

# 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		Page #	SOUTH CAROLINA TRAFFIC COLLISION REPORT FORM TR-310 (Rev. 01/2001)			# Of Units
Date	Time	County	Collision Location (Rt. # / Name)		0-Main Line	6-Connection
Lane # / Dir.		Distance Offset	Direction	Base Intersection (Rt. # / Name)		0-Main Line
R.R. Id.		From	To	Second Intersection (Rt. # / Name)		0-Main Line

**ACCIDENT LOCATION DETAILS**  
This box will contain the location of the accident, including the direction of travel for each of the vehicles.

K- 624151 Driver/Pedestrian's Full Name				K- 624152 Driver/Pedestrian's Full Name					
Unit #	Sex	Race	Street/R.F.D.	Unit #	Sex	Race	Street/R.F.D.		
Birth Date		City, State, & Zip		Birth Date		City, State, & Zip			
State	Driver's License #			Insurance Company:	State	Driver's License #			Insurance Company:
Year	Body	Vehicle Make	VIN #	Year	Body	Vehicle Make	VIN #		
State	Year	License Plate #	Owner's D.L. #	State	Year	License Plate #	Owner's D.L. #		

**VEHICLE OCCUPANTS**  
The names of the drivers or pedestrians involved in the accident will be listed in the boxes (unit 1, unit 2, or unit 3). These boxes include details about the people involved, including sex, race, age, address, driver's license number, name of insurance company, telephone number and whether they contributed to the collision. The box also notes if drivers were speeding.

K- 624153 Driver/Pedestrian's Full Name				K- 624154 Driver/Pedestrian's Full Name					
Unit #	Sex	Race	Street/R.F.D.	Unit #	Sex	Race	Street/R.F.D.		
Birth Date		City, State, & Zip		Birth Date		City, State, & Zip			
State	Driver's License #			Insurance Company:	State	Driver's License #			Insurance Company:
Year	Body	Vehicle Make	VIN #	Year	Body	Vehicle Make	VIN #		
State	Year	License Plate #	Owner's D.L. #	State	Year	License Plate #	Owner's D.L. #		

Dir. of Travel:	Unit 1: N S E W	Unit 2: N S E W	Unit 3: N S E W
Unit 1 Dam.	Unit 2 Dam.	Unit 3 Dam.	Prop. Dam. 1
\$	\$	\$	\$
Property Owner/Witness:		Property Owner/Witness:	
Address		Address	
State	Zip:	Phone	State
Zip:	Phone	State	Zip:
Photo:	Describe What Happened (Refer to Units by Number)		
Y	N		

**INVESTIGATING OFFICER**  
This is where you can find out the name of the investigating officer and his/her rank and badge number.

**ACCIDENT DESCRIPTION**  
The officer will put in writing what happened and estimated the property damage. The names of the people involved will be referred to by their unit number.

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 WARRANTY IS MADE AS TO THE FACTS.

Investigating Officer's Name Rank Badge # Code Date

Unit	Date of Birth	Sex	Race	INJ	Seat	R/SD	A.B.D.	Eject	LAI	Tran	Name

**INJURY**  
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 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	01 02 03	30- Trailing Unit	70- Riding on Unit Exterior	00- None Used	21- Child
Air Bag Deployment / Switch		1- Not Deployed	2- Deployed	b) Motorcycle Only	Head Injury: 1-Yes 2-No	Location After Impact	3- Freed (non-mech.)	a) Transported to Medical Facility	1-Yes 2-No 3-Unknown	b) By: 1-EMS 2-Police 8-Other 9-Unk	41-Helmet 51-Reflective Clothing
Sequence of Events		01- Equipment Failure	02- Collision: Not Fixed	03- Pedestrian	04- Collision: Fixed Object	05- Embankment	06- Mail Box	07- Other	08- Other	09- Other	10- Other

Manner of Collision (Struck Veh.)	30- Rear-to-Rear	50- Sideswipe Same Dir.	1st / Most Deformed Area	1st Deformed	Most Deformed
00- Not Coll. w/ Motor Veh.	41- Angle (↘   ↙)	60- Sideswipe Opposite Dir.	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

**CONTRIBUTING FACTORS**  
This section includes contributing factors that may reveal negligence and may help support your accident claim. The police officer will note whether any driver disregarded traffic signs or signals, was distracted, was speeding, was fatigued or asleep at the wheel, was following too closely, made an improper turn, was driving aggressively, was under the influence or driving on the wrong side of the road, among other factors.

**ALCOHOL/DRUG NEGLIGENCE**  
This section includes details that may reveal negligence, such as whether alcohol or drug tests were given and any results of those tests.

Contributing Factors		01- Disregarded Signs, Signals, Etc.	02- Distracted/Inattention	03- Driving Too Fast for Conditions	04- Exceeded Authorized Speed Limit	05- Failed to Yield Right of Way	06- Ran off Road	07- Fatigued/Asleep	08- Followed Too Closely	09- Made an Improper Turn	10- Medical Related	11- Aggressive Operation of Vehicle	12- Over-correcting/Over-steering	13- Swerving to Avoiding Object	14- Wrong Side or Wrong Way	15- Under the Influence	16- Vision Obscured (Within Unit)	17- Improper Lane Usage/Change	18- Other Improper Action	19- Unk.	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.	30- Other Movable Object	31- Unk. Movable Object	32- Ditch	33- Bridge Overhead Structure	34- Bridge Parapet End	35- Bridge Pier or Abutment	36- Bridge Rail	37- Culvert	38- Highway Traffic Sign Post	39- Impact Attenuator/Crash Cushion	40- Curb	41- Light/Luminaire Support	42- Embankment	43- Equipment	44- Fence	45- Guardrail End	46- Guardrail Face	47- Tree	48- Utility Pole	49- Work Zone Maint. Equipment	50- Mail Box	51- Median Barrier	52- Overhead Sign Support	53- Other (Post, Pole, Support, Etc.)	54- Other (Wall, Building, Tunnel, Etc.)	55- None	56- Shoulder & Lap Belt	57- Shoulder & Lap Belt Only	58- Child Safety Seat	59- Lap Belt Only	60- Other	61- Reflective Clothing	62- Protective Pads	63- Lighting	64- Other	65- Unk.	66- Unk.	67- Unk.	68- Unk.	69- Unk.	70- Unk.	71- Unk.	72- Unk.	73- Unk.	74- Unk.	75- Unk.	76- Unk.	77- Unk.	78- Unk.	79- Unk.	80- Unk.	81- Unk.	82- Unk.	83- Unk.	84- Unk.	85- Unk.	86- Unk.	87- Unk.	88- Unk.	89- Unk.	90- Unk.	91- Unk.	92- Unk.	93- Unk.	94- Unk.	95- Unk.	96- Unk.	97- Unk.	98- Unk.	99- Unk.	100- Unk.
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**VEHICLE DEFECTS**  
This section will indicate whether there were any vehicle defects, such as defective brakes, steering, tires, lights, signals or other defects.