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10. VEHICLE BODY TYPES AUTOMOBILES/SPECIAL VEHICLES

V1 V2
- ☐ ☐ 1. Passenger Car
- ☐ ☐ 2. Station Wagon
- ☐ ☐ 3. Sport Utility Vehicle
- ☐ ☐ 4. Van/Small Bus - Less Than 16 Seating Cap.
- ☐ ☐ 5. Bus - 16 or More Seating Cap.
- ☐ ☐ 6. School Bus - Less Than 16 Seating Cap.
- ☐ ☐ 7. School Bus - 16 or More Seating Cap.
- ☐ ☐ 8. Motorcycle
- ☐ ☐ 9. ATV
- ☐ ☐ 10. Motorized Bicycle
- ☐ ☐ 11. Bicycle
- ☐ ☐ 12. Motor Home/Camper
- ☐ ☐ 13. Farm Implements
- ☐ ☐ 14. Construction Equipment
- ☐ ☐ 15. Other Transport Devices
- ☐ ☐ 16. Unknown
- ☐ ☐ 17. Pick-up
- ☐ ☐ 18. Single Unit Truck
- ☐ ☐ A. Vehicle Pulling Another Unit(s)
- ☐ ☐ 19. Truck Tractor With Single Unit
- ☐ ☐ 20. Truck Tractor With Multi-Unit

☐ ☐ 2 Wh.
☐ ☐ 3 Wh.
☐ ☐ 4 Wh.
☐ ☐ 5 Wh. or More
☐ ☐ Unk.

If box 17, 18, 19, or 20 is checked, complete the following for power unit only:

V1 _____Axles _____Tires

V2 _____Axles _____Tires

11. HAZARDOUS MATERIALS

V1 V2
- ☐ ☐ A. Gases in Bulk ☐ NA
- ☐ ☐ B. Solids in Bulk
- ☐ ☐ C. Liquids in Bulk
- ☐ ☐ D. Explosives
- ☐ ☐ A. Hazardous Materials Released/Spiled
- ☐ ☐ PLACARD DISPLAYED

12. EMERGENCY VEHICLE INVOLVEMENT

V1 V2
- ☐ ☐ 1. Police ☐ NA
- ☐ ☐ 2. Fire
- ☐ ☐ 3. Ambulance
- ☐ ☐ 4. Other (Must Check 'A')
- ☐ ☐ A. Emergency Vehicle on Emergency Run

13. VEHICLE ACTION

V1 V2
- ☐ ☐ 1. Going Straight
- ☐ ☐ 2. Overtaking
- ☐ ☐ 3. Making Right Turn
- ☐ ☐ 4. Right Turn on Red
- ☐ ☐ 5. Making Left turn
- ☐ ☐ 6. Making U Turn
- ☐ ☐ 7. Skidding/Sliding
- ☐ ☐ 8. Slowing/Stopping
- ☐ ☐ 9. Start in Traffic
- ☐ ☐ 10. Start From Parked
- ☐ ☐ 11. Backing
- ☐ ☐ 12. Stopped in Traffic
- ☐ ☐ 13. Parked
- ☐ ☐ 14. Changing Lanes
- ☐ ☐ 15. Avoiding
- ☐ ☐ 16. Crossover Median
- ☐ ☐ 17. Crossover Centerline
- ☐ ☐ 18. Crossing Road

14. PROBABLE CONTRIBUTING CIRCUMSTANCES

V1 V2
- ☐ ☐ 1. Vehicle Defects
- ☐ ☐ 2. Accident Ahead
- ☐ ☐ 3. Congestion Ahead
- ☐ ☐ 4. Speed -- Exceeded Limit
- ☐ ☐ 5. Too Fast for Conditions
- ☐ ☐ 6. Improper Passing
- ☐ ☐ 7. Violation Signal/Sign
- ☐ ☐ 8. Wrong Side (Not Passing)
- ☐ ☐ 9. Following Too Close
- ☐ ☐ 10. Improper Signal
- ☐ ☐ 11. Improper Backing
- ☐ ☐ 12. Improper Turn
- ☐ ☐ 13. Improper Lane Usage/Change
- ☐ ☐ 14. Wrong Way (One-Way)
- ☐ ☐ 15. Improper Start From Park

P1 P2
- ☐ ☐ ☐ ☐ 16. Improperly Parked
- ☐ ☐ ☐ ☐ 17. Failed to Yield
- ☐ ☐ ☐ ☐ 18. Drinking
- ☐ ☐ ☐ ☐ 19. Drugs
- ☐ ☐ ☐ ☐ 20. Physical impairment
- ☐ ☐ ☐ ☐ 21. Inattention
- ☐ ☐ ☐ ☐ 22. None

15. VISION OBSCURED

V1 V2
- ☐ ☐ 1. Windshield
- ☐ ☐ 2. Load on Vehicle
- ☐ ☐ 3. Trees/Brush
- ☐ ☐ 4. Building
- ☐ ☐ 5. Embankment
- ☐ ☐ 6. Signboards
- ☐ ☐ 7. Hillcrest
- ☐ ☐ 8. Parked Cars
- ☐ ☐ 9. Moving Cars
- ☐ ☐ 10. Other (Explain in Remarks)
- ☐ ☐ 11. Not Obscured

16. TRAFFIC CONTROL

V1 V2
- ☐ ☐ 1. Stop Sign
- ☐ ☐ 2. Elec. Signal
- ☐ ☐ 3. RR Signal/Gate
- ☐ ☐ 4. Yield Sign
- ☐ ☐ 5. Officer/Flagman
- ☐ ☐ 6. No Passing Zone
- ☐ ☐ 7. Turn Restricted
- ☐ ☐ 8. Construction Zone
- ☐ ☐ 9. Other Work Zone
- ☐ ☐ A. School Bus Signal
- ☐ ☐ N. None

17. PEDESTRIAN ACTIONS ☐ NA

P1 P2 INTERSECTION
- ☐ ☐ 1. With Signal
- ☐ ☐ 2. Against Signal
- ☐ ☐ 3. No Signal
- ☐ ☐ 4. Diagonally

NOT AT INTERSECTION
- ☐ ☐ 5. Behind/In Front Of Parked Car
- ☐ ☐ 6. Walking With Traffic
- ☐ ☐ 7. Walking Against Traffic
- ☐ ☐ 8. Getting On/Off vehicle
- ☐ ☐ 9. Standing/Lying in Road
- ☐ ☐ 10. Pushing/Working on Vehicle
- ☐ ☐ 11. Other Working
- ☐ ☐ 12. Playing in Road
- ☐ ☐ 13. Other Than Crosswalk
- ☐ ☐ 14. Off Roadway
- ☐ ☐ 15. Crosswalk Marked

18. ACCIDENT TYPE

COLLISION INVOLVING
- ☐ 1. Animal
- ☐ 2. Bicyclist or Pedalcyclist
- ☐ 3. Fixed Object
- ☐ 4. Other Object
- ☐ 5. Pedestrian
- ☐ 6. Train
- ☐ 7. MV in Transport
- ☐ 8. MV on Other Roadway
- ☐ 9. Parked MV

NON-COLLISION
- ☐ 10. Overturning
- ☐ 11. Other Non-Collision

☐ 1. On Roadway ☐ 2. Off Roadway

19. TWO VEHICLE COLLISION (To be completed only if Accident Type Box 7, 8, or 9 is checked.)
- ☐ 60. Head On
- ☐ 61. Rear End
- ☐ 62. Sideswipe - Meeting
- ☐ 63. Sideswipe - Passing
- ☐ 64. Angle
- ☐ 65. Backed Into
- ☐ 67. Other

20. LIGHT CONDITION
- ☐ 1. Daylight
- ☐ 2. Dark With Street Lights On
- ☐ 3. Dark With Street Lights Off
- ☐ 4. Dark - No Street Lights

21. WEATHER CONDITION
- ☐ 1. Clear
- ☐ 2. Cloudy
- ☐ 3. Rain
- ☐ 4. Snow
- ☐ 5. Sleet
- ☐ 6. Freezing
- ☐ 7. Fog or Mist

22. ROAD SURFACE
- ☐ 1. Concrete
- ☐ 2. Asphalt
- ☐ 3. Brick
- ☐ 4. Gravel
- ☐ 5. Dirt/Sand
- ☐ 6. Multi-Surface

23. ROAD CONDITION
- ☐ 1. Dry
- ☐ 2. Wet
- ☐ 3. Snow
- ☐ 4. Ice
- ☐ 5. Mud

24. ROAD TYPE 1
- ☐ 1. Straight
- ☐ 2. Curve

25. ROAD TYPE 2
- ☐ 1. Level
- ☐ 2. Hill/Grade
- ☐ 3. Crest

26. COMMERCIAL MOTOR VEHICLE SECTION

26A. CMV CRITERIA (Complete the following to determine if this section should be updated.)

Does this accident involve any of the following:
1. a person fatally injured; **or**
2. a person transported for medical attention; **or**
3. a vehicle towed from the scene of the accident

☐ NO ☐ YES → Examine each vehicle to determine if any are a commercial vehicle based on the following:

DO NOT COMPLETE SECTIONS 26 B - K

1. a truck with at least 2 axles and 6 tires on the power unit; **or**
2. a bus or school bus - 16 or more seating capacity; **or**
3. a vehicle with a hazardous materials placard

☐ YES ☐ NO → **DO NOT COMPLETE SECTIONS 26 B - K**

Complete Sections 26 B - K for each commercial vehicle involved

26B. CARRIER ID NUMBER

V1 ICC NO. MC_____ USDOT NO._____

V2 ICC NO. MC_____ USDOT NO._____

26C. SOURCE OF CARRIER NAME ENTERED IN SECTION 4 OR 5.

V1 ☐ 1. Log Book ☐ 2. Shipping Papers ☐ 3. Driver ☐ 4. Side of Vehicle

V2 ☐ 1. Log Book ☐ 2. Shipping Papers ☐ 3. Driver ☐ 4. Side of Vehicle

26D. TRAILERING UNITS

V1 ____Axles____Tires

V2 ____Axles____Tires

26E. VEHICLE CONFIGURATION

V1 V2
- ☐ ☐ 1. Bus
- ☐ ☐ 2. Single-unit Truck: 2 axle, 6 tires
- ☐ ☐ 3. Single-unit Truck: 3 or more axles
- ☐ ☐ 4. Single-unit Truck Pulling Trailer
- ☐ ☐ 5. Truck Tractor With No Units
- ☐ ☐ 6. Truck Tractor With One Unit
- ☐ ☐ 7. Truck Tractor With Two Units
- ☐ ☐ 8. Truck Tractor With Three Units
- ☐ ☐ 9. Unknown Heavy Truck/Other

26F. CARGO BODY TYPE

V1 V2
- ☐ ☐ 1. Bus
- ☐ ☐ 2. Van/Enclosed Box
- ☐ ☐ 3. Cargo Tank
- ☐ ☐ 4. Flatbed
- ☐ ☐ 5. Dump
- ☐ ☐ 6. Concrete Mixer
- ☐ ☐ 7. Auto Transporter
- ☐ ☐ 8. Garbage/Refuse
- ☐ ☐ 9. Other

26G. SEQUENCE OF EVENTS (Circle 1, 2, 3, 4 in order of occurrence)

V1	V2	
1 2 3 4	1 2 3 4	A. Ran Off Road
1 2 3 4	1 2 3 4	B. Jackknife
1 2 3 4	1 2 3 4	C. Overturn
1 2 3 4	1 2 3 4	D. Downhill Runaway
1 2 3 4	1 2 3 4	E. Cargo Loss or Shift
1 2 3 4	1 2 3 4	F. Explosion or Fire
1 2 3 4	1 2 3 4	G. Separation of Unit
1 2 3 4	1 2 3 4	H. Collision Inv. Pedestrian
1 2 3 4	1 2 3 4	I. Collision Inv. MV in Transport
1 2 3 4	1 2 3 4	J. Collision Inv. Parked Motor Vehicle
1 2 3 4	1 2 3 4	K. Collision Inv. Train
1 2 3 4	1 2 3 4	L. Collision Inv. Pedalcycle
1 2 3 4	1 2 3 4	M. Collision Inv. Animal
1 2 3 4	1 2 3 4	N. Collision Inv. Fixed Object
1 2 3 4	1 2 3 4	O. Collision Inv. Other Object
1 2 3 4	1 2 3 4	P. Other

26H. APPARENT DRIVER CONDITION

If Probable Contributing Circumstance 20 marked above, indicate the physical impairment.

V1 V2
- ☐ ☐ 1. Sick
- ☐ ☐ 2. Fatigue
- ☐ ☐ 3. Asleep
- ☐ ☐ 4. Medication
- ☐ ☐ 5. Other

26I. HAZARDOUS MATERIAL PLACARD NUMBER / NAME INDICATOR ☐ NA

V1 4-Digit Placard Number/Name from Diamond/Box _____

V2 4-Digit Placard Number/Name from Diamond/Box _____

V1 Number From Bottom of Diamond _____

V2 Number From Bottom of Diamond _____

26J. TRAFFICWAY
- ☐ 1. Two-Way Trafficway
- ☐ 2. Divided Highway W/O Traffic Barrier
- ☐ 3. Divided Highway With Traffic Barrier
- ☐ 4. One-Way Trafficway

26K. GVW RATING

V1 _____ lbs.

V2 _____ lbs.