### CONECTICUT UNIFORM POLICE CRASH REPORT

**Form PR-1 REV July 2014.01**

**Crash Summary (Front)**

**Date of Crash (YYYYMMDD)**
2014-07-10

**Time (0000-2359)**
00:02:1

**Town Name**
Hamden

**Town #**
62

**Crash Severity**

- Fatal
- Injury
- PDO

**Latitude**
41.336641

**Longitude**
-72.93957

**Type of Intersection**
Non-Junction

**Manner of Impact**

- Front to Rear
- Front to Front
- Angle
- Sideswipe, Opposite Direction
- Rear to Rear
- 88: Not Applicable

**CRASH FACTORS AND CONDITIONS**

**Location of First Harmful Event**
Non-Collision:

- Overturn/Rollover
- Fire / Explosion
- Immersion, Full or Partial
- Jackknife
- Cargo/Equipment Loss or Shift
- Felt/Jumped from Vehicle
- Thrown or Falling Object
- Other Non-Collision

**Collision With Fixed Object**
- Pedestrian
- Pedal cycle/Pedal-cyclist
- Vehicle
- Train
- Aircraft
- Railroad Vehicle
- Struck by Falling, Falling Cargo or Anything Set in Motion by Motor Vehicle
- Work Zone/Maintenance Equipment
- Other Non-Fixed Object

**Collision With Fixed Object**
- 88: Not Applicable

**Contributing Circumstances, Environmental**

- 88: Not Applicable

**Contributing Circumstances, Road**

- 88: Not Applicable

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

### WORK ZONE CRASH INFORMATION

**Location**
Before the First Work Zone Warning Sign

**Type**
Lane Closure

**Workers Present**
Yes

**Enforcement Present**
88: Not Applicable
Vehicles were moved prior to police arrival

NARRATIVE

Officers Narrative: Describe any unusual circumstances associated with the crash, including officer's observations.

Several units were on scene prior to my arrival. The roadway is a two lane, undivided road. It was dry, conditions were clear, and the area was artificially lit. Upon my arrival, I spoke with the front seat passenger of traffic unit 1, Moe Doe, who stated that the operator of unit 1, who he did not know, ran on foot from the accident after striking traffic unit 2 and 3. He stated that he was only in traffic unit 1 with the operator because the operator was friends with his girlfriend and he was helping operator 1 move. He described operator 1 as a heavy set black male with a red tee shirt on and that the operator of traffic unit 1 was last seen running on foot eastbound on W. Easton St towards Bowen St. Passenger Moe Doe claimed he sustained back and neck injuries from the accident and was wearing his seatbelt (P8).

Traffic unit 1 made impact with the rear of Traffic unit 2, which was stopped at a stop sign at the intersection of W. Easton St/ Warner St. After traffic unit 2 was struck in the rear by traffic unit 1, traffic unit 2 traveled several feet before driving over a curb and through a fence surrounding the property of 22 Warner St before coming to a final rest. Traffic unit 1 continued westbound after its impact with traffic unit 2, eventually traffic unit 1 struck the driver side of traffic unit 3, which was negotiating a left turn onto W. Easton St from Warner St. Traffic unit 1 came to a final rest after striking traffic unit 3. The unknown operator of traffic unit 1 ran eastbound on W. Easton St on foot after the accident.

OFC. 1 spoke with the operator of traffic unit 3, Sunny Day, who stated that she was negotiating a left turn onto W. Easton St from Warner St. That she heard a loud truck (traffic unit 1) traveling at a high rate of speed westbound on W. Easton St. That she observed traffic unit 1 hit the rear of traffic unit 2 and then crash into the driver side portion of her vehicle, traffic unit 3. Operator 3 stated she sustained back and neck injuries from the accident. Her passengers, Friday Joe, Tuesday Tip, and Monday Blue also sustained back and neck injuries. They confirmed similar accounts of the accident to Ofc. 1. Operator 3 and all passengers were wearing their seatbelts.
**CONNECTICUT UNIFORM POLICE CRASH REPORT**

**Make:** AMC

**Model:** Moving Van

**VIN:** V 4 6 5 3 9 8 4 3 6 7 5 2 1 0 0 4

**Year:** 2004

**Road on which vehicle was traveling:** West Easton St.

**Do not hallucinate.**

## MOTOR VEHICLE INFORMATION

**Roadway on which vehicle was traveling:** West Easton St.

**Total lanes in roadway:** 2

**Vehicle was not in roadway:** Yes

**Vehicle was in roadway:** No

**Vehicle was in roadway:** Unknown direction

**Vehicle was in roadway:** Bike lanes/sharrows present

**Damage to Property:**
- **Non-Collision:**
  - Tree
  - Guardrail End
  - Ditch
  - Curb
  - Culvert
  - Bridge Rail
  - Bridge Overhead Structure
  - Bike lanes/sharrows present

**Roadway Alignment:**
- **Straight:** 01
- **Curve Left:** 02
- **Curve Right:** 03

**Traffic Control Device:**
- **No Control Device:** 01
- **Flagger, law enforcement, crossing guard, etc.:** 02
- **Traffic Control Signal:** 03
- **Flashing Traffic Control Signal:** 04
- **School Zone Sign/Device:** 05
- **Stop Sign:** 06
- **Yield Sign:** 07
- **Warning Sign:** 08
- **Railway Crossing Device:** 09
- **Marked Uncontrolled Crosswalk:** 10
- **Pedestrian Button:** 11
- **Bicycle Detection:** 12
- **Other:** 97

**Traffic Control Device Type:**
- **No Control Device:** 01
- **Person (flagger, law enforcement, crossing guard, etc.):** 02
- **Traffic Control Signal:** 03
- **Flashing Traffic Control Signal:** 04
- **School Zone Sign/Device:** 05
- **Stop Sign:** 06
- **Yield Sign:** 07
- **Warning Sign:** 08
- **Railway Crossing Device:** 09
- **Marked Uncontrolled Crosswalk:** 10
- **Pedestrian Button:** 11
- **Bicycle Detection:** 12
- **Other:** 97

**Traffic Control Device Functional?:**
- **No:** 01
- **Yes:** 02
- **Missing:** 03
- **Not Applicable:** 88

**Towed to:** Mondo's Auto

**Damage Area:**
- **Non-Collision:** 01
- **Top:** 02
- **Undercarriage:** 03
- **All Areas:** 04
- **Medium/Heavy Trucks:** 05
- **Light Trucks:** 06
- **All Terrain Vehicle (ATV):** 07
- **Snowmobile:** 08
- **Other Light Trucks:** 09
- **School Bus:** 10
- **Motor Home:** 11
- **Motor Coach:** 12
- **Sedan:** 13
- **Sedan:** 14
- **Dodge Caravan:** 15
- **SUV:** 16
- **Other:** 97

**Initial Contact Point:**
- **Non-Collision:** 17
- **Top:** 18
- **Undercarriage:** 19
- **All Areas:** 20
- **Medium/Heavy Trucks:** 21
- **Light Trucks:** 22
- **All Terrain Vehicle (ATV):** 23
- **Snowmobile:** 24
- **Other Light Trucks:** 25
- **School Bus:** 26
- **Motor Home:** 27
- **Motor Coach:** 28
- **Sedan:** 29
- **Sedan:** 30
- **Dodge Caravan:** 31
- **SUV:** 32
- **Other:** 97

**Most Harmful Event:**
- 22

**POSTED/STATUTORY SPEED LIMIT:**
- 40 mph

**POSTED/STATUTORY SPEED LIMIT:**
- 40 mph

**Sequences of Events:**
- Overtaken by another vehicle
- Rear-ended
- Struck by a parked vehicle
- Struck by a moving vehicle

**Contributing Circumstances:**
- No
- Brakes
- Exhaust System
- Body, Doors
- Steering
- Power Train
- Suspension
- Tires
- Wheels
- Lights (head, signal, tail)
- Windows/Windshield
- Mirrors
- Wipers
- Truck Coupling / Trailer Hitch / Safety Chains
- Not Applicable

**Most Harmful Event:**
- 22

**INJURY AMOUNT:**
- 99

**INSURANCE INFORMATION:**
- **Insurance Company:** U-Haul Ins. Co.
- **Insurance Policy Number:** 433443
- **Insurance Expiration Date:** 20150615
## CONNECTICUT UNIFORM POLICE CRASH REPORT

### Motor Vehicle Information (Back)

**Case Number:**

**DOT Identifier:**

**Street Address or Post Office Box:**

430 Johnson Ave.

**City:**

Rockridge

**State/Prov:**

AZ

**Country:**

United States

**Postal Code:**

99999

**Email Address** (optional):

**Phone** (optional):

### MOTOR VEHICLE OWNER INFORMATION

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

U Haul Ins. co.

**Information same as driver**

### 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**

**Complete One Sheet Per Motor Vehicle**

| Number of occupants in Vehicle: | 3 |

#### MOTOR VEHICLE INFORMATION (II)

- **VIN:** 6 4 3 4 5 4 8 4 9 4 4 4 2 4
- **Make:** BMW
- **Model:** Coupe
- **Color:** blue
- **Year:** 2004
- **Direction of Travel:** N, S, E, W
- **Vehicle was not in roadway:** Unknown direction
- **Total lanes in roadway:** 2

#### MOTOR VEHICLE CRASH INFORMATION

- **Event:** 97. Other
- **Non-Collision:** 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 (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
- **TRAFFIC CONTROL DEVICE FUNCTIONAL?:** 01. No
  02. Yes
  03. Missing
  88. Not Applicable

#### MOTOR VEHICLE INFORMATION (Front)

- **Make:** Coupe
- **VIN:** PB&JR4
- **Plate #:** CT
- **Total lanes in roadway:** 2

#### 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 DAMAGE

- **Initial Contact Point:** 01. No
  14. Top
  15. Undercarriage
  16. Cargo loss

#### 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

#### DAMAGED AREAS

- **(choose up to 3):**
  00. None
  14. Top
  15. Undercarriage
  17. All Areas
  88. Not Applicable

#### TOWED TO

- **Raw Dog's Tow:** 01

#### EXTENT OF DAMAGE

- **01. No Visible Damage**
  02. Minor Damage
  03. Functional Damage
  04. Disabling Damage

#### INSURANCE INFORMATION

- **State Farm**
- **Policy Number:** 433443
- **Expiration Date:** 20150615
### CONNECTICUT UNIFORM POLICE CRASH REPORT

**Form PR-1 REV July 2014.01**

**Motor Vehicle Information (Back)**

**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>
</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

**PROPERTY DAMAGED**

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

<table>
<thead>
<tr>
<th>Nature and Extent of Damage</th>
<th>Name of Owner of Property 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**NATURE AND EXTENT OF DAMAGE TO PROPERTY 2**

**NATURE AND EXTENT OF DAMAGE TO PROPERTY 3**

**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

**Case Number:** 1200027296

**DOT Identifier:** For DOT use only

**Page 6 of 16**

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*Complete if public or private property other than vehicles were damaged in the crash.*

*Complete One Sheet Per Motor Vehicle*
Connecticut Uniform Police Crash Report
Form PR-1 REV July 2014.01

Motor Vehicle ID: 3

Number of occupants in Vehicle: 4

Motor Vehicle Information (Front)

Complete One Sheet Per Motor Vehicle

VIN: V6234439862430028
Make: Volvo
Model: 4D Sedan
Color: Silver
Year: 2001
Road on which vehicle was traveling: Warner St.
Direction of Travel: S
Vehicle was not in roadway: Unknown direction

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

Motor Vehicle Damage

Use diagram above for values 1-12

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

Damaged Areas (choose up to 3)
00. None
14. Top
15. Undercarriage
17. All Areas
88. Not Applicable

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

Towed To: Raw Dog's Tow

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)
97. Other

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 (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

Traffic Control Device Functional?
01. No
02. Yes
03. Missing
88. Not Applicable

Sequence of Events
01. Overturn/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
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

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

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. More than 100 mph

Most Harmful Event

Towed to Raw Dog's Tow

Extent of Damage
01. No Visible Damage
02. Minor Damage
03. Functional Damage
04. Disabling Damage

Insurance Information

State Farm
433443

Insurance Policy Number

Insurance Expiration Date (yyyyymmdd)
20150615
**MOTOR VEHICLE OWNERSHIP INFORMATION**

Vehicle Owner Name (Last, First, Middle, Suffix)  

Information same as driver

Street Address or Post Office Box

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Email Address (optional)

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<tr>
<th>Phone (optional)</th>
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**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**

**Case Number:** 1200027296

**Motor Vehicle Driver Information**

**Complete One Sheet Per Driver**

<table>
<thead>
<tr>
<th>Name (Last, First, Middle, Suffix):</th>
<th>Doe, Joe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address or PO Box:</td>
<td>unknown</td>
</tr>
<tr>
<td>City: unknown</td>
<td></td>
</tr>
<tr>
<td>State or Prov: 99</td>
<td></td>
</tr>
<tr>
<td>Postal Code: 99999</td>
<td></td>
</tr>
<tr>
<td>Phone/Email (optional):</td>
<td></td>
</tr>
</tbody>
</table>

**LICENSE INFO**

<table>
<thead>
<tr>
<th>LICENSE NUMBER</th>
<th>99</th>
</tr>
</thead>
<tbody>
<tr>
<td>STATE</td>
<td>99</td>
</tr>
</tbody>
</table>

**DRIVER LICENSE JURISDICTION**

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

**LICENSE CLASS**

| 00. None | 99 |
| 01. Class A | |
| 02. Class B |   |
| 03. Class C |   |
| 04. Class D |   |
| 05. Class M |   |
| 88. Not Applicable |   |

**COMMERCIAL LICENSE**

<table>
<thead>
<tr>
<th>01. No</th>
<th>02. Yes</th>
<th>99</th>
</tr>
</thead>
</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/Triple Trailers
- V - Student Transportation
- X - Combination of Tank Vehicle and Hazardous Materials

**INJURY AND EMS INFORMATION**

**INJURY STATUS**

<table>
<thead>
<tr>
<th>A - Activity Vehicles</th>
<th>F - Taxi, Livery, Motor Coach</th>
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<tr>
<td>T - Double/Triple Trailers</td>
<td>V - Student Transportation</td>
</tr>
<tr>
<td>X - Combination of Tank Vehicle and Hazardous Materials</td>
<td></td>
</tr>
</tbody>
</table>

**INJURY STATUS**

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

**TRANSPOSED TO FIRST MEDICAL FACILITY BY**

<table>
<thead>
<tr>
<th>01. Not Transported</th>
<th>02. EMS Air</th>
</tr>
</thead>
<tbody>
<tr>
<td>03. EMS Ground</td>
<td>04. Law Enforcement</td>
</tr>
<tr>
<td>97. Other</td>
<td></td>
</tr>
</tbody>
</table>

**ENFORCEMENT ACTIONS TAKEN**

<table>
<thead>
<tr>
<th>ACTION BY OFFICER</th>
<th>00. None Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>01. Verbal Warning</td>
<td></td>
</tr>
<tr>
<td>02. Written Warning</td>
<td></td>
</tr>
<tr>
<td>03. Infraction</td>
<td></td>
</tr>
<tr>
<td>04. Arrest/Summons</td>
<td></td>
</tr>
</tbody>
</table>

**VIOLATION STATUTES**

- 00 |

**ALCOHOL TEST STATUS**

| 01. Blood | 88 |
| 02. Urine |   |
| 03. Breath |   |
| 88. Not Applicable | 97. Other |

**TYPE OF ALCOHOL TEST**

| 01. Blood | 88 |
| 02. Urine |   |
| 88. Not Applicable | 97. Other |

**EMERGENCY COMPANY NAME**

**EMS RUN NUMBER**

**INTENDED RECEIVING FACILITY**

**DRUG/ALCOHOL INFORMATION**

**TYPE OF DRUG TEST**

| 01. Blood | 88 |
| 02. Urine |   |
| 88. Not Applicable | 97. Other |

**TYPE OF DRUG TEST**

<p>| 01. Blood | 88 |
| 02. Urine |   |
| 88. Not Applicable | 97. Other |</p>
<table>
<thead>
<tr>
<th>Action by Officer</th>
<th>Violation Statutes</th>
<th>Enforcement Actions Taken</th>
<th>Alcohol Test Status</th>
<th>Drug Test Status</th>
<th>Intended Receiving Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>00. None Taken</td>
<td></td>
<td></td>
<td>01. Test Not Given</td>
<td>01. Test Not Given</td>
<td>Yale New Haven</td>
</tr>
<tr>
<td>01. Verbal Warning</td>
<td></td>
<td></td>
<td>02. Test Refused</td>
<td>02. Test Refused</td>
<td></td>
</tr>
<tr>
<td>02. Written Warning</td>
<td></td>
<td></td>
<td>03. Test Given</td>
<td>03. Test Given</td>
<td></td>
</tr>
<tr>
<td>03. Infraction</td>
<td></td>
<td></td>
<td>99. Unknown if Tested</td>
<td>99. Unknown if Tested</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>02. Urine</td>
<td>02. Urine</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>03. Breath</td>
<td>03. Breath</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>88. Not Applicable</td>
<td>88. Not Applicable</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>97. Other</td>
<td>97. Other</td>
<td></td>
</tr>
</tbody>
</table>

**Connecticut Uniform Police Crash Report**

**Name:** Austin, Jane
**Street Address:** 1 Longborne Place
**City:** Newington
**License Number:** 8865238956
**State:** CT
**Gender:** Male
**Date of Birth:** 1985-04-23
**License Class:** Class A

**Enforcement Actions Taken:**
- 00. None Taken
- 01. No Contributing Action
- 02. Ran Off Roadway
- 03. Failed to Yield Right-of-Way
- 04. Ran Red Light
- 05. Ran Stop Sign
- 06. Disregarded Other Traffic Sign
- 07. Disregarded Other Road Markings
- 08. Improper Turn
- 09. Improper Passing
- 10. Wrong Side or Wrong Way
- 12. Followed Too Closely
- 13. Failed to Keep in Proper Lane
- 14. Operated Vehicle in Reckless Aggressive Manner
- 15. Operated Motor Vehicle in Inattentive, Careless, Negligent, or Erratic Manner
- 16. Swerved or Avoided Due to Wind, Motor Vehicle, Object, Non-Motorist in Roadway, etc.
- 17. Over-Correcting/Over-Steering
- 18. Overtaking Cyclist
- 19. Other Contributing Action

**Occupational License:**
- 00. None
- 01. Class A
- 02. Class B
- 03. Class C
- 04. Class D
- 05. Class M
- 06. Mexican State
- 07. International License (other than Mexico and Canada)
- 08. Valid License (other country)
- 88. Not Applicable

**Drug/Alcohol Information:**
- 01. Test Not Given
- 02. Test Refused
- 03. Test Given
- 99. Unknown if Tested

**Condition at Time of Crash:**
- 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

**Drug Test Status:**
- 01. Blood
- 02. Urine
- 88. Not Applicable
- 97. Other

**EMS Information:**
- EMS Company Name: Campion
- EMS Run Number: 423985
- Intended Receiving Facility: Yale New Haven
## CONNECTICUT UNIFORM POLICE CRASH REPORT

**Form PR-1 REV July 2014.01**

**Motor Vehicle ID:** 3  
**Person ID:** 3

**Motor Vehicle Driver Information**  
Complete One Sheet Per Driver

### LICENSE INFO

- **License Number:** 8874521312  
- **State:** CT

### DRIVER INFORMATION (iii)

- **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

- **Driving Class:**  
  01. Class A  
  02. Class B  
  03. Class C  
  04. Class D  
  05. Class M  
  88. Not Applicable

- **Commercial License:**  
  01. No  
  02. Yes

### ENDORSEMENTS

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

### SPEED RELATED

- **1. No**  
- **2. Racing**  
- **3. Exceeded Speed Limit**  
- **4. Too Fast for Conditions**

### INJURY AND EMS INFORMATION

#### INJURY STATUS

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

#### TRANSPORTED TO FIRST MEDICAL FACILITY BY

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

#### EMS COMPANY NAME

- **Campion**

#### EMS RUN NUMBER

- **423985**

#### INTENDED RECEIVING FACILITY

- **Yale New Haven**

### ENFORCEMENT ACTIONS TAKEN

- **00. None Taken**  
- **01. Verbal Warning**  
- **02. Written Warning**  
- **03. Infraction**  
- **04. Arrest/Summons**

### VIOLATION STATUTES

#### ACTION BY OFFICER

- **00. None Taken**

### VIOLATION STATUTES

#### ACTION BY OFFICER

- **01. Verbal Warning**
- **02. Written Warning**
- **03. Infraction**
- **04. Arrest/Summons**

### ALCOHOL TEST STATUS

#### ACTION BY OFFICER

- **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**

### DRUG TEST STATUS

#### ACTION BY OFFICER

- **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**

### LICENSE NUMBER

- **8874521312**

### LICENSE INFO

- **State:** CT

### DRIVER INFORMATION (iii)

- **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

### ENDORSEMENTS

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

### SPEED RELATED

- **1. No**
- **2. Racing**
- **3. Exceeded Speed Limit**
- **4. Too Fast for Conditions**
### PERSON ID 4

**NAME:** Jim Waco  
**PERSON TYPE:** 02  
**SEATING POSITION:** 13  
**RESTRRAINT SYSTEM:** 01  
**HELMET USE:** 88  
**INJURY STATUS:** A  
**EJECTION:** 01  
**AIR BAG:** 88  
**INTENDED RECEIVING FACILITY:** Yale New Haven  
**DATE OF BIRTH (YYYYMMDD):** 19900204  
**ADDRESS:** 42 Johnson Place  
**CITY:** Rockridge  
**STATE or PROV:** AZ  
**POSTAL CODE:** 99999  

### PERSON ID 88

**NAME:** Not Applicable  
**PERSON TYPE:** 99  
**SEATING POSITION:** 88  
**RESTRRAINT SYSTEM:** 88  
**HELMET USE:** 88  
**INJURY STATUS:** O  
**EJECTION:** 88  
**AIR BAG:** 88  
**INTENDED RECEIVING FACILITY:**  
**DATE OF BIRTH (YYYYMMDD):**  
**ADDRESS:**  
**CITY:**  
**STATE or PROV:**  
**POSTAL CODE:**  

### PERSON ID 88

**NAME:** Not Applicable  
**PERSON TYPE:** 99  
**SEATING POSITION:** 88  
**RESTRRAINT SYSTEM:** 88  
**HELMET USE:** 88  
**INJURY STATUS:** O  
**EJECTION:** 88  
**AIR BAG:** 88  
**INTENDED RECEIVING FACILITY:**  
**DATE OF BIRTH (YYYYMMDD):**  
**ADDRESS:**  
**CITY:**  
**STATE or PROV:**  
**POSTAL CODE:**  

### PERSON ID 88

**NAME:** Not Applicable  
**PERSON TYPE:** 99  
**SEATING POSITION:** 88  
**RESTRRAINT SYSTEM:** 88  
**HELMET USE:** 88  
**INJURY STATUS:** O  
**EJECTION:** 88  
**AIR BAG:** 88  
**INTENDED RECEIVING FACILITY:**  
**DATE OF BIRTH (YYYYMMDD):**  
**ADDRESS:**  
**CITY:**  
**STATE or PROV:**  
**POSTAL CODE:**  

---

**For all numeric fields: 99 = 'Unknown'**
### Person ID 5

**Name:** Bennett, Lucy  
**Address:** 1 Longborne Place  
**City:** Newington  
**Date of Birth:** 19860217  
**Gender:** Female  
**Seating Position:** 13  
**Restraint System:** 01  
**Helmet Use:** 88  
**Ejection:** 01  
**Airbag:** 01  
**Injury Status:** A  
**Intended Receiving Facility:** Yale New Haven  
**EMS Company Name:** Campion  
**EMS Run Number:** 423985  
**Transported to 1st Medical Facility by:** 03

### Person ID 6

**Name:** Bennett, Ellie  
**Address:** 1 Longborne Place  
**City:** Newington  
**Date of Birth:** 20080328  
**Gender:** Female  
**Seating Position:** 21  
**Restraint System:** 08  
**Helmet Use:** 88  
**Ejection:** 01  
**Airbag:** 01  
**Injury Status:** A  
**Intended Receiving Facility:** Yale New Haven  
**EMS Company Name:** Campion  
**EMS Run Number:** 423985  
**Transported to 1st Medical Facility by:** 03

### Person ID 88

**Name:** Not Applicable  
**Address:** Not Applicable  
**City:**  
**Date of Birth:**  
**Gender:** Unknown  
**Seating Position:** 88  
**Restraint System:** 01  
**Helmet Use:** 88  
**Ejection:** 88  
**Airbag:** 88  
**Injury Status:** O  
**Intended Receiving Facility:**  
**EMS Company Name:**  
**EMS Run Number:**  
**Transported to 1st Medical Facility by:** 01

### Person ID 88

**Name:** Not Applicable  
**Address:** Not Applicable  
**City:**  
**Date of Birth:**  
**Gender:** Unknown  
**Seating Position:** 88  
**Restraint System:** 01  
**Helmet Use:** 88  
**Ejection:** 88  
**Airbag:** 88  
**Injury Status:** O  
**Intended Receiving Facility:**  
**EMS Company Name:**  
**EMS Run Number:**  
**Transported to 1st Medical Facility by:** 01
### CONNECTICUT UNIFORM POLICE CRASH REPORT

**Form PR-1 REV July 2014.01**

**Motor Vehicle Passenger Information**

Complete this sheet for Passengers in this Motor Vehicle

---

**Case Number:**

**DOT Identifier:**

For DOT use only

---

**PERSON ID** 7  
**NAME:** Joe, Friday  
**ADDRESS:** 1 Happy Place  
**CITY:** Newington  
**DATE OF BIRTH (YYYYMMDD):** 19980403  
**GENDER:** Male  
**PERSON TYPE:** Passenger  
**SEATING POSITION:** 13  
**RESTRAINT SYSTEM:** None Used-Motor Vehicle Occupant  
**HELMET USE:** No Helmet  
**EJECTION:** Not Ejected  
**AIR BAG:** Not Deployed  
**INJURY STATUS:** O  
**INTENDED RECEIVING FACILITY:** Yale New Haven  
**EMS COMPANY NAME:** Campion  
**EMS RUN NUMBER:** 423985  
**TRANSPORTED TO 1st MEDICAL FACILITY BY:** 03

---

**PERSON ID** 8  
**NAME:** Tip, Tuesday  
**ADDRESS:** 1 Happy Place  
**CITY:** Newington  
**DATE OF BIRTH (YYYYMMDD):** 20011222  
**GENDER:** Male  
**PERSON TYPE:** Passenger  
**SEATING POSITION:** 21  
**RESTRAINT SYSTEM:** None Used-Motor Vehicle Occupant  
**HELMET USE:** No Helmet  
**EJECTION:** Not Ejected  
**AIR BAG:** Not Deployed  
**INJURY STATUS:** O  
**INTENDED RECEIVING FACILITY:** Yale New Haven  
**EMS COMPANY NAME:** Campion  
**EMS RUN NUMBER:** 423985  
**TRANSPORTED TO 1st MEDICAL FACILITY BY:** 03

---

**PERSON ID** 9  
**NAME:** Blue, Monday  
**ADDRESS:** 1 Happy Place  
**CITY:** Newington  
**DATE OF BIRTH (YYYYMMDD):** 19980726  
**GENDER:** Male  
**PERSON TYPE:** Passenger  
**SEATING POSITION:** 23  
**RESTRAINT SYSTEM:** None Used-Motor Vehicle Occupant  
**HELMET USE:** No Helmet  
**EJECTION:** Not Ejected  
**AIR BAG:** Not Deployed  
**INJURY STATUS:** O  
**INTENDED RECEIVING FACILITY:** Yale New Haven  
**EMS COMPANY NAME:** Campion  
**EMS RUN NUMBER:** 423985  
**TRANSPORTED TO 1st MEDICAL FACILITY BY:** 03

---

**PERSON ID** 88  
**NAME:** Not Applicable  
**ADDRESS:**  
**CITY:**  
**DATE OF BIRTH (YYYYMMDD):**  
**GENDER:**  
**PERSON TYPE:** Not Applicable  
**SEATING POSITION:** 88  
**RESTRAINT SYSTEM:**  
**HELMET USE:**  
**EJECTION:**  
**AIR BAG:**  
**INJURY STATUS:**  
**INTENDED RECEIVING FACILITY:**  
**EMS COMPANY NAME:**  
**EMS RUN NUMBER:**  
**TRANSPORTED TO FIRST MEDICAL FACILITY BY:** 01

---

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

---

*Use additional sheets if more than 4 passengers occupied this motor vehicle*
Ofc. 2 spoke with the operator of traffic unit 2, Jane Austin, who stated she was struck in the rear of her vehicle (traffic unit 2) as she stopped at a stop sign on W. Easton St. That after she was struck in the rear, her vehicle was pushed several feet over a curb and through a fence surrounding the property of 22 Warner St. She stated she could not remember the whole incident due to shock and the several injuries she sustained to her back, neck, abdomen, shoulders, and knees. Her passengers Lucy May and infant Ellie May also sustained back and neck injuries. Austin confirmed her account of the accident to me while she was being treated on the ambulance. Operator 2 and passenger Lucy were wearing their seatbelts and infant Ellie was appropriately restrained in a child seat. Elizabeth Bennett responded to the accident and stated she rented the U-Haul Truck (traffic Unit 1) for her friend Joe Doe and that she is unsure of Joe Doe’s first and last name. She stated she ran into Joe Doe at a smoke shop in Hamden and he asked her to rent a U-Haul Truck for him so he could move. That he could not rent the truck himself because he did not have a license. Hamnett stated that rented the truck for Joe Doe on 7/9/2012 and her boyfriend, Moe Doe, assisted him in moving later that night. She would attempt to contact several friends regarding Joe Doe real name and address. When she ascertains the appropriate information she will provide me with the ascertained information. All injured persons were brought to Yale New Haven Hospital via ambulance. All vehicles were towed due to damage. None of the vehicles were moved prior to my arrival. I did not observe and fresh skid marks on the roadway. Several patrol units checked the surrounding area for the evading operator and all were met with negative results. The property owner of 22 Warner St was advised of the damage to the fence surrounding the property.