

Number of Motor Vehicles:

Automobiles, Motorcycles, etc.

Number of Non-Motorists:

Pedestrians, Bicyclists, etc.

Case Number:

DOT Identifier:

For DOT use only

Crash Summary (Front)

CRASH DATE, TIME, SEVERITY, AND LOCATION

Date of Crash (YYYYMMDD)

Time (0000-2359)

Town Name

Town #

Crash Severity

Fatal

Injury

PDO

Latitude

Crash occurred on (street name or route #) at its intersection with (street name or route #) at

Longitude

If not at an intersection: distance

Feet

Tenths of Mile

 N, S, E, W of name of nearest interse

CRASH FACTORS AND CONDITIONS

For all numeric fields: 99 = 'Unknown'

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

88

97

LOCATION OF FIRST HARMFUL EVENT

01. On Roadway

02. Shoulder

03. Median

04. Roadside

05. Gore

06. Separator

07. In Parking Lane or Zone

08. Off-Roadway Location Unknown

09. Outside Right-of-Way (trafficway)

97. Other

CRASH-SPECIFIC LOCATION

01. Non-Junction

02. Intersection

03. Intersection-Related

04. Entrance / Exit Ramp

05. Entrance / Exit Ramp-Related

06. Railway Grade Crossing

07. Crossover-Related

08. Driveway Access

09. 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

Within an Interchange Area

(median, shoulder and roadside)

INTERSECTION

Intersection

Way Intersection

section

section

section

Circle

about

point, or More

BUS RELATED

school bus was

involved

school bus was indirectly involved

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)

40. Deer

13. Animal Other Than Deer (live)

14. Motor Vehicle in Operation

15. Parked Motor Vehicle

16. Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle

17. Work Zone/Maintenance Equipment

18. Other Non-Fixed Object

Collision With Fixed Object:

19. Impact Attenuator/Crash Cushion

20. Bridge Overhead Structure

21. Bridge Pier or Support

22. Bridge Rail

23. Cable Barrier

24. Culvert

25. Curb

26. Ditch

27. Embankment

28. Guardrail Face

29. Guardrail End

30. Concrete Traffic Barrier

31. Other Traffic Barrier

32. Tree (standing)

33. Utility Pole/Light Support

34. Traffic Sign Support

35. Traffic Signal Support

36. Fence

37. Mailbox

38. Other Post, Pole or Support

39. Other Fixed Object (wall, building, tunnel, etc.)

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

CRASH SEVERITY

The police officer investigating your car accident can choose from three answers to describe your accident: "Fatal," "Injury" and "PDO." PDO stands for property damage only. That means no one was injured in your accident. If you disagree, contact us. We can help set the record straight. Insurance companies are always looking for reasons to deny claims from people injured in accidents. They don't intimidate us. We know how to negotiate with insurance companies and get clients the money they rightfully deserve.

CRASH FACTORS AND CONDITIONS

These boxes contain information about factors and conditions related to the accident. These include the manner of impact (such as "Front to Rear" or "Sideswipe"), the crash-specific location (such as an intersection or bridge), weather conditions, road conditions and contributing circumstances, such as whether the accident happened in a work zone. Make sure the codes entered here are correct. Contact us if you have any questions of any kind about your crash.

WORK ZONE CRASH INFORMATION

For

01

02. Yes

one 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

WORKERS PRESENT

01. No

02. Yes

88. Not Applicable

ENFORCEMENT PRESENT

01. No

02. Yes

88. Not Applicable

Case Number:

DOT Identifier:

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DIAGRAM

ACCIDENT DIAGRAM

This section of the report contains space for the investigating officer to draw a picture of your accident. Make sure the officer's diagram of your accident is accurate. If you know that the vehicles were positioned differently, contact us. We can work with you and help set the record straight. Remember, insurance companies rely on this report to determine who was at fault in your accident.

☐ Vehicles were moved prior to police arrival

NARRATIVE

Officers Narrative: Describe any unusual circumstances associated with the crash, including officer's observations.
Refer to each by motor vehicle number and/or non-motorist number

ACCIDENT NARRATIVE

This space provides room for the investigating officer to describe your accident. Insurance companies carefully scrutinize this section of your CT Uniform Police Accident Report. The precise words the officer uses to describe your accident can be the difference between your claim being accepted or denied. Don't allow insurance companies to dictate what happens to you. Fight back. Contact us. We can make sure your version of what happened becomes part of the official record. We're on your side.

Related Incident Number		Officer First Name		Officer Last Name		Badge Number		Police Agency Code																					
Case Status O - Open C - Closed		Officer Signature: Date & Time : <table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>														Supervisor: Date & Time : <table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>													
<input type="checkbox"/> This report is a revision to a previously submitted report																													

CONNECTICUT UNIFORM POLICE CRASH REPORT

Motor Vehicle ID:

Form PR-1 REV July 2014.01

Case Number: Person ID: Motor Vehicle Driver Information
Complete One Sheet Per DriverDOT Identifier:
For DOT use only

Name (Last, First, Middle, Suffix): _____	GENDER 01. Male <input type="text"/> 02. Female <input type="text"/> 99. Unknown <input type="text"/>	DATE OF BIRTH (YYYYMMDD) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Date of Birth is unknown
Street Address or PO Box: _____	City: _____	State or Prov: _____
Postal Code: _____	Phone/Email (optional): _____	

LICENSE INFO

For all numeric fields: 99 = 'Unknown'

DRIVER INFORMATION

LICENSE NUMBER STATE	EJECTION 01. Not Ejected <input type="text"/> 02. Ejected, Partially <input type="text"/> 03. Ejected, Totally <input type="text"/> 88. Not Applicable	SEATING POSITION FIRST DIGIT 1. Front Row <input type="text"/> SECOND DIGIT 1. Left Seat (usually the motor vehicle or motorcycle driver except for postal vehicles and some foreign vehicles) <input type="text"/> 2. Middle Seat <input type="text"/> 3. Right Seat <input type="text"/> 8. Other Seat <input type="text"/>	DRIVER ACTIONS (choose up to 4) 01. No Contributing Action <input type="text"/> 02. Ran Off Roadway <input type="text"/> 03. Failed to Yield Right-of-Way <input type="text"/> 04. Ran Red Light <input type="text"/> 05. Ran Stop Sign <input type="text"/> 06. Disregarded Other Traffic Sign <input type="text"/> 07. Disregarded Other Road Markings <input type="text"/> 08. Improper Turn <input type="text"/> 09. Improper Backing <input type="text"/> 10. Improper Passing <input type="text"/> 11. Wrong Side or Wrong Way <input type="text"/> 12. Followed Too Closely <input type="text"/> 13. Failed to Keep in Proper Lane <input type="text"/> 14. Operated Vehicle in Reckless Aggressive Manner <input type="text"/> 15. Operated Motor Vehicle in Inattentive, Careless, Negligent, or Erratic Manner <input type="text"/> 16. Swerved or Avoided Due to Wind, Motor Vehicle, Object, Non-Motorist in Roadway, etc. <input type="text"/> 17. Over-Correcting/Over-Steering <input type="text"/> 18. Overtaking Cyclist <input type="text"/> 88. Not Applicable <input type="text"/> 97. Other Contributing Action <input type="text"/>
04. Class D <input type="text"/> 05. Class M <input type="text"/> 88. Not Applicable	AIRBAG 01. Not Deployed <input type="text"/> 02. Deployed-Front <input type="text"/> 03. Deployed-Side <input type="text"/> 04. Deployed-Curtain <input type="text"/> 05. Deployed-Other <input type="text"/> 06. Deployed-Combination <input type="text"/> 88. Not Applicable	SPEED RELATED 01. No <input type="text"/> 02. Racing <input type="text"/> 03. Exceeded Speed Limit <input type="text"/> 04. Too Fast for Conditions <input type="text"/>	DRIVER DISTRACTED BY 01. Not Distracted <input type="text"/> 02. Manually Operating an Electronic Communication Device (Texting, etc.) <input type="text"/> 03. Talking on Hands-Free Electronic Device <input type="text"/> 04. Talking on Hand-Held Electronic Device <input type="text"/> 05. Other Activity, Electronic Device <input type="text"/> 06. Passenger <input type="text"/> 07. Other Inside the Vehicle (eating, hygiene, etc.) <input type="text"/> 08. Outside the Vehicle <input type="text"/>
COMMERCIAL LICENSE 01. No <input type="text"/> 02. Yes	ENDORSEMENTS <input type="checkbox"/> A - Activity Vehicles <input type="checkbox"/> F - Taxi, Livery, Motor Coach <input type="checkbox"/> H - Hazardous Materials <input type="checkbox"/> M - Motorcycles <input type="checkbox"/> N - Tank Vehicles <input type="checkbox"/> P - Passenger <input type="checkbox"/> Q - Fire Fighting Vehicles <input type="checkbox"/> S - School Bus <input type="checkbox"/> T - Double/Triple Trailers <input type="checkbox"/> V - Student Transportation <input type="checkbox"/> X - Combination of Tank Vehicle and Hazardous Materials	INJURY STATUS K. Fatal Injury <input type="text"/> A. Suspected Serious Injury <input type="text"/> B. Suspected Minor Injury <input type="text"/> C. Possible Injury <input type="text"/> O. No Apparent Injury <input type="text"/>	CONDITION AT TIME OF CRASH (choose up to 2) 01. Apparently Normal <input type="text"/> 02. Physically Impaired <input type="text"/> 03. Emotional (depressed, angry, etc.) <input type="text"/> 04. Ill (sick), Fainted <input type="text"/> 05. Asleep or Fatigued <input type="text"/> 06. Under the Influence (Medications/Drugs/Alcohol) <input type="text"/> 97. Other <input type="text"/> 99. Unknown

DRIVER ACTIONS AND CONDITIONS

These boxes contain some of the most important information about your accident. The codes entered here indicate the cause of your accident. The Investigating police officer can choose from different codes to note if a driver was exceeding the speed limit, was under the influence of alcohol or drugs, was following too closely or was distracted by an electronic device, such as a cell phone. Many factors can result in a collision. We can help no matter how the other driver caused your accident.

INJURY AND EMS INFORMATION

TRANSPORTED TO FIRST MEDICAL FACILITY BY 01. Not Transported <input type="text"/> 02. EMS Air <input type="text"/> 03. EMS Ground <input type="text"/> 04. Law Enforcement <input type="text"/> 97. Other	EMS COMPANY NAME _____ EMS RUN NUMBER _____ INTENDED RECEIVING FACILITY _____
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ENFORCEMENT ACTIONS TAKEN

ACTION BY OFFICER 00. None Taken <input type="text"/> 01. Verbal Warning <input type="text"/> 02. Written Warning <input type="text"/> 03. Infraction <input type="text"/> 04. Arrest/Summons <input type="text"/>	VIOLATION STATUTES _____ _____ _____ _____ _____ _____
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DRUG/ALCOHOL INFORMATION

ALCOHOL TEST STATUS 01. Test Not Given <input type="text"/> 02. Test Refused <input type="text"/> 03. Test Given <input type="text"/> 99. Unknown if Tested	TYPE OF ALCOHOL TEST 01. Blood <input type="text"/> 02. Urine <input type="text"/> 03. Breath <input type="text"/> 88. Not Applicable <input type="text"/> 97. Other
DRUG TEST STATUS 01. Test Not Given <input type="text"/> 02. Test Refused <input type="text"/> 03. Test Given <input type="text"/> 99. Unknown if Tested	TYPE OF DRUG TEST 01. Blood <input type="text"/> 02. Urine <input type="text"/> 88. Not Applicable <input type="text"/> 97. Other