## CONNECTICUT UNIFORM POLICE CRASH REPORT

### CRASH DATE, TIME, SEVERITY, AND LOCATION

<table>
<thead>
<tr>
<th>Date of Crash (YYYYMMDD)</th>
<th>Time (00:00-23:59)</th>
<th>Town</th>
<th>Town Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 YYYYMMDD</td>
<td>PH IM MI</td>
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</table>

### CRASH FACTORS AND CONDITIONS

- **TRAFFICWAY SURFACE CONDITIONS**
  - 01. Dry
  - 02. Wet
  - 03. Snow
  - 04. Slush
  - 05. Ice/Frost
  - 06. Moving Water
  - 07. Sand
  - 08. Mud, Dirt, Gravel
  - 09. Oil
  - 10. Standing Water
  - 11. Other
  - 99. Unknown

- **LOCATION OF FIRST HARMFUL EVENT**
  - 01. On Roadway
  - 02. Shoulder
  - 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)
  - 99. Unknown

- **FIRST HARMFUL EVENT**
  - Non-Collision:
    - 01. Overtake/Rollover
    - 02. Fire / Explosion
    - 03. Immersion, Full or Partial
    - 04. Jackknife
    - 05. Cargo/Equipment Loss or Shift
    - 06. Fall/Jumped from Vehicle
    - 07. Thrown or Falling Object
    - 08. Other Non-Collision
  - Collision With Person, Vehicle, or Non-Fixed Object:
    - 09. Pedestrian
    - 10. Pedalcycle
    - 11. Other Non-motorist
    - 12. Railway Vehicle (train, engine)
    - 13. Deer
    - 14. Animal Other Than Deer (live)
    - 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.)
    - 99. Unknown

- **ROAD (choose up to 3)**
  - 00. None
  - 01. Backup Due to Prior Crash
  - 02. Backup Due to Prior Non-Recurring Incident
  - 03. Backup Due to Regular Congestion
  - 04. Toll Booth/Plaza Related
  - 05. Road Surface Condition (wet, icy, snow, slush, etc.)
  - 06. Debris
  - 07. Ruts, Holes, Bumps
  - 08. Work Zone (construction/maintenance/utility)
  - 09. Worn, Travel-Related Surface
  - 10. Obstruction in Roadway
  - 11. Traffic Control Device Inoperative, Missing, or Obscured
  - 12. Shoulder (none, low, soft, high)
  - 13. Non-Highway Work
  - 97. Other
  - 99. Unknown

- **MANNER OF IMPACT**
  - 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
  - 97. Other
  - 99. Unknown
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

☐ Vehicles Moved Prior to Police Arrival

Related Incident Number

Officer First Name

Officer Last Name

Badge Number

Police Agency Code

Case Status
O-Open
C-Closed

Report Date

Supervisor

Date Approved

☐ This Report is a Revision to a Previously Closed Case
### CONNECTICUT UNIFORM POLICE CRASH REPORT

**Motor Vehicle Information (Front)**

Please Complete One Sheet Per Motor Vehicle

#### MOTOR VEHICLE INFORMATION

<table>
<thead>
<tr>
<th>Field</th>
<th>Option</th>
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<tbody>
<tr>
<td>Make</td>
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<td>Plate #</td>
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<tr>
<td>Plate State</td>
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</tbody>
</table>

#### SEQUENCE OF EVENTS

(Choose up to 4 in chronological order)

**Non-Collision**

- 01. Overtaking/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 Centerline
- 12. Downhill Runaway
- 13. Fell/Jumped From Motor Vehicle
- 14. Reentering Roadway
- 15. Thrown or Falling Object
- 16. Other Non-Collision

**Collision With Person, Motor Vehicle, or Non-Fixed Object**

- 17. Pedestrian
- 18. Pedalcycle
- 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

**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 (standing)
- 41. Utility Pole
- 42. Light Support
- 43. Traffic Sign Support
- 44. Other Post, Pole, or Support
- 45. Fence
- 46. Mailbox
- 47. Other Fixed Object (wall, building, tunnel, etc.)
- 48. Light Support
- 49. Other Fixed Object (wall, building, tunnel, etc.)
- 50. Known
- 51. Unknown

**MOTOR VEHICLE CRASH INFORMATION**

Write Appropriate Number(s) in Boxes

For all Boxes: 99= Unknown and 88= Not Applicable

#### SEQUENCE OF EVENTS

**Non-Collision**

- 01. Straight Ahead
- 02. Negotiating a Curve
- 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 or Wrong Side
- 16. Traveling in Bike Lane
- 17. Other
- 18. Unknown

**Collision With Person, Motor Vehicle, or Non-Fixed Object**

- 19. Pedestrian
- 20. Pedalcycle
- 21. Other Non-motorist
- 22. Railway Vehicle (train, engine)
- 23. Animal (live)
- 24. Motor Vehicle In Motion
- 25. Parked Motor Vehicle
- 26. Struck By Falling, Shifting Cargo or Anything Set In Motion By Motor Vehicle
- 27. Work Zone/Maintenance Equipment
- 28. Other Non-Fixed Object

**Collision With Fixed Object**

- 29. Impact Attenuator/Crash Cushion
- 30. Bridge Overhead Structure
- 31. Bridge Pier or Support
- 32. Bridge Rail
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- 48. Mailbox
- 49. Other Fixed Object (wall, building, tunnel, etc.)
- 50. Known
- 51. Unknown

#### CONTRIBUTING CIRCUMSTANCES

**Non-Collision**

- 00. None
- 01. Brakes
- 02. Exhaust System
- 03. Body, Doors
- 04. Steering
- 05. Power Train
- 06. Suspension
- 07. Tires
- 08. Wheels
- 09. Lights (head, signal, tail)
- 10. Windows/Windshield
- 11. Mirrors
- 12. Wipers
- 13. Truck Coupling / Trailer Hitch / Safety Chains
- 19. Other
- 99. Unknown

**Collision With Person, Motor Vehicle, or Non-Fixed Object**

- 00. None
- 01. Brakes
- 02. Exhaust System
- 03. Body, Doors
- 04. Steering
- 05. Power Train
- 06. Suspension
- 07. Tires
- 08. Wheels
- 09. Lights (head, signal, tail)
- 10. Windows/Windshield
- 11. Mirrors
- 12. Wipers
- 13. Truck Coupling / Trailer Hitch / Safety Chains
- 19. Other
- 99. Unknown

**Collision With Fixed Object**

- 00. None
- 01. Brakes
- 02. Exhaust System
- 03. Body, Doors
- 04. Steering
- 05. Power Train
- 06. Suspension
- 07. Tires
- 08. Wheels
- 09. Lights (head, signal, tail)
- 10. Windows/Windshield
- 11. Mirrors
- 12. Wipers
- 13. Truck Coupling / Trailer Hitch / Safety Chains
- 19. Other
- 99. Unknown

#### POSTED/STATUTORY SPEED LIMIT

Record The Posted/Statutory Value (miles per hour)

- 00. Not Posted
- 01. Unknown

#### MOTOR VEHICLE ACTION

- 01. Passenger Car
- 02. (Sport) Utility Vehicle
- 03. Passenger Van
- 04. Cargo Van (<10,000 lbs GVWR)
- 05. Pickup
- 06. Motor Home
- 07. School Bus
- 08. Transit Bus
- 09. Motorcoach
- 10. Other Bus
- 11. Motorcycle
- 12. Moped
- 13. Low Speed Vehicle
- 14. Golf Cart
- 15. All Terrain Vehicle (ATV)
- 16. Snowmobile
- 17. Other Light Trucks (10,000 lbs GVWR or less)
- 18. Medium/Heavy Trucks (more than 10,000 lbs GVWR)
- 19. Other
- 99. Unknown

#### MOTIVE VEHICLE TYPE

- 01. Motor Vehicle in Transport
- 02. Parked Motor Vehicle
- 03. Working Vehicle/Equipment
- 04. Non-Collision Vehicle

#### TRAFFICWAY DESCRIPTION

- 01. Two-Way, Not Divided
- 02. Two-Way, Not Divided w/ a Continuous Left Turn Lane
- 03. Two-Way, Divided, Unprotected
- 04. Two-Way, Divided, Positive Median Barrier
- 05. One-Way Trafficway
- 99. Unknown

#### ROADWAY GRADE

- 01. Level
- 02. Uphill
- 03. Hillcrest
- 04. Downhill
- 05. Sag (bottom)

#### ROADWAY ALIGNMENT

- 01. Straight
- 02. Curve Left
- 03. Curve Right

#### TRAFFIC CONTROL DEVICE TYPE

- 01. No Control Device
- 02. Person (flagger, law enforcement, crossing guard, etc.)
- 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
- 97. Other
- 99. Unknown

#### TRAFFIC CONTROL DEVICE FUNCTIONAL?

- 01. No
- 02. Yes
- 03. Missing
- 88. Not Applicable
- 99. Unknown

#### HIT AND RUN

- 01. No, Did Not Leave Scene
- 02. Yes, Driver or car and Driver Left Scene

#### INSURANCE INFORMATION

<table>
<thead>
<tr>
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<th>Option</th>
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<td>INSURANCE POLICY NUMBER</td>
<td></td>
</tr>
<tr>
<td>INSURANCE EXPIRATION DATE</td>
<td></td>
</tr>
</tbody>
</table>
CONNECTICUT UNIFORM POLICE CRASH REPORT
Motor Vehicle Information (Back)
Please Complete One Sheet Per Motor Vehicle

VEHICLE OWNER NAME (Last, First, Middle, Suffix)  Info Same as Driver

Street Address or P.O. BOX

City  State  ZIP Code  Phone (optional)

Email (optional)

MOTOR VEHICLE INFORMATION SPECIAL VEHICLES

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
99. Unknown

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
99. Unknown

BUS USE
01. Not a Bus
02. School
03. Transit/Commuter
04. Intercity
05. Charter/Tour
06. Shuttle

PROPERTY DAMAGED

NAME OF PROPERTY 1 OWNER

NAME OF PROPERTY 2 OWNER

NAME OF PROPERTY 3 OWNER
### Connecticut Uniform Police Crash Report

**Motor Vehicle Driver Information**

**Email/Phone (Optional):**

**Name (Last, First, Middle, Suffix):**

**Date of Birth (YYYY/MM/DD):**

---

**Driver Information**

**License Number:**

**State:**

**Restriction System:**

**Violation Statutes:**

**Injury Status:**

**Transport to First Medical Facility:**

**Endorsements:**

**License Class:**

**Drivers License Jurisdiction:**

**Seating Position:**

**Ejection:**

**First Digit:**

**Second Digit:**

**Seat Belt Use:**

**Helmet Use:**

**Gender:**

**Date of Birth:**

**Address or P.O. Box:**

**City:**

**State:**

**Zip Code:**

---

**Enforcement Actions Taken:**

**Action by Officer:**

**Violation Statutes:**

**Alcohol Test Status:**

**Type of Alcohol Test:**

**Drug Test Status:**

**Type of Drug Test:**

---

**Drug/Alcohol Information:**

**Drug Test Results:**

**Alcohol Test Results:**

---

**Condition at Time of Crash:**

**Driver Distracted By:**

**Driver Actions:**

---

**Injury and EMS Information:**

**Injury and EMS Information:**

**Condition at Time of Crash:**

**Driver Distracted By:**

**Driver Actions:**

---

**Endorsements:**

**License Class:**

**Drivers License Jurisdiction:**

**Seating Position:**

**Ejection:**

**First Digit:**

**Second Digit:**

**Seat Belt Use:**

**Helmet Use:**

**Gender:**

**Date of Birth:**

**Address or P.O. Box:**

**City:**

**State:**

**Zip Code:**

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**Enforcement Actions Taken:**

**Action by Officer:**

**Violation Statutes:**

**Alcohol Test Status:**

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**Drug/Alcohol Information:**

**Drug Test Results:**

**Alcohol Test Results:**

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**Condition at Time of Crash:**

**Driver Distracted By:**

**Driver Actions:**

---

**Injury and EMS Information:**

**Injury and EMS Information:**

**Condition at Time of Crash:**

**Driver Distracted By:**

**Driver Actions:**

---

**Endorsements:**

**License Class:**

**Drivers License Jurisdiction:**

**Seating Position:**

**Ejection:**

**First Digit:**

**Second Digit:**

**Seat Belt Use:**

**Helmet Use:**

**Gender:**

**Date of Birth:**

**Address or P.O. Box:**

**City:**

**State:**

**Zip Code:**

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**Enforcement Actions Taken:**

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**Drug/Alcohol Information:**

**Drug Test Results:**

**Alcohol Test Results:**

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**Condition at Time of Crash:**

**Driver Distracted By:**

**Driver Actions:**

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**Injury and EMS Information:**

**Injury and EMS Information:**

**Condition at Time of Crash:**

**Driver Distracted By:**

**Driver Actions:**

---

**Endorsements:**

**License Class:**

**Drivers License Jurisdiction:**

**Seating Position:**

**Ejection:**

**First Digit:**

**Second Digit:**

**Seat Belt Use:**

**Helmet Use:**

**Gender:**

**Date of Birth:**

**Address or P.O. Box:**

**City:**

**State:**

**Zip Code:**

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**Enforcement Actions Taken:**

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**Drug/Alcohol Information:**

**Drug Test Results:**

**Alcohol Test Results:**

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**Condition at Time of Crash:**

**Driver Distracted By:**

**Driver Actions:**

---

**Injury and EMS Information:**

**Injury and EMS Information:**

**Condition at Time of Crash:**

**Driver Distracted By:**

**Driver Actions:**

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**Endorsements:**

**License Class:**

**Drivers License Jurisdiction:**

**Seating Position:**

**Ejection:**

**First Digit:**

**Second Digit:**

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**Helmet Use:**

**Gender:**

**Date of Birth:**

**Address or P.O. Box:**

**City:**

**State:**

**Zip Code:**

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**Enforcement Actions Taken:**

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**Injury and EMS Information:**

**Injury and EMS Information:**

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**Driver Actions:**

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**Driver Actions:**

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**Injury and EMS Information:**

**Injury and EMS Information:**

**Condition at Time of Crash:**

**Driver Distracted By:**

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**Drivers License Jurisdiction:**

**Seating Position:**

**Ejection:**

**First Digit:**

**Second Digit:**

**Seat Belt Use:**

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**Gender:**

**Date of Birth:**

**Address or P.O. Box:**

**City:**

**State:**

**Zip Code:**

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**Enforcement Actions Taken:**

**Action by Officer:**

**Violation Statutes:**

**Alcohol Test Status:**

**Type of Alcohol Test:**

**Drug Test Status:**

**Type of Drug Test:**

---

**Drug/Alcohol Information:**

**Drug Test Results:**

**Alcohol Test Results:**

---

**Condition at Time of Crash:**

**Driver Distracted By:**

**Driver Actions:**

---
## Passenger Information

**Name (Last, First, Middle, Suffix):**

**Street Address or P.O. Box:**

**City:**

**State:**

**Zip Code:**

**Seating Position:**

**Restraint System:**

**Ejection:**

**Air Bag:**

**Helmet Use:**

**Transport to First Medical Facility:**

**Injury Status:**

**Person Type:**

**Restraint System:**

**Ejection:**

**Air Bag:**

**Helmet Use:**

**Transport to First Medical Facility:**

**Injury Status:**

**Person Type:**

**Restraint System:**

**Ejection:**

**Air Bag:**

**Helmet Use:**

**Transport to First Medical Facility:**

**Injury Status:**

**Person Type:**

**Restraint System:**

**Ejection:**

**Air Bag:**

**Helmet Use:**

**Transport to First Medical Facility:**

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**Person Type:**

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**Transport to First Medical Facility:**

**Injury Status:**

**Person Type:**

**Restraint System:**

**Ejection:**

**Air Bag:**

**Helmet Use:**

**Transport to First Medical Facility:**

**Injury Status:**
**Connecticut Uniform Police Crash Report**

**Non-Motorist Information**

**Non-Motorist ID**

**Road on Which Non-Motorist Was Traveling/Located**

- Not in Roadway

**Identification Info**

**Identification Number**

**Issued By**

**Identification 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, Canada)
88. Not Applicable
99. Unknown

**Non-Motorist Person Type**

01. Pedestrian
03. Other Pedestrian (wheelchair, person in a building, skater, pedestrian conveyance)
05. Bicyclist
06. Other Cyclist
08. Occupant of a Non-Motor Vehicle Transportation Device
09. Unknown Type of Non-Motorist

**Non-Motorist Action/Circumstances Prior to Crash**

00. None
01. Crossing Roadway
02. Waiting to Cross Roadway
03. Walking/Cycling Along Roadway With Traffic (In or Adjacent to Street)
04. Walking/Cycling Along Roadway Against Traffic (In or Adjacent to Street)
05. Walking/Cycling on Sidewalk
06. In Roadway - Other (Working, Playing, etc.)
07. Adjacent to Roadway (e.g., Shoulder, Median)
08. Parking in Trafficway for Incident Response
09. Other
99. Unknown

**Non-Motorist Location at Time of Crash**

**Non-Motorist Distracted By**

**Non-Motorist Action/Circumstances at Time of Crash**

- Choose up to 2:
  - Improper Action
  - Dart/Dash
  - Failure to Yield Right-Of-Way
  - Failure to Obey Traffic Signs, Signals, or Officer
  - In Roadway Improperly (Standing, Lying, Working, Playing)
  - Disabled Vehicle Related (Working on, Pushing, Leaving/Anticipating)
  - Entering/Exiting Parked/Stopping Vehicle
  - Inattentive (Talking, Eating, etc.)
  - Not Visible (Dark Clothing, No Lighting, etc.)
  - Improper Turn/Merge
  - Improper Passing
  - Wrong-Way Riding or Walking
  - Use of Electronic Device
  - Other
99. Unknown

**Non-Motorist Safety Equipment**

01. Helmet
02. Protective Pads Used
03. Reflective Clothing
04. Lighting
05. Other
09. ANSI Approved Bicycle Helmet
88. Not Applicable
99. Unknown

**Enforcement Actions Taken**

**Drug/Alcohol Information**

**Drug Test Status**

**Type of Drug Test**

01. Blood
03. Urine
97. Other
99. Unknown

**Type of Alcohol Test**

01. Blood
02. Breath
97. Other
99. Unknown

**Alcohol Test Results**

01. Results Known
02. Pending
99. Unknown

If Known, Enter **LAST BAC = **

**Injury and EMS Information**

**Injury Status**

K. Fatal Injury
A. Suspected Serious Injury
B. Suspected Minor Injury
C. Possible Injury
O. No Apparent Injury

**Transport to First Medical Facility**

01. Not Transported
02. EMS Air
03. EMS Ground
04. Law Enforcement
97. Other
99. Unknown

**Intended Receiving Facility**

**EMS Run Number**

**Case Number**
### SUPPLEMENT B: COMMERCIAL VEHICLE

<table>
<thead>
<tr>
<th>Vehicle Configuration</th>
<th>CARRIER TYPE</th>
<th>GROSS WEIGHT</th>
<th>HAZARDOUS MATERIALS PLACARD</th>
<th>4-DIGIT HAZARDOUS MATERIALS ID NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>01. Vehicle 10,000 pounds or less placarded for hazardous materials</td>
<td>01. Interstate Carrier</td>
<td>01. 10,000 lbs. or less</td>
<td>01. No</td>
<td>[ ]</td>
</tr>
<tr>
<td>02. Single-Unit Truck (2-axle and GVWR more than 10,000 lbs)</td>
<td>02. Intrastate Carrier</td>
<td>02. 10,001 - 26,000 lbs.</td>
<td>02. Yes</td>
<td>[ ]</td>
</tr>
<tr>
<td>03. Single-Unit Truck (3 or more axles)</td>
<td>03. Not in Commerce/Government</td>
<td>03. More than 26,000 lbs.</td>
<td>88. Not Applicable</td>
<td>[ ]</td>
</tr>
<tr>
<td>04. Truck Pulling Trailer(s)</td>
<td>04. Not in Commerce/Other Truck</td>
<td>88. Not Applicable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>05. Truck Tractor (Bobtail)</td>
<td>99. Unknown</td>
<td>99. Unknown</td>
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<tr>
<td>06. Truck Tractor/Semi-Trailer</td>
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<tr>
<td>07. Truck Tractor/Double</td>
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<td>08. Truck Tractor/Trailer</td>
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<td>09. Truck More Than 10,000 lbs, Cannot Classify</td>
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<tr>
<td>10. Bus/Large Van (seats for 9-15 occupants, including driver)</td>
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<tr>
<td>11. Bus (seats for more than 15 occupants, including driver)</td>
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<td>99. Unknown</td>
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</tr>
</tbody>
</table>

### 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.**

<table>
<thead>
<tr>
<th>Owner Name</th>
<th>Info Same as Carrier</th>
<th>Info Same as Power Unit</th>
<th>Plate #</th>
<th>Expired</th>
<th>No Plate</th>
<th>Plate State</th>
<th>Trailer Serial Number/VIN</th>
</tr>
</thead>
</table>

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<th>Info Same as Carrier</th>
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<th>No Plate</th>
<th>Plate State</th>
<th>Trailer Serial Number/VIN</th>
</tr>
</thead>
</table>

### COMMERCIAL VEHICLE INFORMATION

**CARGO BODY TYPE**
- 01. No Cargo Body – (bobtail, light motor vehicle with hazardous materials [HM] placard, etc.)
- 02. Bus
- 03. Van/Enclosed Box
- 04. Grain/Chips/Gravel Truck
- 05. Pole-Trailer
- 06. Cargo Tank
- 07. Log
- 08. Intermodal Container Chassis
- 09. Vehicle Towing Another Vehicle
- 10. Flatbed
- 11. Dump
- 12. Concrete Mixer
- 13. Auto Transporter
- 14. Garbage/Refuse
- 88. Not Applicable – (motor vehicle 10,000 lbs or less not displaying HM placard)
- 97. Other
- 99. Unknown

**VEHICLE CONFIGURATION**
- 01. Vehicle 10,000 pounds or less placarded for hazardous materials
- 02. Single-Unit Truck (2-axle and GVWR more than 10,000 lbs)
- 03. Single-Unit Truck (3 or more axles)
- 04. Truck Pulling Trailer(s)
- 05. Truck Tractor (Bobtail)
- 06. Truck Tractor/Semi-Trailer
- 07. Truck Tractor/Double
- 08. Truck Tractor/Trailer
- 09. Truck More Than 10,000 lbs, Cannot Classify
- 10. Bus/Large Van (seats for 9-15 occupants, including driver)
- 11. Bus (seats for more than 15 occupants, including driver)
- 99. Unknown
**SUPPLEMENT C: BUS**

Connecticut Uniform Police Crash Supplement

Please Complete This Sheet For All Bus Passengers involved In The Crash

**BUS OCCUPANT INFORMATION**

<table>
<thead>
<tr>
<th>NAME (Last, First, Middle, Suffix)</th>
<th>AGE</th>
<th>GENDER</th>
<th>EJECTION</th>
<th>INJURY STATUS</th>
<th>DATE OF BIRTH</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

**SEAT POSITION**

**FIRST DIGIT - ROW POSITION**

1. Row 1
2. Row 2
3. Row 3
4. Row 4
5. Row 5
6. Row 6
7. Row 7
8. Row 8
9. Row 9
10. Row 10
11. Row 11
12. Row 12

**SECOND DIGIT - SEAT POSITION**

- A. Window Left
- B. Middle Left
- C. Aisle Left
- D. Standing in Aisle
- E. Aisle Right
- F. Middle Right
- G. Window Right

**OTHER CASES**

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

**INJURY STATUS**

- A. Suspected Serious Injury
- B. Suspected Minor Injury
- C. Possible Injury
- 00. No Injury
- 03. Ejected, Totally
- 02. Ejected, Partially
- 01. Not Ejected
- O. No Apparent Injury
- 99. Unknown

**Case Number**

Please Complete This Sheet For All Bus Passengers involved In The Crash
### BICYCLE INFORMATION

| Serial Number | Make | Color | Year
<table>
<thead>
<tr>
<th></th>
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| Model | Year
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</tbody>
</table>

**Road on Which Vehicle Was Traveling**
- [ ] Not in Roadway
- [ ] N, S, E, W
- [ ] Unknown Direction

**BICYCLE CRASH INFORMATION**

**SEQUENCE OF EVENTS (Choose up to 4)**
- Non-Collision
- Collision With Person, Motor Vehicle, or Non-Fixed Object

**BICYCLE ACTION**
- Straight Ahead
- Negotiating a Curve
- Backing
- Changing Lanes
- Overtaking/Passing Motor Vehicle
- Turning Right
- Turning Left
- Making U-Turn
- Leaving Traffic Lane
- Entering Traffic Lane
- Slowdown
- Parked
- Stopped in Traffic
- Overtaking/Passing Cyclist
- Wrong Way
- Traveling in Bike Lane

**BICYCLE DAMAGE**
- Use diagram above for values 1-12

**CONTRIBUTING CIRCUMSTANCES (Choose up to 2)**
- None
- Brakes
- Body
- Steering
- Power Train
- Suspension
- Tires
- Wheels
- Lights (head or tail)
- Mirrors
- Pothole/Cracked/Failing Pavement
- Debris in Roadway (Sand, Glass, etc.)

**EXTENT OF DAMAGE**
- No Visible Damage
- Minor Damage
- Functional Damage
- Disabling Damage

**EXTENT OF DAMAGE**
- No
- Top
- Cargo loss
- Unknown

**TRAFFIC CONTROL DEVICE**
- Level
- Two-Way, Not Divided
- Two-Way, Divided w/ a Continuous Left Turn Lane
- Three-Way, Divided, Unprotected Median
- One-Way Trafficway

**TRAFFICWAY DESCRIPTION**
- Two-Way
- Not Divided
- Two-Way, Not Divided w/ a Continuous Left Turn Lane

**TRAFFICWAY DESCRIPTION**
- Two-Way, Divided
- Median

**TRAFFICWAY DESCRIPTION**
- Two-Way, Divided
- Positive Median Barrier

**TRAFFICWAY DESCRIPTION**
- One-Way Trafficway

**TRAFFICWAY DESCRIPTION**
- Unknown

**POSTED/STATUTORY SPEED LIMIT**
- Level
- Two-Way, Not Divided

**POSTED/STATUTORY SPEED LIMIT**
- Two-Way, Divided w/ a Continuous Left Turn Lane

**POSTED/STATUTORY SPEED LIMIT**
- Three-Way, Divided, Unprotected Median

**POSTED/STATUTORY SPEED LIMIT**
- One-Way Trafficway

**POSTED/STATUTORY SPEED LIMIT**
- Unknown

**HIT AND RUN**
- Yes, person or Bicycle and Person Left Scene
- No, Did Not Leave Scene
Please complete this supplement form for witnesses to a crash. Each supplement 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 the witness ID numbers assigned on this supplement.

<table>
<thead>
<tr>
<th>WITNESS ID</th>
<th>INFORMATION</th>
</tr>
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<tbody>
<tr>
<td>NAME (Last, First, Middle, Suffix)</td>
<td>WITNESS STATEMENT TYPE (Choose all that apply)</td>
</tr>
<tr>
<td>STREET ADDRESS or P.O. BOX</td>
<td>01. No Statement Taken</td>
</tr>
<tr>
<td>CITY</td>
<td>02. Provided Written Statement</td>
</tr>
<tr>
<td>STATE</td>
<td>03. Willing to Provide a Written Statement</td>
</tr>
<tr>
<td>ZIP CODE</td>
<td>04. Oral Statement Only</td>
</tr>
<tr>
<td>DATE OF BIRTH (YYYYMMDD)</td>
<td>05. Statement Confirmed by other Witness</td>
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<tr>
<td>WITNESS STATEMENT SOURCE (Choose all that apply)</td>
<td>01. Observed Crash Occur</td>
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<td>02. Overheard Statements by Person Involved</td>
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