Environmental and Roadway Conditions

A. Crash Type
1. Property Damage Only
2. Injury
3. Fatal

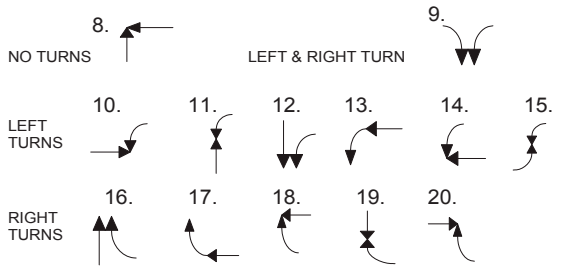
B. Vehicle 1 Collided With

1st Collision

2nd Collision

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
12. Overturned
13. Other, Non-collision
14. Guard Rail, Curb
15. Tree
16. Pole, Sign
17. Ledge, Boulder
18. Other Fixed Object
19. Motor Driven Cycle
20. Motorcycle
21. Work Zone Equipment
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 - Explain in Narrative



H. Road Characteristics
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
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

I. Road Align
1. Straight
4. Unknown
5. Curve Left
6. Curve Right

J. Road Design
2. Hillcrest
3. Bottom of Hill (Sag)
4. Level
5. Unknown
6. Uphill
7. Downhill

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

L. Surface Condition
1. Dry
2. Wet
3. Snow
4. Ice
5. Sand, Mud, Dirt, Oil, Gravel
6. Water (Standing, Moving)
7. Slush
8. Other - Explain in Narrative
9. Not reported
10. 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 - Explain in Narrative
15. 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

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

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
2. Darting
3. Lying and/or illegally in roadway
4. Failure to yield right of way
5. Not visible (dark clothing)
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
12. Disabled Vehicle Related (working on, pushing, leaving/approaching).
13. Entering/Exiting Parked/Standing Vehicle
14. Improper Turn/Merge
15. Improper Passing

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

Pedestrian/Cycle Location Codes (used on Page 3)
1. Marked Crosswalk at Intersection
2. At Intersection but No Crosswalk
3. Non-intersection Crosswalk
4. Driveway Access
5. In Roadway
6. Not in Roadway
7. Median/Crossing Island
9. Shoulder/Roadside
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/Non-Trafficway Area
14. Shared-use Path or Trails
15. Other
16. Unknown

Overlay 1

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

Veh 1

Primary

Secondary

Veh 2

Primary

Secondary

Operator 1

Operator 2

O. Apparent Operator Condition
1. Apparently Normal
2. Physical Impairment
3. Emotional (e.g., Depressed, Angry, Disturbed)
4. Illness/Fainted
5. Fell Asleep, Fatigued, etc
6. Under the Influence of Medications/Drugs/Alcohol
7. Had Been Drinking
8. Other - Explain in Narrative
9. Unknown

U. Perceived Race-Driver
1. Asian or Pacific Islander
2. Black
3. Hispanic
4. Native American or Alaskan Native
5. White

P. Contributing Circumstances - Driver
1. No Improper Driving
2. Failed to Yield Right of Way
3. Disregarded Traffic Signs, Signals, Markings
4. Exceeded Authorized Speed Limit
5. Driving Too Fast for Conditions
6. Made an Improper Turn
7. Wrong Side or Wrong Way
8. Followed Too Closely
9. Failure to Keep in Proper Lane.
10. Operating Vehicle in Erratic, Reckless, Careless, Negligent or Aggressive Manner
11. Swerving or Avoiding Due to Wind, Slippery Surface, Vehicle, Object, Non-motorist in Roadway, etc
12. Under the Influence of Medication/ Drugs/Alcohol
13. Visibility Obstructed
14. Inattention
16. Fatigued, Asleep
17. Operating Defective Equipment
18. Other Improper Action
20. Unknown

DISTRACTED:
21. Not Distracted
22. Manually Operating an Electronic Communication Device (texting, typing, dialing)
23. Talking on Hands Free Electronic Device
24. Talking on Hand-Held Electronic Device
25. Other Activity, Electronic Device
26. Passenger
27. Other Inside Vehicle
28. Other Outside Vehicle

Operator 1

Operator 2

Additional Vehicle Information - All Vehicles

Veh 1

Veh 2

Q. Defective Equipment
1. Brakes
2. Tires
3. Steering
4. Front Lights
5. Rear Lights
6. Exhaust
7. Engine
8. Glass
9. Other - Explain in Narrative
10. Unknown
11. No defects

Veh 1

Event 1

Event 2

Event 3

Event 4

T. Sequence of Events
1. Ran off road
2. Jackknife
3. Overturn (rollover)
4. Downhill runaway
5. Cargo loss or shift
6. Explosion or fire
7. Separation of units
8. Collision involving pedestrian
9. Collision involving motor vehicle in transport
10. Collision involving parked motor vehicle
11. Collision involving train
12. Collision involving pedacycle
13. Collision involving animal
14. Collision involving fixed object
15. Collision involving other movable object
16. Noncollision: Cross median/centerline
17. Noncollision: Equipment failure (brake, tires, etc)
18. Noncollision: Other
19. Noncollision: Unknown
20. Collision with work zone maintenance equipment
21. Collision with unknown movable object
22. Other - Explain in Narrative
23. Cross Centerline
24. Cross Median

Veh 2

Event 1

Event 2

Event 3

Event 4

Only Large Truck/Bus (Commercial Motor Vehicle)

Veh 1

Veh 2

R. Vehicle Configuration
1. Bus (Seats more than 15 Including Driver)
2. Light Truck
3. Passenger Car
4. Bus (Seats 9 to 15 Including Driver)
5. Single Unit Truck: 2 Axle, 6 Tires
6. Single Unit Truck: 3 or More Axles
7. Truck/Trailer
8. Truck Tractor (Bobtail)
9. Tractor/Semi-trailer
10. Tractor/Doubles
11. Other - Explain in Narrative
12. Unknown Heavy Truck
13. Any 4-tire Vehicle with Placard
14. Tractor/Triple

S. Cargo Body Type
1. Bus (Seats more than 15 Including Driver)
2. Bus (Seats 9-15 Including Driver)
3. Van/Enclosed Box
4. Cargo Tank
5. Flatbed/Stake Body
6. Dump
7. Concrete Mixer
8. Auto Transporter
9. Garbage/Refuse
10. Hopper (Grain, Chips, Gravel)
11. Pole
12. Not Applicable
13. Other - Explain in Narrative
14. Intermodal
15. Logging
16. Vehicle Towing Another Vehicle

Veh 1

Veh 2

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

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	G-Limit to Daylight Only	P-No Passengers in a CMV Bus
A-With Licensed Driver 25 or Older	J-Other-See Separate Card	U-Ignition Interlock Device
B-Corrective Lenses	K-CDL Intrastate Only	V-Medical Variance
C-Mechanical Devices(adaptive devices)	L-No Air Brakes Equipped CMV	X-Cargo in a CMV Tank Vehicle
D-Prosthetic Aid	M-No Class A Passenger Vehicle	Y-Three Wheel MTC Only
E-No Manual Transmission Equipped CMV	N-Class A and B Passenger Vehicle	Z-No Full Air Brake Equipped CMV

STATE OF VERMONT UNIFORM CRASH REPORT

Incident Number | Reporting Agency | Date | Time

A | City/Town | Street Address | TH#_____VT#____ US#____ I - ____ | H

Intersection with **OR** | Operator Report Required * Y N | Mile Marker

O1 | Nearest Intersecting St or Landmark | P1

O2 | Distance (From Nearest Int. St) _____ ☐ Feet ☐ Miles | Direction (From Nearest Int. St) N S E W | Coordinates: Latitude/Northing | P2

B1 | Posted Speed | Longitude/Easting

OPERATOR

B2 | **VEHICLE #1** Last | Unknown ☐ | First | M.I. | License # | I

Name: | State | Lic Class | J

O3 | Address | City/Town | State | Zip | K

O4 | Telephone | DOB | Sex | Restrictions | No Driver Y N | Seat Belt Y N | CDL Y N | P3

OWNER

U1 | Same as Operator ☐ | Name: Last | First | M.I. | P4

U2 | Address | City/Town | State | Zip | Tel.

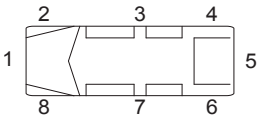
Insurance Co. | Policy No.

VEHICLE

D | Registration No. _____ Plate Type _____ VIN _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ | Q4

Vehicle Yr. _____ State _____ | Est. Speed _____ | Comm Veh Y N

Make _____ Model _____ | ATV Y N | Snowmobile Y N | Towed By _____ | Towed Due to Disabling Damage: Y N



9 Hood
10 Roof
11 Trunk
12 Undercarriage
13 Total
14 No Damage

Direction of Travel N S E W ☐ Parked

If yes, see Overlay 2 and Page 3

Q1 | L

Q2 | Q5

OPERATOR

Q3 | **VEHICLE #2** Last | Unknown ☐ | First | M.I. | License # | Q6

Name: | State | Lic Class

E | Address | City/Town | State | Zip | M

F | Telephone | DOB | Sex | Restrictions | No Driver Y N | Seat Belt Y N | CDL Y N

OWNER

T1 | Same as Operator ☐ | Name: Last | First | M.I. | T5

T2 | Address | City/Town | State | Zip | Tel. | T6

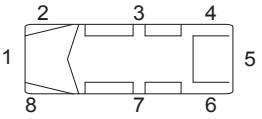
T3 | Insurance Co. | Policy No. | T7

VEHICLE

T4 | Registration No. _____ Plate Type _____ VIN _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ | T8

Vehicle Yr. _____ State _____ | Est. Speed _____ | Comm Veh Y N

Make _____ Model _____ | ATV Y N | Snowmobile Y N | Towed By _____ | Towed Due to Disabling Damage: Y N



9 Hood
10 Roof
11 Trunk
12 Undercarriage
13 Total
14 No Damage

Direction of Travel N S E W ☐ Parked

If yes, see Overlay 2 and Page 3

G | N

Non-vehicle Property Damage
Owner | Address | Phone

Damage Description | S1

Other Persons and Witnesses Involved (For investigated crashes see Page 3.)

Name | DOB | Address | Phone

R1 | S2

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 _____

Additional Sheets Attached: Y N

Officer's Signature _____

Incident Number_____

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

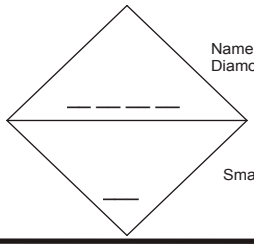
Length of Vehicle (Incl. Trailer) _____ ft meters Length of Trailer _____ft or _____meters

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

Vehicle 1 ☐ Test Result 0. ☐☐☐ BAC **Vehicle 1 DUI Arrest** Y N

Vehicle 2 ☐ Test Result 0. ☐☐☐ BAC **Vehicle 2 DUI Arrest** Y N

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

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

Veh 1 ☐ **Veh 2** ☐

Veh 1 ☐☐☐☐ **Veh 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	EMS Transp

CODES

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

Seat Location

1	2	3
4	5	6
7	8	9
10		

11 12

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

Restraint
0. Unknown
1. None Used
2. Shoulder Belt
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
12. Improper-Child Restraint
13. Improper-seat belt
14. No Helmet

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

Extracted
1. Yes
2. No

Airbag Deployed
1. Yes
2. No
3. Unknown

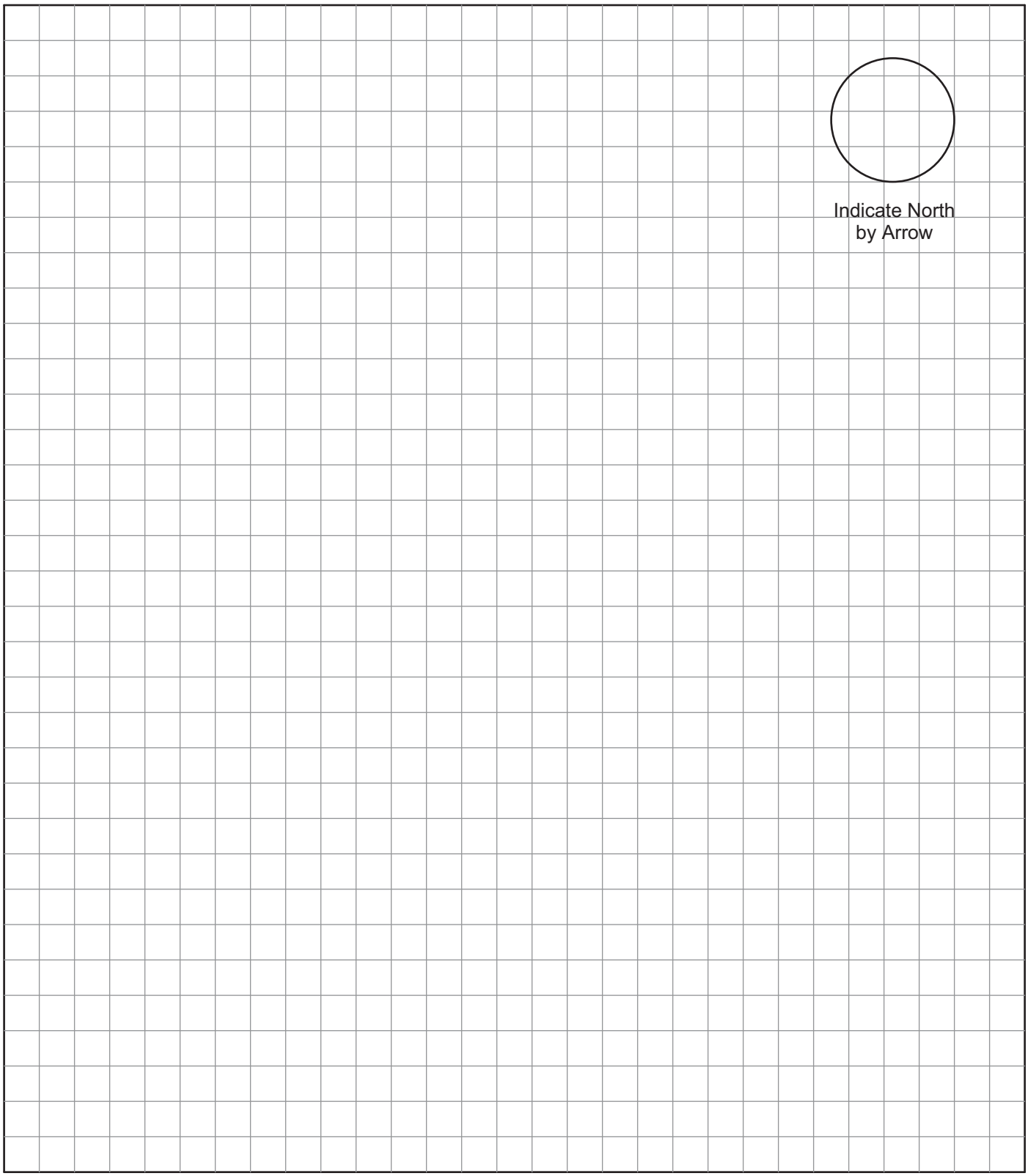
Medical EMS Transport
1. Yes
2. No

Pedestrian/Cyclist Codes on Overlay 1

Incident Number _____

Crash Diagram

Vehicle Moved Y N



Additional Sheets Attached: Y N