

THIS REPORT IS FOR THE USE OF THE DIVISION OF MOTOR VEHICLES. THE DATA IS COLLECTED FOR STATISTICAL ANALYSIS AND SUBSEQUENT HIGHWAY SAFETY PROGRAMMING. DETERMINATIONS OF "FAULT" ARE THE RESPONSIBILITY OF INSURERS OR OF THE STATE'S COURTS.

Do not write in these spaces

1 No. of Units Involved Form ___ of ___ Supplemental Report Non-Reportable
Date County Time Local Use/Patrol Area

Date Received by DMV

2 LOCATION 33 Relation to Roadway Surface Crash occurred In Near
Municipality on Highway Number, or Highway, Street, (If ramp or service road, indicate on line)
at or from Use Highway Number, Street Name or Adjacent County or State Line

4 UNIT # VEHICLE PEDESTRIAN HIT & RUN COMMERCIAL 20 VEHICLE
Driver First Middle Last
Address
City State Zip
D.L. # State
DOB 34 Vision Obstruction 35 Physical Condition 36 D.L. Restrictions
37 Alcohol/Drugs Suspected 38 Alcohol/Drugs Test 39 Results (if known) 40 Vehicle Seizure (DWI)

4 UNIT # VEHICLE PEDESTRIAN HIT & RUN OTHER
Driver First Middle Last
Address
City State Zip
D.L. # State
DOB 34 Vision Obstruction 35 Physical Condition 36 D.L. Restrictions
37 Alcohol/Drugs Suspected 38 Alcohol/Drugs Test 39 Results (if known) 40 Vehicle Seizure (DWI)


6 Owner Same as Driver?
Address Same Address as Driver?
City State Zip
Plate # Plate State Plate Year
VIN
Vehicle Make Year 41 Vehicle Style (Type) 42 Vehicle Drivable Yes No
43 TAD 44 Estimated Damage
Insurance Company
Policy #

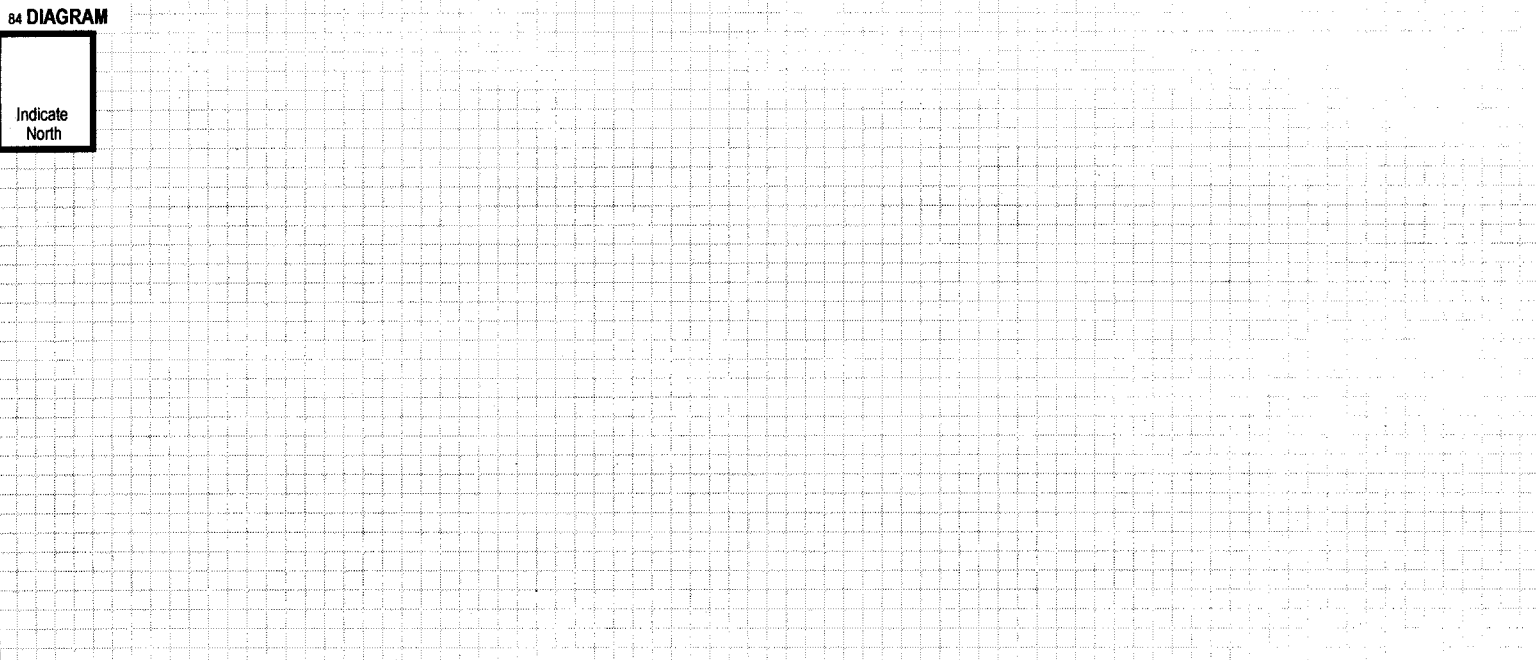
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20 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source
45 Cargo Body Type Same Address as Owner?
Source: Truck Shipping papers Driver
Carrier Identification Numbers, GVWR, Axles
US DOT# ICC# Axles on Vehicle including Trailers
State State# IFTA#
FEI# Fleet# Gross Vehicle Weight Rating

21 22 23 24 25 26 27 28 29 30 31 32 Names and Addresses for All Persons (Unit 1/Unit 2 Drv, Ped, etc. - See Above); Use check blocks if address same as Driver
A Unit1-Drv1, Ped1, etc. see above Veh# Towed To/By:
B Unit2-Drv2, Ped2, etc. see above Veh# Towed To/By:
C
D
E
F
G
H

46 Name of EMS
47 Injured Taken by EMS to (Treatment Facility and City or Town)
46 Name of EMS
47 Injured Taken by EMS to (Treatment Facility and City or Town)

48 POINTS OF INITIAL CONTACT (Write in Codes)	Unit# _____	VEHICLE INFO.		Veh.# _____	Veh.# _____	ROADWAY INFO.		WORK ZONE RELATED	
	Unit# _____	60 Authorized Speed Limit				69 Road Feature		78 Workzone Area	
CRASH SEQUENCE (Unit Level)	Unit# _____ Unit# _____	61 Estimate of Original Traveling Speed				70 Road Character		79 Work Activity	
		62 Estimate of Speed at Impact				71 Road Classification		80 Work Area Marked	
49 Vehicle Maneuver/Action		63 Tire Impressions Before Impact (ft.)				72 Road Surface Type		81 Crash Location	
50 Non-Motorist Action		64 Distance Traveled After Impact (ft.)				73 Road Configuration		TRAILER INFO. Unit# _____ Unit# _____	
51 Non-Motorist Location Prior to Impact		65 Emergency Vehicle Use				74 Access Control		82 Trailer Type	
52 Crash Sequence - First Event for This Unit		66 Post Crash Fire (if "Yes" check block)	<input type="checkbox"/>	<input type="checkbox"/>		75 Number of Lanes		1st Trailer No. Axles	
53 Crash Sequence - Second Event "		67 School Bus - Contact Vehicle "	<input type="checkbox"/>	<input type="checkbox"/>		76 Traffic Control Type		Width (inches)	
54 Crash Sequence - Third Event "		68 School Bus - Noncontact Vehicle "	<input type="checkbox"/>	<input type="checkbox"/>		77 Traffic Control Oper		Length (feet)	
55 Crash Sequence - Fourth Event "		COMMERCIAL VEHICLE: Hazardous Materials Involvement Haz Mat Placard <input type="checkbox"/> Yes <input type="checkbox"/> No From Placard indicate:  Hazardous Cargo <input type="checkbox"/> Yes <input type="checkbox"/> No 4-digit placard number or name from diamond or box Released (does not include fuel from fuel tank) 1-digit number from bottom of diamond Carrying Haz Mat <input type="checkbox"/> Yes <input type="checkbox"/> No					2nd Trailer No. Axles		
56 Most Harmful Event for This Unit									83 Unit# _____
57 Distance/Direction to Object Struck									
58 Vehicle Underride/Override									
59 Vehicle Defects									



Unit# _____ was: Traveling on _____ Unit# _____ was: Traveling on _____
 Parked Facing N S E W

85 NARRATIVE (Include pertinent and unusual aspects, which are not listed elsewhere on the form)

86 Type/Owner _____ Owner Address _____ Phone _____ State _____ Property? Estimated Damage \$ _____
 ADDITIONAL PROPERTY DAMAGE _____

WITNESSES

Name _____ Address _____ Phone No. (_____) _____
 Name _____ Address _____ Phone No. (_____) _____

TRAFFIC VIOLATION(S)

Name _____ Charge(s) _____
 (Citation # optional)
 Name _____ Charge(s) _____

Officer Name _____ Officer Number _____ Department _____ Date of Report _____