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

<table>
<thead>
<tr>
<th>Number of Motor Vehicles:</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Non-Motorists:</td>
<td>1</td>
</tr>
<tr>
<td>Crash Summary (Front)</td>
<td></td>
</tr>
</tbody>
</table>

**CRASH DATE, TIME, SEVERITY, AND LOCATION**

- **Date of Crash:** 01.20.14
- **Time:** 02:27
- **Town Name:** West Hartford
- **Town #:** 155
- **Crash Severity:** Fatal

- **Latitude:** 41.749194
- **Longitude:** -72.715271

**LOCATION OF FIRST HARMFUL EVENT**

- **Trafficway:** Prospect Ave.
- **Intersection:** at Caya Ave.

**CRASH FACTORS AND CONDITIONS**

**Trafficway Ownership:**
- 01. Public Road
- 02. Private Road
- 88. Not Applicable

**Trafficway Class:**
- 01. Trafficway, On Road
- 02. Trafficway, Not on Road
- 03. Non-Trafficway
- 04. Parking Lot

**Light Conditions:**
- 01. Daylight
- 02. Dawn
- 03. Dusk
- 04. Dark-Lighted
- 05. Dark-Not Lighted
- 06. Dark Unknown Lighting

**Weather Conditions:**
- 01. Clear
- 02. Cloudy
- 03. Fog, Smog, Smoke
- 04. Rain
- 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

**Type of Intersection:**
- 01. Non-Junction
- 02. Intersection
- 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
- 97. Other

**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)
- 97. Other

**Collision With Fixed Object:**

- 01. Overturn/Rollover
- 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
- 88. Not Applicable

**Collison With Fixed Object:**

- 01. Pedestrian
- 02. Bicycle
- 03. Animal (Non-Deer)
- 04. Motorcycle
- 05. Pedal cycle/Pedal-cyclist
- 06. Other Non-Motorist
- 12. Railway Vehicle
- 14. Parked Motor Vehicle
- 15. Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle
- 16. Other Non-Fixed Object

**Contributing Circumstances, Environmental (choose up to 3):**

- 00. None
- 01. Weather Conditions
- 02. Visual Obstruction(s)
- 03. glare
- 04. Animal(s) in Roadway
- 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
- 03. Backup Due to Regular Congestion
- 04. Toll Booth/Plaza Related
- 05. Road Surface Condition
- 06. Debris
- 07. Ruts, Holes, Bumps
- 08. Work Zone
- 88. Not Applicable
- 88. Not Applicable
- 88. Not Applicable
- 97. Other

**Work Zone Crash Information**

- **Type of Intersection:**
  - 01. Lane Closure
  - 02. Lane Shift / Crossover
  - 03. Road on Shoulder or Median
  - 04. Intermittent or Moving Work
  - 88. Not Applicable
  - 97. Other

- **Workers Present:**
  - 01. No
  - 02. Yes
  - 88. Not Applicable

- **Enforcement Present:**
  - 01. No
  - 02. Yes
  - 88. Not Applicable

**Date of Crash:** 20140227

**Number of Motor Vehicles:** 1

**Number of Non-Motorists:** 1

**Crash Severity:** Fatal

**Location of First Harmful Event:**

- **Trafficway:** Prospect Ave.
- **Intersection:** at Caya Ave.

**Contributing Circumstances, Environmental:**

- 01. Weather Conditions
- 88. Not Applicable
- 97. Other

**Contributing Circumstances, Road:**

- 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
- 06. Debris
- 07. Ruts, Holes, Bumps
- 08. Work Zone
- 88. Not Applicable
- 88. Not Applicable
- 88. Not Applicable
- 97. Other

**Type of Intersection:**

- 01. Lane Closure
- 02. Lane Shift / Crossover
- 03. Road on Shoulder or Median
- 04. Intermittent or Moving Work
- 88. Not Applicable
- 97. Other

**Workers Present:**

- 01. No
- 02. Yes
- 88. Not Applicable

**Enforcement Present:**

- 01. No
- 02. Yes
- 88. Not Applicable
Ofc. Max, Miracle, WHFD, AMR Ambulance, Paramedics and I were dispatched to a reported car vs bicyclist at Prospect Ave and Caya Ave. Prior to my arrival, WHFD was already on scene. I was directed to witness Valerie by WHFD personnel. Valerie relayed to me that she was stopped for the northbound red traffic control signal at Caya Ave on Prospect Ave. Valerie stated that she saw the bicyclist traveling southbound on Prospect Ave continue traveling southbound into the intersection in front of vehicle #1 as vehicle #1 was beginning to accelerate forward (east). Valerie stated that she remained stationary and waited for police arrival. Valerie stated that she was the second vehicle stopped at the red signal in the left travel lane and could clearly see the collision as it occurred.

Officer Max spoke to witness Tyrona, who was also stopped for the red traffic control signal directly in front of Valerie. Tyrona relayed that she saw a SUV waive the bicyclist further south through the intersection and in front of the unsuspecting vehicle #1, as vehicle #1 accelerated forward, colliding into the bicyclist. This SUV operator was not on scene prior to police arrival.

In speaking to operator#1, she relayed that he was in the middle lane on Caya Ave, stopped for the red signal. Upon the signal turning green, she slowly accelerated forward, where a bicyclist ‘came out of nowhere’ and struck the front license plate bracket of her vehicle, causing minor damage to the vehicle. Op#1 claimed no injury. Vehicle #1 was able to be driven away from the scene.

In speaking to bicyclist Wesley Elwes, he relayed that he was southbound on Prospect Avenue and was proceeding into the intersection of Caya Ave while the signal was yellow. Wesley relayed that as he passed in front of Caya Ave, he was...
CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV July 2014.01
Complete One Sheet Per Motor Vehicle

Case Number: 1400010113
DOT Identifier: For DOT use only

Motor Vehicle ID: 1
Number of occupants in Vehicle: 1 (including the driver)

MOTOR VEHICLE INFORMATION

VIN: V 5 6 4 8 9 7 2 3 1 6 9 3 8 2 5 1
Make: Ford
Model: Wagon
Year: 1 9 9 5
Color: brown
Direction of Travel: N, S, E, W
Vehicle was not in roadway
Total lanes in roadway: 3

For all numeric fields: 99 = ‘Unknown’

MOTOR VEHICLE CRASH INFORMATION

SEQUENCE OF EVENTS
(choose up to four, 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 Center Line
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. Pedal Cycle/Pedal-cyclist
19. Other Non-motorist
20. Railroad 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

Collison 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. Traffic Sign Support
43. Traffic Signal Support
44. Other Post, Pole, or Support
45. Fence
46. Mailbox
47. Other Fixed Object (wall, building, tunnel, etc.)
48. Light Support
49. Not Applicable

MOTOR VEHICLE ACTION
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

CONTRIBUTING CIRCUMSTANCES
MOTOR VEHCILE (choose up to 2)
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
14. Roof
15. Undercarriage
16. Cargo loss
17. Other

POSTED/STATUTORY SPEED LIMIT
(record the posted/statutory value as miles per hour)
01. Not Posted
10. 15, 20, 25, 30, 35, 40, 45
20. 50, 55, 60, 65, 70, 75, 80, 85
99. Not Applicable

MOTOR VEHICLE DAMAGE
10. 1
11. 2
12. 3
13. 4
14. 5
15. 6
16. 7
17. 8
18. 9
19. 10
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89. 80
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95. 86
96. 87
97. 88
98. 89
99. 90

Most Harmful Event

EXTENT OF DAMAGE
01. No Visible Damage
02. Minor Damage
03. Functional Damage
04. Disabling Damage

TRAFFICWAY DESCRIPTION
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. Railroad Crossing Device
10. Marked Uncontrolled Crosswalk
11. Pedestrian Button
12. Bicycle Detection
13. Other

TRAFFICWAY ALIGNMENT
01. Straight
02. Curve Left
03. Curve Right

TRAFFICWAY FUNCTIONAL?
01. No
02. Yes
03. Missing
88. Not Applicable

MOTOR VEHICLE INFORMATION

BODY TYPE
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. Motor Coach
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. Heavy Trucks (more than 15,000 lbs GVWR)
20. Other Non-Collision
21. Other Non-Collision Vehicle

MOTOR VEHICLE TYPE
01. Motor Vehicle in Operation
02. Parked Motor Vehicle
03. Working Vehicle/Equipment
04. Non-Collision Vehicle

TRAFFICWAY DESCRIPTION
01. Two-Way, Not Divided
02. Two-Way, Not Divided with 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
06. Not Applicable

ROADWAY GRADING
01. Level
02. Uphill
03. Hill Crest
04. Downhill
05. Sag (bottom)

ROADWAY ALIGNMENT
01. Straight
02. Curve Left
03. Curve Right

FIELD OF VIEW/PERCEPTION
01. Visible
02. Not Visible
03. Other

TRAFFICWAY FUNCTIONAL?
01. No
02. Yes
03. Missing
88. Not Applicable

POSTED/STATUTORY SPEED LIMIT
01. Not Posted
10. 15, 20, 25, 30, 35, 40, 45
20. 50, 55, 60, 65, 70, 75, 80, 85
99. Not Applicable

MOST HARMFUL EVENT
18

INSURANCE INFORMATION

INSURANCE COMPANY
Goldman’s
INSURANCE POLICY NUMBER
1987
INSURANCE EXPIRATION DATE (yyyyymmdd)
20150701
### MOTOR VEHICLE INFORMATION

**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
- 05. Charter/Tour
- 06. Shuttle
- 08. Not Applicable

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

### PROPERTY DAMAGED

**NATURE AND EXTENT OF DAMAGE TO PROPERTY 1**

- **N/A**

**NAME OF OWNER OF PROPERTY 1**

- **N/A**

**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**

**Form PR-1 REV July 2014.01**

**Motor Vehicle Driver Information**

**Name:** Wright, Robin, P

**Street Address:** 1 Happy Place

**City:** Newington

**State or Prov.:** CT

**Postal Code:** 06111

**Phone/Email:** null/null

### License Info

- **License Number:** 8844352977
- **State:** CT

### Driver Information

- **Date of Birth:** 19540304
- **Gender:** 02 Female
- **Driver License Jurisdiction:**
  - 01 Not Licensed
  - 02 State
  - 03 Tribal Nation
  - 04 U.S. Government
  - 05 Canadian Province
  - 06 Mexican State
  - 07 International License
  - 88 Not Applicable
- **Endorsements:**
  - 03 Tribal Nation
  - 04 U.S. Government
  - 05 Canadian Province
  - 88 Not Applicable
- **Commercial License:**
  - 00 None
  - 01 Class A
  - 02 Class B
  - 03 Class C
  - 04 Class D
  - 05 Class M
  - 88 Not Applicable

### Enforcement Actions Taken

- **Action by Officer:**
  - 00 None Taken
  - 01 Verbal Warning
  - 02 Written Warning
  - 03 Infraction
  - 04 Arrest/Summons

- **Violation Statutes:**

- **Transported to First Medical Facility by:**
  - 01 Not Transported
  - 02 EMS Air
  - 03 EMS Ground
  - 04 Law Enforcement
  - 97 Other

### Injury and EMS Information

- **Injury Status:**
  - K: Fatal Injury
  - A: Suspected Serious Injury
  - B: Suspected Minor Injury
  - C: Possible Injury
  - O: No Apparent Injury

- **EMS Company Name:**

- **EMS Run Number:**

- **Intended Receiving Facility:**
  - 01

### Alcohol/Drug Information

- **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
  - 88 Not Applicable

- **Type of Drug Test:**
  - 01 Blood
  - 02 Urine
  - 88 Not Applicable
### Connecticut Uniform Police Crash Report

**Form PR-1 REV July 2014.01**

**Non-Motorist Information**

Complete one sheet for each non-motorist involved in crash

---

**Road on which non-motorist was traveling/located:**

Prospect Ave.

**For all numeric fields: 99 = 'Unknown'**

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bicycle ID:</strong></td>
<td>2</td>
</tr>
<tr>
<td><strong>Person ID:</strong></td>
<td>2</td>
</tr>
<tr>
<td><strong>Striking Motor Vehicle ID:</strong></td>
<td>1</td>
</tr>
</tbody>
</table>

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**Non-Motorist Information**

- **Name:** Elwes, Wesley, D
- **Street Address:** 44 Fezzik Rd.
- **City:** Newington
- **State or Prov.:** CT
- **Postal Code:** 06111
- **Date of Birth:** 19600104
- **GENDER:** Male
- **Non-Motorist Location at Time of Crash:**
  - 01. Intersection - Marked Crosswalk
  - 02. Intersection - Unmarked Crosswalk
  - 03. Intersection - Other
  - 04. Mid Block - Marked Crosswalk
  - 05. Travel Lane - Other Location
  - 06. Bicycle Lane
  - 07. Shoulder/Roadside
  - 08. Sidewalk
  - 09. Median/Crossing Island
  - 10. Driveway Access
  - 11. Shared-Use Path or Trail
  - 12. Non-Trafficway Area
  - 13. Sharrow/Shared Lane Marking
  - 97. Other

---

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

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

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

00. None
01. No Improper Action
02. Dart/Dash
03. Failure to Yield Right-Of-Way
04. Failure to Obey Traffic Signs, Signals, or Officer
05. In Roadway Improperly (Standing, Lying, Working, Playing)
06. Disabled Vehicle Related (Working on, Pushing, Leaving/Approaching)
07. Entering/Exiting Parked/Standing Vehicle
08. Inattentive (talking, eating, etc.)
09. Not Visible (Dark Clothing, No Lighting, etc.)
10. Improper Turn/Merge
11. Improper Passing
12. Wrong-Way Riding or Walking
13. Use of Electronic Device

**Non-Motorist Distraction 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. Other Activity, Inside the Vehicle (eating, hygiene, etc.)
07. Other, Outside the Vehicle

**Non-Motorist Condition at Time of Crash:**

00. None
01. Apparently Normal
02. Physically Impaired
03. Emotional (depressed, angry, etc.)
04. Ill (sick)
05. Asleep or Fatigued
06. Under the Influence (Meds/Drugs/Alcohol)
07. Other

---

**Identification Info**

**Identification Number:** 1844325568

**Date of Birth:** 19600104

**Gender:** Male

**Drug/Alcohol Information**

- **Test Given:**
  - 01. Blood
  - 03. Urine
  - 02. Blood
  - 04. Urine

- **Test Refused:**
  - 01. Blood
  - 03. Urine

- **Test Not Given:**
  - 01. Blood
  - 03. Urine

**Type of Drug Test:**

00. None

**Type of Alcohol Test:**

00. None

---

**Injury and EMS Information**

**Injury Status:**

- A. Suspected Serious Injury
- B. Suspected Minor Injury
- C. Possible Injury
- D. No Apparent Injury

**Transported to First Medical Facility by:**

- 01. Not Transported
- 02. EMS Air
- 03. EMS Ground
- 04. Law Enforcement

**EMS Company Name:** AMR

**EMS Run Number:** 435529

**Type of Alcohol Test:**

01. Blood
02. Urine
88. Not Applicable

**Type of Drug Test:**

01. Blood
02. Urine
88. Not Applicable
struck by vehicle #1 in the area of his right leg. The collision caused Wesley to fall over. Wesley complained of neck discomfort. Wesley's breath smelled of alcoholic beverages and his speech was slurred, as if speaking with a 'thick tongue'. Wesley admitted to consuming alcoholic beverages, and stated "that too" when asked if alcohol had any role in the collision with him violating the traffic control signal. I issued Wesley an infraction ticket for 14-299 Failure to Obey Traffic Control Signal.

At Wesley's request, I seized his bicycle for safe keeping as he was taken to St. Francis Hospital for further medical treatment via ambulance.

Case Closed.
**BICYCLE INFORMATION**

- **Serial Number:** 99
- **Make:** unknown
- **Model:** Mountain Bike
- **Color:** black
- **Road on which bicycle was traveling:** Prospect Ave.

**BICYCLE CRASH INFORMATION**

- **SEQUENCE OF EVENTS**
  - 01. Overtур/rollover
  - 02. Fire / Explosion
  - 03. Immersion, Full or Partial
  - 04. Jackknife
  - 05. Cargo/Equipment Loss or Shift
  - 06. Equipment Failure
  - 07. Cargo/Equipment Loss or Shift
  - 08. Oversized Load
  - 09. Oversize Load
  - 10. Towed Vehicle
  - 11. Slowing
  - 12. Parked
  - 13. Stopped in Traffic
  - 14. Overtaking/Passing Cyclist
  - 15. Wrong Way
  - 16. Traveling in Bike Lane
  - 17. All Areas

- **COLLISION WITH PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT**
  - 01. Two-Way, Not Divided
  - 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

- **TRAFFICWAY DESCRIPTION**
  - 01. Level
  - 02. Uphill
  - 03. Hill Crest
  - 04. Downhill
  - 05. Sag (bottom)

- **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
  - 11. Pedestrian Button
  - 12. Bicycle Detection

- **BICYCLE DAMAGE**
  - **Initial Contact Point:** 99
  - **Damaged Areas:** 00
  - **Extent of Damage:** 02
  - **POSTED/STATUTORY SPEED LIMIT:** 99

- **EXTENT OF DAMAGE**
  - 01. No Visible Damage
  - 02. Minor Damage
  - 03. Functional Damage
  - 04. Disabling Damage
  - 05. Non-Collision Bicycle

- **BICYCLE UNIT TYPE**
  - 01. Bicycle in Operation
  - 02. Parked
  - 03. Work Bicycle
  - 04. Non-Collision Bicycle

- **ROADWAY GRADE**
  - 01. Level
  - 02. Uphill
  - 03. Hill Crest
  - 04. Downhill
  - 05. Sag (bottom)

- **ROADWAY ALIGNMENT**
  - 01. Straight
  - 02. Curve Left
  - 03. Curve Right

- **TRAFFIC CONTROL DEVICE FUNCTIONAL?**
  - 01. No
  - 02. Yes
  - 03. Missing
  - 04. Non-Collision

- **CONTRIBUTING CIRCUMSTANCES**
  - 00. None
  - 01. Brakes
  - 02. Steering
  - 03. Backing
  - 04. Turning Right
  - 05. Turning Left
  - 06. Reversing
  - 07. Slowing
  - 08. Wheels
  - 09. Lights (head, signal, tail)
  - 10. Mirrors
  - 11. Pothole/Spotted/Pavement
  - 12. Debris in Roadway
  - 13. Snow/Ice

- **BICYCLE ACTION**
  - 01. Bicycle in Operation
  - 02. Parked
  - 03. Work Bicycle
  - 04. Non-Collision Bicycle

- **BICYCLE DAMAGE**
  - **Initial Contact Point:** 99
  - **Damaged Areas:** 00
  - **Extent of Damage:** 02
  - **POSTED/STATUTORY SPEED LIMIT:** 99

- **EXTENT OF DAMAGE**
  - 01. No Visible Damage
  - 02. Minor Damage
  - 03. Functional Damage
  - 04. Disabling Damage
  - 05. Non-Collision Bicycle

- **BICYCLE UNIT TYPE**
  - 01. Bicycle in Operation
  - 02. Parked
  - 03. Work Bicycle
  - 04. Non-Collision Bicycle

- **ROADWAY GRADE**
  - 01. Level
  - 02. Uphill
  - 03. Hill Crest
  - 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
  - 11. Pedestrian Button
  - 12. Bicycle Detection

- **TRAFFIC CONTROL DEVICE FUNCTIONAL?**
  - 01. No
  - 02. Yes
  - 03. Missing
  - 04. Non-Collision
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 3**

<table>
<thead>
<tr>
<th>NAME:</th>
<th>Valerie Miracle</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS:</td>
<td>14 Happy Place</td>
</tr>
<tr>
<td>CITY:</td>
<td>Newington</td>
</tr>
<tr>
<td>STATE or PROV:</td>
<td>CT</td>
</tr>
<tr>
<td>POSTAL CODE:</td>
<td>06111</td>
</tr>
</tbody>
</table>

**DATE OF BIRTH (YYYYMMDD):**

- [ ]
- [ ]
- [ ]
- [ ]
- [ ]
- [ ]
- [ ]
- [ ]

- [X] Date of Birth is unknown

**WITNESS STATEMENT SOURCE**

- [ ] 01. Observed Crash Occur
- [ ] 02. Overheard Statements by Person Involved
- [ ] 03. Observed illegal activities by persons involved in the crash prior to police arrival
- [ ] 04. Observed other illegal behavior by a vehicle involved in the crash or resulting in the crash occurring
- [ ] 88. Not Applicable

**WITNESS STATEMENT TYPE**

- [ ] 01. No Statement Taken
- [ ] 02. Provided Written Statement
- [ ] 03. Willing to Provide a Written Statement
- [ ] 04. Oral Statement Only
- [ ] 05. Statement Confirmed by other Witness

**WITNESS OBSERVATION VERIFICATION**

- [ ] 01. Sight Lines Verified By Reporting Officer
- [ ] 02. Sight Lines Verified By Other Officer
- [ ] 03. Sight Lines Confirmed by Other Witness
- [ ] 04. Verification Not Possible
- [ ] 05. Verification Not Undertaken

**PERSON ID 4**

<table>
<thead>
<tr>
<th>NAME:</th>
<th>Tyrona Penn</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS:</td>
<td>55 Andre Way</td>
</tr>
<tr>
<td>CITY:</td>
<td>Newington</td>
</tr>
<tr>
<td>STATE or PROV:</td>
<td>CT</td>
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<tr>
<td>POSTAL CODE:</td>
<td>06111</td>
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</table>

**DATE OF BIRTH (YYYYMMDD):**

- [ ]
- [ ]
- [ ]
- [ ]
- [ ]
- [ ]
- [ ]
- [ ]

- [ ] Date of Birth is unknown

**WITNESS STATEMENT SOURCE**

- [ ] 01. Observed Crash Occur
- [ ] 02. Overheard Statements by Person Involved
- [ ] 03. Observed illegal activities by persons involved in the crash prior to police arrival
- [ ] 04. Observed other illegal behavior by a vehicle involved in the crash or resulting in the crash occurring
- [ ] 88. Not Applicable

**WITNESS STATEMENT TYPE**

- [ ] 01. No Statement Taken
- [ ] 02. Provided Written Statement
- [ ] 03. Willing to Provide a Written Statement
- [ ] 04. Oral Statement Only
- [ ] 05. Statement Confirmed by other Witness

**WITNESS OBSERVATION VERIFICATION**

- [ ] 01. Sight Lines Verified By Reporting Officer
- [ ] 02. Sight Lines Verified By Other Officer
- [ ] 03. Sight Lines Confirmed by Other Witness
- [ ] 04. Verification Not Possible
- [ ] 05. Verification Not Undertaken

**PERSON ID 88**

<table>
<thead>
<tr>
<th>NAME:</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS:</td>
<td></td>
</tr>
<tr>
<td>CITY:</td>
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<td>STATE or PROV:</td>
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- [ ]
- [ ]
- [ ]

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**WITNESS STATEMENT SOURCE**

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- [ ] 03. Willing to Provide a Written Statement
- [ ] 04. Oral Statement Only
- [ ] 05. Statement Confirmed by other Witness

**WITNESS OBSERVATION VERIFICATION**

- [ ] 01. Sight Lines Verified By Reporting Officer
- [ ] 02. Sight Lines Verified By Other Officer
- [ ] 03. Sight Lines Confirmed by Other Witness
- [ ] 04. Verification Not Possible
- [ ] 05. Verification Not Undertaken