

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

**Incident Information**

SOURCE	INCIDENT DATE	INCIDENT TIME
<input type="checkbox"/> Complaint / Claim <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Other: <input type="checkbox"/> Telematics <input type="checkbox"/> Testing <input type="checkbox"/> Field Report <input type="checkbox"/> Media	NOTICE RECEIVED DATE	IDENTIFIER
<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)	LONGITUDE (decimal)	LOCATION ADDRESS / DESCRIPTION	CITY	STATE	ZIP
ROADWAY TYPE	SURFACE CONDITION	ROADWAY DESCRIPTION	WEATHER		
SPEED LIMIT (mph)	LIGHTING		<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:		

**Crash Description**

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

**Post-Crash Information**

DATA AVAILABILITY	LAW ENFORCEMENT INVESTIGATING?	INVESTIGATING AGENCY	REPORTING ENTITY OR MANUFACTURER INVESTIGATING?
<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	INVESTIGATOR NAME	INVESTIGATOR PHONE	INVESTIGATOR EMAIL
			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