Conversion Table for Feet to Miles:

<table>
<thead>
<tr>
<th>Feet Miles (Hundredths)</th>
<th>Feet Miles (Hundredths)</th>
<th>Feet Miles (Hundredths)</th>
<th>Feet Miles (Hundredths)</th>
<th>Feet Miles (Hundredths)</th>
<th>Feet Miles (Hundredths)</th>
<th>Feet Miles (Hundredths)</th>
<th>Feet Miles (Hundredths)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Mile 5280 1/5 .20 1056 .40 2112 .60 3168 .80 4224</td>
<td>.01 53 .21 1109 .41 2165 .61 3221 .81 4277</td>
<td>.02 106 .22 1162 .42 2218 .62 3274 .82 4330</td>
<td>.03 158 .23 1215 .43 2270 .63 3326 .83 4382</td>
<td>.04 211 .24 1267 .44 2323 .64 3379 .84 4435</td>
<td>.05 264 1/4 .25 1320 .45 2376 .65 3432 .85 4488</td>
<td>.06 317 .26 1373 .46 2429 .66 3485 .86 4540</td>
<td>.07 370 .27 1426 .47 2482 .67 3538 .87 4594</td>
</tr>
</tbody>
</table>

When crash occurred at an intersection: Write the name of the intersecting road in the ROAD ON WHICH CRASH OCCURRED. Check the “Within” box.

When crash did not occur at an intersection: Write the name of the nearest intersecting road. Please do not use street address, PO BOX numbers, or landmarks. Check the “Near” box. Complete the “Feet” or “Miles” lines giving distances from the crash scene to the intersecting road and circle whether the crash location was N, S, E, or W of the intersecting road.

NEAREST CITY/TOWN

This element is critical to identify the crash location. Complete this section even if the crash did not occur inside a city or town.

When crash occurred inside city or town: Write the name of the city or town. Check the “within” box.

When crash occurred outside city or town: Write the name of the nearest city or town. Check the “Near” box. Complete the “Feet” or “Miles” lines giving distances from the crash scene to the city limits of the nearest city or town and circle whether the crash location was N, S, E, or W of the city or town.
Check all that apply

**Property Damage:** Check this box if the crash involved property damage other than vehicle damage and is not public property.

**Public Property Damage:** Check this box when public property is damaged. Utilize this to assist in notifying the official responsible that city, county, or state property was damaged and should be examined for repair or replacement. Traffic control signs, street lights, fire hydrants, guardrails, and parking meters are examples of public property.

If there is property damage over $2500 to either public property or private property other than a vehicle, all drivers involved in the crash are required to report the crash to DMV.

**Estimate (damage amount):** For the amount of damage to public or private property, check the over $2500 damage box or the under $2500 damage box. If you don’t know, check unknown. If both private and public properties are damaged, use the NARRATIVE to further explain when the damage amount is over $2500 for one type of property but under $2500 for the other.

**Hazardous Materials:** Check this box if the crash involved a vehicle carrying hazardous materials. Assume vehicles displaying the hazardous materials placard contain hazardous materials. Write the unit number(s) of the vehicle carrying hazardous materials next to this box, or include the information in the NARRATIVE.

**Photos Taken:** Check this box if a law enforcement officer takes pictures.

**Train R/R:** Check this box if the crash involved a train.

**Truck/Bus:** Check this box if the crash involved a truck/bus.

**UNIT #**

Assign a UNIT number to each driver, vehicle, pedestrian, bicyclist, damaged property or “other” involved in the crash. ODOT will record the same basic data for each of these “units,” if applicable. On Form 735-46A (Appendix A) Page 1, there is space for collection of information on two units separated by a section labeled “HIT AND RUN.” If there are three units involved, you may utilize the supplemental Form 735-46B (Appendix B - Oregon Police Traffic Crash Report Addition).

There are three entries for passenger/witness information on Form 735-46A, Page 1. If there is a need for more entries, you can use the supplemental Form 735-46B to add the passenger/witness information.

Form 735-46B includes fields for the Police Incident/Case Number, Crash Date, and County in the “crash information” section. The “UNIT” and the “PASSENGER/WITNESS” sections are identical to Form 735-46A, Page 1. All instructions for Form 735-46B are the same as for Form 735-46A.

If there are more than three units, continue unit identification and descriptions on additional face sheets of Form 735-46A. Example: Add Unit 3 and Unit 4 on an additional face sheet. Utilize as many face sheets as needed to accommodate the number of units involved in the crash.
UNKNOWN: Check this box if it is not known whether the driver of the identified UNIT was transported from the scene of the crash.

BY: If the driver of the identified UNIT was transported from the scene of the crash, enter the name of the Emergency Medical Service transportation provider (Buck Ambulance, Eugene Fire Department, etc.).

TO: If the driver of the identified UNIT was transported from the scene of the crash, enter the name of the place and city where the injured person was taken (Sacred Heart Hospital-Eugene, Doctor’s Clinic-Bend, doctor’s office, etc., or unknown).

VEHICLE DAMAGE
The form shows a top view of an automobile diagram. If the vehicle is not an automobile, do your best to make the diagram work for you, or describe the damage in the NARRATIVE. Describe the overall extent of the damage in the NARRATIVE. 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.

Damage Estimate - Mark all That Apply (please estimate dollar damage even if you have marked the vehicle as a rollover or totaled).

NONE: Check this box to indicate that there were no damages to the identified UNIT.

UNDER $2500: Check this box to indicate that you estimate the amount of damage to the identified UNIT at less than $2500.

OVER $2500: Check this box to indicate that you estimate the amount of damage to the identified UNIT at more than $2500.

ROLLOVER: Check this box to indicate that the identified UNIT rolled over during the course of the crash.

UNDERCAR: Check this box to indicate that there is damage to undercarriage of the identified UNIT.

TOTALED: Check this box to indicate that the identified UNIT was “totaled” as a result of the crash.

UNKNOWN: Check this box if information regarding the extent of the damage to the identified UNIT is not known.

INJURY
This section identifies the injury status of the person listed in connection with the identified UNIT. Use the same code descriptions for passengers as drivers.

NONE: Check this box to indicate that there was no bodily harm to the driver of the identified UNIT. Do not consider the effects of disease such as stroke, heart attack, diabetic coma, epileptic seizure, etc., as crash related injuries.

COMPLAINT OF PAIN: Check this box to indicate any injury claimed by the driver of the identified UNIT. Examples include momentary unconsciousness, complaint of pain, limping, nausea, etc.
**VISIBLE INJURY**: Check this box to indicate any injury to the driver of the identified UNIT which is evident to observers at the scene of the crash. Examples include a visible lump, abrasions, cuts, bruises, minor lacerations, etc.

**INCAPACITATED**: Check this box to indicate any injury to the driver of the identified UNIT that prevents the injured party from walking, driving, or normally continuing the activities he or she was capable of performing before the injury occurred. Examples include broken or distorted limbs, skull or chest injuries, abdominal injuries, unconscious at or when taken from the crash scene, unable to leave crash scene without assistance, etc.

**FATAL**: Check this box to indicate that the driver of the identified UNIT is deceased as a result of the crash. (Death does not have to have occurred at the scene of the crash.)

**REMINDER**: Send a teletype to LEDS for all fatal crashes within 24 hours. Fatality information includes motor vehicle traffic crashes that result in the death of an occupant of a vehicle or a non-motorist within 30 days of the crash.

**EQUIPMENT**
This section identifies the safety equipment in use by the person listed in connection with the identified UNIT at the time of the crash. Use the same code descriptions for passengers as drivers. Check all that apply.

- **NONE INSTLD**: If the vehicle was without any safety equipment installed.
- **NO EQP USED**: If safety equipment was available but was not in use.
- **UNKNOWN**: If it is unknown whether safety equipment was in use.
- **LAP ONLY**: If only a lap belt was in use.
- **SHLDR ONLY**: If only a shoulder harness was in use.
- **LAP/SHELDR**: If both a lap belt and shoulder harness were in use.
- **HELMET**: If a helmet was in use.
- **CHLD RST-PRP**: If a child restraint was in use and used properly.
- **CHLD RST-IMPR**: If a child restraint was in use but used improperly.
- **A/BAG-DEPLYD**: If an airbag was available and deployed.
- **A/BAG-NOT DP**: If an airbag was available but did not deploy.

**ACTION/ARREST/CITES**
Record the basic information for any action taken. For example, if a DUII citation was issued to the driver of this unit, write “citation-DUII.” As space allows, you may wish to also record the abstract number from the UTC or any other information that you will need later to identify the citation.

**HIT AND RUN**
The purpose of this section is to identify that the crash involved a “hit and run.” If the crash involves a “hit and run,” complete this section with any known information.
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.
### Police Incident / Case Number

<table>
<thead>
<tr>
<th>Category</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Incident Type</strong></td>
<td>Non Collision, Overturn, Fire / Explosion, Injury, Gas Inflammation, Other Non Collision, Medical (Explain)</td>
</tr>
<tr>
<td><strong>Collision With</strong></td>
<td>Pedestrian, Parked Motor Vehicle, Railway Train, Bicycle, Fixed Object</td>
</tr>
<tr>
<td><strong>Crash Type</strong></td>
<td>Head on, End Angle, Side Swipe, Angle, Rear End, Head On</td>
</tr>
<tr>
<td><strong>Surface Condition</strong></td>
<td>Dry, Wet, Snow / Slush, Ety, Muddy, Debris, Ruts / Holes / Bumps, Work / Polished, Low / Soft Shoulder, Other (Explain)</td>
</tr>
<tr>
<td><strong>Weather</strong></td>
<td>Clear, Cloudy (Overcast), Rain, Snow, Sleet / Hail / ETC, Fog / Smog, Smoke, Blowing Sand / Dirt, Other / Unknown</td>
</tr>
<tr>
<td><strong>Road Flow</strong></td>
<td>One Way Traffic, Straight and Level, Curved to Right, Curved to Left, Other / Unknown</td>
</tr>
<tr>
<td><strong>Light</strong></td>
<td>Full Daylight, Dawn, Dusk, Dark - Lighted Way, Dark - Not Lighted, Unknown</td>
</tr>
<tr>
<td><strong>Traffic Control Type</strong></td>
<td>None, School Bus Lights, Officer / Crossing Guard or Flagger, Traffic Signal w/ Pedestrian Control, Traffic Signal w/ Pedestrian Signal, Flashing Beacon, Stop Sign, Yield Sign, RR Crossing Gates, RR Crossing Humps, RR Flashing Signal, RR Crossing w/ Paving Markings, Lane Controls / Lanes / Stripes / Devices, School Signal, Other Reg Sign, Turn Lanes, Unknown</td>
</tr>
<tr>
<td><strong>Traffic Control Device Condition</strong></td>
<td>No Malfunction, Down / Missing Turned From Proper Position, Observed by Other Signs, Obscured by Parked Vehicle, Obscured by Vegetation, Lights Malfunction, Lights Stuck, Gates Inoperative, Gate Arm Missing, Other RR Malfunction, Other Impairment, Unknown</td>
</tr>
<tr>
<td><strong>Pedestrian Type</strong></td>
<td>None, Pedestrian, Bicyclist, Convoy, Wheelchair, Animal Rider, Rider of Anam Drawn Veh</td>
</tr>
<tr>
<td><strong>Passenger Factors</strong></td>
<td>None, Interfered w/Driver, Under Infl - Drugs, Under Infl - Alcohol, Unknown, Improp Restr EQP Use, Other (Explain)</td>
</tr>
<tr>
<td><strong>Event Location</strong></td>
<td>On Roadway, Non-Intersection, Intersection, Intersection Related, Driveway Access, Interchange Area, Railroad Crossing, Bridge, Tunnel, Other On-Road Area</td>
</tr>
<tr>
<td><strong>Event Location Type</strong></td>
<td>Shoulder, Turnout, Roadside, Beyond Right of Way, Median, Driveway, Private Drive, Railroad Crossing, Other Off-Road, Parking Lot, Unknown</td>
</tr>
<tr>
<td><strong>Impairment</strong></td>
<td>None, Under Infl - Drugs, Under Infl - Alcohol, Under Infl - Meds, Under Infl - Marijuana, Unknown</td>
</tr>
<tr>
<td><strong>In Road</strong></td>
<td>In X-Walk, Not In X-Walk, No X-Walk Available</td>
</tr>
<tr>
<td><strong>Intersection</strong></td>
<td>Under Infl - Drugs, Under Infl - Alcohol, Unknown, Improp Restr EQP Use, Other (Explain)</td>
</tr>
<tr>
<td><strong>Occupation</strong></td>
<td>Driver, Passenger, Pedestrian, Bicyclist, Others</td>
</tr>
<tr>
<td><strong>Vehicle Movement</strong></td>
<td>Backing, Stopped, Straight Ahead, Turning Right, Turning Left, Making U-Turn, Entering Traffic Lane, Leaving Traffic Lane, Overtaking, Changing Lanes, Avoiding Maneuver, Merging, Parking, Arranging a Curve, Other</td>
</tr>
<tr>
<td><strong>Veh # 1</strong></td>
<td>Logo Bunk, Semi-Trailer, Pole Trailer, Full Trailer, Mobile Home, Utility Trailer, Travel Trailer, Farm Equipment, Horse Trailer, Vehicle in Tow, Other / Unknown</td>
</tr>
<tr>
<td><strong>Veh # 2</strong></td>
<td>Log Bunk, Semi-Trailer, Pole Trailer, Full Trailer, Mobile Home, Utility Trailer, Travel Trailer, Farm Equipment, Horse Trailer, Vehicle in Tow, Other / Unknown</td>
</tr>
<tr>
<td><strong>Placement</strong></td>
<td>In Road, Off Road, Other (Explain)</td>
</tr>
<tr>
<td><strong>Other Veh / Bike Factors</strong></td>
<td>None, Failed to Yield, Road - Disregarded Traffic Sign, Illegally in Road, Equipment Violation, Clothing Not Visible, Under Infl - Drugs, Under Infl - Alcohol, Inattentive, Distracted, Cell Phone, Other (Explain)</td>
</tr>
<tr>
<td><strong>Other Object / (Not Fixed)</strong></td>
<td>Animal, Thrown / Falling Object, Unknown, Other Object (Explain)</td>
</tr>
</tbody>
</table>

### Sketch & Narrative

**Unit** 1  2

1. **Skid Marks to (Feet)**
2. **Distance After (Feet)**
3. **Ped / Bike Visibility**
4. **Other Light Source**
5. **Other** (Explain)
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 $2,500; Damage to the property other than a vehicle is over $2,500; Damage to any vehicle is greater than $2,500 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

UNIT # NAME (LAST, FIRST, MIDDLE) PHONE: HOME WORK CELL

PED BIC ADDRESS

PRP VEHICLE OWNER PHONE: HOME WORK CELL

STISPO PSTISPO INSURANCE COMPANY INSURANCE POLICY NUMBER

EJECTED EXTRACTED VEHICLE IDENTIFICATION NUMBER (VIN) LICENSE PLATE NUMBER STATE: YEAR MAKE

INCAPACITATED ROLLOVER DAMAGE ESTIMATE:

FRONT MARK ALL THAT APPLY:

VEHICLE TOWED DUE TO VEHICLE DAMAGE UNKNOWN

VEHICLE DAMAGE DASHBOARD:

INJURY: NONE COMPLAIN OF PAIN INCAPACITATED FATAL

LOCATION: DRF CFR LFR RFR OTHER: EJECTED EXTRACTED

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

DISTRIBUTION

OFFICER NAME / NUMBER DATE AGENCY APPROVED BY

STK# 300025

735-46B (1-10)
<table>
<thead>
<tr>
<th>SURFACE CONDITION</th>
<th>#3</th>
<th>DRY</th>
<th>WET</th>
<th>SNOW / SLUSH</th>
<th>ICY</th>
<th>MUDDY</th>
<th>DEBRIS</th>
<th>NUTS / HOLES / BUMPS</th>
<th>WORN / POLISHED</th>
<th>LOW / SOFT SHOULDER</th>
<th>OTHER (Explain)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRAFFIC CONTROL TYPE</td>
<td>#3</td>
<td>NONE</td>
<td>SCHOOL BUS LIGHTS</td>
<td>OFFICER / CROSSING GUARD or FLAGGER</td>
<td>TRAFFIC SIGNAL w/ PEDESTRIAN CONTROL</td>
<td>TRAFFIC SIGNAL</td>
<td>FLASHING BEACON</td>
<td>STOP SIGN</td>
<td>YIELD SIGN</td>
<td>RR CROSSING GATES</td>
<td>RR CROSSING BUCKS</td>
</tr>
<tr>
<td>TRAFFIC CONTROL DEVICE CONDITION</td>
<td>#3</td>
<td>NO MALFUNCTION</td>
<td>DOWN / MISSING</td>
<td>TURNED FROM PROPER POSITION</td>
<td>OBSCURED BY OTHER SIGNS</td>
<td>OBSCURED BY PARKED VEHICLE</td>
<td>OBSCURED BY VEGETATION</td>
<td>LIGHTS MALFUNCTION</td>
<td>LIGHTS STUCK</td>
<td>GATES INOPERATIVE</td>
<td>GATE ARM MISSING</td>
</tr>
<tr>
<td>ROAD CHARACTER</td>
<td>#3</td>
<td>STRAIGHT and LEVEL</td>
<td>STRAIGHT w/ GRADE</td>
<td>CURVED and LEVEL</td>
<td>CURVED w/ GRADE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VEH #</td>
<td>NUMBER OF LANES</td>
<td>TOTAL NUMBER OF LANES</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DRIVER LICENSE VIOLATION</td>
<td>#3</td>
<td>NONE</td>
<td>RESTRICTION PERMIT</td>
<td>LICENSE RESTRICTION</td>
<td>EXPIRED LICENSE</td>
<td>OUT OF CLASS</td>
<td>SUSPENDED / REVOKED</td>
<td>UNLICENSED</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DRIVER FACTORS</td>
<td>#3</td>
<td>NONE</td>
<td>CELL PHONE USE</td>
<td>OBSTRUCTED VIEW</td>
<td>FAILED TO YIELD ROW</td>
<td>DISREGARD TRAFFIC SIGN</td>
<td>TOO FAST FOR COND</td>
<td>MADE IMPROPER TURN</td>
<td>TOO CLOSELY</td>
<td>IMPROPER LANE CHNG</td>
<td>IMPROPER PASSING</td>
</tr>
<tr>
<td>DRIVER IMPAIRMENT</td>
<td>#3</td>
<td>NONE</td>
<td>UNDER INFL - DRUGS</td>
<td>UNDER INFL - ALCOHOL</td>
<td>UNDER INFL - Meds</td>
<td>UNDER INFL - MARIJUANA</td>
<td>UNDER INFL - COCAINE</td>
<td>DETERMINED BY:</td>
<td>INTOXICATING TEST</td>
<td>BLOOD OR URINE TEST</td>
<td>FIELD SOB TEST</td>
</tr>
<tr>
<td>RESULTS OF TEST:</td>
<td>#1</td>
<td>OTHER (Explain)</td>
<td>NO TEST GIVEN</td>
<td>TEST REFUSED</td>
<td>TESTED FOR DRUGS</td>
<td>TESTS NOT AVAILABLE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**POLICE TRUCK / BUS / HAZMAT CRASH SUPPLEMENTAL**

Complete this form if one or more qualifying vehicles was involved. Check at least one box in Category 1 and 2 listed below.

<table>
<thead>
<tr>
<th>Category 1</th>
<th>Category 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fatal</td>
<td>9 or more seats including driver</td>
</tr>
<tr>
<td>Injury</td>
<td>10,001 lbs or more (GVR or GCWR)</td>
</tr>
<tr>
<td>Vehicle Towed Due to Damage</td>
<td>Any vehicle displaying hazardous material placard</td>
</tr>
</tbody>
</table>

**POLICE INCIDENT / CASE NUMBER**

**CRASH DATE**

**DAY OF WEEK**

**M T W TH F S SN**

**CRASH TIME**

**AM PM**

**ROAD ON WHICH CRASH OCCURRED**

**BRIEF NARRATIVE:**

---

**VEHICLE INFORMATION**

<table>
<thead>
<tr>
<th>BASE PLATE NUMBER</th>
<th>OR DOT PLATE NUMBER</th>
<th>STATE</th>
<th>PLATE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>GROSS VEHICLE WEIGHT RATING or GROSS COMBINATION WEIGHT RATING</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- 10,000 lbs or LESS
- 10,001 lbs to 26,000 lbs
- GREATER THAN 26,000 lbs

Did vehicle have a HAZARDOUS MATERIAL placard? 1. Yes 2. No

If "Yes," enter name or 4 digit number from placard diamond or box (CODE #2)

Enter 1 Digit Number from bottom of diamond:

**CRASH DATE**

**DAY OF WEEK**

**M T W TH F S SN**

**CRASH TIME**

**AM PM**

**ROAD ON WHICH CRASH OCCURRED**

**BRIEF NARRATIVE:**

---

**SEQUENCE OF EVENTS (for this vehicle)**

| 1 | 2 |
| CROSS MEDIAN / CENTERLINE | NON-COLLISION: EQUIPMENT FAILURE (TIRES, ETC.) |
| CRASH INVOLVING MOTOR VEHICLE IN TRANSPORT | CRASH INVOLVING PARKED MOTOR VEHICLE |
| CRASH INVOLVING TRAIN | CRASH INVOLVING PEDESTRIAN |
| CRASH INVOLVING FIXED OBJECT | NO COLLISION: OTHER OBJECT |
| CRASH INVOLVING OTHER OBJECT |
| CRASH INVOLVING UNKNOW MOVABLE OBJECT |
| CRASH INVOLVING ANIMAL |
| CRASH INVOLVING PEDAL CYCLE |

**CARRIER INFORMATION**

MARK ALL THAT APPLY:

- INTERSTATE
- INTRASTATE
- NOT IN COMMERCE - GOVERNMENT (TRUCKS / BUSES)
- NOT IN COMMERCE - OTHER (OVER 10,000 LBS)

**NAME**

**ADDRESS (Street or PO Box Number)**

**CITY**

**STATE**

**ZIP CODE**

**IDENTIFICATION NUMBERS**

None = 0

**US DOT**

**MC / MX**

---

**DRIVER INFORMATION**

**NAME**

**DRIVER LICENSE #**

**STATE**

**CLASS**

**ENDORSEMENT**

---

**CO-DRIVER INFORMATION**

**NAME**

**DRIVER LICENSE #**

**STATE**

**CLASS**

**ENDORSEMENT**

---

**DRIVER HOURS RECAP**

For Certified Inspectors

<table>
<thead>
<tr>
<th>DATE</th>
<th>HOURS ON DUTY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**FRONT**

**TOTAL**

---

**OFFICER NAME / NUMBER**

**DATE**

**AGENCY**

**APPROVED BY**

---

* FAX only this Supplemental report to ODOT Crash Analysis Reporting Unit at (503) 986-4249 within 24 hours.

**STN # 300570**

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