POLICE **TRUCK / BUS / HAZMAT** CRASH SUPPLEMENTAL*

Complete this form if one or more qualifying vehicles was involved. Check at least one box in **Category 1 and 2** listed below.

CATEGORY 1 ☐ FATAL ☐ INJURY ☐ VEHICLE TOWED DUE TO DAMAGE

CATEGORY 2 ☐ 9 OR MORE SEATS INCLUDING DRIVER ☐ 10,001 LBS OR MORE (GVWR or GCWR) ☐ ANY VEHICLE DISPLAYING HAZARDOUS MATERIAL PLACARD

POLICE INCIDENT / CASE NUMBER	CRASH DATE	DAY OF WEEK M T W TH F S SN	CRASH TIME AM PM	ROAD ON WHICH CRASH OCCURRED

BRIEF NARRATIVE:

VEHICLE INFORMATION

BASE PLATE NUMBER — STATE: _____ PLATE NUMBER: _____

OR DOT PLATE NUMBER: _____

GROSS VEHICLE WEIGHT RATING or GROSS COMBINATION WEIGHT RATING

- ☐ 10,000 LBS or LESS
- ☐ 10,001 LBS to 26,000 LBS
- ☐ GREATER THAN 26,000 LBS

Did vehicle have a HAZARDOUS MATERIAL placard? **1.** Yes **2.** No — **2. No**

If "Yes," enter name or 4 digit number from placard diamond or box (CODE #32): _____

Enter 1 Digit Number from bottom of diamond: _____

Was hazardous material (cargo) released from this vehicle? **1.** Yes **2.** No — **2. No**

Was inspection done on this vehicle? **1.** Yes **2.** No — **2. No**

Inspection Number _____ Level: **1, 2, 3, 4** — **1**

SEQUENCE OF EVENTS (for this vehicle)

1 2 3 4		1 2 3 4	
☐☐☐☐	CROSS MEDIAN / CENTERLINE	☐☐☐☐	CRASH INVOLVING MOTOR VEHICLE IN TRANSPORT
☐☐☐☐	NON-COLLISION: EQUIPMENT FAILURE (TIRE, ETC.)	☐☐☐☐	CRASH INVOLVING PARKED MOTOR VEHICLE
☐☐☐☐	COLLISION INVOLVING WORK ZONE MAINT. EQUIP.	☐☐☐☐	CRASH INVOLVING TRAIN
☐☐☐☐	RAN OFF ROAD	☐☐☐☐	CRASH INVOLVING PEDAL CYCLE
☐☐☐☐	JACKKNIFE / SKID	☐☐☐☐	CRASH INVOLVING ANIMAL
☐☐☐☐	OVERTURN	☐☐☐☐	CRASH INVOLVING FIXED OBJECT
☐☐☐☐	DOWNHILL RUNAWAY	☐☐☐☐	CRASH INVOLVING OTHER OBJECT
☐☐☐☐	CARGO LOSS OR SHIFT	☐☐☐☐	NON-COLLISION: OTHER
☐☐☐☐	EXPLOSION OR FIRE	☐☐☐☐	COLLISION WITH UNKNOWN MOVABLE OBJECT
☐☐☐☐	SEPARATION OF UNITS	☐☐☐☐	OTHER
☐☐☐☐	CRASH INVOLVING PEDESTRIAN		

VEHICLE CONFIGURATION

Select Appropriate

- ☐ 1 — Triples (tractor with 3 trailers)
- ☐ 2 — Triples (truck with 2 trailers)
- ☐ 3 — Doubles (any)
- ☐ 4 — Straight Truck-Full Trailer
- ☐ 5 — Standard Tractor/Semi Trailer
- ☐ 6a (TWO AXLE) ☐ 6b (THREE AXLE) — Single Truck
- ☐ 7 — Bobtail
- ☐ 8 — Saddlemount
- ☐ 9 — Heavy Haul
- ☐ 10a* ☐ 10b* ☐ 10c*

BUS (9 or more seats including driver) — **BUS** (16 or more seats including driver) — **NOT A BUS** (Less than 9 seats including driver. Personal use van with 9 or more seats including driver.)

*BUS USE (circle one): School, Transit, Intercity, Charter, Other: _____

- ☐ 11a ☐ 11b

PASSENGER (displaying HM Placard) **LIGHT TRUCK** (displaying HM Placard)

- ☐ **Cargo Body Type** (circle appropriate type): _____

Van, Flatbed, Tank, Dump, Belly-Dump, Pole, Garbage, Drop-Box, Auto Carrier, Livestock, Chip, Low-Boy, Mobile Home Toter, Utility, Container, Bulk-Hopper, Fixed Load, Concrete Mixer, Intermodal Chassis, Other:

VEHICLE DAMAGE

Use arrow to show first impact (shade in damaged area).

FRONT

CARRIER INFORMATION

MARK ALL THAT APPLY:

- ☐ INTERSTATE
- ☐ INTRASTATE
- ☐ NOT IN COMMERCE - GOVERNMENT (TRUCKS / BUSES)
- ☐ NOT IN COMMERCE - OTHER (OVER 10,000 LBS)

NAME

ADDRESS (Street or PO Box Number)

CITY

STATE ZIP CODE

IDENTIFICATION NUMBERS None = 0 ☐

US DOT MC / MX

DRIVER INFORMATION

NAME (Last, First, Middle)

DRIVER LICENSE #	STATE	CLASS	ENDORSEMENT	MEDICAL CERT. EXP. DATE

CO-DRIVER INFORMATION

NAME (Last, First, Middle)

DRIVER LICENSE #	STATE	CLASS	ENDORSEMENT	MEDICAL CERT. EXP. DATE

DRIVER HOURS RECAP For Certified Inspectors

DATE	HOURS ON DUTY
TOTAL	

- ☐ FALSE LOG
- ☐ NO LOG BOOK
- ☐ DRIVER LOG NOT CURRENT
- ☐ 60/70 HOUR RULE VIOLATION
- ☐ 10 HOUR RULE VIOLATION
- ☐ 15 HOUR RULE VIOLATION
- ☐ CURRENT AND PREVIOUS DAYS LOG NOT IN POSSESSION
- ☐ FAILURE TO RETAIN 7 PREVIOUS DAYS LOG

OFFICER NAME / NUMBER	DATE	AGENCY	APPROVED BY

Sample