

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

Incident Information				
SOURCE		INCIDENT DATE	<input type="checkbox"/> INCIDENT TIME	<input type="checkbox"/>
<input type="checkbox"/> Complaint / Claim	<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Other:		
<input type="checkbox"/> Telematics	<input type="checkbox"/> Testing	NOTICE RECEIVED DATE	IDENTIFIER	<input type="checkbox"/>
<input type="checkbox"/> Field Report	<input type="checkbox"/> Media	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.		

Incident Scene				
LATITUDE (decimal) <input type="checkbox"/>	LONGITUDE (decimal) <input type="checkbox"/>	LOCATION ADDRESS / DESCRIPTION	<input type="checkbox"/> CITY	<input type="checkbox"/> STATE
ROADWAY TYPE	SURFACE CONDITION	ROADWAY DESCRIPTION	WEATHER	
SPEED LIMIT (mph) <input type="checkbox"/>	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	<input type="checkbox"/> Other:

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?		
<input type="checkbox"/> UNK	WERE ALL PASSENGERS BELTED?	WERE ALL PASSENGERS BELTED?	<input type="checkbox"/> UNK	
PRE-CRASH SPEED (mph) <input type="checkbox"/>				

Post-Crash Information				
DATA AVAILABILITY	LAW ENFORCEMENT INVESTIGATING?	INVESTIGATING AGENCY	<input type="checkbox"/>	REPORTING ENTITY OR MANUFACTURER INVESTIGATING?
<input type="checkbox"/> EDR	<input type="checkbox"/> Complaints			
<input type="checkbox"/> Telematics	<input type="checkbox"/> Other	INVESTIGATOR NAME	<input type="checkbox"/>	INVESTIGATOR PHONE
<input type="checkbox"/> Video	<input type="checkbox"/> No Data	INVESTIGATOR EMAIL	<input type="checkbox"/>	INVESTIGATOR EMAIL
<input type="checkbox"/> Police Report	<input type="checkbox"/> Unknown			WAS VEHICLE WITHIN ITS ODD AT THE TIME OF THE INCIDENT? <input type="checkbox"/>

Narrative
Provide a written description of the pre-crash, crash, and post-crash details. Include explanations for any responses indicating <i>see Narrative</i> , 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. <input type="checkbox"/>