

ALABAMA UNIFORM TRAFFIC ACCIDENT REPORT

DPS
Accident No. _____

Shaded Areas To Be Used By Data Processing Only

Sheet 1 of 1 Sheet(s)

Microfilm No. _____

Local Case No. 2005-04045

LOCATION AND TIME	Date: <u>05</u> / <u>13</u> / <u>2005</u> Time: <u>2200</u> AM/PM: <u>MT</u>	Day of Week: <u>F</u> S S M T W TH	County: <u>09</u>	City: <u>Mobile</u>	Rural: <input checked="" type="checkbox"/>	Highway Classification: <u>S</u> (I-Interstate, F-Federal, M-Municipal, P-Private Prop, C-County, O-Other)	Local Zone: _____	
	On Street, Road or Highway: <u>US-65</u>	At Intersection of or Between (Node 1): <u>Celeste Rd</u>		And (Node 2): _____		01 - Overturned 02 - Fire/Explosion 03 - Immersion 04 - Gas Inhalation	NONCOLLISION EVENT 05 - Spill 06 - Road/Bridge Collapsed 07 - Jackknifed	08 - Parts/Cargo Fell From Moving Vehicle 09 - Trailer Hitch Came Loose 12 - Other
	Street or Road Code: _____	Node Code: <u>1</u> / <u>2</u>	Feet From Node 1 or 2 (Circle One): <u>1005</u>		15 - Pedestrian(s) 20 - Non-parked Vehicle 30 - Parked Vehicle 40 - Pedal Cyclist 45 - Animal 51 - Guardrail 52 - Crash Cushion 53 - Utility Pole 54 - Non-breakaway Light 55 - Tree 56 - Fire Hydrant 57 - Pier or Column 59 - Non-breakaway Sign	61 - Mailbox(es) 62 - Gas Line 63 - Barricade 64 - Bridge Rail 65 - Culvert Headwall 66 - Curbing 67 - Retaining Wall 68 - Median Barrier 69 - Sideswipe 71 - Building 72 - Fence 73 - Boulder 74 - Ditch	75 - Overpass/Underpass 76 - Other Fixed Object 77 - Breakaway Sign 78 - Manhole 79 - Telephone Booth 80 - Guy Wire 81 - Breakaway Light 82 - Overhead Object 84 - Bridge Abutment 89 - Animal with Rider 90 - Foreign Material In Road 93 - Pothole 97 - None 98 - Other	
	Intersection Related: <u>1</u> - Node 1, <u>2</u> - Node 2, <u>3</u> - Not Int. Related	Mile Post: _____	Control Access Hwy Loc: _____	1 - Main Rd 2 - Frontage Rd	3 - Interchange 4 - Entrance Ramp	5 - Exit Ramp 6 - N/A	Prime Contr Circms: <u>07</u>	Prime Contr Unit No.: <u>1</u>

UNIT NO <input type="checkbox"/> DRIVER <input type="checkbox"/> LEFT SCENE <input type="checkbox"/> COM VEH <input checked="" type="checkbox"/> UNIT 1 VEHICLE	Driver Full Name: <u>Brandy E Orr</u>	Street Address: <u>4343 Oldham St</u>	City and State: <u>Mobile AL</u>	ZIP: <u>54818</u>	Telephone No.: <u>8428561516</u>							
	DOB: <u>12</u> / <u>21</u> / <u>1982</u>	Race: <u>W</u>	Sex: <u>F</u>	DL State: <u>AL</u>	Driver License No.: <u>6418198</u>	DL Class: <u>2</u>	DL Status: <u>C</u>	List Restrictions Not Complied With: _____	CDL Status: _____	List Endorsements Not Complied With: _____	Residence Less Than 25 Miles: <input checked="" type="checkbox"/> Yes, <input type="checkbox"/> No	
	Place of Employment: <u>VS Visual Statement</u>	Liability Insurance Co.: <u>State Farm</u>	Social Security No.: <u>546514811</u>		Driver Condition: <u>1</u> - No Defect, <u>2</u> - Apparently Asleep, <u>3</u> - Fatigued, <u>4</u> - Ill, <u>8</u> - Other, <u>9</u> - Unknown			Sobriety: _____	Officer's Opinion: _____	Alcohol/Drugs: <u>Yes</u> <input checked="" type="checkbox"/> No, <input type="checkbox"/> Unk	Type Test Given: <u>9</u> - No Test, <u>1</u> - Blood Test, <u>2</u> - Breath Test, <u>3</u> - Urine Test, <u>4</u> - Unable to Administer, <u>5</u> - Refused Test	Test Results: _____
	Maneuver: <u>18</u>	Travel Road Name: <u>US-65</u>	Road Code: _____	Travel Direction: <u>N</u> (E, S, W, A-Not on Rd, U-Unk)	Other Contr Circumstance: <u>07</u>	Prime Harm Event: <u>20</u>	Event Loc: <u>1</u>					

UNIT 1 VEHICLE	Veh Year: <u>2002</u>	Make: <u>ford</u>	Model: <u>mus</u>	Body: <u>CV</u>	V.I.N.: <u>234235656767233</u>	License Tag Number: <u>241MSF</u>	State: <u>AL</u>	Year: <u>2006</u>
	Owner's Name: <u>Brandy E Orr</u>	Street or R.F.D.: <u>4343 Oldham St</u>	City: <u>Mobile</u>	State: <u>AL</u>	ZIP: <u>54818</u>	Type: <u>1</u> - Auto, <u>2</u> - StaWagon, <u>3</u> - Pick Up, <u>4</u> - Van, <u>5</u> - Truck Tractor, <u>6</u> - Other Truck, <u>7</u> - Comm. Bus, <u>8</u> - School Bus, <u>9</u> - Other Bus, <u>10</u> - Motorcycle		
	Usage: <u>1</u> - Personal, <u>10</u> - Police, <u>11</u> - Other	Hazardous Cargo: <u>1</u> - None, <u>2</u> - Explosive, <u>3</u> - Gas, <u>4</u> - Flam/Combust Liq., <u>5</u> - Flammable Solids, <u>6</u> - Oxidizer / Peroxide, <u>7</u> - Poison, <u>8</u> - Radioactive Matl., <u>9</u> - Corrosive Material, <u>98</u> - Other	Attachment: <u>1</u> - None, <u>2</u> - Mobile Home, <u>3</u> - Semi Trailer, <u>4</u> - Utility Trailer, <u>5</u> - 4-Wheel Trailer, <u>6</u> - Boat Trailer	Contributing Defect: <u>97</u> - None, <u>9</u> - Windows / W. Shield, <u>1</u> - Brakes, <u>2</u> - Steering, <u>3</u> - Power Plant, <u>4</u> - Suspension, <u>5</u> - Tires, <u>6</u> - Exhaust, <u>7</u> - Lights, <u>8</u> - Turn Signal	Circle areas Damaged On Diagram: <u>10</u> Under Carriage, <u>8</u> , <u>7</u> , <u>6</u> , <u>5</u> , <u>4</u> , <u>3</u> , <u>2</u> , <u>1</u> , <u>95</u> N/A, <u>11</u> Attachment			
	Speed Limit: <u>50</u> MPH	Est. Speed: <u>55</u> MPH	Citation Offense Charged: _____	Damage Severity: <u>2</u> - Not Disabled, <u>1</u> - None Visible, <u>3</u> - Disabled	Vehicle Towed Away? <input checked="" type="checkbox"/> Yes, <input type="checkbox"/> No	Occupants in Unit: <u>1</u>	Total Injuries in Unit: _____	Vehicle Towed By Whom: _____

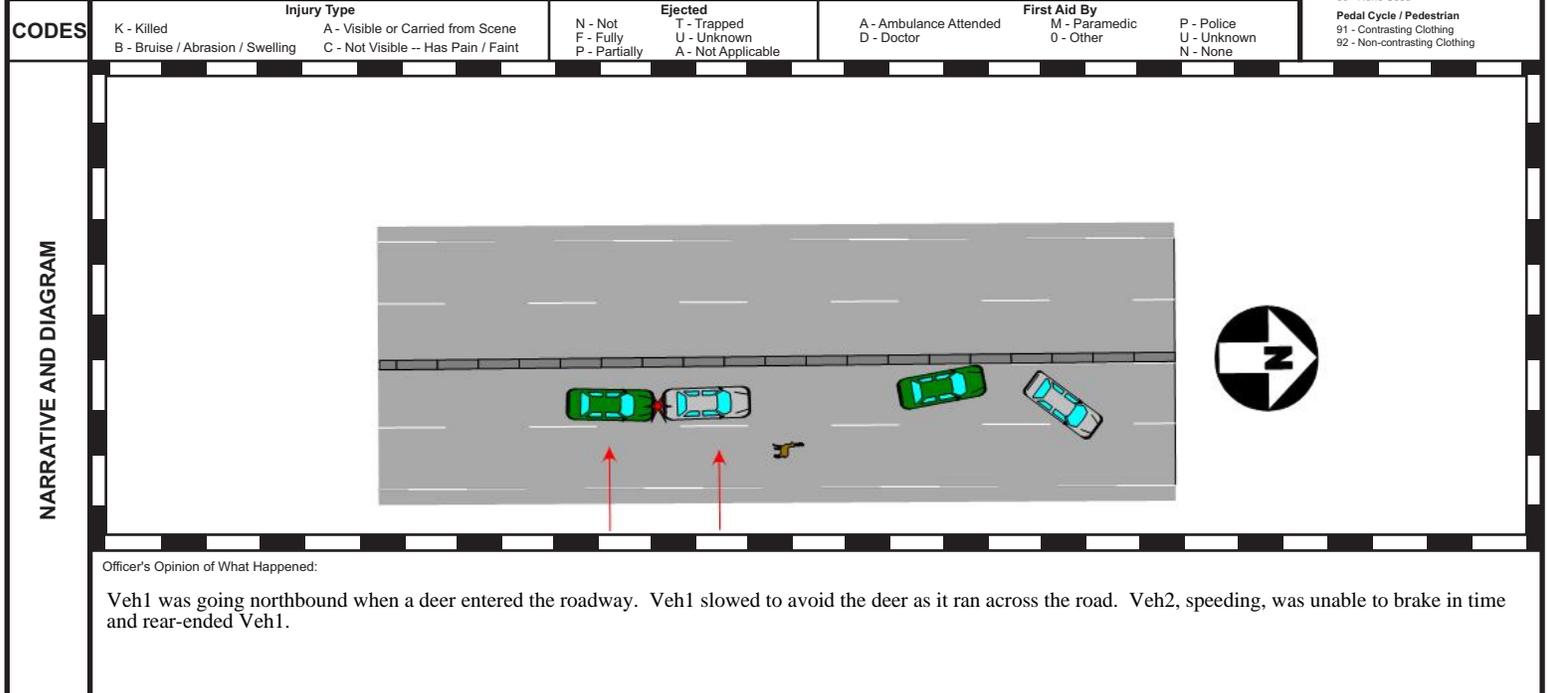
UNIT NO <input type="checkbox"/> DRIVER <input type="checkbox"/> LEFT SCENE <input type="checkbox"/> COM VEH <input checked="" type="checkbox"/> OR PEDESTRIAN VEHICLE	Driver/Pedestrian Full Name: <u>Walter E Joseph</u>	Street Address: <u>234 Everett St.</u>	City and State: <u>Mobile AL</u>	ZIP: <u>15868</u>	Telephone No.: <u>5462189618</u>							
	DOB: <u>08</u> / <u>17</u> / <u>1945</u>	Race: <u>B</u>	Sex: <u>M</u>	DL State: <u>AL</u>	Driver License No.: <u>6561568</u>	DL Class: <u>2</u>	DL Status: <u>C</u>	List Restrictions Not Complied With: _____	CDL Status: _____	List Endorsements Not Complied With: _____	Residence Less Than 25 Miles: <input checked="" type="checkbox"/> Yes, <input type="checkbox"/> No	
	Place of Employment: <u>City of Mobile</u>	Liability Insurance Co.: <u>Geico</u>	Social Security No.: <u>481354211</u>		Driver / Ped Condition: <u>1</u> - No Defect, <u>2</u> - Apparently Asleep, <u>3</u> - Fatigued, <u>4</u> - Ill, <u>8</u> - Other, <u>9</u> - Unknown			Sobriety: _____	Officer's Opinion: _____	Alcohol/Drugs: <u>Yes</u> <input checked="" type="checkbox"/> No, <input type="checkbox"/> Unk	Type Test Given: <u>9</u> - No Test, <u>1</u> - Blood Test, <u>2</u> - Breath Test, <u>3</u> - Urine Test, <u>4</u> - Unable to Administer, <u>5</u> - Refused Test	Test Results: _____
	Maneuver / Action: <u>01</u>	Travel Road Name: <u>US-65</u>	Road Code: _____	Travel Direction: <u>N</u> (E, S, W, A-Not on Rd, U-Unk)	Other Contr Circumstance: <u>04</u>	Prime Harm Event: <u>20</u>	Event Loc: <u>1</u>					

CODES	Contributing Circumstances:	Driver Maneuver:	Pedestrian Action:	Event Loc:
	01 - Improper Passing 02 - Improper Lane Change / Usage 03 - Improper Turn / U-Turn 04 - Following Too Close 05 - Misjudging Stopping Dist 06 - Over Speed Limit 07 - Avoid Object / Person / Veh 08 - Unseen Object / Person / Veh 09 - Improper Backing 10 - Inop Traffic Control 11 - Improper / No Signal 12 - Fail to Heed Sign / Signal	13 - Improper Driving Environ 14 - Road Defect 15 - Vision Obstruction 16 - Defective Equipment 17 - DUI 18 - Under Min Speed 19 - Improper Load / Size 20 - Improper Attachment 21 - Fail to Yield Right-of-Way 22 - Driver Condition 23 - Wrong Side of Road 24 - Veh Pushed / Towed by Veh	25 - Veh Pushed by Person 26 - Veh Left Road 27 - Driver Not in Control 28 - Load Shift 29 - Parts / Cargo from Veh 30 - Ped Violation 31 - Veh Wgt / Hgt / Length 32 - Ped Under Influence 33 - Illegal / Improper Parking 97 - None 98 - Other 99 - Unknown	63 - PediCyc Ride Against Traffic off Rd 64 - PediCyc Ride Across Road 65 - PediCyc Ride in Bike Path 70 - Enter Parked Position 71 - Parked --- Legally 72 - Parked --- Illegally 81 - Backing 85 - Pushed by Vehicle 86 - Pushed by Pedestrian 87 - Pushed by Pedestrian 88 - Other 89 - Unknown

SEATING	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:30px; height:30px;">1</td><td style="width:30px; height:30px;">24</td><td style="width:30px; height:30px;">2</td><td style="width:30px; height:30px;">3</td></tr> <tr><td style="width:30px; height:30px;">4</td><td style="width:30px; height:30px;">5</td><td style="width:30px; height:30px;">6</td><td style="width:30px; height:30px;">24</td></tr> <tr><td style="width:30px; height:30px;">7</td><td style="width:30px; height:30px;">8</td><td style="width:30px; height:30px;">9</td><td style="width:30px; height:30px;"></td></tr> </table>	1	24	2	3	4	5	6	24	7	8	9		<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:30px; height:30px;">10</td></tr> <tr><td style="width:30px; height:30px;">11</td></tr> </table>	10	11	Other Involved Unit (Circle One) 12 - Pedestrian 13 - Rider of Domestic Animal 14 - Occ of Non-Motorized Vehicle 15 - Victim of Other Circumstance / Codes Not Applicable Other Involved Safety Equipment <input type="text"/>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:30px; height:30px;">2</td><td style="width:30px; height:30px;">24</td><td style="width:30px; height:30px;">2</td><td style="width:30px; height:30px;">21</td></tr> <tr><td style="width:30px; height:30px;">4</td><td style="width:30px; height:30px;">5</td><td style="width:30px; height:30px;">6</td><td style="width:30px; height:30px;">11</td></tr> <tr><td style="width:30px; height:30px;">7</td><td style="width:30px; height:30px;">8</td><td style="width:30px; height:30px;">9</td><td style="width:30px; height:30px;"></td></tr> </table>	2	24	2	21	4	5	6	11	7	8	9		<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:30px; height:30px;">10</td></tr> <tr><td style="width:30px; height:30px;">11</td></tr> </table>	10	11	Other Involved Unit (Circle One) 12 - Pedestrian 13 - Rider of Domestic Animal 14 - Occ of Non-Motorized Vehicle 15 - Victim of Other Circumstance / Codes Not Applicable Other Involved Safety Equipment <input type="text"/>												
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VICTIMS	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:100px;">Name</td> <td style="width:200px;">Eric H Geller</td> <td style="width:100px;">Address</td> <td style="width:100px;">949 York Ave</td> <td style="width:100px;">Mobile</td> <td style="width:100px;">AL 12385</td> <td style="width:30px;">Unit No</td> <td style="width:30px;">1</td> <td style="width:30px;">Seat Pos</td> <td style="width:30px;">3</td> <td style="width:30px;">Injury Type</td> <td style="width:30px;">B</td> <td style="width:30px;">Age</td> <td style="width:30px;">25</td> <td style="width:30px;">Sex</td> <td style="width:30px;">M</td> <td style="width:30px;">Ejection</td> <td style="width:30px;">N</td> <td style="width:30px;">First Aid By</td> <td style="width:30px;">P</td> </tr> <tr> <td colspan="2">Taken To</td> <td colspan="2">Taken By</td> <td colspan="2"></td> </tr> </table>						Name	Eric H Geller	Address	949 York Ave	Mobile	AL 12385	Unit No	1	Seat Pos	3	Injury Type	B	Age	25	Sex	M	Ejection	N	First Aid By	P	Taken To		Taken By																	
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|-----------------------------------|--|
| SAFETY EQUIPMENT | |
| 01 - None Installed | |
| 95 - Not Applicable | |
| 99 - Unknown (Any Type) | |
| Lap Belt Only | |
| 11 - Fastened | |
| 12 - Not Fastened | |
| Lap / Shoulder Harness | |
| 21 - Lap Only Used | |
| 22 - Neither Used | |
| 23 - Shoulder Only Used | |
| 24 - Both Used | |
| Motorcycle Helmet | |
| 31 - None Used | |
| 32 - Used | |
| Air Bags | |
| 41 - Deployed, Belts Used | |
| 42 - Not Deployed, Belts Used | |
| 43 - Deployed, Belts Not Used | |
| 44 - Not Deployed, Belts Not Used | |
| Child Restraints | |
| 81 - Child Restraint Used | |
| 82 - Other Restraint Used | |
| 83 - None Used | |
| Pedal Cycle / Pedestrian | |
| 91 - Contrasting Clothing | |
| 92 - Non-contrasting Clothing | |

N / A	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:30px; height:30px;">Unit 1</td></tr> <tr><td style="width:30px; height:30px;">Unit 2</td></tr> </table>	Unit 1	Unit 2																		
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CODES	Injury Type K - Killed B - Bruise / Abrasion / Swelling A - Visible or Carried from Scene C - Not Visible -- Has Pain / Faint						Ejected N - Not F - Fully P - Partially T - Trapped U - Unknown A - Not Applicable			First Aid By A - Ambulance Attended D - Doctor M - Paramedic O - Other		P - Police U - Unknown N - None									



N / A	For Each Roadway Environment Field, Circle One Entry for Each Involved Unit																																																																																					
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