OREGON TRAFFIC COLLISION AND INSURANCE REPORT

Tear this sheet off your report, read and carefully follow the directions.

ONLY drivers involved in a collision resulting in any of the following MUST file a *Collision & Insurance Report:*

- **Damage to your vehicle is over $2500**
- **Injury (No matter how minor)**
- **Death**
- **Damage to any one person's property over $2500**
- **Any vehicle has damage over $2500 and any vehicle is towed from the scene as a result of damages**

Oregon law requires these reports be filed within **72 hours** of the collision. If you are not able to file within the 72 hours, submit it as soon as possible. If you fail to report the collision to DMV, it may result in suspension of your driving privileges. **If the police department files a police report, you are still required to file your own Collision and Insurance Report with DMV. When required to report, even if you are licensed in another state, or you are not an Oregon resident, you still must file a report with Oregon DMV.** DMV does not determine fault in a collision, but does post the collision to the driving record of those drivers required to report, unless the vehicle is parked. **If you have questions, please call DMV Crash Reporting Unit at (503) 945-5098.**

INSTRUCTIONS

PRINT OR TYPE ALL INFORMATION. (Use black or dark blue ink and press firmly.)

- Complete both sides of the form.
- If additional vehicles were involved in the collision, complete the attached *Supplemental Report* (Form 735-32B), or on a blank piece of paper, write all the information as requested in Section 4, the "Other Driver" Section.
- DMV Headquarters will verify the insurance information submitted. Complete the insurance section or DMV may suspend your driving privileges.

SECTION 1

DATE, LOCATION AND TIME — Clearly identify the date, location and time of the collision. The correct date, location and time are critical to processing your report. If you are unsure of the county, contact any local law enforcement agency for assistance.

SECTION 2

Your vehicle is Vehicle #1. Complete ALL fields. **Provide insurance company name (not agent), policy number, and vehicle identification number (VIN).** Failure to provide complete insurance and vehicle information may result in DMV issuing Notice of Suspension due to incomplete information.

SECTION 3

Failure to complete this section may result in DMV sending Notice of Suspension for failure to file a report. Principal purpose of driving and being paid to drive does not mean driving to reach a destination to perform a service. Property: Includes, but is not limited to, fixed or real property, landscaping, signs, parked vehicles, and animals.

COMMERCIAL MOTOR VEHICLE OPERATORS: In addition to this report, Oregon Administrative Rule requires that **Form 735-9229, *Motor Carrier Collision Report*, MUST** be filed within 30 days of a commercial motor vehicle collision when there is a FATALITY, INJURY (requiring treatment away from the scene), or when a vehicle is TOWED from the scene because of disabling damage. Form 735-9229 (attached on back) MUST be submitted with *Oregon Traffic Collision and Insurance Report* (Form 735-32) to DMV.

You may now file the Motor Carrier Collision Report at: www.oregontruckingonline.com/cf/MCAD/pubMetaEntry/accidentRpt/

SECTION 4

OTHER VEHICLE (# 2) — Completion of this information will help DMV match all drivers' collision reports more efficiently. If additional vehicles were involved in the collision, complete attached *Supplemental Report* (Form 735-32B).

SECTION 5

DESCRIPTION AND SIGNATURE — Describe what happened. It is important for you to sign and date the form. Only a family member may sign and date this form on behalf of a driver when the driver is incapacitated or physically unable to sign. No other signatures will be accepted.

COMPLETING AND FILING REPORT

HOW TO SUBMIT A REPORT TO DMV:

- Fax to 503-945-5267
- Mail to DMV Crash Reporting Unit 1905 Lana Ave NE, Salem, Oregon 97314
- Deliver to a DMV field office

Keep a copy of the report and documentation that shows when you submitted your report to Oregon DMV. Under ORS 802.220(5), DMV is not authorized to provide you with a copy of the report that you file. If submitting by:

- Fax, many fax machines provide the option to generate a fax confirmation report. Save that report.
- DMV field office, request and save that receipt.

PURSUANT TO OREGON INSURANCE LAW, AN INSURANCE COMPANY CAN NOT REQUIRE REPAIRS BE MADE TO A MOTOR VEHICLE BY A PARTICULAR PERSON OR REPAIR SHOP.

TOTALED VEHICLE NOTICE

DEFINITIONS AND INSTRUCTIONS FOR TOTALED VEHICLES

IF YOUR COLLISION HAS RESULTED IN A "TOTALED" VEHICLE, YOU ARE REQUIRED BY LAW TO FOLLOW APPROPRIATE INSTRUCTIONS IN THIS NOTICE.

DEFINITION OF "TOTALED" VEHICLE

"Totaled Vehicle" or "Totaled" as defined in Oregon law (ORS 801.527) means:

- A vehicle that is declared a total loss by an insurer who is obligated to cover the loss or a vehicle that the insurer takes possession of or title to.
- A vehicle that has sustained damage that is not covered by an insurer and the estimated cost to repair the vehicle is equal to at least 80% of the retail market value prior to the damage. "Retail market value" is defined as the amount shown in publications used by financial institutions (banks or lenders) in this state.
- A vehicle that is stolen, if it is not recovered within 30 days of theft and the loss is not covered by an insurer. **In this situation, you must notify DMV within 60 days of the theft.**

▼ FOLLOW THESE INSTRUCTIONS IF YOUR VEHICLE IS TOTALED ▼

If your vehicle is totaled, in addition to completing the collision report, follow the instruction that is applicable to your case. ***Either:***

1. SURRENDER the title to the insurer if the damage is covered by an insurer who declares the vehicle to be a "total loss," and the insurer takes possession of the vehicle; ***or***

2. SURRENDER the title to DMV and apply for salvage title if the damage is covered by an insurer who declares the vehicle to be a "total loss," but you keep possession of the vehicle; ***or***

3. SURRENDER the title to DMV and apply for salvage title if the damage was not covered by an insurer and the estimated cost of repair is at least 80% of the retail market value of the vehicle before the damage; ***or***

4. NOTIFY DMV that your vehicle has been totaled if, for some reason, you are unable to obtain the title for surrender. You must provide DMV with a signed statement which includes:

- A description of the vehicle which includes the year model, make, plate number and vehicle identification number.
- A statement indicating the vehicle has been totaled.
- A statement that you are unable to obtain the title and why.

DO NOT SUBMIT THE TITLE WITH THE COLLISION REPORT. You can obtain the *Application for Salvage Title* (Form 735-229) from any DMV office, by calling (503) 945-5000, or on-line at www.oregondmv.com. Application instructions and fee information are on the back of Form 735-229.

NOTE: It is a Class A misdemeanor with a penalty of imprisonment and/or fine if you fail to comply with the above requirements. (ORS 819.012)

OREGON TRAFFIC COLLISION AND INSURANCE REPORT

COMPLETE BOTH SIDES

Reset Form

Complete this form if the traffic collision was caused by the motion of a vehicle or its load and meets at least one of the reporting requirements outlined in Section 3. Failure to report when required may result in DMV issuing Notice of Suspension. Call 503-945-5098 for assistance in completing the report.

SECTION 1

COLLISION DATE (MM/DD/YY)	DAY OF WEEK	TIME OF DAY	COUNTY	DMV USE ONLY
/ /	○M ○T ○W ○TH ○F ○S ○SN	○AM ○PM		ALIR ☐ INS CO ☐

ROAD ON WHICH COLLISION OCCURRED (Name of street, road or route) | MILE POST

NAME OF NEAREST INTERSECTING ROAD — ☐ WITHIN _____ FEET ○N ○S ○E ○W ☐ NEAR _____ MILES ○N ○S ○E ○W

NAME OF NEAREST CITY / TOWN — ☐ WITHIN _____ FEET ○N ○S ○E ○W ☐ NEAR _____ MILES ○N ○S ○E ○W

TYPE OF COLLISION - The collision involved one or more of the following: **(Mark all that apply)**

- ☐ Two vehicles
- ☐ More than two vehicles
- ☐ Fatality
- ☐ Bicycle
- ☐ Pedestrian
- ☐ ATV / Snowmobile
- ☐ Motorcycle
- ☐ Motor Home / RV
- ☐ Motorized Scooter
- ☐ Personal (assisted) mobility device
- ☐ Train
- ☐ Parked vehicle
- ☐ Overturned vehicle
- ☐ Animal
- ☐ Fixed object / property
- ☐ Other _____

SECTION 2 (YOUR INFORMATION)

Complete ALL fields. Failure to provide complete information may result in DMV issuing Notice of Suspension.

DRIVER'S LAST NAME	FIRST NAME	MIDDLE NAME	DRIVER'S LICENSE NUMBER	STATE	DATE OF BIRTH (MM/DD/YYYY)	GENDER
						○M ○F ○X

DRIVER'S RESIDENCE ADDRESS | CITY | STATE | ZIP CODE | ☐ CHECK BOX IF ADDRESS CHANGE

MAILING ADDRESS (IF DIFFERENT THAN RESIDENCE) | CITY | STATE | ZIP CODE

VEHICLE OWNER'S NAME AND ADDRESS | CITY | STATE | ZIP CODE
☐ SAME
☐ RENTAL?

INSURANCE COMPANY NAME (NOT AGENT) AND ADDRESS | **CITY** | **STATE** | **ZIP CODE**

POLICY NUMBER	VEHICLE IDENTIFICATION NUMBER	STATE	VEHICLE PLATE NUMBER	YEAR	MAKE & MODEL

SECTION 3

Check all statements that apply:

- ☐ **Damage to your vehicle was more than $2500.**
- ☐ **Damage to property other than a vehicle involved in the collision is over $2500.**
- ☐ **Your vehicle was towed from the scene as a result of damages.**
- ☐ **You or passengers in your vehicle were injured.**
- ☐ Your vehicle was parked.
- ☐ The collision occurred while you were driving your employer's vehicle.
- ☐ You were driving on your job and being paid for the principal purpose of driving.
- ☐ You were being paid to drive and/or deliver persons or property.
- ☐ You were operating a government owned vehicle marked for transporting mail in accordance with government rules.
- ☐ You were operating an authorized emergency vehicle.
- ☐ The collision occurred in a work or maintenance zone. (ORS 811.230)
- ☐ A police officer came to the scene.
  Name of police department: _____ ☐ City ☐ County ☐ State Police
- ☐ You were operating a commercial motor vehicle requiring you to have a commercial driver license.
  - ☐ You were transporting hazardous material.
- ☐ A citation was issued to you. The citation was: _____

SECTION 4 (OTHER VEHICLE #2)

DRIVER'S NAME (LAST, FIRST, MIDDLE)	DRIVER'S LICENSE NUMBER	STATE	DATE OF BIRTH	GENDER
				○M ○F ○X

DRIVER'S ADDRESS | CITY | STATE | ZIP CODE

VEHICLE OWNER'S NAME AND ADDRESS | CITY | STATE | ZIP CODE
☐ SAME

INSURANCE COMPANY NAME **(NOT AGENT)** AND ADDRESS

POLICY NUMBER	VEHICLE IDENTIFICATION NUMBER	STATE	VEHICLE PLATE NUMBER	YEAR	MAKE & MODEL

IF ADDITIONAL VEHICLES WERE INVOLVED IN THE COLLISION, USE ATTACHED *SUPPLEMENTAL REPORT* (Form 735-32B).

SECTION 5

DESCRIBE WHAT HAPPENED: (IF MORE SPACE IS NEEDED, SUBMIT ADDITIONAL PAGE)

I certify all information given on this report is true and accurate to the best of my knowledge.

SIGNATURE OF PERSON MAKING REPORT	PRINTED NAME OF PERSON MAKING REPORT	DAYTIME PHONE #	DATE SIGNED
X		( )	

IF **NOT** DRIVER'S SIGNATURE, STATE RELATIONSHIP	REASON DRIVER IS UNABLE TO SIGN REPORT	PHONE NUMBER OF DRIVER
		( )

DATE OF BIRTH:

YOU INTENDED TO...

- ☐ Go straight ahead
- ☐ Make right turn
- ☐ Make left turn
- ☐ Make "U" turn
- ☐ Back up
- ☐ Enter driveway (also mark left or right turn)
- ☐ Remain stopped in traffic
- ☐ Enter parked position
- ☐ Slow or Stop
- ☐ Leave driveway (also mark left or right turn)
- ☐ Start in traffic lane
- ☐ Leave parked position
- ☐ Remain parked
- ☐ Overtake and pass

YOUR VEHICLE

- ☐ Passenger car, pickup, van
- ☐ Military vehicle
- ☐ Taxicab
- ☐ Emergency vehicle
- ☐ Any of the above and trailer
- ☐ Priv. or public agency transit veh.
- ☐ Bus
- ☐ School bus
- ☐ Other publicly-owned veh.
- ☐ Motorcycle
- ☐ Motor Home / RV
- ☐ Motor scooter / bike
- ☐ Personal (assisted) mobility device
- ☐ Truck tractor & semi trailer
- ☐ Truck/truck tractor
- ☐ Other truck combination
- ☐ Farm tractor/farm equip.

WEATHER CONDITIONS

- ☐ Clear
- ☐ Raining
- ☐ Snowing
- ☐ Fog
- ☐ Other

ROAD SURFACE

- ☐ Dry
- ☐ Wet
- ☐ Snowy
- ☐ Icy
- ☐ Other

LIGHT CONDITIONS

- ☐ Daylight
- ☐ Dawn or dusk
- ☐ Darkness (lighted)
- ☐ Darkness (unlighted)
- ☐ Other

YOUR RESIDENCE

- ☐ Local resident (within 25 miles of collision site)
- ☐ Residing elsewhere in state
- ☐ Non–resident of this state:
  - ☐ College student
  - ☐ Military
  - ☐ Temporary job

YOU WERE HEADED

☐ North ☐ East ☐ South ☐ West

On: _____ (name of street, road or route)

OTHER DRIVER WAS HEADED

☐ North ☐ East ☐ South ☐ West

On: _____ (name of street, road or route)

WITNESS INFORMATION:

_____

_____

If this collision involved a pedestrian or bicyclist, complete the following:

☐ **PEDESTRIAN NAME** ☐ **BICYCLIST NAME**

Pedestrian or bicyclist was going:

☐ N ☐ S ☐ E ☐ W

ALONG OR ACROSS: (name of street, road or route)

From:

To:

EXAMPLE: (**From:** NE corner **To:** SE corner (or) **From:** East side **To:** West side, etc.)

Gender and age of pedestrian / bicyclist:

☐ M ☐ F ☐ X Age: _____

Extent of pedestrian / bicyclist injury:

☐ Fatal ☐ Complaint of Pain
☐ Suspected Serious ☐ No apparent injury (or none noted)
☐ Visible injury

Pedestrian / bicyclist action: (mark one)

- ☐ Crossing at intersection or crosswalk
- ☐ Crossing **not** at intersection or crosswalk
- ☐ Walking / riding in roadway with traffic
- ☐ Walking / riding in roadway **against** traffic
- ☐ Standing in roadway
- ☐ Pushing or working on vehicles in roadway
- ☐ Other working in road
- ☐ Playing in road
- ☐ Hitchhiking
- ☐ Not in roadway
- ☐ Other _____ (specify)

OCCUPANT INJURY AND SAFETY EQUIPMENT INFORMATION

SAFETY EQUIPMENT CODES
WRITE one of the codes (0–10) in column **C**

- **0 No seat belt available**
- **1 Seat belt available but NOT used**
- **2 Seat belt available and in use**
- **3 Child restraint device available but NOT used**
- **4 Child restraint device in use**
- **5 Child restraint device not available**
- **6 Helmet NOT in use**
- **7 Helmet in use**
- **8 Air bag deployed**
- **9 Air bag available - NOT deployed**
- **10 Air bag NOT available**

INJURY CODE FOR OCCUPANTS
WRITE one of the codes (1–5) in column **D**

- **1 Fatal**
- **2 Suspected Serious: severe laceration, broken or distorted limb, crush injury, significant burns, unconsciousness, paralysis**
- **3 Suspected Minor: lump, abrasions, bruises, minor lacerations**
- **4 Possible**
- **5 No apparent**

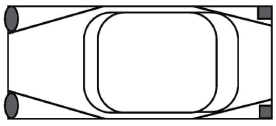
GENDER CODE
WRITE M, F or X in column **A**

SEAT POSITION	OCCUPANTS' NAMES (your vehicle)	A GENDER	B AGE	C SFTY EQP	C AIR BAG	D INJURY
DRIVER						
FRONT CENTER						
FRONT RIGHT						
MIDDLE* LEFT						
MIDDLE* CENTER						
MIDDLE* RIGHT						
REAR LEFT						
REAR CENTER						
REAR RIGHT						

* Use **only** for vehicles with middle row of seats (i.e., vans, SUVs, etc.)

Vehicle Damage

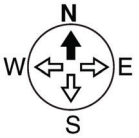
FRONT



USE ARROW TO SHOW FIRST IMPACT (SHADE IN DAMAGED AREA)

- ☐ Vehicle towed
- ☐ Rollover
- ☐ Under car
- ☐ Totaled
- ☐ Unknown

Diagram



Number each vehicle: 1 2

Show path by:

Show pedestrian/bicyclist by:

Show railroad tracks by:

Show fixed object by: X

(name of street, road or route)

(name of street, road or route)

(name of street, road or route)

SUPPLEMENTAL REPORT
OREGON TRAFFIC COLLISION

Supplemental for more than two drivers involved in the collision.
Attach this form to your OREGON TRAFFIC COLLISION AND INSURANCE REPORT.

COLLISION DATE (MM/DD/YY)	DAY OF WEEK	TIME OF DAY	COUNTY
/ /	M T W TH F S SN	AM PM	

ROAD ON WHICH COLLISION OCCURRED (Name of street, road or route) | MILE POST

DO NOT WRITE IN THIS SPACE

VEHICLE #3

INSURANCE COMPANY NAME (NOT AGENT)	POLICY NUMBER

VEHICLE IDENTIFICATION NUMBER	VEHICLE PLATE NUMBER	STATE	YEAR	MAKE & MODEL

OTHER DRIVER'S FULL NAME (LAST, FIRST, MIDDLE)	DRIVER'S LICENSE NUMBER	STATE	DATE OF BIRTH	GENDER
				M F X

DRIVER'S ADDRESS	CITY	STATE	ZIP CODE

VEHICLE OWNER'S NAME AND ADDRESS	CITY	STATE	ZIP CODE
☐ SAME			

VEHICLE #4

INSURANCE COMPANY NAME (NOT AGENT)	POLICY NUMBER

VEHICLE IDENTIFICATION NUMBER	VEHICLE PLATE NUMBER	STATE	YEAR	MAKE & MODEL

OTHER DRIVER'S FULL NAME (LAST, FIRST, MIDDLE)	DRIVER'S LICENSE NUMBER	STATE	DATE OF BIRTH	GENDER
				M F X

DRIVER'S ADDRESS	CITY	STATE	ZIP CODE

VEHICLE OWNER'S NAME AND ADDRESS	CITY	STATE	ZIP CODE
☐ SAME			

VEHICLE #5

INSURANCE COMPANY NAME (NOT AGENT)	POLICY NUMBER

VEHICLE IDENTIFICATION NUMBER	VEHICLE PLATE NUMBER	STATE	YEAR	MAKE & MODEL

OTHER DRIVER'S FULL NAME (LAST, FIRST, MIDDLE)	DRIVER'S LICENSE NUMBER	STATE	DATE OF BIRTH	GENDER
				M F X

DRIVER'S ADDRESS	CITY	STATE	ZIP CODE

VEHICLE OWNER'S NAME AND ADDRESS	CITY	STATE	ZIP CODE
☐ SAME			

VEHICLE #6

INSURANCE COMPANY NAME (NOT AGENT)	POLICY NUMBER

VEHICLE IDENTIFICATION NUMBER	VEHICLE PLATE NUMBER	STATE	YEAR	MAKE & MODEL

OTHER DRIVER'S FULL NAME (LAST, FIRST, MIDDLE)	DRIVER'S LICENSE NUMBER	STATE	DATE OF BIRTH	GENDER
				M F X

DRIVER'S ADDRESS	CITY	STATE	ZIP CODE

VEHICLE OWNER'S NAME AND ADDRESS	CITY	STATE	ZIP CODE
☐ SAME			

VEHICLE #7

INSURANCE COMPANY NAME (NOT AGENT)	POLICY NUMBER

VEHICLE IDENTIFICATION NUMBER	VEHICLE PLATE NUMBER	STATE	YEAR	MAKE & MODEL

OTHER DRIVER'S FULL NAME (LAST, FIRST, MIDDLE)	DRIVER'S LICENSE NUMBER	STATE	DATE OF BIRTH	GENDER
				M F X

DRIVER'S ADDRESS	CITY	STATE	ZIP CODE

VEHICLE OWNER'S NAME AND ADDRESS	CITY	STATE	ZIP CODE
☐ SAME			

CRASH ANALYSIS & REPORTING UNIT
OREGON DEPARTMENT OF TRANSPORTATION
POLICY, DATA & ANALYSIS DIVISION
355 CAPITOL ST NE, MS 41
SALEM OR 97301
EMAIL ODOTCARCMVCrashSupport@odot.oregon.gov
TELEPHONE 503-986-3507
FAX 503-986-3592

MOTOR CARRIER COLLISION REPORT

(For CMV Drivers Only)

INSTRUCTIONS: IF YOU CHECKED A BOX UNDER THE QUALIFYING VEHICLE COLUMN **AND** A BOX UNDER THE CRITERIA COLUMN, COMPLETE THE MOTOR CARRIER COLLISION REPORT AND SUBMIT TO THE ADDRESS SHOWN ABOVE. **IF YOU HAVE ANY QUESTIONS REGARDING FILLING OUT THE MOTOR CARRIER COLLISION REPORT, PLEASE CALL (503) 986-3507.** www.oregontruckingonline.com/cf/MCAD/pubMetaEntry/accidentRpt/

QUALIFYING VEHICLE

- ☐ COMMERCIAL TRUCK (GVWR OVER 10,000 LBS OR ACTUAL WT AT TIME OF COLLISION EVEN IF GVWR IS SET UNDER 10,000 LBS)
- ☐ HAZARDOUS MATERIAL PLACARD
- ☐ COMMERCIAL BUS (DESIGNED FOR 8 OR MORE PASSENGERS)
- ☐ FARM TRUCK INTERSTATE (OVER 10,000 LBS.)
- ☐ FARM TRUCK FOR-HIRE (4 OR MORE AXLES)
- ☐ FARM TRUCK TOWING TRIPLE TRAILERS
- ☐ FARM TRUCK (OVER 80,000 LBS.)

CRITERIA

- ☐ ANY PERSON SUSTAINING A FATALITY (WITHIN 30 DAYS OF THE COLLISION)
- ☐ ANY PERSON SUSTAINING INJURIES REQUIRING TREATMENT AWAY FROM THE SCENE
- ☐ ANY VEHICLE INCURRING DISABLING DAMAGE REQUIRING REMOVAL FROM THE SCENE BY A TOW TRUCK OR ANOTHER MOTOR VEHICLE

MOTOR CARRIER NAME	US DOT NUMBER	AUTHORITY/FILE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE

DRIVER INFORMATION

DRIVER NAME (LAST, FIRST, MIDDLE)		DATE OF BIRTH	LENGTH OF EMPLOYMENT YEARS / MONTHS
CDL / DL NUMBER	STATE	LICENSE CLASS ☐ A ☐ B ☐ C ☐ D ☐ M	EXPIRATION DATE OF MEDICAL CERTIFICATE

COMPLETE THE FOLLOWING TWO QUESTIONS AS IF DOING A RECAP OF HOURS IN TIME DOCUMENTS AT TIME OF THE COLLISION.

AT TIME OF THE COLLISION, TOTAL HOURS DRIVING SINCE LAST OFF-DUTY PERIOD. _____	TOTAL HOURS ON DUTY DURING THE PREVIOUS (FILL OUT ONE ONLY, BASED ON TIME DOCUMENTS)	7 CONSECUTIVE DAYS _____ 8 CONSECUTIVE DAYS _____
DOES YOUR DRIVER HAVE A MEDICAL WAIVER ☐ YES ☐ NO	TYPE OF WAIVER (SIGHT, DIABETES, AMPUTEE, ETC.)	

DRIVER INJURY INFORMATION

YOUR DRIVER KILLED	YOUR DRIVER INJURED	RELIEF DRIVER KILLED	RELIEF DRIVER INJURED	TOTAL NUMBER OF PASSENGERS
☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	_____KILLED _____ INJURED

OTHER DRIVER INJURY INFORMATION

TOTAL NUMBER OF OTHER DRIVERS	TOTAL NUMBER OF OTHER PASSENGERS	TOTAL NUMBER OF PEDESTRIANS	TOTAL NUMBER OF BICYCLISTS
_____KILLED _____ INJURED	_____KILLED _____ INJURED	_____KILLED _____ INJURED	_____KILLED _____ INJURED

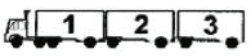
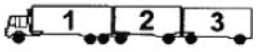
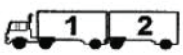
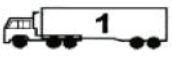
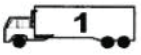
OTHER MOTOR CARRIER INFORMATION (IF 2 OR MORE MOTOR CARRIERS WERE INVOLVED)

MOTOR CARRIER NAME	VEHICLE LICENSE # AND STATE	DRIVER'S NAME	DRIVER'S LICENSE # AND STATE

MOTOR CARRIER VEHICLE INFORMATION

YEAR	MAKE	UNIT NUMBER	LICENSE PLATE # & STATE - TRUCK/TRACTOR/BUS	TOTAL NO. OF AXLES INCLUDING TRAILERS

TRACTOR TYPE (SELECT APPROPRIATE TYPE)

- ☐ 1  Triples (tractor with 3 trailers
- ☐ 2  Triples (truck with 2 trailers)
- ☐ 3  Straight truck-full trailer
- ☐ 4  Doubles (any)
- ☐ 5  Standard Tractor/Semi Trailer
- ☐ 6  Straight Truck
- ☐ 7  Tractor Only
- ☐ 8  Saddlemount
- ☐ 9  Heavy Haul
- ☐ 10  Bus/Van (8 or more passenger capacity)
- ☐ 11  Auto/Pickup

☐ **COMPLETE REVERSE SIDE**

SUPPLEMENTAL – MOTOR CARRIER COLLISION REPORT

TRAILER TYPE (CHECK ONE)

☐ VAN ☐ FLATBED ☐ TANKER ☐ CONTAINER ☐ POLE/LOG ☐ DUMP ☐ BELLY-DUMP ☐ CAR CARRIER ☐ LIVESTOCK
☐ MOBILE HOME TOTER ☐ PASSENGER ☐ DROP-BOX ☐ GARBAGE ☐ BULK-HOPPER ☐ MIXER ☐ SADDLEMOUNT
☐ WRECKER ☐ FIXED LOAD ☐ HEAVY HAUL ☐ UTILITY

COMMODITY INFORMATION

COMMODITY BEING TRANSPORTED AT TIME OF COLLISION		
WAS A HAZARDOUS COMMODITY BEING HAULED ☐ YES ☐ NO	WAS HAZARDOUS MATERIAL RELEASED FROM THE VEHICLE CARGO (NOT A FUEL RELEASE) ☐ YES ☐ NO	HAZARD CLASS

COLLISION INFORMATION

LOCATION OF COLLISION (NEAREST CITY OR TOWN)	HIGHWAY AND MILEPOINT/STREET/COUNTY ROAD	DIRECTION OF YOUR VEHICLE (CHECK) ☐ N ☐ S ☐ E ☐ W
DATE OF COLLISION	TIME ☐ AM ☐ PM	DAY OF THE WEEK (CHECK ONE) ☐ MON ☐ TUES ☐ WED ☐ THU ☐ FRI ☐ SAT ☐ SUN

CONDITIONS AT TIME OF COLLISION

WEATHER (CHECK ONE) ☐ 1. CLEAR ☐ 2. RAIN ☐ 3. SNOW ☐ 4. CLOUDY ☐ 5. SLEET ☐ 6. FOG ☐ 7. OTHER _____

ROAD SURFACE (CHECK ONE) ☐ 1. DRY ☐ 2. WET ☐ 3. SNOWY ☐ 4. ICY ☐ 5. OTHER _____

LIGHT CONDITION (CHECK ONE) ☐ 1. DAY ☐ 2. DAWN ☐ 3. DUSK ☐ 4. ARTIFICIAL LIGHTS ☐ 5. DARK ☐ 6. OTHER _____

DESCRIBE WHAT HAPPENED BY CHECKING ALL BOXES THAT APPLY. YOUR VEHICLE IS ALWAYS NO.1. IF OTHER VEHICLES WERE INVOLVED, COMPLETE COLUMNS 2 & 3 TO CORRESPOND TO THE ACTIONS OF THE SAME NUMBERED VEHICLES LISTED ABOVE UNDER "OTHER DRIVER INFORMATION".

VEHICLES 1	2	3	ACTION	VEHICLES 1	2	3	ACTION	VEHICLES 1	2	3	ACTION
			SLOWING - STOPPING				PASSING				JACKKNIFE
			STOPPED				CHANGING LANES				OVERTURN
			REAR-END				SIDESWIPE				SEPARATION OF UNITS
			BACKING				HEAD-ON				FIRE
			MAKING RIGHT TURN				SKIDDING				EXPLOSION
			MAKING LEFT TURN				VEHICLE OUT OF CONTROL				CARGO SHIFT
			MAKING U TURN				ROLL-AWAY				CARGO SPILL (HAZARDOUS)
			PROCEEDING STRAIGHT				CONTROLLED RR CROSSING				CARGO SPILL (NON-HAZARDOUS)
			INTERSECTION				UNCONTROLLED RR CROSSING				OTHER (DEER, GUARDRAIL, ETC)
			ENTERING TRAFFIC (FROM SHOULDER, MEDIAN, PARKING STRIP OR PRIVATE DRIVE)				RAN OFF ROAD				_____

DID YOUR VEHICLE STRIKE A PARKED VEHICLE ☐ YES ☐ NO	WAS YOUR PARKED VEHICLE STRUCK BY ANOTHER VEHICLE ☐ YES ☐ NO

DESCRIPTION OF COLLISION (BY CARRIER OR DRIVER)

NAME AND TITLE OF PERSON SIGNING REPORT	TELEPHONE NUMBER(S)
SIGNATURE I CERTIFY THE INFORMATION PROVIDED IS TRUE AND ACCURATE X	DATE