

**South Carolina  
Traffic Collision  
Report Form (TR-  
310) and Supplement  
Truck and Bus Report  
Form Instruction  
Manual  
(Rev. 6/2012)**

## **INTRODUCTION**

The instructions in the manual have been prepared to provide guidance for completing the South Carolina Traffic Collision Report Form (TR-310) and Supplemental Truck and Bus Report Form (Revised 9/2011) and the Addendum for Reporting through the SCCATTS System.

Since January 1, 1970, a standard form has been used by all law enforcement agencies within the State, including state, county and municipal agencies responsible for investigating and reporting traffic collisions.

Those who investigate traffic collisions are one of the most important sources for departments and agencies concerned with highway safety. When investigating a traffic collision, your report provides specific, detailed facts that are of the utmost importance. Facts regarding traffic collisions are used for legal and insurance purposes as well as for identifying traffic safety hazards, developing appropriate countermeasures, and implementing such measures to eliminate the hazards.

Familiarity with this manual will save you time and effort at the collision scene and will aid you in submitting the reports as accurately and completely as possible, thereby, making them of the greater value for collision prevention purposes.

Each TR-310 consists of an Original Collision Report and three Financial Responsibility forms. The Original Electronic report is submitted through the South Carolina Collision and Ticket Tracking System (SCCATTS) to the Office of Highway Safety (OHS). The existing collision reports (paper) are submitted to the Office of Financial Responsibility. The Financial Responsibility forms (FR-10) are issued to the driver(s) involved at the time of the collision.

All codes needed to interpret the form are contained on the form itself. Blocks corresponding to each individual unit are marked with 1, 2, or 3. Some blocks are marked with a and b.

Your cooperation in using good judgment and accurately preparing the TR-310 for the statewide Traffic Records System will be rewarded with better information for all users and, above all, reduced collisions, injuries and deaths.

**STATUTES FOR ACCIDENT REPORTING FROM THE SOUTH CAROLINA CODE OF  
LAWS**

**56-5-370. Department of Public Safety**

Section 56.5.370 “Department” for the purpose of this chapter (Five) means the Department of Public Safety acting directly or through its duly authorized offices and agents.

**56-5-1210. Duties of driver involved in an accident resulting in death or personal injury.**

(A) The driver of a vehicle involved in an accident resulting in injury to or the death of a person immediately shall stop the vehicle at the scene of the accident or as close to it as possible. He then shall return to and in every event shall remain at the scene of the accident until he has fulfilled the requirements of Section 56-5-1230. However, he may temporarily leave the scene to report the accident to the proper authorities. The stop must be made without obstructing traffic more than is necessary. A person who fails to stop or to comply with the requirements of this section is guilty of:

(1) a misdemeanor and, upon conviction, must be imprisoned not less than thirty days nor more than one year or fined not less than one hundred dollars nor more than five thousand dollars, or both, when injury results but great bodily injury or death does not result;

(2) a felony and, upon conviction, must be imprisoned not less than thirty days nor more than ten years and fined not less than five thousand dollars nor more than ten thousand dollars when great bodily injury results; or

(3) a felony and, upon conviction, must be imprisoned not less than one year nor more than twenty-five years and fined not less than ten thousand dollars nor more than twenty-five thousand dollars when death results.

(B) Law enforcement officers or authorized employees of the Department of Transportation may move or have removed from the traveled way all disabled vehicles and vehicles involved in an accident and any debris caused by motor vehicle traffic collisions where it can be accomplished safely and may result in the improved safety or traffic flow upon the road; however, where a vehicle has been involved in an accident resulting in great bodily injury or death to a person, the vehicle shall not be moved until it is authorized by the investigating law enforcement officer. The State, its political subdivisions, and its officers and employees are not liable for any damages to vehicles that result from the removal unless the removal was carried out in a reckless or grossly negligent manner. The vehicle owner and any driver, or the owner’s, driver’s, or the at-fault party’s insurance company, of a vehicle removed under this subsection, or the owner’s, driver’s, or the at-fault party’s insurance company, shall bear all reasonable costs of removal.

Nothing in this section shall bar recovery from an at-fault party when the accident was caused by the actions of that party.

(C) As used in this section, “great bodily injury” means bodily injury which creates a substantial risk of death or which causes serious, permanent disfigurement, or protracted loss or impairment of the function of a bodily member or organ.

(D) The Department of Motor Vehicles shall revoke the driver's license of the person convicted pursuant to this section.

**56-5-1220. Duties of driver involved in accident resulting in damage to attended vehicles.**

(A) The driver of a vehicle involved in an accident resulting only in damage to a vehicle which is driven or attended by a person immediately shall stop the vehicle at the scene of the accident or as close to it as possible, but shall return to and in every event shall remain at the scene of the accident until he has fulfilled the requirements of Section 56-5-1230. However, he may temporarily leave the scene to report the accident to the proper authorities. A person who fails to stop or comply with the requirements of this subsection is guilty of a misdemeanor and, upon conviction, must be imprisoned not more than one year or fined not less than one hundred dollars nor more than five thousand dollars, or both.

(B) If a disabled vehicle or a vehicle involved in an accident resulting only in damage to a vehicle is obstructing traffic, the driver of the vehicle shall make every reasonable effort to move any vehicle that is capable of being driven safely off the roadway as defined by Section 56-5-460 so as not to block the flow of traffic. The driver or any other person who has moved a motor vehicle to facilitate the flow of traffic as provided in this subsection before the arrival of a law enforcement officer shall not be considered liable or at fault regarding the cause of the accident solely by reason of moving the vehicle pursuant to this section.

(C) State and local authorities may erect signs along highways and streets that instruct the public that the driver of a disabled vehicle or a vehicle involved in an accident resulting only in damage to vehicles shall make every reasonable effort to move any vehicle that is capable of being driven off the roadway.

**56-5-1230. Duty to give information and render aid.**

The driver of any vehicle involved in an accident resulting in injury to or death of any person or damage to any vehicle which is driven or attended by any person shall give his name, address and the registration number of the vehicle he is driving and shall upon request and if available exhibit his driver's license to the person struck or the driver or occupant of or person attending any vehicle collided with and shall render to any person injured in such accident reasonable assistance, including the carrying or making arrangements for the carrying of such person to a physician, surgeon or hospital for medical or surgical treatment if it is apparent that such treatment is necessary or if such carrying is requested by the injured person.

**56-5-1240. Duties of driver involved in accident involving unattended vehicle.**

The driver of any vehicle which collides with any vehicle which is unattended shall immediately stop and shall then and there either locate and notify the operator or owner of such vehicle of the name and address of the driver and owner of the vehicle striking the unattended vehicle or shall leave in a conspicuous place in the vehicle struck a written notice giving the name and address of the driver and of the owner of the vehicle doing the striking and a statement of the circumstances thereof.

**56-5-1250. Duties of driver striking fixtures upon or adjacent to highway.**

The driver of any vehicle involved in an accident resulting only in damage to fixtures legally upon or adjacent to a highway shall take reasonable steps to locate and notify the owner or person in charge of such property of such fact and of his name and address and of the registration number of the vehicle he is driving and shall upon request and if available exhibit his driver's license and shall make report of such accident when and as required in Section 56-5-1270.

**56-5-1260. Immediate report of accidents resulting in person injury or death.**

The driver of a vehicle involved in an accident resulting in injury to or death of any person shall immediately by the quickest means of communication, whether oral or written, give notice of such accident to the local police department if such accident occurs within a municipality, otherwise to the office of the county sheriff or the nearest office of the South Carolina Highway Patrol.

**56-5-1270. Operators, owners and law enforcement officers shall make written reports of certain accidents and investigations.**

The operator or owner of a motor vehicle involved in an accident resulting in injury to or death of any person or total property damage to an apparent extent of one thousand dollars or more which was not investigated by a law enforcement officer, within fifteen days after the accident, shall forward a written report and verification of liability insurance coverage of the accident to the Department of Motor Vehicles, the proof and report to be in a manner prescribed by the Department of Motor Vehicles and the Department of Public Safety. The completed and verified form must be returned by the operator or owner to the Department of Motor Vehicles within fifteen days from the accident date. Failure to forward the accident report verified in the proper manner in respect to liability insurance coverage for the operation of the vehicle involved in the accident is prima facie evidence that the vehicle was uninsured.

Every law enforcement officer who, in the regular course of duty, investigates a motor vehicle accident that results in injury to or death of any person or total property damage to an apparent extent of one thousand dollars or more either at the time of and at the scene of the accident or after the accident by interviewing participants or witnesses, within twenty-four hours after completing the investigation, must forward a written report of the accident to the Department of Motor Vehicles including the names of interviewed participants and witnesses. If a two-wheeled motorized vehicle is involved in the accident and the operator or a passenger of the vehicle suffers a head injury, the injury must be indicated on the report.

**56-5-1280. In case driver shall be unable to report, other occupant or owner shall report.**

Whenever the driver of a vehicle is physically incapable of making an immediate or a written report of an accident as required in Section 56-5-1260 and there was another occupant in the vehicle at the time of the

accident capable of making a report, such occupant shall make or cause to be made such report not made by the driver. Whenever the driver is so physically incapable of making a written report as required in Section 56-5-1270 and such driver is not the owner of the vehicle, then the owner of the vehicle involved in such accident shall within five days after learning of the accident make such report not made by the driver.

**56-5-1290. Reports shall not be used as evidence of negligence or due care in civil actions.**

None of the reports required by Sections 56-5-1260 to 56-5-1280 may be evidence of the negligence or due care of either party at the trial of any action at law to recover damages. However, law enforcement officers may refer to these reports when testifying in order to refresh their recollection of events.

**56-5-1300. Accident report forms.**

The Department of Public Safety shall prepare and upon request supply to police departments, coroners, sheriffs, garages and other suitable agencies or individuals forms for accident reports required hereunder, appropriate with respect to the persons required to make such reports and the purposes to be served. The written reports to be made by persons involved in accidents and by investigating officers shall call for sufficiently detailed information to disclose with reference to a traffic accident the cause, conditions then existing and the persons and vehicles involved. Every accident report required to be made in writing shall be made on the appropriate form approved by the Department and shall contain all of the information required therein unless not available.

**56-5-1320. Coroners shall report traffic deaths.**

Every coroner or other official performing like functions shall on or before the tenth day of each month report in writing to the Department of Public Safety the death of any person within his jurisdiction during the preceding calendar month as the result of a traffic accident, giving the time and place of the accident and the circumstances relating thereto.

**56-5-1330. Garages or repair shops shall report accidents or bullet damages.**

The person in charge of any garage or repair shop to which is brought any motor vehicle which shows evidence of having been involved in an accident of which report must be made as provided in Section 56-5-1270 or struck by any bullet shall report to the Department of Public Safety within twenty-four hours after such motor vehicle is received, giving the engine number, registration number and the name and address of the owner or operator of such vehicle.

**56-5-1340. Accident reports shall be without prejudice and confidential; use; permissible disclosures.**

All accident reports made by persons involved in accidents shall be without prejudice to the individual so reporting and shall be for the confidential use of the Department of Motor Vehicles, Department of Public

Safety, or other State agencies having use for the records for accident prevention purposes. The Department of Motor Vehicles may disclose the identity of a person involved in an accident when such identity is not otherwise known or when such person denies his presence at such accident and may upon request disclose to any person who has suffered injury to his person or property any information contained on any report regarding the existence of insurance. No such report shall be used as evidence in any trial, civil or criminal, arising out of an accident, except that the Department of Motor Vehicles shall furnish, upon demand of any person who has, or claims to have, made such a report or upon demand of any court, a certificate showing that a specified accident report has or has not been made to the Department of Motor Vehicles solely to prove a compliance or a failure to comply with the requirement that such a report be made to the Department of Motor Vehicles.

**56-5-1350. Tabulation and analysis of reports; publication of statistical information.**

The Department of Public Safety must tabulate and may analyze all accident reports as required in Section 56-5-1270 and shall publish annually or at more frequent intervals statistical information based thereon as to the number and circumstances of traffic accidents.

**56-5-1360. Municipality may require accident reports; use.**

Any incorporated city or town may by ordinance require that the driver of a vehicle involved in an accident shall also file with a designated city department a report of such accident or a copy of any report herein required to be filed with the Department of Motor Vehicles. All such reports shall be for the confidential use of the city department and subject to the provisions of Section 56-5-1340.

**ATTORNEY GENERAL'S OPINION**

**Reporting of accidents occurring on private property.**

A motorist is required to submit a written report to the South Carolina Department of Public Safety of an accident that occurs on private property. 1973-74 Op. Att'y Gen., No. 3689, P.36.

**Investigation of accident occurring on private property.**

There is nothing to prevent a law enforcement officer from entering private property in order to investigate the probability of a violation of law – especially when the area to be entered is an open area, such as a road or parking lot to which the public is invited. When a motor vehicle accident has occurred on such an area, traffic police are empowered to conduct routine investigations and to prefer charges where there is valid evidence to support charges. 1973-74 Op. Att'y Gen., No. 3689, P.36.

## **SPECIAL INSTRUCTIONS FOR THE ELECTRONIC TR-310**

1. Each paper Report Form consists of a set of four (4) pages; an Original Collision Report Form (TR-310) and three (3) Financial Responsibility Forms. Electronic reports created through the SCCATTS system consist of elements specific to the crash entered by the Investigating Officer.
2. The Original paper TR-310 is to be submitted to the address shown on the bottom of each report. THE ORIGINAL Electronic COLLISION REPORT created by SCCATTS IS TO be SUBMITTED THROUGH THE SOUTH CAROLINA COLLISION AND TICKET TRACKING SYSTEM (SCCATTS). Any other electronic or printed reports not created through the SCCATTS System should be submitted through the Original paper TR-310 form instructions. Photostat copies of any reports will not be accepted by the SCDMV.
3. The Financial Responsibility Form(s) FR-10 is to be given to the driver(s) involved in the collision.
4. Each paper TR-310 form should be completed in Black ink only. Please print or type all information. All information you record on the form is entered directly into the SCCATTS System. The accuracy of the data depends largely on how neatly the report form has been completed.

Electronic reports created through the SCCATTS System should be submitted with black font and no color in the report other than those outlined in the E-report addendum in this manual.

5. Paper TR-310 forms containing more than one page should be stapled together at the center top of the page. Pages should not be clipped together nor folded. Please do not mark or staple in the box labeled "South Carolina DPS/OHS and DMV Use Only".
6. If you need to view the Instruction Manual for Investigating Officers, go to [www.scdps.org](http://www.scdps.org). Click on the Office of Highway Safety tab and go to Statistical Services. Look for the TR-310 Electronic Instruction Manual. Each officer who investigates traffic collisions should have access to the manual.
7. A **CORRECTED/AMENDED** report should be submitted when the Officer detects an error or has new information for the original report or specific facts regarding the collision have changed. For example, if a person who is listed as injured on the original report dies shortly after the collision, an amended report should be submitted to show the severity as 'fatal'.

When submitting a Corrected/Amended paper TR-310 form, check the block at the top of the form for the "CORRECTED or AMENDED" report and complete only following portions of the report form (1) the top line of the report which includes the date, time, county, route the collision occurred on, and city or town; (2) the name and driver license number of the driver(s) involved in the collision; (3) indicate the FR-10 numbers issued to the

driver(s)/owner(s) from the Original report; (4) the information that you are changing; and (5) you name, rank, badge and agency code. Attach a copy of the Original to the Corrected/Amended report.

For electronic reports created through the SCCATTS System corrected/amended reports will be submitted per procedures outlined in the E-reporting addendum in this manual.

8. If, while completing a collision report, you make a mistake (or several mistakes) and you have not yet issued the FR-10's which correspond to the report, simply tear up and discard all four pages of the set (the original and the three green FR-10's) and start over on a new set of forms. If you have issued the FR-10's and are later completing the remainder of the collision report and make several mistakes, mark the collision report as "Void" or "Spoiled". Re-write the report on a new set of forms. Discard or tear up the FR-10's which correspond to the new original. On the new original TR-310, draw a straight line through the FR-10 numbers and directly to the right of the FR-10 numbers you have just crossed out, write in the FR-10 numbers which you actually issued to the driver(s)/owner(s) involved. These numbers should match the FR-10 numbers on the report you marked "Void" or "Spoiled". Staple the "Void" or "Spoiled" report to the new report you have just completed. Do not mark the new report you have completed as "corrected" or "amended" since it does not meet the definition as described in item 7. Mail the documents, stapled together, to the Office of Financial Responsibility.
9. All questions regarding proper completion of the Traffic Collision Report Form should be directed to the Office of Highway Safety, 10311 Wilson Boulevard, Blythewood SC, 29016, (803) 896-9950. Please feel free to call the Office of Highway Safety at any time with you questions.
10. **When mailing collision reports to the Office of Financial Responsibility, please leave all reports unfolded.**
11. Some jurisdictions assign their own internal case numbers to collision reports. If your Department follows this procedure, please do not write the number on the block labeled "For DPS Use Only" at the top of the collision report form. There is a space for your report agency number in the lower right hand corner of the first page and is marked "Internal Agency Code".
12. Do not deface any portion of the TR-310 by use of a stamp or other departmental logos. The only stamp accepted is one indicating "**ORIGINAL**" for those reports which are computer generated.
13. Use additional paper TR-310 forms where there are more than three (3) units; or more than eight (8) total occupants; or more than two pedestrians are involved. Forms should be stapled together in the center of the page at the top. **DO NOT STAPLE IN THE BLOCK MARKED "FOR DPS USE ONLY"**. Number the pages properly and fasten them together securely. For

example, if a collision involved three vehicles and a pedestrian, use two (2) collision forms and submit both (pages one and two). If a collision involved seven units, you would submit three (3) original report forms. Pages would be labeled page 1 of 3 (units 1, 2 and 3), 2 of 3 (units 4, 5 and 6), 3 of 3 (unit 7). Reports with missing pages will be rejected and returned to the officer.

14. Every reasonable effort should be made to obtain and report factual information. Investigating officers should use their best judgment and record their considered opinions even though sufficient evidence is not present for a criminal charge.
15. **DO NOT LEAVE THE BLOCK FOR # OF UNITS BLANK.** Enter the total number of units involved in the collision. This includes every device by which persons or property may be moved or transported, including railroad trains, vehicles moved by human power (bicycles, etc.) and pedestrians. Each pedestrian should be listed separately.



## **DEFINITIONS AND DIAGRAMS**

### **LAND WAYS, LAND VEHICLES AND USERS**

**LAND WAY.** A land way is the space within the property lines or other boundary lines of any transport way that is neither an airway nor a waterway.

**TRAFFICWAY.** A trafficway is any land way open to the public as a right or custom for moving persons property from one place to another. South Carolina Law refers to this as Highway, right of way to right of way.

Inclusions: Within areas with guarded entrances, such as military posts or private residential developments, land ways are trafficways if the guards customarily admit public traffic.

Exclusions: A land way under construction is not a trafficway if traffic is prohibited from entering by signing or barriers which are in conformance with applicable standards. However, if any part of the land way is open to travel while the remainder is closed, that part which is open for traffic is a trafficway. Likewise, any temporary bypass of a construction site is a trafficway.

A land way temporarily closed to travel and marked by barriers which are in conformance with applicable standards is not a trafficway even though used by authorized vehicles, such as maintenance vehicles or when intentionally or inadvertently used by unauthorized vehicles. A land way open only to local traffic is not considered closed.

**PRIVATE WAY.** A private way is any land way other than a trafficway. The space within a crossing of a private way and a trafficway shall be considered to be a trafficway.

**RAILWAY.** A railway is any private way reserved primarily for land vehicles moving person or property from one place to another on rails.

**RAILWAY TRAIN.** A railway train is any motorized railway vehicle.

**ROAD VEHICLE.** A road vehicle is any land vehicle other than a railway vehicle.

**MOTOR VEHICLE.** A motor vehicle is any motorized (mechanically or electrically powered) road vehicle not operated on rails.

**OTHER ROAD VEHICLE.** An other road vehicle is any road vehicle other than a motor vehicle.

Inclusions: Must be involved with a Motor Vehicle to be reported on TR-310.

Animal-drawn vehicle (any type)

Animal harnessed to a conveyance

Animal carrying a person

Street car

Pedalcycle

Riding lawnmower

Golf Cart

Exclusion:

All Terrain Vehicle (ATV) This is not a road vehicle and in a single unit incident it should not be reported on a TR-310 form.

**AUTOMOBILE.** An automobile is a motor vehicle, other than the motorcycle, consisting primarily of a transport device designed for carrying ten or fewer persons.

**COMMERCIAL VEHICLE.** A commercial motor vehicle is any motor vehicle used for the transportation of goods, property or people in interstate or intrastate commerce.

For purposes of Commercial Vehicle reporting:

(1) any truck whose Gross Vehicle Weight Rating (GVWR) of the power unit is 10,001 pounds or more; OR a Gross Combination Weight Rating (GCWR) of more than 10,000 pounds and is used on public highways; OR

(2) any motor vehicle displaying hazardous material placard; OR

(3) any motor vehicle with seating for 9 or more persons including the driver.

See Instructions for completing Supplemental Truck and Bus Collision Report (Rev. 4/2009).

**BUS.** A bus is a motor vehicle with seating for transporting nine or more persons, including the driver.

**LIGHT TRUCK.** A light truck is a truck which has a gross vehicle weight rating of 10,000 pounds (4,536 kilograms) or less.

**SINGLE-UNIT TRUCK** A single-unit truck is a truck consisting primarily of a single motorized transport device designed for carrying property. When connected to a trailer, such a device may be part of a truck combination.

**TRUCK TRACTOR.** A truck tractor is a motor vehicle consisting primarily of a single motorized transport device designed primarily for drawing trailers.

**TRUCK COMBINATION.** A truck combination is a truck consisting primarily of a transport device which is a single-unit truck or truck tractor together with one or more attached trailers.

**PEDALCYCLE.** A pedalcycle is a non-motorized other road vehicle propelled by pedalling.  
Inclusions: Bicycle, tricycle, unicycle, pedalcycle.

**MOPED.** A moped is a cycle with pedals to permit propulsion by human power or without pedals and with a motor of not more than fifty cubic centimeters which produces not to exceed two brake horsepower and which is not capable of propelling the vehicle at a speed in excess of thirty miles an hour on level ground. If an internal combustion engine is used, the moped must have a power drive system that functions directly or automatically without clutching or shifting by the operator after the drive system is engaged.

**ROADWAY.** A roadway is that part of a trafficway designed, improved, and ordinarily used for motor vehicle travel or, where various classes of motor vehicle travel of motor vehicles are segregated, that part of a trafficway used by a particular class. Separate roadways may be provided for northbound and southbound traffic or for trucks and automobiles. See Figure 1.  
Exclusions: Bridle paths, bicycle paths.

**SHOULDER.** A shoulder is that part of a trafficway contiguous with the roadway for emergency use, for accommodation of stopped road vehicles, and for lateral support of the roadway structure. See figure 1.

**ROAD.** A road is that part of a trafficway which includes both the roadway and any shoulder alongside the roadway. See Figure 1.

**IN TRANSPORT.** The term "in transport" denotes the state or condition of a transport vehicle which is in motion or within the portion of a transport way ordinarily used for travel by similar transport vehicles. When applied to motor vehicles, "in transport" means in motion or on a roadway.

Inclusions:  
Motor vehicles in traffic on a highway.  
Driverless motor vehicle in motion.  
Motionless motor vehicle abandoned on a roadway.  
Disabled motor vehicle on a roadway.

**OCCUPANT.** An occupant is any person who is part of a transport vehicle.

**PEDESTRIAN.** A pedestrian is any person who is not an occupant.

Inclusions: Pedestrian conveyance (wheel chair, skateboard, motorized skateboard, skates, roller blades, segway, etc.)

**DRIVER.** A driver is an occupant who is in actual physical control of a transport vehicle or, for an out-of-control vehicle, an occupant who was in control until control was lost.

**PASSENGER.** A passenger is any occupant of a road vehicle other than its driver.

**PEDALCYCLIST.** A pedalcyclist is any occupant of a pedalcycle in transport.

**TRAFFIC UNIT.** A traffic unit is a road vehicle, pedestrian, pedalcyclist, railway train or other road vehicle.

**BIKEWAY.** A bikeway is that part of a trafficway specifically designed as being open for pedalcycle travel or, where various classes of pedalcycle travel are segregated, that part of a trafficway open for a particular class.

**BICYCLE TRAIL.** A bicycle trail is a bikeway reserved exclusively for pedalcycles and separated for roadways by open space or barriers.

**BICYCLE LANE.** A bicycle lane is a bikeway which (1) is contiguous with a parallel roadway and (2) has been designated for preferential or exclusive use by pedalcycles.

**SHARED ROAD.** A shared road is any bikeway which is a part of a roadway but not a bicycle lane.

## **INJURIES AND DAMAGE**

**INJURY.** An injury is any bodily harm to a person.

Exclusions:

Effects of diseases such as stroke, heart attack, diabetic coma, epileptic seizure.

**FATAL INJURY.** A fatal injury is any injury that results in death.

**INCAPACITATING INJURY.** An incapacitating injury is any injury, other than a fatal injury, which prevents the injured person from walking, driving or normally continuing the activities he was capable of performing before the injury occurred.

Inclusions: Severe lacerations, broken or distorted limbs, skull or chest injuries, abdominal injuries, unconscious at or when taken from crash scene, unable to leave crash scene without assistance.

Exclusions: Momentary unconsciousness.

**NON-INCAPACITATING EVIDENT INJURY.** A non-incapacitating evident injury is any injury, other than a fatal injury or incapacitating injury, which is evident to observers at the scene of the collision in which the injury occurred.

Inclusions: Lump on head, abrasions, bruises or minor lacerations.

Exclusions: Limping (the injury cannot be seen).

**POSSIBLE INJURY.** A possible injury is any injury reported or claimed which is not a fatal injury, incapacitating injury or non-incapacitating evident injury.

Inclusions:

    Momentary unconsciousness.

    Claims of injuries not evident.

    Limping, complaint of pain, nausea, hysteria.

**DAMAGE.** Damage is harm to property that reduces the monetary value of that property.

Inclusions:

    Harm to animals, or birds, which have monetary value.

Exclusions:

    Harm to wild animals, or birds, which have no monetary value.

    Mechanical failure during normal operation, such as tire blowout, broken fan belt, or broken axle.

## **COLLISIONS**

**HARMFUL EVENT.** A harmful event is an occurrence of injury or damage.

Inclusions:

    Injury or damage when a driver dies or loses consciousness because of a disease condition such as a stroke, heart attack, diabetic coma, or epileptic seizure. In such a case the immediate effect of the disease, such as the driver's death or loss of consciousness, is not itself considered to be a harmful event.

**DELIBERATE INTENT.** Deliberate intent is the classification given to the cause of an event which occurs when a person acts deliberately to cause the event or deliberately refrains from prudent acts which would prevent occurrence of the event.

Inclusions:

    Suicide, self-inflicted injury, homicide, injury or damage purposely inflicted and others.

Exclusions:

    Injury or damage beyond that which was intended.

**UNSTABILIZED SITUATION.** An unstabilized situation is a set of events not under human control. It originates when control is lost and terminates when control is regained or, in the absence of persons who are able to regain, when all persons and property are at rest.

**CATAclysm.** A cataclysm is a cloudburst, cyclone, earthquake, flood, hurricane, lightening, tidal wave, torrential rain, tornado or volcanic eruption.

**TRAFFIC COLLISION.** A traffic collision is a road vehicle collision in which (1) the unstabilized situation originates on a trafficway or (2) a harmful event occurs on a trafficway not directly resulting from a cataclysm.

Inclusions:

Motor vehicle driven into water after bridge was washed out during a hurricane or flood.

Motor vehicle driven into fallen materials covering a roadway after a landslide or avalanche.

Exclusions:

Motor vehicle in transport washed away with a bridge during a hurricane or flood.

Motor vehicle in transport buried by a landslide or avalanche.

**INJURY COLLISION.** An injury collision is any road vehicle collision that results in one or more injuries.

**FATAL COLLISION.** A fatal collision is any injury collision that results in one or more fatal injuries.

**PROPERTY DAMAGE ONLY COLLISION.** A property damage only collision is any road vehicle collision other than an injury collision.

**OVERRIDE/UNDERRIDE COLLISION.** An override refers to a vehicle riding up over another vehicle. An underride refers to a vehicle sliding under another vehicle during a crash.

## **LOCATION**

**INTERSTATE SYSTEM.** The Interstate System is the National System of Interstate and Defense highways as defined in Section 101, Title 23, United States Code.

**INTERSTATE HIGHWAY.** An Interstate highway is a trafficway in the Interstate System.

**OTHER U.S. ROUTE NUMBERED HIGHWAY.** An other U.S. numbered highway is a

trafficway numbered by the American Association of State highway and Transportation Officials, but not an Interstate highway.

**OTHER STATE ROUTE NUMBERED HIGHWAY.** An other state route numbered highway is a trafficway within a state highway system, but not an Interstate highway or other U.S. route numbered highway.

**COUNTY HIGHWAY.** A county road is a trafficway within a county trafficway system that is not an Interstate highway, other U.S. route numbered highway, or other state route numbered highway including city streets.

**CITY STREET.** A city street is a trafficway within a city trafficway system that is not an Interstate highway, other U.S. route numbered highway, or other state numbered highway, or county road.

**DRIVEWAY ACCESS.** A driveway access is a roadway providing access to property adjacent to a trafficway.

Inclusions:

Entrance to gas stations.

Exclusions:

Any area not within a trafficway.

**INTERSECTION.** An intersection is an area which (1) contains a crossing or connection of two or more roadways not classified as driveway access and (2) is embraced within the prolongation of the lateral curb lines or, if none, the lateral boundary lines of the roadways. Where the distance along a roadway between two areas meeting these criteria is less than 10 meters (33 feet), the two areas and the roadway connecting them are considered to be parts of a single intersection. See Figure 3.

**INTERCHANGE.** An interchange is a system of interconnecting, roadways in conjunction with one or more grade separations, providing for the movement of traffic between two or more roadways on different levels.

**JUNCTION.** A junction is either an intersection or the connection between a driveway access and a roadway other than a driveway access.

**RAMP.** A ramp is an auxiliary roadway used for entering or leaving through-traffic lanes.

**GORE.** A gore is an area of land where two roadways diverge and converge. The area is bounded on two sides by the edges of the roadways, which join at the point of divergence or convergence. The

direction of traffic must be the same on both sides of these roadways. The area includes shoulders and marked pavement, if any, between the roadways. The third side is 60 meters (approximately 200 feet) from the point of divergence or convergence or, of any other road is within 70 meters (approximately 230 feet) of that point, a line 10 meters (33 feet) from the nearest of such road. See Figure 4.

**Inclusions:**

Areas at rest area entry or exit ramps.

Areas at truck weigh stations entry or exit ramps.

Areas where two main roadways diverge or converge.

Areas where a ramp and another roadway, or two ramps, diverge or converge.

**Exclusions:**

Islands for channelization of vehicle movement.

**CROSSWALK.** A crosswalk is (1) that part of a roadway at an intersection included within the connections of the lateral lines of the sidewalks on opposite sides of the roadway measured from the curbs or, in the absence of curbs, from the edges of the traversable roadway, or (2) any portion of a roadway at an intersection or elsewhere distinctly indicated for pedestrian crossing by lines or other markings on the surface of the roadway.

## **ROAD VEHICLE COLLISION TYPES**

**OVERTURNING COLLISION.** An overturning collision is a road vehicle collision in which the first harmful event is the overturning of a road vehicle.

**COLLISION EVENT.** A collision event is a road vehicle collision other than an overturning collision in which the first harmful event is a collision of a road vehicle in transport with another road vehicle, other than property or pedestrian.

**NON-COLLISION EVENT.** A non-collision event is any road vehicle collision other than a collision event.

**Inclusions:**

Overturning collision.

Accidental poisoning from carbon monoxide generated by a road vehicle in

transport.

Breakage of any part of the road vehicle, resulting in injury or in further property damage.

Explosion of any part of the road vehicle.

Fire starting in the road vehicle.

Fall or jump from the road vehicle.

Occupant hit by an object in, or thrown against some part of the road vehicle.

Injury or damage from moving part of the road vehicle.

Object falling from, or in, the road vehicle.

Object falling on the road vehicle.

Toxic or corrosive chemicals leaking out of the road vehicle.

Exclusions:

Being pushed from a road vehicle when this is an act of deliberate intent.

Object thrown towards, or in, or on the road vehicle by a person when this is an act of deliberate intent.

**COLLISION INVOLVING A PEDESTRIAN.** A collision involving a pedestrian is a collision in which the first harmful event is the collision of a pedestrian and a road vehicle in transport.

**COLLISION INVOLVING A MOTOR VEHICLE IN TRANSPORT.** A collision involving a motor vehicle in transport is a collision that is both a motor vehicle collision and a collision in which the first harmful event is the collision of two or more motor vehicles in transport.

**COLLISION INVOLVING A PARKED MOTOR VEHICLE.** A collision involving a parked motor vehicle is a collision in which the first harmful event is the striking of a motor vehicle not in transport by a road vehicle in transport.

**COLLISION INVOLVING A RAILWAY VEHICLE.** A collision involving a railway vehicle is a collision in which the first harmful event is the collision of a road vehicle in transport and a railway vehicle.

**COLLISION INVOLVING A PEDALCYCLE.** A collision involving a pedalcycle is an accident that is both a motor vehicle collision and a collision in which the first harmful event is the collision

of a pedalcycle in transport and a motor vehicle in transport.

**COLLISION INVOLVING AN ANIMAL.** A collision involving an animal is a collision in which the first harmful event is the collision of an animal, other than an animal powering an other road vehicle, and a road vehicle in transport.

**COLLISION INVOLVING A FIXED OBJECT.** A collision involving fixed object is a collision in which the first harmful event is the striking of a fixed object by a road vehicle in transport. fixed objects include such objects as guardrails, bridge railing or abutments, construction barricades, impact attenuators, trees, embedded rocks, utility poles, ditches, steep earth or rock slopes, culverts, fences and buildings.

**COLLISIONS INVOLVING OTHER OBJECTS.** A collision involving other objects is any collision other than a (1) collision involving pedestrian, (2) collision involving motor vehicle in transport, (3) collision involving other road vehicle in transport, (4) collision involving parked motor vehicle, (5) collision involving railway vehicle, (6) collision involving pedalcycle, (7) collision involving animal, or (8) collision involving fixed object.

### **LOCATION OF ROAD VEHICLE COLLISIONS**

**ON ROADWAY COLLISION.** An on roadway collision is (1) a collision in which the initial point of contact between colliding units in the first harmful event is within a roadway or (2) a non-collision in which the road vehicle involved was partly or entirely on the roadway at the time of the first harmful event.

**OFF ROADWAY COLLISION.** An off roadway collision is any road vehicle collision other than an on roadway collision.

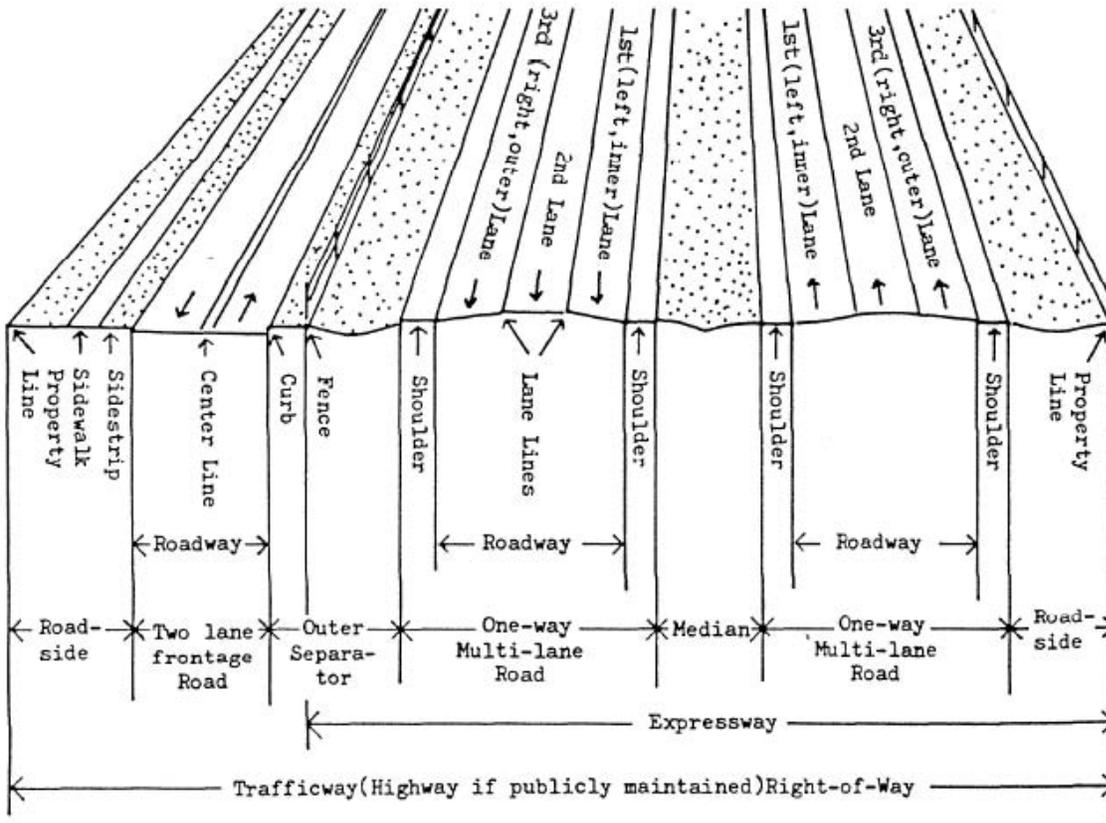
**AT INTERSECTION COLLISION.** An at intersection collision is a traffic collision in which the first harmful event occurs with the limits of an intersection. See Figure 3.

**DRIVEWAY ACCESS COLLISION.** A driveway access collision is a traffic collision in which the first harmful event occurs on a driveway access or involves a road vehicle entering or leaving another roadway by way of driveway access.

**NON-JUNCTION COLLISION.** A non-junction collision is a road vehicle collision that is not an at-intersection collision, a driveway access collision or an intersection-related collision.

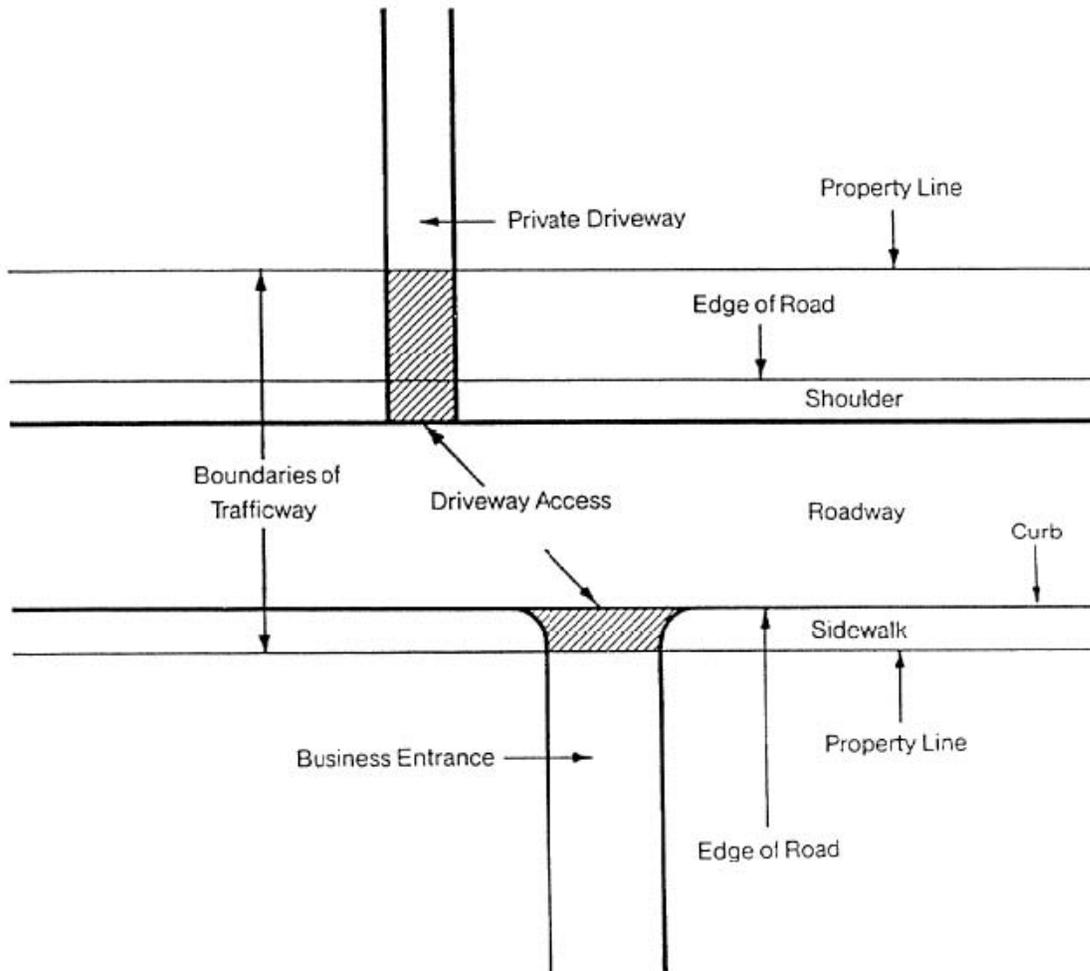
**INTERCHANGE COLLISION.** An interchange collision is a traffic collision in which the first harmful event occurs within the boundaries which include a ramp or auxiliary roadway and include each roadway entering or leaving the interchange to a point of 30 meters (100 feet) beyond the gore or curb return at the outermost ramp connection. Interchange collisions may include at intersection collisions, intersection related collisions, driveway access collisions or non-junction collisions. See Figure 5.

**FIGURE 1  
TRAFFIC WAY**





**FIGURE 2  
DRIVEWAY ACCESS**





**FIGURE 3  
INTERSECTION**

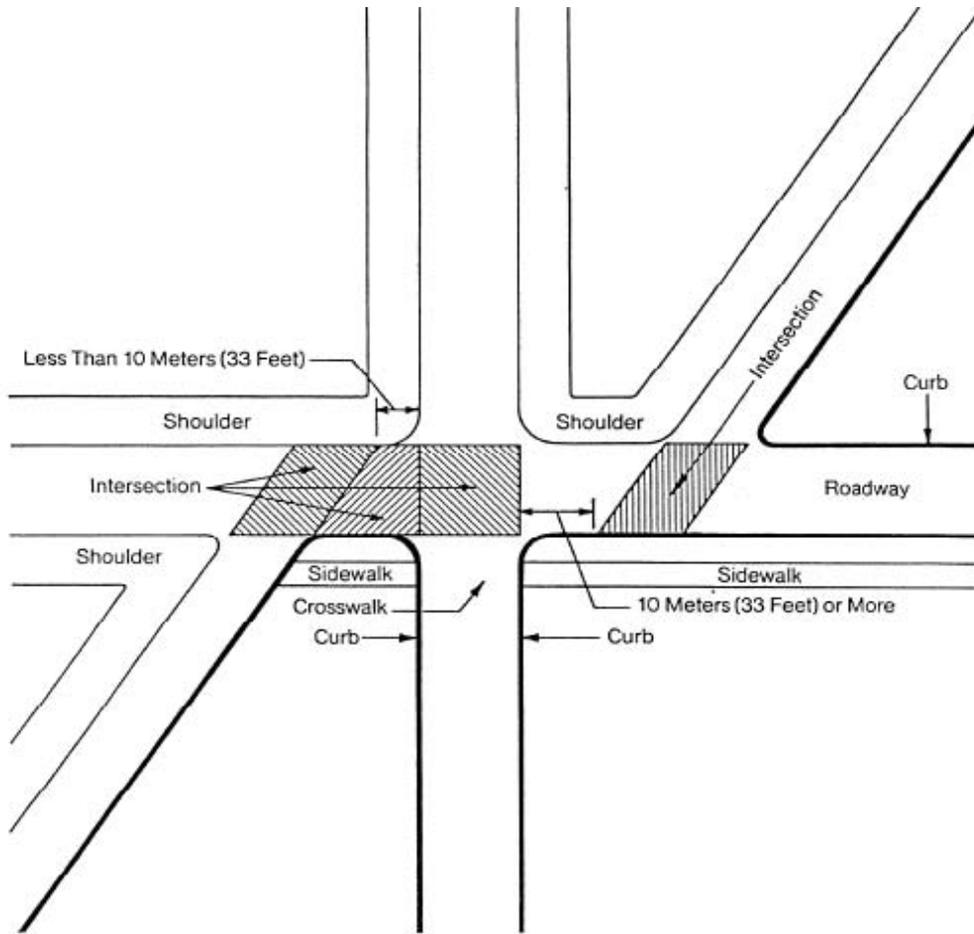


Figure 4 -  
Gore

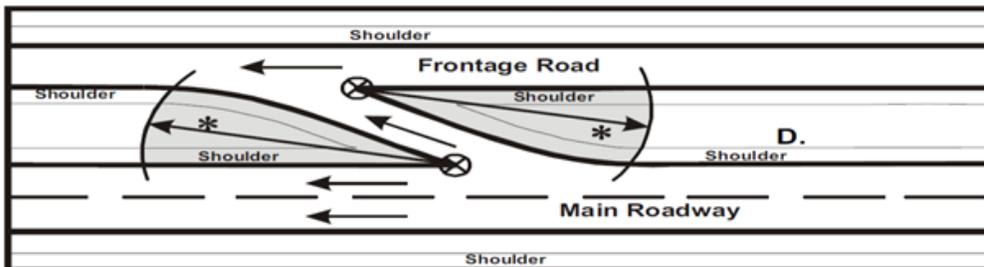
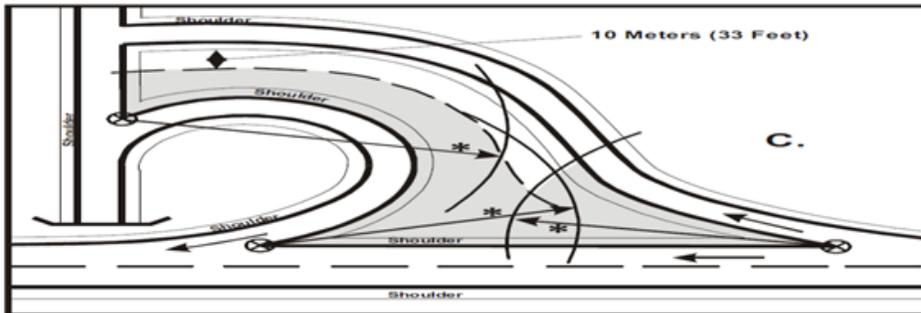
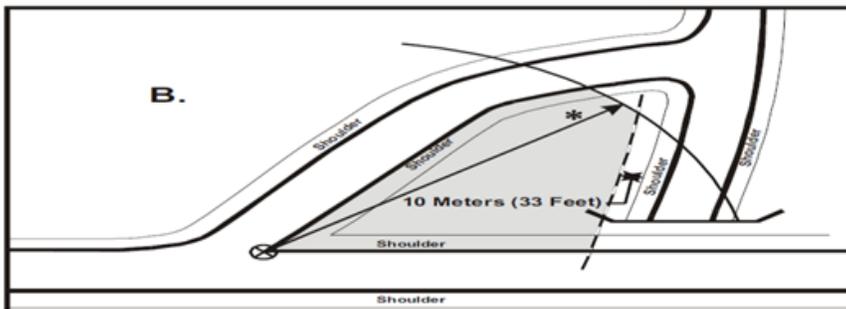
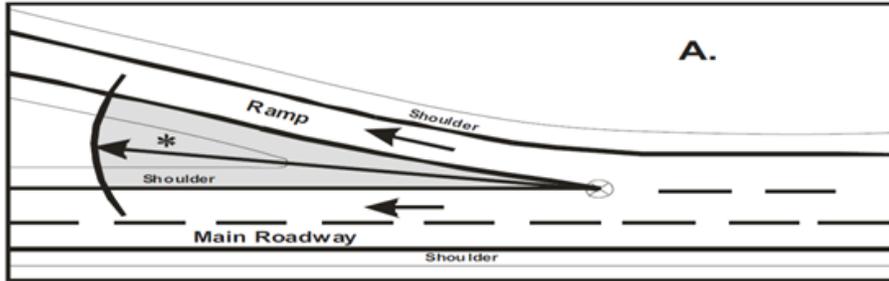
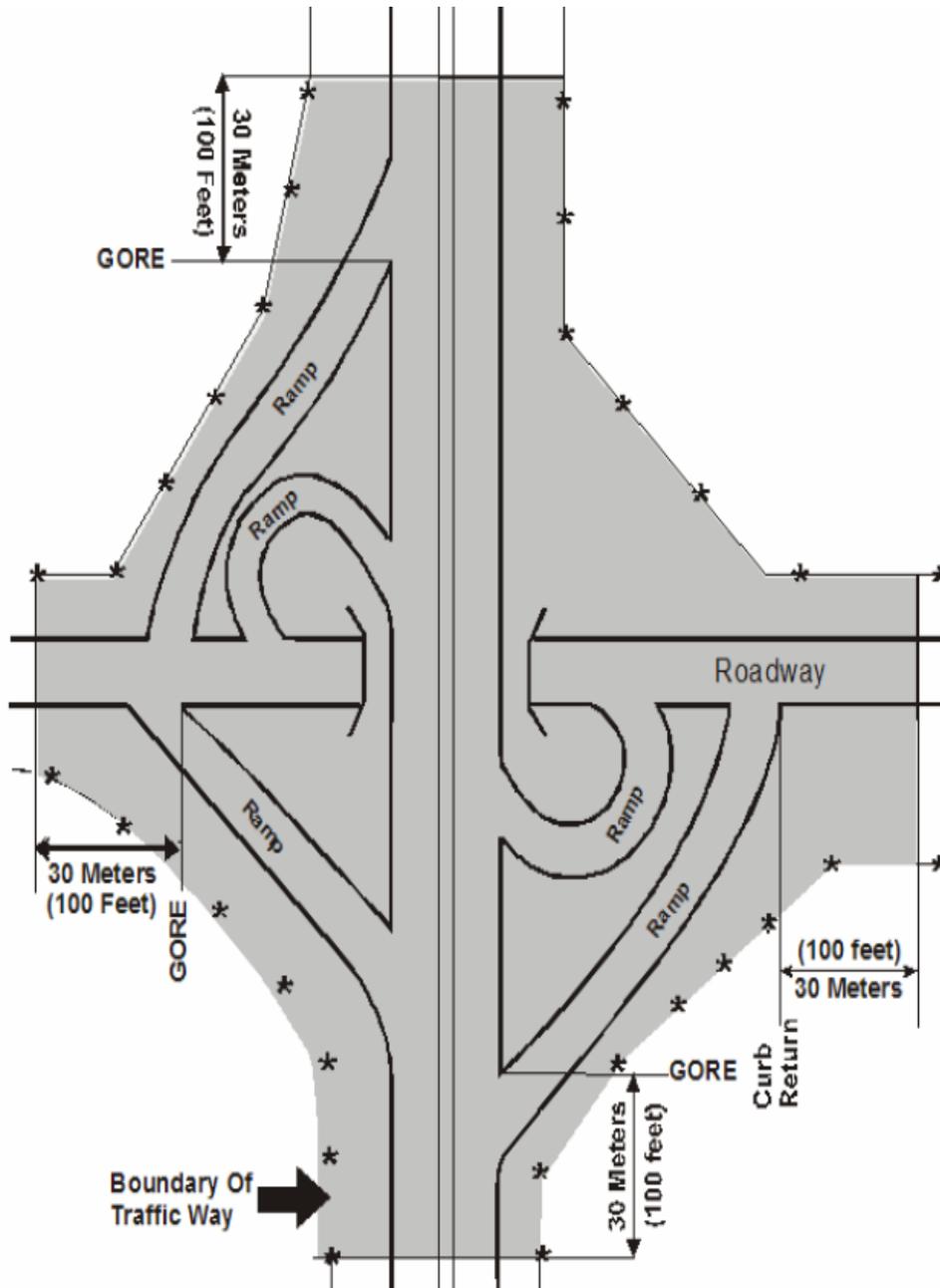


Figure 5-

Interchange



## LOCATION SEGMENT

### STANDARD LOCATING METHOD

The precise location of collisions or harmful events is one of the most important data elements captured on the Uniform Traffic Collision Report. Detailed statistics are of little or no value if they cannot be matched to road features, signals and other characteristics at a specified site. Global Positioning Systems (GPS) should be utilized for all TR-310 reports when available. When the first harmful event occurs off the roadway the collision location should be reported at the point where the vehicle left the roadway. To be useful, locations must be accurately pinpointed as close as possible to where the event actually occurred.

A Standard Locating Method has been designed to help the Investigating Officer and other interested users identify locations as accurately as possible.

### COLLISION LOCATION

#### Section 1 TR-310 (Paper Report)

A Collision Location will always be referenced as on a public road between two intersections. The Base Intersection will be a public road from which the location will be measured; the base intersection is the intersection closest to the collision site. The location will be measured in a direction toward the Second Intersection, beyond the collision site. The Collision Location is thus “sandwiched” between the Base Intersection and the Second Intersection. Private property must not be used in the location section as a base or second intersection.

Measurements will be made from the exact center of the Base Intersection in the smallest segments of feet, hundredths (1/100) of a mile and/or miles. For example, a collision located less than 53 feet from the center of a Base Intersection should be measured in feet. If the collision is located 53 feet or more from the Base Intersection, it should be measured in 1/100 .01 miles. Each 53 feet distance or portion will equal 1/100 mile. Measurements greater than one mile (5,280 feet) should be shown in whole and hundredths of miles.

#### EXAMPLES:

Collision located 45 feet from the center of the Base Intersection, show the distance as 45 feet (less than 53 feet). Collision located 350 feet from the center of the Base Intersection, show distance as .07 (7/100) miles. ( $350/5,280 \text{ ft.} = .066$ ). Collision located 2 miles plus 200 feet from the center of the Base Intersection, show the distance as 2.04 miles. ( $200/5,280 \text{ ft.} = .037$ ) (2 miles + .04 = 2.04).

#### Section 2: SCCATTS Electronic Reports

**For SCCATTS E-reporting see addendum to this manual.**

## **STANDARD DIRECTION**

All referenced directions will be standardized to reduce confusion in locating collisions. If a road is assigned an odd number (I-95, US 1, SC 97), the direction is always assumed to be South-North. If a road is assigned an even number (I-20, US 52, SC 34), the road is always assumed to be West-East. If a road is not assigned a number (City Street, County Road), the general compass orientation of the road will be used to determine direction.

The standard direction in the location segment of the collision report will be used for every reference to road direction such as traffic flow or movement, or distance. Lane/Ramp Travel Direction refers to the traffic flow direction; Distance Offset Direction refers to the direction toward the Second Intersection from the Base Intersection. Direction in this section does not refer to or describe the actual travel direction of the units involved in the collision.

### **EXAMPLES:**

1. A collision occurs on I-20 going from Augusta to Florence. The lane direction is East since the road is assigned an even number.
2. A collision occurs on I-85 exit ramp to I-385 going from Anderson to Clinton. The ramp direction is North since the road to which the ramp belongs is assigned an odd number.
3. A collision occurs on US 1, .30 miles from the Base Intersection I-20 toward the Second Intersection I-77. The Distance Offset Direction is North since the road is assigned an odd number.

## **LOCATING WITHIN COUNTIES**

All references to base intersection and second intersection must be within the same county. If an intersection would be referenced in another county, the county line should be referenced instead.

### **EXAMPLES:**

1. A collision occurred in Richland County on US 1, .20 miles North of S-40-955 in the direction of S-28-407. Reference the county line (Kershaw) as the second intersection.
2. A collision occurred in Richland County on US 1, .50 miles South of S-28-407 in the direction of S-40-55. Since the county line (Kershaw) cannot be used as the base intersection the location should be switched around to use S-20-55 as the Base and the second intersection would be the Kershaw County line.

## **LOCATION SEGMENT DATA FIELDS**

**PAGE \_\_ of \_\_ PAGES** – Refer to Item 13 under “Special Instructions” for more information. SCCATTS E-reporting will automatically calculate this.

**# OF UNITS** – Refer to Item 14 under “Special Instructions” for more information. SCCATTS E-reporting will automatically calculate this.

**CORRECTED/AMENDED** - Refer to Item 7 under “Special Instructions” for more information.

**NOTIFIED** – Use military time only to indicate the time the collision was reported to the police agency. Do not write AM or PM in this block. For example, if the police agency was notified at 7:50 pm, enter 1950 in the block provided. This block may not be left blank.

**ARRIVED** - Use military time only to indicate the time the police arrived at the scene of the collision. Do not write AM or PM in this block. For example, if the police agency was notified at 7:55 pm, enter 1955 in the block provided. This block may not be left blank.

**DATE** – Indicate the eight (8) digit date on which the collision occurred using a hyphen to separate the month, day and year. (Example: 01-01-2011 for January 1, 2011). Please include all four (4) digits of the year. **DO NOT LEAVE THIS BLOCK BLANK.**

**TIME** - Use military time only to indicate the time the collision occurred. Do not write AM or PM in this block. For example, if the crash occurred at 7:45 pm, enter 1945 in the block provided. This block may not be left blank. Example: 12:00 – Noon is 1200; 12:00 midnight is 2400.

**COUNTY** – Use the two (2) digit county number referenced in the back of this manual. **DO NOT LEAVE THIS BLOCK BLANK.**

## COLLISION LOCATION SYSTEM

### Section 1: Paper Reports

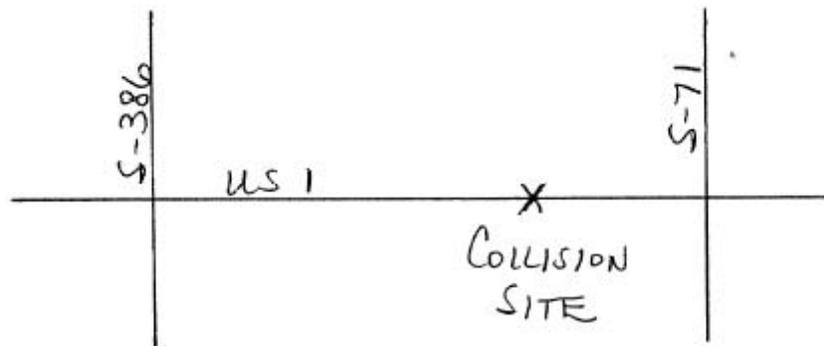
**For SCCATTS E-reporting see addendum to this manual.**

Collisions are located on a particular route “sandwiched” between and base and second intersection. The base intersection is the intersection closest to the collision site. The distance offset is the distance from the center of the base intersection to the first harmful event. In this segment of the report, known as the “location segment”, the procedures for locating the collision have been standardized. The lane direction, ramp direction and distance offset direction should be determined according to the instructions that follow.

- **ON** -This indicates the route on which the collision occurred. List the route number and/or name for the route on which the collision occurred.
- **FROM** – This is the base intersection. Indicate the route and/or the name of the base intersection from which you measure the distance offset and direction. Use the intersection closest to the site of the collision; this will make the measurement easier.
- **TOWARD** – This is the second intersection. Indicate the route and name (if available) of a second intersection (the next intersecting route) beyond the base intersection and the location of the collision. If you have as your choice of a second intersection, a new street which is named but unnumbered and a route which is numbered and well-established, choose the numbered route as the second intersection.

NOTE that the actual collision location should be on the “ON” route and should be between the “FROM” (Base Intersection) and “TOWARD” (Second Intersection) routes.

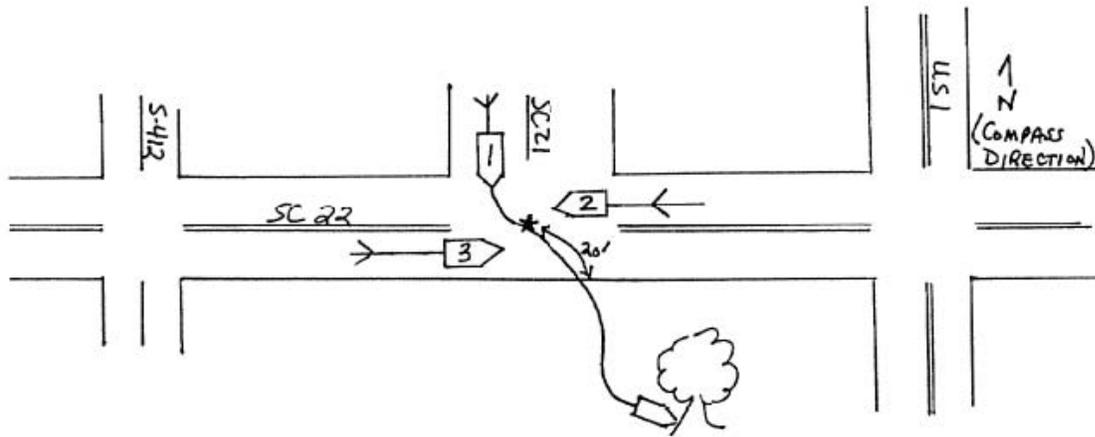
EXAMPLE OF LOCATION SELECTION:



This collision location would be “ON” US 1, “FROM” the Base intersection S-71, “TOWARD” the Second Intersection, S-386.



T-Intersection collision – Many questions have arisen as to how to determine the proper location for reporting purposes and where to measure from when collisions occur at a “T-Intersection”. In determining the route on which the collision occurred for a normal intersection, follow standard procedures and use the highest order, lowest numbered route for the collision location. In determining the collision location or the route on which the collision occurred, the “T-Intersection” will present, in some cases, an exception to this standard rule. If the collision occurs in the area indicated on the picture below, the through route will always be listed as the “ON” route. The crash must still be pinpointed between a base and second intersection.



Collision location: SC 22

Base Intersection: SC21

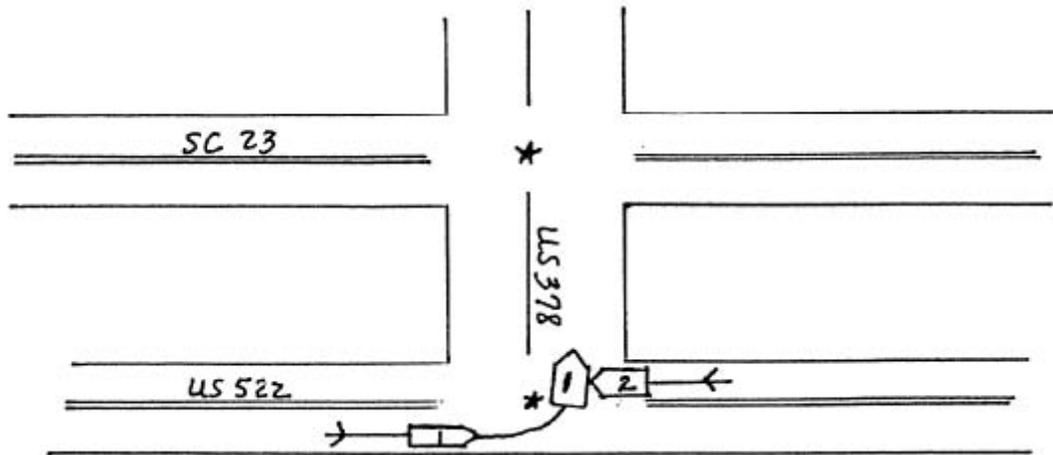
Second Intersection: US 1

\* = Center of the Intersection (0.00)

Distance Offset: 20 Feet (Measure from the center of the intersection to the point where the driver left the roadway)



Example 2: In this collision, two vehicles collided in the intersection.



Collision location: US 378

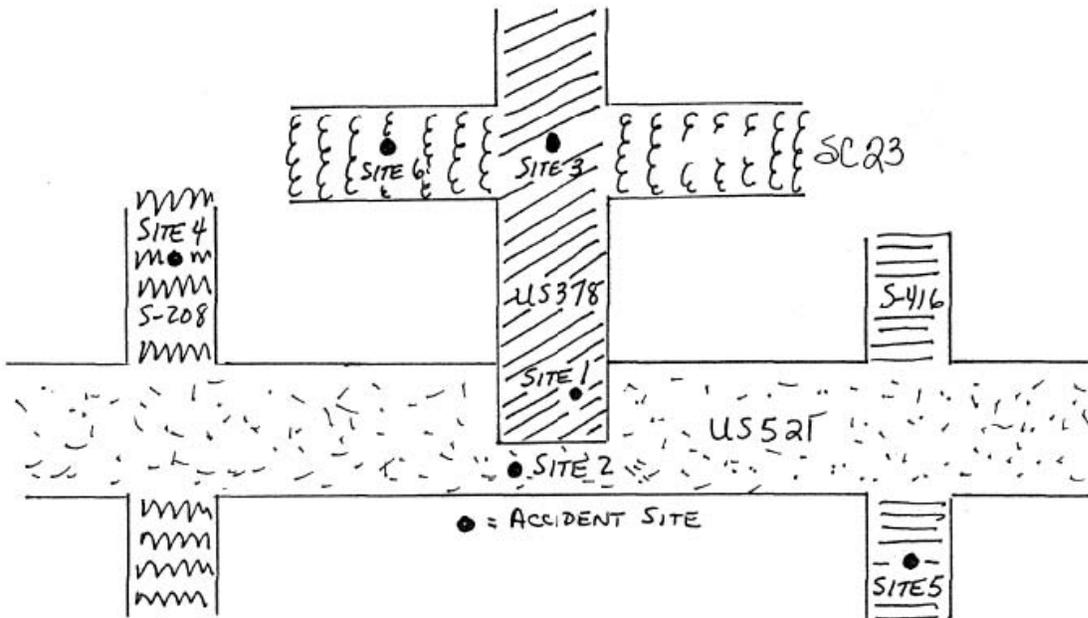
Base Intersection: US 522

Second Intersection: SC 23

\* = Center of the Intersection (0.00)

Distance Offset: 10 feet (Measure from the center of the intersection to the point of the first harmful event).

In determining the collision location for a T-intersection, certain standard engineering applications will apply. The examples on the next page will illustrate the appropriate selection of the collision location route, base and second intersection.



Site 1: If the first harmful event occurs here, the collision would be located on US 378; US 521 would be the base intersection; and SC 23 would be the second intersection.

Site 2: If the first harmful event occurred at Site 2, the collision would be located on US 521; the base intersection would be US 378. The second intersection would be S-208.

Site 3: If the first harmful event occurred at Site 3, it belongs to US 378 (highest order, lowest number).

Site 4: If the collision occurs in this area , it belongs to S-208.

Site 5: If the collision occurs in this area , it belongs to S-416.

Site 6: If the collision occurs in this area , it belongs to SC 23.

**ROUTE CATEGORY** – Circle the number which corresponds to the route category on which the collision occurred. This is assigned by the South Carolina Department of Transportation (SCDOT). If the collision occurred at an intersection, use the route category of the highest classification, with the lowest number. Classification ranking is as follows:

Interstate (highest)

US Primary

SC Primary

Secondary

County (lowest)

Private Property (PP)

Example #1:

If the collision occurred at the intersection of US 1 and SC 34, the collision location would be on US 1.

Example #2:

If the collision occurred at the intersection of SC 341 and SC 522, the collision location would be on SC 341.

Example #3:

Also, use the highest classification rule when two route classifications overlap one another.

Just North of Bishopville, the highway is signed U.S. 15, S.C. 341 and S.C. 34. Circle on your report the code 2 – U.S. Primary.

Example #4:

If a collision occurs on a roadway which crosses over an interstate highway in the interchange, list the collision as occurring in the particular roadway and not on the interstate. For example, two cars collide on the U.S. 378 bridge over I-20; show the collision as occurring on U.S. 378.

If the collision occurred on private property, indicate "PP" and the name or the address of the property. Selection of a base and second intersection is not necessary. Example: PP-1042 White Street. Example 2: PP –Tim's Grocery.

**ROUTE OR ROAD NUMBER** – Enter the route or road number on which the collision occurred. Give the street or highway name if known. Always use the lowest highway number of the highest classification when two routes overlap one another. Do not include block numbers (5400 Main Street) in the Location Section.

Example: South of Florence a section of US 52 overlaps with US 301. A collision on this highway would be reported as occurring on US 52.

Note: If a collision occurs on an unnamed county dirt road, between a named paved road and another highway, record in this space "County Dirt Road".

**AUXILIARY CODE** – Circle the auxiliary code that identifies the specific Route on which the collision occurred. The auxiliary designation would be part of the posted sign for the route and is assigned by the South Carolina Department of Transportation (SCDOT).

Example #1: Just south of Murrells Inlet in Georgetown County, U.S. 17 separates into two routes. The route running through Murrells Inlet and continuing on into Horry County and through Garden City, Surfside Beach, and Myrtle Beach will receive the auxiliary code 7 – Business. The route

running from Murrells Inlet and connecting with U.S. 17 Business just south of North Myrtle Beach will receive the auxiliary code of 0 – Main line.

Example #2: Just North of Pocatigo in Jasper County, U.S. 17 separates into two routes with the same number. The route running through Walterboro, Summerville, Moncks Corner, and Jamestown will receive the Auxiliary Code 2 – Alternate Route until it reconnects with US 17 (Code 0 – Main Line) in Georgetown.

Example #2: Just North of Pocatigo in Jasper County, U.S. 17 separates into two routes with the same number. The route running through Walterboro, Summerville, Moncks Corner, and Jamestown will receive the Auxiliary Code 2 – Alternate Route until it reconnects with US 17 (Code 0 – Main Line) in Georgetown.

**MILES/DIRECTION** – Indicate the distance in miles from the nearest city or town and circle the compass direction from the city limits to where the collision is located. This is indicated only if the collision did not occur within a city or town. If the collision occurred within a city or town limit leave “MILES/DIRECTION” blank.

**IN CITY OR TOWN OF** – If the collision occurred within the corporate limits of a city or town, enter the name of the city or town and select the word “In”.

**OR IF OUTSIDE** – If the collision occurred outside the incorporated area of a city or town, enter the name of the city nearest to the collision scene. Then enter the distance in miles from that city limits and circle the compass direction from the city limits to where the collision is located and select the word “Near”.

**LANENUMBER/OF/DIRECTION** – Enter the lane number where the first harmful event occurs. Lanes are numbered left to right from the median or center line to the roadway edge. They are usually delineated by paint, reflectors, divider, etc. One-way lanes are numbered from the left roadway edge to the right roadway edge based on travel direction. Also, enter the total number of lanes for the roadway.

- If a collision (first harmful event) occurs on a two-lane road, both lanes would be lane number 1 of 2 lanes.
- If a collision (first harmful event) occurs in the passing (center) lane of a three lane road, enter lane 1 of 3 for the passing lane.
- If a collision (first harmful event) occurs in the right hand lane of a four lane road, the lane number would be 2 of 4.
- If a collision (first harmful event) occurs off the roadway, place NL in the # block to indicate no lane and leave the "Number Of" and "Direction" blank.
- If a collision (first harmful event) occurs in the center turning lane (lawful turning from either direction) on a four lane highway, the lane number would be zero (0), total lanes would be four (4) and lane direction would be blank or indicate the direction of travel of the unit.
- If a collision (first harmful event) occurs on a median crossover, the lane would be zero (0), total lanes would be four (4) and lane direction would be blank or indicate the direction of travel of the unit.
- If the collision (first harmful event) occurs in a grass or earth median, place NL in the lane number, and "Number Of and Direction" would be blank.

**DISTANCE OFFSET** – Indicate the distance in miles or feet to the first harmful event occurrence, measuring from the center of the base intersection. Select the intersection closest to the collision as the base intersection, preferably a numbered route. If this information is missing, the report will be rejected and returned to the investigating officer. If the first harmful event occurred in the exact center of the intersection, place a “0” in the block and mark “feet”. When measuring the distance offset from the base intersection, measure to the collision location (first harmful event) regardless of the lane.

The following chart should be used in converting feet to hundredths of miles:

FEET	MILES	FEET	MILES
53	.01	742	.14
106	.02	795	.15
159	.03	848	.16
212	.04	901	.17
265	.05	954	.18
318	.06	1007	.19
371	.07	1060	.20
424	.08	1113	.21
477	.09	1166	.22
530	.10	1219	.23
583	.11	1272	.24
636	.12	1325	.25
689	.13		

If the collision occurs on an exit ramp, measure the distance from the center point of the intersection to the divergence or convergence point. Then measure the distance from that point to the scene of the collision (first harmful event). The distance offset will be the total of the two measurements to the nearest 50 feet or less if possible. Enter a single number and circle “Feet” or “Miles” on the report. If the collision occurs on an entrance ramp, measure the distance from the scene of the collision (first harmful event) to the point of divergence or convergence. Then measure from that point to the center of the intersection. Add the two measurements as previously described and list the sum as directed on the report.

To determine the distance offset for collisions in which the first harmful event occurs off the roadway, measure from the base intersection to the point at which the vehicle left the roadway. **For example, if a vehicle travels 300 feet through a field and hits a tree, measure from the base intersection to the point at which the vehicle left the roadway, not where it struck the tree.**

If the distance is less than 1/100 miles (approximately 53 feet), enter the distance in feet on the report by drawing a straight line through the word "miles". For example, a collision occurs on SC 51, 35 feet from Secondary 577, the Base Intersection. Enter 35 feet as the distance offset on the report and circle feet.

If the distance is more than 1/100 mile, use a measuring device or drive from the center point of the

Base Intersection to the collision site (first harmful event) and compute the distance using your odometer to the nearest 1/100 mile, as accurately as you can. If, for example, a collision occurs on SC 51, 100 feet past .5 miles from SC 34, the Base Intersection, the report will reflect .52 miles.

For SCCATTS e-reporting in lieu of feet measurement if the collision occurs under 53 feet from the center of the intersection, you may enter .00 miles for the distance offset.

**DIRECTION** – Indicate the direction from the base intersection using the standard direction: West-East for even-numbered routes or North-South for odd numbered routes. In the example below, the collision occurred on SC 56 (an even-numbered route). If you use Leaphart Road (S-204) as the base intersection, and look toward the collision site, in the direction of a second intersection, the direction would be “West” of the base intersection. If you use S-20 as the base intersection, and look toward the collision site, in the direction of a second intersection, direction would be “East” of the base intersection. The lane in which the collision occurred has no bearing on direction from the base intersection, nor does the actual compass orientation. Direction for all unnumbered roads however will be based on the general compass orientation for that road.

To determine standard direction for any collision, draw a similar diagram on a scratch sheet of paper or use the conversion chart below; if the collision occurred on an odd-numbered road, you would insert “South” for “West” and replace “East” with “North”.

#### Conversion Chart

Even-numbered Route = Compass Direction SOUTH	converts to	Standard Direction WEST
Odd-numbered Route = Compass Direction WEST	converts to	Standard Direction SOUTH
Even-numbered Route = Compass Direction NORTH	converts to	Standard Direction EAST
Odd-numbered Route = Compass Direction EAST	converts to	Standard Direction NORTH

Another way to describe how to determine using the standard location procedure is as follows:

If the route or road number on which the collision occurred is even-numbered, the direction will only be West-East, regardless of the actual road compass orientation or the unit’s travel direction. If the route or road number is odd-numbered, the direction will only be South-North. Circle West if the

direction from the base intersection is West or South on an even-numbered road; circle North if the direction is North or East on an odd-numbered road. Circle East if the direction is East or North on an even-numbered road; circle South if the direction is South or West on an odd-numbered road.

As stated previously, direction for all unnumbered roads will be based on the general compass orientation for that road.

Example #1: SC 56 runs generally North-South. If a crash occurs South of the base intersection, SC 215, circle West on the report.

Example #2: In Rock Hill, Red River Road runs generally North-South. If a collision occurs North of the base intersection, US 21, circle North on the report.

**BASE INTERSECTION** – Circle the Route Category, enter the Route Number and Name and circle the Auxiliary code for the **closest** intersecting highway or street from which the distance offset to the collision will be measured. Use the intersection closest to the collision site as the base intersection; this will make measurement easier. If using an unnumbered route, enter the posted or best known road name. Do not use city limits for your base intersection since these boundary lines change frequently. **County lines and state lines cannot be used as a base intersection. Dead End cannot be used as a base intersection.**

**For SCCATTS E-reporting see addendum to this manual.**

**RR CROSSING ID** – Enter the Railroad Crossing Identification Number found on the crossbuck at the crossing where the collision occurs. If the RR Crossing ID is missing or does not apply, leave the block blank.

**RAMP (FROM/TO)** -This area is to be completed only if the collision occurs on a ramp. If the collision does not occur on a ramp, leave this area blank.

FROM - Circle the lawful direction of travel of the road the vehicle was exiting.

RAMP ONLY – Based on the "Collision Location" indicate whether this was an entrance or exit ramp.

RAMP ONLY – Based on the "Collision Location" indicate whether this was an entrance or exit ramp.

EXAMPLE: A vehicle is traveling north on US 1 (towards West Columbia) and is attempting to enter I-26 eastbound. The collision occurred on the ramp. This collision would be located "From" North (US 1), "Ramp" would be 1 - Entrance and "To" would be East (I-26).

**SECOND INTERSECTION** – Circle the Route Category, enter the Route Number and name and circle the Auxiliary code for the next intersecting highway or street beyond the base intersection. Report Beam assigns this location after the anchor points are selected.

Note that the actual location should be on the “ON” route and should be between the “FROM” (base

intersection) and “TOWARD” (second intersection) routes.

ON (Collision location)

FROM (Base Intersection)

TOWARDS (Second Intersection)

Also note that the county line or state line can only be used as the Second Intersection; however, do not use city limits, as these boundaries change frequently. If a collision occurs on a dead end road, between the dead end and an intersection, you may list “dead end” as the second intersection; but do not use “dead end, county line or state line” for the base intersection.

**For SCCATTS E-reporting see addendum to this manual.**

**GLOBAL POSITIONING SYSTEM (GPS)** – Indicate the latitude and longitude position of the collision location. Every effort should be taken to include GPS information on all reports.

It is extremely important the officers understand the proper format and supervisors are reviewing TR-310’s for accuracy.

**LATITUDE/LONGITUDE** should be indicated in **degrees, minutes and seconds and decimal seconds. dd mm’ss.ss.** Latitude and Longitude coordinates will never begin with a 0. Minutes and Seconds should never be greater than 59.99.

Position Format = hddd<sup>o</sup> mm’ss.ss”

Map Datum = WGS 84

Distance / Speed = Statute

Elevation / Vert. Speed = Feet

Example:

The fields on the TR-310 appear as:

Latitude 34 09 58 40

Longitude 82 05 51 30

**FR-10 NUMBER** – There are three FR-10 numbers indicated on each TR-310 report and each is located in the top left portion of the unit section. These numbers are printed in red, and prefaced with a letter and a hyphen. These same numbers should appear on all four sheets of the collision report set. If you void or “mess up” a collision report after you have issued the FR-10 to the driver(s) involved in the crash, you must indicate those FR-10 numbers on the report that you submit to the Department of Public Safety. Strike through the numbers on the new report and write the FR-10 numbers that correspond to the ones issued to the driver(s). It is critical that you indicate the FR-10 numbers issued to the driver(s).

**For SCCATTS E-reporting see addendum to this manual.**

**UNIT #** - Enter a “1” for the first unit (motor vehicle, pedestrian, etc.) in the collision. Enter a “2” for the second unit, a “3” for the third, etc. Unit numbers should always correspond to the description of the collision given in the narrative. Units should be listed beginning with Unit #1 in the left position. Do not repeat units on additional pages.

**For SCCATTS E-reporting see addendum to this manual.**

**NUMBER OF OCCUPANTS** - Enter the total number of occupants that were in the unit at the time of the collision. This will correspond with the total number of occupants listed on the Occupant Section including the driver. Example: If you have a unit that has a driver and one passenger then there would be total of two (2) occupants.

**DRIVER OR PEDESTRIAN’S FULL NAME** – For hand written reports enter the name of the driver, pedestrian, or pedalcyclist. Always enter the last name, insert a hyphen (-), then the first name, then the middle name or initial. If licensed, the name should be entered exactly the same as it is shown on the driver’s license. Do not use the comma as indicated on the driver license. Do not place the last name in parentheses. If the driver’s name is different from that shown on the driver’s license, the difference should be explained in the narrative section. If a driver is unlicensed, the full name should be recorded. A married woman’s name should be written as Brown-Mary Smith, not as Mrs. Brown- John David. If the driver does not have a middle name or initial enter the name as follows: Brown – John (NMN).

**For SCCATTS E-reporting see addendum to this manual.**

**SEX** - Enter “M” for male or “F” for female or “U” for unknown.

**RACE** – Enter “A” for Asian or Pacific Islander  
Enter “B” for African American  
Enter “I” for Alaskan Native or American Indian  
Enter “H” for Hispanic  
Enter “W” for White (Caucasian)  
Enter “O” for Other  
Enter “U” for Unknown

This should not be blank. This is not on the driver license but the investigating officer should enter on the report.

**STREET ADDRESS** – Enter the address from the driver’s license if available and acknowledged to be correct. If no license is available and the driver gives a R.F.D. number, also obtain the name or number of the highway on which he/she resides.

**BIRTHDATE** - Indicate the eight digit date of birth for the driver, pedestrian, etc., using a hyphen to separate month, day, and year (Example: 01-01-1945 for January 1, 1945).

**CITY, STATE, AND ZIP** – Enter the city, state, and zip from the driver’s license if available and acknowledged to be correct.

**For SCCATTS E-reporting see addendum to this manual.**

**DRIVER LICENSE STATE** – Enter the two digit standard abbreviation for the name of the state that issued the driver’s license. If the driver does not have a license, leave this blank.

**DRIVER LICENSE NUMBER** – Be sure to enter this completely and above all, accurately. Out-of-state driver’s license numbers will be entered the same as in-state drivers. Only driver’s license numbers should be entered in this field. If the driver is not licensed enter “NONE” in this field. There should be no hyphens (dashes) in the driver license number.

**DRIVER LICENSE CLASS** – Enter the Driver License Class as shown on the Driver’s license. Enter this for all driver licenses regardless of the issue state (if available).

**INSURANCE COMPANY**– Indicate the name of the insurance company (not agency) that issued the liability insurance for the vehicle involved in the collision. If the vehicle is uninsured, indicate "None". If the vehicle is self-insured, indicate "Self-Insured". If the vehicle is owned by a government entity, indicate "NA". If the officer is unable to determine the name of the insurance company, indicate "Unknown".

**YEAR, BODY, MAKE, AND VEHICLE IDENTIFICATION NUMBER (VIN)** - Enter the four digit year and the two digit body, make and VIN as shown on the motor vehicle registration card. Please verify that the vehicle identification number (VIN) you list on the collision report is exactly the same as that shown on the vehicle itself; double check the VIN number with the registration card. Please be sure that you indicate the vehicle information for the vehicle involved in the collision; otherwise, insurance information cannot be verified for the vehicle listed.

**STATE** – Enter the standard two digit abbreviation for the name of the state that issued the vehicle license plate. If the unit does not have a license plate, leave this blank.

**YEAR** – Enter the four digit year of expiration as shown on the registration card for the vehicle.

**LICENSE PLATE NUMBER** – Enter the full number from the license plate and compare with the registration card if available. If the vehicle has no license plate, enter “NONE”. Please verify that this license plate matches the SCMDV file and that the VIN, owner information and license plate number match. There should be no spaces or hyphens in the license plate number.

**OWNER’S DRIVER LICENSE NUMBER** – Indicate the South Carolina driver license number

for the owner of the vehicle involved in the collision. If the vehicle is not registered in South Carolina, the owner is not a licensed driver or the number is not available leave blank.

**HOME AND BUSINESS TELEPHONE NUMBER** – Enter the area code and telephone numbers where the owner of the vehicle may be reached both at home and work. If there is no number, leave blank.

**OWNER’S FULL NAME, STREET OR R.F.D., CITY, STATE, ZIP** -Enter the current information from the registration card, driver or other available source. List the owner’s name as follows: Last name, hyphen(-), first name, middle name or initial, suffix. Example: Brown – John David Jr. Please verify that this matches the SCDMV file.

**For SCCATTS E-reporting see addendum to this manual.**

**CONTRIBUTED TO COLLISION** -Circle YES if you believe that the driver or pedestrian of this unit either did something to cause the collision or did not do something to avoid it. Circle NO if you believe the driver or pedestrian did not contribute to the collision. If you cannot determine if the driver contributed to the collision, circle NO. **DO NOT LEAVE THIS BLOCK BLANK.**

**ESTIMATED SPEED** -Enter the estimated speed (in miles per hour) of this vehicle prior to the first harmful event. For example, if the vehicle is traveling 90 mph, loses control, leaves the roadway, travels through a field and hits a tree at 45 mph, list the estimated speed as 90 mph. Do not enter a range of speed (35 to 40 mph).

**SPEED LIMIT** – Enter the posted or statutory speed limit for the particular section of roadway where the collision occurred, whether posted or not. For speed limit not posted, enter “NP”.

**COMMERCIAL DRIVER LICENSE REQUIRED** – Circle YES if a commercial driver license was required for the operation of this vehicle. Circle NO if not required.

**TRUCK/BUS SUPPLEMENT REQUIRED** – Circle YES if the Truck/Bus Supplement is required. Circle NO if not required. If you choose YES there should be a Supplemental Truck/Bus Report completed and attached to the TR-310.

**For SCCATTS E-reporting see addendum to this manual.**

**ALCOHOL/DRUG INFORMATION** – Circle YES if an alcohol or drug test was given. Circle NO if an alcohol or drug test was not given. If No is indicated, you are not required to complete the Alcohol/Drug section on the back of the report form.

**For SCCATTS E-reporting see addendum to this manual.**

**SUMMONS NUMBER AND VIOLATION CODE** - These two fields go hand-in-hand; you cannot list one without the other. If you indicate a violation code, you must enter a summons number. If you indicate a summons number, you must indicate a violation code. If you issue two citations, list the summons number of each. The summons number is found on the lower right hand corner of the Uniform Traffic Ticket. If you issue more than two citations, indicate the summons

numbers and the violation codes for the two violations which contributed most to the collision. Use only the two digit codes listed in the Instruction Manual for Investigating Officers. If no summons was issued, leave the block blank.

**VEHICLE TOWED BY** – Indicate “Yes” if the vehicle was towed and “No” if the vehicle was not towed. Enter the name of the company or person who removed the vehicle from the collision scene. If the vehicle was not towed leave the name of the company or person blank.

**DIRECTION OF TRAVEL** – Indicate the actual compass direction for **each** unit by circling the proper letter. This applies to pedestrians and pedalcyclists.

**DIAGRAM WHAT HAPPENED** – Draw the collision scene exactly as you observed it. Follow the instructions given below:

1. Draw an arrow indicating North. The diagram should be drawn exactly according to the compass direction.
2. Unit numbers must correspond with those in the unit section and the narrative.
3. Number each unit and show the direction of travel. Unit numbers must be outside of the unit in the diagram.
4. Use a solid line to show the unit’s path before the collision; a dotted line after the impact.
5. Show objects on and off the roadway.
6. Show traffic controls that are present.
7. Show the probable point of impact.

**ESTIMATED AMOUNT OF DAMAGE TO UNITS** – Estimate the total amount of damage to each unit involved in the collision to the best of your ability. Write this dollar value in the appropriate block. If there was no damage to the unit, place a zero in the block. Enter a zero as the amount of damage for a pedestrian.

**AMOUNT OF DAMAGE TO PROPERTY OTHER THAN VEHICLE** – Estimate the total amount of damages to property other than the units involved in the collision. Do not leave this blank if property is damaged in the collision. If there was no damage to the property, you must either place a zero in the block or state in the narrative that there is no damage to the property.

**PROPERTY OWNER/WITNESS NAME** – Enter the name(s) and address(s) of property owners of all property other than the vehicle(s) that was damaged in the collision. Use additional pages if necessary to list all property owners. This is a requirement of the Financial Responsibility Office. Business names should be entered in order. Example: SCDOT or Lyles Furniture Store.

For the South Carolina Department of Transportation the name and address should be:

SCDOT  
PO Box 191  
Columbia SC 29202

**PHOTO** – Circle YES if photographs were taken of the collision. Circle NO if photographs were not taken.

For Multi-disciplinary Accident Investigation Team (MAIT) reports - For investigations requiring MAIT assistance, indicate Pending MAIT Investigation in the Narrative block.

Pending MAIT investigation allows the initial submission of the report to be submitted without certain required fields. However there are certain required fields for all reports and are listed below:

All location information

All known unit information

Officer name and agency information

The following items may be excluded if further investigation is needed:

Driver information

Estimated speed and speed limit

Contributing to the collision

Narrative and Diagram

Contributing Factor

When the MAIT investigation is complete, an Amended report must be completed as per Amended Report guidelines. All required fields should be completed.

**DESCRIBE WHAT HAPPENED** -Relate briefly what happened in the collision, so that this information, coupled with the diagram, will describe the main events of the collision. A concise, but complete description of what happened is necessary, so the collision can be reconstructed by the Office of Highway Safety and traffic engineers for analysis and preparation of statistical data.

**INVESTIGATING OFFICER'S NAME; RANK; BADGE#; JURISDICTION CODE** -Enter the officer's name who investigated the collision, his rank and badge number. Enter the police agency jurisdiction code; use only the codes in the code lists in the Instruction Manual. Each jurisdiction has been assigned a specific code. Do not add extra zeros (0) in the agency code and do not leave this block blank. If you cannot find your agency's jurisdiction code, please contact the Office of Highway Safety and obtain a number. When entering the name of the investigating officer, list the last name first, hyphen (-), first name and middle initial. It is very important the you type or legibly print the investigator's Name, Rank, Badge Number and Jurisdiction Code.

**DATE REVIEWED/APPROVED** – Enter the date the report was reviewed and approved by a supervisor.

**REVIEWER'S NAME; RANK** – Enter the name and rank of an officer who reviewed this report for accuracy and correctness. All reports should be carefully checked before they are submitted. When entering the name of the reviewing officer, list the last name first, hyphen (-), first name and middle initial.

**INTERNAL AGENCY CODE** – This section is set aside for agencies/jurisdiction to indicate their own internal case numbers. If your agency follows this procedure please indicate your internal agency case number here. Note: This is a required field for the SCCATTS E-reports.

## OCCUPANT SECTION

### **INFORMATION IS NEEDED ON ALL OCCUPANTS, NOT JUST THOSE INJURED OR KILLED!**

Complete the blocks in the occupant section for **all occupants in each unit** as specified below. This includes pedestrians and pedalcyclists that are listed as units on the collision report. This includes all occupants in all collisions regardless of the location of the crash- this includes private property.

For each unit, list the unit number, sex, race, date of birth, seat location, restraint equipment used, air bag information, whether occupants were ejected, location after impact, transported to medical facility, and the injury severity for all occupants in the unit. This includes the driver, since the driver is an occupant. This also includes pedestrians and pedalcyclists who are listed as units.

For each unit, list the name, address and zip code only for occupants, pedestrians and pedalcyclists who are injured or fatally injured in the collision. It is not necessary to list the name and address for those occupants who are not injured; however, complete all other statistical blocks describing sex, race, seat location, etc. If the occupant injured was the driver, indicate "Driver Unit #" and the corresponding unit number in the space for the name. Example: Driver Unit #1. If the occupant injured is the driver you can indicate the name, address, etc.

You should indicate, in the Occupant Number Field on the front of the TR-310, the total number of occupants in the vehicle (this includes the driver).

In vehicles designed with a seating capacity of sixteen (16) or more occupants, complete the occupant section for the driver and for any other occupants who are injured or killed. Do not complete the statistical blocks for occupants who are not injured in this type of vehicle. For example, unit #1 is a passenger car with 4 occupants (including the driver) and one occupant is injured, you would list all four occupants in the occupant section including seat positions, date of birth, sex, race, etc. You would also list the name and address of the occupant who was injured on the same line with his/her statistical information. Another example is a 65 passenger school bus. Two of the occupants were injured in the collision. For this unit you would complete the occupant section for the driver of the bus and the two occupants who were injured. Be sure to list the names and addresses of the injured occupants on the lines with their statistical information.

The collision report form provides space for occupant information. If you have more occupants than blocks continue the report on a separate report form. Label the first page as page 1 of 2 pages and the second as page 2 of 2 pages. Attach the two sheets securely before submitting the report. On the second sheet, complete the occupant section only; you do not need to complete the entire report again.

Reports failing to submit proper occupant information will be returned to the investigating

officer.

**UNIT NUMBER** – Enter the number of the unit this person occupied. Unit numbers for SCCATTS E-reporting are automatically tabulated

**DATE OF BIRTH** – Enter the eight digit date of birth for each person involved in the crash. List all four digits for the year. If the month or day of birth is a single digit, record the month or day with a zero prefacing the single digit. Separate the month, day and year with a hyphen. Example: If the occupant was born on May 24, 1966, record the date of birth as 05-24-1966.

Date of birth is one of the eighteen Critical Automated Data Reporting Elements (CADRE) for highway safety analysis as finalized by the National Highway Traffic Safety Administration (NHTSA) and the Federal Highway Administration (FHWA). Uses of accurate reporting of age include assessing effectiveness of occupant protection systems for specific age groups, and identifying the need for safety programs directed toward them. Without this element, analysts cannot identify specific groups of the general population or direct countermeasures which would assist in reducing the problem.

For Department of Motor Vehicle records date of birth is required for all occupants. The only exception is when the occupant is unknown. In this case leave the date of birth blank and enter "UNKNOWN" in the name section for that occupant.

**SEX** – Enter "M" for Male or "F" for Female or "U" for Unknown.

**RACE** - Enter "A" for Asian or Pacific Islander  
Enter "B" for African American  
Enter "I" for Alaskan Native or American Indian  
Enter "H" for Hispanic  
Enter "W" for White (Caucasian)  
Enter "O" for Other  
Enter "U" for Unknown

**INJURY STATUS** – (a) Enter the proper injury code for each occupant as shown on the report or in the code tables.

0 – no injury

1- Possible injury

2 – Non-incapacitating injury

3 – Incapacitating injury

4 – Fatal injury

(b) Head injury for 2 or 3 wheel motorized vehicle only.

1 – Yes

2 – No

**SEATING LOCATION** – Enter the seat position that best describes the location for each occupant/person in, on or outside of a motor vehicle prior to the collision. If more than one person is occupying a seat position (e.g. child on lap of passenger) use code 80 for the child sitting on the lap of the passenger. Occupant seat location is another one of the CADRE. Without known seating for each person in the vehicle, it is not possible to fully evaluate the effectiveness of occupant protection programs or the effectiveness of restraint use by all occupants. Such data also provides a basis for future occupant restraint legislation. Federal entities need the information to assess effectiveness and prevent injuries to rear seat occupants and to analyze the types of injuries received by occupants in all seating positions.

**RESTRAINT/SAFETY DEVICE** -Enter the restraint equipment in use by each occupant at the time of the crash or use of safety devices by the pedestrian, motorcyclist, moped or bicycle rider. Another CADRE field, Restraint Equipment Used helps to properly classify available occupant protection systems and the effectiveness of such equipment. The data must be collected for all persons whether injured or not.

**AIR BAG DEPLOYMENT** – Indicate if there was an air bag available and if the air bag deployed during the collision. If there was no air bag available for that occupant, enter a “7” for not applicable.

**SWITCH** – Enter the proper code to indicate if the switch was on or off prior to the crash. If you selected “7” for Air Bag Deployment, then leave this block blank.

**EJECTION** – Enter the location of the occupant’s body as being completely or partially thrown from the vehicle as a result of the collision. If the occupants remain in the vehicle, select “1 – Not Ejected”. If the occupant is a pedestrian, select “7 – Not Applicable”. Occupant protection systems prevent or mitigate ejections to different extents. This CADRE element will be compared to Occupant Seat Location and Restraint Equipment Used to determine crashworthiness. Collision injury outcome may depend on information from this element.

**LOCATION AFTER IMPACT** - Enter the code which best describes the location of the occupant after the impact. Enter code 1 if the occupant was not trapped and codes 2 or 3 to indicate if the occupant was freed. Enter code 4 if not applicable and 9 if unknown.

**NAME, ADDRESS, ZIP** – Enter the name, address and zip of the injured victims only

(include fatally injured). You may write "Driver Unit #1" or "Pedestrian #1" if the complete name is previously recorded in the Unit Section for the Driver or Pedestrian's full name. If the name is not previously recorded, enter the last name, hyphen (-), first name, and middle initial.

For Department of Motor Vehicle records date of birth is required for all occupants. The only exception is when the occupant is unknown. In this case leave the date of birth blank and enter "UNKNOWN" in the name section for that occupant.

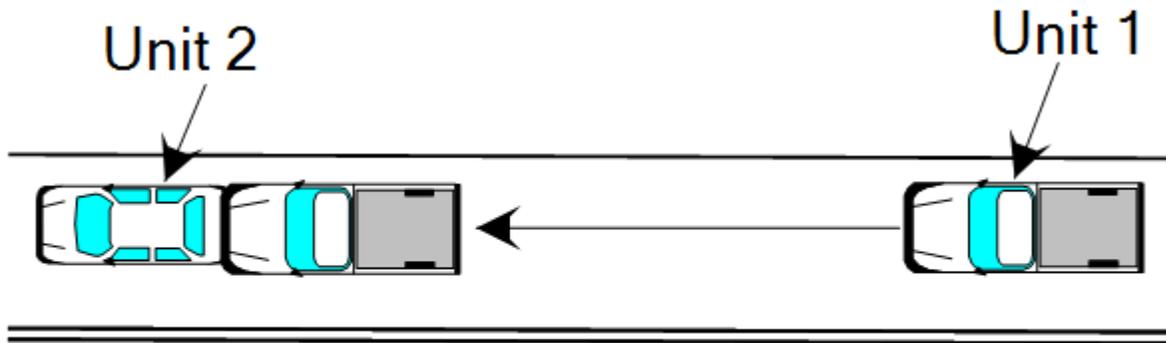
## CODING SECTION - BACK OF COLLISION REPORT FORM

### SEQUENCE OF/AND MOST HARMFUL EVENTS

**SEQUENCE OF EVENTS** – Indicate in order the events which occurred to this unit. In the boxes provided, enter the number(s) that best describes the sequence of events for this unit in the collision. Only the first four events should be reported. If less than four events occurred, leave the remaining blocks blank.

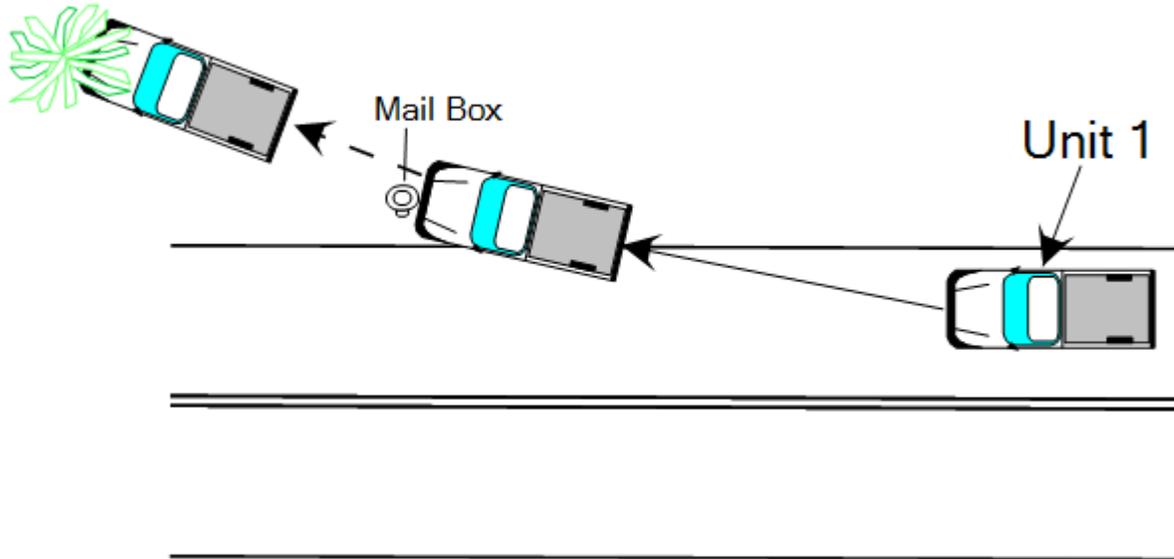
**Most Harmful Event** refers to the event that causes most damage to each unit or produces an injury. See examples:

**Example 1**



Non-Collision		04-Equipment Failure		Collision: Not Fixed															
01-Cargo/Equip Loss or Shift	02-Cross Median/Center	03-Downhill Runaway	04-Equipment Failure	05-Fire/Explosion	06-Immersion	07-Jackknife	08-Overturn/Rollover	20-Animal (Deer Only)	21-Animal (All Other)	22-Motor Veh. (In Transport)	23-Motor Veh. (Stopped)	24-Motor Veh. (Other Roadway)	25-Motor Veh. (Parked)	26-Pedalcycle	27-Pedestrian	28-Railway Veh.	29-Work Zone Maint. Equip.	38-Other Movable Object	39-Unk. Movable Object
Event 1	Event 2	Event 3	Event 4	Most Harmfl	1 <sup>st</sup> Harmfl														
1	23	1	1	1	23														
2	22	2	2	2	22														
3	3	3	3	3	3														
						11-Separation of Units	12-Spill (Two-Wheeled Veh.)	18-Other Non-collision	19-Unk. Non-collision										

## Example 2



<b>Non-Collision</b>		04-Equipment Failure		<b>Collision: Not Fixed</b>		27-Pedestrian	
01-Cargo/Equip Loss or Shift		05-Fire/Explosion		08-Overturn/Rollover		20-Animal (Deer Only)	
02-Cross Median/Center		06-Immersion		09-Ran off Road Left		21-Animal (All Other)	
03-Downhill Runaway		07-Jackknife		10-Ran off Road Right		22-Motor Veh. (In Transport)	
				11-Separation of Units		23-Motor Veh. (Stopped)	
				12-Spill (Two-Wheeled Veh.)		24-Motor Veh. (Other Roadway)	
				18-Other Non-collision		25-Motor Veh. (Parked)	
				19-Unk. Non-collision		26-Pedalcycle	
						28-Railway Veh.	
						29-Work Zone Maint. Equip.	
						38-Other Movable Object	
						39-Unk. Movable Object	
<b>Collision: Fixed Object</b>		47-Embankment		55-Mail Box		68-Other	
40-Bridge Overhead Structure		48-Equipment		56-Median Barrier		69-Unk.	
41-Bridge Parapet End		49-Fence		57-Overhead Sign Support			
42-Bridge Pier or Abutment		50-Guardrail End		58-Other (Post, Pole, Support, Etc.)			
43-Bridge Rail		51-Guardrail Face		59-Other (Wall, Building, Tunnel, Etc.)			
44-Culvert		52-Highway Traffic Sign Post		60-Tree			
45-Curb		53-Impact Attenuator/Crash Cushion		61-Utility Pole			
46-Ditch		54-Light/Luminaire Support		62-Work Zone Maint. Equipment			

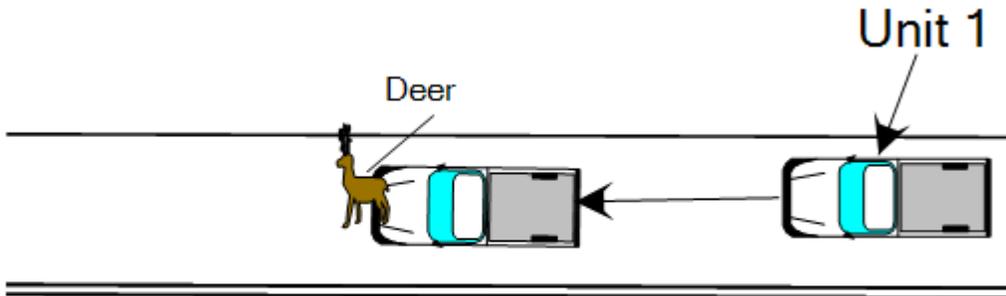
  

Event 1	Event 2	Event 3	Event 4	Most Harmfl	1st Harmfl
1	10	1	55	1	60
2	2	2	2	2	55
3	3	3	3	3	3

**FIRST HARMFUL EVENT** – Refers to the **FIRST** occurrence of damage or injury in an accident, and not to any particular unit involved. Do not "X" out this block or leave it blank; such reports will be returned. Select only one number to indicate the event that caused injury or death to one or more occupants, pedestrians, or pedalcyclists or damage to property. Indicate the FIRST such event if a more serious or harmful event occurred subsequently.

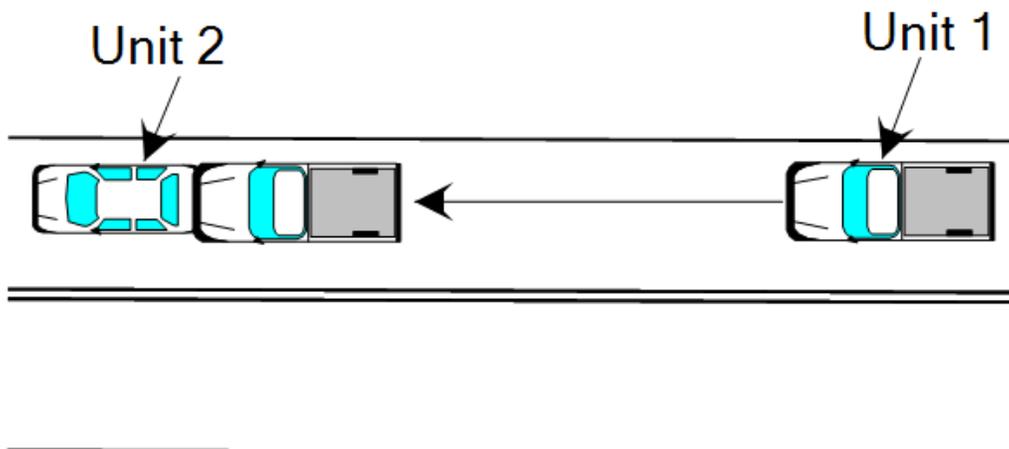
**MANNER OF COLLISION** – Select a number to indicate how the vehicles came together. Write this two digit code in the appropriate block. **THIS SHOULD BE INDICATED ONLY FOR THE VEHICLE WHICH WAS STRUCK AND SHOULD BE THE FIRST HARMFUL COLLISION EVENT.** Only one manner of collision two-digit code should be entered for each collision. This should be stated in the narrative and does not apply to subsequent events.

**Example 1**



Manner of Collision (Struck Veh.)		30-Rear-to-Rear	50-Sideswipe Same Dir.
1	00-Not Coll. w/ Motor Veh.	41-Angle (↘ ↙)	60-Sideswipe Opposite Dir.
2	1st Hrmf Collision	42-Angle (→ ←)	70-Backed Into
3		43-Angle (↗ ↖)	99-Unknown
	10-Rear End		
	20-Head On		

**Example 2**



Manner of Collision (Struck Veh.)		30-Rear-to-Rear	50-Sideswipe Same Dir.
1	00-Not Coll. w/ Motor Veh.	41-Angle (↘ ↙)	60-Sideswipe Opposite Dir.
2	<b>10</b> <sup>1st Hrmf</sup> 10-Rear End	42-Angle (→ ←)	70-Backed Into
3	Collision 20-Head On	43-Angle (↗ ↖)	99-Unknown

**VEHICLE TYPE** – Indicate the type of this unit by the listed categories. Write the two digit code in the appropriate block for each unit. This applies to pedestrians and pedalcyclists as well as to vehicles. A station wagon should be coded as “01 – Automobile”.

**VEHICLE USE** – Indicate the purpose for which the vehicle is used. If the unit is a pedestrian, select 18 – Other. Write the two digit code in the appropriate block.

**VEHICLE ATTACHMENT** – Select the appropriate code to identify the type unit attachment. If the unit has no attachment, select 1 – None. Write the two digit code in the appropriate block.

**ACTION PRIOR TO IMPACT** – Indicate what the vehicle was doing prior to the collision with respect to the roadway. Indicate non motorist actions prior to impact.

**WEATHER** – Select one number to reveal the weather condition at the time of the collision. Write this one digit code in the appropriate block.

**LIGHT** – Select one number to reveal the light condition at the time of the collision. Write this one digit code in the block provided. Light should agree with the time of the collision. For example, if the collision occurred at 2200 hours (10:00 pm), choose items 4 – 7, depending on whether or not any type of artificial light was present.

**JUNCTION TYPE** – Select two digit code to describe the type of intersection where the collision occurred. If the collision did not occur at an intersection, enter 13 – Non Junction.

**CONTRIBUTING FACTORS**– Indicate the apparent driver, environmental, non-motorist, roadway or vehicle defect conditions which contributed to the collision. You must have a primary contributing factor. Additional contributing factors may be listed but do not have to be ranked in order.

**FIRST/MOST DEFORMED AREA** - Select the number that most accurately describes the first area of deformity in the unit numbers spaces. Then select the most deformed area. When there is contact, you must show a first and most deformed area. The code 81 – None will be used when there is a non-contact unit. Example: A person falls out of a moving vehicle.

**ALCHOL/DRUG INFORMATION (If the front page of the TR-310 indicates no alcohol/drug info it is not necessary to complete the alcohol/drug test information for that unit.**

**ALCOHOL/DRUG TEST GIVEN** – Indicate in the appropriate if an alcohol or drug test was given. Example: If a Data Master test was given and the individual registered a .18%, enter 1 – Given, Results Known. Indicate 4 – None on the D side to indicate that no test was given for drugs.

**TEST TYPE** – If a test was shown in the Alcohol/Drug Test Given block, the type of test would have to be identified in this block. If an alcohol/drug test was not given, leave this section blank.

**DRUG RESULTS** – If a test was shown in the Drug Test Given block, the results would be indicated here.

**ALCOHOL TEST RESULTS** – List blood alcohol test results in percentage form (.18%). If no alcohol test was given, leave this section blank.

*If a BAC test was given but you do not have the test results when the original report is filed; you must file an amended report as soon as possible giving the BAC test results.*

**UNDERRIDE/OVERRIDE** –. If a collision involves an underride or override (see Definition Section), select the number that indicates the position for each unit.

**EXTENT OF DEFORMITY** – Select one number to indicate the extent of vehicle damage sustained in the collision for each unit. This should coincide with the information provided on the front of the TR-310 in the Unit Damage Section.

**TRAFFICWAY** – Indicate by the proper code whether or not the trafficway is divided and whether it serves one-way or two-way traffic. (A divided trafficway is one on which roadways for travel in opposite directions are physically separated by more than an easily traversable centerline).

**FIRST HARMFUL EVENT LOCATION** – (A) The location of the First Harmful Event as it relates to its position within or outside the trafficway.

(B) Indicate, if there was a crosswalk available for **THIS** collision.

**ROAD CHARACTER** – Select one number to indicate the character of the road on which the collision occurred. Write this one digit code in the appropriate block.

**ROAD SURFACE CONDITION** – Select only one number to reveal the roadway condition at the time of the collision. Write this one digit code in the appropriate block.

**TRAFFIC CONTROL** -If the presence of a traffic control device has a direct relationship to a collision or influenced the driver or pedestrian involved in the collision, write the two digit code selected in the appropriate block. Select “45 – Other Warning Sign” when signs other than those listed are present. If no traffic control is present, select “98 – None”.

**SCHOOL BUS RELATED** – Indicate by number if a school bus is related to the collision. A "school bus", with or without students on board, would be “directly” involved as a contact vehicle or could be “indirectly” involved as a non-contact vehicle.

**WORK ZONE RELATED** – Indicate by number if the collision occurred in a work zone, the location in and/or about the work zone area, the type of work zone and if workers were present. If work zone is NO, all other corresponding blocks will be left blank.

**WORK ZONE** – Indicate if the collision occurred in a work zone.

**WORK ZONE LOCATION** – Indicate the location of the collision as related to the work zone.

**WORK ZONE TYPE** – Indicate the type of work being performed in the work zone.

**WORKERS PRESENT** – Indicate if there were workers present in the work zone at the time of the collision.

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**CODE TABLES**

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**TABLE 1. ACTION PRIOR TO IMPACT**

**VEHICLE**

BACKING	01
CHANGING LANES	02
ENTERING TRAFFIC LANE	03
LEAVING TRAFFIC LANE	04
MAKING U-TURN	05
MOVEMENTS ESSENTIALLY STRAIGHT AHEAD	06
OVERTAKING/PASSING	07
PARKED	08
SLOWING OR STOPPED IN TRAFFIC	09
TURNING LEFT	10
TURNING RIGHT	11

**NON-MOTORIST**

APPROACHING/LEAVING VEHICLE	21
ENTER/CROSSING LOCATION	22
PLAYING/WORKING ON VEHICLE	23
PUSHING VEHICLE	24
STANDING	25
WALKING, PLAYING, CYCLING	26
WORKING	27

**ALL OTHERS**

OTHER	88
UNKNOWN	99

**TABLE 2. AIR BAG DEPLOYMENT/SWITCH**

**A. DEPLOYMENT**

DEPLOYED FRONT	1
DEPLOYED SIDE	2
DEPLOYED BOTH (Front and Side)	3
NOT DEPLOYED	4
NOT APPLICABLE	7
DEPLOYMENT UNKNOWN	9

**B. SWITCH**

SWITCH IN ON POSITION	1
SWITCH IN OFF POSITION	2
NO SWITCH	3
UNKNOWN	9

**TABLE 3. ALCOHOL**

**ALCOHOL OR DRUG TEST GIVEN**

GIVEN, TEST KNOWN	1
GIVEN, SAMPLE UNUSABLE	2
GIVEN, PENDING	3
NONE	4

REFUSED	5
<b>TEST TYPE</b>	
BREATH – ALCOHOL ONLY	1
BLOOD	2
URINE	3
SERUM	4
OTHER	8
<b>DRUG RESULTS</b>	
AMPHETAMINES	1
COCAINE	2
MARIJUANA	3
OPIATES	4
PCP	5
NEGATIVE	7
OTHER	8

**TABLE 4. CONTRIBUTING FACTORS**

<b>DRIVER</b>	
DISREGARDED SIGN,SIGNALS, ETC.	01
DISTRACTED/INATTENTION	02
DRIVING TOO FAST FOR CONDITIONS	03
EXCEEDED AUTHORIZED SPEED LIMITS	04
FAILED TO YIELD RIGHT OF WAY	05

RAN OFF ROAD	06
FATIGUED/ASLEEP	07
FOLLOWED TOO CLOSELY	08
MADE AN IMPROPER TURN	09
MEDICAL RELATED	10
AGGRESSIVE OPERATION OF VEHICLE	12
OVER-CORRECTING/OVER STEERING	13
SWERVING TO AVOID OBJECT	14
WRONG SIDE OR WRONG WAY	15
UNDER THE INFLUENCE	16
VISION OBSCURED (WITHIN UNIT)	17
IMPROPER LANE USAGE/CHANGE	18
CELL PHONE	19
TEXTING	20
OTHER IMPROPER ACTION	28
UNKNOWN	29
<b>ROADWAY</b>	
DEBRIS	30
NON-HIGHWAY WORK	31
OBSTRUCTION IN ROADWAY	32
ROAD SURFACE CONDITION (I.E., WET)	33
RUT, HOLES, BUMPS	34
SHOULDERS (NONE, LOW, SOFT, HIGH)	35

TRAFFIC CONTROL DEVICE (I.E., MISSING)	36
WORK ZONE (CONSTRUCTION/MAINTNEANCE/UTILITY)	37
WORN, TRAVEL, POLISHED SURFACE	38
OTHER	48
UNKOWN	49
<b>NON-MOTORIST</b>	
INNATTENTIVE	50
LYING AND/OR ILLEGALLY IN ROADWAY	51
FAILURE TO YIELD RIGHT OF WAY	52
NOT VISIBLE (DARK CLOTHING)	53
DISREGARDED SIGNS, SIGNALS, ETC.	54
IMPROPER CROSSING	55
DARTING	56
WRONG SIDE OF ROAD	57
OTHER	58
UNKNOWN	59
PEDESTRIAN/BICYCLIST UNDER THE INFLUENCE	66
PASSENGER UNDER INFLUENCE	67
<b>ENVIRONMENT</b>	
ANIMAL IN ROAD	60
GLARE	61
OBSTRUCTION	62
WEATHER CONDITION	63

OTHER	68
UNKNOWN	69
<b>VEHICLE DEFECT</b>	
BRAKES	70
STEERING	71
POWER PLANT	72
TIRES/WHEELS	73
LIGHTS	74
SIGNALS	75
WINDOWS/SHIELD	76
RESTRAINT SYSTEM	77
TRUCK COUPLING	78
CARGO	79
FUEL SYSTEM	80
OTHER	88
UNKNOWN	89

**TABLE 5. COUNTY CODE LIST**

ABBEVILLE	01	GREENWOOD	24
AIKEN	02	HAMPTON	25
ALLENDALE	03	HORRY	26
ANDERSON	04	JASPER	27
BAMBERG	05	KERSHAW	28
BARNWELL	06	LANCASTER	29

BEAUFORT	07	LAURENS	30
BERKELEY	08	LEE	31
CALHOUN	09	LEXINGTON	32
CHARLESTON	10	MARION	34
CHEROKEE	11	MARLBORO	35
CHESTER	12	NEWBERRY	36
CHESTERFIELD	13	OCONEE	37
CLARENDON	14	ORANGEBURG	38
COLLETON	15	PICKENS	39
DARLINGTON	16	RICHLAND	40
DILLON	17	SALUDA	41
DORCHESTER	18	SPARTANBURG	42
EDGEFIELD	19	SUMTER	43
FAIRFIELD	20	UNION	44
FLORENCE	21	WILLIAMSBURG	45
GEORGETOWN	22	YORK	46

**TABLE 6. EXTENT OF DEFORMITY**

NONE/MINOR	0
FUNCTIONAL DAMAGE	2
DISABLING DAMAGE	3
SEVERE/TOTALED	4
NOT APPLICABLE	5
UNKNOWN	9

**TABLE 7. FIRST HARMFUL EVENT LOCATION**

A. LOCATION	
GORE	1
ISLAND	2
MEDIAN	3
ROADSIDE	4
ROADWAY	5
SHOULDER	6
SIDEWALK	7
OUTSIDE TRAFFICWAY	8
UNKNOWN	9
B. CROSSWALK	
YES	1
NO	2
UNKNOWN	9

**TABLE 8. INJURY STATUS**

A. INJURY STATUS	
NO INJURY	0
POSSIBLE INJURY	1
Any reported or claimed injury which is not immediately evident. Inclusions: momentary consciousness; claim of injuries not evident; limping; complaint of pain; nausea, hysteria.	
NON-INCAPACITATING INJURY	2

Any injury evident to observers at the scene of the crash in which the injury occurred

which is not fatal or incapacitating. Inclusions: abrasions, bruises, minor lacerations, lump on head.

INCAPACITATING 3

Any non-fatal injury which prevents the victim from walking, driving or normally continuing the activities he was capable of performing before the injury occurred. Inclusions: severe lacerations, broken or distorted limbs, skull or chest injuries, abdominal injuries, unconscious at or when taken from the scene, unable to leave the scene without assistance, etc.

FATAL 4

Any injury the results in death.

B. TWO OR THREE WHEELED VEHICLES ONLY

HEAD INJURY YES – 1 NO – 2

**TABLE 9. JUNCTION TYPE**

CROSSOVER	01
DRIVEWAY	02
FIVE OR MORE POINTS	03
FOUR WAY INTERSECTION	04
RAILWAY GRADE CROSSING	05
SHARED USE PATH OR TRAILS	07
T-INTERSECTION	08
TRAFFIC CIRCLE	09
Y INTERSECTION	12
NON JUNCTION	13
UNKNOWN	99

**TABLE 10. JURISDICTION CODES**

S.C. HIGHWAY PATROL	HP00
S.C. HIGHWAY PATROL DISTRICT 1	HP01
S.C. HIGHWAY PATROL DISTRICT 2	HP02
S.C. HIGHWAY PATROL DISTRICT 3	HP03
S.C. HIGHWAY PATROL DISTRICT 4	HP04
S.C. HIGHWAY PATROL DISTRICT 5	HP05
S.C. HIGHWAY PATROL DISTRICT 6	HP06
S.C. HIGHWAY PATROL DISTRICT 7	HP07
TRANSPORT POLICE	TP01
ABBEVILLE COUNTY SHERIFF'S OFFICE	0100
ABBEVILLE POLICE DEPARTMENT	0101
CALHOUN FALLS POLICE DEPARTMENT	0102
DONALDS POLICE DEPARTMENT	0103
DUE WEST POLICE DEPARTMENT	0104
ERSKINE COLLEGE PUBLIC SAFETY	0105
AIKEN COUNTY SHERIFF'S OFFICE	0200
AIKEN POLICE DEPARTMENT	0201
NORTH AUGUSTA DEPARTMENT OF PUBLIC SAFETY	0203
BURNETTOWN POLICE DEPARTMENT	0204
JACKSON POLICE DEPARTMENT	0205
NEW ELLENTON POLICE DEPARTMENT	0206
SALLEY POLICE DEPARTMENT	0207
WAGENER POLICE DEPARTMENT	0208
WAKENHUT SECURITY	0209
USC – AIKEN CAMPUS POLICE DEPARTMENT	0210
PERRY POLICE DEPARTMENT	0211
ALLENDALE COUNTY SHERIFF'S OFFICE	0300
ALLENDALE POLICE DEPARTMENT	0301
FAIRFAX POLICE DEPARTMENT	0302
ANDERSON COUNTY SHERIFF'S OFFICE	0400
ANDERSON POLICE DEPARTMENT	0401
BELTON POLICE DEPARTMENT	0402
HONEA PATH POLICE DEPARTMENT	0403
PENDLETON POLICE DEPARTMENT	0404
WILLIAMSTON POLICE DEPARTMENT	0405
IVA POLICE DEPARTMENT	0406
PELZER POLICE DEPARTMENT	0407
PIEDMONT POLICE DEPARTMENT	0408
STARR POLICE DEPARTMENT	0409

WEST PELZER POLICE DEPARTMENT	0410
BAMBERG COUNTY SHERIFF'S OFFICE	0500
BAMBERG POLICE DEPARTMENT	0501
DENMARK POLICE DEPARTMENT	0502
EHRHARDT POLICE DEPARTMENT	0503
OLAR POLICE DEPARTMENT	0504
DENMARK TECHNICAL COLLEGE POLICE DEPARTMENT	0505
BARNWELL COUNTY SHERIFF'S OFFICE	0600
BARNWELL POLICE DEPARTMENT	0601
WILLISTON POLICE DEPARTMENT	0603
BLACKVILLE POLICE DEPARTMENT	0604
BEAUFORT COUNTY SHERIFF'S OFFICE	0700
BEAUFORT POLICE DEPARTMENT	0701
BLUFFTON POLICE DEPARTMENT	0702
PORT ROYAL POLICE DEPARTMENT	0703
SEA PINES SECURITY	0704
HILTON HEAD PLANTATION SECURITY	0705
PORT ROYAL PLANTATION SECURITY	0706
MELROSE PLANTATION SECURITY	0707
SHIPYARD PLANTATION SECURITY	0708
GREENWOOD DEVELOPMENT CORPORATION	0709
LONG COVE CLUB SECURITY	0710
BERKELEY COUNTY SHERIFF'S OFFICE	0800
MONCKS CORNER POLICE DEPARTMENT	0801
BONNEAU POLICE DEPARTMENT	0802
GOOSE CREEK POLICE DEPARTMENT	0803
JAMESTOWN POLICE DEPARTMENT	0804
ST STEPHENS POLICE DEPARTMENT	0805
HANAHAN POLICE DEPARTMENT	0806
CALHOUN COUNTY SHERIFF'S OFFICE	0900
CAMERON POLICE DEPARTMENT	0901
ST MATTHEWS POLICE DEPARTMENT	0902
CHARLESTON COUNTY SHERIFF'S OFFICE	1000
CHARLESTON POLICE DEPARTMENT	1001
MT PLEASANT POLICE DEPARTMENT	1003
FOLLY BEACH POLICE DEPARTMENT	1004
LINCOLNVILLE POLICE DEPARTMENT	1005
ISLE OF PALMS POLICE DEPARTMENT	1006
SULLIVANS ISLAND POLICE DEPARTMENT	1007
NORTH CHARLESTON POLICE DEPARTMENT	1008

MEDICAL UNIVERSITY POLICE DEPARTMENT	1009
CHARLESTON COUNTY AVIATION AUTHORITY	1015
RAVENEL POLICE DEPARTMENT	1010
THE CITADEL DEPARTMENT OF PUBLIC SAFETY	1020
SC STATE PORTS AUTHORITY	1030
SEABROOK ISLAND SECURITY DEPARTMENT	1040
KIAWAH ISLAND SECURITY DEPARTMENT	1050
TRIDENT TECHNICAL COLLEGE SECURITY	1060
COLLEGE OF CHARLESTON PUBLIC SAFETY	1070
CHEROKEE COUNTY SHERIFF'S OFFICE	1100
BLACKSBURG POLICE DEPARTMENT	1101
GAFFNEY POLICE DEPARTMENT	1102
KING MOUNTAIN NATIONAL PARK SECURITY	1103
CHESTER COUNTY SHERIFF'S OFFICE	1200
CHESTER POLICE DEPARTMENT	1201
GREAT FALLS POLICE DEPARTMENT	1202
FORT LAWN POLICE DEPARTMENT	1203
CHESTERFIELD COUNTY SHERIFF'S OFFICE	1300
CHERAW POLICE DEPARTMENT	1301
CHESTERFIELD POLICE DEPARTMENT	1302
JEFFERSON POLICE DEPARTMENT	1303
MCBEE POLICE DEPARTMENT	1304
PAGELAND POLICE DEPARTMENT	1305
PATRICK POLICE DEPARTMENT	1306
CLARENDON COUNTY SHERIFF'S OFFICE	1400
MANNING POLICE DEPARTMENT	1401
SUMMERTON POLICE DEPARTMENT	1402
TURBEVILLE POLICE DEPARTMENT	1403
COLLETON COUNTY SHERIFF'S OFFICE	1500
WALTERBORO POLICE DEPARTMENT	1501
COTTAGEVILLE POLICE DEPARTMENT	1502
EDISTO BEACH POLICE DEPARTMENT	1503
DARLINGTON COUNTY SHERIFF'S OFFICE	1600
DARLINGTON POLICE DEPARTMENT	1601
HARTSVILLE POLICE DEPARTMENT	1602
LAMAR POLICE DEPARTMENT	1603
SOCIETY HILL POLICE DEPARTMENT	1604
DILLON COUNTY SHERIFF'S OFFICE	1700
DILLON POLICE DEPARTMENT	1701

LAKEVIEW POLICE DEPARTMENT	1702
LATTA POLICE DEPARTMENT	1703
DORCHESTER COUNTY SHERIFF'S OFFICE	1800
ST GEORGE POLICE DEPARTMENT	1801
SUMMERVILLE POLICE DEPARTMENT	1802
HARLEYVILLE POLICE DEPARTMENT	1803
RIDGEVILLE POLICE DEPARTMENT	1804
EDGEFIELD COUNTY SHERIFF'S OFFICE	1900
EDGEFIELD POLICE DEPARTMENT	1901
JOHNSTON POLICE DEPARTMENT	1902
TRENTON POLICE DEPARTMENT	1903
FARIFIELD COUNTY SHERIFF'S OFFICE	2000
WINNSBORO POLICE DEPARTMENT	2001
RIDGEWAY POLICE DEPARTMENT	2002
FLORENCE COUNTY SHERIFF'S OFFICE	2100
FLORENCE POLICE DEPARTMENT	2101
LAKE CITY POLICE DEPARTMENT	2102
COWARD POLICE DEPARTMENT	2103
JOHNSONVILLE POLICE DEPARTMENT	2104
OLANTA POLICE DEPARTMENT	2105
PAMPLICO POLICE DEPARTMENT	2106
QUINBY POLICE DEPARTMENT	2107
SCRANTON POLICE DEPARTMENT	2108
TIMMONSVILLE POLICE DEPARTMENT	2109
FRANCIS MARION COLLEGE POLICE DEPARTMENT	2110
GEORGETOWN COUNTY SHERIFF'S OFFICE	2200
ANDREWS POLICE DEPARTMENT	2201
GEORGETOWN POLICE DEPARTMENT	2202
PAWLERY'S ISLAND POLICE DEPARTMENT	2203
GREENVILLE COUNTY SHERIFF'S OFFICE	2300
FOUNTAIN INN POLICE DEPARTMENT	2301
GREENVILLE POLICE DEPARTMENT	2302
GREER POLICE DEPARTMENT	2303
MAULDIN POLICE DEPARTMENT	2304
SIMPSONVILLE POLICE DEPARTMENT	2305
TRAVELERS REST POLICE DEPARTMENT	2306
CITY VIEW POLICE DEPARTMENT	2308
FURMAN UNIVERSITY POLICE DEPARTMENT	2309
BOB JONES UNIVERSITY POLICE DEPARTMENT	2310
GREENVILLE TECHNICAL COLLEGE CAMPUS POLICE	2311

GREENWOOD COUNTY SHERIFF'S OFFICE	2400
GREENWOOD POLICE DEPARTMENT	2401
WARE SHOALS POLICE DEPARTMENT	2402
HAMPTON COUNTY SHERIFF'S OFFICE	2500
BRUNSON POLICE DEPARTMENT	2501
ESTILL POLICE DEPARTMENT	2502
HAMPTON POLICE DEPARTMENT	2503
VARNVILLE POLICE DEPARTMENT	2504
GIFFORD POLICE DEPARTMENT	2505
YEMASSEE POLICE DEPARTMENT	2506
HORRY COUNTY SHERIFF'S OFFICE	2600
ATLANTIC BEACH POLICE DEPARTMENT	2601
CONWAY POLICE DEPARTMENT	2602
AYNOR POLICE DEPARTMENT	2603
HORRY COUNTY POLICE DEPARTMENT	2604
LORIS POLICE DEPARTMENT	2605
MYRTLE BEACH POLICE DEPARTMENT	2606
NORTH MYRTLE BEACH POLICE DEPARTMENT	2607
SURFSIDE BEACH POLICE DEPARTMENT	2608
USC-COASTAL CAROLINA POLICE DEPARTMENT	2609
BRIARCLIFF ACRES POLICE DEPARTMENT	2610
JASPERCOUNTY SHERIFF'S OFFICE	2700
HARDEEVILLE POLICE DEPARTMENT	2701
RIDGELAND POLICE DEPARTMENT	2702
KERSHAW COUNTY SHERIFF'S OFFICE	2800
CAMDEN POLICE DEPARTMENT	2801
BETHUME POLICE DEPARTMENT	2802
ELGIN POLICE DEPARTMENT	2803
LANCASTER COUNTY SHERIFF'S OFFICE	2900
LANCASTER POLICE DEPARTMENT	2901
HEATH SPRINGS POLICE DEPARTMENT	2902
KERSHAW POLICE DEPARTMENT	2903
LAURENS COUNTY SHERIFF'S OFFICE	3000
LAURENS POLICE DEPARTMENT	3001
CLINTON POLICE DEPARTMENT	3002
CROSS HILL POLICE DEPARTMENT	3003
GRAY COURT POLICE DEPARTMENT	3004
LEE COUNTY SHERIFF'S OFFICE	3100

BISHOPVILLE POLICE DEPARTMENT	3101
LYNCHBURG POLICE DEPARTMENT	3102
LEXINGTON COUNTY SHERIFF'S OFFICE	3200
BATESBURG POLICE DEPARTMENT	3201
CAYCE POLICE DEPARTMENT	3202
LEXINGTON POLICE DEPARTMENT	3204
WEST COLUMBIA POLICE DEPARTMENT	3205
CHAPIN POLICE DEPARTMENT	3206
IRMO POLICE DEPARTMENT	3207
PELION POLICE DEPARTMENT	3208
PINE RIDGE POLICE DEPARTMENT	3209
SOUTH CONGAREE POLICE DEPARTMENT	3210
SPRINGDALE POLICE DEPARTMENT	3211
SWANSEA POLICE DEPARTMENT	3212
COLUMBIA METROPOLITAN AIRPORT POLICE DEPT	3213
GASTON POLICE DEPARTMENT	3214
MCCORMICK COUNTY SHERIFF'S OFFICE	3300
MCCORMICK POLICE DEPARTMENT	3301
MARION COUNTY SHERIFF'S OFFICE	3400
MARION POLICE DEPARTMENT	3401
MULLINS POLICE DEPARTMENT	3402
NICHOLS POLICE DEPARTMENT	3403
SELLERS POLICE DEPARTMENT	3404
MARLBORO COUNTY SHERIFF'S OFFICE	3500
BENNETTSVILLE POLICE DEPARTMENT	3501
MCCOLL POLICE DEPARTMENT	3502
CLIO POLICE DEPARTMENT	3503
NEWBERRY COUNTY SHERIFF'S OFFICE	3600
NEWBERRY POLICE DEPARTMENT	3601
WHITMIRE POLICE DEPARTMENT	3602
CHAPPELS POLICE DEPARTMENT	3603
LITTLE MOUNTAIN POLICE DEPARTMENT	3604
PROSPERITY POLICE DEPARTMENT	3605
SILVERSTREET POLICE DEPARTMENT	3606
WHITTEN VILLAGE POLICE DEPARTMENT	3607
OCONEE COUNTY SHERIFF'S OFFICE	3700
SENECA POLICE DEPARTMENT	3701
WALHALLA POLICE DEPARTMENT	3702
WESTMINSTER POLICE DEPARTMENT	3703
WEST UNION POLICE DEPARTMENT	3704

SALEM POLICE DEPARTMENT	3705
ORANGEBURG COUNTY SHERIFF'S OFFICE	3800
ORANGEBURG POLICE DEPARTMENT	3801
BRANCHVILLE POLICE DEPARTMENT	3802
BOWMAN POLICE DEPARTMENT	3803
CORDOVA POLICE DEPARTMENT	3804
ELLOREE POLICE DEPARTMENT	3805
EUTAWVILLE POLICE DEPARTMENT	3806
HOLLY HILL POLICE DEPARTMENT	3807
NORTH POLICE DEPARTMENT	3808
NORWAY POLICE DEPARTMENT	3809
SPRINGFIELD POLICE DEPARTMENT	3810
SANTEE POLICE DEPARTMENT	3811
SOUTH CAROLINA STATE COLLEGE POLICE DEPT	3812
VANCE POLICE DEPARTMENT	3813
PICKENS COUNTY SHERIFF'S OFFICE	3900
CENTRAL POLICE DEPARTMENT	3901
CLEMSON POLICE DEPARTMENT	3902
EASLEY POLICE DEPARTMENT	3903
LIBERTY POLICE DEPARTMENT	3904
PICKENS POLICE DEPARTMENT	3905
CLEMSON UNIVERSITY POLICE DEPARTMENT	3906
NORRIS POLICE DEPARTMENT	3907
RICHLAND COUNTY SHERIFF'S OFFICE	4000
COLUMBIA POLICE DEPARTMENT	4001
EASTOVER POLICE DEPARTMENT	4003
FOREST ACRES POLICE DEPARTMENT	4004
MIDLANDS CENTER POLICE DEPARTMENT	4005
DEPARTMENT OF YOUTH SERVICES	4006
CAPITOL COMPLEX POLICE DEPARTMENT	4007
USC CAMPUS POLICE DEPARTMENT	4008
DEPARTMENT OF MENTAL HEALTH	4009
MIDLANDS TECHNICAL COLLEGE	4010
EMPLOYMENT SECURITY COMMISSION	4011
DEPARTMENT OF HEALTH/ENVIRONMENTAL CONTROL	4012
COLUMBIA COLLEGE POLICE DEPARTMENT	4013
SALUDA COUNTY SHERIFF'S OFFICE	4100
SALUDA POLICE DEPARTMENT	4101
RIDGE SPRING POLICE DEPARTMENT	4102
SPARTANBURG COUNTY SHERIFF'S OFFICE	4200
SPARTANBURG POLICE DEPARTMENT	4201

WOODRUFF POLICE DEPARTMENT	4202
DUNCAN POLICE DEPARTMENT	4203
CAMPOBELLO POLICE DEPARTMENT	4205
CHESNEE POLICE DEPARTMENT	4206
COWPENS POLICE DEPARTMENT	4207
ENOREE POLICE DEPARTMENT	4208
INMAN POLICE DEPARTMENT	4209
LANDRUM POLICE DEPARTMENT	4210
LYMAN POLICE DEPARTMENT	4211
PACOLET POLICE DEPARTMENT	4212
WELLFORD POLICE DEPARTMENT	4213
USC-SPARTANBURG CAMPUS POLICE DEPARTMENT	4214
PACOLET MILLS POLICE DEPARTMENT	4215
GREENVILLE/SPARTANBURG AIRPORT POLICE DEPT	4216
SUMTER COUNTY SHERIFF'S OFFICE	4300
SUMTER POLICE DEPARTMENT	4301
MAYESVILLE POLICE DEPARTMENT	4302
PINEWOOD POLICE DEPARTMENT	4303
UNION COUNTY SHERIFF'S OFFICE	4400
UNION POLICE DEPARTMENT	4401
CARLISLE POLICE DEPARTMENT	4402
JONESVILLE POLICE DEPARTMENT	4403
WILLIAMSBURG COUNTY SHERIFF'S OFFICE	4500
HEMINGWAY POLICE DEPARTMENT	4501
KINGSTREE POLICE DEPARTMENT	4502
STUCKEY POLICE DEPARTMENT	4503
GREELEYVILLE POLICE DEPARTMENT	4504
YORK COUNTY SHERIFF'S OFFICE	4600
CLOVER POLICE DEPARTMENT	4601
FORT MILL POLICE DEPARTMENT	4602
ROCK HILL POLICE DEPARTMENT	4603
YORK POLICE DEPARTMENT	4604
TEGA CAY POLICE DEPARTMENT	4605
WINTHROP COLLEGE POLICE DEPARTMENT	4606
RIVERHILLS PLANTATION SECURITY	4609

**TABLE 11. LIGHT CONDITION CODE**

DAYLIGHT (Full daylight)	1
DAWN (Early morning light)	2

DUSK (Early evening light)	3
DARK (Lighting unspecified)	4
DARK (Street lamp lit)	5
DARK (Street lamp not lit)	6
DARK (No lights)	7

Example: Dark (Nighttime), no street lamps, but neon signs, store and parking lights illuminate street, Code 4.

**TABLE 12. MANNER OF COLLISION**

NOT COLLISION WITH MOTOR VEHICLE IN TRANSPORT	00
REAR END	10
HEAD-ON	20
REAR-TO-REAR	30
ANGLE	41 -43
SIDESWIPE, SAME DIRECTION	50
SIDESWIPE, OPPOSITE DIRECTION	60
BACKED INTO	70
UNKNOWN	99

**TABLE 13. OCCUPANT EJECTION CODE**

NOT EJECTED	1
PARTIALLY EJECTED	2
TOTALLY EJECTED	3
NOT APPLICABLE	7

UNKNOWN	9
---------	---

**TABLE 14. OCCUPANT LOCATION AFTER IMPACT**

NOT TRAPPED	1
EXTRICATED (MECHANICAL MEANS)	2
FREED (NON-MECHANICAL)	3
NOT APPLICABLE	4
UNKNOWN	9

**TABLE 15. OCCUPANT SEAT LOCATION CODE**

Driver Seat (Front Seat – Left Side) (Applies to motorcycle operators, as well as automobile or truck drivers.	01
Front Passenger Seat Other Than Driver Seat and the Far Right Passenger Seat/Front Seat Middle (Applies to motorcycle sidecar).	02
Front Passenger Seat Near Right Window/Front Seat – Right side (Applies to bucket seat beside driver).	03
Second Row Passenger Seat Directly Behind Driver/Second Seat Left Side (Applies to motorcycle passenger)	04
Second Row Passenger Seat Behind Front Seat But Not Far Left or Right Window/Second Seat – Middle.	05
Second Row Passenger Seat Behind Front Seat Near Right Window/Second Seat – Right Side.	06
Third Row Passenger Directly Behind Driver/Left Side	07
Third Row Passenger Seat Behind Front Seat But Not Near Left or Right Window/Third Row Middle.	08
Third Row Passenger Seat Behind Front Seat and Near Right Window/Third Row – Right Side.	09
Pedestrian	20

Trailing Unit	30
Bus or Van (4 <sup>th</sup> Row or Higher)	40
Passenger in Other Enclosed Passenger or Cargo Area (Non-Trailing Unit)	50
Passenger in Unenclosed Passenger or Cargo Area (Non-trailing Unit)	51
Sleeper Birth of Truck or Tractor	60
Riding on Vehicle Exterior (Non-trailing Unit) (Does not apply to Motorcycle)	70
Lap	80
Unknown	99

**TABLE 16. RACE CODE**

ASIAN/PACIFIC ISLANDER HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF THE FAR EAST, SOUTHEAST ASIA, OR PACIFIC ISLANDS. THIS INCLUDES CHINA, INDIA, JAPAN, KOREA, SAMOA, AND THE PHILLIPINES ISLANDS.	A
AFRICAN-AMERICAN HAVING ORIGINS IN ANY OF THE BLACK RACIAL GROUPS IN AFRICA.	B
ALASKAN NATIVE OR AMERICAN INDIAN HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF NORTH AMERICA.	I
HISPANIC A PERSON OF MEXICAN, PUERTO RICO, CUBAN, CENTRAL OR SOUTH AMERICAN OR OTHER SPANISH CULTURE OR ORIGIN, REGARDLESS OF RACE.	H
CAUCASIAN	W
OTHER	O
UNKNOWN	U

**TABLE 17. RESTRAINT/SAFETY DEVICE**

NONE USED	00
SHOULDER BELT	11
LAP BELT ONLY	12
SHOULDER AND LAP BELT	13
CHILD SAFETY SEAT	21
OTHER	88
UNKNOWN	99
<b>PEDESTRIAN, MOTORCYCLE, PEDALCYCLE ONLY</b>	
HELMET	31
PROTECTIVE PADS	41
REFLECTIVE CLOTHING	51
LIGHTING	61

**TABLE 18. ROAD CHARACTER**

STRAIGHT-LEVEL	1
STRAIGHT-ON GRADE	2
STRAIGHT-HILLCREST	3
CURVE-LEVEL	4
CURVE- ON GRADE	5
CURVE-HILLCREST	6

**TABLE 19. ROAD SURFACE CONDITION**

DRY	1
WET	2

SNOW	3
SLUSH	4
ICE	5
CONTAMINATE	6
WATER (STANDING, ETC.)	7
OTHER	8
UNKNOWN	9

**TABLE 20. SEQUENCE OF EVENTS**

**NON-COLLISION**

CARGO/EQUIPMENT LOSS OR SHIFT	01
CROSS MEDIAN/CENTER LINE	02
DOWNHILL RUNAWAY	03
EQUIPMENT FAILURE	04
FIRE/EXPLOSION	05
IMMERSION	06
JACKKNIFE	07
OVERTURN/ROLLOVER	08
RAN OFF ROAD LEFT	09
RAN OFF ROAD RIGHT	10
SEPARATION OF UNITS (ARITCULATED VEHICLES ONLY)	11
SPILL (TWO WHEELED VEHICLES ONLY)	12
OTHER NON COLLISION	18

UNKNOWN NON-COLLISION	19
<b>COLLISION WITH OBJECT NOT FIXED</b>	
ANIMAL (DEER ONLY)	20
ANIMAL (ALL OTHERS)	21
MOTOR VEHICLE (IN TRANSIT)	22
MOTOR VEHICLE (STOPPED)	23
MOTOR VEHICLE (OTHER ROADWAY)	24
MOTOR VEHICLE (PARKED)	25
PEDALCYCLE	26
PEDESTRIAN	27
RAILWAY VEHICLE	28
WORK ZONE MAINTENANCE EQUIPMENT	29
OTHER MOVABLE OBJECT	38
UNKNOWN MOVABLE OBJECT	39
<b>COLLISION WITH FIXED OBJECT</b>	
BRIDGE OVERHEAD STRUCTURE	40
BRIDGE PARAPET END	41
BRIDGE PIER OR ABUTMENT	42
BRIDGE RAIL	43
CULVERT	44
CURB	45
DITCH	46
EMBANKMENT	47

EQUIPMENT	48
FENCE	49
GUARDRAIL END	50
GUARDRAIL FACE	51
HIGHWAY TRAFFIC SIGN POST	52
IMPACT ATTENUATOR/CRASH CUSHION	53
LIGHT/LUMINAIRE SUPPORT	54
MAILBOX	55
MEDIAN BARRIER	56
OVERHEAD SIGN, SUPPORT	57
OTHER (POST, POLE, SUPPORT, ETC.)	58
OTHER (WALL, BUILDING, TUNNELL, ETC.)	59
TREE	60
UTILITY POLE	61
WORK ZONE MAINTENANCE EQUIPMENT	62
OTHER	68
UNKNOWN	69

**TABLE 21. TRAFFIC CONTROL TYPE**

STOP AND GO LIGHT	01
FLASHING TRAFFIC SIGNAL	02
RAILROAD (CROSS BUCKS, LIGHTS AND GATES)	11
RAILROAD (CROSS BUCKS AND LIGHTS)	12
CROSS BUCKS ONLY	13

OFFICER OR FLAGMAN	21
ONCOMING EMERGENCY VEHICLE	22
PAVEMENT MARKINGS (ONLY)	31
STOP SIGN	41
SCHOOL SIGN	42
YIELD SIGN	43
WORK ZONE	44
OTHER WARNING SIGNS	45
FLASHING BEACON	51
NONE	98
UNKNOWN	99

**TABLE 22. TRAFFICWAY**

TWO-WAY, NOT DIVIDED	1
TWO-WAY, DIVIDED, UNPROTECTED MEDIAN	2
TWO-WAY, DIVIDED, BARRIER	3
ONE-WAY	4
OTHER	8

**TABLE 23. TRANSPORTED TO MEDICAL FACILITY CODE**

**A. TRANSPORTED**

YES	1
NO	2
UNKNOWN	3

**B. BY WHOM**

EMS	1
POLICE	2
OTHER	8
UNKNOWN	9

**TABLE 24. UNDERRIDE/OVERRIDE**

UNDER-COMPARTMENT INTRUSION	1
UNDER-NO INTRUSION	2
UNDER-UNKNOWN	3
OVER-MOTOR VEHICLE IN TRANSPORT	4
OVER-OTHER MOTOR VEHICLE	5
NONE	6
UNKNOWN	9

**TABLE 26. VEHICLE ATTACHMENT**

NONE	1
MOBILE HOME	2
SEMI-TRAILER	3
UTILITY TRAILER	4
FARM TRAILER	5
TRAILER WITH BOAT	6
CAMPER TRAILER	7
TOWED MOTOR VEHICLE	8

PETROLEUM TANKER	9
LOW BOY TRAILER	A
AUTOCARRIER TRAILER	B
OTHER TANKER	C
FLAT BED	D
TWIN TRAILERS	E
OTHER	F

**TABLE 26. VEHICLE UNIT TYPE**

AUTOMOBILE	01
PICKUP TRUCK	12
TRUCK TRACTOR	13
OTHER TRUCK	14
FULL SIZE VAN	15
MINI-VAN	16
SPORT UTILITY	17
MOTORCYCLE	25
OTHER MOTOR BIKE	26
PEDALCYCLE	27
ANIMAL DRAWN VEHICLE	38
ANIMAL (RIDDEN)	39
PEDESTRIAN	41
TRAIN	51
SCHOOL BUS	61

PASSENGER BUS	62
OTHER	98
UNKNOWN (HIT AND RUN ONLY)	99

**TABLE 27. VEHICLE USE CODE**

PERSONAL	01
DRIVING TRAINING	02
CONSTRUCTION/MAINTENANCE	03
AMBULANCE	04
MILITARY	05
TRANSPORT PASSENGERS	06
TRANSPORT PROPERTY	07
FARM USE	08
WRECKER OR TOW TRUCK	09
POLICE	10
GOVERNMENT	11
FIRE FIGHTING	12
LOGGING	13
OTHER	18
PEDESTRIAN	41

**TABLE 28. WEATHER CONDITION**

CLEAR (NO ADVERSE CONDITIONS)	1
RAIN	2
CLOUDY	3

SLEET/HAIL	4
SNOW	5
FOG, SMOG, SMOKE	6
BLOWING SAND, OIL, DIRT, OR SNOW	7
SEVERE CROSSWINDS	8
UNKNOWN	9

**TABLE 29. WORK ZONE**

**A. VERIFICATION (DID CRASH OCCUR IN WORK ZONE)**

YES	1
NO	2

**B. LOCATION**

BEFORE FIRST SIGN	1
ADVANCED WARNING	2
TRANSITION AREA	3
ACTIVITY AREA	4
TERMINATION AREA	5

**C. TYPE**

SHOULDER/MEDIAN WORK	1
LANE SHIFT/CROSSOVER	2
INTERMITTENT/MOVING WORK	3
LANE CLOSURE	4
OTHER	8
UNKNOWN	9

**D. WORKERS PRESENT**

YES

1

NO

2

## **FINANCIAL RESPONSIBILITY FORM FR-10**

### **INTRODUCTION**

This manual has been produced to be a training manual as well as an information reference to aid in the completion of the South Carolina Notice of Requirement, Form FR-10.

The Governor of the State of South Carolina signed into law Senate Bill S-150 on June 27, 1988, whereby Section 56-9-350 of the 1976 South Carolina Code of Laws, as amended, states:

The operator or owner of a motor vehicle involved in an accident resulting in property damage of four hundred dollars or more, or in bodily injury or death, must be furnished a written request form at the time of the accident, or as soon after the accident as possible, by the investigating officer for completion and verification of liability insurance coverage, the form to be in a manner prescribed by the Department.

The completed and verified form must be returned by the operator or owner to the Department [of Motor Vehicles] within fifteen days from the date the form was delivered by the officer. Failure to return the form, verified in the proper manner, is prima facie evidence that the vehicle was uninsured.

The operator or owner of a motor vehicle involved in an accident resulting in property damage of four hundred dollars or more, or in bodily injury or death, which was not investigated by a law enforcement officer shall furnish to the Department [of Motor Vehicles] a written report and verification of liability insurance coverage, the proof to be in a manner prescribed by the Department [of Motor Vehicles].

The South Carolina Department of Public Safety is responsible for the administration of the Act and the co-operation of all law enforcement agencies in the State is respectfully requested in order to comply with the statutory requirements. The Department has designed and printed a uniform requirement of insurance verification form, Form FR-10, for use by all law enforcement agencies.



## GENERAL INSTRUCTIONS

### I. FORM FR-10 ISSUED DURING MOTOR VEHICLE COLLISION INVESTIGATION

The operator or owner of a motor vehicle involved in an investigated collision shall be the Form FR-10, Notice of Requirement for Liability Insurance Verification. **The information on the Form FR-10 shall be consistent with the information on the Form TR-310 (name of driver, name of owner, address, vehicle description, etc.).**

A copy of the Form FR-10 will be furnished to the operator or owner of a motor vehicle with instructions to have the insurance company representative (agent, broker, claims representative, underwriting representative, etc.) complete the form verifying that on the date and time stated the motor vehicle was insured pursuant to South Carolina Statute. The form FR-10 must be returned to the Department of Motor Vehicles at the address exactly as printed on the top of the form within fifteen (15) days from the date of issuance or submitted electronically by the insurance company agent or representative at [WWW.SC-ALIR.COM](http://WWW.SC-ALIR.COM). Failure of the operator or owner to comply could result in the Department of Motor Vehicles suspending the person's driving and registration privileges in South Carolina. If owner of a motor vehicle has questions regarding the form, the owner should contact the Department of Motor Vehicles at (803) 896-5000.

### II. CERTAIN MOTOR VEHICLES ARE EXEMPT

- A. Legally parked motor vehicles.
- B. Motor vehicles owned by federal, state, municipal, county and regional governments.

### III. FORMS FR-10 LOST OR MISPLACED BY OPERATOR OR OWNER

Do not issue another paper Form FR-10 to the operator or owner of the motor vehicle if the DRIVER/OWNER copy of the Form FR-10 is lost or misplaced. The person may have the liability insurance company representative furnish to the Department of Motor Vehicles a written statement that the FORM FR-10 has been lost or misplaced and certification that coverage was in effect by specifying name of insurance company, policy number, effective dates, operator/owner, vehicle make, year, serial number, and collision date for insurance verification. In the instance that a SCCATTS E-Report was issued it is possible to issue another FR-10 by the Investigating Officer.

#### **IV. OPERATOR OR OWNER REQUIRED BY LAW TO COMPLY**

Within fifteen (15) days from the date the Form FR-10 is furnished by the officer, the motor vehicle operator or owner is required to return the form to the Department of Motor Vehicles properly completed by a representative of the insurance company verifying that the vehicle was insured pursuant to South Carolina statute. If the insurance representative decides to submit the insurance electronically, then the form does not have to be mailed to the Department. Failure to provide the insurance information in the proper manner shall be prima facie evidence that the motor vehicle was uninsured. In the event that a Form SR-23, Fleet Policy of 25 or more vehicles, is on file with the Department of Motor Vehicles covering the motor vehicle, or if a Motor vehicle is owned by federal, state, municipal, county and regional governments.

Certificate of Self-Insurance has been issued by the Department of Motor Vehicles covering the motor vehicle, the operator or owner may disregard the above procedure and check the appropriate block provided at the bottom, sign and date where indicated, and return the Form FR-10 to the Department of Motor Vehicles at the address shown thereon.

#### **V. FORM FR-10 NOT TO BE ISSUED IF SUMMONS ISSUED FOR UNINSURED MOTORIST**

No Form FR-10 will be issued to the operator or owner of a motor vehicle if a summons is issued at the time of the collision investigation under Section 56-10-520 of the 1976 South Carolina Code of Laws, as amended. For paper reports, please complete the bottom right hand corner of the FR-10. Attach FR-10 to the TR-310. For SCCATTS E-Reports indicate the summons number issued in the summons number block. Also indicate in the narrative that this is the unit operating uninsured.

#### **VI. IF OPERATOR IS UNABLE TO SIGN FORM**

A. In the event the operator or owner is injured to such a degree or cannot be located for the law enforcement officer to deliver the Form FR-10, the officer should enter "Unable to Sign" or "Unable to Locate" in the space normally allotted for the operator/owner signature and staple the original Form FR-10, DRIVER/OWNER copy, and the Form TR-310, South Carolina Uniform Traffic Collision Report, and forward to the Department of Motor Vehicles.

B. In the event the operator is killed in the motor vehicle collision and:

1. The operator is different from the owner of the motor vehicle and the owner is not readily available, staple the copy of the Form FR-10 along with the Form TR-310, South Carolina Uniform Traffic Collision Report, and forward to the Department of Motor Vehicles.

2. The operator and owner of the motor vehicle is the same person, no Form FR-10 will be issued and justification of same will be reflected by the "4" inserted on the South Carolina Uniform Traffic Collision Report Form for Investigating Officers, Form TR-310, under "INJURY".

C. Form FR-10 is not issued to the owner of a stolen motor vehicle but rather to the operator of the vehicle, if known. Indicate "STOLEN" on top of the Form FR-10.

## **VII. PRIVATE PROPERTY MOTOR VEHICLE COLLISIONS**

In the event a reportable motor vehicle collision is investigated on private property, the Form TR-310 should be completed and the FR-10 should be issued. Issuance of the Form FR-10 for insurance verification will enable the Department of Motor Vehicles to initiate appropriate suspension action under Section 56-9-351 of the 1976 South Carolina Code of Laws, as amended.

## **VIII. INCIDENT REPORTS AND NON-INVESTIGATED COLLISIONS**

Do not issue a Form FR-10 in conjunction with the completion of an Incident Report or when the motor vehicle collision is not actually investigated. Please inform the operator or owner that they are required to properly complete the Form FR-309 (formerly Form 309/SR-21), Individual Traffic Collision Report, and forward it to the Office of Financial Responsibility. An insurance company representative must verify the insurance portion. Incident Reports should never be forwarded to the Office of Financial Responsibility.



## INSTRUCTIONS FOR COMPLETION OF FR-10

The Form FR-10 is a part of the four-part collision report form. The items listed below on the Form FR-10 are completed first and separated from the remainder of the collision report. The officer then completes the remainder of the collision report form.

**DATE** – Enter the appropriate month, day of the month and year (mm-dd-yyyy). Please follow this sequence to provide uniformity for the Department records. Use a hyphen (-) to separate the numbers.

**TIME** – Enter the time at which the collision occurred. Use military time and do not indicate a.m. or p.m.

**COUNTY** – Enter the appropriate code number for the county in which the motor vehicle collision occurred.

**ROUTE CATEGORY** – Circle the number that corresponds to the route category on which the collision occurred.

**COLLISION LOCATION** – Enter the appropriate route or road number, or if a street name, enter the name of the street.

**AUXILIARY CODE** – Circle the auxiliary code that identifies the specific route or controlled access highway location on which the collision occurred.

**UNIT NUMBER**– Enter a “1” for the first unit in the collision; a “2” for the second unit, a “3” for the third, etc.

**SEX** – Enter M for male, F for female and U for Unknown.

**RACE** – Enter A for Asian/Pacific Islander, B for African American, C for Caucasian, H for Hispanic, I for Alaskan Native or American Indian, O for Other or U for Unknown.

**DRIVER OR PEDESTRIAN FULL NAME** – Enter the name of the person who was operating the vehicle at the time of the collision. Record the last name first, and then insert a hyphen (-), the first name and middle initial.

**STREET** – Copy from the driver’s license if available and acknowledged to be correct.

**DATE OF BIRTH** – Enter as it appears on the driver license. If no license, enter month, day and year of birth. Separate the month day, and year with a hyphen (mm-dd-yyyy).

**CITY, STATE AND ZIP** – Copy from the driver’s license if available and acknowledged to be correct.

**STATE** – Enter standard abbreviation for the name of the state that issued the driver’s license.

**DRIVER LICENSE NUMBER** – Copy this completely and accurately from the driver license possessed by the vehicle operator. If the driver is not licensed enter “NONE” in this field. There should be no hyphens (dashes) in the driver license number.

**YEAR** – Enter the year the vehicle was manufactured.

**BODY** – Enter as shown on the vehicle registration card.

**MAKE AND IDENTIFICATION NUMBER** – Enter the complete brand name and identification number of the vehicle as shown on the vehicle itself. Check this number against that on the registration card.

**STATE** – Enter abbreviation of the state that issued the license plate.

**YEAR** – Enter the four digit year (yyyy) of expiration as shown on the registration card.

**LICENSE PLATE NUMBER** – Enter the letters and/or numbers that appear on the metal plate on the vehicle. No spaces or hyphens should be used.

**PHONE NUMBERS** – Enter this information if available to assist with possible future contact.

**OWNERS FULL NAME, STREET OR RFD, CITY, STATE AND ZIP** – Enter the current information from the registration card, driver or any other source.

**COLLISION INSURANCE INFORMATION** – The law enforcement officer is asked to obtain the name of the insurance agency, insurance company and policy number from each driver for this section, if available. It is not mandatory that the officer does this, but it will serve as a convenience to the driver to exchange insurance information and a follow-up for insurance companies. After completing the Form FR-10, write the adverse party’s insurance information on his Form FR-10. This will also assist the officer in any further investigations. Remember, this section has no relationship in having the driver/owner verify his insurance through our established procedures. The driver/owner must not be led to believe that this is positive proof of insurance by completing this section. If there is no insurance indicate “NONE”. If self insured indicate “SELF INSURED”.

**SIGNATURE** – This line should be signed by either the operator or the owner of the vehicle to clarify which person actually received the form.

**INSURANCE INFORMATION** – The law enforcement officer will not be responsible for entering the insurance information in this section of the Form FR10; the owner or operator is to forward this to the insurance representative to verify by completing that portion of the form or by transmitting it electronically to the Department of Motor Vehicles.

**FORM FR-10 NOT ISSUED UNDER SECTION 56-10-520** – This will be completed at the time of the collision investigation. If it is determined that liability insurance is not in effect, the officer should complete this section and sign in the designated location. No Form FR-10 will be issued to the operator or owner of a motor vehicle if a summons is issued at the time of the collision investigation under Section 56-10-520 of the 1976 South Carolina Code of Laws, as amended (see Section IX in general instructions for Form FR-10). For paper reports, please complete the bottom right hand corner of the FR-10. Attach FR-10 to the TR-310. For SCCATTS E-Reports indicate the summons number issued in the summons number block. Also indicate in the narrative that this is the unit operating uninsured.



## **SUPPLEMENTAL BUS AND TRUCK COLLISION REPORT FORWARD**

### **Objective and Scope**

The objective of this section of the Manual is to serve as a guide for law enforcement personnel on the proper procedures for reporting the uniform truck and bus collision data elements endorsed by the National Governor's Association (NGA) and adopted for use by the United States Department of Transportation. This section of the manual is intended for use by both state and local law enforcement personnel, and is suitable for training cadets and experienced officers. This section of the Manual is also intended to serve as an office and/or field reference when special or unusual collision reporting situations arise.

This section of the manual is designed to give complete and precise instructions for reporting each NGA data element. Numerous examples of collision situations are included to illustrate key points. In addition, a supplemental report form has been included in this section of the manual to aid in instruction.

### **Format for This Section of the Manual**

This first part of this section of the Manual presents special instructions and definitions of key terms. Instructions are given for determining when a collision is "reportable" as a truck or bus collision; that is, under what conditions must the NGA data elements be reported. Detailed instructions are then presented for reporting each truck/bus collision data element.



## SUPPLEMENTAL BUS AND TRUCK COLLISION REPORT SPECIAL INSTRUCTIONS

1 A Supplemental Bus and Truck Collision Report form should be completed for each qualified vehicle in a qualified, reportable collision.

2 Every reasonable effort should be made to obtain and report factual information. However, if this is not possible, investigating officers should use their best sound judgment to record their considered opinions as information. This should be done even though it may not be possible to substantiate the recorded information or have sufficient prosecuting evidence.

3 Each report consists of a set of two pages: An original Supplemental Bus and Truck Collision Report to be submitted to the South Carolina Department of Public Safety (SCDPS) and one Supplemental Bus and Truck Collision Report copy for the officer/agency to retain.

4 The ORIGINAL Supplemental Bus and Truck Collision Report is to be stapled to the center, top of the original corresponding Uniform Traffic Collision Report Form (TR310).

5 The copy of the Supplemental Bus and Truck Collision Report is for you or your Headquarters to use as desired.

6 The ORIGINAL Supplemental Bus and Truck Collision Report must be submitted to the Office of Financial Responsibility (OFR) with the corresponding TR-310; copies of collision reports will not be accepted. Xeroxed copies of collision reports or copies that should be retained by the local agencies, if submitted to OFR, will be rejected and returned to the agency.

7 Use Black Ink Only.

8 An **AMENDED** report should be submitted when the officer detects an error on the original report or specific facts regarding the collision have changed. When submitting an AMENDED report, use a new report form. Check the block at the top of the form for "Amended" and complete the following sections of the Supplemental Bus and Truck Collision Report: (1) the top line of the report form which includes the date, county, time and collision location; (2) indicate the unit number and FR-10 number for the corresponding unit; and (3) complete the bottom line of the report (Investigator's Name, Rank, Date, etc.)

9. A **CORRECTED** report should be submitted if a Supplemental Bus and Truck Collision Report has been returned to you by Office of Financial Responsibility because an error has been made or if more information is needed. When submitting a corrected report, use a new report form. Check the block at the top of the form for "Corrected" and complete the following sections of the Supplemental Bus and Truck Collision Report: (1) the top line of the report form which includes the date, county, time, and accident location; (2) indicate the unit number and FR-10 number for the corresponding unit; and (3) complete the bottom line of the report (Investigator's Name, Rank, Date, etc.)

Attach the CORRECTED report to the correspondence from OFR and return to the address specified. It is not necessary to write "supplement" at the top of the Supplemental Bus and Truck Collision

Report form.

10. All questions regarding the Supplemental Bus and Truck Collision Report should be directed to the Office of Highway Safety, 10311 Wilson Boulevard, Blythewood, SC 29016 or by telephone (803) 896-9950. You may also contact the State Transport Police, 10311 Wilson Blvd., Blythewood, S.C. 29016 or by telephone (803) 896-9663 during regular business hours.

11. When mailing collision report form to OFR, please leave all reports unfolded.

12. For SCCATTS E-reports see Addendum to this manual.



## SUPPLEMENTAL BUS AND TRUCK COLLISION REPORT BASIC DEFINITIONS

**ACCESS CONTROL.** The number and manner of the access connections to the trafficway determine the access control of the trafficway. There are three classes of access control: “No Access Control”, “Full Access Control”, and “Partial Access Control”. “No Access Control” is a trafficway with no ramp entry or unlimited access; there is no preference given for through traffic. “Full Access Control” is a trafficway that allows for only ramp entry or exit. “Partial Access Control” is a trafficway that may contain some ramp entry/exit but also may have other forms of access.

**BUS. (*Revised*)** A bus is a motor vehicle with seating for transporting nine or more persons, including the driver.

**CARGO BODY TYPE.** The cargo body type of the qualified vehicle involved in the motor vehicle collision. There are 14 categories of cargo body type:

**(00) Bus** (Seats for 9-15 passengers). See definition of Bus above.

**(01) Bus** (Seats for 16+ passengers). See definition of Bus above.

**(02) Enclosed Box.** A single-unit truck, truck/trailer, or tractor/semi-trailer having an enclosed body integral to the frame of the vehicle.

**(03) Cargo Tank.** A single-unit truck, truck/trailer, or tractor/semi-trailer having a cargo body type specifically designed to transport either dry bulk (i.e., fly ash or other solid materials), liquid bulk (i.e., milk or gasoline), or gaseous bulk (i.e., propane).

**(04) Flatbed.** A single-unit truck, truck/trailer, or tractor/semi-trailer whose body is without sides or roof, with or without readily removable stakes that may be tied together with chains, slats, or panels. This includes trucks transporting containerized loads.

**(05) Dump.** A single-unit truck, truck/trailer, or tractor/semi-trailer having a low-side open body designed to transport dry fluid commodities in bulk which can be tilted or otherwise manipulated to discharge its load by gravity.

**(06) Concrete Mixer.** A single-unit truck with a body specifically designed to mix or agitate concrete.

**(07) Auto Transporter.** A single-unit truck, truck/trailer, or tractor/semi-trailer having a cargo body specifically designed to transport other motor vehicles. This includes flatbed and standard body tow trucks.

**(08) Garbage/Refuse.** A single-unit truck having a body specifically designed to collect and transport garbage or refuse. This includes both conventional rear loading and over-the-top bucket loading garbage trucks.

**(09) Grain, Chips, Gravel.** A truck whose cargo body is specifically designed to transport grains, wood chips, or rocks or gravel.

**(10) Pole.** Any motor vehicle which is designed to be drawn by another motor vehicle and attached to the towing motor vehicle by means of a “reach” or “pole”, or by being “boomed” or otherwise secured to the towing motor vehicle, for transporting long or irregularly shaped loads such as poles, pipes, or structural members, which generally are capable of sustaining themselves as beams between supporting connections.

**(11) Intermodal Container.** A reusable cargo container of a rigid construction and rectangular configuration; fitted with devices permitting its ready handling, particularly its transfer from one mode of transportation to another; so designed to be readily filled and emptied; intended to contain one or more articles of cargo or bulk commodities for transportation by water and one or more transportation modes.

**(12) Log.** A trailer or semi trailer that is designed exclusively for harvesting logs or pulpwood and constructed with a skeletal frame with now means for attachment of a solid bed, body, or container.

**(13) Vehicle Towing Vehicle** - When one motor vehicle tows another motor vehicle while attached and in transport.



**(97) Not Applicable.** Cargo Body Type would not be applicable for qualifying vehicles if they are not designed to transport cargo or passengers at the time of the collisions. An example of this would be a Truck-Tractor not towing a Trailer (bobtail).

**(98) Other/Unable to Classify.** If a truck’s cargo body does not fit into any of the above categories.

**(99) Unknown/Hit and Run.** Should only be used in cases when cargo body type is not known.

**COMBINATION.** A truck combination is a truck consisting primarily of a transport device which is a single-unit truck or truck tractor together with one or more attached trailers. Inclusions: truck tractor with semi-trailer, truck-tractor with semi-trailer and one or more full trailers; single unit truck with one or more trailers attached.

**DISABLING DAMAGE.** Road vehicle damage, other than a flat tire, which prevents departure of the vehicle from the scene of the collision in its usual operating manner by daylight after simple repairs. Exclusions: headlight or taillight damage, which would make night driving hazardous but would not affect daytime driving.

**FOR-HIRE MOTOR CARRIER OF PASSENGERS.** Business operating passenger-carrying commercial motor vehicles in interstate commerce, and receiving direct or indirect compensation for their transportation services.

**GROSS VEHICLE WEIGHT RATING (GVWR).** The value specified by the manufacturer as the total weight of the vehicle.

**EMERGENCY VEHICLE.** Emergency vehicles consist of ambulances, fire trucks, police cars, and other officially-designated rescue vehicles.

**HAZARDOUS MATERIALS.** A hazardous material is any substance which has been determined by the U.S. Secretary of Transportation to be capable of posing an unreasonable risk to health, safety, and property when transported in commerce and which has been so designated under regulation of the U.S. Department of Transportation.

**INTERSTATE COMMERCE.** Trade, traffic, or transportation in the United States:

Between a place in a State and a place outside of a State (including a place outside of the United States); or Between two places in a State through another State or a place outside of the United States; or Between two places in a State as part of a trade, traffic, or transportation originating or terminating outside the State or United States.

**INTRASTATE COMMERCE.** Any trade, traffic, or transportation in any State which is not described in the term "interstate commerce".

**REPORTABLE COLLISION.** An important decision facing an officer who encounters a collision involving a truck or bus is whether this collision qualifies as a "reportable" collision by NGA standards, i.e. whether a Supplemental Bus and Truck Collision Report is required. The officer must determine whether the vehicles involved in the collision meet the definition of a truck or a bus, are carrying hazardous materials, or if the vehicle is carrying or is designed to carry 9-15 passengers, if they are being transported for compensation. If a vehicle meets one of these criteria, the officer then must decide if the collision is severe enough to qualify. There are two conditions that the officer must consider when determining if the incident must be reported. Both of these conditions must be met:

If this collision includes either:

**Any** truck that has a Gross Vehicle Weight Rating (GVWR) of more than 10,000 pounds or a gross combination weight rating (GCWR) of more than 10,000 pounds and is used on public highways; OR **Any** motor vehicle designed to transport nine (9) or more people, including the driver; OR **Any** vehicle displaying a hazardous material placard (regardless of weight)

AND the collision results in:

**Any** fatality or fatalities; OR **Any** person(s) transported for immediate medical services; OR **Any** disabled motor vehicle(s) towed away from the scene.

The severity criterion applies to any vehicles or persons involved in the collision, not just to the truck or bus and its occupants. If the collision is determined to be “reportable”, a separate form must be completed for each qualifying vehicle.

A reportable injury collision is defined as any motor vehicle collision that involves at least one qualified vehicle and which requires the transport of an injured person from the collision scene for immediate medical attention.

A reportable fatal collision is defined as any motor vehicle collision which involves at least one qualified vehicle and which produces an injury resulting in the death of a person at the time of the collision or within thirty days of the collision.

A reportable tow-away collision is defined as any motor vehicle collision which involves at least one qualified vehicle and which results in any road vehicle damage which precludes the departure of the vehicle from the collision scene in its usual operating manner.

**TRAILER.** Any non-powered vehicle designed to be towed by a motor vehicle.

**TRUCK.** A motor vehicle designed, used, or maintained primarily for the transportation of property. For the purposes of this form, the vehicle must also meet one of the following criteria:

A truck whose Gross Vehicle Weight Rating (GVWR) of the power unit is 10,001 pounds or more; OR A vehicle displaying a hazardous material placard.

**VEHICLE CONFIGURATION.** The configuration of the vehicle involved in the motor vehicle collision. There are twelve categories of vehicle configuration. They are:

**(00) Passenger Car (only HAZMAT Carrier).** If a vehicle is a passenger car and qualifies as a truck/bus on this form only because it displays a hazardous material placard.

**(01) Light Truck (only HAZMAT Carrier).** If a vehicle is a light truck and qualifies as a truck/bus on this form only because it displays a hazardous material placard.

**(02) Bus (Seats for 9-15 Passengers).** A motor vehicle with seats for between 9-15 persons including the driver.

**(03) Bus (Seats for 16+ Passengers).** A motor vehicle with seating from 16 or more persons including the driver.

**(04) Single-Unit Truck (2 Axles/6+ Tires).** A motor vehicle consisting of a single motorized transport device having 2 axles and 6 or more tires.

**(05) Single-Unit Truck (3 or more Axles).** A motor vehicle consisting of a single motorized transport device having at least 3 axles.

**(06) Truck with Trailer.** (NOT A SEMI-TRAILER) A motor vehicle combination consisting of a single-unit truck and a trailer.

**(07) Truck-Tractor Only (Bobtail).** A motor vehicle consisting of a single motorized transport device designed primarily for pulling semi-trailers.

**(08) Tractor w/Semi-Trailer.** A motor vehicle combination consisting of a truck-tractor and a semi-trailer.

**(09) Tractor w/Double Trailer.** A motor vehicle combination consisting of a truck tractor towing a semi-trailer and a trailer.

**(10) Tractor w/Triple Trailer.** A motor vehicle combination consisting of a truck tractor towing a semi-trailer and two trailers.

**(98) Other/Unable to Classify.** A single unit truck, truck/trailer, or tractor/semi-trailer which cannot be classified as one of the previous vehicle configurations.

**(99) Unknown.** Should only be used in cases when vehicle configuration is not known.



## **COLLISION LOCATION**

The following fields can be copied from information on the original TR-310 corresponding to this form: Fields 1-6.

**DATE** – Indicated the eight digit date on which the collision occurred using a hyphen (-) to separate month, day, and year (Example: 01-01-2011 if the collision occurred on January 1, 2011). Please include all four digits of year. (mm-dd-yyyy)

**TIME** – Use military time only to indicate the time of the collision. Do not write AM or PM in this block. (Example: Enter 1945 if the collision occurred at 7:45 PM, 12:00 noon is 1200, and 12:00 midnight is 2400.)

**COUNTY** – Use the county code from the listing in this manual only. Do not write in the name of the county in this block.

**ROUTE CATEGORY** – Circle the number that corresponds to the route category on which the collision occurred.

**ROUTE OR ROAD NUMBER** – Enter the route or road number on which the collision occurred; also, give the street or highway name if known.

**AUXILIARY** – Circle the auxiliary code that identifies the specific route or controlled access highway location on which the collision occurred.

**NUMBER OF QUALIFYING VEHICLES INVOLVED** - Read the following statements to determine if this form should be used:

a. Did the collision involve any truck with a gross vehicle weight rating (GVWR) of more than 10,000 pounds or a gross combination weight rating (GCWR) of 10,000 pounds or more and is used on public highways? If it did, enter the number of trucks meeting those criteria in the box provided.

Example: A collision occurs between a pickup truck with a lawn mower trailer attached and a dump truck. The dump truck's GVWR is labeled on its side door, and is over 10,001 pounds. However, the pickup truck's GVWR is not 10,001 pounds. Therefore you would place a "1" in the blank.

b. Did this collision involve any vehicle displaying a hazardous material placard? If so, enter the number of vehicles meeting this criterion in the box provided.

Example: In the collision example above between a flower shop delivery van and the pickup truck, the pickup truck is displaying a hazardous material placard. The officer would then enter "1" in this box.

Example: In a collision between a propane tanker and a tractor with a semi-trailer. you would place a "1" in this box.

c. Did the collision involve any passenger vehicle or bus having seats for sixteen (16) or more persons including the driver? If it did, enter the number of vehicles meeting this criterion in the box.

Example: A Greyhound bus transporting 52 passengers collides with an airport shuttle bus that is designed to transport and is transporting 9 passengers. Since the bus has seats for 16 or more passengers and the shuttle van does not, enter a "1" in the box.

Example: A church bus whose only passenger is the driver loses control, leaves the roadway, and hits a tree. Even though the bus had only one person in it, it had seats for 16 or more persons. Therefore, you would place a "1" in this box.

d. Did the collision involve any motor vehicle designed to carry 9-15 passengers and is primarily used to transport passengers for compensation? The vehicle must meet these three criteria: (1) The motor carrier must provide point-to-point interstate transportation of passengers for a commercial purpose. (2) The motor carrier must be compensated either directly or indirectly for transportation services provided. (3) The point-to-point transportation service is generally available to the public at large.

Example: In a collision between a passenger vehicle and an private charter van that is designed to transport and is transporting 9 passengers. Since the charter van was being compensated for transporting these passengers, the officer would place a "1" in the box.

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TOP! IF THE RESPONSE TO ALL QUESTIONS (A, B, C, D) IS "0", THE COLLISION IS NOT REPORTABLE. IF THE RESPONSE TO ANY OF THE ABOVE QUESTIONS IS "1" OR MORE, COMPLETE THE NEXT BLOCK  
=====

**NUMBER OF QUALIFYING PERSONS INVOLVED** – Read the following statements to determine if the form should be completed.

(a) Were any persons fatally injured as a result of this collision? If so, enter the number of persons killed in the box provided.

Example: A serious collision involving a tractor/semi trailer and a passenger car has resulted in the death of the car driver. Place a "1" in the box in response to this question, even though the person who was killed was in the car and not the truck. The same rationale would apply if the victim was a pedestrian or pedalcyclist.

(b) Were any of the persons injured in this collision transported from the collision scene for immediate medical attention? If there were, enter the number of persons removed from the scene in the box provided.

Example: A collision has occurred a few blocks from a hospital. Before the office arrives, passing motorist transports the injured driver of one of the vehicles to the

hospital. Place a “1” in the box even though the transportation was not by an emergency vehicle.

Example: A 2-door passenger car strikes the rear of a tractor/semi-trailer stopped at a red light. The truck driver is not injured, but the driver and passenger of the car are transported to the hospital by ambulance. The proper response is to place a “2” in the box even though the injured persons were in the car, not the truck.

Example: A pedestrian waiting to cross the street is struck by a tractor/semitrailer. Although the pedestrian is injured, he is able to walk directly into the emergency room of a nearby hospital. Place a “0” in the block. If the injured person had been unable to walk and had to be transported to the hospital in a vehicle, “1” would have been recorded even though he/she was a pedestrian.

**NUMBER OF VEHICLES TOWED FROM THE SCENE DUE TO DISABLING DAMAGE –**

Were any of the motor vehicles involved in this collision towed from the scene as a result of disabling damage? Disabling damage is defined as: Road vehicle damage, other than a flat tire, which prevents departure of the vehicle from the scene of the collision in its usual operating manner by daylight after simple repairs.

Example: A bus driver is involved in a minor collision and is arrested for drunk driving. Because of driver unavailability, the bus is towed. Place a “0” in the box because the bus was not towed due to disabling damage. Example: A single-unit truck runs over some debris in the roadway resulting in a flat tire. Because the driver does not have a spare, the truck is towed. Place a “0” in the box because the truck did not suffer disabling damage.

Example: A truck and a car collide. The car drives off under its own power. The truck overturned. A wrecker is called to assist the truck back into an upright position, after which the truck is able to leave the scene under its own power, without being towed. The correct response is to place a “0” in the box. Although the truck required assistance, it was able to leave the scene under its own power.

Example: A tractor/semi-trailer involved in a nighttime collision suffers damage to the tractor's frame. Because of towing difficulties, the vehicle will not be able to be towed away from the scene until the following day. Even though the vehicle was not towed while the investigating officer was at the scene, place a “1” in the box because the truck will be towed as a result of disabling damage.

Example: A tractor/semi-trailer strikes a passenger car but is able to continue. However, the car must be towed from the scene. Place a “1” in the box.

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**STOP! FOR THE COLLISION TO BE REPORTABLE, TWO CONDITIONS MUST BE SATISFIED.**

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At least one qualifying truck, HAZMAT carrier, or bus as identified in block 7 must be involved in the collision.

**AND**

There must be at least one fatality, qualifying injury, or vehicle towed from the scene due to

disabling damage as identified in blocks 8 and 9.

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**DO NOT COMPLETE THIS FORM UNLESS:**

One or more qualified vehicles were involved.

AND

One or more qualified injuries were sustained

OR

One or more vehicles were towed from the scene due to disabling damage.

**TOTAL NUMBER OF SUPPLEMENTAL FORMS REQUIRED** – If both of the above conditions are satisfied, the remaining data elements must be coded. One supplemental form should be completed for each qualifying vehicle involved in the collision (from Block 7, above). Enter the number of supplemental forms required.

Total Number of Supplemental Forms Required for this Collision:	
Unit Number _____ FR-10 Number _____	

**UNIT NUMBER** – Indicate the number for this unit corresponding to the unit number on the original TR-310.

**FR-10 NUMBER** – Indicate the FR-10 number of this unit corresponding to the original TR-310.

## **CARRIER INFORMATION**

The Carrier Information, blocks 13-19 is used to report information on the commercial carrier that has caused and directed the movement of cargo and passengers. If more than one vehicle in the collision meets the definition of a qualifying truck, vehicle containing HAZMAT, or bus, the same set of information must be compiled on a separate form for each qualifying vehicle.

Determining the motor carrier and recording the carrier's identification number, name, and address can be difficult. A motor carrier is "the business entity, individual, partnership, corporation, or religious organization responsible for the transportation of goods, property, or people." The goal is to record the carrier's name, the carrier's address and business phone number, and the carrier's identification number.

The shipping papers are the most reliable means of identifying the carrier and the carrier address. However, following severe collisions and other unusual circumstances, the shipping papers may not be available. In these cases, the officer must rely on backup sources such as the name printed on the side of the vehicle, or questioning the driver. On single-unit trucks, there should only be one carrier name on the vehicle. However, with multi-unit trucks, there might be one name on the tractor and others on the semi-trailer or trailers.

Another source of carrier information can be found at:

[www.safer.fmcsa.dot.gov/companysnapshot.aspx](http://www.safer.fmcsa.dot.gov/companysnapshot.aspx).

It is very important that the carrier information match exactly what is recorded by the Federal Motor Carrier Safety Administration.

**CARRIER NAME** – Enter the carrier's name in the space provided. A motor carrier is the "business entity, individual, partnership, corporation, or religious organization responsible for the transportation of the goods, property, or people". If the carrier's name includes a person's name (e.g., John Ray Trucking), DO NOT alter the word to make the person's last name come first (e.g., Ray, John Trucking).

The shipping papers are the most reliable means of identifying the carrier name. The first place an officer should look for a company name to verify the correct "carrier" is on the shipping papers that the driver carries in the cab.

The following point is often confusing: The carrier is the party responsible for the movement, and it can be different than the name on the side of the truck due to contractual arrangements.

In the case of a bus, the driver must carry a "trip manifest" or charter order" which will give the name of the motor carrier.

The following examples illustrate the complexities of determining the motor carrier. Note that the tractor and semi-trailers will sometimes have different company names on them.

Example: John Smith owns his own bobtail tractor. He contracts with White Manufacturing

Company to take one of its trailers loaded with its goods from New York to Los Angeles. John Smith is the motor carrier because his is the entity that has agreed to carry this particular load

Carrier Information				Same as Owner	
Name:				?	
Address:					
City:		State:		Zip:	
Business Phone Number:					

Example: John Smith, driving his bobtail, utilizes a cargo broker to obtain goods from Intermodal Incorporated Shipping Company for his return trip to New York. On the return trip, John Smith is again the carrier.

Example: John Smith, driving his bobtail tractor, leases his services to Polyester Chemical Company. Polyester has a contract to transport chemicals for a company based in St. Louis and directs Smith to deliver a semi-trailer from New York to St. Louis. In this case, Polyester is the motor carrier, because it told Mr. Smith to take the particular load.

Example: John Smith is driving a tractor/semi-trailer. Both truck and trailer are owned by ABC Trucking. Therefore, ABC Trucking is the motor carrier.

Example: John Smith is driving a tractor owned by ABC Trucking which has been leased by XYZ Trucking Company. XYZ used the tractor to pull XYZ trailers in its regular shipping service. In this case, XYZ is the carrier because XYZ is directing the carrying of the load.

Another source of carrier information can be found at:

[www.safer.fmcsa.dot.gov/companysnapshot.aspx](http://www.safer.fmcsa.dot.gov/companysnapshot.aspx).

It is very important that the carrier information match exactly what is recorded by the Federal Motor Carrier Safety Administration.

**CARRIER ADDRESS** – Indicate the complete street address, city, state, and zip code for the principal place of business used by the carrier.

Street Name. Enter the complete street address. Include the suite or building number. If the street name is a number (e.g., First Street), spell out the number if it is spelled out in the source document. Otherwise, enter the number with the appropriate suffix: -st, -nd, rd, or -th (e.g., 1st Street).

City. Spell out completely the city of the motor carrier’s principal place of business.

State. List the abbreviation for the state of the motor carrier’s principal place of business. The state should be indicated by the standard, US Postal Service two-letter abbreviation. A listing of these

codes, including codes for Mexican and Canadian states/provinces are included in the Code Table section of this manual.

**Zip Code.** List the zip code of the motor carrier’s principal place of business. The zip code should be a five digit code. If a Mexico code, enter “Mexico”. If a Canadian zip code that is unknown, enter “Canada”.

Another source of carrier information can be found at:

[www.safer.fmcsa.dot.gov/companysnapshot.aspx](http://www.safer.fmcsa.dot.gov/companysnapshot.aspx).

It is very important that the carrier information match exactly what is recorded by the Federal Motor Carrier Safety Administration.

**CARRIER BUSINESS PHONE NUMBER** – Enter the business phone number of the carrier. Be sure to enter in the Area Code in the first three blocks. **DO NOT ENTER IN HOME TELEPHONE NUMBERS, CELL PHONE NUMBERS, OR PAGER NUMBERS! ONLY NUMBERS THAT CAN BE USED TO REACH THE CARRIERS PRINCIPAL PLACE OF BUSINESS TO VERIFY CARRIER AND SHIPPING INFORMATION SHOULD BE ENTERED HERE.**

Another source of carrier information can be found at:

[www.safer.fmcsa.dot.gov/companysnapshot.aspx](http://www.safer.fmcsa.dot.gov/companysnapshot.aspx).

It is very important that the carrier information match exactly what is recorded by the Federal Motor Carrier Safety Administration.

Identification Numbers										
<b>U.S. DOT</b>	<input type="text"/>	None = 0	<input type="text"/>	<a href="#">?</a>						
<b>State Number</b>	<input type="text"/>	<b>S</b>	<b>C</b>	<input type="checkbox"/> (3) Not in Commerce - Other Truck/Bus <input type="checkbox"/> (4) Not in Commerce - Government <input type="checkbox"/> (5) Other Operation/Not Specified Carrier?						
<b>Carrier Type:</b> Is this vehicle a(n) (1) Interstate, (2) Intrastate										

**CARRIER IDENTIFICATION NUMBERS** – Private fleet and for-hire vehicles involved in interstate commerce must have either a US DOT (United State Department of Transportation) or and ICC MC (Interstate Commerce Commission Motor Carrier) number. Vehicles that haul “exempt” commodities such as unprocessed agricultural products are not required to have either an ICC MC or US DOT identification number.

**US DOT** – Enter the US DOT number found on the vehicle. The number is always preceded by “US DOT”. The US DOT number is found only on vehicles of interstate private carriers (those trucks operating in the furtherance of any commercial enterprise). US DOT numbers have six (6) or seven (7) digits. Numbers should be right justified in the spaces provided. “0’s” should be used to fill any

remaining spaces at the left.

**STATE NAME** - Enter the standard abbreviation for the name of the state that allows the vehicle to operate in either interstate commerce or within the state.

**STATE NUMBER** - State numbers can vary in length. Enter the number assigned by the state(s) allowing the vehicle to operate. More than one type of number can be entered. For example, both an ICC MC and a state number should be entered if both are available. If multiple state numbers appear, choose any one, but make sure the state code (standard, two-letter abbreviation) is noted as well. A public utility commission, a public service commission, or some other state agency issues state numbers to vehicles that operate either in interstate commerce or only within that state. There is not national standard for the number of digits in state numbers.

Federal regulations require that almost all trucks operating across state lines (i.e., interstate), except those hauling “exempt commodities have ID numbers. However, some states do not regulate the motor carrier industry and therefore these states have no reason to issue state numbers. Trucks and buses that operate strictly with such states (i.e., intrastate) may not have such numbers.

**Enter the number “0” in the block marked “None=0” if no identification numbers were available.**

Example: A tractor/semi-trailer is involved in a motor vehicle collision. A number adjacent to the driver’s door read MC 5369. Although most ICC MC identification numbers have 6 digits, other documentation verifies the four-digit number. This would correctly be entered in the ICC MC section as “0 0 5 3 6 9”.

Example: A truck owned and operated by a county highway department is involved in a construction area collision where it is struck by a passenger car. The vehicle is not involved in interstate commerce, so it does not have either a US DOT number or an ICC MC number. Because it is government owned, it does not carry a state number. Therefore, the correct response is to print a “0” in the block marked “None=0”.

Another source of carrier information can be found at:

[www.safer.fmcsa.dot.gov/companysnapshot.aspx](http://www.safer.fmcsa.dot.gov/companysnapshot.aspx).

It is very important that the carrier information match exactly what is recorded by the Federal Motor Carrier Safety Administration.

**IS THIS AN INTERSTATE OR INTRASTATE CARRIER?** - Federal regulations require that almost all trucks operating across state lines (i.e., interstate), except those hauling “exempt commodities have ID numbers. Also, some carriers that are technically required to have interstate identification numbers will not for various reasons such as lack of knowledge of the regulation requiring this, or simple unwillingness to obtain the proper identification numbers. Therefore, there may be interstate carriers that do not have proper identification for these and other reasons. The purpose of this field is to identify whether the carrier is an “interstate” or “intrastate” carrier regardless of what identification may be present or missing. The best source of determining this is the shipping papers, which contain the truck's origin and destination. Code “1” for an Interstate Carrier or “2” for an Intrastate Carrier.

Interstate Carrier – 1

Intrastate Carrier - 2

Not in Commerce-Other Truck Bus – 3

Not in Commerce – Government – 4

Other Operation/Not Specified Carrier - 5

**WAS A CITATION ISSUED TO THIS VEHICLE?** – Simply code whether a traffic citation was issued to this vehicle for its involvement in the collision. Code “1” if a citation was issued to this vehicle, code “2” if a citation was not issued to this vehicle, or code “3” if the investigation into the collision is ongoing and a citation is pending for this vehicle.

**ACCESS CONTROL** – Indicate the access control characteristics which best describe the roadway which the truck or bus was traveling on at the time the collision occurred by placing the correct code in the block provided. The following access control descriptions are available:

(1) No Access Control. A street or highway where driveways provide access to and egress from adjacent properties and where cross-streets intersect at grade.

(2) Full Access Control. An expressway or freeway where the only means of entry or exit from the roadway is by ramps connecting to other streets or highways. All cross streets are bridged over or under the main highway.

(3) Partial Access Control. A street or highway which does not clearly fit the above descriptions. May have characteristics of both above types of roadways. This code should only be used in rare instances.

Example: A truck is involved in a collision at an intersection of two municipal streets controlled by a traffic signal. Even though the traffic signal exerts a type of control, this would be correctly marked as “1”, No Control of Access, because access to the street is available by means other than ramps.

Example: A collision takes place on an interstate or other highway with similar restrictions on access. This is an access control “2”, Full Access Control, since the only way to enter and exit is via ramps.

Example: A collision occurs on a state highway. While cross streets are generally grade separated and no driveways exist, a few intersections are at grade and are controlled by traffic signals. Since the highways has features of both full access control (interchanges) and no access control (intersections), the correct access control code would be “3”, Partial Access Control.

**GROSS VEHICLE RATING (GVWR) FOR THE POWER UNIT (ONLY)** – Indicate the category that the GVWR of the power unit only of the vehicle falls into. The GVWR of trucks are usually found on the driver’s side of the vehicle by opening the door and looking at the hinge pillar, door-latch post, or door edge. The driver should also be a helpful source in determining the location of GVWR information on the vehicle.

The GVWR of buses is often difficult to locate and the information is generally not useful to agencies concerned with bus safety. Thus, in order to facilitate the completion of the form, the GVWR for buses is not required. If the vehicle is a bus, enter “NA” (Not Applicable).

Example: A 3-axle single unit truck has a GVWR of 38,000 pounds as seen on the door latch post. Enter “3”, More than 26,000 pounds in the box.

Example: A truck tractor is hauling a semi-trailer. The GVWR of the tractor is 24,000 pounds, and the GVWR of the trailer is 22,000 pounds. This makes the GVWR of the combination 46,000 pounds. However, you would code “2” because we are only interested in the GVWR of the power unit, not the attached trailers, and the power unit weighs between 10,001-26,000 pounds.

Vehicle Information		Unit # 01
<b>Gross Vehicle Weight Rating/ Gross Combination Weight Rating</b>		
01- Less than or Equal to 10,000 Pounds		<input type="text"/>
02- 10,001-26,000 Pounds		
03- More than 26,000 Pounds		
99- Unknown/ Hit and Run		

**VEHICLE CONFRIGATION** – Select the code that describes the truck or bus involved in the collision. Write the code in the block provided.

Example: A standard, four-tire pickup truck displays a hazardous material placard. Code”01”, Light Truck (only HAZMAT carrier).

Example: A lawn care company dump truck is towing a small water tank trailer. This would be classified as number “06”, Truck with Trailer.

Vehicle Configuration	
00- Passenger Car (only w/ HAZMAT placard)	08- Tractor w/ Semi-Trailer
01- Light Truck (only w/ HAZMAT placard)	09- Tractor w/ Double Trailers
02- Bus (seats for 9-15 people)	10- Tractor w/ Triple Trailers
03- Bus (seats for 16 + people)	98- Other/Unable to Classify
04- Single Unit Truck (2axles/6+ tires)	99- Unknown/ Hit and Run
05- Single Unit Truck (3 or more axles)	
06- Truck w/ Trailer	
07- Truck-Tractor Only (Bobtail)	

?

**BUS USE**-Select the code that indicates if the vehicle was used as a bus to carry passengers.

Bus Use	
01- Not used as a bus	05- Charter/Tour
02- School	06- Shuttle/Church
03- Transit/Commuter/Sch service	07- Unknown
04- Intercity	

**(22) CARGO BODY TYPE** -Select the proper code to indicate the cargo body type of the truck or bus involved in the collision. The cargo body type selected should be the one which best represents the purpose for which the vehicle was designed and built.

Cargo Body Type	
00- Bus (seats for 9-15 people)	09- Grain, Chips, Gravel
01- Bus (seats for 16+ people)	10- Pole
02- Enclosed Box	11- Intermodal Container
03- Cargo Tank	12- Log
04- Flat Bed	13- Veh. Towing Vehicle
05- Dump	97- N/A
06- Concrete Mixer	98- Other
07- Auto Transporter	99- Unknown/Hit & Run
08- Garbage/Refuse	

?

Example: A tractor with a flatbed semi-trailer picks up a containerized load for transport. Although this body type appears similar to an enclosed box, it is correctly classified as “4” (Flatbed).

Example: A flatbed tow truck (i.e., a single-unit truck designed and built to load, transport, and off-load another vehicle) is involved in a collision. The cargo body type is classified as a “7” (Auto Transporter).

Example: A single-unit truck with an enclosed box body is hauling a small flatbed trailer. Since multiple cargo body types are involved, the correct code is “12” (Other).

Example: If a passenger car or light truck displaying a hazardous material placard, or a bobtail tractor were involved in a collision, the correct code would be “11” (Not Applicable).

**TRAILER LENGTH/WIDTH** - Indicate the categories of length and width that the trailer(s) fall into. Measure any attached trailer except for attached boat trailers or attached campers. There are boxes available to enter measurements of a second trailer if it is present. If there are no attached trailers to measure, place an “00” in the box. If there is only one trailer, enter the category for the first trailer in the appropriate space, and place “00” in the boxes for the second trailer information.

Trailer Length and Width		
<u>Length</u>		
00- No Trailer	Trailer 1 Length	Trailer 2 Length
01- Less than 480 in. (40 ft)	00	00
02- 481 in. - 576 in (48 ft.).		
03- 577 in. or more		
99- Unknown/ Hit and Run		
<u>Width</u>		
00- No Trailer	Trailer 1 Width	Trailer 2 Width
01- Less than 60 in. (5 ft.)	00	00
02- 61 in. - 84 in. (7 ft.)		
03- 85 in. or more		
99- Unknown/ Hit and Run		

**Was This Vehicle Carrying Hazardous Materials?** - Select the proper code to indicate if this vehicle was carrying hazardous materials.

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

**DID THE VEHICLE HAVE A HAZARDOUS MATERIAL PLACARD?** – Select the proper code to indicate whether the vehicle displayed a placard indicating the class, type or the specific name of the hazardous material cargo.

Most vehicles carrying hazardous materials are required by law to conspicuously display a placard indicating the class, type, or name of the specific name of the hazardous material cargo. In addition, vehicles transporting hazardous materials in tank cars, cargo tanks, or portable tanks are required to display the 4-digit hazardous materials number assigned to the specific material on placards or orange panels.

There are two shapes of placards – diamond and rectangular. Most trucks that have placards will have the diamond variety.

**IF YES, WHAT CLASS OF HAZARDOUS MATERIAL?** -The class of hazardous materials is normally a one-digit code on the bottom of the placard. If it is a 2digit code separated by a decimal (e.g., 4.2), the class is the first digit. The class of hazardous material should be between 1 and 9. The class of hazardous materials being transported can also be found on the shipping papers. In the event that an officer determines that a vehicle is transporting hazardous material without a placard, the officer must use other sources than the placard (such as shipping papers and information from the driver) in determining the proper class of HAZMAT to code.

Example: A vehicle transporting hazardous materials displays a placard indicating it is carrying HAZMAT Class 2.3. The correct code is “2” (Gases) because in cases where the code is a two digit number separated by a decimal, the code is the first digit.

**IF YES, ENTER THE 4 DIGIT HAZMAT ID** – From the middle of the placard or from the shipping papers enter the 4-digit hazardous materials identification code. If it is not on the placard, the officer **MUST** go to the shipping papers to find this number. On the shipping papers, “UN” or “NA” usually precedes this 4-digit code.

**Did Hazardous Material Release from this Vehicle?**

1-Yes      2- No      3- Unknown/Hit and Run

**WAS HAZARDOUS MATERIAL RELEASED FROM THIS VEHICLE?** – The purpose of this question is to record whether or not the placarded material was released. The correct response is “YES” only if material was released from the cargo tank or compartment of the truck. Fuel spilled from the vehicle’s fuel tank should not be counted, even though it is a hazardous material.

Example: The saddle diesel tank on a tractor pulling a tank of diesel fuel was cut in a sideswipe with another truck. Because all of the diesel fuel was lost, the tractor had to be towed from the scene. Because the fuel was not part of the cargo, it should be coded “2” (NO).

Example: The truck in the previous example jackknifed following the initial contact and the cargo tank was punctured, resulting in a loss of diesel cargo. Although the fuel was exactly the same as was in the tractor’s fuel tank, the proper response would be “1” (YES) since the source was the cargo tank.

**Name of Agency Notified (In Case of Release) (29)**

**NOTIFICATION OF RELEASE** – This field should be completed by entering the name of the agency notified if there was a release of hazardous materials from this vehicle.

## TRUCK AND BUS SUPPLEMENT CODE TABLES

### ACCESS CONTROL

NO ACCESS CONTROL	1
FULL ACCESS CONTROL	2
PARTIAL ACCESS CONTROL	3

### VEHICLE INFORMATION

#### WEIGHT RATING OF THE POWER UNIT OF THE TRUCK

Less than or Equal to 10,000 pounds	01
10,001 to 26,000 pounds	02
More than 26, 000 pounds	03
Unknown/Hit and Run	99

#### VEHICLE CONFIGURATION

Passenger Car (Only HAZMAT Carrier)	00
Light Truck (Only HAZMAT Carrier)	01
Bus (Seats for 9-15 Passengers)	02
Bus (Seats for 16+ Passengers)	03
Single Unit Truck (2 Axles/6+ Tires)	04
Single Unit Truck (3 or more Axles)	05
Truck with Trailer	06
Truck-Tractor Only (Bobtail)	07

Tractor with Semi Trailer	08
Tractor with Double Trailers	09
Tractor with Triple Trailers	10
Other/Unable to Classify	98
Unknown (Hit and Run)	99

**CARGO BODY TYPE CODE**

Bus (Seating for 9-15 persons including the driver)	00
Bus (Seating for 16 or more persons including the driver)	01
Enclosed Box	02
Cargo Tank	03
Flatbed	04
Dump	05
Concrete Mixer	06
Auto Transporter	07
Garbage/Refuse	08
Grain, Chips, Gravel	09
Pole	10
Intermodal Container	11
Log	12
Vehicle towing Vehicle	13
Not Applicable	97
Other	98

Unknown/Hit and Run	99
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## **TRAILER LENGTH AND WIDTH**

### **LENGTH**

No Trailer	00
Less Than 480 Inches (40 Feet)	01
481 Inches to 576 Inches (48 Feet)	02
577 Inches or More	03
Unknown/Hit and Run	99

### **WIDTH**

No Trailer	00
Less Than 60 Inches (5 Feet)	01
61 Inches to 84 Inches (7 Feet)	02
85 Inches or More	03
Unknown/Hit and Run	99

## **HAZARDOUS MATERIAL INVOLVMENT**

### **WAS THIS VEHICLE CARRYING HAZARDOUS MATERIALS?**

YES	1
NO	2

Unknown/Hit and Run 3

**DID THE VEHICLE HAVE A HAZARDOUS MATERIAL PLACARD?**

YES 1

NO 2

Unknown/Hit and Run 3

**If "Yes", What Class of Hazardous Material (Off Placard)?**

Class 1 (Explosives) 01

Class 2 (Gases) 02

Class 3 (Flammable Liquids) 03

Class 4 (Flammable Solids) 04

Class 5 (Oxidizing Substance) 05

Class 6 (Poison/Infectious Substance) 06

Class 7 (Radioactive) 07

Class 8 (Corrosives) 08

Class 9 (Miscellaneous Goods) 09

Class 10 (No Placard) 10

Other/Unknown/Hit and Run 99

Did Hazardous Material Release From This Vehicle?

YES	1
NO	2
UNKNOWN/ HIT AND RUN	3

#### STATE CODE TABLE

ALABAMA	AL	MONTANA	MT
ALASKA	AK	NEBRASKA	NE
ARIZONA	AZ	NEVADA	NV
ARKANSAS	AR	NEW HAMPSHIRE	NH
CALIFORNIA	CA	NEW JERSEY	NJ
COLORADO	CO	NEW MEXICO	NM
CONNECTICUT	CT	NEW YORK	NY
DELAWARE	DE	NORTH CAROLINA	NC
DISTRICT OF COLUMBIA	DC	NORTH DAKOTA	ND
FLORIDA	FL	OHIO	OH
GEORGIA	GA	OKLAHOMA	OK
HAWAII	HI	OREGON	OR
IDAHO	ID	PENNSYLVANIA	PA
ILLINOIS	IL	RHODE ISLAND	RI
INDIANA	IN	SOUTH CAROLINA	SC
IOWA	IA	SOUTH DAKOTA	SD
KANSAS	KS	TENNESSEE	TN

KENTUCKY	KY	TEXAS	TX
LOUISIANA	LA	UTAH	UT
MAINE	MA	VERMONT	VT
MARYLAND	MD	VIRGINIA	VA
MASSACHUSETTS	MA	WASHINGTON	WA
MICHIGAN	MI	WEST VIRGINIA	WV
MINNESOTA	MN	WISCONSIN	WI
MISSISSIPPI	MS	WYOMING	WY
MISSOURI	MO	OTHER	OT
UNKNOWN	UK		

**ADDITIONAL STATES**

AMERICAN-SAMOA	AS	PUERTO RICO	PR
CANAL-ZONE	CZ	VIRGIN ISLANDS	VI
GUAM	GU		

**CANADA**

ALBERTA	AB	ONTARIO	ON
BRITISH COLUMBIA	BC	PRINCE EDWARD	PE
MANITOBA	MB	QUEBEC	PQ
NEW BRUNSWICK	NB	SASKAWTCHEWAN	SK
NEWFOUNDLAND	NF	YUKON TERRITORY	YT
NOVA SCOTIA	NS		

**MEXICO**

AGUSCALIENTES	AG	NAYARIT	NA
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BAJA CALIFORNIA NORTE	BN	NUEVO LEON	NL
BAJA CALIFORNIA SUR	BS	OAXACA	OA
CAMPECHE	CP	PUEBLA	PU
CHIAPAS	CS	QUERETARO	QE
CHIHUAHUA	CI	QUINTANA ROO	QI
COAHUILA	CL	SAN LUIS POSTOSI	SL
DISTRITO FEDERAL	DF	SINOLOA	SI
DURANGO	DG	SONORA	SO
GUANAJUATO	GJ	TABASCO	TB
GUERRERO	GE	TAMALIPAS	TA
HIDALGO	HD	TLAXCALA	TL
JALISCO	JA	VERACRUZ	VC
MEXICO	MX	YACATAN	YU
MICHOACAN	MC	ZACATECAS	ZA
MORELOS	MR		



## **SAMPLE COLLISION SCENERIO**

Fill out the Supplemental Bus and Truck Collision Report Blocks #7 through the end.

A 1989 Dodge pickup truck (GVWR 6,600) owned by the Able Gas Company is making a local delivery of cylinders of propane gas. It has a hazardous materials placard with the #2 at the bottom of the diamond. The truck operated out of a transfer facility in Columbia, S.C. Shipping papers show the main office is located at 123 Main Street, Columbia, S.C. 29202. The South Carolina Public Service Commission issued #HF2963 to the 1989 Dodge pick-up.

It is 10:34 a.m. on a clear morning the day after New Year's Day. Patches of ice from an overnight freezing rain exist where trees have prevented the sun from reaching the road and melting the ice. The truck rounds a curve on the two-lane road just prior to the driveway to Sid's Lawn and Garden Equipment in Columbia, where the driver is to make a cylinder delivery. The driver loses control when the vehicle hits a patch of ice and slides into a tree. The truck turns over on its side. Several cylinders are thrown out of the racks. Two of the cylinders get trapped under the truck, and four others roll down an embankment into an adjacent field. Some propane leaked from one of the damaged cylinders..

The driver is not hurt and walks to Sid's Lawn and Garden Equipment to call his office for help. Since there is a potential for loss of the propane gas, company employees are sent to the scene. The office manger calls the local fire department. Because there was damage to the truck as a result of the collision a tow truck was called to remove the vehicle from the scene.

On the original TR-310, the officer issued FR-10 number A-29735 to the driver of the 1989 Dodge pickup, which was also listed as unit 1.

## Questions and Answers Concerning the National Governors' Association Truck and Bus Data Elements

Q: Who formulated the National Governors' Association (NGA) truck and bus data elements, definitions, and reportable collision criteria?

A: A 16 member Technical Advisory Group (TAG) developed the elements under a FHWA contract with the NGA. The TAG included four State Troopers, the state transportation department officials, two representatives of associations of State officials, two representatives of safety associations, and others representing truck, automobile, and vehicle manufacturer's' associations, a state department of public safety, and safety researchers. The elements were tested by State and local officers in a five state pilot test, and modified on the basis of the test before the final adoption.

Q: Who supports the NGA recommendations?

A: The Fifty State governors meeting at the NGA 1988 Winter Meeting first approved The NGA elements. They have been endorsed by the Transportation Research Board, the National Association of Governor's Highway Safety Representatives, and the Traffic Records Committee of the National Safety Council, and the Congress, through passage of the 1991 Intermodal Surface Transportation Efficiency Act (ISTEA).

Q: Do all States have to adopt all NGA elements, definitions, and criteria?

A: Yes. The Motor Carrier Act of 1991, incorporated as Title IV of the ISTEA, requires participation by States in SAFETYNET by January 1, 1994. The NGA data elements are part of the SAFETYNET collision data module, codified in the final rule (49CFR 350.9n).

Q: Can the NGA data elements, definitions, and reportable collision criteria be changed by individual states?

A: No. A national uniform truck and bus collision database requires that all States and localities collect the exact same data. It is expensive and time consuming for States to change their police accident report (PAR) forms. A large number of States have adopted the NGA elements and are using them. The Federal Motor Carrier Safety Administration (FMCSA, formerly OMC) has slightly changed and modified the elements somewhat to accommodate State concerns or other changing data needs.

Q: What is the importance of the NGA definitions of truck, bus, fatality, injury, and towaway; and criteria for a reportable collision?

A: A reliable national truck/bus collision database depends in the first instance on a uniform definition of “reportable collision”. At one time, States had different definitions of a reportable collision. Adoption of the NGA definitions for these five terms and an understanding of the criteria for a reportable collision is the bedrock upon which FMCSA has built its uniform national truck and bus database.

Q: Why, in some cases, do the NGA definitions differ from existing accepted definitions?

A: While many State police are familiar with federal definitions (FMCSR Part 390.5), the NGA TAG felt that such knowledge can not be expected of all police officers. The TAG’s guiding rule was to make the collection of the data as simple as possible for the officer at the collision scene.

Q: Are State required to change their police collision report truck and bus collision definitions to conform to the NGA recommendations?

A: No. Most States use a dollar threshold to determine whether a collision is reportable. The TAG purposely avoided a dollar threshold in their definition of a reportable collision. States do not have to change the definitions they use to conform to their State’s laws and regulations to conform to the NGA definition of a reportable collision. The only requirement is that States report to FMCSA thorough SAFETYNET only those collisions that meet the NGA definition of a reportable collision.

Q: Why are the NGA data elements divided into two groups?

A: Some of the NGA data elements apply only to trucks and buses involved in collisions, such as, Cargo Body Type, Vehicle Configuration, GVWR, etc. Since historically PARs were designed to fit collisions involving only automobiles, these are elements not normally collected by the States.

However, these are also the elements of most concern to FMCSA. The other elements would apply to any collision, such as, accident time, location, etc. These are usually collected on State PARS. Since the FMCSA is primarily concerned with the definitions and reportability criteria, and the elements that apply only to trucks and buses, it was felt helpful to divide the elements into these two groups.

Q: Do the NGA recommendations require reporting on all collisions involving commercial motor vehicles?

A: No. Nowhere in the NGA recommended criteria for a reportable collision or data elements do the words “commercial motor vehicle” appear. This was done on purpose. The NGA TAG did not want to burden an officer at the scene of a collision with deciding whether the truck or bus involved was being used for commercial purposes. Collisions involving a commercial delivery van would not typically meet the criteria for a reportable collision, while a church van carrying 16 passengers on a recreational outing will meet the criteria. Remember that the TAG” philosophy was the minimize the burden on the reporting officer, and let the SAFETYNET data analysis personnel deal with the problem of separating out unneeded data.

Q: Why does FMCSA need a uniform national truck and bus collision database?

A: Before implementing the NGA standards, FMCSA had no reliable database on truck collisions. We acknowledge that our 50T database was unreliable, and have dropped the requirement that carriers submit 50T’s. The NGA data elements have replaced the 50T’s and will be more reliable. With good data on truck collisions, we anticipate we will be able to identify the motor carriers having the most collisions and the most severe collisions. This data will be critical to field staff when they design effective safety enforcement strategies and which carriers need to be audited. State officials will also find the data helpful in planning their truck safety programs.

