## 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  
**Case Number:** 1200372961

### CRASH DATE, TIME, SEVERITY, AND LOCATION

<table>
<thead>
<tr>
<th>Date of Crash (YYYYMMDD)</th>
<th>Time (0000-2359)</th>
<th>Town Name</th>
<th>Town #</th>
<th>Crash Severity</th>
</tr>
</thead>
<tbody>
<tr>
<td>20140701</td>
<td>0236</td>
<td>Greenwich</td>
<td>57</td>
<td></td>
</tr>
</tbody>
</table>

**Latitude:** 41.006330  
**Longitude:** -73.648341

### CRASH FACTORS AND CONDITIONS

#### TRAFFICWAY OWNERSHIP

01. Public Road  
02. Private Road  
88. Not Applicable

#### TRAFFICWAY CLASS

01. Trafficway, On Road  
02. Trafficway, Not on Road  
03. Non-Trafficway  
04. Parking Lot

#### LIGHT CONDITIONS

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

#### WEATHER CONDITIONS

(choose up to 2)

01. Clear  
02. Cloudy  
03. Fog, Smog, Smoke  
04. Rain  
05. Sleet or Hail  
06. Freezing Rain/Drizzle  
07. Snow  
08. Blowing Snow  
09. Severe Crosswinds  
10. Blowing Sand, Soil, Dirt  
88. Not Applicable  
97. Other

#### TRAFFICWAY SURFACE CONDITIONS

01. Dry  
02. Wet  
03. Snow  
04. Slush  
05. Ice/Frost  
06. Moving Water  
07. Sand  
08. Mud, Dirt, Gravel  
09. Oil  
10. Standing Water  
97. Other

### LOCATION OF FIRST HARMFUL EVENT

1. On Roadway  
2. Shoulder  
3. Median  
4. Roadside  
5. Gore  
6. Separator  
7. In Parking Lane or Zone  
8. Off-Roadway Location Unknown  
9. Outside Right-of-Way (trafficway)  
97. Other

### FIRST HARMFUL EVENT

#### Non-Collision:

01. Overturn/Rollover  
02. Fire / Explosion  
03. Immersion, Full or Partial  
04. Jackknife  
05. Cargo/Equipment Loss or Shift  
06. Fell/Jumped from Vehicle  
07. Thrown or Falling Object  
08. Other Non-Collision

#### Collision with Person, Vehicle, or Non-Fixed Object:

09. Pedestrian  
10. Pedal cycle/Pedal-cyclist  
11. Other Non-motorist  
12. Railway Vehicle (train, engine)  
13. Animal Other Than Deer (ive)  
14. Motor Vehicle in Operation  
15. Parked Motor Vehicle  
16. Struck by Falling, Falling Cargo or Anything Set in Motion by Motor Vehicle  
17. Work Zone/Maintenance Equipment  
18. Other Non-Fixed Object

### MANNER OF IMPACT

(Choose up to 1)

01. Front to Rear  
02. Front to Front  
03. Side  
04. Sideswipe, Same Direction  
05. Sideswipe, Opposite Direction  
06. Rear to Side  
07. Rear to Rear  
88. Not Applicable  
97. Other

### CONTRIBUTING CIRCUMSTANCES, ENVIRONMENTAL

(Choose up to 3)

00. None  
01. Weather Conditions  
02. Visual Obstruction(s)  
03. Glare  
04. Animal(s) in Roadway  
88. Not Applicable  
97. Other

### CONTRIBUTING CIRCUMSTANCES, ROAD

(Choose up to 3)

00. None  
01. Backup Due to Prior Crash  
02. Backup Due to Prior Non-recurring Incident  
03. Backup Due to Regular Congestion  
04. Toll Booth/Plaza Related  
05. Road Surface Condition (wet, icy, snow, slush, etc.)  
06. Debris  
07. Ruts, Holes, Bumps  
08. Work Zone (construction/maintenance/utility)  
09. Worn, Travel-Polished Surface  
10. Obstruction in Roadway  
11. Traffic Control Device Inoperative, Missing, or Obscured  
12. Shoulder (none, low, soft, high)  
13. Non-Highway Work  
88. Not Applicable  
97. Other

### TYPE OF INTERSECTION

01. Not an Intersection  
02. Two-Way Intersection  
03. T-Intersection  
04. Y-Intersection  
05. L-Intersection  
06. Traffic Circle  
07. Roundabout  
08. Five-Point, or More

### TYPE OF FIXED OBJECT

01. Anything Set in Motion by Motor Vehicle  
02. Guardrail Face  
03. Guardrail End  
04. Concrete Traffic Barrier  
05. Other Traffic Barrier  
06. Tree (standing)  
07. Utility Pole/Light Support  
08. Traffic Sign Support  
09. Sign Support  
10. Mailbox  
11. Other Post, Pole or Support  
12. Other Fixed Object (wall, building, tunnel, etc.)

### SCHOOL BUS RELATED

01. No  
02. Yes, a school bus was directly involved  
03. Yes, a school bus was indirectly involved

### WORK ZONE CRASH INFORMATION

**WORK ZONE**

01. No  
02. Yes

**LOCATION**

01. Before the First Work Zone Warning Sign  
02. Advance Warning Area  
03. Transition Area  
04. Activity Area  
05. Termination Area  
88. Not Applicable

**TYPE**

01. Lane Closure  
02. Lane Shift / Crossover  
03. Work on Shoulder or Median  
04. Intermittent or Moving Work  
88. Not Applicable  
97. Other

**NUMBER OF MOTOR VEHICLES INVOLVED**

01. 2

**WORKERS PRESENT**

01. No  
02. Yes  
88. Not Applicable

**ENFORCEMENT PRESENT**

01. No  
02. Yes  
88. Not Applicable

**CRASH-RELATED INFORMATION**

**1. Locations of First Harmful Event**

Within an interchange area at the intersection of (street name or route #) and (street name or route #)

**2. Date of Crash**

(YYYYMMDD)

**3. Town Name**

Greenwich

**4. Latitude**

41.006330

**5. Longitude**

-73.648341
Upon arriving at the scene, the road was dry, the weather was clear, dark with artificial light and traffic was building up due to the collision. Posted Speed Limit in this area is 65 mph and it is a 3 lane median barrier divided highway. I observed debris from vehicle #2 scattered across the roadway. There were tire marks in the right lane of two travel lanes and also on the right concrete barrier where vehicle #2 first struck. Vehicle #1 was at controlled rest in the left lane of two and vehicle #2 was at final rest also in the left lane. I observed damage consisting of scratches, cracks and denting on the rear bumper of vehicle #1. Vehicle #2's damage consisted of crumpling cracks and denting on the entire front end, left and right side. Vehicle #1 was operable and did not require tow and vehicle #2 was towed due to damage by Post road towing of Greenwich. Vehicle #1 and vehicle #2 were both traveling on a public road, southbound on I-95 just south of exit 2 in Greenwich. Vehicle #1 was ahead of #2 in the right lane of three travel lanes. Vehicle #2 was following vehicle #1 too closely, when both vehicles came to a split in the roadway. Vehicle #2 struck the concrete barrier on the right shoulder while negotiating a bend in the road and subsequently struck vehicle #1 which was ahead and traveling straight.

Operator #1 said she was traveling straight in the right lane, when she felt a bump at the back of her car. Operator #1 said she looked back and saw vehicle #2 had struck the bumper of her vehicle. Operator #1 was wearing her Lap and shoulder belt and there was no airbag deployment. No injuries were reported.

Operator #2 said he was traveling behind vehicle #1 prior to the split in the road. Operator #2 said he lost control of his motorcycle at the bend in the roadway when the collision occurred. Operator #2 complained of shoulder pain, and sustained evident bruises and scrapes from the collision. Operator #2 was transported to Stamford hospital for his injuries.

Based on the physical evidence at the scene, including the statements of the operators, I found operator #2 at fault in this collision. Operator #2 was therefore issued an infraction for C.G.S. 14-218a Traveling unreasonably fast for road conditions and C.G.S. 14-240, Following too closely. Case Status: Closed.
<table>
<thead>
<tr>
<th>MOTIVE VEHICLE INFORMATION</th>
<th>MOTIVE VEHICLE CRASH INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>VIN: V 3 4 5 6 2 3 4 5 1 2 3 4 8 9 0</td>
<td>01. Overturn/Rollover</td>
</tr>
<tr>
<td>Make: Chevrolet</td>
<td>02. Passenger Car</td>
</tr>
<tr>
<td>Model: Mini Van</td>
<td>03. Cargo Van (&lt;10,000 lbs GVWR)</td>
</tr>
<tr>
<td>Color: Grey</td>
<td>04. Cargo Van (10,000 lbs GVWR or less)</td>
</tr>
<tr>
<td>Year: 2004</td>
<td>05. Pickup</td>
</tr>
<tr>
<td>Direction of Travel: N, S, E, W</td>
<td>06. Motor Home</td>
</tr>
<tr>
<td>Vehicle was not in roadway: Unknown direction</td>
<td>07. School Bus</td>
</tr>
<tr>
<td>08. Bridge Rail</td>
<td>08. Transit Bus</td>
</tr>
<tr>
<td>09. Bridge Overhead Structure</td>
<td>09. Motor Coach</td>
</tr>
<tr>
<td>10. Bridge Pier or Support</td>
<td>10. Other Bus</td>
</tr>
<tr>
<td>11. Bridge Rail</td>
<td>11. Motorcycle</td>
</tr>
<tr>
<td>12. Cable Barrier</td>
<td>12. Moped</td>
</tr>
<tr>
<td>13. Culvert</td>
<td>13. Low Speed Vehicle</td>
</tr>
<tr>
<td>15. Ditch</td>
<td>15. All Terrain Vehicle (ATV)</td>
</tr>
<tr>
<td>17. Guardrail Face</td>
<td>17. Other Light Trucks (10,000 lbs GVWR or less)</td>
</tr>
<tr>
<td>18. Guardrail End</td>
<td>18. Medium/Heavy Trucks (more than 10,000 lbs GVWR)</td>
</tr>
<tr>
<td>19. Concrete Traffic Barrier</td>
<td>19. Other</td>
</tr>
<tr>
<td>20. Other Traffic Barrier</td>
<td>20. School Bus</td>
</tr>
<tr>
<td>21. Tree (standing)</td>
<td>21. Pedestrian</td>
</tr>
<tr>
<td>22. Utility Pole</td>
<td>22. Other Non-Collision</td>
</tr>
<tr>
<td>23. Traffic Sign Support</td>
<td>23. Motorcycle</td>
</tr>
<tr>
<td>25. Other Post, Pole, or Support</td>
<td>25. Other</td>
</tr>
<tr>
<td>27. Mailbox</td>
<td>27. Other Non-Collision</td>
</tr>
<tr>
<td>28. Other Fixed Object</td>
<td>28. Other Non-Collision</td>
</tr>
<tr>
<td>29. Wall, building, tunnel, etc.</td>
<td>29. Other Non-Collision</td>
</tr>
<tr>
<td>30. Light Support</td>
<td>30. Other Non-Collision</td>
</tr>
<tr>
<td>31. Not Applicable</td>
<td>31. Other Non-Collision</td>
</tr>
</tbody>
</table>

**SEQUENCE OF EVENTS**

- 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 Runway
  - 13. Fell/Jumped From Motor Vehicle
  - 14. Overtaking/Passing Motorcycle
  - 15. Wrong Way or Wrong Side
  - 16. Backing
  - 17. Pedestrian
  - 18. Animal
  - 19. Other Non-motorist

**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

**EXTENT OF DAMAGE**

- 00. None
- 01. Top
- 02. Undercarriage
- 03. Cargo loss

**Damaged Areas** (choose up to 3)

- 00. None
- 01. Top
- 15. Undercarriage
- 17. All Areas

**Initial Contact Point**

- 10. Non-Collision
- 13. Top
- 15. Undercarriage
- 16. Cargo loss

**POSTED/STATUTORY SPEED LIMIT**

- 01. Not Posted
- 10, 15, 20, 25, 30, 35, 40, 45
- 50, 55, 60, 65, 70, 75, 80, 85
- 90, 95, 100

**TOWED TO**

- 00. No Towed
- 01. Tow/Relocated
- 02. No Damage
- 03. Damaged

**TOWED**

- 00. No Towed
- 01. Damaged
- 02. Towed
- 03. Not Towed

**MAJOR HARMFUL EVENTS**

- 08. Pedestrian
- 12. Other Non-Collision

**TRAFFICWAY DESCRIPTION**

- 00. None
- 01. Two-Way, Not Divided
- 02. Two-Way, Not Divided with 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
- 06. Not Applicable

**TRAFFICWAY FUNCTIONAL?**

- 00. Not Applicable
- 01. Yes
- 02. No
- 03. Missing
- 04. Other Non-Collision

**INSURANCE INFORMATION**

- Happy Cat's
- 433443
- 20150615
**CONNECTICUT UNIFORM POLICE CRASH REPORT**
Form PR-1 REV July 2014.01

**Motor Vehicle Information (Back)**
Complete One Sheet Per Motor Vehicle

**CASE NUMBER:**

**DOT IDENTIFIER:**
1200372961

---

### MOTOR VEHICLE OWNER'S INFORMATION

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

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

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

---

### SPECIAL VEHICLE FUNCTION

<table>
<thead>
<tr>
<th>01. No Special Function</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>02. Taxi</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>03. Vehicle Used as School Bus</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>04. Vehicle Used as Other Bus</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>05. Military</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>06. Police</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>07. Ambulance</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>08. Fire Truck</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>09. Non-Transport Emergency</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>10. Incident Response Services Vehicle</th>
</tr>
</thead>
</table>

---

### PROPERTY DAMAGED

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

- Scraps and paint transfer to median Jersey barrier

**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**
**CONNECUT 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: 1
- Other: 0

**Motor Vehicle Information (Front)**

**Motor Vehicle ID:**
- 2

<table>
<thead>
<tr>
<th>VIN</th>
<th>9 8 7 6 5 4 3 2 1 2 3 4 5 6 7 8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Make</td>
<td>BMW</td>
</tr>
<tr>
<td>Model</td>
<td>Motorcycle</td>
</tr>
<tr>
<td>Color</td>
<td>black</td>
</tr>
<tr>
<td>Year</td>
<td>2010</td>
</tr>
<tr>
<td>Road on which vehicle was traveling</td>
<td>I-95</td>
</tr>
</tbody>
</table>

**Reason for Collision**

- 01. Not Posted
- 02. Pedestrian
- 03. Animal (live)
- 04. Utility Pole
- 05. Traffic Signal Support
- 06. Other Post, Pole, or Support
- 07. Fence
- 08. Mailbox
- 09. Other Fixed Object (wall, building, tunnel, etc.)
- 10. Light Support
- 11. Most Harmful Event
- 12. Towed: Due to Disabling Damage
- 13. Towed: But Not Due to Disabling Damage
- 14. Towed: Not Towed
- 15. Damaged Areas
- 16. Extent of Damage
- 17. Initial Contact Point
- 18. Contributing Circumstances
- 19. Non-Collision
- 20. Pedestrian
- 21. Animal (live)
- 22. Utility Pole
- 23. Traffic Signal Support
- 24. Other Post, Pole, or Support
- 25. Fence
- 26. Mailbox
- 27. Other Fixed Object (wall, building, tunnel, etc.)
- 28. Light Support
- 29. Most Harmful Event
- 30. Towed: Due to Disabling Damage
- 31. Towed: But Not Due to Disabling Damage
- 32. Towed: Not Towed
- 33. Damaged Areas
- 34. Extent of Damage
- 35. Initial Contact Point
- 36. Contributing Circumstances
- 37. Non-Collision
- 38. Pedestrian
- 39. Animal (live)
- 40. Utility Pole
- 41. Traffic Signal Support
- 42. Other Post, Pole, or Support
- 43. Fence
- 44. Mailbox
- 45. Other Fixed Object (wall, building, tunnel, etc.)
- 46. Light Support
- 47. Most Harmful Event
- 48. Towed: Due to Disabling Damage
- 49. Towed: But Not Due to Disabling Damage
- 50. Towed: Not Towed
- 51. Damaged Areas
- 52. Extent of Damage
- 53. Initial Contact Point
- 54. Contributing Circumstances
- 55. Non-Collision
- 56. Pedestrian
- 57. Animal (live)
- 58. Utility Pole
- 59. Traffic Signal Support
- 60. Other Post, Pole, or Support
- 61. Fence
- 62. Mailbox
- 63. Other Fixed Object (wall, building, tunnel, etc.)
- 64. Light Support
- 65. Most Harmful Event
- 66. Towed: Due to Disabling Damage
- 67. Towed: But Not Due to Disabling Damage
- 68. Towed: Not Towed
- 69. Damaged Areas
- 70. Extent of Damage
- 71. Initial Contact Point
- 72. Contributing Circumstances
- 73. Non-Collision
- 74. Pedestrian
- 75. Animal (live)
- 76. Utility Pole
- 77. Traffic Signal Support
- 78. Other Post, Pole, or Support
- 79. Fence
- 80. Mailbox
- 81. Other Fixed Object (wall, building, tunnel, etc.)
- 82. Light Support
- 83. Most Harmful Event
- 84. Towed: Due to Disabling Damage
- 85. Towed: But Not Due to Disabling Damage
- 86. Towed: Not Towed
- 87. Damaged Areas
- 88. Extent of Damage
- 89. Initial Contact Point
- 90. Contributing Circumstances
- 91. Non-Collision
- 92. Pedestrian
- 93. Animal (live)
- 94. Utility Pole
- 95. Traffic Signal Support
- 96. Other Post, Pole, or Support
- 97. Fence
- 98. Mailbox
- 99. Other Fixed Object (wall, building, tunnel, etc.)
- 100. Light Support

**Motor Vehicle Type**

- 01. Motor Vehicle in Operation
- 02. Parked Motor Vehicle
- 03. Working Vehicle/Equipment
- 04. Non-Collision Vehicle

**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

**Roadway Grade**

- 01. Level
- 02. Uphill
- 03. Hill Crest
- 04. Downhill
- 05. Sag (bottom)

**Traffic Control Device Functional?**

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

**Insurance Information**

- **Insurance Company:** Happy Cat’s
- **Insurance Policy Number:** 433443
- **Insurance Expiration Date (yyyyMMdd):** 20150615
**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>1200372961</td>
<td></td>
</tr>
</tbody>
</table>

### 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):**

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

### BUS USE

- **01. Not a Bus**
- **02. School**
- **03. Transit/Commuter**
- **04. Intercity**
- **05. Charter/Tour**
- **06. Shuttle**
- **88. Not Applicable**

### 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**

### 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**
**Name:** Doe, Lisa, Lou  
**Street Address:** 1 Happy Place  
**City:** Newington  
**State or Prov:** CT  
**Postal Code:** 06111  
**Date of Birth:** 19780720  
**Gender:** Male  
**License Number:** 1887253689  
**State:** CT  
**Commercial License:** Yes  
**License Class:** Class D  
**Endorsements:**  
- Tribal Nation  
- International License  
- Mexican State  
- Canadian Province  
**Commercial License:** Yes  
**Ejection:**  
1. Front Row  
2. Right Seat  
3. Other Seat  
**Seating Position First Digit:** 01  
**Seating Position Second Digit:** 11  
**Helmet Use:**  
1. No Helmet  
2. DOT-Compliant Motorcycle Helmet  
3. Helmet, Other Than DOT-Compliant Motorcycle Helmet  
4. Helmet, Unknown If DOT-Compliant  
**Airbag:**  
1. Not Deployed  
2. Deployed-Front  
3. Deployed-Side  
4. Deployed-Curtain  
5. Deployed-Other  
6. Deployed-Combination  
**Sedentary Related:**  
1. No  
2. Racing  
3. Exceeded Speed Limit  
4. Too Fast for Conditions  
**Injury Status:**  
A. Suspected Minor Injury  
B. Possible Injury  
C. No Apparent Injury  
D. Fatal Injury  
**Transported to First Medical Facility By:**  
1. Not Transported  
2. EMS Air  
3. EMS Ground  
4. Law Enforcement  
97. Other  
**Injury and EMS Information:**  
- EMS Company Name:  
- EMS Run Number:  
- Intended Receiving Facility: A  
**Enforcement Actions Taken:**  
00. None Taken  
01. Verbal Warning  
02. Written Warning  
03. Infraction  
04. Arrest/Summons  
**Drugs/Alcohol Information:**  
- Alcohol Test Status:  
- Drug Test Status:  
- Type of Drug Test:  
- Type of Alcohol Test:
### Motor Vehicle Driver Information

**Name:** Doe, Greg, S  
**Address:** 14 Happy Place, Newington, CT 06111

**State:** CT  
**Postal Code:** 06111  
**Phone/Email (optional):**

**License Info**

<table>
<thead>
<tr>
<th>License Number</th>
<th>State</th>
<th>ENDORSEMENTS</th>
<th>COMMERCIAL LICENSE</th>
<th>DRIVER LICENSE JURISDICTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>18897321566</td>
<td>CT</td>
<td></td>
<td>02</td>
<td>01. Not Licensed</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>02. State</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>03. Tribal Nation</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>04. U.S. Government</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>05. Canadian Province</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>06. Mexican State</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>07. International License</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>08. Valid License</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>09. Valid License (other country)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>88. Not Applicable</td>
</tr>
</tbody>
</table>

**License Class**

<table>
<thead>
<tr>
<th>Class</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>00</td>
<td>None</td>
</tr>
<tr>
<td>01</td>
<td>Class A</td>
</tr>
<tr>
<td>02</td>
<td>Class B</td>
</tr>
<tr>
<td>03</td>
<td>Class C</td>
</tr>
<tr>
<td>04</td>
<td>Class D</td>
</tr>
<tr>
<td>05</td>
<td>Class M</td>
</tr>
<tr>
<td>88</td>
<td>Not Applicable</td>
</tr>
</tbody>
</table>

**Commercial License**

<table>
<thead>
<tr>
<th>Description</th>
<th>Class</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>No</td>
</tr>
<tr>
<td>02</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Ejection**

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

**Restraint System**

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

**Helmet Use**

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

**Airbag**

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

**Speed Related**

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

**Injury Status**

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

**Transported to First Medical Facility By**

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

**Injury and EMS Information**

<table>
<thead>
<tr>
<th>Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>01. Apparently Normal</td>
<td></td>
</tr>
<tr>
<td>02. Physically Impaired</td>
<td></td>
</tr>
<tr>
<td>03. Emotional (depressed, angry, etc.)</td>
<td></td>
</tr>
<tr>
<td>04. Ill (sick), Fainted</td>
<td></td>
</tr>
<tr>
<td>05. Asleep or Fatigued</td>
<td></td>
</tr>
<tr>
<td>06. Under the Influence (Medications/Drugs/Alcohol)</td>
<td></td>
</tr>
<tr>
<td>97. Other</td>
<td></td>
</tr>
<tr>
<td>99. Unknown</td>
<td></td>
</tr>
</tbody>
</table>

**Enforcement Actions Taken**

<table>
<thead>
<tr>
<th>Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>00. None Taken</td>
<td></td>
</tr>
<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>

**Drug/Alcohol Information**

<table>
<thead>
<tr>
<th>Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>01. Blood</td>
<td></td>
</tr>
<tr>
<td>02. Urine</td>
<td></td>
</tr>
<tr>
<td>88. Not Applicable</td>
<td></td>
</tr>
<tr>
<td>97. Other</td>
<td></td>
</tr>
</tbody>
</table>

---

**Motor Vehicle ID:** 2  
**Person ID:** 2  
**License Number:** 18897321566  
**State:** CT  
**GENDER:** Male  
**DATE OF BIRTH:** 19680408  
**Case Number:** 1200372961  
**DOT Identifier:**

---

**Severity:**

- **FIRST DIGIT:** 1 - Front Row
- **SECOND DIGIT:** 11 - Left Seat (usually the motor vehicle or motorcycle driver except for postal vehicles and some foreign vehicles)
- **SEATING POSITION FIRST DIGIT:** 1 - Left Seat

**Injury Status:**

- **Description:** Fatal Injury
- **Code:** K
- **Type of Injury:** 00

**Transported to First Medical Facility By:**

- **Description:** Not Transported
- **Code:** 01

**Drug Test Status:**

- **Description:** Test Not Given
- **Code:** 01
- **Type of Drug Test:** 01
Appendix A: Narrative Continued
Complete this sheet if more space is needed for the narrative

NARRATIVE CONTINUED (i)