Instruction Manual

Oregon Police
Traffic Crash Report
and
Police Truck/Bus/Hazmat
Crash Supplemental

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OVERVIEW

Police reports of traffic crashes are the foundation of traffic crash data in Oregon as well as the United States. Crash prevention, traffic enforcement and other traffic safety programs depend on accurate collection and consistent reporting of traffic crashes by law enforcement officers.

The Oregon Legislature recognized the need for reliable crash statistics more than 40 years ago. Oregon statutes require police reporting of crashes, and tabulation, analysis, and publication of traffic crash statistics by the Oregon Department of Transportation (ODOT).

Driver and Motor Vehicle Services (DMV) uses information from the ***Oregon Police Traffic Crash Report*** to proceed with suspension action on drivers who are involved in a reportable crash and fail to file an Oregon Traffic Accident and Insurance Report, or are in an uninsured accident. The Oregon Police Traffic Crash Report is also used in determining whether to suspend a driver who caused or contributed to a serious or fatal crash.

ODOT Transportation Development's Crash Analysis and Reporting (CAR) Unit relies on the accuracy and completeness of information it collects from police reports. Once collected, this information is assembled into sensible, statistical data and annual traffic crash publications for local government agencies, private firms and the public. ODOT Transportation Safety Division uses the data to publish statistical reports that are utilized to allocate safety grants and develop safety policies and laws.

An instruction manual on how to fill out the Oregon Police Traffic Crash Report and Police Truck/Bus/Hazmat Crash Supplemental forms was last updated in 1997. In 2007, ODOT, DMV and a representative from city, county and state law enforcement agencies partnered to review and update the instruction manual. Familiarity with the instructions will save you time and effort at the crash scene and help you to complete an accurate report.

These forms are available in paper version from the ODOT storeroom. They can be ordered via telephone by calling (503) 986-5771, or you can fax your request to fax number (503) 986-2801. Fill and Save PDF (portable document format) forms are also available at: http://www.oregon.gov/ODOT/TS/docs/Enforcement/Police_Traffic_Crash_Form_46A.pdf and http://www.oregon.gov/ODOT/TS/docs/Enforcement/Police_Crash_Truck_Bus_Supp_47.pdf

The instruction manual for completing the Oregon Police Traffic Crash Report and Police Truck/Bus/Hazmat Crash Supplemental forms can be accessed electronically from ODOT's Web site at this address: http://www.oregon.gov/ODOT/TS/Traffic_Enforcement.shtml
Comments or suggestions for improvements to the form and instructions are welcomed by the DMV. At the end of this manual, there is contact information for sending any comments.

REPORTING REQUIREMENTS

ORS 810.460 requires that a police officer submit a report to the Department of Transportation whenever the officer does either of the following:

1) Investigates a vehicle crash required to be reported under ORS 811.725 or 822.600.
2) Prepares a report of a crash investigated at the time and place of the crash or by field interviews with the participants or witnesses (whether or not the crash would be reportable under ORS 811.725 or 822.600).

The law further requires that such reports be submitted to the department within 10 days of the investigation or preparation of the written report. The reports are to be mailed to:

Accident Reporting and Insurance Verification Unit
Driver and Motor Vehicle Services
1905 Lana Avenue NE
Salem, OR 97314

ORS 802.040 requires the Department of Transportation to specify the minimum contents of reports, and the means of reporting crashes that are required to be reported under ORS 810.460.

The forms identified in this manual - DMV Form Nos. 735-46A (Appendix A), Form 735-46 (no appendix), 735-46B (Appendix B) and 735-47 (Appendix C) - are the only forms approved by the Department of Transportation, DMV. The data on these reports must be easily located by crash coders and data analysts. It is important that the reports be made in a clear and consistent format.

Forms 735-46A and 735-46 are both available in hardcopy and are identical except that Form 735-46A includes three carbonless copies attached as courtesy copies for drivers involved in the crash. References in this manual to form 735-46A or 735-46 are interchangeable since the fields for both forms are identical.

Each report should be completed fully, and if the narrative description or diagram is expanded or supplemented by other reports, attach all reports to Form 735-46 before it is submitted to DMV. These supplemental reports are especially important when reporting serious and fatal crashes.

Oregon Revised Statutes that govern police crash reports are:

Oregon Revised Statutes	Subject
801.040(5)	Copies of required reports to city departments
802.040(1)	Department of Transportation to specify minimum contents of crash report form and method for reporting of crashes
802.050(2)	Department of Transportation required to publish crash statistics
802.220(6)	The department shall tabulate and may analyze crash reports
802.240(4)	Crash reports as evidence
810.460	Police crash report required
811.725	Driver failure to report accident; Penalty
822.600	Failure of garage to report crash or bullet contact

FORMAT AND CONTENT

Completeness, accuracy, and legibility are very important. All fields in the form should have an entry. If a field of information is not applicable to a particular crash, or no information is available, a line should be drawn through the box (or NA entered). This indicates that the officer did not simply overlook the data. Reports that are not typed should be printed legibly and be dark enough to allow clear photocopies.

ORGANIZATION OF FORM

The content and layout of the form were designed by ODOT, DMV and a group of law enforcement officers.

The information on the form is clustered into logical groups. There are four groups on the face of the form:

1) Crash information: date and time, location, etc.;
2) Unit information: driver/vehicle or pedestrian/bicyclist identity information;
3) Passenger and witness information; and
4) Distribution and reporting officer information.

The back of the form includes:

1) EMS information, local codes, etc.;
2) Crash related data; and
3) The narrative description and sketch.

Within these groups, data fields were sequenced in the same way an officer would normally gather and record the information.

DESCRIPTION OF FIELDS

In this instruction manual, field descriptions are listed in the same order as the form for a quick reference when you have questions. Duplicated field descriptions for driver and passengers are explained only one time. Use the same descriptions for passengers as you did the driver.

PAGE ____OF_____

These boxes identify the number of pages (or sides) that make up the complete report. When you use additional pages, add enough information to the additional pages to identify the crash if the pages become separated (such as POLICE INCIDENT/CASE NUMBER, CRASH DATE, CRASH TIME, LOCAL CASE NUMBER, etc.).

POLICE INCIDENT/CASE NUMBER

Space provided for case identification by law enforcement agencies.

CRASH DATE

Enter the date on which the crash occurred, giving month, day, and year. (If the crash is a fatality and the date is unknown, enter the day the driver or victim went missing.)

DAY OF WEEK

Circle the letter indicating the day of the week on which the crash occurred.

CRASH TIME

Enter the time when the crash happened as precisely as possible; include "A.M." or "P.M." If the crash occurred exactly at noon or midnight, write "12:00 noon" or "12:00 midnight." If crash time is not available, try to estimate the time from physical evidence and mark any estimate as follows: "Est. 4:30 P.M." Military time is acceptable.

POLICE NOTIFIED

Enter the time when the responding police agency was first notified of the crash. If the date is not the same as the CRASH DATE, include the date the responding agency was first notified.

POLICE ARRIVAL

Enter the time when the responding police agency arrived at the crash scene. If the time is not the same date as the date coinciding with "TIME POLICE NOTIFIED," include the date arrived.

DMV FILE NUMBER

DMV use only. Do not write in this field.

COUNTY

Enter the county code number in which the crash occurred.

The county codes:

Baker	01	Harney	13	Morrow	25
Benton	02	Hood River	14	Multnomah	26
Clackamas	03	Jackson	15	Polk	27
Clatsop	04	Jefferson	16	Sherman	28
Columbia	05	Josephine	17	Tillamook	29
Coos	06	Klamath	18	Umatilla	30
Crook	07	Lake	19	Union	31
Curry	08	Lane	20	Wallowa	32
Deschutes	09	Lincoln	21	Wasco	33
Douglas	10	Linn	22	Washington	34
Gilliam	11	Malheur	23	Wheeler	35
Grant	12	Marion	24	Yamhill	36

ROAD ON WHICH CRASH OCCURRED

Give the most specific and formal reference available. Use US and Oregon route types and numbers where applicable. Commonly accepted abbreviations should be used:

INT	Interstate Freeway	(Example: INT-5)
US	Federal Highway	(Example: US 20)
SR	State-Numbered Route	(Example: SR 22 or (SR) Oregon Route 22)
CR	County-Numbered Route	
	Or lettered route	(Example: (CR) MacLeay Road)

If the crash occurred at an intersection, give the number or name of the principal road here. Where applicable, ranking is: INT, then US, then SR, then CR, then all others. In urban areas use the name of the busiest major or arterial street.

LATITUDE

It is known that not all law enforcement have GPS equipment. When equipment is available, include the latitude and longitude locations. The better the crash location, the more accurate GIS mapping for crash coders and analysts.

A Latitude Number may consist of up to 13-characters. The latitude number consists of three separate parts: the number of latitude degrees (one or two characters), the number of latitude minutes (one or two characters), and the number of latitude seconds (can be up to nine characters with two characters before the decimal and seven characters after the decimal).

The number of latitude degrees shows a portion of the coordinate values that describes the location of a crash.

The number of latitude minutes shows a portion of the coordinate values that describes the location of a crash.

The number of latitude seconds shows a portion of the coordinate values that describes the location of a crash.

Latitude location example:

44	07	18.0287727

LONGITUDE

A Longitude Number may consist of up to 15-characters. The longitude number consists of three separate parts: the number of longitude degrees (one to four characters that includes the negative character), the number of longitude minutes (one to two characters), and the number of longitude seconds (can be up to nine characters with two characters before the decimal and seven characters after the decimal).

The number of longitude degrees shows a portion of the coordinate values that describes the location of a crash.

The number of longitude minutes shows a portion of the coordinate values that describes the location of a crash.

The number of longitude seconds shows a portion of the coordinate values that describes the location of a crash.

Longitude location example:

-121	18	59.7882505

MILE POST

Always complete this field when a milepost number is available.

DMV CODE

DMV use only. Do not write in this field.

NEAREST INTERSECTING ROAD

Exact identification of the crash location is critical. Traffic engineering depends on the ability to pinpoint the location of impact and the sequence of events that preceded and followed the impact.

The required minimum accuracy in terms of measurement is:

1) If using feet, within 50 feet of the closest intersecting street/road.

2) If using hundredths of a mile, within 0.01 miles of the closet intersecting street/road.

Measured distances will provide more accurate data. Write miles in hundredths.

Conversion Table for Feet to Miles:

Miles (Hundredths)	Feet	Miles (Hundredths)	Feet	Miles (Hundredths)	Feet	Miles (Hundredths)	Feet	Miles (Hundredths)	Feet
1 Mile	5280	1/5 .20	1056	.40	2112	.60	3168	.80	4224
.01	53	.21	1109	.41	2165	.61	3221	.81	4277
.02	106	.22	1162	.42	2218	.62	3274	.82	4330
.03	158	.23	1215	.43	2270	.63	3326	.83	4382
.04	211	.24	1267	.44	2323	.64	3379	.84	4435
.05	264	1/4 .25	1320	.45	2376	.65	3432	.85	4488
.06	317	.26	1373	.46	2429	.66	3485	.86	4540
.07	370	.27	1426	.47	2482	.67	3538	.87	4594
.08	422	.28	1478	.48	2535	.68	3590	.88	4646
.09	475	.29	1531	.49	2587	.69	3643	.89	4700
1/10 .10	528	.30	1584	1/2 .50	2640	.70	3696	.90	4752
.11	581	.31	1637	.51	2693	.71	3749	.91	4805
1/8 .12	634	.32	1690	.52	2746	.72	3802	.92	4858
.13	686	1/3 .33	1742	.53	2798	.73	3855	.93	4910
.14	739	.34	1795	.54	2851	.74	3907	.94	4963
.15	792	.35	1848	.55	2904	3/4 .75	3960	.95	5016
.16	845	.36	1901	.56	2957	.76	4013	.96	5069
1/6 .17	898	.37	1954	.57	3010	.77	4066	.97	5122
.18	950	.38	2006	.58	3062	.78	4118	.98	5174
.19	1003	.39	2059	.59	3115	.79	4171	.99	5227

When crash occurred at an intersection: Write the name of the intersecting road in the ROAD ON WHICH CRASH OCCURRED. Check the "Within" box.

When crash did not occur at an intersection: Write the name of the nearest intersecting road. Please do not use street address, PO BOX numbers, or landmarks. Check the "Near" box. Complete the "Feet" or "Miles" lines giving distances from the crash scene to the intersecting road and circle whether the crash location was N, S, E, or W of the intersecting road.

NEAREST CITY/TOWN

This element is critical to identify the crash location. Complete this section even if the crash did not occur inside a city or town.

When crash occurred *inside* city or town: Write the name of the city or town. Check the "within" box.

When crash occurred *outside* city or town: Write the name of the nearest city or town. Check the "Near" box. Complete the "Feet" or "Miles" lines giving distances from the crash scene to the city limits of the nearest city or town and circle whether the crash location was N, S, E, or W of the city or town.

Check all that apply

Property Damage: Check this box if the crash involved property damage **other than vehicle damage** and is not public property.

Public Property Damage: Check this box when public property is damaged. Utilize this to assist in notifying the official responsible that city, county, or state property was damaged and should be examined for repair or replacement. Traffic control signs, street lights, fire hydrants, guardrails, and parking meters are examples of public property.

If there is property damage over $1500 to either public property or private property other than a vehicle, all drivers involved in the crash are required to report the crash to DMV.

Estimate (damage amount): For the amount of damage to public or private property, check the over $1500 damage box or the under $1500 damage box. If you don't know, check unknown. If both private and public properties are damaged, use the NARRATIVE to further explain when the damage amount is over $1500 for one type of property but under $1500 for the other.

Hazardous Materials: Check this box if the crash involved a vehicle carrying hazardous materials. Assume vehicles displaying the hazardous materials placard contain hazardous materials. Write the unit number(s) of the vehicle carrying hazardous materials next to this box, or include the information in the NARRATIVE.

Photos Taken: Check this box if a law enforcement officer takes pictures.

Train R/R: Check this box if the crash involved a train.

Truck/Bus: Check this box if the crash involved a truck/bus.

UNIT

Assign a UNIT number to each driver, vehicle, pedestrian, bicyclist, damaged property or "other" involved in the crash. ODOT will record the same basic data for each of these "units," if applicable. On Form 735-46A (Appendix A) Page 1, there is space for collection of information on two units separated by a section labeled "HIT AND RUN." If there are three units involved, you may utilize the supplemental Form 735-46B (Appendix B - Oregon Police Traffic Crash Report Addition).

There are three entries for passenger/witness information on Form 735-46A, Page 1. If there is a need for more entries, you can use the supplemental Form 735-46B to add the passenger/witness information.

Form 735-46B includes fields for the Police Incident/Case Number, Crash Date, and County in the "crash information" section. The "UNIT" and the "PASSENGER/WITNESS" sections are identical to Form 735-46A, Page 1. All instructions for Form 735-46B are the same as for Form 735-46A.

If there are more than three units, continue unit identification and descriptions on additional face sheets of Form 735-46A. Example: Add Unit 3 and Unit 4 on an additional face sheet. Utilize as many face sheets as needed to accommodate the number of units involved in the crash.

If the crash involved a hit and run, property owner, pedestrian or bicyclist, Unit 1 should contain whatever identifying information is available. Provide additional hit and run information in the space provided below Unit 1.

NAME, (LAST, FIRST, MIDDLE)

Write full name of the driver, pedestrian, property owner, passenger, witness, etc., as appropriate. If the person has a driver license, the name should be exactly the same as shown on the driver license. If the person's true name is different from that shown on the license, explain the difference in the narrative part of the report. Give a married woman's own name, i.e., Smith, Kathleen Ann rather than Mrs. Smith, Michael J.

DRIVER LICENSE NUMBER

Write the license number of the vehicle operator. Be sure to copy this completely and accurately. **This is a critical element**. If the driver does not have the license in their possession, write "Not on Person." Write "None" if the driver is unlicensed.

STATE

Use the standard two letter abbreviation for the state that issued the driver license.

Alaska	AK	Idaho	ID	Montana	MT	Rhode Island	RI
Alabama	AL	Illinois	IL	Nebraska	NE	So Carolina	SC
Arkansas	AR	Indiana	IN	No Carolina	NC	So Dakota	SD
Arizona	AZ	Kansas	KS	No Dakota	ND	Tennessee	TN
California	CA	Kentucky	KY	New Hampshire	NH	Texas	TX
Colorado	CO	Louisiana	LA	New Jersey	NJ	Utah	UT
Connecticut	CT	Massachusetts	MA	New Mexico	NM	Virginia	VA
Dist of Columbia	DC	Maryland	MD	New York	NY	Vermont	VT
Delaware	DE	Maine	ME	Nevada	NV	Washington	WA
Florida	FL	Michigan	MI	Ohio	OH	Wisconsin	WI
Georgia	GA	Minnesota	MN	Oklahoma	OK	West Virginia	WV
Hawaii	HI	Missouri	MO	Oregon	OR	Wyoming	WY
Iowa	IA	Mississippi	MS	Pennsylvania	PA		

SEX

M Male
F Female
U Unknown (as in a hit and run)

RACE

Use the following NCIC abbreviations:

W White- A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

B Black- a person having origins in any of the black racial groups of Africa.

I America Indian or Alaskan Native- A person having origins in any of the original peoples of the Americas and maintains cultural identification.

A Asian or Pacific Islander- A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent of the Pacific Islands.

H Hispanic- A person having origin in Central America and maintains a cultural identification.

U Unknown

DATE OF BIRTH

If possible, copy from the driver license the digits as they appear on Oregon licenses, or month, day and year as they appear on licenses from other states or other forms of identification. **Accuracy is extremely important for proper identification of a driver.**

UNIT DETAIL

If the UNIT is a pedestrian, bicycle, property other than a vehicle, or a legally parked vehicle, circle the appropriate type of UNIT. **Nothing needs to be identified here if the UNIT is a moving vehicle.**

PED: Circle if identified UNIT is a pedestrian.

BIC: Circle if identified UNIT is a bicycle.

PRK: Circle if identified UNIT is a legally parked vehicle. Do **not include** a vehicle stopped at a signal.

PRP: Circle if identified UNIT is property other than a vehicle.

ADDRESS

Copy from driver license if available and acknowledged to be correct. Otherwise, obtain a residing street address, apartment number, city and state, and zip code.

PHONE NUMBER

Write in the individual's telephone number, including area code. Check the appropriate box whether it is a "home," "work" or "cell" phone number.

VEHICLE OWNER

If the driver is the owner or co-owner, check the box labeled "SAME." If not, complete the vehicle owner information.

FIRE

Check "yes" if any fire occurred at any time during or following the crash, not only when the first harmful event was a fire.

STD SPD (STATED SPEED)

Enter the speed at which the driver stated the vehicle was traveling just prior to impact. If an investigation or witnesses indicate this is not correct, include discussion in the NARRATIVE section.

PST SPD (DESIGNATED OR POSTED SPEED)

Enter the designated or posted speed which applies to this vehicle.

INSURANCE COMPANY

Write in the name of insurance company covering operation of vehicle. Since some insurance company names are lengthy, abbreviate company names as needed. If not insured, check the box "None."

INSURANCE POLICY NUMBER

Policy number assigned by insurance company.

EJECTED

Y: Circle if driver of identified UNIT was *fully* ejected from vehicle.
P: Circle if driver of identified UNIT was *partially* ejected from vehicle.
N: Circle if driver of identified UNIT was *not* ejected from vehicle.

EXTRCTD (EXTRACTED)

Y: Circle if driver of identified UNIT had to be extracted from vehicle.
N: Circle if driver of identified UNIT did not have to be extracted from vehicle.

VEHICLE IDENTIFICATION NUMBER (VIN)

Write complete Vehicle Identification Number.

VEHICLE PLATE NUMBER

Copy the full number from the license plate of the vehicle and compare it to the registration certificate if available. If the vehicle has no license plate, enter "None" or the VIN (from the vehicle, not DMV record), if applicable. In the case of a vehicle combination, enter the license number of the towed vehicle beneath that of the towing vehicle or power unit.

STATE

Enter the standard two letter abbreviation for the state in which the vehicle is registered. (Refer to Page 9 for state abbreviation table.)

YEAR

Write in the last two digits of the vehicle's model year, i.e., for a 1999 vehicle write "99".

MAKE

Name of vehicle manufacturer. Example; Ford, Toyota, Subaru, Chevrolet, etc.

MODEL

Record the information that you would want to distinguish the involved vehicles from other "models" made by the same manufacturer. For motorcycles, enter the cubic centimeters (cc's) of engine displacement to describe the general size of the motorcycle.

STYLE

Use the body style as noted on the vehicle's registration certificate. If the registration certificate is not available, use NCIC codes or a commonly understood abbreviation.

COLOR

For one-color vehicles or vehicles which have a second color only as trim or striping, use one word (e.g. blue) and a modifier if useful (e.g. light blue). For two-tone cars list the colors from top to bottom with a slash in-between. For example, a car with a red top and white body would be written as "red/white." If the crash involved a hit and run, write the color of the paint transferred to the object that was struck.

VEHICLE TOWED DUE TO VEHICLE DAMAGE

Tow information needs to be recorded only when the vehicle is towed due to damage to the vehicle from the crash. If the vehicle is towed because an operator's license is suspended, no insurance on the vehicle, the operator of the vehicle is under the influence of intoxicants, etc., then do not include tow information. Draw a line through the box or write in "NA" to acknowledge the field was reviewed.

Y: Circle if identified UNIT was towed from the scene of the crash.

N: Circle if identified UNIT was not towed from the scene of the crash.

UNKNOWN: Check this box if it is not known whether the identified UNIT was towed from the scene of the crash.

BY: If the identified UNIT was towed from the scene of the crash, enter the name of the towing service, person, etc., that removed the unit.

TO: If the identified UNIT was towed from the scene of the crash, enter the name of the place where the vehicle was taken.

DRIVER TAKEN

Y: Circle if the driver of the identified UNIT was transported from the scene of the crash.

N: Circle if the driver of the identified UNIT was not transported from the scene of the crash.

UNKNOWN: Check this box if it is not known whether the driver of the identified UNIT was transported from the scene of the crash.

BY: If the driver of the identified UNIT was transported from the scene of the crash, enter the name of the Emergency Medical Service transportation provider (Buck Ambulance, Eugene Fire Department, etc.).

TO: If the driver of the identified UNIT was transported from the scene of the crash, enter the name of the place and city where the injured person was taken (Sacred Heart Hospital-Eugene, Doctor's Clinic-Bend, doctor's office, etc., or unknown).

VEHICLE DAMAGE

The form shows a top view of an automobile diagram. If the vehicle is not an automobile, do your best to make the diagram work for you, or describe the damage in the NARRATIVE. Describe the overall extent of the damage in the NARRATIVE. Use shading to indicate where all damage to the identified UNIT occurred. Draw an arrow to indicate the area of *first impact*. There may or may not have been damage to the vehicle at the first impact.

Damage Estimate – Mark All That Apply

NONE: Check this box to indicate that there were no damages to the identified UNIT.

UNDER $1500: Check this box to indicate that you estimate the amount of damage to the identified UNIT at less than $1500.

OVER $1500: Check this box to indicate that you estimate the amount of damage to the identified UNIT at more than $1500.

ROLLOVER: Check this box to indicate that the identified UNIT rolled over during the course of the crash.

UNDERCAR: Check this box to indicate that there is damage to undercarriage of the identified UNIT.

TOTALED: Check this box to indicate that the identified UNIT was "totaled" as a result of the crash.

UNKNOWN: Check this box if information regarding the extent of the damage to the identified UNIT is not known.

INJURY

This section identifies the injury status of the person listed in connection with the identified UNIT. Use the same code descriptions for passengers as drivers.

NONE: Check this box to indicate that there was no bodily harm to the driver of the identified UNIT. Do not consider the effects of disease such as stroke, heart attack, diabetic coma, epileptic seizure, etc., as crash related injuries.

COMPLAINT OF PAIN: Check this box to indicate any injury claimed by the driver of the identified UNIT. Examples include momentary unconsciousness, complaint of pain, limping, nausea, etc.

VISIBLE INJURY: Check this box to indicate any injury to the driver of the identified UNIT which is evident to observers at the scene of the crash. Examples include a visible lump, abrasions, cuts, bruises, minor lacerations, etc.

INCAPACITATED: Check this box to indicate any injury to the driver of the identified UNIT that prevents the injured party from walking, driving, or normally continuing the activities he or she was capable of performing before the injury occurred. Examples include broken or distorted limbs, skull or chest injuries, abdominal injuries, unconscious at or when taken from the crash scene, unable to leave crash scene without assistance, etc.

FATAL: Check this box to indicate that the driver of the identified UNIT is deceased as a result of the crash. (Death does not have to have occurred at the scene of the crash.)

REMINDER: Send a teletype to LEDS for all fatal crashes within 24 hours. Fatality information includes motor vehicle traffic crashes that result in the death of an occupant of a vehicle or a non-motorist within 30 days of the crash.

EQUIPMENT

This section identifies the safety equipment in use by the person listed in connection with the identified UNIT at the time of the crash. Use the same code descriptions for passengers as drivers. Check all that apply.

NONE INSTLD: If the vehicle was without any safety equipment installed.

NO EQP USED: If safety equipment was available but was not in use.

UNKNOWN: If it is unknown whether safety equipment was in use.

LAP ONLY: If only a lap belt was in use.

SHLDR ONLY: If only a shoulder harness was in use.

LAP/SHLDR: If both a lap belt and shoulder harness were in use.

HELMET: If a helmet was in use.

CHLD RST-PRP: If a child restraint was in use and used properly.

CHLD RST-IMPR: If a child restraint was in use but used improperly.

A/BAG-DEPLYD: If an airbag was available and deployed.

A/BAG-NOT DP: If an airbag was available but did not deploy.

ACTION/ARREST/CITES

Record the basic information for any action taken. For example, if a DUII citation was issued to the driver of this unit, write "citation-DUII." As space allows, you may wish to also record the abstract number from the UTC or any other information that you will need later to identify the citation.

HIT AND RUN

The purpose of this section is to identify that the crash involved a "hit and run."
If the crash involves a "hit and run," complete this section with any known information

regarding the driver of the hit and run vehicle**. If it is a "hit and run" crash but you do not have any known information regarding the driver, write "unknown."** By writing unknown, you are identifying the crash as a "hit and run," even though there is no other information regarding the driver.

PASSENGER/WITNESS INFORMATION

The purpose of this section is to collect information about passengers and/or witnesses to the crash. Record the same basic data for each passenger or witness, if applicable. On Page 1, there is space for collection of information on three passengers or witnesses. Be sure to include the number of the UNIT a passenger was riding in/on. If the crash involved more than three passengers and/or witnesses, continue their identification and descriptions on supplemental Form 735-46B.

PASSENGER: Check this box if the information is being entered for a passenger. Be sure to include the UNIT number of the vehicle the person is a passenger.

WITNESS: Check this box if the information is being entered for a witness to the crash.

INJURY

This section identifies the injury of this PASSENGER. If the identified UNIT is a parked vehicle but there was injury to a person seated in a passenger position, complete this section for that person. (Refer to Page 13 for injury descriptions.)

LOCATION

Circle the location of the passenger within the vehicle.

LF: Circle if the PASSENGER was seated in the left front seating position.
CF: Circle if the PASSENGER was seated in the center front seating position.
RF: Circle if the PASSENGER was seated in the right front seating position.
LR: Circle if the PASSENGER was seated in the left rear section position.
CR: Circle if the PASSENGER was seated in the center rear section position.
RR: Circle if the PASSENGER was seated in the right rear seating position.
OTHER: Indicate the position of the PASSENGER if other than those listed above.

PASSENGER TAKEN

The same descriptions as the driver descriptions apply. (Refer to Page 12.)

EQUIPMENT

Identify the safety equipment in use by this PASSENGER at the time of the crash. (Refer to Page 14 for code descriptions.)

DISTRIBUTION (OPTIONAL)

Use this space for information related to distribution of the report.

OFFICER NAME/NUMBER/DATE

Print the name of officer(s) completing this form and the officer's badge or identification number designated by your department. Write the date you completed the report.

AGENCY

Enter name of your police agency. If you abbreviate, be sure the abbreviation is unique to your agency. Example: "PPD" could be Pendleton Police Department, Prineville Police Department, etc.

APPROVED BY (OPTIONAL)

Name or initials of supervisory personnel reviewing/approving the report.

EMS NOTIFIED

Enter the time the Emergency Medical Service (EMS) was notified of the crash. If the date is not the same as the Crash Date, include the date the EMS was first notified.

EMS ARRIVAL

Enter the time the first official EMS responder arrived at the crash scene. If the time is not on the same date as TIME EMS NOTIFIED, include the date here.

LOCAL CODES (OPTIONAL)

Five additional code boxes are provided. Your agency may use these to collect data not already included on the form.

CRASH CODING

Other or Explain boxes: Many of the crash related sections include boxes for "other." Write in a description of "other." If you are submitting a separate narrative & sketch to submit with the form, you may explain the "other" in the space allotted for narrative & sketch located in the bottom left corner of this page of the form.

FIRST HARMFUL EVENT

Check the box to describe the first event in the total crash which resulted in damage, loss, or injury. Be as specific as you can. The codes are arranged to enable you to select "other" or "unknown" after you determine that none of the more specific codes is a correct answer.

Example: A vehicle hits a patch of ice, runs off the road and hits a tree. The FIRST HARMFUL EVENT is FIXED OBJECT, Tree.

EVENT LOCATION

Check the box describing where the FIRST HARMFUL EVENT occurred.

SPECIAL ZONE

This is a critical element for crash reconstruction and analysis. Check all the appropriate boxes if the crash occurred in the vicinity of any special zone. A special zone is an area designated for a distinctive purpose or a specific condition. Examples include but are not limited to construction sites, snow areas, school areas, maintenance sites, safety corridors.

WEATHER

Check the box matching the weather condition at the time of the crash.

SURFACE CONDITION

Check appropriate box to indicate condition of road surface for each UNIT. If the road conditions are not consistent for all UNITS, explain in the NARRATIVE.

SURFACE TYPE

Check box to identify type of road surface for each UNIT.

LIGHT

Check the box matching the light condition at the time of the crash.

TRAFFIC CONTROL TYPE

Check box to indicate the type of traffic control device regulating each UNIT.

TRAFFIC CONTROL DEVICE CONDITION

Check the box that gives the condition of the traffic control device regulating each UNIT.

ROAD CHARACTER

Check the box that best describes the character or the road for each UNIT.

For each vehicle (UNIT), enter the number of travel lanes at the crash site for each Unit's side of the roadway. (Indicate when counting a continuous left turn lane or refuge lane as a lane.) Also, enter the total number of lanes for the entire roadway.

EXAMPLE:

UNIT #1:	2 Number of Lanes		UNIT #1: 2 Number of Lanes
UNIT #2:	1 Number of Lanes	or	UNIT #2: 1 Number of Lanes
	(1 turn lane)		
	4 Total Number of Lanes		3 Total Number of Lanes

ROAD FLOW

Check ALL the boxes that best describe roadway flow for each UNIT.

Check the box that best describes the median type at the crash site

DRIVER LICENSE VIOLATION

Check the appropriate box to indicate if a driver violated a driver license requirement. Complete the information for the driver of each UNIT.

DRIVER FACTORS

In some cases more than one factor will apply; check all applicable boxes. Complete information for each UNIT.

This information is the officer's opinion; abuse of this data will cause the data to be unreliable or meaningless. Oregon Police Traffic Crash Reports filed with DMV are protected under the vehicle code from being admitted into a court of law as evidence to recover damage due to negligence.

Data obtained is solely for the purpose of statistical use and analysis.

IMPAIRMENT

Complete the information for the driver of each UNIT. In some cases more than one Factor will apply; check all applicable boxes.

DRIVER: Check the appropriate box(es) to indicate whether the driver of the identified UNIT was impaired by alcohol, drugs, or medications.

DETERMINED BY: Check the appropriate box(es) to indicate the method used to determine the impairment of the driver of the identified UNIT.

RESULTS OF TEST: Write the results of the test, and/or check the appropriate box(es) to provide information regarding the outcome of any tests for impairment.

VEH RELATED FACTORS

Check the appropriate box(es) to indicate any vehicle related factors that caused or contributed to the crash for each UNIT. In some cases more than one factor will apply; check all applicable boxes. Complete information for each UNIT.

VEHICLE MOVEMENT

Check the appropriate box to describe what each identified UNIT was attempting to do at the time of the crash.

TRAILER TYPE

If the crash involved a trailer, check the appropriate box to indicate the trailer type. Complete information for each UNIT with a trailer.

TRUCK CONFIGURATION

Truck configurations apply to commercial sizes of trucks and truck-trailer combinations. Check the appropriate box if applicable.

PASSENGER FACTORS

Check the appropriate box(es) to indicate any passenger related factors that caused or contributed to the crash. In some cases more than one factor will apply; check all applicable boxes.

PEDESTRIAN LOCATION

Check the appropriate box to indicate the location of a pedestrian involved in the crash.

PEDESTRIAN TYPE

Check the appropriate box to indicate the type of pedestrian involved in the crash.

PEDESTRIAN ACTION

Check the appropriate box(es) to indicate the action a pedestrian was taking or attempting to take at the time of the crash. In some cases more than one factor will apply; check all applicable boxes.

PED/BIKE VISIBILITY

Check the appropriate box to indicate the visibility of a pedestrian/bike to motorists or others at time or location of crash.

PED/BIKE FACTORS

Check the appropriate box(es) to indicate any pedestrian or bike related factors that caused or contributed to the crash. In some cases more than one factor will apply; check all applicable boxes.

SKETCH & NARRATIVE

Although this form does not contain a large space for a sketch and narrative, be as complete as possible. A crash requiring a very detailed sketch and narrative, such as a fatal crash, would require supplemental drawings and narrative information with in-depth detail to be submitted with the crash form. Copies of these reports are acceptable and recommended.

SKETCH

This is a critical aid to crash coders who must assign crash location information and locations of impact. Even the simplest sketch will be helpful.

Complete an adequate diagram of the crash either in this area or on an attached sheet. The diagram should, at a minimum, allow another person to look at the diagram and get a basic idea of what happened in the crash. The amount of detail and accuracy required will be dictated both by the severity of the crash and the mandates of your agency.

Following are general guidelines:

Draw a sketch of the roadway arrangement. The arrow in the circle at the top of the box indicates north.

Include structures involved in the crash as well as any obstruction to visibility.

Measure all dimensions (except in special cases covered by departmental orders or bulletins).

For each vehicle involved, enter the length of the longest skid mark in feet to the point of impact, and the distance in feet the vehicles traveled after the impact. Show unusual or temporary conditions, hole in pavement, barricade in repair zone, etc.

Indicate paths of vehicles before contact or rollover in dotted lines.

Show vehicles in impact positions in dotted line form.

Use solid line to show paths after impact and show final position of vehicles in solid line form, including units properly numbered.

Show distance to impact location and final position in relation to permanent landmarks.

It is important that you show all skid marks, tire marks and other visible paths of travel. Label these and their lengths.

NARRATIVE

This is a critical aid to crash coders who must assign crash site, vehicle and participant details.

Place the narrative description of the crash in the same area as the sketch or attach a separate page(s). As in the case of the sketch, the level of detail in this description will vary depending on the severity of the crash.

Give a concise, complete description of what happened. Refer to vehicles or pedestrians by the same "unit number" used on the face of the report and the sketch. Generally, you do not need to repeat facts or data contained elsewhere on the form. In fact, proper use of the code sets can greatly diminish the amount of narrative description required.

Start the description with what the units were doing before the start of events that produced the crash. Describe the maneuvers that led to the crash, and describe the collision, rollover, or non-collision event. Include statements the people involved in the crash or witnesses said that is pertinent to the crash.

Include in the narrative the following, although not necessarily in this order:

a) Actions of vehicles/pedestrians prior to the key event, giving directions of travel and names, and number of highways.

b) Evasive maneuvers to avoid crash, including skid marks.

c) Description of impact, rollover or non-collision event. Be factual, using a careful choice of words. Example: Do not state the vehicle was impaled on the guardrail if it did not end that way. Say, instead, that the car "struck the end of the guardrail which penetrated the engine compartment, and the car stopped ten feet south of the guardrail."

d) Any unusual circumstances.

e) Unusual or temporary highway conditions. Limit this statement to factual information.

f) Highway and environmental defects, if not already covered by coded information. Again, limit this to factual information only.

g) Anything unusual about the condition of driver/pedestrian/passenger prior to the crash.

POLICE TRUCK/BUS/HAZMAT CRASH SUPPLEMENTAL

The ***Police Truck/Bus/Hazmat Crash Supplemental*** Form 735-47 (Appendix C) was created to be a supplement to the Oregon Police Traffic Crash Report. You must complete an Oregon Police Traffic Crash Report, Form 735-46, in addition to this report.

Motor Carrier has asked you to FAX a copy of the Police Truck/Bus/Hazmat Crash Supplemental form within 24 hours to ODOT. The FAX number is listed on the bottom of the form. When you have completed all your reports, including the Oregon Police Traffic Crash Report, Form 735-46, attach any additional narratives or supplemental reports and submit everything to DMV.

The Police Truck/Bus/Hazmat Crash Supplemental form should not be completed unless both incident and vehicle criteria are met.

QUALIFYING INCIDENT AND VEHICLE CRITERIA INCLUDE:

INCIDENT

- Any person sustaining a fatality (within 30 days of the crash); or
- Any person sustaining injuries requiring treatment away from the scene; or
- Any vehicle towed from scene due to damage.

AND

VEHICLE is:

- A commercial truck with 10,001 lbs. or more (GVWR); or
- A vehicle displaying a hazardous material placard; or
- A vehicle with seating for 16 or more passengers, including the driver.

If the crash does not meet <u>both</u> the incident and qualifying vehicle criteria, do not complete a Truck/Bus/Hazmat Crash Supplemental form (Form 735-47).

POLICE INCIDENT/CASE NUMBER

Space provided for case identification by law enforcement agencies. This number will match the number on your completed Oregon Police Traffic Crash Report, Form 735-46.

DAY OF WEEK

The day circled will match what is on your completed Oregon Police Traffic Crash Report, Form 735-46.

CRASH DATE

Circle the letter indicating the day of the week on which the crash occurred, and enter the date on which the crash occurred, giving month, day, and year. This date will match the date on your completed Oregon Police Traffic Crash Report, Form 735-46.

CRASH TIME

Enter the time when the crash happened as precisely as possible. Include "A.M." or "P.M." If the crash occurred exactly at noon or midnight, write "12:00 noon" or "12:00 midnight." If crash time is not available, try to estimate the time from physical evidence and mark any estimate as follows "Est.4:30 P.M." Military time is acceptable.

ROAD ON WHICH CRASH OCCURRED

Give the most specific and formal reference available. Use US and Oregon route types and numbers where applicable. Commonly accepted abbreviations should be used:

INT	Interstate Freeway	(Example: INT-5)
US	Federal Highway	(Example: US 20)
SR	State-Numbered Route	(Example: SR22 or (SR) Oregon Route 22)
CR	County-Numbered Route or lettered route	(Example: (CR) MacLeay Road)

If the crash occurred at an intersection, give the number or name of the principal road here. Where applicable, ranking is: INT, then US, then SR, then CR, then all others. In urban areas use the name of the busiest major or arterial street.

VEHICLE INFORMATION

Complete all of the vehicle information, answering all of the questions in the spaces provided.

VEHICLE CONFIGURATION

Select the appropriate vehicle configuration.

VEHICLE DAMAGE

The form shows a top view of a vehicle configuration. Use shading to indicate where all damage to the identified UNIT occurred. Draw an arrow to indicate the area of first impact. There may or may not have been damage to the vehicle at the first impact.

SEQUENCE OF EVENTS (for this vehicle)

Check the first four sequences of events that occurred. Column 1 is for the first event, Column 2 for the second event and so on. Complete this section with up to four events. If there were not four events, complete as many as apply.

CARRIER INFORMATION

NAME

Write the full name of the motor carrier

ADDRESS

Write the full mailing address including city, state and zip code.

IDENTIFICATION NUMBERS

These numbers can normally be found on the driver's side door of the vehicle.

NONE
Check this box if it is a new carrier and does not have numbers yet

US DOT
Complete this field with the United States Department of Transportation number.

ICC MC
Complete this field with the Interstate Commerce Commission number. The number will start as MC; write the 6 numerical digits in the spaces provided.

DRIVER INFORMATION

NAME (LAST, FIRST, MIDDLE)

Write full name of the driver. If the person has a driver license, the name should be exactly the same as shown on the driver license. If the person's true name is different from that shown on the license, explain the difference in a narrative part of the report. Give a married woman's own name, i.e., Smith, Kathleen Ann rather than Mrs. Smith, Michael J.

DRIVER LICENSE NUMBER

Write the license number of vehicle operator. Be sure to copy this completely and accurately. This is a critical element. If the driver does not have the license in their possession, write "Not on person." Write "None" if the driver is unlicensed.

STATE
Use the standard two letter abbreviation for the state that issued the driver license. (Refer to Page 9 for state abbreviation table.)

CLASS
Write the license classification listed on the driver's license.

ENDORSEMENT
Write the license endorsements listed on the driver's license.

MEDICAL CERTIFICATION EXP DATE
View the medical certification and write the date in this space.

CO-DRIVER INFORMATION

If a co-driver is in the vehicle, enter all of the same information required for the actual driver of the vehicle at the time of the crash.

DRIVER HOURS RECAP

This section should only be completed by an officer who has completed the Oregon Department of Transportation training and is a certified inspector. If you have not had the training and been certified, do not complete this section. If you are certified, check off all violations that apply. If "other" is checked, write in the violation.

OFFICER NAME/NUMBER/DATE

Print the name of officer(s) completing this form and the officer's badge or identification number designated by your department. Write the date you completed the report.

AGENCY

Enter name of your police agency. If you abbreviate, be sure the abbreviation is unique to your agency. Example: "PPD" could be Pendleton Police Department, Prineville Police Department, etc.

APPROVED BY (OPTIONAL)

Name or initials of supervisory personnel reviewing/approving the report.

DMV OREGON POLICE TRAFFIC CRASH REPORT

PAGE ____ OF ____

POLICE INCIDENT / CASE NUMBER	CRASH DATE	DAY OF WEEK M T W TH F S SN	CRASH TIME AM PM	POLICE NOTIFIED AM PM	POLICE ARRIVAL AM PM	DMV FILE NUMBER

COUNTY	ROAD ON WHICH CRASH OCCURRED	LATITUDE	LONGITUDE	MILE POST	DMV CODE

☐ WITHIN _____ FEET N S OF NEAREST INTERSECTING ROAD
☐ NEAR _____ MILES E W

☐ WITHIN _____ FEET N S OF NEAREST CITY / TOWN
☐ NEAR _____ MILES E W

☐ PROPERTY DAMAGE ☐ PUBLIC PROPERTY DAMAGE ESTIMATE: ☐ UNDER $1500 ☐ OVER $1500 ☐ UNKNOWN

☐ HAZ. MATERIALS ☐ PHOTOS TAKEN ☐ TRAIN R/R ☐ TRUCK / BUS

UNIT # — NAME (LAST, FIRST, MIDDLE)

DRIVER LICENSE NUMBER	STATE	SEX	RACE	DOB

PED BIC — ADDRESS — PHONE: ☐ HOME ☐ WORK ☐ CELL ( )

PRK PRP — VEHICLE OWNER ☐ SAME — PHONE: ☐ HOME ☐ WORK ☐ CELL ( )

FIRE Y N	STD SPD	PST SPD	INSURANCE COMPANY ☐ NONE	INSURANCE POLICY NUMBER

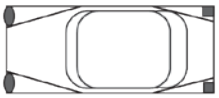
EJECTED Y P N	EXTRCTD Y N	VEHICLE IDENTIFICATION NUMBER (VIN)	LICENSE PLATE NUMBER	STATE	YEAR	MAKE	MODEL	STYLE	COLOR

VEHICLE TOWED DUE TO VEHICLE DAMAGE Y N ☐ UNKNOWN
BY: TO:

DRIVER TAKEN: Y N ☐ UNKNOWN
BY: TO:

VEHICLE DAMAGE

FRONT



MARK ALL THAT APPLY:
DAMAGE ESTIMATE ☐ ROLLOVER
☐ NONE ☐ UNDERCAR
☐ UNDER $1500 ☐ TOTALED
☐ OVER $1500 ☐ UNKNOWN

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

INJURY: ☐ NONE ☐ COMPLAINT OF PAIN ☐ VISIBLE INJURY ☐ INCAPACITATED ☐ FATAL

EQUIPMENT: ☐ NO EQP USED ☐ LAP ONLY ☐ LAP / SHLDR ☐ CHLD RST-PRP ☐ A/BAG-DEPLYD ☐ NONE INSTLD ☐ UNKNOWN ☐ SHLDR ONLY ☐ HELMET ☐ CHLD RST-IMPR ☐ A/BAG-NOT DP

ACTION / ARREST / CITES

HIT AND RUN

SUSPECT NAME	AKA	IN CUSTODY Y N

ADDRESS — OTHER INFORMATION:

SEX	RACE	DOB	HT	WT	HAIR	EYES	LOCAL ID

UNIT # — NAME (LAST, FIRST, MIDDLE)

DRIVER LICENSE NUMBER	STATE	SEX	RACE	DOB

PED BIC — ADDRESS — PHONE: ☐ HOME ☐ WORK ☐ CELL ( )

PRK PRP — VEHICLE OWNER ☐ SAME — PHONE: ☐ HOME ☐ WORK ☐ CELL ( )

FIRE Y N	STD SPD	PST SPD	INSURANCE COMPANY ☐ NONE	INSURANCE POLICY NUMBER

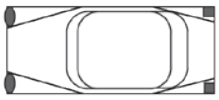
EJECTED Y P N	EXTRCTD Y N	VEHICLE IDENTIFICATION NUMBER (VIN)	LICENSE PLATE NUMBER	STATE	YEAR	MAKE	MODEL	STYLE	COLOR

VEHICLE TOWED DUE TO VEHICLE DAMAGE Y N ☐ UNKNOWN
BY: TO:

DRIVER TAKEN: Y N ☐ UNKNOWN
BY: TO:

VEHICLE DAMAGE

FRONT



MARK ALL THAT APPLY:
DAMAGE ESTIMATE ☐ ROLLOVER
☐ NONE ☐ UNDERCAR
☐ UNDER $1500 ☐ TOTALED
☐ OVER $1500 ☐ UNKNOWN

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

INJURY: ☐ NONE ☐ COMPLAINT OF PAIN ☐ VISIBLE INJURY ☐ INCAPACITATED ☐ FATAL

EQUIPMENT: ☐ NO EQP USED ☐ LAP ONLY ☐ LAP / SHLDR ☐ CHLD RST-PRP ☐ A/BAG-DEPLYD ☐ NONE INSTLD ☐ UNKNOWN ☐ SHLDR ONLY ☐ HELMET ☐ CHLD RST-IMPR ☐ A/BAG-NOT DP

ACTION / ARREST / CITES

UNIT # — ☐ PASSENGER NAME ☐ WITNESS

ADDRESS

SEX	RACE	DOB	PHONE: ☐ HOME ☐ WORK ☐ CELL ( )

INJURY ☐ COMPLAINT OF PAIN ☐ INCAPACITATED ☐ NONE ☐ VISIBLE INJURY ☐ FATAL

LOCATION LF CF RF LR CR RR — OTHER:

EJECTED Y P N — EXTRCTD Y N

PASSENGER TAKEN: Y N ☐ UNKNOWN
BY: TO:

EQUIPMENT ☐ NO EQP USED ☐ LAP ONLY ☐ LAP / SHLDR ☐ CHLD RST-PRP ☐ A/BAG-DEPLYD ☐ NONE INSTLD ☐ UNKNOWN ☐ SHLDR ONLY ☐ HELMET ☐ CHLD RST-IMPR ☐ A/BAG-NOT DP

UNIT # — ☐ PASSENGER NAME ☐ WITNESS

ADDRESS

SEX	RACE	DOB	PHONE: ☐ HOME ☐ WORK ☐ CELL ( )

INJURY ☐ COMPLAINT OF PAIN ☐ INCAPACITATED ☐ NONE ☐ VISIBLE INJURY ☐ FATAL

LOCATION LF CF RF LR CR RR — OTHER:

EJECTED Y P N — EXTRCTD Y N

PASSENGER TAKEN: Y N ☐ UNKNOWN
BY: TO:

EQUIPMENT ☐ NO EQP USED ☐ LAP ONLY ☐ LAP / SHLDR ☐ CHLD RST-PRP ☐ A/BAG-DEPLYD ☐ NONE INSTLD ☐ UNKNOWN ☐ SHLDR ONLY ☐ HELMET ☐ CHLD RST-IMPR ☐ A/BAG-NOT DP

UNIT # — ☐ PASSENGER NAME ☐ WITNESS

ADDRESS

SEX	RACE	DOB	PHONE: ☐ HOME ☐ WORK ☐ CELL ( )

INJURY ☐ COMPLAINT OF PAIN ☐ INCAPACITATED ☐ NONE ☐ VISIBLE INJURY ☐ FATAL

LOCATION LF CF RF LR CR RR — OTHER:

EJECTED Y P N — EXTRCTD Y N

PASSENGER TAKEN: Y N ☐ UNKNOWN
BY: TO:

EQUIPMENT ☐ NO EQP USED ☐ LAP ONLY ☐ LAP / SHLDR ☐ CHLD RST-PRP ☐ A/BAG-DEPLYD ☐ NONE INSTLD ☐ UNKNOWN ☐ SHLDR ONLY ☐ HELMET ☐ CHLD RST-IMPR ☐ A/BAG-NOT DP

DISTRIBUTION

OFFICER NAME / NUMBER	DATE	AGENCY	APPROVED BY

735-46A (6-07) STK# 300017

POLICE INCIDENT / CASE NUMBER	EMS NOTIFIED AM PM	EMS ARRIVAL AM PM	LOCAL CODES A	B	C	D	E	PAGE	OF

Check ONE box in all categories. Check ALL boxes that apply in categories with (★).

FIRST HARMFUL EVENT

NON COLLISION
- ☐ OVERTURN
- ☐ FIRE / EXPLOSION
- ☐ IMMERSION
- ☐ GAS INHALATION
- ☐ OTHER NON COLLISION
- ☐ MEDICAL (Explain)

COLLISION WITH
- ☐ PEDESTRIAN
- ☐ PARKED MOTOR VEHICLE
- ☐ RAILWAY TRAIN
- ☐ BICYCLIST

CRASH TYPE
- ☐ HEAD ON
- ☐ REAR END
- ☐ ANGLE
- ☐ SIDESWIPE
- ☐ MANNER UNKNOWN

FIXED OBJECT
- ☐ BARRICADE
- ☐ BOULDER / ROCK
- ☐ BRIDGE O/PASS or RAILING
- ☐ BUILDING
- ☐ CULVERT HEADWALL
- ☐ CURBING
- ☐ DITCH
- ☐ DIVIDER - CNCRT or STEEL
- ☐ FENCE - NOT MEDIAN
- ☐ FIRE HYDRANT
- ☐ HIGHWAY GUARDRAIL
- ☐ HIGHWAY SIGN
- ☐ IMPACT ABSORBER
- ☐ LIGHT STANDARD
- ☐ MAILBOX
- ☐ OVERHEAD SIGN POST
- ☐ OVERHEAD STRUCTURE
- ☐ PIER or COLUMN
- ☐ RETAINING WALL
- ☐ SIDESLOPE EARTH
- ☐ SIDESLOPE ROCK or STONE
- ☐ TRAFFIC SIGNAL POST
- ☐ TREE
- ☐ UNDERPASS TUNNEL
- ☐ UTILITY POLE
- ☐ OTHER FIXED (Explain)

OTHER OBJECT (NOT FIXED)
- ☐ ANIMAL
- ☐ THROWN / FALLING OBJECT
- ☐ UNKNOWN
- ☐ OTHER OBJECT (Explain)

EVENT LOCATION

ON ROADWAY
- ☐ NON-INTERSECTION
- ☐ INTERSECTION
- ☐ INTERSECTION RELATED
- ☐ DRIVEWAY ACCESS
- ☐ INTERCHANGE AREA
- ☐ RAILROAD CROSSING
- ☐ BRIDGE
- ☐ TUNNEL
- ☐ OTHER ON-ROAD AREA

OFF ROADWAY
- ☐ SHOULDER
- ☐ TURNOUT
- ☐ ROADSIDE
- ☐ BEYOND RIGHT OF WAY
- ☐ MEDIAN
- ☐ DRIVEWAY
- ☐ PRIVATE DRIVE
- ☐ RAILROAD CROSSING
- ☐ OTHER OFF ROAD
- ☐ PARKING LOT
- ☐ UNKNOWN

SPECIAL ZONE
- ☐ NONE
- ☐ CONSTRUCTION
- ☐ MAINTENANCE
- ☐ UTILITY
- ☐ SNOW
- ☐ SCHOOL
- ☐ UNKNOWN WORK
- ☐ OTHER

WEATHER
- ☐ CLEAR
- ☐ CLOUDY (OVERCAST)
- ☐ RAIN
- ☐ SNOW
- ☐ SLEET / HAIL / ETC
- ☐ FOG / SMOG
- ☐ SMOKE
- ☐ BLOWING SAND / DIRT
- ☐ SEVERE CROSSWIND
- ☐ OTHER / UNKNOWN

SURFACE CONDITION

#1	#2	
☐	☐	DRY
☐	☐	WET
☐	☐	SNOW / SLUSH
☐	☐	ICY
☐	☐	MUDDY
☐	☐	DEBRIS
☐	☐	RUTS / HOLES / BUMPS
☐	☐	WORN / POLISHED
☐	☐	LOW / SOFT SHOULDER
☐	☐	OTHER (Explain)

SURFACE TYPE

#1	#2	
☐	☐	CONCRETE
☐	☐	BLACKTOP / ASPHALT
☐	☐	GRAVEL
☐	☐	DIRT
☐	☐	OTHER

LIGHT
- ☐ FULL DAYLIGHT
- ☐ DAWN
- ☐ DUSK
- ☐ DARK - LIGHTED WAY
- ☐ DARK - NOT LIGHTED
- ☐ UNKNOWN

TRAFFIC CONTROL TYPE

#1	#2	
☐	☐	NONE
☐	☐	SCHOOL BUS LIGHTS
☐	☐	OFFICER / CROSSING GUARD or FLAGGER
☐	☐	TRAFFIC SIGNAL w/ PEDESTRIAN CONTROL
☐	☐	TRAFFIC SIGNAL
☐	☐	FLASHING BEACON
☐	☐	STOP SIGN
☐	☐	YIELD SIGN
☐	☐	RR CROSSING GATES
☐	☐	RR CROSSING BUCKS
☐	☐	RR FLASHING SIGNAL
☐	☐	RR CROSSING w/ PAVEMENT MARKINGS
☐	☐	LANE CONTRLS / LINES / STRIPES / DEVICES
☐	☐	SCHOOL SIGNAL
☐	☐	OTHER REG SIGN
☐	☐	TURN LANES
☐	☐	UNKNOWN

TRAFFIC CONTROL DEVICE CONDITION

#1	#2	
☐	☐	NO MALFUNCTION
☐	☐	DOWN / MISSING
☐	☐	TURNED FROM PROPER POSITION
☐	☐	OBSCURED BY OTHER SIGNS
☐	☐	OBSCURED BY PARKED VEHICLE
☐	☐	OBSCURED BY VEGETATION
☐	☐	LIGHTS MALFUNCTION
☐	☐	LIGHTS STUCK
☐	☐	GATES INOPERATIVE
☐	☐	GATE ARM MISSING
☐	☐	OTHER RR MALFUNCTN
☐	☐	OTHER IMPAIRMENT
☐	☐	UNKNOWN

ROAD CHARACTER

#1	#2	
☐	☐	STRAIGHT and LEVEL
☐	☐	STRAIGHT w/ GRADE
☐	☐	CURVED and LEVEL
☐	☐	CURVED w/ GRADE

VEH # 1 ___ NUMBER OF LANES

VEH # 2 ___ NUMBER OF LANES

___ TOTAL NUMBER OF LANES

ROAD FLOW

#1	#2	
☐	☐	ONE WAY TRAFFIC
☐	☐	NOT PHYSLY DIVIDED

MEDIAN TYPE
- ☐ ☐ UNPAVED
- ☐ ☐ BARRIER
- ☐ ☐ PAVED
- ☐ ☐ CONT LEFT TURN

DRIVER LICENSE VIOLATION

DRIVER #1	#2	
☐	☐	NONE
☐	☐	INSTRUCTION PERMIT
☐	☐	LICENSE RESTRICTION
☐	☐	EXPIRED LICENSE
☐	☐	OUT OF CLASS
☐	☐	SUSPNDED / REVOKED
☐	☐	UNLICENSED

★ DRIVER FACTORS

DRIVER #1	#2	
☐	☐	NONE
☐	☐	CELL PHONE USE
☐	☐	OBSTRUCTED VIEW
☐	☐	FAILED TO YIELD ROW
☐	☐	DISRGRD TRAF SIGN
☐	☐	TOO FAST FOR COND
☐	☐	MADE IMPROPER TURN
☐	☐	WRONG SIDE/WAY
☐	☐	FOLLOW TOO CLOSELY
☐	☐	IMPROPER LANE CHNG
☐	☐	IMPROPER BACKING
☐	☐	IMPROPER PASSING
☐	☐	IMPROPER SIGNAL
☐	☐	IMPROPER PARKING
☐	☐	FATIGUE / DROWSY
☐	☐	ILL / BLACKOUT
☐	☐	UNKNOWN
☐	☐	OTHER (Explain)

★ IMPAIRMENT

DRIVER #1	#2	
☐	☐	NONE
☐	☐	UNDER INFL - DRUGS
☐	☐	UNDER INFL - ALCOHOL
☐	☐	UNDER INFL - MEDS
☐	☐	UNKNOWN

DETERMINED BY:
- ☐ ☐ INTOXILYZER TEST
- ☐ ☐ BLOOD OR URINE TEST
- ☐ ☐ FIELD SOB. TEST
- ☐ ☐ OBSERVED (SPEECH, ODOR, ETC.)
- ☐ ☐ DRE EVALUATION
- ☐ ☐ STATEMENTS
- ☐ ☐ UNKNOWN
- ☐ ☐ OTHER (Explain)

RESULTS OF TEST:

D1 ____% D2 ____%
- ☐ ☐ NO TEST GIVEN
- ☐ ☐ TEST REFUSED
- ☐ ☐ TESTED FOR DRUGS
- ☐ ☐ RESLTS NOT AVAILABLE

★VEH RELATED FACTORS

#1	#2	
☐	☐	NONE
☐	☐	BRAKES
☐	☐	STEERING
☐	☐	POWER PLANT
☐	☐	SUSPENSION
☐	☐	TIRES
☐	☐	EXHAUST
☐	☐	LIGHTS
☐	☐	SIGNALS
☐	☐	WINDOWS / WINDSHLD
☐	☐	RESTRAINT SYSTEM
☐	☐	WHEELS
☐	☐	COUPLING
☐	☐	CARGO
☐	☐	OTHER

VEHICLE MOVEMENT

#1	#2	
☐	☐	BACKING
☐	☐	STOPPED
☐	☐	STRAIGHT AHEAD
☐	☐	TURNING RIGHT
☐	☐	TURNING LEFT
☐	☐	MAKING U-TURN
☐	☐	ENTER TRAFFIC LANE
☐	☐	LEAVE TRAFFIC LANE
☐	☐	OVERTAKING
☐	☐	CHANGING LANES
☐	☐	AVOIDING MANEUVER
☐	☐	MERGING
☐	☐	PARKING
☐	☐	NEGOTIATING A CURVE
☐	☐	OTHER

TRAILER TYPE

#1	#2	
☐	☐	LOG BUNK
☐	☐	SEMITRAILER
☐	☐	POLE TRAILER
☐	☐	FULL TRAILER
☐	☐	MOBILE HOME
☐	☐	UTILITY TRAILER
☐	☐	TRAVEL TRAILER
☐	☐	BOAT TRAILER
☐	☐	FARM EQUIPMENT
☐	☐	HORSE TRAILER
☐	☐	VEHICLE IN TOW
☐	☐	OTHER / UNKNOWN

TRUCK CONFIGURATION

#1	#2	
☐	☐	TRUCK (2 or 3 AXLE)
☐	☐	TRUCK / TRACTOR-SEMI
☐	☐	TRUCK and TRAILER
☐	☐	DOUBLE TRAILERS
☐	☐	TRIPLE TRAILERS
☐	☐	DROMEDARY and SEMI
☐	☐	HEAVY HAUL CONFIG
☐	☐	BUS
☐	☐	OTHER (Explain)

★ PASSENGER FACTORS

PASS UNIT #1

#1	#2	
☐	☐	NONE
☐	☐	INTERFERED w/DRIVER
☐	☐	UNDER INFL - DRUGS
☐	☐	UNDER INFL - ALCOHOL
☐	☐	UNKNOWN
☐	☐	OTHER (Explain)

PASS UNIT #2

#1	#2	
☐	☐	NONE
☐	☐	INTERFERED w/DRIVER
☐	☐	UNDER INFL - DRUGS
☐	☐	UNDER INFL - ALCOHOL
☐	☐	UNKNOWN
☐	☐	OTHER (Explain)

PEDESTRIAN LOCATION

IN ROAD
- ☐ IN X-WALK
- ☐ NOT IN X-WALK
- ☐ NO X-WALK AVAILABLE

INTERSECTION
- ☐ IN X-WALK
- ☐ NOT IN X-WALK
- ☐ NO X-WALK AVAILABLE

OTHER
- ☐ NOT IN ROADWAY
- ☐ SHOULDER
- ☐ MEDIAN
- ☐ BIKE LANE
- ☐ UNKNOWN

PEDESTRIAN TYPE
- ☐ NONE
- ☐ PEDESTRIAN
- ☐ BICYCLIST
- ☐ CONVEYANCE
- ☐ WHEELCHAIR
- ☐ ANIMAL RIDER
- ☐ RIDER of ANIM DRAWN VEH
- ☐ UNKNOWN
- ☐ OTHER (Explain)

★ PEDESTRIAN ACTION
- ☐ ENTER / CROSS ROAD
- ☐ WALK / RIDE w/TRAFF
- ☐ WALK / RIDE AGAINST
- ☐ STEP ON / OFF VEHICLE
- ☐ STEP ON / OFF SCH BUS
- ☐ APPRCH / LEAVE SC BUS
- ☐ APPROACH / LEAVE VEH
- ☐ WORK / PUSHING VEHICLE
- ☐ OTHER WORKING
- ☐ PLAYING
- ☐ STANDING
- ☐ LYING DOWN
- ☐ UNKNOWN

PED / BIKE VISIBILITY

CLOTHING
- ☐ NO CONTRAST w/BKGRND
- ☐ CONTRASTED w/BKGRND
- ☐ REFLECTIVE

OTHER
- ☐ OTHER LIGHT SOURCE
- ☐ UNKNOWN

★ PED / BIKE FACTORS
- ☐ NONE
- ☐ FAILED TO YIELD ROW
- ☐ DISREGARD TRAFFIC SIGN
- ☐ ILLEGALLY IN ROAD
- ☐ EQUIPMENT VIOLATION
- ☐ CLOTHING NOT VISIBLE
- ☐ UNDER INFL - DRUGS
- ☐ UNDER INFL - ALCOHOL
- ☐ UNKNOWN
- ☐ OTHER (Explain)

SKETCH & NARRATIVE

North

(NOT TO SCALE)

UNIT 1 2

SKID MARKS TO (FEET) _____ _____

DISTANCE AFTER (FEET) _____ _____

DMV OREGON POLICE TRAFFIC CRASH REPORT

PAGE ____ OF ____

POLICE INCIDENT / CASE NUMBER	CRASH DATE	DAY OF WEEK M T W TH F S SN	CRASH TIME AM PM	POLICE NOTIFIED AM PM	POLICE ARRIVAL AM PM	DMV FILE NUMBER

COUNTY	ROAD ON WHICH CRASH OCCURRED	LATITUDE	LONGITUDE	MILE POST	DMV CODE

☐ WITHIN _____ FEET N S OF NEAREST INTERSECTING ROAD
☐ NEAR _____ MILES E W

☐ WITHIN _____ FEET N S OF NEAREST CITY / TOWN
☐ NEAR _____ MILES E W

☐ PROPERTY DAMAGE ☐ PUBLIC PROPERTY DAMAGE ESTIMATE: ☐ UNDER $1500 ☐ OVER $1500 ☐ UNKNOWN

☐ HAZ. MATERIALS ☐ PHOTOS TAKEN ☐ TRAIN R/R ☐ TRUCK / BUS

UNIT # | **NAME** (LAST, FIRST, MIDDLE) | DRIVER LICENSE NUMBER | STATE | SEX | RACE | DOB

PED BIC PRK PRP | ADDRESS | PHONE: ☐ HOME ☐ WORK ☐ CELL ( )

VEHICLE OWNER ☐ SAME | PHONE: ☐ HOME ☐ WORK ☐ CELL ( )

INSURANCE COMPANY ☐ NONE | INSURANCE POLICY NUMBER

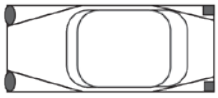
VEHICLE IDENTIFICATION NUMBER (VIN)	LICENSE PLATE NUMBER	STATE	YEAR	MAKE	MODEL	STYLE	COLOR

VEHICLE TOWED DUE TO VEHICLE DAMAGE Y N ☐ UNKNOWN
BY: TO:

DRIVER TAKEN: Y N ☐ UNKNOWN
BY: TO:

VEHICLE DAMAGE

FRONT



MARK ALL THAT APPLY:
DAMAGE ESTIMATE ☐ NONE ☐ UNDER $1500 ☐ OVER $1500 ☐ ROLLOVER ☐ UNDERCAR ☐ TOTALED ☐ UNKNOWN

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

ACTION / ARREST / CITES

UNIT # | **NAME** (LAST, FIRST, MIDDLE) | DRIVER LICENSE NUMBER | STATE | SEX | RACE | DOB

PED BIC PRK PRP | ADDRESS | PHONE: ☐ HOME ☐ WORK ☐ CELL ( )

VEHICLE OWNER ☐ SAME | PHONE: ☐ HOME ☐ WORK ☐ CELL ( )

INSURANCE COMPANY ☐ NONE | INSURANCE POLICY NUMBER

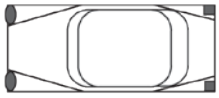
VEHICLE IDENTIFICATION NUMBER (VIN)	LICENSE PLATE NUMBER	STATE	YEAR	MAKE	MODEL	STYLE	COLOR

VEHICLE TOWED DUE TO VEHICLE DAMAGE Y N ☐ UNKNOWN
BY: TO:

DRIVER TAKEN: Y N ☐ UNKNOWN
BY: TO:

VEHICLE DAMAGE

FRONT



MARK ALL THAT APPLY:
DAMAGE ESTIMATE ☐ NONE ☐ UNDER $1500 ☐ OVER $1500 ☐ ROLLOVER ☐ UNDERCAR ☐ TOTALED ☐ UNKNOWN

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

ACTION / ARREST / CITES

UNIT # ☐ PASSENGER NAME ☐ WITNESS | ADDRESS

SEX | RACE | DOB | PHONE: ☐ HOME ☐ WORK ☐ CELL ( )

PASSENGER TAKEN: Y N ☐ UNKNOWN
BY: TO:

UNIT # ☐ PASSENGER NAME ☐ WITNESS | ADDRESS

SEX | RACE | DOB | PHONE: ☐ HOME ☐ WORK ☐ CELL ( )

PASSENGER TAKEN: Y N ☐ UNKNOWN
BY: TO:

UNIT # ☐ PASSENGER NAME ☐ WITNESS | ADDRESS

SEX | RACE | DOB | PHONE: ☐ HOME ☐ WORK ☐ CELL ( )

PASSENGER TAKEN: Y N ☐ UNKNOWN
BY: TO:

DISTRIBUTION

OFFICER NAME / NUMBER	DATE	AGENCY

735-46A (6-07) STK# 300018

Accident Responsibilities & Information

This Form is for Informational Purposes Only

This form has been provided to you as a courtesy. Information on this form will help you complete your personal Accident Report Form for DMV.

Oregon law requires you to file an accident report with DMV within 72 hours if:

- Damage to the vehicle you were driving is over $1,500;
- Damage to the property other than a vehicle is over $1,500;
- Damage to any vehicle is greater than $1,500 and any vehicle is towed from the scene of the crash due to damage from the crash;
- There is injury or death resulting from the crash.

You must report an accident even if it happened on private property that is premises open to the public, like a store parking lot.

You can get an Accident Report Form from your local law enforcement agency, your local DMV, and/or DMV website at www.oregondmv.com.

Failure to report an accident will result in the suspension of your driving privilege. This suspension will be effective for a period of 5 years, or until DMV receives a report, whichever is less. You may also be required to file proof of insurance for 3 years.

Oregon law requires all motor vehicle owners to maintain liability insurance coverage. DMV checks the insurance information on all accident reports. If DMV finds you were uninsured at the time of the accident, or you fail to show proof of insurance on the Accident Report Form, DMV will suspend your driving privilege for 1 year, and then you must file proof of insurance for 3 years after the suspension.

DMV OREGON POLICE TRAFFIC CRASH REPORT ADDITION

PAGE | OF

POLICE INCIDENT / CASE NUMBER | CRASH DATE

COUNTY

UNIT # | NAME (LAST, FIRST, MIDDLE) | DRIVER LICENSE NUMBER | STATE | SEX | RACE | DOB

PED BIC PRK PRP | ADDRESS | PHONE: ☐ HOME ☐ WORK ☐ CELL ( )

VEHICLE OWNER ☐ SAME | PHONE: ☐ HOME ☐ WORK ☐ CELL ( )

FIRE Y N | STD SPD | PST SPD | INSURANCE COMPANY ☐ NONE | INSURANCE POLICY NUMBER

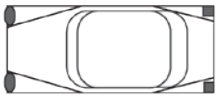
EJECTED Y P N | EXTRCTD Y N | VEHICLE IDENTIFICATION NUMBER (VIN) | LICENSE PLATE NUMBER | STATE | YEAR | MAKE | MODEL | STYLE | COLOR

VEHICLE TOWED DUE TO VEHICLE DAMAGE Y N ☐ UNKNOWN
BY: TO:

DRIVER TAKEN: Y N ☐ UNKNOWN
BY: TO:

VEHICLE DAMAGE

FRONT



MARK ALL THAT APPLY:
DAMAGE ESTIMATE ☐ ROLLOVER
☐ NONE ☐ UNDERCAR
☐ UNDER $1500 ☐ TOTALED
☐ OVER $1500 ☐ UNKNOWN

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

INJURY: ☐ NONE ☐ COMPLAINT OF PAIN ☐ VISIBLE INJURY ☐ INCAPACITATED ☐ FATAL

EQUIPMENT: ☐ NO EQP USED ☐ LAP ONLY ☐ LAP / SHLDR ☐ CHLD RST-PRP ☐ A/BAG-DEPLYD ☐ NONE INSTLD ☐ UNKNOWN ☐ SHLDR ONLY ☐ HELMET ☐ CHLD RST-IMPR ☐ A/BAG-NOT DP

ACTION / ARREST / CITES

UNIT # ☐ PASSENGER NAME ☐ WITNESS | ADDRESS

SEX | RACE | DOB | PHONE: ☐ HOME ☐ WORK ☐ CELL ( )

INJURY ☐ COMPLAINT OF PAIN ☐ INCAPACITATED ☐ NONE ☐ VISIBLE INJURY ☐ FATAL | LOCATION LF CF RF LR CR RR | OTHER: | EJECTED Y P N | EXTRCTD Y N

PASSENGER TAKEN: Y N ☐ UNKNOWN
BY: TO:

EQUIPMENT ☐ NO EQP USED ☐ LAP ONLY ☐ LAP / SHLDR ☐ CHLD RST-PRP ☐ A/BAG-DEPLYD ☐ NONE INSTLD ☐ UNKNOWN ☐ SHLDR ONLY ☐ HELMET ☐ CHLD RST-IMPR ☐ A/BAG-NOT DP

UNIT # ☐ PASSENGER NAME ☐ WITNESS | ADDRESS

SEX | RACE | DOB | PHONE: ☐ HOME ☐ WORK ☐ CELL ( )

INJURY ☐ COMPLAINT OF PAIN ☐ INCAPACITATED ☐ NONE ☐ VISIBLE INJURY ☐ FATAL | LOCATION LF CF RF LR CR RR | OTHER: | EJECTED Y P N | EXTRCTD Y N

PASSENGER TAKEN: Y N ☐ UNKNOWN
BY: TO:

EQUIPMENT ☐ NO EQP USED ☐ LAP ONLY ☐ LAP / SHLDR ☐ CHLD RST-PRP ☐ A/BAG-DEPLYD ☐ NONE INSTLD ☐ UNKNOWN ☐ SHLDR ONLY ☐ HELMET ☐ CHLD RST-IMPR ☐ A/BAG-NOT DP

UNIT # ☐ PASSENGER NAME ☐ WITNESS | ADDRESS

SEX | RACE | DOB | PHONE: ☐ HOME ☐ WORK ☐ CELL ( )

INJURY ☐ COMPLAINT OF PAIN ☐ INCAPACITATED ☐ NONE ☐ VISIBLE INJURY ☐ FATAL | LOCATION LF CF RF LR CR RR | OTHER: | EJECTED Y P N | EXTRCTD Y N

PASSENGER TAKEN: Y N ☐ UNKNOWN
BY: TO:

EQUIPMENT ☐ NO EQP USED ☐ LAP ONLY ☐ LAP / SHLDR ☐ CHLD RST-PRP ☐ A/BAG-DEPLYD ☐ NONE INSTLD ☐ UNKNOWN ☐ SHLDR ONLY ☐ HELMET ☐ CHLD RST-IMPR ☐ A/BAG-NOT DP

UNIT # ☐ PASSENGER NAME ☐ WITNESS | ADDRESS

SEX | RACE | DOB | PHONE: ☐ HOME ☐ WORK ☐ CELL ( )

INJURY ☐ COMPLAINT OF PAIN ☐ INCAPACITATED ☐ NONE ☐ VISIBLE INJURY ☐ FATAL | LOCATION LF CF RF LR CR RR | OTHER: | EJECTED Y P N | EXTRCTD Y N

PASSENGER TAKEN: Y N ☐ UNKNOWN
BY: TO:

EQUIPMENT ☐ NO EQP USED ☐ LAP ONLY ☐ LAP / SHLDR ☐ CHLD RST-PRP ☐ A/BAG-DEPLYD ☐ NONE INSTLD ☐ UNKNOWN ☐ SHLDR ONLY ☐ HELMET ☐ CHLD RST-IMPR ☐ A/BAG-NOT DP

UNIT # ☐ PASSENGER NAME ☐ WITNESS | ADDRESS

SEX | RACE | DOB | PHONE: ☐ HOME ☐ WORK ☐ CELL ( )

INJURY ☐ COMPLAINT OF PAIN ☐ INCAPACITATED ☐ NONE ☐ VISIBLE INJURY ☐ FATAL | LOCATION LF CF RF LR CR RR | OTHER: | EJECTED Y P N | EXTRCTD Y N

PASSENGER TAKEN: Y N ☐ UNKNOWN
BY: TO:

EQUIPMENT ☐ NO EQP USED ☐ LAP ONLY ☐ LAP / SHLDR ☐ CHLD RST-PRP ☐ A/BAG-DEPLYD ☐ NONE INSTLD ☐ UNKNOWN ☐ SHLDR ONLY ☐ HELMET ☐ CHLD RST-IMPR ☐ A/BAG-NOT DP

UNIT # ☐ PASSENGER NAME ☐ WITNESS | ADDRESS

SEX | RACE | DOB | PHONE: ☐ HOME ☐ WORK ☐ CELL ( )

INJURY ☐ COMPLAINT OF PAIN ☐ INCAPACITATED ☐ NONE ☐ VISIBLE INJURY ☐ FATAL | LOCATION LF CF RF LR CR RR | OTHER: | EJECTED Y P N | EXTRCTD Y N

PASSENGER TAKEN: Y N ☐ UNKNOWN
BY: TO:

EQUIPMENT ☐ NO EQP USED ☐ LAP ONLY ☐ LAP / SHLDR ☐ CHLD RST-PRP ☐ A/BAG-DEPLYD ☐ NONE INSTLD ☐ UNKNOWN ☐ SHLDR ONLY ☐ HELMET ☐ CHLD RST-IMPR ☐ A/BAG-NOT DP

UNIT # ☐ PASSENGER NAME ☐ WITNESS | ADDRESS

SEX | RACE | DOB | PHONE: ☐ HOME ☐ WORK ☐ CELL ( )

INJURY ☐ COMPLAINT OF PAIN ☐ INCAPACITATED ☐ NONE ☐ VISIBLE INJURY ☐ FATAL | LOCATION LF CF RF LR CR RR | OTHER: | EJECTED Y P N | EXTRCTD Y N

PASSENGER TAKEN: Y N ☐ UNKNOWN
BY: TO:

EQUIPMENT ☐ NO EQP USED ☐ LAP ONLY ☐ LAP / SHLDR ☐ CHLD RST-PRP ☐ A/BAG-DEPLYD ☐ NONE INSTLD ☐ UNKNOWN ☐ SHLDR ONLY ☐ HELMET ☐ CHLD RST-IMPR ☐ A/BAG-NOT DP

DISTRIBUTION

OFFICER NAME / NUMBER | DATE | AGENCY | APPROVED BY

735-46B (6-07) STK# 300025

POLICE INCIDENT / CASE NUMBER	EMS NOTIFIED AM PM	EMS ARRIVAL AM PM	LOCAL CODES A	B	C	D	E	PAGE	OF

Check ONE box in all categories. Check ALL boxes that apply in categories with (★).

SURFACE CONDITION

#3
- ☐ DRY
- ☐ WET
- ☐ SNOW / SLUSH
- ☐ ICY
- ☐ MUDDY
- ☐ DEBRIS
- ☐ RUTS / HOLES / BUMPS
- ☐ WORN / POLISHED
- ☐ LOW / SOFT SHOULDER
- ☐ OTHER (Explain)

SURFACE TYPE

#3
- ☐ CONCRETE
- ☐ BLACKTOP / ASPHALT
- ☐ GRAVEL
- ☐ DIRT
- ☐ OTHER

TRAFFIC CONTROL TYPE

#3
- ☐ NONE
- ☐ SCHOOL BUS LIGHTS
- ☐ OFFICER / CROSSING GUARD or FLAGGER
- ☐ TRAFFIC SIGNAL w/ PEDESTRIAN CONTROL
- ☐ TRAFFIC SIGNAL
- ☐ FLASHING BEACON
- ☐ STOP SIGN
- ☐ YIELD SIGN
- ☐ RR CROSSING GATES
- ☐ RR CROSSING BUCKS
- ☐ RR FLASHING SIGNAL
- ☐ RR CROSSING w/ PAVEMENT MARKINGS
- ☐ LANE CONTRLS / LINES / STRIPES / DEVICES
- ☐ SCHOOL SIGNAL
- ☐ OTHER REG SIGN
- ☐ TURN LANES
- ☐ UNKNOWN

TRAFFIC CONTROL DEVICE CONDITION

#3
- ☐ NO MALFUNCTION
- ☐ DOWN / MISSING
- ☐ TURNED FROM PROPER POSITION
- ☐ OBSCURED BY OTHER SIGNS
- ☐ OBSCURED BY PARKED VEHICLE
- ☐ OBSCURED BY VEGETATION
- ☐ LIGHTS MALFUNCTION
- ☐ LIGHTS STUCK
- ☐ GATES INOPERATIVE
- ☐ GATE ARM MISSING
- ☐ OTHER RR MALFUNCTN
- ☐ OTHER IMPAIRMENT
- ☐ UNKNOWN

ROAD CHARACTER

#3
- ☐ STRAIGHT and LEVEL
- ☐ STRAIGHT w/ GRADE
- ☐ CURVED and LEVEL
- ☐ CURVED w/ GRADE

VEH # 3 ___ NUMBER OF LANES

___ TOTAL NUMBER OF LANES

ROAD FLOW

#3
- ☐ ONE WAY TRAFFIC
- ☐ NOT PHYSLY DIVIDED

MEDIAN TYPE
- ☐ UNPAVED
- ☐ BARRIER
- ☐ PAVED
- ☐ CONT LEFT TURN

DRIVER LICENSE VIOLATION

DRIVER
3
- ☐ NONE
- ☐ INSTRUCTION PERMIT
- ☐ LICENSE RESTRICTION
- ☐ EXPIRED LICENSE
- ☐ OUT OF CLASS
- ☐ SUSPNDED / REVOKED
- ☐ UNLICENSED

★ DRIVER FACTORS

DRIVER
3
- ☐ NONE
- ☐ CELL PHONE USE
- ☐ OBSTRUCTED VIEW
- ☐ FAILED TO YIELD ROW
- ☐ DISRGRD TRAF SIGN
- ☐ TOO FAST FOR COND
- ☐ MADE IMPROPER TURN
- ☐ WRONG SIDE/WAY
- ☐ FOLLOW TOO CLOSELY
- ☐ IMPROPER LANE CHNG
- ☐ IMPROPER BACKING
- ☐ IMPROPER PASSING
- ☐ IMPROPER SIGNAL
- ☐ IMPROPER PARKING
- ☐ FATIGUE / DROWSY
- ☐ ILL / BLACKOUT
- ☐ UNKNOWN
- ☐ OTHER (Explain)

★ IMPAIRMENT

DRIVER
3
- ☐ NONE
- ☐ UNDER INFL - DRUGS
- ☐ UNDER INFL - ALCOHOL
- ☐ UNDER INFL - MEDS
- ☐ UNKNOWN

DETERMINED BY:
- ☐ INTOXILYZER TEST
- ☐ BLOOD OR URINE TEST
- ☐ FIELD SOB. TEST
- ☐ OBSERVED (SPEECH, ODOR, ETC.)
- ☐ DRE EVALUATION
- ☐ STATEMENTS
- ☐ UNKNOWN
- ☐ OTHER (Explain)

RESULTS OF TEST:

D1 _____%
- ☐ NO TEST GIVEN
- ☐ TEST REFUSED
- ☐ TESTED FOR DRUGS
- ☐ RESLTS NOT AVAILABLE

★VEH RELATED FACTORS

#3
- ☐ NONE
- ☐ BRAKES
- ☐ STEERING
- ☐ POWER PLANT
- ☐ SUSPENSION
- ☐ TIRES
- ☐ EXHAUST
- ☐ LIGHTS
- ☐ SIGNALS
- ☐ WINDOWS / WINDSHLD
- ☐ RESTRAINT SYSTEM
- ☐ WHEELS
- ☐ COUPLING
- ☐ CARGO
- ☐ OTHER

VEHICLE MOVEMENT

#3
- ☐ BACKING
- ☐ STOPPED
- ☐ STRAIGHT AHEAD
- ☐ TURNING RIGHT
- ☐ TURNING LEFT
- ☐ MAKING U-TURN
- ☐ ENTER TRAFFIC LANE
- ☐ LEAVE TRAFFIC LANE
- ☐ OVERTAKING
- ☐ CHANGING LANES
- ☐ AVOIDING MANEUVER
- ☐ MERGING
- ☐ PARKING
- ☐ NEGOTIATING A CURVE
- ☐ OTHER

TRAILER TYPE

#3
- ☐ LOG BUNK
- ☐ SEMITRAILER
- ☐ POLE TRAILER
- ☐ FULL TRAILER
- ☐ MOBILE HOME
- ☐ UTILITY TRAILER
- ☐ TRAVEL TRAILER
- ☐ BOAT TRAILER
- ☐ FARM EQUIPMENT
- ☐ HORSE TRAILER
- ☐ VEHICLE IN TOW
- ☐ OTHER / UNKNOWN

TRUCK CONFIGURATION

#3
- ☐ TRUCK (2 or 3 AXLE)
- ☐ TRUCK / TRACTOR-SEMI
- ☐ TRUCK and TRAILER
- ☐ DOUBLE TRAILERS
- ☐ TRIPLE TRAILERS
- ☐ DROMEDARY and SEMI
- ☐ HEAVY HAUL CONFIG
- ☐ BUS
- ☐ OTHER (Explain)

★ PASSENGER FACTORS

PASS UNIT # 3

#3
- ☐ NONE
- ☐ INTERFERED w/DRIVER
- ☐ UNDER INFL - DRUGS
- ☐ UNDER INFL - ALCOHOL
- ☐ UNKNOWN
- ☐ OTHER (Explain)

Page ____ of ____

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 ☐ 16 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 SN	CRASH TIME AM PM	ROAD ON WHICH CRASH OCCURRED

BRIEF NARRATIVE:

VEHICLE INFORMATION

BASE PLATE NUMBER ☐☐ STATE ☐☐☐☐☐☐ PLATE NUMBER

OR DOT PLATE NUMBER ☐☐☐☐☐☐☐☐

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) ☐☐☐☐

Enter 1 Digit Number from bottom of diamond: ☐

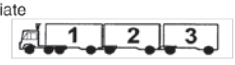
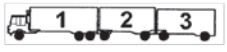
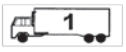
Was hazardous material (cargo) released from this vehicle? **1.** Yes **2.** No ☐

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

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

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 (16 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 _____

VEHICLE DAMAGE

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

FRONT

SEQUENCE OF EVENTS (for this vehicle)

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

CARRIER INFORMATION

NAME

ADDRESS (Street or PO Box Number)

CITY

STATE ZIP CODE

IDENTIFICATION NUMBERS None = 0 ☐

US DOT ☐☐☐☐☐☐☐ ICC MC ☐☐☐☐☐☐☐

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 _____

OFFICER NAME / NUMBER	DATE	AGENCY	APPROVED BY

735-47 (4-07) *** FAX only this Supplemental report to ODOT Crash Analysis Reporting Unit at (503) 986-4249 within 24 hours.** STK # 300570

Address your questions or comments regarding the contents of this guide to:

DMV

Driver Programs

Crash Reporting Program Coordinator

1905 Lana Avenue NE

Salem, OR 97314

Voice: (503) 945-5520

Fax: (503) 945-7515

mary.l.grosso@state.or.us

735-6596 (9-07) STK# 300318