Environmental and Roadway Conditions

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

B. Vehicle 1 Collided With
1. Pedestrian
2. MV in Traffic
3. MV Parked
4. RR Train
5. Pedalcycle
6. Deer
7. Moose
8. Other Wild Animal
9. Domestic Animal
10. Snowmobile
11. Other Movable Object
12. Overturned
13. Other, Non-collision

C. Direction of Collision
1. Rear End
2. Head On
3. Same Direction Sideswipe
4. Opp Direction Sideswipe
5. Rear-to-front
6. Single Vehicle Crash
7. Other - Explain in Narrative

D. Surface Condition
1. Dry
2. Wet
3. Snow
4. Ice
5. Sand, Mud, Dirt, Oil, Gravel
6. Water (Standing, Moving)
7. Slush
8. Other - Explain in Narrative

E. Traffic Control
1. No Control
2. Stop Signs on Cross St Only
3. Stop Signs on Mainline Only
4. All-way Stop Signs
5. All-way Flasher (Red on Cross Street)
6. All-way Flasher (Red on Mainline)
7. All-way Flasher (Red on All)
8. Yield Signs on Cross Street Only
9. Yield Signs on Mainline Only
10. Traffic Signal (Normal Operation)
11. Traffic Signal (Flashing)
12. Officer
13. Flagman
14. Other - Explain in Narrative
15. Unknown

F. Weather Conditions
1. Clear
2. Cloudy
3. Fog, Smog, Smoke
4. Rain
5. Sleet, Hail (Freezing Rain or Drizzle)
6. Snow
7. Severe Crosswinds
8. Blowing Sand, Soil, Dirt, Snow
9. Other - Explain in Narrative
10. Not Reported
11. Unknown

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

H. Road Characteristics
1. Not at a Junction
2. Four-way Intersection
3. T-intersection
4. Y-intersection
5. Traffic Circle / Roundabout
6. Five-point, or More
7. On Ramp
8. Off Ramp
9. Crossover
10. Driveway
11. Railway Grade Crossing
12. Shared-use Paths or Trails
13. Parking Lot
14. Unknown
15. Other - Explain in Narrative

I. Road Align
1. Straight
2. Curve Left
3. Curve Right

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

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

L. Road Characteristics
1. Not at a Junction
2. Four-way Intersection
3. T-intersection
4. Y-intersection
5. Traffic Circle / Roundabout
6. Five-point, or More
7. On Ramp
8. Off Ramp
9. Crossover
10. Driveway
11. Railway Grade Crossing
12. Shared-use Paths or Trails
13. Parking Lot
14. Unknown
15. Other - Explain in Narrative

M. Contributing Road Conditions
1. None
2. Road Surface Condition
3. Debris
4. Rut, Holes, Bumps
5. Work Zone
6. Worn, Travel-polished Surface
7. Obstruction in Roadway
8. Traffic Control Device Inoperative, Missing, or Obscured
9. Shoulders
10. Non-highway Work
11. Other - Explain in Narrative
12. Not Reported
13. Unknown

N. Police Photo/Video Recording Taken
1. Yes
2. No
INSTRUCTIONS FOR COMPLETING THE VERMONT UNIFORM CRASH REPORT

- Instructions for completing the Uniform Crash Report may be found in the Investigators Guide for Completing the Uniform Crash Report at the Agency of Transportation Website (http://www.vermontcrashmanualonline.com).

- Each form provides space for the reporting of information relative to two vehicles or a vehicle and a pedestrian.

- Each form also provides space for the reporting of information relative to seven involved persons.

- Whenever the number of vehicles or involved persons exceeds the space available on the form, additional forms must be utilized.

- When using additional forms, the third, fourth and fifth vehicles being reported will always be reported as Vehicles #3, #4 and #5 respectively. The preprinted Vehicle 1 and Vehicle 2 should be crossed out and the correct vehicle number substituted accordingly.

- Use United States Postal Service Standard State Abbreviations when entering such information.

- Use the following data entry sequence during the crash investigation:
  1. Complete Page 1 (face page of the report)
  2. Use Overlay 1 to enter data into unshaded boxes
  3. Use Overlay 2 to enter data into shaded boxes, complete relevant sections
  4. Complete Page 3, relevant sections
  5. Complete crash narrative on Page 2, if necessary
  6. Complete crash diagram on Page 4, if necessary

- Be sure to provide each operator with a colored copy of Page 1 of the crash report.

- Be sure that overlay arrows are correctly aligned with the shaded and unshaded boxes on Page 1 of the crash form.

- Be sure to place the cardboard separator between the form being used and the following form in the pad to prevent inadvertent data transfer.
Additional Operator Information

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

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

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

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

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

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

******************************************************************

License Class (Lic Class)

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

Restrictions (Restr)

0. None G-Limit to Daylight Only P-No Passengers in a CMV Bus
A-With Licensed Driver 25 or Older J-Other-See Separate Card U-Ignition Interlock Device
B-Corrective Lenses K-CDL Intrastate Only V-Medical Variance
C-Mechanical Devices (adaptive devices) L-No Air Brakes Equipped CMV X-Cargo in a CMV Tank Vehicle
D-Prosthetic Aid M-No Class A Passenger Vehicle Y-Three Wheel MTC Only
E-No Manual Transmission Equipped CMV N-Class A and B Passenger Vehicle Z-No Full Air Brake Equipped CMV
F-Handicapped: Plate/Placard
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* Operators involved in an accident which results in injury, death, or total property damage equal to $3,000 or more, must file a report with DMV
### LARGE TRUCK/BUS

(Commercial Vehicle)

**Vehicle Number**

**Carrier's Identification Numbers**

- US DOT ___________
- MC/MX ___________
- Interstate Carrier [ ]
- Intrastate Carrier [ ]
- Government [ ]

**Carrier's Name**

**Carrier's Address**

**City**

**State**

**Zip**

**Source:**

- Vehicle Side [ ]
- Shipping Papers [ ]
- Driver [ ]
- Carrier [ ]

**Vehicle Information**

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

**Hazardous Material**

- Placard: [ ]
- Spill: [ ]

**Non-commercial Trailer**

- **Vehicle 1**
  - Year [ ]
  - Make [ ]
  - Model [ ]
  - Plate No. [ ]
  - State [ ]

- **Vehicle 2**
  - Year [ ]
  - Make [ ]
  - Model [ ]
  - Plate No. [ ]
  - State [ ]

**Operator Citation Information**

- 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**

<table>
<thead>
<tr>
<th>Name</th>
<th>Veh#</th>
<th>Type</th>
<th>Sex</th>
<th>Age</th>
<th>Seat</th>
<th>Injury</th>
<th>Eject</th>
<th>Restraint/Safety Equipment</th>
<th>Ejected</th>
<th>Airbag Deployed</th>
<th>Alcohol Test</th>
<th>Test Result</th>
<th>BAC</th>
<th>DUI Arrest?</th>
<th>Drug Test</th>
<th>Drug Test Result</th>
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</table>

**CODES**

**Type**

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

**Seat Location**

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12

**Alcohol Test**

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

**Drug Test**

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

**Pedestrian/Cyclist Codes on Overlay 1**

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

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

**Ejected**

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

**Airbag Deployed**

- 1. Yes
- 2. No

**Drug Test Result**

- 1. Pending
- 2. Narcotic
- 3. Analgesic
- 4. System Depressants
- 5. Central Nervous System Stimulants
- 6. Hallucinogens
- 7. Dissociative Anesthetics