FLORIDA TRAFFIC CRASH REPORT

☐ LONG FORM ☐ SHORT FORM

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES
TRAFFIC CRASH RECORDS
TALLAHASSEE, FLORIDA 32399-0500

DO NOT WRITE IN THIS SPACE

Time & Location

DATE OF CRASH | TIME OF CRASH ☐AM ☐PM | TIME OFFICER NOTIFIED ☐AM ☐PM | TIME OFFICER ARRIVED ☐AM ☐PM | INVEST. AGENCY REPORT NUMBER | HSMV CRASH REPORT NUMBER 50508547

COUNTY / CITY CODE | Feet or Miles N S E W of | CITY OR TOWN (Check if in City or Town) | COUNTY

AT NODE NO. or | FEET / MILES FROM NODE NO. 1 2 | NEXT NODE NO. | NO. OF LANES | 1 DIVIDED 2 UNDIVIDED | ON STREET, ROAD OR HIGHWAY

AT INTERSECTION OF or | FEET / MILES 1 2 N S E W | OF INTERSECTION OF

Section 1

Vehicle

DRIVER ACTION 1 Phantom 2 Hit & Run 3 N/A | YEAR | MAKE | TYPE | USE | VEH. LICENSE NUMBER | STATE | VEHICLE IDENTIFICATION NUMBER

TRAILER OR TOWED VEHICLE INFORMATION | TRAILER TYPE

POINT OF IMPACT CIRCLE AREA OF DAMAGE 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 Undercarriage 19 Overturn 20 Windshield 21 Fire 22 Trailer

VEHICLE TRAVELING N S E W | ON | AT | Est. MPH | Posted Speed | EST. VEHICLE DAMAGE $ 1 Disabling 2 Functional 3 No Damage | EST. TRAILER DAMAGE $

INSURANCE COMPANY (LIABILITY OR PIP) | POLICY NUMBER | VEHICLE REMOVED BY: 1 Tow Rotation List 2 Tow Owner's Request 3 Driver 4 Other

OWNER'S FULL NAME (Check if Driver) | CURRENT ADDRESS (Number and Street) | CITY AND STATE | ZIP CODE

OWNER'S FULL NAME (Trailer or Towed Vehicle) | CURRENT ADDRESS (Number and Street) | CITY AND STATE | ZIP CODE

Pedestrian

DRIVER (Exactly as on Driver License) / Pedestrian | CURRENT ADDRESS (Number and Street) | CITY & STATE / ZIP CODE | DATE OF BIRTH

DRIVER LICENSE NUMBER | STATE | DL TYPE | REG. END. | BAC TEST 1 Blood 2 Breath 3 Urine 4 Refused 5 None | RESULTS % | AL/DRUG | PHYS. DEF. | RES | RACE | SEX | INJ. | S. EQUIP. | EJECT.

HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes 2 No | PLACARDED 1 Yes 2 No | RECOMMEND RE-EXAM 1 Yes 2 No | If YES, Explain in Narrative | DRIVER'S PHONE NO. ( )

PASSENGER'S NAME (Additional on Continuation Page) | CURRENT ADDRESS | CITY & STATE / ZIP | AGE | LOC. | INJ. | S. EQUIP | EJECT.

Section 2

Vehicle

DRIVER ACTION 1 Phantom 2 Hit & Run 3 N/A | YEAR | MAKE | TYPE | USE | VEH. LICENSE NUMBER | STATE | VEHICLE IDENTIFICATION NUMBER

TRAILER OR TOWED VEHICLE INFORMATION | TRAILER TYPE

POINT OF IMPACT CIRCLE AREA OF DAMAGE 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 Undercarriage 19 Overturn 20 Windshield 21 Fire 22 Trailer

VEHICLE TRAVELING N S E W | ON | AT | Est. MPH | Posted Speed | EST. VEHICLE DAMAGE $ 1 Disabling 2 Functional 3 No Damage | EST. TRAILER DAMAGE $

INSURANCE COMPANY (LIABILITY OR PIP) | POLICY NUMBER | VEHICLE REMOVED BY: 1 Tow Rotation List 2 Tow Owner's Request 3 Driver 4 Other

OWNER'S FULL NAME (Check if Driver) | CURRENT ADDRESS (Number and Street) | CITY AND STATE | ZIP CODE

OWNER'S FULL NAME (Trailer or Towed Vehicle) | CURRENT ADDRESS (Number and Street) | CITY AND STATE | ZIP CODE

Pedestrian

DRIVER (Exactly as on Driver License) / Pedestrian | CURRENT ADDRESS (Number and Street) | CITY & STATE / ZIP CODE | DATE OF BIRTH

DRIVER LICENSE NUMBER | STATE | DL TYPE | REG. END. | BAC TEST 1 Blood 2 Breath 3 Urine 4 Refused 5 None | RESULTS % | AL/DRUG | PHYS. DEF. | RES | RACE | SEX | INJ. | S. EQUIP. | EJECT.

HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes 2 No | PLACARDED 1 Yes 2 No | RECOMMEND RE-EXAM 1 Yes 2 No | If YES, Explain in Narrative | DRIVER'S PHONE NO. ( )

PASSENGER'S NAME (Additional on Continuation Page) | CURRENT ADDRESS | CITY & STATE / ZIP | AGE | LOC. | INJ. | S. EQUIP | EJECT.

Code Information

VEHICLE TYPE
01 Automobile
02 Passenger Van
03 Pickup/Light Truck (2 rear tires)
04 Medium Truck (4 rear tires)
05 Heavy Truck (2 or more rear axles)
06 Truck Tractor (Cab)
07 Motor Home (RV)
08 Bus
09 Bicycle
10 Motorcycle
11 Moped
12 All Terrain Vehicle
13 Train
77 Other

VEHICLE USE
01 Private Transportation
02 Commercial Passengers
03 Commercial Cargo
04 Public Transportation
05 Public School Bus
06 Private School Bus
07 Ambulance
08 Law Enforcement
09 Fire/Rescue
10 Military
11 Other Government
77 Other

TRAILER TYPE
01 Single Semi Trailer
02 Tandem Semi Trailer(s)
03 Tank Trailer
04 Saddle Mount / Flatbed
05 Boat Trailer
06 Utility Trailer
07 House Trailer
08 Pole Trailer
09 Towed Vehicle
77 Other

RESIDENCE (Driver Only)
1 County of Crash
2 Elsewhere in State
3 Non-Resident of State
4 Foreign 5 Unknown

DL TYPE
1 A 2 B 3 C
4 D / Chauffeur
5 E / Operator
6 E / Oper-Rest
7 None

REQUIRED ENDORSEMENTS
1 Yes 2 No 3 NR

RACE
1 White
2 Black
3 Hispanic
4 Other

SEX
1 Male
2 Female

PHYSICAL DEFECTS
1 No Defects Known
2 Eyesight Defect
3 Fatigue / Asleep
4 Hearing Defect
5 Illness
6 Seizure, Epilepsy, Blackout
7 Other Physical Defect

INJURY SEVERITY
1 None
2 Possible
3 Non-Incapacitating
4 Incapacitating
5 Fatal (Within 90 Days)
6 Non-Traffic Fatality

ALCOHOL / DRUG USE
1 Not Drinking or Using Drugs
2 Alcohol - Under Influence
3 Drugs - Under Influence
4 Alcohol & Drugs - Under Influence
5 Had Been Drinking
6 Pending BAC Test Result

SAFETY EQUIPMENT IN USE
1 Not In Use
2 Seat Belt / Shoulder Harness
3 Child Restraint
4 Air Bag
5 Safety Helmet
6 Eye Protection

LOCATION (in Vehicle)
1 Front Left
2 Front Center
3 Front Right
4 Rear Left
5 Rear Center
6 Rear Right
7 In Body of Truck
8 Bus Passenger
9 Other

EJECTED
1 No
2 Yes
3 Partial

HSMV 90003 (1/95) S

Section 3

Vehicle

DRIVER ACTION: 1 Phantom 2 Hit & Run 3 N/A

YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER

TRAILER OR TOWED VEHICLE INFORMATION | TRAILER TYPE

POINT OF IMPACT CIRCLE AREA OF DAMAGE: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 Undercarriage 19 Overturn 20 Windshield 21 Fire 22 Trailer

VEHICLE TRAVELING N S E W | ON | At | Est. MPH | Posted Speed | EST. VEHICLE DAMAGE $ | 1 Disabling 2 Functional 3 No Damage | EST. TRAILER DAMAGE $

INSURANCE COMPANY (LIABILITY OR PIP) | POLICY NUMBER | VEHICLE REMOVED BY: 1 Tow Rotation List 2 Tow Owner's Request 3 Driver 4 Other

OWNER'S FULL NAME (Check if Driver) | CURRENT ADDRESS (Number and Street) | CITY AND STATE | ZIP CODE

OWNER'S FULL NAME (Trailer or Towed Vehicle) | CURRENT ADDRESS (Number and Street) | CITY AND STATE | ZIP CODE

Pedestrian

DRIVER (Exactly as on Driver License) / Pedestrian | CURRENT ADDRESS (Number and Street) | CITY & STATE / ZIP CODE | DATE OF BIRTH

DRIVER LICENSE NUMBER	STATE	CL. TYPE	RESTR. EXCL.	BAC TEST 3 Urine 1 Blood 4 Refused 2 Breath 5 None	RESULTS %	AL/DRUG	PHYS. DEF.	RES	RACE	SEX	INJ.	S. EQUIP.	EJECT.

HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes 2 No | PLACARDED 1 Yes 2 No | RECOMMEND RE-EXAM 1 Yes 2 No If YES, Explain in Narrative | DRIVER'S PHONE NO. ( )

PASSENGER'S NAME (Additional on Continuation Page)	CURRENT ADDRESS	CITY & STATE / ZIP	AGE	LOC.	INJ.	S. EQUIP	EJECT.

	PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
#1		$					
#2		$					

CONTRIBUTING CAUSES - DRIVER / PED. (1 2 3)

01 No Improper Driving / Action
02 Careless Driving
03 Failed to Yield Right-of-Way
04 Improper Backing
05 Improper Lane Change
06 Improper Turn
07 Alcohol-Under Influence
08 Drugs-Under Influence
09 Alcohol & Drugs-Under Influence
10 Followed Too Closely
11 Disregarded Traffic Signal
12 Exceeded Safe Speed Limit
13 Disregarded Stop Sign
14 Failed to Maintain Equip. / Vehicle
15 Improper Passing
16 Drove Left of Center
17 Exceeded Stated Speed Limit
18 Obstructing Traffic
19 Improper Load
20 Disregarded Other Traffic Control
21 Driving Wrong Side / Way
22 Fleeing Police
23 Vehicle Modified
77 All Other (Explain)

VEHICLE DEFECT (1 2 3)

01 No Defects
02 Def. Brakes
03 Worn / Smooth Tires
04 Defective / Improper Lights
05 Puncture / Blowout
06 Steering Mech.
07 Windshield Wipers
08 Equipment / Vehicle Defect
77 All Other (Explain in Narrative)

VEHICLE MOVEMENT (1 2 3)

01 Straight Ahead
02 Slowing / Stopped / Stalled
03 Making Left Turn
04 Backing
05 Making Right Turn
06 Changing Lanes
07 Entering/Leaving Parking Space
08 Properly Parked
09 Improperly Parked
10 Making U-Turn
11 Passing
12 Driverless or Runaway Veh.
77 All Other (Explain in Narrative)

VEHICLE SPECIAL FUNCTIONS (1 2 3)

1 None
2 Farm
3 Police Pursuit
4 Recreational
5 Emergency Operation
6 Construction / Maintenance

LOCATION ON ROADWAY (1 2 3)

1 On Road
2 Not On Road
3 Shoulder
4 Median
5 Turn Lane / Safety Zone

PEDESTRIAN ACTION (1 2 3)

01 Crossing Not at Intersection
02 Crossing at Mid-block Crosswalk
03 Crossing at Intersection
04 Walking Along Road With Traffic
05 Walking Along Road Against Traffic
06 Working on Vehicle in Road
07 Other Working in Road
08 Standing/Playing in Road
09 Standing in Pedestrian Island
77 All Other (Explain)
88 Unknown

LOCATION TYPE

1 Primarily Business
2 Primarily Residential
3 Open Country

FIRST / SUBSEQUENT HARMFUL EVENT (F S)

01 Collision With MV in Transport (Rear-end)
02 Collision With MV in Transport (Head-on)
03 Collision With MV in Transport (Angle)
04 Collision With MV in Transport (Left Turn)
05 Collision With MV in Transport (Right Turn)
06 Collision With MV in Transport (Sideswipe)
07 Collision With MV in Transport (Backed Into)
08 Collision With Parked Car
09 Collision With MV on Other Roadway
10 Collision With Pedestrian
11 Collision With Bicycle
12 Collision With Bicycle (Bike Lane)
13 Collision With Moped
14 Collision With Train
15 Collision With Animal
16 MV Hit Sign/Sign Post
17 MV Hit Utility Pole/Light Pole
18 MV Hit Guardrail
19 MV Hit Fence
20 MV Hit Concrete Barrier Wall
21 MV Hit Bridge/Pier/Abutment/Rail
22 MV Hit Tree/Shrubbery
23 Collision With Construction Barricade/Sign
24 Collision With Traffic Gate
25 Collision With Crash Attenuators
26 Collision With Fixed Object Above Road
27 MV Hit Other Fixed Object
28 Collision With Moveable Object On Road
29 MV Ran Into Ditch/Culvert
30 Ran Off Road Into Water
31 Overturned
32 Occupant Fell From Vehicle
33 Tractor/Trailer Jackknifed
34 Fire
35 Explosion
77 All Other (Explain)

ROAD SYSTEM IDENTIFIER

01 Interstate
02 U.S.
03 State
04 County
05 Local
06 Turnpike / Toll
07 Forest Road
77 All Other

LIGHTING CONDITION

01 Daylight
02 Dusk
03 Dawn
04 Dark (Street Light)
05 Dark (No Street Light)
88 Unknown

ROAD SURFACE / CONDITION

01 Dry
02 Wet
03 Slippery
04 Icy
77 All Other (Explain)

WEATHER

01 Clear
02 Cloudy
03 Rain
04 Fog
77 All Other (Explain)

ROAD SURFACE TYPE

01 Slag / Gravel / Stone
02 Blacktop
03 Brick / Block
04 Concrete
05 Dirt
77 All Other (Explain)

CONTRIBUTING CAUSES - ROAD

01 No Defects
02 Obstruction With / Without Warning
03 Road Under Repair / Construction
04 Loose Surface Materials
05 Shoulders - Soft / Low / High
06 Holes / Ruts / Unsafe Paved Edge
07 Standing Water
08 Worn / Polished Road Surface
77 All Other (Explain)

CONTRIBUTING CAUSES - ENVIRONMENT

01 Vision Not Obscured
02 Inclement Weather
03 Parked / Stopped Vehicle
04 Trees / Crops / Bushes
05 Load on Vehicle
06 Building / Fixed Object
07 Signs / Billboards
08 Fog
09 Smoke
10 Glare
77 All Other (Explain)

TRAFFIC CONTROL

01 No Control
02 School Zone
03 Traffic Signal
04 Stop Sign
05 Yield Sign
06 Flashing Light
07 Railroad Signal
08 Officer / Guard / Flagman
09 Posted No U-Turn
10 Special Speed Zone
11 No Passing Zone
77 All Other (Explain)

SITE LOCATION

01 Not At Intersection / RR X'ing / Bridge
02 At Intersection
03 Influenced By Intersection
04 Driveway Access
05 Railroad Crossing
06 Bridge
07 Entrance Ramp
08 Exit Ramp
09 Parking Lot - Public
10 Parking Lot - Private
11 Private Property
77 All Other (Explain)

TRAFFICWAY CHARACTER

1 Straight-Level
2 Straight-Upgrade / Downgrade
3 Curve-Level
4 Curve-Upgrade / Downgrade

TYPE SHOULDER

1 Paved
2 Unpaved
3 Curb

VIOLATION	PA STATUTE CHARGE	NAME	ADDRESS	CITATION #

FLORIDA TRAFFIC CRASH REPORT

☐ UPDATE ☐ CONTINUATION

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES
TRAFFIC CRASH RECORDS
TALLAHASSEE, FLORIDA 32399-0500

DO NOT WRITE IN THIS SPACE

COUNTY/CITY CODE	DATE OF CRASH	INVEST. AGENCY REPORT NUMBER	HSMV CRASH REPORT NUMBER

Section

DRIVER ACTION 1 Phantom 2 Hit & Run 3 N/A ☐ | YEAR | MAKE | TYPE | USE | VEH. LICENSE NUMBER | STATE | VEHICLE IDENTIFICATION NUMBER

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OWNER'S FULL NAME (Check if Driver) ☐ | CURRENT ADDRESS (Number and Street) | CITY AND STATE | ZIP CODE

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DRIVER (Exactly as on Driver License) / Pedestrian | CURRENT ADDRESS (Number and Street) | CITY & STATE / ZIP CODE | DATE OF BIRTH

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PASSENGER'S NAME (Additional on Continuation Page) | CURRENT ADDRESS | CITY & STATE / ZIP | AGE | LOC. | INJ. | S. EQUIP. | EJECT.

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PASSENGER'S NAME (Additional on Continuation Page) | CURRENT ADDRESS | CITY & STATE / ZIP | AGE | LOC. | INJ. | S. EQUIP. | EJECT.

INVESTIGATOR - RANK AND SIGNATURE | ID / BADGE NUMBER | DEPARTMENT | FHP ☐ SO ☐ CPD ☐ OTHER ☐

#	PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
1		$					
2		$					
3		$					
4		$					

CONTRIBUTING CAUSES - DRIVER / PED.

01 No Improper Driving / Action
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07 Other Working in Road
08 Standing/Playing in Road
09 Standing in Pedestrian Island
77 All Other (Explain)
88 Unknown

Additional Passengers / Narrative

SEC. #	PASS. #	PASSENGER NAME	ADDRESS	CITY & STATE	ZIP	Age	Loc.	Inj.	Safety Equip.	Eject

WITNESS - NAME	ADDRESS	CITY & STATE	ZIP

WAS INVESTIGATION MADE AT SCENE? 1 Yes 2 No - Where?

IS INVESTIGATION COMPLETE? 1 Yes 2 No - Why?

DATE OF REPORT

PHOTOS TAKEN? 1 - Yes 2 - No 3 - Investigating Agency 4 Other

VIOLATOR	FL STATUTE NUMBER	NAME	CHARGE	CITATION #

FLORIDA TRAFFIC CRASH REPORT

NARRATIVE / DIAGRAM

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES
TRAFFIC CRASH RECORDS
TALLAHASSEE, FLORIDA 32399-0500

DO NOT WRITE IN THIS SPACE

EMS INFO FATALS ONLY	TIME EMS NOTIFIED AM PM	TIME EMS ARRIVED AM PM	COUNTY / CITY CODE	DATE OF CRASH	INVEST. AGENCY REPORT NUMBER	HSMV CRASH REPORT NUMBER

NARRATIVE / ADDITIONAL PASSENGERS

SEC. #	PASS. #	PASSENGER NAME	ADDRESS	CITY & STATE	ZIP	Age	Loc.	Inj.	Safety Equip.	Eject

VIOLATOR	FL STATUTE NUMBER	NAME	CHARGE	CITATION #
VIOLATOR	FL STATUTE NUMBER	NAME	CHARGE	CITATION #

WITNESS - NAME 1	ADDRESS	CITY & STATE	ZIP
WITNESS - NAME 2	ADDRESS	CITY & STATE	ZIP

FIRST AID GIVEN BY - NAME: 1 Physician or Nurse 2 Paramedic or EMT 3 Police Officer 4 Certified 1st Aider 5 Other

INJURED TAKEN TO:

BY - NAME:

WAS INVESTIGATION MADE AT SCENE? 1 YES 2 NO WHERE?

IS INVESTIGATION COMPLETE? 1 YES 2 NO WHY?

DATE OF REPORT

PHOTOS TAKEN? 1 YES 2 NO 3 INVEST. AGENCY 4 OTHER

INVESTIGATOR - RANK & SIGNATURE | ID / BADGE NUMBER | DEPARTMENT | FHP SO CPD OTHER

DIAGRAM

INDICATE NORTH
WITH ARROW

FLORIDA TRAFFIC CRASH REPORT

COMMERCIAL VEHICLE SUPPLEMENT

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES
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DO NOT COMPLETE THIS FORM UNLESS ONE OR MORE QUALIFYING VEHICLES WAS INVOLVED, AND ONE OR MORE OF THE FOLLOWING OCCURRED:
1. ONE OR MORE PERSONS SUSTAINED A FATAL INJURY OR WAS TRANSPORTED FOR TREATMENT 2. ONE OR MORE VEHICLES WAS TOWED FROM THE SCENE 3. ONE OR MORE VEHICLES WAS PROVIDED ASSISTANCE

QUALIFYING VEHICLES: Trucks with 6 or more Tires or HAZ MAT Placard ☐ Buses Designed To Carry 16 or more Persons ☐
PERSONS: Sustaining Fatal Injuries ☐ Transported For Immediate Medical Treatment ☐
VEHICLES: Provided Assistance or Towed From the Scene Due to Damage ☐

Section

CARRIER'S NAME

ADDRESS (Number and Street) CITY STATE ZIP

SOURCE: 1. Shipping Papers 2. Vehicle Side 3. Driver 4. Other ☐

IDENTIFICATION NUMBERS: U S DOT ☐☐☐☐☐☐☐ ICC MC ☐☐☐☐☐☐ NONE ☐

STATE NUMBER ☐☐☐☐☐☐☐☐☐ STATE ☐☐

GROSS VEHICLE WEIGHT RATING
Truck, Tractor or Bus ☐☐☐☐☐
Trailer or Trailers (Total) ☐☐☐☐☐
Total Number of Axles (Incl. Trailers) ☐☐

CARGO BODY TYPE
1. Bus
2. Van / Enclosed Box
3. Cargo Tank
4. Flat Bed
5. Dump
6. Concrete Mixer
7. Auto Transport
8. Garbage or Refuse
9. Other ☐

VEHICLE CONFIGURATION
0. Any 4-Tire Vehicle
1. Bus
2. Single Unit Truck (2 Axle / 6 or more Tires)
3. Single Unit Truck (3 or more Axles)
4. Truck with Trailer
5. Truck Tractor Only (Bobtail)
6. Tractor with Semi-Trailer
7. Tractor with Double Trailers
8. Tractor with Triple Trailers
9. Other - Unable To Classify ☐

HAZARDOUS MATERIAL INVOLVEMENT
Did Vehicle Have a Hazardous Material Placard? 1. Yes 2. No ☐
If "YES", Item Placard Indicate Name or 4-Digit Number From Diamond or Box _____
1 Digit Number From Bottom of Diamond ☐
Was Hazardous Material Released From This Vehicle's Cargo? 1. Yes 2. No ☐

SEQUENCE OF EVENTS (FOR THIS VEHICLE)

EVENT # 1 ☐☐ EVENT # 2 ☐☐ EVENT # 3 ☐☐ EVENT # 4 ☐☐

11. Ran Off Road
12. Jackknifed
13. Overturned or Rollover
14. Downhill Runaway
15. Cargo Loss or Shift
16. Explosion or Fire
17. Separation of Units
19. Other Events

COLLISION INVOLVING:
21. Pedestrian
22. Motor Vehicle in Transport
23. Parked Vehicle
24. Train
25. Pedalcycle
26. Animal
27. Fixed Object
29. Other Object

Section

CARRIER'S NAME

ADDRESS (Number and Street) CITY STATE ZIP

SOURCE: 1. Shipping Papers 2. Vehicle Side 3. Driver 4. Other ☐

IDENTIFICATION NUMBERS: U S DOT ☐☐☐☐☐☐☐ ICC MC ☐☐☐☐☐☐ NONE ☐

STATE NUMBER ☐☐☐☐☐☐☐☐☐ STATE ☐☐

GROSS VEHICLE WEIGHT RATING
Truck, Tractor or Bus ☐☐☐☐☐
Trailer or Trailers (Total) ☐☐☐☐☐
Total Number of Axles (Incl. Trailers) ☐☐

CARGO BODY TYPE
1. Bus
2. Van / Enclosed Box
3. Cargo Tank
4. Flat Bed
5. Dump
6. Concrete Mixer
7. Auto Transport
8. Garbage or Refuse
9. Other ☐

VEHICLE CONFIGURATION
0. Any 4-Tire Vehicle
1. Bus
2. Single Unit Truck (2 Axle / 6 or more Tires)
3. Single Unit Truck (3 or more Axles)
4. Truck with Trailer
5. Truck Tractor Only (Bobtail)
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Did Vehicle Have a Hazardous Material Placard? 1. Yes 2. No ☐
If "YES", Item Placard Indicate Name or 4-Digit Number From Diamond or Box _____
1 Digit Number From Bottom of Diamond ☐
Was Hazardous Material Released From This Vehicle's Cargo? 1. Yes 2. No ☐

SEQUENCE OF EVENTS (FOR THIS VEHICLE)

EVENT # 1 ☐☐ EVENT # 2 ☐☐ EVENT # 3 ☐☐ EVENT # 4 ☐☐

11. Ran Off Road
12. Jackknifed
13. Overturned or Rollover
14. Downhill Runaway
15. Cargo Loss or Shift
16. Explosion or Fire
17. Separation of Units
19. Other Events

COLLISION INVOLVING:
21. Pedestrian
22. Motor Vehicle in Transport
23. Parked Vehicle
24. Train
25. Pedalcycle
26. Animal
27. Fixed Object
29. Other Object

DEFINITIONS

TRUCK — A MOTOR VEHICLE DESIGNED, USED OR MAINTAINED PRIMARILY FOR THE TRANSPORTATION OF PROPERTY. FOR THE PURPOSE OF THIS FORM THE VEHICLE MUST ALSO MEET ONE OF THE FOLLOWING CRITERIA:

HAVE AT LEAST 6 TIRES ON THE GROUND

or

CARRY A HAZARDOUS MATERIAL PLACARD

BUS — A MOTOR VEHICLE PROVIDING SEATS FOR 16 OR MORE PERSONS INCLUDING THE DRIVER AND USED PRIMARILY FOR THE TRANSPORTATION OF PERSONS.

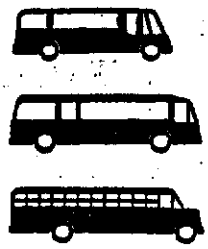
TRAILER — A NON-POWER VEHICLE TOWED BY A MOTOR VEHICLE.

REPORTABLE CRASH — A TRAFFIC CRASH REQUIRED TO BE REPORTED IN WRITING BY A LAW ENFORCEMENT OFFICER TO THE DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES INVOLVING ONE OR MORE TRUCKS OR BUSES (AS DEFINED ABOVE) WHICH RESULTS IN:

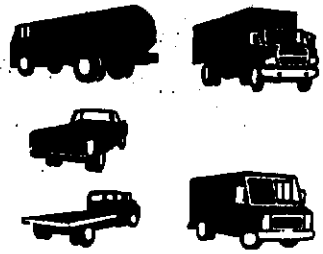
- ONE OR MORE FATALITIES
  or
- ONE OR MORE NON-FATAL INJURIES REQUIRING TRANSPORTATION FOR THE PURPOSE OF OBTAINING IMMEDIATE MEDICAL TREATMENT
  or
- ONE OR MORE OF THE VEHICLES BEING REMOVED FROM THE SCENE AS A RESULT OF DISABLING DAMAGE
  or
- ONE OR MORE VEHICLES REQUIRING INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

TYPICAL VEHICLE SILHOUETTES

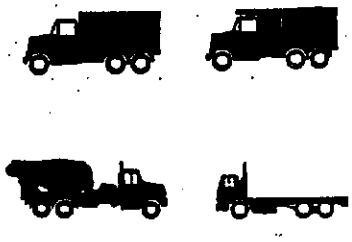
BUS



2. SINGLE UNIT TRUCK - 2 AXLE / 6 TIRE



3. SINGLE UNIT TRUCK - 3 AXLE

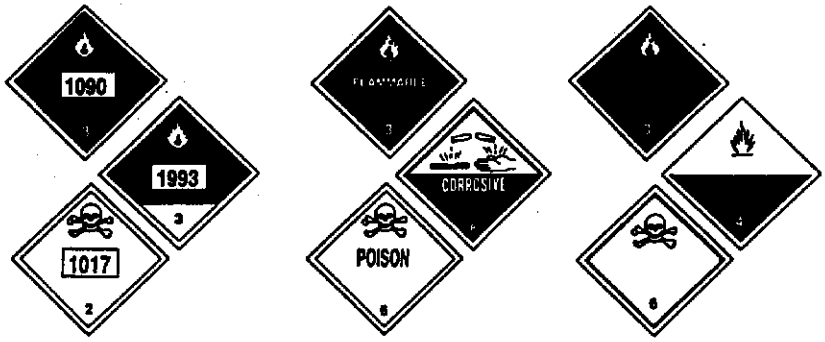


TRUCK WITH TRAILER

5. TRUCK TRACTOR (BOBTAIL)

6. TRACTOR WITH SEMI-TRAILER

TRACTOR WITH DOUBLE TRAILERS

8. TRACTOR WITH TRIPLE TRAILERS

TYPICAL HAZARDOUS MATERIAL PLACARDS