

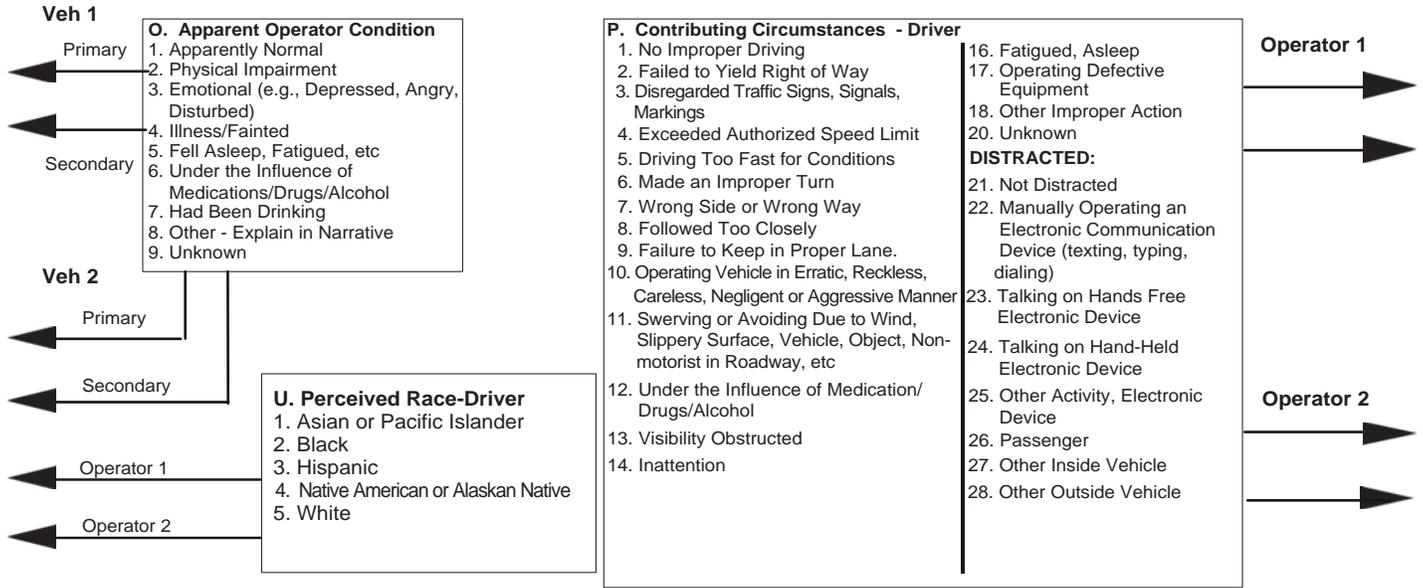
Environmental and Roadway Conditions

<p>A. Crash Type</p> <ol style="list-style-type: none"> 1. Property Damage Only 2. Injury 3. Fatal 	<p>H. Road Characteristics</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <ol style="list-style-type: none"> 1. Not at a Junction 2. Four-way Intersection 3. T-intersection 4. Y-intersection 5. Traffic Circle / Roundabout 6. Five-point, or More 7. On Ramp </td> <td style="width: 50%; border: none;"> <ol style="list-style-type: none"> 8. Off Ramp 9. Crossover 10. Driveway 11. Railway Grade Crossing 12. Shared-use Paths or Trails 13. Parking Lot 14. Unknown 15. Other - Explain in Narrative </td> </tr> </table>	<ol style="list-style-type: none"> 1. Not at a Junction 2. Four-way Intersection 3. T-intersection 4. Y-intersection 5. Traffic Circle / Roundabout 6. Five-point, or More 7. On Ramp 	<ol style="list-style-type: none"> 8. Off Ramp 9. Crossover 10. Driveway 11. Railway Grade Crossing 12. Shared-use Paths or Trails 13. Parking Lot 14. Unknown 15. Other - Explain in Narrative 	
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<p>B. Vehicle 1 Collided With</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <ol style="list-style-type: none"> 1. Pedestrian 2. MV in Traffic 3. MV Parked 4. RR Train 5. Pedalcycle 6. Deer 7. Moose 8. Other Wild Animal 9. Domestic Animal 10. Snowmobile 11. Other Movable Object </td> <td style="width: 50%; border: none;"> <ol style="list-style-type: none"> 12. Overturned 13. Other, Non-collision 14. Guard Rail, Curb 15. Tree 16. Pole, Sign 17. Ledge, Boulder 18. Other Fixed Object 19. Motor Driven Cycle 20. Motorcycle 21. Work Zone Equipment 22. Unknown </td> </tr> </table>	<ol style="list-style-type: none"> 1. Pedestrian 2. MV in Traffic 3. MV Parked 4. RR Train 5. Pedalcycle 6. Deer 7. Moose 8. Other Wild Animal 9. Domestic Animal 10. Snowmobile 11. Other Movable Object 	<ol style="list-style-type: none"> 12. Overturned 13. Other, Non-collision 14. Guard Rail, Curb 15. Tree 16. Pole, Sign 17. Ledge, Boulder 18. Other Fixed Object 19. Motor Driven Cycle 20. Motorcycle 21. Work Zone Equipment 22. Unknown 	<p>I. Road Align</p> <ol style="list-style-type: none"> 1. Straight 4. Unknown 5. Curve Left 6. Curve Right 	<p>J. Road Design</p> <ol style="list-style-type: none"> 2. Hillcrest 3. Bottom of Hill (Sag) 4. Level 5. Unknown 6. Uphill 7. Downhill
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<p>D. Direction of Collision</p> <ol style="list-style-type: none"> 1. Rear End → → 2. Head On → ← 3. Same Direction Sideswipe ⇨ ⇨ 4. Opp Direction Sideswipe ⇨ ⇨ 5. Rear-to-rear ← → <p>6. Single Vehicle Crash</p> <ol style="list-style-type: none"> 7. Other - Explain in Narrative <div style="text-align: center; margin-top: 10px;"> </div>	<p>K. Road Type</p> <ol style="list-style-type: none"> 1. Blacktop 2. Gravel 3. Dirt Trail 4. Concrete 5. Other 6. Unknown 	<p>L. Surface Condition</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <ol style="list-style-type: none"> 1. Dry 2. Wet 3. Snow 4. Ice 5. Sand, Mud, Dirt, Oil, Gravel </td> <td style="width: 50%; border: none;"> <ol style="list-style-type: none"> 6. Water (Standing, Moving) 7. Slush 8. Other - Explain in Narrative 9. Not reported 10. Unknown </td> </tr> </table>	<ol style="list-style-type: none"> 1. Dry 2. Wet 3. Snow 4. Ice 5. Sand, Mud, Dirt, Oil, Gravel 	<ol style="list-style-type: none"> 6. Water (Standing, Moving) 7. Slush 8. Other - Explain in Narrative 9. Not reported 10. Unknown
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<p>F. Weather Conditions</p> <ol style="list-style-type: none"> 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 	<p>E. Traffic Control</p> <ol style="list-style-type: none"> 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 	<p>M. Contributing Road Conditions</p> <ol style="list-style-type: none"> 1. None 2. Road Surface Condition (Wet, Icy, Snow, Slush, etc.) 3. Debris 4. Rut, Holes, Bumps 5. Work Zone (Construction/Maintenance/Utility) 6. Worn, Travel-polished Surface 7. Obstruction in Roadway 8. Traffic Control Device Inoperative, Missing, or Obscured 9. Shoulders (None, Low, Soft, High) 10. Non-highway Work 11. Other - Explain in Narrative 12. Not Reported 13. Unknown 		
<p>G. Light</p> <ol style="list-style-type: none"> 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 	<p>Pedestrian/Cycle Action Codes (used on Page 3)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <ol style="list-style-type: none"> 1. Improper crossing 2. Darting 3. Lying and/or illegally in roadway 4. Failure to yield right of way 5. Not visible (dark clothing) 6. Inattentive (talking, eating, etc.) 7. Failure to obey traffic signs, signals, or officer 8. Wrong side of road </td> <td style="width: 50%; border: none;"> <ol style="list-style-type: none"> 9. Other - Explain in Narrative 10. Unknown 11. No Improper Action 12. Disabled Vehicle Related (working on, pushing, leaving/approaching). 13. Entering/Exiting Parked/Standing Vehicle 14. Improper Turn/Merge 15. Improper Passing </td> </tr> </table>	<ol style="list-style-type: none"> 1. Improper crossing 2. Darting 3. Lying and/or illegally in roadway 4. Failure to yield right of way 5. Not visible (dark clothing) 6. Inattentive (talking, eating, etc.) 7. Failure to obey traffic signs, signals, or officer 8. Wrong side of road 	<ol style="list-style-type: none"> 9. Other - Explain in Narrative 10. Unknown 11. No Improper Action 12. Disabled Vehicle Related (working on, pushing, leaving/approaching). 13. Entering/Exiting Parked/Standing Vehicle 14. Improper Turn/Merge 15. Improper Passing 	<p>N. Police Photo/Video Recording Taken</p> <ol style="list-style-type: none"> 1. Yes 2. No
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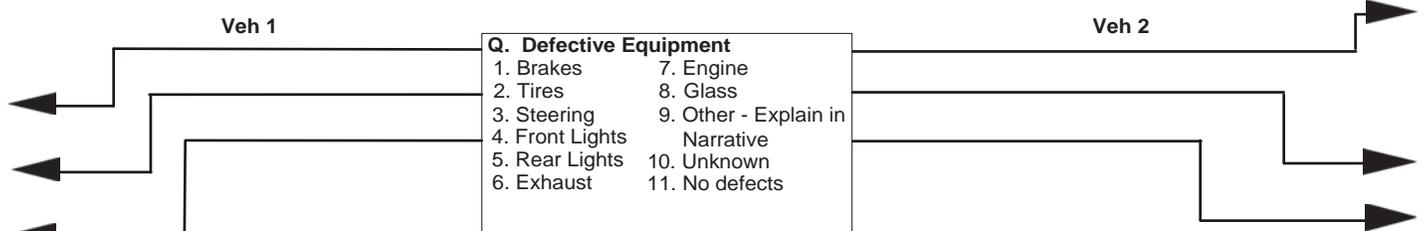
INSTRUCTIONS FOR COMPLETING THE VERMONT UNIFORM CRASH REPORT

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

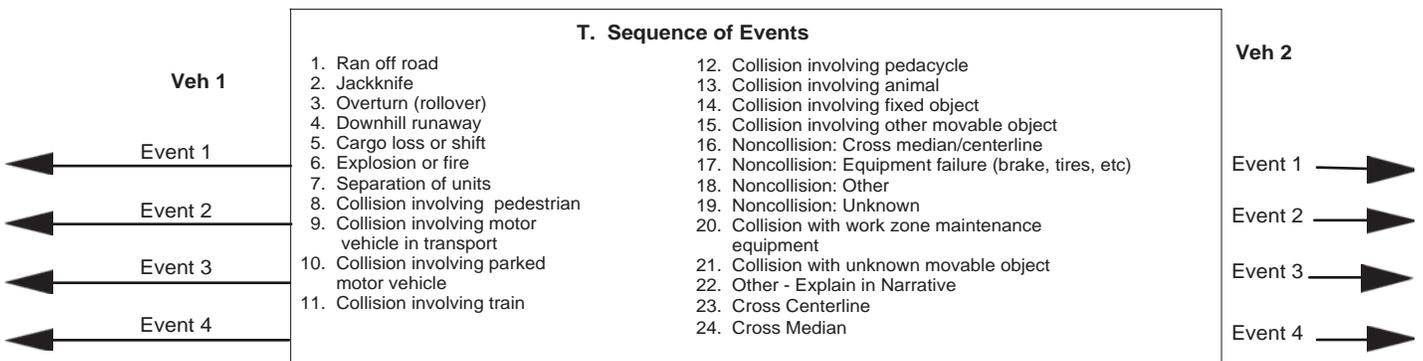
Additional Operator Information



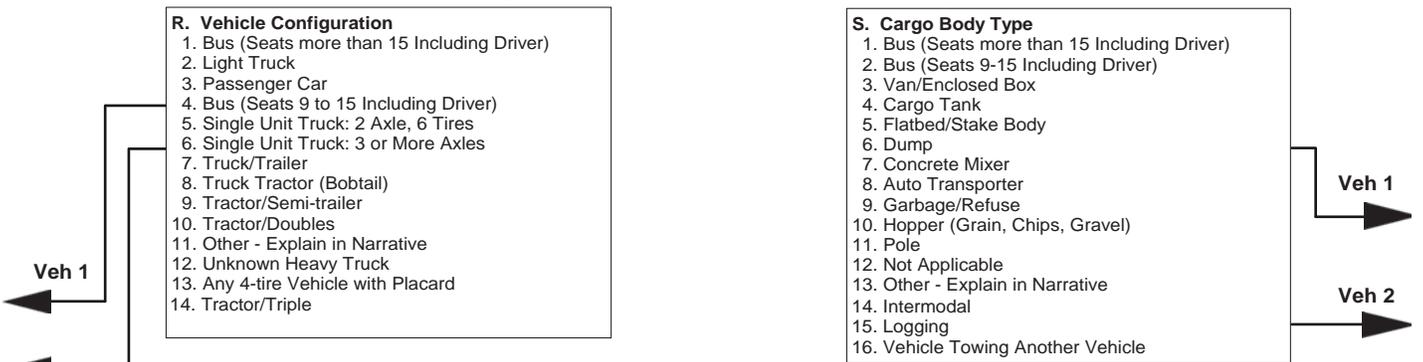
Additional Vehicle Information - All Vehicles



T. Sequence of Events



Only Large Truck/Bus (Commercial Motor Vehicle)



INSTRUCTIONS FOR LARGE TRUCK/BUS (COMMERCIAL MOTOR VEHICLE)

General Instructions

- Complete relevant Large Truck/Bus (CMV) sections of the form when the crash involves:
 - Any truck having a gross vehicle weight rating (GVWR) of more than 10,000 pounds or a gross combination weight rating (GCWR) over 10,000 pounds used on public highways;
 - OR**
 - Any motor vehicle designed to transport 9 or more people, including the driver;
 - OR**
 - Any vehicle displaying a hazardous materials placard (regardless of weight).

AND

- Complete relevant Large Truck/Bus (CMV) sections of the form when the crash involves a vehicle as listed above **and** results **any** of the following:
 - One or more fatalities [including person(s) who die within 30 days of the crash];
 - OR**
 - One or more persons injured and transported from the scene for immediate medical attention;
 - OR**
 - One or more motor vehicles were disabled as a result of the crash and transported away from the scene by a tow truck or other vehicle.
- Crashes involving local, state and federal government owned vehicles should be reported as Large Truck/Bus vehicle crashes. Rented or lease vehicles that meet any of the above vehicle types must also be reported as Large Truck/Bus motor vehicles.

Relevant Sections of Form

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



Complete Overlay 2: "Large Truck/Bus (Commercial Vehicle)" section, boxes R, S, & T,
then



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

Plate Types

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

License Class (Lic Class)

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

Restrictions (Restr)

- | | | |
|---|-----------------------------------|----------------------------------|
| O. None | G-Limit to Daylight Only | P-No Passengers in a CMV Bus |
| A-With Licensed Driver 25 or Older | J-Other-See Separate Card | U-Ignition Interlock Device |
| B-Corrective Lenses | K-CDL Intrastate Only | V-Medical Variance |
| C-Mechanical Devices (adaptive devices) | L-No Air Brakes Equipped CMV | X-Cargo in a CMV Tank Vehicle |
| D-Prosthetic Aid | M-No Class A Passenger Vehicle | Y-Three Wheel MTC Only |
| E-No Manual Transmission Equipped CMV | N-Class A and B Passenger Vehicle | Z-No Full Air Brake Equipped CMV |

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

Carrier's Identification Numbers

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

Carrier's Name _____

Carrier's Address _____ City _____ State _____ Zip _____

Source: _____
(Check all that apply) _____ Vehicle Side _____ Shipping Papers _____ Driver _____ Carrier _____

Vehicle Information

Axles on Vehicle (Including Trailers) _____ GVWR or GCWR _____ lbs or _____ kg

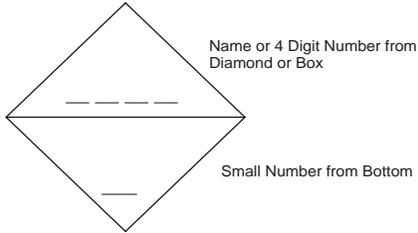
Length of Vehicle (Incl. Trailer) _____ ft _____ meters Length of Trailer _____ ft or _____ meters

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

Trailer 2 License Number _____ State _____ Trailer 2 VIN Number _____

Hazardous Material

Placard: Spill:



Non-commercial Trailer

Vehicle 1

Year _____ Make _____ Model _____ Plate No. _____
State _____

Vehicle 2

Year _____ Make _____ Model _____ Plate No. _____
State _____

Additional Operator Information

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

Vehicle 1
Test Result 0. BAC

**Vehicle 1
DUI Arrest**
Y N

Vehicle 2
Test Result 0. BAC

**Vehicle 2
DUI Arrest**
Y N

Drug Test

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

Veh 1

Veh 2

Drug Test Result

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

Veh 1

Veh 2

Citations issued - Veh 1

Ticket # _____ Violation Code _____

Citations issued - Veh 2

Ticket # _____ Violation Code _____

EMS Run number

EMS Agency

Destination Hospital

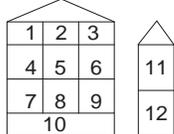
Operators, Occupants, Pedestrians, Cyclists - Excluding Witnesses

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

CODES

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

Seat Location



Injury

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

Restraint

0. Unknown
1. None Used
2. Shoulder Belt
3. Lap Belt Only
4. Shoulder and Lap Belt
5. Child Safety Restraint
8. Not Reported
9. DOT Compliant Helmet w/eye Protection

10. DOT Compliant Helmet w/out Eye Protection

11. Non-DOT Compliant Helmet
12. Improper-Child Restraint
13. Improper-seat belt
14. No Helmet

Ejected

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

Airbag Deployed

1. Yes
2. No
3. Unknown

Extracted

1. Yes
2. No

Medical EMS Transport

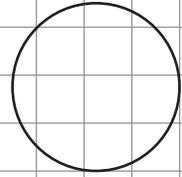
1. Yes
2. No

Pedestrian/Cyclist Codes on Overlay 1

Crash Diagram

Incident Number _____

Vehicle Moved Y N



Indicate North
by Arrow

Additional Sheets Attached: Y N