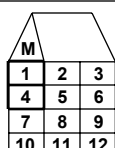


STATE OF RHODE ISLAND UNIFORM CRASH REPORT

Reporting Agency Name				Report Number				Crash Date		Crash Time		Walk In Report <input type="checkbox"/>		Parking Lot <input type="checkbox"/>																					
City or Town Name				Street or Highway				<input type="checkbox"/> On Ramp <input type="checkbox"/> Off Ramp		Exit #		# of Lanes		Posted Speed Limit <input type="checkbox"/> N/A <input type="checkbox"/> Unk																					
Nearest Intersection Street				Direction From Nearest Intersection to Crash Site <input type="checkbox"/> At Inter. <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West				Distance From Nearest Inter. <input type="checkbox"/> Feet <input type="checkbox"/> Miles		Latitude		Longitude																							
Unit ID		Driver's Last Name		First Name		M.I.		DOB		Unit ID		Driver's Last Name		First Name		M.I.		DOB																	
Address				City				Address				City																							
State		Zip		Home Phone		Cell Phone		Work Phone		State		Zip		Home Phone		Cell Phone		Work Phone																	
Driver's License #				<input type="checkbox"/> CDL		Lic. State				Driver's License #				<input type="checkbox"/> CDL		Lic. State																			
M/V Violation		M/V Violation		M/V Violation		M/V Violation		M/V Violation		M/V Violation		M/V Violation		M/V Violation		M/V Violation		M/V Violation																	
Driver & Owner are Same <input type="checkbox"/>		Owner's Last Name		First Name		M.I.		DOB		Driver & Owner are Same <input type="checkbox"/>		Owner's Last Name		First Name		M.I.		DOB																	
Address				City				Address				City																							
State		Zip		Home Phone		Cell Phone		Work Phone		State		Zip		Home Phone		Cell Phone		Work Phone																	
Insurance Company Name				<input type="checkbox"/> No Ins.		Insurance Policy Number				Insurance Company Name				<input type="checkbox"/> No Ins.		Insurance Policy Number																			
Hit And Run <input type="checkbox"/> Yes, M/V & Driver left Scene <input type="checkbox"/> Yes, Driver left Scene <input type="checkbox"/> No <input type="checkbox"/> Unk										Hit And Run <input type="checkbox"/> Yes, M/V & Driver left Scene <input type="checkbox"/> Yes, Driver left Scene <input type="checkbox"/> No <input type="checkbox"/> Unk																									
Registration #		<input type="checkbox"/> Not Reg.		State		Yr Reg.		VIN		Registration #		<input type="checkbox"/> Not Reg.		State		Yr Reg.		VIN																	
Veh Yr.		Make		Model		Color		Plate Type		Veh Yr.		Make		Model		Color		Plate Type																	
Veh Travel Direction				<input type="checkbox"/> Northbound <input type="checkbox"/> Southbound		Veh Travel Direction				<input type="checkbox"/> Northbound <input type="checkbox"/> Southbound		Veh Travel Direction				<input type="checkbox"/> Eastbound <input type="checkbox"/> Westbound <input type="checkbox"/> Not on Roadway <input type="checkbox"/> Unk																			
Vehicle Towed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Towing Company Name				Haz Mat Placard? <input type="checkbox"/> Yes <input type="checkbox"/> No		Vehicle Towed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Towing Company Name				Haz Mat Placard? <input type="checkbox"/> Yes <input type="checkbox"/> No																					
Person Type																																			
1 Driver		4 Bicyclist		7 Other Ped. (Wheelchair, Person in Building, Skater, Ped. conveyance, etc.)				9 Occupant of a Non-Motor Veh Transportation Device				10 Unknown Type of Non-Motorist																							
2 Passenger		5 Other Cyclist		8 Occupant of Motor Veh. Not in Transport (Parked, etc.)				11 Unknown																											
3 Pedestrian		6 Witness																																	
Unit ID		Sex		Seat Position				Other Location				Air Bag Deployed				Ejected				Protection System				Injury											
1 Unit 1		M Male						13 Other Row (Bus)				17 N/A				1 No				1 N/A				7 Child - Forw Facing				1 Complains of Pain							
2 Unit 2		F Female						14 Unk Row				18 Sleeper				2 No				2 Partially				2 None Used				2 Non-Incapacitating							
3 (etc.)		U Unk						15 Other Seat				19 Other Enclosed Area				3 Front				3 Shoulder & Lap				3 Incapacitating											
or N/A								16 Unk Seat				20 Other Unenclosed Area				4 Side				4 N/A				4 Shoulder Only				4 Fatal							
				7				21 Towed Unit				5 Unk				5 Lap Only				5 No Injury															
				8				22 Unk								6 Type Unk				6 Unk															
				9												6 Type Unk																			
				10												13 Unk																			
				11																															
				12																															
Name: Occupants - Witnesses - Pedestrians - Bicyclists																Person Type		Unit ID		Sex		DOB		Seat Pos.		Air Bag Deployed		Ejected		Prot. System		Injury		Trans by Rescue	
																																<input type="checkbox"/> Y <input type="checkbox"/> N			
																																<input type="checkbox"/> Y <input type="checkbox"/> N			
																																<input type="checkbox"/> Y <input type="checkbox"/> N			
Non-Vehicle Property Damage				<input type="checkbox"/> State Property				<input type="checkbox"/> City/Town Property				<input type="checkbox"/> Private Property																							
Owner																Address																			
Home Phone				Cell Phone				Work Phone				Damage Description																							
Reporting Officer Name								Reporting Officer Badge Number				Report Date																							

STATE OF RHODE ISLAND UNIFORM CRASH REPORT CODING GUIDE

Type of Roadway

- 1 Two-Way, Not Divided (No Median or Barrier)
- 2 Two-Way, Not Divided With a Continuous Left Turn Lane
- 3 Two-Way, Divided, Unprotected (painted >4 feet) Median
- 4 Two-Way, Divided, Positive Median Barrier
- 5 One-Way Trafficway
- 6 Unknown

Road Surface Condition (Prevailing)

- 1 Dry
- 2 Wet
- 3 Snow
- 4 Slush
- 5 Ice/Frost
- 6 Water (Standing, Moving)
- 7 Sand
- 8 Mud, Dirt, Gravel
- 9 Oil
- 10 Other
- 11 Unknown

Light Condition (Prevailing)

- 1 Daylight
- 2 Dawn
- 3 Dusk
- 4 Dark - Lighted
- 5 Dark - Not Lighted
- 6 Dark - Unknown Lighting
- 7 Other
- 8 Unknown

Weather Condition (Prevailing)

- 1 Clear
- 2 Cloudy
- 3 Fog, Smog, Smoke
- 4 Rain
- 5 Sleet, Hail (Freezing Rain or Drizzle)
- 6 Snow
- 7 Blowing Snow
- 8 Severe Crosswinds

Manner of Impact

- 1 Not a Collision Between Two Motor Vehicles in Transport
- 2 Rear End (Front-to-Rear)
- 3 Head-On (Front-to-Front)
- 4 Angle (Front-to-Side) Same Direction
- 5 Angle (Front-to-Side) Opposite Direction
- 6 Angle (Front-to-Side) Right Angle (Includes Broadside)
- 7 Angle-Direction Not Specified
- 8 Sideswipe, Same Direction
- 9 Sideswipe, Opposite Direction
- 10 Rear-to-Side
- 11 Rear-to-Rear
- 12 Other
- 13 Unknown

School Bus Related Crash?

(Directly Involved Indicates Contact was Made)

- Yes, Directly Involved
- No
- Yes, Indirectly Involved

Traffic Controls

- 1 No Controls
- 2 Person
- 3 Traffic Control Signal
- 4 Flashing Traffic Control Sig.
- 5 School Zone Signs
- 6 Stop Signs
- 7 Yield Signs
- 8 Warning Signs
- 9 Railway Crossing Device
- 10 Pavement Markings
- 11 Other
- 12 Unknown

Pre-Crash Traffic Controls Malfunctioning, Damaged or Missing?

- Yes
- No
- N/A

Construction Zone Crash?

(Crash Occurs in or Related to Construction, Maintenance, or Utility Work Zone. May include Vehicles Slowed or Stopped because of Work Zone)

- Yes
- No

Construction Workers Present?

- Yes
- No

Contributing Circumstances Environment

- 1 None
- 2 Weather Conditions
- 3 Physical Obstructions
- 4 Glare
- 5 Animal(s) in Roadway
- 6 Other
- 7 Unknown

1st

2nd

3rd

Contributing Circumstances Road

- 1 None
- 2 Road Surface Condition (Wet, Icy, Snow, Slush, etc.)
- 3 Debris
- 4 Rut, Holes, Bumps
- 5 Work Zones (Construction/Maintenance/Utility)
- 6 Worn, Travel-Polished Surface
- 7 Obstruction in Roadway
- 8 Traffic Control Device Inoperative, Missing or Obscured
- 9 Shoulders (None, Low, Soft, High)
- 10 Non-Highway Work
- 11 Other
- 12 Unknown

1st

2nd

3rd

Vehicle #1

- 1 Passenger Car
- 2 (Sport) Utility Vehicle
- 3 Passenger Van
- 4 Cargo Van (10K lbs[4,536 kg] or Less)
- 5 Pickup

Unit Types

- 6 Motor Home
- 7 School Bus
- 8 Transit Bus
- 9 Motor Coach
- 10 Other Bus
- 11 Motorcycle
- 12 Moped
- 13 Low Speed Vehicle
- 14 Other Light Trucks (10K lbs [4,536 kg] or Less)
- 15 Tractor Trailer or Combination (More than 10K lbs [4,536 kg])
- 16 Medium/ Heavy Trucks (More than 10K lbs [4,536 kg])

Vehicle #2

- 17 Tow Truck
- 18 Pedestrian
- 19 Bicyclist
- 20 Witness
- 21 Other

Yes No Does this Vehicle have Seats to Transport 9 or more people, including the Driver's Seat? Yes No

Vehicle #1

Yes No Was this Vehicle in Tow? Yes No

Vehicle #1

Special Function Vehicle

Vehicle #2

- 1 No Special Function
- 2 Taxi
- 3 Vehicle Used as School Bus
- 4 Vehicle Used as Other Bus
- 5 Military
- 6 Police
- 7 Ambulance
- 8 Fire Truck
- 9 Unknown

Report Number

STATE OF RHODE ISLAND UNIFORM CRASH REPORT CODING GUIDE

Vehicle #1

Yes No Unk

Police, Ambulance or Fire Truck Responding to a Call?

Vehicle #2

Yes No Unk

Vehicle #1

Motor Vehicle Position

Vehicle #2

1 Motor Vehicle on Roadway 2 Motor Vehicle Parked 3 Working Vehicle/Equipment

Vehicle #1

Extent of Damage

Vehicle #2

1 No Damage Observed 2 Minor damage (<= \$1000) 3 Functional Damage (> \$1000) 4 Disabling Damage (> \$1000)

Vehicle #1

Most Harmful Event

Vehicle #2

Non-Collision:

Collision with Person, Motor Veh, or Non-Fixed Obj:

Collision with Fixed Object:

- 1 Overturn/ Rollover
- 2 Fire/ Explosion
- 3 Immersion
- 4 Jackknife
- 5 Cargo/ Equip. Loss or Shift
- 6 Fell/ Jumped from Motor Veh.
- 7 Thrown or Falling Object
- 8 Other Non-Collision

- 9 Pedestrian
- 10 Pedalcycle
- 11 Railway Vehicle (Train, Engine)
- 12 Animal
- 13 Motor Vehicle in Transport
- 14 Work Zone/ Maintenance Equipment
- 15 Other Non-Fixed Object

- 16 Impact Attenuator/ Crash Cushion
- 17 Bridge Overhead Structure
- 18 Bridge Pier or Support
- 19 Bridge Rail
- 20 Culvert
- 21 Curb
- 22 Ditch
- 23 Embankment
- 24 Guardrail Face
- 25 Guardrail End
- 26 Jersey/ Concrete Traffic Barrier
- 27 Other Traffic Barrier
- 28 Tree (Standing)
- 29 Landscaping
- 30 Utility Pole(Elec/Tele)/ Light Support
- 31 Highway Lighting/ Light Standard
- 32 Traffic Sign/ Support
- 33 Traffic Signal/ Support
- 34 Traffic Control Box
- 35 Variable Message Board/ Arrow Board
- 36 Other Post, Pole, or Support
- 37 Fence
- 38 Mailbox
- 39 Other Fixed Obj. (Wall, Building, Tunnel, etc.)

40 Unknown - Most Harmful Event

Vehicle #1

Vehicle Action Prior

Vehicle #2

- 1 Movements Essentially Straight Ahead
- 2 Backing
- 3 Changing Lanes
- 4 Overtaking/ Passing
- 5 Turning Right
- 6 Turning Left
- 7 Making U-Turn
- 8 Leaving Traffic Lane
- 9 Entering Traffic Lane
- 10 Slowing
- 11 Negotiating a Curve
- 12 Parked
- 13 Stopped in Traffic
- 14 Other
- 15 Unknown

Vehicle #1

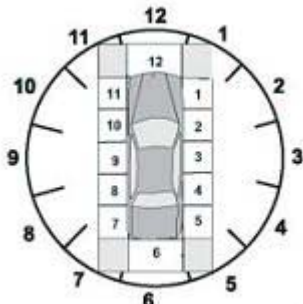
Initial Impact Area

Clock Diagram
Or

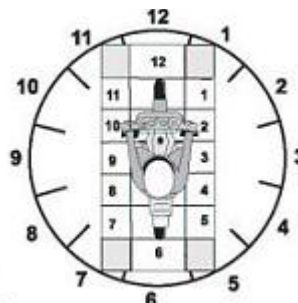
- 13 Top (Roof)
- 14 Undercarriage
- 15 Non-Collision
- 16 Unknown

Most Damaged Area

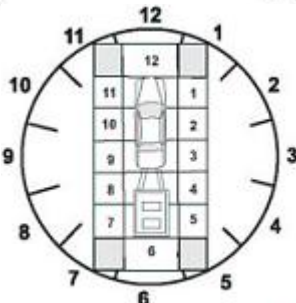
Vehicle #1



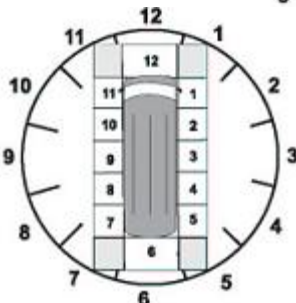
Passenger Car



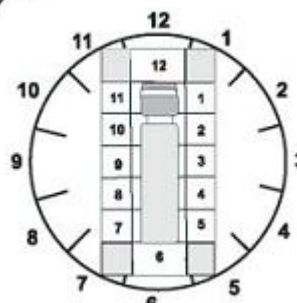
Motorcycle



Passenger Car W/Trailer



Bus



Tractor Trailer

STATE OF RHODE ISLAND UNIFORM CRASH REPORT CODING GUIDE

1st	Vehicle #1	Sequence of Events	Vehicle #2	1st
	<p>Non-Collision:</p> <p>1 Overturn/ Rollover</p> <p>2 Fire/ Explosion</p> <p>3 Immersion</p> <p>4 Jackknife</p> <p>5 Cargo/ Equipment Loss or Shift</p> <p>6 Fell/ jumped from Motor Vehicle</p> <p>7 Thrown or Falling Object</p> <p>8 Other Non-Collision</p> <p>Collision with Person, Motor Veh, or Non-Fixed Obj:</p> <p>9 Pedestrian</p> <p>10 Pedalcycle</p> <p>11 Railway Vehicle (Train, Engine)</p> <p>12 Animal</p> <p>13 Motor Vehicle in Transport</p> <p>14 Work Zone/ Maintenance Equip.</p> <p>15 Other Non-Fixed Object</p>	<p>Collision with Fixed Object:</p> <p>16 Impact Attenuator/ Crash Cushion</p> <p>17 Bridge Overhead Structure</p> <p>18 Bridge Pier or Support</p> <p>19 Bridge Rail</p> <p>20 Culvert</p> <p>21 Curb</p> <p>22 Ditch</p> <p>23 Embankment</p> <p>24 Guardrail Face</p> <p>25 Guardrail End</p> <p>26 Jersey/ Concrete Traffic Barrier</p> <p>27 Other Traffic Barrier</p> <p>40 Unknown - Sequence of Events</p>	<p>28 Tree (Standing)</p> <p>29 Landscaping</p> <p>30 Utility Pole(Elec/Tele)/ Light Support</p> <p>31 Highway Lighting/ Light Standard</p> <p>32 Traffic Sign/ Support</p> <p>33 Traffic Signal/ Support</p> <p>34 Traffic Control Box</p> <p>35 Variable Message Board/ Arrow Board</p> <p>36 Other Post, Pole, or Support</p> <p>37 Fence</p> <p>38 Mailbox</p> <p>39 Other Fixed Obj. (Wall, Building, Tunnel, etc.)</p>	
2nd				2nd
3rd				3rd
4th				4th

Driver Vehicle #1	Driver Distracted	Driver Vehicle #2	
	<p>1 Not Distracted</p> <p>2 Electronic Communication Devices (Cell Phone, Pager, etc.)</p> <p>3 Other Electronic Devices (Navigation Device, Palm Pilot, etc.)</p>	<p>4 Other Inside the Vehicle</p> <p>5 Other Outside the Vehicle</p> <p>6 Unknown</p>	

Driver Vehicle #1	Physical Condition of Driver	Driver Vehicle #2	
	<p>1 Apparently Normal</p> <p>2 Emotional (Depressed, Angry, Distrurbed, etc.)</p> <p>3 Ill (Sick)</p>	<p>4 Fell Asleep, Fainted, Fatigued, etc.</p> <p>5 Under the Influence of Medications/Drugs/Alcohol</p> <p>6 Other</p>	

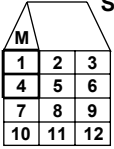
1st	Vehicle #1	Non-Motorist Safety Equipment	Vehicle #2	1st
	<p>1 None</p> <p>2 Helmet</p> <p>3 Protective Pads Used (Elbows, Knees, Shins, etc.)</p> <p>4 Reflective Clothing (Jacket, Backpack, etc.)</p>	<p>5 Lighting</p> <p>6 Other</p> <p>7 N/A</p> <p>8 Unknown</p>		
2nd	Vehicle #1		Vehicle #2	2nd

Alcohol and/or Drug Testing							
Driver Vehicle #1		Driver Vehicle #2		Driver Vehicle #1		Driver Vehicle #2	
Chemical Test				Alcohol Test Result			
Alcohol	Drug	Alcohol	Drug	BAC			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pending		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unknown		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None Given			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Test Refused			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unknown if Tested			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blood			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Urine			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serum			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Breath			
				Driver Vehicle #1		Driver Vehicle #2	
				Drug Test Result			
				<input type="checkbox"/>	Positive		<input type="checkbox"/>
				<input type="checkbox"/>	Negative		<input type="checkbox"/>
				<input type="checkbox"/>	Awaiting Test Result		<input type="checkbox"/>

STATE OF RHODE ISLAND UNIFORM CRASH REPORT Additional Persons Supplemental

Person Type

- | | | | |
|--------------|-----------------|--|---|
| 1 Driver | 4 Bicyclist | 7 Other Ped. (Wheelchair, Person in Building, Skater, | 9 Occupant of a Non-Motor Veh Transportation Device |
| 2 Passenger | 5 Other Cyclist | Ped. conveyance, etc.) | 10 Unknown Type of Non-Motorist |
| 3 Pedestrian | 6 Witness | 8 Occupant of Motor Veh. Not in Transport (Parked, etc.) | 11 Unknown |

Unit ID	Sex	Seat Position	Other Location	Air Bag Deployed	Ejected	Protection System	Injury
1 Unit 1 2 Unit 2 3 (etc.) or N/A	M Male F Female U Unk	 13 Other Row (Bus) 14 Unk Row 15 Other Seat 16 Unk Seat	17 N/A 18 Sleeper 19 Other Enclosed Area 20 Other Unenclosed Area 21 Towed Unit 22 Unk	1 N/A 2 No 3 Front 4 Side 5 Other 6 Comb 7 Unk	1 No 2 Partially 3 Totally 4 N/A 5 Unk	1 N/A 2 None Used 3 Shoulder & Lap 4 Shoulder Only 5 Lap Only 6 Type Unk 7 Child - Forw Facing 8 Child - Rear Facing 9 Booster Seat 10 Child - Unk 11 Helmet Used 12 Other 13 Unk	1 Complains of Pain 2 Non-Incapacitating 3 Incapacitating 4 Fatal 5 No Injury 6 Unk

Name: Occupants - Witnesses - Pedestrians - Bicyclists	Person Type	Unit ID	Sex	DOB	Seat Pos.	Air Bag Deployed	Ejected	Prot. System	Injury	Trans by Rescue
										<input type="checkbox"/> Y <input type="checkbox"/> N
										<input type="checkbox"/> Y <input type="checkbox"/> N
										<input type="checkbox"/> Y <input type="checkbox"/> N
										<input type="checkbox"/> Y <input type="checkbox"/> N
										<input type="checkbox"/> Y <input type="checkbox"/> N
										<input type="checkbox"/> Y <input type="checkbox"/> N
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										<input type="checkbox"/> Y <input type="checkbox"/> N
										<input type="checkbox"/> Y <input type="checkbox"/> N
										<input type="checkbox"/> Y <input type="checkbox"/> N

Non-Vehicle Property Damage State Property City/Town Property Private Property

Owner _____ Address _____

Home Phone	Cell Phone	Work Phone	Damage Description
------------	------------	------------	--------------------

Non-Vehicle Property Damage State Property City/Town Property Private Property

Owner _____ Address _____

Home Phone	Cell Phone	Work Phone	Damage Description
------------	------------	------------	--------------------

Non-Vehicle Property Damage State Property City/Town Property Private Property

Owner _____ Address _____

Home Phone	Cell Phone	Work Phone	Damage Description
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State of Rhode Island Truck/Bus Crash Report Supplemental

Report Number:	MCSAP #:	Unit ID:
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Citation Issued (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending <input type="checkbox"/> Unknown	License Class (check one): <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> M
---	---

General Instructions - Complete this form for EACH qualifying vehicle if the crash meets the criteria on the back of the form.

Check one:	Qualifying Information	
-------------------	-------------------------------	--

This form is being completed because this vehicle is: <input type="checkbox"/> A truck or truck combination > 10,000 lbs. GVWR/GCWR <input type="checkbox"/> A bus with seats for 9 or more persons, including driver <input type="checkbox"/> A vehicle of any type with a Hazardous Materials Placard (includes auto, light truck, van, 10,000 lbs. or less)	Number of: (enter number in box provided) Total involved vehicles in the crash: <input style="width: 40px;" type="text"/> Persons sustaining fatal injuries: <input style="width: 40px;" type="text"/> Injured persons transported for immediate medical treatment: <input style="width: 40px;" type="text"/> Vehicles towed from scene due to disabling damage: <input style="width: 40px;" type="text"/>
--	--

At the time of the Crash, THIS Vehicle was:

Operating on a Trafficway open to the public (In-Transport) Parked on or off the Trafficway

Vehicle Configuration: <input style="width: 40px;" type="text"/> (enter one code from below)	Cargo Body Type: <input style="width: 40px;" type="text"/> (enter one code from below)
---	---

1 Passenger Car (only if vehicle has Hazardous Materials Placard) 2 Light Truck (only if vehicle has Hazardous Materials Placard) 3 Bus (seats for 9-15 people, including driver) 4 Bus (seats for 16 people or more, including driver) 5 Single-Unit Truck (2 axles, 6 tires) 6 Single-Unit Truck (3 or more axles) 7 Truck/Trailer(s) [Single-Unit Truck with Trailer(s)] 8 Truck Tractor (without trailer, bobtail or saddle mount) 9 Tractor/Semi-Trailer (one trailer) 10 Tractor/Doubles (two trailers) 11 Tractor/Triples (three trailers) 99 Other Truck > 10,000 lbs. (not listed above)	1 Bus (seats for 9-15 people, including driver) 2 Bus (seats for 16 people or more, including driver) 3 Van/Enclosed Box 4 Cargo Tank 5 Flatbed 6 Dump 7 Concrete Mixer 8 Auto Transporter 9 Garbage/Refuse 10 Grain, Chips, Gravel 11 Pole 12 Not Applicable/No Cargo Body 13 Intermodal Chassis 14 Logging 15 Vehicle Towing Another Motor Vehicle 98 Other Cargo Body (not listed above)
--	--

GVWR/GCWR (use GCWR for truck combinations): <input style="width: 40px;" type="text"/> 1 10,000 lbs. or less 2 10,001 - 26,000 lbs. 3 Greater than 26,000 lbs.	Hazardous Materials Involvement: Did the vehicle have a Haz Mat Placard? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, include the following information from the Placard: A. HM 4-Digit # or name from diamond or box: _____ B. HM Class # from bottom of diamond: _____ Was Haz Mat released from THIS vehicle's cargo? <input type="checkbox"/> YES <input type="checkbox"/> NO
--	--

Bus Use: <input style="width: 40px;" type="text"/> 0 Not a Bus 3 Intercity 1 School (Public or Private) 4 Charter 2 Transit 5 Other	
--	--

Check one:	Motor Carrier Information	
-------------------	----------------------------------	--

Interstate Carrier Intrastate Carrier Not in Commerce-Government Not in Commerce-Other Trucks (Over 10,000 lbs. GVWR/GCWR)

Carrier Name: _____

Carrier Street Address (P.O. Box only if no street address): _____

City/State/Zip: _____ Phone: _____

Carrier Identification Number(s): NONE USDOT# _____ MC/MX# _____ STATE# _____

Sequence of Events	
---------------------------	--

Note: For **THIS** vehicle - list up to four: Event 1 Event 2 Event 3 Event 4

Non-Collisions 1 Ran Off Road 2 Jackknife 3 Overturn (Rollover) 4 Downhill Runaway 5 Cargo Loss or Shift 6 Explosion or Fire 7 Separation of Units	Non-Collisions (cont.) 8 Cross Median/Centerline 9 Equipment Failure (tire, brakes, steering, etc.) 10 Other Non-Collision Collision Involving/With 12 Pedestrian 13 Motor Vehicle In-Transport 14 Parked Motor Vehicle	Collision Involving/With (cont.) 15 Train 16 Pedalcycle 17 Animal 18 Fixed Object 19 Work Zone Maintenance Equipment 20 Other Moveable Object 98 Other
--	--	--

Reporting Criteria for Truck and Bus Crashes

IF THIS CRASH INCLUDES:

- 1 **Any** truck having a gross vehicle weight rating (GVWR) of more than 10,000 pounds or a gross combination weight rating (GCWR) over 10,000 pounds used on public highways,
- 2 **Any** motor vehicle with seats to transport nine (9) or more people, including the driver's seat,
- 3 **Any** vehicle displaying a hazardous materials placard (regardless of weight).

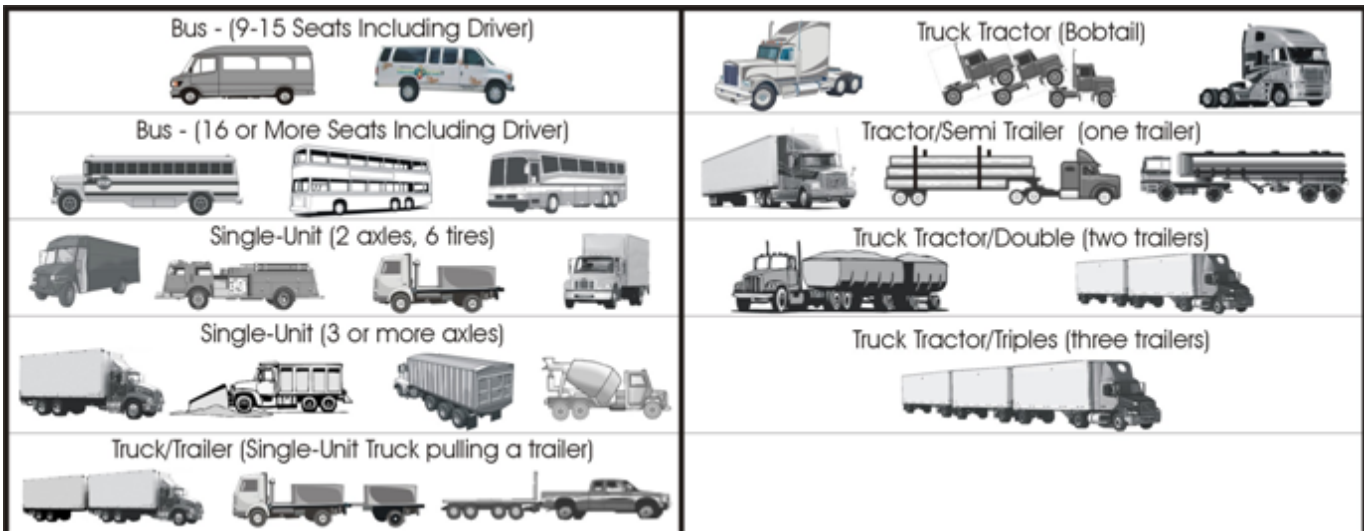
And at least one motor vehicle in-transport operating on a trafficway open to the public, which results in:

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 or truck combination, bus, car, etc.) disabled as a result of the crash and transported away from the scene by a tow truck or other vehicle.

Vehicle Configuration



Cargo Body Type

