**Case Information**:

Accident Type: Fatal Date: Click here to enter a date.

Trooper/Inspector: SP Case #:

Town/ City: Route/Street:

Primary Agency/ Troop: Primary Officer:

Reconstructionist: Aspen Report#:

MCRS Accident Report completed by:

**Motor Carrier Information:**

|  |  |
| --- | --- |
| Carrier Name:  | Carrier USDOT #:  |

Carrier Identified By:

[ ]  Vehicle Marking [ ]  Vehicle Registration [ ]  Bill of Lading [ ] Lease Agreement [ ]  Driver Interview

**Driver Information:**

|  |  |
| --- | --- |
| Driver Name:  | OLN:  |
| DOB:  | Phone/Cell Phone:  |
| Sex: Male | License Class:  |
| Endorsements:  | Restrictions:  |
| Issue Date:  | Expires:  |
| Medical Certificate Exempt: No | Valid Medical: Yes |

 **CMV Passenger Information:**

Passenger Name: Passenger DOB:

Passenger Phone Number:

Carrier/ Vehicle/ Driver Documents Checked:

[ ]  Power Unit Registration [ ]  Driver’s License

[ ]  Trailer Registration [ ] Driver’s Medical

[ ]  Insurance Info. [ ]  Lease Agreement between carrier and R/O

[ ]  Fuel Tax [ ]  Daily Vehicle Inspection Reports

[ ]  UCR [ ]  Log Book/ Hours of Service

[ ]  BOL or shipping papers

**Hours of Service:**

(Check one)

[ ]  Interstate Log Book [ ]  Intrastate Log Book [ ]  Federal 100/150 Air Mile [ ]  State 100 Air Mile

[ ]  [Driver interviewed for fatigue.](#Fatigue" \o "What time did you last go off duty? What time did you fall to sleep the previous night? What time did you wake up this morning? Is this normal sleep time for you?" \t "_top)

[ ]  [Driver interviewed for impairment.](#Fatigue)

[ ]  [Driver interview for possible medical conditions.](#Fatigue" \o "Do you have diabeties? When was the last time that you ate? Do you take any medications?)

[ ]  Driver interview for last 48 Hrs. of Work/Free Time/ Sleep Cycles

Is vehicle equipped with Electronic Log? [ ]  Yes [ ]  No

Is vehicle equipped with GPS Tracking? [ ]  Yes [ ]  No

Is Vehicle equipped with EZ Pass? [ ]  Yes [ ]  No Transponder #

**Drug and Alcohol Testing** (applies only to drivers **required** to have a CDL):

Is the driver enrolled in a random testing program? [ ] Yes [ ] No [ ] Unsure

Were you drug tested when you were hired? [ ] Yes [ ] No

When was the last time you were tested?

**Rolling Radius (center of axle hub to the ground):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Axle 1** | **Axle 2** | **Axle 3** | **Axle 4** | **Axle 5** | **Axle 6** |
|  |  |  |  |  |  |

**Wheel End Weights:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1 Right** | **2 Right** | **3 Right** | **4 Right** | **5 Right** | **6 Right** |
|   |   | Scale Weight | Scale Weight | Scale Weight | Scale Weight |
| **1 Left** | **2 Left** | **3 Left** | **4 Left** | **5 Left** | **6 Left** |
|   |   | Scale Weight | Scale Weight | Scale Weight | Scale Weight |

**Slack Adjuster Lengths (Center of cam shaft to center of clevis pin):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1 Right** | **2 Right** | **3 Right** | **4 Right** | **5 Right** | **6 Right** |
|   |   |   |   |   |  |
| **1 Left** | **2 Left** | **3 Left** | **4 Left** | **5 Left** | **6 Left** |
|   |   |   |   |   |  |

**Accident Description/ Possible Causation Factors:**

*MAINE STATE POLICE*

*COMMERCIAL VEHICLE*

*DIMENSION DATA*



MEASURE FROM FRONT BUMPER TO:

1. STEERING AXLE 1 -
2. CENTER OF AXLE 2 -
3. KING PIN -
4. CENTER OF AXLE 3 -
5. CENTER OF AXLE 4 -
6. CENTER OF AXLE 5 -
7. CENTER OF AXLE 6 Enter Distance
8. FULL LENGTH OF VEHICLE -
9. LENGTH OF TRAILER -
10. REAR UNDER RIDE BUMPER TO GROUND -
11. DECK HEIGHT OF TRAILER TO GROUND -
12. TRACK WIDTH TRACTOR (AXLE 1) -
13. TRACK WIDTH TRAILER -

(THIS FORM CAN BE USED TO MEASURE ALL TRUCK CONFIGURATIONS.)