

**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 |
|------------|-----------|----------------|-------|-------|

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"/> Snow <input type="checkbox"/> Cloudy <input type="checkbox"/> Fog / Smoke <input type="checkbox"/> Rain <input type="checkbox"/> Severe Wind <input type="checkbox"/> Unknown | | |

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 |
|  <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? <input type="checkbox"/> 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"/> Complaints <input type="checkbox"/> Telematics <input type="checkbox"/> Other <input type="checkbox"/> Video <input type="checkbox"/> No Data <input type="checkbox"/> Police Report <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