

## **POLICE TRUCK/BUS/HAZMAT CRASH SUPPLEMENTAL**

The *Police Truck/Bus/Hazmat Crash Supplemental* Form 735-47 (Appendix C) was created to be a supplement to the Oregon Police Traffic Crash Report. You must complete an Oregon Police Traffic Crash Report, Form 735-46, in addition to this report.

The Motor Carrier Transportation Division has asked you to FAX a copy of the Police Truck/Bus/Hazmat Crash Supplemental form within 24 hours to ODOT. The FAX number is listed on the bottom of the form. When you have completed all your reports, including the Oregon Police Traffic Crash Report, Form 735-46, attach any additional narratives or supplemental reports and submit everything to DMV.

**The Police Truck/Bus/Hazmat Crash Supplemental form should not be completed unless both incident and vehicle criteria are met.**

### **QUALIFYING INCIDENT AND VEHICLE CRITERIA INCLUDE:**

#### **INCIDENT**

- Any person sustaining a fatality (within 30 days of the crash); or
- Any person sustaining injuries requiring treatment away from the scene; or
- Any vehicle towed from scene due to damage.

#### **AND**

#### **VEHICLE is:**

- A commercial truck with 10,001 lbs. or more (GVWR or GCWR); or
- A vehicle displaying a hazardous material placard; or
- A vehicle with 9 or more seats, including the driver.

**If the crash does not meet both the incident and qualifying vehicle criteria, do not complete a Truck/Bus/Hazmat Crash Supplemental form (Form 735-47).**

#### **POLICE INCIDENT/CASE NUMBER**

Space provided for case identification by law enforcement agencies. This number will match the number on your completed Oregon Police Traffic Crash Report, Form 735-46.

#### **DAY OF WEEK**

The day circled will match what is on your completed Oregon Police Traffic Crash Report, Form 735-46.

#### **CRASH DATE**

Circle the letter indicating the day of the week on which the crash occurred, and enter the date on which the crash occurred, giving month, day, and year. This date will match the date on your completed Oregon Police Traffic Crash Report, Form 735-46.

## CRASH TIME

Enter the time when the crash happened as precisely as possible. Include "A.M." or "P.M." If the crash occurred exactly at noon or midnight, write "12:00 noon" or "12:00 midnight." If crash time is not available, try to estimate the time from physical evidence and mark any estimate as follows "Est. 4:30 P.M." Military time is acceptable.

## ROAD ON WHICH CRASH OCCURRED

Give the most specific and formal reference available. Use US and Oregon route types and numbers where applicable. Commonly accepted abbreviations should be used:

INT	Interstate Freeway	(Example: INT-5)
US	Federal Highway	(Example: US 20)
SR	State-Numbered Route	(Example: SR22 or (SR) Oregon Route 22)
CR	County-Numbered Route or lettered route	(Example: (CR) MacLeay Road)

If the crash occurred at an intersection, give the number or name of the principal road here. Where applicable, ranking is: INT, then US, then SR, then CR, then all others. In urban areas use the name of the busiest major or arterial street.

## VEHICLE INFORMATION

Complete all of the vehicle information, answering all of the questions in the spaces provided.

## VEHICLE CONFIGURATION

Select the appropriate vehicle configuration. If the vehicle is a bus, identify type of bus and type of bus use.

## VEHICLE DAMAGE

The form shows a top view of a vehicle configuration. Use shading to indicate where all damage to the identified UNIT occurred. Draw an arrow to indicate the area of first impact. There may or may not have been damage to the vehicle at the first impact.

## SEQUENCE OF EVENTS (for this vehicle)

Check the first four sequences of events that occurred. Column 1 is for the first event, Column 2 for the second event and so on. Complete this section with up to four events. If there were not four events, complete as many as apply.

## CARRIER INFORMATION

### MARK ALL THAT APPLY:

Interstate Not in commerce – Government (Trucks/Buses)  
Intrastate Not in commerce – Other (Over 10,000 lbs)

### NAME

Write the full name of the motor carrier

**ADDRESS**

Write the full mailing address including city, state and zip code.

**IDENTIFICATION NUMBERS**

These numbers can normally be found on the driver's side door of the vehicle.

**NONE**

Check this box if it is a new carrier and does not have numbers yet

**US DOT**

Complete this field with the United States Department of Transportation number.

**ICC MC**

Complete this field with the Interstate Commerce Commission number. The number will start as MC; write the 6 numerical digits in the spaces provided.

**DRIVER INFORMATION****NAME (LAST, FIRST, MIDDLE)**

Write full name of the driver. If the person has a driver license, the name should be exactly the same as shown on the driver license. If the person's true name is different from that shown on the license, explain the difference in a narrative part of the report. Give a married woman's own name, i.e., Smith, Kathleen Ann rather than Mrs. Smith, Michael J.

**DRIVER LICENSE NUMBER**

Write the license number of vehicle operator. Be sure to copy this completely and accurately. This is a critical element. If the driver does not have the license in their possession, write "Not on person." Write "None" if the driver is unlicensed.

**STATE**

Use the standard two letter abbreviation for the state that issued the driver license. ( Refer to Page 9 for state abbreviation table.)

**CLASS**

Write the license classification listed on the driver's license.

**ENDORSEMENT**

Write the license endorsements listed on the driver's license.

**MEDICAL CERTIFICATION EXP DATE**

View the medical certification and write the date in this space.

**CO-DRIVER INFORMATION**

If a co-driver is in the vehicle, enter all of the same information required for the actual driver of the vehicle at the time of the crash.

**DRIVER HOURS RECAP**

This section should only be completed by an officer who has completed the Oregon Department of Transportation training and is a certified inspector. If you have not had the training and been certified, do not complete this section. If you are certified, check off all violations that apply. If "other" is checked, write in the violation.

**OFFICER NAME/NUMBER/DATE**

Print the name of officer(s) completing this form and the officer’s badge or identification number designated by your department. Write the date you completed the report.

**AGENCY**

Enter name of your police agency. If you abbreviate, be sure the abbreviation is unique to your agency. Example: “PPD” could be Pendleton Police Department, Prineville Police Department, etc.

**APPROVED BY (OPTIONAL)**

Name or initials of supervisory personnel reviewing/approving the report.

