DMV	OREGON	POLICE :	TRAFF	FIC C	RAS	SH RE	POF	RT		PAGE	OF
POLICE INCIDENT / CASE NUMBER		DAY OF WEEK CRASH M T W TH F S SN	I TIME	VI .	NOTIFIED	POLI	ICE ARRIVA	L AM PM	DMV FILE	NUMBER	
COUNTY	ROAD ON WHICH CRAS	OCCURRED	*****						MILE POST		DMV CODE
WITHIN FEET N S	OF NEAREST INTERSE	ECTING ROAD				FEET N		EAREST	CITY / TOW	N	
PROPERTY DAMAGE PU	IBLIC PROPERTY DAMAGE	☐ INJURY ☐ FA	TAL HA	ZARDOUS MAT	TERIALS	☐ HIT AN	ND RUN	PHOTOS	TAKEN	TRAIN R/R	_ TRUCK / BUS
UNIT NAME (LAST, FIRST, MIDDLE))			DRIVER LIC	CENSE N	JMBER	S	TATE SE	EX RACE	DOB	
PED ADDRESS BIC				l			Н (OME PH	ONE)		
PRK VEHICLE OWNER PRP SAME	,						v (ORK PH	IONE)		
FIRE STD SPD PST SPD INSURA				INSURANC	E POLICY	NUMBER		· · · · · ·			
EJECTED EXTRCTD VEHICLE IDENTIL		LICENSE PL	ATE NUMBER	STATE YE	AR MAI	KE		М	ODEL / STYL	E	COLOR
VEHICLE TOWED: Y N BY:	TO:	NKNOWN		DRIVER TA	AKEN:	Y N			UNK TO:	NOWN	
VEHICLE DAMAGE		DAMAGE ESTIMATE	ROLLOVER	INJURY:		NONE	Possie	BLE _	MINOR	SERIOUS	_ FATAL
FRONT		UNDER \$1000		EQUIPMEN NONE IN		NO EQP USED	☐ LAP ON			CHLD RST-PRP	A/BAG-DEPLYD
		USE ARROW TO SHOW FIR	ST IMPACT	ACTION / A			SHEDI	JALI	TILLIVILI	UNITED FIGT-IMIT FI	_; ABAGNOT BI
SUSPECT NAME		(SHADE IN DAMAGED AREA	()	<u> </u>	AK	A					IN CUSTODY
ADDRESS				- w	ОТ	HER INFOR	MATION:				YN
ADDRESS ADDRESS SEX RACE DOB	HT WT	HAIR EYE	ES LOCA	LID							
UNIT NAME (LAST, FIRST, MIDDLE	,			DRIVER LI	CENSE N	IMRED		TATE SI	EX RACE	DOB	
#	,			Dinverten	OLHOL H	OIVIDE!!		.,,,,	LX		
PED ADDRESS				1			H	OME PH	ONE		
PRK VEHICLE OWNER							v	VORK PH	IONE		
PRP SAME	ANCE COMPANY			INSURANC	SE BOLICS	ZAULMDED	(·)		
Y N NO				INSURANC	DE POLIC	r NUMBER					
Y P N Y N	FICATION NUMBER (VIN)	LICENSE PL	ATE NUMBER	STATE YE	AR MAI	KE		M	ODEL / STYL	.E	COLOR
VEHICLE TOWED: Y N BY:	□ ບ TO:	NKNOWN		DRIVER TA	AKEN:	Y · N			UNK TO:	NOWN	
VEHICLE DAMAGE		DAMAGE ESTIMATE	ROLLOVER UNDERCAR	INJURY:		NONE	Possi	BLE	MINOR	SERIOUS	FATAL
FRONT	1	UNDER \$1000 U	TOTALED			NO EQP USED					A/BAG-DEPLYD
Œ		USE ARROW TO SHOW FIR	ST IMPACT	ACTION / A			SHLDR	ONLY _	HELMET	CHLD RST-IMPR	A/BAG-NOT DP
UNIT PASSENGER NAME		(SHADE IN DAMAGED AREA	4)	ADDRESS							
# WITNESS SEX RACE DOB	HOME PHONE	WORK PHONE		INJURY	POS	SIBLE _ SE	BIOLIS LOC	ATION	ОТ	HER:	EJECTED EXTRCTO
DACCENCED TAKEN. V. N.	()	()		☐ NONE	MIN	OR L FA	TAL	LR CR	RR		Y P N Y N
PASSENGER TAKEN: Y N BY:	TO:	NKNOWN		NONE IN	ISTLD 🗍	NO EQP USED UNKNOWN	SHLDR				A/BAG-DEPLYD A/BAG-NOT DP
UNIT PASSENGER NAME # WITNESS				ADDRESS	•						
SEX RACE DOB	HOME PHONE	WORK PHONE		INJURY NONE	POS	SIBLE 🗌 SE OR 🔲 FA	RIOUS LOC	ATION LE CE	OT RF RR	HER:	EJECTED EXTRCTO
PASSENGER TAKEN: Y N BY:	_	NKNOWN		EQUIPME	NT 🔲	NO EQP USED	LAP ON	LY 🗀	LAP/SHLDR		A/BAG-DEPLYD
UNIT PASSENGER NAME	то:			ADDRESS		UNKNOWN	SHLDR	UNLY L	HELMET	U CHLO HST-IMPR	A/BAG-NOT DP
# WITNESS SEX RACE DOB	HOME PHONE	WORK PHONE		INJURY	POS	SIBLE _ SE	RIOUS LOC	ATION_	01	HER:	EJECTED EXTRCTO
PASSENGER TAKEN: Y N	()	NKNOWN		NONE EQUIPMENT	L MIN	OR	TAL	LR CR	RR	CHLD RST-PRP	YPN Y N
BY:	TO:	TIMOTHY		□ NONE IN			SHLDR		_	CHLD RST-IMPR	
DISTRIBUTION											
OFFICER NAME / NUMBER				DATE	AG	ENCY			AF	PPROVED BY	
705 464 (0.00)		······································									

POLICE INCIDENT / CASE NUMBI	ER EMS NOTIFIED AM	S ARRIVAL LOCAL COD	ES		PAGE OF
	PM	PM	АВ	C D E	
	Check ONE box in all		ALL boxes that apply i		
FIRST HARMFUL EVENT	WEATHER		★VEH RELATED FACTORS #1 #2	TRUCK CONFIGURATION	PEDESTRIAN TYPE
NON COLLISION OVERTURN FIRE / EXPLOSION MERSION GAS INHALATION OTHER NON COLLISION MEDICAL (Explain) COLLISION WITH	CLEAR CLOUDY (OVERCAST) RAIN SNOW SLEET / HAIL / ETC FOG / SMOG SMOKE BLOWING SAND / DIRT SEVERE CROSSWIND OTHER / UNKNOWN	STRAIGHT and LEVEL STRAIGHT W/ GRADE CURVED and LEVEL CURVED W/ GRADE VEH # 1 — NUMBER OF LANES VEH # 2 — NUMBER OF LANES	#1 #2	#1 #2 TRUCK (2 or 3 AXLE) TRUCK / TRACTOR-SEMI TRUCK and TRAILER DOUBLE TRAILERS TRIPLE TRAILERS DROMEDARY and SEMI HEAVY HAUL CONFIG BUS OTHER	ONNE NONE PEDESTRIAN BICYCLIST CONVEYANCE WHEELCHAIR ANIMAL RIDER RIDER Of ANIM DRAWN VEH UNKNOWN OTHER (Explain)
☐ PEDESTRIAN ☐ PARKED MOTOR VEHICLE	SURFACE CONDITION	TOTAL NUMBER OF LANES ROAD FLOW	RESTRAINT SYSTEM	* PASSENGER FACTORS	★ PEDESTRIAN ACTION
DAILWAY TOAIN	#1 #2	#1 #2	☐ ☐ WHEELS ☐ ☐ COUPLING	PASS UNIT #1 #1 #2	☐ ENTER / CROSS ROAD
CRASH TYPE	DRY WET	ONE WAY TRAFFIC NOT PHYSLY DIVIDED	CARGO OTHER	NONE INTERFERED W/DRIVER	☐ WALK / RIDE w/TRAFF ☐ WALK / RIDE AGAINST
☐ HEAD ON ☐ REAR END	SNOW / SLUSH		VEHICLE MOVEMENT	UNDER INFL - DRUGS	STEP ON / OFF VEHICLE STEP ON / OFF SCH BUS
☐ ANGLE ☐ SIDESWIPE	MUDDY	MEDIAN TYPE UNPAVED	#1 #2	UNDER INFL - ALCOHOL	☐ APPRCH / LEAVE SC BUS
MANNER UNKNOWN FIXED OBJECT	☐ ☐ DEBRIS ☐ ☐ RUTS / HOLES / BUMPS	☐ ☐ BARRIER	☐ ☐ STOPPED	OTHER (Explain)	APPROACH / LEAVE VEH WORK / PUSHING VEHICLE
☐ BARRICADE	☐ WORN / POLISHED☐ LOW / SOFT SHOULDER	PAVED CONT LEFT TURN	STRAIGHT AHEAD TURNING RIGHT		☐ OTHER WORKING ☐ PLAYING
☐ BOULDER / ROCK ☐ BRIDGE O/PASS or RAILING	OTHER / UNKNOWN	DRIVER LICENSE	☐ ☐ TURNING LEFT ☐ ☐ MAKING U-TURN	PASS UNIT #2 #1 #2	☐ STANDING
☐ BUILDING ☐ CULVERT HEADWALL		DRIVER LICENSE VIOLATION DRIVER	☐ ☐ ENTER TRAFFIC LANE ☐ ☐ LEAVE TRAFFIC LANE	NONE INTERFERED W/DRIVER	LYING DOWN UNKNOWN
☐ CURBING	SURFACE TYPE #1 #2	# 1 # 2	OVERTAKING	☐ ☐ INTERFERED w/DRIVER☐ ☐ UNDER INFL - DRUGS☐ ☐ UNDER INFL - ALCOHOL	PED / BIKE VISIBILITY CLOTHING
DIVIDER - CNCRT or STEEL	☐ ☐ CONCRETE	☐ ☐ INSTRUCTION PERMIT	☐ CHANGING LANES ☐ AVOIDING MANEUVER	UNKNOWN	☐ NO CONTRAST w/BKGRND
FENCE - NOT MEDIAN FIRE HYDRANT	☐ ☐ BLACKTOP / ASPHALT ☐ ☐ GRAVEL ☐ ☐ DIRT	LICENSE RESTRICTION SEXPIRED LICENSE	☐ ☐ MERGING ☐ PARKING	OTHER (Explain)	☐ CONTRASTED w/BKGRND☐ REFLECTIVE
☐ HIGHWAY GUARDRAIL ☐ HIGHWAY SIGN	DIRT OTHER	OUT OF CLASS SUSPNDED / REVOKED	☐ ☐ PARKING ☐ ☐ NEGOTIATING A CURVE ☐ ☐ OTHER	PEDESTRIAN LOCATION	OTHER OTHER LIGHT SOURCE
IMPACT ABSORBER		UNLICENSED	TRAILER TYPE	IN ROAD	UNKNOWN
LIGHT STANDARD MAILBOX	LIGHT		#1 #2	☐ IN X-WALK ☐ NOT IN X-WALK	★ PED / BIKE FACTORS □ NONE
☐ OVERHEAD SIGN POST ☐ OVERHEAD STRUCTURE	☐ FULL DAYLIGHT ☐ DAWN	* DRIVER FACTORS DRIVER	SEMITRAILER POLE TRAILER	☐ NO X-WALK AVAILABLE	FAILED TO YIELD ROW
☐ PIER or COLUMN ☐ RETAINING WALL	DUSK DUSK DARK - LIGHTED WAY	# 1 # 2	☐ ☐ FULL TRAILER	INTERSECTION IN X-WALK	☐ DISREGARD TRAFFIC SIGN☐ ILLEGALLY IN ROAD
SIDESLOPE EARTH	DARK - NOT LIGHTED	CELL PHONE USE	☐ ☐ MOBILE HOME ☐ ☐ UTILITY TRAILER	☐ NOT IN X-WALK ☐ NO X-WALK AVAILABLE	CLOTHING NOT VISIBLE
SIDESLOPE ROCK or STONE TRAFFIC SIGNAL POST	UNKNOWN	☐ ☐ OBSTRUCTED VIEW ☐ ☐ FAILED TO YIELD ROW	☐ ☐ TRAVEL TRAILER ☐ ☐ BOAT TRAILER	OTHER NOT IN ROADWAY	UNDER INFL - DRUGS
☐ TREE ☐ UNDERPASS TUNNEL	TRAFFIC CONTROL TYPE	☐ ☐ DISRGRD TRAF SIGN☐ ☐ TOO FAST FOR COND☐	☐ ☐ FARM EQUIPMENT☐ ☐ HORSE TRAILER	SHOULDER MEDIAN	UNDER INFL - ALCOHOL UNKNOWN
UTILITY POLE OTHER FIXED (Explain)	#1 #2	☐ ☐ MADE IMPROPER TURN☐ ☐ WRONG SIDE/WAY	UEHICLE IN TOW	BIKE LANE	OTHER (Explain)
	NONE SCHOOL BUS LIGHTS	☐ ☐ FOLLOW TOO CLOSELY	OTHER/UNKNOWN	UNKNOWN	
OTHER OBJECT (NOT FIXED)	☐ ☐ OFFICER / CROSSING GUARD or FLAGGER	☐ ☐ IMPROPER LANE CHNG☐ ☐ IMPROPER BACKING		NARRATIVE	1 2
☐ ANIMAL ☐ THROWN / FALLING OBJECT	TRAFFIC SIGNAL w/ PEDESTRIAN CONTROL		North	SKID MARKS TO (FEET)	
UNKNOWN OTHER OBJECT (Explain)	☐ ☐ TRAFFIC SIGNAL	☐ ☐ IMPROPER PARKING ☐ FATIGUE / DROWSY	(NOT TO SCALE)	DISTANCE AFTER (FEET)	
, ,	STOP SIGN	☐ ☐ ILL / BLACKOUT			
EVENT LOCATION ON ROADWAY	☐ ☐ YIELD SIGN☐ ☐ RR CROSSING GATES	UNKNOWN OTHER			
NON-INTERSECTION	☐ ☐ RR CROSSING BUCKS ☐ ☐ RR FLASHING SIGNAL				
☐ INTERSECTION ☐ INTERSECTION RELATED	RR CROSSING w/	* IMPAIRMENT			
☐ DRIVEWAY ACCESS☐ INTERCHANGE AREA	PAVEMENT MARKINGS LANE CONTRLS / LINES	DRIVER # 1 # 2			
RAILROAD CROSSING BRIDGE	/ STRIPES / DEVICES				wa
☐ TUNNEL	OTHER REG SIGN	UNDER INFL - ALCOHOL UNDER INFL - MEDS			
OTHER ON-ROAD AREA		UNKNOWN			
SHOULDER TURNOUT	TRAFFIC CONTROL DEVICE CONDITION	DETERMINED BY:			
ROADSIDE BEYOND RIGHT OF WAY	#1 #2	☐ ☐ INTOXILYZER TEST ☐ ☐ BLOOD OR URINE TEST			
MEDIAN	DOWN / MISSING TURNED FROM	☐ ☐ FIELD SOB. TEST			
☐ DRIVEWAY ☐ PRIVATE DRIVE	PROPER POSITION OBSCURED BY	ODOR, ETC.)			
☐ RAILROAD CROSSING ☐ OTHER OFF ROAD	_ OTHER SIGNS	☐ ☐ DRE EVALUATION ☐ ☐ STATEMENTS			
☐ PARKING LOT	OBSCURED BY PARKED VEHICLE	UNKNOWN OTHER			
UNKNOWN SPECIAL ZONE	OBSCURED BY VEGETATION	· · ·			
□ NONE □ CONSTRUCTION	☐ ☐ LIGHTS MALFUNCTION☐ ☐ LIGHTS STUCK	RESULTS OF TEST:			
MAINTENANCE	GATES INOPERATIVE	D1% D2%			
UTILITY	GATE ARM MISSING OTHER RR MALFUNCTN				
SCHOOL UNKNOWN WORK	OTHER IMPAIRMENT UNKNOWN	☐ ☐ TESTED FOR DRUGS☐ ☐ RESLTS NOT AVAILABLE			
OTHER					

Case #			LIDDI E	Page of			
POLICE TRUCK/BUS CRASH SUPPLEMENTAL							
Do not complete this form unless: One or more qualifying vehicles was involved and met the threshold.							
POLICE INCIDENT / CASE NUMBER	16 OR MORE PASSENGER CAPA	CRASH TIME		WR) HAZARDOUS MATERIAL PLACARD ON WHICH CRASH OCCURRED			
COMMENTS			PM				
COMMENTS							
		······································					
VEHICLE INFORM	MATION		UENCE OF E	EVENTS (for this vehicle)			
VEHICLE PLATE NUMBER State	Plate Number		OFF ROAD	1 2 3 4 CRASH INVOLVING MOTOR VEHICLE IN TRANSPORT			
GROSS VEHICLE WEIGHT RATING: (norma	☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐						
Truck, Tractor or Bus Trailer or Trailers Total		DDDD DOWNHILL RUNAWAY DDDD CRASH INVOLVING TRAIN					
Total Number of Axles (including Traile	·	CARGO LOSS OR SHIFT CRASH INVOLVING PEDALCYCLE					
Did vehicle have a HAZARDOUS MATERIAL If "Yes," enter name or 4 digit number from	placard? 1.Yes 2.No	SEPAI		CRASH INVOLVING FIXED OBJECT			
placard diamond or box (CÕDE #32).			H INVOLVING STRIAN	CRASH INVOLVING OTHER OBJECT			
Enter 1 Digit Number from bottom of diamon Was hazardous material (cargo) released from							
Was an inspection done on this vehicle?	1. Yes 2. No	CARRIER INFORMATION NAME					
Inspection Number	Level 1, 2, 3, 4						
VEHICLE CONFIGU	RATION	ADDRESS (STREE	FOR PO BOX NUM	век)			
Select Appropriate		CITY					
1 1 2 3 Tr	iples (tractor with 3 trailers)	STATE		ZIP CODE			
2 1 2 3 Tr	riples (truck with 2 trailers)		IDENTIFIC	ATION NUMBERS None = 0			
3 FL 1 2 Doubles	s (any)	US DOT		ICC MC			
T 4 T 1 2 Straigh	t Truck-Full Trailer			RINFORMATION			
		NAME (LAST-FIRST-	MIDDLE)				
5 Standard II	ractor/SemiTrailer	DRIVER LICENSE #	STATE CLASS	ENDORSEMENT MEDICAL CERTIFICATION EXP. DATE			
6 1 Straight True	ck		CO-DRI	VER INFORMATION			
7 E Bobtail		NAME (LAST-FIRST-	MIDDLE)				
Saddlemo	unt	DRIVER LICENSE #	STATE CLASS	ENDORSEMENT MEDICAL CERTIFICATION EXP. DATE			
g Cargo Body Type (circle appropriate type):		DRIVER HOURS RECAP For Certified Inspectors					
Van Flatbed, Tank, Dump, E Drop-Box, Auto Carrier, Live		DATE	Hours	□ NO LOG BOOK			
Mobile Home Toter, Utility, (Container, Bulk-Hopper,	DATE	ON DUTY	DRIVER OUT-OF SERVICE			
Fixed Load, Other				D COUTS HOUR BUILT WOLLATION			
	eavy Haul			60/70 HOUR RULE VIOLATION			
	Bus/Van 16 or more passenger capacity)			10 HOUR RULE VIOLATION 15 HOUR RULE VIOLATION			
12 60 60 60 60			CURRENT AND PREVIOUS DAYS LOG NOT IN POSSESSION				
VEHICLE DAN			FAILURE TO RETAIN 7				
Use arrow to show first impact (si			PREVIOUS DAYS LOG				
FRONT	. [LOG VIOLATION-GENERAL			
		TOTAL		OTHER			
OFFICER NAME / NUMBER	DATE		AGENCY	APPROVED BY:			
735-47 (12-97) FAX to	ODOT Accident Data Unit at (503) 986-4249 wi	ithin 24 hours	STK # 300570			