

Environmental and Roadway Conditions

A. Crash Type

1. Property Damage Only
2. Injury
3. Fatality

B. Vehicle 1 Collided With

<ol style="list-style-type: none"> 1. Pedestrian 2. MV in Traffic 3. MV Parked 4. RR Train 5. Pedalcycle 6. Deer 7. Moose 8. Other Wild Animal 9. Domestic Animal 10. Snowmobile 11. Other Movable Object 	<ol style="list-style-type: none"> 12. Overturned 13. Other, Non-collision 14. Guard Rail, Curb 15. Tree 16. Pole, Sign 17. Ledge, Boulder 18. Other Fixed Object 19. Moped 20. Motorcycle 21. Work Zone Equipment 22. Unknown
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H. Road Characteristics

<ol style="list-style-type: none"> 1. Not at a Junction 2. Four-way Intersection 3. T-intersection 4. Y-intersection 5. Traffic Circle / Roundabout 6. Five-point, or More 7. On Ramp 	<ol style="list-style-type: none"> 8. Off Ramp 9. Crossover 10. Driveway 11. Railway Grade Crossing 12. Shared-use Paths or Trails 13. Parking Lot 14. Unknown 15. Other - Explain in Narrative
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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

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 - Explain in Narrative

8. NO TURNS

9. LEFT & RIGHT TURN

10. LEFT TURNS

11.

12.

13.

14.

15.

16. RIGHT TURNS

17.

18.

19.

20.

L. Surface Condition

<ol style="list-style-type: none"> 1. Dry 2. Wet 3. Snow 4. Ice 5. Sand, Mud, Dirt, Oil, Gravel 	<ol style="list-style-type: none"> 6. Water (Standing, Moving) 7. Slush 8. Other - Explain in Narrative 9. Not reported 10. Unknown
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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 - Explain in Narrative
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 (Construction/Maintenance/Utility)
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 - Explain in Narrative
12. Not Reported
13. 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 - Explain in Narrative
10. Not Reported
11. 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)

<ol style="list-style-type: none"> 1. Improper crossing 2. Darting 3. Lying and/or illegally in roadway 4. Failure to yield right of way 5. Not visible (dark clothing) 	<ol style="list-style-type: none"> 6. Inattentive (talking, eating, etc.) 7. Failure to obey traffic signs, signals, or officer 8. Wrong side of road 9. Other - Explain in Narrative 10. Unknown 11. No Improper Action
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Pedestrian/Cycle Location Codes (used on Page 3)

<ol style="list-style-type: none"> 1. Marked Crosswalk at Intersection 2. At Intersection but No Crosswalk 3. Non-intersection Crosswalk 4. Driveway Access Crosswalk 5. In Roadway 6. Not in Roadway 7. Median (but Not on Shoulder) 8. Island 	<ol style="list-style-type: none"> 9. Shoulder 10. Sidewalk 11. Within 10 Feet of Roadway (but Not Shoulder, Median, Sidewalk, or Island) 12. Beyond 10 Feet of Roadway (Within Trafficway) 13. Outside Trafficway 14. Shared-use Path or Trails
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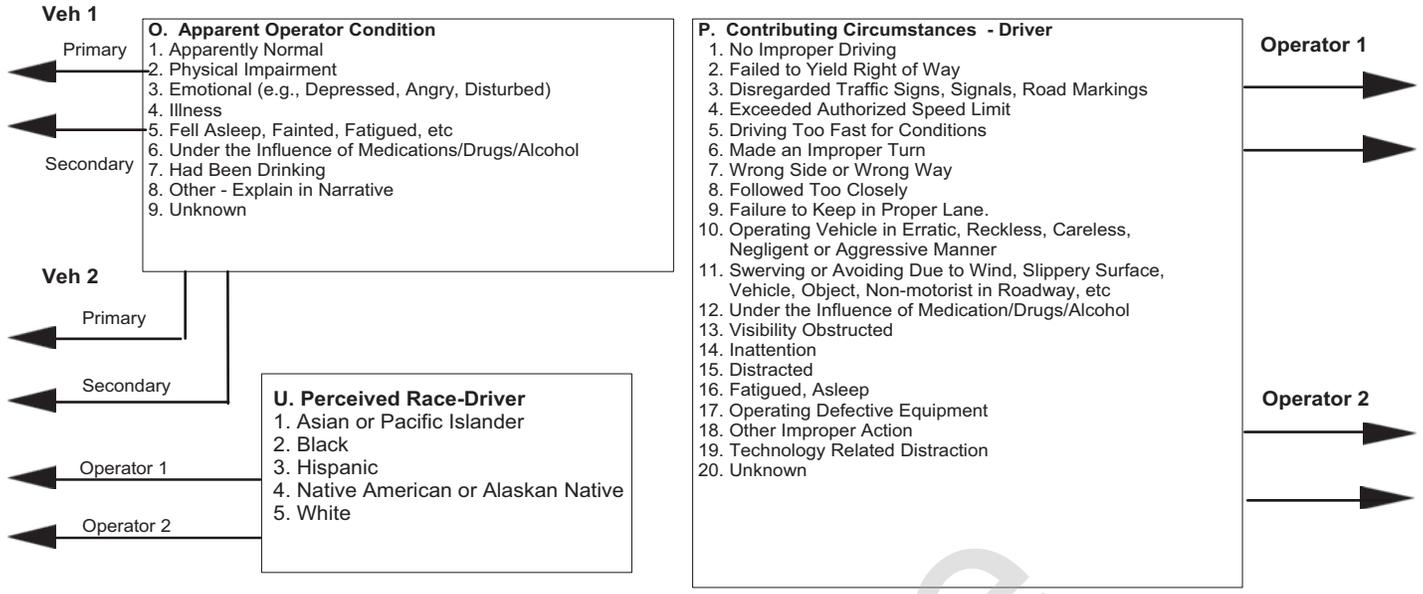
N. Police Photo/Video Recording Taken

1. Yes
2. No

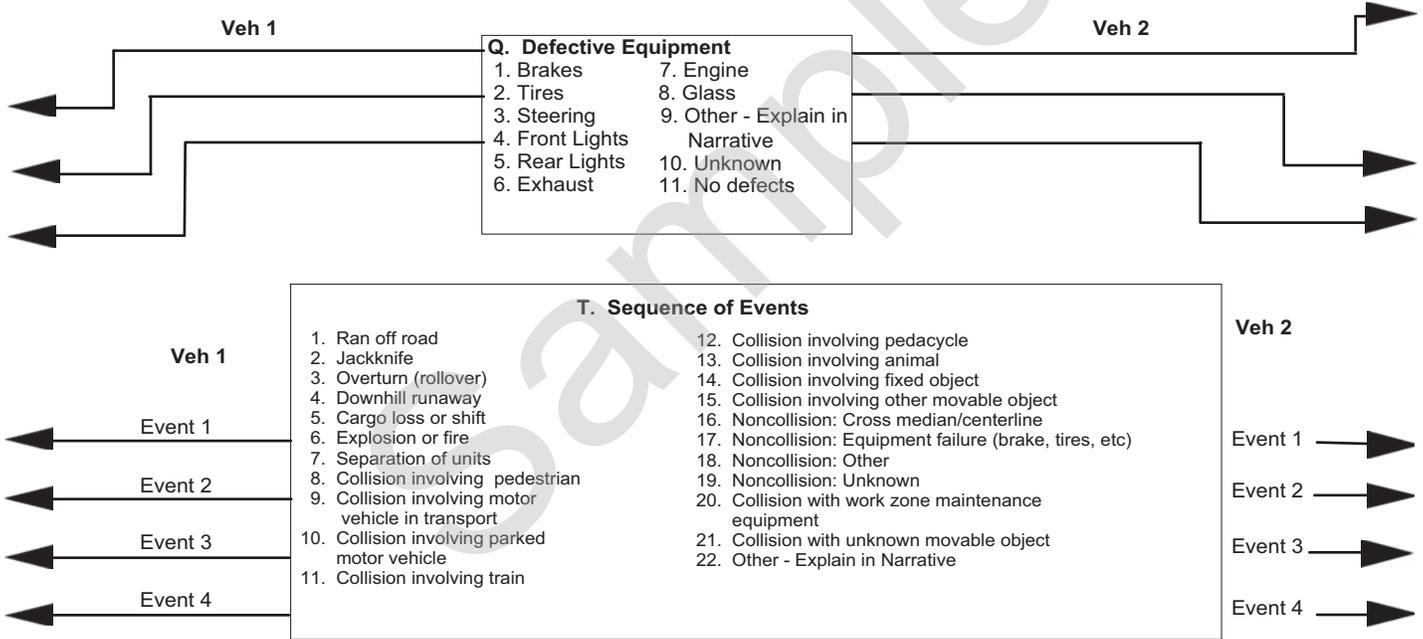
INSTRUCTIONS FOR COMPLETING THE VERMONT UNIFORM CRASH REPORT

- 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.

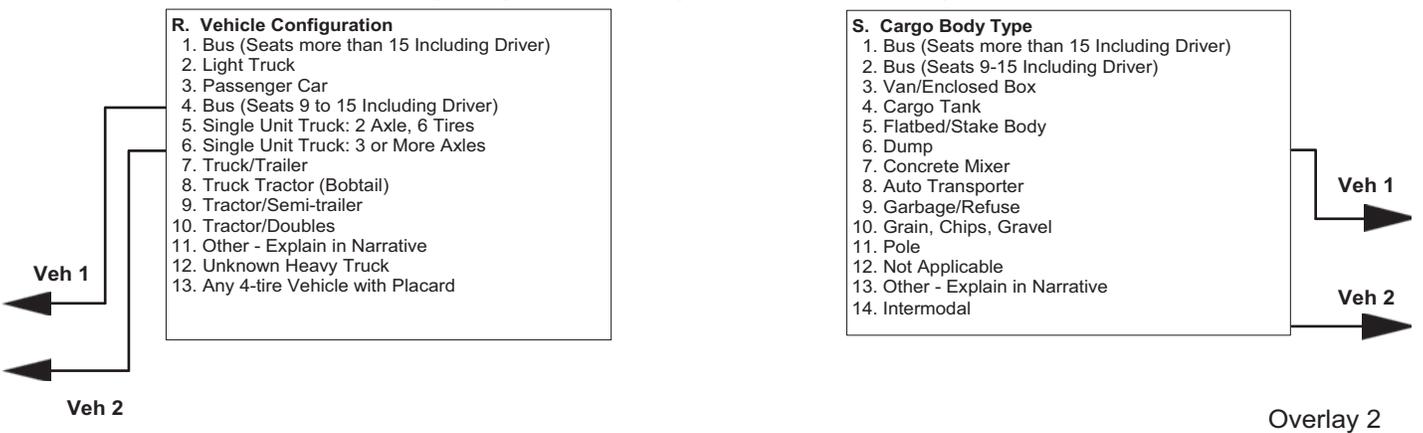
Additional Operator Information



Additional Vehicle Information - All Vehicles



Only Large Truck/Bus (Commercial Motor Vehicle)



INSTRUCTIONS FOR LARGE TRUCK/BUS (COMMERCIAL MOTOR VEHICLE)

General Instructions

■ Complete relevant Large Truck/Bus (CMV) 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 9 or more people, including the driver;

OR

Any vehicle displaying a hazardous materials placard (regardless of weight).

AND

■ Complete relevant Large Truck/Bus (CMV) sections of the form when the crash involves a vehicle as listed above and results 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 Large Truck/Bus vehicle crashes. Rented or lease vehicles that meet any of the above vehicle types must also be reported as Large Truck/Bus 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: "Large Truck/Bus (Commercial Vehicle)" section, boxes R, S, & T,

then



Complete Page 3: "Large Truck/Bus (Commercial Vehicle)" section

Plate Types

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

License Class (Lic Class)

- | | | | |
|-------------|-------|----------|----------|
| 1. OPER (D) | 3. JR | 5. CDL B | 7. NONE |
| 2. CDL A | 4. LP | 6. CDL C | 0. Other |

Restrictions (Restr)

- | | | |
|------------------------------------|--|--------------------------------|
| 0. None | 7. Totally equipped for Hand Operation | F. Outside Mirror |
| 1. Corrective Lenses | 8. Special Restrictions or Combo | J. Other |
| 2. Outside Left Mirror | 9. No Amount of Alcohol | K. Intrastate Only |
| 3. Automatic Transmission | B. Corrective Lenses | L. Vehicles Without Air Brakes |
| 4. Directional Signals Required | C. Mechanical Aid | M. Except Class A Bus |
| 5. Mechanical Device | D. Prosthetic Aid | N. Except Class A & B Bus |
| 6. Auto Trans & Hand Dimmer Switch | E. Automatic Transmission | O. Except Tractor Trailers |

STATE OF VERMONT UNIFORM CRASH REPORT

	Incident Number	Reporting Agency	Date	Time
A	City/Town	Street Address	TH#	VT#
			US#	I -
O1	Intersection with OR	Operator Report Required * Y N		Mile Marker
O2	Nearest Intersecting St or Landmark			
B1	Distance (From Nearest Int. St)	Coordinates		
	<input type="checkbox"/> Feet <input type="checkbox"/> Miles	Longitude/Easting		
	Direction (From Nearest Int. St)	Latitude/Northing		
	N S E W			
B2	Posted Speed			
O3	VEHICLE #1	Last	Unknown <input type="checkbox"/>	First
				M.I.
				License #
O4	Operator Name:			State
				Lic Class
	Address	City/Town	State	Zip
U1	Telephone	DOB	Sex	Restrictions
U2				Unoccupied Y N
				Seat Belt Y N
				CDL Y N
D	Same as Operator <input type="checkbox"/>	Name: Last	First	M.I.
Q1	Address	City/Town	State	Zip
Q2	Insurance Co.	Policy No.		
Q3	Registration No.	Plate Type	VIN	
Q4	Vehicle Yr.	State	Est. Speed	Comm Veh Y N
Q5	Make	Model	Direction of Travel	
Q6	ATV Y N	Snowmobile Y N	N S E W	If yes, see Overlay 2 and Page 3
E	Towed By			
F	Towed Due to Disabling Damage:	Y	N	
T1				
T2				
T3				
T4				
G	VEHICLE #2	Last	Unknown <input type="checkbox"/>	First
				M.I.
				License #
	Operator Name:			State
				Lic Class
	Address	City/Town	State	Zip
	Telephone	DOB	Sex	Restrictions
				Unoccupied Y N
				Seat Belt Y N
				CDL Y N
	Same as Operator <input type="checkbox"/>	Name: Last	First	M.I.
	Address	City/Town	State	Zip
	Insurance Co.	Policy No.		
	Registration No.	Plate Type	VIN	
	Vehicle Yr.	State	Est. Speed	Comm Veh Y N
	Make	Model	Direction of Travel	
	ATV Y N	Snowmobile Y N	N S E W	If yes, see Overlay 2 and Page 3
	Towed By			
	Towed Due to Disabling Damage:	Y	N	
	Non-vehicle Property Damage			
	Owner	Address	Phone	
	Damage Description			
	Other Persons and Witnesses Involved (For investigated crashes see Page 3.)			
R1	Name	DOB	Address	Phone
R2				
	Reporting Officer	Date	Approved	Date

* Operators involved in an accident which results in injury, death, or total property damage equal to \$3,000 or more, must file a report with DMV

Incident Number _____

Crash Narrative

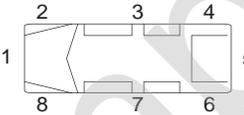
Reporting Agency _____

Sample

Officer's Signature _____

Additional Sheets Attached: Y N

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A	City/Town	Street Address	TH#	VT#
			US#	I -
O1	Intersection with OR	Operator Report Required * Y N		Mile Marker
O2	Nearest Intersecting St or Landmark			
B1	Distance (From Nearest Int. St)	Coordinates		
	<input type="checkbox"/> Feet <input type="checkbox"/> Miles	Longitude/Easting		
	Direction (From Nearest Int. St)	Latitude/Northing		
	N S E W			
B2	Posted Speed			
O3	VEHICLE #1			
O4	Last	Unknown <input type="checkbox"/>	First	M.I.
U1	Name:		License #	
U2			State	Lic Class
D	Address		City/Town	State
Q1	Telephone	DOB	Sex	Restrictions
Q2			Unoccupied	Seat Belt
Q3			Y N	Y N
Q4				CDL
Q5				Y N
Q6	Same as Operator <input type="checkbox"/> Name: Last			
Q7	Address		City/Town	State
Q8			Zip	Tel.
Q9	Insurance Co.		Policy No.	
L	Registration No.	Plate Type	VIN	
L1	Vehicle Yr.	State	Est. Speed	Comm Veh
L2	Make	Model	Direction of Travel	Y N
L3	ATV Y N	Snowmobile Y N	N S E W	
L4	Towed By			If yes, see Overlay 2 and Page 3
L5	Towed Due to Disabling Damage:	Y N		
L6				
L7	9 Hood 10 Roof 11 Trunk 12 Undercarriage 13 Total			
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			US#	I -
O1	Intersection with OR	Operator Report Required * Y N		Mile Marker
O2	Nearest Intersecting St or Landmark	Coordinates		
B1	Distance (From Nearest Int. St)	Longitude/Easting		
	<input type="checkbox"/> Feet <input type="checkbox"/> Miles	Latitude/Northing		
	Direction (From Nearest Int. St)			
	N S E W			
B2	Posted Speed			
O3	VEHICLE #1	Last	Unknown <input type="checkbox"/>	First
O4	Name:	M.I.		License #
U1			State	Lic Class
U2	Address		City/Town	State
D	Telephone		DOB	Sex
Q1	Restrictions		Unoccupied Y N	Seat Belt Y N
Q2	CDL Y N			
Q3	Same as Operator <input type="checkbox"/>	Name: Last		First
Q4	Address		City/Town	State
Q5	Insurance Co.		Policy No.	
Q6	Registration No.	Plate Type	VIN	
Q7	Vehicle Yr.	State	Est. Speed	Comm Veh Y N
Q8	Make	Model	Direction of Travel	
Q9	ATV Y N	Snowmobile Y N	N S E W	
Q10	Towed By	9 Hood		If yes, see Overlay 2 and Page 3
Q11	Towed Due to Disabling Damage: Y N	10 Roof		
Q12		11 Trunk		
Q13		12 Undercarriage		
Q14		13 Total		
Q15	VEHICLE #2	Last	Unknown <input type="checkbox"/>	First
Q16	Name:	M.I.		License #
Q17			State	Lic Class
Q18	Address		City/Town	State
Q19	Telephone		DOB	Sex
Q20	Restrictions		Unoccupied Y N	Seat Belt Y N
Q21	CDL Y N			
Q22	Same as Operator <input type="checkbox"/>	Name: Last		First
Q23	Address		City/Town	State
Q24	Insurance Co.		Policy No.	
Q25	Registration No.	Plate Type	VIN	
Q26	Vehicle Yr.	State	Est. Speed	Comm Veh Y N
Q27	Make	Model	Direction of Travel	
Q28	ATV Y N	Snowmobile Y N	N S E W	
Q29	Towed By	9 Hood		If yes, see Overlay 2 and Page 3
Q30	Towed Due to Disabling Damage: Y N	10 Roof		
Q31		11 Trunk		
Q32		12 Undercarriage		
Q33		13 Total		
Q34	Non-vehicle Property Damage	Owner		Address
Q35			Phone	
Q36	Damage Description			
Q37	Other Persons and Witnesses Involved (For investigated crashes see Page 3.)			
Q38	Name	DOB	Address	Phone
Q39				
Q40	Reporting Officer		Date	Approved
Q41				Date

* Operators involved in an accident which results in injury, death, or total property damage equal to \$3,000 or more, must file a report with DMV

Vehicle Number _____ **Large Truck/Bus (Commercial Motor Vehicle)**

Carrier's Identification Numbers

US DOT _____ MC/MX _____ Interstate Carrier: Intrastate Carrier: Government:

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) _____ GVWR or GCWR _____ lbs or _____ kg

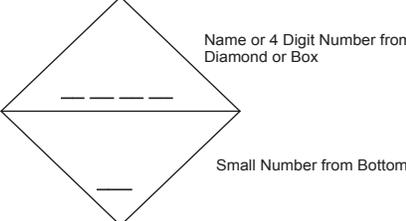
Length of Vehicle (Incl. Trailer) _____ ft or _____ meters Length of Trailer _____ ft or _____ meters

Trailer 1 License Number _____ State _____ Trailer 1 VIN Number _____

Trailer 2 License Number _____ State _____ Trailer 2 VIN 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

Drug Test

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

Drug Test Result

7. Pending	11. Dissociative Anesthetics
8. Central Nervous System Depressants	12. Narcotic Analgesics
9. Central Nervous System Stimulants	13. Inhalants
10. Hallucinogens	14. Cannabis
	15. None Detected

Vehicle 1 Test Result 0. BAC

Vehicle 2 Test Result 0. BAC

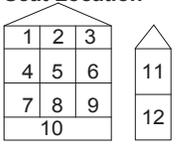
Citations issued - Veh 1 Ticket # _____ Violation Code _____

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

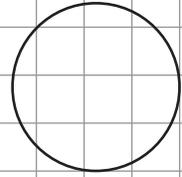
<p>CODES Type</p> <ol style="list-style-type: none"> 1. Operator 2. Occupant 3. Pedestrian 4. Bicyclist 5. Unknown 	<p>Seat Location</p> 	<p>Injury</p> <ol style="list-style-type: none"> 1. Fatal 2. Injury - Incapacitating 3. Injury - Non-incapacitating 4. Possible Injury 5. No injury 6. Unknown 7. Untimely Death 	<p>Restraint</p> <ol style="list-style-type: none"> 0. Unknown 1. None Used 2. Shoulder Belt Only 3. Lap Belt Only 4. Shoulder and Lap Belt 5. Child Safety Restraint 8. Not Reported 9. DOT Compliant Helmet w/eye Protection 10. DOT Compliant Helmet w/out Eye Protection 11. Non-DOT Compliant Helmet 	<p>Ejected</p> <ol style="list-style-type: none"> 1. Not Ejected 2. Totally Ejected 3. Partially Ejected 4. Not Applicable 5. Unknown 	<p>Airbag Deployed:</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Unknown <p>Extracted</p> <ol style="list-style-type: none"> 1. Yes 2. No
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Pedestrian/Cyclist Codes on Overlay 1

Crash Diagram

Incident Number _____

Vehicle Moved Y N



Indicate North
by Arrow

Sample

Additional Sheets Attached: Y N