A GUIDE TO READING YOUR

SOUTH CAROLINA

ACCIDENT REPORT South Carolina Traffic Collision Fact Book 2005 Uniform Traffic Collision Report D.P.S. USE ONLY # Of **SOUTH CAROLINA** Units TRAFFIC COLLISION REPORT FORM TR-310 (Rev. 01/2001) ACCIDENT 0-Main Line 6-Connection N County 1- Interstate Time Collision Location (Rt. # / Name) 4- Secondary LOCATION DETAILS 7-Business 2-Alternate 2- US Primary 5- County 3- SC Primary 5-Spur This box will contain the 0-Main_ Direction 1- Interstate 4- Secondary Distance Offset Base Intersection (Rt. # / Name) _ane # /_Dir. location of the NE 2-Alter 2- US Primary 5- County Miles s wi S W 3-SC Primary 6-Other Feet 5-Spur accident, including the To 1- Interstate R.R. Id. 0-Main Line Ramp Only Second Intersection (Rt. # / Name) 4- Secondary direction of travel for --n-N E 2- US Primary 5- County N E: 1- Entrance 2-Alternate S W 2- Exit S W 3- SC Primary 6- Other each of the vehicles. 5-Spur Driver/Pedestrian's Full Name Driver/F K- 624152 K- 624151 Unit # Sex Street/R.F.D. Unit # Sex Street/R.F.D. Race Race Birth Date City, State, & Zip Birth Date City, State, & Zip Driver's License # Driver's License # Insurance Company: Insurance Company: State State Year Body Vehicle Make VIN# Body Vehicle Make VIN# ear/ Owner's D.L. # Owner's D.L. # State License Plate # Year State Year License Plate # Home Telephone Owner's Full Na VEHICLE OCCUPANTS Street/R.F.D. Bus. Telephone The names of the drivers or pedestrians involved Contributed To Collision City, State, & Zi Yes. No in the accident will be listed in the boxes (unit 1, Yes No Alc/Drg info (see back): Yes No C.D.L. Req: Yes No **Estimated** Speed unit 2, or unit 3). These boxes include details Limit Speed Summons # nons# Code Towed By Code about the people involved, including sex, race, Driver/Pedes er's D.L. # age, address, driver's license number, name of K- 624153 insurance company, telephone number and Street/R.F.D. Race whether they contributed to the collision. The box City, State, & Zip Birth Date also notes if drivers were speeding. Driver's License # VIN# 17B S Req: Yes No Alc/Drg info (see back): Yes No Vehicle Make Body U.D.L. REY. TES INU Speed Limit Code Summons # Summons # Code Towed By Unit 1 Dam. Unit 2 Dam. Unit 3 Dam. Prop.Dam. 1 Property Owner/Witness: Property Owner/Witness: Address Address State Zip: State Zip: Phone Phone Describe What Happened (Refer to Units by Number) YN ACCIDENT DESCRIPTION INVESTIGATING The officer will put in writing OFFICER what happened and estimated This is where you can find out the property damage. The the name of the names of the people involved investigating officer and will be referred to by their unit his/her rank and badge number. number. **INJURY** Sex: Race INJ: Seat: R/SD A.B.D. Eject LAI: Tran: Name Date of Birth This section also includes details about the extent of any injuries they may have sustained, from "not injured" to "fatal." This section of the report states where the individual was seated in the vehicle and whether he/she was wearing a seatbelt. Other details listed here include whether the

Unit # Sex State Year DIF. OF ITAVEL Prop. Dam. 2 NOTICE - THE TR-310 IS FOR STATISTICAL REPORTING PURPOSES ONLY AND IS A REFLECTION OF THE OFFICER'S BEST KNOWLEDGE, OPINION, AND BELIEF COVERING THE COLLISION, BUT NO WARRANT IS MADE AS TO THE E Investigating Officer's Name air bag was deployed, whether the person was ejected from the vehicle and whether the person was transported to the hospital. Race A - Asian/Pacific Islander W - Caucasian a) injury Status 2- Non-incapacitating Seating 00- None Used O - Other 0- Not Injured 30- Trailing Unit H - Hispanic 70- Riding on Unit Exterior 21- Child B - African American 3- Incapacitating 4- Fatal 40- Bus or Van (4th row or Higher) - Possible U - Unk. 80-Lap 11- Shoulder Safety Seat Alaskan Native or American Indian 01 02 03 Motorcycle Only 05 06 50- Other Enclosed Area (nontrailing) 99- Unk./NA 12- Lap Belt Only 88- Other 04 Air Bag Deployment / Switch Election 07 08 09 51- Other Unenclosed Area (nontrailing) 13- Shoulder & Lap Belt 99- Unk. 1-Deployed Fron 4-Not Deployed Head Injury: 1-Yes 2-No 1- Not Ejected a): 2-Deployed Side 7-Not Applicable 3- Freed (non-mech.) Location After Impact Transported to Medical Facility Pedestrian, Motor/Pedalcycle Only 2- Part. Ejected 3-Deployed Both 9-Deployment Unk. 1 - Not Trapped 3-Tot. Ejected 4- Not Applicable 3- Unknown 1- Yes 2- No 31-Helmet 51-Reflective Clothing **b)** By: 1- EMS 2- Police 8- Other 9- Unk. 1- Switch in On Position 3- No Switch 7- Not App. 2-Extricated (Mechanical Means) 9- Unknown 41- Protective Pads 61-Lighting 2- Switch in Off Position 9- Unknown 9- Unk. Sequence of Events Mail Orig. TR-310 to: Office of Financial Responsibility, PO Box 1993, Blythewood, SC 29016 Collision: Not Fixed Collision: Fixed Object Non-Collision 27-Pedestrian 47 - Embankment 55- Mail Box 68-Other 04- Equipment Failure 01- Cargo/Equip Loss or Shift 08- Overturn/Rollover 20- Animal (Deer Only) 28- Railway Veh. 40- Bridge Overhead Structure 69- Unk. 48- Equipment 05- Fire/Explosion 56- Median Barrier 29- Work Zone 41- Bridge Parapet End 21- Animal (All Other) 57- Overhead Sign Support 02- Cross Median/Center 06- Immersion 09- Ran off Road Left 49- Fence Maint. Equip. 22- Motor Ven. (In Transport) 10- Ran off Road Right 42- Bridge Pier or Abutment 03- Downhill Runaway 58- Other (Post, Pole, Support, Etc.) 07- Jackknife 50-Guardrail End 38- Other Movable 43- Bridge Rail Event 1 Event 2 Event 3 Event 4 23- Motor Veh. (Stopped) 59- Other (Wall, Building, Tunnel, Etc.) 1st Hrmfl 11- Separation of Units 51- Guardrail Face Most Hrmfl Object 24- Motor Veh. (Other Roadway) 12- Spill (Two-Wheeled Veh.) 44- Culvert 52- Highway Traffic Sign Post 60-Tree 39- Unk. Movable 18- Other Noncollision ■25- Motor Veh. (Parked) 53- Impact Attenuator/Crash Cushion 61- Utility Pole ■45- Curb Object 26- Pedalcycle 19- Unk. Non-collision 46- Ditch 54- Light/Luminaire Support 62- Work Zone Maint. Equipment Manner of Collision (Struck Veh.) 30- Rearto-Rear 50- Sideswipe Same Dir. 1° Deformed Most Deformed 1st / Most Deformed Area 100- Not Call, wi Matar Ven. 60- Sideswipe Opposite Dir 41- Angle (🔌 | 🗸) 53 42- Angle (→) ←-) 70- Backed Into st Hrmf 10- Rear End Collision 20- Head On 43- Angle (1 K) 99- Unknown 62 Vehicle ol Bus nger Bus CONTRIBUTING FACTORS 21- Pedestrian 81- None 92- Rollover 93- Total ALCOHOL/DRUG 3- Given -Alcohol / Drug Test Given Hit and This section includes NEGLIGENCE Vehi A2 1- Given - Known Results 4- Nop JIV) АЗ contributing factors that may Fighting 2- Given - Unusable 5- Refuse This section includes 3- Urine 01 Test Type 1- Und ging reveal negligence and may A2 details that may reveal 1- Breath (Alc Only) 4- Serum 2- Und help support your accident A3 2- Blood 8- Other lestrian 3- Und negligence, such as Drug Results Vehi 3- Marijuana 0- Non Tanker claim. The police officer will whether alcohol or drug 2- Fun Bed I - Amphetamines 4- Opiates note whether any driver 2- Cocaine 5- PCP 8- Other tests were given and any Trailers 3- Disa disregarded traffic signs or Alc Test Results 1- Two-way, Not Divided results of those tests. 2- Twoway, Divided, Unprotected signals, was distracted, was 3- Median nicle Gore speeding, was fatigued or A3-2- Island 4- Roadside 6- Shoulder 1- Straight - Level 3- Straight - Hillcrest 5- Curve - On grade asleep at the wheel, was Road Character 6- Curve - Hillcrest 4- Curve - Level 2- Straight - On grade following too closely, made an Road Surface 3- Snow 5- Ice 7- Water (Standing, etc.) 1- Dry improper turn, was driving 4- Slush 6- Contaminate 8- Other 2- Wet 9-Unk. Condition 01- Stop and Go Light 21- Officer or Flagman Traffic Control aggressively, was under the 02- Flashing Traffic Signal 22- Oncoming Emergency Vehicle Type influence or driving on the 31- Pavement Markings (only) 43- Yield Sign 51- Flashing Beacon Severe Crosswinds 11- RR (X-bucks, Lights & Gates) wrong side of the road, among 12- RR (X-bucks & Lights) 44- Work Zone 41- Stop Sign 98- None Unk. 45- Otner warning Signs 99- Unk. 13- RR (X-bucks Only) 42- School zone Sign mp Not Lit) other factors. - Yes, Directly 2- Yes, Indirectly 9- Unk. School Bus Involved: 3- No 3-Transition Area 5-Termination 1- Yes 2- No - Before 1st Sign Work Zone: Junction s or Tr: 12- Y - Intersect -----Work Zone Location 04- F -----Work Zone Type 01- Crossover 08- T-Intersection Intersection 13- Nonjuncti 02- Priveway 05- Railv y Grade Crossing 09- Traffic Circle 99- Unk. VEHICLE DEFECTS

> This section will indicate whether there were any

9- Unk. 1- Yes 2- No Workers Present: Environmental 62- Obstruction nfl. 60- Animal in Road 63- Weather Cond. way 61- Glare 68- Other 69- Unk. Vehicle Defect

76- Windows/Shield

77- Restraint System

89- Unk.

78- Truck Coupling

80- Fuel System

79- Cargo

88- Other

70- Brakes

74- Lights

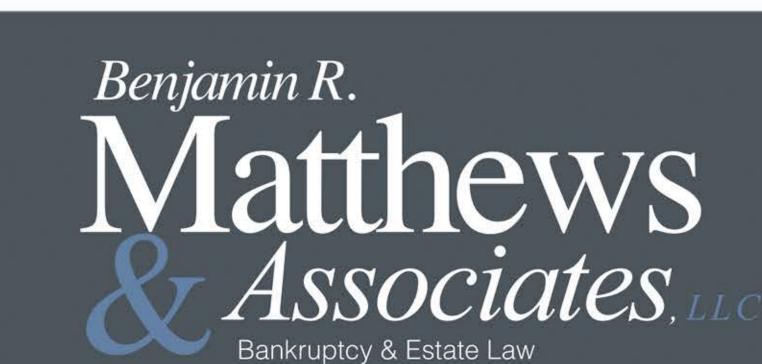
75- Signals

72- Power Plant

73- Tires/Wheel

Etc. 71- Steering

vehicle defects, such as defective brakes, steering, tires, lights, signals or other defects.



09- Made an Improper Turn

12- Aggressive Operation of Vehicle

13- Overcorrecting/Over-steering

14- Swerving to Avoiding Object

17- Vision Obscured (Within Unit)

18- Improper lane Usage/Change

28- Other Improper Action 29- Unk. 38- Worn,

15- Wrong Side or Wrong Way

16- Under the Influence

10- Medical Related

30- Debris

31- Non-h

32- Obstru

33- Road

■34- Rut, H

35- Shoul

36- Traffic

37- Work

Contributing Factors

Driver

01- Disregarded Signs, Signals, Etc.

03- Driving Too Fast for Conditions

505- Failed to Yield Right of Way

04- Exceeded Authorized Speed Limit

19- Cell Phone

02- Distracted/Inattention

06- Ran off Road

07- Fatigued/Asleep

08- Followed Too Closely

Primary