

PROPERTY DAMAGE

Enter approximate damage, in dollars, for each vehicle and cargo damaged

32. Use another sheet for additional vehicles	Truck, tractor or auto	Check if total loss	Semitrailer	Check if total loss	Full trailer	Check if total loss	Other type	Check if total loss	Cargo	Check if total loss
Your vehicle—No. 1	\$		\$		\$		\$		\$	
Vehicle No. 2	\$		\$		\$		\$		\$	
Vehicle No. 3	\$		\$		\$		\$		\$	

Damage to other property _____ \$ _____ (Amount)
 (Specify property damaged and indicate damage)

PERSONS INJURED OR KILLED. (Use another sheet for additional persons injured or killed) (Estimate age if necessary)

33. Name _____ Address _____ Age _____
 Killed outright Serious injuries Affected by carbon monoxide Driver Relief Pedestrian. In vehicle No. 1
 Died later Minor injuries Burned Helper Passenger Other _____ In other vehicles.

34. Name _____ Address _____ Age _____
 Killed outright Serious injuries Affected by carbon monoxide Driver Relief Pedestrian. In vehicle No. 1
 Died later Minor injuries Burned Helper Passenger Other _____ In other vehicles.

35. Name _____ Address _____ Age _____
 Killed outright Serious injuries Affected by carbon monoxide Driver Relief Pedestrian. In vehicle No. 1
 Died later Minor injuries Burned Helper Passenger Other _____ In other vehicles.

36. VEHICLE MOVEMENTS.
 Vehicle
 #1 #2 #3
 Straight ahead.
 Turning right.
 Turning left.
 "U" Turn.
 Start from curb.
 Stopped or parked.
 Backing.
 _____ (Other)
 Check below if applicable:
 Jack-knifing.
 Overtaking.
 Weaving.
 Skidding.
 Wrong side.

37. VEHICLE DEFECTS.
 Tires.
 Brakes.
 Engine.
 Lights.
 Fuel line.
 Coupling.
 Steering.
 Wheel or part.
 Axle.
 Spring or part.
 _____ (Other)
 No defect.

38. ROADWAY.
 Straight.
 Curve.
 On grade.
 Level.
 Hillcrest.
 Dry.
 Wet.
 Muddy.
 Oily.
 2-lane.
 3-lane.
 4-lane.
 Divided.
 _____ (Other)
 Lanes marked.
 Lanes unmarked.
 No road defects.
 Holes, ruts, etc.
 Loose material.
 _____ (Other)

39. LIGHT.
 Daylight.
 Dark.
 Dusk.
 Dawn.
40. WEATHER
 Clear.
 Rain.
 Fog.
 _____ (Other)

41. DRIVER'S ACCOUNT OF ACCIDENT.

 This accident was investigated by:

 (Name of police officer) (Badge No.) (Dept.)

 Driver's Signature

42. WHAT CORRECTIVE ACTION TAKEN BY CARRIER?

43. DIAGRAM AND SYNOPSIS.
 Note: Use another sheet

 Official's Signature

 (Date) (Title)