

CONNECTICUT UNIFORM POLICE ACCIDENT REPORT FORM PR-1 REV.12/94



GPS READINGS: Latitude:

Time: Longitude:

FOR DOT USE ONLY

DATE OF ACCIDENT <small>Month Day Year</small>	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 Feet 2. DIRECTION North South
 1. MEASURE DISTANCE _____ Tenths of Mile Meters Kilometers
 (✓ Check Appropriate Boxes) East West
 3. NAME OF NEAREST INTERSECTING STREET, TOWN LINE OR MILE MARKER _____ of _____
 Accident Occurred: On Private Property Parking Lot

TRAFFIC UNIT #1 <input type="checkbox"/> Vehicle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Non-Contact Vehicle	
OPERATOR #1 or PEDESTRIAN NAME (Last, First, Middle Initial)	
ADDRESS (Street Number & Name)	PROPER LICENSE CLASS <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY OR TOWN STATE ZIP CODE	SEX <input type="checkbox"/> M <input type="checkbox"/> F
OPERATOR LICENSE # STATE	DATE OF BIRTH <small>Month Day Year</small>
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 <input type="checkbox"/> Shipping Papers/Trip Manifest <input type="checkbox"/> Driver <input type="checkbox"/> Side of Vehicle	<input type="checkbox"/> USDOT # <input type="checkbox"/> ICCMC #
GROSS VEHICLE WEIGHT RATING #	HAZARDOUS MATERIAL PLACARD REQUIRED? <input type="checkbox"/> Yes <input type="checkbox"/> No 4 Digit # DISPLAYED? <input type="checkbox"/> Yes <input type="checkbox"/> No 1 Digit #
HAZARDOUS CARGO RELEASED? <input type="checkbox"/> Yes <input type="checkbox"/> No	ENFORCEMENT ACTION TAKEN <input type="checkbox"/> None <input type="checkbox"/> Arrest <input type="checkbox"/> Written Warning <input type="checkbox"/> Verbal Warning
STATUTE OR ORDINANCE #'S	SUBJECT OF ACTION <input type="checkbox"/> Operator <input type="checkbox"/> Carrier <input type="checkbox"/> Owner <input type="checkbox"/> Pedestrian
AUTOMOBILE INSURANCE — NAME — POLICY #	
PARTS OF VEHICLE DAMAGED	
VEHICLE TOWED TO: <input type="checkbox"/> TOWED DUE TO DAMAGE	

TRAFFIC UNIT #2 <input type="checkbox"/> Vehicle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Non-Contact Vehicle	
OPERATOR #2 or PEDESTRIAN NAME (Last, First, Middle Initial)	
ADDRESS (Street Number & Name)	PROPER LICENSE CLASS <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY OR TOWN STATE ZIP CODE	SEX <input type="checkbox"/> M <input type="checkbox"/> F
OPERATOR LICENSE # STATE	DATE OF BIRTH <small>Month Day Year</small>
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 <input type="checkbox"/> Shipping Papers/Trip Manifest <input type="checkbox"/> Driver <input type="checkbox"/> Side of Vehicle	<input type="checkbox"/> USDOT # <input type="checkbox"/> ICCMC #
GROSS VEHICLE WEIGHT RATING #	HAZARDOUS MATERIAL PLACARD REQUIRED? <input type="checkbox"/> Yes <input type="checkbox"/> No 4 Digit # DISPLAYED? <input type="checkbox"/> Yes <input type="checkbox"/> No 1 Digit #
HAZARDOUS CARGO RELEASED? <input type="checkbox"/> Yes <input type="checkbox"/> No	ENFORCEMENT ACTION TAKEN <input type="checkbox"/> None <input type="checkbox"/> Arrest <input type="checkbox"/> Written Warning <input type="checkbox"/> Verbal Warning
STATUTE OR ORDINANCE #'S	SUBJECT OF ACTION <input type="checkbox"/> Operator <input type="checkbox"/> Carrier <input type="checkbox"/> Owner <input type="checkbox"/> Pedestrian
AUTOMOBILE INSURANCE — NAME — POLICY #	
PARTS OF VEHICLE DAMAGED	
VEHICLE TOWED TO: <input type="checkbox"/> 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.
					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

