

CONNECTICUT UNIFORM POLICE CRASH REPORT

Number of Motor Vehicles:
Automobiles, Motorcycles, etc.
 Number of Non-Motorists:
Pedestrians, Bicyclists, etc.

Form PR-1 REV July 2014.01

Case Number:
 DOT Identifier:
For DOT use only

Crash Summary (Front)

CRASH DATE, TIME, SEVERITY, AND LOCATION

Date of Crash (YYYYMMDD) <input type="text"/>	Time (0000-2359) <input type="text"/>	Town Name <input type="text"/>	Town # <input type="text"/>	Crash Severity <input type="radio"/> Fatal <input type="radio"/> Injury <input type="radio"/> PDO
Latitude <input type="text"/>	Crash occurred on (street name or route #) at its intersection with (street name or route #) <input type="text"/> at <input type="text"/>			
Longitude <input type="text"/>	If not at an intersection: distance <input type="text"/> <input type="radio"/> Feet <input type="radio"/> Tenths of Mile N, S, E, W of <input type="text"/> name of nearest intersecting road, town line, or mile marker <input type="text"/>			

For all numeric fields: 99 = 'Unknown'

CRASH FACTORS AND CONDITIONS

TRAFFICWAY OWNERSHIP 01. Public Road <input type="checkbox"/> 02. Private Road <input type="checkbox"/> 88. Not Applicable	LOCATION OF FIRST HARMFUL EVENT 01. On Roadway <input type="checkbox"/> 02. Shoulder <input type="checkbox"/> 03. Median 04. Roadside 05. Gore 06. Separator 07. In Parking Lane or Zone 08. Off-Roadway Location Unknown 09. Outside Right-of-Way (trafficway) 97. Other	FIRST HARMFUL EVENT Non-Collision: 01. Overturn/Rollover <input type="checkbox"/> 02. Fire / Explosion 03. Immersion, Full or Partial 04. Jackknife 05. Cargo/Equipment Loss or Shift 06. Fell/Jumped from Vehicle 07. Thrown or Falling Object 08. Other Non-Collision Collision with Person, Vehicle, or Non-Fixed Object: 09. Pedestrian 10. Pedal cycle/Pedal-cyclist 11. Other Non-motorist 12. Railway Vehicle (train, engine) 40. Deer 13. Animal Other Than Deer (live) 14. Motor Vehicle in Operation 15. Parked Motor Vehicle 16. Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle 17. Work Zone/Maintenance Equipment 18. Other Non-Fixed Object Collision With Fixed Object: 19. Impact Attenuator/Crash Cushion 20. Bridge Overhead Structure 21. Bridge Pier or Support 22. Bridge Rail 23. Cable Barrier 24. Culvert 25. Curb 26. Ditch 27. Embankment 28. Guardrail Face 29. Guardrail End 30. Concrete Traffic Barrier 31. Other Traffic Barrier 32. Tree (standing) 33. Utility Pole/Light Support 34. Traffic Sign Support 35. Traffic Signal Support 36. Fence 37. Mailbox 38. Other Post, Pole or Support 39. Other Fixed Object (wall, building, tunnel, etc.)	MANNER OF IMPACT (Applies to: multi-vehicle crashes) <input type="checkbox"/> 01. Front to Rear 02. Front to Front 03. Angle 04. Sideswipe, Same Direction 05. Sideswipe, Opposite Direction 06. Rear to Side 07. Rear to Rear 88. Not Applicable 97. Other
TRAFFICWAY CLASS 01. Trafficway, On Road <input type="checkbox"/> 02. Trafficway, Not on Road <input type="checkbox"/> 03. Non-Trafficway 04. Parking Lot	CRASH-SPECIFIC LOCATION 01. Non-Junction <input type="checkbox"/> 02. Intersection <input type="checkbox"/> 03. Intersection-Related 04. Entrance / Exit Ramp 05. Entrance / Exit Ramp-Related 06. Railway Grade Crossing 07. Crossover-Related 08. Driveway Access 09. Driveway Access-Related 10. Shared-Use Path or Trail 11. Through Roadway 12. Acceleration / Deceleration Lane 13. On A Bridge 14. HOV Lane 15. Service or Rest Area 16. Weigh Station 17. Other Location Not Listed Above Within an Interchange Area (median, shoulder and roadside) 97. Other	CONTRIBUTING CIRCUMSTANCES, ENVIRONMENTAL (choose up to 3) 00. None <input type="checkbox"/> 01. Weather Conditions <input type="checkbox"/> 02. Visual Obstruction(s) <input type="checkbox"/> 03. Glare <input type="checkbox"/> 04. Animal(s) in Roadway <input type="checkbox"/> 88. Not Applicable 97. Other	CONTRIBUTING CIRCUMSTANCES, ROAD (choose up to 3) 00. None 01. Backup Due to Prior Crash 02. Backup Due to Prior Non-recurring Incident <input type="checkbox"/> 03. Backup Due to Regular Congestion <input type="checkbox"/> 04. Toll Booth/Plaza Related 05. Road Surface Condition (wet, icy, snow, slush, etc.) <input type="checkbox"/> 06. Debris 07. Ruts, Holes, Bumps 08. Work Zone (construction/ maintenance/utility) 09. Worn, Travel-Polished Surface 10. Obstruction in Roadway 11. Traffic Control Device Inoperative, Missing, or Obscured 12. Shoulder (none, low, soft, high) 13. Non-Highway Work 88. Not Applicable 97. Other
LIGHT CONDITIONS 01. Daylight <input type="checkbox"/> 02. Dawn 03. Dusk 04. Dark- Lighted 05. Dark- Not Lighted 06. Dark Unknown Lighting 97. Other	TYPE OF INTERSECTION 01. Not an Intersection <input type="checkbox"/> 02. Four-Way Intersection <input type="checkbox"/> 03. T-Intersection 04. Y-Intersection 05. L-Intersection 06. Traffic Circle 07. Roundabout 08. Five-Point, or More	SCHOOL BUS RELATED 01. No <input type="checkbox"/> 02. Yes, a school bus was directly involved <input type="checkbox"/> 03. Yes, a school bus was indirectly involved	
WEATHER CONDITIONS (choose up to 2) 01. Clear <input type="checkbox"/> 02. Cloudy <input type="checkbox"/> 03. Fog, Smog, Smoke 04. Rain <input type="checkbox"/> 05. Sleet or Hail 06. Freezing Rain/Drizzle 07. Snow 08. Blowing Snow 09. Severe Crosswinds 10. Blowing Sand, Soil, Dirt 88. Not Applicable 97. Other	TRAFFICWAY SURFACE CONDITIONS 01. Dry <input type="checkbox"/> 02. Wet 03. Snow 04. Slush 05. Ice/Frost 06. Moving Water 07. Sand 08. Mud, Dirt, Gravel 09. Oil 10. Standing Water 97. Other		

For all numeric fields: 99 = 'Unknown'

WORK ZONE CRASH INFORMATION

Complete all for crashes occurring in a Work Zone

WORK ZONE 01. No <input type="checkbox"/> 02. Yes	LOCATION 01. Before the First Work Zone Warning Sign 02. Advance Warning Area 03. Transition Area 04. Activity Area <input type="checkbox"/> 05. Termination Area 88. Not Applicable	TYPE 01. Lane Closure 02. Lane Shift / Crossover 03. Work on Shoulder or Median 04. Intermittent or Moving Work <input type="checkbox"/> 88. Not Applicable 97. Other	WORKERS PRESENT 01. No 02. Yes 88. Not Applicable <input type="checkbox"/>	ENFORCEMENT PRESENT 01. No 02. Yes 88. Not Applicable <input type="checkbox"/>
--	---	--	--	--

CONNECTICUT UNIFORM POLICE CRASH REPORT

Form PR-1 REV July 2014.01

Case Number:

Motor Vehicle Information (Back)

Complete One Sheet Per Motor Vehicle

DOT Identifier:

For DOT use only

MOTOR VEHICLE OWNERSHIP INFORMATION

Vehicle Owner Name (Last, First, Middle, Suffix)

Information same as driver

Street Address or Post Office Box

City

State/Prov

Country

Postal Code

United States

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, Not Transporting Patient
- 02. Non-Emergency Transport of Passenger
- 03. Emergency Operation, Emergency Warning Equipment Not in Use
- 04. Emergency Operation, Emergency Warning Equipment in Use
- 88. Not Applicable

BUS USE

- 01. Not a Bus
- 02. School
- 03. Transit/Commuter
- 04. Intercity
- 05. Charter/Tour
- 06. Shuttle
- 88. Not Applicable

PROPERTY DAMAGED

Complete if public or private property other than vehicles were damaged in the crash

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

CONNECTICUT UNIFORM POLICE CRASH REPORT

Motor Vehicle ID: []

Form PR-1 REV July 2014.01

Case Number: []

Person ID: []

Motor Vehicle Driver Information
Complete One Sheet Per Driver

DOT Identifier: []
For DOT use only

Name (Last, First, Middle, Suffix): _____		GENDER 01. Male <input type="checkbox"/> 02. Female <input type="checkbox"/> 09. Unknown <input type="checkbox"/>		DATE OF BIRTH (YYYYMMDD) [][][][][][][][][][][][][] <input type="checkbox"/> Date of Birth is unknown	
Street Address or PO Box: _____		Phone/Email (optional): _____			
City: _____		State or Prov: _____		Postal Code: _____	

LICENSE INFO *For all numeric fields: 99 = 'Unknown'* DRIVER INFORMATION

LICENSE NUMBER STATE _____		EJECTION 01. Not Ejected <input type="checkbox"/> 02. Ejected, Partially 03. Ejected, Totally 88. Not Applicable		SEATING POSITION FIRST DIGIT 1_ Front Row <input type="checkbox"/>		DRIVER ACTIONS (choose up to 4) 01. No Contributing Action <input type="checkbox"/> 02. Ran Off Roadway <input type="checkbox"/> 03. Failed to Yield Right-of-Way <input type="checkbox"/> 04. Ran Red Light <input type="checkbox"/> 05. Ran Stop Sign <input type="checkbox"/> 06. Disregarded Other Traffic Sign <input type="checkbox"/> 07. Disregarded Other Road Markings <input type="checkbox"/> 08. Improper Turn <input type="checkbox"/> 09. Improper Backing <input type="checkbox"/> 10. Improper Passing <input type="checkbox"/> 11. Wrong Side or Wrong Way <input type="checkbox"/> 12. Followed Too Closely <input type="checkbox"/> 13. Failed to Keep in Proper Lane <input type="checkbox"/> 14. Operated Vehicle in Reckless Aggressive Manner <input type="checkbox"/> 15. Operated Motor Vehicle in Inattentive, Careless, Negligent, or Erratic Manner <input type="checkbox"/> 16. Swerved or Avoided Due to Wind, Motor Vehicle, Object, Non-Motorist in Roadway, etc. <input type="checkbox"/> 17. Over-Correcting/Over-Steering <input type="checkbox"/> 18. Overtaking Cyclist <input type="checkbox"/> 88. Not Applicable <input type="checkbox"/> 97. Other Contributing Action <input type="checkbox"/>	
DRIVER LICENSE JURISDICTION 01. Not Licensed <input type="checkbox"/> 02. State <input type="checkbox"/> 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) 88. Not Applicable		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 motor vehicle or motorcycle driver except for postal vehicles and some foreign vehicles) _2. Middle Seat _3. Right Seat _8. Other Seat			
LICENSE CLASS 00. None <input type="checkbox"/> 01. Class A <input type="checkbox"/> 02. Class B <input type="checkbox"/> 03. Class C <input type="checkbox"/> 04. Class D <input type="checkbox"/> 05. Class M <input type="checkbox"/> 88. Not Applicable		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 <input type="checkbox"/>					
COMMERCIAL LICENSE 01. No <input type="checkbox"/> 02. Yes <input type="checkbox"/>		AIRBAG 01. Not Deployed <input type="checkbox"/> 02. Deployed-Front <input type="checkbox"/> 03. Deployed-Side <input type="checkbox"/> 04. Deployed-Curtain <input type="checkbox"/> 05. Deployed-Other <input type="checkbox"/> 06. Deployed-Combination <input type="checkbox"/> 88. Not Applicable					
ENDORSEMENTS <input type="checkbox"/> A - Activity Vehicles <input type="checkbox"/> F - Taxi, Livery, Motor Coach <input type="checkbox"/> H - Hazardous Materials <input type="checkbox"/> M - Motorcycles <input type="checkbox"/> N - Tank Vehicles <input type="checkbox"/> P - Passenger <input type="checkbox"/> Q - Fire Fighting Vehicles <input type="checkbox"/> S - School Bus <input type="checkbox"/> T - Double/Triple Trailers <input type="checkbox"/> V - Student Transportation <input type="checkbox"/> X - Combination of Tank Vehicle and Hazardous Materials		SPEED RELATED 01. No <input type="checkbox"/> 02. Racing 03. Exceeded Speed Limit 04. Too Fast for Conditions				DRIVER DISTRACTED BY 01. Not Distracted <input type="checkbox"/> 02. Manually Operating an Electronic Communication Device (Texting, etc) <input type="checkbox"/> 03. Talking on Hands-Free Electronic Device 04. Talking on Hand-Held Electronic Device 05. Other Activity, Electronic Device 06. Passenger 07. Other Inside the Vehicle (eating, hygiene, etc.) 08. Outside the Vehicle	
						CONDITION AT TIME OF CRASH (choose up to 2) 01. Apparently Normal <input type="checkbox"/> 02. Physically Impaired <input type="checkbox"/> 03. Emotional (depressed, angry, etc.) <input type="checkbox"/> 04. Ill (sick), Fainted <input type="checkbox"/> 05. Asleep or Fatigued 06. Under the Influence (Medications/Drugs/Alcohol) 97. Other 99. Unknown	

INJURY AND EMS INFORMATION

INJURY STATUS K. Fatal Injury A. Suspected Serious Injury B. Suspected Minor Injury C. Possible Injury <input type="checkbox"/> O. No Apparent Injury		TRANSPORTED TO FIRST MEDICAL FACILITY BY 01. Not Transported 02. EMS Air 03. EMS Ground <input type="checkbox"/> 04. Law Enforcement <input type="checkbox"/> 97. Other		EMS COMPANY NAME _____ EMS RUN NUMBER _____ INTENDED RECEIVING FACILITY _____	
---	--	---	--	--	--

ENFORCEMENT ACTIONS TAKEN DRUG/ALCOHOL INFORMATION

ACTION BY OFFICER 00. None Taken 01. Verbal Warning 02. Written Warning 03. Infraction 04. Arrest/Summons <input type="checkbox"/>		VIOLATION STATUTES _____ _____ _____ _____ _____		ALCOHOL TEST STATUS 01. Test Not Given <input type="checkbox"/> 02. Test Refused <input type="checkbox"/> 03. Test Given 99. Unknown if Tested		TYPE OF ALCOHOL TEST 01. Blood <input type="checkbox"/> 02. Urine <input type="checkbox"/> 03. Breath 88. Not Applicable 97. Other	
				DRUG TEST STATUS 01. Test Not Given <input type="checkbox"/> 02. Test Refused <input type="checkbox"/> 03. Test Given 99. Unknown if Tested		TYPE OF DRUG TEST 01. Blood <input type="checkbox"/> 02. Urine <input type="checkbox"/> 88. Not Applicable 97. Other	

CONNECTICUT UNIFORM POLICE CRASH REPORT

Motor Vehicle ID:

Form PR-1 REV July 2014.01

Case Number:

Motor Vehicle Passenger Information

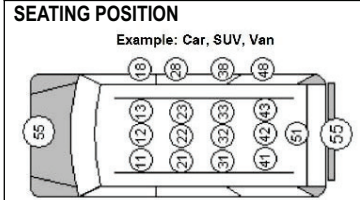
Complete this sheet for Passengers in this Motor Vehicle

DOT Identifier:

PERSON ID <input type="text"/>		PASSENGER INFORMATION		For all numeric fields: 99 = 'Unknown'	
NAME:		PERSON TYPE:	<input type="text"/>	SEATING POSITION:	<input type="text"/>
ADDRESS:				RESTRAINT SYSTEM:	<input type="text"/>
CITY:		STATE or PROV:	<input type="text"/>	POSTAL CODE:	<input type="text"/>
DATE OF BIRTH (YYYYMMDD):	<input type="text"/>	GENDER:	<input type="text"/>	INTENDED RECEIVING FACILITY:	<input type="text"/>
		01. Male		EJECTION:	<input type="text"/>
		02. Female		AIR BAG:	<input type="text"/>
		99. Unknown		INJURY STATUS:	<input type="text"/>
<input type="checkbox"/> Date of Birth is unknown				TRANSPORTED TO 1st MEDICAL FACILITY BY:	<input type="text"/>
EMS COMPANY NAME:		EMS RUN NUMBER:			

Use additional sheets if more than 4 passengers occupied this motor vehicle

- PERSON TYPE**
- 02. Passenger
 - 07. Occupant of Parked Motor Vehicle
 - 99. Unknown



PERSON ID <input type="text"/>		PASSENGER INFORMATION		For all numeric fields: 99 = 'Unknown'	
NAME:		PERSON TYPE:	<input type="text"/>	SEATING POSITION:	<input type="text"/>
ADDRESS:				RESTRAINT SYSTEM:	<input type="text"/>
CITY:		STATE or PROV:	<input type="text"/>	POSTAL CODE:	<input type="text"/>
DATE OF BIRTH (YYYYMMDD):	<input type="text"/>	GENDER:	<input type="text"/>	INTENDED RECEIVING FACILITY:	<input type="text"/>
		01. Male		EJECTION:	<input type="text"/>
		02. Female		AIR BAG:	<input type="text"/>
		99. Unknown		INJURY STATUS:	<input type="text"/>
<input type="checkbox"/> Date of Birth is unknown				TRANSPORTED TO 1st MEDICAL FACILITY BY:	<input type="text"/>
EMS COMPANY NAME:		EMS RUN NUMBER:			

- 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
 - 05. Child Restraint System Forward Facing
 - 06. Child Restraint System Rear Facing
 - 07. Booster Seat
 - 08. Child Restraint Type Unknown
 - 88. Not Applicable
 - 97. Other
 - 99. Unknown

- 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
 - 99. Unknown If Helmet Worn

PERSON ID <input type="text"/>		PASSENGER INFORMATION		For all numeric fields: 99 = 'Unknown'	
NAME:		PERSON TYPE:	<input type="text"/>	SEATING POSITION:	<input type="text"/>
ADDRESS:				RESTRAINT SYSTEM:	<input type="text"/>
CITY:		STATE or PROV:	<input type="text"/>	POSTAL CODE:	<input type="text"/>
DATE OF BIRTH (YYYYMMDD):	<input type="text"/>	GENDER:	<input type="text"/>	INTENDED RECEIVING FACILITY:	<input type="text"/>
		01. Male		EJECTION:	<input type="text"/>
		02. Female		AIR BAG:	<input type="text"/>
		99. Unknown		INJURY STATUS:	<input type="text"/>
<input type="checkbox"/> Date of Birth is unknown				TRANSPORTED TO 1st MEDICAL FACILITY BY:	<input type="text"/>
EMS COMPANY NAME:		EMS RUN NUMBER:			

- EJECTION**
- 01. Not Ejected
 - 02. Ejected, Partially
 - 03. Ejected, Totally
 - 88. Not Applicable
 - 99. Unknown

- AIRBAG**
- 01. Not Deployed
 - 02. Deployed-Front
 - 03. Deployed-Side
 - 04. Deployed-Curtain
 - 05. Deployed-Other
 - 06. Deployed-Combination
 - 88. Not Applicable
 - 99. Deployment Unknown

PERSON ID <input type="text"/>		PASSENGER INFORMATION		For all numeric fields: 99 = 'Unknown'	
NAME:		PERSON TYPE:	<input type="text"/>	SEATING POSITION:	<input type="text"/>
ADDRESS:				RESTRAINT SYSTEM:	<input type="text"/>
CITY:		STATE or PROV:	<input type="text"/>	POSTAL CODE:	<input type="text"/>
DATE OF BIRTH (YYYYMMDD):	<input type="text"/>	GENDER:	<input type="text"/>	INTENDED RECEIVING FACILITY:	<input type="text"/>
		01. Male		EJECTION:	<input type="text"/>
		02. Female		AIR BAG:	<input type="text"/>
		99. Unknown		INJURY STATUS:	<input type="text"/>
<input type="checkbox"/> Date of Birth is unknown				TRANSPORTED TO 1st MEDICAL FACILITY BY:	<input type="text"/>
EMS COMPANY NAME:		EMS RUN NUMBER:			

- 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
 - 99. Unknown

CONNECTICUT UNIFORM POLICE CRASH REPORT

Form PR-1 REV July 2014.01

Case Number:

Motor Vehicle ID:

Appendix B: Commercial Vehicle
Complete this sheet for qualifying Commercial Vehicles

DOT Identifier:

For DOT use only

QUALIFYING COMMERCIAL VEHICLE

Use This Form Only For a: **QUALIFYING VEHICLE**

in a

QUALIFYING CRASH

- Any motor vehicle displaying a hazardous material placard OR
- A motor vehicle having a gross vehicle weight rating (GVWR) or a gross combination weight rating (GCWR) of more than 10,000 LBS used on public highways to carry property OR
- Any motor vehicle designed to transport more than eight persons including the driver.

- Any crash that involves a qualifying vehicle and which results in one of the following:
- Fatality to any person, OR
 - Injury to any person that requires immediate medical treatment away from the crash site
 - Disablement of any vehicle as a result of damage sustained in the crash

CARRIER INFORMATION

CARRIER NAME		US DOT NUMBER (8 digits, right justified): <input style="width: 100px;" type="text"/>	
STREET ADDRESS or P.O. BOX		If no US DOT Number, please provide:	
		STATE <input style="width: 40px;" type="text"/>	AND STATE ISSUED ID NUMBER <input style="width: 150px;" type="text"/>
CITY	STATE or PROVINCE	POSTAL CODE	COUNTRY
			United States

POWER UNIT OWNER INFORMATION

Please use the Vehicle Sheet to Document the Owner of the Power Unit.

If the Driver of the Power Unit is Different from the Owner, Please Use the Back of the Vehicle Sheet to Document the Owner.

TRAILER 1 OWNER INFORMATION

OWNER NAME <input type="checkbox"/> Info same as carrier <input type="checkbox"/> Info same as power unit		Plate #: <input style="width: 100px;" type="text"/> <input type="checkbox"/> Invalid Plate <input type="checkbox"/> No Plate	
STREET ADDRESS or P.O. BOX		Plate State: <input style="width: 40px;" type="text"/>	
		Trailer Serial Number/VIN: <input style="width: 200px;" type="text"/>	
CITY	STATE or PROVINCE	POSTAL CODE	COUNTRY
	CT		United States

TRAILER 2 OWNER INFORMATION

OWNER NAME <input type="checkbox"/> Info same as carrier <input type="checkbox"/> Info same as power unit <input type="checkbox"/> Info same as trailer 1		Plate #: <input style="width: 100px;" type="text"/> <input type="checkbox"/> Invalid Plate <input type="checkbox"/> No Plate	
STREET ADDRESS or P.O. BOX		Plate State: <input style="width: 40px;" type="text"/>	
		Trailer Serial Number/VIN: <input style="width: 200px;" type="text"/>	
CITY	STATE or PROVINCE	POSTAL CODE	COUNTRY
			United States

COMMERCIAL VEHICLE INFORMATION

<p>CARGO BODY TYPE</p> <p>01. No Cargo Body - (bobtail, light motor vehicle with hazardous materials [HM] placard, etc.)</p> <p>02. Bus</p> <p>03. Van/Enclosed Box</p> <p>04. Grain/Chips/Gravel Truck</p> <p>05. Pole-Trailer</p> <p>06. Cargo Tank</p> <p>07. Log</p> <p>08. Inter-modal Container Chassis</p> <p>09. Vehicle Towing Another Vehicle</p> <p>10. Flatbed</p> <p>11. Dump</p> <p>12. Concrete Mixer</p> <p>13. Auto Transporter</p> <p>14. Garbage/Refuse</p> <p>88. Not Applicable</p> <p>97. Other</p> <p>99. Unknown <input style="width: 40px;" type="text"/></p>	<p>CARRIER TYPE</p> <p>01. Interstate Carrier</p> <p>02. Intrastate Carrier</p> <p>03. Not in Commerce/Government</p> <p>04. Not in Commerce/Other Truck</p> <p>99. Unknown <input style="width: 40px;" type="text"/></p> <hr/> <p>VEHICLE CONFIGURATION</p> <p>01. Vehicle 10,000 pounds or less placarded for hazardous materials</p> <p>02. Single-Unit Truck (2-axle and GVWR more than 10,000 lbs)</p> <p>03. Single-Unit Truck (3 or more axles)</p> <p>04. Truck Pulling Trailer(s)</p> <p>05. Truck Tractor (Bobtail)</p> <p>06. Truck Tractor/Semi-Trailer</p> <p>07. Truck Tractor/Double</p> <p>08. Truck Tractor/Triple</p> <p>09. Truck More Than 10,000 lbs, Cannot Classify</p> <p>10. Bus/Large Van (seats for 9-15 occupants, including driver)</p> <p>11. Bus (seats for more than 15 occupants, including driver)</p> <p>99. Unknown <input style="width: 40px;" type="text"/></p>	<p>GROSS WEIGHT (GVWR/GCWR)</p> <p>01. 10,000 lbs. or less</p> <p>02. 10,001 - 26,000 lbs.</p> <p>03. More than 26,000 lbs.</p> <p>88. Not Applicable <input style="width: 40px;" type="text"/></p> <p>99. Unknown</p> <hr/> <p>HAZARDOUS MATERIALS PLACARD</p> <p>01. No</p> <p>02. Yes <input style="width: 40px;" type="text"/></p> <p>88. Not Applicable</p> <hr/> <p>4-DIGIT HAZARDOUS MATERIALS ID NUMBER <input style="width: 40px;" type="text"/></p> <hr/> <p>1-DIGIT CLASS NUMBER FROM BOTTOM OF DIAMOND <input style="width: 40px;" type="text"/></p> <hr/> <p>RELEASE OF HAZARDOUS MATERIALS</p> <p>01. No</p> <p>02. Yes <input style="width: 40px;" type="text"/></p> <p>88. Not Applicable <input style="width: 40px;" type="text"/></p>
---	---	--

CONNECTICUT UNIFORM POLICE CRASH REPORT

Bicycle ID:

Form PR-1 REV July 2014.01

Case Number:

Number of occupants on bicycle:

Appendix D: Bicycle
Complete this sheet for each bicycle involved in the crash

DOT Identifier:
For DOT use only

BICYCLE INFORMATION

Serial Number: Serial number missing or removed

Make: Color: Bicyclist Evaded Responsibility

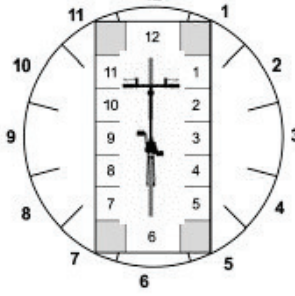

Model: Year: Direction of Travel: N, S, E, W

Road on which bicycle was traveling: Bicycle was not in roadway Unknown direction

Total lanes in roadway: Bike lanes/sharrows present

BICYCLE CRASH INFORMATION

For all numeric fields: 99 = 'Unknown'

SEQUENCE OF EVENTS <i>(choose up to four, in chronological order)</i>	BICYCLE ACTION	BICYCLE DAMAGE	BICYCLE UNIT TYPE
Non-Collision 01. Overturn/Rollover 02. Fire / Explosion 03. Immersion, Full or Partial 04. Jackknife 05. Cargo/Equipment Loss or Shift 06. Equipment Failure <i>(blown tire, brake failure, etc.)</i> 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 <i>(train, engine)</i> 21. Animal <i>(live)</i> 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 Collision With Fixed Object 27. Impact Attenuator/Crash Cushion 28. Bridge Overhead Structure 29. Bridge Pier or Support 30. Bridge Rail 31. Cable Barrier 32. Culvert 33. Curb 34. Ditch 35. Embankment 36. Guardrail Face 37. Guardrail End 38. Concrete Traffic Barrier 39. Other Traffic Barrier 40. Tree <i>(standing)</i> 41. Utility Pole 42. Light Support 43. Traffic Sign Support 44. Other Post, Pole, or Support 45. Fence 46. Mailbox 47. Other Fixed Object <i>(wall, building, tunnel, etc.)</i> 48. Not Applicable	01. Straight Ahead <input type="checkbox"/> 02. Negotiating a Curve <input type="checkbox"/> 03. Backing 04. Changing Lanes 05. Overtaking/Passing Motor Vehicle 06. Turning Right 07. Turning Left 08. Making U-Turn 09. Leaving Traffic Lane 10. Entering Traffic Lane 11. Slowing 12. Parked 13. Stopped in Traffic 14. Overtaking/Passing Cyclist 15. Wrong Way 16. Traveling in Bike Lane 97. Other CONTRIBUTING CIRCUMSTANCES <i>(choose up to 2)</i> 00. None <input type="checkbox"/> 01. Brakes <input type="checkbox"/> 03. Body <input type="checkbox"/> 04. Steering <input type="checkbox"/> 05. Power Train 06. Suspension 07. Tires 08. Wheels 09. Lights <i>(head, signal, tail)</i> 11. Mirrors 14. Pothole/Cracked/Failing Pavement 15. Debris in Roadway <i>(sand, glass, etc.)</i> 88. Not Applicable 97. Other	 <p style="text-align: center;"><i>Use diagram above for values 1-12</i></p> Initial Contact Point 13. Non-Collision <input type="checkbox"/> 14. Top <input type="checkbox"/> 16. Cargo loss <input type="checkbox"/> 99. Unknown Damaged Areas 00. None <input type="checkbox"/> 14. Top <input type="checkbox"/> 17. All Areas <input type="checkbox"/> 88. Not Applicable <input type="checkbox"/> EXTENT OF DAMAGE 01. No Visible Damage <input type="checkbox"/> 02. Minor Damage 03. Functional Damage 04. Disabling Damage 99. Unknown POSTED/STATUTORY SPEED LIMIT <i>(record the posted/statutory value as miles per hour)</i> 01. Not Posted 05, 10, 15, 20, 25, 30, 35, 40 45, 50, 55, 60, 65, 70, 75, 80 <input type="text"/> 88. Not Applicable	01. Bicycle in Operation <input type="checkbox"/> 02. Parked 03. Work Bicycle 04. Non-Collision Bicycle TRAFFICWAY DESCRIPTION 01. Two-Way, Not Divided <input type="checkbox"/> 02. Two-Way, Not Divided w/ a Continuous Left Turn Lane 03. Two-Way, Divided, Unprotected <i>(Painted >4 Feet) Median</i> 04. Two-Way, Divided, Positive Median Barrier 05. One-Way Trafficway 88. Not Applicable ROADWAY GRADE 01. Level <input type="checkbox"/> 02. Uphill 03. Hill Crest 04. Downhill 05. Sag <i>(bottom)</i> ROADWAY ALIGNMENT 01. Straight <input type="checkbox"/> 02. Curve Left 03. Curve Right TRAFFIC CONTROL DEVICE TYPE 01. No Control Device <input type="checkbox"/> 02. Person <i>(flagger, law enforcement, crossing guard, etc.)</i> 03. Traffic Control Signal 04. Flashing Traffic Control Signal 05. School Zone Sign/Device 06. Stop Sign 07. Yield Sign 08. Warning Sign 09. Railway Crossing Device 10. Marked Uncontrolled Crosswalk 11. Pedestrian Button 12. Bicycle Detection 97. Other
1st <input type="text"/> 2nd <input type="text"/> 3rd <input type="text"/> 4th <input type="text"/> Most Harmful Event <input type="text"/>			TRAFFIC CONTROL DEVICE FUNCTIONAL? 01. No <input type="checkbox"/> 02. Yes 03. Missing 88. Not Applicable

CONNECTICUT UNIFORM POLICE CRASH REPORT

Form PR-1 REV July 2014.01

Number of Witnesses:

Case Number:

Appendix E: Witness
Complete this sheet for all witnesses to the crash

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.

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

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

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