### 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

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

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

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

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

#### G. Light
1. Daylight
2. Dawn
3. Dusk
4. Dark - Lighted
5. Dark - Not Lighted
6. Dark - Unknown
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
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. Surface Condition
1. Dry
2. Wet
3. Snow
4. Ice
5. Sand, Mud, Dirt, Oil
6. Water (Standing, Moving)
7. Slush
8. Other - Explain in Narrative
9. Not reported
10. Unknown

#### 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 (None, Low, Soft, High)
10. Non-highway Work
11. Other - Explain in Narrative
12. Not Reported
13. Unknown

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

---

**Overlay 1**
INSTRUCTIONS FOR COMPLETING THE VERMONT UNIFORM CRASH REPORT

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

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

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

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

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

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

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

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

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

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

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

### 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

### U. Perceived Race-Driver
1. Asian or Pacific Islander
2. Black
3. Hispanic
4. Native American or Alaskan Native
5. White
6. Other - Explain in Narrative

## Additional Vehicle Information - All Vehicles

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

## T. Sequence of Events

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

### Veh 2
Event 1
Event 2
Event 3
Event 4

## Only Large Truck/Bus (Commercial Motor Vehicle)

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

### 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

## Other Vehicle Configuration
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
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)

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

Restrictions (Restr)

0. None A-With Licensed Driver 25 or Older G-Limit to Daylight Only P-No Passengers in a CMV Bus
B-Corrective Lenses J-Other-See Separate Card U-Ignition Interlock Device
C-Mechanical Devices (adaptive devices) K-CDL Intrastate Only V-Medical Variance
D-Prosthetic Aid L-No Air Brakes Equipped CMV X-Cargo in a CMV Tank Vehicle
E-No Manual Transmission Equipped CMV M-No Class A Passenger Vehicle Y-Three Wheel MTC Only
F. Moveable Dealer Plates N-Class A and B Passenger Vehicle Z-No Full Air Brake Equipped CMV
G. Special - Unspecified H. Special - Unspecified
<table>
<thead>
<tr>
<th>Column</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incident Number</td>
<td>Reporting Agency</td>
</tr>
<tr>
<td>City/Town</td>
<td>Street Address</td>
</tr>
</tbody>
</table>

### Certification
- **Reporting Agency Date**
- **Street Address**
- **Distance (From Nearest Int. St)**
- **Direction (From Nearest Int. St)**
- N S E W
- **Telephone**
- **Address**
- **City/Town**
- **State**
- **Zip**

### Operator Information
- **Name:**
- **State**
- **Lic Class**
- **DOB**
- **Sex**
- **Restrictions**
- **No Driver**
- **Seat Belt**
- **CDL**

### Vehicle Information
- **Vehicle Yr.**
- **State**
- **Make**
- **Model**
- **ATV**
- **Snowmobile**
- **Towed By**
- **Towed Due to Disabling Damage:**
- **Y N**
- **Plate Type**
- **VIN**
- **Posted Speed**
- **Direction of Travel**
- N S E W
- **Est. Speed**
- **Comm Veh**
- **Y N**

### Other Persons and Witnesses Involved
- **Name:**
- **DOB**
- **Address**
- **Phone**

### Other Details
- **Non-vehicle Property Damage**
- **Owner**
- **Address**
- **Phone**

### Operators
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.
<table>
<thead>
<tr>
<th>Carrier's Identification Numbers</th>
<th>Large Truck/Bus (Commercial Motor Vehicle)</th>
</tr>
</thead>
<tbody>
<tr>
<td>US DOT__________________________</td>
<td>MC/MX__________________________</td>
</tr>
<tr>
<td>Carrier's Name__________________</td>
<td>City__________________</td>
</tr>
<tr>
<td>Carrier's Address________________</td>
<td>Source: (Check all that apply) Vehicle Side Shipping Papers Driver Carrier</td>
</tr>
<tr>
<td>Vehicle Information______________</td>
<td>Axles on Vehicle (Including Trailers) ☐ GVWR or ☐ GCWR _______ lbs or _______ kg</td>
</tr>
<tr>
<td></td>
<td>Length of Vehicle (Incl. Trailer) ______ ft or ______ meters</td>
</tr>
<tr>
<td></td>
<td>Trailer 1 License Number________</td>
</tr>
<tr>
<td></td>
<td>Trailer 2 License Number________</td>
</tr>
<tr>
<td>Hazardous Material_______________</td>
<td>Placard: ☐ Split:☐</td>
</tr>
<tr>
<td></td>
<td>Name or 4 Digit Number from Diamond or Box</td>
</tr>
<tr>
<td></td>
<td>Small Number from Bottom</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Non-commercial Trailer</th>
<th>Vehicle 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year __ Make __ Model __</td>
<td>Plate No.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vehicle 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year __ Make __ Model __</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Additional Operator Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol Test</td>
</tr>
<tr>
<td>1. None Given</td>
</tr>
<tr>
<td>2. Refused</td>
</tr>
<tr>
<td>3. Blood/Serum</td>
</tr>
<tr>
<td>4. Urine</td>
</tr>
<tr>
<td>5. Other</td>
</tr>
<tr>
<td>6. Breath Preliminary</td>
</tr>
<tr>
<td>7. Breath Evidentiy</td>
</tr>
<tr>
<td>Test Result 0. ☐ ☐ BAC</td>
</tr>
</tbody>
</table>

| Drug Test |
| 1. None Given |
| 2. Refused |
| 3. Blood/Serum |
| 4. Urine |
| 5. Other |
| 6. Breath Preliminary |
| 7. Breath Evidentiy |
| Veh 1 ☐ ☐ |

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

| Citations issued - Veh 1 |
| Ticket # ____________ ____________ | Violation Code ____________ ____________ |

| Citations issued - Veh 2 |
| Ticket # ____________ ____________ | Violation Code ____________ ____________ |

<table>
<thead>
<tr>
<th>EMS Run number</th>
<th>EMS Agency</th>
<th>Destination Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operators, Occupants, Pedestrians, Cyclists - Excluding Witnesses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Veh #</td>
<td>Type</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CODES</th>
<th>Seat Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type</td>
<td>1. Operator</td>
</tr>
<tr>
<td></td>
<td>2. Occupant</td>
</tr>
<tr>
<td></td>
<td>3. Pedestrian</td>
</tr>
<tr>
<td></td>
<td>4. Bicyclist</td>
</tr>
<tr>
<td></td>
<td>5. Unknown</td>
</tr>
<tr>
<td>Injury</td>
<td>1. Fatal</td>
</tr>
<tr>
<td></td>
<td>2. Injury - Incapacitating</td>
</tr>
<tr>
<td></td>
<td>3. Injury - Non-incapacitating</td>
</tr>
<tr>
<td></td>
<td>4. Possible Injury</td>
</tr>
<tr>
<td></td>
<td>5. No Injury</td>
</tr>
<tr>
<td></td>
<td>6. Unknown</td>
</tr>
<tr>
<td></td>
<td>7. Untimely Death</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pedestrian/Cyclist Codes on Overlay 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Restraint</td>
</tr>
<tr>
<td>1. None Used</td>
</tr>
<tr>
<td>2. Shoulder Belt</td>
</tr>
<tr>
<td>3. Lap Belt Only</td>
</tr>
<tr>
<td>4. Shoulder and Lap Belt</td>
</tr>
<tr>
<td>5. Child Safety Restraint</td>
</tr>
<tr>
<td>6. Not Reported</td>
</tr>
<tr>
<td>9. DOT Compliant Helmet w/eye Protection</td>
</tr>
<tr>
<td>10. DOT Compliant Helmet w/o Eye Protection</td>
</tr>
<tr>
<td>11. Non-DOT Compliant Helmet</td>
</tr>
<tr>
<td>12. Improper-Child Restraint</td>
</tr>
<tr>
<td>13. Improper-seat belt</td>
</tr>
<tr>
<td>14. No Helmet</td>
</tr>
<tr>
<td>Ejected</td>
</tr>
<tr>
<td>2. Totally Ejected</td>
</tr>
<tr>
<td>3. Partially Ejected</td>
</tr>
<tr>
<td>4. Not Reported</td>
</tr>
<tr>
<td>5. Unknown</td>
</tr>
<tr>
<td>Extracted</td>
</tr>
<tr>
<td>2. No</td>
</tr>
<tr>
<td>Airbag Deployed</td>
</tr>
<tr>
<td>2. No</td>
</tr>
<tr>
<td>Medical EMS Transport</td>
</tr>
<tr>
<td>2. No</td>
</tr>
</tbody>
</table>