

ACCIDENT CLASSIFICATION		L. School Bus Related <i>(Enter one)</i>																							
<p>A. Weather Condition <i>(Enter up to two)</i></p> <table style="width:100%; border: none;"> <tr> <td style="width:50%;">01. Clear</td> <td style="width:50%;">06. Snow</td> </tr> <tr> <td>02. Cloudy</td> <td>07. Severe crosswinds</td> </tr> <tr> <td>03. Fog, smog, smoke</td> <td>08. Blowing sand, soil, dirt, snow</td> </tr> <tr> <td>04. Rain</td> <td>09. Other*</td> </tr> <tr> <td>05. Sleet, hail, freezing rain/drizzle</td> <td>10. Unknown</td> </tr> </table>	01. Clear	06. Snow	02. Cloudy	07. Severe crosswinds	03. Fog, smog, smoke	08. Blowing sand, soil, dirt, snow	04. Rain	09. Other*	05. Sleet, hail, freezing rain/drizzle	10. Unknown	<p>1. No 2. Yes, school bus directly involved 3. Yes, school bus indirectly involved 4. Unknown</p>														
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<p>B. Temperature</p>	Complete this section for all injured persons																								
<p>C. Light Condition <i>(Enter one)</i></p> <table style="width:100%; border: none;"> <tr> <td style="width:50%;">1. Daylight</td> <td style="width:50%;">5. Dark - roadway not lighted</td> </tr> <tr> <td>2. Dawn</td> <td>6. Dark - unknown roadway lighting</td> </tr> <tr> <td>3. Dusk</td> <td>7. Other*</td> </tr> <tr> <td>4. Dark - lighted roadway</td> <td>8. Unknown</td> </tr> </table>	1. Daylight	5. Dark - roadway not lighted	2. Dawn	6. Dark - unknown roadway lighting	3. Dusk	7. Other*	4. Dark - lighted roadway	8. Unknown	Transported to Medical Facility <i>(Enter one)</i> 5																
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Total Number
of Vehicles

VEHICLE OVERLAY

M. Contributing Circumstances, Driver

(Enter one per driver)

- 01. No improper driving
- 02. Failed to yield right of way
- 03. Disregarded traffic signs, signals, road markings
- 04. Exceeded authorized speed limit
- 05. Driving too fast for conditions
- 06. Made improper turn
- 07. Wrong side or wrong way
- 08. Followed too closely
- 09. Failure to keep in proper lane or running off road
- 10. Operating vehicle in erratic, reckless, careless, negligent, or aggressive manner
- 11. Swerving or avoiding due to wind, slippery surface, vehicle, object, non-motorist in roadway, etc.
- 12. Over-correcting/over-steering
- 13. Visibility obstructed
- 14. Inattention
- 15. Mobile phone distraction
- 16. Distracted - other
- 17. Fatigued/asleep
- 18. Operating defective equipment
- 19. Other improper action
- 20. Unknown

N. Traffic Control Device (Enter one per vehicle)

- 1. No controls
- 2. Traffic control signal
- 3. Flashing traffic control signal
- 4. School zone sign
- 5. Stop sign
- 6. Yield sign
- 7. Warning sign
- 8. Railroad crossing device
- 9. Unknown

O. Extent of Damage (Enter one per vehicle)

- 1. None/minor damage
- 2. Functional damage
- 3. Disabling damage (requires towing from scene)
- 4. Severe/vehicle totaled
- 5. Unknown

P. Driver's Condition (Enter one per driver)

- 1. Apparently normal
- 2. Physical impairment
- 3. Emotional (depressed, angry, disturbed, etc.)
- 4. Illness
- 5. Fell asleep, fainted, fatigued, etc.
- 6. Under the influence of medications/drugs/alcohol
- 7. Other*
- 8. Unknown

Q. Disposition of Vehicle (Enter one per vehicle)

- 1. Towed - due to damages
- 2. Towed - other reasons
- 3. Left at scene
- 4. Driven away
- 5. Unknown

Sequence of Events

Enter the order of events by code number for Vehicle #1 and Vehicle #2, in boxes 1 thru 4 at lower right.

Enter the Most Harmful Event in box 5. This is the event which produced the most severe injury or greatest property damage for this vehicle.

Non-collision

- 01. Overturn/rollover
- 02. Fire/explosion
- 03. Immersion
- 04. Jackknife
- 05. Cargo/equipment loss or shift
- 06. Equipment failure (blown tire, brake failure, etc.)
- 07. Separation of units
- 08. Ran off road right
- 09. Ran off road left
- 10. Cross median/centerline
- 11. Downhill runaway
- 12. Other non-collision
- 13. Unknown non-collision

Collision with person, vehicle, or object not fixed

- 14. Pedestrian
- 15. Bicycle (pedalcycle)
- 16. Railway vehicle (train, engine, etc.)
- 17. Animal
- 18. Motor vehicle in transport
- 19. Parked motor vehicle
- 20. Work zone maintenance equipment
- 21. Other movable object
- 22. Unknown movable object

Collision with fixed object

- 23. Impact attenuator/crash cushion
- 24. Bridge overhead structure
- 25. Bridge pier or abutment
- 26. Bridge parapet end
- 27. Bridge rail
- 28. Guardrail face
- 29. Guardrail end
- 30. Median barrier
- 31. Highway traffic sign post
- 32. Overhead sign support
- 33. Light/luminaire support
- 34. Utility pole
- 35. Other post, pole or support
- 36. Culvert
- 37. Curb
- 38. Ditch
- 39. Embankment
- 40. Fence
- 41. Mailbox
- 42. Tree
- 43. Other fixed object (wall, building, tunnel, etc.)
- 44. Work zone maintenance equipment
- 45. Unknown fixed object
- 46. Other*
- 47. Unknown

Vehicle #1

1. First Event -----

2. Second Event -----

3. Third Event -----

4. Fourth Event -----

5. Most Harmful Event ---

6. Vehicle Authorized Speed Limit (mph) ----

Vehicle #2

1. First Event -----

2. Second Event -----

3. Third Event -----

4. Fourth Event -----

5. Most Harmful Event ---

6. Vehicle Authorized Speed Limit (mph) ----

State of Nebraska Investigator's Motor Vehicle Accident Report

Sheet _____ of _____

Total Number of Vehicles		Local No./ District	Agency Case No.	HIT & RUN? <input type="radio"/> YES <input type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input type="radio"/> YES <input type="radio"/> NO	L					
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y	S M T W T H F S (In Military Time)	TIME OF ACCIDENT	STATE USE ONLY						
A/2	PLACE OF ACCIDENT	COUNTY		POLICE NOTIFIED	LATITUDE						
B		CITY		PRIVATE PROPERTY? <input type="radio"/> YES <input type="radio"/> NO	LONGITUDE						
C	ROAD ON WHICH ACCIDENT OCCURRED	STREET/HIGHWAY NO.		ONE-WAY STREET? <input type="radio"/> YES <input type="radio"/> NO	SHOULD LOCATION HAVE ENGINEERING STUDY? <input type="radio"/> YES <input type="radio"/> NO						
	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.							
D	IF AT INTERSECTION			IF NOT AT INTERSECTION							
	NAME OF INTERSECTING ROADWAY			OF NEAREST STREET, BRIDGE, RAILROAD CROSSING							
V1/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN										
V2/M	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN						
E	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input type="radio"/> NO						
VEHICLE NO. 1											
F	DRIVER LICENSE NO.			STATE (Of License)		SEX <input type="radio"/> FEMALE <input type="radio"/> MALE					
V1/N	DRIVER			PHONE () -	LOCAL NO.						
V2/N	DRIVER ADDRESS	CITY, STATE, ZIP			DATE OF BIRTH (MM / DD / YYYY)	/ /					
G	OWNER			PHONE () -	LOCAL NO.						
	OWNER ADDRESS	CITY, STATE, ZIP			CITATION <input type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO.					
H	LICENSE PLATE NO.			YEAR (Plate Expires)		STATE (Of Plate)					
V1/O	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR					
V2/O	VEHICLE ID NO. (VIN)				ESTIMATED DAMAGE	<input type="radio"/> TOALED \$					
	TOWED TO	TOWED BY			INSURANCE COMPANY						
					POLICY NO.						
VEHICLE NO. 2											
I	DRIVER LICENSE NO.			STATE (Of License)		SEX <input type="radio"/> FEMALE <input type="radio"/> MALE					
V1/P	DRIVER			PHONE () -	LOCAL NO.						
V2/P	DRIVER ADDRESS	CITY, STATE, ZIP			DATE OF BIRTH (MM / DD / YYYY)	/ /					
J	OWNER			PHONE () -	LOCAL NO.						
	OWNER ADDRESS	CITY, STATE, ZIP			CITATION <input type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO.					
V1/Q	LICENSE PLATE NO.			YEAR (Plate Expires)		STATE (Of Plate)					
V2/Q	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR					
	VEHICLE ID NO. (VIN)				ESTIMATED DAMAGE	<input type="radio"/> TOALED \$					
K	TOWED TO	TOWED BY			INSURANCE COMPANY						
					POLICY NO.						
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)											
VEH. #	NAME	ADDRESS			DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.					
VEH. #	NAME	ADDRESS			DATE OF BIRTH (MM / DD / YYYY)						
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.					
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	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.					

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.



Indicate North by Arrow

Large empty grid area for drawing the accident diagram.

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Multiple horizontal lines for describing the accident.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE () -	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE () -	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS	PHONE () -		
	NAME	ADDRESS	PHONE () -		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS																							
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				VEHICLE 1				VEHICLE 2				VEHICLE 1				VEHICLE 2				VEHICLE 1				VEHICLE 2										
1																																							
2																																							
1					06 Turning left				POINT OF IMPACT																														
2					07 Making U-turn				POINT OF IMPACT																														
					08 Entering traffic lane				MOST DAMAGED AREA																														
					09 Leaving traffic lane				MOST DAMAGED AREA																														
					10 Parked				VEHICLE 1																														
					11 Slowing or stopped in traffic				VEHICLE 2																														
					12 Other				VEHICLE 1																														
					13 Unknown				VEHICLE 2																														
OFFICER NO.								TROOP/TEAM/BEAT								DEPARTMENT								Photographs taken? <input type="radio"/> YES <input type="radio"/> NO															
INVESTIGATOR NAME (Print or Type)																INVESTIGATOR SIGNATURE																DATE OF REPORT				/ /20__			

R. Work Zone Codes	S. Pedestrian/Non-Motorist Classification Codes																		
<p>Complete this section for accidents in Work Zones Enter code numbers in boxes R1 to R4 on front of Investigator's Accident Report</p>	<p>Complete this section for all injured Non-Motorists in the accident (Pedestrians & Bicyclists)</p>																		
<p>R1 Was the crash in or near a construction maintenance or utility work zone? <i>(Enter one)</i></p> <ol style="list-style-type: none"> 1. No 2. Unknown 3. Yes (complete sub-fields R2, R3 and R4) 	<p>Enter code numbers in boxes S1 to S6-b on front of Investigator's Accident Report</p>																		
<p>R2 Location of the crash:</p> <ol style="list-style-type: none"> 1. Before the first work zone warning sign 2. Advance warning area (after the first warning sign, but before the work area) 3. Transition area (where lanes are shifted or tapered for lane closure) 4. Activity area (adjacent to actual work area, whether workers and equipment were present or not) 5. Termination area (after the activity area but before traffic resumes normal conditions) 	<p>S1 Non-Motorist location prior to impact <i>(Enter one, in box S1)</i></p> <table border="0"> <tr> <td>01. Marked crosswalk at intersection</td> <td>10. Sidewalk</td> </tr> <tr> <td>02. At intersection but no crosswalk</td> <td>11. Within 10 feet of roadway (but not shoulder, median, sidewalk, or island)</td> </tr> <tr> <td>03. Non-intersection crosswalk</td> <td>12. Beyond 10 feet of roadway (within trafficway)</td> </tr> <tr> <td>04. Driveway access crosswalk</td> <td>13. Outside trafficway</td> </tr> <tr> <td>05. In roadway</td> <td>14. Shared-use path or trail</td> </tr> <tr> <td>06. Not in roadway</td> <td>15. Unknown</td> </tr> <tr> <td>07. Median (but not on shoulder)</td> <td></td> </tr> <tr> <td>08. Island</td> <td></td> </tr> <tr> <td>09. Shoulder</td> <td></td> </tr> </table>	01. Marked crosswalk at intersection	10. Sidewalk	02. At intersection but no crosswalk	11. Within 10 feet of roadway (but not shoulder, median, sidewalk, or island)	03. Non-intersection crosswalk	12. Beyond 10 feet of roadway (within trafficway)	04. Driveway access crosswalk	13. Outside trafficway	05. In roadway	14. Shared-use path or trail	06. Not in roadway	15. Unknown	07. Median (but not on shoulder)		08. Island		09. Shoulder	
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07. Median (but not on shoulder)																			
08. Island																			
09. Shoulder																			
<p>R3 Type of Work Zone:</p> <ol style="list-style-type: none"> 1. Lane closure 2. Lane shift/crossover 3. Work on shoulder or median 4. Intermittent or moving work 5. Other 	<p>S2 Non-Motorist Action <i>(Enter one, in box S2)</i></p> <table border="0"> <tr> <td>1. Entering or crossing specified location</td> <td>7. Standing</td> </tr> <tr> <td>2. Walking, running, jogging, playing, cycling</td> <td>8. Other*</td> </tr> <tr> <td>3. Working</td> <td>9. Unknown</td> </tr> <tr> <td>4. Pushing vehicle</td> <td></td> </tr> <tr> <td>5. Approaching or leaving vehicle</td> <td></td> </tr> <tr> <td>6. Playing or working on vehicle</td> <td></td> </tr> </table>	1. Entering or crossing specified location	7. Standing	2. Walking, running, jogging, playing, cycling	8. Other*	3. Working	9. Unknown	4. Pushing vehicle		5. Approaching or leaving vehicle		6. Playing or working on vehicle							
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5. Approaching or leaving vehicle																			
6. Playing or working on vehicle																			
<p>R4 Workers present?</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Unknown 	<p>S3 Non-Motorist Condition <i>(Enter one, in box S3)</i></p> <table border="0"> <tr> <td>1. Apparently normal</td> <td>5. Fell asleep, fainted, fatigued, etc.</td> </tr> <tr> <td>2. Physical impairment</td> <td>6. Under influence of medications/drugs/alcohol</td> </tr> <tr> <td>3. Emotional (depressed, angry, disturbed, etc.)</td> <td>7. Other*</td> </tr> <tr> <td>4. Illness</td> <td>8. Unknown</td> </tr> </table>	1. Apparently normal	5. Fell asleep, fainted, fatigued, etc.	2. Physical impairment	6. Under influence of medications/drugs/alcohol	3. Emotional (depressed, angry, disturbed, etc.)	7. Other*	4. Illness	8. Unknown										
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4. Illness	8. Unknown																		
<p>Work Zone Note: If work zone layout or configuration actually contributed to the cause of the accident, mark item #5 in Contributing Circumstances, Road <i>(Box J on the front of Overlay #1).</i></p>	<p>S4 Alcohol / Drugs Suspected <i>(Enter one, in box S4)</i> Officer's assessment of whether alcohol or drugs were used.</p> <ol style="list-style-type: none"> 1. Neither alcohol nor drugs suspected 2. Yes - alcohol suspected 3. Yes - drugs suspected 4. Yes - alcohol and drugs suspected 5. Unknown 																		
	<p>S5 Contributing Circumstances, Non-Motorist <i>(Enter up to two, in boxes S5-a and S5-b)</i></p> <table border="0"> <tr> <td>01. Improper crossing</td> <td>07. Failure to obey traffic signs, signal, officer</td> </tr> <tr> <td>02. Darting</td> <td>08. Wrong side of road</td> </tr> <tr> <td>03. Lying and/or illegally in roadway</td> <td>09. Other*</td> </tr> <tr> <td>04. Failure to yield right of way</td> <td>10. Unknown</td> </tr> <tr> <td>05. Not visible (dark clothing)</td> <td></td> </tr> <tr> <td>06. Inattentive (talking, eating, etc.)</td> <td></td> </tr> </table>	01. Improper crossing	07. Failure to obey traffic signs, signal, officer	02. Darting	08. Wrong side of road	03. Lying and/or illegally in roadway	09. Other*	04. Failure to yield right of way	10. Unknown	05. Not visible (dark clothing)		06. Inattentive (talking, eating, etc.)							
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06. Inattentive (talking, eating, etc.)																			
	<p>S6 Non-Motorist Safety Equipment <i>(Enter up to two, in boxes S6-a and S6-b)</i></p> <table border="0"> <tr> <td>1. None used</td> <td>5. Lighting</td> </tr> <tr> <td>2. Helmet used</td> <td>6. Not applicable</td> </tr> <tr> <td>3. Protective pads used (elbows, knees, shins, etc.)</td> <td>7. Other*</td> </tr> <tr> <td>4. Reflective clothing</td> <td>8. Unknown</td> </tr> </table>	1. None used	5. Lighting	2. Helmet used	6. Not applicable	3. Protective pads used (elbows, knees, shins, etc.)	7. Other*	4. Reflective clothing	8. Unknown										
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ADDITIONAL - DIAGRAM & INFORMATION AS REQUIRED FOR ACCIDENT



Indicate
North
by Arrow

AGENCY CASE NO.

Sample

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE () -	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE () -	APPROX. COST OF DAMAGE \$
OFFICER NO.		TROOP/ TEAM/ BEAT	DEPARTMENT		
INVESTIGATOR NAME <i>(Print or Type)</i>			INVESTIGATOR SIGNATURE		DATE OF REPORT / /20__

State of Nebraska

Investigator's Supplemental Truck and Bus Accident Report

This form must be completed in addition to the DR Form 40, "Investigator's Motor Vehicle Accident Report," if any of the vehicles involved meet the criteria listed on the back of this form.

Sheet _____ of _____

LOCAL NO./DISTRICT	DATE OF ACCIDENT	COUNTY	CITY	STATE USE ONLY
AGENCY CASE NO.	OCCURRED ON HIGHWAY/ROAD/STREET			

TRUCK / BUS - 1

DRIVER (Print or type full name)			CARRIER IDENTIFICATION		1 U.S. DOT	1 ICC MC
CARRIER NAME (Print or type full name)			GROSS VEHICLE WEIGHT RATING (GVWR) or GROSS COMBINATION VEHICLE WEIGHT RATING (GCVWR) <i>(Combined rating for vehicles and trailers)</i>			
CARRIER ADDRESS (Street or R.F.D.)			CITY, STATE, ZIP			
TRAILER LICENSE PLATE No.			Year		State	
COMMERCE CLASSIFICATION <i>(Check one)</i>		TRUCK WIDTH <i>(Widest part of truck or trailer)</i>		DRIVER'S LICENSE CLASS CODE		
1 <input type="checkbox"/> Interstate Commerce 2 <input type="checkbox"/> Intrastate Commerce 3 <input type="checkbox"/> Not Applicable		1 <input type="checkbox"/> 96 inches 2 <input type="checkbox"/> 102 inches 3 <input type="checkbox"/> Other (Specify)		A <input type="checkbox"/> M <input type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> C <input type="checkbox"/>		
HAZARDOUS MATERIAL INVOLVED			VEHICLE CONFIGURATION <i>(Check one)</i>			
Did vehicle have a Haz Mat Placard? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Placard Information: 1-Digit Hazard Class Number from bottom of Diamond Placard. 1-Digit No. _____		Was hazardous cargo released? <i>(Do not count fuel from fuel tank)</i> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		CARGO BODY TYPE <i>(Check one)</i>
1 <input type="checkbox"/> Not a Bus 2 <input type="checkbox"/> Transit Bus			3 <input type="checkbox"/> Charter Bus 4 <input type="checkbox"/> School Bus		5 <input type="checkbox"/> Intercity Bus 6 <input type="checkbox"/> Not Reported 7 <input type="checkbox"/> Other	

TRUCK / BUS - 2

DRIVER (Print or type full name)			CARRIER IDENTIFICATION		1 U.S. DOT	1 ICC MC
CARRIER NAME (Print or type full name)			GROSS VEHICLE WEIGHT RATING (GVWR) or GROSS COMBINATION VEHICLE WEIGHT RATING (GCVWR) <i>(Combined rating for vehicles and trailers)</i>			
CARRIER ADDRESS (Street or R.F.D.)			CITY, STATE, ZIP			
TRAILER LICENSE PLATE No.			Year		State	
COMMERCE CLASSIFICATION <i>(Check one)</i>		TRUCK WIDTH <i>(Widest part of truck or trailer)</i>		DRIVER'S LICENSE CLASS CODE		
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INVESTIGATOR NAME (Print or type)	INVESTIGATOR SIGNATURE	DEPARTMENT	OFFICER NO.	DATE OF REPORT
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General Instructions

This supplemental report must be completed in **addition** to the DR Form 40, "Investigator's Motor Vehicle Accident Report" for any:

1. Truck with a Gross Vehicle Weight Rating (GVWR) or Gross Combination Vehicle Weight Rating (GCVWR) of 10,001 pounds or more;
2. Vehicle displaying a hazardous materials placard; or
3. Bus designed to transport nine or more passengers, **including** the driver.

You will need to complete additional supplementary forms if more than two trucks/buses were involved in the accident.

Data Elements

1. **Date of Accident and Location Information:** Enter this information just as you did on the Investigator's Motor Vehicle Accident Report.
2. **Agency Case Number:** If your agency has assigned an internal case number to the accident, enter the number just as you did on the Investigator's Motor Vehicle Accident Report.
3. **Driver Name:** Copy the name of the truck or bus driver from the Investigator's Motor Vehicle Accident Report.
4. **Carrier Name and Address:** A motor carrier is defined as the person, company, or organization responsible for directing the transportation of the cargo or persons. The owner of the vehicle is often not the carrier. For further explanation, consult the "Instructions for Completing the Investigator's Motor Vehicle Accident Report Forms" booklet (*revised edition January 2009*).
5. **Trailer License Plate:** If a truck has an attached trailer with a separate license plate, enter the following information in the boxes provided: the license plate number of the trailer, the state of issuance, and the year of registration as displayed.
6. **Commerce Classification:** Check the "Interstate Commerce" box if the commercial vehicle can legally trade, traffic, or transport property across state lines. Mark the "Intrastate Commerce" box when the commercial vehicle is restricted to commerce within one state.
7. **Truck Width:** Measure the widest part of the truck or trailer and then check the appropriate box. If "Other" is checked, specify the width in inches on the line provided.
8. **Driver's License Class Code:** Check the appropriate box.
Class A, B, or C - Commercial License Class M - Motorcycle Class O - Operator
9. **Hazardous Material Involved:** Determine if the vehicle has a Hazardous Material Placard and then indicate the 1-digit Hazard Class Number located on the bottom of the Diamond Placard.
10. **Carrier Identification Number:** Vehicles engaged in intrastate/interstate transport have either a six- or seven-digit US DOT or ICC MC number. Some trucks may not have an identifying number.
11. **Gross Vehicle Weight Rating (GVWR) and/or Gross Combination Vehicle Weight Rating (GCVWR):** The Gross Vehicle Weight Rating (GVWR) is the weight specified by the manufacturer. The Gross Combination Vehicle Weight Rating (GCVWR) for a vehicle towing a trailer or trailers is the sum of the ratings for each unit. Check the appropriate box.
12. **Vehicle Configuration:** Check the appropriate box. If box 37 or 38 is checked, check appropriate box in "Bus Use" element.
13. **Cargo Body Type:** Check the appropriate box.
14. **Bus Use:** Check the box indicating what the bus was being used for at the time of accident.
Note: School bus means the use of a school bus to transport only school children and/or school personnel from home to school and from school to home.
15. **Investigating Officer Information:** Complete this section and be sure to **sign** the report.