

Commercial motor vehicle definition:

- (a) The vehicle is equipped for carrying property and has at least two (2) axles and six (6) tires.
- (b) The vehicle is designed to transport more than 15 passengers, including the driver; or
- (c) The vehicle is used in the transportation of hazardous material in a quantity requiring placarding under regulation issued by the Secretary under the Hazardous Materials Transportation Act.

CARRIER NAME:

- 1. May be leased to a carrier (Name usually located somewhere on tractor)
- 2. May be a trip lease load (temporary sign on tractor, or trip lease agreement)

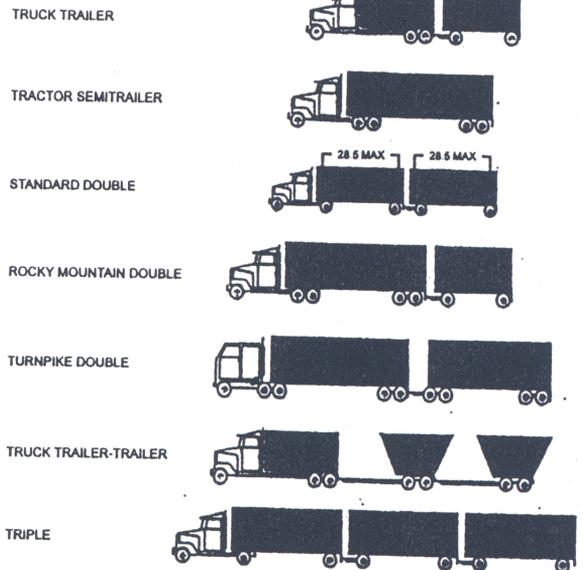
GROSS VEHICLE WEIGHT RATING (GVWR):

This can be found inside the drivers door on the manufactures plate, or the registration.

HAZARDOUS MATERIALS CODES:

- Explosives 1.1
- Explosives 1.2
- Explosives 1.3
- Explosives 1.4
- Explosives 1.5
- Explosives 1.6
- Flammable Gas 2.1
- Nonflammable Gas 2.2
- Poison Gas 2.3
- Flammable 3
- Flammable Solid 4.1
- Spontaneously Combustible 4.2
- Dangerous When Wet 4.3
- Oxidizer 5.1
- Organic Peroxide 5.2
- Poison & Keep Away From Food 6.1
- Infectious Substances 6.2
- Radioactive 7
- Corrosive 8
- Class 9
- Combustible Liquid
- Other

VEHICLE CONFIGURATION:



CODES FOR ALL ACCIDENTS (Continued from front side)

CLASS OF TRAFFICWAY	RELATION TO JUNCTION	SPEED LIMIT UNITS	BIKEWAY
1 Interstate	0 Non Junction	M Miles Per Hour	0 No Bicycle Involved
3 U.S. Route	1 In Intersection	K Kilometers Per Hour	1 Bikeway Separated from Roadway
4 Secondary Route (MT, Secondary, FAU)	2 Intersection Related		2 Bikeway Adjacent to Roadway
6 County or Rural Route	3 In Driveway Access		3 No Bikeway or Bike Route
7 Local Street	4 Driveway Related		4 Bike Route
8 Private	5 Railroad Crossing Related		
	6 Interchange (In or related)		
GRADE AND HORIZONTAL ALIGNMENT	CONSTRUCTION/ MAINTENANCE ZONE	TRAFFIC CONTROLS	RESERVATION
1 Straight and Level	0 None	0 None	1 Blackfeet
2 Curve and Level	2 Construction	1 Traffic Signals	2 Crow
3 Straight and Grade	3 Maintenance	2 Traffic Signals Not Working	3 Flathead
4 Curve and Grade	4 Utility	3 Traffic Signals Flashing	4 Fort Belknap
	5 Work Zone, Type Unknown	5 Flasher	5 Fort Peck
RELATION TO ROADWAY	SITE STUDY SUGGESTED	6 Flasher Not Working	6 Northern Cheyenne
1 On Roadway	0 None	7 Stop Sign	7 Rocky Boy's
2 Shoulder	1 Study Suggested	8 Yield Sign	
3 Median		9 RR Signals	
4 Outside Shoulder - Left		10 RR Signals Not Working	
5 Outside Shoulder - Right		11 RR Signals & Gates	
6 Off Rd. - Location Unknown		12 RR Gates Not Working	
7 Gore		13 RR Crossing With Crossbuck	
9 Unknown		14 Traffic Signs & Pavement Markings	
		15 Traffic Signs	
		16 Pavement Markings	
		17 Traffic Control Down/Missing	
		18 No Passing Zone	
		19 No Signs, No Pavement Markings	
MAXIMUM SPEED LIMIT			
nnn Posted or Statutory Speed Limit			
000 Not Posted or Statutory Speed Limit			
999 Unknown			

DRIVER RELATED CODES

- 0 No Drivers License
- 1 Valid Drivers License
- 2 Probationary
- 3 Expired
- 4 Cancelled/Denied

DRIVER LICENSE STATUS

- 5 Revoked
- 6 Suspended
- 7 License Not Valid for Vehicle Type
- 8 Learner Permit Only

DRIVER LICENSE RESTRICTIONS COMPLIANCE

- 0 Not Applicable
- 1 Complied With Restrictions
- 2 Did Not Comply With Restrictions

COMMERCIAL VEHICLE AND FATAL ACCIDENT SUPPLEMENT

Carrier Name/Address/Street/City/State _____ ICC# _____
 Zip Code (if other than owner) _____ DOT# _____

V1 V2 VEHICLE CONFIGURATION

<input type="checkbox"/>	<input type="checkbox"/>	1 Bus (seats for 15 people)
<input type="checkbox"/>	<input type="checkbox"/>	2 Single-unit truck (2-axle, 6-tire)
<input type="checkbox"/>	<input type="checkbox"/>	3 Single-unit truck (3 or more axles)
<input type="checkbox"/>	<input type="checkbox"/>	4 Truck / Trailer
<input type="checkbox"/>	<input type="checkbox"/>	5 Truck Tractor (bobtail)
<input type="checkbox"/>	<input type="checkbox"/>	6 Tractor / semitrailer
<input type="checkbox"/>	<input type="checkbox"/>	7 Tractor double trailer
		A Standard
		B Rocky Mountain
		C Turnpike
		D Truck / trailer-trailer
<input type="checkbox"/>	<input type="checkbox"/>	8 Tractor / triple
<input type="checkbox"/>	<input type="checkbox"/>	9 Unknown Truck, cannot classify

Placard ID# _____ **Haz Mat Code** _____

Placard	Y	N
Release	Y	N

Haz Mat Name (shipping paper) _____

V1 V2 CARGO BODY TYPE

<input type="checkbox"/>	<input type="checkbox"/>	1 Bus (seats for 15 people)
<input type="checkbox"/>	<input type="checkbox"/>	2 Van/Enclosed
<input type="checkbox"/>	<input type="checkbox"/>	3 Cargo Tank
<input type="checkbox"/>	<input type="checkbox"/>	4 Flatbed
<input type="checkbox"/>	<input type="checkbox"/>	5 Dump
<input type="checkbox"/>	<input type="checkbox"/>	6 Concrete Mixer
<input type="checkbox"/>	<input type="checkbox"/>	7 Auto Transporter
<input type="checkbox"/>	<input type="checkbox"/>	8 Garbag/Refuse
<input type="checkbox"/>	<input type="checkbox"/>	9 Other

Trucks, Buses, etc. number of axles (including Trailers)

Veh 1 _____

Veh 2 _____

Veh1 Veh2

GVWR _____

V1	V2	Sequence of Events	Trafficway
1 2 3 4	1 2 3 4	A. Ran off road	1 Not physically divided (2-way traffic)
1 2 3 4	1 2 3 4	B. Jackknife	2 Divided highway, median strip w/o barrier
1 2 3 4	1 2 3 4	C. Overturn	3 Divided highway, median strip w/ barrier
1 2 3 4	1 2 3 4	D. Downhill Runaway	4 One-way trafficway
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	Access Control
1 2 3 4	1 2 3 4	G. Separation of units	1 No control (unlimited access)
1 2 3 4	1 2 3 4	H. Collision involving pedestrian	2 Full control (only ramp entry/exit)
1 2 3 4	1 2 3 4	I. Collision involving motor vehicle in transport	3 Other
1 2 3 4	1 2 3 4	J. Collision involving parked motor vehicle	
1 2 3 4	1 2 3 4	K. Collision involving train	
1 2 3 4	1 2 3 4	L. Collision involving pedalcycle	
1 2 3 4	1 2 3 4	M. Collision involving animal	
1 2 3 4	1 2 3 4	N. Collision involving fixed object	
1 2 3 4	1 2 3 4	O. Collision involving other object	

V1 V2 APPARENT DRIVER CONDITION

<input type="checkbox"/>	<input type="checkbox"/>	1 Appeared normal
<input type="checkbox"/>	<input type="checkbox"/>	2 Had been drinking
<input type="checkbox"/>	<input type="checkbox"/>	3 Illegal drug use
<input type="checkbox"/>	<input type="checkbox"/>	4 Sick
<input type="checkbox"/>	<input type="checkbox"/>	5 Fatigue
<input type="checkbox"/>	<input type="checkbox"/>	6 Asleep
<input type="checkbox"/>	<input type="checkbox"/>	7 Medication
<input type="checkbox"/>	<input type="checkbox"/>	8 Unknown

FATAL ACCIDENT ONLY:

Notification Time EMS
(military time)
0000_not notified

Arrival Time EMS

EMS time at hospital of Most Severly Injured
0000_no one transported

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Name of person/s involved	BAC Test Given	Method of Alcohol Determination (On-scene) (use codes below)	Ejection Path (use codes below)
1. _____	Y N ? Refused	_____	_____
2. _____	Y N ? Refused	_____	_____
3. _____	Y N ? Refused	_____	_____
4. _____	Y N ? Refused	_____	_____
5. _____	Y N ? Refused	_____	_____

Roadway Surface Type

- 1 Concrete
- 2 Blacktop (bituminous)
- 3 Slag, Gravel or stone
- 4 Dirt
- 5 Other

Veh1 Veh2 Veh3

Est. Speed _____

Number of Traffic Lanes: _____

1. Evidential Test (Breath, Blood, Urine)
2. Primiinary Breath Test (PBT)
3. Behavioral (Field Sobriety Test)
4. Observed (Smell, speech, etc)
5. Other (saliva test, tissue test)
6. Passive Alcohol Sensor (PAS)

1. Not ejected/not applicable
2. Through side door opening
3. Through side window
4. Through windshield
5. Through back windows
6. Through back door/tailgate opening
7. Out roof opening (sunroof, top down)
8. Out roof (top up)
9. Other path (e.g. back of pickup)
10. Unknown

