

CONNECTICUT UNIFORM POLICE ACCIDENT REPORT FORM PR-1 Rev. 12/94 *Please Print or Type*

- A. WEATHER CONDITION:** 1. No Adverse Condition; 2. Rain; 3. Sleet,Hail; 4. Snow; 5. Fog; 6. Blowing Sand, Soil, Dirt or Snow; 7. Severe Crosswinds; 8. Other; 9. Unknown;
- B. ROAD SURFACE CONDITION:** 1. Dry; 2. Wet; 3. Snow/Slush; 4. Ice; 5. Sand, Mud, Dirt or Oil; 8. Other; 9. Unknown;
- C. LIGHT CONDITION:** 1. Daylight; 2. Dark-Not Lighted; 3. Dark-Lighted; 4. Dawn; 5. Dusk; 9. Unknown;
- D. ACCIDENT OCCURRED ON:** 1. Main Roadway; 2. On Ramp; 3. Off Ramp; 4. H.O.V. Lane; 5. Collector - Distributor Roadway; 6. Service or Rest Area; 7. Weigh Station; 8. Connector;
- E. OTHER ROADWAY FEATURE:** 1. Int. Public Road; 2. Int. Private Road; 3. Int. Residential Dr.; 4. Int. Commercial Dr.; 5. On Bridge; 6. At RR Xing; 7. At Median X Over; 8. At On Ramp; 9. At Off Ramp 0. None
- F. MEDIAN BARRIER PENETRATION:** 1. Full; 2. Partial; 3. None; 4. Not Applicable;
- G. CONSTRUCTION OR MAINTENANCE RELATED:** 1. Yes; 2. No;

VEHICLE #1		H. VEHICLE TYPE		VEHICLE #2	
02 Automobile	07 Train	13 Passenger Van	19 Truck Tractor Only	25 Other	
03 Motorcycle	08 Emergency Vehicle	14 Single Unit Truck (2 Axle, 4 Tire)	20 Tractor Semi-Trailer	26 Unknown	
04 Moped-Motor Scooter	09 School Bus	15 Single Unit Truck (2 Axle, 6 Tire)	21 Tractor Double Trailers		
05 Pedalcycle	10 Commercial Bus	16 Single Unit Truck (3 or more Axles)	22 Tractor Triple Trailers		
06 Taxi	11 Motorhome/Camper	17 Car-Trailer Combination	23 Heavy Vehicle (Unclassifiable)		
	12 Off Road Vehicle	18 Truck-Trailer Combination	24 Construction/Farm Equipment		

OBJECT #1	TRAFFIC UNIT #1	J. OBJECT(S) STRUCK	TRAFFIC UNIT #2	OBJECT #1
OBJECT #2	01 Animal other than Deer	11 Fence	21 Traffic Control Device	OBJECT #2
	02 Bank, Ledge, Rock (Off Rd.)	12 Fire Hydrant	22 Traffic Island	
	03 Bridge Structure	13 Foreign Object on Pavement	23 Tree	
	04 Building, House	14 Highway Sign, Post, Delineator	24 Underpass Ceiling	
	05 Catch Basin, Manhole	15 Illumination Pole	25 Utility Pole	
	06 Const., Barricade, Barrel	16 Impact Attenuator	26 Vehicle Off Road	
	07 Culvert, Endwall	17 Jersey Barrier	27 Wall	
OBJ.#1 LOC	08 Curbing	18 Metal Beam Guide Rail	28 Wire Rope Guiderail	OBJ.#1 LOC
OBJ.#2 LOC	09 Deer	19 Overhead Sign Support	29 Other	OBJ.#2 LOC
	10 Ditch	20 Railroad Appertunance, Track		

	TRAFFIC UNIT #1	K. OBJECT(S) LOCATION	TRAFFIC UNIT #2
	1 Off Road & Shoulder Ahead	4 On Shoulder, Left	7 On Median Divider
	2 In Roadway	5 Off Road & Shoulder, Right	8 Gore Area, Ramp Nose
	3 On Shoulder, Right	6 Off Road & Shoulder, Left	9 Over Roadway

L. INVOLVED PERSON IDENTIFIER: 1. Occ. Vehicle #1; 2. Occ. Vehicle #2; P=Pedestrian; W=Witness;

M. INJURY CLASSIFICATION	N. SEATING POSITION	P. AIRBAG STATUS	Q. EJECTION STATUS
K: Fatal Injury	01 Front Seat Left/Motorcycle Driver	1 Deployed	1 Not Applicable
A: Incapacitating Injury (Prevents Return to Normal Activity)	02 Front Seat Middle	2 Not Deployed	2 Totally Ejected
B: Non-Incapacitating Evident Injury	03 Front Seat Right	3 Not Applicable	3 Partially Ejected
C: Possible Injury (Claim of Non-evident Injury)	04 Second Seat Left/Motorcycle Passenger	4 Unknown	4 Trapped
N: Not Injured	05 Second Seat Middle		5 Unknown
	06 Second Seat Right		
	07 Third Row Behind Driver/Motorcycle Pass.		
	08 Third Row Behind Front Seat Middle		
	09 Third Row Right		
	10 Sleeper Section of Cab (Truck)		
	11 Enclosed Passenger or Cargo Area		
	12 Unenclosed Passenger or Cargo Area		
	13 Trailing Unit		
	14 Riding on Vehicle Exterior		
	15 Unknown		
		O. OCCUPANT PROTECTION SYSTEM USE	
		1 None Used - Vehicle Occupant	
		2 Shoulder Belt Only	
		3 Lap Belt Only	
		4 Shoulder and Lap Belt	
		5 Child Safety Seat	
		6 Helmet/High Visibility Clothing	
		7 Helmet/No High Visibility Clothing	
		8 No Helmet/High Visibility Clothing	
		9 Restraint Use Unknown	

R. COLLISION TYPE

- | | | | | |
|---------------------------------|-----------------------------------|-------------|------------------|------------|
| 01 Turning — Same Direction | 05 Sideswipe — Opposite Direction | 09 Rear-end | 13 Pedestrian | 17 Unknown |
| 02 Turning — Opposite Direction | 06 Miscellaneous — Non-Collision | 10 Head-on | 14 Jackknife | |
| 03 Turning — Intersecting Paths | 07 Overturn | 11 Backing | 15 Fixed Object | |
| 04 Sideswipe — Same Direction | 08 Angle | 12 Parking | 16 Moving Object | |

TRAFFIC UNIT #1

S. VEHICLE MANEUVER PREFIX

TRAFFIC UNIT #2

1. None Apply; 2. Vehicle Slowing For; 3. Vehicle Stopped For; 4. Vehicle Skidded Slowing or Stopping For; 5. Vehicle Avoiding;

TRAFFIC UNIT #1

T. VEHICLE MANEUVER SUFFIX

TRAFFIC UNIT #2

- | | | |
|--|--|-------------------------------------|
| 01 Vehicle Going Straight | 18 Vehicle Entering Traffic from Ramp | 36 Parking |
| 02 Vehicle Negotiating Curve | 19 Vehicle Changing One Lane to Exit | 37 Parked Vehicle |
| 03 Vehicle on Wrong Side of Road | 20 Vehicle Changing More Than One Lane to Exit | 38 Train |
| 04 Vehicle Passing Same Direction on Left | 21 Vehicle Changing Lane(s) to Left | 39 Bicycle |
| 05 Vehicle Passing Same Direction on Right | 22 Vehicle Changing Lane(s) to Right | 40 Motorcycle |
| 06 Vehicle Passing Improperly Parked Vehicle | 23 Vehicle Changing More Than One Lane from Entrance | 41 Other |
| 07 Vehicle Turning Right from Proper Lane | 24 Vehicle Backing Along Roadway | 42 Emergency Vehicle |
| 08 Vehicle Turning Right from Improper Lane | 25 Vehicle Backing Along Shoulder | 43 Turn Right |
| 09 Vehicle Turning Left from Proper Lane | 26 Vehicle Backing into Roadway | 44 Turn Left |
| 10 Vehicle Turning Left from Improper Lane | 27 Vehicle Backing into Driveway or Side Road | 45 Mechanical Failure |
| 11 Vehicle Making "U" Turn | 28 Vehicle Being Towed or Pushed | 46 Previous Accident |
| 12 Vehicle Turning Right from Driveway | 29 Vehicle Traveling on Shoulder | 47 Construction or Maintenance Work |
| 13 Vehicle Turning Left from Driveway | 30 Vehicle Engaged in Highway Maintenance | 48 School Bus |
| 14 Vehicle Turning Right on Red Light | 31 Traffic Signal | 49 Pedestrian in Road |
| 15 Vehicle Engaged in Parking Maneuver | 32 Traffic | 50 Animal in Road |
| 16 Occupant Exiting or Entering Vehicle | 33 Traffic Sign | 51 Foreign Object in Road |
| 17 Vehicle Skidding in Roadway | 34 Traffic Officer | 52 Unknown Reason |
| | 35 Stopped Vehicle | |

TRAFFIC UNIT #1

U. PEDESTRIAN MANEUVER

TRAFFIC UNIT #2

- | | | |
|------------------------|--|--|
| 01 Directing Traffic | 06 Crossing at Intersection With Signal | 11 Entering or Exiting Vehicle |
| 02 Working in Road | 07 Crossing at Intersection Against Signal | 12 Waiting for, Exiting or Entering School Bus |
| 03 Playing in Road | 08 Crossing at Unsignalized Intersection | 13 Walking or Jogging in Road |
| 04 Not in Road | 09 Crossing Between Intersections | 14 Other or Unknown |
| 05 Emergency Personnel | 10 Crossing From Behind Parked Vehicle | |

V. CONTRIBUTING FACTOR APPLIES TO: 1 Traffic Unit #1; 2 Traffic Unit #2; 3 Traffic Unit #3; etc.

W. CONTRIBUTING FACTOR (Select one only)

- | | | | |
|----------------------------------|-------------------------------------|---|---------------------------------------|
| 01 Driving on Wrong Side of Road | 09 Slippery Surface | 17 Unsafe Use of Highway by Pedestrian | 25 Traffic Signal Not Operating |
| 02 Speed Too Fast for Conditions | 10 Driver Lost Control | 18 Unsafe Right Turn on Red | 26 Vehicle Involved in Emergency |
| 03 Violated Traffic Control | 11 Animal or Foreign Object in Road | 19 Driverless Vehicle | 27 Entered Roadway in Wrong Direction |
| 04 Under the Influence | 12 Fell Asleep | 20 Insufficient Vertical Clearance | 28 Roadway Width Restricted |
| 05 Failed to Grant Right of Way | 13 Defective Equipment | 21 Proper Turn Signal Not Displayed | 29 Unknown |
| 06 Improper Passing Maneuver | 14 Driver Illness | 22 Disabled or Illegally Parked Vehicle | 30 Unsafe Backing |
| 07 Improper Lane Change | 15 Driver's View Obstructed | 23 Abnormal Road Condition | 31 Improper Turning Maneuver |
| 08 Following Too Closely | 16 Unsafe Tires | 24 Vehicle Without Lights | |

DATA ELEMENTS BELOW APPLY ONLY TO VEHICLES SUBJECT TO MOTOR CARRIER REGULATION

VEHICLE #1

X. DEFECTIVE EQUIPMENT

VEHICLE #2

1. Brakes; 2. Tires/Wheels; 3. Steering; 4. Suspension/Frame; 5. Lighting; 6. Other; 7. None; 8. Unknown;

VEHICLE #1

Y. NUMBER OF AXLES INCLUDING TRAILERS

VEHICLE #2

VEHICLE #1

Z. CARGO BODY TYPE

VEHICLE #2

1. Bus; 2. Van/Enclosed Box; 3. Cargo Tank; 4. Flatbed; 5. Dump; 6. Concrete Mixer; 7. Auto Transporter; 8. Garbage/Refuse; 9. Other;

VEHICLE #1

AA. SEQUENCE OF EVENTS

VEHICLE #2

- | | | | |
|----------|-----------------------------------|---|----------|
| EVENT #1 | 01 Ran off the Road | 09 Collision involving Motor Vehicle in Transport | EVENT #1 |
| EVENT #2 | 02 Jackknife | 10 Collision involving Parked Motor Vehicle | EVENT #2 |
| EVENT #3 | 03 Overturn | 11 Collision involving Train | EVENT #3 |
| EVENT #4 | 04 Downhill Runaway | 12 Collision involving Pedalcycle | EVENT #4 |
| | 05 Cargo Loss or Shift | 13 Collision involving Animal | |
| | 06 Explosion or Fire | 14 Collision involving Fixed Object | |
| | 07 Separation of Units | 15 Collision involving Other Object | |
| | 08 Collision Involving Pedestrian | 16 Other | |

CONNECTICUT UNIFORM POLICE ACCIDENT REPORT FORM PR-1 REV.12/94



GPS READINGS: Latitude:

Time: Longitude:

FOR DOT USE ONLY

POLICE CASE NUMBER

DATE OF ACCIDENT <small>Month Day Year</small>	MILITARY TIME	ACCIDENT SEVERITY <input type="checkbox"/> Fatal <input type="checkbox"/> Injury <input type="checkbox"/> PDO	# VEHICLES INVOLVED	PAGE # of
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TOWN OR CITY NAME	TOWN CODE	ACCIDENT OCCURRED ON (Street Name or Route #) AT ITS INTERSECTION WITH (Street Name or Route #) at
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IF NOT AT INTERSECTION	<input type="checkbox"/> Feet	2. DIRECTION	3. NAME OF NEAREST INTERSECTING STREET, TOWN LINE OR MILE MARKER
1. MEASURE DISTANCE (✓ Check Appropriate Boxes)	<input type="checkbox"/> Tenths of Mile <input type="checkbox"/> Meters <input type="checkbox"/> Kilometers	<input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West	of
Accident Occurred: <input type="checkbox"/> On Private Property <input type="checkbox"/> Parking Lot			

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TRAFFIC UNIT #1 <input type="checkbox"/> Vehicle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Non-Contact Vehicle	OPERATOR #1 or PEDESTRIAN NAME (Last, First, Middle Initial)
ADDRESS (Street Number & Name)	PROPER LICENSE CLASS <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY OR TOWN STATE ZIP CODE SEX <input type="checkbox"/> M <input type="checkbox"/> F	OPERATOR LICENSE # STATE DATE OF BIRTH <small>Month Day Year</small>
OWNER'S NAME (Enter SAME if Owner is Operator)	
ADDRESS (Street Number and Name)	
CITY OR TOWN STATE ZIP CODE BODY TYPE	REGISTRATION # STATE VEHICLE YEAR AND MAKE
VEHICLE IDENTIFICATION NUMBER	
CARRIER NAME	
CARRIER ADDRESS (#, Street, City or Town, State, Zip Code)	
SOURCE OF CARRIER NAME <input type="checkbox"/> Shipping Papers/Trip Manifest Driver <input type="checkbox"/> Side of Vehicle	<input type="checkbox"/> USDOT # <input type="checkbox"/> ICCMC #
GROSS VEHICLE WEIGHT RATING #	HAZARDOUS MATERIAL PLACARD REQUIRED? DISPLAYED? <input type="checkbox"/> Yes <input type="checkbox"/> No 4 Digit # <input type="checkbox"/> Yes <input type="checkbox"/> No 1 Digit #
HAZARDOUS CARGO RELEASED? <input type="checkbox"/> Yes <input type="checkbox"/> No	ENFORCEMENT ACTION TAKEN <input type="checkbox"/> None <input type="checkbox"/> Arrest <input type="checkbox"/> Written Warning <input type="checkbox"/> Verbal Warning
STATUTE OR ORDINANCE #'S	SUBJECT OF ACTION <input type="checkbox"/> Operator <input type="checkbox"/> Carrier <input type="checkbox"/> Owner <input type="checkbox"/> Pedestrian
AUTOMOBILE INSURANCE — NAME — POLICY #	
PARTS OF VEHICLE DAMAGED	
VEHICLE TOWED TO: <input type="checkbox"/> TOWED DUE TO DAMAGE	

TRAFFIC UNIT #2 <input type="checkbox"/> Vehicle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Non-Contact Vehicle	OPERATOR #2 or PEDESTRIAN NAME (Last, First, Middle Initial)
ADDRESS (Street Number & Name)	PROPER LICENSE CLASS <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY OR TOWN STATE ZIP CODE SEX <input type="checkbox"/> M <input type="checkbox"/> F	OPERATOR LICENSE # STATE DATE OF BIRTH <small>Month Day Year</small>
OWNER'S NAME (Enter SAME if Owner is Operator)	
ADDRESS (Street Number and Name)	
CITY OR TOWN STATE ZIP CODE BODY TYPE	REGISTRATION # STATE VEHICLE YEAR AND MAKE
VEHICLE IDENTIFICATION NUMBER	
CARRIER NAME	
CARRIER ADDRESS (#, Street, City or Town, State, Zip Code)	
SOURCE OF CARRIER NAME <input type="checkbox"/> Shipping Papers/Trip Manifest Driver <input type="checkbox"/> Side of Vehicle	<input type="checkbox"/> USDOT # <input type="checkbox"/> ICCMC #
GROSS VEHICLE WEIGHT RATING #	HAZARDOUS MATERIAL PLACARD REQUIRED? DISPLAYED? <input type="checkbox"/> Yes <input type="checkbox"/> No 4 Digit # <input type="checkbox"/> Yes <input type="checkbox"/> No 1 Digit #
HAZARDOUS CARGO RELEASED? <input type="checkbox"/> Yes <input type="checkbox"/> No	ENFORCEMENT ACTION TAKEN <input type="checkbox"/> None <input type="checkbox"/> Arrest <input type="checkbox"/> Written Warning <input type="checkbox"/> Verbal Warning
STATUTE OR ORDINANCE #'S	SUBJECT OF ACTION <input type="checkbox"/> Operator <input type="checkbox"/> Carrier <input type="checkbox"/> Owner <input type="checkbox"/> Pedestrian
AUTOMOBILE INSURANCE — NAME — POLICY #	
PARTS OF VEHICLE DAMAGED	
VEHICLE TOWED TO: <input type="checkbox"/> TOWED DUE TO DAMAGE	

ALL INVOLVED PERSONS

ALL INVOLVED PERSONS

	NAME AND ADDRESS OF EACH INVOLVED PERSON			Date of Birth	O.	P.	Q.	
	L	M	N					
1	TRAFFIC UNIT #1 OPERATOR OR PEDESTRIAN #1							1
2	TRAFFIC UNIT #2 OPERATOR OR PEDESTRIAN #2							2
3				Month	Day	Year		3
4				Month	Day	Year		4
5				Month	Day	Year		5
6				Month	Day	Year		6
7				Month	Day	Year		7
8				Month	Day	Year		8

ACCIDENT DIAGRAM

INDICATE NORTH



TRAFFIC UNIT # _____ TRAVELING

N S E W ON _____

TRAFFIC UNIT # _____ TRAVELING

N S E W ON _____

SAMPLE

DAMAGE TO PROPERTY OTHER THAN INVOLVED VEHICLES	1. DESCRIBE THE NATURE AND EXTENT OF PROPERTY DAMAGE
	NAME AND ADDRESS OF PROPERTY OWNER
	2. DESCRIBE THE NATURE AND EXTENT OF PROPERTY DAMAGE
	NAME AND ADDRESS OF PROPERTY OWNER

RANK AND SIGNATURE OF INVESTIGATING OFFICER	OFFICER ID#	POLICE AGENCY IDENTIFICATION	REPORT DATE	CASE STATUS OPEN <input type="checkbox"/> CLOSED <input type="checkbox"/>	SUPERVISOR
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