

**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 S/N	<input type="checkbox"/> UNK MAKE	MODEL	<input type="checkbox"/> UNK MODEL YEAR	<input type="checkbox"/> UNK
MILEAGE	<input type="checkbox"/> UNK DRIVER / OPERATOR TYPE	ADAS / ADS VERSION	<input type="checkbox"/> UNK OPERATING ENTITY	<input type="checkbox"/> UNK
		<input type="checkbox"/> CBI		

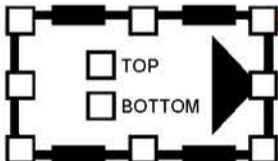
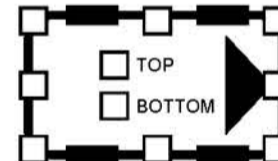
**Incident Information**

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	INCIDENT DATE <input type="checkbox"/> UNK	INCIDENT TIME <input type="checkbox"/> UNK
		NOTICE RECEIVED DATE	IDENTIFIER 0 <small>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.</small>

**Incident Scene**

LATITUDE (decimal) <input type="checkbox"/> UNK	LONGITUDE (decimal) <input type="checkbox"/> UNK	LOCATION ADDRESS / DESCRIPTION <input type="checkbox"/> UNK	CITY <input type="checkbox"/> UNK	STATE <input type="checkbox"/> UNK	ZIP <input type="checkbox"/> UNK
ROADWAY TYPE	SURFACE CONDITION	ROADWAY DESCRIPTION	WEATHER <input type="checkbox"/> Clear <input type="checkbox"/> Snow <input type="checkbox"/> Unknown <input 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"/> UNK	LIGHTING				

**Crash Description**

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

**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"/> UNK	REPORTING ENTITY OR MANUFACTURER INVESTIGATING?
		INVESTIGATOR NAME <input type="checkbox"/> UNK	INVESTIGATOR PHONE <input type="checkbox"/> UNK	INVESTIGATOR EMAIL <input type="checkbox"/> UNK
				WAS VEHICLE WITHIN ITS ODD AT THE TIME OF THE INCIDENT? <input type="checkbox"/> CBI

**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.  CBI