

PLACE WHERE CRASH OCCURRED  
 COUNTY \_\_\_\_\_ CITY OR TOWN \_\_\_\_\_

IF CRASH WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN \_\_\_\_\_ MILES  NORTH  S  E  W OF \_\_\_\_\_ CITY OR TOWN \_\_\_\_\_

ROAD ON WHICH CRASH OCCURRED \_\_\_\_\_ CONSTR  YES  NO SPEED LIMIT \_\_\_\_\_  
 BLOCK NUMBER \_\_\_\_\_ STREET OR ROAD NAME \_\_\_\_\_ ROUTE NUMBER OR STREET CODE \_\_\_\_\_  
 INTERSECTING STREET OR RR X'ING NUMBER \_\_\_\_\_ CONSTR  YES  NO SPEED LIMIT \_\_\_\_\_  
 BLOCK NUMBER \_\_\_\_\_ STREET OR ROAD NAME \_\_\_\_\_ ROUTE NUMBER OR STREET CODE \_\_\_\_\_  
 NOT AT INTERSECTION  FT.  MI.  N  S  E  W OF \_\_\_\_\_  
SHOW MILEPOST OR NEAREST INTERSECTING NUMBERED HIGHWAY. IF NONE, SHOW NEAREST INTERSECTING STREET OR REFERENCE POINT.

LOC. NO. \_\_\_\_\_

DO NOT WRITE IN THIS SPACE  
 LOC. \_\_\_\_\_  
 CODE \_\_\_\_\_  
 SEVERITY \_\_\_\_\_  
 FAT. REC. \_\_\_\_\_  
 DR. REC. \_\_\_\_\_

DPS NO. \_\_\_\_\_

DATE OF CRASH \_\_\_\_\_ 20\_\_\_\_ DAY OF WEEK \_\_\_\_\_ HOUR \_\_\_\_\_  A.M. IF EXACTLY NOON  P.M. OR MIDNIGHT, SO STATE

UNIT NO. 1 - MOTOR VEHICLE VEH IDENT NO \_\_\_\_\_ IF BODY STYLE = VAN OR BUS, INDICATE SEATING CAPACITY \_\_\_\_\_

YEAR MODEL \_\_\_\_\_ COLOR & MAKE \_\_\_\_\_ MODEL NAME \_\_\_\_\_ BODY STYLE \_\_\_\_\_ LICENSE PLATE \_\_\_\_\_  
 YEAR STATE NUMBER \_\_\_\_\_

DRIVER'S NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
 LAST FIRST MIDDLE ADDRESS CITY STATE ZIP \_\_\_\_\_

DRIVER'S LICENSE \_\_\_\_\_ DOB \_\_\_\_\_ RACE \_\_\_\_\_ SEX \_\_\_\_\_ OCCUPATION \_\_\_\_\_  
 STATE NUMBER CLASS/TYPE MONTH DAY YEAR

SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS) 1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED  ALCOHOL/DRUG ANALYSIS RESULT \_\_\_\_\_ PEACE OFFICER, EMS DRIVER FIRE FIGHTER ON EMERGENCY?  YES  NO

LESSEE  OWNER  NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER) \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

LIABILITY INSURANCE  YES  NO \_\_\_\_\_ VEHICLE DAMAGE RATING \_\_\_\_\_  
 INSURANCE COMPANY NAME \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_

UNIT NO. 2 TOWED  PEDESTRIAN  OTHER  VEH IDENT NO \_\_\_\_\_ IF BODY STYLE = VAN OR BUS, INDICATE SEATING CAPACITY \_\_\_\_\_

YEAR MODEL \_\_\_\_\_ COLOR & MAKE \_\_\_\_\_ MODEL NAME \_\_\_\_\_ BODY STYLE \_\_\_\_\_ LICENSE PLATE \_\_\_\_\_  
 YEAR STATE NUMBER \_\_\_\_\_

DRIVER'S NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
 LAST FIRST MIDDLE ADDRESS CITY STATE ZIP \_\_\_\_\_

DRIVER'S LICENSE \_\_\_\_\_ DOB \_\_\_\_\_ RACE \_\_\_\_\_ SEX \_\_\_\_\_ OCCUPATION \_\_\_\_\_  
 STATE NUMBER CLASS/TYPE MONTH DAY YEAR

SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS) 1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED  ALCOHOL/DRUG ANALYSIS RESULT \_\_\_\_\_ PEACE OFFICER, EMS DRIVER FIRE FIGHTER ON EMERGENCY?  YES  NO

LESSEE  OWNER  NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER) \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

LIABILITY INSURANCE  YES  NO \_\_\_\_\_ VEHICLE DAMAGE RATING \_\_\_\_\_  
 INSURANCE COMPANY NAME \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_

DAMAGE TO PROPERTY OTHER THAN VEHICLES

OBJECT \_\_\_\_\_ NAME AND ADDRESS (STREET, CITY, STATE, ZIP) OF OWNER \_\_\_\_\_ FEET FROM CURB \_\_\_\_\_ \$ \_\_\_\_\_ DAMAGE ESTIMATE \_\_\_\_\_

|  |   |  |   |  |
|--|---|--|---|--|
| LIGHT CONDITION <input type="checkbox"/>                               | WEATHER <input type="checkbox"/>                                    | SURFACE CONDITION <input type="checkbox"/>       | TYPE ROAD SURFACE <input type="checkbox"/>          | DESCRIBE ROAD CONDITIONS (INVESTIGATOR'S OPINION)                    |
| 1-DAYLIGHT<br>2-DAWN<br>3-DARK-NOT LIGHTED<br>4-DARK-LIGHTED<br>5-DUSK | 1-CLEAR/CLOUDY<br>2-RAINING<br>3-SNOWING<br>4-FOG<br>5-BLOWING DUST | 6-SMOKE<br>7-SLEETING<br>8-HIGH WINDS<br>9-OTHER | 1-DRY<br>2-WET<br>3-MUDDY<br>4-SNOWY/ICY<br>5-OTHER | 1-BLACKTOP<br>2-CONCRETE<br>3-GRAVEL<br>4-SHELL<br>5-DIRT<br>6-OTHER |

IN YOUR OPINION, DID THIS CRASH RESULT IN AT LEAST \$1000.00 DAMAGE TO ANY ONE PERSON'S PROPERTY?  YES  NO

CHARGES FILED

NAME \_\_\_\_\_ CHARGE \_\_\_\_\_ CITATION NO. \_\_\_\_\_  
 NAME \_\_\_\_\_ CHARGE \_\_\_\_\_ CITATION NO. \_\_\_\_\_

TIME NOTIFIED OF CRASH \_\_\_\_\_ DATE \_\_\_\_\_ HOUR \_\_\_\_\_ M \_\_\_\_\_ HOW \_\_\_\_\_ TIME ARRIVED AT SCENE OF CRASH \_\_\_\_\_ DATE \_\_\_\_\_ HOUR \_\_\_\_\_ M \_\_\_\_\_

TYPED OR PRINTED NAME OF INVESTIGATOR \_\_\_\_\_ DATE REPORT MADE \_\_\_\_\_ IS REPORT COMPLETE  YES  NO

SIGNATURE OF INVESTIGATOR \_\_\_\_\_ ID NO. \_\_\_\_\_ DEPARTMENT \_\_\_\_\_ DIST. JAREA \_\_\_\_\_

| SOLICITATION (SOL)  | EJECTED  | CODE FOR TYPE RESTRAINT USED   | AIR BAG CODE  | HELMET USE   | CODE FOR INJURY SEVERITY   | ALCOHOL/DRUG (COMPLETE IF IN MOTOR VEHICLE)                     |
|---|--|--|---|--|--|---|
| INDICATES PERSON'S DESIRE TO RECEIVE CONTACT FROM PERSON'S SEEKING PROFESSIONAL EMPLOYMENT AS FOR AN ATTORNEY, CHIROPRACTOR, PHYSICIAN, SURGEON, PRIVATE INVESTIGATOR, OR ANY OTHER PERSON REGISTERED OR LICENSED BY A HEALTH CARE REGULATORY AGENCY Y= O.K. TO SOLICIT N=NO SOLICITATION | A - NOT<br>Y - YES<br>N - NO<br>P - PARTIALLY<br>U - UNKNOWN | A - SEATBELT & SHOULDER<br>B - SEATBELT & NO<br>C - CHILD RESTRAINT<br>E - SHOULDER STRAP ONLY<br>N - NONE | Y - DEPLOYED<br>N - NO DEPLOYMENT<br>U - UNKNOWN IF | 1 - WORN-DAMAGED<br>2 - WORN-NOT<br>3 - WORN-UNK IF<br>4 - NOT WORN<br>9 - UNK IF WORN | K - KILLED<br>A - INCAPACITATING<br>B - NON INCAPACITATING<br>C - POSSIBLE INJURY<br>N - NOT INJURED | 1 - BREATH<br>2 - BLOOD<br>3 - OTHER<br>4 - NONE<br>5 - REFUSED |

|                     |   |                                      |
|---------------------|---|--------------------------------------|
| UNIT NO. 1          | TOWED DUE TO DAMAGE<br><input type="checkbox"/> YES <input type="checkbox"/> NO | VEHICLE REMOVED TO _____<br>BY _____ |
| DAMAGE RATING _____ |   |                                      |

| Item No. | OCCUPANT POSITION | COMPLETE ALL DATA ON ALL OCCUPANTS' NAMES, POSITIONS, RESTRAINTS USED, ETC.; HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED.<br>NAME (LAST NAME FIRST) ADDRESS (STREET, CITY, STATE, ZIP) | SOL | EJECTED | TYPE RESTRAINT USED | AIRBAG | HELMET | AGE | SEX | INJURY CODE |
|----------|-------------------|--|-----|---------|---------------------|--------|--------|-----|-----|-------------|
|          |                   |  |     |         |                     |        |        |     |     |             |
| 1        |                   |  |     |         |                     |        |        |     |     |             |
| 2        |                   |  |     |         |                     |        |        |     |     |             |
| 3        |                   |  |     |         |                     |        |        |     |     |             |
| 4        |                   |  |     |         |                     |        |        |     |     |             |
| 5        |                   |  |     |         |                     |        |        |     |     |             |

|  |   |                                      |
|--|---|--------------------------------------|
| UNIT NO. 2 (COMPLETE ONLY IF UNIT NO. 2 WAS A MOTOR VEHICLE) | TOWED DUE TO DAMAGE<br><input type="checkbox"/> YES <input type="checkbox"/> NO | VEHICLE REMOVED TO _____<br>BY _____ |
| DAMAGE RATING _____  |   |                                      |

| Item No. | OCCUPANT'S POSITION | COMPLETE ALL DATA ON ALL OCCUPANTS' NAMES, POSITIONS, RESTRAINTS USED, ETC.; HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED.<br>NAME (LAST NAME FIRST) ADDRESS (STREET, CITY, STATE, ZIP) | SOL | EJECTED | TYPE RESTRAINT USED | AIRBAG | HELMET | AGE | SEX | INJURY CODE |
|----------|---------------------|--|-----|---------|---------------------|--------|--------|-----|-----|-------------|
|          |                     |  |     |         |                     |        |        |     |     |             |
| 6        |                     |  |     |         |                     |        |        |     |     |             |
| 7        |                     |  |     |         |                     |        |        |     |     |             |
| 8        |                     |  |     |         |                     |        |        |     |     |             |
| 9        |                     |  |     |         |                     |        |        |     |     |             |
| 10       |                     |  |     |         |                     |        |        |     |     |             |

| COMPLETE IF CASUALTIES NOT IN MOTOR VEHICLE |                                 |  |     |                     |        |        |     |     |             |  |
|---|---------------------------------|--|-----|---------------------|--------|--------|-----|-----|-------------|--|
| PEDESTRIAN PEDALCYCLIST ETC.                | CASUALTY NAME (LAST NAME FIRST) | CASUALTY ADDRESS (STREET, CITY STATE, ZIP) | SOL | TYPE SPECIMEN TAKEN | RESULT | HELMET | AGE | SEX | INJURY CODE |  |
|   |                                 |  |     |                     |        |        |     |     |             |  |
|   |                                 |  |     |                     |        |        |     |     |             |  |

| DISPOSITION OF KILLED AND INJURED |          |    |               |                       |                            | IF AMBULANCE USED, SHOW |  |  |
|-----------------------------------|----------|----|---------------|-----------------------|----------------------------|-------------------------|--|--|
| ITEM NUMBERS                      | TAKEN TO | BY | TIME NOTIFIED | TIME ARRIVED AT SCENE | NO. ATTENDANTS INC. DRIVER |                         |  |  |
|                                   |          |    |               |                       |                            |                         |  |  |
|                                   |          |    |               |                       |                            |                         |  |  |

| COMPLETE THIS SECTION IF PERSON KILLED |               |               |             |               |               |             |               |               |
|--|---------------|---------------|-------------|---------------|---------------|-------------|---------------|---------------|
| ITEM NUMBER                            | DATE OF DEATH | TIME OF DEATH | ITEM NUMBER | DATE OF DEATH | TIME OF DEATH | ITEM NUMBER | DATE OF DEATH | TIME OF DEATH |
|  |               |               |             |               |               |             |               |               |
|  |               |               |             |               |               |             |               |               |

|   |  |
|---|--|
| INVESTIGATOR'S NARRATIVE OPINION OF WHAT HAPPENED (ATTACH ADDITIONAL SHEETS IF NECESSARY) | Diagram <input type="checkbox"/> One Way <input type="checkbox"/> Two Way <input type="checkbox"/> Divided |
|   |  <b>INDICATE NORTH</b>  |

| FACTORS AND CONDITIONS LISTED ARE THE INVESTIGATOR'S OPINION |       |  |     | TRAFFIC CONTROL             |                            |                    |
|--|-------|--|-----|-----------------------------|----------------------------|--------------------|
| FACTORS/CONDITIONS CONTRIBUTING                              |       | OTHER FACTORS/CONDITIONS MAY OR MAY NOT HAVE CONTRIBUTED |     | 0-NO CONTROL OR INOPERATIVE | 5-TURN MARKS               | 10-NO PASSING ZONE |
| UNIT 1   | 1 2 3 | UNIT 1   | 1 2 | 1-OFFICER OR FLAGMAN        | 6-WARNING SIGN             | 11-OTHER CONTROL   |
| UNIT 2   | 1 2 3 | UNIT 2   | 1 2 | 2-STOP AND GO SIGNAL        | 7-RR GATES OR SIGNALS      |                    |
|  |       |  |     | 3-STOP SIGN                 | 8-YIELD SIGN               |                    |
|  |       |  |     | 4-FLASHING RED LIGHT        | 9-CENTER STRIPE OR DIVIDER |                    |

  

|  |   |  |   |
|--|---|--|---|
| 1. ANIMAL ON ROAD - DOMESTIC               | 20. DRIVER INATTENTION                      | 39. FAILED TO YIELD ROW - YIELD SIGN           | 68. UNDER INFLUENCE - ALCOHOL                   |
| 2. ANIMAL ON ROAD - WILD                   | 21. DROVE WITHOUT HEADLIGHTS                | 40. FATIGUED OR ASLEEP                         | 69. WRONG SIDE - APPROACH OR IN INTERSECTION    |
| 3. BACKED WITHOUT SAFETY                   | 22. FAILED TO CONTROL SPEED                 | 41. FAULTY EVASIVE ACTION                      | 70. WRONG SIDE - NOT PASSING                    |
| 4. CHANGED LANE WHEN UNSAFE                | 23. FAILED TO DRIVE IN SINGLE LANE          | 42. FIRE IN VEHICLE                            | 71. WRONG WAY - ONE WAY ROAD                    |
| 5. DEFECTIVE OR NO HEADLAMPS               | 24. FAILED TO GIVE HALF OF ROADWAY          | 43. FLEEING OR EVADING POLICE                  | 72. DRIVER INATTENTION - CELLMOBILE PHONE USAGE |
| 6. DEFECTIVE OR NO STOP LAMPS              | 25. FAILED TO HEED WARNING SIGN             | 44. FOLLOWED TOO CLOSELY                       | 73. ROAD RAGE                                   |
| 7. DEFECTIVE OR NO TAIL LAMPS              | 26. FAILED TO PASS TO LEFT SAFELY           | 45. HAD BEEN DRINKING                          | 74. OTHER FACTOR (WRITE IN ON LINE BELOW)       |
| 8. DEFECTIVE OR NO TURN SIGNAL LAMPS       | 27. FAILED TO PASS TO RIGHT SAFELY          | 46. HANDICAPPED DRIVER (EXPLAIN IN NARRATIVE)  |   |
| 9. DEFECTIVE OR NO TRAILER BRAKES          | 28. FAILED TO SIGNAL OR GAVE WRONG SIGNAL   | 47. ILL (EXPLAIN IN NARRATIVE)                 |   |
| 10. DEFECTIVE OR NO VEHICLE BRAKES         | 29. FAILED TO STOP AT PROPER PLACE          | 48. IMPAIRED VISIBILITY (EXPLAIN IN NARRATIVE) |   |
| 11. DEFECTIVE STEERING MECHANISM           | 30. FAILED TO STOP FOR SCHOOL BUS           | 49. IMPROPER START FROM PARKED POSITION        |   |
| 12. DEFECTIVE OR SLICK TIRES               | 31. FAILED TO STOP FOR TRAIN                | 50. LOAD NOT SECURED                           |   |
| 13. DEFECTIVE TRAILER HITCH                | 32. FAILED TO YIELD ROW - EMERGENCY VEHICLE | 51. OPENED DOOR INTO TRAFFIC LANE              |   |
| 14. DISABLED IN TRAFFIC LANE               | 33. FAILED TO YIELD ROW - OPEN INTERSECTION | 52. OVERSIZE VEHICLE OR LOAD                   |   |
| 15. DISREGARD STOP AND GO SIGNAL           | 34. FAILED TO YIELD ROW - PRIVATE DRIVE     | 53. OVERTAKE AND PASS INSUFFICIENT CLEARANCE   |   |
| 16. DISREGARD STOP SIGN OR LIGHT           | 35. FAILED TO YIELD ROW - STOP SIGN         | 54. PARKED AND FAILED TO SET BRAKES            |   |
| 17. DISREGARD TURN MARKS AT INTERSECTION   | 36. FAILED TO YIELD ROW - TO PEDESTRIAN     | 55. PARKED IN TRAFFIC LANE                     |   |
| 18. DISREGARD WARNING SIGN AT CONSTRUCTION | 37. FAILED TO YIELD ROW - TURNING LEFT      | 56. PARKED WITHOUT LIGHTS                      |   |
| 19. DISTRACTION IN VEHICLE                 | 38. FAILED TO YIELD ROW - TURN ON RED       | 57. PASSED IN NO PASSING LANE                  |   |

CRASH INFORMATION

|   |                             |  |
|---|-----------------------------|--|
| <b>1</b> COUNT _____  | <b>2</b> CITY OR TOWN _____ | LOC. NO. _____   |
| <b>3</b> ROAD ON WHICH CRASH OCCURRED _____<br>BLOCK NO. _____ STREET OR ROAD NAME _____ ROUTE NUMBER _____ |                             | DO NOT WRITE IN THIS SPACE   |
| <b>4</b> DATE OF CRASH _____ 20 _____   | <b>5</b> DAY OF WEEK _____  | <b>6</b> HOUR _____  |
|   |                             | MCS. NO. _____   |
|   |                             | <input type="checkbox"/> AM (IF EXACTLY NOON OR<br><input type="checkbox"/> PM MIDNIGHT, SO STATE) |

DRIVER INFORMATION

|  |   |
|--|---|
| <b>7</b> NAME _____<br>LAST FIRST MIDDLE   | <b>8</b> DRIVER'S LICENSE _____<br>STATE NUMBER |
| <b>9</b> DRIVER'S LICENSE CLASS/TYPE _____<br>CDL <input type="checkbox"/> YES <input type="checkbox"/> NO | <b>10</b> RESTRICTIONS _____                    |
| <b>11</b> ENDORSEMENTS _____   | <b>12</b> DRIVER'S DOB _____<br>MONTH DAY YEAR  |

CARRIER INFORMATION

|   |   |
|---|---|
| <b>13</b> VEHICLE OPERATION <input type="checkbox"/> INTERSTATE COMMERCE <input type="checkbox"/> INTRASTATE COMMERCE   | <b>14</b> NAME SOURCE<br><input type="checkbox"/> LOG BOOK <input type="checkbox"/> SHIPPING <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER |
| <b>15</b> CARRIER'S CORPORATE NAME _____  | <b>16</b> CARRIER'S PRIMARY ADDRESS _____<br>NUMBER STREET CITY STATE ZIP   |
| <b>17</b> CARRIER ID TYPE: <input type="checkbox"/> ICC <input type="checkbox"/> DOT <input type="checkbox"/> RRC <input type="checkbox"/> OTHE _____ <input type="checkbox"/> NONE | <b>18</b> CARRIER ID NO. _____  |

MOTOR VEHICLE INFORMATION

|  |   |   |                                       |  |
|--|---|---|---------------------------------------|--|
| <b>19</b> UNIT NUMBER ON ST-3 _____  | <b>20</b> LICENSE PLATE _____<br>YEAR STATE NUMBER  | <b>22</b> TOTAL NUMBER OF AXLES _____   | <b>23</b> TOTAL NUMBER OF TIRES _____ | <b>24</b> AIR BRAKES<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| <b>21</b> GROSS VEHICLE WEIGHT RATING REGISTERED GROSS VEHICLE _____   |   |   |                                       |  |
| <b>25</b> VEHICLE TYPE<br><input type="checkbox"/> 1-TRUCK<br><input type="checkbox"/> 2-TRUCK TRACTOR<br><input type="checkbox"/> 3-VAN<br><input type="checkbox"/> 4-BUS<br><input type="checkbox"/> 5-AUTOMOBILE<br><input type="checkbox"/> 6-OTHER  | <b>26</b> CARGO BODY STYLE<br><input type="checkbox"/> 1-VAN/ENCLOSED BOX<br><input type="checkbox"/> 2-DUMP<br><input type="checkbox"/> 3-CARGO TANK<br><input type="checkbox"/> 4-GARBAGE/REFUSE<br><input type="checkbox"/> 5-SPECIALIZED<br><input type="checkbox"/> 6-CEMENT MIXER<br><input type="checkbox"/> 7-FLATBED<br><input type="checkbox"/> 8-NA (6. TRUCK AUTO, OR BUS)<br><input type="checkbox"/> 9-OTHER  | <b>27</b> HAZARDOUS MATERIALS TRANSPORTING HAZARDOUS MATERIALS<br><input type="checkbox"/> YES <input type="checkbox"/> NO<br>1. CLASS _____ ID No. _____<br>2. CLASS _____ ID No. _____<br>3. CLASS _____ ID No. _____<br>HAZARDOUS MATERIALS RELEASED<br><input type="checkbox"/> YES <input type="checkbox"/> NO |                                       |  |
| <b>28</b> VEHICLE USE<br><input type="checkbox"/> 1-FARM<br><input type="checkbox"/> 2-MILITARY<br><input type="checkbox"/> 3-RECREATIONAL<br><input type="checkbox"/> 4-FIREFIGHTER<br><input type="checkbox"/> 5-SCHOOL BUS<br><input type="checkbox"/> 6-TRANSPORT PERSONAL<br><input type="checkbox"/> 7-HUMAN SICK OR INJURED OR HUMAN CORPSES<br><input type="checkbox"/> 8-PRIVATE TRANSPORTATION OF PASSENGERS<br><input type="checkbox"/> 9-OTHER | <b>29</b> CARGO TYPE<br><input type="checkbox"/> 1-GENERAL FREIGHT<br><input type="checkbox"/> 2-GAS IN BULK<br><input type="checkbox"/> 3-LIQUIDS IN BULK<br><input type="checkbox"/> 4-SOLIDS IN BULK<br><input type="checkbox"/> 5-PRODUCE<br><input type="checkbox"/> 6-AGRICULTURAL PRODUCTS<br><input type="checkbox"/> 7-LIVESTOCK<br><input type="checkbox"/> 8-ROCK, DIRT, SAND, GRAVEL, ETC.<br><input type="checkbox"/> 9-MACHINERY<br><input type="checkbox"/> 10-CONSTRUCTION MATERIAL<br><input type="checkbox"/> 11-DAIRY PRODUCTS<br><input type="checkbox"/> 12-OTHER (SPECIFY) _____<br><input type="checkbox"/> 13-EMPTY<br><input type="checkbox"/> 14-NOT APPLICABLE (UNIT NOT EQUIPPED FOR CARGO) |   |                                       |  |
| <b>30</b> _____ IF THIS VEHICLE IS A BUS, SHOW THE NUMBER OF PASSENGERS THE BUS IS EQUIPPED TO CARRY (INCLUDING THE DRIVER)  |   |   |                                       |  |
| <b>31</b> _____ SHOW THE NUMBER OF TRAILER(S) /SEMI-TRAILER(S) THIS MOTOR VEHICLE IS TOWING. COMPLETE TRAILER INFORMATION BELOW AS APPLICABLE  |   |   |                                       |  |

TRAILER NUMBER 1 INFORMATION

|  |   |   |
|--|---|---|
| <b>32</b> LICENSE PLATE _____<br>YEAR STATE NUMBER   | <b>34</b> TRAILER TYPE<br><input type="checkbox"/> 1-FULL TRAILER<br><input type="checkbox"/> 2-SEMI-TRAILER<br><input type="checkbox"/> 3-POLE TRAILER   | <b>35</b> HAZARDOUS MATERIALS TRANSPORTING HAZARDOUS MATERIALS<br><input type="checkbox"/> YES <input type="checkbox"/> NO<br>1. CLASS _____ ID NO. _____<br>2. CLASS _____ ID NO. _____<br>3. CLASS _____ ID NO. _____<br>HAZARDOUS MATERIAL RELEASED <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <b>33</b> GROSS VEHICLE WEIGHT RATING REGISTERED GROSS VEHICLE WEIGHT _____  |   |   |
| <b>36</b> TRAILER CARGO BODY STYLE<br><input type="checkbox"/> 1-VAN/ENCLOSED BOX<br><input type="checkbox"/> 2-DUMP<br><input type="checkbox"/> 3-CARGO TANK<br><input type="checkbox"/> 4-LIVESTOCK<br><input type="checkbox"/> 5-SPECIALIZED<br><input type="checkbox"/> 6-FLATBED<br><input type="checkbox"/> 7-AUTO-TRANSPORT<br><input type="checkbox"/> 8-OTHER | <b>37</b> CARGO TYPE<br><input type="checkbox"/> 1-GENERAL FREIGHT<br><input type="checkbox"/> 2-GAS IN BULK<br><input type="checkbox"/> 3-LIQUIDS IN BULK<br><input type="checkbox"/> 4-SOLIDS IN BULK<br><input type="checkbox"/> 5-PRODUCE<br><input type="checkbox"/> 6-AGRICULTURAL PRODUCTS<br><input type="checkbox"/> 7-LIVESTOCK<br><input type="checkbox"/> 8-ROCK,DIRT,SAND,GRAVEL,ETC.<br><input type="checkbox"/> 9-MACHINERY<br><input type="checkbox"/> 10-CONSTRUCTION MATERIAL<br><input type="checkbox"/> 11-DAIRY PRODUCTS<br><input type="checkbox"/> 12-OTHER (Specify) _____<br><input type="checkbox"/> 13-EMPTY<br><input type="checkbox"/> 14-NOT APPLICABLE (UNIT NOT EQUIPPED FOR CARGO) |   |

TRAILER NUMBER 2 INFORMATION

|  |   |   |
|--|---|---|
| <b>38</b> LICENSE PLATE _____<br>YEAR STATE NUMBER   | <b>40</b> TRAILER TYPE<br><input type="checkbox"/> 1-FULL TRAILER<br><input type="checkbox"/> 2-SEMI-TRAILER<br><input type="checkbox"/> 3-POLE TRAILER   | <b>41</b> HAZARDOUS MATERIALS TRANSPORTING HAZARDOUS MATERIALS<br><input type="checkbox"/> YES <input type="checkbox"/> NO<br>1. CLASS _____ ID NO. _____<br>2. CLASS _____ ID NO. _____<br>3. CLASS _____ ID NO. _____<br>HAZARDOUS MATERIAL RELEASED <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <b>39</b> GROSS VEHICLE WEIGHT RATING REGISTERED GROSS VEHICLE WEIGHT _____  |   |   |
| <b>42</b> TRAILER CARGO BODY STYLE<br><input type="checkbox"/> 1-VAN/ENCLOSED BOX<br><input type="checkbox"/> 2-DUMP<br><input type="checkbox"/> 3-CARGO TANK<br><input type="checkbox"/> 4-LIVESTOCK<br><input type="checkbox"/> 5-SPECIALIZED<br><input type="checkbox"/> 6-FLATBED<br><input type="checkbox"/> 7-AUTO-TRANSPORT<br><input type="checkbox"/> 8-OTHER | <b>43</b> CARGO TYPE<br><input type="checkbox"/> 1-GENERAL FREIGHT<br><input type="checkbox"/> 2-GAS IN BULK<br><input type="checkbox"/> 3-LIQUIDS IN BULK<br><input type="checkbox"/> 4-SOLIDS IN BULK<br><input type="checkbox"/> 5-PRODUCE<br><input type="checkbox"/> 6-AGRICULTURAL PRODUCTS<br><input type="checkbox"/> 7-LIVESTOCK<br><input type="checkbox"/> 8-ROCK,DIRT,SAND,GRAVEL,ETC.<br><input type="checkbox"/> 9-MACHINERY<br><input type="checkbox"/> 10-CONSTRUCTION MATERIAL<br><input type="checkbox"/> 11-DAIRY PRODUCTS<br><input type="checkbox"/> 12-OTHER (Specify) _____<br><input type="checkbox"/> 13-EMPTY<br><input type="checkbox"/> 14-NOT APPLICABLE (UNIT NOT EQUIPPED FOR CARGO) |   |

|  |                                 |
|--|---------------------------------|
| <b>44</b> SIGNATURE _____<br>PERSON COMPLETING SUPPLEMENT DEPARTMENT | DATE THIS SUPPLEMENT MADE _____ |
|--|---------------------------------|

## 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 more than fifteen (15) 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 a Crash.

### CRASH INFORMATION (Items 1-6)

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

### DRIVER INFORMATION (Items 7-12)

Complete items 7, 8, 9, and 12 exactly as shown on the basic report (CRB-3). If the license is restricted or carries an endorsement(s), show the restriction(s) and endorsement(s) in item 10 and item 11, as applicable.

### CARRIER INFORMATION (Items 13-18)

Indicate whether the operation of the commercial motor vehicle at the time of this crash is defined as an interstate or intrastate 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. Check the appropriate box in item 13. Carrier ID Name Source. Check appropriate box in item 14.

Indicate the Carrier's corporate name and primary business address in items 15 and 16. 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. This information should match the Owner/Lessee shown on the ST-3.

Show the type of carrier identification by checking the appropriate box in item 17. Show the ID number in item 18, if applicable.

### MOTOR VEHICLE INFORMATION (Items 19-31)

Enter the unit number from the CRB-3 for this motor vehicle in item 19. Show the registration year, state and number in item 20. Enter the GVWR and RGVW as applicable in item 21. Indicate which, GVWR or RGVW, by checking the appropriate box.

Indicate the total number of Axles (vehicle and trailers) in item 22.

Indicate total number of Tires (vehicle and trailers) in actual contact with the road surface in item 23.

Indicate if vehicle was equipped with Air Brakes in item 24.

Indicate the appropriate number in the box for Vehicle Type in item 25.

Indicate the appropriate number in the box for Cargo Body Style in item 26.

Indicate by checking the appropriate box in item 27 whether this vehicle is hauling hazardous material(s). If yes, enter the class and ID nos. 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 nos. should be obtained from the bill of lading or shipping papers. If unavailable, the class and ID nos. may be taken from the placard. The class may be located in the lower corner of the diamond shaped placard. The ID nos. may be located on the placard or on an orange label near the placard. **(REFER TO DETAILED INSTRUCTIONS).**

Indicate the appropriate number in the box for Vehicle Use in item 28.

Indicate the appropriate number in the box for Cargo Type in item 29.

If this motor vehicle is a bus, show in box (item 30) the number of passengers (including the driver) the bus is equipped to carry. If not a bus, leave blank.

Indicate the number of trailer(s)/semi-trailer(s) being towed by this motor vehicle in box (item 31). If none, show zero.

### TRAILER NUMBER 1 & 2 INFORMATION (Items 32-43)

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 32, and if applicable item 38. Show the GVWR or RGVW in item 33 and, if applicable, item 39. Indicate which, GVWR or RGVW by checking the appropriate box.

Indicate the appropriate number in the box for Trailer Type (item 34, and if applicable, item 40)

Indicate by checking the appropriate line in item 35, and if applicable, item 41, whether the trailer(s) is hauling hazardous materials. If yes, enter the class and ID nos. (up to three) of the hazardous material(s) being transported. The class and ID nos. can be located on the bill of lading. If no bill of lading, the class can be located on the lower corner of the Hazardous Materials Placard and the ID nos. can be located on the placard or on an orange label located near the placard.

Indicate the appropriate number in the box for Trailer Cargo Body Style, item 36, and if applicable, item 42.

Indicate the appropriate number in the box for Cargo Type, item 37, and if applicable, item 43.

The person completing this supplement should sign, show department and the date this supplement was prepared in item 44.