

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 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 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 _____
 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 USDOT # Driver Side of Vehicle ICCMC # }
 GROSS VEHICLE WEIGHT _____ HAZARDOUS MATERIAL PLACARD REQUIRED? Yes No 4 Digit # _____
 RATING # _____ DISPLAYED? 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 _____
 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 USDOT # Driver Side of Vehicle ICCMC # }
 GROSS VEHICLE WEIGHT _____ HAZARDOUS MATERIAL PLACARD REQUIRED? Yes No 4 Digit # _____
 RATING # _____ DISPLAYED? 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
					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

