

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Page 1 of _____ DOT-1-174A (HWY-T) Rev. 8/18

Report Number: _____

(1) Crime Code		(2) County		(3) District		(4) Beat		(5) Watch		(6) Date/Time/Day Occurred				(7) Date/Time/Day Reported															
(8) Report Type		(9) Total Involved				(10) Number Of			(12) Hit & Run	(13) Fire	(14) Photo	(15) Location																	
<input type="radio"/> Major (01) <input type="radio"/> Minor (02)		MV	MC	MOP	BC	PED	WITN	KILLED	INJ	<input type="radio"/> No (01) <input type="radio"/> Yes (02)	<input type="radio"/> No (01) <input type="radio"/> Yes (02)	<input type="radio"/> No (01) <input type="radio"/> Yes (02)	<input type="radio"/> None (00) <input type="radio"/> Bridge (01)	<input type="radio"/> Tunnel (02) <input type="radio"/> Ramp (03)															
(16) Times Police		(18) Weather Conditions (Select up to 2)						(19) Light/Lighting																					
Sent		Arrive		<input type="radio"/> Clear (01) <input type="radio"/> Hazy, Fog, Smoke (04) <input type="radio"/> Snow (07)		<input type="radio"/> Daylight (01) <input type="radio"/> Spot Illumination (04) <input type="radio"/> Dark/No Lights (07)																							
				<input type="radio"/> Cloudy (02) <input type="radio"/> Windy, Severe Crosswind (05)		<input type="radio"/> Blowing Sand/ Soil/Dirt (08)		<input type="radio"/> Dawn (02) <input type="radio"/> Continuous Lighting (05)		<input type="radio"/> Dark/Unknown (08)		<input type="radio"/> Unknown (09)																	
				<input type="radio"/> Rain (03) <input type="radio"/> Sleet/Hail (06)		<input type="radio"/> Unknown (09)		<input type="radio"/> Dusk (03) <input type="radio"/> Dark/Lights Off (06)		<input type="radio"/> Other (10)																			
(20) Location Class				(21) Traffic Level		(22) Trafficway Description				(23) GPS Location																			
<input type="radio"/> School (01) <input type="radio"/> Business (02) <input type="radio"/> Residential (03) <input type="radio"/> Industrial (04)		<input type="radio"/> Recreational (05) <input type="radio"/> Farm/Fields (06) <input type="radio"/> No Development (07) <input type="radio"/> Other (08)		<input type="radio"/> Light (01) <input type="radio"/> Medium (02) <input type="radio"/> Heavy (03)		<input type="radio"/> 2-Way, Undivided (01) <input type="radio"/> 2-Way, Undivided with Cont. Left Turn Lane (02) <input type="radio"/> 2-Way, Divided, Unprotected Median (03)		<input type="radio"/> 2-Way, Divided, Median Barrier (04) <input type="radio"/> 1-Way Trafficway (05) <input type="radio"/> Other (06)		Latitude		Longitude																	
L O C	(24) Name of Street or Highway						(25) City/Town		(26) Work Zone																				
									<input type="radio"/> No (01) <input type="radio"/> Yes (02)																				
(27) Route No.		(28) Mile Post Marker		(29) Distance and Direction		(30) Refer (Mile Marker, Intersection, Etc.)																							
(31A) Location of First Harmful Event						(31B) Action																							
Intersection 01 Intersection Area 02 Driveway Access On Roadway - Not at Intersection 10 Left or Inner Lane 11 Right or Outer Lane 12 Other Main Lane 13 Merge/Transition Lane 14 Acceleration Lane 15 Deceleration Lane 16 Left Turn Lane 17 Right Turn Lane 18 Bikeway 19 Bus/HOV/Zipper Lane Off Roadway 20 Left Shoulder 21 Right Shoulder 22 Left Roadside 23 Right Roadside 24 Median						Off Roadway (Cont.) 25 Median Crossover 26 Outside ROW (Trafficway) Off Roadway - Other 30 Driveway 31 Private Road 32 Parking Lot Other Roadway 40 Entrance/Exit Ramp 41 Railway Crossing 42 Midblock Crosswalk 43 HOV Crossover Lane 44 Gore 45 Separator 46 Parking Lane 47 Emergency Escape Ramp 48 Other (Specify in Synopsis)						Non-Collision 01 Overturn/Rollover on Roadway 02 Overturn/Rollover off Roadway 03 Submersion 04 Fire/Explosion 05 Jackknife 06 Ran Off Roadway 07 Cargo/Equipment Loss or Shift 08 Fell/Jumped from Motor Vehicle 09 Downhill Runaway 10 Separation of Units 11 Cross Median 15 Cross Centerline 12 Equipment Failure 13 Thrown or Falling Objects 14 Other Non-Collision (Specify in Synopsis) Collision with Object/Animal 20 Overhead Cables 21 Guardrail Face 22 Guardrail End 23 Culvert 24 Ditch 25 Bridge Overhead Structure 26 Bridge Pier or Support 27 Bridge Rail 28 Building 29 Tunnel 30 Curb						Collision with Object/Animal (Cont.) 31 Embankment/Retaining Wall 32 Fence 33 Utility Pole/Light Support 34 Traffic Signal 44 Traffic Sign Post 35 Other Post/Pole/Support 36 Impact Attenuator/Crash Cushion 37 Concrete Traffic Barrier 45 Cable Barrier 38 Other Traffic Barrier 39 Tree (Standing) 40 Hydrant 41 Mailbox 42 Animal 43 Other (Specify in Synopsis) Collision with Person 50 Unknown 51 Crossing in Crosswalk 52 Crossing Outside Crosswalk 53 Crossing no Crosswalk 54 Darting Out 55 Walking in Roadway 56 Playing/Exercising in Roadway 57 Directing Traffic 58 Pushing/Working on Vehicle 59 Getting On/Off Vehicle 60 Roadwork 62 Walking Off Roadway 61 Other (Specify in Synopsis)						Collision with Bicycle or Moped 70 Unknown 71 Riding in Bikeway 72 Riding Outside of Bikeway 73 Riding in Road/No Bikeway 74 Riding off Roadway 75 Crossing Roadway 76 Fell In/On Roadway 77 Other (Specify in Synopsis) Collision with MV in Transport (Except Moped) 80 Head On 81 Rear End 82 Sideswipe - Same Direction 83 Sideswipe - Opposite Direction 84 Angle - Same Direction 85 Angle - Opposite Direction 86 Angle - Not Specified 87 Broadside 88 Rear to Side 89 Rear to Rear 91 Rear to Front 90 Other (Specify in Synopsis) Collision with MV - Other 100 MV in Other Roadway 101 Railway Vehicle (Train/Engine) 102 Parked MV 103 Work Zone/Maintenance Equip.					
<input type="checkbox"/> Enter the Location of the FIRST HARMFUL EVENT (31A)						<input type="checkbox"/> Enter the Sequence Number of the FIRST HARMFUL EVENT (31C)																							
<input type="checkbox"/> Enter the Sequence Number of the MOST HARMFUL EVENT (31D)																													
Officer's Rank and Name			Officer's ID Number			Date/Time		Supervisor's Rank and Name			Supervisor's ID Number		Date/Time																

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Report Number: _____

(32) Unit No.	(33) No. of Occ.	UNIT INFORMATION						
(34) Unit Class				(35) Race				
<input type="radio"/> Passenger Car (01)	<input type="radio"/> School Bus (09)	<input type="radio"/> Farm Vehicle/Equipment (17)	<input type="radio"/> White (01)	<input type="radio"/> Hawaiian (08)				
<input type="radio"/> Passenger Van (02)	<input type="radio"/> Other Bus (10)	<input type="radio"/> Motor Coach (18)	<input type="radio"/> Black (02)	<input type="radio"/> Samoan (09)				
<input type="radio"/> Pickup Truck (03)	<input type="radio"/> Motorcycle (11)	<input type="radio"/> Motor Home (19)	<input type="radio"/> American Indian (03)	<input type="radio"/> Tongan (10)				
<input type="radio"/> SUV/MPVH (04)	<input type="radio"/> Motor Scooter (12)	<input type="radio"/> Recreational Vehicle (20)	<input type="radio"/> Chinese (04)	<input type="radio"/> Vietnamese (11)				
<input type="radio"/> Cargo Van < 10,001 lbs. (05)	<input type="radio"/> Moped (13)	<input type="radio"/> Other (21)	<input type="radio"/> Japanese (05)	<input type="radio"/> Filipino (12)				
<input type="radio"/> Other Truck < 10,001 lbs. (06)	<input type="radio"/> Bicycle (14)	<input type="radio"/> Unknown (22)	<input type="radio"/> Korean (06)	<input type="radio"/> Unknown (13)				
<input type="radio"/> Truck > 10,000 lbs. (07)	<input type="radio"/> Pedestrian (15)		<input type="radio"/> Puerto Rican (07)	<input type="radio"/> Other (14)				
<input type="radio"/> Transit Bus (08)	<input type="radio"/> Maint./Construct. Equipment (16)							
(36) Last Name		(37) First Name		(38) MI	(39) Sex		(40) DOB	
					<input type="radio"/> M (01) <input type="radio"/> F (02)			
(41) Street No.	(42) Street Name			(43) St., Pl., Blvd., Etc.	(44) Apt/Suite Number			
(45) City		(46) State		(47) Zip Code		(48) Home Phone Number		
						() -		
(49) Occupation			(50) Employer/Company Name					
<input type="radio"/> Unemployed (00)	<input type="radio"/> Fed. Govt. Civ. (07)	<input type="radio"/> Student - H.S. (14)						
<input type="radio"/> U.S. Army (01)	<input type="radio"/> State Govt. (08)	<input type="radio"/> Student - Col. (15)	(51) Work Phone Number (52) Other Phone/Pager Number					
<input type="radio"/> U.S. Navy (02)	<input type="radio"/> County Govt. (09)	<input type="radio"/> U.S. Tourist (16)	() -					
<input type="radio"/> U.S. Air Force (03)	<input type="radio"/> Foreign Govt./Civ. (10)	<input type="radio"/> Foreign Tourist (17)	(53) Driver's License Number		(54) St./Juris.	(55) Class	(56) Restrict.	(57) Endorse.
<input type="radio"/> U.S. Marines (04)	<input type="radio"/> Retired (11)	<input type="radio"/> Police Officer (18)						
<input type="radio"/> U.S. Coast Guard (05)	<input type="radio"/> Student - Elem. (12)	<input type="radio"/> Other (19)	(58) CDL Type		(59) Driver's License Status			
<input type="radio"/> Other Military (06)	<input type="radio"/> Student - Inter. (13)	<input type="radio"/> Not Stated (20)	<input type="radio"/> Non-CDL (01)		<input type="radio"/> Valid (01)	<input type="radio"/> Expired (05)	<input type="radio"/> Permit (09)	
			<input type="radio"/> Non-CDL/Restricted (02)		<input type="radio"/> Not Licensed (02)	<input type="radio"/> Revoked (06)	<input type="radio"/> Disqualified [CDL] (10)	
			<input type="radio"/> CDL (03)		<input type="radio"/> Canceled (03)	<input type="radio"/> Suspended (07)		
					<input type="radio"/> Denied (04)	<input type="radio"/> Provisional (08)		
			(60) Insurance Policy Number		(61) Exp. Date	(62) Insurance Carrier		
(85) SFST Given			(86) Suspected Impairment					
<input type="radio"/> No (01) <input type="radio"/> Refused (03)			<input type="radio"/> Alcohol (01) <input type="radio"/> Both (03)					
<input type="radio"/> Yes (02)			<input type="radio"/> Drug (02) <input type="radio"/> None (04)					
(87) Alcohol Test Results								
(87A) Status			(87B) Type			(87C) Results		
<input type="radio"/> None (00)			<input type="radio"/> Blood (01)			<input type="radio"/> Value (01)		
<input type="radio"/> Refused (01)			<input type="radio"/> Breath (02)			[]		
<input type="radio"/> Given (02)			<input type="radio"/> Other (03)			<input type="radio"/> Pending (02)		
(88) Drug Test Results								
(88A) Status			(88B) Type			(88C) Results		
<input type="radio"/> None (00)			<input type="radio"/> Blood (01)			<input type="radio"/> Positive (01)		
<input type="radio"/> Refused (01)			<input type="radio"/> Urine (02)			<input type="radio"/> Negative (02)		
<input type="radio"/> Given (02)			<input type="radio"/> Other (03)			<input type="radio"/> Pending (03)		
(63) Registered Owner Name			(64) Phone Number					
			() -					
(65) Str. No.	(66) Street Name				(67) St., Pl.	(68) Ste. #		
(69) City						(70) State	(71) Zip Code	
(72) Vehicle Body Type								
<input type="radio"/> 2-DSD (01)	<input type="radio"/> 2-DSW (04)	<input type="radio"/> SUV/MPVH (07)	<input type="radio"/> Bus (10)	<input type="radio"/> Moped (13)				
<input type="radio"/> 4-DSD (02)	<input type="radio"/> 4-DSW (05)	<input type="radio"/> Van (08)	<input type="radio"/> PCMC (11)	<input type="radio"/> Bicycle (14)				
<input type="radio"/> 2-DCV (03)	<input type="radio"/> P/U Truck (06)	<input type="radio"/> Truck (09)	<input type="radio"/> M-Scooter (12)	<input type="radio"/> Other (15)				
(73) Vehicle Year	(74) Veh. Color (Top/Bottom)	(75) Vehicle Make		(76) Vehicle Model	(77) Lic. Plate No.	(79) Lic. Plate St.	(78) Trailer Plate	
(80) Vehicle VIN Number						(81) Emer. Veh. In Use		(82) Vehicle Stolen
						<input type="radio"/> No (01) <input type="radio"/> Yes (02)		<input type="radio"/> No (01) <input type="radio"/> Yes (02)
(83) Special Use				(84) Trailer/Cargo Type				
<input type="radio"/> None (00)	<input type="radio"/> Fire Truck (04)	<input type="radio"/> Police-Off Duty (08)	<input type="radio"/> U-Drive (12)	<input type="radio"/> None (00)	<input type="radio"/> Livestock (04)	<input type="radio"/> Veh. Tow Veh. (08)		
<input type="radio"/> Driver Trng. (01)	<input type="radio"/> Tow Truck (05)	<input type="radio"/> Military (09)	<input type="radio"/> School Bus (13)	<input type="radio"/> Boat (01)	<input type="radio"/> House (05)	<input type="radio"/> Other (09)		
<input type="radio"/> Construction/ Maintenance (02)	<input type="radio"/> Ambulance (06)	<input type="radio"/> Government (10)	<input type="radio"/> Other Bus (14)	<input type="radio"/> Flatbed (02)	<input type="radio"/> Van/Encl. Box (06)	<input type="radio"/> N/A (10)		
<input type="radio"/> Taxi (03)	<input type="radio"/> Police-On Duty (07)	<input type="radio"/> Farm Use (11)	<input type="radio"/> Other (15)	<input type="radio"/> Horse (03)	<input type="radio"/> Dump (07)			

Officer's Initials: _____

Supervisor's Initials: _____

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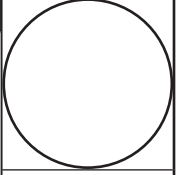
Unit No.	UNIT INFORMATION (Cont.)																																														
(89) Citations		(90) Est. Damages	(91) Extent of Damage	(91A) Towed	(92) Is this a CMV or Other QUALIFYING Vehicle?																																										
Citation Number	Offense Code (H.R.S./R.O. Section No.)	<input type="radio"/> \$3,000 or Greater (01) <input type="radio"/> Less than \$3,000 (02)	<input type="radio"/> None (00) <input type="radio"/> Minor (01) <input type="radio"/> Functional (02) <input type="radio"/> Disabling (03)	<input type="radio"/> No (01) <input type="radio"/> Yes (02)	<input type="radio"/> No (01) <input type="radio"/> Yes (02) If yes, go to CMV SUPPLEMENT																																										
(95A) Object (1) Struck/Damage Description			(96A) Object (2) Struck/Damage Description																																												
(93) Using the Diagram to the Right, Indicate Initial Impact Point in block below:		(95B) (Object 1) Owner's Name	(96B) (Object 2) Owner's Name																																												
		(95C) (Object 1) Owner's Phone Number	(96C) (Object 2) Owner's Phone Number																																												
(94) Direction		(95D) Estimated Damages to Object 1		(96D) Estimated Damages to Object 2																																											
From To		<input type="radio"/> \$3,000 or Greater (01) <input type="radio"/> Less than \$3,000 (02)		<input type="radio"/> \$3,000 or Greater (01) <input type="radio"/> Less than \$3,000 (02)																																											
(97) Motor Vehicle Maneuver/Action		(98) Reason for Maneuver		(99) Traffic Control Device Type																																											
<input type="radio"/> Straight Ahead (01) <input type="radio"/> Parking (07) <input type="radio"/> Turning Left (14) <input type="radio"/> Changing Lanes (02) <input type="radio"/> Parked (08) <input type="radio"/> U-Turn (15) <input type="radio"/> Merging (03) <input type="radio"/> Start from Parked (09) <input type="radio"/> Entering Traffic (16) <input type="radio"/> Overtaking/Passing (04) <input type="radio"/> Stopped in Traffic (10) <input type="radio"/> Negotiating a Curve (17) <input type="radio"/> Slowing/Stopping (05) <input type="radio"/> Start in Traffic (11) <input type="radio"/> Other (18) <input type="radio"/> Backing (06) <input type="radio"/> Right Turn on Red (12) <input type="radio"/> Turning Right (13)		<input type="radio"/> Intended Maneuver (01) <input type="radio"/> Avoid Pedestrian (05) <input type="radio"/> Traffic Controls (02) <input type="radio"/> Avoid Bicycle (06) <input type="radio"/> Mechanical Failure (03) <input type="radio"/> Avoid Obj./Animal (07) <input type="radio"/> Avoid Other Vehicle (04) <input type="radio"/> Avoid Prior MVA (08) <input type="radio"/> Other (09)		<input type="radio"/> No Controls (00) <input type="radio"/> School Zone Sign/Device (07) <input type="radio"/> Traffic Signal (01) <input type="radio"/> Warning Sign (08) <input type="radio"/> Stop Sign (02) <input type="radio"/> Railway X-ing Device (09) <input type="radio"/> Yield Sign (03) <input type="radio"/> Flashing Red (04) <input type="radio"/> Flashing Yellow (05) <input type="radio"/> Other (10) <input type="radio"/> Person (06)																																											
(100) Traffic Control Condition		(101) Guidance/Pavement Markings		(102) Delineator Present	(103) Bikeway																																										
<input type="radio"/> Not Applicable (00) <input type="radio"/> Yellow Malfunction (05) <input type="radio"/> Functioning Properly (01) <input type="radio"/> Green Malfunction (06) <input type="radio"/> Knocked Down (02) <input type="radio"/> Arrow Malfunction (07) <input type="radio"/> Obscured (03) <input type="radio"/> Lights Not Changing (08) <input type="radio"/> Red Malfunction (04) <input type="radio"/> Other Malfunction (09)		<table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">Lft</td> <td style="text-align: center;">Rgt</td> <td></td> <td style="text-align: center;">Lft</td> <td style="text-align: center;">Rgt</td> </tr> <tr> <td style="text-align: center;">None (00)</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;">No Passing, Yellow (06)</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="text-align: center;">Solid Yellow (01)</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;">Curb/Median, Etc. (07)</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="text-align: center;">Skip-Dash Yellow (02)</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;">Bikeway Marking (08)</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="text-align: center;">Solid White (03)</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;">Crosswalk Marking (09)</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="text-align: center;">Skip-Dash White (04)</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;">Turn Lane (10)</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="text-align: center;">Solid Double Yellow (05)</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td></td> <td></td> <td></td> </tr> </table>			Lft	Rgt		Lft	Rgt	None (00)	<input type="radio"/>	<input type="radio"/>	No Passing, Yellow (06)	<input type="radio"/>	<input type="radio"/>	Solid Yellow (01)	<input type="radio"/>	<input type="radio"/>	Curb/Median, Etc. (07)	<input type="radio"/>	<input type="radio"/>	Skip-Dash Yellow (02)	<input type="radio"/>	<input type="radio"/>	Bikeway Marking (08)	<input type="radio"/>	<input type="radio"/>	Solid White (03)	<input type="radio"/>	<input type="radio"/>	Crosswalk Marking (09)	<input type="radio"/>	<input type="radio"/>	Skip-Dash White (04)	<input type="radio"/>	<input type="radio"/>	Turn Lane (10)	<input type="radio"/>	<input type="radio"/>	Solid Double Yellow (05)	<input type="radio"/>	<input type="radio"/>				<input type="radio"/> None (00) <input type="radio"/> Right (01) <input type="radio"/> Left (02) <input type="radio"/> Both Sides (03)	<input type="radio"/> None (00) <input type="radio"/> Bike Route [Signed] (01) <input type="radio"/> Bike Lane Stripe (02) <input type="radio"/> Separate Path/Lane (03)
	Lft	Rgt		Lft	Rgt																																										
None (00)	<input type="radio"/>	<input type="radio"/>	No Passing, Yellow (06)	<input type="radio"/>	<input type="radio"/>																																										
Solid Yellow (01)	<input type="radio"/>	<input type="radio"/>	Curb/Median, Etc. (07)	<input type="radio"/>	<input type="radio"/>																																										
Skip-Dash Yellow (02)	<input type="radio"/>	<input type="radio"/>	Bikeway Marking (08)	<input type="radio"/>	<input type="radio"/>																																										
Solid White (03)	<input type="radio"/>	<input type="radio"/>	Crosswalk Marking (09)	<input type="radio"/>	<input type="radio"/>																																										
Skip-Dash White (04)	<input type="radio"/>	<input type="radio"/>	Turn Lane (10)	<input type="radio"/>	<input type="radio"/>																																										
Solid Double Yellow (05)	<input type="radio"/>	<input type="radio"/>																																													
(104) Vehicle Factors (Select Up to 2)		(105) Vision Obstruction (Select up to 3)		(106) Human Factors (Select up to 3)																																											
<input type="radio"/> None (00) <input type="radio"/> Suspension (08) <input type="radio"/> Worn Tires (01) <input type="radio"/> Wheels (09) <input type="radio"/> Tire Failure (02) <input type="radio"/> Power Train (10) <input type="radio"/> Brakes (03) <input type="radio"/> Window/Windshield (11) <input type="radio"/> Headlights (04) <input type="radio"/> Mirrors (12) <input type="radio"/> Taillights (05) <input type="radio"/> Wipers (13) <input type="radio"/> Signals (06) <input type="radio"/> Trailer Coupling (14) <input type="radio"/> Steering (07) <input type="radio"/> Other (15)		<input type="radio"/> None (00) <input type="radio"/> Glare (06) <input type="radio"/> Trees/Brush/Fence (01) <input type="radio"/> Weather Condition (07) <input type="radio"/> Embankment (02) <input type="radio"/> Pedestrian (08) <input type="radio"/> Building (03) <input type="radio"/> Animal(s) in Road (09) <input type="radio"/> Moving Vehicle (04) <input type="radio"/> Other (10) <input type="radio"/> Parked/Stopped Vehicle (05)		<input type="radio"/> None (00) <input type="radio"/> Illness (06) <input type="radio"/> Inattention (01) <input type="radio"/> Legal Meds. (07) <input type="radio"/> Misjudgment (02) <input type="radio"/> Emotional (08) <input type="radio"/> Fatigue (03) <input type="radio"/> Phys. Impaired (09) <input type="radio"/> Alcohol (04) <input type="radio"/> Other (10) <input type="radio"/> Illegal Drugs (05)																																											
(107) Driver Distracted By		(108) Other Factors (Select up to 4)		(109) Roadway Comp.	(110) Roadway Surface																																										
<input type="radio"/> Not Distracted (00) <input type="radio"/> Cellular Phone (01) <input type="radio"/> Other Elect. Comm. Device (02) <input type="radio"/> Other Electronic Device (03) <input type="radio"/> Other Inside Vehicle (04) <input type="radio"/> Other Outside Vehicle (05) <input type="radio"/> Other Occupant (06)		<input type="radio"/> No Improper Action (00) <input type="radio"/> Failure to Yield (06) <input type="radio"/> Improper Backing (13) <input type="radio"/> Other Improper Action (18) <input type="radio"/> Drove too Fast for Conditions (01) <input type="radio"/> Wrong Side/Way (07) <input type="radio"/> Followed too Closely (14) <input type="radio"/> Illegally in Roadway (19) <input type="radio"/> Exceed Posted Speed Limit (02) <input type="radio"/> Crossed Centerline (08) <input type="radio"/> Aggressive, Reckless Driving (15) <input type="radio"/> Improper Crossing (20) <input type="radio"/> Disregard Traffic Signals (03) <input type="radio"/> Ran Off Road (09) <input type="radio"/> Pedestrian Viol. (21) <input type="radio"/> Inattention [Talking, Etc.] (22) <input type="radio"/> Disregard Red Light (04) <input type="radio"/> Failure to Keep in Proper Lane (10) <input type="radio"/> Swerved to Avoid Obstacle (16) <input type="radio"/> Bicycle Violation (23) <input type="radio"/> Disregard Other Trfc. Ctrl. Dev. (05) <input type="radio"/> Improper Turn (11) <input type="radio"/> Over Correcting or Over Steering (17) <input type="radio"/> Clothing not Visible (24)		<input type="radio"/> Concrete (01) <input type="radio"/> Asphalt (02) <input type="radio"/> Gravel (03) <input type="radio"/> Dirt (04) <input type="radio"/> Other (05)	<input type="radio"/> Dry (01) <input type="radio"/> Slush (07) <input type="radio"/> Wet (02) <input type="radio"/> Ice/Frost (08) <input type="radio"/> Mud, Dirt, Gravel (03) <input type="radio"/> Water (09) <input type="radio"/> Debris (04) <input type="radio"/> Sand (10) <input type="radio"/> Oil (05) <input type="radio"/> Other (11) <input type="radio"/> Snow (06)																																										
(111) Other Roadway Conditions (Select up to 3)			(112) Roadway Alignment (Horizontal)		(113) Roadway Alignment (Vertical)																																										
<input type="radio"/> None (00) <input type="radio"/> Low Shoulder (03) <input type="radio"/> Loose Material (06) <input type="radio"/> Ruts, Holes, Etc. (01) <input type="radio"/> Soft Shoulder (04) <input type="radio"/> Worn, Polished (07) <input type="radio"/> No Shoulder (02) <input type="radio"/> High Shoulder (05) <input type="radio"/> Other (08)			<input type="radio"/> Straight (01) <input type="radio"/> Curve Left (02) <input type="radio"/> Curve Right (03)		<input type="radio"/> Level (01) <input type="radio"/> Downhill (04) <input type="radio"/> Hillcrest (02) <input type="radio"/> Sag (05) <input type="radio"/> Uphill (03)																																										
Officer's Rank and Name	Officer's ID Number	Date/Time	Supervisor's Rank and Name	Supervisor's ID Number	Date/Time																																										

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Report Number: _____

DIAGRAM

(114) Tire Skid Marks (Feet)					(115) REFERENCE POINT					
Wheel	Unit 1	Unit 2	Unit 3	Unit 4	IS _____ (feet) _____ (direction) _____ (Object/Landmark)					
Rgt-R					ALL OBJECTS ARE MEASURED FROM POINT OF REFERENCE					
Lft-F					Object		N	S	E	W
Rgt-F										
Lft-R										
(116) Intersection Related										
<input type="radio"/> No (01) <input type="radio"/> Yes (02)										
(117) Main Road					(119) Indicate the Type of Intersection (Check one)					
(A) No. of Lanes		(B) Speed Limit			<input type="radio"/> Not at Intersection (01) <input type="radio"/> "Y" Intersection (04) <input type="radio"/> Roundabout (07) <input type="radio"/> 4-Way Intersection (02) <input type="radio"/> Part of Interchange (05) <input type="radio"/> 5 (or more legs) Intersection (08) <input type="radio"/> "T" Intersection (03) <input type="radio"/> Traffic Circle (06) <input type="radio"/> Other (09)					
(118) Side Road										
(A) No. of Lanes		(B) Speed Limit								



Place an arrow in the above circle to indicate North.

Draw Object, Directions, Etc. According to Current Practices.

Synopsis (Accident Description. Refer to units by number):

Officer's Rank and Name	Officer's ID Number	Date/Time	Supervisor's Rank and Name	Supervisor's ID Number	Date/Time

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Report Number: _____

Unit No.	Commercial Motor Vehicle Supplement
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INSTRUCTIONS:
IF number 1, 2, or 3 apply, **AND** either A, B, or C apply; **THEN** complete this supplement for each CMV or qualifying vehicle.

IF	1	ANY truck having a gross vehicle weight rating (GVWR) greater than 10,000 lbs., or a gross combined vehicle weight rating (GCWR) greater than 10,000 lbs.; OR;	AND	A	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 an injury sustained in the crash, OR;
	2	ANY Motor Vehicle with seats to transport nine (9) or more people including the driver's seat; OR,		B	ANY person(s) injured as a result of the crash who immediately receives medical treatment away from the crash scene, OR;
	3	ANY vehicle displaying a hazardous materials placard regardless of the weight.		C	ANY motor vehicle (truck or truck combination, bus, car, etc.) disabled as a result of the crash and transported away from the scene by a tow truck or other vehicle.

QUALIFYING INFORMATION

(200) This form is being completed because this vehicle is:	(201) Number of	(202) At the time of the crash, this vehicle was:
<input type="radio"/> A truck or truck combo. over 10,000 lbs. (GVWR/GCWR) (01) <input type="radio"/> A bus with seats for 9 or more, including the driver. (02) <input type="radio"/> A vehicle of any type with a Hazardous Materials placard. (03)	Total involved vehicles in the crash: Person(s) sustaining Fatal injury: Injured Person(s) Transported for IMMEDIATE Treatment: Vehicles towed due to DISABLING DAMAGE:	<input type="radio"/> Operating on a trafficway open to the public. (01) <input type="radio"/> Parked On/Off the trafficway. (02)

VEHICLE INFORMATION

(203) Vehicle Configuration	(204) Cargo Body Type	(205) GVWR, GCWR (Use GCWR for truck combinations)
<input type="radio"/> Passenger Car (Only with Hazardous Materials Placard) (01) <input type="radio"/> Light Truck (Only with Hazardous Materials Placard) (02) <input type="radio"/> Bus (Seats 9-15 including the driver) (03) <input type="radio"/> Bus (Seats 16 or more including the driver) (04) <input type="radio"/> Single Unit Truck (2 Axles/6 Tires) (05) <input type="radio"/> Single Unit Truck (3 or more Axles) (06) <input type="radio"/> Truck/Trailer(s) [Single Unit Truck with Trailer(s)] (07) <input type="radio"/> Truck/Tractor (without trailer, bobtail, or saddle mount) (08) <input type="radio"/> Tractor/Semi-Trailer (one trailer) (09) <input type="radio"/> Tractor/Doubles (two trailers) (10) <input type="radio"/> Tractor/Triples (three trailers) (11) <input type="radio"/> Other truck over 10,000 lbs. (not listed above) (99)	<input type="radio"/> Not Applicable/No cargo body (00) <input type="radio"/> Bus (seats 9-15 including driver) (01) <input type="radio"/> Bus (seats 16 or more including the driver) (02) <input type="radio"/> Van/Enclosed Box (03) <input type="radio"/> Cargo Tank (04) <input type="radio"/> Flatbed (05) <input type="radio"/> Dump (06) <input type="radio"/> Concrete Mixer (07) <input type="radio"/> Auto Transporter (08) <input type="radio"/> Garbage/Refuse (09) <input type="radio"/> Grain, Chips, Gravel (10) <input type="radio"/> Pole (11) <input type="radio"/> Vehicle Towing Another Vehicle (12) <input type="radio"/> Intermodal Chassis (13) <input type="radio"/> Log (14) <input type="radio"/> Other Cargo Body Not Listed (98)	<input type="radio"/> 10,000 lbs., or less (01) <input type="radio"/> 10,001 lbs., to 26,000 lbs. (02) <input type="radio"/> Over 26,000 lbs. (03)
(206) Bus Use		
<input type="radio"/> Not a Bus (00) <input type="radio"/> School [public or private] (01) <input type="radio"/> Transit (02) <input type="radio"/> Inter-city (03) <input type="radio"/> Charter (04) <input type="radio"/> Other (05)		
(207) Hazardous Materials		
HAZMAT Placard Present <input type="radio"/> No (01) <input type="radio"/> Yes (02)		
If yes, HM 4-Digit #/Name from Diamond: <input style="width: 100%;" type="text"/>		
If yes, HM Class # bottom of Diamond: <input style="width: 100%;" type="text"/>		
Was HAZMAT released from vehicle's cargo: <input type="radio"/> No (01) <input type="radio"/> Yes (02)		

MOTOR CARRIER INFORMATION

(208) Type of Carrier	(209) Employer/Company Name				(217) Carrier Identification No.
<input type="radio"/> Interstate Carrier (01) <input type="radio"/> Intrastate Carrier (02) <input type="radio"/> Not in Commerce - Govt. (03) <input type="radio"/> Not in Commerce - Other (04) (Over 10,000 lbs. GVWR/GCWR)	(210) Str. No.	(211) Street Name	(212) Apt/Ste	(213) Phone No.	<input type="radio"/> None US DOT #: <input style="width: 50px;" type="text"/>
	(214) City	(215) State	(216) Zip Code		

Officer's Rank and Name	Officer's ID Number	Date/Time	Supervisor's Rank and Name	Supervisor's ID Number	Date/Time

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

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Narrative

Large area with horizontal dashed lines for writing the narrative.

Officer's Rank and Name	Officer's ID Number	Date/Time	Supervisor's Rank and Name	Supervisor's ID Number	Date/Time