

CONNECTICUT UNIFORM POLICE ACCIDENT REPORT FORM PR-1 Rev. 01/01 *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	
02 Automobile	07 Train	13 Passenger Van	19 Truck Tractor Only	25 Other	
03 Motorcycle	08 Emergency Vehicle	14 Single Unit Truck (2 Axle, 4 Tire)	20 Tractor Semi-Trailer	26 Unknown	
04 Moped-Motor Scooter	09 School Bus	15 Single Unit Truck (2 Axle, 6 Tire)	21 Tractor Double Trailers		
05 Pedalcycle	10 Commercial Bus	16 Single Unit Truck (3 or more Axles)	22 Tractor Triple Trailers		
06 Taxi	11 Motorhome/Camper	17 Car-Trailer Combination	23 Heavy Vehicle (Unclassifiable)		
	12 Off Road Vehicle	18 Truck-Trailer Combination	24 Construction/Farm Equipment		

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		

TRAFFIC UNIT #1	K. OBJECT(S) LOCATION	TRAFFIC UNIT #2
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		
		O. OCCUPANT PROTECTION SYSTEM USE	
		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	

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
- A motor vehicle having a gross vehicle weight rating (GVWR) or a gross combination weight rating (GCWR) of more than 10,000 pounds used on public highways to carry property, or
- Any motor vehicle designed to transport more than eight 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

R. COLLISION TYPE

- | | | | | |
|---------------------------------|-----------------------------------|-------------|------------------|------------|
| 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 | |

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|------------------------|--|--|
| 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 | | |

- | | | |
|------------|-----------------------------------|---|
| VEHICLE #1 | AA. SEQUENCE OF EVENTS | VEHICLE #2 |
| EVENT #1 | 01 Ran off the Road | 09 Collision involving Motor Vehicle in Transport |
| EVENT #2 | 02 Jackknife | 10 Collision involving Parked Motor Vehicle |
| EVENT #3 | 03 Overturn | 11 Collision involving Train |
| EVENT #4 | 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 |

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. 01/01



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
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 _____

(✓ Check Appropriate Boxes)

Feet Tenth 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

H
1
S
1
T
1

J
11
J
12

U
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K
11
K
12

X
1
Y
1
Z
1

AA
13
AA
14

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 USDOT # ICCMC #
 Shipping Papers/Trip Manifest Driver Side of Vehicle

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

HAZARDOUS CARGO ENFORCEMENT ACTION TAKEN None
RELEASED? Yes No 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 USDOT # ICCMC #
 Shipping Papers/Trip Manifest Driver Side of Vehicle

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

HAZARDOUS CARGO ENFORCEMENT ACTION TAKEN None
RELEASED? Yes No 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

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

