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Instruction Manual

Oregon Police Traffic Crash Report and Police Truck/Bus/Hazmat Crash Supplemental

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Driver and Motor Vehicle Services
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Salem, OR 97314

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OVERVIEW

Oregon law requires law enforcement to report crashes to the Oregon Department of Transportation (ODOT). The law also requires ODOT to tabulate, analyze and publish traffic crash statistics.

Police reports of traffic crashes are the foundation of traffic crash data in Oregon as well as the United States. Crash prevention, traffic enforcement and other traffic safety programs depend on accurate collection and consistent reporting of traffic crashes by law enforcement officers.

Driver and Motor Vehicle Services (DMV) uses information from the ***Oregon Police Traffic Crash Report*** (Form 735-46) to suspend uninsured drivers and/or drivers who fail to file an Oregon Traffic Collision and Insurance Report when required. DMV also uses the Oregon Police Traffic Crash Report to determine whether to suspend a driver whose unlawful operation of a vehicle caused or contributed to a fatal crash.

ODOT Crash Analysis and Reporting (CAR) Unit relies on the accuracy and completeness of information from police reports. Once collected, CAR assembles the information into sensible, statistical data and annual traffic crash publications for local government agencies, private firms and the public. ODOT Transportation Safety Office (TSO) uses the data to publish statistical reports. TSO utilizes the reports to allocate safety grants and develop safety policies and laws.

Oregon Police Traffic Crash Report forms are available in paper version from the ODOT Storeroom. Order them by faxing your request to 503-986-2801 or mailing your order to ODOT Storeroom, 455 Airport Rd SE Bldg K, Salem, OR 97301.

Download Storeroom order forms at:

https://www.oregon.gov/odot/Forms/DMV/6110fill.pdf

“Fill and Save” PDF versions of the crash reports are available at:

https://www.oregon.gov/odot/Safety/Pages/Enforcement.aspx

The PDF version of this instruction manual is available at the link above.

DMV welcomes comments or suggestions for improvements to the crash forms and instruction manual. See the contact information at the end of this manual to submit feedback.

REPORTING REQUIREMENTS

ORS 810.460 requires a police officer to submit a report to DMV whenever the officer does either of the following:

1) Investigates a vehicle crash required to be reported under ORS 811.725 or 822.600.

2) Prepares a report of a crash investigated at the time and place of the crash or by field interviews with the participants or witnesses (regardless of whether the crash is reportable under ORS 811.725 or 822.600).

The law further requires law enforcement to submit reports to DMV within 10 days of the crash investigation or report preparation. Mail reports to:

DMV Crash Reporting Unit
1905 Lana Avenue NE
Salem, OR 97314

ORS 802.040 requires DMV to specify the means of reporting and the minimum contents of reports of crashes that must be reported under ORS 810.460.

The forms identified in this manual — DMV Forms 735-46 and 735-46A (Appendix A), 735-46B (Appendix B) and 735-47 (Appendix C) — are the only forms approved by DMV. The data on these reports must be easily located by crash coders and data analysts. It is important for law enforcement to complete reports in a clear and consistent format.

Forms 735-46 and 735-46A are both available in hardcopy and are identical except that Form 735-46A includes three carbonless copies attached as courtesy copies for drivers involved in the crash.

Complete each report in full. Attach all supplemental narrative descriptions and/or diagrams before submitting to DMV. Supplemental reports are especially important for fatal crashes.

Oregon Revised Statutes that govern police crash reports include the following:

ORS	Subject
801.040(5)	Incorporated cities may require a driver to file a report with city.
802.040(1)	Department of Transportation shall specify minimum contents of crash report form and method of reporting crashes.
802.050(2)	Department of Transportation shall publish annual crash statistics.
802.220(6)	Department of Transportation shall tabulate and may analyze crash reports and shall publish the information compiled from crash reports.

802.240(4)	Citizen crash reports shall not be referred to in any way or admitted into evidence or be any evidence of the negligence or due care of any party at the trial of any action at law to recover damages.
810.460	Police officers shall submit crash reports to Department of Transportation.
811.720	When collision must be reported to Department of Transportation.
811.725	Driver failure to report collision; penalty.
822.600	Failure of garage to report crash or bullet contact; penalty.

FORMAT AND CONTENT

Completeness, accuracy and legibility are very important. Enter information in all fields. If a field is not applicable or no information is available, draw a line through the box (or enter “N/A”). This practice indicates that the officer did not simply overlook the data. Write handwritten reports legibly and dark enough to allow clear photocopies.

ORGANIZATION OF FORM

ODOT designed the content and layout of the form with input from law enforcement.

The information on the form is clustered into logical groups. There are four groups on the face of the form:

1) Crash information — date and time, location, etc.
2) Unit information — driver/vehicle or pedestrian/bicyclist identity information
3) Passenger and witness information
4) Distribution and reporting officer information

The back of the form includes:

1) EMS information, local codes, etc.
2) Crash related data
3) The narrative description and sketch

Within these groups, data fields are sequenced in the same way an officer would normally gather and record the information.

DESCRIPTION OF FIELDS

In this instruction manual, field descriptions are listed in the same order as the form for a quick reference when you have questions. Duplicate field descriptions for drivers and passengers are explained only one time. Use the same descriptions for passengers as you did the driver.

PAGE _____ OF _____

These boxes identify the number of pages (or sides) that make up the complete report. When you use additional pages, add enough information to the additional pages to identify the crash if the pages become separated (such as POLICE INCIDENT/CASE NUMBER, CRASH DATE, CRASH TIME, LOCAL CASE NUMBER, etc.).

POLICE INCIDENT/CASE NUMBER

Space provided for case identification by law enforcement agencies.

CRASH DATE

Enter the date on which the crash occurred — month, day and year (if the crash involved a fatality and the date is unknown, enter the date the driver or victim went missing).

DAY OF WEEK

Circle the letter indicating the day of the week on which the crash occurred.

CRASH TIME

Enter the time when the crash happened as precisely as possible; include "A.M." or "P.M." If the crash occurred exactly at noon or midnight, write "12:00 noon" or "12:00 midnight." If crash time is not available, try to estimate the time from physical evidence and mark any estimate as follows: "Est. 4:30 P.M." Military time is acceptable.

POLICE NOTIFIED

Enter the time when the responding police agency was first notified of the crash. If the date is not the same as the CRASH DATE, include the date the responding agency was first notified.

POLICE ARRIVAL

Enter the time when the responding police agency arrived at the crash scene. If the time is not the same date as the date coinciding with "TIME POLICE NOTIFIED," include the date arrived.

DMV FILE NUMBER

DMV use only. Do not write in this field.

COUNTY

Enter the code number for the county in which the crash occurred. The county codes:

Baker	01	Harney	13	Morrow	25
Benton	02	Hood River	14	Multnomah	26
Clackamas	03	Jackson	15	Polk	27
Clatsop	04	Jefferson	16	Sherman	28
Columbia	05	Josephine	17	Tillamook	29
Coos	06	Klamath	18	Umatilla	30
Crook	07	Lake	19	Union	31
Curry	08	Lane	20	Wallowa	32
Deschutes	09	Lincoln	21	Wasco	33
Douglas	10	Linn	22	Washington	34
Gilliam	11	Malheur	23	Wheeler	35
Grant	12	Marion	24	Yamhill	36

ROAD ON WHICH CRASH OCCURRED

Give the most specific and formal reference available. Use US and Oregon route types and numbers where applicable. Use commonly accepted abbreviations:

INT	Interstate Freeway	Example:	INT-5
US	Federal Highway	Example:	US 20
SR	State-Numbered Route	Example:	SR 53
CR	County-Numbered Route or lettered route	Example:	(CR) MacLeay Road

If the crash occurred at an intersection, give the number or name of the principal road here. Where applicable, the ranking is INT, then US, then SR, then CR, then all others. In urban areas, use the name of the busiest major or arterial street.

LATITUDE

It is known that not all law enforcement have GPS equipment. When equipment is available, include the latitude and longitude coordinates. Provide coordinates as close as possible to the crash site. Crash location accuracy on the report directly influences ODOT's ability to accurately pinpoint the location in crash data.

A latitude coordinate may consist of up to 13 characters. The latitude coordinate consists of three separate parts: degrees (one or two characters), minutes (one or two characters), seconds (can be up to nine characters with two characters before the decimal and seven characters after the decimal).

Latitude location example:

44° 53’ 35.2327727”

LONGITUDE

A longitude coordinate may consist of up to 15 characters. The longitude coordinate consists of three separate parts: degrees (one to four characters that includes the negative character), minutes (one to two characters), and seconds (can be up to nine characters with two characters before the decimal and seven characters after the decimal).

Longitude location example:

-122° 57’ 20.5122235”

MILE POST

Always complete this field when a milepost number is available.

DMV CODE

DMV use only. Do not write in this field.

NEAREST INTERSECTING ROAD

Exact identification of the crash location is critical. Traffic engineering depends on the ability to pinpoint the impact location and the sequence of events that preceded and followed the impact.

The required minimum accuracy in terms of measurement is:

1) If using feet, within 50 feet of the closest intersecting street/road.
2) If using hundredths of a mile, within 0.01 miles of the closest intersecting street/road. Measured distances provide more accurate data. Write miles in hundredths.

Conversion Table for Feet to Miles:

Miles	Feet	Miles	Feet	Miles	Feet	Miles	Feet	Miles	Feet
1 Mile	5280	1/5 .20	1056	.40	2112	.60	3168	.80	4224
.01	53	.21	1109	.41	2165	.61	3221	.81	4277
.02	106	.22	1162	.42	2218	.62	3274	.82	4330
.03	158	.23	1215	.43	2270	.63	3326	.83	4382
.04	211	.24	1267	.44	2323	.64	3379	.84	4435
.05	264	1/4 .25	1320	.45	2376	.65	3432	.85	4488
.06	317	.26	1373	.46	2429	.66	3485	.86	4540
.07	370	.27	1426	.47	2482	.67	3538	.87	4594
.08	422	.28	1478	.48	2535	.68	3590	.88	4646
.09	475	.29	1531	.49	2587	.69	3643	.89	4700
1/10 .10	528	.30	1584	1/2 .50	2640	.70	3696	.90	4752
.11	581	.31	1637	.51	2693	.71	3749	.91	4805
1/8 .12	634	.32	1690	.52	2746	.72	3802	.92	4858
.13	686	1/3 .33	1742	.53	2798	.73	3855	.93	4910
.14	739	.34	1795	.54	2851	.74	3907	.94	4963
.15	792	.35	1848	.55	2904	3/4 .75	3960	.95	5016
.16	845	.36	1901	.56	2957	.76	4013	.96	5069
1/6 .17	898	.37	1954	.57	3010	.77	4066	.97	5122
.18	950	.38	2006	.58	3062	.78	4118	.98	5174
.19	1003	.39	2059	.59	3115	.79	4171	.99	5227

When crash occurred at an intersection: Write the name of the intersecting road and mark the "Within" box.

When crash did not occur at an intersection: Write the name of the nearest intersecting road. Mark the "Near" box. Complete the "Feet" or "Miles" fields providing the distance from the crash scene to the intersecting road. Circle whether the crash location was north, south, east or west of the intersecting road. You may include additional locational references in the NARRATIVE (e.g., street addresses, landmarks, etc.).

NEAREST CITY/TOWN

This element is critical to identify the crash location. Complete this section even if the crash did not occur inside a city or town.

When crash occurred inside city or town: Write the name of the city or town. Mark the "Within" box.

When crash occurred outside city or town: Write the name of the nearest city or town. Mark the "Near" box. Complete the "Feet" or "Miles" fields providing the distance from the crash scene to the city limits of the nearest city or town. Circle whether the crash location was north, south, east or west of the city or town.

DAMAGE, HAZMAT, PHOTOS, TRAIN, TRUCK/BUS FACTORS

Property Damage: Mark this box if the crash involved damage to property **other than a vehicle involved in the crash** and the property is not public property.

Public Property Damage: Mark this box when public property is damaged. Utilize this element to assist in notifying the official responsible that city, county or state property was damaged and should be examined for repair or replacement. Examples of public property include traffic control signs, street lights, fire hydrants, guardrails and parking meters.

If there is damage over $2,500 to either public or private property other than a vehicle involved in the crash, all drivers involved in the crash are required to report to DMV.

Estimate (damage amount): Mark the “Over $2500” box or “Under $2500” box to indicate estimated damage to public or private property (other than a vehicle involved in the crash). If you don't know, mark the “Unknown” box. If both private and public property are damaged, use the NARRATIVE to further explain (when the damage amount is over $2500 for one type of property but under $2500 for the other).

Hazardous Materials: Mark this box if the crash involved a vehicle carrying hazardous materials. Assume vehicles displaying the hazardous materials placard contain hazardous materials. Write the unit number(s) of the vehicle(s) carrying hazardous materials next to this box or include that information in the NARRATIVE.

Photos Taken: Mark this box if a law enforcement officer takes pictures.

Train R/R: Mark this box if the crash involved a train.

Truck/Bus: Mark this box if the crash involved a truck/bus.

UNIT

Assign a UNIT number to each driver, vehicle, pedestrian, bicyclist, damaged property or "other" involved in the crash. ODOT will record the same basic data for each of these "units," if applicable. On page 1 of Form 735-46A (Appendix A), there is space for information on two units separated by a section labeled "HIT AND RUN."

If there are three or more units involved, you may utilize the supplemental Oregon Police Traffic Crash Report Addition, Form 735-46B (Appendix B). Utilize as many Form 735-46B forms as necessary to accommodate the number of units involved in the crash.

There are three fields available for passenger/witness information on page 1 of Form 735-46A. If there is a need for more entries, you can use the supplemental Form 735-46B to provide additional passenger/witness information. The "UNIT" and "PASSENGER/WITNESS" sections on Form 735-46B are identical to those on Form 735-46A. All instructions for Form 735-46B are the same as for Form 735-46A.

If the crash involved a hit and run, property owner, pedestrian or bicyclist, Unit 1 should contain whatever identifying information is available. Provide additional hit and run information in the space provided below Unit 1.

NAME (LAST, FIRST, MIDDLE)

Enter the full name of the driver, pedestrian, property owner, passenger, witness, etc. as appropriate. If the person has a driver's license, the name must match the name on the driver's license. If the person's true name is different from that shown on the license, explain the difference in the narrative part of the report.

DRIVER LICENSE NUMBER

Write the license number of the vehicle operator. Be sure to copy this completely and accurately, this field is a critical element. If the driver does not have the license in their possession, write "Not on Person." Write "None" if the driver is unlicensed.

STATE

Use the standard two letter abbreviation for the state that issued the driver license.

Alabama	**AL**	Illinois	**IL**	Montana	**MT**	Rhode Island	**RI**
Alaska	**AK**	Indiana	**IN**	Nebraska	**NE**	South Carolina	**SC**
Arizona	**AZ**	Iowa	**IA**	Nevada	**NV**	South Dakota	**SD**
Arkansas	**AR**	Kansas	**KS**	New Hampshire	**NH**	Tennessee	**TN**
California	**CA**	Kentucky	**KY**	New Jersey	**NJ**	Texas	**TX**
Colorado	**CO**	Louisiana	**LA**	New Mexico	**NM**	Utah	**UT**
Connecticut	**CT**	Maine	**ME**	New York	**NY**	Vermont	**VT**
Delaware	**DE**	Maryland	**MD**	North Carolina	**NC**	Virginia	**VA**
District of Columbia	**DC**	Massachusetts	**MA**	North Dakota	**ND**	Washington	**WA**
Florida	**FL**	Michigan	**MI**	Ohio	**OH**	West Virginia	**WV**
Georgia	**GA**	Minnesota	**MN**	Oklahoma	**OK**	Wisconsin	**WI**
Hawaii	**HI**	Mississippi	**MS**	Oregon	**OR**	Wyoming	**WY**
Idaho	**ID**	Missouri	**MO**	Pennsylvania	**PA**		

SEX

M	Male
F	Female
X	Not specified/Non-binary
U	Unknown (i.e., hit and run)

RACE

Use the following NCIC abbreviations:

W White - A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

B Black - A person having origins in any of the black racial groups of Africa.

I America Indian or Alaskan Native - A person having origins in any of the original peoples of the Americas and maintains cultural identification.

A Asian or Pacific Islander - A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent of the Pacific Islands.

H Hispanic - A person having origins in Latin America and maintains cultural identification.

U Unknown

DOB (DATE OF BIRTH)

If possible, copy from the driver license the digits as they appear on government-issued driver licenses or other forms of identification. Accuracy is extremely important for proper identification of a driver.

UNIT DETAIL

If the UNIT is a pedestrian, bicycle, property or a legally parked vehicle, circle the appropriate type of UNIT. **Nothing needs to be identified here if the UNIT is a moving vehicle.**

PED: Circle if identified UNIT is a pedestrian.

BIC: Circle if identified UNIT is a bicycle.

PRK: Circle if identified UNIT is a legally parked vehicle. **Do not include** a vehicle stopped at a traffic signal.

PRP: Circle if identified UNIT is property other than a vehicle.

ADDRESS

Copy from driver license if available and acknowledged to be correct. Otherwise, obtain a residing street address, apartment number, city, state and zip code.

PHONE NUMBER

Enter the individual's telephone number, including area code. Mark the appropriate box for whether it is a "home," "work" or "cell" phone number.

VEHICLE OWNER

If the driver is the owner or co-owner, mark the box labeled "SAME." If not, complete the vehicle owner information including the telephone number.

VEH FIRE

Mark "yes" if a fire occurred at any time during or following the crash (not only when the first harmful event was a fire). DO NOT use this checkbox to indicate whether a fire department responded to the crash.

STD SPD (STATED SPEED)

Enter the speed at which the driver stated the vehicle was traveling just prior to impact. If an investigation or witnesses indicate this is not correct, include discussion in the NARRATIVE section.

PST SPD (DESIGNATED OR POSTED SPEED)

Enter the designated or posted speed which applies to this vehicle.

INSURANCE COMPANY

Enter the name of the insurance company covering operation of this vehicle. Because some insurance company names are lengthy, abbreviate company names as needed. If **not** insured, mark the box "None."

INSURANCE POLICY NUMBER

Policy number assigned by insurance company.

EJECTED

Y: Circle if driver of identified UNIT was fully ejected from vehicle.

P: Circle if driver of identified UNIT was partially ejected from vehicle.

N: Circle if driver of identified UNIT was not ejected from vehicle.

EXTRCTD (EXTRACTED)

Y: Circle if driver of identified UNIT had to be extracted from vehicle.

N: Circle if driver of identified UNIT did not have to be extracted from vehicle.

VEHICLE IDENTIFICATION NUMBER (VIN)

Enter the complete VIN.

LICENSE PLATE NUMBER

Copy the full number from the license plate of the vehicle and compare it to the registration certificate, if available. If the vehicle has no license plate, enter "None" or the VIN (from the vehicle, not DMV record), if applicable. In the case of a vehicle combination, enter the license plate number of the towed vehicle beneath that of the towing vehicle or power unit.

STATE

Enter the standard two letter abbreviation for the state in which the vehicle is registered (refer to state abbreviation table in the STATE section on page 10 of this manual).

YEAR

Enter the last two digits of the vehicle's model year (i.e., enter “99” for a 1999 vehicle).

MAKE

Name of vehicle manufacturer (e.g., Ford, Toyota, Subaru, Chevrolet, etc.).

MODEL

Enter the vehicle model. For motorcycles, enter the cubic centimeters (cc's) of engine displacement to describe the general size of the motorcycle.

STYLE

Use the body style as noted on the vehicle's registration certificate. If the registration certificate is not available, use NCIC codes or a commonly understood abbreviation.

COLOR

For single color vehicles or vehicles which have a second color only as trim or striping, use one word (e.g., blue) and a modifier if useful (e.g., light blue). For two-tone cars, list the colors from top to bottom with a slash in between. For example, a car with a red top and white body would be written as "red/white." If the crash involved a hit and run, write the color of the paint transferred to the object that was struck.

VEHICLE TOWED DUE TO VEHICLE DAMAGE

Only record tow information when the vehicle is towed **due to damage sustained from the crash**. Do not include tow information if the vehicle is towed because an operator's license is suspended, there is no insurance on the vehicle, the operator of the vehicle is under the influence of intoxicants, etc. Draw a line through the box or write in "N/A" to acknowledge the field was reviewed.

Y: Mark this box if identified UNIT was towed from the scene of the crash.

UNKNOWN: Mark this box if it is not known whether the identified UNIT was towed from the scene of the crash.

BY: If the identified UNIT was towed from the scene of the crash due to damage, enter the name of the towing service, person, etc. that removed the unit.

TO: If the identified UNIT was towed from the scene of the crash due to damage, enter the name of the place where the vehicle was taken.

DRIVER TAKEN

Y: Circle if the driver of the identified UNIT was transported from the scene of the crash.

N: Circle if the driver of the identified UNIT was not transported from the scene of the crash.

UNKNOWN: Mark this box if it is not known whether the driver of the identified UNIT was transported from the scene of the crash.

BY: If the driver of the identified UNIT was transported from the scene of the crash, enter the name of the Emergency Medical Service transportation provider, coroner, etc.

TO: If the driver of the identified UNIT was transported from the scene of the crash, enter the name of the place and city where the injured person was taken or enter “Unknown.”

VEHICLE DAMAGE

The form shows a top view of an automobile diagram. If the vehicle is not an automobile, do your best to make the diagram work for you, or sketch/describe the damage in the SKETCH & NARRATIVE.

Describe the overall extent of the damage in the NARRATIVE. Use shading to indicate where all damage to the identified UNIT occurred. Draw an arrow to indicate the area of *first impact*. There may or may not have been damage to the vehicle at the first impact.

Damage Estimate - Mark All That Apply (estimate monetary damage even if you marked the vehicle as a rollover or totaled).

NONE: Mark this box to indicate that there was no damage to the identified UNIT.

UNDER $2500: Mark this box to indicate that you estimate the amount of damage to the identified UNIT at less than $2,500.

OVER $2500: Mark this box to indicate that you estimate the amount of damage to the identified UNIT at more than $2,500.

ROLLOVER: Mark this box to indicate that the identified UNIT rolled over during the course of the crash.

UNDERCAR: Mark this box to indicate that there is damage to the undercarriage of the identified UNIT.

TOTALED: Mark this box to indicate that the identified UNIT was "totaled" as a result of the crash.

UNKNOWN: Mark this box if information regarding the extent of the damage to the identified UNIT is not known.

TRUCK UNDERRIDE: Mark this box to indicate that this crash was a truck underride crash. The National Highway Traffic Safety Administration (NHTSA) defines truck underride crashes as **collisions in which a car slides under the body of a truck—such as a tractor-trailer or single-unit truck—due to the height difference between the vehicles. NHTSA categorizes a crash in which any portion of a passenger vehicle slides under the body of a larger truck or trailer as an underride crash**. For more information on truck underride crashes, visit the Federal Underride Crash Pamphlet at https://www.nhtsa.gov/sites/nhtsa.gov/files/2022-08/Underride-Crash-Pamphlet_071522_v6a-tag.pdf.

INJURY

This section identifies the injury status of the person listed in connection with the identified UNIT. Use the same code descriptions for passengers as drivers.

NO APPARENT: No apparent injury is a situation where there is no reason to believe that the person received any bodily harm from the motor vehicle crash. There is no physical evidence of injury, and the person does not report any change in normal function.

POSSIBLE: A possible injury is any injury reported or claimed which is not a fatal, suspected serious, or suspected minor injury. Examples include momentary loss of consciousness, claim of injury, limping, or complaint of pain or nausea. Possible injuries are those that are reported by the person or are indicated by their behavior, but no wounds or injuries are readily evident.

SUSPECTED MINOR: A minor injury is any injury that is evident at the scene of the crash, other than fatal or serious injuries. Examples include lump on the head, abrasions, bruises or minor lacerations (cuts on the skin surface with minimal bleeding and no exposure of deeper tissue/muscle).

SUSPECTED SERIOUS: A suspected serious injury is any injury other than fatal which results in one or more of the following:

- Severe laceration resulting in exposure of underlying tissues/muscle/organs or significant loss of blood
- Broken or distorted extremity (arm or leg)
- Crush injuries
- Suspected skull, chest or abdominal injury (other than bruises or minor lacerations)
- Significant burns (second and third degree burns over 10% or more of the body)
- Unconsciousness when transported from the crash scene
- Paralysis

FATAL: Mark this box to indicate that a person in the identified UNIT is deceased as a result of the crash (death may not have occurred at the scene of the crash).

☎♦❒ **REMINDER:** Send a teletype to LEDS for all fatal crashes within 24 hours of the crash. A fatal crash is a motor vehicle traffic crash that results in the death of a vehicle driver, occupant or non-motorist within 30 days of the crash. ODOT uses this information to comply with federal crash data requirements. DMV uses this information to determine whether to administratively suspend drivers for causing or contributing to a crash as a result of unlawful operation of a vehicle.

EQUIPMENT

This section identifies the safety equipment in use by the person listed in connection with the identified UNIT at the time of the crash. Use the same code descriptions for passengers as drivers. Mark all that apply.

NONE INSTLD: The vehicle did not have any safety equipment installed.
NO EQP USED: Safety equipment was available but not used.
UNKNOWN: It is unknown whether safety equipment was used.
LAP ONLY: Only a lap belt was used.
SHLDR ONLY: Only a shoulder harness was used.
LAP/SHLDR: Both a lap belt and shoulder harness were used.
HELMET: A helmet was used.
CHLD RST-PRP: A child restraint was in use and used properly.
CHLD RST-IMPR: A child restraint was in use but used improperly.
A/BAG-DEPLYD: An airbag was available and deployed.
A/BAG-NOT DP: An airbag was available but did not deploy.

ACTION/ARREST/CITES

Record the basic information for any action taken. For example, if a DUII citation was issued to the driver of this unit, write "citation—DUII." As space allows, you may wish to also record the abstract number from the UTC or any other information that you will need later to identify the citation.

HIT AND RUN

The purpose of this section is to identify when the crash involves a "hit and run."

If the crash involves a "hit and run," complete this section with any known information regarding the driver of the hit and run vehicle. **If you do not have any known information regarding the driver, write "unknown."** By writing unknown, you are identifying the crash as a "hit and run," even though there is no other information regarding the driver.

PASSENGER/WITNESS INFORMATION

The purpose of this section is to collect information about passengers and/or witnesses to the crash. Record the same basic data for each passenger or witness, if applicable. On page 1 of the form, there is space for collection of information on three passengers or witnesses. If the crash involved more than three passengers and/or witnesses, continue their identification and descriptions on supplemental Form 735-46B.

PASSENGER: Mark this box if entering information for a passenger. Be sure to include the UNIT number of the vehicle the person was in/on.

WITNESS: Mark this box if entering information for a witness to the crash.

INJURY

This section identifies injury to a PASSENGER. If the identified UNIT is a parked vehicle but there was injury to a person seated in a passenger position, complete this section for that person (refer to page 15 for injury descriptions).

LOCATION

Mark the location of the passenger within the vehicle.

LF: Mark if the PASSENGER was seated in the left front seating position.

CF: Mark if the PASSENGER was seated in the center front seating position.

RF: Mark if the PASSENGER was seated in the right front seating position.

LR: Mark if the PASSENGER was seated in the left rear section position.

CR: Mark if the PASSENGER was seated in the center rear section position.

RR: Mark if the PASSENGER was seated in the right rear seating position.

OTHER: Indicate the position of the PASSENGER if other than those listed above.

PASSENGER TAKEN

The same descriptions as the “Driver Taken” section apply (refer to page 13).

EQUIPMENT

Identify the safety equipment in use by this PASSENGER at the time of the crash (refer to pages 15 and 16 for code descriptions).

DISTRIBUTION (OPTIONAL)

Use this space for information related to distribution of the report.

OFFICER NAME/NUMBER/DATE

Print the name of officer(s) completing the form and the officer's badge or identification number designated by your department. Write the date you completed the report.

AGENCY

Enter the name of your police agency. If you abbreviate, be sure the abbreviation is unique to your agency (e.g., "PPD" could be Pendleton Police Department, Prineville Police Department, etc.).

APPROVED BY (OPTIONAL)

Name or initials of supervisory personnel reviewing/approving the report.

EMS NOTIFIED

Enter the time the Emergency Medical Service (EMS) was notified of the crash. If the date is not the same as the Crash Date, include the date the EMS was first notified.

EMS ARRIVAL

Enter the time the first official EMS responder arrived at the crash scene. If the time is not on the same date as EMS NOTIFIED, include the date here.

LOCAL CODES (OPTIONAL)

Two additional code boxes are provided. Your agency may use these to collect data not already included on the form.

CRASH CODING

Other/Explain boxes: Many of the crash coding sections include checkboxes for "other." Provide an explanation when marking "other." You may explain the “other” checkboxes marked in your narrative description, either in the SKETCH & NARRATIVE section on page 2 of the form or in attached documentation.

★**:** Mark all boxes that apply in sections with a star.

HARMFUL EVENTS

Mark all applicable boxes to indicate the events which resulted in damage, loss or injury. In the right-hand margin of this section, under the “FIRST?” heading, mark the box to indicate which event occurred first.

Example: A vehicle hits a patch of ice, runs off the road and hits a tree. The *FIRST* HARMFUL EVENT is FIXED OBJECT, Tree.

EVENT LOCATION

Mark the box describing where the *FIRST* HARMFUL EVENT occurred.

SPECIAL ZONE

This section is a critical element for crash reconstruction and analysis. Mark the appropriate box if the crash occurred in the vicinity of any special zone. A special zone is an area designated for a distinctive purpose or a specific condition. Examples include but are not limited to construction sites, snow areas, school areas, maintenance sites, and safety or utility corridors.

WEATHER

Mark the box matching the weather conditions at the time of the crash.

SURFACE CONDITION

Mark the appropriate box to indicate the condition of the road surface for each UNIT. If road conditions are not consistent for all UNITS, explain in the NARRATIVE.

SURFACE TYPE

Mark the appropriate box to identify the type of road surface for each UNIT.

LIGHT

Mark the box matching the light condition at the time of the crash.

TRAFFIC CONTROL TYPE

Mark the appropriate box to indicate the type of traffic control device regulating each UNIT.

TRAFFIC CONTROL DEVICE CONDITION

Mark the box matching the condition of the traffic control device regulating each UNIT.

ROAD CHARACTER

Mark the box that best describes the road character for each UNIT.

For each vehicle (UNIT), enter the number of travel lanes at the crash site for each vehicle's side of the roadway (indicate when counting a continuous left turn lane or refuge lane as a lane). Also, enter the total number of lanes for the entire roadway.

EXAMPLE:

VEH #1:	**2** Number of Lanes		VEH #1:	**2** Number of Lanes
VEH #2:	**1** Number of Lanes	**or**	VEH #2:	**1** Number of Lanes
	(1 turn lane)			
	4 Total Number of Lanes			**3** Total Number of Lanes

ROAD FLOW

Mark ALL applicable boxes that best describe the roadway flow for each UNIT. Mark the box that best describes the median type for each UNIT.

DRIVER LICENSE STATUS

Mark the appropriate box to indicate each driver's license status.

DRIVER FACTORS

Mark all applicable boxes for the driver of each UNIT.

This information is the officer's opinion; abuse of this data will render the data unreliable or meaningless. Oregon Police Traffic Crash Reports filed with DMV are protected under the vehicle code from being admitted into a court of law as evidence to recover damage due to negligence.

IMPAIRMENT

DRIVER: Mark all applicable boxes to indicate if the driver of each UNIT was impaired by intoxicants (drugs, alcohol, medications, marijuana (cannabis) or psilocybin).

DETERMINED BY: Mark all applicable boxes to indicate the method used to determine the impairment of the driver of the identified UNIT.

RESULTS OF TEST: Write the results of the test and/or mark the appropriate box(es) to provide information regarding the outcome of any tests for impairment.

VEH RELATED FACTORS

Mark all applicable boxes to indicate any vehicle related factors that caused or contributed to the crash for each UNIT.

VEHICLE MOVEMENT

Mark the appropriate box to describe what each identified UNIT was attempting to do at the time of the crash.

TRAILER TYPE

If the crash involved a trailer, mark the appropriate box to indicate the trailer type. Complete information for each UNIT with a trailer.

TRUCK CONFIGURATION

Truck configurations apply to commercial sizes of trucks and truck-trailer combinations. Mark the appropriate box if applicable.

PASSENGER FACTORS

Mark all applicable boxes to indicate any passenger related factors that caused or contributed to the crash for each UNIT. There are boxes for two passengers per unit. Indicate the passenger's position in the vehicle. If there were passenger related factors for more than two passengers in a UNIT, explain in the NARRATIVE.

PEDESTRIAN LOCATION

Mark the appropriate box to indicate the location of a pedestrian involved in the crash.

PEDESTRIAN TYPE

Mark the appropriate box to indicate the type of pedestrian involved in the crash. Use the "other" checkbox to indicate a motorized or electric bicycle, wheelchair, etc.

PEDESTRIAN ACTION

Mark all applicable boxes to indicate the action a pedestrian was taking or attempting to take at the time of the crash.

PED/BIKE VISIBILITY

Mark the appropriate box to indicate the visibility of a pedestrian/bike to motorists or others at the time or location of the crash.

PED/BIKE FACTORS

Mark all applicable boxes to indicate any pedestrian or bike related factors that caused or contributed to the crash.

SKETCH & NARRATIVE

Although this form does not provide a large space for a sketch and narrative, please be as complete as possible. Submit copies of detailed supplemental drawings and narrative information along with the crash form — especially for fatal crashes. DMV may suspend drivers who cause or contribute to a fatal crash through unlawful operation of a vehicle. However, DMV can only suspend if the crash form and/or supplemental information provides enough details.

SKETCH

The sketch is a critical aid for crash coders who must determine crash and impact locations. Even the simplest sketch is helpful.

Complete a diagram of the crash either in the SKETCH & NARRATIVE section or on a supplemental document. The level of detail required depends on crash severity and your agency's mandates.

General guidelines:

- Draw the roadway arrangement. The arrow in the circle at the top of the section indicates north.
- Include structures involved in the crash as well as any visibility obstructions.
- Provide dimension measurements (except in special cases covered by departmental orders or bulletins).
- For each vehicle involved, provide the distance (in feet) of the longest skid mark to the point of impact. Additionally, provide the distance (in feet) each vehicle traveled after impact. Show unusual or temporary conditions (e.g., hole in pavement, barricade in repair zone, etc.).
- Use dotted lines to indicate the paths of vehicles before impact or rollover. Use dotted lines to draw vehicles in their impact positions. Use solid lines to indicate the paths of vehicles after impact or rollover. Use solid lines to draw vehicles in their final positions.
- Indicate the distance to impact locations and final positions of vehicles in relation to permanent landmarks.
- Show all skid marks, tire marks and other visible paths of travel. Label these paths and indicate distance.

NARRATIVE

The narrative is a critical aid for crash coders who must determine the crash site and details of the vehicles and participants involved in the crash.

Write the narrative description of the crash in the SKETCH & NARRATIVE section or on supplemental documents. Like the sketch, the level of detail required depends on crash severity.

Give a concise, complete description of what happened. Refer to vehicles or pedestrians using the same UNIT number used throughout the report and the sketch. Generally, you do not need to repeat facts or data contained elsewhere on the form. Reduce the amount of narrative description needed by properly completing the form.

Start the narrative by describing what the units were doing before the start of events that led to the crash. Next, describe the events and maneuvers that led to the crash. Finally, describe the collision, rollover or non-collision event. Include pertinent statements from witnesses or people involved in the crash.

Include the following details in the narrative:

a) Actions of vehicles/pedestrians prior to the key event.

b) Directions of travel.

c) Highway names and numbers.

d) Evasive maneuvers (or lack thereof) to avoid crash, including skid marks.

e) Description of collision, rollover or non-collision event. Choose words carefully and describe the entire chain of events.

f) Any unusual circumstances.

g) Unusual or temporary highway conditions. Limit these details to factual information.

h) Highway and environmental defects, if not already covered by coded information. Again, limit these details to factual information only.

i) Anything unusual about the condition of drivers/pedestrians/passengers prior to the crash.

POLICE TRUCK/BUS/HAZMAT CRASH SUPPLEMENTAL

The ***Police Truck/Bus/Hazmat Crash Supplemental***, Form 735-47 (Appendix C) is a supplement to the Oregon Police Traffic Crash Report. You must complete an Oregon Police Traffic Crash Report (Form 735-46) in addition to this report.

FAX a copy of the Police Truck/Bus/Hazmat Crash Supplemental form to ODOT Crash Analysis & Reporting Unit within 24 hours. The FAX number is listed at the bottom of the form.

Submit all completed reports to DMV, including the Oregon Police Traffic Crash Report, the Police Truck/Bus/Hazmat Crash Supplemental form and any additional documentation (e.g., narratives, diagrams or supplemental reports).

Only complete the Police Truck/Bus/Hazmat Crash Supplemental form if the crash results in at least one of the incident criteria AND one of the vehicle criteria.

QUALIFYING INCIDENT AND VEHICLE CRITERIA

INCIDENT

- Any person sustaining a fatality (within 30 days of the crash); or
- Any person sustaining injuries requiring treatment away from the scene; or
- Any vehicle towed from scene due to damage.

VEHICLE

- A commercial truck with 10,001 lbs. or more (GVWR or GCWR); or
- A vehicle displaying a hazardous material placard; or
- A vehicle with 9 or more seats, including the driver.

If the crash does not meet <u>both</u> the qualifying incident and vehicle criteria, do not complete a Truck/Bus/Hazmat Crash Supplemental form.

POLICE INCIDENT/CASE NUMBER

Space provided for case identification by law enforcement agencies. This number will match the number on your completed Oregon Police Traffic Crash Report (Form 735-46).

DAY OF WEEK

The day circled will match what is on your completed Oregon Police Traffic Crash Report.

CRASH DATE

Enter the date on which the crash occurred (month, day and year). This date will match the date on your completed Oregon Police Traffic Crash Report.

CRASH TIME

Enter the time when the crash happened as precisely as possible. Include "A.M." or "P.M." If the crash occurred exactly at noon or midnight, write "12:00 noon" or "12:00 midnight." If crash time is not available, try to estimate the time from physical evidence and mark any estimate as follows: "Est. 4:30 P.M." Military time is acceptable.

ROAD ON WHICH CRASH OCCURRED

Give the most specific and formal reference available. Use US and Oregon route types and numbers where applicable. Use commonly accepted abbreviations:

INT	Interstate Freeway	Example:	INT-5
US	Federal Highway	Example:	US 20
SR	State-Numbered Route	Example:	SR 53
CR	County-Numbered Route or lettered route	Example:	(CR) MacLeay Rd

If the crash occurred at an intersection, give the number or name of the principal road here. Where applicable, ranking is: INT, then US, then SR, then CR, then all others. In urban areas, use the name of the busiest major or arterial street.

BRIEF NARRATIVE

Provide a brief narrative description of the crash.

VEHICLE INFORMATION

Complete all vehicle information. Answer all questions in the spaces provided.

VEHICLE CONFIGURATION

Select the appropriate vehicle configuration. If the vehicle is a bus, identify type of bus and type of bus use.

VEHICLE DAMAGE

The form shows a top view of a vehicle configuration. Use shading to indicate where all damage to the identified UNIT occurred. Draw an arrow to indicate the area of first impact. There may or may not have been damage to the vehicle at the first impact.

SEQUENCE OF EVENTS (for this vehicle)

Mark the first four sequences of events that occurred. Column 1 is for the first event, Column 2 for the second event and so on. Complete this section with up to four events. If there were not four events, complete as many as apply.

CARRIER INFORMATION

MARK ALL THAT APPLY:

Interstate	Not in commerce - Government (Trucks/Buses)
Intrastate	Not in commerce - Other (Over 10,000 lbs)

NAME

Write the full name of the motor carrier.

ADDRESS

Write the full mailing address including city, state and zip code.

IDENTIFICATION NUMBERS

These numbers are normally found on the driver's side door of the vehicle.

NONE

Mark this box if it is a new carrier and does not have numbers yet.

US DOT

Complete this field with the United States Department of Transportation number.

ICC MC

Complete this field with the Interstate Commerce Commission number. The number will start as MC; write the 6 numerical digits in the spaces provided.

DRIVER INFORMATION

NAME (LAST, FIRST, MIDDLE)

Write the full name of the driver. If the person has a driver's license, the name should match the name on the driver's license. If the person's true name is different from that shown on the license, explain the difference in a supplemental narrative document

DRIVER LICENSE NUMBER

Write the vehicle operator's license number. Copy the number completely and accurately, this field is a critical element. If the driver does not have the license in their possession, write "Not on person." Write "None" if the driver is unlicensed.

STATE

Use the standard two-letter abbreviation for the state that issued the driver's license (refer to page 10 for the state abbreviation table).

CLASS

Write the license classification listed on the driver's license.

ENDORSEMENT

Write the license endorsements listed on the driver's license.

CO-DRIVER INFORMATION

If a co-driver is in the vehicle, enter the same information for the co-driver as you did for the actual driver of the vehicle at the time of the crash.

DRIVER HOURS RECAP

This section should only be completed by an officer who has completed the Oregon Department of Transportation training and is a certified inspector. If you have not had the training and been certified, do not complete this section. If you are certified, mark all violations that apply. If you mark "other," write in the violation.

OFFICER NAME/NUMBER/DATE

Print the name of officer(s) completing this form and the officer's badge or identification number designated by the department. Write the date you completed the report.

AGENCY

Enter the name of the police agency. If you abbreviate, be sure the abbreviation is unique to your agency (e.g., "PPD" could be Pendleton Police Department, Prineville Police Department, etc.).

APPROVED BY (OPTIONAL)

Name or initials of supervisory personnel reviewing/approving the report.

APPENDIX A: OREGON POLICE TRAFFIC CRASH REPORT

DMV **OREGON POLICE TRAFFIC CRASH REPORT** PAGE ___ OF ___

POLICE INCIDENT / CASE NUMBER | CRASH DATE | DAY OF WEEK **M T W TH F S SN** | CRASH TIME **AM PM** | POLICE NOTIFIED **AM PM** | POLICE ARRIVAL **AM PM** | DMV FILE NUMBER

COUNTY | ROAD ON WHICH CRASH OCCURRED | LATITUDE | LONGITUDE | MILE POST | DMV CODE

☐ WITHIN ______ FEET **N S** OF NEAREST INTERSECTING ROAD
☐ NEAR ______ MILES **E W**

☐ WITHIN ______ FEET **N S** OF NEAREST CITY / TOWN
☐ NEAR ______ MILES **E W**

☐ PROPERTY DAMAGE ☐ PUBLIC PROPERTY DAMAGE ESTIMATE: ☐ UNDER $2500 ☐ OVER $2500 ☐ UNKNOWN ☐ HAZ. MATERIALS ☐ PHOTOS TAKEN ☐ TRAIN R/R ☐ TRUCK / BUS

UNIT # | **NAME** (LAST, FIRST, MIDDLE) | DRIVER LICENSE NUMBER | STATE | SEX | RACE | DOB

PED BIC PRK PRP | ADDRESS | PHONE: ☐ HOME ☐ WORK ☐ CELL ( )

VEHICLE OWNER ☐ SAME | PHONE: ☐ HOME ☐ WORK ☐ CELL ( )

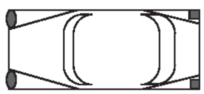
VEH FIRE Y N | STD SPD | PST SPD | INSURANCE COMPANY ☐ NONE | INSURANCE POLICY NUMBER

EJECTED Y P N | EXTRCTD Y N | VEHICLE IDENTIFICATION NUMBER (VIN) | LICENSE PLATE NUMBER | STATE | YEAR | MAKE | MODEL | STYLE | COLOR

VEHICLE TOWED DUE TO VEHICLE DAMAGE ☐ YES ☐ UNKNOWN BY: TO: | DRIVER TAKEN: Y N ☐ UNKNOWN BY: TO:

VEHICLE DAMAGE

FRONT



MARK ALL THAT APPLY:
DAMAGE ESTIMATE ☐ NONE ☐ UNDER $2500 ☐ OVER $2500
☐ ROLLOVER ☐ UNDERCAR ☐ TOTALED ☐ UNKNOWN ☐ TRUCK UNDERRIDE

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

INJURY: ☐ NO APPARENT ☐ POSSIBLE ☐ SUSPECTED MINOR ☐ SUSPECTED SERIOUS ☐ FATAL
EQUIPMENT: ☐ NO EQP USED ☐ LAP ONLY ☐ LAP / SHLDR ☐ CHLD RST-PRP ☐ A/BAG-DEPLYD ☐ NONE INSTLD ☐ UNKNOWN ☐ SHLDR ONLY ☐ HELMET ☐ CHLD RST-IMPR ☐ A/BAG-NOT DP
ACTION / ARREST / CITES

HIT AND RUN
SUSPECT NAME | AKA | IN CUSTODY Y N
ADDRESS | OTHER INFORMATION:
SEX | RACE | DOB | HT | WT | HAIR | EYES | LOCAL ID

UNIT # | **NAME** (LAST, FIRST, MIDDLE) | DRIVER LICENSE NUMBER | STATE | SEX | RACE | DOB

PED BIC PRK PRP | ADDRESS | PHONE: ☐ HOME ☐ WORK ☐ CELL ( )

VEHICLE OWNER ☐ SAME | PHONE: ☐ HOME ☐ WORK ☐ CELL ( )

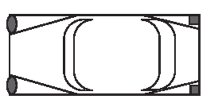
VEH FIRE Y N | STD SPD | PST SPD | INSURANCE COMPANY ☐ NONE | INSURANCE POLICY NUMBER

EJECTED Y P N | EXTRCTD Y N | VEHICLE IDENTIFICATION NUMBER (VIN) | LICENSE PLATE NUMBER | STATE | YEAR | MAKE | MODEL | STYLE | COLOR

VEHICLE TOWED DUE TO VEHICLE DAMAGE ☐ YES ☐ UNKNOWN BY: TO: | DRIVER TAKEN: Y N ☐ UNKNOWN BY: TO:

VEHICLE DAMAGE

FRONT



MARK ALL THAT APPLY:
DAMAGE ESTIMATE ☐ NONE ☐ UNDER $2500 ☐ OVER $2500
☐ ROLLOVER ☐ UNDERCAR ☐ TOTALED ☐ UNKNOWN ☐ TRUCK UNDERRIDE

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

INJURY: ☐ NO APPARENT ☐ POSSIBLE ☐ SUSPECTED MINOR ☐ SUSPECTED SERIOUS ☐ FATAL
EQUIPMENT: ☐ NO EQP USED ☐ LAP ONLY ☐ LAP / SHLDR ☐ CHLD RST-PRP ☐ A/BAG-DEPLYD ☐ NONE INSTLD ☐ UNKNOWN ☐ SHLDR ONLY ☐ HELMET ☐ CHLD RST-IMPR ☐ A/BAG-NOT DP
ACTION / ARREST / CITES

UNIT # | ☐ PASSENGER NAME ☐ WITNESS | ADDRESS
SEX | RACE | DOB | PHONE: ☐ HOME ☐ WORK ☐ CELL ( ) | **INJURY:** ☐ NO APPARENT ☐ POSSIBLE ☐ SUSP MINOR ☐ SUSP SERIOUS ☐ FATAL | LOCATION LF CF RF LR CR RR OTHER: | EJECTED Y P N | EXTRCTD Y N
PASSENGER TAKEN: Y N ☐ UNKNOWN BY: TO: | **EQUIPMENT** ☐ NO EQP USED ☐ LAP ONLY ☐ LAP / SHLDR ☐ CHLD RST-PRP ☐ A/BAG-DEPLYD ☐ NONE INSTLD ☐ UNKNOWN ☐ SHLDR ONLY ☐ HELMET ☐ CHLD RST-IMPR ☐ A/BAG-NOT DP

UNIT # | ☐ PASSENGER NAME ☐ WITNESS | ADDRESS
SEX | RACE | DOB | PHONE: ☐ HOME ☐ WORK ☐ CELL ( ) | **INJURY:** ☐ NO APPARENT ☐ POSSIBLE ☐ SUSP MINOR ☐ SUSP SERIOUS ☐ FATAL | LOCATION LF CF RF LR CR RR OTHER: | EJECTED Y P N | EXTRCTD Y N
PASSENGER TAKEN: Y N ☐ UNKNOWN BY: TO: | **EQUIPMENT** ☐ NO EQP USED ☐ LAP ONLY ☐ LAP / SHLDR ☐ CHLD RST-PRP ☐ A/BAG-DEPLYD ☐ NONE INSTLD ☐ UNKNOWN ☐ SHLDR ONLY ☐ HELMET ☐ CHLD RST-IMPR ☐ A/BAG-NOT DP

UNIT # | ☐ PASSENGER NAME ☐ WITNESS | ADDRESS
SEX | RACE | DOB | PHONE: ☐ HOME ☐ WORK ☐ CELL ( ) | **INJURY:** ☐ NO APPARENT ☐ POSSIBLE ☐ SUSP MINOR ☐ SUSP SERIOUS ☐ FATAL | LOCATION LF CF RF LR CR RR OTHER: | EJECTED Y P N | EXTRCTD Y N
PASSENGER TAKEN: Y N ☐ UNKNOWN BY: TO: | **EQUIPMENT** ☐ NO EQP USED ☐ LAP ONLY ☐ LAP / SHLDR ☐ CHLD RST-PRP ☐ A/BAG-DEPLYD ☐ NONE INSTLD ☐ UNKNOWN ☐ SHLDR ONLY ☐ HELMET ☐ CHLD RST-IMPR ☐ A/BAG-NOT DP

DISTRIBUTION

OFFICER NAME / NUMBER | DATE | AGENCY | APPROVED BY

735-46A (1 26) **STK# 300018**

POLICE INCIDENT / CASE NUMBER	EMS NOTIFIED AM PM	EMS ARRIVAL AM PM	LOCAL CODES A	B				PAGE	OF

Check ONE box in all categories. Check ALL boxes that apply in categories with (★).

★ HARMFUL EVENTS

NON COLLISION — FIRST?
- ☐ OVERTURN ☐
- ☐ FIRE / EXPLOSION ☐
- ☐ IMMERSION ☐
- ☐ GAS INHALATION ☐
- ☐ OTHER NON COLLISION ☐
- ☐ MEDICAL (Explain): ☐

COLLISION WITH
- ☐ PEDESTRIAN ☐
- ☐ PARKED MOTOR VEHICLE ☐
- ☐ RAILWAY TRAIN ☐
- ☐ BICYCLIST ☐

CRASH TYPE
- ☐ HEAD ON ☐
- ☐ REAR END ☐
- ☐ ANGLE ☐
- ☐ SIDESWIPE ☐
- ☐ SECONDARY CRASH ☐
- ☐ LANE SPLITTING ☐
- ☐ MANNER UNKNOWN ☐

FIXED OBJECT
- ☐ BARRICADE ☐
- ☐ BOULDER / ROCK ☐
- ☐ BRIDGE O/PASS / RAILING ☐
- ☐ BUILDING ☐
- ☐ CULVERT HEADWALL ☐
- ☐ CURBING ☐
- ☐ DITCH ☐
- ☐ DIVIDER - CNCRT / STEEL ☐
- ☐ FENCE - NOT MEDIAN ☐
- ☐ FIRE HYDRANT ☐
- ☐ HIGHWAY GUARDRAIL ☐
- ☐ HIGHWAY SIGN ☐
- ☐ IMPACT ABSORBER ☐
- ☐ LIGHT STANDARD ☐
- ☐ MAILBOX ☐
- ☐ OVERHEAD SIGN POST ☐
- ☐ OVERHEAD STRUCTURE ☐
- ☐ PIER or COLUMN ☐
- ☐ RETAINING WALL ☐
- ☐ SIDESLOPE EARTH ☐
- ☐ SIDESLOPE ROCK/ STONE ☐
- ☐ TRAFFIC SIGNAL POST ☐
- ☐ TREE ☐
- ☐ UNDERPASS TUNNEL ☐
- ☐ UTILITY POLE ☐
- ☐ OTHER FIXED (Explain): ☐

OTHER OBJECT (NOT FIXED)
- ☐ ANIMAL ☐
- ☐ THROWN / FALLING OBJ ☐
- ☐ UNKNOWN ☐
- ☐ OTHER OBJECT (Explain): ☐

EVENT LOCATION

ON ROADWAY
- ☐ NON-INTERSECTION
- ☐ INTERSECTION
- ☐ INTERSECTION RELATED
- ☐ DRIVEWAY ACCESS
- ☐ INTERCHANGE AREA
- ☐ RAILROAD CROSSING
- ☐ BRIDGE
- ☐ TUNNEL
- ☐ OTHER ON-ROAD AREA

OFF ROADWAY
- ☐ SHOULDER
- ☐ TURNOUT
- ☐ ROADSIDE
- ☐ BEYOND RIGHT OF WAY
- ☐ MEDIAN
- ☐ DRIVEWAY
- ☐ PRIVATE DRIVE
- ☐ RAILROAD CROSSING
- ☐ OTHER OFF ROAD
- ☐ PARKING LOT
- ☐ UNKNOWN

SPECIAL ZONE
- ☐ NONE
- ☐ CONSTRUCTION
- ☐ MAINTENANCE - ORS 811.230
- ☐ UTILITY
- ☐ SNOW
- ☐ SCHOOL
- ☐ UNKNOWN WORK
- ☐ OTHER

WEATHER
- ☐ CLEAR
- ☐ CLOUDY (OVERCAST)
- ☐ RAIN
- ☐ SNOW
- ☐ SLEET / HAIL / ETC
- ☐ FOG / SMOG
- ☐ SMOKE
- ☐ BLOWING SAND / DIRT
- ☐ SEVERE CROSSWIND
- ☐ OTHER / UNKNOWN

SURFACE CONDITION

#1	#2	
☐	☐	DRY
☐	☐	WET
☐	☐	SNOW / SLUSH
☐	☐	ICY
☐	☐	MUDDY
☐	☐	DEBRIS
☐	☐	RUTS / HOLES / BUMPS
☐	☐	WORN / POLISHED
☐	☐	LOW / SOFT SHOULDER
☐	☐	OTHER (Explain):

SURFACE TYPE

#1	#2	
☐	☐	CONCRETE
☐	☐	BLACKTOP / ASPHALT
☐	☐	GRAVEL
☐	☐	DIRT
☐	☐	OTHER (Explain):

LIGHT
- ☐ FULL DAYLIGHT
- ☐ DAWN
- ☐ DUSK
- ☐ DARK - LIGHTED WAY
- ☐ DARK - NOT LIGHTED
- ☐ UNKNOWN

TRAFFIC CONTROL TYPE

#1	#2	
☐	☐	NONE
☐	☐	SCHOOL BUS LIGHTS
☐	☐	OFFICER / CROSSING GUARD or FLAGGER
☐	☐	TRAFFIC SIGNAL w/ PEDESTRIAN CONTROL
☐	☐	TRAFFIC SIGNAL
☐	☐	FLASHING BEACON
☐	☐	STOP SIGN
☐	☐	YIELD SIGN
☐	☐	RR CROSSING GATES
☐	☐	RR CROSSING BUCKS
☐	☐	RR FLASHING SIGNAL
☐	☐	RR CROSSING w/ PAVEMENT MARKINGS
☐	☐	LANE CONTROLS/LINES/ STRIPES/DEVICES
☐	☐	SCHOOL SIGNAL
☐	☐	OTHER REG SIGN
☐	☐	TURN LANES
☐	☐	UNKNOWN

TRAFFIC CONTROL DEVICE CONDITION

#1	#2	
☐	☐	NO MALFUNCTION
☐	☐	DOWN / MISSING
☐	☐	TURNED FROM PROPER POSITION
☐	☐	OBSCURED BY OTHER SIGNS
☐	☐	OBSCURED BY PARKED VEHICLE
☐	☐	OBSCURED BY VEGETATION
☐	☐	LIGHTS MALFUNCTION
☐	☐	LIGHTS STUCK
☐	☐	GATES INOPERATIVE
☐	☐	GATE ARM MISSING
☐	☐	OTHER RR MALFUNCTN
☐	☐	OTHER IMPAIRMENT
☐	☐	UNKNOWN

ROAD CHARACTER

#1	#2	
☐	☐	STRAIGHT and LEVEL
☐	☐	STRAIGHT w/ GRADE
☐	☐	CURVED and LEVEL
☐	☐	CURVED w/ GRADE

VEH # 1 ___ NUMBER OF LANES

VEH # 2 ___ NUMBER OF LANES

___TOTAL NUMBER OF LANES

ROAD FLOW

#1	#2	
☐	☐	ONE WAY TRAFFIC
☐	☐	NOT PHYSLY DIVIDED

MEDIAN TYPE
- ☐ ☐ UNPAVED
- ☐ ☐ BARRIER
- ☐ ☐ PAVED
- ☐ ☐ CONT LEFT TURN

DRIVER LICENSE STATUS

DRIVER #1	#2	
☐	☐	VALID
☐	☐	INSTRUCTION PERMIT
☐	☐	VIOL RESTRICTION
☐	☐	EXPIRED LICENSE
☐	☐	OUT OF CLASS
☐	☐	SUSPNDED / REVOKED
☐	☐	UNLICENSED

★ DRIVER FACTORS

DRIVER #1	#2	
☐	☐	NONE
☐	☐	CELL PHONE USE
☐	☐	OBSTRUCTED VIEW
☐	☐	FAILED TO YIELD ROW
☐	☐	DISRGRD TRAF SIGN
☐	☐	TOO FAST FOR COND
☐	☐	MADE IMPROPER TURN
☐	☐	WRONG SIDE / WAY
☐	☐	FOLLOW TOO CLOSELY
☐	☐	IMPROPER LANE CHNG
☐	☐	IMPROPER BACKING
☐	☐	IMPROPER PASSING
☐	☐	IMPROPER SIGNAL
☐	☐	IMPROPER PARKING
☐	☐	FATIGUE / DROWSY
☐	☐	ILL_____
☐	☐	BLACKOUT_____
☐	☐	INATTENTIVE
☐	☐	DISTRACTED
☐	☐	UNKNOWN
☐	☐	IMPROP RESTR EQP USE
☐	☐	OTHER (Explain):

★ IMPAIRMENT

DRIVER #1	#2	
☐	☐	NONE
☐	☐	UNDER INFL - DRUGS
☐	☐	UNDER INFL - ALCOHOL
☐	☐	UNDER INFL - MEDS
☐	☐	UNDER INFL-MARIJUANA
☐	☐	UNDER INFL-PSILOCYBIN
☐	☐	UNKNOWN

DETERMINED BY:

☐	☐	INTOXILYZER TEST
☐	☐	BLOOD OR URINE TEST
☐	☐	FIELD SOB. TEST
☐	☐	OBSERVED (SPEECH, ODOR, ETC.)
☐	☐	DRE EVALUATION
☐	☐	STATEMENTS
☐	☐	UNKNOWN
☐	☐	OTHER (Explain):

RESULTS OF TEST:

D1 _____%	D2 _____%	
☐	☐	NO TEST GIVEN
☐	☐	TEST REFUSED
☐	☐	TESTED FOR DRUGS
☐	☐	RESLTS NOT AVAILABLE

★VEH RELATED FACTORS

#1	#2	
☐	☐	NONE
☐	☐	BRAKES
☐	☐	STEERING
☐	☐	POWER PLANT
☐	☐	SUSPENSION
☐	☐	TIRES
☐	☐	EXHAUST
☐	☐	LIGHTS
☐	☐	SIGNALS
☐	☐	WINDOWS / WINDSHLD
☐	☐	RESTRAINT SYSTEM
☐	☐	WHEELS
☐	☐	COUPLING
☐	☐	CARGO
☐	☐	OTHER (Explain):

VEHICLE MOVEMENT

#1	#2	
☐	☐	BACKING
☐	☐	STOPPED
☐	☐	STRAIGHT AHEAD
☐	☐	TURNING RIGHT
☐	☐	TURNING LEFT
☐	☐	MAKING U-TURN
☐	☐	ENTER TRAFFIC LANE
☐	☐	LEAVE TRAFFIC LANE
☐	☐	OVERTAKING
☐	☐	CHANGING LANES
☐	☐	AVOIDING MANEUVER
☐	☐	MERGING
☐	☐	PARKING
☐	☐	NEGOTIATING A CURVE
☐	☐	OTHER (Explain):

TRAILER TYPE

#1	#2	
☐	☐	LOG BUNK
☐	☐	SEMITRAILER
☐	☐	POLE TRAILER
☐	☐	FULL TRAILER
☐	☐	MOBILE HOME
☐	☐	UTILITY TRAILER
☐	☐	TRAVEL TRAILER
☐	☐	BOAT TRAILER
☐	☐	FARM EQUIPMENT
☐	☐	HORSE TRAILER
☐	☐	VEHICLE IN TOW
☐	☐	OTHER / UNKNOWN

(Explain):

TRUCK CONFIGURATION

#1	#2	
☐	☐	TRUCK (2 or 3 AXLE)
☐	☐	TRUCK / TRACTOR-SEMI
☐	☐	TRUCK and TRAILER
☐	☐	DOUBLE TRAILERS
☐	☐	TRIPLE TRAILERS
☐	☐	DROMEDARY and SEMI
☐	☐	HEAVY HAUL CONFIG
☐	☐	BUS
☐	☐	OTHER (Explain):

★ PASSENGER FACTORS

PASS UNIT #1

#1	#2	
☐	☐	NONE
☐	☐	INTERFERED w/DRIVER
☐	☐	UNDER INFL - DRUGS
☐	☐	UNDER INFL - ALCOHOL
☐	☐	UNKNOWN
☐	☐	IMPROP RESTR EQP USE
☐	☐	OTHER (Explain):

PASS UNIT #2

#1	#2	
☐	☐	NONE
☐	☐	INTERFERED w/DRIVER
☐	☐	UNDER INFL - DRUGS
☐	☐	UNDER INFL - ALCOHOL
☐	☐	UNKNOWN
☐	☐	IMPROP RESTR EQP USE
☐	☐	OTHER (Explain):

PEDESTRIAN LOCATION

IN ROAD
- ☐ IN X-WALK
- ☐ NOT IN X-WALK
- ☐ NO X-WALK AVAILABLE

INTERSECTION
- ☐ IN X-WALK
- ☐ NOT IN X-WALK
- ☐ NO X-WALK AVAILABLE

OTHER
- ☐ NOT IN ROADWAY
- ☐ SHOULDER
- ☐ MEDIAN
- ☐ BIKE LANE
- ☐ UNKNOWN

PEDESTRIAN TYPE
- ☐ NONE
- ☐ PEDESTRIAN
- ☐ BICYCLIST
- ☐ CONVEYANCE
- ☐ WHEELCHAIR
- ☐ ANIMAL RIDER
- ☐ RIDER of ANIM DRAWN VEH
- ☐ UNKNOWN
- ☐ OTHER (Explain):

★ PEDESTRIAN ACTION
- ☐ ENTER / CROSS ROAD
- ☐ WALK / RIDE w/TRAFF
- ☐ WALK / RIDE AGAINST
- ☐ STEP ON / OFF VEHICLE
- ☐ STEP ON / OFF SCH BUS
- ☐ APPRCH / LEAVE SC BUS
- ☐ APPROACH / LEAVE VEH
- ☐ WORK / PUSHING VEHICLE
- ☐ OTHER WORKING
- ☐ PLAYING
- ☐ STANDING
- ☐ LYING DOWN
- ☐ UNKNOWN

PED / BIKE VISIBILITY

CLOTHING
- ☐ NO CONTRAST w/BKGRND
- ☐ CONTRASTED w/BKGRND
- ☐ REFLECTIVE

OTHER
- ☐ OTHER LIGHT SOURCE
- ☐ UNKNOWN

★ PED / BIKE FACTORS
- ☐ NONE
- ☐ FAILED TO YIELD ROW
- ☐ DISREGARD TRAFFIC SIGN
- ☐ ILLEGALLY IN ROAD
- ☐ EQUIPMENT VIOLATION
- ☐ CLOTHING NOT VISIBLE
- ☐ UNDER INFL - DRUGS
- ☐ UNDER INFL - ALCOHOL
- ☐ INATTENTIVE
- ☐ DISTRACTED
- ☐ CELL PHONE
- ☐ UNKNOWN
- ☐ OTHER (Explain):

SKETCH & NARRATIVE

North

(NOT TO SCALE)

UNIT 1 2

SKID MARKS TO (FEET) _____ _____

DISTANCE AFTER (FEET) _____ _____

APPENDIX B: OREGON POLICE TRAFFIC CRASH REPORT ADDITION

DMV OREGON POLICE TRAFFIC CRASH REPORT ADDITION

PAGE | OF

POLICE INCIDENT / CASE NUMBER | CRASH DATE

COUNTY

UNIT # | NAME (LAST, FIRST, MIDDLE) | DRIVER LICENSE NUMBER | STATE | SEX | RACE | DOB

PED / BIC / PRK / PRP

ADDRESS | PHONE: ☐ HOME ☐ WORK ☐ CELL ( )

VEHICLE OWNER ☐ SAME | PHONE: ☐ HOME ☐ WORK ☐ CELL ( )

VEH FIRE Y N | STD SPD | PST SPD | INSURANCE COMPANY ☐ NONE | INSURANCE POLICY NUMBER

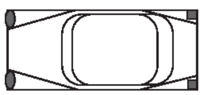
EJECTED Y P N | EXTRCTD Y N | VEHICLE IDENTIFICATION NUMBER (VIN) | LICENSE PLATE NUMBER | STATE | YEAR | MAKE | MODEL | STYLE | COLOR

VEHICLE TOWED DUE TO VEHICLE DAMAGE ☐ YES ☐ UNKNOWN
BY: TO:

DRIVER TAKEN: Y N ☐ UNKNOWN
BY: TO:

VEHICLE DAMAGE

FRONT



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

MARK ALL THAT APPLY:
DAMAGE ESTIMATE ☐ NONE ☐ UNDER $2500 ☐ OVER $2500
☐ ROLLOVER ☐ UNDERCAR ☐ TOTALED ☐ UNKNOWN ☐ TRUCK UNDERRIDE

INJURY: ☐ NO APPARENT ☐ POSSIBLE ☐ SUSPECTED MINOR ☐ SUSPECTED SERIOUS ☐ FATAL

EQUIPMENT: ☐ NO EQP USED ☐ LAP ONLY ☐ LAP / SHLDR ☐ CHLD RST-PRP ☐ A/BAG-DEPLYD ☐ NONE INSTLD ☐ UNKNOWN ☐ SHLDR ONLY ☐ HELMET ☐ CHLD RST-IMPR ☐ A/BAG-NOT DP

ACTION / ARREST / CITES

UNIT # ☐ PASSENGER NAME ☐ WITNESS | ADDRESS
SEX | RACE | DOB | PHONE: ☐ HOME ☐ WORK ☐ CELL ( ) | INJURY: ☐ NO APPARENT ☐ POSSIBLE ☐ SUSP MINOR ☐ SUSP SERIOUS ☐ FATAL | LOCATION LF CF RF LR CR RR | OTHER: | EJECTED Y P N | EXTRCTD Y N
PASSENGER TAKEN: Y N ☐ UNKNOWN BY: TO: | EQUIPMENT ☐ NO EQP USED ☐ LAP ONLY ☐ LAP / SHLDR ☐ CHLD RST-PRP ☐ A/BAG-DEPLYD ☐ NONE INSTLD ☐ UNKNOWN ☐ SHLDR ONLY ☐ HELMET ☐ CHLD RST-IMPR ☐ A/BAG-NOT DP

UNIT # ☐ PASSENGER NAME ☐ WITNESS | ADDRESS
SEX | RACE | DOB | PHONE: ☐ HOME ☐ WORK ☐ CELL ( ) | INJURY: ☐ NO APPARENT ☐ POSSIBLE ☐ SUSP MINOR ☐ SUSP SERIOUS ☐ FATAL | LOCATION LF CF RF LR CR RR | OTHER: | EJECTED Y P N | EXTRCTD Y N
PASSENGER TAKEN: Y N ☐ UNKNOWN BY: TO: | EQUIPMENT ☐ NO EQP USED ☐ LAP ONLY ☐ LAP / SHLDR ☐ CHLD RST-PRP ☐ A/BAG-DEPLYD ☐ NONE INSTLD ☐ UNKNOWN ☐ SHLDR ONLY ☐ HELMET ☐ CHLD RST-IMPR ☐ A/BAG-NOT DP

UNIT # ☐ PASSENGER NAME ☐ WITNESS | ADDRESS
SEX | RACE | DOB | PHONE: ☐ HOME ☐ WORK ☐ CELL ( ) | INJURY: ☐ NO APPARENT ☐ POSSIBLE ☐ SUSP MINOR ☐ SUSP SERIOUS ☐ FATAL | LOCATION LF CF RF LR CR RR | OTHER: | EJECTED Y P N | EXTRCTD Y N
PASSENGER TAKEN: Y N ☐ UNKNOWN BY: TO: | EQUIPMENT ☐ NO EQP USED ☐ LAP ONLY ☐ LAP / SHLDR ☐ CHLD RST-PRP ☐ A/BAG-DEPLYD ☐ NONE INSTLD ☐ UNKNOWN ☐ SHLDR ONLY ☐ HELMET ☐ CHLD RST-IMPR ☐ A/BAG-NOT DP

UNIT # ☐ PASSENGER NAME ☐ WITNESS | ADDRESS
SEX | RACE | DOB | PHONE: ☐ HOME ☐ WORK ☐ CELL ( ) | INJURY: ☐ NO APPARENT ☐ POSSIBLE ☐ SUSP MINOR ☐ SUSP SERIOUS ☐ FATAL | LOCATION LF CF RF LR CR RR | OTHER: | EJECTED Y P N | EXTRCTD Y N
PASSENGER TAKEN: Y N ☐ UNKNOWN BY: TO: | EQUIPMENT ☐ NO EQP USED ☐ LAP ONLY ☐ LAP / SHLDR ☐ CHLD RST-PRP ☐ A/BAG-DEPLYD ☐ NONE INSTLD ☐ UNKNOWN ☐ SHLDR ONLY ☐ HELMET ☐ CHLD RST-IMPR ☐ A/BAG-NOT DP

UNIT # ☐ PASSENGER NAME ☐ WITNESS | ADDRESS
SEX | RACE | DOB | PHONE: ☐ HOME ☐ WORK ☐ CELL ( ) | INJURY: ☐ NO APPARENT ☐ POSSIBLE ☐ SUSP MINOR ☐ SUSP SERIOUS ☐ FATAL | LOCATION LF CF RF LR CR RR | OTHER: | EJECTED Y P N | EXTRCTD Y N
PASSENGER TAKEN: Y N ☐ UNKNOWN BY: TO: | EQUIPMENT ☐ NO EQP USED ☐ LAP ONLY ☐ LAP / SHLDR ☐ CHLD RST-PRP ☐ A/BAG-DEPLYD ☐ NONE INSTLD ☐ UNKNOWN ☐ SHLDR ONLY ☐ HELMET ☐ CHLD RST-IMPR ☐ A/BAG-NOT DP

UNIT # ☐ PASSENGER NAME ☐ WITNESS | ADDRESS
SEX | RACE | DOB | PHONE: ☐ HOME ☐ WORK ☐ CELL ( ) | INJURY: ☐ NO APPARENT ☐ POSSIBLE ☐ SUSP MINOR ☐ SUSP SERIOUS ☐ FATAL | LOCATION LF CF RF LR CR RR | OTHER: | EJECTED Y P N | EXTRCTD Y N
PASSENGER TAKEN: Y N ☐ UNKNOWN BY: TO: | EQUIPMENT ☐ NO EQP USED ☐ LAP ONLY ☐ LAP / SHLDR ☐ CHLD RST-PRP ☐ A/BAG-DEPLYD ☐ NONE INSTLD ☐ UNKNOWN ☐ SHLDR ONLY ☐ HELMET ☐ CHLD RST-IMPR ☐ A/BAG-NOT DP

UNIT # ☐ PASSENGER NAME ☐ WITNESS | ADDRESS
SEX | RACE | DOB | PHONE: ☐ HOME ☐ WORK ☐ CELL ( ) | INJURY: ☐ NO APPARENT ☐ POSSIBLE ☐ SUSP MINOR ☐ SUSP SERIOUS ☐ FATAL | LOCATION LF CF RF LR CR RR | OTHER: | EJECTED Y P N | EXTRCTD Y N
PASSENGER TAKEN: Y N ☐ UNKNOWN BY: TO: | EQUIPMENT ☐ NO EQP USED ☐ LAP ONLY ☐ LAP / SHLDR ☐ CHLD RST-PRP ☐ A/BAG-DEPLYD ☐ NONE INSTLD ☐ UNKNOWN ☐ SHLDR ONLY ☐ HELMET ☐ CHLD RST-IMPR ☐ A/BAG-NOT DP

UNIT # ☐ PASSENGER NAME ☐ WITNESS | ADDRESS
SEX | RACE | DOB | PHONE: ☐ HOME ☐ WORK ☐ CELL ( ) | INJURY: ☐ NO APPARENT ☐ POSSIBLE ☐ SUSP MINOR ☐ SUSP SERIOUS ☐ FATAL | LOCATION LF CF RF LR CR RR | OTHER: | EJECTED Y P N | EXTRCTD Y N
PASSENGER TAKEN: Y N ☐ UNKNOWN BY: TO: | EQUIPMENT ☐ NO EQP USED ☐ LAP ONLY ☐ LAP / SHLDR ☐ CHLD RST-PRP ☐ A/BAG-DEPLYD ☐ NONE INSTLD ☐ UNKNOWN ☐ SHLDR ONLY ☐ HELMET ☐ CHLD RST-IMPR ☐ A/BAG-NOT DP

DISTRIBUTION

OFFICER NAME / NUMBER | DATE | AGENCY | APPROVED BY

735-46B (1-26) STK# 300025

POLICE INCIDENT / CASE NUMBER	EMS NOTIFIED AM PM	EMS ARRIVAL AM PM	LOCAL CODES A	B				PAGE	OF

Check ONE box in all categories. Check ALL boxes that apply in categories with (★).

SURFACE CONDITION
___
- ☐ DRY
- ☐ WET
- ☐ SNOW / SLUSH
- ☐ ICY
- ☐ MUDDY
- ☐ DEBRIS
- ☐ RUTS / HOLES / BUMPS
- ☐ WORN / POLISHED
- ☐ LOW / SOFT SHOULDER
- ☐ OTHER (Explain):

SURFACE TYPE
___
- ☐ CONCRETE
- ☐ BLACKTOP / ASPHALT
- ☐ GRAVEL
- ☐ DIRT
- ☐ OTHER (Explain):

TRAFFIC CONTROL TYPE
___
- ☐ NONE
- ☐ SCHOOL BUS LIGHTS
- ☐ OFFICER / CROSSING GUARD or FLAGGER
- ☐ TRAFFIC SIGNAL w/ PEDESTRIAN CONTROL
- ☐ TRAFFIC SIGNAL
- ☐ FLASHING BEACON
- ☐ STOP SIGN
- ☐ YIELD SIGN
- ☐ RR CROSSING GATES
- ☐ RR CROSSING BUCKS
- ☐ RR FLASHING SIGNAL
- ☐ RR CROSSING w/ PAVEMENT MARKINGS
- ☐ LANE CONTROLS / LINES / STRIPES / DEVICES
- ☐ SCHOOL SIGNAL
- ☐ OTHER REG SIGN
- ☐ TURN LANES
- ☐ UNKNOWN

TRAFFIC CONTROL DEVICE CONDITION
___
- ☐ NO MALFUNCTION
- ☐ DOWN / MISSING
- ☐ TURNED FROM PROPER POSITION
- ☐ OBSCURED BY OTHER SIGNS
- ☐ OBSCURED BY PARKED VEHICLE
- ☐ OBSCURED BY VEGETATION
- ☐ LIGHTS MALFUNCTION
- ☐ LIGHTS STUCK
- ☐ GATES INOPERATIVE
- ☐ GATE ARM MISSING
- ☐ OTHER RR MALFUNCTN
- ☐ OTHER IMPAIRMENT
- ☐ UNKNOWN

ROAD CHARACTER
___
- ☐ STRAIGHT and LEVEL
- ☐ STRAIGHT w/ GRADE
- ☐ CURVED and LEVEL
- ☐ CURVED w/ GRADE

VEH # ___

NUMBER OF LANES ___

___TOTAL NUMBER OF LANES

ROAD FLOW
___
- ☐ ONE WAY TRAFFIC
- ☐ NOT PHYSLY DIVIDED

MEDIAN TYPE
- ☐ UNPAVED
- ☐ BARRIER
- ☐ PAVED
- ☐ CONT LEFT TURN

DRIVER LICENSE STATUS
DRIVER
___
- ☐ VALID
- ☐ INSTRUCTION PERMIT
- ☐ VIOL RESTRICTION
- ☐ EXPIRED LICENSE
- ☐ OUT OF CLASS
- ☐ SUSPNDED / REVOKED
- ☐ UNLICENSED

★ DRIVER FACTORS
DRIVER
___
- ☐ NONE
- ☐ CELL PHONE USE
- ☐ OBSTRUCTED VIEW
- ☐ FAILED TO YIELD ROW
- ☐ DISRGRD TRAF SIGN
- ☐ TOO FAST FOR COND
- ☐ MADE IMPROPER TURN
- ☐ WRONG SIDE/WAY
- ☐ FOLLOW TOO CLOSELY
- ☐ IMPROPER LANE CHNG
- ☐ IMPROPER BACKING
- ☐ IMPROPER PASSING
- ☐ IMPROPER SIGNAL
- ☐ IMPROPER PARKING
- ☐ FATIGUE / DROWSY
- ☐ ILL_____
- ☐ BLACKOUT_____
- ☐ INATTENTIVE
- ☐ DISTRACTED
- ☐ UNKNOWN
- ☐ IMPROP RESTR EQP USE
- ☐ OTHER (Explain):

★ IMPAIRMENT
DRIVER
___
- ☐ NONE
- ☐ UNDER INFL - DRUGS
- ☐ UNDER INFL - ALCOHOL
- ☐ UNDER INFL - MEDS
- ☐ UNDER INFL - MARIJUANA
- ☐ UNDER INFL - PSILOCYBIN
- ☐ UNKNOWN

DETERMINED BY:
- ☐ INTOXILYZER TEST
- ☐ BLOOD OR URINE TEST
- ☐ FIELD SOB. TEST
- ☐ OBSERVED (SPEECH, ODOR, ETC.)
- ☐ DRE EVALUATION
- ☐ STATEMENTS
- ☐ UNKNOWN
- ☐ OTHER (Explain):

RESULTS OF TEST:

D _____%
- ☐ NO TEST GIVEN
- ☐ TEST REFUSED
- ☐ TESTED FOR DRUGS
- ☐ RESLTS NOT AVAILABLE

★VEH RELATED FACTORS
#
- ☐ NONE
- ☐ BRAKES
- ☐ STEERING
- ☐ POWER PLANT
- ☐ SUSPENSION
- ☐ TIRES
- ☐ EXHAUST
- ☐ LIGHTS
- ☐ SIGNALS
- ☐ WINDOWS / WINDSHLD
- ☐ RESTRAINT SYSTEM
- ☐ WHEELS
- ☐ COUPLING
- ☐ CARGO
- ☐ OTHER (Explain):

VEHICLE MOVEMENT
___
- ☐ BACKING
- ☐ STOPPED
- ☐ STRAIGHT AHEAD
- ☐ TURNING RIGHT
- ☐ TURNING LEFT
- ☐ MAKING U-TURN
- ☐ ENTER TRAFFIC LANE
- ☐ LEAVE TRAFFIC LANE
- ☐ OVERTAKING
- ☐ CHANGING LANES
- ☐ AVOIDING MANEUVER
- ☐ MERGING
- ☐ PARKING
- ☐ NEGOTIATING A CURVE
- ☐ OTHER (Explain):

TRAILER TYPE
___
- ☐ LOG BUNK
- ☐ SEMITRAILER
- ☐ POLE TRAILER
- ☐ FULL TRAILER
- ☐ MOBILE HOME
- ☐ UTILITY TRAILER
- ☐ TRAVEL TRAILER
- ☐ BOAT TRAILER
- ☐ FARM EQUIPMENT
- ☐ HORSE TRAILER
- ☐ VEHICLE IN TOW
- ☐ OTHER / UNKNOWN (Explain):

TRUCK CONFIGURATION
___
- ☐ TRUCK (2 or 3 AXLE)
- ☐ TRUCK / TRACTOR-SEMI
- ☐ TRUCK and TRAILER
- ☐ DOUBLE TRAILERS
- ☐ TRIPLE TRAILERS
- ☐ DROMEDARY and SEMI
- ☐ HEAVY HAUL CONFIG
- ☐ BUS
- ☐ OTHER (Explain):

★ PASSENGER FACTORS
PASS #1 #2 UNIT # ____
- ☐ ☐ NONE
- ☐ ☐ INTERFERED w/DRIVER
- ☐ ☐ UNDER INFL - DRUGS
- ☐ ☐ UNDER INFL - ALCOHOL
- ☐ ☐ UNKNOWN
- ☐ ☐ IMPRP RESTR EQP USE
- ☐ ☐ OTHER (Explain):

APPENDIX C: POLICE TRUCK/BUS/HAZMAT CRASH SUPPLEMENTAL

Page ____ of ____

POLICE **TRUCK / BUS / HAZMAT** CRASH SUPPLEMENTAL*

Complete this form if one or more qualifying vehicles was involved. Check at least one box in **Category 1 and 2** listed below.

CATEGORY 1 ☐ FATAL ☐ INJURY ☐ VEHICLE TOWED DUE TO DAMAGE | **CATEGORY 2** ☐ 9 OR MORE SEATS INCLUDING DRIVER ☐ 10,001 LBS OR MORE (GVWR or GCWR) ☐ ANY VEHICLE DISPLAYING HAZARDOUS MATERIAL PLACARD

POLICE INCIDENT / CASE NUMBER	CRASH DATE	DAY OF WEEK M T W TH F S SN	CRASH TIME AM PM	ROAD ON WHICH CRASH OCCURRED AND MILE POINT

BRIEF NARRATIVE:

VEHICLE INFORMATION

BASE PLATE NUMBER ☐ STATE ☐ PLATE NUMBER

OR DOT PLATE NUMBER ☐

GROSS VEHICLE WEIGHT RATING or GROSS COMBINATION WEIGHT RATING
- ☐ 10,000 LBS or LESS
- ☐ 10,001 LBS to 26,000 LBS
- ☐ GREATER THAN 26,000 LBS

Did vehicle have a HAZARDOUS MATERIAL placard? **1.** Yes **2.** No

If "Yes," enter name or 4 digit number from placard diamond or box (CODE #32) ☐☐☐☐

Enter 1 Digit Number from bottom of diamond: ☐

Was hazardous material (cargo) released from this vehicle? **1.** Yes **2.** No

Was inspection done on this vehicle? **1.** Yes **2.** No

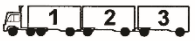
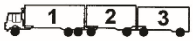
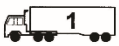
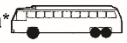
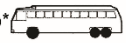
Inspection Number ☐ Level: **1, 2, 3, 4**

SEQUENCE OF EVENTS (for this vehicle)

1 2 3 4		1 2 3 4	
☐☐☐☐	CROSS MEDIAN / CENTERLINE	☐☐☐☐	CRASH INVOLVING MOTOR VEHICLE IN TRANSPORT
☐☐☐☐	NON-COLLISION: EQUIPMENT FAILURE (TIRE, ETC.)	☐☐☐☐	CRASH INVOLVING PARKED MOTOR VEHICLE
☐☐☐☐	COLLISION INVOLVING WORK ZONE MAINT. EQUIP.	☐☐☐☐	CRASH INVOLVING TRAIN
☐☐☐☐	RAN OFF ROAD	☐☐☐☐	CRASH INVOLVING PEDAL CYCLE
☐☐☐☐	JACKKNIFE / SKID	☐☐☐☐	CRASH INVOLVING ANIMAL
☐☐☐☐	OVERTURN	☐☐☐☐	CRASH INVOLVING FIXED OBJECT
☐☐☐☐	DOWNHILL RUNAWAY	☐☐☐☐	CRASH INVOLVING OTHER OBJECT
☐☐☐☐	CARGO LOSS OR SHIFT	☐☐☐☐	NON-COLLISION: OTHER
☐☐☐☐	EXPLOSION OR FIRE	☐☐☐☐	COLLISION WITH UNKNOWN MOVABLE OBJECT
☐☐☐☐	SEPARATION OF UNITS	☐☐☐☐	CRASH RESULTING IN TRUCK UNDERRIDE
☐☐☐☐	CRASH INVOLVING PEDESTRIAN	☐☐☐☐	OTHER

VEHICLE CONFIGURATION

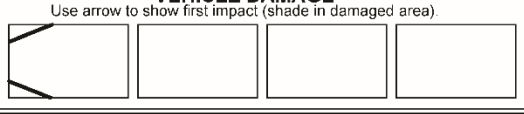
Select Appropriate

- ☐ 1  Triples (tractor with 3 trailers)
- ☐ 2  Triples (truck with 2 trailers)
- ☐ 3  Doubles (any)
- ☐ 4  Straight Truck-Full Trailer
- ☐ 5  Standard Tractor/Semi Trailer
- ☐ 6a  TWO AXLE ☐ 6b  THREE AXLE Single Truck
- ☐ 7  Bobtail
- ☐ 8  Saddlemount
- ☐ 9  Heavy Haul
- ☐ 10a*  **BUS** (9 or more seats including driver) ☐ 10b*  **BUS** (16 or more seats including driver) ☐ 10c*  **NOT A BUS** (Less than 9 seats including driver. Personal use van with 9 or more seats including driver.)

  *BUS USE (circle one): School, Transit, Intercity, Charter, Other: ☐
- ☐ 11a  ☐ 11b  **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

Use arrow to show first impact (shade in damaged area).

FRONT 

CARRIER INFORMATION

MARK ALL THAT APPLY:

☐ INTERSTATE ☐ NOT IN COMMERCE - GOVERNMENT (TRUCKS / BUSES)
☐ INTRASTATE ☐ NOT IN COMMERCE - OTHER (OVER 10,000 LBS)

NAME

ADDRESS (Street or PO Box Number)

CITY

STATE | ZIP CODE

IDENTIFICATION NUMBERS None = 0 ☐

US DOT ☐ MC / MX ☐

DRIVER INFORMATION

NAME (Last, First, Middle)

DRIVER LICENSE #	STATE	CLASS	ENDORSEMENT

CO-DRIVER INFORMATION

NAME (Last, First, Middle)

DRIVER LICENSE #	STATE	CLASS	ENDORSEMENT

DRIVER HOURS RECAP For Certified Inspectors

DATE	HOURS ON DUTY
TOTAL	

- ☐ FALSE LOG
- ☐ NO LOG BOOK
- ☐ DRIVER LOG NOT CURRENT
- ☐ 60/70 HOUR RULE VIOLATION
- ☐ 10 HOUR RULE VIOLATION
- ☐ 15 HOUR RULE VIOLATION
- ☐ CURRENT AND PREVIOUS DAYS LOG NOT IN POSSESSION
- ☐ FAILURE TO RETAIN 7 PREVIOUS DAYS LOG

OFFICER NAME / NUMBER	DATE	AGENCY	APPROVED BY

735-47 (1-24) * FAX only this Supplemental report to ODOT Crash Analysis Reporting Unit at (503) 986-4249 within 24 hours. STK # 300570

Address your questions or comments regarding the contents of this guide to:

DMV Driver Control
Crash Reporting Program Coordinator
1905 Lana Avenue NE
Salem, OR 97314

DMVDriverControl@odot.oregon.gov
503-945-5497 (FAX)

735-6596 (4-26)