

POLICE TRUCK / BUS / HAZMAT CRASH SUPPLEMENTAL *

Complete this form if one or more qualifying vehicles was involved. Check at least one box in **Category 1 and 2** listed below.

CATEGORY 1 FATAL INJURY VEHICLE TOWED DUE TO DAMAGE **CATEGORY 2** 9 OR MORE PASSENGER CAPACITY 10,001 LBS OR MORE (GVWR) HAZARDOUS MATERIAL PLACARD

POLICE INCIDENT / CASE NUMBER _____ CRASH DATE _____ DAY OF WEEK

M	T	W	TH	F
S	S	N		

 CRASH TIME _____ AM PM ROAD ON WHICH CRASH OCCURRED _____

BRIEF NARRATIVE:

VEHICLE INFORMATION	SEQUENCE OF EVENTS (for this vehicle)
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BASE PLATE NUMBER

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STATE PLATE NUMBER

OR DOT PLATE NUMBER

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GROSS VEHICLE WEIGHT RATING: (normally located inside driver door)
 Truck, Tractor or Bus _____
 Trailer or Trailers Total _____
 Total Number of Axles (including Trailers) _____

Did vehicle have a HAZARDOUS MATERIAL placard? **1. Yes** **2. No**

If "Yes," enter name or 4 digit number from placard diamond or box (CODE #32)

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Enter 1 Digit Number from bottom of diamond:

Was hazardous material (cargo) released from this vehicle? **1. Yes** **2. No**

Was inspection done on this vehicle? **1. Yes** **2. No**

Inspection Number _____ Level: **1, 2, 3, 4**

1 2 3 4				1 2 3 4			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RAN OFF ROAD				CRASH INVOLVING MOTOR VEHICLE IN TRANSPORT			
<input type="checkbox"/>				<input type="checkbox"/>			
JACKKNIFE / SKID				CRASH INVOLVING PARKED MOTOR VEHICLE			
<input type="checkbox"/>				<input type="checkbox"/>			
OVERTURN				CRASH INVOLVING TRAIN			
<input type="checkbox"/>				<input type="checkbox"/>			
DOWNHILL RUNAWAY				CRASH INVOLVING PEDAL CYCLE			
<input type="checkbox"/>				<input type="checkbox"/>			
CARGO LOSS OR SHIFT				CRASH INVOLVING ANIMAL			
<input type="checkbox"/>				<input type="checkbox"/>			
EXPLOSION OR FIRE				CRASH INVOLVING FIXED OBJECT			
<input type="checkbox"/>				<input type="checkbox"/>			
SEPARATION OF UNITS				CRASH INVOLVING OTHER OBJECT			
<input type="checkbox"/>				<input type="checkbox"/>			
CRASH INVOLVING PEDESTRIAN				OTHER			
<input type="checkbox"/>				<input type="checkbox"/>			

VEHICLE CONFIGURATION

Select Appropriate

1 Triples (tractor with 3 trailers)

2 Triples (truck with 2 trailers)

3 Doubles (any)

4 Straight Truck-Full Trailer

5 Standard Tractor/Semi Trailer

6 Straight Truck

7 Bobtail

8 Saddlemount

9 Heavy Haul

10 Bus / Van (9 or more passenger capacity)

11 Auto / Pickup

Cargo Body Type (circle appropriate type):
 Van Flatbed, Tank, Dump, Belly-Dump, Pole, Garbage, Drop-Box, Auto Carrier, Livestock, Chip, Low-Boy, Mobile Home Toter, Utility, Container, Bulk-Hopper, Fixed Load, Other _____

CARRIER INFORMATION

NAME _____

ADDRESS (Street or PO Box Number) _____

CITY _____

STATE _____ ZIP CODE _____

IDENTIFICATION NUMBERS None = 0

US DOT

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 ICC MC

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DRIVER INFORMATION

NAME (Last, First, Middle) _____

DRIVER LICENSE #	STATE	CLASS	ENDORSEMENT	MEDICAL CERT. EXP. DATE

CO-DRIVER INFORMATION

NAME (Last, First, Middle) _____

DRIVER LICENSE #	STATE	CLASS	ENDORSEMENT	MEDICAL CERT. EXP. DATE

DRIVER HOURS RECAP For Certified Inspectors

DATE	HOURS ON DUTY
TOTAL	

FALSE LOG
 NO LOG BOOK
 DRIVER OUT-OF SERVICE
 DRIVER LOG NOT CURRENT
 60/70 HOUR RULE VIOLATION
 10 HOUR RULE VIOLATION
 15 HOUR RULE VIOLATION
 CURRENT AND PREVIOUS DAYS LOG NOT IN POSSESSION
 FAILURE TO RETAIN 7 PREVIOUS DAYS LOG
 LOG VIOLATION-GENERAL
 OTHER _____

VEHICLE DAMAGE

Use arrow to show first impact (shade in damaged area).

FRONT

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OFFICER NAME / NUMBER	DATE	AGENCY	APPROVED BY