

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.



OREGON POLICE TRAFFIC CRASH REPORT

PAGE OF

POLICE INCIDENT / CASE NUMBER	CRASH DATE	DAY OF WEEK M T W TH F S S N	CRASH TIME AM PM	POLICE NOTIFIED AM PM	POLICE ARRIVAL AM PM	DMV FILE NUMBER
COUNTY	ROAD ON WHICH CRASH OCCURRED		LATITUDE	LONGITUDE	MILE POST	DMV CODE

WITHIN _____ FEET N S OF NEAREST INTERSECTING ROAD
 NEAR _____ MILES E W

WITHIN _____ FEET N S OF NEAREST CITY / TOWN
 NEAR _____ MILES E W

PROPERTY DAMAGE PUBLIC PROPERTY DAMAGE ESTIMATE: UNDER \$1500 OVER \$1500 UNKNOWN
 HAZ. MATERIALS PHOTOS TAKEN TRAIN R/R TRUCK / BUS

UNIT #	NAME (LAST, FIRST, MIDDLE)	DRIVER LICENSE NUMBER	STATE	SEX	RACE	DOB
PED BIC PRK PRP	ADDRESS	PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL ()		VEHICLE OWNER		
VEHICLE OWNER		PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL ()		PRP <input type="checkbox"/> SAME		

FIRE Y N	STD SPD	PST SPD	INSURANCE COMPANY <input type="checkbox"/> NONE	INSURANCE POLICY NUMBER					
EJECTED Y P N	EXTRCTD Y N	VEHICLE IDENTIFICATION NUMBER (VIN)	LICENSE PLATE NUMBER	STATE	YEAR	MAKE	MODEL	STYLE	COLOR

VEHICLE TOWED DUE TO VEHICLE DAMAGE Y N UNKNOWN
BY: TO: DRIVER TAKEN: Y N UNKNOWN
BY: TO:

VEHICLE DAMAGE	FRONT		MARK ALL THAT APPLY: DAMAGE ESTIMATE <input type="checkbox"/> NONE <input type="checkbox"/> UNDER \$1500 <input type="checkbox"/> OVER \$1500 <input type="checkbox"/> ROLLOVER <input type="checkbox"/> UNDERCARR <input type="checkbox"/> TOTALED <input type="checkbox"/> UNKNOWN	INJURY: <input type="checkbox"/> NONE <input type="checkbox"/> COMPLAINT OF PAIN <input type="checkbox"/> VISIBLE INJURY <input type="checkbox"/> INCAPACITATED <input type="checkbox"/> FATAL
				EQUIPMENT: <input type="checkbox"/> NO EQP USED <input type="checkbox"/> LAP ONLY <input type="checkbox"/> LAP / SHLDR <input type="checkbox"/> CHLD RST-PRP <input type="checkbox"/> A/BAG-DEPLYD <input type="checkbox"/> NONE INSTLD <input type="checkbox"/> UNKNOWN <input type="checkbox"/> SHLDR ONLY <input type="checkbox"/> HELMET <input type="checkbox"/> CHLD RST-IMPR <input type="checkbox"/> A/BAG-NOT DP

USE ARROW TO SHOW FIRST IMPACT (SHADE IN DAMAGED AREA)

HIT AND RUN	SUSPECT NAME								AKA	IN CUSTODY Y N	
	ADDRESS								OTHER INFORMATION:		
	SEX	RACE	DOB	HT	WT	HAIR	EYES	LOCAL ID			

UNIT #	NAME (LAST, FIRST, MIDDLE)	DRIVER LICENSE NUMBER	STATE	SEX	RACE	DOB
PED BIC PRK PRP	ADDRESS	PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL ()		VEHICLE OWNER		
VEHICLE OWNER		PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL ()		PRP <input type="checkbox"/> SAME		

FIRE Y N	STD SPD	PST SPD	INSURANCE COMPANY <input type="checkbox"/> NONE	INSURANCE POLICY NUMBER					
EJECTED Y P N	EXTRCTD Y N	VEHICLE IDENTIFICATION NUMBER (VIN)	LICENSE PLATE NUMBER	STATE	YEAR	MAKE	MODEL	STYLE	COLOR

VEHICLE TOWED DUE TO VEHICLE DAMAGE Y N UNKNOWN
BY: TO: DRIVER TAKEN: Y N UNKNOWN
BY: TO:

VEHICLE DAMAGE	FRONT		MARK ALL THAT APPLY: DAMAGE ESTIMATE <input type="checkbox"/> NONE <input type="checkbox"/> UNDER \$1500 <input type="checkbox"/> OVER \$1500 <input type="checkbox"/> ROLLOVER <input type="checkbox"/> UNDERCARR <input type="checkbox"/> TOTALED <input type="checkbox"/> UNKNOWN	INJURY: <input type="checkbox"/> NONE <input type="checkbox"/> COMPLAINT OF PAIN <input type="checkbox"/> VISIBLE INJURY <input type="checkbox"/> INCAPACITATED <input type="checkbox"/> FATAL
				EQUIPMENT: <input type="checkbox"/> NO EQP USED <input type="checkbox"/> LAP ONLY <input type="checkbox"/> LAP / SHLDR <input type="checkbox"/> CHLD RST-PRP <input type="checkbox"/> A/BAG-DEPLYD <input type="checkbox"/> NONE INSTLD <input type="checkbox"/> UNKNOWN <input type="checkbox"/> SHLDR ONLY <input type="checkbox"/> HELMET <input type="checkbox"/> CHLD RST-IMPR <input type="checkbox"/> A/BAG-NOT DP

USE ARROW TO SHOW FIRST IMPACT (SHADE IN DAMAGED AREA)

UNIT #	<input type="checkbox"/> PASSENGER NAME <input type="checkbox"/> WITNESS	ADDRESS
SEX	RACE	DOB
PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL ()		INJURY <input type="checkbox"/> NONE <input type="checkbox"/> COMPLAINT OF PAIN <input type="checkbox"/> INCAPACITATED <input type="checkbox"/> FATAL
PASSENGER TAKEN: Y N <input type="checkbox"/> UNKNOWN BY: TO:		LOCATION LF CF RF LR CR RR OTHER: EJECTED Y P N EXTRCTD Y N
EQUIPMENT <input type="checkbox"/> NO EQP USED <input type="checkbox"/> LAP ONLY <input type="checkbox"/> LAP / SHLDR <input type="checkbox"/> CHLD RST-PRP <input type="checkbox"/> A/BAG-DEPLYD <input type="checkbox"/> NONE INSTLD <input type="checkbox"/> UNKNOWN <input type="checkbox"/> SHLDR ONLY <input type="checkbox"/> HELMET <input type="checkbox"/> CHLD RST-IMPR <input type="checkbox"/> A/BAG-NOT DP		

UNIT #	<input type="checkbox"/> PASSENGER NAME <input type="checkbox"/> WITNESS	ADDRESS
SEX	RACE	DOB
PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL ()		INJURY <input type="checkbox"/> NONE <input type="checkbox"/> COMPLAINT OF PAIN <input type="checkbox"/> INCAPACITATED <input type="checkbox"/> FATAL
PASSENGER TAKEN: Y N <input type="checkbox"/> UNKNOWN BY: TO:		LOCATION LF CF RF LR CR RR OTHER: EJECTED Y P N EXTRCTD Y N
EQUIPMENT <input type="checkbox"/> NO EQP USED <input type="checkbox"/> LAP ONLY <input type="checkbox"/> LAP / SHLDR <input type="checkbox"/> CHLD RST-PRP <input type="checkbox"/> A/BAG-DEPLYD <input type="checkbox"/> NONE INSTLD <input type="checkbox"/> UNKNOWN <input type="checkbox"/> SHLDR ONLY <input type="checkbox"/> HELMET <input type="checkbox"/> CHLD RST-IMPR <input type="checkbox"/> A/BAG-NOT DP		

UNIT #	<input type="checkbox"/> PASSENGER NAME <input type="checkbox"/> WITNESS	ADDRESS
SEX	RACE	DOB
PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL ()		INJURY <input type="checkbox"/> NONE <input type="checkbox"/> COMPLAINT OF PAIN <input type="checkbox"/> INCAPACITATED <input type="checkbox"/> FATAL
PASSENGER TAKEN: Y N <input type="checkbox"/> UNKNOWN BY: TO:		LOCATION LF CF RF LR CR RR OTHER: EJECTED Y P N EXTRCTD Y N
EQUIPMENT <input type="checkbox"/> NO EQP USED <input type="checkbox"/> LAP ONLY <input type="checkbox"/> LAP / SHLDR <input type="checkbox"/> CHLD RST-PRP <input type="checkbox"/> A/BAG-DEPLYD <input type="checkbox"/> NONE INSTLD <input type="checkbox"/> UNKNOWN <input type="checkbox"/> SHLDR ONLY <input type="checkbox"/> HELMET <input type="checkbox"/> CHLD RST-IMPR <input type="checkbox"/> A/BAG-NOT DP		

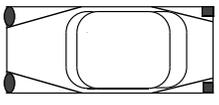
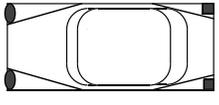
DISTRIBUTION

OFFICER NAME / NUMBER	DATE	AGENCY	APPROVED BY
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POLICE INCIDENT / CASE NUMBER	EMS NOTIFIED	AM PM	EMS ARRIVAL	AM PM	LOCAL CODES	A	B	PAGE	OF
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Check ONE box in all categories. Check ALL boxes that apply in categories with (★).

<p>FIRST HARMFUL EVENT</p> <p>NON COLLISION</p> <input type="checkbox"/> OVERTURN <input type="checkbox"/> FIRE / EXPLOSION <input type="checkbox"/> IMMERSION <input type="checkbox"/> GAS INHALATION <input type="checkbox"/> OTHER NON COLLISION <input type="checkbox"/> MEDICAL (Explain) <p>COLLISION WITH</p> <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> PARKED MOTOR VEHICLE <input type="checkbox"/> RAILWAY TRAIN <input type="checkbox"/> BICYCLIST <p>CRASH TYPE</p> <input type="checkbox"/> HEAD ON <input type="checkbox"/> REAR END <input type="checkbox"/> ANGLE <input type="checkbox"/> SIDESWIPE <input type="checkbox"/> MANNER UNKNOWN <p>FIXED OBJECT</p> <input type="checkbox"/> BARRICADE <input type="checkbox"/> BOULDER / ROCK <input type="checkbox"/> BRIDGE O/PASS or RAILING <input type="checkbox"/> BUILDING <input type="checkbox"/> CULVERT HEADWALL <input type="checkbox"/> CURBING <input type="checkbox"/> DITCH <input type="checkbox"/> DIVIDER - CNCRT or STEEL <input type="checkbox"/> FENCE - NOT MEDIAN <input type="checkbox"/> FIRE HYDRANT <input type="checkbox"/> HIGHWAY GUARDRAIL <input type="checkbox"/> HIGHWAY SIGN <input type="checkbox"/> IMPACT ABSORBER <input type="checkbox"/> LIGHT STANDARD <input type="checkbox"/> MAILBOX <input type="checkbox"/> OVERHEAD SIGN POST <input type="checkbox"/> OVERHEAD STRUCTURE <input type="checkbox"/> PIER or COLUMN <input type="checkbox"/> RETAINING WALL <input type="checkbox"/> SIDESLOPE EARTH <input type="checkbox"/> SIDESLOPE ROCK or STONE <input type="checkbox"/> TRAFFIC SIGNAL POST <input type="checkbox"/> TREE <input type="checkbox"/> UNDERPASS TUNNEL <input type="checkbox"/> UTILITY POLE <input type="checkbox"/> OTHER FIXED (Explain) <p>OTHER OBJECT (NOT FIXED)</p> <input type="checkbox"/> ANIMAL <input type="checkbox"/> THROWN / FALLING OBJECT <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER OBJECT (Explain) <p>EVENT LOCATION</p> <p>ON ROADWAY</p> <input type="checkbox"/> NON-INTERSECTION <input type="checkbox"/> INTERSECTION <input type="checkbox"/> INTERSECTION RELATED <input type="checkbox"/> DRIVEWAY ACCESS <input type="checkbox"/> INTERCHANGE AREA <input type="checkbox"/> RAILROAD CROSSING <input type="checkbox"/> BRIDGE <input type="checkbox"/> TUNNEL <input type="checkbox"/> OTHER ON-ROAD AREA <p>OFF ROADWAY</p> <input type="checkbox"/> SHOULDER <input type="checkbox"/> TURNOUT <input type="checkbox"/> ROADSIDE <input type="checkbox"/> BEYOND RIGHT OF WAY <input type="checkbox"/> MEDIAN <input type="checkbox"/> DRIVEWAY <input type="checkbox"/> PRIVATE DRIVE <input type="checkbox"/> RAILROAD CROSSING <input type="checkbox"/> OTHER OFF ROAD <input type="checkbox"/> PARKING LOT <input type="checkbox"/> UNKNOWN <p>SPECIAL ZONE</p> <input type="checkbox"/> NONE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> MAINTENANCE <input type="checkbox"/> UTILITY <input type="checkbox"/> SNOW <input type="checkbox"/> SCHOOL <input type="checkbox"/> UNKNOWN WORK <input type="checkbox"/> OTHER	<p>WEATHER</p> <input type="checkbox"/> CLEAR <input type="checkbox"/> CLOUDY (OVERCAST) <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW <input type="checkbox"/> SLEET / HAIL / ETC <input type="checkbox"/> FOG / SMOG <input type="checkbox"/> SMOKE <input type="checkbox"/> BLOWING SAND / DIRT <input type="checkbox"/> SEVERE CROSSWIND <input type="checkbox"/> OTHER / UNKNOWN <p>SURFACE CONDITION</p> <p>#1 #2</p> <input type="checkbox"/> DRY <input type="checkbox"/> WET <input type="checkbox"/> SNOW / SLUSH <input type="checkbox"/> ICY <input type="checkbox"/> MUDDY <input type="checkbox"/> DEBRIS <input type="checkbox"/> RUTS / HOLES / BUMPS <input type="checkbox"/> WORN / POLISHED <input type="checkbox"/> LOW / SOFT SHOULDER <input type="checkbox"/> OTHER (Explain) <p>SURFACE TYPE</p> <p>#1 #2</p> <input type="checkbox"/> CONCRETE <input type="checkbox"/> BLACKTOP / ASPHALT <input type="checkbox"/> GRAVEL <input type="checkbox"/> DIRT <input type="checkbox"/> OTHER <p>LIGHT</p> <input type="checkbox"/> FULL DAYLIGHT <input type="checkbox"/> DAWN <input type="checkbox"/> DUSK <input type="checkbox"/> DARK - LIGHTED WAY <input type="checkbox"/> DARK - NOT LIGHTED <input type="checkbox"/> UNKNOWN <p>TRAFFIC CONTROL TYPE</p> <p>#1 #2</p> <input type="checkbox"/> NONE <input type="checkbox"/> SCHOOL BUS LIGHTS <input type="checkbox"/> OFFICER / CROSSING GUARD or FLAGGER <input type="checkbox"/> TRAFFIC SIGNAL w/ PEDESTRIAN CONTROL <input type="checkbox"/> TRAFFIC SIGNAL <input type="checkbox"/> FLASHING BEACON <input type="checkbox"/> STOP SIGN <input type="checkbox"/> YIELD SIGN <input type="checkbox"/> RR CROSSING GATES <input type="checkbox"/> RR CROSSING BUCKS <input type="checkbox"/> RR FLASHING SIGNAL <input type="checkbox"/> RR CROSSING w/ PAVEMENT MARKINGS <input type="checkbox"/> LANE CONTRLS / LINES / STRIPES / DEVICES <input type="checkbox"/> SCHOOL SIGNAL <input type="checkbox"/> OTHER REG SIGN <input type="checkbox"/> TURN LANES <input type="checkbox"/> UNKNOWN <p>TRAFFIC CONTROL DEVICE CONDITION</p> <p>#1 #2</p> <input type="checkbox"/> NO MALFUNCTION <input type="checkbox"/> DOWN / MISSING <input type="checkbox"/> TURNED FROM PROPER POSITION <input type="checkbox"/> OBSCURED BY OTHER SIGNS <input type="checkbox"/> OBSCURED BY PARKED VEHICLE <input type="checkbox"/> OBSCURED BY VEGETATION <input type="checkbox"/> LIGHTS MALFUNCTION <input type="checkbox"/> LIGHTS STUCK <input type="checkbox"/> GATES INOPERATIVE <input type="checkbox"/> GATE ARM MISSING <input type="checkbox"/> OTHER RR MALFUNCTN <input type="checkbox"/> OTHER IMPAIRMENT <input type="checkbox"/> UNKNOWN	<p>ROAD CHARACTER</p> <p>#1 #2</p> <input type="checkbox"/> STRAIGHT and LEVEL <input type="checkbox"/> STRAIGHT w/ GRADE <input type="checkbox"/> CURVED and LEVEL <input type="checkbox"/> CURVED w/ GRADE <p>VEH #1 — NUMBER OF LANES</p> <p>VEH #2 — NUMBER OF LANES</p> <p>— TOTAL NUMBER OF LANES</p> <p>ROAD FLOW</p> <p>#1 #2</p> <input type="checkbox"/> ONE WAY TRAFFIC <input type="checkbox"/> NOT PHYSLY DIVIDED <p>MEDIAN TYPE</p> <input type="checkbox"/> UNPAVED <input type="checkbox"/> BARRIER <input type="checkbox"/> PAVED <input type="checkbox"/> CONT LEFT TURN <p>DRIVER LICENSE VIOLATION</p> <p>DRIVER #1 #2</p> <input type="checkbox"/> NONE <input type="checkbox"/> INSTRUCTION PERMIT <input type="checkbox"/> LICENSE RESTRICTION <input type="checkbox"/> EXPIRED LICENSE <input type="checkbox"/> OUT OF CLASS <input type="checkbox"/> SUSPNDED / REVOKED <input type="checkbox"/> UNLICENSED <p>★ DRIVER FACTORS</p> <p>DRIVER #1 #2</p> <input type="checkbox"/> NONE <input type="checkbox"/> CELL PHONE USE <input type="checkbox"/> OBSTRUCTED VIEW <input type="checkbox"/> FAILED TO YIELD ROW <input type="checkbox"/> DISRGRD TRAF SIGN <input type="checkbox"/> TOO FAST FOR COND <input type="checkbox"/> MADE IMPROPER TURN <input type="checkbox"/> WRONG SIDEWAY <input type="checkbox"/> FOLLOW TOO CLOSELY <input type="checkbox"/> IMPROPER LANE CHNG <input type="checkbox"/> IMPROPER BACKING <input type="checkbox"/> IMPROPER PASSING <input type="checkbox"/> IMPROPER SIGNAL <input type="checkbox"/> IMPROPER PARKING <input type="checkbox"/> FATIGUE / DROWSY <input type="checkbox"/> ILL / BLACKOUT <input type="checkbox"/> INATTENTIVE <input type="checkbox"/> DISTRACTED <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER (Explain) <p>★ IMPAIRMENT</p> <p>DRIVER #1 #2</p> <input type="checkbox"/> NONE <input type="checkbox"/> UNDER INFL - DRUGS <input type="checkbox"/> UNDER INFL - ALCOHOL <input type="checkbox"/> UNDER INFL - MEDS <input type="checkbox"/> UNDER INFL-MARIJUANA <input type="checkbox"/> UNKNOWN <p>DETERMINED BY:</p> <input type="checkbox"/> INTOXILYZER TEST <input type="checkbox"/> BLOOD OR URINE TEST <input type="checkbox"/> FIELD SOB. TEST <input type="checkbox"/> OBSERVED (SPEECH, ODOR, ETC.) <input type="checkbox"/> DRE EVALUATION <input type="checkbox"/> STATEMENTS <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER (Explain) <p>RESULTS OF TEST:</p> <p>D1 _____% D2 _____%</p> <input type="checkbox"/> NO TEST GIVEN <input type="checkbox"/> TEST REFUSED <input type="checkbox"/> TESTED FOR DRUGS <input type="checkbox"/> RESLTS NOT AVAILABLE	<p>★ VEH RELATED FACTORS</p> <p>#1 #2</p> <input type="checkbox"/> NONE <input type="checkbox"/> BRAKES <input type="checkbox"/> STEERING <input type="checkbox"/> POWER PLANT <input type="checkbox"/> SUSPENSION <input type="checkbox"/> TIRES <input type="checkbox"/> EXHAUST <input type="checkbox"/> LIGHTS <input type="checkbox"/> SIGNALS <input type="checkbox"/> WINDOWS / WINDSHLD <input type="checkbox"/> RESTRAINT SYSTEM <input type="checkbox"/> WHEELS <input type="checkbox"/> COUPLING <input type="checkbox"/> CARGO <input type="checkbox"/> OTHER <p>VEHICLE MOVEMENT</p> <p>#1 #2</p> <input type="checkbox"/> BACKING <input type="checkbox"/> STOPPED <input type="checkbox"/> STRAIGHT AHEAD <input type="checkbox"/> TURNING RIGHT <input type="checkbox"/> TURNING LEFT <input type="checkbox"/> MAKING U-TURN <input type="checkbox"/> ENTER TRAFFIC LANE <input type="checkbox"/> LEAVE TRAFFIC LANE <input type="checkbox"/> OVERTAKING <input type="checkbox"/> CHANGING LANES <input type="checkbox"/> AVOIDING MANEUVER <input type="checkbox"/> MERGING <input type="checkbox"/> PARKING <input type="checkbox"/> NEGOTIATING A CURVE <input type="checkbox"/> OTHER <p>TRAILER TYPE</p> <p>#1 #2</p> <input type="checkbox"/> LOG BUNK <input type="checkbox"/> SEMITRAILER <input type="checkbox"/> POLE TRAILER <input type="checkbox"/> FULL TRAILER <input type="checkbox"/> MOBILE HOME <input type="checkbox"/> UTILITY TRAILER <input type="checkbox"/> TRAVEL TRAILER <input type="checkbox"/> BOAT TRAILER <input type="checkbox"/> FARM EQUIPMENT <input type="checkbox"/> HORSE TRAILER <input type="checkbox"/> VEHICLE IN TOW <input type="checkbox"/> OTHER / UNKNOWN	<p>TRUCK CONFIGURATION</p> <p>#1 #2</p> <input type="checkbox"/> TRUCK (2 or 3 AXLE) <input type="checkbox"/> TRUCK / TRACTOR-SEMI <input type="checkbox"/> TRUCK and TRAILER <input type="checkbox"/> DOUBLE TRAILERS <input type="checkbox"/> TRIPLE TRAILERS <input type="checkbox"/> DROMEDARY and SEMI <input type="checkbox"/> HEAVY HAUL CONFIG <input type="checkbox"/> BUS <input type="checkbox"/> OTHER (Explain) <p>★ PASSENGER FACTORS</p> <p>PASS UNIT #1</p> <p>#1 #2</p> <input type="checkbox"/> NONE <input type="checkbox"/> INTERFERED w/DRIVER <input type="checkbox"/> UNDER INFL - DRUGS <input type="checkbox"/> UNDER INFL - ALCOHOL <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER (Explain) <p>PASS UNIT #2</p> <p>#1 #2</p> <input type="checkbox"/> NONE <input type="checkbox"/> INTERFERED w/DRIVER <input type="checkbox"/> UNDER INFL - DRUGS <input type="checkbox"/> UNDER INFL - ALCOHOL <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER (Explain) <p>PEDESTRIAN LOCATION</p> <p>IN ROAD</p> <input type="checkbox"/> IN X-WALK <input type="checkbox"/> NOT IN X-WALK <input type="checkbox"/> NO X-WALK AVAILABLE <p>INTERSECTION</p> <input type="checkbox"/> IN X-WALK <input type="checkbox"/> NOT IN X-WALK <input type="checkbox"/> NO X-WALK AVAILABLE <p>OTHER</p> <input type="checkbox"/> NOT IN ROADWAY <input type="checkbox"/> SHOULDER <input type="checkbox"/> MEDIAN <input type="checkbox"/> BIKE LANE <input type="checkbox"/> UNKNOWN	<p>PEDESTRIAN TYPE</p> <input type="checkbox"/> NONE <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> BICYCLIST <input type="checkbox"/> CONVEYANCE <input type="checkbox"/> WHEELCHAIR <input type="checkbox"/> ANIMAL RIDER <input type="checkbox"/> RIDER of ANIM DRAWN VEH <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER (Explain) <p>ENTER / CROSS ROAD</p> <input type="checkbox"/> WALK / RIDE w/TRAFF <input type="checkbox"/> WALK / RIDE AGAINST <input type="checkbox"/> STEP ON / OFF VEHICLE <input type="checkbox"/> APPRCH / LEAVE SC BUS <input type="checkbox"/> APPROACH / LEAVE VEH <input type="checkbox"/> WORK / PUSHING VEHICLE <input type="checkbox"/> OTHER WORKING <input type="checkbox"/> PLAYING <input type="checkbox"/> STANDING <input type="checkbox"/> LYING DOWN <input type="checkbox"/> UNKNOWN <p>PED / BIKE VISIBILITY</p> <p>CLOTHING</p> <input type="checkbox"/> NO CONTRAST w/BKGRND <input type="checkbox"/> CONTRASTED w/BKGRND <input type="checkbox"/> REFLECTIVE <p>OTHER</p> <input type="checkbox"/> OTHER LIGHT SOURCE <input type="checkbox"/> UNKNOWN <p>★ PED / BIKE FACTORS</p> <input type="checkbox"/> NONE <input type="checkbox"/> FAILED TO YIELD ROW <input type="checkbox"/> DISREGARD TRAFFIC SIGN <input type="checkbox"/> ILLEGALLY IN ROAD <input type="checkbox"/> EQUIPMENT VIOLATION <input type="checkbox"/> CLOTHING NOT VISIBLE <input type="checkbox"/> UNDER INFL - DRUGS <input type="checkbox"/> UNDER INFL - ALCOHOL <input type="checkbox"/> INATTENTIVE <input type="checkbox"/> DISTRACTED <input type="checkbox"/> CELL PHONE <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER (Explain)
<p>SKETCH & NARRATIVE</p> <p style="text-align:left;"> <input type="checkbox"/> SKID MARKS TO (FEET) _____ <input type="checkbox"/> DISTANCE AFTER (FEET) _____ </p>					

DMV		OREGON POLICE TRAFFIC CRASH REPORT					PAGE	OF		
POLICE INCIDENT / CASE NUMBER	CRASH DATE	DAY OF WEEK M T W TH F S SN	CRASH TIME AM PM	POLICE NOTIFIED AM PM	POLICE ARRIVAL AM PM	DMV FILE NUMBER				
COUNTY	ROAD ON WHICH CRASH OCCURRED		LATITUDE	LONGITUDE	MILE POST	DMV CODE				
<input type="checkbox"/> WITHIN _____ FEET N S OF NEAREST INTERSECTING ROAD <input type="checkbox"/> NEAR _____ MILES E W			<input type="checkbox"/> WITHIN _____ FEET N S OF NEAREST CITY / TOWN <input type="checkbox"/> NEAR _____ MILES E W							
<input type="checkbox"/> PROPERTY DAMAGE <input type="checkbox"/> PUBLIC PROPERTY DAMAGE ESTIMATE: <input type="checkbox"/> UNDER \$1500 <input type="checkbox"/> OVER \$1500 <input type="checkbox"/> UNKNOWN			<input type="checkbox"/> HAZ. MATERIALS <input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> TRAIN R/R <input type="checkbox"/> TRUCK / BUS							
UNIT #	NAME (LAST, FIRST, MIDDLE)			DRIVER LICENSE NUMBER		STATE	SEX	RACE	DOB	
PED	ADDRESS					PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL ()				
BIC										
PRK	VEHICLE OWNER					PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL ()				
PRP	<input type="checkbox"/> SAME									
INSURANCE COMPANY <input type="checkbox"/> NONE			INSURANCE POLICY NUMBER							
VEHICLE IDENTIFICATION NUMBER (VIN)		LICENSE PLATE NUMBER	STATE	YEAR	MAKE	MODEL	STYLE	COLOR		
VEHICLE TOWED DUE TO VEHICLE DAMAGE Y N <input type="checkbox"/> UNKNOWN BY: _____ TO: _____			DRIVER TAKEN: Y N <input type="checkbox"/> UNKNOWN BY: _____ TO: _____							
VEHICLE DAMAGE							MARK ALL THAT APPLY: DAMAGE ESTIMATE <input type="checkbox"/> ROLLOVER <input type="checkbox"/> NONE <input type="checkbox"/> UNDERCAR <input type="checkbox"/> UNDER \$1500 <input type="checkbox"/> TOTALED <input type="checkbox"/> OVER \$1500 <input type="checkbox"/> UNKNOWN			
FRONT			ACTION / ARREST / CITES							
USE ARROW TO SHOW FIRST IMPACT (SHADE IN DAMAGED AREA)										
UNIT #	NAME (LAST, FIRST, MIDDLE)			DRIVER LICENSE NUMBER		STATE	SEX	RACE	DOB	
PED	ADDRESS					PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL ()				
BIC										
PRK	VEHICLE OWNER					PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL ()				
PRP	<input type="checkbox"/> SAME									
INSURANCE COMPANY <input type="checkbox"/> NONE			INSURANCE POLICY NUMBER							
VEHICLE IDENTIFICATION NUMBER (VIN)		LICENSE PLATE NUMBER	STATE	YEAR	MAKE	MODEL	STYLE	COLOR		
VEHICLE TOWED DUE TO VEHICLE DAMAGE Y N <input type="checkbox"/> UNKNOWN BY: _____ TO: _____			DRIVER TAKEN: Y N <input type="checkbox"/> UNKNOWN BY: _____ TO: _____							
VEHICLE DAMAGE							MARK ALL THAT APPLY: DAMAGE ESTIMATE <input type="checkbox"/> ROLLOVER <input type="checkbox"/> NONE <input type="checkbox"/> UNDERCAR <input type="checkbox"/> UNDER \$1500 <input type="checkbox"/> TOTALED <input type="checkbox"/> OVER \$1500 <input type="checkbox"/> UNKNOWN			
FRONT			ACTION / ARREST / CITES							
USE ARROW TO SHOW FIRST IMPACT (SHADE IN DAMAGED AREA)										
UNIT #	<input type="checkbox"/> PASSENGER NAME <input type="checkbox"/> WITNESS			ADDRESS						
SEX	RACE	DOB	PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL ()							
PASSENGER TAKEN: Y N <input type="checkbox"/> UNKNOWN BY: _____ TO: _____										
UNIT #	<input type="checkbox"/> PASSENGER NAME <input type="checkbox"/> WITNESS			ADDRESS						
SEX	RACE	DOB	PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL ()							
PASSENGER TAKEN: Y N <input type="checkbox"/> UNKNOWN BY: _____ TO: _____										
UNIT #	<input type="checkbox"/> PASSENGER NAME <input type="checkbox"/> WITNESS			ADDRESS						
SEX	RACE	DOB	PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL ()							
PASSENGER TAKEN: Y N <input type="checkbox"/> UNKNOWN BY: _____ TO: _____										
DISTRIBUTION										
OFFICER NAME / NUMBER				DATE	AGENCY					

Accident Responsibilities & Information

This Form is for Informational Purposes Only

This form has been provided to you as a courtesy. Information on this form will help you complete your personal Accident Report Form for DMV.

Oregon law requires you to file an accident report with DMV within 72 hours if:

- Damage to the vehicle you were driving is over \$1,500;
- Damage to the property other than a vehicle is over \$1,500;
- Damage to any vehicle is greater than \$1,500 and any vehicle is towed from the scene of the crash due to damage from the crash;
- There is injury or death resulting from the crash.

You must report an accident even if it happened on private property that is premises open to the public, like a store parking lot.

You can get an Accident Report Form from your local law enforcement agency, your local DMV, and/or DMV website at www.oregondmv.com.

Failure to report an accident will result in the suspension of your driving privilege. This suspension will be effective for a period of 5 years, or until DMV receives a report, whichever is less. You may also be required to file proof of insurance for 3 years.

Oregon law requires all motor vehicle owners to maintain liability insurance coverage. DMV checks the insurance information on all accident reports. If DMV finds you were uninsured at the time of the accident, or you fail to show proof of insurance on the Accident Report Form, DMV will suspend your driving privilege for 1 year, and then you must file proof of insurance for 3 years after the suspension.



OREGON POLICE TRAFFIC CRASH REPORT ADDITION

PAGE OF

POLICE INCIDENT / CASE NUMBER CRASH DATE
COUNTY

UNIT # NAME (LAST, FIRST, MIDDLE) DRIVER LICENSE NUMBER STATE SEX RACE DOB
ADDRESS PHONE: HOME WORK CELL

FIRE STD SPD PST SPD INSURANCE COMPANY INSURANCE POLICY NUMBER
EJECTED EXTRACTD VEHICLE IDENTIFICATION NUMBER (VIN) LICENSE PLATE NUMBER STATE YEAR MAKE MODEL STYLE COLOR

VEHICLE TOWED DUE TO VEHICLE DAMAGE Y N UNKNOWN
VEHICLE DAMAGE FRONT MARK ALL THAT APPLY: DAMAGE ESTIMATE ROLLOVER NONE UNDERCART UNDER \$1500 TOTALED OVER \$1500 UNKNOWN
INJURY: NONE COMPLAINT OF PAIN VISIBLE INJURY INCAPACITATED FATAL
EQUIPMENT: NO EQP USED LAP ONLY LAP / SHLDR CHLD RST-PRP A/BAG-DEPLYD NONE INSTLD UNKNOWN SHLDR ONLY HELMET CHLD RST-IMPR A/BAG-NOT DP ACTION / ARREST / CITES

UNIT # PASSENGER NAME WITNESS ADDRESS
SEX RACE DOB PHONE: HOME WORK CELL
INJURY COMPLAINT OF PAIN INCAPACITATED LOCATION OTHER: EJECTED EXTRACTD
EQUIPMENT NO EQP USED LAP ONLY LAP / SHLDR CHLD RST-PRP A/BAG-DEPLYD NONE INSTLD UNKNOWN SHLDR ONLY HELMET CHLD RST-IMPR A/BAG-NOT DP

UNIT # PASSENGER NAME WITNESS ADDRESS
SEX RACE DOB PHONE: HOME WORK CELL
INJURY COMPLAINT OF PAIN INCAPACITATED LOCATION OTHER: EJECTED EXTRACTD
EQUIPMENT NO EQP USED LAP ONLY LAP / SHLDR CHLD RST-PRP A/BAG-DEPLYD NONE INSTLD UNKNOWN SHLDR ONLY HELMET CHLD RST-IMPR A/BAG-NOT DP

UNIT # PASSENGER NAME WITNESS ADDRESS
SEX RACE DOB PHONE: HOME WORK CELL
INJURY COMPLAINT OF PAIN INCAPACITATED LOCATION OTHER: EJECTED EXTRACTD
EQUIPMENT NO EQP USED LAP ONLY LAP / SHLDR CHLD RST-PRP A/BAG-DEPLYD NONE INSTLD UNKNOWN SHLDR ONLY HELMET CHLD RST-IMPR A/BAG-NOT DP

UNIT # PASSENGER NAME WITNESS ADDRESS
SEX RACE DOB PHONE: HOME WORK CELL
INJURY COMPLAINT OF PAIN INCAPACITATED LOCATION OTHER: EJECTED EXTRACTD
EQUIPMENT NO EQP USED LAP ONLY LAP / SHLDR CHLD RST-PRP A/BAG-DEPLYD NONE INSTLD UNKNOWN SHLDR ONLY HELMET CHLD RST-IMPR A/BAG-NOT DP

UNIT # PASSENGER NAME WITNESS ADDRESS
SEX RACE DOB PHONE: HOME WORK CELL
INJURY COMPLAINT OF PAIN INCAPACITATED LOCATION OTHER: EJECTED EXTRACTD
EQUIPMENT NO EQP USED LAP ONLY LAP / SHLDR CHLD RST-PRP A/BAG-DEPLYD NONE INSTLD UNKNOWN SHLDR ONLY HELMET CHLD RST-IMPR A/BAG-NOT DP

UNIT # PASSENGER NAME WITNESS ADDRESS
SEX RACE DOB PHONE: HOME WORK CELL
INJURY COMPLAINT OF PAIN INCAPACITATED LOCATION OTHER: EJECTED EXTRACTD
EQUIPMENT NO EQP USED LAP ONLY LAP / SHLDR CHLD RST-PRP A/BAG-DEPLYD NONE INSTLD UNKNOWN SHLDR ONLY HELMET CHLD RST-IMPR A/BAG-NOT DP

UNIT # PASSENGER NAME WITNESS ADDRESS
SEX RACE DOB PHONE: HOME WORK CELL
INJURY COMPLAINT OF PAIN INCAPACITATED LOCATION OTHER: EJECTED EXTRACTD
EQUIPMENT NO EQP USED LAP ONLY LAP / SHLDR CHLD RST-PRP A/BAG-DEPLYD NONE INSTLD UNKNOWN SHLDR ONLY HELMET CHLD RST-IMPR A/BAG-NOT DP

UNIT # PASSENGER NAME WITNESS ADDRESS
SEX RACE DOB PHONE: HOME WORK CELL
INJURY COMPLAINT OF PAIN INCAPACITATED LOCATION OTHER: EJECTED EXTRACTD
EQUIPMENT NO EQP USED LAP ONLY LAP / SHLDR CHLD RST-PRP A/BAG-DEPLYD NONE INSTLD UNKNOWN SHLDR ONLY HELMET CHLD RST-IMPR A/BAG-NOT DP

DISTRIBUTION
OFFICER NAME / NUMBER DATE AGENCY APPROVED BY

POLICE INCIDENT / CASE NUMBER	EMS NOTIFIED	AM PM	EMS ARRIVAL	AM PM	LOCAL CODES	A	B	PAGE	OF
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Check ONE box in all categories. Check ALL boxes that apply in categories with (★).

<p>SURFACE CONDITION</p> <p>#3</p> <p><input type="checkbox"/> DRY <input type="checkbox"/> WET <input type="checkbox"/> SNOW / SLUSH <input type="checkbox"/> ICY <input type="checkbox"/> MUDDY <input type="checkbox"/> DEBRIS <input type="checkbox"/> RUTS / HOLES / BUMPS <input type="checkbox"/> WORN / POLISHED <input type="checkbox"/> LOW / SOFT SHOULDER <input type="checkbox"/> OTHER (Explain)</p> <p>SURFACE TYPE</p> <p>#3</p> <p><input type="checkbox"/> CONCRETE <input type="checkbox"/> BLACKTOP / ASPHALT <input type="checkbox"/> GRAVEL <input type="checkbox"/> DIRT <input type="checkbox"/> OTHER</p> <p>TRAFFIC CONTROL TYPE</p> <p>#3</p> <p><input type="checkbox"/> NONE <input type="checkbox"/> SCHOOL BUS LIGHTS <input type="checkbox"/> OFFICER / CROSSING GUARD or FLAGGER <input type="checkbox"/> TRAFFIC SIGNAL w/ PEDESTRIAN CONTROL <input type="checkbox"/> TRAFFIC SIGNAL <input type="checkbox"/> FLASHING BEACON <input type="checkbox"/> STOP SIGN <input type="checkbox"/> YIELD SIGN <input type="checkbox"/> RR CROSSING GATES <input type="checkbox"/> RR CROSSING BUCKS <input type="checkbox"/> RR FLASHING SIGNAL <input type="checkbox"/> RR CROSSING w/ PAVEMENT MARKINGS <input type="checkbox"/> LANE CONTRLS / LINES / STRIPES / DEVICES <input type="checkbox"/> SCHOOL SIGNAL <input type="checkbox"/> OTHER REG SIGN <input type="checkbox"/> TURN LANES <input type="checkbox"/> UNKNOWN</p> <p>TRAFFIC CONTROL DEVICE CONDITION</p> <p>#3</p> <p><input type="checkbox"/> NO MALFUNCTION <input type="checkbox"/> DOWN / MISSING <input type="checkbox"/> TURNED FROM PROPER POSITION <input type="checkbox"/> OBSCURED BY OTHER SIGNS <input type="checkbox"/> OBSCURED BY PARKED VEHICLE <input type="checkbox"/> OBSCURED BY VEGETATION <input type="checkbox"/> LIGHTS MALFUNCTION <input type="checkbox"/> LIGHTS STUCK <input type="checkbox"/> GATES INOPERATIVE <input type="checkbox"/> GATE ARM MISSING <input type="checkbox"/> OTHER RR MALFUNCTN <input type="checkbox"/> OTHER IMPAIRMENT <input type="checkbox"/> UNKNOWN</p>	<p>ROAD CHARACTER</p> <p>#3</p> <p><input type="checkbox"/> STRAIGHT and LEVEL <input type="checkbox"/> STRAIGHT w/ GRADE <input type="checkbox"/> CURVED and LEVEL <input type="checkbox"/> CURVED w/ GRADE</p> <p>VEH #3 — NUMBER OF LANES</p> <p>___ TOTAL NUMBER OF LANES</p> <p>ROAD FLOW</p> <p>#3</p> <p><input type="checkbox"/> ONE WAY TRAFFIC <input type="checkbox"/> NOT PHYSLY DIVIDED</p> <p>MEDIAN TYPE</p> <p><input type="checkbox"/> UNPAVED <input type="checkbox"/> BARRIER <input type="checkbox"/> PAVED <input type="checkbox"/> CONT LEFT TURN</p> <p>DRIVER LICENSE VIOLATION</p> <p>DRIVER</p> <p>#3</p> <p><input type="checkbox"/> NONE <input type="checkbox"/> INSTRUCTION PERMIT <input type="checkbox"/> LICENSE RESTRICTION <input type="checkbox"/> EXPIRED LICENSE <input type="checkbox"/> OUT OF CLASS <input type="checkbox"/> SUSPNDED / REVOKED <input type="checkbox"/> UNLICENSED</p> <p>★ DRIVER FACTORS</p> <p>DRIVER</p> <p>#3</p> <p><input type="checkbox"/> NONE <input type="checkbox"/> CELL PHONE USE <input type="checkbox"/> OBSTRUCTED VIEW <input type="checkbox"/> FAILED TO YIELD ROW <input type="checkbox"/> DISRGRD TRAF SIGN <input type="checkbox"/> TOO FAST FOR COND <input type="checkbox"/> MADE IMPROPER TURN <input type="checkbox"/> WRONG SIDE/WAY <input type="checkbox"/> FOLLOW TOO CLOSELY <input type="checkbox"/> IMPROPER LANE CHNG <input type="checkbox"/> IMPROPER BACKING <input type="checkbox"/> IMPROPER PASSING <input type="checkbox"/> IMPROPER SIGNAL <input type="checkbox"/> IMPROPER PARKING <input type="checkbox"/> FATIGUE / DROWSY <input type="checkbox"/> ILL / BLACKOUT <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER (Explain)</p> <p>★ IMPAIRMENT</p> <p>DRIVER</p> <p>#3</p> <p><input type="checkbox"/> NONE <input type="checkbox"/> UNDER INFL - DRUGS <input type="checkbox"/> UNDER INFL - ALCOHOL <input type="checkbox"/> UNDER INFL - MEDS <input type="checkbox"/> UNKNOWN</p> <p>DETERMINED BY:</p> <p><input type="checkbox"/> INTOXILYZER TEST <input type="checkbox"/> BLOOD OR URINE TEST <input type="checkbox"/> FIELD SOB. TEST <input type="checkbox"/> OBSERVED (SPEECH, ODOR, ETC.) <input type="checkbox"/> DRE EVALUATION <input type="checkbox"/> STATEMENTS <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER (Explain)</p> <p>RESULTS OF TEST:</p> <p>D1 ___%</p> <p><input type="checkbox"/> NO TEST GIVEN <input type="checkbox"/> TEST REFUSED <input type="checkbox"/> TESTED FOR DRUGS <input type="checkbox"/> RESLTS NOT AVAILABLE</p>	<p>★VEH RELATED FACTORS</p> <p>#3</p> <p><input type="checkbox"/> NONE <input type="checkbox"/> BRAKES <input type="checkbox"/> STEERING <input type="checkbox"/> POWER PLANT <input type="checkbox"/> SUSPENSION <input type="checkbox"/> TIRES <input type="checkbox"/> EXHAUST <input type="checkbox"/> LIGHTS <input type="checkbox"/> SIGNALS <input type="checkbox"/> WINDOWS / WINDSHLD <input type="checkbox"/> RESTRAINT SYSTEM <input type="checkbox"/> WHEELS <input type="checkbox"/> COUPLING <input type="checkbox"/> CARGO <input type="checkbox"/> OTHER</p> <p>VEHICLE MOVEMENT</p> <p>#3</p> <p><input type="checkbox"/> BACKING <input type="checkbox"/> STOPPED <input type="checkbox"/> STRAIGHT AHEAD <input type="checkbox"/> TURNING RIGHT <input type="checkbox"/> TURNING LEFT <input type="checkbox"/> MAKING U-TURN <input type="checkbox"/> ENTER TRAFFIC LANE <input type="checkbox"/> LEAVE TRAFFIC LANE <input type="checkbox"/> OVERTAKING <input type="checkbox"/> CHANGING LANES <input type="checkbox"/> AVOIDING MANEUVER <input type="checkbox"/> MERGING <input type="checkbox"/> PARKING <input type="checkbox"/> NEGOTIATING A CURVE <input type="checkbox"/> OTHER</p> <p>TRAILER TYPE</p> <p>#3</p> <p><input type="checkbox"/> LOG BUNK <input type="checkbox"/> SEMITRAILER <input type="checkbox"/> POLE TRAILER <input type="checkbox"/> FULL TRAILER <input type="checkbox"/> MOBILE HOME <input type="checkbox"/> UTILITY TRAILER <input type="checkbox"/> TRAVEL TRAILER <input type="checkbox"/> BOAT TRAILER <input type="checkbox"/> FARM EQUIPMENT <input type="checkbox"/> HORSE TRAILER <input type="checkbox"/> VEHICLE IN TOW <input type="checkbox"/> OTHER / UNKNOWN</p> <p>TRUCK CONFIGURATION</p> <p>#3</p> <p><input type="checkbox"/> TRUCK (2 or 3 AXLE) <input type="checkbox"/> TRUCK / TRACTOR-SEMI <input type="checkbox"/> TRUCK and TRAILER <input type="checkbox"/> DOUBLE TRAILERS <input type="checkbox"/> TRIPLE TRAILERS <input type="checkbox"/> DROMEDARY and SEMI <input type="checkbox"/> HEAVY HAUL CONFIG <input type="checkbox"/> BUS <input type="checkbox"/> OTHER (Explain)</p> <p>★ PASSENGER FACTORS</p> <p>PASS UNIT #3</p> <p>#3</p> <p><input type="checkbox"/> NONE <input type="checkbox"/> INTERFERED w/DRIVER <input type="checkbox"/> UNDER INFL - DRUGS <input type="checkbox"/> UNDER INFL - ALCOHOL <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER (Explain)</p>
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