



U.S. Department  
of Transportation  
National Highway  
Traffic Safety  
Administration

DOT Auto Safety Hotline  
**Vehicle Owner's Questionnaire**  
To Report Vehicle Safety Defects  
1-888-DASH-2-DOT  
(1-888-327-4236)  
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

14-JUN-2005

Repository

Reference No.  
10125289

OWNER INFORMATION (Type or Print)

Name [REDACTED]  
Address [REDACTED]  
City RACIEN State WI Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date 6/1/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
1FTZR45E64P [REDACTED] Make FORD Model RANGER Model Year 2004  
Date Purchased 01-MAR-04 Dealer's Name and Telephone Number \_\_\_\_\_ Engine: 6 Cylinders 6 Fuel Type: Gas  
Original Owner  Dealer's City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Transmission Type AUTOMATIC  Antilock Brakes  Cruise Control Powertrain 4 WHEEL DRIVE Vehicle Component Code 141000 AIR BAGS:FRONTAL  
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 09-JUN-2004 Failure Mileage \_\_\_\_\_ Failure Speed 35

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make \_\_\_\_\_ Tire Model (Name or Number) \_\_\_\_\_ Tire Size (Example P215/65R15) \_\_\_\_\_  
DOT No. (Example: DOTM1AL8ABC036)  Original Equipment  Prior Repair Failure Location: \_\_\_\_\_  
Tire Component Code \_\_\_\_\_ Tire Failure Type \_\_\_\_\_

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: \_\_\_\_\_ Date Manufactured: \_\_\_\_\_ Model No./Name: \_\_\_\_\_  
Seat Type: \_\_\_\_\_ Installation System: \_\_\_\_\_  
Child Seat Component Code: \_\_\_\_\_ Failed Part: \_\_\_\_\_

APPLICABLE INCIDENT INFORMATION

(If the vehicle was involved in a crash, fire, or injury, please check the appropriate box(es).)

Crash  Yes  No Fire  Yes  No Number of Persons Injured 1 Number of Deaths \_\_\_\_\_ Reported to Police Y

Narrative Description of Incident(s), Crash(es), and Injury(ies).  
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure, i.e. parts repaired or replaced (and if old part is available).

DT: THE CONTACT OWNS A 2004 FORD RANGER AND VEHICLE WAS INVOLVED IN A MAJOR ACCIDENT IN THE FRONT END. UPON IMPACT, DRIVER'S AIR BAGS DID NOT DEPLOY. THE SPEED AT THE TIME OF ACCIDENT WAS AROUND 35-40 MPH. THE PASSENGER'S AIR BAG WAS TURNED OFF. \*AK

Include, if available, Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

The Privacy Act of 1974, Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a Manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response or a statistical summary thereof, may be used in support of the agency's action.

06/27/05

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

I WAS COMMING HOME FROM WORK ON 06/09/05 AT ABOUT 11 A.M. WHEN ON COMMING AUTO TURNED LEFT RIGHT IN FRONT OF ME, BOTH VEHICLES TOWED AWAY, BOTH PARTYS WENT TO HOSPITAL, MY TRUCK STILL IN BODY SHOP AS OF THIS DATE. I WILL TAKE TO FORD DEALER TO HAVE AIR BAG INSPECTED WHEN I GET TRUCK BACK

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W. Washington, D.C. 20590

Official Business Penalty for Private Use \$300



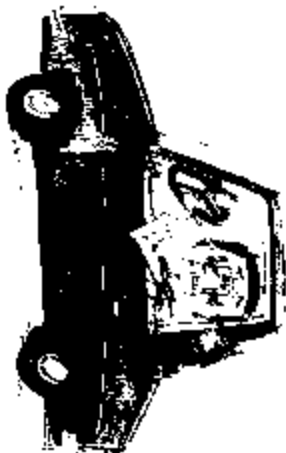
NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

**BUSINESS REPLY MAIL**

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NVS-218  
400 7th Street, SW  
Washington, DC 20590



**VEHICLE OWNER'S QUESTIONNAIRE**

**DOT AUTO SAFETY HOTLINE**

TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM  
OR

**DASH2DOT**

and dial toll free at

**1-888-DASH-2-DOT**

**1-888-927-4236**

DOT Auto Safety Hotline  
(DASH) 2 DOT



U.S. Department of Transportation  
National Highway Traffic Safety Administration  
[www.nhtsa.dot.gov/hotline](http://www.nhtsa.dot.gov/hotline)

# Wisconsin Motor Vehicle Accident Report

**INSTRUCTIONS**  
 Please use a Black Ink Pen or #2 Pencil.  
 Mark Areas as shown:  
 Correct Mark:   
 Incorrect Mark:   
 Reparable Accident:

County	MUN/TWP
51	56
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
09	05	05
Jan	Feb	Mar
Apr	May	June
July	Aug	Sept
Oct	Nov	Dec

Time of Accident (Military Time)	
HOUR	MIN.
10	58
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Total Number		
UNINS	INSURED	KILLED
02	03	00
0	0	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  **Y**  
 Government Property  **Y**  
 Fire (Narrative)  **Y**  
 Photos Taken (Narrative)  **Y**  
 Trailer or Towed (Narrative)  **Y**  
 Truck or Bus (Last Page)  **N**  
 Load Spillage  **Y**  
 Construction Zone  **Y**  
 Names Exchanged  **N**

Sheet No. **11**  
 Of

**ACCIDENT LOCATION**  
 Public Highway, Intersection/Related  
 Public Highway, Non-Intersection  
 Parking Lot  
 Private Property or Road

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

Estimated \_\_\_\_\_ FT. \_\_\_\_\_ IN. \_\_\_\_\_ W. \_\_\_\_\_ E. \_\_\_\_\_ S. \_\_\_\_\_ N. \_\_\_\_\_  
 Hwy No. and Street Name: **REGENCY WEST DR.**

House # \_\_\_\_\_ Fire # \_\_\_\_\_ Other \_\_\_\_\_ Agency Space: **AREA 10** Special Study \_\_\_\_\_

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)
1 2 3 4	1 2 3 4	0 1 2 3 4 5 6	W E	1 2 3 4	1 2 3 4	0 1 2 3 4 5 6	W E
5 6 7 8	5 6 7	Other _____		5 6 7 8	5 6 7	Other _____	
9 10				9 10			

Speed Limit \_\_\_\_\_ OPERATOR License \_\_\_\_\_  
 City & State: **Kenosha, WI** ZIP \_\_\_\_\_ Phone Number \_\_\_\_\_  
 City & State: **BRAUN, WI** ZIP \_\_\_\_\_ Phone Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State: **WI** Exp. Year: **2000**  
 Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Class: **Operating** Endorse: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Class: **Operating** Endorse: \_\_\_\_\_

On Duty Accident: **07-15-50** P. Police  E. EMT First Responder  F. Fire Fighter  H. Winter Heavy Maintenance   
 On Duty Accident: **07-27-50** P. Police  E. EMT First Responder  F. Fire Fighter  H. Winter Heavy Maintenance

SEAT POSITION	SAFETY EQUIPMENT	AIRBAG	EJECTED	SEVERITY	SEAT POSITION	SAFETY EQUIPMENT	AIRBAG	EJECTED	SEVERITY
1	1	1	1	1	1	1	1	1	1

TRAPPED/EXTRICATED:  Not Applicable  Trapped/Extricated  Unknown  Medical Transport  Y  
 TRAPPED/EXTRICATED:  Not Applicable  Trapped/Extricated  Unknown  Medical Transport  Y

Vehicle Owner Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_

City & State: **Kenosha, WI** ZIP \_\_\_\_\_ Phone Number \_\_\_\_\_  
 City & State: \_\_\_\_\_ ZIP \_\_\_\_\_ Phone Number \_\_\_\_\_

Year of Vehicle: **2002** Make: **CHEV** Model: **Malibu** Body Style: **2DR** Color: **BLK**  
 Year of Vehicle: **2004** Make: **Ford** Model: **Ranger** Body Style: **Pickup** Color: **GRY**

Vehicle ID Number: **2G1JK15K129** License Plate Number: **WJ 04**  
 Vehicle ID Number: **1FTTR1E1LH** License Plate Number: **CV6** **WI 05**

Policy Holder's Name: \_\_\_\_\_ Liability Insurance Company: **State Farm**  
 Policy Holder's Name: \_\_\_\_\_ Liability Insurance Company: **American Family**

Occupant Unit Number: \_\_\_\_\_ Date of Birth: **06-02-72** Sex: **M**  
 City & State: **Kenosha, WI** SEVERITY: **3** SAFETY EQUIPMENT: **1** AIRBAG: **1**

Address Same as Operator:  Y  N  
 TRAPPED/EXTRICATED:  Not Applicable  Trapped/Extricated  Unknown  Medical Transport  Y

MV4000 899 \_\_\_\_\_ EMS Number \_\_\_\_\_

Police No. \_\_\_\_\_ Accident No. \_\_\_\_\_ Date: 06-09-05

**W** **MP1684**

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 C B C	SRAT Position	SAFETY Equipment	AIRBAG 1 Deployed 2 Non Deployed 3 Not Applicable 4 Unknown
	ADDRESS	Street & Number			City & State		ZIP			
Address Same as Operator	EJECTED	1 Not Applicable 2 Not Ejected		3 Totally Ejected 4 Partially Ejected 5 Unknown		TRAPPED/EXTRACTED	3 Trapped/Extracted 4 Trapped/Not Extracted 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 C B C	SRAT Position	SAFETY Equipment	AIRBAG 1 Deployed 2 Non Deployed 3 Not Applicable 4 Unknown
	ADDRESS	Street & Number			City & State		ZIP			
Address Same as Operator	EJECTED	1 Not Applicable 2 Not Ejected		3 Totally Ejected 4 Partially Ejected 5 Unknown		TRAPPED/EXTRACTED	3 Trapped/Extracted 4 Trapped/Not Extracted 5 Unknown		Medical Transport	Agency Space

### Type of Accident

**01** First Harmful Event

Most Harmful Event

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

(Select one per vehicle)

**Collision With Object (Not Fixed)**

1 Motor Vehicle in Transport	2
2 Parked Motor Vehicle	2
3 Deer	3
4 Pedalcycle	4
5 Pedestrian	5
6 Railway Train	6
7 Other Animal	7
8 Motor Vehicle in Transport in Other Roadway	8
9 Other Object (Not Fixed)	9

**Collision With Fixed Object**

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

**Non-Collision**

32 Overturn	32
33 Fire Explosion	33
34 Immersion	34
35 Jackknife	35
36 Other Non-Collision	36

### Driver Condition

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

**Driver Factors (Or Pedestrians)**

1 Appeared Normal	2
2 Reduced Alertness	2
3 Ability Impaired	3
4 Not Observed	4

**Presence**

Neither Alcohol nor Drugs Present

5 Yes—Alcohol Present	5
6 Yes—Drugs Present	6
7 Yes—Alcohol & Drugs Present	7
8 Unknown	8

**Alcohol**

AC Value:  MC Value:

9 Test Not Given	9
10 Test Refused	10
11 Test Given, Alcohol Unknown	11
12 Test Given, No Alcohol Reported	12

**Drugs**

13 Test Not Given	13
14 Test Refused	14
15 Test Given, Drugs Unknown	15
16 Test Given, No Drugs Reported	16
17 Drugs Reported (Specify Below)	17
18 Marijuana	18
19 Cocaine	19
20 Opates	20
21 Amphetamines	21
22 PCP	22
23 Other Drug Medication	23
24 Type Unknown	24

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	5 Walking Facing Traffic

**Manner of Collision**

1 No Collision with Motor Vehicle in Transport
2 Rear End
3 Head On
4 Rear to Rear
5 Angle
6 Sideswipe, Same Direction
7 Sideswipe, Opposite Direction
8 Unknown

Unit # 2 3 4 5 6 7 8 9 10

**Darken Numbered Area(s) of Vehicle Damage**

**Extent of Damage**

0 None	4 Severe
1 Very Minor	5 Very Severe
2 Minor	6 Unknown
3 Moderate	

Vehicle Towed Due to Damage:  N

Vehicle Removed By: *BEETS TOWNS*

Unit # 1 2 3 4 5 6 7 8 9 10

**Darken Numbered Area(s) of Vehicle Damage**

**Extent of Damage**

0 None	4 Severe
1 Very Minor	5 Very Severe
2 Minor	6 Unknown
3 Moderate	

Vehicle Towed Due to Damage:  N

Vehicle Removed By: *ADVENTURE TOWNS*

**Fixed Object Struck**

Unit #	Unit #	Unit #	Unit #
11			

Govt. Damage Tag # \_\_\_\_\_

PROPERTY-Tag First M.I.

OWNER *State of Wisconsin - D.D.T.*

ADDRESS Street & Number

*411 NW BARSTON*

City & State ZIP Phone Number

*WAUKESHA, WI 53187 548-5678*

Urban Program of Accidents & Indicate North with an arrow in the circle



# Pictorial Representation of Narrative

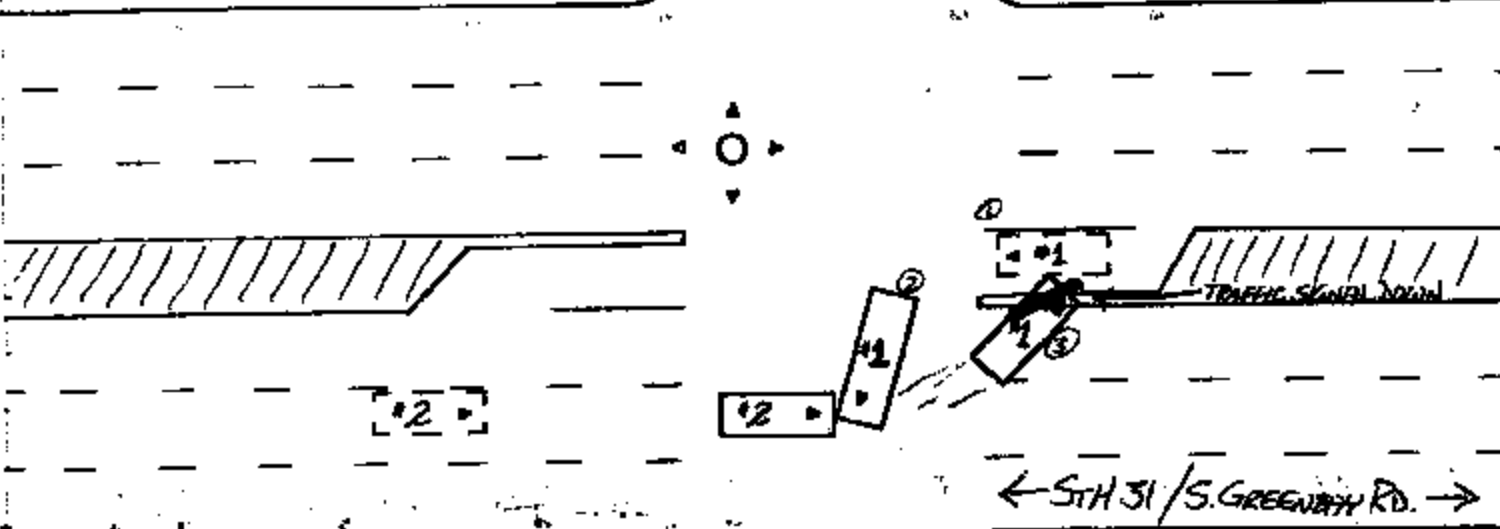
Supplemental Reports  Witness Statements  Measurements Taken

Estimate to Impact  
Unit 1:  Unit 2:

DIAGRAM NOT DRAWN TO SCALE

↑ REGENCY WEST DR.

Surface Type: **Concrete**



**NARRATIVE**  
 VEH #1 WAS DRIVEN ON STH 31 AT REGENCY WEST DR. AND ATTEMPTED TO MAKE A LEFT TURN. VEH #2 WAS DRIVEN ON STH 31 APPROACHING REGENCY WEST ON THE RIGHT OF WAY. EACH VEHICLE HAD A GREEN LIGHT AND VEH #1 TURNED IN FRONT OF VEH #2. THE IMPACT THREW VEH #1 INTO A TRAFFIC SIGNAL ON THE ROADWAY. THE TRAFFIC SIGNAL WAS KNOCKED DOWN AND CAME TO REST ON TOP OF VEH #1.

**DATE**  
 3/11/07 (1)

Photos By: 106

### What Drivers Were Doing

Unit Number	Unit Number
1	11
2	12
3	13
4	14
5	15
6	16
7	17
8	18
9	19
10	20

- 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	MI
ADDRESS	Street & Number		
City & State	ZIP	Phone Number	( )

#### ACCESS CONTROL

- 1 No Control (Unlimited Access)
- 2 Full Control (Only Ramp Entry/Exit)
- 3 Partial Control

#### ROAD TERRAIN

Part A

- 1 Straight
- 2 Curve

Part B

- 1 Level/Flat
- 2 Hill

#### LIGHT CONDITION

- 1 Daylight
- 2 Dark-Not Lighted
- 3 Dark-Lighted
- 4 Dawn
- 5 Dusk
- 6 Unknown

#### TRAFFIC WAY

- 1 Not Physically Divided (2-Way Traffic)
- 2 Divider Highway, Median Strip, without Traffic Barrier
- 3 Divided Highway, Median Strip, with Traffic Barrier
- 4 One-Way Traffic
- 5 Parking Lot or Private Property

#### ROAD SURFACE CONDITION

- 1 Dry
- 2 Wet
- 3 Snow Slush
- 4 Ice
- 5 Sand, Mud, Dirt, Oil
- 6 Other
- 7 Unknown

#### WEATHER

- 1 Clear
- 2 Cloudy
- 3 Rain
- 4 Snow
- 5 Fog, Smog, Smoke
- 6 Sleet, Hail (Freezing Rain or Drizzle)
- 7 Blowing Sand, Soil, Dirt, Snow
- 8 Severe Crosswinds
- 9 Other
- 10 Unknown

#### RELATION TO ROADWAY

- 1 On Roadway
- 2 Parking Lot or Private Property
- 3 Shoulder (Other Than Shoulder within Median or Gore)
- 4 Median (Other Than Median within Gore)
- 5 Outside Shoulder-Left
- 6 Outside Shoulder-Right
- 7 Off Roadway-Location Unknown
- 8 On Ramp
- 9 Gore (area between Ramp & Highway)
- 10 Unknown

### Traffic Control

Unit Number	Unit Number
1	11
2	12
3	13
4	14
5	15
6	16
7	17
8	18
9	19
10	20
11	21

- 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 Yield Sign
- 7. Traffic Control Person
- 8. Redding Signal
- 9. Other

# Officer's Opinion of Possible Contributing Circumstances

### Driver Factors

Unit Number	Unit Number
1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 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	3
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
1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 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
1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 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 Name: **OTTALE, JEREMY P.**

Law Enforcement Agency Address: **730 CENTER ST.**

City & State: **RACINE, WI** ZIP: **53403**

Phone Number: **(262) 635-7700**

Agency # **2-3** Enforcement Agency **Racine PD** Officer ID # **1944**

Date Notified			Time Notified (Military Time)		Time Arrived (Military Time)		Date of Report		
MONTH	DAY	YEAR	HR	MIN.	JULIAR	MIN.	MONTH	DAY	YEAR
Jan							Jan		
Feb							Feb		
Mar							Mar		
Apr							Apr		
May							May		
June							June		
July							July		
Aug							Aug		
Sept							Sept		
Oct							Oct		
Nov							Nov		
Dec							Dec		

Date Notified: **0905** Time Notified: **1059** Time Arrived: **1102** Date of Report: **0905**

## 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

• Interstate Carrier?  Y  N

Carrier Name:

### Carrier Identification Numbers

US DOT:  LC:

ICC MC:  IC:

Carrier Address:

Source:  Vehicle Side  Shipping Papers  Trip Manifest  Driver  Log Book

### Vehicle Information

Gross Vehicle Weight Rating:  LBS Total # of Axles:

Vehicle Configuration:  1  2  3  4  5  6  7  8  9  10

SEQUENCE OF EVENTS FOR THIS VEHICLE:

1	2	3	4	1	2	3	4
1	2	3	4	1	2	3	4
1	2	3	4	1	2	3	4
1	2	3	4	1	2	3	4
1	2	3	4	1	2	3	4
1	2	3	4	1	2	3	4
1	2	3	4	1	2	3	4
1	2	3	4	1	2	3	4
1	2	3	4	1	2	3	4
1	2	3	4	1	2	3	4

### Cargo Body Type

1	2	3	4	5	6	7	8	9	10
1	2	3	4	5	6	7	8	9	10
1	2	3	4	5	6	7	8	9	10
1	2	3	4	5	6	7	8	9	10
1	2	3	4	5	6	7	8	9	10
1	2	3	4	5	6	7	8	9	10
1	2	3	4	5	6	7	8	9	10
1	2	3	4	5	6	7	8	9	10
1	2	3	4	5	6	7	8	9	10
1	2	3	4	5	6	7	8	9	10

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