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Tennessee Uniform Traffic Crash Report

Reporting Agency Name

Reporting Agency Type

- Tennessee Highway Patrol (THP)
 - City/Metropolitan Police Dept. (CPD)
 - Sheriff's Office
 - Capitol Police
 - Commercial Vehicle Enforcement (CVE)
 - College/University Campus
 - National Park Service
 - Other
- Investigation Complete? Yes No
- Photos Taken? Yes No
- If Yes, by Whom?
- Police Other

| Totals | | | Date of Crash | | |
|----------|--------|---------|---------------|-----|------|
| Vehicles | Killed | Injured | MONTH | DAY | YEAR |
| A17 | A18 | A19 | Jan | A20 | |
| | | | Feb | | |
| | | | Mar | 0 | 0 |
| 0 | 0 | 0 | Apr | 1 | 1 |
| 0 | 0 | 0 | May | 2 | 2 |
| 1 | 1 | 1 | Jun | 3 | 3 |
| 2 | 2 | 2 | Jul | 4 | 4 |
| 3 | 3 | 3 | Aug | 5 | 5 |
| 4 | 4 | 4 | Sep | 6 | 6 |
| 5 | 5 | 5 | Oct | 7 | 7 |
| 6 | 6 | 6 | Nov | 8 | 8 |
| 7 | 7 | 7 | Dec | 9 | 9 |
| 8 | 8 | 8 | unk | unk | unk |
| 9 | 9 | 9 | | | |

Day of Crash: SUN MON TUES WED THURS FRI SAT UNK

Time of Crash: A22

County: A25

City: A26

Area: Urban Rural

Document Type: Original Document Supplement Document Amended Document

Page of

REFERENCE NUMBER: **7228965**

Reference Number Override: A6

Local Agency Number: A7

Type of Crash: Fatal Injury Property Damage (Over) Property Damage (Under)

Trafficway/Land Way/Private Way: Trafficway - OPEN Trafficway - CLOSED Parking Lot Private Property or Private Road

Additional Designation (select 1): Not Applicable Business Residential School

Hit and Run? Yes - Hit Motor Vehicle in Transport Yes - Hit Pedestrian or Non-Motorist Yes - Hit Parked Vehicle or Object No Hit and Run

Solved? Yes No

Police Pursuit Involved? Yes No

School Bus Related? Yes No

TDOT Use Only

Rail/Crossing ID: A28

Time Notified: A23

Time Arrived: A24

ROUTE NUMBER: A29

SPC CASE

CO. SEQ.

LOG MILE

LOC

GPS Coordinate: A30

LONGITUDE

LATITUDE

ON Hwy No. and / Street Name: A31

Estimated: FT. MI.

FROM/AT Hwy No. and / Street Name: A31

Mile Post

Vehicle Number: 1 2 3 4 5 6 7 8 9 10 20 30

Total Number of Occupants: 0 1 2 3 4 5 6

Driver Presence: Driver Operated Vehicle Driver Operated Non-Contact Vehicle Driver Operated Government Vehicle Driverless Vehicle

DRIVER NAME: First M.I. Last

ADDRESS Street & Number

City & State ZIP Phone Number

Driver's License Number State Exp. Year

Date of Birth Age Sex Race

License Class Endorsements Complied With? Restrictions Complied With?

Injury Code Safety Equipment AIRBAG EJECTED Ejection Path

TRAPPED/EXTRICATED: Not Applicable Trapped/Extricated Unknown Medical Transport

Driver Residence: Less 25 mi. Out of State Ambulance/Hospital

Year of Vehicle Make Model Color Body Type

Vehicle ID Number Body Code

License Plate Number State Exp. Year

Vehicle Owner: Same Yes No

Street Address

City & State ZIP Phone Number

Violations: None Other Moving Alcohol/Drugs Other Non-Moving Reckless/Careless Pending

Charges: D13

Vehicle Number: 1 2 3 4 5 6 7 8 9 10 20 30

Total Number of Occupants: 0 1 2 3 4 5 6

Driver Presence: Driver Operated Vehicle Driver Operated Non-Contact Vehicle Driver Operated Government Vehicle Driverless Vehicle

DRIVER NAME: First M.I. Last

ADDRESS Street & Number

City & State ZIP Phone Number

Driver's License Number State Exp. Year

Date of Birth Age Sex Race

License Class Endorsements Complied With? Restrictions Complied With?

Injury Code Safety Equipment AIRBAG EJECTED Ejection Path

TRAPPED/EXTRICATED: Not Applicable Trapped/Extricated Unknown Medical Transport

Driver Residence: Less 25 mi. Out of State Ambulance/Hospital

Year of Vehicle Make Model Color Body Type

Vehicle ID Number Body Code

License Plate Number State Exp. Year

Vehicle Owner: Same Yes No

Street Address

City & State ZIP Phone Number

Violations: None Other Moving Alcohol/Drugs Other Non-Moving Reckless/Careless Pending

Charges: D13

Investigating Officer Rank and Name: (Print Name) A40

Badge/ID Number: A40

District/Zone: A40

Car No.: A40

Report Date: A41

SF1203 (rev 5-99)

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RDA 1348

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Harmful Event

Most Harmful Event per Vehicle A32 (select 1 per vehicle)

Collision with Object Not Fixed

- | | |
|-------|---|
| V1 | V2 |
| 08 08 | Pedestrian |
| 09 09 | Pedalcycle |
| 10 10 | Railway Train |
| 50 50 | Deer (Animal) |
| 11 11 | Other Animal |
| 12 12 | Motor Vehicle in Transport |
| 13 13 | Motor Vehicle in Transport in Other Roadway |
| 14 14 | Parked Motor Vehicle |
| 15 15 | Other Type Non-Motorist |
| 18 18 | Other Object (Not Fixed) |

Collision with Fixed Object

- | | | | |
|-------|-------------------------|-------|-------------------------|
| V1 | V2 | V1 | V2 |
| 17 17 | Boulder | 30 30 | Utility Pole |
| 19 19 | Building | 31 31 | Other Post, Pole, Supp. |
| 20 20 | Impact Attenuator | 32 32 | Culvert |
| 21 21 | Bridge Pier/Abutment | 33 33 | Curb |
| 22 22 | Bridge Parapet End | 34 34 | Ditch |
| 23 23 | Bridge Rail | 35 35 | Embankment |
| 24 24 | Guardrail Face | 38 38 | Fence |
| 25 25 | Guardrail End | 39 39 | Wall |
| 26 26 | Median Barrier | 40 40 | Mail Box |
| 27 27 | H-way Traffic Sign Post | 41 41 | Shrubbery |
| 28 28 | Overhead Sign Support | 42 42 | Tree |
| 29 29 | Luminaire/Light Supp. | 47 47 | Fire Hydrant |
| 46 46 | Traffic Signal Support | 43 43 | Other Fixed Object |

Non-Collision

- | | | | |
|-------|----------------|-------|--------------------------|
| V1 | V2 | V1 | V2 |
| 01 01 | Overturn | 05 05 | Fell/Jumped from Vehicle |
| 02 02 | Fire/Explosion | 07 07 | Other Non-Collision |
| 03 03 | Immersion | 16 16 | Thrown or Falling Object |
| 04 04 | Jackknife | | |

- | | |
|-------|----------------------------|
| V1 | V2 |
| 99 99 | Unknown Most Harmful Event |

First Harmful Event for the Crash

| | |
|--|--|
| | |
|--|--|

Manner of Collision at First Harmful Event (select 1)

- | | | | | |
|---|---|---|-------------------------------|-----|
| 0 | Not Collision with Motor Vehicle in Transport | 4 | Angle | A33 |
| 1 | Rear-End | 5 | Sideswipe, Same Direction | |
| 2 | Head-On | 6 | Sideswipe, Opposite Direction | |
| 3 | Rear-to-Rear | 9 | Unknown | |

Relation to Junction at First Harmful Event (select 1)

- | | | | |
|------------------------|------------------------------|--|-------------------------------|
| Non-Interchange | | Interchange Area A34 | |
| 01 | Non-Junction | 10 | Intersection |
| 02 | Intersection | 11 | Intersection-Related |
| 03 | Intersection-Related | 12 | Driveway |
| 04 | Driveway, Alley Access, etc. | 13 | Entrance/Exit Ramp Related |
| 05 | Entrance/Exit Ramp Related | 14 | Crossover-Related |
| 06 | Rail Grade Crossing | 15 | Other Location in Interchange |
| 07 | Crossover-Related | 19 | Unknown, Interchange Area |
| 09 | Unknown-Non-Interchange | | |
| 99 | Unknown Relation to Junction | | |

Relation to Roadway at First Harmful Event

- | | | | |
|---|--------------------|----|---------------------------------|
| (select 1) A35 | | | |
| 01 | On Roadway | 06 | Off Roadway—Location Unknown |
| 02 | Shoulder | 07 | In Parking Lane |
| 03 | Median | 08 | Gore |
| 04 | Roadside—Left | 11 | Parking Lot or Private Property |
| 05 | Roadside—Right | 99 | Unknown |
| 10 | Outside Trafficway | | |

Driver Factors

Driver Condition (may select 3) D14

- | | |
|-------|---|
| V1 | V2 |
| 00 00 | Appeared Normal |
| 01 01 | Had Been Drinking |
| 02 02 | Illegal Drug Use |
| 03 03 | Ill (Sick) |
| 04 04 | Apparently Fatigued |
| 05 05 | Apparently Asleep |
| 06 06 | Reaction to Drugs/Medication |
| 07 07 | Failure to Take Drugs/Medication |
| 08 08 | Physical Impairment (Narrative) |
| 09 09 | Emotional (Depressed, Angry, Disturbed) |
| 99 99 | Unknown Condition |

Driver Actions (may select 5)

- | | |
|-------|--|
| V1 | V2 |
| 10 10 | No Contributing Actions |
| 11 11 | Inattentive (Eating, Reading, Talking, etc.) |
| 12 12 | Interfered With by Passenger |
| 13 13 | Driving Left of Center |
| 14 14 | Driving Wrong Way on One-Way Roadway |
| 15 15 | Failure to Comply with License Restrictions |
| 16 16 | Failure to Keep in Proper Lane or Running Off Road |
| 17 17 | Failure to Yield Right of Way |
| 18 18 | Failure to Obey Traffic Controls |
| 19 19 | Failure to Observe Warnings or Instructions |
| 20 20 | Failure to Signal Intentions |
| 21 21 | Failure to Use Lights |
| 22 22 | Following Improperly |
| 23 23 | Improper Backing |
| 24 24 | Improper Lane Changing |
| 25 25 | Improper Passing |
| 26 26 | Improper Turn |
| 27 27 | Improperly Towing or Pushing Vehicle |
| 28 28 | Improperly Carrying Hazardous Cargo |
| 29 29 | Improper Loading of Vehicle Cargo or Passengers |
| 30 30 | Operator Inexperience |
| 31 31 | Operating without Required Equipment |
| 32 32 | Over Correcting |
| 33 33 | Careless or Erratic Driving |
| 34 34 | Reckless or Negligent Driving |
| 35 35 | Speed Too Fast |
| 36 36 | Speed Too Slow |
| 37 37 | Vision Obstructed, By What? (Narrative) |
| 38 38 | Using Telephone, Two-Way Radio |
| 98 98 | Other (Narrative) |
| 99 99 | Unknown Action |

Highway Construction/Maintenance Zone

- | | | |
|---|-----------------------------------|---|
| 1 | None | (select 1) A38 |
| 2 | Construction Zone | |
| 3 | Maintenance Zone (Short Duration) | |
| 4 | Utility Zone (Short Duration) | |
| 5 | Work Zone, Type Unknown | |
| 9 | Unknown | |

Light Conditions (select 1)

- | | | | | |
|---|------------------|---|---------|-----|
| 1 | Daylight | 4 | Dawn | A36 |
| 2 | Dark—Not Lighted | 5 | Dusk | |
| 3 | Dark—Lighted | 9 | Unknown | |

Weather Conditions (select 1)

- | | | | | |
|----|-----------------------|----|-----------------------------------|-----|
| 01 | No Adverse Conditions | 08 | Smog, Smoke | A37 |
| 02 | Rain | 09 | Blowing Sand, Soil, Dirt, or Snow | |
| 03 | Sleet, Hail | | | |
| 04 | Snow | 10 | Severe Crosswind | |
| 05 | Fog | 98 | Other (narrative) | |
| 06 | Rain and Fog | 99 | Unknown | |
| 07 | Sleet and Fog | | | |

Driver Alcohol/Drugs

Presence

- | | | |
|----|----|---|
| V1 | V2 | (select 1) D16 |
| 0 | 0 | Neither Alcohol or Drugs Present |
| 1 | 1 | Yes (Alcohol Present) |
| 2 | 2 | Yes (Drugs Present) |
| 3 | 3 | Yes (Alcohol and Drugs Present) |
| 9 | 9 | Unknown |

Determination Method

- | | | |
|----|----|--|
| V1 | V2 | (select 1 if applies) D17 |
| 1 | 1 | Evidential Test |
| 3 | 3 | Behavioral |
| 4 | 4 | Passive Alcohol Sensor |
| 5 | 5 | Observed |
| 8 | 8 | Other |

Alcohol

- | | | | |
|------------------------|---------------------------------|--|---|
| (select 1) | | Test Type (select 1 if applies) P16 | |
| V1 | V2 | V1 | V2 |
| 95 95 | Test Refused | 1 1 | Blood |
| 96 96 | None Given | 2 2 | Breath |
| 97 97 | Test Given, Results Unknown | 3 3 | Urine |
| 98 98 | Test Given, Insufficient Sample | 8 8 | Other |
| 99 99 | Unknown, if tested | | |
| Alcohol Results | | V1 | V2 |
| 00 00 | Negative BAC | <input type="checkbox"/> | Positive Results <input type="checkbox"/> |

Drugs

- | | | | |
|---------------------|---------------------------------|--|--------|
| (select 1) | | Test Type (select 1 if applies) P17 | |
| V1 | V2 | V1 | V2 |
| 95 95 | Test Refused | 1 1 | Blood |
| 96 96 | None Given | 2 2 | Breath |
| 97 97 | Test Given, Results Unknown | 3 3 | Urine |
| 98 98 | Test Given, Insufficient Sample | 8 8 | Other |
| 99 99 | Unknown, if tested | | |
| Drug Results | | | |
| 00 00 | No Drugs Detected | | |
| 02 02 | Marijuana | | |
| 03 03 | Cocaine | | |
| 04 04 | Opiates | | |
| 05 05 | Amphetamines | | |
| 06 06 | PCP | | |
| 08 08 | Other Drug Medication | | |
| 09 09 | Drug Type Unknown | | |
- (may select 3)

Driver/Vehicle Maneuver (select 1)

- | | | |
|-------|--|-----|
| V1 | V2 | D15 |
| 00 00 | Going Straight | |
| 01 01 | Negotiating Curve | |
| 02 02 | Passing or Overtaking Another Vehicle | |
| 03 03 | Right Turn to Private Drive | |
| 04 04 | Right Turn to Street | |
| 05 05 | Right Turn on Red Permitted | |
| 06 06 | Right Turn on Red Not Permitted | |
| 07 07 | Left Turn to Private Drive | |
| 08 08 | Left Turn to Street | |
| 09 09 | Turning from Wrong Lane | |
| 10 10 | Making a U-Turn | |
| 11 11 | Slowing or Stopped for Signal or Sign | |
| 12 12 | Slowing or Stopped for Turning Traffic | |
| 13 13 | Slowing or Stopped for Entering Traffic | |
| 14 14 | Slowing or Stopped Other | |
| 15 15 | Stopped in Traffic Lane | |
| 16 16 | Starting in Traffic | |
| 17 17 | Backing from Drive | |
| 18 18 | Backing from On Street Parking Space | |
| 19 19 | Backing Up | |
| 20 20 | Entering from Private Drive | |
| 21 21 | Leaving a Parked Position | |
| 22 22 | Parked Legally—Yes | |
| 23 23 | Parked Legally—No | |
| 24 24 | Changing Lanes or Merging | |
| 25 25 | Maneuvering to Avoid Another Vehicle, Animal, Pedestrian, Object, etc. | |
| 98 98 | Other (Narrative) | |
| 99 99 | Unknown | |

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Document Type

Page ___ of ___

(2) Supplement Document A4

(3) Amended Document

REFERENCE NUMBER

7228965

Local Agency Number A7

Reference Number Override A6

Motorists (Passengers) and/or Non-Motorists

| | | | | | | | |
|---|----------------------|---|--------|--|---------------|------------------|--|
| Vehicle Number P1 (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (20) (30) | NAME First M.I. Last | Date of Birth P4 | Age P5 | Injury Code | SEAT Position | SAFETY Equipment | AIRBAG P10 |
| ADDRESS Same as <input type="checkbox"/> Driver <input type="checkbox"/> Owner Street & Number City & State ZIP | | <input type="checkbox"/> Male Sex <input type="checkbox"/> Female P6 | | <input type="checkbox"/> (0) (3) <input type="checkbox"/> (1) (4) <input type="checkbox"/> (2) (7) P8 P9 | | | P10 (00) (30) (01) (31) (20) (32) (28) (99) |

| | | | | | | | | | |
|-------------------------------------|--|-----------------------------|---------------------------------|---|---|-------------------|--------------------|---------|-------|
| Motorists (2) | Non-Motorists P2 (7) | Other Cyclist | EJECTED P11 (2) Totally Ejected | Ejection Path | TRAPPED/EXTRICATED (2) Trapped/Extricated | Medical Transport | Ambulance/Hospital | Alcohol | Drugs |
| (5) Pedestrian (8) Other Pedestrian | (0) Not Applicable (3) Partially Ejected | (1) Not Ejected (9) Unknown | P12 | (0) Not Applicable (3) Trapped/Not Extricated | P13 (9) Unknown | P14 (Y) (N) P15 | P16 | P17 | |

| | | | | | | | |
|---|----------------------|---|--------|--|---------------|------------------|--|
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| | | | | | | | | | |
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| | | | | | | | | | |
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| | | | | | | | | | |
|-------------------------------------|--|-----------------------------|---------------------------------|---|---|-------------------|--------------------|---------|-------|
| Motorists (2) | Non-Motorists P2 (7) | Other Cyclist | EJECTED P11 (2) Totally Ejected | Ejection Path | TRAPPED/EXTRICATED (2) Trapped/Extricated | Medical Transport | Ambulance/Hospital | Alcohol | Drugs |
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| | | | | | | | | | |
|-------------------------------------|--|-----------------------------|---------------------------------|---|---|-------------------|--------------------|---------|-------|
| Motorists (2) | Non-Motorists P2 (7) | Other Cyclist | EJECTED P11 (2) Totally Ejected | Ejection Path | TRAPPED/EXTRICATED (2) Trapped/Extricated | Medical Transport | Ambulance/Hospital | Alcohol | Drugs |
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| | | | | | | | | | |
|-------------------------------------|--|-----------------------------|---------------------------------|---|---|-------------------|--------------------|---------|-------|
| Motorists (2) | Non-Motorists P2 (7) | Other Cyclist | EJECTED P11 (2) Totally Ejected | Ejection Path | TRAPPED/EXTRICATED (2) Trapped/Extricated | Medical Transport | Ambulance/Hospital | Alcohol | Drugs |
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| | | |
|--|--------------|---|
| Non-Motorist Number (A) (B) (C) (D) (E) (F) | Non-Motorist | Non-Motorist Number (A) (B) (C) (D) (E) (F) |
| Location At Intersection N1 N2 (01) (01) In Crosswalk (02) (02) On Roadway, Not in Crosswalk (03) (03) On Roadway, Crosswalk Not Available (04) (04) On Roadway, Crosswalk Availability Unknown (05) (05) Not on Roadway (09) (09) Unknown | | Location Not At Intersection N1 N2 (10) (10) In Crosswalk (11) (11) On Roadway, Not in Crosswalk (12) (12) On Roadway, Crosswalk Not Available (13) (13) On Roadway, Crosswalk Availability Unknown N1 N2 (14) (14) In Parking Lane (15) (15) On Road Shoulder (16) (16) Bike Path (17) (17) Outside Trafficway N1 N2 (18) (18) Other, Not on Roadway (19) (19) Unknown |

| | |
|---|--|
| Vehicle Striking Non-Motorist | Vehicle Striking Non-Motorist |
| N1 Vehicle # (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (20) (30) N1 N2 Condition (may select 3) (00) (00) Appeared Normal (01) (01) Had Been Drinking (02) (02) Illegal Drug Use (03) (03) Ill (Sick) (04) (04) Reaction to Drugs/Medication (05) (05) Failure to Take Drugs/Medication (06) (06) Blind (07) (07) Restricted to Wheelchair (08) (08) Other Physical Impairment (Narrative) (09) (09) Emotional (Depressed, Angry, Disturbed) (99) (99) Unknown Condition | N2 Vehicle # (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (20) (30) N1 N2 Actions (may select 4) (10) (10) No Contributing Actions (20) (20) Not Visible (21) (21) Darting, Running or Stumbling into Road (22) (22) Crossing with Signal (23) (23) Crossing against Signal (24) (24) Crossing, No Signal (25) (25) Coming from Behind Parked Car (26) (26) Standing in Safety Zone (27) (27) Getting on or off Other Vehicle (28) (28) Pushing or Working on Vehicle (29) (29) Other Working in Roadway (30) (30) Construction/Maintenance/Utility Worker (31) (31) Playing in Roadway (32) (32) Lying in Roadway (33) (33) Walking in Roadway (34) (34) Walking beside Roadway (41) (41) Failure to Keep in Proper Lane or Running off Road (42) (42) Failure to Yield Right of Way (43) (43) Failure to Obey Traffic Controls (44) (44) Failure to Observe Warnings or Instructions (45) (45) Failure to Signal Intentions (46) (46) Failure to Use Lights (47) (47) Improper Loading of Vehicle Cargo or Passengers (48) (48) Operator Inexperience (49) (49) Operating without Required Equipment (50) (50) Riding in Roadway Against Traffic (61) (61) Vision Obstructed, By What? (Narrative) (99) (99) Unknown Action |

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② Supplement Document A1
③ Amended Document
Local Agency Number A7

REFERENCE NUMBER
7228965
Reference Number Override A6

Please Do Not Write In This Microfilm Space

Truck & Bus Crash Information

(This Section Must Be Completed for Each Truck or Bus Involved in this Crash.)

When To Use This Section:

Did the crash involve: . . .

- Part A
- A truck with at least two axles and six tires? Y N
 - A truck with a hazardous materials placard? Y N
 - A bus designed to carry 16 or more persons, including the driver? Y N

STOP! If all the responses to Part A are "NO" do not complete this Truck & Bus Crash Information Section. If there are any "YES" answers, continue to Part B.

Part B

- 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 crash? Y N
- One or more vehicles that required repair or were provided assistance before proceeding from scene under own power? Y N

STOP! If all the responses to Part B are "NO" do not continue. If there are any "YES" answers, please complete this Truck & Bus Crash Information Section. . .

Vehicle # 1 2 3 4 5 6 7 8 9 10 20 30

Carrier Information

Carrier Identification Numbers

Source:

• Interstate Carrier? Y N

| | |
|--------------|-----------------|
| US DOT | TN DOS |
| ICC MC | |
| Carrier Name | Carrier Address |

- Vehicle Side
- Shipping Papers
- Trip Manifest
- Driver
- Log Book

Hazardous Material Information

• Hazardous Material Placard Displayed? Y N

• Hazardous Cargo was Released? Y N

Class Numbers

List the Hazardous Material(s) by name in this load:

UN Numbers

List the Name(s) of Released Hazardous Material(s):

Vehicle Information

Combined Gross Vehicle Weight Rating

LBS

Total # of Axles

Vehicle Configuration

- ① Bus
- ② Single unit truck, 2 axes, 6 tires
- ③ Single unit truck 3+ axes
- ④ Truck/Trailer
- ⑤ Truck/Tractor
- ⑥ Tractor/Semi-Trailer
- ⑦ Tractor/Doubles
- ⑧ Tractor/Triples
- ⑨ Unknown Heavy Truck

SEQUENCE OF EVENTS FOR THIS VEHICLE

- ① ② ③ ④ Ran off Road
- ① ② ③ ④ Jackknife
- ① ② ③ ④ Overturn (Rollover)
- ① ② ③ ④ Downhill Runaway
- ① ② ③ ④ Cargo Loss or Shift
- ① ② ③ ④ Explosion or Fire
- ① ② ③ ④ Separation of Units
- ① ② ③ ④ Collision involving pedestrian

(Mark a total of one to four events in the order that they occurred.)

- ① ② ③ ④ Collision involving motor vehicle in transp.
- ① ② ③ ④ Collision involving parked motor vehicle
- ① ② ③ ④ Collision involving train
- ① ② ③ ④ Collision involving pedalcycle
- ① ② ③ ④ Collision involving animal
- ① ② ③ ④ Collision involving fixed object
- ① ② ③ ④ Collision involving other object
- ① ② ③ ④ Other

Cargo Body Type

- ① Bus
- ② Van/Enclosed box
- ③ Cargo Tank
- ④ Flatbed
- ⑤ Dump
- ⑥ Concrete Mixer
- ⑦ Auto Transporter
- ⑧ Garbage/Refuse
- ⑨ Other

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PLEASE DO NOT WRITE IN THIS AREA



