

Environmental and Roadway Conditions

- A. Crash Type**
1. Property Damage Only
 2. Injury
 3. Fatality

- B. Vehicle 1 Collided With**
- | | |
|--------------------------|--------------------------|
| 1. Pedestrian | 12. Overturned |
| 2. MV in Traffic | 13. Other, Non-collision |
| 3. MV Parked | 14. Guard Rail, Curb |
| 4. RR Train | 15. Tree |
| 5. Pedalcycle | 16. Pole, Sign |
| 6. Deer | 17. Ledge, Boulder |
| 7. Moose | 18. Other Fixed Object |
| 8. Other Wild Animal | 19. Moped |
| 9. Domestic Animal | 20. Motorcycle |
| 10. Snowmobile | 21. Work Zone Equipment |
| 11. Other Movable Object | 22. Unknown |

- D. Direction of Collision**
1. Rear End → →
 2. Head On → ←
 3. Same Direction Sideswipe ⇄
 4. Opp Direction Sideswipe ⇄
 5. Rear-to-rear ← →
- 6. Single Vehicle Crash**
7. Other
-

- H. Road Characteristics**
- | | |
|--------------------------------|--------------------------------|
| 1. Not at a Junction | 8. Off Ramp |
| 2. Four-way Intersection | 9. Crossover |
| 3. T-intersection | 10. Driveway |
| 4. Y-intersection | 11. Railway Grade Crossing |
| 5. Traffic Circle / Roundabout | 12. Shared-use Paths or Trails |
| 6. Five-point, or More | 13. Parking Lot |
| 7. On Ramp | 14. Unknown |
| | 15. Other |

- I. Road Align**
1. Straight
 2. Slight Curve
 3. Sharp Curve
 4. Unknown

- J. Road Design**
1. Up/Down Hill
 2. Top of Hill
 3. Bottom of Hill
 4. Level
 5. Unknown

- K. Road Type**
1. Blacktop
 2. Gravel
 3. Dirt Trail
 4. Concrete
 5. Other
 6. Unknown

- L. Surface Condition**
- | | |
|---------------------------------|-----------------------------|
| 1. Dry | 6. Water (Standing, Moving) |
| 2. Wet | 7. Slush |
| 3. Snow | 8. Other |
| 4. Ice | 9. Not reported |
| 5. Sand, Mud, Dirt, Oil, Gravel | 10. Unknown |

- F. Weather Conditions**
1. Clear
 2. Cloudy
 3. Fog, Smog, Smoke
 4. Rain
 5. Sleet, Hail (Freezing Rain or Drizzle)
 6. Snow
 7. Severe Crosswinds
 8. Blowing Sand, Soil, Dirt, Snow
 9. Other
 10. Not Reported
 11. Unknown

- E. Traffic Control**
1. No Control
 2. Stop Signs on Cross St Only
 3. Stop Signs on Mainline Only
 4. All-way Stop Signs
 5. All-way Flasher (Red on Cross Street)
 6. All-way Flasher (Red on Mainline)
 7. All-way Flasher (Red on All)
 8. Yield Signs on Cross Street Only
 9. Yield Signs on Mainline Only
 10. Traffic Signal (Normal Operation)
 11. Traffic Signal (Flashing)
 12. Officer
 13. Flagman
 14. Other
 15. Unknown

- M. Contributing Road Conditions**
1. None
 2. Road Surface Condition (Wet, Icy, Snow, Slush, etc.)
 3. Debris
 4. Rut, Holes, Bumps
 5. Work Zone
 6. Worn, Travel-polished Surface
 7. Obstruction in Roadway
 8. Traffic Control Device Inoperative, Missing, or Obscured
 9. Shoulders (None, Low, Soft, High)
 10. Non-highway Work
 11. Other
 12. Not Reported
 13. Unknown

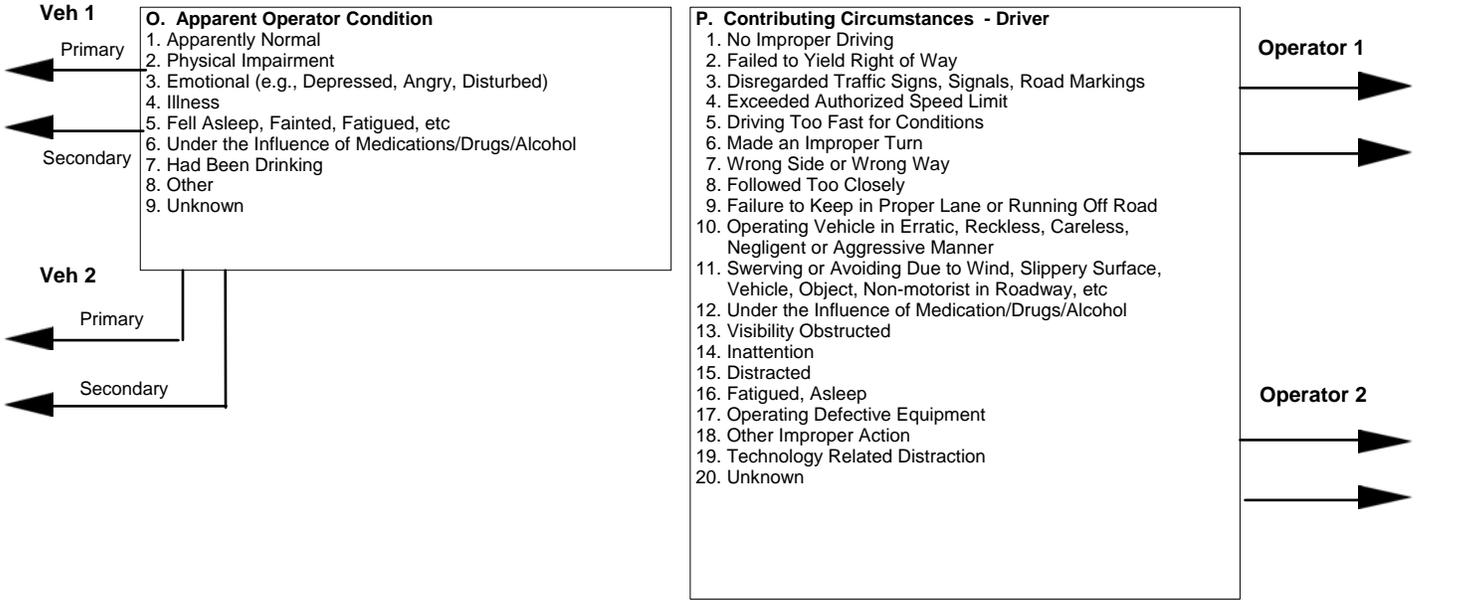
- G. Light**
1. Daylight
 2. Dawn
 3. Dusk
 4. Dark - Lighted Roadway
 5. Dark - Roadway Not Lighted
 6. Dark - Unknown Roadway Lighting
 7. Other
 8. Not Reported
 9. Unknown

- Pedestrian/Cycle Action Codes (used on Page 3)**
- | | |
|--------------------------------------|---|
| 1. Improper crossing | 6. Inattentive (talking, eating, etc.) |
| 2. Darting | 7. Failure to obey traffic signs, signals, or officer |
| 3. Lying and/or illegally in roadway | 8. Wrong side of road |
| 4. Failure to yield right of way | 9. Other |
| 5. Not visible (dark clothing) | 10. Unknown |

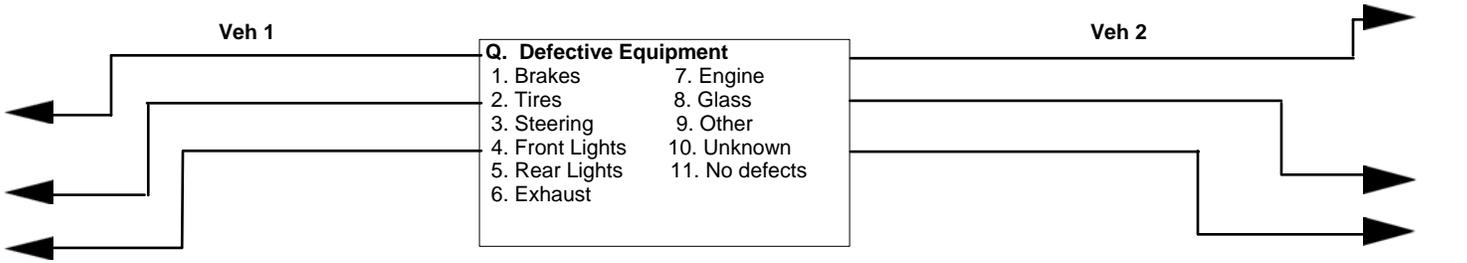
- Pedestrian/Cycle Location Codes (used on Page 3)**
- | | |
|-------------------------------------|---|
| 1. Marked Crosswalk at Intersection | 9. Shoulder |
| 2. At Intersection but No Crosswalk | 10. Sidewalk |
| 3. Non-intersection Crosswalk | 11. Within 10 Feet of Roadway (but Not Shoulder, Median, Sidewalk, or Island) |
| 4. Driveway Access Crosswalk | 12. Beyond 10 Feet of Roadway (Within Trafficway) |
| 5. In Roadway | 13. Outside Trafficway |
| 6. Not in Roadway | 14. Shared-use Path or Trails |
| 7. Median (but Not on Shoulder) | |
| 8. Island | |

- N. Police Photo/Video Recording Taken**
1. Yes
 2. No

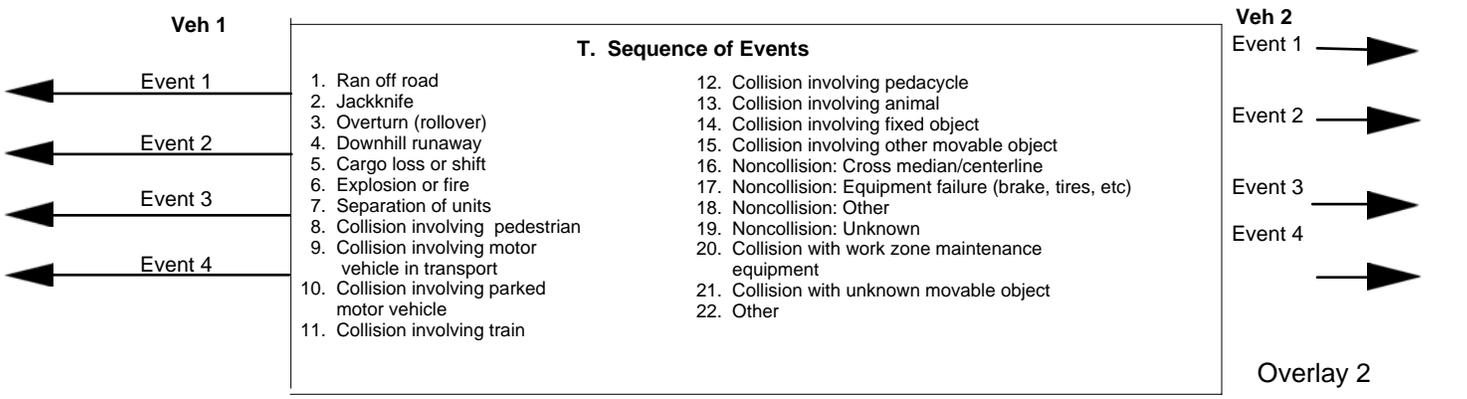
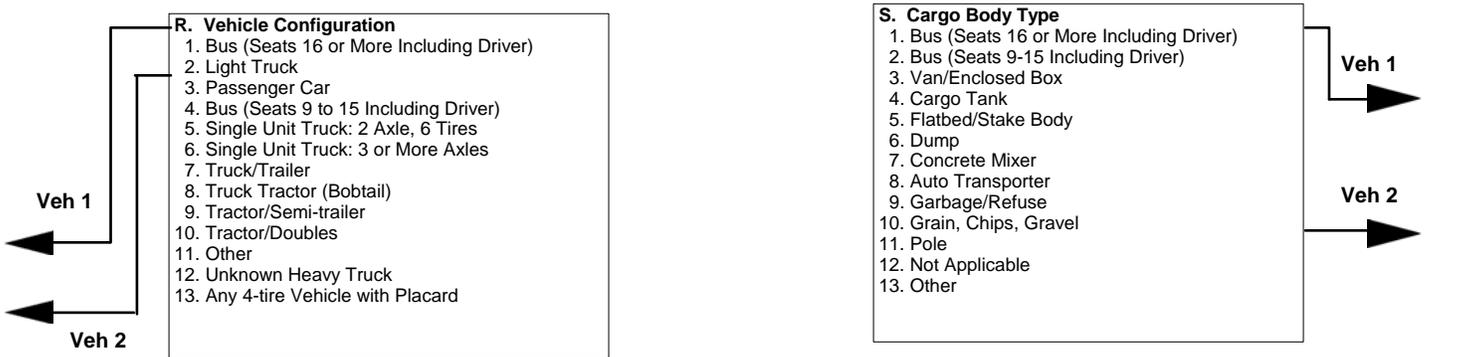
Additional Operator Information



Additional Vehicle Information



Commercial Vehicles Only



STATE OF VERMONT UNIFORM CRASH REPORT

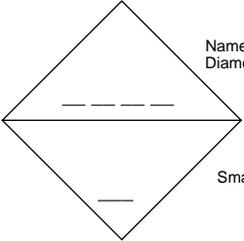
Incident Number	Reporting Agency	Date	Time
City/Town	Street Address	TH# ___ VT# ___ US# ___ I - ___	
Intersection with OR Nearest Intersecting St or Landmark		Operator Report Required * Y N	Mile Marker
Distance (From Nearest Int. St) ___ Feet ___ Miles		Coordinates	
Direction (From Nearest Int. St) N S E W		Latitude	
Posted Speed		Longitude	
VEHICLE #1			
Last First M.I.		License #	
Name:		State Lic Class	
Address		City/Town State Zip	
Telephone	DOB	Sex	Restrictions Unoccupied Y N Seat Belt Y N CDL Y N
OWNER			
Same as Operator <input type="checkbox"/> Name: Last		First M.I.	
Address		City/Town State Zip Tel.	
Insurance Co.		Policy No.	
VEHICLE			
Registration No. _____ Plate Type _____ VIN _____		Est. Speed _____	
Vehicle Yr. _____ State _____		Comm Veh Y N	
Make _____ Model _____		Direction of Travel N S E W	
Towed By		If yes, see Overlay 2 and Page 3	
VEHICLE #2			
Last First M.I.		License #	
Name:		State Lic Class	
Address		City/Town State Zip	
Telephone	DOB	Sex	Restrictions Unoccupied Y N Seat Belt Y N CDL Y N
OWNER			
Same as Operator <input type="checkbox"/> Name: Last		First M.I.	
Address		City/Town State Zip Tel.	
Insurance Co.		Policy No.	
VEHICLE			
Registration No. _____ Plate Type _____ VIN _____		Est. Speed _____	
Vehicle Yr. _____ State _____		Comm Veh Y N	
Make _____ Model _____		Direction of Travel N S E W	
Towed By		If yes, see Overlay 2 and Page 3	
Non-vehicle Property Damage			
Owner		Address Phone	
Damage Description			
Other Persons and Witnesses Involved (For investigated crashes see Page 3.)			
Name		DOB Address Phone	
Reporting Officer		Date Approved Date	

* Operators involved in an accident which results in injury, death, or total property damage equal to \$1,000 or more, must file a report with DMV

Vehicle Number _____ **Commercial Vehicle**
Carrier's Identification Numbers
 US DOT _____ ICC MC _____ Interstate Carrier: State Name _____ State Number _____

Carrier's Name _____
Carrier's Address _____ City _____ State _____ Zip _____
 Source: (Check all that apply) _____ Vehicle Side _____ Shipping Papers _____ Driver _____ Carrier _____

Vehicle Information
 Axles on Vehicle (Including Trailers) _____ Gross Vehicle Wt Rating _____ lbs or _____ kg
 Length of Vehicle (Incl. Trailer) _____ ft or _____ meters Length of Trailer _____ ft or _____ meters
 Trailer License Number _____ State _____ Trailer Identification Number _____

Hazardous Material
 Placard: Spill:


Non-commercial Trailer
Vehicle 1
 Year _____ Make _____ Model _____ Plate No. _____
 State _____
Vehicle 2
 Year _____ Make _____ Model _____ Plate No. _____
 State _____

Additional Operator Information

Alcohol Test
 1. None Given
 2. Refused
 3. Blood/Serum
 4. Urine
 5. Other
 6. Breath Preliminary
 7. Breath Evidentiary

Vehicle 1
 Test Result 0. BAC

Vehicle 2
 Test Result 0. BAC

Drug Test
 1. None Given
 2. Refused
 3. Blood/Serum
 4. Urine
 5. Other

Vehicle 1
Vehicle 2

Drug Test Result
 1. Marijuana
 2. Cocaine
 3. Opiate
 4. Amphetamine
 5. PCP
 6. Other

Vehicle 1
Vehicle 2

Citations issued - Veh 1 Ticket # _____ Violation Code _____

Citations issued - Veh 2 Ticket # _____ Violation Code _____

EMS Run number _____ **EMS Agency** _____ **Destination Hospital** _____

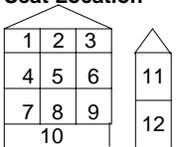
Operators, Occupants, Pedestrians, Cyclists - Excluding Witnesses

Name	Veh #	Type	Sex	Age	Seat	Injury	Eject	Restr	Air Bag	Extract	P/C - Action	P/C - Location

CODES

Type
 1. Operator
 2. Occupant
 3. Pedestrian
 4. Bicyclist
 5. Unknown

Seat Location



Injury
 1. Fatal
 2. Injury - Incapacitating
 3. Injury - Non-incapacitating
 4. Possible Injury
 5. No injury
 6. Unknown

Restraint
 0. Unknown
 1. None Used
 2. Shoulder Belt Only
 3. Lap Belt Only
 4. Shoulder and Lap Belt
 5. Child Safety Restraint
 6. Helmet Used - Eye Protection
 7. Helmet Used - No Eye Prot.
 8. Not Reported

Ejected
 1. Not Ejected
 2. Totally Ejected
 3. Partially Ejected
 4. Not Applicable
 5. Unknown

Airbag Deployed:
 1. Yes
 2. No
 3. Unknown

Extracted
 1. Yes
 2. No

Pedestrian/Cyclist Codes on Overlay 1

Crash Diagram

Vehicle Moved Y N

Indicate North
by Arrow

Additional Sheets Attached: Y N

INSTRUCTIONS FOR COMPLETING THE VERMONT UNIFORM CRASH REPORT

- Instructions for completing the Uniform Crash Report may be found in the *Investigators Guide for Completing the Uniform Crash Report* at the Agency of Transportation Website (<http://www.vermontcrashmanualonline.com>).
- Each form provides space for the reporting of information relative to two vehicles or a vehicle and a pedestrian.
- Each form also provides space for the reporting of information relative to seven involved persons.
- Whenever the number of vehicles or involved persons exceeds the space available on the form, additional forms must be utilized.
- When using additional forms, the third, fourth and fifth vehicles being reported will always be reported as Vehicles #3, #4 and #5 respectively. The preprinted Vehicle 1 and Vehicle 2 should be crossed out and the correct vehicle number substituted accordingly.
- Use United States Postal Service Standard State Abbreviations when entering such information.
- Use the following data entry sequence during the crash investigation:
 1. Complete Page 1 (face page of the report)
 2. Use Overlay 1 to enter data into unshaded boxes
 3. Use Overlay 2 to enter data into shaded boxes, complete relevant sections
 4. Complete Page 3, relevant sections
 5. Complete crash narrative on Page 2, if necessary
 6. Complete crash diagram on Page 4, if necessary
- Be sure to provide each operator with a colored copy of Page 1 of the crash report.
- Be sure that overlay arrows are correctly aligned with the shaded and unshaded boxes on Page 1 of the crash form.
- Be sure to place the cardboard separator between the form being used and the following form in the pad to prevent inadvertent data transfer.

INSTRUCTIONS FOR COMMERCIAL VEHICLES

General Instructions

- Complete relevant *Commercial Vehicle* sections of the form when the crash involves:
 - Any truck having a gross vehicle weight rating (GVWR) of more than 10,000 pounds or a gross combination weight rating (GCWR) over 10,000 pounds used on public highways,
 - OR**
 - Any motor vehicle designed to transport more than eight people, including the driver,
 - OR**
 - Any vehicle displaying a hazardous materials placard (regardless of weight).
- L AND**
- Complete relevant *Commercial Vehicle* sections of the form when the crash involves a vehicle as listed above *and* results in *any* of the following:
 - One or more fatalities [including person(s) who die within 30 days of the crash],
 - OR**
 - One or more persons injured and transported from the scene for immediate medical attention;
 - OR**
 - One or more motor vehicles were disabled as a result of the crash and transported away from the scene by a tow truck or other vehicle.
- Crashes involving local, state and federal government owned vehicles should be reported as commercial vehicle crashes. Rented or leased commercial vehicles that meet and of the above vehicle types must also be reported as commercial motor vehicles.

Relevant Sections of Form

If "Comm Veh" box has been checked in the "Vehicle " section(s) of Page 1,
then

—

Complete Overlay 2 : "Commercial Vehicles Only" section, boxes R, S, & T,
then

—

Complete Page 3: "Commercial Vehicle" section

Plate Types

- | | |
|-------------------------------|-------------------------------------|
| A. Autos | H. Special - Unspecified |
| B. Trucks | I. Bus |
| C. Trailers | J. Municipal: Auto, Truck, Bus |
| D. Farm Trucks | K. VT State Government: Auto, Truck |
| E. Moveable Dealer Plates | L. Out of State - Auto |
| F. Handicapped: Plate/Placard | M. Out of State - Truck |
| G. ATV, Moped, Motorcycle | N. Out of State - Other |