

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	CATEGORY 2		
<input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input type="checkbox"/> VEHICLE TOWED DUE TO DAMAGE	<input type="checkbox"/> 16 OR MORE PASSENGER CAPACITY <input type="checkbox"/> 10,001 LBS OR MORE (GVWR) <input type="checkbox"/> HAZARDOUS MATERIAL PLACARD		

POLICE INCIDENT / CASE NUMBER	CRASH DATE	DAY OF WEEK M T W TH F S S N	CRASH TIME AM PM	ROAD ON WHICH CRASH OCCURRED
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BRIEF NARRATIVE:

VEHICLE INFORMATION	SEQUENCE OF EVENTS (for this vehicle)
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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 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 2. No Was inspection done on this vehicle? 1. Yes 2. No 2. No Inspection Number _____ Level: 1, 2, 3, 4 1	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">1</td><td style="width: 5%; text-align: center;">2</td><td style="width: 5%; text-align: center;">3</td><td style="width: 5%; text-align: center;">4</td><td style="width: 10%;"></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>RAN OFF ROAD</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>JACKKNIFE / SKID</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>OVERTURN</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>DOWNHILL RUNAWAY</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>CARGO LOSS OR SHIFT</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>EXPLOSION OR FIRE</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>SEPARATION OF UNITS</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>CRASH INVOLVING PEDESTRIAN</td> </tr> </table> </td> <td style="width: 50%; 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CARRIER INFORMATION

NAME	ADDRESS (Street or PO Box Number)
CITY	STATE ZIP CODE
IDENTIFICATION NUMBERS None = 0	
US DOT 	ICC MC

VEHICLE CONFIGURATION

Select Appropriate <input type="checkbox"/> 1 Triples (tractor with 3 trailers) <input type="checkbox"/> 2 Triples (truck with 2 trailers) <input type="checkbox"/> 3 Doubles (any) <input type="checkbox"/> 4 Straight Truck-Full Trailer <input type="checkbox"/> 5 Standard Tractor/Semi Trailer <input type="checkbox"/> 6 Straight Truck <input type="checkbox"/> 7 Bobtail <input type="checkbox"/> 8 Saddlemount <input type="checkbox"/> 9 Heavy Haul <input type="checkbox"/> 10 Bus / Van (16 or more passenger capacity) <input type="checkbox"/> 11 Auto / Pickup <input type="checkbox"/> 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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="5" style="text-align: center;">DRIVER INFORMATION</th> </tr> <tr> <td colspan="5">NAME (Last, First, Middle)</td> </tr> <tr> <td>DRIVER LICENSE #</td> <td>STATE</td> <td>CLASS</td> <td>ENDORSEMENT</td> <td>MEDICAL CERT. EXP. DATE</td> </tr> <tr> <th colspan="5" style="text-align: center;">CO-DRIVER INFORMATION</th> </tr> <tr> <td colspan="5">NAME (Last, First, Middle)</td> </tr> <tr> <td>DRIVER LICENSE #</td> <td>STATE</td> <td>CLASS</td> <td>ENDORSEMENT</td> <td>MEDICAL CERT. EXP. DATE</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">DRIVER HOURS RECAP For Certified Inspectors</th> <td rowspan="10" style="vertical-align: top; padding-left: 10px;"> <input type="checkbox"/> FALSE LOG <input type="checkbox"/> NO LOG BOOK <input type="checkbox"/> DRIVER OUT-OF SERVICE <input type="checkbox"/> DRIVER LOG NOT CURRENT <input type="checkbox"/> 60/70 HOUR RULE VIOLATION <input type="checkbox"/> 10 HOUR RULE VIOLATION <input type="checkbox"/> 15 HOUR RULE VIOLATION <input type="checkbox"/> CURRENT AND PREVIOUS DAYS LOG NOT IN POSSESSION <input type="checkbox"/> FAILURE TO RETAIN 7 PREVIOUS DAYS LOG <input type="checkbox"/> LOG VIOLATION-GENERAL <input type="checkbox"/> OTHER </td> </tr> <tr> <th style="width: 50%;">DATE</th> <th style="width: 50%;">HOURS ON DUTY</th> </tr> <tr><td> </td><td> </td></tr> <tr> <td style="text-align: center;">TOTAL</td> <td style="text-align: center;">0</td> </tr> </table>	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		<input type="checkbox"/> FALSE LOG <input type="checkbox"/> NO LOG BOOK <input type="checkbox"/> DRIVER OUT-OF SERVICE <input type="checkbox"/> DRIVER LOG NOT CURRENT <input type="checkbox"/> 60/70 HOUR RULE VIOLATION <input type="checkbox"/> 10 HOUR RULE VIOLATION <input type="checkbox"/> 15 HOUR RULE VIOLATION <input type="checkbox"/> CURRENT AND PREVIOUS DAYS LOG NOT IN POSSESSION <input type="checkbox"/> FAILURE TO RETAIN 7 PREVIOUS DAYS LOG <input type="checkbox"/> LOG VIOLATION-GENERAL <input type="checkbox"/> OTHER	DATE	HOURS ON DUTY															TOTAL	0
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VEHICLE DAMAGE
Use arrow to show first impact (shade in damaged area).
FRONT

OFFICER NAME / NUMBER	DATE	AGENCY	APPROVED BY
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