**Crash Summary (Front)**

**Date of Crash:** 2014-07-08

**Town Name:** Berlin

**Town #:** 07

**Crash Severity:** PDO

**Location of First Harmful Event:**
- **On Roadway:** 01
- **Non-Junction:** 01
- **Intersection:** 01
- **Intersection-Related:** 01
- **Secondary Road:** 01
- **Pedestrian Path:** 01
- **Accessory Road:** 01
- **Pedestrian Path (in median):** 01
- **Other:** 01

**First Harmful Event:**
- **Non-Collision:** 14
- **Collision With Fixed Object:** 01
- **Collision With Non-Fixed Object:** 01
- **Collapse/Disintegrate:** 01
- **Other:** 01

**Manner of Impact:**
- **Front to Front:** 01
- **Front to Rear:** 01
- **Rear to Rear:** 01
- **Angle:** 01
- **Sidewipe:** 01
- **Rear to Side:** 01
- **Pedestrian:** 01
- **Other:** 01

**Contributing Circumstances, Environmental:**
- **None:** 01
- **Weather:** 88
- **Gale:** 88
- **Wind:** 88
- **Other:** 97

**Contributing Circumstances, Road:**
- **None:** 01
- **Backup Due to Prior Crash:** 88
- **Backup Due to Prior Non-Recurring Incident:** 88
- **Backup Due to Regular Congestion:** 88
- **Toll Booth/Plaza Related:** 88
- **Road Surface Condition:** 88
- **Debris:** 88
- **Ruts, Holes, Bumps:** 88
- **Work Zone:** 88
- **Other:** 88

**Type of Intersection:**
- **Non-Intersection:** 01
- **Four-Way Intersection:** 01
- **Other:** 01

**School Bus Related:**
- **Yes:** 01
- **No:** 01

**Work Zone Crash Information:**
- **No:** 01
- **Yes:** 01

For all numeric fields: 99 = "Unknown"
The roadway consists of 2 lanes separated by a double yellow line. The roadway was dry, the weather clear, and dark and unlit.

Operator #1 was traveling east on Spruce Brook Road. Operator #1 stated that he stopped for the stop sign at the intersection of Spruce Brook Road and Wilks Pond Road. Operator #1 stated that he proceeded to make a left hand turn onto Wilks Pond Road and was suddenly struck by vehicle #2 who was traveling west. Operator #1 stated that Vehicle #2 failed to obey the stop sign that is present when traveling westbound on Spruce Brook Road. There was no airbag deployment in vehicle #1.

Operator #2 was traveling westbound on Spruce Brook Road. I was unable to interview operator #2 because of his injuries. Operator #2 was transported for to the hospital for medical care. Operator #2 was not wearing a helmet.

Witness #1 stated that he was riding behind operator #2 when the crash occurred. Witness #1 stated that they were traveling approximately 35mph and operator #2 failed to obey the stop sign.

Operator #2 was taken to Hartford Hospital for his injuries.

Damage to vehicle #1 consisted of heavy right side damage and was towed. Damage to vehicle #2 consisted of heavy right side and front damage and was towed.

My investigation revealed that the skid marks for vehicle #2 started 4 feet past the painted stop bar that is used in conjunction with the stop sign. The skid marks travel approximately 65 feet to where vehicle #2 came to rest. It was determined through my investigation that vehicle #2 was traveling through the intersection at speeds that were not consistent with stopping for the posted stop sign. Operator #2 was issued an infraction for CGS 14-301 Failure to Obey Stop Sign.

During the crash, operator #1 had a passenger in his vehicle. That violated the passenger restriction law. Operator #1 was issued an infraction for CGS 14-36g Passenger Restriction Violation.
**CONNECTICUT UNIFORM POLICE CRASH REPORT**  
Form PR-1 REV July 2014.01  
Complete One Sheet Per Motor Vehicle

**Motor Vehicle Information**

<table>
<thead>
<tr>
<th>VIN</th>
<th>Make</th>
<th>Model</th>
<th>Color</th>
<th>Year</th>
<th>Direction of Travel</th>
<th>Number of occupants in Vehicle</th>
<th>Road on which vehicle was traveling</th>
</tr>
</thead>
<tbody>
<tr>
<td>V 6 7 8 9 1 2 3 4 0 5 4 3 2 1 0 0</td>
<td>Honda</td>
<td>Civic</td>
<td>green</td>
<td>2004</td>
<td>E W N S</td>
<td>2</td>
<td>Spruce Brook Rd.</td>
</tr>
</tbody>
</table>

**MOTOR VEHICLE INFORMATION**

- **VIN**: V 6 7 8 9 1 2 3 4 0 5 4 3 2 1 0 0
- **Make**: Honda
- **Model**: Civic
- **Color**: green
- **Year**: 2004
- **Direction of Travel**: E W N S
- **Road on which vehicle was traveling**: Spruce Brook Rd.

**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 (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

**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)

**MOTOR VEHICLE DAMAGE**

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

**POSTED/STATUTORY SPEED LIMIT**

- 99: (record the posted/statutory value as miles per hour)

**TRAFFICWAY DESCRIPTION**

- 03: 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

**EXTENT OF DAMAGE**

- 04: Disabling Damage
- 03: Functional Damage
- 02: Minor Damage
- 01: No Visible Damage

**TOWED TO**

- Lakeview Auto

**TOWED**

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

**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?**

- 02: Missing
- 03: Yes
- 01: No

**INSURANCE INFORMATION**

<table>
<thead>
<tr>
<th>INSURANCE COMPANY</th>
<th>INSURANCE POLICY NUMBER</th>
<th>INSURANCE EXPIRATION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allstate</td>
<td>61985970</td>
<td>04/20/2015</td>
</tr>
</tbody>
</table>
**CONNECTICUT UNIFORM POLICE CRASH REPORT**

**Form PR-1 REV July 2014.01**

**Motor Vehicle Information (Back)**

**Complete One Sheet Per Motor Vehicle**

<table>
<thead>
<tr>
<th>Case Number:</th>
<th>DOT Identifier:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012-00015277</td>
<td>2012-00015277</td>
</tr>
</tbody>
</table>

### MOTOR VEHICLE OWNERSHIP INFORMATION

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

Doe, Mom

**Street Address or Post Office Box**

1 Happy Place

**City**

Newington

**State/Prov**

CT

**Country**

United States

**Postal Code**

06111

**Email Address (optional)**

- 

**Phone (optional)**

- 

### SPECIAL VEHICLE FUNCTION

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>No Special Function</td>
</tr>
<tr>
<td>02</td>
<td>Taxi</td>
</tr>
<tr>
<td>03</td>
<td>Vehicle Used as School Bus</td>
</tr>
<tr>
<td>04</td>
<td>Vehicle Used as Other Bus</td>
</tr>
<tr>
<td>05</td>
<td>Military</td>
</tr>
<tr>
<td>06</td>
<td>Police</td>
</tr>
<tr>
<td>07</td>
<td>Ambulance</td>
</tr>
<tr>
<td>08</td>
<td>Fire Truck</td>
</tr>
<tr>
<td>09</td>
<td>Non-Transport Emergency</td>
</tr>
<tr>
<td>10</td>
<td>Incident Response Services Vehicle</td>
</tr>
</tbody>
</table>

### EMERGENCY VEHICLE

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Non-Emergency Situation, Not Transporting Patient</td>
</tr>
<tr>
<td>02</td>
<td>Non-Emergency Transport of Passenger</td>
</tr>
<tr>
<td>88</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>03</td>
<td>Emergency Operation, Emergency Warning Equipment Not in Use</td>
</tr>
<tr>
<td>04</td>
<td>Emergency Operation, Emergency Warning Equipment in Use</td>
</tr>
</tbody>
</table>

### BUS USE

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Not a Bus</td>
</tr>
<tr>
<td>02</td>
<td>School</td>
</tr>
<tr>
<td>03</td>
<td>Transit/Commuter</td>
</tr>
<tr>
<td>04</td>
<td>Intercity</td>
</tr>
<tr>
<td>05</td>
<td>Charter/Tour</td>
</tr>
<tr>
<td>06</td>
<td>Shuttle</td>
</tr>
<tr>
<td>88</td>
<td>Not Applicable</td>
</tr>
</tbody>
</table>

### 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**

N/A

**Name of Owner of Property 2**

N/A

**Nature and Extent of Damage to Property 3**

N/A

**Name of Owner of Property 3**

N/A
MOTOR VEHICLE OWNERSHIP INFORMATION

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

Information same as driver

Street Address or Post Office Box

City

State/Prov

Country

Postal Code

United States

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

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

Information same as driver
**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):**
Machio, Ralph

**Street Address or PO Box:**
44 Happy Place

**City:**
Newington

**State or Prov:**
CT

**Postal Code:**
06111

**Phone/Email:**

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

---

**LICENSE INFO**

**LICENSE NUMBER:**
8894223251

**STATE:**
CT

---

**DRIVER INFORMATION**

**GENDER:**
01. Male

**DATE OF BIRTH (YYYYMMDD):**
19950715

**Driver Distraction by:**
01. Not Distracted

**Driver Actions (choose up to 4):**
01. No Contributing Action

**Condition at Time of Crash (choose up to 2):**
01. Apparently Normal

**Alcohol Test Status:**
01. Test Not Given

**Type of Alcohol Test:**
01. Blood

**Drug Test Status:**
01. Test Not Given

**Type of Drug Test:**
01. Blood
### CONNECTICUT UNIFORM POLICE CRASH REPORT

**Form PR-1 REV July 2014.01**

**Case Number:** 2012-00015277
**Motor Vehicle ID:** 2
**Person ID:** 2

**Motor Vehicle Driver Information**

<table>
<thead>
<tr>
<th>Name (Last, First)</th>
<th>Middle, Suffix</th>
<th>Street Address or PO Box</th>
<th>City</th>
<th>State or Prov</th>
<th>Postal Code</th>
<th>Phone/Email (optional):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hannah, Bob</td>
<td></td>
<td>1 Happy Place</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GENDER</th>
<th>DATE OF BIRTH (YYYYMMDD)</th>
<th>DOT Identifier:</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>19421201</td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>LICENSE INFO</th>
<th>For all numeric fields: 99 = 'Unknown'</th>
</tr>
</thead>
<tbody>
<tr>
<td>LICENSE NUMBER</td>
<td>884632558</td>
</tr>
<tr>
<td>STATE</td>
<td>CT</td>
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</table>

<table>
<thead>
<tr>
<th>DRIVER INFORMATION (ii)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>EJECTION</td>
<td>Front Row</td>
</tr>
<tr>
<td>RESTRAINT SYSTEM</td>
<td>DOT-Compliant Motorcycle Helmet</td>
</tr>
<tr>
<td>EJECTION</td>
<td>Front Row</td>
</tr>
<tr>
<td>RESTRAINT SYSTEM</td>
<td>DOT-Compliant Motorcycle Helmet</td>
</tr>
<tr>
<td>EJECTION</td>
<td>Front Row</td>
</tr>
<tr>
<td>RESTRAINT SYSTEM</td>
<td>DOT-Compliant Motorcycle Helmet</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DRIVER ACTIONS</th>
<th>(choose up to 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>05</td>
<td>Ran Off Roadway</td>
</tr>
<tr>
<td>88</td>
<td>Ran Red Light</td>
</tr>
<tr>
<td>88</td>
<td>Ran Stop Sign</td>
</tr>
<tr>
<td>88</td>
<td>Disregarded Other Traffic Sign</td>
</tr>
<tr>
<td>88</td>
<td>Disregarded Other Road Markings</td>
</tr>
<tr>
<td>88</td>
<td>Improper Backing</td>
</tr>
<tr>
<td>88</td>
<td>Improper Passing</td>
</tr>
<tr>
<td>88</td>
<td>Wrong Side or Wrong Way</td>
</tr>
<tr>
<td>88</td>
<td>Followed Too Closely</td>
</tr>
<tr>
<td>13</td>
<td>Failed to Keep in Proper Lane</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CONDITION AT TIME OF CRASH</th>
<th>(choose up to 2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Apparently Normal</td>
</tr>
<tr>
<td>99</td>
<td>Physically Impaired</td>
</tr>
<tr>
<td>03</td>
<td>Emotional (depressed, angry, etc.)</td>
</tr>
<tr>
<td>04</td>
<td>Ill (sick)</td>
</tr>
<tr>
<td>05</td>
<td>Asleep or Fatigued</td>
</tr>
<tr>
<td>97</td>
<td>Under the Influence (Medications/Drugs/Alcohol)</td>
</tr>
<tr>
<td>99</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INJURY AND EMS INFORMATION</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>EMS COMPANY NAME</td>
<td>Campion</td>
</tr>
<tr>
<td>EMS RUN NUMBER</td>
<td>634933</td>
</tr>
<tr>
<td>INTENDED RECEIVING FACILITY</td>
<td>Hartford Hospital</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INJURY STATUS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>K. Fatal Injury</td>
<td>B. Suspected Minor Injury</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TRANSPORTED TO FIRST MEDICAL FACILITY BY</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>01. Not Transported</td>
<td>02. EMS Air</td>
</tr>
<tr>
<td>03. EMS Ground</td>
<td>04. Law Enforcement</td>
</tr>
<tr>
<td>97. Other</td>
<td>97. Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ENFORCEMENT ACTIONS TAKEN</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>00. None Taken</td>
<td>14-301</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>VIOLATION STATUTES</th>
<th>03</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>DRUG/ALCOHOL INFORMATION</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>TYPE OF ALCOHOL TEST</td>
<td>88</td>
</tr>
<tr>
<td>01. Blood</td>
<td>02. Urine</td>
</tr>
<tr>
<td>03. Breath</td>
<td>88. Not Applicable</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>TYPE OF DRUG TEST</th>
<th>88</th>
</tr>
</thead>
<tbody>
<tr>
<td>01. Blood</td>
<td>02. Urine</td>
</tr>
<tr>
<td>88. Not Applicable</td>
<td>97. Other</td>
</tr>
</tbody>
</table>
**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

<table>
<thead>
<tr>
<th>PERSON ID</th>
<th>PASSENGER INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>NAME: Doe, Harley</td>
<td>PERSON TYPE: 02</td>
</tr>
<tr>
<td>ADDRESS: 1 Happy Place</td>
<td>SEATING POSITION: 12</td>
</tr>
<tr>
<td>CITY: Newington</td>
<td>RESTRAINT SYSTEM: 01</td>
</tr>
<tr>
<td>DATE OF BIRTH (YYYYMMDD): 19941002</td>
<td>HELMUT USE: 88</td>
</tr>
<tr>
<td>GENDER: 02. Female</td>
<td>INTENDED RECEIVING FACILITY:</td>
</tr>
<tr>
<td>EMS COMPANY NAME:</td>
<td>EMS RUN NUMBER:</td>
</tr>
<tr>
<td>TRANSPORTED TO 1st MEDICAL FACILITY BY: 01</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PERSON ID</th>
<th>PASSENGER INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>88</td>
<td></td>
</tr>
<tr>
<td>NAME: Not Applicable</td>
<td>PERSON TYPE: 99</td>
</tr>
<tr>
<td>ADDRESS:</td>
<td>SEATING POSITION: 88</td>
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<tr>
<td>CITY:</td>
<td>RESTRAINT SYSTEM: 88</td>
</tr>
<tr>
<td>DATE OF BIRTH (YYYYMMDD):</td>
<td>HELMUT USE: 88</td>
</tr>
<tr>
<td>GENDER:</td>
<td>INTENDED RECEIVING FACILITY:</td>
</tr>
<tr>
<td>EMS COMPANY NAME:</td>
<td>EMS RUN NUMBER:</td>
</tr>
<tr>
<td>TRANSPORTED TO 1st MEDICAL FACILITY BY: 01</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PERSON ID</th>
<th>PASSENGER INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>88</td>
<td></td>
</tr>
<tr>
<td>NAME: Not Applicable</td>
<td>PERSON TYPE: 99</td>
</tr>
<tr>
<td>ADDRESS:</td>
<td>SEATING POSITION: 88</td>
</tr>
<tr>
<td>CITY:</td>
<td>RESTRAINT SYSTEM: 88</td>
</tr>
<tr>
<td>DATE OF BIRTH (YYYYMMDD):</td>
<td>HELMUT USE: 88</td>
</tr>
<tr>
<td>GENDER:</td>
<td>INTENDED RECEIVING FACILITY:</td>
</tr>
<tr>
<td>EMS COMPANY NAME:</td>
<td>EMS RUN NUMBER:</td>
</tr>
<tr>
<td>TRANSPORTED TO 1st MEDICAL FACILITY BY: 01</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PERSON ID</th>
<th>PASSENGER INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>88</td>
<td></td>
</tr>
<tr>
<td>NAME: Not Applicable</td>
<td>PERSON TYPE: 99</td>
</tr>
<tr>
<td>ADDRESS:</td>
<td>SEATING POSITION: 88</td>
</tr>
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<tr>
<td>TRANSPORTED TO 1st MEDICAL FACILITY BY: 01</td>
<td></td>
</tr>
</tbody>
</table>

**Use additional sheets if more than 4 passengers occupied this motor vehicle**

**PERSON TYPE**

02. Passenger
07. Occupant of Parked Motor Vehicle
99. Unknown

**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
05. Child Restraint System Forward Facing
06. Child Restraint System Rear Facing
07. Booster Seat
08. Child Restraint Type Unknown
88. Not Applicable
97. Other
99. Unknown

**HELMUT 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
97. Other
99. Unknown If Helmet Worn

**EJECTION**

01. Not Ejected
02. Ejected, Partially
03. Ejected, Totally
88. Not Applicable
99. Unknown

**AIRBAG**

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

**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
99. Unknown
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.

<table>
<thead>
<tr>
<th>PERSON ID</th>
<th>NAME</th>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE or Prov.</th>
<th>POSTAL CODE</th>
<th>DATE OF BIRTH (YYYYMMDD)</th>
<th>WITNESS STATEMENT SOURCE</th>
<th>WITNESS STATEMENT TYPE</th>
<th>WITNESS OBSERVATION VERIFICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Mickey Diamond</td>
<td>18 Victory Lane</td>
<td>Newington</td>
<td>CT</td>
<td>06111</td>
<td>19670319</td>
<td>Observed Crash Occur</td>
<td>No Statement Taken</td>
<td>01. Sight Lines Verified By Reporting Officer</td>
</tr>
<tr>
<td>88</td>
<td>Not Applicable</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Not Applicable</td>
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<td></td>
<td></td>
<td></td>
<td>Not Applicable</td>
<td>01. Sight Lines Verified By Reporting Officer</td>
</tr>
</tbody>
</table>

Date of Birth is unknown for all witnesses.