

Idaho Vehicle Collision Report

ITD-90 5-95M 27-010500-0 Revised 12/3/96

Agency Code	Officer #	Report District	Case No.
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Date of Collision	Day of Collision (Circle)	Time	Police Dispatched	Police Arrived	EMS Dispatched	EMS Arrived	Location	City or Town	
S M T W T F S							Miles	<input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> IN	<input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> OF
If Collision location is in:	Complete Box #	Name of Street		<input type="checkbox"/> On Private Property	# of Lanes	Posted Speed	County		Interchange #
Intersection of 2 streets	1, 2	1 ON							
Intersection of Street and: Parking Lot / Driveway / Alley	1, 2, 3	2 In the Intersection with:			Posted Speed	R. R. Crossing #		Latitude (GPS)	
Non-Intersection	1, 3	3 Outside an Intersection		Name of Cross Street or # of Ref. Mile Post Marker		Collision Loc Mile Point		Longitude (GPS)	
		<input type="checkbox"/> Miles <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W							
		<input type="checkbox"/> Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OF							

UNIT 1	<input type="checkbox"/> Vehicle	<input type="checkbox"/> Pedestrian	<input type="checkbox"/> Pedalcyclist	Vehicle Owner		Last	First	M.I.	Unit Type
Driver	Last	First	M.I.	<input type="checkbox"/> Same as Driver					
<input type="checkbox"/> Hit & Run				Address					
Street Address			Home Phone	Vehicle Year	Make (Dodge-Chev.)	Model (Dart-Nova)	Style (2 Dr.)		
City	State	Zip Code	Work Phone	Vehicle Color	License Plate No.		State		
Driver's License No.	State	Idaho Code # / Violation	<input type="checkbox"/> Cited	Vehicle Identification No.		Est. Cost of Damage			
Sex	Date of Birth	Prot Dev.	Injury	Ejection	Trapped	Transported	Insurance	Carrier Name	Policy Number
							<input type="checkbox"/> Yes <input type="checkbox"/> No		

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	Transported
		<input type="checkbox"/>								
		<input type="checkbox"/>								
		<input type="checkbox"/>								

UNIT 2	<input type="checkbox"/> Vehicle	<input type="checkbox"/> Pedestrian	<input type="checkbox"/> Pedalcyclist	Vehicle Owner		Last	First	M.I.	Unit Type
Driver	Last	First	M.I.	<input type="checkbox"/> Same as Driver					
<input type="checkbox"/> Hit & Run				Address					
Street Address			Home Phone	Vehicle Year	Make (Dodge-Chev.)	Model (Dart-Nova)	Style (2 Dr.)		
City	State	Zip Code	Work Phone	Vehicle Color	License Plate No.		State		
Driver's License No.	State	Idaho Code # / Violation	<input type="checkbox"/> Cited	Vehicle Identification No.		Est. Cost of Damage			
Sex	Date of Birth	Prot Dev.	Injury	Ejection	Trapped	Transported	Insurance	Carrier Name	Policy Number
							<input type="checkbox"/> Yes <input type="checkbox"/> No		

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	Transported
		<input type="checkbox"/>								
		<input type="checkbox"/>								
		<input type="checkbox"/>								

Injured Transported To: _____ **By:** _____

Front	Seating	Front
1 2 3	Vehicle	1
4 5 6		4
7 8 10	Motorcycle	7

14 Trailing Unit
16 Pedestrian
17 Pedalcycle

99 Other
U Unknown

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

Protective Devices

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

Ejection	Trapped
1 Not Ejected 2 Totally Ejected 3 Partially Ejected T Thrown from cycle etc.	1 Not Trapped 2 Trapped / Extrication unit used 3 Trapped / other extrication method

Injury

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

Transported For Medical Care By

1 Ambulance
2 Police Car
3 Helicopter
4 Private Vehicle
5 Not Transported

Unit Type

1 Pedestrian
2 Pedalcycle
3 Motorcycle
4 Moped
6 Car
7 Pickup / Van / Panel / Sport Utility Vehicle
8 Pickup with Camper
30 Farm Equipment (List)
40 Construction Equip. (List)

15 Bus
21 Single Unit Truck - 2 axle/6 Tires
22 Single Unit Truck - 3 axle
23 Truck with Trailer

24 Bobtail
25 Tractor w/Semi Trailer
26 Tractor w/Double Trailer
27 Tractor w/Triple Trailer

Unit Use	Attachments
1 Police 2 Ambulance 3 Driver Trng. 4 Government	5 Taxi 6 Fire 7 Wrecker 8 School Bus
	1 Boat Trailer 2 Utility Trailer 3 Travel Trailer 4 Towed Vehicle

10 Motorhome
11 Snowmobile
5 ATV
28 Train
99 Other Non-Motor Veh.

COMMERCIAL VEHICLE INSTRUCTION SHEET

Commercial Vehicle Definition - For collision reporting purposes only, a commercial vehicle is any vehicle equipped to carry property which has at least 2 axles and 6 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.

- **Axles** - Record the total number of axles, including auxiliary axles, of this vehicle or 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 (i.e. logging trucks, piggy back bobtails), record the axles with wheels on the ground.
- **GVWR-Power** - 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-Trailer** - 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.
- **DOT or ICC MC Number 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. Exempt loads listed in the IVCR manual do not require ICC MC numbers). The US DOT number (six or seven digits) is always preceded by the letters US DOT. The ICC MC number (up to six digits) may be preceded by the letters ICC or MC. (An **intrastate** carrier hauling loads in only one state is not 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.

To determine the carrier responsible for the load:

- **Ask the driver** -
 - Who is the motor carrier 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** - If the registered owner is the carrier responsible for the load, 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.
- **Hazardous Material #** - Placards are diamond shaped. Record either the 4-digit number or the name from the placard. Names might be: Poison, Explosives, Gases, Oxidizer, Radioactive, Corrosive, Dangerous. 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. Examples of proper entries would be 1.4-D-1 or 1.1-A-1. If more than one placard is displayed, record only one.

If the owner of the vehicle is not the carrier responsible for the load, record name and address for the carrier responsible for the load in the space provided. If completing this information on an additional unit, record name and address in Narrative/Additional Information section on page 3.

- **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. See VCR Manual for a list of exempt carriers.
 - Vehicles which haul "exempt" loads on intrastate 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. Exempt loads are listed in the Vehicle Collision Report From Manual.
 - Vehicles which haul "exempt" loads on interstate runs are required to have a US DOT number.

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

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

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

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	

Officer #	Case No.
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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

UNIT # 1	CONTRIBUTING CIRCUMSTANCES - 3 Possible						UNIT # 2
	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	35 Improper use of Turn Lane	
	4 Improper Overtaking	10 Improper Backing	15 Disregarded Signal	24 Drug Impaired	26 Fatigued	99 Other	
			16 Tire Defect	27 Physical Impairment			

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

POINT OF IMPACT		
Auto / Motorcycle / Tractor with Semi Trailer	Trailing Unit #1	Trailing Unit #2
13 Top & Windows	33 Top	53 Top
14 Undercarriage	34 Undercarriage	54 Undercarriage

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	Towed By:	Towed By:	Towed Due to Damage
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No

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 / Drug Test					
1 None Given	2 Test Refused	3 Blood Test	4 Urine Test	5 Breath Test	6 Field Test

BAC Test Results:	Drug Used (if known):	Drug Test Results	BAC Test Results:	Drug Used (if known):	Drug Test Results
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UNIT # 1	COMMERCIAL VEHICLE	UNIT # 2							
	Refer to Instruction Sheet before completing								
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

Hazardous Material	Placard: <input type="checkbox"/> Yes <input type="checkbox"/> No	Spilled: <input type="checkbox"/> Yes <input type="checkbox"/> No	Haz-Mat #
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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

IDAHO VEHICLE COLLISION REPORT

VEHICLE DAMAGE: --Initial Point of Impact - Point of First Contact
 --Principal Point of Principal - Point of Greatest amount of damage

ROAD TYPE:

- Two-way raised/depressed divider - A two-way road with a raised or depressed center section used to restrict traffic.
- Two-way & Two-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).
- Two-way road & no divider - A two-way road divided by a painted line(s). The space between the painted lines is generally less than four feet.
- Two-way and two double yellow painted divider - A two-way road divided by two double yellow painted lines indicating do not cross. This is considered the same as a raised divider. A divider is generally at least 4 feet wide.

EXTENT OF DEFORMITY:

- 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 is usually some penetration of the passenger compartment);
- 7 - very severe damage (basic structure of the vehicle is distorted, passenger compartment is penetrated);

EVENTS:

List events for all units in the order that they occurred. For each event determine which units were involved and where the event occurred. In a collision involving two or more vehicles there must be a shared event when the vehicles collide. In general, the events listed on the right side (50-61) are events involving two vehicles. The remainder are generally single vehicle events.

For example, a vehicle crosses the center line (#72) and sideswipes an oncoming car (#53), forcing the oncoming vehicle off the road on the right (#5), where it crashes into a tree (#47). This two vehicle collision is correctly coded to the right. Please refer to the additional units form to view a three vehicle collision.

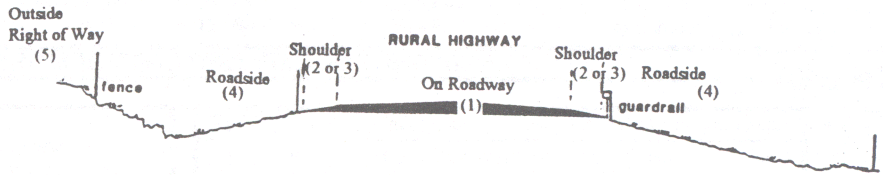
Event	Unit # of Units Involved	Event Location	
72	1	1	
53	1 2	1	
05	2	3	
47	2	4	

EVENT LOCATION:

Describe where the event occurred:

Roadside - refers to the area between the shoulder and the property line. Note: **Sidewalks are considered Roadside.**

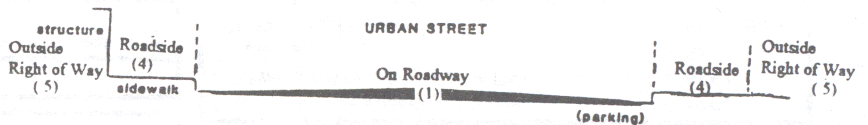
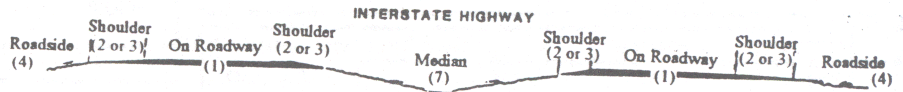
Outside right-of-way - refers to locations beyond the property line.



HARMFUL EVENTS:

First Harmful Event - is the first event that causes property damage or injury.

Most Harmful Event - is the event that causes the most property damage or most severe injury. Fatalities take precedence over injuries, injuries take precedence over property damage.



EVENTS - List events for ALL units in the order they occurred

Event	Unit # of Units Involved	Event Location

- | | | |
|-------------------------|---------------------------------------|------------------------------|
| 1 Overturn | One Veh. Collision With | |
| 2 Separation of Units | 14 Pedestrian | 24 Bridge Rail |
| 3 Cargo Loss/Shift | 15 Pedalcycle | 25 Overpass |
| 4 Jack-Knifed | 16 Railroad Train | 26 Guardrail Face |
| 5 Ran off Road | 17 Domestic Animal | 27 Guardrail End |
| 6 Down Hill Runaway | 18 Wild Animal | 28 Median Barrier |
| 7 Fire/Explosion | 19 Other Object | 30 Highway Traffic Sign Post |
| 8 Gas/Inhalation | Not Fixed | 31 Overhead Sign support |
| 9 Other Noncollision | 20 Parked Vehicle on Private Property | 32 Street Light Support |
| 10 Loss of Control | 21 Impact Attenuator | 33 Utility Pole |
| 11 Fell/Pushed/Jumped | 22 Bridge/Pier/Abutment | 39 Other Pole |
| 12 Non-Collision Injury | 23 Bridge Parapet End | 40 Delineator Post |
| 13 Immersion | | |
| 71 Came Back on Road | | |
| 72 Drove L/R of Center | | |

Case No. _____

Sideswiped Same 52	Sideswiped Opposite 53	Angle 58
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Turning Events

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

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

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

THE EVENT LOCATION

UNIT # 1 ← **FIRST EVENT RELATIONSHIP TO JUNCTION** → **UNIT # 2**

0 Nonjunction	2 Intersection Related	4 Driveway/Alley Related	6 Ramp Related	8 Railroad Crossing Related
1 In Intersection	3 At Driveway/Alley	5 On Ramp	7 At Railroad Crossing	9 Other

GENERAL DIRECTION OF TRAVEL (If turning, select direction before turning)

General Direction of Street	Unit Direction	General Direction of Street	Unit Direction
<input type="checkbox"/> South / North	<input type="checkbox"/> North <input type="checkbox"/> South	<input type="checkbox"/> South / North	<input type="checkbox"/> North <input type="checkbox"/> South
<input type="checkbox"/> West / East	<input type="checkbox"/> East <input type="checkbox"/> West	<input type="checkbox"/> West / East	<input type="checkbox"/> East <input type="checkbox"/> West
On Street		On Street	

FIRST Harmful Event MOST Harmful Event Driver / Ped Action

Sketch the scene _____ Show North by Arrow in Circle

Indicate road names and show all lanes _____ Not to Scale

- 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 |

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

X	Investigating Officer's Name and #	Date of Report	Photos Y <input type="checkbox"/> N <input type="checkbox"/>	Approved By	Date

Send ORIGINAL to: Office of Highway Safety, P. O. Box 7129, Boise, Idaho 83707-1129

L1	L2
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IDAHO VEHICLE COLLISION REPORT

(I.C. 49-102 (3)) "**Accident**" means any event that results in an unintended injury or property damage attributed directly or indirectly to the motion of a motor vehicle or it's load, a snowmobile or special mobile equipment.

(I.C. 49-1305 (1)) The driver of a vehicle involved in an accident resulting in **injury to or death** of any person, or **damage to the property of any one (1) person in excess of seven hundred and fifty dollars (\$750)** shall immediately, by the quickest means of communication give notice of the accident to the local police department if the accident occurs within a city, otherwise to the office of the county sheriff or the nearest office of the state police.

ACCIDENT LOCATION

- # of Lanes** -- Record all travel lanes in both directions. **Include:** Exclusive left- and right-turn lanes and center turn lanes if they are being used legally to start or end a turn, or to merge with traffic. **Exclude:** Center turn lane if not being used for legal travel described above, and parking lanes. **NOTE:** A divided interstate with 2 lanes of travel each way would have a total of 4 lanes.
- Milepost** --Ref. Mile Post Marker -- Reference mile post marker -- should refer to the mile post that is referenced. An example would be "250 feet east of Ref. Mile Post Marker 248"
 --Collision Loc Mile Point -- Collision Location Mile Point -- should refer to the actual mile point of the collision. This can be estimated as 248.2 or can be obtained from the ITD milepost log where available.

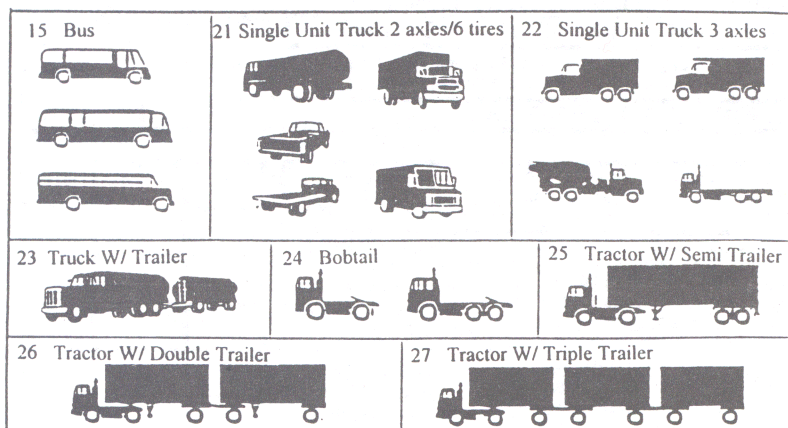
INJURIES

- A-Injury** -- incapacitating injury which prevents the injured person from walking, driving, or normally continuing the activities the person was capable of performing before the injury occurred. Includes : Severe lacerations, Broken or distorted limbs, skull or chest injuries, unable to leave scene without assistance.
- B-injury** -- nonincapacitating injury which is evident to observers at the scene. Includes: Lumps, Bumps, bruises, minor lacerations.
- C-injury** -- possible injury which includes: claim of injuries not evident, limping, complaint of pain, nausea, or hysteria.

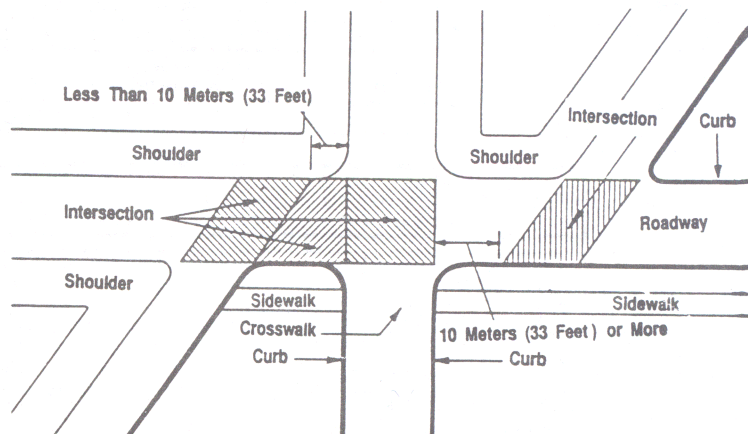
PASSENGER SEATING

- Seating** --A child riding in a driver's lap or on the gas tank in front of a motorcycle driver should be coded as 99-other and be explained in the narrative section.
- Trapped** --This data element is used to determine how frequently extrication units are required to forcibly remove victims from vehicles. If an extrication unit (jaws of life, hearst etc) is used indicate code 2 trapped/extrication unit used. If victims are removed from vehicle by other means (pry bars etc.) indicate 3 Trapped/other extrication method.
- Transported** --Transported for medical care should be used to show how injured were transported from the scene. If injured were not transported. fill in the space with a "--" to indicate not applicable.

COMMERCIAL VEHICLE SILHOUETTES



INTERSECTION



WHEN IN DOUBT

0 = None

9 or 99 = Other

"----" = Not Applicable

Idaho Vehicle Collision Report

ITD-90A 10-9-96
27-010505-9

Date of Collision	Time	Agency	Officer #	Case No.

Additional Units

UNIT <input type="checkbox"/> Vehicle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Pedalcyclist				Vehicle Owner Last _____ First _____ M.I. _____				Unit Type _____	
Driver Last _____ First _____ M.I. _____				<input type="checkbox"/> Same as Driver <input type="checkbox"/> As Driver				Unit Use _____	
<input type="checkbox"/> Hit & Run Street Address _____ Home Phone _____				Address _____ Vehicle Year _____ Make (Dodge-Chev.) _____ Model (Dart-Nova) _____ Style (2 Dr.) _____				Attach 1 _____	
City _____ State _____ Zip Code _____ Work Phone _____				Vehicle Color _____ License Plate No. _____ State _____				Attach 2 _____	
Driver's License No. _____ State _____ Idaho Code # / Violation _____ <input type="checkbox"/> Cited				Vehicle Identification No. _____ Est. Cost of Damage _____				Attach 2 _____	
Sex	Date of Birth	Prot Dev.	Injury	Ejection	Trapped	Transported	Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	Carrier Name	Policy Number

Passenger Names and Addresses (This unit only, additional passengers on page 3)										Seating	Sex	Date of Birth	Prot Dev.	Injury	Ejection	Trapped	Transported	
										<input type="checkbox"/>								
										<input type="checkbox"/>								
										<input type="checkbox"/>								

UNIT <input type="checkbox"/> Vehicle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Pedalcyclist				Vehicle Owner Last _____ First _____ M.I. _____				Unit Type _____	
Driver Last _____ First _____ M.I. _____				<input type="checkbox"/> Same as Driver <input type="checkbox"/> As Driver				Unit Use _____	
<input type="checkbox"/> Hit & Run Street Address _____ Home Phone _____				Address _____ Vehicle Year _____ Make (Dodge-Chev.) _____ Model (Dart-Nova) _____ Style (2 Dr.) _____				Attach 1 _____	
City _____ State _____ Zip Code _____ Work Phone _____				Vehicle Color _____ License Plate No. _____ State _____				Attach 2 _____	
Driver's License No. _____ State _____ Idaho Code # / Violation _____ <input type="checkbox"/> Cited				Vehicle Identification No. _____ Est. Cost of Damage _____				Attach 2 _____	
Sex	Date of Birth	Prot Dev.	Injury	Ejection	Trapped	Transported	Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	Carrier Name	Policy Number

Passenger Names and Addresses (This unit only, additional passengers on page 3)										Seating	Sex	Date of Birth	Prot Dev.	Injury	Ejection	Trapped	Transported	
										<input type="checkbox"/>								
										<input type="checkbox"/>								
										<input type="checkbox"/>								

UNIT	CONTRIBUTING CIRCUMSTANCES - 3 Possible										UNIT
<input type="checkbox"/>	0 None	5 Improper Lane Change	11 Improper Turn	17 Wheel Defect	22 Inattention	28 Improperly Parked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	1 Exceeded Posted Speed	6 Following Too Close	12 Failed to Signal	18 Light Defect	23 Vision Obstruction	31 Previous Accident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	3 Too Slow for Traffic	8 Off Roadway	14 Passed Stop Sign	21 Alcohol Impaired	25 Sick	99 Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	4 Improper Overtaking	10 Improper Backing	15 Disregarded Signal	26 Fatigued	27 Physical Impairment		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	VISION OBSTRUCTION										<input type="checkbox"/>
<input type="checkbox"/>	0 None	3 Roadway Slope/Snowbank	7 Bright Headlights	12 Splash/Spray from Other Vehicle	15 Traffic Sign		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	1 Curve in Road	4 Trees/Crop/Brush	8 Weather Conditions	18 Vehicle Stopped on Roadway	16 Billboard/Fence		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	2 Hill Crest	5 Reflection from Surface	10 Rain/Snow/Ice on Windows	13 Moving Vehicle	17 Building		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		6 Bright Sunlight	11 Cracked/Dirty Windows	14 Parked Vehicle	99 Other		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Seating <table border="1"> <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>9</td></tr> </table>			1	2	3	4	5	6	7	8	9	Protective Devices 0 None 1 Shoulder Belt Only 2 Lap Belt Only 3 Shoulder & Lap 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 K Dead A Incapacitating B Non-Incapacitating C Possible 0 None Evident U Unknown			Unit Type 1 Pedestrian 2 Pedalcycle 3 Motorcycle 4 Moped 6 Car 8 Pickup with Camper 7 Pickup / Van / Panel / Sport Utility Vehicle 30 Farm Equipment (List) 40 Construction Equip. (List)		
1	2	3																		
4	5	6																		
7	8	9																		
14 Trailing Unit 16 Pedestrian 17 Pedalcycle			Ejection 1 Not Ejected 2 Totally Ejected 3 Partially Ejected T Thrown from cycle etc.			Trapped 1 Not Trapped 2 Trapped / Extrication unit used 3 Trapped / other extrication method			Commercial 15 Bus 21 Single Unit Truck - 2 axle/6 Tires 22 Single Unit Truck - 3 axle 23 Truck with Trailer											
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			99 Other U Unknown			Transported For Medical Care By 1 Ambulance 2 Police Car 3 Helicopter 4 Private Vehicle 5 Not Transported			Unit Use 1 Police 2 Ambulance 3 Driver Trng. 4 Government 5 Taxi 6 Fire 7 Wrecker 8 School Bus											
Attachments 1 Boat Trailer 2 Utility Trailer 3 Travel Trailer 4 Towed Vehicle			10 Motorhome 11 Snowmobile 5 ATV 28 Train 99 Other Non-Motor Veh.			24 Bobtail 25 Tractor w/Semi Trailer 26 Tractor w/Double Trailer 27 Tractor w/Triple Trailer														

IDAHO VEHICLE COLLISION REPORT ADDITIONAL UNITS

VEHICLE DAMAGE:--Initial Point of Impact - Point of First Contact
--Principal Point of Impact - Point of Greatest amount of damage

EXTENT OF DEFORMITY:

- 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 is usually some penetration of the passenger compartment);
- 7 - very severe damage (basic structure of the vehicle is distorted, passenger compartment is penetrated);

COMMERCIAL VEHICLE INSTRUCTION SHEET

Commercial Vehicle Definition - For collision reporting purposes only, a commercial vehicle is any vehicle equipped to carry property which has at least 2 axles and 6 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. Please refer to the instruction sheet located on the back of the second sheet of the Idaho Vehicle Collision Report to complete this section. Information on the name of the carrier should be recorded in the Narrative section on the initial report if the carrier responsible for the load is different from the vehicle owner.

EVENTS --Events for all units should be listed on page three of the initial report. The only events listed on the Additional Units Supplement would be those that did not fit on the initial report. Determine which units were involved and where the event occurred. In a collision involving two or more vehicles there must be a shared event when the vehicles collide. In general, the events listed on the right side (50-61) are events involving two vehicles. The remainder are generally single vehicle events.

Event	Unit # of Units Involved	Event Location
72	1	1
53	1 2	1
05	2	3
47	2	4
01	1	1
50	1 3	1
05	3	3
45	3	5

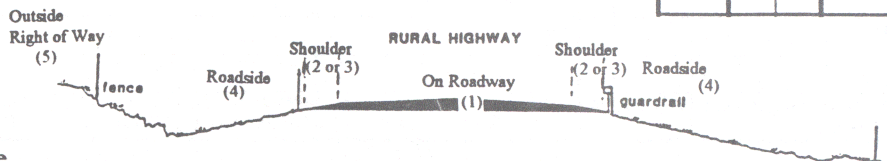
Additional Units

Event	Unit # of Units Involved	Event Location
01	3	4

For example, a vehicle crosses the center line (#72) and sideswipes an oncoming car (#53), forcing it off the road on the right (#5), where it crashes into a tree (#47). Before coming to rest, the first vehicle rolls (#1) on the roadway and is hit by another oncoming vehicle (#50) and the impact causes the third vehicle run off the road (#5) on the right, hit a fence (#45) and overturn (#1) on the roadside. Event information would be entered on the original VCR. In this example, the third unit was involved in the second sideswipe, ran off the road, and overturned. This collision is correctly coded to the right.

EVENT LOCATION -- Describe where the event occurred:

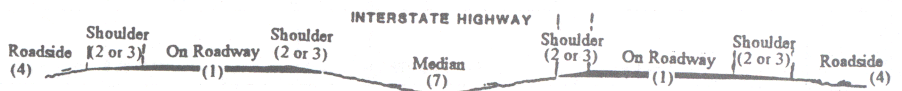
--Roadside - refers to the area between the shoulder and the property line. Note: Sidewalks are considered Roadside.



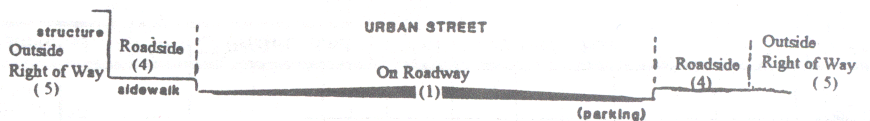
--Outside right-of-way - refers to locations beyond the property line.

HARMFUL EVENTS

--First Harmful Event - is the first event that causes property damage or injury.



--Most Harmful Event - is the event that causes the most property damage or most severe injury. Fatalities take precedence over injuries, injuries take precedence over property damage.



Officer# _____ Case No. _____

UNIT
INITIAL Point of Impact
PRINCIPLE Point of Impact

POINT OF IMPACT
Auto / Motorcycle / Tractor with Semi Trailer
Trailing Unit #1
Trailing Unit #2

UNIT
INITIAL Point of Impact
PRINCIPLE Point of Impact

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
Towed By: _____ Towed Due to Damage

UNIT Driver ALCOHOL / DRUG INVOLVEMENT Driver UNIT
1 Neither Alcohol or Drugs Detected 2 Yes - Alcohol 3 Yes - Drugs 4 Yes - Both
Alcohol Test Drug Test
1 None Given 2 Test Refused 3 Blood Test 4 Urine Test 5 Breath Test 6 Field Test
BAC Test Results: Drug Used (if known): Drug Test Results

UNIT COMMERCIAL VEHICLE UNIT
Refer to Instruction Sheet before completing
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
Hazardous Material Placard: Spilled: 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 name is different from vehicle owner, record the name and address in the narrative on page 3.

Table with 3 columns: Event, Unit # of Units Involved, Event Location

EVENTS - List events for ALL units on page 3. Use this area only for events which do not fit on page 3.
1 Overtum 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
54 Head-On 55 Angle 56 Rear-End 57 Same Dir
50 Head-On 51 Rear-End 52 Backed Into 53 Parked Veh. 54 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

UNIT FIRST EVENT RELATIONSHIP TO JUNCTION UNIT
0 Nonjunction 1 In Intersection 2 Intersection Related 3 At Driveway/Alley 4 Driveway/Alley Related 5 On Ramp 6 Ramp Related 7 At Railroad Crossing 9 Other

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

- Driver Actions
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 9 Passing 10 Negotiating Curve 11 Stopped in Traffic 12 Slowing in Traffic 13 Starting in Traffic 14 Parking 15 Entering Drivwy./Alley 16 Leaving Drivwy./Alley 17 Backing 18 Avoiding Obstacle 19 Avoiding Veh./Ped. 20 Pursuing Vehicle 21 Fleeing Pursuit 22 Racing 23 Parked Vehicle 24 Driverless Vehicle in Motion 25 Crossing at Painted Intersection 26 Crossing at Unpainted Intersection 27 Crossing at Non-Intersection X-walk 28 Crossing Not at Intersection 29 Walk/Ride with Traffic in Bike Lane 30 Walk/Ride with Traffic No Bike Lane 31 Walk/Ride Facing Traffic in Bike Lane 32 Walk/Ride Facing Traffic No Bike Lane 33 Standing on Roadway 34 Playing on Roadway 35 Working on Roadway 36 Enter/Leave School Bus 37 Not on Roadway 38 Other

IDAHO VEHICLE COLLISION REPORT

ADDITIONAL UNITS

The Additional Units Report was developed to speed the process of reporting by eliminating duplication on collision location information.

--The unit # has been left blank in the driver/vehicle information section and events section to accommodate multiple car collisions. You need to enter the unit # information for each unit involved.

--If there are more than 3 passengers per unit, all additional passenger information should be entered in the narrative section on page 3 of the original VCR.

(I.C. 49-102 (3)) "Accident" means any event that results in an unintended injury or property damage attributed directly or indirectly to the motion of a motor vehicle or it's load, a snowmobile or special mobile equipment.

(I.C. 49-1305 (1)) The driver of a vehicle involved in an accident resulting in injury to or death of any person, or damage to the property of any one (1) person in excess of seven hundred and fifty dollars (\$750) shall immediately, by the quickest means of communication give notice of the accident to the local police department if the accident occurs within a city, otherwise to the office of the county sheriff or the nearest office of the state police.

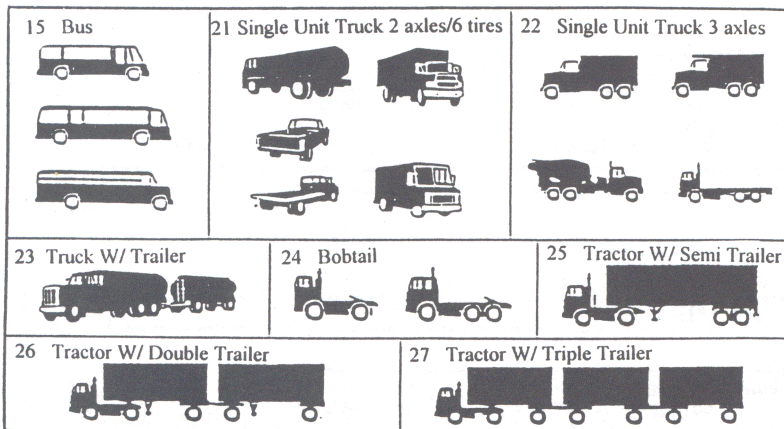
INJURIES

- A-Injury -- incapacitating injury which prevents the injured person from walking, driving, or normally continuing the activities the person was capable of performing before the injury occurred. Includes : Severe lacerations, Broken or distorted limbs, skull or chest injuries, unable to leave scene without assistance.
- B-injury -- nonincapacitating injury which is evident to observers at the scene. Includes: Lumps, Bumps, bruises, minor lacerations.
- C-injury -- possible injury which includes: claim of injuries not evident, limping, complaint of pain, nausea, or hysteria.

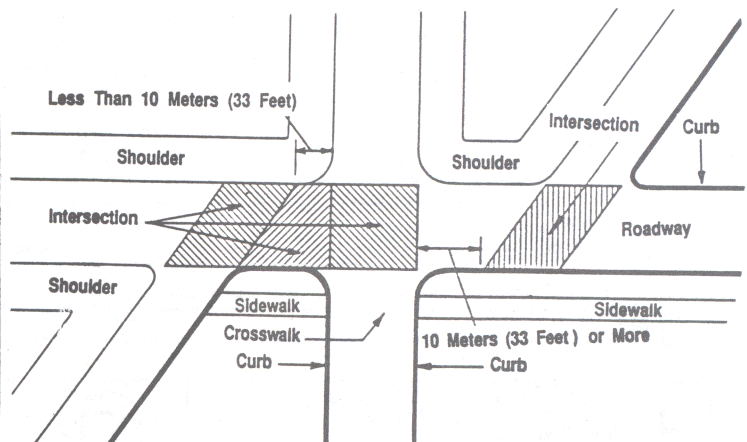
PASSENGER SEATING

- Seating -- A child riding in a driver's lap or on the gas tank in front of a motorcycle driver should be coded as 99- other and be explained in the narrative section.
- Trapped -- This data element is used to determine how frequently extrication units are required to forcibly remove victims from vehicles. If an extrication unit (jaws of life, hearst etc) is used indicate code 2 trapped/extrication unit used. If victims are removed from vehicle by other means (pry bars etc.) indicate 3 Trapped/other extrication method.
- Transported -- Transported for medical care should be used to show how injured were transported from the scene. If injured were not transported. fill in the space with a "--" to indicate not applicable.

COMMERCIAL VEHICLE SILHOUETTES



INTERSECTION



WHEN IN DOUBT 0 = None

9 or 99 = Other

"-" = Not Applicable