

OFFICIAL OKLAHOMA TRUCK AND BUS COLLISION REPORT -- SUPPLEMENT

WHEN TO USE THIS FORM: *Did the collision involve.....*

PART 1 A truck with at least two axles and six tires? Y N
 Any vehicle with a hazardous materials placard? Y N
 A bus designed to carry 15 or more persons, including the driver? Y N

STOP! *If any response to Part 1 is "YES" continue to Part 2. If all responses to PART 1 are "NO" do not complete this form.*

PART 2 Any person who was fatally injured? Y N
 Any injured person requiring transport for immediate medical treatment? Y N
 One or more vehicles that had to be towed from the scene as a result of the collision? Y N
 One or more vehicles that required repair or were provided assistance before proceeding from the scene under own power? Y N

STOP! *If any response to Part 2 is "YES" complete this form. If all responses to PART 2 are "NO" do not complete this form.*

TRUCK/BUS/HAZ MAT VEH		CONTINUATION		REPORTING AGENCY:				ACCIDENT NO.		ADMINISTRATIVE				
MONTH	DAY	YEAR	24 HOUR TIME		COUNTY			COUNTY NUMBER						
UNIT NUMBER				US DOT CENSUS NUMBER				ICC NUMBER						
CARRIER NAME								SAME AS DRIVER		SAME AS OWNER		SOURCE OF CARRIER NAME		
CARRIER ADDRESS						STREET/RFD		CITY		STATE		ZIP		
GWR/GCWR	TOTAL NO. AXLES	HAZ MAT PLACARD	Y	N	MATERIAL IDENTIFICATION NUMBER			HAZARD CLASS	HAZARDOUS MATERIAL SPILL		Y	N	TOWED	Y
EVENT 1		EVENT 2		EVENT 3		EVENT 4		ACCESS CONTROL	TRAFFICWAY		VEHICLE CONFIGURATION		CARGO BODY TYPE	

SEQUENCE OF EVENTS (UP TO FOUR EVENTS)						ACCESS CONTROL				TRAFFICWAY			
1. RAN OFF ROAD 2. JACKKNIFE 3. OVERTURN (ROLLOVER) 4. DOWNHILL RUNAWAY 5. CARGO LOSS OR SHIFT 6. EXPLOSION 7. SEPARATION OF UNITS		COLLISION INVOLVING 8. PEDESTRIAN 9. MOTOR VEHICLE IN TRANSPORT 10. PARKED MOTOR VEHICLE 11. TRAIN 12. PEDALCYCLE				13. ANIMAL 14. FIXED OBJECT 15. OTHER OBJECT 16. OTHER EVENT		1. NO CONTROL (UNLIMITED ACCESS) 2. FULL CONTROL (ONLY RAMP ENTRY AND EXIT) 3. OTHER		1. NOT PHYSICALLY DIVIDED 2-WAY TRAFFICWAY 2. DIVIDED HIGHWAY, MEDIUM STRIP WITHOUT TRAFFIC BARRIER 3. DIVIDED HIGHWAY, MEDIUM STRIP WITH TRAFFIC BARRIER 4. ONE-WAY TRAFFICWAY			
VEHICLE CONFIGURATION						CARGO BODY TYPE							

INJURED/WITNESS CONTINUATION																
4	INJURED	WITNESS	PASSENGER	NAME	LAST	FIRST	MI	SEX	ADDRESS	PHONE	DOB	MO/DA/YR				
	UNIT	INJ SEV	TYPE OF INJ	SAFETY EQUIP IN USE		AIR BAG DEPLOYED	Y	N	EJECTED	Y	N	PINNED	Y	N	INJURED TAKEN BY	POS IN V
5	INJURED	WITNESS	PASSENGER	NAME	LAST	FIRST	MI	SEX	ADDRESS	PHONE	DOB	MO/DA/YR				
	UNIT	INJ SEV	TYPE OF INJ	SAFETY EQUIP IN USE		AIR BAG DEPLOYED	Y	N	EJECTED	Y	N	PINNED	Y	N	INJURED TAKEN BY	POS IN V
6	INJURED	WITNESS	PASSENGER	NAME	LAST	FIRST	MI	SEX	ADDRESS	PHONE	DOB	MO/DA/YR				
	UNIT	INJ SEV	TYPE OF INJ	SAFETY EQUIP IN USE		AIR BAG DEPLOYED	Y	N	EJECTED	Y	N	PINNED	Y	N	INJURED TAKEN BY	POS IN V
7	INJURED	WITNESS	PASSENGER	NAME	LAST	FIRST	MI	SEX	ADDRESS	PHONE	DOB	MO/DA/YR				
	UNIT	INJ SEV	TYPE OF INJ	SAFETY EQUIP IN USE		AIR BAG DEPLOYED	Y	N	EJECTED	Y	N	PINNED	Y	N	INJURED TAKEN BY	POS IN V

INJURY SEVERITY	TYPE OF INJURY	SAFETY EQUIPMENT IN USE	POSITION IN VEHICLE	SOURCE OF CARRIER NAME	INVESTIGATOR'S INITIALS & BADGE	DATE	REPC DAT						
1. NO INJURY 2. POSSIBLE INJURY 3. NON-INCAPACITATING 4. INCAPACITATING 5. FATAL INJURY	1. HEAD - EXTERNAL 2. TRUNK - EXTERNAL 3. TRUNK - INTERNAL 4. ARM 5. LEG	1. NOT IN USE 2. SEAT BELT 3. SHOULDER BELT 4. COMBINATION OF 2 & 3 5. CHILD RESTRAINT 6. AIR BAG 7. SAFETY HELMET	FRONT <table border="1" style="margin: auto;"> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>4</td> <td>5</td> <td>6</td> </tr> </table>	1	2	3	4	5	6	1. VEHICLE 2. PAPERS 3. DRIVER 4. LOG BOOK	REVIEWER'S INITIALS & BADGE	DATE	
1	2	3											
4	5	6											