

# Idaho Vehicle Collision Report

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

<b>Collision Information</b>		Agency Code <b>SP03</b>	Officer No. <b>3186</b>	Report District <b>3</b>	Case No. <b>B12000159</b>
Date of Collision <b>1/14/2012</b>	Day of Collision <b>Saturday</b>	Time <b>21:11</b>	Police Dispatched <b>21:18</b>	Police Arrived <b>21:32</b>	EMS Dispatched <b>21:11</b>
<input type="checkbox"/> Within City/Town or <u>4</u> Miles <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input checked="" type="checkbox"/> W of		City or Town <b>Hammett</b>		County <b>Elmore</b>	
Interchange No.	R. R. Crossing No.	On Private Property <input type="checkbox"/>	EMS Provider (first one to arrive) <b>Elmore County EMS</b>		
Name of Primary Road / Parking Lot / Driveway / Alley <b>W Interstate 84</b>				No. of Lanes <b>2</b>	Posted Speed <b>75</b>
In Intersection With: Secondary Road / Parking Lot / Driveway / Alley				Posted Speed	
Intersection Type	<input type="checkbox"/> 01 Not at intersection <input type="checkbox"/> 02 Four-way Intersection <input type="checkbox"/> 03 Five-point or more <input type="checkbox"/> 04 Roundabout <input type="checkbox"/> 05 Traffic Circle <input checked="" type="checkbox"/> 06 T-Intersection <input type="checkbox"/> 07 Y-Intersection				
Outside an Intersection	<input checked="" type="checkbox"/> .3 Miles <input type="checkbox"/> N <input checked="" type="checkbox"/> E of Name of First Reference Point (Cross Street / Mile Post Marker) <b>MP 108.3</b>				
	<input type="checkbox"/> Miles <input type="checkbox"/> N <input type="checkbox"/> E of Name of Second Reference Point (Cross Street / Mile Post Marker) <input type="checkbox"/> Feet <input type="checkbox"/> S <input type="checkbox"/> W				
Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Local Agency Use 1	Local Agency Use 2	Latitude (GPS)	Longitude (GPS)	
Light Conditions	<input checked="" type="checkbox"/> 05 <input type="checkbox"/> 01 Day <input type="checkbox"/> 02 Dawn/Dusk <input type="checkbox"/> 03 Dark - Street Lights On <input type="checkbox"/> 04 Dark - Street Lights Off <input type="checkbox"/> 05 Dark - No Street Lights				
Weather Conditions (2 selections possible)	<input checked="" type="checkbox"/> 01 <input type="checkbox"/> 02 Clear <input type="checkbox"/> 03 Cloudy <input type="checkbox"/> 04 Rain <input type="checkbox"/> 05 Snow <input type="checkbox"/> 06 Sleet/Hail <input type="checkbox"/> 07 Fog <input type="checkbox"/> 08 Blowing Dust/Sand <input type="checkbox"/> 09 Severe Cross Winds <input type="checkbox"/> A Smoke/Smog <input type="checkbox"/> B Blowing Snow				
Road Surface Conditions	<input checked="" type="checkbox"/> 01 <input type="checkbox"/> 02 Dry <input type="checkbox"/> 03 Wet <input type="checkbox"/> 04 Slush <input type="checkbox"/> 05 Ice <input type="checkbox"/> 06 Snow <input type="checkbox"/> 07 Mud/dirt/gravel <input type="checkbox"/> 08 Water - standing/moving <input type="checkbox"/> 09 Oil <input type="checkbox"/> 10 Sand <input type="checkbox"/> 11 Other				
Other Road Conditions	<input checked="" type="checkbox"/> 00 <input type="checkbox"/> 01 None <input type="checkbox"/> 02 Ruts/Bumps/Holes <input type="checkbox"/> 03 Slick Asphalt (Bleeding) <input type="checkbox"/> 04 Washboard <input type="checkbox"/> 05 High/Low Shoulder <input type="checkbox"/> 06 Loose Gravel/Seal Coat <input type="checkbox"/> 07 Lane Closed <input type="checkbox"/> A Poor Pavement Markings <input type="checkbox"/> 09 Other				
Road Type	<input checked="" type="checkbox"/> 01 <input type="checkbox"/> 02 2-Way & Raised/Depressed Divider <input type="checkbox"/> 03 2-Way & 2-Way Left-Turn Lane/Divider <input type="checkbox"/> 04 1-Way <input type="checkbox"/> 05 2-Way & No Divider <input type="checkbox"/> 06 Ramp <input type="checkbox"/> 07 Alley <input type="checkbox"/> 08 Rest Area <input type="checkbox"/> 09 Port Of Entry <input type="checkbox"/> A 2-Way & 2 Double Yellow Painted Divider <input type="checkbox"/> 9 Other				
Road Surface Type	<input checked="" type="checkbox"/> 01 <input type="checkbox"/> 02 Concrete <input type="checkbox"/> 03 Paved (Asphalt/Brick) <input type="checkbox"/> 04 Gravel/Stone <input type="checkbox"/> 05 Dirt <input type="checkbox"/> 9 Other				
Vertical Roadway Geometrics	<input checked="" type="checkbox"/> 01 <input type="checkbox"/> 02 Upgrade/Downgrade <input type="checkbox"/> 03 Hillcrest <input type="checkbox"/> 05 Level				
Horizontal Roadway Geometrics	<input checked="" type="checkbox"/> 01 <input type="checkbox"/> 02 Straight <input type="checkbox"/> 02 Curve				
Traffic Control	<input checked="" type="checkbox"/> 00 <input type="checkbox"/> 01 None <input type="checkbox"/> 02 Yield <input type="checkbox"/> 03 Traffic Signal <input type="checkbox"/> 04 Flashing Beacon <input type="checkbox"/> 05 Traffic Signal - Pedestrian only <input type="checkbox"/> 06 RRX - Gates/Signal <input type="checkbox"/> 07 RRX - Flashing Beacon <input type="checkbox"/> 08 Officer/Flagger <input type="checkbox"/> 09 Stop Sign on Cross Street Only <input type="checkbox"/> 10 Stop Signs all Directions <input type="checkbox"/> 11 RRX - Stop Sign <input type="checkbox"/> 12 School Zone <input type="checkbox"/> A School Bus Signal <input type="checkbox"/> B No Passing Barrier Line <input type="checkbox"/> 9 Other				
Traffic Control Status	<input type="checkbox"/> 01 Functioning <input type="checkbox"/> 02 Not Functioning <input type="checkbox"/> 03 Removed				
Work Zone Crash Location	<input type="checkbox"/> 01 Before the First Work Zone Warning Sign <input type="checkbox"/> 02 Advance Warning Area <input type="checkbox"/> 03 Transition Area <input type="checkbox"/> 04 Activity Area (Work incident area) <input type="checkbox"/> 05 Termination Area				
Work Zone Type	<input type="checkbox"/> 01 Lane Closure <input type="checkbox"/> 02 Lane Shift / Crossover <input type="checkbox"/> 03 Intermittent or Moving Work <input type="checkbox"/> 04 Work on Shoulder or Median <input type="checkbox"/> 09 Other				
Work Zone Workers Present	<input checked="" type="checkbox"/> Y Yes <input type="checkbox"/> N No <input type="checkbox"/> -U Unknown				
Work Zone Law Enforcement Present	<input type="checkbox"/> 01 No <input type="checkbox"/> 02 Officer Present <input type="checkbox"/> 03 Law Enforcement Vehicle only				

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

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

## Witnesses (additional witnesses may be added in the narrative)

Witness Name <b>Slocum, Justin W.</b>	Home Phone <b>208-404-7243</b>	Work Phone
Witness Address <b>2015 Sessions St, Heyburn ID 83336</b>		
Witness Name	Home Phone	Work Phone
Witness Address		

**Unit Information**

Case No.: **B12000159**

Unit No.: **1**

\* If turning, select direction before turning

See Events page for a list of event codes →	First Harmful Event <b>51</b>	Most Harmful Event <b>51</b>	General Direction of Travel	Street <input type="checkbox"/> North/South <input checked="" type="checkbox"/> East/West	Unit * <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input checked="" type="checkbox"/> W	On (Street Name) <b>W Interstate 84</b>
First Event Relationship to Junction	<b>00</b>	0 Nonjunction 1 In Intersection 2 Intersection Related 3 At Driveway/Alley/Parking Lot 4 Driveway/Alley/Parking Lot Related 5 On Ramp 6 Ramp Related 7 At Railroad Crossing 8 Railroad Crossing Related 9 Other				

**Unit Type**

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

**Unit Use**

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

**Emergency Use**

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

**Attachment**

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

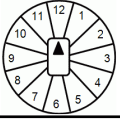
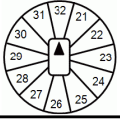
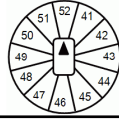
**Unit / Vehicle**

Unit Type <b>06</b>	Unit Use <b>00</b>	Non-Contact Unit <input type="checkbox"/>	Emergency Use <b>NA</b>	License Plate No. <b>2CW9164</b>	State <b>ID</b>	VIN (Vehicle Identification No.) <b>5GZCZ23DX4S813304</b>
Year <b>2004</b>	Make <b>Saturn</b>	Model <b>Vue</b>	Color <b>Blue</b>	Attachment 1 <b>00</b>	Attachment 2 <b>00</b>	

**Vehicle Owner**

Last Name <b>Sauer</b>	First Name <b>Ronald</b>	M.I. <b>C</b>	Insured? <b>Yes</b>	Insurance Company Name <b>Allied Insurance-Nationwide</b>	Policy No. <b>AAPM0012414968-9</b>
Address <b>13355 Burgundy PI</b>			City <b>Caldwell</b>	State <b>ID</b>	Zip <b>83607</b>

**Damage**

Initial Point of Impact <b>12</b>	Auto / Motorcycle / Tractor with Semi Trailer		Trailing Unit #1		Trailing Unit #2	
Principal Point of Impact <b>12</b>	13 Top and Windows 14 Undercarriage		33 Top 34 Undercarriage		53 Top 54 Undercarriage	
Extent of Deformity <b>07</b>	0 No Damage 1 Very Minor 2 Minor 3 Minor-Moderate 4 Moderate 5 Moderate-Severe 6 Severe 7 Very Severe NA Non-Vehicle					
Towed Due to Damage <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Towed By <b>J&amp;S Towing</b>					

**Contributing Circumstances (3 possible)**

<b>06</b>	0 None	8 Overcorrected	17 Wheel Defect	27 Physical Impairment	38 Failed to Maintain Lane
<b>01</b>	1 Exceeded Posted Speed	10 Improper Backing	18 Light Defect	28 Improperly Parked	39 Foot Slipped Off or Caught On Pedal
<b>22</b>	2 Speed Too Fast For Conditions	11 Improper Turn	19 Other Vehicle Defect	31 Previous Accident	40 Wrong Side or Wrong Way
	3 Too Slow for Traffic	12 Failed to Signal	21 Alcohol Impaired	32 Distracted IN or ON Vehicle	41 Brakes
	4 Improper Overtaking	13 Failed to Yield	22 Inattention	34 Drug Impaired	42 Steering
	5 Improper Lane Change	14 Failed to Obey Stop Sign	23 Vision Obstruction	35 Improper Use of Turn Lane	43 Truck Coupling, Trailer Hitch, Safety Chains
	6 Following Too Close	15 Failed to Obey Signal	24 Asleep, Drowsy, Fatigued	36 Animal(s) in Roadway	44 Wipers
	7 Drove Left of Center	16 Tire Defect	25 Sick	37 Emotional - Depressed, Angry, Disturbed	99 Other

Distracted By (if # 32 selected)	<b>NA</b>	1 Electronic Communication Device (Cell, CB Radio, Etc.) 2 Other Electronic Device (Navigation device, DVD player, IPODS) 3 Passenger 4 Other Inside the Vehicle 5 Previous vehicle Crash/Ticketing Incident/Abandoned Vehicle 6 Other External Distraction Outside Vehicle NA Not Distracted				
Vision Obstructed By (if # 23 selected)	<b>00</b>	0 None 1 Curve In Road 2 Hill Crest 3 Roadway Slope/Snowbank 4 Tree/Crop/Bush 5 Reflection From Surface 6 Bright Sunlight 7 Bright Headlights 10 Rain/Snow/Ice ON windows 11 Cracked/Dirty Windows 12 Splash/Spray From Other Vehicle 13 Moving Vehicle 14 Parked Vehicle 15 Traffic Sign 16 Billboard/Fence 17 Building 18 Vehicle Stopped on Roadway 19 Contents in Vehicle Interior 20 Signs/Stickers/Decals on Windows 99 Other				

**Commercial Vehicle**

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

**Driver / Pedestrian / Pedalcyclist**

<b>01</b> ↑ Operator Action	<b>Driver</b>			<b>Pedestrian / Pedalcyclist</b>							
	1 Going Straight 2 Turning Right 3 Right Turn on Red 4 Turning Left 5 Left Turn on Red 6 U-Turn 7 Merging 8 Changing Lanes 10 Passing	11 Negotiating Curve 12 Stopped in Traffic 13 Slowing in Traffic 14 Starting in Traffic 15 Parking 18 Backing 20 Avoiding Obstacle 21 Avoiding Vehicle, Pedestrian, Pedalcycle	22 Pursuing Vehicle 23 Fleeing Pursuit 24 Racing 25 Parked Vehicle 26 Driverless Vehicle in Motion 64 Entering/Exiting Parked or Standing Vehicle 65 Entering/Leaving Parking Lot, Driveway, Alley	30 Crossing at Intersection, Crosswalk 31 Crossing at Intersection, NO Crosswalk 35 Crossing at Mid-block, Crosswalk 36 Crossing at Mid-block, NO Crosswalk 40 Walk/Ride with Traffic in Bike Lane 41 Walk/Ride with Traffic NO Bike Lane 42 Walk/Ride Facing Traffic in Bike Lane 43 Walk/Ride Facing Traffic NO Bike Lane	44 Walk/Ride on Sidewalk 50 Standing ON Roadway 51 Playing ON Roadway 52 Working ON Roadway 60 Enter/Exit School Bus 70 Not ON Roadway	99 Other					
Hit & Run <input type="checkbox"/>	Last Name <b>Sauer</b>	First Name <b>Taylor</b>	M.I.	Home Phone	Work Phone						
Address <b>13355 Burgundy Pl</b>		City <b>Caldwell</b>		State <b>ID</b>	Zip <b>83607</b>						
Driver's License No. <b>UX210306H</b>		License State <b>ID</b>	License Class <b>D</b>		<input type="checkbox"/> Commercial License	Sex <b>F</b>					
Endorsements (list all)		<input type="checkbox"/> School Bus <input type="checkbox"/> Hazardous materials <input type="checkbox"/> Motorcycle <input type="checkbox"/> Tanker vehicle <input type="checkbox"/> Passenger <input type="checkbox"/> Double / triple trailers <input checked="" type="checkbox"/> Combination of tank vehicle & hazardous materials <input type="checkbox"/> OTHER non commercial license endorsements <input type="checkbox"/> NA None / Not applicable									
Restrictions (list all)		<input type="checkbox"/> None <input type="checkbox"/> Daylight only until 16 <input type="checkbox"/> Corrective Lenses <input type="checkbox"/> Mechanical Devices (i.e. Adaptive devices) <input type="checkbox"/> Prosthetic Aid <input type="checkbox"/> Automatic Transmission <input type="checkbox"/> Outside Mirror <input type="checkbox"/> Limited to Daylight Only <input type="checkbox"/> Limited to Employment <input type="checkbox"/> Limited Other <input type="checkbox"/> Special restrictions <input type="checkbox"/> Intrastate Only <input type="checkbox"/> No vehicle equipped with air brakes <input type="checkbox"/> Except Class A Bus <input type="checkbox"/> Except Class A & Class B Bus <input type="checkbox"/> Except Tractor-Trailer <input type="checkbox"/> Learner's Permit Restrictions <input type="checkbox"/> 6 mo - 1 Under 17 Nonrelative <input type="checkbox"/> 3 - wheel motorcycle only <input type="checkbox"/> Seasonal CDL <input type="checkbox"/> Identity Not verified <input type="checkbox"/> Motorcycle-No passenger <input type="checkbox"/> Idaho DL in possession <input type="checkbox"/> Ignition Interlock device <input type="checkbox"/> Non-Freeway <input type="checkbox"/> Community Work Center <input type="checkbox"/> Except Classes A & B School Buses <input type="checkbox"/> 01 Farm Waiver <input type="checkbox"/> 02 Military Vehicles Only <input type="checkbox"/> 99 Other									
(See key at bottom of page for the following fields) →		Protective Device <b>03</b>	Airbag Deployment <b>01</b>	Airbag Location <b>01</b>	Injury <b>K</b>	Ejection <b>01</b>	Trapped <b>02</b>	Transported By <b>05</b>	Idaho Code Number(s) / Violation(s) <b>00 Not Cited</b>		
Transported To (if injured) <b>No Medical Care Provider Needed</b>		EMS Provider <b>Elmore County EMS</b>									
<b>1</b>	← Alcohol / Drug Involvement			Alcohol Test		←		1 None Given	3 Blood Test	5 Breath Test	Drug Test
	1 Neither Alcohol nor Drugs Detected   3 Yes, Drugs 2 Yes, Alcohol   4 Yes, Both			BAC Test Results				2 Test Refused	4 Urine Test	6 Field Test	→ Drug Test Results
		Drug Used (if known)									

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

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

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

**Unit Information**

Case No.: **B12000159**

Unit No.: **2**

\* If turning, select direction before turning

See Events page for a list of event codes →	First Harmful Event <b>51</b>	Most Harmful Event <b>51</b>	General Direction of Travel	Street <input type="checkbox"/> North/South <input checked="" type="checkbox"/> East/West	Unit * <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input checked="" type="checkbox"/> W	On (Street Name) <b>W Interstate 84</b>
First Event Relationship to Junction	<b>00</b>	0 Nonjunction 1 In Intersection 2 Intersection Related 3 At Driveway/Alley/Parking Lot 4 Driveway/Alley/Parking Lot Related 5 On Ramp 6 Ramp Related 7 At Railroad Crossing 8 Railroad Crossing Related 9 Other				

**Unit Type**

1 Pedestrian	21 Truck - 2 Axle/6 Tires	32 Pickup
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10 Motor Home	27 Tractor - 3 Trailers	99 Other
11 Snowmobile	28 Train	-U Hit & Run
12 Equestrian	30 Farm Equipment	
15 Bus - 16 or more seats	31 Scooter	

**Unit Use**

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

**Emergency Use**

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

**Attachment**

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

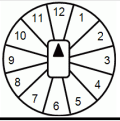
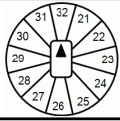
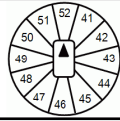
**Unit / Vehicle**

Unit Type <b>25</b>	Unit Use <b>00</b>	Non-Contact Unit <input type="checkbox"/>	Emergency Use <b>NA</b>	License Plate No. <b>YAGK220</b>	State <b>OR</b>	VIN (Vehicle Identification No.) <b>3HSDJSJR0BN353833</b>
Year <b>2011</b>	Make <b>International</b>	Model <b>Tractor</b>	Color <b>White</b>	Attachment 1 <b>00</b>	Attachment 2 <b>00</b>	

**Vehicle Owner**

Last Name <b>Ag Express Inc</b>	First Name	M.I.	Insured? <b>Yes</b>	Insurance Company Name <b>National Interstate Ins. Co.</b>	Policy No. <b>VEN800053</b>
Address <b>650 Hope St</b>			City <b>Vale</b>	State <b>OR</b>	Zip <b>97918</b>

**Damage**

Initial Point of Impact <b>06</b>	Auto / Motorcycle / Tractor with Semi Trailer		Trailing Unit #1		Trailing Unit #2	
Principal Point of Impact <b>06</b>	13 Top and Windows 14 Undercarriage		33 Top 34 Undercarriage		53 Top 54 Undercarriage	
Extent of Deformity <b>03</b>	0 No Damage 1 Very Minor 2 Minor 3 Minor-Moderate 4 Moderate 5 Moderate-Severe 6 Severe 7 Very Severe NA Non-Vehicle					
Towed Due to Damage <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Yes, Towed By <b>Not Towed</b>					

**Contributing Circumstances (3 possible)**

<b>00</b>	0 None	8 Overcorrected	17 Wheel Defect	27 Physical Impairment	38 Failed to Maintain Lane
<b>00</b>	1 Exceeded Posted Speed	10 Improper Backing	18 Light Defect	28 Improperly Parked	39 Foot Slipped Off or Caught On Pedal
<b>00</b>	2 Speed Too Fast For Conditions	11 Improper Turn	19 Other Vehicle Defect	31 Previous Accident	40 Wrong Side or Wrong Way
	3 Too Slow for Traffic	12 Failed to Signal	21 Alcohol Impaired	32 Distracted IN or ON Vehicle	41 Brakes
	4 Improper Overtaking	13 Failed to Yield	22 Inattention	34 Drug Impaired	42 Steering
	5 Improper Lane Change	14 Failed to Obey Stop Sign	23 Vision Obstruction	35 Improper Use of Turn Lane	43 Truck Coupling, Trailer Hitch, Safety Chains
	6 Following Too Close	15 Failed to Obey Signal	24 Asleep, Drowsy, Fatigued	36 Animal(s) in Roadway	44 Wipers
	7 Drove Left of Center	16 Tire Defect	25 Sick	37 Emotional - Depressed, Angry, Disturbed	99 Other

Distracted By (if # 32 selected)	1 Electronic Communication Device (Cell, CB Radio, Etc.) 2 Other Electronic Device (Navigation device, DVD player, IPODS) 3 Passenger 4 Other Inside the Vehicle 5 Previous vehicle Crash/Ticketing Incident/Abandoned Vehicle 6 Other External Distraction Outside Vehicle NA Not Distracted					
Vision Obstructed By (if # 23 selected)	0 None 1 Curve In Road 2 Hill Crest 3 Roadway Slope/Snowbank 4 Tree/Crop/Bush 5 Reflection From Surface 6 Bright Sunlight 7 Bright Headlights 10 Rain/Snow/Ice ON windows 11 Cracked/Dirty Windows 12 Splash/Spray From Other Vehicle 13 Moving Vehicle 14 Parked Vehicle 15 Traffic Sign 16 Billboard/Fence 17 Building 18 Vehicle Stopped on Roadway 19 Contents in Vehicle Interior 20 Signs/Stickers/Decals on Windows 99 Other					

**Commercial Vehicle**

Cargo Body <b>03</b>	0 None 1 Bus 2 Van/Enclosed Box 3 Cargo Tank 4 Flatbed 5 Dump 6 Concrete Mixer 7 Auto Transporter 8 Garbage/Refuse 10 Pickup Bed 11 Belly Dump/Hopper 12 Intermodal Container Chassis 13 Log 14 Pole Trailer 15 Vehicle Towing another Vehicle 9 Other					
GVWR Total	1 10,000 lbs or less 2 10,001 - 26,000 lbs 3 More than 26,000 lbs NA Not Applicable					
Carrier Type <b>01</b>	1 Interstate Carrier 2 Intrastate Carrier 3 Not in Commerce/Government 4 Not in Commerce/Other Truck or Bus 9 Other Operation/Not specified					
Carrier Name <b>Ag Express Inc</b>	Carrier Address <b>650 Hope St</b>	City <b>Vale</b>	State <b>OR</b>	Zip <b>97918</b>	Country	
MC / MX No.	DOT No. <b>1106469</b>	Hazardous Materials <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Placard <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Spilled <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Placard No. <b>NA</b>	
Hazard Class Number <b>NA</b>	1 Explosives 2 Gases - Compressed, Dissolved or Refrigerated 3 Flammable Liquid 4 Flammable Solids - Combustible, Water Reactive 5 Oxidizing Substances - Organic Peroxides 6 Poisonous (Toxic) and Infectious Substances 7 Radioactive Material 8 Corrosives 9 Miscellaneous Dangerous Goods					

**Driver / Pedestrian / Pedalcyclist**

<b>01</b> ↑ Operator Action	<b>Driver</b>			<b>Pedestrian / Pedalcyclist</b>					
	1 Going Straight 2 Turning Right 3 Right Turn on Red 4 Turning Left 5 Left Turn on Red 6 U-Turn 7 Merging 8 Changing Lanes 10 Passing	11 Negotiating Curve 12 Stopped in Traffic 13 Slowing in Traffic 14 Starting in Traffic 15 Parking 18 Backing 20 Avoiding Obstacle 21 Avoiding Vehicle, Pedestrian, Pedalcycle	22 Pursuing Vehicle 23 Fleeing Pursuit 24 Racing 25 Parked Vehicle 26 Driverless Vehicle in Motion 64 Entering/Exiting Parked or Standing Vehicle 65 Entering/Leaving Parking Lot, Driveway, Alley	30 Crossing at Intersection, Crosswalk 31 Crossing at Intersection, NO Crosswalk 35 Crossing at Mid-block, Crosswalk 36 Crossing at Mid-block, NO Crosswalk 40 Walk/Ride with Traffic in Bike Lane 41 Walk/Ride with Traffic NO Bike Lane 42 Walk/Ride Facing Traffic in Bike Lane 43 Walk/Ride Facing Traffic NO Bike Lane	44 Walk/Ride on Sidewalk 50 Standing ON Roadway 51 Playing ON Roadway 52 Working ON Roadway 60 Enter/Exit School Bus 70 Not ON Roadway	99 Other			
Hit & Run <input type="checkbox"/>	Last Name <b>Seefried</b>	First Name <b>David</b>	M.I. <b>J</b>	Home Phone <b>208-421-2075</b>	Work Phone				
Address <b>324 South Highway 24 #14</b>		City <b>Heyburn</b>	State <b>ID</b>	Zip <b>83336</b>					
Driver's License No. <b>UL106782B</b>		License State <b>ID</b>	License Class <b>A</b>	<input checked="" type="checkbox"/> Commercial License	Sex <b>M</b>	Date of Birth <b>12/2/1962</b>			
Endorsements (list all) <b>T,N</b>	<input type="checkbox"/> School Bus <input type="checkbox"/> Hazardous materials <input type="checkbox"/> Motorcycle <input type="checkbox"/> Tanker vehicle <input type="checkbox"/> Passenger <input type="checkbox"/> Double / triple trailers <input checked="" type="checkbox"/> Combination of tank vehicle & hazardous materials <input type="checkbox"/> OTHER non commercial license endorsements <input type="checkbox"/> NA None / Not applicable								
Restrictions (list all)	<input type="checkbox"/> None <input type="checkbox"/> Daylight only until 16 <input type="checkbox"/> Corrective Lenses <input type="checkbox"/> Mechanical Devices (i.e. Adaptive devices) <input type="checkbox"/> Prosthetic Aid <input type="checkbox"/> Automatic Transmission <input type="checkbox"/> Outside Mirror <input type="checkbox"/> Limited to Daylight Only <input type="checkbox"/> Limited to Employment <input type="checkbox"/> Limited Other <input type="checkbox"/> Special restrictions <input type="checkbox"/> Intrastate Only <input type="checkbox"/> No vehicle equipped with air brakes <input type="checkbox"/> Except Class A Bus <input type="checkbox"/> Except Class A & Class B Bus <input type="checkbox"/> Except Tractor-Trailer <input type="checkbox"/> Learner's Permit Restrictions <input type="checkbox"/> 6 mo - 1 Under 17 Nonrelative <input type="checkbox"/> 3 - wheel motorcycle only <input type="checkbox"/> Seasonal CDL <input type="checkbox"/> Identity Not verified <input type="checkbox"/> Motorcycle-No passenger <input type="checkbox"/> Idaho DL in possession <input type="checkbox"/> Ignition Interlock device <input type="checkbox"/> Non-Freeway <input type="checkbox"/> Community Work Center <input type="checkbox"/> Except Classes A & B School Buses <input type="checkbox"/> 01 Farm Waiver <input type="checkbox"/> 02 Military Vehicles Only <input type="checkbox"/> 99 Other								
(See key at bottom of page for the following fields) →	Protective Device <b>03</b>	Airbag Deployment <b>04</b>	Airbag Location <b>NA</b>	Injury <b>O</b>	Ejection <b>01</b>	Trapped <b>01</b>	Transported By <b>05</b>	Idaho Code Number(s) / Violation(s) <b>00 Not Cited</b>	<input checked="" type="checkbox"/> Not Cited
Transported To (if injured) <b>No Medical Care Provider Needed</b>									
EMS Provider <b>No EMS Provider Needed</b>									
<b>1</b>	← Alcohol / Drug Involvement		Alcohol Test	←		1 None Given   3 Blood Test   5 Breath Test	Drug Test		
	1 Neither Alcohol nor Drugs Detected   3 Yes, Drugs 2 Yes, Alcohol   4 Yes, Both		BAC Test Results	←		2 Test Refused   4 Urine Test   6 Field Test	Drug Test Results		

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

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

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

**Unit Information**

Case No.: **B12000159**

Unit No.: **3**

\* If turning, select direction before turning

See Events page for a list of event codes →	First Harmful Event <b>50</b>	Most Harmful Event <b>50</b>	General Direction of Travel	Street <input type="checkbox"/> North/South <input checked="" type="checkbox"/> East/West	Unit * <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input checked="" type="checkbox"/> W	On (Street Name) <b>W Interstate 84</b>
First Event Relationship to Junction	<b>00</b>	0 Nonjunction 1 In Intersection 2 Intersection Related 3 At Driveway/Alley/Parking Lot 4 Driveway/Alley/Parking Lot Related 5 On Ramp 6 Ramp Related 7 At Railroad Crossing 8 Railroad Crossing Related 9 Other				

**Unit Type**

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

**Unit Use**

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

**Emergency Use**

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

**Attachment**

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

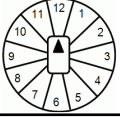
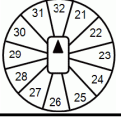
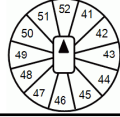
**Unit / Vehicle**

Unit Type <b>25</b>	Unit Use <b>00</b>	Non-Contact Unit <input type="checkbox"/>	Emergency Use <b>NA</b>	License Plate No. <b>-U</b>	State <b>MO</b>	VIN (Vehicle Identification No.) <b>4V4NC9TJ73N340473</b>
Year <b>2003</b>	Make <b>Volvo</b>	Model <b>Tractor</b>	Color <b>White</b>	Attachment 1 <b>00</b>	Attachment 2 <b>00</b>	

**Vehicle Owner**

Last Name <b>Alcatraz LLC</b>	First Name	M.I.	Insured? <b>Yes</b>	Insurance Company Name <b>All Star Insurance</b>	Policy No. <b>ALT1150058</b>
Address <b>6507 Greycliff Heights</b>			City <b>St Louis</b>	State <b>MO</b>	Zip <b>63129</b>

**Damage**

Initial Point of Impact <b>12</b>	Auto / Motorcycle / Tractor with Semi Trailer		Trailing Unit #1		Trailing Unit #2	
Principal Point of Impact <b>12</b>	13 Top and Windows 14 Undercarriage		33 Top 34 Undercarriage		53 Top 54 Undercarriage	
Extent of Deformity <b>06</b>	0 No Damage 1 Very Minor 2 Minor 3 Minor-Moderate 4 Moderate 5 Moderate-Severe 6 Severe 7 Very Severe NA Non-Vehicle					
Towed Due to Damage <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Towed By <b>B &amp; W Towing</b>					

**↓ Contributing Circumstances (3 possible)**

<b>00</b>	0 None	8 Overcorrected	17 Wheel Defect	27 Physical Impairment	38 Failed to Maintain Lane
<b>00</b>	1 Exceeded Posted Speed	10 Improper Backing	18 Light Defect	28 Improperly Parked	39 Foot Slipped Off or Caught On Pedal
<b>00</b>	2 Speed Too Fast For Conditions	11 Improper Turn	19 Other Vehicle Defect	31 Previous Accident	40 Wrong Side or Wrong Way
	3 Too Slow for Traffic	12 Failed to Signal	21 Alcohol Impaired	32 Distracted IN or ON Vehicle	41 Brakes
	4 Improper Overtaking	13 Failed to Yield	22 Inattention	34 Drug Impaired	42 Steering
	5 Improper Lane Change	14 Failed to Obey Stop Sign	23 Vision Obstruction	35 Improper Use of Turn Lane	43 Truck Coupling, Trailer Hitch, Safety Chains
	6 Following Too Close	15 Failed to Obey Signal	24 Asleep, Drowsy, Fatigued	36 Animal(s) in Roadway	44 Wipers
	7 Drove Left of Center	16 Tire Defect	25 Sick	37 Emotional - Depressed, Angry, Disturbed	99 Other

Distracted By (if # 32 selected)	1 Electronic Communication Device (Cell, CB Radio, Etc.) 2 Other Electronic Device (Navigation device, DVD player, IPODS) 3 Passenger 4 Other Inside the Vehicle 5 Previous vehicle Crash/Ticketing Incident/Abandoned Vehicle 6 Other External Distraction Outside Vehicle NA Not Distracted				
Vision Obstructed By (if # 23 selected)	0 None 1 Curve In Road 2 Hill Crest 3 Roadway Slope/Snowbank 4 Tree/Crop/Bush 5 Reflection From Surface 6 Bright Sunlight 7 Bright Headlights 10 Rain/Snow/Ice ON windows 11 Cracked/Dirty Windows 12 Splash/Spray From Other Vehicle 13 Moving Vehicle 14 Parked Vehicle 15 Traffic Sign 16 Billboard/Fence 17 Building 18 Vehicle Stopped on Roadway 19 Contents in Vehicle Interior 20 Signs/Stickers/Decals on Windows 99 Other				

**Commercial Vehicle**

Cargo Body <b>02</b>	0 None 1 Bus 2 Van/Enclosed Box 3 Cargo Tank 4 Flatbed 5 Dump 6 Concrete Mixer 7 Auto Transporter 8 Garbage/Refuse 10 Pickup Bed 11 Belly Dump/Hopper 12 Intermodal Container Chassis 13 Log 14 Pole Trailer 15 Vehicle Towing another Vehicle 9 Other				
GVWR Total	1 10,000 lbs or less 2 10,001 - 26,000 lbs 3 More than 26,000 lbs NA Not Applicable				
Carrier Type <b>01</b>	1 Interstate Carrier 2 Intrastate Carrier 3 Not in Commerce/Government 4 Not in Commerce/Other Truck or Bus 9 Other Operation/Not specified				
Carrier Name <b>Alcatraz LLC</b>	Carrier Address <b>6507 Greycliff Heights</b>	City <b>St Louis</b>	State <b>MO</b>	Zip <b>63129</b>	Country
MC / MX No.	DOT No. <b>2117295</b>	Hazardous Materials <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Spilled <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Placard No. <b>NA</b>	
Hazard Class Number <b>NA</b>	1 Explosives 2 Gases - Compressed, Dissolved or Refrigerated 3 Flammable Liquid 4 Flammable Solids - Combustible, Water Reactive 5 Oxidizing Substances - Organic Peroxides 6 Poisonous (Toxic) and Infectious Substances 7 Radioactive Material 8 Corrosives 9 Miscellaneous Dangerous Goods				

**Driver / Pedestrian / Pedalcyclist**

<b>01</b> ↑ Operator Action	<b>Driver</b>			<b>Pedestrian / Pedalcyclist</b>					
	1 Going Straight 2 Turning Right 3 Right Turn on Red 4 Turning Left 5 Left Turn on Red 6 U-Turn 7 Merging 8 Changing Lanes 10 Passing	11 Negotiating Curve 12 Stopped in Traffic 13 Slowing in Traffic 14 Starting in Traffic 15 Parking 18 Backing 20 Avoiding Obstacle 21 Avoiding Vehicle, Pedestrian, Pedalcycle	22 Pursuing Vehicle 23 Fleeing Pursuit 24 Racing 25 Parked Vehicle 26 Driverless Vehicle in Motion 64 Entering/Exiting Parked or Standing Vehicle 65 Entering/Leaving Parking Lot, Driveway, Alley	30 Crossing at Intersection, Crosswalk 31 Crossing at Intersection, NO Crosswalk 35 Crossing at Mid-block, Crosswalk 36 Crossing at Mid-block, NO Crosswalk 40 Walk/Ride with Traffic in Bike Lane 41 Walk/Ride with Traffic NO Bike Lane 42 Walk/Ride Facing Traffic in Bike Lane 43 Walk/Ride Facing Traffic NO Bike Lane	44 Walk/Ride on Sidewalk 50 Standing ON Roadway 51 Playing ON Roadway 52 Working ON Roadway 60 Enter/Exit School Bus 70 Not ON Roadway	99 Other			
Hit & Run <input type="checkbox"/>	Last Name <b>Porada</b>	First Name <b>Slawomir</b>	M.I.	Home Phone <b>908-410-7273</b>	Work Phone				
Address <b>9751 Green Park Ind Drive</b>		City <b>St Louis</b>	State <b>MO</b>	Zip <b>63123</b>					
Driver's License No. <b>X154231006</b>		License State <b>MO</b>	License Class <b>A</b>	<input checked="" type="checkbox"/> Commercial License	Sex <b>M</b>	Date of Birth <b>7/6/1969</b>			
Endorsements (list all)	<input type="checkbox"/> School Bus <input type="checkbox"/> Hazardous materials <input type="checkbox"/> Motorcycle <input type="checkbox"/> Tanker vehicle <input type="checkbox"/> Passenger <input type="checkbox"/> Double / triple trailers <input checked="" type="checkbox"/> Combination of tank vehicle & hazardous materials <input type="checkbox"/> OTHER non commercial license endorsements <input type="checkbox"/> NA None / Not applicable								
Restrictions (list all)	<input type="checkbox"/> None <input type="checkbox"/> Daylight only until 16 <input type="checkbox"/> Corrective Lenses <input type="checkbox"/> Mechanical Devices (i.e. Adaptive devices) <input type="checkbox"/> Prosthetic Aid <input type="checkbox"/> Automatic Transmission <input type="checkbox"/> Outside Mirror <input type="checkbox"/> Limited to Daylight Only <input type="checkbox"/> Limited to Employment <input type="checkbox"/> Limited Other <input type="checkbox"/> Special restrictions <input type="checkbox"/> Intrastate Only <input type="checkbox"/> No vehicle equipped with air brakes <input type="checkbox"/> Except Class A Bus <input type="checkbox"/> Except Class A & Class B Bus <input type="checkbox"/> Except Tractor-Trailer <input type="checkbox"/> Learner's Permit Restrictions <input type="checkbox"/> 6 mo - 1 Under 17 Nonrelative <input type="checkbox"/> 3 - wheel motorcycle only <input type="checkbox"/> Seasonal CDL <input type="checkbox"/> Identity Not verified <input type="checkbox"/> Motorcycle-No passenger <input type="checkbox"/> Idaho DL in possession <input type="checkbox"/> Ignition Interlock device <input type="checkbox"/> Non-Freeway <input type="checkbox"/> Community Work Center <input type="checkbox"/> Except Classes A & B School Buses <input type="checkbox"/> 01 Farm Waiver <input type="checkbox"/> 02 Military Vehicles Only <input type="checkbox"/> 99 Other								
(See key at bottom of page for the following fields) →	Protective Device <b>03</b>	Airbag Deployment <b>04</b>	Airbag Location <b>NA</b>	Injury <b>B</b>	Ejection <b>01</b>	Trapped <b>01</b>	Transported By <b>01</b>	Idaho Code Number(s) / Violation(s) <b>00 Not Cited</b>	<input checked="" type="checkbox"/> Not Cited
Transported To (if injured) <b>Elmore Medical Center - Mountain Home</b>									
EMS Provider <b>Elmore County EMS</b>									
<b>1</b>	← Alcohol / Drug Involvement		Alcohol Test	← 1 None Given   3 Blood Test   5 Breath Test		→ Drug Test			
	1 Neither Alcohol nor Drugs Detected   3 Yes, Drugs 2 Yes, Alcohol   4 Yes, Both		BAC Test Results	2 Test Refused   4 Urine Test   6 Field Test		Drug Used (if known)		Drug Test Results	

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

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

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

**Event**

Single Unit Non-Collision	Single Unit Collision With	Multi-Unit Collision
1 Overturn	14 Pedestrian	20 Parked Car - on Private Property
2 Separation of Units	15 Pedalcycle	50 Head-On
3 Cargo Loss/Shift	16 Railroad Train	51 Rear-End
4 Jackknifed	17 Animal - Domestic	60 Backed Into
5 Ran Off Road	18 Animal - Wild	61 Parked Car
6 Down Hill Runaway	19 Other Object Not Fixed	52 Sideswiped Same
7 Fire/Explosion	21 Impact Attenuator	53 Sideswiped Opposite
8 Gas/Inhalation	22 Bridge/Pier/Abutment	58 Angle
9 Other Non-Collision	23 Bridge/Parapet End	54 Head-On Turning
10 Loss of Control	24 Bridge Rail	56 Rear-End Turning
11 Fell/Pushed/Jumped	25 Overpass	59 Angle Turning
12 Non-Collision Injury	26 Guardrail Face	62 Same Dir Turning
13 Immersion	27 Guardrail End	
71 Came Back on Road	28 Concrete Traffic Barrier	
72 Drove Left of Center	30 Traffic Sign Support	
76 Cross Median	39 Other Post, Pole or Support	
82 Vehicle Equipment Failure (Blown Tire/Brake Failure)	40 Delineator Post	
98 Non-Contact Unit		
	41 Culvert	
	42 Curb	
	43 Ditch	
	44 Embankment	
	45 Fence	
	46 Mailbox	
	47 Tree	
	48 Building/Wall	
	49 Other Fixed Object	
	74 Cable Barrier	
	77 Struck by Falling/Shifting Cargo or Anything set in motion by a motor vehicle	
	78 Thrown or Falling Object	
	80 Traffic Signal Support	
	81 Utility/Light Support	
		<b>Any Situation</b>
		99 Other

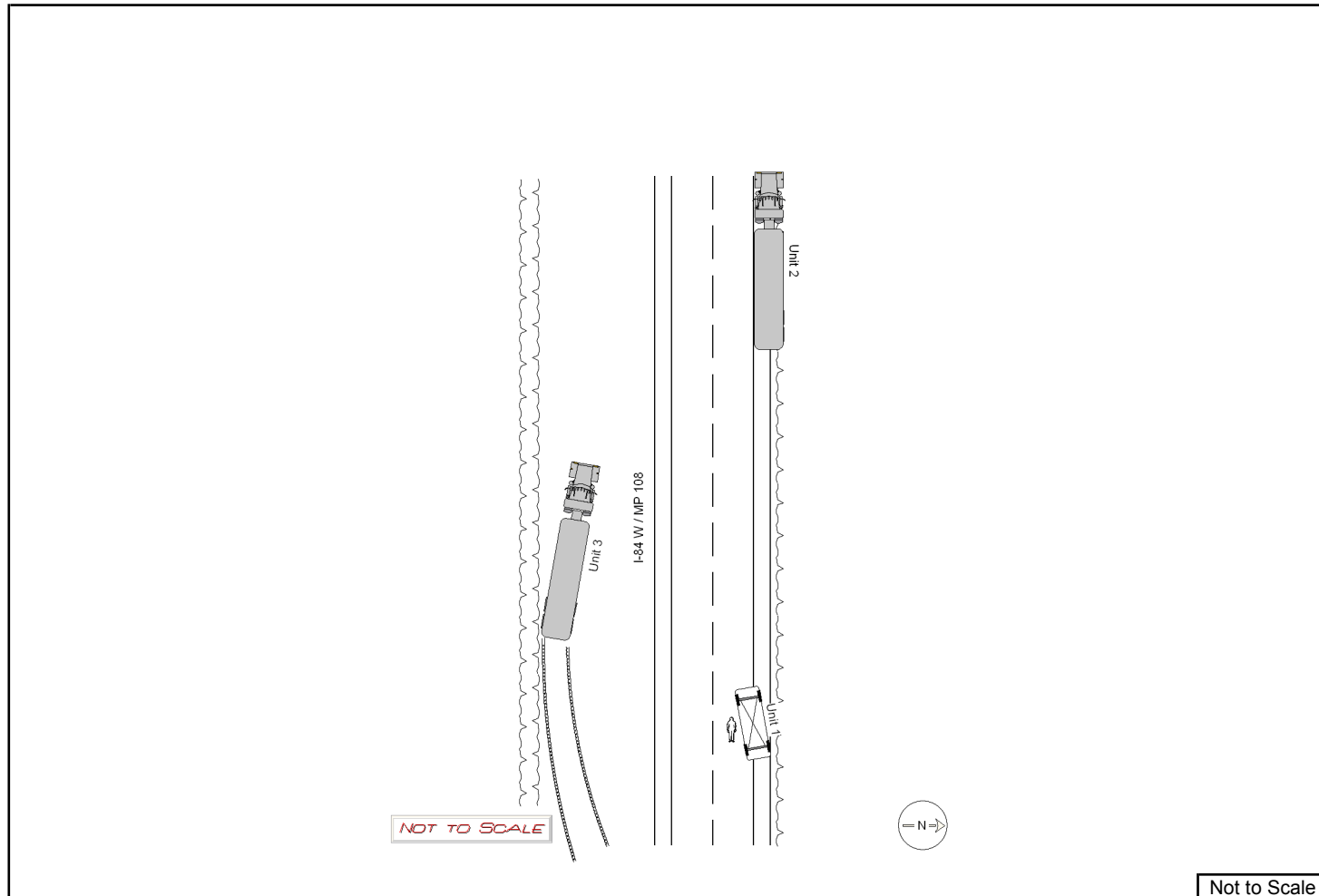
**Event Location**

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

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

Unit Number	1	3	3																
Event	51	50	05																
Unit Number	2	1																	
Event Location	01	01	07																

**Sketch the Scene**



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

All 3 units were in the right lane on I-84 west near milepost 108. Unit 2 was a slow moving semi traversing a steep incline. Unit 1 was traveling at a high rate of speed behind unit 2. Unit 1 impacted unit 2 in a rear end collision. Unit 3 was traveling behind both of the other units. Unit 3 impacted with unit 1 and drove off the roadway into the median.

Investigating Officer's Name and/or Number

Report Date

Approved By

Approval Date

**Clifford Porupsky - 3186****1/20/2012****Cpl. Eller - 2785****1/30/2012****NOTE: Crash Reports need to be transmitted to Idaho Transportation Department's Office of Highway Safety**