

Wisconsin Motor Vehicle Accident Report

Police No. 06-141654

INSTRUCTIONS

Please use a Black Ink Pen or #2 Pencil.

Mark Areas as shown:

Correct Mark

Incorrect Marks

Reportable Accident

County	13
MUN/TWP	73
0 0	0 0
1 1	1 1
2 2	2 2
3 3	3 3
4 4	4 4
5 5	5 5
6 6	6 6
7 7	7 7
8 8	8 8
9 9	9 9

Accident Date		
MONTH	DAY	YEAR
Jan	2	06
Feb	4	06
Mar	0	0
Apr	1	1
May	2	2
June	3	3
July	4	4
Aug	5	5
Sept	6	6
Oct	7	7
Nov	8	8
Dec	9	9

Time of Accident (Military Time)	
HOUR	MIN
16	24
0 0	0 0
1 1	1 1
2 2	2 2
3 3	3 3
4 4	4 4
5 5	5 5
6 6	6 6
7 7	7 7
8 8	8 8
9 9	9 9

Total Number		
UNITS	INURED	KILLED
0	2	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

Hit & Run

Government Property

Fire (Narrative)

Photos Taken (Narrative)

Trailer or Towed (Narrative)

Truck or Bus (Last Page)

Load Spillage

Construction Zone

Names Exchanged

Unit #

Sheet No. Of

11

ACCIDENT LOCATION

Public Highway, Intersection/Related

Public Highway, Non-Intersection

Parking Lot

Private Property or Road

Please Do Not Write In This Microfilm Space

Accident No. 30815044

Date 11-24-06

Location W. Beltline at Todd Dr

LATITUDE (GPS) Degrees: Minutes: Seconds: LONGITUDE (GPS) Degrees: Minutes: Seconds:

ON Hwy No. and Street Name: W BELTLINE HWY 12 Estimated FT. MI. N E S W

AT Hwy No. and Street Name: Todd Drive.

House #	Fire #	Other	Agency Space	Special Study			
Utility #	Railroad #		1 2 3 4	1 2 3 4			
Unit Number	Unit Type	Total Number of Occupants	Direction of Travel (Before the Accident)	Unit Number	Unit Type	Total Number of Occupants	Direction of Travel (Before the Accident)
2 3 4	2 3 4	0 1 3 4 5 5	N S	1 3 4	2 3 4	0 2 3 4 5 6	W E
5 6 7 8 9 10	5 6 7	Other		5 6 7 8 9 10	5 5 7	Other	

Speed Limit	OPERATOR Last Name	First	M.I.	Speed Limit	OPERATOR Last Name	First	M.I.
0 1 5	KIM	SO	Y	0 1 5	Greenor Phyllis	J	
ADDRESS Street & Number	ADDRESS Street & Number	City & State	ZIP	ADDRESS Street & Number	ADDRESS Street & Number	City & State	ZIP
26 402 N Egan Claire Ave #104	26 402 N Egan Claire Ave #104	Madison WI	53705	26 2081 Coventry Trl	26 2081 Coventry Trl	Madison WI	53713
Driver's License Number	Driver's License Number	State	Exp. Year	Driver's License Number	Driver's License Number	State	Exp. Year
29 K500-7806-9786-03	29 K500-7806-9786-03	WI	08	29 729-44-8971	29 729-44-8971	IA	11

Date of Birth	Sex	Operating	Class	Endorse	Date of Birth	Sex	Operating	Class	Endorse
08-06-69	M	AS	(Mark Only One)	(Mark All That Apply)	06-24-56	M	AS	(Mark Only One)	(Mark All That Apply)
On Duty Accident	On Duty Accident	On Duty Accident	On Duty Accident	On Duty Accident	On Duty Accident	On Duty Accident	On Duty Accident	On Duty Accident	On Duty Accident
F Police	F Police	F Police	F Police	F Police	F Police	F Police	F Police	F Police	F Police
E EMT/First Responder	E EMT/First Responder	E EMT/First Responder	E EMT/First Responder	E EMT/First Responder	E EMT/First Responder	E EMT/First Responder	E EMT/First Responder	E EMT/First Responder	E EMT/First Responder
F Fire Fighter	F Fire Fighter	F Fire Fighter	F Fire Fighter	F Fire Fighter	F Fire Fighter	F Fire Fighter	F Fire Fighter	F Fire Fighter	F Fire Fighter
F Winter Hwy Maintenance	F Winter Hwy Maintenance	F Winter Hwy Maintenance	F Winter Hwy Maintenance	F Winter Hwy Maintenance	F Winter Hwy Maintenance	F Winter Hwy Maintenance	F Winter Hwy Maintenance	F Winter Hwy Maintenance	F Winter Hwy Maintenance

Severity	SEAT	SAFETY	AIRBAG	EJECTED	Severity	SEAT	SAFETY	AIRBAG	EJECTED
K 1	Position	Equipment	1 Deployed	1 Not Applicable	K 1	Position	Equipment	1 Deployed	1 Not Applicable
A 2			2 Non Deployed	2 Not Ejected	A 2			2 Non Deployed	2 Not Ejected
B 3			3 Not Applicable	3 Totally Ejected	B 3			3 Not Applicable	3 Totally Ejected
C 4			4 Unknown	4 Unknown	C 4			4 Unknown	4 Unknown

TRAPPED/EXTRICATED	TRAPPED/EXTRICATED	TRAPPED/EXTRICATED	TRAPPED/EXTRICATED	TRAPPED/EXTRICATED	TRAPPED/EXTRICATED	TRAPPED/EXTRICATED	TRAPPED/EXTRICATED
1 Not Applicable	1 Not Applicable	1 Not Applicable	1 Not Applicable	1 Not Applicable	1 Not Applicable	1 Not Applicable	1 Not Applicable
2 Not Trapped	2 Not Trapped	2 Not Trapped	2 Not Trapped	2 Not Trapped	2 Not Trapped	2 Not Trapped	2 Not Trapped
3 Trapped/Extricated	3 Trapped/Extricated	3 Trapped/Extricated	3 Trapped/Extricated	3 Trapped/Extricated	3 Trapped/Extricated	3 Trapped/Extricated	3 Trapped/Extricated
4 Trapped/Not Extricated	4 Trapped/Not Extricated	4 Trapped/Not Extricated	4 Trapped/Not Extricated	4 Trapped/Not Extricated	4 Trapped/Not Extricated	4 Trapped/Not Extricated	4 Trapped/Not Extricated

Vehicle Owner	Last Name	First	M.I.	Vehicle Owner	Last Name	First	M.I.
Same	PARK	JOON	J	Same	(N)	(N)	(N)

Street Address	Street Address	City & State	ZIP	City & State	ZIP
402 N. Egan Claire Ave #104	402 N. Egan Claire Ave #104	Madison WI	53705	Madison WI	53705

Year of Vehicle	Make	Model	Body Style	Color	Year of Vehicle	Make	Model	Body Style	Color
03	TOYOTA	COROLLA	4dr	GRN	04	MAZDA	XX6S	4dr	SIL

Vehicle ID Number	Vehicle ID Number
JTDBR32E530029782	1BVF80D445NA6434

License Plate Number	Plate Type	State	Exp. Year	License Plate Number	Plate Type	State	Exp. Year
873-HTV	AHT	WI	07	119-RMY	AHT	WI	07

Policy Holder's Name	Policy Holder's Name	Citation	Citation
Same	Same	0	0

Liability Insurance Company	Stat. #	Liability Insurance Company	Stat. #
AAA	61	Allied Ins.	346.18(4)

Occupant Unit Number	NAME Last	First	M.I.	Date of Birth	Sex	Severity	SEAT	SAFETY	AIRBAG
6	Park	Chanho	WJ	12-2-94	M	K 1	Position	Equipment	1 Deployed
2 3 4 5	ADDRESS Street & Number <td>City & State<td>ZIP</td><td></td><td></td><td>A 2</td><td></td><td></td><td>2 Non Deployed</td></td>	City & State <td>ZIP</td> <td></td> <td></td> <td>A 2</td> <td></td> <td></td> <td>2 Non Deployed</td>	ZIP			A 2			2 Non Deployed
6 7 8 9 10						B 3			3 Not Applicable
						C 4			4 Unknown

Address Same as Operator	EJECTED	TRAPPED/EXTRICATED	TRAPPED/EXTRICATED	Medical Transport	Agency Space
Yes	1 Not Applicable	1 Not Applicable	1 Not Applicable	Y	Y
No	2 Not Ejected	2 Not Ejected	2 Not Ejected	N	N
	3 Partially Ejected	3 Partially Ejected	3 Partially Ejected		
	4 Unknown	4 Unknown	4 Unknown		

MV4000 899

EMS Number

Occupant Unit Number 1 2 3 4 5 6 7 8 9 10	NAME Last First M.I.	Date of Birth	Sex M F	Severity K N A B C	SEAT Position	SAFETY Equipment	AIRBAG 1 Deployed 2 Non Deployed 3 Not Applicable 4 Unknown
	ADDRESS Street & Number		City & State	ZIP			
Address Same as Operator Yes No	EJECTED 1 Not Applicable 2 Not Ejected 3 Totally Ejected 4 Partially Ejected 5 Unknown	TRAPPED/EXTRICATED 1 Not Applicable 2 Not Trapped 3 Trapped/Extricated 4 Trapped/Not Extricated 5 Unknown	Medical Transport	Agency Space			

Occupant Unit Number 1 2 3 4 5 6 7 8 9 10	NAME Last First M.I.	Date of Birth	Sex M F	Severity K N A B C	SEAT Position	SAFETY Equipment	AIRBAG 1 Deployed 2 Non Deployed 3 Not Applicable 4 Unknown
	ADDRESS Street & Number		City & State	ZIP			
Address Same as Operator Yes No	EJECTED 1 Not Applicable 2 Not Ejected 3 Totally Ejected 4 Partially Ejected 5 Unknown	TRAPPED/EXTRICATED 1 Not Applicable 2 Not Trapped 3 Trapped/Extricated 4 Trapped/Not Extricated 5 Unknown	Medical Transport	Agency Space			

Type of Accident

First Harmful Event

Most Harmful Event

Unit Number 1 2 3 4 5 6 7 8 9 10	Unit Number 1 3 4 5 6 7 8 9 10
--	--------------------------------------

(select one per vehicle)

Collision With Object Not Fixed

- | | |
|---|-------------------------|
| <input type="radio"/> 1 Motor Vehicle in Transport | <input type="radio"/> 2 |
| <input type="radio"/> 2 Parked Motor Vehicle | <input type="radio"/> 2 |
| <input type="radio"/> 3 Deer | <input type="radio"/> 3 |
| <input type="radio"/> 4 Pedalcycle | <input type="radio"/> 4 |
| <input type="radio"/> 5 Pedestrian | <input type="radio"/> 5 |
| <input type="radio"/> 6 Railway Train | <input type="radio"/> 6 |
| <input type="radio"/> 7 Other Animal | <input type="radio"/> 7 |
| <input type="radio"/> 8 Motor Vehicle in Transport In Other Roadway | <input type="radio"/> 8 |
| <input type="radio"/> 9 Other Object (Not Fixed) | <input type="radio"/> 9 |

Collision With Fixed Object

- | | |
|---|--------------------------|
| <input type="radio"/> 10 Traffic Sign Post | <input type="radio"/> 10 |
| <input type="radio"/> 11 Traffic Signal | <input type="radio"/> 11 |
| <input type="radio"/> 12 Utility Pole | <input type="radio"/> 12 |
| <input type="radio"/> 13 Lum. Light Support | <input type="radio"/> 13 |
| <input type="radio"/> 14 Other Post | <input type="radio"/> 14 |
| <input type="radio"/> 15 Tree | <input type="radio"/> 15 |
| <input type="radio"/> 16 Mailbox | <input type="radio"/> 16 |
| <input type="radio"/> 17 Guardrail Face | <input type="radio"/> 17 |
| <input type="radio"/> 18 Guardrail End | <input type="radio"/> 18 |
| <input type="radio"/> 19 Median Barrier | <input type="radio"/> 19 |
| <input type="radio"/> 20 Bridge Parapet End | <input type="radio"/> 20 |
| <input type="radio"/> 21 Bridge/Pier/Abut. | <input type="radio"/> 21 |
| <input type="radio"/> 22 Impact Attenuator | <input type="radio"/> 22 |
| <input type="radio"/> 23 Overhead Sign Post | <input type="radio"/> 23 |
| <input type="radio"/> 24 Bridge Rail | <input type="radio"/> 24 |
| <input type="radio"/> 25 Culvert | <input type="radio"/> 25 |
| <input type="radio"/> 26 Ditch | <input type="radio"/> 26 |
| <input type="radio"/> 27 Curb | <input type="radio"/> 27 |
| <input type="radio"/> 28 Embankment | <input type="radio"/> 28 |
| <input type="radio"/> 29 Fence | <input type="radio"/> 29 |
| <input type="radio"/> 30 Other Fixed Object | <input type="radio"/> 30 |
| <input type="radio"/> 31 Unknown | <input type="radio"/> 31 |

Non-Collision

- | | |
|--|--------------------------|
| <input type="radio"/> 32 Overturn | <input type="radio"/> 32 |
| <input type="radio"/> 33 Fire/Explosion | <input type="radio"/> 33 |
| <input type="radio"/> 34 Immersion | <input type="radio"/> 34 |
| <input type="radio"/> 35 Jackknife | <input type="radio"/> 35 |
| <input type="radio"/> 36 Other Non-Collision | <input type="radio"/> 36 |

Driver Condition

Unit Number 1 2 3 4 5 6 7 8 9 10	Unit Number 1 3 4 5 6 7 8 9 10
--	--------------------------------------

Driver Factors (Or Pedestrians)

- | | |
|---|-------------------------|
| <input type="radio"/> 1 Appeared Normal | <input type="radio"/> 1 |
| <input type="radio"/> 2 Reduced Alertness | <input type="radio"/> 2 |
| <input type="radio"/> 3 Ability Impaired | <input type="radio"/> 3 |
| <input type="radio"/> 4 Not Observed | <input type="radio"/> 4 |

Presence

- | | |
|--|----------------------------------|
| <input checked="" type="radio"/> Neither Alcohol nor Drugs Present | <input checked="" type="radio"/> |
| <input type="radio"/> 6 Yes—Alcohol Present | <input type="radio"/> 6 |
| <input type="radio"/> 7 Yes—Drugs Present | <input type="radio"/> 7 |
| <input type="radio"/> 8 Yes—Alcohol & Drugs Present | <input type="radio"/> 8 |
| <input type="radio"/> 9 Unknown | <input type="radio"/> 9 |

Alcohol

AC Value	AC Value
<input type="radio"/> 10 Test Not Given	<input type="radio"/> 10
<input type="radio"/> 11 Test Refused	<input type="radio"/> 11
<input type="radio"/> 12 Test Given, Alcohol Unknown	<input type="radio"/> 12
<input type="radio"/> 13 Test Given, No Alcohol Reported	<input type="radio"/> 13

Drugs

- | | |
|---|--------------------------|
| <input type="radio"/> 15 Test Not Given | <input type="radio"/> 15 |
| <input type="radio"/> 16 Test Refused | <input type="radio"/> 16 |
| <input type="radio"/> 17 Test Given, Drugs Unknown | <input type="radio"/> 17 |
| <input type="radio"/> 18 Test Given, No Drugs Reported | <input type="radio"/> 18 |
| <input type="radio"/> 19 Drugs Reported (Specify Below) | <input type="radio"/> 19 |
| <input type="radio"/> 20 Marijuana | <input type="radio"/> 20 |
| <input type="radio"/> 21 Cocaine | <input type="radio"/> 21 |
| <input type="radio"/> 22 Opiates | <input type="radio"/> 22 |
| <input type="radio"/> 23 Amphetamines | <input type="radio"/> 23 |
| <input type="radio"/> 24 PCP | <input type="radio"/> 24 |
| <input type="radio"/> 25 Other Drug Medication | <input type="radio"/> 25 |
| <input type="radio"/> 26 Type Unknown | <input type="radio"/> 26 |

Unit #	2 3 4 5 6 7 8 9 10
Pedestrian	
Location	Action
1 In Crosswalk	1 Walking not Facing Traffic
2 In Roadway	2 Disregarded Signal
3 Not in Roadway	3 Darting into Road
4 On Sidewalk	4 Dark Clothing
	5 Walking Facing Traffic

Manner of Collision

- | | |
|--|--|
| <input type="radio"/> 1 No Collision with Motor Vehicle in Transport | |
| <input type="radio"/> 2 Rear-end | |
| <input type="radio"/> 3 Head On | |
| <input type="radio"/> 4 Rear to Rear | |
| <input type="radio"/> 5 Angle | |
| <input type="radio"/> 6 Sideswipe, Same Direction | |
| <input type="radio"/> 7 Sideswipe, Opposite Direction | |
| <input type="radio"/> 8 Unknown | |

Unit #	2 3 4 5 6 7 8 9 10
Darken Numbered Area(s) of Vehicle Damage	
0 None	
10 Undercarriage	
11 Total (Damage to All Areas)	
12 Other	
13 Unknown	
Extent of Damage	
0 None	4 Severe
1 Very Minor	5 Very Severe
2 Minor	6 Unknown
3 Moderate	

Vehicle Towed Due to Damage	Y <input type="radio"/>
Vehicle Removed By:	OPERATOR

Unit #	1 3 4 5 6 7 8 9 10
Darken Numbered Area(s) of Vehicle Damage	
0 None	
10 Undercarriage	
11 Total (Damage to All Areas)	
12 Other	
13 Unknown	
Extent of Damage	
0 None	4 Severe
1 Very Minor	5 Very Severe
2 Minor	6 Unknown
3 Moderate	

Vehicle Towed Due to Damage	Y <input type="radio"/>
Vehicle Removed By:	OPERATOR

Fixed Object Struck			
Unit #	Unit #	Unit #	Unit #
Govt. Damage Tag #			

PROPERTY OWNER	Last First M.I.
ADDRESS	Street & Number
City & State	ZIP
Phone Number	()

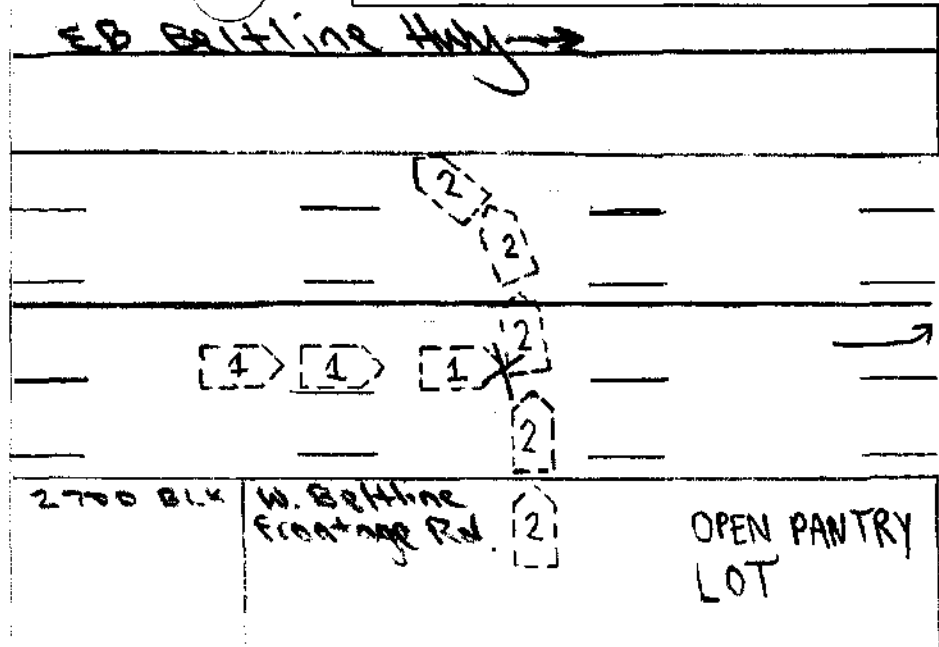
Draw Diagram of Accident & Indicate North with an arrow in the circle.



Pictorial Representation of Narrative

Supplemental Reports Witness Statements Measurements Taken

Skidmarks to Impact
Unit 1 100 Unit 2
FEET



Photos By: _____

N Unit 1 was EB in the left + two lane in
A the 2700 block of the West Beltline Frontage
R Rd Unit 1 was going straight and prepar-
R ing to turn left onto Todd Drive. Unit
A R 2 was in a parking lot on the south curb
T of the W. Beltline Frontage Rd and crossed
I the E bound lanes to turn left and head
V W. Bound. Unit 2 struck Unit 2. Driver of
E Unit 2 was cited and released. N.F.A.

What Drivers Were Doing

Unit Number	Unit Number
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12
13	13
14	14
15	15
16	16
17	17
18	18

- 1 Going Straight
- 2 Making Left Turn
- 3 Making Right Turn
- 4 Slowing or Stopping
- 5 Stopped in Traffic
- 6 Legally Parked
- 7 Violating No Passing Zone
- 8 Illegally Parked
- 9 Parking Maneuver
- 10 Backing Maneuver
- 11 Changing Lanes
- 12 Overtaking on Left
- 13 Overtaking on Right
- 14 Making U Turn
- 15 Turning on Red
- 16 Merging
- 17 Negotiating Curve
- 18 Other

WITNESS NAME	Last	First	M.I.
ADDRESS	Street & Number		Date of Birth
City & State	ZIP	Phone Number	() () ()

ACCESS CONTROL <input checked="" type="radio"/> No Control (Unlimited Access) <input type="radio"/> Full Control (Only Ramp Entry Exit) <input type="radio"/> Partial Control	ROAD TERRAIN Part A <input checked="" type="radio"/> Straight <input type="radio"/> Curve Part B <input checked="" type="radio"/> Level/Flat <input type="radio"/> Hill	LIGHT CONDITION <input checked="" type="radio"/> Daylight <input type="radio"/> Dark-Not Lighted <input type="radio"/> Dark-Lighted <input type="radio"/> Dawn <input type="radio"/> Dusk <input type="radio"/> Unknown
TRAFFIC WAY <input checked="" type="radio"/> Not Physically Divided (2-Way Traffic) <input type="radio"/> Divided Highway, Median Strip, without Traffic Barrier <input type="radio"/> Divided Highway, Median Strip, with Traffic Barrier <input type="radio"/> One-Way Traffic <input type="radio"/> Parking Lot or Private Property	ROAD SURFACE CONDITION <input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Snow/Slush <input type="radio"/> Ice <input type="radio"/> Sand, Mud, Dirt, Oil <input type="radio"/> Other <input type="radio"/> Unknown	WEATHER <input checked="" type="radio"/> Clear <input type="radio"/> Cloudy <input type="radio"/> Rain <input type="radio"/> Snow <input type="radio"/> Fog, Smog, Smoke <input type="radio"/> Sleet, Hail (Freezing Rain or Drizzle) <input type="radio"/> Blowing Sand, Soil, Dirt, Snow <input type="radio"/> Severe Crosswinds <input type="radio"/> Other <input type="radio"/> Unknown
RELATION TO ROADWAY <input checked="" type="radio"/> On Roadway <input type="radio"/> Parking Lot or Private Property <input type="radio"/> Shoulder (Other Than Shoulder within Median or Gore) <input type="radio"/> Median (Other Than Median within Gore) <input type="radio"/> Outside Shoulder-Left <input type="radio"/> Outside Shoulder-Right <input type="radio"/> Off Roadway-Location Unknown <input type="radio"/> Gore (Area between Ramp & Highway)		

Traffic Control

Unit Number	Unit Number
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11

- 1 No Control
- 2 Traffic Signal Operating
- 3 Traffic Signal Flashing
- 4 Stop Sign
- 5 Stop Sign with Flasher Warning
- 6 Warn Sign with Flasher
- 7 Yield Sign
- 8 Traffic Control Person
- 9 RR-xing Signal
- 10 Other
- 11

Officer's Opinion of Possible Contributing Circumstances

Driver Factors

Unit Number					Unit Number																																				
● 2	● 3	● 4	● 5		● 1	● 3	● 4	● 5																																	
● 6	● 7	● 8	● 9	● 10	● 6	● 7	● 8	● 9	● 10																																
● N/A					● N/A																																				
1	Exceeding Speed Limit	1	2	Speed Too Fast/Condition	2	3	Fail to Yield Right of Way	●	4	Inattentive Driving	4	5	Following Too Close	5	6	Improper Turn	6	7	Left of Center	7	8	Disregarded Traffic Control	8	9	Improper Overtaking	9	10	Unsafe Backing	10	11	Failure to Have Control	11	12	Driver Condition	12	13	Physically Disabled	13	14	Other	14

Vehicle Factors

Unit Number					Unit Number																														
● 2	● 3	● 4	● 5		● 1	● 3	● 4	● 5																											
● 6	● 7	● 8	● 9	● 10	● 6	● 7	● 8	● 9	● 10																										
● N/A					● N/A																														
1	Brake System	1	2	Tires	2	3	Steering System	3	4	Turn Signals	4	5	Head Lamps	5	6	Stop Lamps	6	7	Tail Lamps	7	8	Disabled in Prior Accident	8	9	Other Disabled	9	10	Mirrors	10	11	Suspension System	11	12	Other	12

Highway Factors

Unit Number					Unit Number																																	
● 2	● 3	● 4	● 5		● 1	● 3	● 4	● 5																														
● 6	● 7	● 8	● 9	● 10	● 6	● 7	● 8	● 9	● 10																													
● N/A					● N/A																																	
1	Snow, Ice or Wet	1	2	Narrow Shoulder	2	3	Low Shoulder	3	4	Soft Shoulder	4	5	Loose Gravel	5	6	Rough Pavement	6	7	Debris From Prior Accident	7	8	Other Debris	8	9	Sign Obscured or Missing	9	10	Narrow Bridge	10	11	Construction Zone	11	12	Visibility Obscured	12	13	Other	13

OFFICER INFORMATION

Last	First	M.I.
125	WOOD EDWARD	J
Law Enforcement Agency Address		
126	211 S. Carroll St	
City & State		
127	Madison	NE
Phone Number		ZIP
(608) 266-4275		53703
Agency #	Enforcement Agency	Officer ID #
128	141654	3818

Date Notified			Time Notified (Military Time)		Time Arrived (Military Time)		Date of Report		
MONTH	DAY	YEAR	HOUR	MIN.	HOUR	MIN.	MONTH	DAY	YEAR
Jan	24	06	16	26	16	30	Jan	24	06
Feb							Feb		
Mar	0	0	0	0	0	0	Mar	0	0
Apr	1	1	1	1	1	1	Apr	1	1
May	2	2	2	2	2	2	May	2	2
June	3	3	3	3	3	3	June	3	3
July	4	4	4	4	4	4	July	4	4
Aug	5	5	5	5	5	5	Aug	5	5
Sept	6	6	6	6	6	6	Sept	6	6
Oct	7	7	7	7	7	7	Oct	7	7
Nov	8	8	8	8	8	8	Nov	8	8
Dec	9	9	9	9	9	9	Dec	9	9

Truck & Bus Accident Information (This Section Must Be Completed for Each Truck or Bus Involved in this Accident.)

When To Use This Section: *Did the accident involve...*

Part A

A truck with at least two axles and six tires? Y N

A truck with a hazardous materials placard? Y N

A bus designed to carry 16 or more persons, including the driver? Y N

STOP! If all the responses to Part A are "NO" do not complete this Truck & Bus Accident Information Section. If there are any "YES" answers, continue to Part B.

Part B

Any person who was fatally injured? Y N

Any injured person who required transport for immediate medical treatment? Y N

One or more vehicles that had to be towed from the scene as a result of the accident? Y N

STOP! If all the responses to Part B are "NO" do not continue. If there are any "YES" answers, please complete this Truck & Bus Accident Information Section...

Hazardous Material Information

- Hazardous Material Class Numbers (1-2digit):
- Hazardous Material "UN" Numbers (4 digit):
- Hazardous Material Placard Displayed? Y N
- Hazardous Cargo was Released? Y N

List the Hazardous Material(s) by Name in this Load:

List the Name(s) of Released Hazardous Material(s):

Carrier Information		Carrier Identification Numbers		Source:	
• Interstate Carrier? <input type="radio"/> Y <input type="radio"/> N	Carrier Name: 139	US DOT: 140	ICC MC:	LC	Vehicle Side
		Carrier Address: 142		IC	Shipping Papers
					Trip Manifest
					Driver
					Log Book

Vehicle Information		Gross Vehicle Weight Rating	LBS	Total # of Axles
Vehicle Configuration		143		144
1. Bus	3. Single unit truck + 3 axles			
2. Single unit truck, 2 axles, 6 tires	4. Truck-Trailer			
	5. Truck/Tractor			
	6. Tractor/Semi-Trailer			
	7. Tractor-Doubles			
	8. Tractor-Triples			
	9. Tractor Heavy Truck			
	10. Log Truck			

SEQUENCE OF EVENTS FOR THIS VEHICLE

1. 2. 3. 4. Ran off Road

1. 2. 3. 4. Collision Involving Motor Vehicle in Transp.

1. 2. 3. 4. Collision Involving Parked Motor Vehicle

1. 2. 3. 4. Collision Involving Train

1. 2. 3. 4. Collision Involving Pedalcycle

1. 2. 3. 4. Collision Involving Animal

1. 2. 3. 4. Collision Involving Fixed Object

1. 2. 3. 4. Collision Involving Other Object

1. 2. 3. 4. Other

Cargo Body Type

1. Bus

2. Van/Enclosed box

3. Cargo Tank

4. Flatbed

5. Dump

6. Concrete Mixer

7. Auto Transporter

8. Garbage Refuse

9. Other

10. Log Truck

Printed in U.S.A. GS03 564321 Mark Reflex by NCS M97108-3