## Connecticut Uniform Police Accident Report

### Form PR-1 REV.12/94

**GPS READINGS:**
- Latitude: 
- Longitude: 

**DATE OF ACCIDENT MILITARY TIME**
- Month: 
- Day: 
- Year: 

**ACCIDENT SEVERITY**
- Fatal: 
- Injury: 
- 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 #)**
- 

**IF NOT AT INTERSECTION**
- 

1. **MEASURE DISTANCE**
   - Feet: 
   - Tenths of Mile: 
   - Meters: 
   - Kilometers: 
   - North: 
   - South: 
   - East: 
   - West: 

2. **DIRECTION**
- 

3. **NAME OF NEAREST INTERSECTING STREET, TOWN LINE OR MILE MARKER**
- 

**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**
- 

**BOD 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**
- Driver: 
- Side of Vehicle: 

**GROSS VEHICLE WEIGHT**
- 

**HAZARDOUS MATERIAL PLACARD REQUIRED?**
- Yes: 
- No: 

**DISPLAYED?**
- Yes: 
- No: 

**RATING #**
- 

**HAZARDOUS CARGO RELEASED?**
- Yes: 
- No: 

**ENFORCEMENT ACTION TAKEN**
- 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: 

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### Table: Name and Address of Each Involved Person

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**ALL INVOLVED PERSONS**

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**TRAFFIC UNIT #1 OPERATOR OR PEDESTRIAN #1**

**TRAFFIC UNIT #2 OPERATOR OR PEDESTRIAN #2**