

INVESTIGATOR'S MOTOR VEHICLE ACCIDENT REPORT OVERLAY

INSTRUCTIONS ON REVERSE SIDE
Please explain any selection marked with an asterisk (*) in the accident description

ACCIDENT CLASSIFICATION

A. Weather Condition (Enter one)

- 1. No adverse conditions
- 2. Rain
- 3. Sleet, hail, or freezing rain
- 4. Snow
- 5. Fog
- 6. High winds
- * 7. Other

TEMPERATURE

B. Light Condition (Enter one)

- 1. Daylight
- 2. Dawn - Dusk
- 3. Dark - With street lighting
- 4. Dark

C. Traffic Control (Enter up to two)

- 1. None
- 2. Yield sign
- 3. Stop sign
- 4. All-Way stop
- 5. Flashing beacon
- 6. Traffic signal
- 7. Traffic signal in flashing mode
- 8. School speed zone
- 9. Roadwork signing
- 10. Pedestrian signal
- 11. Pedestrian crosswalk
- 12. Railroad gates and lights
- 13. Railroad flashing lights
- 14. Railroad crossing sign
- 15. Officer/Flagperson
- 16. No passing zone
- * 17. Other

D. Road Character (Enter one)

- 1. Straight and level
- 2. Straight and on slope
- 3. Straight and on hilltop
- 4. Curved and level
- 5. Curved and on slope
- 6. Curved and on hilltop

E. Road Surface (Enter one)

- 1. Concrete
- 2. Asphalt
- 3. Brick
- 4. Gravel
- 5. Dirt
- * 6. Other

F. Road Surface Condition (Enter one)

- 1. Dry
- 2. Wet
- 3. Snowy-icy
- * 4. Other

G. Total Number of Through Lanes (Enter one)

- 1. One lane
- 2. Two lanes
- 3. Three lanes
- 4. Four lanes
- 5. Five lanes
- 6. Six or more lanes

H. Median Type (Enter one)

- 1. Median Barrier
- 2. Raised median (Curbed)
- 3. Grass Median (No curb)
- 4. Painted (No curb)
- 5. None

I. Work Zone (Enter one)

- 1. Road construction zone
- 2. Road maintenance zone (repair with traffic control)
- 3. Road maintenance activity (snowplowing, mowing, striping, etc.)
- 4. Utility activity
- 5. None

J. Major Contributing Human Factor

(Enter one code per accident and the associated Vehicle Number)

- 1. Speed too fast for conditions
- 2. Exceeding speed limit
- 3. Backing unsafely
- 4. Ran stop sign
- 5. Disregarded traffic signal
- 6. Failure to yield
- 7. Following too closely
- 8. Improper right turn on red
- 9. Other improper turn
- 10. Improper or no turn signal
- 11. Wrong way in one-way traffic
- 12. Improper lane change
- 13. Drove left of center
- 14. Evasive action
- 15. Improper overtaking
- 16. Improper loading or securing of cargo
- 17. None
- * 18. Other

K. Major Contributing Environmental Factor (Enter one)

- 1. Animal on roadway
- 2. Debris on roadway
- 3. Water standing on roadway
- 4. Pavement defect
- 5. Previous accident
- 6. Vision obstruction
- 7. Bad weather
- 8. None
- * 9. Other

PEDESTRIAN CLASSIFICATION

Pedestrian Actions (Enter one)

- 1. Properly crossing roadway
- 2. Improperly crossing roadway
- 3. Playing
- 4. Moving with traffic
- 5. Moving against traffic
- 6. Working on vehicle
- 7. Standing/sitting
- 8. Getting in/out vehicle
- 9. Lying down
- * 10. Other

Pedestrian Location (Enter one)

At Intersection

- 1. With signal
- 2. Without signal

Not at Intersection

- 3. Crosswalk with pedestrian signal
- 4. Crosswalk
- 5. On roadway
- 6. Off roadway

Pedestrian Condition (Enter one)

- 1. Normal
- 2. Fatigue/asleep
- 3. Illness
- 4. Drinking
- 5. Illegal drugs
- 6. Medication
- 7. Unknown
- * 8. Other

COMPLETE THIS SECTION FOR ALL INJURED PERSONS

Transported to Medical Facility (Enter one)

5.

Was the individual transported from the crash site to a medical facility for treatment of injuries received in the crash?

- 1. Yes
- 2. No
- 3. Unknown

Injury Severity (Enter one)

4.

- 1. Killed
- 2. Disabling - cannot leave scene without assistance (broken bones, severe cuts, prolonged unconsciousness, etc.)
- 3. Visible but not disabling (minor cuts, swelling, etc.)
- 4. Possible but not visible (complaint of pain, etc.)

Body Region with Most Severe Injury (Enter one)

3.

- 1. Head
- 2. Face
- 3. Neck
- 4. Chest
- 5. Back/spine
- 6. Shoulder/upper arm
- 7. Elbow/lower arm/hand
- 8. Abdomen/pelvis
- 9. Hip/upper leg
- 10. Knee/lower leg/foot
- 11. Entire body
- 12. Unknown

Ejected/Trapped (Enter one)

2.

- 1. Not ejected or trapped
- 2. Partially ejected
- 3. Totally ejected
- 4. Trapped - Occupant removed without use of equipment
- 5. Trapped - Equipment used in extrication
- 6. Unknown

Seating Position (Enter one)

1.

	3	6	9	
	2	5	8	
	1	4	7	

- 10. Other enclosed passenger/cargo area
- 11. Other unenclosed passenger/cargo area
- 12. Riding on vehicle exterior
- 13. Sleeper section of truck cab
- 14. Trailing unit
- 15. Moped
- 16. Motorcycle operator
- 17. Motorcycle passenger
- 18. Pedestrian
- 19. Bicycle
- 20. Unknown

COMPLETE THIS SECTION FOR ALL INJURED PERSONS

(Complete a continuation report, if more than three were injured).

RESCUE UNITS AT SCENE

- 1.
- 2.

DATE OF BIRTH

SEX

M F

- 1. Seat. Pos.
- 2. Eject.
- 3. Body Reg.
- 4. Inj. Sev.
- 5. Trans.

VEH. # NAME: ADDRESS:

VEH. # NAME: ADDRESS:

VEH. # NAME: ADDRESS:

INVESTIGATOR'S MOTOR VEHICLE ACCIDENT REPORT

Agency Case No.

Sheet ___ of ___

Accident details including date, time, location, road, and distance from milepost.

Vehicle information for Vehicle 1 and Vehicle 2, including driver, license, and owner details.

Collision analysis including vehicle movement, impact point, disposition, and extent of damage.

Restraint use and air bag deployment status for both vehicles.

Information for injured persons, including names, addresses, and rescue units.

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED



Indicate North by Arrow

Large blank area for drawing a diagram of the accident scene.

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Multiple horizontal lines for describing the accident.

PROPERTY	OBJECT DAMAGED:	NAME OF OWNER:	ADDRESS:	PHONE:	APPROX. COST OF DAMAGE: \$						
	OBJECT DAMAGED:	NAME OF OWNER:	ADDRESS:	PHONE:	APPROX. COST OF DAMAGE: \$						
WITNESSES	NAME:	ADDRESS:			PHONE:						
	NAME:	ADDRESS:			PHONE:						
WAS INVESTIGATION MADE AT SCENE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IS INVESTIGATION COMPLETE? <input type="checkbox"/> YES <input type="checkbox"/> NO		DRIVER'S REPORT FORM FURNISHED TO? <input type="checkbox"/> 1 <input type="checkbox"/> 2	WERE PHOTOGRAPHS TAKEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	SHOULD LOCATION HAVE AN ENGINEERING STUDY? <input type="checkbox"/> YES <input type="checkbox"/> NO	OFFICER NO.:	DATE OF REPORT			
INVESTIGATOR'S PRINTED OR TYPED NAME:			INVESTIGATOR'S SIGNATURE:			DEPARTMENT:		TROOP:	MO.	DAY	YR.

INVESTIGATOR'S SUPPLEMENTAL TRUCK AND BUS ACCIDENT REPORT

This form must be completed in **addition** to the DR Form 40, "Investigator's Motor Vehicle Accident Report," if any of the vehicles involved meet the criteria listed on the back of this form.

Sheet of

AGENCY CASE NUMBER:	DATE OF ACCIDENT	COUNTY:	FOR STATE USE ONLY
CITY:	OCCURRED ON HIGHWAY/ROAD/STREET:		Dist.

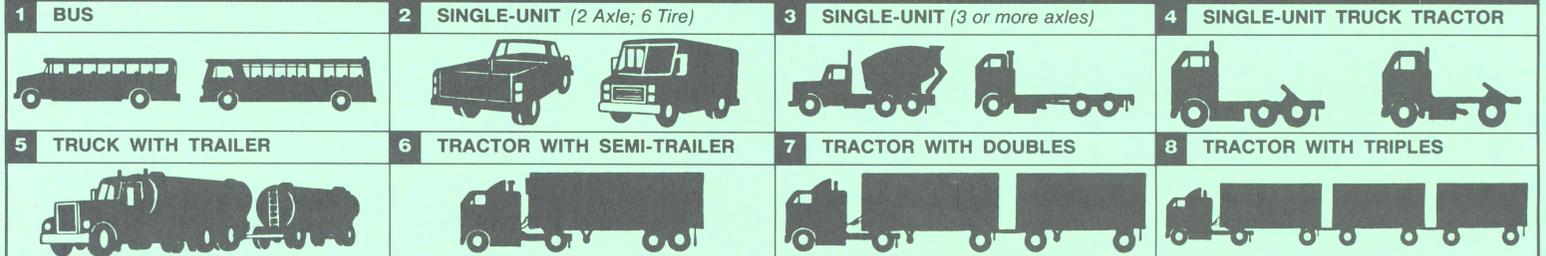
TRUCK / BUS - 1

DRIVER: <i>(Print or type full name)</i>		NUMBER OF AXLES <i>(Including trailer)</i>	GROSS VEHICLE WEIGHT RATING <i>(Combined rating for vehicle and trailer)</i>	lbs.
CARRIER NAME: <i>(Print or type full name)</i>		CARRIER NAME SOURCE	CARRIER IDENTIFICATION NUMBER	
CARRIER ADDRESS: <i>(Street or R.F.D.)</i>		CITY, STATE, ZIP:	1 <input type="checkbox"/> Vehicle Side	1 U.S. DOT _____
			2 <input type="checkbox"/> Shipping Papers	2 ICC MC _____
			3 <input type="checkbox"/> Driver or Logbook	3 ST _____ No. _____
COMMERCE CLASSIFICATION <i>(check one)</i>	TRUCK WIDTH <i>(widest part of truck or trailer)</i>	SEQUENCE OF EVENTS <i>(Indicate the order of events by Code No. for this vehicle)</i>		
1 <input type="checkbox"/> Interstate Commerce	1 <input type="checkbox"/> 96 inches	SEQUENCE CODE NO.	CODE NO.	CODE NO.
2 <input type="checkbox"/> Intrastate Commerce	2 <input type="checkbox"/> 102 inches	1st Event <input type="checkbox"/>	1 Ran off road	10 Collision with parked vehicle
3 <input type="checkbox"/> Not Applicable	3 <input type="checkbox"/> Other <i>(Specify)</i>	2nd Event <input type="checkbox"/>	2 Jackknife	11 Collision with train
VEHICLE CONFIGURATION <i>(check one)</i>	CARGO BODY TYPE <i>(check one)</i>	3rd Event <input type="checkbox"/>	3 Overturn	12 Collision with pedalcycle
1 <input type="checkbox"/> Bus	1 <input type="checkbox"/> Bus	4th Event <input type="checkbox"/>	4 Downhill runaway	13 Collision with animal
2 <input type="checkbox"/> Single-Unit Truck: 2 axles, 6 tires	3 <input type="checkbox"/> Van/Enclosed Box		5 Cargo loss or shift	14 Collision with fixed object
3 <input type="checkbox"/> Single-Unit Truck: 3 or more axles	4 <input type="checkbox"/> Cargo Tank		6 Explosion or fire	15 Collision with other object
4 <input type="checkbox"/> Single-Unit Truck tractor (bobtail)	5 <input type="checkbox"/> Flatbed		7 Separation of units	16 Other <i>(Specify)</i>
5 <input type="checkbox"/> Truck with Trailer	6 <input type="checkbox"/> Dump		8 Collision with pedestrian	
6 <input type="checkbox"/> Tractor with Semi-Trailer	7 <input type="checkbox"/> Concrete Mixer		9 Collision with vehicle in transport	
7 <input type="checkbox"/> Tractor with Doubles	8 <input type="checkbox"/> Auto Transporter	HAZARDOUS MATERIAL INVOLVED		
8 <input type="checkbox"/> Tractor with Triples	9 <input type="checkbox"/> Garbage/Refuse	Did vehicle have a HAZ MAT Placard?	Placard Information: 4-Digit I.D. or Name <i>(from box or diamond)</i>	1-Digit <i>(from box or diamond)</i>
9 <input type="checkbox"/> Unknown Heavy Truck	10 <input type="checkbox"/> Other <i>(Specify)</i>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1. _____	Was hazardous cargo released? <i>(do not count fuel from fuel tank)</i>
			2. _____	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

TRUCK / BUS - 2

DRIVER: <i>(Print or type full name)</i>		NUMBER OF AXLES <i>(Including trailer)</i>	GROSS VEHICLE WEIGHT RATING <i>(Combined rating for vehicle and trailer)</i>	lbs.
CARRIER NAME: <i>(Print or type full name)</i>		CARRIER NAME SOURCE	CARRIER IDENTIFICATION NUMBER	
CARRIER ADDRESS: <i>(Street or R.F.D.)</i>		CITY, STATE, ZIP:	1 <input type="checkbox"/> Vehicle Side	1 U.S. DOT _____
			2 <input type="checkbox"/> Shipping Papers	2 ICC MC _____
			3 <input type="checkbox"/> Driver or Logbook	3 ST _____ No. _____
COMMERCE CLASSIFICATION <i>(check one)</i>	TRUCK WIDTH <i>(widest part of truck or trailer)</i>	SEQUENCE OF EVENTS <i>(Indicate the order of events by Code No. for this vehicle)</i>		
1 <input type="checkbox"/> Interstate Commerce	1 <input type="checkbox"/> 96 inches	SEQUENCE CODE NO.	CODE NO.	CODE NO.
2 <input type="checkbox"/> Intrastate Commerce	2 <input type="checkbox"/> 102 inches	1st Event <input type="checkbox"/>	1 Ran off road	10 Collision with parked vehicle
3 <input type="checkbox"/> Not Applicable	3 <input type="checkbox"/> Other <i>(Specify)</i>	2nd Event <input type="checkbox"/>	2 Jackknife	11 Collision with train
VEHICLE CONFIGURATION <i>(check one)</i>	CARGO BODY TYPE <i>(check one)</i>	3rd Event <input type="checkbox"/>	3 Overturn	12 Collision with pedalcycle
1 <input type="checkbox"/> Bus	1 <input type="checkbox"/> Bus	4th Event <input type="checkbox"/>	4 Downhill runaway	13 Collision with animal
2 <input type="checkbox"/> Single-Unit Truck: 2 axles, 6 tires	3 <input type="checkbox"/> Van/Enclosed Box		5 Cargo loss or shift	14 Collision with fixed object
3 <input type="checkbox"/> Single-Unit Truck: 3 or more axles	4 <input type="checkbox"/> Cargo Tank		6 Explosion or fire	15 Collision with other object
4 <input type="checkbox"/> Single-Unit Truck tractor (bobtail)	5 <input type="checkbox"/> Flatbed		7 Separation of units	16 Other <i>(Specify)</i>
5 <input type="checkbox"/> Truck with Trailer	6 <input type="checkbox"/> Dump		8 Collision with pedestrian	
6 <input type="checkbox"/> Tractor with Semi-Trailer	7 <input type="checkbox"/> Concrete Mixer		9 Collision with vehicle in transport	
7 <input type="checkbox"/> Tractor with Doubles	8 <input type="checkbox"/> Auto Transporter	HAZARDOUS MATERIAL INVOLVED		
8 <input type="checkbox"/> Tractor with Triples	9 <input type="checkbox"/> Garbage/Refuse	Did vehicle have a HAZ MAT Placard?	Placard Information: 4-Digit I.D. or Name <i>(from box or diamond)</i>	1-Digit <i>(from box or diamond)</i>
9 <input type="checkbox"/> Unknown Heavy Truck	10 <input type="checkbox"/> Other <i>(Specify)</i>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1. _____	Was hazardous cargo released? <i>(do not count fuel from fuel tank)</i>
			2. _____	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

EXAMPLES OF VEHICLE CONFIGURATION CATEGORIES



INVESTIGATOR'S PRINTED OR TYPED NAME:	INVESTIGATOR'S SIGNATURE:	DEPARTMENT:	OFFICER NO.:	DATE OF REPORT
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General Instructions

This supplemental report must be completed in **addition** to the DR Form 40, Investigator's Motor Vehicle Accident Report for any:

1. truck having at least 2 axles and 6 tires;
2. vehicle displaying a hazardous materials placard; or
3. bus designed to transport 16 or more passengers **including** the driver.

You will need to complete additional supplementary forms if more than two trucks/buses were involved in the accident.

Data Elements

1. **Agency Case Number:** If your agency has assigned an internal case number to the accident, enter the number just as you did on the Investigator's Motor Vehicle Accident Report.
2. **Date of Accident and Location Information:** Enter this information just as you did on the Investigator's Motor Vehicle Accident Report.
3. **Driver Name:** Copy the name of the truck or bus driver from the Investigator's Motor Vehicle Accident Report.
4. **Number of Axles:** Indicate the number of axles, including auxiliary axles, under the vehicle or vehicle-combination.
5. **Gross Vehicle Weight Rating (GVWR):** Enter the gross weight specified by the manufacturer. The GVWR is usually found on the driver's side door-post or sometimes on the door itself. The GVWR for a vehicle towing a trailer or trailers is the sum of the ratings for each unit.
6. **Carrier Name and Address:** A motor carrier is defined as the person, company, or organization responsible for directing the transportation of the cargo or persons. The owner of the vehicle is often not the carrier. For further explanation, consult the "Instructions for Completing the Investigator's Motor Vehicle Accident Report" (*revised edition 1992*).
7. **Carrier Name Source:** Check the source you used to identify the "Carrier Name."
8. **Carrier Identification Number:** Carrier identification numbers are displayed on the side of the power unit. Vehicles engaged in interstate transport have either a six digit US DOT or ICC MC number. State numbers may be issued for interstate or intrastate commerce. Some trucks may not have an identifying number.
9. **Commerce Classification:** Check the "interstate commerce" box if the commercial vehicle can legally trade, traffic, or transport property across state lines. Mark the "intrastate commerce" box when the commercial vehicle is restricted to commerce within one state.
10. **Truck Width:** Measure the widest part of the truck or trailer and then check the appropriate box. If "other" is checked, specify the width in inches on the line provided.
11. **Vehicle Configuration:** Check the appropriate box. Selected examples of the vehicle configuration categories are presented at the bottom of the form.
12. **Cargo Body Style:** Check the appropriate box.
13. **Sequence of Events:** You are asked to identify and order the events of the accident relating to each truck or bus. Determine the events which describe the actions of the vehicle and then enter the proper code numbers in the order in which the events occurred (*first, second, third, or fourth*). Not all accidents will have more than one event, but indicate all that apply.
14. **Hazardous Material Involvement:** Determine if the vehicle has a HAZ MAT placard and then check the appropriate box. If a placard is present, indicate the 4-digit identification number or hazardous material name and the 1-digit HAZ MAT class number. Check whether or not hazardous cargo was released.
15. **Investigating Officer Information:** Complete this section and be sure to **sign** the report.

INVESTIGATOR'S MOTOR VEHICLE ACCIDENT CONTINUATION REPORT

AGENCY CASE NUMBER: DATE OF ACCIDENT: MO. DAY YR. COUNTY: CITY: OCCURRED ON HIGHWAY/ROAD/STREET: FOR STATE USE ONLY Dist.

VEHICLE NUMBER - DRIVER: PHONE: DRIVER'S ADDRESS: CITY, STATE, ZIP: DRIVER'S LICENSE: STATE NUMBER: DATE OF BIRTH SEX: ESTIMATED DAMAGE: \$ VEHICLE: LICENSE PLATE YEAR: STATE: NUMBER: ESTIMATED DAMAGE: \$ VEHICLE: LICENSE PLATE YEAR: STATE: NUMBER: ESTIMATED DAMAGE: \$ VEHICLE I.D. NUMBER (VIN): CITATION: YES NO OWNER: PHONE: OWNER'S ADDRESS: CITY, STATE, ZIP: INSURANCE COMPANY: POLICY NUMBER: TOWED TO: TOWED BY:

VEHICLE MOVEMENT BEFORE COLLISION: ROAD OR HIGHWAY NAME: CIRCLE POINT OF IMPACT & SHADE DAMAGED AREA: DISPOSITION OF VEHICLE: EXTENT OF VEHICLE DEFORMITY: DRIVER'S CONDITION: VEHICLE CONDITION: MAJOR REASON FOR NOT SEEING DANGER: ALCOHOL TESTING: RESTRAINT USE: AIR BAG: DID AIR BAG DEPLOY?: HELMET USE: MOTORCYCLE BICYCLE

RESTRAINT USE: AIR BAG: DID AIR BAG DEPLOY?: HELMET USE: MOTORCYCLE BICYCLE: 1 - No restraint available 5 - Automatic belt 2 - Restraint not used 6 - Child restraint 3 - Lap belt 7 - Unknown 4 - Lap and shoulder belt

COMPLETE THIS SECTION FOR ALL INJURED PERSONS: SEATING POSITION: EJECTED/TRAPPED: BODY REGION WITH MOST SEVERE INJURY: INJURY SEVERITY: TRANSPORTED TO MEDICAL FACILITY: DATE OF BIRTH SEX M F 1 2 3 4 5

PROPERTY: OBJECT DAMAGED: NAME OF OWNER: ADDRESS: PHONE: APPROX. COST OF DAMAGE: \$

INVESTIGATOR'S PRINTED OR TYPED NAME: INVESTIGATOR'S SIGNATURE: DEPARTMENT: OFFICER NO.: DATE OF REPORT