

FATAL CMV INVOLVED SCHOOL BUS RELATED RAILROAD RELATED MEDICAL ADVISORY BOARD HIT AND RUN AMENDMENT/ SUPPLEMENT

PLACE WHERE CRASH OCCURRED _____

COUNTY _____ CITY OR TOWN _____

IF CRASH WAS OUTSIDE CITY LIMITS INDICATE FROM NEAREST TOWN _____ MILES N S E W OF _____

LOC # _____

ORI # _____

DPS # _____

ROAD ON WHICH CRASH OCCURRED _____

BLOCK NUMBER _____ STREET OR ROAD NAME _____ ROUTE NUMBER OR STREET CODE _____

CONSTRUCTION ZONE YES NO SPEED LIMIT _____

WORKERS PRESENT YES NO

INTERSECTING STREET OR RR X'ING NUMBER _____

BLOCK NUMBER _____ STREET OR ROAD NAME _____ ROUTE NUMBER OR STREET CODE _____

CONSTRUCTION ZONE YES NO SPEED LIMIT _____

WORKERS PRESENT YES NO

NOT AT INTERSECTION FT. MI. N S E W OF _____

MILEPOST _____

LATITUDE _____

LONGITUDE _____

SHOW MILEPOST OR NEAREST INTERSECTING NUMBERED HIGHWAY, IF NONE, SHOW NEAREST INTERSECTING STREET OR REFERENCE POINT

DATE OF CRASH _____ MONTH _____ DATE _____ YEAR _____ DAY OF WEEK _____ HOUR _____

AM PM IF EXACTLY NOON OR MIDNIGHT, SO STATE

UNIT # 1-MOTOR VEHICLE 4-PEDESTRIAN 7-NON-CONTACT ALTERED VEHICLE HEIGHT YES NO

2-TRAIN 5-MOTORIZED CONVEYANCE 8-OTHER VIN# _____

3-PEDALCYCLIST 6-TOWED

YEAR _____ COLOR & MAKE _____ MODEL NAME _____ BODY STYLE _____ LICENSE PLATE _____

DRIVER'S NAME _____ PHONE NUMBER _____

LAST _____ FIRST _____ MIDDLE _____ ADDRESS (STREET, CITY, STATE, ZIP) _____

DRIVER'S LICENSE _____ STATE _____ NUMBER _____ CLASS/TYPE _____ ENDORSEMENTS _____ RESTRICTIONS _____ DATE OF BIRTH _____

LICENSE STATUS 1-VVALID 4-CANCELLED/DENIED

2-NOT VALID 5-EXPIRED

3-SUSPENDED/REVOKED 6-UNKNOWN

DRIVER'S ETHNICITY 1-WHITE 4-ASIAN DRIVER'S SEX MALE FEMALE DRIVER'S OCCUPATION _____ POLICE, FIREFIGHTER, EMS, ON EMERGENCY IF CHECKED, PLEASE EXPLAIN IN NARRATIVE

2-HISPANIC 5-OTHER

3-BLACK

TYPE OF ALCOHOL SPECIMEN TAKEN _____ TEST RESULTS _____ TYPE OF DRUG SPECIMEN TAKEN _____ TEST RESULTS _____ DRUG CATEGORY 1. _____

1-BREATH 2-BLOOD 3-URINE 4-NONE 5-REFUSED

1-BLOOD 2-URINE 3-NONE 4-REFUSED

2. _____

LESSEE OWNER

NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER) _____ ADDRESS (STREET, CITY, STATE, ZIP) _____

LIABILITY INSURANCE YES NO EXP INSURANCE COMPANY NAME _____ POLICY NUMBER _____ VEHICLE DAMAGE RATING _____

UNIT # 1-MOTOR VEHICLE 4-PEDESTRIAN 7-NON-CONTACT ALTERED VEHICLE HEIGHT YES NO

2-TRAIN 5-MOTORIZED CONVEYANCE 8-OTHER VIN# _____

3-PEDALCYCLIST 6-TOWED

YEAR _____ COLOR & MAKE _____ MODEL NAME _____ BODY STYLE _____ LICENSE PLATE _____

DRIVER'S NAME _____ PHONE NUMBER _____

LAST _____ FIRST _____ MIDDLE _____ ADDRESS (STREET, CITY, STATE, ZIP) _____

DRIVER'S LICENSE _____ STATE _____ NUMBER _____ CLASS/TYPE _____ ENDORSEMENTS _____ RESTRICTIONS _____ DATE OF BIRTH _____

LICENSE STATUS 1-VVALID 4-CANCELLED/DENIED

2-NOT VALID 5-EXPIRED

3-SUSPENDED/REVOKED 6-UNKNOWN

DRIVER'S ETHNICITY 1-WHITE 4-ASIAN DRIVER'S SEX MALE FEMALE DRIVER'S OCCUPATION _____ POLICE, FIREFIGHTER, EMS, ON EMERGENCY IF CHECKED, PLEASE EXPLAIN IN NARRATIVE

2-HISPANIC 5-OTHER

3-BLACK

TYPE OF ALCOHOL SPECIMEN TAKEN _____ TEST RESULTS _____ TYPE OF DRUG SPECIMEN TAKEN _____ TEST RESULTS _____ DRUG CATEGORY 1. _____

1-BREATH 2-BLOOD 3-URINE 4-NONE 5-REFUSED

1-BLOOD 2-URINE 3-NONE 4-REFUSED

2. _____

LESSEE OWNER

NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER) _____ ADDRESS (STREET, CITY, STATE, ZIP) _____

LIABILITY INSURANCE YES NO EXP INSURANCE COMPANY NAME _____ POLICY NUMBER _____ VEHICLE DAMAGE RATING _____

DAMAGE TO PROPERTY OTHER THAN VEHICLES _____ \$ _____

OBJECT _____ NAME AND ADDRESS OF OWNER _____ FEET FROM CURB _____ DAMAGE ESTIMATE _____

IN YOUR OPINION, DID THIS CRASH RESULT IN AT LEAST \$1,000.00 DAMAGE TO ANY ONE PERSON'S PROPERTY? YES NO

CHARGES FILED

NAME _____ CHARGE _____ CITATION# _____

NAME _____ CHARGE _____ CITATION# _____

TIME NOTIFIED OF CRASH _____ DATE _____ HOUR _____ HOW _____ TIME ARRIVED AT SCENE _____ DATE _____ HOUR _____ DATE OF REPORT _____

TYPED OR PRINTED NAME OF INVESTIGATOR _____ ID# _____ AGENCY _____ DIST/AREA _____ REPORT COMPLETE YES NO

SEAT POSITION 1-FRONT LEFT 2-FRONT CENTER 3-FRONT RIGHT 4-SECOND SEAT LEFT 5-SECOND SEAT CENTER 6-SECOND SEAT RIGHT	SOLICITATION INDICATES A PERSON'S DESIRE TO RECEIVE CONTACT FROM PERSONS SEEKING PROFESSIONAL EMPLOYMENT AS/FOR ATTORNEY, CHIROPRACTOR, PHYSICIAN, SURGEON, PRIVATE INVESTIGATOR, OR ANY OTHER PERSON REGISTERED OR LICENSED BY A HEALTH CARE REGULATORY AGENCY (Y=SOLEICIT, N=NO SOLICIT).	EJECTED 1-NO 2-YES 3-YES, PARTIAL 4-NOT APPLICABLE 5-UNKNOWN	RESTRAINT USED 1-SHOULDER & LAP BELT 2-SHOULDER BELT ONLY 3-LAP BELT ONLY 4-CHILD SEAT, FACING FORWARD 5-CHILD SEAT, FACING REAR 6-CHILD SEAT, UNK	7-BOOSTER SEAT 8-NONE 9-OTHER 10-UNKNOWN	AIRBAG 1-NOT APPLICABLE 2-NOT DEPLOYED 3-DEPLOYED, FRONT 4-DEPLOYED, SIDE 5-DEPLOYED, OTHER 6-UNKNOWN	HELMET USE 1-WORN, DAMAGED 2-WORN, NOT DAMAGED 3-WORN, UNK. DAMAGE 4-NOT WORN 5-UNKNOWN IF WORN	INJURY SEVERITY K-KILLED A-INCAPACITATING INJURY B-NON INCAPACITATING INJURY C-POSSIBLE INJURY N-NOT INJURED U-UNKNOWN
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UNIT# TOWED DUE TO DISABLING DAMAGE YES NO VEHICLE REMOVED TO _____ BY _____

ITEM#	SEAT POSITION	COMPLETE ALL DATA ON ALL OCCUPANTS NAMES, POSITIONS, RESTRAINTS USED, ETC. HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED NAME (LAST, FIRST, MI)	ADDRESS	SOL	EJECTED	RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
1											
2											
3											
4											
5											

UNIT# TOWED DUE TO DISABLING DAMAGE YES NO VEHICLE REMOVED TO _____ BY _____

ITEM#	SEAT POSITION	COMPLETE ALL DATA ON ALL OCCUPANTS NAMES, POSITIONS, RESTRAINTS USED, ETC. HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED NAME (LAST, FIRST, MI)	ADDRESS	SOL	EJECTED	RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
6											
7											
8											
9											
10											

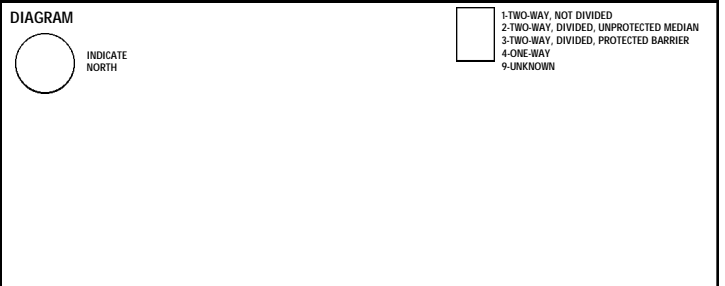
PED., PEDAL, MOT. CONVEY, ETC.	COMPLETE IF CASUALTIES NOT IN MOTOR VEHICLE CASUALTY NAME (LAST, FIRST, MI)	ADDRESS	SOL	ALCOHOL SPECIMEN TAKEN	RESULT	DRUG SPECIMEN TAKEN	RESULT	HELMET	AGE	SEX	INJURY CODE

DISPOSITION OF KILLED OR INJURED				IF AMBULANCE USED, SHOW				
ITEM#	TAKEN TO	BY	TIME NOTIFIED	TIME ARRIVED AT SCENE	AMBULANCE UNIT#	# OF ATTENDANTS INCLUDING DRIVER	# OF PERSONS TRANSPORTED FOR TREATMENT	

COMPLETE THIS SECTION IF PERSON KILLED (If a person dies within 30 days of the crash, please complete this area and mail the supplement to the Crash Records Bureau)

ITEM #	DATE OF DEATH	TIME OF DEATH	ITEM#	DATE OF DEATH	TIME OF DEATH	ITEM#	DATE OF DEATH	TIME OF DEATH	ITEM#	DATE OF DEATH	TIME OF DEATH

INVESTIGATOR'S NARRATIVE OPINION OF WHAT HAPPENED (ATTACH ADDITIONAL SHEETS IF NECESSARY)



FACTORS AND CONDITIONS LISTED ARE THE INVESTIGATOR'S OPINION

UNIT#	FACTORS/CONDITIONS CONTRIBUTING			OTHER FACTORS/CONDITIONS MAY OR MAY NOT HAVE CONTRIBUTED			VEHICLE DEFECTS CONTRIBUTING			VEHICLE DEFECTS MAY HAVE CONTRIBUTED		
1	2	3	1	2	3	1	2	3	1	2	3	
1	2	3	1	2	3	1	2	3	1	2	3	

1-ANIMAL ON ROAD-DOMESTIC
 2-ANIMAL ON ROAD-WILD
 3-BACKED WITHOUT SAFETY
 4-CHANGED LANE WHEN UNSAFE
 5-SEE VEHICLE DEFECTS
 14-DISABLED IN TRAFFIC LANE
 15-DISREGARD STOP AND GO SIGNAL
 16-DISREGARD STOP SIGN OR LIGHT
 17-DISREGARD TURN MARKS AT INTERSECTION
 18-DISREGARD WARNING SIGN AT CONSTRUCTION
 19-DISTRACTION IN VEHICLE
 20-DRIVER INATTENTION
 21-DROVE WITHOUT HEADLIGHTS
 22-FAILED TO CONTROL SPEED
 23-FAILED TO DRIVE IN SINGLE LANE
 24-FAILED TO GIVE HALF OF ROADWAY
 25-FAILED TO HEED WARNING SIGN
 26-FAILED TO PASS TO LEFT SAFELY
 27-FAILED TO PASS TO RIGHT SAFELY
 28-FAILED TO GIVE SIGNAL OR WRONG SIGNAL
 29-FAILED TO STOP AT PROPER PLACE
 30-FAILED TO STOP FOR SCHOOL BUS
 31-FAILED TO STOP FOR TRAIN
 32-FAILED TO YIELD ROW-EMERGENCY VEHICLE
 33-FAILED TO YIELD ROW-OPEN INTERSECTION
 34-FAILED TO YIELD ROW-PRIVATE DRIVE
 35-FAILED TO YIELD ROW-STOP SIGN
 36-FAILED TO YIELD ROW-TO PEDESTRIAN
 37-FAILED TO YIELD ROW-TURNING LEFT
 38-FAILED TO YIELD ROW-TURN ON RED
 39-FAILED TO YIELD ROW-YIELD SIGN
 40-FATIGUED OR ASLEEP
 41-FAULTY EVASIVE ACTION
 42-FIRE IN VEHICLE
 43-FLEEING OR EVADING POLICE
 44-FOLLOWED TOO CLOSELY
 45-HAD BEEN DRINKING
 46-HANDICAPPED DRIVER (EXP. IN NARRATIVE)
 47-ILL (EXP. IN NARRATIVE)
 48-IMPAIRED VISIBILITY (EXP. IN NARRATIVE)
 49-IMPROPER START FROM PARKED POSITION
 50-LOAD NOT SECURED
 51-OPENED DOOR TO TRAFFIC LANE
 52-OVERSIZE VEHICLE OR LOAD
 53-OVERTAKE AND PASS INSUFFICIENT CLEARANCE
 54-PARKED AND FAILED TO SET BRAKES
 55-PARKED IN TRAFFIC LANE
 56-PARKED WITHOUT LIGHTS
 57-PASSED IN NO PASSING ZONE
 58-PASSED ON RIGHT SHOULDER
 59-PED/PEDAL/CY/MOT.COM.FTY ROW TO VEHICLE
 60-SPEEDING UNSAFE (UNDER LIMIT)
 61-SPEEDING OVER LIMIT
 62-TAKING MEDICATION (EXP. IN NARRATIVE)
 63-TURNED IMPROPERLY - CUT CORNER ON LEFT
 64-TURNED IMPROPERLY - WIDE RIGHT
 65-TURNED IMPROPERLY - WRONG LANE
 66-TURNED WHEN UNSAFE
 67-UNDER INFLUENCE - ALCOHOL
 68-UNDER INFLUENCE - DRUG
 69-WRONG SIDE - APPROACH OR IN INTERSECTION
 70-WRONG SIDE - NOT PASSING
 71-WRONG WAY-ONE WAY ROAD
 72-CELL/MOBILE PHONE USE
 73-ROAD RAGE
 74-OTHER FACTOR (WRITE ON LINE)

VEHICLE DEFECTS

5-DEFECTIVE OR NO HEADLAMPS	6-DEFECTIVE OR NO STOP LAMPS	7-DEFECTIVE OR NO TAIL LAMPS	8-DEFECTIVE OR NO TURN SIG. LAMPS	9-DEFECTIVE OR NO TRAILER BRAKES	10-DEFECTIVE OR NO VEHICLE BRAKES	11-DEFECTIVE OR NO STEERING MECH.	12-DEFECTIVE OR SLICK TIRES	13-DEFECTIVE TRAILER HITCH
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TRAFFIC CONTROL 1-NONE 2-INOPERATIVE 3-OFFICER 4-FLAGMAN 5-SIGNAL LIGHT 6-FLASHING RED LIGHT 7-FLASHING YELLOW LIGHT 8-STOP SIGN 9-YIELD SIGN 10-WARNING SIGN 11-CENTER STRIPE/DIVIDER 12-NO PASSING ZONE 13-RR GATES/SIGNAL 14-SCHOOL ZONE 15-CROSSWALK 16-BIKE LANE 17-OTHER	ROADWAY ALIGNMENT 1-STRAIGHT, LEVEL 2-STRAIGHT, GRADE 3-STRAIGHT, HILLCREST 4-CURVE, LEVEL 5-CURVE, GRADE 6-CURVE, HILLCREST 7-OTHER 8-UNKNOWN	ROADWAY RELATION 1-ON ROADWAY 2-OFF ROADWAY 3-SHOULDER 4-MEDIAN
PART OF THE ROADWAY 1-MAIN LANE 2-SERVICE ROAD 3-ENTRANCE RAMP 4-EXIT RAMP 5-CONNECTOR 6-DETOUR 7-OTHER	TYPE OF ROAD SURFACE 1-CONCRETE 2-BLACKTOP 3-BRICK 4-GRAVEL 5-DIRT 6-OTHER 7-UNKNOWN	WEATHER 1-CLEAR/CLOUDY 2-RAIN 3-SLEET/HAIL 4-SNOW 5-FOG 6-BLOWING SAND/SNOW 7-SEVERE CROSSWINDS 8-OTHER 9-UNKNOWN
LIGHT CONDITION 1-DAYLIGHT 2-DARK, NOT LIGHTED 3-DARK, LIGHTED 4-DARK, UNK LIGHTING 5-DAWN 6-DUSK 8-OTHER 9-UNKNOWN	SURFACE CONDITION 1-DRY 2-WET 3-STANDING WATER 4-SNOW 5-SLUSH 6-ICE 7-SAND, MUD, DIRT 8-OTHER 9-UNK	

10,001 LBS. OR MORE

HAZARDOUS MATERIAL

9 OR MORE PASSENGER CAPACITY (DRIVER INCLUDED)

CRASH INFORMATION

1. COUNTY _____ 2. CITY OR TOWN _____
 3. ROAD ON WHICH CRASH OCCURRED _____
BLOCK # STREET OR ROAD NAME ROUTE#
 4. DATE OF CRASH _____ 5. HOUR _____
MONTH DATE YEAR AM PM

LOC# _____
 ORI# _____
 DPS# _____

ROADWAY ACCESS
 1-FULL ACCESS CONTROL
 2-PARTIAL ACCESS
 3-NO ACCESS

DRIVER INFORMATION

6. NAME _____ 7. DRIVER LICENSE CLASS _____

1-A 4-D
 2-B 5-M
 3-C 6-UNK

CARRIER INFORMATION

8. VEHICLE OPERATION INTERSTATE COMMERCE INTRASTATE COMMERCE NOT IN COMMERCE GOVERNMENT PERSONAL

9. CARRIER'S CORPORATE NAME _____

10. CARRIER'S PRIMARY ADDRESS _____
NUMBER STREET CITY STATE ZIP

11. CARRIER ID TYPE ICC US DOT TxDOT OTHER NONE 12. CARRIER ID NUMBER _____

MOTOR VEHICLE INFORMATION

13. UNIT NUMBER ON CRB-3 14. LICENSE PLATE _____ 15. GROSS VEHICLE WEIGHT RATING (GVWR)
YEAR STATE NUMBER REGISTERED GROSS VEHICLE WEIGHT (RGVW) _____

16. VEHICLE TYPE

1-PASSENGER CAR (ONLY IF VEHICLE DISPLAYS HM PLACARDS) 7-TRUCK TRAILER
 2-LIGHT TRUCK (ONLY IF VEHICLE DISPLAYS HM PLACARDS) 8-TRUCK TRACTOR (BOBTAIL)
 3-BUS (SEATS FOR 9-15 PEOPLE, INCLUDING DRIVER) 9-TRACTOR/SEMI TRAILER
 4-BUS (SEATS FOR >15 PEOPLE, INCLUDING DRIVER) 10-TRACTOR/DOUBLE TRAILER
 5-SINGLE UNIT TRUCK (2 AXLES, 6 TIRES) 11-TRACTOR/TRIPLE TRAILER
 6-SINGLE UNIT TRUCK (3 OR MORE AXLES) 99-UNKNOWN HEAVY TRUCK OVER 10,000 LBS. (CANNOT CLASSIFY)

17. CARGO BODY STYLE

1-BUS (SEATS FOR 9-15 PEOPLE, INCLUDING DRIVER) 7-CONCRETE MIXER 98-OTHER _____
 2-BUS (SEATS FOR >15 PEOPLE, INCLUDING DRIVER) 8-AUTO TRANSPORTER
 3-VAN/ENCLOSED BOX 9-GARBAGE/REFUSE
 4-CARGO TANK 10-GRAIN, CHIPS, GRAVEL
 5-FLATBED 11-POLE
 6-DUMP 12-NOT APPLICABLE

18. HAZARDOUS MATERIAL

TRANSPORTING PLACARDABLE HAZARDOUS MATERIAL YES NO HAZARDOUS MATERIAL RELEASED OR SPILLED YES NO (DO NOT INCLUDE FUEL FROM THE VEHICLE FUEL TANK)
 1 DIGIT CLASS# 4 DIGIT ID# 1 DIGIT CLASS# 4 DIGIT ID#

TRAILER NUMBER 1 INFORMATION

19. LICENSE PLATE _____ 20. GROSS VEHICLE WEIGHT RATING (GVWR)
 REGISTERED GROSS VEHICLE WEIGHT (RGVW) _____ TRAILER TYPE
 1-FULL TRAILER
 2-SEMI TRAILER
 3-POLE TRAILER

TRAILER NUMBER 2 INFORMATION

21. LICENSE PLATE _____ 22. GROSS VEHICLE WEIGHT RATING (GVWR)
 REGISTERED GROSS VEHICLE WEIGHT (RGVW) _____ TRAILER TYPE
 1-FULL TRAILER
 2-SEMI TRAILER
 3-POLE TRAILER

23. SEQUENCES OF EVENTS - UNIT _____

SEQ 1 SEQ 2 SEQ 3 SEQ 4

- 1-NONCOLLISION: RAN OFF ROAD
- 2-NONCOLLISION: JACKKNIFE
- 3-NONCOLLISION: OVERTURN (ROLLOVER)
- 4-NONCOLLISION: DOWNHILL RUNAWAY
- 5-NONCOLLISION: CARGO LOSS OR SHIFT
- 6-NONCOLLISION: EXPLOSION OR FIRE
- 7-NONCOLLISION: SEPARATION OF UNITS
- 8-NONCOLLISION: CROSS MEDIAN/CENTERLINE
- 9-NONCOLLISION: EQUIPMENT FAILURE
- 10-NONCOLLISION: OTHER
- 11-NONCOLLISION: UNKNOWN
- 12-COLLISION INVOLVING PEDESTRIAN
- 13-COLLISION INVOLVING MOTOR VEHICLE IN TRANSPORT
- 14-COLLISION INVOLVING PARKED MOTOR VEHICLE
- 15-COLLISION INVOLVING TRAIN
- 16-COLLISION INVOLVING PEDALCYCLE
- 17-COLLISION INVOLVING AN ANIMAL
- 18-COLLISION INVOLVING A FIXED OBJECT
- 19-COLLISION WITH WORK ZONE MAINTENANCE EQUIPMENT
- 20-COLLISION WITH OTHER MOVABLE OBJECT
- 21-COLLISION WITH UNKNOWN MOVABLE OBJECT
- 98-OTHER _____

24. TOTAL NUMBER OF AXLES

25. TOTAL NUMBER OF TIRES

26. OFFICER'S PRINTED NAME _____ DEPT. _____ DATE _____

GENERAL

A separate commercial supplement is to be completed on **each** commercial motor vehicle involved in a motor vehicle crash. This supplement(s) must be attached to the basic peace officer's crash report. A commercial motor vehicle for supplemental reporting is defined as:

1. Any motor vehicle or towed vehicle with a Gross Vehicle Weight Rating (GVWR) or a Registered Gross Vehicle Weight (RGVW), whichever is greater, of 10,001 lbs. or more, or any combination of vehicles where the Gross Combined Weight Rating (GCWR) or the total RGVW of the combination is 10,001 lbs. or more.
 - 1.1 GVWR and RGVW are both defined as the weight of the fully equipped vehicle plus its net carrying capacity. The GCWR is the combined weight rating of a motor vehicle and a towed unit(s). On occasion, the GVWR and the RGVW will differ. In those situations, the greater weight value will be used to determine if this form must be completed.
 - 1.2 The GVWR of a motor vehicle normally can be found on an information plate on the driver's door or door post. The GVWR of a trailer normally can be found on an information plate near the front left portion of the trailer. If the vehicle does not have an information plate or it is illegible, use RGVW. For combination or token trailers, see 1.6 below.
 - 1.3 On vehicles registered in Texas, the RGVW is shown on the registration receipt under "gross weight." Commercial motor vehicles are required to carry the registration receipt.
 - 1.4 In the event the registration receipt is not available, RGVW can normally be obtained by a **complete** registration check. Exception: If the vehicle has exempt license plates (i.e. owned by a government entity) no RGVW will be shown. In those instances, GVWR must be used.
 - 1.5 If GVWR is used to determine the need to complete this supplement, GVWR for the motor vehicle and each trailer(s) must be obtained and shown in the appropriate blank(s).
 - 1.6 If RGVW is used to determine the need to complete this supplement, the RGVW should be obtained for each motor vehicle and trailer in the combination unless the combination is registered as a **combination/token** vehicle or as an **apportioned** vehicle. In those situations the license plates will indicate combination/token or apportioned. If the vehicle is registered as a combination/token or apportioned vehicle, the entire registered gross weight will be shown on the power unit and the trailer will not carry a RGVW. In those instances, show the RGVW of the combination in the power unit and show zero (0) on the trailer(s).
 - 1.7 RGVW for out-of-state vehicles and trailer(s) may be obtained from registration receipts issued by the licensing state, temporary permits, cab cards or other documents or as in 1.4 above.
2. Any bus, which shall include every motor vehicle with a seating capacity of nine (9) or more passengers (**including the driver**) and used for the transportation of persons. The seating capacity of a bus (excluding school buses) shall be determined by allowing one (1) passenger for each sixteen (16) inches of seat space. The seating capacity of a school bus shall be determined by allowing one (1) passenger for each thirteen (13) inches of seat space.
3. Any motor vehicle hauling hazardous materials which is required to be placarded under the Hazardous Materials Transportation Act.

INSTRUCTIONS FOR COMPLETION OF FORM CRB-3C

Detailed instructions for completion of this supplement are included in the Instructions to Police for Reporting Crashes.

Check Boxes (Top of Report)

Check appropriate box indicating if the vehicle was over 10,001 pounds, Hazardous Material(s), or 9 or more passenger capacity (driver included). More than one box may be checked.

Roadway Access- Code the access control characteristics which best describes the roadway which the vehicle was traveling on at the time of the crash. Full Access Control- is an expressway or freeway where the only means of entry to or exit from the roadway is by ramps connecting to other streets or highways. No Access Control- is a street or highway where driveways provide access to and egress from adjacent properties and where cross streets intersect at a grade. Partial Access Control- is a street or highway which does not clearly fit the above definitions.

CRASH INFORMATION (Items 1-5)

Complete the information in this section exactly as shown on the basic report (CRB-3).

DRIVER INFORMATION (Items 6-7)

Complete items 6 and 7 exactly as shown on the basic report (CRB-3).

CARRIER INFORMATION (Items 8-12)

Indicate whether the operation of the commercial motor vehicle at the time of this crash is defined as an interstate, intrastate, government or personal operation. An interstate operation is one where the transportation of the property originated in one state or country and passed through or terminated in another state or country. An intrastate operation is one where the transportation of the property did not cross a state or international boundary. The bill of lading origin and destination information may be one source available to make this determination. Government and Personal use will be determined through investigation. Indicate the Carrier's corporate name and primary business address in items 9 and 10. The Carrier is defined as the entity responsible for the operation of the vehicle at the time of the crash. This may be the actual owner of the vehicle or the lessee. The information should match Owner/Lessee shown on the CRB-3. Show the type of carrier identification by checking the appropriate box in item 11. Show the ID number in item 12, if applicable.

MOTOR VEHICLE INFORMATION (Items 13-18)

Enter the unit number from the CRB-3 for this motor vehicle in item 13. Show the registration year, state and number in item 14. Enter the GVWR and RGVW as applicable in item 15. Indicate which, GVWR or RGVW, by checking the appropriate box.

Indicate the appropriate number in the box for Vehicle Type in item 16.

Indicate the appropriate number in the box for Cargo Body Style in item 17.

Indicate by checking the appropriate box in item 18 whether this vehicle is hauling hazardous material(s). If yes, enter the class and ID numbers of the hazardous material(s) being transported. Indicate by checking the appropriate box whether hazardous materials were released (spilled, discharged, etc.) The class and ID numbers should be obtained from the bill of lading or shipping papers. If unavailable, the class and ID numbers may be taken from the placard. The class may be located in the lower corner of the diamond shaped placard. The ID numbers may be located on the placard or on an orange label near the placard. (REFER TO DETAILED INSTRUCTIONS).

TRAILER NUMBER 1 & 2 INFORMATION (Item 19-22)

If the commercial motor vehicle reported on this supplement is towing one trailer, complete trailer number 1 section only. If towing 2 trailers, complete both trailer number 1 and 2 sections.

Indicate the registration year, state, and number in item 19, and if applicable item 21. Show the GVWR or RGVW in item 20 and, if applicable, item 22.

Indicate which, GVWR or RGVW by checking the appropriate box.

Indicate the appropriate number in the box for Trailer Type (item 20, and if applicable, item 22).

Indicate Sequence of Events (Item 23). Indicate the order and type of crash events which occurred involving this vehicle.

Indicate the Total Number of Axles (Item 24). Indicate the total number of axles on the motor vehicle. (Do not include trailer axles)

Indicate the Total Number of Tires (Item 25). Indicate the total number of tires on the motor vehicle. (Do not include trailer tires)

The person completing this supplement should print name, show department and the date this supplement was prepared in item 26.