Page <u>1</u> of <u>12</u>			POLICE CRASH REP	ORT		
Number of Motor Vehicles	S: For	m PR-1 RE	V July 2014.01	Case Nu	umber:	
Automobiles, Motorcycles, etc. Number of Non-Motorists	Crash Summary (Front) DOT Ide			ntifior:		
Pedestrians, Bicyclists, etc.	•			For DOT		
				TION		
Pote of Create (1000/11/100)			VERITY, AND LOCA		Gre	ah Cawarity
Date of Crash (YYYYMMDD) Time	(0000-2359) Town Nar	ne		Town #		sh Severity
						)Fatal ()Injury ()PDO
Latitude Crash occu	rred on (street name or route #) a	t its intersect	tion with (street name or route	e #)		
			at			
Longitude If not at an i	ntersection: distance OF	eet	N, S, E, W name of nea	rest intersecting	road, town li	ne, or mile marker
		enths of Mile	of			
For all numeric fields: 99 = 'Unknown'			AND CONDITIONS			
	LOCATION OF FIRST HARMFU 01. On Roadway	L EVENT	FIRST HARMFUL EVENT		MANNER OF	-
01. Public Road	02. Shoulder		Non-Collision:		(Applies to: n	nulti-vehicle crashes)
88. Not Applicable	03. Median		01. Overturn/Rollover		01. Front to F	Rear
	04. Roadside		02. Fire / Explosion		02. Front to F	Front
01. Trafficway, On Road	05. Gore		03. Immersion, Full or Partial 04. Jackknife		03. Angle	o Samo Diroction
02. Trafficway, Not on Road	06. Separator 07. In Parking Lane or Zone		05. Cargo/Equipment Loss or	Shift		e, Same Direction e, Opposite Direction
03. Non-Trafficway	08. Off-Roadway Location Unkno	wn	06. Fell/Jumped from Vehicle		06. Rear to S	
04. Parking Lot	09. Outside Right-of-Way (trafficwa		07. Thrown or Falling Object 08. Other Non-Collision		07. Rear to R	
LIGHT CONDITIONS	97. Other				88. Not Appli 97. Other	capie
01. Daylight	CRASH-SPECIFIC LOCATION		Collision with Person, Vehic	le,	ST. Other	
02. Dawn	01. Non-Junction		or Non-Fixed Object: 09. Pedestrian		CONTRIBUT	ING CIRCUMSTANCES,
03. Dusk 04. Dark- Lighted	02. Intersection		10. Pedal cycle/Pedal-cyclist			ENTAL (choose up to 3)
05. Dark- Not Lighted	03. Intersection-Related 04. Entrance / Exit Ramp		11. Other Non-motorist		00. None	Canditiana
06. Dark Unknown Lighting	05. Entrance / Exit Ramp-Related	1	12. Railway Vehicle (train, engir 40. Deer	1е)	01. Weather 02. Visual Ob	
97. Other	06. Railway Grade Crossing		13. Animal Other Than Deer (II	ive)	03. Glare	
	07. Crossover-Related		14. Motor Vehicle in Operation	1	04. Animal(s)	
	08. Driveway Access 09. Driveway Access-Related		15. Parked Motor Vehicle 16. Struck by Falling, Shifting	Cargo or	88. Not Appli 97. Other	cable
WEATHER CONDITIONS (choose up to 2) 01. Clear	10. Shared-Use Path or Trail		Anything Set in Motion by	Motor Vehicle		
02. Cloudy	11. Through Roadway		17. Work Zone/Maintenance E	quipment	CONTRIBUT ROAD (choos	
03. Fog, Smog, Smoke	12. Acceleration / Deceleration La	ane	18. Other Non-Fixed Object		00. None	ie up to 3)
04. Rain	13. On A Bridge 14. HOV Lane		Collision With Fixed Object:			Due to Prior Crash
05. Sleet or Hail 06. Freezing Rain/Drizzle	15. Service or Rest Area		19. Impact Attenuator/Crash C		02. Backup D	
07. Snow	16. Weigh Station		20. Bridge Overhead Structure 21. Bridge Pier or Support	2		rring Incident
08. Blowing Snow	17. Other Location Not Listed Abo	ove	22. Bridge Rail		Congestio	ě l
09. Severe Crosswinds	Within an Interchange Area (median, shoulder and roadside)		23. Cable Barrier		0	n/Plaza Related
10. Blowing Sand, Soil, Dirt 88. Not Applicable	97. Other		24. Culvert 25. Curb			face Condition
97. Other			26. Ditch		(wet, icy, si 06. Debris	now, slush, etc.)
	TYPE OF INTERSECTION		27. Embankment		07. Ruts, Hol	es. Bumps
01. Dry	01. Not an Intersection		28. Guardrail Face 29. Guardrail End		08. Work Zor	
02. Wet	02. Four-Way Intersection 03. T-Intersection		30. Concrete Traffic Barrier			on/ maintenance/utility)
03. Snow	04. Y-Intersection		31. Other Traffic Barrier		,	avel-Polished Surface on in Roadway
04. Slush	05. L-Intersection		32. Tree (standing) 33. Utility Pole/Light Support			ntrol Device Inoperative, Missing,
05. Ice/Frost 06. Moving Water	06. Traffic Circle		34. Traffic Sign Support		or Obscu	red
07. Sand	07. Roundabout		35. Traffic Signal Support			(none, low, soft, high)
08. Mud, Dirt, Gravel	08. Five-Point, or More		36. Fence 37. Mailbox		13. Non-High 88. Not Appli	
09. Oil	SCHOOL BUS RELATED		38. Other Post, Pole or Suppo		97. Other	Capie
10. Standing Water 97. Other	01. No 02. Yes, a school bus was		39. Other Fixed Object (wall, bu	uilding, tunnel, etc.)		
	directly involved					
	03. Yes, a school bus was indired	tly involved				
For all numeric fields: 99 = 'Unknown'	WORK ZO	ONE CRA	SH INFORMATION		Complete all	for crashes occurring in a Work Zone
WORK ZONE LOCATION		TYPE		WORKERS PRE	•	ENFORCEMENT PRESENT
		01. Lane Closu	ıre	01. No		01. No
02. Yes 02. Advance W		02. Lane Shift		02. Yes		02. Yes
03. Transition A			houlder or Median	88. Not Applicab		88. Not Applicable
04. Activity Area		88. Not Applica	t or Moving Work			
88. Not Applica		97. Other				

Form PR-1 REV July 2014.01

Case Number:

Crash Summary (Back)

**DOT Identifier:** For DOT use only

DIAGRAM

Vehicles were moved prior to police arrival

NARRATIVE						
Officers Narrative: Describe any unusual circumstances associated with the crash, including officer's observations. Refer to each by motor vehicle number and/or non-motorist number						
-						
Related Incident Number Officer First Name	Officer Last Nat	ma		Badge Number	Police Agency Code	
		ine		Badge Number	T blice Agency bode	
Case Status						
O - Open Officer Signature: C - Closed		Supervisor:				
Date & Time :		Date & Time :				
This report is a revision to a previously submitted report						

Page <u>3</u> of <u>12</u> Motor Vehicle ID: [		POLICE CRASH REPORT	-
		V July 2014.01 Case Nu	umber:
Number of occupants in <i>Vehicle :</i>		formation (Front) et Per Motor Vehicle DOT Ide	ntifior
(including the driver)	Complete One She	et Per Motor Vehicle DOT Ide For DOT	
		INFORMATION (ii)	
			Invalid Plate
VIN:		I missing or removed Plate #:	
Maka	Color:	ver Evaded Responsibility Plate State:	
Make:			
Model:	Year: Dir	ection of Travel	
		N, S, E, W	Total lanes in roadway:
Road on which vehicle was traveling:		□ Vehicle was not in roadway □ Unknown direction	Bike lanes/sharrows present
For all numeric fields: 99 = 'Unknown'			
SEQUENCE OF EVENTS (choose up to four, in chronological order)	01. Straight Ahead	BODY TYPE 01. Passenger Car	MOTOR VEHICLE TYPE 01. Motor Vehicle in Operation
Non-Collision	02. Negotiating a Curve	02. (Sport) Utility Vehicle	02. Parked Motor Vehicle
01. Overturn/Rollover	03. Backing	03. Passenger Van	03. Working Vehicle/Equipment
02. Fire / Explosion	04. Changing Lanes	04. Cargo Van (<10,000 lbs GVWR)	04. Non-Collision Vehicle
03. Immersion, Full or Partial	05. Overtaking/Passing Motor Vehicle	05. Pickup	TRAFFICWAY DESCRIPTION
04. Jackknife	06. Turning Right	06. Motor Home	01. Two-Way, Not Divided
05. Cargo/Equipment Loss or Shift 06. Equipment Failure (blown tire, brake failure, etc)	07. Turning Left 08. Making U-Turn	07. School Bus 08. Transit Bus	02. Two-Way, Not Divided w/
07. Separation of Units	09. Leaving Traffic Lane	09. Motor Coach	a Continuous Left Turn Lane
08. Ran Off Roadway Right	10. Entering Traffic Lane	10. Other Bus	03. Two-Way, Divided, Unprotected (Painted >4 Feet) Median
09. Ran Off Roadway Left	11. Slowing	11. Motorcycle	04. Two-Way, Divided, Positive Median Barrier
10. Cross Median	12. Parked 13. Stopped in Traffic	12. Moped	05. One-Way Trafficway
11. Cross Center Line 12. Downhill Runaway	14. Overtaking/Passing Cyclist	13. Low Speed Vehicle 14. Golf Cart	88. Not Applicable
13. Fell/Jumped From Motor Vehicle	15. Wrong Way or Wrong Side	15. All Terrain Vehicle (ATV)	ROADWAY GRADE
14. Reentering Roadway	16. Traveling in Bike Lane	16. Snowmobile	01. Level
15. Thrown or Falling Object	97. Other	17. Other Light Trucks (10,000 lbs GVWR or less)	02. Uphill
16. Other Non-Collision		18. Medium/Heavy Trucks	04. Downhill
Collision With Person, Motor Vehicle,	CONTRIBUTING CIRCUMSTANCES	(more than 10,000 lbs GVWR) 97. Other	05. Sag (bottom)
or Non-Fixed Object	MOTOR VEHICLE (choose up to 2)		ROADWAY ALIGNMENT
17. Pedestrian 18. Pedal Cycle/Pedal-cyclist	00. None 01. Brakes	MOTOR VEHICLE DAMAGE	01. Straight
19. Other Non-motorist	02. Exhaust System	11 1	02. Curve Left
20. Railway Vehicle (train, engine)	03. Body, Doors	12	03. Curve Right
21. Animal (live)	04. Steering		TRAFFIC CONTROL DEVICE TYPE
22. Motor Vehicle In Motion	05. Power Train		01. No Control Device
23. Parked Motor Vehicle 24. Struck By Falling, Shifting Cargo or	06. Suspension 07. Tires	9 9 3 3	02. Person (flagger, law enforcement,
Anything Set In Motion By Motor Vehicle	08. Wheels	8 4	crossing guard, etc.) 03. Traffic Control Signal
25. Work Zone/Maintenance Equipment	09. Lights (head, signal, tail)	7 5 . 4	04. Flashing Traffic Control Signal
26. Other Non-Fixed Object	10. Windows/Windshield		05. School Zone Sign/Device
Collision With Fixed Object	11. Mirrors	7 5	06. Stop Sign
27. Impact Attenuator/Crash Cushion	12. Wipers	6	07. Yield Sign
28. Bridge Overhead Structure 29. Bridge Pier or Support	13. Truck Coupling / Trailer Hitch / Safety Chains	Use diagram above for values 1-12 See user guide for other vehicle diagrams.	08. Warning Sign 09. Railway Crossing Device
30. Bridge Rail	88. Not Applicable	Initial Contact Point	10. Marked Uncontrolled Crosswalk
31. Cable Barrier	97. Other	13. Non-Collision	11. Pedestrian Button
32. Culvert 2nd	POSTED/STATUTORY SPEED LIMIT	14. Top	12. Bicycle Detection
33. Curb	(record the posted/statutory value as miles per hour)	15. Undercarriage	97. Other
34. Ditch 35. Embankment <b>3rd</b>	01. Not Posted	16. Cargo loss	TRAFFIC CONTROL DEVICE
36. Guardrail Face	10, 15, 20, 25, 30, 35, 40, 45		FUNCTIONAL?
37. Guardrail End <b>4th</b>	50, 55, 60, 65, 70, 75, 80, 85	Damaged Areas (choose up to 3) 00. None	01. No
38. Concrete Traffic Barrier		14. Top	02. Yes
39. Other Traffic Barrier	TOWED 01. Towed Due to Disabling Damage	15. Undercarriage	03. Missing 88. Not Applicable
40. Tree (standing) Most Harmful 41. Utility Pole Event	02. Towed, But Not Due to Disabling Damage	17. All Areas	
42. Traffic Sign Support	03. Not Towed	88. Not Applicable	
43. Traffic Signal Support			
44. Other Post, Pole, or Support	TOWED TO	EXTENT OF DAMAGE	
45. Fence 46. Mailbox		01. No Visible Damage	
46. Mallbox 47. Other Fixed Object (wall, building, tunnel, etc.)		02. Minor Damage 03. Functional Damage	
48. Light Support		04. Disabling Damage	
88. Not Applicable			
	INSURANCE	NFORMATION	
INSURANCE COMPANY	INSURANCE POLICY	/ NUMBER	INSURANCE EXPIRATION DATE (yyyymmdd)

Form PR-1 REV July 2014.01

Case Number:

	Motor Vehicle Informa Complete One Sheet Per	Motor Vehicle DOT Ide						
For DOT use only								
Vehicle Owner Name (Last, First, Middle, Suffix)	Information s							
Street Address or Post Office Box								
City	State/Prov	Country United States	Postal Code					
Email Address (optional)		Phone (optional)						
SPECIAL VEHICLE FUNCTION 01. No Special Function 02. Taxi 03. Vehicle Used as School Bus 04. Vehicle Used as Other Bus 05. Military 06. Police 07. Ambulance 08. Fire Truck 09. Non-Transport Emergency 10. Incident Response Services Vehicle	EMERGENCY VEHICLE 01. Non-Emergency Situation, 02. Non-Emergency Transport 03. Emergency Operation, Em 04. Emergency Operation, Em 88. Not Applicable	Not Transporting Patient of Passenger ergency Warning Equipment Not in Use ergency Warning Equipment in Use	BUS USE         01. Not a Bus         02. School         03. Transit/Commuter         04. Intercity         05. Charter/Tour         06. Shuttle         88. Not Applicable					
Complete if public or private property other than vehicles were damaged in the cra	sh PROPERTY DAM	AGED						
NATURE AND EXTENT OF DAMAGE TO PROPERTY 1 NAME OF OWNER OF PROPERTY 1 NATURE AND EXTENT OF DAMAGE TO PROPERTY 2								
NAME OF OWNER OF PROPERTY 2								
NATURE AND EXTENT OF DAMAGE TO PROPERTY 3								
NAME OF OWNER OF PROPERTY 3								

Page <u>5</u> of <u>12</u> Motor Vehicle ID: Form PR-1 REV July 2014.01 Case Number:					
		-			
Per		r Vehicle Driver Informat omplete One Sheet Per Driver		OT Identifier: For DOT use only	
Name (Last, First, Middle, Suffix): Street Address or PO Box: City:	State	GE           01.           02.           99.           Postal         Pho	NDER Male Female Unknown one/Email		E OF BIRTH (YYYYMMDD) Date of Birth is unknown
	or Prov:		(optional):		
LICENSE INFO	For all numeric fields: 99 = 'Unknown'		FORMATION		
LICENSE NUMBER	EJECTION 01. Not Ejected 02. Ejected, Partially 03. Ejected, Totally 88. Not Applicable	SEATING POSITION FIRS		DRIVER ACTIONS (chi 01. No Contributing Act 02. Ran Off Roadway 03. Failed to Yield Righ 04. Ran Red Light 05. Ran Stop Sign	tion
DRIVER LICENSE JURISDICTION         01. Not Licensed         02. State         03. Tribal Nation         04. U.S. Government         05. Canadian Province         06. Mexican State         07. International License (other than Mexico and Canada)         08. Valid License (other country)	RESTRAINT SYSTEM 00. None Used-Motor Vehicle Occupant 01. Shoulder and Lap Belt Used 02. Shoulder Belt Only Used 03. Lap Belt Only Used 04. Restraint Used Type Unknown 88. Not Applicable 97. Other	SECOND DIGIT _1. Left Seat (usually the r motorcycle driver exce vehicles and some fore _2. Middle Seat _3. Right Seat _8. Other Seat	notor vehicle or () pt for postal () eign vehicles)	06. Disregarded Other 07. Disregarded Other 08. Improper Turn 09. Improper Backing 10. Improper Passing 11. Wrong Side or Wro 12. Followed Too Close 13. Failed to Keep in P 14. Operated Vehicle ir	Road Markings
88. Not Applicable  LICENSE CLASS 00. None 01. Class A 02. Class B 03. Class C 04. Class D 05. Class M	HELMET USE 01. No Helmet 02. DOT-Compliant Motorcycle Helmet 03. Helmet, Other Than DOT-Compliant Motorcycle Helmet 04. Helmet, Unknown If DOT-Compliant 88. Not Applicable		Example: Car, SUV, Van	<ol> <li>Swerved or Avoided Motor Vehicle, Objet 7. Over-Correcting/Ov 8. Overtaking Cyclist 88. Not Applicable 97. Other Contributing DRIVER DISTRACTED 01. Not Distracted 02. Manually Operating</li> </ol>	ect, Non-Motorist in Roadway, etc. ver-Steering Action D BY
88. Not Applicable COMMERCIAL LICENSE 01. No 02. Yes ENDORSEMENTS A - Activity Vehicles	AIRBAG 01. Not Deployed 02. Deployed-Front 03. Deployed-Side 04. Deployed-Curtain 05. Deployed-Curtain 05. Deployed-Other 06. Deployed-Combination 88. Not Applicable		Motors	Electronic Commun 33. Talking on Hands-F 04. Talking on Hand-He 05. Other Activity, Elect 06. Passenger 07. Other Inside the Ve 08. Outside the Vehicle CONDITION AT TIME 01. Apparently Normal	hication Device ( <i>Texting, etc</i> ) Free Electronic Device eld Electronic Device tronic Device whicle ( <i>eating, hygiene, etc.</i> ) OF CRASH ( <i>choose up to 2</i> )
<ul> <li>F - Taxi, Livery, Motor Coach</li> <li>H - Hazardous Materials</li> <li>M - Motorcycles</li> <li>N - Tank Vehicles</li> <li>P - Passenger</li> </ul>	SPEED RELATED 01. No 02. Racing 03. Exceeded Speed Limit 04. Too Fast for Conditions	21		02. Physically Impaired 03. Emotional (depresse 04. III (sick), Fainted 05. Asleep or Fatigued 06. Under the Influence 07. Other 09. Unknown	
Q - Fire Fighting Vehicles		INJURY AND EM	IS INFORMATIO	N	
<ul> <li>S - School Bus</li> <li>T - Double/Triple Trailers</li> <li>V - Student Transportation</li> <li>X - Combination of Tank Vehicle and Hazardous Materials</li> </ul>	INJURY STATUS K. Fatal Injury A. Suspected Serious Injury B. Suspected Minor Injury C. Possible Injury O. No Apparent Injury	TRANSPORTED TO FIRST MEDICAL FACILITY BY 01. Not Transported 02. EMS Air 03. EMS Ground 04. Law Enforcement 97. Other	EMS COMPANY N EMS RUN NUMBE INTENDED RECEI	IAME	
	ENFORCEMENT ACTIONS TAK	KEN		DRUG/ALCOHC	OL INFORMATION
ACTION BY OFFICER 00. None Taken 01. Verbal Warning 02. Written Warning 03. Infraction 04. Arrest/Summons	ON STATUTES		01. Test N 02. Test F 03. Test G 99. Unkno	Refused Given ST STATUS Iot Given Refused	TYPE OF ALCOHOL TEST         01. Blood         02. Urine         03. Breath         88. Not Applicable 97. Other         TYPE OF DRUG TEST         01. Blood         02. Urine         88. Not Applicable 97. Other
				own if Tested	97. Other

Page <u>6</u> of <u>12</u>

### CONNECTICUT UNIFORM POLICE CRASH REPORT

Form PR-1 REV July 2014.01 Motor Vehicle Passenger Information **Case Number:** 

**DOT Identifier:** For DOT use only

	Complete	this sheet for Passenge	rs in this Motor Vehicle For L	DOT use only
PERSON ID PAS	SENGER INFO	RMATION	For all numeric fields: 99 = 'Unknown'	Use additional sheets if more
NAME:		PERSON TYPE:	SEATING POSITION:	than 4 passengers occupied this motor vehicle
ADDRESS:			RESTRAINT SYSTEM:	PERSON TYPE
CITY:	STATE or PROV:	POSTAL CODE:	HELMET USE:	O2. Passenger     O7. Occupant of Parked Motor Vehicle     99. Unknown
DATE OF BIRTH (YYYYMMDD): GENDER: 01. Male	INTENDED RECE	IVING FACILITY:	EJECTION:	SEATING POSITION
Date of Birth is unknown         02. Female           99. Unknown         99. Unknown			AIR BAG:	Example: Car, SUV, Van
			INJURY STATUS:	
EMS COMPANY NAME:	EMS RUN NUMB	EK:	TRANSPORTED TO 1st MEDICAL FACILITY BY:	
PERSON ID			For all numeric fields: 99 = 'Unknown'	RESTRAINT SYSTEM 00. None Used-Motor Vehicle Occupant
NAME:		PERSON TYPE:	SEATING POSITION:	01. Shoulder and Lap Belt Used 02. Shoulder Belt Only Used
ADDRESS:			RESTRAINT SYSTEM:	03. Lap Belt Only Used 04. Restraint Used Type Unknown
CITY:	STATE or PROV:	POSTAL CODE:	HELMET USE:	05. Child Restraint System Forward Facing 06. Child Restraint System Rear Facing
DATE OF BIRTH (YYYYMMDD): GENDER: 01. Male	INTENDED RECE	EIVING FACILITY:	EJECTION:	07. Booster Seat 08. Child Restraint Type Unknown
Date of Birth is unknown         02. Female           99. Unknown         99. Unknown			AIR BAG:	88. Not Applicable 97. Other
			INJURY STATUS:	99. Unknown HELMET USE
EMS COMPANY NAME:	EMS RUN NUMB	ER:	TRANSPORTED TO 1st MEDICAL FACILITY BY:	01. No Helmet 02. DOT-Compliant Motorcycle Helmet
				03. Helmet, Other Than DOT-Compliant
PERSON ID			For all numeric fields: 99 = 'Unknown'	Motorcycle Helmet 04. Helmet, Unknown If DOT-Compliant
NAME:		PERSON TYPE:	SEATING POSITION:	88. Not Applicable 99. Unknown If Helmet Worn
ADDRESS:			RESTRAINT SYSTEM:	EJECTION
CITY:	STATE or PROV:	POSTAL CODE:	HELMET USE:	01. Not Ejected 02. Ejected, Partially
DATE OF BIRTH (YYYYMMDD): GENDER: 01. Male	INTENDED RECE	EIVING FACILITY:	EJECTION:	03. Ejected, Totally 88. Not Applicable 99. Unknown
Date of Birth is unknown 99. Unknown			AIR BAG:	AIRBAG
			INJURY STATUS:	01. Not Deployed 02. Deployed-Front 03. Deployed-Side
EMS COMPANY NAME:	EMS RUN NUMB	ER:	TRANSPORTED TO 1st MEDICAL FACILITY BY:	05. Deployed-Otter
				06. Deployed-Combination
PERSON ID			For all numeric fields: 99 = 'Unknown	88. Not Applicable 99. Deployment Unknown
NAME:		PERSON TYPE:	SEATING POSITION:	INJURY STATUS K. Fatal Injury
ADDRESS:			RESTRAINT SYSTEM:	A. Suspected Serious Injury B. Suspected Minor Injury
CITY:	STATE or PROV:	POSTAL CODE:	HELMET USE:	C. Possible Injury O. No Apparent Injury
DATE OF BIRTH (YYYYMMDD): GENDER: 01. Male			EJECTION:	TRANSPORTED TO FIRST MEDICAL
Date of Birth is unknown 02. Female 99. Unknown			AIR BAG:	FACILITY BY       01. Not Transported       02. EMS Air
			INJURY STATUS:	02. EMS Air 03. EMS Ground 04. Law Enforcement
EMS COMPANY NAME:	EMS RUN NUMB	ER:	TRANSPORTED TO 1st MEDICAL FACILITY BY:	97. Other 99. Unknown

Page	_7	of	_1:
Bi	icyd	le	ID:



Striking Motor Vehicle ID:

Person ID:

CONNECTICUT UNIFORM POLICE CRASH REPORT Form PR-1 REV July 2014.01

Case Number:

Complete one sheet for each non-motorist involved in crash For DOT use only

DOT Identifier:

Road on which non-motorist was traveling/located:

		□ Non-motorist was not in roadway	Direction of travel (N, S, E, W):
For all numeric fields: 99 = 'Unknown'	NON-MOTORIST		Only required if the erech involves a new meterist
Name (Last, First,			Only required if the crash involves a non-motorist DATE OF BIRTH (YYYYMMDD)
Middle, Suffix):		01. Male	
Street Address		02. Female	
or P.O. Box:		99. Unknown	Date of Birth is unknown
	State Postal	Phone/Email	
City:	or Prov: Code:	(optional):	
NON-MOTORIST PERSON TYPE	NON-MOTORIST ACTION/	NON-MOTORIST LOCATION	NON-MOTORIST DISTRACTED BY
03. Pedestrian	CIRCUMSTANCE PRIOR TO CRASH	AT TIME OF CRASH	01. Not Distracted
04. Other Pedestrian (wheelchair, person in a	00. None	01. Intersection - Marked Crosswalk	02. Manually Operating an
building, skater, pedestrian conveyance) 05. Bicyclist	01. Crossing Roadway 02. Waiting to Cross Roadway	02. Intersection - Unmarked Crosswalk	Electronic Communication Device (Texting, etc)
06. Other Cyclist	03. Walking/Cycling Along Roadway With	03. Intersection - Other 04. Mid Block - Marked Crosswalk	03. Talking on Hands-Free Electronic Device
08. Occupant of a Non-Motor Vehicle	Traffic (In or Adjacent to Travel Lane)	05. Travel Lane - Other Location	04. Talking on Hand-Held Electronic Device
Transportation Device	04. Walking/Cycling Along Roadway Against	06. Bicycle Lane	05. Other Activity, Electronic Device
	Traffic (In or Adjacent to Travel Lane)	07. Shoulder/Roadside	06. Other Activity, Inside the Vehicle
	05. Walking/Cycling on Sidewalk	08. Sidewalk	(eating, hygiene, etc.)
	06. In Roadway - Other (Working, Playing, etc.)	09. Median/Crossing Island	07. Other, Outside the Vehicle
	07. Adjacent to Roadway (e.g., Shoulder, Median)	10. Driveway Access 11. Shared-Use Path or Trail	
	08. Working in Trafficway for Incident	12. Non-Trafficway Area	
	Response	13. Sharrow/Shared Lane Marking	
	88. Not Applicable	97. Other	
	97. Other		
IDENTIFICATION INFO	NON-MOTORIST ACTION/	NON-MOTORIST SAFETY EQUIPMENT	NON-MOTORIST CONDITION
IDENTIFICATION NUMBER		(choose up to 2)	
	(choose up to 2) 01. No Improper Action	00. None 01. Helmet	(choose up to 2) 01. Apparently Normal
	02. Dart/Dash	02. Protective Pads Used	02. Physically Impaired
ISSUED BY	03. Failure to Yield Right-Of-Way	03. Reflective Clothing	03. Emotional (depressed, angry, etc.)
	04. Failure to Obey Traffic Signs, Signals, or	04. Lighting	04. III (sick), Fainted
DRIVER LICENSE JURISDICTION	Officer	05. ANSI Approved Bicycle Helmet	05. Asleep or Fatigued
01. Not Licensed	05. In Roadway Improperly (Standing, Lying, Working, Playing)	88. Not Applicable 97. Other	06. Under the Influence (Meds/Drugs/Alcohol) 97. Other
02. State	06. Disabled Vehicle Related (Working on,		
03. Tribal Nation	Pushing, Leaving/Approaching)		
04. U.S. Government	07. Entering/Exiting Parked/Standing Vehicle		
05. Canadian Province 06. Mexican State	08. Inattentive (talking, eating, etc.)		
07. International License (other than Mexico and	09. Not Visible (Dark Clothing, No Lighting, etc.) 10. Improper Turn/Merge		GOING TO / FROM SCHOOL
Canada)	11. Improper Passing		01. No
08. Valid License (Other Country)	12. Wrong-Way Riding or Walking		02. Yes
88. Not Applicable	13. Use of Electronic Device		
99. Unknown	88. Not Applicable		
	97. Other		
	INJURY AND EM	S INFORMATION	
	SPORTED TO FIRST	YNAME	
	CAL FACILITY BY EMS COMPAN t Transported EMS RUN NUN		
B. Suspected Minor Injury 02. EN		11BER	
C. Possible Injury 03. EN	IS Ground INTENDED REG	CEIVING FACILITY	
	w Enforcement		
97. Oth	ier		
ENFC	DRCEMENT ACTIONS TAKEN	DRUG	G/ALCOHOL INFORMATION
ACTION BY OFFICER VIOLATION STAT	UTES	ALCOHOL TEST	
00. None Taken		01. Test Not Give	
01. Verbal Warning		02. Test Refused	02. Urine
02. Written Warning 03. Infraction		03. Test Given 99. Unknown if Te	03. Breath ested 88. Not Applicable 97. Other
03. Infraction 04. Arrest/Summons			
		DRUG TEST STA	
		02. Test Refused	01. Blood
		03. Test Given	88. Not Applicable
		99. Unknown if Te	

Form PR-1 REV July 2014.01 Appendix A: Narrative Continued

Complete this sheet if more space

is needed for the narrative

Case Number:

**DOT Identifier:** For DOT use only

NARRATIVE CONTINUED (i)

Page <u>9</u> of <u>12</u>	CONNE	ECTICUT UNIFORM PC Form PR-1 REV Ju		RT Case Number: ∫	
Motor Vehicle ID:		Appendix B: Comm	-	DOT Identifier:	
	Com	plete this sheet for qualifyi	ng Commercial Vehicles	For DOT use only	
Use This Form Only For a: QUALIFYING V	EHICLE	QUALIFYING COMMER		YING CRASH	
<ul> <li>Any motor vehicle displaying a hazardous material p</li> <li>A motor vehicle having a gross vehicle weight rating rating (GCWR) of more than 10,000 LBS used on pu</li> <li>Any motor vehicle designed to transport more than e</li> </ul>	lacard OR (GVWR) or a g ıblic highways t	gross combination weight - F to carry property OR - Ir	y crash that involves a qualifyir atality to any person, OR	ng vehicle and which rest	atment away from the crash site
- Any motor vehicle designed to transport more than e	agin persons in		,	result of damage sustain	
CARRIER NAME			US DOT NUMBER (8 digits, ri	ight justified):	
		lf	no US DOT Number, please p	rovide:	
STREET ADDRESS or P.O. BOX			STATE AND ST	ATE ISSUED ID NUMBER	
СІТҮ		STATE or PROVINCE	POSTAL CODE	COUNTRY	
				United Sta	tes
Dissos	wee the M	POWER UNIT OWNER ehicle Sheet to Docum		Deuren Linit	
If the Driver of the Power Unit					ument the Owner.
		TRAILER 1 OWNER I	NFORMATION		
OWNER NAME Info same as carrier Info s	ame as power	unit	Pla	te #:	☐ Invalid Plate ☐ No Plate
STREET ADDRESS or P.O. BOX			Plate S	tate:	
			Trailer Serial Number/	VIN:	
CITY		STATE or PROVINCE	POSTAL CODE	COUNTRY	
		СТ		United Sta	tes
		TRAILER 2 OWNER I	NFORMATION		
OWNER NAME Info same as carrier Info s	ame as power	unit 🔲 Info same as trailer 1	Pla	te #:	☐ Invalid Plate ☐ No Plate
STREET ADDRESS or P.O. BOX			Plate S	tate:	
			Trailer Serial Number/	VIN:	
CITY		STATE or PROVINCE	POSTAL CODE	COUNTRY	
				United Sta	tes
CARGO BODY TYPE			E INFORMATION	GROSS WEIGHT (G	
<ol> <li>No Cargo Body - (bobtail, light motor vehicle with hazardous materials [HM] placard, etc.)</li> <li>Bus</li> <li>Van/Enclosed Box</li> <li>Grain/Chips/Gravel Truck</li> </ol>	CARRIER TYPE 01. Interstate Carrier 02. Intrastate Carrier 03. Not in Commerce/Government 04. Not in Commerce/Other Truck 99. Unknown VEHICLE CONFIGURATION 01. Vehicle 10,000 pounds or less placarded for ha 02. Single-Unit Truck (2-axle and GVWR more than10, 03. Single-Unit Truck (3 or more axles) 04. Truck Pulling Trailer(s)			01. 10,000 lbs. or les 02. 10,001 - 26,000 03. More than 26,00 88. Not Applicable 99. Unknown	ss Ibs. 00 lbs.
05. Pole-Trailer 06. Cargo Tank 07. Log 08. Inter-modal Container Chassis 09. Vehicle Towing Another Vehicle 10. Flatbed				HAZARDOUS MATI 01. No 02. Yes 88. Not Applicable 4-DIGIT HAZARDO	
11. Dump 12. Concrete Mixer 13. Auto Transporter 14. Garbage/Refuse	05. Truck Trac 06. Truck Trac 07. Truck Trac	ctor ( <i>Bobtail</i> ) ctor/Semi-Trailer ctor/Double		MATERIALS ID NUI	MBER
88. Not Applicable 97. Other 99. Unknown	08. Truck Tractor/Triple 09. Truck More Than 10,000 lbs, Cannot Classif 10. Bus/Large Van (seats for 9-15 occupants, in 11. Bus (seats for more than 15 occupants, inclu 99. Unknown			RELEASE OF HAZZ01. No02. Yes88. Not Applicable	ARDOUS MATERIALS

Form PR-1 REV July 2014.01

Case Number:

Motor Vehicle ID:

Appendix C: Bus Complete this sheet for passengers of the bus that was involved in the crash

**DOT Identifier:** For DOT use only

O. No Apparent Injury

**BUS OCCUPANT INFORMATION** For all numeric fields: 99 = 'Unknown' NAME GENDER AGE ID PERSON ID (Last, First, Middle, Suffix) The unique number assigned to the SEATING POSITION EJECTION **INJURY STATUS** DATE OF BIRTH persons involved in the crash. Note: this is (YYYYMMDD) intended to be a sequence. NAME GENDER AGE ID GENDER (Last, First, Middle, Suffix) 01. Male SEATING POSITION EJECTION INJURY STATUS DATE OF BIRTH 02. Female 99. Unknown ID NAME GENDER AGE (Last, First, Middle, Suffix) **BUS SEAT POSITION** SEATING POSITION EJECTION **INJURY STATUS** DATE OF BIRTH FIRST DIGIT(S) - ROW POSITION 2. Row 2 ID NAME GENDER AGE 3\_. Row 3 (Last, First, Middle, Suffix) Etc. Continue counting as many rows as SEATING POSITION EJECTION **INJURY STATUS** DATE OF BIRTH contained on the bus. AGE NAME GENDER ID FOLLOWING LETTER-SEAT POSITION (Last, First, Middle, Suffix) A. Window Left SEATING POSITION EJECTION INJURY STATUS DATE OF BIRTH B. Middle Left C. Aisle Left ID NAME GENDER AGE \_D. Standing in Aisle (Last, First, Middle, Suffix) \_E. Aisle Right SEATING POSITION EJECTION INJURY STATUS DATE OF BIRTH F. Middle Right ID NAME GENDER AGE G. Window Right (Last, First, Middle, Suffix) OTHER CASES SEATING POSITION EJECTION **INJURY STATUS** DATE OF BIRTH 1D. Standing in the front of the bus NAME 51. Other passenger in Enclosed GENDER AGE ID Passenger Cabin (Last, First, Middle, Suffix) SEATING POSITION EJECTION DATE OF BIRTH 55. Riding on Motor Vehicle Exterior **INJURY STATUS** 99. Unknown ID NAME GENDER AGE School Bus (Last, First, Middle, Suffix) SEATING POSITION EJECTION **INJURY STATUS** DATE OF BIRTH NAME ID GENDER AGE (Last, First, Middle, Suffix) 11 INJURY STATUS SEATING POSITION EJECTION DATE OF BIRTH D E | F |G A | B |C ROW 2 AGE NAME GENDER ID D (Last, First, Middle, Suffix) ROW 3 ABC E | F |G SEATING POSITION EJECTION **INJURY STATUS** DATE OF BIRTH A|B|C D E|F|G ROW 4 NAME GENDER AGE ID A|B|C D E|F|G ROW 5 (Last, First, Middle, Suffix) A | B |C D E | F |G SEATING POSITION EJECTION **INJURY STATUS** DATE OF BIRTH ROW 6 A|B|C D E | F |G ROW 7 ID NAME GENDER AGE D E|F|G AIBIC ROW 8 (Last. First. Middle, Suffix) A | B |C D E | F |G EJECTION DATE OF BIRTH SEATING POSITION **INJURY STATUS** ROW 9 A|B|C D E|F|C ROW 10 NAME GENDER AGE ID D ABC E|F|G ROW (Last, First, Middle, Suffix) SEATING POSITION EJECTION **INJURY STATUS** DATE OF BIRTH A|B|C D EIFIC **ROW 12** ID NAME GENDER AGE (Last, First, Middle, Suffix) SEATING POSITION EJECTION **INJURY STATUS** DATE OF BIRTH EJECTION 01. Not Ejected NAME AGE ID GENDER 02. Ejected, Partially (Last, First, Middle, Suffix) 03. Ejected, Totally SEATING POSITION EJECTION INJURY STATUS DATE OF BIRTH 88. Not Applicable 99. Unknown GENDER ID NAME AGE (Last, First, Middle, Suffix) INJURY STATUS SEATING POSITION EJECTION **INJURY STATUS** DATE OF BIRTH K. Fatal Injury A. Suspected Serious Injury NAME GENDER AGE ID B. Suspected Minor Injury (Last, First, Middle, Suffix) C. Possible Injury DATE OF BIRTH SEATING POSITION EJECTION INJURY STATUS

(YYYYMMDD)

Bicycle ID:	Form PR-1 REV Appendix I Complete this this s involved in BICYCLE INF	D: Bicycle heet for each bicycle	Case Number: DOT Identifier: For DOT use only	
Serial Number:	Complete this this s involved in	heet for each bicycle		
Make:	BICYCLE INF			
Make:		ORMATION		
			erial number missing or re	emoved
Model:	Color:	B	icyclist Evaded Responsil	bility
	Year:	Direction of Travel N, S, E, W		Total lanes in roadway:
Road on which bicycle was traveling:		Bicycle wa	is not in roadway direction	Bike lanes/sharrows present
For all numeric fields: 99 = 'Unknown'	BICYCLE CRASH	I INFORMATION		
SEQUENCE OF EVENTS         (choose up to four, in chronological order)         Non-Collision         01. Overtum/Rollover         02. Fire / Explosion         03. Immersion, Full or Partial         04. Jackknife         05. Cargo/Equipment Loss or Shift         06. Equipment Failure (blown tire, brake failure, etc.)         07. Separation of Units         08. Ran Off Roadway Right         09. Ran Off Roadway Left         10. Cross Median         11. Cross Center Line         12. Downhill Runaway         13. Fell/Jumped From Bicycle         14. Reentering Roadway         15. Thrown or Falling Object         16. Other Non-Collision         Collision With Person, Motor Vehicle, or Non-Fixed Object         17. Pedestrian         18. Pedal Cycle/Pedal-cyclist         19. Other Non-motorist         20. Railway Vehicle (train, engine)         21. Animal (live)         22. Motor Vehicle In Motion         23. Parked Motor Vehicle         24. Struck By Falling, Shifting Cargo or Anything Set In Motion By Motor Vehicle         25. Work Zone/Maintenance Equipment         26. Other Non-Fixed Object         77. Impact Attenuator/Crash Cushion         28. Bridge Pier or Support	BICYCLE ACTION O1. Straight Ahead O2. Negotiating a Curve O3. Backing O4. Changing Lanes O5. Overtaking/Passing Motor Vehicle O6. Turning Right O7. Turning Left O8. Making U-Turn O9. Leaving Traffic Lane O1. Entering Traffic Lane O1. Entering Traffic O1. Overtaking/Passing Cyclist O1. Stopped in Traffic O1. Overtaking/Passing Cyclist O1. Vorong Way O1. Traveling in Bike Lane O1. Brakes O3. Body O4. Steering O5. Power Train O6. Suspension O7. Tires O8. Wheels O9. Lights (head, signal, tail) O1. Mirrors O1. Debris in Roadway (sand, glass, etc.) O1. Not O1. Debris in Roadway (sand, glass, etc.) O1. Other O1. Other	BICYCLE DAMAGE 12 14 19 9 9 8 7 5 0 0 0 12 12 12 12 12 12 12 12 12 12	2         01. Bicycle           02. Parked         03. Work B           03. Work B         04. Non-C           TRAFFICU         01. Two-W           02. Two-W         02. Two-W           03. Two-W         02. Two-W           03. Two-W         02. Two-W           04. Two-W         02. Two-W           05. One-W         88. Not Ap           ROADWA         01. Level           02. Uphill         03. Hill Cr           04. Downf         05. Sag (b           01. Straigt         02. Curve           03. Curve         03. Curve           03. Traffic         01. No Co           02. Persor         crossin           03. Traffic         04. Flashin           05. Schop S         07. Yield S           08. Warnir         09. Railwar           10. Marker         11. Pedesi           11. Pedesi         12. Bicycle           07. Other         77. Other	Bicycle Solision Bicycle Solision Bicycle Solision Bicycle WAY DESCRIPTION Vay, Not Divided Vay, Not Divided w/ Linuous Left Turn Lane Vay, Divided, Unprotected ed >4 Feet) Median Vay, Divided, Positive Median Barrier Vay Trafficway pplicable Y GRADE est hill bottom) Y ALIGNMENT ht Left Right CONTROL DEVICE TYPE ntrol Device h (flagger, law enforcement, g g guard, etc.) Control Signal ng Traffic Control Signal I Zone Sign/Device Sign Sign hg Sign hg Sign hg Sign hg Crossing Device d Uncontrolled Crosswalk trian Button e Detection  g

Number of Witnesses:

### CONNECTICUT UNIFORM POLICE CRASH REPORT

Form PR-1 REV July 2014.01
Appendix E: Witness

Case Number:

**DOT Identifier:** For DOT use only

Please complete this Appendix form for witnesses to a crash. Each Appendix form can document information for up to three witnesses. Multiple forms can be used if necessary. Actual witness statements should be collected on department statement sheets and witnesses should be identified using unique Person ID numbers.

Complete this sheet for all witnesses to the crash

PERSON ID WITNESS INFORMATION	
NAME:         ADDRESS:         CITY:       STATE or PROV:         DATE OF BIRTH (YYYYMMDD):         Date of Birth is unknown	WITNESS STATEMENT TYPE         (choose all that apply; max 2)         01. No Statement Taken         02. Provided Written Statement         03. Willing to Provide a Written Statement         04. Oral Statement Only         05. Statement Confirmed by other Witness
WITNESS STATEMENT SOURCE (choose all that apply; max 4)         01. Observed Crash Occur         02. Overheard Statements by Person Involved         03. Observed illegal activities by persons involved in the crash prior to police arrival         04. Observed other illegal behavior by a vehicle involved in the crash or resulting in the crash occurring         88. Not Applicable	WITNESS OBSERVATION VERIFICATION (choose all that apply; max 3)         01. Sight Lines Verified By Reporting Officer         02. Sight Lines Verified By Other Officer         03. Sight Lines Confirmed by Other Witness         04. Verification Not Possible         05. Verification Not Undertaken
PERSON ID         NAME:         ADDRESS:         CITY:       STATE or PROV:         DATE OF BIRTH (YYYYMMDD):	WITNESS STATEMENT TYPE         (choose all that apply; max 2)         01. No Statement Taken         02. Provided Written Statement         03. Willing to Provide a Written Statement         04. Oral Statement Only         05. Statement Confirmed by other Witness
WITNESS STATEMENT SOURCE         (choose all that apply; max 4)         01. Observed Crash Occur         02. Overheard Statements by Person Involved         03. Observed illegal activities by persons involved in the crash prior to police arrival         04. Observed other illegal behavior by a vehicle involved in the crash or resulting in the crash occurring         88. Not Applicable	WITNESS OBSERVATION VERIFICATION (choose all that apply; max 3)         01. Sight Lines Verified By Reporting Officer         02. Sight Lines Verified By Other Officer         03. Sight Lines Confirmed by Other Witness         04. Verification Not Possible         05. Verification Not Undertaken
PERSON ID         NAME:         ADDRESS:         CITY:       STATE or PROV:         DATE OF BIRTH (YYYYMMDD):	WITNESS STATEMENT TYPE         (choose all that apply; max 2)         01. No Statement Taken         02. Provided Written Statement         03. Willing to Provide a Written Statement         04. Oral Statement Only         05. Statement Confirmed by other Witness
WITNESS STATEMENT SOURCE	WITNESS OBSERVATION VERIFICATION

02. Overheard Statements by Person Involved

(choose all that apply; max 4)

01. Observed Crash Occur

03. Observed illegal activities by persons involved in the crash prior to police arrival

04. Observed other illegal behavior by a vehicle involved in the crash or resulting in the crash occurring 88. Not Applicable

03. Sight Lines Confirmed by Other Witness 04. Verification Not Possible

01. Sight Lines Verified By Reporting Officer

05. Verification Not Undertaken

02. Sight Lines Verified By Other Officer

(choose all that apply; max 3)