Idaho

Vehicle Collision

Report Form

Manual

IDAHO TRANSPORTATION DEPARTMENT
OFFICE OF HIGHWAY SAFETY
PO BOX 7129
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POLICE REPORTING OF
MOTOR VEHICLE TRAFFIC COLLISIONS

This manual is designed to assist police officers in completing reports on motor vehicle traffic collisions required by the motor vehicle laws of Idaho. The State of Idaho Vehicle Collision Report (VCR) form (ITD-90) was developed by a taskforce of local law enforcement agencies, Idaho State Police, and Office of Highway Safety Staff and is used by all police officers investigating traffic collisions.

Idaho Code states that every law officer who investigates a motor vehicle accident must send a written report of the accident to the Idaho Department of Transportation on the appropriate form approved by ITD. Police officers are required to complete a report for any motor vehicle traffic collision resulting in injury or death of any person or damage to the property of any one person to an apparent extent of $751 or more.

The responsibility of police officers to investigate and report on motor vehicle collisions involving death or personal injury or damage to the property of any person is well established by both custom and law. Law enforcement officers have long accepted such accident investigation as a basic and necessary element of their duty to save lives and care for injured persons. The information collected on the VCR is basic to any accident investigation but some technical information required in a complete investigation is not included on this form.

The information collected on the forms is verified, coded, and entered into a database at the Office of Highway Safety (OHS). The reports are scanned and an image of the report is stored on optical disk for later access. Copies of the reports are available to the public and may be obtained by calling OHS. The compiled data is also made available as needed.

In the information age, decision making requires data be available to identify problems and analyze possible solutions. The collision information compiled from the VCR is made available to many organizations. The information from accurate and professional collision investigation and reporting is of major value in developing programs to reduce the number and/or severity of motor vehicle collisions. Law enforcement agencies, Planning Organizations, and Highway Districts at both the state and local levels are currently accessing the data through the use of the Crash Analysis Reporting System (CARS) developed by ITD. The Office of Highway Safety awards grants each year based on problems identified by the data. Information from the data is also a basis for developing proper traffic laws and ordinances, traffic safety programs, and other collision prevention programs. The information is also essential when litigation arises from collisions.

DISTRIBUTION

Send the **original** to the Office of Highway Safety, Idaho Transportation Department, PO Box 7129, Boise, ID 83707-1129.

Please send only reports of reportable collisions. Reportable collisions are collisions that occur on public or access roads on private property open to the public and result in injury or damage to property of any one person to an apparent extent of $751 or more. A report is considered valid if it has been investigated by a law enforcement officer. Reports that have been filled out by the public, sometimes called "walk in" reports, are not considered valid because they have not been investigated.

- Do not send in "walk in" reports.
- Do not send in reports with property damage under $751.

GENERAL INSTRUCTIONS

The collision report form is designed to be completed at the collision scene. The form requires two types of entries. The first type are written entries which are made in the body of the report. The second type are numbers which are recorded in the boxes on the sides of the report. The appropriate numbers are chosen from the codes on the report which correspond to those boxes and columns.

Answer all questions to the best of your knowledge.

Common Codes for All Questions - If the codes provided do not describe the situation, **record 9 to indicate other**, then list the condition in the Narrative/Additional Information section on the back page of the form. Example: A collision occurred on a wooden bridge. Wood is not a choice under Road Surface Type. Record 9 in the box and record Road Surface Type - Wood in the Narrative/Additional Information section.

- When the answer to a question is **none or zero, record 0**.

- If a question **does not apply, record a dash (-)**.

- When an answer to a question is **unavailable or unknown, record U (for unknown)**.

Use of Additional Forms - Each form has space for reporting two units plus three other occupants per unit. A pedestrian and a pedalcyclist are considered units. If more than two units are involved in the collision, use the Additional Units form. This report was developed to reduce duplication of information about the accident location. If more than three passengers per unit are involved, names and information should be entered as 'Additional Passengers' in the Narrative/Additional Information section.

COLLISION INFORMATION – FRONT PAGE

Report Identification Information

Agency Code - Enter the 4-digit agency code, as assigned by the Office of Highway Safety. If you do not know the code for your agency, you may check Appendix A for the correct code.

Officer # - Record the badge number or officer number of the officer investigating this collision.

Report District - This box was designed for local agency use and should contain the two digit reporting district as identified by the agency submitting the report.

Case # - Intended for local agency use. Local agencies use this 8-digit code for special location coding, local report numbers, or other designations the local departments want included in the collision record. The code is used primarily to cross reference reports in the state collision database with reports stored in the local agency and to keep pages of the report together.

Idaho Vehicle Collision Report ITD-90 5-95M 27-010500-0 Revised 8/21/96			Agency Code		Officer #		Report District		Case No.			Page 1
Date of Collision	Day of Collision (Circle)	Time	Police Dispatched	Police Arrived	EMS Dispatched	EMS Arrived	Location	☐ N ☐ E ☐ IN		City or Town		
	S M T W T F S							Miles ☐ S ☐ W ☐ OF				

Date, Time and Location Information

Date of Collision - Record the month, day, and year the collision occurred.

Day of Collision - Circle the correct letter indicating the day of the week.

Accident Time - Record the time in hours and minutes when the collision occurred using military time (for example: 2350 hours). The time a collision occurred means the actual time of the collision — NOT the time the collision was reported to the police and NOT the time the officer began his investigation. The actual time is generally determined by questioning persons involved in the collision or by witnesses of the collision.

Police Dispatched/Arrived - Record the dispatch time and the time the officer arrived on the scene in military time (for example, 1430, 1500 hours).

EMS Dispatched/Arrived - Record the dispatch time and the time the EMS arrived at the scene in military time (for example, 1430, 1500 hours). If the time(s) cannot be obtained by EMS personnel at the scene, contact the EMS dispatch in your area.

EMS Dispatched	EMS Arrived	Location	☐ N ☐ E ☐ IN		City or Town
		Miles	☐ S ☐ W ☐ OF		

County		Interchange #
R. R. Crossing #		Latitude (GPS)
Collision Loc Mile Point •		Longitude (GPS)

Location -

- **If the collision occurred outside city limits:**

    - Record the distance from the city limits of the nearest city in miles and tenths (for example 5.3 miles).

    - Check the box to indicate the compass direction (north, east, south, west) of the accident location from the city.

    - Check the "of" box.

    - Record the name of the city or town.

- **If the collision occurred within the city limits:**

    - Check the "in" box.

    - Record the name of the city or town.

County - Record the name of the county in which the collision occurred.

Interchange # - The interchange number is the same number as the exit number. Record the number of the exit sign for that interchange. Exit numbers also correspond to the mileposts.

R. R. Crossing # - The railroad crossing number has six numbers and one letter, such as 812672Y, 058856U, or 811554T. The number is usually located on a small sign located on the railroad crossing sign post.

Latitude (GPS) - If your agency uses a Global Positioning System to determine location of collisions, enter latitude information.

Collision Loc Mile Point (Collision Location Mile Point) - This is the milepost for the actual location of the collision. If a collision occurs 1,000 feet from milepost 142, the entry for this box would be either 142.189 or 141.811 depending on the direction of the accident from the milepost.

> **NOTE:** Milepost signs are permanent signs erected by the Idaho Transportation Department or the U.S. Forest Service. Do not record temporary location reference signs used in logging or mining operations. Mileposts increase as the road travels east or north.

Longitude (GPS) - If your agency uses a Global Positioning System to determine location of collisions, enter longitude information.

Collision Location

- If the collision happens <u>in an intersection</u> - Complete boxes 1 and 2.

- If the collision happens <u>in the intersection of a street and a parking lot access, driveway or alley</u> - Complete all three boxes.

1	Name of Street ☐ On Private Property **ON**		# of Lanes	Posted Speed
2	In the Intersection with:			Posted Speed
3	Outside an Intersection Name of Cross Street or # of Ref. Mile Post Marker ☐ Miles N S E W ☐ Feet ☐ ☐ ☐ ☐ OF			

- If the collision occurred <u>outside an intersection</u> - Complete boxes 1 and 3.

Box 1 On Street - Record the name of the highway, street, road, or alley on which the collision occurred. Use the official sign post name rather than a historical nickname.

On Private Property - If the collision occurred on private property, check the box.

# of Lanes - Record all **travel lanes** in both directions for the On Street. <u>Include</u>: Exclusive left- and right-turn lanes and center turn lanes if they are being used to start or end a turn, or to merge with traffic. <u>Exclude</u>: Center turn lane if not being used for legal travel described above. A divided interstate with two lanes of travel in both directions would have four lanes. A one-way street with three lanes of travel and a parking lane on the right and left would have three lanes.

Posted Speed - Record the posted or legal speed limit for the street listed in the On Street box.

Box 2 In the Intersection with - If any portion of one of the vehicles involved in the collision was <u>**within**</u> the intersection at the time of impact, this is the correct box to fill out. Record the name and/or route number of the intersecting highway, street, or road. If a collision occurs at the junction of a street and a driveway/alley, record driveway/alley in this box (2) and also complete the box for the driveway's distance and direction from the nearest cross street in the Outside an Intersection box (3).

Posted Speed - Record the posted or legal speed limit for the street listed as the intersecting street.

Box 3 Outside an Intersection - At the time of the crash if <u>neither</u> unit nor portion of the unit is within the confines of the intersection, accurately locate the collision scene by specifying the distance from the nearest cross street or mile post marker. Check the box to indicate compass direction (north, east, west, south) of the collision site from the road or mile post from which you measured. If the distance is measured from a milepost, enter the number of the reference milepost in the space provided. Complete this box for driveway/alley collisions by indicating distance and direction of the driveway/alley from the nearest cross street or milepost.

NOTE: To identify the location of an accident in a parking lot:

- Record Parking Lot Access Rd in the "Name of Street On" box (1).

- Record the street which intersects with the access road (nearest parking lot entrance) in the "In the Intersection with" box (2).

- Use the "Outside an Intersection" box (3) to indicate distance and direction of the nearest cross street running parallel to the access road with the intersecting road.

For example, a collision resulting in an injury occurs on an access road in the middle of a parking lot. Record the distance and direction of the parking lot entrance to the nearest cross street. Use the diagram to indicate the entrance location recorded here and to indicate the location of the units within the parking lot.

	Name of Street	On .Private Property	# of Lanes	Posted Speed
1	ON			
2	In the Intersection with:			Posted Speed
3	Outside an Intersection ☐ Miles N S E W ☐ Feet ☐ ☐ ☐ ☐ OF	Name of Cross Street or # of Ref. Mile Post Marker		

Driver Information

Unit No. 1/No. 2 - Check the appropriate box to indicate if the unit involved was a vehicle, pedestrian, or a pedalcyclist.

Driver - Record the full name of the person driving the motor vehicle at the time of the collision. The name of every licensed driver should be recorded exactly as it appears on the driver's license. If other type of traffic unit, record the person's full name.

UNIT 1	☐ Vehicle	☐ Pedestrian	☐ Pedalcyclist
Driver	Last	First	M.I.
☐ Hit & Run			
Street Address			Home Phone
City	State	Zip Code	Work Phone

Hit & Run - If the vehicle involved was a hit and run, check this box. You may leave the rest of the driver section blank or draw a line through the box.

Street Address/Home Phone - Record the resident address of the operator from the driver's license after confirming, if possible, that this is her/his current address. Also record the home phone number of the driver, if available.

City/State/Zip Code/Work Phone - Record the city, state, zip code, from her/his driver's license after confirming, if possible, that this is her/his address. Record the driver's work phone number, if available.

Driver's License No.		State	Idaho Code # / Violation	☐ Cited
Sex	Date of Birth	Prot Dev.	Injury	Ejection	Trapped	Transported

Driver's License No. - Record the exact number on the driver's license.

> **NOTE:** The Idaho driver's license number has changed in format — it may be either a SSN or a nine-character alpha numeric combination (for example, XY123456Z).

State - Record abbreviation for the name of the state which issued the license.

Idaho Code # / Violation - Record the number of the Idaho Code that was violated and check the box if a citation was issued.

Sex/Date of Birth - Enter the sex and date of birth of driver, pedestrian or pedalcyclist.

Prot Dev. (Protective Devices) - Record the protective device used. Appropriate codes are located on the bottom of the front page.

0 None: If no device was used, enter zero (0).

5 Helmet used: Can be used for both motorcyclists and bicyclists.

6 Nonmotorist: Should be used only for pedestrians.

7 - 11 Air Bag Equipped: Should be used only for vehicles which come equipped with air bags.

Protective Devices
0 None	4 Child Safety
1 Shoulder Belt Only	Seat
2 Lap Belt Only	5 Helmet Used
3 Shoulder & Lap	6 Nonmotorist

Air Bag Equipped
7 Non-Activated Air Bag, Belts in Use
8 Non-Activated Air Bag, No Belts in Use
10 Air Bag Activated, Belts in Use
11 Air Bag Activated, No Belts in Use

Injury - Record the appropriate code from the list located on the bottom of the front page.

- **K Dead:** Death within 30 days of the collision resulting from a fatal injury received in the collision.

Injury
K Dead
A Incapacitating
B Non-Incapacitating
C Possible
0 None Evident
U Unknown

- **A Incapacitating:** Any injury, other than a fatal injury, which prevents the injured person from walking, driving, or continuing normal activities. Include: Severe lacerations, broken or distorted limbs, skull or chest injuries, abdominal injuries, unconscious at the scene, and/or unable to leave the scene without assistance. Exclude: Momentary unconsciousness.

- **B Non-Incapacitating** (visible): Any injury, other than a fatal or incapacitating injury, which is visible to observers at the scene of the collision where the injury occurred. Include: Lump on head, abrasions, bruises, and/or minor lacerations. Exclude: Limping (injury cannot be seen).

- **C Possible** (complaint, but nonevident): Any injury reported or claimed which does not fall in the other categories. Include: Momentary unconsciousness, limping, complaint of pain, nausea, hysteria, and/or claim of injuries.

- **O None Evident:** No injury evident or reported.

Ejection - Ejection refers to persons being thrown from a compartment of the vehicle during the course of a crash and includes persons riding in

Sex	Date of Birth	Prot Dev.	Injury	Ejection	Trapped	Transported

the bed of pickup trucks or any vehicle that has a pickup-style bed. Ejection is not applicable to persons riding on the <u>exterior</u> of a vehicle. The exterior of a vehicle includes running boards, roof, fenders, and bumpers, but not the beds of pickup trucks. Record the code that best describes the position of the occupant in relation to the vehicle.

- **1 Not Ejected**: The occupant was not ejected from the vehicle.

> **Ejection**
> 1 Not Ejected
> 2 Totally Ejected
> 3 Partially Ejected
> T Thrown from cycle etc.

- **2 Totally Ejected**: The occupant was ejected completely to the exterior of the vehicle — no part of the body remained in the vehicle.

- **3 Partially Ejected**: The occupant was not completely outside the vehicle — some part of the body remained in the vehicle. Partial penetration may be through windshield, doors (open or closed), or the roof.

- **T Thrown from cycle etc.**: Rider was thrown from motorcycle or bicycle.

Trapped - This information is used to determine if a victim was trapped and if so, how they were removed from the vehicle.

- **1 Not Trapped**: Occupant was not trapped in vehicle.

> **Trapped**
> 1 Not Trapped
> 2 Trapped / Extrication unit used
> 3 Trapped / other extrication method

- **2 Trapped / Extrication unit used**: Extrication unit was used for forcible entry into the vehicle to remove the occupant.

- **3 Trapped / other extrication method**: Victim was trapped but was removed from vehicle without the use of an extrication unit. Other methods include crowbars to pry open doors or breaking windows.

> **Transported For Medical Care By**
> 1 Ambulance
> 2 Police Car
> 3 Helicopter
> 4 Private Vehicle
> 5 Not Transported

Transported - Enter the appropriate code from the list at the bottom of the front page to indicate how an injured driver was transported to a medical care facility.

Vehicle Owner Information

Vehicle Owner - Record the full name (last, first, and middle name or initial) of the owner of the vehicle as it appears on the registration certificate if the owner was not the operator. If the operator is also the owner, check the "Same as Driver" box. This information can be obtained from the registration papers. If the name of the vehicle owner cannot be obtained, write in U (unknown). If a commercial vehicle is involved, this box should contain the owner of the vehicle.

Address (of owner) - If the owner has the same address as the operator, check the box (As Driver). If the address is not the same as driver, record the complete residence address of the vehicle owner, including street name and number, city, state, zip, and country if different than the United States. This information can be obtained from the registration papers. If the address cannot be obtained, write in U (unknown). See Commercial Vehicle section for more information if the vehicle involved is a commercial vehicle.

Vehicle Information

Vehicle Year - Record vehicle model year, such as '57, '67, '79.

Make (Dodge-Chev.) - Record the make of the vehicle. For example, passenger vehicles are Dodge and Chevrolet; trucks are White and Ford; and motorcycles are BMW and Honda.

Vehicle Owner Last		First	M.I.
☐ Same as Driver			
Address ☐ As Driver			
Vehicle Year	Make (Dodge-Chev.)	Model (Dart-Nova)	Style (2 Dr.)
Vehicle Color	License Plate No.		State

Model (Dart-Nova) - Record the vehicle model name. Examples of passenger vehicle models are Impala, Fairmont, and Cutlass.

Style (2 Dr.) - Record whether the vehicle is a 2-door, 4-door, hard top, convertible, pickup, station wagon, semi, hatchback, motor home, all terrain vehicle (ATV) or other style.

Vehicle Color - Record the color of the vehicle (blue, red, or white and black). Record the upper color first on a two-tone vehicle. For example, BLU-BLK.

License Plate No. - Record the exact license plate number. Compare this with the registration certificate. If the license plate is missing or unreadable because of damage, record the license number on the vehicle registration. If multiple license plates are displayed (commercial vehicles), record the Idaho license number. If the commercial vehicle does not have an Idaho license plate, record the license plate number of a license plate that is clearly identifiable.

State - Record the name of the state which issued the license plate.

Vehicle Identification No. (VIN) - Record the manufacturer's number. On most vehicles, the VIN is imprinted on top of the dashboard on the driver's side and is visible through the windshield. If the vehicle is demolished, the manufacturer's number can be obtained from the vehicle registration. Under extreme conditions if the number cannot be correctly identified or located, record U (unknown). If the number can be located and clearly identified, an appropriate entry would appear as 1GKML19X5FS311756.

Est. Cost of Damage - Record an estimate of the cost of damage for each vehicle involved.

Unit Type - Indicate the type of unit from the codes located at the bottom of the front page. Typical commercial vehicle silhouettes are provided on the tip sheet on the back of page 3. For example, a tractor with a semitrailer and a full trailer in tow, record 26 (tractor with double trailer).

Unit Type
Unit Use
Attach 1
Attach 2

Vehicle Identification No.		Est. Cost of Damage
Insurance ☐ Yes ☐ No	Carrier Name	Policy Number

NOTE: If the truck tractor has no trailers, a bobtail, record 24 (Bobtail). If Farm Equipment (30) or Construction Equipment (31) is selected, list the specific type in the Narrative/Additional Information section on the back of the report. For example, Unit Type - Combine, or Unit Type - Fork Lift.

Unit Type

1 Pedestrian	8 Pickup with Camper	10 Motorhome
2 Pedalcycle	7 Pickup / Van / Panel /	11 Snowmobile
3 Motorcycle	Sport Utility Vehicle	5 ATV
4 Moped	30 Farm Equipment (List)	28 Train
6 Car	40 Construction Equip. (List)	99 Other Non-Motor Veh.

Commercial

15 Bus	24 Bobtail
21 Single Unit Truck - 2 axle/6 Tires	25 Tractor w/Semi Trailer
22 Single Unit Truck - 3 axle	26 Tractor w/Double Trailer
23 Truck with Trailer	27 Tractor w/Triple Trailer

Unit Use

1 Police	5 Taxi
2 Ambulance	6 Fire
3 Driver Trng.	7 Wrecker
4 Government	8 School Bus

Attachments

1 Boat Trailer	5 Mobile Home
2 Utility Trailer	9 Other
3 Travel Trailer	
4 Towed Vehicle	

Unit Use - Indicate the unit use from the codes on the bottom of the front page. Unit use indicates the specialized use of a vehicle involved in the collision. If the vehicle had no specialized use, put a dash in the box.

Attachments - Indicate the attachment type from the codes on the bottom of the front page. If the vehicle had no attachments, put a dash (-) in the box. For tractors with semi-trailers, enter a dash as this information is collected in the commercial vehicle section and unit type section..

Insurance - Check the box to indicate if the insurance was currently in effect. If yes, record the name of the insurance company (carrying liability policy) or the name of the insurance agent who insured the vehicle and the policy number.

Passenger Names and Addresses

Record information concerning passengers. Space is provided for three passengers in each vehicle. If there are additional passengers, please enter all information including unit number on page 3 in the narrative section. Exclude uninjured persons in legally parked vehicles.

Passenger Names and Addresses	(Unit 1 only, additional passengers on page 3)	Same Address as Driver	Seating	Sex	Date of Birth	Prot Dev.	Injury	Ejection	Trapped	Trans-ported
		☐								
		☐								
		☐								

Passenger Names and Addresses - Record the full name (last, first, middle) of all occupants. Record a married woman's name as Jones, Mary Elizabeth. Record current address including house or apartment number, street name, and city and state. If currently in the armed forces, record the complete military address.

NOTE: If the address of a passenger is the same as the driver of the vehicle, check the "Same Address as Driver" box.

Seating - Record in the box provided the seat position code that best describes the occupant's position in the vehicle before the collision. Codes are located at the bottom of the front page.

- **Buses:** Passengers in buses should be coded 99 (other).

- **Trains:** For occupants of passenger train cars, record 14 (Trailing Unit). For occupants of the engine (cab) record 12 (other non-trailing enclosed passenger area) for anyone other than the operator.

- **Motorcycle:** A child riding on the gas tank should be coded as 99 (other) because 1 (driver) is reserved for the operator.

Seating

Front			Vehicle	Front
1	2	3		1
4	5	6		4
7	8	9	Motorcycle	7

14 Trailing Unit   99 Other
16 Pedestrian   U Unknown
17 Pedalcycle

Passenger Codes - Non Trailing Unit
11 Sleeper Sect.(Truck Cab)
12 Other enclosed Passngr./Cargo area
13 Unenclosed Passngr./Cargo area
15 Riding on Vehicle Exterior

Sex - Record the sex (M or F) of the person in the box provided.

Date of Birth - Record date of birth in the month/day/year format.

Protective Devices - Record the protective device used. Appropriate codes are located on the bottom of the front page.

0 None: If no device was used, enter zero (0).

5 Helmet Used: Can be used for both motorcyclists and bicyclists. If no helmet was used, indicate 0 (none).

6 Nonmotorist: Should be used only for pedestrians.

7 - 11 Air Bag Equipped: Should be used only for cars which come equipped with air bags.

Protective Devices
0 None	4 Child Safety
1 Shoulder Belt Only	Seat
2 Lap Belt Only	5 Helmet Used
3 Shoulder & Lap	6 Nonmotorist

Air Bag Equipped
7 Non-Activated Air Bag, Belts in Use
8 Non-Activated Air Bag, No Belts in Use
10 Air Bag Activated, Belts in Use
11 Air Bag Activated, No Belts in Use

Injury - Record the appropriate code from the list located on the bottom of the front page.

- **K Dead**: Death within 30 days of the collision resulting from a fatal injury received in the collision.

Injury
K Dead
A Incapacitating
B Non-Incapacitating
C Possible
0 None Evident
U Unknown

- **A Incapacitating**: Any injury, other than a fatal injury, which prevents the injured person from walking, driving, or continuing normal activities. Include: Severe lacerations, broken or distorted limbs, skull or chest injuries, abdominal injuries, unconscious at the scene, and/or unable to leave the scene without assistance. Exclude: Momentary unconsciousness.

- **B Non-Incapacitating** (visible): Any injury, other than a fatal or incapacitating injury, which is visible to observers at the scene of the collision in which the injury occurred. Include: Lump on head, abrasions, bruises, and/or minor lacerations. Exclude: Limping (the injury cannot be seen).

- **C Possible** (complaint, but nonevident): Any injury reported or claimed which does not fall in the other categories. Include: Momentary unconsciousness, limping, complaint of pain, nausea, hysteria, and/or claim of injuries.

- **O None Evident**: No injury evident or reported.

Passenger Names and Addresses	(Unit 1 only, additional passengers on page 3)	Same Address as Driver	Seating	Sex	Date of Birth	Prot Dev.	Injury	Ejection	Trapped	Trans-ported
		☐								
		☐								
		☐								

Ejection - Ejection refers to persons being thrown from a compartment of the vehicle during the course of a crash and includes persons riding in the bed of pickup trucks or any vehicle that has a pickup-style bed. Ejection is not applicable to persons riding on the exterior of a vehicle. The exterior of a vehicle includes running boards, roof, fenders, and bumpers, but not the beds of pickup trucks. Record the code that best describes the position of the occupant in relation to the vehicle.

- **1 Not Ejected**: The occupant was not ejected from the vehicle.

Ejection
1 Not Ejected
2 Totally Ejected
3 Partially Ejected
T Thrown from cycle etc.

- **2 Totally Ejected**: The occupant was ejected completely to the exterior of the vehicle — no part of the body remained in the vehicle.

- **3 Partially Ejected**: The occupant was not completely outside the vehicle — some part of the body remained in the vehicle. Partial penetration may be through windshield, doors (open or closed), or the roof.

- **T Thrown from cycle etc.**: Rider was thrown from motorcycle or bicycle.

Trapped - This information is used to determine if a victim was trapped and if so, how they were removed from the vehicle.

- **1 Not Trapped**: Occupant was not trapped in vehicle.

- **2 Trapped / Extrication unit used**: Extrication unit was used for forcible entry into the vehicle to remove the occupant.

Trapped
1 Not Trapped
2 Trapped / Extrication unit used
3 Trapped / other extrication method

- **3 Trapped / other extrication method**: Victim was trapped but was removed from vehicle without the use of an extrication unit. Other methods include crowbars to pry open doors or breaking windows.

Transported For Medical Care By
1 Ambulance
2 Police Car
3 Helicopter
4 Private Vehicle
5 Not Transported

Transported - Enter the appropriate code from the list at the bottom of the front page to indicate how an injured passenger was transported to a medical care facility.

Injured Transported To and By: - List the hospital the injured were transported to and the name of the EMS service that transported them. If more than one hospital or EMS service was used, record the additional information on page 3 of the form in the Narrative section and identify which passengers were transported by the additional EMS unit or which passengers went to the additional hospital.

Passenger Names and Addresses	(Unit 2 only, additional passengers on page 3)	Same Address as Driver	Seating	Sex	Date of Birth	Prot Dev.	Injury	Ejection	Trapped	Trans-ported
		☐								
		☐								
		☐								
Injured Transported To:		By:								

COLLISION INFORMATION - SECOND PAGE

Officer # - Record the badge number or officer number of the officer investigating this collision.

Officer #	Case No.	Page 2

Case No. - Intended for local agency use. Local agencies use this 8-digit code for special location coding, local report numbers, or other designations the local departments want included in the collision record. The code is used primarily to cross reference reports in the state collision database with reports stored in the local agency and to keep pages of the report together.

Roadway Information

Write the code for each section in the data box indicated by the arrow. When the collision is at an intersection involving vehicles traveling on different streets, provide roadway information for the roadway listed as the On Street.

Locality - Record the number that best describes the land use where the collision occurred.

Locality			
1 Business/Commercial	3 School/Playground	5 Agricultural	7 Residential
2 Industrial/Manufacturing	4 Recreational Area	6 Undeveloped	

Light Conditions - Record the number that best describes the light condition at the scene at the time of the collision.

Light Conditions		
1 Day	3 Dark - Street Lights On	5 Dark - No Street Lights
2 Dawn/Dusk	4 Dark - Street Lights Off	

Weather Conditions - Record the number(s) that best describes local weather conditions at the scene at the time of the collision.

Weather Conditions - Two Selections Possible				
1 Clear	3 Rain	5 Sleet/Hail	7 Blowing Dust/Sand	A Smoke/Smog
2 Cloudy	4 Snow	6 Fog	8 Severe Cross Winds	

Road Surface Conditions - Record the number that best describes the surface condition of the roadway at the scene at the time of the collision.

Road Surface Conditions			
1 Dry	3 Slush	5 Snow	7 Water
2 Wet	4 Ice	6 Mud	9 Other

Other Road Conditions - Record defects in the immediate vicinity of the collision scene.

Other Road Conditions		
0 None	4 High/Low Shoulder	8 Flooded
1 Ruts/Bumps/Holes	5 Loose Gravel/Seal Coat	9 Poor Pavement
2 Slick Asphalt (Bleeding)	6 Under Construction	Markings
3 Washboard	7 Lane Closed	

Road Type - Record the number that describes the type of roadway, at the point of contact, of the street listed in the "On Street" box.

1 2-Way Raised/Depressed Divider: A two-way road with a raised or depressed center section used to restrict traffic.

2 2-Way & 2-Way Left-Turn Lane Divider: A two-way road with a painted center divider used primarily as a continuous left-turn lane (often referred to as a center turn lane).

4 2-Way & No Divider: A two-way road divided by a painted line(s). The space between the painted lines is generally less than four feet.

A 2-Way & 2 Double Yellow Painted Divider: A two-way road divided by double yellow painted lines indicating do not cross.

Road Type	
1 2-Way & Raised/Depressed Divider	5 Ramp
2 2-Way & 2-Way Left Turn Lane Divider	6 Alley
3 One-Way	7 Rest Area
4 2-Way & No Divider	8 Port of Entry
A 2-Way & 2 Double Yellow Painted Divider	9 Other

Road Surface Type			
1 Concrete	2 Paved (Asphalt/Brick)	3 Gravel/Stone	4 Dirt

Roadway Geometrics	1 Straight	2 Curve
	1 Upgrade/Downgrade 3 Hillcrest 5 Level	

Traffic Control		
0 None	4 Flashing Beacon	8 Officer/Flagger
1 Stop Sign	5 Traffic Signal-Ped. Only	A School Bus Signal
2 Yield	6 R. R. Gates/Signal	B No-Pass Barrier Line
3 Traffic Signal	7 R. R. Flashing Beacon	C Construction Signing
SPECIFY	1 Functioning 2 Not Functioning 3 Removed	

Road Surface Type - Record the number for the type of material used for the surface of the road.

Roadway Geometrics - Record the codes that identify the roadway geometrics at the collision scene. Describe the roadway at the exact location of the collision, and indicate geometrics in the collision diagram. For example, a single vehicle collision occurred on an uphill curve. Record 2 (curve) in the top box and 1 (upgrade/down-grade) in the lower box.

Traffic Control - Record the code for the type of traffic control. If there is more than one type of traffic control at the collision site, list the one that was not functioning. If both types were functioning, list the one for the street on which the collision occurred (street listed in the On Street box).

Specify - Indicate if the traffic control device is functioning, not functioning, or had been removed.

UNIT # 1   **UNIT # 2**

CONTRIBUTING CIRCUMSTANCES - 3 Possible					
0 None	5 Improper Lane Change	11 Improper Turn	17 Wheel Defect	22 Inattention	28 Improperly Parked
1 Exceeded Posted Speed	6 Following Too Close	12 Failed to Signal	18 Light Defect	23 Vision Obstruction	31 Previous Accident
2 Speed Too Fast for Conditions	7 Drove Left of Center	13 Failed to Yield	19 Other Vehicle Defect	24 Asleep/Drowsy	32 Distraction in/on Vehicle (List)
3 Too Slow for Traffic	8 Off Roadway / Over Corrected	14 Passed Stop Sign	21 Alcohol Impaired	25 Sick	99 Other
4 Improper Overtaking	10 Improper Backing	15 Disregarded Signal	34 Drug Impaired	26 Fatigued	
		16 Tire Defect		27 Physical Impairment	

Contributing Circumstances - Record up to three choices which indicate the circumstances that may have contributed to the crash.

> **NOTE:** If vehicle defects are selected, use only those vehicle defects which may have contributed to the collision. Defective lights would not be checked for an accident which occurred in daylight.

Vision Obstruction - Record the type of vision obstruction that contributed to the collision for each vehicle involved.

Initial Point of Impact - Record the first impact point that produced property damage or personal injury. Use the clock point diagram in the center of the page.

NOTE: Trailing Unit codes are a different series of numbers than vehicle codes. For example, the code for a rear end for vehicles is 6. A rear end for Trailing Unit No. 1 would be 26 and for Trailing Unit No. 2 would be 46.

Principle Point of Impact - Record the impact point that produced the most property damage or personal injury. If the principal and initial impact points are the same, code both elements the same. If in doubt, choose the event which happened first, time-wise.

VISION OBSTRUCTION

0 None	3 Roadway Slope/Snowbank	7 Bright Headlights	12 Splash/Spray from Other Vehicle	15 Traffic Sign
1 Curve in Road	4 Trees/Crop/Brush	8 Weather Conditions	18 Vehicle Stopped on Roadway	16 Billboard/Fence
2 Hill Crest	5 Reflection from Surface	10 Rain/Snow/Ice on Windows	13 Moving Vehicle	17 Building
	6 Bright Sunlight	11 Cracked/Dirty Windows	14 Parked Vehicle	99 Other

POINT OF IMPACT

INITIAL Point of Impact
PRINCIPLE Point of Impact

Auto / Motorcycle / Tractor with Semi Trailer
13 Top & Windows
14 Undercarriage

Trailing Unit #1
33 Top
34 Undercarriage

Trailing Unit #2
53 Top
54 Undercarriage

INITIAL Point of Impact
PRINCIPLE Point of Impact

Extent of Deformity - Record the extent of deformity at the Point of Impact Principal. The following code descriptions are provided as a guide.

0   No damage.

1   Very minor damage.

2   Minor damage (damage limited to dents and gouges in body sheet metal and trim).

3   Minor/moderate damage.

4   Moderate damage (considerable crumpling of body sheet metal, but little or no distortion of the basic structure or frame).

5   Moderate/severe damage.

6   Severe damage (sheet metal is severely distorted, torn, or crumpled, basic structure of the car is somewhat distorted and there may be penetration of the passenger compartment).

7   Very severe damage (basic structure of the vehicle is distorted, passenger compartment is penetrated).

EXTENT OF DEFORMITY

| 0 None | 1 Very Minor | 2 Minor | 3 Minor/Moderate | 4 Moderate | 5 Moderate/Severe | 6 Severe | 7 Very Severe |

Towed Due to Damage - Check Yes or No to indicate if the vehicle was towed from the collision scene because of damage sustained to the vehicle as a result of the collision. Indicate the company that towed the vehicle.

NOTE: Indicate No if the unit was towed due to mechanical problems not associated with the collision. Indicate No if the unit was towed as a result of driver incapacity.

Towed Due to Damage ☐ Yes ☐ No	Towed By:	Towed By:	Towed Due to Damage ☐ Yes ☐ No

Driver - Pedestrian - Pedalcyclist Information

Driver of UNIT # 1	ALCOHOL / DRUG INVOLVEMENT	Driver of UNIT # 2
	1 Neither Alcohol or Drugs Detected 2 Yes - Alcohol 3 Yes - Drugs 4 Yes - Both	
Alcohol Test	Alcohol / Drug Test	Alcohol Test
Drug Test	1 None Given 2 Test Refused 3 Blood Test 4 Urine Test 5 Breath Test 6 Field Test	Drug Test

BAC Test Results: / .	Drug Used (if known):	Drug Test Results	BAC Test Results: / .	Drug Used (if known):	Drug Test Results

Alcohol/Drug Involvement - Indicate for each unit whether alcohol or drugs were used by the vehicle driver, pedalcyclist, or pedestrian.

Alcohol Test - If a test was given, indicate type and then record the blood alcohol concentration results in the box below.

Drug Test - If a test was given, indicate type and then record the results in the box below.

BAC Test Results - There are two spaces to record BAC results if tests are administered. If the driver passed a field test, indicate passed. If results have not been received, indicate pending. If drugs are reported, list the drug reported and the test results. Indicate pending if results have not been received.

Drug Used - Record the name of the drug used, if known.

Drug Test Results - Record the results of drug tests, if available.

Commercial Vehicles

The information for commercial vehicles is also included on the back of page 1 of the IVCR for quick reference. Typical commercial vehicle silhouettes are located on the back of page 3 for reference.

Commercial Vehicle Definition - For collision reporting purposes only, a commercial vehicle is any vehicle equipped to carry property which has six or more tires on the ground (including pickups with dual rear tires), any vehicle displaying a hazardous materials placard, and buses designed to carry 16 or more persons, including the driver.

UNIT # 1	COMMERCIAL VEHICLE Refer to Instruction Sheet before completing	UNIT # 2
☐	**Cargo Body**	☐

1 Bus   2 Van/Enclosed Box   3 Cargo   Tank   4 Flatbed   5 Dump   6 Concrete Mixer   7 Auto Transporter   8 Garbage/Refuse   9 Other   10 Pickup Bed

# Axles	GVWR-Power	GVWR-All Trailers	ICC # For Load	DOT # For Load		# Axles	GVWR-Power	GVWR-All Trailers	ICC # For Load	DOT # For Load
Hazardous Material	Placard: ☐Yes ☐No	Spilled: ☐Yes ☐No	Haz-Mat #			**Hazardous Material**	Placard: ☐Yes ☐No	Spilled: ☐Yes ☐No	Haz-Mat #	

Cargo Body - Fill this block in if the unit type is a commercial truck or bus.

 # Axles - Record the total number of axles, including auxiliary axles, of this vehicle or the vehicle combination (include axles in the up position which are not in contact with the pavement).

> **NOTE:** If a unit is transporting other units where one set of axles is on the power unit and another set is on the ground (logging trucks, piggy back bobtails), record the axles with wheels on the ground. If a unit such as a logging truck has one trailer loaded on top of another trailer, that trailer is considered part of the load — do not record those axles.

GVWR-Power - Record gross vehicle weight rating (GVWR) of the power unit. GVWR is the manufacturer's designation for the amount of weight the Vehicle/Tractor was manufactured to haul. GVWR for trucks is usually found on the driver's side of the vehicle on hinge pillar, door-latch post, or door edge. Manufacturer's designation for GVWR should not be confused with registered weight. However, buses are registered at the manufacturer's GVWR, so information may be obtained from the registration.

GVWR-All Trailers - Record the combined GVWR of all the trailers. The GVWR for most trailers is located on a plate mounted on the frame near the front left corner of the trailer. For example, the unit is a tractor with a double trailer. Each trailer has a GVWR of 30,000 pounds; enter 60,000 in the GVWR Trailer box.

ICC # or DOT # For Load - Determine if the cargo is an interstate load.

An **interstate** carrier hauls loads between states and must have a United States Department of Transportation (US DOT) number. Any carrier hauling regulated commodities must also have an Interstate Commerce Commission Motor Carrier (ICC MC) number unless the load consists of the carrier's own unprocessed agricultural product. Exempt loads listed below do not require ICC MC numbers. The US DOT number (six or seven digits) is always preceded by US DOT. The ICC MC number (up to six digits) may be preceded by ICC or MC.

NOTE: An **intrastate** carrier hauling loads in only one state is <u>not</u> required to have a US DOT number or an ICC MC number unless they transport hazardous materials.

If the vehicle is hauling an interstate load, determine the carrier responsible for the load. The correct US DOT or ICC MC number is that of the carrier or business that controls the movement of the load (not the movement of the truck). For example: OK Truck Company leases a truck to Company X for a month. Company X subleases the truck to haul goods for AB Freight. The loads being transported interstate during that month would be transported under AB Freight's license. AB Freight's number would be the correct number to record.

# Axles	GVWR-Power	GVWR-All Trailers	ICC # For Load	DOT # For Load	# Axles	GVWR-Power	GVWR-All Trailers	ICC # For Load	DOT # For Load

To determine the carrier responsible for the load:

- **Ask the driver -** Who is directing and controlling the movement of this vehicle?
  Who is the motor carrier responsible for the load?
  Is the vehicle leased or rented?
  Where is the motor carrier's principal place of business?

- **Shipping Papers (Bill of Lading) -** This document should provide the name of the business or carrier responsible for the load and receiving compensation for the movement. Shipping papers are the written transportation contract between the shipper and the carrier.

- **Lease Agreement -** These documents identify the lessee. They may contain the correct US DOT and/or ICC MC numbers for the carrier responsible for the load.

- **Driver's Log -** When logs are required, they should contain the name of the motor carrier and the city and state where the motor carrier's principle place of business is located. This carrier may not be the business controlling movement of the load.

- **Vehicle Registration -** <u>If the registered owner is the carrier responsible for the load,</u> then record the US DOT and/or the ICC MC numbers from the tags on the side of the truck or truck/tractor (not the trailer). If these numbers are not on the side, ask the driver for the shipping documents. These documents (lease or contract papers) will have the correct US DOT and/or ICC MC numbers. If the driver is injured and unable to respond, check the shipping documents for the correct numbers.

Hazardous Material Placard - Indicate the presence of the placard (Yes or No).

Hazardous Material Spilled - For reporting purposes, hazardous material spills are limited to release of materials from the cargo being transported. Indicate Yes if hazardous material from the load was released. If material from the load was not spilled, indicate No.

> **NOTE:** Fuel leaks from the vehicle's own fuel tanks is not considered to be a hazardous material spill.

Haz-Mat # - Placards are diamond shaped. Record either the 4-digit number or the name from the placard. If there is a number at the bottom tip of the diamond-shaped placard, this should also be recorded. Proper entries would be 1090-3 or flammable-3. Names might be: Poison, Explosives, Gases, Oxidizer, Radioactive, Corrosive, Dangerous. The 4-digit chemical number on the placard may also be located elsewhere on the truck in a rectangle shape. Trucks hauling chemicals from Canada may have the chemical number in an orange rectangle on the truck. If the placard is an international placard, it could have three groups of numbers. Proper entries would be 1.4-D-1 or 1.1-A-1. If more than one placard is displayed, record only one.

Hazardous Material	Placard: ☐Yes ☐No	Spilled: ☐Yes ☐No	Haz-Mat #		Hazardous Material	Placard: ☐Yes ☐No	Spilled: ☐Yes ☐No	Haz-Mat #
☐ ←	**Carrier Name & ICC# or DOT# for Load obtained from...**				→ ☐			
	1 Shipping Papers	2 Vehicle Side	3 Driver	4 Log Book	9 Other			
(If Carrier different from Vehicle Owner)	Carrier Name			(If Carrier different from Vehicle Owner)	Carrier Name			
	Address				Address			
	City	State	Zip		City	State	Zip	

Carrier Name & ICC# or DOT# for Load obtained from - Indicate where the carrier information came from.

 1 Shipping Papers
 2 Vehicle Side
 3 Driver
 4 Log Book
 9 Other

If Carrier different from Vehicle Owner - If the carrier responsible for the load is different from the vehicle owner, record information in the Carrier Name, Address, City, State, and Zip boxes.

If the owner of the vehicle is not the carrier responsible for the load, record the correct US DOT or ICC MC numbers and record the name and address of the carrier responsible for the load in the space provided.

Exempt Carriers

Exempt Carriers are subject to the Federal Motor Carrier Safety Regulations. They are called "Exempt Carriers" because they are exempt from the economic regulations of the Interstate Commerce Commission.

- Vehicles which haul "exempt" loads on <u>intrastate</u> runs are not required to have either a US DOT or ICC MC number. They operate under provisions of Section 203(b) of the Motor Carrier Act.

- Vehicles which haul "exempt" loads on <u>interstate</u> runs are required to have a US DOT number.

Operations considered exempt:

1. Transporting school children to and from school.

2. Operating as a taxicab service.

3. Transporting hotel patrons between hotels and common carriers.

4. Transporting persons under the control of the Secretary of the Interior in or about national parks.

4a. Controlled and operated by any farmer transporting his own products.

5. Agriculture cooperatives.

6. Transporting ordinary livestock, fish, agricultural, and horticultural commodities.

7. Used exclusively in distribution of newspapers.

7a. Transporting passengers and property incidental to air.

8. Transporting passengers and property within a municipality or between contiguous municipalities or within a commercial zone.

9. Casual, occasional, or reciprocal transportation.

10. Emergency transportation of wrecked or disabled motor vehicles by towing.

COLLISION INFORMATION - THIRD PAGE

Vehicle/Crash Information
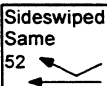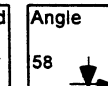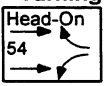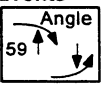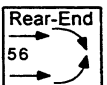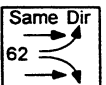
Case No. - Intended for local agency use. Local agencies use this 8-digit code for special location coding, local report numbers, or other designations the local departments want included in the collision record. The code is used primarily to cross reference reports in the state collision database with reports stored in the local agency and to keep pages of the report together.

Events - List events for all units in the order they occurred. The first event in a collision is the first unstabilizing event. For example: Loss of Control (10), Ran off Road (5), or Head-On (50). The codes are sectioned into:

- One Vehicle Non-Collision (1-13) - These events involve only one vehicle.

- One Vehicle Collision With (14-49) - These events involve one vehicle colliding with something.

- Two or More Vehicles (50-60) - Events which involve two vehicles with drivers.

- Parked vehicle (61).

- Other collision (99).

One vehicle: One vehicle non-collision and collision types are listed on the template. Items 1-49 are used for an event that involves only one car. Definitions for some of the events are located in the glossary at the end of this manual.

- For example, one vehicle loses control, runs off the road on the right side, and hits a utility pole outside the right of way. This would be coded Loss of control (10), Ran off Road (5), Utility Pole (33). This collision is correctly coded below.

Two or more vehicles: The small boxes (52-59) and numbers 60, 62, and 99 on the template are used for two or more car collisions. Choose the number that best indicates the location of impact between the vehicles in the order they occurred. Two units should always have the same event at the time of impact.

- An example involving a parked car is where unit one loses control and hits a car parked alongside the street. This would be coded unit one loss of control (10) and parked car (61). Unit two would have only one event, parked car (61) because the unit was not in motion.

- For example, if a vehicle was making a left turn and was rear-ended, the first event in order of occurrence would be 56 (rear-end turning) for Unit 1 and 56 for Unit 2.

- An example of a three-vehicle collision is where Unit 1 rear-ended Unit 2 and Unit 2 then rear-ended Unit 3, which was making a right-hand turn. The event for Unit 1 would be 51 (rear-end) and the first event for Unit 2 would also be 51. The second event for Unit 2 would be 56 (rear-end turning). The event for Unit 3 would be 56 (rear-end turning). This collision is coded correctly below.

Event	Unit # of Units Involved	Event Loca-tion	EVENTS - List events for ALL units in the order they occurred			Case No.		Page 3

| 51 | 1 | 2 | 1 |
| 56 | 2 | 3 | 1 |

EVENTS legend:
1 Overturn
2 Separation of Units
3 Cargo Loss/Shift
4 Jack-Knifed
5 Ran off Road
6 Down Hill Runaway
7 Fire/Explosion
8 Gas/Inhalation
9 Other Noncollision
10 Loss of Control
11 Fell/Pushed/Jumped
12 Non-Collision Injury
13 Immersion
71 Came Back on Road
72 Drove L/R of Center

One Veh. Collision With
14 Pedestrian
15 Pedalcycle
16 Railroad Train
17 Domestic Animal
18 Wild Animal
19 Other Object Not Fixed
20 Parked Vehicle on Private Property
21 Impact Attenuator
22 Bridge/Pier/Abutment
23 Bridge Parapet End
24 Bridge Rail
25 Overpass
26 Guardrail Face
27 Guardrail End
28 Median Barrier
30 Highway Traffic Sign Post
31 Overhead Sign support
32 Street Light Support
33 Utility Pole
39 Other Pole
40 Delineator Post
41 Culvert
42 Curb
43 Ditch
44 Embankment
45 Fence
46 Mailbox
47 Tree
48 Building Wall
49 Other Fixed Object

Sideswiped Same 52
Sideswiped Opposite 53
Angle 58

Turning Events
Head-On 54
Angle 59
Rear-End 56
Same Dir 62

50 Head-On
51 Rear-End
60 Backed Int
61 Parked Veh
99 Other

THE EVENT LOCATION
1 On Roadway
2 Left Shoulder
3 Right Shoulder
4 Roadside (Includes Sidewalk)
5 Outside Right of Way
6 Off Roadway - Loc Unknown
7 Median
8 Gore
9 Other
A In Parking Lot
B Parking Lot Access Road
P Private Property

If three or more vehicles are involved, this section of the form should include all of the events in the collision for all of the units involved. If more than eight events occur, record only the extra events and units on the additional units form. An example of this type of collision is shown on the back of the second page of the additional units report form.

Unit # of Units Involved - Enter the unit number for the units involved in the event indicated in the first column.

The Event Location - For each event listed, record the number that best describes the area of the roadway where the collision occurred. For example, a driver looses control, runs off the roadway on the right and hits a mailbox. These event relationships to the roadway would be: Loss of control on roadway (1), runs off the road on right shoulder (3), hits the mailbox on roadside (4). Diagrams of event locations are located on the back of page 2 of the form for quick reference.

- **Roadside** (4) refers to the area between the shoulder and the property line.

- **Outside Right of Way** (6) refers to locations beyond the property line.

Event	Unit # of Units Involved	Event Loca- tion

THE EVENT LOCATION	1 On Roadway	4 Roadside (Includes Sidewalk)	7 Median	A In Parking Lot
	2 Left Shoulder	5 Outside Right of Way	8 Gore	B Parking Lot Access Road
	3 Right Shoulder	6 Off Roadway - Loc Unknown	9 Other	P Private Property

UNIT # 1   **UNIT # 2**

FIRST EVENT RELATIONSHIP TO JUNCTION

0 Nonjunction	1 In Intersection	3 At Driveway/Alley	5 On Ramp	7 At Railroad Crossing
	2 Intersection Related	4 Driveway/Alley Related	6 Ramp Related	9 Other

First Event Relationship to Junction - Record the number that best describes the relationship of the first event to the "Junction." Types of junctions are:

- **Nonjunction** - First event occurred in an area where there are no intersections or junctions.

- **In Intersection** - First event occurred within the limits of the intersection of two streets/roads. If two vehicles collided, the point of impact must have occurred within the limits of the intersection.

UNIT # 1   **UNIT # 2**

FIRST EVENT RELATIONSHIP TO JUNCTION

0 Nonjunction	1 In Intersection	3 At Driveway/Alley	5 On Ramp	7 At Railroad Crossing
	2 Intersection Related	4 Driveway/Alley Related	6 Ramp Related	9 Other

- **Intersection Related** - First event occurred on an approach to or exit from an intersection and which was related to the movement of units through the intersection but occurred outside the limits of the intersection. An example would be a rear end collision where vehicles were stopped for signals where the collision occurred outside the limits of the intersection.

- **At Driveway/Alley** - First event occurred at a junction of a street/road and a driveway/alley.

- **Driveway/Alley Related** - First event occurred on an approach to or exit from the junction of a street/road and driveway/alley and was related to the access or egress of units into or from a driveway/alley, but did not occur within the limits of the junction. An example would be a unit which was rear-ended while stopped to allow another unit to turn into or out of a driveway.

- **On Ramp** - First event occurred within the limits of a ramp.

- **Ramp Related** - First event occurred on an approach to or exit from a ramp which was related to movement of units on a ramp, but did not occur on a ramp. For example, a collision where traffic is stopped <u>on the interstate</u> waiting to exit on a ramp would be ramp related.

- **At Railroad Crossing** - First event occurred within the limits of a railroad crossing. Collisions involving vehicles waiting for a train would not be coded "At Railroad Crossing" unless the impact occurred within the limits of the crossing. This collision should be coded "Other."

- **Other** - First event occurs at any type of junction not defined above.
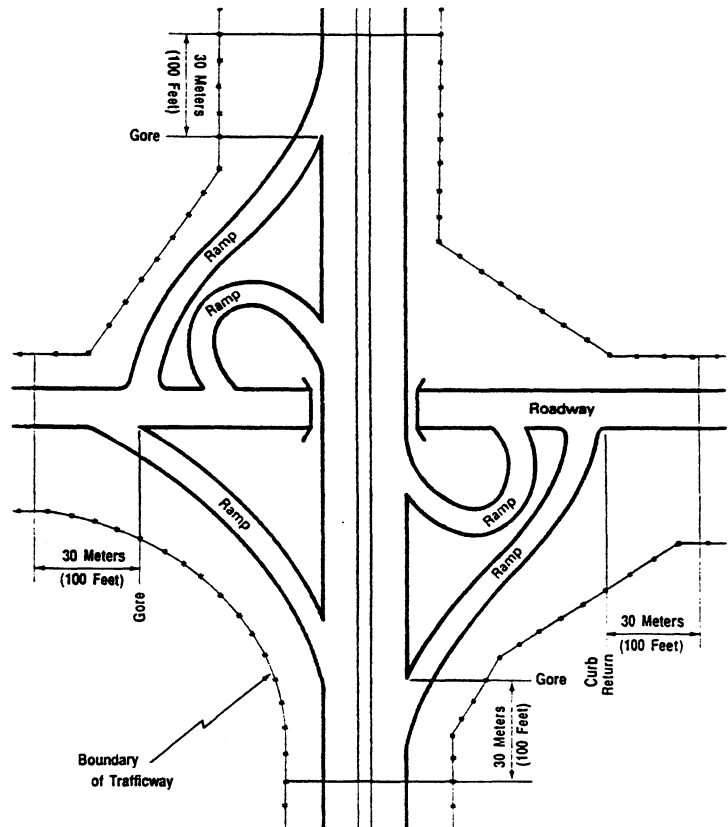
First Harmful Event - Record the first property damage or injury producing event. The codes for First Harmful Event are the same codes as Events.

> **NOTE**: The First Harmful Event and the First Event for a unit may not be the same. For example, if a unit looses control, runs off the roadway and hits a mailbox, the First Event would be loss of control while the First Harmful Event is likely to be hitting the mailbox. If the First Harmful Event and the First Event are the same, then code them the same. An example would be a rear-end collision on the roadway.

Most Harmful Event - Record the event that caused the most severe injury or property damage for this unit. The codes for First Harmful Event are the same codes as Events. Fatalities take precedence over injuries. Injuries take precedence over property damage.

> **NOTE**: If the first and most harmful event are the same, then record the same code.

Driver / Ped Action (Driver/Pedestrian/Pedalcycle) - Record the driver/vehicle action at the time of the collision for each vehicle involved. Record the code number which best describes the action taken by the driver, pedalcyclist, or pedestrian. When the code "other" is used, describe the action in the Narrative/Additional Information section on page 3.

	FIRST Harmful Event	GENERAL DIRECTION OF TRAVEL (If turning, select direction before turning)				FIRST Harmful Event	
	MOST Harmful Event	General Direction of Street ☐ South / North ☐ West / East	Unit Direction ☐ North ☐ South ☐ East ☐ West	General Direction of Street ☐ South / North ☐ West / East	Unit Direction ☐ North ☐ South ☐ East ☐ West	MOST Harmful Event	
	Driver / Ped Action	On Street		On Street		Driver / Ped Action	

General Direction of Travel - Record the general direction of street by checking the appropriate block. In general, even numbered highways run east-west and odd numbered highways run north-south. If there is some question on streets or roads, determine if the street generally moves traffic from north to south or from east to west.

Unit Direction - Record the direction of the unit prior to the first event of the collision. If the general direction of the road runs north and south, a unit can only be traveling north or south. For example, if a vehicle is traveling in the northbound lane of US-95 (a north-south road), regardless of the compass direction at the time of the collision, its travel direction will be north. If a vehicle is turning onto an east-west street from a driveway, the general direction of the driveway would be north-south and the vehicle would be traveling either north or south on the driveway prior to the turn.

On Street - Record the street name on which the unit was traveling.

Driver Actions

1 Going Straight	14 Starting in Traffic
2 Turning Right	15 Parking
3 Right Turn on Red	16 Entering Drivwy./Alley
4 Turning Left	17 Leaving Drivwy./Alley
5 Left Turn on Red	18 Backing
6 U-Turn	20 Avoiding Obstacle
7 Merging	21 Avoiding Veh./Ped.
8 Changing Lanes	22 Pursuing Vehicle
10 Passing	23 Fleeing Pursuit
11 Negotiating Curve	24 Racing
12 Stopped in Traffic	25 Parked Vehicle
13 Slowing in Traffic	26 Driverless Vehicle in Motion

Pedestrian/Pedalcycle Actions

30 Crossing at Painted Intersection
31 Crossing at Unpainted Intersection
35 Crossing at Non-Intersection X-walk
36 Crossing Not at Intersection
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
50 Standing on Roadway
51 Playing on Roadway
52 Working on Roadway
60 Enter/Leave School Bus
70 Not on Roadway
99 Other

Collision Sketch

Sketch the collision scene exactly as you observed it and include the arrow indicating north in the circle at upper right. When drawing a sketch, draw each vehicle/unit (remember a pedestrian is considered a unit) and number the vehicles to correspond with Unit No. 1, Unit No. 2, as identified on the front page. Identify the roadway layout, vehicles, pedestrians, objects on or off the roadway, traffic controls, skidmarks, and unusual or temporary conditions (ice patch, stones, gravel, construction area, etc.). Include a sketch of the roadway even if the vehicles have been moved.

Property Damage - Write the name of the object or objects struck. When more than one object was involved, indicate which object was hit first by recording it first. Write in the name (such as Mr. John Doe or Pacific Telephone Company) and address of the owner of the object.

Estimated Damage - Record cost estimate of total damage to objects struck (exclude vehicle damage). If a vehicle struck a mailbox and a fence, add the estimated damage cost of both together and record that sum.

Property Damage	(Name of Object Struck - Owner Name and Address)	Estimated Damage
		$

Narrative / Additional Information / Additional Passengers (indicate unit # and all information for additional passengers)

_____

_____

_____

_____

_____

WITNESSES	Name	Address	State	Home Phone	Work Phone

_____

_____

Narrative/Additional Information/Additional Passengers

This area has been provided to allow inclusion of information about the collision which could not be recorded or coded in other sections of the report form. If the form is sufficient to include all aspects of the collision, leave this area blank. If the space provided is not sufficient, attach a supplemental sheet. You should include all information about additional passengers that would not fit on the first page or on the additional units form. This should include unit number, name address, seating, sex, date of birth, protective device, injury, ejection, trapped, and if transported.

Witnesses - Record the name, address and phone number of witnesses. If additional space is needed, the Narrative section may be used.

X	Investigating Officer's Name and #	Date of Report	Photos Y ☐ N ☐	Approved By	Date

Investigating Officers's Name and # - Record the signature and number of the investigating officer.

> **NOTE**: If an investigation was not conducted, do not sign the report in this box and do not send this report to the Office of Highway Safety.

Date of Report - Record the date (month/day/year) the report was completed.

Photos - Indicate whether photos were taken.

Approved By - The supervising officer or individual responsible for checking and verifying this report should initial here.

Date (of approval) - Record the date (month/day/year) this report was approved.

IDAHO VEHICLE COLLISION REPORT ADDITIONAL UNITS

The Additional Units Form should be used when three or more units are involved in a traffic collision. The form collects information about the additional drivers and vehicles while minimizing information collected about the accident location and roadway. In order to associate the additional pages with the original form, it is necessary to duplicate some information to have data fields to match. These fields on the top of the first page include:

- **Date of Collision**
- **Time of Collision**
- **Agency Code** for agency responding
- **Officer Number** of officer responding
- **Case Number** assigned by the local agency

There are several locations on the form where unit number needs to be entered:

- In **Driver Information** (first page)
- Above **Contributing Circumstances** (first page)
- Above **Point of Impact** (second page)
- In **Alcohol/Drug Involvement** (second page)
- In **Commercial Vehicle** (second page)
- Above **First Event Relationship to Junction** (second page)

By having the officer enter the unit number, as many forms as needed can be used to record information on multiple vehicle collisions.

The **page number** also needs to be entered on the top of each page of the Additional Units form.

The majority of the form is completed exactly the same as corresponding sections on the original Idaho Vehicle Collision Report. If there are any questions on how to complete the Additional Units Form, please refer to the same section in the IVCR portion of this manual.

GLOSSARY

Bridge Parapet End

The end of a low wall which runs along the outermost edge of the roadway or sidewalk on the bridge and is usually composed of brick, stone, or concrete. Balustrade is often used synonymously with parapet.

Bridge Pier or Abutment

Refers to <u>support</u> structures. They are most likely to be struck by vehicles passing <u>under</u> bridges.

- Bridge Pier - A square or round column of stone, concrete, brick, steel, or wood for supporting a bridge between abutments.

- Bridge Abutment - Wall supporting the ends of a bridge generally retaining or supporting the embankment under bridge ends and composed of stone, concrete, brick, or wood.

Bridge Rail

A wooden, brick, stone, concrete, or metal fence-like wall which runs along the outermost edge of the roadway or sidewalk on the bridge or a rail constructed along the top of a parapet. Bridges do not need to support another roadway. It may be an overpass for a train or even for a viaduct (water conduit).

Bus

Every motor vehicle designed for carrying more than ten passengers and used for the transportation of persons; and every motor vehicle, other than a taxicab, designed and used primarily for the transportation of persons.

Bus (as a commercial vehicle)

A motor vehicle providing seats for more than 16 persons, including the driver, designed, and used primarily for the transportation of persons.

Collision

Any event that results in an unintended injury or property damage attributable directly or indirectly to the motion of a vehicle, a motor vehicle or its load, a snowmobile, or special mobile equipment.

Culvert

Any structure entirely under the roadway and less than 20 feet in span measured along the centerline of the roadway.

Curb

A concrete or asphalt structure up to 12 inches in height which borders the roadway. It provides drainage control and pavement edge delineation. The face of the curb may be sloped or vertical.

Embankment	A raised structure to hold back water, to carry a roadway, or the result of excavation or washout (including erosion) which may be faced with earth, rock, stone, or concrete. An embankment can usually be differentiated from a wall by its incline, whereas a wall is usually vertical. However, there are exceptions to this, such as a retaining wall which may be inclined or a vertical embankment which is caused by a natural event such as a washout.
Guardrail	A low barrier running along the edge of a road shoulder either on the right or the left and which has the primary longitudinal structure composed of metal (plates, cable, mesh, box beam, etc.). A guardrail is differentiated from a "concrete traffic barrier or jersey barrier" by the material making up the greatest part of the longitudinal portion of the structure. In the case of guardrails this is metal, whereas in concrete barriers this is concrete (including concrete rails).
Immersion	A unit would be considered immersed if it comes to rest in water where the water level is high enough to enter the engine or passenger compartments.
Impact Attenuator	A device for controlling the absorption of energy released during vehicle collision. Its most common application involves the protection of fixed roadside objects such as bridge piers, elevated gores at exit ramps, etc. Examples include barrels filled with water or sand and plastic collapsible structures.
Median Barrier	Barrier located in the median, used to separate travel ways for traffic moving in opposing directions. Include: Islands, Jersey (concrete) barriers, and guard rails.
Parked Motor Vehicle	This refers to the collision of a motor vehicle in transport with a motor vehicle not in transport. Parked motor vehicles include those vehicles parked outside the roadway and those vehicles parked in the roadway in lanes not designated for travel at the time of the collision.
Truck (as a commercial vehicle)	A motor vehicle designed or used primarily for the transportation of property. For the purpose of this form, the vehicle must also meet one of the following criteria: have at least six tires on the ground or display a hazardous material placard.
Vehicle	Every device in, upon, or by which any person is or may be transported or any property is or may be transported or drawn upon a highway, excepting devices used exclusively upon stationary rails.

Wall

A primarily vertical structure composed of concrete, metal, timber, or stone which is not part of a building or a fence but typically is used for retaining earth, abating noise, and separating areas (but not for containment as in the primary function of a fence). Also included as a wall are headwalls (or endwalls) which are sometimes provided on culvert ends principally to protect the sides of the embankment around the culvert opening against erosion. This does not include wingwalls which are attached to ends of bridge abutments and extend back at an angle from the roadway.

Appendix

Appendix A
LAW ENFORCEMENT AGENCY CODES

Agency	Location	Code
Idaho State Police - Headquarters	Meridian	SP00
Idaho State Police	Coeur d'Alene	SP01
Idaho State Police	Lewiston	SP02
Idaho State Police	Boise	SP03
Idaho State Police	Twin Falls	SP04
Idaho State Police	Pocatello	SP05
Idaho State Police	Idaho Falls ·	SP06
Ada County Sheriff's Office	Boise	0100
Boise Police Department	Boise	0101
Garden City Police Department	Boise	0102
Kuna Police Department	Kuna	0103
Meridian Police Department	Meridian	0104
Boise Airport Police Department	Boise	0105
Adams County Sheriff's Office	Council	0200
Council Police Department	Council	0201
New Meadows Police Department	New Meadows	0202
Bannock County Sheriff's Office	Pocatello	0300
Chubbuck Police Department	Chubbuck	0301
Downey Police Department	Downey	0302
Inkom Police Department	Inkom	0303
Lava Hot Springs Police Department	Lava Hot Springs	0304
Pocatello Police Department	Pocatello	0305
McCammon Police Department	McCammon	0306
Bear Lake County Sheriff's Office	Paris	0400
Montpelier Police Department	Montpelier	0401
Paris Police Department	Paris	0402
Georgetown Police Department	Georgetown	0403
Benewah County Sheriff's Office	St. Maries	0500
Plummer Police Department	Plummer	0501
St. Maries Police Department	St. Maries	0502
Bureau of Indian Affairs - Plummer	Plummer	0503

Agency	Location	Code
Bingham County Sheriff's Office	Blackfoot	0600
Aberdeen Police Department	Aberdeen	0601
Basalt Police Department	Basalt	0603
Blackfoot Police Department	Blackfoot	0604
Firth Police Department	Firth	0605
Shelley Police Department	Shelley	0607
Fort Hall Tribal Police Department	Fort Hall	0608
Blaine County Sheriff's Office	Hailey	0700
Bellevue Police Department	Bellevue	0701
Carey Police Department	Carey	0702
Hailey Police Department	Hailey	0703
Ketchum Police Department	Ketchum	0704
Sun Valley Police Department	Sun Valley	0705
Boise County Sheriff's Office	Idaho City	0800
Horseshoe Bend Police Department	Horseshoe Bend	0801
Idaho City Police Department	Idaho City	0802
Bonner County Sheriff's Office	Sandpoint	0900
Clark Fork Police Department	Clark Fork	0901
Priest River Police Department	Priest River	0902
Sandpoint Police Department	Sandpoint	0903
Ponderay Police Department	Ponderay	0904
Bonneville County Sheriff's Office	Idaho Falls	1000
Idaho Falls Police Department	Idaho Falls	1001
Ammon Police Department	Ammon	1002
Iona Police Department	Iona	1003
Ucon Police Department	Ucon	1004
Boundary County Sheriff's Office	Bonners Ferry	1100
Bonners Ferry Police Department	Bonners Ferry	1101
Butte County Sheriff's Office	Arco	1200
Arco Police Department	Arco	1201
Camas County Sheriff's Office	Fairfield	1300
Fairfield Police Department	Fairfield	1301

Agency	Location	Code
Canyon County Sheriff's Office	Caldwell	1400
Caldwell Police Department	Caldwell	1401
Melba Police Department	Melba	1402
Middleton Police Department	Middleton	1403
Nampa Police Department	Nampa	1404
Parma Police Department	Parma	1405
Wilder Police Department	Wilder	1406
Notus Police Department	Notus	1407
Caribou County Sheriff's Office	Soda Springs	1500
Bancroft Police Department	Bancroft	1501
Grace Police Department	Grace	1502
Soda Springs Police Department	Soda Springs	1503
State Line Police Department	State Line	1504
Cassia County Sheriff's Department	Burley	1600
Albion Police Department	Albion	1601
Burley Police Department	Burley	1602
Declo Police Department	Declo	1603
Malta Police Department	Malta	1604
Oakley Police Department	Oakley	1605
Clark County Sheriff's office	Dubois	1700
Dubois Police Department	Dubois	1701
Clearwater County Sheriff's Office	Orofino	1800
Elk River Police Department	Elk River	1801
Orofino Police Department	Orofino	1802
Pierce Police Department	Pierce	1803
Weippe Police Department	Weippe	1804
Custer County Sheriff's Office	Challis	1900
Challis Police Department	Challis	1901
Mackay Police Department	Mackay	1902
Stanley Police Department	Stanley	1903
Elmore County Sheriff's Office	Mountain Home	2000
Glenns Ferry Police Department	Glenns Ferry	2001
Mountain Home Police Department	Mountain Home	2002

Agency	Location	Code
Franklin County Sheriff's Office	Preston	2100
Franklin Police Department	Franklin	2101
Preston Police Department	Preston	2102
Weston Police Department	Weston	2103
Fremont County Sheriff's Office	St. Anthony	2200
Ashton Police Department	Ashton	2201
Newdale Police Department	Newdale	2202
St. Anthony Police Department	St. Anthony	2203
Teton Police Department	Teton	2204
Gem County Sheriff's Office	Emmett	2300
Emmett Police Department	Emmett	2301
Gooding County Sheriff's Office	Gooding	2400
Gooding Police Department	Gooding	2401
Hagerman Police Department	Hagerman	2402
Wendell Police Department	Wendell	2403
Bliss Police Department	Bliss	2404
Idaho County Sheriff's Office	Grangeville	2500
Cottonwood Police Department	Cottonwood	2501
Grangeville Police Department	Grangeville	2502
Kooskia Police Department	Kooskia	2503
Riggins Police Department	Riggins	2504
Stites Police Department	Stites	2505
White Bird Police Department	White Bird	2506
Jefferson County Sheriff's Office	Rigby	2600
Rigby Police Department	Rigby	2601
Ririe Police Department	Ririe	2602
Roberts Police Department	Roberts	2603
Hamer Police Department	Hamer	2604
Lewisville Police Department	Lewisville	2605
Menan Police Department	Menan	2606
Jerome County Sheriff's Office	Jerome	2700
Eden Police Department	Eden	2701
Hazelton Police Department	Hazelton	2702
Jerome Police Department	Jerome	2703

Agency	Location	Code
Kootenai County Sheriff's Office	Coeur d'Alene	2800
Athol Police Department	Athol	2801
Coeur d'Alene Police Department	Coeur d'Alene	2802
Hauser Kale Police Department	Hauser	2803
Hayden Police Department	Hayden	2804
Hayden Lake Police Department	Hayden Lake	2805
Post Falls Police Department	Post Falls	2806
Rathdrum Police Department	Rathdrum	2807
Spirit Lake Police Department	Spirit Lake	2808
Worley Police Department	Worley	2809
Harrison Police Department	Harrison	2810
Huetter Police Department	Huetter	2811
Latah County Sheriff's Office	Moscow	2900
Boville Police Department	Boville	2901
Deary Police Department	Deary	2902
Genesee Police Department	Genesee	2903
Juliaetta Police Department	Juliaetta	2904
Kendrick Police Department	Kendrick	2906
Moscow Police Department	Moscow	2905
Potlatch Police Department	Potlatch	2907
Troy Police Department	Troy	2908
Lemhi County Sheriff's Office	Salmon	3000
Leadore Police Department	Leadore	3001
Salmon Police Department	Salmon	3002
Lewis County Sheriff's Office	Nezperce	3100
Craigmont Police Department	Craigmont	3101
Kamiah Police Department	Kamiah	3102
Nezperce Police Department	Nezperce	3103
Winchester Police Department	Winchester	3104
Lincoln County Sheriff's Office	Shoshone	3200
Richfield Police Department	Richfield	3201
Shoshone Police Department	Shoshone	3202
Dietrich Police Department	Dietrich	3204
Madison County Sheriff's Office	Rexburg	3300
Rexburg Police Department	Rexburg	3301
Sugar City Police Department	Sugar City	3302

Agency	Location	Code
Minidoka County Sheriff's Office	Rupert	3400
Acequia Police Department	Acequia	3401
Heyburn Police Department	Heyburn	3402
Paul Police Department	Paul	3403
Rupert Police Department	Rupert	3404
Nez Perce County Sheriff's Office	Lewiston	3500
Lapwai Police Department	Lapwai	3501
Lewiston Police Department	Lewiston	3502
Culdesac Police Department	Culdesac	3503
Oneida County Sheriff's Office	Malad City	3600
Malad City Police Department	Malad City	3601
Owyhee County Sheriff's Office	Murphy	3700
Homedale Police Department	Homedale	3701
Marsing Police Department	Marsing	3702
Owyhee Indian Reservation Agency	Nevada	3703
Payette County Sheriff's Office	Payette	3800
Fruitland Police Department	Fruitland	3801
New Plymouth Police Department	New Plymouth	3802
Payette Police Department	Payette	3803
Power County Sheriff's Office	American Falls	3900
American Falls Police Department	American Falls	3901
Rockland Police Department	Rockland	3902
Shoshone County Sheriff's Office	Wallace	4000
Kellogg Police Department	Kellogg	4001
Mullan Police Department	Mullan	4002
Osburn Police Department	Osburn	4003
Pinehurst Police Department	Pinehurst	4004
Smelterville Police Department	Smelterville	4005
Wallace Police Department	Wallace	4006
Wardner Police Department	Wardner	4007
Teton County Sheriff's Office	Driggs	4100
Driggs Police Department	Driggs	4101
Victor Police Department	Victor	4102

Agency	Location	Code
Twin Falls County Sheriff's Office	Twin Falls	4200
Buhl Police Department	Buhl	4201
Castleford Police Department	Castleford	4202
Filer Police Department	Filer	4203
Hansen Police Department	Hansen	4204
Kimberly Police Department	Kimberly	4205
Murtaugh Police Department	Murtaugh	4206
Twin Falls Police Department	Twin Falls	4207
Valley County Sheriff's Office	Cascade	4300
Cascade Police Department	Cascade	4301
Donnelly Police Department	Donnelly	4302
McCall Police Department	McCall	4303
Washington County Sheriff's Office	Weiser	4400
Cambridge Police Department	Cambridge	4401
Weiser Police Department	Weiser	4402
United States Forest Service	Statewide	USFS
Idaho Brand Inspectors	Headquarters	BB00
Idaho Brand Inspectors	Region 1	BB01
Idaho Brand Inspectors	Region 2	BB02
Idaho Brand Inspectors	Region 3	BB03
Idaho Brand Inspectors	Region 4	BB04
Idaho Brand Inspectors	Region 5	BB05
Idaho Brand Inspectors	Region 6	BB06
Idaho Fish and Game Conservation Officers	Headquarters	FG00
Idaho Fish and Game Conservation Officers	Region 1	FG01
Idaho Fish and Game Conservation Officers	Region 2	FG02
Idaho Fish and Game Conservation Officers	Region 3	FG03
Idaho Fish and Game Conservation Officers	Region 4	FG04
Idaho Fish and Game Conservation Officers	Region 5	FG05
Idaho Fish and Game Conservation Officers	Region 6	FG06

Appendix B
COMMERCIAL VEHICLE REFERENCE CARD

HOW TO FIND THE CORRECT U.S. DOT/ICC # AND CARRIER NAME
(Carrier Identification Reference Card)

This sheet has been designed as a quick reference to aid any inspector or state officer in correctly identifying the motor carrier and/or U.S. DOT/ICC # for purposes of reporting accidents or inspections.

It was created so that when a commercial motor vehicle inspection report and/or accident report is filled out, the correct motor carrier will receive credit (good or bad) for the inspection and/or accident. The Federal Highway Administration and States use the inspection and/or accident reports in determining safety fitness ratings of motor carriers and targeting unsafe motor carriers for in-depth investigations. To avoid improperly identifying the name and address of a motor carrier, you should rely on more than a single document or item when identifying the motor carrier. You should review as many of the following items as possible to determine the name and address of the motor carrier:

- SIDE OF THE VEHICLE - The correct name, address and US DOT #/ ICC # of the motor carrier may or may not be marked on the side of the vehicle. If the marking on the side of the vehicle matches the name on the other items, you've probably identified the correct motor carrier.

- DRIVER INTERVIEW - Ask questions such as:

    Is the vehicle leased or rented?

    Who is the motor carrier that is responsible for this load?

    Who is directing and controlling the movement of this vehicle?

    Where is the motor carrier's principal place of business? (generally the Corporate headquarters)

- LEASE AGREEMENT - These documents are excellent for identifying the name of the leasee.

- DRIVER'S LOG - When logs are required, they will contain the name of the motor carrier and the city and state where the motor carrier's principle place of business is located.

- SHIPPING PAPERS (BILL OF LADING) - Generally this document will provide you with the name of the motor carrier who is responsible for the load and receiving compensation for the movement. The Shipping Papers are the written transportation contract between the shipper and the carrier. It identifies the freight, who is to receive it, the place of delivery and gives the terms of the agreement.

- VEHICLE REGISTRATION - These documents are good for identifying the owner and/or registrant who may or may not be the responsible motor carrier. Even when the registration identifies the responsible motor carrier, it may or may not show the address of the motor carrier's principal place of business because carriers with terminals in multiple States generally register their vehicles in the State of domicile. Therefore, the address may be a terminal address.

YOU CAN MAKE A DIFFERENCE!

All roadside inspection and accident reports are uploaded to FHWA's SAFETYNET which monitors motor carriers Out-of-Service and Accident rates. By properly identifying the motor carrier on this report, YOU will provide the important data needed to determine the motor carrier's U.S.DOT Safety Rating.
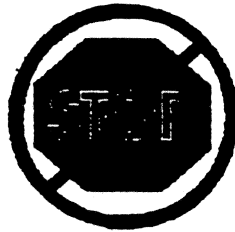
This "Carrier Identification Reference Card" was created by the U. S. Department of Transportation, Office of Motor Carriers National Information Improvement Team.

How to find the correct U.S. DOT/ICC # and Carrier Name

SIDE OF VEHICLE
This is good for 90% of the cases for name and number.......BUT.......

DON'T STOP
Keep on moving - The information of the side of the truck may not be the U.S. DOT/ICC #, name or address of the responsible motor carrier.

DRIVER INTERVIEW
1. Is the vehicle leased or rented?
2. Who is the motor carrier responsible for this load.
3. Who is directing & controlling the movement of this vehicle?
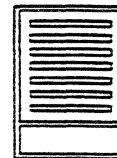4. Where is the motor carrier's principal place of business?

LEASE AGREEMENT
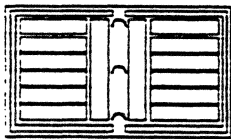Identifies the name of the leasee.

DRIVER'S LOG
Contains the name of the motor carrier, city, and state for the principal place of business.

SHIPPING PAPERS
Provides the name of the motor carrier responsible for the load.

VEHICLE REGISTRATION
Generally good for Identifying the owner and/or registrant.
CAREFUL - This may not be the responsible carrier!

YOU CAN MAKE A DIFFERENCE!

All roadside inspection and accident reports are uploaded to FHWA's SAFETYNET which monitors motor carriers Out-of-Service and Accident rates.

By properly identifying the motor carrier on this report, YOU will provide the important data needed to determine the motor carrier's US DOT Safety Rating.

IMPORTANT: The more items that "match" or agree the better chance of properly identifying the motor carrier!!