

INCIDENT/INVESTIGATION REPORT

INCIDENT DATA	Agency Name <i>New Haven Police Department</i>		Case# <i>19-045613</i>				
	ORI <i>CT0009300</i>		Date / Time Reported <i>11/11/2019 19:00 Mon</i>				
	Location of Incident <i>124 E Pearl St, New Haven CT 06513-</i>		Premise Type <i>Street/highway/alleyway</i>	Beat/Tract			
			Last Known Secure <i>11/11/2019 19:00 Mon</i>		At Found <i>11/11/2019 19:00 Mon</i>		
#1	Crime Incident(s) <i>All Other Offenses 058</i>		(Com)		Weapon / Tools	Activity <i>N</i>	
					Entry	Exit	Security
#2	Crime Incident		()		Weapon / Tools		Activity
					Entry	Exit	Security
#3	Crime Incident		()		Weapon / Tools		Activity
					Entry	Exit	Security

VICTIM	MO				
	# of Victims <i>1</i>		Type: SOCIETY/PUBLIC		
	Victim/Business Name (Last, First, Middle) <i>City Of New Haven</i>		Victim of Crime # <i>1,</i>	DOB Age	Race Sex
	Home Address		Home Phone		
	Employer Name/Address		Business Phone		Mobile Phone
	VYR	Make	Model	Style	Color

OTHERS	CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim)				
	Type:		Injury: Vi		
	Code	Name (Last, First, Middle) <i>.F.</i>	Victim of Crime # <i>1,</i>	DOB Age <i>00</i>	Race Sex <i>.F.</i>
	Home Address			Home Phone	
	Employer Name/Address			Business Phone	
	Type:		Injury:		
Code	Name (Last, First, Middle)	Victim of Crime #	DOB Age	Race Sex	
Home Address			Home Phone		
Employer Name/Address			Business Phone		

PROPERTY	1 = None 2 = Burned 3 = Counterfeit / Forged 4 = Damaged / Vandalized 5 = Recovered 6 = Seized 7 = Stolen 8 = Unknown ("OJ" = Recovered for Other Jurisdiction)								
	VI #	Code	Status Frm/To	Value	OJ	QTY	Property Description	Make/Model	Serial Number
		<i>35</i>	<i>EVID</i>	<i>\$0.00</i>		<i>1</i>	<i>SCALE</i>		
		<i>77</i>	<i>EVID</i>	<i>\$0.00</i>		<i>1</i>	<i>BEATS BY DRE HEADPHONE CASE</i>		
		<i>03</i>	<i>TOWD</i>	<i>\$0.00</i>		<i>1</i>	<i>2003 BRO. 814WSV CT</i>	<i>Buic Century</i>	<i>2G4WS52J531233674</i>

Officer/ID#	<i>PIERNE, MICHAEL E (296)</i>	
Invest ID#	<i>(0)</i>	Supervisor <i>DECRESCENZO, LOUIS T (827)</i>
Status	Complainant Signature	Case Status <i>Active</i> <i>11/11/2019</i>
		Case Disposition: <i>Page 1</i>

INCIDENT/INVESTIGATION REPORT

New Haven Police Department

Case # 19-045613

Status Codes 1 = None 2 = Burned 3 = Counterfeit / Forged 4 = Damaged / Vandalized 5 = Recovered 6 = Seized 7 = Stolen 8 = Unknown

	IBR	Status	Quantity	Type Measure	Suspected Type
D R U G S	<i>E</i>	<i>EVI</i>	<i>0.800</i>	<i>OZ</i>	<i>MARIJUANA</i>

Assisting Officers
BILLUPS, R.L. (150), PAZSAK, N.A. (40812), ZERELLA, C.M. (175), FELICIANO, M. (726), WHITE, D. (488)

Suspect Hate / Bias Motivated:

NARRATIVE

REPORTING OFFICER NARRATIVE

New Haven Police Department

		OCA 19-045613
Victim <i>Society</i>	Offense <i>ALL OTHER OFFENSES</i>	Date / Time Reported <i>Mon 11/11/2019 19:00</i>

THE INFORMATION BELOW IS CONFIDENTIAL - FOR USE BY AUTHORIZED PERSONNEL ONLY

On 11/11/2019 at approximately 1856 hours, I was contacted by Officer J. Lavandier who was working Extra Duty at C-Town Market located at 325 Ferry Street who informed me that a burgandy Buick drove past her and that she observed a black male in the passenger seat rolling a marijuana cigarette. Officer Lavandier advised me that as the vehicle passed her, she smelt the odor of unburnt marijuana emanating from the vehicle. Officer Lavandier gave these officers a license plate for the vehicle of 814WSV. A check of said vehicles registration using NCIC revealed no record found.

Officer Lavandier stated that the operator of the vehicle parked the vehicle in the C-Town parking lot and went inside the store to purchase an item. Officer Lavandier provided these officers with the description of the driver as a younger Hispanic male wearing a red sweatshirt.

Prior to these officers arrival at 325 Ferry Street, Officer Lavandier advised this officer that the driver has since re-entered his vehicle and was leaving the parking lot on the north exit onto Grand Avenue. At this time, these officers were located on Grand Avenue facing east bound at its intersection with Ferry Street.

These officers followed the vehicle where it turned south onto E Pearl Street. I activated my overhead lights and sirens in attempt to conduct a motor vehicle stop in front of 124 E Pearl Street. Said vehicle continued traveling south on E Pearl street then turned east on Exchange Street. Due to the traffic on Exchange Street, these officers temporarily lost sight of said vehicle. When these officers got to the intersection of Exchange Street and Front Street, we observed the vehicle traveling north on Front street then turned east onto the E Grand Bridge toward Quinnipiac Ave. Officers Zerella and Paszak were located near the intersection of Quinnipiac Avenue and E Grand Avenue and observed the vehicle go through said intersection traveling east on E Grand Avenue. Said vehicle then turned north onto Lenox Street where these officers were stopped due to traffic. While waiting for traffic to clear, Officer Zerella observed the vehicle turn west onto Clifton Street from a distance. These officers then went west on Clifton until its intersection with Quinnipiac Ave. Officer Zerella was unable to tell which way said vehicle went on Quinnipiac Ave. These officers began traveling north on Quinnipiac where we observed said vehicle turn east onto Runo Ter which these officers knew was a dead end.

When officers turned onto Runo Terrace, the burgundy Buick was parked at the turn of said street. Upon approaching the vehicle, both occupants of the vehicle had since left the scene. While at the vehicle, these officers smelled the odor of unburnt marijuana emanating from the vehicle.

These officers canvassed the area for the occupants but were met with negative results.

A search of the interior of the vehicle yielded a Beats by Dre headphone case containing a clear plastic bag which contained a green plant like substance and a scale. Said case was located in the center console of the vehicle.

I tested a portion of the green leafed plant like substance with a Sirchie #8, which tested positive for the presence of marijuana. It should be noted I am certified in the use of Sirchie testers, which are known to be both viable and reliable with the state of Connecticut Toxicology lab for the testing of illicit substances.

The clear plastic bag containing a green plant like substance weighed a total of .80 ounces. The above mentioned items were later logged into Evidence located at 1 Union Avenue.

A check of the vehicle`s VIN using NCIC revealed a cancelled registration of said vehicle. The vehicle was later

REPORTING OFFICER NARRATIVE

New Haven Police Department

OCA 19-045613
Date / Time Reported Mon 11/11/2019 19:00

Victim Society	Offense ALL OTHER OFFENSES
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towed via Lombard Towing.

While on scene, these officers were notified that the burgundy Buick had struck a vehicle at the intersection of Clifton Street and Quinnipiac Ave. See Officer R. Billups accident report under this case number for more details regarding the accident portion of this investigation.

These officers then went to C-Town Market to obtain video surveillance footage of the operator of said vehicle entering the store. These officers located the male entering the store and then buying an item. Said male bought the item using cash so we were unable to get a credit card name. These officers were able to obtain of photograph of the operator. Said photograph will be logged onto Axon Capture under this case number.

We were unable to identify he suspect operating the vehicle at this time.

Body Worn Camera activated.

Nothing further.

Incident Report Related Vehicle List

New Haven Police Department

OCA: 19-045613

1	VehYr/Make/Model <i>2003 Buic, Century</i>		Style <i>Cust</i>		Color <i>BRO</i>		Lic/Lis <i>814WSV CT 2020</i>		VIN <i>2G4WS52J531233674</i>	
IBR Status <i>Vehicle Towed</i>			Date <i>11/11/2019</i>		Location <i>124 E PEARL ST, NEW HAVEN CT</i>					
Condition		Value <i>\$0.00</i>		Offense Code <i>90Z</i>		Jurisdiction <i>Locally</i>		State #		NIC #
Name (Last, First, Middle) <i>* No name *</i>					Also Known As			Home Address		
Business Address										
DOB	Age	Race	Sex	Hgt	Wgt	Scars, Marks, Tattoos, or other distinguishing features				

Notes

Incident Report Related Property List

New Haven Police Department

OCA: 19-045613

1	Property Description MARIJUANA				Make		Model		Caliber		
	Color	Serial No.		Value \$0.00		Qty 0.800	Unit OZ	Jurisdiction Locally			
	Status Evidence	Date 11/11/2019	NIC #		State #		Local #		OAN		
	Name (Last, First, Middle) * No name *					DOB		Age	Race	Sex	

Notes

2	Property Description SCALE				Make		Model		Caliber		
	Color	Serial No.		Value \$0.00		Qty 1.000	Unit	Jurisdiction Locally			
	Status Evidence	Date 11/11/2019	NIC #		State #		Local #		OAN		
	Name (Last, First, Middle) * No name *					DOB		Age	Race	Sex	

Notes

3	Property Description BEATS BY DRE HEADPHONE CASE				Make		Model		Caliber		
	Color	Serial No.		Value \$0.00		Qty 1.000	Unit	Jurisdiction Locally			
	Status Evidence	Date 11/11/2019	NIC #		State #		Local #		OAN		
	Name (Last, First, Middle) * No name *					DOB		Age	Race	Sex	

Notes

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV July 2014.01

Number of Motor Vehicles:
Automobiles, Motorcycles, etc.

Number of Non-Motorists:
Pedestrians, Bicyclists, etc.

Case Number:

DOT Identifier:
For DOT use only

Crash Summary (Front)

CRASH DATE, TIME, SEVERITY, AND LOCATION

Date of Crash (YYYYMMDD) Time (0000-2359) Town Name Town # Crash Severity Fatal Injury PDO

Latitude Crash occurred on (street name or route #) at its intersection with (street name or route #) at

Longitude If not at an intersection: distance Feet Tenths of Mile N, S, E, W of name of nearest intersecting road, town line, or mile marker

For all numeric fields 99 = 'Unknown'

CRASH FACTORS AND CONDITIONS

TRAFFICWAY OWNERSHIP 01. Public Road <input type="text" value="01"/> 02. Private Road 88. Not Applicable	LOCATION OF FIRST HARMFUL EVENT 01. On Roadway <input type="text" value="01"/> 02. Shoulder 03. Median 04. Roadside 05. Gore 06. Separator 07. In Parking Lane or Zone 08. Off-Roadway Location Unknown 09. Outside Right-of-Way (trafficway) 97. Other	FIRST HARMFUL EVENT Non-Collision: <input type="text" value="14"/> 01. Overturn/Rollover 02. Fire / Explosion 03. Immersion, Full or Partial 04. Jackknife 05. Cargo/Equipment Loss or Shift 06. Fell/Jumped from Vehicle 07. Thrown or Falling Object 08. Other Non-Collision Collision with Person, Vehicle, or Non-Fixed Object: 09. Pedestrian 10. Pedal cycle/Pedal-cyclist 11. Other Non-Motorist 12. Railway Vehicle (train, engine) 40. Deer 13. Animal Other Than Deer (live) 14. Motor Vehicle in Operation 15. Parked Motor Vehicle 16. Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle 17. Work Zone/Maintenance Equipment 18. Other Non-Fixed Object Collision With Fixed Object: 19. Impact Attenuator/Crash Cushion 20. Bridge Overhead Structure 21. Bridge Pier or Support 22. Bridge Rail 23. Cable Barrier 24. Culvert 25. Curb 26. Ditch 27. Embankment 28. Guardrail Face 29. Guardrail End 30. Concrete Traffic Barrier 31. Other Traffic Barrier 32. Tree (standing) 33. Utility Pole/Light Support 34. Traffic Sign Support 35. Traffic Signal Support 36. Fence 37. Mailbox 38. Other Post, Pole or Support 39. Other Fixed Object (wall, building, tunnel, etc.)	MANNER OF IMPACT <i>(Applies to: multi-vehicle crashes)</i> 01. Front to Rear <input type="text" value="03"/> 02. Front to Front 03. Angle 04. Sideswipe, Same Direction 05. Sideswipe, Opposite Direction 06. Rear to Side 07. Rear to Rear 88. Not Applicable 97. Other
TRAFFICWAY CLASS 01. Trafficway, On Road <input type="text" value="01"/> 02. Trafficway, Not on Road 03. Non-Trafficway 04. Parking Lot	CRASH-SPECIFIC LOCATION 01. Non-Junction 02. Intersection <input type="text" value="02"/> 03. Intersection-Related 04. Entrance / Exit Ramp 05. Entrance / Exit Ramp-Related 06. Railway Grade Crossing 07. Crossover-Related 08. Driveway Access 09. Driveway Access-Related 10. Shared-Use Path or Trail 11. Through Roadway 12. Acceleration / Deceleration Lane 13. On A Bridge 14. HOV Lane 15. Service or Rest Area 16. Weigh Station 17. Other Location Not Listed Above Within Interchange Area (median, shoulder and roadside) 97. Other	CONTRIBUTING CIRCUMSTANCES, ENVIRONMENTAL <i>(choose up to 3)</i> 00. None <input type="text" value="00"/> 01. Weather Conditions 02. Visual Obstruction(s) <input type="text" value="88"/> 03. Glare 04. Animal(s) in Roadway <input type="text" value="88"/> 88. Not Applicable 97. Other	CONTRIBUTING CIRCUMSTANCES, ROAD <i>(choose up to 3)</i> 00. None <input type="text" value="00"/> 01. Backup Due to Prior Crash 02. Backup Due to Prior Non-recurring Incident <input type="text" value="88"/> 03. Backup Due to Regular Congestion <input type="text" value="88"/> 04. Toll Booth/Plaza Related 05. Road Surface Condition (wet, icy, snow, slush, etc.) 06. Debris 07. Ruts, Holes, Bumps 08. Work Zone (construction/maintenance/utility) 09. Worn, Travel-Polished Surface 10. Obstruction in Roadway 11. Traffic Control Device Inoperative, Missing, or Obscured 12. Shoulder (none, low, soft, high) 13. Non-Highway Work 88. Not Applicable 97. Other
LIGHT CONDITIONS 01. Daylight 02. Dawn <input type="text" value="04"/> 03. Dusk 04. Dark- Lighted 05. Dark- Not Lighted 06. Dark Unknown Lighting 97. Other	WEATHER CONDITIONS <i>(choose up to 2)</i> 01. Clear <input type="text" value="01"/> 02. Cloudy 03. Fog, Smog, Smoke 04. Rain <input type="text" value="88"/> 05. Sleet or Hail 06. Freezing Rain/Drizzle 07. Snow 08. Blowing Snow 09. Severe Crosswinds 10. Blowing Sand, Soil, Dirt 88. Not Applicable 97. Other	TYPE OF INTERSECTION 01. Not an Intersection 02. Four-Way Intersection <input type="text" value="03"/> 03. T-Intersection 04. Y-Intersection 05. L-Intersection 06. Traffic Circle 07. Roundabout 08. Five-Point, or More	CONTRIBUTING CIRCUMSTANCES, ROAD <i>(choose up to 3)</i> 00. None <input type="text" value="00"/> 01. Backup Due to Prior Crash 02. Backup Due to Prior Non-recurring Incident <input type="text" value="88"/> 03. Backup Due to Regular Congestion <input type="text" value="88"/> 04. Toll Booth/Plaza Related 05. Road Surface Condition (wet, icy, snow, slush, etc.) 06. Debris 07. Ruts, Holes, Bumps 08. Work Zone (construction/maintenance/utility) 09. Worn, Travel-Polished Surface 10. Obstruction in Roadway 11. Traffic Control Device Inoperative, Missing, or Obscured 12. Shoulder (none, low, soft, high) 13. Non-Highway Work 88. Not Applicable 97. Other
WEATHER CONDITIONS <i>(choose up to 2)</i> 01. Clear <input type="text" value="01"/> 02. Cloudy 03. Fog, Smog, Smoke 04. Rain <input type="text" value="88"/> 05. Sleet or Hail 06. Freezing Rain/Drizzle 07. Snow 08. Blowing Snow 09. Severe Crosswinds 10. Blowing Sand, Soil, Dirt 88. Not Applicable 97. Other	TYPE OF INTERSECTION 01. Not an Intersection 02. Four-Way Intersection <input type="text" value="03"/> 03. T-Intersection 04. Y-Intersection 05. L-Intersection 06. Traffic Circle 07. Roundabout 08. Five-Point, or More	SCHOOL BUS RELATED 01. No <input type="text" value="01"/> 02. Yes, a school bus was directly involved 03. Yes, a school bus was indirectly involved	CONTRIBUTING CIRCUMSTANCES, ROAD <i>(choose up to 3)</i> 00. None <input type="text" value="00"/> 01. Backup Due to Prior Crash 02. Backup Due to Prior Non-recurring Incident <input type="text" value="88"/> 03. Backup Due to Regular Congestion <input type="text" value="88"/> 04. Toll Booth/Plaza Related 05. Road Surface Condition (wet, icy, snow, slush, etc.) 06. Debris 07. Ruts, Holes, Bumps 08. Work Zone (construction/maintenance/utility) 09. Worn, Travel-Polished Surface 10. Obstruction in Roadway 11. Traffic Control Device Inoperative, Missing, or Obscured 12. Shoulder (none, low, soft, high) 13. Non-Highway Work 88. Not Applicable 97. Other
TRAFFICWAY SURFACE CONDITIONS 01. Dry <input type="text" value="01"/> 02. Wet 03. Snow 04. Slush 05. Ice/Frost 06. Moving Water 07. Sand 08. Mud, Dirt, Gravel 09. Oil 10. Standing Water 97. Other	SCHOOL BUS RELATED 01. No <input type="text" value="01"/> 02. Yes, a school bus was directly involved 03. Yes, a school bus was indirectly involved	WORKERS PRESENT 01. No 02. Yes 88. Not Applicable <input type="text" value="88"/>	ENFORCEMENT PRESENT 01. No 02. Yes 88. Not Applicable <input type="text" value="88"/>

For all numeric fields 99 = 'Unknown'

WORK ZONE CRASH INFORMATION

Complete all for crashes occurring in a Work Zone

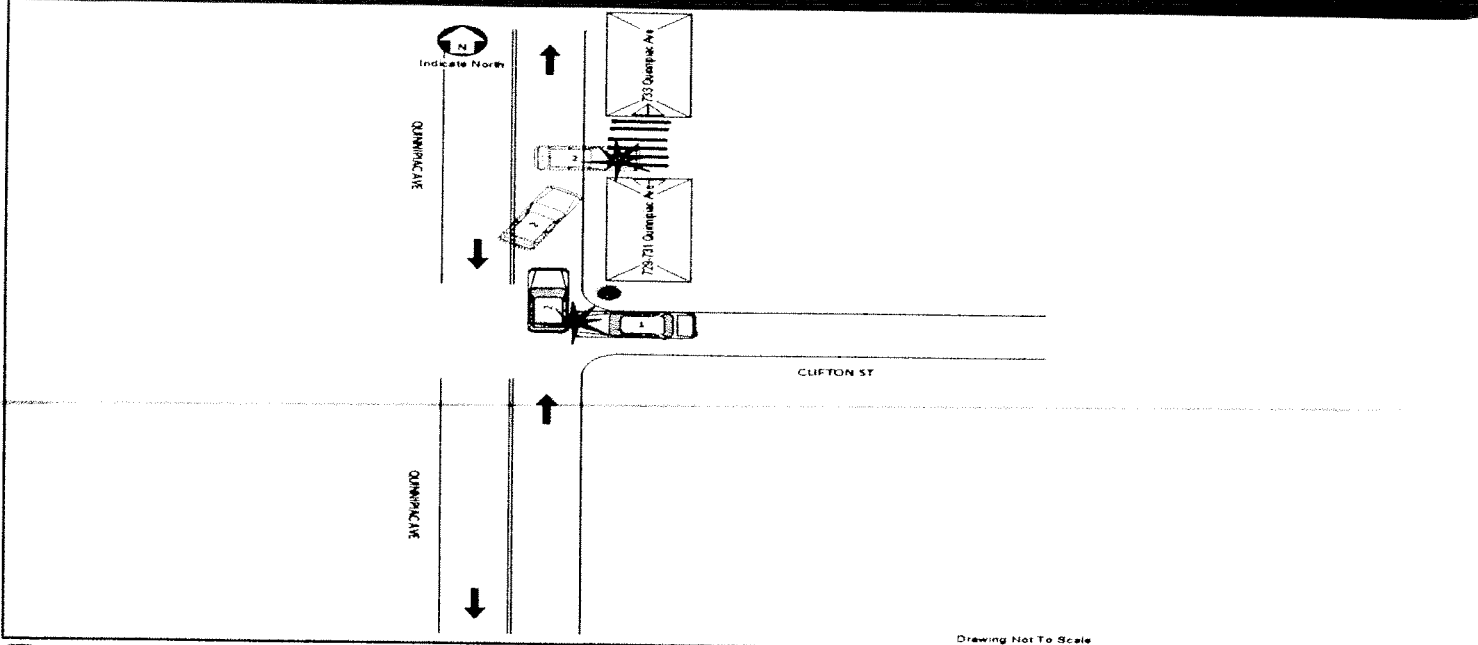
WORK ZONE 01. No <input type="text" value="01"/> 02. Yes	LOCATION 01. Before the First Work Zone Warning Sign 02. Advance Warning Area 03. Transition Area 04. Activity Area <input type="text" value="88"/> 05. Termination Area 88. Not Applicable	TYPE 01. Lane Closure 02. Lane Shift / Crossover 03. Work on Shoulder or Median 04. Intermittent or Moving Work <input type="text" value="88"/> 88. Not Applicable 97. Other	WORKERS PRESENT 01. No 02. Yes 88. Not Applicable <input type="text" value="88"/>	ENFORCEMENT PRESENT 01. No 02. Yes 88. Not Applicable <input type="text" value="88"/>
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CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV July 2014.01

Case Number: 19045613
DOT Identifier: [Redacted]
For DOT use only

Crash Summary (Back)

DIAGRAM



Vehicles were moved prior to police arrival

NARRATIVE

Officers Narrative: Describe any unusual circumstances associated with the crash, including officer's observations.
Refer to each by motor vehicle number and/or non-motorist number

Op#1 of TU#1 was traveling on Clifton Street toward Quinnipiac Avenue. He did not grant the right of way to TU#2 and hit the rear passenger side tire. The operator then fled on Quinnipiac Avenue northbound. The vehicle was located on Runo Terrace with damage to the front bumper. Please refer to Officer Pierre's incident report under this case number for more details.

Op#2 stated he was traveling on Quinnipiac Avenue (northbound). He stated TU#1 hit his rear passenger tired which caused him to spin out, go onto the curb, and hit the fence of 733 Quinnipiac Avenue. TU#2 had scuffs to the rear passenger tire and paint transfer to the rear bumper. Op#2 complained of pain to his neck and back but stated he would seek his own medical attention. I locate the spouse of the owner of fence and provided them with this case number.



** End **

Related Incident Number	Officer First Name RANDY	Officer Last Name BILLUPS	Badge Number 150	Police Agency Code 0009300
Case Status O - Open C - Closed <input type="radio"/> O	Officer Signature: BILLUPS, R. L. Date & Time: 20191111 2020	Supervisor: DUNFORD, E. K. Date & Time: 20191112 0013		

This report is a revision to a previously submitted report

CONNECTICUT UNIFORM POLICE CRASH REPORT

Number of Motor Vehicles:
Automobiles, Motorcycles, etc.

Number of Non-Motorists:
Pedestrians, Bicyclists, etc.

Form PR-1 REV July 2014.01
Motor Vehicle Information (Front)
Complete One Sheet Per Motor Vehicle

Case Number:

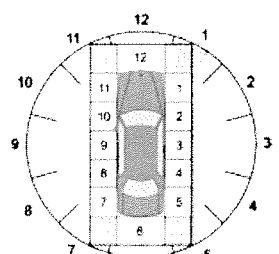
DOT Identifier:

MOTOR VEHICLE INFORMATION (ii)

VIN: VIN missing or removed Plate #: Invalid Plate
 No Plate
 Make: Color: Driver Evaded Responsibility Plate State:
 Model: Year: Direction of Travel: Vehicle was not in roadway
 Unknown direction Total lanes in roadway: Bike lanes/sharrows present
 Road on which vehicle was traveling:

For all numeric fields 99 = 'Unknown'

MOTOR VEHICLE CRASH INFORMATION

SEQUENCE OF EVENTS <i>(choose up to four, in chronological order)</i> Non-Collision: 01. Overturn/Rollover 02. Fire / Explosion 03. Immersion, Full or Partial 04. Jackknife 05. Cargo/Equipment Loss or Shift 06. Equipment Failure <i>(blown tire, brake failure, etc)</i> 07. Separation of Units 08. Ran Off Roadway Right 09. Ran Off Roadway Left 10. Cross Median 11. Cross Center Line 12. Downhill Runaway 13. Fell/Jumped from Motor Vehicle 14. Reentering Roadway 15. Thrown or Falling Object 16. Other Non-Collision Collision with Person, Motor Vehicle, or Non-Fixed Object: 17. Pedestrian 18. Pedal cycle/Pedal-cyclist 19. Other Non-Motorist 20. Railway Vehicle <i>(train, engine)</i> 21. Animal <i>(live)</i> 22. Motor Vehicle in Motion 23. Parked Motor Vehicle 24. Struck By Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle 25. Work Zone/Maintenance Equipment 26. Other Non-Fixed Object Collision With Fixed Object: 27. Impact Attenuator/Crash Cushion 28. Bridge Overhead Structure 29. Bridge Pier or Support 30. Bridge Rail 31. Cable Barrier 32. Culvert 33. Curb 34. Ditch 35. Embankment 36. Guardrail Face 37. Guardrail End 38. Concrete Traffic Barrier 39. Other Traffic Barrier 40. Tree <i>(standing)</i> 41. Utility Pole 42. Traffic Sign Support 43. Traffic Signal Support 44. Other Post, Pole or Support 45. Fence 46. Mailbox 47. Other Fixed Object <i>(wall, building, tunnel, etc.)</i> 48. Light Support 88. Not Applicable	MOTOR VEHICLE ACTION 01. Straight Ahead 02. Negotiating a Curve <input type="text" value="07"/> 03. Backing 04. Changing Lanes 05. Overtaking/Passing Motor Vehicle 06. Turning Right 07. Turning Left 08. Making U-Turn 09. Leaving Traffic Lane 10. Entering Traffic Lane 11. Slowing 12. Parked 13. Stopped in Traffic 14. Overtaking/Passing Cyclist 15. Wrong Way or Wrong Side 16. Traveling in Bike Lane 97. Other	BODY TYPE 01. Passenger Car <input type="text" value="01"/> 02. (Sport) Utility Vehicle 03. Passenger Van 04. Cargo Van (< 10,000 lbs GVWR) 05. Pickup 06. Motor Home 07. School Bus 08. Transit Bus 09. Motor Coach 10. Other Bus 11. Motorcycle 12. Moped 13. Low Speed Vehicle 14. Golf Cart 15. All Terrain Vehicle (ATV) 16. Snowmobile 17. Other Light Trucks <i>(10,000 lbs GVWR or less)</i> 18. Medium/Heavy Trucks <i>(more than 10,000 lbs GVWR)</i> 97. Other	MOTOR VEHICLE TYPE 01. Motor Vehicle in Operation <input type="text" value="01"/> 02. Parked Motor Vehicle 03. Working Vehicle/Equipment 04. Non-Collision Vehicle
	CONTRIBUTING CIRCUMSTANCES MOTOR VEHICLE <i>(choose up to 2)</i> 00. None <input type="text" value="00"/> 01. Brakes <input type="text" value="88"/> 02. Exhaust System 03. Body, Doors 04. Steering 05. Power Train 06. Suspension 07. Tires 08. Wheels 09. Lights <i>(head, signal, tail)</i> 10. Windows/Windshield 11. Mirrors 12. Wipers 13. Truck Coupling / Trailer Hitch / Safety Chains 88. Not Applicable 97. Other	MOTOR VEHICLE DAMAGE  Use diagram above for values 1-12 See user guide for other vehicle diagrams. Initial Contact Point 13. Non-Collision 14. Top <input type="text" value="12"/> 15. Undercarriage 16. Cargo Loss	TRAFFICWAY DESCRIPTION 01. Two-Way, Not Divided 02. Two-Way, Not Divided w/ a Continuous Left Turn Lane <input type="text" value="05"/> 03. Two-Way, Divided, Unprotected <i>(Painted >4 Feet) Median</i> 04. Two-Way, Divided, Positive Median Barrier 05. One-Way Trafficway 88. Not Applicable
1st <input type="text" value="22"/> 2nd <input type="text" value="88"/> 3rd <input type="text" value="88"/> 4th <input type="text" value="88"/> Most Harmful Event <input type="text" value="22"/>	POSTED/STATUTORY SPEED LIMIT <i>(record the posted/statutory value as miles per hour)</i> 01. Not Posted 10, 15, 20, 25, 30, 35, 40, 45, 50, 55, 60, 65, 70, 75, 80, 85 88. Not Applicable	Damaged Areas <i>(choose up to 3)</i> 00. None 14. Top <input type="text" value="12"/> 15. Undercarriage 17. All Areas <input type="text" value="88"/> 88. Not Applicable <input type="text" value="88"/>	ROADWAY GRADE 01. Level 02. Uphill <input type="text" value="04"/> 03. Hillcrest 04. Downhill 05. Sag <i>(bottom)</i>
TOWED 01. Towed Due to Disabling Damage 02. Towed, But Not Due to Disabling Damage 03. Not Towed <input type="text" value="02"/>	TOWED TO LOMBARD MOTORS	EXTENT OF DAMAGE 01. No Visible Damage 02. Minor Damage 03. Functional Damage 04. Disabling Damage <input type="text" value="02"/>	ROADWAY ALIGNMENT 01. Straight <input type="text" value="01"/> 02. Curve Left 03. Curve Right
			TRAFFIC CONTROL DEVICE TYPE 01. No Control Device 02. Person <i>(flagger, law enforcement, crossing guard, etc.)</i> <input type="text" value="06"/> 03. Traffic Control Signal 04. Flashing Traffic Control Signal 05. School Zone Sign/Device 06. Stop Sign 07. Yield Sign 08. Warning Sign 09. Railway Crossing Device 10. Marked Uncontrolled Crosswalk 11. Pedestrian Button 12. Bicycle Detection 97. Other
			TRAFFIC CONTROL DEVICE FUNCTIONAL? 01. No 02. Yes <input type="text" value="02"/> 03. Missing 88. Not Applicable

INSURANCE INFORMATION

INSURANCE COMPANY	INSURANCE POLICY NUMBER	INSURANCE EXPIRATION DATE <i>(yyyymmdd)</i>
NO INSURANCE INFO		<input type="text"/>

CONNECTICUT UNIFORM POLICE CRASH REPORT

Form PR-1 REV July 2014.01

Motor Vehicle Information (Back)

Complete One Sheet Per Motor Vehicle

Case Number: 19045613

DOT Identifier:
 For DOT use only

MOTOR VEHICLE OWNERSHIP INFORMATION

Vehicle Owner Name (Last, First, Middle, Suffix) Information same as driver

SWIATEK, JOHN

Street Address or Post Office Box

109 GARFIELD RD

City State/Prov Country Postal Code

BRISTOL CT UNITED STATES 06010

Email Address (optional) Phone (optional)

SPECIAL VEHICLE FUNCTION	EMERGENCY VEHICLE	BUS USE
01. No Special Function <input type="checkbox"/> 01 02. Taxi 03. Vehicle Used as School Bus 04. Vehicle Used as Other Bus 05. Military 06. Police 07. Ambulance 08. Fire Truck 09. Non-Transport Emergency 10. Incident Response Services Vehicle	01. Non-Emergency Situation, Not Transporting Patient <input type="checkbox"/> 88 02. Non-Emergency Transport of Passenger 03. Emergency Operation, Emergency Warning Equipment Not in Use 04. Emergency Operation, Emergency Warning Equipment in Use 88. Not Applicable	01. Not a Bus <input type="checkbox"/> 01 02. School 03. Transit/Commuter 04. Intercity 05. Charter/Tour 06. Shuttle 88. Not Applicable

Complete if public or private property other than vehicles were damaged in the crash **PROPERTY DAMAGED**

NATURE AND EXTENT OF DAMAGE TO PROPERTY 1
N/A

NAME OF OWNER OF PROPERTY 1
N/A

NATURE AND EXTENT OF DAMAGE TO PROPERTY 2
N/A

NAME OF OWNER OF PROPERTY 2
N/A

NATURE AND EXTENT OF DAMAGE TO PROPERTY 3
N/A

NAME OF OWNER OF PROPERTY 3
N/A

CONNECTICUT UNIFORM POLICE CRASH REPORT

Number of Motor Vehicles:
Automobiles, Motorcycles, etc.

Number of Non-Motorists:
Pedestrians, Bicyclists, etc.

Form PR-1 REV July 2014.01
Motor Vehicle Information (Front)
Complete One Sheet Per Motor Vehicle

Case Number:

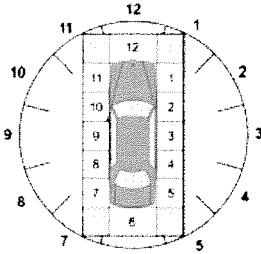
DOT Identifier:

MOTOR VEHICLE INFORMATION (ii)

VIN: VIN missing or removed Plate #: Invalid Plate
 Driver Evaded Responsibility Plate State: No Plate
 Make: Color:
 Model: Year: Direction of Travel: N, S, E, W
 Road on which vehicle was traveling: Vehicle was not in roadway
 Unknown direction Total lanes in roadway:
 Bike lanes/sharrows present

For all numeric fields 99 = 'Unknown'

MOTOR VEHICLE CRASH INFORMATION

<p>SEQUENCE OF EVENTS (choose up to four, in chronological order)</p> <p>Non-Collision:</p> <ol style="list-style-type: none"> Overturn/Rollover Fire / Explosion Immersion, Full or Partial Jackknife Cargo/Equipment Loss or Shift Equipment Failure (blown tire, brake failure, etc) Separation of Units Ran Off Roadway Right Ran Off Roadway Left Cross Median Cross Center Line Downhill Runaway Fell/Jumped from Motor Vehicle Reentering Roadway Thrown or Falling Object Other Non-Collision <p>Collision with Person, Motor Vehicle, or Non-Fixed Object:</p> <ol style="list-style-type: none"> Pedestrian Pedal cycle/Pedal-cyclist Other Non-Motorist Railway Vehicle (train, engine) Animal (live) Motor Vehicle in Motion Parked Motor Vehicle Struck By Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle Work Zone/Maintenance Equipment Other Non-Fixed Object <p>Collision With Fixed Object:</p> <ol style="list-style-type: none"> Impact Attenuator/Crash Cushion Bridge Overhead Structure Bridge Pier or Support Bridge Rail Cable Barrier Culvert Curb Ditch Embankment Guardrail Face Guardrail End Concrete Traffic Barrier Other Traffic Barrier Tree (standing) Utility Pole Traffic Sign Support Traffic Signal Support Other Post, Pole or Support Fence Mailbox Other Fixed Object (wall, building, tunnel, etc.) Light Support Not Applicable 	<p>MOTOR VEHICLE ACTION</p> <ol style="list-style-type: none"> Straight Ahead Negotiating a Curve <input type="text" value="01"/> Backing Changing Lanes Overtaking/Passing Motor Vehicle Turning Right Turning Left Making U-Turn Leaving Traffic Lane Entering Traffic Lane Slowing Parked Stopped in Traffic Overtaking/Passing Cyclist Wrong Way or Wrong Side Traveling in Bike Lane Other <p>CONTRIBUTING CIRCUMSTANCES MOTOR VEHICLE (choose up to 2)</p> <ol style="list-style-type: none"> None Brakes <input type="text" value="00"/> Exhaust System Body, Doors Steering <input type="text" value="88"/> Power Train Suspension Tires Wheels Lights (head, signal, tail) Windows/Windshield Mirrors Wipers Truck Coupling / Trailer Hitch / Safety Chains Not Applicable Other <p>POSTED/STATUTORY SPEED LIMIT (record the posted/statutory value as miles per hour)</p> <ol style="list-style-type: none"> Not Posted 10, 15, 20, 25, 30, 35, 40, 45, 50, 55, 60, 65, 70, 75, 80, 85 Not Applicable <p>TOWED</p> <ol style="list-style-type: none"> Towed Due to Disabling Damage Towed, But Not Due to Disabling Damage Not Towed <input type="text" value="03"/> <p>TOWED TO</p>	<p>BODY TYPE</p> <ol style="list-style-type: none"> Passenger Car <input type="text" value="01"/> (Sport) Utility Vehicle <input type="text" value="01"/> Passenger Van Cargo Van (< 10,000 lbs GVWR) Pickup Motor Home School Bus Transit Bus Motor Coach Other Bus Motorcycle Moped Low Speed Vehicle Golf Cart All Terrain Vehicle (ATV) Snowmobile Other Light Trucks (10,000 lbs GVWR or less) Medium/Heavy Trucks (more than 10,000 lbs GVWR) Other <p>MOTOR VEHICLE DAMAGE</p>  <p>Use diagram above for values 1-12 See user guide for other vehicle diagrams.</p> <p>Initial Contact Point</p> <ol style="list-style-type: none"> Non-Collision Top <input type="text" value="05"/> Undercarriage Cargo Loss <p>Damaged Areas (choose up to 3)</p> <ol style="list-style-type: none"> None Top <input type="text" value="05"/> Undercarriage <input type="text" value="04"/> All Areas <input type="text" value="88"/> <p>EXTENT OF DAMAGE</p> <ol style="list-style-type: none"> No Visible Damage Minor Damage Functional Damage Disabling Damage <input type="text" value="02"/> 	<p>MOTOR VEHICLE TYPE</p> <ol style="list-style-type: none"> Motor Vehicle in Operation <input type="text" value="01"/> Parked Motor Vehicle <input type="text" value="01"/> Working Vehicle/Equipment Non-Collision Vehicle <p>TRAFFICWAY DESCRIPTION</p> <ol style="list-style-type: none"> Two-Way, Not Divided Two-Way, Not Divided w/ a Continuous Left Turn Lane <input type="text" value="03"/> Two-Way, Divided, Unprotected (Painted >4 Feet) Median Two-Way, Divided, Positive Median Barrier One-Way Trafficway Not Applicable <p>ROADWAY GRADE</p> <ol style="list-style-type: none"> Level Uphill <input type="text" value="01"/> Hillcrest Downhill Sag (bottom) <p>ROADWAY ALIGNMENT</p> <ol style="list-style-type: none"> Straight <input type="text" value="01"/> Curve Left Curve Right <p>TRAFFIC CONTROL DEVICE TYPE</p> <ol style="list-style-type: none"> No Control Device Person (flagger, law enforcement, crossing guard, etc.) <input type="text" value="01"/> Traffic Control Signal Flashing Traffic Control Signal School Zone Sign/Device Stop Sign Yield Sign Warning Sign Railway Crossing Device Marked Uncontrolled Crosswalk Pedestrian Button Bicycle Detection Other <p>TRAFFIC CONTROL DEVICE FUNCTIONAL?</p> <ol style="list-style-type: none"> No Yes Missing <input type="text" value="88"/> Not Applicable
--	--	---	--

INSURANCE INFORMATION

INSURANCE COMPANY	INSURANCE POLICY NUMBER	INSURANCE EXPIRATION DATE (yyyymmdd)
ALLSTATE	925 869 369	<input type="text" value="2 0 2 0 0 3 2 8"/>

CONNECTICUT UNIFORM POLICE CRASH REPORT

Form PR-1 REV July 2014.01

Motor Vehicle Information (Back)

Complete One Sheet Per Motor Vehicle

Case Number: 19045613

DOT Identifier:
 For DOT use only

MOTOR VEHICLE OWNERSHIP INFORMATION

Vehicle Owner Name (Last, First, Middle, Suffix) Information same as driver

Street Address or Post Office Box

City State/Prov Country Postal Code

Email Address (optional) Phone (optional)

SPECIAL VEHICLE FUNCTION	EMERGENCY VEHICLE	BUS USE
01. No Special Function 01 02. Taxi 03. Vehicle Used as School Bus 04. Vehicle Used as Other Bus 05. Military 06. Police 07. Ambulance 08. Fire Truck 09. Non-Transport Emergency 10. Incident Response Services Vehicle	01. Non-Emergency Situation, Not Transporting Patient 88 02. Non-Emergency Transport of Passenger 03. Emergency Operation, Emergency Warning Equipment Not in Use 04. Emergency Operation, Emergency Warning Equipment in Use 88. Not Applicable	01. Not a Bus 01 02. School 03. Transit/Commuter 04. Intercity 05. Charter/Tour 06. Shuttle 88. Not Applicable

Complete if public or private property other than vehicles were damaged in the crash **PROPERTY DAMAGED**

NATURE AND EXTENT OF DAMAGE TO PROPERTY 1

FRONT FENCE TO 733 QUINNIPIAC (Damage caused by MV/Bicycle #: 2)

NAME OF OWNER OF PROPERTY 1

BERGER, ELIZABETH

NATURE AND EXTENT OF DAMAGE TO PROPERTY 2

N/A

NAME OF OWNER OF PROPERTY 2

N/A

NATURE AND EXTENT OF DAMAGE TO PROPERTY 3

N/A

NAME OF OWNER OF PROPERTY 3

N/A

CONNECTICUT UNIFORM POLICE CRASH REPORT

Form PR-1 REV July 2014.01

Motor Vehicle ID: 1

Case Number: 19045613

Person ID: 1

Motor Vehicle Driver Information
Complete One Sheet Per Driver

DOT Identifier: For DOT use only

Name (Last, First, Middle, Suffix): EVADING RESPONSIBILITY
Street Address or PO Box:
City: State or Prov: Postal Code: Phone/Email (optional):

GENDER: 01. Male, 02. Female, 99. Unknown. Value: 99

DATE OF BIRTH (YYYYMMDD): [] [] [] [] [] [] [] [] [] []
[] [] [] [] [] [] [] [] [] []
Date of Birth is unknown

LICENSE INFO DRIVER INFORMATION

LICENSE NUMBER
STATE

EJECTION: 01. Not Ejected, 02. Ejected, Partially, 03. Ejected, Totally, 88. Not Applicable. Value: 88

SEATING POSITION FIRST DIGIT: 1. Front Row. Value: 11

DRIVER ACTIONS (choose up to 4): 01. No Contributing Action, 02. Ran Off Roadway, 03. Failed to Yield Right-of-Way, 04. Ran Red Light, 05. Ran Stop Sign, 06. Disregarded Other Traffic Sign, 07. Disregarded Other Road Markings, 08. Improper Turn, 09. Improper Backing, 10. Improper Passing, 11. Wrong Side or Wrong Way, 12. Followed Too Closely, 13. Failed to Keep in Proper Lane, 14. Operated Vehicle in Reckless Aggressive Manner, 15. Operated Motor Vehicle in Inattentive, Careless, Negligent, or Erratic Manner, 16. Swerved or Avoided Due to Wind, Motor Vehicle, Object, Non-Motorist in Roadway, etc., 17. Over-Correcting/Over-Steering, 18. Overtaking Cyclist, 88. Not Applicable, 97. Other Contributing Action. Values: 03, 88, 88

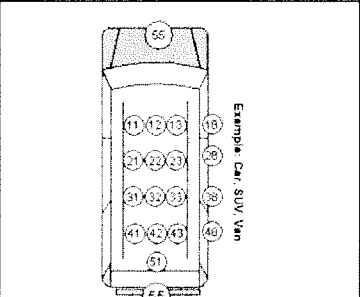
DRIVER LICENSE JURISDICTION: 01. Not Licensed, 02. State, 03. Tribal Nation, 04. U.S. Government, 05. Canadian Province, 06. Mexican State, 07. International License (other than Mexico and Canada), 08. Valid License (other country), 88. Not Applicable. Value: 99

RESTRAINT SYSTEM: 00. None Used-Motor Vehicle Occupant, 01. Shoulder and Lap Belt Used, 02. Shoulder Belt Only Used, 03. Lap Belt Only Used, 04. Restraint Used Type Unknown, 88. Not Applicable, 97. Other. Value: 99

SECOND DIGIT: 1. Left Seat (usually the motor vehicle or motorcycle driver except for postal vehicles and some foreign vehicles), 2. Middle Seat, 3. Right Seat, 8. Other Seat

LICENSE CLASS: 00. None, 01. Class A, 02. Class B, 03. Class C, 04. Class D, 05. Class M, 88. Not Applicable. Value: 88

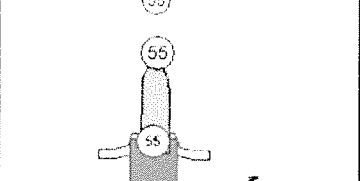
HELMET USE: 01. No Helmet, 02. DOT-Compliant Motorcycle Helmet, 03. Helmet, Other Than DOT-Compliant Motorcycle Helmet, 04. Helmet, Unknown If DOT-Compliant, 88. Not Applicable. Value: 88



DRIVER DISTRACTED BY: 01. Not Distracted, 02. Manually Operating an Electronic Communication Device (Texting, etc.), 03. Talking on Hands-Free Electronic Device, 04. Talking on Hands-Held Electronic Device, 05. Other Activity, Electronic Device, 06. Passenger, 07. Other Inside the Vehicle (eating, hygiene, etc.), 08. Outside the Vehicle. Value: 01

COMMERCIAL LICENSE: 01. No, 02. Yes. Value: 01

AIRBAG: 01. Not Deployed, 02. Deployed-Front, 03. Deployed-Side, 04. Deployed-Curtain, 05. Deployed-Other, 06. Deployed-Combination, 88. Not Applicable. Value: 01



ENDORSEMENTS: [] A - Activity Vehicles, [] F - Taxi, Livery, Motor Coach, [] H - Hazardous Materials, [] M - Motorcycles, [] N - Tank Vehicles, [] P - Passenger, [] Q - Fire Fighting Vehicles, [] S - School Bus, [] T - Double/Triple Trailers, [] V - Student Transportation, [] X - Combination of Tank Vehicle and Hazardous Materials

SPEED RELATED: 01. No, 02. Racing, 03. Exceeded Speed Limit, 04. Too Fast for Conditions. Value: 03

CONDITION AT TIME OF CRASH (choose up to 2): 01. Apparently Normal, 02. Physically Impaired, 03. Emotional (depressed, angry, etc.), 04. Ill (sick), Fainted, 05. Asleep or Fatigued, 06. Under the Influence (Medications/Drugs/Alcohol), 97. Other, 99. Unknown. Values: 01, 01

INJURY AND EMS INFORMATION

INJURY STATUS: K. Fatal Injury, A. Suspected Serious Injury, B. Suspected Minor Injury, C. Possible Injury, O. No Apparent Injury. Value: O

TRANSPORTED TO FIRST MEDICAL FACILITY BY: 01. Not Transported, 02. EMS Air, 03. EMS Ground, 04. Law Enforcement, 97. Other. Value: 01

EMS COMPANY NAME:
EMS RUN NUMBER:
INTENDED RECEIVING FACILITY:

ENFORCEMENT ACTIONS TAKEN DRUG/ALCOHOL INFORMATION

ACTION BY OFFICER: 00. No Action, 01. Verbal Warning, 02. Written Warning, 03. Infraction, 04. Arrest/Summons. Value: 00
VIOLATION STATUTES: 14-224, 14-245

ALCOHOL TEST STATUS: 01. Test Not Given, 02. Test Refused, 03. Test Given, 99. Unknown if Tested. Value: 01
TYPE OF ALCOHOL TEST: 01. Blood, 02. Urine, 03. Breath, 88. Not Applicable, 97. Other. Value: 88
DRUG TEST STATUS: 01. Test Not Given, 02. Test Refused, 03. Test Given, 99. Unknown if Tested. Value: 01
TYPE OF DRUG TEST: 01. Blood, 02. Urine, 88. Not Applicable, 97. Other. Value: 88

CONNECTICUT UNIFORM POLICE CRASH REPORT

Form PR-1 REV July 2014.01

Motor Vehicle ID:

Case Number:

Person ID:

Motor Vehicle Driver Information
Complete One Sheet Per Driver

DOT Identifier:

Name (Last, First, Middle, Suffix): CARDENAS, ANTONIO, M
 Street Address or PO Box: 55 ADMIRAL ST
 City: WEST HAVEN State or Prov: CT Postal Code: 06516

GENDER
 01. Male
 02. Female
 99. Unknown

DATE OF BIRTH (YYYYMMDD)

 Date of Birth is unknown

LICENSE INFO For all numeric fields 99 = 'Unknown' **DRIVER INFORMATION**

LICENSE NUMBER
 179429806
STATE
 CT

EJECTION
 01. Not Ejected
 02. Ejected, Partially
 03. Ejected, Totally
 88. Not Applicable

SEATING POSITION FIRST DIGIT
 1. Front Row

DRIVER ACTIONS (choose up to 4)
 01. No Contributing Action
 02. Ran Off Roadway
 03. Failed to Yield Right-of-Way
 04. Ran Red Light
 05. Ran Stop Sign
 06. Disregarded Other Traffic Sign
 07. Disregarded Other Road Markings
 08. Improper Turn
 09. Improper Backing
 10. Improper Passing
 11. Wrong Side or Wrong Way
 12. Followed Too Closely
 13. Failed to Keep in Proper Lane
 14. Operated Vehicle in Reckless Aggressive Manner
 15. Operated Motor Vehicle in Inattentive, Careless, Negligent, or Erratic Manner
 16. Swerved or Avoided Due to Wind, Motor Vehicle, Object, Non-Motorist in Roadway, etc.
 17. Over-Correcting/Over-Steering
 18. Overtaking Cyclist
 88. Not Applicable
 97. Other Contributing Action

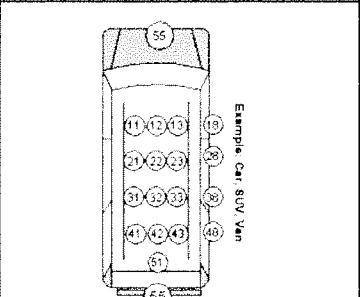
DRIVER LICENSE JURISDICTION
 01. Not Licensed
 02. State
 03. Tribal Nation
 04. U.S. Government
 05. Canadian Province
 06. Mexican State
 07. International License (other than Mexico and Canada)
 08. Valid License (other country)
 88. Not Applicable

RESTRAINT SYSTEM
 00. None Used-Motor Vehicle Occupant
 01. Shoulder and Lap Belt Used
 02. Shoulder Belt Only Used
 03. Lap Belt Only Used
 04. Restraint Used Type Unknown
 88. Not Applicable
 97. Other

SECOND DIGIT
 1. Left Seat (usually the motor vehicle or motorcycle driver except for postal vehicles and some foreign vehicles)
 2. Middle Seat
 3. Right Seat
 8. Other Seat

LICENSE CLASS
 00. None
 01. Class A
 02. Class B
 03. Class C
 04. Class D
 05. Class M
 88. Not Applicable

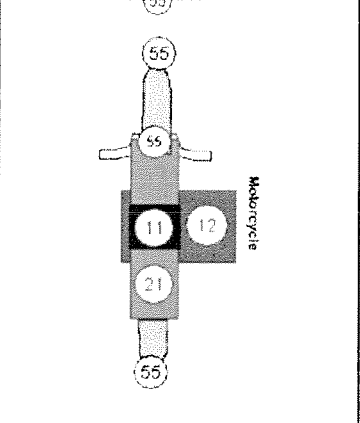
HELMET USE
 01. No Helmet
 02. DOT-Compliant Motorcycle Helmet
 03. Helmet, Other Than DOT-Compliant Motorcycle Helmet
 04. Helmet, Unknown If DOT-Compliant
 88. Not Applicable



DRIVER DISTRACTED BY
 01. Not Distracted
 02. Manually Operating an Electronic Communication Device (Texting, etc.)
 03. Talking on Hands-Free Electronic Device
 04. Talking on Hands-Held Electronic Device
 05. Other Activity, Electronic Device
 06. Passenger
 07. Other Inside the Vehicle (eating, hygiene, etc.)
 08. Outside the Vehicle

COMMERCIAL LICENSE
 01. No
 02. Yes

AIRBAG
 01. Not Deployed
 02. Deployed-Front
 03. Deployed-Side
 04. Deployed-Curtain
 05. Deployed-Other
 06. Deployed-Combination
 88. Not Applicable



CONDITION AT TIME OF CRASH (choose up to 2)
 01. Apparently Normal
 02. Physically Impaired
 03. Emotional (depressed, angry, etc.)
 04. Ill (sick), Fainted
 05. Asleep or Fatigued
 06. Under the Influence (Medications/Drugs/Alcohol)
 97. Other
 99. Unknown

ENDORSEMENTS
 A - Activity Vehicles
 F - Taxi, Livery, Motor Coach
 H - Hazardous Materials
 M - Motorcycles
 N - Tank Vehicles
 P - Passenger
 Q - Fire Fighting Vehicles
 S - School Bus
 T - Double/Triple Trailers
 V - Student Transportation
 X - Combination of Tank Vehicle and Hazardous Materials

SPEED RELATED
 01. No
 02. Racing
 03. Exceeded Speed Limit
 04. Too Fast for Conditions

INJURY AND EMS INFORMATION

INJURY STATUS
 K. Fatal Injury
 A. Suspected Serious Injury
 B. Suspected Minor Injury
 C. Possible Injury
 O. No Apparent Injury

TRANSPORTED TO FIRST MEDICAL FACILITY BY
 01. Not Transported
 02. EMS Air
 03. EMS Ground
 04. Law Enforcement
 97. Other

EMS COMPANY NAME _____
EMS RUN NUMBER _____
INTENDED RECEIVING FACILITY _____

ENFORCEMENT ACTIONS TAKEN **DRUG/ALCOHOL INFORMATION**

ACTION BY OFFICER
 00. No Action
 01. Verbal Warning
 02. Written Warning
 03. Infraction
 04. Arrest/Summons

VIOLATION STATUTES

ALCOHOL TEST STATUS
 01. Test Not Given
 02. Test Refused
 03. Test Given
 99. Unknown if Tested

TYPE OF ALCOHOL TEST
 01. Blood
 02. Urine
 03. Breath
 88. Not Applicable 97. Other

DRUG TEST STATUS
 01. Test Not Given
 02. Test Refused
 03. Test Given
 99. Unknown if Tested

TYPE OF DRUG TEST
 01. Blood
 02. Urine
 88. Not Applicable
 97. Other

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV July 2014.01

Motor Vehicle ID: 1

Case Number: 19045613

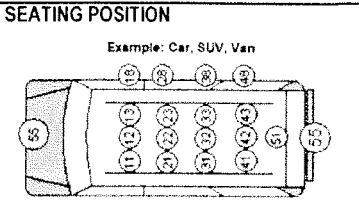
Motor Vehicle Passenger Information
Complete this sheet for Passengers in this Motor Vehicle

DOT Identifier:
For DOT use only

PERSON ID 2		PASSENGER INFORMATION		For all numeric fields 99 = 'Unknown'											
NAME: UNKNOWN		PERSON TYPE: 02	SEATING POSITION: 13												
ADDRESS:		RESTRAINT SYSTEM: 99													
CITY:		STATE or PROV: 	POSTAL CODE: 	HELMET USE: 88											
DATE OF BIRTH (YYYYMMDD) <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> <input checked="" type="checkbox"/> Date of Birth is unknown											GENDER 01. Male 02. Female 99. Unknown 99	INTENDED RECEIVING FACILITY:		EJECTION: 01	AIR BAG: 01
EMS COMPANY NAME:		EMS RUN NUMBER:		TRANSPORTED TO 1st MEDICAL FACILITY BY: 01											

Use additional sheets if more than 4 passengers occupied this motor vehicle

- PERSON TYPE**
- 02. Passenger
 - 07. Occupant of Parked Motor Vehicle
 - 99. Unknown



PERSON ID 88		PASSENGER INFORMATION		For all numeric fields 99 = 'Unknown'											
NAME: NOT APPLICABLE		PERSON TYPE: 99	SEATING POSITION: 88												
ADDRESS:		RESTRAINT SYSTEM: 88													
CITY:		STATE or PROV: 	POSTAL CODE: 	HELMET USE: 88											
DATE OF BIRTH (YYYYMMDD) <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> <input checked="" type="checkbox"/> Date of Birth is unknown											GENDER 01. Male 02. Female 99. Unknown 99	INTENDED RECEIVING FACILITY:		EJECTION: 88	AIR BAG: 88
EMS COMPANY NAME:		EMS RUN NUMBER:		TRANSPORTED TO 1st MEDICAL FACILITY BY: 01											

- RESTRAINT SYSTEM**
- 00. None Used-Motor Vehicle Occupant
 - 01. Shoulder and Lap Belt Used
 - 02. Shoulder Belt Only Used
 - 03. Lap Belt Only Used
 - 04. Restraint Used Type Unknown
 - 05. Child Restraint System Forward Facing
 - 06. Child Restraint System Rear Facing
 - 07. Booster Seat
 - 08. Child Restraint Type Unknown
 - 88. Not Applicable
 - 97. Other
 - 99. Unknown

- HELMET USE**
- 01. DOT-Compliant Motorcycle Helmet
 - 02. Helmet, Other Than DOT-Compliant Motorcycle Helmet
 - 03. Helmet, Unknown If DOT-Compliant
 - 04. No Helmet
 - 88. Not Applicable
 - 99. Unknown If Helmet Worn

PERSON ID 88		PASSENGER INFORMATION		For all numeric fields 99 = 'Unknown'											
NAME: NOT APPLICABLE		PERSON TYPE: 99	SEATING POSITION: 88												
ADDRESS:		RESTRAINT SYSTEM: 88													
CITY:		STATE or PROV: 	POSTAL CODE: 	HELMET USE: 88											
DATE OF BIRTH (YYYYMMDD) <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> <input checked="" type="checkbox"/> Date of Birth is unknown											GENDER 01. Male 02. Female 99. Unknown 99	INTENDED RECEIVING FACILITY:		EJECTION: 88	AIR BAG: 88
EMS COMPANY NAME:		EMS RUN NUMBER:		TRANSPORTED TO 1st MEDICAL FACILITY BY: 01											

- EJECTION**
- 01. Not Ejected
 - 02. Ejected, Partially
 - 03. Ejected, Totally
 - 88. Not Applicable
 - 99. Unknown

- AIRBAG**
- 01. Not Deployed
 - 02. Deployed-Front
 - 03. Deployed-Side
 - 04. Deployed-Curtain
 - 05. Deployed-Other
 - 06. Deployed-Combination
 - 88. Not Applicable
 - 99. Deployment Unknown

PERSON ID 88		PASSENGER INFORMATION		For all numeric fields 99 = 'Unknown'											
NAME: NOT APPLICABLE		PERSON TYPE: 99	SEATING POSITION: 88												
ADDRESS:		RESTRAINT SYSTEM: 88													
CITY:		STATE or PROV: 	POSTAL CODE: 	HELMET USE: 88											
DATE OF BIRTH (YYYYMMDD) <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> <input checked="" type="checkbox"/> Date of Birth is unknown											GENDER 01. Male 02. Female 99. Unknown 99	INTENDED RECEIVING FACILITY:		EJECTION: 88	AIR BAG: 88
EMS COMPANY NAME:		EMS RUN NUMBER:		TRANSPORTED TO 1st MEDICAL FACILITY BY: 01											

- INJURY STATUS**
- K. Fatal Injury
 - A. Suspected Serious Injury
 - B. Suspected Minor Injury
 - C. Possible Injury
 - O. No Apparent Injury

- TRANSPORTED TO FIRST MEDICAL FACILITY BY**
- 01. Not Transported
 - 02. EMS Air
 - 03. EMS Ground
 - 04. Law Enforcement
 - 97. Other
 - 99. Unknown