

ACCIDENT DATE/TIME

Accident Date - enter the two-digit month, day and year (MM/DD/YY).

Note: The accident report cannot be processed without a valid accident date.

Military Time - enter the four-digit military time of the accident (for example, 12:15 AM = 0015).

ACCIDENT LOCATION

County - enter the first four letters of the county where the accident occurred (for example, Albany County is ALBA).

City/Town/Village - enter the name of the city, town or village where the accident occurred.

DRIVER INFORMATION

Driver License ID

- Beginning in the first box on the left, enter the driver license number of the driver of the qualifying vehicle.
- The number of digits in the driver license number varies by state, so some boxes on the right may be blank.

State of Lic. - enter the state or province that issued the driver license (see Appendix B).

Driver Name - enter the name exactly as shown on the driver's license (last, first and middle initial). Enter "NO DRIVER" if there was no occupant in the driver's seat.

Box 1 - License Class - enter one of the following numbers:

| | |
|-----------|-----------|
| 1 - A | 6 - E |
| 2 - B | 7 - M |
| 3 - CDL C | 8 - MJ |
| 4 - D | 9 - Other |
| 5 - DJ | 10 - DM |

Date of Birth - enter the driver's date of birth (MM/DD/YY).

Sex (Box 7) - enter one of the following numbers:

| |
|------------|
| 1 - Male |
| 2 - Female |

Local Codes
6074339999
SPIC10060037



**TRUCK and BUS SUPPLEMENTAL
POLICE ACCIDENT REPORT**

MV-104S (10/05)

Mail To: NYS Dept. of Motor Vehicles, Accident Records Bureau,
PO Box 2084, Albany NY 12220-0084

AMENDED REPORT

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|--|----------------------|--|---|--|--|---|---|--|--|--|---|---|--|---|---|---|---|---|--|---|--|---|---|---|---|--|--|---|--|--|--|
| <p>INSTRUCTIONS You must complete this form:</p> <ul style="list-style-type: none"> ♦ if at least one of the vehicles involved is: <ul style="list-style-type: none"> - a truck having a GVWR or GCWR > 10,000 lbs.; or - a vehicle with a Haz Mat placard; or - a bus designed to carry 9 or more persons, including the driver; ♦ AND at least one of the following conditions is met: <ul style="list-style-type: none"> - at least one person sustained fatal injuries - at least one person was transported for IMMEDIATE medical treatment - at least one vehicle is disabled and was towed/transported from the scene. | | | | | | | | | | | | <p>Number of:</p> <p><u>1</u> Trucks having a GVWR or GCWR > 10,000 lbs.</p> <p><u>1</u> Vehicles with a Haz Mat placard</p> <p><u>0</u> Buses designed to carry 9 or more persons</p> | | | <p>Number of Vehicles:</p> <p><u>1</u> Towed/transported from scene due to damage</p> <p>Number of Persons:</p> <p><u>1</u> Sustaining fatal injuries</p> <p><u>0</u> Transported for IMMEDIATE medical treatment</p> | | | | | | | | | | | | | | | | | | | | |
| <p>ACCIDENT DATE Mo. <u>05</u> Day <u>25</u> Year <u>06</u></p> | | | <p>MILITARY TIME <u>2230</u></p> | | | <p>COUNTY <u>OTSE</u></p> | | | <p>CITY/TOWN/VILLAGE <u>ONEONTA</u></p> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>DRIVER</p> <p>DRIVER LICENSE ID # <u>977816543112</u> STATE OF LIC. <u>CA</u></p> <p>DRIVER NAME - exactly as printed on license (Last, First, M.I.) <u>HAIGHT, W, RUSTY</u></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>LICENSE CLASS</p> <table border="0"> <tr> <td><input type="checkbox"/> 1 A</td> <td><input type="checkbox"/> 2 B</td> <td><input type="checkbox"/> 3 CDL C</td> <td><input type="checkbox"/> 4 D</td> <td><input type="checkbox"/> 5 DJ</td> <td colspan="2">DATE OF BIRTH</td> <td><input type="checkbox"/> 1 Male</td> </tr> <tr> <td><input type="checkbox"/> 6 E</td> <td><input type="checkbox"/> 7 M</td> <td><input type="checkbox"/> 8 MJ</td> <td><input type="checkbox"/> 9 OTHER</td> <td><input type="checkbox"/> 10 DM</td> <td>Mo. <u>06</u></td> <td>Day <u>17</u></td> <td>Year <u>50</u></td> </tr> </table> | | | | | | | | | | | | <input type="checkbox"/> 1 A | <input type="checkbox"/> 2 B | <input type="checkbox"/> 3 CDL C | <input type="checkbox"/> 4 D | <input type="checkbox"/> 5 DJ | DATE OF BIRTH | | <input type="checkbox"/> 1 Male | <input type="checkbox"/> 6 E | <input type="checkbox"/> 7 M | <input type="checkbox"/> 8 MJ | <input type="checkbox"/> 9 OTHER | <input type="checkbox"/> 10 DM | Mo. <u>06</u> | Day <u>17</u> | Year <u>50</u> | | | | | | | | |
| <input type="checkbox"/> 1 A | <input type="checkbox"/> 2 B | <input type="checkbox"/> 3 CDL C | <input type="checkbox"/> 4 D | <input type="checkbox"/> 5 DJ | DATE OF BIRTH | | <input type="checkbox"/> 1 Male | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 6 E | <input type="checkbox"/> 7 M | <input type="checkbox"/> 8 MJ | <input type="checkbox"/> 9 OTHER | <input type="checkbox"/> 10 DM | Mo. <u>06</u> | Day <u>17</u> | Year <u>50</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>CARRIER NAME</p> <p>STREET OR P.O. BOX _____ CITY _____ STATE _____ ZIP CODE _____</p> <p>PLATE NUMBER _____ STATE OF REG. _____ CARRIER'S IDENTIFICATION NUMBERS _____</p> <p>US DOT _____ ICC MC _____</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>WEIGHT RATING OF TRUCK POWER UNIT</p> <p><input type="checkbox"/> 1 Less than or equal to 10,000 lbs.</p> <p><input type="checkbox"/> 2 10,001 - 26,000 lbs. <input type="checkbox"/> 3 More than 26,000 lbs.</p> | | | | | | <p>VEHICLE IDENTIFICATION NUMBER</p> <p>_____</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>VEHICLE CONFIGURATION</p> <table border="0"> <tr> <td><input type="checkbox"/> 1 Bus (seats for more than 15 people, including driver)</td> <td><input type="checkbox"/> 8 Tractor/Triples</td> </tr> <tr> <td><input type="checkbox"/> 2 Single-unit Truck (2-axle, 6-tire)</td> <td><input type="checkbox"/> 9 Unknown Heavy Truck, cannot classify</td> </tr> <tr> <td><input type="checkbox"/> 3 Single-unit Truck (3 or more axles)</td> <td><input type="checkbox"/> 10 Passenger Car - only record when vehicle displays a Hazardous Material placard</td> </tr> <tr> <td><input type="checkbox"/> 4 Truck/Trailer</td> <td><input type="checkbox"/> 11 Light truck (van, mini-van, panel, pickup, sport utility vehicle) only record when vehicle displays an HM placard</td> </tr> <tr> <td><input type="checkbox"/> 5 Truck Tractor (bobtail)</td> <td><input type="checkbox"/> 12 Bus (seats for 9 - 15 people, including driver)</td> </tr> <tr> <td><input type="checkbox"/> 6 Tractor/Semi-trailer</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 7 Tractor/Doubles</td> <td></td> </tr> </table> | | | | | | | | | <input type="checkbox"/> 1 Bus (seats for more than 15 people, including driver) | <input type="checkbox"/> 8 Tractor/Triples | <input type="checkbox"/> 2 Single-unit Truck (2-axle, 6-tire) | <input type="checkbox"/> 9 Unknown Heavy Truck, cannot classify | <input type="checkbox"/> 3 Single-unit Truck (3 or more axles) | <input type="checkbox"/> 10 Passenger Car - only record when vehicle displays a Hazardous Material placard | <input type="checkbox"/> 4 Truck/Trailer | <input type="checkbox"/> 11 Light truck (van, mini-van, panel, pickup, sport utility vehicle) only record when vehicle displays an HM placard | <input type="checkbox"/> 5 Truck Tractor (bobtail) | <input type="checkbox"/> 12 Bus (seats for 9 - 15 people, including driver) | <input type="checkbox"/> 6 Tractor/Semi-trailer | | <input type="checkbox"/> 7 Tractor/Doubles | | <p>TRAFFIC WAY</p> <p><input type="checkbox"/> 1 Two-way, not divided</p> <p><input type="checkbox"/> 2 Two-way, divided, unprotected median</p> <p><input type="checkbox"/> 3 Two-way, divided, positive median barrier</p> <p><input type="checkbox"/> 4 One-way not divided</p> <p><input type="checkbox"/> 5 Not reported</p> | | | | | | | | | | | | |
| <input type="checkbox"/> 1 Bus (seats for more than 15 people, including driver) | <input type="checkbox"/> 8 Tractor/Triples | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 2 Single-unit Truck (2-axle, 6-tire) | <input type="checkbox"/> 9 Unknown Heavy Truck, cannot classify | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> 5 Truck Tractor (bobtail) | <input type="checkbox"/> 12 Bus (seats for 9 - 15 people, including driver) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 6 Tractor/Semi-trailer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 7 Tractor/Doubles | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>CARGO BODY TYPE</p> <table border="0"> <tr> <td><input type="checkbox"/> 1 Bus (seats for more than 15 people, including driver)</td> <td><input type="checkbox"/> 6 Concrete Mixer</td> <td><input type="checkbox"/> 10 Grain, Chips, Gravel</td> </tr> <tr> <td><input type="checkbox"/> 2 Van/Enclosed Box</td> <td><input type="checkbox"/> 7 Auto Transporter</td> <td><input type="checkbox"/> 11 Pole</td> </tr> <tr> <td><input type="checkbox"/> 3 Cargo Tank</td> <td><input type="checkbox"/> 8 Garbage/Refuse</td> <td><input type="checkbox"/> 12 Bus (seats for 9-15 people, including driver)</td> </tr> <tr> <td><input type="checkbox"/> 4 Flatbed</td> <td><input type="checkbox"/> 9 Other</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 5 Dump</td> <td></td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> 1 Bus (seats for more than 15 people, including driver) | <input type="checkbox"/> 6 Concrete Mixer | <input type="checkbox"/> 10 Grain, Chips, Gravel | <input type="checkbox"/> 2 Van/Enclosed Box | <input type="checkbox"/> 7 Auto Transporter | <input type="checkbox"/> 11 Pole | <input type="checkbox"/> 3 Cargo Tank | <input type="checkbox"/> 8 Garbage/Refuse | <input type="checkbox"/> 12 Bus (seats for 9-15 people, including driver) | <input type="checkbox"/> 4 Flatbed | <input type="checkbox"/> 9 Other | | <input type="checkbox"/> 5 Dump | | | <p>ACCESS CONTROL</p> <p><input type="checkbox"/> 1 No Access Control</p> <p><input type="checkbox"/> 2 Full Access Control</p> <p><input type="checkbox"/> 4 Partial Access Control</p> | | | | | | | | | | | | | | |
| <input type="checkbox"/> 1 Bus (seats for more than 15 people, including driver) | <input type="checkbox"/> 6 Concrete Mixer | <input type="checkbox"/> 10 Grain, Chips, Gravel | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 2 Van/Enclosed Box | <input type="checkbox"/> 7 Auto Transporter | <input type="checkbox"/> 11 Pole | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> 5 Dump | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>HAZARDOUS MATERIALS INVOLVEMENT</p> <p>Does vehicle have Haz Mat placard? 1 Yes 2 No</p> <p>COPY FROM PLACARD: 4-digit identification number from diamond/orange panel _____ 1 or 2-digit number from bottom of diamond: _____</p> <p>NAME OF HAZ MAT CLASS: _____</p> | | | | <p>SEQUENCE OF EVENTS (FOR THIS VEHICLE)</p> <table border="0"> <tr> <td><input type="checkbox"/> 1 Ran Off Road (noncollision)</td> <td><input type="checkbox"/> 13 Involving Animal (collision)</td> </tr> <tr> <td><input type="checkbox"/> 2 Jackknife (noncollision)</td> <td><input type="checkbox"/> 14 Involving Fixed Object (collision)</td> </tr> <tr> <td><input type="checkbox"/> 3 Overturn/Rollover (noncollision)</td> <td><input type="checkbox"/> 18 Cross Median/Centerline (noncollision)</td> </tr> <tr> <td><input type="checkbox"/> 4 Downhill Runaway (noncollision)</td> <td><input type="checkbox"/> 19 Equipment Failure (noncollision) (brake failure, blown tires, etc.)</td> </tr> <tr> <td><input type="checkbox"/> 5 Cargo Loss or Shift (noncollision)</td> <td><input type="checkbox"/> 20 Other (noncollision)</td> </tr> <tr> <td><input type="checkbox"/> 6 Explosion or Fire (noncollision)</td> <td><input type="checkbox"/> 21 Unknown (noncollision)</td> </tr> <tr> <td><input type="checkbox"/> 7 Separation of Units (noncollision)</td> <td><input type="checkbox"/> 22 With Work Zone Maintenance Equipment (collision)</td> </tr> <tr> <td><input type="checkbox"/> 8 Involving Pedestrian (collision)</td> <td><input type="checkbox"/> 23 With Other Movable Object (collision)</td> </tr> <tr> <td><input type="checkbox"/> 9 Involving Motor Vehicle in Transport (collision)</td> <td><input type="checkbox"/> 24 With Unknown Movable Object (collision)</td> </tr> <tr> <td><input type="checkbox"/> 10 Involving Parked Motor Vehicle (collision)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 11 Involving Train (collision)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 12 Involving Pedalcycle (collision)</td> <td></td> </tr> </table> | | | | | | | | <input type="checkbox"/> 1 Ran Off Road (noncollision) | <input type="checkbox"/> 13 Involving Animal (collision) | <input type="checkbox"/> 2 Jackknife (noncollision) | <input type="checkbox"/> 14 Involving Fixed Object (collision) | <input type="checkbox"/> 3 Overturn/Rollover (noncollision) | <input type="checkbox"/> 18 Cross Median/Centerline (noncollision) | <input type="checkbox"/> 4 Downhill Runaway (noncollision) | <input type="checkbox"/> 19 Equipment Failure (noncollision) (brake failure, blown tires, etc.) | <input type="checkbox"/> 5 Cargo Loss or Shift (noncollision) | <input type="checkbox"/> 20 Other (noncollision) | <input type="checkbox"/> 6 Explosion or Fire (noncollision) | <input type="checkbox"/> 21 Unknown (noncollision) | <input type="checkbox"/> 7 Separation of Units (noncollision) | <input type="checkbox"/> 22 With Work Zone Maintenance Equipment (collision) | <input type="checkbox"/> 8 Involving Pedestrian (collision) | <input type="checkbox"/> 23 With Other Movable Object (collision) | <input type="checkbox"/> 9 Involving Motor Vehicle in Transport (collision) | <input type="checkbox"/> 24 With Unknown Movable Object (collision) | <input type="checkbox"/> 10 Involving Parked Motor Vehicle (collision) | | <input type="checkbox"/> 11 Involving Train (collision) | | <input type="checkbox"/> 12 Involving Pedalcycle (collision) | |
| <input type="checkbox"/> 1 Ran Off Road (noncollision) | <input type="checkbox"/> 13 Involving Animal (collision) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 2 Jackknife (noncollision) | <input type="checkbox"/> 14 Involving Fixed Object (collision) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 3 Overturn/Rollover (noncollision) | <input type="checkbox"/> 18 Cross Median/Centerline (noncollision) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 4 Downhill Runaway (noncollision) | <input type="checkbox"/> 19 Equipment Failure (noncollision) (brake failure, blown tires, etc.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 5 Cargo Loss or Shift (noncollision) | <input type="checkbox"/> 20 Other (noncollision) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 6 Explosion or Fire (noncollision) | <input type="checkbox"/> 21 Unknown (noncollision) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 7 Separation of Units (noncollision) | <input type="checkbox"/> 22 With Work Zone Maintenance Equipment (collision) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 8 Involving Pedestrian (collision) | <input type="checkbox"/> 23 With Other Movable Object (collision) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 9 Involving Motor Vehicle in Transport (collision) | <input type="checkbox"/> 24 With Unknown Movable Object (collision) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 10 Involving Parked Motor Vehicle (collision) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 11 Involving Train (collision) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 12 Involving Pedalcycle (collision) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>WAS HAZARDOUS CARGO RELEASED FROM VEHICLE (other than fuel from fuel tank)?</p> <p><input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No</p> | | | | | | <p>OFFICER'S RANK AND SIGNATURE</p> <p>PRINT NAME IN FULL _____</p> | | | <p>BADGE/ID NO.</p> <p>_____</p> | | <p>NCIC NO.</p> <p>_____</p> | | <p>DATE OF REPORT</p> <p>_____</p> | | | | | | | | | | | | | | | | | | | | | | |



CARRIER INFORMATION

Carrier Name - enter the name of the business entity, individual, partnership, corporation or religious organization responsible for the transportation of the goods, property, or people.

NOTE: The carrier can be different from the name on the side of the truck because of contractual arrangements.

- Identify the correct carrier by looking for a company name on the shipping papers the driver usually has in the cab. In the case of a bus, the driver may carry a "trip manifest" or "charter order" which will give the name of the motor carrier.
- If shipping papers are not available, the officer should check the door of the cab on the driver's side, or anywhere else it may be displayed.
- If the driver is unable to provide the name of the carrier or company name, check the driver's log and the vehicle registration.

Street or P.O. Box/City - enter the carrier's street address, or post office box, and city or town, as printed on the shipping papers or other source of carrier identification.

State - enter the two-letter abbreviation of the carrier's state/province (see Appendix B).

ZIP Code - enter the five or nine digit ZIP Code for the carrier's address; for a Mexican state, write "MEXICO" in the ZIP Code space; for a Canadian Province enter the Canadian Postal Code.

Total Axles (Box 8) - enter the total number of axles, including auxiliary axles, under this vehicle or vehicle-combination (see Attachment B).

Plate Number - enter the registration number of the vehicle (power unit). If the vehicle is a police, fire or other exempt public vehicle, and does not have a plate number, print "police", "fire" or other description in this block.

State of Reg. - enter the two-letter state or province abbreviation from the vehicle registration (see Appendix B).

Carrier's Identification Number - private fleet and for-hire vehicles involved in interstate commerce must have either a US DOT (United States Department of Transportation) or an ICC MC (Interstate Commerce Commission Motor Carrier) number. Vehicles that haul "exempt" commodities, such as unprocessed agricultural products, are not required to have either an ICC or a US DOT identification number.

- **US DOT number** - found only on vehicles of interstate private carriers. Enter the number after "US DOT", beginning with the left position.
- **ICC MC number** - found only on vehicles of interstate for-hire carriers. "ICC MC" usually precedes the number. In some cases, it may be preceded by just "ICC" or "MC". If a carrier has two or more ICC numbers, enter one of the numbers.



**TRUCK and BUS SUPPLEMENTAL
POLICE ACCIDENT REPORT**

Local Codes
6074339999
SPIC10060037

AMENDED REPORT

MV-104S (10/05)
Mail To: NYS Dept. of Motor Vehicles, Accident Records Bureau,
PO Box 2084, Albany NY 12220-0084

| | | | |
|---|--|---|---|
| INSTRUCTIONS You must complete this form: • if at least one of the vehicles involved is - a truck having a GVWR or GCWR > 10,000 lbs.; or - a vehicle with a Haz Mat placard; or - a bus designed to carry 9 or more persons, including the driver; • AND at least one of the following conditions is met: - at least one person sustained fatal injuries - at least one person was transported for IMMEDIATE medical treatment - at least one vehicle is disabled and was towed/transported from the scene. | | Number of: 1 Trucks having a GVWR or GCWR > 10,000 lbs. 1 Vehicles with a Haz Mat placard 0 Buses designed to carry 9 or more persons | Number of Vehicles: 1 Towed/transported from scene due to damage Number of Persons: 1 Sustaining fatal injuries 0 Transported for IMMEDIATE medical treatment |
|---|--|---|---|

| | | | |
|--|-----------------------|----------------|------------------------------|
| ACCIDENT DATE Mo. 05 Day 25 Year 06 | MILITARY TIME 2230 | COUNTY OTSE | CITY/TOWN/VILLAGE ONEONTA |
|--|-----------------------|----------------|------------------------------|

| | | |
|--------|---|---------------|
| DRIVER | DRIVER LICENSE ID # | STATE OF LIC. |
| | 97786543112 | CA |
| | DRIVER NAME - exactly as printed on license (Last, First, M.I.) HAIGHT, W, RUSTY | |

| | | | | |
|---|---|-----------------------|-----------------|---|
| 1 | LICENSE CLASS | DATE OF BIRTH | SEX | 7 |
| | 1 A 2 B 3 CDL C 4 D 5 DJ 6 E 7 M 8 MJ 9 OTHER 10 DM | Mo. 06 Day 17 Year 50 | 1 Male 2 Female | 1 |

| | | | | |
|---------|--------------------|---------------|----------------------------------|---------------------------------|
| CARRIER | CARRIER NAME | | | |
| | STREET OR P.O. BOX | CITY | STATE | ZIP CODE |
| | P.O. BOX 208 | PLANO | TX | 75075 |
| | PLATE NUMBER | STATE OF REG. | CARRIER'S IDENTIFICATION NUMBERS | TOTAL AXLES (includes trailers) |
| | 54032 | TX | US DOT 78631124 | 5 |

| | | |
|---|---|-------------------------------|
| 2 | WEIGHT RATING OF TRUCK POWER UNIT | VEHICLE IDENTIFICATION NUMBER |
| | 1 Less than or equal to 10,000 lbs. 2 10,001 - 26,000 lbs. 3 More than 26,000 lbs. | |

| | | | |
|---|---|--|---|
| 3 | VEHICLE CONFIGURATION | TRAFFIC WAY | 9 |
| | 1 Bus (seats for more than 15 people, including driver) 2 Single-unit Truck (2-axle, 6-tire) 3 Single-unit Truck (3 or more axles) 4 Truck/Trailer 5 Truck Tractor (bobtail) 6 Tractor/Semi-trailer 7 Tractor/Doubles 8 Tractor/Triples 9 Unknown Heavy Truck, cannot classify 10 Passenger Car - only record when vehicle displays a Hazardous Material placard 11 Light truck (van, mini-van, panel, pickup, sport utility vehicle) only record when vehicle displays an HM placard 12 Bus (seats for 9 - 15 people, including driver) | 1 Two-way, not divided 2 Two-way, divided, unprotected median 3 Two-way, divided, positive median barrier 4 One-way not divided 5 Not reported | |

| | | | |
|---|---|--|----|
| 4 | CARGO BODY TYPE | ACCESS CONTROL | 10 |
| | 1 Bus (seats for more than 15 people, including driver) 2 Van/Enclosed Box 3 Cargo Tank 4 Flatbed 5 Dump 6 Concrete Mixer 7 Auto Transporter 8 Garbage/Refuse 9 Other 10 Grain, Chips, Gravel 11 Pole 12 Bus (seats for 9-15 people, including driver) | 1 No Access Control 2 Full Access Control 4 Partial Access Control | |

| | | | |
|---|--|--|----------------|
| 5 | HAZARDOUS MATERIALS INVOLVEMENT | SEQUENCE OF EVENTS (FOR THIS VEHICLE) | 11 |
| | Does vehicle have Haz Mat placard? 1 Yes 2 No COPY FROM PLACARD: 4-digit identification number from diamond/orange panel 1 or 2-digit number from bottom of diamond: NAME OF HAZ MAT CLASS: 6 | 1 Ran Off Road (noncollision) 2 Jackknife (noncollision) 3 Overturn/Rollover (noncollision) 4 Downhill Runaway (noncollision) 5 Cargo Loss or Shift (noncollision) 6 Explosion or Fire (noncollision) 7 Separation of Units (noncollision) 8 Involving Pedestrian (collision) 9 Involving Motor Vehicle in Transport (collision) 10 Involving Parked Motor Vehicle (collision) 11 Involving Train (collision) 12 Involving Pedalcycle (collision) 13 Involving Animal (collision) 14 Involving Fixed Object (collision) 18 Cross Median/Centerline (noncollision) 19 Equipment Failure (noncollision) (brake failure, blown tires, etc.) 20 Other (noncollision) 21 Unknown (noncollision) 22 With Work Zone Maintenance Equipment (collision) 23 With Other Movable Object (collision) 24 With Unknown Movable Object (collision) | 12 13 14 |

| | | | |
|------------------------------|--------------|----------|----------------|
| OFFICER'S RANK AND SIGNATURE | BADGE/ID NO. | NCIC NO. | DATE OF REPORT |
| PRINT NAME IN FULL | | | |

