**CONNECTICUT UNIFORM POLICE CRASH REPORT**

**Form PR-1 REV July 2014.01**

**Crash Summary (Front)**

**Number of Motor Vehicles:** 2
**Number of Non-Motorists:** 0

**Date of Crash:** 02/01/2014
**Time:** 01:40:40

**Town Name:** Waterbury
**Town #:** 151

**Crash Severity:** Fatal

**LOCATION OF FIRST HARMFUL EVENT**

- **1. On Roadway**
- **2. Shoulder**
- **3. Median**
- **4. Roadside**
- **5. Pour**
- **6. Separator**
- **7. In Parking Lane or Zone**
- **8. Off-Roadway Location Unknown**
- **10. Other**

**CRASH-SPECIFIC LOCATION**

- **1. Non-Junction**
- **2. Intersection**
- **3. Intersection-Related**
- **4. Entrance / Exit Ramp**
- **5. Entrance / Exit Ramp-Related**
- **6. Highway Grade Crossing**
- **7. Crossover-Related**
- **8. Driveway Access**
- **9. Driveway Access-Related**
- **10. Shared-Use Path or Trail**
- **11. Through Roadway**
- **12. Acceleration / Deceleration Lane**
- **13. On A Bridge**
- **14. HOV Lane**
- **15. Service or Rest Area**
- **16. Weigh Station**
- **17. Other Location Not Listed Above**
- **18. Other**

**MANNER OF IMPACT**

- **1. None**
- **2. Visual Obstruction(s)**
- **3. Glare**
- **4. Sideswipe, Opposite Direction**
- **5. Sideswipe, Same Direction**
- **6. Rear to Rear**
- **7. Front to Rear**
- **8. Overturn/Rollover**
- **9. Other**

**TYPE OF INTERSECTION**

- **1. Not an Intersection**
- **2. Four-Way Intersection**
- **3. T-intersection**
- **4. Y-intersection**
- **5. L-intersection**
- **6. Traffic Circle**
- **7. Roundabout**
- **8. Five-Point, or More**

**SCHOOL BUS RELATED**

- **1. No**
- **2. Yes, a school bus was directly involved**
- **3. Yes, a school bus was indirectly involved**

**WORK ZONE CRASH INFORMATION**

**Location**: Before the First Work Zone Warning Sign
**Type**: Lane Closure

**WORKERS PRESENT**

- **1. No**
- **2. Yes**

**ENFORCEMENT PRESENT**

- **1. No**
- **2. Yes**

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

- **Date of Crash:** 2/1/2014
- **Time:** 01:40:40
- **Town Name:** Waterbury
- **Town #:** 151
- **Crash Severity:** Fatal

**LATITUDE**

- **41.551715**
- **Longitude**
- **-73.048963**

**LOCATION**

- **1. On Roadway**
- **2. Shoulder**
- **3. Median**
- **4. Roadside**
- **5. Pour**
- **6. Separator**
- **7. In Parking Lane or Zone**
- **8. Off-Roadway Location Unknown**
- **10. Other**

**WEATHER CONDITIONS**

- **1. Daylight**
- **2. Dawn**
- **3. Dusk**
- **4. Dark-Lighted**
- **5. Dark-Not Lighted**
- **6. Dark Unknown-Lighting**
- **7. Other**

**LIGHT CONDITIONS**

- **1. Daylight**
- **2. Cloudy**
- **3. Fog, Smog, Smoke**
- **4. Rain**
- **5. Sleet or Hail**
- **6. Freezing Rain/Drizzle**
- **7. Snow**
- **8. Blowing Snow**
- **9. Severe Crosswinds**
- **10. Blowing Sand, Soil, Dirt**
- **11. Other**

**TRAFFICWAY OWNERSHIP**

- **1. Public Road**
- **2. Private Road**
- **3. Non-Trafficway**
- **4. Parking Lot**

**LIGHT CONDITIONS**

- **1. Daylight**
- **2. Cloudy**
- **3. Fog, Smog, Smoke**
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- **10. Blowing Sand, Soil, Dirt**
- **11. Other**

**TRAFFICWAY CLASS**

- **1. Trafficway, On Road**
- **2. Trafficway, Not on Road**
- **3. Non-Trafficway**
- **4. Parking Lot**

**TRAFFICWAY OWNERSHIP**

- **1. Public Road**
- **2. Private Road**
- **3. Non-Trafficway**
- **4. Parking Lot**

**WEATHER CONDITIONS**

- **1. Clear**
- **2. Cloudy**
- **3. Fog, Smog, Smoke**
- **4. Rain**
- **5. Sleet or Hail**
- **6. Freezing Rain/Drizzle**
- **7. Snow**
- **8. Blowing Snow**
- **9. Severe Crosswinds**
- **10. Blowing Sand, Soil, Dirt**
- **11. Other**

For all numeric fields: 99 = 'Unknown'
Vehicle #1 was traveling on public roadway I-84 eastbound in the right lane of two through rain and wet artificially lit roadway conditions. An unknown vehicle was traveling in the left lane alongside Vehicle #1 when it changed lanes to the right, and struck the left rear quarter panel on Vehicle #1. Vehicle #1 spun around in the roadway due to the wet roadway conditions and struck the barrier on the left side of the road with its rear end. The unknown vehicle did not stop after the collision and could not be identified due to lack of information on its description. Vehicle #1 sustained heavy rear end damage. I observed a scrape on the left rear quarter panel of Vehicle #1 consistent with being struck by the tire of another vehicle. There was no paint transfer on Vehicle #1 to help identify the evading vehicle. Vehicle #1 did not require towing from the scene. Operator 1 was wearing her shoulder and lap belt and there was no airbag deployment.

Operator #1 stated she was traveling on I-84 eastbound in the right lane when a vehicle traveling in the left lane suddenly struck the left rear portion of her vehicle. Operator #1 stated that this caused her vehicle to spin around in the roadway and strike the barrier. Operator #1 stated that she did not see what kind of vehicle struck Vehicle #1 due to the accident happening so quickly. Operator #1 stated that she was not injured. SEE ATTACHED STATEMENT.

The witness at the scene stated that he was entering I-84 eastbound from Route 8 southbound when he observed an unknown vehicle move towards Vehicle #1 as it was traveling in the right lane. The witness stated that he then observed Vehicle #1 spin out of control and strike the barrier. The witness stated that he was not sure if the other vehicle made contact with Vehicle #1. The witness stated that he did not get any descriptors on the other vehicle.

Based upon my investigation, the operator and witness statement, and physical evidence at the scene, the evading vehicle is at fault for the collision. Due to lack of information on the evading vehicle, it could not be located or identified.

CASE STATUS Closed

Related Incident Number
CTDOT-15

Officer First Name
James

Officer Last Name
Martinez

Badge Number
2

Police Agency Code
123456

Case Status
C - Closed

Date & Time:
201404010528

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**

**Number of occupants in Vehicle:** (including the driver)

**Vin:**

<table>
<thead>
<tr>
<th>V</th>
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<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
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<tr>
<td>Make</td>
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</table>

**Roadway on which vehicle was traveling:** I-84

**TOWED TO**

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

**EXTENT OF DAMAGE**

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

**POSTED/STATUTORY SPEED LIMIT**

- 01. Not Posted
- 02. 55
- 03. 60
- 04. 65
- 05. 70
- 06. 75
- 07. 80
- 08. 85
- 09. 90

**MOST HARMFUL EVENT**

- 01. Non-Collision
- 02. Top
- 03. Undercarriage
- 04. Cargo loss

**Initial Contact Point**

- 01. Non-Collision
- 02. Top
- 03. Undercarriage
- 04. Cargo loss

**MOST HARMFUL EVENT**

- 01. Non-Collision
- 02. Top
- 03. Undercarriage
- 04. Cargo loss

**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. Animal
- 09. Pedal Cycle/Pedal-cyclist
- 10. Equipment Failure
- 11. Mirrors
- 12. Parked Motor Vehicle
- 13. Pedestrian
- 14. Wrong Way or Wrong Side
- 15. Falling, Falling, Falling, Falling
- 16. Other Fixed Object

**Contributing Circumstances**

- 01. None
- 02. Brakes
- 03. Brakes
- 04. Steering
- 05. Power Train
- 06. Suspension
- 07. Tires
- 08. Wheels
- 09. Lights (head, signal, tail)
- 10. Windows/Door
- 11. Mirrors
- 12. Wipers
- 13. Truck Coupling / Trailer Hitch / Safety Chains
- 14. Overturn/Rollover
- 15. Falling, Falling, Falling, Falling
- 16. Towed Due to Disabling Damage
- 17. Other

**Vehicle was not in roadway**

- 01. Driver Evaded Responsibility
- 02. Towed, But Not Due to Disabling Damage
- 03. Not Towed

**INSURANCE INFORMATION**

- **GENERAL**
  - **INSURANCE COMPANY**: Happy Cat's
  - **INSURANCE POLICY NUMBER**: 433443
  - **INSURANCE EXPIRATION DATE**: 20150615
### MOTOR VEHICLE OWNERSHIP INFORMATION

Complete One Sheet Per Motor Vehicle

<table>
<thead>
<tr>
<th>Property Damaged Information</th>
<th>01</th>
<th>02</th>
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<tbody>
<tr>
<td>Nature and Extent of Damage to Property 1</td>
<td>01</td>
<td>02</td>
<td>88</td>
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<tr>
<td>Name of Owner of Property 1</td>
<td>01</td>
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<tr>
<td>Name of Owner of Property 2</td>
<td>01</td>
<td>02</td>
<td>88</td>
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<tr>
<td>Name of Owner of Property 3</td>
<td>01</td>
<td>02</td>
<td>88</td>
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</table>

**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

- **Street Address or Post Office Box**

- **City**

- **State/Prov** United States

- **Postal Code**

- **Country** United States

- **Email Address (optional)**

- **Phone (optional)**

- **Motor Vehicle Information (Back)**
## CONNECTICUT UNIFORM POLICE CRASH REPORT

**Form PR-1 REV July 2014.01**

**Case Number:**

**DOT Identifier:**

### MOTOR VEHICLE OWNERSHIP INFORMATION

<table>
<thead>
<tr>
<th>Street Address or Post Office Box</th>
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<tbody>
<tr>
<td>City</td>
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<tr>
<th>Email Address (optional)</th>
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### SPECIAL VEHICLE FUNCTION

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### EMERGENCY VEHICLE

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### BUS USE

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### PROPERTY DAMAGED

<table>
<thead>
<tr>
<th>NATURE AND EXTENT OF DAMAGE TO PROPERTY 1</th>
<th>NAME OF OWNER OF PROPERTY 1</th>
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<tbody>
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<td>N/A</td>
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<table>
<thead>
<tr>
<th>NATURE AND EXTENT OF DAMAGE TO PROPERTY 2</th>
<th>NAME OF OWNER OF PROPERTY 2</th>
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</thead>
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<thead>
<tr>
<th>NATURE AND EXTENT OF DAMAGE TO PROPERTY 3</th>
<th>NAME OF OWNER OF PROPERTY 3</th>
</tr>
</thead>
</table>

Information same as driver

Complete if public or private property other than vehicles were damaged in the crash.
CONNCTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV July 2014.01

Motor Vehicle ID: 1
Person ID: 1

Motor Vehicle Driver Information
Complete One Sheet Per Driver

GENDER
01. Male
02. Female
99. Unknown

DATE OF BIRTH (YYYYMMDD)
19920107

DOT IDENTIFIER:

LICENSE NUMBER
1884866708

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

ENDORSEMENTS
☐ 01. V - Student Transportation
☐ 02. N - Tank Vehicles
☐ 03. M - Motorcycles
☐ 04. H - Hazardous Materials
☐ 05. F - Taxi, Livery, Motor Coach
☐ 06. A - Activity Vehicles
☐ 07. G - Fire Fighting Vehicles
☐ 08. S - School Bus
☐ 09. P - Passenger
☐ 10. X - Combination of Tank Vehicle and Hazardous Materials
☐ 11. T - Double/Triple Trailers
☐ 12. Q - Combination of Tank Vehicle and Hazardous Materials

LICENSE INFO

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

COMMERCIAL LICENSE
01. No
02. Yes

COMMERICAL LICENSE

COMMERICAL LICENSE

ENDORSEMENTS

ENDORSEMENTS

DRIVER INFORMATION

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

RESTRAINT SYSTEM

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

HELMET USE

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

AIRBAG

SPEED RELATED
01. No
02. Racing
03. Exceeded Speed Limit
04. Too Fast for Conditions

SPEED RELATED

INJURY AND EMS INFORMATION

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

INJURY STATUS

TRANSPORTED TO FIRST MEDICAL FACILITY BY
01. Not Transported
02. EMS Air
03. EMS Ground
04. Law Enforcement
97. Other

TRANSPORTED TO FIRST MEDICAL FACILITY BY

EMS COMPANY NAME

EMS RUN NUMBER

INTENDED RECEIVING FACILITY

ENFORCEMENT ACTIONS TAKEN

VIOLATION STATUTES

VIOLATION STATUTES

DRUG/ALCOHOL INFORMATION

ALCOHOL TEST STATUS
01. Blood
02. Urine
03. Breath
99. Unknown if Tested

ALCOHOL TEST STATUS

TYPE OF ALCOHOL TEST
01. Blood
02. Urine
88. Not Applicable
97. Other

TYPE OF ALCOHOL TEST

DRUG TEST STATUS
01. Blood
02. Urine
88. Not Applicable
97. Other

DRUG TEST STATUS

TYPE OF DRUG TEST
01. Blood
02. Urine
88. Not Applicable
97. Other

TYPE OF DRUG TEST

ACTION BY OFFICER
00. None Taken
01. Verbal Warning
02. Written Warning
03. Infraction
04. Arrest/Summons
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>DATE OF BIRTH</th>
<th>WITNESS STATEMENT SOURCE</th>
<th>WITNESS STATEMENT TYPE</th>
<th>WITNESS OBSERVATION VERIFICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Jude Hey</td>
<td>62 Ashbury Place</td>
<td></td>
<td>01. Observed Crash Occur</td>
<td>04</td>
<td>01. Sight Lines Verified by Reporting Officer</td>
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<td>02. Overheard Statements by Person Involved</td>
<td>08</td>
<td>02. Sight Lines Verified by Other Officer</td>
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<td>03. Observed illegal activities by persons involved in the crash prior to police arrival</td>
<td>88</td>
<td>03. Sight Lines Confirmed by Other Witness</td>
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<td>04. Observed other illegal behavior by a vehicle involved in the crash or resulting in the crash occurring</td>
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<td>04. Verification Not Possible</td>
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<td>88. Not Applicable</td>
<td>88</td>
<td>05. Verification Not Undertaken</td>
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<td>Not Applicable</td>
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<td>01. Observed Crash Occur</td>
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<td>04. Observed other illegal behavior by a vehicle involved in the crash or resulting in the crash occurring</td>
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<td>04. Verification Not Possible</td>
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<td>05. Verification Not Undertaken</td>
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