

INVESTIGATOR'S TRAFFIC CRASH REPORT

Mail completed form within 10 days to: Wyoming Department of Transportation
Crash Records
5300 Bishop Boulevard
Cheyenne, WY 82009-3340

2/3					, , , , , ,	Date: yyyy/mi	m/dd	Time (24 hr)
Date of Crash (yyyy/r	nm/dd)	Time (24 hr)	5	f Week Tu ○ We ●	Dolino		1 / 2 7	0 2 : 4 9
2 0 1 9 1 1 1		0 2 2 3		Fr O Sa O	1 1	0 1 9 1	1 / 2 7	0 2 : 5 8
Combined Total Damag	e				EMS 2	0 1 9 / 1	1 / 2 7	0 2 : 2 8
greater than or equal to		Crash Resulting	Investigated at	Photo/Video			1 / 2 7	0 2 : 5 4
\$1,000 Yes • No •	Yes O No	from Prior Crash Yes ○ No ●	the Scene	Photo Video None Both	Arrived.	5 1 9 1	1 / 2 /	0 2: 3 4
Occurred on	res O No			None O Both C	,	EMS Ho	spital Arrival	Time 0 4 : 0 7
Private Property	Public/Priva Property Dan	Nam Valaiala	nount of Property Damage	# Vehicle(s)	# Driver(s)	# Person(s)	# non Motorists	# Injured # Killed
Yes No	Yes O No			0 2	0 2	0 2	0 0	0 2 0 0
County					GPS Lati	tude		
SWEETWATER		_				4	1 6 3	3 5 3 4 1
City					GPS Longi			
8						- 1 0	8 2 6	4 2 9 1 2
							Hi	ghway LRS #
Crash Occurred on: I	Highway/Stre	et:			Milepost Ma		CAT.	ID# DIR
1 80 / US 30 At Intersection with:	Highway/Stro	not:			1 5 8 4	1 7	M L 8	0 D
At intersection with.	riigiiway/3a e				107071717	urred on ided RDway	if yes	ncr / Decr
Related Intersection:	Highway/Str	eet:	et:			Yes	Incr	O Decr O
							U	nknown O
TO ENSURE ACCURACY PRINT IN UPPER-CASE LETTERS USING A BLACK OR DARK BLUE PEN! PRINT NEATLY A B C D 4 5 6 7 8 If 'Other' is selected in any field, describe in narrative If a vehicle is towed, describe towed vehicle in narrative								
mark if attached SUPPLEMENTAL REPORTS If more than 2 vehicles are involved, complete form 'Supplemental Additional Vehicle/Driver Form' If more than 5 persons in a crash, complete form 'Supplemental Additional Vehicle Occupant Information' Trucks or Commercial Motor Vehicles complete form 'Supplemental Truck/CMV Information' If a non-motorist is involved, complete form 'Supplemental Non-Motorist' If a bus is involved and carrying passengers, complete form 'Supplemental Bus Information' If any drug tests are performed, complete 'Supplemental Drug Test Results' Previous report submitted								
Investigating Agency								
0 6 01 - City PD 02 - Sheriff 03 - BIA Division (WHP only) Badge # Officer Name & Rank								
1 0 6 JAKE R FOURMAN TROOPER								
First MI Last Rank Report Date (yyyy/mm/dd)								
Signature Highway Safety Use Only								
Proximity to	Residence					Highw	ay Distric	t 3
10 DOMESTIC STRUCTURE DE 1800 DE	1-Same Town 2-25 miles or less 3-25 miles Plus 4-Out of State							
Date Received:		/ /		Crash Ty				ing Location
Report Numbe	r:					\$1,000 ○ Private ○		strial Crash erate

Base Information Page 2 Location of FHE 0 1 Weather 1st choice FIRST HARMFUL EVENT 2 2 Road Lighting 0 9 1st choice 0 3 0 2 2nd choice 0 4 01 - Daylight 01 - Clear 2nd choice 01 - On Roadway 01 - Dry Non - Collision: 02 - Darkness Unlighted 02 - Off Roadway 02 - Raining 02 - Wet 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Darkness Lighted 03 - Ice/Frost 03 - Shoulder 03 - Snowing 04 - Dawn 04 - Snow 04 - Median 04 - Fog 03 - Immersion 05 - On OTHER Roadway 05 - Mud/Dirt/Gravel 05 - Dusk 05 - Blowing Dust/Sand/Dirt 04 - Jacknife 06 - Other 06 - Slush 06 - Outside of ROW 06 - Severe Wind Only 05 - Cargo/Equipment Loss or Shift 06 - Equipment Failure 07 - Oil/Fuel 99 - Unknown 07 - Gore 07 - Blizzard 08 - Sand on Dry Pavement 08 - Separator 08 - Sleet/Hail/Freezing Rain **School Bus** 12 - Fell/Jumped from a motor vehicle 0 1 09 - Sand on Icy Road 09 - In Parking Lane/Zone 09 - Blowing Snow 13 - Thrown or Falling Object Related 10 - Water standing/Running 10 - Tunnel 10 - Cloudy, Overcast 16 - Carbon Monoxide (CO) Poisoning 01 - No 11 - Other 11 - Bridge 11 - Smoke 17 - Injuries by being thrown against part of 02 - Yes, Directly Involved 12 - Port of Entry 99 - Unknown 12 - Other the vehicle 03 - Yes, Indirectly 13 - Rest Area 99 - Unknown 18 - Other Non-Collision (Motorcycle Loss of Involved 99 - Unknown Control) **Road Circumstance Environmental Circumstance** 1st choice 0 2 1st choice 0 1 Collision w/ Person, MV, or Non-Fixed choose up to 3 choose up to 3 Object: 2nd choice 2nd choice 11 - None 3rd choice 3rd choice 19 - Pedestrian 02 - Road Surface Condition 01 - Weather Conditions 20 - Pedacycle 03 - Debris, loose material on the surface 02 - Visual Obstruction Buildings 21 - Railway Vehicle 04 - Ruts, Holes, Bumps 03 - Visual Obstruction Other Vehicle 22 - Motor Vehicle in Transport on Roadway 05 - Work Zone/Construction Zone 04 - Visual Obstruction Vegetation 23 - Motor Vehicle on OTHER Roadway 06 - Worn or Polished Surface 05 - Visual Obstruction Hillcrest 07 - Obstruction in Roadway 08 - Traffic Control Device Missing 06 - Visual Obstruction Embankment-Snow, Rock,etc 24 - Parked Motor Vehicle 26 - Other NON-Fixed Object 07 - Other Physical Obstruction 09 - Traffic Control Device Inoperative 27 - Work Zone/Maintenance Equipment 08 - Glare (Sun or Headlight) 28 - Work Zone Channeling Device 10 - Traffic Control Device Obscured 09 - Animals in Roadway 29 - Object Set in Motion by Another Vehicle 11 - Shoulders (None, Low, Soft, High) 10 - Other 12 - Non- Highway Work 99 - Unknown (Single Vehicle Crash) 13 - Reduced Road Width 14 - Lane Markings Missing or Faded 15 - Obstructed by a Previous Crash 99 - Unknown Animals: **Work Zone Related Relation to Junction** 1 2 0 2 Interstate 12 - Thru Roadway Non-Interstate 30 - Horse 01 - Yes 02 - No 99 - Unknown

- 31 Cow
- 32 Pig
- 33 Sheep
- 34 Other Domestic (Dog, Llama, etc) 35 - Elk
- 36 Deer 37 - Moose
- 38 Antelope
- 39 Buffalo
- 40 Other Wild (Bear, Coyote, Eagle)

Collision w/ Fixed Object

- 41 Guardrail End
- 42 Guardrail Face
- 43 Impact Attenuator/Crash Cushion
- 44 Bridge Pier or Support
- 45 Bridge Overhead Structure
- 46 Bridge Rail
- 47 Concrete Traffic Barrier/Jersey Barrier
- 48 Other Traffic Barrier (Includes temporary)
- 49 Utility Pole/Light Support
- 50 Traffic Signal Support
- 51 Traffic Sign Support
- 52 Overhead Traffic Sign
- 53 Sign Support Single Post
- 54 Sign Support Multiple Post
- 55 Other Traffic Sign Support
- 56 Barricade
- 57 Tree/Shrubbery
- 58 Cut Slope
- 59 Road Approach
- 60 Rock, Boulder, Rock Slide
- 61 End of Drainage Pipe/Structure/Culvert
- 62 Building or Other Structure Wall
- 63 Fence (Including Post)
- 64 Raised Median or Curb 65 - Delineator Post
- 66 Earth Embankment/Berm
- 67 Ditch
- 68 Snow Embankment 69 Mail Box
- 70 Tunnel
- 71 Cattle Guard
- 72 Fixed Object Other 73 - Cable Barrier
- 99 Unknown

Work Zone Workers Present

Work Zone Location

- 01 Before the First Warning Sign
- 02 Advance Warning Area
- 03 Transition Area
- 04 Activity Area
- 05 Termination Area
- 99 Unknown

Type of Work Zone

- 01 Lane Closure
- 02 Lane Shift or Crossover
- 03 Work on Shoulder/Median
- 04 Intermittent or Moving Work
- 05 Other
- 99 Unknown

Manner of Collision *see diagram right

01 - Rear End (Front to Rear)

- 02 Head On (Front to Front)
- 03 Angle Same Direction (Front to Side)
- 04 Angle (Front-to-Side), Opposing Direction 05 - Angle Right
- - (Front to Side, includes Broadside)
- 06 Angle Direction not Specified
- 07 Sideswipe Same Direction (Passing) 08 - Sideswipe Opposite Direction (Meeting)
- 09 Rear to Side (Normally Backing) 10 Rear to Rear (Normally Backing)
- 11 Rear to Front (Normally Backing)
- 12 Not a Collision w/2 Vehicles in Transport
- 13 Other
- 99 Unknown

Direction of Force

0 3

0 1

01 - Opposing (Opposite Direction within 15 degrees)

- 02 Angle (force exceeds 15 degrees)
- 03 Same (same direction within 15 degrees)
- 04 Meeting (glancing collision from opposite direction)
- 05 Passing (glancing collision from same direction)
- 99 Unknown

- 01 Non-Junction
- 02 Intersection
- 03 Intersection Related
- 04 Driveway Related
- 05 Entrance/Exit Ramp
- 06 Railway Grade Crossing
- 07 Crossover Related
- 08 Business Entrance
- 09 Alley

- 10 Other Non-Interchange (ie. Bike, Snowmobile Trail, School Xing)

- 11 Private Road Junction 99 Unknown (describe in narrative)

Type of Intersection

- 01 Not an Intersection
- 02 Four (4) -Way Intersection 03 - T Intersection
- 04 Y Intersection
 - 05 Five (5) Point or more
- 0 1 06 - Intersection as part of an Interchange
- 07 Roundabout
- 08 L Intersection

13 - Intersection

15 - Ramp

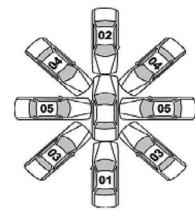
14 - Intersection Related

16 - Other Parts (Gore)

07 - Crossover Related

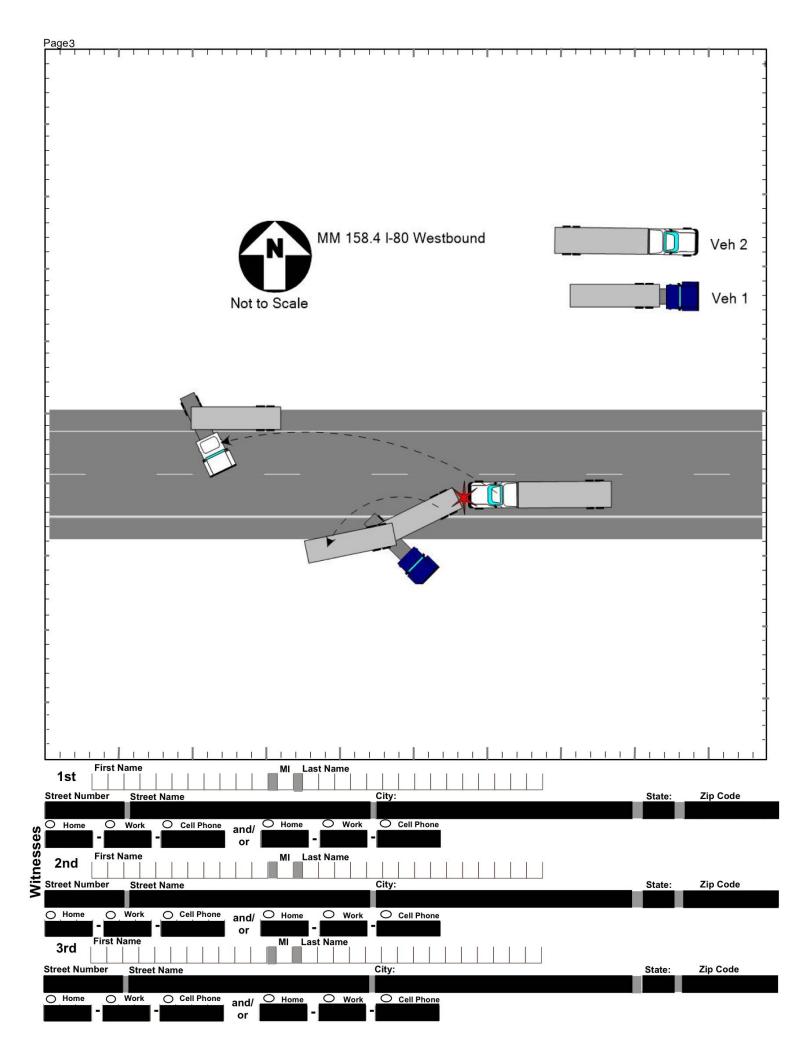
99 - Unknown Interchange

- 09 Diverging Diamond
- 99 Unknown



Manner of Collision CLARIFICATION

- 01 Rear End (Front-to-Rear)
- 02 Head-on (Front-to-Front)
- 03 Angle (Front-to-Side), Same Direction
- 04 Angle (Front-to-Side), Opposing Direction 05 - Angle (Front-to-Side), Right Angle/Broadside

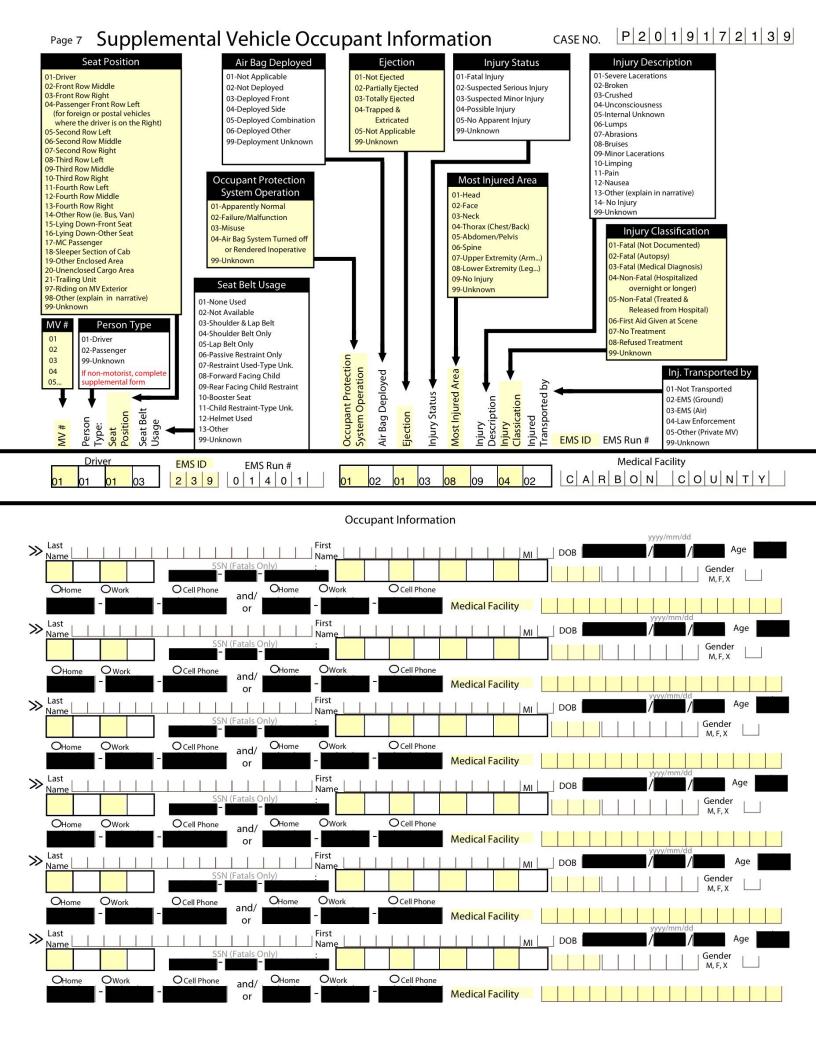


CASE NO. P 2 0 1 9 1 7 2 1 3 9

NARRATIVE PAGE

At approximately MM158.4, driver of vehicle 1 lost control of his tractor trailer and jackknifed. Vehicle 1 exited the roadway to the left and median coming to a rest with the rear of the trailer facing the east. The initial jackknife by vehicle 1 was not part of the crash. After comin semi trailer of vehicle 1 partially occupied the passing lane of the interstate. While vehicle 1 occupied the passing lane, vehicle 2 approatrailer and collided with the rear end of the semi trailer. Vehicle 2 jackknifed and exited the roadway to the right coming to a rest in the drinterstate. The semi trailer of vehicle 1 pivoted around the hitch and came to a rest in the median with the rear end facing the west.	d entered the ag to a rest, the ched the tractor
interstate. The semi trailer of vehicle 1 pivoted around the hitch and came to a rest in the median with the rear end facing the west.	iving lane of the
	PR-904

	D	river/Vehic	le Information	CASE NO. P	2 0 1 9 1 7 2 1 3 9
	Vehicle No. 01 02 03 0 1		t Name	MI Gend	
			D W I N	IVII Gend	/ / /
	Street Number Street Name				
	Mailing Address (PO Box Number)	City		State Z	ip Code
	Occupation	Employer			-
				0001/6	Age Age
	Driver Home Work Ocell Phone Phone - Work Ocell Phone	Emp O Home	Work Cell Phone	55N (f	atals only)
	Driver's License Number	THORE		Restrictions	CDL Endorsement
	DL Type 2	DL Class 1	F L 1 2 p		
	1 - Not Licensed 5 - CDL	1 - A 5 - Improper or	1 - Clear	4 - Revoked	Occupants (01 to 50) 0 1
	[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	2 - B No Endorsel 3 - C 6 - Other		5 - Suspended 99 - Unknown	Posted Speed Estimated Speed
	4 - I2 Permit-intermediate 8 - Restricted License	4 - M 7 - None			8 0 5 0
Ö	Last Name T R U C K I N G C O I N C	First	tName A T S O N TOW	N M	
ive	Street Number Street Name	City			State Zip Code
same as driver	Make (ie, Chevrolet, Dodge, Toyota) Mode	l (ie, Silverado, Dakota,		Expir. Date (mm/y	Initial Impact Most Damaged
ne a	MACK CC			7 0 3 - 2 0	Point Area
san	Vehicle Identification Number 1 M 1 A W 0 7 Y 5 H M 0 8 1 2	7 3 License Plate N	o. State (FII		0 6
ıer	Insurance Y Company 11371		Direction of		00 Non-Collision (Overturn/Rollover)
Owner	E-Verified Y-Yes Policy # GREAT WEST C		NY Prior to Cr	05 - South	10 2 01-12 (Use 12 Point Clock Diagram)
cle	Towed Y-Yes To RAWLINS, WYOMING		02 - Northeast 03 - East	06 - Southwest 07 - West	9 13 3 13 Top (Roof) 8 4 14 Undercarriage
/ehi	Extent of 1 1 01 - None 02 - Functional 03 - Mir		01-Yes 99 - Un		7 99 Unknown (Can't determine)
	Damage 0 4 04 - Disabling 99 - Unknown	≥\$1,000	1 02-No 99-Unk.		6
	Officer Opinion Only) 1st choice 0 2 Output Description	Driver's Conditi	131 0110100	Citations Iss choose up to	
	2nd choice 0 8	(Officer Opinion C 01 - Apparently Normal	2nd choice	01 - None	2nd choice
	01 - No Improper Driving 3rd choice 1 5 02 - Ran Off Road 03 - Failed to Yield ROW 4th choice	02 - Emotional (depres: 03 - ill (Sick)	sed, angry, disturbed)	02 - DWUI 03 - Drinking - (i.e.	3rd choice
	04 - Disregarded Traffic Signs (e.g. Stop Sign)	04 - Fell Asleep, Fainte 05 - Fatigued	ed	04 - Exceeding Sp	eed Limit
	05 - Ran Red Light 06 - Disregarded Other Road Marking	06 - Under Influence of	Medication	05 - Speed too Fa 06 - Following too	Close 5th choice
	07 - Speeding 08 - Drove too Fast for Conditions	07 - Physical Disability 08 - Suspected Drug U		07 - Wrong Side o 08 - Improper or N	
	09 - Improper Turn or No Signal 10 - Improper Backing	09 - Suspected Alcohol 10 - Other	Use	09 - Improper Land	
	11 - Improper Passing	11 - Driver Inattention 99 - Unknown		11 - Improper Pas 12 - Improper Star	sing
	12 - Improper Parking 13 - Wrong Side/Wrong Way	Driver's Di	straction	13 - Failed to Grar	nt ROW to Ped
	14 - Following too Close 15 - Failed to Keep Proper Lane	(Officer Opin	nion Only) 0 1	14 - Failed to Grar 15 - Disregard Offi	icer
	16 - Erratic/Reckless/Careless/Aggressive 17 - Avoiding an Object on Road	01 - Not Distracted 02 - Electronic Commu	nication Device (cell, pager)	16 - Disregard Sto 17 - Disregard Sto	
		03 - Other Electronic D	evice (palm, TV, computer) nside MV (passenger, pet)	18 - Disregard Oth 19 - Improper Park	ner
	20 - Avoiding MV	05 - Other Distraction C 99 - Unknown		20 - Reckless Driv 21 - Vehicular Hor	ring
	21 - Swerve Due to Wind/Slippery Surface 22 - Over Corrected/Over Steered	199 - OTIKITOWIT		22 - Driver's Licen	se Violation
	23 - Evading Law Enforcement 24 - Other Improper Action			23 - Improper Bac 24 - No Insurance	King
	99 - Unknown Suspect 0 2 Alcohol Test 0 4	Suspect	Drug Test	25 - Hit & Run 26 - Registration V	/iolation
	Alcohol Type 0 1	Drugs 0 2	Type	27 - Failure to Use 28 - Charges Pend	
	02 - No 03 - Test Requested	02 - No 03 - Test Requested	01 - No Test Performed 02 - Test Refused	29 - Fed R & R Dr 30 - Fed R & R Ve	iver
If Alco	99 - Unknown hol Test performed other than 03 - Blood 04 - Serum	99 - Unknown	03 - Blood 04 - Serum	31 - Racing	
Breath	then form 902E will be 05 - Breath od with results at a later date. 06 - Urine	If Drug Test performed then form 902E will be	05 - Urine 06 - Other	32 - Careless 33 - Other (explain	
	Alcohol Test Result	required with results at a later date.	99 - Unknown	DL Investigation	— U2 - NO
,	39 - OHNIOWII				99 - Unknown <i>PR</i> -902A
					Revised 01/12/2018





HM Placard ID No. 2

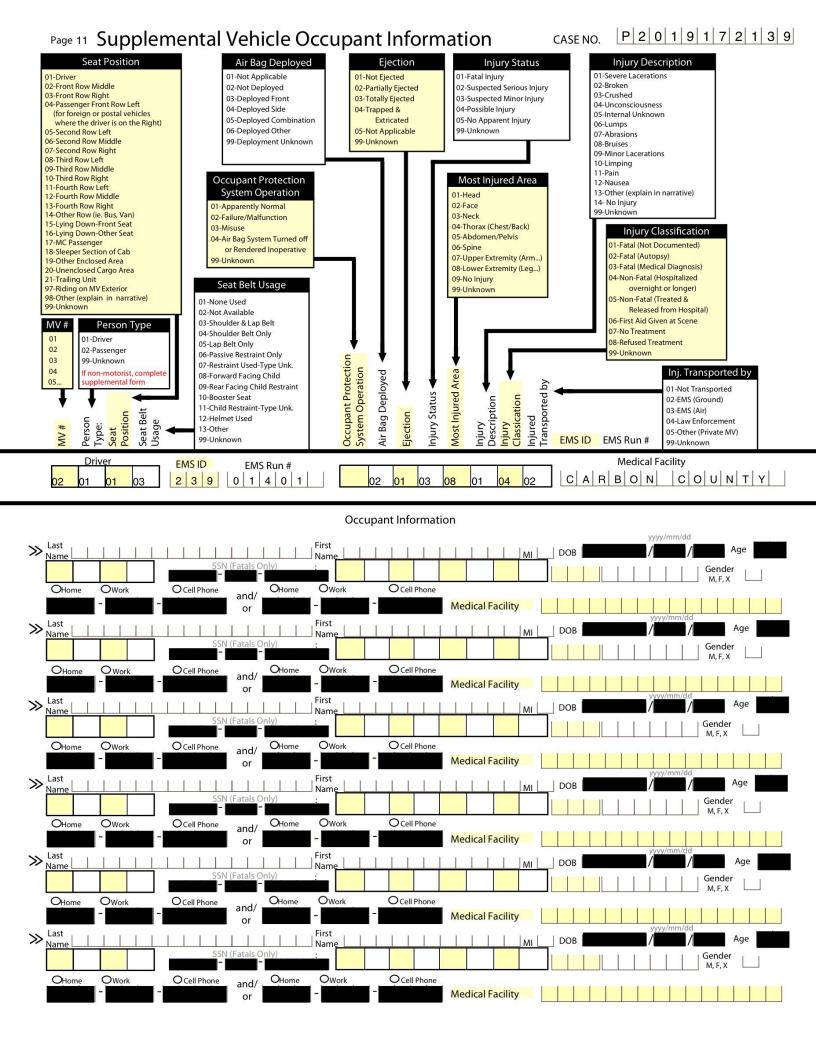
HM Placard ID No. 3

Supplemental Truck/CMV Information

01 - Commercial Vehicle 02 - Non-Commercial Vehicle 0 Vehicle Number 01 02 03 04 05		Onbination GVW 01 - 10,000 lbs or less 02 - 10,001 to 26,000 lbs 03 - More than 26,000 lbs
Driver Last Name	Driver First Name	MI J No. Axles
Carrier's Name	00101151	02-98 or 99 for unknown 0 5
WATSON TOWN T	R U C K I N G	
Carrier's Street Number Carrier's S 6 0 BELFORD BLV	treet Name Partne	ess or PO Box of Individual, ership, or Corporation
City M I L T O N		
State Zip Code P A 1 7 8 4 7 -	Carrier's Cou	
Commercial Cargo Body Type 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	Commercial Cargo 01 - Not Applicable (Light MV w/o HM Placard or Bobtail) 02 - General Freight 03 - Household Goods 04 - Heavy Machinery 05 - Motor Vehicles 06 - Gases in Bulk 07 - Livestock 08 - Solids in Bulk 10 - Explosives 11 - Other Hazardous Materials 12 - Empty 13 - Refrigerated Foods 14 - Other 99 - Unknown	Commercial MV Configuration 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) 99 - Unknown
HM Placard 0 2 01 - Yes, (If yes continue on) 02 - No 99 - Unknown HM Placard ID No. 1 HM Placard ID No. 2	HM Cargo Spill 0 2 01 - Yes 02 - No 99 - Unknown	HM Placard Class 1st 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

11 - Not Applicable 99 - Unknown

D	river/Vehic	le Information	CASE NO. P 2	0 1 9 1 7 2 1 3 9
Vehicle No. 01 02 03 0 2		t Name	MI Gende	
W A S H I N G T O N		A M E S	ОМ	Í I
Street Name				
Mailing Address (PO Box Number)	City		State Zip	c Code
Occupation	Employer			Age
Driver Home Work Cell Phone	Emp O Home	Work Cell Phone	SSN (fa	atals only)
Phone	Phone		Restrictions	CDL Endorsement
DL Type	DL Class 1	T X 4 8 DL Status		No. of Vehicle
	1 - A 5 - Improper or	1 - Clear	4 - Revoked	Occupants (01 to 50) 0 1
2 - Driver License 6 - CDL Permit 3 - Instruction Permit 7 - No License Required	2 - B No Endorser 3 - C 6 - Other		5 - Suspended 99 - Unknown	Posted Speed Estimated Speed
	4 - M 7 - None	Name		8 5 6 0
O Last Name IT R A N S P O R T A T I O N	I N C N	Name E W S O U N D	MI	200
Street Number Street Name	City			State Zip Code
Make (ie, Chevrolet, Dodge, Toyota) Model	(ie, Silverado, Dakota, NVENTIC		Expir. Date (mm/yy)	Initial Impact Most Damaged Point Area
Street Number Street Name Make (ie, Chevrolet, Dodge, Toyota) Model FREIIGHT LINER CO Vehicle Identification Number 1 FUJGLDR88DSBU299	License Plate N	o. State (FIF	PS) Color	1 2 1 2
		W A 5	ravel	12 00 Non-Collision
E-Verified Y-Yes Policy # 1-439251001-2		Prior to Cr 01 - North	asii	(Overturn/Rollover) 10 2 01-12 (Use 12 Point Clock Diagram)
O Vehicle N-No By WAMSUTTER CONOC		02 - Northeast 03 - East	06 - Southwest	9 13 3 13 Top (Roof) 8 14 Undercarriage
Towed Y-Yes Y N-No To WAMSUTTER CONOC WAMSUTTER, WYOM OF STATES OF STATE		01-Yes 99 - Un	08 - Northwest	7 99 Unknown (Can't determine)
Damage 0 4 04 - Disabling 99 - Unknown	≥\$1,000 <u>0</u>	1 02-No 99-Unk.		6
02 - Ran Off Road 03 - Failed to Yield ROW 4th choice 04 - Disregarded Traffic Signs (e.g. Stop Sign) 05 - Ran Red Light 06 - Disregarded Other Road Marking 07 - Speeding 08 - Drove too Fast for Conditions 09 - Improper Turn or No Signal 10 - Improper Backing 11 - Improper Passing 12 - Improper Parking 13 - Wrong Side/Wrong Way 14 - Following too Close 15 - Failed to Keep Proper Lane 16 - Erratic/Reckless/Careless/Aggressive 17 - Avoiding an Object on Road 18 - Avoiding Animal 19 - Avoiding Non-Motorist 20 - Avoiding MV 21 - Swerve Due to Wind/Slippery Surface 22 - Over Corrected/Over Steered 23 - Evading Law Enforcement 24 - Other Improper Action	03 - ill (Sick) 04 - Fell Asleep, Fainte 05 - Fatigued 06 - Under Influence of 07 - Physical Disability 08 - Suspected Drug L 09 - Suspected Alcohol 10 - Other 11 - Driver Inattention 99 - Unknown Driver's Dis (Officer Opin 01 - Not Distracted 02 - Electronic Commun 03 - Other Electronic De	sed, angry, disturbed) Medication Joe Straction Inication Device (cell, pager) evice (palm, TV, computer) Inside MV (passenger, pet)	18 - Disregard Othe 19 - Improper Parki 20 - Reckless Drivir 21 - Vehicular Hom 22 - Driver's Licens 23 - Improper Back 24 - No Insurance	2nd choice 3rd choice 4th choice 4th choice 5rd choice 3rd choice
99 - Unknown Suspect Alcohol 01 - Yes 02 - No 03 - Test Requested 99 - Unknown If Alcohol Test performed other than Breath then form 902E will be required with results at a later date. Alcohol Test Result Alcohol Test Result Page 10 2 Alcohol Test Performed 02 - Test Refused 03 - Blood 04 - Serum 05 - Breath 06 - Urine 07 - Other 99 - Unknown	Suspect Drugs 01 - Yes 02 - No 03 - Test Requested 99 - Unknown If Drug Test performed then form 902E will be required with results at a later date.	Drug Test Type 01 - No Test Performed 02 - Test Refused 03 - Blood 04 - Serum 05 - Urine 06 - Other 99 - Unknown	25 - Hit & Run 26 - Registration Vi 27 - Failure to Use 28 - Charges Pendi 29 - Fed R & R Driv 30 - Fed R & R Ver 31 - Racing 32 - Careless 33 - Other (explain	Seat Belt ing ver nicle





HM Placard ID No. 2

HM Placard ID No. 3

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, 1		Combination GVW		
01 - Commercial Vehicle 02 - Non-Commercial Vehicle 0		01 - 10,000 lbs or less 02 - 10,001 to 26,000 lbs		
Vehicle Number 01 02 03 04 05	0 2	03 - More than 26,000 lbs		
Driver Last Name		MI O		
ICC/MC No.	US DOT No.	No. Axles 02-98 or 99 for unknown 0 5		
Carrier's Name				
J O W E N T E R P R I S	[E]			
Carrier's Street Number Carrier's Street Name Partnership, or Corporation STRATTON STRATTON				
С ity В Е А U М О N Т				
BEAOMONT				
State Zip Code T X 7 7 7 0 7 0 7 - -	Carrier's Cot N O R T H A M E R I C A			
Commercial Cargo Body Type 0 1 - 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	Commercial Cargo 1 3 01 - Not Applicable (Light MV w/o HM Placard or Bobtail) 02 - General Freight 03 - Household Goods 04 - Heavy Machinery 05 - Motor Vehicles 06 - Gases in Bulk 07 - Livestock 08 - Solids in Bulk 09 - Liquids in Bulk 10 - Explosives 11 - Other Hazardous Materials 12 - Empty 13 - Refrigerated Foods 14 - Other 99 - Unknown	Commercial MV Configuration 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) 99 - Unknown		
HM Placard 0 2 01 - Yes, (If yes continue on) 02 - No 99 - Unknown HM Placard ID No. 1 HM Placard ID No. 2	HM Cargo Spill 0 2 01 - Yes 02 - No 99 - Unknown	HM Placard Class 1st 1 1 2 01 - Class 1 Explosives 02 - Class 2 Gases (Flammable, Non-Flammable, Poison and Toxic) 03 - Class 3 Flammable Liquids 04 - Class 4 Flammable Solids 05 - Class 5 Oxidizers & Organic Peroxides 06 - Class 6 Poisonous & Toxic 07 - Class 7 Radioactive Materials 08 - Class 8 Corrosives 09 - Class 9 Miscellaneous Hazardous Materials 10 - Other Placards (Dangerous Mixed Loads, Hot Markings)		

11 - Not Applicable 99 - Unknown