



Idaho Vehicle Collision Report

ITD 0090 (Rev. 03-11) Idaho Transportation Department

Collision Information

Date of Collision		Day of Collision		Time		Police Dispatched		Police Arrived		EMS Dispatched		EMS Arrived		Lanes Blocked <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Cleared		Time Cleared			
<input type="checkbox"/> Within City/Town		or _____ Miles		<input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W		of		City or Town		County											
Interchange No.		R. R. Crossing No.		<input type="checkbox"/> On Private Property		EMS Provider (first one to arrive)															
Name of Primary Road / Parking Lot / Driveway / Alley												No. of Lanes		Posted Speed							
In Intersection With: Secondary Road / Parking Lot / Driveway / Alley														Posted Speed							
Intersection Type		<input type="checkbox"/> 1 Not at intersection <input type="checkbox"/> 2 Four-way Intersection <input type="checkbox"/> 3 Five-point or more <input type="checkbox"/> 4 Roundabout <input type="checkbox"/> 5 Traffic Circle <input type="checkbox"/> 6 T-Intersection <input type="checkbox"/> 7 Y-Intersection																			
Outside an Intersection		<input type="checkbox"/> Miles <input type="checkbox"/> N <input type="checkbox"/> E		of		Name of First Reference Point (Cross Street / Mile Post Marker)															
		<input type="checkbox"/> Feet <input type="checkbox"/> S <input type="checkbox"/> W																			
		<input type="checkbox"/> Miles <input type="checkbox"/> N <input type="checkbox"/> E		of		Name of Second Reference Point (Cross Street / Mile Post Marker)															
		<input type="checkbox"/> Feet <input type="checkbox"/> S <input type="checkbox"/> W																			
Photos <input type="checkbox"/> Yes <input type="checkbox"/> No		Local Agency Use 1				Local Agency Use 2				Latitude (GPS)				Longitude (GPS)							
Light Conditions		<input type="checkbox"/> 1 Day <input type="checkbox"/> 2 Dawn/Dusk <input type="checkbox"/> 3 Dark - Street Lights On <input type="checkbox"/> 4 Dark - Street Lights Off <input type="checkbox"/> 5 Dark - No Street Lights																			
Weather Conditions (2 selections possible)		<input type="checkbox"/> 1 Clear <input type="checkbox"/> 2 Cloudy <input type="checkbox"/> 3 Rain <input type="checkbox"/> 4 Snow <input type="checkbox"/> 5 Sleet/Hail <input type="checkbox"/> 6 Fog <input type="checkbox"/> 7 Blowing Dust/Sand <input type="checkbox"/> 8 Severe Cross Winds <input type="checkbox"/> A Smoke/Smog <input type="checkbox"/> B Blowing Snow																			
Road Surface Conditions		<input type="checkbox"/> 1 Dry <input type="checkbox"/> 2 Wet <input type="checkbox"/> 3 Slush <input type="checkbox"/> 4 Ice <input type="checkbox"/> 5 Snow <input type="checkbox"/> 6 Mud/dirt/gravel <input type="checkbox"/> 7 Water - standing/moving <input type="checkbox"/> 11 Oil <input type="checkbox"/> 12 Sand <input type="checkbox"/> 9 Other																			
Other Road Conditions		<input type="checkbox"/> 0 None <input type="checkbox"/> 1 Ruts/Bumps/Holes <input type="checkbox"/> 2 Slick Asphalt (Bleeding) <input type="checkbox"/> 3 Washboard <input type="checkbox"/> 4 High/Low Shoulder <input type="checkbox"/> 5 Loose Gravel/Seal Coat <input type="checkbox"/> 7 Lane Closed <input type="checkbox"/> A Poor Pavement Markings <input type="checkbox"/> 9 Other																			
Road Type		<input type="checkbox"/> 1 2-Way & Raised/Depressed Divider <input type="checkbox"/> 2 2-Way & 2-Way Left-Turn Lane/Divider <input type="checkbox"/> 3 1-Way <input type="checkbox"/> 4 2-Way & No Divider <input type="checkbox"/> 5 Ramp <input type="checkbox"/> 6 Alley <input type="checkbox"/> 7 Rest Area <input type="checkbox"/> 8 Port Of Entry <input type="checkbox"/> A 2-Way & 2 Double Yellow Painted Divider <input type="checkbox"/> 9 Other																			
Road Surface Type		<input type="checkbox"/> 1 Concrete <input type="checkbox"/> 2 Paved (Asphalt/Brick) <input type="checkbox"/> 3 Gravel/Stone <input type="checkbox"/> 4 Dirt <input type="checkbox"/> 9 Other																			
Vertical Roadway Geometrics		<input type="checkbox"/> 1 Upgrade/Downgrade <input type="checkbox"/> 3 Hillcrest <input type="checkbox"/> 5 Level																			
Horizontal Roadway Geometrics		<input type="checkbox"/> 1 Straight <input type="checkbox"/> 2 Curve																			
Traffic Control		<input type="checkbox"/> 0 None <input type="checkbox"/> 2 Yield <input type="checkbox"/> 3 Traffic Signal <input type="checkbox"/> 4 Flashing Beacon <input type="checkbox"/> 5 Traffic Signal - Pedestrian only <input type="checkbox"/> 6 RRX - Gates/Signal <input type="checkbox"/> 7 RRX - Flashing Beacon <input type="checkbox"/> 8 Officer/Flagger <input type="checkbox"/> 10 Stop Sign on Cross Street Only <input type="checkbox"/> 12 Stop Signs all Directions <input type="checkbox"/> 13 RRX - Stop Sign <input type="checkbox"/> 14 School Zone <input type="checkbox"/> A School Bus Signal <input type="checkbox"/> B No Passing Barrier Line <input type="checkbox"/> 9 Other																			
Traffic Control Status		<input type="checkbox"/> 1 Functioning <input type="checkbox"/> 2 Not Functioning <input type="checkbox"/> 3 Removed																			
Work Zone Crash Location		<input type="checkbox"/> 1 Before the First Work Zone Warning Sign <input type="checkbox"/> 2 Advance Warning Area <input type="checkbox"/> 3 Transition Area <input type="checkbox"/> 4 Activity Area (Work incident area) <input type="checkbox"/> 5 Termination Area																			
Work Zone Type		<input type="checkbox"/> 1 Lane Closure <input type="checkbox"/> 2 Lane Shift / Crossover <input type="checkbox"/> 3 Intermittent or Moving Work <input type="checkbox"/> 4 Work on Shoulder or Median <input type="checkbox"/> 9 Other																			
Work Zone Workers Present		<input checked="" type="checkbox"/> Y Yes <input type="checkbox"/> N No <input type="checkbox"/> -U Unknown																			
Work Zone Law Enforcement Present		<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Officer Present <input type="checkbox"/> 3 Law Enforcement Vehicle only																			

Property Damage (additional property damage may be added in the Narrative)

Item Damaged		Estimated Damage	
		\$	
Owner's Name		Owner Address	
Item Damaged		Estimated Damage	
		\$	
Owner's Name		Owner Address	

Witnesses (additional witnesses may be added in the narrative)

Witness Name		Home Phone		Work Phone	
Witness Address					
Witness Name		Home Phone		Work Phone	
Witness Address					

**ENVIRONMENT****PROPERTY DAMAGE****WITNESS**

Unit Information

Case No.: _____

Page ___ of ___

Unit No.: _____

* If turning, select direction before turning

See Events page for a list of event codes →	First Harmful Event	Most Harmful Event	General Direction of Travel	Street Direction <input type="checkbox"/> North/South <input type="checkbox"/> East/West	Unit * <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	On (Street Name)
First Event Relationship to Junction	<input type="checkbox"/> Nonjunction <input type="checkbox"/> In Intersection <input type="checkbox"/> Intersection Related <input type="checkbox"/> At Driveway/Alley/Parking Lot <input type="checkbox"/> Driveway/Alley/Parking Lot Related <input type="checkbox"/> On Ramp <input type="checkbox"/> Ramp Related <input type="checkbox"/> At Railroad Crossing <input type="checkbox"/> Railroad Crossing Related <input type="checkbox"/> Other					



UNIT

Unit Type

<u>1</u> Pedestrian	<u>21</u> Truck - 2 Axle/6 Tires	<u>32</u> Pickup
<u>2</u> Pedalcycle	<u>22</u> Truck - 3+ Axle	<u>33</u> SUV/Crossover
<u>3</u> Motorcycle	<u>23</u> Truck With Trailer	<u>34</u> Cargo Van
<u>4</u> Moped	<u>24</u> Bobtail/Tractor - No Trailer	<u>40</u> Construction Equipment
<u>5</u> ATV	<u>25</u> Tractor - 1 Trailer	<u>41</u> Van - 1 to 8 seats
<u>6</u> Car	<u>26</u> Tractor - 2 Trailers	<u>42</u> Van/Bus - 9 to 15 seats
<u>10</u> Motor Home	<u>27</u> Tractor - 3 Trailers	<u>99</u> Other
<u>11</u> Snowmobile	<u>28</u> Train	<u>U</u> Hit & Run
<u>12</u> Equestrian	<u>30</u> Farm Equipment	
<u>15</u> Bus - 16 or more seats	<u>31</u> Scooter	

Unit Use

<u>0</u> No Specialized Use	<u>10</u> Bus - Intercity (e.g. Greyhound)
<u>1</u> Police	<u>11</u> Bus - Public Transit, Commuter
<u>2</u> Ambulance	<u>13</u> Bus - Tour / Charter
<u>3</u> Driver Training	<u>14</u> Limousine
<u>4</u> Government	<u>15</u> Military
<u>5</u> Taxi	<u>16</u> Shuttle
<u>6</u> Fire	<u>17</u> Snow Plow
<u>7</u> Wrecker	<u>9</u> Other
<u>8</u> Bus - School	<u>NA</u> Non-Vehicle

Emergency Use

<u>1</u> YES: In transit, Emergency Lights Activated	<u>3</u> YES: STANDING or PARKED, Emergency Lights Activated
<u>2</u> YES: In transit, Emergency Lights NOT active	<u>4</u> YES: STANDING or PARKED, Emergency Lights NOT active
	<u>5</u> NO: NOT on an Emergency Response

Attachment

<u>0</u> None	<u>3</u> Travel Trailer	<u>9</u> other
<u>1</u> Boat Trailer	<u>4</u> Towed Vehicle	
<u>2</u> Utility Trailer	<u>5</u> Mobile Home	

Unit / Vehicle

Unit Type	Unit Use	Non-Contact Unit <input type="checkbox"/>	Emergency Use	License Plate No.	State	VIN (Vehicle Identification No.)
Year	Make	Model	Color	Attachment 1	Attachment 2	

Vehicle Owner

Last Name	First Name	M.I.	Insured?	Insurance Company Name	Policy No.
Address			City	State	Zip

Damage

Initial Point of Impact	Auto / Motorcycle / Tractor with Semi Trailer	Trailing Unit #1	Trailing Unit #2
Principal Point of Impact	<u>13</u> Top and Windows <u>14</u> Undercarriage	<u>33</u> Top <u>34</u> Undercarriage	<u>53</u> Top <u>54</u> Undercarriage
Extent of Deformity	<u>0</u> No Damage <u>1</u> Very Minor <u>2</u> Minor <u>3</u> Minor-Moderate <u>4</u> Moderate <u>5</u> Moderate-Severe <u>6</u> Severe <u>7</u> Very Severe <u>NA</u> Non-Vehicle		
Towed Due to Damage <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Towed By		

Contributing Circumstances (3 possible)

<u>0</u> None	<u>8</u> Overcorrected	<u>17</u> Wheel Defect	<u>27</u> Physical Impairment	<u>38</u> Failed to Maintain Lane
<u>1</u> Exceeded Posted Speed	<u>10</u> Improper Backing	<u>18</u> Light Defect	<u>28</u> Improperly Parked	<u>39</u> Foot Slipped Off or Caught On Pedal
<u>2</u> Speed Too Fast For Conditions	<u>11</u> Improper Turn	<u>19</u> Other Vehicle Defect	<u>31</u> Previous Accident	<u>40</u> Wrong Side or Wrong Way
<u>3</u> Too Slow for Traffic	<u>12</u> Failed to Signal	<u>21</u> Alcohol Impaired	<u>32</u> Distracted IN or ON Vehicle	<u>41</u> Brakes
<u>4</u> Improper Overtaking	<u>13</u> Failed to Yield	<u>22</u> Inattention	<u>34</u> Drug Impaired	<u>42</u> Steering
<u>5</u> Improper Lane Change	<u>14</u> Failed to Obey Stop Sign	<u>23</u> Vision Obstruction	<u>35</u> Improper Use of Turn Lane	<u>43</u> Truck Coupling, Trailer Hitch, Safety Chains
<u>6</u> Following Too Close	<u>15</u> Failed to Obey Signal	<u>24</u> Asleep, Drowsy, Fatigued	<u>36</u> Animal(s) in Roadway	<u>44</u> Wipers
<u>7</u> Drove Left of Center	<u>16</u> Tire Defect	<u>25</u> Sick	<u>37</u> Emotional - Depressed, Angry, Disturbed	<u>99</u> Other
Distracted By (if # 32 selected)	<u>1</u> Electronic Communication Device (Cell, CB Radio, Etc.) <u>2</u> Other Electronic Device (Navigation device, DVD player, IPODS) <u>3</u> Passenger <u>4</u> Other Inside the Vehicle <u>5</u> Previous vehicle Crash/Ticketing Incident/Abandoned Vehicle <u>6</u> Other External Distraction Outside Vehicle <u>NA</u> Not Distracted			
Vision Obstructed By (if # 23 selected)	<u>0</u> None <u>1</u> Curve In Road <u>2</u> Hill Crest <u>3</u> Roadway Slope/Snowbank <u>4</u> Tree/Crop/Bush <u>5</u> Reflection From Surface <u>6</u> Bright Sunlight <u>7</u> Bright Headlights <u>10</u> Rain/Snow/Ice ON windows <u>11</u> Cracked/Dirty Windows <u>12</u> Splash/Spray From Other Vehicle <u>13</u> Moving Vehicle <u>14</u> Parked Vehicle <u>15</u> Traffic Sign <u>16</u> Billboard/Fence <u>17</u> Building <u>18</u> Vehicle Stopped on Roadway <u>19</u> Contents in Vehicle Interior <u>20</u> Signs/Stickers/Decals on Windows <u>99</u> Other			

Commercial Vehicle

Cargo Body	<u>0</u> None <u>1</u> Bus <u>2</u> Van/Enclosed Box <u>3</u> Cargo Tank <u>4</u> Flatbed <u>5</u> Dump <u>6</u> Concrete Mixer <u>7</u> Auto Transporter <u>8</u> Garbage/Refuse <u>10</u> Pickup Bed <u>11</u> Belly Dump/Hopper <u>12</u> Intermodal Container Chassis <u>13</u> Log <u>14</u> Pole Trailer <u>15</u> Vehicle Towing another Vehicle <u>9</u> Other					
GVWR Total	<u>1</u> 10,000 lbs or less <u>2</u> 10,001 - 26,000 lbs <u>3</u> More than 26,000 lbs <u>NA</u> Not Applicable					
Carrier Type	<u>1</u> Interstate Carrier <u>2</u> Intrastate Carrier <u>3</u> Not in Commerce/Government <u>4</u> Not in Commerce/Other Truck or Bus <u>9</u> Other Operation/Not specified					
Carrier Name	Carrier Address	City	State	Zip	Country	
MC / MX No.	DOT No.	Hazardous Materials <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Placard <input type="checkbox"/> Yes <input type="checkbox"/> No	Spilled <input type="checkbox"/> Yes <input type="checkbox"/> No	Placard No.	
Hazard Class Number	<u>1</u> Explosives <u>2</u> Gases - Compressed, Dissolved or Refrigerated <u>3</u> Flammable Liquid <u>4</u> Flammable Solids - Combustible, Water Reactive <u>5</u> Oxidizing Substances - Organic Peroxides <u>6</u> Poisonous (Toxic) and Infectious Substances <u>7</u> Radioactive Material <u>8</u> Corrosives <u>9</u> Miscellaneous Dangerous Goods					

Driver / Pedestrian / Pedalcyclist

Operator Action	Driver			Pedestrian / Pedalcyclist					
	1 Going Straight 2 Turning Right 3 Right Turn on Red 4 Turning Left 5 Left Turn on Red 6 U-Turn 7 Merging 8 Changing Lanes 10 Passing	11 Negotiating Curve 12 Stopped in Traffic 13 Slowing in Traffic 14 Starting in Traffic 15 Parking 18 Backing 20 Avoiding Obstacle 21 Avoiding Vehicle, Pedestrian, Pedalcycle	22 Pursuing Vehicle 23 Fleeing Pursuit 24 Racing 25 Parked Vehicle 26 Driverless Vehicle in Motion 64 Entering/Exiting Parked or Standing Vehicle 65 Entering/Leaving Parking Lot, Driveway, Alley	30 Crossing at Intersection, Crosswalk 31 Crossing at Intersection, NO Crosswalk 35 Crossing at Mid-block, Crosswalk 36 Crossing at Mid-block, NO Crosswalk 40 Walk/Ride with Traffic in Bike Lane 41 Walk/Ride with Traffic NO Bike Lane 42 Walk/Ride Facing Traffic in Bike Lane 43 Walk/Ride Facing Traffic NO Bike Lane	44 Walk/Ride on Sidewalk 50 Standing ON Roadway 51 Playing ON Roadway 52 Working ON Roadway 60 Enter/Exit School Bus 70 Not ON Roadway	99 Other			
Hit & Run <input type="checkbox"/>	Last Name	First Name	M.I.	Home Phone	Work Phone				
Address			City	State	Zip				
Driver's License No.		License State	License Class	<input type="checkbox"/> Commercial License	Sex	Date of Birth			
Endorsements (list all)	<input type="checkbox"/> School Bus <input type="checkbox"/> Hazardous materials <input type="checkbox"/> Motorcycle <input type="checkbox"/> Tanker vehicle <input type="checkbox"/> Passenger <input type="checkbox"/> Double / triple trailers <input checked="" type="checkbox"/> Combination of tank vehicle & hazardous materials <input type="checkbox"/> OTHER non commercial license endorsements <input type="checkbox"/> NA None / Not applicable								
Restrictions (list all)	00 None <input type="checkbox"/> Daylight only until 16 <input type="checkbox"/> Corrective Lenses <input type="checkbox"/> Mechanical Devices (i.e. Adaptive devices) <input type="checkbox"/> Prosthetic Aid <input type="checkbox"/> Automatic Transmission <input type="checkbox"/> Outside Mirror <input type="checkbox"/> Limited to Daylight Only <input type="checkbox"/> Limited to Employment <input type="checkbox"/> Limited Other <input type="checkbox"/> Special restrictions <input type="checkbox"/> Intrastate Only <input type="checkbox"/> No vehicle equipped with air brakes <input type="checkbox"/> Except Class A Bus <input type="checkbox"/> Except Class A & Class B Bus <input type="checkbox"/> Except Tractor-Trailer <input type="checkbox"/> Learner's Permit Restrictions <input type="checkbox"/> 6 mo - 1 Under 17 Nonrelative <input type="checkbox"/> 3 - wheel motorcycle only <input type="checkbox"/> Seasonal CDL <input type="checkbox"/> Identity Not verified <input type="checkbox"/> Motorcycle-No passenger <input type="checkbox"/> Idaho DL in possession <input type="checkbox"/> Ignition Interlock device <input type="checkbox"/> Non-Freeway <input type="checkbox"/> Community Work Center <input type="checkbox"/> Except Classes A & B School Buses <input type="checkbox"/> 01 Farm Waiver <input type="checkbox"/> 02 Military Vehicles Only <input type="checkbox"/> 99 Other								
(See key at bottom of page for the following fields) →	Protective Device	Airbag Deployment	Airbag Location	Injury	Ejection	Trapped	Transported By	Idaho Code Number(s) / Violation(s)	<input type="checkbox"/> Not Cited
Transported To (if injured)									
EMS Provider									
← Alcohol / Drug Involvement		Alcohol Test		← 1 None Given 3 Blood Test 5 Breath Test		→ Drug Test			
1 Neither Alcohol nor Drugs Detected 3 Yes, Drugs		BAC Test Results		2 Test Refused 4 Urine Test 6 Field Test				Drug Test Results	
2 Yes, Alcohol 4 Yes, Both				Drug Used (if known)					

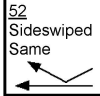

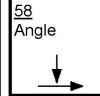
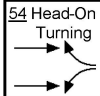

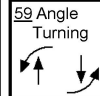



Passengers (additional passenger information may be added in the Narrative)

Full Name	Sex	Date of Birth	Seating	Protective Device	Airbag Deployment	Airbag Location	Injury	Ejection	Trapped	Transported By
Address (Street, City, State Zip)	Home Phone	Work Phone								
Injured Transported To	EMS Provider									

Seating Vehicle Front <table border="1" style="width:100%; text-align:center;"> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>4</td><td>5</td><td>6</td></tr> <tr><td>7</td><td>8</td><td>10</td></tr> </table> ↑ Motorcycle 11 Sleeper Section (Truck Cab) 12 Passenger-Enclosed Non-Trailing Unit 13 Passenger-Unenclosed Non-Trailing Unit 14 Trailing Unit 15 Riding On Exterior Non-Trailing Unit 16 Pedestrian 17 Pedalcycle 18 Equestrian 99 Other (e.g. child on lap, gas tank) -U Unknown	1	2	3	4	5	6	7	8	10	Protective Device 0 None 1 Shoulder Belt Only 2 Lap Belt Only 3 Shoulder and Lap 5 Helmet Used 6 N/A Non-Motorist 9 Other 12 Child Restraint System - Forward Facing 13 Child Restraint System - Rear Facing 14 Booster Seat 15 No Helmet -U Unknown	Airbag Deployment 1 Deployed 2 Deactivated 3 Missing 4 Not Equipped 5 Not Deployed NA Not Applicable -U Unknown Airbag Location DEPLOYED: 1 - Front 2 - Side 3 - Combination 4 - Curtain 5 - Other NA Not Applicable
1	2	3									
4	5	6									
7	8	10									
Injury A Incapacitating B Non-Incapacitating C Possible K Dead Q None Evident -U Unknown 1 Not Ejected 2 Totally Ejected 3 Partially Ejected I Thrown From Cycle/Animal	Trapped 1 Not Trapped 2 Trapped, extrication unit use 3 Trapped, other extraction method	Transported By 1 Ambulance / EMS 2 Police Car 3 Helicopter 4 Private Vehicle 5 Not Transported									

Event

<p>Single Unit Non-Collision</p> <p>1 Overturn 2 Separation of Units 3 Cargo Loss/Shift 4 Jackknifed 5 Ran Off Road 6 Down Hill Runaway 7 Fire/Explosion 8 Gas/Inhalation 9 Other Non-Collision 10 Loss of Control 11 Fell/Pushed/Jumped 12 Non-Collision Injury 13 Immersion 71 Came Back on Road 72 Drove Left of Center 76 Cross Median 82 Vehicle Equipment Failure (Blown Tire/Brake Failure) 98 Non-Contact Unit</p>	<p>Single Unit Collision With</p> <p>14 Pedestrian 15 Pedalcycle 16 Railroad Train 17 Animal - Domestic 18 Animal - Wild 19 Other Object Not Fixed 21 Impact Attenuator 22 Bridge/Pier/Abutment 23 Bridge/Parapet End 24 Bridge Rail 25 Overpass 26 Guardrail Face 27 Guardrail End 28 Concrete Traffic Barrier 30 Traffic Sign Support 39 Other Post, Pole or Support 40 Delineator Post</p>	<p>Multi-Unit Collision</p> <p>20 Parked Car - on Private Property 50 Head-On 51 Rear-End 60 Backed Into 61 Parked Car</p> <div style="display: flex; flex-wrap: wrap;"> <div style="border: 1px solid black; padding: 2px; margin: 2px;"> <p>52 Sideswiped Same</p>  </div> <div style="border: 1px solid black; padding: 2px; margin: 2px;"> <p>53 Sideswiped Opposite</p>  </div> <div style="border: 1px solid black; padding: 2px; margin: 2px;"> <p>58 Angle</p>  </div> <div style="border: 1px solid black; padding: 2px; margin: 2px;"> <p>54 Head-On Turning</p>  </div> <div style="border: 1px solid black; padding: 2px; margin: 2px;"> <p>56 Rear-End Turning</p>  </div> <div style="border: 1px solid black; padding: 2px; margin: 2px;"> <p>59 Angle Turning</p>  </div> <div style="border: 1px solid black; padding: 2px; margin: 2px;"> <p>62 Same Dir Turning</p>  </div> </div> <p>Any Situation 99 Other</p>
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Event Location

1 On Roadway	3 Right Shoulder	5 Outside Right-Of-Way	7 Median	A In Parking Lot	P Private Property
2 Left Shoulder	4 Roadside or Sidewalk	6 Off Roadway-Location Unknown	8 Gore	B Parking Lot Access Rd	9 Other

Events - list events for ALL units in the order they occurred

Unit Number																			
Event																			
Unit Number																			
Event Location																			

Sketch the Scene

Sample

Not to Scale



Narrative (additional information / additional passengers - indicate unit no. and all information for additional passengers)



NARRATIVE

Sample

Investigating Officer's Name and/or Number	Report Date	Approved By	Approval Date
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NOTE: Crash Reports need to be transmitted to Idaho Transportation Department's Office of Highway Safety