DOT-1-174A (HWY-T) Rev. 06/08

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Report Number:_____

(1) Crime Code	(2) County	(3) District	(4) Beat	(5) Watch	(6) Date/Time/Day Occurred			(7) Date/Time/Day Reported		

(8) Report Type	(9) Total Involved					(10) Number Of			(11) Tow	(12) Hit & Run	(13) Fire	(14) Photo	(15) Select One
	MV	MC	MOP	BC	PED	WITN	KILLED	INJ					
◯ Major (01) ◯ Minor (02)									◯ No (01) ◯ Yes (02)	◯ No (01) ◯ Yes (02)	◯ No (01) ◯ Yes (02)	◯ No (01) ◯ Yes (02)	◯ None (00) ◯ Bridge (01) ◯ Tunnel (02) ◯ Ramp (03)

(16) Times Police		(17) Times EMS	
Sent	Arrive	Sent	Arrive

(18) Weather Conditions (Select up to 2)

◯ Clear (01) ◯ Hazy, Fog, Smoke (04) ◯ Snow (07)
◯ Cloudy (02) ◯ Windy, Severe Crosswind (05) ◯ Blowing Sand/Soil (08)
◯ Rain (03) ◯ Sleet/Hail (06) ◯ Unknown (09)

(19) Light/Lighting

◯ Daylight (01) ◯ Spot Illumination (04) ◯ Dark/No Lights (07)
◯ Dawn (02) ◯ Continuous Lighting (05) ◯ Dark/Unknown (08)
◯ Dusk (03) ◯ Dark/Lights Off (06) ◯ Unknown (09)

(20) Location

◯ School (01) ◯ Recreational (05)
◯ Business (02) ◯ Farm/Fields (06)
◯ Residential (03) ◯ No Development (07)
◯ Industrial (04) ◯ Other (08)

(21) Traffic Level

◯ Light (01)
◯ Medium (02)
◯ Heavy (03)

(22) Trafficway Description

◯ 2-Way, Undivided (01) ◯ 2-Way, Divided, Median Barrier (04)
◯ 2-Way, Undivided with Cont. Left Turn Lane (02) ◯ 1-Way Trafficway (05)
◯ 2-Way, Divided, Unprotected Median (03) ◯ Other (06)

(23) GPS Location

Latitude

Longitude

LOC

(24) Name of Street or Highway	(25) City/Town	(26) Work Zone
		◯ No (01) ◯ Yes (02)

(27) Route No.	(28) Mile Post Marker	(29) Distance and Direction	(30) Refer (Mile Marker, Intersection, Etc.)

(31A) Location of First Harmful Event

Intersection
- 01 Intersection Area
- 02 Driveway Access

On Roadway - Not at Intersection
- 10 Left or Inner Lane
- 11 Right or Outer Lane
- 12 Other Main Lane
- 13 Merge/Transition Lane
- 14 Acceleration Lane
- 15 Deceleration Lane
- 16 Left Turn Lane
- 17 Right Turn Lane
- 18 Bikeway
- 19 Bus/HOV/Zipper Lane

Off Roadway
- 20 Left Shoulder
- 21 Right Shoulder
- 22 Left Roadside
- 23 Right Roadside

Off Roadway (Cont.)
- 24 Median
- 25 Median Crossover
- 26 Outside ROW (Trafficway)

Off Roadway - Other
- 30 Driveway
- 31 Private Road
- 32 Parking Lot

Other Roadway
- 40 Entrance/Exit Ramp
- 41 Railway Crossing
- 42 Midblock Crosswalk
- 43 HOV Crossover Lane
- 44 Gore
- 45 Separator
- 46 Parking Lane
- 47 Emergency Escape Ramp
- 48 Other (Specify in Synopsis Block)

☐ *Enter the Location of the FIRST HARMFUL EVENT (31A)*

(31B) Action

Non-Collision
- 01 Overturn/Rollover on Roadway
- 02 Overturn/Rollover off Roadway
- 03 Submersion
- 04 Fire/Explosion
- 05 Jackknife
- 06 Ran Off Roadway
- 07 Cargo/Equipment Loss or Shift
- 08 Fell/Jumped from Motor Vehicle
- 09 Downhill Runaway
- 10 Separation of Units
- 11 Cross Median/Centerline
- 12 Equipment Failure
- 13 Thrown or Falling Objects
- 14 Other Non-Collision (Specify in the Synopsis Block)

Collision with Object/Animal
- 20 Overhead Cables
- 21 Guardrail Face
- 22 Guardrail End
- 23 Culvert
- 24 Ditch
- 25 Bridge Overhead Structure
- 26 Bridge Pier or Support
- 27 Bridge Rail
- 28 Building
- 29 Tunnel
- 30 Curb
- 31 Embankment/Retaining Wall

Collision with Object/Animal (Cont.)
- 32 Fence
- 33 Utility Pole/Light Support
- 34 Traffic Signal/Sign Post
- 35 Other Post/Pole/Support
- 36 Impact Attenuator/Crash Cush.
- 37 Concrete Traffic Barrier
- 38 Other Traffic Barrier
- 39 Tree (Standing)
- 40 Hydrant
- 41 Mailbox
- 42 Animal
- 43 Other (Specify in the Synopsis Block)

Collision with Person
- 50 Unknown
- 51 Crossing in Crosswalk
- 52 Crossing Outside Crosswalk
- 53 Crossing no Crosswalk
- 54 Darting Out
- 55 Walking in Roadway
- 56 Playing/Exercising in Roadway
- 57 Directing Traffic
- 58 Pushing/Working on Vehicle
- 59 Getting On/Off Vehicle
- 60 Roadwork
- 61 Other (Specify in Synopsis Block)

Collision with Bicycle or Moped
- 70 Unknown
- 71 Riding in Bikeway
- 72 Riding Outside of Bikeway
- 73 Riding in Road/No Bikeway
- 74 Riding off Roadway
- 75 Crossing Roadway
- 76 Fell In/On Roadway
- 77 Other (Specify in Synopsis Block)

Collision with MV in Transport (Except Moped)
- 80 Head On
- 81 Rear End
- 82 Sideswipe - Same Direction
- 83 Sideswipe - Opposite Direction
- 84 Angle - Same Direction
- 85 Angle - Opposite Direction
- 86 Angle - Not Specified
- 87 Broadside
- 88 Rear to Side
- 89 Rear to Rear
- 90 Other (Specify in Synopsis Block)

Collision with MV - Other
- 100 MV in Other Roadway
- 101 Railway Vehicle (Train/Engine)
- 102 Parked MV
- 103 Work Zone/Maintenance Equip.

(31) Sequence of Events

#	Unit	Unit/0	(31B) Action	#	Unit	Unit/0	(31B) Action

☐ *Enter the Sequence number of the FIRST HARMFUL EVENT (31C)*

☐ *Enter the Sequence number of the MOST HARMFUL EVENT (31D)*

Officer's Rank and Name	Officer's ID Number	Date/Time	Supervisor's Rank and Name	Supervisor's ID Number	Date/Time

This report is prepared for the State of Hawaii Department of Transportation federally mandated 23 USC148, Highway Safety Improvement Program

Sample

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STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Report Number:_____

UNIT INFORMATION

(32) Unit No.	(33) No. of Occ.

(34) Unit Class

- Passenger Car (01)
- Passenger Van (02)
- Pickup Truck (03)
- SUV/MPVH (04)
- Cargo Van < 10,001 lbs. (05)
- Other Truck < 10,001 lbs. (06)
- Truck > 10,000 lbs. (07)
- Transit Bus (08)
- School Bus (09)
- Other Bus (10)
- Motorcycle (11)
- Motor Scooter (12)
- Moped (13)
- Bicycle (14)
- Pedestrian (15)
- Maint./Construct. Equipment (16)
- Farm Vehicle/Equipment (17)
- Motor Coach (18)
- Motor Home (19)
- Recreational Vehicle (20)
- Other (21)
- Unknown (22)

(35) Race

- White (01)
- Black (02)
- American Indian (03)
- Chinese (04)
- Japanese (05)
- Korean (06)
- Puerto Rican (07)
- Hawaiian (08)
- Samoan (09)
- Tongan (10)
- Vietnamese (11)
- Filipino (12)
- Unknown (13)
- Other (14)

(36) Last Name	(37) First Name	(38) MI	(39) Sex	(40) DOB
			M (01) F (02)	

(41) Street No.	(42) Street Name	(43) St., Pl., Blvd., Etc.	(44) Apt/Suite Number

(45) City	(46) State	(47) Zip Code	(48) Home Phone Number
			( ) -

(49) Occupation

- Unemployed (00)
- U.S. Army (01)
- U.S. Navy (02)
- U.S. Air Force (03)
- U.S. Marines (04)
- U.S. Coast Guard (05)
- Other Military (06)
- Fed. Govt. Civ. (07)
- State Govt. (08)
- County Govt. (09)
- Foreign Govt./Civ. (10)
- Retired (11)
- Student - Elem. (12)
- Student - Inter. (13)
- Student - H.S. (14)
- Student - Col. (15)
- U.S. Tourist (16)
- Foreign Tourist (17)
- Police Officer (18)
- Other (19)
- Not Stated (20)

(50) Employer/Company Name

(51) Work Phone Number	(52) Other Phone/Pager Number
( ) -	( ) -

(53) Driver's License Number	(54) St./Juris.	(55) Class	(56) Restrict.	(57) Endorse.

(58) CDL Type

- Non-CDL (01)
- Non-CDL/Restricted (02)
- CDL (03)

(59) Driver's License Status

- Valid (01)
- Not Licensed (02)
- Canceled (03)
- Denied (04)
- Expired (05)
- Revoked (06)
- Suspended (07)
- Provisional (08)
- Permit (09)
- Disqualified [CDL] (10)

(85) SFST GIVEN

- No (01)
- Yes (02)
- Refused (03)

(86) SFST Results

- Passed (01)
- Failed (02)
- Does Not Apply (03)

(87) Alcohol Test Results

(87A) Status	(87B) Type	(87C) Results
None (00)	Blood (01)	Value (01)
Refused (01)	Breath (02)	
Given (02)	Other (03)	Pending (02)

(88) Drug Test Results

(88A) Status	(88B) Type	(88C) Results
None (00)	Blood (01)	Positive (01)
Refused (01)	Urine (02)	Negative (02)
Given (02)	Other (03)	Pending (03)

(60) Insurance Policy Number	(61) Exp. Date	(62) Insurance Carrier

(63) Registered Owner Name	(64) Phone Number
	( ) -

(65) Str. No.	(66) Street Name	(67)St., Pl..	(68) Ste. #

(69) City	(70) State	(71) Zip Code

(72) Vehicle Body Type

- 2-DSD (01)
- 4-DSD (02)
- 2-DCV (03)
- 2-DSW (04)
- 4-DSW (05)
- P/U Truck (06)
- SUV/MPVH (07)
- Van (08)
- Truck (09)
- Bus (10)
- PCMC (11)
- M-Scooter (12)
- Moped (13)
- Bicycle (14)
- Other (15)

(73) Vehicle Year	(74) Veh. Color (Top/Bottom)	(75) Vehicle Make	(76) Vehicle Model	(77) Lic. Plate No.	(78) Trailer Plate	(79) Lic. Plate St.

(80) Vehicle VIN Number	(81) Emer. Veh. In Use	(82) Vehicle Stolen
	No (01) Yes (02)	No (01) Yes (02)

(83) Special Use

- None (00)
- Driver Trng. (01)
- Construction/ Maintenance (02)
- Taxi (03)
- Fire Truck (04)
- Tow Truck (05)
- Ambulance (06)
- Police-On Duty (07)
- Police-Off Duty (08)
- Military (09)
- Government (10)
- Farm Use (11)
- U-Drive (12)
- School Bus (13)
- Other Bus (14)
- Other (15)

(84) Trailer/Cargo Type

- None (00)
- Boat (01)
- Flatbed (02)
- Horse (03)
- Livestock (04)
- House (05)
- Van/Encl. Box (06)
- Dump (07)
- Veh. Tow Veh. (08)
- Other (09)
- N/A (10)

Officer's Initials & Date/Time:

Supervisor's Initials & Date/Time:

Sample

Page _____ of _____
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UNIT INFORMATION (Cont.)

Report Number:_____

(89) Citations

Citation Number	Offense Code (H.R.S./R.O Section No.)

(90) Est. Damages
- ◯ $3,000 or Greater (01)
- ◯ Less than $3,000 (02)

(91) Extent of Damage
- ◯ None (00)
- ◯ Functional (02)
- ◯ Minor (01)
- ◯ Disabling (03)

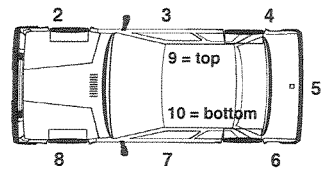
(92) Is this a CMV or Other QUALIFYING Vehicle?
- ◯ No (01)
- ◯ Yes (02)

If yes, go to CMV SUPPLEMENT

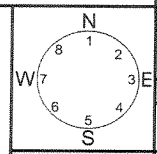
(95A) Object (1) Struck/Damage Description

(96A) Object (2) Struck/Damage Description

(93) Using the Diagram to the Right, Indicate Initial Impact Point in block below:



Circle Damaged Areas



(94) Direction

From	To

(95B) (Object 1) Owner's Name

(96B) (Object 2) Owner's Name

(95C) (Object 1) Owner's Phone Number

( ) -

(96C) (Object 2) Owner's Phone Number

( ) -

(95D) Estimated Damages to Object 1
- ◯ $3,000 or Greater (01)
- ◯ Less than $3,000 (02)

(96D) Estimated Damages to Object 2
- ◯ $3,000 or Greater (01)
- ◯ Less than $3,000 (02)

(97) Motor Vehicle Maneuver/Action
- ◯ Straight Ahead (01)
- ◯ Changing Lanes (02)
- ◯ Merging (03)
- ◯ Overtaking/Passing (04)
- ◯ Slowing/Stopping (05)
- ◯ Backing (06)
- ◯ Parking (07)
- ◯ Parked (08)
- ◯ Start from Parked (09)
- ◯ Stopped in Traffic (10)
- ◯ Start in Traffic (11)
- ◯ Right Turn on Red (12)
- ◯ Turning Right (13)
- ◯ Turning Left (14)
- ◯ U-Turn (15)
- ◯ Entering Traffic (16)
- ◯ Negotiating a Curve (17)
- ◯ Other (18)

(98) Reason for Maneuver
- ◯ Intended Maneuver (01)
- ◯ Traffic Controls (02)
- ◯ Mechanical Failure (03)
- ◯ Avoid Other Vehicle (04)
- ◯ Avoid Pedestrian (05)
- ◯ Avoid Bicycle (06)
- ◯ Avoid Obj./Animal (07)
- ◯ Avoid Prior MVA (08)
- ◯ Other (09)

(99) Traffic Control Device Type
- ◯ No Controls (00)
- ◯ Traffic Signal (01)
- ◯ Stop Sign (02)
- ◯ Yield Sign (03)
- ◯ Flashing Red (04)
- ◯ Flashing Amber (05)
- ◯ Person (06)
- ◯ School Zone Sign/Device (07)
- ◯ Warning Sign (08)
- ◯ Railway X-ing Device (09)
- ◯ Other (10)

(100) Traffic Control Condition
- ◯ Functioning Properly (01)
- ◯ Knocked Down (02)
- ◯ Obscured (03)
- ◯ Red Malfunction (04)
- ◯ Yellow Malfunction (05)
- ◯ Green Malfunction (06)
- ◯ Arrow Malfunction (07)
- ◯ Lights not Changing (08)
- ◯ Other Malfunction (09)

(101) Guidance/Pavement Markings

	Lft	Rgt		Lft	Rgt
None (00)	◯	◯	No Passing, Yellow (06)	◯	◯
Solid Yellow (01)	◯	◯	Curb/Median, Etc. (07)	◯	◯
Skip-Dash Yellow (02)	◯	◯	Bikeway Marking (08)	◯	◯
Solid White (03)	◯	◯	Crosswalk Marking (09)	◯	◯
Skip-Dash White (04)	◯	◯	Turn Lane (10)	◯	◯
Solid Double Yellow (05)	◯	◯			

(102) Delineator Present
- ◯ None (00)
- ◯ Right (01)
- ◯ Left (02)
- ◯ Both Sides (03)

(103) Bikeway
- ◯ None (00)
- ◯ Bike Route [Signed] (01)
- ◯ Bike Lane Stripe (02)
- ◯ Separate Path/Lane (03)

(104) Vehicle Factors (Select Up to 2)
- ◯ None (00)
- ◯ Worn Tires (01)
- ◯ Tire Failure (02)
- ◯ Brakes (03)
- ◯ Headlights (04)
- ◯ Taillights (05)
- ◯ Signals (06)
- ◯ Steering (07)
- ◯ Suspension (08)
- ◯ Wheels (09)
- ◯ Power Train (10)
- ◯ Window/Windshield (11)
- ◯ Mirrors (12)
- ◯ Wipers (13)
- ◯ Trailer Coupling (14)
- ◯ Other (15)

(105) Vision Obstruction (Select up to 2)
- ◯ None (00)
- ◯ Trees/Brush/Fence (01)
- ◯ Embankment (02)
- ◯ Building (03)
- ◯ Moving Vehicle (04)
- ◯ Parked/Stopped Vehicle (05)
- ◯ Glare (06)
- ◯ Weather Condition (07)
- ◯ Pedestrian (08)
- ◯ Animal(s) in Road (09)
- ◯ Other (10)

(106) Human Factors (Select up to 2)
- ◯ None (00)
- ◯ Inattention (01)
- ◯ Misjudgment (02)
- ◯ Fatigue (03)
- ◯ Alcohol (04)
- ◯ Illegal Drugs (05)
- ◯ Illness (06)
- ◯ Legal Meds. (07)
- ◯ Emotional (08)
- ◯ Phys. Impaired (09)
- ◯ Other (10)

(107) Driver Distracted By
- ◯ Not Distracted (00)
- ◯ Cellular Phone (01)
- ◯ Other Elect. Comm. Device (02)
- ◯ Other Electronic Device (03)
- ◯ Other Inside Vehicle (04)
- ◯ Other Outside Vehicle (05)
- ◯ Other Occupant (06)

(108) Other Factors (Select up to 4)
- ◯ No improper Action (00)
- ◯ Drove too Fast for Conditions (01)
- ◯ Exceed Posted Speed Limit (02)
- ◯ Disregard Traffic Signals (03)
- ◯ Disregard Red Light (04)
- ◯ Disregard Other Trfc. Ctrl. Dev. (05)
- ◯ Failure to Yield (06)
- ◯ Wrong Side/Way (07)
- ◯ Crossed Centerline (08)
- ◯ Ran Off Road (09)
- ◯ Failure to Keep in Proper Lane (10)
- ◯ Improper Turn (11)
- ◯ Improper Passing (12)
- ◯ Improper Backing (13)
- ◯ Followed too Closely (14)
- ◯ Aggressive, Reckless Driving (15)
- ◯ Swerved to Avoid Obstacle (16)
- ◯ Over Correcting or Over Steering (17)
- ◯ Other Improper Action (18)
- ◯ Illegally in Roadway (19)
- ◯ Improper Crossing (20)
- ◯ Pedestrian Viol. (21)
- ◯ Inattention [Talking, Etc.] (22)
- ◯ Bicycle Violation (23)
- ◯ Clothing not Visible (24)

(109) Roadway Comp.
- ◯ Concrete (01)
- ◯ Asphalt (02)
- ◯ Gravel (03)
- ◯ Dirt (04)
- ◯ Other (05)

(110) Roadway Surface
- ◯ Dry (01)
- ◯ Wet (02)
- ◯ Mud, Dirt, Gravel (03)
- ◯ Debris (04)
- ◯ Oil (05)
- ◯ Snow (06)
- ◯ Slush (07)
- ◯ Ice/Frost (08)
- ◯ Water (09)
- ◯ Sand (10)

(111) Other Roadway Conditions
- ◯ None (00)
- ◯ Ruts, Holes, Etc. (01)
- ◯ No Shoulder (02)
- ◯ Low Shoulder (03)
- ◯ Soft Shoulder (04)
- ◯ High Shoulder (05)
- ◯ Loose Material (06)
- ◯ Worn, Polished (07)
- ◯ Other (08)

(112) Roadway Alignment (Horizontal)
- ◯ Straight (01)
- ◯ Curve Left (02)
- ◯ Curve Rght (03)

(113) Roadway Alignment (Vertical)
- ◯ Level (01)
- ◯ Hillcrest (02)
- ◯ Uphill (03)
- ◯ Downhill (04)
- ◯ Sag (05)

Officer's Initials:

Supervisor's Initials:

Sample

DOT-1-174D (HWY-T) Rev. 06/08

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Report Number:_____

DIAGRAM

(114) Tire Skid Marks (Feet)				
Wheel	Unit	Unit	Unit	Unit
Rgt-R				
Lft-F				
Rgt-F				
Lft-R				

(115) REFERENCE POINT

IS_____(feet)_____(direction)_____(Object/Landmark)

ALL OBJECTS ARE MEASURED FROM POINT OF REFERENCE

Object	N	S	E	W

(116) Intersection Related

◯ No (01) ◯ Yes (02)

(117) Main Road

(A) No. of Lanes	(B) Speed Limit

(118) Side Road

(A) No. of Lanes	(B) Speed Limit

(119) Indicate the Type of Intersection (Check one)

◯ Not At Intersection (01) ◯ "Y" Intersection (04) ◯ Roundabout (07)

◯ 4-Way Intersection (02) ◯ Part of Interchange (05) ◯ 5 (or more legs) Intersection (08)

◯ "T" Intersection (03) ◯ Traffic Circle (06) ◯ Other (09)

Place an arrow in the above circle to indicate North.

Draw Object, Directions, Etc. According to Current Practices.

Sample

Synopsis (Accident Description. Refer to units by number):

Officer's Rank and Name	Officer's ID Number	Date/Time	Supervisor's Rank and Name	Supervisor's ID Number	Date/Time

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STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Report Number:_____

(120)

ALL PERSONS

E - Ejection
00 Not Ejected
01 Ejected, Total
02 Ejected, Partial
03 N/A Non-motorist
04 Unknown

F - Safety Equipment Use
00 Not Present
01 Not Used
02 Shoulder/Lap Belt Used
03 Lap Belt Only Used
04 Shoulder Belt Only Used
05 Not Able to Determine
06 Child Restraint (Forward)
07 Child Restraint (Rear)
08 Booster Seat
09 Child Restraint (Unk. Type)
10 Child Restraint (Improper)
11 Helmet Used
12 N/A (Non-Motorist)
13 Unknown

G - Air Bag Deployed
00 Not Present
01 Not Deployed
02 Deployed - Front
03 Deployed - Side
04 Deployed - Other
05 Deployed - Combination
06 Deployed - Curtain

H - Injury Class
00 None
01 Possible
02 Non-Incapacitating
03 Incapacitating
04 Fatal
05 Unknown

I - Injury Area
00 None
01 Head
02 Face
03 Eye
04 Neck
05 Thorax (Chest)
06 Spine/Back
07 Shoulder/Upper Arm
08 Elbow/Lower Arm/Hand
09 Abdomen/Pelvis
10 Hip/Upper Leg
11 Knee/Lower Leg/Foot
12 Entire Body

J - Accident Site Care
00 None
01 First Aid
02 Resuscitation
03 Extrication
04 Both 1 & 2
05 Both 1 & 3
06 Both 2 & 3
07 Other
08 Refused

K - Trans. to Med. Facility
00 Not Transported
01 EMS
02 Police
03 Helicopter
04 Private Vehicle
05 Other

L - Medical Facility

Hawaii County
01 Hilo Medical Center
02 Kona Hospital
03 Kau Hospital
04 Kohala Hospital
05 Honokaa Hospital
06 N. Hawaii Comm. Hosp.

Maui County
07 Kula General Hospital
08 Maui Mem. Med. Ctr.
09 Kaiser Clinic
10 Hana Clinic

Molokai/Lanai
11 Molokai General Hosp.
12 Lanai Comm. Hospital

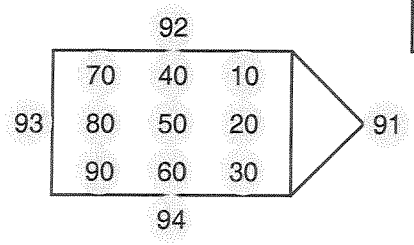
Kauai County
13 Wilcox Memorial Hosp.
14 Kauai Vet. Mem. Hosp.

C&C Honolulu
15 Castle Medical Center
16 Shriner's Hosp. for Children
17 Kahuku Hospital
18 Kaiser Permanente
19 Kaiser Clinic - Honolulu
20 Kaneohe State Hospital
21 Kapiolani Medical Ctr.
22 Kapiolani Med. - Pali Momi
23 Kuakini Med. Ctr.
24 Honolulu Med. Ctr.

C&C Honolulu (cont.)
25 Honolulu Med. Ctr. West
26 Queen's Medical Center
27 Straub Clinic & Hosp.
28 Tripler Army Med. Ctr.
29 Wahiawa General Hosp.
30 Waianae Comp. Ctr.

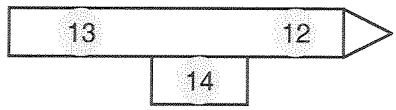
99 Other

B - Position in Unit



Motor Vehicle
For lap positions use 1 in place of 0

Motorcycle/Moped/Bicycle



Pedestrian

15

M - Condition
01 Refused Treatment
02 Released
03 Good, Fair
04 Serious, Guarded
05 Critical
06 Dead on Arrival
07 Dead Other

Name and Address	A Unit	B Posit.	C Age	D Sex	E Eject	F Safety	G Air Bag	H Injury	I Area	J Care	K Trans	L Hosp.	M Cond.	N EMS No.

Sample

Officer's Rank and Name	Officer's ID Number	Date/Time	Supervisor's Rank and Name	Supervisor's ID Number	Date/Time

DOT-1-174F (HWY-T) Rev.06/08

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Report Number:_____

Unit No.

Commercial Motor Vehicle Supplement

INSTRUCTIONS: IF number 1, 2, or 3 apply, ***AND*** either A, B, or C apply;
Then complete this supplement for each CMV or qualifying vehicle.

IF		AND	
1	*ANY* truck having a gross vehicle weight rating (GVWR) greater than 10,000 lbs., or a gross combined vehicle weight rating *(GCWR) greater than 10,000 lbs., OR;*	A	*ANY* person(s) killed in or outside of any vehicle (truck, bus, car, etc.) involved in the crash or who dies within 30 days of the crash as a result of an injury sustained in the crash, OR;
2	*ANY* Motor Vehicle with seats to transport nine (9) or more people including the driver's seat; OR,	B	*ANY person(s) injured as a result of the crash who immediately receives medical treatment away from the crash scene, OR;*
3	*ANY vehicle displaying a hazardous materials placard regardless of the weight.*	C	*ANY* motor vehicle (truck or truck combination, bus, car, etc.) disabled as a result of the crash and transported away from the scene by a tow truck or other vehicle.

QUALIFYING INFORMATION

(200) This form is being completed because this vehicle is:

- ◯ A truck or truck combination over 10,000 lbs. (GVWR/GCWR)
- ◯ A bus with seats for 9 or more, including the driver.
- ◯ A vehicle of any type with a Hazardous Materials placard.

(201) Number of

Total involved vehicles in the crash:	
Person(s) sustaining Fatal injury:	
Injured Person(s) Transported for IMMEDIATE Treatment:	
Vehicles towed due to DISABLING DAMAGE:	

(202) At the time of the crash, this vehicle was:

- ◯ Operating on a trafficway open to the public.
- ◯ Parked On/Off the trafficway.

VEHICLE INFORMATION

(203) Vehicle Configuration

- ◯ Passenger Car (Only with Hazardous Materials Placard) (01)
- ◯ Light Truck (Only with Hazardous Materials Placard) (02)
- ◯ Bus (Seats 9-15 including the driver) (03)
- ◯ Bus (Seats 16 or more including the driver) (04)
- ◯ Single Unit Truck (2 Axles/6 Tires) (05)
- ◯ Single Unit Truck (3 or more axles) (06)
- ◯ Truck/Trailer(s) [Single Unit Truck with Trailer(s)] (07)
- ◯ Truck/Tractor (without trailer, bobtail, or saddlemount) (08)
- ◯ Tractor/Semi-Trailer (one trailer) (09)
- ◯ Tractor/Doubles (two trailers) (10)
- ◯ Tractor/Triples (three trailers) (11)
- ◯ Other truck over 10,000 lbs. (not listed above) (99)

(204) Cargo Body Type

- ◯ Not Applicable/No cargo body (00)
- ◯ Bus (seats 9-15 including driver) (01)
- ◯ Bus (seats 16 or more including the driver) (02)
- ◯ Van/Enclosed box (03)
- ◯ Cargo Tank (04)
- ◯ Flatbed (05)
- ◯ Dump (06)
- ◯ Concrete Mixer (07)
- ◯ Auto Transporter (08)
- ◯ Garbage/Refuse (09)
- ◯ Grain, Chips, Gravel (10)
- ◯ Pole (11)
- ◯ Vehicle Towing Another Vehicle (12)
- ◯ Intermodal Chassis (13)
- ◯ Log (14)
- ◯ Other Cargo Body Not Listed (98)

(205) GVWR, GCWR (Use GCWR for truck combinations)

- ◯ 10,000 lbs., or less (01)
- ◯ 10,001 lbs., to 26,000 lbs. (02)
- ◯ Over 26,000 lbs. (03)

(206) Bus Use

- ◯ Not a Bus (00)
- ◯ School [public or private] (01)
- ◯ Transit (02)
- ◯ Inter-city (03)
- ◯ Charter (04)
- ◯ Other (05)

(207) Hazardous Materials

HAZMAT Placard Present ◯ No (01) ◯ Yes (02)

If yes, HM 4-Digit #/Name from Diamond:

If yes, HM Class # bottom of Diamond:

Was HAZMAT released from vehicle's cargo: ◯ No (01) ◯ Yes (02)

MOTOR CARRIER INFORMATION

(208) Type of Carrier

- ◯ Interstate Carrier (01)
- ◯ Intrastate Carrier (02)
- ◯ Not in Commerce - Govt. (03)
- ◯ Not in Commerce - Other (04) (Over 10,000 lbs. GVWR/GCWR)

(209) Employer/Company Name

(210) Str. No.	(211) Street Name	(212) Apt/Ste	(213) Phone No.

(214) City	(215) State	(216) Zip Code

(217) Carrier Identification No.

◯ None

US DOT #:	
MC/MX #:	
State #:	

Officer's Rank and Name	Officer's ID Number	Date/Time	Supervisor's Rank and Name	Supervisor's ID Number	Date/Time

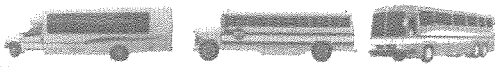
Sample

Commercial Motor Vehicle Supplement

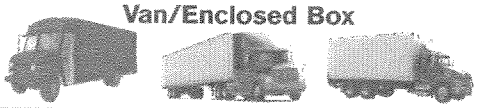
Cargo Body Type

Bus (9-15 Seats, Including Driver)

Bus (16 or More Seats, Including Driver)



Van/Enclosed Box



Cargo Tank

Flat Bed

Dump

Concrete Mixer

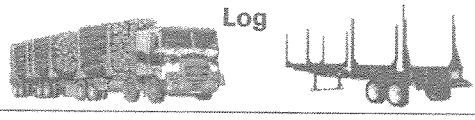
Auto Transporter

Garbage/Refuse

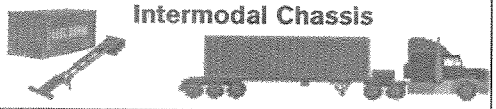
Grain, Chips, Gravel

Pole

Log



Intermodal Chassis



Vehicle Towing Motor Vehicle

No Cargo Body

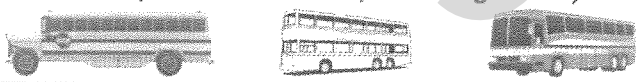
Federal Motor Carrier Safety Administration

U.S. Department of Transportation
www.fmcsa.dot.gov

Vehicle Configuration

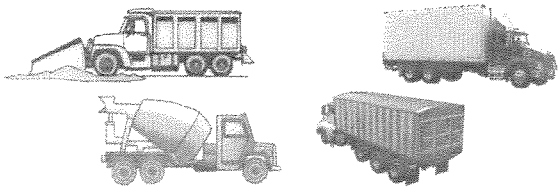
Bus (9-15 Seats, Including Driver)

Bus (16 or More Seats, Including Driver)



Single-Unit (2 Axles, 6 Tires)

Single-Unit (3 or More Axles)



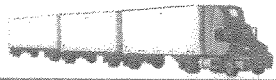
Truck/Trailer (Single-Unit Truck Pulling a Trailer)

Truck Tractor (Bobtail)

Tractor/Semi Trailer (One Trailer)

Truck Tractor/Double (Two Trailers)

Truck Tractor/Triple (Three Trailers)



Revised 06/08

Federal Motor Carrier Safety Administration

U.S. Department of Transportation
www.fmcsa.dot.gov

Sample

DOT-1-174G (HWY-T) Rev.06/08

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Report Number:_____

NARRATIVE

Sample

Officer's Rank and Name	Officer's ID Number	Date/Time	Supervisor's Rank and Name	Supervisor's ID Number	Date/Time