### Trafficway Ownership
- Public Road
- Private Road
- Not Applicable

### Trafficway Class
- Trafficway, On Road
- Trafficway, Not on Road
- Non-Trafficway
- Parking Lot

### Light Conditions
- Daylight
- Dawn
- Dusk
- Dark-Lighted
- Dark-Not-Lighted
- Dark Unknown Lighting

### Weather Conditions
- Clear
- Cloudy
- Fog, Smog, Smoke
- Rain
- Freezing Rain/Drizzle
- Snow
- Blowing Snow
- Severe Crosswinds
- Blowing Sand, Soil, Dirt
- Not Applicable
- Other

### Trafficway Surface Conditions
- Dry
- Wet
- Snow
- Slush
- Ice/Frost
- Moving Water
- Sand
- Mud, Dirt, Gravel
- Oil
- Standing Water
- Other

### Work Zone Crash Information
- Location: Before the First Work Zone Warning Sign
- Type: Lane Closure
- Workers Present: No
- Enforcement Present: No

### Crash Summary (Front)
- Date of Crash: 2014 07 04
- Town: Rocky Hill
- Crash Severity: Fatal
- Town #: 119
- Location of First Harmful Event: On Roadway
- First Harmful Event: Overturn/Rollover
- Manner of Impact: Front to Rear
- Contributing Circumstances, Environmental: None
- Contributing Circumstances, Road: None

### Crash Factors and Conditions
- Trafficway Ownership: 01
- Trafficway Class: 01
- Light Conditions: 04
- Weather Conditions: 01
- Trafficway Surface Conditions: 01
- Type of Intersection: 01
- School Bus Related: 01
- Work Zone: 01
- Location of First Harmful Event: 01
- First Harmful Event: 01
- Manner of Impact: 01
- Contributing Circumstances, Environmental: 00
- Contributing Circumstances, Road: 00

### Crash Date, Time, Severity, and Location
- Date of Crash: 2014 07 04
- Time: 01 34
- Town: Rocky Hill
- Crash Severity: Fatal
- Location: SB Access Ramp Exit 24

### Crash-Specific Location
- Non-Junction
- Intersection
- Intersection-Related
- Entrance / Exit Ramp
- Slow-Moving Traffic
- Work on Shoulder or Median
- Other

### Crash-Specific Location
- Non-Junction
- Intersection
- Intersection-Related
- Entrance / Exit Ramp
- Slow-Moving Traffic
- Work on Shoulder or Median
- Other

### Manner of Impact
- Front to Rear
- Front to Front
- Side to Side
- Angle
- Sideswipe, Opposite Direction
- Sideswipe, Same Direction
- Other Non-Collision

### Contributing Circumstances, Environmental
- None

### Contributing Circumstances, Road
- None

### Work Zone Crash Information
- Location: Before the First Work Zone Warning Sign
- Type: Lane Closure
- Workers Present: No
- Enforcement Present: No
On 07/04/2012 at approximately 0134 hours, Troop H responded to a single car motor vehicle accident in the area of I-91 southbound on the exit 24 on ramp in the Town of Rocky Hill, CT. Upon arrival at the scene I observed Vehicle #1 at a controlled final rest on the right shoulder of the onramp. I then observed Vehicle #1 sustained moderate damage to its front bumper and passenger side. I also noted approximately 200’ of metal wire guardrail damage on the right shoulder of the exit 24 on ramp to I-91. The Department of Transportation was notified of said damage. The roadway was dry, artificially lit, and no adverse weather conditions.

Operator #1 explained verbally that she was driving on the exit 24 southbound on ramp to I-91 when a silver Mazda ran her off the road, causing her to strike the metal wire guard rail. Operator #1 later explained that she fabricated that story and did not have a reason why she struck the guard wire. Operator #1 reported she had on her seat belt, there was no air bag deployment, no injuries and she refused medical attention. Upon arrival at the scene I observed Vehicle #1 at a controlled final rest on the right shoulder of the onramp. I then observed Vehicle #1 sustained moderate damage to its front bumper and passenger side. I also noted approximately 200’ of metal wire guardrail damage on the right shoulder of the exit 24 on ramp to I-91. The Department of Transportation was notified of said damage. The roadway was dry, artificially lit, and no adverse weather conditions.

Based on Operator statements, physical evidence and my investigation I found Vehicle #1 failed to drive in the proper lane and subsequently sideswiped the metal wire guard rail governing the right shoulder. Operator #1 is at fault for C.G.S. 14-227a, D.W.I., and C.G.S. 14-236, Failure to Drive in Proper Lane. The D.W.I. is documented in the attached 683 report. Operator #1 was transported and processed at Troop H without incident. Operator #1 was later released on a $1,000.00 Surety Bond set by Trooper SGT. #1. Operator #1 is to appear at GA-15, New Britain on 07/23/2012 at 0900 hrs.
**Connecticut Uniform Police Crash Report**

**Form PR-1 REV July 2014.01**

**Motor Vehicle Information (Front)**

- **Motor Vehicle ID:** 1
- **Number of occupants in Vehicle:** 1

**Motor Vehicle Information**

<table>
<thead>
<tr>
<th>VIN</th>
<th>Model</th>
<th>Make</th>
<th>Color</th>
<th>Year</th>
<th>Direction of Travel</th>
</tr>
</thead>
<tbody>
<tr>
<td>V9876543212</td>
<td>Wagon</td>
<td>Jeep</td>
<td>Gray</td>
<td>2011</td>
<td>N, S, E, W</td>
</tr>
</tbody>
</table>

**Road on which vehicle was traveling:** SB Acc to I-91

**Vehicle was not in roadway:** Yes

**Vehicle not in roadway type:** Bike/lanes/sharrows present

**Total lanes in roadway:** 1

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

**Sequence of Events**

- **Non-Collision**
  01. Overtown/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. Struck By Falling, Shifting Cargo or Anything Set In Motion By Motor Vehicle
  09. Impact Attenuator/Crash Cushion
  10. Hitting Object
  11. Run Off Roadway Left
  12. Run Off Roadway Right
  13. Skid/Slip
  14. Struck By Another Motor Vehicle
  15. Wrong Way or Wrong Side
  16. Other Non-Collision

**Contribution 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. Mirrors
  10. Headlights
  11. Wipers
  12. Truck/Trailer Hitch
  13. Safety Chains
  14. Other Non-Collision

**Motor Vehicle Crash Information**

- **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. All Other Light Trucks (10,000 lbs GVWR or less)
  18. Medium/Heavy Trucks (more than 10,000 lbs GVWR)
  19. Other

**Motor Vehicle Damage**

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

**Damaged Areas**

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

**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

**Extent of Damage**

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

**Insurance Information**

- **Insurance Company:** Donald's
- **Insurance Policy Number:** 433443
- **Insurance Expiration Date (yyyy/mm/dd):** 2015-06-15
**MOTOR VEHICLE INFORMATION**

<table>
<thead>
<tr>
<th>Special Vehicle Function</th>
<th>Emergency Vehicle</th>
<th>Bus Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>01. No Special Function</td>
<td>01. Non-Emergency Situation, Not Transporting Patient</td>
<td>01. Not a Bus</td>
</tr>
<tr>
<td>02. Taxi</td>
<td>02. Non-Emergency Transport of Passenger</td>
<td>02. School</td>
</tr>
<tr>
<td>03. Vehicle Used as School Bus</td>
<td>03. Emergency Operation, Emergency Warning Equipment Not in Use</td>
<td>03. Transit/Commuter</td>
</tr>
<tr>
<td>04. Vehicle Used as Other Bus</td>
<td>04. Emergency Operation, Emergency Warning Equipment in Use</td>
<td>04. Inter city</td>
</tr>
<tr>
<td>05. Military</td>
<td>88. Not Applicable</td>
<td>05. Charter/Tour</td>
</tr>
<tr>
<td>06. Police</td>
<td></td>
<td>06. Shuttle</td>
</tr>
<tr>
<td>07. Ambulance</td>
<td></td>
<td>88. Not Applicable</td>
</tr>
<tr>
<td>08. Fire Truck</td>
<td></td>
<td></td>
</tr>
<tr>
<td>09. Non-Transport Emergency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Incident Response Services Vehicle</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PROPERTY DAMAGED**

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

**Nature and Extent of Damage to Property 1**
Scratches and paint transfer to metal wire guard rail

**Name of Owner of Property 1**
State of CT., Dept. of Transportation

**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**
**Motor Vehicle ID:** 1

**Name:** Jam, Lisa L

**Address:** 1 Happy Place

**City:** Newington

**State:** CT

**Postal Code:** 06111

**Gender:** 02

**Date of Birth:** 1982-03-14

**License Info**

<table>
<thead>
<tr>
<th>License Number</th>
<th>State</th>
<th>Class</th>
<th>Endorsements</th>
</tr>
</thead>
<tbody>
<tr>
<td>8625556311</td>
<td>CT</td>
<td>04</td>
<td></td>
</tr>
</tbody>
</table>

**Driver Information**

<table>
<thead>
<tr>
<th>Driver Actions</th>
<th>Second Digit</th>
</tr>
</thead>
<tbody>
<tr>
<td>01. No Contributing Action</td>
<td>11</td>
</tr>
<tr>
<td>02. Ran Off Roadway</td>
<td>88</td>
</tr>
<tr>
<td>03. Failed to Yield Right-of-Way</td>
<td>88</td>
</tr>
<tr>
<td>04. Ran Red Light</td>
<td>88</td>
</tr>
<tr>
<td>05. Ran Stop Sign</td>
<td>88</td>
</tr>
<tr>
<td>06. Disregarded Other Traffic Sign</td>
<td>88</td>
</tr>
<tr>
<td>07. Disregarded Other Road Markings</td>
<td>88</td>
</tr>
<tr>
<td>08. Improper Turn</td>
<td>88</td>
</tr>
<tr>
<td>09. Improper Backing</td>
<td>88</td>
</tr>
<tr>
<td>10. Improper Passing</td>
<td>88</td>
</tr>
<tr>
<td>11. Wrong Side or Wrong Way</td>
<td>88</td>
</tr>
<tr>
<td>12. Followed Too Closely</td>
<td>88</td>
</tr>
<tr>
<td>13. Failed to Keep in Proper Lane</td>
<td>88</td>
</tr>
<tr>
<td>14. Operated Vehicle in Reckless Aggressive Manner</td>
<td>88</td>
</tr>
<tr>
<td>15. Operated Motor Vehicle in Inattentive, Careless, Negligent, or Erratic Manner</td>
<td>88</td>
</tr>
<tr>
<td>16. Swerved or Avoided Due to Wind, Motor Vehicle, Object, Non-Motorist in Roadway, etc.</td>
<td>88</td>
</tr>
<tr>
<td>17. Over-Correcting/Over-Steering</td>
<td>88</td>
</tr>
<tr>
<td>18. Overtaking Cyclist</td>
<td>88</td>
</tr>
<tr>
<td>88. Not Applicable</td>
<td>88</td>
</tr>
<tr>
<td>97. Other Contributing Action</td>
<td>88</td>
</tr>
</tbody>
</table>

**Injury and EMS Information**

<table>
<thead>
<tr>
<th>EMS Company Name</th>
<th>EMS Run Number</th>
<th>Intended Receiving Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>01</td>
<td>97. Other Contributing Action</td>
</tr>
</tbody>
</table>

**Condition at Time of Crash**

| 01. Apparently Normal | 06 |
| 02. Physically Impaired | 99 |
| 03. Emotional (depressed, angry, etc.) | 99 |
| 04. Ill (sick) | 99 |
| 05. Asleep or Fatigued | 99 |
| 06. Under the Influence (Medications/Drugs/Alcohol) | 99 |
| 97. Other | 99 |
| 99. Unknown | 99 |

**Transported to First Medical Facility by**

| 01. Not Transported | 88 |
| 02. EMS Air | 88 |
| 03. EMS Ground | 88 |
| 04. Law Enforcement | 88 |
| 97. Other | 88 |

**Violations**

<table>
<thead>
<tr>
<th>Violation Statutes</th>
<th>01. Verbal Warning</th>
<th>02. Written Warning</th>
<th>03. Infraction</th>
<th>04. Arrest/Summons</th>
</tr>
</thead>
<tbody>
<tr>
<td>14-227a</td>
<td>14-236</td>
<td></td>
<td></td>
<td>04</td>
</tr>
</tbody>
</table>

**Enforcement Actions Taken**

<table>
<thead>
<tr>
<th>Action by Officer</th>
<th>00. None Taken</th>
<th>01. Verbal Warning</th>
<th>02. Written Warning</th>
<th>03. Infraction</th>
<th>04. Arrest/Summons</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>01. Test Not Given</td>
<td>02. Test Refused</td>
<td>03. Test Given</td>
<td>99. Unknown if Tested</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>02. Urine</td>
<td>88. Not Applicable</td>
<td>97. Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Alcohol Test Status</th>
<th>01. Test Not Given</th>
<th>02. Test Refused</th>
<th>03. Test Given</th>
<th>99. Unknown if Tested</th>
</tr>
</thead>
</table>

**Drug Test Status**

<table>
<thead>
<tr>
<th>Drug Test Status</th>
<th>01. Test Not Given</th>
<th>02. Test Refused</th>
<th>03. Test Given</th>
<th>99. Unknown if Tested</th>
</tr>
</thead>
</table>
Appendix A: Narrative Continued
Complete this sheet if more space is needed for the narrative

NARRATIVE CONTINUED (i)