



NOT TO BE USED BY OPERATOR

MUST TYPE OR PRINT

COMMONWEALTH OF MASSACHUSETTS
TRUCK & BUS SUPPLEMENTAL ACCIDENT REPORT

SEND BOTH SUPPLEMENTAL COPIES ALONG WITH POLICE REPORT TO. REGISTRAR OF MOTOR VEHICLES 100 NASHUA STREET BOSTON, MASS. 02114

NAME OF POLICE DEPT. SUBMITTING REPORT

WHEN TO USE THIS FORM: Answers to questions below determine use.

Did this accident involve:

- 1. a truck with at least 2 axles and six tires, or haz mat placard?
2. a bus with seats for more than 15 people, including driver?

STOP. if response to both questions is "No" do not fill out this form.

If response is "Yes" to 1 or 2, proceed to question 3.

Did this accident result in:

- 3. person(s) fatally injured?
4. injured person(s) taken away for medical attention?
5. vehicle(s) towed from scene?

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.

Form with multiple sections: US DOT, State Number, Issuing State of State #, Police Dept ID, Interstate, ICC MC #; Carrier Name, Source, Street Address; City/Town, State, Zip Code, Accident Date, Accident Time; Accident Location, City/Town, County, State; Driver's Name, Date of Birth, License Number, State; Vehicle Configuration; Total Length, Trailer width; Cargo Body Type; Number of axles, Gross Vehicle Wt. Rating, VIN #, Vehicle Registration #; Haz Mat Placard, Haz Mat Release of Cargo, Haz Mat Name; Haz Mat 4-Digit Number, Haz Mat 1-Digit Number, Federally Reportable; CDL Class/Endorsement, Commercial Vehicle Driving Experience, Driver Type; Sequence of Events.