

Conversion Table for Feet to Miles:

Miles (Hundredths)	Feet	Miles (Hundredths)	Feet	Miles (Hundredths)	Feet	Miles (Hundredths)	Feet	Miles (Hundredths)	Feet
1 Mile	5280	1/5 .20	1056	.40	2112	.60	3168	.80	4224
.01	53	.21	1109	.41	2165	.61	3221	.81	4277
.02	106	.22	1162	.42	2218	.62	3274	.82	4330
.03	158	.23	1215	.43	2270	.63	3326	.83	4382
.04	211	.24	1267	.44	2323	.64	3379	.84	4435
.05	264	1/4 .25	1320	.45	2376	.65	3432	.85	4488
.06	317	.26	1373	.46	2429	.66	3485	.86	4540
.07	370	.27	1426	.47	2482	.67	3538	.87	4594
.08	422	.28	1478	.48	2535	.68	3590	.88	4646
.09	475	.29	1531	.49	2587	.69	3643	.89	4700
1/10 .10	528	.30	1584	1/2 .50	2640	.70	3696	.90	4752
.11	581	.31	1637	.51	2693	.71	3749	.91	4805
1/8 .12	634	.32	1690	.52	2746	.72	3802	.92	4858
.13	686	1/3 .33	1742	.53	2798	.73	3855	.93	4910
.14	739	.34	1795	.54	2851	.74	3907	.94	4963
.15	792	.35	1848	.55	2904	3/4 .75	3960	.95	5016
.16	845	.36	1901	.56	2957	.76	4013	.96	5069
1/6 .17	898	.37	1954	.57	3010	.77	4066	.97	5122
.18	950	.38	2006	.58	3062	.78	4118	.98	5174
.19	1003	.39	2059	.59	3115	.79	4171	.99	5227

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 EOP 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/SHLDR: 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

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

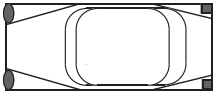
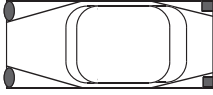
Print the name of officer(s) completing this form and the officer’s badge or identification number designated by your department. Write the date you completed the report.

AGENCY

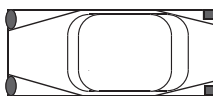
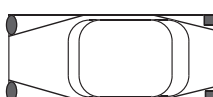
Enter name of your police agency. If you abbreviate, be sure the abbreviation is unique to your agency. Example: “PPD” could be Pendleton Police Department, Prineville Police Department, etc.

APPROVED BY (OPTIONAL)

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

DMV										OREGON POLICE TRAFFIC CRASH REPORT										PAGE <input type="text"/> OF <input type="text"/>	
POLICE INCIDENT / CASE NUMBER				CRASH DATE			DAY OF WEEK M T W T H 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		
<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 \$2500 <input type="checkbox"/> OVER \$2500 <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 BIC PRK PRP				ADDRESS						PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL ()											
PRK PRP				VEHICLE OWNER						PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL ()											
<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 <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"/> UNDERCARR <input type="checkbox"/> UNDER \$2500 <input type="checkbox"/> TOTALED <input type="checkbox"/> OVER \$2500 <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			ACTION / ARREST / CITES		
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 ()											
PRK PRP				VEHICLE OWNER						PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL ()											
<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 <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"/> UNDERCARR <input type="checkbox"/> UNDER \$2500 <input type="checkbox"/> TOTALED <input type="checkbox"/> OVER \$2500 <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			ACTION / ARREST / CITES		
USE ARROW TO SHOW FIRST IMPACT (SHADE IN DAMAGED AREA)																					
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PASSENGER TAKEN: Y N <input type="checkbox"/> UNKNOWN				BY:			TO:			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			INJURY	COMPLAINT OF PAIN	INCAPACITATED	LOCATION		OTHER:	EJECTED	EXTRCTD	
SEX		RACE		DOB		PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL ()			<input type="checkbox"/> NONE	<input type="checkbox"/> VISIBLE INJURY	<input type="checkbox"/> FATAL	<input type="checkbox"/> LFL	<input type="checkbox"/> CCF	<input type="checkbox"/> RRF	<input type="checkbox"/> LRL	<input type="checkbox"/> CCR	<input type="checkbox"/> RRR		<input type="checkbox"/> Y P N	<input type="checkbox"/> Y N	
PASSENGER TAKEN: Y N <input type="checkbox"/> UNKNOWN				BY:			TO:			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			INJURY	COMPLAINT OF PAIN	INCAPACITATED	LOCATION		OTHER:	EJECTED	EXTRCTD	
SEX		RACE		DOB		PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL ()			<input type="checkbox"/> NONE	<input type="checkbox"/> VISIBLE INJURY	<input type="checkbox"/> FATAL	<input type="checkbox"/> LFL	<input type="checkbox"/> CCF	<input type="checkbox"/> RRF	<input type="checkbox"/> LRL	<input type="checkbox"/> CCR	<input type="checkbox"/> RRR		<input type="checkbox"/> Y P N	<input type="checkbox"/> Y N	
PASSENGER TAKEN: Y N <input type="checkbox"/> UNKNOWN				BY:			TO:			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						

POLICE INCIDENT / CASE NUMBER	EMS NOTIFIED	AM PM	EMS ARRIVAL	AM PM	LOCAL CODES	A	B	PAGE	OF
Check ONE box in all categories. Check ALL boxes that apply in categories with (★).									
FIRST HARMFUL EVENT NON COLLISION <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) COLLISION WITH <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> PARKED MOTOR VEHICLE <input type="checkbox"/> RAILWAY TRAIN <input type="checkbox"/> BICYCLIST CRASH TYPE <input type="checkbox"/> HEAD ON <input type="checkbox"/> REAR END <input type="checkbox"/> ANGLE <input type="checkbox"/> SIDESWIPE <input type="checkbox"/> MANNER UNKNOWN FIXED OBJECT <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) OTHER OBJECT (NOT FIXED) <input type="checkbox"/> ANIMAL <input type="checkbox"/> THROWN / FALLING OBJECT <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER OBJECT (Explain)	WEATHER <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 SURFACE CONDITION #1 #2 <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) SURFACE TYPE #1 #2 <input type="checkbox"/> CONCRETE <input type="checkbox"/> BLACKTOP / ASPHALT <input type="checkbox"/> GRAVEL <input type="checkbox"/> DIRT <input type="checkbox"/> OTHER LIGHT <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 TRAFFIC CONTROL TYPE #1 #2 <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 TRAFFIC CONTROL DEVICE CONDITION #1 #2 <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 MALFUNCTION <input type="checkbox"/> OTHER IMPAIRMENT <input type="checkbox"/> UNKNOWN	ROAD CHARACTER #1 #2 <input type="checkbox"/> STRAIGHT and LEVEL <input type="checkbox"/> STRAIGHT w/ GRADE <input type="checkbox"/> CURVED and LEVEL <input type="checkbox"/> CURVED w/ GRADE VEH #1 — NUMBER OF LANES VEH #2 — NUMBER OF LANES — TOTAL NUMBER OF LANES ROAD FLOW #1 #2 <input type="checkbox"/> ONE WAY TRAFFIC <input type="checkbox"/> NOT PHYSLY DIVIDED MEDIAN TYPE <input type="checkbox"/> UNPAVED <input type="checkbox"/> BARRIER <input type="checkbox"/> PAVED <input type="checkbox"/> CONT LEFT TURN DRIVER LICENSE VIOLATION DRIVER #1 #2 <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 ★ DRIVER FACTORS DRIVER #1 #2 <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 <input type="checkbox"/> BLACKOUT <input type="checkbox"/> INATTENTIVE <input type="checkbox"/> DISTRACTED <input type="checkbox"/> UNKNOWN <input type="checkbox"/> IMPROP RESTR EQP USE <input type="checkbox"/> OTHER (Explain) ★ IMPAIRMENT DRIVER #1 #2 <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 DETERMINED BY: <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) RESULTS OF TEST: D1 _____% D2 _____% <input type="checkbox"/> NO TEST GIVEN <input type="checkbox"/> TEST REFUSED <input type="checkbox"/> TESTED FOR DRUGS <input type="checkbox"/> RESLTS NOT AVAILABLE	★ VEH RELATED FACTORS #1 #2 <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 VEHICLE MOVEMENT #1 #2 <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 MANUEVER <input type="checkbox"/> MERGING <input type="checkbox"/> PARKING <input type="checkbox"/> NEGOTIATING A CURVE <input type="checkbox"/> OTHER	TRUCK CONFIGURATION #1 #2 <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) ★ PASSENGER FACTORS PASS UNIT #1 #1 #2 <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"/> IMPROP RESTR EQP USE <input type="checkbox"/> OTHER (Explain) PASS UNIT #2 #1 #2 <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"/> IMPROP RESTR EQP USE <input type="checkbox"/> OTHER (Explain) PEDESTRIAN LOCATION IN ROAD <input type="checkbox"/> IN X-WALK <input type="checkbox"/> NOT IN X-WALK <input type="checkbox"/> NO X-WALK AVAILABLE INTERSECTION <input type="checkbox"/> IN X-WALK <input type="checkbox"/> NOT IN X-WALK <input type="checkbox"/> NO X-WALK AVAILABLE OTHER <input type="checkbox"/> NOT IN ROADWAY <input type="checkbox"/> SHOULDER <input type="checkbox"/> MEDIAN <input type="checkbox"/> BIKE LANE <input type="checkbox"/> UNKNOWN	PEDESTRIAN TYPE <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) <input type="checkbox"/> ENTER / CROSS ROAD <input type="checkbox"/> WALK / RIDE w/TRAFF <input type="checkbox"/> WALK / RIDE AGAINST <input type="checkbox"/> STEP ON / OFF VEHICLE <input type="checkbox"/> STEP ON / OFF SCH BUS <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 PED / BIKE VISIBILITY CLOTHING <input type="checkbox"/> NO CONTRAST w/BKGRND <input type="checkbox"/> CONTRASTED w/BKGRND <input type="checkbox"/> REFLECTIVE OTHER <input type="checkbox"/> OTHER LIGHT SOURCE <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER (Explain) ★ PED / BIKE FACTORS <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)				
					SKETCH & NARRATIVE				
					UNIT 1 2 SKID MARKS TO (FEET) _____ DISTANCE AFTER (FEET) _____				
(NOT TO SCALE)									

DMV		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		
<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 \$2500 <input type="checkbox"/> OVER \$2500 <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								
<input type="checkbox"/> NONE INSURANCE COMPANY				INSURANCE POLICY NUMBER					
VEHICLE IDENTIFICATION NUMBER (VIN)			LICENSE PLATE NUMBER	STATE	YEAR	MAKE	MODEL	STYLE	COLOR
VEHICLE TOWED DUE TO VEHICLE DAMAGE <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNKNOWN				DRIVER TAKEN: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNKNOWN					
BY: _____ TO: _____				BY: _____ TO: _____					
VEHICLE DAMAGE FRONT 				MARK ALL THAT APPLY: DAMAGE ESTIMATE <input type="checkbox"/> NONE <input type="checkbox"/> UNDER \$2500 <input type="checkbox"/> OVER \$2500 <input type="checkbox"/> ROLLOVER <input type="checkbox"/> UNDERCAR <input type="checkbox"/> TOTALED <input type="checkbox"/> UNKNOWN					
USE ARROW TO SHOW FIRST IMPACT (SHADE IN DAMAGED AREA)				ACTION / ARREST / CITES					
[REDACTED SECTION]									
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								
<input type="checkbox"/> NONE INSURANCE COMPANY				INSURANCE POLICY NUMBER					
VEHICLE IDENTIFICATION NUMBER (VIN)			LICENSE PLATE NUMBER	STATE	YEAR	MAKE	MODEL	STYLE	COLOR
VEHICLE TOWED DUE TO VEHICLE DAMAGE <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNKNOWN				DRIVER TAKEN: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNKNOWN					
BY: _____ TO: _____				BY: _____ TO: _____					
VEHICLE DAMAGE FRONT 				MARK ALL THAT APPLY: DAMAGE ESTIMATE <input type="checkbox"/> NONE <input type="checkbox"/> UNDER \$2500 <input type="checkbox"/> OVER \$2500 <input type="checkbox"/> ROLLOVER <input type="checkbox"/> UNDERCAR <input type="checkbox"/> TOTALED <input type="checkbox"/> UNKNOWN					
USE ARROW TO SHOW FIRST IMPACT (SHADE IN DAMAGED AREA)				ACTION / ARREST / CITES					
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: <input type="checkbox"/> Y <input type="checkbox"/> 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: <input type="checkbox"/> Y <input type="checkbox"/> 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: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNKNOWN				BY: _____ TO: _____					
DISTRIBUTION									
OFFICER NAME / NUMBER					DATE	AGENCY			[REDACTED]

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:

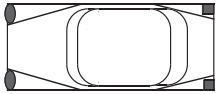
- Damage to the vehicle you were driving is over \$2,500; Damage to the property other than a vehicle is over \$2,500; Damage to any vehicle is greater than \$2,500 and any vehicle is towed from the scene of the crash due to damage from the crash;
- There is injury or death resulting from the crash.

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.

DMV 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		
PED BIC 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 ()					
<input type="checkbox"/> SAME											
FIRE Y N	STD SPD	PST SPD	INSURANCE COMPANY		INSURANCE POLICY NUMBER						
			<input type="checkbox"/> NONE								
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 <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNKNOWN					DRIVER TAKEN: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNKNOWN						
BY: _____ TO: _____					BY: _____ TO: _____						
VEHICLE DAMAGE					INJURY: <input type="checkbox"/> NONE <input type="checkbox"/> COMPLAINT OF PAIN <input type="checkbox"/> VISIBLE INJURY <input type="checkbox"/> INCAPACITATED <input type="checkbox"/> FATAL						
<div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">FRONT</div>  <div style="margin-left: 20px;"> <p>MARK ALL THAT APPLY:</p> <p>DAMAGE ESTIMATE <input type="checkbox"/> ROLLOVER</p> <p><input type="checkbox"/> NONE <input type="checkbox"/> UNDERCAR</p> <p><input type="checkbox"/> UNDER \$2500 <input type="checkbox"/> TOTALED</p> <p><input type="checkbox"/> OVER \$2500 <input type="checkbox"/> UNKNOWN</p> </div> </div>					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						
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 ()		INJURY <input type="checkbox"/> COMPLAINT OF PAIN <input type="checkbox"/> INCAPACITATED <input type="checkbox"/> NONE <input type="checkbox"/> VISIBLE INJURY <input type="checkbox"/> FATAL		LOCATION <input type="checkbox"/> LF <input type="checkbox"/> DF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> DR <input type="checkbox"/> RR		OTHER:	EJECTED Y P N	EXTRCTD Y N
PASSENGER TAKEN: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNKNOWN					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						
BY: _____ TO: _____					<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"/> COMPLAINT OF PAIN <input type="checkbox"/> INCAPACITATED <input type="checkbox"/> NONE <input type="checkbox"/> VISIBLE INJURY <input type="checkbox"/> FATAL		LOCATION <input type="checkbox"/> LF <input type="checkbox"/> DF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> DR <input type="checkbox"/> RR		OTHER:	EJECTED Y P N	EXTRCTD Y N
PASSENGER TAKEN: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNKNOWN					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						
BY: _____ TO: _____					<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"/> COMPLAINT OF PAIN <input type="checkbox"/> INCAPACITATED <input type="checkbox"/> NONE <input type="checkbox"/> VISIBLE INJURY <input type="checkbox"/> FATAL		LOCATION <input type="checkbox"/> LF <input type="checkbox"/> DF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> DR <input type="checkbox"/> RR		OTHER:	EJECTED Y P N	EXTRCTD Y N
PASSENGER TAKEN: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNKNOWN					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						
BY: _____ TO: _____					<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"/> COMPLAINT OF PAIN <input type="checkbox"/> INCAPACITATED <input type="checkbox"/> NONE <input type="checkbox"/> VISIBLE INJURY <input type="checkbox"/> FATAL		LOCATION <input type="checkbox"/> LF <input type="checkbox"/> DF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> DR <input type="checkbox"/> RR		OTHER:	EJECTED Y P N	EXTRCTD Y N
PASSENGER TAKEN: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNKNOWN					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						
BY: _____ TO: _____					<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"/> COMPLAINT OF PAIN <input type="checkbox"/> INCAPACITATED <input type="checkbox"/> NONE <input type="checkbox"/> VISIBLE INJURY <input type="checkbox"/> FATAL		LOCATION <input type="checkbox"/> LF <input type="checkbox"/> DF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> DR <input type="checkbox"/> RR		OTHER:	EJECTED Y P N	EXTRCTD Y N
PASSENGER TAKEN: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNKNOWN					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						
BY: _____ TO: _____					<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"/> COMPLAINT OF PAIN <input type="checkbox"/> INCAPACITATED <input type="checkbox"/> NONE <input type="checkbox"/> VISIBLE INJURY <input type="checkbox"/> FATAL		LOCATION <input type="checkbox"/> LF <input type="checkbox"/> DF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> DR <input type="checkbox"/> RR		OTHER:	EJECTED Y P N	EXTRCTD Y N
PASSENGER TAKEN: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNKNOWN					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						
BY: _____ TO: _____					<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	

POLICE INCIDENT / CASE NUMBER	EMS NOTIFIED	EMS ARRIVAL	LOCAL CODES				PAGE	OF
	AM PM	AM PM	A	B				

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

CATEGORY 1 <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input type="checkbox"/> VEHICLE TOWED DUE TO DAMAGE			CATEGORY 2 <input type="checkbox"/> 9 OR MORE SEATS INCLUDING DRIVER <input type="checkbox"/> 10,001 LBS OR MORE (GVWR or GCWR) <input type="checkbox"/> ANY VEHICLE DISPLAYING HAZARDOUS MATERIAL PLACARD		
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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
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BRIEF NARRATIVE:

VEHICLE INFORMATION	SEQUENCE OF EVENTS (for this vehicle)																																																																		
BASE PLATE NUMBER <input type="text"/> STATE <input type="text"/> PLATE NUMBER <input type="text"/> OR DOT PLATE NUMBER <input type="text"/> GROSS VEHICLE WEIGHT RATING or GROSS COMBINATION WEIGHT RATING <input type="checkbox"/> 10,000 LBS or LESS <input type="checkbox"/> 10,001 LBS to 26,000 LBS <input type="checkbox"/> GREATER THAN 26,000 LBS Did vehicle have a HAZARDOUS MATERIAL placard? 1. Yes 2. No <input type="checkbox"/> If "Yes," enter name or 4 digit number from placard diamond or box (CODE #32) <input type="text"/> Enter 1 Digit Number from bottom of diamond: Was hazardous material (cargo) released from this vehicle? 1. Yes 2. No Was inspection done on this vehicle? 1. Yes 2. No Inspection Number _____ Level: 1, 2, 3, 4	<table border="1"> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>CROSS MEDIAN / CENTERLINE</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>CRASH INVOLVING MOTOR VEHICLE IN TRANSPORT</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>NON-COLLISION: EQUIPMENT FAILURE (TIRE, ETC.)</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>CRASH INVOLVING PARKED MOTOR VEHICLE</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>COLLISION INVOLVING WORK ZONE MAINT. EQUIP.</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>CRASH INVOLVING TRAIN</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>RAN OFF ROAD</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>CRASH INVOLVING PEDAL CYCLE</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>JACKKNIFE / SKID</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>CRASH INVOLVING ANIMAL</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>OVERTURN</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>CRASH INVOLVING FIXED OBJECT</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>DOWNHILL RUNAWAY</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>CRASH INVOLVING OTHER OBJECT</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>CARGO LOSS OR SHIFT</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>NON-COLLISION: OTHER</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>EXPLOSION OR FIRE</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>COLLISION WITH UNKNOWN MOVABLE OBJECT</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>SEPARATION OF UNITS</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>OTHER</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>CRASH INVOLVING PEDESTRIAN</td> <td></td><td></td><td></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	CROSS MEDIAN / CENTERLINE	<input type="checkbox"/>	<input type="checkbox"/>	CRASH INVOLVING MOTOR VEHICLE IN TRANSPORT	<input type="checkbox"/>	<input type="checkbox"/>	NON-COLLISION: EQUIPMENT FAILURE (TIRE, ETC.)	<input type="checkbox"/>	<input type="checkbox"/>	CRASH INVOLVING PARKED MOTOR VEHICLE	<input type="checkbox"/>	<input type="checkbox"/>	COLLISION INVOLVING WORK ZONE MAINT. EQUIP.	<input type="checkbox"/>	<input type="checkbox"/>	CRASH INVOLVING TRAIN	<input type="checkbox"/>	<input type="checkbox"/>	RAN OFF ROAD	<input type="checkbox"/>	<input type="checkbox"/>	CRASH INVOLVING PEDAL CYCLE	<input type="checkbox"/>	<input type="checkbox"/>	JACKKNIFE / SKID	<input type="checkbox"/>	<input type="checkbox"/>	CRASH INVOLVING ANIMAL	<input type="checkbox"/>	<input type="checkbox"/>	OVERTURN	<input type="checkbox"/>	<input type="checkbox"/>	CRASH INVOLVING FIXED OBJECT	<input type="checkbox"/>	<input type="checkbox"/>	DOWNHILL RUNAWAY	<input type="checkbox"/>	<input type="checkbox"/>	CRASH INVOLVING OTHER OBJECT	<input type="checkbox"/>	<input type="checkbox"/>	CARGO LOSS OR SHIFT	<input type="checkbox"/>	<input type="checkbox"/>	NON-COLLISION: OTHER	<input type="checkbox"/>	<input type="checkbox"/>	EXPLOSION OR FIRE	<input type="checkbox"/>	<input type="checkbox"/>	COLLISION WITH UNKNOWN MOVABLE OBJECT	<input type="checkbox"/>	<input type="checkbox"/>	SEPARATION OF UNITS	<input type="checkbox"/>	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	<input type="checkbox"/>	CRASH INVOLVING PEDESTRIAN			
<input type="checkbox"/>	<input type="checkbox"/>	CROSS MEDIAN / CENTERLINE	<input type="checkbox"/>	<input type="checkbox"/>	CRASH INVOLVING MOTOR VEHICLE IN TRANSPORT																																																														
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<input type="checkbox"/>	<input type="checkbox"/>	CRASH INVOLVING PEDESTRIAN																																																																	

Select Appropriate

<input type="checkbox"/> 1		Triples (tractor with 3 trailers)
<input type="checkbox"/> 2		Triples (truck with 2 trailers)
<input type="checkbox"/> 3		Doubles (any)
<input type="checkbox"/> 4		Straight Truck-Full Trailer
<input type="checkbox"/> 5		Standard Tractor/Semi Trailer
<input type="checkbox"/> 6a		Single Truck
<input type="checkbox"/> 6b		
<input type="checkbox"/> 7		Bobtail
<input type="checkbox"/> 8		Saddlemount
<input type="checkbox"/> 9		Heavy Haul
<input type="checkbox"/> 10a*		BUS (9 or more seats including driver) BUS (16 or more seats including driver) NOT A BUS (Less than 9 seats including driver. Personal use van with 9 or more seats including driver.)
<input type="checkbox"/> 10b*		
<input type="checkbox"/> 10c*		
<input type="checkbox"/> 11a		PASSENGER (displaying HM Placard) LIGHT TRUCK (displaying HM Placard)
<input type="checkbox"/> 11b		

*BUS USE (circle one): School, Transit, Intercity, Charter, Other: _____

Cargo Body Type (circle appropriate type):
 Van, Flatbed, Tank, Dump, Belly-Dump, Pole, Garbage, Drop-Box, Auto Carrier, Livestock, Chip, Low-Boy, Mobile Home Toter, Utility, Container, Bulk-Hopper, Fixed Load, Concrete Mixer, Intermodal Chassis, Other: _____

CARRIER INFORMATION
MARK ALL THAT APPLY:

<input type="checkbox"/> INTERSTATE	<input type="checkbox"/> NOT IN COMMERCE - GOVERNMENT (TRUCKS / BUSES)
<input type="checkbox"/> INTRASTATE	<input type="checkbox"/> 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 (Last, First, Middle) _____

DRIVER LICENSE #	STATE	CLASS	ENDORSEMENT
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CO-DRIVER INFORMATION

NAME (Last, First, Middle) _____

DRIVER LICENSE #	STATE	CLASS	ENDORSEMENT
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DRIVER HOURS RECAP For Certified Inspectors		<input type="checkbox"/> FALSE LOG <input type="checkbox"/> NO LOG BOOK <input type="checkbox"/> DRIVER LOG NOT CURRENT <input type="checkbox"/> 60/70 HOUR RULE VIOLATION <input type="checkbox"/> 10 HOUR RULE VIOLATION <input type="checkbox"/> 15 HOUR RULE VIOLATION <input type="checkbox"/> CURRENT AND PREVIOUS DAYS LOG NOT IN POSSESSION <input type="checkbox"/> FAILURE TO RETAIN 7 PREVIOUS DAYS LOG
DATE	HOURS ON DUTY	
TOTAL		

VEHICLE DAMAGE
Use arrow to show first impact (shade in damaged area).

FRONT

OFFICER NAME / NUMBER	DATE	AGENCY	APPROVED BY
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