OREGON DEPARTMENT OF TRANSPORTATION
ACCIDENT REPORTING UNIT
DRIVER AND MOTOR VEHICLE SERVICES
1905 LANA AVE. NE
SALEM OR 97314
FAX: (503) 945-5267

MOTOR CARRIER CRASH REPORT

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.

QUALIFYING VEHICLE

- ☐ COMMERCIAL TRUCK (GVWR OVER 10,000 LBS OR ACTUAL WT AT TIME OF CRASH EVEN IF GVWR IS SET UNDER 10,000 LBS)
- ☐ HAZARDOUS MATERIAL PLACARD
- ☐ COMMERCIAL BUS (DESIGNED FOR 8 OR MORE PASSENGERS)
- ☐ FARM TRUCK INTERSTATE (OVER 10,000 LBS.)
- ☐ FARM TRUCK FOR-HIRE (4 OR MORE AXLES)
- ☐ FARM TRUCK TOWING TRIPLE TRAILERS
- ☐ FARM TRUCK (OVER 80,000 LBS.)

CRITERIA

- ☐ ANY PERSON SUSTAINING A FATALITY (WITHIN 30 DAYS OF THE ACCIDENT)
- ☐ ANY PERSON SUSTAINING INJURIES REQUIRING TREATMENT AWAY FROM THE SCENE
- ☐ ANY VEHICLE INCURRING DISABLING DAMAGE REQUIRING REMOVAL FROM THE SCENE BY A TOW TRUCK OR ANOTHER MOTOR VEHICLE

MOTOR CARRIER NAME	US DOT NUMBER	AUTHORITY/FILE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE

DRIVER INFORMATION

DRIVER NAME (LAST, FIRST, MIDDLE)		DATE OF BIRTH	LENGTH OF EMPLOYMENT YEARS / MONTHS
CDL /DL NUMBER	STATE	LICENSE CLASS ☐ A ☐ B ☐ C ☐ D ☐ M	EXPIRATION DATE OF MEDICAL CERTIFICATE

COMPLETE THE FOLLOWING TWO QUESTIONS AS IF DOING A RECAP OF HOURS IN TIME DOCUMENTS AT TIME OF THE ACCIDENT.

AT TIME OF THE ACCIDENT, TOTAL HOURS DRIVING SINCE LAST OFF-DUTY PERIOD. _____	TOTAL HOURS ON DUTY DURING THE PREVIOUS (FILL OUT ONE ONLY, BASED ON TIME DOCUMENTS)	7 CONSECUTIVE DAYS _____ 8 CONSECUTIVE DAYS _____
DOES YOUR DRIVER HAVE A MEDICAL WAIVER ☐ YES ☐ NO	TYPE OF WAIVER (SIGHT, DIABETES, AMPUTEE, ETC.)	

DRIVER INJURY INFORMATION

YOUR DRIVER KILLED	YOUR DRIVER INJURED	RELIEF DRIVER KILLED	RELIEF DRIVER INJURED	TOTAL NUMBER OF PASSENGERS
☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	____KILLED ____ INJURED

OTHER DRIVER INJURY INFORMATION

TOTAL NUMBER OF OTHER DRIVERS	TOTAL NUMBER OF OTHER PASSENGERS	TOTAL NUMBER OF PEDESTRIANS	TOTAL NUMBER OF BICYCLISTS
____KILLED ____ INJURED	____KILLED ____ INJURED	____KILLED ____ INJURED	____KILLED ____ INJURED

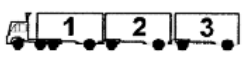
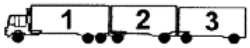
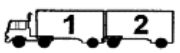
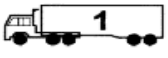
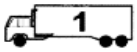
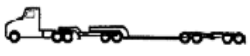
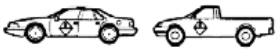
OTHER MOTOR CARRIER INFORMATION (IF 2 OR MORE MOTOR CARRIERS WERE INVOLVED)

MOTOR CARRIER NAME	VEHICLE LICENSE # AND STATE	DRIVER'S NAME	DRIVER'S LICENSE # AND STATE

MOTOR CARRIER VEHICLE INFORMATION

YEAR	MAKE	UNIT NUMBER	TRUCK/TRACTOR/BUS LICENSE PLATE NO. & STATE	TOTAL NO. OF AXLES INCLUDING TRAILERS

VEHICLE TYPE (SELECT APPROPRIATE TYPE)

- ☐ 1  Triples (tractor with 3 trailers
- ☐ 2  Triples (truck with 2 trailers)
- ☐ 3  Straight truck-full trailer
- ☐ 4  Doubles (any)
- ☐ 5  Standard Tractor/Semi Trailer
- ☐ 6  Straight Truck
- ☐ 7  Bobtail
- ☐ 8  Saddlemount
- ☐ 9  Heavy Haul
- ☐ 10  Bus/Van (8 or more passenger capacity)
- ☐ 11  Auto/Pickup

☐ **CONTINUED ON REVERSE**

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 WIDTH OF VEHICLE OR CARGO	CARGO WEIGHT	GROSS VEHICLE WEIGHT

COMMODITY INFORMATION

COMMODITY BEING TRANSPORTED AT TIME OF CRASH		
WAS A HAZARDOUS COMMODITY BEING HAULED ☐YES ☐NO	WAS HAZARDOUS MATERIAL RELEASED FROM THE VEHICLE CARGO(NOT A FUEL RELEASE) ☐YES ☐NO	HAZARD CLASS

CRASH INFORMATION

LOCATION OF CRASH (NEAREST CITY OR TOWN)	HIGHWAY AND MILEPOINT/STREET/COUNTY ROAD	DIRECTION OF YOUR VEHICLE (CIRCLE) N S E W
DATE OF CRASH	TIME ☐AM ☐PM	DAY OF THE WEEK (CIRCLE ONE) MON TUES WED THU FRI SAT SUN

CONDITIONS AT TIME OF ACCIDENT

WEATHER (CIRCLE ONE) 1. CLEAR 2. RAIN 3. SNOW 4. CLOUDY 5. SLEET 6. FOG 7. OTHER _____

ROAD SURFACE (CIRCLE ONE) 1. DRY 2. WET 3. SNOWY 4. ICY 5. OTHER _____

LIGHT CONDITION (CIRCLE ONE) 1. DAY 2. DAWN 3. DUSK 4. ARTIFICIAL 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 1 2 3	ACTION	VEHICLES 1 2 3	ACTION	VEHICLES 1 2 3	ACTION
	SLOWING - STOPPING		PASSING		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 DRIVE)		RAN OFF ROAD		_____

DID YOUR VEHICLE STRIKE A PARKED VEHICLE ☐YES ☐NO	WAS YOUR PARKED VEHICLE STRUCK BY ANOTHER VEHICLE ☐YES ☐NO

DESCRIPTION OF ACCIDENT BY CARRIER OFFICIAL

NAME AND TITLE OF PERSON SIGNING REPORT	TELEPHONE NUMBER(S)
SIGNATURE I CERTIFY THE INFORMATION PROVIDED IS TRUE AND ACCURATE	DATE