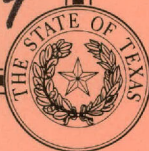


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1994



STATE OF TEXAS

INSTRUCTIONS
(TO POLICE)
FOR REPORTING ACCIDENTS
ON
TEXAS PEACE OFFICER'S ACCIDENT REPORT FORM
AND
COMMERCIAL MOTOR VEHICLE SUPPLEMENT FORM

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GENERAL INSTRUCTIONS

1. Every law enforcement officer, who in the regular course of duty, investigates a motor vehicle accident resulting in injury to or death of any person or damage to the property of any one person to an apparent extent of \$500.00 or more is required by Texas law to forward a written report of such accident to the Department of Public Safety within 10 days of the accident. Reports of investigated accidents involving property damage of less than \$500.00 should also be submitted to Statistical Services. Such report is required to be made on the forms approved by the Department. Only black ink or typewriter ribbon should be used and in all cases be certain that all information is legible.
2. All motor vehicle accidents are to be reported giving sufficient circumstances surrounding the accident to provide data for accident prevention and proper classification according to nationally accepted standards. To assist the Department in ruling on questionable deaths, death certificates, coroner's rulings or other data which can be used to assist in classifying deaths should be submitted in addition to the report. The Department will advise the investigating agency of the classification.
3. Non-contact traffic units should be identified and reported. A non-contact traffic unit is a vehicle, pedestrian, etc., which contributes to an accident by unusual or illegal behavior but strikes nothing and suffers neither damage nor injury. Information on a non-contact unit including any factors contributing to the accident should be reported on the accident report the same as if it had been in actual contact; i.e., the vehicle and driver information should be shown in the space provided for units in the accident.
4. Sometimes, in the same area and within a short time, several motor vehicles may be involved in accidents, in such chain reaction accidents, it is frequently difficult to determine afterward whether this event was one accident without a moment in which the accident situation was stabilized, or whether several accidents occurred with the accident situation stabilized between separate accidents. Consequently, for purposes of uniformity, consider such chain reaction accidents to be single motor vehicle accidents, unless a stabilized situation can be established between the several events that may occur in such chain reaction accidents.

When a chain of events is definitely broken by time or place, the events should be reported as separate accidents. Example: A car plows into an accident which has occurred a few minutes before; a car strikes a parked car, drives down the street for some distance and hits another car; or two cars collide in the roadway, and a third vehicle avoids the collision by leaving the roadway and injury or damage results. Such cases should be reported as separate accidents on two reports.

5. An accident must result in some damage and/or injury. If there is no damage or injury, a report should not be submitted even though the event is investigated.
6. These instructions have been written to cover most situations which arise in motor vehicle accident investigations. A few situations may arise where these instructions are not completely applicable. In such instances use the instructions most applicable and explain under "Investigator's Narrative Opinion of What Happened" so that proper classification and chargeability may be determined.
- [7. Both sides of the report must be completed. A separate Commercial Motor Vehicle Supplement Form ST-3C must be completed for each commercial motor vehicle involved in a motor vehicle traffic accident (see page 28).
8. Texas statutes permit citizens to donate parts of their bodies for medical use. Authorization for this donation may be indicated on the reverse side of a driver's license. When officers investigate an accident in which a person is killed or appears to have sustained injuries which may result in death and the victim has authorized an anatomical gift, officers should send the driver's license to the hospital or morgue with the victim. Officer's should also ask the ambulance attendant to advise the persons receiving the victim that authorization has been made.

FRONT OF BASIC REPORT

PLACE WHERE ACCIDENT OCCURRED		LOC. NO. _____
COUNTY _____	CITY OR TOWN _____	DO NOT WRITE IN THIS SPACE
IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN _____ MILES SHOW ONLY IF INSIDE CITY LIMITS <input type="checkbox"/> NORTH <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W OF _____ CITY OR TOWN		
ROAD ON WHICH ACCIDENT OCCURRED	BLOCK NUMBER _____ STREET OR ROAD NAME _____ ROUTE NUMBER OR STREET CODE _____	DPS NO. _____
INTERSECTING STREET OR RR X'ING NUMBER	BLOCK NUMBER _____ STREET OR ROAD NAME _____ ROUTE NUMBER OR STREET CODE _____	LOC. _____
NOT AT INTERSECTION	<input type="checkbox"/> FT. <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W OF _____ <input type="checkbox"/> MI. N S E W _____	CODE _____ SEVERITY _____
SHOW MILEPOST OR NEAREST INTERSECTING NUMBERED HIGHWAY IF NONE, SHOW NEAREST INTERSECTING STREET OR REFERENCE POINT.		TYPE _____
		FAT. REC. _____ DR. REC. _____

PLACE WHERE ACCIDENT OCCURRED

The location and classification of an accident is determined by the first harmful event. The first harmful event is the first occurrence in a traffic accident that results in damage or injury. This occurrence determines the time and place of the accident.

COUNTY - Always show the county in which the accident occurred based on the first harmful event.

CITY OR TOWN - Show name of city or town in which the accident occurred. If the accident occurred outside a city or town, leave blank or put a dash.

NOTE: Cities reproducing this form may modify this section to suit local needs as long as city and county identification is clearly shown

DISTANCE AND DIRECTION FROM NEAREST TOWN - If the accident occurred inside a city or town, leave blank or put dash.

DISTANCE - Show the distance from the city limits of the nearest city or town; or the city or town from which the accident location can most easily be established. (For example: A city or town five miles away on the same road as that on which the accident occurred would be better to use than one three miles away cross-country using back roads and short cuts.) The distance should be shown in miles and tenths of miles unless it is 500 feet or less in which case show in feet.

DIRECTION - Check appropriate box or boxes, as "S" for south, "S" and "W" for southwest, etc.

OF - Show name of city or town from which the distance was measured.

ROAD ON WHICH ACCIDENT OCCURRED

BLOCK NUMBER - If blocks are numbered, show official block number.

STREET OR ROAD NAME, ROUTE NUMBER OR STREET CODE - Use official street name, number or letter. If the street or road on which the accident occurred is a designated federal or state highway, show highway designation and number, using commonly accepted abbreviations, such as IH for interstate highway, US for other federal, SH for state highways, and FM for farm-to-market or ranch-to-market roads. When the highway has

more than one highway designation, such as a US highway and a state highway using the same roadway, use the highest designation (IH as first, US as second, SH as third and FM as fourth). When a highway has more than one number within a designation (as US 81 and US 77), use the lowest number. Cities participating in the urban coding project, place the street code following the route number. In cases where the street is not a numbered highway, place street code in this location.

To establish a complete location, frontage or service roads, entrance ramps, exit ramps, and crossovers must be distinguished from the major roadway but must retain the official highway designation and number as the basic identification. Abbreviations may be used and description of location shown as follows:

- a. Frontage or Service Road - Show direction from the major roadway, such as IH 35 East Frontage Road which may be abbreviated as IH 35 E FR, or IH 35 West Frontage Road shown as IH 35 W FR.
- b. Entrance or On Ramp - Show as IH 35 ON RP.
- c. Exit or Off Ramp - Show as IH 35 OFF RP.
- d. Crossover - Show as IH 35 X-OVER.

If the road is not a designated federal or state highway, show name of road or county road number.

If the road is a county road but the name of the road and/or county road number is unknown show as unknown county road from (name of town, community, or other permanent reference point) to (name of town, community, or other permanent reference point).

CONSTRUCTION ZONE - Indicate whether or not this accident location is within a posted construction zone by checking appropriate box. If the accident is related to the construction, explain briefly under "Investigator's Narrative Opinion of What Happened."

SPEED LIMIT - Show legal or posted speed limit for passenger cars on the road at this time and location regardless of existing conditions. This is not to be construed as "Safe Speed." (Yellow and black speed advisory signs on curves, exit ramps, etc., are not speed limit signs.)

INTERSECTING STREET OR RR X'ING NUMBER

This line will be completed only when the accident occurred IN an intersection with another public street or road or at a railroad crossing. If the first harmful event was not IN an intersection or at a railroad crossing, leave this line blank and complete information under "Not At Intersection."

BLOCK NUMBER - If blocks of intersecting streets are numbered, show block number.

STREET OR ROAD NAME, ROUTE NUMBER OR STREET CODE - Show official street name, number or letter of intersecting street. If the intersecting street or road is a designated highway, show in the same manner as for the "Road On Which Accident Occurred." Cities participating in the urban coding project will enter street code following the

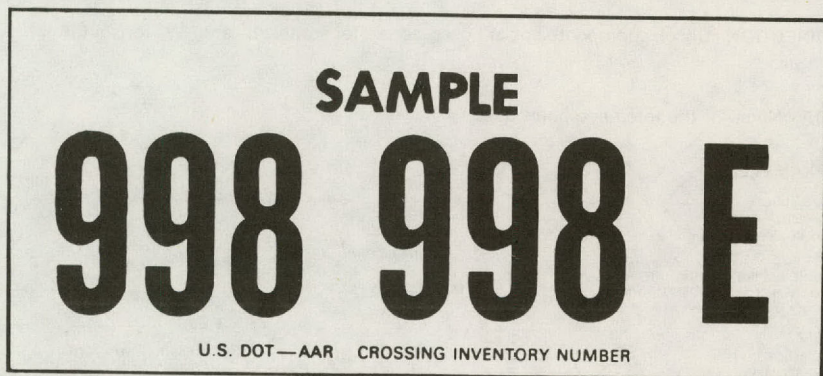
route number. In cases where the street is not a numbered highway, place street code in this location.

CONSTRUCTION ZONE - Indicate whether or not the intersecting street is in a posted construction zone.

SPEED LIMIT - Show legal or posted speed limit for passenger cars on the intersecting street at this time and location regardless of existing conditions. This is not to be construed as "Safe Speed." (Yellow and black advisory signs on curves, exit ramps, etc., are not speed limit signs.)

RAILROAD CROSSING NO. - The State Department of Highways and Public Transportation has assigned numbers to all railroad grade crossings. This serial number on accident reports will provide for accurate identification of the railroad crossing, the capability of computer indexing high risk locations and evaluation of protective device requirements.

A sample of a crossing serial number (US DOT-ARR Crossing Inventory Number) is shown below. This number will be on a card approximately 3 x 7 inches and will normally be placed on the main upright of the railroad signal or sign just above eye level. There are instances, however, where the number may be attached to a nearby telephone pole or a post if no sign or signal is present.



NOTE: Name of the Railroad will appear where the word "Sample" is located.

Show the appropriate railroad crossing serial numbers whenever an accident involves a railroad grade crossing as a factor, regardless of whether a train was hit. The number should be placed on the line for intersecting street or r r x'ing number as shown in following example:

PLACE WHERE ACCIDENT OCCURRED			
COUNTY _____	CITY OR TOWN _____		SHOW ONLY IF INSIDE CITY LIMITS
IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN _____ MILES	NORTH S E W OF _____		CITY OR TOWN _____
ROAD ON WHICH ACCIDENT OCCURRED		ROUTE NUMBER OR STREET CODE	CONSTR. <input type="checkbox"/> YES SPEED ZONE <input type="checkbox"/> NO LIMIT _____
INTERSECTING STREET OR RR X'ING NUMBER	BLOCK NUMBER	STREET OR ROAD NAME	CONSTR. <input type="checkbox"/> YES SPEED ZONE <input type="checkbox"/> NO LIMIT _____
AT & SF RR X'ING		998998E	
BLOCK NUMBER	STREET OR ROAD NAME	ROUTE NUMBER OR STREET CODE	
NOT AT INTERSECTION	<input type="checkbox"/> FT. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OF	SHOW MILEPOST OR NEAREST INTERSECTING NUMBERED HIGHWAY IF NONE, SHOW NEAREST INTERSECTING STREET OR REFERENCE POINT	
	<input type="checkbox"/> MI. N S E W		

NOT IN INTERSECTION

If the accident was not IN an intersection, show the distance and direction from the nearest permanent reference point. Permanent reference points are milepost markers, county lines, intersections with designated federal or state highways, roads, streets, overpasses, underpasses and identifiable bridges. When overpasses, underpasses or bridges are used as reference points, sufficient information must be furnished to positively identify the respective structure on maps or other reference material. This information should consist of the bridge number (if available) and a description such as, Overpass at Bedford - Smithfield C. Rd., 2nd Slough Bridge E of Brazos River - Bridge #100, etc.

The closer the location of the fixed reference point is to the accident location, the more precisely the accident may be plotted. DO NOT use local business names such as the Hi-Ho Club, etc., culverts or small bridges which cannot be positively identified as distinct from other bridges in the area, etc., as the accident locations must be plotted by use of maps and other reference material by persons who are not necessarily familiar with the locality.

DISTANCE - Show the distance from the reference point in feet unless the distance exceeds 500 feet in which case show in miles and/or tenths of miles. Indicate whether feet or miles are used by checking appropriate box. If the accident occurred ON or IN a bridge, overpass or underpass, the distance should be shown from one end of the structure.

DIRECTION - Check appropriate box or boxes, as "S" for south, "S" and "W" for southwest, etc.

OF - Name of the reference point used.

EXAMPLES:

PLACE WHERE ACCIDENT OCCURRED			
COUNTY _____	CITY OR TOWN _____		
<small>SHOW ONLY IF INSIDE CITY LIMITS</small>			
IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN _____ MILES	NORTH S E W OF _____ CITY OR TOWN		
ROAD ON WHICH ACCIDENT OCCURRED			
BLOCK NUMBER _____	STREET OR ROAD NAME _____	ROUTE NUMBER OR STREET CODE _____	CONSTR. <input type="checkbox"/> YES SPEED ZONE <input type="checkbox"/> NO LIMIT _____
INTERSECTING STREET OR RR X'ING NUMBER _____	BLOCK NUMBER _____	STREET OR ROAD NAME _____	ROUTE NUMBER OR STREET CODE _____
NOT AT INTERSECTION .2			CONSTR. <input type="checkbox"/> YES SPEED ZONE <input type="checkbox"/> NO LIMIT _____
		<input type="checkbox"/> FT. <input type="checkbox"/> MI. <input checked="" type="checkbox"/> OF	M.P. 28
		<small>SHOW MILEPOST OR NEAREST INTERSECTING NUMBERED HIGHWAY IF NONE, SHOW NEAREST INTERSECTING STREET OR REFERENCE POINT</small>	

PLACE WHERE ACCIDENT OCCURRED			
COUNTY _____	CITY OR TOWN _____		
<small>SHOW ONLY IF INSIDE CITY LIMITS</small>			
IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN _____ MILES	NORTH S E W OF _____ CITY OR TOWN		
ROAD ON WHICH ACCIDENT OCCURRED			
BLOCK NUMBER _____	STREET OR ROAD NAME _____	ROUTE NUMBER OR STREET CODE _____	CONSTR. <input type="checkbox"/> YES SPEED ZONE <input type="checkbox"/> NO LIMIT _____
INTERSECTING STREET OR RR X'ING NUMBER _____	BLOCK NUMBER _____	STREET OR ROAD NAME _____	ROUTE NUMBER OR STREET CODE _____
NOT AT INTERSECTION 100			CONSTR. <input type="checkbox"/> YES SPEED ZONE <input type="checkbox"/> NO LIMIT _____
		<input checked="" type="checkbox"/> FT. <input checked="" type="checkbox"/> MI. <input type="checkbox"/> OF	I.H. 10 Overpass #075
		<small>SHOW MILEPOST OR NEAREST INTERSECTING NUMBERED HIGHWAY IF NONE, SHOW NEAREST INTERSECTING STREET OR REFERENCE POINT</small>	

PLACE WHERE ACCIDENT OCCURRED			
COUNTY _____	CITY OR TOWN _____		
IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN _____ MILES		SHOW ONLY IF INSIDE CITY LIMITS NORTH S E W OF _____ CITY OR TOWN	
ROAD ON WHICH ACCIDENT OCCURRED			
INTERSECTING STREET OR RR X'ING NUMBER	BLOCK NUMBER _____	STREET OR ROAD NAME _____	ROUTE NUMBER OR STREET CODE _____
			CONSTR. <input type="checkbox"/> YES SPEED <input type="checkbox"/> NO LIMIT <input type="checkbox"/>
			CONSTR. <input type="checkbox"/> YES SPEED <input type="checkbox"/> NO LIMIT <input type="checkbox"/>
NOT AT INTERSECTION	2	11 FT. <input checked="" type="checkbox"/> 11 <input type="checkbox"/> 11 <input type="checkbox"/> OF	S. End of Colorado R. Bridge #099
		MI. N S E W	SHOW MILEPOST OR NEAREST INTERSECTING NUMBERED HIGHWAY IF NONE, SHOW NEAREST INTERSECTING STREET OR REFERENCE POINT

PLACE WHERE ACCIDENT OCCURRED			
COUNTY _____	CITY OR TOWN _____		
IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN _____ MILES		SHOW ONLY IF INSIDE CITY LIMITS NORTH S E W OF _____ CITY OR TOWN	
ROAD ON WHICH ACCIDENT OCCURRED			
INTERSECTING STREET OR RR X'ING NUMBER	BLOCK NUMBER _____	STREET OR ROAD NAME _____	ROUTE NUMBER OR STREET CODE _____
			CONSTR. <input type="checkbox"/> YES SPEED <input type="checkbox"/> NO LIMIT <input type="checkbox"/>
			CONSTR. <input type="checkbox"/> YES SPEED <input type="checkbox"/> NO LIMIT <input type="checkbox"/>
NOT AT INTERSECTION	ON BRIDGE 200	X FT. <input checked="" type="checkbox"/> 11 <input type="checkbox"/> 11 <input type="checkbox"/> OF	N End of Main St. Bridge #085
		MI. N S E W	SHOW MILEPOST OR NEAREST INTERSECTING NUMBERED HIGHWAY IF NONE, SHOW NEAREST INTERSECTING STREET OR REFERENCE POINT

PLACE WHERE ACCIDENT OCCURRED			
COUNTY _____	CITY OR TOWN _____		
IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN _____ MILES		SHOW ONLY IF INSIDE CITY LIMITS NORTH S E W OF _____ CITY OR TOWN	
ROAD ON WHICH ACCIDENT OCCURRED			
INTERSECTING STREET OR RR X'ING NUMBER	BLOCK NUMBER _____	STREET OR ROAD NAME _____	ROUTE NUMBER OR STREET CODE _____
			CONSTR. <input type="checkbox"/> YES SPEED <input type="checkbox"/> NO LIMIT <input type="checkbox"/>
			CONSTR. <input type="checkbox"/> YES SPEED <input type="checkbox"/> NO LIMIT <input type="checkbox"/>
NOT AT INTERSECTION	75	X FT. <input checked="" type="checkbox"/> 11 <input type="checkbox"/> 11 <input type="checkbox"/> OF	North Street Intersection
		MI. N S E W	SHOW MILEPOST OR NEAREST INTERSECTING NUMBERED HIGHWAY IF NONE, SHOW NEAREST INTERSECTING STREET OR REFERENCE POINT

NOTE: On copies of accident reports sent to the Department of Public Safety, the box in the upper right-hand corner labeled "DO NOT WRITE IN THIS SPACE" is for DPS office use and should be left blank. However, if the investigating agency desires to indicate its local number on the DPS copy, this may be done on the line marked "Local No."

LOCATION OF ACCIDENTS IN PARKING AREAS AND ON OTHER NON-TRAFFICWAYS

Within the section of the accident report headed "Road On Which Accident Occurred," the location of accidents in parking areas and on other non-trafficways may be done in whatever manner is prescribed by the investigating police agency to best suit its needs, provided that sufficient information is furnished so that the type of parking area or non-trafficway may be determined.

Accident Investigation and Reporting on Private Ways and Parking Lots. Article 6701d, Section 43A, applies to privately-owned access ways and parking areas as follows:

1. Non-trafficways

- a. Traffic Law Applies. Accident is reportable, but the Safety Responsibility Act does not apply.

- 1) Business-owned access ways, roads or streets open to public
- 2) Hotel and motel driveways
- 3) Hospital, airport, arena, cemetery, etc., driveways not restricted
- 4) Non-restricted roads on military bases where the state has jurisdiction
- 5) Oil lease and irrigation roads open to the public
- 6) Private school not restricted
- 7) Filling station driveways

b. Traffic Law Does Not Apply. Not Reportable.

- 1) Residential driveways - includes single unit, duplex and apartment
- 2) Farm and ranch roads not open to the public
- 3) Restricted roads on military bases or on roads where jurisdiction has been ceded
- 4) Posted roads (restricted by signs or barricades)
- 5) Loading dock areas
- 6) Car repair areas
- 7) Racetracks

2. Parking Areas

a. Traffic Law Applies. Accident is reportable, but the Safety Responsibility Act does not apply.

- 1) Areas provided for customers by a business where motor vehicles can travel from one adjacent road to another (Harris vs. State 499 SW 2d 9)
- 2) State-owned (all government-owned) where public parking permitted
- 3) Free parking lots
- 4) Drive-in customer parking
- 5) Private schools
- 6) Hospital, airport, arena, cemetery, etc., where no fee is charged
- 7) Shopping center
- 8) Hotel and motel, where parking is done by customers

b. Traffic Law Does Not Apply. Accident is not reportable.

- 1) Private residence garages - includes single unit, duplex and apartment
- 2) Business areas exclusively for employees - includes governmental also
- 3) Commercial - where fee is charged
- 4) Drive-in theaters
- 5) Motor vehicle sale lots
- 6) Garage storage and repair areas

3. Guide. A general guide to apply to any such private way or parking area is to ask, "Does the owner or person in control of such a facility intend it to be open for use by the public?"

DATE OF ACCIDENT

DATE OF ACCIDENT	19	DAY OF WEEK	HOUR	A.M. IF EXACTLY NOON P.M. OR MIDNIGHT, SO STATE
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DATE - Show actual date of the accident, giving month, day and year.

DAY OF WEEK - Show the day of the week on which the accident occurred, making sure this agrees with the date of the accident.

HOUR - Show actual time of accident as it can be best established after investigation, including AM or PM by checking appropriate box. If exactly 12 Noon, show NOON and if exactly 12:00 Midnight, show MN.

TRAFFIC UNITS - GENERAL

Consider as traffic units all motor vehicles (operated singly or in combination with another vehicle), pedestrians, pedalcyclists, ridden or herded animals, trains, streetcars, animaldrawn vehicles, etc.

The term motor vehicle as applied to a traffic unit refers to the complete traffic unit of which the motor vehicle is a part, and includes any vehicle or trailer (including their loads) being pushed or towed by the motor vehicle. If any part of a traffic unit of this type is involved in an accident to the extent of inflicting or receiving injury or damage to any person or property, the motor vehicle doing the hauling, pushing, or towing is considered as the traffic unit and should be shown as such. Information relating to the pushed or towed vehicle will be entered in the next unit block. When the next unit block is used, "Unit No. " should be marked out and "Towed" checked or "Other" checked and "Pushed" printed beside "Other" to indicate that this is not a separate traffic unit. For example: If a motor vehicle is towing another vehicle, and the towed vehicle inflicts or receives injury or damage, the motor vehicle doing the towing would be considered as actually the unit in the accident. This applies even though the towed vehicle might have become detached prior to actual impact if the towed vehicle is still moving under impetus from the motor vehicle doing the towing.

UNIT NUMBER 1 - MOTOR VEHICLE

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 _____		ADDRESS _____			PHONE NUMBER _____			
DRIVER'S LICENSE _____	LAST _____ FIRST _____ MIDDLE _____	DOB _____	CITY _____	STATE _____ OCCUPATION _____				
SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS) 1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED <input type="checkbox"/>				ALCOHOL/DRUG ANALYSIS RESULT _____				PEACE OFFICER, EMS DRIVER, FIRE FIGHTER ON EMERGENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO
LESSEE <input type="checkbox"/>	OWNER <input type="checkbox"/> NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER)			ADDRESS _____		CITY _____ STATE _____		
LIABILITY <input type="checkbox"/> YES <input type="checkbox"/> NO	INSURANCE <input type="checkbox"/> NO			INSURANCE COMPANY NAME _____		POLICY NUMBER _____ VEHICLE DAMAGE RATING _____		

If more than two motor vehicles are involved, list one of the motor vehicles in this space. If the accident involved a motor vehicle with a train, pedestrian, animal, pedalcyclist, etc., the motor vehicle must be shown in this space.

Any type of motor vehicle involved in a traffic accident can be shown as Unit No. 1. Thus, a motorcycle, go-cart, motorized bicycle, farm tractor, etc., can be shown as Unit No. 1 on the basic report. In the case of special types of vehicles (farm tractors, mowers, road machinery, fire trucks, etc.) sufficient information should be provided to show whether in transport or other use.

VEHICLE IDENTIFICATION NUMBER - Show vehicle identification number (VIN) as assigned by manufacturer.

[IF BODY STYLE = VAN OR BUS, INDICATE SEATING CAPACITY - If the vehicle is a van or bus, show the number of passengers (including the driver) the van or bus is equipped to carry. If the vehicle is not a van or bus, leave blank.

YEAR MODEL - Show year model of vehicle as designated by manufacturer.

COLOR AND MAKE - Show color of vehicle and manufacturer's brand name (Ford, Chevrolet, Plymouth, Mercury, Pontiac, etc.).

MODEL NAME - Show manufacturer's trade name (Impala, Mustang, Fury, etc.).

BODY STYLE - Show body style of vehicle as:

Passenger Cars - For conventional sedans use 2 dr Sed or 4 dr Sed; for hardtop sedans use 2 dr HT or 4 dr HT; for convertibles use 2 dr CONV or 4 dr CONV; for station wagons use 2 dr S/W, etc.

Truck Type Vehicles - Show pickup, panel, stake, van, etc.

LICENSE PLATE - Show year, State of issue, and license plate numbers and letters. Do not mistake trailer licenses for license of towing vehicle.

DRIVER'S NAME - Show last name, first name, middle name or initial of the vehicle driver from driver's license or other means used in investigation. If the name is taken from the driver's license, use exact spelling on the license, as John Franklin Smith should be shown as Smith, John Franklin not Smith, John F. or Smith, J. F. Also show driver's current mailing address including city, state and zip code. If the driver is a member of the armed forces, show military address.

If at the time of the accident there was no driver in the vehicle, such should be noted on this line as "Improperly Parked," "Driverless Moving Vehicle," "Previously Wrecked Vehicle," etc., or the word "None." A driverless moving vehicle is a motor vehicle, previously parked, set in motion (rolling from parking space) without a driver in the vehicle and does not apply to one where a driver jumps or falls from a moving motor vehicle.

If at the time of the accident the driver of the vehicle is unknown, such as a hit-and-run vehicle, etc., this line should show "Unknown." When the identity of the driver is established through subsequent investigation, a supplemental report should be submitted to show driver's name in order that information on original basic report may be completed.

PHONE NUMBER - Self explanatory

DRIVER'S LICENSE - Show State of issue and driver's license number including any prefix or suffix and what Type (OP, CO, CH, etc.) or Class (A, B, C, M, etc.). If the license is a Commercial Driver License (CDL) issued in accordance with the Federal Commercial Motor Vehicle Safety Act of 1986, indicate by showing "CDL" along with the type or class. If driver is not licensed show "None." If license is expired or suspended, show number and write "Expired" or "Suspended" above the number. If driver has a temporary receipt, show license number rather than receipt number. Do not show "Unknown" unless absolutely impossible to determine status of license. If Train Engineer, insert "Train Engineer" in this space and DO NOT show driver's license number.

D.O.B. - Give actual date of birth, taken from driver's license or after being established by other investigation.

RACE - Show as "W" for white, "B" for black, "I" for American Indian or Alaskan Native, "A" for Asian or Pacific Islander, and "U" for all unknown. Latin American (Hispanics) should be entered with the race code most closely representing the individual. Information is for identification purposes. Do not make an issue if there is objection to adding the information.

SEX - Show sex of driver in space provided.

DRIVER'S OCCUPATION - Show actual type of work done, rather than place of employment, as janitor, construction, laborer, farm laborer, mechanic, TV repair, manager retail business, etc. If the driver is a member of the armed forces show rank and branch of service, as Sgt. USAF, Lt. US Army, etc.

[**SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS)** - Show type specimen taken for alcohol/drug analysis, using the codes shown:

1-Breath, 2-Blood, 3-Other, 4-None and 5-Refused.

NOTE: If no specimen taken, use appropriate code and do not leave blank.

[**ALCOHOL/DRUG RESULTS** - If specimen taken and alcohol analysis performed, show actual results of test (i.e., 0.000, etc.). If specimen taken and drug analysis performed, show result of test as either positive or negative. If result of alcohol/drug analysis is not available at time accident report is submitted, show "UNK." Then when result is available, submit supplemental accident report showing the result (send copy of original report marked "SUPPLEMENTAL" at the top and with result information added).

NOTE: If specimen taken, but no analysis was performed, show "NONE" (do not use "N" and do not leave blank). If specimen contaminated, lost or container broken, so state. If a hospital, medical examiner, etc. will not release results to investigating officer or agency, so state.

[**PEACE OFFICER, EMS DRI., FIRE FIGHTER ON EMERGENCY** - Check the appropriate box only if a peace officer, Emergency Medical Services Employee or Fire Fighter is involved in the accident.

The "Yes" box should be checked only if this vehicle was a law enforcement vehicle, emergency medical services vehicle or fire department vehicle being operated in an emergency situation by a peace officer, emergency medical services employee or fire fighter in pursuit of his/her duties as a peace officer, emergency medical services employee or fire fighter. The emergency situation must be described in the "Investigator's Narrative Opinion of What Happened." This is required by Sec. 45(a), V.T.C.S. 6701d and is necessary to keep accident involvements such as these off of peace officers', EMS drivers' and fire fighters' driving records.

LESSEE OR OWNER'S NAME - Check the appropriate block indicating whether this person is lessee or owner. Show lessee or owner's last name, first name, middle name or initial, current mailing address including city and state if other than driver. If owner and driver are the same, write "Same" in this space.

LIABILITY INSURANCE - Check appropriate box. If yes (satisfactory evidence of minimum liability insurance) print insurance company name and policy number. If motor vehicle is exempt from liability insurance requirement, then print "EXEMPT" and note reason in the space provided for insurance company name.

VEHICLE DAMAGE RATING - Show actual damage from "Vehicle Damage Scale for Traffic Accident Investigators."

NOTE: Agencies desiring to use "Direction of Force" in addition to damage rating may do so. If used, the direction of force received by the vehicle at impact should be shown before the damage rating using the numerals of a clock to indicate direction damage was received. As an example, a vehicle struck broadside at 3:00 o'clock on the right side would be shown as 3 RP followed by the damage scale.

1. Damage rating is being used to record impact force, so that some correlation between direction and amount of impact force with the severity of injury and restraining device used can be established. The following guidelines should be used:

(1) Where the type of vehicle does not lend itself to a damage rating (motorcycle, etc.) and whenever there is no impact force on the vehicle (burned car, undercarriage damage, etc.) either use a dash in damage rating or show N/A (Not Applicable) and there should be some mention of the type of damage in "Investigator's Narrative Opinion of What Happened."

2. When an accident involves a motor vehicle operated in combination with another vehicle (towed vehicle, trailer, etc.) and there is damage to the towed vehicle or trailer, such damage should be shown where the towed vehicle or trailer is listed and not in the space for damage rating to the towing vehicle.

3. When a vehicle is damaged in more than one area in the same accident, show additional damaged areas as outlined below. Each rating should be treated individually and not added together to arrive at a higher damage rating.

(1) If the damage is FC-2 and BD-4, show the most severe damage first, such as BD-4 + FC-2 or BD-4
FC-2

4. In evaluating damage rating to large truck-trailers, floats, etc., use the following guidelines and the formats found in the Vehicle Damage Scale for Traffic Accident Investigators.

Rating #1 - Very light metal or surface damage

#2 - Generally surface metal, but not frame damage

#4 - Some frame structure damage

#6 - Heavy frame structure damage

UNIT NUMBER 2

UNIT NO. 2	MOTOR VEHICLE TOWED	TRAIN PEDESTRIAN	PEDALCYCLIST OTHER	VEH IDENT NO	IF BODY STYLE = VAN OR BUS, INDICATE SEATING CAPACITY				
YEAR	COLOR	MODEL	MODEL NAME	BODY STYLE	LICENSE	PLATE	YEAR	STATE	NUMBER
DRIVER'S NAME		DRIVER'S LICENSE		DOB	RACE	SEX	OCCUPATION		
SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS)		CLASS/TYPE		ALCOHOL/DRUG ANALYSIS RESULT			PEACE OFFICER, EMS DRIVER, FIRE FIGHTER ON EMERGENCY?		
1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED		<input type="checkbox"/>					YES NO		
LESSOR		NAME (ALWAYS SHOW LESSEE IF LEASED; OTHERWISE SHOW OWNER)		ADDRESS			CITY STATE		
LIABILITY		INSURANCE		INSURANCE COMPANY NAME			POLICY NUMBER VEHICLE DAMAGE RATING		
YES		NO							

Unit No. 2 is the second traffic unit involved in the accident and may be a motor vehicle, pedestrian, pedalcyclist, animal rider, train, streetcar, etc.

If the accident involved two or more motor vehicles, check the box for "Motor Vehicle." Information relating to the second vehicle should be shown in this space in the same manner as for Unit No. 1.

If Unit No. 2 is a vehicle being towed, check the box for "Towed." If Unit No. 2 is a noncontact traffic unit, a vehicle being pushed, a previously wrecked vehicle, or a properly or improperly parked vehicle, check box for "Other" and indicate which. The information relating to such vehicles should be completed in the same manner as for Unit No. 1.

If Unit No. 2 was pedestrian, pedalcyclist, rider of animal, or any other person not in a motor vehicle who was injured, check the appropriate box and complete information on back of report labeled "Complete if Casualties Not in Motor Vehicle."

If Unit No. 2 was a train, streetcar, etc., check appropriate box or if other, check box and indicate which. Show the name of engineer or operator in space for "Driver's Name," and insert "Train Engineer" or "Streetcar Operator" in space provided for driver's license number (DO NOT show driver's license number). If casualties occur on train, streetcar, etc., complete information on back of report labeled "Complete if Casualties Not in Motor Vehicle."

ADDITIONAL UNITS

If additional traffic units were involved in the accident, use as many additional sheets as necessary, changing unit numbers on additional sheets to correspond to actual unit number in the accident. Information pertaining to additional units should be completed as for Unit No. 1 and 2. Do not cut out sections on additional sheets, but use entire sheets, completing only sections necessary for the report.

DAMAGE TO PROPERTY OTHER THAN VEHICLES

DAMAGE TO PROPERTY OTHER THAN VEHICLES			
OBJECT	NAME AND ADDRESS OF OWNER	FEET FROM CURB	5
DAMAGE ESTIMATE			

In this section describe any thing - fixed object, other object, animal, etc. - (other than a traffic unit shown elsewhere on this report) which was struck by one or more of the traffic units involved whether or not damage resulted to the object, etc., struck. Describe the property and damages in dollars (if no damage show "None"). This includes city, county, or state property such as road signs, guard posts, street lights, etc. (Notify, as soon as possible, the appropriate agency or owner if property is struck or damaged.) Also include damage to buildings, animals struck by vehicles, cargo carried in vehicles, etc. If a fixed or other object, not in roadway, is struck show distance from curb or pavement edge. Name and address of owner of damaged property should be shown. (A wild animal has no value or owner.)

LIGHT, WEATHER, SURFACE AND ROAD CONDITIONS

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 2-DAWN 3-DARK-NOT LIGHTED 4-DARK-LIGHTED 5-BUSK		1-CLEAR/CLOUDY 2-RAINING 3-SNOWING 4-FOG 5-BLOWING DUST		6-SMOKE 7-SLEETING 8-HIGH WINDS 9-OTHER		1-BLACKTOP 2-CONCRETE 3-GRAVEL 4-SHELL 5-DIRT 6-OTHER		

LIGHT CONDITION - Show appropriate number in the box for the light condition present at the time of accident.

WEATHER CONDITION - Show the weather condition(s) present at the time and place of the accident by entering the appropriate number(s) in the box(es). If other, define the condition on the line under the number 9 (Other). List the most predominate condition first.

SURFACE CONDITION - Show the surface condition present at the time and place of accident by entering the appropriate number in the box. If other, define surface condition on the line beside 5 (Other).

TYPE OF ROAD SURFACE - Show the type of road surface present at the place of the accident by entering the appropriate number in the box. If other, define the type of road surface on the line beside number 6 (Other).

ROAD CONDITION - Describe the characteristics of the road present at the place of the accident that in the investigator's opinion might have contributed to or influenced the

accident such as muddy, soft or uneven shoulders, holes or ruts in the pavement or road, or loose material on surface, etc.

IN YOUR OPINION, DID THIS ACCIDENT RESULT IN AT LEAST \$500.00 DAMAGE TO ANY ONE PERSON'S PROPERTY?

Check yes or no. If "no" is checked and information is later received that the property damage was greater than \$500.00, a supplemental report should be submitted indicating this change.

POLICE ACTIVITY

CHARGES FILED			
NAME _____	CHARGE _____	CITATION NUMBER _____	
NAME _____	CHARGE _____	CITATION NUMBER _____	
TIME NOTIFIED OF ACCIDENT		TIME ARRIVED AT SCENE OF ACCIDENT	
DATE _____	HOUR _____ M	DATE _____	HOUR _____ M
TYPED OR PRINTED NAME OF INVESTIGATOR _____		DATE REPORT MADE _____	IS REPORT COMPLETE <input type="checkbox"/> YES <input type="checkbox"/> NO
SIGNATURE OF INVESTIGATOR _____	ID NO. _____	DEPARTMENT _____	DIST./AREA _____

CHARGES FILED - Any and all charges filed as a result of the accident investigation should be shown even though they may have no bearing on the accident itself. Record last name, first name, middle name, charge(s) and citation number(s). If no charges filed show "None" on the first line. "Pending" should not be used as this furnishes no useful data. If charges are later filed after the report is completed, a supplemental report should be submitted indicating these charges.

TIME NOTIFIED OF ACCIDENT - Show date and time the investigating officer was notified.

HOW - Show how investigating officer was notified (from dispatcher, on sight, by citizen, etc.)

TIME ARRIVED AT SCENE OF ACCIDENT - Show date and time of arrival of investigating officer at scene. If there was no investigation made at the scene (office report, etc.), so indicate.

TYPED OR PRINTED NAME OF INVESTIGATOR - Name of investigator should be typed or printed in this space (this is required in addition to signature).

DATE REPORT MADE - Show date this form was prepared. If the report is a "SUPPLEMENTAL" report, this date should reflect the date the supplement was prepared.

IS REPORT COMPLETE? - Check appropriate box. If not complete; when additional information is available, submit a supplemental accident report showing the information. A supplemental report is a photo copy of the original report, marked "SUPPLEMENTAL" at the top with the information added (e.g. BAC test results).

SIGNATURE/IDENTIFICATION NO./DEPARTMENT - Investigator should sign report and show identification number (badge or other departmental identification number) and his department.

DISTRICT/AREA - Those cities participating in Urban Location Coding Project should

enter their reporting district. DPS officers should show their assigned Region, District and Sergeant Area. Other agencies may disregard.

BACK OF BASIC REPORT

COMPLETE THIS SIDE OF REPORT IN ALL ACCIDENTS!!

UNIT NUMBER 1

EJECTED	CODE FOR TYPE RESTRAINT USED	AIRBAG CODE	HELMET USE	CODE FOR INJURY SEVERITY	ALCOHOL/DRUG ANALYSIS <small>(COMPLETE IF CASUALTIES NOT IN MOTOR VEHICLE)</small>				
A - NOT APPLICABLE Y - YES N - NO P - PARTIALLY U - UNK	A - SEATBELT & SHOULDER STRAP B - SEATBELT & NO SHOULDER STRAP C - CHILD RESTRAINT E - SHOULDER STRAP ONLY N - NONE	Y - DEPLOYED N - NO DEPLOYMENT U - UNK IF DEPLOYED	1 - WORN-DAMAGED 2 - WORN-NOT DAMAGED 3 - WORN-UNK IF DAMAGED 4 - NOT WORN 9 - UNK IF WORN	K - KILLED A - INCAPACITATING INJURY B - NON INCAPACITATING C - POSSIBLE INJURY N - NOT INJURED	1 - BREATH 2 - BLOOD 3 - OTHER 4 - NONE 5 - REFUSED				
UNIT NO. 1		TOWED DUE TO DAMAGE		VEHICLE REMOVED TO					
DAMAGE RATING		<input type="checkbox"/> YES <input type="checkbox"/> NO BY _____							
<small>COMPLETE ALL DATA ON ALL OCCUPANTS: NAMES, POSITIONS, RESTRAINTS USED, ETC.: HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED.</small>									
OCCUPANT'S POSITION	NAME (LAST NAME FIRST)	ADDRESS	LECTED	TYPE RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
1	DRIVER	SEE FRONT							
2									
3									
4									
5									

VEHICLE DAMAGE RATING - Show same damage scale and direction of force as for Unit No. 1 on front of report.

[**TOWED DUE TO DAMAGE** - If vehicle was towed from scene due to damage received in accident, or incapable of being driven from the scene, indicate "Y". If vehicle towed from scene due to mechanical failure, flat tire or other condition known prior to or not related to, or resulting from, the accident, or capable of being driven from the scene, indicate "N".

VEHICLE REMOVED TO - Show name and address of garage or other place to which vehicle was taken, or if driven away or left at scene, so state.

BY - Show name and address of wrecker, tow truck or other means used to remove vehicle, or if driven away state by whom (owner, driver, or name of other individual).

OCCUPANTS - The following data items should be completed on all occupants:

SEAT POSITION - Show proper space occupied by each occupant. Abbreviations such as CF (center front), RF (right front), LR (left rear), CR (center rear) and RR (right rear) may be used. When two occupants were occupying the same seat position, such as an adult holding a baby, the same seat position should be indicated for both. If occupant was a passenger on a bus show P/B, or if occupant was riding in the rear of a truck show R/T.

NAME - Show last name, first name, middle name or initial for each occupant.

ADDRESS - Show street address, city and state on each occupant injured or killed. If any occupants have same address, you may use "SAME" for all except the first.

[**EJECTED FROM VEHICLE** - Describe the extent to which the person's body was expelled from the vehicle during any part of the accident using the following terms and definitions:

- A - Not applicable (not relevant to the accident)
- Y - Yes (fully ejected)
- N - No (not ejected)
- P - Partially (some part of the body is ejected from the vehicle and receives injury as a result of being outside the vehicle, such as part of the body is ejected outside the door and is crushed when the car rolls over).
- U - Unknown (cannot be determined whether the body was ejected from the vehicle).

[**TYPE RESTRAINT USED** - Show type restraint used by each occupant, using the following code:

- A - Seat Belt and Shoulder Strap
- B - Seat Belt and No Shoulder Strap
- C - Child Restraint
- E - Shoulder Strap Only
- N - None

NOTE: Show "N" if NONE used (do not leave blank).

[**AIRBAG** - This is an observational value only; not a requirement to determine if vehicle is equipped with an airbag. Indicate if an airbag deployed in the driver's and/or passenger's seating positions. If airbag was deployed indicate **YES**. If airbag was not deployed (irregardless of whether vehicle is equipped or not equipped) indicate **NO**:

- Y - Deployed
- N - NO Deployment
- U - Unknown if deployed

[**HELMET USE** - Indicate if a helmet was worn by an operator/passenger of a motorcycle/motorscooter or a pedestrian or pedalcyclist:

- 1 - Worn-damaged
- 2 - Worn-not damaged
- 3 - Worn-unknown if damaged
- 4 - Not worn
- 9 - Unknown if worn

AGE - Show age of each occupant at last birth date. If infant is less than one year old, show months of age. Example: A ten month old infant would be shown as - 10M.

SEX - Show sex of each occupant.

CODE FOR INJURY SEVERITY - Show most serious injury for each occupant, using the following code:

- K - Killed
- A - Incapacitating Injury - Severe injury which prevents continuation of normal activities. Includes broken or distorted limbs, internal injuries, crushed chest, etc.
- B - Nonincapacitating Injury - Evident injury such as bruises, abrasions, minor lacerations which do not incapacitate.
- C - Possible Injury - Injury which is claimed, reported or indicated by behavior but without visible wounds. Includes limping, momentary unconsciousness or complaint of pain.
- N - Not Injured

UNIT NUMBER 2

Complete this in same manner as for Unit No. 1 ONLY IF Unit No. 2 was a motor vehicle.

COMPLETE IF CASUALTIES NOT IN MOTOR VEHICLE

PEDESTRIAN, PEDALCYCLIST ETC.	CASUALTY NAME (LAST NAME FIRST)	CASUALTY ADDRESS	TYPE SPECIMEN TAKEN	RESULT	HELMET	AGE	SEX	INJURY CODE

If there were casualties in the accident other than occupants of a motor vehicle, such as pedestrian, pedalcyclist, horseback rider, occupant of an animal-drawn vehicle, occupant of a train, streetcar, etc., use this space.

- [**SHOW CATEGORY OF CASUALTY** - pedestrian, etc., last name, first name, middle name or initial, street address, city and state, alcohol/drug analysis, results, helmet use, age, sex and injury code. Helmet use, age, sex and injury code are the same as described for Unit No. 1.

- [**ALCOHOL/DRUG ANALYSIS** - should be reported as follows:

- 1 - Breath
- 2 - Blood
- 3 - Other
- 4 - None
- 5 - Refused

- [**RESULT** - If specimen taken and alcohol analysis performed, show actual result of test (i.e., 0.000, 0.10, etc.). If specimen taken and drug analysis performed, show result of test as either positive or negative. If result of alcohol/drug analysis is not available at time accident report is submitted, show "UNK". Then when result is available, submit supplemental accident report showing the result (send copy of original report marked "SUPPLEMENTAL" at the top and with result information added).

NOTE: If specimen taken but no analysis was performed, show "NONE" (do not use "N" and do not leave blank). If specimen contaminated, lost or container broken, so state. If a hospital, medical examiner, etc. will not release results to investigating officer or agency, so state.

If space is needed for additional casualties, use additional accident report form or 8½" x 11" plain paper changing or assigning item numbers as required.

DISPOSITION OF KILLED AND INJURED

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

All casualties removed by the same conveyance (or by ambulances of the same company) and taken to a common destination should be grouped on one line by item number as shown at the left of line on which such casualty is shown as driver, passenger, pedestrian, etc. Extra lines should be used for each casualty removed by different conveyance or to a different destination so that all casualties may be accounted for.

IF AMBULANCE USED - Show time ambulance driver was notified, time ambulance arrived at scene, and number of attendants in the ambulance (including the driver).

[NOTE: Time ambulance notified and time ambulance arrived at scene should not be prior to time accident occurred (See page 7).

COMPLETE THIS SECTION IF PERSON KILLED

ITEM NUMBER	DATE OF DEATH	TIME OF DEATH

If person died as a result of injuries sustained in the accident, enter appropriate information.

ITEM NUMBER - List appropriate item number(s), as shown as page 14 to identify seating position of person(s) killed.

DATE OF DEATH - Enter date deceased was pronounced dead.

TIME OF DEATH - Enter time deceased was pronounced dead.

INVESTIGATOR'S NARRATIVE OPINION OF WHAT HAPPENED

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

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This should be a concise but complete narrative of the investigator's opinion of what happened. When coupled with the diagram, it must tell the main events of the accident, describe the major factors and, so far as possible, tell how it happened. For brevity, avoid repeating names, license numbers, makes of vehicles, etc. Refer to unit by number, being careful to use the same number the particular unit was assigned in the report. Use abbreviations for directions, such as "N" for north, "E" for east, etc. Avoid vague statements such as "Unit No. 1 and Unit No. 2 collided," with no further explanation.

Emphasize or explain further, as necessary, any pertinent fact not fully explained elsewhere. Describe mechanical failures or any other contributing factors necessary for a full comprehension of what occurred.

If the accident involved a peace officer, EMS driver or fire fighter driving a law enforcement vehicle, emergency medical services vehicle or fire department vehicle in pursuit of his/her duties as a peace officer, emergency medical services employee or fire fighter, and the accident occurred during an emergency, you must give a brief explanation of the emergency.

In any accident where the driver's physical or mental condition is not normal (ill, sleepy

or asleep, blackouts, missing limbs or eyes, limbs in casts, emotionally disturbed, etc.) this fact should be noted in this section.

As a minimum, the "investigator's narrative opinion of what happened" portion of the report should show:

1. The direction of travel for each traffic unit involved, identifying each unit by the same number used for that unit on the front of the report (identification of the highway is optional);
2. The defective driving strategy of each unit, if any, that contributed to the accident (operational factors);
3. The evasive action, if any, of each traffic unit and identify any faulty evasive action which was a factor in the accident (an operational factor);
4. The phase, or phases (recognition, decision, and/or performance) in which operations failed, covering each operational factor reported;
5. The condition(s) of (1) the road and environment, (2) of the vehicle, and (3) of the driver(s) and/or pedestrian that produced the defective driving strategy and/or faulty evasive action (condition factors);
6. The reason for failing to give a conclusion identifying a condition factor or factors;
7. The first harmful event for each traffic unit;
8. The point of initial contact (general statement only, and may be omitted when point is obvious by nature of the accident);
9. The points struck on vehicles or objects (only when pertinent);
10. An indication of the maximum engagement (only when pertinent);
11. The movement and route of each traffic unit to the final position (may be omitted when not pertinent); and
12. Show data used for speed computation.

All factors found must be shown in the narrative even if they have been addressed in another place on the report.

The above specifications are not necessarily in the order in which they should be recorded.

If space is not adequate, use additional report forms, or plain 8½" x 11" sheet of paper to complete description.

DIAGRAM

DIAGRAM ONE WAY TWO WAY DIVIDED

 INDICATE NORTH

A small sketch, not necessarily to scale, should be drawn in space provided. Units may be shown by arrows; number to correspond to unit numbers as used in sections above. This diagram should detail all the events occurring in the accident including direction of travel prior to impact (by use of a solid line), point of impact and the path to final positions (by use of a dotted line). North should be indicated by an arrow.

The type of roadway, one-way, two-way, or divided should be indicated by checking the appropriate box.

If accident is of such nature that the diagram space is insufficient and/or if investigating agencies desire, they may submit a larger (not to exceed 8 1/2" x 11" sheet), more comprehensive diagram. In this case, the small diagram on the report may be omitted.

FACTORS AND CONDITIONS AND TRAFFIC CONTROL

FACTORS AND CONDITIONS LISTED ARE THE INVESTIGATOR'S OPINION

FACTORS/CONDITIONS CONTRIBUTING

UNIT 1	1	2	3
UNIT 2	1	2	3

OTHER FACTORS/CONDITIONS MAY OR MAY NOT HAVE CONTRIBUTED

UNIT 1	1	2
UNIT 2	1	2

0-NO CONTROL OR INOPERATIVE
1-OFFICER OR FLAGMAN
2-STOP AND GO SIGNAL
3-STOP SIGN
4-FLASHING RED LIGHT

TRAFFIC CONTROL

3-TURN MARKS
6-WARNING SIGN
7-OR GATES OR SIGNALS
8-YIELD SIGN
9-CENTER STRAPE OR DIVIDER

10-NO PASSING ZONE
11-OTHER CONTROL

1. ANIMAL ON ROAD - DOMESTIC
2. ANIMAL ON ROAD - WILD
3. BACKED WITHOUT SAFETY
4. CHANGED LANE WHEN UNSAFE
5. EFFECTIVE OR NO HEADLAMPS
6. EFFECTIVE OR NO STOP LAMPS
7. EFFECTIVE OR NO TAIL LAMPS
8. EFFECTIVE OR NO TURN SIGNAL LAMPS
9. EFFECTIVE OR NO TRAILER BRAKES
10. EFFECTIVE OR NO VEHICLE BRAKES
11. EFFECTIVE STEERING MECHANISM
12. EFFECTIVE TRAILER TIEES
13. EFFECTIVE TRAILER HITCH
14. DISABLED IN TRAFFIC LANE
15. MISSEARD STOP AND GO SIGNAL
16. MISSEARD STOP SIGN OR LIGHT
17. MISSEARD TURN MARK AT INTERSECTION
18. MISSEARD 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 OBEY HALF OF ROADWAY
25. FAILED TO OBEY WARNING SIGN
26. FAILED TO PASS TO LEFT SAFELY
27. FAILED TO PASS TO RIGHT SAFELY
28. FAILED TO SIGNAL OR GAVE 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 SLEEPS
41. FAULTY EVASIVE ACTION
42. FIRE IN VEHICLE
43. FLEES OR EVASIVE POLICE
44. FOLLOWED TOO CLOSELY
45. HAD BEER DRINKING
46. HANICAPPED DRIVER (EXPLAIN IN NARRATIVE)
47. ILL (EXPLAIN IN NARRATIVE)
48. IMPAIRED VISIBILITY (EXPLAIN IN NARRATIVE)
49. IMPROPER START FROM PARKED POSITION
50. LOAD NOT SECURED
51. OPENED DOOR INTO TRAFFIC LANE
52. OVERTRUCK AND PASSED INSUFFICIENT CLEARANCE
53. PARKED AND FAILED TO SET BRAKES
54. PARKED IN TRAFFIC LANE
55. PARKED WITHOUT LIGHTS
56. PASSED IN NO PASSING ZONE
57. PASSED ON RIGHT SHOULDER
58. PEDESTRIAN FAILED TO YIELD ROW TO VEHICLE
59. SPEEDING - (MEASURE UNDER LIMIT)
60. SPEEDING - OVER LIMIT
61. TAKING MEDICATION (EXPLAIN IN NARRATIVE)
62. TURNED IMPROPERLY - CUT CORNER ON LEFT
63. TURNED IMPROPERLY - WIDE RIGHT
64. TURNED IMPROPERLY - WRONG LANE
65. TURNED WHEN UNSAFE
66. TURNED IMPROPERLY - ALCOHOL
67. UNDER INFLUENCE - DRUGS
68. UNDER INFLUENCE - DRUGS
69. WRONG SIDE - APPROACH OR IN INTERSECTION
70. WRONG SIDE - NOT PASSING
71. WRONG WAY - ONE WAY ROAD
72. OTHER FACTOR (WRITE IN ON LINE BELOW)

TRAFFIC CONTROL - Show the traffic control affecting the accident by entering the appropriate number into the square. If more than one traffic control is present, show the one most affecting this accident. If other, indicate the type of traffic control in No. 11 "Other Control."

NOTE: If the traffic control device is inoperative, it must be explained in the narrative.

DEFINITION OF FACTORS

FACTOR - Any circumstance contributing to a result without which the result could not

have occurred; an element which is necessary to produce the result, but not, by itself, sufficient. Factors are divided into two categories: operational factors and conditional factors.

OPERATIONAL FACTORS - Functional failures of the human element of the highway transportation system that contribute to the cause of a traffic collision. The failures may be malfunctions of perception, decision or performance in trip planning, driving strategy, or evasive tactics.

CONDITIONAL FACTORS - Deficiencies in basic attributes or roads, vehicles, people as related to highway transportation and permanently or temporarily modified, that contribute to operational factors.

INVESTIGATING OFFICER'S OPINION - Belief based on grounds, either sufficient or insufficient for certainty, conclusions, inferences or conjectures concerning events and conditions. The investigating officer may not have enough evidence to file a traffic charge but does have enough data to render an opinion as to the causes of the accident.

NON-CONTACT UNIT - Most of these contributing factors can be applied to a non-contact unit.

FACTORS AND/OR CONDITIONS CONTRIBUTING TO THE ACCIDENT (FACT OR INVESTIGATOR'S OPINION)

This section of the report is designed for the investigator to determine which factor(s) or condition(s) contributed to the accident for each unit. The investigator should classify by priority for each unit the factors or conditions which contributed the most to the accident, listing the most contributing factor for each unit as number 1, second most contributing as number 2, etc. If more than three factors apply to a particular unit list number 4-5 in the "Other Factors/Conditions" section. Put a dash in unused boxes. When more than one unit is shown with a contributing factor/condition, place an X by the unit number to indicate which factor/condition is the predominate causative factor in the accident. This should provide for more accurate data on accident causes.

EXAMPLE #1

An investigating officer determines through his investigation of an accident that Unit No. 1 was speeding and ran a stop sign when it collided with Unit No. 2. If the officer's opinion is that, the primary factor contributing to the accident was the running of the stop sign and that the speeding factor was a secondary factor, and there were no evident factors for Unit No. 2, the factors should be listed as follows:

FACTORS AND CONDITIONS LISTED ARE THE INVESTIGATOR'S OPINION				OTHER FACTORS/CONDITIONS MAY OR MAY NOT HAVE CONTRIBUTED			
FACTORS/CONDITIONS CONTRIBUTING							
<input checked="" type="checkbox"/> UNIT 1	1	16	2	61	3	-	
UNIT 2	1	-	2	-	3	-	
UNIT 1	1	-	2	-			
UNIT 2	1	-	2	-			

EXAMPLE #2

In the same accident, Unit No. 2's driver was under the influence and was arrested; however, in the officer's opinion, this did not contribute to the accident. The report should be completed as follows:

FACTORS AND CONDITIONS LISTED ARE THE INVESTIGATOR'S OPINION

FACTORS/CONDITIONS CONTRIBUTING

<input checked="" type="checkbox"/> UNIT 1	1	16	2	61	3	-
UNIT 2	1	-	2	-	3	-

OTHER FACTORS/CONDITIONS MAY OR MAY NOT HAVE CONTRIBUTED

UNIT 1	1	-	2	-
UNIT 2	1	67	2	-

EXAMPLE #3

If in the officer's opinion, the speeding was the primary cause of this accident, the report should be completed as follows:

FACTORS AND CONDITIONS LISTED ARE THE INVESTIGATOR'S OPINION

FACTORS/CONDITIONS CONTRIBUTING

<input checked="" type="checkbox"/> UNIT 1	1	61	2	16	3	-
UNIT 2	1	-	2	-	3	-

OTHER FACTORS/CONDITIONS MAY OR MAY NOT HAVE CONTRIBUTED

UNIT 1	1	-	2	-
UNIT 2	1	67	2	-

EXAMPLE #4

An accident occurs when Unit No. 2 fails to yield at a yield sign. The driver of Unit No. 1 has defective brakes preventing him/her from taking proper evasive action. In the investigator's opinion, the predominant causative factor in the accident is Unit No. 2's failure to yield. The contributing factors should be entered as follows, and an X should be placed as indicated next to Unit 2:

FACTORS AND CONDITIONS LISTED ARE THE INVESTIGATOR'S OPINION

FACTORS/CONDITIONS CONTRIBUTING

UNIT 1	1	10	2	-	3	-
<input checked="" type="checkbox"/> UNIT 2	1	39	2	-	3	-

OTHER FACTORS/CONDITIONS MAY OR MAY NOT HAVE CONTRIBUTED

UNIT 1	1	-	2	-
UNIT 2	1	-	2	-

OTHER FACTORS/CONDITIONS MAY OR MAY NOT HAVE CONTRIBUTED

It is sometimes difficult to form an opinion as to whether a factor or condition did or did not contribute to an accident. For example: A driver may commit an unsafe and/or unlawful act, be handicapped, ill, taking medication or drinking but in the officer's opinion he/she is unsure if it is a factor or condition contributing to the accident. This section is to record the fact that the condition was present, but the investigator is unable to determine whether the factor/condition contributed. It is also important to collect certain data even though the factor/condition did not contribute to an accident. For example: A DWI driver is stopped in obedience to a stop sign and is struck from behind by another vehicle. By collecting this data we will have statistical data on total involvement of DWI drivers in accidents as well as data on DWI drivers who are causative factors in accidents. Data such as drivers who had been drinking (but not to extent to be considered under the influence) and involved in accidents is also important statistical data.

LIST OF FACTORS AND/OR CONDITIONS

Legal Reference - Where only the section number is shown, reference is to the Uniform Act, VCS 6701d.

- 1. ANIMAL ON ROAD, DOMESTIC** - When a vehicle receives damage as a result of striking a domestic animal, such as a cow, dog, or chicken; or when a domestic animal's

presence on the road contributes to the accident.

2. **ANIMAL ON ROAD, WILD** - When a vehicle receives damage as a result of striking a wild animal, such as a deer, coyote, turkey, buzzard, etc.; or when a wild animal's presence on the road contributes to the accident.
3. **BACKED WITHOUT SAFETY** - When a driver makes an unsafe movement and such action contributes to the accident.
Legal Reference: Section 173
4. **CHANGED LANES WHEN UNSAFE** - When a vehicle on a multilane street moves outside its lane of travel and such action contributes to the accident.
Legal Reference: Section 68(a)
5. **DEFECTIVE OR NO HEADLIGHTS** - When a vehicle is not equipped with headlamps or when headlamps are defective to any extent that they contribute to the accident. Consideration should be given to the time of day or conditions requiring use and proper mounting. Example: Would the use of headlamps during daylight hours have been a preventative measure?
Legal Reference: Section 110(a); Section 130(a)
6. **DEFECTIVE OR NO STOP LAMPS** - When the lack or malfunction of stop lamps contributes to the accident.
Legal Reference: Section 118, 124(e)
7. **DEFECTIVE OR NO TAIL LAMPS** - When the lack or malfunction of tail lamps contributes to the accident. Consideration should be given to factors in the accident such as time of day and lighting conditions and not statute requirements.
Legal Reference: Section 111(a)
8. **DEFECTIVE OR NO TURN SIGNAL LAMPS** - When the lack of or malfunction of turn signals contributes to the accident.
Legal Reference: Section 124(f)
9. **DEFECTIVE OR NO TRAILER BRAKES** - Applies to brakes on trailers, semi-trailers, and pole trailers when the lack of such equipment or malfunction contributes to the accident. Do not check this section when the vehicle's stopping ability had no bearing on the accident.
Legal Reference: Section 132
10. **DEFECTIVE OR NO VEHICLE BRAKES** - When lack of or malfunction of brakes on motor vehicles, motorcycles, etc., contributes to the accident. Also applies in the case of inadequate parking brakes resulting in a collision.
Legal Reference: Section 132
11. **DEFECTIVE STEERING MECHANISM** - When there is a malfunction of either manual or power steering and the malfunction contributes to the accident.
Legal Reference: Section 140
12. **DEFECTIVE OR SLICK TIRES** - When a lack of tire traction due to excessive tread wear or a blow out of a tire contributes to the accident.

Legal Reference: Section 135

13. **DEFECTIVE TRAILER HITCH** - When malfunction or poorly designed hitch contributes to the accident. Does not apply when separation of a trailer and towing unit occurred as a result of impact, which the hitch mechanism could not be expected to withstand.
Legal Reference: Section 108(a-1) (2) (3)
14. **DISABLED IN TRAFFIC LANE** - When the traffic unit is actually disabled in a traffic lane on the main traveled portion of the road and this contributes to the accident.
Legal Reference: Section 93(b)
15. **DISREGARDED STOP AND GO SIGNAL** - When a vehicle fails to stop or comply with a traffic signal light exhibiting alternating red, yellow, or green lights for controlling traffic and such action contributes to the accident.
Legal Reference: Sections 32(a), 33(c)-1
16. **DISREGARDED STOP SIGN OR LIGHT** - When a driver fails to stop for a stop sign or a flashing red light used in lieu of or in conjunction with a stop sign when such an action contributes to the accident. If a vehicle stops, then fails to yield right of way refer to factor 35.
Legal Reference: Section 35(a)-1; Sections 71(a), 73(b)
17. **DISREGARDED TURN MARKS AT INTERSECTION** - When a vehicle fails to follow the directed course as required by official traffic control devices within or adjacent to an intersection and such action contributes to the accident.
Legal Reference: Section 65(c)
18. **DISREGARDED WARNING SIGN AT CONSTRUCTION** - When a driver encountering a construction zone disregards warning signs placed thereto and such action contributes to the accident.
Legal Reference: 6674u, Section 2
19. **DISTRACTION IN VEHICLE** - When the driver's actions or the actions of others in his/her vehicle are such that a lack of observance and/or vehicle control occurred to the extent it contributes to the accident.
20. **DRIVER INATTENTION** - When a driver's lack of attention to the highway or traffic occurs and contributes to the accident.
21. **DROVE WITHOUT HEADLIGHTS** - When lighting conditions or time of day dictates use of headlights for safe operation to perceive actual hazards and lack of compliance contributes to the accident.
Legal Reference: Section 109(a)
22. **FAILED TO CONTROL SPEED** - When the speed of the vehicle was unreasonable for the circumstances or conditions and the driver's lack of control resulted in a collision with a person, vehicle, or conveyance that was legally on the highway.
Note: Factors 22, 60, and 61 cannot apply to the same unit.
Legal Reference: Section 166(b)
23. **FAILED TO DRIVE IN A SINGLE LANE** - When a driver on a multilaned roadway failed

to keep his vehicle entirely within his lane of travel and such action contributes to the accident.

Legal Reference: Section 60(a)

24. **FAILED TO GIVE ½ OF ROADWAY** - When a driver is meeting an oncoming vehicle on a roadway wide enough for one lane of traffic in each direction and the driver fails to give the oncoming vehicle fully one-half (½) of the roadway and such action contributes to the accident.
Legal Reference: Section 53
25. **FAILED TO HEED WARNING SIGN** - When failure to use proper caution in obedience to an official traffic control device or a warning sign contributes to the accident.
Legal Reference: Sections 32, 35(a)-2
26. **FAILED TO PASS TO LEFT SAFELY** - When a vehicle passing to the left infringes on the space of the overtaken vehicle and such action contributes to the accident. (Do not confuse with number 53.)
Legal Reference: Section 54(a)
27. **FAILED TO PASS TO RIGHT SAFELY** - When a vehicle overtaking to the right infringes on the space of the overtaken vehicle and such action contributes to the accident.
Legal Reference: Section 55(a)
28. **FAILED TO SIGNAL OR GAVE WRONG SIGNAL** - When failure to give appropriate signal or giving a wrong signal contributes to the accident.
Legal Reference: Section 68(b), (c), and (d); Section 69
29. **FAILED TO STOP AT PROPER PLACE** - When a vehicle fails to stop at crosswalk or clearly marked stop line, before entering an intersection, or a proper distance from R.R. grade crossing and such action contributes to the accident.
Legal Reference: Sections 33(c)-1, 33(d), and 35(a)-1
30. **FAILED TO STOP FOR SCHOOL BUS** - When a vehicle fails to stop (or remain stopped) for a school bus stopped on the highway, with required visual signals in operation, to receive or discharge school children and such action contributes to the accident.
Legal Reference: Section 104(a)
31. **FAILED TO STOP FOR TRAIN** - When a vehicle disregards a R.R. crossing gate or flagman, R.R. crossing signal, or approaching train that is plainly visible and in hazardous proximity to the crossing and such action contributes to the accident.
Legal Reference: Section 86
32. **FAILED TO YIELD RIGHT OF WAY - EMERGENCY VEHICLE** - When a vehicle fails to yield the R.O.W. to a legally authorized emergency vehicle responding to an actual emergency in compliance with statutes and such action contributes to the accident.
Legal Reference: Section 75
33. **FAILED TO YIELD RIGHT OF WAY - OPEN INTERSECTION** - When a vehicle fails to yield R.O.W. to a vehicle at an intersection not controlled by traffic signs or signals and such action contributes to the accident.
Legal Reference: Section 71(b), (c), (d), and (d-1)

34. **FAILED TO YIELD RIGHT OF WAY - PRIVATE DRIVE** - When a driver of a vehicle fails to yield R.O.W. before entering or crossing a highway from an alley, building, private road, or driveway and such action contributes to the accident.
Legal Reference: Sections 74 and 92
35. **FAILED TO YIELD RIGHT OF WAY - STOP SIGN** - When a vehicle stops for a stop sign and then fails to yield R.O.W. to a vehicle at an intersection controlled by a stop sign and such action contributes to the accident.
Legal Reference: Sections 71(a) and 73(b)
36. **FAILED TO YIELD RIGHT OF WAY - TO PEDESTRIAN** - When a vehicle fails to yield R.O.W. to a pedestrian legally on the roadway and such action contributes to the accident.
Legal Reference: Sections 33(a), (b), and (c), 34(a), 76(d), and 77
37. **FAILED TO YIELD RIGHT OF WAY - TURNING LEFT** - When a vehicle intending to turn left at an intersection or into an alley, private road, or driveway fails to yield R.O.W. to any vehicle approaching from the opposite direction and such action contributes to the accident.
Legal Reference: Section 72
38. **FAILED TO YIELD RIGHT OF WAY - TURN ON RED** - When a vehicle facing a steady red signal at an intersection stops; then enters the intersection to turn without yielding R.O.W. to other vehicles or pedestrians lawfully using the intersection and such action contributes to the accident.
Legal Reference: Section 33(c)1
39. **FAILED TO YIELD RIGHT OF WAY - YIELD SIGN** - When a vehicle fails to yield R.O.W. to another vehicle at an intersection controlled by a yield sign and such action contributes to the accident.
Legal Reference: Sections 71(a) and 73(c)
40. **FATIGUED OR ASLEEP** - When, due to exhaustion or weariness, the driver of a vehicle goes to sleep or into a period of mental inactivity which impairs his reaction time or perception and such condition contributes to the accident.
41. **FAULTY EVASIVE ACTION** - When a driver takes no evasive action at all when it is reasonable to assume he/she should have, and when such action could have prevented the collision, or in an effort to avoid the collision the driver takes improper evasive action and such action contributes to the accident.
42. **FIRE IN VEHICLE** - When a fire is accidentally ignited in a vehicle or a fire is started by some mechanical failure, or after collision but before events have stabilized.
43. **FLEEING OR EVADING POLICE** - When a driver of a vehicle intentionally flees from a person he/she knows is a peace officer attempting to arrest, and this fleeing results in any type of collision.
Legal Reference: Section 186
44. **FOLLOWED TOO CLOSELY** - When a vehicle is following too close to take proper evasive action and such action contributes to the accident.
Legal Reference: Section 61(a), (b), and (c)

45. **HAD BEEN DRINKING** - When, in the investigator's opinion, driver of vehicle, pedestrian or pedalcyclist, in the accident had been drinking an alcoholic beverage but not to the extent to be considered intoxicated. (Show in other factors/conditions sections.)
Note: Both factors 45 and 67 should not be indicated on one driver.
46. **HANDICAPPED DRIVER (See Narrative)** - When a driver of a vehicle in the accident had a physical handicap and such condition contributes to the accident.
Note: Explain in narrative.
47. **ILL (See Narrative)** - When a driver of a vehicle in the accident had physical or mental illness and such condition contributed to the accident.
Note: Explain in narrative.
48. **IMPAIRED VISIBILITY** - When a driver's view is obstructed by the vehicle's load or occupants; or when vehicles and/or objects, on or near the highway obstruct driver's view of pedestrian and/or traffic. This also includes impaired visibility due to weather or objects/material placed over windows.
Note: Explain in narrative.
49. **IMPROPER START FROM PARKED POSITION** - When a driver makes an unsafe movement from a parked position and such action contributes to the accident.
Legal Reference: Section 67
50. **LOAD NOT SECURED** - When an unsecured or improperly secured load shifts or falls from a vehicle and contributes to the accident.
51. **OPENED DOOR INTO TRAFFIC LANE** - When a door of a vehicle is opened into a traffic lane and contributes to the accident.
Legal Reference: Section 176
52. **OVERSIZE VEHICLE OR LOAD** - When a vehicle with an oversize load or an oversize vehicle, or manufactured housing because of its oversize contributes to the accident.
Legal Reference: VCS, 6701d-11
53. **OVERTAKE AND PASS INSUFFICIENT CLEARANCE** - When an overtaking vehicle does not have sufficient space to safely return to the right side of the roadway, because of oncoming traffic, and such action contributes to the accident by interfering with the oncoming vehicle or the vehicle overtaken.
Legal Reference: Section 56
54. **PARKED AND FAILED TO SET BRAKES** - When failure to set the brakes on a vehicle that was parked and left unattended contributes to the accident.
Legal Reference: Section 97
55. **PARKED IN TRAFFIC LANE** - When any vehicle is not legally stopped, standing, or parked in a traffic lane and such action contributes to the accident.
Legal Reference: Sections 93, 95, and 96
56. **PARKED WITHOUT LIGHTS** - When a vehicle is parked without lights in violation of a provision of Section 121 and such action contributes to the accident.
Legal Reference: Section 121

57. **PASSED IN NO PASSING ZONE** - When a vehicle overtakes and passes another vehicle in a no passing zone and such action contributes to the accident.
Legal Reference: Section 58
58. **PASSED ON RIGHT SHOULDER** - When a vehicle is illegally overtaking or passing another vehicle on the right shoulder and such action contributes to the accident.
Legal Reference: Section 54A
59. **PEDESTRIAN FAILED TO YIELD RIGHT OF WAY TO VEHICLE** - When a pedestrian fails to yield to vehicular traffic and such action contributes to the accident.
Legal Reference: Sections 77, 78, 80 or 96
60. **SPEEDING - UNSAFE (UNDER LIMIT)** - When a vehicle is traveling under the maximum legal speed limit; however, at a speed that is unsafe for the conditions then existing and such action contributes to the accident.
Legal Reference: Section 166(a), (b), (c)
61. **SPEEDING - OVER LIMIT** - When a vehicle is traveling over the legal speed limit and such action contributes to the accident.
Note: Factors 22, 60, and 61 cannot apply to the same unit.
Legal Reference: Section 166(a)
62. **TAKING MEDICATION** - When a driver is taking medication (prescription or over the counter). (Show in other factors/conditions section.) (List medication taken in narrative.)
63. **TURNED IMPROPERLY - CUT CORNER ON LEFT** - When a vehicle starts its left turn too soon and such action contributes to the accident.
Legal Reference: Section 65(b)
64. **TURNED IMPROPERLY - WIDE RIGHT** - When a vehicle turns right on a roadway and fails to keep as near as practical to the right curb or edge of roadway but not to the degree that it could be called "turn from wrong lane," and such action contributes to the accident.
Legal Reference: Section 65(a)
65. **TURNED IMPROPERLY - WRONG LANE** - When a vehicle turns right or left from the wrong lane and such action contributes to the accident.
Legal Reference: Section 65
66. **TURNED WHEN UNSAFE** - When a vehicle turns right or left or moves from a direct course when such turn or movement could not be made safely and such action contributes to the accident.
Legal Reference: Section 68
67. **UNDER INFLUENCE - ALCOHOL** - When the intoxicated condition of the driver, pedestrian or pedalcyclist, due to consuming alcoholic beverages is a factor that contributes to the accident.
Legal Reference: VCS 6701/1
68. **UNDER INFLUENCE - DRUG** - When the intoxicated condition of a driver, pedestrian or pedalcyclist, due to taking drugs is a factor that contributes to the accident.

Legal Reference: VCS 6701/-1

69. **WRONG SIDE - APPROACH OR IN INTERSECTION** - When a vehicle is overtaking and passing another vehicle left of the center of the roadway either approaching or traversing an intersection and such action contributes to the accident.
Legal Reference: Section 57
70. **WRONG SIDE - NOT PASSING** - When a vehicle is driven on the wrong side of the roadway not in the act of overtaking and passing another vehicle traveling in the same direction and such action contributes to the accident.
Legal Reference: Section 52
71. **WRONG WAY - ONE-WAY ROAD** - When a vehicle is driven the wrong way on a one-way roadway or the wrong way on a divided highway and such action contributes to the accident.
Legal Reference: Section 59
72. **OTHER FACTOR (Write in on line below - explain in narrative if necessary)** - Identify any factor or condition that does not belong in any of the preceding 71 categories.

DETAILED INSTRUCTIONS FOR COMMERCIAL MOTOR VEHICLE SUPPLEMENT TO THE TEXAS PEACE OFFICER'S ACCIDENT REPORT

The Commercial Motor Vehicle Supplement has been designed to satisfy the information needs regarding the involvement of commercial motor vehicles in traffic accidents. The data on the reports will be used to satisfy the sanctioning requirements of the Commercial Driver's License Law and to provide data for the regulation of motor carriers through the Motor Carrier Safety Program. In addition, this information will be made available to the Federal Highway Administration's Safetynet program and will be provided to the local agencies which collect this data.

It is the Department's intent to limit the amount of redundant information on this supplement; however, certain duplicate information is necessary to insure the supplement can be properly matched to the appropriate ST-3 (Texas Peace Officer's Accident Report).

GENERAL

A separate commercial supplement is to be completed on **each** commercial motor vehicle involved in a motor vehicle accident. This supplement(s) must be attached to the basic peace officer's accident 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 RGWV. For combination or token trailers, see 1.6 below.
 - 1.3 On vehicles registered in Texas, the RGWV 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, RGWV 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 RGWV 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 RGWV is used to determine the need to complete this supplement, the RGWV 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 RGWV. In those instances, show the RGWV of the combination in the power unit and show zero (0) on the trailer(s).
 - 1.7 RGWV 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 SUPPLEMENT COMPLETION

Each data element is numbered to assist in the completion of the form. The following instructions will relate to these item numbers.

ACCIDENT INFORMATION (Items 1-6)

ST-3C (1/94) COMMERCIAL MOTOR VEHICLE SUPPLEMENT TO THE TEXAS PEACE OFFICER'S ACCIDENT REPORT

ACCIDENT INFORMATION				LOC. NO. _____
1 COUNTY _____	2 CITY OR TOWN _____			DO NOT WRITE IN THIS SPACE
3 ROAD ON WHICH ACCIDENT OCCURRED _____ BLOCK NO. _____ STREET OR ROAD NAME _____ ROUTE NUMBER _____				
4 DATE OF ACCIDENT _____ 19 _____	5 DAY OF WEEK _____	6 HOUR _____	7 AM _____ 8 PM _____ (IF EXACTLY NOON OR MIDNIGHT, SO STATE)	MCS NO. _____

Complete the information in this section (items 1-6) exactly as shown on the ST-3, to which this supplement refers. This is to assure the supplement and other reports are properly related to each other.

If your agency or service assigns an incident or report number to the accident report, the block titled "LOC. NO. ____" may be used to show this number. The "MCS NO. ____" block **must** be left blank.

DRIVER INFORMATION (Items 7-12)

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

ITEMS 7-8 NAME AND DRIVER'S LICENSE

Complete items 7 and 8 exactly as shown on the ST-3. This is to allow an accurate link of the supplemental information to the appropriate unit/driver on the ST-3. **If driver is not licensed show "none". Do not show "unknown" unless absolutely impossible to determine license status.**

ITEM 9 DRIVER'S LICENSE CLASS/TYPE

Indicate the appropriate class or type of license in item 9. Indicate by checking either the yes or no block whether the license is a Commercial Driver License (CDL).

1. A driver with a Class A license would be shown:
"A"

If there is no specific indication that the license is a Commercial Driver License (CDL), the "No" block would be checked.

2. A driver with a Class A-CDL (Commercial Driver License) would be shown:
"A"

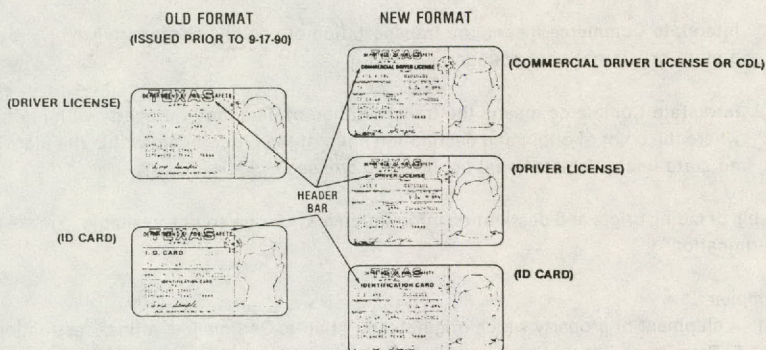
Since this specifically states this is a CDL, the "Yes" block will be checked.

3. A driver with a Commercial Operator or Chauffeur License would be shown:
"Commercial Operator",
"Chauf" or "Chauffeur"

If there is no specific indication that the license is a Commercial Driver License (CDL), the "No" block would be checked.

It is of critical importance to identify a Commercial Driver License (CDL) issued in accordance with the Federal Commercial Motor Vehicle Safety Act. Licenses issued under those provisions must have either "Commercial Driver License" or "CDL" or both on their face. Following

are samples of the Texas licenses being issued beginning 9-17-90. These samples illustrate where this information is located on Texas Licenses.



ITEMS 10-11 RESTRICTIONS - ENDORSEMENTS

Enter the restriction code(s) in item 10 for any restriction(s) which may be shown on the license. A restriction places limitations or special requirements on the license. Enter any endorsement(s) shown on the license in item 11. An endorsement authorizes the operation of certain types of vehicles. If there are no restrictions and/or endorsements on a license, indicate "None" in items 10 and/or 11 as applicable.

Examples:

1. If a person holds a Texas license with an "A" restriction, this person must wear corrective lenses in order to operate a motor vehicle. In this situation, enter "A" in item 10, regardless of whether the driver was actually wearing his lenses or not.
2. As commercial drivers licenses are issued, endorsements may be shown on licenses. For example, a person may have a "T" shown in the endorsement field of his/her license. Endorsement "T" authorizes a person to operate a truck-tractor towing 2 semi-trailers/trailers. If the license of this driver has such an endorsement, enter "T" in item 11.

ITEM 12 DRIVERS DOB

Enter the driver's date of birth in item 12.

CARRIER INFORMATION (Items 13-18)

CARRIER INFORMATION		<input type="checkbox"/> VEHICLE OPERATION <input type="checkbox"/> INTERSTATE COMMERCE <input type="checkbox"/> INTRASTATE COMMERCE		<input type="checkbox"/> NAME SOURCE	
<input type="checkbox"/> CARRIER'S CORPORATE NAME		<input type="checkbox"/> SHIPPING PAPERS <input type="checkbox"/> DRIVER		<input type="checkbox"/> SIDE OF VEHICLE <input type="checkbox"/> OTHER	
<input type="checkbox"/> CARRIER'S PRIMARY ADDRESS		NUMBER	STREET	CITY	STATE
<input type="checkbox"/> CARRIER ID TYPE: <input type="checkbox"/> ICC <input type="checkbox"/> DOT <input type="checkbox"/> RRC <input type="checkbox"/> OTHER <input type="checkbox"/> NONE		<input type="checkbox"/> CARRIER ID NO.		ZIP	

ITEM 13 VEHICLE OPERATION: INTERSTATE - INTRASTATE

The identification of the type of commerce is critical since it determines which laws and regulations apply to the operation of the vehicle.

Indicate by checking the appropriate block in item 13 whether the operation of the vehicle at the time of the accident was in interstate commerce or intrastate commerce. Interstate commerce and intrastate commerce are defined as follows:

1. **Interstate Commerce** means the transportation of persons or property which crosses a state or international boundary.
2. **Intrastate Commerce** means the transportation of persons or property within a state where the point of origin and destination point of the property are within the state and no state line or international boundary is crossed.

The bill of lading origin and destination information may be one source available to make this determination.

Examples:

1. A shipment of property which originates in Atlanta, Georgia has a final destination of El Paso, Texas. The property is off-loaded at a terminal in Dallas and transferred to another vehicle for completion of the journey. Based on these circumstances, if the bill of lading shows origin as Atlanta, Georgia and final destination as El Paso, Texas, the leg of the trip from Dallas to El Paso is still considered **Interstate Commerce**, even though that vehicle may not have actually travelled outside Texas.
2. Under the same set of circumstances in example 1, the Dallas terminal is a distribution warehouse of some type, and the bill of lading shows origin as Atlanta, Georgia and the final destination point as Dallas. The subsequent transportation of the property from Dallas to El Paso would be considered **Intrastate Commerce**, provided the bill of lading indicated Dallas as origin and El Paso as destination and the actual transportation of the property did not cross a state or international border.
3. A load of property is being transported from El Paso to Lubbock. The bill of lading indicates El Paso as point of origin and Lubbock as point of destination. The driver cuts through New Mexico to save time and mileage. This would be **Interstate Commerce**.

[ITEM 14 NAME SOURCE

Indicate by checking the appropriate block in Item 14 where the Name Source of the Motor Carrier was obtained.

ITEMS 15-16 CARRIERS CORPORATE NAME/ADDRESS

In items 15 and 16, enter the motor carrier's corporate name and address. A motor carrier is defined as any "for hire" (common, specialized or contract) carrier of property or passengers by motor vehicle or any private carrier of property by motor vehicle. This may or may not be the actual owner of the vehicle as shown on the registration receipt.

Examples:

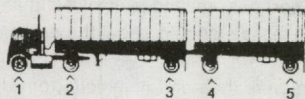
1. John Doe is the registered owner and operator of a truck leased to ABC Transport, a "for hire" carrier. ABC Transport is the motor carrier.
2. A truck owned by and registered to a bona fide truck leasing company as approved by DPS under VCS 6701c-1 Sec. 2, is operated by an employee of the truck leasing com-

ITEM 22 TOTAL NUMBER OF AXLES

Show the number of axles which this vehicle and its trailer(s), if any, are equipped. Include auxiliary axles which may be in a raised position.



(3 axles - 6 tires)



(5 axles - 18 tires)

A single unit dump truck has a steering axle at the front with two tires and a tandem axle (2 axles) at the rear, each with two tires. The total number of axles is 3. The total number of tires is 6.

A truck-tractor is towing a semi-trailer and a trailer in combination. The truck-tractor has a steering axle each with single tire on each side, plus a single drive axle, with two tires on each side. The semi-trailer has one axle at its rear, with two tires on each side and the trailer has 2 axles, with two tires on each side. The total number of axles for the combination is equal to five (5). The total number of tires is eighteen (18).

[ITEM 23 TIRES

Show only the number of tires that are in contact with the road surface; exclude any tires that are attached to auxiliary axle assemblies that are not in actual contact with the road surface.

ITEM 24 AIR BRAKES

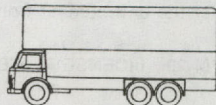
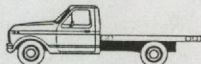
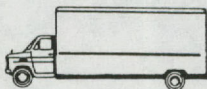
Check yes if the vehicle was equipped with air brakes or partial air brakes. If equipped with any other brake system, check no.

ITEM 25 VEHICLE TYPE

Enter the appropriate code value which best represents the vehicle type involved in the accident. The specific vehicle types for each code value are defined as follows:

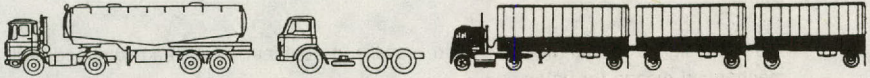
1. Truck

Every motor vehicle designed, used or maintained primarily for the transportation of property. Pickups which meet reporting criteria are included in this type.



2. Truck-Tractor

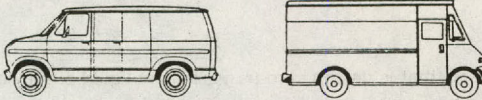
Motor vehicle designed and used primarily for drawing other vehicles and not so constructed as to carry a load other than a part of the weight of the vehicle and load so drawn. Each of the following towing units are truck tractors.



(Bob-tail)

3. Van

Includes vehicles such as delivery vans, step vans, etc.



4. Bus

A motor vehicle designed to carry more than 15 passengers (including the driver).



5. Automobile

A motor vehicle designed for carrying passengers and used for the transportation of persons, which is not classified as a van or bus.



6. Other

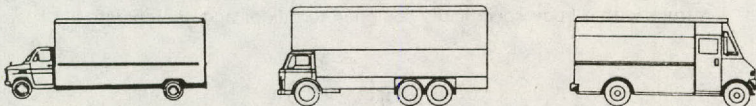
Any other type motor vehicle.

ITEM 26 CARGO BODY STYLE

Enter the appropriate code value which best represents the Cargo Body Style of the vehicle involved in the accident. This code **only** applies to the towing unit in a combination and the physical description of the vehicle. Trailer information, if any, will be collected later. The specific Cargo Body Styles for each value are defined as follows:

1. Van/Enclosed Box

A truck/vehicle having an enclosed body integral to the frame of the motor vehicle. A truck of this type which is refrigerated, would be coded as a van/enclosed box rather than a specialized truck.



2. Dump

A truck designed to haul rock, dirt, sand, gravel and similar materials and equipped with mechanical means for unloading.



3. Cargo Tank

Any motor vehicle that is designed to transport any liquid or gaseous material within a tank that is permanently or temporarily attached to the vehicle or the chassis.



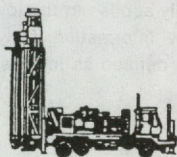
4. Garbage/Refuse

A truck with a body style specifically designed to collect and transport garbage or refuse. This includes both conventional rear loading and over-the-top bucket-loading garbage trucks.



5. Specialized

A vehicle not designed or used primarily for the transportation of persons or property and only incidentally operated on a highway. This includes but is not limited to: ditchdigging apparatus, self-propelled cranes, oil well drilling units, well boring apparatus, etc.



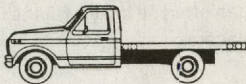
6. Cement Mixer

A truck with a body specifically designed to mix or agitate concrete.



7. Flatbed

A truck with a flat load bearing surface which normally does not have fixed, permanent sides, but may be equipped with removable side-boards.



8. Not Applicable - NA

This code will be used if this vehicle is not equipped to carry any load, i.e. a truck-tractor, automobile or bus.

9. Other

A vehicle which does not fit one of the previous categories. Specify in the blank provided the type of truck being reported.

ITEM 27 HAZARDOUS MATERIALS

In item 27, indicate by checking the appropriate block whether this motor vehicle was transporting hazardous materials. If motor vehicle is not hauling hazardous materials, the class, ID no. and discharge information should be left blank. Do not consider fuel from the motor vehicle fuel tank as the transportation of hazardous materials.

Example:

1. If this unit is a truck-tractor/semi-trailer combination, and only the semi-trailer is loaded with hazardous materials, the proper coding in item 27 would be "no" since the truck-tractor is not hauling hazardous materials. The hazardous materials data would be shown in the appropriate trailer information.

If yes is checked for this motor vehicle, then show the hazardous material(s) class number(s) and four-digit identification number(s) in the spaces provided. Information on up to 3 hazardous materials can be reported.

The hazardous materials class and ID numbers should be taken from the shipping papers or bill of lading. The following paper is only illustrative since shipping papers and bills of lading may differ in format.

Example:

Routing Delivering Carrier		Vehicle No. Car Initial & No.	
C.O.D.		SHIPPING NAME	
DESCRIPTION OF ARTICLES, SPECIAL MARKS, AND EXCEPTIONS		WEIGHT (Subject to correction)	CLASS (Check in Column)
1 TT	Acetone, Flammable Liquid, UN1090	85,000	
CLASSIFICATION		ID NUMBER	
CHARGES ADVANCED: \$ Subject to Section 7 of conditions, if it is to be delivered to the consignee without a receipt, the consignor shall sign the B form. The carrier shall not make delivery of without payment of freight and all other:			
(Signature of Consignor)			

These shipping papers must be carried in the cab of the vehicle.

If the shipping papers or bill of lading are not available or if the class and ID numbers cannot be located on these documents, the class and ID numbers may be taken directly from the placarding.

The hazardous material class can often be located in the lower corner of the diamond shaped hazardous material warning placard.

Example:



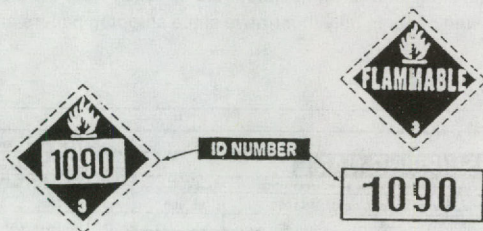
HAZARDOUS MATERIAL CLASS - 3

There are nine (9) classes of hazardous materials. These are:

- Class 1 - Explosives
- Class 2 - Gases
- Class 3 - Flammable liquids
- Class 4 - Flammable solids: spontaneously combustible materials and, materials dangerous when wet
- Class 5 - Oxidizers and Organic Peroxides
- Class 6 - Poisonous and Etiologic (infectious) materials
- Class 7 - Radioactive materials
- Class 8 - Corrosives
- Class 9 - Miscellaneous hazardous materials

The ID number can also be found in the diamond shaped label or on an orange panel on tank vehicles.

Example:



If hazardous materials were being transported, indicate whether they were released (discharged, spilled, etc.) by marking the appropriate block.

ITEM 28 VEHICLE USE

Indicate the use of the vehicle at the time of the accident by checking the appropriate block. Vehicle use must be based on the following criteria:

1. Farm vehicle

Consider the vehicle a farm vehicle only if all of the following conditions are met:

- 1) the vehicle is controlled and operated by a farmer (includes a farmer's employee);
- 2) used to transport agricultural products, farm machinery, or farm supplies to or from a farm;
- 3) not used in the operation of a common or contract carrier; and
- 4) is being used within 150 air miles of the farmer's farm.

All of these conditions must be met in order to check the Farm block.

2. Military vehicle

A military vehicle must be operated for military purposes by military personnel. This includes all active duty military personnel, members of the reserves or national guard on active duty, including personnel on full-time national guard duty, personnel on part-time training and national guard military technicians.

3. Recreational vehicles (RV)

Consider the vehicle a recreational vehicle only if it is being operated for personal use. An RV operated for hire would not be considered an RV in this section.

4. Firefighter

A fire-fighting vehicle necessary to the preservation of life or property or the execution of emergency functions.

5. School Bus

A motor vehicle used for the transportation of any school pupil at or below the 12th grade level to or from a public or private school or school related activity. To be considered a school bus, the bus must be national school bus yellow, have the wording school bus and flashing red and amber lights at the front and rear of the bus, and the identification of the school district or company operating the bus. Any other bus transporting school pupils which is not marked in that manner is not considered a school bus.

6. Transport Personal Property

If this motor vehicle is being used to transport personal property, indicate by using this code. For example, if the vehicle is a U-Haul truck being used by an individual to transport his/her household belongings, this code would apply.

7. Transport Sick or Injured or Human Corpses

If this motor vehicle is transporting sick or injured persons or human corpses, indicate by using this code.

8. Private Transportation of Passengers

If this motor vehicle is engaged in the private transportation of passengers, use this code. An example of the private transportation of passengers would be a church bus or day care bus or van.

9. Other

If the vehicle use does not fit into one of the preceding categories, code Other.

ITEM 29 CARGO TYPE

The code number next to the cargo type which most closely relates to the type of cargo being transported should be shown in the block of item 29. If the vehicle is a truck and is designed to carry property but is currently empty, code "13-EMPTY". If the vehicle is a truck tractor or specialized truck, it is not designed to carry property and should be coded "14-NOT APPLICABLE".

ITEM 30 BUS

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

ITEM 31 NUMBER OF TRAILERS/SEMI-TRAILERS

Show in item 31 the number of trailers the vehicle is towing. If none, show zero (0). (Include Manufactured Housing.)

TRAILER NUMBER 1 (2) INFORMATION [Items 32-37 (38-43)]

32 TRAILER NUMBER 1 INFORMATION 32a LICENSE PLATE YEAR STATE NUMBER 32b GROSS VEHICLE WEIGHT RATING REGISTERED GROSS VEHICLE WEIGHT		34a TRAILER TYPE <input type="checkbox"/> 1-FULL TRAILER <input type="checkbox"/> 2-SEMI-TRAILER <input type="checkbox"/> 3-POLE TRAILER	34b HAZARDOUS MATERIALS TRANSPORTING HAZARDOUS MATERIALS <input type="checkbox"/> YES <input type="checkbox"/> NO 1. CLASS _____ ID NO. _____ 2. CLASS _____ ID NO. _____ 3. CLASS _____ ID NO. _____ HAZARDOUS MATERIALS RELEASED <input type="checkbox"/> YES <input type="checkbox"/> NO
36 TRAILER CARGO BODY STYLE <input type="checkbox"/> 1-VAN/ENCLOSED BOX <input type="checkbox"/> 2-DUMP <input type="checkbox"/> 3-CARGO TANK <input type="checkbox"/> 4-LIVESTOCK 5-SPECIALIZED 6-FLATBED 7-AUTO-TRANSPORT 8-OTHER		37 CARGO TYPE <input type="checkbox"/> 1-GENERAL FREIGHT <input type="checkbox"/> 2-GAS IN BULK <input type="checkbox"/> 3-LIQUID IN BULK <input type="checkbox"/> 4-SOLIDS IN BULK <input type="checkbox"/> 5-PRODUCE	6-AGRICULTURAL PRODUCTS 7-LIVESTOCK 8-ROCK,DIRT,SAND,GRAVEL,ETC. 9-MACHINERY 10-CONSTRUCTION MATERIAL 11-DAIRY PRODUCTS 12-OTHER(Specify) _____ 13-EMPTY 14-NOT APPLICABLE (UNIT NOT EQUIPPED FOR CARGO)
38 TRAILER NUMBER 2 INFORMATION 38a LICENSE PLATE YEAR STATE NUMBER 38b GROSS VEHICLE WEIGHT RATING REGISTERED GROSS VEHICLE WEIGHT		40a TRAILER TYPE <input type="checkbox"/> 1-FULL TRAILER <input type="checkbox"/> 2-SEMI-TRAILER <input type="checkbox"/> 3-POLE TRAILER	40b HAZARDOUS MATERIALS TRANSPORTING HAZARDOUS MATERIALS <input type="checkbox"/> YES <input type="checkbox"/> NO 1. CLASS _____ ID NO. _____ 2. CLASS _____ ID NO. _____ 3. CLASS _____ ID NO. _____ HAZARDOUS MATERIALS RELEASED <input type="checkbox"/> YES <input type="checkbox"/> NO
42 TRAILER CARGO BODY STYLE <input type="checkbox"/> 1-VAN/ENCLOSED BOX <input type="checkbox"/> 2-DUMP <input type="checkbox"/> 3-CARGO TANK <input type="checkbox"/> 4-LIVESTOCK 5-SPECIALIZED 6-FLATBED 7-AUTO-TRANSPORT 8-OTHER		43 CARGO TYPE <input type="checkbox"/> 1-GENERAL FREIGHT <input type="checkbox"/> 2-GAS IN BULK <input type="checkbox"/> 3-LIQUID IN BULK <input type="checkbox"/> 4-SOLIDS IN BULK <input type="checkbox"/> 5-PRODUCE	6-AGRICULTURAL PRODUCTS 7-LIVESTOCK 8-ROCK,DIRT,SAND,GRAVEL,ETC. 9-MACHINERY 10-CONSTRUCTION MATERIAL 11-DAIRY PRODUCTS 12-OTHER(Specify) _____ 13-EMPTY 14-NOT APPLICABLE (UNIT NOT EQUIPPED FOR CARGO)

Trailer information will be completed based on the number of trailers being towed as shown in item 31. If no trailers are being towed, neither trailer section will need completion. If one (1) trailer is being towed, only trailer one (1) information is required. If two (2) trailers are being towed, complete both trailer sections. Should more than two trailers be in the combination, show the actual number in item 31 and complete the information on the first two trailers only.

In order to avoid repetition, the instructions for trailer section 1 and 2 will be combined. Item numbers for trailer 2's section will be shown in parentheses next to trailer 1's item numbers.

ITEM 32 (38) LICENSE PLATE

Show in item 32 (38) the registration year, state and number.

ITEM 33 (39) GROSS VEHICLE WEIGHT RATING-REGISTERED GROSS VEHICLE WEIGHT

Show the GVWR or RGWV for the trailer(s). If RGWV is being reported and this trailer(s) has either token or apportioned plates, the entire registered weight will be shown on the towing unit and zero should be shown for item 33 (39). If the trailer(s) registration is other than token or apportioned, then the actual registered weight for the trailer should be shown. If GVWR is being used, then the GVWR for the trailer(s) will be shown. Check the block indicating whether GVWR or RGWV was used.

ITEM 34 (40) TRAILER TYPE

Enter the appropriate code value which best represents the type of trailer(s) being reported. There are three types of towed units which can be reported on this supplement. These are:

1. Trailer

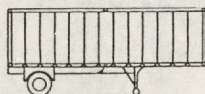
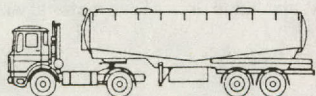
A vehicle, other than a pole trailer, designed for carrying persons or property and for being drawn by a motor vehicle and constructed so that no part of its weight rests upon the towing unit.



(Trailer)

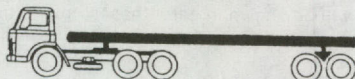
2. Semi-trailer

A vehicle, other than a pole trailer, designed for carrying persons or property and for being drawn by a motor vehicle and so constructed that some part of its weight and that of its load rests upon or is carried by another vehicle.



3. Pole trailer

A vehicle designed to be drawn by another vehicle and attached to the towing vehicle by means of a reach, or pole, or by being boomed or otherwise secured to the towing vehicle, and ordinarily used for transporting long or irregularly shaped loads such as poles, pipes, or structural members which generally are capable of sustaining themselves as beams between the supporting connections.



ITEM 35 (41) HAZARDOUS MATERIALS

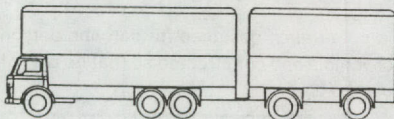
In item 35 (41), indicate whether the trailer(s) is hauling hazardous materials, the class, ID no. and whether hazardous materials was released. This will be shown in accordance with the instruction for the motor vehicle in item 27. Please refer to item 27 for detailed instructions (page 37).

ITEM 36 (42) TRAILER CARGO BODY STYLE

Enter the appropriate code value which best represents the Trailer Cargo Body Style in the block in item 36 (42). The specific Cargo Body Styles for each code value are defined as follows:

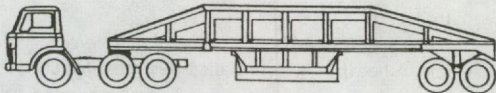
1. Van/Enclosed Box

A trailer/semi-trailer having an enclosed body. A trailer of this type which is refrigerated, would be coded as a van/enclosed box rather than a specialized trailer.



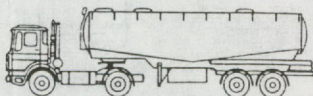
2. Dump

A trailer/semi-trailer designed to haul rock, dirt, sand, gravel and similar materials and equipped with mechanical means for unloading.



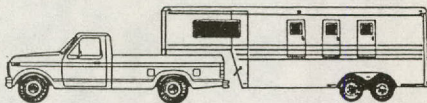
3. Cargo Tank

A trailer/semi-trailer designed to transport any liquid or gaseous material within a tank.



4. Livestock

A trailer/semi-trailer designed to carry livestock.

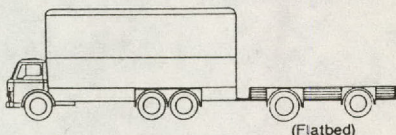


5. Specialized

A trailer/semi-trailer so designed to be used primarily for transportation of specialized equipment. This includes but is not limited to: ditch digging apparatus, oil well drilling units, well boring apparatus, etc.

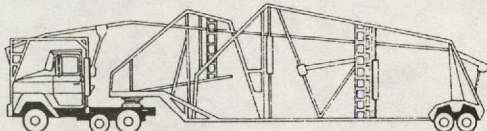
6. Flatbed

A trailer/semi-trailer with or without removeable sideboards.



7. Auto-Transport

A trailer/semi-trailer specifically designed to transport other motor vehicles.




8. Other

Any trailer/semi-trailer not falling under any of the above descriptive categories. (A pole trailer should be coded "Other".)

ITEM 37 (43) CARGO TYPE

Enter the appropriate code value which best represents the type of cargo being transported in the block in item 37 (43). If the trailer or semi-trailer is empty, code "13-EMPTY". If it is not designed to carry cargo, i.e. a specialized trailer, code "14-NOT APPLICABLE".

ITEM 44 SIGNATURE

 SIGNATURE _____
PERSON COMPLETING SUPPLEMENT DEPARTMENT _____

DATE THIS SUPPLEMENT MADE _____

The investigator completing this supplement should sign the report, indicate the agency's name and date the supplement.

