DMV OREGON POLICE TRAFFIC CRASH REPORT

PAGE | OF

POLICE INCIDENT / CASE NUMBER	CRASH DATE M T W TH F S SN	CRASH TIME AM PM	POLICE NOTIFIED AM PM	POLICE ARRIVAL AM PM	DMV FILE NUMBER

COUNTY	ROAD ON WHICH CRASH OCCURRED	MILE POST	DMV CODE

☐ WITHIN _____ FEET N S OF NEAREST INTERSECTING ROAD
☐ NEAR _____ MILES E W

☐ WITHIN _____ FEET N S OF NEAREST CITY / TOWN
☐ NEAR _____ MILES E W

☐ PROPERTY DAMAGE ☐ PUBLIC PROPERTY DAMAGE ☐ INJURY ☐ FATAL ☐ HAZARDOUS MATERIALS ☐ HIT AND RUN ☐ PHOTOS TAKEN ☐ TRAIN R/R ☐ TRUCK / BUS

UNIT # — NAME (LAST, FIRST, MIDDLE) | DRIVER LICENSE NUMBER | STATE | SEX | RACE | DOB

PED BIC PRK PRP — ADDRESS | HOME PHONE ( )

VEHICLE OWNER ☐ SAME | WORK PHONE ( )

INSURANCE COMPANY ☐ NONE | INSURANCE POLICY NUMBER

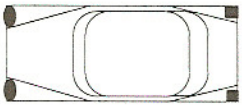
FIRE Y N	STD SPD	PST SPD	EJECTED Y P N	EXTRCTD Y N	VEHICLE IDENTIFICATION NUMBER (VIN)	LICENSE PLATE NUMBER	STATE	YEAR	MAKE	MODEL / STYLE	COLOR

VEHICLE TOWED: Y N ☐ UNKNOWN
BY: TO:

DRIVER TAKEN: Y N ☐ UNKNOWN
BY: TO:

VEHICLE DAMAGE

FRONT



DAMAGE ESTIMATE ☐ NONE ☐ UNDER $1000 ☐ OVER $1000 ☐ ROLLOVER ☐ UNDERCAR ☐ TOTALED ☐ UNKNOWN

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

INJURY: ☐ NONE ☐ POSSIBLE ☐ MINOR ☐ SERIOUS ☐ FATAL

EQUIPMENT: ☐ NO EQP USED ☐ LAP ONLY ☐ LAP / SHLDR ☐ CHLD RST-PRP ☐ A/BAG-DEPLYD ☐ NONE INSTLD ☐ UNKNOWN ☐ SHLDR ONLY ☐ HELMET ☐ CHLD RST-IMPR ☐ A/BAG-NOT DP

ACTION / ARREST / CITES

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 | HOME PHONE ( )

VEHICLE OWNER ☐ SAME | WORK PHONE ( )

INSURANCE COMPANY ☐ NONE | INSURANCE POLICY NUMBER

FIRE Y N	STD SPD	PST SPD	EJECTED Y P N	EXTRCTD Y N	VEHICLE IDENTIFICATION NUMBER (VIN)	LICENSE PLATE NUMBER	STATE	YEAR	MAKE	MODEL / STYLE	COLOR

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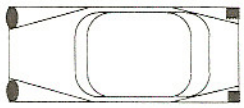
BY: TO:

DRIVER TAKEN: Y N ☐ UNKNOWN
BY: TO:

VEHICLE DAMAGE

FRONT



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ACTION / ARREST / CITES

UNIT # — ☐ PASSENGER NAME ☐ WITNESS | ADDRESS

SEX	RACE	DOB	HOME PHONE	WORK PHONE
			( )	( )

INJURY ☐ NONE ☐ POSSIBLE ☐ MINOR ☐ SERIOUS ☐ FATAL | LOCATION LF CF RF LR CR RR | OTHER: | EJECTED Y P N | EXTRCTD Y N

PASSENGER TAKEN: Y N ☐ UNKNOWN
BY: TO:

EQUIPMENT ☐ NO EQP USED ☐ LAP ONLY ☐ LAP / SHLDR ☐ CHLD RST-PRP ☐ A/BAG-DEPLYD ☐ NONE INSTLD ☐ UNKNOWN ☐ SHLDR ONLY ☐ HELMET ☐ CHLD RST-IMPR ☐ A/BAG-NOT DP

UNIT # — ☐ PASSENGER NAME ☐ WITNESS | ADDRESS

SEX	RACE	DOB	HOME PHONE	WORK PHONE
			( )	( )

INJURY ☐ NONE ☐ POSSIBLE ☐ MINOR ☐ SERIOUS ☐ FATAL | LOCATION LF CF RF LR CR RR | OTHER: | EJECTED Y P N | EXTRCTD Y N

PASSENGER TAKEN: Y N ☐ UNKNOWN
BY: TO:

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UNIT # — ☐ PASSENGER NAME ☐ WITNESS | ADDRESS

SEX	RACE	DOB	HOME PHONE	WORK PHONE
			( )	( )

INJURY ☐ NONE ☐ POSSIBLE ☐ MINOR ☐ SERIOUS ☐ FATAL | LOCATION LF CF RF LR CR RR | OTHER: | EJECTED Y P N | EXTRCTD Y N

PASSENGER TAKEN: Y N ☐ UNKNOWN
BY: TO:

EQUIPMENT ☐ NO EQP USED ☐ LAP ONLY ☐ LAP / SHLDR ☐ CHLD RST-PRP ☐ A/BAG-DEPLYD ☐ NONE INSTLD ☐ UNKNOWN ☐ SHLDR ONLY ☐ HELMET ☐ CHLD RST-IMPR ☐ A/BAG-NOT DP

DISTRIBUTION

OFFICER NAME / NUMBER	DATE	AGENCY	APPROVED BY

SAMPLE

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

Check ONE box in all categories. Check ALL boxes that apply in categories with (★).

FIRST HARMFUL EVENT

NON COLLISION
- ☐ OVERTURN
- ☐ FIRE / EXPLOSION
- ☐ IMMERSION
- ☐ GAS INHALATION
- ☐ OTHER NON COLLISION
- ☐ MEDICAL (Explain)

COLLISION WITH
- ☐ PEDESTRIAN
- ☐ PARKED MOTOR VEHICLE
- ☐ RAILWAY TRAIN
- ☐ BICYCLIST

CRASH TYPE
- ☐ HEAD ON
- ☐ REAR END
- ☐ ANGLE
- ☐ SIDESWIPE
- ☐ MANNER UNKNOWN

FIXED OBJECT
- ☐ BARRICADE
- ☐ BOULDER / ROCK
- ☐ BRIDGE O/PASS or RAILING
- ☐ BUILDING
- ☐ CULVERT HEADWALL
- ☐ CURBING
- ☐ DITCH
- ☐ DIVIDER - CNCRT or STEEL
- ☐ FENCE - NOT MEDIAN
- ☐ FIRE HYDRANT
- ☐ HIGHWAY GUARDRAIL
- ☐ HIGHWAY SIGN
- ☐ IMPACT ABSORBER
- ☐ LIGHT STANDARD
- ☐ MAILBOX
- ☐ OVERHEAD SIGN POST
- ☐ OVERHEAD STRUCTURE
- ☐ PIER or COLUMN
- ☐ RETAINING WALL
- ☐ SIDESLOPE EARTH
- ☐ SIDESLOPE ROCK or STONE
- ☐ TRAFFIC SIGNAL POST
- ☐ TREE
- ☐ UNDERPASS TUNNEL
- ☐ UTILITY POLE
- ☐ OTHER FIXED (Explain)

OTHER OBJECT (NOT FIXED)
- ☐ ANIMAL
- ☐ THROWN / FALLING OBJECT
- ☐ UNKNOWN
- ☐ OTHER OBJECT (Explain)

EVENT LOCATION

ON ROADWAY
- ☐ NON-INTERSECTION
- ☐ INTERSECTION
- ☐ INTERSECTION RELATED
- ☐ DRIVEWAY ACCESS
- ☐ INTERCHANGE AREA
- ☐ RAILROAD CROSSING
- ☐ BRIDGE
- ☐ TUNNEL
- ☐ OTHER ON-ROAD AREA

OFF ROADWAY
- ☐ SHOULDER
- ☐ TURNOUT
- ☐ ROADSIDE
- ☐ BEYOND RIGHT OF WAY
- ☐ MEDIAN
- ☐ DRIVEWAY
- ☐ PRIVATE DRIVE
- ☐ RAILROAD CROSSING
- ☐ OTHER OFF ROAD
- ☐ PARKING LOT
- ☐ UNKNOWN

SPECIAL ZONE
- ☐ NONE
- ☐ CONSTRUCTION
- ☐ MAINTENANCE
- ☐ UTILITY
- ☐ SNOW
- ☐ SCHOOL
- ☐ UNKNOWN WORK
- ☐ OTHER

WEATHER
- ☐ CLEAR
- ☐ CLOUDY (OVERCAST)
- ☐ RAIN
- ☐ SNOW
- ☐ SLEET / HAIL / ETC
- ☐ FOG / SMOG
- ☐ SMOKE
- ☐ BLOWING SAND / DIRT
- ☐ SEVERE CROSSWIND
- ☐ OTHER / UNKNOWN

SURFACE CONDITION

#1	#2	
☐	☐	DRY
☐	☐	WET
☐	☐	SNOW / SLUSH
☐	☐	ICY
☐	☐	MUDDY
☐	☐	DEBRIS
☐	☐	RUTS / HOLES / BUMPS
☐	☐	WORN / POLISHED
☐	☐	LOW / SOFT SHOULDER
☐	☐	OTHER / UNKNOWN

∘ SURFACE TYPE

#1	#2	
☐	☐	CONCRETE
☐	☐	BLACKTOP / ASPHALT
☐	☐	GRAVEL
☐	☐	DIRT
☐	☐	OTHER

LIGHT
- ☐ FULL DAYLIGHT
- ☐ DAWN
- ☐ DUSK
- ☐ DARK - LIGHTED WAY
- ☐ DARK - NOT LIGHTED
- ☐ UNKNOWN

TRAFFIC CONTROL TYPE

#1	#2	
☐	☐	NONE
☐	☐	SCHOOL BUS LIGHTS
☐	☐	OFFICER / CROSSING GUARD or FLAGGER
☐	☐	TRAFFIC SIGNAL w/ PEDESTRIAN CONTROL
☐	☐	TRAFFIC SIGNAL
☐	☐	FLASHING BEACON
☐	☐	STOP SIGN
☐	☐	YIELD SIGN
☐	☐	RR CROSSING GATES
☐	☐	RR CROSSING BUCKS
☐	☐	RR FLASHING SIGNAL
☐	☐	RR CROSSING w/ PAVEMENT MARKINGS
☐	☐	LANE CONTRLS / LINES / STRIPES / DEVICES
☐	☐	SCHOOL SIGNAL
☐	☐	OTHER REG SIGN
☐	☐	UNKNOWN

TRAFFIC CONTROL DEVICE CONDITION

#1	#2	
☐	☐	NO MALFUNCTION
☐	☐	DOWN / MISSING
☐	☐	TURNED FROM PROPER POSITION
☐	☐	OBSCURED BY OTHER SIGNS
☐	☐	OBSCURED BY PARKED VEHICLE
☐	☐	OBSCURED BY VEGETATION
☐	☐	LIGHTS MALFUNCTION
☐	☐	LIGHTS STUCK
☐	☐	GATES INOPERATIVE
☐	☐	GATE ARM MISSING
☐	☐	OTHER RR MALFUNCTN
☐	☐	OTHER IMPAIRMENT
☐	☐	UNKNOWN

ROAD CHARACTER

#1	#2	
☐	☐	STRAIGHT and LEVEL
☐	☐	STRAIGHT w/ GRADE
☐	☐	CURVED and LEVEL
☐	☐	CURVED w/ GRADE

VEH # 1 ___ NUMBER OF LANES

VEH # 2 ___ NUMBER OF LANES

___ TOTAL NUMBER OF LANES

ROAD FLOW

DIVIDED MEDIAN

#1	#2	
☐	☐	UNPAVED
☐	☐	BARRIER
☐	☐	PAVED
☐	☐	CONT LEFT TURN

OTHER

☐	☐	ONE WAY TRAFFIC
☐	☐	NOT PHYSLY DIVIDED

DRIVER LICENSE VIOLATION

DRIVER

# 1	# 2	
☐	☐	NONE
☐	☐	INSTRUCTION PERMIT
☐	☐	LICENSE RESTRICTION
☐	☐	EXPIRED LICENSE
☐	☐	OUT OF CLASS
☐	☐	SUSPNDED / REVOKED
☐	☐	UNLICENSED

★ DRIVER FACTORS

DRIVER

# 1	# 2	
☐	☐	NONE
☐	☐	CELL PHONE USE
☐	☐	OBSTRUCTED VIEW
☐	☐	FAILED TO YIELD ROW
☐	☐	DISRGRD TRAF SIGN
☐	☐	TOO FAST FOR COND
☐	☐	MADE IMPROPER TURN
☐	☐	WRONG SIDE/WAY
☐	☐	FOLLOW TOO CLOSELY
☐	☐	IMPROPER LANE CHNG
☐	☐	IMPROPER BACKING
☐	☐	IMPROPER PASSING
☐	☐	IMPROPER SIGNAL
☐	☐	IMPROPER PARKING
☐	☐	FATIGUE / DROWSY
☐	☐	ILL / BLACKOUT
☐	☐	UNKNOWN
☐	☐	OTHER

★ IMPAIRMENT

DRIVER

# 1	# 2	
☐	☐	NONE
☐	☐	UNDER INFL - DRUGS
☐	☐	UNDER INFL - ALCOHOL
☐	☐	UNDER INFL - MEDS
☐	☐	UNKNOWN

DETERMINED BY:

☐	☐	INTOXILYZER TEST
☐	☐	BLOOD OR URINE TEST
☐	☐	FIELD SOB. TEST
☐	☐	OBSERVED (SPEECH, ODOR, ETC.)
☐	☐	DRE EVALUATION
☐	☐	STATEMENTS
☐	☐	UNKNOWN
☐	☐	OTHER

RESULTS OF TEST:

D 1 _____% D 2 _____%

☐	☐	NO TEST GIVEN
☐	☐	TEST REFUSED
☐	☐	TESTED FOR DRUGS
☐	☐	RESLTS NOT AVAILABLE

★ VEH RELATED FACTORS

#1	#2	
☐	☐	NONE
☐	☐	BRAKES
☐	☐	STEERING
☐	☐	POWER PLANT
☐	☐	SUSPENSION
☐	☐	TIRES
☐	☐	EXHAUST
☐	☐	LIGHTS
☐	☐	SIGNALS
☐	☐	WINDOWS / WINDSHLD
☐	☐	RESTRAINT SYSTEM
☐	☐	WHEELS
☐	☐	COUPLING
☐	☐	CARGO
☐	☐	OTHER

VEHICLE MOVEMENT

#1	#2	
☐	☐	BACKING
☐	☐	STOPPED
☐	☐	STRAIGHT AHEAD
☐	☐	TURNING RIGHT
☐	☐	TURNING LEFT
☐	☐	MAKING U-TURN
☐	☐	ENTER TRAFFIC LANE
☐	☐	LEAVE TRAFFIC LANE
☐	☐	OVERTAKING
☐	☐	CHANGING LANES
☐	☐	AVOIDING MANEUVER
☐	☐	MERGING
☐	☐	PARKING
☐	☐	NEGOTIATING A CURVE
☐	☐	OTHER

TRAILER TYPE

#1	#2	
☐	☐	LOG BUNK
☐	☐	SEMITRAILER
☐	☐	POLE TRAILER
☐	☐	FULL TRAILER
☐	☐	MOBILE HOME
☐	☐	UTILITY TRAILER
☐	☐	TRAVEL TRAILER
☐	☐	BOAT TRAILER
☐	☐	FARM EQUIPMENT
☐	☐	HORSE TRAILER
☐	☐	VEHICLE IN TOW
☐	☐	OTHER / UNKNOWN

TRUCK CONFIGURATION

#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

★ PASSENGER FACTORS

PASS UNIT #1

#1	#2	
☐	☐	NONE
☐	☐	INTERFERED w/DRIVER
☐	☐	UNDER INFL - DRUGS
☐	☐	UNDER INFL - ALCOHOL
☐	☐	UNKNOWN
☐	☐	OTHER (Explain)

PASS UNIT #2

#1	#2	
☐	☐	NONE
☐	☐	INTERFERED w/DRIVER
☐	☐	UNDER INFL - DRUGS
☐	☐	UNDER INFL - ALCOHOL
☐	☐	UNKNOWN
☐	☐	OTHER (Explain)

PEDESTRIAN LOCATION

IN ROAD
- ☐ IN X-WALK
- ☐ NOT IN X-WALK
- ☐ NO X-WALK AVAILABLE

INTERSECTION
- ☐ IN X-WALK
- ☐ NOT IN X-WALK
- ☐ NO X-WALK AVAILABLE

OTHER
- ☐ NOT IN ROADWAY
- ☐ SHOULDER
- ☐ MEDIAN
- ☐ BIKE LANE
- ☐ UNKNOWN

PEDESTRIAN TYPE
- ☐ NONE
- ☐ PEDESTRIAN
- ☐ BICYCLIST
- ☐ CONVEYANCE
- ☐ WHEELCHAIR
- ☐ ANIMAL RIDER
- ☐ RIDER of ANIM DRAWN VEH
- ☐ UNKNOWN
- ☐ OTHER (Explain)

★ PEDESTRIAN ACTION
- ☐ ENTER / CROSS ROAD
- ☐ WALK / RIDE w/TRAFF
- ☐ WALK / RIDE AGAINST
- ☐ STEP ON / OFF VEHICLE
- ☐ STEP ON / OFF SCH BUS
- ☐ APPRCH / LEAVE SC BUS
- ☐ APPROACH / LEAVE VEH
- ☐ WORK / PUSHING VEHICLE
- ☐ OTHER WORKING
- ☐ PLAYING
- ☐ STANDING
- ☐ LYING DOWN
- ☐ UNKNOWN

PED / BIKE VISIBILITY

CLOTHING
- ☐ NO CONTRAST w/BKGRND
- ☐ CONTRASTED w/BKGRND
- ☐ REFLECTIVE

OTHER
- ☐ OTHER LIGHT SOURCE
- ☐ UNKNOWN

★ PED / BIKE FACTORS
- ☐ NONE
- ☐ FAILED TO YIELD ROW
- ☐ DISREGARD TRAFFIC SIGN
- ☐ ILLEGALLY IN ROAD
- ☐ EQUIPMENT VIOLATION
- ☐ CLOTHING NOT VISIBLE
- ☐ UNDER INFL - DRUGS
- ☐ UNDER INFL - ALCOHOL
- ☐ UNKNOWN
- ☐ OTHER (Explain)

SKETCH & NARRATIVE

North

(NOT TO SCALE)

UNIT	1	2
SKID MARKS TO (FEET)		
DISTANCE AFTER (FEET)		

SAMPLE

DMV

SUPPLEMENTAL REPORT
OREGON TRAFFIC ACCIDENT

Supplemental for more than two drivers involved in the crash.
Attach this form to your OREGON TRAFFIC ACCIDENT AND INSURANCE REPORT.

ACCIDENT DATE M T W TH F S SN	TIME OF DAY AM PM	COUNTY	DO NOT WRITE IN THIS SPACE
ROAD ON WHICH ACCIDENT OCCURRED (Name of street, road or route)	MILE POST		

VEHICLE #3

INSURANCE COMPANY NAME AND POLICY NUMBER					
VEHICLE IDENTIFICATION NUMBER	VEHICLE PLATE NUMBER	STATE	YEAR	MAKE & MODEL	
OTHER DRIVER'S FULL NAME (LAST, FIRST, MIDDLE)	DRIVER'S LICENSE NUMBER		STATE	DATE OF BIRTH	SEX
DRIVER'S ADDRESS	CITY		STATE	ZIP CODE	
VEHICLE OWNER'S NAME AND ADDRESS ☐ SAME	CITY		STATE	ZIP CODE	

VEHICLE #4

INSURANCE COMPANY NAME AND POLICY NUMBER					
VEHICLE IDENTIFICATION NUMBER	VEHICLE PLATE NUMBER	STATE	YEAR	MAKE & MODEL	
OTHER DRIVER'S FULL NAME (LAST, FIRST, MIDDLE)	DRIVER'S LICENSE NUMBER		STATE	DATE OF BIRTH	SEX
DRIVER'S ADDRESS	CITY		STATE	ZIP CODE	
VEHICLE OWNER'S NAME AND ADDRESS ☐ SAME	CITY		STATE	ZIP CODE	

VEHICLE #5

INSURANCE COMPANY NAME AND POLICY NUMBER					
VEHICLE IDENTIFICATION NUMBER	VEHICLE PLATE NUMBER	STATE	YEAR	MAKE & MODEL	
OTHER DRIVER'S FULL NAME (LAST, FIRST, MIDDLE)	DRIVER'S LICENSE NUMBER		STATE	DATE OF BIRTH	SEX
DRIVER'S ADDRESS	CITY		STATE	ZIP CODE	
VEHICLE OWNER'S NAME AND ADDRESS ☐ SAME	CITY		STATE	ZIP CODE	

VEHICLE #6

INSURANCE COMPANY NAME AND POLICY NUMBER					
VEHICLE IDENTIFICATION NUMBER	VEHICLE PLATE NUMBER	STATE	YEAR	MAKE & MODEL	
OTHER DRIVER'S FULL NAME (LAST, FIRST, MIDDLE)	DRIVER'S LICENSE NUMBER		STATE	DATE OF BIRTH	SEX
DRIVER'S ADDRESS	CITY		STATE	ZIP CODE	
VEHICLE OWNER'S NAME AND ADDRESS ☐ SAME	CITY		STATE	ZIP CODE	

VEHICLE #7

INSURANCE COMPANY NAME AND POLICY NUMBER					
VEHICLE IDENTIFICATION NUMBER	VEHICLE PLATE NUMBER	STATE	YEAR	MAKE & MODEL	
OTHER DRIVER'S FULL NAME (LAST, FIRST, MIDDLE)	DRIVER'S LICENSE NUMBER		STATE	DATE OF BIRTH	SEX
DRIVER'S ADDRESS	CITY		STATE	ZIP CODE	
VEHICLE OWNER'S NAME AND ADDRESS ☐ SAME	CITY		STATE	ZIP CODE	

SAMPLE

OREGON DEPARTMENT OF TRANSPORTATION
ACCIDENT DATA UNIT
555 - 13TH ST NE
SALEM, OR 97310-1380

TELEPHONE: (503)986-3507
FAX: (503) 986-4249

NOTICE: IN ADDITION, THE DRIVER MUST FILE AN INDIVIDUAL ACCIDENT REPORT WITH DRIVER AND MOTOR VEHICLE SERVICES (DMV) WITHIN 72 HOURS IF THE ACCIDENT INVOLVED DEATH OR INJURY TO ANY PERSON OR THERE WAS PROPERTY DAMAGE IN THE AMOUNT OF $1000 OR MORE. THE ACCIDENT REPORTFORM (735-0032) IS AVAILABLE AT ALL DMV & LAW ENFORCEMENT OFFICES OR BY CALLING (503) 945-5098.

MOTOR CARRIER ACCIDENT REPORT

INSTRUCTIONS: IF TWO OR MORE OF THE SCREENING INFORMATION QUESTIONS BELOW ARE ANSWERED "YES", COMPLETE THE ENTIRE FORM AND RETURN IT TO THE ADDRESS LISTED ABOVE.

SCREENING INFORMATION

		YES
QUALIFYING VEHICLE:	COMMERCIAL TRUCK (GVWR OVER 10,000 LBS)?	☐
	HAZARDOUS MATERIAL PLACARD?	☐
	COMMERCIAL BUS (DESIGNED TO CARRY 16 OR MORE PASSENGERS)?	☐
	FARM VEHICLE (4 AXLES OR MORE) OPERATED FOR HIRE (80,000 LBS OR LESS)?	☐
	FARM VEHICLE (4 AXLES OR MORE) OPERATED OVER 80,000 LBS (FARMER'S FARM USE ONLY)?	☐
CRITERIA:	ANY PERSON SUSTAINING A FATALITY (WITHIN 30 DAYS OF THE ACCIDENT)?	☐
	ANY PERSON SUSTAINING INJURIES REQUIRING TREATMENT AWAY FROM THE SCENE?	☐
	ANY VEHICLE TOWED FROM SCENE DUE TO DISABLING DAMAGE?	☐

MOTOR CARRIER NAME			AUTHORITY NO.
ADDRESS	CITY	STATE	ZIP CODE

ACCIDENT INFORMATION

PLACE OF ACCIDENT (NEAREST CITY OR TOWN) _____ HWY#,MILEPOINT / STREET NAME _____ DIRECTION OF YOUR VEHICLE (CIRCLE): N E S W

DATE OF ACCIDENT: ___/___/___ TIME (NEAREST HOUR) _____ ☐ AM ☐ PM DAY OF WEEK (CIRCLE): MON TUE WED THU FRI SAT SUN

CONDITIONS AT TIME OF ACCIDENT

WEATHER (CIRCLE ONE): 1. CLEAR 2. RAIN 3. SNOW 4. CLOUDY 5. SLEET 6. FOG 7. OTHER _____

ROAD SURFACE (CIRCLE ONE): 1. DRY 2. WET 3. SNOWY 4. ICY 5. OTHER _____

LIGHT CONDITION (CIRCLE ONE): 1. DAY 2. DAWN 3. DUSK 4. ARTIFICIAL LIGHTS 5. DARK 6. OTHER _____

VEHICLE INFORMATION

YEAR	MAKE	UNIT NO.	PUC PLATE NO.	TOTAL NO. AXLES

VEHICLE TYPE: (CIRCLE ONE) TRUCK, TRUCK-TRAILER, TRAC-TRAILER, TRAC-DBLS, TRAC-TRPLS, TRUCK-2TRLS, BOBTAIL, BUS (IF BUS, NO. OF PASSENGERS ON BOARD: _____)

CARGO BODY TYPE: (CIRCLE ONE) VAN, FLATBED, TANKER, CONTAINER, POLE, DUMP, BELLY-DUMP, CAR CARRIER, LIVESTOCK, MOBILE HOME TOTER, PASSENGER, DROP-BOX, GARBAGE, BULK-HOPPER, MIXER, SADDLEMOUNT, WRECKER, FIXED LOAD, HEAVY HAUL UTILITY OTHER _____

TOTAL LENGTH OF VEHICLE / COMB	TOTAL WIDTH OF VEHICLE OR CARGO	WEIGHT (CARGO)	WEIGHT (GROSS)

COMMODITY INFORMATION

COMMODITY BEING TRANSPORTED AT TIME OF ACCIDENT: _____

WAS A HAZARDOUS COMMODITY BEING HAULED? ☐ YES ☐ NO

HAZARD CLASS _____

WAS HAZARDOUS MATERIAL RELEASED FROM THE VEHICLE CARGO? (NOT A FUEL RELEASE) ☐ YES ☐ NO

SAMPLE

DRIVER INFORMATION

DATE OF BIRTH _____

NAME OF YOUR DRIVER _____ CDL NO. _____ STATE _____

HOW LONG EMPLOYED AS YOUR DRIVER _____ YEARS _____ MONTHS EXPIRATION DATE OF MEDICAL CERTIFICATE _____

FILL OUT THE FOLLOWING TWO QUESTIONS AS IF DOING A RECAP OF HOURS IN TIME DOCUMENTS AT TIME OF ACCIDENT.

AT TIME OF ACCIDENT, TOTAL HOURS DRIVING SINCE LAST OFF-DUTY PERIOD _____

TOTAL HOURS ON DUTY DURING THE PREVIOUS: (FILL OUT ONE ONLY, BASED ON TIME DOCUMENTS)
7 CONSECUTIVE DAYS _____ HOURS
8 CONSECUTIVE DAYS _____ HOURS

CONDITION OF DRIVER (CIRCLE ONE): 1. NORMAL 2. HAD BEEN DRINKING 3. ILLEGAL DRUG USE 4. SICK 5. FATIGUE 6. DOZED AT WHEEL 7. OTHER _____

DOES YOUR DRIVER HAVE A MEDICAL WAIVER? ☐ YES ☐ NO

TYPE OF WAIVER (SIGHT, DIABETES, AMPUTEE, ETC.): _____

DRIVER INJURY INFORMATION

YOUR DRIVER KILLED? ☐ YES ☐ NO

YOUR DRIVER INJURED? ☐ YES ☐ NO

RELIEF DRIVER KILLED? ☐ YES ☐ NO

RELIEF DRIVER INJURED? ☐ YES ☐ NO

TOTAL NO. PASSENGERS _____ KILLED _____ INJURED

OTHER VEHICLE DRIVER INFORMATION

(VEH 2) DRIVER NAME	DRIVER LIC.#, STATE	YEAR, MAKE, TYPE OF VEHICLE (CAR, TRUCK, BIKE, MOTORCYCLE).	VEHICLE LIC. # STATE
(VEH 3) DRIVER NAME	DRIVER LIC.#, STATE	YEAR, MAKE, TYPE OF VEHICLE (CAR, TRUCK, BIKE, MOTORCYCLE)	VEHICLE LIC. # STATE

OTHER DRIVER INJURY INFORMATION

TOTAL NO. OF OTHER DRIVERS _____ KILLED _____ INJURED

TOTAL NO. OF OTHER PASSENGERS _____ KILLED _____ INJURED

TOTAL NO. OF PEDESTRIANS _____ KILLED _____ INJURED

ACCIDENT INFORMATION

DESBRIBE WHAT HAPPENED BY CHECKING ALL BOXES THAT APPLY. **YOUR VEHICLE** IS ALWAYS **NO. 1.** IF OTHER VEHICLES WERE INVOLVED, COMPLETE COLUMNS 2 & 3 TO CORRESPOND TO THE ACTIONS OF THE SAME NUMBERED VEHICLES LISTED ABOVE UNDER "OTHER DRIVER INFORMATION".

VEHICLES			ACTION	VEHICLES			ACTION	VEHICLES			ACTION
1	2	3		1	2	3		1	2	3	
			SLOWING-STOPING				PASSING				JACKKNIFE
			STOPPED				CHANGING LANES				OVERTURN
			REAR-END				SIDESWIPE				SEPARATION OF UNITS
			BACKING				HEAD-ON				FIRE
			MAKING RIGHT TURN				SKIDDING				EXPLOSION
			MAKING LEFT TURN				VEH OUT OF CONTROL				CARGO SHIFT
			MAKING U-TURN				ROLL-AWAY				CARGO SPILL (HAZARDOUS)
			PROCEEDING STRAIGHT				CONTROLLED RR CROSSING				CARGO SPILL (NON-HAZARDOUS)
			INTERSECTION				UNCONTROLLED RR CROSSING				OTHER (DEER, GUARDRAIL, ETC.)
			ENTERING TRAFFIC (FROM SHOULDER, MEDIAN, PARKING STRIP OR PRIVATE DRIVE)				RAN OFF ROAD				_____

DID YOUR VEHICLE STRIKE A PARKED VEHICLE? ☐ YES ☐ NO

WAS YOUR PARKED VEHICLE STRUCK BY ANOTHER VEHICLE? ☐ YES ☐ NO

DESCRIPTION OF ACCIDENT BY CARRIER OFFICIAL: _____

TOTAL DAMAGES TO ALL VEHICLES AND PROPERTY: $ _____

TOTAL DAMAGES TO YOUR VEHICLE AND PROPERTY: $ _____

NAME AND TITLE OF PERSON SIGNING REPORT

TELEPHONE NO. ( )

SIGNATURE

DATE

SAMPLE