



OWNER/OPERATOR'S TRAFFIC CRASH REPORT

Mail completed owner/operator's traffic crash report form, supplement & damage estimate within 10 days to:

Wyoming Department of Transportation
Accident Records (307) 777-4450
5300 Bishop Boulevard
Cheyenne, WY 82009-3340

Supplemental Truck/CMV/Bus Information



General Instructions: Each Driver of a Commercial Vehicle or Bus must complete this form

Vehicle No. 01 02 03...

This form is being completed because this vehicle is:

- A truck or truck combination > 10,000 lbs GVWR/GCWR
- A bus with seats for 9 or more persons, including driver
- A vehicle of any type with a hazardous materials placard (includes auto, light truck, van, 10,000 lbs. or less)

Number of:

Total involved vehicles in crash report: _____

Persons sustaining fatal injuries: _____

Injured persons transporting for immediate medical treatment in crash report: _____

Vehicles towed from scene due to disabling damage in crash report: _____

At the Time of the Crash, THIS Vehicle was:

Operating on a Trafficway open to the public (In-Transport)

Parked on or off the Trafficway

VEHICLE INFORMATION

<p>Commercial/Bus Vehicle Configuration <input type="checkbox"/></p> <p>01 - Passenger Vehicles Carrying Hazardous Materials 02 - Single-Unit Truck (2 axle and GVWR more than 10,000 lbs) 03 - Single-Unit Truck (3 or more axles) 04 - Truck Pulling Trailer(s) 05 - Truck Tractor Only (Bobtail) 06 - Truck Tractor/Semi-Trailer 07 - Truck Tractor/Double Trailer 08 - Truck Tractor/Triple Trailer (illegal in WY) 09 - Truck - Can't Classify (More than 10,000 lbs GVWR) 10 - Bus - Large Van (seats 9-15 occupants, including driver) 11 - Bus (seats for more than 15 occupants, including driver) 99 - Unknown</p>	<p>Cargo Body Type <input type="checkbox"/></p> <p>01 - No Cargo Body 02 - Bus 03 - Van/Enclosed Box 04 - Hopper (grain/chips/Benonite) 05 - Pole 06 - Cargo Tank 07 - Flatbed 08 - Dump (Belly, Side, or Tail Dump) 09 - Concrete Mixer 10 - Auto Transporter 11 - Tow Truck 12 - Garbage/Refuse 13 - Snowplow 14 - Livestock 15 - Drilling Equipment 16 - Other Truck 17 - Logging 18 - Intermodal 99 - Unknown</p>	<p>GVW <input type="checkbox"/></p> <p>Combination GVW <input type="checkbox"/></p> <p>01 - 10,000 lbs or less 02 - 10,001 to 26,000 lbs 03 - More than 26,000 lbs</p>
<p>Bus Use <input type="checkbox"/></p> <p>04 - School (Public or Private) 05 - Other Bus 06 - Transit Bus 07 - Charter Bus</p>	<p>HZ Materials Spill <input type="checkbox"/></p> <p>01 - Yes 02 - No 99 - Unknown</p>	<p>HZ Materials Placard <input type="checkbox"/></p> <p>01 - Yes, (If yes continue on) 02 - No 99 - Unknown</p> <p>If yes, include the following information from the Placard:</p> <p>HM 4-Digit # or name from diamond box: _____</p> <p>HM Class # from bottom of diamond: _____</p>



MOTOR CARRIER INFORMATION

Interstate Carrier Intrastate Carrier Not In Commerce-Government Not In Commerce-Other Trucks (Over 10,000 lbs GVWR/GCWR)

Driver Last Name: _____ Driver First Name: _____ MI: _____

ICC/MC No. _____ US DOT No. _____ No. Axles _____
02-98 or 99 for unknown

Carrier's Name: _____

Carrier's Street Number: _____ Carrier's City Street Name: _____ Street Address or PO Box of Individual, Partnership, or Corporation: _____

City: _____

State: _____ Zip Code: _____ Carrier's Country: _____

SEQUENCE OF EVENTS

Note: For THIS vehicle - list up to four (4): Event 1 Event 2 Event 3 Event 4

Non-Collisions	Non-Collisions (cont.)	Collision Involving/With	Collision Involving/With (cont.)
01 Overturn (Rollover)	08 Ran off Road Right	19 Pedestrian	34 Domestic Animal (Cow, Sheep)
02 Explosion or Fire	09 Ran off Road Left	20 Pedicycle	40 Wild Animal (Deer, Elk)
04 Jackknife (Centerline)	10 Cross Median	21 Railway Vehicle	72 Fixed Object
05 Cargo Loss or Shift	11 Downhill Runaway	22 Motor Vehicle in Transport	26 Other NON- Fixed Objects
06 Equipment Failure	18 Other Non-Collision	24 Parked Motor Vehicle	Other (Describe) _____
07 Separation of Units			

Driver's Signature _____

Date _____