U.S. DEPARTMENT OF TRANSPORTATION
FEDERAL HIGHWAY ADMINSTRATION
BUREAU OF MOTOR CARRIER SAFETY

ACCIDENT INVESTIGATION REPORT

A. ☐ GENERAL B. ☐ IN-DEPTH

9

REGION | CASE NO. 3-6

(Do Not Write in this Space)

FORM MCS-50 FILED
A ☐ YES B ☐ NO 10

SECTION A - IDENTIFICATION AND LOCATION

1. DATE OF ACCIDENT 11-16
2. DAY OF WEEK 17-19
TIME OF ACCIDENT 20-25

4. LOCATION: HIGHWAY NO., OR STREET, NEAREST TOWN, CITY, OR MILEPOST NO. AND STATE. 26-52

5. TOTAL NO. OF FATALITIES: 53-54
5A. *(Show number in each category)* 55-69
A___COMM. DRIVER B___COMM. OCC. C___NON. COMM. DRIV. D___NON. COMM. OCC. E___OTHER *(specify)*

6. TOTAL NO. OF INJURIES: 9-10
6A. *(Show number in each category)* 11-25
A___COMM. DRIVER B___COMM. OCC. C___NON. COMM. DRIV. D___NON. COMM. OCC. E___OTHER *(specify)*

7. NO. OF EJECTIONS: 26-27
7A. *(Show number in each category)* 28-39
A___COMM. DRIVER B___COMM. OCC. C___NON. COMM. DRIV. D___NON. COMM. OCC.

8. EST. OF PROPERTY DAMAGE? 40-46 $
9. TYPE OF ACCIDENT 47-64
A ☐ COLLISION B ☐ NON-COLLISION C ☐ FIRE D ☐ OTHER *(specify)*

SECTION B - MOTOR CARRIER

10. NAME OF CARRIER 9-28
10A. ADDRESS OF CARRIER 29-55

11. TYPE OF OPERATION 56-64
A ☐ AUTHORIZED
B ☐ PRIVATE
C ☐ EXEMPT
MC NO.
D ☐ OTHER *(specify)*

12. CARGO 65-72
12A. WEIGHT 73-78
13. ORIGIN OF TRIP 9-20
13A. DESTINATION 21-32

SECTION C - DRIVER

14. NAME 33-47
14A. ADDRESS *(City & State Only)* 48-59
15. DATE OF BIRTH 60-65
16. AGE 66-67

17. HEIGHT 68-69 | WEIGHT 70-72 | COLOR EYES 73-75 | COLOR HAIR 76-78
18. SOCIAL SECURITY NO. 9-17

19. LICENSE 18
A. ☐ YES B ☐ NO
19A. STATE 19-20
19B. OPERATORS CHAUFFEURS 21-22
A ☐ B ☐
19C. CLASS 23

20. DATE OF DOCTOR'S CERTIFICATE 24-29
21. DATE OF EMPLOYMENT *(with present carrier)* 30-35
22. YEARS OF EXPERIENCE *(operating same type equipment)* 36-37

SECTION D - COMMERCIAL VEHICLE

23. POWER UNIT: 38
A ☐ TRACTOR B ☐ TRUCK C ☐ BUS
24. YEAR 39-40
25. MANUFACTURER 41-44
26. NO. OF AXLES 45
2 ☐ 3 ☐ 4 ☐ *(or more)*

27. TYPE OF CAB A ☐ C.O.E. B ☐ C.B.E. C ☐ C.A.E. D ☐ OTHER *(specify)* 46-50

28. SEAT BELTS INSTALLED A ☐ YES B ☐ NO 51
29. SEAT BELTS IN USE A ☐ YES B ☐ NO C ☐ UNKNOWN 52

30. SLEEPER BERTH A ☐ YES B ☐ NO 53
31. RESTRAINTS INSTALLED A ☐ YES B ☐ NO 54
32. IN-USE A ☐ YES B ☐ NO C ☐ UNKNOWN 55

33. TYPE OF FUEL: A ☐ GASOLINE B ☐ DIESEL C ☐ L.P.G. D ☐ OTHER *(specify)* 56-61

34. TYPE OF BRAKES: A ☐ AIR B ☐ HYDRAULIC C ☐ VACUUM D ☐ AIR/HYDRAULIC E ☐ OTHER *(specify)* 62-67

35. NAME OF OWNER, IF LEASED 68-79
35A. ADDRESS *(City & State only)* 9-20
36. LEASED 21-22
A___POWER UNIT:
B___TOWED UNIT(S)

37. TOWED UNIT(S) 23-24
A___SEMITRAILER(S) B___FULL-TRAILER(S)
38. NO. OF AXLES 25
1 ☐ 2 ☐ 3 ☐ 4 ☐ *(or more)*

39. TYPE OF BODY 26-31
A___VAN B___CARGO TANK C___POLE
D___FLATBED E___MOBILE HOME F___OTHER___ *(specify)*

Form MCS/12
(Rev. 1-73)

SECTION E - ENVIRONMENT & ATMOSPHERIC CONDITIONS

40. LIGHTING: A ☐ DAY B ☐ DUSK C ☐ DARK D ☐ ARTIFICIAL [32-33]

41. SITE: A ☐ RESIDENTIAL B. ☐ RURAL C. ☐ BUSINESS DISTRICT [34]

42. ROAD ALIGNMENT: [35-38]

A ☐ STRAIGHT B ☐ LEVEL C ☐ CURVE D ☐ HILL E ☐ BRIDGE K ☐ OTHER
F ☐ INTERCHANGE/RAMP G ☐ OVERPASS H ☐ UNDERPASS I ☐ INTERSECTION J ☐ RAILROAD

43. ROAD SURFACE: A ☐ ASPHALT B ☐ CONCRETE C ☐ OTHER *(specify)* _____ [39-43]

44. TOTAL NUMBER OF LANES: [44]

1 ☐ 2 ☐ 3 ☐ 4 ☐ *(or more)*

44A. HIGHWAY:

A ☐ DIVIDED B ☐ UNDIVIDED [45]

45. ROAD CONDITION: A ☐ DRY B ☐ WET C ☐ SNOW D ☐ ICE/SLEET E ☐ OTHER [46-50]

46. WEATHER: A ☐ CLEAR B ☐ CLOUDY C ☐ RAIN D ☐ FOG/SMOG E ☐ OTHER [51-56]

47. VISIBILITY RESTRICTIONS: A ☐ YES B ☐ NO [57]

47A. TEMPERATURE AT SITE: [58-60]

SECTION F - ROADWAY IN RELATION TO VEHICLES

		48A. 1	48B. 2	48C. 3	48D. 4	48E. 5
48. DIRECTION OF TRAVEL	61-68					
49. HIGHWAY OR STREET NAME						
50. POSTED SPEED LIMIT	69-76					
51. ESTIMATED SPEED	9-16					

52. TRAFFIC CONTROL [17]
A ☐ YES B ☐ NO

52A. TYPE [18]
A ☐ SIGNAL B ☐ SIGN

SECTION G - CLASSIFICATION

53. COLLISION WITH: A ☐ VEHICLE B ☐ FIXED OBJECT C ☐ TRAIN D ☐ ANIMAL E ☐ OTHER *(specify)* [19-24]

54. TOTAL NUMBER OF VEHICLES INVOLVED A____ COMMERCIAL B____ NON-COMMERCIAL [25-30]

55. TYPE COLLISION: A ☐ REAREND B ☐ HEADON C ☐ SIDE D ☐ OTHER *(specify)* [31-36]

56. CARGO SPILLAGE [37]
A ☐ YES B ☐ NO

57. LOAD SECURED [38]
A ☐ YES B ☐ NO C ☐ UNKNOWN

58. LOAD SHIFT [39]
A ☐ YES B ☐ NO

59. NON-COLLISION: *(check primary event)*
A ☐ RAN OFF ROAD B ☐ OVERTURNED C ☐ SKID/JACKKNIFE D ☐ RUNAWAY E ☐ PARKED
F ☐ SEPARATION OF UNITS G ☐ FIRE H ☐ EXPLOSION I ☐ OTHER *(specify)* [40-45]

SECTION H - NON-COMMERCIAL VEHICLE (state if pedestrian)

60. DRIVER'S NAME [46-60]

60A. ADDRESS *(City & State only)* [61-72]

61. SOCIAL SECURITY NO. [9-17]

62. DATE OF BIRTH [18-23]

63. AGE [24-25]

64. LICENSE
A ☐ YES B ☐ NO [26]

65. STATE [27-28]

66. A HEIGHT [29-30]

B WEIGHT [31-33]

C COLOR EYES [34-36]

D COLOR HAIR [37-39]

67. YEARS DRIVING EXPERIENCE [40-41]

68. TYPE OF VEHICLE [42-47]

69. MANUFACTURER [48-51]

70. MODEL [52-55]

71. YEAR [56-57]

72. SEAT BELTS INSTALLED
A ☐ YES
B ☐ NO [58]

73. SEAT BELTS IN USE
A ☐ YES C ☐ UNKNOWN
B ☐ NO [59]

SECTION I - BRIEF DESCRIPTION OF ACCIDENT

74. SIGNATURE *(Investigator/Specialist)*

74A. *(Assigned Code No.)* [60-63]

74B. DATE [64-69]

75. REVIEWED BY *(signature)*

75A. TITLE

75B. DATE