

CONNECTICUT UNIFORM POLICE CRASH REPORT

Number of Motor Vehicles: 1

Automobiles, Motorcycles, etc.

Form PR-1 REV June 2014.01

Case Number: 20043276

Number of Non-Motorists: 1

Pedestrians, Bicyclists, etc.

Crash Summary (Front)

DOT Identifier:

For DOT use only

CRASH DATE, TIME, SEVERITY, AND LOCATION

Date of Crash (YYYYMMDD)

2 0 2 0 1 2 2 9

Time (0000-2359)

1 8 0 0

Town Name

New Haven

Town #

93

Crash Severity

☐ Fatal ☒ Injury ☐ PDO

Latitude

41.2938

Crash occurred on (street name or route #) at its intersection with (street name or route #)

ELLA T GRASSO BLVD

at

Longitude

-72.9448

If not at an intersection: distance

200

☒ Feet☐ Tenths of Mile

N, S, E, W

N

name of nearest intersecting road, town line, or mile marker

ADELINE ST

For all numeric fields: 99 = 'Unknown'

CRASH FACTORS AND CONDITIONS

TRAFFICWAY OWNERSHIP

01. Public Road
02. Private Road
88. Not Applicable

1

TRAFFICWAY CLASS

01. Trafficway, On Road
02. Trafficway, Not on Road
03. Non-Trafficway
04. Parking Lot

1

LIGHT CONDITIONS

01. Daylight
02. Dawn
03. Dusk
04. Dark- Lighted
05. Dark- Not Lighted
06. Dark Unknown Lighting
97. Other

4

WEATHER CONDITIONS (choose up to 2)

01. Clear
02. Cloudy
03. Fog, Smog, Smoke
04. Rain
05. Sleet or Hail
06. Freezing Rain/Drizzle
07. Snow
08. Blowing Snow
09. Severe Crosswinds
10. Blowing Sand, Soil, Dirt
88. Not Applicable
97. Other

1

1

TRAFFICWAY SURFACE CONDITIONS

01. Dry
02. Wet
03. Snow
04. Slush
05. Ice/Frost
06. Moving Water
07. Sand
08. Mud, Dirt, Gravel
09. Oil
10. Standing Water
97. Other

1

LOCATION OF FIRST HARMFUL EVENT

01. On Roadway
02. Shoulder
03. Median
04. Roadside
05. Gore
06. Separator
07. In Parking Lane or Zone
08. Off-Roadway Location Unknown
09. Outside Right-of-Way (trafficway)
97. Other

1

CRASH-SPECIFIC LOCATION

01. Non-Junction
02. Intersection
03. Intersection-Related
04. Entrance / Exit Ramp
05. Entrance / Exit Ramp-Related
06. Railway Grade Crossing
07. Crossover-Related
08. Driveway Access
09. Driveway Access-Related
10. Shared-Use Path or Trail
11. Through Roadway
12. Acceleration / Deceleration Lane
13. On A Bridge
14. HOV Lane
15. Service or Rest Area
16. Weigh Station
17. Other Location Not Listed Above
 Within an Interchange Area
 (median, shoulder and roadside)
97. Other

1

TYPE OF INTERSECTION

01. Not an Intersection
02. Four-Way Intersection
03. T-Intersection
04. Y-Intersection
05. L-Intersection
06. Traffic Circle
07. Roundabout
08. Five-Point, or More

1

SCHOOL BUS RELATED

01. No
02. Yes, a school bus was directly involved
03. Yes, a school bus was indirectly involved

1

FIRST HARMFUL EVENT

Non-Collision:

01. Overtum/Rollover
02. Fire / Explosion
03. Immersion, Full or Partial
04. Jackknife
05. Cargo/Equipment Loss or Shift
06. Fell/Jumped from Vehicle
07. Thrown or Falling Object
08. Other Non-Collision

9

Collision with Person, Vehicle, or Non-Fixed Object:

09. Pedestrian
10. Pedal cycle/Pedal-cyclist
11. Other Non-motorist
12. Railway Vehicle (train, engine)
13. Deer
14. Animal Other Than Deer (live)
15. Motor Vehicle in Operation
16. Parked Motor Vehicle
17. Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle
18. Work Zone/Maintenance Equipment
19. Other Non-Fixed Object

Collision With Fixed Object:

19. Impact Attenuator/Crash Cushion
20. Bridge Overhead Structure
21. Bridge Pier or Support
22. Bridge Rail
23. Cable Barrier
24. Culvert
25. Curb
26. Ditch
27. Embankment
28. Guardrail Face
29. Guardrail End
30. Concrete Traffic Barrier
31. Other Traffic Barrier
32. Tree (standing)
33. Utility Pole/Light Support
34. Traffic Sign Support
35. Traffic Signal Support
36. Fence
37. Mailbox
38. Other Post, Pole or Support
39. Other Fixed Object (wall, building, tunnel, etc.)

MANNER OF IMPACT

(Applies to: multi-vehicle crashes)

01. Front to Rear
02. Front to Front
03. Angle
04. Sideswipe, Same Direction
05. Sideswipe, Opposite Direction
06. Rear to Side
07. Rear to Rear
88. Not Applicable
97. Other

88

CONTRIBUTING CIRCUMSTANCES, ENVIRONMENTAL (choose up to 3)

00. None
01. Weather Conditions
02. Visual Obstruction(s)
03. Glare
04. Animal(s) in Roadway
88. Not Applicable
97. Other

0

88

88

CONTRIBUTING CIRCUMSTANCES, ROAD (choose up to 3)

00. None
01. Backup Due to Prior Crash
02. Backup Due to Prior Non-recurring Incident
03. Backup Due to Regular Congestion
04. Toll Booth/Plaza Related
05. Road Surface Condition (wet, icy, snow, slush, etc.)
06. Debris
07. Ruts, Holes, Bumps
08. Work Zone (construction/ maintenance/utility)
09. Worn, Travel-Polished Surface
10. Obstruction in Roadway
11. Traffic Control Device Inoperative, Missing, or Obscured
12. Shoulder (none, low, soft, high)
13. Non-Highway Work
88. Not Applicable
97. Other

0

88

88

For all numeric fields: 99 = 'Unknown'

WORK ZONE CRASH INFORMATION

Complete all for crashes occurring in a Work Zone

WORK ZONE

01. No
02. Yes

1

LOCATION

01. Before the First Work Zone Warning Sign
02. Advance Warning Area
03. Transition Area
04. Activity Area
05. Termination Area
88. Not Applicable

88

TYPE

01. Lane Closure
02. Lane Shift / Crossover
03. Work on Shoulder or Median
04. Intermittent or Moving Work
88. Not Applicable
97. Other

88

WORKERS PRESENT

01. No
02. Yes
88. Not Applicable

88

ENFORCEMENT PRESENT

01. No
02. Yes
88. Not Applicable

88

CONNECTICUT UNIFORM POLICE CRASH REPORT

Form PR-1 REV June 2014.01

Case Number: 20043276

Crash Summary (Back)

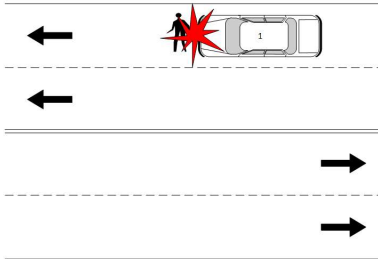
DOT Identifier:
For DOT use only

DIAGRAM



Indicate North

520 Ella T Grasso Blvd



ELLA T GRASSO BLVD

Drawing Not To Scale

☐ Vehicles were moved prior to police arrival

NARRATIVE

Officers Narrative: Describe any unusual circumstances associated with the crash, including officer's observations.

Refer to each by motor vehicle number and/or non-motorist number

On December 29, 2020, at approximately 1801 hours, multiple Officers from the Hill Section of this City were dispatched to 520 Ella T Grasso Boulevard for a pedestrian struck.

Op1 stated she was driving southbound in the right lane on Ella T Grasso Boulevard and Person2 walked out into the road where there was no crosswalk present. Op1 struck Person2. Op1 denied medical attention.

Person2 was unconscious on scene and was transported to Yale New Haven Hospital for his injuries. Person2 had no identification. Refer to my initial report for further information.

I observed front end damage to vehicle 1 and Person2 had injuries and was lying on the right lane of the road.

Based on my observations and Op1's statement, I find Person2 at fault for C.G.S 14-300B(B) Failure to Cross at Crosswalk.

This investigation was captured via my BWC. Nothing further.

Related Incident Number		Officer First Name Luis	Officer Last Name Pena	Badge Number 223	Police Agency Code CT0009300							
Case Status O - Open C - Closed C	Officer Signature: Luis Pena		Supervisor: Kenneth King									
Date & Time :	2	0	2	0	1	2	3	0	0	4	0	0
Date & Time :	2	0	2	0	1	2	2	9	2	3	1	4

☐ This report is a revision to a previously submitted report

00000001

CONNECTICUT UNIFORM POLICE CRASH REPORT

Motor Vehicle ID:

1

Form PR-1 REV June 2014.01

Case Number:

20043276

Number of occupants in Vehicle :

1

Motor Vehicle Information (Front)

Complete One Sheet Per Motor Vehicle

DOT Identifier:

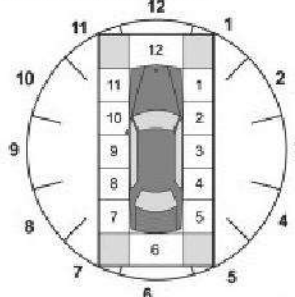
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MOTOR VEHICLE INFORMATION

VIN: <input type="text"/>	<input type="checkbox"/> VIN missing or removed	Plate #: <input type="text"/>	<input type="checkbox"/> Invalid Plate
Make: <input type="text"/>	<input type="checkbox"/> Driver Evaded Responsibility	Plate State: <input type="text"/>	<input type="checkbox"/> No Plate
Model: <input type="text"/>	Year: <input type="text"/>	Direction of Travel N, S, E, W	Total lanes in roadway: <input type="text"/>
Road on which vehicle was traveling: <input type="text"/>	<input type="text"/>	<input type="checkbox"/> Vehicle was not in roadway	<input type="checkbox"/> Bike lanes/sharrows present
	<input type="checkbox"/> Unknown direction		

For all numeric fields: 99 = 'Unknown'

MOTOR VEHICLE CRASH INFORMATION

SEQUENCE OF EVENTS (choose up to four, in chronological order) Non-Collision 01. Overtum/Rollover 02. Fire / Explosion 03. Immersion, Full or Partial 04. Jackknife 05. Cargo/Equipment Loss or Shift 06. Equipment Failure (blown tire, brake failure, etc) 07. Separation of Units 08. Ran Off Roadway Right 09. Ran Off Roadway Left 10. Cross Median 11. Cross Center Line 12. Downhill Runaway 13. Fell/Jumped From Motor Vehicle 14. Reentering Roadway 15. Thrown or Falling Object 16. Other Non-Collision Collision With Person, Motor Vehicle, or Non-Fixed Object 17. Pedestrian 18. Pedal Cycle/Pedal-cyclist 19. Other Non-motorist 20. Railway Vehicle (train, engine) 21. Animal (live) 22. Motor Vehicle In Motion 23. Parked Motor Vehicle 24. Struck By Falling, Shifting Cargo or Anything Set In Motion By Motor Vehicle 25. Work Zone/Maintenance Equipment 26. Other Non-Fixed Object Collision With Fixed Object 27. Impact Attenuator/Crash Cushion 28. Bridge Overhead Structure 29. Bridge Pier or Support 30. Bridge Rail 31. Cable Barrier 32. Culvert 33. Curb 34. Ditch 35. Embankment 36. Guardrail Face 37. Guardrail End 38. Concrete Traffic Barrier 39. Other Traffic Barrier 40. Tree (standing) 41. Utility Pole 42. Traffic Sign Support 43. Traffic Signal Support 44. Other Post, Pole, or Support 45. Fence 46. Mailbox 47. Other Fixed Object (wall, building, tunnel, etc.) 48. Light Support 88. Not Applicable	MOTOR VEHICLE ACTION 01. Straight Ahead 02. Negotiating a Curve 03. Backing 04. Changing Lanes 05. Overtaking/Passing Motor Vehicle 06. Turning Right 07. Turning Left 08. Making U-Turn 09. Leaving Traffic Lane 10. Entering Traffic Lane 11. Slowing 12. Parked 13. Stopped in Traffic 14. Overtaking/Passing Cyclist 15. Wrong Way or Wrong Side 16. Traveling in Bike Lane 97. Other CONTRIBUTING CIRCUMSTANCES MOTOR VEHICLE (choose up to 2) 00. None 01. Brakes 02. Exhaust System 03. Body, Doors 04. Steering 05. Power Train 06. Suspension 07. Tires 08. Wheels 09. Lights (head, signal, tail) 10. Windows/Windshield 11. Mirrors 12. Wipers 13. Truck Coupling / Trailer Hitch / Safety Chains 88. Not Applicable 97. Other POSTED/STATUTORY SPEED LIMIT (record the posted/statutory value as miles per hour) 01. Not Posted 10, 15, 20, 25, 30, 35, 40, 45 50, 55, 60, 65, 70, 75, 80, 85 88. Not Applicable TOWED 01. Towed Due to Disabling Damage 02. Towed, But Not Due to Disabling Damage 03. Not Towed TOWED TO	BODY TYPE 01. Passenger Car 02. (Sport) Utility Vehicle 03. Passenger Van 04. Cargo Van (<10,000 lbs GVWR) 05. Pickup 06. Motor Home 07. School Bus 08. Transit Bus 09. Motor Coach 10. Other Bus 11. Motorcycle 12. Moped 13. Low Speed Vehicle 14. Golf Cart 15. All Terrain Vehicle (ATV) 16. Snowmobile 17. Other Light Trucks (10,000 lbs GVWR or less) 18. Medium/Heavy Trucks (more than 10,000 lbs GVWR) 97. Other MOTOR VEHICLE DAMAGE  Use diagram above for values 1-12 See user guide for other vehicle diagrams. Initial Contact Point 13. Non-Collision 14. Top 15. Undercarriage 16. Cargo loss Damaged Areas (choose up to 3) 00. None 14. Top 15. Undercarriage 17. All Areas 88. Not Applicable EXTENT OF DAMAGE 01. No Visible Damage 02. Minor Damage 03. Functional Damage 04. Disabling Damage	MOTOR VEHICLE TYPE 01. Motor Vehicle in Operation 02. Parked Motor Vehicle 03. Working Vehicle/Equipment 04. Non-Collision Vehicle TRAFFICWAY DESCRIPTION 01. Two-Way, Not Divided 02. Two-Way, Not Divided w/ a Continuous Left Turn Lane 03. Two-Way, Divided, Unprotected (Painted >4 Feet) Median 04. Two-Way, Divided, Positive Median Barrier 05. One-Way Trafficway 88. Not Applicable ROADWAY GRADE 01. Level 02. Uphill 03. Hill Crest 04. Downhill 05. Sag (bottom) ROADWAY ALIGNMENT 01. Straight 02. Curve Left 03. Curve Right TRAFFIC CONTROL DEVICE TYPE 01. No Control Device 02. Person (flagger, law enforcement, crossing guard, etc.) 03. Traffic Control Signal 04. Flashing Traffic Control Signal 05. School Zone Sign/Device 06. Stop Sign 07. Yield Sign 08. Warning Sign 09. Railway Crossing Device 10. Marked Uncontrolled Crosswalk 11. Pedestrian Button 12. Bicycle Detection 97. Other TRAFFIC CONTROL DEVICE FUNCTIONAL? 01. No 02. Yes 03. Missing 88. Not Applicable
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INSURANCE INFORMATION

INSURANCE COMPANY

National General

INSURANCE POLICY NUMBER

INSURANCE EXPIRATION DATE (yyyymmdd)

CONNECTICUT UNIFORM POLICE CRASH REPORT

Form PR-1 REV June 2014.01

Case Number: 20043276

Motor Vehicle Information (Back)

Complete One Sheet Per Motor Vehicle

DOT Identifier:

For DOT use only

MOTOR VEHICLE OWNERSHIP INFORMATION

Vehicle Owner Name (Last, First, Middle, Suffix)

☐ Information same as driver

Street Address or Post Office Box

City

New Haven

State/Prov

CT

Country

United States

Postal Code

Email Address (optional)

Phone (optional)

SPECIAL VEHICLE FUNCTION

01. No Special Function
02. Taxi
03. Vehicle Used as School Bus
04. Vehicle Used as Other Bus
05. Military
06. Police
07. Ambulance
08. Fire Truck
09. Non-Transport Emergency
10. Incident Response Services Vehicle

1

EMERGENCY VEHICLE

01. Non-Emergency Situation, Not Transporting Patient
02. Non-Emergency Transport of Passenger
03. Emergency Operation, Emergency Warning Equipment Not in Use
04. Emergency Operation, Emergency Warning Equipment in Use
88. Not Applicable

88

BUS USE

01. Not a Bus
02. School
03. Transit/Commuter
04. Intercity
05. Charter/Tour
06. Shuttle
88. Not Applicable

1

PROPERTY DAMAGED

Complete if public or private property other than vehicles were damaged in the crash

NATURE AND EXTENT OF DAMAGE TO PROPERTY 1

N/A

NAME OF OWNER OF PROPERTY 1

N/A

NATURE AND EXTENT OF DAMAGE TO PROPERTY 2

NAME OF OWNER OF PROPERTY 2

NATURE AND EXTENT OF DAMAGE TO PROPERTY 3

NAME OF OWNER OF PROPERTY 3

CONNECTICUT UNIFORM POLICE CRASH REPORT

Motor Vehicle ID:

1

Form PR-1 REV June 2014.01

Case Number:

20043276

Person ID:

1

Motor Vehicle Driver Information

Complete One Sheet Per Driver

DOT Identifier:

For DOT use only

Name (Last, First, Middle, Suffix): Thomas, Latanya, Rochelle

Street Address
or PO Box:

City: New Haven

State: CT

Postal Code:

GENDER

01. Male
02. Female
99. Unknown

2

DATE OF BIRTH (YYYYMMDD)

1 9 7 9

Date of Birth is unknown

Phone/Email (optional):

LICENSE INFO

For all numeric fields: 99 = 'Unknown'

DRIVER INFORMATION

LICENSE NUMBER

N/A

STATE

DRIVER LICENSE JURISDICTION

01. Not Licensed
02. State
03. Tribal Nation
04. U.S. Government
05. Canadian Province
06. Mexican State
07. International License (other than Mexico and Canada)
08. Valid License (other country)
88. Not Applicable

1

LICENSE CLASS

00. None
01. Class A
02. Class B
03. Class C
04. Class D
05. Class M
88. Not Applicable

0

COMMERCIAL LICENSE

01. No
02. Yes

1

ENDORSEMENTS

☐ A - Activity Vehicles
☐ F - Taxi, Livery, Motor Coach
☐ H - Hazardous Materials
☐ M - Motorcycles
☐ N - Tank Vehicles
☐ P - Passenger
☐ Q - Fire Fighting Vehicles
☐ S - School Bus
☐ T - Double/Triple Trailers
☐ V - Student Transportation
☐ X - Combination of Tank Vehicle and Hazardous Materials

EJECTION

01. Not Ejected
02. Ejected, Partially
03. Ejected, Totally
88. Not Applicable

1

RESTRAINT SYSTEM

00. None Used-Motor Vehicle Occupant
01. Shoulder and Lap Belt Used
02. Shoulder Belt Only Used
03. Lap Belt Only Used
04. Restraint Used Type Unknown
88. Not Applicable
97. Other

1

HELMET USE

01. No Helmet
02. DOT-Compliant Motorcycle Helmet
03. Helmet, Other Than DOT-Compliant Motorcycle Helmet
04. Helmet, Unknown If DOT-Compliant
88. Not Applicable

88

AIRBAG

01. Not Deployed
02. Deployed-Front
03. Deployed-Side
04. Deployed-Curtain
05. Deployed-Other
06. Deployed-Combination
88. Not Applicable

1

SPEED RELATED

01. No
02. Racing
03. Exceeded Speed Limit
04. Too Fast for Conditions

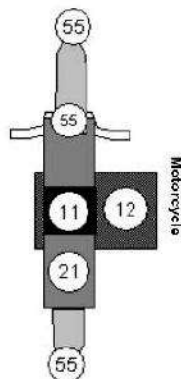
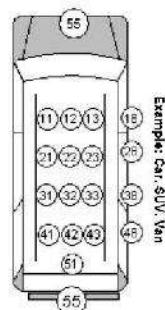
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SEATING POSITION FIRST DIGIT

1. Front Row

11

SECOND DIGIT

_1. Left Seat (usually the motor vehicle or motorcycle driver except for postal vehicles and some foreign vehicles)
_2. Middle Seat
_3. Right Seat
_8. Other Seat

DRIVER ACTIONS (choose up to 4)

01. No Contributing Action
02. Ran Off Roadway
03. Failed to Yield Right-of-Way
04. Ran Red Light
05. Ran Stop Sign
06. Disregarded Other Traffic Sign
07. Disregarded Other Road Markings
08. Improper Turn
09. Improper Backing
10. Improper Passing
11. Wrong Side or Wrong Way
12. Followed Too Closely
13. Failed to Keep in Proper Lane
14. Operated Vehicle in Reckless Aggressive Manner
15. Operated Motor Vehicle in Inattentive, Careless, Negligent, or Erratic Manner
16. Swerved or Avoided Due to Wind, Motor Vehicle, Object, Non-Motorist in Roadway, etc.
17. Over-Correcting/Over-Steering
18. Overtaking Cyclist
88. Not Applicable
97. Other Contributing Action

1

88

88

88

DRIVER DISTRACTED BY

01. Not Distracted
02. Manually Operating an Electronic Communication Device (Texting, etc)
03. Talking on Hands-Free Electronic Device
04. Talking on Hand-Held Electronic Device
05. Other Activity, Electronic Device
06. Passenger
07. Other Inside the Vehicle (eating, hygiene, etc.)
08. Outside the Vehicle

1

CONDITION AT TIME OF CRASH (choose up to 2)

01. Apparently Normal
02. Physically Impaired
03. Emotional (depressed, angry, etc.)
04. Ill (sick), Fainted
05. Asleep or Fatigued
06. Under the Influence (Medications/Drugs/Alcohol)
97. Other
99. Unknown

3

INJURY AND EMS INFORMATION

INJURY STATUS

K. Fatal Injury
A. Suspected Serious Injury
B. Suspected Minor Injury
C. Possible Injury
O. No Apparent Injury

O

TRANSPORTED TO FIRST MEDICAL FACILITY BY

01. Not Transported
02. EMS Air
03. EMS Ground
04. Law Enforcement
97. Other

1

EMS COMPANY NAME

EMS RUN NUMBER

INTENDED RECEIVING FACILITY

ENFORCEMENT ACTIONS TAKEN

ACTION BY OFFICER

00. None Taken
01. Verbal Warning
02. Written Warning
03. Infraction
04. Arrest/Summons

0

VIOLATION STATUTES

DRUG/ALCOHOL INFORMATION

ALCOHOL TEST STATUS

01. Test Not Given
02. Test Refused
03. Test Given
99. Unknown if Tested

1

TYPE OF ALCOHOL TEST

01. Blood
02. Urine
03. Breath
88. Not Applicable 97. Other

88

DRUG TEST STATUS

01. Test Not Given
02. Test Refused
03. Test Given
99. Unknown if Tested

1

TYPE OF DRUG TEST

01. Blood
02. Urine
88. Not Applicable
97. Other

88

CONNECTICUT UNIFORM POLICE CRASH REPORT

Bicycle ID: Person ID:

Form PR-1 REV June 2014.01

Case Number: Striking Motor Vehicle ID:

Non-Motorist Information

Complete one sheet for each non-motorist involved in crash

DOT Identifier:

For DOT use only

Road on which non-motorist was traveling/located:

- ☐
- Non-motorist was not in roadway
-
- ☐
- Unknown direction

Direction of travel (N, S, E, W):

For all numeric fields: 99 = 'Unknown'

NON-MOTORIST INFORMATION

Only required if the crash involves a non-motorist

Name (Last, First, Middle, Suffix): <input type="text" value="Doe, John"/>		GENDER 01. Male <input type="text" value="1"/> 02. Female 99. Unknown		DATE OF BIRTH (YYYYMMDD) <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="checkbox"/> Date of Birth is unknown	
Street Address or P.O. Box: <input type="text"/>		State <input type="text"/> Postal Code: <input type="text"/>		Phone/Email (optional): <input type="text"/>	
City: <input type="text"/>					
NON-MOTORIST PERSON TYPE 03. Pedestrian 04. Other Pedestrian (wheelchair, person in a building, skater, pedestrian conveyance) 05. Bicyclist 06. Other Cyclist 08. Occupant of a Non-Motor Vehicle Transportation Device <input type="text" value="3"/>		NON-MOTORIST ACTION/ CIRCUMSTANCE PRIOR TO CRASH 00. None 01. Crossing Roadway 02. Waiting to Cross Roadway 03. Walking/Cycling Along Roadway With Traffic (In or Adjacent to Travel Lane) 04. Walking/Cycling Along Roadway Against Traffic (In or Adjacent to Travel Lane) 05. Walking/Cycling on Sidewalk 06. In Roadway - Other (Working, Playing, etc.) 07. Adjacent to Roadway (e.g., Shoulder, Median) 08. Working in Trafficway for Incident Response 88. Not Applicable 97. Other <input type="text" value="2"/>		NON-MOTORIST LOCATION AT TIME OF CRASH 01. Intersection - Marked Crosswalk 02. Intersection - Unmarked Crosswalk 03. Intersection - Other 04. Mid Block - Marked Crosswalk 05. Travel Lane - Other Location 06. Bicycle Lane 07. Shoulder/Roadside 08. Sidewalk 09. Median/Crossing Island 10. Driveway Access 11. Shared-Use Path or Trail 12. Non-Trafficway Area 13. Sharrow/Shared Lane Marking 97. Other <input type="text" value="97"/>	
IDENTIFICATION INFO IDENTIFICATION NUMBER ISSUED BY DRIVER LICENSE JURISDICTION 01. Not Licensed 02. State 03. Tribal Nation 04. U.S. Government 05. Canadian Province 06. Mexican State 07. International License (other than Mexico and Canada) 08. Valid License (Other Country) 88. Not Applicable 99. Unknown <input type="text"/>		NON-MOTORIST ACTION/ CIRCUMSTANCES AT TIME OF CRASH (choose up to 2) 01. No Improper Action 02. Dart/Dash 03. Failure to Yield Right-Of-Way 04. Failure to Obey Traffic Signs, Signals, or Officer 05. In Roadway Improperly (Standing, Lying, Working, Playing) 06. Disabled Vehicle Related (Working on, Pushing, Leaving/Approaching) 07. Entering/Exiting Parked/Standing Vehicle 08. Inattentive (talking, eating, etc.) 09. Not Visible (Dark Clothing, No Lighting, etc.) 10. Improper Turn/Merge 11. Improper Passing 12. Wrong-Way Riding or Walking 13. Use of Electronic Device 88. Not Applicable 97. Other <input type="text"/>		NON-MOTORIST SAFETY EQUIPMENT (choose up to 2) 00. None 01. Helmet 02. Protective Pads Used 03. Reflective Clothing 04. Lighting 05. ANSI Approved Bicycle Helmet 88. Not Applicable 97. Other <input type="text" value="0"/> <input type="text" value="88"/>	
		NON-MOTORIST CONDITION AT TIME OF CRASH (choose up to 2) 01. Apparently Normal 02. Physically Impaired 03. Emotional (depressed, angry, etc.) 04. Ill (sick), Fainted 05. Asleep or Fatigued 06. Under the Influence (Meds/Drugs/Alcohol) 97. Other <input type="text" value="99"/> <input type="text"/>		GOING TO / FROM SCHOOL 01. No 02. Yes <input type="text" value="1"/>	

INJURY AND EMS INFORMATION

INJURY STATUS K. Fatal Injury A. Suspected Serious Injury B. Suspected Minor Injury C. Possible Injury O. No Apparent Injury <input type="text" value="A"/>	TRANSPORTED TO FIRST MEDICAL FACILITY BY 01. Not Transported 02. EMS Air 03. EMS Ground 04. Law Enforcement 97. Other <input type="text" value="3"/>	EMS COMPANY NAME <input type="text" value="AMER MED RESPONSE"/> EMS RUN NUMBER <input type="text"/> INTENDED RECEIVING FACILITY <input type="text" value="YALE-NH HOSP"/>
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ENFORCEMENT ACTIONS TAKEN

DRUG/ALCOHOL INFORMATION

ACTION BY OFFICER 00. None Taken 01. Verbal Warning 02. Written Warning 03. Infraction 04. Arrest/Summons <input type="text" value="0"/>	VIOLATION STATUTES <table border="1"><tr><td><input type="text"/></td></tr><tr><td><input type="text"/></td></tr><tr><td><input type="text"/></td></tr><tr><td><input type="text"/></td></tr><tr><td><input type="text"/></td></tr><tr><td><input type="text"/></td></tr><tr><td><input type="text"/></td></tr><tr><td><input type="text"/></td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	ALCOHOL TEST STATUS 01. Test Not Given 02. Test Refused 03. Test Given 99. Unknown if Tested <input type="text" value="1"/>	TYPE OF ALCOHOL TEST 01. Blood 02. Urine 03. Breath 88. Not Applicable 97. Other <input type="text" value="88"/>
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