

PLACE WHERE ACCIDENT OCCURRED \_\_\_\_\_

COUNTY \_\_\_\_\_ CITY OR TOWN \_\_\_\_\_

IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN \_\_\_\_\_ MILES NORTH  SOUTH  EAST  WEST  OF \_\_\_\_\_ CITY OR TOWN \_\_\_\_\_

ROAD ON WHICH ACCIDENT OCCURRED \_\_\_\_\_

INTERSECTING STREET OR RR X'ING NUMBER \_\_\_\_\_

NOT AT INTERSECTION  FT.  MI.  N  S  E  W OF \_\_\_\_\_

CONSTR. ZONE  YES  NO SPEED LIMIT \_\_\_\_\_

CONSTR. ZONE  YES  NO SPEED LIMIT \_\_\_\_\_

SHOW MILEPOST OR NEAREST INTERSECTING NUMBERED HIGHWAY. IF NONE, SHOW NEAREST INTERSECTING STREET OR REFERENCE POINT.

LOC. NO. \_\_\_\_\_

DO NOT WRITE IN THIS SPACE

DPS NO. \_\_\_\_\_

LOC. \_\_\_\_\_

CODE \_\_\_\_\_

SEVERITY \_\_\_\_\_

FAT. REC. \_\_\_\_\_

DR. REC. \_\_\_\_\_

DATE OF ACCIDENT \_\_\_\_\_ 19 \_\_\_\_\_ DAY OF WEEK \_\_\_\_\_ HOUR \_\_\_\_\_

A.M. IF EXACTLY NOON  P.M. OR MIDNIGHT, SO STATE

UNIT NO. 1 - MOTOR VEHICLE VEH IDENT NO \_\_\_\_\_ IF BODY STYLE = VAN OR BUS, INDICATE SEATING CAPACITY \_\_\_\_\_

YEAR MODEL \_\_\_\_\_ COLOR & MAKE \_\_\_\_\_ MODEL NAME \_\_\_\_\_ BODY STYLE \_\_\_\_\_ LICENSE PLATE \_\_\_\_\_ YEAR STATE NUMBER \_\_\_\_\_

DRIVER'S NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

DRIVER'S LICENSE \_\_\_\_\_ STATE NUMBER CLASS/TYPE \_\_\_\_\_ DOB \_\_\_\_\_ MO DAY YEAR RACE \_\_\_\_\_ SEX \_\_\_\_\_ OCCUPATION \_\_\_\_\_

SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS) 1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED  ALCOHOL/DRUG ANALYSIS RESULT \_\_\_\_\_ PEACE OFFICER, EMS DRIVER, FIRE FIGHTER ON EMERGENCY?  YES  NO

LESSEE  OWNER  NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER) \_\_\_\_\_ ADDRESS (STREET, CITY, STATE, ZIP) \_\_\_\_\_

LIABILITY  YES  NO INSURANCE  YES  NO INSURANCE COMPANY NAME \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_ VEHICLE DAMAGE RATING \_\_\_\_\_

UNIT NO. 2 TOWED  PEDESTRIAN  OTHER  VEH IDENT NO \_\_\_\_\_ IF BODY STYLE = VAN OR BUS, INDICATE SEATING CAPACITY \_\_\_\_\_

YEAR MODEL \_\_\_\_\_ COLOR & MAKE \_\_\_\_\_ MODEL NAME \_\_\_\_\_ BODY STYLE \_\_\_\_\_ LICENSE PLATE \_\_\_\_\_ YEAR STATE NUMBER \_\_\_\_\_

DRIVER'S NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

DRIVER'S LICENSE \_\_\_\_\_ STATE NUMBER CLASS/TYPE \_\_\_\_\_ DOB \_\_\_\_\_ MO DAY YEAR RACE \_\_\_\_\_ SEX \_\_\_\_\_ OCCUPATION \_\_\_\_\_

SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS) 1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED  ALCOHOL/DRUG ANALYSIS RESULT \_\_\_\_\_ PEACE OFFICER, EMS DRIVER, FIRE FIGHTER ON EMERGENCY?  YES  NO

LESSEE  OWNER  NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER) \_\_\_\_\_ ADDRESS (STREET, CITY, STATE, ZIP) \_\_\_\_\_

LIABILITY  YES  NO INSURANCE  YES  NO INSURANCE COMPANY NAME \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_ VEHICLE DAMAGE RATING \_\_\_\_\_

DAMAGE TO PROPERTY OTHER THAN VEHICLES

OBJECT \_\_\_\_\_ NAME AND ADDRESS (STREET, CITY, STATE, ZIP) OF OWNER \_\_\_\_\_ FEET FROM CURB \_\_\_\_\_ \$ \_\_\_\_\_ DAMAGE ESTIMATE \_\_\_\_\_

|  |   |  |   |  |
|--|---|--|---|--|
| LIGHT CONDITION <input type="checkbox"/>                               | WEATHER <input type="checkbox"/>                                    | SURFACE CONDITION <input type="checkbox"/>       | TYPE ROAD SURFACE <input type="checkbox"/>          | DESCRIBE ROAD CONDITIONS (INVESTIGATOR'S OPINION)                    |
| 1-DAYLIGHT<br>2-DAWN<br>3-DARK-NOT LIGHTED<br>4-DARK-LIGHTED<br>5-DUSK | 1-CLEAR/CLOUDY<br>2-RAINING<br>3-SNOWING<br>4-FOG<br>5-BLOWING DUST | 6-SMOKE<br>7-SLEETING<br>8-HIGH WINDS<br>9-OTHER | 1-DRY<br>2-WET<br>3-MUDDY<br>4-SNOWY/ICY<br>5-OTHER | 1-BLACKTOP<br>2-CONCRETE<br>3-GRAVEL<br>4-SHELL<br>5-DIRT<br>6-OTHER |

IN YOUR OPINION, DID THIS ACCIDENT RESULT IN AT LEAST \$500.00 DAMAGE TO ANY ONE PERSON'S PROPERTY?  YES  NO

CHARGES FILED

|            |              |                       |
|------------|--------------|-----------------------|
| NAME _____ | CHARGE _____ | CITATION NUMBER _____ |
| NAME _____ | CHARGE _____ | CITATION NUMBER _____ |

TIME NOTIFIED OF ACCIDENT \_\_\_\_\_ DATE \_\_\_\_\_ HOUR \_\_\_\_\_ M HOW \_\_\_\_\_

TIME ARRIVED AT SCENE OF ACCIDENT \_\_\_\_\_ DATE \_\_\_\_\_ HOUR \_\_\_\_\_ M

TYPED OR PRINTED NAME OF INVESTIGATOR \_\_\_\_\_ DATE REPORT MADE \_\_\_\_\_ IS REPORT COMPLETE  YES  NO

SIGNATURE OF INVESTIGATOR \_\_\_\_\_ ID NO. \_\_\_\_\_ DEPARTMENT \_\_\_\_\_ DIST./AREA \_\_\_\_\_

| SOLICITATION (SOL)   | EJECTED   | CODE FOR TYPE RESTRAINT USED  | AIRBAG CODE  | HELMET USE   | CODE FOR INJURY SEVERITY  | ALCOHOL/DRUG ANALYSIS (COMPLETE IF CASUALTIES NOT IN MOTOR VEHICLE) |
|--|---|---|--|--|---|---|
| INDICATES PERSON'S DESIRE TO RECEIVE CONTACT FROM PERSONS SEEKING PROFESSIONAL EMPLOYMENT AS/FOR AN ATTORNEY, CHIROPRACTOR, PHYSICIAN, SURGEON, PRIVATE INVESTIGATOR, OR ANY OTHER PERSON REGISTERED OR LICENSED BY A HEALTH CARE REGULATORY AGENCY.<br>Y—D.K. TO SOLICIT      N—NO SOLICITATION | A - NOT APPLICABLE<br>Y - YES<br>N - NO<br>P - PARTIALLY<br>U - UNK | A - SEATBELT & SHOULDER STRAP<br>B - SEATBELT & NO SHOULDER STRAP<br>C - CHILD RESTRAINT<br>E - SHOULDER STRAP ONLY<br>N - NONE | Y - DEPLOYED<br>N - NO DEPLOYMENT<br>U - UNK IF DEPLOYED | 1 - WORN-DAMAGED<br>2 - WORN-NOT DAMAGED<br>3 - WORN-UNK IF DAMAGED<br>4 - NOT WORN<br>9 - UNK IF WORN | K - KILLED<br>A - INCAPACITATING INJURY<br>B - NON INCAPACITATING<br>C - POSSIBLE INJURY<br>N - NOT INJURED | 1 - BREATH<br>2 - BLOOD<br>3 - OTHER<br>4 - NONE<br>5 - REFUSED     |

|            |   |                                      |
|------------|---|--------------------------------------|
| UNIT NO. 1 | TOWED DUE TO DAMAGE<br><input type="checkbox"/> YES <input type="checkbox"/> NO | VEHICLE REMOVED TO _____<br>BY _____ |
|------------|---|--------------------------------------|

| Item No. | OCCUPANT'S POSITION | COMPLETE ALL DATA ON ALL OCCUPANTS' NAMES, POSITIONS, RESTRAINTS USED, ETC.; HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED. |                                    |  |  | SOL | EJECTED | TYPE RESTRAINT USED | AIRBAG | HELMET | AGE | SEX | INJURY CODE |
|----------|---------------------|---|------------------------------------|--|--|-----|---------|---------------------|--------|--------|-----|-----|-------------|
|          |                     | NAME (LAST NAME FIRST)  | ADDRESS (STREET, CITY, STATE, ZIP) |  |  |     |         |                     |        |        |     |     |             |
| 1        | DRIVER              | SEE FRONT   |                                    |  |  |     |         |                     |        |        |     |     |             |
| 2        |                     |   |                                    |  |  |     |         |                     |        |        |     |     |             |
| 3        |                     |   |                                    |  |  |     |         |                     |        |        |     |     |             |
| 4        |                     |   |                                    |  |  |     |         |                     |        |        |     |     |             |
| 5        |                     |   |                                    |  |  |     |         |                     |        |        |     |     |             |

|  |   |                                      |
|--|---|--------------------------------------|
| UNIT NO. 2 (COMPLETE ONLY IF UNIT NO. 2 WAS A MOTOR VEHICLE) | TOWED DUE TO DAMAGE<br><input type="checkbox"/> YES <input type="checkbox"/> NO | VEHICLE REMOVED TO _____<br>BY _____ |
|--|---|--------------------------------------|

| Item No. | OCCUPANT'S POSITION | COMPLETE ALL DATA ON ALL OCCUPANTS' NAMES, POSITIONS, RESTRAINTS USED, ETC.; HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED. |                                    |  |  | SOL | EJECTED | TYPE RESTRAINT USED | AIRBAG | HELMET | AGE | SEX | INJURY CODE |
|----------|---------------------|---|------------------------------------|--|--|-----|---------|---------------------|--------|--------|-----|-----|-------------|
|          |                     | NAME (LAST NAME FIRST)  | ADDRESS (STREET, CITY, STATE, ZIP) |  |  |     |         |                     |        |        |     |     |             |
| 6        | DRIVER              | SEE FRONT   |                                    |  |  |     |         |                     |        |        |     |     |             |
| 7        |                     |   |                                    |  |  |     |         |                     |        |        |     |     |             |
| 8        |                     |   |                                    |  |  |     |         |                     |        |        |     |     |             |
| 9        |                     |   |                                    |  |  |     |         |                     |        |        |     |     |             |
| 10       |                     |   |                                    |  |  |     |         |                     |        |        |     |     |             |

| COMPLETE IF CASUALTIES NOT IN MOTOR VEHICLE |                                 |   |  |  |  |     |                     |        |        |     |     |             |
|---|---------------------------------|---|--|--|--|-----|---------------------|--------|--------|-----|-----|-------------|
| PEDESTRIAN, PEDALCYCLIST ETC.               | CASUALTY NAME (LAST NAME FIRST) | CASUALTY ADDRESS (STREET, CITY, STATE, ZIP) |  |  |  | SOL | TYPE SPECIMEN TAKEN | RESULT | HELMET | AGE | SEX | INJURY CODE |
|   |                                 |   |  |  |  |     |                     |        |        |     |     |             |

| DISPOSITION OF KILLED AND INJURED |          |    |  |  |  | IF AMBULANCE USED, SHOW |                       |                            |
|-----------------------------------|----------|----|--|--|--|-------------------------|-----------------------|----------------------------|
| ITEM NUMBERS                      | TAKEN TO | BY |  |  |  | TIME NOTIFIED           | TIME ARRIVED AT SCENE | NO. ATTENDANTS INC. DRIVER |
|                                   |          |    |  |  |  |                         |                       |                            |

| COMPLETE THIS SECTION IF PERSON KILLED |               |               |             |               |               |             |               |               |
|--|---------------|---------------|-------------|---------------|---------------|-------------|---------------|---------------|
| ITEM NUMBER                            | DATE OF DEATH | TIME OF DEATH | ITEM NUMBER | DATE OF DEATH | TIME OF DEATH | ITEM NUMBER | DATE OF DEATH | TIME OF DEATH |
|  |               |               |             |               |               |             |               |               |

|   |  |
|---|--|
| INVESTIGATOR'S NARRATIVE OPINION OF WHAT HAPPENED (ATTACH ADDITIONAL SHEETS IF NECESSARY) | DIAGRAM <input type="checkbox"/> ONE WAY <input type="checkbox"/> TWO WAY <input type="checkbox"/> DIVIDED<br> INDICATE NORTH |
|---|--|

|   |  |   |   |   |        |   |   |   |  |        |   |   |        |   |   |   |
|---|--|---|---|---|--------|---|---|---|--|--------|---|---|--------|---|---|---|
| <b>FACTORS AND CONDITIONS LISTED ARE THE INVESTIGATOR'S OPINION</b><br><b>FACTORS/CONDITIONS CONTRIBUTING</b><br><table border="1"> <tr> <td>UNIT 1</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>UNIT 2</td> <td>1</td> <td>2</td> <td>3</td> </tr> </table>  | UNIT 1   | 1   | 2 | 3 | UNIT 2 | 1 | 2 | 3 | <b>OTHER FACTORS/CONDITIONS MAY OR MAY NOT HAVE CONTRIBUTED</b><br><table border="1"> <tr> <td>UNIT 1</td> <td>1</td> <td>2</td> </tr> <tr> <td>UNIT 2</td> <td>1</td> <td>2</td> </tr> </table> | UNIT 1 | 1 | 2 | UNIT 2 | 1 | 2 | <b>TRAFFIC CONTROL</b><br><input type="checkbox"/> 0-NO CONTROL OR INOPERATIVE<br><input type="checkbox"/> 1-OFFICER OR FLAGMAN<br><input type="checkbox"/> 2-STOP AND GO SIGNAL<br><input type="checkbox"/> 3-STOP SIGN<br><input type="checkbox"/> 4-FLASHING RED LIGHT<br><input type="checkbox"/> 5-TURN MARKS<br><input type="checkbox"/> 6-WARNING SIGN<br><input type="checkbox"/> 7-RR GATES OR SIGNALS<br><input type="checkbox"/> 8-YIELD SIGN<br><input type="checkbox"/> 9-CENTER STRIPE OR DIVIDER<br><input type="checkbox"/> 10-NO PASSING ZONE<br><input type="checkbox"/> 11-OTHER CONTROL |
| UNIT 1  | 1  | 2   | 3 |   |        |   |   |   |  |        |   |   |        |   |   |   |
| UNIT 2  | 1  | 2   | 3 |   |        |   |   |   |  |        |   |   |        |   |   |   |
| UNIT 1  | 1  | 2   |   |   |        |   |   |   |  |        |   |   |        |   |   |   |
| UNIT 2  | 1  | 2   |   |   |        |   |   |   |  |        |   |   |        |   |   |   |
| 1. ANIMAL ON ROAD — DOMESTIC<br>2. ANIMAL ON ROAD — WILD<br>3. BACKED WITHOUT SAFETY<br>4. CHANGED LANE WHEN UNSAFE<br>5. DEFECTIVE OR NO HEADLAMPS<br>6. DEFECTIVE OR NO STOP LAMPS<br>7. DEFECTIVE OR NO TAIL LAMPS<br>8. DEFECTIVE OR NO TURN SIGNAL LAMPS<br>9. DEFECTIVE OR NO TRAILER BRAKES<br>10. DEFECTIVE OR NO VEHICLE BRAKES<br>11. DEFECTIVE STEERING MECHANISM<br>12. DEFECTIVE OR SLICK TIRES<br>13. DEFECTIVE TRAILER HITCH<br>14. DISABLED IN TRAFFIC LANE<br>15. DISREGARD STOP AND GO SIGNAL<br>16. DISREGARD STOP SIGN OR LIGHT<br>17. DISREGARD TURN MARKS AT INTERSECTION<br>18. DISREGARD WARNING SIGN AT CONSTRUCTION | 19. DISTRACTION IN VEHICLE<br>20. DRIVER INATTENTION<br>21. DROVE WITHOUT HEADLIGHTS<br>22. FAILED TO CONTROL SPEED<br>23. FAILED TO DRIVE IN SINGLE LANE<br>24. FAILED TO GIVE HALF OF ROADWAY<br>25. FAILED TO HEED WARNING SIGN<br>26. FAILED TO PASS TO LEFT SAFELY<br>27. FAILED TO PASS TO RIGHT SAFELY<br>28. FAILED TO SIGNAL OR GAVE WRONG SIGNAL<br>29. FAILED TO STOP AT PROPER PLACE<br>30. FAILED TO STOP FOR SCHOOL BUS<br>31. FAILED TO STOP FOR TRAIN<br>32. FAILED TO YIELD ROW — EMERGENCY VEHICLE<br>33. FAILED TO YIELD ROW — OPEN INTERSECTION<br>34. FAILED TO YIELD ROW — PRIVATE DRIVE<br>35. FAILED TO YIELD ROW — STOP SIGN<br>36. FAILED TO YIELD ROW — TO PEDESTRIAN | 37. FAILED TO TO YIELD ROW — TURNING LEFT<br>38. FAILED TO YIELD ROW — TURN ON RED<br>39. FAILED TO YIELD ROW — YIELD SIGN<br>40. FATIGUED OR ASLEEP<br>41. FAULTY EVASIVE ACTION<br>42. FIRE IN VEHICLE<br>43. FLEEING OR EVADING POLICE<br>44. FOLLOWED TOO CLOSELY<br>45. HAD BEEN DRINKING<br>46. HANDICAPPED DRIVER (EXPLAIN IN NARRATIVE)<br>47. ILL (EXPLAIN IN NARRATIVE)<br>48. IMPAIRED VISIBILITY (EXPLAIN IN NARRATIVE)<br>49. IMPROPER START FROM PARKED POSITION<br>50. LOAD NOT SECURED<br>51. OPENED DOOR INTO TRAFFIC LANE<br>52. OVERSIZE VEHICLE OR LOAD<br>53. OVERTAKE AND PASS INSUFFICIENT CLEARANCE<br>54. PARKED AND FAILED TO SET BRAKES<br>55. PARKED IN TRAFFIC LANE<br>56. PARKED WITHOUT LIGHTS<br>57. PASSED IN NO PASSING ZONE<br>58. PASSED ON RIGHT SHOULDER<br>59. PEDESTRIAN FAILED TO YIELD ROW TO VEHICLE<br>60. SPEEDING — UNSAFE (UNDER LIMIT)<br>61. SPEEDING — OVER LIMIT<br>62. TAKING MEDICATION (EXPLAIN IN NARRATIVE)<br>63. TURNED IMPROPERLY — CUT CORNER ON LEFT<br>64. TURNED IMPROPERLY — WIDE RIGHT<br>65. TURNED IMPROPERLY — WRONG LANE<br>66. TURNED WHEN UNSAFE<br>67. UNDER INFLUENCE — ALCOHOL<br>68. UNDER INFLUENCE — DRUG<br>69. WRONG SIDE — APPROACH OR IN INTERSECTION<br>70. WRONG SIDE — NOT PASSING<br>71. WRONG WAY — ONE WAY ROAD<br>72. OTHER FACTOR (WRITE IN ON LINE BELOW) |   |   |        |   |   |   |  |        |   |   |        |   |   |   |

|  |   |                            |
|--|---|----------------------------|
| <b>ACCIDENT INFORMATION</b>  |   | LOC NO. _____              |
| (1) COUNTY _____   | (2) CITY OR TOWN _____  | DO NOT WRITE IN THIS SPACE |
| (3) ROAD ON WHICH ACCIDENT OCCURRED _____<br><small>BLOCK NO.      STREET OR ROAD NAME      ROUTE NUMBER</small> |   |                            |
| (4) DATE OF ACCIDENT _____ 19__ (5) DAY OF WEEK _____ (6) HOUR _____   | (IF EXACTLY NOON OR MIDNIGHT, SO STATE)<br><input type="checkbox"/> AM<br><input type="checkbox"/> PM | MCS NO. _____              |

|  |  |  |
|--|--|--|
| <b>DRIVER INFORMATION</b>  |  |  |
| (7) NAME _____<br><small>LAST                      FIRST                      MIDDLE</small>                         | (8) DRIVER'S LICENSE _____<br><small>STATE                      NUMBER</small> |  |
| (9) DRIVER'S LICENSE CLASS/TYPE _____<br><small>CDL <input type="checkbox"/> YES <input type="checkbox"/> NO</small> | (10) RESTRICTIONS _____  | (11) ENDORSEMENTS _____  |
|  |  | (12) DRIVER'S DOB _____<br><small>MONTH    DAY    YEAR</small> |

|   |  |   |
|---|--|---|
| <b>CARRIER INFORMATION</b>  |  | (14) NAME SOURCE  |
| (13) VEHICLE OPERATION <input type="checkbox"/> INTERSTATE COMMERCE <input type="checkbox"/> INTRASTATE COMMERCE  |  | SHIPPING PAPERS <input type="checkbox"/> DRIVER <input type="checkbox"/>                                  |
| (15) CARRIER'S CORPORATE NAME _____   |  | LOG BOOK <input type="checkbox"/> SIDE OF VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> |
| (16) CARRIER'S PRIMARY ADDRESS _____<br><small>NUMBER                      STREET                      CITY                      STATE                      ZIP</small>         |  |   |
| (17) CARRIER ID TYPE: <input type="checkbox"/> ICC <input type="checkbox"/> DOT <input type="checkbox"/> RRC <input type="checkbox"/> OTHER _____ <input type="checkbox"/> NONE |  | (18) CARRIER ID NO. _____   |

|  |  |  |                                  |  |
|--|--|--|----------------------------------|--|
| <b>MOTOR VEHICLE INFORMATION</b>   |  | (22) TOTAL NUMBER OF AXLES _____   | (23) TOTAL NUMBER OF TIRES _____ | (24) AIR BRAKES<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO |
| (19) UNIT NUMBER ON ST-3 _____   | (20) LICENSE PLATE _____<br><small>YEAR                      STATE                      NUMBER</small>   |  |                                  |  |
| (21) GROSS VEHICLE WEIGHT RATING _____<br>REGISTERED GROSS VEHICLE WEIGHT _____  |  |  |                                  |  |
| (25) VEHICLE TYPE<br><input type="checkbox"/> 1-TRUCK<br><input type="checkbox"/> 2-TRUCK TRACTOR<br><input type="checkbox"/> 3-VAN<br><input type="checkbox"/> 4-BUS<br><input type="checkbox"/> 5-AUTOMOBILE<br><input type="checkbox"/> 6-OTHER _____   | (26) CARGO BODY STYLE<br><input type="checkbox"/> 1-VAN/ENCLOSED BOX<br><input type="checkbox"/> 2-DUMP<br><input type="checkbox"/> 3-CARGO TANK<br><input type="checkbox"/> 4-GARBAGE/REFUSE<br><input type="checkbox"/> 5-SPECIALIZED<br><input type="checkbox"/> 6-CEMENT MIXER<br><input type="checkbox"/> 7-FLATBED<br><input type="checkbox"/> 8-NA (ie, TRUCK TRACTOR, AUTO OR BUS)<br><input type="checkbox"/> 9-OTHER _____   | (27) HAZARDOUS MATERIALS TRANSPORTING HAZARDOUS MATERIALS <input type="checkbox"/> YES <input type="checkbox"/> NO<br>1. CLASS _____ ID No. _____<br>2. CLASS _____ ID No. _____<br>3. CLASS _____ ID No. _____<br>HAZARDOUS MATERIALS RELEASED <input type="checkbox"/> YES <input type="checkbox"/> NO |                                  |  |
| (28) VEHICLE USE<br><input type="checkbox"/> 1-FARM<br><input type="checkbox"/> 2-MILITARY<br><input type="checkbox"/> 3-RECREATIONAL<br><input type="checkbox"/> 4-FIREFIGHTER<br><input type="checkbox"/> 5-SCHOOL BUS<br><input type="checkbox"/> 6-TRANSPORT PERSONAL PROPERTY<br><input type="checkbox"/> 7-TRANSPORT SICK OR INJURED OR HUMAN CORPSES<br><input type="checkbox"/> 8-PRIVATE TRANSPORTATION OF PASSENGERS<br><input type="checkbox"/> 9-OTHER _____ | (29) CARGO TYPE<br><input type="checkbox"/> 1-GENERAL FREIGHT<br><input type="checkbox"/> 2-GAS IN BULK<br><input type="checkbox"/> 3-LIQUIDS IN BULK<br><input type="checkbox"/> 4-SOLIDS IN BULK<br><input type="checkbox"/> 5-PRODUCE<br><input type="checkbox"/> 6-AGRICULTURAL PRODUCTS<br><input type="checkbox"/> 7-LIVESTOCK<br><input type="checkbox"/> 8-ROCK, DIRT, SAND, GRAVEL, ETC.<br><input type="checkbox"/> 9-MACHINERY<br><input type="checkbox"/> 10-CONSTRUCTION MATERIAL<br><input type="checkbox"/> 11-DAIRY PRODUCTS<br><input type="checkbox"/> 12-OTHER (SPECIFY) _____<br><input type="checkbox"/> 13-EMPTY<br><input type="checkbox"/> 14-NOT APPLICABLE (UNIT NOT EQUIPPED FOR CARGO) |  |                                  |  |
| (30) _____ IF THIS VEHICLE TYPE IS A BUS, SHOW THE NUMBER OF PASSENGERS THE BUS IS EQUIPPED TO CARRY (INCLUDING THE DRIVER)  |  |  |                                  |  |
| (31) _____ SHOW THE NUMBER OF TRAILER(S) /SEMI-TRAILER(S) THIS MOTOR VEHICLE IS TOWING. COMPLETE TRAILER INFORMATION BELOW AS APPLICABLE   |  |  |                                  |  |

|   |  |   |  |
|---|--|---|--|
| <b>TRAILER NUMBER 1 INFORMATION</b>   |  | (34) TRAILER TYPE   | (35) HAZARDOUS MATERIALS TRANSPORTING HAZARDOUS MATERIALS <input type="checkbox"/> YES <input type="checkbox"/> NO   |
| (32) LICENSE PLATE _____<br><small>YEAR                      STATE                      NUMBER</small>  |  | <input type="checkbox"/> 1-FULL TRAILER<br><input type="checkbox"/> 2-SEMI-TRAILER<br><input type="checkbox"/> 3-POLE TRAILER   | 1. CLASS _____ ID NO. _____  |
| (33) GROSS VEHICLE WEIGHT RATING _____<br>REGISTERED GROSS VEHICLE WEIGHT _____   |  |   | 2. CLASS _____ ID NO. _____  |
| (36) TRAILER CARGO BODY STYLE<br><input type="checkbox"/> 1-VAN/ENCLOSED BOX<br><input type="checkbox"/> 2-DUMP<br><input type="checkbox"/> 3-CARGO TANK<br><input type="checkbox"/> 4-LIVESTOCK<br><input type="checkbox"/> 5-SPECIALIZED<br><input type="checkbox"/> 6-FLATBED<br><input type="checkbox"/> 7-AUTO-TRANSPORT<br><input type="checkbox"/> 8-OTHER _____ |  | (37) CARGO TYPE<br><input type="checkbox"/> 1-GENERAL FREIGHT<br><input type="checkbox"/> 2-GAS IN BULK<br><input type="checkbox"/> 3-LIQUID IN BULK<br><input type="checkbox"/> 4-SOLIDS IN BULK<br><input type="checkbox"/> 5-PRODUCE<br><input type="checkbox"/> 6-AGRICULTURAL PRODUCTS<br><input type="checkbox"/> 7-LIVESTOCK<br><input type="checkbox"/> 8-ROCK, DIRT, SAND, GRAVEL, ETC.<br><input type="checkbox"/> 9-MACHINERY<br><input type="checkbox"/> 10-CONSTRUCTION MATERIAL<br><input type="checkbox"/> 11-DAIRY PRODUCTS<br><input type="checkbox"/> 12-OTHER (Specify) _____<br><input type="checkbox"/> 13-EMPTY<br><input type="checkbox"/> 14-NOT APPLICABLE (UNIT NOT EQUIPPED FOR CARGO) | 3. CLASS _____ ID NO. _____<br>HAZARDOUS MATERIALS RELEASED <input type="checkbox"/> YES <input type="checkbox"/> NO |

|   |  |   |  |
|---|--|---|--|
| <b>TRAILER NUMBER 2 INFORMATION</b>   |  | (40) TRAILER TYPE   | (41) HAZARDOUS MATERIALS TRANSPORTING HAZARDOUS MATERIALS <input type="checkbox"/> YES <input type="checkbox"/> NO   |
| (38) LICENSE PLATE _____<br><small>YEAR                      STATE                      NUMBER</small>  |  | <input type="checkbox"/> 1-FULL TRAILER<br><input type="checkbox"/> 2-SEMI-TRAILER<br><input type="checkbox"/> 3-POLE TRAILER   | 1. CLASS _____ ID NO. _____  |
| (39) GROSS VEHICLE WEIGHT RATING _____<br>REGISTERED GROSS VEHICLE WEIGHT _____   |  |   | 2. CLASS _____ ID NO. _____  |
| (42) TRAILER CARGO BODY STYLE<br><input type="checkbox"/> 1-VAN/ENCLOSED BOX<br><input type="checkbox"/> 2-DUMP<br><input type="checkbox"/> 3-CARGO TANK<br><input type="checkbox"/> 4-LIVESTOCK<br><input type="checkbox"/> 5-SPECIALIZED<br><input type="checkbox"/> 6-FLATBED<br><input type="checkbox"/> 7-AUTO-TRANSPORT<br><input type="checkbox"/> 8-OTHER _____ |  | (43) CARGO TYPE<br><input type="checkbox"/> 1-GENERAL FREIGHT<br><input type="checkbox"/> 2-GAS IN BULK<br><input type="checkbox"/> 3-LIQUID IN BULK<br><input type="checkbox"/> 4-SOLIDS IN BULK<br><input type="checkbox"/> 5-PRODUCE<br><input type="checkbox"/> 6-AGRICULTURAL PRODUCTS<br><input type="checkbox"/> 7-LIVESTOCK<br><input type="checkbox"/> 8-ROCK, DIRT, SAND, GRAVEL, ETC.<br><input type="checkbox"/> 9-MACHINERY<br><input type="checkbox"/> 10-CONSTRUCTION MATERIAL<br><input type="checkbox"/> 11-DAIRY PRODUCTS<br><input type="checkbox"/> 12-OTHER (Specify) _____<br><input type="checkbox"/> 13-EMPTY<br><input type="checkbox"/> 14-NOT APPLICABLE (UNIT NOT EQUIPPED FOR CARGO) | 3. CLASS _____ ID NO. _____<br>HAZARDOUS MATERIALS RELEASED <input type="checkbox"/> YES <input type="checkbox"/> NO |

|  |                  |                                 |
|--|------------------|---------------------------------|
| (44) SIGNATURE _____<br>PERSON COMPLETING SUPPLEMENT | DEPARTMENT _____ | DATE THIS SUPPLEMENT MADE _____ |
|--|------------------|---------------------------------|

## GENERAL

A separate commercial supplement is to be completed on **each** commercial motor vehicle involved in a motor vehicle accident. This supplement(s) must be attached to the basic peace officer's accident report. A commercial motor vehicle for supplemental reporting is defined as:

1. Any motor vehicle or towed vehicle with a Gross Vehicle Weight Rating (GVWR) or a Registered Gross Vehicle Weight (RGVW), whichever is greater, of 10,001 lbs. or more, or any combination of vehicles where the Gross Combined Weight Rating (GCWR) or the total RGVW of the combination is 10,001 lbs. or more.
  - 1.1. GVWR and RGVW are both defined as the weight of the fully equipped vehicle plus its net carrying capacity. The GCWR is the combined weight rating of a motor vehicle and a towed unit(s). On occasion, the GVWR and the RGVW will differ. In those situations, the greater weight value will be used to determine if this form must be completed.
  - 1.2. The GVWR of a motor vehicle normally can be found on an information plate on the driver's door or door post. The GVWR of a trailer normally can be found on an information plate near the front left portion of the trailer. If the vehicle does not have an information plate or it is illegible, use RGVW. For combination or token trailers, see 1.6 below.
  - 1.3. On vehicles registered in Texas, the RGVW is shown on the registration receipt under "gross weight". Commercial motor vehicles are required to carry the registration receipt.
  - 1.4. In the event the registration receipt is not available, RGVW can normally be obtained by a **complete** registration check. Exception: If the vehicle has exempt license plates (i.e. owned by a government entity) no RGVW will be shown. In those instances, GVWR must be used.
  - 1.5. If GVWR is used to determine the need to complete this supplement, GVWR for the motor vehicle and each trailer(s) must be obtained and shown in the appropriate blank(s).
  - 1.6. If RGVW is used to determine the need to complete this supplement, the RGVW should be obtained for each motor vehicle and trailer in the combination unless the combination is registered as a **combination/token** vehicle or as an **apportioned** vehicle. In those situations the license plates will indicate combination/token or apportioned. If the vehicle is registered as a combination/token or apportioned vehicle, the entire registered gross weight will be shown on the power unit and the trailer will not carry a RGVW. In those instances, show the RGVW of the combination in the power unit and show zero (0) on the trailer(s).
  - 1.7. RGVW for out-of-state vehicles and trailer(s) may be obtained from registration receipts issued by the licensing state, temporary permits, cab cards or other documents or as in 1.4 above.
2. Any bus, which shall include every motor vehicle with a seating capacity of more than fifteen (15) passengers (**including the driver**) and used for the transportation of persons. The seating capacity of a bus (excluding school buses) shall be determined by allowing one (1) passenger for each sixteen (16) inches of seat space. The seating capacity of a school bus shall be determined by allowing one (1) passenger for each thirteen (13) inches of seat space.
3. Any motor vehicle hauling hazardous materials which is required to be placarded under the Hazardous Materials Transportation Act.

### INSTRUCTIONS FOR COMPLETION OF FORM ST-3C

Detailed instructions for completion of this supplement are included in the Instructions to Police for Reporting Accidents.

#### ACCIDENT INFORMATION (Items 1-6)

Complete the information in this section exactly as shown on the basic report (ST-3).

#### DRIVER INFORMATION (Items 7-12)

Complete items 7, 8, 9 and 12 exactly as shown on the basic report (ST-3). If the license is restricted or carries an endorsement(s), show the restriction(s) and endorsement(s) in item 10 and item 11, as applicable.

#### CARRIER INFORMATION (Items 13-18)

Indicate whether the operation of the commercial motor vehicle at the time of this accident is defined as an interstate or intrastate operation. An interstate operation is one where the transportation of the property originated in one state or country and passed through or terminated in another state or country. An intrastate operation is one where the transportation of the property did not cross a state or international boundary. The bill of lading origin and destination information may be one source available to make this determination. Check the appropriate box in item 13. Carrier ID Name Source. Check appropriate box in item 14.

Indicate the Carrier's corporate name and primary business address in items 15 and 16. The Carrier is defined as the entity responsible for the operation of the vehicle at the time of the accident. This may be the actual owner of the vehicle or the lessee. This information should match the Owner/Lessee shown on the ST-3.

Show the type of carrier identification by checking the appropriate box in item 17. Show the ID number in item 18, if applicable.

#### MOTOR VEHICLE INFORMATION (Items 19-31)

Enter the unit number from the ST-3 for this motor vehicle in item 19. Show the registration year, state and number in item 20. Enter the GVWR or RGVW as applicable in item 21. Indicate which, GVWR or RGVW, by checking the appropriate box.

Indicate total number of Axles (vehicle and trailers) in item 22.

Indicate total number of Tires (vehicle and trailers) in actual contact with the road surface in item 23.

Indicate if vehicle was equipped with Air Brakes in item 24.

Indicate the appropriate number in the box for Vehicle Type in item 25.

Indicate the appropriate number in the box for Cargo Body Style in item 26.

Indicate by checking the appropriate box in item 27 whether this vehicle is hauling hazardous material(s). If yes, enter the class and ID nos. of the hazardous material(s) being transported. Indicate by checking the appropriate box whether hazardous materials were released (spilled, discharged, etc.) The class and ID nos. should be obtained from the bill of lading or shipping papers. If unavailable, the class and ID nos. may be taken from the placard. The class may be located in the lower corner of the diamond shaped placard. The ID nos. may be located on the placard or on an orange label near the placard. (**REFER TO DETAILED INSTRUCTIONS**).

Indicate the appropriate number in the box for Vehicle Use in item 28.

Indicate the appropriate number in the box for Cargo Type in item 29.

If this motor vehicle is a bus, show in box (item 30) the number of passengers (**including the driver**) the bus is equipped to carry. If not a bus, leave blank.

Indicate the number of trailer(s)/semi-trailer(s) being towed by this motor vehicle in box (item 31). If none, show zero.

#### TRAILER NUMBER 1 & 2 INFORMATION (Items 32-43)

If the commercial motor vehicle reported on this supplement is towing one trailer, complete trailer number 1 section only. If towing 2 trailers, complete both trailer number 1 and 2 sections.

Indicate the registration year, state and number in item 32, and if applicable item 38. Show the GVWR or RGVW in item 33 and, if applicable, item 39. Indicate which, GVWR or RGVW by checking the appropriate box.

Indicate the appropriate number in the box for Trailer Type (item 34, and if applicable, item 40).

Indicate by checking the appropriate line in item 35, and if applicable, item 41, whether the trailer(s) is hauling hazardous materials. If yes, enter the class and ID nos. (up to three) of the hazardous material(s) being transported. The class and ID nos. can be located on the bill of lading. If no bill of lading, the class can be located on the lower corner of the Hazardous Material Placard and the ID nos. can be located on the placard or on an orange label located near the placard.

Indicate the appropriate number in the box for Trailer Cargo Body Style, item 36, and if applicable, item 42.

Indicate the appropriate number in the box for Cargo Type, item 37, and if applicable, item 43.

The person completing this supplement should sign, show department and the date this supplement was prepared in item 44.



