

CONNECTICUT UNIFORM POLICE CRASH REPORT

Form PR-1 REV July 2014.01

Number of Motor Vehicles: 3
Automobiles, Motorcycles, etc.
Number of Non-Motorists: 0
Pedestrians, Bicyclists, etc.

Crash Summary (Front)

Case Number: 23-007179
DOT Identifier: For DOT use only

CRASH DATE, TIME, SEVERITY AND LOCATION

Date of Crash (YYYYMMDD) 20230316, Time (0000-2359) 1907, Town Name Hartford, Town # 64, Crash Severity Injury, Latitude 41.763637, Longitude -72.688743, Crash occurred on 397 Capitol Av at FLOWER ST/BABCOCK ST, name of nearest intersecting road, town line, or mile marker Capitol Avenue/Babcock Street

CRASH FACTORS AND CONDITIONS

TRAFFICWAY OWNERSHIP 01, LOCATION OF FIRST HARMFUL EVENT 01, FIRST HARMFUL EVENT 15, MANNER OF IMPACT 01, TRAFFICWAY CLASS 01, LIGHT CONDITIONS 04, WEATHER CONDITIONS 02, CRASH-SPECIFIC LOCATION 01, TYPE OF INTERSECTION 01, SCHOOL BUS RELATED 01, CONTRIBUTING CIRCUMSTANCES, ENVIRONMENTAL 99, CONTRIBUTING CIRCUMSTANCES, ROAD 99

WORK ZONE CRASH INFORMATION

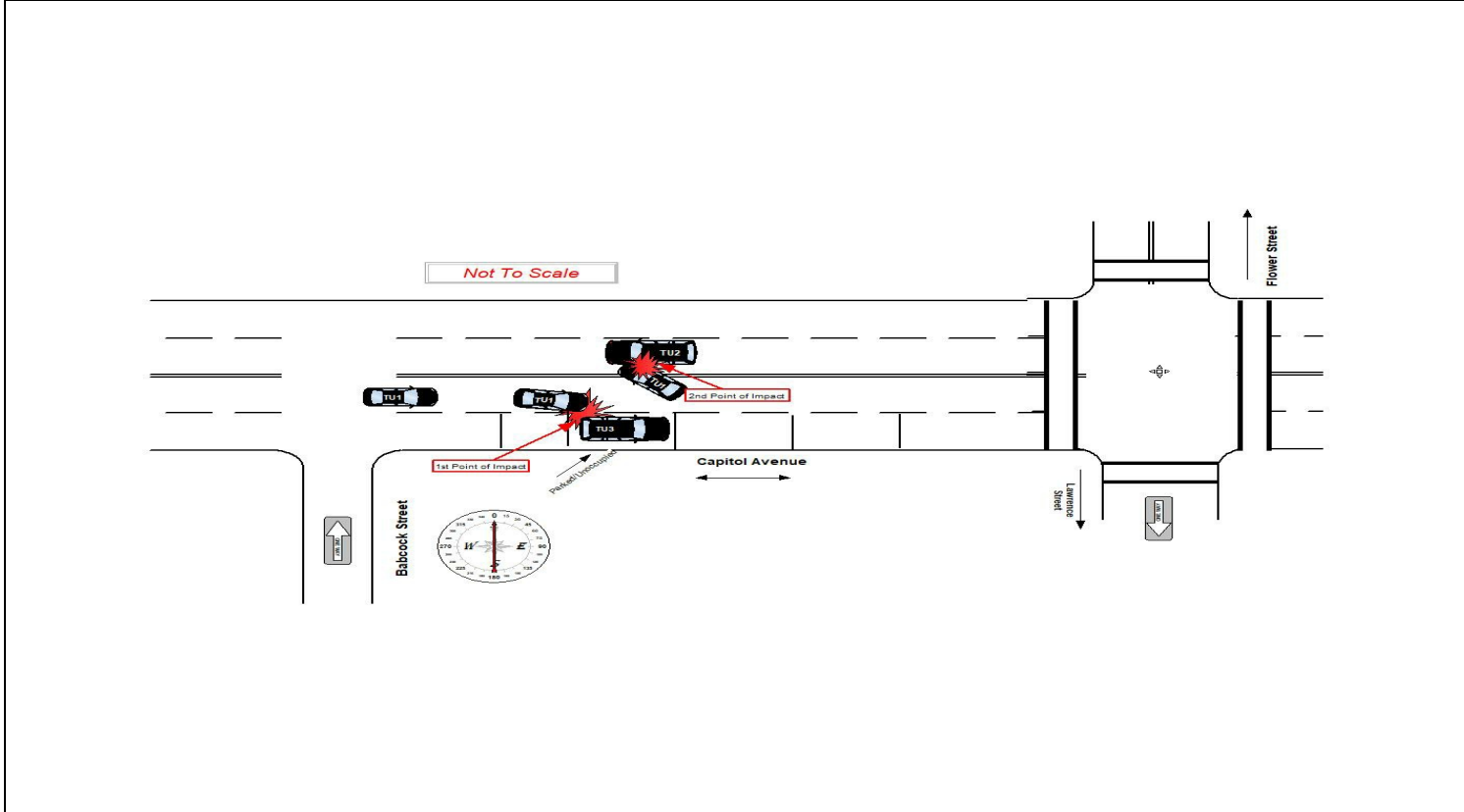
WORK ZONE 01, LOCATION 05, TYPE 04, WORKERS PRESENT 88, ENFORCEMENT PRESENT 88

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV July 2014.01

Case Number: 23-007179
DOT Identifier:
For DOT use only

Crash Summary (Back)

DIAGRAM



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

Narrative

While on scene, I observed a black Honda Civic (TU1) in the middle of the roadway upside down laying on its roof. Part of TU1 was overtaking the yellow center line and obstructing the oncoming traffic lane. TU1's driver side door was still open and it had significant damage all around with its airbags deployed. Responding officers pointed me in the direction of the operator of TU1, who was being attended to by Hartford Fire.

Operator of TU1 reported she could not remember what happened during the collision or how her vehicle ended up on its roof. She explained she was the sole operator of the vehicle, with no passengers. As I attempted to gather further information from operator of TU1, I could smell the strong odor of an alcoholic beverage emanating from her breath. Additionally, as I spoke to the operator she had a difficult time staying focused.

Due to the operator demonstrating obvious signs of an impaired driver the Hartford Police Traffic Division was requested to further evaluate her level of impairment. Hartford Police Traffic Division Officer Greely arrived on scene

Related Incident Number	Officer First Name Hariz	Officer Last Name Mustajbasic	Badge Number 1790	Police Agency Code CT0006400
-------------------------	-----------------------------	----------------------------------	----------------------	---------------------------------

Case Status O - Open C - Closed	Officer Signature: Date & Time: <input style="width: 150px;" type="text"/> <input style="width: 50px;" type="text"/>	Supervisor: Hunyadi, Christopher 1552 Date & Time: <input style="width: 150px;" type="text"/> <input style="width: 50px;" type="text"/>
<input checked="" type="checkbox"/> C		

This report is a revision to a previously submitted report

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV July 2014.01

Case Number: 23-007179

DOT Identifier:
For DOT use only**Appendix A: Narrative Continued**

*Complete this sheet if more space
is needed for the narrative*

NARRATIVE CONTINUED (i)

and conducted a Field Sobriety Test on operator of TU1 (Please Reference Case # 23-007181 for further details).

Operator of TU1 did not report any injuries from this incident. Operator of TU1 was evaluated by AMR 901 on scene. Operator of TU1 declined further medical evaluation.

TU1 sustained disabling damages as a result of this incident. TU1 had notable damages all around, including the roof. TU1 was incidentally towed from the scene by Capitol Towing.

While on scene, parked TU3 was located on scene with damage to its driver side rear tire. It was reported that TU3 was unoccupied during the time of the collision.

Operator of TU2 was later located on scene. Operator of TU2 reported the following: He was traveling westbound on Capitol Avenue when TU1 rolled into his vehicle from the opposite direction striking TU2's driver side area.

Operator of TU2 reported he felt pain to his chest as a result of the collision. Operator of TU2 was evaluated by AMR 927 on scene, but declined further medical attention. TU2 sustained damages to the driver side fender area, and the driver side front door. TU2 towed by Corona Auto Parts, INC due to not having an active insurance policy.

Operator of TU2 admitted to not having active auto insurance policy for his vehicle since he recently purchased it. Operator of TU2 was issued an infraction ticket for violation of C.G.S Sec. 14-213b, Illegal Operation of Motor Vehicle Without Minimum Insurance.

During the course of the investigation, video footage of the incident was obtained. While watching the video, I observed TU1 traveling eastbound on Capitol Avenue. As TU1 continues traveling eastbound its observed veering into parked TU3, striking TU3's driver side rear tire area. The impact of the collision causes TU1 to roll over toward the oncoming traffic making contact with TU2's driver side area, as TU2 was traveling westbound on Capitol Avenue.

The video footage of this incident was tagged as evidence and remanded to Hartford Police Property Room under HPD property receipt # BB 038242.

As a result of this investigation it was determined that TU1 was the contributing factor for the collision, and was found to be in violation of C.G.S Sec. 14-236, Failure to Drive in Proper Lane. Due to not having video footage access while on scene no further action was taken.

End of report.

CONNECTICUT UNIFORM POLICE CRASH REPORT

Form PR-1 REV July 2014.01

Motor Vehicle ID:

Case Number:

Number of Occupants in Vehicle:
(including the driver)

Motor Vehicle Information (Front)
Complete One Sheet Per Motor Vehicle

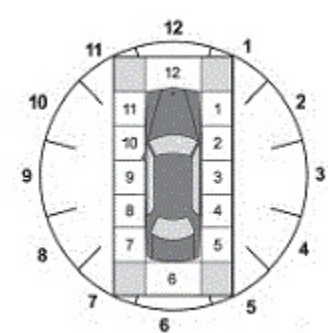
DOT Identifier:

MOTOR VEHICLE INFORMATION (ii)

VIN: VIN missing or removed Plate #: Invalid Plate
 Make: Color: Driver Evaded Responsibility Plate State: No Plate
 Model: Year: Direction of Travel: N,S,E,W
 Road on which vehicle was traveling: Vehicle was not in roadway Total lanes in roadway:
 Unknown direction Bike Lanes/sharrows present

MOTOR VEHICLE CRASH INFORMATION

For all numeric fields: 99 = 'Unknown'

SEQUENCE OF EVENTS (choose up to four, in chronological order)	MOTOR VEHICLE ACTION	BODY TYPE	MOTOR VEHICLE TYPE
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 Runaway 13. Fell/Jumped From Motor Vehicle 14. Reentering Roadway 15. Thrown or Falling Object 16. Other Non-Collision	01. Straight Ahead 02. Negotiating a Curve 03. Backing 04. Changing Lanes 05. Overtaking/Passing Motor Vehicle 06. Turning Right 07. Turning Left 08. Making U-Turn 09. Leaving Traffic Lane 10. Entering Traffic Lane 11. Slowing 12. Parked 13. Stopped in Traffic 14. Overtaking/Passing Cyclist 15. Wrong Way or Wrong Side 16. Traveling in Bike Lane 97. Other	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. Other Light Trucks (10,000 lbs GVWR or less) 18. Medium/Heavy Trucks (more than 10,000 lbs GVWR) 97. Other	01. Motor Vehicle in Operation 02. Parked Motor Vehicle 03. Working Vehicle/Equipment 04. Non-Collision Vehicle
Collision With Person, Motor Vehicle, or Non-Fixed Object 17. Pedestrian 18. Pedal Cycle/Pedal-Cyclist 19. Other Non-motorist 20. Railway Vehicle (train, engine) 21. Animal (live) 22. Motor Vehicle in Motion 23. Parked Motor Vehicle 24. Struck By Falling, Shifting Cargo or Anything Set in Motion By Motor Vehicle 25. Work Zone/Maintenance Equipment 26. Other Non-Fixed Object	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 97. Other	MOTOR VEHICLE DAMAGE  Use diagram above for values 1-12 See user guide for other vehicle diagrams.	TRAFFICWAY DESCRIPTION 01. Two-Way, Not Divided 02. Two-Way, not Divided w/ a Continuous Left Turn Lane (Painted >4 Feet) Median 03. Two-Way, Divided, Unprotected (Painted >4 Feet) Median 04. Two-Way, Divided, Positive Median Barrier 05. One-Way Trafficway 88. Not Applicable
Collision With Fixed Object 27. Impact Attenuator/Crash Cushion 28. Bridge Overhead Structure 29. Bridge Pier or Support 30. Bridge Rail 31. Cable Barrier 32. Culvert 33. Curb 34. Ditch 35. Embankment 36. Guardrail Face 37. Guardrail End 38. Concrete Traffic Barrier 39. Other Traffic Barrier 40. Tree (standing) 41. Utility Pole 42. Traffic Sign Support 43. Traffic Signal Support 44. Other Post, Pole, or Support 45. Fence 46. Mailbox 47. Other Fixed Object (wall, building, tunnel, etc.) 48. Light Support 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	Initial Contact Point 13. Non-Collision 14. Top 15. Undercarriage 16. Cargo Loss	ROADWAY GRADE 01. Level 02. Uphill 03. Hill Crest 04. Downhill 05. Sag (bottom)
Most Harmful Event 40. Tree (standing) 41. Utility Pole 42. Traffic Sign Support 43. Traffic Signal Support 44. Other Post, Pole, or Support 45. Fence 46. Mailbox 47. Other Fixed Object (wall, building, tunnel, etc.) 48. Light Support 88. Not applicable	TOWED 01. Towed Due to Disabling Damage 02. Towed, But Not Due to Disabling Damage 03. Not Towed	Damaged Areas (choose up to 3) 00. None 14. Top 15. Undercarriage 17. All Areas 88. Not Applicable	ROADWAY ALIGNMENT 01. Straight 02. Curve Left 03. Curve Right
	TOWED TO Capitol Towing	EXTENT OF DAMAGE 01. No Visible Damage 02. Minor Damage 03. Functional Damage 04. Disabling Damage	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
			TRAFFIC CONTROL DEVICE FUNCTIONAL? 01. No 02. Yes 03. Missing 88. Not Applicable

INSURANCE INFORMATION

INSURANCE COMPANY Liberty	INSURANCE POLICY NUMBER AOV 212 219 719	INSURANCE EXPIRATION DATE (yyyymmdd)
------------------------------	--	---

CONNECTICUT UNIFORM POLICE CRASH REPORT

Form PR-1 REV July 2014.01

Motor Vehicle ID:

Case Number:

Number of Occupants in Vehicle:
(including the driver)

Motor Vehicle Information (Front)
Complete One Sheet Per Motor Vehicle

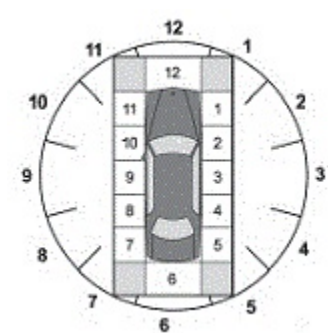
DOT Identifier:

MOTOR VEHICLE INFORMATION (ii)

VIN: VIN missing or removed Plate #: Invalid Plate
 Make: Color: Driver Evaded Responsibility Plate State: No Plate
 Model: Year: Direction of Travel: N,S,E,W
 Road on which vehicle was traveling: Vehicle was not in roadway Total lanes in roadway:
 Unknown direction Bike Lanes/sharrows present

MOTOR VEHICLE CRASH INFORMATION

For all numeric fields: 99 = 'Unknown'

SEQUENCE OF EVENTS (choose up to four, in chronological order)	MOTOR VEHICLE ACTION	BODY TYPE	MOTOR VEHICLE TYPE
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 Runaway 13. Fell/Jumped From Motor Vehicle 14. Reentering Roadway 15. Thrown or Falling Object 16. Other Non-Collision	01. Straight Ahead 02. Negotiating a Curve 03. Backing 04. Changing Lanes 05. Overtaking/Passing Motor Vehicle 06. Turning Right 07. Turning Left 08. Making U-Turn 09. Leaving Traffic Lane 10. Entering Traffic Lane 11. Slowing 12. Parked 13. Stopped in Traffic 14. Overtaking/Passing Cyclist 15. Wrong Way or Wrong Side 16. Traveling in Bike Lane 97. Other	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. Other Light Trucks (10,000 lbs GVWR or less) 18. Medium/Heavy Trucks (more than 10,000 lbs GVWR) 97. Other	01. Motor Vehicle in Operation 02. Parked Motor Vehicle 03. Working Vehicle/Equipment 04. Non-Collision Vehicle
Collision With Person, Motor Vehicle, or Non-Fixed Object 17. Pedestrian 18. Pedal Cycle/Pedal-Cyclist 19. Other Non-motorist 20. Railway Vehicle (train, engine) 21. Animal (live) 22. Motor Vehicle in Motion 23. Parked Motor Vehicle 24. Struck By Falling, Shifting Cargo or Anything Set in Motion By Motor Vehicle 25. Work Zone/Maintenance Equipment 26. Other Non-Fixed Object	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 97. Other	MOTOR VEHICLE DAMAGE  Use diagram above for values 1-12 See user guide for other vehicle diagrams.	TRAFFICWAY DESCRIPTION 01. Two-Way, Not Divided 02. Two-Way, not Divided w/ a Continuous Left Turn Lane (Painted >4 Feet) Median 03. Two-Way, Divided, Unprotected (Painted >4 Feet) Median 04. Two-Way, Divided, Positive Median Barrier 05. One-Way Trafficway 88. Not Applicable
Collision With Fixed Object 27. Impact Attenuator/Crash Cushion 28. Bridge Overhead Structure 29. Bridge Pier or Support 30. Bridge Rail 31. Cable Barrier 32. Culvert 33. Curb 34. Ditch 35. Embankment 36. Guardrail Face 37. Guardrail End 38. Concrete Traffic Barrier 39. Other Traffic Barrier 40. Tree (standing) 41. Utility Pole 42. Traffic Sign Support 43. Traffic Signal Support 44. Other Post, Pole, or Support 45. Fence 46. Mailbox 47. Other Fixed Object (wall, building, tunnel, etc.) 48. Light Support 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	Initial Contact Point 13. Non-Collision 14. Top 15. Undercarriage 16. Cargo Loss	ROADWAY GRADE 01. Level 02. Uphill 03. Hill Crest 04. Downhill 05. Sag (bottom)
Most Harmful Event 41. Utility Pole <input type="text" value="88"/>	TOWED 01. Towed Due to Disabling Damage 02. Towed, But Not Due to Disabling Damage 03. Not Towed	Damaged Areas (choose up to 3) 00. None 14. Top 15. Undercarriage 17. All Areas 88. Not Applicable	ROADWAY ALIGNMENT 01. Straight 02. Curve Left 03. Curve Right
	TOWED TO Coronas Auto Parts	EXTENT OF DAMAGE 01. No Visible Damage 02. Minor Damage 03. Functional Damage 04. Disabling Damage	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
			TRAFFIC CONTROL DEVICE FUNCTIONAL? 01. No 02. Yes 03. Missing 88. Not Applicable

INSURANCE INFORMATION

INSURANCE COMPANY No Insurance	INSURANCE POLICY NUMBER No Insurance	INSURANCE EXPIRATION DATE (yyyymmdd)
--	--	--

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV July 2014.01

Case Number: 23-007179

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

DOT Identifier:

MOTOR VEHICLE OWNERSHIP INFORMATION

Vehicle Owner Name <i>(Last, First, Middle, Suffix)</i> <input type="checkbox"/> Information same as driver			
Green, John			
Street Address or Post Office Box 5 Acton Street			
City Branford	State/Prov CT	Country	Postal Code 06405
Email Address <i>(optional)</i>		Phone <i>(optional)</i>	

SPECIAL VEHICLE FUNCTION 01. No Special Function 01 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	EMERGENCY VEHICLE 01. Non-Emergency Situation, Not Transporting Patient 88 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	BUS USE 01. Not A Bus 02. School 03. Transit/Commuter 04. Intercity 05. Charter/Tour 06. Shuttle 88. Not Applicable
--	--	--

Complete if public or private property other than vehicles were damaged in the crash **PROPERTY DAMAGED**

NATURE AND EXTENT OF DAMAGE TO PROPERTY 1

NAME OF OWNER OF PROPERTY 1	RELATED TO:
ADDRESS	
CITY	STATE: POSTAL CODE:

NATURE AND EXTENT OF DAMAGE TO PROPERTY 2

NAME OF OWNER OF PROPERTY 2	RELATED TO:
ADDRESS	
CITY	STATE: POSTAL CODE:

NATURE AND EXTENT OF DAMAGE TO PROPERTY 3

NAME OF OWNER OF PROPERTY 3	RELATED TO:
ADDRESS	
CITY	STATE: POSTAL CODE:

CONNECTICUT UNIFORM POLICE CRASH REPORT

Form PR-1 REV July 2014.01

Motor Vehicle ID:

Case Number:

Number of Occupants in Vehicle:
(including the driver)

Motor Vehicle Information (Front)
Complete One Sheet Per Motor Vehicle

DOT Identifier:

MOTOR VEHICLE INFORMATION (ii)

VIN: VIN missing or removed Plate #: Invalid Plate
 Make: Color: Driver Evaded Responsibility Plate State: No Plate
 Model: Year: Direction of Travel:
 Road on which vehicle was traveling: Vehicle was not in roadway Total lanes in roadway:
 Unknown direction Bike Lanes/sharrows present

MOTOR VEHICLE CRASH INFORMATION

For all numeric fields: 99 = 'Unknown'

<p>SEQUENCE OF EVENTS (choose up to four, in chronological order)</p> <p>Non-Collision</p> <p>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 Runaway 13. Fell/Jumped From Motor Vehicle 14. Reentering Roadway 15. Thrown or Falling Object 16. Other Non-Collision</p> <p>Collision With Person, Motor Vehicle, or Non-Fixed Object</p> <p>17. Pedestrian 18. Pedal Cycle/Pedal-Cyclist 19. Other Non-motorist 20. Railway Vehicle (train, engine) 21. Animal (live) 22. Motor Vehicle in Motion 23. Parked Motor Vehicle 24. Struck By Falling, Shifting Cargo or Anything Set in Motion By Motor Vehicle 25. Work Zone/Maintenance Equipment 26. Other Non-Fixed Object</p> <p>Collision With Fixed Object</p> <p>27. Impact Attenuator/Crash Cushion 28. Bridge Overhead Structure 29. Bridge Pier or Support 30. Bridge Rail 31. Cable Barrier 32. Culvert 33. Curb 34. Ditch 35. Embankment 36. Guardrail Face 37. Guardrail End 38. Concrete Traffic Barrier 39. Other Traffic Barrier 40. Tree (standing) 41. Utility Pole 42. Traffic Sign Support 43. Traffic Signal Support 44. Other Post, Pole, or Support 45. Fence 46. Mailbox 47. Other Fixed Object (wall, building, tunnel, etc.) 48. Light Support 88. Not applicable</p>	<p>MOTOR VEHICLE ACTION</p> <p>01. Straight Ahead 02. Negotiating a Curve 03. Backing 04. Changing Lanes 05. Overtaking/Passing Motor Vehicle 06. Turning Right 07. Turning Left 08. Making U-Turn 09. Leaving Traffic Lane 10. Entering Traffic Lane 11. Slowing 12. Parked 13. Stopped in Traffic 14. Overtaking/Passing Cyclist 15. Wrong Way or Wrong Side 16. Traveling in Bike Lane 97. Other</p> <p>CONTRIBUTING CIRCUMSTANCES MOTOR VEHICLE (choose up to 2)</p> <p>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 97. Other</p> <p>POSTED/STATUTORY SPEED LIMIT (record the posted/statutory value as miles per hour)</p> <p>01. Not Posted 10, 15, 20, 25, 30, 35, 40, 45 50, 55, 60, 65, 70, 75, 80, 85 88. Not Applicable</p> <p>TOWED</p> <p>01. Towed Due to Disabling Damage 02. Towed, But Not Due to Disabling Damage 03. Not Towed</p> <p>TOWED TO</p>	<p>BODY TYPE</p> <p>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. Other Light Trucks (10,000 lbs GVWR or less) 18. Medium/Heavy Trucks (more than 10,000 lbs GVWR) 97. Other</p> <p>MOTOR VEHICLE DAMAGE</p> <p>Use diagram above for values 1-12 See user guide for other vehicle diagrams.</p> <p>Initial Contact Point</p> <p>13. Non-Collision 14. Top 15. Undercarriage 16. Cargo Loss</p> <p>Damaged Areas (choose up to 3)</p> <p>00. None 14. Top 15. Undercarriage 17. All Areas 88. Not Applicable</p> <p>EXTENT OF DAMAGE</p> <p>01. No Visible Damage 02. Minor Damage 03. Functional Damage 04. Disabling Damage</p>	<p>MOTOR VEHICLE TYPE</p> <p>01. Motor Vehicle in Operation 02. Parked Motor Vehicle 03. Working Vehicle/Equipment 04. Non-Collision Vehicle</p> <p>TRAFFICWAY DESCRIPTION</p> <p>01. Two-Way, Not Divided 02. Two-Way, not Divided w/ 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 88. Not Applicable</p> <p>ROADWAY GRADE</p> <p>01. Level 02. Uphill 03. Hill Crest 04. Downhill 05. Sag (bottom)</p> <p>ROADWAY ALIGNMENT</p> <p>01. Straight 02. Curve Left 03. Curve Right</p> <p>TRAFFIC CONTROL DEVICE TYPE</p> <p>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</p> <p>TRAFFIC CONTROL DEVICE FUNCTIONAL?</p> <p>01. No 02. Yes 03. Missing 88. Not Applicable</p>
--	---	---	--

INSURANCE INFORMATION

<p>INSURANCE COMPANY</p> <p>StateFarm</p>	<p>INSURANCE POLICY NUMBER</p> <p>127 7432C0930</p>	<p>INSURANCE EXPIRATION DATE (yyyymmdd)</p> <p><input type="text"/></p>
--	--	--

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV July 2014.01

Case Number: 23-007179

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

DOT Identifier:

MOTOR VEHICLE OWNERSHIP INFORMATION

Vehicle Owner Name <i>(Last, First, Middle, Suffix)</i> <input type="checkbox"/> Information same as driver			
Bella Contracting Services LLC			
Street Address or Post Office Box 1424 Abbott Road			
City Branford	State/Prov CT	Country	Postal Code 06405
Email Address <i>(optional)</i>		Phone <i>(optional)</i>	

SPECIAL VEHICLE FUNCTION 01. No Special Function 01 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	EMERGENCY VEHICLE 01. Non-Emergency Situation, Not Transporting Patient 88 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	BUS USE 01. Not A Bus 02. School 03. Transit/Commuter 04. Intercity 05. Charter/Tour 06. Shuttle 88. Not Applicable
--	--	--

Complete if public or private property other than vehicles were damaged in the crash **PROPERTY DAMAGED**

NATURE AND EXTENT OF DAMAGE TO PROPERTY 1

NAME OF OWNER OF PROPERTY 1 RELATED TO:

ADDRESS

CITY STATE: POSTAL CODE:

NATURE AND EXTENT OF DAMAGE TO PROPERTY 2

NAME OF OWNER OF PROPERTY 2 RELATED TO:

ADDRESS

CITY STATE: POSTAL CODE:

NATURE AND EXTENT OF DAMAGE TO PROPERTY 3

NAME OF OWNER OF PROPERTY 3 RELATED TO:

ADDRESS

CITY STATE: POSTAL CODE:

CONNECTICUT UNIFORM POLICE CRASH REPORT Form PR-1 REV July 2014.01

Motor Vehicle ID: 1
Person ID: 1

Case Number: 23-007179
DOT Identifier: [Redacted]

Motor Vehicle Driver Information Complete One Sheet Per Driver

Name (Last, First, Middle, Suffix): Comey, Robin
Street Address or PO Box: 109 Shore Drive
City: Branford State or Prov: CT Postal Code: 06405 Phone/Email (optional):
GENDER: 02 DATE OF BIRTH (YYYYMMDD): 19670916

LICENSE INFO DRIVER INFORMATION

LICENSE NUMBER: 094702525 STATE: CT
EJECTION: 99 SEATING POSITION FIRST DIGIT: 11 DRIVER ACTIONS: 99
DRIVER LICENSE JURISDICTION: 02 RESTRAINT SYSTEM: 04
LICENSE CLASS: 4 HELMET USE: 88
COMMERCIAL LICENSE: 99 AIRBAG: 99
ENDORSEMENTS: [None] SPEED RELATED: 99
INJURY AND EMS INFORMATION: EMS COMPANY NAME, EMS RUN NUMBER, INTENDED RECEIVING FACILITY

INJURY STATUS: C TRANSPORTED TO FIRST MEDICAL FACILITY BY: 01
EMERGENCY INFORMATION: EMS COMPANY NAME, EMS RUN NUMBER, INTENDED RECEIVING FACILITY

ENFORCEMENT ACTIONS TAKEN DRUG/ALCOHOL INFORMATION

ACTION BY OFFICER: 04 VIOLATION STATUTES: [None]
ALCOHOL TEST STATUS: 03 TYPE OF ALCOHOL TEST: 03
DRUG TEST STATUS: 01 TYPE OF DRUG TEST: 88

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV July 2014.01

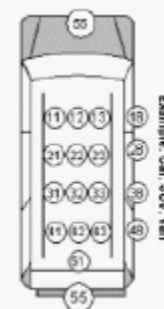
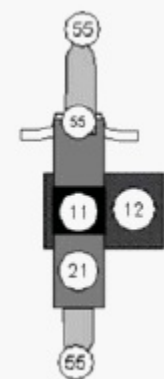
Motor Vehicle ID:
Person ID:

Case Number:
DOT Identifier:

Motor Vehicle Driver Information
Complete One Sheet Per Driver

Name (Last, First, Middle, Suffix): <input type="text" value="Green, John"/>	GENDER <input type="text" value="01"/> 01. Male 02. Female 99. Unknown	DATE OF BIRTH (YYYYMMDD) <input type="text" value="19771118"/> <input type="checkbox"/> Date of Birth is unknown
Street Address or PO Box: <input type="text" value="5 ACTON ST"/>	City: <input type="text" value="Hartford"/> State or Prov: <input type="text" value="CT"/> Postal Code: <input type="text" value="06120"/>	Phone/Email (optional): <input type="text"/>

LICENSE INFO **DRIVER INFORMATION**

LICENSE NUMBER <input type="text" value="118518999"/>	EJECTION 01. Not Ejected <input type="text" value="01"/> 02. Ejected, Partially 03. Ejected, Totally 88. Not Applicable	SEATING POSITION FIRST DIGIT 1_ Front Row <input type="text" value="11"/>	DRIVER ACTIONS (choose up to four) 01. No Contributing Action <input type="text" value="99"/> 02. Ran Off Roadway 03. Failed to Yield Right-of-Way 04. Ran Red Light 05. Ran Stop Sign 06. Disregarded Other Traffic Sign 07. Disregarded Other Road Markings 08. Improper Turn 09. Improper Backing 10. Improper Passing 11. Wrong Side or Wrong Way 12. Followed Too Closely 13. Failed to Keep in Proper Lane 14. Operated Vehicle in Reckless Aggressive Manner 15. Operated Motor Vehicle in Inattentive, Careless Negligent, or Erratic Manner 16. Swerved or Avoided Due to Wind, Motor Vehicle, Object, Non-Motorist in Roadway, etc. 17. Over-Correcting/Over-Steering 18. Overtaking Cyclist 88. Not Applicable 97. Other Contributing Action
STATE <input type="text"/>	RESTRAINT SYSTEM 00. None Used-Motor Vehicle Occupant 01. Shoulder and Lap Belt Used 02. Shoulder Belt Only Used 03. Lap Belt Only Used 04. Restraint Used Type Unknown 88. Not Applicable 97. Other <input type="text" value="04"/>	SECOND DIGIT _1. Left Seat (usually the motor vehicle or motorcycle driver except for postal vehicles and some foreign vehicles) _2. Middle Seat _3. Right Seat _8. Other Seat	
DRIVER LICENSE JURISDICTION 01. Not Licensed <input type="text"/> 02. State <input type="text"/> 03. Tribal Nation 04. U.S. Government 05. Canadian Province 06. Mexican State 07. International License (other than Mexico and Canada) 08. Valid License (other country) 88. Not Applicable	HELMET USE 01. No Helmet 02. DOT-Compliant Motorcycle Helmet 03. Helmet, Other Than DOT-Compliant Motorcycle Helmet 04. Helmet, Unknown if DOT-Compliant 88. Not Applicable <input type="text" value="88"/>	 	DRIVER DISTRACTED BY 01. Not Distracted <input type="text" value="01"/> 02. Manually Operating an Electronic Communication Device (Texting, etc) 03. Talking on Hands-Free Electronic Device 04. Talking on Hand-Held Electronic Device 05. Other Activity, Electronic Device 06. Passenger 07. Other Inside the Vehicle (eating, hygiene, etc.) 08. Outside the Vehicle
LICENSE CLASS 00. None <input type="text"/> 01. Class A 02. Class B 03. Class C 04. Class D 05. Class M 88. Not Applicable	AIRBAG 01. Not Deployed <input type="text" value="01"/> 02. Deployed-Front 03. Deployed-Side 04. Deployed-Curtain 05. Deployed-Other 06. Deployed-Combination 88. Not Applicable		
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 A. Suspected Serious Injury B. Suspected Minor Injury C. Possible Injury <input type="text" value="C"/> O. No Apparent Injury	TRANSPORTED TO FIRST MEDICAL FACILITY BY 01. Not Transported 02. EMS Air 03. EMS Ground <input type="text" value="01"/> 04. Law Enforcement 97. Other

INJURY AND EMS INFORMATION
EMS COMPANY NAME: _____
EMS RUN NUMBER: _____
INTENDED RECEIVING FACILITY: _____

ENFORCEMENT ACTIONS TAKEN **DRUG/ALCOHOL INFORMATION**

ACTION BY OFFICER 00. None Taken 01. Verbal Warning 02. Written Warning 03. Infraction 04. Arrest/Summons <input type="text" value="03"/>	VIOLATION STATUTES <input type="text"/>	ALCOHOL TEST STATUS 01. Test Not Given <input type="text" value="01"/> 02. Test Refused 03. Test Given 99. Unknown if Tested	TYPE OF ALCOHOL TEST 01. Blood <input type="text" value="88"/> 02. Urine 03. Breath 88. Not Applicable 97. Other
		DRUG TEST STATUS 01. Test Not Given <input type="text" value="01"/> 02. Test Refused 03. Test Given 99. Unknown if Tested	TYPE OF DRUG TEST 01. Blood <input type="text" value="88"/> 02. Urine 88. Not Applicable 97. Other

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV July 2014.01

Number of Witnesses:

Case Number:

Appendix E: Witness
Complete this sheet for all witnesses to the crash

DOT Identifier:

Please complete this Appendix form for witnesses to a crash. Each Appendix form can document information for up to three witnesses. Multiple forms can be used if necessary. Actual witness statements should be collected on department statement sheets and witnesses should be identified using unique Person ID Numbers.

PERSON ID	3	WITNESS INFORMATION	
NAME: DURAN, IVETTE		WITNESS STATEMENT TYPE <i>(choose all that apply; max 2)</i>	
ADDRESS: 54, Adelaide Street		01. No Statement Taken	<input type="text" value="04"/>
CITY: Hartford	STATE or PROV: CT	02. Provided Written Statement	
	POSTAL CODE: 06106	03. Willing to Provide a Written Statement	
DATE OF BIRTH (YYYYMMDD): <input type="text" value="19990414"/>	<input type="checkbox"/> Date of Birth is unknown	04. Oral Statement Only	
WITNESS STATEMENT SOURCE <i>(choose all that apply; max 4)</i>		05. Statement Confirmed by other Witness	
01. Observed Crash Occur	<input type="text" value="88"/>	WITNESS OBSERVATION VERIFICATION <i>(choose all that apply; max 3)</i>	
02. Overheard Statements by Person Involved	<input type="text"/>	01. Sight Lines Verified By Reporting Officer	<input type="text" value="05"/>
03. Observed illegal activities by persons involved in the crash prior to police arrival	<input type="text"/>	02. Sight Lines Verified By Other Officer	
04. Observed other illegal behavior by a vehicle involved in the crash or resulting in the crash occurring	<input type="text"/>	03. Sight Lines Confirmed by Other Witness	
88. Not Applicable		04. Verification Not Possible	
		05. Verification Not Undertaken	

PERSON ID		WITNESS INFORMATION	
NAME:		WITNESS STATEMENT TYPE <i>(choose all that apply; max 2)</i>	
ADDRESS:		01. No Statement Taken	<input type="text"/>
CITY:	STATE or PROV:	02. Provided Written Statement	
	POSTAL CODE:	03. Willing to Provide a Written Statement	
DATE OF BIRTH (YYYYMMDD): <input type="text"/>	<input type="checkbox"/> Date of Birth is unknown	04. Oral Statement Only	
WITNESS STATEMENT SOURCE <i>(choose all that apply; max 4)</i>		05. Statement Confirmed by other Witness	
01. Observed Crash Occur	<input type="text"/>	WITNESS OBSERVATION VERIFICATION <i>(choose all that apply; max 3)</i>	
02. Overheard Statements by Person Involved	<input type="text"/>	01. Sight Lines Verified By Reporting Officer	<input type="text"/>
03. Observed illegal activities by persons involved in the crash prior to police arrival	<input type="text"/>	02. Sight Lines Verified By Other Officer	
04. Observed other illegal behavior by a vehicle involved in the crash or resulting in the crash occurring	<input type="text"/>	03. Sight Lines Confirmed by Other Witness	
88. Not Applicable		04. Verification Not Possible	
		05. Verification Not Undertaken	

PERSON ID		WITNESS INFORMATION	
NAME:		WITNESS STATEMENT TYPE <i>(choose all that apply; max 2)</i>	
ADDRESS:		01. No Statement Taken	<input type="text"/>
CITY:	STATE or PROV:	02. Provided Written Statement	
	POSTAL CODE:	03. Willing to Provide a Written Statement	
DATE OF BIRTH (YYYYMMDD): <input type="text"/>	<input type="checkbox"/> Date of Birth is unknown	04. Oral Statement Only	
WITNESS STATEMENT SOURCE <i>(choose all that apply; max 4)</i>		05. Statement Confirmed by other Witness	
01. Observed Crash Occur	<input type="text"/>	WITNESS OBSERVATION VERIFICATION <i>(choose all that apply; max 3)</i>	
02. Overheard Statements by Person Involved	<input type="text"/>	01. Sight Lines Verified By Reporting Officer	<input type="text"/>
03. Observed illegal activities by persons involved in the crash prior to police arrival	<input type="text"/>	02. Sight Lines Verified By Other Officer	
04. Observed other illegal behavior by a vehicle involved in the crash or resulting in the crash occurring	<input type="text"/>	03. Sight Lines Confirmed by Other Witness	
88. Not Applicable		04. Verification Not Possible	
		05. Verification Not Undertaken	