



## Harmful Event

### Most Harmful Event per Vehicle

(select 1 per vehicle)

#### Collision with Object Not Fixed

- V1 V2  
 08 08 Pedestrian  
 09 09 Pedalcycle  
 10 10 Railway Train  
 50 50 Deer (Animal)  
 11 11 Other Animal  
 12 12 Motor Vehicle in Transport  
 13 13 Motor Vehicle in Transport in Other Roadway  
 14 14 Parked Motor Vehicle  
 15 15 Other Type Non-Motorist  
 18 18 Other Object (Not Fixed)

#### Collision with Fixed Object

- |                               |                               |
|-------------------------------|-------------------------------|
| V1 V2                         | V1 V2                         |
| 17 17 Boulder                 | 30 30 Utility Pole            |
| 19 19 Building                | 31 31 Other Post, Pole, Supp. |
| 20 20 Impact Attenuator       | 32 32 Culvert                 |
| 21 21 Bridge Pier/Abutment    | 33 33 Curb                    |
| 22 22 Bridge Parapet End      | 34 34 Ditch                   |
| 23 23 Bridge Rail             | 35 35 Embankment              |
| 24 24 Guardrail Face          | 38 38 Fence                   |
| 25 25 Guardrail End           | 39 39 Wall                    |
| 26 26 Median Barrier          | 40 40 Mail Box                |
| 27 27 H-way Traffic Sign Post | 41 41 Shrubbery               |
| 28 28 Overhead Sign Support   | 42 42 Tree                    |
| 29 29 Luminaire/Light Supp.   | 47 47 Fire Hydrant            |
| 46 46 Traffic Signal Support  | 43 43 Other Fixed Object      |

#### Non-Collision

- |                      |                                |
|----------------------|--------------------------------|
| V1 V2                | V1 V2                          |
| 01 01 Overturn       | 05 05 Fell/Jumped from Vehicle |
| 02 02 Fire/Explosion | 07 07 Other Non-Collision      |
| 03 03 Immersion      | 16 16 Thrown or Falling Object |
| 04 04 Jackknife      |                                |

- V1 V2  
 99 99 Unknown Most Harmful Event

### First Harmful Event for the Crash



#### Manner of Collision at First Harmful Event (select 1)

- |   |                                 |
|---|---------------------------------|
| 0 Not Collision with Motor Vehicle in Transport | 4 Angle                         |
| 1 Rear-End                                      | 5 Sideswipe, Same Direction     |
| 2 Head-On                                       | 6 Sideswipe, Opposite Direction |
| 3 Rear-to-Rear                                  | 9 Unknown                       |

#### Relation to Junction at First Harmful Event (select 1)

- | Non-Interchange                 | Interchange Area                 |
|---------------------------------|----------------------------------|
| 01 Non-Junction                 | 10 Intersection                  |
| 02 Intersection                 | 11 Intersection-Related          |
| 03 Intersection-Related         | 12 Driveway                      |
| 04 Driveway, Alley Access, etc. | 13 Entrance/Exit Ramp Related    |
| 05 Entrance/Exit Ramp Related   | 14 Crossover-Related             |
| 06 Rail Grade Crossing          | 15 Other Location in Interchange |
| 07 Crossover-Related            | 19 Unknown, Interchange Area     |
| 09 Unknown--Non-Interchange     |                                  |
- 99 Unknown Relation to Junction

#### Relation to Roadway at First Harmful Event

- (select 1)
- |                       |                                    |
|-----------------------|------------------------------------|
| 01 On Roadway         | 06 Off Roadway--Location Unknown   |
| 02 Shoulder           | 07 In Parking Lane                 |
| 03 Median             | 08 Gore                            |
| 04 Roadside--Left     | 11 Parking Lot or Private Property |
| 05 Roadside--Right    | 99 Unknown                         |
| 10 Outside Trafficway |                                    |

## Driver Factors

### Driver Condition (may select 3)

- V1 V2  
 00 00 Appeared Normal  
 01 01 Had Been Drinking  
 02 02 Illegal Drug Use  
 03 03 Ill (Sick)  
 04 04 Apparently Fatigued  
 05 05 Apparently Asleep  
 06 06 Reaction to Drugs/Medication  
 07 07 Failure to Take Drugs/Medication  
 08 08 Physical Impairment (Narrative)  
 09 09 Emotional (Depressed, Angry, Disturbed)  
 99 99 Unknown Condition

### Driver Actions (may select 5)

- V1 V2  
 10 10 No Contributing Actions  
 11 11 Inattentive (Eating, Reading, Talking, etc.)  
 12 12 Interfered With by Passenger  
 13 13 Driving Left of Center  
 14 14 Driving Wrong Way on One-Way Roadway  
 15 15 Failure to Comply with License Restrictions  
 16 16 Failure to Keep in Proper Lane or Running Off Road  
 17 17 Failure to Yield Right of Way  
 18 18 Failure to Obey Traffic Controls  
 19 19 Failure to Observe Warnings or Instructions  
 20 20 Failure to Signal Intentions  
 21 21 Failure to Use Lights  
 22 22 Following Improperly  
 23 23 Improper Backing  
 24 24 Improper Lane Changing  
 25 25 Improper Passing  
 26 26 Improper Turn  
 27 27 Improperly Towing or Pushing Vehicle  
 28 28 Improperly Carrying Hazardous Cargo  
 29 29 Improper Loading of Vehicle Cargo or Passengers  
 30 30 Operator Inexperience  
 31 31 Operating without Required Equipment  
 32 32 Over Correcting  
 33 33 Careless or Erratic Driving  
 34 34 Reckless or Negligent Driving  
 35 35 Speed Too Fast  
 36 36 Speed Too Slow  
 37 37 Vision Obstructed, By What? (Narrative)  
 38 38 Using Telephone, Two-Way Radio  
 98 98 Other (Narrative)  
 99 99 Unknown Action

### Highway Construction/Maintenance Zone

- (select 1)
- |                                     |  |
|-------------------------------------|--|
| 1 None                              |  |
| 2 Construction Zone                 |  |
| 3 Maintenance Zone (Short Duration) |  |
| 4 Utility Zone (Short Duration)     |  |
| 5 Work Zone, Type Unknown           |  |
| 9 Unknown                           |  |

### Light Conditions

- (select 1)
- |                     |           |
|---------------------|-----------|
| 1 Daylight          | 4 Dawn    |
| 2 Dark--Not Lighted | 5 Dusk    |
| 3 Dark--Lighted     | 9 Unknown |

### Weather Conditions

- (select 1)
- |                          |                                      |
|--------------------------|--------------------------------------|
| 01 No Adverse Conditions | 08 Smog, Smoke                       |
| 02 Rain                  | 09 Blowing Sand, Soil, Dirt, or Snow |
| 03 Sleet, Hail           | 10 Severe Crosswind                  |
| 04 Snow                  | 98 Other (narrative)                 |
| 05 Fog                   | 99 Unknown                           |
| 06 Rain and Fog          |                                      |
| 07 Sleet and Fog         |                                      |

## Driver Alcohol/Drugs

### Presence

- (select 1)
- |                                      |  |
|--------------------------------------|--|
| V1 V2                                |  |
| 0 0 Neither Alcohol or Drugs Present |  |
| 1 1 Yes (Alcohol Present)            |  |
| 2 2 Yes (Drugs Present)              |  |
| 3 3 Yes (Alcohol and Drugs Present)  |  |
| 9 9 Unknown                          |  |

### Determination Method

- (select 1 if applies)
- |                            |  |
|----------------------------|--|
| V1 V2                      |  |
| 1 1 Evidential Test        |  |
| 3 3 Behavioral             |  |
| 4 4 Passive Alcohol Sensor |  |
| 5 5 Observed               |  |
| 8 8 Other                  |  |

### Alcohol

- (select 1)
- | V1 V2                                 | Test Type (select 1 if applies) |
|---------------------------------------|---------------------------------|
| 95 95 Test Refused                    | 1 1 Blood                       |
| 96 96 None Given                      | 2 2 Breath                      |
| 97 97 Test Given, Results Unknown     | 3 3 Urine                       |
| 98 98 Test Given, Insufficient Sample | 8 8 Other                       |
| 99 99 Unknown, if tested              |                                 |
- Alcohol Results
- |                    |                  |
|--------------------|------------------|
| V1                 | V2               |
| 00 00 Negative BAC | Positive Results |

### Drugs

- (select 1)
- | V1 V2                                 | Test Type (select 1 if applies) |
|---------------------------------------|---------------------------------|
| 95 95 Test Refused                    | 1 1 Blood                       |
| 96 96 None Given                      | 2 2 Breath                      |
| 97 97 Test Given, Results Unknown     | 3 3 Urine                       |
| 98 98 Test Given, Insufficient Sample | 8 8 Other                       |
| 99 99 Unknown, if tested              |                                 |
- Drug Results
- |                             |                  |
|-----------------------------|------------------|
| 00 00 No Drugs Detected     | } (may select 3) |
| 02 02 Marijuana             |                  |
| 03 03 Cocaine               |                  |
| 04 04 Opiates               |                  |
| 05 05 Amphetamines          |                  |
| 06 06 PCP                   |                  |
| 08 08 Other Drug Medication |                  |
| 09 09 Drug Type Unknown     |                  |

### Driver/Vehicle Maneuver (select 1)

- (select 1)
- |  |  |
|--|--|
| V1 V2  |  |
| 00 00 Going Straight   |  |
| 01 01 Negotiating Curve  |  |
| 02 02 Passing or Overtaking Another Vehicle                                  |  |
| 03 03 Right Turn to Private Drive  |  |
| 04 04 Right Turn to Street   |  |
| 05 05 Right Turn on Red Permitted  |  |
| 06 06 Right Turn on Red Not Permitted  |  |
| 07 07 Left Turn to Private Drive   |  |
| 08 08 Left Turn to Street  |  |
| 09 09 Turning from Wrong Lane  |  |
| 10 10 Making a U-Turn  |  |
| 11 11 Slowing or Stopped for Signal or Sign                                  |  |
| 12 12 Slowing or Stopped for Turning Traffic                                 |  |
| 13 13 Slowing or Stopped for Entering Traffic                                |  |
| 14 14 Slowing or Stopped Other   |  |
| 15 15 Stopped in Traffic Lane  |  |
| 16 16 Starting in Traffic  |  |
| 17 17 Backing from Drive   |  |
| 18 18 Backing from On Street Parking Space                                   |  |
| 19 19 Backing Up   |  |
| 20 20 Entering from Private Drive  |  |
| 21 21 Leaving a Parked Position  |  |
| 22 22 Parked Legally--Yes  |  |
| 23 23 Parked Legally--No   |  |
| 24 24 Changing Lanes or Merging  |  |
| 25 25 Maneuvering to Avoid Another Vehicle, Animal, Pedestrian, Object, etc. |  |
| 98 98 Other (Narrative)  |  |
| 99 99 Unknown  |  |

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## Motorists (Passengers) and/or Non-Motorists

(2) Supplement Document

A4

(3) Amended Document

Local Agency Number

A7

Reference Number Override

A6

Vehicle Number	NAME First	M.I.	Last	Date of Birth	P4	Age	Injury Code	SEAT Position	SAFETY Equipment	AIRBAG
P1 (1) (2)						P5				P10 (00) (30)
(3) (4) (5) (6) (7)						(1) Male Sex	(0) (3)			(01) (31)
(8) (9) (10) (20) (30)						(2) Female P6	(1) (4)			(20) (32)
							(2) P7	P8	P9	(28) (99)
Motorists (2)										
Non-Motorists P2 (7)	Other Cyclist	EJECTED P11	(2) Totally Ejected	Ejection Path	TRAPPED/EXTRICATED (2) Trapped/Extricated	Medical Transport	Ambulance/Hospital	Alcohol	Drugs	
(5) Pedestrian (8) Other Pedestrian		(0) Not Applicable	(3) Partially Ejected	P12	(0) Not Applicable (3) Trapped/Not Extricated	P14 (Y) (N)	P15	P16	P17	
(6) Bicyclist (9) Other Non-Motorist		(1) Not Ejected	(9) Unknown		(1) Not Trapped P13 (9) Unknown					

Vehicle Number	NAME First	M.I.	Last	Date of Birth	P4	Age	Injury Code	SEAT Position	SAFETY Equipment	AIRBAG
P1 (1) (2)						P5				P10 (00) (30)
(3) (4) (5) (6) (7)						(1) Male Sex	(0) (3)			(01) (31)
(8) (9) (10) (20) (30)						(2) Female P6	(1) (4)			(20) (32)
							(2) P7	P8	P9	(28) (99)
Motorists (2)										
Non-Motorists P2 (7)	Other Cyclist	EJECTED P11	(2) Totally Ejected	Ejection Path	TRAPPED/EXTRICATED (2) Trapped/Extricated	Medical Transport	Ambulance/Hospital	Alcohol	Drugs	
(5) Pedestrian (8) Other Pedestrian		(0) Not Applicable	(3) Partially Ejected	P12	(0) Not Applicable (3) Trapped/Not Extricated	P14 (Y) (N)	P15	P16	P17	
(6) Bicyclist (9) Other Non-Motorist		(1) Not Ejected	(9) Unknown		(1) Not Trapped P13 (9) Unknown					

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							(2) P7	P8	P9	(28) (99)
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(6) Bicyclist (9) Other Non-Motorist		(1) Not Ejected	(9) Unknown		(1) Not Trapped P13 (9) Unknown					

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Motorists (2)										
Non-Motorists P2 (7)	Other Cyclist	EJECTED P11	(2) Totally Ejected	Ejection Path	TRAPPED/EXTRICATED (2) Trapped/Extricated	Medical Transport	Ambulance/Hospital	Alcohol	Drugs	
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(6) Bicyclist (9) Other Non-Motorist		(1) Not Ejected	(9) Unknown		(1) Not Trapped P13 (9) Unknown					

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							(2) P7	P8	P9	(28) (99)
Motorists (2)										
Non-Motorists P2 (7)	Other Cyclist	EJECTED P11	(2) Totally Ejected	Ejection Path	TRAPPED/EXTRICATED (2) Trapped/Extricated	Medical Transport	Ambulance/Hospital	Alcohol	Drugs	
(5) Pedestrian (8) Other Pedestrian		(0) Not Applicable	(3) Partially Ejected	P12	(0) Not Applicable (3) Trapped/Not Extricated	P14 (Y) (N)	P15	P16	P17	
(6) Bicyclist (9) Other Non-Motorist		(1) Not Ejected	(9) Unknown		(1) Not Trapped P13 (9) Unknown					

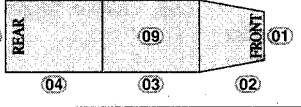
  

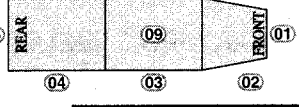
Vehicle Number	NAME First	M.I.	Last	Date of Birth	P4	Age	Injury Code	SEAT Position	SAFETY Equipment	AIRBAG
P1 (1) (2)						P5				P10 (00) (30)
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							(2) P7	P8	P9	(28) (99)
Motorists (2)										
Non-Motorists P2 (7)	Other Cyclist	EJECTED P11	(2) Totally Ejected	Ejection Path	TRAPPED/EXTRICATED (2) Trapped/Extricated	Medical Transport	Ambulance/Hospital	Alcohol	Drugs	
(5) Pedestrian (8) Other Pedestrian		(0) Not Applicable	(3) Partially Ejected	P12	(0) Not Applicable (3) Trapped/Not Extricated	P14 (Y) (N)	P15	P16	P17	
(6) Bicyclist (9) Other Non-Motorist		(1) Not Ejected	(9) Unknown		(1) Not Trapped P13 (9) Unknown					

Non-Motorist Number (A) (B) (C) (D) (E) (F)										Non-Motorist										Non-Motorist Number (A) (B) (C) (D) (E) (F)									
Location At Intersection										Location Not At Intersection										P18									
N1 N2										N1 N2										N1 N2									
(01) (01) In Crosswalk										(10) (10) In Crosswalk										(14) (14) In Parking Lane									
(02) (02) On Roadway, Not in Crosswalk										(11) (11) On Roadway, Not in Crosswalk										(15) (15) On Road Shoulder									
(03) (03) On Roadway, Crosswalk Not Available										(12) (12) On Roadway, Crosswalk Not Available										(16) (16) Bike Path									
										(13) (13) On Roadway, Crosswalk Availability Unknown										(17) (17) Outside Trafficway									
Vehicle Striking Non-Motorist										Vehicle Striking Non-Motorist										P19									
N1 Vehicle # (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (20) (30)										N2 Vehicle # (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (20) (30)																			
Condition (may select 3)										Actions (may select 4)																			
(00) (00) Appeared Normal										(10) (10) No Contributing Actions										(46) (46) Failure to Use Lights									
(01) (01) Had Been Drinking										(20) (20) Not Visible										(47) (47) Improper Loading of Vehicle Cargo or Passengers									
(02) (02) Illegal Drug Use										(21) (21) Darting, Running or Stumbling into Road										(48) (48) Operator Inexperience									
(03) (03) Ill (Sick)										(22) (22) Crossing with Signal										(49) (49) Operating without Required Equipment									
(04) (04) Reaction to Drugs/Medication										(23) (23) Crossing against Signal										(50) (50) Riding in Roadway Against Traffic									
(05) (05) Failure to Take Drugs/Medication										(24) (24) Crossing, No Signal										(61) (61) Vision Obstructed, By What? (Narrative)									
(06) (06) Blind										(25) (25) Coming from Behind Parked Car										(99) (99) Unknown Action									
(07) (07) Restricted to Wheelchair										(26) (26) Standing in Safety Zone																			
(08) (08) Other Physical Impairment (Narrative)										(27) (27) Getting on or off Other Vehicle																			
(09) (09) Emotional (Depressed, Angry, Disturbed)										(28) (28) Pushing or Working on Vehicle																			
(99) (99) Unknown Condition										(29) (29) Other Working in Roadway																			

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## Vehicles

V1																V2	
<b>First Impact</b> 00 01 02 03 04 05 06 07 08 09 10 12 99 V20																<b>Truck/Bus Supplement</b> V16 1 Yes 2 No	
<b>(may select 3) Darken Numbered Area(s) of Vehicle Damage</b> V21																<b>Emergency Use</b> V18 1 Yes 2 No	
																<b>Rollover</b> V19 1 Yes 2 No	
<b>Extent of Damage</b> V22																<b>Fire</b> V17 1 Yes 2 No	
11 All Areas 12 Other 99 Unknown 00 None																<b>Estimated Damage</b> V24 1 Under \$400 2 Over \$400	
<b>Vehicle Defects (may select 2)</b> V26																<b>Vehicle Special Use</b> V27	
0 None																0 None	
<b>Vehicle Towed</b> V23																<b>Vehicle Trailer</b> V28	
1 Driven Away 2 Towed Away																0 None	

V2																V16	
<b>First Impact</b> 00 01 02 03 04 05 06 07 08 09 10 12 99 V20																<b>Truck/Bus Supplement</b> V16 1 Yes 2 No	
<b>(may select 3) Darken Numbered Area(s) of Vehicle Damage</b> V21																<b>Emergency Use</b> V18 1 Yes 2 No	
																<b>Rollover</b> V19 1 Yes 2 No	
<b>Extent of Damage</b> V22																<b>Fire</b> V17 1 Yes 2 No	
11 All Areas 12 Other 99 Unknown 00 None																<b>Estimated Damage</b> V24 1 Under \$400 2 Over \$400	
<b>Vehicle Defects (may select 2)</b> V26																<b>Vehicle Special Use</b> V27	
0 None																0 None	
<b>Vehicle Towed</b> V23																<b>Vehicle Trailer</b> V28	
1 Driven Away 2 Towed Away																0 None	

## Vehicle Going/On

(N) On: V25
(W) (E) (S)

## Vehicle Going/On

(N) On: V25
(W) (E) (S)

## Trafficway Flow

## Roadway Surface Type

V1	V2	(select 1)	V31
1	1	Not Physically Divided (Two Way Trafficway)	
2	2	Divided Highway, Median Strip (Without Traffic Barrier)	
3	3	Divided Highway, Median Strip (With Traffic Barrier)	
4	4	One Way Trafficway	
9	9	Unknown	

V1	V2	(select 1)	V34
1	1	Asphalt	
2	2	Concrete	
3	3	Brick or Block	
4	4	Gravel, Slag, or Stone	
5	5	Dirt	
8	8	Other (Narrative)	
9	9	Unknown	

## Trafficway Hazards

## Traffic Control Devices

V1	V2	(may select 3)	V37
00	00	No Apparent Hazards	
01	01	Inadequate Warning of Exits, Lanes Narrowing, Traffic Control, etc.	
02	02	Defective Shoulders	
03	03	No or Obscured Pavement Markings	
04	04	Holes, Deep Ruts, Bumps	
05	05	Loose Material on Surface	
06	06	Slippery Surface	
07	07	Surface Under Water	
08	08	Surface Washed Out	
10	10	Under Construction/Maintenance	
11	11	Recent Previous Accident Scene Nearby	
12	12	Street Lights Not Working	
13	13	Traffic Control Device Not Visible	
98	98	Other Hazards (Narrative)	
99	99	Unknown	

V1	V2	(select 1)	V36
00	00	No Controls	
01	01	Traffic Light	
02	02	Flashing Yellow (Caution)	
03	03	Flashing Red (Stop)	
04	04	Lane Use Control Signal	
05	05	Stop Sign	
06	06	Yield Sign	
07	07	School Zone Signs	
08	08	Warning Signs	
09	09	Construction Zone Controls	
10	10	RR Crossbucks	
11	11	RR Flasher	
12	12	RR Gates	
13	13	Traffic Control Person	
98	98	Other (Narrative)	

## Roadway Route Signing

## Number of Travel Lanes

## Roadway Surface Conditions

V1	V2	(select 1)	V29
1	1	Interstate	
2	2	U.S. Route	
3	3	State Route	
4	4	County Route	
5	5	Municipal Route	
8	8	Other (Narrative)	
9	9	Unknown	

V1	V2	(select 1)	V30
1	1	One Lane	
2	2	Two Lanes	
3	3	Three Lanes	
4	4	Four Lanes	
5	5	Five Lanes	
6	6	Six Lanes	
7	7	Seven or More Lanes	
8	8	Other (See Narrative)	
9	9	Unknown	

V1	V2	(select 1)	V35
1	1	Dry	
2	2	Wet	
3	3	Snow or Slush	
4	4	Ice	
5	5	Sand, Mud, Dirt or Oil	
8	8	Other (Narrative)	
9	9	Unknown	

## Roadway Character

## Other Property Damage?

## Speed Limit

V1	V2
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

## Access Control

V1	V2	(select 1)	V32
1	1	No Control (Unlimited Access)	
2	2	Full Control (ONLY Ramp Entry and Exit)	
3	3	Other (Narrative)	

V1	V2	Alignment:	V33
1	1	Curve (select 1)	
2	2	Straight	
9	9	Unknown	

V1	V2	Profile:	(select 1)
1	1	Level	
2	2	Grade	
3	3	Hillcrest	
8	8	Other (Narrative)	
9	9	Unknown	

(select all that apply)		A39
1 State Property	3 City Property	
2 County Property	4 Private Property	

Amount of Damage (Estimate)	
1 Under \$400	2 Over \$400

## Traffic Control Device Functioning?

V1	V2	(select 1 if applies)
1	1	Device Not Functioning
2	2	Device Functioning Improperly
3	3	Device Functioning Properly

## Owner Information for Other Property Damage

Name	Phone:
Address	
Describe Property	
Name	Phone:
Address	
Describe Property	

## Witness

Name: First	MI	Last
Address: Street & Number		
City & State		
ZIP		
Date of Birth	Home Phone #	

## Witness

Name: First	MI	Last
Address: Street & Number		
City & State		
ZIP		
Date of Birth	Home Phone #	

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(2) Supplement Document A4

(3) Amended Document

Local Agency Number A7

Reference Number Override

A6

Please Do Not Write In This Microfilm Space

**Truck & Bus Crash Information**

(This Section Must Be Completed for Each Truck or Bus Involved in this Crash.)

When To Use This Section:

Did the crash involve: . . .

Part A

A truck with at least two axles and six tires?

(Y) (N)

A truck with a hazardous materials placard?

(Y) (N)

A bus designed to carry 16 or more persons, including the driver?

(Y) (N)

**STOP! If all the responses to Part A are "NO" do not complete this Truck & Bus Crash Information Section. If there are any "YES" answers, continue to Part B.**

Part B

Any person who was fatally injured?

(Y) (N)

Any injured person requiring transport for immediate medical treatment?

(Y) (N)

One or more vehicles that had to be towed from the scene as a result of the crash?

(Y) (N)

One or more vehicles that required repair or were provided assistance before proceeding from scene under own power?

(Y) (N)

**STOP! If all the responses to Part B are "NO" do not continue. If there are any "YES" answers, please complete this Truck & Bus Crash Information Section . . .**

Vehicle # 1 2 3 4 5 6 7 8 9 10 20 30

**Carrier Information****Carrier Identification Numbers****Source:**

• Interstate Carrier?

(Y) (N)

US DOT

TN DOS

ICC MC

Carrier Address

- ☐ Vehicle Side  
☐ Shipping Papers  
☐ Trip Manifest  
☐ Driver  
☐ Log Book

**Hazardous Material Information**

• Hazardous Material Placard Displayed? (Y) (N)

• Hazardous Cargo was Released? (Y) (N)

Class Numbers

--	--	--	--

List the Hazardous Material(s) by name in this load:

UN Numbers

--	--	--	--	--	--	--	--

List the Name(s) of Released Hazardous Material(s):

**Vehicle Information**

Combined Gross Vehicle Weight Rating

LBS

Total # of Axles

**Vehicle Configuration**

- |  |                               |                         |                    |                        |
|--|-------------------------------|-------------------------|--------------------|------------------------|
| ①  Bus                                 | ③  Single unit truck 3+ axles | ⑤  Truck/Tractor        | ⑦  Tractor/Doubles | ⑨  Unknown Heavy Truck |
| ②  Single unit truck, 2 axles, 6 tires | ④  Truck/Trailer              | ⑥  Tractor/Semi-Trailer | ⑧  Tractor/Triples |                        |

**SEQUENCE OF EVENTS FOR THIS VEHICLE**

(Mark a total of one to four events in the order that they occurred.)

- |  |  |
|--|--|
| ① ② ③ ④ Ran off Road                   | ① ② ③ ④ Collision involving motor vehicle in transp. |
| ① ② ③ ④ Jackknife                      | ① ② ③ ④ Collision involving parked motor vehicle     |
| ① ② ③ ④ Overturn (Rollover)            | ① ② ③ ④ Collision involving train                    |
| ① ② ③ ④ Downhill Runaway               | ① ② ③ ④ Collision involving pedalcycle               |
| ① ② ③ ④ Cargo Loss or Shift            | ① ② ③ ④ Collision involving animal                   |
| ① ② ③ ④ Explosion or Fire              | ① ② ③ ④ Collision involving fixed object             |
| ① ② ③ ④ Separation of Units            | ① ② ③ ④ Collision involving other object             |
| ① ② ③ ④ Collision involving pedestrian | ① ② ③ ④ Other  |

**Cargo Body Type**

- |                     |                     |
|---------------------|---------------------|
| ①  Bus              | ⑥  Concrete Mixer   |
| ②  Van/Enclosed box | ⑦  Auto Transporter |
| ③  Cargo Tank       | ⑧  Garbage/Refuse   |
| ④  Flatbed          | ⑨  Other            |
| ⑤  Dump             |                     |

Vehicle # 1 2 3 4 5 6 7 8 9 10 20 30

**Carrier Information****Carrier Identification Numbers****Source:**

• Interstate Carrier?

(Y) (N)

US DOT

TN DOS

ICC MC

Carrier Address

- ☐ Vehicle Side  
☐ Shipping Papers  
☐ Trip Manifest  
☐ Driver  
☐ Log Book

**Hazardous Material Information**

• Hazardous Material Placard Displayed? (Y) (N)

• Hazardous Cargo was Released? (Y) (N)

Class Numbers

--	--	--	--

List the Hazardous Material(s) by name in this load:

UN Numbers

--	--	--	--	--	--	--	--

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| ④  Flatbed          | ⑨  Other            |
| ⑤  Dump             |                     |

PLEASE DO NOT WRITE IN THIS AREA



[illegible]

**Indicate North By Arrow**

[illegible]

Date \_\_\_\_\_

|| | | | | | |

Date \_\_\_\_\_

1 2 3 4 5 6 7 8 9 10 11 12

