

ARIZONA CRASH REPORT				REPORT ID								Agency Report Number									
<b>1</b>	<b>TRUCK/ BUS SUPPLEMENT</b>			YEAR	MONTH	DAY	HOUR	NCIC NO.				OFFICER ID NO.									
	<b>POLICE ONLY</b> —FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 064R 206 S. 17TH AVE., PHOENIX, ARIZONA 85007-3233																				
TRAFFIC UNIT NO. _____ Unit No. Must Match Unit No. on Page 1	<b>QUALIFYING INFORMATION</b>						At the Time of the Crash, <u>THIS</u> Vehicle was:						Commercial Driver License (CDL)								
	<input type="checkbox"/> 1 - A truck or truck combination >10,000 lbs GVWR/GCWR <input type="checkbox"/> 2 - A bus with seats for 9 or more persons, including driver <input type="checkbox"/> 3 - A vehicle of any type with a hazardous materials placard (includes auto, light truck, van, 10,000 lbs or less)						<input type="checkbox"/> 1 - Operating on a traffic way open to the public (in-Transport) <input type="checkbox"/> 2 - Parked on or off the traffic way						<input type="checkbox"/> Yes <input type="checkbox"/> No  License Class: (check one) <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Class D <input type="checkbox"/> Class M								
	<b>VEHICLE INFORMATION</b>			<input type="checkbox"/> 6 -Single-Unit Truck (3 or more axles) <input type="checkbox"/> 7 -Truck/Trailer(s) (Single-Unit Truck with Trailer(s)) <input type="checkbox"/> 8 -Truck/Tractor (without trailer, bobtail or saddle-mount) <input type="checkbox"/> 9 -Tractor/Semi-Trailer (one trailer) <input type="checkbox"/> 10 -Tractor/Doubles (two trailers) <input type="checkbox"/> 11 -Tractor/Triples (three trailers) <input type="checkbox"/> 97 -Other Truck > 10,000 lbs. (not listed above)			<b>CARGO BODY TYPE</b>			<input type="checkbox"/> 0 -Not Applicable/No Cargo Body <input type="checkbox"/> 1 -Bus (seats 9-15 people, including driver) <input type="checkbox"/> 2 -Bus (seats 16 people or more, including driver) <input type="checkbox"/> 3 -Van/Enclosed Box <input type="checkbox"/> 4 -Cargo Tank <input type="checkbox"/> 5 -Flatbed <input type="checkbox"/> 6 -Dump <input type="checkbox"/> 7 -Concrete Mixer			<input type="checkbox"/> 8 -Auto Transporter <input type="checkbox"/> 9 -Garbage or Refuse <input type="checkbox"/> 10 -Grain, Chips, Gravel <input type="checkbox"/> 11 -Pole <input type="checkbox"/> 12 -Vehicle Towing Another Motor Vehicle <input type="checkbox"/> 13 -Intermodal Chassis <input type="checkbox"/> 14 -Logging <input type="checkbox"/> 97 -Other Cargo Body (not listed above)								
	<b>GVWR/GCWR</b>		<b>BUS USE</b>		<b>HAZARDOUS MATERIALS INVOLVEMENT</b>																
<input type="checkbox"/> 0 - Not Applicable <input type="checkbox"/> 1 - 10,000 lbs or less <input type="checkbox"/> 2 - 10,001 - 26,000 lbs <input type="checkbox"/> 3 - Greater than 26,000 lbs		<input type="checkbox"/> 0 - Not Applicable - Not a bus 1 - School <input type="checkbox"/> A. School bus directly involved <input type="checkbox"/> B. School bus indirectly involved <input type="checkbox"/> 2 - Transit/Commuter		<input type="checkbox"/> 3 - Intercity <input type="checkbox"/> 4 - Charter/Tour <input type="checkbox"/> 5 - Shuttle/Other		Did the vehicle have a Haz Mat Placard? <input type="checkbox"/> Yes <input type="checkbox"/> No  If YES, include the following information from the Placard: HM 4-Digit # or name from diamond or box: _____ HM Class # (1-9) from bottom of diamond: _____  Was Haz Mat released from THIS vehicle's cargo? <input type="checkbox"/> Yes <input type="checkbox"/> No															
<b>CARRIER INFORMATION</b>																					
<input type="checkbox"/> 1 - Interstate Carrier <input type="checkbox"/> 2 - Intrastate Carrier <input type="checkbox"/> 3 - Not in Commerce-Government <input type="checkbox"/> 4 - Not in Commerce-Other Trucks (Over 10,000 lbs. GVWR/GCWR)																					
NAME _____ IDENTIFICATION NUMBERS: <input type="checkbox"/> NONE SOURCE: <input type="checkbox"/> Shipping Papers <input type="checkbox"/> Vehicle Side <input type="checkbox"/> Driver <input type="checkbox"/> Log Book ADDRESS _____ CITY _____ STATE _____ ZIP _____ USDOT# <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MC/MX# _____ STATE# _____																					
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<b>3</b>	OFFICER'S NAME											DATE									

**REPORT ON THE TRUCK/ BUS SUPPLEMENT IF A TRAFFIC CRASH INVOLVES...**

**Any truck** that has a gross vehicle weight rating (GVWR) of more than 10,000 pounds or a gross combination weight rating (GCWR) of more than 10,000 pounds used on public highways

**OR**

**Any motor vehicle** with seating to transport nine (9) or more people, including the driver's seat

**OR**

**Any motor vehicle** displaying a hazardous materials placard (regardless of weight)

**...AND RESULTS IN**

**A fatality:** any person(s) killed in or outside of any vehicle (truck, bus, car, etc.) involved in the crash or who dies within 30 days of the crash as a result of any injury sustained in the crash

**OR**

**An injury:** any person(s) injured as a result of the crash who immediately receives medical treatment away from the crash scene

**OR**

**A tow-away:** any motor vehicle (truck, bus, car etc.) disabled as a result of the crash and transported away from the scene by a tow truck or other vehicle

**TYPICAL VEHICLE SILHOUETTES**

VEHICLE CONFIGURATION

CARGO BODY TYPE

TYPICAL HAZARDOUS MATERIALS PLACARDS

