



Ada County Highway District Motor Vehicle Operator Accident Report

When Should You File a Report

You should file a report if you're the operator of a vehicle involved in an accident where there is any damage to any one vehicle or property, or if there is an injury to any person, even if a police officer was on the scene.

You should file the report within 5 days of the date of the accident.

Why this Report is Important

Data from this report is used for many purposes including:

Identifying locations with a large number of accidents.

Improving dangerous roads and intersections.

Developing programs for a safer work place.

Developing programs to save lives and reduce injuries.

How To Complete This Form

Please carefully complete all sections of this form that apply to your accident, circling the answer where appropriate.

Illegible reports will be returned to you.

Section A: accident Location

Provide the city/town where the accident occurred, the date and time of the accident, and the number of vehicles involved.

Complete section A1 or A2.

Use official names of all locations, streets and landmarks.

Use street name if applicable.

Be as precise as possible when describing the location.

Provide enough information to locate the accident to a specific point, not just a street or roadway.

Section B: Vehicle You Were Driving

Provide information on your license and the vehicle you were driving.

Use the codes provided to indicate the cause of the accident.

Section C: You and Your Passengers

Provide information on you and your passengers at the time of the accident.

Use the codes provided to indicate occupant information.

Section D: Other Vehicles Involved in the accident

Provide information on the other vehicle(s) and operator(s) involved in the accident.

If more than one vehicle involved, please use additional form completing Section D only.

Section E: Non-Motorist(s) Involved

Provide information on the non-motorist(s) involved in the accident.

If more than one non-motorist involved, please use additional form completing Section E only.

Section F: accident Conditions

Use the codes provided to indicate the conditions at the time of the accident.

Section G: accident Diagram

Draw a diagram of how the accident occurred.

On the diagram, Vehicle 1 represents your vehicle.

Section H: Witness Information

List all the people who saw the accident but were not involved.

Section I: Property Damage Information

Indicate all non-vehicular property that was damaged in the accident.

Section J: Description of What Happened

Describe the accident including events prior to the accident for your vehicles and all other vehicles.

Section K: Signature

Please sign and print your name and indicate the date you completed the form.

Where to send completed reports:

Annette Harper, Vanpool Operations Coordinator

ACHD Commuteride

5714 Fairview Avenue

Boise, ID 83706

aharper@achdidaho.org

Desk 387-6167

Cell 871-7665

Fax 375-2582

Section A: Accident Location

City/Town/ Where Accident Occurred	Date of Accident	Time of Accident : ____ AM ____ PM	# Vehicles Involved
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Please complete Section A1 or A2 below to indicate the location of the accident.
If you need additional space to describe the accident location, please use Section J on the last page of this form.

<p>SECTION A1: Complete this Section if the accident occurred at an intersection of two or more streets</p> <p>Step 1: Please indicate the roadway where you were travelling when the accident occurred:</p> <p>_____</p> <p style="text-align: right;">Name of Roadway/Street</p> <p>Step 2: What was the name (or names) of the intersecting streets?</p> <p>_____</p> <p style="text-align: right;">Name of Roadway/Street</p> <p>_____</p> <p style="text-align: right;">Name of Roadway/Street</p>	OR	<p>SECTION A2: Complete this Section if the accident did <u>NOT</u> occur at an intersection:</p> <p>Step 1: Please indicate the route, roadway and address where the accident occurred:</p> <p>The accident occurred on: _____ at Street or Address Number: _____</p> <p>on the Street/Roadway known as: _____</p> <p>Step 2: Please provide as much of the following specific location information as possible:</p> <p>The accident occurred (estimate number of feet) (indicate direction as (circle one) N / S / E / W of _____</p> <p>a) Mile Marker number _____</p> <p>OR: b) Exit Number _____</p> <p>OR: c) Intersecting Street/Roadway _____</p> <p>OR: d) Landmark _____</p>
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Section B: Vehicle You Were Driving

Your Full Name (Last, First, Middle)	Street Address	City/Town	State	Zip
Driver License Number	Vehicle License Plate	Unit #	Vehicle Year	Vehicle Make
			Vehicle Model	

Indicate your type of vehicle

1 Passenger car	4 Bus (15 or more passengers)	8 Heavy Equipment	12 Flatbed truck	97 Other
2 Light truck (van, pick-up)	5 Street Sweeper	9 Truck tractor (bobtail)	13 Unknown heavy truck	99 Unknown
3 Mini-Van	6 Single-unit truck (2 axles)	10 Chip seal Equipment	14 Mobile Equipment	
	7 Single-unit truck (3 axles)	11 Bucket Truck	15 Roller Equipment	

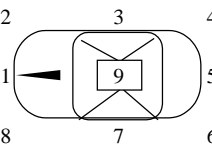
Full Name of Vehicle Owner if not owned by ACHD	Street Address	City/Town	State	Zip
		Phone:		

<p>Vehicle Travel Direction</p> <p>___N___S___E___W</p>	<p>What Was the Vehicle Doing Prior to the Crash?</p> <table style="width: 100%;"> <tr> <td>1 Travelling straight ahead</td> <td>5 Changing lanes</td> <td>9 Overtaking/</td> <td>97 Other</td> </tr> <tr> <td>2 Slowing or stopped</td> <td>6 Entering traffic lane</td> <td>passing</td> <td>99 Unknown</td> </tr> <tr> <td>3 Turning right</td> <td>7 Leaving traffic lane</td> <td>10 Backing</td> <td></td> </tr> <tr> <td>4 Turning left</td> <td>8 Making U-turn</td> <td>11 Parked</td> <td></td> </tr> </table>	1 Travelling straight ahead	5 Changing lanes	9 Overtaking/	97 Other	2 Slowing or stopped	6 Entering traffic lane	passing	99 Unknown	3 Turning right	7 Leaving traffic lane	10 Backing		4 Turning left	8 Making U-turn	11 Parked	
1 Travelling straight ahead	5 Changing lanes	9 Overtaking/	97 Other														
2 Slowing or stopped	6 Entering traffic lane	passing	99 Unknown														
3 Turning right	7 Leaving traffic lane	10 Backing															
4 Turning left	8 Making U-turn	11 Parked															

Please Indicate the Sequence of Events as they occurred to YOUR Vehicle by writing the corresponding number (1-49, or 97, 99) in up to 4 boxes below. (if applicable)

<p>What happened first?</p> <div style="border: 1px solid black; width: 40px; height: 30px; margin: 0 auto;"></div>	<p>What happened second?</p> <div style="border: 1px solid black; width: 40px; height: 30px; margin: 0 auto;"></div>	<p>What happened third?</p> <div style="border: 1px solid black; width: 40px; height: 30px; margin: 0 auto;"></div>	<p>What happened fourth?</p> <div style="border: 1px solid black; width: 40px; height: 30px; margin: 0 auto;"></div>
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<p><u>Collision with</u></p> <p>1 Motor vehicle in traffic</p> <p>2 Parked motor vehicle</p> <p>3 Pedestrian</p> <p>4 Cyclist</p> <p>5 Animal - deer</p> <p>6 Animal - other</p> <p>7 Moped</p> <p>8 Work zone maintenance equipment</p> <p>9 Railway vehicle (train, engine)</p> <p>10 Other movable object</p> <p>11 Unknown movable object</p> <p>20 Curb</p> <p>21 Tree</p> <p>22 Utility pole</p>	<p>23 Light pole or other post/support</p> <p>24 Guardrail</p> <p>25 Median barrier</p> <p>26 Ditch</p> <p>27 Embankment/Sloping shoulder</p> <p>28 Highway traffic signpost</p> <p>29 Overhead sign support</p> <p>30 Fence</p> <p>31 Mailbox</p> <p>32 Crash cushion/Impact attenuator</p> <p>33 Bridge</p> <p>34 Bridge overhead structure</p> <p>35 Other fixed object (wall, building, tunnel)</p> <p>36 Unknown fixed object</p>	<p><u>Non-Collision</u></p> <p>37 Ran off road right</p> <p>38 Ran off road left</p> <p>39 Cross median/centerline</p> <p>40 Overturn/rollover</p> <p>41 Equipment failure (blown tire, brakes, etc.)</p> <p>42 Fire/explosion</p> <p>43 Immersion</p> <p>44 Jackknife</p> <p>45 Cargo/equipment loss or shift</p> <p>46 Separation of units</p> <p>47 Downhill runaway</p> <p>48 Other non-collision</p> <p>49 Unknown non-collision</p>
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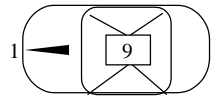
<p>Number of occupants in your vehicle (including yourself): _____</p> <p>Was there damage to your vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was your Vehicle Towed From the Scene Due to Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p align="center">Vehicle Damaged Area (circle up to three)</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td>2</td><td>3</td><td>4</td><td>0 None</td> </tr> <tr> <td>1</td><td>9</td><td>5</td><td>10 Undercarriage</td> </tr> <tr> <td>8</td><td>7</td><td>6</td><td>11 Totaled</td> </tr> <tr> <td></td><td></td><td></td><td>97 Other</td> </tr> <tr> <td></td><td></td><td></td><td>99 Unknown</td> </tr> </table> 	2	3	4	0 None	1	9	5	10 Undercarriage	8	7	6	11 Totaled				97 Other				99 Unknown
2	3	4	0 None																		
1	9	5	10 Undercarriage																		
8	7	6	11 Totaled																		
			97 Other																		
			99 Unknown																		

Section C: You and Your Passengers

Please provide the full name, address, and DOB or Age for all passengers in your vehicle. Then write the corresponding code in each of the boxes for each occupant of the Vehicle (yourself and all passengers). A list of the possible codes is provided at the bottom of this section.

	A	B	C	D	E	F	G	H	Name of Medical Facility
Driver (see previous page)									
Name of Passenger 1 (Last, First, Middle)									
Address									
City / Town State Zip									
Name of Passenger 2 (Last, First, Middle)									
Address									
City / Town State Zip									
Name of Passenger 3 (Last, First, Middle)									
Address									
City / Town State Zip									
A. Seating Position		B. Safety System Used		C. Air Bag Status		D. Air Bag Switch			
1 Front seat - left side 9 Third row - right side 2 Front seat - middle 10 Rear Cab 3 Front seat - right side 11 Enclosed passenger area 4 Second seat - left side 12 Unenclosed passenger area 5 Second seat - middle 13 Pick-up Bed 6 Second seat - right side 14 Riding on vehicle exterior 7 Third row - left side 97 Other 8 Third row - middle 99 Unknown		0 None used 1 Shoulder and lap belt 2 Lap belt only 3 Shoulder belt only 4 Hard hat 99 Unknown		1 Deployed-front 2 Deployed-side 3 Deployed both front and side 4 Not deployed 5 Not applicable 99 Unknown		1 Switch in ON position 2 Switch in OFF position 3 ON-OFF switch not present 4 Unknown if switch is present 99 Unknown			
E. Ejected From Vehicle?		F. Trapped?		G. Injured?		H. Transported for Medical Care?			
0 Not ejected 1 Totally ejected 2 Partially ejected 3 Not applicable 99 Unknown		0 Not trapped 1 Freed by mechanical means 2 Freed by non-mechanical means 99 Unknown		1 Fatal injury Non-fatal injury: 2 Incapacitating 5 No injury 3 Non-incapacitating 99 Unknown 4 Possible		1 Not transported 2 EMS (emergency service) 3 Police 97 Other 99 Unknown			

Section D: Other Vehicle(s) Involved in Accident

Number of occupants in the Vehicle: _____		Number of injured occupants: _____		Was there Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No		Hit and Run? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Full Name of Vehicle Driver (Last, First, Middle)			Street Address			City/Town:		State	Zip
						Phone:			
Driver's License Number and State		Insurance Company		Vehicle Registration#		Reg. Type	Reg. State	Vehicle Make	Vehicle Model
Indicate type of vehicle									
1 Passenger car		4 Bus (15 or more passengers)		8 Truck/trailer		12 Tractor/triples		97 Other	
2 Light truck (van, mini-van, Pick-up, sport utility)		5 Bus (7-15 passengers)		9 Track tractor (bobtail)		13 Unknown heavy truck		99 Unknown	
3 Motorcycle		6 Single-unit truck (2 axles)		10 Tractor/semi-trailer		14 Motor home/recreational vehicle			
		7 Single-unit truck (3 or more axles)		11 Tractor/doubles					
Full Name of Vehicle Owner (Last, First, Middle)			Street Address			City/Town		State	Zip
Vehicle Travel Direction	What Was the Vehicle Doing Prior to the Crash?				Vehicle Damaged Area (circle up to three)				
1 __N __S	1 Travelling straight ahead	5 Changing lanes	9 Overtaking/	97 Other					
2 __E __W	2 Slowing or stopped	6 Entering traffic lane	passing	99 Unknown					
	3 Turning right	7 Leaving traffic lane	10 Backing						
	4 Turning left	8 Making U-turn	11 Parked						

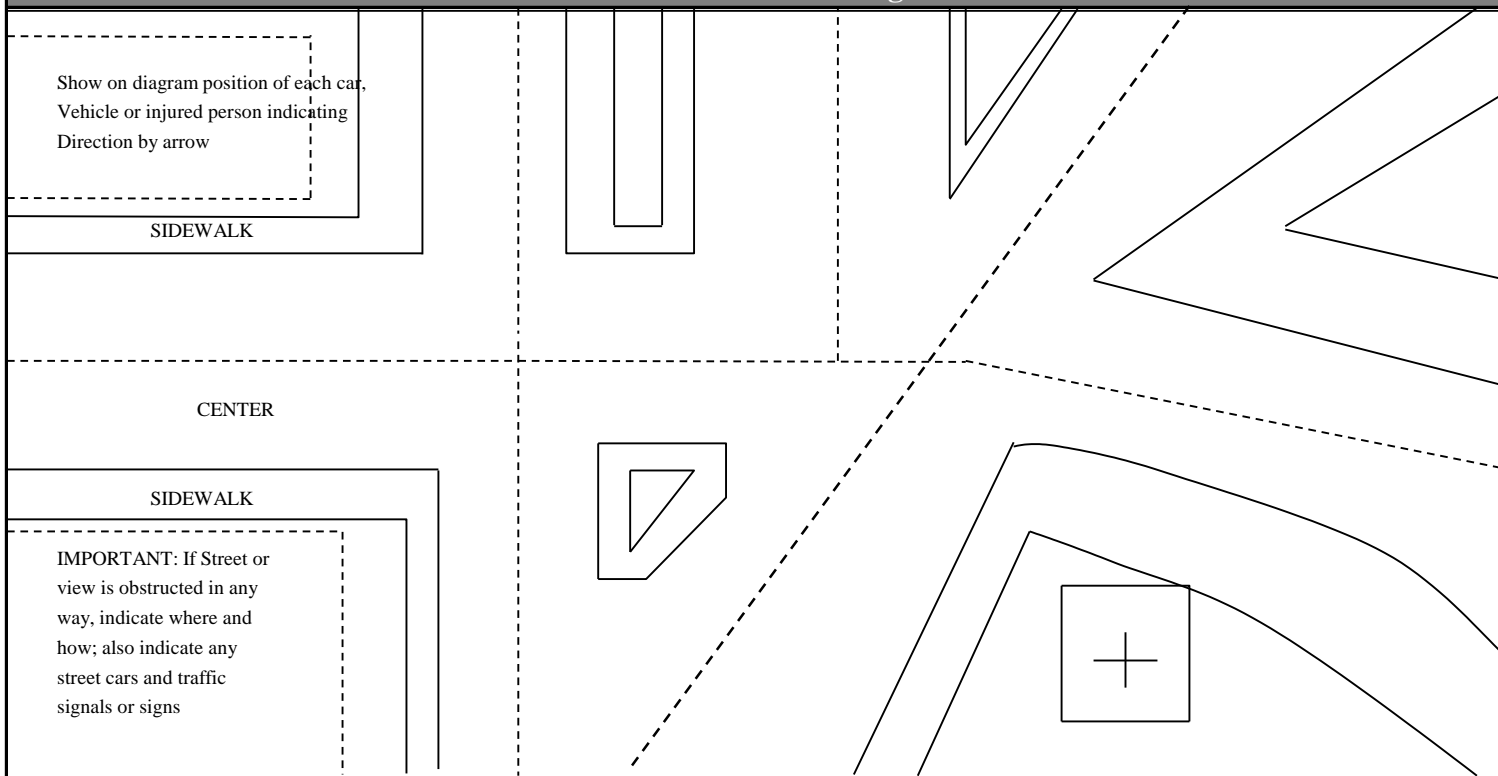
Section E: Non-Motorist(s) Involved in the Accident

Indicate the type of non-motorist involved		1 Pedestrian	2 Cyclist	3 Skater	97 Other	99 Unknown
What was the non-motorist doing prior to the accident?			Where was the non-motorist prior to the crash?			
1 Entering or crossing location	6 Working on vehicle	1 Marked crosswalk at intersection	6 Median (not on shoulder)			
2 Walking, running, or cycling	7 Standing	2 At intersection but no crosswalk	7 Island			
3 Working	97 Other	3 Non-intersection crosswalk	8 Shoulder			
4 Pushing vehicle	99 Unknown	4 In roadway	9 Sidewalk			
5 Approaching or leaving vehicle		5 Not in roadway	99 Unknown			
Full Name of Non-Motorist (Last, First, Middle)		Street Address		City/Town		State Zip
Safety Equipment?		Injured?		Transported for Medical Care?		
0 None used	9 Lighting	1 Fatal injury		1 Not transported		
6 Helmet	10 Other	Non-fatal injury:		2 EMS (emergency service)		
7 Protective pads (elbows, knees, etc.)	99 Unknown	2 Incapacitating	5 No injury	3 Police		
8 Reflective clothing		3 Non-incapacitating	99 Unknown	97 Other		
		4 Possible		99 Unknown		

Section F: Accident Conditions

Light Conditions	Weather Conditions (up to 2)	Traffic Control Device	Was the traffic device control functioning at the time of the crash?	Road Surface	Roadway Intersection Type
1 Daylight	1 Clear	1 No controls	1 ___ Yes	1 Dry	1 Not at intersection
2 Dawn	2 Cloudy	2 Stop signs	2 ___ No	2 Wet	2 Four-way intersection
3 Dusk	3 Rain	3 Traffic control signal		3 Snow	3 T-intersection
4 Dark - lighted roadway	4 Snow	4 Flashing traffic control signal		4 Ice	4 Y-intersection
5 Dark - roadway not lighted	5 Sleet, hail, freezing rain	5 Yield signs		5 Sand, mud, dirt, oil, gravel	5 On ramp
6 Dark - unknown roadway lighting	6 Fog, smog, smoke	6 School zone signs		6 Water (standing, moving)	6 Off ramp
97 Other	7 Severe crosswinds	7 Warning signs		7 Slush	7 Traffic circle
99 Unknown	8 Blowing sand, snow	8 Railroad crossing device		97 Other	8 Five-point or more
	97 Other	99 Unknown		99 Unknown	9 Driveway
	99 Unknown				10 Railway grade crossing
					99 Unknown
Traffic way Description	Was this a backing accident?	Work Zone Related?	Manner of Collision		
1 Two-way, not divided	1 ___ Yes	1 ___ Yes	1 Single vehicle crash	6 Head on	
2 Two-way, divided, unprotected median	2 ___ No	2 ___ No	2 Rear-end	7 Rear to rear	
3 Two-way, divided, protected median			3 Angle	99 Unknown	
4 One-way, not divided			4 Sideswipe, same direction		
99 Unknown			5 Sideswipe, opposite direction		

Section G: Accident Diagram



Section H: Witness Information

Witness Name (Last, First, Middle)	Address	City/Town	Phone
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Section I: Property Damage Information (Other than Vehicles)

Witness Name (Last, First, Middle)	Address	City/Town	Phone

Section J: Description of What Happened

Section K: Signature

Signature _____	Print _____	Date _____
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