Idaho Vehicle Collision Report

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

Agency Code	Officer #	Report District	Case No.

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 ☐ N ☐ E ☐ IN ☐ S ☐ W ☐ OF	

If Collision location is in:	Complete Box #
Intersection of 2 streets	1, 2
Intersection of Street and: Parking Lot / Driveway / Alley	1, 2, 3
Non-Intersection	1, 3

1	Name of Street: ON ☐ On Private Property	# of Lanes	Posted Speed	County	Interchange #
2	In the Intersection with:		Posted Speed	R. R. Crossing #	Latitude (GPS)
3	Outside an Intersection ☐ Miles ☐ Feet N S E W OF	Name of Cross Street or # of Ref. Mile Post Marker		Collision Loc Mile Point	Longitude (GPS)

UNIT 1 ☐ Vehicle ☐ Pedestrian ☐ Pedalcyclist

Driver Last First M.I. ☐ Hit & Run

Street Address Home Phone

City State Zip Code Work Phone

Driver's License No. State Idaho Code # / Violation ☐ Cited

Sex Date of Birth Prot Dev. Injury Ejection Trapped Transported

Vehicle Owner Last First M.I. ☐ Same as Driver

Address ☐ As Driver

Vehicle Year Make (Dodge-Chev.) Model (Dart-Nova) Style (2 Dr.)

Vehicle Color License Plate No. State

Vehicle Identification No. Est. Cost of Damage

Insurance ☐ Yes ☐ No Carrier Name Policy Number

Unit Type Unit Use Attach 1 Attach 2

Passenger Names and Addresses (Unit 1 only, additional passengers on page 3)

Passenger Names and Addresses	Same Address as Driver	Seating	Sex	Date of Birth	Prot Dev.	Injury	Ejection	Trapped	Transported
	☐								
	☐								
	☐								

UNIT 2 ☐ Vehicle ☐ Pedestrian ☐ Pedalcyclist

Driver Last First M.I. ☐ Hit & Run

Street Address Home Phone

City State Zip Code Work Phone

Driver's License No. State Idaho Code # / Violation ☐ Cited

Sex Date of Birth Prot Dev. Injury Ejection Trapped Transported

Vehicle Owner Last First M.I. ☐ Same as Driver

Address ☐ As Driver

Vehicle Year Make (Dodge-Chev.) Model (Dart-Nova) Style (2 Dr.)

Vehicle Color License Plate No. State

Vehicle Identification No. Est. Cost of Damage

Insurance ☐ Yes ☐ No Carrier Name Policy Number

Unit Type Unit Use Attach 1 Attach 2

Passenger Names and Addresses (Unit 2 only, additional passengers on page 3)

Passenger Names and Addresses	Same Address as Driver	Seating	Sex	Date of Birth	Prot Dev.	Injury	Ejection	Trapped	Transported
	☐								
	☐								
	☐								

Injured Transported To: **By:**

Seating

Front

1	2	3
4	5	6
7	8	10

Vehicle

Front: 1, 4, 7 — Motorcycle

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

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

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
8 Pickup with Camper
7 Pickup / Van / Panel / Sport Utility Vehicle
30 Farm Equipment (List)
40 Construction Equip. (List)
10 Motorhome
11 Snowmobile
5 ATV
28 Train
99 Other Non-Motor Veh.

Commercial
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

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
5 Mobile Home
9 Other