



Motor Carrier Attachment -

Idaho Crash Report

HWY18FH015

(18 pages)

Idaho Vehicle Collision Report

ITD 0090 (Rev. 06-11) Idaho Transportation Department

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Agency Code SP03	Officer No. 4013	Report District 03	Case No. B18001815
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Collision Information

Date of Collision 6/16/2018	Day of Collision Saturday	Time 23:32	Police Dispatched 23:34	Police Arrived 23:37	EMS Dispatched 23:34	EMS Arrived 23:43	Lanes Blocked <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date Cleared 6/17/2018	Time Cleared 12:39	
<input checked="" type="checkbox"/> Within City/Town or _____ Miles		<input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W of		City or Town Boise			County Ada			
Interchange No.	R. R. Crossing No.	On Private Property <input type="checkbox"/>		EMS Provider (first one to arrive) ADA COUNTY PARAMEDICS						
Name of Primary Road / Parking Lot / Driveway / Alley I 84							No. of Lanes 4	Posted Speed 55		
In Intersection With: Secondary Road / Parking Lot / Driveway / Alley									Posted Speed	
Intersection Type		<input type="checkbox"/> 1 Not at intersection <input type="checkbox"/> 2 Four-way Intersection <input type="checkbox"/> 3 Five-point or more <input type="checkbox"/> 4 Roundabout <input type="checkbox"/> 5 Traffic Circle <input type="checkbox"/> 6 T-Intersection <input checked="" type="checkbox"/> 7 Y-Intersection								
Outside an Intersection	.045 <input checked="" type="checkbox"/> Miles <input type="checkbox"/> Feet		<input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W		Name of First Reference Point (Cross Street / Mile Post Marker) MP46					
	_____ <input type="checkbox"/> Miles <input type="checkbox"/> Feet		<input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W		Name of Second Reference Point (Cross Street / Mile Post Marker)					
Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Local Agency Use 1			Local Agency Use 2			Latitude (GPS)		Longitude (GPS)	
Light Conditions	05	<input type="checkbox"/> 1 Day <input type="checkbox"/> 2 Dawn/Dusk <input type="checkbox"/> 3 Dark - Street Lights On <input type="checkbox"/> 4 Dark - Street Lights Off <input type="checkbox"/> 5 Dark - No Street Lights								
Weather Conditions (2 selections possible)	01	<input type="checkbox"/> 1 Clear <input type="checkbox"/> 2 Cloudy <input type="checkbox"/> 3 Rain <input type="checkbox"/> 4 Snow <input type="checkbox"/> 5 Sleet/Hail <input type="checkbox"/> 6 Fog <input type="checkbox"/> 7 Blowing Dust/Sand <input type="checkbox"/> 8 Severe Cross Winds <input type="checkbox"/> A Smoke/Smog <input type="checkbox"/> B Blowing Snow								
Road Surface Conditions	01	<input type="checkbox"/> 1 Dry <input type="checkbox"/> 2 Wet <input type="checkbox"/> 3 Slush <input type="checkbox"/> 4 Ice <input type="checkbox"/> 5 Snow <input type="checkbox"/> 6 Mud/dirt/gravel <input type="checkbox"/> 7 Water - standing/moving <input type="checkbox"/> 11 Oil <input type="checkbox"/> 12 Sand <input type="checkbox"/> 9 Other								
Other Road Conditions	00	<input type="checkbox"/> 0 None <input type="checkbox"/> 1 Ruts/Bumps/Holes <input type="checkbox"/> 2 Slick Asphalt (Bleeding) <input type="checkbox"/> 3 Washboard <input type="checkbox"/> 4 High/Low Shoulder <input type="checkbox"/> 5 Loose Gravel/Seal Coat <input type="checkbox"/> 7 Lane Closed <input type="checkbox"/> A Poor Pavement Markings <input type="checkbox"/> 9 Other								
Road Type	01	<input type="checkbox"/> 1 2-Way & Raised/Depressed Divider <input type="checkbox"/> 2 2-Way & 2-Way Left-Turn Lane/Divider <input type="checkbox"/> 3 1-Way <input type="checkbox"/> 4 2-Way & No Divider <input type="checkbox"/> 5 Ramp <input type="checkbox"/> 6 Alley <input type="checkbox"/> 7 Rest Area <input type="checkbox"/> 8 Port Of Entry <input type="checkbox"/> A 2-Way & 2 Double Yellow Painted Divider <input type="checkbox"/> 9 Other								
Road Surface Type	01	<input type="checkbox"/> 1 Concrete <input type="checkbox"/> 2 Paved (Asphalt/Brick) <input type="checkbox"/> 3 Gravel/Stone <input type="checkbox"/> 4 Dirt <input type="checkbox"/> 9 Other								
Vertical Roadway Geometrics	05	<input type="checkbox"/> 1 Upgrade/Downgrade <input type="checkbox"/> 3 Hillcrest <input type="checkbox"/> 5 Level								
Horizontal Roadway Geometrics	01	<input type="checkbox"/> 1 Straight <input type="checkbox"/> 2 Curve								
Traffic Control	00	<input type="checkbox"/> 0 None <input type="checkbox"/> 2 Yield <input type="checkbox"/> 3 Traffic Signal <input type="checkbox"/> 4 Flashing Beacon <input type="checkbox"/> 5 Traffic Signal - Pedestrian only <input type="checkbox"/> 6 RRX - Gates/Signal <input type="checkbox"/> 7 RRX - Flashing Beacon <input type="checkbox"/> 8 Officer/Flagger <input type="checkbox"/> 10 Stop Sign on Cross Street Only <input type="checkbox"/> 12 Stop Signs all Directions <input type="checkbox"/> 13 RRX - Stop Sign <input type="checkbox"/> 14 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"/> 1 Functioning <input type="checkbox"/> 2 Not Functioning <input type="checkbox"/> 3 Removed								
Work Zone Crash Location	02	<input type="checkbox"/> 1 Before the First Work Zone Warning Sign <input type="checkbox"/> 2 Advance Warning Area <input type="checkbox"/> 3 Transition Area <input type="checkbox"/> 4 Activity Area (Work incident area) <input type="checkbox"/> 5 Termination Area								
Work Zone Type	01	<input type="checkbox"/> 1 Lane Closure <input type="checkbox"/> 2 Lane Shift / Crossover <input type="checkbox"/> 3 Intermittent or Moving Work <input type="checkbox"/> 4 Work on Shoulder or Median <input type="checkbox"/> 9 Other								
Work Zone Workers Present	Y	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown								
Work Zone Law Enforcement Present	01	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Officer Present <input type="checkbox"/> 3 Law Enforcement Vehicle only								

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

Item Damaged Bridge/Overpass	Estimated Damage \$
Owner's Name Idaho Transportation Department	Owner Address 3311 W State Street, Boise, ID
Item Damaged Sign	Estimated Damage \$
Owner's Name Idaho Transportation Department	Owner Address 3311 W State Street, Boise, Idaho

Witnesses (additional witnesses may be added in the narrative)

Witness Name [REDACTED]	Home Phone [REDACTED]	Work Phone
Witness Address [REDACTED]		
Witness Name [REDACTED]	Home Phone [REDACTED]	Work Phone
Witness Address [REDACTED]		

Unit Information

Case No.: **B18001815**

Unit No.: **1**

* If turning, select direction before turning

See Events page for a list of event codes →	First Harmful Event 51	Most Harmful Event 51	General Direction of Travel	Street <input type="checkbox"/> North/South <input checked="" type="checkbox"/> East/West	Unit * <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	On (Street Name) I 84
First Event Relationship to Junction	00	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


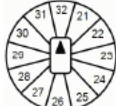
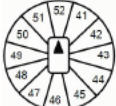
Attachment

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

Unit / Vehicle / Owner

Unit Type 25	Unit Use 00	Non-Contact Unit <input type="checkbox"/>	Emergency Use NA	License Plate No. YAIU484	State OR	VIN (Vehicle Identification No.) 1GRAA0621FW701488	
Year 2019	Make Volvo	Model Conventional Tractor		Color White		Attachment 1 00	Attachment 2 00
Owner Last Name Kurjex Freight Transport Corp			Owner First Name	M.I.	Insured? Yes	Insurance Company Name ARTISAN AND TRUCKERS CASUALTY COMPANY INTERNATIONAL	Policy No.
Owner Address				City Vancouver	State WA	Zip 98684	

Damage

Initial Point of Impact 12	Auto / Motorcycle / Tractor with Semi Trailer		Trailing Unit #1		Trailing Unit #2	
Principal Point of Impact 12	13 Top and Windows 14 Undercarriage		33 Top 34 Undercarriage		53 Top 54 Undercarriage	
Extent of Deformity 07	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 TORCH TOWING					

↓ **Contributing Circumstances (3 possible)**

00	0 None	8 Overcorrected	17 Wheel Defect	27 Physical Impairment	38 Failed to Maintain Lane
22	1 Exceeded Posted Speed	10 Improper Backing	18 Light Defect	28 Improperly Parked	39 Foot Slipped Off or Caught On Pedal
00	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)	NA 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)	00 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	12	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	03	1 10,000 lbs or less 2 10,001 - 26,000 lbs 3 More than 26,000 lbs NA Not Applicable												
Carrier Type	01	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	Kruxej Freight Transport Corp.		Carrier Address	13215-C8 SE Mill Plain Blvd. #112		City	Vancouver	State	WA	Zip	98684	Country		
MC / MX No.	790202	DOT No.	2314662			Hazardous Materials	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.	NA
Hazard Class Number	NA	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

01 ↑ Operator Action	Driver			Pedestrian / Pedalcyclist						
	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	First Name	M.I.	Home Phone	Work Phone					
Address		City		State	Zip					
		Rochester		NY	14606					
Driver's License No.	License State	License Class	<input checked="" type="checkbox"/> Commercial License		Sex	Date of Birth				
	NY	A			M					
Endorsements (list all)	<input checked="" type="checkbox"/> T <input type="checkbox"/> D School Bus <input type="checkbox"/> H Hazardous materials <input type="checkbox"/> L Motorcycle <input type="checkbox"/> N Tanker vehicle <input type="checkbox"/> P Passenger <input type="checkbox"/> I Double / triple trailers <input checked="" type="checkbox"/> X Combination of tank vehicle & hazardous materials <input type="checkbox"/> Q OTHER non commercial license endorsements <input type="checkbox"/> NA None / Not applicable									
Restrictions (list all)	<input checked="" type="checkbox"/> -U <input type="checkbox"/> 00 None <input type="checkbox"/> A Daylight only until 16 <input type="checkbox"/> B Corrective Lenses <input type="checkbox"/> C Mechanical Devices (i.e. Adaptive devices) <input type="checkbox"/> D Prosthetic Aid <input type="checkbox"/> E Automatic Transmission <input type="checkbox"/> F Outside Mirror <input type="checkbox"/> G Limited to Daylight Only <input type="checkbox"/> H Limited to Employment <input type="checkbox"/> I Limited Other <input type="checkbox"/> J Special restrictions <input type="checkbox"/> K Intrastate Only <input type="checkbox"/> L No vehicle equipped with air brakes <input type="checkbox"/> M Except Class A Bus <input type="checkbox"/> N Except Class A & Class B Bus <input type="checkbox"/> O Except Tractor-Trailer <input type="checkbox"/> P Learner's Permit Restrictions <input type="checkbox"/> Q 6 mo - 1 Under 17 Nonrelative <input type="checkbox"/> R 3 - wheel motorcycle only <input type="checkbox"/> S Seasonal CDL <input type="checkbox"/> T Identity Not verified <input type="checkbox"/> U Motorcycle-No passenger <input type="checkbox"/> V Idaho DL in possession <input type="checkbox"/> W Ignition Interlock device <input checked="" type="checkbox"/> X Non-Freeway <input type="checkbox"/> Y Community Work Center <input type="checkbox"/> Z 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	Airbag Deployment	Airbag Location	Injury	Ejection	Trapped	Transported By	Idaho Code Number(s) / Violation(s)	<input checked="" type="checkbox"/> Not Cited	
	-U	-U	-U	K	01	02	05	00 Not Cited		
Transported To (if injured)										
No Medical Care Provider Needed										
EMS Provider										
Ada County Paramedics - Boise										
1	← Alcohol / Drug Involvement			Alcohol Test	←		1 None Given	3 Blood Test	5 Breath Test	Drug Test
	1 Neither Alcohol nor Drugs Detected 2 Yes, Alcohol 3 Yes, Drugs 4 Yes, Both			01			2 Test Refused	4 Urine Test	6 Field Test	01
				BAC Test Results	Drug Used (if known)			Drug Test Results		
				/				NA		

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										

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

Unit Information

Case No.: **B18001815**

Unit No.: **2**

* If turning, select direction before turning

See Events page for a list of event codes →	First Harmful Event 51	Most Harmful Event 51	General Direction of Travel	Street <input type="checkbox"/> North/South <input checked="" type="checkbox"/> East/West	Unit * <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	On (Street Name) I 84
First Event Relationship to Junction	00	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 / Owner

Unit Type 33	Unit Use 00	Non-Contact Unit <input type="checkbox"/>	Emergency Use NA	License Plate No. [REDACTED]	State ID	VIN (Vehicle Identification No.) 1J4GA39118L
Year 2008	Make JEEP	Model Wrangler	Color Red	Attachment 1 00	Attachment 2 00	
Owner Last Name [REDACTED]	M.I. [REDACTED]	Insured? Yes	Insurance Company Name USAA CASUALTY INSURANCE	Policy No. [REDACTED]		
City MOUNTIAN HOME	State ID	Zip 83647				

Damage

Initial Point of Impact 06	Auto / Motorcycle / Tractor with Semi Trailer	Trailing Unit #1	Trailing Unit #2
Principal Point of Impact 06	13 Top and Windows 14 Undercarriage	33 Top 34 Undercarriage	53 Top 54 Undercarriage
Extent of Deformity 07	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 TORCH TOWING		

↓ **Contributing Circumstances (3 possible)**

00	0 None	8 Overcorrected	17 Wheel Defect	27 Physical Impairment	38 Failed to Maintain Lane
00	1 Exceeded Posted Speed	10 Improper Backing	18 Light Defect	28 Improperly Parked	39 Foot Slipped Off or Caught On Pedal
00	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	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								

Unit Information

Case No.: **B18001815**

Unit No.: **3**

* If turning, select direction before turning

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First Event Relationship to Junction	00	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				

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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)
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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

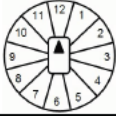
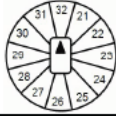
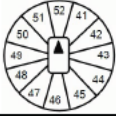
Attachment

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

Unit / Vehicle / Owner

Unit Type 25	Unit Use 00	Non-Contact Unit <input type="checkbox"/>	Emergency Use NA	License Plate No. 64201RP	State OR	VIN (Vehicle Identification No.) 4V4NC9TG33N344430	
Year 2003	Make Volvo	Model Conventional Tractor		Color White		Attachment 1 00	Attachment 2 00
Owner Last Name ZHUK EXPRESS LLC		Owner First Name	M.I.	Insured? Yes	Insurance Company Name NATIONAL INDEMNITY CO.	Policy No.	
Owner Address PO BOX 40			City OREGON CITY	State OR	Zip 97045		

Damage

Initial Point of Impact 06	Auto / Motorcycle / Tractor with Semi Trailer		Trailing Unit #1		Trailing Unit #2	
Principal Point of Impact 06	13 Top and Windows 14 Undercarriage		33 Top 34 Undercarriage		53 Top 54 Undercarriage	
Extent of Deformity 07	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 & W Towing					

↓ **Contributing Circumstances (3 possible)**

00	0 None	8 Overcorrected	17 Wheel Defect	27 Physical Impairment	38 Failed to Maintain Lane
00	1 Exceeded Posted Speed	10 Improper Backing	18 Light Defect	28 Improperly Parked	39 Foot Slipped Off or Caught On Pedal
00	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	12	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	03	1 10,000 lbs or less 2 10,001 - 26,000 lbs 3 More than 26,000 lbs NA Not Applicable				
Carrier Type	01	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	ZHUK EXPRESS LLC		Carrier Address	City	State	Zip
			PO BOX 40	OREGON CITY	OR	97045
MC / MX No.	DOT No.	Hazardous Materials		Placard	Spilled	Placard No.
969860	2888227			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NA
Hazard Class Number	NA	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

12 Operator Action	Driver			Pedestrian / Pedalcyclist					
	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	First Name	M.I.	Home Phone	Work Phone				
Address			City	State	Zip				
[REDACTED]			VANCOUVER	WA	98682				
Driver's License No.	License State	License Class	<input checked="" type="checkbox"/> Commercial License		Sex	Date of Birth			
[REDACTED]	WA	A			M	[REDACTED]			
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)	00 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"/> R 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	Airbag Deployment	Airbag Location	Injury	Ejection	Trapped	Transported By	Idaho Code Number(s) / Violation(s)	<input checked="" type="checkbox"/> Not Cited
	03	05	NA	C	01	01	05	00 Not Cited	
Transported To (if injured)									
No Medical Care Provider Needed									
EMS Provider									
Ada County Paramedics - Boise									
1	← Alcohol / Drug Involvement		Alcohol Test	←		1 None Given 2 Test Refused	3 Blood Test 4 Urine Test	5 Breath Test 6 Field Test	Drug Test
	1 Neither Alcohol nor Drugs Detected 2 Yes, Alcohol		01						01
	3 Yes, Drugs 4 Yes, Both		BAC Test Results			Drug Used (if known)		Drug Test Results	
			/					NA	

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

Full Name	Address (Street, City, State Zip)	Home Phone	Sex	Date of Birth	Work Phone	Seating	Protective Device	Airbag Deployment	Airbag Location	Injury	Ejection	Trapped	Transported By
[REDACTED]	[REDACTED]	[REDACTED]	M	[REDACTED]	[REDACTED]	11	00	05	NA	O	01	01	05
No Medical Care Provider Needed						Ada County Paramedics - Boise							
[REDACTED]	[REDACTED]	[REDACTED]	F	[REDACTED]	[REDACTED]	11	-U	05	NA	O	01	01	05
No Medical Care Provider Needed						Ada County Paramedics - Boise							

Seating Vehicle Front 1 2 3 4 5 6 7 8 10 ↑ 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	Protective Device 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	Airbag Deployment 1 Deployed 2 Deactivated 3 Missing 4 Not Equipped 5 Not Deployed NA Not Applicable -U Unknown	Airbag Location DEPLOYED: 1 - Front 2 - Side 3 - Combination 4 - Curtain 5 - Other NA Not Applicable
Injury A Incapacitating B Non-Incapacitating C Possible	K Dead O None Evident -U Unknown	Ejection 1 Not Ejected 2 Totally Ejected	3 Partially Ejected I Thrown From Cycle/Animal	Trapped 1 Not Trapped 2 Trapped, extrication unit use 3 Trapped, other extraction method	Transported By 1 Ambulance / EMS 2 Police Car 3 Helicopter	4 Private Vehicle 5 Not Transported

Unit Information

Case No.: **B18001815**

Unit No.: **4**

* If turning, select direction before turning

See Events page for a list of event codes →	First Harmful Event 51	Most Harmful Event 51	General Direction of Travel	Street <input type="checkbox"/> North/South <input checked="" type="checkbox"/> East/West	Unit * <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	On (Street Name) I 84
First Event Relationship to Junction	00	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

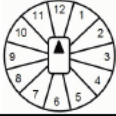
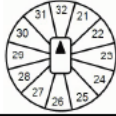
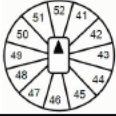
Attachment

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

Unit / Vehicle / Owner

Unit Type 06	Unit Use 00	Non-Contact Unit <input type="checkbox"/>	Emergency Use NA	License Plate No. [REDACTED]	State ID	VIN (Vehicle Identification No.) 3FAHP08116R
Year 2006	Make FORD	Model Fusion	Color Gold		Attachment 1 00	Attachment 2 00
Owner Last Name [REDACTED]	Owner First Name [REDACTED]	M.I. M	Insured? Yes	Insurance Company Name [REDACTED]	Policy No. [REDACTED]	
Owner Address [REDACTED]			City Nampa	State ID	Zip 83687	

Damage

Initial Point of Impact 06	Auto / Motorcycle / Tractor with Semi Trailer		Trailing Unit #1		Trailing Unit #2	
Principal Point of Impact 06	13 Top and Windows 14 Undercarriage		33 Top 34 Undercarriage		53 Top 54 Undercarriage	
Extent of Deformity 06	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 & W Towing					

↓ **Contributing Circumstances (3 possible)**

00	0 None	8 Overcorrected	17 Wheel Defect	27 Physical Impairment	38 Failed to Maintain Lane
00	1 Exceeded Posted Speed	10 Improper Backing	18 Light Defect	28 Improperly Parked	39 Foot Slipped Off or Caught On Pedal
00	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	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

12 Operator Action	Driver			Pedestrian / Pedalcyclist					
	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	First Name	M.I.	Home Phone	Work Phone				
Address			City	State	Zip				
[Redacted]			Nampa	ID	83687				
Driver's License No.	License State	License Class	<input type="checkbox"/> Commercial License		Sex	Date of Birth			
[Redacted]	ID	D			F	[Redacted]			
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)	00 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"/> R 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	Airbag Deployment	Airbag Location	Injury	Ejection	Trapped	Transported By	Idaho Code Number(s) / Violation(s)	<input checked="" type="checkbox"/> Not Cited
	03	01	01	B	01	01	01	00 Not Cited	
Transported To (if injured)			St. Alphonsus Medical Center - Boise						
EMS Provider			Ada County Paramedics - Boise						
1	← Alcohol / Drug Involvement		Alcohol Test	←		1 None Given	3 Blood Test	5 Breath Test	Drug Test
	1 Neither Alcohol nor Drugs Detected 2 Yes, Alcohol		01			2 Test Refused	4 Urine Test	6 Field Test	01
	3 Yes, Drugs 4 Yes, Both		BAC Test Results	/		Drug Used (if known)			Drug Test Results
									NA

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

Full Name	Address (Street, City, State Zip)	Home Phone	Sex	Date of Birth	Work Phone	Seating	Protective Device	Airbag Deployment	Airbag Location	Injury	Ejection	Trapped	Transported By
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	03	00	01	01	B	01	01	01
[Redacted]	Medical Center - Boise	Ada County Paramedics - Boise											

Seating Vehicle Front 1 2 3 4 5 6 7 8 10 ↑ 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	Protective Device 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	Airbag Deployment 1 Deployed 2 Deactivated 3 Missing 4 Not Equipped 5 Not Deployed NA Not Applicable -U Unknown	Airbag Location DEPLOYED: 1 - Front 2 - Side 3 - Combination 4 - Curtain 5 - Other NA Not Applicable
Injury A Incapacitating B Non-Incapacitating C Possible K Dead O None Evident -U Unknown	Ejection 1 Not Ejected 2 Totally Ejected 3 Partially Ejected I Thrown From Cycle/Animal	Trapped 1 Not Trapped 2 Trapped, extrication unit use 3 Trapped, other extraction method	Transported By 1 Ambulance / EMS 2 Police Car 3 Helicopter 4 Private Vehicle 5 Not Transported

Unit Information

Case No.: **B18001815**

Unit No.: **5**

* If turning, select direction before turning

See Events page for a list of event codes →	First Harmful Event 51	Most Harmful Event 51	General Direction of Travel	Street <input type="checkbox"/> North/South <input checked="" type="checkbox"/> East/West	Unit * <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	On (Street Name) I 84
First Event Relationship to Junction	00	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


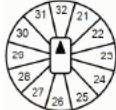

Attachment

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

Unit / Vehicle / Owner

Unit Type 32	Unit Use 00	Non-Contact Unit <input type="checkbox"/>	Emergency Use NA	License Plate No. [REDACTED]	State ID	VIN (Vehicle Identification No.) 1FTFX1EF5E[REDACTED]
Year 2014	Make FORD	Model F150	Color Blue	Attachment 1 00	Attachment 2 00	
Owner Last Name [REDACTED]	Owner First Name [REDACTED]	M.I. [REDACTED]	Insured? Yes	Insurance Company Name State Farm Mutual Insurance Company	Policy No. [REDACTED]	
Owner Address [REDACTED]	City BOISE	State ID	Zip 83706			

Damage

Initial Point of Impact 06	Auto / Motorcycle / Tractor with Semi Trailer		Trailing Unit #1		Trailing Unit #2	
Principal Point of Impact 09	13 Top and Windows 14 Undercarriage		33 Top 34 Undercarriage		53 Top 54 Undercarriage	
Extent of Deformity 05	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 NAYLOR'S TOWING					

↓ **Contributing Circumstances (3 possible)**

00	0 None	8 Overcorrected	17 Wheel Defect	27 Physical Impairment	38 Failed to Maintain Lane
00	1 Exceeded Posted Speed	10 Improper Backing	18 Light Defect	28 Improperly Parked	39 Foot Slipped Off or Caught On Pedal
00	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	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

12 Operator Action ↑	Driver			Pedestrian / Pedalcyclist					
	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	First Name	M.I.	Home Phone	Work Phone				
Address		City		State	Zip				
Driver's License No.	License State ID	License Class D	<input type="checkbox"/> Commercial License		Sex M	Date of Birth			
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)	00	<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 03	Airbag Deployment 05	Airbag Location NA	Injury C	Ejection 01	Trapped 01	Transported By 05	Idaho Code Number(s) / Violation(s)	<input type="checkbox"/> Not Cited
Transported To (if injured)								00 Not Cited	
No Medical Care Provider Needed EMS Provider Ada County Paramedics - Boise									
1	← Alcohol / Drug Involvement		Alcohol Test 01	← 1 None Given 3 Blood Test 5 Breath Test 2 Test Refused 4 Urine Test 6 Field Test →		Drug Test 01		Drug Test Results NA	
1 Neither Alcohol nor Drugs Detected 2 Yes, Alcohol		3 Yes, Drugs 4 Yes, Both		BAC 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										

Seating Vehicle Front 1 2 3 4 5 6 7 8 10 ↑ 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	Protective Device 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	Airbag Deployment 1 Deployed 2 Deactivated 3 Missing 4 Not Equipped 5 Not Deployed NA Not Applicable -U Unknown	Airbag Location DEPLOYED: 1 - Front 2 - Side 3 - Combination 4 - Curtain 5 - Other NA Not Applicable
Injury A Incapacitating B Non-Incapacitating C Possible K Dead O None Evident -U Unknown	Ejection 1 Not Ejected 2 Totally Ejected 3 Partially Ejected I Thrown From Cycle/Animal	Trapped 1 Not Trapped 2 Trapped, extrication unit use 3 Trapped, other extraction method	Transported By 1 Ambulance / EMS 2 Police Car 3 Helicopter 4 Private Vehicle 5 Not Transported

Unit Information

Case No.: **B18001815**

Unit No.: **6**

* If turning, select direction before turning

See Events page for a list of event codes →	First Harmful Event 52	Most Harmful Event 52	General Direction of Travel	Street <input type="checkbox"/> North/South <input checked="" type="checkbox"/> East/West	Unit * <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	On (Street Name) I 84
First Event Relationship to Junction	00	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 / Owner

Unit Type 06	Unit Use 00	Non-Contact Unit <input type="checkbox"/>	Emergency Use NA	License Plate No. [REDACTED]	State ID	VIN (Vehicle Identification No.) 1FMCU0F79FUC
Year 2015	Make FORD	Model Escape	Color Gray	Attachment 1 00	Attachment 2 00	
Owner Last Name CAB WEST LLC	Owner First Name	M.I.	Insured? Yes	Insurance Company Name Progressive Northwestern Insurance Co	Policy No. [REDACTED]	
[REDACTED]	City NAMPA	State ID	Zip 83651			

Damage

Initial Point of Impact 07	Auto / Motorcycle / Tractor with Semi Trailer		Trailing Unit #1		Trailing Unit #2	
Principal Point of Impact 07	13 Top and Windows 14 Undercarriage		33 Top 34 Undercarriage		53 Top 54 Undercarriage	
Extent of Deformity 02	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 Not Towed					

↓ **Contributing Circumstances (3 possible)**

00	0 None	8 Overcorrected	17 Wheel Defect	27 Physical Impairment	38 Failed to Maintain Lane
00	1 Exceeded Posted Speed	10 Improper Backing	18 Light Defect	28 Improperly Parked	39 Foot Slipped Off or Caught On Pedal
00	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	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				

Unit Information

Case No.: **B18001815**

Unit No.: 7

* If turning, select direction before turning

See Events page for a list of event codes →	First Harmful Event 77	Most Harmful Event 77	General Direction of Travel	Street <input type="checkbox"/> North/South <input checked="" type="checkbox"/> East/West	Unit * <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	On (Street Name) I 84
First Event Relationship to Junction	00	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 / Owner

Unit Type 06	Unit Use 00	Non-Contact Unit <input type="checkbox"/>	Emergency Use NA	License Plate No. [REDACTED]	State OR	VIN (Vehicle Identification No.) 1FAHP3FN6AW
Year 2010	Make FORD	Model Focus	Color Silver	Attachment 1 00	Attachment 2 00	
Owner Last Name [REDACTED]	Owner First Name [REDACTED]	M.I. A	Insured? Yes	Insurance Company Name Standard Fire Insurance Company	Policy No. 6	[REDACTED]
Owner Address [REDACTED]	City COTTAGE GROVE	State OR	Zip 97424			

Damage

Initial Point of Impact 10	Auto / Motorcycle / Tractor with Semi Trailer		Trailing Unit #1		Trailing Unit #2	
Principal Point of Impact 10	13 Top and Windows 14 Undercarriage		33 Top 34 Undercarriage		53 Top 54 Undercarriage	
Extent of Deformity 01	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 TORCH TOWING					

↓ **Contributing Circumstances (3 possible)**

00	0 None	8 Overcorrected	17 Wheel Defect	27 Physical Impairment	38 Failed to Maintain Lane
00	1 Exceeded Posted Speed	10 Improper Backing	18 Light Defect	28 Improperly Parked	39 Foot Slipped Off or Caught On Pedal
00	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	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					

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

On June 16, 2018, at approximately 2332 hours, a 2019 Volvo (Oregon registration [REDACTED]) (Oregon trailer registration [REDACTED]), driven by [REDACTED] was travelling eastbound on Interstate 84 near milepost 46.9 in Ada County, Idaho. There was construction ahead, and traffic was stop and go. Traffic was at a stop. The 2019 Volvo did not stop, and rear ended a 2008 Jeep Wrangler (Idaho registration [REDACTED]) driven by [REDACTED]. The 2019 Volvo and 2008 Jeep continued, and rear ended a 2003 Volvo (Washington registration [REDACTED]) (Washington trailer registration [REDACTED]) driven by [REDACTED]. The 2003 Volvo then rear ended a 2006 Ford (Oregon registration [REDACTED]) driven by [REDACTED]. The 2006 Ford then rear ended a 2014 Ford (Idaho registration [REDACTED]) driven by [REDACTED]. The 2006 Ford then side swiped same direction, a 2015 Ford (Idaho registration [REDACTED]) driven by [REDACTED]. The 2003 Volvo then side swiped same direction, the 2014 Ford. There was a 2010 Ford (Oregon registration [REDACTED]), driven by [REDACTED] which was hit by debris from the 2019 Volvo collision.

Additional Property Damage:

Item Damaged: Embankment, hill, cliff

Estimated Damage:

Owner Name and Address: Idaho Transportation Department; 3311 W State Street, Boise, Idaho

Additional Witnesses:

Name: [REDACTED] Home Phone: [REDACTED] Work Phone:

Address: [REDACTED]

Investigating Officer's Name and/or Number	Report Date	Approved By	Approval Date
[REDACTED] - 4013	6/17/2018	[REDACTED] - 3518	7/23/2018

NOTE: Crash Reports need to be transmitted to Idaho Transportation Department's Office of Highway Safety