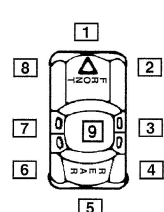
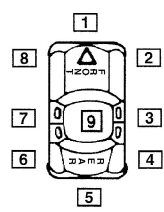


UNIFORM TRAFFIC ACCIDENT REPORT

DOCUMENT CONTROL NUMBER (DO NOT USE)				LOCAL AGENCY USE				REFERENCE NUMBER					
REPORTING AGENCY 1 <input type="checkbox"/> THP 2 <input type="checkbox"/> CPD 3 <input type="checkbox"/> SO 4 <input type="checkbox"/> OTHER				NAME OF INVESTIGATING AGENCY				HIT AND RUN? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO		SOLVED? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO			
DATE OF ACCIDENT MO. DAY YR.		DAY OF ACCIDENT SUN M T W THU F S 1 2 3 4 5 6 7		TIME OF ACCIDENT 1 <input type="checkbox"/> AM 2 <input type="checkbox"/> PM		POLICE NOTIFIED 1 <input type="checkbox"/> AM 2 <input type="checkbox"/> PM		POLICE ARRIVED 1 <input type="checkbox"/> AM 2 <input type="checkbox"/> PM		INVESTIGATION COMPLETE? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO			
TYPE ACCIDENT 1 <input type="checkbox"/> FATAL 2 <input type="checkbox"/> INJURY 3 <input type="checkbox"/> PROPERTY DAMAGE			TOTAL VEHICLES	TOTAL KILLED	TOTAL INJURED	TOTAL UNINJURED	PHOTOS TAKEN? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO		IF YES, BY WHOM? POLICE OTHER <input type="checkbox"/> <input type="checkbox"/>				
COUNTY:			CODE	IN ("X" IF INSIDE CITY LIMITS)				CODE	1 <input type="checkbox"/> URBAN 2 <input type="checkbox"/> RURAL 3 <input type="checkbox"/> BUSINESS 4 <input type="checkbox"/> RESIDENTIAL 5 <input type="checkbox"/> SCHOOL				
OCCURRED ON: STREET, HWY. NAME, OR ROUTE NUMBER				SR. NO.		AT INTERSECTION WITH:				SR. NO.			
OR: NEAREST INTERSECTION, BRIDGE, RR CROSSING (HOUSE NO - CITY ONLY)				FEET <input type="checkbox"/> N <input type="checkbox"/> E		OR		MILE POST		MILES <input type="checkbox"/> S <input type="checkbox"/> W			
0 <input type="checkbox"/> NON-INTERSECTION		3 <input type="checkbox"/> BRIDGE		4 <input type="checkbox"/> UNDERPASS		TENN. DEPT. OF TRANSPORTATION USE ONLY							
1 <input type="checkbox"/> INTERSECTION		5 <input type="checkbox"/> RAMP		6 <input type="checkbox"/> PRIVATE PROPERTY		CO. NO.	ROUTE NUMBER	SPC CASE	CO. SEQ.	LOG MILE	LOC	FXOB	
2 <input type="checkbox"/> RR-XING GRADE XING NO.													
VEH. 1	YEAR	MAKE	MODEL	COLOR	BODY TYPE	BODY CODE	VIN						
LICENSE PLATE NO.	STATE	YEAR	VEH. PULLING TRAILER? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	TRAILER CODE	VEH. DISABLED? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	VEH. TOWED? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	IF TOWED, WHERE?						
VEHICLE GOING <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W ON:				POSTED SPEED	OFFICER'S ESTIMATED AMOUNT OF DAMAGE 1 <input type="checkbox"/> UNDER \$400 3 <input type="checkbox"/> OVER \$400			"X" POINT OF INITIAL IMPACT (Shade Damaged Areas) 					
DRIVER'S FIRST NAME			MI	LAST	DOB: MO. DAY YR.	DRIVER LICENSE NO.							STATE
DRIVER'S ADDRESS				CITY	STATE	ZIP	TELEPHONE NUMBER						
LICENSE CLASS/TYPE	ENDORSEMENT CODE(S)	ENDORSEMENT COMPLIED WITH? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	RESTRICTION CODE(S)	RESTRICTIONS COMPLIED WITH? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	SEX 1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	RACE 1 <input type="checkbox"/> WHITE 2 <input type="checkbox"/> BLACK 3 <input type="checkbox"/> OTHER	DRIVER RESIDENCE 1 <input type="checkbox"/> LESS 25 MI. 2 <input type="checkbox"/> OVER 25 MI. 3 <input type="checkbox"/> OUT OF STATE						
OWNER'S NAME			FIRST	MI	LAST	DOB: MO. DAY YR.	DRIVER LICENSE NO.		STATE	10 UNDERCARRIAGE	11 UNKNOWN	12 ROLLED	13 NON-CONTACT
<input type="checkbox"/> SAME AS DRIVER	OWNER'S ADDRESS				CITY	STATE	ZIP	TELEPHONE NO.		SPECIAL VEHICLE USAGE (Enter Code)	CMV <input type="checkbox"/> YES <input type="checkbox"/> NO		
VEH. 2	YEAR	MAKE	MODEL	COLOR	BODY TYPE	BODY CODE	VIN						
LICENSE PLATE NO.	STATE	YEAR	VEH. PULLING TRAILER? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	TRAILER CODE	VEH. DISABLED? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	VEH. TOWED? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	IF TOWED, WHERE?						
VEHICLE GOING <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W ON:				POSTED SPEED	OFFICER'S ESTIMATED AMOUNT OF DAMAGE 1 <input type="checkbox"/> UNDER \$400 3 <input type="checkbox"/> OVER \$400			"X" POINT OF INITIAL IMPACT (Shade Damaged Areas) 					
DRIVER'S FIRST NAME			MI	LAST	DOB: MO. DAY YR.	DRIVER LICENSE NO.							STATE
DRIVER'S ADDRESS				CITY	STATE	ZIP	TELEPHONE NUMBER						
LICENSE CLASS/TYPE	ENDORSEMENT CODE(S)	ENDORSEMENT COMPLIED WITH? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	RESTRICTION CODE(S)	RESTRICTIONS COMPLIED WITH? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	SEX 1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	RACE 1 <input type="checkbox"/> WHITE 2 <input type="checkbox"/> BLACK 3 <input type="checkbox"/> OTHER	DRIVER RESIDENCE 1 <input type="checkbox"/> LESS 25 MI. 2 <input type="checkbox"/> OVER 25 MI. 3 <input type="checkbox"/> OUT OF STATE						
OWNER'S NAME			FIRST	MI	LAST	DOB: MO. DAY YR.	DRIVER LICENSE NO.		STATE	10 UNDERCARRIAGE	11 UNKNOWN	12 ROLLED	13 NON-CONTACT
<input type="checkbox"/> SAME AS DRIVER	OWNER'S ADDRESS				CITY	STATE	ZIP	TELEPHONE NO.		SPECIAL VEHICLE USAGE (Enter Code)	CMV <input type="checkbox"/> YES <input type="checkbox"/> NO		
CITATIONS ISSUED? <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	DRIVER NO.		COURT DIV.		COURT DATE		DRIVER NO.		COURT DIV.		COURT DATE		
<input type="checkbox"/> YES 2 <input type="checkbox"/> NO	CHARGES		CITATION NO.		CHARGES		CITATION NO.		CITATION NO.		CITATION NO.		
INVESTIGATING OFFICER RANK & NAME (Print Name)				BADGE/ID NO.		DIST/ZONE		CAR. NO.		REPORT DATE MO. DAY YR.			