

**CONNECTICUT UNIFORM POLICE ACCIDENT REPORT** FORM PR-1 Rev. 12/94 *Please Print or Type*

- A. WEATHER CONDITION:** 1. No Adverse Condition; 2. Rain; 3. Sleet,Hail; 4. Snow; 5. Fog; 6. Blowing Sand, Soil, Dirt or Snow; 7. Severe Crosswinds; 8. Other; 9. Unknown;
- B. ROAD SURFACE CONDITION:** 1. Dry; 2. Wet; 3. Snow/Slush; 4. Ice; 5. Sand, Mud, Dirt or Oil; 8. Other; 9. Unknown;
- C. LIGHT CONDITION:** 1. Daylight; 2. Dark-Not Lighted; 3. Dark-Lighted; 4. Dawn; 5. Dusk; 9. Unknown;
- D. ACCIDENT OCCURRED ON:** 1. Main Roadway; 2. On Ramp; 3. Off Ramp; 4. H.O.V. Lane; 5. Collector - Distributor Roadway; 6. Service or Rest Area; 7. Weigh Station; 8. Connector;
- E. OTHER ROADWAY FEATURE:** 1. Int. Public Road; 2. Int. Private Road; 3. Int. Residential Dr.; 4. Int. Commercial Dr.; 5. On Bridge; 6. At RR Xing; 7. At Median X Over; 8. At On Ramp; 9. At Off Ramp 0. None
- F. MEDIAN BARRIER PENETRATION:** 1. Full; 2. Partial; 3. None; 4. Not Applicable;
- G. CONSTRUCTION OR MAINTENANCE RELATED:** 1. Yes; 2. No;

VEHICLE #1	H. VEHICLE TYPE	VEHICLE #2
07 Train	13 Passenger Van	19 Truck Tractor Only
02 Automobile	08 Emergency Vehicle	25 Other
03 Motorcycle	09 School Bus	14 Single Unit Truck (2 Axle, 4 Tire)
04 Moped-Motor Scooter	10 Commercial Bus	15 Single Unit Truck (2 Axle, 6 Tire)
05 Pedalcycle	11 Motorhome/Camper	16 Single Unit Truck (3 or more Axles)
06 Taxi	12 Off Road Vehicle	17 Car-Trailer Combination
		18 Truck-Trailer Combination
		20 Tractor Semi-Trailer
		21 Tractor Double Trailers
		22 Tractor Triple Trailers
		23 Heavy Vehicle (Unclassifiable)
		24 Construction/Farm Equipment
		26 Unknown

OBJECT #1	TRAFFIC UNIT #1	J. OBJECT(S) STRUCK	TRAFFIC UNIT #2	OBJECT #1
OBJECT #2	01 Animal other than Deer	11 Fence	21 Traffic Control Device	OBJECT #2
	02 Bank, Ledge, Rock (Off Rd.)	12 Fire Hydrant	22 Traffic Island	
	03 Bridge Structure	13 Foreign Object on Pavement	23 Tree	
	04 Building, House	14 Highway Sign, Post, Delineator	24 Underpass Ceiling	
	05 Catch Basin, Manhole	15 Illumination Pole	25 Utility Pole	
	06 Const., Barricade, Barrel	16 Impact Attenuator	26 Vehicle Off Road	
	07 Culvert, Endwall	17 Jersey Barrier	27 Wall	
OBJ.#1 LOC	08 Curbing	18 Metal Beam Guide Rail	28 Wire Rope Guiderail	OBJ.#1 LOC
OBJ.#2 LOC	09 Deer	19 Overhead Sign Support	29 Other	OBJ.#2 LOC
	10 Ditch	20 Railroad Aperture, Track		
	<b>TRAFFIC UNIT #1</b>	<b>K. OBJECT(S) LOCATION</b>	<b>TRAFFIC UNIT #2</b>	
	1 Off Road & Shoulder Ahead	4 On Shoulder, Left	7 On Median Divider	
	2 In Roadway	5 Off Road & Shoulder, Right	8 Gore Area, Ramp Nose	
	3 On Shoulder, Right	6 Off Road & Shoulder, Left	9 Over Roadway	

**L. INVOLVED PERSON IDENTIFIER:** 1. Occ. Vehicle #1; 2. Occ. Vehicle #2; P=Pedestrian; W=Witness;

M. INJURY CLASSIFICATION	N. SEATING POSITION	P. AIRBAG STATUS	Q. EJECTION STATUS
K: Fatal Injury	01 Front Seat Left/Motorcycle Driver	1 Deployed	1 Not Applicable
A: Incapacitating Injury (Prevents Return to Normal Activity)	02 Front Seat Middle	2 Not Deployed	2 Totally Ejected
B: Non-Incapacitating Evident Injury	03 Front Seat Right	3 Not Applicable	3 Partially Ejected
C: Possible Injury (Claim of Non-evident Injury)	04 Second Seat Left/Motorcycle Passenger	4 Unknown	4 Trapped
N: Not Injured	05 Second Seat Middle		5 Unknown
	06 Second Seat Right		
	07 Third Row Behind Driver/Motorcycle Pass.		
	08 Third Row Behind Front Seat Middle		
	09 Third Row Right		
	10 Sleeper Section of Cab (Truck)		
	11 Enclosed Passenger or Cargo Area		
	12 Unenclosed Passenger or Cargo Area		
	13 Trailing Unit		
	14 Riding on Vehicle Exterior		
	15 Unknown		
		<b>O. OCCUPANT PROTECTION SYSTEM USE</b>	
		1 None Used - Vehicle Occupant	
		2 Shoulder Belt Only	
		3 Lap Belt Only	
		4 Shoulder and Lap Belt	
		5 Child Safety Seat	
		6 Helmet/High Visibility Clothing	
		7 Helmet/No High Visibility Clothing	
		8 No Helmet/High Visibility Clothing	
		9 Restraint Use Unknown	

L.	M.	N.	NAME AND ADDRESS OF EACH INVOLVED PERSON	Date of Birth			O.	P.	Q.
				Month	Day	Year			
1			TRAFFIC UNIT #1 OPERATOR OR PEDESTRIAN #1						1
2			TRAFFIC UNIT #2 OPERATOR OR PEDESTRIAN #2						2
3				Month	Day	Year			3
4				Month	Day	Year			4
5				Month	Day	Year			5
6				Month	Day	Year			6
7				Month	Day	Year			7
8				Month	Day	Year			8

ALL INVOLVED PERSONS

ALL INVOLVED PERSONS

R

A

B

C

D

E

F

G

H

2

S

2

T

2

J

21

J

22

U

2

K

21

K

22

V

W

X

2

Y

2

Z

2

AA

21

AA

22

AA

23

AA

24

## INSTRUCTIONS FOR COMPLETING SHADED AREAS

*Report only that data relative to a QUALIFYING VEHICLE involved in a QUALIFYING ACCIDENT*

### Definitions:

#### QUALIFYING VEHICLE

- Any motor vehicle displaying a hazardous material placard, or
- Any motor vehicle equipped for carrying property and having at least two axles and six tires, or
- Any motor vehicle designed to transport more than fifteen persons including the driver.

#### QUALIFYING ACCIDENT

- Any accident that involves a QUALIFYING VEHICLE and which results in one of the following:
- Fatality to any person, or
- Injury to any person that requires immediate medical treatment away from the accident site, or
- Disablement of any vehicle as a result of damage sustained in the accident

## INSTRUCTIONS FOR COMPLETING VEHICLE MANEUVER FIELDS

*The vehicle maneuver PREFIX and SUFFIX will be used in combination to describe the intended action of each vehicle prior to the accident.*

### PREFIX:

The PREFIX describes evasive action taken, if any

### SUFFIX:

If **EVASIVE ACTION TAKEN**, select the code that best describes the condition that required the evasive action

If **NO EVASIVE ACTION TAKEN**, select the code that best describes the vehicle's action.

### EXAMPLES:

#### Evasive Action Taken

##### PREFIX

- 02 Vehicle slowing for
- 03 Vehicle stopped for
- 04 Vehicle skidded slowing or stopping for
- 05 Vehicle avoiding

##### SUFFIX

- 35 Stopped Vehicle
- 09 Vehicle turning left from proper lane
- 11 Vehicle making "U" turn
- 08 Vehicle turning right from improper lane

#### No Evasive Action Taken

##### PREFIX

- 01 None Apply
- 01 None Apply
- 01 None Apply
- 01 None Apply

##### SUFFIX

- 02 Vehicle negotiating curve
- 19 Vehicle changing one lane to exit
- 11 Vehicle making "U" turn
- 08 Vehicle turning right from improper lane

- 01 Turning — Same Direction      05 Sideswipe — Opposite Direction      09 Rear-end      13 Pedestrian      17 Unknown
- 02 Turning — Opposite Direction      06 Miscellaneous — Non-Collision      10 Head-on      14 Jackknife
- 03 Turning — Intersecting Paths      07 Overturn      11 Backing      15 Fixed Object
- 04 Sideswipe — Same Direction      08 Angle      12 Parking      16 Moving Object

TRAFFIC UNIT #1

S. VEHICLE MANEUVER PREFIX

TRAFFIC UNIT #2

1. None Apply; 2. Vehicle Slowing For; 3. Vehicle Stopped For; 4. Vehicle Skidded Slowing or Stopping For; 5. Vehicle Avoiding;

TRAFFIC UNIT #1

T. VEHICLE MANEUVER SUFFIX

TRAFFIC UNIT #2

- 01 Vehicle Going Straight      18 Vehicle Entering Traffic from Ramp      36 Parking
- 02 Vehicle Negotiating Curve      19 Vehicle Changing One Lane to Exit      37 Parked Vehicle
- 03 Vehicle on Wrong Side of Road      20 Vehicle Changing More Than One Lane to Exit      38 Train
- 04 Vehicle Passing Same Direction on Left      21 Vehicle Changing Lane(s) to Left      39 Bicycle
- 05 Vehicle Passing Same Direction on Right      22 Vehicle Changing Lane(s) to Right      40 Motorcycle
- 06 Vehicle Passing Improperly Parked Vehicle      23 Vehicle Changing More Than One Lane from Entrance      41 Other
- 07 Vehicle Turning Right from Proper Lane      24 Vehicle Backing Along Roadway      42 Emergency Vehicle
- 08 Vehicle Turning Right from Improper Lane      25 Vehicle Backing Along Shoulder      43 Turn Right
- 09 Vehicle Turning Left from Proper Lane      26 Vehicle Backing into Roadway      44 Turn Left
- 10 Vehicle Turning Left from Improper Lane      27 Vehicle Backing into Driveway or Side Road      45 Mechanical Failure
- 11 Vehicle Making "U" Turn      28 Vehicle Being Towed or Pushed      46 Previous Accident
- 12 Vehicle Turning Right from Driveway      29 Vehicle Traveling on Shoulder      47 Construction or Maintenance Work
- 13 Vehicle Turning Left from Driveway      30 Vehicle Engaged in Highway Maintenance      48 School Bus
- 14 Vehicle Turning Right on Red Light      31 Traffic Signal      49 Pedestrian in Road
- 15 Vehicle Engaged in Parking Maneuver.      32 Traffic      50 Animal in Road
- 16 Occupant Exiting or Entering Vehicle      33 Traffic Sign      51 Foreign Object in Road
- 17 Vehicle Skidding in Roadway      34 Traffic Officer      52 Unknown Reason
- 35 Stopped Vehicle

TRAFFIC UNIT #1

U. PEDESTRIAN MANEUVER

TRAFFIC UNIT #2

- 01 Directing Traffic      06 Crossing at Intersection With Signal      11 Entering or Exiting Vehicle
- 02 Working in Road      07 Crossing at Intersection Against Signal      12 Waiting for, Exiting or Entering School Bus
- 03 Playing in Road      08 Crossing at Unsignalized Intersection      13 Walking or Jogging in Road
- 04 Not in Road      09 Crossing Between Intersections      14 Other or Unknown
- 05 Emergency Personnel      10 Crossing From Behind Parked Vehicle

V. CONTRIBUTING FACTOR APPLIES TO: 1. Traffic Unit #1; 2. Traffic Unit #2; 3. Traffic Unit #3; etc.

W. CONTRIBUTING FACTOR (Select one only)

- 01 Driving on Wrong Side of Road      09 Slippery Surface      17 Unsafe Use of Highway by Pedestrian      25 Traffic Signal Not Operating
- 02 Speed Too Fast for Conditions      10 Driver Lost Control      18 Unsafe Right Turn on Red      26 Vehicle Involved in Emergency
- 03 Violated Traffic Control      11 Animal or Foreign Object in Road      19 Driverless Vehicle      27 Entered Roadway in Wrong Direction
- 04 Under the Influence      12 Fell Asleep      20 Insufficient Vertical Clearance      28 Roadway Width Restricted
- 05 Failed to Grant Right of Way      13 Defective Equipment      21 Proper Turn Signal Not Displayed      29 Unknown
- 06 Improper Passing Maneuver      14 Driver Illness      22 Disabled or Illegally Parked Vehicle      30 Unsafe Backing
- 07 Improper Lane Change      15 Driver's View Obstructed      23 Abnormal Road Condition      31 Improper Turning Maneuver
- 08 Following Too Closely      16 Unsafe Tires      24 Vehicle Without Lights

DATA ELEMENTS BELOW APPLY ONLY TO VEHICLES SUBJECT TO MOTOR CARRIER REGULATION

VEHICLE #1

X. DEFECTIVE EQUIPMENT

VEHICLE #2

1. Brakes; 2. Tires/Wheels; 3. Steering; 4. Suspension/Frame; 5. Lighting; 6. Other; 7. None; 8. Unknown;

VEHICLE #1

Y. NUMBER OF AXLES INCLUDING TRAILERS

VEHICLE #2

VEHICLE #1

Z. CARGO BODY TYPE

VEHICLE #2

1. Bus; 2. Van/Enclosed Box; 3. Cargo Tank; 4. Flatbed; 5. Dump; 6. Concrete Mixer; 7. Auto Transporter; 8. Garbage/Refuse; 9. Other;

EVENT #1

VEHICLE #1

AA. SEQUENCE OF EVENTS

VEHICLE #2

EVENT #1

- 01 Ran off the Road      09 Collision involving Motor Vehicle in Transport
- 02 Jackknife      10 Collision involving Parked Motor Vehicle
- 03 Overturn      11 Collision involving Train
- 04 Downhill Runaway      12 Collision involving Pedalcycle
- 05 Cargo Loss or Shift      13 Collision involving Animal
- 06 Explosion or Fire      14 Collision involving Fixed Object
- 07 Separation of Units      15 Collision involving Other Object
- 08 Collision Involving Pedestrian      16 Other

EVENT #2

EVENT #3

EVENT #4

EVENT #2

EVENT #3

EVENT #4

	L.	M.	N.	NAME AND ADDRESS OF EACH INVOLVED PERSON	Date of Birth			O.	P.	Q.
					Month	Day	Year			
1				TRAFFIC UNIT #1 OPERATOR OR PEDESTRIAN #1						1
2				TRAFFIC UNIT #2 OPERATOR OR PEDESTRIAN #2						2
3					Month	Day	Year			3
4					Month	Day	Year			4
5					Month	Day	Year			5
6					Month	Day	Year			6
7					Month	Day	Year			7
8					Month	Day	Year			8

ALL INVOLVED PERSONS

ALL INVOLVED PERSONS

H 1  
S 1  
T 1

J 11

J 12

U 1

K 11

K 12

X 2

Y 2

Z 2

AA 11

AA 12

AA 13

AA 14

R

A

B

C

D

E

F

G

H 2

S 2

T 2

J 21

J 22

U 2

K 21

K 22

V

W

X 2

Y 2

Z 2

AA 21

AA 22

AA 23

AA 24

# UNITED STATES POSTAL SERVICE STANDARD STATE ABBREVIATIONS

Alabama	AL	Montana	MT
Alaska	AK	Nebraska	NE
Arizona	AZ	Nevada	NV
Arkansas	AR	New Hampshire	NH
California	CA	New Jersey	NJ
Colorado	CO	New Mexico	NM
Connecticut	CT	New York	NY
Delaware	DE	North Carolina	NC
District of Columbia	DC	North Dakota	ND
Florida	FL	Ohio	OH
Georgia	GA	Oklahoma	OK
Hawaii	HI	Oregon	OR
Idaho	ID	Pennsylvania	PA
Illinois	IL	Puerto Rico	PR
Indiana	IN	Rhode Island	RI
Iowa	IA	South Carolina	SC
Kansas	KS	South Dakota	SD
Kentucky	KY	Tennessee	TN
Louisiana	LA	Texas	TX
Maine	ME	Utah	UT
Maryland	MD	Vermont	VT
Massachusetts	MA	Virginia	VA
Michigan	MI	Washington	WA
Minnesota	MN	West Virginia	WV
Mississippi	MS	Wisconsin	WI
Missouri	MO	Wyoming	WY
		Out of Country	ZZ

# CONNECTICUT UNIFORM POLICE ACCIDENT REPORT

FORM PR-1 REV.12/94



GPS READINGS: Latitude:

Time: Longitude:

**FOR DOT USE ONLY**

DATE OF ACCIDENT Month   Day   Year	MILITARY TIME	ACCIDENT SEVERITY <input type="checkbox"/> Fatal <input type="checkbox"/> Injury <input type="checkbox"/> PDO	# VEHICLES INVOLVED	PAGE # ____ of ____	POLICE CASE NUMBER
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TOWN OR CITY NAME: \_\_\_\_\_ TOWN CODE: \_\_\_\_\_ ACCIDENT OCCURRED ON (Street Name or Route #) AT ITS INTERSECTION WITH (Street Name or Route #) \_\_\_\_\_ at \_\_\_\_\_

IF NOT AT INTERSECTION

1. MEASURE DISTANCE \_\_\_\_\_  
 Feet  Tenths of Mile  Meters  Kilometers

2. DIRECTION  
 North  South  East  West

3. NAME OF NEAREST INTERSECTING STREET, TOWN LINE OR MILE MARKER \_\_\_\_\_ of \_\_\_\_\_

Accident Occurred:  On Private Property  Parking Lot

TRAFFIC UNIT #1  Vehicle  Pedestrian  Non-Contact Vehicle

OPERATOR #1 or PEDESTRIAN NAME (Last, First, Middle Initial)

ADDRESS (Street Number & Name) \_\_\_\_\_ PROPER LICENSE CLASS  
 Yes  No

CITY OR TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ SEX  
 M  F

OPERATOR LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_ DATE OF BIRTH  
 Month | Day | Year

OWNER'S NAME (Enter SAME if Owner is Operator)

ADDRESS (Street Number and Name)

CITY OR TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ BODY TYPE

REGISTRATION # \_\_\_\_\_ STATE \_\_\_\_\_ VEHICLE YEAR AND MAKE

VEHICLE IDENTIFICATION NUMBER

CARRIER NAME

CARRIER ADDRESS (#, Street, City or Town, State, Zip Code)

SOURCE OF CARRIER NAME  Shipping Papers/Trip Manifest  Driver  Side of Vehicle  
 USDOT #  ICCMC #

GROSS VEHICLE WEIGHT \_\_\_\_\_ HAZARDOUS MATERIAL PLACARD  
 RATING # \_\_\_\_\_ REQUIRED?  Yes  No 4 Digit # \_\_\_\_\_  
 Yes  No 1 Digit # \_\_\_\_\_

HAZARDOUS CARGO RELEASED?  Yes  No ENFORCEMENT ACTION TAKEN  None  
 Arrest  Written Warning  Verbal Warning

STATUTE OR ORDINANCE #'S \_\_\_\_\_ SUBJECT OF ACTION  Operator  Carrier  
 Owner  Pedestrian

AUTOMOBILE INSURANCE — NAME — POLICY #

PARTS OF VEHICLE DAMAGED

VEHICLE TOWED TO: \_\_\_\_\_  TOWED DUE TO DAMAGE

TRAFFIC UNIT #2  Vehicle  Pedestrian  Non-Contact Vehicle

OPERATOR #2 or PEDESTRIAN NAME (Last, First, Middle Initial)

ADDRESS (Street Number & Name) \_\_\_\_\_ PROPER LICENSE CLASS  
 Yes  No

CITY OR TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ SEX  
 M  F

OPERATOR LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_ DATE OF BIRTH  
 Month | Day | Year

OWNER'S NAME (Enter SAME if Owner is Operator)

ADDRESS (Street Number and Name)

CITY OR TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ BODY TYPE

REGISTRATION # \_\_\_\_\_ STATE \_\_\_\_\_ VEHICLE YEAR AND MAKE

VEHICLE IDENTIFICATION NUMBER

CARRIER NAME

CARRIER ADDRESS (#, Street, City or Town, State, Zip Code)

SOURCE OF CARRIER NAME  Shipping Papers/Trip Manifest  Driver  Side of Vehicle  
 USDOT #  ICCMC #

GROSS VEHICLE WEIGHT \_\_\_\_\_ HAZARDOUS MATERIAL PLACARD  
 RATING # \_\_\_\_\_ REQUIRED?  Yes  No 4 Digit # \_\_\_\_\_  
 Yes  No 1 Digit # \_\_\_\_\_

HAZARDOUS CARGO RELEASED?  Yes  No ENFORCEMENT ACTION TAKEN  None  
 Arrest  Written Warning  Verbal Warning

STATUTE OR ORDINANCE #'S \_\_\_\_\_ SUBJECT OF ACTION  Operator  Carrier  
 Owner  Pedestrian

AUTOMOBILE INSURANCE — NAME — POLICY #

PARTS OF VEHICLE DAMAGED

VEHICLE TOWED TO: \_\_\_\_\_  TOWED DUE TO DAMAGE

H 1  
S 1  
T 1  
J 11  
J 12  
U 1  
K 11  
K 12  
X 1  
Y 1  
Z 1  
AA 11  
AA 12  
AA 13  
AA 14

R  
A  
B  
C  
D  
E  
F  
G  
H 2  
S 2  
T 2  
J 21  
J 22  
U 2  
K 21  
K 22  
V  
W  
X 2  
Y 2  
Z 2  
AA 21  
AA 22  
AA 23  
AA 24

ALL INVOLVED PERSONS

ALL INVOLVED PERSONS

L.	M.	N.	NAME AND ADDRESS OF EACH INVOLVED PERSON	Date of Birth	O.	P.	Q.
1			TRAFFIC UNIT #1 OPERATOR OR PEDESTRIAN #1				1
2			TRAFFIC UNIT #2 OPERATOR OR PEDESTRIAN #2				2
3				Month   Day   Year			3
4				Month   Day   Year			4
5				Month   Day   Year			5
6				Month   Day   Year			6
7				Month   Day   Year			7
8				Month   Day   Year			8

