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Manufacturer Name

OMB No. 2127-0754. Expires: 5/31/2022.

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

REPORT TYPE:    
 REPORT MONTH & YEAR:   
 NHTSA-PROVIDED REPORT ID:

**Subject Vehicle Information**

VIN and/or S/N (N/A=Not applicable) <input type="checkbox"/> UNK	MAKE	MODEL	<input type="checkbox"/> UNK	MODEL YEAR	<input type="checkbox"/> UNK	MILEAGE	<input type="checkbox"/> UNK
VIN: <input type="text"/>	DRIVER / OPERATOR TYPE	--- Select --- <input type="button" value="v"/		ADS EQUIPPED? --- Select --- <input type="button" value="v"/>			
S/N: <input type="text"/>	OPERATING ENTITY	<input type="checkbox"/> UNK		AUTOMATION SYSTEM ENGAGED AT THE TIME OF THE INCIDENT			
	ADAS / ADS SOFTWARE VERSION	<input type="checkbox"/> UNK <input type="checkbox"/> CBI		ADAS / ADS HARDWARE VERSION <input type="checkbox"/> UNK <input type="checkbox"/> CBI			

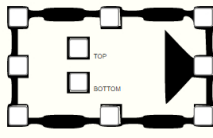
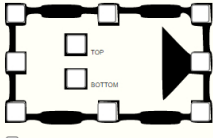
**Incident Information**

SOURCE	INCIDENT DATE	<input type="checkbox"/> UNK	INCIDENT TIME (24-hour format)	<input type="checkbox"/> UNK
<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 <input type="checkbox"/> Other: <input type="text"/>	<input type="text"/>		<input type="text" value="00:00"/>	
	NOTICE RECEIVED DATE	<input type="text"/>		

**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	--- Select --- <input type="button" value="v"/	ZIP CODE	<input type="checkbox"/> UNK
ROADWAY TYPE	--- Select --- <input type="button" value="v"/	SURFACE CONDITION	--- Select --- <input type="button" value="v"/	WEATHER			<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: <input type="text"/>				
ROADWAY DESCRIPTION	--- Select --- <input type="button" value="v"/	SPEED LIMIT (mph)	<input type="checkbox"/> UNK								
LIGHTING	--- Select --- <input type="button" value="v"/										

**Crash Description**

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

**Post-Crash Information**

DATA AVAILABILITY	LAW ENFORCEMENT INVESTIGATING?	INVESTIGATING AGENCY	<input type="checkbox"/> UNK	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	<input type="checkbox"/> UNK	--- Select --- <input type="button" value="v"/	<input type="text"/>	--- Select --- <input type="button" value="v"/
	INVESTIGATOR NAME	<input type="checkbox"/> UNK	INVESTIGATOR PHONE	<input type="checkbox"/> UNK
	<input type="text"/>		(XXX) XXX-XXXX	<input type="text"/>
	INVESTIGATOR EMAIL	<input type="checkbox"/> UNK	WAS VEHICLE WITHIN ITS ODD AT THE TIME OF THE INCIDENT? <input type="checkbox"/> CBI	
	<input type="text"/>		--- Select --- <input type="button" value="v"/	

## Narrative

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

NARRATIVE

CBI

3500 characters remaining

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