

Crash Report Manual with Electronic Submission

FR 300M

Crash Report Manual

Virginia State Crash Report Training Manual

Revised March 2014

TABLE OF CONTENTS

INTRODUCTION.....	9
GENERAL INSTRUCTIONS	11
<i>General Vehicle Information</i>	<i>11</i>
<i>Vehicles that do not make Physical Contact.....</i>	<i>11</i>
<i>Vehicle List Order (Preferred)</i>	<i>11</i>
<i>Parked Vehicles</i>	<i>11</i>
<i>Parking Lot Crashes</i>	<i>11</i>
<i>Trailer/Vehicles in Tow</i>	<i>11</i>
<i>Parked Trailer Hit on Side of Road (not attached to vehicle)</i>	<i>12</i>
<i>Other Vehicles</i>	<i>12</i>
<i>How to Complete Additional Report Pages (if necessary)</i>	<i>12</i>
<i>How to determine if a CMV/Non-CMV Crash is Reportable to FMCSA (Federal Motor Carrier Safety Administration)</i>	<i>13</i>
<i>Reviewing, Approving and Submitting the FR300P</i>	<i>14</i>
DRIVER/VEHICLE GENERAL INFORMATION – PAGE A	15
CRASH SECTION	15
1. Revised Report.....	15
2. Page___ of ___	15
3. GPS Latitude	15
4. GPS Longitude	15
5. Crash Date	15
6. Day of Week	15
7. Military Time (24 hour clock).....	15
8. County of Crash	16
9. Official DMV Use	16
10. City of/ Town of	16
11. City or Town Name	16
12. Landmarks at Scene.....	16
13. Location of Crash (route/street).....	16
14. Railroad Crossing ID no. (if within 150 ft.).....	16
15. Local Case Number	17
16. At intersection with	17
17. _____ <input type="checkbox"/> Miles <input type="checkbox"/> Feet.....	17
18. N S E W of.....	17
19. Location of Crash (route/street) - Secondary Location.....	17
20. Mile Marker Number.....	17
21. Number of Vehicles	17
22. Vehicle #	18
DRIVER SECTION	18
23. Driver Fled Scene	18
24. Driver's Name (Last, First, Middle)	18

25. Gender	18
26. Address (Street and Number), City, State, Zip	18
27. Birth Date	18
28. Driver's License Number	18
29. State	18
30. DL	19
31. CDL	19
32. Safety Equipment Used (For Drivers Regardless of Injury)	19
33. Air Bag	20
34. Ejected	20
35. Date of Death	21
36. Injury Type	21
37. EMS Transport	21
38. Summons Issued as Result of Crash	22
39. Offenses Charged to Driver	22
VEHICLE SECTION	22
40. Vehicle Owner's Name (Last, First, Middle)	22
41. Same as Driver	22
42. Address (Street and Number), City, State Zip	22
43. Vehicle Year	22
44. Vehicle Make	22
45. Vehicle Model	23
46. Disabled	23
47. CMV	23
48. Towed	23
49. Vehicle Plate Number	23
50. State	24
51. Approximate Repair Cost	24
52. VIN	24
53. Oversize	24
54. Cargo Spill	24
55. Name of Insurance Company (not Agent)	25
56. Override	25
57. Underride	25
58. Speed Before Crash	25
59. Speed Limit	25
60. Maximum Safe Speed	25
61. ALL Passengers Age Count	25
PASSENGER SECTION	26
62. Name of Injured (Last, First, Middle)	26
63. EMS Transport	26
64. Date of Death	26
65. Position In/On Vehicle	26
66. Safety Equipment Used	27
67. Airbag	28
68. Ejected	29
69. Injury Type	29
70. Birth Date	30
71. Gender	30
OFFICER SECTION	30

72. Investigating Officer	30
73. Badge/Code Number	30
74. Agency/Department Name and Code	30
75. Reviewing Officer	30
76. Report File Date	30

DRIVER/VEHICLE CRASH INFORMATION – PAGE B.....31

DRIVER INFORMATION SECTION.....	31
1. VEHICLE #	31
2. Driver's Action (P1)	31
3. Condition of Driver Contributing to the Crash (P2)	31
4. Driver Vision Obscured (P3)	31
5. Type of Driver Distractions (P4)	31
6. Drinking (P5)	31
7. Method of Alcohol Determination (by police) (P6)	31
8. Drug Use (P7)	32

VEHICLE INFORMATION SECTION.....	32
9. Vehicle Maneuver (V1)	32
10. Skidding Tire/Mark (V2)	32
11. Vehicle Body Type (V3)	32
12. Vehicle Damage (V4)	33
13. Vehicle Condition (V5)	33
14. Special Function Motor Vehicle (V6)	34
15. EMV in service (V7)	34
16. Truck Cover (V8)	34

CRASH INFORMATION – PAGE C.....36

1. Location of First Harmful Event in Relation to Roadway (C1)	36
2. Weather Condition (C2)	37
3. Light Conditions (C3)	37
4. Traffic Control Device (C4)	37
5. Traffic Control Type (C5)	38
6. Roadway Alignment (C6)	38
7. Roadway Surface Condition (C7)	38
8. Roadway Surface Type (C8)	38
9. Roadway Description (C9)	38
10. Roadway Defects (C10)	39
11. Relation to Roadway (C11)	39
12. Intersection Type (C12)	43
Not at Intersection	43
Two Approaches	44
Three Approaches	45
Four Approaches	46
Five-Point, or more	48
Roundabout	49
13. Work Zone (C13)	50
14. Work Zone Workers Present (C14)	50
15. Work Zone Location (C15)	50
Advance Warning Area	50

Transition Area/Activity Area.....	51
Termination Area.....	51
16. Work Zone Type (C16)	51
Lane Closure.....	52
Lane Shift/Crossover	53
Work on Shoulder or Median	54
Intermittent or Moving.....	55
17. School Zone (C17).....	56
18. Type of Collision (C18)	56
CRASH DIAGRAM – PAGE D	58
CRASH DIAGRAM SECTION	58
1. VEHICLE #, Initial Impact, Impact Areas and Vehicle Direction of Travel- N/S/E/W.....	58
2. CRASH DIAGRAM.....	58
3. Approximate Repair Cost.....	59
4. Object Struck (Tree, Fence, etc.).....	59
6. Address (Street and Number)	59
7. VDOT Property.....	59
8. CRASH DESCRIPTION	59
CRASH EVENTS SECTION	60
9. Vehicle #	60
10. First Event.....	60
11. Second Event	60
12. Third Event/Fourth Event	60
13. Most Harmful Event	60
14. First Harmful Event of Entire Crash that Results in First Injury or Damage.....	60
COMMERCIAL MOTOR VEHICLE – PAGE E.....	62
Crash Requirement for Commercial Motor Vehicle Page.....	62
COMMERCIAL MOTOR VEHICLE	64
1. VEHICLE #	64
2. Vehicle Configuration (V10).....	64
3. Cargo Body Type (V11)	65
4. License Class (P8).....	65
5. Commercial Endorsement (P9).....	66
6. GVWR / GCWR (V12).....	66
7. Hazardous Material Placard.....	66
8. HM 4-Digit	67
9. HM Placard Name	67
10. HM Class.....	68
11. HM Cargo Present	68
12. HM Cargo Released	68
13. Commercial Motor Carrier Name.....	68
14. Commercial Motor Carrier Address.....	69
15. US DOT#	69
16. Carrier State	69
17. Commercial/Non-Commercial (V13)	69
Commercial Motor Vehicle (Page E) Required - Examples	71

Commercial Motor Vehicle (Page E) NOT Required - Examples	72
---	----

PEDESTRIAN/ADDITIONAL PASSENGERS – PAGE F73

1. PEDESTRIAN #.....	73
2. Name of Injured (Last, First, Middle).....	73
3. Address (Street and Number), City, State, Zip	73
4. Driver's License Number	73
5. State	73
6. Gender.....	73
7. EMS Transport.....	73
8. Injury Type	73
9. Birth Date	74
10. Date of Death	74
11. Pedestrian Number.....	74
12. Pedestrian Action (P10)	74
13. Pedestrian Drinking (P11).....	75
14. Condition of Pedestrian Contributing to the Crash (P12)	75
15. Method of Alcohol Determination by Police (P13)	75
16. Pedestrian Drug Use (P14).....	75
17. Pedestrian Wear Reflective Clothing (P15).....	75

APPENDIX.....76

Code of Virginia	76
Diagram of Interchanges.....	77
Diagram of Types of Intersections.....	78
Diagram of Work Zone Area.....	79
Diagram of Vehicle Impact Area	80
CMV Carrier Name and ID	81
CMV Carrier Name and ID Examples	82

REVISION HISTORY83

Revision 1: August 201383

DRIVER/VEHICLE GENERAL INFORMATION – Page A	83
VEHICLE SECTION	83
58. Speed Before Crash.....	83

Revision 2: March 2014.....83

GENERAL INSTRUCTIONS.....	83
Parking Lot Crashes	83
Trailer/Vehicles in Tow	83
Parked Trailer Hit on Side of Road (not attached to vehicle)	83
DRIVER/VEHICLE GENERAL INFORMATION – Page A	83
DRIVER SECTION	83
28. Driver's License Number.....	83
32. Safety Equipment Used (For Drivers Regardless of Injury)	83
VEHICLE SECTION	83
48. Towed.....	83
49. Vehicle Plate Number	83
52. VIN.....	83
PASSENGER SECTION.....	83

66. Safety Equipment Used	83
DRIVER/VEHICLE CRASH INFORMATION – Page B	83
DRIVER INFORMATION	83
11. Vehicle Body Type (V3)	84
VEHICLE INFORMATION	84
16. Truck Cover (V8)	84
CRASH INFORMATION – Page C	84
9. Roadway Description (C9)	84
11. Relation to Roadway (C11)	84
15. Work Zone Location (C15)	84
18. Type of Collision (C18)	84
CRASH DIAGRAM – Page D	84
7. VDOT Property	84
Revision 3: March 2014	84
DRIVER/VEHICLE GENERAL INFORMATION – Page A	84
DRIVER SECTION	84
36. Injury Type	84
PASSENGER SECTION	84
69. Injury Type	84
PEDESTRIAN/ADDITIONAL PASSENGERS – Page F	84
8. Injury Type	84

INTRODUCTION

The instructions in this manual have been prepared to assist law enforcement officers to effectively complete the Police Crash Report (FR300P).

The primary purpose of crash investigation and reporting is to determine and properly document the causal factors associated with motor vehicle crashes. Information from the FR300P is used to develop programs and activities to reduce the number and severity of motor vehicle crashes. National, state and local agencies rely on this data to set funding priorities and program development. State agencies such as the Virginia Department of Motor Vehicles (DMV), the Virginia State Police (VSP) and the Virginia Department of Transportation (VDOT) use information from the crash reports to develop and implement programs that directly influence the lives of Virginians and all those who travel Virginia's roadways.

Importance of Traffic Crash Data

The comprehensive data housed in Virginia's Traffic Records Electronic Data System (TREDS) is the foundation of highway safety in Virginia. The information serves as a performance measurement tool that reflects Virginia's efforts to improve highway safety. TREDS traffic crash information can be used to:

- Award and target federal highway safety funding
- Conduct problem identification and the development of resolutions for safety programs
- Create and implement effective, integrated safety programs and initiatives
- Conduct education and awareness initiatives
- Make executive management decisions
- Make key legislative decisions that impact citizen safety on our roadways
- Targeting local and state law enforcement efforts
- Make engineering and construction improvements to our roadways
- Work with partnering organizations to develop coordinated, innovative approaches to improve highway safety

The motor vehicle laws of Virginia under §46.2-373 require law enforcement officers to submit a police crash report to the DMV for all reportable crashes within 24 hours after the completion of the crash investigation.

§ 46.2-373

A. Every law-enforcement officer who in the course of duty investigates a motor vehicle accident resulting in injury to or death of any person or total property damage to an apparent extent of \$1,500 or more, either at the time of and at the scene of the accident or thereafter and elsewhere, by interviewing participants or witnesses shall, within twenty-four hours after completing the investigation, forward a written report of the accident to the Department. The report shall include the name or names of the insurance carrier or of the insurance agent of the automobile liability policy on each vehicle involved in the accident.

Crashes meeting the severity criteria (as prescribed by §46.2-373) occurring on public property are reportable to the DMV. Public property is considered to be highways, roads, streets and public parking lots maintained by state, county or municipal funds. **Crashes occurring on private property, even though they may meet the severity criteria, are not reportable to the DMV but still can be submitted electronically to TREDS.**

Crashes that are clearly non-reportable based on the definition of severity and/or location should **NOT** be sent to the DMV if submitted on paper. However, law enforcement agencies that generate electronic FR300P crash reports for non-reportable crashes can submit them electronically to TREDs.

To reduce the number of revised reports, it is recommended that the FR300P not be sent to the DMV until after completion of the crash investigation.

The Police Crash Report (FR300P), revised in January, 2012, is a six-page form. This form can be completed using Report Beam (software provided by the DMV) or by using 3rd party vendor solutions. The FR300P must be complete in all aspects as prescribed by this manual before being submitted to the DMV. ***All crash reports should be electronically submitted to the DMV.***

Pages A through D (see page descriptions below) of the FR300 form are to be used for crashes involving standard traffic units such as cars, pickup trucks, SUVs, etc. Pages A through E are to be used for a Commercial Motor Vehicle (CMV) crash and Pages A through D and F are to be used for pedestrian crashes and/or crashes involving more than three passengers in any vehicle.

Driver/Vehicle General Information (Page A) has the necessary space to record specific information for two drivers, two vehicles and three passengers injured or killed per vehicle.

Driver/Vehicle Crash Information (Page B) contains space to record crash related information for two drivers and two vehicles (e.g. Driver's Action and Vehicle Maneuver).

Crash Information (Page C) is used to record crash related information.

Crash Diagram (Page D) contains space to insert a crash diagram, indicate damage as a result of crash for up to four vehicles and record other crash related information.

Pages A through D in the crash report must be completed for every crash report submission. If a crash involves more than two vehicles, then additional Pages A and B must be used.

Commercial Motor Vehicle (Page E) contains space to record information for two CMVs. If more than two crash units are involved, use additional Pages A, B and E as necessary. For example, a crash involving three cars and three tractor-trailers would require three copies of Page A (six drivers and vehicles), three copies of Page B (six drivers and vehicles), one copy of Page C (one crash), two copies of Page D (one crash but six vehicles damaged and event sequences) and two copies of Page E (three CMVs).

Use Pages A through E for crashes involving a CMV (definition of a CMV will be addressed later in this manual). Please include CMV information on Page E for both vehicles if both qualify as CMV vehicles.

Pedestrian/Additional Passengers (Page F) contains space for two pedestrians. If two pedestrians and two vehicles are involved in a crash, Pages A through D and Page F would be sufficient to record the crash data. If more than two vehicles and more than two pedestrians are involved, use additional Pages A, B and F as necessary.

Use Pages A through D and Page F if a crash involves more than three injured passengers in any one vehicle. Please indicate the vehicle number for additional injured passengers.

GENERAL INSTRUCTIONS

General Vehicle Information

Vehicles that do not make Physical Contact

A vehicle that did not make physical contact with another vehicle should be reported on the FR300P and considered as being involved in the crash if its operation contributed to or caused the crash.

Vehicle List Order (Preferred)

Although there is no rule regarding how vehicles are listed on a crash report, the suggested order is to include the vehicle driven by the at-fault driver as the first vehicle. Parked or hit and run vehicles and bicycles would be listed as the last vehicle on the crash report.

Parked Vehicles

For vehicles legally parked or stopped off the travel portion of the roadway, enter the word **“Parked”** in the driver name field and enter all other information pertinent to the owner and vehicle.

A parked vehicle is not considered parked if it impedes the normal flow of traffic. **For example, a vehicle stopped in the roadway discharging passengers should not be considered a parked vehicle.**

Parking Lot Crashes

For parking lot crashes, include in the crash description that the crash occurred in a ‘parking lot’.

Trailer/Vehicles in Tow

When a trailer or other vehicle is being towed by a vehicle, the **vehicle/trailer or vehicle/vehicle** is considered **one unit**. This includes towed units that become detached from the vehicle. In both cases, damages should be recorded as follows:

- Damages to the **combined unit** (vehicle/trailer or vehicle/vehicle) should be included in **Approximate Repair Cost** (Driver/Vehicle General Information, Page A).
- Damages to the **towed trailer/towed vehicle**, in addition to any other relevant information specific to the towed trailer/vehicle (i.e. VIN, Plate Number, etc.), should be included in the **Crash Description** (Crash Diagram, Page D).

Example 1:

A vehicle is pulling a trailer and both vehicle and trailer are damaged in the crash. Damage to vehicle is \$2,000 and damage to trailer is \$1,000. **Approximate Repair Cost** (Driver/Vehicle General Information, Page A) should be \$3,000 (vehicle/trailer). The damages to trailer of \$1,000 and any other information relevant to the trailer should be detailed in the **Crash Description** (Crash Diagram, Page D).

Example 2:

A vehicle is pulling a trailer and only the trailer is damaged. Damage to trailer is \$4,000. **Approximate Repair Cost** (Driver/Vehicle General Information, Page A) should be \$4,000 (vehicle/trailer). The damages to trailer of \$4,000 should be detailed in the **Crash Description** (Crash Diagram, Page D) along with any other information relevant to the trailer.

Example 3:

A vehicle is pulling a tow dolly and the tow dolly becomes detached from the vehicle and only the tow dolly is damaged. Damage to tow dolly is \$2,000. **Approximate Repair Cost** (Driver/Vehicle General Information, Page A) should be \$2,000 (vehicle/tow dolly). The damages to tow dolly of \$2,000 should be detailed in the **Crash Description** (Crash Diagram, Page D) along with any other information relevant to the tow dolly.

Parked Trailer Hit on Side of Road (not attached to vehicle)

When a trailer parked on the side of the road is hit by another vehicle, this would be considered a one vehicle crash. Damages should be recorded as follows:

- Damages to the vehicle should be included in **Approximate Repair Cost** (Driver/Vehicle General Information, Page A).
- Damages to the parked trailer should be recorded in **Damage to Property Other Than Vehicle** (Crash Diagram, Page D)
- Other relevant information specific to the parked trailer (i.e. VIN, Plate Number, etc.), should be included in the **Crash Description** (Crash Diagram, Page D).
- Select '16. Other' for **Type of Collision** (Crash Information, Page C)
- Select '25. Other Movable Object' for **Crash Events** (Crash Diagram, Page D)

Other Vehicles

A **bicycle, moped**, mini-bike, trail bike, or animal-drawn vehicle should be recorded as a vehicle for the purposes of the crash report.

A person on a segway, skates, sled, in a wheelchair or other similar human powered devices should be classified as a pedestrian for purposes of the crash report.

How to Complete Additional Report Pages (if necessary)

Use additional pages as necessary to list more than two drivers, vehicles:

Page 1 of 6: Page A (Driver/Vehicle General Information)

Page 2 of 6: Additional Page A (Driver/Vehicle General Information for vehicles 3 and 4)

Page 3 of 6: Page B (Driver/Vehicle Crash Information)

Page 4 of 6: Additional Page B (Driver/Vehicle Crash Information for vehicles 3 and 4)

Page 5 of 6: Page C (Crash Information)

Page 6 of 6: Page D (Crash Diagram)

Use additional pages as necessary to list more than three injured passengers in one vehicle or injured pedestrians:

Page 1 of 5: Page A (Driver/Vehicle General Information)

Page 2 of 5: Page B (Driver/Vehicle Crash Information)

Page 3 of 5: Page C (Crash Information)

Page 4 of 5: Page D (Crash Diagram)

Page 5 of 5: Page F (Pedestrian/Additional Passengers)

[How to determine if a CMV/Non-CMV Crash is Reportable to FMCSA \(Federal Motor Carrier Safety Administration\)](#)

See additional details in Commercial Motor Vehicle section - Page E

Note: The requirement for a Commercial Motor Vehicle Page outlined in the FR300 Manual is based on reporting requirements from FMCSA.

See Examples of when a Commercial Page is/is not required at the end of the Commercial Motor Vehicle section (Page E).

Both Commercial and some non-Commercial crashes, which meet FMCSA requirements, are collected by FMCSA.

Following are examples that would be reported per FMCSA requirements:

Business or Government or Rental vehicles meeting the criteria, regardless of their use at the time of the crash. Thus a CMV used on the weekend will still qualify; a rental truck used for personal moves will qualify; a government truck or bus 'working' or not will qualify; any of these vehicles parked will qualify.

Following are examples that would not be reported per FMCSA requirements:

A personally owned and operated vehicle is the main exception (large pickup trucks but never used for business; motor homes, large family van with seating for 9 people but never used for business).

If the crash meets the following FMCSA criteria, a CMV Page (Page E) is required:

A truck or truck combination with a weight rating greater than 10,000 lbs (GVWR/GCWR),

OR

Any motor vehicle that seats 9 or more people, including the driver,

OR

A vehicle of any type with a hazardous material placard (or is required to be placarded) regardless of weight

AND the crash resulted in:

A fatality: any person(s) killed in or outside of any vehicle (truck, bus, car, etc.) involved in the crash or who dies within 30 days of the crash as a result of an injury sustained in the crash,

OR

An injury: any person(s) injured as a result of the crash who immediately receives medical treatment away from the crash scene,

OR

A tow-away: any motor vehicle (truck, bus, car, etc.) **disabled** as a result of the crash and transported away from the scene by a tow truck or other vehicle

Reviewing, Approving and Submitting the FR300P

Reviewing the Report for Accuracy

Investigating police officers and reviewing officers should ensure that the report is completed in its entirety and that the report is consistent. It is important to make sure all information for each vehicle is recorded. There should only be one vehicle #1 regardless of the number of vehicles in the crash (and so on for vehicles 2, 3, 4 etc.). All information related to each vehicle should appear in the appropriate space for that vehicle including the appropriate columns on page two of the FR300P. Please describe in the “**Crash Description**” any situations relevant to crash causation, where there is no variable or more than one variable that describes the event or action.

When to Forward the FR300P

The FR300P should be forwarded to the DMV within twenty-four hours of completing the crash investigation. When using electronic submission, the crash report is considered “**submitted**” to the DMV through TREDs only after the report has been approved by a supervisor.

Changes to the FR300P (after original submission)

Changes to the FR300P after the original report submission should be completed by submitting a Revised or Supplemental Report. Please do not submit a new report for the same crash as this will create duplicate crash reports in TREDs.

Crash Report Close-out

Crash report close-out for previous year crashes occurs during the first quarter of each year. After close-out, any crash report for the previous year that has been submitted to TREDs but not approved/sent to the DMV will be removed from TREDs and will not be included in DMV crash report statistics. New and revised crash reports for the previous year will not be accepted in TREDs after the close-out.

DRIVER/VEHICLE GENERAL INFORMATION – Page A

CRASH SECTION

1. Revised Report

Changes to the FR300P after the original report submission should be completed by submitting a Revised or Supplemental Report.

2. Page__ of __

Example:

Page 1 of 4: Driver/Vehicle General information

Page 2 of 4: Driver/Vehicle Crash Information

Page 3 of 4: Crash Information

Page 4 of 4: Crash Diagram

GPS Lat/Long

When using a GPS receiver to determine the Lat/Long information, it is very important that the readings are expressed in **decimal degree format** (rather than hours minutes seconds). **The GPS reading should be within 50 feet of the first harmful event.**

Example:

Indicate 37.546257 in the GPS Latitude and -77.457706 in the GPS Longitude for a crash that occurred on the street in front of 1312 W. Main Street, Richmond, VA 23220.

3. GPS Latitude

Valid GPS Latitude values are 36.500000 to 39.500000

4. GPS Longitude

Valid GPS Longitude values are -75.000000 to -85.000000

5. Crash Date

Indicate the Crash Date in format **MM | DD | YYYY**.

Example:

January 5, 2012 should be written as: **01 | 05 | 2012**

6. Day of Week

Indicate the Day of Week. Please ensure the Day of Week corresponds with the Crash Date entered.

7. Military Time (24 hour clock)

Indicate the time of crash using a 24-hour format (military time).

Example:

- 12:00 Noon should be entered as 12:00
- 12:00 Midnight should be entered as 00:00
- 10:35AM should be entered as 10:35
- 10:35PM should be entered as 22:35

8. County of Crash

Indicate the county in which the crash occurred. If the crash occurred in a city leave the **“County of Crash”** blank. If the crash occurred in a town, enter the **‘County of Crash’** in which the town is present.

9. Official DMV Use

This field is reserved for DMV use.

10. City of/ Town of

If crash occurred in a city, leave ‘County of Crash’ blank and select **“City of.”**

If crash occurred in a town, enter ‘County of Crash’ and select **“Town of.”**

11. City or Town Name

Enter City Name or Town Name.

12. Landmarks at Scene

If the crash occurred on a street or highway on which houses or businesses are numbered, indicate the address nearest the crash scene. In a rural location, indicate a reference point that could be used to locate the crash.

Example:

Indicate **House # 1312** in the space for a crash occurring in front of a house at 1312 W. Main St. or indicate **Pole # AD56** for a crash being referenced by a numbered utility pole. Other reference points could be a culvert headwall number or bridge, historical marker, creek/river name, etc.

13. Location of Crash (route/street)

Indicate the street name or route number on which the crash occurred. Use the street name whenever possible, rather than the route number by which a highway may be known. When using a street name include the closest address if possible (e.g. 1312 W. Main St.).

Indicate Parking Lot information if the crash occurred in a parking lot.

Example:

If crash occurred in a parking lot, enter 200 W. Grace St - Parking Lot.

14. Railroad Crossing ID no. (if within 150 ft.)

If the crash occurred within 150 feet of a railroad grade crossing, place the seven-character (6 numeric/1 alpha) identifier in the space provided. The seven-character identifier may be on the crossing sign post, gate post, switchbox or nearby utility pole.

15. Local Case Number

Indicate the investigating agency's *unique* case or report number. **This field is very important for tracking the crash and for distinguishing one crash from another within an agency.**

At intersection with or _____ ☐ Miles ☐ Feet N S E W of Location of Crash (route/street)

16. At intersection with

If the crash occurred at an intersection, select **At Intersection**. If **At Intersection** is selected, both **Location of Crash (route/street)** fields are required, and 'Relation to Roadway' on the Crash Information page (Page C) cannot be **"Non-Intersection."**

*See Examples of Intersections in **Relation to Roadway***

17. ____ ☐ Miles ☐ Feet

If crash did not occur at an intersection, select **Miles** or **Feet** and enter the distance (accurate to within a tenth of a mile if possible). Short distances are more easily represented in feet than parts of a mile). *The maximum values are 9.99 for miles and 999.99 for feet.*

Note: Always use decimal format. Do not use fractional values (i.e. ½, ¼ etc.).

18. N S E W of

Enter the direction of the crash from the nearest highway or street, bridge, railroad crossing, alley, underpass, overpass, creek, or other permanent physical landmark. **(Choose only one direction).**

19. Location of Crash (route/street) - Secondary Location

Indicate the name/route number of the intersecting /referenced street or referenced landmarks. If there are multiple intersections at that location, indicate which intersection.

Example:

Indicate .23 miles E of the east intersection of Route 60.

20. Mile Marker Number

If the crash occurred on a highway where mile markers (mileposts) are present, indicate the crash to the nearest tenth of a mile. Always determine the distance from the lower numbered marker to the crash location. If mile marker is unknown or not applicable, please leave blank.

Example:

A crash occurring between mile markers 85 and 86, three tenths of a mile past mile marker 85 would be entered as **85.30**.

21. Number of Vehicles

Indicate the number of vehicles involved in the crash.

22. Vehicle

Each vehicle should be assigned a unique number.

DRIVER SECTION

23. Driver Fled Scene

Select '*Driver Fled Scene*' where the operator/driver fled the scene of the crash. If driver information is available, please provide. Please leave the field blank if the driver information is not known.

24. Driver's Name (Last, First, Middle)

Enter the name of the operator of the vehicle. Each operator's name (Last, First, Middle) must be entered **exactly as it appears on the driver's license**.

If driver does not have a middle name, please leave blank (i.e. do not enter **NMN** (No Middle Name) or None, etc.).

25. Gender

Indicate the gender of the driver: "**M**" signifies male driver, "**F**" signifies female driver.

26. Address (Street and Number), City, State, Zip

Enter the operator's complete street address including city, state and zip code. If the address is not available, please enter Unknown.

27. Birth Date

Indicate the driver's date of birth in format **MM | DD | YYYY**.

28. Driver's License Number

Indicate the driver's license number of the operator. This number should be taken from the operator's current driver's license. The driver's license number should be entered regardless of the license status including suspended/revoked licenses.

If the operator has a state and military operator's license, indicate the state driver's license number.

Note: Please ensure the driver's license numbers are not duplicated for multiple drivers in the same crash.

29. State

Enter the standard abbreviation of the state that issued the driver's license.

If the driver's license was issued outside of the United States, please select one of the following:

CN Canada

MX Mexico

AA Military (USA and Canada)

AE Military (Europe, Middle East, Africa, Canada)
AP Military (Pacific)
OT Other
UK Unknown

30. DL

Indicate the **DL** (Driver's License) status: "Y" signifies driver has a standard driver's license, "N" signifies no standard driver's license.

Example:

If a driver has a DL, select "Y" for DL and leave CDL blank.

31. CDL

Indicate the **CDL** (Commercial Driver's License) status: "Y" signifies driver has a commercial driver's license, "N" signifies no commercial driver's license.

Example:

If a driver has a CDL, select "Y" for CDL and leave DL blank.

If a driver has neither a DL or CDL, select "N" for both DL and CDL

Note: Both DL and CDL cannot be 'Y'.

32. Safety Equipment Used (For Drivers Regardless of Injury)

Select one of the following values for **every driver** (values/descriptions also listed at the bottom of page one on the FR300P):

1. *Lap Belt Only*
2. *Shoulder Belt Only*
3. *Lap and Shoulder Belt*
4. *Child Restraint*
5. *Helmet*
6. *Other*
7. *Booster Seat*
8. *No Restraint Used*
9. *Not Applicable*

For motorcycle, bicycle, scooter, moped, mini-bike, or ATV crashes, one of the following should be selected:

- If the driver was wearing a helmet, select '**5. Helmet**' (Helmet is considered safety equipment for the vehicles listed above.)
- If the driver was not wearing a helmet, select '**8. No Restraint Used**' ('9. Not Applicable' should not be used if driver was not wearing a helmet)

If 'Other' is selected, explain in the crash description.

Note: Adults do not normally use child restraints. Make sure driver age is consistent with the restraint use selected (child restraint/booster seat).

33. Air Bag

Select one of the following values for **every driver** (values/descriptions also listed at the bottom of page one on the FR300P)

1. *Deployed – Front*
2. *Not Deployed*
3. *Unavailable/Not Applicable*
4. *Keyed Off*
5. *Unknown*
6. *Deployed – Side*
7. *Deployed – Other (Knee, Air Belt, etc.)*
8. *Deployed – Combination*

When available, the driver is covered by an airbag in the steering wheel and the other two front seat passengers are covered by an airbag in the dash. In some cases, the front and rear passengers are covered by side impact air bags.

Starting in model year 1998, all new passenger cars must have dual airbags (driver and passenger side). Starting in model year 1999, all new light trucks must have dual airbags. Older vehicles may be equipped with airbags.

To determine if a vehicle has an airbag, check over the sun visor on the driver and passenger side for an airbag warning label. Look for the word “**airbag**” on the steering wheel; look for the word “**airbag**” or letters “**SRS**”, “**SIR**”, “**IC**” or something similar on the dash, sides of front and rear seat, headliner, etc. indicating that a supplemental restraint system/airbag is available.

If a vehicle has front seats only and is equipped with driver and passenger side airbags, a device may be available to key off the airbag on the passenger side in order to transport young children.

34. Ejected

Select one of the following values for **every driver** (values/descriptions also listed at the bottom of page one on the FR300P):

1. *Not Ejected*
2. *Partially Ejected*
3. *Totally Ejected*

“**Partially Ejected**” or “**Totally Ejected**” should only be used when the driver is partially or totally thrown from the interior of a motor vehicle as a result of the crash; therefore, these values are not valid for **motorcycles and mopeds**.

“**Partially Ejected**” means a portion of an occupant’s body protruded from the interior of the motor vehicle.

Example:

For *motorcycle and moped* crashes, select ‘*Not Ejected*’ and enter details in the narrative if the driver was thrown from the motorcycle.

35. Date of Death

If the driver is deceased, enter the date of death in format **MM | DD | YYYY**. “Date of Death” cannot be blank when “Injury Type” selected is “1.” “Date of Death” cannot be before “Crash Date.”

36. Injury Type

Select one of the following values for **every driver** (values/descriptions also listed at the bottom of page one on the FR300P):

1. *Dead*
2. *Serious Injury*
3. *Minor/Possible Injury*
4. *No Apparent Injury*
6. *No Injury (driver only)*

Definition of Injury Type with Detail

1. **Dead** = Dead
2. **Serious Injury** = Suspected Serious Injury which is any injury other than fatal, resulting in one or more of the following:
 - a. Severe laceration resulting in exposure of underlying tissues, muscle, organs, or resulting in significant loss of blood
 - b. Broken or distorted extremity (arm or leg)
 - c. Crush injuries
 - d. Suspected skull, chest, or abdominal injury other than bruises or minor lacerations
 - e. Significant burns (second and third degree burns over 10 percent or more of the body)
 - f. Unconsciousness when taken from the crash scene
 - g. Paralysis
3. **Minor/Possible Injury** = Other Visible Injury, as Bruises, Abrasions, Swelling, Limping, etc.
4. **No Apparent Injury** = No Visible Injury, But Complaint of Pain, or Momentary Unconsciousness
6. **No Injury** = No Injury (Driver Only)

Notes:

Injury type should be determined at the discretion of the police officer based on a combination of the injured person’s statement, the observation of the officer and EMS personnel.

A fatal injury is an injury that results in death within 30 days after the motor vehicle crash in which the injury occurred. If the person did not die at the scene but died within 30 days of the motor vehicle crash in which the injury occurred, the Injury Type should be changed to ‘1. Dead’ and Date of Death provided via revised report.

37. EMS Transport

Indicate if the driver was transported by emergency medical services personnel: “Y” signifies driver was transported and “N” signifies driver was not transported.

Note: EMS Transport should only be marked “Y” if the driver was transported via EMS.

38. Summons Issued as Result of Crash

Select one of the following values for **every driver** (values/descriptions also listed at the bottom of page one on the FR300P):

1. *Yes*
2. *No*
3. *Pending*

If 'Yes' is selected, *Offenses Charged to Driver* should be provided.

39. Offenses Charged to Driver

For offenses charged, indicate the Virginia Code Section number and description for the violations charged the driver (where applicable).

Note: Items 38 and 39 only apply to summons written as a result of crash causation.

VEHICLE SECTION

40. Vehicle Owner's Name (Last, First, Middle)

Enter the vehicle owner's name (last name, first name, middle name). If driver does not have a middle name, please leave blank (i.e. do not enter NMN (No Middle Name) or None, etc.).

If a tractor trailer is involved and each piece of equipment is owned separately, enter the name and address of the owner of the tractor only. Please ensure that the commercial motor carrier name and address information are complete in the Commercial Motor Vehicle section - Page E.

If a business rents a vehicle to perform commerce, enter the name and address of the business renting the vehicle rather than the vehicle rental agency.

41. Same as Driver

When 'Same as Driver' is selected, the Vehicle Owner's Name and Address must match the Driver's Name and Address. The Vehicle Owner information cannot be left blank when 'Same as Driver' is selected.

42. Address (Street and Number), City, State Zip

Enter the vehicle owner's **current** complete street address including city, state and zip code.

43. Vehicle Year

Enter the vehicle year. Vehicle Year cannot be greater than current year +1.

44. Vehicle Make

Enter the vehicle make. (i.e. Honda)

45. Vehicle Model

Enter the vehicle model. (i.e. Accord)

Note: The vehicle model should not be listed as a 4-Door Sedan.

46. Disabled

Indicate **“Disabled”** if the vehicle was disabled as a result of the crash and transported away from the scene by a tow truck or other vehicle. Disabled means the vehicle could not be driven from the scene or further damage may occur if driven from the scene.

Examples:

Vehicles “Disabled”: Vehicles which could be driven but would be further damaged if driven from the scene.

Vehicles Not “Disabled”:

- Vehicle damage that could be remedied temporarily at the scene without special tools or parts other than tires
- Tire disablement without other damage even if no spare tire is available
- Headlamp or tail light damage which would make night driving hazardous but would not affect daytime driving
- Damage to turn signals, horn, or wind-shield wipers making them inoperative
- Vehicle that could be driven after being towed from a ditch

47. CMV

Indicate **“CMV”** if the crash involved a **Commercial Motor Vehicle**, meaning any self-propelled or towed motor vehicle used on the highways of Virginia to transport passengers or property.

Note: If the Commercial Motor Vehicle meets the criteria for Reporting to FMCSA, please complete the Commercial Motor Vehicle Page (Page E).

48. Towed

Indicate **“Towed”** for any vehicle towed from the scene of the crash.

Indicate both towed and disabled if a vehicle is disabled as a result of the crash and transported away from the scene by a tow truck or other vehicle due to the disabling damage. Also, if the vehicle is left at the scene for later removal, it would still be considered a tow-away as long as it was disabled due to damage as a result of the crash.

Indicate towed ONLY and leave disabled blank if a vehicle is not disabled as a result of the crash, but towed from the scene for other reasons (i.e. driver arrested or does not have a required DL, vehicle placed out of service due to a broken headlight at nighttime, etc.).

Note: If a crash involving a Commercial Motor Vehicle was towed from the scene, but was not towed due to disabling damage, please include this information in the crash narrative.

49. Vehicle Plate Number

Enter the entire number from the license plate on the vehicle and, to assure accuracy, compare it with the registration information.

Note: Please ensure the Vehicle Plate Number is not duplicated for multiple vehicles in the same crash.

50. State

Enter the standard abbreviation of the state issuing the license plates.

51. Approximate Repair Cost

Enter the estimated repair cost of the damaged vehicle. If the total repair cost for vehicles and property is less than \$1,500 and no injuries or fatalities, the report will be considered non-reportable.

When a trailer or other vehicle is being towed by a vehicle, the **vehicle/trailer or vehicle/vehicle** is considered **one unit**. Damages should be recorded as follows:

- Damages to the **combined unit** (vehicle/trailer or vehicle/vehicle) should be included in **Approximate Repair Cost** (Driver/Vehicle General Information, Page A).
- Damages to the **towed trailer/towed vehicle**, in addition to any other relevant information specific to the towed trailer/vehicle (i.e. VIN, Plate Number, etc.), should be included in the **Crash Description** (Crash Diagram, Page D).

52. VIN

Enter the vehicle's Vehicle Identification Number (VIN). The "**VIN**" can be found on the vehicle and on the vehicle's registration information.

Note: Please ensure the VIN is not duplicated for multiple vehicles in the same crash.

53. Oversize

Indicate "**Oversize**" if the Commercial Motor Vehicle involved in the crash was an oversized load.

Oversize refers to any commercial vehicle:

- Over 8 ½ feet wide
- Over 13 ½ feet tall
- Any tractor-trailer over 65 feet long
- Any straight truck over 40 feet long.

54. Cargo Spill

Indicate "**Cargo Spill**" if any material other than fuel or oil carried by the vehicle for its own use is spilled and caused the crash (explain in the crash description). Fuel or oil carried by the vehicle for its own use is NOT considered cargo and should not be reported in the crash report.

Note: Cargo spill refers to hazardous material cargo only and does not include fuel from the vehicle's fuel tank.

55. Name of Insurance Company (not Agent)

Enter the name of the insurance company that provides liability insurance for the vehicle. **Do not enter the agent's name.**

If there is no liability insurance on the vehicle indicate “**None.**” If it is not known whether the vehicle is insured indicate “**Unknown.**”

56. Override

Indicate “**Override**” if the crash involved an override. An override refers to this motor vehicle riding up over another vehicle. Override can occur with a parked motor vehicle.

57. Underride

Indicate “**Underride**” if the crash involved an underride. An underride refers to another motor vehicle sliding under this motor vehicle. Underride can occur with a parked motor vehicle.

58. Speed Before Crash

Indicate the speed of the vehicle before the crash. Speed before the crash may be determined by examining physical evidence and interviewing witnesses. If the speed of the vehicle cannot be determined, enter “**Unknown**” or “**UNK**”.

Note: TREDs translates “Unknown” and “UNK” to “Blank” due to a system constraint; therefore, please enter information regarding “Unknown” *Speed Before Crash* in the Crash Description as well.

59. Speed Limit

Indicate the posted speed limit. The posted speed limit should always be recorded in the crash report even when the vehicle is parked.

60. Maximum Safe Speed

Indicate the maximum safe speed. Maximum safe speed is an opinion based on road, traffic, weather and light conditions. Maximum safe speed may also be determined by warning signs. Maximum safe speed should not be greater than the speed limit.

Example:

If the Speed Before Crash is 65, Speed Limit is 45 and Maximum Safe Speed is 30, the best selection would be ‘Exceeded Speed Limit’ in the Driver’s Action on the Driver/Vehicle Crash Information Page (Page B).

Note: The maximum safe speed of a vehicle struck while stopped at a traffic control device, or in other traffic queue, is zero.

61. ALL Passengers Age Count

Indicate the number of passengers (**excluding driver**) in each age category regardless of passenger injury or fatality.

PASSENGER SECTION

62. Name of Injured (Last, First, Middle)

Enter the name(s) of the injured/deceased passengers (Last, First, Middle). If passenger does not have a middle name, please leave blank (i.e. do not enter NMN (No Middle Name) or None, etc.).

63. EMS Transport

Indicate if the passenger was transported by emergency medical services personnel: “Y” signifies passenger was transported and “N” signifies passenger was not transported.

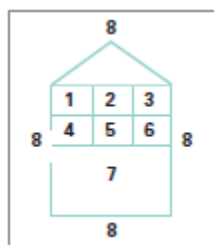
Note: EMS Transport should only be marked “Y” if the passenger was transported via EMS.

64. Date of Death

If the passenger is deceased, enter the date of death in format **MM | DD | YYYY**. “Date of Death” cannot be blank when “Injury Type” selected is “1.” “Date of Death” cannot be before “Crash Date.”

65. Position In/On Vehicle

Indicate the seating position of each injured/deceased passenger (**do not include driver**).



1. Driver
- 2-6. Passengers
7. Cargo Area
8. Riding/Hanging On Outside
- 9-98. All Other Passengers

Note: If there are multiple passengers in the middle front seat or back seat, “2” or “5” respectively, should be selected for each of the middle passenger.

Example 1:

If there are four people injured/killed in the front seat, code as follows:

- Driver (“1” not recorded)
- “2” for first middle passenger
- “2” for second middle passenger
- “3” for right side passenger

Example 2:

If there were five people injured/killed in the front seat, code as follows:

- Driver (“1” not recorded)
- “2” for first middle passenger
- “2” for second middle passenger
- “2” for third middle passenger
- “3” for right side passenger

The same coding should be used for more than three people injured/killed in the rear seat; however, the code that would be duplicated is “5.”

If an individual was injured/killed seated on another person’s lap, or a child is being held, the code for each would correspond to the person’s seating position. If the right side front passenger is injured and the child on their lap is injured, code both as “3.”

A motorcycle or bicycle rider/driver should not be recorded. A motorcycle or bicycle rear passenger should be coded as “4.” A motorcycle sidecar passenger should be coded as “2.”

Use codes 9-98 for injured/killed passengers in vehicles with more than 6 seating positions. Passengers standing in the aisle (i.e. School Buses, Transit Buses) should be recorded using codes in sequence after the last seated passenger. (See Example 2) Please include passenger position information for standing passengers in the crash description.

Example 1:

If a vehicle has a seating capacity of nine (three in the front, three in the middle and three in the rear), position “9” would be the left outboard seat in the third row of seats (Positions “7” and “8” are reserved for Cargo Area and Riding/Hanging On Outside). Position “10” would be the middle seat of that row and “11” would be the right outboard seating position.

Example 2: School Bus

If a school bus has a seating capacity of 66 students (two rows of eleven seats with three students per seat), count all the seating positions in the row disregarding the aisle. In this example, the bus driver would be in position “1” (not recorded).

The three seats behind the driver would be positions “4,” “5” and “6.” The three seats across the aisle would be positions “9,” “10” and “11.” (Positions “7” and “8” are reserved for Cargo Area and Riding/Hanging On Outside). Students seated behind positions “4,” “5” and “6” would be “12,” “13” and “14.” This numbering sequence would continue from side to side through the last occupied seats in the two rows.

If there were passengers standing in the aisle, record positions by continuing the numbering sequence AFTER the last occupied seat. For example, if there are 3 standing passengers and the last seated passenger is in position #32, the three standing passengers would be in positions #33-35. Please include passenger position information for standing passengers in the crash description.

66. Safety Equipment Used

Select one of the following values for **every passenger** (values/descriptions also listed at the bottom of page one on the FR300P):

1. *Lap Belt Only*
2. *Shoulder Belt Only*

3. *Lap and Shoulder Belt*
4. *Child Restraint*
5. *Helmet*
6. *Other*
7. *Booster Seat*
8. *No Restraint Used*
9. *Not Applicable*

A child restraint is an approved child safety seat, to be attached to the vehicle, and has internal webbing to secure the child in the seat.

A booster seat is a child safety seat with no internal webbing, used to boost the child up so they can be secured with the vehicle's lap/shoulder harness. A booster seat can have a low back or a high back.

For motorcycle, bicycle, scooter, moped, mini-bike, or ATV crashes, one of the following should be selected:

- If the passenger was wearing a helmet, select '**5. Helmet**' (Helmet is considered safety equipment for the vehicles listed above.)
- If the passenger was not wearing a helmet, select '**8. No Restraint Used**' ('9. Not Applicable' should not be used if passenger was not wearing a helmet)

If 'Other' is selected, explain in the crash description.

Note: Adults do not normally use child restraints. Make sure passenger age is consistent with the restraint use selected (child restraint/booster seat).

67. Airbag

Select one of the following values for **every passenger** (values/descriptions also listed at the bottom of page one on the FR300P)

1. *Deployed – Front*
2. *Not Deployed*
3. *Unavailable/Not Applicable*
4. *Keyed Off*
5. *Unknown*
6. *Deployed – Side*
7. *Deployed – Other (Knee, Air Belt, etc.)*
8. *Deployed – Combination*

When available, the driver is covered by an airbag in the steering wheel and the other two front seat passengers are covered by an airbag in the dash. In some cases the front and rear passengers are covered by side impact air bags.

Starting in model year 1998, all new passenger cars must have dual airbags (driver and passenger side). Starting in model year 1999, all new light trucks must have dual airbags. Older vehicles may be equipped with airbags.

To determine if a vehicle has an airbag, check over the sun visor on the driver and passenger side for an airbag warning label. Look for the word “airbag” on the steering wheel; look for the word “airbag” or letters “SRS”, “SIR”, “IC” or something similar on the dash, sides of front and rear seat, headliner, etc. indicating a supplemental restraint system/airbag is available.

If a vehicle has front seats only and is equipped with driver and passenger side airbags, a device may be available to key off the airbag on the passenger side in order to transport young children.

68. Ejected

Select one of the following values for **every passenger** (values/descriptions also listed at the bottom of page one on the FR300P):

1. *Not Ejected*
2. *Partially Ejected*
3. *Totally Ejected*

“**Partially Ejected**” or “**Totally Ejected**” should only be used when the passenger is partially or totally thrown from the interior of a motor vehicle as a result of the crash; therefore, these values are **not valid for motorcycles and mopeds**.

“**Partially Ejected**” means a portion of an occupant’s body protruded from the interior of the motor vehicle.

Note: For motorcycle and moped crashes, select ‘*Not Ejected*’ and enter details in the narrative if the passenger was thrown from the motorcycle.

69. Injury Type

Select one of the following values for **every injured/killed passenger ONLY** (values/descriptions also listed at the bottom of page one on the FR300P):

1. *Dead*
2. *Serious Injury*
3. *Minor/Possible Injury*
4. *No Apparent Injury*

Definition of Injury Type with Detail

1. **Dead** = Dead
2. **Serious Injury** = Suspected Serious Injury which is any injury other than fatal, resulting in one or more of the following:
 - a. Severe laceration resulting in exposure of underlying tissues, muscle, organs, or resulting in significant loss of blood
 - b. Broken or distorted extremity (arm or leg)
 - c. Crush injuries
 - d. Suspected skull, chest, or abdominal injury other than bruises or minor lacerations
 - e. Significant burns (second and third degree burns over 10 percent or more of the body)
 - f. Unconsciousness when taken from the crash scene
 - g. Paralysis
3. **Minor/Possible Injury** = Other Visible Injury, as Bruises, Abrasions, Swelling, Limping, etc.

4. **No Apparent Injury** = No Visible Injury, But Complaint of Pain, or Momentary Unconsciousness

Notes:

Injury type should be determined at the discretion of the police officer based on a combination of the injured person's statement, the observation of the officer and EMS personnel.

A fatal injury is an injury that results in death within 30 days after the motor vehicle crash in which the injury occurred. If the person did not die at the scene but died within 30 days of the motor vehicle crash in which the injury occurred, the Injury Type should be changed to '1. Dead' and Date of Death provided via revised report.

70. Birth Date

Indicate the injured/deceased passenger's date of birth in format **MM | DD | YYYY**.

Note: Birth date should be before crash date.

71. Gender

Indicate the gender of the driver: **"M"** signifies male driver, **"F"** signifies female driver.

OFFICER SECTION

72. Investigating Officer

Enter the investigating officer's name (Last Name, First Name and Middle Initial).

73. Badge/Code Number

Enter the investigating officer's badge number or code.

74. Agency/Department Name and Code

Enter the name of the investigating police agency/department and agency code.

75. Reviewing Officer

Enter the last name of the Reviewing Officer.

76. Report File Date

Indicate the date the crash report is prepared using format **MM / DD / YYYY**. For Revised Reports, the Report File Date should be updated to reflect the date the revision is being created.

DRIVER/VEHICLE CRASH INFORMATION – Page B

DRIVER INFORMATION SECTION

1. VEHICLE

Each vehicle should be assigned a unique number.

Note: A trailer being pulled by a vehicle is considered part of the vehicle; therefore, a vehicle number should not be assigned to the trailer.

2. Driver's Action (P1)

Select the option that best describes the driver's action which contributed to the crash.

Item #23 'Driver Distraction' has been disabled. If Driver Distraction was the primary cause of the crash, please select 'Other' and specify type of distraction in Type of Driver Distraction (P4).

If "Other" selected, please explain in the crash description.

3. Condition of Driver Contributing to the Crash (P2)

Select the option that best describes the driver's condition which contributed to the crash.

Note: Alcohol/drug impairment is covered in Driver Drinking (P5) and Driver Drug Use (P7); therefore, they should not be considered in this section.

If "Other" selected, please explain in the crash description.

4. Driver Vision Obscured (P3)

Select the option that best describes the driver's obscured vision.

If "Other" selected, please explain in the crash description.

5. Type of Driver Distractions (P4)

Select the option that best describes the driver's distraction. If there was more than one distraction, select the distraction that most contributed to the crash.

If "Other" selected, please explain in the crash description.

6. Drinking (P5)

Select the option that best describes the driver's alcohol use.

Indicating that a person is impaired by alcohol does not require that they be charged with an offense of driving while under the influence of alcohol.

7. Method of Alcohol Determination (by police) (P6)

Select the option that best describes the **alcohol test** given to each driver (if applicable). If the driver had not been drinking, select “N/A.”

Note: Please include **alcohol test** ONLY.

8. Drug Use (P7)

Select the option that best describes the driver’s **drug use**.

Indicating that a person is impaired by drugs does not require that they be charged with an offense of driving while under the influence of drugs.

VEHICLE INFORMATION SECTION

9. Vehicle Maneuver (V1)

Select the option that best describes the driver’s vehicle maneuver.

Note: If a vehicle runs off the road to the right and then runs off the road to the left, shade the bubble adjacent to “**Run off Road – Right.**”

If “**Other**” selected, please explain in the crash description.

10. Skidding Tire/Mark (V2)

Select the option that best describes any skid marks. If the vehicle was stopped before the crash, select “N/A.”

11. Vehicle Body Type (V3)

Select the option that best describes the vehicle body type.

All vehicles included in Vehicle Body Type are considered vehicles according to Virginia Code; however, a crash would only be reported if a vehicle listed in “Other Vehicles” is involved in a crash with a vehicle listed in “Motor Vehicles” (see lists below).

Other Vehicles

- 8. *Special Vehicle – Earthmover/Road Equipment*
- 9. *Bicycle*
- 16. *Other (Scooter, Go-cart, Golf Cart, Riding Lawn Mower, etc.)*
- 18. *Special Vehicle – Farm Machinery*
- 19. *Special Vehicle – ATV*
- 21. *Special Vehicle – Low-Speed Vehicle*

Motor Vehicles

- 1. *Passenger Car*
- 2. *Truck – Pick-up/Passenger Truck*
- 3. *Van*
- 4. *Truck – Single Unit Truck (2-Axles)*

7. Motor Home, Recreational Vehicle
8. Special Vehicle – Oversized Vehicle
10. Moped (*changed to Motor Vehicle effective 7/1/2013*)
11. Motorcycle
12. Emergency Vehicle (Regardless of Vehicle Type)
13. Bus – School Bus
14. Bus – City Transit Bus/Private Owned Church Bus
15. Bus – Commercial Bus
16. Other (Hearse, Bookmobile)
22. Truck – Sport Utility Vehicle (SUV)
23. Truck – Single Unit Truck (3 Axles or More)
25. Truck – Truck Tractor (Bobtail-No Trailer)

Examples:

- Crash report NOT required if a bicycle is involved in a crash with another bicycle.
- Crash report required if a bicycle is involved in a crash with a passenger car (whether car is parked or in transit).

Note:

- If the vehicle is a tractor-trailer select **“Truck – Single Unit Truck (3 Axles or More).”**
- If the vehicle is a train, select **“Other”** in Vehicle Body Type and select **“7. Train”** in Type of Collision (C18).

If **“Other”** selected, please explain in the crash description.

12. Vehicle Damage (V4)

Select the option that best describes the most severe damage to the vehicle.

Overtured: If a vehicle comes to rest at a 90 degree angle or greater (side-to-side or end-to-end) consider it overtured.

Note: If two or more options apply to a vehicle, choose the option that most accurately describes the event.

Example 1:

If a vehicle catches on fire during the chain of events and a total loss is a result, indicate **“Fire”** for vehicle damage. While fire and totaled are both correct, fire is more descriptive of the crash events.

Example 2:

If a vehicle overturns during the chain of events and a total loss is a result, indicate **“Overtured”** for vehicle damage. While overtured and totaled are both correct, overtured is more descriptive of the crash event.

If **“Other”** selected, please explain in the crash description.

13. Vehicle Condition (V5)

Select the option that best describes the vehicle’s condition contributing to the crash.

If **“Other”** selected, please explain in the crash description.

14. Special Function Motor Vehicle (V6)

Select the option that best describes the use of the vehicle.

School Bus

Use for vehicles which meet the definition of a bus and, at the time of the crash, are being used by a public or private school or district or contracted carrier operation on behalf of the entity, providing transportation for K-12 pupils to/from school (public or private) or any other school function or activity. These can include school-sponsored chartered tours and trips to school athletic events in school. This can involve school-sponsored Head Start Programs.

Transit Bus

Use for a government entity or private company providing passenger transportation over fixed, scheduled routes, within primarily urban geographical areas. (i.e. inner-city, mass-transit bus service.)

Intercity Bus

Use for a company providing for-hire, long-distance passenger transportation between cities over fixed routes with regular schedules (i.e. Greyhound bus service between major cities).

Charter Bus

Use for a company providing transportation on a for-hire basis or demand-response basis, usually round-trip service for a tour group or outing.

Other Bus

Use for private companies providing transportation services for their own employees, non-governmental organizations (such as churches and non-profit groups), and non-educational units of government (such as departments of corrections). Examples include transporting people from airports, hotels, rental car companies, and business facility to facility.

15. EMV in service (V7)

Indicates operation of any motor vehicle that is legally authorized by a government authority to respond to emergencies with or without the use of emergency warning equipment, such as a police vehicle, fire truck, or ambulance while actually engaged in such response.

Indicate if the Emergency Motor Vehicle (EMV) involved in the crash was on an emergency response, regardless of whether the emergency warning equipment was in use. “Y” signifies EMV was on an emergency response; “N” indicates EMV was not on an emergency response at the time of the crash.

If the vehicle is not an Emergency Motor Vehicle, select “N/A.”

Example:

If a crash involves an ambulance responding to a crash scene, select “Y” for EMV in service.

16. Truck Cover (V8)

Indicate if the vehicle had a Truck Cover: “Y” signifies there was a truck cover; “N” indicates there was no truck cover.

If the vehicle is not a vehicle required to be covered, select “N/A.”

Note: This section pertains to covering the loads of trucks pursuant to §46.2-1156 of the Code of Virginia and is interpreted as follows:

- All trucks, trailers, and semitrailers carrying non-agriculture or non-forestry items must secure such items to the truck or cover the items.
- If a commercial motor vehicle is carrying solid waste that is not secured to the vehicle and is covered, the cover must be designed and installed in a manner that prevents any cargo from escaping the vehicle.

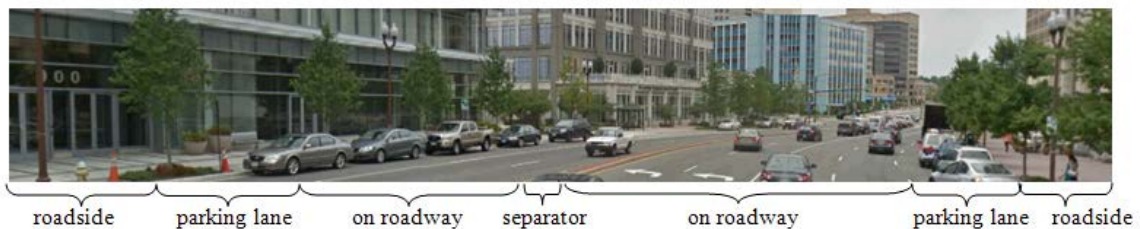
Note: Truck cover does not apply if the truck is empty.

CRASH INFORMATION – Page C

1. Location of First Harmful Event in Relation to Roadway (C1)

Select the option that best describes the location of the first harmful event. The first harmful event is the first injury or damage-producing event that characterizes the crash type.

1. *On Roadway*
2. *Shoulder*
3. *Median*
4. *Roadside*
5. *Gore*
6. *Separator*
7. *In Parking Lane or Zone*
8. *Off Roadway, Location Unknown*
9. *Outside Right-of-Way*





Gore:

A gore is an area of land where two roadways diverge or converge. The area is bounded on two sides by the edges of the roadways, which join at the point of divergence or convergence. The direction of traffic must be the same on both sides of these roadways. The area includes shoulders or marked pavement, if any, between the roadways.

Separator:

A separator is the area of a traffic way between parallel roads separating travel in the same direction or separating a frontage road from other roads.

2. Weather Condition (C2)

Select the option that best describes the weather condition.

Explain **“Other”** in the crash description.

3. Light Conditions (C3)

Select the option that best describes the light conditions.

4. Traffic Control Device (C4)

Select the option that best describes the working status of the traffic control device selected in **“Traffic Control Type (C5).”**

Example:

A driver was involved in a lateral crash at a location where the stop sign was overgrown by a large bush. The stop sign was not visible at a sufficient distance for the driver to stop before entering the intersection; therefore, select **“Yes - Working and Obscured.”**

5. Traffic Control Type (C5)

Select the option that best describes any mechanical or non-mechanical traffic control device. The type of control should be the most relevant control based on the crash location.

Example:

A driver violates a traffic signal at an intersection where there are two traffic control types, Traffic Signal (#3) and Traffic Lanes Marked (#6). Select the most relevant Traffic Control Type which would be “Traffic Signal.”

If “**Other**” selected, please explain in the crash description.

6. Roadway Alignment (C6)

Select the option that best describes the roadway alignment.

Roadway alignment refers to the geometric or layout and inclination characteristics of the roadway for this crash at the location of first harmful event.

If “**Other**” selected, please explain in the crash description.

7. Roadway Surface Condition (C7)

Select the option that best describes the roadway surface condition at the location of first harmful event.

If “**Other**” selected, please explain in the crash description.

8. Roadway Surface Type (C8)

Select the option that best describes the roadway surface type at the location of first harmful event.

If “**Other**” selected, please explain in the crash description.

9. Roadway Description (C9)

Select the option that best describes the roadway at the location of first harmful event.

Unprotected Median

An unprotected median has no vertical structure or barrier.

Positive Median Barrier

A positive median barrier is any device such as guard rail, jersey barrier, cable, etc. that would prevent a vehicle from leaving the roadway and possibly crossing into on-coming traffic or any such device that redirects a vehicle back onto the travel way.

Note: Curbs are not barriers as they do not “prevent a vehicle from leaving the roadway.” Curbs tend to launch vehicles whereas barriers are supposed to redirect vehicles.

10. Roadway Defects (C10)

Select the option that best describes any roadway defect that may have contributed to the crash. Roadway defects may include grass, ditch, sand, gravel, etc.

If “Other” selected, please explain in the crash description.

11. Relation to Roadway (C11)

Select the option that best describes the location of the first harmful event in relation to the roadway.

If “Other” selected, please explain in the crash description.

To select the appropriate option, first determine if the crash occurred within an interchange area, an intersection area or another location. Then select the best option within that area.

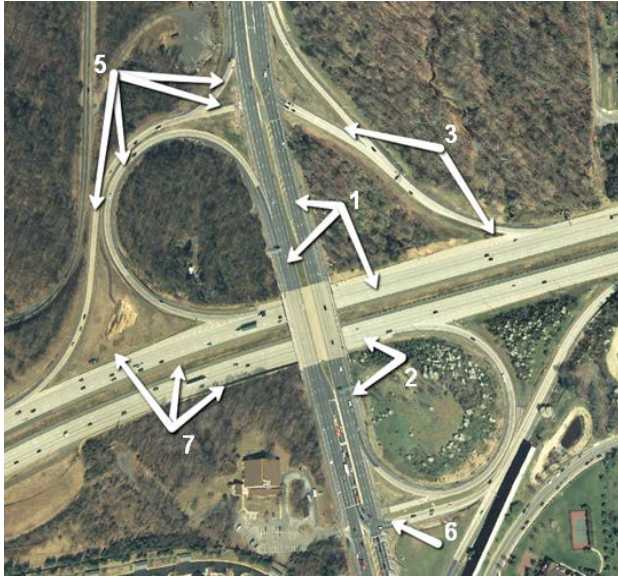
An interchange is defined as a junction of roads that cross each other at different levels and that use ramps to allow vehicles to move from one road to the other. (See example below)

An intersection is defined as a junction of roads that cross each other at the same level and that uses traffic control (signals, stop and yield signs) to determine which vehicles can move. (See below)

Interchange Area:

1. Main-Line Roadway
2. Acceleration/Deceleration Lanes
3. Gore Area (Between Ramp and Highway Edgelines)
4. Collector/Distributor Road
5. On Entrance/Exit Ramp
6. Intersection at end of Ramp
7. Other location not listed above within an interchange area (median, shoulder and roadside)

Note: Main-Line Roadway is defined as a through road within an interchange area.



Example Interstate Interchange



Example Urban Parkway Interchange



Example of Collector/Distributor Roads vs Ramps

Example (Interchange Area):

A vehicle plowed into an ‘impact attenuator’ near an exit ramp on the interstate. This crash is within an interchange area and occurred at the gore area; therefore, select gore area.

Intersection Area:

- 8. *Non-Intersection*
- 9. *Within Intersection*
- 10. *Intersection-Related – Within 150’*
- 11. *Intersection-Related – Outside 150’*

Non-Intersection

The location of the crash is between intersections on surface roads, including divided highways.

Intersection-Related

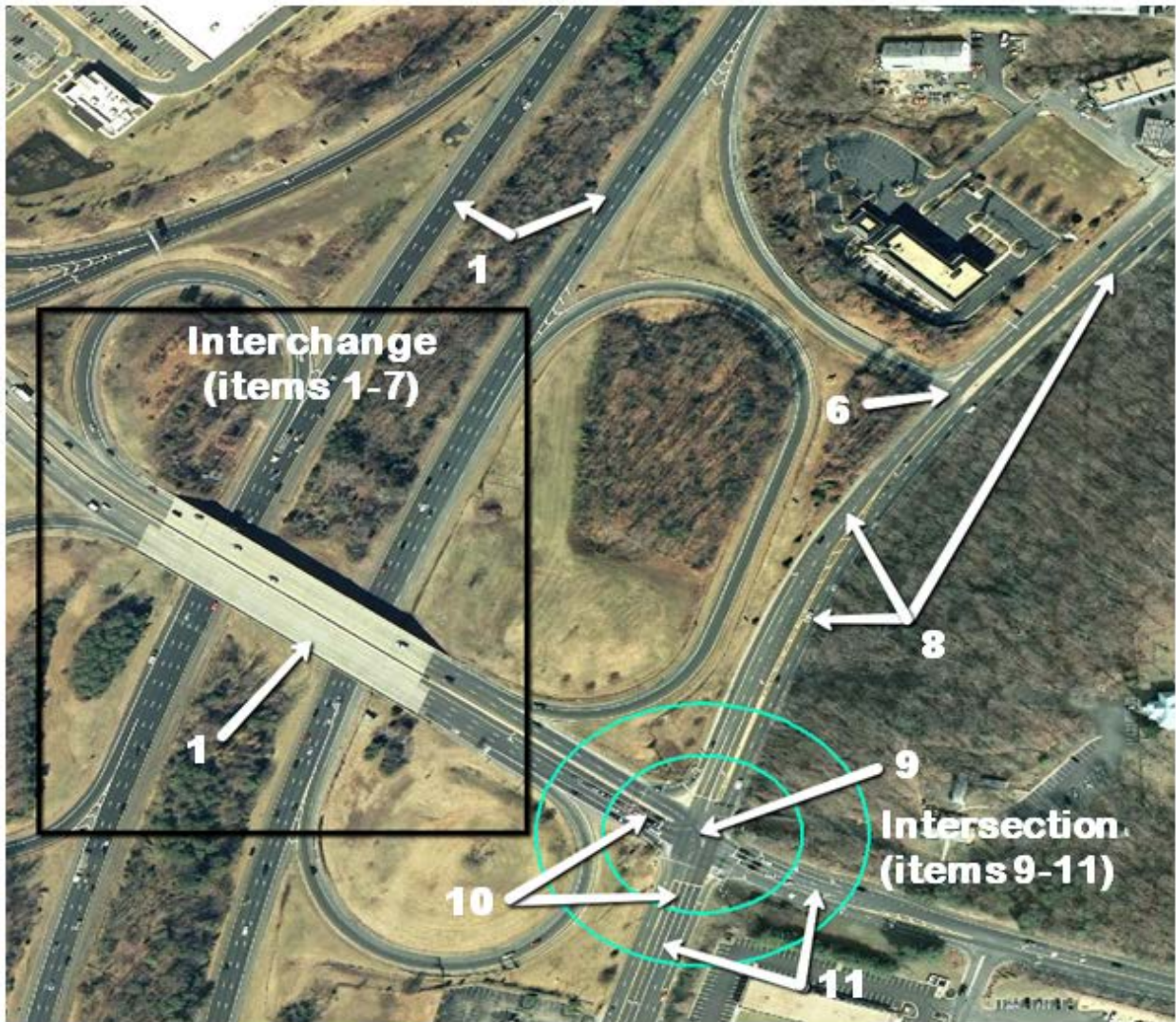
The location of the crash is near an intersection and results from an action related to the movement of traffic through the intersection.



Example reference for Intersection-Related: Within 150' and Outside 150'

Example (Intersection-Related – Outside 150'):

A rear end crash occurred 175 feet from an intersection as vehicles were sitting in a queue waiting for the traffic signal to change.



Example reference for Relation to Roadway - **Interchange Area, Intersection Area**

Other Location

- 12. *Crossover Related*
- 13. *Driveway, Alley-Access – Related*
- 14. *Railway Grade Crossing*
- 15. *Other Crossing (Crossings for Bikes, School, etc.)*

Note: If the crash was not within an interchange area, intersection area, or other location select “**Non-Intersection**” in Relation to Roadway. (For example, if a crash occurs on a surface road or divided highway with no interchange or intersection, the best option would be ‘Non-Intersection’.)

12. Intersection Type (C12)

Select the option that best describes the type of intersection.

1. *Not at Intersection*
2. *Two Approaches*
3. *Three Approaches*
4. *Four Approaches*
5. *Five-Point , or more*
6. *Roundabout*

Not at Intersection

For crashes not intersection or intersection-related, select 'Not at Intersection'.

Two Approaches

This is difficult to distinguish from a single road with a sharp curve. The difference is that an intersection with 2 approaches consists of two roads that come together at a single location whereas a road with a sharp curve is a single continuous road. The easiest way to determine which should be coded is if each segment has a different road name or Route number.



Three Approaches

Divided roads: Signalized



Divided roads: Non-signalized



Undivided: Signalized



Undivided: Unsignalized



Four Approaches

Divided: Signalized



Divided: Unsignalized



Undivided: Signalized



Undivided: Unsignalized



Complex/non-standard



Five-Point, or more



Roundabout

Circular traffic patterns in which yield control is used on all entries, circulating vehicles have the right-of-way, pedestrian access is allowed only across the legs of the roundabout behind the yield line and circulation is counter-clockwise and passes to the right of the central island.

A roundabout should not be confused with a traffic circle. A traffic circle is an intersection of roads where motor vehicles must travel around a circle to continue on the same road or leave on any intersecting road. A traffic circle is most often controlled by a traffic signal or stop sign. *A traffic circle should be listed as an intersection corresponding to the number of crossing roadways.*





13. Work Zone (C13)

Indicate if the crash occurred in a work zone: “Yes” signifies the crash occurred in a work zone; “No” indicates the crash did not occur in a work zone.

Work Zone

Any area of a highway with construction, maintenance, or utility work activities, typically marked by signs, channelizing devices, barriers, pavement markings, and/or work vehicles. The work zone extends from the first warning sign or Advance Warning Area until the Termination Area (See *Diagram of Work Zone Area* below). Workers may or may not be present.

If “Work Zone (C13)” is “**Yes**,” provide the following:

- Work Zone Workers Present (C14)
- Work Zone Location (C15)
- Work Zone Type (C16)

14. Work Zone Workers Present (C14)

Select the option that best describes the presence of work zone personnel. This section should be completed only if the response to “Work Zone (C13)” is “**Yes**.”

15. Work Zone Location (C15)

Select the option that best describes the location of the first harmful event in relation to the work zone. This section should be completed only if the response to “Work Zone (C13)” is “**Yes**.”

1. *Advance Warning Area*
2. *Transition Area*
3. *Activity Area*
4. *Termination Area*

Advance Warning Area

The warning area is from the first sign indicating that a work zone is coming up to any traffic control that has been placed on or near the road.

Transition Area/Activity Area



Termination Area

The termination area is from the end of activity--people, vehicles, equipment or construction -- to the last indication of traffic control. Traffic control can be traffic cones or barrels, concrete barriers, trucks with crash cushions or arrow boards on the back, persons holding signs, etc.

16. Work Zone Type (C16)

Select the option that best describes the type of work zone. This section should be completed only if the response to “Work Zone (C13)” is “Yes.”

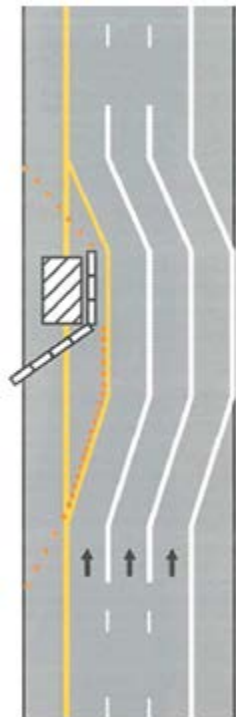
1. *Lane Closure*
2. *Lane Shift/Crossover*
3. *Work on Shoulder or Median*
4. *Intermittent or Moving Work*
5. *Other*

If “Other” selected, please explain in the crash description.

Lane Closure



Lane Shift/Crossover



Work on Shoulder or Median



Intermittent or Moving





Also, see Diagram of Work Zone Area in the Appendix.

17. School Zone (C17)

Indicate if the crash occurred in a school zone: “Yes” and “Yes – With School Activity” signifies the crash occurred in a school zone, “No” indicates the crash did not occur in a school zone.

School Zone:

A school zone should be considered from the warning sign (with or without flashing lights) to the end school zone sign. Where there are no signs then the school zone should be from the preceding intersection to the school to the following intersection, or where cross walks may be applied to the pavement.

School Activity includes all school events even after normal school hours.

18. Type of Collision (C18)

Select the option that best describes the type of collision.

Note: Selections 1-5 should only be used when *more than one vehicle* is involved in the crash (For example: A vehicle hitting a deer, animal or guard rail should not be recorded using 1-5).

1. *Rear End*
2. *Angle*
3. *Head On*
4. *Sideswipe – Same Direction*
5. *Sideswipe – Opposite Direction*
6. *Fixed Object in Road*
7. *Train*
8. *Non-Collision*
9. *Fixed Object – Off Road*
10. *Deer*
11. *Other Animal*
12. *Pedestrian*
13. *Bicyclist - Disabled*
14. *Motorcyclist - Disabled*

15. *Backed Into*

16. *Other*

“Train” should only be used if a locomotive is involved in a crash with a motor vehicle. Train information (Owner Name, Owner Address) should be included in crash description.

“Bicyclist” and “Motorcyclist” have been disabled and can no longer be selected in *Type of Collision*. Please select ‘Bicycle’ or ‘Motorcycle’ in *Vehicle Body Type* for crashes involving these vehicles and select the appropriate option in *Type of Collision*.

Example:

For a motor vehicle involved in a head on collision with a bicycle, “Bicycle” should be selected in *Vehicle Body Type* and the *Type of Collision* should be “Head On.”

If “Other” selected, please explain in the crash description.

Examples of fixed objects: Attenuator/crash cushion, bridge overhead structure, bridge pier or support, bridge rail, culvert, curb, ditch, embankment, guardrail face or end, concrete traffic barrier, standing tree, utility pole/light support, traffic sign or signal support, fence, mailbox, etc.

CRASH DIAGRAM – Page D

CRASH DIAGRAM SECTION

1. VEHICLE #, Initial Impact, Impact Areas and Vehicle Direction of Travel- N/S/E/W

Indicate “**Vehicle #**” in the space provided. There is space available on this page for up to four vehicles. Indicate in the space provided the number (1-13) corresponding to the point of initial impact. Initial impact is the point of first contact. Also shade the bubbles around and on top of the vehicle to indicate all impact areas.

See Diagram of Vehicle Impact Areas in the Appendix for a guide to indicate impact areas for Motorcycles, Car-trailer, Semi-trailer, and Semi-tractor.

Example:

If a crash involves a car-trailer struck from the left side at the trailer hitch indicate the impact point by selecting “**9**” for the Impact Areas.

In the larger circle indicate each vehicle’s direction of travel- N/S/E/W prior to the first event by placing an “**N**” for North, “**S**” for South, “**E**” for East and “**W**” for West.

If the crash occurred on a state or federal roadway, indicate the designated direction. If not on a state or federal road, select the general direction of the motor vehicle on the roadway prior to the crash.

For example, the direction of a state designated north-south highway must be either northbound or southbound even though a motor vehicle may have been traveling due east as a result of a short segment of the highway having an east-west orientation.

2. CRASH DIAGRAM

When creating the Crash Diagram, please include the following:

Label all roads/streets

Label all vehicles

Label all buildings or other landscape (if relevant to the crash)

Traffic Control Type (signs, lanes, crosswalks, etc.)

Persons (if involved in the crash)

Arrow indicating ‘North’

Vehicle Direction of Travel

- Direction from which vehicles/pedestrians were approaching before the crash
- Point of Impact
- Position of vehicles after the crash

DAMAGE TO PROPERTY OTHER THAN VEHICLES

Note: For **multiple damaged properties**, total the estimated cost of all damages in “Approximate Repair Cost” and state ‘*Multiple Damages*’ in “Object Struck.” Detail all damages and associated costs in the crash description. In case of multiple properties, list the VDOT property first and mark ‘Yes’ for VDOT Property.

Example 1:

When a trailer is parked on the side of the road and is damaged, damages to the trailer should be included in Damage to Property Other Than Vehicles. Information for the trailer is recorded in this section as the trailer itself is not considered a vehicle.

Example 2:

When a collision with an animal occurs, this section should be completed as follows:

- Approximate Repair Cost: *Officer Discretion*
- Object Struck: *Deer/Other Animal*
- Property Owner: *Unknown*
- Property Address: *Unknown*
- VDOT Property: *No*
- Crash Events: *Animal (23)*
- Type of Collision (Page C): *Deer (10), Other Animal (11)*

3. Approximate Repair Cost

Indicate an estimate of the cost of repair for the damaged property. If the property is not damaged, do not include a Repair Cost.

4. Object Struck (Tree, Fence, etc.)

List the damaged object(s). Do not include vehicles involved in the crash. If the property is not damaged, do not include Object Struck.

5. Property Owner's Name (Last, First, Middle)

Indicate the damaged property owner's name. If the property is not damaged, do not include Property Owner's Name.

6. Address (Street and Number)

Indicate the damaged property owner's address. If the property is not damaged, do not include Property Owner's Address.

7. VDOT Property

Indicate if Virginia Department of Transportation (VDOT) property was damaged: "Y" signifies VDOT property was damaged, "N" indicates VDOT property was not damaged. If the property is not damaged, do not include VDOT Property. In case of multiple properties, list the VDOT property first and mark 'Yes' for VDOT Property.

8. CRASH DESCRIPTION

Describe, in simple language, what occurred in the crash. Describe the event that began the chain of events that led to the crash. The crash description is currently limited to 1300 characters.

Please describe items where 'Other' was selected on the form. Use the variable code from the section to identify what is being described.

Example: If "Other" was selected for "Relation to Roadway", specify C11 when describing the event.

CRASH EVENTS SECTION

The crash event section contains space for vehicle number and a series of events (First Event, Second Event, etc.), for each vehicle, leading up to a Most Harmful Event. This important section provides an accurate depiction of the chain of events within a crash sequence. A simple crash may only have one or two events, while a more complex crash may have four or more events.

9. Vehicle

Indicate vehicle number in the space provided. There is space available on this page to document crash events for up to four vehicles.

*The **Events** (First, Second, Third, Fourth, Most Harmful, First Harmful Event of Entire Crash that Results in First Injury or Damage) for each vehicle should be chosen from the sections at the bottom of the form:*

Collision with Fixed Object

Collision with Person, Motor Vehicle, or Non-Fixed Object

Non-Collision

Note: “Overturn (Rollover)” refers to a vehicle that comes to rest at a 90 degree angle (side-to-side or end-to-end) or greater.

10. First Event

Select the option that best describes the vehicle’s first event.

11. Second Event

Select the option that best describes the vehicle’s second event.

12. Third Event/Fourth Event

Select the option that best describes the third and fourth events.

If a crash involves more than four events, include the four events that are most significant and best describe the chain of events of the crash.

13. Most Harmful Event

Select the option that best describes the vehicle’s most harmful event.

The “**Most Harmful Event**” should be the event that resulted in the most severe injury or greatest property damage for this vehicle. It may be an event listed in one of the preceding events, or it may be an event that was not listed due to it being the fifth or higher event for this vehicle.

14. First Harmful Event of Entire Crash that Results in First Injury or Damage

Select the first injury or damage-producing event that characterizes the crash type. This may or may not be the first event of the crash.

Events Example:

Crash events for a crash involving three vehicles where vehicle #1 ran off the roadway to the right, overcorrected and ran off the roadway to the left, overcorrected and crashed head-on into vehicle #2 and vehicle #3 struck vehicle #2 in the rear.

Events Sequence Vehicle #1:

- Vehicle #1, First Event, code “**28**” (Non- Collision) Ran Off Road
- Vehicle #1, Second Event, code “**36**” (Non- Collision) Cross Centerline
- Vehicle #1, Third Event, code “**28**” (Collision With) Ran Off Road
- Vehicle #1, Fourth Event, code “**20**” (Collision With) Motor Vehicle in Transport
- Vehicle #1, Most Harmful Event, code “**20**” (Collision With) Motor Vehicle in Transport

Events Sequence Vehicle #2:

- Vehicle #2, First Event, code “**20**” (Collision With) Motor Vehicle in Transport.
- Vehicle #2, Second Event, code “**20**” (Collision With) Motor Vehicle in Transport.
- Vehicle #2, Most Harmful Event, code “**20**” (Collision With) Motor Vehicle in Transport.

Events Sequence Vehicle #3:

- Vehicle #3, First Event, code “**20**” (Collision With) Motor Vehicle in Transport.
- Vehicle #3, Most Harmful Event, code “**20**” (Collision With) Motor Vehicle in Transport.

First Harmful Event for Entire Crash:

- Code “**20**,” (Collision With) Motor Vehicle in Transport.

COMMERCIAL MOTOR VEHICLE – Page E

Crash Requirement for Commercial Motor Vehicle Page

Note: The requirement for a Commercial Motor Vehicle Page outlined in the FR300 Manual is based on reporting requirements from FMCSA.

See Examples of when a Commercial Page is/is not required at the end of this section.

Crashes involving commercial motor vehicles and some non-commercial motor vehicles must be reported on a Virginia police crash report (FR300P) and to the FMCSA.

A commercial motor vehicle is any motor vehicle that is used on a trafficway for the transportation of goods, property, or people in interstate or intrastate commerce.

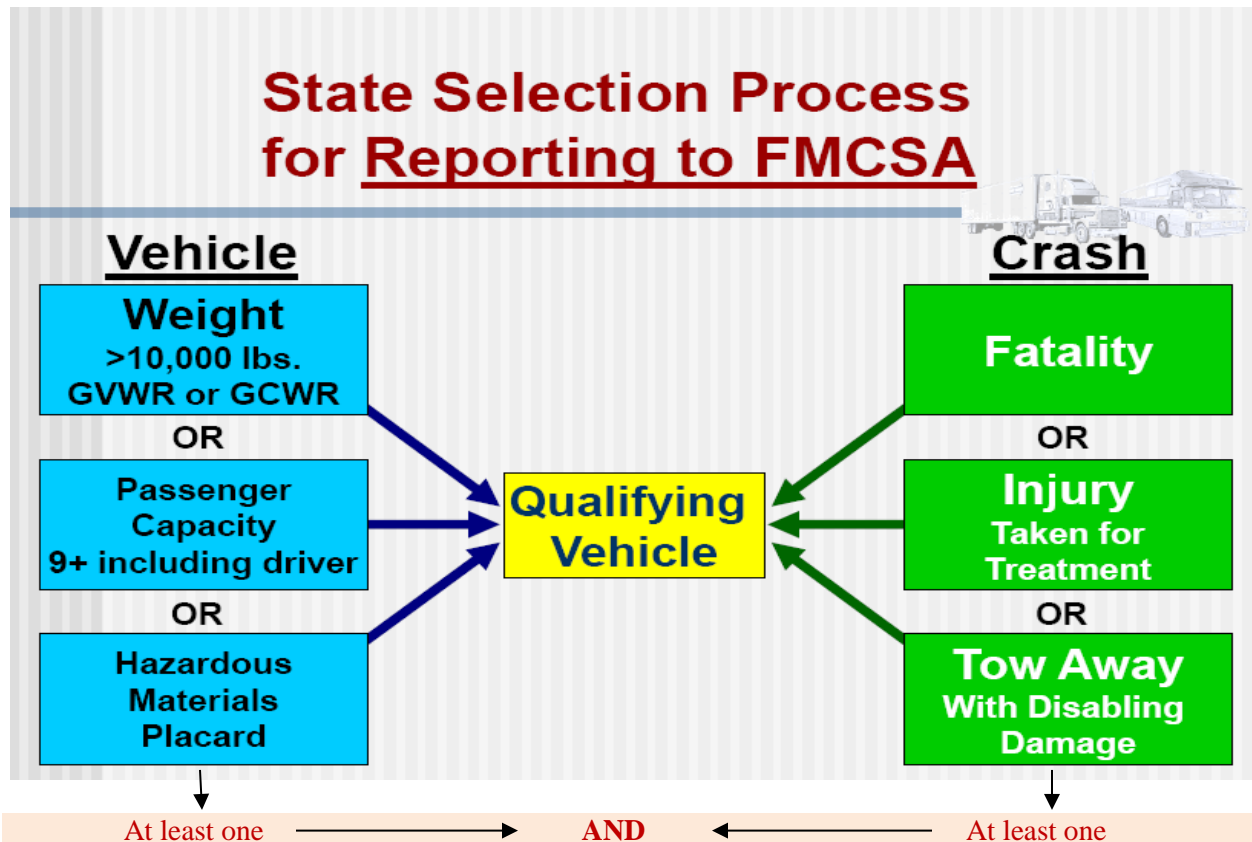
Some non-commercial motor vehicles include Federal, State, and local government- owned vehicles (i.e. Transit Buses, School Buses, Garbage Trucks, Military Vehicles, Highway Maintenance Vehicles (State and Local) and Emergency Vehicles (EMS, Fire Trucks, etc.)). Also, rental trucks used for personal transportation as well as commercial transportation (i.e. U-Haul, Ryder, Budget, etc.) and Non-Profit Organizations (i.e. Charities, Churches, Food Banks).

What Does FMCSA Mean by “Some Non-Commercial” Motor Vehicles?



- Include crashes involving Federal, State, and local government-owned vehicles
 - ☐ Transit buses
 - ☐ School buses
 - ☐ Garbage trucks
 - ☐ Military vehicles
 - ☐ Highway maintenance vehicles (State and Local)
 - ☐ Emergency vehicles (EMS, fire trucks, etc.)
- Include rental trucks used for personal transportation as well as commercial transportation (i.e., U-Haul, Ryder, Budget, etc.)
- Non-Profit Organizations
 - ☐ Charities
 - ☐ Churches
 - ☐ Food banks

Commercial Motor Vehicle Page is required if any vehicle meets at least one condition in the Vehicle column and at least one condition in the Crash column.



Truck and Bus Crashes Reportable to FMCSA

REPORT A TRAFFIC CRASH IF IT INVOLVES...

<p>Any truck that has a gross vehicle weight rating (GVWR) of more than 10,000 pounds or a gross combination weight rating (GCWR) of more than 10,000 pounds used on public highways</p>	OR	<p>Any motor vehicle with seating to transport nine (9) or more people, including the driver's seat</p>	OR	<p>Any motor vehicle displaying a hazardous materials placard (regardless of weight)</p>
---	----	--	----	---

...AND RESULTS IN

<p>A fatality: <u>any</u> person(s) killed in or outside of <u>any</u> vehicle (truck, bus, car, etc.) involved in the crash or who dies within 30 days of the crash as a result of an injury sustained in the crash</p>	OR	<p>An injury: <u>any</u> person(s) injured as a result of the crash who immediately receives medical treatment away from the crash scene</p>	OR	<p>A tow-away: <u>any</u> motor vehicle (truck, bus, car, etc.) disabled as a result of the crash and transported away from the scene by a tow truck or other vehicle</p>
---	----	---	----	--

Federal Motor Carrier
Safety Administration

U.S. Department of Transportation
www.fmcsa.dot.gov

Truck and Bus Crashes Reportable to FMCSA Examples

Crashes involving commercial motor vehicles and some non-commercial motor vehicles must be reported on a State's crash report and to the FMCSA. A commercial motor vehicle is any motor vehicle that is used on a trafficway for the transportation of goods, property, or people in interstate or intrastate commerce.

INCLUDED:

Here are some examples of commercial and non-commercial operations that, when involved in a crash, should be included if they meet the criteria on the front of this card.

Examples:

1. A trucking company or individual owner/operator hauling the goods of a business for a fee.
2. A manufacturing company hauling its own products to retail stores, or a retail store delivering products to its buyers.
3. A farm hauling its produce to market.
4. A motorcoach, airport shuttle, or hotel-owned shuttle bus or limousine service transporting passengers.
5. A government-owned truck or bus.
6. A school bus transporting students to/from school or school-related activities.
7. A rented or leased truck used to transport either commercial or personal goods.
8. A truck or truck tractor owned and operated for commerce being used for a personal trip or to transport personal goods.

EXCLUDED:

Here are some examples of non-commercial operations that, when involved in a crash, should not be included.

Examples:

1. A non-commercial horse owner transporting hay bales from his pasture on one side of the road to his stables on the other side of the road in a truck with a GVWR greater than 10,000 pounds.
2. A homeowner carrying recyclables to a drop-off point in a personally owned pickup truck with a GVWR greater than 10,000 pounds.
3. A family of 10 persons taking a trip in the family's 12-person van.
4. A personally owned pickup truck hauling a boat, horse or utility trailer with a GVWR greater than 10,000 pounds not operating in commerce or as part of a business.
5. A family operating a personally owned and registered recreational vehicle or motor home.

COMMERCIAL MOTOR VEHICLE

1. VEHICLE

Please ensure that the Commercial Motor Vehicle Number corresponds to the same vehicle number specified on Page A.

2. Vehicle Configuration (V10)

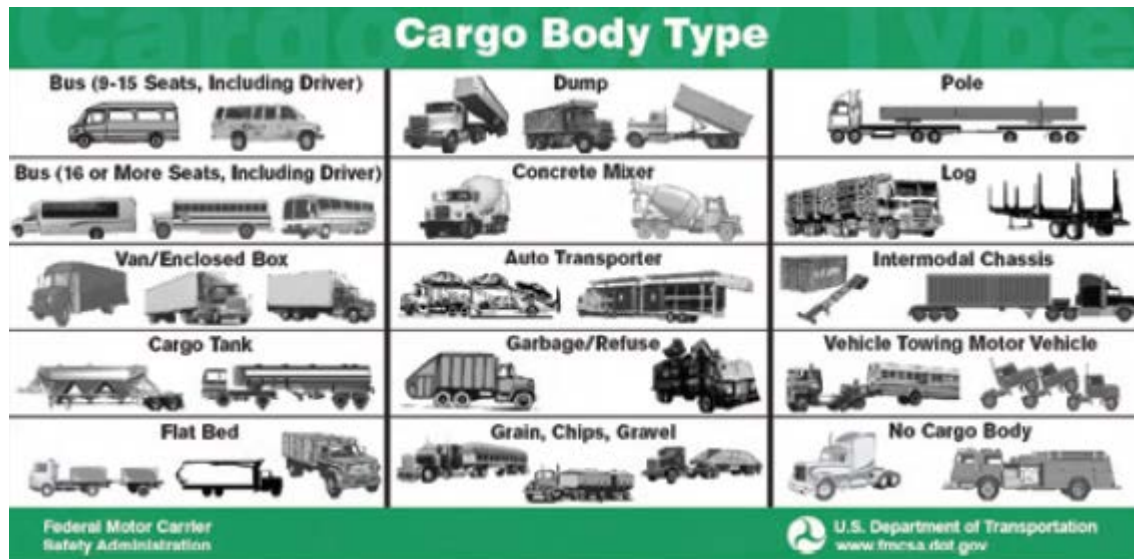
Select the option that best describes the CMV Vehicle Configuration.



Note: When a truck is a tractor trailer, select either “9. Tractor/Semi-trailer (One Trailer)” or “10. Tractor/Doubles (Two Trailers)” in Vehicle Configuration.

3. Cargo Body Type (V11)

Select the option that best describes the CMV Cargo Body Type.



If “Other” selected, please explain in the crash description.

4. License Class (P8)

Select the option(s) that best describe the CMV driver’s license classes. More than one selection may be entered.



Source: FMCSA Lesson 2, Slide 62

Example:

A CMV driver has a Class A CDL and a Class M (motorcycle), select “Class A” and “Class M.”

If you selected “DL” “Y” on page one, for this driver, select the fourth option, “Class DRL (regular driver’s license).”

5. Commercial Endorsement (P9)

Select the option(s) that best describe the commercial endorsements for this CMV driver. More than one selection may be entered.

Example:

A CMV driver having a Class A CDL may have a passenger endorsement “P” and a hazardous material endorsement “H.” Select “P-Passenger Vehicle” and “H-Required to be Placarded for Hazardous Materials.”

If “Other” selected, please explain in the crash description.

6. GVWR / GCWR (V12)

Select the option that best describes the CMV’s Gross Vehicle Weight Rating (GVWR) or Gross Combination Weight Rating (GCWR).

1. 10,000 lbs. or Less
2. 10,001- 26,000 lbs.
3. Greater Than 26,000 lbs.

GVWR (Gross Vehicle Weight Rating)

The value specified by the manufacturer as the recommended maximum loaded weight of a single motor vehicle. This rating includes the maximum rated capacity of a vehicle, including the base vehicle, mounted equipment and any cargo and passengers. Most of the time, the GVWR is the sum of the maximum rated capacity of the axles of the vehicle.

GCWR (Gross Combination Weight Rating)

The value specified by the manufacturer(s) as the recommended maximum loaded weight of a combination (articulated) motor vehicle. This is for truck tractors and single-unit trucks pulling a trailer(s). GCWR is the sum of the gross vehicle weight ratings (GVWR) of all units, power unit and its trailer(s).

Example:

For a truck weighing 7,000 lbs. (GVWR) and a trailer weighing 4,000 lbs. (GVWR), the Combination Weight Rating (GCWR) would be 11,000 lbs.

Hazardous Material

7. Hazardous Material Placard



Indicate if the vehicle has a Hazardous Material Placard: “Y” signifies the vehicle has a Placard, “N” signifies the vehicle did not have a Placard.

If Hazardous Material Placard is “Y”, HM 4-Digit, HM Placard Name, HM Class, HM Cargo Present and HM Cargo Released are required.

Reporting Hazardous Materials Information

ACCURATE REPORTING SAVES LIVES

Data you collect is used to calculate risk assessment, determine response methods, and develop regulations. Vehicles carrying hazardous materials are required to carry shipping papers containing the HM Class and ID number (or name). Your Accident or Collision Report/Supplement may ask the following hazardous materials questions (exact wording will vary by State):

<p>1. DOES THE VEHICLE HAVE A HAZARDOUS MATERIALS PLACARD? YES <input type="radio"/> NO <input type="radio"/></p> <p>Placards should be on all four sides of the vehicle. For containers with bulk packages inside, if the required ID# marking is not visible, the transport vehicle must be marked on each side and each end.</p> <p style="text-align: center;">Some Common Placards</p>	<p>2. ENTER THE FOUR-DIGIT NUMBER (OR NAME) FROM THE PLACARD 1 9 9 3</p> <p>The four-digit number may be on an orange panel or a white "square-on-point" panel. If no four-digit number appears on the placard, enter the Placard Name.</p>
<p>3. ENTER THE HAZARDOUS MATERIALS CLASS NUMBER FROM THE BOTTOM OF THE PLACARD 3</p> <p>The Class Number can be a one- or two-digit number with a decimal in the middle. 5.1. It is critical for identifying and studying various types of hazardous materials involved in traffic crashes.</p>	<p>4. WAS HAZARDOUS CARGO RELEASED? YES <input type="radio"/> NO <input type="radio"/></p> <p>The intent of this question is to determine whether any of the <u>placarded material</u> was released or escaped from its transport container into the environment. Fuel or oil carried by the vehicle for its own use is NOT considered cargo and should not be reported in this section.</p>

Federal Motor Carrier Safety Administration U.S. Department of Transportation www.fmcsa.dot.gov

Note: Vehicles carrying hazardous materials are required to carry shipping papers containing the “**HM Class**” and ID number (or name). The ID number is usually shown on the shipping papers preceded by the abbreviation “UN” for United Nations.

8. HM 4-Digit

If available, indicate the hazardous materials 4-digit placard number in the space provided. Leave blank if there is no 4-digit number.

9. HM Placard Name

Indicate the hazardous material placard name in the space provided. Leave blank if there is no placard name. Every placard will have either a 4-digit placard number or a placard name.

10. HM Class

Indicate the hazardous material class number in the space provided. The number may be a one or two digit number with a decimal in the middle.

11. HM Cargo Present

Shade in the appropriate option for **“HM Cargo Present”**: **“Y”** signifies hazardous material was present, **“N”** signifies no hazardous material was present.

12. HM Cargo Released

Select the appropriate option for **“HM Cargo Released”**: **“Y”** signifies hazardous material was released from the cargo compartment, **“N”** signifies no hazardous material was released.

If hazardous material cargo was released, and there is no placard; complete as much of the HM section as possible. Also, complete the other Commercial Motor Vehicle fields.

Carrier Identification

13. Commercial Motor Carrier Name

For CMV vehicles, indicate the name of the commercial motor carrier responsible for this load. That may not be the name on the vehicle registration. To determine the responsible motor carrier check the following locations:

- Side of truck
- Driver interview
- Shipping papers
- Driver’s log
- Lease agreement

Record the complete carrier name or **“DBA”** (Doing Business As) name of the entity responsible for the trip on which the crash occurs. Do not put partial names or abbreviations.

For Non-CMV Vehicles:

- *Not in Commerce – Government (Trucks and Buses)*, indicate the name of the government entity responsible for the safe movement of the vehicle in **“Commercial Motor Carrier Name”**. All other available information in the Carrier Identification section should be recorded.
- *Not in Commerce – Other Truck (Over 10,000 lbs.)*, indicate the word **“Individual”** in **“Commercial Motor Carrier Name”**. Personal information (address, etc.) and US DOT Number fields should be left blank. All other applicable fields in the *Carrier Identification* section should be recorded. (Note: If the investigating officer determines that a rental vehicle is being operated for commercial purposes, then it is appropriate to record the renting business entity as the responsible carrier.)

14. Commercial Motor Carrier Address

Indicate the complete address of the responsible commercial motor carrier identified above.

Carrier's ID Number

The Carrier's ID number can be determined in the same manner as noted in Commercial Motor Carrier Name (#13).

15. US DOT#

Record the US DOT# for the responsible carrier (entity recorded in the “**Commercial Motor Carrier Name**” field) as it appears on the side of the vehicle (power unit) or with the operator's paperwork. If no US DOT# is available, record the MC/MX (operating authority) number as the alternative. US DOT# should be numeric. If US DOT# is unknown, enter all zeroes.

16. Carrier State

If available, also record the two-letter State Code in the last two boxes in the US DOT# for this vehicle (Example PA).

See Commercial Carrier Name and ID Information/Examples in the Appendix.

17. Commercial/Non-Commercial (V13)

Select the option that best explains the commercial/non-commercial status of this carrier.

1. *Interstate Carrier*
2. *Intrastate Carrier*
3. *Not in Commerce – Government (Trucks and Buses)*
4. *Not in Commerce – Other Truck (Over 10,000 lbs.)*

Interstate Carrier

This selection is used for a carrier that has authority to operate across state lines. Interstate operators are required to have a US DOT#.

Intrastate Carrier

This selection is used for a carrier that operates entirely within the state and does not have the authority to engage in interstate commerce. Intrastate operators are not required to have a US DOT Number.

Not in Commerce

Not in Commerce – Government (Trucks and Buses)

This selection is used for any government vehicle whether it is operated by the local, state, or federal government.

If this category is selected, record the name of the government entity responsible for the safe movement of the vehicle in the “**Commercial Motor Carrier Name**” and complete all other information available. In most circumstances, the government-owned vehicle will not have a USDOT Number.

Not in Commerce – Other Truck (Over 10,000 lbs.)

This selection is used for personal rental vehicles (e.g., U-Haul, Ryder, and Penske) that qualify by size (over 10,000 lbs. GVWR/GCWR) and are operated by a private individual.

In these situations the rental company is NOT the carrier and should not be recorded. Rather, the word **“Individual”** should be recorded as the **“Commercial Motor Carrier Name.”** Personal information (address, etc.) and USDOT Number fields are left blank. All other applicable fields should be recorded.

Note: If the investigating officer determines that a rental vehicle is being operated for commercial purposes, then it is appropriate to record the renting business entity as the responsible carrier.

Commercial Motor Vehicle (Page E) Required - Examples

THE VEHICLE				THE CRASH RESULTED IN			FR300	
Vehicle	Vehicle Use ¹	Commercial/ Government Owned ¹	Weight > 10,000 (GVWR)	Fatality ²	Injury AND Transported from Scene ³	Disabled AND Towed due to Damages ⁴	Requires Commercial Page (Page E)	Why Page E is Required
Rental Truck	Transporting personal goods	Y	Y	Y	Y	N	Yes	Weight > 10,000 lbs. Fatality Injury AND Transported from Scene
School Bus (seats 9 or more people)	Transports students to/from school	Y	N/A	N	Y	N	Yes	Weight Requirement N/A Seats 9 or more Injury AND Transported from Scene
Truck	Farmer hauling produce to/from market	Y	Y	Y	N	N	Yes	Weight > 10,000 lbs. Fatality
Truck Tractor	Private weekend use to pull a boat to a lake	Y	Y	N	Y	Y	Yes	Weight > 10,000 lbs. Injury AND Transported from Scene Disabled AND Towed due to Damages
	Owned and operated for commerce being used to transport personal goods							
Van (seats 9 people)	Airport/Hotel Shuttle	Y	Y	N	Y	Y	Yes	Weight > 10,000 lbs. Injury AND Transported from Scene Disabled AND Towed due to Damages
VDOT Maintenance Truck	Road Maintenance	Y	Y	N	N	Y	Yes	Weight > 10,000 lbs. Disabled AND Towed due to Damages
Limousine (seats 9 or more)	Carrying Passengers	Y	N/A	N	Y	N	Yes	Weight Requirement N/A Seats 9 or more Injury AND Transported from Scene
Truck pulling Trailer	Lawn Service	N	Y	N	N	Y	Yes	Weight > 10,000 lbs (Total Combined Weight Rating) Being used for Business (even though Personally Owned) Disabled AND Towed due to Damages
Rental Motor Home	Recreational vehicle	Y	Y	N	N	Y	Yes	Weight > 10,000 lbs. Disabled AND Towed due to Damages
Pickup Truck	Hauling hazardous material required to be placarded	Y	N	N	Y	N	Yes	Does not meet weight requirement but is required to be placarded Injury AND Transported from Scene
Truck	Furniture Delivery, off- duty and Parked	N	Y	N	N	Y	Yes	Weight > 10,000 lbs. Disabled AND Towed due to Damages

Commercial Motor Vehicle (Page E) NOT Required - Examples

THE VEHICLE				THE CRASH RESULTED IN			FR300	
Vehicle	Vehicle Use ¹	Commercial/ Government Owned ¹	Weight > 10,000 (GVWR)	Fatality ²	Injury <u>AND</u> Transported from Scene ³	Disabled <u>AND</u> Towed due to Damages ⁴	Requires Commercial Page (Page E)	Why Page E is <u>NOT</u> Required
Motor Home	Recreational vehicle	N	Y	N	N	Y	No	Personally Owned /Used
School Bus (seats more than 9 people)	Transports students to/from school	Y	N/A	N	N	N	No	Weight Requirement N/A No Fatality No Injury AND Not Transported from Scene Not Disabled AND Towed due to Damages
Truck	Trucking Company Hauling goods for a business	Y	N	N	N	Y	No	Weight < 10,000 lbs.
Truck		Y	Y	N	N	N	No	No Fatality No Injury AND Not Transported from Scene Not Disabled AND Towed due to Damages
Truck	Personally used pickup truck hauling a utility trailer	N	Y	Y	N	N	No	Personally Owned/Used
Van (seats 9 people)	Family vacation	N	Y	N	N	Y	No	Personally Owned /Used

¹ Vehicle Use and Commercial/Government Owned are not part of the qualifying criteria but may help for situations where a CMV is still reported even if used for private use.

² Fatality: Any person(s) killed in or outside of any vehicle (truck, bus, car, etc.) involved in the crash or who dies within 30 days of the crash as a result of an injury sustained in the crash

³ Injury: Any person(s) injured as a result of the crash who immediately receives medical treatment away from the crash scene

⁴ Tow-away: Any motor vehicle (truck, bus, car, etc.) disabled as a result of the crash and transported away from the scene by a tow truck or other vehicle

PEDESTRIAN/ADDITIONAL PASSENGERS – Page F

Pedestrian

A pedestrian is a person who is not an occupant of a motor vehicle in transport or a pedal cyclist. Pedestrian includes a person who is adjacent to the motor vehicle regardless of their actions. Pedestrian also includes a person riding a segway, a low speed vehicle that serves as a personal motorized conveyance.

Note: List only injured or deceased pedestrians. Pedestrian information should be completed on pedestrian page ONLY.

1. PEDESTRIAN #

Enter Pedestrian #.

2. Name of Injured (Last, First, Middle)

Enter the name(s) of the pedestrian (Last, First, Middle). If pedestrian does not have a middle name, please leave blank (i.e. do not enter NMN (No Middle Name) or None, etc.).

3. Address (Street and Number), City, State, Zip

Enter the pedestrian's complete street address including city, state and zip code. If the address is not available, please enter Unknown.

4. Driver's License Number

If available, indicate the driver's license number of the pedestrian.

If the pedestrian has a state and military operator's license, indicate the state driver's license number.

5. State

Enter the standard abbreviation of the state that issued the driver's license.

6. Gender

Indicate the gender of the pedestrian: "M" signifies male driver, "F" signifies female driver.

7. EMS Transport

Indicate if the pedestrian was transported by emergency medical services personnel: "Y" signifies pedestrian was transported and "N" signifies pedestrian was not transported.

Note: EMS Transport should only be marked "Y" if the pedestrian was transported via EMS.

8. Injury Type

Select one of the following values for **every pedestrian** (values/descriptions also listed at the bottom of page one on the FR300P):

1. *Dead*
2. *Serious Injury*
3. *Minor/Possible Injury*
4. *No Apparent Injury*

Definition of Injury Type with Detail

1. **Dead** = Dead
2. **Serious Injury** Suspected Serious Injury which is any injury other than fatal, resulting in one or more of the following:
 - a. Severe laceration resulting in exposure of underlying tissues, muscle, organs, or resulting in significant loss of blood
 - b. Broken or distorted extremity (arm or leg)
 - c. Crush injuries
 - d. Suspected skull, chest, or abdominal injury other than bruises or minor lacerations
 - e. Significant burns (second and third degree burns over 10 percent or more of the body)
 - f. Unconsciousness when taken from the crash scene
 - g. Paralysis
3. **Minor/Possible Injury** = Other Visible Injury, as Bruises, Abrasions, Swelling, Limping, etc.
4. **No Apparent Injury** = No Visible Injury, But Complaint of Pain, or Momentary Unconsciousness

Notes:

Injury type should be determined at the discretion of the police officer based on a combination of the injured person's statement, the observation of the officer and EMS personnel.

A fatal injury is an injury that results in death within 30 days after the motor vehicle crash in which the injury occurred. If the person did not die at the scene but died within 30 days of the motor vehicle crash in which the injury occurred, the Injury Type should be changed to '1. Dead' and Date of Death provided via revised report.

9. Birth Date

Indicate the pedestrian's date of birth in format **MM | DD | YYYY**.

Note: Birth date must be before crash date.

10. Date of Death

If the pedestrian is deceased, enter the date of death in format **MM | DD | YYYY**. **"Date of Death"** cannot be blank when **"Injury Type"** selected is **"1."** **"Date of Death"** cannot be before **"Crash Date."**

11. Pedestrian Number

Each pedestrian should be assigned a unique number.

If more than three pedestrians are involved in the crash an additional Page F is required.

12. Pedestrian Action (P10)

Select the option that best describes each pedestrian's action.

If **"Other"** selected, please explain in the crash description.

13. Pedestrian Drinking (P11)

Select the option that best describes the pedestrian's alcohol use.

Note: Indicating that a person is impaired by alcohol does not require that they be charged with an offense.

14. Condition of Pedestrian Contributing to the Crash (P12)

Select the option that best describes the condition of the pedestrian involved in the crash.

Note: Alcohol/drug impairment is covered in Pedestrian Drinking (P11) and Pedestrian Drug Use (P14); therefore, they should not be considered in this section.

If “**Other**” selected, please explain in the crash description.

15. Method of Alcohol Determination by Police (P13)

Select the option that best describes the **alcohol test** given to the pedestrian (if applicable). If the Pedestrian had not been drinking, select “N/A.”

Note: Please include **alcohol test** ONLY.

16. Pedestrian Drug Use (P14)

Select the option that best describes the pedestrian's drug use.

Indicating that a person is impaired by drugs does not require that they be charged with an offense.

17. Pedestrian Wear Reflective Clothing (P15)

Select the option that best describes whether the pedestrian was wearing reflective clothing. “**Y**” signifies the pedestrian was wearing reflective clothing and “**N**” signifies no reflective clothing.

Note: This section only refers to reflective clothing and not blaze colors.

Use the sections at the bottom of Page F to record additional injured or deceased passengers. Refer to the instructions from Page A on how to record information for injured or deceased passengers.

Appendix

Code of Virginia

§ 46.2-373. Report by law-enforcement officer investigating accident.

§ 46.2-908.2. Low-speed vehicles; required equipment.

§ 46.2-908.3. Low-speed vehicles; operation on highways; license required; registration required; safety and emissions inspections not required.

§ 46.2-1156. Construction, maintenance and loading must prevent escape of contents; load covers; exemptions.

Diagram of Interchanges

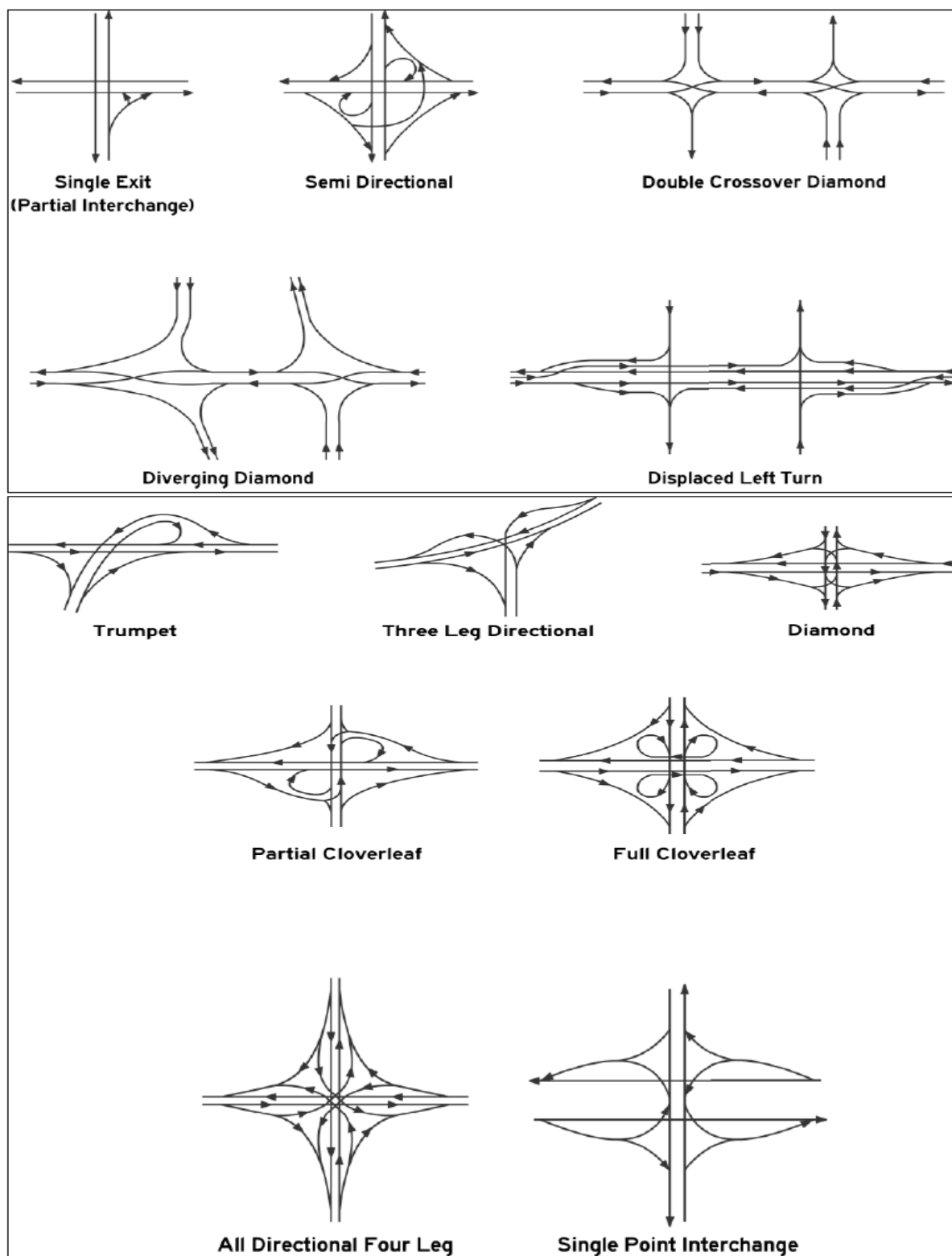


Diagram of Types of Intersections



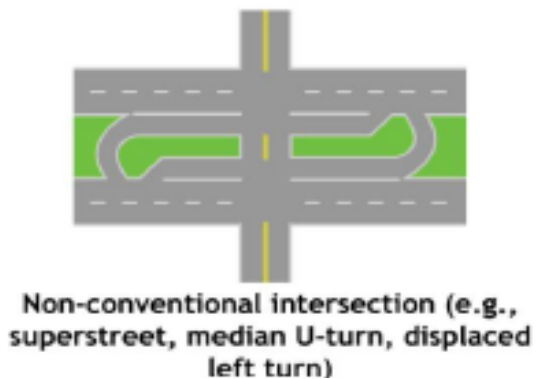
T-Intersection



Cross-Intersection (four legs)



Roundabout



Non-conventional intersection (e.g., superstreet, median U-turn, displaced left turn)



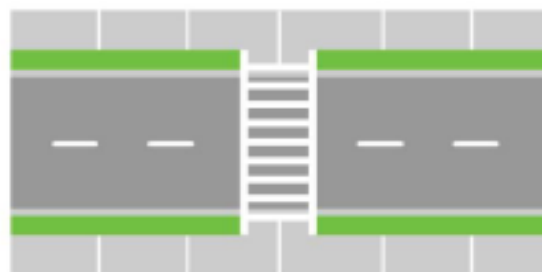
Y-Intersection



Five or more legs and not circular



Other circular intersections (e.g., rotaries, neighborhood traffic circles)



Midblock pedestrian crossing

Diagram of Work Zone Area

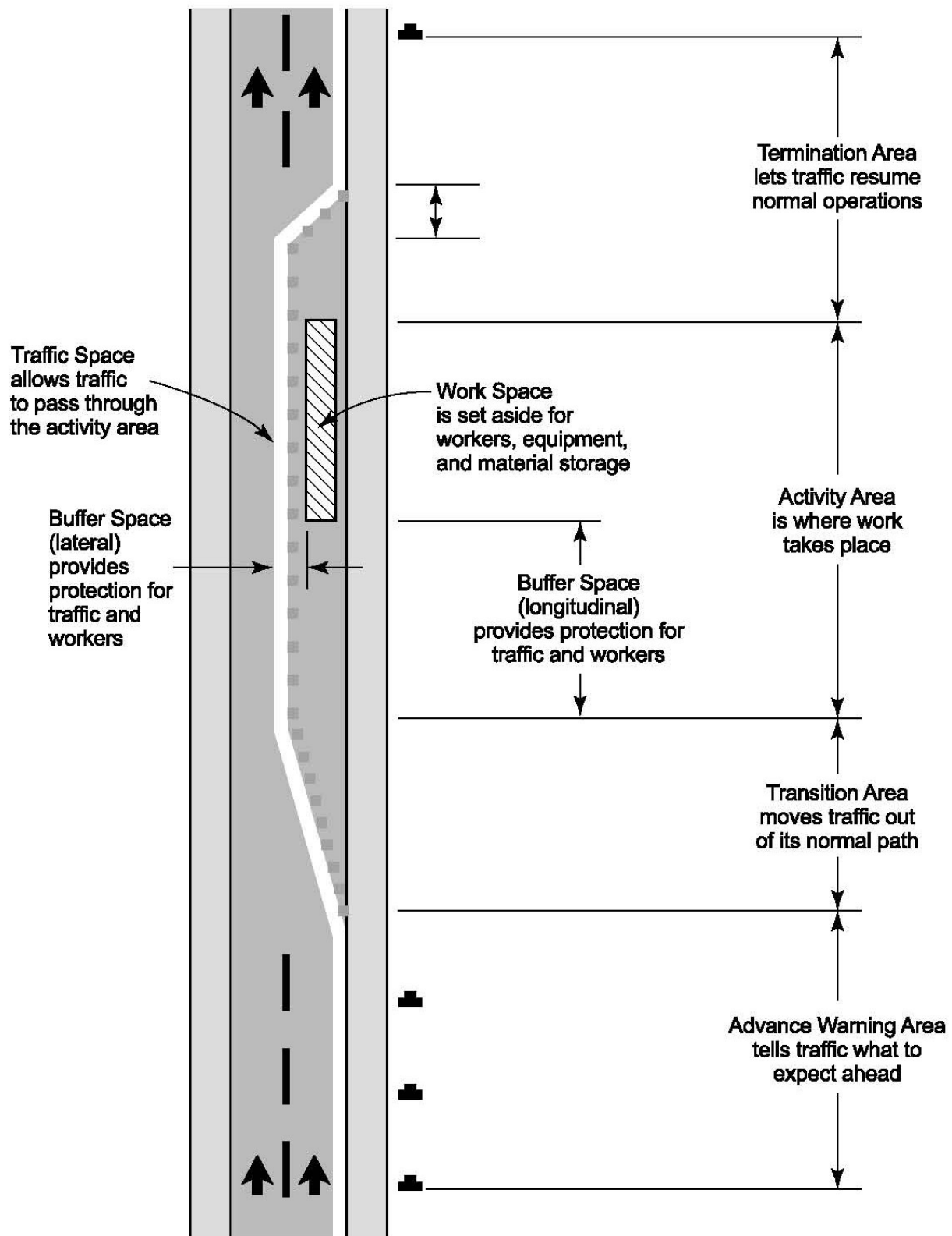
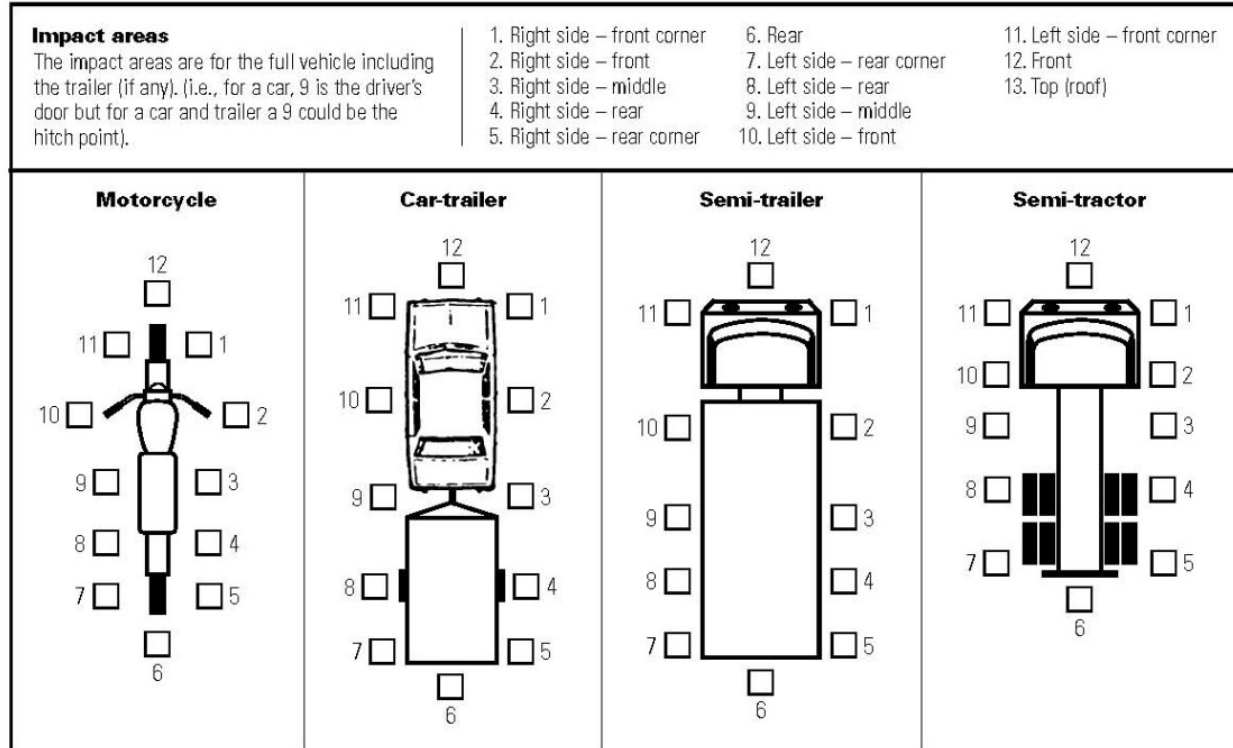


Diagram of Vehicle Impact Area



CMV Carrier Name and ID

How to Find the Responsible Carrier and Correct U.S. DOT Number



NOTE: VEHICLE REGISTRATION

Generally good for identifying owner or registrant.
CAREFUL: This may not be the responsible carrier!

FMCSA WEB SITE: <http://safer.fmcsa.dot.gov/CompanySnapshot.aspx>

is an excellent source for verifying a motor carrier's U.S. DOT number, legal name, "doing business as" name, physical address, and phone number.

Revised 06/05

Federal Motor Carrier
 Safety Administration



U.S. Department of Transportation
www.fmcsa.dot.gov

CMV Carrier Name and ID Examples

How to Find the Responsible Carrier and Correct U.S. DOT Number

<p>EXAMPLE 1: John Smith owns his own truck tractor, operating under John Smith Trucking. He contracts with White Manufacturing to take one of its trailers loaded with its goods from New York to Los Angeles.</p> <p>Who is the Motor Carrier: A. John Smith? B. White Manufacturing?</p>	<p>EXAMPLE 2: John Smith, driving his truck tractor, utilizes a cargo broker, K&S Trucking, to obtain goods from Intermodal Inc. shipping company for his return trip back to New York.</p> <p>Who is the Motor Carrier: A. John Smith? B. K&S Trucking? C. Intermodal Inc.?</p>
<p>EXAMPLE 3: John Smith, driving his truck tractor, leases his services to Polyester Chemical Company. Polyester directs Smith to deliver a semi-trailer from New York to St. Louis.</p> <p>Who is the Motor Carrier: A. John Smith? B. Polyester?</p>	<p>EXAMPLE 4: John Smith is driving a tractor/semi-trailer owned and operated by ABC Trucking.</p> <p>Who is the Motor Carrier: A. John Smith? B. ABC Trucking?</p>
<p>EXAMPLE 5: John Smith is driving a tractor owned by ABC Trucking, which has been leased to XYZ Trucking. XYZ uses the tractor to pull XYZ trailers in its regular shipping service.</p> <p>Who is the Motor Carrier: A. John Smith? B. ABC Trucking? C. XYZ Trucking?</p>	<p>John Smith is the motor carrier, because he is the entity that has agreed to carry this particular load.</p> <p>John Smith is the motor carrier, because K&S transferred the responsibility of the load to John Smith.</p> <p>The lease agreement between Polyester and Mr. Smith makes Polyester the motor carrier responsible for the load.</p> <p>ABC Trucking is the motor carrier. John Smith is just a driver for ABC Trucking.</p> <p>In this case XYZ is the motor carrier, because XYZ is directing the carrying of the load.</p>

Federal Motor Carrier Safety Administration

U.S. Department of Transportation
www.fmcsa.dot.gov

Revision History

Revision 1: August 2013

DRIVER/VEHICLE GENERAL INFORMATION – Page A

VEHICLE SECTION

58. Speed Before Crash

Revision 2: March 2014

GENERAL INSTRUCTIONS

Parking Lot Crashes

Trailer/Vehicles in Tow

Parked Trailer Hit on Side of Road (not attached to vehicle)

DRIVER/VEHICLE GENERAL INFORMATION – Page A

DRIVER SECTION

28. Driver's License Number

32. Safety Equipment Used (For Drivers Regardless of Injury)

VEHICLE SECTION

48. Towed

49. Vehicle Plate Number

52. VIN

PASSENGER SECTION

66. Safety Equipment Used

DRIVER/VEHICLE CRASH INFORMATION – Page B

DRIVER INFORMATION

11. Vehicle Body Type (V3)

VEHICLE INFORMATION

16. Truck Cover (V8)

CRASH INFORMATION – Page C

9. Roadway Description (C9)

11. Relation to Roadway (C11)

15. Work Zone Location (C15)

18. Type of Collision (C18)

CRASH DIAGRAM – Page D

7. VDOT Property

Revision 3: March 2014

DRIVER/VEHICLE GENERAL INFORMATION – Page A

DRIVER SECTION

36. Injury Type

PASSENGER SECTION

69. Injury Type

PEDESTRIAN/ADDITIONAL PASSENGERS – Page F

8. Injury Type