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

- **Date of Crash:** 20140702
- **Time:** 2247
- **Town Name:** Hartford
- **Town #:** 64
- **Crash Severity:** Fatal

**LOCATION**

- **Location of Crash:** Garden St. at Edgewood
- **Latitude:** 41.787099
- **Longitude:** -72.682394

**CRASH FACTORS AND CONDITIONS**

- **First Harmful Event Location:**
  - On Roadway
  - Roadside
  - Highway Grade Crossing
  - Through Roadway
  - Acceleration / Deceleration Lane
  - On A Bridge
  - HOV Lane
  - Service or Rest Area
  - Weigh Station
  - Other Location Not Listed Above
  - Within an Interchange Area
  - Thrown or Falling Object

- **First Harmful Event Type:**
  - Overtaking
  - Fire / Explosion
  - Immersion, Full or Partial
  - Jackknife
  - Cargo / Equipment Loss or Shift
  - Thrown or Falling Object

- **Manner of Impact:**
  - Front to Rear
  - Rear to Side
  - Sideswipe, Opposite Direction

**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. Activity Area
- 03. Transition Area
- 04. Shoulder

**Light Conditions**

- 01. Daylight
- 02. Dawn
- 03. Dusk
- 04. Dark-Lighted
- 05. Dark-Not Lited
- 06. Dark Unknown Lighting
- 97. Other

**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

**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
- 97. Other

**School Bus Related**

- 01. No
- 02. Yes

**Work Zone Crash Information**

- 01. No
- 02. Yes

**Workers Present**

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

**Enforcement Present**

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

ACCIDENT DIAGRAM
"APPROXIMATE"

A.O.1 Approximately 4 feet south of the south extended curb line of Edgewood Street. Approximately 6 feet west of the east curb line of Garden Street.

Vehicles were moved prior to police arrival

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

Not distracted

The roadway is a 2 lane undivided roadway, clear of debris, dry, no adverse weather conditions, and artificially lit.
The operator of traffic unit 1 (scooter) reported that he was traveling northbound on Garden Street while traffic unit 2 (bicycle) operator was also traveling northbound on Garden Street on the right shoulder of the road. Neither operator was wearing a helmet. He said as he was passing the bicycle, the bicyclist turned sharply into his lane of travel causing the sideswipe collision. Traffic unit 1 operator was not injured and refused medical attention. The scooter sustained damage to the left side plastic fender.

Traffic unit 2 operator (bicyclist) appeared to be highly intoxicated and had a strong odor of alcoholic beverage on his breath.

He was slurring his words and was unable to give the undersigned his accounts of the accident. He sustained abrasions to his forehead and claimed pain to his right ankle. AMR 919 responded to the scene and transported him to St. Francis Hospital.

The bicycle sustained a bent front wheel. The undersigned observed that the bicycle does not have the required light affixed to it which is required when operating at night.

There was a citizen witness who stated the bicyclist was the one who turned from the right shoulder of the road onto the scooter’s path of travel. This citizen stated he did not want to get involved any further.

Traffic unit 2 (bicycle) operator was found in violation of Connecticut General Statute 14-288, no light on bicycle and 14-286b(a) failure to ride bicycle nearest to the right. He was issued traffic ticket #R342378-2 for these violations.

Nothing Further.

Related Incident Number
CTDOT-02

Case Status
O - Open
C - Closed

Date & Time:

2 0 1 4 0 7 2 3 1 4 2 3

Officer Signature: George Washington

Date & Time:

2 0 1 4 0 7 2 4 1 4 2 3

Supervisor: Joe Johnson

This report is a revision to a previously submitted report.
CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV July 2014.01
Complete One Sheet Per Motor Vehicle

Motor Vehicle ID: 1

Number of occupants in Vehicle: 1

MOTOR VEHICLE INFORMATION

VIN: V 4 3 5 2 6 9 7 8 1 2 3 4 5 6 7 8
Make: Meifian
Model: MTSOQT-13
Color: white
Year: 2007

Road on which vehicle was traveling: Garden St.
N, S, E, W
Vehicle was not in roadway: Unknown direction

For all numeric fields: 99 = 'Unknown'

MOTOR VEHICLE CRASH INFORMATION

SEQUENCE OF EVENTS
(choose up to four, in chronological order)
Non-Collision
01. Overturn/Rollover
02. Fire / Explosion
03. Immersion, Full or Partial
04. Jackknife
05. Cargo/Equipment Loss or Shift
06. Equipment Failure
07. Separation of Units
08. Ran Off Roadway Right
09. Ran Off Roadway Left
10. Cross Median
11. Cross Center Line
12. Moped
13. Low Speed Vehicle
14. Golf Cart
15. All Terrain Vehicle (ATV)
16. Snowmobile
17. Other Light Trucks
18. Pedal Cycle/Pedal-cyclist
19. Other Non-motorist
20. Railway Vehicle
21. Animal
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 Person, Motor Vehicle, or Non-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. Other

 CONTRIBUTING CIRCUMSTANCES

MOTOR VEHICLE (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. Overheating
15. Undercarriage
16. Cargo loss
17. Emergency Brake
18. Fire Extinguisher
19. Missing
20. Not Visible
21. Roadway
22. Weather Condition
23. Other

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

MOTOR VEHICLE CRASH INFORMATION

EXPOSED STATUTORY SPEED LIMIT
(record the posted/statutory value as miles per hour)
01. Not Posted
02. 10, 15, 20, 25, 30, 35, 40, 45
03. 50, 55, 60, 65, 70, 75, 80, 85
04. Not Applicable

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

TRAFFICWAY DESCRIPTION
01. Two-Way, Not Divided
02. Two-Way, Not Divided w/ Painted >4 Feet
03. Two-Way, Divided, Unprotected
04. Two-Way, Divided, Positive Median Barrier
05. One-Way Trafficway
06. Not Applicable

TRAFFICWAY DESCRIPTION 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
13. Other

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

INSURANCE INFORMATION

INSURANCE COMPANY
None

INSURANCE POLICY NUMBER

INSURANCE EXPIRATION DATE (yyyyymmdd)

Case Number: 12-22764
DOT Identifier: For DOT use only

The page contains a police crash report form with detailed information about a motor vehicle accident. The form includes sections for vehicle information, crash details, and insurance policy. The report includes fields for VIN, make, model, year, and various details about the road, vehicle, and the accident sequence. The insurance company information is also present. No specific details about the accident are mentioned in the text extracted.
### MOTOR VEHICLE OWNERSHIP INFORMATION

<table>
<thead>
<tr>
<th>Vehicle Owner Name (Last, First, Middle, Suffix)</th>
<th>Information same as driver</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address or Post Office Box</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State/Prov</th>
<th>Country</th>
<th>Postal Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>United States</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Email Address (optional)</th>
<th>Phone (optional)</th>
</tr>
</thead>
</table>

### 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

#### 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**

**Road on which non-motorist was traveling/located:**
- Name: Doe, Jose, J
- Street Address: 24 Happy Place
- City: Newington
- State or Prov: CT
- Postal Code: 06111

**NON-MOTORIST INFORMATION**

**Gender:** Male
**Date of Birth:** 01
**Date of Birth is unknown:** N

**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

**Non-Motorist Distracted By**
- 01. Not Distracted
- 02. Manually Operating an Electronic Communication Device
- 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

**GOING TO / FROM SCHOOL**
- 01. No
- 02. Yes

**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

**Intended Receiving Facility**
- St. Francis Hospital

**Enforcement Actions Taken**

**Violation Statutes**
- 14-286b(a) 14-288

**Drug/Alcohol 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 Drug Test**
- 01. Blood
- 02. Urine
- 88. Not Applicable

**Type of Alcohol Test**
- 01. Breath
- 02. Urine
- 88. Not Applicable

**Injury and EMS Information**

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

**Intended Receiving Facility**
- St. Francis Hospital

**Enforcement Actions Taken**

**Violation Statutes**
- 14-286b(a) 14-288
NARRATIVE CONTINUED (i)
CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV July 2014.01
Case Number: 12-2764
DOT Identifier: For DOT use only

BICYCLE INFORMATION

Serial Number: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Make: Mongoose
Model: unknown
Color: Blue
Year: [ ]
Road on which bicycle was traveling: Garden St.

BICYCLE CRASH INFORMATION

SEQUENCE OF EVENTS (choose up to four, in chronological order)
Non-Collision
01. Overtake/Rollover
02. Fire / Explosion
03. Immersion, Full or Partial
04. Jackknife
05. Cargo/Equipment Loss or Shift
06. Equipment Failure

Collision With Person, Motor Vehicle, or Non-Fixed Object
17. Pedestrian
18. Pedal Cycle/Pedal-cyclist
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. Traffic Signal Support
45. Other Post, Pole, or Support
46. Mailbox
47. Other Fixed Object (wall, building, tunnel, etc.)
48. Not Applicable

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

TRAFFICWAY DESCRIPTION
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
88. Not Applicable

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
97. Other

Damage Areas
00. None
12. Top
14. Surfacing
16. Cargo loss
17. All Areas
88. Not Applicable
99. Unknown

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

POSTED/STATUTORY SPEED LIMIT
01. Not Posted
02. 20 mph
03. 30 mph
04. 40 mph
05. 50 mph
06. 60 mph
07. 70 mph
08. 75 mph
09. 80 mph
88. Not Applicable
99. Unknown

CONTRIBUTING CIRCUMSTANCES (choose up to 2)
00. None
01. Brakes
02. Body
03. Steering
04. Suspension
05. Tires
06. Wheels
07. Mirrors
08. Lights (head, signal, tail)
09. Pothole
10. Driveway
11. Roadway
12. Other
13. Roadside
14. Side of Road
15. Building
16. Other Structures
17. Parking Lot
18. Roadway
19. Roadside
20. Other Structures
21. High Speed
22. Low Speed
23. Other Speed
24. Unknown

BICYCLE INFORMATION

Serial Number: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Make: Mongoose
Model: unknown
Color: Blue
Year: [ ]
Road on which bicycle was traveling: Garden St.

BICYCLE CRASH INFORMATION

SEQUENCE OF EVENTS (choose up to four, in chronological order)
Non-Collision
01. Overtake/Rollover
02. Fire / Explosion
03. Immersion, Full or Partial
04. Jackknife
05. Cargo/Equipment Loss or Shift
06. Equipment Failure

Collision With Person, Motor Vehicle, or Non-Fixed Object
17. Pedestrian
18. Pedal Cycle/Pedal-cyclist
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. Traffic Signal Support
45. Other Post, Pole, or Support
46. Mailbox
47. Other Fixed Object (wall, building, tunnel, etc.)
48. Not Applicable

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

TRAFFICWAY DESCRIPTION
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
88. Not Applicable

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
97. Other

Damage Areas
00. None
12. Top
14. Surfacing
16. Cargo loss
17. All Areas
88. Not Applicable
99. Unknown

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

POSTED/STATUTORY SPEED LIMIT
01. Not Posted
02. 20 mph
03. 30 mph
04. 40 mph
05. 50 mph
06. 60 mph
07. 70 mph
08. 75 mph
09. 80 mph
88. Not Applicable
99. Unknown

CONTRIBUTING CIRCUMSTANCES (choose up to 2)
00. None
01. Brakes
02. Body
03. Steering
04. Suspension
05. Tires
06. Wheels
07. Mirrors
08. Lights (head, signal, tail)
09. Pothole
10. Driveway
11. Roadway
12. Other
13. Roadside
14. Side of Road
15. Building
16. Other Structures
17. Parking Lot
18. Roadway
19. Roadside
20. Other Structures
21. High Speed
22. Low Speed
23. Other Speed
24. Unknown

BICYCLE INFORMATION

Serial Number: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Make: Mongoose
Model: unknown
Color: Blue
Year: [ ]
Road on which bicycle was traveling: Garden St.
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

**NAME:**
unknown

**ADDRESS:**
unknown

**CITY:**
unknown  
**STATE or PROV:**  
**POSTAL CODE:**

**DATE OF BIRTH (YYYYMMDD):**

**Date of Birth is unknown**

**WITNESS STATEMENT SOURCE**
(choose all that apply; max 4)
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**
(choose all that apply; max 2)
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**
(choose all that apply; max 3)
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**

**ADDRESS:**  
**CITY:**  
**STATE or PROV:**  
**POSTAL CODE:**

**DATE OF BIRTH (YYYYMMDD):**

**Date of Birth is unknown**

**WITNESS STATEMENT SOURCE**
(choose all that apply; max 4)
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**
(choose all that apply; max 2)
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**
(choose all that apply; max 3)
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

**NAME:**
Not Applicable

**ADDRESS:**  
**CITY:**  
**STATE or PROV:**  
**POSTAL CODE:**

**DATE OF BIRTH (YYYYMMDD):**

**Date of Birth is unknown**

**WITNESS STATEMENT SOURCE**
(choose all that apply; max 4)
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**
(choose all that apply; max 2)
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**
(choose all that apply; max 3)
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

**NAME:**
Not Applicable

**ADDRESS:**  
**CITY:**  
**STATE or PROV:**  
**POSTAL CODE:**

**DATE OF BIRTH (YYYYMMDD):**

**Date of Birth is unknown**

**WITNESS STATEMENT SOURCE**
(choose all that apply; max 4)
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**
(choose all that apply; max 2)
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**
(choose all that apply; max 3)
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