

## APPENDIX F - Forms

This section contains templates and/or examples of forms that pertain to a carrier's CVOR record:

- CVOR Applications
- Collisions / Motor Vehicle Accident Report
- Motor Vehicle Accident Report Template
- Inspections / Commercial Vehicle Inspection Report
- Commercial Vehicle Inspection Report Template

## CVOR Applications

**Current CVOR registrants** requesting a change in information or changes in fleet size or kilometric travel should contact the Carrier Sanctions and Investigation Office at 416-246-7166 (from the Greater Toronto Area and outside Ontario) or 1-800-387-7736 (in Ontario) to request an update application sent to them

The following copies of the applications for an **ORIGINAL** Commercial Vehicle Operator's Registration (CVOR) Certificate are provided for reference purposes only. These copies are accurate to the time of publication.

If this file has been sent to you in PDF format go to VIEW - Navigation Panels - Attachments. Otherwise contact Carrier Sanctions and Investigation Office

Current applications are available online at [www.mto.gov.on.ca](http://www.mto.gov.on.ca) or [ORIGINAL CVOR Applications](#)

NOTE: You will be required to keep track of and report any changes in kilometres traveled by your truck and bus fleet.

### Renewal of Your CVOR Certificate

Annual renewal is required for all operators except those operators with carrier safety ratings of "satisfactory" or "excellent". These operators will only be required to renew their certificate every two years.

**Operators will be sent a notice of renewal 60 days prior to expiry.**

For further information contact:

Carrier Sanctions and Investigation Office  
301 St. Paul Street, 3<sup>rd</sup> Floor  
St. Catharines, ON L2R 7R4  
1-800-387-7736  
416-246-7166

## Collisions:

A preventable collision is one which occurs because the driver fails to act in an appropriate manner to prevent it. In judging whether the driver's actions were reasonable, the carrier should try to determine whether the driver drove defensively and demonstrated an acceptable level of skill and knowledge. The definition of what is reasonable may be set out in the carrier's safety management program.

Establishing a definition of a 'preventable collision' may be used to achieve the following goals:

- establish a safe driving standard for drivers
- provides a standard for evaluating individual drivers
- provides an objective for accident investigations and evaluations
- provides a means for evaluating the safety performance of the fleet as a whole
- provides a means for monitoring the effectiveness of fleet safety programs
- assists in dealing with driver safety infractions
- assists in the implementation of safe driving recognition programs

Templates of Motor Vehicle Accident Reports are attached and should be reviewed as part of any program to investigate collisions.

Box numbers 31 to 36, 42, 46 and 47 are used in pointing collisions on a CVOR Abstract.

(see page 13 in CVOR chapter for pointing criteria)

Motor Vehicle Accident Report

**Ver 1** Use Template Ver. 1 with this report

**Ontario Motor Vehicle Accident Report**

Report Type  Original  Amended  Failed To Remain

Accident Number \_\_\_\_\_ Page of \_\_\_\_\_

Accident Date Yr. Mo. Day Day of the Week Time \_\_\_\_\_

Time Officer Arrived or Police Force Reported to: \_\_\_\_\_ Emergency Equipment in Attendance \_\_\_\_\_ Service Performed \_\_\_\_\_ Prod. Ident. No. (P.I.N.) \_\_\_\_\_

Name of Investigating Officer \_\_\_\_\_ Badge No. \_\_\_\_\_ Div./Stat./Det. \_\_\_\_\_ Dangerous Goods Involvement \_\_\_\_\_ Plat./Squad \_\_\_\_\_

Name of Submitting Police Force \_\_\_\_\_ MTO Use Only  Highway  Distance Unit Dir. \_\_\_\_\_

Location R1 Street, Road, Highway, Etc. House No. or Distance \_\_\_\_\_ Circle as applicable M. Km. N. S. E. W. O \_\_\_\_\_ District Keypoint/Geocode \_\_\_\_\_ Offset \_\_\_\_\_ Ramp No. \_\_\_\_\_ Pole No. \_\_\_\_\_

R2 Intersection Keypoint Patrol Area or Other Reference Keypoint No. \_\_\_\_\_ Municipality \_\_\_\_\_ County, District or Reg. Municipality \_\_\_\_\_

**Driver 1** Driver (Surname first) \_\_\_\_\_ Code \_\_\_\_\_ Address \_\_\_\_\_ Telephone No. \_\_\_\_\_ Postal Code \_\_\_\_\_ Driver's Licence No. \_\_\_\_\_ Prov. \_\_\_\_\_ Class \_\_\_\_\_ Cond. \_\_\_\_\_ Sex \_\_\_\_\_ D.O.B. (Y.M.D) \_\_\_\_\_ Proper Licence to Drive Class of Vehicle  Y  N Suspended Driver  Y  N Breathalyzer, Blood Test Admin.  Y  N Make \_\_\_\_\_ Year \_\_\_\_\_ Model \_\_\_\_\_ Colour \_\_\_\_\_ Body Style \_\_\_\_\_ Air Brake  Y  N Plate No. \_\_\_\_\_ Prov. \_\_\_\_\_ Number of Occupants in Vehicle \_\_\_\_\_ Owner (Surname first)  As Above \_\_\_\_\_ Address \_\_\_\_\_ Telephone No. \_\_\_\_\_ Postal Code \_\_\_\_\_ Insurance Company and Policy No.  None \_\_\_\_\_ CVOR No. \_\_\_\_\_ Lic. Class Required  Loaded  Unloaded Approx. Speed Km/hr. \_\_\_\_\_ Make \_\_\_\_\_ Plate No. \_\_\_\_\_ Prov. \_\_\_\_\_ Owner (Surname first)  As Vehicle Above \_\_\_\_\_ Address \_\_\_\_\_ Telephone No. \_\_\_\_\_ Postal Code \_\_\_\_\_ Insurance Company and Policy No.  As Vehicle Above \_\_\_\_\_

**Driver 2** Driver (Surname first) \_\_\_\_\_ Code \_\_\_\_\_ Address \_\_\_\_\_ Telephone No. \_\_\_\_\_ Postal Code \_\_\_\_\_ Driver's Licence No. \_\_\_\_\_ Prov. \_\_\_\_\_ Class \_\_\_\_\_ Cond. \_\_\_\_\_ Sex \_\_\_\_\_ D.O.B. (Y.M.D) \_\_\_\_\_ Proper Licence to Drive Class of Vehicle  Y  N Suspended Driver  Y  N Breathalyzer, Blood Test Admin.  Y  N Make \_\_\_\_\_ Year \_\_\_\_\_ Model \_\_\_\_\_ Colour \_\_\_\_\_ Body Style \_\_\_\_\_ Air Brake  Y  N Plate No. \_\_\_\_\_ Prov. \_\_\_\_\_ Number of Occupants in Vehicle \_\_\_\_\_ Owner (Surname first)  As Above \_\_\_\_\_ Address \_\_\_\_\_ Telephone No. \_\_\_\_\_ Postal Code \_\_\_\_\_ Insurance Company and Policy No.  None \_\_\_\_\_ CVOR No. \_\_\_\_\_ Lic. Class Required  Loaded  Unloaded Approx. Speed Km/hr. \_\_\_\_\_ Make \_\_\_\_\_ Plate No. \_\_\_\_\_ Prov. \_\_\_\_\_ Owner (Surname first)  As Vehicle Above \_\_\_\_\_ Address \_\_\_\_\_ Telephone No. \_\_\_\_\_ Postal Code \_\_\_\_\_ Insurance Company and Policy No.  As Vehicle Above \_\_\_\_\_

**Vehicle** Involved \_\_\_\_\_

**Trailer** Involved \_\_\_\_\_

Investigating Officer's Description of Accident & Diagram

Lanes/Speed

	Number of Lanes	Posted Speed Max.	Posted Speed Advisory
R1			
R2			

Description of Code(s) 97, 98, 99 \_\_\_\_\_

Describe Damage to Other Property \_\_\_\_\_ Person and/or Agency Advised \_\_\_\_\_ Yr. Mo. Day Time \_\_\_\_\_

No. Involved Persons – Injured Taken To/By \_\_\_\_\_ Independent Witnesses – Name \_\_\_\_\_

Vehicle Taken To/By V1 \_\_\_\_\_ Persons Charged – Section and Act & P.O.T. No. \_\_\_\_\_

V2 \_\_\_\_\_

Name of Coroner \_\_\_\_\_ Telephone No. \_\_\_\_\_ If School Age Child Involved, Indicate School Name \_\_\_\_\_

Signature of Investigating Officer \_\_\_\_\_ Report completed on Yr. Mo. Day \_\_\_\_\_ Signature of Supervisor \_\_\_\_\_ Badge No. Yr. Mo. Day \_\_\_\_\_

Involved Persons

Veh. No. Fed. No.	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
0																		

press firmly you are making 5 copies

All boxes must be completed by officers submitting Report. Specify all codes 97, 98, 99 on this Report. **UNIT 2**

SR-LD-401 89-01

Motor Vehicle Accident Report Template


<b>Accident Location</b>			<b>Road Jurisdiction</b>			<b>Ver 1</b>		
01-Non intersection 02-Intersection related 03-At intersection 04-At/near private drive	05-At railway crossing 06-Underpass or tunnel 07-Overpass or bridge 08-Other	08-Trail 09-Frozen lake or river 10-Parking lot 99-Other	01-Municipal (excl. Twp. Rd.) 02-Principal highway 03-Township	04-County or district 05-Regional municipality 06-Private property	07-Federal 99-Other	41		
<b>Impact Location</b>			<b>Classification of Accident</b>			42		
01-Within intersection 02-Thru lane 03-Left turn lane 04-Right turn lane 05-Right turn channel 06-Two-way left turn lane	07-Passing lane 08-Left shoulder 09-Right shoulder 10-Not on roadway-left side	11-Not on roadway-right side 12-Off highway 99-Other	01-Fatal injury 02-Non-fatal injury	03-P.D. only 04-Non-reportable	99-Other	43		
<b>Initial Direction of Travel</b>			<b>Initial Impact Type</b>			45		
01-North 02-South			03-East 04-West			V1 43 V2 44		
<b>Environment Condition</b> Multiple Choices Allowed			<b>Vehicle Manoeuvre</b>			46		
01-Clear 02-Rain 03-Snow	04-Freezing rain 05-Drifting snow 06-Strong wind	07-Fog, mist, smoke, dust 99-Other	01-Going ahead 02-Slowing or stopping 03-Overtaking 04-Turning left 05-Turning right 06-Making "U" turn 07-Changing lanes 08-Merging	09-Reversing 10-Stopped 11-Parked 12-Disabled 13-Pulling away from shoulder or curb 14-Pulling onto shoulder or toward curb 99-Other	V1 46 V2 47			
<b>Light</b>			<b>Sequence of Events</b> Multiple Choices Allowed			48		
01-Daylight 02-Daylight, artificial 03-Dawn	04-Dawn, artificial 05-Dusk 06-Dusk, artificial	07-Dark 08-Dark, artificial 99-Other	01-Other motor vehicle 02-Unattended vehicle 03-Pedestrian 04-Cyclist 05-Railway train	06-Street car 07-Farm tractor 08-Animal – domestic 09-Animal – wild 97-Other	48			
<b>Traffic Control</b>			<b>Other Events</b>			49		
01-Traffic signal 02-Stop sign 03-Yield sign 04-Ped. crossover	05-Police control 06-School guard 07-School bus 08-Traffic gate	09-Traffic controller 10-No control 99-Other	20-Ran off road 21-Skidding/sliding 22-Jackknifing 23-Load spill 24-Fire/explosion	25-Submersion 26-Rollover 27-Debris on road 28-Debris falling off vehicle 98-Other	V1 49 V2 50			
<b>Traffic Control Condition</b>			<b>Fixed Objects</b>			51		
01-Functioning 02-Not functioning	03-Obscured 04-Missing/Damaged	50-Cable guide rail 51-Concrete guide rail 52-Steel guide rail 53-Pole (utility, lower) 54-Pole (sign, parking meter) 55-Fence/noise barrier 56-Culvert 57-Bridge support 58-Rock face 59-Snowbank/drift			60-Ditch 61-Curb 62-Crash cushion/treat. 63-Building or wall 64-Water course 65-Construction marker 66-Tree, shrub, stump 99-Other			
<b>Road Character</b>			<b>Fixed Object Offset</b>			52		
01-Undivided – one-way 02-Undivided – two-way 03-Divided with restraining barrier	04-Divided - no barrier 05-Ramp 06-Collector lane	07-Express lane 08-Transfer lane 99-Other	Left of Roadway 01- Less than 3.1m 02- 3.1m to 6.0m 03- 6.1m to 9.0m 04- Greater than 9.0m			Right of Roadway 05- Less than 3.1m 06- 3.1m to 6.0m 07- 6.1m to 9.0m 08- Greater than 9.0m		
<b>Road Surface</b>			<b>Vehicle Damage</b>			53		
01-Asphalt 02-Oil treated gravel 03-Gravel or crushed stone	04-Concrete 05-Earth 06-Wood	07-Steel 08-Brick/interlocking stone 99-Other	01-None 02-Light 03-Moderate 04-Severe 05-Demolished	V1 60 V2 61				
<b>Road Condition</b>			<b>Location of Vehicle Damage or Area of Impact</b> Multiple Choices Allowed			54		
01-Good 02-Poor	03-Under repair or construction	01-Right front corner 02-Right front 03-Right centre 04-Right rear 05-Right rear corner 06-Back centre 07-Left rear corner 08-Left rear 09-Left centre 10-Left front 11-Left front corner 12-Front centre 13-Front complete			14-Right side complete 15-Back complete 16-Left side complete 17-Top 18-Undercarriage 19-No contact 99-Unknown			
<b>Road Surface Condition</b>			<b>Special Studies</b>			55		
01-Dry 02-Wet 03-Loose snow 04-Slush	05-Packed snow 06-Ice 07-Mud 08-Loose sand or gravel	09-Spilled liquid 99-Other	Initial Impact Secondary Impact			56 57 58 59		
<b>Road Alignment</b>			<b>Injury and Fatal Accident (Only) – All Involved Persons</b>			60		
01-Straight on level 02-Straight on hill	03-Curve on level 04-Curve on hill	01-None 02-Light 03-Moderate 04-Severe 05-Demolished			Determination of Use 1 Involved driver/pass. available 2 Investigating Officer 3 Witness			
<b>Road Pavement Markings</b>			<b>Safety Equipment Used</b>			61		
01-Exist 02-Non - existent	03-Obscured 04-Faded	1 Lap and shoulder belt 2 Lap belt only 3 Lap belt only of combined assembly 4 Child safety seat used incorrectly 5 Child safety seat used correctly 6 Air bag deployed 7 Other passive restraint device			8 Helmet 9 Equipment not used but available 10 No equipment available 99 Other safety equipment used			
<b>Vehicle Type</b>			<b>Position</b>			62		
01-Automobile, station wagon 02-Motorcycle 03-Moped 04-Passenger van 05-Pick-up truck 06-Delivery van 07-Tow truck 08-Truck - open 09-Truck - closed 10-Truck - tank 11-Truck - dump 12-Truck - car carrier 13-Truck - tractor 14-Municipal transit bus	15-Intercity bus 16-Bus (other) 17-School bus 18-School van 19-Other school vehicle 20-Motor home 21-Off-road 2 wheels 22-Off-road 3 wheels 23-Off-road 4 wheels 24-Off-road - other 25-Motorized snow vehicle 26-Farm tractor	27-Other farm vehicle 28-Construction equipment 29-Railway train 30-Street car 31-Snow plow 32-Ambulance 33-Fire vehicle 34-Police vehicle 35-Other emergency vehicle 99-Other	8 8 8 1 2 3 8 8 4 5 6 8 7 8 Telephone No. 8			Ejection 1 Yes 2 Partial 3 No		
<b>Towed Vehicle</b>			<b>Injuries</b>			63		
01-Recreation trailer or semi-trailer – house, tent 02-Boat trailer 03-Small utility trailer 04-Wheeled device or apparatus 05-Large full trailer 06-Large semi-trailer	07-Double (semi-trailer – semi-trailer) 08-Double (semi-trailer-trailer) 09-Farm equipment 10-Towed motor vehicle 99-Other	0 None 1 Minimal 2 Minor 3 Major 4 Fatal			Hanger-on Pedestrian Sitting on lap			
<b>Trailer Type</b> - Single and Double Combination over 4600 kg. (codes 05, 06, 07, 08 above)			<b>Position</b>			64		
01-Van 02-Flat bed/flat bed with racks 03-Low-bed/float	04-Tank 05-Dump 06-Car carrier	07-Livestock 99-Other	Injuries Ejection Safety Equipment Used Determination of Use			65		
<b>Trailer Connection</b> - Double Semi-Trailers Only			<b>Trailer Connection</b>			66		
01-single drawbar dolly (A Train) 02-5th wheel connection only (B Train)	03-double drawbar dolly (C Train) 99-Other	01-No apparent defect 99-Defect			67			
<b>Vehicle Condition</b>			<b>Apparent Driver Action</b>			68		
01-Driving properly 02-Following too close 03-Exceeding speed limit 04-Speed too fast for condition 05-Speed too slow 06-Improper turn			07-Disobeyed traffic control 08-Failed to yield right-of-way 09-Improper passing 10-Lost control 11-Wrong way on one-way road 12-Improper lane change 99-Other			69		
<b>Driver/Pedestrian Condition</b>			<b>Pedestrian Action</b>			70		
01-Normal 02-Had been drinking 03-Ability impaired, alcohol (over .08) 04-Ability impaired, alcohol	05-Ability impaired, drugs 06-Fatigue 07-Medical or physical disability 08-Inattentive 09-Unknown 99-Other	01-Crossing with right-of-way 02-Crossing without right-of-way 03-Crossing - no traffic control 04-Crossing ped. crossover 05-Crossing marked crosswalk without right-of-way 06-Walking on roadway with traffic 07-Walking on roadway against traffic 08-On sidewalk or shoulder			09-Playing or working on highway 10-Coming from behind parked vehicle or object 11-Running onto roadway 12-Person getting on/off school bus 13-Person getting on/off vehicle 14-Pushing/working on vehicle 99-Other			
<b>Pedestrian Action</b>			<b>Vehicle No. Ped No.</b>			71		
01-Crossing with right-of-way 02-Crossing without right-of-way 03-Crossing - no traffic control 04-Crossing ped. crossover 05-Crossing marked crosswalk without right-of-way 06-Walking on roadway with traffic 07-Walking on roadway against traffic 08-On sidewalk or shoulder			Veh. No. Ped No. 69 70 71			Involved Person's Name (Surname first) and Address 72 73 74 75 76 77 78		

Inspections

The purpose of this section of the public guide is to identify critical vehicle inspection items and provide a list of vehicle and driver categories. (see page 13 in CVOR chapter for pointing criteria)

No carrier shall require, nor shall any person operate, any commercial vehicle declared "out-of-service" until all defects or violations which resulted in the out-of-service condition have been rectified.

Commercial Vehicle Inspection Report

		Ministry of Transportation		Commercial Vehicle Inspection Report			S. No. ONEA00010571	
Level 1	Date (year/mo/day) 2007-03-19	Time Start 00:00	Time Finish 01:20	Special Inspection Code -	Site / Location OAKVILLE SOUTH TIS	Location No. 256		
Name (Operator, Owner) STREAM TRANSPORTATION SERVICES INC.				CVOR No. 001-126-491	HSC No. -			
Address (Number, Street Name, City, Province/State) 123 ANYWHERE, DOWNSVIEW, ON				Postal/Zip Code M3M 1J8	DOT No. 121212			
Driver Name (Last Name, First Name, Initial) MARTENS, CHARLES, L				Driver's Licence # M0687-12062-70729	Jurisdiction CA-ON	Class G	Co-Driver YES	
Power Unit <b>VEHICLE 1</b>	Registered Gross Weight 13,500 KG	Qty. 1	Defect Codes 1642 TIRES CONDITION - PLY SEPARATION				Type OOS	RV -
CVOR/HSC Type Vehicle YES	Actual Weight 14,000 KG	Qty. 1	351 SEAT BELT - FAIL TO WEAR				Type -	RV -
Vehicle Type TRUCK TRACTOR	Unit No. 2							
Make KMKK	Year 1990	Axles 2						
Plate No. AA2350	Jurisdiction CA-ON	Plate Removed NO						
VIN 99AA9999999999999999	CVSA Decal -	Odometer 121,212 KM	Impound Criteria NO	Log Book Surrendered YES				
Actual Weight -	Qty. 1	Defect Codes 10 BRAKE SYSTEM				Type -	RV -	
Vehicle Type SEMI TRAILER	Unit No. 3							
Make SDKF	Year 1992	Axles 2						
Plate No. A22005	Jurisdiction CA-ON	Plate Removed NO						
VIN Y2KTESTVINTRL205A	CVSA Decal -	Odometer	Impound Criteria NO	Log Book Surrendered				
Axle	1	2	3	4				
Chamber Type/Size:	RT Clamp 12	Clamp 12	Clamp 12	Clamp 12				
Slack Adjustment:	LT Clamp 12	Clamp 12	Clamp 12	Clamp 12				
Push Rod Travel (Front)	RT 1 0"	1/16"	2 0"	2 0"				
	LT 1/16"	1 0"	2 0"	2 0"				
Charges Issued SEAT BELT	Commodity GENERAL FREIGHT							
Remarks this is a test								
Officer Signature	Inspecting Officer Name	Officer No. 1	Location No. 241	Tel (905)				
<b>TAKE NOTICE: IT IS A SERIOUS OFFENCE NOT TO COMPLY WITH A REQUIREMENT OF THIS SECTION.</b>								
<b>PROHIBITION:</b> This vehicle is prohibited from being operated on a highway until all out-of-service defects noted above as "OOS" in the "Type" column are repaired.								

Commercial Vehicle Inspection Report Template

CVOR Inspection Defect Categories - Ontario Inspections

CVOR Category Code	Defect Category Description	
10	Brake System	
Def Code 1011& 1011A	Brake Adjustment	
11	Exhaust System	
12	Fuel System	
13	Steering System	
14	Suspension System	
15	Frame	
16	Tires	
17	Wheels/Rims	
18	Body	
19	Windshield	
20	Windshield Wipers	
22	Lighting System	
23	Coupling Devices	
24	Load Security	
25	Dangerous goods	
26	Motor coaches/Buses	
27	School / School Purpose	* Items (27 - 32) can be violations. Vehicles will not be put out of service but will be restricted from carrying passengers.
28	Load Ramps / Lifts	
29	Passenger - Restraints	
30	Wheel Chair - Restraints	
31	Safety Equipment	
32	Doors	
33	Drivers Licenses	** Items (35 - 42) can be violations but will not be put out of service
34	Hours Of Work	
35	Seat Belt	
36	Trip Inspection	
37	Insurance	
38	Registration	
39	CVOR	
40	Axle Weights	
41	Gross Weight	
42	O/O Loads	

Items 33 to 42 appear in the Driver Defect Category

CCMTA Inspection Defect Categories:

Inspections that are from other Canadian Jurisdictions will have the following defect categories identified.

- Brake System
  - Brake Adjustment
  - Exhaust System
  - Fuel System
  - Steering
  - Suspension
  - Frames
  - Tires
  - Wheels, Rims, Hubs
  - Windshield Wipers
  - Lamps
  - Coupling Devices
  - Load Security
  - Dangerous Goods
  - Emergency Exits
  - Driver Qualification
  - Hours of Work
- } Driver Defect Categories