



Truck and Bus Supplemental Accident Report

UAR Accident
Report # _____

Date _____

ONLY COMPLETE THIS FORM IF TWO CONDITIONS ARE MET

<p>ACCIDENT MUST HAVE INVOLVED</p> <p>Condition #1: <input type="checkbox"/> A truck with at least 2 axles or 6 tires; and/or</p> <p><input type="checkbox"/> A vehicle with Hazmat placarding; or</p> <p><input type="checkbox"/> A bus with seats for more than 15 people (including driver).</p>	<p>AND AT LEAST ONE OF THE FOLLOWING OCCURRED:</p> <p>Condition #2: <input type="checkbox"/> Person(s) fatally injured.</p> <p><input type="checkbox"/> Injured person(s) taken from the scene for medical attention.</p> <p><input type="checkbox"/> Vehicle(s) towed from the scene.</p>
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ACCIDENT INFORMATION

Carrier Name		Source: <input type="checkbox"/> Vehicle Side	
Carrier Address		<input type="checkbox"/> Shipping Papers	
		<input type="checkbox"/> Driver	
Carrier ID #	US DOT #	ICC MC #	State Name
			State #

<p>VEHICLE CONFIGURATION</p> <p><input type="checkbox"/> Bus</p> <p><input type="checkbox"/> Single unit truck, 2 axle, 6 tire</p> <p><input type="checkbox"/> Single unit truck, 3 or more axles</p> <p><input type="checkbox"/> Truck / Trailer</p> <p><input type="checkbox"/> Truck Tractor (bobtail)</p> <p><input type="checkbox"/> Tractor / Semitrailer</p> <p><input type="checkbox"/> Tractor / Doubles</p> <p><input type="checkbox"/> Unknown heavy truck</p>	<p>CARGO BODY TYPE</p> <p><input type="checkbox"/> Bus</p> <p><input type="checkbox"/> Van or Enclosed Box</p> <p><input type="checkbox"/> Cargo Tank</p> <p><input type="checkbox"/> Flatbed</p> <p><input type="checkbox"/> Dump</p> <p><input type="checkbox"/> Concrete Mixer</p> <p><input type="checkbox"/> Auto Transport</p> <p><input type="checkbox"/> Garbage or Refuse</p> <p><input type="checkbox"/> Unknown heavy truck</p>
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Gross Vehicle Weight Rating	lbs.	Axles on Vehicle Including Trailer	Number of Injuries	Number of Fatalities
HAZMAT	Was Hazardous Cargo Released from the Vehicle?	From Placard, Indicate 4 Digit Placard Number	Indicate Name from Diamond or Box	Indicate Single Digit Number from Bottom of Diamond
	<input type="checkbox"/> YES			

<p>SEQUENCE OF EVENTS</p> <p>1 2 3 4 Ran Off the Road</p> <p>1 2 3 4 Jackknifed</p> <p>1 2 3 4 Overturned</p> <p>1 2 3 4 Downhill Runaway</p> <p>1 2 3 4 Cargo Lost or Shifted</p> <p>1 2 3 4 Explosion or Fire</p> <p>1 2 3 4 Separation of Units</p> <p>1 2 3 4 Collision Involving Pedestrian</p> <p>1 2 3 4 Collision Involving Vehicle in Transport</p> <p>1 2 3 4 Collision Involving Parked Vehicle</p> <p>1 2 3 4 Collision Involving Train</p> <p>1 2 3 4 Collision Involving Pedalcycle</p> <p>1 2 3 4 Collision Involving Animal</p> <p>1 2 3 4 Collision Involving Fixed Object</p> <p>1 2 3 4 Collision Involving Other Object</p> <p>1 2 3 4 Other</p>	<p>TRAFFICWAY</p> <p><input type="checkbox"/> Not physically divided</p> <p><input type="checkbox"/> Divided highway, median strip, no traffic barrier</p> <p><input type="checkbox"/> Divided highway, median strip, <i>with</i> traffic barrier</p> <p><input type="checkbox"/> One way traffic</p>
	<p>ACCESS CONTROL</p> <p><input type="checkbox"/> No control, unlimited access</p> <p><input type="checkbox"/> Full control, only ramp entry and exit</p>
	<p>COMMENTS AND OTHER INFORMATION</p>