

**INVESTIGATOR'S GUIDE
FOR
COMPLETING THE
STATE OF VERMONT
UNIFORM CRASH REPORT**



Assistance

Assistance with interpretation of instructions contained within this guide may be obtained from the investigator's department supervisor or Vermont Criminal Justice Training Council instructors. Documentation is available online at:

<http://vtrans.vermont.gov/crash-manual>

Completed Reports

Completed investigations must be forwarded to the Vermont Department of Motor Vehicles within thirty (30) days after the crash is investigated, as required by 23 V.S.A. § 1016. This can be done by way of the paper form (State of Vermont Uniform Crash Report) or by way of electronic submittal to the repository using the Web Crash online application.

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THE STATE OF VERMONT
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This current version was prepared by members of the Vermont's Traffic Records Coordinating Committee (TRCC).

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INTRODUCTION

This document reflects changes to the uniform crash report form (UCRF) as a result of work by the Traffic Records Coordinating Committee (TRCC) over the 2015/16 years. Final changes were approved by the TRCC and the paper form changes incorporated, with printing of the forms/pads in January of 2017.

This revised form has several changes intended to improve the value of the data as well as the ease in which law enforcement can provide such data. The TRCC continues to strive to provide for a user friendly as well as a comprehensive data format in order to support the needs of the various highway safety initiatives (enforcement, engineering, education, and EMS) in Vermont as well as to satisfy national crash data reporting standards.

The TRCC is comprised of representatives from various State and local agency staff who are involved with the collection, dissemination, or analysis of crash data. The TRCC includes representation from the Department of Health, the Department of Information and Innovation, the Agency of Transportation and Department of Motor Vehicles, the Department of Public Safety including the Vermont State Police and the Governor's Highway Safety Program, as well as Federal Highway Administration including the Federal Motor Carrier Safety Administration, and local law enforcement agencies. Changes to the form were made for clarification, ease of use, crash data collection standards, or to eliminate duplication of data, and were performed under the guidance of the TRCC.

As of January 1, 2008, there are two avenues by which law enforcement in Vermont are able to submit crash reports to the State: Electronically via the Web Crash program (herein referred to as Web Crash or the web/electronic application) or the traditional method via paper reports.

The intent of this document is to provide guidance on the filling out the paper uniform crash report form. However, with the introduction of a web application for crash report filing, it is important to touch on some of the highlights of that web application. An attempt has been made in this document to address the web application and note important steps relating to the electronic submittal process.

Whether a law enforcement agency submits crash reports by way of the Web Crash application or by submitting paper reports to DMV, the visual effect of each are similar. In other words, the data fields in the Web Crash tool reflect the paper report fields. The only difference in reporting the crash data is that the Web Crash application requires minimum data reporting depending on the crash type, whereas there is no control over the data uniformity or completeness of the paper reports. The minimum data requirement rules allow for a more complete report and database for which to conduct safety analyses and provide support for safety initiatives. These data minimums are outlined in Appendix A.

GENERAL INFORMATION

Purpose of Training Manual

- To assist officers in properly completing the “State of Vermont Uniform Crash Report.”
- To standardize all crash reporting procedures.
- To provide a reference to secure a uniform interpretation of all items in the crash report.
- To provide a reference for both paper and electronic reporting.

What Crashes Are To Be Reported?

- At a minimum, a crash report should be completed on any crash whereby a person is injured or killed, or where the total damage to all property is to the extent of \$3,000 or more. However, all crash occurrences are encouraged to be reported as all crash data is used in safety initiatives and highway analyses.
- All crashes which involve a commercial motor vehicle or a vehicle displaying a hazardous materials placard shall be reported per 23 V.S.A. § 1603a.

Function of Crash Investigation

- Crash investigation provides the information upon which all phases of the crash prevention program are based. Crash reporting is the cornerstone of the entire traffic supervision program and it is essential that these reports be uniform, complete, accurate, timely, and understandable. An officer investigating a crash is the primary source of data for Vermont’s traffic crash records system. The information submitted by the officer will provide the basic data for crash prevention and selective enforcement programs.

Purpose of the Crash Report

- Crash reports are extremely helpful in the areas of:
 1. Enforcement
 2. Education
 3. Engineering
 4. EMS
 5. Statistics
 6. Civil Use

General Instruction

- Crash investigation procedures as set forth in this manual should be followed as closely as possible.
- In instances not specifically covered in the manual, the judgment of the officer must prevail.
- Completed police report of a motor vehicle crash shall be forwarded within thirty (30) days of the investigation to the Department of Motor Vehicles, as required by 23 V.S.A. § 1603(b) by way of a copy of the paper report or submitted electronically using the Web Crash application.
- When reporting via paper, all information recorded on the crash report form must be either hand-printed in ink or typewritten. Duplicate paper copies of officers' reports are acceptable to the Department of Motor Vehicles.
- The officer investigating a motor vehicle crash should give each operator involved in the crash an Operator's Report for completion and data on any other involved operator. If injury has occurred or there is total damage to all property to the extent of \$3,000.00 or more, the officer should inform each operator that an operator's crash report must be submitted within 72 hours to the Department of Motor Vehicles. (See 23 V.S.A. § 1129)
- Each form provides space for the reporting of information on two vehicles and up to seven involved persons.
- Whenever the number of vehicles or involved persons exceeds the space available on the paper report, additional forms must be utilized, or in the case of electronic submittal, a second electronic page.
- For Vehicle 3 or more being reported on paper, the preprinted Vehicle #1 and Vehicle #2 should be crossed out and the correct vehicle number should be substituted accordingly on the respective form. (The electronic reporting tool will handle the vehicle numbering automatically.)

Uniform Crash Report: Overview

The paper crash reports are in pad configuration of ten reports per pad. Each report consists of six pages: four pages on which the investigating officer enters information relating to the crash and two colored pages which are copies of Page 1. The colored copies are meant to be removed from the report and a copy given to each operator. Two overlays capturing additional information about the crash are attached to each pad of reports. The overlays are designed to collect as much information as possible on the 8½" x 11" crash report. The overlays allow the officer to enter numerical codes relating to corresponding data elements. (For those agencies submitting crash reports via the electronic application, the paper report can serve as the operator copy information sheets as well as a note taking tool. However, the officer can also provide a copy of page 1 to each operator via email.)

The crash report must be completed for all reportable motor vehicle crashes. Ideally, the 4-page report should be completed in its entirety. However, completion of a lengthy report is not always feasible or necessary from a law enforcement perspective.

The “overlay” format of the crash report has been designed to make crash reporting easier and faster. Page 1 of the report, Overlay 1 and relevant sections of Overlay 2, collect the minimum requirements necessary for crash reporting. Therefore, completion of the Page1/Overlay1/Overlay2 combination will result in a *minimally* complete report.

For more thorough reporting, such as when BAC levels, citation data, additional persons or injury data are necessary; or when the crash involves a commercial vehicle or a vehicle carrying a hazardous material, Page 3 should be completed in addition to Page 1, Overlay 1 and relevant sections of Overlay 2.

The Crash Narrative of Page 2 and the Crash Diagram of Page 4 are to be completed as necessary.

The sequence for completing an entire paper crash report is as follows:

1. Enter data relevant to Page 1 beginning with “Incident Number.”
2. Use Overlay 1 labeled “Environmental and Roadway Conditions” to enter information into the unshaded boxes on Page 1.
3. Use Overlay 2 labeled “Additional Operator Information” to enter information into the shaded boxes on Page 1.
4. Go to Page 3 as applicable beginning with the second section, “Additional Operator Information”, and continuing to the end of the page.
5. Complete the “Commercial Vehicle” section of Page 3 and “Commercial Vehicles Only” section of Overlay 2, if relevant to the crash.
6. Remove the two colored NCR copies of Page 1 from the pad and give a copy to each operator OR send electronically via email feature in Web Crash.
7. If necessary, complete Page 2, “Crash Narrative.”
8. If necessary, complete Page 4, “Crash Diagram.”

NOTE: Minimum data requirements when using the Web Crash tool are provided in Appendix A.

STATE OF VERMONT UNIFORM CRASH REPORT

INSTRUCTIONS FOR COMPLETING PAGE 1

Incident Number	Reporting Agency	Date	Time
-----------------	------------------	------	------

- 1. Incident Number** - Enter the incident number your agency assigned to the crash. The incident number will be entered onto each page of the report.
- 2. Reporting Agency** - Enter the name of the agency reporting the crash.
- 3. Date** - Enter the date that the crash took place in numeric form using month, day and year format. Example: August 23, 2008 should be entered 08 23 08. (In the web application, you can enter year as "08" or "2008". The program will save the year as "2008".)
- 4. Time** - Record the hour of the day when the crash occurred using military time, i.e., 1500 rather than 3:00 p.m. If unknown, write UNK. **Note: Enter the time of the crash, not the time the crash was reported.** (In the web application, if the time of the crash is unknown, click on the " Unknown" box to the right of the Time field.)

Crash Location

Crash locations must be accurately reported for identification of potential crash problems. Once a particular safety problem is recognized, safety improvements can be implemented.

PLEASE NOTE: the crash location refers to the location of the crash and not the investigating officer's department address.

Assign the crash location to the place where the first injury or damage-producing event occurred.

Example: A motor vehicle ran off the road before hitting a tree. The driver sustained severe injuries and the vehicle was badly damaged in the collision. In this crash, the first damage or injury-producing event occurred when the car struck the tree, not when the car ran off the road.

City/Town	Street Address	TH#	VT#	US#	I -
-----------	----------------	-----	-----	-----	-----

- 5. City/Town** - Enter the name of the city or town where the crash occurred.
- 6. Street Address** - If there is a 911 street address available, enter it in the space provided.

Enter the number of the route where the crash occurred in the space provided as described under 7-10 below. If the highway carries more than one number, the number used will be in the following order - for highways carrying both the State and the United

States route numbers, the US route number will be used. If the highway carries more than one State route and no US route numbers, the through route will be assigned. If the road carries no route number, enter the name of the road or the name of the street under street address.

- 7. **TH#** - If the crash occurred on a town highway, enter the number here.
- 8. **VT#** - If the crash took place on a Vermont state highway, enter the state route number in the space provided.
- 9. **US#** - If the crash occurred on a US highway, write the US route number here.
- 10. **I** - Enter the Interstate number here if the crash occurred on an Interstate highway.

Intersection with **OR**
 Nearest Intersecting St or Landmark

Operator Report Required * Y N

- 11. **Intersection With** - If the crash occurred at an intersection, enter the name or highway number of the intersecting roadway.
OR
- 12. **Nearest Intersecting Street or Landmark** - If the crash did not occur at an intersection, enter the name of the nearest intersecting roadway or landmark.
- 13. **Operator Report Required*** - Circle Y (yes) or N (no) as to whether or not an operator report is required. Operators involved in a crash which results in injury, death, or total property damage exceeding \$3,000.00 must file an operator report with the Department of Motor Vehicles. (per 23 V.S.A. §1129(a), 2009-2010 legislative session.)

Distance (From Nearest Int. St)		Direction (From Nearest Int. St)			
_____	<input type="checkbox"/> Feet <input type="checkbox"/> Miles	N	S	E	W
Posted Speed					

- 14. **Distance (From Nearest Intersecting Street)** - If the crash did not occur at an intersection, measure the distance in feet or miles to the nearest intersection, significant landmark such as a town line or mile marker. Record this number and check the box indicating whether the unit of measurement is feet or miles.
- 15. **Posted Speed** - Enter the posted speed limit for the roadway where the crash took place. If there is no posted limit, enter "N/A." (In the web application, you will use "NP" for Not Posted.)

- 16. **Direction (From Nearest Intersecting Street)** - Circle the letter for the direction from the nearest intersecting street that the crash took place.
- 17. **Coordinates** - This field may be used by departments that have GPS technology. GPS is an acronym which stands for Global Positioning System. GPS technology provides latitude and longitude readings that can be converted to a more defined roadway location.

Coordinates:
Latitude/Northing
Longitude/Easting

Submission of paper crash reports:

If you are a law enforcement agency that continues to submit paper crash reports, then you need to report VT State Plane coordinates (metric).


When submitting the crash report electronically via Web Crash:

When submitting crash reports electronically, you will have a choice of submitting Lat/Long or VT State Plane coordinates. You will need to identify the datum and format of the coordinates provided. There are **two** options for coordinate format/datums for those law enforcement agencies submitting crash reports electronically. They are:

- Lat/Long NAD1983
- VT State Plane (metric) NAD1983

GPS must be reported in either Vermont State Plane (metric, NAD1983) or in Latitude and Longitude (in the format of xx.xxxxx degrees, NAD1983.)

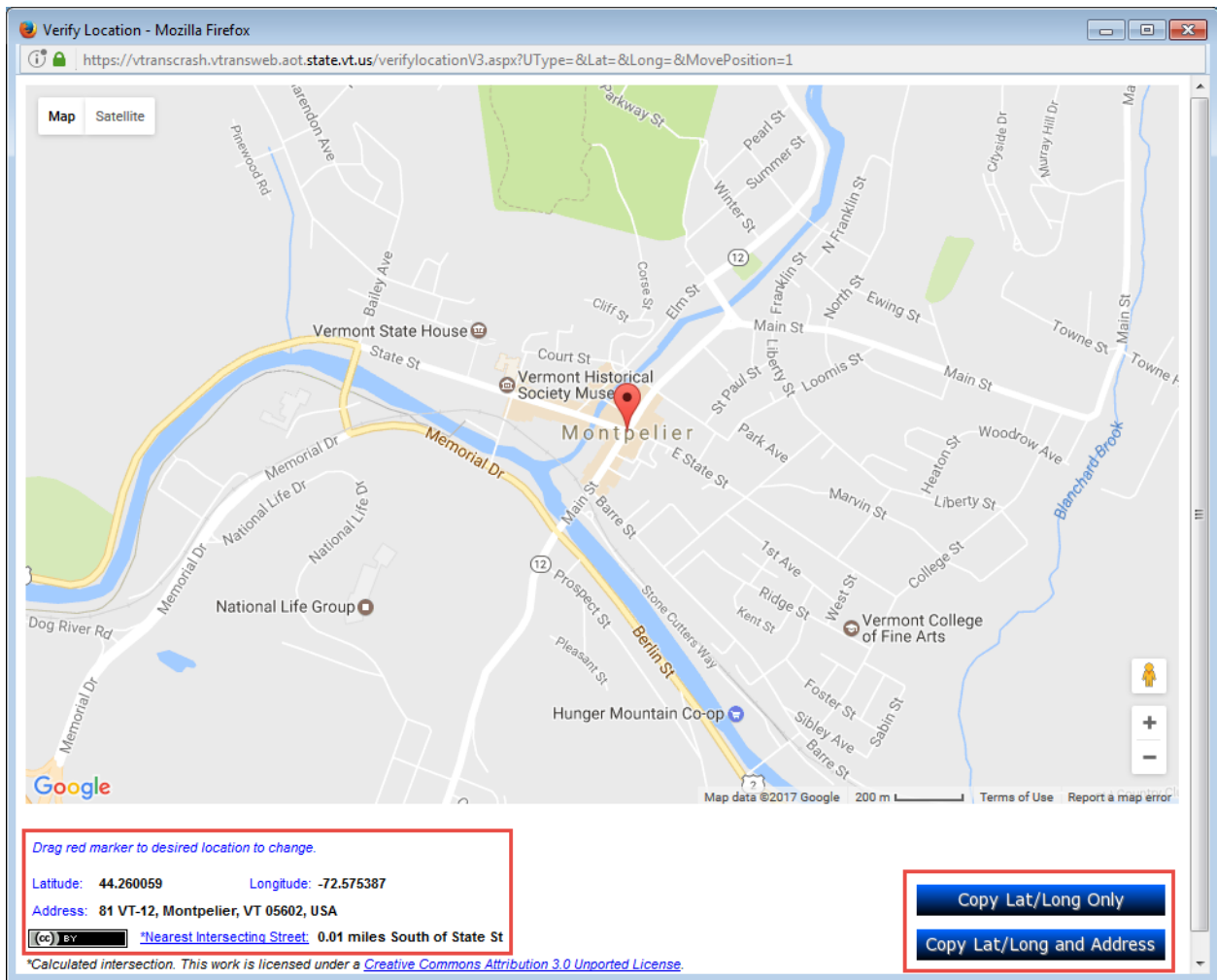
The Web Crash application has a “Map” tool for obtaining GPS coordinates and automatically populating the coordinate fields in the form. It is found on page 1 adjacent to the Coord.System field. (See below.) Instructions for use of the Map feature can be found in Appendix G. This tool can be used to obtain GPS coordinates without the need of field collection as long as sufficient location reference information (roadway intersections, driveways, etc.) can be determined using the tool.

	Coordinates	
Coord. System	<input type="text" value=""/>	
Latitude/Northing	<input type="text" value=""/>	
Longitude/Easting	<input type="text" value=""/>	

NOTE: When submitting electronically, be sure to identify the format/datum of the coordinates being reported. If the coordinates are mis-identified, then the data is of no use for location purposes.

When using the Map tool, the Coord.System is populated automatically.

The map feature was updated to allow law enforcement to auto-fill many of the location boxes based on the marker location.



Once you have the marker where you want it, the “Address” line should be close to or at the location of the crash, to include the city/town. The “Nearest Intersecting Street” is also available. To copy all of the address and GPS coordinates, use the “Copy Lat/Long and Address” button. If you do not want to auto-fill the address, use the “Copy Lat/Long Only” button.

Law enforcement who have GPS units that were provided by the Vermont Agency of Transportation and use them to report crash location coordinates on the crash report form should also continue to report the traditional text location description: City, Town, Street Address, TH# __/VT# __/US# __/I+__, Intersection with OR Nearest Intersecting St. or Landmark, Distance, and N/S/E/W.

If a crash occurred where the vehicles came to rest on the highway, the GPS readings should be taken at the crash location as described in the “Crash Location” section of this manual. If, however, the vehicle(s) came to rest outside of the highway right-of-way (for example, off the

road some where in a field), then GPS readings should be taken at the point on the highway shoulder where the vehicle left the highway.

At no time should officers place data collection of GPS over their own safety. If it is unsafe for an officer to take a GPS reading of a crash location, then the reading may be taken on the shoulder directly across from where the crash occurred on the highway. An example is that a crash occurred in the middle of a high traffic intersection. If the officer determines that it is impossible or unsafe to obtain a GPS reading in the intersection, a reading from the shoulder directly across from the intersection will suffice.

18. **Mile Marker** - Several years ago, the Agency of Transportation installed mile markers on all routes within its jurisdiction (such as US, Vermont, and other local Federal Aid eligible highways). An example of the green mile marker for those routes listed above (not including the Interstate highway system) is shown below.



If the route has mile markers, insert the mile marker information within the appropriate block area.

Operator Report Required * Y N	Mile Marker			
Coordinates:				
Latitude/Northing				
Longitude/Easting				

- 1st Row Route number should be entered here.
- 2nd Row County/town code should be entered here.
- 3rd Row Enter mileage distance to a town line or mileage distance to the beginning of the route, if a four lane divided highway.

Example: On the mile marker shown above, the first line “0020” is the route (US-2), the second line “0303” is the town code (Danville), and the last line is the town mile marker 2.23. The mileage is the mileage from the town line based on VAOT mile marker system. The numbers 0020 should be entered in the first row, 0303 should be entered in the second row, and 0223 should be written in the third row.

Example of route numbers and coding for the first line:
 VT-244 2440

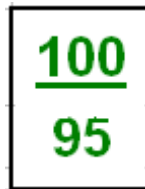
VT-100 C 100C
 I-89 0890
 US-2 0020

Please Note:

On the Interstate highway system, there are two variations of the mile marker signs. One is the vertical, full mile marker and the other sign uses two rows of numbers.



The sign above notes the whole mile location on the highway.



In this sign, the top number represents the full mile, and the bottom number represents mileage in hundredths of a mile (0.xx).
 In the example above, the location of this sign is at mile marker 100.95.

VEHICLE #1 DATA

OPERATOR INFORMATION FOR VEHICLE #1

O P E R A T O R	VEHICLE #1	Last	Unknown <input type="checkbox"/>	First	M.I.	License #		
	Name:					State	Lic Class	
	Address	City/Town				State	Zip	
	Telephone	DOB	Sex	Restrictions	No Driver? Y N	Seat Belt Y N	CDL Y N	

19. **Operator's Name** - Provide the name of the person driving the motor vehicle at the time of the crash in the following sequence: last name, first name, middle initial. If no middle initial is on the license request the information from the operator. If the operator has no middle initial, enter "NMI." If the vehicle was parked or unoccupied at the time of the crash insert the name of the person *who last operated the vehicle*.

If a person cannot be identified, check the Unknown box (Unknown) located between the "Last" and "First" name fields. (Example: Leaving the scene of a crash.)

In Web Crash there is an additional field under the Address line, Email. This was made available for those law enforcement agencies that use Web Crash and wish to electronically provide (email) page 1 of the form to each operator. The officer can provide each operator information in one of two ways. The first way is to click on the Mail Button and it will open a window with the information each operator will need. Then the officer can mail directly from there. The mail will come from a "Do Not Reply" address. In the second option, the officer can create a PDF of page 1 only and use the information in the Email field to email page 1 to each operator.

PLEASE NOTE: The email addresses of each operator will not be printed to the PDF file to be distributed.

The screenshot shows the OPERATOR section of a form. It includes the following fields and options:

- Veh #**: Text input field.
- Name**: Three text input fields for Last, First, and M.I. (Middle Initial). There is an Unknown checkbox between the Last and First fields.
- License #**: Text input field.
- State**: Dropdown menu.
- Lic Class**: Dropdown menu.
- Address**: Text input field.
- City/Town**: Text input field.
- State**: Dropdown menu.
- Zip**: Text input field.
- Email**: Text input field, highlighted with a red box.
- Telephone**: Text input field.
- DOB**: Text input field.
- Sex**: Dropdown menu.
- Restr**: Dropdown menu.
- No Driver?**: Radio buttons for Yes and No.
- Seat Belt**: Radio buttons for Yes and No.
- CDL**: Radio buttons for Yes and No.

20. **License** - Record the full number from the operator's license as issued to the operator. If the operator is not licensed enter "No License".
21. **State** - Enter the abbreviated name of the state where the operator's license was issued.
22. **License Class** - Enter the license class as found on the front of the operator's license. (License Class list is located on the back of Overlay 2 of the paper pad instructions. For Commercial Driver's License class see Appendix D.)
23. **Address** - Enter where the operator legally resides. Ask the operator if current address is correct.
24. **City/Town** - Enter the city or town where the operator legally resides.
25. **State** - Enter the abbreviation for the state where the operator legally resides.
26. **Zip** - Record the zip code for the address where the operator legally resides.
27. **Telephone** - Enter the operator's telephone number.
28. **Sex** - Enter the gender of the operator, denoted by "F" for female, "M" for male, and "U" for unknown.

- 29. **DOB** - Include the operator's date of birth by month, day, and year format in numeric form. Example: August 23, 1974 should be entered 08 23 74.
- 30. **Restrictions** - Insert any license restrictions or permissions given to the operator by the license authority of the State. If no restrictions enter N/A. (When entering electronically, choose "None" from the list.) If an out-of-state restriction, explain in writing in the narrative, or if no narrative, in a clear notation, or list Vermont's License Restriction Code Numbers shown on Vermont's Operator's license. (Restrictions list is located on the back of Overlay 2 of the paper pad instructions.)
- 31. **No Driver**- Circle "Y" for yes if there was no driver in the vehicle at the time of the crash or "N" for no if the vehicle was occupied by a driver.
- 32. **Seatbelt** – Circle "Y" for yes or "N" for no as to whether or not the operator was using a seatbelt at the time of the crash.
- 33. **CDL** - Circle "Y" for yes or "N" for no as to whether or not the operator has a Commercial Driver's License.

OWNER INFORMATION FOR VEHICLE #1

OWNER	Same as Operator <input type="checkbox"/> Name: Last		First	M.I.
	Address	City/Town	State	Zip
	Insurance Co.		Policy No.	

- 34. **Same as Operator** - Check the box if the operator is the owner, then move on to insurance information. If the owner is a different person continue filling in the remainder of the owner segment.
- 35. **Owner's Name** - Include the name of the registered owner of the vehicle in the following sequence: last name, first name, middle initial. If the vehicle is registered commercially, give the company's name. (If using the web application, put the company name in the Last name box.)
- 36. **Address** - Enter the owner's legal address.
- 37. **City/Town** - Enter the city or town where the owner legally resides.
- 38. **State** - Enter the abbreviation for the state where the owner legally resides.
- 39. **Zip** - Record the zip code for the address where the owner legally resides.
- 40. **Telephone** - Enter the owner's telephone number.

41. Insurance Company - Enter the name of the owner’s insurance company. (If using the web application, for no insurance or unsure of insurance enter “None” or “N/A”.)

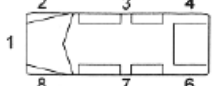
42. Policy Number - Record the owner’s insurance policy number. (If using the web application, for no insurance or unsure of insurance enter “None” or “N/A”.)

In Web Crash, the Owner box contains a “Name” link that allows the user to autofill last name and address for those cases where these match but the first name does not.

OWNER	Same as Operator <input type="checkbox"/>	Name: Last <input type="text"/>	First <input type="text"/>	M.I. <input type="text"/>
	Address <input type="text"/>	City/Town <input type="text"/>	State <input type="text"/>	Zip <input type="text"/>
	Telephone <input type="text"/>	Insurance Co. <input type="text"/>	Policy No. <input type="text"/>	

VEHICLE INFORMATION FOR VEHICLE #1

VEHICLE	Registration No. _____ Plate Type _____ VIN _____	9 Hood	Est. Speed _____	Comm Veh
	Vehicle Yr. _____ State _____	10 Roof	Direction of Travel	Y N
	Make _____ Model _____	11 Trunk		If yes, see Overlay 2 and Page 3
	ATV Y N Snowmobile Y N	12 Undercarriage	N S E W	
Towed By _____	13 Total	<input type="checkbox"/> Parked		
Towed Due to Disabling Damage: Y N	14 No Damage			



43. Registration Number - Record the registration number of the subject vehicle.

44. Plate Type - Use the plate type identified on the vehicle registration. Plate types may vary by state. Some examples of plate types are listed on the next two pages of this manual. Enter the letter code for the corresponding plate type. For example, a veteran plate on an auto would be coded “A” while the same plate on a truck would be coded “B”. (Plate Type general categories are located on the back side of Overlay 2 of the paper pad instructions.)

Vehicle Plate Type Code Plate Types Available for Vehicle Type

A (Autos)

Antique
Conservation Plate

Disabled Plate
EMS

Exhibition	VT Firefighter
Ex-POW	VT National Guard
Low Number Plates (101-9999) VT	Veteran
Number Plates (100VT-999VT)	VFW
Low Vermont Plates (1-100)	Vietnam Veteran
Pearl Harbor	Zone
Pleasure Car (Standard Auto)	
Purple Heart	C (Trailers)
Speaker - VT House	Contractor's Trailer
State House of Representatives	IRP Trailer
State Senate	Trailer (Light)
Street Rod	Trailer (Heavy)
US House	Vanity
US Senate	
Vanity	D (Farm Trucks)
VT Amateur Radio	Agricultural
VT Firefighter	Vanity
VT National Guard	E (Moveable Dealer Plates)
Veteran	ATV Dealer
VFW	Auction Car Dealer
Vietnam Veteran	Farm Machinery Dealer
B (Trucks)	Finance Car Dealer
Conservation Plate	Highway Building Equipment Dealer
Disabled Plate	MTC/Moped Dealer
EMS	New Car Dealer
Ex-POW	Snowmobile Dealer
Federal Program	Trailer Dealer
Forklift/Well Driller	Used Car Dealer
IRP Truck	Vanity
Low Number Plates (101-9999)	
Low VT Number Plates (100VT-999VT)	F (Handicapped: Plate/Placard)
Low Vermont Plates (1-100)	Disabled Parking Placard
Pearl Harbor	Vanity
Purple Heart	
Speaker VT House	G (ATV, Moped, Motorcycle)
Special Purpose Truck	All Terrain Vehicle
Special Weight Permit Truck	Moped
State House of Representatives	Motorcycle
State Senate	Vanity
Street Rod	
US House	H (Special - unspecified)
US Senate	Vanity
Vanity	Antique Snowmobile
VT Amateur Radio	

I (Bus)

Bus
IRP Bus
Vanity

J (Municipal: auto, truck, bus)

Municipal
Sheriff's Department
Vanity
Volunteer

K (VT State Government: Auto, Truck)

State Government
Vanity
VT DMV Enforcement
VT State Officers
Vermont State Police

Codes Added for Crash Report Form:

L (Out of State - Auto)

M (Out of State - Truck)

N (Out of State - Other)

45. **VIN - Vehicle Identification Number** - Record the Vehicle Identification Number (VIN). On passenger cars built from 1968 to date, the number will usually be found on the driver's side of the dash and visible through the windshield from the outside. On passenger cars built in the mid-1950's through 1967 the VIN will usually be found welded or riveted on the doorpost. Passenger cars built prior to 1956 were identified by the motor number. If it is not possible to obtain from the vehicle, use the VIN on the registration certificate.
46. **Vehicle Year** - Fill in the model year of the vehicle.
47. **State** - Enter the abbreviated name of the state that issued the registration. If the vehicle is unregistered, enter N/R. (If submitting electronically, if the vehicle is unregistered, choose the "Unknown" option.)
48. **Make** - Enter the make of the vehicle, i.e., Ford, Honda, Chevrolet, Dodge, etc.
49. **Model** - Write out the **complete** model name of the vehicle, i.e., Accord, Taurus, Voyager, Blazer, etc.
50. **Estimated Speed** - Enter the speed in which the operator states he/she was traveling when the crash occurred. This estimated speed will be the operator's opinion and not the investigating officer's findings. (If using the web application, you may enter a three-digit number or UNK for unknown.)
51. **Commercial Vehicle** – Circle "Y" for yes or "N" for no as to whether or not the vehicle is a commercial vehicle. (Additional information will have to be collected using Page 3 and Overlay 2, Large Truck/Bus-Commercial Motor Vehicle sections. Also, see the back of Overlay 2.)
52. **Diagram of Car** - Circle the numbers for the areas on the vehicle where the damage occurred. Number 1 represents the front of the car and Number 5 depicts the rear. Indicate broken or destroyed glass with an "X" on the corresponding area of the diagram.
53. **Direction of Travel** - Circle the general direction of travel of the vehicle before the crash. Direction of travel should be based upon the primary direction of the route, not the section of highway where the crash took place. Check (parked) if the vehicle was parked at the time of the crash.
Example: The direction of a state designated north-south highway must be either northbound or southbound even though a vehicle may have been traveling due east at the time of the crash.
54. **ATV or Snowmobile** - Indicate if vehicle involved was an ATV Y(yes) or N(no) or Snowmobile, Y(yes) or N(no).

PLEASE NOTE: Snowmobiles and ATVs will only be reported on this form if the crash occurred on a highway/travel way open to traffic. Do not submit snowmobile or ATV

crashes on this form if the crash occurred on a VAST trail or some other location other than a public highway. For these crashes, use the DMV “Officer’s Investigation report-Snowmobile Accident” or “Officer’s Investigation Report-All Terrain Vehicle Accident” as seen in Appendix F. Officers should check with DMV for the most current Snowmobile and ATV Accident report documents. (The ATV report can be found at http://dmv.vermont.gov/sites/dmv/files/pdf/DMV-VA019-ATV_Police_Accident_Report.pdf.)

55. Towed By - If the vehicle was towed away, provide the name of the company or individual that provided the towing. If no tow truck is used, then leave section blank. This is important information, particularly when the crash involves a commercial vehicle. Be sure to include this information in your report. It will help DMV’s Commercial Vehicle Enforcement unit when submitting the **required** data to the Federal Motor Carrier and Safety Administration. **DO NOT** enter anything unless the vehicle was actually towed. (This is particularly important when using the web application. If the vehicle was not towed, leave the field blank.) This field should be used with field 55a below.

55a Towed Due to Disabling Damage Y/N- Disabling damage implies damage to the motor vehicle that is sufficient to require the motor vehicle to be towed or carried from the scene. Towed Due to Disabling Damage identifies whether a vehicle involved in a crash is removed from the scene. “Yes” is used for vehicles towed due to disabling damages in the crash. “No” is used for those vehicles that are driven from the scene or towed for other reasons (i.e. the driver is arrested or without a required license, vehicle is placed out of service because it is unsafe to drive or impounded, etc.). Towing assistance without removal of the vehicle from the scene, such as pulling a vehicle out of a ditch, is not considered to be “towed” for the purposes of this question.

For commercial truck/bus information, if the truck is functional but the trailer is not, then this is considered a towed vehicle due to disabling damage under FMCSA definition (i.e. “yes”).

VEHICLE INFORMATION - VEHICLE #2

If a second vehicle is involved, follow instructions listed in **Section 19** through **Section 55** for Operator, Owner, and Vehicle Information.

ADDITIONAL VEHICLES, OPERATORS, OWNERS (3 OR MORE)

****** Note that if there are more than two vehicles involved in the crash, additional report forms must be utilized. The additional forms should reflect proper numbering sequence. Example: Vehicle 3, Vehicle 4, etc.

(In the web application, once the second vehicle information has been saved, you may add additional vehicles using the “New Page 1” option in the blue navigation area to the left of the screen. The vehicle numbers will automatically be numbered.)

Keep in mind that the numbering of the vehicles and operators on Page 1 must correspond correctly to the vehicle/operator numbers when Overlay 2 is being used. For example, if on the additional report form you have crossed through Vehicle 1/Operator 1 and have entered Vehicle 3/Operator 3, when using Overlay 2 you should be using the Vehicle 1/Operator 1 boxes for Vehicle 3 information. Similarly, Vehicle 2/Operator 2 boxes would be used for Vehicle 4 information.

NON-VEHICLE PROPERTY DAMAGE

Non-vehicle Property Damage		
Owner	Address	Phone
Damage Description		

- 56. **Owner** - Provide the name of the person owning the non-vehicle damaged property.
- 57. **Address** - Enter the owner's address.
- 58. **Phone** - Enter the owner's phone number.
- 59. **Damage Description** - Provide a brief description of the damage caused to the non-vehicle property.

Other Persons and Witnesses Involved (For investigated crashes see Page 3.)			
Name	DOB	Address	Phone

Other Persons and Witnesses Involved - Enter the name, address and phone number of other persons involved and witnesses to the crash. **Do not include vehicle occupants or involved pedestrians, bicyclists, etc. in this area.** Occupants of the vehicles, pedestrians, and cyclists involved in the crash should be entered on page 3.

Reporting Officer	Date	Approved	Date
-------------------	------	----------	------

- 60. **Reporting Officer** - This space is provided for the signature of the investigating officer and *must be in ink* in the paper report.
- 61. **Date** - Enter the month, day and year the investigating officer *completed* the crash report.

62. **Approved** - This space is for the signature of the person in charge or the person authorized to read and check the report for approval. The approving officer *must sign in ink* in the paper report.

In Web Crash there is also a check box for the approval process. (See diagram below.) An audit has been included in Web Crash to notify users if the approval filed information is incomplete. This will show up in the “View Audit Results” as a warning only and will not restrict you from submitting (check in) the report to the crash repository. It is up to individual law enforcement agencies to determine how best to use this feature as business practices vary from agency to agency. Using the Case Management tool will show the crashes that are not approved.

Address	City	State	Zip	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date 01/01/2009	<input checked="" type="checkbox"/> Approved	Smith		Date 01/01/2009

63. **Date** - Enter the month, day, and year of the final approval of the report.

GENERAL INSTRUCTIONS FOR COMPLETING OVERLAY 1 & OVERLAY 2

- Each lettered box in the right and left margins of Page 1 of the report form corresponds to a similarly lettered box located on either Overlay 1 or Overlay 2. For example, Box A in the left margin of Page 1 corresponds with Box A “Crash Type” located on Overlay 1. Boxes P1 and P2 in the right margin correspond to Box P “Contributing Circumstances - Driver” on Overlay 2.
- Enter only one code number from the overlay boxes into each of the margin boxes.
- Overlay 1, “Environmental and Roadway Conditions” applies only to the *unshaded* boxes on Page 1.
- Overlay 2, “Additional Operator Information” applies only to the *shaded* boxes on Page 1.

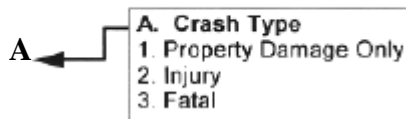
INSTRUCTIONS FOR COMPLETING OVERLAY #1 UNSHADED BOXES

(Data relating to unshaded boxes should be collected for all crashes.)

- Report all data relative to Overlay #1, "Environmental and Roadway Conditions."
- Data should be collected for Sections A - N for all crashes, *at a minimum*.
- Enter numeric characters into *unshaded*, lettered boxes located on crash form margins.

Example:

- ! A. Crash Type
 - 1. Property Damage Only
 - 2. Injury
 - 3. Fatal
- ! Follow arrow to unshaded Box A on top left margin
- ! Enter (one) numeric character 1, 2 or 3:

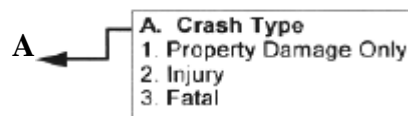


STATE OF VERMONT UNIFORM CRASH REPORT

INSTRUCTIONS FOR COMPLETING OVERLAY 1

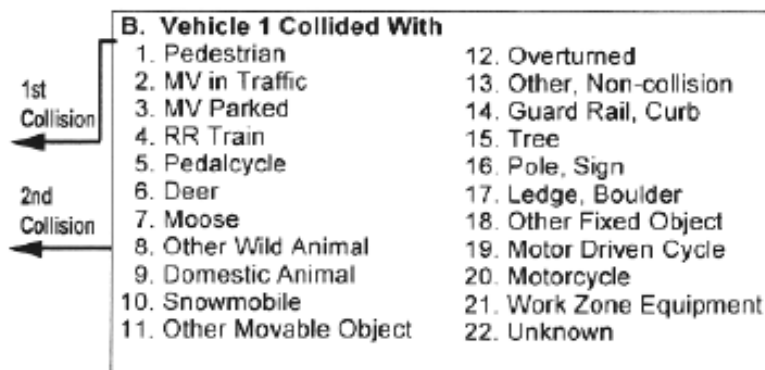
ENVIRONMENTAL and ROADWAY CONDITIONS

- A. Crash Type** - Enter the crash type code in unshaded Box A. If there are no injuries or deaths involved, the crash is classified as *property damage only*. Enter the numeral "1". If a person is injured but no one is killed, the crash is classified as *injury*. Enter the numeral "2". If any person is killed in the crash, the crash is classified as a *fatal* crash. Enter the numeral "3". Classification can usually be done by ordinary observation at the time of the incident or from information submitted on the crash report.



NOTE: If it has been determined that there is an untimely death involved, the crash type is classified as "2. Injury". (See Injury section later in this document.)

- B. Vehicle 1 Collided With** - Enter the code in **B1** for what Vehicle #1 first collided with. For instance, if the vehicle collided with a deer in the roadway, then went off the road and hit a tree, only the first action indicating a deer collision (6) is entered in **B1**. The second action, hitting a tree (15), would be entered in **B2**.



Pedestrian: A pedestrian is a person who is not an occupant of a vehicle. Includes: person afoot, sitting, lying or working upon a land-way or place, or person in or operating a pedestrian conveyance. Excludes: person boarding or alighting from another conveyance, except a pedestrian conveyance.

Pedalcycle: Is a vehicle in transport, which is operated solely by pedals and propelled by human power. Includes any of the following devices: bicycle, tricycle, or unicycle. Trailers or sidecars attached to any of these devices are also included.

Other movable objects include objects dropped from motor vehicle, fallen tree or stone, landslide or avalanche materials, or non-motorized devices not set in motion by railroad train or railroad vehicle.

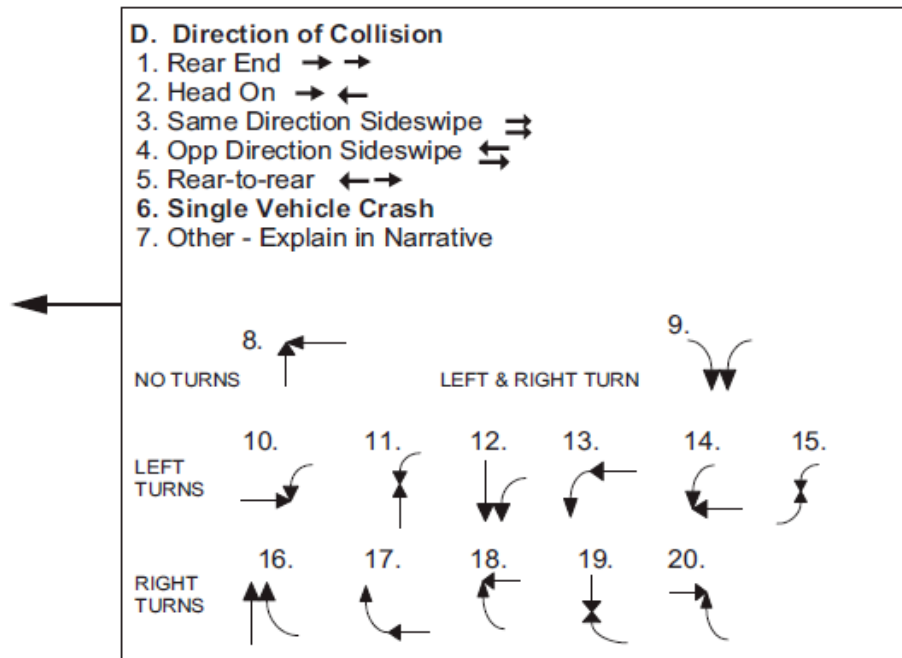
Other non-collision crash is any crash involving a motor vehicle in motion other than overturning and collision. Includes: accidental poisoning from carbon monoxide generated by a motor vehicle in transport; breakage of any part of the motor vehicle resulting in injury or in further property damage; explosion of any part of the motor vehicle; fire starting in the motor vehicle; fall, jump or being pushed from the motor vehicle; injury or damage from moving part of the motor vehicle; object falling from or in the motor vehicle; or injury or damage involving only the motor vehicle that is of a non-collision nature, such as a bridge giving way under the weight of a motor vehicle, striking holes or bumps on the surface of the traffic-way or driving into water without overturning or collision.

Other fixed object refers to other fixed objects not specified in 14, 15, 16, 17 or 21. Includes: traffic signals, bridge abutment or similar objects placed for official purpose.

Work zone equipment includes; construction machinery, construction materials or similar objects placed on or along the roadway for maintenance or construction of new roads, power lines, buildings, etc.

NOTE: There is no Section C.

- D. Direction of Collision** – This box is used for various types of collisions, including those involving turns or angle collisions. Enter the appropriate numeral for the collision.



- Number 1 refers to a rear end crash where the front of one vehicle impacts the back of another vehicle.
- Number 2 refers to a head on crash where the front end of **two** vehicles impact. (A *single vehicle crash cannot be termed “head on”.*)
- Number 3 refers to a same direction sideswipe, a crash where two vehicles are traveling in the same direction and impact on the side.
- Number 4 refers to an opposite direction sideswipe, a crash where two vehicles are traveling in opposite directions and impact on the side.
- Number 5 refers to a rear-to-rear crash where the backs of two vehicles impact.
- Number 6 refers to a SINGLE vehicle crash, which is a crash involving only one vehicle.
- Other- this indicates the collision type is not one of the others. Use this option if the crash does not fall into any other category in this box.
- Number 8 refers to a “broadside” crash, where the front of one vehicle impacts the side of another vehicle.
- Number 9 refers to a simultaneous turn collision, where two vehicles turning from opposite direction make contact, or sideswipe.

Left Turns:

- Number 10 refers to an angle broadside, where one vehicle is moving/stopped straight and another is making a left turn. The impact is usually the front of one vehicle and the side of another.
- Number 11 refers to head on, where one vehicle is moving/stopped and the second turns left and hits first vehicle in the front.
- Number 12 refers to same direction sideswipe/angle collision, same direction. Vehicle one is moving/stopped essentially straight and vehicle two turns, making contact with vehicle one's side. Passenger side makes contact with driver's side.
- Number 13 refers to rear-end collision, where vehicle making left turn is hit in the rear by a second vehicle moving in the same direction.
- Number 14 refers to broadside, where a vehicle making a left turn is either hit by, or hits, a second vehicle traveling/stopped essentially straight ahead.
- Number 15 is a head on/angle collision, where two vehicles are making left turns that result in a head on collision or an angle collision.

Right Turns:

- Number 16 refers to same direction sideswipe/angle collision, same direction. Vehicle one is moving/stopped, essentially straight, and vehicle two turns right, making contact with vehicle one's side. Passenger side makes contact with driver's side. For example, a vehicle coming into Interstate via the on-ramp collides with a mainline vehicle moving through the interchange.
- Number 17 is a rear-end collision. A vehicle making a right turn is hit in the rear by a second vehicle moving in the same direction.
- Number 18 refers to a broadside collision, where a vehicle making a right turn is either hit by, or hits, a second vehicle traveling essentially straight ahead.
- Number 19 is a head-on, where one vehicle is moving/stopped and a second vehicle turns right and hits first vehicle in front.
- Number 20 is an angle broadside, where one vehicle is moving straight and another is making a right turn. The impact is usually the front of one vehicle and the side of another.

- E. Traffic Control** - Identify the type of traffic control which was present at the scene of the crash. Enter the appropriate code in Box E. Select the *single type* that was in control at the time. For example, an officer may direct traffic through a stop sign without having to stop traffic.

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** - Enter the code that best describes the weather condition at the time of the crash. If more than one code applies, enter the code which you believe influenced the crash the most.

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

- Clear - Free from clouds, fog, smoke, and sky was more sunny than cloudy.
- Cloudy - Overcast with clouds. (Cloud - a visible mass of particles of water or ice in the form of fog, mist, or haze suspended usually at a considerable height in the air.)
- Fog, smog, smoke -
 - Fog - a vapor condensed to fine particles of water suspended in the lower atmosphere that differs from cloud only in being near the ground.
 - Smog - a fog made heavier and darker by smoke and chemical fumes.
 - Smoke - the suspension of solid particles of combustion in the atmosphere.
- Rain - Water falling in drops condensed from vapor in the atmosphere.
- Sleet, Hail (freezing rain or drizzle) -
 - Sleet - Frozen or partly frozen rain.
 - Hail - Precipitation in the form of small balls or lumps usually consisting of concentric layers of clear ice and compact snow.

- Snow - White crystals of frozen water falling.
- Severe crosswinds - Winds at a high rate of speed blowing across the road.
- Blowing sand, soil, dirt, snow - Wind carrying sand, soil, dirt, or snow.

G. Light - Enter one code, which indicates the light condition at the time of the crash.

←	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
---	--

- Daylight - Those hours of day in which objects are clearly discernible without artificial light.
- Dawn - The first appearance of light in the morning.
- Dusk - The twilight hours of evening.

● Dark - lighted roadway

Full darkness but the roadway is lighted by lights designed and installed to illuminate the roadway. This is not lighting from a store front, house lights, etc. Do not use this during periods of dawn, daylight and dusk even if streetlights are on.


● Dark - roadway not lighted

Full darkness and the roadway is not lighted by lights designed and installed to illuminate the roadway.


● Dark- unknown roadway lighting

Full darkness but it is unknown whether roadway was lighted by lights designed and installed to illuminate the roadway.

H. Road Characteristics - Select the code that best describes the road characteristics at the scene of the crash.

- | | |
|--------------------------------|----------------------------------|
| 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 - Explain in Narrative |
- 

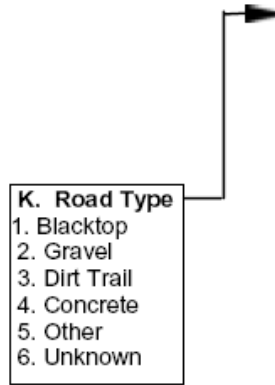
I. Road Align (Alignment) - Fill in the code that best describes the curvature of the roadway.

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

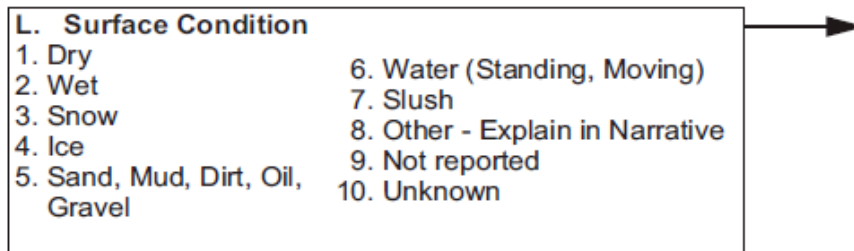
J. Road Design - Enter the code that describes where the crash occurred. Note that the curvature of the road is not considered for this item.

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

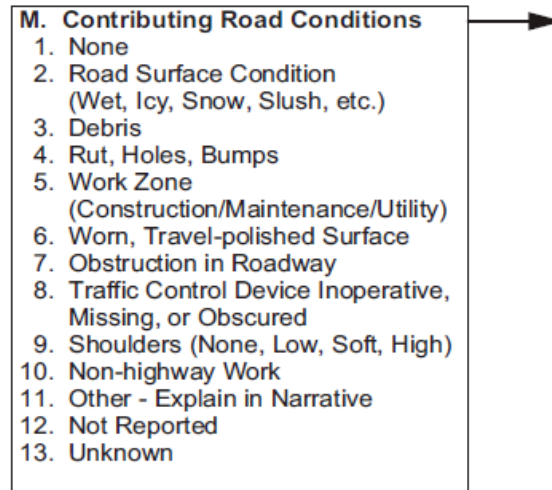
K. Road Type - This entry identifies the road type on which the crash took place. Select the code that best describes the roadway surface materials. If “other” is selected, describe in the narrative or a notation.



L. Surface Condition - Select the one code that describes the condition of the roadway’s surface at the time of the crash.



M. Contributing Road Conditions - Use this field to describe any road conditions that may have contributed to the crash.




N. Police Photo/Video Recording Taken – Enter 1 for “yes” or 2 for “no” as to whether or not a police photo was taken or a video recording was made of the crash scene.

N. Police Photo/Video Recording Taken

1. Yes

2. No



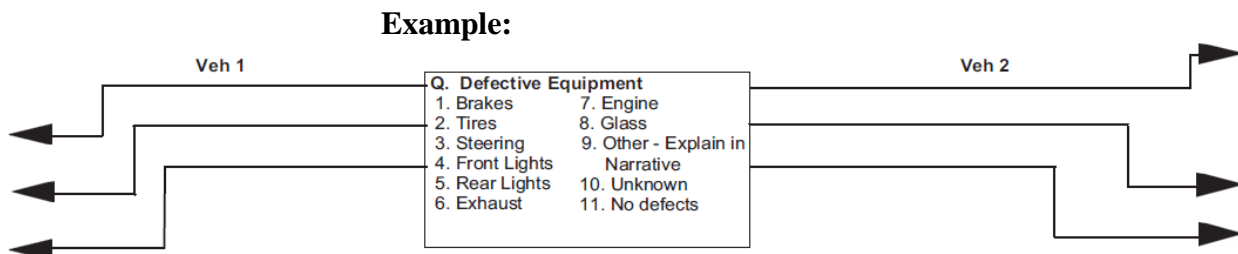
The remaining two boxes on overlay 1 are to be used for input into the “Operators, Occupants, Pedestrians, Cyclists” section on page 3. (See page 46 for further instructions.)

Pedestrian/Cycle Action Codes (used on Page 3)	
1. Improper crossing	9. Other - Explain in Narrative
2. Darting	10. Unknown
3. Lying and/or illegally in roadway	11. No Improper Action
4. Failure to yield right of way	12. Disabled Vehicle Related (working on, pushing, leaving/approaching).
5. Not visible (dark clothing)	13. Entering/Exiting Parked/Standing Vehicle
6. Inattentive (talking, eating, etc.)	14. Improper Turn/Merge
7. Failure to obey traffic signs, signals, or officer	15. Improper Passing
8. Wrong side of road	

Pedestrian/Cycle Location Codes (used on Page 3)	
1. Marked Crosswalk at Intersection	10. Sidewalk
2. At Intersection but No Crosswalk	11. Within 10 Feet of Roadway (but Not Shoulder, Median, Sidewalk, or Island)
3. Non-intersection Crosswalk	12. Beyond 10 Feet of Roadway (Within Trafficway)
4. Driveway Access	13. Outside Trafficway/Non-Trafficway Area
5. In Roadway	14. Shared-use Path or Trails
6. Not in Roadway	15. Other
7. Median/Crossing Island	16. Unknown
9. Shoulder/Roadside	

INSTRUCTIONS FOR COMPLETING OVERLAY #2 - SHADED BOXES

- Use Overlay #2 to report **additional** operator/vehicle information in Sections O, P, Q, T, & U.
- Use Overlay #2 to report additional Large Truck Bus, **commercial motor vehicle information** in Sections R & S.
- Enter numeric characters into *shaded*, lettered boxes located on crash form margins.
- **Remember:** If the crash involves a third vehicle, information will be entered in the former Vehicle 1 boxes. Likewise, a fourth vehicle will have its information entered in the former Vehicle 2 boxes. Do not forget to cross through the pre-printed designations.



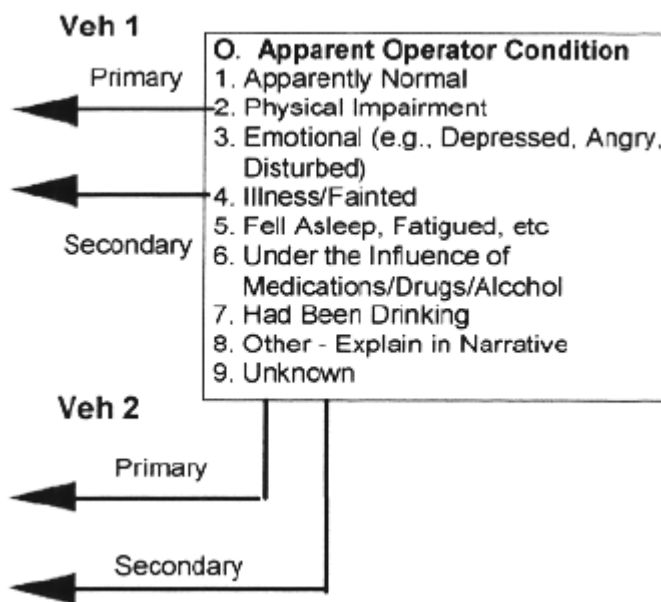
- ! Follow arrow to shaded Box Q4 on middle right margin
- ! Enter (one) numeric character 1 - 11:

STATE OF VERMONT UNIFORM CRASH REPORT

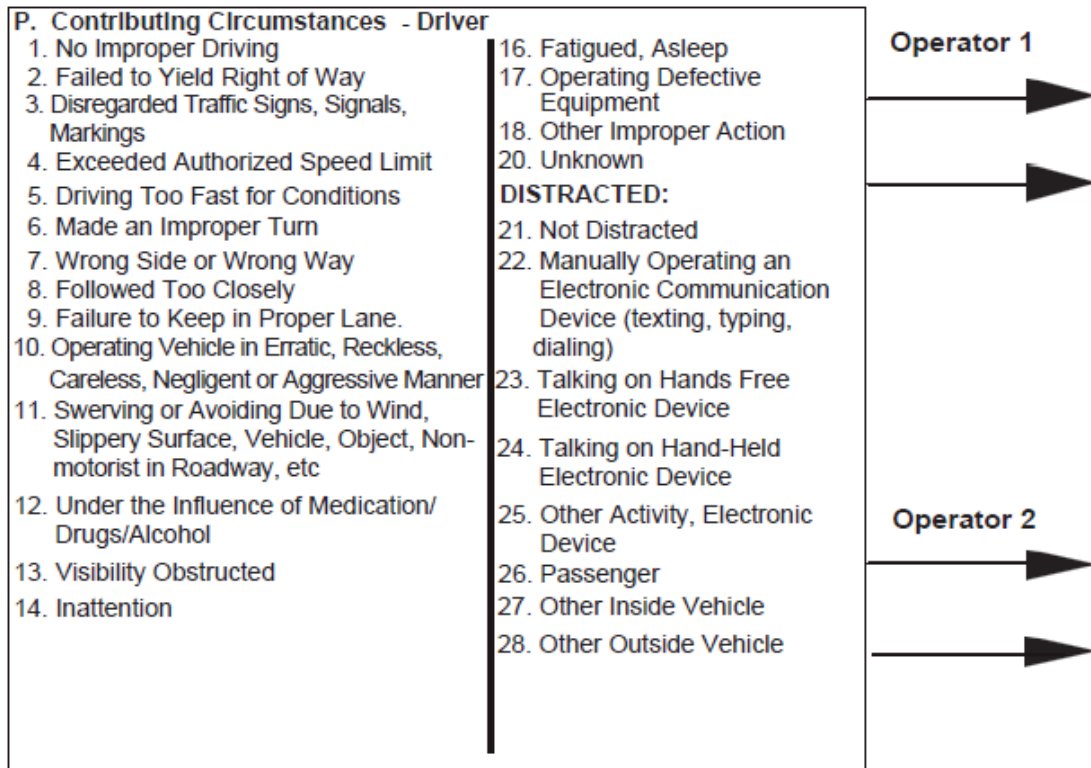
INSTRUCTIONS FOR COMPLETING OVERLAY 2

ADDITIONAL OPERATOR INFORMATION

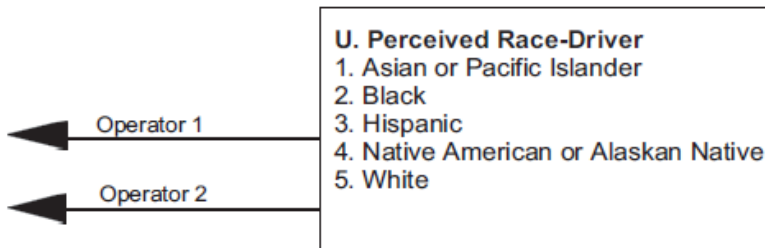
O. Apparent Operator Condition - Enter the primary code in box O1 that best describes the operator's condition in Vehicle 1 at the time of the crash. If a secondary operator condition was apparent at the time of the crash, enter one code which best describes the condition. A secondary condition would be one that was less important than the primary condition but still evident. Enter the same information for the operator of Vehicle 2 in boxes O3 and O4.



P. Contributing Circumstances - Driver - Enter the code in P1 for the circumstance for Operator 1 that primarily contributed to making the crash happen. If there was a second circumstance for Operator 1 that contributed to the crash, enter the appropriate code in P2. Repeat this process for Operator 2. The contributing circumstance is a factor associated with the crash that analysts or reconstructionists should be aware of if they want to take action to prevent recurrence of the crash.



U. Perceived Race-Driver – This information is collected for every operator.



By definition according to ANSI-D20, Traffic Records System Data Dictionary Release 5.0.0:

1. Asian or Pacific Islander- Having Origins in Any of the Original Peoples of the Far East, Southeast Asia, or Pacific Islands. This Includes China, India, Japan, Korea, the Philippines Islands, and Samoa.

2. Black- Having Origins in Any of the Black Racial Groups of Africa.

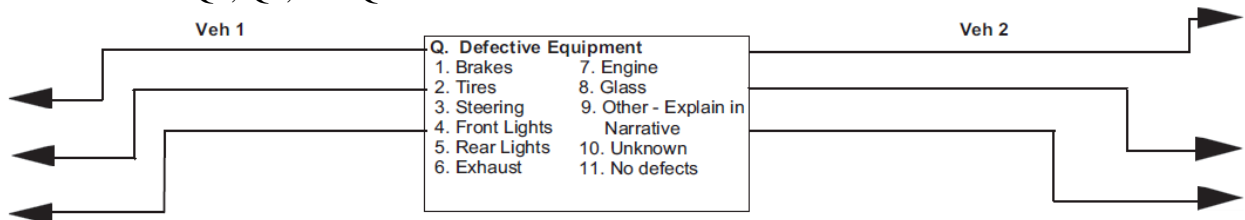
3. Hispanic- A Person of Mexican, Puerto Rican, Cuban, Central or South American or Other Spanish Culture or Origin, Regardless of Race.

4. Native American or Alaskan Native- Having Origins in Any of the Original Peoples of North America, and Maintaining Cultural Identification Through Tribal Affiliation of Community Recognition.

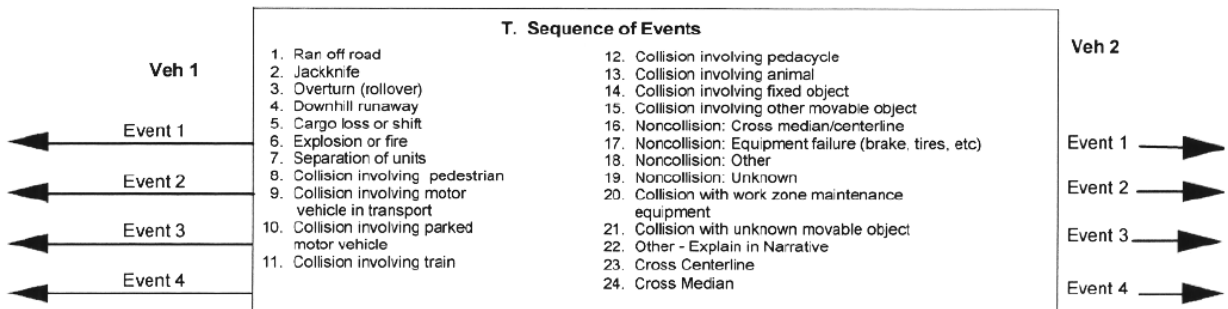
5. White- Having Origins in Any of the Original Peoples of Europe, North Africa, or the Middle East.

ADDITIONAL VEHICLE INFORMATION-All Vehicles

Q. Defective Equipment - If defective equipment for Vehicle 1 contributed to the crash, enter the appropriate codes in Q1, Q2, and Q3. Vehicle 2 defective equipment codes should be entered in Q4, Q5, and Q6.

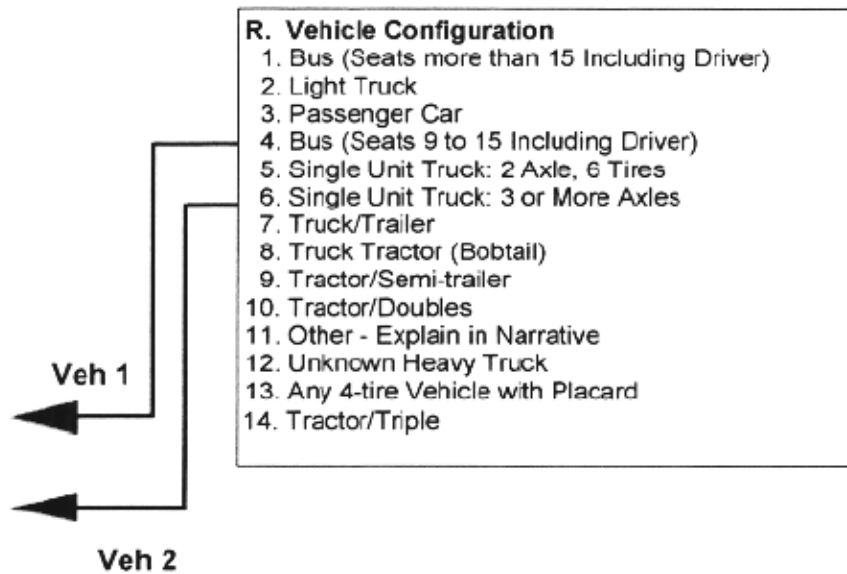


T. Sequence of Events - Identify and order the events of the crash relating to each vehicle. Enter the proper code numbers in the order in which the events occurred. Many crashes will not have more than one event, but indicate all that apply.

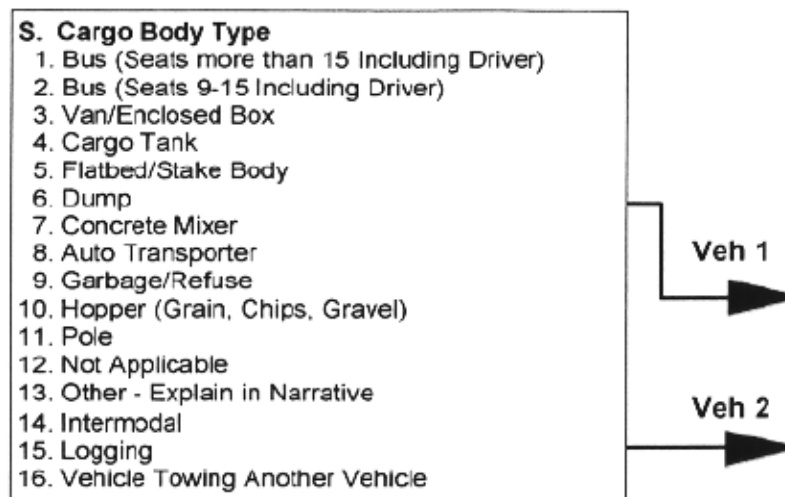


ONLY LARGE TRUCK/BUS (COMMERCIAL VEHICLES ONLY)

R. Vehicle Configuration - If a commercial vehicle was involved in the crash, enter the code that best identifies the vehicle type for Vehicle 1. If a second commercial vehicle was involved, enter the code for Vehicle 2 that best identifies the vehicle type. (See Appendix B for picture descriptions.)



S. Cargo Body Type - Enter the code that best describes the cargo body type for Vehicle 1. If applicable, enter the appropriate code for Vehicle 2. (See Appendix B for picture descriptions.)



Note to Web Crash users: If “Comm Veh” question on page one was noted as “N” (no), then boxes R and S will be grayed out (inaccessible).

STATE OF VERMONT UNIFORM CRASH REPORT

INSTRUCTIONS FOR COMPLETING THE LARGE TRUCK/BUS (COMMERCIAL MOTOR VEHICLE) SECTION, PAGE 3.

Note: All crashes which involve a commercial motor vehicle or a vehicle displaying a hazardous materials placard shall be reported per 23 V.S.A. § 1603a. **Complete the Large Truck/Bus (Commercial Vehicle Motor Vehicle)** section of Page 3 where applicable. Reference the general instructions on the back of Overlay 2.

NOTE: Make sure “Y” is circled under Comm Veh on page 1 of the form if the vehicle qualifies under commercial, even if the vehicle is being used for personal use.

VEHICLE	Registration No. _____ Plate Type _____ VIN _____	9 Hood	Est. Speed _____	Comm Veh Y N <small>If yes, see Overlay 2 and Page 3</small>
	Vehicle Yr. _____ State _____	10 Roof	Direction of Travel N S E W	
	Make _____ Model _____	11 Trunk		
	ATV Y N Snowmobile Y N	12 Undercarriage		
	Towed By _____	13 Total		
Towed Due to Disabling Damage: Y N	14 No Damage	<input type="checkbox"/> Parked		

64. Incident Number - Enter the incident number in the space provided in the top right hand corner of the page. (No need to do this if using the web application.)

Incident Number _____

LARGE TRUCK/BUS (Commercial Vehicle)	
Vehicle Number _____	
Carrier's Identification Numbers	
US DOT _____	MC/MX _____
Interstate Carrier <input type="checkbox"/>	Intrastate Carrier <input type="checkbox"/>
Government <input type="checkbox"/>	
Carrier's Name _____	
Carrier's Address _____	City _____ State _____ Zip _____
Source: (Check all that apply) <input type="checkbox"/> Vehicle Side <input type="checkbox"/> Shipping Papers <input type="checkbox"/> Driver <input type="checkbox"/> Carrier	
Vehicle Information	
Axles on Vehicle (Including Trailers) _____	<input type="checkbox"/> GVWR OR <input type="checkbox"/> 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 _____
Trailer 2 License Number _____ State _____	Trailer 2 VIN _____
Hazardous Material Placard: <input type="checkbox"/>	Spill: <input type="checkbox"/>
Name or 4 Digit Number from Diamond or Box _____ Small Number from Bottom _____	

Large Truck/Bus (Commercial Motor Vehicle) Section

Web Crash users: There is an auto populate field feature in the Large Truck/Bus section. When you type in the US DOT number and then tab to the next field, a request is sent to Federal Motor Carrier Safety Administration database and auto populates the Carrier Name, Carrier address, city, state and zip code, and interstate fields of the form.

Please note: You still need to click on SAVE in order to retain the information that auto populated.

- 65. Vehicle Number** - Enter the vehicle number you assigned to this vehicle. If there is more than one commercial vehicle involved, utilize an additional crash form and complete the “Commercial Vehicle” section. (There is no need to enter the vehicle number if filing electronically. The web application will fill this information in automatically.)
- 66. Carrier’s Identification Numbers** - More than one carrier identification number may be entered. Interstate vehicles have either a US DOT (United States Department of Transportation) or an ICC MC (Interstate Commerce Commission Motor Carrier) number. Interstate vehicles operate across state lines. Do NOT enter US DOT# or Other# of the rental truck company if qualifying truck is rented for personal use. Just leave it blank. (Examples: Ryder, U-Haul, Budget, etc.)
- * **US DOT (United States Department of Transportation)** - The US DOT number has up to seven digits and is found on vehicles of interstate carriers (those operating trucks for any commercial enterprise). The number can be easily spotted because it is always preceded by “US DOT”. (See **69** below for places to check for this number.)
- * **ICC MC (Interstate Commerce Commission Motor Carrier)** - ICC MC numbers will be found on vehicles of interstate for-hire carriers (those in the transportation business). The number is usually preceded by “ICC MC”, but may be preceded by either “ICC” or “MC”. (See **69** below for places to check for this number.)
- 67. Interstate Carrier** - Check the box provided if the carrier crosses state lines and/or transports interstate cargo. For example, U.S. mail or passengers.
- 67a. Intrastate Carrier** – Check the box provided if the carrier operates within the borders only of a state.
- 67b. Government** – Check the box provided if the vehicle is registered with a government entity.
- 68 State Name** –No longer a field in the Uniform Crash Report form.
- 69. State Number** - No longer a field in the Uniform Crash Report form.

70. **Carrier's Name** - Determining the motor vehicle carrier may be difficult. Although the owner of the vehicle may be the carrier, frequently this is not the case. A motor carrier is defined as the person, company or organization responsible for directing the transportation of the persons or cargo. To avoid improperly identifying the name and address of a motor carrier, the investigator should rely on more than a single document or item when identifying the motor carrier. Review as many of the following items as possible to determine the name (and address) of the motor carrier.

NOTE: If the responsible party is a private individual who has rented the qualifying truck for personal use, enter the word "INDIVIDUAL". DO NOT write in the person's name.

●**Side of the Vehicle** - The correct name, address and US DOT/ICC number of the motor carrier may or may not be marked on the side of the vehicle. If the marking on the side of the vehicle matches the name on the other name-determining items, you have probably identified the correct motor carrier.

●**Driver Interview** - Ask questions such as:

Is the vehicle leased or rented?

Who is the motor carrier that is responsible for this load?

Who is directing and controlling the movement of this vehicle?

Where is the motor carrier's principal place of business?

●**Lease Agreement** - This document is excellent for identifying the name of the lessee (the business/individual leasing the vehicle).

●**Driver's Log** - When logs are required, they will contain the name of the motor carrier and the city and state where the motor carrier's principal place of business is located.

●**Shipping Papers (Bill of Lading)** - Generally this document will provide you with the name of the motor carrier that is responsible for the load. The shipping papers are the written transportation contract between the shipper and the carrier. They identify the freight, who is to receive it, the place of delivery and terms of the agreement.

●**Vehicle Registration** - This document is good for identifying the owner and/or registrant who may or may not be the responsible motor carrier. Even when the registration identifies the responsible motor carrier, it may or may not show the address of the motor carrier's principal place of business because carriers with terminals in multiple states generally register the vehicles in the state of domicile. Therefore, the address may be a terminal address.

71. **Carrier's Address** - Enter the address of the carrier's principal place of business.

Include street number, city, state and zip code. (See **69** above for places to check for the address.)

- 72. Source** - Check the source that gave you the carrier's name: vehicle side, shipping papers or driver. (Check all that apply.)

Vehicle Information

- 73. Axles on Vehicle (including trailers)** - Enter the total number of axles on the vehicle, including auxiliary axles, under the vehicle or vehicle/trailer combination. Include the axles on the trailers.

- 74. Weight Rating** - Record the gross weight specified by the manufacturer. The (GVWR) is usually found on the driver's side door-latch post, door edge or hinge pillar. It may be posted on the door itself. In the case of a truck with more than one unit add the weight ratings for each unit and enter the total weight on the report.

Gross Vehicle Weight Rating (GVWR) – This is the value specified by the manufacturer as the loaded weight of a single vehicle.

Gross Combination Weight Rating (GCWR)– This is the value specified by the manufacturer as the loaded weight of a combination (articulated) vehicle. In the absence of a value specified by the manufacturer, GCWR will be determined by adding the GVWR of the power unit and the total weight of the towed unit and any load thereon.

- 75. Length of Vehicle (including trailer)** - Record the length in feet or meters of the vehicle including the trailer. The officer will need to physically measure the vehicle including the trailer from bumper to bumper.

- 76. Length of Trailer** - Record the length of the trailer. If the length is not found on the trailer registration, the investigating officer will need to physically measure the length of the trailer in feet or meters.

- 77. Trailer 1 License Number** - Enter the trailer license number as found on the license plate. (Repeat the same for Trailer 2 License Number)

- 78. State** - Enter abbreviated state code for state where trailer is licensed.

- 79. Trailer 1 Identification Number** - Enter the trailer identification number. (Repeat the same for Trailer 2 License Number)

Hazardous Material

- 80. Placard** - In most cases vehicles carrying hazardous materials (HAZ MAT) are required by law to conspicuously display a placard indicating the type, class or the specific name of the hazardous material cargo. Check the box provided if a placard was displayed.

- 81. **Spill** - Check the box provided for a spill if hazardous cargo was released from the cargo tank or compartment of the truck. Do not count the fuel spilled from the vehicle's own fuel tank, even though this fuel is considered a hazardous material. The aim of the question is to determine and record whether the placarded material was released.
- 82. **Name or 4-Digit Number from Diamond or Box** - There are two placard shapes - rectangular or diamond. The diamond shaped placard is the most commonly used. If the vehicle has a hazardous material placard, enter the number or name listed on it in the blanks provided in the top half of the diamond. If the placard is the orange and rectangular type instead of diamond shaped, still enter the number in the top part of the diamond provided. (See Appendix C for Reporting Hazardous Materials Information.)
- 83. **Hazardous Material Placard, Lower Number** – Please find and record the Hazardous Material Placard numbers as displayed on the vehicle and record them as they appear. (See Appendix C for Reporting Hazardous Materials Information.)

Non-commercial Trailer

Vehicle 1

- 84. **Year** - Enter the model year of the non-commercial trailer for Vehicle 1.
- 85. **Make** - Enter the make of the non-commercial trailer for Vehicle1.
- 86. **Model** - Enter the model of the non-commercial trailer for Vehicle 1.
- 87. **Plate No.** - Enter the plate number for the non-commercial trailer for Vehicle 1.
- 88. **State** - Enter the abbreviated state code where the non-commercial trailer for Vehicle 1 is registered.

Vehicle 2

If there was a second vehicle with a non-commercial trailer involved, enter the same information as listed above (83-87).

Operator Citation Information

- 89. **Citations Issued - Vehicle 1** - If a citation was issued for the driver of Vehicle 1, enter the number in the space provided. Space is provided for up to three citations.

Citations issued - Veh 1		Citations issued - Veh 2	
Ticket # _____	Violation Code _____	Ticket # _____	Violation Code _____
_____	_____	_____	_____
_____	_____	_____	_____

90. Violation Code - Enter the corresponding violation code in the space provided next to the ticket #.

Repeat **89** and **90** for Vehicle 2 and other involved vehicles as well.

EMS Run number	EMS Agency	Destination Hospital
----------------	------------	----------------------

91. EMS Run Number - Record the EMS run number, obtained from the EMS driver, if available.

92. EMS Agency - Enter the name of the emergency medical services agency transporting persons to a medical facility.

93. Destination Hospital - Provide the name of the medical facility where persons involved in the crash were transported.

Operators, Occupants, Pedestrians, Cyclists-Excluding Witnesses

Operators, Occupants, Pedestrians, Cyclists - Excluding Witnesses													
Name	Veh#	Type	Sex	Age	Seat	Injury	Eject	Restr/ Safety	Air Bag	Extract	P/C- Action	P/C- Location	FMS Transp.
Alcohol Test ___ Test Result 0. ___ ___ ___ BAC													
DUI Arrest? <input type="checkbox"/>													
Drug Test ___													
Drug Test Result ___ ___ ___ ___													
Alcohol Test ___ Test Result 0. ___ ___ ___ BAC													
DUI Arrest? <input type="checkbox"/>													
Drug Test ___													
Drug Test Result ___ ___ ___ ___													
Alcohol Test ___ Test Result 0. ___ ___ ___ BAC													
DUI Arrest? <input type="checkbox"/>													
Drug Test ___													
Drug Test Result ___ ___ ___ ___													

Note to Web Crash users: In the web application, some Operator information in the above table is auto populated from page 1. The remaining Occupants of a vehicle and Pedestrians and Cyclists will be entered on a separate page/table from the Operators.

94. Name - Enter the complete name of the occupant (operator or passenger) of the vehicle or the involved person. (In the web application, the Operator name(s) will automatically populate from page 1 information.)

95. Vehicle Number - Enter the vehicle number in which the person named above was seated. If a pedestrian or bicyclist was injured, leave this box blank. (In the web application, the Vehicle Number for Operators will automatically populate from page 1 information.)

96. Type - Enter the type of the person's involvement based upon the codes type found at the bottom of Page 3. Number 2 refers to any occupant in the vehicle other than the operator. (In the web application, the person Type for Operators will automatically populate from page 1 information.)

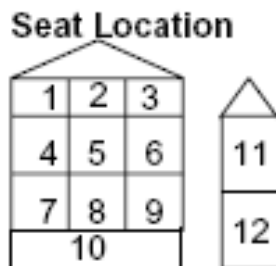
- Type**
1. Operator
 2. Occupant
 3. Pedestrian
 4. Bicyclist
 5. Unknown

97. Sex - Enter "M" for male, "F" for female or "U" if unknown. (In the web application, the Sex information for the vehicle Operators will automatically populate from page 1 information.)

98. Age - Enter the age of the involved person in terms of years. Persons less than one year old should be entered as "x.x". Example: a child that is 6 months old is entered as 0.5. A child that is 7 months old is entered as 0.6. ($7 / 12 = 0.6$.)

(In Web Crash, the person Age for Operators will automatically populate from page 1 information. Also, if age is unknown for other occupants, pedestrians, or cyclists, code as 999.)

99. Seat - For each involved person, enter the number *which best describes* his/her seat position. Seat positions 1-6 represent the typical seating arrangement found in a passenger car. Positions 7-9 depict a third row of seats, i.e., mini-vans, station wagons, etc. Ten is a miscellaneous category for passengers riding in such areas as a sleeper section of a cab, other enclosed passenger or cargo area (example: rear cargo area commonly found in utility vehicles, mini-vans and station wagons), unenclosed passenger or cargo area (example: bed of a pickup truck) or in a bus.



- 1 Front seat - left side
- 2 Front seat - middle
- 3 Front seat - right side

- 4 Second seat - left side
- 5 Second seat - middle
- 6 Second seat - right side
- 7 Third row - left side
- 8 Third row - middle
- 9 Third row - right side
- 10 Miscellaneous seat position
- 11 Motorcycle operator
- 12 Motorcycle passenger

100. Injury - The classification of injuries provides a category for any person involved in a motor vehicle crash. There are seven categories of injury to persons used for classification:

Injury

- 1. Fatality (K)
- 2. Suspected Serious Injury (A)
- 3. Suspected Minor Injury (B)
- 4. Possible Injury (C)
- 5. No Injury (O)
- 6. Unknown
- 7. Untimely Death

Enter the code that best describes the involved person’s injury level based upon the following definitions.

1. Fatality (K) is any injury that results in death **within 30 days** after the motor vehicle crash in which the injury occurred.
PLEASE NOTE: The National Highway Traffic and Safety Administration’s (NHTSA) definition under the Fatal Analysis Reporting System (FARS) requirement, a “fatal injury must only be used if the death occurred within thirty consecutive 24-hour time periods from the time of the crash”. If a death happens after the 30 day period, code as Injury Crash type and the injury is coded as Suspected Serious Injury (A).
2. Suspected Serious Injury (A) - (previously Injury – Incapacitating) is any injury, other than fatal, which results in one or more of the following:
 - Severe laceration resulting in exposure of underlying tissues/muscle/organs or resulting in significant loss of blood
 - Broken or distorted extremity (arm or leg)
 - Crush injuries
 - Suspected skull, chest or abdominal injury other than bruises or minor lacerations
 - Significant burns (second and third degree burns over 10% or more of the body)
 - Unconsciousness when taken from the crash scene
 - Paralysis

Excludes: Momentary unconsciousness.

General: Determinations are made on the basis of the best information available. It is not necessary to consult with doctors or hospitals unless information is not otherwise available, apparent condition immediately after the crash does not govern classification because the person may recover from hysteria quickly or may begin to feel the effects of internal or other injuries between the time of the crash and the time of leaving the scene.

3. Suspected Minor Injury (B) – (previously Injury - Non-incapacitating) is any injury that is evident at the scene of the crash, other than fatal or serious injuries. Examples include lump on the head, abrasions, bruises, minor lacerations (cuts on the skin surface with minimal bleeding and no exposure of deeper tissue/muscle).

Includes: Lump on the head, abrasion, minor lacerations.

Excludes: Limping (the injury cannot be seen).

Examples: Pedestrian is unconscious on the ground after the crash; his clothes are torn and blood oozes from abrasions. When the ambulance arrives, he is conscious, able to give information and walk around. He goes to the hospital in the ambulance, but is able to sit up and there is no evidence that he is incapacitated.

4. Possible Injury (C) is any injury reported or claimed which is not a fatal, incapacitating, or non-incapacitating evident injury.

Includes: Momentary unconsciousness. Claim of injuries not evident. Limping, complaint of pain, nausea, hysteria.

General: Possible injuries are those which are claimed or reported, or indicated by behavior, but not by wounds.

Example: Occupant complains of pain, but shows no sign of bleeding or wounds; leaves the scene of the motor vehicle traffic crash in a taxi to keep an appointment, and dies. This is a possible injury when classified at the time of leaving the scene.

5. No Injury (O) is a situation in where there is no reason to believe that the person received any bodily harm from the motor vehicle traffic crash in which involved.

Includes: Confusion, excitement, anger. Internal injuries unknown to the injured until after leaving the crash scene.

6. Unknown is when information is not available at the time of the written report.

7. Untimely Death: A death occurring due to causes or injuries unrelated to the crash.

Example: A driver experiences a fatal heart attack prior to running off the road and hitting a tree. If the medical examiner determines that the heart attack killed the operator, then the death is considered untimely. The crash type will be considered an **Injury crash**.

101. Ejected - Use the following codes for whether the operator or passenger was ejected from the vehicle. The term ejected refers to a vehicle occupant being completely or partially thrown from a motor vehicle as a result of a crash.

Ejected

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

102. Air Bag Deployed - If the vehicle is equipped with airbags, enter whether or not any airbags were deployed, entering 1 for “yes”, 2 for “no”, or 3 for “unknown”. If there are no airbags in the vehicle, then identify as “unknown”.

103. Extracted – Enter 1 for “yes, or 2 for “no” if extraction equipment was utilized.

104. Restraint/Safety Equipment – Restraint/Safety Equipment information must be provided for all individuals at the time of the crash. Enter the code number which best describes the type of restraint/safety equipment in use by each person when the crash happened. If a bicyclist is involved in the crash, indicate whether the bicyclist was wearing a helmet. If no helmet was used, code “No Helmet”. If multiple restraint/safety equipment items are being used, code belts or helmets first.

Restraint/Safety Equipment

- | | |
|---|--|
| 0. Unknown | 13. Improper-seat belt |
| 1. None Used | 14. No Helmet |
| 2. Shoulder Belt Only | 15. Helmet |
| 3. Lap Belt Only | 16. Protective Pads Used |
| 4. Shoulder and Lap Belt | 17. Reflective Clothing (jacket, backpack, etc.) |
| 5. Child Safety Restraint | |
| 8. Not Reported | 18. Lighting |
| 9. DOT Compliant Helmet w/Eye Protection | 19. Other |
| 10. DOT Compliant Helmet w/out Eye Protection | 20. Not Applicable |
| 11. Non-DOT Compliant Helmet | |
| 12. Improper-Child Restraint | |

105. P/C-Act (Pedestrian/Cycle Action Codes) - Enter the code that best describes what the pedestrian or cyclist was doing at the time of the crash. This table can be found on overlay 1 of the paper report form pad.

Pedestrian/Cycle Action Codes (used on Page 3)	
1. Improper crossing	9. Other - Explain in Narrative
2. Darting	10. Unknown
3. Lying and/or illegally in roadway	11. No Improper Action
4. Failure to yield right of way	12. Disabled Vehicle Related (working on, pushing, leaving/approaching).
5. Not visible (dark clothing)	13. Entering/Exiting Parked/Standing Vehicle
6. Inattentive (talking, eating, etc.)	14. Improper Turn/Merge
7. Failure to obey traffic signs, signals, or officer	15. Improper Passing
8. Wrong side of road	

106. P/C Loc (Pedestrian/Cycle Location Codes) - Enter the code which best describes where the pedestrian or cyclist was located at the time of the crash. Codes are found at the bottom of Overlay 1.

Pedestrian/Cycle Location Codes (used on Page 3)	
1. Marked Crosswalk at Intersection	10. Sidewalk
2. At Intersection but No Crosswalk	11. Within 10 Feet of Roadway (but Not Shoulder, Median, Sidewalk, or Island)
3. Non-intersection Crosswalk	12. Beyond 10 Feet of Roadway (Within Trafficway)
4. Driveway Access	13. Outside Trafficway/Non-Trafficway Area
5. In Roadway	14. Shared-use Path or Trails
6. Not in Roadway	15. Other
7. Median/Crossing Island	16. Unknown
9. Shoulder/Roadside	

107. EMS Transp – Enter wither the occupant was transported for medical reasons by EMS.

**Medical EMS
Transport**
1. Yes
2. No

108. Alcohol Test - In the box provided for Vehicles 1 and 2 enter the code for information on the alcohol test that is given. If multiple test are given (PBT, FSE, evidentiary) enter the code for the evidentiary test and the results. If evidentiary results are pending, enter the PBT code and results. If only an evidentiary test has been conducted and **results are pending (blood), enter “999” in the test result field.** This indicates that a test result is pending. Check whether the operator was arrested for DUI as well. (NOTE: This field indicates a test was given, not whether law enforcement requested the test. Autopsy test results should also be listed here.)

Alcohol Test

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

Alcohol Test	___	Test Result 0.	___	___	___	BAC	DUI Arrest?	<input type="checkbox"/>	Drug Test	___	Drug Test Result	___	___	___
--------------	-----	----------------	-----	-----	-----	-----	-------------	--------------------------	-----------	-----	------------------	-----	-----	-----

109. Blood Alcohol Concentration (BAC) is the percentage of alcohol in a person’s blood. Record the test result (Blood Alcohol Concentration) in the boxes provided if a test was given. Enter BAC data using the format of the examples below:

Vehicle 1

If Test Result = .05% BAC

Enter data as 0.

0	5	0
---	---	---

If Test Result = .131% BAC

Enter data as 0.

1	3	1
---	---	---

If Test Result = .1% BAC

Enter data as 0.

1	0	0
---	---	---

If the percent concentration is unknown leave blank. (For Web Crash, if the percent concentration is unknown, code as “999”. This field cannot be left blank in the web application.)

Repeat the above steps if a second vehicle were involved using the space provided. If three or more vehicles were involved, utilize additional report forms. Be sure to assign appropriate vehicle numbers. (If submitting electronically, additional pages can be added by using the option in the navigation area on the left side of the screen.)

110. Drug Test - In the box provided for Vehicle 1 enter the code for information on the type of drug test given. Do the same for Vehicle 2.

Drug Test

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

111. Drug Test Result - In the boxes provided for Vehicle 1, enter the codes for the test result. Note that the officer may enter up to four drug test results for each operator. Do the same for Vehicle 2.

Drug Test Result

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

If there was a drug test administered but the results were not available at the time of submitting the crash report (via paper or electronically), code the result as “7. Pending”.

A description of each category of drugs and a drug category reference is located in Appendix I.

STATE OF VERMONT UNIFORM CRASH REPORT

INSTRUCTIONS FOR COMPLETING THE CRASH NARRATIVE, PAGE 2

- 1. Incident Number** - Enter the incident number assigned to this particular crash in the space provided at the top right hand corner of Page 2. (In the web application, the Incident Number will automatically populate from page 1 information.)
- 2. Reporting Agency** - Enter the name of the agency reporting the crash. (In the web application, the Reporting Agency will automatically populate from page 1 information.)
- 3. Crash Narrative** - This space is provided for entry of an appropriate description of the crash occurrence. (In the web application, you may type the narrative directly into the web application narrative page, or you may copy the narrative from a word processing tool or the Spillman table and paste into the web application narrative page. If a law enforcement agency hand writes their narrative, you may scan the narrative and attach the narrative as an “image”.)

Basic Crash Investigation: Investigation Report Outline

The following outline is consistent with the basic crash investigation course at the Vermont Police Academy (VCJTC), incorporating existing material from published sources and professional experience. The outline is intended as a guide for Vermont law enforcement officers completing traffic collision reports. It is a basic outline not designed to be comprehensive in all cases, such as technical exams, speed calculations or commercial vehicles. Nothing here is intended to limit the inclusion of material pertinent to any investigation. The intent is to provide a uniform way of reporting traffic collisions and that users of the reports will be able to do so most efficiently.

Outline for Completing Traffic Collision Narratives

I. Introduction: “Setting the Stage”

The introduction normally contains initial information and observations from proceeding to the scene, arrival and control of the scene and the beginning of the investigation. It is normally not necessary to repeat extensive details of people and vehicles if the information is included on the report form. The more complex or severe the case, the more information may be needed in the introduction. Local practice may also dictate some of the information to be included.

- A.
 - 1. Indicate what you were dispatched to, or how you became aware of the crash and where you responded from.
 - 2. Identify any other emergency services (other police, fire, EMS) or citizens assisting at the scene.
- B.
 - 1. Describe the scene: type of road, type of intersection, type of traffic control (signs, lights, lane markings), road and weather conditions, number of vehicles at the scene or involved (LSA).
- C.
 - 1. Describe rest positions of all traffic units (vehicles, pedestrians, cyclists, etc.): direction facing, relationship to roadway, if overturned, engaged, etc.
 - 2. Indicate positions of injured, if any (e.g. vehicle occupants inside or outside vehicles, already transported from scene, at nearby location, etc.) or indicate no injuries involved/reported.
 - 3. Indicate if CONTROLLED or UNCONTROLLED positions of rest - if controlled, how moved and by whom should appear in *Statements* or *Investigation* sections.

- D. 1. Identification of operators: by license, other ID, verbally, by other party, etc.
- E. 1. Fatality: Notification of Medical Examiner and State's Attorney
 - a. Note time M.E. and S.A. called
 - b. Time deceased pronounced
 - c. Time permission for removal given
 - d. Where deceased taken

II. Statements: "The Human Element"

The report form should already have name, address, DOB and license number for the Operators, so it is not necessary to repeat that information, but it can, of course, be done. The same applies for witnesses. Telephone numbers are useful to have.

Pay attention to correct grammar and syntax when reporting statements. A common type of error is: I asked Operator #2 (Greene) how fast he was going. Greene said, "He was going about the normal speed." Greene would not refer to himself as "he", but "I", so either the quotation is wrong or Greene was describing someone else. Quotes can be an excellent way to convey information, but if misused, tend to be confusing and make the report writer look less professional.

The practical rule is to use the numbers that match the report form and put the operators' last names in parentheses: "Operator #1 (Marin) told me she was pulling out of her driveway and . . ." Witnesses may be numbered.

III. Investigation: "Vehicle and Environment - The Physical Evidence"

This section encompasses all the hard evidence of a case and any analysis of that evidence and information as to how it was documented. Some opinions may be presented here, but generally they go in the Conclusion.

The rules of evidence apply to traffic crash investigation. Evidence must always be: **relevant, material, competent**. Evidence must be collected, documented and preserved using accepted procedures.

- A. Path of travel, point of contact (place of rest is already in the Introduction, but may be repeated here) - indicate both for all traffic units.
- B. Path of travel after collision: indicate, as applicable, how path shown or determined, if there is physical evidence (tire marks, metal marks, debris trail), which supports (or contradicts) statements, disengagement, repeated events, how/by whom moved to controlled rest.

C. Damage to vehicles, objects:

1. location, extent
2. type: contact or induced
3. characteristics: ruboff, imprint, transfer, overlap
4. thrust: direction(s) of force(s)

D. Injuries

We are not medically trained, but injuries can help us determine occupant position in vehicles, match people to damage and the objects that injured them and have legal significance when charging serious law violations.

Articulate how you matched injuries and try to support that with photographs and measurements.

If you are dealing with a serious injury case remember that the legal standard for “serious bodily injury” is in 13 V.S.A. § 1021. Refer to this, not the manual definition of “incapacitating”, before charging a law violation involving an injury element.

E. Fatality

Record how the deceased was identified and account for any personal effects that were recovered. It may be necessary to attend an autopsy to view injuries and match them for occupant placement or to match vehicle damage in a pedestrian crash.

F. Roadway Evidence

1. Tire marks: prints, imprints, skid marks, scuff marks, flat/underinflated tire marks - indicate type(s), number, made by what vehicle and how that was determined, lengths, [chord, middle ordinate for yaw].
2. Metal marks: chips, chops, gouges, grooves, scratches, scrapes - indicate type(s), made by what part of what vehicle, how determined.
3. Damage to fixed objects: caused by what unit, how determined.
4. Debris: liquid; solid; vehicle parts, or material from, or cargo lost; from other object(s).

5. Point of impact: location, how determined. (Remember that tire marks indicate positions of tires, not corner of vehicles.)
6. Traffic control: lane markings, stop/yield signs, traffic or street lights, warning signs, directional arrows, flagperson, police officer.

G. Points of Perception

1. Point of Possible Perception: determine location from assessing the environment and vehicle - this always exists for every traffic unit.
2. Point of Actual Perception: harder to determine precisely depending on available physical evidence - when asking people, have them physically show you.

H. Recording the Evidence

1. Measurements: include all involved in measuring; explain unusual measurements; measurements mentioned in narrative should be on diagram or measurement sheet.
2. Photographs: take at all serious and fatal crashes - note who took photographs, distinguish film or digital, video.

I. Law Violations

1. DUIs need not be detailed here. Simply indicate there was evidence of impairment and processing was done.
2. Status violations (DLS, NL, NR, VNI, DE, INS, etc.) would be covered here. Violations related to the cause of the crash (FYY, ESA, DR, LOP, NO, etc.) are dealt with in the Conclusion.

J. Technical Information/Expert Assistance

Speed calculations, lamp exam, time-distance or other specialized work should only be done by those qualified. Any time such material is presented without a proper foundation, the officer involved risks appearing foolish or presumptuous, which damages credibility. Seek out qualified help and ask for a supplemental report when it is needed. If you are working with new material for the first time, have it checked by someone with more experience before going to court. Good preparation helps build a good professional reputation.

K. Commercial Motor Vehicle Collisions

Commercial vehicle collisions often involve additional complications such as hazardous materials, lengthy road closing and clean-up time. The Vermont Commercial Motor Vehicle Accident Response Team (CVMART) is available to provide technical assistance in the investigation of CMV collisions. For the best results, request that CVMART respond whenever possible and request the officer(s) provide a supplemental report. (Also see AOT LE Bulletin 00-23)

IV. Conclusion: “Putting It All Together”

Most law enforcement reporting is factual. Opinions are limited to those things in which we are expert or have specialized training. In the case of motor vehicle crashes, officers know more than the average citizen by virtue of training and experience. Because those levels of expertise depend on the extent of training and its application, an officer rendering an opinion must be sure to limit conclusions to what can be proven at that level. Therefore, with Basic training, there should be no opinions about speed based on tire mark analysis without support from someone with (at least) At-Scene training. Simple time-distance is available at all levels, but acceleration/deceleration is not taught until the Technical/Advanced level. In all cases, be sensible and do not overstep the bounds of what your certification includes. There is plenty of help available.

The **Conclusion** is the officer’s summation, the opinion or opinions as to **how** and **why** the crash occurred. It must be based on acts already presented in the preceding three sections of the report. No new information should appear in the Conclusion. If there is conflicting information, such as between different statements, or statements and the physical evidence, it is resolved in the Conclusion.

State your conclusion. Summarize the evidence that supports your conclusion, and explain why conflicting information is inaccurate, unreliable or not credible. Everything is based on the facts of the case and the application of your training and experience. It may include assistance of other officers, who may need to write a supplemental report.

The Conclusion is a professional opinion based on fact; it is not a feeling or a hunch. If you cannot fully explain a collision, because an operator has left the scene and cannot be found, someone has died, the evidence has been contaminated or tampered with, and expert help is not enough, then say so. **Never give an opinion you cannot prove with the facts.**

V. Recommendations

The Recommendations section is where law enforcement officers report whether court action will be taken. Also, this section is where any issued VCVCs are recorded as well as whether this case will be sent to the State’s Attorney’s Office.

Options Include:

1. No Action recommended
2. Written warning
3. VCVC

4. Issued a citation to appear in County Superior Court Criminal Division

112. Officer's Signature – The investigating officer should sign in ink.

113. Additional Sheets Attached – Circle “yes” or “no” if additional narrative pages are attached.

If submitting electronically with the web application, all narratives should be in the Narrative section, including any supplemental reports.

Supplemental information can be scanned and attached as an image.

STATE OF VERMONT UNIFORM CRASH REPORT

INSTRUCTIONS FOR COMPLETING THE CRASH DIAGRAM, PAGE 4

The purpose of the crash diagram is to take the guesswork out of the investigation and to demonstrate the location of vehicles and other related physical evidence. It allows reconstruction of the crash scene to determine how it happened. In minor cases, sketches will be sufficient. Major cases, such as fatal crashes, require a finished diagram.

NOTE: Web Crash users may use the online tool or provide a copy of a scanned image using the Diagram/Image feature.

114. Incident Number

Enter the incident number assigned to this crash in the space provided located in the upper right corner of Page 4. (In the web application, the Incident Number will automatically populate from page 1 information.)

115. Vehicle Moved

Circle “yes” or “no” as to whether or not any vehicles were moved prior to the officer’s completion of the crash diagram.

116. Crash Diagram

This space is provided for the reporting officer to draw a diagram of what happened in the crash. If the vehicles were moved prior to the reporting officer’s arrival at the scene of the crash, the information from the investigation should be used to draw the diagram.

(If you are submitting electronically, you can attach either a scanned image of a hand drawn diagram or the jpeg file that was created in a commercial diagramming software tool. Jpeg and Tiff files are acceptable computer file formats.)

What Should be Included on the Diagram

- A. In the upper right hand corner of the diagram box draw an arrow in the circle provided to indicate north.
- B. All streets and highways should be properly labeled with their names and/or numbers.
- C. Number all vehicles the same as they were numbered on Page 1 of the crash report.

- D. Known positions of vehicles, pedestrians and cyclists are illustrated with solid lines. These are locations actually seen by the officer.
- E. Positions “believed” (based on investigation) are illustrated with broken lines.
- F. Identify reference points, reference lines, spots and other features as needed.
- G. Show measurements without measurement lines whenever possible.
- H. The distance and direction to landmarks (intersections, bridges, railroad crossings, mile markers, etc.) should be included and identified by number or name.
- I. Include traffic controls and crosswalks where appropriate.

117. Additional Sheets Attached – Circle “yes” or “no” if additional diagram pages are attached.

Appendix A

Web Crash Data Minimums

Below describes the minimum data required to successfully submit a crash report to the State repository using the Web Crash reporting tool.

If your agency is interested in using the web crash reporting application, and have not yet been contacted by Vermont Agency of Transportation staff, please contact the Crash Help Line at 1-888-374-3011.

Vermont Data Exchange Standard – Crash Data Validation Business Rules
February 11, 2008

Background

Crash reports generated for the State of Vermont are validated using two documents; The XSD or schema definition file which enforces format such as data typing and organization and the XSL or transfer document, which enforces business rules as defined by the Agency of Transportation. This document will focus on business rule validation (XSL) that determines an acceptable crash report.

Each crash report is categorized to one of three crash types; Property, Injury, or Fatal. These types form the basis of how the business rules are organized. The business rules are grouped by crash report section (i.e. header, vehicle, commercial, etc.) and by the crash type: General, Property Damage, Injury and Commercial, and Fatal.

This document will focus on the elements (or data) of the crash report that is being validated from a business rule perspective. Each validation section is broken down by the type of crash and the section of the crash report.

All Crashes - Header: Report Identification, Location, Environment)

Note: The following is a list of rules that apply to all crashes, regardless of the crash type.

Reporting Agency (ORI) – Required.

Report Number – Required.

Crash Date – Required.

Crash Time – Required data field **UNLESS** the time unknown data field is checked

Time Unknown – Time unknown can **ONLY** be checked if there is NO crash time.

City or Town – Required.

Posted Speed – Required.

Crash Type – Required.

Reporting Officer – Required.

Reporting Officer Date – Required.

Last Modified – Required. **This field is set by the application and not by the user.**

Reporting Officer Email – Required. **This field is normally set by the application and not by the user.**

Operator Report Required – Required.

Crash Date greater than Reporting officer date – The Crash date cannot be greater than the reporting officer date.

Location Validation:

1. Level - 1: Latitude and Longitude
 - a. Lat/Long Units, Latitude, Longitude are required. **EITHER** Street Address, TH Number, VT Number, US Number, or I Number is **ALSO** required.
 - b. Valid NAD 1927 and NAD 1983 Formats:
 - i. Longitude/Easting - 99.99999 or 999.99999 or 99.99999W
 - ii. Latitude/Northing - 99.99999 or 99.99999N
 - c. Valid VT State Plane Formats:
 - i. Longitude/Easting - 999999 or 999-99-999 or 999-99-999E
 - ii. Latitude/Northing – 999999 or 999-99-999 or 999-99-999N
2. Level - 2 and 3: Intersection or Along Street
 - i. Street Address, Distance from Nearest Street, Distance from Units , and Direction from Nearest intersecting streets are all required. **EITHER** Intersection With, TH Number, VT Number, US Number, or I Number is **ALSO** required.
3. Level – 4: Along Highway
 - a. Intersection With, Distance from Nearest Street, Distance from Units, and Direction from nearest intersection are all required. **EITHER** TH Number, VT Number, US Number, or I Number is **ALSO** required.
4. Level – 5: Mile Marker
 - a. Mile Marker s (1-3), Distance from Nearest Street, Distance From Units, and Direction from Nearest Intersection are all required.

Mile Marker information incomplete – If **ANY** mile marker is entered, then **ALL** three mile markers are required.

Latitude/Longitude information incomplete – If **either** the latitude, longitude or Lat/Long units are entered, then **ALL** three values are required.

Property Only Damage Crash Type – A crash report with a “PROPERTY” crash type **cannot have any injuries or fatalities.**

Injury Crash Type – A crash report with an “INJURY” crash type **must have at least one injury and No Fatalities.**

Fatal Crash Type – a crash report with a “FATAL” crash type **must have at least one fatality.**

Unit Existence – A crash report **must have at least one vehicle** (or unit).

Fatal or (Commercial and Injury) Crashes - (Header: Report Identification, Location, Environment)

*Note: A commercial crash is any crash where **Commercial Vehicle** is set to yes on at least **one vehicle.***

Direction of Collision – Required.

Traffic Signals – Required.

Weather Condition – Required.

Light Condition – Required.
Road Characteristics – Required.
Road Align – Required.
Road Design – Required.
Road Type – Required.
Surface Condition – Required.
Police Photo Video Taken – Required.
Summary – Required.

Injury Crashes - (Header: Report Identification, Location, Environment)

Summary – Required.

Fatal or Injury Crashes - (Header: Report Identification, Location, Environment)

Road Condition – Required.

All Crashes (Vehicle)

Note: Last Known driver is a person with a person type of 1 (driver), 6 (driver/owner), or 9 (Last Known driver) with a last name of “UNKNOWN”. Person type (6) driver /owner is derived when the “Same as operator” is checked.

More than 1 driver – Only one driver is allowed per vehicle.

More than 1 driver or more than 1 Last Known driver – Only one driver is allowed per vehicle.

Driver and Last known driver exist – Either a driver OR Last Known driver is allowed per vehicle.

Driver and Unoccupied – A driver cannot exist if Unoccupied is true for a given vehicle.

More than 1 owner – Only one owner or driver/owner is allowed per vehicle.

Occupied Vehicle must have a driver – Occupied vehicles (Unoccupied is false) must have a driver.

Vehicle must have an owner – Each vehicle must have and owner.

Vehicle (Unit) Number – Required (Can be derived by the application).

Vehicle (Unit) Number cannot be 0 – The vehicle number cannot be 0 for a vehicle type unit.

Vehicle Registration Number – Required **UNLESS** Last Known Driver is true.

Vehicle Registration Plate Type – Required **UNLESS** Last Known Driver is true).

Vehicle Registration State Code – Required **UNLESS** Last Known Driver is true.

VIN – Required **UNLESS** Last Known Driver is true.

Vehicle Year – Required **UNLESS** Last Known Driver is true.

Vehicle Make – Required **UNLESS** Last Known Driver is true.

Vehicle Model – Required **UNLESS** Last Known Driver is true.

Estimated Speed – Required **UNLESS** Last Known Driver is true.

Direction of Travel – Required **UNLESS** Last Known Driver is true.

Unoccupied – Required **UNLESS** Last Known Driver is true.

Citation/Violation information incomplete – If **EITHER** the citation or a violation is entered, **then both values are required** (true for all three citation/violation data fields).

Trailer information incomplete – if **ANY** of the trailer information data fields are entered, **then all of the trailer information data fields are required**.

Commercial Vehicle – Required **UNLESS** Last Known Driver is true.

Commercial Vehicle Information not found – Commercial information **must exist when the Commercial Vehicle data field is true.**

Fatal or Injury Crashes (Vehicle)

Vehicle 1 Collided with (1) – Required for Vehicle 1 only.

Alcohol Test – Required **UNLESS** Last Known Driver or Unoccupied)

Alcohol Test Result – Required **UNLESS** Last Known Driver, Unoccupied, OR Alcohol Test is 1 (none given), 2 (refused), or blank

Alcohol Test Result exists when Test is 1 or 2 or blank – The Alcohol test result **must be blank if the test was either 1 (none given) , 2 (refused), or blank .**

Drug Test - Required **UNLESS** Last Known Driver or Unoccupied.

Drug Test Result (1) – Required **UNLESS** Last Known Driver or Unoccupied or drug test is 1 (None Given), 2 (refused), or blank.

Drug Test Result (1) or (2) exists when test is 1 or 2 or blank - The drug test result (1)(2) **must be blank if the test was either 1 (none given) , 2 (refused), or blank.**

Apparent Operator Condition (1) – Required **UNLESS** Last Known Driver or Unoccupied.

Fatal or (Commercial and Injury) Crashes (Vehicle)

Defective Equipment (1)– Required.

Contributing Circumstances (1) – Required **UNLESS** Last Known Operator or Unoccupied.

Property Crashes (Vehicle)

Alcohol Test Result – Required when Alcohol Test is not 1 (none given), 2 (refused), or blank.

Alcohol Test Result – must be blank when Alcohol Test is 1 (none given), 2 (refused), or blank.

Drug Test Result (1) – Required **UNLESS** Last Known Driver or Unoccupied or drug test is 1 (None Given), 2 (refused), or blank.

Drug Test Result (1) or (2) exists when test is 1 or 2 or blank - The drug test result (1)(2) **must be blank if the test was either 1 (none given) , 2 (refused), or blank.**

Fatal, Injury, Towed Crashes (Commercial)

Note: This section validates commercial data when the crash is fatal, injury, or at least one vehicle was towed and the driver is not “Last Known Operator”.

Carrier Number US DOT – Required **UNLESS** Carrier Unknown is true.

Inter State Carrier – Required.

Carrier Name – Required.

Carrier Address – Required.

City – Required.

Carrier State Code – Required.

Sources – Required (At least one source must be selected).

Total Number of Axles – Required.

Gross Vehicle Weight Rating – Required.

Gross Vehicle Weight Rating Units – Required.

Vehicle Length – Required.

Vehicle Length Units – Required.

Commercial Trailer Information Incomplete – If **ANY** of the trailer data fields (Length, Units, License Number, State, or Trailer Id), **then all trailer data fields are required.**

Hazmat Placard – Required.

Hazmat Spilled – Required when Hazmat Placard is true.

Hazmat Number – Required when Hazmat Placard is true.

Hazmat Class Number – Required when Hazmat Placard is true.

Vehicle Configuration – Required.

Cargo Body Type – Required.

Sequence of Event (1) – Required.

All Crashes (Operators, Owners, Pedestrians, Bicyclist, Witnesses, Occupants)

Person Type – Required.

Last Name - Required.

First Name – Required **UNLESS** person is an Owner or Last Known Operator or Unoccupied.

Age – **WARNING** if age is either less than 16 or greater than 90 for Operator.

General Rules (Operators only)

License – Required **UNLESS** Last Known Operator.

License State Code - Required **UNLESS** Last Known Operator.

License Class - Required **UNLESS** Last Known Operator.

Address – Required **UNLESS** Last Known Operator.

City – Required **UNLESS** Last Known Operator.

State – Required **UNLESS** Last Known Operator.

Sex – Required **UNLESS** Last Known Operator.

DOB – Required **UNLESS** Last Known Operator.

Seat Belt- – Required **UNLESS** Last Known Operator.

CDL – Required **UNLESS** Last Known Operator.

Fatal/Injury Crashes (Operators only)

Age – Required **UNLESS** Last Known Operator.

All Crashes (Owners only)

Address – Required **UNLESS** Last Known Operator.

City – Required **UNLESS** Last Known Operator.

State – Required **UNLESS** Last Known Operator.

Insurance Company – Required **UNLESS** Last Known Operator.

Insurance Policy – Required **UNLESS** Last Known Operator.

Injury/Fatal Crashes (Operators, occupants)

Seat Location – Required **UNLESS** Last Known Operator.

Injury - Required **UNLESS** Last Known Operator.

Ejected - Required **UNLESS** Last Known Operator.

Restraint - Required **UNLESS** Last Known Operator.

Air Bag Deployed - Required **UNLESS** Last Known Operator.

Extracted - Required **UNLESS** Last Known Operator.

All Crashes (Operators, Occupants)

Seat Location not consistent with Plate Type – Plate type **G (motorcycles)** can only have a seat location of **11 or 12**.

Seat Location not consistent with Plate Type – Plate type **other than G (motorcycles)** can not have a seat location of **11 or 12**.

Seat Location not consistent with Operator – Operator seat location **must be either 1 or 11 (for motorcycles)**

Seat Location not consistent with occupant – Occupant seat location **cannot be 1 or 11**.

All Crashes (Last Known operator only)

Injury – must be blank.

Ejected – must be blank.

Restraint – must be blank.

Air Bag Deployed – must be blank.

Extracted – must be blank.

All Crashes (Pedestrians, Bicyclist)

Pedestrian or Bike indicator – Required (usually set by application).

Injury/Fatal Crashes (Pedestrians, Bicyclist)

Sex – Required.

Age – Required.

Injury – Required.

Pedestrian/Cycle Action – Required.

Pedestrian/Cycle Location – Required.

All Crashes (Property)

Owner Name – Required.

Address – Required.

Damage Description – Required.

All Crashes (Images)





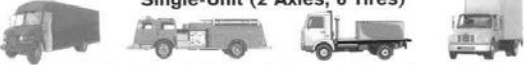




Number of Diagrams – Only **1 image identified as the diagram is allowed**.

Image or Image type incomplete – If **EITHER** the image or the image type has been entered, **then both the image and image type are required**.

Appendix B


**Truck/Bus (Commercial Vehicles):
Vehicle Configuration
&
Cargo Body Type**

Vehicle Configuration

<p>Bus (9-15 Seats, Including Driver)</p> 	<p>Truck/Trailer (Single-Unit Truck Pulling a Trailer)</p> 
<p>Bus (16 or More Seats, Including Driver)</p> 	<p>Truck Tractor (Bobtail)</p> 
<p>Single-Unit (2 Axles, 6 Tires)</p> 	<p>Tractor/Semi Trailer (One Trailer)</p> 
<p>Single-Unit (3 or More Axles)</p> 	<p>Truck Tractor/Double (Two Trailers)</p> 
	<p>Truck Tractor/Triple (Three Trailers)</p> 




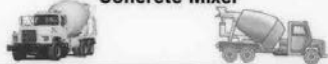





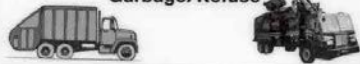




Revised 06/05

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Cargo Body Type

<p>Bus (9-15 Seats, Including Driver)</p> 	<p>Dump</p> 	<p>Pole</p> 
<p>Bus (16 or More Seats, Including Driver)</p> 	<p>Concrete Mixer</p> 	<p>Log</p> 
<p>Van/Enclosed Box</p> 	<p>Auto Transporter</p> 	<p>Intermodal Chassis</p> 
<p>Cargo Tank</p> 	<p>Garbage/Refuse</p> 	<p>Vehicle Towing Motor Vehicle</p> 
<p>Flat Bed</p> 	<p>Grain, Chips, Gravel</p> 	<p>No Cargo Body</p> 

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Appendix C

Reporting Hazardous Materials Information

Reporting Hazardous Materials Information

ACCURATE REPORTING SAVES LIVES

Data you collect is used to calculate risk assessment, determine response methods, and develop regulations. Vehicles carrying hazardous materials are required to carry shipping papers containing the HM Class and ID number (or name). Your Accident or Collision Report/Supplement may ask the following hazardous materials questions (exact wording will vary by State):

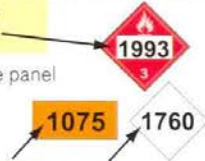
1. DOES THE VEHICLE HAVE A HAZARDOUS MATERIALS PLACARD? YES NO

Placards should be on all four sides of the vehicle. For containers with bulk packages inside, if the required ID# marking is not visible, the transport vehicle must be marked on each side and each end.



2. ENTER THE FOUR-DIGIT NUMBER (OR NAME) FROM THE PLACARD 1 9 9 3

The four-digit number may be on an orange panel or a white "square-on-point" panel. If no four-digit number appears on the placard, enter the Placard Name.



3. ENTER THE HAZARDOUS MATERIALS CLASS NUMBER FROM THE BOTTOM OF THE PLACARD 3

The Class Number can be a one- or two-digit number with a decimal in the middle. 5.1. It is critical for identifying and studying various types of hazardous materials involved in traffic crashes.



4. WAS HAZARDOUS CARGO RELEASED? YES NO

The intent of this question is to determine whether any of the placarded material was released or escaped from its transport container into the environment. Fuel or oil carried by the vehicle for its own use is NOT considered cargo and should not be reported in this section.

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Nine Classes of Hazardous Materials

Class 1: Explosives
Divisions: 1.1, 1.2, 1.3, 1.4, 1.5, 1.6



Class 6: Poison (Toxic) and Poison Inhalation Hazard

Class 2: Gases
Divisions: 2.1, 2.2, 2.3



Class 7: Radioactive

Class 3: Flammable Liquid and Combustible Liquid



Class 8: Corrosive

Class 4: Flammable Solid, Spontaneously Combustible, and Dangerous When Wet
Divisions 4.1, 4.2, 4.3



Class 9: Miscellaneous

Class 5: Oxidizer and Organic Peroxide
Divisions 5.1, 5.2



Dangerous

Revised 06/05

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Appendix D

Commercial Driver's License Class

Commercial Driver's License (CDL)

COMMERCIAL MOTOR VEHICLE GROUPS

Group A (Combination Vehicle)

Any combination of vehicles with a gross combination weight rating (GCWR) of 26,001 pounds or more, provided the gross vehicle weight rating (GVWR) of the vehicle(s) being towed is in excess of 10,000 pounds.



Group B (Heavy Straight Vehicle)

Any single vehicle with a GVWR of 26,001 pounds or more, or any such vehicle towing a vehicle not in excess of 10,000 pounds GVWR.



Group C (Small Vehicle)

Any single vehicle, or combination of vehicles, that meets neither the definition of Group A nor Group B, but is designed to transport 16 or more passengers including the driver, or is used in the transportation of materials found to be hazardous which require the motor vehicle to be placarded. This includes any quantity of chemical or biological material or agent posing a threat to national security, including toxins.



Revised 01/06

Appendix E


**Web Crash Helpful Hints
&
Frequently Asked Questions**

Web Crash

Helpful Hints

- Saving is of the utmost importance. Save as often as possible. A common format to follow for saving is:
 - After finishing the location box.
 - After the Operator & Owner boxes.
 - After the first vehicle box.
 - After you paste the narrative to the narrative page.
- If a popup box that describes field errors or a red “x” appears, those errors **MUST** be corrected before the web page can be saved.
- Please be aware if you have a drop down menu open and you press the Backspace key on your keyboard it will send you the previous web page viewed. This is a web issue and cannot be fixed for this program.
- The Street Address field is for the street address of the crash **NOT** the street address of the law enforcement entity investigating the crash.
- **USE** the drop down menus for License Class and Restrictions. The options in both of these lists are for VERMONT license only. If the license is an Out of State license use option #7 “Other” in the License class field.
- All Canadian zip codes should follow this format:
 - Letter, Number, Letter, Number, Letter, Number, Letter (J7T5R6)
- The Web program has two different audit features. There are warnings and errors. A warning is letting the user know that they may have made a mistake. An error is letting the user know that they have made a mistake and must fix it.
 - Warning: You can still check the report into the repository.
 - Error: You cannot check the report in until you have fixed the error.

Example of a warning:

A rectangular box with a double-line border containing a warning message.

Warning Veh (2) Person (1) Age (92.2) is outside normal range (16 to 90).

Frequently Asked Questions (FAQs)

Q: I started entering a vehicle and realized I do not have another vehicle. How do I delete the vehicle?

A: Use the Delete function in the bottom left corner of EACH vehicle box. See picture below.

OWNER
VEHICLE

Same as Operator

Address [REDACTED]

Telephone [REDACTED]

Reg. No. EGC261

Vehicle Yr. 1992

Make Buick

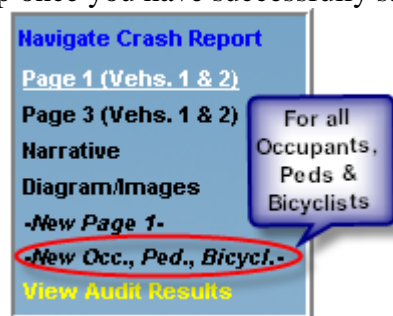
ATV Yes No Snowm

Delete Towed By N/A

Q: I would like to enter a third vehicle. How do I get another page 1?

A: On the left side under Navigate Crash Report there is an option for a New Page 1*.

- This option only shows up once you have successfully saved the TWO vehicles on that page.



Q: An operator had an alcohol test taken but we are awaiting the results. How do I submit a report without the results?

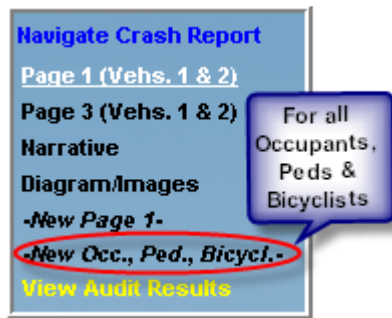
A: Enter 999 into the Test Results field until such time you have the results and can update the crash report.

Q: I have an operator that has more than three citations. Where do I put the citations that do not fit on Page 3?

A: Enter any remaining citations at the end of the Narrative.

Q: I cannot enter any passengers on page 3 because the other spaces are greyed out. Where do I enter them?

A: To enter all occupants, pedestrians and bicyclists please use the link as shown below. All crashes will have this option once they save at least ONE vehicle.



Q: What do I do if I have more than 6 passengers/pedestrians/bicyclists?

A: After saving the 6th person you will get a new option on the left side of the window for *New Occ., Ped., Bicycl.*

Q: What do I put in the age field when there was a child under the Age of 1?

A: The field accepts up to one decimal so a child that is 7 months would be 0.6 years old. (7 months/12 months = 0.6)

Q: I want to attach an image but the program will not allow me to. Why?

#1 - A: The program only accepts JPEG, TIFF & PDF images as attachments. Check to make sure your image is one of these formats.

#2 - A: Make sure you are clicking on the Image button and NOT the Diagram button.

#3 - A: Remember to SAVE in order to get the file uploaded. Once uploaded you will see a thumbnail image of the image you attached.

Q: I am getting the below error message saying I am required to enter the Last Name or vehicle information. What does this mean?



A: You have entered a value into one of the boxes that pertain to Vehicle 2. Check Overlay boxes: O3 & O4; P3 & P4; Q4 & Q5 & Q6 as well as any fields in the Vehicle 2 body. Remove any data that was entered to clear the error message. If error does not clear use the Delete Vehicle option.

Q: I have submitted my crash but would like to change some things on it now. How do I do that?

A: You need to check out the report. You do this by opening the report and then going to the top of the screen and clicking on Entry. From here it will give you the option to Check Out the report. You check out the report, modify it and then you can check it back in.

Appendix F

Officer's Investigation Report form: Snowmobiles and ATVs



STATE OF VERMONT
 AGENCY OF TRANSPORTATION
 DEPARTMENT OF MOTOR VEHICLES
 120 State Street, Montpelier, Vermont 05603-0001
OFFICER'S INVESTIGATION REPORT - SNOWMOBILE ACCIDENT



DATE OF ACCIDENT	DAY OF WEEK	TIME OF DAY <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	INVESTIGATING AGENCY CASE #	DMV CASE #
------------------	-------------	--	-----------------------------	------------

PLACE WHERE ACCIDENT OCCURRED

TOWN	COUNTY
------	--------

EXACT LOCATION OF ACCIDENT (Street, Road, Residence, etc.)

VEHICLE #1

OPERATOR'S NAME	SOCIAL SECURITY #	DATE OF BIRTH	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
STREET, RD, RURAL ROUTE	CITY/TOWN	STATE	ZIP CODE
OWNER'S NAME	REGISTRATION #	STATE OF	SNOWMOBILE MAKE
SERIAL NUMBER (Not engine number)		MODEL	ENGINE

VEHICLE #2

OPERATOR'S NAME	SOCIAL SECURITY #	DATE OF BIRTH	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
STREET, RD, RURAL ROUTE	CITY/TOWN	STATE	ZIP CODE
OWNER'S NAME	REGISTRATION #	STATE OF	SNOWMOBILE MAKE
SERIAL NUMBER (Not engine number)		MODEL	ENGINE

INJURIES

NAME	AGE	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	ON VEHICLE #
ADDRESS:		<input type="checkbox"/> Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other	

NATURE AND EXTENT OF INJURIES

WHERE WAS INJURED TAKEN?

NAME	AGE	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	ON VEHICLE #
ADDRESS:		<input type="checkbox"/> Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other	

NATURE AND EXTENT OF INJURIES

WHERE WAS INJURED TAKEN?

DESCRIBE HOW THE ACCIDENT OCCURRED:

INVESTIGATING OFFICER'S NAME	DATE
SIGNATURE	DEPARTMENT



OFFICER'S INVESTIGATION REPORT
ALL TERRAIN VEHICLE ACCIDENT

State of Vermont
DEPARTMENT OF MOTOR VEHICLES
120 State Street, Montpelier, Vermont 05603-0001
www.aof.state.vt.us

[phone] 802-828-2000
[fax] 802-828-2098
[ttd] 800-253-0191

Agency of Transportation

Date of Accident [] Day of Week [] Hour [] A.M. P.M.

Place of Accident (City/Town) []
(Include the name of the owner of the property where the accident occurred)

Vehicle Number 1

Operator		Date of Birth	
Street Address		City/Town, State, Zip	
Registration Number	Make of Vehicle	Model	Year
Owner		Serial Number	

Vehicle Number 2

Operator		Date of Birth	
Street Address		City/Town, State, Zip	
Registration Number	Make of Vehicle	Model	Year
Owner		Serial Number	

INJURIES	Name	Vehicle Number		
	Address		<input type="checkbox"/> Operator	<input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian
			<input type="checkbox"/> Other (explain)	
	Where Were the Injured Taken?		Nature and Extent of Injuries	
			Name of Doctor Who Treated Injured	

INJURIES	Name	Vehicle Number		
	Address		<input type="checkbox"/> Operator	<input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian
			<input type="checkbox"/> Other (explain)	
	Where Were the Injured Taken?		Nature and Extent of Injuries	
			Name of Doctor Who Treated Injured	

Continued on next page

TA-VA-19 (d) INTERNET 404

Describe How The Accident Occurred:

Name of Investigating Officer (printed):

Investigating Officer's Signature:

Department:

Date:

Appendix G

Drug Test Results: Descriptions and Drug Categories

Categories of Drugs

As provided by Lt. Flannigan, VSP, November 20, 2009

There are seven broad categories that are recognized by the International Drug Evaluation and Classification Program. The categories differ from one to another in terms of how they affect people and in terms of the observable signs of impairment they produce.

Central Nervous System Depressants

This category includes a large number of different drugs. Depressants slow down the operation of the brain and other parts of the central nervous system. Subcategories other than alcohol include; Barbiturates, Non-Barbiturates, Anti-Anxiety Tranquilizers, Anti-Depressants, Anti-Psychotic Tranquilizers and other combinations. Examples include trade name drugs Prozac, Valium and Xanax.

Central Nervous System Stimulants

This category also includes a large number of drugs, all of which act quite differently from the depressants. Central nervous system stimulants impair by "speeding up", or over stimulating the brain. Cocaine and Methamphetamine are examples of CNS stimulants.

Hallucinogens

This category includes some natural, organic substances, and some synthetic chemicals. Hallucinogens impair the user's ability to perceive the world as it really is. Peyote (which comes from a particular variety of cactus) is a naturally occurring hallucinogen. LSD and MDMA (commonly referred to Ecstasy) are examples of a synthetic hallucinogen.

Dissociative Anesthetics

This category consists of various drugs or substances that inhibit pain by cutting off or "disassociating" the brain's perception of pain. PCP and it's analogs are examples of this drug category.

Narcotic Analgesics

This category includes the natural derivatives of opium, such as morphine, heroin, codeine and many others. The category also includes many synthetic drugs, such as Demerol, Methadone and others. All narcotic analgesics relieve pain (that is what "analgesic" means) and produce addiction.

Inhalants

This category includes a large number of breathable chemicals, most of which are familiar household items that can be purchased without prescription. Indeed, most of the things that we call inhalants are not at all intended by their manufacturers to be used as drugs. The inhalants include such things as the volatile solvents found in glue, gasoline, paint thinner, etc; the aerosols found in spray cans, such as hair sprays, insecticides, and similar things; and certain anesthetic gases, such as nitrous oxide and amyl nitrite.

Cannabis

This is the category that includes marijuana. Marijuana comes primarily from the leaves of certain species of Cannabis plants, weeds that grow readily all over the temperate zones of the earth. Hashish is another drug in this category, and consists of the compressed leaves from female Cannabis plants. The active ingredient in both Marijuana and Hashish is a chemical called delta-9 tetrahydrocannabinol, usually abbreviated THC.

Drug Category Reference				
State Toxicology Laboratory, Washington State Patrol				
Drug	Trade Names	DRE Category	Pharmacological Category	Notes from the Lab
6-acetylmorphine		Narcotic Analgesic	Narcotic Analgesic	Heroin metabolite
7-aminoclonazepam	Clonopin®, Klonopin®	CNS Depressant	Benzodiazepine	Clonazepam metab. May not be quantified
7-aminoflunitrazepam	Rohypnol®	CNS Depressant	Benzodiazepine	
9-hydroxyrisperidone	Risperdal®	CNS Depressant (metabolite of)	Anti-psychotic	Not detected by routine drug screen
Acetaminophen		Narcotic Analgesic (mild)	Analgesic	Generally not impairing
Acetone		Inhalant	Solvent	Diabetics & Stimulant users who do not eat can be positive
Alprazolam	Xanax®	CNS Depressant	Benzodiazepine	
Amiripryline	Elavil®, Erdap®	CNS Depressant	Tricyclic Antidepressant	
Amphetamine	Adderall®, Dexedrine®	CNS Stimulant	Stimulant	Used to treat ADHD, met. Of methylamp
Antipyrine		Narcotic Analgesic	Analgesic	Generally not impairing
Artiprazole	Abilify®	CNS Depressant	Anti-psychotic	Not detected by routine drug screen
Atomoxetine	Strattera®	CNS Stimulant (mild)	Treatment of ADHD	Mild stimulant compared to other ADHD drugs
Benzoylcegonine		CNS Stimulant		Cocaine metabolite
Benzphetamine	Direx®	CNS Stimulant	Stimulant	Used to treat obesity; metabolizes to methamphetamine
Brompheniramine	Dimetane®	CNS Depressant	Antihistamine	
Bupivacaine	Marcaine®	Local anesthetic	Local Anaesthetic	Generally not impairing
Buprenorphine	Buprenex®, Subutex®	Narcotic Analgesic	Narcotic Analgesic	
Bupropion	Wellbutrin®, Zylant®	CNS Depressant	Anti-depressant	Generally not impairing
Buspiron	BuSpar®	CNS Depressant	Anxiolytic	
Butabarbital	Butisol®	CNS Depressant	Barbiturate	
Butalbital	Sandoval®	CNS Depressant	Barbiturate	
Caffeine		CNS Stimulant (mild)	Mild stimulant	Generally not impairing; Lab does not routinely report
Cannabinoids		Cannabis		
Carbamazepine	Tegretol®	CNS Depressant	Anti-convulsant; psychiatric med adjunct	
Carboxy-THC		Cannabis		Marijuana metabolite
Carisoprodol	Soma®	CNS Depressant	Muscle Relaxant	Metabolizes to meprobamate
Cathinone	lhat, qat	CNS Stimulant	Stimulant	1/3 potency of amphetamine
Cetirizine	Zyrtec®		Antihistamine	Non-sedating; generally non-impairing
Chlordiazepoxide	Librium®	CNS Depressant	Benzodiazepine	Metabolizes to nordiazepam
Chlorpheniramine	chlortrimaton	CNS Depressant	Antihistamine	
Chlorpromazine	Thorazine®	CNS Depressant	Anti-psychotic	
Cimetidine	Tagamet®	CNS Depressant	Antihistamine	

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Drug Category Reference				
State Toxicology Laboratory, Washington State Patrol				
Drug	Trade Names	DRE Category	Pharmacological Category	Notes from the Lab
Citalopram	Celexa®, Lexapro®	CNS Depressant	SSRI	Mild CNS Depressant, generally not impairing
Clomipramine	Anafранил®	CNS Depressant	Tricyclic Antidepressant	
Clonazepam	Klonopin®, Klonopin®	CNS Depressant	Benzodiazepine	
Clordidine	Catapres®	CNS Depressant (mild)	Anti-hypertensive	
Chlorzepate	Tranxene®	CNS Depressant	Benzodiazepine	Metabolizes to nordiazepam
Clozapine	Clozaril®, Leponex®	CNS Depressant	Anti-psychotic	Used to treat severe schizophrenia
Cocacethylen		CNS Stimulant	Stimulant	Metabolite of combined use of Cocaine & Ethanol
Cocaine		CNS Stimulant	Stimulant	
Codaine		Narcotic Analgesic	Narcotic Analgesic	
Codine				Metabolite of Nicotine; Lab does not routinely report
Cyclobenzaprine	Flexeril®, Lissertl®	CNS Depressant	Tricyclic Antidepressant	Used for short term treatment of back pain
Desalkylfurazepam		CNS Depressant	Benzodiazepine	Metabolite of Flurazepam
Desipramine	Nopramin®, Pertogran®	CNS Depressant	Tricyclic Antidepressant	Also a treat of Imipramine
Desmethyldipram		CNS Depressant	SSRI	Metabolite of Citalopram
Desmethyldipramine		CNS Depressant	Tricyclic Antidepressant	Metabolite of Clomipramine
Desmethyldoxepin		CNS Depressant	Tricyclic Antidepressant	Metabolite of Doxepin
Desmethysetraline		CNS Depressant	SSRI	Metabolite of Sertraline
Desmethytramadol		Narcotic Analgesic	Narcotic Analgesic	Metabolite of Tramadol
Dextromethorphan	many cold and cough meds	125		Can cause hallucinations, psychosis in high doses
Diazepam	Valium®	CNS Depressant	Benzodiazepine	Metabolizes to nordiazepam
Difluoroethane	Dust off®	Inhalant		
Diltiazem	Cardizem®, Tiazac®		Calcium Channel Blocker	Heart Medication
Diphenhydramine	Benadryl®	CNS Depressant	Antihistamine	
Doxepin	Adacin®, Sinequan®, Zonalon®	CNS Depressant	Tricyclic Antidepressant	
Doxylamine	Bendectin®, Unisom®, other cold	CNS Depressant	Antihistamine	
Egoninmethylester		CNS Stimulant	Stimulant	Cocaine metabolite; Lab does not routinely report
EDDP-methadone		Narcotic Analgesic	Narcotic Analgesic	Methadone metabolite; Lab does not routinely report
Ephedrine	Primatene®	CNS Stimulant	Sympathomimetic amine	No longer available commercially
Ethanol		CNS Depressant		
Fentanyl	Duragesic®, Sublimaze®	Narcotic Analgesic	Narcotic Analgesic	Patch, often chewed, extracted and inj.
Flurazepam	Rohypnol®	CNS Depressant	Benzodiazepine	
Fluoxetine	Prozac®	CNS Depressant	SSRI	Generally not impairing

Drug Category Reference				
State Toxicology Laboratory, Washington State Patrol				
Drug	Trade Names	DRE Category	Pharmacological Category	Notes from the Lab
Flurazepam	Dalmane®	CNS Depressant	Benzodiazepine	
Fluvoxamine	Lurox®	CNS Depressant	SSRI	Generally not impairing
Gabapentin	Neurontin®	CNS Depressant	Anti-convulsant	Commonly used for pain, restless leg syndrome
GHB	Xyrem®	CNS Depressant	Anesthetics & Hypnotic	Illegally made, Used to treat narcolepsy
Guaifenesin		CNS Depressant	Cough medicine & veterinary muscle relaxant	Also a metabolite of methocarbamol
Haloperidol	Haldol®	CNS Depressant	Antipsychotic	
Hydrocodone	Vicodin®, Lortab®	Narcotic Analgesic	Narcotic Analgesic	metabolizes to hydromorphone
Hydromorphone	Dilaudid®	Narcotic Analgesic	Narcotic Analgesic	
Hydroxyzine	Atarax®, Vistaril®	CNS Depressant	Antihistamine	Used as an adjunct to pain meds
Ibuprofen	Advil®, Motrin®, Nuprin®	Narcotic Analgesic	Analgesic	Generally not impairing
Imipramine	Tofranil®	CNS Depressant	Tricyclic Antidepressant	Metabolizes to desipramine
Kava	Kava, Kawain	CNS Stimulant		Root of South Asia pepper plant
Ketamine	Ketalar®	Dissociative Anesthetic	Anesthetic	Special K
Lamotrigine	Lamictal®	CNS Depressant	Anti-epileptic	Treats psychiatric disorders, chronic pain
Levetiracetam	Keppra®	CNS Depressant	Anti-epileptic	Treats psychiatric disorders, chronic pain
Levoproparol	Dromoran®	Narcotic Analgesic	Narcotic Analgesic	
Lidocaine	Xylocain®	Local anesthetic	Local Anaesthetic	Treats local wounds, arrhythmia
Lithium		CNS Depressant	Metal	Treatment of mania and severe depression
Lorazepam	Ativan®	CNS Depressant	Benzodiazepine	Needs special test
Loxapine	Daxoline®, Loxitane®	CNS Depressant	Tricyclic Antidepressant	
LSD		Hallucinogen	Hallucinogen	Currently not detected at WSTL, if suspected collect urine
MDA		Hallucinogen (Stimulant)	Sympathomimetic amine	Metabolite of MDMA
MDMA	Ecstasy, "Adam"	Hallucinogen (Stimulant)	Sympathomimetic amine	Stimulant & Hallucinogen
Meclozine	Dramamine®	CNS Depressant	Antihistamine	
Meperidine	Demerol®	Narcotic Analgesic	Narcotic Analgesic	
Meprobarbital	Equinil®, Miltown®	CNS Depressant	CNS Depressant	Also a metabolite of Carisoprodol
Mesoridazine		CNS Depressant	Anti-psychotic	
Mefaxalone	Stelaxin®	CNS Depressant	Muscle relaxant	
Methadone	Methadose®	Narcotic Analgesic	Narcotic Analgesic	Used to tx narcotic addiction and chronic pain
Methamphetamine	(Selegiline®)	CNS Stimulant	Sympathomimetic amine	Treats ADHD, Parkinson's (L-isomer)
Methaqualone	Quaalude®	CNS Depressant	Sedative & Hypnotic	CNS Depressant
Methocarbamol	Robaxin®	CNS Depressant	Sedative & Hypnotic	Muscle relaxant, sedative

DRE Ref

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Drug Category Reference				
State Toxicology Laboratory, Washington State Patrol				
Drug	Trade Names	DRE Category	Pharmacological Category	Notes from the Lab
Methyphenidate	Ritalin®	CNS Stimulant	Phenethylamine Derivative	Used to treat ADHD
Mefenopramide	Reglan®	CNS Depressant	Treatment of Reflux	
Midazolam	Versed®	CNS Depressant	Benzodiazepine	Often used by EMT at scene
Mirtazepine	Remeron®	CNS Depressant	Anti-depressant	
Morphine	Often used by EMT at scene	Narcotic Analgesic	Narcotic Analgesic	Can be metabolite resulting from heroin or codeine use
Naproxen	Aleve®/0000	Narcotic Analgesic	Analgesic	Generally not impairing
N-desalkylflurazepam	Dalmane®	CNS Depressant	Benzodiazepine	Metabolite of Flurazepam
N-desmethytramadol		Narcotic Analgesic	Narcotic Analgesic	Metabolite of Tramadol
Nefazodone	Serzone®	CNS Depressant	Anti-depressant	CNS Depressant
Nordiazepam		CNS Depressant	Benzodiazepine	Generally is metabolite of other benzos
Nonfloxetine		CNS Depressant	SSRI	Metabolite of Fluoxetine
Normeperidine		Narcotic Analgesic	Narcotic Analgesic	Metabolite of Meperidine
Norpropoxyphene		Narcotic Analgesic	Narcotic Analgesic	Metabolite of Propoxyphene
Norsertaline		CNS Depressant	SSRI	Metabolite of Sertaline
Nortriptyline		CNS Depressant	Tricyclic Antidepressant	Also metabolite of amitriptyline
Norvenlafaxine		CNS Depressant	SSRI	Metabolite of Venlafaxine
Norverapamil		CNS Depressant	Anti-anginal	Generally not impairing by itself-heart med
O-desmethyltramadol		Narcotic Analgesic	Narcotic Analgesic	Metabolite of Tramadol
O-desmethyvenlafaxine		CNS Depressant	Metabolite of Venlafaxine	
Olanzapine	Zyprexa®	CNS Depressant	Anti-psychotic	
Oxazepam	Serax®	CNS Depressant	Benzodiazepine	Also metabolite of other benzos
Oxcarbazepine	Trileptal®	CNS Depressant	Anti-convulsant	Treats psychiatric disorders, chronic pain
Oxycodone	Oxycontin®, Percocet®, Percocod	Narcotic Analgesic	Narcotic Analgesic	
Oxymorphone		Narcotic Analgesic	Narcotic Analgesic	Also metabolite of oxycodone
Papa+A155verine	Cerebid®, Pavabid®	Smooth muscle relaxant	Smooth muscle relaxant	Also contaminant of opium
Paroxetine	Paxil®	CNS Depressant	SSRI	Generally not impairing
Phencyclidine	Veinary tranquilizer	Dissociative Anesthetic	Anesthetic	
Phendimetrazine	Bontril®	CNS Stimulant	Anorectic	
Phenobarbital	Luminol®	CNS Depressant	Barbiturate	
Phentermine	Adipex®	CNS Stimulant	Sympathomimetic amine	Anorectic
Phenytoin	Dilantin®	CNS Depressant	Anti-convulsant	Treats psychiatric disorders, chronic pain
Primidone	Mysoline®	CNS Depressant	Barbiturate	

DRE Ref

For further information, call 206 262 6100

Issued 03/19/09

Drug Category Reference				
State Toxicology Laboratory, Washington State Patrol				
Drug	Trade Names	DRE Category	Pharmacological Category	Notes from the Lab
Promethazine	Phegan	CNS Depressant	Phenothiazine	Antihistaminic & antiemetic
Propoxyphene	Darvon®	Narcotic Analgesic	Narcotic Analgesic	
Propranolol	Beta-blocker	CNS Depressant	Anti-hypertensive	
Pseudoephedrine	Sudafed® Cold medications	CNS Stimulant	Sympathomimetic amine	Typically this is pseudoephedrine; lab does not distinguish
Psilocybin	Mushrooms	Hallucinogen	Hallucinogen	If suspected, collect urine
Quetiapine	Seroquil®	CNS Depressant	Neuroleptic	Treatment of psychosis
Risperidone	Risperidal®	CNS Depressant	Anti-psychotic	Treatment of psychosis
Secobarbital	Seconal®	CNS Depressant	Barbiturate	
Seizaline	Zoloft®	CNS Depressant	SSRI	Generally not impairing
Sevoflurane	Ultane®	CNS Depressant	Anesthetic	
Temazepam	Restonil®	CNS Depressant	Benzodiazepine	
THC		Cannabis		active component of marijuana
Theophylline	Bronchodilator			Treats asthma
Thioridazine		CNS Depressant	Phenothiazine	Anti-psychotic
Toluene	Paints & Glue Sniffing	Inhalant		
Topiramate	Topamax	CNS Depressant	Anti-convulsant	
Tramadol	Ultram	Narcotic Analgesic	Narcotic Analgesic	Treats migraines, psychiatric disorders, chronic pain
Trazodone	Desyre®	CNS Depressant	Anti-depressant	
Triazolam	Halcion®	CNS Depressant	Benzodiazepine	
Trimethoprim				Used to treat urinary tract infections
Valproic Acid	Depakote®, Depakene®	CNS Depressant	Anti-convulsant	Tx: psychiatric disorders, chronic pain
Venlafaxine	Effexor®	CNS Depressant	SSNRI	Generally not impairing
Verapamil	Anti-angina, - arrhythmic	CNS Depressant	Antianginal	Generally not impairing-heart med
Zaleplon	Sonata®	CNS Depressant	Sleeping pill	
Ziprasidone	Geodon®	CNS Depressant	Anti-psychotic	Treatment of psychosis
Zolpidem	Ambien®	CNS Depressant	Sleeping pill	
Zopiclone	Imovane®	CNS Depressant	Sleeping pill	
Zonisamide	Excegran®	CNS Depressant	Anti-convulsant	Treats psychiatric disorders, chronic pain