

VEHICLE NO.

STATE OF LOUISIANA
UNIFORM TRUCK/BUS CRASH SUPPLEMENT

COMPUTER NUMBER -

PAGE #

WHEN TO USE THIS FORM: ANSWERS TO QUESTIONS BELOW DETERMINE USE.
DID THIS CRASH INVOLVE —

DID THIS CRASH RESULT IN —

1. A COMMERCIAL TRUCK WITH AT LEAST 2 AXLES, 6 TIRES OR HAZ MAT PLACARD? YES NO
2. A BUS WITH SEATS FOR 16 OR MORE PERSONS, INCLUDING DRIVER? YES NO

3. PERSON(S) FATALLY INJURED? YES NO
4. INJURED PERSON(S) TAKEN AWAY FOR MEDICAL ATTENTION? YES NO
5. VEHICLE(S) TOWED DUE TO DAMAGE? YES NO

STOP. IF RESPONSE TO BOTH QUESTIONS IS "NO," DO NOT FILL OUT FORM. IF RESPONSE IS "YES" TO 1 OR 2, PROCEED TO QUESTION 3.

STOP. IF RESPONSE TO 3, 4, AND 5 IS "NO," DO NOT COMPLETE THIS FORM. IF RESPONSE IS "YES" TO 3, 4, OR 5, PLEASE COMPLETE THIS FORM.

SCREENING INFORMATION

NUMBER OF QUALIFYING VEHICLES INVOLVED:
TRUCKS WITH 2 OR MORE AXLES, 6 OR MORE TIRES OR A HAZ MAT PLACARD

BUSES DESIGNED TO CARRY 16 OR MORE PERSONS

NUMBER OF VEHICLES PROVIDED ASSISTANCE OR TOWED FROM SCENE DUE TO DAMAGE

NUMBER OF PERSONS:
SUSTAINING FATAL INJURIES

TRANSPORTED FOR IMMEDIATE MEDICAL TREATMENT

TOTAL NUMBER OF SUPPLEMENT FORMS REQUIRED

VEHICLE INFORMATION

VEHICLE CONFIGURATION		
1 BUS	4 TRUCK/TRAILER	7 TRACTOR/DOUBLES
2 SINGLE UNIT TRUCK, 2 AXLES, 6 TIRES	5 TRUCK/TRACTOR	8 LOG TRUCK
3 SINGLE UNIT TRUCK, 3 OR MORE AXLES	6 TRACTOR/SEMI-TRAILER	9 OTHER HEAVY TRUCK

CARGO BODY TYPE			
1 BUS	4 FLATBED	7 AUTO TRANSPORTER	
2 VAN/ENCLOSED BOX	5 DUMP TRUCK	8 LOG TRUCK	
3 CARGO TANK	6 CONCRETE MIXER	9 GARBAGE/REFUSE	0 OTHER

GROSS VEHICLE WEIGHT RATING (GVWR)
TRUCK, TRACTOR OR BUS

TRAILER OR TRAILERS TOTAL

TOTAL NO. OF AXLES (INCL. TRAILERS)

TRANSPORTING HAZARDOUS MATERIALS?
HAZARDOUS MATERIAL RELEASED FROM CONTAINER?
DID THIS VEHICLE HAVE A HAZARDOUS MATERIAL PLACARD?

YES NO CLASS ID NO.

YES NO CLASS ID NO.

YES NO CLASS ID NO.

CARRIER INFORMATION

NAME:

STREET ADDRESS:

CITY: STATE ZIP

CARRIER: PHONE NO.

SOURCE:
1. SHIPPING PAPERS 3. DRIVER
2. VEHICLE SIDE 4. OTHER

DRIVER INFORMATION

IDENTIFICATION NUMBERS: NONE = 0

STATE NO. STATE

(LAST, FIRST, MI)

US DOT

SEE VEHICLE CRASH REPORT FOR ADDITIONAL DRIVER INFORMATION

ICC MC

EVENT #1	EVENT #2	EVENT #3	EVENT #4
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
A. RAN OFF ROAD B. JACKKNIFED C. OVERTURNED OR ROLLOVER D. DOWNHILL RUNAWAY E. CARGO LOSS OR SHIFT F. EXPLOSION OR FIRE	G. SEPARATION OF UNITS H. OTHER COLLISION INVOLVING I. PEDESTRIAN J. MOTOR VEHICLE IN TRANSPORT K. PARKED VEHICLE	L. TRAIN M. PEDALCYCLE N. ANIMAL O. FIXED OBJECT P. OTHER	

COMMENTS: _____

