Copyright 1999 by National Computer Systems, Inc. All rights reserved.
Printed in U.S.A.
GS03
Mark Reflex® by NCS EM-210016A-4-654321