

# ALABAMA UNIFORM TRAFFIC ACCIDENT REPORT

DPS
Accident No. _____

Shaded Areas To Be Used By Data Processing Only

Sheet \_\_\_\_\_ of \_\_\_\_\_ Sheet(s)

Microfilm No. \_\_\_\_\_

Local Case No. \_\_\_\_\_

<b>LOCATION AND TIME</b>	Date: _____ Time: _____ AM/PM _____	Day of Week: _____	County: _____	City: _____	Rural: <input type="checkbox"/>	Highway Classification: I—Interstate S—State M—Municipal F—Federal C—County P—Private Prop. O—Other	Local Zone	
	Month: _____ Day: _____ Year: _____	On Street, Road or Highway	At Intersection of or Between (Node 1)		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	Control Access 1 - Main Rd 3 - Interchange 5 - Exit Ramp 2 - Frontage Rd 4 - Entrance Ramp 6 - N/A		Prime Contr Circms Prime Contr Unit No	15 - Pedestrian(s) 20 - Non-parked Vehicle 30 - Parked Vehicle 35 - Train 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	COLLISION EVENT 61 - Mailbox(es) 62 - Gas Line 63 - Barricade 64 - Bridge Rail 65 - Culvert Headwall 66 - Curbing 67 - Retaining Wall 68 - Median Barrier 69 - Sideloop 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 87 - Animal with Rider 90 - Foreign Material in Road 93 - Pothole 97 - None 98 - Other
	Intersection Related 1 - Node 1 2 - Node 2 N - Not Int. Related	Mile Post	No. of Vehicles	No. Pedestrians	No. Injured	No. Fatalities	Unit 1 Type	Unit 2 Type

<b>UNIT NO</b> <b>LEFT SCENE</b> <b>COM VEH</b>	<b>DRIVER</b>	Driver Full Name: _____ Street Address: _____ City and State: _____ ZIP: _____ Telephone No: _____
		DOB: _____ Race: _____ Sex: _____ DL State: _____ Driver License No.: _____ DL Class: _____ DL Status: _____ List Restrictions: _____ CDL Status: _____ List Endorsements: _____ Residence Less Than 25 Miles: Yes/No
		Place of Employment: _____ Liability Insurance Co.: _____ Social Security No.: _____
		Driver Condition: 1 - No Defect 2 - Apparently Asleep 3 - Fatigued 4 - Ill 8 - Other 9 - Unknown Sobriety: _____ Officer's Opinion: _____ Alcohol/Drugs: Yes/No/Unk Type Test Given: 9 - No Test 1 - Blood Test 3 - Urine Test 2 - Breath Test 4 - Unable to Administer 5 - Refused Test Test Results: _____

<b>UNIT 1</b> <b>VEHICLE</b>	Veh Year: _____ Make: _____ Model: _____ Body: _____ V.I.N.: _____ License Tag Number: _____ State: _____ Year: _____
	Owner's Name: _____ Street or R.F.D.: _____ City: _____ State: _____ ZIP: _____
	Type: 1 - Auto 11 - Moped 2 - StaWagon 12 - M. Scooter 3 - Pick Up 13 - Pedal Cycle 4 - Van 14 - Farm Mach. 5 - Truck Tractor 15 - Train 6 - Other Truck 16 - Road Equip. 7 - Comm. Bus 17 - Ridden Animal 8 - School Bus 18 - M. Home (R.V.) 9 - Other Bus 19 - ATV 10 - Motorcycle 98 - Other Usage: 1 - Personal 10 - Police 2 - Driver Trng. 11 - Other Business 3 - Construction 4 - Ambulance/Paramedical Transport. 5 - Military 13 - Fire Fighting 6 - Taxi 98 - Other 7 - Transport Prop. 8 - Agriculture 9 - Wrecker/Tow Placard: Yes/No/NA
	Hazardous Cargo: 1 - None 2 - Explosive 3 - Gas 4 - Flam/Combust Liq. 5 - Flammable Solids 6 - Oxidizer/Peroxide 7 - Poison 8 - Radioactive Matl. 9 - Corrosive Material 98 - Other Attachment: 1 - None 2 - Mobile Home 3 - Semi Trailer 4 - Utility Trailer 5 - 4-Wheel Trailer 6 - Boat Trailer 7 - Camper Trailer 8 - Towed Vehicle 9 - Tanker 10 - Pole Trailer 11 - Double Trailer 98 - Other Contributing Defect: 97 - None 99 - Windows/W. Shield 1 - Brakes 2 - Steering 3 - Power Plant 4 - Suspension 5 - Tires 6 - Exhaust 7 - Lights 8 - Turn Signal 9 - Windows/W. Shield 10 - Restraint Sys. 11 - Wheels 12 - Truck Coupling 13 - Cargo 14 - Fuel System 98 - Other 99 - Unknown Circle areas Damaged On Diagram:

<b>UNIT NO</b> <b>LEFT SCENE</b> <b>COM VEH</b>	<b>DRIVER</b>	Driver/Pedestrian Full Name: _____ Street Address: _____ City and State: _____ ZIP: _____ Telephone No: _____
		DOB: _____ Race: _____ Sex: _____ DL State: _____ Driver License No.: _____ DL Class: _____ DL Status: _____ List Restrictions: _____ CDL Status: _____ List Endorsements: _____ Residence Less Than 25 Miles: Yes/No
		Place of Employment: _____ Liability Insurance Co.: _____ Social Security No.: _____
		Driver/Ped Condition: 1 - No Defect 2 - Apparently Asleep 3 - Fatigued 4 - Ill 8 - Other 9 - Unknown Sobriety: _____ Officer's Opinion: _____ Alcohol/Drugs: Yes/No/Unk Type Test Given: 9 - No Test 1 - Blood Test 3 - Urine Test 2 - Breath Test 4 - Unable to Administer 5 - Refused Test Test Results: _____

<b>VEHICLE OR PEDESTRIAN</b>	Veh Year: _____ Make: _____ Model: _____ Body: _____ V.I.N.: _____ License Tag Number: _____ State: _____ Year: _____
	Owner's Name: _____ Street or R.F.D.: _____ City: _____ State: _____ ZIP: _____
	Type: 1 - Auto 11 - Moped 2 - StaWagon 12 - M. Scooter 3 - Pick Up 13 - Pedal Cycle 4 - Van 14 - Farm Mach. 5 - Truck Tractor 15 - Train 6 - Other Truck 16 - Road Equip. 7 - Comm. Bus 17 - Ridden Animal 8 - School Bus 18 - M. Home (R.V.) 9 - Other Bus 19 - ATV 10 - Motorcycle 98 - Other Usage: 1 - Personal 10 - Police 2 - Driver Trng. 11 - Other Business 3 - Construction 4 - Ambulance/Paramedical Transport. 5 - Military 13 - Fire Fighting 6 - Taxi 98 - Other 7 - Transport Prop. 8 - Agriculture 9 - Wrecker/Tow Placard: Yes/No/NA
	Hazardous Cargo: 1 - None 2 - Explosive 3 - Gas 4 - Flam/Combust Liq. 5 - Flammable Solids 6 - Oxidizer/Peroxide 7 - Poison 8 - Radioactive Matl. 9 - Corrosive Material 98 - Other Attachment: 1 - None 2 - Mobile Home 3 - Semi Trailer 4 - Utility Trailer 5 - 4-Wheel Trailer 6 - Boat Trailer 7 - Camper Trailer 8 - Towed Vehicle 9 - Tanker 10 - Pole Trailer 11 - Double Trailer 98 - Other Contributing Defect: 97 - None 99 - Windows/W. Shield 1 - Brakes 2 - Steering 3 - Power Plant 4 - Suspension 5 - Tires 6 - Exhaust 7 - Lights 8 - Turn Signal 9 - Windows/W. Shield 10 - Restraint Sys. 11 - Wheels 12 - Truck Coupling 13 - Cargo 14 - Fuel System 98 - Other 99 - Unknown Circle areas Damaged On Diagram:

<b>C</b> <b>O</b> <b>D</b> <b>E</b> <b>S</b>	Contributing Circumstances: 01 - Improper Passing 13 - Improper Driving-Environ 25 - Veh Pushed by Person 02 - Improper Lane Change/Usage 14 - Road Defect 26 - Veh Left Road 03 - Improper Turn/U-Turn 15 - Vision Obstruction 27 - Driver Not in Control 04 - Following Too Close 16 - Defective Equipment 28 - Load Shift 05 - Misjudge Stopping Dist 17 - DUI 29 - Parts/Cargo from Veh 06 - Over Speed Limit 18 - Under Min Speed 30 - Ped Violation 07 - Avoid Object/Person/Veh 19 - Improper Load/Size 31 - Veh Wgt/Hgt/Lngth 08 - Unseen Object/Person/Veh 20 - Improper Attachment 32 - Ped Under Influence 09 - Improper Backing 21 - Fail to Yield Right-of-Way 33 - Illegal/Improper Parking 10 - Inop Traffic Control 22 - Driver Condition 97 - None 11 - Improper/No Signal 23 - Wrong Side of Road 98 - Other 12 - Fail to Heed Sign/Signal 24 - Veh Pushed/Towed by Veh 99 - Unknown	Driver Maneuver: 01 - Go Straight Ahead 13 - Right Turn 63 - Ped/Cyc Ride Against Traffic off Rd 02 - Pass on Left 14 - Left Turn 64 - Ped/Cyc Ride Across Road 03 - Pass on 1-Way Street 15 - U-Turn 65 - Ped/Cyc Ride on Bike Path 04 - Pass on Right 16 - Start from Park 70 - Enter Parked Position 05 - Go Straight—Left Turn Lane 17 - Start in Traffic 71 - Parked—Legally 06 - Go Straight—Right Turn Lane 18 - Slowing/Stopping 72 - Parked—Illegally 07 - Change Lanes—Left 19 - Stopped in Traffic 81 - Backing 08 - Change Lanes—Right 20 - Avoid Object in Road 86 - Pushed by Vehicle 09 - Merge—Left 21 - Exiting Private Road/Property 87 - Pushed by Pedestrian 10 - Merge—Right 22 - Ped/Cyc Ride with Traffic in Road 88 - Other 11 - Wrong Side of Road 23 - Ped/Cyc Ride with Traffic off Road 98 - Other 12 - Wrong Way—1-Way 62 - Ped/Cyc Ride Against Traffic in Rd 99 - Unknown	Pedestrian Action: 01 - Cross/Enter—Intersection 02 - Cross/Enter—Other 03 - Walk in Road—With Traffic 04 - Walk in Road—Against Traffic 05 - Stand in Roadway 06 - Get on/off Vehicle 07 - Push/Work on Vehicle 08 - In Road—Other Work 09 - In Road—Playing 10 - In Road—Other 11 - Not in Road 98 - Other 99 - Unknown	Event Loc: 1 - On Roadway 2 - Off Roadway 3 - Median 4 - Driveway 5 - Private Road/Property 6 - In Intersection
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<b>SEATING</b>	Unit 1	1	2	3	10	Other Involved Unit (Circle One)	Unit 2	1	2	3	10	Other Involved Unit (Circle One)	<b>CODES</b> <b>SAFETY EQUIPMENT</b> 01 - None Installed 95 - Not Applicable 99 - Unknown (Any Type) <b>Lap Belt Only</b> 11 - Fastened 12 - Not Fastened <b>Lap/Shoulder Harness</b> 21 - Lap Only Used 22 - Neither Used 23 - Shoulder Only Used 24 - Both Used <b>Motorcycle Helmet</b> 31 - None Used 32 - Used <b>Air Bags</b> 41 - Deployed, Belts Used 42 - Not Deployed, Belts Used 43 - Deployed, Belts Not Used 44 - Not Deployed, Belts Not Used <b>Child Restraints</b> 81 - Child Restraint Used 82 - Other Restraint Used 83 - None Used <b>Pedal Cycle/Pedestrian</b> 91 - Contrasting Clothing 92 - Non-contrasting Clothing
	Unit 1	4	5	6	11	12 - Pedestrian 13 - Rider of Domestic Animal 14 - Occ. of Non-Motorized Vehicle 15 - Victim of Other Circumstance/ Codes Not Applicable	Unit 2	4	5	6	11	12 - Pedestrian 13 - Rider of Domestic Animal 14 - Occ. of Non-Motorized Vehicle 15 - Victim of Other Circumstance/ Codes Not Applicable	

<b>VICTIMS</b>	Name	Address	Unit No	Seat Pos	Injury Type	Age	Sex	Ejection	First Aid By
	Taken To		Taken By						
<b>N/A</b>	Name	Address							
	Taken To		Taken By						

<b>CODES</b>	K - Killed	A - Visible or Carried from Scene	N - Not	Ejected	A - Ambulance Attended	M - Paramedic	P - Police
	B - Bruise/Abrasion/Swelling	C - Not Visible—Has Pain/Faint	F - Fully	T - Trapped	D - Doctor	O - Other	N - None
<b>NARRATIVE AND DIAGRAM</b>  Officer's Opinion of What Happened: _____ _____ _____							

<b>N/A</b>	For Each Roadway Environment Field, Circle One Entry for Each Involved Unit:									
	Unit 1	Contributing Road Defects	Surface Construction	Condition	Accident In Or Related To Road Construction Zone?	Material In Roadway (Contributing)	Material Source	Character		
1	<input type="checkbox"/>	4 4 - None	1 1 - Asphalt	1 1 - Dry	Yes Yes	1 1 - None	1 1 - Not Applicable	1 1 - Straight—Level	6 6 - Curve—Down Grade	
2	<input type="checkbox"/>	1 1 - Shoulders Low	2 2 - Concrete	2 2 - Wet	No No	2 2 - Rocks	2 2 - Natural Environment	2 2 - Straight—Down Grade	7 7 - Curve—Up Grade	
2	<input type="checkbox"/>	2 2 - Shoulders High	3 3 - Brick	3 3 - Icy		3 3 - Trees/Limbs	3 3 - Dropped From Vehicle	3 3 - Straight—Up Grade	8 8 - Curve—Hillcrest	
2	<input type="checkbox"/>	3 3 - Holes, Bumps, Etc.	4 4 - Unpaved	4 4 - Snowy/Slushy		4 4 - Dirt	4 4 - Already in Road, But Fell From Vehicle	4 4 - Straight—Hillcrest		
2	<input type="checkbox"/>	8 8 - Other	8 8 - Other	5 5 - Muddy			8 8 - Other	5 5 - Curve—Level		
<b>Vision Obscured By:</b>										
<b>Traffic Control</b>										
<b>Opposing Lanes Separated By:</b>										
<b>Trafficway Lanes</b>										
<b>One-Way Street</b>										

<b>N/A</b>	For Each Roadway Environment Field, Circle One Entry for Each Involved Unit:									
	Unit 1	Contributing Road Defects	Surface Construction	Condition	Accident In Or Related To Road Construction Zone?	Material In Roadway (Contributing)	Material Source	Character		
1	<input type="checkbox"/>	4 4 - None	1 1 - Asphalt	1 1 - Dry	Yes Yes	1 1 - None	1 1 - Not Applicable	1 1 - Straight—Level	6 6 - Curve—Down Grade	
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2	<input type="checkbox"/>	3 3 - Holes, Bumps, Etc.	4 4 - Unpaved	4 4 - Snowy/Slushy		4 4 - Dirt	4 4 - Already in Road, But Fell From Vehicle	4 4 - Straight—Hillcrest		
2	<input type="checkbox"/>	8 8 - Other	8 8 - Other	5 5 - Muddy			8 8 - Other	5 5 - Curve—Level		
<b>Vision Obscured By:</b>										
<b>Traffic Control</b>										
<b>Opposing Lanes Separated By:</b>										
<b>Trafficway Lanes</b>										
<b>One-Way Street</b>										

<b>INVESTIGATION</b>	Light	Weather	Locale	Non-Vehicular Property Damage	Property Damage Description				
	1 - Daylight	1 - Clear	1 - Open Country	1 - None Visible	Description: Owner: Address:				
4 - Darkness—Road Not Lit	5 - Sleet/Hail	5 - School	3 - Moderate						
2 - Dawn	2 - Cloudy	2 - Residential	2 - Light	4 - Severe					
3 - Dusk	3 - Rain	3 - Shop'g or Business							
5 - Darkness—Road Lit	4 - Snow	4 - Mfg. or Industrial							
Time Police Notified	AM PM MT	Time Police Arrived	AM PM MT	Time EMS Arrived	AM PM MT	Name of Photographer			
Witness Full Name			Address			Telephone			
Witness Full Name			Address			Telephone			
Name of Investigating Officer			Officer ID			Agency ORI		Supervisor Reviewed	
Name of Other Investigating Officer(s) at Scene			Officer ID			Agency ORI			
The data on this report reflects my best knowledge, opinion and belief covering the accident, but no warrant is made as to the factual accuracy thereof.									
Signature of Investigating Officer								Date	





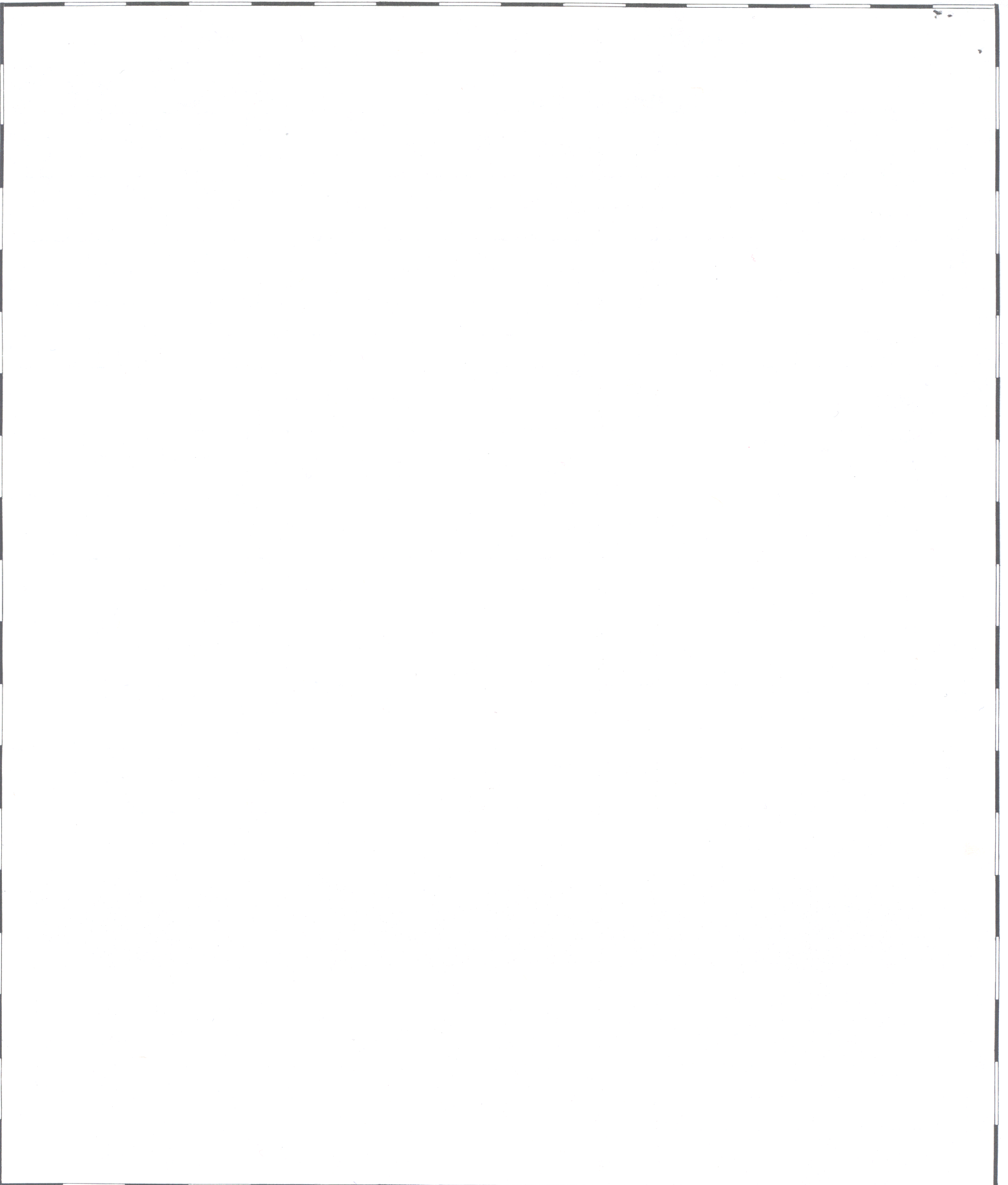


Diagram Not to Scale = (20 feet)  
Diagram Scale 1 inch = (10 feet)

Location

Time

A.M.  
P.M.  
MT.

Signature of Reporting Officer(s)

Officer ID

Reporting Police Agency ORI

DATE

Month

Day

Year



# Alabama Uniform Traffic Accident Report Truck/Bus Supplemental Sheet

AST-34T  
1/94

Unit No. \_\_\_\_\_

(same as on main report)

Sheet \_\_\_\_\_ of \_\_\_\_\_ Sheets

## General Instructions

Complete this form for each qualifying vehicle **ONLY** if the accident meets **BOTH** of the following criteria:

1. The accident involved a qualifying vehicle (truck with 6 or more tires or Haz/Mat placard, or a bus designed to carry 16 or more, including driver) and;
2. The accident resulted in at least one of the following: **A.** one or more fatalities **B.** one or more persons injured and taken from the scene for immediate medical attention, or **C.** one or more involved vehicles had to be towed from the scene as a result of disabling damage or had to receive assistance to leave.

## Screening Information

Number of Qualifying Vehicles:

Number of Persons:

Trucks with 6 or more tires or Haz/Mat placard \_\_\_\_\_

Sustaining fatal injuries \_\_\_\_\_

Buses designed to carry 16 or more (including driver) \_\_\_\_\_

Transported for **immediate** medical treatment \_\_\_\_\_

Number of vehicles towed from scene due to damage or provided assistance \_\_\_\_\_

## Vehicle Information

Gross Vehicle Weight Rating (GVWR)

**A.** Truck, tractor or bus \_\_\_\_\_

**B.** Trailer or trailers (total) \_\_\_\_\_

Total GVWR for unit (A+B) \_\_\_\_\_

Hazardous Material Involvement

Did vehicle have a Haz/Mat placard \_\_\_ Yes \_\_\_ No

If Yes, include following information from placard

**A.** Name or 4-digit number from diamond or box \_\_\_\_\_

**B.** The 1-digit number from bottom of diamond \_\_\_\_\_

Was hazardous material released from THIS vehicle's cargo? \_\_\_ Yes \_\_\_ No

Total number of axles \_\_\_\_\_

Vehicle Configuration (circle one number)

- |                                 |                                                 |                                        |
|---------------------------------|-------------------------------------------------|----------------------------------------|
| 1. Bus                          | 2. Single unit truck (2 axles/ 6 or more tires) | 3. Single unit truck (3 or more axles) |
| 4. Truck with trailer           | 5. Truck tractor only (bobtail)                 | 6. Tractor with semi-trailer           |
| 7. Tractor with double trailers | 8. Tractor with triple trailers                 | 9. Unknown class heavy truck           |
| 0. Any other 4-tired vehicle    |                                                 |                                        |

Cargo Body Type (circle one number)

- |                   |                     |                    |                |         |
|-------------------|---------------------|--------------------|----------------|---------|
| 1. Bus            | 2. Van/enclosed box | 3. Cargo tank      | 4. Flatbed     | 5. Dump |
| 6. Concrete mixer | 7. Auto transporter | 8. Garbage/ refuse | 9. Other _____ |         |

## Motor Carrier Information

NOTE: If NOT a motor carrier, enter NONE under Carrier Name, 0 for None under Carrier Identification Numbers, and go to Sequence Of Events Section

Carrier Name \_\_\_\_\_

Source (circle one number)    1. Vehicle side    2. Shipping papers    3. Driver    4. Other

Carrier mailing address (Street or P.O. Box) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Carrier Identification Numbers ( \_\_\_\_\_ None = 0)

US DOT \_\_\_\_\_ ICC MC \_\_\_\_\_ STATE NO. \_\_\_\_\_ STATE \_\_\_\_\_

## Sequence of Events

Note: for THIS vehicle – list up to four    Event #1 \_\_\_\_\_    Event #2 \_\_\_\_\_    Event #3 \_\_\_\_\_    Event #4 \_\_\_\_\_

- |                    |                |                        |                        |                          |                        |
|--------------------|----------------|------------------------|------------------------|--------------------------|------------------------|
| <b>EVENT CODES</b> | Non-Collision  | 1. Ran off road        | 2. Jackknife           | 3. Overturned (rollover) | 4. Downhill runaway    |
|                    |                | 5. Cargo loss or shift | 6. Explosion or fire   | 7. Separation of units   | 8. Other non-collision |
|                    | Collision With | 9. Pedestrian          | 10. Non-parked vehicle | 11. Parked vehicle       | 12. Train              |
|                    |                | 13. Pedalcycle         | 14. Animal             | 15. Fixed object         | 16. Other object       |

Signature of Reporting Officer \_\_\_\_\_

Officer ID \_\_\_\_\_

Reporting Police Agency ORI \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

AM  
PM  
MT



## Definitions

### Truck

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

- Have at least 6 tires on the ground, or
- Carry a Hazardous Material Placard.

### Bus

A motor vehicle providing seats for 16 or more persons including the driver and used primarily for the transportation of persons.

### Trailer

A non-power vehicle towed by a motor vehicle.

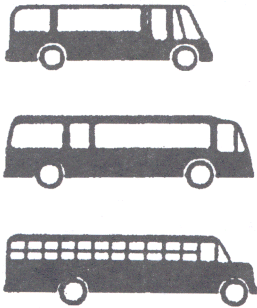
### Reportable Accident

A highway related incident normally investigated by a police officer and reported on a standard accident report form involving one or more trucks or buses (as defined here) which results in:

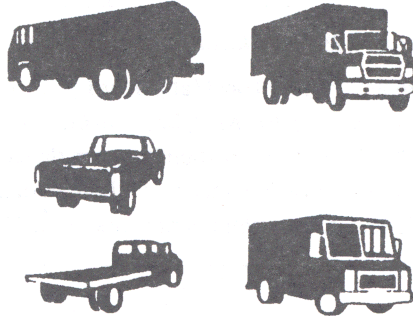
- One or more fatalities, or
- One or more non-fatal injuries requiring transportation for the purpose of obtaining immediate medical treatment, or
- One or more of the vehicles being removed from the scene as a result of disabling damage, or
- One or more vehicles requiring intervening assistance before proceeding under its own power.

## Typical Vehicle Silhouettes

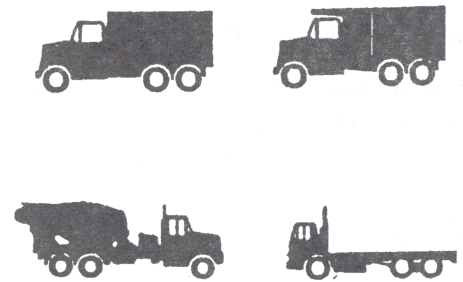
1. Bus



2. Single unit truck - 2 axles / 6 tires



3. Single unit truck - 3 axles



4. Truck with trailer



5. Truck tractor (bobtail)



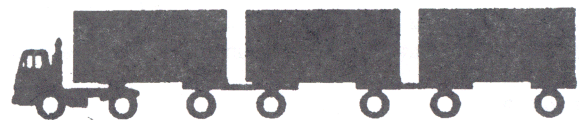
6. Tractor with semi-trailer



7. Tractor with double trailers



8. Tractor with triple trailers



## Typical Hazardous Material Placards

