

# HOW DO I READ MY ALABAMA ACCIDENT CAR REPORT?

## PAGE 1

AST-27 REV. 06/08

Check if Amendment   
Check if Error Correction

Sheet 1

**ALABAMA UNIFORM TRAFFIC ACCIDENT REPORT**

# Vehicles # Pedestrians # Injured # Fatalities

**LOCATION AND TIME**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Day of Week: \_\_\_\_\_ County: \_\_\_\_\_  
 Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_  
 Hwy Class: \_\_\_\_\_ On Street, Road, Highway \_\_\_\_\_ At Inter \_\_\_\_\_  
 Mile Post \_\_\_\_\_ Control Access \_\_\_\_\_ Primary Contrib Circums \_\_\_\_\_ Prim Unit \_\_\_\_\_  
 (On) Street/Road/Hwy \_\_\_\_\_ Code \_\_\_\_\_  
 Distance to Fixed Object \_\_\_\_\_ Roadway Junction/Feature \_\_\_\_\_ Manner of Crash \_\_\_\_\_ Lat Coord \_\_\_\_\_  
 School Bus Related \_\_\_\_\_ Crash Severity \_\_\_\_\_

**LOCATION & TIME**  
 This section documents the location and time of your accident. It includes the date, time, day of the week, and city and county where the accident happened. Police will write down the number of vehicles involved, distance to intersections and fixed objects, and any injuries or fatalities.

**DRIVER INFORMATION**

UNIT NO: \_\_\_\_\_ LEFT SCENE:  COM VEH:  VEHICLE or NON-MOTORIST:

**DRIVER INFORMATION**  
 This section is used to record driver information. It will include each driver's contact information insurance information and vehicle details. Police may also note if a driver was suspected of using alcohol or drugs and any injuries. Police will also write down code numbers for what they believe to be contributing circumstances leading to the accident. A code legend can be found on the last 2 pages.

Driver Full Name: \_\_\_\_\_ Street Address: \_\_\_\_\_ City and State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ DL State: \_\_\_\_\_ Driver License No.: \_\_\_\_\_ DL Class: \_\_\_\_\_ DL Status: \_\_\_\_\_ Restrict Violations: \_\_\_\_\_ CDL Status: \_\_\_\_\_ Endorse Violations: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_  
 Liability Insurance Co.: \_\_\_\_\_ Liability Policy No.: \_\_\_\_\_ Residence Less Than 25 Miles: \_\_\_\_\_  
 Driver Condition: \_\_\_\_\_ Sobriety/ Officer Opinion: \_\_\_\_\_ Alcohol: \_\_\_\_\_ Type Alcohol Test Given: \_\_\_\_\_ Alcohol Test Results: \_\_\_\_\_ Type Drug Test Given: \_\_\_\_\_ Drug Test Results: \_\_\_\_\_ Manuver: \_\_\_\_\_  
 Most Harmful Event for MV: \_\_\_\_\_ Travel Road Name: \_\_\_\_\_ Road Code: \_\_\_\_\_ Travel Direction: \_\_\_\_\_ Unit Contributing Circumstance: \_\_\_\_\_ Total Injuries in Unit: \_\_\_\_\_  
 Sequence of Events: \_\_\_\_\_ Event 1: \_\_\_\_\_ Event 2: \_\_\_\_\_ Event 3: \_\_\_\_\_ Event 4: \_\_\_\_\_ First Harmful Event Location: \_\_\_\_\_  
 Veh Year: \_\_\_\_\_ Make: \_\_\_\_\_ Veh Model: \_\_\_\_\_ Body: \_\_\_\_\_ V.I.N.: \_\_\_\_\_  
 Owner's Name: \_\_\_\_\_ License Tag Number: \_\_\_\_\_ State: \_\_\_\_\_ Year: \_\_\_\_\_  
 Street or R.F.D.: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Type: \_\_\_\_\_ Usage: \_\_\_\_\_ Emergency Status: \_\_\_\_\_ Placard Required: \_\_\_\_\_ Hazardous Cargo: \_\_\_\_\_ Hazardous Cargo Released?: \_\_\_\_\_  
 Attachment: \_\_\_\_\_ Oversize (Req. Per): \_\_\_\_\_  
 Damage Severity: \_\_\_\_\_ Towed: \_\_\_\_\_ Towed To Where: \_\_\_\_\_  
 Towed To Where: \_\_\_\_\_  
 Areas Damaged Are Shaded: 14 Under Carriage  
 Point of Initial Impact: \_\_\_\_\_

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UNIT NO: \_\_\_\_\_ LEFT SCENE:  COM VEH:  VEHICLE or NON-MOTORIST:

**SEATING POSITIONS / VICTIMS**

This section records the seating position of injury victims, as well as their contact information and severity of injuries. Codes will note the use of safety equipment, such as air bags and seat belts.

**Seating Position Codes**

2, 4, or 6 Passenger	9 Passenger (add):	12 Passenger (add):	Bicycle, Motorcycle, ATV	12 - Pedestrian	16 - Not in Passenger Compartment
1 2 3	7 8 9	17 18 19	10	13 - Rider of Domestic Animal	97 - Not Applicable
4 5 6			11	14 - Occ. of Non-Motorized Vehicle	98 - Other (Explain)
				15 - Passenger of Bus	99 - Unknown

**UNINJURED OCCUPANTS**

Unit No	Sat Pos	Occ. Type	Safety Equip.	Air-bag	Age	Sex	Ejection	Unit No	Sat Pos	Occ. Type	Safety Equip.	Air-bag	Age	Sex	Ejection

**VICTIMS**

Name	Address	Taken To	Medical Facility	Unit No	Sat Pos	Occ. Type	Safety Equip.	Air-bag	Injury Type	Age	Sex	Ejection	First Aid By

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**DIAGRAM**

**NARRATIVE & VISUAL DIAGRAM**  
 This is a written narrative and visual diagram of how the officer believe the accident happened. Look over this information carefully to see if it matches your memory of events.

**NARRATIVE**

**ROADWAY ENVIRONMENT**

Unit No.	Involved Road/ Bridge	Road Surface Type	Roadway Condition	Workzone Related?	Workzone Type	Workers Present?	Workzone Law Enforcement Present?	Contributing Circumstances Environment	Contrib Mts in Roadway

**ROAD CONDITIONS**  
 The officer will use codes to note the road conditions, number of lanes and whether the accident occurred in a work zone.

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**INVESTIGATION**

Property Damage Description: \_\_\_\_\_

Description: \_\_\_\_\_ Address: \_\_\_\_\_

Owner: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of Photographer: \_\_\_\_\_ Non-Vehicular Property Damage: \_\_\_\_\_

Time Police Notified: \_\_\_\_\_ Time Police Arrived: \_\_\_\_\_ Time EMS Arrived: \_\_\_\_\_ EMS Response Run #: \_\_\_\_\_

Witness Full Name: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Witness Full Name: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of Investigating Officer: \_\_\_\_\_

Name of Investigating Officer: \_\_\_\_\_

The data on this report reflects the best knowledge \_\_\_\_\_

**INVESTIGATION**  
 In this section, the officer will note the time police arrived on the scene and when any emergency responders arrived. It was also contain the name of the investigating officer.