



# OREGON TRAFFIC CRASH AND INSURANCE REPORT

Tear this sheet off your report, read and carefully follow the directions.

**ONLY drivers involved in a crash resulting in any of the following MUST file a *Crash & Insurance Report*:**

- Damage to your vehicle is over \$2500
- Injury (No matter how minor)
- Death
- Damage to any one person's property over \$2500
- Any vehicle has damage over \$2500 and any vehicle is towed from the scene as a result of damages

Oregon law requires these reports be filed within **72 hours** of the crash. If you are not able to file within the 72 hours, submit it as soon as possible. If you fail to report the crash to DMV, it may result in suspension of your driving privileges. **If the police department files a police report, you are still required to file your own Crash and Insurance Report with DMV. When required to report, even if you are licensed in another state, or you are not an Oregon resident, you still must file a report with Oregon DMV.** DMV does not determine fault in a crash, but does post the crash to the driving record of those drivers required to report, unless the vehicle is parked. **If you have questions, please call DMV Crash Reporting Unit at (503) 945-5098.**

## INSTRUCTIONS

**PRINT OR TYPE ALL INFORMATION.** (Use black or dark blue ink and press firmly.)

- Complete both sides of the form.
- If additional vehicles were involved in the crash, complete the attached *Supplemental Report* (Form 735-32B), or on a blank piece of paper, write all the information as requested in Section 4, the "Other Driver" Section.
- DMV Headquarters will verify the insurance information submitted. Complete the insurance section or a suspension of your driving privileges may occur.

## SECTION 1

**DATE, LOCATION AND TIME** — Clearly identify the date, location and time of the crash. The correct date, location and time is critical to processing your report. If you are unsure of the county, contact any local law enforcement agency for assistance.

## SECTION 2

Your vehicle is Vehicle #1. Complete ALL fields. **Provide Insurance company name (not agent), policy number, and Vehicle identification number (VIN).** Failure to provide complete insurance and vehicle information may result in DMV issuing Notice of Suspension due to incomplete information.

## SECTION 3

Failure to complete this section may result in DMV sending Notice of Suspension for failure to file a report. Principle purpose of driving and being paid to drive does not mean driving to reach a destination to perform a service. Property: Includes, but is not limited to, fixed or real property, landscaping, signs, parked vehicles, and animals.

**COMMERCIAL MOTOR VEHICLE OPERATORS:** In addition to this report, Oregon Administrative Rule requires that **Form 735-9229, Motor Carrier Crash Report, MUST** be filed within 30 days of a commercial motor vehicle crash when there is a FATALITY, INJURY (requiring treatment away from the scene), or when a vehicle is TOWED from the scene because of disabling damage. Form 735-9229 (attached on back) MUST be submitted with *Oregon Traffic Crash and Insurance Report* (Form 735-32) to DMV. Call (503) 986-3507 for questions regarding the *Motor Carrier Crash Report*.

*You may now file the Motor Carrier Crash Report at: [www.oregontruckingonline.com/cf/MCAD/pubMetaEntry/accidentRpt/](http://www.oregontruckingonline.com/cf/MCAD/pubMetaEntry/accidentRpt/)*

## SECTION 4

**OTHER VEHICLE (# 2)** — Completion of this information will help DMV match all driver's crash reports more efficiently. If additional vehicles were involved in the crash, complete attached *Supplemental Report* (Form 735-32B).

## SECTION 5

**DESCRIPTION AND SIGNATURE** — Describe what happened. It is important for you to sign and date the form. Only a family member may sign and date this form on behalf of a driver when the driver is incapacitated or physically unable to sign. No other signatures will be accepted.

## COMPLETING AND FILING REPORT

**HOW TO SUBMIT A REPORT TO DMV:**

- Email to OregonDMVAccidents@odot.oregon.gov
- Fax to 503-945-5267
- Mail to DMV Crash Reporting Unit 1905 Lana Ave NE, Salem, Oregon 97314
- Deliver to a DMV office

**Keep a copy of the report and documentation that shows when you submitted your report to Oregon DMV.** Under ORS 802.220(5), DMV is not authorized to provide you with a copy of the report that you file. If submitting by:

- Email, DMV sends an autoreply that your email was received. Save that autoreply.
- Fax, many fax machines provide the option to generate a fax confirmation report. Save that report.
- DMV Field Office, request and save that receipt.

PURSUANT TO OREGON INSURANCE LAW, AN INSURANCE COMPANY CAN NOT REQUIRE REPAIRS BE MADE TO A MOTOR VEHICLE BY A PARTICULAR PERSON OR REPAIR SHOP.

# TOTALED VEHICLE NOTICE

## DEFINITIONS AND INSTRUCTIONS FOR TOTALED VEHICLES

IF YOUR CRASH HAS RESULTED IN A "TOTALED" VEHICLE, YOU ARE REQUIRED BY LAW TO FOLLOW APPROPRIATE INSTRUCTIONS IN THIS NOTICE.

### DEFINITION OF "TOTALED" VEHICLE

"Totaled Vehicle" or "Totaled" as defined in Oregon law (ORS 801.527) means:

- A vehicle that is declared a total loss by an insurer who is obligated to cover the loss or a vehicle that the insurer takes possession of or title to.
- A vehicle that has sustained damage that is not covered by an insurer and the estimated cost to repair the vehicle is equal to at least 80% of the retail market value prior to the damage. "Retail market value" is defined as the amount shown in publications used by financial institutions (banks or lenders) in this state.
- A vehicle that is stolen, if it is not recovered within 30 days of theft and the loss is not covered by an insurer. In this situation, you must notify DMV within 60 days of the theft.

### ▼ FOLLOW THESE INSTRUCTIONS IF YOUR VEHICLE IS TOTALED ▼

If your vehicle is totaled, in addition to completing the crash report, follow the instruction that is applicable to your case. **Either:**

1. SURRENDER the title to the insurer if the damage is covered by an insurer who declares the vehicle to be a "total loss," and the insurer takes possession of the vehicle; **or**
2. SURRENDER the title to DMV and apply for salvage title if the damage is covered by an insurer who declares the vehicle to be a "total loss," but you keep possession of the vehicle; **or**
3. SURRENDER the title to DMV and apply for salvage title if the damage was not covered by an insurer and the estimated cost of repair is at least 80% of the retail market value of the vehicle before the damage; **or**
4. NOTIFY DMV that your vehicle has been totaled if, for some reason, you are unable to obtain the title for surrender. You must provide DMV with a signed statement which includes:
  - A description of the vehicle which includes the year model, make, plate number and vehicle identification number.
  - A statement indicating the vehicle has been totaled.
  - A statement that you are unable to obtain the title and why.

**DO NOT** SUBMIT THE TITLE WITH THE CRASH REPORT. You can obtain the *Application for Salvage Title* (Form 735-229) from any DMV office, by calling (503) 945-5000, or on-line at [www.oregondmv.com](http://www.oregondmv.com). Application instructions and fee information are on the back of the form 735-229. If you have questions about salvage titles, call (503) 945-5122.

**NOTE:** It is a Class A misdemeanor with a penalty of imprisonment and/or fine if you fail to comply with the above requirements. (ORS 819.012)



# OREGON TRAFFIC CRASH AND INSURANCE REPORT

COMPLETE BOTH SIDES

Complete this form if the traffic crash occurred on a highway or premise open to the public and meets at least one of the reporting requirements outlined in Section 3. Failure to report when required may result in DMV issuing Notice of Suspension. Call 503-945-5098 for assistance in completing the report.

SECTION 1

CRASH DATE (MM/DD/YY) / /	DAY OF WEEK M T W T F S S O S O S N	TIME OF DAY AM PM	COUNTY	DMV USE ONLY		
ROAD ON WHICH CRASH OCCURRED (Name of street, road or route)			MILE POST	TYPE OF CRASH - The crash involved one or more of the following: (Mark all that apply)		
NAME OF NEAREST INTERSECTING ROAD			WITHIN FEET	<input type="checkbox"/> Two vehicles <input type="checkbox"/> More than two vehicles <input type="checkbox"/> Fatality <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian		
NAME OF NEAREST CITY / TOWN			NEAR MILES	<input type="checkbox"/> ATV / Snowmobile <input type="checkbox"/> Motorcycle <input type="checkbox"/> Motor Home / RV <input type="checkbox"/> Motorized Scooter <input type="checkbox"/> Personal (assisted) mobility device <input type="checkbox"/> Train		
				<input type="checkbox"/> Parked vehicle <input type="checkbox"/> Overturned vehicle <input type="checkbox"/> Animal <input type="checkbox"/> Fixed object / property <input type="checkbox"/> Other		

Complete ALL fields. Failure to provide complete information may result in DMV issuing Notice of Suspension.

SECTION 2 (YOUR INFORMATION)

DRIVER'S LAST NAME	FIRST NAME	MIDDLE NAME	DRIVER'S LICENSE NUMBER	STATE	DATE OF BIRTH	GENDER M F X
DRIVER'S RESIDENCE ADDRESS			CITY	STATE	ZIP CODE	<input type="checkbox"/> CHECK BOX IF ADDRESS CHANGE
MAILING ADDRESS (IF DIFFERENT THAN RESIDENCE)			CITY	STATE	ZIP CODE	
VEHICLE OWNER'S NAME AND ADDRESS			CITY	STATE	ZIP CODE	
<input type="checkbox"/> SAME <input type="checkbox"/> RENTAL?						
INSURANCE COMPANY NAME (NOT AGENT) AND ADDRESS			CITY	STATE	ZIP CODE	
POLICY NUMBER	VEHICLE IDENTIFICATION NUMBER	STATE	VEHICLE PLATE NUMBER	YEAR	MAKE & MODEL	

SECTION 3

Check all statements that apply:

- Damage to your vehicle was more than \$2500.
- Damage to property other than a vehicle involved in the crash is over \$2500.
- Your vehicle was towed from the scene as a result of damages.
- You or passengers in your vehicle were injured.
- Collision with a parked vehicle.
- The crash occurred while you were driving your employer's vehicle.
- You were driving on your job and being paid for the principal purpose of driving.
- You were being paid to drive and/or deliver persons or property.
- You were operating a government owned vehicle marked for transporting mail in accordance with government rules.
- You were operating an authorized emergency vehicle.
- The crash occurred in a work or maintenance zone. ORS 811.230
- A police officer came to the scene.

Name of police department: \_\_\_\_\_  City  County  State Police

- You were operating a commercial motor vehicle requiring you to have a commercial driver license.
- You were transporting hazardous material.
- A citation was issued to you. The citation was: \_\_\_\_\_

SECTION 4 (OTHER VEHICLE # 2)

DRIVER'S NAME (LAST, FIRST, MIDDLE)	DRIVER'S LICENSE NUMBER	STATE	DATE OF BIRTH	GENDER M F X
DRIVER'S ADDRESS			CITY	STATE ZIP CODE
VEHICLE OWNER'S NAME AND ADDRESS			CITY	STATE ZIP CODE
<input type="checkbox"/> SAME				
INSURANCE COMPANY NAME (NOT AGENT) AND ADDRESS			CITY	STATE ZIP CODE
POLICY NUMBER	VEHICLE IDENTIFICATION NUMBER	STATE	VEHICLE PLATE NUMBER	YEAR MAKE & MODEL

IF ADDITIONAL VEHICLES WERE INVOLVED IN THE CRASH, USE ATTACHED SUPPLEMENTAL REPORT (Form 735-32B).

SECTION 5

DESCRIBE WHAT HAPPENED: (IF MORE SPACE IS NEEDED, SUBMIT ADDITIONAL PAGE)

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I certify all information given on this report is true and accurate to the best of my knowledge.

SIGNATURE OF PERSON MAKING REPORT <b>X</b>	PRINTED NAME OF PERSON MAKING REPORT	DAYTIME PHONE # ( )	DATE SIGNED
IF NOT DRIVER'S SIGNATURE, STATE RELATIONSHIP	REASON DRIVER IS UNABLE TO SIGN REPORT	PHONE NUMBER OF DRIVER ( )	



YOU INTENDED TO...	YOUR VEHICLE	WEATHER CONDITIONS	YOUR RESIDENCE
<input type="checkbox"/> Go straight ahead <input type="checkbox"/> Make right turn <input type="checkbox"/> Make left turn <input type="checkbox"/> Make "U" turn <input type="checkbox"/> Back-Up <input type="checkbox"/> Enter driveway (also mark left or right turn) <input type="checkbox"/> Remain stopped in traffic <input type="checkbox"/> Enter parked position <input type="checkbox"/> Slow or Stop <input type="checkbox"/> Leave driveway (also mark left or right turn) <input type="checkbox"/> Start in traffic lane <input type="checkbox"/> Leave parked position <input type="checkbox"/> Remain parked <input type="checkbox"/> Overtake and pass	<input type="checkbox"/> Passenger car, pickup, van <input type="checkbox"/> Military vehicle <input type="checkbox"/> Taxicab <input type="checkbox"/> Emergency vehicle <input type="checkbox"/> Any of the above and trailer <input type="checkbox"/> Private or public agency transit vehicle <input type="checkbox"/> Bus <input type="checkbox"/> School bus <input type="checkbox"/> Other publicly-owned veh. <input type="checkbox"/> Motorcycle <input type="checkbox"/> Motor Home / RV <input type="checkbox"/> Motor-scooter/bike <input type="checkbox"/> Personal (assisted) mobility device <input type="checkbox"/> Truck tractor & semi trailer <input type="checkbox"/> Truck/truck tractor <input type="checkbox"/> Other truck combination <input type="checkbox"/> Farm tractor/farm equip.	<input type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Snowing <input type="checkbox"/> Fog <input type="checkbox"/> Other <hr/> <div style="background-color: black; color: white; text-align: center; font-weight: bold; padding: 2px;">ROAD SURFACE</div> <input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snowy <input type="checkbox"/> Icy <input type="checkbox"/> Other <hr/> <div style="background-color: black; color: white; text-align: center; font-weight: bold; padding: 2px;">LIGHT CONDITIONS</div> <input type="checkbox"/> Daylight <input type="checkbox"/> Dawn or dusk <input type="checkbox"/> Darkness (lighted) <input type="checkbox"/> Darkness (unlighted) <input type="checkbox"/> Other	<input type="checkbox"/> Local resident <small>(within 25 miles of crash site)</small> <input type="checkbox"/> Residing elsewhere in state <input type="checkbox"/> Non-resident of this state: <input type="checkbox"/> College student <input type="checkbox"/> Military <input type="checkbox"/> Temporary job <hr/> <div style="background-color: black; color: white; text-align: center; font-weight: bold; padding: 2px;">YOU WERE HEADED</div> <input type="checkbox"/> North <input type="checkbox"/> East <input type="checkbox"/> South <input type="checkbox"/> West On: _____ <small>(name of street, road or route)</small> <hr/> <div style="background-color: black; color: white; text-align: center; font-weight: bold; padding: 2px;">OTHER DRIVER WAS HEADED</div> <input type="checkbox"/> North <input type="checkbox"/> East <input type="checkbox"/> South <input type="checkbox"/> West On: _____ <small>(name of street, road or route)</small>

**WITNESS INFORMATION:**

\_\_\_\_\_

\_\_\_\_\_

If this crash involved a pedestrian or bicyclist, complete the following:

PEDESTRIAN NAME     BICYCLIST NAME

OCCUPANT INJURY AND SAFETY EQUIPMENT INFORMATION

<div style="background-color: black; color: white; text-align: center; font-weight: bold; padding: 2px;">SAFETY EQUIPMENT CODES</div> <small>WRITE one of the codes (0-10) in column C</small> <ul style="list-style-type: none"> <li>0 No seat belt available</li> <li>1 Seat belt available but NOT used</li> <li>2 Seat belt available and in use</li> <li>3 Child restraint device available but NOT used</li> <li>4 Child restraint device in use</li> <li>5 Child restraint device not available</li> <li>6 Helmet NOT in use</li> <li>7 Helmet in use</li> <li>8 Air bag deployed</li> <li>9 Air bag available - NOT deployed</li> <li>10 Air bag NOT available</li> </ul>	<div style="background-color: black; color: white; text-align: center; font-weight: bold; padding: 2px;">INJURY CODE FOR OCCUPANTS</div> <small>WRITE one of the codes (1-5) in column D</small> <ul style="list-style-type: none"> <li>1 Fatal</li> <li>2 Suspected Serious: severe laceration, broken or distorted limb, crush injury, significant burns, unconsciousness, paralysis</li> <li>3 Suspected Minor: lump, abrasions, bruises, minor lacerations</li> <li>4 Possible</li> <li>5 No apparent</li> </ul>
<div style="background-color: black; color: white; text-align: center; font-weight: bold; padding: 2px;">GENDER CODE</div> <small>WRITE M, F or X in column A</small>	

Pedestrian or bicyclist was going:

N     S     E     W

ALONG OR ACROSS: (name of street, road or route)

\_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

EXAMPLE: (From: NE corner To: SE corner (or) From: East side To: West side, etc.)

**Gender and age of pedestrian / bicyclist:**

M     F     X    Age: \_\_\_\_\_

**Extent of pedestrian / bicyclist injury:**

Fatal     Complaint of Pain  
 Suspected Serious     No apparent injury  
 Visible injury     (or none noted)

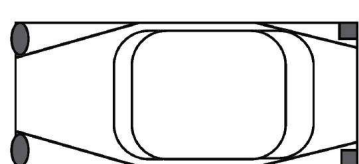
**Pedestrian / bicyclist action: (mark one)**

Crossing at intersection or crosswalk  
 Crossing **not** at intersection or crosswalk  
 Walking / riding in roadway with traffic  
 Walking / riding in roadway **against** traffic  
 Standing in roadway  
 Pushing or working on vehicles in roadway  
 Other working in road  
 Playing in road  
 Hitchhiking  
 Not in roadway  
 Other \_\_\_\_\_  
(specify)

SEAT POSITION	OCCUPANTS' NAMES (your vehicle)	A		B		C		D
		GENDER	AGE	SFTY EQP	AIR BAG	INJURY		
<b>DRIVER</b>								
FRONT CENTER								
FRONT RIGHT								
MIDDLE* LEFT								
MIDDLE* CENTER								
MIDDLE* RIGHT								
REAR LEFT								
REAR CENTER								
REAR RIGHT								

\* Use only for vehicles with middle row of seats (i.e., vans, SUVs, etc.)

Vehicle Damage



**USE ARROW TO SHOW FIRST IMPACT (SHADE IN DAMAGED AREA)**

Vehicle towed  
 Rollover  
 Under car  
 Totaled  
 Unknown

Your Vehicle (No. 1) damage: \$ \_\_\_\_\_ .

Diagram

Number each vehicle:

Show path by:

Show pedestrian/bicyclist by:

Show railroad tracks by:

Show fixed object by:

(name of street, road or route)

(name of street, road or route)

(name of street, road or route)



# SUPPLEMENTAL REPORT OREGON TRAFFIC CRASH

**Supplemental for more than two drivers involved in the crash.  
Attach this form to your OREGON TRAFFIC CRASH AND INSURANCE REPORT.**

CRASH DATE (MM/DD/YY) / /	DAY OF WEEK M T W T F S S	TIME OF DAY <input type="radio"/> AM <input type="radio"/> PM	COUNTY	<b>DO NOT WRITE IN THIS SPACE</b>
ROAD ON WHICH CRASH OCCURRED (Name of street, road or route )			MILE POST	

<b>VEHICLE #3</b>	INSURANCE COMPANY NAME (NOT AGENCY)	POLICY NUMBER		
VEHICLE IDENTIFICATION NUMBER	VEHICLE PLATE NUMBER	STATE	YEAR	MAKE & MODEL
OTHER DRIVER'S FULL NAME (LAST, FIRST, MIDDLE)	DRIVER'S LICENSE NUMBER	STATE	DATE OF BIRTH	GENDER M O F O X
DRIVER'S ADDRESS	CITY	STATE	ZIP CODE	
VEHICLE OWNER'S NAME AND ADDRESS	CITY	STATE	ZIP CODE	
<input type="checkbox"/> SAME				

<b>VEHICLE #4</b>	INSURANCE COMPANY NAME (NOT AGENCY)	POLICY NUMBER		
VEHICLE IDENTIFICATION NUMBER	VEHICLE PLATE NUMBER	STATE	YEAR	MAKE & MODEL
OTHER DRIVER'S FULL NAME (LAST, FIRST, MIDDLE)	DRIVER'S LICENSE NUMBER	STATE	DATE OF BIRTH	GENDER M O F O X
DRIVER'S ADDRESS	CITY	STATE	ZIP CODE	
VEHICLE OWNER'S NAME AND ADDRESS	CITY	STATE	ZIP CODE	
<input type="checkbox"/> SAME				

<b>VEHICLE #5</b>	INSURANCE COMPANY NAME (NOT AGENCY)	POLICY NUMBER		
VEHICLE IDENTIFICATION NUMBER	VEHICLE PLATE NUMBER	STATE	YEAR	MAKE & MODEL
OTHER DRIVER'S FULL NAME (LAST, FIRST, MIDDLE)	DRIVER'S LICENSE NUMBER	STATE	DATE OF BIRTH	GENDER M O F O X
DRIVER'S ADDRESS	CITY	STATE	ZIP CODE	
VEHICLE OWNER'S NAME AND ADDRESS	CITY	STATE	ZIP CODE	
<input type="checkbox"/> SAME				

<b>VEHICLE #6</b>	INSURANCE COMPANY NAME (NOT AGENCY)	POLICY NUMBER		
VEHICLE IDENTIFICATION NUMBER	VEHICLE PLATE NUMBER	STATE	YEAR	MAKE & MODEL
OTHER DRIVER'S FULL NAME (LAST, FIRST, MIDDLE)	DRIVER'S LICENSE NUMBER	STATE	DATE OF BIRTH	GENDER M O F O X
DRIVER'S ADDRESS	CITY	STATE	ZIP CODE	
VEHICLE OWNER'S NAME AND ADDRESS	CITY	STATE	ZIP CODE	
<input type="checkbox"/> SAME				

<b>VEHICLE #7</b>	INSURANCE COMPANY NAME (NOT AGENCY)	POLICY NUMBER		
VEHICLE IDENTIFICATION NUMBER	VEHICLE PLATE NUMBER	STATE	YEAR	MAKE & MODEL
OTHER DRIVER'S FULL NAME (LAST, FIRST, MIDDLE)	DRIVER'S LICENSE NUMBER	STATE	DATE OF BIRTH	GENDER M O F O X
DRIVER'S ADDRESS	CITY	STATE	ZIP CODE	
VEHICLE OWNER'S NAME AND ADDRESS	CITY	STATE	ZIP CODE	
<input type="checkbox"/> SAME				

735-32B (7-23)

**SUPPLEMENTAL REPORT – USE IF MORE THAN TWO VEHICLES**

CRASH ANALYSIS & REPORTING UNIT  
 OREGON DEPARTMENT OF TRANSPORTATION  
 POLICY, DATA & ANALYSIS DIVISION  
 555 13th ST NE STE 2  
 SALEM OR 97301  
 TELEPHONE 503-986-3507  
 FAX 503-986-3592

# MOTOR CARRIER CRASH REPORT

(For CMV Drivers Only)

**INSTRUCTIONS:** IF YOU CHECKED A BOX UNDER THE QUALIFYING VEHICLE COLUMN **AND** A BOX UNDER THE CRITERIA COLUMN, COMPLETE THE MOTOR CARRIER CRASH REPORT AND SUBMIT TO THE ADDRESS SHOWN ABOVE. **IF YOU HAVE ANY QUESTIONS REGARDING FILLING OUT THE MOTOR CARRIER CRASH REPORT, PLEASE CALL (503) 986-3507. [www.oregontruckingonline.com/cf/MCAD/pubMetaEntry/accidentRpt/](http://www.oregontruckingonline.com/cf/MCAD/pubMetaEntry/accidentRpt/)**

<b>QUALIFYING VEHICLE</b> <input type="checkbox"/> COMMERCIAL TRUCK (GVWR OVER 10,000 LBS OR ACTUAL WT AT TIME OF CRASH EVEN IF GVWR IS SET UNDER 10,000 LBS ) <input type="checkbox"/> HAZARDOUS MATERIAL PLACARD <input type="checkbox"/> COMMERCIAL BUS (DESIGNED FOR 8 OR MORE PASSENGERS) <input type="checkbox"/> FARM TRUCK INTERSTATE (OVER 10,000 LBS.) <input type="checkbox"/> FARM TRUCK FOR-HIRE (4 OR MORE AXLES) <input type="checkbox"/> FARM TRUCK TOWING TRIPLE TRAILERS <input type="checkbox"/> FARM TRUCK (OVER 80,000 LBS.)	<b>CRITERIA</b> <input type="checkbox"/> ANY PERSON SUSTAINING A FATALITY (WITHIN 30 DAYS OF THE CRASH) <input type="checkbox"/> ANY PERSON SUSTAINING INJURIES REQUIRING TREATMENT AWAY FROM THE SCENE <input type="checkbox"/> ANY VEHICLE INCURRING DISABLING DAMAGE REQUIRING REMOVAL FROM THE SCENE BY A TOW TRUCK OR ANOTHER MOTOR VEHICLE		
MOTOR CARRIER NAME	US DOT NUMBER	AUTHORITY/FILE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE

### DRIVER INFORMATION

DRIVER NAME (LAST, FIRST, MIDDLE)		DATE OF BIRTH	LENGTH OF EMPLOYMENT YEARS   MONTHS
CDL / DL NUMBER	STATE	LICENSE CLASS <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> M	EXPIRATION DATE OF MEDICAL CERTIFICATE

COMPLETE THE FOLLOWING TWO QUESTIONS AS IF DOING A RECAP OF HOURS IN TIME DOCUMENTS AT TIME OF THE CRASH.

AT TIME OF THE CRASH, TOTAL HOURS DRIVING SINCE LAST OFF-DUTY PERIOD. _____	TOTAL HOURS ON DUTY DURING THE PREVIOUS (FILL OUT ONE ONLY, BASED ON TIME DOCUMENTS)	7 CONSECUTIVE DAYS _____	8 CONSECUTIVE DAYS _____
DOES YOUR DRIVER HAVE A MEDICAL WAIVER <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF WAIVER (SIGHT, DIABETES, AMPUTEE, ETC.)		

### DRIVER INJURY INFORMATION

YOUR DRIVER KILLED <input type="checkbox"/> YES <input type="checkbox"/> NO	YOUR DRIVER INJURED <input type="checkbox"/> YES <input type="checkbox"/> NO	RELIEF DRIVER KILLED <input type="checkbox"/> YES <input type="checkbox"/> NO	RELIEF DRIVER INJURED <input type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL NUMBER OF PASSENGERS ____ KILLED ____ INJURED
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### OTHER DRIVER INJURY INFORMATION

TOTAL NUMBER OF OTHER DRIVERS ____ KILLED ____ INJURED	TOTAL NUMBER OF OTHER PASSENGERS ____ KILLED ____ INJURED	TOTAL NUMBER OF PEDESTRIANS ____ KILLED ____ INJURED	TOTAL NUMBER OF BICYCLISTS ____ KILLED ____ INJURED
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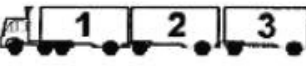
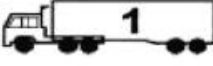

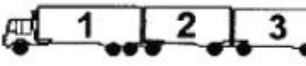
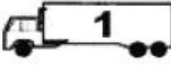




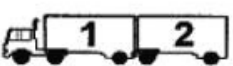

### OTHER MOTOR CARRIER INFORMATION (IF 2 OR MORE MOTOR CARRIERS WERE INVOLVED)

MOTOR CARRIER NAME	VEHICLE LICENSE # AND STATE	DRIVER'S NAME	DRIVER'S LICENSE # AND STATE

### MOTOR CARRIER VEHICLE INFORMATION

YEAR	MAKE	UNIT NUMBER	LICENSE PLATE # & STATE - TRUCK/TRACTOR/BUS	TOTAL NO. OF AXLES INCLUDING TRAILERS

### TRACTOR TYPE (SELECT APPROPRIATE TYPE)

<input type="checkbox"/> 1  Triples (tractor with 3 trailers)	<input type="checkbox"/> 5  Standard Tractor/Semi Trailer	<input type="checkbox"/> 9  Heavy Haul
<input type="checkbox"/> 2  Triples (truck with 2 trailers)	<input type="checkbox"/> 6  Straight Truck	<input type="checkbox"/> 10  Bus/Van (8 or more passenger capacity)
<input type="checkbox"/> 3  Straight truck-full trailer	<input type="checkbox"/> 7  Saddlemount	<input type="checkbox"/> 11  Auto/Pickup
<input type="checkbox"/> 4  Doubles (any)	<input type="checkbox"/> 8  Saddlemount	

**TRAILER TYPE (CHECK ONE)**

- VAN  FLATBED  TANKER  CONTAINER  POLE/LOG  DUMP  BELLY-DUMP  CAR CARRIER  LIVESTOCK  
 MOBILE HOME TOWER  PASSENGER  DROP-BOX  GARBAGE  BULK-HOPPER  MIXER  SADDLEMOUNT  
 WRECKER  FIXED LOAD  HEAVY HAUL  UTILITY

**COMMODITY INFORMATION**

COMMODITY BEING TRANSPORTED AT TIME OF CRASH		
WAS A HAZARDOUS COMMODITY BEING HAULED <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS HAZARDOUS MATERIAL RELEASED FROM THE VEHICLE CARGO(NOT A FUEL RELEASE) <input type="checkbox"/> YES <input type="checkbox"/> NO	HAZARD CLASS

**CRASH INFORMATION**

LOCATION OF CRASH (NEAREST CITY OR TOWN)	HIGHWAY AND MILEPOINT/STREET/COUNTY ROAD	DIRECTION OF YOUR VEHICLE (CHECK) <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W
DATE OF CRASH	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	DAY OF THE WEEK (CHECK ONE) <input type="checkbox"/> MON <input type="checkbox"/> TUES <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN

**CONDITIONS AT TIME OF CRASH**

WEATHER (CHECK ONE)	<input type="checkbox"/> 1. CLEAR	<input type="checkbox"/> 2. RAIN	<input type="checkbox"/> 3. SNOW	<input type="checkbox"/> 4. CLOUDY	<input type="checkbox"/> 5. SLEET	<input type="checkbox"/> 6. FOG	<input type="checkbox"/> 7. OTHER _____
ROAD SURFACE (CHECK ONE)	<input type="checkbox"/> 1. DRY	<input type="checkbox"/> 2. WET	<input type="checkbox"/> 3. SNOWY	<input type="checkbox"/> 4. ICY	<input type="checkbox"/> 5. OTHER _____		
LIGHT CONDITION (CHECK ONE)	<input type="checkbox"/> 1. DAY	<input type="checkbox"/> 2. DAWN	<input type="checkbox"/> 3. DUSK	<input type="checkbox"/> 4. ARTIFICIAL LIGHTS	<input type="checkbox"/> 5. DARK	<input type="checkbox"/> 6. OTHER _____	

DESCRIBE WHAT HAPPENED BY CHECKING ALL BOXES THAT APPLY. YOUR VEHICLE IS ALWAYS NO.1. IF OTHER VEHICLES WERE INVOLVED, COMPLETE COLUMNS 2 & 3 TO CORRESPOND TO THE ACTIONS OF THE SAME NUMBERED VEHICLES LISTED ABOVE UNDER "OTHER DRIVER INFORMATION".

VEHICLES	ACTION	VEHICLES	ACTION	VEHICLES	ACTION
1 2 3		1 2 3		1 2 3	
	SLOWING - STOPPING		PASSING		JACKKNIFE
	STOPPED		CHANGING LANES		OVERTURN
	REAR-END		SIDESWIPE		SEPARATION OF UNITS
	BACKING		HEAD-ON		FIRE
	MAKING RIGHT TURN		SKIDDING		EXPLOSION
	MAKING LEFT TURN		VEHICLE OUT OF CONTROL		CARGO SHIFT
	MAKING U TURN		ROLL-AWAY		CARGO SPILL (HAZARDOUS)
	PROCEEDING STRAIGHT		CONTROLLED RR CROSSING		CARGO SPILL (NON-HAZARDOUS)
	INTERSECTION		UNCONTROLLED RR CROSSING		OTHER (DEER, GUARDRAIL, ETC)
	ENTERING TRAFFIC (FROM SHOULDER, MEDIAN, PARKING STRIP OR PRIVATE DRIVE)		RAN OFF ROAD		_____

DID YOUR VEHICLE STRIKE A PARKED VEHICLE <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS YOUR PARKED VEHICLE STRUCK BY ANOTHER VEHICLE <input type="checkbox"/> YES <input type="checkbox"/> NO
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**DESCRIPTION OF CRASH (BY CARRIER OR DRIVER)**


NAME AND TITLE OF PERSON SIGNING REPORT	TELEPHONE NUMBER(S)
SIGNATURE I CERTIFY THE INFORMATION PROVIDED IS TRUE AND ACCURATE X	DATE