

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

REPORT TYPE	REPORTING MONTH & YEAR (monthly reports only)
REPORT ID REPORT ID is created when document is saved. Use Adobe Acrobat with Javascript enabled.	

Reporting Entity Information

REPORTING ENTITY

FIRST NAME	LAST NAME	POSITION TITLE	PHONE	EMAIL
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Subject Vehicle Information

VIN or SN	<input type="checkbox"/> (RM) MAKE	MODEL	<input type="checkbox"/> (RM) MODEL YEAR	<input type="checkbox"/> (RM)
MILEAGE	<input type="checkbox"/> (RM) DRIVER / OPERATOR TYPE	ADAS / ADS VERSION	<input type="checkbox"/> (RM) OPERATING ENTITY	<input type="checkbox"/> (RM)
<input type="checkbox"/> (R) <input type="checkbox"/> (B)				

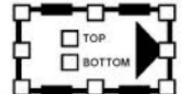
Incident Information

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	Other:	INCIDENT DATE	<input type="checkbox"/> (RM) INCIDENT TIME	<input type="checkbox"/> (RM)
NOTICE RECEIVED DATE			IDENTIFIER	If multiple incident notices were received on the same date, enter a number to uniquely identify each incident. If this is a report update, the identifier must match the original report.	
			0		

Incident Scene

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

Crash Description

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

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?	INVESTIGATING AGENCY	<input type="checkbox"/> (RM) REPORTING ENTITY OR MANUFACTURER INVESTIGATING?
		INVESTIGATOR NAME	INVESTIGATOR PHONE	INVESTIGATOR EMAIL
		<input type="checkbox"/> (RM)	<input type="checkbox"/> (RM)	<input type="checkbox"/> (RM)
				WERE ALL PASSENGERS BELTED AT THE TIME OF THE INCIDENT? <input type="checkbox"/> (RM)

Narrative

Provide a written description of the pre-crash, crash, and post-crash details. Include 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 any other available information. Indicate if this is an update to a previously submitted report and provide the previous report's REPORT ID. If you selected Media as a source in the Incident Information section, provide the URL or reference. (RM)

