### CONNECTICUT UNIFORM POLICE CRASH REPORT

**Form PR-1 REV July 2014.01**

**Number of Motor Vehicles:** 2

**Number of Non-Motorists:** 0

**Location:** Norwich, Town # 104

**Date of Crash:** 20141128

**Time:** 13:11

**Weather Conditions:** Daylight

**Trafficway Ownership:** 01. Public Road

**Trafficway Class:** 01. Trafficway, On Road

**Light Conditions:** 01. Daylight

**Location of First Harmful Event:** 01. On Roadway

**First Harmful Event:** 01. Overturn/Rollover

**Manner of Impact:** 02. Front to Front

**Contributing Circumstances, Environmental:** 00. None

**Contributing Circumstances, Road:** 00. None

**Roadway Surface Conditions:** 01. Dry

**Type of Intersection:** 01. Four-Way Intersection

**School Bus Related:** 01. No

**Workers Present:** 01. No

**Enforcement Present:** 01. No

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#### CRASH FACTORS AND CONDITIONS

<table>
<thead>
<tr>
<th>CRASH-SPECIFIC LOCATION</th>
<th>FIRST HARMFUL EVENT</th>
<th>MANNER OF IMPACT</th>
<th>CONTRIBUTING CIRCUMSTANCES, ENVIRONMENTAL</th>
<th>CONTRIBUTING CIRCUMSTANCES, ROAD</th>
</tr>
</thead>
<tbody>
<tr>
<td>01. Non-Junction</td>
<td>01. Overturn/Rollover</td>
<td>02. Front to Front</td>
<td>00. None</td>
<td>00. None</td>
</tr>
<tr>
<td>02. Intersection</td>
<td>02. Fire / Explosion</td>
<td>02. Backup Due to Prior Crash</td>
<td>02. None</td>
<td>02. None</td>
</tr>
<tr>
<td>03. Intersection-Related</td>
<td>03. Immersion, Full or Partial</td>
<td>02. Non-recurring Incident</td>
<td>03. Backup Due to Regular Congestion</td>
<td>03. Backup Due to Regular Congestion</td>
</tr>
<tr>
<td>05. Entrance / Exit Ramp-Related</td>
<td>05. Cargo/Equipment Loss or Shift</td>
<td>05. Road Surface Condition</td>
<td>05. Road Surface Condition</td>
<td>05. Road Surface Condition</td>
</tr>
<tr>
<td>06. Railway Grade Crossing</td>
<td>06. Deer</td>
<td>06. Debris</td>
<td>06. Debris</td>
<td>06. Debris</td>
</tr>
<tr>
<td>08. Highway Access</td>
<td>08. Motor Vehicle in Operation</td>
<td>08. Work Zone</td>
<td>08. Work Zone</td>
<td>08. Work Zone</td>
</tr>
<tr>
<td>16. Weigh Station</td>
<td>16. Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle</td>
<td>16. Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle</td>
<td>16. Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle</td>
<td>16. Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle</td>
</tr>
<tr>
<td>17. Other Location Listed Above</td>
<td>17. Work Zone/Maintenance Equipment</td>
<td>17. Work Zone/Maintenance Equipment</td>
<td>17. Work Zone/Maintenance Equipment</td>
<td>17. Work Zone/Maintenance Equipment</td>
</tr>
<tr>
<td>18. Within an Interchange Area</td>
<td>18. Other Non-Fixed Object</td>
<td>18. Other Non-Fixed Object</td>
<td>18. Other Non-Fixed Object</td>
<td>18. Other Non-Fixed Object</td>
</tr>
<tr>
<td>32. Tree (standing)</td>
<td>32. Tree (standing)</td>
<td>32. Tree (standing)</td>
<td>32. Tree (standing)</td>
<td>32. Tree (standing)</td>
</tr>
<tr>
<td>38. Other Post, Pole or Support</td>
<td>38. Other Fixed Object</td>
<td>38. Other Fixed Object</td>
<td>38. Other Fixed Object</td>
<td>38. Other Fixed Object</td>
</tr>
<tr>
<td>39. Other Fixed Object (wall, building, tunnel, etc.)</td>
<td>39. Other Fixed Object (wall, building, tunnel, etc.)</td>
<td>39. Other Fixed Object (wall, building, tunnel, etc.)</td>
<td>39. Other Fixed Object (wall, building, tunnel, etc.)</td>
<td>39. Other Fixed Object (wall, building, tunnel, etc.)</td>
</tr>
</tbody>
</table>
Vehicle 1 was traveling west on East Main St., vehicle 2 was traveling east on East Main St. East Main St. is a 2 lane public roadway divided by a double yellow line. The roadway was dry, daylight, and there were no adverse weather conditions. Operator 2 stated vehicle 1 crossed the double yellow line and was traveling west in the eastbound lane. Operator 2 stated he attempted to avoid vehicle 1 by turning to the left and driving around the passenger side of vehicle 1, but was struck head on. Vehicle 1 and 2 had valid registration and insurance. Both operators had valid CT operator licenses. Vehicle one had airbag deployment. Restraint use unknown in vehicle. Witness 1 and Witness 2 stated they observed vehicle 1 driving erratically on East Main St. near Hamilton Ave. before they lost sight of him after the traffic signal. Operator 1 appeared concussed and was transported to Backus Hospital. Operator 2 stated he wanted to go to the hospital and was transported to Backus Hospital. Owner of vehicle 1 was on scene and removed all valuables from the car before it was towed. Both vehicles towed due to damage.
CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV July 2014.01
Complete One Sheet Per Motor Vehicle

Motor Vehicle Information (Front)

VIN: 7 8 9 1 2 3 4 1 0 3 5 7 8 9
Make: Chevrolet
Model: Impala
Year: 2012
Number of occupants in Vehicle: 1 (including the driver)
Road on which vehicle was traveling: East Main St.

MOTOR VEHICLE INFORMATION

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. 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. Animal (live)
19. Other Non-motorist
20. Train (including the driver)
21. Other Non-Collision

Motor Vehicle Information (Front)

Motor Vehicle ID: 1
DOT Identifier: 12-1358

MOTOR VEHICLE INFORMATION

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 w/ a Continuous Left Turn Lane
03. Two-Way, Divided, Unprotected
04. Two-Way, Divided, Positive Median Barrier
05. One-Way Trafficway
06. Not Applicable

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

TRAFFICWAY DESCRIPTION
01. 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

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

TRAFFIC CONTROL DEVICE FUNCTIONAL?
01. No
02. Yes
03. Missing
88. Not Applicable

Initial Contact Point
13. Non-Collision
14. Top
15. Undercarriage
16. Cargo loss

Damaged Areas
00. None
14. Top
15. Undercarriage
17. All Areas
88. Not Applicable

EXTENT OF DAMAGE
01. Towed Due to Damaging Damage
02. Towed, But Not Due to Disabling Damage
03. Not Towed

MOTOR VEHICLE DAMAGE

12. Most Harmful Event
22. 1st
88. 3rd
88. 4th
88. 2nd

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

MOTOR VEHICLE INFORMATION

CONTRIBUTING CIRCUMSTANCES

01. Struck By Falling, Shifting Cargo or Anything Set In Motion By Motor Vehicle
02. Overtaking/Passing Motor Vehicle
03. Rear-End Collisions
04. Changing Lanes
05. Traffic Control Signal
06. Turning
07. Slowing
08. Entering Traffic Lane
09. Leaving Traffic Lane
10. Exiting Traffic Lane
11. Slowing
12. Parked
13. Stopped in Traffic
14. Overtaking/Passing Cyclist
15. Stopped due to Disabling Damage
16. Vehicle Was Not In Roadway

MOTOR VEHICLE 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)

32. 0 1 2 3 4 5 6 7 8 9 0 3 5 7 8 9

MOTOR VEHICLE INFORMATION

CONTRIBUTING CIRCUMSTANCES

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
88. Not Applicable
97. Other

MOTOR VEHICLE INFORMATION

CONTRIBUTING CIRCUMSTANCES

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

MOTOR VEHICLE INFORMATION

CONTRIBUTING CIRCUMSTANCES

01. Towed due to Damaging Damage
02. Towed, But Not Due to Disabling Damage
03. Not Towed

MOTOR VEHICLE INFORMATION

CONTRIBUTING CIRCUMSTANCES

Use diagram above for values 1-12
See user guide for other vehicle diagrams.

MOTOR VEHICLE INFORMATION

CONTRIBUTING CIRCUMSTANCES

INSURANCE INFORMATION

INSURANCE COMPANY: Happy Cat's
INSURANCE POLICY NUMBER: 433443
INSURANCE EXPIRATION DATE: (yyyyymmdd) 20150615
## 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
- 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**

### MOTOR VEHICLE INFORMATION (Front)

**Motor Vehicle ID:** 2

**Number of occupants in Vehicle:** [1, 1] (including the driver)

### MOTOR VEHICLE INFORMATION (ii)

**VIN:** V36147589743

**Make:** Chevrolet

**Model:** Silverado

**Year:** 2002

**Color:** Red

**Road on which vehicle was traveling:** East Main St

**Direction of Travel:** E

**Vehicle was not in roadway:** Yes

### SEQUENCE OF EVENTS

**Non-Collision**

01. Overtum/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. 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. 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

### 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

88. Not Applicable

97. 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

97. 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

50. 55, 60, 65, 70, 75, 80, 85

88. Not Applicable

99. Other

### EXTENT OF DAMAGE

**Damaged Areas**

(choose up to 3)

00. None

14. Top

15. Undercarriage

16. Cargo loss

88. Not Applicable

**Most Harmful Event**

22. Towed To

Austin's Garage

**TOWED TO**

### MOTOR VEHICLE INFORMATION (iii)

**Make:** Chevrolet

**Model:** Silverado

**Year:** 2002

**Color:** Red

**VIN:** V36147589743

**Body Type:** 05. Passenger Van

**Exterior Color:** Red

**Insurance Company:** Happy Cat's

**Insurance Policy Number:** 433443

**Insurance Expiration Date:** (yyyymmdd)

20150615
### MOTOR VEHICLE OWNERSHIP INFORMATION

Vehicle Owner Name (Last, First, Middle, Suffix)  
Information same as driver

Street Address or Post Office Box

<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>

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.

<table>
<thead>
<tr>
<th>NATURE AND EXTENT OF DAMAGE TO PROPERTY 1</th>
<th>NAME OF OWNER OF PROPERTY 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NATURE AND EXTENT OF DAMAGE TO PROPERTY 2</th>
<th>NAME OF OWNER OF PROPERTY 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NATURE AND EXTENT OF DAMAGE TO PROPERTY 3</th>
<th>NAME OF OWNER OF PROPERTY 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Connecticut Uniform Police Crash Report**

**Form PR-1 REV July 2014.01**

**Motor Vehicle Driver Information**

**License Info**

<table>
<thead>
<tr>
<th>License Number</th>
<th>884526778</th>
</tr>
</thead>
<tbody>
<tr>
<td>State</td>
<td>CT</td>
</tr>
</tbody>
</table>

**License Class**

<table>
<thead>
<tr>
<th>01</th>
<th>Not Licensed</th>
</tr>
</thead>
<tbody>
<tr>
<td>02</td>
<td>Class A</td>
</tr>
<tr>
<td>03</td>
<td>Class B</td>
</tr>
<tr>
<td>04</td>
<td>Class C</td>
</tr>
<tr>
<td>05</td>
<td>Class D</td>
</tr>
<tr>
<td>06</td>
<td>Class E</td>
</tr>
<tr>
<td>07</td>
<td>Class F</td>
</tr>
<tr>
<td>08</td>
<td>Class G</td>
</tr>
</tbody>
</table>

**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/Trailer Trains
- V - Student Transportation
- X - Combination of Tank Vehicle and Hazardous Materials

**Seating Position First Digit**

<table>
<thead>
<tr>
<th>01</th>
<th>Front Row</th>
</tr>
</thead>
</table>

**Second Digit**

<table>
<thead>
<tr>
<th>11</th>
<th>Right Seat</th>
</tr>
</thead>
<tbody>
<tr>
<td>99</td>
<td>Other Seat</td>
</tr>
</tbody>
</table>

**Jury Jurisdiction**

<table>
<thead>
<tr>
<th>01</th>
<th>Not Licensed</th>
</tr>
</thead>
<tbody>
<tr>
<td>02</td>
<td>State</td>
</tr>
<tr>
<td>03</td>
<td>Tribal Nation</td>
</tr>
<tr>
<td>04</td>
<td>U.S. Government</td>
</tr>
<tr>
<td>05</td>
<td>Canadian Province</td>
</tr>
<tr>
<td>06</td>
<td>Mexican State</td>
</tr>
<tr>
<td>07</td>
<td>International License (other than Mexico and Canada)</td>
</tr>
<tr>
<td>08</td>
<td>Valid License (other country)</td>
</tr>
<tr>
<td>88</td>
<td>Not Applicable</td>
</tr>
</tbody>
</table>

**Commercial License**

<table>
<thead>
<tr>
<th>01</th>
<th>No</th>
</tr>
</thead>
</table>

**Date of Birth**

**Gender**

<table>
<thead>
<tr>
<th>01</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>02</td>
<td>Female</td>
</tr>
<tr>
<td>99</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

**Ejection**

<table>
<thead>
<tr>
<th>01</th>
<th>Not Ejected</th>
</tr>
</thead>
<tbody>
<tr>
<td>02</td>
<td>Ejected, Partially</td>
</tr>
<tr>
<td>03</td>
<td>Ejected, Totally</td>
</tr>
<tr>
<td>88</td>
<td>Not Applicable</td>
</tr>
</tbody>
</table>

**Restraint System**

<table>
<thead>
<tr>
<th>00</th>
<th>None Used-Motor Vehicle Occupant</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Shoulder and Lap Belt Used</td>
</tr>
<tr>
<td>02</td>
<td>Shoulder Belt Only Used</td>
</tr>
<tr>
<td>03</td>
<td>Lap Belt Only Used</td>
</tr>
<tr>
<td>04</td>
<td>Restraint Used Type Unknown</td>
</tr>
<tr>
<td>88</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>97</td>
<td>Other</td>
</tr>
</tbody>
</table>

**Helmet Use**

<table>
<thead>
<tr>
<th>01</th>
<th>No Helmet</th>
</tr>
</thead>
<tbody>
<tr>
<td>02</td>
<td>DOT-Compliant Motorcycle Helmet</td>
</tr>
<tr>
<td>03</td>
<td>Helmet, Other Than DOT-Compliant Motorcycle Helmet</td>
</tr>
<tr>
<td>04</td>
<td>Helmet, Unknown If DOT-Compliant</td>
</tr>
<tr>
<td>88</td>
<td>Not Applicable</td>
</tr>
</tbody>
</table>

**Airbag**

<table>
<thead>
<tr>
<th>01</th>
<th>Not Deployed</th>
</tr>
</thead>
<tbody>
<tr>
<td>02</td>
<td>Deployed-Front</td>
</tr>
<tr>
<td>03</td>
<td>Deployed-Side</td>
</tr>
<tr>
<td>04</td>
<td>Deployed-Curtain</td>
</tr>
<tr>
<td>05</td>
<td>Deployed-Other</td>
</tr>
<tr>
<td>06</td>
<td>Deployed-Combination</td>
</tr>
<tr>
<td>88</td>
<td>Not Applicable</td>
</tr>
</tbody>
</table>

**Drug Test Status**

<table>
<thead>
<tr>
<th>01</th>
<th>Test Not Given</th>
</tr>
</thead>
<tbody>
<tr>
<td>02</td>
<td>Test Refused</td>
</tr>
<tr>
<td>03</td>
<td>Test Given</td>
</tr>
<tr>
<td>99</td>
<td>Unknown if Tested</td>
</tr>
</tbody>
</table>

**Speed Related**

<table>
<thead>
<tr>
<th>01</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>02</td>
<td>Racing</td>
</tr>
<tr>
<td>03</td>
<td>Exceeded Speed Limit</td>
</tr>
<tr>
<td>04</td>
<td>Too Fast for Conditions</td>
</tr>
</tbody>
</table>

**Injury Status**

<table>
<thead>
<tr>
<th>K</th>
<th>Fatal Injury</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Suspected Serious Injury</td>
</tr>
<tr>
<td>B</td>
<td>Suspected Minor Injury</td>
</tr>
<tr>
<td>C</td>
<td>Possible Injury</td>
</tr>
<tr>
<td>O</td>
<td>No Apparent Injury</td>
</tr>
</tbody>
</table>

**Drug-Related Information**

**Alcohol Test Status**

<table>
<thead>
<tr>
<th>01</th>
<th>Test Not Given</th>
</tr>
</thead>
<tbody>
<tr>
<td>02</td>
<td>Test Refused</td>
</tr>
<tr>
<td>03</td>
<td>Test Given</td>
</tr>
<tr>
<td>99</td>
<td>Unknown if Tested</td>
</tr>
</tbody>
</table>

**Injury and EMS Information**

**Enforcement Actions Taken**

**VIOLATION STATUTES**

| 14-222 | |
| 14-230A | |

**Action by Officer**

<table>
<thead>
<tr>
<th>00</th>
<th>None Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Verbal Warning</td>
</tr>
<tr>
<td>02</td>
<td>Written Warning</td>
</tr>
<tr>
<td>03</td>
<td>Infraction</td>
</tr>
<tr>
<td>04</td>
<td>Arrest/Summon</td>
</tr>
</tbody>
</table>

**EMS Company Name**

Campion

**EMS Run Number**

96349

**Intended Receiving Facility**

Backus Hospital

**Drug/Alcohol Information**

**Type of Alcohol Test**

<table>
<thead>
<tr>
<th>01</th>
<th>Blood</th>
</tr>
</thead>
<tbody>
<tr>
<td>02</td>
<td>Urine</td>
</tr>
<tr>
<td>03</td>
<td>Breath</td>
</tr>
<tr>
<td>88</td>
<td>Not Applicable</td>
</tr>
</tbody>
</table>

**Type of Drug Test**

<table>
<thead>
<tr>
<th>01</th>
<th>Blood</th>
</tr>
</thead>
<tbody>
<tr>
<td>02</td>
<td>Urine</td>
</tr>
<tr>
<td>88</td>
<td>Not Applicable</td>
</tr>
</tbody>
</table>
Connecticut Uniform Police Crash Report
Form PR-1 REV July 2014.01

Motor Vehicle Driver Information
Complete One Sheet Per Driver

Name (Last, First, Middle, Suffix): Doe, Mo
Street Address or PO Box: 44 Happy Place
City: Newington
State or Prov: CT
Postal Code: 06111
Phone/Email (optional):

Date of Birth is unknown

License Info
For all numeric fields: 99 = 'Unknown'

License Number
8866224455

State
CT

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

License Class
04. Class D
05. Class M
06. Mexican State
07. International License
08. Valid License
88. Not Applicable

Endorsements
A - Activity Vehicles
D - 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/Trailer
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
05. Deployed
06. Deployed-Combination
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

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

Ejection
01. Not Ejected
02. Ejected, Partially
03. Ejected, Totally
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

Seating Position First Digit
01. Front Row
11. Middle Seat
31. Right Seat
81. Other Seat

Second Digit
99. Unknown

Injury and EMS Information

Condition at Time of Crash (Choose up to 2)
01. Apparently Normal
02. Physically Impaired
03. Emotional (depressed, angry, etc.)
04. Ill (sick)
05. Asleep or Fatigued
06. Under the Influence (Medications/Drugs/Alcohol)
97. Other
99. Unknown

Enforcement Actions Taken
00. None Taken
01. Verbal Warning
02. Written Warning
03. Infraction
04. Arrest/Summons

ALCOHOL 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

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
97. Other
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:** Nancy Duke  
**ADDRESS:** 43 Hog Rd.  
**CITY:** Newington  
**STATE or PROV:** CT  
**POSTAL CODE:** 06111  
**DATE OF BIRTH** (YYYYMMDD): [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]

**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

**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 INFORMATION**

**NAME:** Nancy Duke  
**ADDRESS:** 43 Hog Rd.  
**CITY:** Newington  
**STATE or PROV:** CT  
**POSTAL CODE:** 06111  
**DATE OF BIRTH** (YYYYMMDD): [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]

**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**  
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02. Sight Lines Verified By Other Officer  
03. Sight Lines Confirmed by Other Witness  
04. Verification Not Possible  
05. Verification Not Undertaken

**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

### PERSON ID 4

**NAME:** Milton Bradley  
**ADDRESS:** 1954 Boardwalk Way  
**CITY:** Newington  
**STATE or PROV:** CT  
**POSTAL CODE:** 06111  
**DATE OF BIRTH** (YYYYMMDD): [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]

**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

**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

### PERSON ID 88

**NAME:** Not Applicable  
**ADDRESS:**

**CITY:**

**STATE or PROV:**

**POSTAL CODE:**

**DATE OF BIRTH** (YYYYMMDD): [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]

**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

**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