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### Reporting Entity

OMB No. 2127-0754. Expires: 3/31/2026.

UNITED STATES DEPARTMENT OF TRANSPORTATION  
NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION  
Standing General Order 2021-01  
Appendix C - Incident Report

REPORT TYPE:  REPORT MONTH & YEAR:

NHTSA-PROVIDED REPORT ID:

#### Subject Vehicle Information

VIN and/or S/N (N/A=Not applicable) <input type="checkbox"/> UNK	MAKE <input type="text"/>	MODEL <input type="text"/> <input type="checkbox"/> UNK	MODEL YEAR <input type="text"/> <input type="checkbox"/> UNK	MILEAGE <input type="text"/> <input type="checkbox"/> UNK
VIN <input type="text"/>	DRIVER / OPERATOR TYPE --- Select ---		ADS EQUIPPED? --- Select ---	
S/N <input type="text"/>	OPERATING ENTITY <input type="text"/> <input type="checkbox"/> UNK		AUTOMATION SYSTEM ENGAGED AT THE TIME OF THE INCIDENT --- Select ---	
OTHER ENTITIES THAT MAY BE AWARE OF THIS INCIDENT? <input type="checkbox"/> UNK <input type="checkbox"/> N/A --- Select one or more ---	FEDERAL STATUTORY OR REGULATORY EXEMPTION? <input type="checkbox"/> UNK <input type="checkbox"/> NO --- Select one or more ---		STATE OR LOCAL PERMIT? --- Select ---	
ADAS / ADS SYSTEM VERSION <input type="checkbox"/> UNK <input type="checkbox"/> CBI	ADAS / ADS SYSTEM HARDWARE VERSION <input type="checkbox"/> UNK <input type="checkbox"/> CBI	ADAS / ADS SOFTWARE VERSION <input type="checkbox"/> UNK <input type="checkbox"/> CBI		

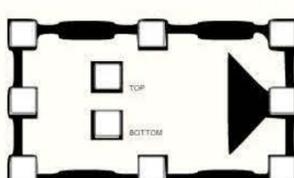
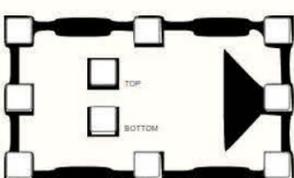
#### Incident Information

SOURCE <input type="checkbox"/> Complaint / Claim <input type="checkbox"/> Telematics <input type="checkbox"/> Field Report	<input type="checkbox"/> Law Enforcement <input type="checkbox"/> Testing <input type="checkbox"/> Media	<input type="checkbox"/> Other: <input type="text"/>	INCIDENT DATE <input type="text"/> <input type="checkbox"/> UNK	INCIDENT TIME (24-hour format) <input type="text" value="00:00"/> <input type="checkbox"/> UNK
			NOTICE RECEIVED DATE <input type="text"/>	

#### Incident Scene

LATITUDE (decimal) <input type="text"/> <input type="checkbox"/> UNK	LONGITUDE (decimal) <input type="text"/> <input type="checkbox"/> UNK	LOCATION ADDRESS <input type="text"/> <input type="checkbox"/> UNK	CITY <input type="text"/> <input type="checkbox"/> UNK	STATE <input type="text" value="--- Select ---"/> <input type="checkbox"/> UNK	ZIP CODE <input type="text"/> <input type="checkbox"/> UNK
ROADWAY TYPE --- Select ---	SURFACE CONDITION --- Select ---	WEATHER <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain		<input type="checkbox"/> Snow <input type="checkbox"/> Fog / Smoke <input type="checkbox"/> Severe Wind	<input type="checkbox"/> Unknown <input type="checkbox"/> Other: <input type="text"/>
ROADWAY DESCRIPTION --- Select ---	SPEED LIMIT (mph) <input type="text"/>	LIGHTING --- Select ---			

#### Crash Description

CRASH WITH --- Select ---	HIGHEST INJURY SEVERITY ALLEGED --- Select ---	PROPERTY DAMAGE? --- Select ---	
SUBJECT VEHICLE		CRASH WITH: --- Select ---	
GENERAL DAMAGE / CONTACT AREA 	PRE-CRASH MOVEMENT --- Select ---	PRE-CRASH MOVEMENT --- Select ---	GENERAL DAMAGE / CONTACT AREA 
<input type="checkbox"/> UNK	ANY AIR BAGS DEPLOYED? --- Select ---	ANY AIR BAGS DEPLOYED? --- Select ---	<input type="checkbox"/> UNK
	WAS VEHICLE TOWED? --- Select ---	WAS VEHICLE TOWED? --- Select ---	
PRE-CRASH SPEED (mph) <input type="text"/> <input type="checkbox"/> UNK	WERE ALL PASSENGERS BELTED? --- Select ---		

#### Post-Crash Information

DATA AVAILABILITY <input type="checkbox"/> EDR <input type="checkbox"/> Telematics <input type="checkbox"/> Video <input type="checkbox"/> Police Report	<input type="checkbox"/> Complaints <input type="checkbox"/> Other <input type="checkbox"/> No Data <input type="checkbox"/> Unknown	LAW ENFORCEMENT INVESTIGATING? --- Select ---	INVESTIGATING AGENCY <input type="text"/> <input type="checkbox"/> UNK	REPORTING ENTITY OR MANUFACTURER INVESTIGATING? --- Select ---
		INVESTIGATOR NAME <input type="text"/> <input type="checkbox"/> UNK	INVESTIGATOR PHONE <input type="text" value="(XXX) XXX-XXXX"/> <input type="checkbox"/> UNK	INVESTIGATOR EMAIL <input type="text"/> <input type="checkbox"/> UNK
		WAS VEHICLE WITHIN ITS ODD AT THE TIME OF THE INCIDENT? <input type="checkbox"/> CBI --- Select ---		

#### Narrative

Provide a written description of the pre-crash, crash, and post-crash details, including the direction(s) of travel, if known. Provide explanations for any responses indicating see Narrative. List all ADAS or ADS features engaged prior to the incident, describe any ADAS or ADS feature disengagements leading up to the incident, and provide reasons for the disengagements, if known. Indicate if this is an update to a previously submitted report and, if so, provide the previous report's REPORT ID. If you selected Media as a source in the Incident Information section, provide the URL or reference. Provide any other available information.

NARRATIVE

3500 characters remaining

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