

Report Number

State of Rhode Island
Truck/Bus Supplemental to
UNIFORM ACCIDENT REPORT

U.S. DOT # (7-Digits)		ICC/MC # (6-Digits)		State No.		State		<input type="checkbox"/> Interstate Carrier	
Carrier Name						Source of Carrier Name (Check One)			
Address						<input type="checkbox"/> 1 Side of Vehicle <input type="checkbox"/> 2 Shipping Papers/Truck or Trip Manifest/Bus <input type="checkbox"/> 3 Driver <input type="checkbox"/> 4 Log Book			
City				State		Zip			
Configuration Type (Check One)									
<input type="checkbox"/> 0 Any Four (4) Tire Vehicle			<input type="checkbox"/> 4 Truck/Trailer			<input type="checkbox"/> 8 Tractor/Triple			
<input type="checkbox"/> 1 Bus/Seats of 16 or more Persons			<input type="checkbox"/> 5 Truck Tractor/Bobtail			<input type="checkbox"/> 9 Unknown Truck, Cannot Classify			
<input type="checkbox"/> 2 Single - Unit (2 - Axles, 6 - Tires)			<input type="checkbox"/> 6 Tractor/SemiTrailer			<input type="checkbox"/> 10 Motorcycle			
<input type="checkbox"/> 3 Single - Unit Truck (3 or more Axles)			<input type="checkbox"/> 7 Tractor/Double			<input type="checkbox"/> 99 Other			
Other Configuration Type									
Cargo Body Type (Check One)									
<input type="checkbox"/> 1 Bus carrying 16 or more Persons			<input type="checkbox"/> 4 Flatbed			<input type="checkbox"/> 7 Auto Transporter (Car-Carrier)			
<input type="checkbox"/> 2 Van/Enclosed Box			<input type="checkbox"/> 5 Dump			<input type="checkbox"/> 8 Garbage/Refuse			
<input type="checkbox"/> 3 Cargo Tank			<input type="checkbox"/> 6 Concrete Mixer			<input type="checkbox"/> 99 Other			
Other Cargo Body Type									
Truck/Tractor or Bus GVWR (lbs.)			Trailer(s) Total GVWR (lbs.)		Total Amount GVWR (lbs.)		Total Axles (Including Trailer)		
<input type="checkbox"/> Vehicle has Hazardous Material Placard				Indicate Name or 4-Digit Number on Placard (From Diamond or Box)					
One Digit Number from Placard (from bottom of Diamond)				<input type="checkbox"/> Hazardous Material Released from this Vehicle's Cargo					
Sequence of Events (Enter in order of occurrence)									
First Event		Second Event			Third Event		Fourth Event		
1 Ran off Road		5 Cargo Loss or Shift			9 Collision Involving Motor Vehicle in Transport/ANY MOVING VEHICLE		12 Collision Involving Pedal Cycle		
2 Jack Knife		6 Explosion or Fire					13 Collision Involving Animal		
3 Overturn (Rollover)		7 Separation of Units			10 Collision Involving Parked Vehicle		14 Collision Involving Fixed Object		
4 Down Hill Runaway		8 Collision Involving Pedestrian			11 Collision Involving Train		15 Collision Involving Other Object		
							99 Other		
Other (Briefly Describe)									
<input type="checkbox"/> MSCAP Inspection Form Done				Form No.			Inspection Code No.		