MOTOR CARRIER CRASH REPORT

OREGON DEPARTMENT OF TRANSPORTATION ACCIDENT REPORTING UNIT DRIVER AND MOTOR VEHICLE SERVICES 1905 LANA AVE. NE

SALEM OR 97314 FAX: (503) 945-5267

INSTRUCTIONS: IF YOU CHECKED A BOX UNDER THE QUALIFYING VEHICLE COLUMN AND A BOX UNDER THE CRITERIA COLUMN, COMPLETE THE REMAINDER OF THE MOTOR CARRIER CRASH REPORT AND SUBMIT TO THE ADDRESS SHOWN ABOVE. IF NO CIRCUMSTANCES LISTED UNDER THE CRITERIA COLUMN APPLY, YOU ARE NOT REQUIRED TO SUBMIT THE MOTOR CARRIER CRASH REPORT. IF YOU HAVE ANY QUESTIONS REGARDING FILLING OUT THE MOTOR CARRIER CRASH REPORT. PLEASE CALL (503) 986-3507.

COMMERCIAL TRUCK (GVWR) OVER 10.000 LBS OR ACTUAL WT AT TIME OF CRASH EVEN IF GVWR) IS SET UNDER 10.000 LBS) HAZARDOUS AMTERIAL PLACAPOUS AMTERIA	REPORT, PLEASE CALL (503) 986	0-3007.		1							
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735-9229(4-05)		Dudules (ally)									
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CARGO BODY TYPE (CIRCLE ONE) VAN FLATBED TANKER CONTAINER POLE DUMP BELLY-DUMP CAR CARRIER LIVESTOCK MOBILE HOME TOTER PASSENGER DROP-BOX GARBAGE BULK-HOPPER MIXER SADDLEMOUNT WRECKER FIXED LOAD HEAVY HAUL UTILITY										
TOTAL LENGTH OF VEHICLE/COMB	TOTAL W	DTH OF VEHICLE OR CARGO	CARGO WEIGHT	GROSS VEHICLE WEIGHT						
COMMODITY INFORMATION										
COMMODITY BEING TRANSPORTED AT TIME OF CRASH										
WAS A HAZARDOUS COMMODITY BEING HAULED WAS HAZARDOUS MATERIAL RELEASED FROM THE VEHICLE CARGO(NOT A FUEL RELEASE)										
CRASH INFORMATION		LUCLUMAY AND MU FROINT (CTREE	T/COLINITY DOAD	DIDECTION OF VOLID VEHICLE (CIDCLE)						
LOCATION OF CRASH (NEAREST CITY OR TOWN)		HIGHWAY AND MILEPOINT/STREE	T/COUNTY ROAD	N S E W						
DATE OF CRASH TIME		☐ AM DAY OF THE MON	WEEK (CIRCLE ONE) TUES WED							
CONDITIONS AT TIME OF ACCIDEN	Т									
WEATHER (CIRCLE ONE) 1. CLEAR	2. RAIN	3. SNOW 4. CLOUDY	5. SLEET 6	LEET 6. FOG 7. OTHER						
ROAD SURFACE (CIRCLE ONE) 1. DRY	2. WET	3. SNOWY 4. ICY	5. OTHER	DARK O OTUER						
LIGHT CONDITION (CIRCLE ONE) 1. DAY	2. DAWN	3. DUSK 4. ARTIFICIAL I	LIGHTS	5. DARK 6. OTHER						
DESCRIBE WHAT HAPPENED BY CHECKING ALL BOXES THAT APPLY. YOUR VEHICLE IS ALWAYS NO.1. IF OTHER VEHICLES WERE INVOLVED, COMPLETE COLUMNS 2 & 3 TO CORRESPOND TO THE ACTIONS OF THE SAME NUMBERED VEHICLES LISTED ABOVE UNDER "OTHER DRIVER INFORMATION".										
VEHICLES ACTION 1 2 3	VEHICLES 1 2 3		VEHICLES 1 2 3							
SLOWING - STOPPING	1 2	PASSING	1 2 3	JACKKNIFE						
STOPPED		CHANGING LANES		OVERTURN						
REAR-END		SIDESWIPE		SEPARATION OF UNITS						
BACKING		HEAD-ON		FIRE						
MAKING RIGHT TURN		SKIDDING		EXPLOSION						
MAKING LEFT TURN		VEHICLE OUT OF CONTROL		CARGO SHIFT						
MAKING U TURN		ROLL-AWAY		CARGO SPILL (HAZARDOUS)						
PROCEEDING STRAIGHT		CONTROLLED RR CROSSING		CARGO SPILL (NON-HAZARDOUS)						
INTERSECTION		UNCONTROLLED RR CROSSING		OTHER (DEER, GUARDRAIL, ETC)						
ENTERING TRAFFIC (FROM SHOULDER MEDIAN, PARKING STRIP OR PRIVATE DE	, IVE)	RAN OFF ROAD								
DID YOUR VEHICLE STRIKE A PARKED VEHICLE WAS YOUR PARKED VEHICLE STRUCK BY ANOTHER VEHICLE YES NO YES NO										
DESCRIPTION OF ACCIDENT BY CARRIER OFFICIAL				,						
NAME AND TITLE OF PERSON SIGNING REPORT	TELEPHONE	TELEPHONE NUMBER(S)								
SIGNATURE I CERTIFY THE INFORMATION PROVI	DED IS TRUE AN	D ACCURATE	DATE							