	Page of
POLICE TRUCK / BUS / HAZMAT CRASH SUPPLEMENTAL*	
CATEGORY 1 FATAL INJURY VEHICLE TOWED DUE TO DAMAGE CATEGORY 2 9 C POLICE INCIDENT / CASE NUMBER CRASH DATE DAY OF WEEK M T W TH F CRASH TI S N CRASH TI M T W TH F	Ived. Check at least one box in Category 1 and 2 listed below. DR MORE SEATS 10,001 LBS OR MORE LUDING DRIVER 10,001 LBS OR MORE ME (GVWR or GCWR) MAX ROAD ON WHICH CRASH OCCURRED
L	
VEHICLE INFORMATION	SEQUENCE OF EVENTS (for this vehicle)
BASE PLATE NUMBER	1 2 3 4 CROSS MEDIAN / CENTERLINE 1 2 3 4 CRASH INVOLVING MOTOR VEHICLE IN TRANSPORT
OR DOT PLATE NUMBER	MON-COLLISION: EQUIP- MENT FAILURE (TIRE, ETC.)
GROSS VEHICLE WEIGHT RATING or GROSS COMBINATION WEIGHT RATING 10,000 LBS or LESS 10,001 LBS to 26,000 LBS	COLLISION INVOLVING CRASH INVOLVING TRAIN WORK ZONE MAINT. EQUIP: CRASH INVOLVING TRAIN
GREATER THAN 26,000 LBS	
Did vehicle have a HAZARDOUS MATERIAL placard? 1. Yes 2. No 2. No	
If "Yes," enter name or 4 digit number from placard diamond or box (CODE #32)	DOWNHILL RUNAWAY DOBJECT
Enter 1 Digit Number from bottom of diamond:	
Was hazardous material (cargo) released from this vehicle?1. Yes2. No2. NoWas inspection done on this vehicle?1. Yes2. No2. No	
Inspection Number Level: 1, 2, 3, 4	CRASH INVOLVING PEDESTRIAN
Select VEHICLE CONFIGURATION	CARRIER INFORMATION MARK ALL THAT APPLY:
1 1 Triples (tractor with 3 trailers)	INTERSTATE NOT IN COMMERCE - GOVERNMENT (TRUCKS / BUSES)
2 Triples (truck with 2 trailers)	NAME
□ 3 □ 1 2 Doubles (any)	ADDRESS (Street or PO Box Number)
4 4 Straight Truck-Full Trailer	CITY STATE ZIP CODE
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	IDENTIFICATION NUMBERS None = 0
6a 6b 6b Single Truck	
TWO AXLE THREE AXLE	DRIVER INFORMATION NAME (Last, First, Middle)
□ 8 □ 4 Saddlemount	DRIVER LICENSE # STATE CLASS ENDORSEMENT MEDICAL CERT. EXP. DATE
9 Heavy Haul	CO-DRIVER INFORMATION
	DRIVER LICENSE # STATE CLASS ENDORSEMENT MEDICAL CERT. EXP. DATE
BUS (9 or more seats including driver) *BUS (2 or more seats including driver)	
*BUS USE (circle one): School, Transit, Intercity, Charter, Other:	DRIVER HOURS RECAP For Certified Inspectors
	DATE HOURS INO LOG BOOK
PASSENGER (displaying HM Placard) LIGHT TRUCK (displaying HM Placard) Cargo Body Type (circle appropriate type):	
Van, Flatbed, Tank, Dump, Belly-Dump, Pole, Garbage, Drop-Box, Auto Carrier, Livestock, Chip, Low-Boy, Mobile Home Toter, Utility, Container, Bulk-Hopper, Fixed Load, Concrete Mixer, Intermodal Chassis, Other:	
VEHICLE DAMAGE	15 HOUR RULE VIOLATION
Use arrow to show first impact (shade in damaged area).	
FRONT	TOTAL Elog NOT IN POSSESSION
OFFICER NAME / NUMBER	IDATE AGENCY APPROVED BY

735-47 (11-11)

* FAX only this Supplemental report to ODOT Crash Analysis Reporting Unit at (503) 986-4249 within 24 hours.

STK # 300570