

CONNECTICUT UNIFORM POLICE CRASH REPORT

Number of Motor Vehicles: 1

Form PR-1 REV June 2014.01

Case Number:

Automobiles, Motorcycles, etc.

Number of Non-Motorists: 0

Crash Summary (Front)

DOT Identifier:

Pedestrians, Bicyclists, etc.

For DOT use only

CRASH DATE, TIME, SEVERITY, AND LOCATION

Form section for crash date, time, severity, and location. Includes fields for Date of Crash (20140619), Time, Town Name, Town #, Crash Severity (Fatal, Injury, PDO), Latitude, Longitude, and intersection details.

CRASH FACTORS AND CONDITIONS

Form section for crash factors and conditions. Includes categories: TRAFFICWAY OWNERSHIP, TRAFFICWAY CLASS, LIGHT CONDITIONS, WEATHER CONDITIONS, TRAFFICWAY SURFACE CONDITIONS, LOCATION OF FIRST HARMFUL EVENT, CRASH-SPECIFIC LOCATION, TYPE OF INTERSECTION, SCHOOL BUS RELATED, FIRST HARMFUL EVENT, MANNER OF IMPACT, CONTRIBUTING CIRCUMSTANCES ENVIRONMENTAL, and CONTRIBUTING CIRCUMSTANCES ROAD.

WORK ZONE CRASH INFORMATION

Form section for work zone crash information. Includes categories: WORK ZONE, LOCATION, TYPE, WORKERS PRESENT, and ENFORCEMENT PRESENT.

CONNECTICUT UNIFORM POLICE CRASH REPORT

Form PR-1 REV June 2014.01

Motor Vehicle Information (Back)
Complete One Sheet Per Motor Vehicle

Case Number:

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

CT

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: 1

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Case Number:

Person ID: 1

Motor Vehicle Driver Information
Complete One Sheet Per Driver

DOT Identifier:
For DOT use only

Name (Last, First, Middle, Suffix):
Street Address or PO Box:
City: State or Prov: CT Postal Code:

GENDER
01. Male
02. Female
99. Unknown
Phone/Email (optional):

DATE OF BIRTH (YYYYMMDD)
Date of Birth is unknown

LICENSE INFO DRIVER INFORMATION

LICENSE NUMBER
STATE CT

EJECTION
01. Not Ejected
02. Ejected, Partially
03. Ejected, Totally
88. Not Applicable

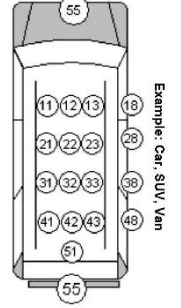
SEATING POSITION FIRST DIGIT
1. Front Row 11

DRIVER ACTIONS (choose up to 4)
01. No Contributing Action
02. Ran Off Roadway
03. Failed to Yield Right-of-Way
04. Ran Red Light
05. Ran Stop Sign
06. Disregarded Other Traffic Sign
07. Disregarded Other Road Markings
08. Improper Turn
09. Improper Backing
10. Improper Passing
11. Wrong Side or Wrong Way
12. Followed Too Closely
13. Failed to Keep in Proper Lane
14. Operated Vehicle in Reckless Aggressive Manner
15. Operated Motor Vehicle in Inattentive, Careless, Negligent, or Erratic Manner
16. Swerved or Avoided Due to Wind, Motor Vehicle, Object, Non-Motorist in Roadway, etc.
17. Over-Correcting/Over-Steering
18. Overtaking Cyclist
88. Not Applicable
97. Other Contributing Action

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)
88. Not Applicable

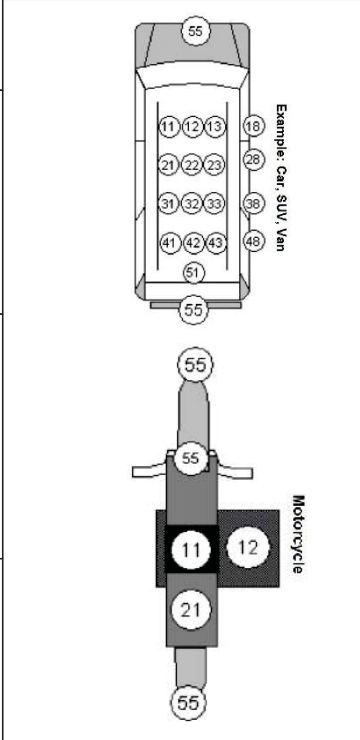
RESTRAINT SYSTEM
00. None Used-Motor Vehicle Occupant
01. Shoulder and Lap Belt Used
02. Shoulder Belt Only Used
03. Lap Belt Only Used
04. Restraint Used Type Unknown
88. Not Applicable
97. Other

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
01. Class A
02. Class B
03. Class C
04. Class D
05. Class M
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



DRIVER DISTRACTED BY
01. Not Distracted
02. Manually Operating an Electronic Communication Device (Texting, etc)
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

COMMERCIAL LICENSE
01. No
02. Yes

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

CONDITION AT TIME OF CRASH (choose up to 2)
01. Apparently Normal
02. Physically Impaired
03. Emotional (depressed, angry, etc.)
04. Ill (sick), Fainted
05. Asleep or Fatigued
06. Under the Influence (Medications/Drugs/Alcohol)
97. Other
99. Unknown

ENDORSEMENTS
A - Activity Vehicles
F - Taxi, Livery, Motor Coach
H - Hazardous Materials
M - Motorcycles
N - Tank Vehicles
P - Passenger
Q - Fire Fighting Vehicles
S - School Bus
T - Double/Triple Trailers
V - Student Transportation
X - Combination of Tank Vehicle and Hazardous Materials

SPEED RELATED
01. No
02. Racing
03. Exceeded Speed Limit
04. Too Fast for Conditions

INJURY AND EMS INFORMATION

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 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

VIOLATION STATUTES

ALCOHOL TEST STATUS
01. Test Not Given
02. Test Refused
03. Test Given
99. Unknown if Tested
DRUG TEST STATUS
01. Test Not Given
02. Test Refused
03. Test Given
99. Unknown if Tested

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

CONNECTICUT UNIFORM POLICE CRASH REPORT

Motor Vehicle ID:

Form PR-1 REV June 2014.01

Case Number:

Motor Vehicle Passenger Information

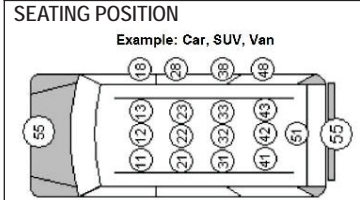
Complete this sheet for Passengers in this Motor Vehicle

DOT Identifier:

| | | | | | |
|--|---------------------------------------|------------------------------|----------------------|---|----------------------|
| PERSON ID 88 | | PASSENGER INFORMATION | | <i>For all numeric fields: 99 = 'Unknown'</i> | |
| NAME: Not Applicable | | PERSON TYPE: | <input type="text"/> | SEATING POSITION: | <input type="text"/> |
| ADDRESS: | | RESTRAINT SYSTEM: | | <input type="text"/> | |
| CITY: | | STATE or PROV: | CT | POSTAL CODE: | <input type="text"/> |
| DATE OF BIRTH (YYYYMMDD): | GENDER: | INTENDED RECEIVING FACILITY: | | EJECTION: | <input type="text"/> |
| <input type="text"/> | 01. Male 02. Female 99. Unknown | <input type="text"/> | | AIR BAG: | <input type="text"/> |
| <input checked="" type="checkbox"/> Date of Birth is unknown | <input type="text"/> | EMS RUN NUMBER: | | INJURY STATUS: | <input type="text"/> |
| EMS COMPANY NAME: | | EMS RUN NUMBER: | | TRANSPORTED TO 1st MEDICAL FACILITY BY: | |
| <input type="text"/> | | <input type="text"/> | | <input type="text"/> | |

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 88 | | <i>For all numeric fields: 99 = 'Unknown'</i> | |
| NAME: Not Applicable | | PERSON TYPE: | 99 |
| ADDRESS: | | SEATING POSITION: | 88 |
| CITY: | | RESTRAINT SYSTEM: | 88 |
| STATE or PROV: | | HELMET USE: | 88 |
| DATE OF BIRTH (YYYYMMDD): | GENDER: | POSTAL CODE: | <input type="text"/> |
| <input type="text"/> | 01. Male 02. Female 99. Unknown | INTENDED RECEIVING FACILITY: | <input type="text"/> |
| <input type="checkbox"/> Date of Birth is unknown | 99 | EJECTION: | 88 |
| EMS COMPANY NAME: | | AIR BAG: | 88 |
| EMS RUN NUMBER: | | INJURY STATUS: | 0 |
| <input type="text"/> | | TRANSPORTED TO 1st MEDICAL FACILITY BY: | |
| <input type="text"/> | | 01 | |

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 88 | | <i>For all numeric fields: 99 = 'Unknown'</i> | |
| NAME: Not Applicable | | PERSON TYPE: | 99 |
| ADDRESS: | | SEATING POSITION: | 88 |
| CITY: | | RESTRAINT SYSTEM: | 88 |
| STATE or PROV: | | HELMET USE: | 88 |
| DATE OF BIRTH (YYYYMMDD): | GENDER: | POSTAL CODE: | <input type="text"/> |
| <input type="text"/> | 01. Male 02. Female 99. Unknown | INTENDED RECEIVING FACILITY: | <input type="text"/> |
| <input type="checkbox"/> Date of Birth is unknown | 99 | EJECTION: | 88 |
| EMS COMPANY NAME: | | AIR BAG: | 88 |
| EMS RUN NUMBER: | | INJURY STATUS: | 0 |
| <input type="text"/> | | TRANSPORTED TO 1st MEDICAL FACILITY BY: | |
| <input type="text"/> | | 01 | |

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 88 | | <i>For all numeric fields: 99 = 'Unknown'</i> | |
| NAME: Not Applicable | | PERSON TYPE: | 99 |
| ADDRESS: | | SEATING POSITION: | 88 |
| CITY: | | RESTRAINT SYSTEM: | 88 |
| STATE or PROV: | | HELMET USE: | 88 |
| DATE OF BIRTH (YYYYMMDD): | GENDER: | POSTAL CODE: | <input type="text"/> |
| <input type="text"/> | 01. Male 02. Female 99. Unknown | INTENDED RECEIVING FACILITY: | <input type="text"/> |
| <input type="checkbox"/> Date of Birth is unknown | 99 | EJECTION: | 88 |
| EMS COMPANY NAME: | | AIR BAG: | 88 |
| EMS RUN NUMBER: | | INJURY STATUS: | 0 |
| <input type="text"/> | | TRANSPORTED TO 1st MEDICAL FACILITY BY: | |
| <input type="text"/> | | 01 | |

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

Bicycle ID: 88

Person ID: 2

Form PR-1 REV June 2014.01

Case Number:

Non-Motorist Information

DOT Identifier:

Striking Motor Vehicle ID:

Complete one sheet for each non-motorist involved in crash

For DOT use only

Road on which non-motorist was traveling/located:

Empty text box for road name

Non-motorist was not in roadway
Unknown direction

Direction of travel (N, S, E, W):

NON-MOTORIST INFORMATION

Name, GENDER, DATE OF BIRTH, State, City, Postal Code, Phone/Email

NON-MOTORIST PERSON TYPE, NON-MOTORIST ACTION/CIRCUMSTANCE PRIOR TO CRASH, NON-MOTORIST LOCATION AT TIME OF CRASH, NON-MOTORIST DISTRACTED BY

IDENTIFICATION INFO, NON-MOTORIST ACTION/CIRCUMSTANCES AT TIME OF CRASH, NON-MOTORIST SAFETY EQUIPMENT, NON-MOTORIST CONDITION AT TIME OF CRASH, DRIVER LICENSE JURISDICTION, GOING TO / FROM SCHOOL

INJURY AND EMS INFORMATION, INJURY STATUS, TRANSPORTED TO FIRST MEDICAL FACILITY BY, EMS COMPANY NAME, EMS RUN NUMBER, INTENDED RECEIVING FACILITY

ENFORCEMENT ACTIONS TAKEN, VIOLATION STATUTES, DRUG/ALCOHOL INFORMATION, ALCOHOL TEST STATUS, TYPE OF ALCOHOL TEST, DRUG TEST STATUS, TYPE OF DRUG TEST

CONNECTICUT UNIFORM POLICE CRASH REPORT

Form PR-1 REV June 2014.01

Case Number: []

Motor Vehicle ID: []

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

DOT Identifier: []
For DOT use only

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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, STREET ADDRESS or P.O. BOX, CITY, STATE or PROVINCE (CT), POSTAL CODE, COUNTRY (United States), US DOT NUMBER (8 digits, right justified), STATE (CT) AND STATE ISSUED ID NUMBER

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, STREET ADDRESS or P.O. BOX, CITY, STATE or PROVINCE (CT), POSTAL CODE, COUNTRY (United States), Plate #, Plate State (CT), Trailer Serial Number/VIN

TRAILER 2 OWNER INFORMATION

OWNER NAME, STREET ADDRESS or P.O. BOX, CITY, STATE or PROVINCE (CT), POSTAL CODE, COUNTRY (United States), Plate #, Plate State (CT), Trailer Serial Number/VIN

COMMERCIAL VEHICLE INFORMATION

CARGO BODY TYPE, CARRIER TYPE, GROSS WEIGHT (GVWR/GCWR), HAZARDOUS MATERIALS PLACARD, 4-DIGIT HAZARDOUS MATERIALS ID NUMBER, 1-DIGIT CLASS NUMBER FROM BOTTOM OF DIAMOND, RELEASE OF HAZARDOUS MATERIALS

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

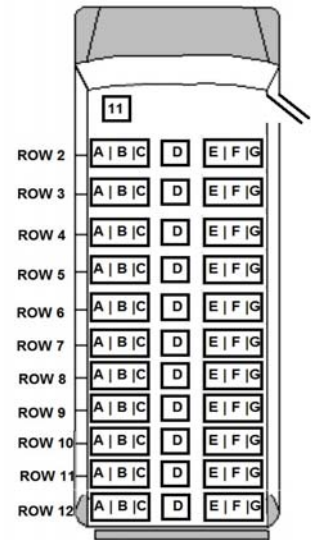
Case Number:

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

BUS OCCUPANT INFORMATION

| ID | NAME <small>(Last, First, Middle, Suffix)</small> | EJECTION | INJURY STATUS | DATE OF BIRTH <small>(YYYYMMDD)</small> | GENDER | AGE | PERSON ID <small>The unique number assigned to the persons involved in the crash. Note: this is intended to be a sequence.</small> |
|------------------|--|----------|---------------|--|--------|-----|--|
| 88 | Not Applicable | | | | 99 | | GENDER 01. Male 02. Female 99. Unknown |
| SEATING POSITION | 88 | 88 | O | | | | |
| 88 | Not Applicable | | | | 99 | | BUS SEAT POSITION FIRST DIGIT(S) - ROW POSITION 2_ Row 2 3_ Row 3 Etc. Continue counting as many rows as contained on the bus. |
| SEATING POSITION | 88 | 88 | O | | | | |
| 88 | Not Applicable | | | | 99 | | FOLLOWING LETTER-SEAT POSITION _A. Window Left _B. Middle Left _C. Aisle Left _D. Standing in Aisle _E. Aisle Right _F. Middle Right _G. Window Right |
| SEATING POSITION | 88 | 88 | O | | | | |
| 88 | Not Applicable | | | | 99 | | OTHER CASES 1D. Standing in the front of the bus 51. Other passenger in Enclosed Passenger Cabin 55. Riding on Motor Vehicle Exterior 99. Unknown |
| SEATING POSITION | 88 | 88 | O | | | | |
| 88 | Not Applicable | | | | 99 | | School Bus  |
| SEATING POSITION | 88 | 88 | O | | | | |
| 88 | Not Applicable | | | | 99 | | EJECTION 01. Not Ejected 02. Ejected, Partially 03. Ejected, Totally 88. Not Applicable 99. Unknown |
| SEATING POSITION | 88 | 88 | O | | | | |
| 88 | Not Applicable | | | | 99 | | INJURY STATUS K. Fatal Injury A. Suspected Serious Injury B. Suspected Minor Injury C. Possible Injury O. No Apparent Injury |
| SEATING POSITION | 88 | 88 | O | | | | |
| 88 | Not Applicable | | | | 99 | | |
| SEATING POSITION | 88 | 88 | O | | | | |

CONNECTICUT UNIFORM POLICE CRASH REPORT

Bicycle ID:

Form PR-1 REV June 2014.01

Case Number:

Number of occupants on bicycle:

Appendix D: Bicycle
Complete this 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

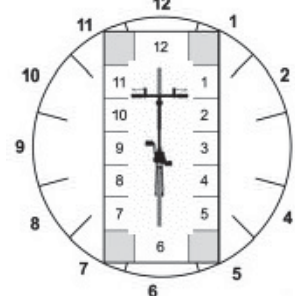
Model: Year: Direction of Travel

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 <small>(choose up to four, in chronological order)</small> | BICYCLE ACTION | BICYCLE DAMAGE | BICYCLE UNIT TYPE |
|---|---|--|--|
| <p>Non-Collision</p> <p>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</p> <p>Collision With Person, Motor Vehicle, or Non-Fixed Object</p> <p>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</p> <p>Collision With Fixed Object</p> <p>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</p> <p style="text-align: right;">1st <input style="width: 40px; border: none; border-bottom: 1px solid black;" type="text"/> 2nd <input style="width: 40px; border: none; border-bottom: 1px solid black;" type="text"/> 3rd <input style="width: 40px; border: none; border-bottom: 1px solid black;" type="text"/> 4th <input style="width: 40px; border: none; border-bottom: 1px solid black;" type="text"/> Most Harmful Event <input style="width: 40px; border: none; border-bottom: 1px solid black;" type="text"/></p> | <p>01. Straight Ahead <input style="width: 40px; border: none; border-bottom: 1px solid black;" type="text"/> 02. Negotiating a Curve <input style="width: 40px; border: none; border-bottom: 1px solid black;" type="text"/> 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</p> <p>CONTRIBUTING CIRCUMSTANCES <small>(choose up to 2)</small></p> <p>00. None <input style="width: 40px; border: none; border-bottom: 1px solid black;" type="text"/> 01. Brakes <input style="width: 40px; border: none; border-bottom: 1px solid black;" type="text"/> 02. Steering <input style="width: 40px; border: none; border-bottom: 1px solid black;" type="text"/> 03. Power Train 04. Suspension 05. Tires 06. Wheels 07. Lights <i>(head, signal, tail)</i> 08. Mirrors 09. Pothole/Cracked/Falling Pavement 10. Debris in Roadway <i>(sand, glass, etc.)</i> 11. Not Applicable 88. Not Applicable 97. Other</p> | <div style="text-align: center;">  <p style="font-size: small;">Use diagram above for values 1-12</p> </div> <p>Initial Contact Point</p> <p>13. Non-Collision <input style="width: 40px; border: none; border-bottom: 1px solid black;" type="text"/> 14. Top <input style="width: 40px; border: none; border-bottom: 1px solid black;" type="text"/> 15. Cargo loss <input style="width: 40px; border: none; border-bottom: 1px solid black;" type="text"/> 99. Unknown</p> <p>Damaged Areas</p> <p>00. None <input style="width: 40px; border: none; border-bottom: 1px solid black;" type="text"/> 14. Top <input style="width: 40px; border: none; border-bottom: 1px solid black;" type="text"/> 17. All Areas <input style="width: 40px; border: none; border-bottom: 1px solid black;" type="text"/> 88. Not Applicable</p> <p>EXTENT OF DAMAGE</p> <p>01. No Visible Damage <input style="width: 40px; border: none; border-bottom: 1px solid black;" type="text"/> 02. Minor Damage 03. Functional Damage 04. Disabling Damage 99. Unknown</p> <p>POSTED/STATUTORY SPEED LIMIT <small>(record the posted/statutory value as miles per hour)</small></p> <p>01. Not Posted 05, 10, 15, 20, 25, 30, 35, 40 <input style="width: 40px; border: none; border-bottom: 1px solid black;" type="text"/> 45, 50, 55, 60, 65, 70, 75, 80 88. Not Applicable</p> | <p>01. Bicycle in Operation <input style="width: 40px; border: none; border-bottom: 1px solid black;" type="text"/> 02. Parked 03. Work Bicycle 04. Non-Collision Bicycle</p> <p>TRAFFICWAY DESCRIPTION</p> <p>01. Two-Way, Not Divided <input style="width: 40px; border: none; border-bottom: 1px solid black;" type="text"/> 02. Two-Way, Not Divided w/ a Continuous Left Turn Lane 03. Two-Way, Divided, Unprotected (Painted >4 Feet) Median 04. Two-Way, Divided, Positive Median Barrier 05. One-Way Trafficway 88. Not Applicable</p> <p>ROADWAY GRADE</p> <p>01. Level <input style="width: 40px; border: none; border-bottom: 1px solid black;" type="text"/> 02. Uphill 03. Hill Crest 04. Downhill 05. Sag <i>(bottom)</i></p> <p>ROADWAY ALIGNMENT</p> <p>01. Straight <input style="width: 40px; border: none; border-bottom: 1px solid black;" type="text"/> 02. Curve Left 03. Curve Right</p> <p>TRAFFIC CONTROL DEVICE TYPE</p> <p>01. No Control Device <input style="width: 40px; border: none; border-bottom: 1px solid black;" type="text"/> 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</p> <p>TRAFFIC CONTROL DEVICE FUNCTIONAL?</p> <p>01. No <input style="width: 40px; border: none; border-bottom: 1px solid black;" type="text"/> 02. Yes 03. Missing 88. Not Applicable</p> |



CONNECTICUT UNIFORM POLICE CRASH REPORT

Form PR-1 REV June 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 | | |
|---|---------------------|---|---|
| | NAME: | | WITNESS STATEMENT TYPE <i>(choose all that apply; max 2)</i> |
| ADDRESS: | | 01. No Statement Taken <input type="checkbox"/> | |
| CITY: | STATE or PROV: CT | POSTAL CODE: | 02. Provided Written Statement <input type="checkbox"/> |
| DATE OF BIRTH (YYYYMMDD): <input type="text"/> | | 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"/> | |
| WITNESS STATEMENT SOURCE <i>(choose all that apply; max 4)</i> | | WITNESS OBSERVATION VERIFICATION <i>(choose all that apply; max 3)</i> | |
| 01. Observed Crash Occur <input type="checkbox"/> | | 01. Sight Lines Verified By Reporting Officer <input type="checkbox"/> | |
| 02. Overheard Statements by Person Involved <input type="checkbox"/> | | 02. Sight Lines Verified By Other Officer <input type="checkbox"/> | |
| 03. Observed illegal activities by persons involved in the crash prior to police arrival <input type="checkbox"/> | | 03. Sight Lines Confirmed by Other Witness <input type="checkbox"/> | |
| 04. Observed other illegal behavior by a vehicle involved in the crash or resulting in the crash occurring <input type="checkbox"/> | | 04. Verification Not Possible <input type="checkbox"/> | |
| 88. Not Applicable <input type="checkbox"/> | | 05. Verification Not Undertaken <input type="checkbox"/> | |

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

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