Connecticut Department of Transportation

Local Transportation Capital Improvement Program Application

Municipality:	Norwich	COG:	SCCOG
Route/Road:	Hunters Road		
Project Title:	Hunters Road Improvements Phase-1		
Roadway Functional Classification (if applicable):	Urban Collector		
COG Contact Information:	Kate Rattan	Director of Transportation	
	Name	Title	
	475-328-1346	Krattan@secogct.gov	
	Phone Number	Email	
Municipal Contact Information:	Jeff Dewey	City Engineer	
	Name	Title	
	860-823-3798	jdewey@cityofnorwich.org	
	Phone Number	Email	

The applicant must answer the questions below which are intended to address basic issues about existing conditions, project management, project costs, impacts on private property, utilities, wetlands, etc. You may provide your answer in the space provided below or submit separate answer sheets. **It is important that the application be as thorough as possible, as missing information will delay the review process. All project- related sections must be completely filled out or the application will be returned and will require resubmittal.**

The intent of the application is to establish eligibility, service life, and to ensure the Municipality is considering all pertinent aspects associated with major infrastructure improvements consistent with the purpose and need of the project.

(A) Project Information

1. Select the type of proposed improvement (select all that apply):

Please note: The entire application must be completed for all projects in addition to any necessary supplemental sections (K through P) as determined by the type of project.

- ☑ Roadway Geometric Improvement
- ☐ Stand-Alone Sidewalk Construction
- ☑ Bicycle/Pedestrian Improvement, including Multi-Use Trail Facilities
- ☑ Intersection Improvement

  Provide additional information as required in section L
- ☑ Bridge Rehabilitation/Replacement

  Provide additional information as required in section M
- ☑ Major Drainage Improvement

  Provide additional information as required in section N
- ☑ Pavement Structure Improvement

  Provide additional information as required in section O
- ☐ Traffic Signal Replacement/Upgrade/New Installation/Coordination

  Provide additional information as required in section P
- ☐ Other (please specify): _____

  Provide additional information as required in section Q

2. Describe the purpose and need of the project (i.e., what are the problems to be corrected?). Please provide adequate detail to clearly convey the nature of the problem(s) to be corrected. Provide photographs to document the existing conditions and support the purpose and need. (Attachments acceptable)

   See Application Attachment A-2

3. Provide a project description, including project limits and length, that specifically describe how the proposed improvements will correct the problem(s) identified in the purpose and need. Describe what alternative(s) were considered. (Attachments acceptable)

   See Application Attachment A-3

4. Provide concept plans of the proposed improvement. The plans must be sufficiently developed and provide enough detail on a scaled drawing (including aerial photography base mapping if possible) to identify the following:

Inc.	N/A	
☑		Project location
☑		Limits of project
☑	☐	Approximate limits and extent of any pavement widening or realignment
☑	☐	Proposed number of lanes, widths, and arrangements
☑	☐	Approximate limits and extent of any anticipated ROW acquisitions (based on available ROW information from Assessors maps, GIS data, etc.)
☑	☐	Structures (e.g., Retaining walls, bridges)
☑	☐	Watercourses
☑	☐	Typical Cross Section including lane and shoulder widths, pavement structure, etc.

5. Have the improvements at this location been previously submitted to the Department for funding? ☐ No ☑ Yes

   If yes, when and under what program?

   LOTCIP 2021

6. Have any other Federal or State funding sources been applied for or awarded for the improvements at this location?

   If yes, please list source, amount, and when awarded in detail below:

   N/A

7. Does the project impact any State-owned Facilities (e.g., roads, bridges, etc.)?
☐ No ☑ Yes

If yes, describe the impacts:

State Project No. 0172-0501 is located at the eastern extreme of this project at the intersection of Hunters Road and Norwich Avenue (CT Route 12). The CTDOT project consists of some intersection improvements for pedestrian crossing including pedestal mounted crosswalk light control. The work is currently underway and should be completed prior to the construction of this project. Final project design will include all CTDOT intersection improvements.

8. In the area of the project, are there any known proposed developments?

☑ No ☐ Yes

If yes, describe the proposed developments:

9. Design Standards to be used:

☑ Established municipal standards

☑ AASHTO Policy on Geometric Design of Highways and Streets

☑ Connecticut Department of Transportation Highway Design Manual

☐ AASHTO LRFD Bridge Design Specifications and Connecticut Department of Transportation Bridge Design Manual

☐ Other, please specify: _____

(B) Rights of Way

1. Are any Right of Way (ROW) impacts anticipated? ☐ No ☑ Yes

If yes, describe the nature, extent, and type of impacts:

The realignment of the intersection of Hunters Road with Maennerchor Avenue will require both temporary and permanent construction easements and some minor land acquisition at 63 Hunters Road. Coordination with property owners and legal aspects will be required.

2. If ROW acquisitions will be required, who does the Municipality plan to have perform acquisition activities?

   ☑ Municipal staff ☐ Consultant hired by Municipality ☐ State

3. If ROW acquisitions are to be performed by the Municipality's staff or their consultant, will the Municipality be seeking reimbursement for ROW costs?

   ☐ No ☑ Yes

(C) Utilities

1. List all utilities within the project area, including their owners.

Overhead	Underground
Electric - Norwich Public Utilities	Public Water - Norwich Public Utilities
Communication - Frontier/Comcast	Stormwater Management - Norwich Piubic Works

2. Are any utility impacts anticipated? ☐ No ☑ Yes

   If yes, explain the nature and extent of the impacts:

   An existing 8" natural gas line will need to be replaced as part of the culvert replacements (Bridges 103018 & 103019). Additionally the road realignment and widening will result in the relocation of some utility poles.

   Note: Costs associated with utility betterments/upgrades that are not required to accommodate the proposed transportation improvement are not eligible project costs.

3. Have the utility companies been contacted to identify any plans to expand or improve existing utilities that would compromise the service life of the proposed improvements?

   ☐ No ☑ Yes

   If yes, describe any proposed improvements and their schedule:

   The existing 8" natural gas line is currently scheduled for replacement in 2027. Coordination with Norwich Public Utilities will be necessary to coordinate project work.

(D) Storm water drainage system and under drains

1. Do any existing storm water drainage problems exist? ☐ No ☑ Yes

   If yes, describe the problem(s):

   Bridges 102018 & 103019 are antiquated and in need of replacement. Additionally there are a limited number of drainage inlets resulting in gutterflow intrusion into travel lanes

2. Is any storm water drainage system work anticipated, including any new or modified drainage outlets? ☐ No ☑ Yes

   If yes, explain the nature and extent of the improvements:

   Bridges 103018 & 103019 require replacement. A gutterflow analysis will determine the necessary locations for additional drainage inlets and associated piping.

3. Are there any existing watercourse crossings that are proposed to be modified, rehabilitated, or replaced as part of the project? ☐ No ☑ Yes

   If yes, indicate the type of improvement needed and the reason for it. Please also indicate if any existing watercourse crossings have inadequate hydraulic capacity:

   Both existing cross culverts (Bridges 103018 & 103019) will be replaced as part of this project.

(E) Rail Crossings

1. Are there any railroad crossings that are likely to be impacted as part of the project?

   ☑ No ☐ Yes
   ☐ At-grade
   ☐ Grade separated

   If yes, describe impacts and any necessary modifications:

(F) Pedestrian/Bicycle Safety and Mobility

1. Complete and attach the Department's Bicycle and Pedestrian Needs Assessment Form to this application (a copy of this form is included in Appendix D). In accordance with Connecticut General Statutes, Section 13a-153f, and the Department's focus on accommodating non-motorized travel modes, accommodation of all users shall be a routine part of the planning, design, construction, and operating activities of all highways. The need for inclusion of accommodations for bicyclists and pedestrians, including those with disabilities, must be reviewed for every project, regardless of funding source.

(G) Traffic

The information below needs to be provided or reviewed (as specified) by the designer for all project types except for stand-alone sidewalk projects and bicycle/pedestrian improvements, and multi-use trail facilities that do not involve pedestrian crossings

1. Volumes

   Provide existing and 20-year Projected ADTs and Turning Volumes. Refer to the Preliminary Engineering/Preliminary Design section for guidance on traffic volumes.

2. Crash Experience

   Provide a summary of crash experience using the most current three-year data, including a crash summary diagram, and analysis noting any discernable crash patterns.

3. Traffic Signals

   Review the existing traffic signal plans for projects involving signalized intersections

4. Speed Data

   Provide 85th percentile speeds in the project area

   Provide all posted speed limits in the project area

(H) Environmental Resource Involvement

Refer to Application Process/Preliminary Project Submittals - Information provided by the Department for more information.

1. Parks, Cemeteries, Historic Structures

   a. Are there any parks, cemeteries, or historic structures that are likely to be affected by the project? ☑ No ☐ Yes

If yes, describe the type and extent of the anticipated impact.

2. Wetlands

    a. Are there any wetlands that are likely to be affected by the project?

    ☐ No ☑ Yes

    If yes, describe the type and extent of the anticipated impact.

    The replacement of the cross culverts (Bridges 103018 & 103019) will require work within the wetlands. Work will be limited to only the areas required for culvert replacement. Appropriate erosion control and streamflow control features will be incorporated. Work will be done in

3. Hazardous or Contaminated Sites

    a. Has the potential for hazardous or contaminated sites and materials in the project area been investigated? ☑ No ☐ Yes

    If yes, describe the type and extent of the anticipated impact.

(I) Public Involvement

Refer to Preliminary Engineering/Project Design - Public Involvement section for more information.

1. Has public involvement been conducted? ☐ No ☑ Yes

    If yes, describe the public involvement effort, when it was conducted, and any public support or opposition to the project:

    The project has been presented at the November 18, 2025 Commission on the City Plan regularly scheduled public meeting and the December 15, 2025 City Council regularly scheduled public meeting. The meeting agendas are attached. The meeting minutes document any and all discussion, opinions and public considerations. See Attachment-I Public Involvement for more information.

If no, describe the planned public involvement effort should the project move forward:

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(J) Cost Estimate

1. Attach a preliminary cost estimate identifying:
    a. Approximate quantities and assumed unit prices of the major contract items
    b. An allowance for minor items (percentage of a)
    c. Standard lump sum items (e.g., clearing and grubbing, mobilization, construction staking, maintenance and protection of traffic), as applicable (percentages of a + b)
    d. Total contract items (a + b + c)
    e. Contingencies (10% of d)
    f. Incidentals to construction, (e.g., construction inspection, materials testing) (10% of d)
    g. Rights of Way costs
    h. Eligible utility relocation costs (in accordance with CGS 13a-98f)
    Note: Costs associated with utility betterments/upgrades that are not required to accommodate the proposed transportation improvement are not eligible project costs
    i. Total project costs (d + e + f + g + h)

Sample cost estimate form provided in Appendix C and the Excel spreadsheet is available for download from the Department's LOTCIP webpage:

https://portal.ct.gov/DOT/Office-of-Engineering/Highway-Design---Local-Roads---LOTCIP

Refer to the Department's most current Cost Estimating Guidelines for cost estimate guidance or use town-generated unit prices. The anticipated costs for each phase of the project shall be well documented and based on reasonable anticipated costs.

The guidelines are located at:

https://portal.ct.gov/DOT/Engineering-Applications/Submissions---Cost-Estimating

ADDITIONAL INFORMATION TO BE PROVIDED BASED ON IMPROVEMENT TYPE SELECTED IN SECTION (A)1:

(K) Roadway Geometric Improvements

Proposed Design Speed

(L) Intersection Improvements

Capacity Analyses (For build and no-build conditions using existing and projected traffic volumes).*

(M) Bridge Rehabilitation/Replacement

Latest Condition Report

(N) Major Drainage Improvement

Material, Age, Hydraulic adequacy assessment of existing drainage system (Condition Report, post-cleaning is preferred)

(O) Pavement Structure Improvement

The level of investigation will be dependent upon the proposed improvements. **Cores or test pits must be performed** such that a representative sample of the existing roadway condition is obtained. If varying pavement conditions exist along the roadway indicating the possibility of different pavement conditions, a test pit should be performed in each roadway section. **Pavement thickness and type, sub-base thickness and type**, and the presence of fines and/or groundwater must be noted. Attach the data obtained. If full depth reconstruction is proposed, cores or test pits may be required to justify the scope of the proposed improvements.

Approximate percentage of heavy vehicles: 10% - 15%

What is the existing pavement type, condition, and thickness?

Based upon the M&J Engineering Report findings, there is a range of 7" to 15" of existing pavement and a range of 4" to25" of gravel base.

What is the anticipated pavement design? Describe the type and depth of each course including the base that is suitable for the ADT and percentage of heavy vehicles. Does it meet current design standards? Describe the cross-section (e.g., lanes and shoulder widths, etc.).

As recommended in the M&J Report, a full pavement and base replacement project is anticipated. The pavement design results in a 12" gravel base with a 2" processed gravel leveling course, 2" of HMA S1 and 2" of HMA S0.5. Total

Describe how the service life requirement for the proposed pavement design was determined:

The service life is based on the mix of traffic vehicles using Hunters Road. It is also based on the typical pavement design used for similar roads in town.

(P) Traffic Signal Replacement/Upgrade/New Installation/Coordination

Who is/will be responsible for ownership, maintenance, and electrical costs

Age of existing signals

Capacity Analyses (For build and no-build conditions using existing and projected traffic volumes)*

Warrant Analysis for new signals

Systems Engineering Analysis Form (SEAFORM) for Intelligent Transportation Systems (ITS) projects

(Q) Other

To be determined based on type of improvement proposed.

***Capacity Analysis:** For the purposes of this application, a simplified analysis may be performed for signalized intersections that do not require detailed assumptions, proprietary software or specialized traffic engineering skills. The "Quick Estimation Method" is described in detail in the 2010 Highway Capacity Manual, with accompanying worksheets that can be completed by hand. A brief description of the method is also described in Section 3.3.6 of the FHWA Signal Timing Manual, where it is referred to as a "Critical Movement Analysis." The relevant section of the FHWA publication can be accessed at: http://ops.fhwa.dot.gov/publications/fhwahop08024/chapter3.htm

This simplified analysis will yield an approximate critical volume/capacity ratio that can be used to assess overall operation of the intersection. The build and no-build conditions should be analyzed for the existing and projected traffic volumes.

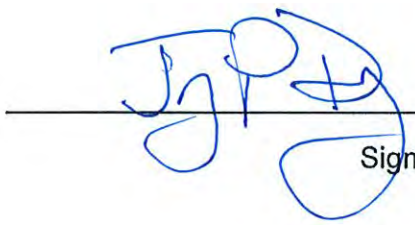
APPLICATION SUBMISSION

This application and supporting documents must be submitted by the Municipality to their COG. At such time when the application is to be forwarded to the Department of Transportation by the COG, it must be forwarded electronically to:

DOTLOTCIPapp@ct.gov

Prepared by: Jeffrey P. Dewey, P.E. Date: 12/ 19/ 2025

Name, Title, and stamp of Responsible P.E. (Municipal or Consultant)



Signature

(Stamp)

Reviewed/Recommended by: John Salomone, City Manager Date: 11/21/25

Name and Title of Municipal Chief Administrative Officer



Signature

Endorsed/Recommended by: Kate Rattan Date: _____

Name and Title of COG Executive Director

Signature

SOUTHEASTERN CONNECTICUT COUNCIL OF GOVERNMENTS

LOTCIP Application Resource – Plan and Study Checklist

Use this checklist to identify where the proposed project area has been previously identified as a project. The list was pre-populated with the major regional plans. Please review them to see if the proposed road or area was listed as a priority project area.

State, region, or local plans or studies that list project	Is the project listed as a goal or objective or shown on the area map?	Where is the project listed in the plan or study?
SECOG Metropolitan Transportation Plan	n/a	n/a
SECOG Regional Bike and Pedestrian Plan	Yes-A Section of Hunters Road (Harland to Mohegan Park Road)	regional Bike and Pedestrian Map
SECOG Transportation Safety Action Plan	n/a	n/a
SECOG Congestion Management Process	475-328-1346	Krattan@secogct.gov
SECOG Hazard Mitigation and Climate Adaptation Plan	Jeff Dewey	City Engineer
SECOG Regional Plan of Conservation and Development	860-823-3798	jdewey@cityofnorwich.org
	See Application Attachment A-2	See Application Attachment A-3
LOTCIP 2021	N/A	State Project No. 0172-0501 is located at the eastern extreme of this project at the intersection of Hunters Road and Norwich Avenue (CT Route 12). The CTDOT project consists of some intersection improvements for pedestrian crossing including pedestal mounted crosswalk light control. The work is currently
		The realignment of the intersection of Hunters Road with Maennerchor Avenue will require both temporary and permanent construction easements and some minor land acquisition at 63 Hunters Road. Coordination with property owners and legal aspects will be required.
Electric - Norwich Public Utilities	Communication - Frontier/Comcast	
	Public Water - Norwich Public Utilities	Stormwater Management - Norwich Piublic Works

ATTACHMENT A

Project Information

ATTACHMENT A-2

Purpose and Need

Purpose and Need

For

Preliminary Scoping

Of

Hunters Road Rehabilitation Project

Norwich, CT 06360

Project Purpose and Need

Hunters Road is a 1.1 mile long, 2-lane urban collector road running east–west with an ADT of 4,300 vehicles per the CTDOT Traffic Monitoring Station Viewer for 2023. The CTDOT Functional Class is a Major Collector. Hunters Road provides a vital link between Norwich communities. Frequently used as a shortcut between Taftville and Norwichtown (Ct Rte 12 & 97 to Ct Rte 2 & 642), this road carries a diverse mix of traffic including passenger vehicles, delivery vehicles, service vehicles, maintenance vehicles, tractor-trailer trucks, public transportation, bicycles and pedestrians. The average paved width varies from 34' in the west down to 21' in the east. The wider pavement widths tend to result in faster vehicular speeds and a decrease in safety. The roadway ROW varies between 70’ and 40’ in the westerly areas (between Harland Road and Laporte Drive) and 50’ to 30’ in the east (between Laporte Drive and Norwich Avenue). The road has a posted speed limit of 30mph.

Hunters Road provides one of only three entrances to Mohegan Park via Mohegan Park Road. Mohegan Park is the largest and most visited public recreation area within the City as well as for adjacent towns. Mohegan Park Road is a rural road with a posted speed limit of 25 mph and is reduced to 15 mph within the park. Areas north of the park use Mohegan Park Road as the primary park entrance, thereby traversing Hunters Road as well. Public transportation provided by the SEAT Bus Company (Southeast Area Transit District) has a bus stop at the intersection of Mohegan Park Road and Hunters Road (Stop ID 1045). Future public improvement plans include encouragement for pedestrian and bicycle use along Mohegan Park Road, which would augment these same improvements to Hunters Road.

Encouraging bicycle and pedestrian traffic as well as public transportation are City goals as discussed in the City Plan of Conservation and Development. A section of Hunters Road is identified in the SECOG Regional Bike Plan as a medium priority for inclusion of bike lanes on the westerly (Harland Road) side. Norwich Avenue is part of the On-Road Bicycle Planning Network that municipalities are encouraged to provide bicycle connections to the network roadways. The potential for substantial pedestrian and bicycle traffic to Mohegan Park from the Hunters Road area is significant. There is a large residential trailer park immediately east of Mohegan Park Road combined with the residences along Hunters Road and Taftville could be a significant achievement for the City’s connectivity goals.

Additionally providing safe passage to the intersection with Norwich Ave where the zoning changes from residential to commercial would be a significant benefit for the residents. Currently, the absence of sidewalks and bike lanes discourages non-motorized traffic all along Hunters Road.

Drainage is another consideration associated with the need for roadway rehabilitation. The Taftville Reservoir discharges into Hunters Brook. The brook runs roughly parallel with Hunters Road. The brook crosses Hunters Road in three (3) places: west of Oakland Drive and in 2 places east of Norwich Ave (Bridges # 103018 & 103019). The majority of Hunters Road is within a high hazardous risk area associated with potential flooding associated with the Taftville Reservoir Emergency Action Plan. Reference Application Attachment-M for more information. Both bridges are identified in the SECOG Hazard Mitigation and Climate Adaption Plan for replacement. The easterly bridge (Bridge 103018) was constructed in 1942. Bridge No. 103019, constructed in 1920. Both bridge culverts are within FEMA flood zone AE. The latest inspection of these culverts was in 2016. Both culverts superstructure and substructure were rated fair to worse. It is fair to say that both have degraded further since the 2016 inspection. Both bridges are also recommended for replacement on the SECOG Hazard Mitigation and Climate Adaptation Plan.

Additional drainage considerations for Hunters Road pertain to the large gaps between storm drainage inlet structures and substantial off-site areas which drain onto the road and overwhelm the existing inlets within the road, especially at the extremely narrow section of pavement. Roadway ponding from runoff is a significant safety concern. Ponding typically occurs where the road grades lessen. For Hunters Road, this occurs near the Norwich Avenue intersection and coincides with where the road narrows.

Maennerchor Avenue intersects Hunters Road at an unconventional angle resulting in limited sight lines, conflicting traffic movements and overall an unsafe intersection. The approximate intersection angle is 27-degress.The sight line from Maennerchor looking east is all but nonexistent and requires the drive to edge out into the travel lane in an attempt to increase the sight line.

The Norwich Police Department conducted a traffic analysis study during the week of September 15, 2025 through September 23, 2025. During this time, 32,206 vehicles were counted and the 85th percentile speed was recorded to be 40mph, 10mph above the posted speed limit. Reference Attachment-1 for more information.

The 2022-2025 Crash Report (Attachment-2) indicates the numbers of accidents and the prominent locations. The two most common locations are the intersection with Mohegan Park Road and at the lower Hunters Brook crossing (Bridge 103018). It’s important to note that the majority of the reported accidents occurred in dry conditions on a clear day; not caused by inclement weather conditions or darkness. Most accidents were with another vehicle in operation. A total of 26 accidents occurred between 1/1/2022 and 8/31/2025.

Hunters Road was last resurfaced in 2008 with a thin overlay and is now showing significant signs of pavement distress. Preliminary subsurface investigations have resulted in there being a total of 4-inches of asphalt that has reached or is close to reaching its maximum design life.

The goal of this project is for phase 1 of 2 roadway improvement phases which will significantly increase traffic safety, improve road resiliency, replace two bridges in need of replacement, improve roadway drainage and provide a safe and direct connection for bicyclists to Mohegan Park in the west and the commercially zoned properties in the east.

ATTACHMENT A-3

Project Description

Project Description

For

Preliminary Scoping

Of

Hunters Road Rehabilitation Project

Norwich, CT 06360

Project Description

The proposed project is phase 1 of two phases. The Phase-1 starting point is located at the intersection with Norwich Ave (CT Route 12) in the east and proceeds westerly to Laporte Drive. The overall length of Phase-1 is 2,180' (0.4 miles). Phase-2 will extend westerly from Laporte Drive to Harland Road (0.7 miles). The City will apply for Phase-2 funding at a later date for phase-2 to complete the project.

The project will abut State Project No. 0172-0501 located at Norwich Avenue. This State project will be completed well before this proposed project is in the design phase. The project will be designed to transition into the improvements provided by State Project No. 0172-0501.

The project consists of full-depth reconstruction along all of Hunters Road Phase-1 due to the unsatisfactory conditions of the existing pavement and base material. The new road will be comprised of 12” of gravel base with a 2” process leveling base with 2” of HMA S1 and 2” of HMA S0.5.

To encourage bicycle and pedestrian traffic on Hunters Road, it is anticipated that a varying road cross section would be appropriate due to the constraints along the length of the road. In the eastern portions of Hunters Road where the roadway ROW width is only 30’ and the pavement width narrows down to 20'. This section is too narrow for a road with bike lanes and/or sidewalks. The final road width is to be a minimum of 24' providing two 10' wide vehicular travel lanes and 2' section with sharrows for lane sharing in the eastern portion. To the west where there is more ROW area, the road width shall be 32' wide providing two 11' vehicular travel lanes and 5' dedicated bicycle lanes. The road width for Phase-2 will be wide enough to allow for designated bicycle lanes for the entire Phase-2 length.

Another significant improvement associated with this project is the realignment of the Hunters Road intersection with Maennerchor Avenue. In realigning the intersection and relocating Hunters Road southerly will significantly increase the sight lines and overall safety of this intersection. Minor land acquisition from the property at 63 Hunters Road will be required for the intersection realignment. No other property acquisitions are anticipated.

Drainage improvements will improve the overall safety of the road with the needed bridge replacements and increased inlet capacity. Bridge replacement will provide improved hydraulics, updated capacity and a significant reset on design life. Stormwater improvements will additionally increase traffic safety. The installation of additional inlets to capture stormwater runoff to remove ponding areas from the travel surface as well as remedy potential icing issues. Curbing will be installed selectively so that where appropriate, stormwater sheet flow off the pavement will be encouraged. Additional drainage inlets and piping will be installed where gutter flows exceed allowable flow width.

Another key area of concern is the intersection of Hunters Road and Norwich Avenue (CT Route 12). This intersection has been flagged by both the Public Safety Committee and the Public Works and Capital Improvements Committees due to the difficulty large trucks face when turning onto Hunters Road from Norwich Avenue. The area experiences significant truck traffic due to nearby commercial operations and the road's function as a connector between two state routes. To address these operational challenges, intersection improvements are planned prior to any paving work in this area. State Project No. 0172-0501 is currently in construction at this intersection. The project consists of providing pedestrian control boxes and cross walks. As this project is currently under way, we do not anticipate any conflicts with the State project and work associated with this LOTCIP application.

Due to the inability to include sidewalk(s) along the eastern portion of the road, sidewalks will not be considered in the western portion. Traffic calming measures are to be incorporated where appropriate.

The combination of the uniform road width, sharrows for bicyclists which transitions to 5' bike lanes, drainage improvements, the realignment of the Maennerchor Avenue intersection, shoulder clearing and reconstruction of the pavement structure will significantly improve the safety and resiliency of this crucial component of the community connectivity for the City of Norwich.

Phase-1 Summary: Norwich Avenue to LaPorte Drive (0.4 miles)

The initial phase will include the following improvements:

- Removal of existing pavement and appropriate quantity of underlying soils to allow for the installation of the appropriate gravel base and pavement.
- Realignment and relocation of the intersection of Maennerchor Avenue with Hunters Road to improve vehicle turning movements and sight line.
- Full depth reclamation and a minimum of 4" of new Class 2 and 4 pavement.
- Pavement width modifications to provide sections of uniform width and incorporate a minimum width of 24'.

- Where feasible, inclusion of bicycle travel lanes. Where pavement width precludes a dedicated bike lane, sharrows will be incorporated.
- Replacement of two aging culverts—Bridge No. 103018 and Bridge No. 103019, which convey Hunters Brook beneath the roadway.
- Installation of additional storm drainage inlets and piping systems to alleviate roadway ponding issues.
- Intersection Improvements at Norwich Ave (CT Rte 12).

ATTACHMENT A-4

Photos

Photo-1: Intersection at Norwich Avenue (CT Rte. 12)



Photo-2: West of Photo-1 facing east toward intersection



Photo-3: West of Photo-2 at Bridge No. 103019 facing east toward intersection



Photo-4: South side of Bridge No. 103019



Photo-5: West of Bridge No. 103019 facing east



Photo-5: West of Bridge No. 103019 facing west



Photo-6: Bridge No. 103018 facing west



Photo-7: Maennerchor Ave stop bar facing south



Photo-8: Maennerchor Ave sight line facing east



Photo-9: Laporte Drive facing east



ATTACHMENT A-5

Project Timeline

PROJECT TIMELINE

Project: Hunters Road Rehabilitation - Phase 1
Norwich, CT
LOTCIP Project Number: TBD

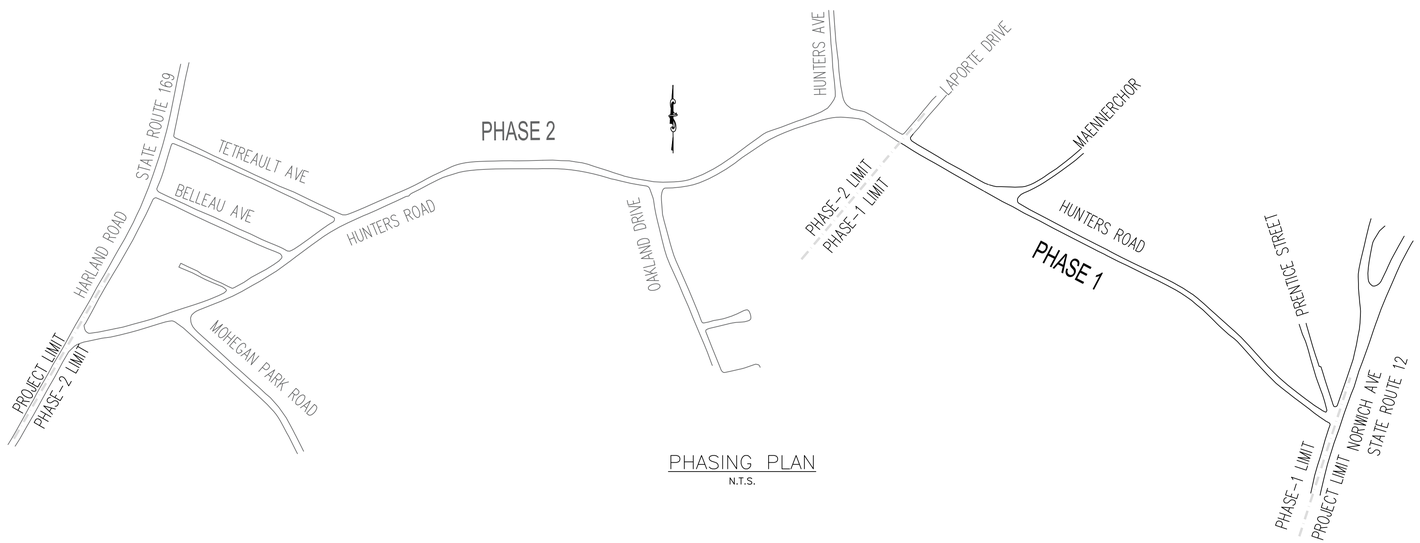
Submit LOTCIP Application	November 2025
DOT Approval for LOTCIP Allocation	March 2026
Develop project RFP	March 2026
DOT approval to post RFP	May 30,2026
Review of RFP's submitted to DOT	June 30, 2026
Select design consultant	July 30, 2026
Site survey completed	August 31,2026
Conceptual improvements approved	September 25, 2026
Public informational meeting	October 15, 2026
Project design commencement	October 19, 2026
Semi-Final design (50% complete)	November 30, 2026
Final design complete	December 28, 2026
Local permitting (Inlands Wetlands and Watercourses Commission)	January 7, 2027
Contract Documents development	February 1, 2027
Advertise for bids	March 1, 2027
Open bids	March 22, 2027
Start construction	April 12, 2027



HUNTERS ROAD–PHASE 1 PLAN

100' 0 100' 200'

SCALE: 1" = 100'



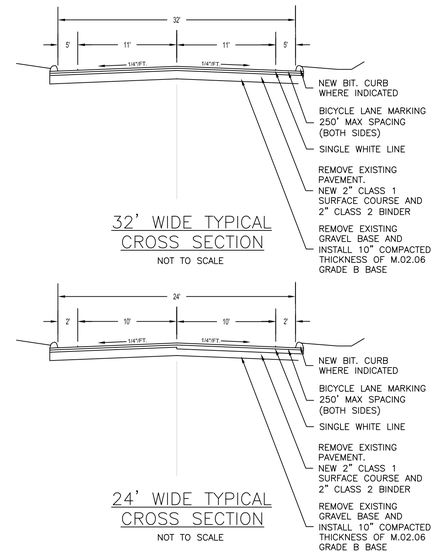
PHASING PLAN

N.T.S.



LOCATION MAP

N.T.S.



32' WIDE TYPICAL CROSS SECTION

NOT TO SCALE

24' WIDE TYPICAL CROSS SECTION

NOT TO SCALE

NO.	DATE	REVISION	BY

City of Norwich
Department of Public Works
Engineering Division
50 Clinton Avenue ◆ Norwich, CT 06360
Tel. (860) 823-3798 ◆ Fax (860) 823-3788
Email: jdewey@cityofnorwich.org

Drawing Scale: As Noted

File Path: Shared Files/Projects/2025/Hunters Road Rehab/CAD

LOTCIP APPLICATION

HUNTERS ROAD CONCEPTUAL IMPROVEMENTS PLAN PHASE-1

NORWICH, CT 06360

Date: 12/22/2025

Proj. No. 25-10

Proj. Eng. JPL

Sheet No. 1 OF 1

ATTACHMENT F

Pedestrian/Bicycle Safety and Mobility

CONNECTICUT DEPARTMENT OF TRANSPORTATION
BICYCLE AND PEDESTRIAN TRAVEL NEEDS ASSESSMENT FORM

In accordance with Connecticut General Statutes, Section 13a-153f, and the Department's focus on accommodating non-motorized travel modes, accommodation of all users shall be a routine part of the planning, design, construction and operating activities of all highways. The need for inclusion of accommodations for bicyclists and pedestrians, including those with disabilities, must be reviewed for every project. This form provides the documentation and information needed to make decisions on the need and extent of bicycle and pedestrian features. This form is not intended to dictate what features should be included in a project design - guidance on those questions can be found in numerous other reference documents. This form should be completed to the extent practical (at least Sections 1-3) during the project scoping phase and fully completed no later than at the completion of the Preliminary Design and attached to the Preliminary Design Statement.

Project Number(s): TBD
Type of work: Road improvments
Municipality(s): Norwich, CT
Route(s): N/A
Planning Region(s): South Eastern Connecticut

SECTION 1 - APPLICABILITY

Although bicycle and pedestrian accommodations should be considered for all projects, certain types of projects (e.g. bridge deck patching, culvert re-lining, projects on expressway mainlines) do not typically provide reasonable opportunity to provide improvements for these travel modes. If this project falls into this category, please explain why below, then skip to Conclusions section on the last page, sign the form, and file this form with the project documents. For all other projects, skip this section, go to Section 2 and complete the rest of the form.

CONNECTICUT DEPARTMENT OF TRANSPORTATION
BICYCLE AND PEDESTRIAN TRAVEL NEEDS ASSESSMENT FORM

SECTION 2 – EXISTING CONDITIONS

1. What is the suitability of the project area for bicycle travel according to the ConnDOT Bicycle Map website (http://www.ctbikemap.org/bikemap.html)? For town roads, is any portion of the project located on a road identified in a Regional Planning Organization, or Municipal Bicycle Plan? If the route is designated as "less suitable" or "least suitable", would it be feasible to include improvements in the project to improve these ratings?

Hunters Road serves as a connector between two major state routes, Harland Road (Route 169) and Norwich Avenue (Route 12). Both Harland Road and Norwich Avenue are heavily utilized bicycle routes. The addition of dedicated bike lanes on Hunters Road would significantly enhance cyclist safety.

2. Describe any existing bicycle and pedestrian facilities within or just beyond the project limits, including features such as sidewalks (include width and material type), shoulder widths, bicycle markings/signs, and bike racks. Also describe any current or proposed features that hinder bicycle or pedestrian travel and the practicality of removing any such obstacles.

Currently, there are no designated bike lanes or supporting facilities on either Harland Road or Norwich Avenue; however, these roads are still utilized by cyclists. Hunters Road, from Norwich Avenue to Maennerchor is constrained in width. Pavement width currently varies between 30' and 21'. In the western portion, increasing pavement width to 32' allows for bike lanes and 11' vehicle lanes. In the east where the ROW precludes bike lanes, using a 24' wide road with sharrows and 10' travel lanes would act as traffic calming as well as extend the bicycle connection to Norwich Ave.

3. Is the project located on, or in close proximity to, a route identified in the Department's Americans with Disabilities Act (ADA) Transition Plan?
http://www.ct.gov/dot/lib/dot/documents/ddbe/ADATransition_Plan_March_2011.pdf

No.

4. Is there a history of bicycle or pedestrian crashes/incidents in the project area? If so, provide details. In addition to ConnDOT crash records, crash information can be found at ctcrash.uconn.edu.

There is no recorded history in the last 3 years of bicycle or pedestrian crashes/incidents.

CONNECTICUT DEPARTMENT OF TRANSPORTATION
BICYCLE AND PEDESTRIAN TRAVEL NEEDS ASSESSMENT FORM

SECTION 3 – ASSESSMENT OF CURRENT AND FUTURE NEEDS

Using a location map or aerial photograph, indicate the location of any of the following currently existing or planned typical bicycle and/or pedestrian generators, using the letters indicated (for planned facilities, precede the letter with a P). If the preparer's knowledge of the area is insufficient, consult with appropriate municipal officials. Generally, any facilities within approximately one-half mile of the project limits should be noted. Use this information to answer the following questions.

- Residential Areas (R): Indicate any general areas of dense residential housing
- Parks (P): Include areas that would attract people, whether officially designated as a park or not
- Recreational Areas (RA): Examples include athletic fields, dog parks
- Religious Facilities (C)
- Schools (S)
- Town Centers (TC): typically would include areas where Town Halls, Libraries and other public facilities exist
- Shopping Centers (M): especially centers with businesses where non-motorized customers might be expected (restaurants, bookstores, drug stores, etc.)
- Large Employment Businesses (E): Factories, large office buildings, hospitals, government offices
- Bus Stops (B)
- Public Transit Facilities (T): train/bus stations, airports
- Other (O): other known facilities expected to generate or attract non-motorized users

5. Does the project provide unique or primary access (defined as access which is not otherwise available within approximately one-half mile of the project):

	Yes	No
a. Across a river, highway corridor or other natural and/or man-made barrier?	☒ x	☐
b. Into or out of any of the bicycle and pedestrian generators listed above?	☒ X	☐
c. Between communities?	☐	☒ X

6. Characterize the existing and future anticipated pedestrian and bicycle travel within the study area, with emphasis on locations and corridors of high demand.

At present, Hunters Road does not provide a safe route for cyclists due to the absence of designated bike lanes. The planned installation of bike lanes is expected to improve safety and promote increased bicycle use along this corridor.

CONNECTICUT DEPARTMENT OF TRANSPORTATION
BICYCLE AND PEDESTRIAN TRAVEL NEEDS ASSESSMENT FORM

SECTION 4 – EVALUATION OF BICYCLE AND PEDESTRIAN ACCOMMODATION

7. Describe any bicycle/pedestrian accommodation features that were considered for inclusion in the project, including benefits, approximate costs and other factors that were considered (e.g. environmental effects, feasibility).

The inclusion of sidewalks is not feasible in the eastern portion of the project due to excessively narrow Right-Of-Way areas. The potential for sidewalks in the western portion (project phase-2) will be included in the project assessment.

8. Summarize the results of any coordination with stakeholders and general public outreach with regards to bicycle and pedestrian needs, including accommodations proposed during construction. Some of the stakeholder organizations that may be considered for coordination include: Regional Planning Organization, Local Municipalities, ConnDOT Non-Motorized Transportation Coordinator, ConnDOT Bureau of Public Transportation, CT Department of Public Health, Bike Walk Connecticut, and Board of Education Services for the Blind (BESB).

The project has been presented to the Commission on the City Plan public meeting on 11/18/2025 and the City Council public meeting on 12/15/2025.

SECTION 5 - CONCLUSION

Describe how the anticipated bicycle/pedestrian travel, including those with disabilities, will be accommodated through existing infrastructure, project-proposed features and features that are planned for the future. If no bicycle/pedestrian features are proposed to be included, explain the reasons for not including them (e.g. project scope applicability from Section 1, excessive environmental or social impacts or costs, safety concerns, etc.).

Phase II of this project will include the installation of sidewalks to enhance wheelchairs and pedestrian mobility, as well as bike lanes that will connect to those constructed during Phase I.

Prepared by: Jean-Paul Laguerre **Date Prepared:** 09/09/2025
Project Engineer

Approved by: Jeff Dewey, P.E. **Date Approved:** 09/09/2025
Project Manager

CONNECTICUT DEPARTMENT OF TRANSPORTATION
BICYCLE AND PEDESTRIAN TRAVEL NEEDS ASSESSMENT FORM

GUIDELINES FOR COMPLETING THE FORM:

Section 1: If the type of improvement does not lend itself to including bicycle and/or pedestrian improvements, describe that condition in this section. This section does not apply to reasons such as the project limits are felt to be too short to include meaningful improvements, there is an absence of need, the cost would be too high or the impacts would be too severe.

Section 2, Question 1: For projects on roads that are deemed suitable, designers should consider that the volume of bike traffic is already likely to be significant. For projects on roads deemed "less suitable" or "least suitable", designers should consider what factors have led to this rating and consider whether the project could improve these ratings.

Question 2: Describe in general terms the existing bicycle and pedestrian facilities (i.e. "Five foot wide concrete sidewalks are provided throughout the project limits with the exception of _____ to _____ where no sidewalks exist"). Also, describe any existing hindrances to bicycle and/or pedestrian travel (such as a narrow bridge, steep side slopes, busy commercial driveways, etc.) and the feasibility of removing or improving the hindrances.

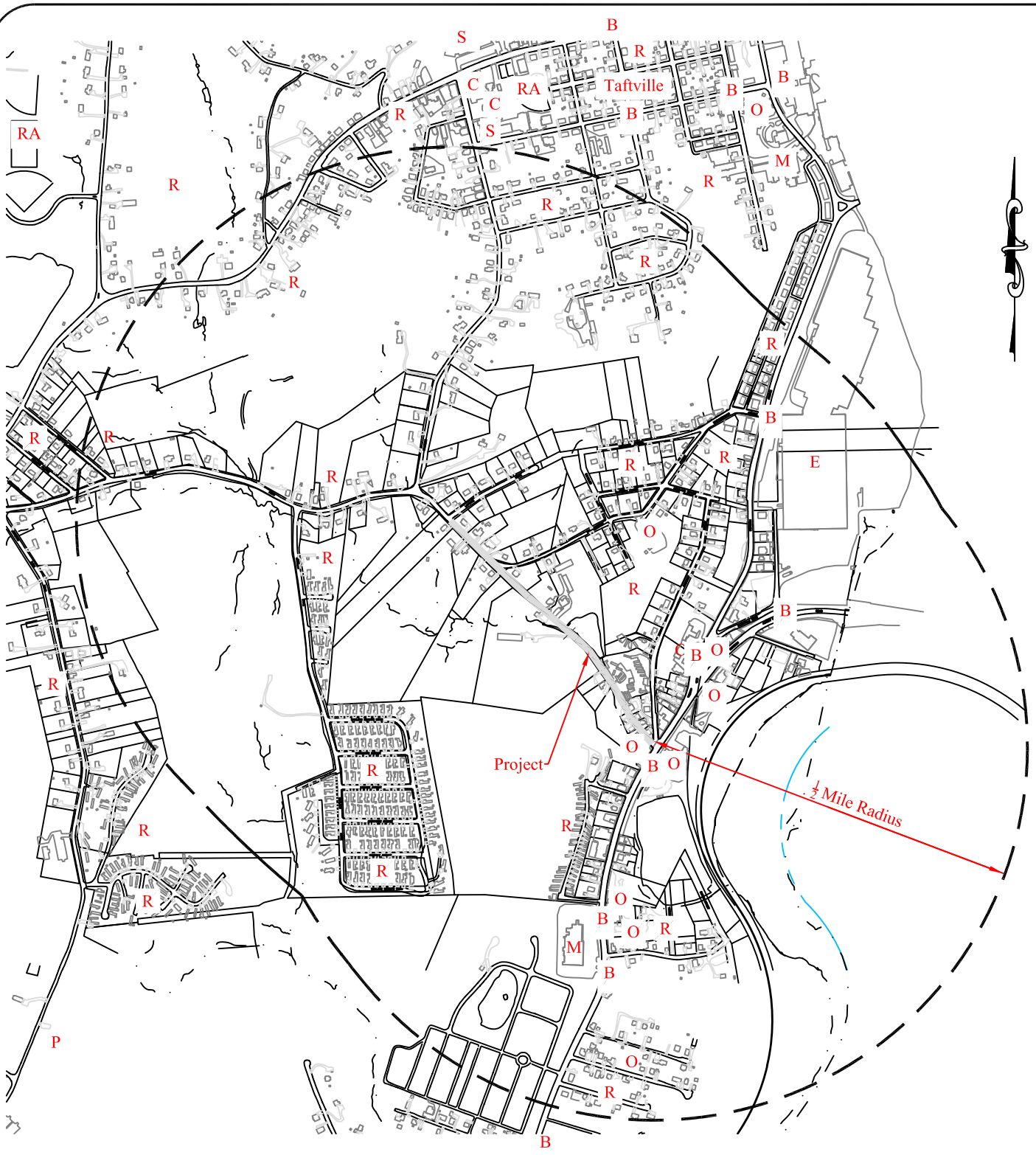
Question 3: If the project is on or close to a route identified in the Department's ADA Transition Plan, coordination with those improvements is required. Leo Fontaine is in charge of the Department's Transition Plan. Note: ADA related improvements are still required even if the project is not on one of these routes.

Section 3, Question 6: Based on the information provided on the map, describe where it can be reasonably expected that pedestrians and bicyclists will travel to and from and a general expectation of where these volumes will be high. For example, in an area of dense residential development relatively close to a school, high pedestrian volumes would be expected if sidewalks are present and high volumes of bicyclists could be expected between residential developments and large businesses.

Question 7: List bicycle and/or pedestrian features that were considered for inclusion in the project, regardless of whether or not they were actually included in the design. Describe why these features were, or were not, included.

Question 8: List the stakeholders the designers coordinated with regarding bicycle and pedestrian accommodations. The stakeholders listed are some suggestions. It is not necessary to contact all of these groups and there also may be other groups that could provide useful information.

Section 5: Summarize the results of this form by describing the methods in which bicycle and pedestrian travel is accommodated. For projects described in Section 1 as not being conducive to including these accommodations, describe why.



NO.	DATE	REVISION	BY

City of Norwich
Department of Public Works
Engineering Division
50 Clinton Avenue ◆ Norwich, CT 06360
Tel. (860) 823-3798 ◆ Fax (860) 823-3788
Email: jdewey@cityofnorwich.org

Drawing Scale
1000 500 0 1000 2000
Scale: 1" = 1000 feet

File Path: FILE_PATH

BPTNA

HUNTERS ROAD IMPROVEMENTS PHASE-1

NORWICH, CT 06360

Date: 9/15/2025
Proj. No. 25-10
Proj. Eng. JPD
Sheet No. 1 OF 1

ATTACHMENT G-1

Volumes

LOTCIP Application Section (G) Traffic

For

Phase -1 Hunters Road

The most current ADT information available for Hunters Road is from the CTDOT Traffic Monitoring Station Viewer.

The ADT recorded is 4,300 vehicles and noted as 2023 data.

Hunters Road area is classifies as Urban, therefore the simple growth calculation is performed using a 20-year projected growth of 0.5%/year.

The 20-year ADT = 1.1 x 4300 = 4,730 vehicles.

ATTACHMENT G-2

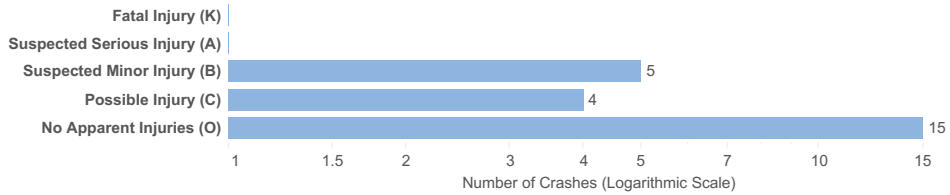
Crash Experience

Crash Emphasis Areas - All Crashes

Queries Selected: Emphasis Area *All Crashes*, Town(s) *Norwich*, Date: *1/1/2022* to *8/31/2025*, Severity *All*, Route Class: *All*, Road Number(s) *All*, Local Road Name(s): *All*

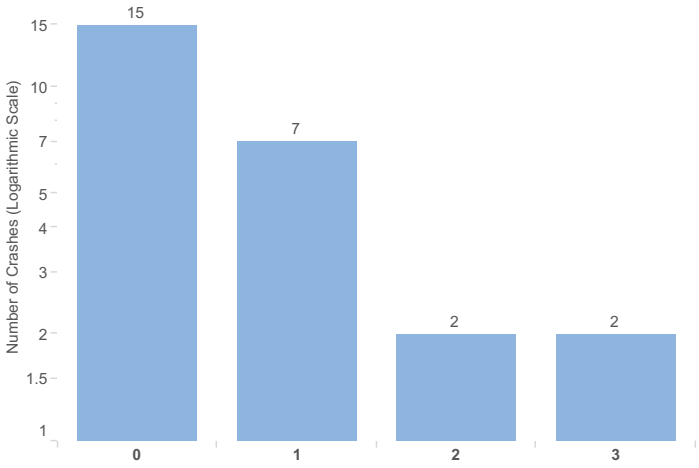
These figures display **crash-level data only** and provide the totals for crashes involving an injury of that type.

Injury Status of Crashes



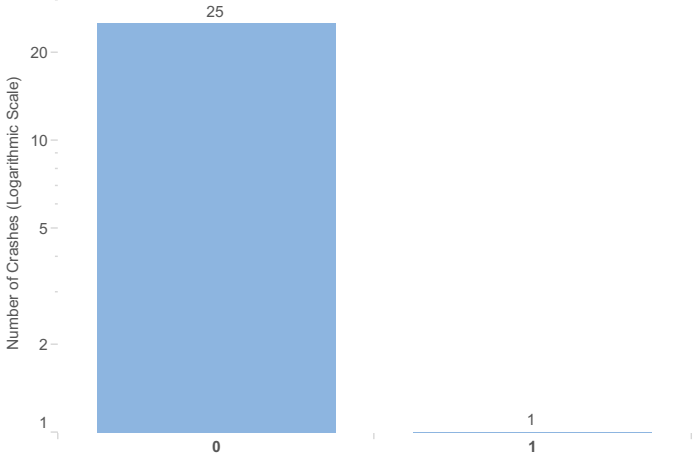
Crash Severity	Crashes	% of All Crashes
Fatal Injury (K)	1	3.85%
Suspected Serious Injury (A)	1	3.85%
Suspected Minor Injury (B)	5	19.23%
Possible Injury (C)	4	15.38%
No Apparent Injuries (O)	15	57.69%
Grand Total	26	100.00%

Injuries per Crash



Injuries per Crash	Crashes	% of All Crashes
0	15	57.69%
1	7	26.92%
2	2	7.69%
3	2	7.69%
Grand Total	26	100.00%

Fatalities per Crash



Fatalities per Crash	Crashes	% of All Crashes
0	25	96.15%
1	1	3.85%
Grand Total	26	100.00%

These data are exempt from discovery or admission under 23 U.S.C 409.
Data Extracted 9/3/2025

Crash Emphasis Areas - All Crashes

Queries Selected: Emphasis Area *All Crashes*, Town(s) *Norwich*, Date: *1/1/2022* to *8/31/2025*, Severity *All*, Route Class: *All*, Road Number(s) *All*, Local Road Name(s): *All*

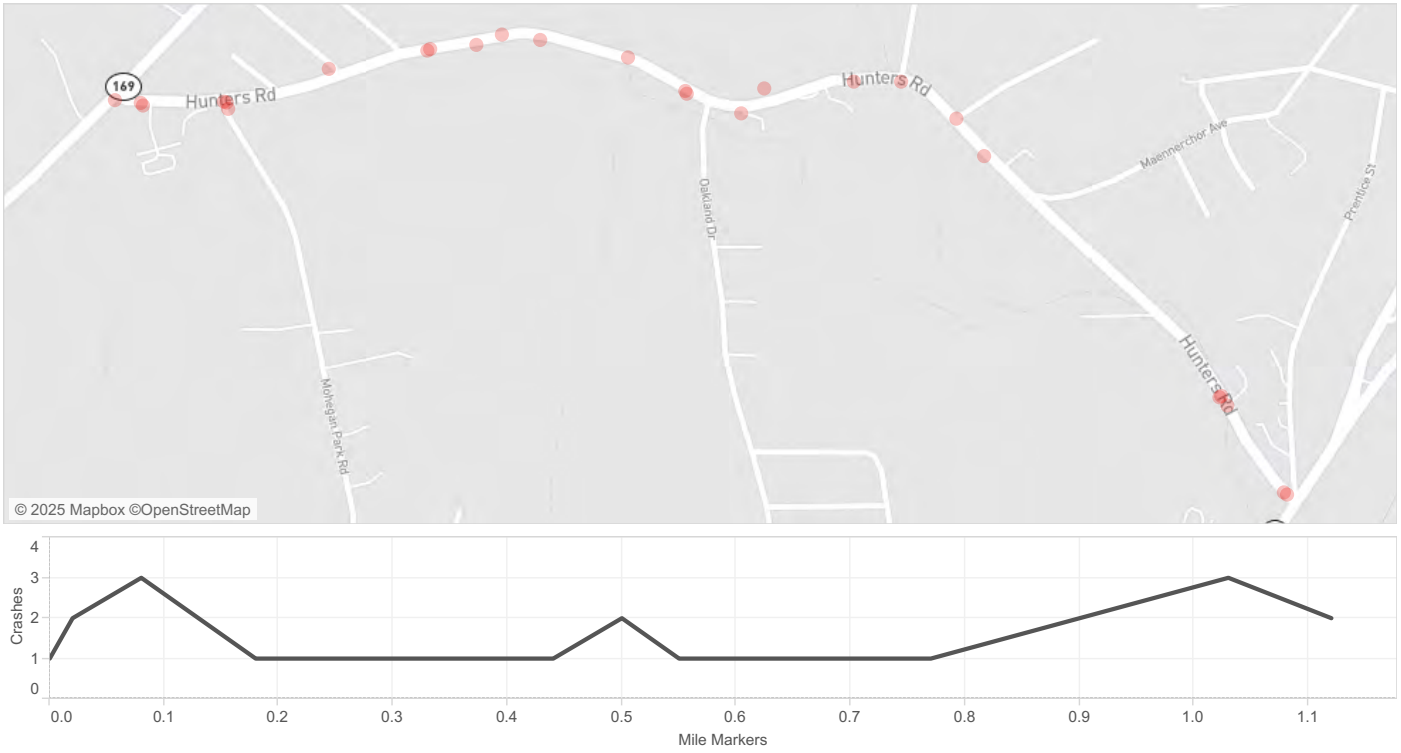
This page incorporates dynamic filtering on the table and mile marker bar graph. By selecting a road or mile post, the other figures will be filtered by that selection. **Any selections made on this page will not be reflected anywhere else in the report.**

Please Note: The location and route information are both drawn directly from the crash reports. These may not directly correspond and are not guaranteed to be accurate.

Top Ten Roads for Crashes

HUNTERS RD in Norwich	26

Crash Locations (limited to the 10,000 most recent crashes)

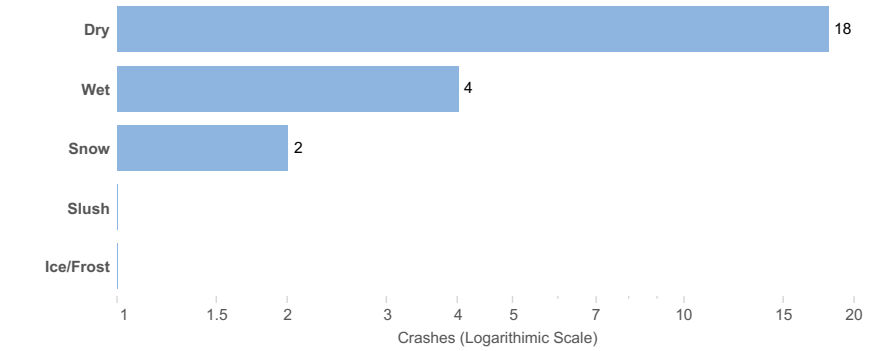


These data are exempt from discovery or admission under 23 U.S.C 409.
Data Extracted 9/3/2025

Crash Emphasis Areas - All Crashes

Queries Selected: Emphasis Area *All Crashes*, Town(s) *Norwich*, Date: *1/1/2022* to *8/31/2025*, Severity *All*, Route Class: *All*, Road Number(s) *All*, Local Road Name(s): *All*

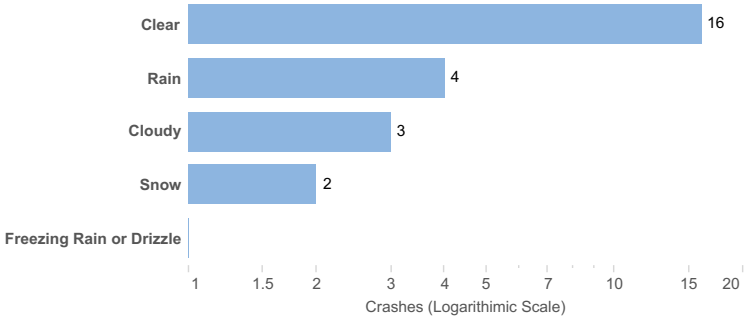
Traffic Surface Conditions



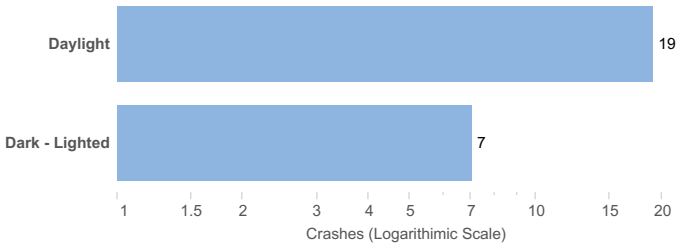
Traffic Surface Conditions	Crashes	% of All Crashes
Dry	18.00	69.23%
Wet	4.00	15.38%
Snow	2.00	7.69%
Ice/Frost	1.00	3.85%
Slush	1.00	3.85%

Weather Conditions

Weather Conditions	Crashes	% of All Crashes
Clear	16.00	61.54%
Rain	4.00	15.38%
Cloudy	3.00	11.54%
Snow	2.00	7.69%
Freezing Rain or Drizzle	1.00	3.85%



Light Conditions



Light Conditions	Crashes	% of All Crashes
Daylight	19.00	73.08%
Dark - Lighted	7.00	26.92%

These data are exempt from discovery or admission under 23 U.S.C 409.
Data Extracted 9/3/2025

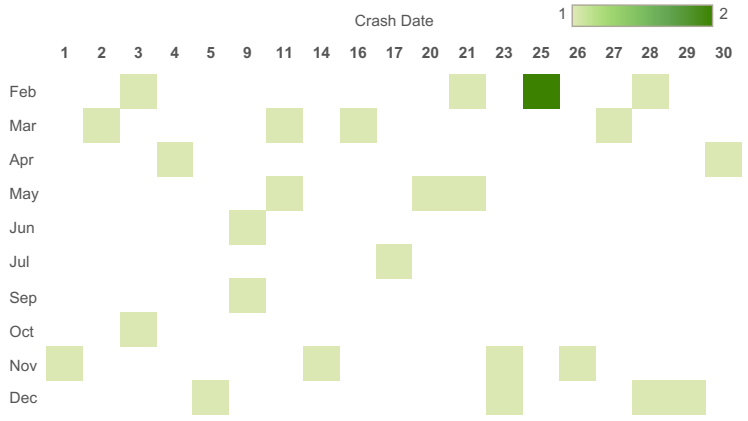
Crash Emphasis Areas - All Crashes

Queries Selected: Emphasis Area *All Crashes*, Town(s) *Norwich*, Date: *1/1/2022* to *8/31/2025*, Severity *All*, Route Class: *All*, Road Number(s) *All*, Local Road Name(s): *All*

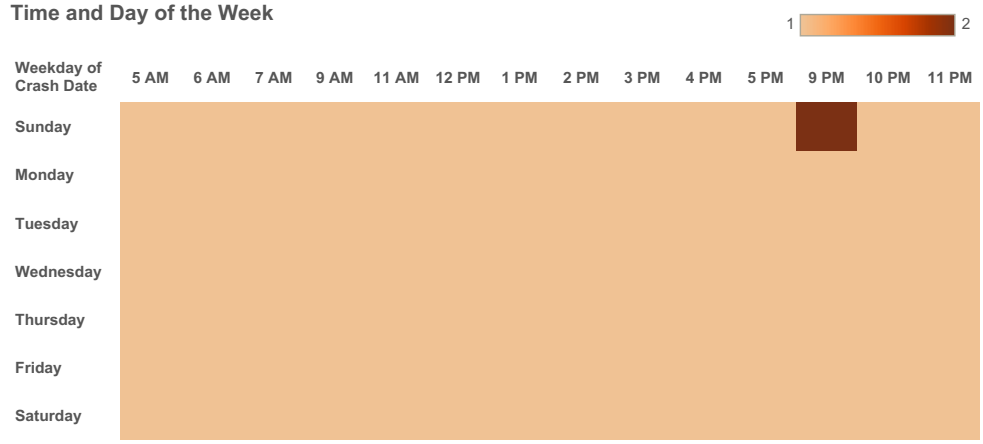
Month and Date of Crashes

Crash report entries into the CTCDR are backlogged to May 2025. Crash figures from May 2025 to present will be affected because of this.

	2022		2023		2024		2025	
	Crashes	% of All Crashes	Crashes	% of All Crashes	Crashes	% of All Crashes	Crashes	% of All Crashes
Feb	1.00	20.0%	1.00	14.3%	1.00	9.1%	2.00	66.7%
Mar	1.00	20.0%	1.00	14.3%	1.00	9.1%	1.00	33.3%
Apr			1.00	14.3%	1.00	9.1%		
May			2.00	28.6%	1.00	9.1%		
Jun	1.00	20.0%						
Jul	1.00	20.0%						
Sep					1.00	9.1%		
Oct					1.00	9.1%		
Nov	1.00	20.0%	1.00	14.3%	2.00	18.2%		
Dec			1.00	14.3%	3.00	27.3%		
Total	5.00	100.0%	7.00	100.0%	11.00	100.0%	3.00	100.0%



Time and Day of the Week



	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Grand Total
Crashes	4.00	2.00	3.00	7.00	3.00	3.00	4.00	26.00
% of Total Crashes	15.38%	7.69%	11.54%	26.92%	11.54%	11.54%	15.38%	100.00%

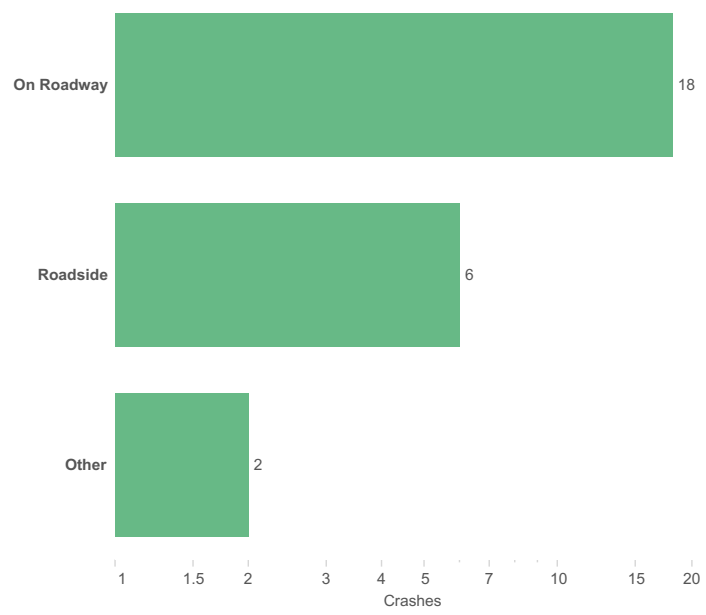
Hour of Crash Time	Crashes	% of All Crashes
5 AM	2.00	7.69%
6 AM	2.00	7.69%
7 AM	1.00	3.85%
9 AM	3.00	11.54%
11 AM	1.00	3.85%
12 PM	3.00	11.54%
1 PM	2.00	7.69%
2 PM	2.00	7.69%
3 PM	1.00	3.85%
4 PM	2.00	7.69%
5 PM	2.00	7.69%
9 PM	3.00	11.54%
10 PM	1.00	3.85%
11 PM	1.00	3.85%
Grand Total	26.00	100.00%

These data are exempt from discovery or admission under 23 U.S.C 409.
Data Extracted 9/3/2025

Crash Emphasis Areas - All Crashes

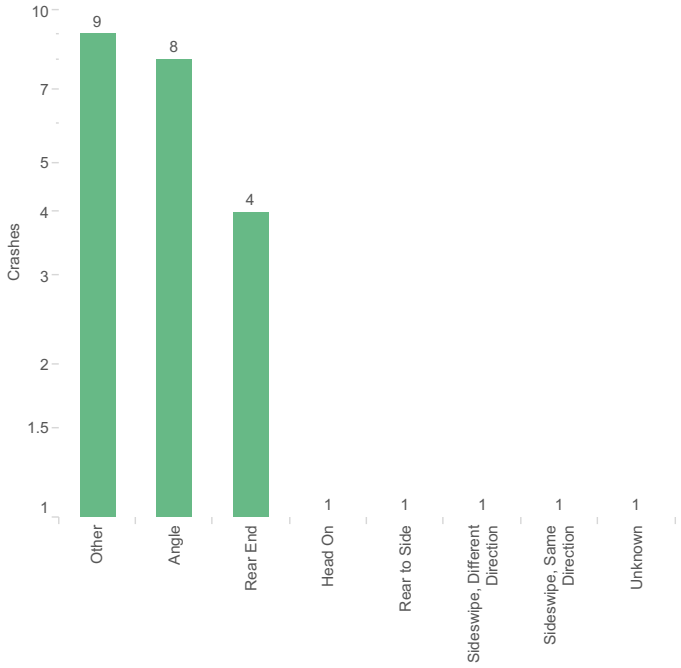
Queries Selected: Emphasis Area *All Crashes*, Town(s) *Norwich*, Date: *1/1/2022* to *8/31/2025*, Severity *All*, Route Class: *All*, Road Number(s) *All*, Local Road Name(s): *All*

Location of 1st Harmful Event



Location of First Harmful..	Crashes	% of All Crashes
On Roadway	18.00	69.23%
Roadside	6.00	23.08%
Other	2.00	7.69%
Grand Total	26.00	100.00%

Manner of Crashes



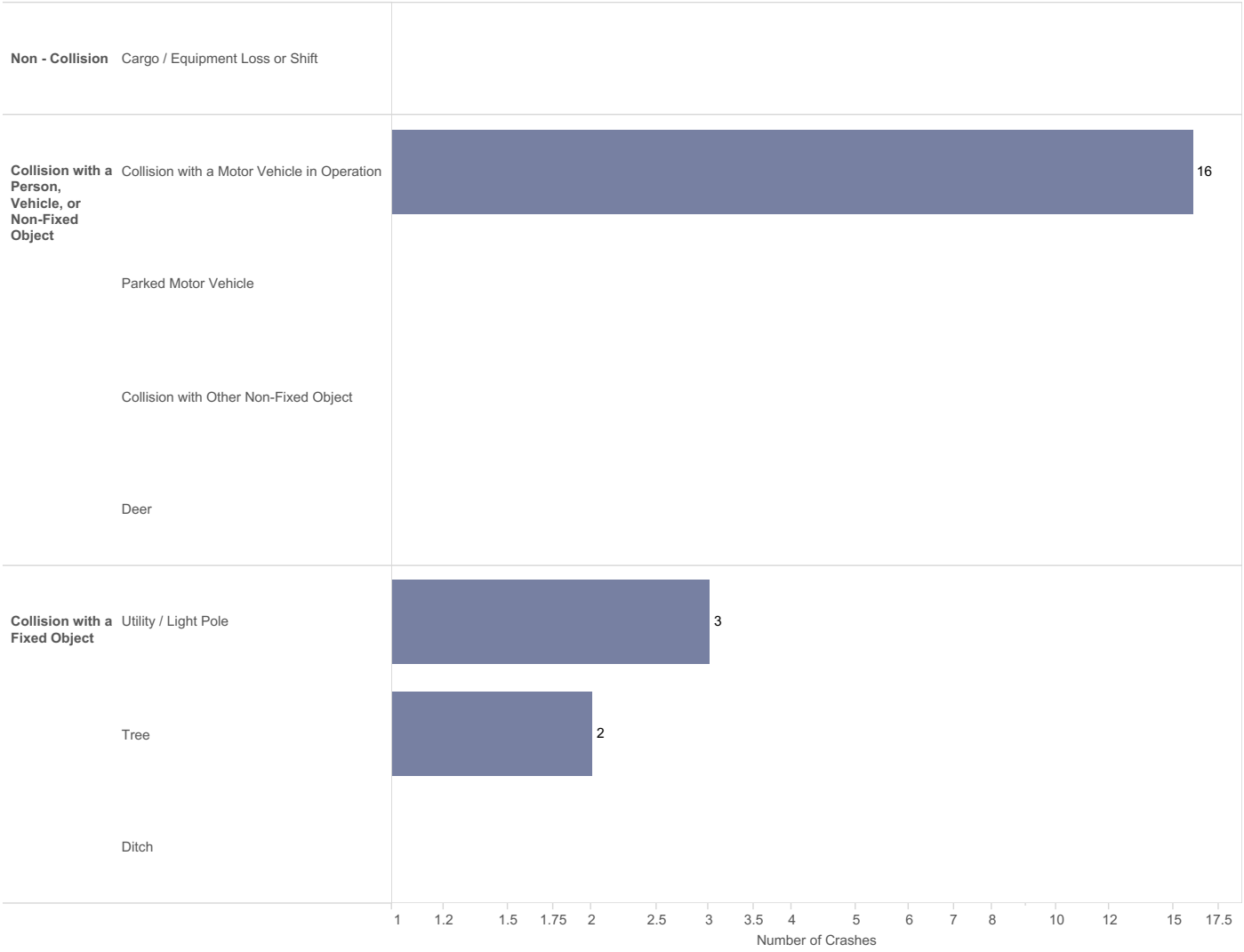
Manner of Crash	Crashes	% of All Crashes
Rear End	4.00	15.38%
Other	9.00	34.62%
Angle	8.00	30.77%
Sideswipe, Same Direction	1.00	3.85%
Unknown	1.00	3.85%
Sideswipe, Different Direction	1.00	3.85%
Head On	1.00	3.85%
Rear to Side	1.00	3.85%
Grand Total	26.00	100.00%

These data are exempt from discovery or admission under 23 U.S.C 409.
Data Extracted 9/3/2025

Crash Emphasis Areas - All Crashes

Queries Selected: Emphasis Area *All Crashes*, Town(s) *Norwich*, Date: *1/1/2022* to *8/31/2025*, Severity *All*, Route Class: *All*, Road Number(s) *All*, Local Road Name(s): *All*

First Harmful Event for the Crash



These data are exempt from discovery or admission under 23 U.S.C 409.
Data Extracted 9/3/2025

Crash Emphasis Areas - All Crashes

Time and Date of Cra.. | Crash Manner and Location | First Harmful Event 1 | **First Harmful Event 2** | Vehicle Statistics | Vehicle Actions | Demographics

Queries Selected: Emphasis Area *All Crashes*, Town(s) *Norwich*, Date: *1/1/2022* to *8/31/2025*, Severity *All*, Route Class: *All*, Road Number(s) *All*, Local Road Name(s): *All*

First Harmful Event

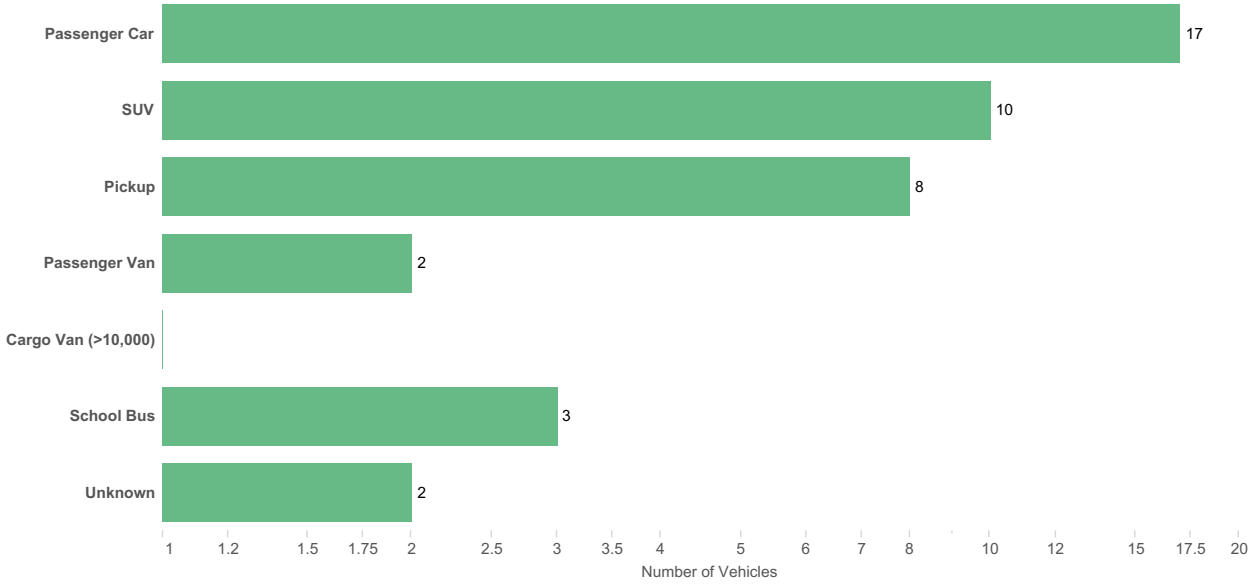
		On Roadway	Roadside	Other	Grand Total
Non - Collision	Cargo / Equipment Loss or Shift	1			1
	Total	1			1
Collision with a Person, Vehicle, or Non-Fixed Object	Collision with a Motor Vehicle in Operation	15	1		16
	Parked Motor Vehicle	1			1
	Collision with Other Non-Fixed Object		1		1
	Deer	1			1
	Total	17	2		19
Collision with a Fixed Object	Ditch			1	1
	Tree		1	1	2
	Utility / Light Pole		3		3
	Total		4	2	6
Grand Total		18	6	2	26

These data are exempt from discovery or admission under 23 U.S.C 409.
Data Extracted 9/3/2025

Crash Emphasis Areas - All Crashes

Queries Selected: Emphasis Area *All Crashes*, Town(s) *Norwich*, Date: *1/1/2022* to *8/31/2025*, Severity *All*, Route Class: *All*, Road Number(s) *All*, Local Road Name(s): *All*

Vehicle Types



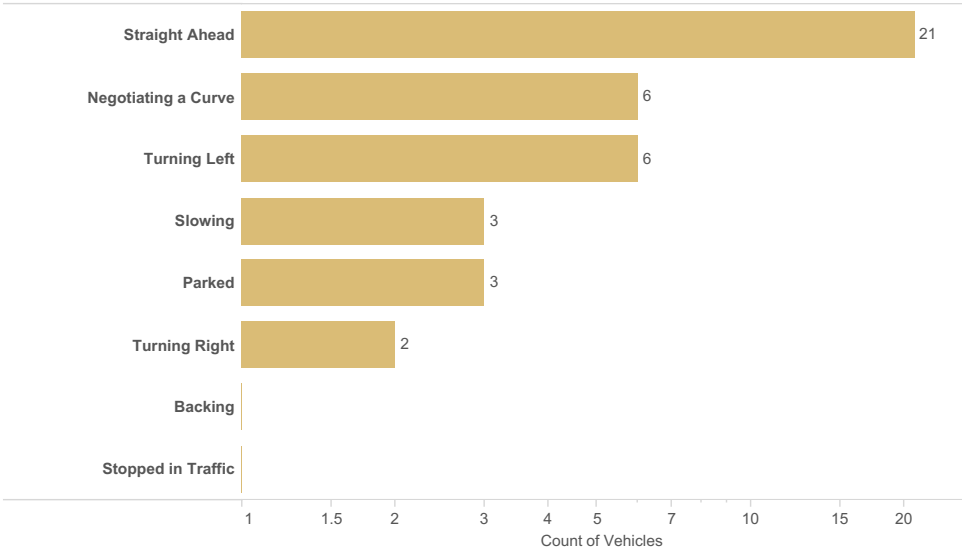
Vehicle Type	Count of Vehicles	% of Total Vehicles
Passenger Car	17.00	39.53%
SUV	10.00	23.26%
Pickup	8.00	18.60%
Passenger Van	2.00	4.65%
Cargo Van (>10,000)	1.00	2.33%
School Bus	3.00	6.98%
Unknown	2.00	4.65%
Grand Total	**43.00**	**100.00%**

These data are exempt from discovery or admission under 23 U.S.C 409.
Data Extracted 9/3/2025

Crash Emphasis Areas - All Crashes

Queries Selected: Emphasis Area *All Crashes*, Town(s) *Norwich*, Date: *1/1/2022* to *8/31/2025*, Severity *All*, Route Class: *All*, Road Number(s) *All*, Local Road Name(s): *All*

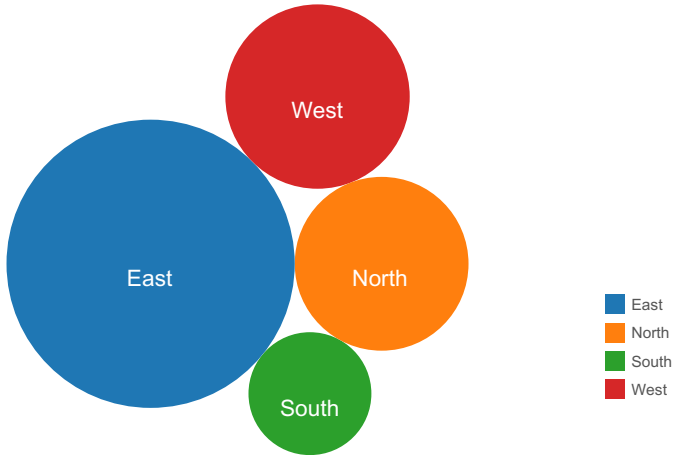
Vehicle Action



Vehicle Action	Count of Vehicles	% of Total Vehicles
Straight Ahead	21.00	48.84%
Negotiating a Curve	6.00	13.95%
Turning Left	6.00	13.95%
Slowing	3.00	6.98%
Parked	3.00	6.98%
Turning Right	2.00	4.65%
Backing	1.00	2.33%
Stopped in Traffic	1.00	2.33%
Grand Total	43.00	100.00%

Direction of Travel

Vehicle Direction	Count of Vehicles	% of Total Vehicles
South	4.00	9.30%
North	8.00	18.60%
East	22.00	51.16%
West	9.00	20.93%
Grand Total	43.00	100.00%

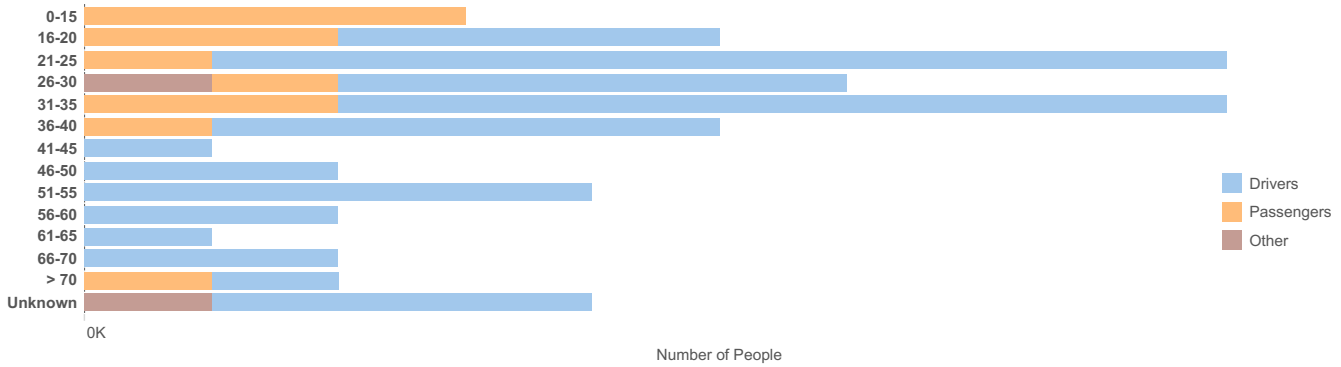


These data are exempt from discovery or admission under 23 U.S.C 409.
Data Extracted 9/3/2025

Crash Emphasis Areas - All Crashes

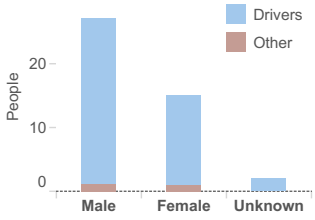
Queries Selected: Emphasis Area *All Crashes*, Town(s) *Norwich*, Date: *1/1/2022* to *8/31/2025*, Severity *All*, Route Class: *All*, Road Number(s) *All*, Local Road Name(s): *All*

Age by Person Type



	Drivers		Passengers		Other		Grand Total	
Age	Number of People	% of Total People	Number of People	% of Total People	Number of People	% of Total People	Number of People	% of Total People
0-15			3.00	27.27%			3.00	5.45%
16-20	3.00	7.14%	2.00	18.18%			5.00	9.09%
21-25	8.00	19.05%	1.00	9.09%			9.00	16.36%
26-30	4.00	9.52%	1.00	9.09%	1.00	50.00%	6.00	10.91%
31-35	7.00	16.67%	2.00	18.18%			9.00	16.36%
36-40	4.00	9.52%	1.00	9.09%			5.00	9.09%
41-45	1.00	2.38%					1.00	1.82%
46-50	2.00	4.76%					2.00	3.64%
51-55	4.00	9.52%					4.00	7.27%
56-60	2.00	4.76%					2.00	3.64%
61-65	1.00	2.38%					1.00	1.82%
66-70	2.00	4.76%					2.00	3.64%
> 70	1.00	2.38%	1.00	9.09%			2.00	3.64%
Unknown	3.00	7.14%			1.00	50.00%	4.00	7.27%
Grand Total	42.00	100.00%	11.00	100.00%	2.00	100.00%	55.00	100.00%

Gender by Person Type



	Drivers		Other		Grand Total	
	Number of People	% of Total People	Number of People	% of Total People	Number of People	% of Total People
Male	26.00	61.90%	1.00	50.00%	27.00	61.36%
Female	14.00	33.33%	1.00	50.00%	15.00	34.09%
Unknown	2.00	4.76%			2.00	4.55%
Grand Total	42.00	100.00%	2.00	100.00%	44.00	100.00%

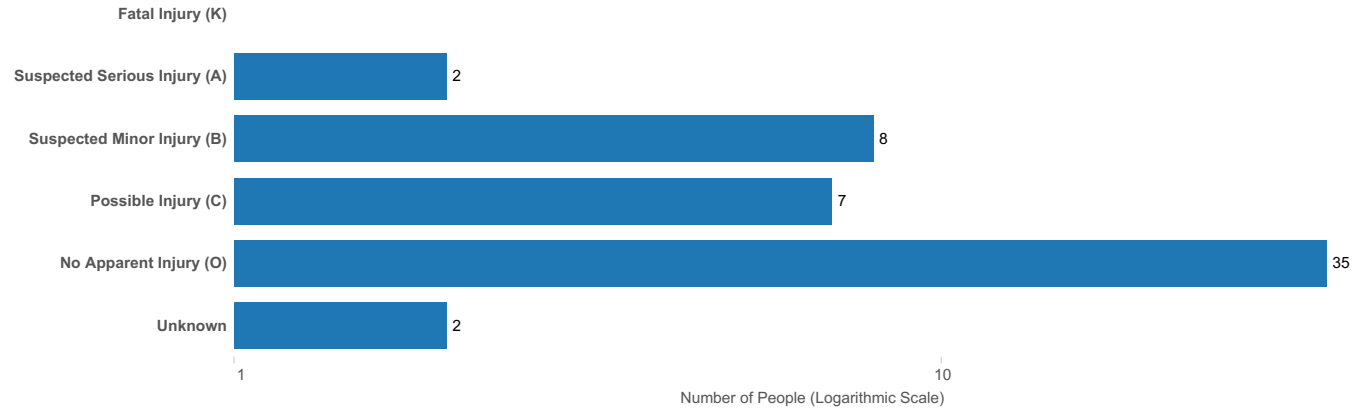
These data are exempt from discovery or admission under 23 U.S.C 409.
Data Extracted 9/3/2025

Crash Emphasis Areas - All Crashes

Queries Selected: Emphasis Area *All Crashes*, Town(s) *Norwich*, Date: *1/1/2022* to *8/31/2025*, Severity *All*, Route Class: *All*, Road Number(s) *All*, Local Road Name(s): *All*

These figures display **person-level data only** and provide the total injuries for all people involved in the crash.

Fatalities & Injuries



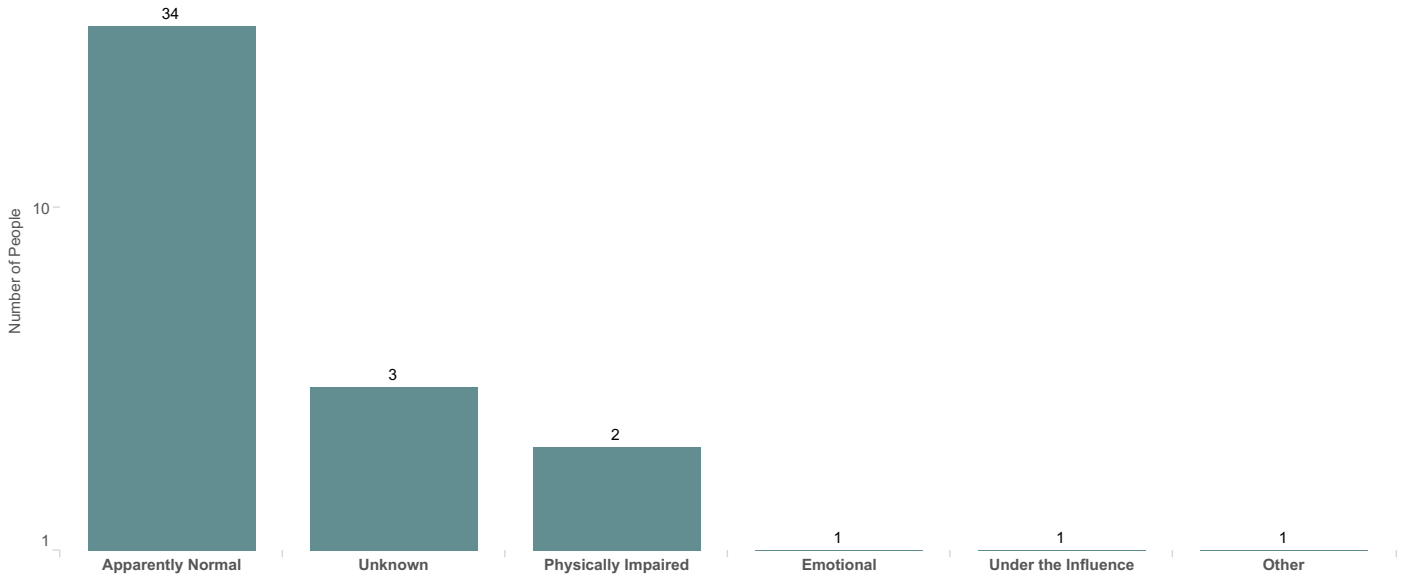
		Driver	Passenger	Witness
Fatal Injury (K)	Number of People	1.00		
	% of Total People	100.00%		
Suspected Serious Injury (A)	Number of People	2.00		
	% of Total People	100.00%		
Suspected Minor Injury (B)	Number of People	4.00	4.00	
	% of Total People	50.00%	50.00%	
Possible Injury (C)	Number of People	5.00	2.00	
	% of Total People	71.43%	28.57%	
No Apparent Injury (O)	Number of People	30.00	5.00	
	% of Total People	85.71%	14.29%	
Unknown	Number of People			2.00
	% of Total People			100.00%

These data are exempt from discovery or admission under 23 U.S.C 409.
Data Extracted 9/3/2025

Crash Emphasis Areas - All Crashes

Queries Selected: Emphasis Area *All Crashes*, Town(s) *Norwich*, Date: *1/1/2022* to *8/31/2025*, Severity *All*, Route Class: *All*, Road Number(s) *All*, Local Road Name(s): *All*

Condition at the Time of the Crash



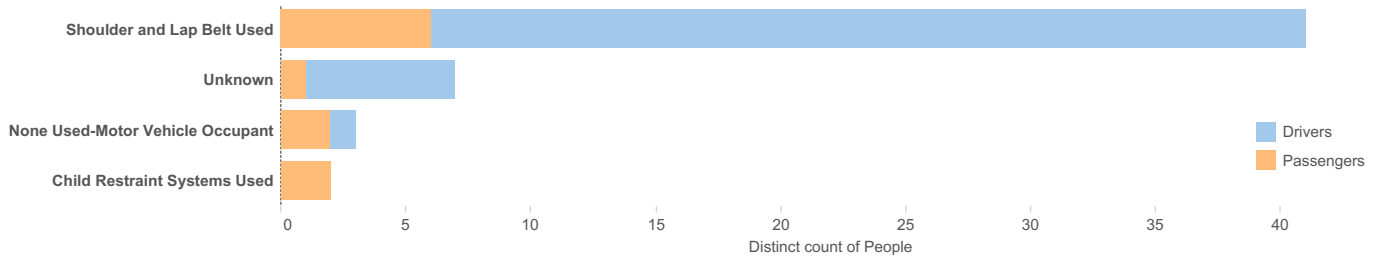
Condition at Time of Crash	Drivers		Other		Grand Total	
	Number of People	% of Total People	Number of People	% of Total People	Number of People	% of Total People
Apparently Normal	34.00	80.95%			34.00	77.27%
Emotional	1.00	2.38%			1.00	2.27%
Other	1.00	2.38%			1.00	2.27%
Physically Impaired	2.00	4.76%			2.00	4.55%
Under the Influence	1.00	2.38%			1.00	2.27%
Unknown	3.00	7.14%	2.00	100.00%	5.00	11.36%
Grand Total	42.00	100.00%	2.00	100.00%	44.00	100.00%

These data are exempt from discovery or admission under 23 U.S.C 409.
Data Extracted 9/3/2025

Crash Emphasis Areas - All Crashes

Queries Selected: Emphasis Area *All Crashes*, Town(s) *Norwich*, Date: *1/1/2022* to *8/31/2025*, Severity *All*, Route Class: *All*, Road Number(s) *All*, Local Road Name(s): *All*

Restraint Systems Used (Drivers and Passengers Only)



	Drivers		Passengers		Grand Total	
Restraint System Used	Number of People	% of Total	Number of People	% of Total	Number of People	% of Total
Shoulder and Lap Belt Used	35.00	83.33%	6.00	54.55%	41.00	77.36%
None Used-Motor Vehicle Occupant	1.00	2.38%	2.00	18.18%	3.00	5.66%
Unknown	6.00	14.29%	1.00	9.09%	7.00	13.21%
Child Restraint Systems Used			2.00	18.18%	2.00	3.77%
Grand Total	42.00	100.00%	11.00	100.00%	53.00	100.00%

Restraint System Used by Injury Severity

	Fatal Injury (K)		Suspected Serious Injury (A)		Suspected Minor Injury (B)		Possible Injury (C)		No Apparent Injury (O)		Grand Total	
Restraint System Used	Number of People	% of Total	Number of People	% of Total	Number of People	% of Total	Number of People	% of Total	Number of People	% of Total	Number of People	% of Total
Shoulder and Lap Belt Used			1.00	50.00%	7.00	87.50%	4.00	57.14%	29.00	82.86%	41.00	77.36%
None Used-Motor Vehicle Occupant			1.00	50.00%	1.00	12.50%	1.00	14.29%			3.00	5.66%
Unknown	1.00	100.00%					2.00	28.57%	4.00	11.43%	7.00	13.21%
Child Restraint Systems Used									2.00	5.71%	2.00	3.77%
Grand Total	1.00	100.00%	2.00	100.00%	8.00	100.00%	7.00	100.00%	35.00	100.00%	53.00	100.00%

These data are exempt from discovery or admission under 23 U.S.C 409.
Data Extracted 9/3/2025

Crash Emphasis Areas - All Crashes

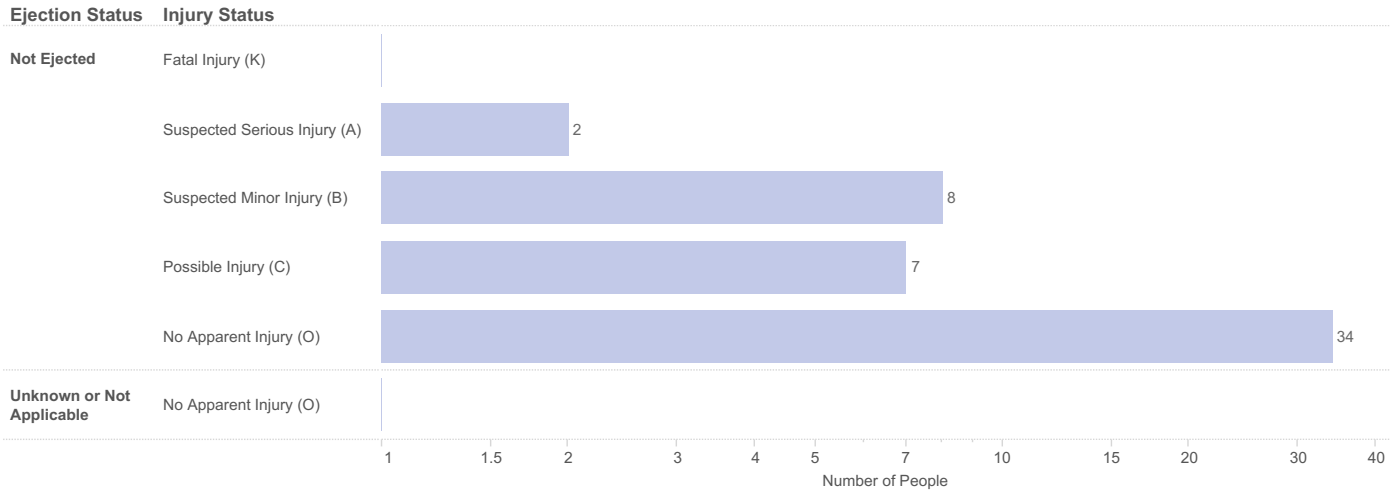
Queries Selected: Emphasis Area *All Crashes*, Town(s) *Norwich*, Date: *1/1/2022* to *8/31/2025*, Severity *All*, Route Class: *All*, Road Number(s) *All*, Local Road Name(s): *All*

Helmet Use for Motorcycle Riders

These data are exempt from discovery or admission under 23 U.S.C 409.
Data Extracted 9/3/2025

Crash Emphasis Areas - All Crashes

Queries Selected: Emphasis Area *All Crashes*, Town(s) *Norwich*, Date: *1/1/2022* to *8/31/2025*, Severity *All*, Route Class: *All*, Road Number(s) *All*, Local Road Name(s): *All*



Ejection Status	Injury Status	Drivers	Passengers	Other	Grand Total
Not Ejected	Fatal Injury (K)	1			1
	No Apparent Injury (O)	29	5		34
	Possible Injury (C)	5	2		7
	Suspected Minor Injury (B)	4	4		8
	Suspected Serious Injury (A)	2			2
	Total	41	11		52
Unknown or Not Applicable	Fatal Injury (K)	1			1
	No Apparent Injury (O)	24	3		27
	Possible Injury (C)	4	2		6
	Suspected Minor Injury (B)	2	2		4
	Suspected Serious Injury (A)	2			2
	Unknown			2	2
	Total	33	7	2	42
Grand Total		42	11	2	55

These data are exempt from discovery or admission under 23 U.S.C 409.
Data Extracted 9/3/2025

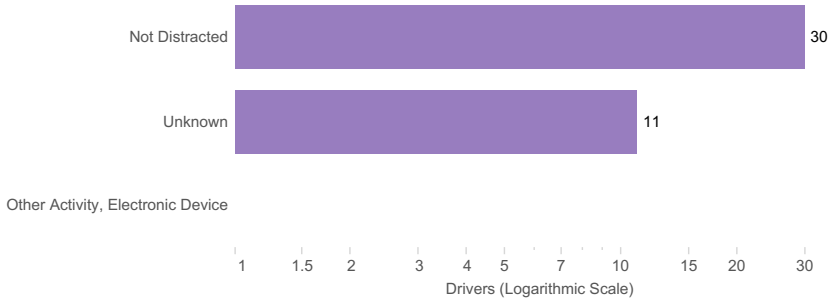
Crash Emphasis Areas - All Crashes

Queries Selected: Emphasis Area *All Crashes*, Town(s) *Norwich*, Date: *1/1/2022* to *8/31/2025*, Severity *All*, Route Class: *All*, Road Number(s) *All*, Local Road Name(s): *All*

Driver Distraction by Driver's First Action (excluding Null values)

	Not Distracted	Other Activity, Electronic Device	Unknown
No Contributing Action	16		2
Ran Off Roadway	4		4
Failed to Yield Right-of-Way	2	1	1
Ran Stop Sign	1		
Improper Backing	1		
Followed Too Closely	1		2
Failed to Keep in Proper Lane	2		
Operated in Careless/ Negligent Manner	1		
Other Action	1		
Unknown	1		2

Distracted Driving (excluding Null values)



	Number of People	% of Total People
Not Distracted	30.00	71.43%
Unknown	11.00	26.19%
Other Activity, Electronic Device	1.00	2.38%

These data are exempt from discovery or admission under 23 U.S.C 409.
Data Extracted 9/3/2025

CONNECTICUT UNIFORM POLICE CRASH REPORT

Form PR-1 REV July 2014.01

Crash Summary (Front)

Number of Motor Vehicles: *Automobiles, Motorcycles, etc.* **2**

Number of Non-Motorists: *Pedestrians, Bicyclists, etc.* **0**

Case Number: **23-7151-AC**

DOT Identifier: *For DOT use only*

CRASH DATE, TIME, SEVERITY, AND LOCATION

Date of Crash *(YYYYMMDD)*: **2023 0225**

Time *(0000-2359)*: **1349**

Town Name: **NORWICH**

Town#: **104**

Crash Severity: ◯ Fatal ◯ Injury ● PDO

Latitude: **+041.560170**

Longitude: **-072.067400**

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

220 HUNTERS RD at **402 MOHEGAN PARK RD**

If not at an intersection: distance ____ ◯ Feet ◯ Tenths of Mile N,S,E,W ____ of ____ name of nearest intersecting road, town line, or mile marker

For all numeric fields: 99 = 'Unknown'

CRASH FACTORS AND CONDITIONS

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

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

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

WEATHER CONDITIONS *(choose up to 2)*
07
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

TRAFFICWAY SURFACE CONDITIONS
03
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

LOCATION OF FIRST HARMFUL EVENT
01
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)*

CRASH-SPECIFIC LOCATION
02
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

TYPE OF INTERSECTION
03
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

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

FIRST HARMFUL EVENT
14

Non-Collision:
01. Overturn/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

Collision with Person, Vehicle, or Non-Fixed Object:
09. Pedestrian
10. Pedalcycle/Pedalcyclist
11. Other Non-motorist
12. Railway Vehicle *(train, engine)*
40. Deer
13. Animal Other Than Deer *(live)*
14. Motor Vehicle in Operation
15. Parked Motor Vehicle
16. Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle
17. Work Zone/Maintenance Equipment
18. 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)*
03
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

CONTRIBUTING CIRCUMSTANCES, ENVIRONMENTAL *(choose up to 3)*
01
00. None
01. Weather Conditions
02. Visual Obstruction(s)
03. Glare
04. Animal(s) in Roadway
88. Not Applicable
97. Other

CONTRIBUTING CIRCUMSTANCES, ROAD *(choose up to 3)*
05
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

For all numeric fields: 99 = 'Unknown'

WORK ZONE CRASH INFORMATION

Complete all for crashes occurring in a Work Zone

WORK ZONE
01
01. No
02. Yes

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

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

WORKERS PRESENT
88
01. No
02. Yes
88. Not Applicable

ENFORCEMENT PRESENT
88
01. No
02. Yes
88. Not Applicable

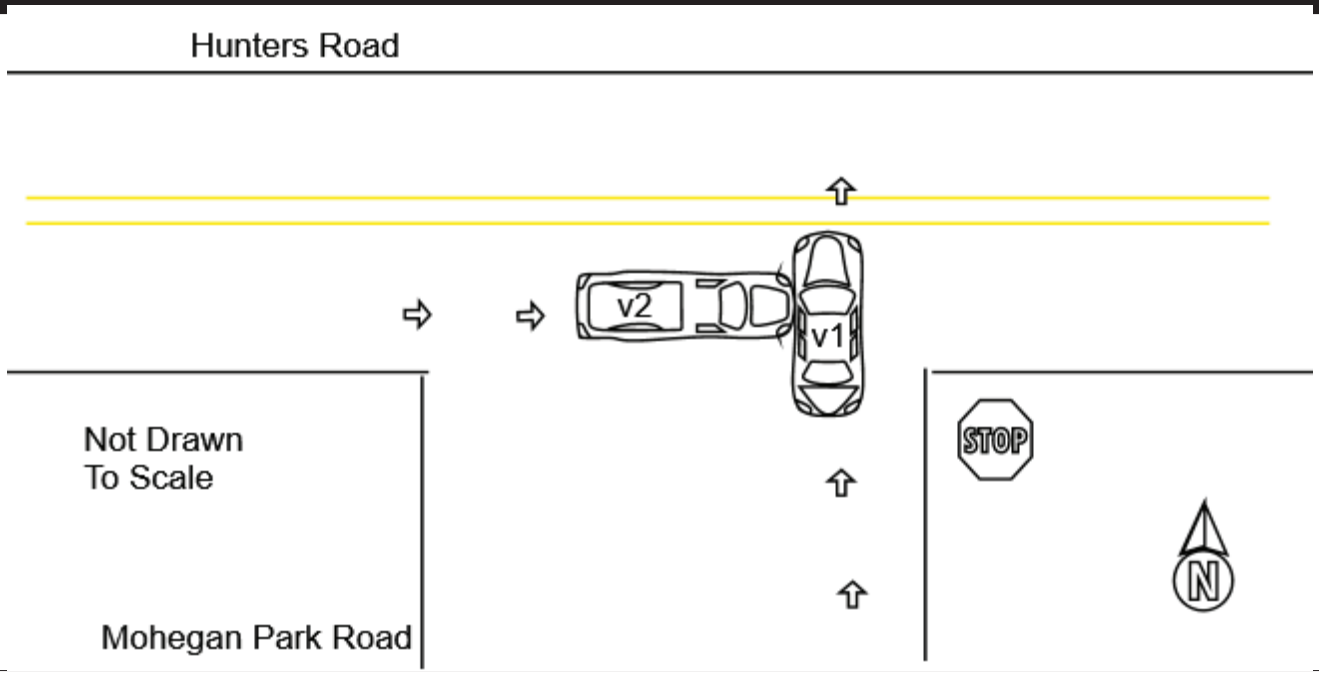
CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Crash Summary (Back)

Case Number: 23-7151-AC

DOT Identifier: *For DOT use only*

DIAGRAM



☐ Vehicles were moved prior to police arrival

Please indicate the direction of North within the diagram

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

Vehicle 1 was approaching the Stop Sign Northbound at Mohegan Park Road and Hunters Road.
Vehicle 2 was traveling Eastbound on Hunters Road.
Vehicle 1 slid on the snow covered roadway, through the stop sign and onto Hunters Road.
The front end of Vehicle 2 struck the left side of Vehicle 1.
Vehicle 1 sustained moderate damage to it's left side.
Vehicle 2 sustained moderate damage to it's front end.
There were no injuries reported at the scene.
Operator 1 stated he tried to stop at the Stop Sign at the intersection, however, due to the snow on the roadway, Vehicle 1 slid through the Stop Sign and into the intersection.
Operator 2 attempted to stop, however could not stop suddenly on the snowy roadway.
Operator 1 was issued a Written Warning for failure to stop at a stop sign (14-301).
Both vehicles were driven from the scene.
NCIC/COLLECT check negative.
End report.

Related Incident Number	Officer First Name	Officer Last Name	Badge Number	Police Agency Code
	Elizabeth	Harsley	1046	001040

Case Status
O - Open
C- Closed
O

Officer Signature: Elizabeth Harsley

Date & Time: 2023030211148

Supervisor:

Date & Time:

☐ This report is a revision to a previously submitted report

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Motor Vehicle ID: 1
Number of Occupants in Vehicle: 1 *(including the driver)*
Motor Vehicle Information (Front) *Complete One Sheet Per Motor Vehicle*
Case Number: 23-7151-AC
DOT Identifier: *For DOT use only*

MOTOR VEHICLE INFORMATION

VIN: 5 N P L N 4 A G 0 M H 0 4 1 2 2 3 ☐ VIN missing or removed ☐ Driver Evaded Responsibility
Plate #: BE54136 ☐ Invalid Plate ☐ No Plate
Make: HYUNDAI Color: GRAY Plate State: CT
Model: ELANTRA Year: 2021 Direction of Travel N, S, E, W
Total lanes in roadway: 2
Road on which vehicle was traveling: MOHEGAN PARK RD N ☐ Vehicle was not in roadway ☐ Unknown direction
☐ Bike lanes/sharrows present

MOTOR VEHICLE CRASH INFORMATION

For all numeric fields: 99 = 'Unknown'

SEQUENCE OF EVENTS
(choose up to four, in chronological order)

Non-Collision
01. Overturn/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 Centerline
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. Pedalcycle/Pedacyclist
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

1st: 22
2nd:
3rd:
4th:
Most Harmful Event:

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

11

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

00
88

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

25

TOWED
01. Towed Due to Disabling Damage
02. Towed, But Not Due to Disabling Damage
03. Not Towed

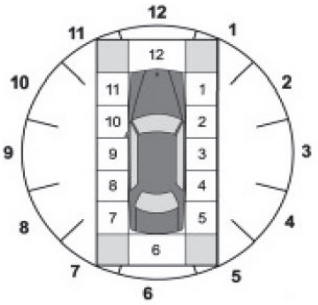
03

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. Motorcoach
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

01

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

09

Damaged Areas
00. None
14. Top
15. Undercarriage
17. All Areas
88. Applicable

09

EXTENT OF DAMAGE
01. No Visible Damage
02. Minor Damage
03. Functional Damage
04. Disabling Damage

03

MOTOR VEHICLE TYPE
01. Motor Vehicle in Operation
02. Parked Motor Vehicle
03. Working Vehicle/Equipment
04. Non-Collision Vehicle

01

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

01

ROADWAY GRADE
01. Level
02. Uphill
03. Hill Crest
04. Downhill
05. Sag *(bottom)*

01

ROADWAY ALIGNMENT
01. Straight
02. Curve Left
03. Curve Right

01

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

06

TRAFFIC CONTROL DEVICE FUNCTIONAL?
01. No
02. Yes
03. Missing
88. Not Applicable

02

INSURANCE INFORMATION

INSURANCE COMPANY	INSURANCE POLICY NUMBER	INSURANCE EXPIRATION DATE (yyyymmdd)
NEW SOUTH INS CO	2016868739	

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Motor Vehicle ID: 2
Number of Occupants in Vehicle: 1 *(including the driver)*

Motor Vehicle Information (Front)
Complete One Sheet Per Motor Vehicle

Case Number: 23-7151-AC
DOT Identifier: *For DOT use only*

MOTOR VEHICLE INFORMATION

VIN: 1D7HW48N15S260675 ☐ VIN missing or removed ☐ Driver Evaded Responsibility
Plate #: 6AVPU8 ☐ Invalid Plate ☐ No Plate
Make: DODGE
Color: BLUE
Plate State: CT
Model: DAKOTA
Year: 2005
Direction of Travel N, S, E, W
Total lanes in roadway: 2
Road on which vehicle was traveling: HUNTERS RD
E ☐ Vehicle was not in roadway ☐ Unknown direction
☐ Bike lanes/sharrows present

MOTOR VEHICLE CRASH INFORMATION

For all numeric fields: 99 = 'Unknown'

SEQUENCE OF EVENTS
(choose up to four, in chronological order)

1st: 22
2nd:
3rd:
4th:
Most Harmful Event:

Non-Collision
01. Overturn/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 Centerline
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. Pedalcycle/Pedacyclist
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
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
88
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

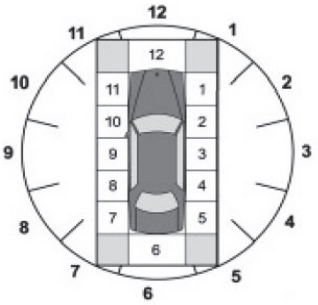
POSTED/STATUTORY SPEED LIMIT
(record the posted/statutory value as miles per hour)
25
01.:Not Posted
10, 15, 20, 25, 30, 35, 40, 45
50, 55, 60, 65, 70, 75, 80, 85
88.:Not Applicable

TOWED
03
01. Towed Due to Disabling Damage
02. Towed, But Not Due to Disabling Damage
03. Not Towed

TOWED TO

BODY TYPE
05
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. Motorcoach
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 12
13. Non-Collision
14. Top
15. Undercarriage
16. Cargo loss

Damaged Areas 12
00. None
14. Top
15. Undercarriage
17. All Areas
88. Applicable

EXTENT OF DAMAGE
03
01. No Visible Damage
02. Minor Damage
03. Functional Damage
04. Disabling Damage

MOTOR VEHICLE TYPE
01
01. Motor Vehicle in Operation
02. Parked Motor Vehicle
03. Working Vehicle/Equipment
04. Non-Collision Vehicle

TRAFFICWAY DESCRIPTION
01
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
04
01. Level
02. Uphill
03. Hill Crest
04. Downhill
05. Sag *(bottom)*

ROADWAY ALIGNMENT
01
01. Straight
02. Curve Left
03. Curve Right

TRAFFIC CONTROL DEVICE TYPE
01
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?
88
01. No
02. Yes
03. Missing
88. Not Applicable

INSURANCE INFORMATION

INSURANCE COMPANY	INSURANCE POLICY NUMBER	INSURANCE EXPIRATION DATE (yyyymmdd)
CENTURY NATIONAL	2014990702	

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Motor Vehicle Information (Back)
Complete One Sheet Per Motor Vehicle

Case Number: **23-7151-AC**

DOT Identifier: *For DOT use only*

MOTOR VEHICLE OWNERSHIP INFORMATION

Vehicle Owner Name *(Last, First, Middle, Suffix)* ☒ Information same as driver

STAPLINS, RICHARD A

Street Address or Post Office Box

303 MOHEGAN PARK RD Apt 106

City	State/Prov	Country	Postal Code
NORWICH	**CT**	**UNITED STATES**	**06360**

Email Address *(optional)*

Phone *(optional)* **860-574-0282**

SPECIAL VEHICLE FUNCTION — **01**
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

EMERGENCY VEHICLE — **01**
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

BUS USE — **01**
01. Not a Bus
02. School
03. Transit/Commuter
04. Intercity
05. Charter/Tour
06. Shuttle

PROPERTY DAMAGED

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

NATURE AND EXTENT OF DAMAGE TO PROPERTY 1

NAME OF OWNER OF PROPERTY 1

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
Form PR-1 REV June 2014.01

Motor Vehicle Information (Back)
Complete One Sheet Per Motor Vehicle

Case Number: **23-7151-AC**

DOT Identifier: *For DOT use only*

MOTOR VEHICLE OWNERSHIP INFORMATION

Vehicle Owner Name *(Last, First, Middle, Suffix)* ☒ Information same as driver

DAILEY, RONALD

Street Address or Post Office Box

6 HUNTERS RD

City	State/Prov	Country	Postal Code
NORWICH	**CT**	**UNITED STATES**	**06360**

Email Address *(optional)* | Phone *(optional)*

SPECIAL VEHICLE FUNCTION — **01**
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

EMERGENCY VEHICLE — **01**
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

BUS USE — **01**
01. Not a Bus
02. School
03. Transit/Commuter
04. Intercity
05. Charter/Tour
06. Shuttle

PROPERTY DAMAGED

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

NATURE AND EXTENT OF DAMAGE TO PROPERTY 1

NAME OF OWNER OF PROPERTY 1

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
Form PR-1 REV June 2014.01

Motor Vehicle Driver Information
Complete One Sheet Per Driver

Motor Vehicle ID: 1
Person ID: 1

Case Number: 23-7151-AC
DOT Identifier: *For DOT use only*

Name *(Last, First, Middle, Suffix)*: STAPLINS, RICHARD A III
Street Address *or PO Box:* 303 MOHEGAN PARK RD Apt 106
City: NORWICH State or Prov: CT Postal Code: 06360
Phone/Email *(optional)*: 860-574-0282(h)/860-887-9878(w)

GENDER: 01 (01. Male, 02. Female, 99. Unknown)
DATE OF BIRTH *(YYYYMMDD)*: 19870520
☐ Date of Birth is unknown

LICENSE INFO

For all numeric fields: 99 = 'Unknown'

LICENSE NUMBER: 058372514
STATE: CT

DRIVER LICENSE JURISDICTION: 02
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

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

COMMERCIAL LICENSE:
01. No
02. Yes

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

DRIVER INFORMATION

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

RESTRAINT SYSTEM: 01
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

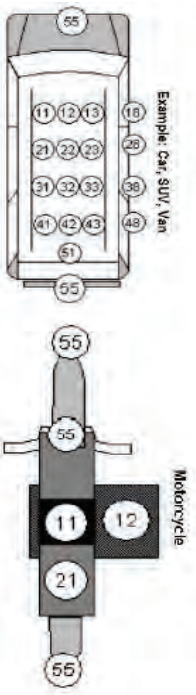
HELMET USE: 88
01. No Helmet
02. DOT-Compliant Motorcycle Helmet
03. Helmet, Other Than DOT-Compliant Motorcycle Helmet
04. Helmet, Unknown If DOT-Compliant
88. Not Applicable

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

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

SEATING POSITION FIRST DIGIT: 11
1_. Front Row

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)*: 05
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

DRIVER DISTRACTED BY: 01
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

CONDITION AT TIME OF CRASH *(choose up to 2)*: 01
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
99. Unknown

INJURY AND EMS INFORMATION

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

TRANSPORTED TO FIRST MEDICAL FACILITY BY: 01
01. Not Transported
02. EMS Air
03. EMS Ground
04. Law Enforcement
97. Other

EMS COMPANY NAME
EMS RUN NUMBER
INTENDED RECEIVING FACILITY

ENFORCEMENT ACTIONS TAKEN

ACTION BY OFFICER: 02
00. No Action
01. Verbal Warning
02. Written Warning
03. Infraction
04. Arrest/Summons

VIOLATION STATUTES: 14-301

DRUG/ALCOHOL INFORMATION

ALCOHOL TEST STATUS: 01
01. Test Not Given
02. Test Refused
03. Test Given
99. Unknown if Tested

TYPE OF ALCOHOL TEST: 88
01. Blood
02. Urine
03. Breath
88. Not Applicable
97. Other

DRUG TEST STATUS: 01
01. Test Not Given
02. Test Refused
03. Test Given
99. Unknown if Tested

TYPE OF DRUG TEST: 88
01. Blood
02. Urine
88. Not Applicable
97. Other

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Motor Vehicle ID: 2
Person ID: 2

Motor Vehicle Driver Information
Complete One Sheet Per Driver

Case Number: 23-7151-AC
DOT Identifier: *For DOT use only*

Name *(Last, First, Middle, Suffix)*: DAILEY, RONALD
Street Address *or PO Box:* 6 HUNTERS RD
City: NORWICH State or Prov: CT Postal Code: 06360
Phone/Email *(optional)*:

GENDER: 01. Male, 02. Female, 99. Unknown → 01
DATE OF BIRTH *(YYYYMMDD)*: 19691101 ☐ Date of Birth is unknown

LICENSE INFO

For all numeric fields: 99 = 'Unknown'

LICENSE NUMBER: 119174930
STATE: CT

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 → 02

LICENSE CLASS: 00. None, 01. Class A, 02. Class B, 03. Class C, 04. Class D, 05. Class M, 88. Not Applicable → 04

COMMERCIAL LICENSE: 01. No, 02. Yes → ☐

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

DRIVER INFORMATION

EJECTION: 01. Not Ejected, 02. Ejected, Partially, 03. Ejected, Totally, 88. Not Applicable → 01

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 → 01

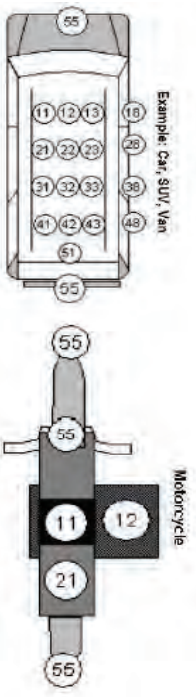
HELMET USE: 01. No Helmet, 02. DOT-Compliant Motorcycle Helmet, 03. Helmet, Other Than DOT-Compliant Motorcycle Helmet, 04. Helmet, Unknown If DOT-Compliant, 88. Not Applicable → 88

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

SPEED RELATED: 01. No, 02. Racing, 03. Exceeded Speed Limit, 04. Too Fast for Conditions → 01

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 → 01 / ☐ / ☐

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 → 01

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, 99. Unknown → 01 / ☐

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 → 01

EMS COMPANY NAME
EMS RUN NUMBER
INTENDED RECEIVING FACILITY

ENFORCEMENT ACTIONS TAKEN

ACTION BY OFFICER: 00. No Action, 01. Verbal Warning, 02. Written Warning, 03. Infraction, 04. Arrest/Summons → 00

VIOLATION STATUTES

DRUG/ALCOHOL INFORMATION

ALCOHOL TEST STATUS: 01. Test Not Given, 02. Test Refused, 03. Test Given, 99. Unknown if Tested → 01

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 → 01

TYPE OF DRUG TEST: 01. Blood, 02. Urine, 88. Not Applicable, 97. Other → 88

Norwich Police Department
Images Associated with 23-7151-AC













CONNECTICUT UNIFORM POLICE CRASH REPORT

Form PR-1 REV July 2014.01

Crash Summary (Front)

Number of Motor Vehicles: *Automobiles, Motorcycles, etc.* **2**

Number of Non-Motorists: *Pedestrians, Bicyclists, etc.* **0**

Case Number: **23-9288-AC**

DOT Identifier: *For DOT use only*

CRASH DATE, TIME, SEVERITY, AND LOCATION

Date of Crash *(YYYYMMDD)*: **2 0 2 3 0 3 1 6**

Time *(0000-2359)*: **1 6 0 3**

Town Name: **NORWICH**

Town#: **104**

Crash Severity: ◯ Fatal ◯ Injury ● PDO

Latitude: **+041.560490**

Longitude: **-072.056830**

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

136 HUNTERS AV at **97 HUNTERS RD**

If not at an intersection: distance ◯ Feet ◯ Tenths of Mile; N,S,E,W; name of nearest intersecting road, town line, or mile marker: of

For all numeric fields: 99 = 'Unknown'

CRASH FACTORS AND CONDITIONS

TRAFFICWAY OWNERSHIP — 01
01. Public Road
02. Private Road
88. Not Applicable

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

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

WEATHER CONDITIONS *(choose up to 2)* — 01
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

TRAFFICWAY SURFACE CONDITIONS — 01
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

LOCATION OF FIRST HARMFUL EVENT — 01
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)*

CRASH-SPECIFIC LOCATION — 02
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

TYPE OF INTERSECTION — 03
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

SCHOOL BUS RELATED — 01
01. No
02. Yes, a school bus was directly involved
03. Yes, a school bus was indirectly involved

FIRST HARMFUL EVENT — 14

Non-Collision:
01. Overturn/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

Collision with Person, Vehicle, or Non-Fixed Object:
09. Pedestrian
10. Pedalcycle/Pedalcyclist
11. Other Non-motorist
12. Railway Vehicle *(train, engine)*
40. Deer
13. Animal Other Than Deer *(live)*
14. Motor Vehicle in Operation
15. Parked Motor Vehicle
16. Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle
17. Work Zone/Maintenance Equipment
18. 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)* — 03
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

CONTRIBUTING CIRCUMSTANCES, ENVIRONMENTAL *(choose up to 3)* — 00
00. None
01. Weather Conditions
02. Visual Obstruction(s)
03. Glare
04. Animal(s) in Roadway
88. Not Applicable
97. Other

CONTRIBUTING CIRCUMSTANCES, ROAD *(choose up to 3)* — 00
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

For all numeric fields: 99 = 'Unknown'

WORK ZONE CRASH INFORMATION

Complete all for crashes occurring in a Work Zone

WORK ZONE — 01
01. No
02. Yes

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

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

WORKERS PRESENT — 88
01. No
02. Yes
88. Not Applicable

ENFORCEMENT PRESENT — 88
01. No
02. Yes
88. Not Applicable

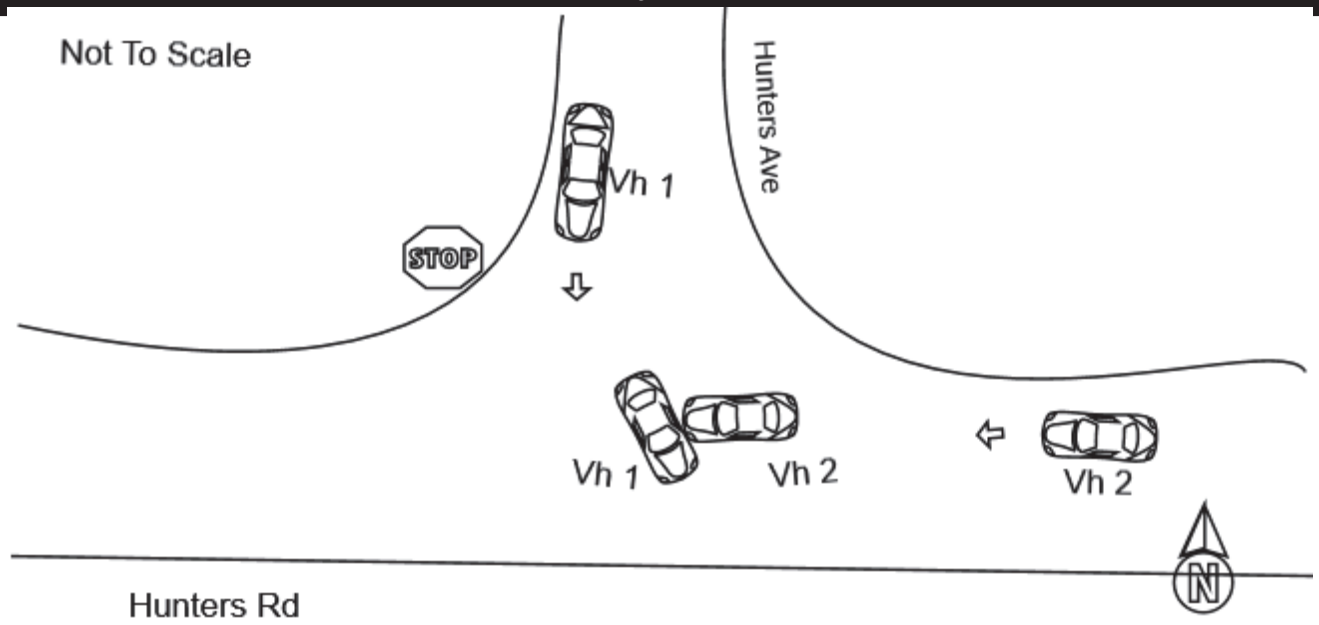
CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Crash Summary (Back)

Case Number: 23-9288-AC

DOT Identifier: *For DOT use only*

DIAGRAM



☐ Vehicles were moved prior to police arrival

Please indicate the direction of North within the diagram

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 03/16/2023 at approximately 1603 hours Vehicle 1 was stopped at a Stop Sign on Hunters Avenue intending to turn left. Vehicle 2 was traveling Westbound on Hunters Rd intending to continue driving straight. Vehicle 1 proceeded to turn left onto Hunters Rd heading Eastbound. Vehicle 2 collided with Vehicle 1 at an angle.

Operator 1 stated they did not see Vehicle 2 approaching and that they must have been speeding. Vehicle 1 had damage to the driver side door that appeared to prevent the door from opening. Neither of the occupants of the vehicle stated they had injuries. Vehicle 1 was driven away from the scene by the operator.
Photographs were taken of the scene and of Vehicle 1.

Operator 2 stated they were driving straight when Vehicle 1 pulled onto the roadway and thats when she collided with the vehicle. Vehicle 2 had damage to the front bumper.
The vehicle appeared drivable but Operator 2 requested a tow truck.
Photographs were taken of the scene and of Vehicle 2.

Operator 1 was issued a Written Warning for C.G.S. 14-301.

Related Incident Number	Officer First Name	Officer Last Name	Badge Number	Police Agency Code
	Mason	Mobley	1093	001040

Case Status
O - Open
C- Closed
O

Officer Signature: Mason Mobley

Date & Time: 2023031621102

Supervisor: Harrison Formiglio

Date & Time: 2023042412422

☐ This report is a revision to a previously submitted report

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Motor Vehicle ID: 1
Number of Occupants in Vehicle: 2 *(including the driver)*

Motor Vehicle Information (Front)
Complete One Sheet Per Motor Vehicle

Case Number: 23-9288-AC
DOT Identifier: *For DOT use only*

MOTOR VEHICLE INFORMATION

VIN: 5 N P D H 4 A E 9 D H 2 2 1 6 3 4 ☐ VIN missing or removed ☐ Driver Evaded Responsibility
Plate #: KBA8639 ☐ Invalid Plate ☐ No Plate
Make: HYUNDAI
Color: BLUE
Plate State: NC
Model: ELANTRA
Year: 2013
Direction of Travel N, S, E, W
Total lanes in roadway: 2
Road on which vehicle was traveling: HUNNTERS ROAD
E ☐ Vehicle was not in roadway ☐ Unknown direction
☐ Bike lanes/sharrows present

MOTOR VEHICLE CRASH INFORMATION

For all numeric fields: 99 = 'Unknown'

SEQUENCE OF EVENTS
(choose up to four, in chronological order)

1st: 22
2nd:
3rd:
4th:

Most Harmful Event: 22

Non-Collision
01. Overturn/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 Centerline
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. Pedalcycle/Pedacyclist
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
07
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
88
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

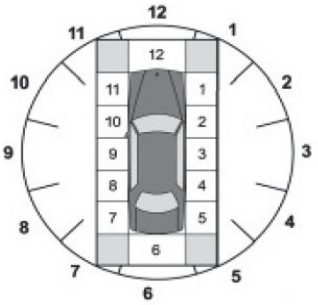
POSTED/STATUTORY SPEED LIMIT
(record the posted/statutory value as miles per hour)
30
01.:Not Posted
10, 15, 20, 25, 30, 35, 40, 45
50, 55, 60, 65, 70, 75, 80, 85
88.:Not Applicable

TOWED
03
01. Towed Due to Disabling Damage
02. Towed, But Not Due to Disabling Damage
03. Not Towed

TOWED TO

BODY TYPE
01
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. Motorcoach
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 09
13. Non-Collision
14. Top
15. Undercarriage
16. Cargo loss

Damaged Areas 09
00. None
14. Top
15. Undercarriage
17. All Areas
88. Applicable

EXTENT OF DAMAGE
02
01. No Visible Damage
02. Minor Damage
03. Functional Damage
04. Disabling Damage

MOTOR VEHICLE TYPE
01
01. Motor Vehicle in Operation
02. Parked Motor Vehicle
03. Working Vehicle/Equipment
04. Non-Collision Vehicle

TRAFFICWAY DESCRIPTION
01
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
04
01. Level
02. Uphill
03. Hill Crest
04. Downhill
05. Sag *(bottom)*

ROADWAY ALIGNMENT
02
01. Straight
02. Curve Left
03. Curve Right

TRAFFIC CONTROL DEVICE TYPE
06
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?
02
01. No
02. Yes
03. Missing
88. Not Applicable

INSURANCE INFORMATION

INSURANCE COMPANY	INSURANCE POLICY NUMBER	INSURANCE EXPIRATION DATE (yyyymmdd)
STATE FARM	1099159B2607	

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Motor Vehicle ID: 2
Number of Occupants in Vehicle: 2 *(including the driver)*

Motor Vehicle Information (Front)
Complete One Sheet Per Motor Vehicle

Case Number: 23-9288-AC
DOT Identifier: *For DOT use only*

MOTOR VEHICLE INFORMATION

VIN: 2T1BURHE8GC530251 ☐ VIN missing or removed ☐ Driver Evaded Responsibility
Plate #: UJA2386 ☒ Invalid Plate ☐ No Plate
Make: TOYOTA Color: BLUE Plate State: VA
Model: COROLLA Year: 2016
Direction of Travel N, S, E, W
Total lanes in roadway: 2
Road on which vehicle was traveling: HUNTERS RD W ☐ Vehicle was not in roadway ☐ Unknown direction
☐ Bike lanes/sharrows present

MOTOR VEHICLE CRASH INFORMATION

For all numeric fields: 99 = 'Unknown'

SEQUENCE OF EVENTS
(choose up to four, in chronological order)

Non-Collision
01. Overturn/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 Centerline
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. Pedalcycle/Pedacyclist
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

1st: 22
2nd:
3rd:
4th:
Most Harmful Event: 22

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

01

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

00
88

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

30

TOWED
01. Towed Due to Disabling Damage
02. Towed, But Not Due to Disabling Damage
03. Not Towed

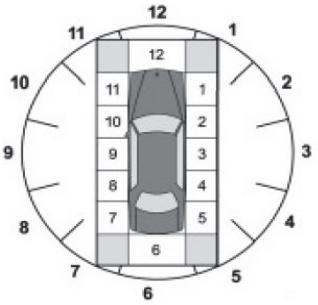
02

TOWED TO
NORTHEAST TOWING

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. Motorcoach
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

01

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

12

Damaged Areas
00. None
14. Top
15. Undercarriage
17. All Areas
88. Applicable

12

EXTENT OF DAMAGE
01. No Visible Damage
02. Minor Damage
03. Functional Damage
04. Disabling Damage

02

MOTOR VEHICLE TYPE
01. Motor Vehicle in Operation
02. Parked Motor Vehicle
03. Working Vehicle/Equipment
04. Non-Collision Vehicle

01

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

01

ROADWAY GRADE
01. Level
02. Uphill
03. Hill Crest
04. Downhill
05. Sag *(bottom)*

01

ROADWAY ALIGNMENT
01. Straight
02. Curve Left
03. Curve Right

02

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

01

TRAFFIC CONTROL DEVICE FUNCTIONAL?
01. No
02. Yes
03. Missing
88. Not Applicable

88

INSURANCE INFORMATION

INSURANCE COMPANY	INSURANCE POLICY NUMBER	INSURANCE EXPIRATION DATE (yyyymmdd)
LIBERTY MUTUAL	A0V21244828435	

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Motor Vehicle Information (Back)
Complete One Sheet Per Motor Vehicle

Case Number: **23-9288-AC**

DOT Identifier: *For DOT use only*

MOTOR VEHICLE OWNERSHIP INFORMATION

Vehicle Owner Name *(Last, First, Middle, Suffix)* ☐ Information same as driver

MCCRAY, IECHA E

Street Address or Post Office Box

43 PRATT AV Apt 4

City	State/Prov	Country	Postal Code
TAFTVILLE	**CT**		**06380**

Email Address *(optional)*

Phone *(optional)* **860-962-1881**

SPECIAL VEHICLE FUNCTION — **01**
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

EMERGENCY VEHICLE — **01**
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

BUS USE — **01**
01. Not a Bus
02. School
03. Transit/Commuter
04. Intercity
05. Charter/Tour
06. Shuttle

PROPERTY DAMAGED

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

NATURE AND EXTENT OF DAMAGE TO PROPERTY 1

NAME OF OWNER OF PROPERTY 1

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
Form PR-1 REV June 2014.01

Motor Vehicle Information (Back)
Complete One Sheet Per Motor Vehicle

Case Number: **23-9288-AC**

DOT Identifier: *For DOT use only*

MOTOR VEHICLE OWNERSHIP INFORMATION

Vehicle Owner Name *(Last, First, Middle, Suffix)* ☒ Information same as driver

BROWN, ALYSSA

Street Address or Post Office Box

16 QUINEBAUG RD

City	State/Prov	Country	Postal Code
NORWICH	**CT**		**06360**

Email Address *(optional)*

Phone *(optional)* **860-887-6863**

SPECIAL VEHICLE FUNCTION

01

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

EMERGENCY VEHICLE

01

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

BUS USE

01

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

PROPERTY DAMAGED

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

NATURE AND EXTENT OF DAMAGE TO PROPERTY 1

NAME OF OWNER OF PROPERTY 1

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
Form PR-1 REV June 2014.01

Motor Vehicle ID: 1
Person ID: 1

Motor Vehicle Driver Information
Complete One Sheet Per Driver

Case Number: 23-9288-AC
DOT Identifier: *For DOT use only*

Name *(Last, First, Middle, Suffix)*: FAIR, TASHAUR
Street Address *or PO Box:* 341 TOWNSEND AVE
City: NEW HAVEN State or Prov: CT Postal Code: 06501
Phone/Email *(optional)*:

GENDER: 01. Male, 02. Female, 99. Unknown — 01
DATE OF BIRTH *(YYYYMMDD)*: 19930214 ☐ Date of Birth is unknown

LICENSE INFO

For all numeric fields: 99 = 'Unknown'

LICENSE NUMBER: 029584224
STATE: CT

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

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

COMMERCIAL LICENSE
01. No
02. Yes

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

DRIVER INFORMATION

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

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
— 01

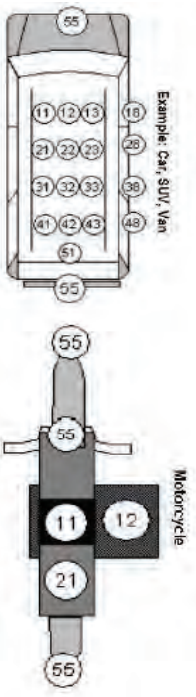
HELMET USE
01. No Helmet
02. DOT-Compliant Motorcycle Helmet
03. Helmet, Other Than DOT-Compliant Motorcycle Helmet
04. Helmet, Unknown If DOT-Compliant
88. Not Applicable
— 88

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

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

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
— 03

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
— 01

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
99. Unknown
— 01

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
— 01

EMS COMPANY NAME
EMS RUN NUMBER
INTENDED RECEIVING FACILITY

ENFORCEMENT ACTIONS TAKEN

ACTION BY OFFICER
00. No Action
01. Verbal Warning
02. Written Warning
03. Infraction
04. Arrest/Summons
— 02

VIOLATION STATUTES: 14-301

DRUG/ALCOHOL INFORMATION

ALCOHOL TEST STATUS
01. Test Not Given
02. Test Refused
03. Test Given
99. Unknown if Tested
— 01

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
— 01

TYPE OF DRUG TEST
01. Blood
02. Urine
88. Not Applicable
97. Other
— 88

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Motor Vehicle Driver Information
Complete One Sheet Per Driver

Motor Vehicle ID: 2
Person ID: 2

Case Number: 23-9288-AC
DOT Identifier: *For DOT use only*

Name *(Last, First, Middle, Suffix)*: BROWN, ALYSSA
Street Address *or PO Box:* 16 QUINEBAUG RD
City: NORWICH State or Prov: CT Postal Code: 06360
Phone/Email *(optional)*: 860-887-6863(h)

GENDER: 01. Male, 02. Female, 99. Unknown — 02
DATE OF BIRTH *(YYYYMMDD)*: 20001114 ☐ Date of Birth is unknown

LICENSE INFO

For all numeric fields: 99 = 'Unknown'

LICENSE NUMBER

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

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

COMMERCIAL LICENSE
01. No
02. Yes

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

DRIVER INFORMATION

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

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
— 01

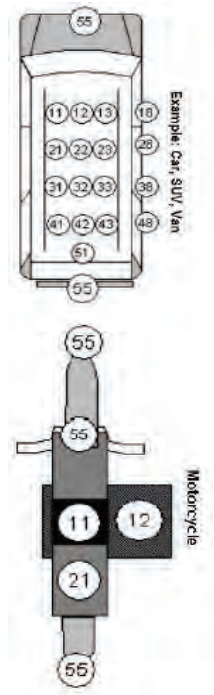
HELMET USE
01. No Helmet
02. DOT-Compliant Motorcycle Helmet
03. Helmet, Other Than DOT-Compliant Motorcycle Helmet
04. Helmet, Unknown If DOT-Compliant
88. Not Applicable
— 88

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

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

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
— 01

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
— 01

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
99. Unknown
— 01

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
— 01

EMS COMPANY NAME

EMS RUN NUMBER

INTENDED RECEIVING FACILITY

ENFORCEMENT ACTIONS TAKEN

ACTION BY OFFICER
00. No Action
01. Verbal Warning
02. Written Warning
03. Infraction
04. Arrest/Summons
— 00

VIOLATION STATUTES

DRUG/ALCOHOL INFORMATION

ALCOHOL TEST STATUS
01. Test Not Given
02. Test Refused
03. Test Given
99. Unknown if Tested
— 01

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
— 01

TYPE OF DRUG TEST
01. Blood
02. Urine
88. Not Applicable
97. Other
— 88

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Motor Vehicle ID: 1

Motor Vehicle Passenger Information
Complete this sheet for Passengers in this Motor Vehicle

Case Number: 23-9288-AC

DOT Identifier: *For DOT use only*

PERSON ID 3 — PASSENGER INFORMATION

For all numeric fields: 99 = 'Unknown'

NAME: MCCRAY, IECHA E
PERSON TYPE: 02
SEATING POSITION: 13
ADDRESS: 43 PRATT AV Apt 4
RESTRAINT SYSTEM: 01
CITY: TAFTVILLE
STATE or PROV: CT
POSTAL CODE: 06380
HELMET USE: 88
DATE OF BIRTH *(YYYYMMDD)*: 19940112
☐ Date of Birth is unknown
GENDER: 01. Male 02. Female 99. Unknown — 02
INTENDED RECEIVING FACILITY:
EJECTION: 01
AIR BAG: 01
INJURY STATUS: O
EMS COMPANY NAME:
EMS RUN NUMBER:
TRANSPORTED TO 1st MEDICAL FACILITY BY: 01

PERSON ID

For all numeric fields: 99 = 'Unknown'

NAME:
PERSON TYPE:
SEATING POSITION:
ADDRESS:
RESTRAINT SYSTEM:
CITY:
STATE or PROV:
POSTAL CODE:
HELMET USE:
DATE OF BIRTH *(YYYYMMDD)*:
☐ Date of Birth is unknown
GENDER: 01. Male 02. Female 99. Unknown
INTENDED RECEIVING FACILITY:
EJECTION:
AIR BAG:
INJURY STATUS:
EMS COMPANY NAME:
EMS RUN NUMBER:
TRANSPORTED TO 1st MEDICAL FACILITY BY:

PERSON ID

For all numeric fields: 99 = 'Unknown'

NAME:
PERSON TYPE:
SEATING POSITION:
ADDRESS:
RESTRAINT SYSTEM:
CITY:
STATE or PROV:
POSTAL CODE:
HELMET USE:
DATE OF BIRTH *(YYYYMMDD)*:
☐ Date of Birth is unknown
GENDER: 01. Male 02. Female 99. Unknown
INTENDED RECEIVING FACILITY:
EJECTION:
AIR BAG:
INJURY STATUS:
EMS COMPANY NAME:
EMS RUN NUMBER:
TRANSPORTED TO 1st MEDICAL FACILITY BY:

PERSON ID

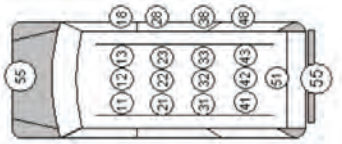
For all numeric fields: 99 = 'Unknown'

NAME:
PERSON TYPE:
SEATING POSITION:
ADDRESS:
RESTRAINT SYSTEM:
CITY:
STATE or PROV:
POSTAL CODE:
HELMET USE:
DATE OF BIRTH *(YYYYMMDD)*:
☐ Date of Birth is unknown
GENDER: 01. Male 02. Female 99. Unknown
INTENDED RECEIVING FACILITY:
EJECTION:
AIR BAG:
INJURY STATUS:
EMS COMPANY NAME:
EMS RUN NUMBER:
TRANSPORTED TO 1st MEDICAL FACILITY BY:

Use additional sheets if more than 4 passengers occupied this motor vehicle

PERSON TYPE
02. Passenger
07. Occupant of Parked Motor Vehicle
99. Unknown

SEATING POSITION
Example: Car, SUV, Van



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
05. Child Restraint System Forward Facing
06. Child Restraint System Rear Facing
07. Booster Seat
08. Child Restraint Type Unknown
88. Not Applicable
97. Other
99. Unknown

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
99. Unknown If Helmet Worn

EJECTION
01. Not Ejected
02. Ejected, Partially
03. Ejected, Totally
88. Not Applicable
99. Unknown

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

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

TRANSPORTED TO FIRST MEDICAL FACILITY BY
01. Not Transported
02. EMS Air
03. EMS Ground
04. Law Enforcement
97. Other
99. Unknown

Motor Vehicle ID: 2

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Motor Vehicle Passenger Information
Complete this sheet for Passengers in this Motor Vehicle

Case Number: 23-9288-AC

DOT Identifier: *For DOT use only*

PERSON ID 4 — PASSENGER INFORMATION

For all numeric fields: 99 = 'Unknown'

NAME: CHRISTIANS, ALAINA	PERSON TYPE: 02	SEATING POSITION: 23
ADDRESS: 16 QUINEBAUG RD		RESTRAINT SYSTEM: 05
CITY: NORWICH	STATE or PROV: CT / POSTAL CODE: 06360	HELMET USE: 88
DATE OF BIRTH *(YYYYMMDD)*: 20210224 ☐ Date of Birth is unknown	GENDER: 01. Male 02. Female 99. Unknown → 02	EJECTION: 01
	INTENDED RECEIVING FACILITY:	AIR BAG: 01
		INJURY STATUS: O
EMS COMPANY NAME:	EMS RUN NUMBER:	TRANSPORTED TO 1st MEDICAL FACILITY BY: 01

PERSON ID

For all numeric fields: 99 = 'Unknown'

NAME:	PERSON TYPE:	SEATING POSITION:
ADDRESS:		RESTRAINT SYSTEM:
CITY:	STATE or PROV: / POSTAL CODE:	HELMET USE:
DATE OF BIRTH *(YYYYMMDD)*: ☐ Date of Birth is unknown	GENDER: 01. Male 02. Female 99. Unknown	EJECTION:
	INTENDED RECEIVING FACILITY:	AIR BAG:
		INJURY STATUS:
EMS COMPANY NAME:	EMS RUN NUMBER:	TRANSPORTED TO 1st MEDICAL FACILITY BY:

PERSON ID

For all numeric fields: 99 = 'Unknown'

NAME:	PERSON TYPE:	SEATING POSITION:
ADDRESS:		RESTRAINT SYSTEM:
CITY:	STATE or PROV: / POSTAL CODE:	HELMET USE:
DATE OF BIRTH *(YYYYMMDD)*: ☐ Date of Birth is unknown	GENDER: 01. Male 02. Female 99. Unknown	EJECTION:
	INTENDED RECEIVING FACILITY:	AIR BAG:
		INJURY STATUS:
EMS COMPANY NAME:	EMS RUN NUMBER:	TRANSPORTED TO 1st MEDICAL FACILITY BY:

PERSON ID

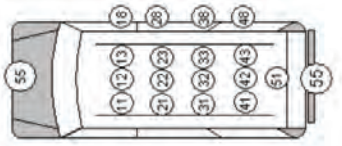
For all numeric fields: 99 = 'Unknown'

NAME:	PERSON TYPE:	SEATING POSITION:
ADDRESS:		RESTRAINT SYSTEM:
CITY:	STATE or PROV: / POSTAL CODE:	HELMET USE:
DATE OF BIRTH *(YYYYMMDD)*: ☐ Date of Birth is unknown	GENDER: 01. Male 02. Female 99. Unknown	EJECTION:
	INTENDED RECEIVING FACILITY:	AIR BAG:
		INJURY STATUS:
EMS COMPANY NAME:	EMS RUN NUMBER:	TRANSPORTED TO 1st MEDICAL FACILITY BY:

Use additional sheets if more than 4 passengers occupied this motor vehicle

PERSON TYPE
02. Passenger
07. Occupant of Parked Motor Vehicle
99. Unknown

SEATING POSITION
Example: Car, SUV, Van



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
05. Child Restraint System Forward Facing
06. Child Restraint System Rear Facing
07. Booster Seat
08. Child Restraint Type Unknown
88. Not Applicable
97. Other
99. Unknown

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
99. Unknown If Helmet Worn

EJECTION
01. Not Ejected
02. Ejected, Partially
03. Ejected, Totally
88. Not Applicable
99. Unknown

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

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

TRANSPORTED TO FIRST MEDICAL FACILITY BY
01. Not Transported
02. EMS Air
03. EMS Ground
04. Law Enforcement
97. Other
99. Unknown

Norwich Police Department
Images Associated with 23-9288-AC









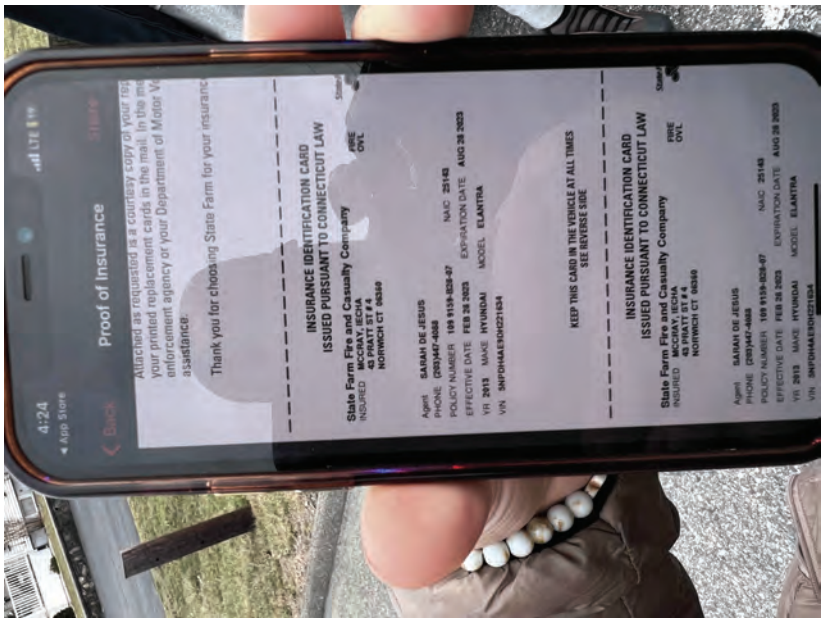




Norwich Police Department
Images Associated with 23-9288-AC













Norwich Police Department
Images Associated with 23-9288-AC







CONNECTICUT UNIFORM POLICE CRASH REPORT

Form PR-1 REV July 2014.01

Crash Summary (Front)

Number of Motor Vehicles: *Automobiles, Motorcycles, etc.* **2**

Number of Non-Motorists: *Pedestrians, Bicyclists, etc.* **0**

Case Number: **23-14749-AC**

DOT Identifier: *For DOT use only*

CRASH DATE, TIME, SEVERITY, AND LOCATION

Date of Crash *(YYYYMMDD)*: **2023 0430**

Time *(0000-2359)*: **1413**

Town Name: **NORWICH**

Town#: **104**

Crash Severity: ○ Fatal ○ Injury ● PDO

Latitude: **+041.560646**

Crash occurred on (street name or route #): **183 HUNTERS RD**

at:

Longitude: **-072.064457**

If not at an intersection: distance **100** ● Feet ○ Tenths of Mile

N,S,E,W: **E**

of name of nearest intersecting road, town line, or mile marker: **TETREAULT AVE**

For all numeric fields: 99 = 'Unknown'

CRASH FACTORS AND CONDITIONS

TRAFFICWAY OWNERSHIP — **01**
01. Public Road
02. Private Road
88. Not Applicable

TRAFFICWAY CLASS — **02**
01. Trafficway, On Road
02. Trafficway, Not on Road
03. Non-Trafficway
04. Parking Lot

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

WEATHER CONDITIONS *(choose up to 2)* — **02**
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

TRAFFICWAY SURFACE CONDITIONS — **01**
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

LOCATION OF FIRST HARMFUL EVENT — **01**
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)*

CRASH-SPECIFIC LOCATION — **01**
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

TYPE OF INTERSECTION — **01**
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

SCHOOL BUS RELATED — **01**
01. No
02. Yes, a school bus was directly involved
03. Yes, a school bus was indirectly involved

FIRST HARMFUL EVENT — **14**

Non-Collision:
01. Overturn/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

Collision with Person, Vehicle, or Non-Fixed Object:
09. Pedestrian
10. Pedalcycle/Pedalcyclist
11. Other Non-motorist
12. Railway Vehicle *(train, engine)*
40. Deer
13. Animal Other Than Deer *(live)*
14. Motor Vehicle in Operation
15. Parked Motor Vehicle
16. Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle
17. Work Zone/Maintenance Equipment
18. 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)* — **03**
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

CONTRIBUTING CIRCUMSTANCES, ENVIRONMENTAL *(choose up to 3)* — **99**
00. None
01. Weather Conditions
02. Visual Obstruction(s)
03. Glare
04. Animal(s) in Roadway
88. Not Applicable
97. Other

CONTRIBUTING CIRCUMSTANCES, ROAD *(choose up to 3)* — **00**
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

For all numeric fields: 99 = 'Unknown'

WORK ZONE CRASH INFORMATION

Complete all for crashes occurring in a Work Zone

WORK ZONE — **01**
01. No
02. Yes

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

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

WORKERS PRESENT — **88**
01. No
02. Yes
88. Not Applicable

ENFORCEMENT PRESENT — **88**
01. No
02. Yes
88. Not Applicable

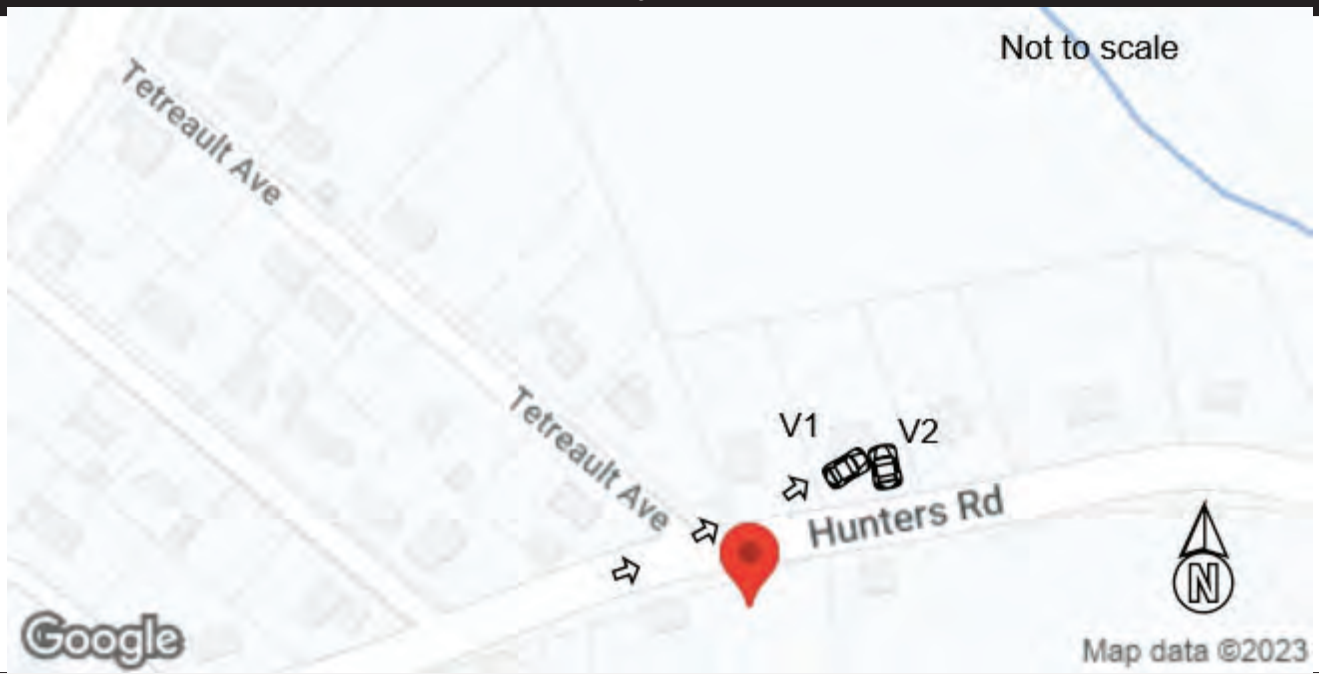
CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Crash Summary (Back)

Case Number: 23-14749-AC

DOT Identifier: *For DOT use only*

DIAGRAM



☐ Vehicles were moved prior to police arrival

Please indicate the direction of North within the diagram

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

V1 was traveling Eastbound on Hunters Rd. As V1 approached the area of Tetreault Av it crossed into the Westbound lane of Hunters Rd. V1 continued Eastbound leaving the road and into the front yard of 187 Hunters Rd impacting lawn decorations and a cement planter. V1 continued Eastbound over a retaining wall onto the driveway of 187 Hunters Rd. V1 then continued Eastbound impacting the fence of 183 Hunters Rd. One section of the fence was dislodged as a result. V1 then continued over the lawn of 183 Hunters Rd. V1 impacted V2 which was parked unoccupied in the driveway of 183 Hunters Rd. V1 came to a stop after impacting V2. V1 received heavy front end damage. V2 received disabling damage to the front drivers side fender area. Photos of all the damage were taken and are attached to this report.

I interviewed Op1. Op1 was unable to explain how the accident occurred. He stated it may have been a mechanical issue with the vehicle. No witnesses were located at the time of the accident. No injuries were reported at the time of this report. V1 was towed by Northeast Towing due to damage. Op1 was issued a Written Warning for 14-230 Failure to drive right.

Case closed.

Related Incident Number	Officer First Name	Officer Last Name	Badge Number	Police Agency Code
	John	Tangney	1027	001040

Case Status
O - Open
C- Closed
C

Officer Signature: John Tangney

Date & Time: 2023050610 14

Supervisor: Harrison Formiglio

Date & Time: 2023053010 21

☐ This report is a revision to a previously submitted report

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Motor Vehicle ID: **1**

Number of Occupants in Vehicle: *(including the driver)* **2**

Motor Vehicle Information (Front)
Complete One Sheet Per Motor Vehicle

Case Number: **23-14749-AC**

DOT Identifier: *For DOT use only*

MOTOR VEHICLE INFORMATION

VIN: **W B A V C 9 3 5 2 8 K 0 4 1 0 9 0** ☐ VIN missing or removed ☐ Driver Evaded Responsibility

Plate #: **BH63321** ☐ Invalid Plate ☐ No Plate

Make: **BMW** Color: **ALUMINUM** Plate State: **CT**

Model: **328XI** Year: **2008** Direction of Travel N, S, E, W

Total lanes in roadway: **2**

Road on which vehicle was traveling: **HUNTERS RD** **E** ☐ Vehicle was not in roadway ☐ Unknown direction

☐ Bike lanes/sharrows present

MOTOR VEHICLE CRASH INFORMATION

For all numeric fields: 99 = 'Unknown'

SEQUENCE OF EVENTS
(choose up to four, in chronological order)

1st: **09**
2nd:
3rd:
4th:

Most Harmful Event:

Non-Collision
01. Overturn/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 Centerline
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. Pedalcycle/Pedacyclist
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
02
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)*
99
88
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

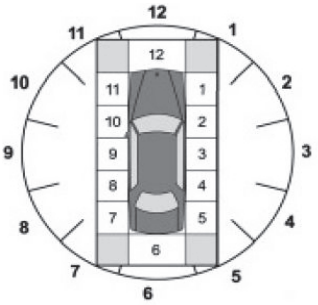
POSTED/STATUTORY SPEED LIMIT
(record the posted/statutory value as miles per hour)
25
01.:Not Posted
10, 15, 20, 25, 30, 35, 40, 45
50, 55, 60, 65, 70, 75, 80, 85
88.:Not Applicable

TOWED
01
01. Towed Due to Disabling Damage
02. Towed, But Not Due to Disabling Damage
03. Not Towed

TOWED TO
NORTHEAST TOWING

BODY TYPE
01
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. Motorcoach
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 **12**
13. Non-Collision
14. Top
15. Undercarriage
16. Cargo loss

Damaged Areas **12** **03** **09**
00. None
14. Top
15. Undercarriage
17. All Areas
88. Applicable

EXTENT OF DAMAGE
04
01. No Visible Damage
02. Minor Damage
03. Functional Damage
04. Disabling Damage

MOTOR VEHICLE TYPE
01
01. Motor Vehicle in Operation
02. Parked Motor Vehicle
03. Working Vehicle/Equipment
04. Non-Collision Vehicle

TRAFFICWAY DESCRIPTION
01
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
04
01. Level
02. Uphill
03. Hill Crest
04. Downhill
05. Sag *(bottom)*

ROADWAY ALIGNMENT
02
01. Straight
02. Curve Left
03. Curve Right

TRAFFIC CONTROL DEVICE TYPE
01
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?
88
01. No
02. Yes
03. Missing
88. Not Applicable

INSURANCE INFORMATION

INSURANCE COMPANY	INSURANCE POLICY NUMBER	INSURANCE EXPIRATION DATE (yyyymmdd)
STATE FARM	**0785494F0507B**	

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Motor Vehicle ID: 2
Number of Occupants in Vehicle: 0 *(including the driver)*

Motor Vehicle Information (Front)
Complete One Sheet Per Motor Vehicle

Case Number: 23-14749-AC
DOT Identifier: *For DOT use only*

MOTOR VEHICLE INFORMATION

VIN: 4 T 1 B K 4 6 K 1 7 6 5 4 5 3 3 5 ☐ VIN missing or removed ☐ Driver Evaded Responsibility
Plate #: BB36121 ☐ Invalid Plate ☐ No Plate
Make: TOYOTA
Color: WHITE
Plate State: CT
Model: CAMRY
Year: 2007
Direction of Travel N, S, E, W
Total lanes in roadway: 2
Road on which vehicle was traveling: HUNTERS RD
N ☐ Vehicle was not in roadway ☐ Unknown direction
☐ Bike lanes/sharrows present

MOTOR VEHICLE CRASH INFORMATION

For all numeric fields: 99 = 'Unknown'

SEQUENCE OF EVENTS
(choose up to four, in chronological order)

Non-Collision
01. Overturn/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 Centerline
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. Pedalcycle/Pedacyclist
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

1st: 88
2nd:
3rd:
4th:
Most Harmful Event:

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

12

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

00
88

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

25

TOWED
01. Towed Due to Disabling Damage
02. Towed, But Not Due to Disabling Damage
03. Not Towed

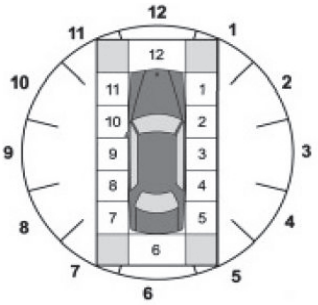
03

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. Motorcoach
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

01

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

10

Damaged Areas
00. None
14. Top
15. Undercarriage
17. All Areas
88. Applicable

10

EXTENT OF DAMAGE
01. No Visible Damage
02. Minor Damage
03. Functional Damage
04. Disabling Damage

03

MOTOR VEHICLE TYPE
01. Motor Vehicle in Operation
02. Parked Motor Vehicle
03. Working Vehicle/Equipment
04. Non-Collision Vehicle

02

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

88

ROADWAY GRADE
01. Level
02. Uphill
03. Hill Crest
04. Downhill
05. Sag *(bottom)*

04

ROADWAY ALIGNMENT
01. Straight
02. Curve Left
03. Curve Right

02

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

01

TRAFFIC CONTROL DEVICE FUNCTIONAL?
01. No
02. Yes
03. Missing
88. Not Applicable

88

INSURANCE INFORMATION

INSURANCE COMPANY	INSURANCE POLICY NUMBER	INSURANCE EXPIRATION DATE (yyyymmdd)
NATIONWIDE	5106L014715	

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Motor Vehicle Information (Back)
Complete One Sheet Per Motor Vehicle

Case Number: **23-14749-AC**

DOT Identifier: *For DOT use only*

MOTOR VEHICLE OWNERSHIP INFORMATION

Vehicle Owner Name *(Last, First, Middle, Suffix)* ☐ Information same as driver

BURCH, ANGELIA V

Street Address or Post Office Box

29 MCKAY ST

City	State/Prov	Country	Postal Code
NORWICH	**CT**		**06360**

Email Address *(optional)*

Phone *(optional)* **860-373-5663**

SPECIAL VEHICLE FUNCTION — **01**
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

EMERGENCY VEHICLE — **01**
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

BUS USE — **01**
01. Not a Bus
02. School
03. Transit/Commuter
04. Intercity
05. Charter/Tour
06. Shuttle

PROPERTY DAMAGED

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

NATURE AND EXTENT OF DAMAGE TO PROPERTY 1 [DAMAGED BY VEHICLE ID = 1]

FRONT LAWN, 1, Est. Val: $100.00
Destroyed/Damaged/Vandalized, DAMAGE DONE BY V1

NAME OF OWNER OF PROPERTY 1

LARA, JESUS

NATURE AND EXTENT OF DAMAGE TO PROPERTY 2 [DAMAGED BY VEHICLE ID = 1]

FRONT LAWN, 1, Est. Val: $100.00
Destroyed/Damaged/Vandalized, BY V1

NAME OF OWNER OF PROPERTY 2

SNIEZEK, MELINDA L

NATURE AND EXTENT OF DAMAGE TO PROPERTY 3 [DAMAGED BY VEHICLE ID = 1]

CEMENT PLANTER, 1, Est. Val: $50.00
Destroyed/Damaged/Vandalized, BROKEN INTO PIECES

NAME OF OWNER OF PROPERTY 3

SMITH, DORIS

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Motor Vehicle Information (Back)
Complete One Sheet Per Motor Vehicle

Case Number: **23-14749-AC**

DOT Identifier: *For DOT use only*

MOTOR VEHICLE OWNERSHIP INFORMATION

Vehicle Owner Name *(Last, First, Middle, Suffix)* ☐ Information same as driver

LARA, ILEANA

Street Address or Post Office Box

183 HUNTERS RD

City	State/Prov	Country	Postal Code
NORWICH	**CT**		**06360**

Email Address *(optional)* | Phone *(optional)*

SPECIAL VEHICLE FUNCTION — **01**
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

EMERGENCY VEHICLE — **01**
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

BUS USE — **01**
01. Not a Bus
02. School
03. Transit/Commuter
04. Intercity
05. Charter/Tour
06. Shuttle

PROPERTY DAMAGED

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

NATURE AND EXTENT OF DAMAGE TO PROPERTY 1

NAME OF OWNER OF PROPERTY 1

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
Form PR-1 REV June 2014.01

Motor Vehicle Driver Information
Complete One Sheet Per Driver

Motor Vehicle ID: **1**
Person ID: **1**

Case Number: **23-14749-AC**
DOT Identifier: *For DOT use only*

Name *(Last, First, Middle, Suffix)*: **WARREN, JAMES E**
Street Address *or PO Box:* **29 MCKAY ST**
City: **NORWICH** State or Prov: **CT** Postal Code: **06360**
Phone/Email *(optional)*:

GENDER: 01. Male, 02. Female, 99. Unknown — **01**

DATE OF BIRTH *(YYYYMMDD)*: **1955 0706**
☐ Date of Birth is unknown

LICENSE INFO

For all numeric fields: 99 = 'Unknown'

LICENSE NUMBER: **077285470**
STATE: **CT**

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
☐

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

COMMERCIAL LICENSE
01. No
02. Yes
☐

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

DRIVER INFORMATION

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

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
01

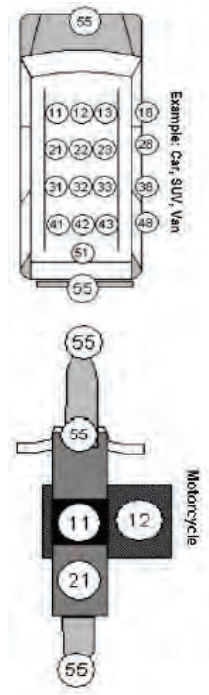
HELMET USE
01. No Helmet
02. DOT-Compliant Motorcycle Helmet
03. Helmet, Other Than DOT-Compliant Motorcycle Helmet
04. Helmet, Unknown If DOT-Compliant
88. Not Applicable
88

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

SPEED RELATED
01. No
02. Racing
03. Exceeded Speed Limit
04. Too Fast for Conditions
99

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
02

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
99

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
99. Unknown
01

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
01

EMS COMPANY NAME
EMS RUN NUMBER
INTENDED RECEIVING FACILITY

ENFORCEMENT ACTIONS TAKEN

ACTION BY OFFICER
00. No Action
01. Verbal Warning
02. Written Warning
03. Infraction
04. Arrest/Summons
02

VIOLATION STATUTES
14-230(A)

DRUG/ALCOHOL INFORMATION

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

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
01

TYPE OF DRUG TEST
01. Blood
02. Urine
88. Not Applicable
97. Other
88

Norwich Police Department
Images Associated with 23-14749-AC













Norwich Police Department
Images Associated with 23-14749-AC













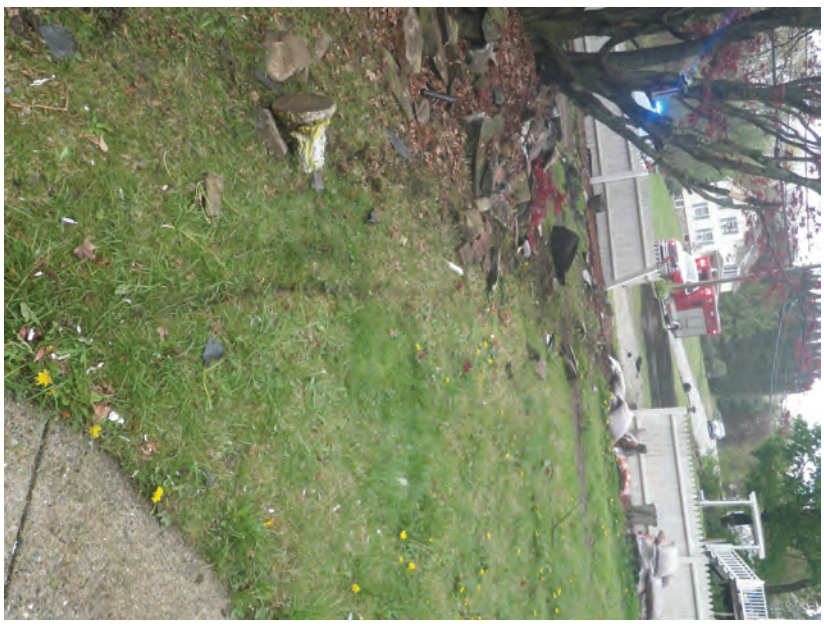
Norwich Police Department
Images Associated with 23-14749-AC

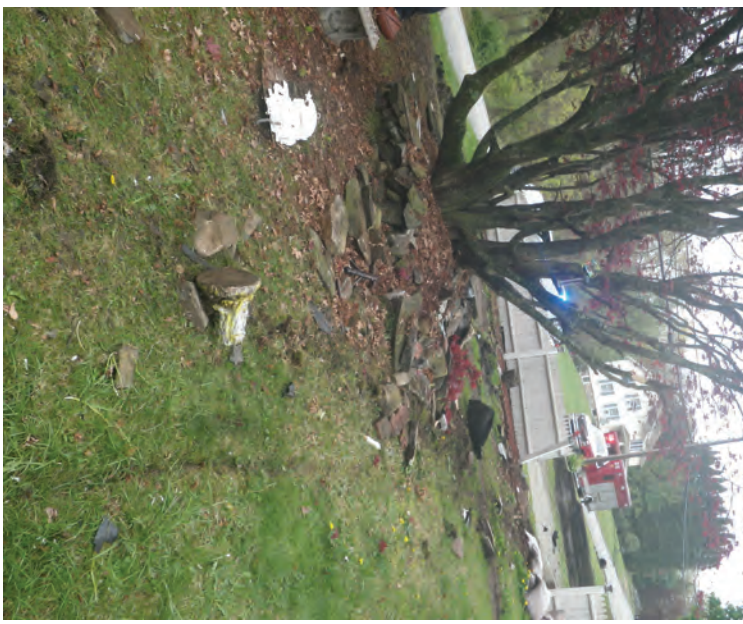












CONNECTICUT UNIFORM POLICE CRASH REPORT

Form PR-1 REV July 2014.01

Crash Summary (Front)

Number of Motor Vehicles: *Automobiles, Motorcycles, etc.* **2**

Number of Non-Motorists: *Pedestrians, Bicyclists, etc.* **0**

Case Number: **23-16068-AC**

DOT Identifier: *For DOT use only*

CRASH DATE, TIME, SEVERITY, AND LOCATION

Date of Crash *(YYYYMMDD)*: **20230511**

Time *(0000-2359)*: **0753**

Town Name: **NORWICH**

Town#: **104**

Crash Severity: ◯ Fatal ● Injury ◯ PDO

Latitude: **+041.560040**

Crash occurred on (street name or route #): **89 HUNTERS RD** at **9 LAPORTE DR**

Longitude: **-072.055950**

If not at an intersection: distance ◯ Feet ◯ Tenths of Mile N,S,E,W of name of nearest intersecting road, town line, or mile marker

For all numeric fields: 99 = 'Unknown'

CRASH FACTORS AND CONDITIONS

TRAFFICWAY OWNERSHIP **01**
01. Public Road
02. Private Road
88. Not Applicable

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

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

WEATHER CONDITIONS *(choose up to 2)* **01**
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

TRAFFICWAY SURFACE CONDITIONS **01**
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

LOCATION OF FIRST HARMFUL EVENT **01**
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)*

CRASH-SPECIFIC LOCATION **02**
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

TYPE OF INTERSECTION **03**
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

SCHOOL BUS RELATED **01**
01. No
02. Yes, a school bus was directly involved
03. Yes, a school bus was indirectly involved

FIRST HARMFUL EVENT **14**

Non-Collision:
01. Overturn/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

Collision with Person, Vehicle, or Non-Fixed Object:
09. Pedestrian
10. Pedalcycle/Pedalcyclist
11. Other Non-motorist
12. Railway Vehicle *(train, engine)*
40. Deer
13. Animal Other Than Deer *(live)*
14. Motor Vehicle in Operation
15. Parked Motor Vehicle
16. Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle
17. Work Zone/Maintenance Equipment
18. 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)* **03**
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

CONTRIBUTING CIRCUMSTANCES, ENVIRONMENTAL *(choose up to 3)* **00**
00. None
01. Weather Conditions
02. Visual Obstruction(s)
03. Glare
04. Animal(s) in Roadway
88. Not Applicable
97. Other

CONTRIBUTING CIRCUMSTANCES, ROAD *(choose up to 3)* **00**
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

For all numeric fields: 99 = 'Unknown'

WORK ZONE CRASH INFORMATION

Complete all for crashes occurring in a Work Zone

WORK ZONE **01**
01. No
02. Yes

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

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

WORKERS PRESENT **88**
01. No
02. Yes
88. Not Applicable

ENFORCEMENT PRESENT **88**
01. No
02. Yes
88. Not Applicable

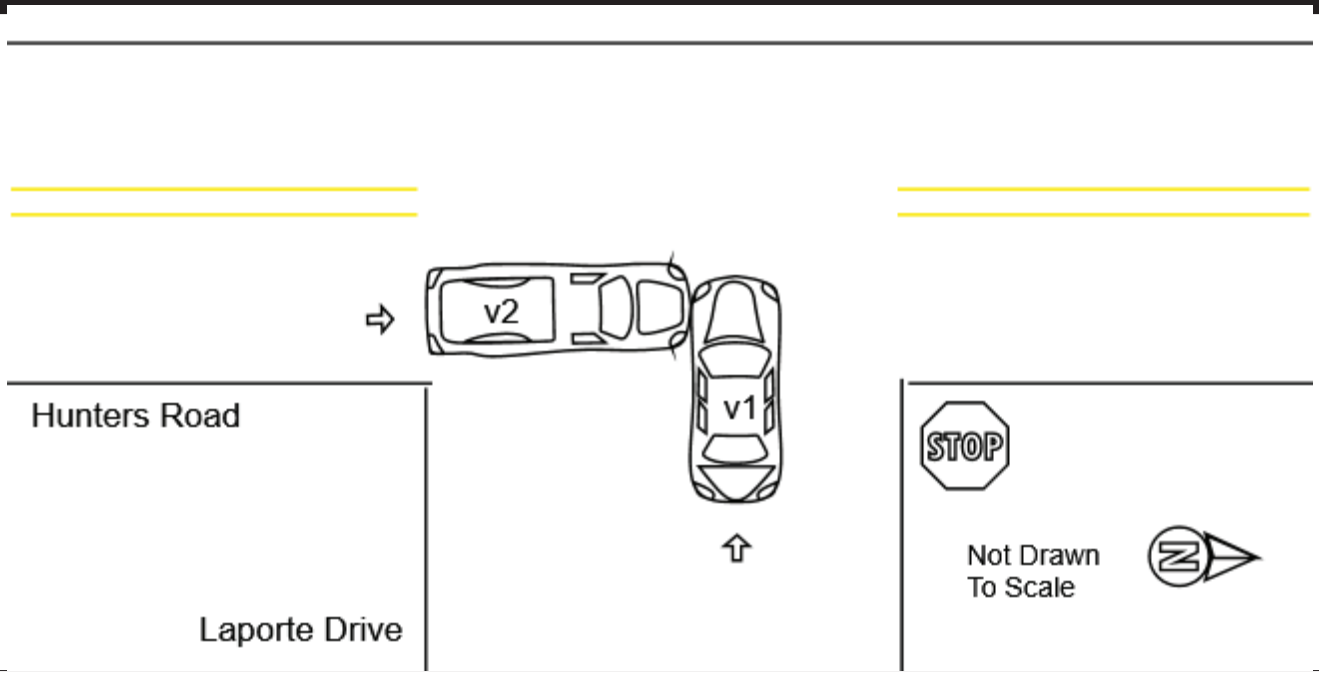
CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Crash Summary (Back)

Case Number: 23-16068-AC

DOT Identifier: *For DOT use only*

DIAGRAM



☐ Vehicles were moved prior to police arrival

Please indicate the direction of North within the diagram

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

Vehicle 1 was traveling from the stop sign on Laporte Drive onto Hunters Road. Vehicle 2 was traveling Northbound on Hunters Road.

The front end of Vehicle 2 struck the left side front of Vehicle 1.

Vehicle 1 sustained moderate damage to it's front end. Vehicle 2 sustained disabling damage to its left side front.

Operator 1 stated he approached the stop sign at the end of Laporte Drive and checked for traffic. He stated he did not see any, so he looked down at his GPS to see which way to go. When he pulled onto Hunters Road, he did not check again for traffic, and did not see Vehicle 2 coming toward him.

Operator 2 stated she saw Vehicle 1 pull out directly in front of her, but she was unable to stop in time. Witness 1 stated she had been on the phone looking out her side door when she observed Vehicle 1 approach the stop sign at the end of Laporte Drive. Vehicle 1 then pulled out in front of Vehicle 2 as if it had not checked for traffic prior to doing so.

Operator 1 complained of minor neck pain. Passenger 2 complained of minor leg pain. Neither required emergency medical care and stated they would see a doctor later at their convenience.

Operator 1 was issued a Written Warning for Failure To Yield From A Stop Sign, 14-301

Vehicle 1 was driven from the scene. Vehicle 2 was towed from the scene by Marvel Auto.

NCIC/COLLECT check negative. End report.

Related Incident Number	Officer First Name	Officer Last Name	Badge Number	Police Agency Code
	Elizabeth	Harsley	1046	001040

Case Status
O - Open
C- Closed
O

Officer Signature: Elizabeth Harsley

Date & Time: 2023051711134

Supervisor: Harrison Formiglio

Date & Time: 20230607 1033

☐ This report is a revision to a previously submitted report

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Motor Vehicle ID: 1
Number of Occupants in Vehicle: 1 *(including the driver)*
Motor Vehicle Information (Front) *Complete One Sheet Per Motor Vehicle*
Case Number: 23-16068-AC
DOT Identifier: *For DOT use only*

MOTOR VEHICLE INFORMATION

VIN: 3 K P F 2 4 A D 6 N E 4 6 2 6 7 2 ☐ VIN missing or removed ☐ Driver Evaded Responsibility
Plate #: BG86814 ☐ Invalid Plate ☐ No Plate
Make: KIA Color: GRAY Plate State: CT
Model: FORTE Year: 2022
Direction of Travel N, S, E, W
Total lanes in roadway: 2
Road on which vehicle was traveling: HUNTERS ROAD W ☐ Vehicle was not in roadway ☐ Unknown direction
☐ Bike lanes/sharrows present

MOTOR VEHICLE CRASH INFORMATION

For all numeric fields: 99 = 'Unknown'

SEQUENCE OF EVENTS
(choose up to four, in chronological order)

Non-Collision
01. Overturn/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 Centerline
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. Pedalcycle/Pedacyclist
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

1st: 22
2nd:
3rd:
4th:
Most Harmful Event:

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

07

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

00
88

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

25

TOWED
01. Towed Due to Disabling Damage
02. Towed, But Not Due to Disabling Damage
03. Not Towed

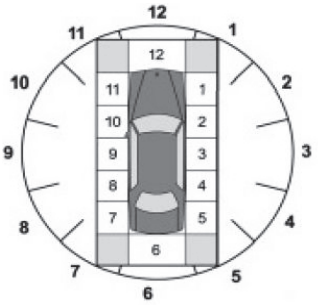
01

TOWED TO
MARVEL AUTO

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. Motorcoach
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

01

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

10

Damaged Areas
00. None
14. Top
15. Undercarriage
17. All Areas
88. Applicable

10

EXTENT OF DAMAGE
01. No Visible Damage
02. Minor Damage
03. Functional Damage
04. Disabling Damage

04

MOTOR VEHICLE TYPE
01. Motor Vehicle in Operation
02. Parked Motor Vehicle
03. Working Vehicle/Equipment
04. Non-Collision Vehicle

01

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

01

ROADWAY GRADE
01. Level
02. Uphill
03. Hill Crest
04. Downhill
05. Sag *(bottom)*

01

ROADWAY ALIGNMENT
01. Straight
02. Curve Left
03. Curve Right

01

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

06

TRAFFIC CONTROL DEVICE FUNCTIONAL?
01. No
02. Yes
03. Missing
88. Not Applicable

02

INSURANCE INFORMATION

INSURANCE COMPANY	INSURANCE POLICY NUMBER	INSURANCE EXPIRATION DATE (yyyymmdd)
EAN HOLDINGS SELF INSURED	10313	

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Motor Vehicle ID: 2
Number of Occupants in Vehicle: 2 *(including the driver)*

Motor Vehicle Information (Front)
Complete One Sheet Per Motor Vehicle

Case Number: 23-16068-AC
DOT Identifier: *For DOT use only*

MOTOR VEHICLE INFORMATION

VIN: 2GCEC19M0T1190674 ☐ VIN missing or removed ☐ Driver Evaded Responsibility
Plate #: 6ANDN2 ☐ Invalid Plate ☐ No Plate
Make: CHEVROLET
Color: TAN
Plate State: CT
Model: C1500
Year: 1996
Direction of Travel N, S, E, W
Total lanes in roadway: 2
Road on which vehicle was traveling: HUNTERS ROAD
N ☐ Vehicle was not in roadway ☐ Unknown direction
☐ Bike lanes/sharrows present

MOTOR VEHICLE CRASH INFORMATION

For all numeric fields: 99 = 'Unknown'

SEQUENCE OF EVENTS
(choose up to four, in chronological order)

1st: 22
2nd:
3rd:
4th:

Most Harmful Event:

Non-Collision
01. Overturn/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 Centerline
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. Pedalcycle/Pedacyclist
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
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
88
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

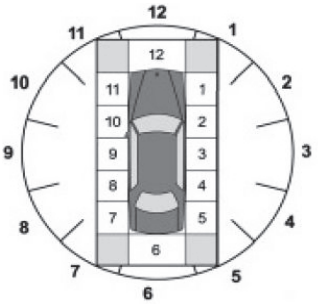
POSTED/STATUTORY SPEED LIMIT
(record the posted/statutory value as miles per hour)
25
01.:Not Posted
10, 15, 20, 25, 30, 35, 40, 45
50, 55, 60, 65, 70, 75, 80, 85
88.:Not Applicable

TOWED
03
01. Towed Due to Disabling Damage
02. Towed, But Not Due to Disabling Damage
03. Not Towed

TOWED TO
MARVEL AUTO

BODY TYPE
05
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. Motorcoach
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
12
13. Non-Collision
14. Top
15. Undercarriage
16. Cargo loss

Damaged Areas
12
00. None
14. Top
15. Undercarriage
17. All Areas
88. Applicable

EXTENT OF DAMAGE
03
01. No Visible Damage
02. Minor Damage
03. Functional Damage
04. Disabling Damage

MOTOR VEHICLE TYPE
01
01. Motor Vehicle in Operation
02. Parked Motor Vehicle
03. Working Vehicle/Equipment
04. Non-Collision Vehicle

TRAFFICWAY DESCRIPTION
01
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
01. Level
02. Uphill
03. Hill Crest
04. Downhill
05. Sag *(bottom)*

ROADWAY ALIGNMENT
01
01. Straight
02. Curve Left
03. Curve Right

TRAFFIC CONTROL DEVICE TYPE
01
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?
88
01. No
02. Yes
03. Missing
88. Not Applicable

INSURANCE INFORMATION

INSURANCE COMPANY	INSURANCE POLICY NUMBER	INSURANCE EXPIRATION DATE (yyyymmdd)
GEICO	4135406017	

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Motor Vehicle Information (Back)
Complete One Sheet Per Motor Vehicle

Case Number: **23-16068-AC**

DOT Identifier: *For DOT use only*

MOTOR VEHICLE OWNERSHIP INFORMATION

Vehicle Owner Name *(Last, First, Middle, Suffix)* ☐ Information same as driver

EAN HOLDINGS LLC- ENTERPRISE

Street Address or Post Office Box

14002 E 21ST ST

City	State/Prov	Country	Postal Code
TULSA	**OK**	**UNITED STATES**	**74134**

Email Address *(optional)* | Phone *(optional)*

SPECIAL VEHICLE FUNCTION — **01**
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

EMERGENCY VEHICLE — **01**
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

BUS USE — **01**
01. Not a Bus
02. School
03. Transit/Commuter
04. Intercity
05. Charter/Tour
06. Shuttle

PROPERTY DAMAGED

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

NATURE AND EXTENT OF DAMAGE TO PROPERTY 1

NAME OF OWNER OF PROPERTY 1

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
Form PR-1 REV June 2014.01

Motor Vehicle Information (Back)
Complete One Sheet Per Motor Vehicle

Case Number: **23-16068-AC**

DOT Identifier: *For DOT use only*

MOTOR VEHICLE OWNERSHIP INFORMATION

Vehicle Owner Name *(Last, First, Middle, Suffix)* ☒ Information same as driver

THOMAS, KIM M

Street Address or Post Office Box

9 HUNTERS RD Apt B

City	State/Prov	Country	Postal Code
TAFTVILLE	**CT**	**UNITED STATES**	**06380**

Email Address *(optional)* | Phone *(optional)*

SPECIAL VEHICLE FUNCTION

01

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

EMERGENCY VEHICLE

01

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

BUS USE

01

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

PROPERTY DAMAGED

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

NATURE AND EXTENT OF DAMAGE TO PROPERTY 1

NAME OF OWNER OF PROPERTY 1

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
Form PR-1 REV June 2014.01

Motor Vehicle Driver Information
Complete One Sheet Per Driver

Motor Vehicle ID: 1
Person ID: 1

Case Number: 23-16068-AC
DOT Identifier: *For DOT use only*

Name *(Last, First, Middle, Suffix)*: TRIPLETT, DONALD
Street Address *or PO Box:* 1431 S NEBRASKA AV Apt 3
City: CASPER State or Prov: WY Postal Code: 82609 Phone/Email *(optional)*:

GENDER: 01 (01. Male, 02. Female, 99. Unknown)

DATE OF BIRTH *(YYYYMMDD)*: 19960613 ☐ Date of Birth is unknown

LICENSE INFO

For all numeric fields: 99 = 'Unknown'

LICENSE NUMBER: 110692-316

STATE: WY

DRIVER LICENSE JURISDICTION: 02
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

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

COMMERCIAL LICENSE: ☐
01. No
02. Yes

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

DRIVER INFORMATION

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

RESTRAINT SYSTEM: 01
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

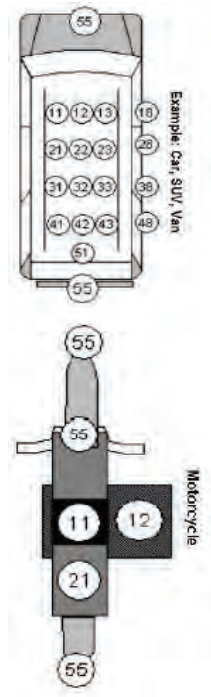
HELMET USE: 88
01. No Helmet
02. DOT-Compliant Motorcycle Helmet
03. Helmet, Other Than DOT-Compliant Motorcycle Helmet
04. Helmet, Unknown If DOT-Compliant
88. Not Applicable

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

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

SEATING POSITION FIRST DIGIT: 11
1_. Front Row

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)*: 03
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

DRIVER DISTRACTED BY: 05
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

CONDITION AT TIME OF CRASH *(choose up to 2)*: 01
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
99. Unknown

INJURY AND EMS INFORMATION

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

TRANSPORTED TO FIRST MEDICAL FACILITY BY: 01
01. Not Transported
02. EMS Air
03. EMS Ground
04. Law Enforcement
97. Other

EMS COMPANY NAME
EMS RUN NUMBER
INTENDED RECEIVING FACILITY

ENFORCEMENT ACTIONS TAKEN

ACTION BY OFFICER: 02
00. No Action
01. Verbal Warning
02. Written Warning
03. Infraction
04. Arrest/Summons

VIOLATION STATUTES: 14-301

DRUG/ALCOHOL INFORMATION

ALCOHOL TEST STATUS: 01
01. Test Not Given
02. Test Refused
03. Test Given
99. Unknown if Tested

TYPE OF ALCOHOL TEST: 88
01. Blood
02. Urine
03. Breath
88. Not Applicable
97. Other

DRUG TEST STATUS: 01
01. Test Not Given
02. Test Refused
03. Test Given
99. Unknown if Tested

TYPE OF DRUG TEST: 88
01. Blood
02. Urine
88. Not Applicable
97. Other

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Motor Vehicle ID: 2
Person ID: 2

Motor Vehicle Driver Information
Complete One Sheet Per Driver

Case Number: 23-16068-AC
DOT Identifier: *For DOT use only*

Name *(Last, First, Middle, Suffix)*: THOMAS, KIM M
Street Address *or PO Box:* 9 HUNTERS RD Apt B
City: TAFTVILLE State or Prov: CT Postal Code: 06380
Phone/Email *(optional)*:

GENDER: 01. Male, 02. Female, 99. Unknown — 02
DATE OF BIRTH *(YYYYMMDD)*: 19621224 ☐ Date of Birth is unknown

LICENSE INFO

For all numeric fields: 99 = 'Unknown'

LICENSE NUMBER: 244751070
STATE: CT

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 — 02

LICENSE CLASS: 00. None, 01. Class A, 02. Class B, 03. Class C, 04. Class D, 05. Class M, 88. Not Applicable — 04

COMMERCIAL LICENSE: 01. No, 02. Yes — ☐

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

DRIVER INFORMATION

EJECTION: 01. Not Ejected, 02. Ejected, Partially, 03. Ejected, Totally, 88. Not Applicable — 01

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 — 01

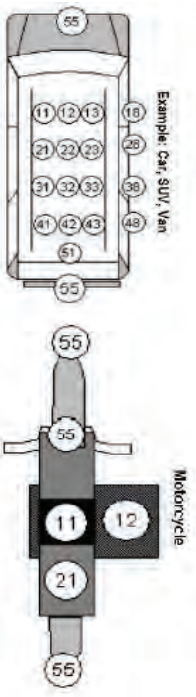
HELMET USE: 01. No Helmet, 02. DOT-Compliant Motorcycle Helmet, 03. Helmet, Other Than DOT-Compliant Motorcycle Helmet, 04. Helmet, Unknown If DOT-Compliant, 88. Not Applicable — 88

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

SPEED RELATED: 01. No, 02. Racing, 03. Exceeded Speed Limit, 04. Too Fast for Conditions — 01

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 — 01

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 — 01

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, 99. Unknown — 01

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 — 01

EMS COMPANY NAME
EMS RUN NUMBER
INTENDED RECEIVING FACILITY

ENFORCEMENT ACTIONS TAKEN

ACTION BY OFFICER: 00. No Action, 01. Verbal Warning, 02. Written Warning, 03. Infraction, 04. Arrest/Summons — 00

VIOLATION STATUTES

DRUG/ALCOHOL INFORMATION

ALCOHOL TEST STATUS: 01. Test Not Given, 02. Test Refused, 03. Test Given, 99. Unknown if Tested — 01

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 — 01

TYPE OF DRUG TEST: 01. Blood, 02. Urine, 88. Not Applicable, 97. Other — 88

Motor Vehicle ID: 2

CONNECTICUT UNIFORM POLICE CRASH REPORT
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Motor Vehicle Passenger Information
Complete this sheet for Passengers in this Motor Vehicle

Case Number: 23-16068-AC

DOT Identifier: *For DOT use only*

PERSON ID 3 — PASSENGER INFORMATION

For all numeric fields: 99 = 'Unknown'

NAME: THOMAS, BRIANNA	PERSON TYPE: 02	SEATING POSITION: 13
ADDRESS: 9 HUNTERS RD Apt B		RESTRAINT SYSTEM: 01
CITY: NORWICH	STATE or PROV: CT / POSTAL CODE: 06360	HELMET USE: 88
DATE OF BIRTH *(YYYYMMDD)*: 20080521 ☐ Date of Birth is unknown	GENDER: 01. Male 02. Female 99. Unknown — 02	EJECTION: 01
	INTENDED RECEIVING FACILITY:	AIR BAG: 01
		INJURY STATUS: B
EMS COMPANY NAME:	EMS RUN NUMBER:	TRANSPORTED TO 1st MEDICAL FACILITY BY: 01

PERSON ID

For all numeric fields: 99 = 'Unknown'

NAME:	PERSON TYPE:	SEATING POSITION:
ADDRESS:		RESTRAINT SYSTEM:
CITY:	STATE or PROV: / POSTAL CODE:	HELMET USE:
DATE OF BIRTH *(YYYYMMDD)*: ☐ Date of Birth is unknown	GENDER: 01. Male 02. Female 99. Unknown	EJECTION:
	INTENDED RECEIVING FACILITY:	AIR BAG:
		INJURY STATUS:
EMS COMPANY NAME:	EMS RUN NUMBER:	TRANSPORTED TO 1st MEDICAL FACILITY BY:

PERSON ID

For all numeric fields: 99 = 'Unknown'

NAME:	PERSON TYPE:	SEATING POSITION:
ADDRESS:		RESTRAINT SYSTEM:
CITY:	STATE or PROV: / POSTAL CODE:	HELMET USE:
DATE OF BIRTH *(YYYYMMDD)*: ☐ Date of Birth is unknown	GENDER: 01. Male 02. Female 99. Unknown	EJECTION:
	INTENDED RECEIVING FACILITY:	AIR BAG:
		INJURY STATUS:
EMS COMPANY NAME:	EMS RUN NUMBER:	TRANSPORTED TO 1st MEDICAL FACILITY BY:

PERSON ID

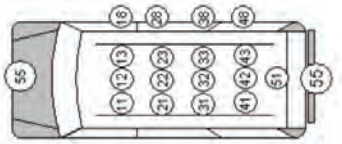
For all numeric fields: 99 = 'Unknown'

NAME:	PERSON TYPE:	SEATING POSITION:
ADDRESS:		RESTRAINT SYSTEM:
CITY:	STATE or PROV: / POSTAL CODE:	HELMET USE:
DATE OF BIRTH *(YYYYMMDD)*: ☐ Date of Birth is unknown	GENDER: 01. Male 02. Female 99. Unknown	EJECTION:
	INTENDED RECEIVING FACILITY:	AIR BAG:
		INJURY STATUS:
EMS COMPANY NAME:	EMS RUN NUMBER:	TRANSPORTED TO 1st MEDICAL FACILITY BY:

Use additional sheets if more than 4 passengers occupied this motor vehicle

PERSON TYPE
02. Passenger
07. Occupant of Parked Motor Vehicle
99. Unknown

SEATING POSITION
Example: Car, SUV, Van



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
05. Child Restraint System Forward Facing
06. Child Restraint System Rear Facing
07. Booster Seat
08. Child Restraint Type Unknown
88. Not Applicable
97. Other
99. Unknown

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
99. Unknown If Helmet Worn

EJECTION
01. Not Ejected
02. Ejected, Partially
03. Ejected, Totally
88. Not Applicable
99. Unknown

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

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

TRANSPORTED TO FIRST MEDICAL FACILITY BY
01. Not Transported
02. EMS Air
03. EMS Ground
04. Law Enforcement
97. Other
99. Unknown

Number of Witnesses: 1

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Appendix E: Witness
Complete this sheet for all witnesses to the crash

Case Number: 23-16068-AC

DOT Identifier: *For DOT use only*

Please complete this Appendix form for witnesses to a crash. Each Appendix form can document information for up to three witnesses. Multiple forms can be used if necessary. Actual witness statements should be collected on department statement sheets and witnesses should be identified using unique Person ID numbers.

WITNESS INFORMATION

PERSON ID: 4

NAME: STROM, LISA

ADDRESS: 91 HUNTERS RD

CITY: NORWICH | STATE or PROV: CT | POSTAL CODE: 06360

DATE OF BIRTH *(YYYYMMDD)*: ☒ Date of Birth is unknown

WITNESS STATEMENT TYPE *(choose all that apply; max 2)*: 04

01. No Statement Taken
02. Provided Written Statement
03. Willing to Provide a Written Statement
04. Oral Statement Only
05. Statement Confirmed by other Witness

WITNESS STATEMENT SOURCE *(choose all that apply; max 4)*: 01

01. Observed Crash Occur
02. Overheard Statements by Person Involved
03. Observed illegal activities by persons involved in the crash prior to police arrival
04. Observed other illegal behavior by a vehicle involved in the crash or resulting in the crash occurring
88. Not Applicable

WITNESS OBSERVATION VERIFICATION *(choose all that apply; max 3)*: 01

01. Sight Lines Verified By Reporting Officer
02. Sight Lines Verified By Other Officer
03. Sight Lines Confirmed by Other Witness
04. Verification Not Possible
05. Verification Not Undertaken

PERSON ID

NAME:

ADDRESS:

CITY: | STATE or PROV: | POSTAL CODE:

DATE OF BIRTH *(YYYYMMDD)*: ☐ Date of Birth is unknown

WITNESS STATEMENT TYPE *(choose all that apply; max 2)*:

01. No Statement Taken
02. Provided Written Statement
03. Willing to Provide a Written Statement
04. Oral Statement Only
05. Statement Confirmed by other Witness

WITNESS STATEMENT SOURCE *(choose all that apply; max 4)*:

01. Observed Crash Occur
02. Overheard Statements by Person Involved
03. Observed illegal activities by persons involved in the crash prior to police arrival
04. Observed other illegal behavior by a vehicle involved in the crash or resulting in the crash occurring
88. Not Applicable

WITNESS OBSERVATION VERIFICATION *(choose all that apply; max 3)*:

01. Sight Lines Verified By Reporting Officer
02. Sight Lines Verified By Other Officer
03. Sight Lines Confirmed by Other Witness
04. Verification Not Possible
05. Verification Not Undertaken

PERSON ID

NAME:

ADDRESS:

CITY: | STATE or PROV: | POSTAL CODE:

DATE OF BIRTH *(YYYYMMDD)*: ☐ Date of Birth is unknown

WITNESS STATEMENT TYPE *(choose all that apply; max 2)*:

01. No Statement Taken
02. Provided Written Statement
03. Willing to Provide a Written Statement
04. Oral Statement Only
05. Statement Confirmed by other Witness

WITNESS STATEMENT SOURCE *(choose all that apply; max 4)*:

01. Observed Crash Occur
02. Overheard Statements by Person Involved
03. Observed illegal activities by persons involved in the crash prior to police arrival
04. Observed other illegal behavior by a vehicle involved in the crash or resulting in the crash occurring
88. Not Applicable

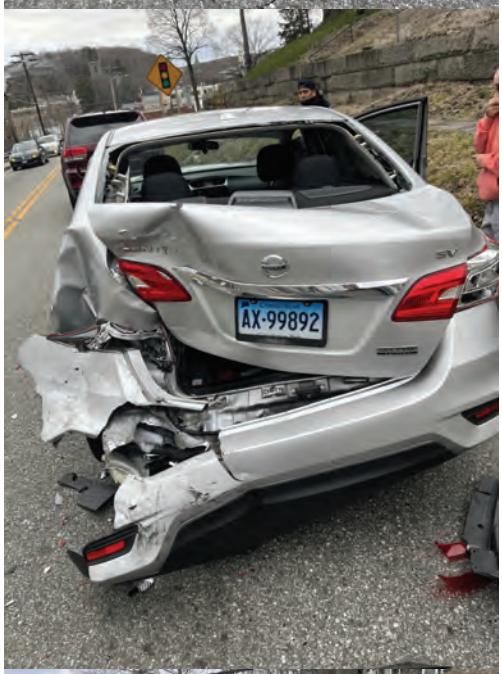
WITNESS OBSERVATION VERIFICATION *(choose all that apply; max 3)*:

01. Sight Lines Verified By Reporting Officer
02. Sight Lines Verified By Other Officer
03. Sight Lines Confirmed by Other Witness
04. Verification Not Possible
05. Verification Not Undertaken

Norwich Police Department
Images Associated with 23-10689-AC











CONNECTICUT UNIFORM POLICE CRASH REPORT

Form PR-1 REV July 2014.01

Crash Summary (Front)

Number of Motor Vehicles: *Automobiles, Motorcycles, etc.* **1**

Number of Non-Motorists: *Pedestrians, Bicyclists, etc.* **0**

Case Number: **23-17357-AC**

DOT Identifier: *For DOT use only*

CRASH DATE, TIME, SEVERITY, AND LOCATION

Date of Crash *(YYYYMMDD)*: **20230521**

Time *(0000-2359)*: **0910**

Town Name: **NORWICH**

Town#: **104**

Crash Severity: ○ Fatal ○ Injury ● PDO

Latitude: **+041.560255**

Crash occurred on (street name or route #): **230 HUNTERS RD**

at:

Longitude: **-072.068198**

If not at an intersection: distance **150** ● Feet ○ Tenths of Mile

N,S,E,W: **E**

of: name of nearest intersecting road, town line, or mile marker: **HARLAND ROAD**

For all numeric fields: 99 = 'Unknown'

CRASH FACTORS AND CONDITIONS

TRAFFICWAY OWNERSHIP — **01**
01. Public Road
02. Private Road
88. Not Applicable

TRAFFICWAY CLASS — **02**
01. Trafficway, On Road
02. Trafficway, Not on Road
03. Non-Trafficway
04. Parking Lot

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

WEATHER CONDITIONS *(choose up to 2)* — **02**
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

TRAFFICWAY SURFACE CONDITIONS — **01**
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

LOCATION OF FIRST HARMFUL EVENT — **04**
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)*

CRASH-SPECIFIC LOCATION — **01**
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

TYPE OF INTERSECTION — **01**
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

SCHOOL BUS RELATED — **01**
01. No
02. Yes, a school bus was directly involved
03. Yes, a school bus was indirectly involved

FIRST HARMFUL EVENT — **33**

Non-Collision:
01. Overturn/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

Collision with Person, Vehicle, or Non-Fixed Object:
09. Pedestrian
10. Pedalcycle/Pedalcyclist
11. Other Non-motorist
12. Railway Vehicle *(train, engine)*
40. Deer
13. Animal Other Than Deer *(live)*
14. Motor Vehicle in Operation
15. Parked Motor Vehicle
16. Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle
17. Work Zone/Maintenance Equipment
18. 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)* — **88**
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

CONTRIBUTING CIRCUMSTANCES, ENVIRONMENTAL *(choose up to 3)* — **00**
00. None
01. Weather Conditions
02. Visual Obstruction(s)
03. Glare
04. Animal(s) in Roadway
88. Not Applicable
97. Other

CONTRIBUTING CIRCUMSTANCES, ROAD *(choose up to 3)* — **00**
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

For all numeric fields: 99 = 'Unknown'

WORK ZONE CRASH INFORMATION

Complete all for crashes occurring in a Work Zone

WORK ZONE — **01**
01. No
02. Yes

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

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

WORKERS PRESENT — **88**
01. No
02. Yes
88. Not Applicable

ENFORCEMENT PRESENT — **88**
01. No
02. Yes
88. Not Applicable

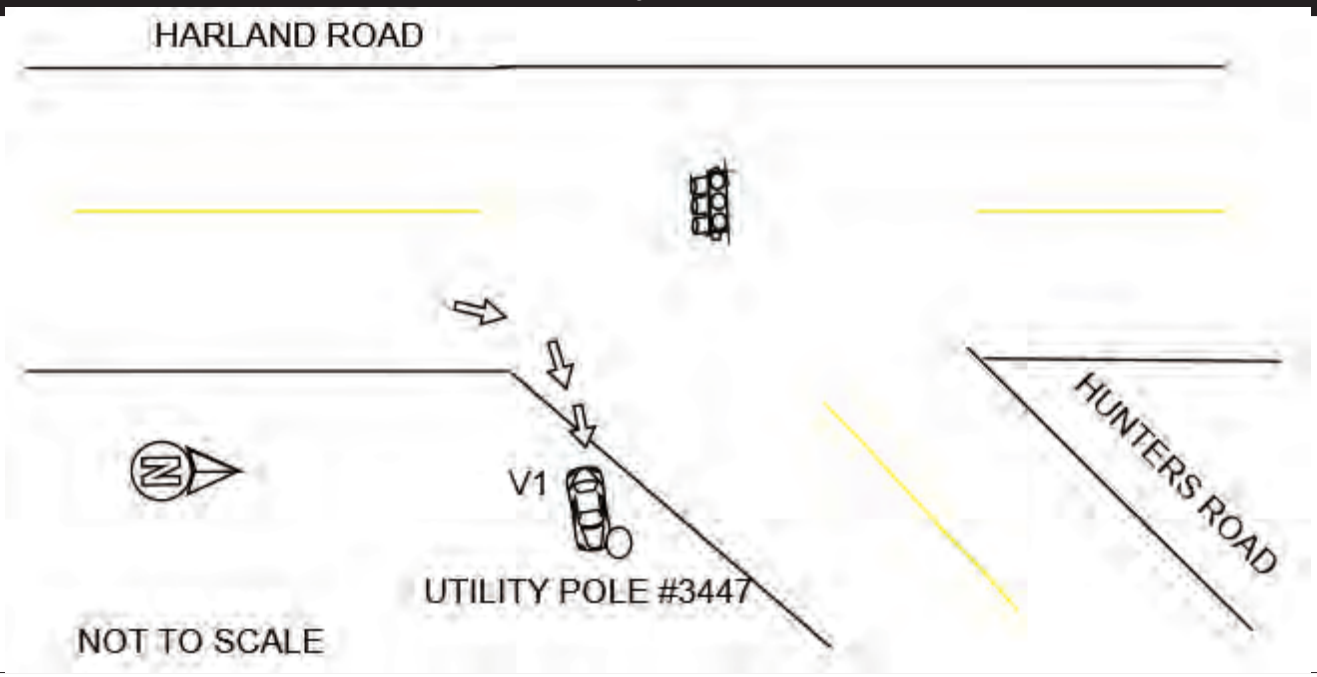
CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Crash Summary (Back)

Case Number: 23-17357-AC

DOT Identifier: *For DOT use only*

DIAGRAM



☐ Vehicles were moved prior to police arrival

Please indicate the direction of North within the diagram

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

V1 was traveling Eastbound on Hunters Road. V1 left the roadway(right) driving on to the grass area of 230 Hunters Road. V1 continued on to the grass impacting Systems Benefits Charge (SBC) utility pole #3447 with the drivers side front bumper and fender area before coming to a stop. V1 received operable damage to the drivers side bumper and fender area. The utility pole received minor scrapes. Photos were taken and are attached to this report.

Op1 stated she was turning right from Harland Road onto Hunters Road. While turning her cell phone fell from the dashboard area and hit the center console area before landing on the floor. It was at that time Op1 had difficulty steering her car. After stopping Op1 observed her vehicle was in neutral. She believed this affected her ability to steer and stop prior to impacting the utility pole. No injuries were reported at the time of the accident. Op1 was issued a Written Warning for 14-230 Failure To Drive Right.

Case closed.

Related Incident Number	Officer First Name	Officer Last Name	Badge Number	Police Agency Code
	John	Tangney	1027	001040

Case Status
O - Open
C- Closed
C

Officer Signature: John Tangney

Date & Time: 2023052610 42

Supervisor: Harrison Formiglio

Date & Time: 20230712 0955

☐ This report is a revision to a previously submitted report

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Motor Vehicle ID: 1
Number of Occupants in Vehicle: 1 *(including the driver)*

Motor Vehicle Information (Front)
Complete One Sheet Per Motor Vehicle

Case Number: 23-17357-AC
DOT Identifier: *For DOT use only*

MOTOR VEHICLE INFORMATION

VIN: 5 N P L L 4 A G 3 P H 1 1 0 1 3 9 ☐ VIN missing or removed ☐ Driver Evaded Responsibility
Plate #: BJ45186 ☐ Invalid Plate ☐ No Plate
Make: HYUNDAI
Color: BLACK
Plate State: CT
Model: ELANTRA
Year: 2023
Direction of Travel N, S, E, W
Total lanes in roadway: 2
Road on which vehicle was traveling: HUNTERS ROAD
E ☐ Vehicle was not in roadway ☐ Unknown direction
☐ Bike lanes/sharrows present

MOTOR VEHICLE CRASH INFORMATION

For all numeric fields: 99 = 'Unknown'

SEQUENCE OF EVENTS
(choose up to four, in chronological order)

Non-Collision
01. Overturn/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 Centerline
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. Pedalcycle/Pedacyclist
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

1st: 08
2nd:
3rd:
4th:
Most Harmful Event:

MOTOR VEHICLE ACTION
06
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

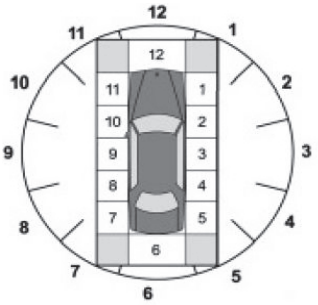
CONTRIBUTING CIRCUMSTANCES MOTOR VEHICLE *(choose up to 2)*
04
88
00. None
01. Brakes
02. Exhaust System
03. Body, Doors
04. Steering
05. Power Train
06. Suspension
07. Tires
08. Wheels
09. Lights *(head, signal, tail)*
10. Windows/Windshield
11. Mirrors
12. Wipers
13. Truck Coupling / Trailer Hitch / Safety Chains
88. Not Applicable
97. Other

POSTED/STATUTORY SPEED LIMIT
(record the posted/statutory value as miles per hour)
25
01.:Not Posted
10, 15, 20, 25, 30, 35, 40, 45
50, 55, 60, 65, 70, 75, 80, 85
88.:Not Applicable

TOWED
03
01. Towed Due to Disabling Damage
02. Towed, But Not Due to Disabling Damage
03. Not Towed

TOWED TO

BODY TYPE
01
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. Motorcoach
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 11
13. Non-Collision
14. Top
15. Undercarriage
16. Cargo loss

Damaged Areas 11
00. None
14. Top
15. Undercarriage
17. All Areas
88. Applicable

EXTENT OF DAMAGE
03
01. No Visible Damage
02. Minor Damage
03. Functional Damage
04. Disabling Damage

MOTOR VEHICLE TYPE
01
01. Motor Vehicle in Operation
02. Parked Motor Vehicle
03. Working Vehicle/Equipment
04. Non-Collision Vehicle

TRAFFICWAY DESCRIPTION
01
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
01. Level
02. Uphill
03. Hill Crest
04. Downhill
05. Sag *(bottom)*

ROADWAY ALIGNMENT
01
01. Straight
02. Curve Left
03. Curve Right

TRAFFIC CONTROL DEVICE TYPE
01
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?
88
01. No
02. Yes
03. Missing
88. Not Applicable

INSURANCE INFORMATION

INSURANCE COMPANY	INSURANCE POLICY NUMBER	INSURANCE EXPIRATION DATE (yyyymmdd)
PROGRESSIVE	963331572	

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Motor Vehicle Information (Back)
Complete One Sheet Per Motor Vehicle

Case Number: **23-17357-AC**

DOT Identifier: *For DOT use only*

MOTOR VEHICLE OWNERSHIP INFORMATION

Vehicle Owner Name *(Last, First, Middle, Suffix)* ☒ Information same as driver

GUERLOUDY, ALEXANDRE

Street Address or Post Office Box

10 SANDY LA

City	State/Prov	Country	Postal Code
NORWICH	**CT**		**06360**

Email Address *(optional)* | Phone *(optional)*

SPECIAL VEHICLE FUNCTION — **01**
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

EMERGENCY VEHICLE — **01**
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

BUS USE — **01**
01. Not a Bus
02. School
03. Transit/Commuter
04. Intercity
05. Charter/Tour
06. Shuttle

PROPERTY DAMAGED

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

NATURE AND EXTENT OF DAMAGE TO PROPERTY 1 [DAMAGED BY VEHICLE ID = 1]

UTILITY POLE SBC #3447, 1, Est. Val: $0.00
Destroyed/Damaged/Vandalized, MINOR SCRAPES

NAME OF OWNER OF PROPERTY 1

FRONTIER COMMUNICATIONS

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
Form PR-1 REV June 2014.01

Motor Vehicle Driver Information
Complete One Sheet Per Driver

Motor Vehicle ID: **1**
Person ID: **1**

Case Number: **23-17357-AC**
DOT Identifier: *For DOT use only*

Name *(Last, First, Middle, Suffix)*: **GUERLOUDY, ALEXANDRE**
Street Address *or PO Box:* **10 SANDY LA**
City: **NORWICH** State or Prov: **CT** Postal Code: **06360**
Phone/Email *(optional)*:

GENDER: 01. Male, 02. Female, 99. Unknown — **02**

DATE OF BIRTH *(YYYYMMDD)*: **2 0 0 0 1 2 2 3**
☐ Date of Birth is unknown

LICENSE INFO

For all numeric fields: 99 = 'Unknown'

LICENSE NUMBER: **249655497**
STATE: **CT**

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

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

COMMERCIAL LICENSE
01. No
02. Yes

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

DRIVER INFORMATION

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

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
01

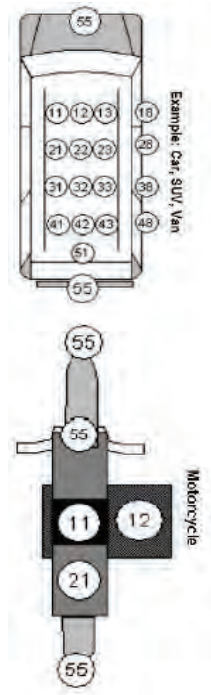
HELMET USE
01. No Helmet
02. DOT-Compliant Motorcycle Helmet
03. Helmet, Other Than DOT-Compliant Motorcycle Helmet
04. Helmet, Unknown If DOT-Compliant
88. Not Applicable
88

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

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

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
02

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
99

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
99. Unknown
01

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
01

EMS COMPANY NAME
EMS RUN NUMBER
INTENDED RECEIVING FACILITY

ENFORCEMENT ACTIONS TAKEN

ACTION BY OFFICER
00. No Action
01. Verbal Warning
02. Written Warning
03. Infraction
04. Arrest/Summons
02

VIOLATION STATUTES
14-230(A)

DRUG/ALCOHOL INFORMATION

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

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
01

TYPE OF DRUG TEST
01. Blood
02. Urine
88. Not Applicable
97. Other
88

Norwich Police Department
Images Associated with 23-17357-AC











CONNECTICUT UNIFORM POLICE CRASH REPORT

Form PR-1 REV July 2014.01

Crash Summary (Front)

Number of Motor Vehicles: *Automobiles, Motorcycles, etc.* **2**

Number of Non-Motorists: *Pedestrians, Bicyclists, etc.* **0**

Case Number: **23-37849-AC**

DOT Identifier: *For DOT use only*

CRASH DATE, TIME, SEVERITY, AND LOCATION

Date of Crash *(YYYYMMDD)*: **2023 1101**

Time *(0000-2359)*: **0934**

Town Name: **NORWICH**

Town#: **104**

Crash Severity: ◯ Fatal ● Injury ◯ PDO

Latitude: **+041.560043**

Longitude: **-072.067000**

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

220 HUNTERS RD at **402 MOHEGAN PARK RD**

If not at an intersection: distance [ ] ◯ Feet ◯ Tenths of Mile N,S,E,W [ ] of [ ]

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

For all numeric fields: 99 = 'Unknown'

CRASH FACTORS AND CONDITIONS

TRAFFICWAY OWNERSHIP — 01
01. Public Road
02. Private Road
88. Not Applicable

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

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

WEATHER CONDITIONS *(choose up to 2)* — 02
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

TRAFFICWAY SURFACE CONDITIONS — 01
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

LOCATION OF FIRST HARMFUL EVENT — 01
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)*

CRASH-SPECIFIC LOCATION — 02
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

TYPE OF INTERSECTION — 03
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

SCHOOL BUS RELATED — 02
01. No
02. Yes, a school bus was directly involved
03. Yes, a school bus was indirectly involved

FIRST HARMFUL EVENT — 14

Non-Collision:
01. Overturn/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

Collision with Person, Vehicle, or Non-Fixed Object:
09. Pedestrian
10. Pedalcycle/Pedalcyclist
11. Other Non-motorist
12. Railway Vehicle *(train, engine)*
40. Deer
13. Animal Other Than Deer *(live)*
14. Motor Vehicle in Operation
15. Parked Motor Vehicle
16. Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle
17. Work Zone/Maintenance Equipment
18. 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)* — 03
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

CONTRIBUTING CIRCUMSTANCES, ENVIRONMENTAL *(choose up to 3)* — 00
00. None
01. Weather Conditions
02. Visual Obstruction(s)
03. Glare
04. Animal(s) in Roadway
88. Not Applicable
97. Other

CONTRIBUTING CIRCUMSTANCES, ROAD *(choose up to 3)* — 00
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

For all numeric fields: 99 = 'Unknown'

WORK ZONE CRASH INFORMATION

Complete all for crashes occurring in a Work Zone

WORK ZONE — 01
01. No
02. Yes

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

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

WORKERS PRESENT — 88
01. No
02. Yes
88. Not Applicable

ENFORCEMENT PRESENT — 88
01. No
02. Yes
88. Not Applicable

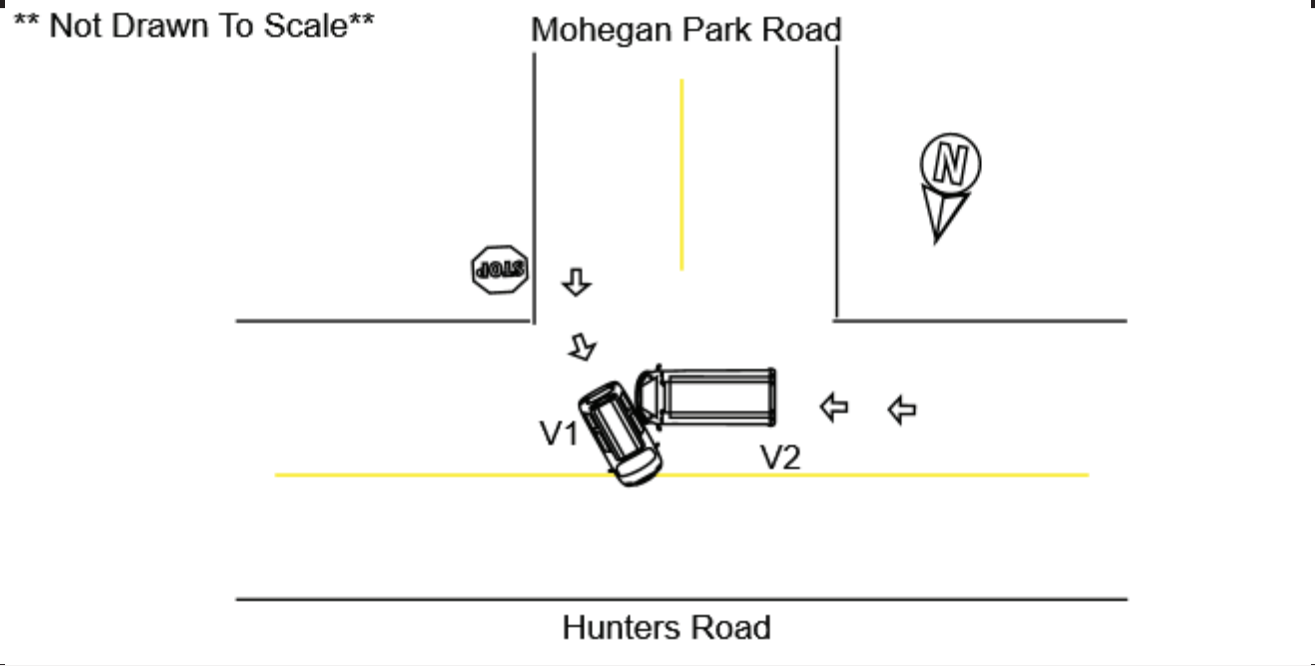
CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Crash Summary (Back)

Case Number: 23-37849-AC

DOT Identifier: *For DOT use only*

DIAGRAM



☐ Vehicles were moved prior to police arrival

Please indicate the direction of North within the diagram

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

V#1 was stopped at the stop sign on Mohegan Park Road, located at the Hunters Road intersection. V#2 was traveling East on Hunters Road. V#1 proceeded through the stop sign, entering Hunters Road, in an attempt to make a left hand turn. V#2 impacted V#1 with the front driver's side bumper. V#1 was struck on the driver's side. Both vehicles received heavy damage. Photos were taken and are attached to this report.

Op#2 confirmed the above version of the accident. Op#1 stated she thought she had enough time to make a safe left hand turn from Mohegan Park Road onto Hunters Road. Op#1, Op#2, and P#2 were all transported to William Backus Hospital via American Ambulance due to injury. V#1 and V#2 were both towed from the scene by Kleemann's Auto.

Op#1 was issued an Infraction for CGS 14-246a, Failure to Grant Right Of Way While Making a Left Turn. Op#1 was unable to sign the Infraction at the hospital due to neck and head injuries.

Case Status: Closed.

Related Incident Number	Officer First Name	Officer Last Name	Badge Number	Police Agency Code
	John	Tangney	1027	001040

Case Status
O - Open
C- Closed
C

Officer Signature: John Tangney

Date & Time: 2023110810 1052

Supervisor:

Date & Time:

☐ This report is a revision to a previously submitted report

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Motor Vehicle ID: 1
Number of Occupants in Vehicle: 1 *(including the driver)*
Motor Vehicle Information (Front) *Complete One Sheet Per Motor Vehicle*
Case Number: 23-37849-AC
DOT Identifier: *For DOT use only*

MOTOR VEHICLE INFORMATION

VIN: N M 0 L 5 7 F 7 7 F 1 2 1 9 2 5 2 ☐ VIN missing or removed ☐ Driver Evaded Responsibility
Plate #: C183325 ☐ Invalid Plate ☐ No Plate
Make: FORD Color: WHITE Plate State: CT
Model: TRANSIT Year: 2015
Direction of Travel N, S, E, W
Total lanes in roadway: 2
Road on which vehicle was traveling: HUNTERS ROAD N ☐ Vehicle was not in roadway ☐ Unknown direction
☐ Bike lanes/sharrows present

MOTOR VEHICLE CRASH INFORMATION

For all numeric fields: 99 = 'Unknown'

SEQUENCE OF EVENTS
(choose up to four, in chronological order)

Non-Collision
01. Overturn/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 Centerline
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. Pedalcycle/Pedacyclist
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

1st: 22
2nd:
3rd:
4th:
Most Harmful Event:

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

07

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

00
88

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

25

TOWED
01. Towed Due to Disabling Damage
02. Towed, But Not Due to Disabling Damage
03. Not Towed

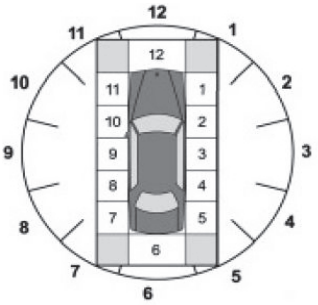
01

TOWED TO
KLEEMANN'S

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. Motorcoach
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

03

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

09

Damaged Areas
00. None
14. Top
15. Undercarriage
17. All Areas
88. Applicable

09

EXTENT OF DAMAGE
01. No Visible Damage
02. Minor Damage
03. Functional Damage
04. Disabling Damage

04

MOTOR VEHICLE TYPE
01. Motor Vehicle in Operation
02. Parked Motor Vehicle
03. Working Vehicle/Equipment
04. Non-Collision Vehicle

01

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

01

ROADWAY GRADE
01. Level
02. Uphill
03. Hill Crest
04. Downhill
05. Sag *(bottom)*

01

ROADWAY ALIGNMENT
01. Straight
02. Curve Left
03. Curve Right

01

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

01

TRAFFIC CONTROL DEVICE FUNCTIONAL?
01. No
02. Yes
03. Missing
88. Not Applicable

88

INSURANCE INFORMATION

INSURANCE COMPANY	INSURANCE POLICY NUMBER	INSURANCE EXPIRATION DATE (yyyymmdd)
CIRMA	LAP2021012864	

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Motor Vehicle ID: 2
Number of Occupants in Vehicle: 2 *(including the driver)*

Motor Vehicle Information (Front)
Complete One Sheet Per Motor Vehicle

Case Number: 23-37849-AC
DOT Identifier: *For DOT use only*

MOTOR VEHICLE INFORMATION

VIN: 1HA6GUBGXJN006735 ☐ VIN missing or removed ☐ Driver Evaded Responsibility
Plate #: AU35929 ☐ Invalid Plate ☐ No Plate
Make: THOMAS
Color: YELLOW
Plate State: CT
Model: BUS
Year: 2018
Direction of Travel N, S, E, W
Total lanes in roadway: 2
Road on which vehicle was traveling: HUNTERS ROAD
E ☐ Vehicle was not in roadway ☐ Unknown direction
☐ Bike lanes/sharrows present

MOTOR VEHICLE CRASH INFORMATION

For all numeric fields: 99 = 'Unknown'

SEQUENCE OF EVENTS
(choose up to four, in chronological order)

1st: 22
2nd:
3rd:
4th:
Most Harmful Event:

Non-Collision
01. Overturn/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 Centerline
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. Pedalcycle/Pedacyclist
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
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
88
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

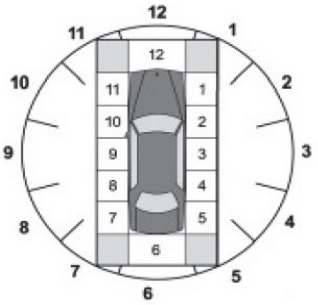
POSTED/STATUTORY SPEED LIMIT
(record the posted/statutory value as miles per hour)
25
01.:Not Posted
10, 15, 20, 25, 30, 35, 40, 45
50, 55, 60, 65, 70, 75, 80, 85
88.:Not Applicable

TOWED
01
01. Towed Due to Disabling Damage
02. Towed, But Not Due to Disabling Damage
03. Not Towed

TOWED TO
KLEEMANN'S

BODY TYPE
07
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. Motorcoach
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 11
13. Non-Collision
14. Top
15. Undercarriage
16. Cargo loss

Damaged Areas 11
00. None
14. Top
15. Undercarriage
17. All Areas
88. Applicable

EXTENT OF DAMAGE
04
01. No Visible Damage
02. Minor Damage
03. Functional Damage
04. Disabling Damage

MOTOR VEHICLE TYPE
01
01. Motor Vehicle in Operation
02. Parked Motor Vehicle
03. Working Vehicle/Equipment
04. Non-Collision Vehicle

TRAFFICWAY DESCRIPTION
01
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
01. Level
02. Uphill
03. Hill Crest
04. Downhill
05. Sag *(bottom)*

ROADWAY ALIGNMENT
01
01. Straight
02. Curve Left
03. Curve Right

TRAFFIC CONTROL DEVICE TYPE
01
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?
88
01. No
02. Yes
03. Missing
88. Not Applicable

INSURANCE INFORMATION

INSURANCE COMPANY	INSURANCE POLICY NUMBER	INSURANCE EXPIRATION DATE (yyyymmdd)
AON RISK SERVICES	MWTB316683623	

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Motor Vehicle Information (Back)
Complete One Sheet Per Motor Vehicle

Case Number: **23-37849-AC**

DOT Identifier: *For DOT use only*

MOTOR VEHICLE OWNERSHIP INFORMATION

Vehicle Owner Name *(Last, First, Middle, Suffix)* ☐ Information same as driver

NE CT COUNCIL OF GOV (NECCOG)

Street Address or Post Office Box

125 PUTNAM PIKE

City	State/Prov	Country	Postal Code
DAYVILLE	**CT**	**UNITED STATES**	**06241**

Email Address *(optional)* Phone *(optional)*

SPECIAL VEHICLE FUNCTION — **01**
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

EMERGENCY VEHICLE — **01**
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

BUS USE — **01**
01. Not a Bus
02. School
03. Transit/Commuter
04. Intercity
05. Charter/Tour
06. Shuttle

PROPERTY DAMAGED

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

NATURE AND EXTENT OF DAMAGE TO PROPERTY 1

NAME OF OWNER OF PROPERTY 1

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
Form PR-1 REV June 2014.01

Motor Vehicle Information (Back)
Complete One Sheet Per Motor Vehicle

Case Number: **23-37849-AC**

DOT Identifier: *For DOT use only*

MOTOR VEHICLE OWNERSHIP INFORMATION

Vehicle Owner Name *(Last, First, Middle, Suffix)* ☐ Information same as driver

FIRST STUDENT

Street Address or Post Office Box

600 VINE ST Apt 1400

City	State/Prov	Country	Postal Code
CINCINNATI	**OH**	**UNITED STATES**	**45202**

Email Address *(optional)* Phone *(optional)*

SPECIAL VEHICLE FUNCTION — **03**
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

EMERGENCY VEHICLE — **01**
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

BUS USE — **02**
01. Not a Bus
02. School
03. Transit/Commuter
04. Intercity
05. Charter/Tour
06. Shuttle

PROPERTY DAMAGED

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

NATURE AND EXTENT OF DAMAGE TO PROPERTY 1

NAME OF OWNER OF PROPERTY 1

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
Form PR-1 REV June 2014.01

Motor Vehicle Driver Information
Complete One Sheet Per Driver

Motor Vehicle ID: 1
Person ID: 1

Case Number: 23-37849-AC
DOT Identifier: *For DOT use only*

Name *(Last, First, Middle, Suffix)*: O'GARA, ROSE MARIE
Street Address *or PO Box:* 14 OLD COLONY RD
City: N STONINGTON State or Prov: CT Postal Code: 06359
Phone/Email *(optional)*:

GENDER: 02 (01. Male, 02. Female, 99. Unknown)
DATE OF BIRTH *(YYYYMMDD)*: 20010118 ☐ Date of Birth is unknown

LICENSE INFO

For all numeric fields: 99 = 'Unknown'

LICENSE NUMBER: 019927100
STATE: CT

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

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

COMMERCIAL LICENSE: ☐
01. No
02. Yes

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

DRIVER INFORMATION

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

RESTRAINT SYSTEM: 01
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

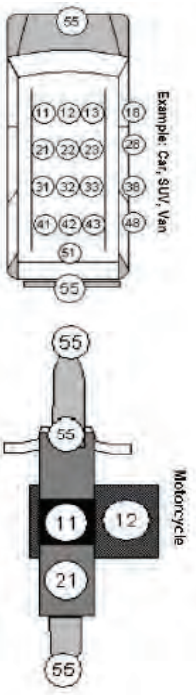
HELMET USE: 88
01. No Helmet
02. DOT-Compliant Motorcycle Helmet
03. Helmet, Other Than DOT-Compliant Motorcycle Helmet
04. Helmet, Unknown If DOT-Compliant
88. Not Applicable

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

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

SEATING POSITION FIRST DIGIT: 11
1_. Front Row

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)*: 03
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

DRIVER DISTRACTED BY: 99
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

CONDITION AT TIME OF CRASH *(choose up to 2)*: 01
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
99. Unknown

INJURY AND EMS INFORMATION

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

TRANSPORTED TO FIRST MEDICAL FACILITY BY: 03
01. Not Transported
02. EMS Air
03. EMS Ground
04. Law Enforcement
97. Other

EMS COMPANY NAME: American Ambulance
EMS RUN NUMBER:
INTENDED RECEIVING FACILITY: William W. Backus Hospital

ENFORCEMENT ACTIONS TAKEN

ACTION BY OFFICER: 03
00. No Action
01. Verbal Warning
02. Written Warning
03. Infraction
04. Arrest/Summons

VIOLATION STATUTES: 14-246A

DRUG/ALCOHOL INFORMATION

ALCOHOL TEST STATUS: 01
01. Test Not Given
02. Test Refused
03. Test Given
99. Unknown if Tested

TYPE OF ALCOHOL TEST: 88
01. Blood
02. Urine
03. Breath
88. Not Applicable
97. Other

DRUG TEST STATUS: 01
01. Test Not Given
02. Test Refused
03. Test Given
99. Unknown if Tested

TYPE OF DRUG TEST: 88
01. Blood
02. Urine
88. Not Applicable
97. Other

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Motor Vehicle ID: 2
Person ID: 2

Motor Vehicle Driver Information
Complete One Sheet Per Driver

Case Number: 23-37849-AC
DOT Identifier: *For DOT use only*

Name *(Last, First, Middle, Suffix)*: MCCLELLAN, SHANICE A
Street Address *or PO Box:* 73 W MAIN ST Apt 1
City: BALTIC State or Prov: CT Postal Code: 06330
Phone/Email *(optional)*: 860-865-4705(h)

GENDER: 02 (01. Male, 02. Female, 99. Unknown)
DATE OF BIRTH *(YYYYMMDD)*: 19920320
☐ Date of Birth is unknown

LICENSE INFO

For all numeric fields: 99 = 'Unknown'

LICENSE NUMBER: 158712467
STATE: CT

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

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

COMMERCIAL LICENSE: ☐
01. No
02. Yes

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

DRIVER INFORMATION

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

RESTRAINT SYSTEM: 01
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

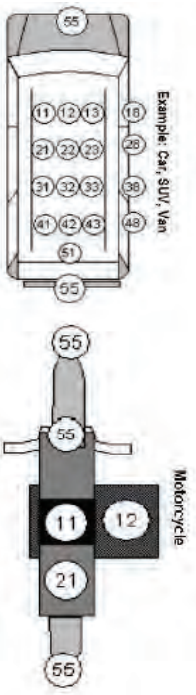
HELMET USE: 88
01. No Helmet
02. DOT-Compliant Motorcycle Helmet
03. Helmet, Other Than DOT-Compliant Motorcycle Helmet
04. Helmet, Unknown If DOT-Compliant
88. Not Applicable

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

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

SEATING POSITION FIRST DIGIT: 11
1_. Front Row

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
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

DRIVER DISTRACTED BY: 99
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

CONDITION AT TIME OF CRASH *(choose up to 2)*: 01
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
99. Unknown

INJURY AND EMS INFORMATION

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

TRANSPORTED TO FIRST MEDICAL FACILITY BY: 03
01. Not Transported
02. EMS Air
03. EMS Ground
04. Law Enforcement
97. Other

EMS COMPANY NAME: American Ambulance
EMS RUN NUMBER:
INTENDED RECEIVING FACILITY: William W. Backus Hospital

ENFORCEMENT ACTIONS TAKEN

ACTION BY OFFICER: 00
00. No Action
01. Verbal Warning
02. Written Warning
03. Infraction
04. Arrest/Summons

VIOLATION STATUTES

DRUG/ALCOHOL INFORMATION

ALCOHOL TEST STATUS: 01
01. Test Not Given
02. Test Refused
03. Test Given
99. Unknown if Tested

TYPE OF ALCOHOL TEST: 88
01. Blood
02. Urine
03. Breath
88. Not Applicable
97. Other

DRUG TEST STATUS: 01
01. Test Not Given
02. Test Refused
03. Test Given
99. Unknown if Tested

TYPE OF DRUG TEST: 88
01. Blood
02. Urine
88. Not Applicable
97. Other

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Case Number: 23-37849-AC

Motor Vehicle ID: 2

Appendix C: Bus
Complete this sheet for passengers of the bus that was involved in the crash

DOT Identifier:
For DOT use only

For all numeric fields: 99 = 'Unknown'

BUS OCCUPANT INFORMATION

ID	NAME (Last, First, Middle, Suffix)	GENDER	AGE	SEATING POSITION	EJECTION	INJURY STATUS	DATE OF BIRTH (YYYYMMDD)
3	HEIBEL, STEPHANIE	02	33	1E	01	C	19900611

Norwich Police Department
Images Associated with 23-37849-AC













Norwich Police Department
Images Associated with 23-37849-AC













Norwich Police Department
Images Associated with 23-37849-AC





CONNECTICUT UNIFORM POLICE CRASH REPORT

Form PR-1 REV July 2014.01

Crash Summary (Front)

Number of Motor Vehicles: *Automobiles, Motorcycles, etc.* **2**

Number of Non-Motorists: *Pedestrians, Bicyclists, etc.* **0**

Case Number: **23-45187-AC**

DOT Identifier: *For DOT use only*

CRASH DATE, TIME, SEVERITY, AND LOCATION

Date of Crash *(YYYYMMDD)*: **2023 1229**

Time *(0000-2359)*: **1110**

Town Name: **NORWICH**

Town#: **104**

Crash Severity: ○ Fatal ○ Injury ● PDO

Latitude: **+041.561216**

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

173 HUNTERS RD at

Longitude: **-072.063181**

If not at an intersection: distance **400** ● Feet ○ Tenths of Mile N,S,E,W **E** of name of nearest intersecting road, town line, or mile marker: **TETRAULT AVE**

For all numeric fields: 99 = 'Unknown'

CRASH FACTORS AND CONDITIONS

TRAFFICWAY OWNERSHIP — 01
01. Public Road
02. Private Road
88. Not Applicable

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

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

WEATHER CONDITIONS *(choose up to 2)* — 04
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

TRAFFICWAY SURFACE CONDITIONS — 02
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

LOCATION OF FIRST HARMFUL EVENT — 01
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)*

CRASH-SPECIFIC LOCATION — 01
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

TYPE OF INTERSECTION — 01
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

SCHOOL BUS RELATED — 01
01. No
02. Yes, a school bus was directly involved
03. Yes, a school bus was indirectly involved

FIRST HARMFUL EVENT — 14

Non-Collision:
01. Overturn/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

Collision with Person, Vehicle, or Non-Fixed Object:
09. Pedestrian
10. Pedalcycle/Pedalcyclist
11. Other Non-motorist
12. Railway Vehicle *(train, engine)*
40. Deer
13. Animal Other Than Deer *(live)*
14. Motor Vehicle in Operation
15. Parked Motor Vehicle
16. Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle
17. Work Zone/Maintenance Equipment
18. 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)* — 04
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

CONTRIBUTING CIRCUMSTANCES, ENVIRONMENTAL *(choose up to 3)* — 00
00. None
01. Weather Conditions
02. Visual Obstruction(s)
03. Glare
04. Animal(s) in Roadway
88. Not Applicable
97. Other

CONTRIBUTING CIRCUMSTANCES, ROAD *(choose up to 3)* — 00
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

For all numeric fields: 99 = 'Unknown'

WORK ZONE CRASH INFORMATION

Complete all for crashes occurring in a Work Zone

WORK ZONE — 01
01. No
02. Yes

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

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

WORKERS PRESENT — 88
01. No
02. Yes
88. Not Applicable

ENFORCEMENT PRESENT — 88
01. No
02. Yes
88. Not Applicable

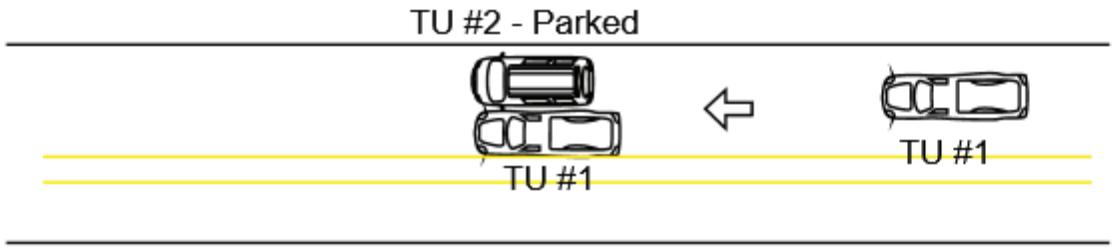
CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Crash Summary (Back)

Case Number: 23-45187-AC

DOT Identifier: *For DOT use only*

DIAGRAM



Not drawn to scale

☐ Vehicles were moved prior to police arrival

Please indicate the direction of North within the diagram

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

This is a minor two car motor vehicle accident with no injuries. TU #2 is a FedEx delivery truck and was parked making deliveries facing East in the area of 173 Hunters Road, Taftville, CT. TU #1 was traveling East on Hunters Road and attempted to pass TU #2 when his right side mirror collided into TU #2's left side mirror causing minor damage to TU #2's left side mirror. TU #1 did not sustain any damage to the right side mirror. OP #1 was issued a written warning for "Failure to drive right." Both vehicles operable. Case closed.

Related Incident Number	Officer First Name	Officer Last Name	Badge Number	Police Agency Code
	Chase	Chiangi	1018	001040

Case Status
O - Open
C- Closed
O

Officer Signature: Chase Chiangi

Date & Time: 2024011 1 0816

Supervisor:

Date & Time:

☐ This report is a revision to a previously submitted report

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Motor Vehicle ID: 1
Number of Occupants in Vehicle: 1 *(including the driver)*

Motor Vehicle Information (Front)
Complete One Sheet Per Motor Vehicle

Case Number: 23-45187-AC
DOT Identifier: *For DOT use only*

MOTOR VEHICLE INFORMATION

VIN: 1GC1KUEY0KF128677 ☐ VIN missing or removed ☐ Driver Evaded Responsibility
Plate #: C350052 ☐ Invalid Plate ☐ No Plate
Make: CHEVROLET
Color: RED
Plate State: CT
Model: SILVERADO
Year: 2019
Direction of Travel N, S, E, W
Total lanes in roadway: 2
Road on which vehicle was traveling: HUNTERS RD
E ☐ Vehicle was not in roadway ☐ Unknown direction
☐ Bike lanes/sharrows present

MOTOR VEHICLE CRASH INFORMATION

For all numeric fields: 99 = 'Unknown'

SEQUENCE OF EVENTS
(choose up to four, in chronological order)

Non-Collision
01. Overturn/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 Centerline
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. Pedalcycle/Pedacyclist
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

1st: 22
2nd:
3rd:
4th:
Most Harmful Event:

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

02

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

00
88

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

15

TOWED
01. Towed Due to Disabling Damage
02. Towed, But Not Due to Disabling Damage
03. Not Towed

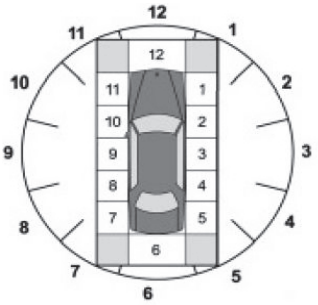
03

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. Motorcoach
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

05

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

02

Damaged Areas
00. None
14. Top
15. Undercarriage
17. All Areas
88. Applicable

01

EXTENT OF DAMAGE
01. No Visible Damage
02. Minor Damage
03. Functional Damage
04. Disabling Damage

02

MOTOR VEHICLE TYPE
01. Motor Vehicle in Operation
02. Parked Motor Vehicle
03. Working Vehicle/Equipment
04. Non-Collision Vehicle

01

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

03

ROADWAY GRADE
01. Level
02. Uphill
03. Hill Crest
04. Downhill
05. Sag *(bottom)*

04

ROADWAY ALIGNMENT
01. Straight
02. Curve Left
03. Curve Right

02

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

01

TRAFFIC CONTROL DEVICE FUNCTIONAL?
01. No
02. Yes
03. Missing
88. Not Applicable

88

INSURANCE INFORMATION

INSURANCE COMPANY	INSURANCE POLICY NUMBER	INSURANCE EXPIRATION DATE (yyyymmdd)
NGM	B2J74825	

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Motor Vehicle ID: 2
Number of Occupants in Vehicle: 1 *(including the driver)*

Motor Vehicle Information (Front)
Complete One Sheet Per Motor Vehicle

Case Number: 23-45187-AC
DOT Identifier: *For DOT use only*

MOTOR VEHICLE INFORMATION

VIN: J A L B 4 T 1 7 7 J 7 W 0 2 4 8 9 ☐ VIN missing or removed ☐ Driver Evaded Responsibility
Plate #: C200094 ☐ Invalid Plate ☐ No Plate
Make: ISUZU Color: WHITE Plate State: CT
Model: NPR Year: 2018
Direction of Travel N, S, E, W
Total lanes in roadway: 2
Road on which vehicle was traveling: HUNTERS RD E ☐ Vehicle was not in roadway ☐ Unknown direction
☐ Bike lanes/sharrows present

MOTOR VEHICLE CRASH INFORMATION

For all numeric fields: 99 = 'Unknown'

SEQUENCE OF EVENTS
(choose up to four, in chronological order)

1st: 88
2nd:
3rd:
4th:

Most Harmful Event:

Non-Collision
01. Overturn/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 Centerline
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. Pedalcycle/Pedacyclist
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
12
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

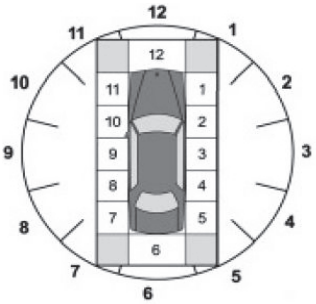
CONTRIBUTING CIRCUMSTANCES MOTOR VEHICLE *(choose up to 2)*
00
11
00. None
01. Brakes
02. Exhaust System
03. Body, Doors
04. Steering
05. Power Train
06. Suspension
07. Tires
08. Wheels
09. Lights *(head, signal, tail)*
10. Windows/Windshield
11. Mirrors
12. Wipers
13. Truck Coupling / Trailer Hitch / Safety Chains
88. Not Applicable
97. Other

POSTED/STATUTORY SPEED LIMIT
(record the posted/statutory value as miles per hour)
15
01.:Not Posted
10, 15, 20, 25, 30, 35, 40, 45
50, 55, 60, 65, 70, 75, 80, 85
88.:Not Applicable

TOWED
03
01. Towed Due to Disabling Damage
02. Towed, But Not Due to Disabling Damage
03. Not Towed

TOWED TO

BODY TYPE
04
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. Motorcoach
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 07
13. Non-Collision
14. Top
15. Undercarriage
16. Cargo loss

Damaged Areas 07
00. None
14. Top
15. Undercarriage
17. All Areas
88. Applicable

EXTENT OF DAMAGE
02
01. No Visible Damage
02. Minor Damage
03. Functional Damage
04. Disabling Damage

MOTOR VEHICLE TYPE
02
01. Motor Vehicle in Operation
02. Parked Motor Vehicle
03. Working Vehicle/Equipment
04. Non-Collision Vehicle

TRAFFICWAY DESCRIPTION
03
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
04
01. Level
02. Uphill
03. Hill Crest
04. Downhill
05. Sag *(bottom)*

ROADWAY ALIGNMENT
02
01. Straight
02. Curve Left
03. Curve Right

TRAFFIC CONTROL DEVICE TYPE
01
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?
88
01. No
02. Yes
03. Missing
88. Not Applicable

INSURANCE INFORMATION

INSURANCE COMPANY	INSURANCE POLICY NUMBER	INSURANCE EXPIRATION DATE (yyyymmdd)
OLD REPUBLIC	MWTB31576423	

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Motor Vehicle Information (Back)
Complete One Sheet Per Motor Vehicle

Case Number: **23-45187-AC**

DOT Identifier: *For DOT use only*

MOTOR VEHICLE OWNERSHIP INFORMATION

Vehicle Owner Name *(Last, First, Middle, Suffix)* ☒ Information same as driver

QUESNEL, JEFFREY

Street Address or Post Office Box

City	State/Prov	Country	Postal Code
		UNITED STATES	

Email Address *(optional)* | Phone *(optional)*

SPECIAL VEHICLE FUNCTION

01

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

EMERGENCY VEHICLE

01

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

BUS USE

01

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

PROPERTY DAMAGED

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

NATURE AND EXTENT OF DAMAGE TO PROPERTY 1

NAME OF OWNER OF PROPERTY 1

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
Form PR-1 REV June 2014.01

Motor Vehicle Information (Back)
Complete One Sheet Per Motor Vehicle

Case Number: **23-45187-AC**

DOT Identifier: *For DOT use only*

MOTOR VEHICLE OWNERSHIP INFORMATION

Vehicle Owner Name *(Last, First, Middle, Suffix)* ☐ Information same as driver

FEDERAL EXPRESS CORP

Street Address or Post Office Box

942 SHADY GROVE RD

City	State/Prov	Country	Postal Code
MEMPHIS	**TN**	**UNITED STATES**	**38120**

Email Address *(optional)* Phone *(optional)*

SPECIAL VEHICLE FUNCTION: **01**
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

EMERGENCY VEHICLE: **01**
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

BUS USE: **01**
01. Not a Bus
02. School
03. Transit/Commuter
04. Intercity
05. Charter/Tour
06. Shuttle

PROPERTY DAMAGED

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

NATURE AND EXTENT OF DAMAGE TO PROPERTY 1

NAME OF OWNER OF PROPERTY 1

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
Form PR-1 REV June 2014.01

Motor Vehicle Driver Information
Complete One Sheet Per Driver

Motor Vehicle ID: 1
Person ID: 1

Case Number: 23-45187-AC
DOT Identifier: *For DOT use only*

Name *(Last, First, Middle, Suffix)*: QUESNEL, JEFFREY
Street Address *or PO Box:* 218 HUNTERS RD
City: TAFTVILLE State or Prov: CT Postal Code: 06380
Phone/Email *(optional)*:

GENDER: 01 (01. Male, 02. Female, 99. Unknown)
DATE OF BIRTH *(YYYYMMDD)*: 19870601 ☐ Date of Birth is unknown

LICENSE INFO

For all numeric fields: 99 = 'Unknown'

LICENSE NUMBER: Q254433872010
STATE: FL

DRIVER LICENSE JURISDICTION: 02
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

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

COMMERCIAL LICENSE: ☐
01. No
02. Yes

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

RESTRAINT SYSTEM: 01
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

HELMET USE: 88
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

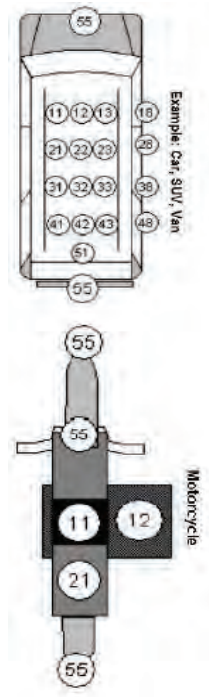
AIRBAG: 01
01. Not Deployed
02. Deployed-Front
03. Deployed-Side
04. Deployed-Curtain
05. Deployed-Other
06. Deployed-Combination
88. Not Applicable

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

DRIVER INFORMATION

SEATING POSITION FIRST DIGIT: 11
1_. Front Row

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)*: 97
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

DRIVER DISTRACTED BY: 01
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

CONDITION AT TIME OF CRASH *(choose up to 2)*: 01
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
99. Unknown

INJURY AND EMS INFORMATION

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

TRANSPORTED TO FIRST MEDICAL FACILITY BY: 01
01. Not Transported
02. EMS Air
03. EMS Ground
04. Law Enforcement
97. Other

EMS COMPANY NAME
EMS RUN NUMBER
INTENDED RECEIVING FACILITY

ENFORCEMENT ACTIONS TAKEN

ACTION BY OFFICER: 02
00. No Action
01. Verbal Warning
02. Written Warning
03. Infraction
04. Arrest/Summons

VIOLATION STATUTES: 14-230(A)

DRUG/ALCOHOL INFORMATION

ALCOHOL TEST STATUS: 01
01. Test Not Given
02. Test Refused
03. Test Given
99. Unknown if Tested

TYPE OF ALCOHOL TEST: 88
01. Blood
02. Urine
03. Breath
88. Not Applicable
97. Other

DRUG TEST STATUS: 01
01. Test Not Given
02. Test Refused
03. Test Given
99. Unknown if Tested

TYPE OF DRUG TEST: 88
01. Blood
02. Urine
88. Not Applicable
97. Other

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Motor Vehicle Driver Information
Complete One Sheet Per Driver

Motor Vehicle ID: **2**
Person ID: **2**

Case Number: **23-45187-AC**
DOT Identifier: *For DOT use only*

Name *(Last, First, Middle, Suffix)*: **VIENS, CHRISTOPHER**
Street Address *or PO Box:* **232 BROAD ST**
City: **DANIELSON** State or Prov: **CT** Postal Code: **06239**
Phone/Email *(optional)*:

GENDER: 01. Male, 02. Female, 99. Unknown — **01**

DATE OF BIRTH *(YYYYMMDD)*: **1 9 7 2 0 8 1 7**
☐ Date of Birth is unknown

LICENSE INFO

For all numeric fields: 99 = 'Unknown'

LICENSE NUMBER: **206248129**
STATE: **CT**

DRIVER LICENSE JURISDICTION: **02**
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

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

COMMERCIAL LICENSE
01. No
02. Yes
☐

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

DRIVER INFORMATION

EJECTION: **01**
01. Not Ejected
02. Ejected, Partially
03. Ejected, Totally
88. Not Applicable

RESTRAINT SYSTEM: **01**
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

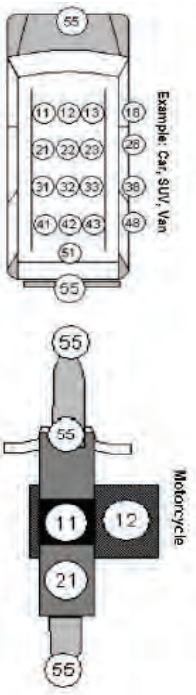
HELMET USE: **88**
01. No Helmet
02. DOT-Compliant Motorcycle Helmet
03. Helmet, Other Than DOT-Compliant Motorcycle Helmet
04. Helmet, Unknown If DOT-Compliant
88. Not Applicable

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

SPEED RELATED: **01**
01. No
02. Racing
03. Exceeded Speed Limit
04. Too Fast for Conditions

SEATING POSITION FIRST DIGIT: **11**
1_. Front Row

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**
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

DRIVER DISTRACTED BY: **01**
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

CONDITION AT TIME OF CRASH *(choose up to 2)*: **01**
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
99. Unknown

INJURY AND EMS INFORMATION

INJURY STATUS: **O**
K. Fatal Injury
A. Suspected Serious Injury
B. Suspected Minor Injury
C. Possible Injury
O. No Apparent Injury

TRANSPORTED TO FIRST MEDICAL FACILITY BY: **01**
01. Not Transported
02. EMS Air
03. EMS Ground
04. Law Enforcement
97. Other

EMS COMPANY NAME
EMS RUN NUMBER
INTENDED RECEIVING FACILITY

ENFORCEMENT ACTIONS TAKEN

ACTION BY OFFICER: **00**
00. No Action
01. Verbal Warning
02. Written Warning
03. Infraction
04. Arrest/Summons

VIOLATION STATUTES

DRUG/ALCOHOL INFORMATION

ALCOHOL TEST STATUS: **01**
01. Test Not Given
02. Test Refused
03. Test Given
99. Unknown if Tested

TYPE OF ALCOHOL TEST: **88**
01. Blood
02. Urine
03. Breath
88. Not Applicable
97. Other

DRUG TEST STATUS: **01**
01. Test Not Given
02. Test Refused
03. Test Given
99. Unknown if Tested

TYPE OF DRUG TEST: **88**
01. Blood
02. Urine
88. Not Applicable
97. Other

Norwich Police Department
Images Associated with 23-45187-AC





CONNECTICUT UNIFORM POLICE CRASH REPORT

Form PR-1 REV July 2014.01

Crash Summary (Front)

Number of Motor Vehicles: *Automobiles, Motorcycles, etc.* **1**

Number of Non-Motorists: *Pedestrians, Bicyclists, etc.* **0**

Case Number: **24-7576-AC**

DOT Identifier: *For DOT use only*

CRASH DATE, TIME, SEVERITY, AND LOCATION

Date of Crash *(YYYYMMDD)*: **2 0 2 4 0 2 2 1**

Time *(0000-2359)*: **1 4 2 1**

Town Name: **NORWICH**

Town#: **104**

Crash Severity: ○ Fatal ○ Injury ● PDO

Latitude: **+041.560760**

Crash occurred on (street name or route #): **121 HUNTERS RD**

at:

Longitude: **-072.058470**

If not at an intersection: distance **432** ● Feet ○ Tenths of Mile

N,S,E,W: **W**

of name of nearest intersecting road, town line, or mile marker: **HUNTERS AV**

CRASH FACTORS AND CONDITIONS

For all numeric fields: 99 = 'Unknown'

TRAFFICWAY OWNERSHIP — 01
01. Public Road
02. Private Road
88. Not Applicable

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

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

WEATHER CONDITIONS *(choose up to 2)* — 01, 88
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

TRAFFICWAY SURFACE CONDITIONS — 01
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

LOCATION OF FIRST HARMFUL EVENT — 01
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)*

CRASH-SPECIFIC LOCATION — 01
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

TYPE OF INTERSECTION — 01
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

SCHOOL BUS RELATED — 01
01. No
02. Yes, a school bus was directly involved
03. Yes, a school bus was indirectly involved

FIRST HARMFUL EVENT — 05

Non-Collision:
01. Overturn/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

Collision with Person, Vehicle, or Non-Fixed Object:
09. Pedestrian
10. Pedalcycle/Pedalcyclist
11. Other Non-motorist
12. Railway Vehicle *(train, engine)*
40. Deer
13. Animal Other Than Deer *(live)*
14. Motor Vehicle in Operation
15. Parked Motor Vehicle
16. Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle
17. Work Zone/Maintenance Equipment
18. 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)* — 88
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

CONTRIBUTING CIRCUMSTANCES, ENVIRONMENTAL *(choose up to 3)* — 00
00. None
01. Weather Conditions
02. Visual Obstruction(s)
03. Glare
04. Animal(s) in Roadway
88. Not Applicable
97. Other

CONTRIBUTING CIRCUMSTANCES, ROAD *(choose up to 3)* — 00
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

WORK ZONE CRASH INFORMATION

For all numeric fields: 99 = 'Unknown' — *Complete all for crashes occurring in a Work Zone*

WORK ZONE — 01
01. No
02. Yes

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

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

WORKERS PRESENT — 88
01. No
02. Yes
88. Not Applicable

ENFORCEMENT PRESENT — 88
01. No
02. Yes
88. Not Applicable

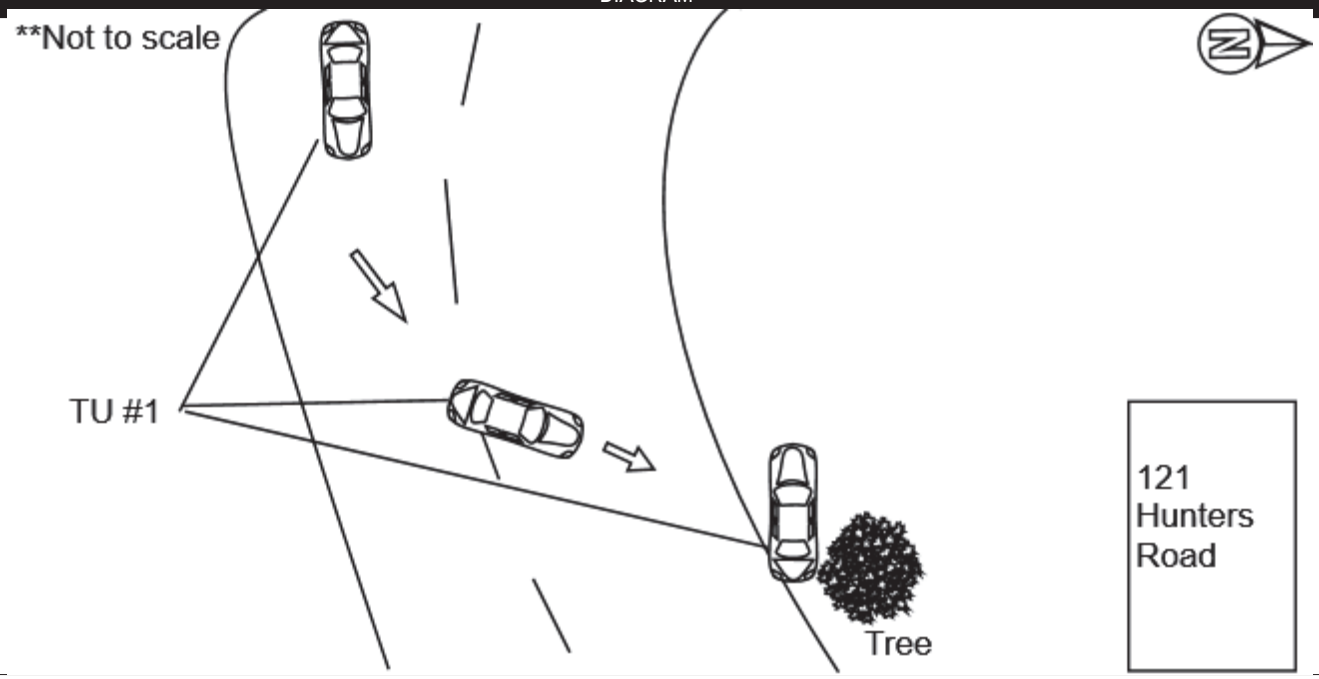
CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Crash Summary (Back)

Case Number: 24-7576-AC

DOT Identifier: *For DOT use only*

DIAGRAM



☐ Vehicles were moved prior to police arrival

Please indicate the direction of North within the diagram

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

Traffic Unit #1 was traveling East on Hunters Road. Traffic Unit #1's tire fell off while turning.

Traffic Unit #1 collided into a tree.

I observed functional damage to Traffic Unit #1. I observed damage to the property's landscape.

Photographs obtained.

Operator #1 reported not having proper tires.

No report of injuries. Traffic Unit #1 was towed due to disabling damage by North East Auto.

Operator #1 was issued a Written Warning for 14-98* Operating Motor Vehicle With Unsafe Tires.

Case Status: Closed (Report Taken)

Related Incident Number	Officer First Name	Officer Last Name	Badge Number	Police Agency Code
	Matthew	**Pagan**	**1088**	**001040**

Case Status
O - Open
C- Closed
O

Officer Signature: Matthew Pagan

Date & Time: **2024022 2 1437**

Supervisor:

Date & Time:

☐ This report is a revision to a previously submitted report

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Motor Vehicle ID: 1

Number of Occupants in Vehicle: 1 *(including the driver)*

Motor Vehicle Information (Front)
Complete One Sheet Per Motor Vehicle

Case Number: 24-7576-AC

DOT Identifier: *For DOT use only*

MOTOR VEHICLE INFORMATION

VIN: A 0 A 4 3 5 C 2 9 3 7 6 1 ☐ VIN missing or removed ☐ Driver Evaded Responsibility

Plate #: 00XFMR ☐ Invalid Plate ☐ No Plate

Make: AMERICAN MOTORS Color: BURGUNDY / MAROON Plate State: CT

Model: SPIRIT Year: 1980

Direction of Travel N, S, E, W

Total lanes in roadway: 2

Road on which vehicle was traveling: HUNTERS RD E ☐ Vehicle was not in roadway ☐ Unknown direction

☐ Bike lanes/sharrows present

MOTOR VEHICLE CRASH INFORMATION

For all numeric fields: 99 = 'Unknown'

SEQUENCE OF EVENTS
(choose up to four, in chronological order)

1st: 05
2nd:
3rd:
4th:

Most Harmful Event: 05

Non-Collision
01. Overturn/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 Centerline
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. Pedalcycle/Pedacyclist
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
02
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

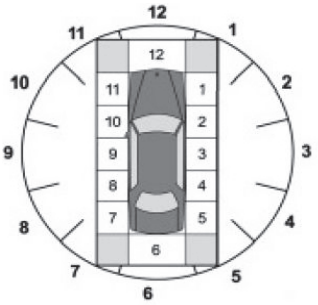
CONTRIBUTING CIRCUMSTANCES MOTOR VEHICLE *(choose up to 2)*
07
88
00. None
01. Brakes
02. Exhaust System
03. Body, Doors
04. Steering
05. Power Train
06. Suspension
07. Tires
08. Wheels
09. Lights *(head, signal, tail)*
10. Windows/Windshield
11. Mirrors
12. Wipers
13. Truck Coupling / Trailer Hitch / Safety Chains
88. Not Applicable
97. Other

POSTED/STATUTORY SPEED LIMIT
(record the posted/statutory value as miles per hour)
25
01.:Not Posted
10, 15, 20, 25, 30, 35, 40, 45
50, 55, 60, 65, 70, 75, 80, 85
88.:Not Applicable

TOWED
01
01. Towed Due to Disabling Damage
02. Towed, But Not Due to Disabling Damage
03. Not Towed

TOWED TO
NORTHEAST TOWING

BODY TYPE
02
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. Motorcoach
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 03
13. Non-Collision
14. Top
15. Undercarriage
16. Cargo loss

Damaged Areas 01
00. None
14. Top 03
15. Undercarriage
17. All Areas 15
88. Applicable

EXTENT OF DAMAGE
04
01. No Visible Damage
02. Minor Damage
03. Functional Damage
04. Disabling Damage

MOTOR VEHICLE TYPE
01
01. Motor Vehicle in Operation
02. Parked Motor Vehicle
03. Working Vehicle/Equipment
04. Non-Collision Vehicle

TRAFFICWAY DESCRIPTION
01
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
04
01. Level
02. Uphill
03. Hill Crest
04. Downhill
05. Sag *(bottom)*

ROADWAY ALIGNMENT
02
01. Straight
02. Curve Left
03. Curve Right

TRAFFIC CONTROL DEVICE TYPE
01
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?
88
01. No
02. Yes
03. Missing
88. Not Applicable

INSURANCE INFORMATION

INSURANCE COMPANY	INSURANCE POLICY NUMBER	INSURANCE EXPIRATION DATE (yyyymmdd)
GARRISON PROPERTY	04448758	

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Motor Vehicle Information (Back)
Complete One Sheet Per Motor Vehicle

Case Number: **24-7576-AC**

DOT Identifier: *For DOT use only*

MOTOR VEHICLE OWNERSHIP INFORMATION

Vehicle Owner Name *(Last, First, Middle, Suffix)* ☐ Information same as driver

WEEKS, SCOTT

Street Address or Post Office Box

320 OLD CANTERBURY TNPK

City	State/Prov	Country	Postal Code
NORWICH	**CT**	**UNITED STATES**	**06360**

Email Address *(optional)*

Phone *(optional)* **860-822-1196**

SPECIAL VEHICLE FUNCTION — **01**

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

EMERGENCY VEHICLE — **01**

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

BUS USE — **88**

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

PROPERTY DAMAGED

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

NATURE AND EXTENT OF DAMAGE TO PROPERTY 1

NAME OF OWNER OF PROPERTY 1

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
Form PR-1 REV June 2014.01

Motor Vehicle Driver Information
Complete One Sheet Per Driver

Motor Vehicle ID: 1
Person ID: 3

Case Number: 24-7576-AC
DOT Identifier: *For DOT use only*

Name *(Last, First, Middle, Suffix)*: WEEKS, WILLIAM
Street Address *or PO Box:* 320 OLD CANTERBURY RD
City: TAFTVILLE State or Prov: CT Postal Code: 06380
Phone/Email *(optional)*:

GENDER: 01 (01. Male, 02. Female, 99. Unknown)
DATE OF BIRTH *(YYYYMMDD)*: 20070706 ☐ Date of Birth is unknown

LICENSE INFO

For all numeric fields: 99 = 'Unknown'

LICENSE NUMBER: 079941171
STATE: CT

DRIVER LICENSE JURISDICTION: 02
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

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

COMMERCIAL LICENSE: 01
01. No
02. Yes

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

DRIVER INFORMATION

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

RESTRAINT SYSTEM: 01
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

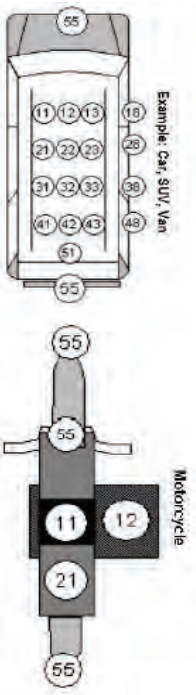
HELMET USE: 88
01. No Helmet
02. DOT-Compliant Motorcycle Helmet
03. Helmet, Other Than DOT-Compliant Motorcycle Helmet
04. Helmet, Unknown If DOT-Compliant
88. Not Applicable

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

SPEED RELATED: 99
01. No
02. Racing
03. Exceeded Speed Limit
04. Too Fast for Conditions

SEATING POSITION FIRST DIGIT: 11
1_. Front Row

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
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

DRIVER DISTRACTED BY: 01
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

CONDITION AT TIME OF CRASH *(choose up to 2)*: 01
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
99. Unknown

INJURY AND EMS INFORMATION

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

TRANSPORTED TO FIRST MEDICAL FACILITY BY: 01
01. Not Transported
02. EMS Air
03. EMS Ground
04. Law Enforcement
97. Other

EMS COMPANY NAME
EMS RUN NUMBER
INTENDED RECEIVING FACILITY

ENFORCEMENT ACTIONS TAKEN

ACTION BY OFFICER: 02
00. No Action
01. Verbal Warning
02. Written Warning
03. Infraction
04. Arrest/Summons

VIOLATION STATUTES: 14-98A

DRUG/ALCOHOL INFORMATION

ALCOHOL TEST STATUS: 01
01. Test Not Given
02. Test Refused
03. Test Given
99. Unknown if Tested

TYPE OF ALCOHOL TEST: 88
01. Blood
02. Urine
03. Breath
88. Not Applicable
97. Other

DRUG TEST STATUS: 01
01. Test Not Given
02. Test Refused
03. Test Given
99. Unknown if Tested

TYPE OF DRUG TEST: 88
01. Blood
02. Urine
88. Not Applicable
97. Other

Norwich Police Department
Images Associated with 24-7576-AC











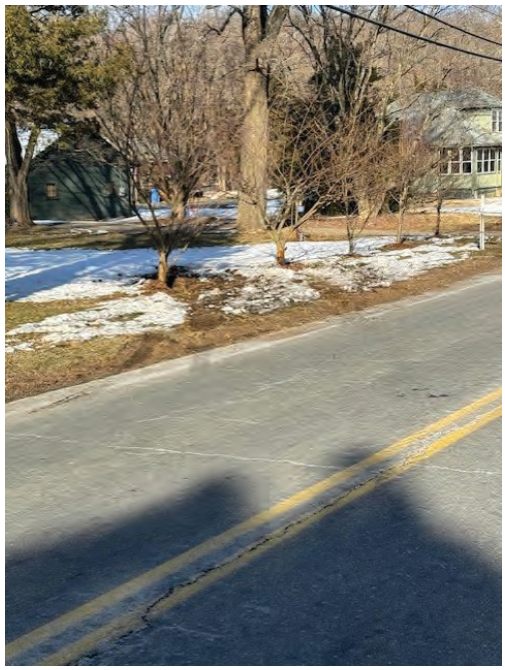


Norwich Police Department
Images Associated with 24-7576-AC













Norwich Police Department
Images Associated with 24-7576-AC





CONNECTICUT UNIFORM POLICE CRASH REPORT

Form PR-1 REV July 2014.01

Crash Summary (Front)

Number of Motor Vehicles: *Automobiles, Motorcycles, etc.* **2**

Number of Non-Motorists: *Pedestrians, Bicyclists, etc.* **0**

Case Number: **24-8997-AC**

DOT Identifier: *For DOT use only*

CRASH DATE, TIME, SEVERITY, AND LOCATION

Date of Crash *(YYYYMMDD)*: **20240302**

Time *(0000-2359)*: **2112**

Town Name: **NORWICH**

Town#: **104**

Crash Severity: ◯ Fatal ● Injury ◯ PDO

Latitude: **+041.556020**

Crash occurred on (street name or route #): **159 NORWICH AV** at **HUNTERS RD**

Longitude: **-072.049920**

If not at an intersection: distance ◯ Feet ◯ Tenths of Mile N,S,E,W of name of nearest intersecting road, town line, or mile marker

For all numeric fields: 99 = 'Unknown'

CRASH FACTORS AND CONDITIONS

TRAFFICWAY OWNERSHIP **01**
01. Public Road
02. Private Road
88. Not Applicable

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

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

WEATHER CONDITIONS *(choose up to 2)* **04**
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

TRAFFICWAY SURFACE CONDITIONS **02**
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

LOCATION OF FIRST HARMFUL EVENT **01**
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)*

CRASH-SPECIFIC LOCATION **02**
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

TYPE OF INTERSECTION **02**
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

SCHOOL BUS RELATED **01**
01. No
02. Yes, a school bus was directly involved
03. Yes, a school bus was indirectly involved

FIRST HARMFUL EVENT **14**

Non-Collision:
01. Overturn/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

Collision with Person, Vehicle, or Non-Fixed Object:
09. Pedestrian
10. Pedalcycle/Pedalcyclist
11. Other Non-motorist
12. Railway Vehicle *(train, engine)*
40. Deer
13. Animal Other Than Deer *(live)*
14. Motor Vehicle in Operation
15. Parked Motor Vehicle
16. Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle
17. Work Zone/Maintenance Equipment
18. 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**
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

CONTRIBUTING CIRCUMSTANCES, ENVIRONMENTAL *(choose up to 3)* **99**
00. None
01. Weather Conditions
02. Visual Obstruction(s)
03. Glare
04. Animal(s) in Roadway
88. Not Applicable
97. Other

CONTRIBUTING CIRCUMSTANCES, ROAD *(choose up to 3)* **99**
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

For all numeric fields: 99 = 'Unknown'

WORK ZONE CRASH INFORMATION

Complete all for crashes occurring in a Work Zone

WORK ZONE **01**
01. No
02. Yes

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

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

WORKERS PRESENT **88**
01. No
02. Yes
88. Not Applicable

ENFORCEMENT PRESENT **88**
01. No
02. Yes
88. Not Applicable

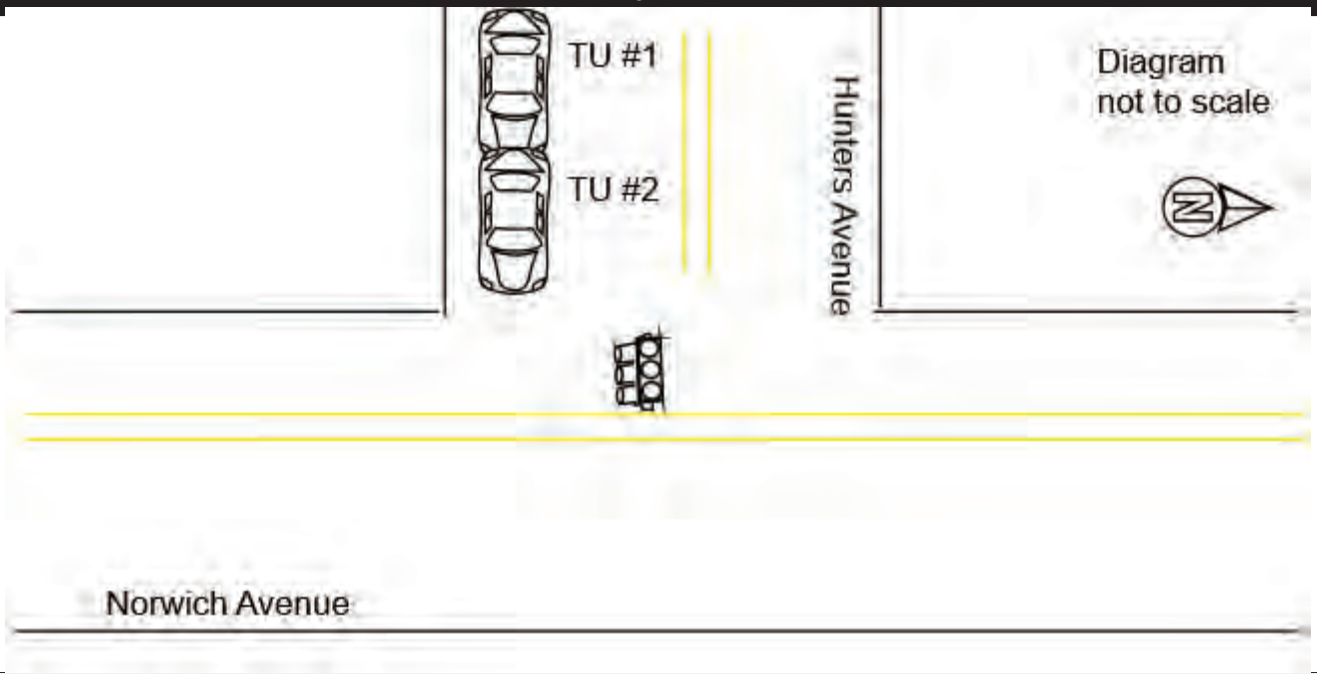
CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Crash Summary (Back)

Case Number: 24-8997-AC

DOT Identifier: *For DOT use only*

DIAGRAM



☐ Vehicles were moved prior to police arrival

Please indicate the direction of North within the diagram

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

TU #2 was travelling in a easterly direction on Hunters Avenue in front of TU #1 intending to make a left hand turn onto Norwich Avenue.

Operator #2 stated the red light signal turned green, and he began to drive forward. Operator #2 stated TU #1 collided into the rear of TU #2 causing minor damage to the contact area. Operator #2 advised TU #1 then did a U-turn in the road and continued back up Hunters Avenue.

Operator #2 reported no injuries, and TU #2 was operable.

The area was checked for residential cameras, yielding negative results. There were no city cameras in the area and Operator #2 did not have an identifying description of TU #1.

No enforcement action was taken at this time.

Related Incident Number	Officer First Name	Officer Last Name	Badge Number	Police Agency Code
	Jordan	Nute	1091	001040

Case Status
O - Open
C- Closed
C

Officer Signature: Jordan Nute

Date & Time: 2024030709 19

Supervisor: Christopher Chastang

Date & Time: 20240320 1349

☐ This report is a revision to a previously submitted report

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Motor Vehicle ID: 1

Number of Occupants in Vehicle: 1
(including the driver)

Motor Vehicle Information (Front)
Complete One Sheet Per Motor Vehicle

Case Number: 24-8997-AC

DOT Identifier:
For DOT use only

MOTOR VEHICLE INFORMATION

VIN: ☐ VIN missing or removed ☒ Driver Evaded Responsibility

Plate #: ☐ Invalid Plate ☐ No Plate

Make: Color: Plate State:

Model: Year: Direction of Travel N, S, E, W

Total lanes in roadway:

Road on which vehicle was traveling: **HUNTERS RD** **E** ☐ Vehicle was not in roadway ☐ Unknown direction

☐ Bike lanes/sharrows present

MOTOR VEHICLE CRASH INFORMATION

For all numeric fields: 99 = 'Unknown'

SEQUENCE OF EVENTS
(choose up to four, in chronological order)

Non-Collision
01. Overturn/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 Centerline
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. Pedalcycle/Pedacyclist
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

1st: **22**
2nd:
3rd:
4th:

Most Harmful Event:

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

01

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

00

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

25

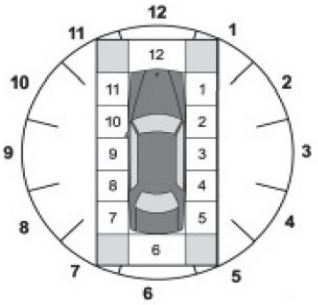
TOWED
01. Towed Due to Disabling Damage
02. Towed, But Not Due to Disabling Damage
03. Not Towed

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. Motorcoach
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

99

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

12

Damaged Areas
00. None
14. Top
15. Undercarriage
17. All Areas
88. Applicable

12

EXTENT OF DAMAGE
01. No Visible Damage
02. Minor Damage
03. Functional Damage
04. Disabling Damage

99

MOTOR VEHICLE TYPE
01. Motor Vehicle in Operation
02. Parked Motor Vehicle
03. Working Vehicle/Equipment
04. Non-Collision Vehicle

01

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

01

ROADWAY GRADE
01. Level
02. Uphill
03. Hill Crest
04. Downhill
05. Sag *(bottom)*

01

ROADWAY ALIGNMENT
01. Straight
02. Curve Left
03. Curve Right

01

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

03

TRAFFIC CONTROL DEVICE FUNCTIONAL?
01. No
02. Yes
03. Missing
88. Not Applicable

02

INSURANCE INFORMATION

INSURANCE COMPANY	INSURANCE POLICY NUMBER	INSURANCE EXPIRATION DATE (yyyymmdd)

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Motor Vehicle ID: 2
Number of Occupants in Vehicle: 1 *(including the driver)*

Motor Vehicle Information (Front)
Complete One Sheet Per Motor Vehicle

Case Number: 24-8997-AC
DOT Identifier: *For DOT use only*

MOTOR VEHICLE INFORMATION

VIN: 1 N 4 B L 4 E W 8 K C 2 5 3 6 3 0
☐ VIN missing or removed
☐ Driver Evaded Responsibility

Plate #: BG92151
☐ Invalid Plate
☐ No Plate

Make: NISSAN
Color: RED
Plate State: CT

Model: ALTIMA
Year: 2019

Direction of Travel N, S, E, W

Total lanes in roadway: 2

Road on which vehicle was traveling: HUNTERS RD
E
☐ Vehicle was not in roadway
☐ Unknown direction
☐ Bike lanes/sharrows present

MOTOR VEHICLE CRASH INFORMATION

For all numeric fields: 99 = 'Unknown'

SEQUENCE OF EVENTS
(choose up to four, in chronological order)

1st: 22
2nd:
3rd:
4th:

Most Harmful Event: 22

Non-Collision
01. Overturn/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 Centerline
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. Pedalcycle/Pedacyclist
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
07
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
88
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

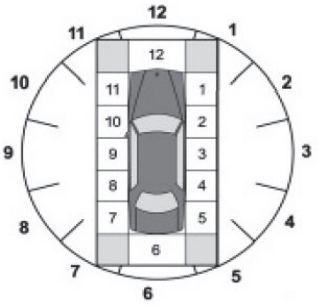
POSTED/STATUTORY SPEED LIMIT
(record the posted/statutory value as miles per hour)
25
01.:Not Posted
10, 15, 20, 25, 30, 35, 40, 45
50, 55, 60, 65, 70, 75, 80, 85
88.:Not Applicable

TOWED
03
01. Towed Due to Disabling Damage
02. Towed, But Not Due to Disabling Damage
03. Not Towed

TOWED TO

BODY TYPE
01
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. Motorcoach
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
06
13. Non-Collision
14. Top
15. Undercarriage
16. Cargo loss

Damaged Areas
06
00. None
14. Top
15. Undercarriage
17. All Areas
88. Applicable

EXTENT OF DAMAGE
02
01. No Visible Damage
02. Minor Damage
03. Functional Damage
04. Disabling Damage

MOTOR VEHICLE TYPE
01
01. Motor Vehicle in Operation
02. Parked Motor Vehicle
03. Working Vehicle/Equipment
04. Non-Collision Vehicle

TRAFFICWAY DESCRIPTION
01
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
01. Level
02. Uphill
03. Hill Crest
04. Downhill
05. Sag *(bottom)*

ROADWAY ALIGNMENT
01
01. Straight
02. Curve Left
03. Curve Right

TRAFFIC CONTROL DEVICE TYPE
03
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?
02
01. No
02. Yes
03. Missing
88. Not Applicable

INSURANCE INFORMATION

INSURANCE COMPANY	INSURANCE POLICY NUMBER	INSURANCE EXPIRATION DATE (yyyymmdd)
PROGRESSIVE	905351384	

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Motor Vehicle Information (Back)
Complete One Sheet Per Motor Vehicle

Case Number: **24-8997-AC**

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 | State/Prov | Country | Postal Code

Email Address *(optional)* | Phone *(optional)*

SPECIAL VEHICLE FUNCTION

99

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

EMERGENCY VEHICLE

99

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

BUS USE

01

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

PROPERTY DAMAGED

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

NATURE AND EXTENT OF DAMAGE TO PROPERTY 1

NAME OF OWNER OF PROPERTY 1

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
Form PR-1 REV June 2014.01

Motor Vehicle Information (Back)
Complete One Sheet Per Motor Vehicle

Case Number: **24-8997-AC**

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 | State/Prov | Country | Postal Code

Email Address *(optional)* | Phone *(optional)*

SPECIAL VEHICLE FUNCTION

01

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

EMERGENCY VEHICLE

88

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

BUS USE

01

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

PROPERTY DAMAGED

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

NATURE AND EXTENT OF DAMAGE TO PROPERTY 1

NAME OF OWNER OF PROPERTY 1

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
Form PR-1 REV June 2014.01

Motor Vehicle Driver Information
Complete One Sheet Per Driver

Motor Vehicle ID: **2**
Person ID: **1**
Case Number: **24-8997-AC**
DOT Identifier: *For DOT use only*

Name *(Last, First, Middle, Suffix)*: **LALANNE, STEEVE**
Street Address or PO Box: **2 WESTLEDGE DR Apt C206**
City: **NORWICH** State or Prov: **CT** Postal Code: **06330**
Phone/Email *(optional)*:

GENDER: 01. Male, 02. Female, 99. Unknown — **01**

DATE OF BIRTH *(YYYYMMDD)*: **1 9 9 0 0 6 1 0**
☐ Date of Birth is unknown

LICENSE INFO

For all numeric fields: 99 = 'Unknown'

LICENSE NUMBER: **188999993**
STATE: **CT**

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 — **02**

LICENSE CLASS: 00. None, 01. Class A, 02. Class B, 03. Class C, 04. Class D, 05. Class M, 88. Not Applicable — **04**

COMMERCIAL LICENSE: 01. No, 02. Yes — **01**

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

DRIVER INFORMATION

EJECTION: 01. Not Ejected, 02. Ejected, Partially, 03. Ejected, Totally, 88. Not Applicable — **01**

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 — **01**

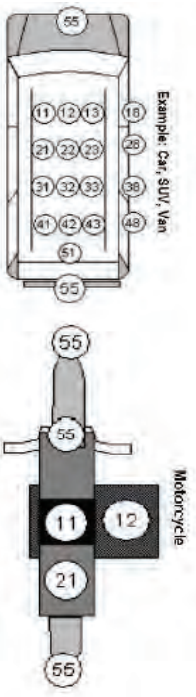
HELMET USE: 01. No Helmet, 02. DOT-Compliant Motorcycle Helmet, 03. Helmet, Other Than DOT-Compliant Motorcycle Helmet, 04. Helmet, Unknown If DOT-Compliant, 88. Not Applicable — **88**

AIRBAG: 01. Not Deployed, 02. Deployed-Front, 03. Deployed-Side, 04. Deployed-Curtain, 05. Deployed-Other, 06. Deployed-Combination, 88. Not Applicable — **01**

SPEED RELATED: 01. No, 02. Racing, 03. Exceeded Speed Limit, 04. Too Fast for Conditions — **01**

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 — **01**

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 — **01**

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, 99. Unknown — **01**

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 — **01**

EMS COMPANY NAME
EMS RUN NUMBER
INTENDED RECEIVING FACILITY

ENFORCEMENT ACTIONS TAKEN

ACTION BY OFFICER: 00. No Action, 01. Verbal Warning, 02. Written Warning, 03. Infraction, 04. Arrest/Summons — **00**

VIOLATION STATUTES

DRUG/ALCOHOL INFORMATION

ALCOHOL TEST STATUS: 01. Test Not Given, 02. Test Refused, 03. Test Given, 99. Unknown if Tested — **01**

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 — **01**

TYPE OF DRUG TEST: 01. Blood, 02. Urine, 88. Not Applicable, 97. Other — **88**

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Motor Vehicle Driver Information
Complete One Sheet Per Driver

Motor Vehicle ID: 1
Person ID: 2

Case Number: 24-8997-AC
DOT Identifier: *For DOT use only*

Name *(Last, First, Middle, Suffix)*: ***UNKNOWN***
Street Address *or PO Box:*
City: State or Prov: Postal Code:
Phone/Email *(optional)*:

GENDER
01. Male
02. Female
99. Unknown

DATE OF BIRTH *(YYYYMMDD)*
☐ Date of Birth is unknown

LICENSE INFO

For all numeric fields: 99 = 'Unknown'

LICENSE NUMBER

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

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

COMMERCIAL LICENSE
01. No
02. Yes

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

DRIVER INFORMATION

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

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
99

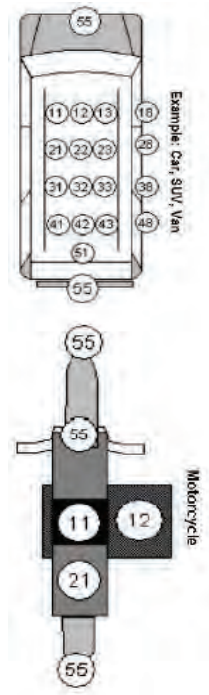
HELMET USE
01. No Helmet
02. DOT-Compliant Motorcycle Helmet
03. Helmet, Other Than DOT-Compliant Motorcycle Helmet
04. Helmet, Unknown If DOT-Compliant
88. Not Applicable
88

AIRBAG
01. Not Deployed
02. Deployed-Front
03. Deployed-Side
04. Deployed-Curtain
05. Deployed-Other
06. Deployed-Combination
88. Not Applicable
99

SPEED RELATED
01. No
02. Racing
03. Exceeded Speed Limit
04. Too Fast for Conditions
99

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
12

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
99

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
99. Unknown
99

INJURY AND EMS INFORMATION

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

TRANSPORTED TO FIRST MEDICAL FACILITY BY
01. Not Transported
02. EMS Air
03. EMS Ground
04. Law Enforcement
97. Other
01

EMS COMPANY NAME

EMS RUN NUMBER

INTENDED RECEIVING FACILITY

ENFORCEMENT ACTIONS TAKEN

ACTION BY OFFICER
00. No Action
01. Verbal Warning
02. Written Warning
03. Infraction
04. Arrest/Summons
00

VIOLATION STATUTES

DRUG/ALCOHOL INFORMATION

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

TYPE OF ALCOHOL TEST
01. Blood
02. Urine
03. Breath
88. Not Applicable
97. Other
88

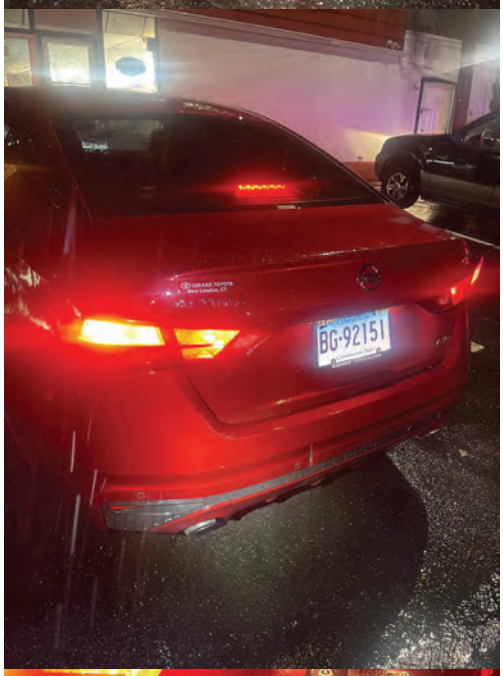
DRUG TEST STATUS
01. Test Not Given
02. Test Refused
03. Test Given
99. Unknown if Tested
01

TYPE OF DRUG TEST
01. Blood
02. Urine
88. Not Applicable
97. Other
88

Norwich Police Department
Images Associated with 24-8997-AC













Norwich Police Department
Images Associated with 24-8997-AC



CONNECTICUT UNIFORM POLICE CRASH REPORT

Form PR-1 REV July 2014.01

Crash Summary (Front)

Number of Motor Vehicles: *Automobiles, Motorcycles, etc.* **2**

Number of Non-Motorists: *Pedestrians, Bicyclists, etc.* **0**

Case Number: **24-13505-AC**

DOT Identifier: *For DOT use only*

CRASH DATE, TIME, SEVERITY, AND LOCATION

Date of Crash *(YYYYMMDD)*: **20240404**

Time *(0000-2359)*: **1540**

Town Name: **NORWICH**

Town#: **104**

Crash Severity: ◯ Fatal ● Injury ◯ PDO

Latitude: **+041.555730**

Crash occurred on (street name or route #): **146 NORWICH AV** at **64 PRENTICE ST**

Longitude: **-072.051010**

If not at an intersection: distance ◯ Feet ◯ Tenths of Mile N,S,E,W name of nearest intersecting road, town line, or mile marker of

For all numeric fields: 99 = 'Unknown'

CRASH FACTORS AND CONDITIONS

TRAFFICWAY OWNERSHIP **01**
01. Public Road
02. Private Road
88. Not Applicable

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

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

WEATHER CONDITIONS *(choose up to 2)* **04**
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

TRAFFICWAY SURFACE CONDITIONS **02**
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

LOCATION OF FIRST HARMFUL EVENT **01**
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)*

CRASH-SPECIFIC LOCATION **02**
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

TYPE OF INTERSECTION **02**
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

SCHOOL BUS RELATED **01**
01. No
02. Yes, a school bus was directly involved
03. Yes, a school bus was indirectly involved

FIRST HARMFUL EVENT **14**

Non-Collision:
01. Overturn/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

Collision with Person, Vehicle, or Non-Fixed Object:
09. Pedestrian
10. Pedalcycle/Pedalcyclist
11. Other Non-motorist
12. Railway Vehicle *(train, engine)*
40. Deer
13. Animal Other Than Deer *(live)*
14. Motor Vehicle in Operation
15. Parked Motor Vehicle
16. Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle
17. Work Zone/Maintenance Equipment
18. 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)* **02**
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

CONTRIBUTING CIRCUMSTANCES, ENVIRONMENTAL *(choose up to 3)* **00**
00. None
01. Weather Conditions
02. Visual Obstruction(s)
03. Glare
04. Animal(s) in Roadway
88. Not Applicable
97. Other

CONTRIBUTING CIRCUMSTANCES, ROAD *(choose up to 3)* **00**
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

For all numeric fields: 99 = 'Unknown'

WORK ZONE CRASH INFORMATION

Complete all for crashes occurring in a Work Zone

WORK ZONE **01**
01. No
02. Yes

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

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

WORKERS PRESENT **88**
01. No
02. Yes
88. Not Applicable

ENFORCEMENT PRESENT **88**
01. No
02. Yes
88. Not Applicable

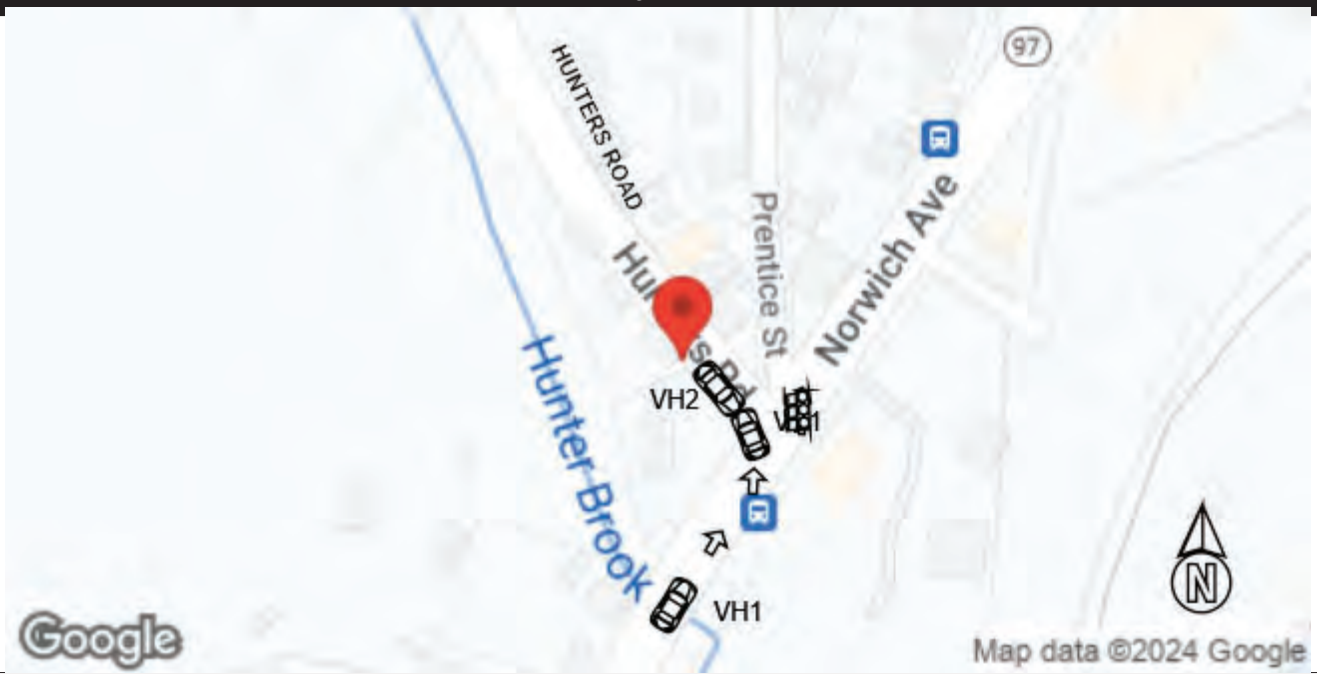
CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Crash Summary (Back)

Case Number: 24-13505-AC

DOT Identifier: *For DOT use only*

DIAGRAM



☐ Vehicles were moved prior to police arrival

Please indicate the direction of North within the diagram

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 04/04/2024, VH1 was traveling North on Norwich Avenue in Norwich, CT. VH2 was stopped at the intersection of Hunters Road and Norwich Avenue. VH1 then turned West onto Hunters Road and collided with VH2. The operator of VH1 then fled on foot. The operator of VH1 was then located a short time later.

The operator of VH2 stated she was injured and was transported by American Ambulance to William Backus Hospital. Upon the operator of VH1 being located he stated he was uninjured by the accident.

Both VH1 and VH2 sustained disabling damage to the front of their vehicles.

A witness who called 9-1-1 provided a statement describing the above incident. For more information of the statement please refer to 24-13505-AR.

The operator of VH1 was arrested and issued Misdemeanor Summons #ME014062 for C.G.S. 14-227, 14-230, 14-224, and 53a-167a.

Related Incident Number	Officer First Name	Officer Last Name	Badge Number	Police Agency Code
24-13505-AR	Mason	Mobley	1093	001040

Case Status
O - Open
C- Closed
O

Officer Signature: Mason Mobley

Date & Time: 2024040421 28

Supervisor: Christopher Chastang

Date & Time: 20240510 1006

☐ This report is a revision to a previously submitted report

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Motor Vehicle ID: 1
Number of Occupants in Vehicle: 1 *(including the driver)*

Motor Vehicle Information (Front)
Complete One Sheet Per Motor Vehicle

Case Number: 24-13505-AC
DOT Identifier: *For DOT use only*

MOTOR VEHICLE INFORMATION

VIN: 1FMCU9J93GUA57794 ☐ VIN missing or removed ☒ Driver Evaded Responsibility
Plate #: AC33735 ☐ Invalid Plate ☐ No Plate
Make: FORD Color: BLUE Plate State: CT
Model: ESCAPE Year: 2016
Direction of Travel N, S, E, W
Total lanes in roadway: 2
Road on which vehicle was traveling: HUNTERS RD E ☐ Vehicle was not in roadway ☐ Unknown direction
☐ Bike lanes/sharrows present

MOTOR VEHICLE CRASH INFORMATION

For all numeric fields: 99 = 'Unknown'

SEQUENCE OF EVENTS
(choose up to four, in chronological order)

1st: 22
2nd: 11
3rd:
4th:

Most Harmful Event: 11

Non-Collision
01. Overturn/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 Centerline
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. Pedalcycle/Pedacyclist
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
02
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

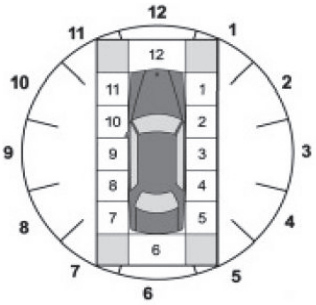
CONTRIBUTING CIRCUMSTANCES MOTOR VEHICLE *(choose up to 2)*
00
88
00. None
01. Brakes
02. Exhaust System
03. Body, Doors
04. Steering
05. Power Train
06. Suspension
07. Tires
08. Wheels
09. Lights *(head, signal, tail)*
10. Windows/Windshield
11. Mirrors
12. Wipers
13. Truck Coupling / Trailer Hitch / Safety Chains
88. Not Applicable
97. Other

POSTED/STATUTORY SPEED LIMIT
(record the posted/statutory value as miles per hour)
30
01.:Not Posted
10, 15, 20, 25, 30, 35, 40, 45
50, 55, 60, 65, 70, 75, 80, 85
88.:Not Applicable

TOWED
01
01. Towed Due to Disabling Damage
02. Towed, But Not Due to Disabling Damage
03. Not Towed

TOWED TO

BODY TYPE
01
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. Motorcoach
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: 12
13. Non-Collision
14. Top
15. Undercarriage
16. Cargo loss

Damaged Areas: 12
00. None
14. Top
15. Undercarriage
17. All Areas
88. Applicable

EXTENT OF DAMAGE
04
01. No Visible Damage
02. Minor Damage
03. Functional Damage
04. Disabling Damage

MOTOR VEHICLE TYPE
01
01. Motor Vehicle in Operation
02. Parked Motor Vehicle
03. Working Vehicle/Equipment
04. Non-Collision Vehicle

TRAFFICWAY DESCRIPTION
01
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
01. Level
02. Uphill
03. Hill Crest
04. Downhill
05. Sag *(bottom)*

ROADWAY ALIGNMENT
01
01. Straight
02. Curve Left
03. Curve Right

TRAFFIC CONTROL DEVICE TYPE
03
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?
02
01. No
02. Yes
03. Missing
88. Not Applicable

INSURANCE INFORMATION

INSURANCE COMPANY	INSURANCE POLICY NUMBER	INSURANCE EXPIRATION DATE (yyyymmdd)
FARMERS	195856060	

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Motor Vehicle ID: 2
Number of Occupants in Vehicle: 1 *(including the driver)*

Motor Vehicle Information (Front)
Complete One Sheet Per Motor Vehicle

Case Number: 24-13505-AC
DOT Identifier: *For DOT use only*

MOTOR VEHICLE INFORMATION

VIN: W V G E F 9 B P 4 C D 0 0 9 5 4 0 ☐ VIN missing or removed ☐ Driver Evaded Responsibility
Plate #: 483U0X ☐ Invalid Plate ☐ No Plate
Make: VOLVO Color: GRAY Plate State: CT
Model: TOUAREG Year: 2012
Direction of Travel N, S, E, W
Total lanes in roadway: 2
Road on which vehicle was traveling: HUNTERS ROAD W ☐ Vehicle was not in roadway ☐ Unknown direction
☐ Bike lanes/sharrows present

MOTOR VEHICLE CRASH INFORMATION

For all numeric fields: 99 = 'Unknown'

SEQUENCE OF EVENTS
(choose up to four, in chronological order)

Non-Collision
01. Overturn/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 Centerline
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. Pedalcycle/Pedacyclist
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

1st: 22
2nd:
3rd:
4th:
Most Harmful Event: 22

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

13

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

00
88

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

30

TOWED
01. Towed Due to Disabling Damage
02. Towed, But Not Due to Disabling Damage
03. Not Towed

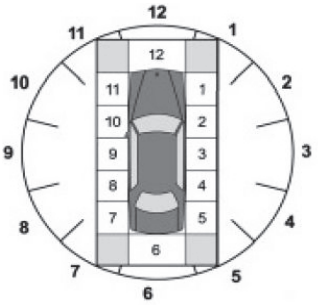
01

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. Motorcoach
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

02

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

12

Damaged Areas
00. None
14. Top
15. Undercarriage
17. All Areas
88. Applicable

12

EXTENT OF DAMAGE
01. No Visible Damage
02. Minor Damage
03. Functional Damage
04. Disabling Damage

04

MOTOR VEHICLE TYPE
01. Motor Vehicle in Operation
02. Parked Motor Vehicle
03. Working Vehicle/Equipment
04. Non-Collision Vehicle

01

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

01

ROADWAY GRADE
01. Level
02. Uphill
03. Hill Crest
04. Downhill
05. Sag *(bottom)*

01

ROADWAY ALIGNMENT
01. Straight
02. Curve Left
03. Curve Right

01

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

03

TRAFFIC CONTROL DEVICE FUNCTIONAL?
01. No
02. Yes
03. Missing
88. Not Applicable

02

INSURANCE INFORMATION

INSURANCE COMPANY	INSURANCE POLICY NUMBER	INSURANCE EXPIRATION DATE (yyyymmdd)
AMERICAN MUTUAL	94080629RM	

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Motor Vehicle Information (Back)
Complete One Sheet Per Motor Vehicle

Case Number: **24-13505-AC**

DOT Identifier: *For DOT use only*

MOTOR VEHICLE OWNERSHIP INFORMATION

Vehicle Owner Name *(Last, First, Middle, Suffix)* ☐ Information same as driver

GAGLIARDO, CAROL A

Street Address or Post Office Box

34 VERSAILLES RD

City	State/Prov	Country	Postal Code
LISBON	**CT**		**06351**

Email Address *(optional)*

Phone *(optional)* **860-334-1001**

SPECIAL VEHICLE FUNCTION

01

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

EMERGENCY VEHICLE

02

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

BUS USE

88

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

PROPERTY DAMAGED

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

NATURE AND EXTENT OF DAMAGE TO PROPERTY 1

NAME OF OWNER OF PROPERTY 1

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
Form PR-1 REV June 2014.01

Motor Vehicle Information (Back)
Complete One Sheet Per Motor Vehicle

Case Number: **24-13505-AC**

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 | State/Prov | Country | Postal Code

Email Address *(optional)* | Phone *(optional)*

SPECIAL VEHICLE FUNCTION — **01**
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

EMERGENCY VEHICLE — **01**
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

BUS USE — **01**
01. Not a Bus
02. School
03. Transit/Commuter
04. Intercity
05. Charter/Tour
06. Shuttle

PROPERTY DAMAGED

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

NATURE AND EXTENT OF DAMAGE TO PROPERTY 1

NAME OF OWNER OF PROPERTY 1

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
Form PR-1 REV June 2014.01

Motor Vehicle Driver Information
Complete One Sheet Per Driver

Motor Vehicle ID: 1
Person ID: 1

Case Number: 24-13505-AC
DOT Identifier: *For DOT use only*

Name *(Last, First, Middle, Suffix)*: PEGUERO, DAVID M
Street Address *or PO Box:* 543 BOSWELL AV
City: NORWICH State or Prov: CT Postal Code: 06360
Phone/Email *(optional)*: 959-247-0664(h)/14

GENDER: 01. Male, 02. Female, 99. Unknown → 01
DATE OF BIRTH *(YYYYMMDD)*: 19940801 ☐ Date of Birth is unknown

LICENSE INFO

For all numeric fields: 99 = 'Unknown'

LICENSE NUMBER: 208850142
STATE: CT

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

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

COMMERCIAL LICENSE
01. No
02. Yes

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

DRIVER INFORMATION

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

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
→ 01

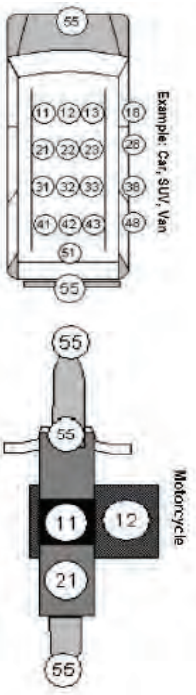
HELMET USE
01. No Helmet
02. DOT-Compliant Motorcycle Helmet
03. Helmet, Other Than DOT-Compliant Motorcycle Helmet
04. Helmet, Unknown If DOT-Compliant
88. Not Applicable
→ 88

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

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

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
→ 13

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
→ 01

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
99. Unknown
→ 06

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
→ 01

EMS COMPANY NAME
EMS RUN NUMBER
INTENDED RECEIVING FACILITY

ENFORCEMENT ACTIONS TAKEN

ACTION BY OFFICER
00. No Action
01. Verbal Warning
02. Written Warning
03. Infraction
04. Arrest/Summons
→ 04

VIOLATION STATUTES
14-227A(A)(2)
14-224(B)
53A-167A

DRUG/ALCOHOL INFORMATION

ALCOHOL TEST STATUS
01. Test Not Given
02. Test Refused
03. Test Given
99. Unknown if Tested
→ 03

TYPE OF ALCOHOL TEST
01. Blood
02. Urine
03. Breath
88. Not Applicable
97. Other
→ 03

DRUG TEST STATUS
01. Test Not Given
02. Test Refused
03. Test Given
99. Unknown if Tested
→ 01

TYPE OF DRUG TEST
01. Blood
02. Urine
88. Not Applicable
97. Other
→ 88

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Motor Vehicle ID: 2
Person ID: 3

Motor Vehicle Driver Information
Complete One Sheet Per Driver

Case Number: 24-13505-AC
DOT Identifier: *For DOT use only*

Name *(Last, First, Middle, Suffix)*: JABS, LUEILLE
Street Address *or PO Box:* 90 ROUTE 165
City: PRESTON State or Prov: CT Postal Code: 06365
Phone/Email *(optional)*:

GENDER: 01. Male 02. Female 99. Unknown — 02
DATE OF BIRTH *(YYYYMMDD)*: 19490419
☐ Date of Birth is unknown

LICENSE INFO

For all numeric fields: 99 = 'Unknown'

LICENSE NUMBER: 042089952
STATE: CT

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

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

COMMERCIAL LICENSE
01. No
02. Yes

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

DRIVER INFORMATION

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

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
— 01

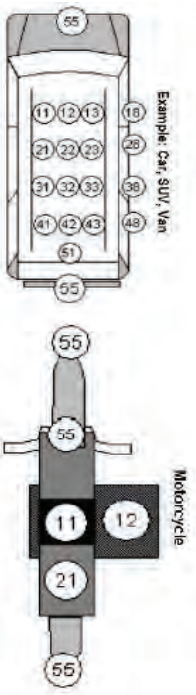
HELMET USE
01. No Helmet
02. DOT-Compliant Motorcycle Helmet
03. Helmet, Other Than DOT-Compliant Motorcycle Helmet
04. Helmet, Unknown If DOT-Compliant
88. Not Applicable
— 88

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

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

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
— 01

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
— 01

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
99. Unknown
— 01

INJURY AND EMS INFORMATION

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

TRANSPORTED TO FIRST MEDICAL FACILITY BY
01. Not Transported
02. EMS Air
03. EMS Ground
04. Law Enforcement
97. Other
— 03

EMS COMPANY NAME: American Ambulance
EMS RUN NUMBER:
INTENDED RECEIVING FACILITY: William W. Backus Hospital

ENFORCEMENT ACTIONS TAKEN

ACTION BY OFFICER
00. No Action
01. Verbal Warning
02. Written Warning
03. Infraction
04. Arrest/Summons
— 00

VIOLATION STATUTES

DRUG/ALCOHOL INFORMATION

ALCOHOL TEST STATUS
01. Test Not Given
02. Test Refused
03. Test Given
99. Unknown if Tested
— 01

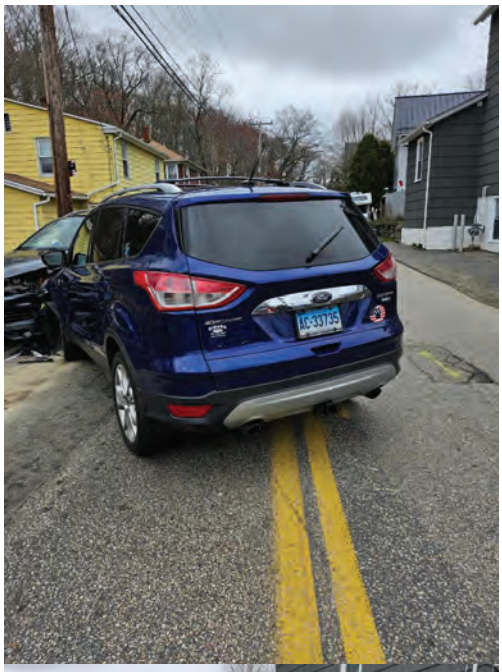
TYPE OF ALCOHOL TEST
01. Blood
02. Urine
03. Breath
88. Not Applicable
97. Other
— 88

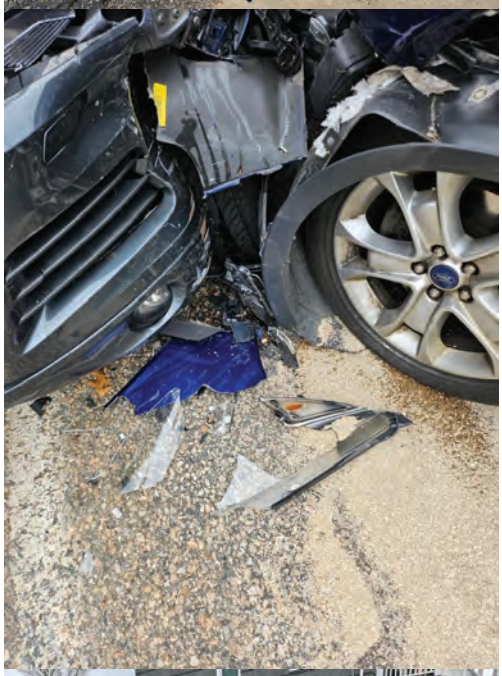
DRUG TEST STATUS
01. Test Not Given
02. Test Refused
03. Test Given
99. Unknown if Tested
— 01

TYPE OF DRUG TEST
01. Blood
02. Urine
88. Not Applicable
97. Other
— 88

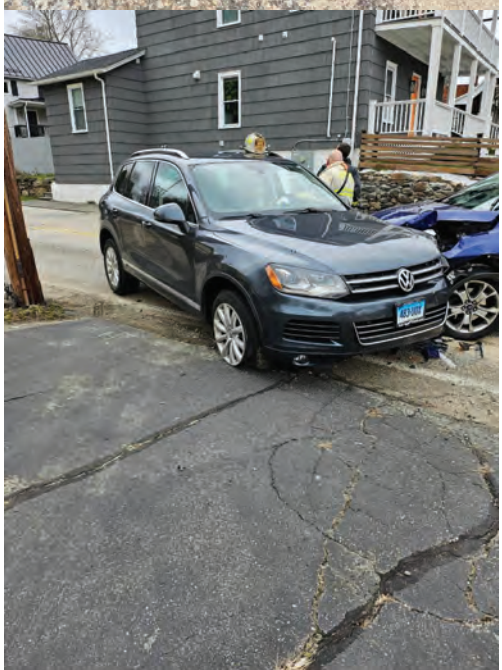
Norwich Police Department
Images Associated with 24-13505-AC

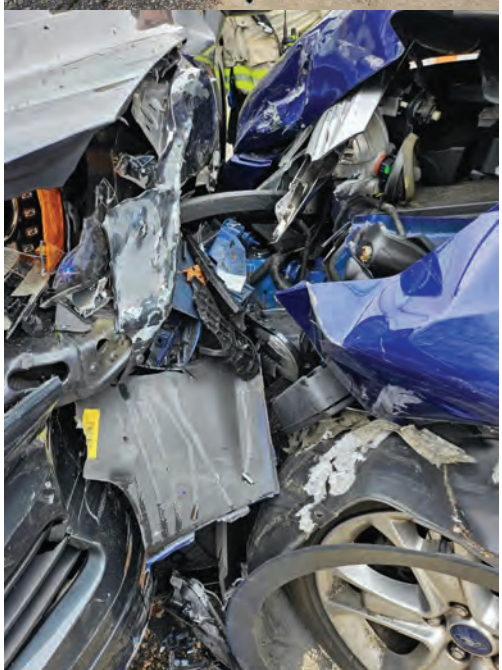






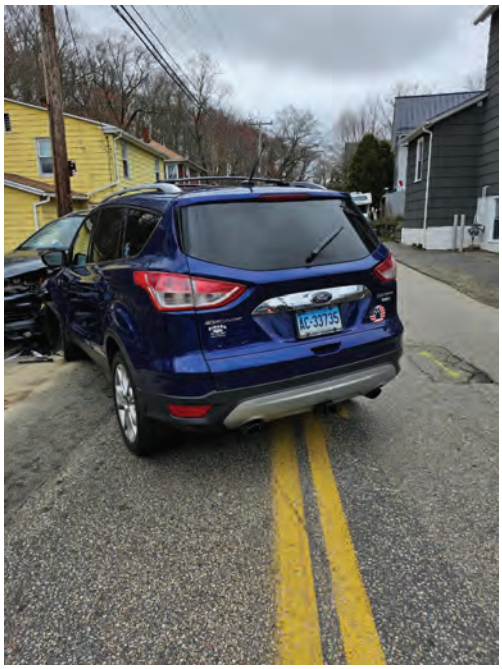






Norwich Police Department
Images Associated with 24-13505-AC





CONNECTICUT UNIFORM POLICE CRASH REPORT

Form PR-1 REV July 2014.01

Crash Summary (Front)

Number of Motor Vehicles: *Automobiles, Motorcycles, etc.* **1**

Number of Non-Motorists: *Pedestrians, Bicyclists, etc.* **0**

Case Number: **24-21267-AC**

DOT Identifier: *For DOT use only*

CRASH DATE, TIME, SEVERITY, AND LOCATION

Date of Crash *(YYYYMMDD)*: **20240520**

Time *(0000-2359)*: **1218**

Town Name: **NORWICH**

Town#: **104**

Crash Severity: ○ Fatal ● Injury ○ PDO

Latitude: **+041.558854**

Crash occurred on (street name or route #): **136 HUNTERS RD**

at:

Longitude: **-072.059822**

If not at an intersection: distance **500** ● Feet ○ Tenths of Mile

N,S,E,W: **N**

of name of nearest intersecting road, town line, or mile marker: **OAKLAND DR**

CRASH FACTORS AND CONDITIONS

For all numeric fields: 99 = 'Unknown'

TRAFFICWAY OWNERSHIP — 01
01. Public Road
02. Private Road
88. Not Applicable

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

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

WEATHER CONDITIONS *(choose up to 2)* — 01
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

TRAFFICWAY SURFACE CONDITIONS — 01
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

LOCATION OF FIRST HARMFUL EVENT — 04
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)*

CRASH-SPECIFIC LOCATION — 01
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

TYPE OF INTERSECTION — 01
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

SCHOOL BUS RELATED — 01
01. No
02. Yes, a school bus was directly involved
03. Yes, a school bus was indirectly involved

FIRST HARMFUL EVENT — 32

Non-Collision:
01. Overturn/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

Collision with Person, Vehicle, or Non-Fixed Object:
09. Pedestrian
10. Pedalcycle/Pedalcyclist
11. Other Non-motorist
12. Railway Vehicle *(train, engine)*
40. Deer
13. Animal Other Than Deer *(live)*
14. Motor Vehicle in Operation
15. Parked Motor Vehicle
16. Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle
17. Work Zone/Maintenance Equipment
18. 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)* — 88
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

CONTRIBUTING CIRCUMSTANCES, ENVIRONMENTAL *(choose up to 3)* — 00
00. None
01. Weather Conditions
02. Visual Obstruction(s)
03. Glare
04. Animal(s) in Roadway
88. Not Applicable
97. Other

CONTRIBUTING CIRCUMSTANCES, ROAD *(choose up to 3)* — 00
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

WORK ZONE CRASH INFORMATION

For all numeric fields: 99 = 'Unknown' — *Complete all for crashes occurring in a Work Zone*

WORK ZONE — 01
01. No
02. Yes

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

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

WORKERS PRESENT — 88
01. No
02. Yes
88. Not Applicable

ENFORCEMENT PRESENT — 88
01. No
02. Yes
88. Not Applicable

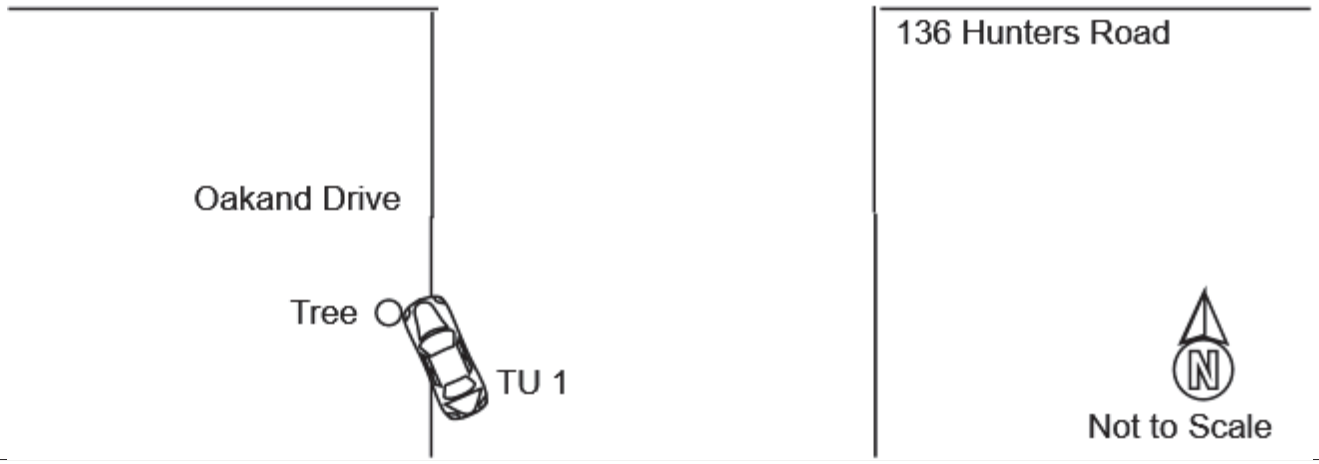
CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Crash Summary (Back)

Case Number: 24-21267-AC

DOT Identifier: *For DOT use only*

DIAGRAM



☐ Vehicles were moved prior to police arrival

Please indicate the direction of North within the diagram

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

TU 1 was traveling North on Oakland Drive located near 136 Hunters Road. TU 1 ran off the roadway to the left striking a tree causing disabling damage to the front and left side of the vehicle. TU 1 had airbags deployed and the operator complained of leg and hand pain but refused medical attention. The vehicle was inventoried and towed from the scene by Kleemans Auto. Photographs of the scene were taken, and the electronic drivers exchange was completed. The operator stated he fell asleep at the wheel and ran off the roadway.

Closed, negative NCIC.

Related Incident Number	Officer First Name	Officer Last Name	Badge Number	Police Agency Code
	Rodman	**Cappiello**	**1019**	**001040**

Case Status
O - Open
C- Closed
C

Officer Signature: Rodman Cappiello

Date & Time: **2 0 2 4 0 5 2 1** **1 9 1 0**

Supervisor:

Date & Time:

☐ This report is a revision to a previously submitted report

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Motor Vehicle ID: 1

Number of Occupants in Vehicle: 2 *(including the driver)*

Motor Vehicle Information (Front)
Complete One Sheet Per Motor Vehicle

Case Number: 24-21267-AC

DOT Identifier: *For DOT use only*

MOTOR VEHICLE INFORMATION

VIN: 5 U X W X 7 C 5 5 E 0 E 8 1 1 9 7 ☐ VIN missing or removed ☐ Driver Evaded Responsibility

Plate #: BG49326 ☐ Invalid Plate ☐ No Plate

Make: BMW Color: BLACK Plate State: CT

Model: X3 Year: 2014

Direction of Travel N, S, E, W

Total lanes in roadway: 2

Road on which vehicle was traveling: OAKLAND DRIVE N ☐ Vehicle was not in roadway ☐ Unknown direction

☐ Bike lanes/sharrows present

MOTOR VEHICLE CRASH INFORMATION

For all numeric fields: 99 = 'Unknown'

SEQUENCE OF EVENTS
(choose up to four, in chronological order)

Non-Collision
01. Overturn/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 Centerline
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. Pedalcycle/Pedacyclist
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

1st: 40
2nd:
3rd:
4th:

Most Harmful Event: 40

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

01

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

00

88

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

25

TOWED
01. Towed Due to Disabling Damage
02. Towed, But Not Due to Disabling Damage
03. Not Towed

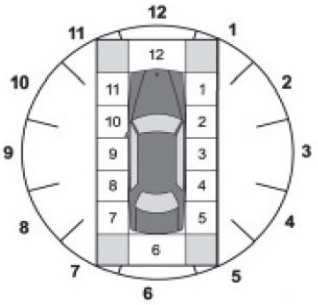
01

TOWED TO
KLEEMANN'S

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. Motorcoach
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

02

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

01

Damaged Areas
00. None
14. Top
15. Undercarriage
17. All Areas
88. Applicable

01
02
03

EXTENT OF DAMAGE
01. No Visible Damage
02. Minor Damage
03. Functional Damage
04. Disabling Damage

04

MOTOR VEHICLE TYPE
01. Motor Vehicle in Operation
02. Parked Motor Vehicle
03. Working Vehicle/Equipment
04. Non-Collision Vehicle

01

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

01

ROADWAY GRADE
01. Level
02. Uphill
03. Hill Crest
04. Downhill
05. Sag *(bottom)*

01

ROADWAY ALIGNMENT
01. Straight
02. Curve Left
03. Curve Right

01

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

01

TRAFFIC CONTROL DEVICE FUNCTIONAL?
01. No
02. Yes
03. Missing
88. Not Applicable

88

INSURANCE INFORMATION

INSURANCE COMPANY	INSURANCE POLICY NUMBER	INSURANCE EXPIRATION DATE (yyyymmdd)
ALSTATE FIRE AND CASUALTY	5uxwx7c55e0e81197	

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Motor Vehicle Information (Back)
Complete One Sheet Per Motor Vehicle

Case Number: **24-21267-AC**

DOT Identifier: *For DOT use only*

MOTOR VEHICLE OWNERSHIP INFORMATION

Vehicle Owner Name *(Last, First, Middle, Suffix)* ☒ Information same as driver

KING, EAN V

Street Address or Post Office Box

47 GIFFORD ST

City	State/Prov	Country	Postal Code
NORWICH	**CT**	**UNITED STATES**	**06360**

Email Address *(optional)* | Phone *(optional)*

SPECIAL VEHICLE FUNCTION — **01**
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

EMERGENCY VEHICLE — **88**
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

BUS USE — **01**
01. Not a Bus
02. School
03. Transit/Commuter
04. Intercity
05. Charter/Tour
06. Shuttle

PROPERTY DAMAGED

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

NATURE AND EXTENT OF DAMAGE TO PROPERTY 1

NAME OF OWNER OF PROPERTY 1

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
Form PR-1 REV June 2014.01

Motor Vehicle Driver Information
Complete One Sheet Per Driver

Motor Vehicle ID: 1
Person ID: 1

Case Number: 24-21267-AC
DOT Identifier: *For DOT use only*

Name *(Last, First, Middle, Suffix)*: KING, EAN V
Street Address *or PO Box:* 47 GIFFORD ST
City: NORWICH State or Prov: CT Postal Code: 06360
Phone/Email *(optional)*:

GENDER: 01 (01. Male, 02. Female, 99. Unknown)
DATE OF BIRTH *(YYYYMMDD)*: 19880220
☐ Date of Birth is unknown

LICENSE INFO

For all numeric fields: 99 = 'Unknown'

LICENSE NUMBER: 148390717
STATE: CT

DRIVER LICENSE JURISDICTION: 02
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

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

COMMERCIAL LICENSE: 01
01. No
02. Yes

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

DRIVER INFORMATION

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

RESTRAINT SYSTEM: 01
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

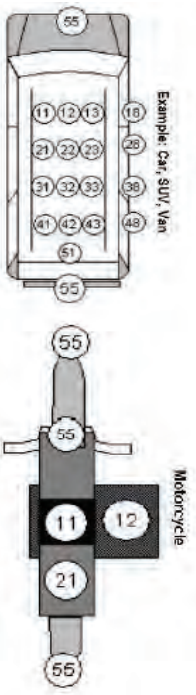
HELMET USE: 88
01. No Helmet
02. DOT-Compliant Motorcycle Helmet
03. Helmet, Other Than DOT-Compliant Motorcycle Helmet
04. Helmet, Unknown If DOT-Compliant
88. Not Applicable

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

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

SEATING POSITION FIRST DIGIT: 11
1_. Front Row

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)*: 02
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

DRIVER DISTRACTED BY: 99
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

CONDITION AT TIME OF CRASH *(choose up to 2)*: 01
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
99. Unknown

INJURY AND EMS INFORMATION

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

TRANSPORTED TO FIRST MEDICAL FACILITY BY: 01
01. Not Transported
02. EMS Air
03. EMS Ground
04. Law Enforcement
97. Other

EMS COMPANY NAME
EMS RUN NUMBER
INTENDED RECEIVING FACILITY

ENFORCEMENT ACTIONS TAKEN

ACTION BY OFFICER: 01
00. No Action
01. Verbal Warning
02. Written Warning
03. Infraction
04. Arrest/Summons

VIOLATION STATUTES: 14-230(A)

DRUG/ALCOHOL INFORMATION

ALCOHOL TEST STATUS: 01
01. Test Not Given
02. Test Refused
03. Test Given
99. Unknown if Tested

TYPE OF ALCOHOL TEST: 88
01. Blood
02. Urine
03. Breath
88. Not Applicable
97. Other

DRUG TEST STATUS: 01
01. Test Not Given
02. Test Refused
03. Test Given
99. Unknown if Tested

TYPE OF DRUG TEST: 88
01. Blood
02. Urine
88. Not Applicable
97. Other

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Motor Vehicle ID: 1

Motor Vehicle Passenger Information
Complete this sheet for Passengers in this Motor Vehicle

Case Number: 24-21267-AC

DOT Identifier: *For DOT use only*

PERSON ID 2 — PASSENGER INFORMATION

For all numeric fields: 99 = 'Unknown'

NAME: KING, RONALD H	PERSON TYPE: 02	SEATING POSITION: 13	
ADDRESS: 146 HUNTERS RD		RESTRAINT SYSTEM: 01	
CITY: NORWICH	STATE or PROV: CT / POSTAL CODE: 06360	HELMET USE: 88	
DATE OF BIRTH *(YYYYMMDD)*: 19460515 ☐ Date of Birth is unknown	GENDER: 01. Male 02. Female 99. Unknown → 01	INTENDED RECEIVING FACILITY:	EJECTION: 01
			AIR BAG: 01
			INJURY STATUS: O
EMS COMPANY NAME:	EMS RUN NUMBER:		TRANSPORTED TO 1st MEDICAL FACILITY BY: 01

PERSON ID

For all numeric fields: 99 = 'Unknown'

NAME:	PERSON TYPE:	SEATING POSITION:	
ADDRESS:		RESTRAINT SYSTEM:	
CITY:	STATE or PROV: / POSTAL CODE:	HELMET USE:	
DATE OF BIRTH *(YYYYMMDD)*: ☐ Date of Birth is unknown	GENDER: 01. Male 02. Female 99. Unknown	INTENDED RECEIVING FACILITY:	EJECTION:
			AIR BAG:
			INJURY STATUS:
EMS COMPANY NAME:	EMS RUN NUMBER:		TRANSPORTED TO 1st MEDICAL FACILITY BY:

PERSON ID

For all numeric fields: 99 = 'Unknown'

NAME:	PERSON TYPE:	SEATING POSITION:	
ADDRESS:		RESTRAINT SYSTEM:	
CITY:	STATE or PROV: / POSTAL CODE:	HELMET USE:	
DATE OF BIRTH *(YYYYMMDD)*: ☐ Date of Birth is unknown	GENDER: 01. Male 02. Female 99. Unknown	INTENDED RECEIVING FACILITY:	EJECTION:
			AIR BAG:
			INJURY STATUS:
EMS COMPANY NAME:	EMS RUN NUMBER:		TRANSPORTED TO 1st MEDICAL FACILITY BY:

PERSON ID

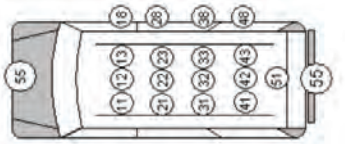
For all numeric fields: 99 = 'Unknown'

NAME:	PERSON TYPE:	SEATING POSITION:	
ADDRESS:		RESTRAINT SYSTEM:	
CITY:	STATE or PROV: / POSTAL CODE:	HELMET USE:	
DATE OF BIRTH *(YYYYMMDD)*: ☐ Date of Birth is unknown	GENDER: 01. Male 02. Female 99. Unknown	INTENDED RECEIVING FACILITY:	EJECTION:
			AIR BAG:
			INJURY STATUS:
EMS COMPANY NAME:	EMS RUN NUMBER:		TRANSPORTED TO 1st MEDICAL FACILITY BY:

Use additional sheets if more than 4 passengers occupied this motor vehicle

PERSON TYPE
02. Passenger
07. Occupant of Parked Motor Vehicle
99. Unknown

SEATING POSITION
Example: Car, SUV, Van



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
05. Child Restraint System Forward Facing
06. Child Restraint System Rear Facing
07. Booster Seat
08. Child Restraint Type Unknown
88. Not Applicable
97. Other
99. Unknown

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
99. Unknown If Helmet Worn

EJECTION
01. Not Ejected
02. Ejected, Partially
03. Ejected, Totally
88. Not Applicable
99. Unknown

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

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

TRANSPORTED TO FIRST MEDICAL FACILITY BY
01. Not Transported
02. EMS Air
03. EMS Ground
04. Law Enforcement
97. Other
99. Unknown

Norwich Police Department
Images Associated with 24-21267-AC













Norwich Police Department
Images Associated with 24-21267-AC



CONNECTICUT UNIFORM POLICE CRASH REPORT

Form PR-1 REV July 2014.01

Crash Summary (Front)

Number of Motor Vehicles: *Automobiles, Motorcycles, etc.* **2**

Number of Non-Motorists: *Pedestrians, Bicyclists, etc.* **0**

Case Number: **24-40547-AC**

DOT Identifier: *For DOT use only*

CRASH DATE, TIME, SEVERITY, AND LOCATION

Date of Crash *(YYYYMMDD)*: **20240909**

Time *(0000-2359)*: **2322**

Town Name: **NORWICH**

Town#: **104**

Crash Severity: ◯ Fatal ● Injury ◯ PDO

Latitude: **+041.560780**

Crash occurred on (street name or route #) at its intersection with (street name or route #): **179 HUNTERS RD** at

Longitude: **-072.063920**

If not at an intersection: distance **300** ● Feet ◯ Tenths of Mile N,S,E,W **E** of name of nearest intersecting road, town line, or mile marker: **TETREAULT AVE**

For all numeric fields: 99 = 'Unknown'

CRASH FACTORS AND CONDITIONS

TRAFFICWAY OWNERSHIP — **01**
01. Public Road
02. Private Road
88. Not Applicable

TRAFFICWAY CLASS — **01**
01. Trafficway, On Road
02. Trafficway, Not on Road
03. Non-Trafficway
04. Parking Lot

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

WEATHER CONDITIONS *(choose up to 2)* — **01**
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

TRAFFICWAY SURFACE CONDITIONS — **01**
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

LOCATION OF FIRST HARMFUL EVENT — **01**
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)*

CRASH-SPECIFIC LOCATION — **01**
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

TYPE OF INTERSECTION — **01**
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

SCHOOL BUS RELATED — **01**
01. No
02. Yes, a school bus was directly involved
03. Yes, a school bus was indirectly involved

FIRST HARMFUL EVENT — **14**

Non-Collision:
01. Overturn/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

Collision with Person, Vehicle, or Non-Fixed Object:
09. Pedestrian
10. Pedalcycle/Pedalcyclist
11. Other Non-motorist
12. Railway Vehicle *(train, engine)*
40. Deer
13. Animal Other Than Deer *(live)*
14. Motor Vehicle in Operation
15. Parked Motor Vehicle
16. Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle
17. Work Zone/Maintenance Equipment
18. 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**
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

CONTRIBUTING CIRCUMSTANCES, ENVIRONMENTAL *(choose up to 3)* — **00**
00. None
01. Weather Conditions
02. Visual Obstruction(s)
03. Glare
04. Animal(s) in Roadway
88. Not Applicable
97. Other

CONTRIBUTING CIRCUMSTANCES, ROAD *(choose up to 3)* — **00**
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

For all numeric fields: 99 = 'Unknown'

WORK ZONE CRASH INFORMATION

Complete all for crashes occurring in a Work Zone

WORK ZONE — **01**
01. No
02. Yes

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

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

WORKERS PRESENT — **88**
01. No
02. Yes
88. Not Applicable

ENFORCEMENT PRESENT — **88**
01. No
02. Yes
88. Not Applicable

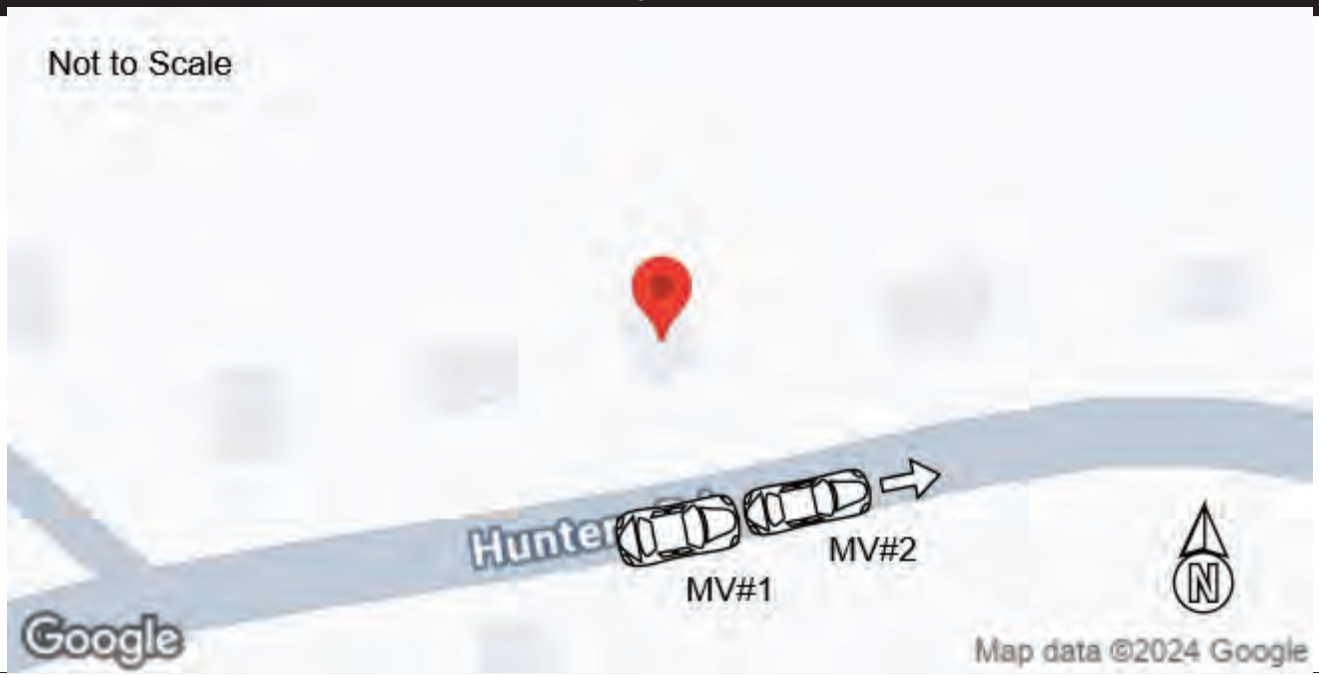
CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Crash Summary (Back)

Case Number: 24-40547-AC

DOT Identifier: *For DOT use only*

DIAGRAM



☐ Vehicles were moved prior to police arrival

Please indicate the direction of North within the diagram

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

MV#1 was traveling East on Hunters Road when it collided with the rear of MV#2. MV#1 did not stop and continued traveling East on Hunters Road. MV#2 remained on scene. OP#2 stated she slowed for a vehicle turning into a driveway when MV#1 collided with the rear of her vehicle. She described the offending vehicle as a older red Dodge Ram with rust on it and the registration plate started with the letter B. She described the driver as a male with blond hair. OP#2 refused medical treatment on scene. MV#2 sustained minor damage to the rear tailgate and was driven from the scene. The NPD FLOCK camera system was checked in an attempt to identify MV#1. The check yielded negative results. If identified or located OP#1 will be issued a summons for CGS: 14-224(b)(3).

Case Status: Suspended.

Related Incident Number	Officer First Name	Officer Last Name	Badge Number	Police Agency Code
	James	Watts	1059	001040

Case Status
O - Open
C- Closed
O

Officer Signature: James Watts

Date & Time: 2024091606 10

Supervisor:

Date & Time:

☐ This report is a revision to a previously submitted report

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Motor Vehicle ID: 1

Number of Occupants in Vehicle: 1 *(including the driver)*

Motor Vehicle Information (Front)
Complete One Sheet Per Motor Vehicle

Case Number: 24-40547-AC

DOT Identifier: *For DOT use only*

MOTOR VEHICLE INFORMATION

VIN: ☐ VIN missing or removed ☒ Driver Evaded Responsibility

Plate #: ☐ Invalid Plate ☐ No Plate

Make: DODGE Color: RED Plate State:

Model: RAM Year: Direction of Travel N, S, E, W

Total lanes in roadway: 2

Road on which vehicle was traveling: HUNTERS ROAD E ☐ Vehicle was not in roadway ☐ Unknown direction

☐ Bike lanes/sharrows present

MOTOR VEHICLE CRASH INFORMATION

For all numeric fields: 99 = 'Unknown'

SEQUENCE OF EVENTS
(choose up to four, in chronological order)

Non-Collision
01. Overturn/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 Centerline
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. Pedalcycle/Pedacyclist
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

1st: 22
2nd:
3rd:
4th:

Most Harmful Event: 22

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

01

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

00
88

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

25

TOWED
01. Towed Due to Disabling Damage
02. Towed, But Not Due to Disabling Damage
03. Not Towed

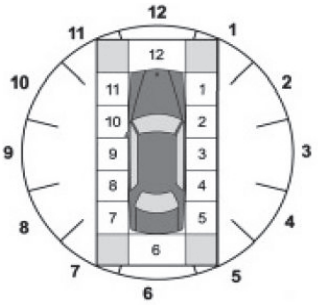
03

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. Motorcoach
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

05

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

12

Damaged Areas
00. None
14. Top
15. Undercarriage
17. All Areas
88. Applicable

12

EXTENT OF DAMAGE
01. No Visible Damage
02. Minor Damage
03. Functional Damage
04. Disabling Damage

99

MOTOR VEHICLE TYPE
01. Motor Vehicle in Operation
02. Parked Motor Vehicle
03. Working Vehicle/Equipment
04. Non-Collision Vehicle

01

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

01

ROADWAY GRADE
01. Level
02. Uphill
03. Hill Crest
04. Downhill
05. Sag *(bottom)*

04

ROADWAY ALIGNMENT
01. Straight
02. Curve Left
03. Curve Right

01

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

01

TRAFFIC CONTROL DEVICE FUNCTIONAL?
01. No
02. Yes
03. Missing
88. Not Applicable

88

INSURANCE INFORMATION

INSURANCE COMPANY	INSURANCE POLICY NUMBER	INSURANCE EXPIRATION DATE (yyyymmdd)

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Motor Vehicle ID: 2
Number of Occupants in Vehicle: 1 *(including the driver)*

Motor Vehicle Information (Front)
Complete One Sheet Per Motor Vehicle

Case Number: 24-40547-AC
DOT Identifier: *For DOT use only*

MOTOR VEHICLE INFORMATION

VIN: Z A C N J B A B 4 L P L 5 7 8 6 8 ☐ VIN missing or removed ☐ Driver Evaded Responsibility
Plate #: BP39727 ☐ Invalid Plate ☐ No Plate
Make: JEEP(AFTER 1988) Color: GRAY Plate State: CT
Model: RENEGADE Year: 2020
Direction of Travel N, S, E, W
Total lanes in roadway: 2
Road on which vehicle was traveling: HUNTERS ROAD E ☐ Vehicle was not in roadway ☐ Unknown direction
☐ Bike lanes/sharrows present

MOTOR VEHICLE CRASH INFORMATION

For all numeric fields: 99 = 'Unknown'

SEQUENCE OF EVENTS
(choose up to four, in chronological order)

Non-Collision
01. Overturn/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 Centerline
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. Pedalcycle/Pedacyclist
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

1st: 22
2nd:
3rd:
4th:

Most Harmful Event: 22

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

01

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

00
88

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

25

TOWED
01. Towed Due to Disabling Damage
02. Towed, But Not Due to Disabling Damage
03. Not Towed

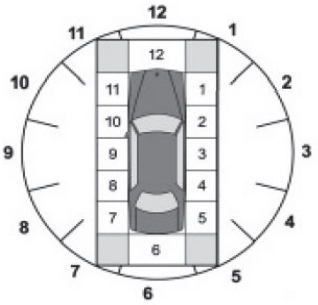
03

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. Motorcoach
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

02

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

06

Damaged Areas
00. None
14. Top
15. Undercarriage
17. All Areas
88. Applicable

06

EXTENT OF DAMAGE
01. No Visible Damage
02. Minor Damage
03. Functional Damage
04. Disabling Damage

02

MOTOR VEHICLE TYPE
01. Motor Vehicle in Operation
02. Parked Motor Vehicle
03. Working Vehicle/Equipment
04. Non-Collision Vehicle

01

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

01

ROADWAY GRADE
01. Level
02. Uphill
03. Hill Crest
04. Downhill
05. Sag *(bottom)*

02

ROADWAY ALIGNMENT
01. Straight
02. Curve Left
03. Curve Right

01

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

01

TRAFFIC CONTROL DEVICE FUNCTIONAL?
01. No
02. Yes
03. Missing
88. Not Applicable

88

INSURANCE INFORMATION

INSURANCE COMPANY	INSURANCE POLICY NUMBER	INSURANCE EXPIRATION DATE (yyyymmdd)
FARMERS	4200119970	20250402

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Motor Vehicle Information (Back)
Complete One Sheet Per Motor Vehicle

Case Number: **24-40547-AC**

DOT Identifier: *For DOT use only*

MOTOR VEHICLE OWNERSHIP INFORMATION

Vehicle Owner Name *(Last, First, Middle, Suffix)* ☒ Information same as driver

*****UNKNOWN***,**

Street Address or Post Office Box

City | State/Prov | Country | Postal Code

Email Address *(optional)* | Phone *(optional)*

SPECIAL VEHICLE FUNCTION — **01**
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

EMERGENCY VEHICLE — **01**
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

BUS USE — **01**
01. Not a Bus
02. School
03. Transit/Commuter
04. Intercity
05. Charter/Tour
06. Shuttle

PROPERTY DAMAGED

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

NATURE AND EXTENT OF DAMAGE TO PROPERTY 1

NAME OF OWNER OF PROPERTY 1

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
Form PR-1 REV June 2014.01

Motor Vehicle Information (Back)
Complete One Sheet Per Motor Vehicle

Case Number: **24-40547-AC**

DOT Identifier: *For DOT use only*

MOTOR VEHICLE OWNERSHIP INFORMATION

Vehicle Owner Name *(Last, First, Middle, Suffix)* ☒ Information same as driver

MOZEIKA, BIANCA

Street Address or Post Office Box

12 HIGHLAND ST

City	State/Prov	Country	Postal Code
NORWICH	**CT**	**UNITED STATES**	**06360**

Email Address *(optional)*

Phone *(optional)* **860-381-7004**

SPECIAL VEHICLE FUNCTION — **01**
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

EMERGENCY VEHICLE — **01**
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

BUS USE — **01**
01. Not a Bus
02. School
03. Transit/Commuter
04. Intercity
05. Charter/Tour
06. Shuttle

PROPERTY DAMAGED

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

NATURE AND EXTENT OF DAMAGE TO PROPERTY 1

NAME OF OWNER OF PROPERTY 1

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
Form PR-1 REV June 2014.01

Motor Vehicle Driver Information
Complete One Sheet Per Driver

Motor Vehicle ID: 1
Person ID: 1

Case Number: 24-40547-AC
DOT Identifier: *For DOT use only*

Name *(Last, First, Middle, Suffix)*: ***UNKNOWN***
Street Address *or PO Box:*
City: State or Prov: Postal Code: Phone/Email *(optional)*:

GENDER: 01 (01. Male, 02. Female, 99. Unknown)
DATE OF BIRTH *(YYYYMMDD)*: ☒ Date of Birth is unknown

LICENSE INFO

For all numeric fields: 99 = 'Unknown'

LICENSE NUMBER

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

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

COMMERCIAL LICENSE
01. No
02. Yes

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

DRIVER INFORMATION

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

RESTRAINT SYSTEM: 99
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

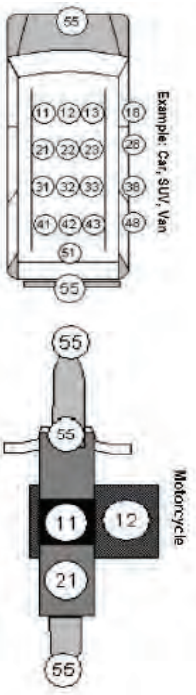
HELMET USE: 88
01. No Helmet
02. DOT-Compliant Motorcycle Helmet
03. Helmet, Other Than DOT-Compliant Motorcycle Helmet
04. Helmet, Unknown If DOT-Compliant
88. Not Applicable

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

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

SEATING POSITION FIRST DIGIT: 11
1_. Front Row

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)*: 12
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

DRIVER DISTRACTED BY: 99
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

CONDITION AT TIME OF CRASH *(choose up to 2)*: 99
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
99. Unknown

INJURY AND EMS INFORMATION

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

TRANSPORTED TO FIRST MEDICAL FACILITY BY: 01
01. Not Transported
02. EMS Air
03. EMS Ground
04. Law Enforcement
97. Other

EMS COMPANY NAME
EMS RUN NUMBER
INTENDED RECEIVING FACILITY

ENFORCEMENT ACTIONS TAKEN

ACTION BY OFFICER: 00
00. No Action
01. Verbal Warning
02. Written Warning
03. Infraction
04. Arrest/Summons

VIOLATION STATUTES
14-224(B)
14-240(D)(2)

DRUG/ALCOHOL INFORMATION

ALCOHOL TEST STATUS: 01
01. Test Not Given
02. Test Refused
03. Test Given
99. Unknown if Tested

TYPE OF ALCOHOL TEST: 88
01. Blood
02. Urine
03. Breath
88. Not Applicable
97. Other

DRUG TEST STATUS: 01
01. Test Not Given
02. Test Refused
03. Test Given
99. Unknown if Tested

TYPE OF DRUG TEST: 88
01. Blood
02. Urine
88. Not Applicable
97. Other

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Motor Vehicle Driver Information
Complete One Sheet Per Driver

Motor Vehicle ID: 2
Person ID: 2

Case Number: 24-40547-AC
DOT Identifier: *For DOT use only*

Name *(Last, First, Middle, Suffix)*: MOZEIKA, BIANCA
Street Address *or PO Box:* 12 HIGHLAND ST
City: NORWICH State or Prov: CT Postal Code: 06360
Phone/Email *(optional)*: 860-381-7004(h)

GENDER: 02 (01. Male, 02. Female, 99. Unknown)
DATE OF BIRTH *(YYYYMMDD)*: 20041211 ☐ Date of Birth is unknown

LICENSE INFO

For all numeric fields: 99 = 'Unknown'

LICENSE NUMBER: 249828808
STATE: CT

DRIVER LICENSE JURISDICTION: 02
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

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

COMMERCIAL LICENSE: 01
01. No
02. Yes

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

DRIVER INFORMATION

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

RESTRAINT SYSTEM: 01
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

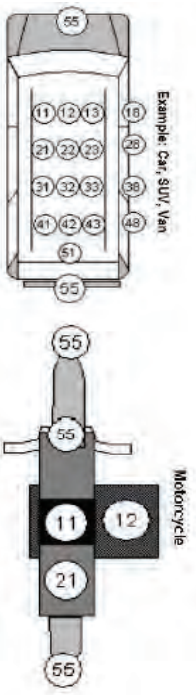
HELMET USE: 88
01. No Helmet
02. DOT-Compliant Motorcycle Helmet
03. Helmet, Other Than DOT-Compliant Motorcycle Helmet
04. Helmet, Unknown If DOT-Compliant
88. Not Applicable

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

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

SEATING POSITION FIRST DIGIT: 11
1_. Front Row

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
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

DRIVER DISTRACTED BY: 01
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

CONDITION AT TIME OF CRASH *(choose up to 2)*: 01
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
99. Unknown

INJURY AND EMS INFORMATION

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

TRANSPORTED TO FIRST MEDICAL FACILITY BY: 01
01. Not Transported
02. EMS Air
03. EMS Ground
04. Law Enforcement
97. Other

EMS COMPANY NAME
EMS RUN NUMBER
INTENDED RECEIVING FACILITY

ENFORCEMENT ACTIONS TAKEN

ACTION BY OFFICER: 00
00. No Action
01. Verbal Warning
02. Written Warning
03. Infraction
04. Arrest/Summons

VIOLATION STATUTES

DRUG/ALCOHOL INFORMATION

ALCOHOL TEST STATUS: 01
01. Test Not Given
02. Test Refused
03. Test Given
99. Unknown if Tested

TYPE OF ALCOHOL TEST: 88
01. Blood
02. Urine
03. Breath
88. Not Applicable
97. Other

DRUG TEST STATUS: 01
01. Test Not Given
02. Test Refused
03. Test Given
99. Unknown if Tested

TYPE OF DRUG TEST: 88
01. Blood
02. Urine
88. Not Applicable
97. Other

Norwich Police Department
Images Associated with 24-40547-AC













CONNECTICUT UNIFORM POLICE CRASH REPORT

Form PR-1 REV July 2014.01

Crash Summary (Front)

Number of Motor Vehicles: *Automobiles, Motorcycles, etc.* **2**

Number of Non-Motorists: *Pedestrians, Bicyclists, etc.* **0**

Case Number: **24-44343-AC**

DOT Identifier: *For DOT use only*

CRASH DATE, TIME, SEVERITY, AND LOCATION

Date of Crash *(YYYYMMDD)*: **20241003**

Time *(0000-2359)*: **0624**

Town Name: **NORWICH**

Town#: **104**

Crash Severity: ○ Fatal ○ Injury ● PDO

Latitude: **+041.560580**

Crash occurred on (street name or route #): **357 HARLAND RD** at **230 HUNTERS RD**

Longitude: **-072.068940**

If not at an intersection: distance **50** ● Feet ○ Tenths of Mile N,S,E,W **S** of name of nearest intersecting road, town line, or mile marker: **.**

For all numeric fields: 99 = 'Unknown'

CRASH FACTORS AND CONDITIONS

TRAFFICWAY OWNERSHIP — 01
01. Public Road
02. Private Road
88. Not Applicable

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

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

WEATHER CONDITIONS *(choose up to 2)* — 01
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

TRAFFICWAY SURFACE CONDITIONS — 01
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

LOCATION OF FIRST HARMFUL EVENT — 01
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)*

CRASH-SPECIFIC LOCATION — 02
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

TYPE OF INTERSECTION — 04
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

SCHOOL BUS RELATED — 01
01. No
02. Yes, a school bus was directly involved
03. Yes, a school bus was indirectly involved

FIRST HARMFUL EVENT — 14

Non-Collision:
01. Overturn/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

Collision with Person, Vehicle, or Non-Fixed Object:
09. Pedestrian
10. Pedalcycle/Pedalcyclist
11. Other Non-motorist
12. Railway Vehicle *(train, engine)*
40. Deer
13. Animal Other Than Deer *(live)*
14. Motor Vehicle in Operation
15. Parked Motor Vehicle
16. Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle
17. Work Zone/Maintenance Equipment
18. 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)* — 99
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

CONTRIBUTING CIRCUMSTANCES, ENVIRONMENTAL *(choose up to 3)* — 00
00. None
01. Weather Conditions
02. Visual Obstruction(s)
03. Glare
04. Animal(s) in Roadway
88. Not Applicable
97. Other

CONTRIBUTING CIRCUMSTANCES, ROAD *(choose up to 3)* — 00
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

For all numeric fields: 99 = 'Unknown'

WORK ZONE CRASH INFORMATION

Complete all for crashes occurring in a Work Zone

WORK ZONE — 01
01. No
02. Yes

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

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

WORKERS PRESENT — 88
01. No
02. Yes
88. Not Applicable

ENFORCEMENT PRESENT — 88
01. No
02. Yes
88. Not Applicable

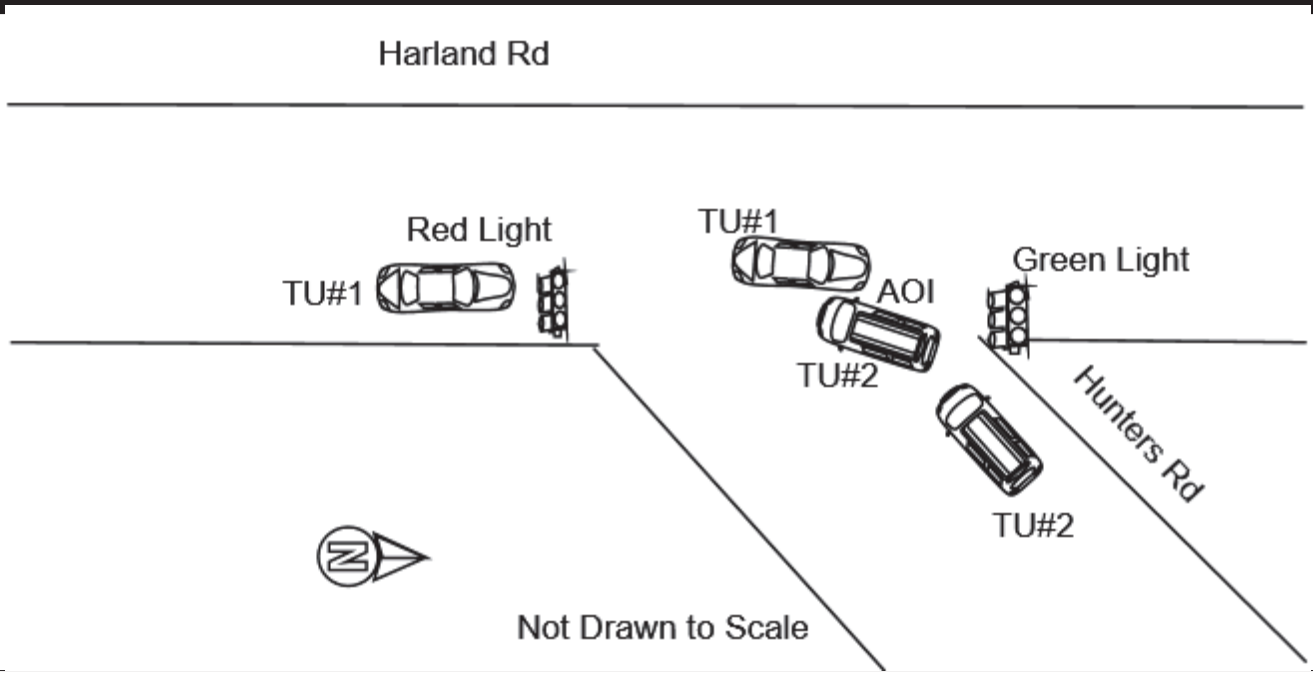
CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Crash Summary (Back)

Case Number: 24-44343-AC

DOT Identifier: *For DOT use only*

DIAGRAM



☐ Vehicles were moved prior to police arrival

Please indicate the direction of North within the diagram

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 January 09, 2025 Officer Desmond conducted a follow up investigation regarding this accident.
Officer Desmond went to First Student and spoke with the supervisor who provided Officer Desmond
with an employee statement from the driver of the bus.

Thomas Donovan was the driver of the bus (TU#2) and stated the vehicle (TU#1) was traveling North on
Harland Road. TU#2 was on Hunters Road and was about to turn left at the green light when TU#1 hit
his right corner mirror.

The operator of TU#1 was Eric Fitch. Fitch was issued a Written Warning for C.G.S 14-299 Failure to
Obey Control Signal and also recieved a copy of the preliminary accident report.

Case Status: Closed.

Related Incident Number	Officer First Name	Officer Last Name	Badge Number	Police Agency Code
	Madison	Nott	1098	001040

Case Status
O - Open
C- Closed
O

Officer Signature: Madison Nott

Date & Time: 2025010622 01

Supervisor:

Date & Time:

☐ This report is a revision to a previously submitted report

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Motor Vehicle ID: 1

Number of Occupants in Vehicle: 1 *(including the driver)*

Motor Vehicle Information (Front)
Complete One Sheet Per Motor Vehicle

Case Number: 24-44343-AC

DOT Identifier: *For DOT use only*

MOTOR VEHICLE INFORMATION

VIN: 5 G A E R C K W 6 N J 1 3 3 5 5 6 ☐ VIN missing or removed ☐ Driver Evaded Responsibility

Plate #: BK83740 ☐ Invalid Plate ☐ No Plate

Make: BUICK Color: GRAY Plate State: CT

Model: ENCLAVE Year: 2022

Direction of Travel N, S, E, W

Total lanes in roadway: 2

Road on which vehicle was traveling: HARLAND W ☐ Vehicle was not in roadway ☐ Unknown direction

☐ Bike lanes/sharrows present

MOTOR VEHICLE CRASH INFORMATION

For all numeric fields: 99 = 'Unknown'

SEQUENCE OF EVENTS
(choose up to four, in chronological order)

Non-Collision
01. Overturn/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 Centerline
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. Pedalcycle/Pedacyclist
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

1st: 22
2nd:
3rd:
4th:

Most Harmful Event: 22

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

01

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

00
88

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

25

TOWED
01. Towed Due to Disabling Damage
02. Towed, But Not Due to Disabling Damage
03. Not Towed

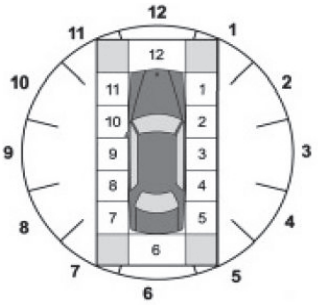
03

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. Motorcoach
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

01

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

04

Damaged Areas
00. None
14. Top
15. Undercarriage
17. All Areas
88. Applicable

04

EXTENT OF DAMAGE
01. No Visible Damage
02. Minor Damage
03. Functional Damage
04. Disabling Damage

02

MOTOR VEHICLE TYPE
01. Motor Vehicle in Operation
02. Parked Motor Vehicle
03. Working Vehicle/Equipment
04. Non-Collision Vehicle

01

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

01

ROADWAY GRADE
01. Level
02. Uphill
03. Hill Crest
04. Downhill
05. Sag *(bottom)*

01

ROADWAY ALIGNMENT
01. Straight
02. Curve Left
03. Curve Right

01

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

01

TRAFFIC CONTROL DEVICE FUNCTIONAL?
01. No
02. Yes
03. Missing
88. Not Applicable

88

INSURANCE INFORMATION

INSURANCE COMPANY	INSURANCE POLICY NUMBER	INSURANCE EXPIRATION DATE (yyyymmdd)
STATE FARM	0721223423001	

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Motor Vehicle ID: 2
Number of Occupants in Vehicle: 1 *(including the driver)*
Motor Vehicle Information (Front) *Complete One Sheet Per Motor Vehicle*
Case Number: 24-44343-AC
DOT Identifier: *For DOT use only*

MOTOR VEHICLE INFORMATION

VIN: 1HA6GUBG7JN006580 ☐ VIN missing or removed ☐ Driver Evaded Responsibility
Plate #: AU35923 ☐ Invalid Plate ☐ No Plate
Make: CHEVROLET Color: YELLOW Plate State: CT
Model: EXPRESS G4500 Year: 2018
Direction of Travel N, S, E, W
Total lanes in roadway: 2
Road on which vehicle was traveling: HARLAND W ☐ Vehicle was not in roadway ☐ Unknown direction
☐ Bike lanes/sharrows present

MOTOR VEHICLE CRASH INFORMATION

For all numeric fields: 99 = 'Unknown'

SEQUENCE OF EVENTS
(choose up to four, in chronological order)

1st: 22
2nd:
3rd:
4th:

Most Harmful Event: 22

Non-Collision
01. Overturn/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 Centerline
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. Pedalcycle/Pedacyclist
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
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
88
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

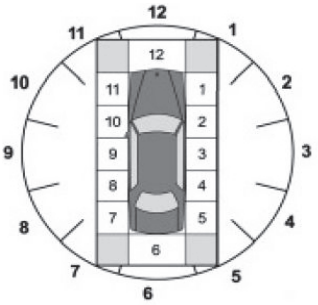
POSTED/STATUTORY SPEED LIMIT
(record the posted/statutory value as miles per hour)
25
01.:Not Posted
10, 15, 20, 25, 30, 35, 40, 45
50, 55, 60, 65, 70, 75, 80, 85
88.:Not Applicable

TOWED
03
01. Towed Due to Disabling Damage
02. Towed, But Not Due to Disabling Damage
03. Not Towed

TOWED TO

BODY TYPE
07
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. Motorcoach
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 99
13. Non-Collision
14. Top
15. Undercarriage
16. Cargo loss

Damaged Areas 00
00. None
14. Top
15. Undercarriage
17. All Areas
88. Applicable

EXTENT OF DAMAGE
01
01. No Visible Damage
02. Minor Damage
03. Functional Damage
04. Disabling Damage

MOTOR VEHICLE TYPE
01
01. Motor Vehicle in Operation
02. Parked Motor Vehicle
03. Working Vehicle/Equipment
04. Non-Collision Vehicle

TRAFFICWAY DESCRIPTION
01
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
01. Level
02. Uphill
03. Hill Crest
04. Downhill
05. Sag *(bottom)*

ROADWAY ALIGNMENT
01
01. Straight
02. Curve Left
03. Curve Right

TRAFFIC CONTROL DEVICE TYPE
01
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?
88
01. No
02. Yes
03. Missing
88. Not Applicable

INSURANCE INFORMATION

INSURANCE COMPANY	INSURANCE POLICY NUMBER	INSURANCE EXPIRATION DATE (yyyymmdd)
OLD REPUBLIC RISK MANAGEM	MWTB31683624	

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Motor Vehicle Information (Back)
Complete One Sheet Per Motor Vehicle

Case Number: **24-44343-AC**

DOT Identifier: *For DOT use only*

MOTOR VEHICLE OWNERSHIP INFORMATION

Vehicle Owner Name *(Last, First, Middle, Suffix)* ☒ Information same as driver

FITCH, ERIC

Street Address or Post Office Box

25 N B ST

City	State/Prov	Country	Postal Code
TAFTVILLE	**CT**	**UNITED STATES**	**06380**

Email Address *(optional)* | Phone *(optional)*

SPECIAL VEHICLE FUNCTION — **01**
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

EMERGENCY VEHICLE — **01**
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

BUS USE — **01**
01. Not a Bus
02. School
03. Transit/Commuter
04. Intercity
05. Charter/Tour
06. Shuttle

PROPERTY DAMAGED

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

NATURE AND EXTENT OF DAMAGE TO PROPERTY 1

NAME OF OWNER OF PROPERTY 1

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
Form PR-1 REV June 2014.01

Motor Vehicle Information (Back)
Complete One Sheet Per Motor Vehicle

Case Number: **24-44343-AC**

DOT Identifier: *For DOT use only*

MOTOR VEHICLE OWNERSHIP INFORMATION

Vehicle Owner Name *(Last, First, Middle, Suffix)* ☐ Information same as driver

FIRST GROUP LEASING NOMINEE TRUST

Street Address or Post Office Box

600 VINE ST

City	State/Prov	Country	Postal Code
CINCINNATI	**OH**	**UNITED STATES**	**45202**

Email Address *(optional)* Phone *(optional)*

SPECIAL VEHICLE FUNCTION — **03**
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

EMERGENCY VEHICLE — **01**
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

BUS USE — **02**
01. Not a Bus
02. School
03. Transit/Commuter
04. Intercity
05. Charter/Tour
06. Shuttle

PROPERTY DAMAGED

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

NATURE AND EXTENT OF DAMAGE TO PROPERTY 1

NAME OF OWNER OF PROPERTY 1

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
Form PR-1 REV June 2014.01

Motor Vehicle Driver Information
Complete One Sheet Per Driver

Motor Vehicle ID: 1
Person ID: 1

Case Number: 24-44343-AC
DOT Identifier: *For DOT use only*

Name *(Last, First, Middle, Suffix)*: FITCH, ERIC
Street Address *or PO Box:* 25 N B ST
City: TAFTVILLE State or Prov: CT Postal Code: 06380
Phone/Email *(optional)*:

GENDER: 01 (01. Male, 02. Female, 99. Unknown)
DATE OF BIRTH *(YYYYMMDD)*: 19700515 ☐ Date of Birth is unknown

LICENSE INFO

For all numeric fields: 99 = 'Unknown'

LICENSE NUMBER: 177081177
STATE: CT

DRIVER LICENSE JURISDICTION: 02
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

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

COMMERCIAL LICENSE: 01
01. No
02. Yes

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

DRIVER INFORMATION

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

RESTRAINT SYSTEM: 01
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

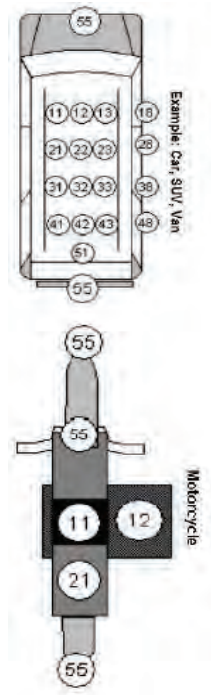
HELMET USE: 88
01. No Helmet
02. DOT-Compliant Motorcycle Helmet
03. Helmet, Other Than DOT-Compliant Motorcycle Helmet
04. Helmet, Unknown If DOT-Compliant
88. Not Applicable

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

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

SEATING POSITION FIRST DIGIT: 11
1_. Front Row

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
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

DRIVER DISTRACTED BY: 01
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

CONDITION AT TIME OF CRASH *(choose up to 2)*: 01
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
99. Unknown

INJURY AND EMS INFORMATION

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

TRANSPORTED TO FIRST MEDICAL FACILITY BY: 01
01. Not Transported
02. EMS Air
03. EMS Ground
04. Law Enforcement
97. Other

EMS COMPANY NAME
EMS RUN NUMBER
INTENDED RECEIVING FACILITY

ENFORCEMENT ACTIONS TAKEN

ACTION BY OFFICER: 00
00. No Action
01. Verbal Warning
02. Written Warning
03. Infraction
04. Arrest/Summons

VIOLATION STATUTES: 14-299

DRUG/ALCOHOL INFORMATION

ALCOHOL TEST STATUS: 01
01. Test Not Given
02. Test Refused
03. Test Given
99. Unknown if Tested

TYPE OF ALCOHOL TEST: 88
01. Blood
02. Urine
03. Breath
88. Not Applicable
97. Other

DRUG TEST STATUS: 01
01. Test Not Given
02. Test Refused
03. Test Given
99. Unknown if Tested

TYPE OF DRUG TEST: 88
01. Blood
02. Urine
88. Not Applicable
97. Other

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Motor Vehicle Driver Information
Complete One Sheet Per Driver

Motor Vehicle ID: 2
Person ID: 2

Case Number: 24-44343-AC
DOT Identifier: *For DOT use only*

Name *(Last, First, Middle, Suffix)*: DONOVAN, THOMAS
Street Address *or PO Box:* 83 JEWETT CITY RD
City: NORWICH State or Prov: CT Postal Code: 06360
Phone/Email *(optional)*:

GENDER: 01. Male, 02. Female, 99. Unknown — 01
DATE OF BIRTH *(YYYYMMDD)*: 19591021 ☐ Date of Birth is unknown

LICENSE INFO

For all numeric fields: 99 = 'Unknown'

LICENSE NUMBER: 109947535
STATE: CT

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 — 02

LICENSE CLASS: 00. None, 01. Class A, 02. Class B, 03. Class C, 04. Class D, 05. Class M, 88. Not Applicable — 88

COMMERCIAL LICENSE: 01. No, 02. Yes — 99

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

DRIVER INFORMATION

EJECTION: 01. Not Ejected, 02. Ejected, Partially, 03. Ejected, Totally, 88. Not Applicable — 01

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 — 01

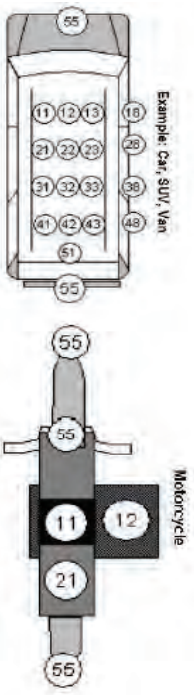
HELMET USE: 01. No Helmet, 02. DOT-Compliant Motorcycle Helmet, 03. Helmet, Other Than DOT-Compliant Motorcycle Helmet, 04. Helmet, Unknown If DOT-Compliant, 88. Not Applicable — 88

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

SPEED RELATED: 01. No, 02. Racing, 03. Exceeded Speed Limit, 04. Too Fast for Conditions — 01

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 — 01

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 — 01

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, 99. Unknown — 01

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 — 01

EMS COMPANY NAME:
EMS RUN NUMBER:
INTENDED RECEIVING FACILITY:

ENFORCEMENT ACTIONS TAKEN

ACTION BY OFFICER: 00. No Action, 01. Verbal Warning, 02. Written Warning, 03. Infraction, 04. Arrest/Summons — 00

VIOLATION STATUTES:

DRUG/ALCOHOL INFORMATION

ALCOHOL TEST STATUS: 01. Test Not Given, 02. Test Refused, 03. Test Given, 99. Unknown if Tested — 01

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 — 01

TYPE OF DRUG TEST: 01. Blood, 02. Urine, 88. Not Applicable, 97. Other — 88

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Case Number: 24-44343-AC

Motor Vehicle ID: 2

Appendix B: Commercial Vehicle
Complete this sheet for qualifying Commercial Vehicles

DOT Identifier: *For DOT use only*

QUALIFYING COMMERCIAL VEHICLE

Use This Form Only For a: QUALIFYING VEHICLE in a QUALIFYING CRASH

- Any motor vehicle displaying a hazardous material placard OR
- A motor vehicle having a gross vehicle weight rating (GVWR) or a gross combination weight rating (GCWR) of more than 10,000 LBS used on public highways to carry property OR
- Any motor vehicle designed to transport more than eight persons including the driver.

Any crash that involves a qualifying vehicle and which results in one of the following:
- Fatality to any person, OR
- Injury to any person that requires immediate medical treatment away from the crash site
- Disablement of any vehicle as a result of damage sustained in the crash

CARRIER INFORMATION

CARRIER NAME: **FIRST GROUP LEASING NOMINEE TRUST**

US DOT NUMBER *(8 digits, right justified):*

If no US DOT Number, please provide:

STATE: AND STATE ISSUED ID NUMBER:

STREET ADDRESS or P.O. BOX: **600 VINE ST**

CITY	STATE or PROVINCE	POSTAL CODE	COUNTRY
CINCINNATI	**OH**	**45202**	**UNITED STATES**

POWER UNIT OWNER INFORMATION

Please use the Vehicle Sheet to Document the Owner of the Power Unit.
If the Driver of the Power Unit is Different from the Owner, Please Use the Back of the Vehicle Sheet to Document the Owner.

TRAILER 1 OWNER INFORMATION

OWNER NAME ☐ Info same as carrier ☐ Info same as power unit

Plate #: ☐ Invalid Plate ☐ No Plate

Plate State:

Trailer Serial Number/VIN:

STREET ADDRESS or P.O. BOX

CITY	STATE or PROVINCE	POSTAL CODE	COUNTRY

TRAILER 2 OWNER INFORMATION

OWNER NAME ☐ Info same as carrier ☐ Info same as power unit ☐ Info same as trailer 1

Plate #: ☐ Invalid Plate ☐ No Plate

Plate State:

Trailer Serial Number/VIN:

STREET ADDRESS or P.O. BOX

CITY	STATE or PROVINCE	POSTAL CODE	COUNTRY

COMMERCIAL VEHICLE INFORMATION

CARGO BODY TYPE
01. No Cargo Body - *(bobtail, light motor vehicle with hazardous materials [HM] placard, etc.)*
02. Bus
03. Van/Enclosed Box
04. Grain/Chips/Gravel Truck
05. Pole-Trailer
06. Cargo Tank
07. Log
08. Intermodal Container Chassis
09. Vehicle Towing Another Vehicle
10. Flatbed
11. Dump
12. Concrete Mixer
13. Auto Transporter
14. Garbage/Refuse
88. Not Applicable
97. Other
99. Unknown

02

CARRIER TYPE
01. Interstate Carrier
02. Intrastate Carrier
03. Not in Commerce/Government
04. Not in Commerce/Other Truck
99. Unknown

99

VEHICLE CONFIGURATION
01. Vehicle 10,000 pounds or less placarded for hazardous materials
02. Single-Unit Truck *(2-axle and GVWR more than10,000 lbs)*
03. Single-Unit Truck *(3 or more axles)*
04. Truck Pulling Trailer(s)
05. Truck Tractor *(Bobtail)*
06. Truck Tractor/Semi-Trailer
07. Truck Tractor/Double
08. Truck Tractor/Triple
09. Truck More Than 10,000 lbs, Cannot Classify
10. Bus/Large Van *(seats for 9-15 occupants, including driver)*
11. Bus *(seats for more than 15 occupants, including driver)*
99. Unknown

02

GROSS WEIGHT (GVWR/GCWR)
01. 10,000 lbs. or less
02. 10,001 - 26,000 lbs.
03. More than 26,000 lbs.
88. Not Applicable
99. Unknown

02

HAZARDOUS MATERIALS PLACARD
01. No
02. Yes
88. Not Applicable

01

4-DIGIT HAZARDOUS MATERIALS ID NUMBER:

1-DIGIT CLASS NUMBER FROM BOTTOM OF DIAMOND:

RELEASE OF HAZARDOUS MATERIALS
01. No
02. Yes
88. Not Applicable

88

Norwich Police Department
Images Associated with 24-44343-AC





CONNECTICUT UNIFORM POLICE CRASH REPORT

Form PR-1 REV July 2014.01

Crash Summary (Front)

Number of Motor Vehicles: *Automobiles, Motorcycles, etc.* **1**

Number of Non-Motorists: *Pedestrians, Bicyclists, etc.* **0**

Case Number: **24-50774-AC**

DOT Identifier: *For DOT use only*

CRASH DATE, TIME, SEVERITY, AND LOCATION

Date of Crash *(YYYYMMDD)*: **2024 1114**

Time *(0000-2359)*: **0557**

Town Name: **NORWICH**

Town#: **104**

Crash Severity: ○ Fatal ● Injury ○ PDO

Latitude: **+041.560480**

Crash occurred on (street name or route #): **80 HUNTERS RD**

at:

Longitude: **-072.056640**

If not at an intersection: distance **100** ● Feet ○ Tenths of Mile

N,S,E,W: **E**

of name of nearest intersecting road, town line, or mile marker: **MAENNERCHOR AVENUE**

For all numeric fields: 99 = 'Unknown'

CRASH FACTORS AND CONDITIONS

TRAFFICWAY OWNERSHIP — 01
01. Public Road
02. Private Road
88. Not Applicable

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

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

WEATHER CONDITIONS *(choose up to 2)* — 01
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

TRAFFICWAY SURFACE CONDITIONS — 01
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

LOCATION OF FIRST HARMFUL EVENT — 04
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)*

CRASH-SPECIFIC LOCATION — 01
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

TYPE OF INTERSECTION — 01
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

SCHOOL BUS RELATED — 01
01. No
02. Yes, a school bus was directly involved
03. Yes, a school bus was indirectly involved

FIRST HARMFUL EVENT — 25

Non-Collision:
01. Overturn/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

Collision with Person, Vehicle, or Non-Fixed Object:
09. Pedestrian
10. Pedalcycle/Pedalcyclist
11. Other Non-motorist
12. Railway Vehicle *(train, engine)*
40. Deer
13. Animal Other Than Deer *(live)*
14. Motor Vehicle in Operation
15. Parked Motor Vehicle
16. Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle
17. Work Zone/Maintenance Equipment
18. 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)* — 88
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

CONTRIBUTING CIRCUMSTANCES, ENVIRONMENTAL *(choose up to 3)* — 00
00. None
01. Weather Conditions
02. Visual Obstruction(s)
03. Glare
04. Animal(s) in Roadway
88. Not Applicable
97. Other

CONTRIBUTING CIRCUMSTANCES, ROAD *(choose up to 3)* — 00
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

For all numeric fields: 99 = 'Unknown'

WORK ZONE CRASH INFORMATION

Complete all for crashes occurring in a Work Zone

WORK ZONE — 01
01. No
02. Yes

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

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

WORKERS PRESENT — 88
01. No
02. Yes
88. Not Applicable

ENFORCEMENT PRESENT — 88
01. No
02. Yes
88. Not Applicable

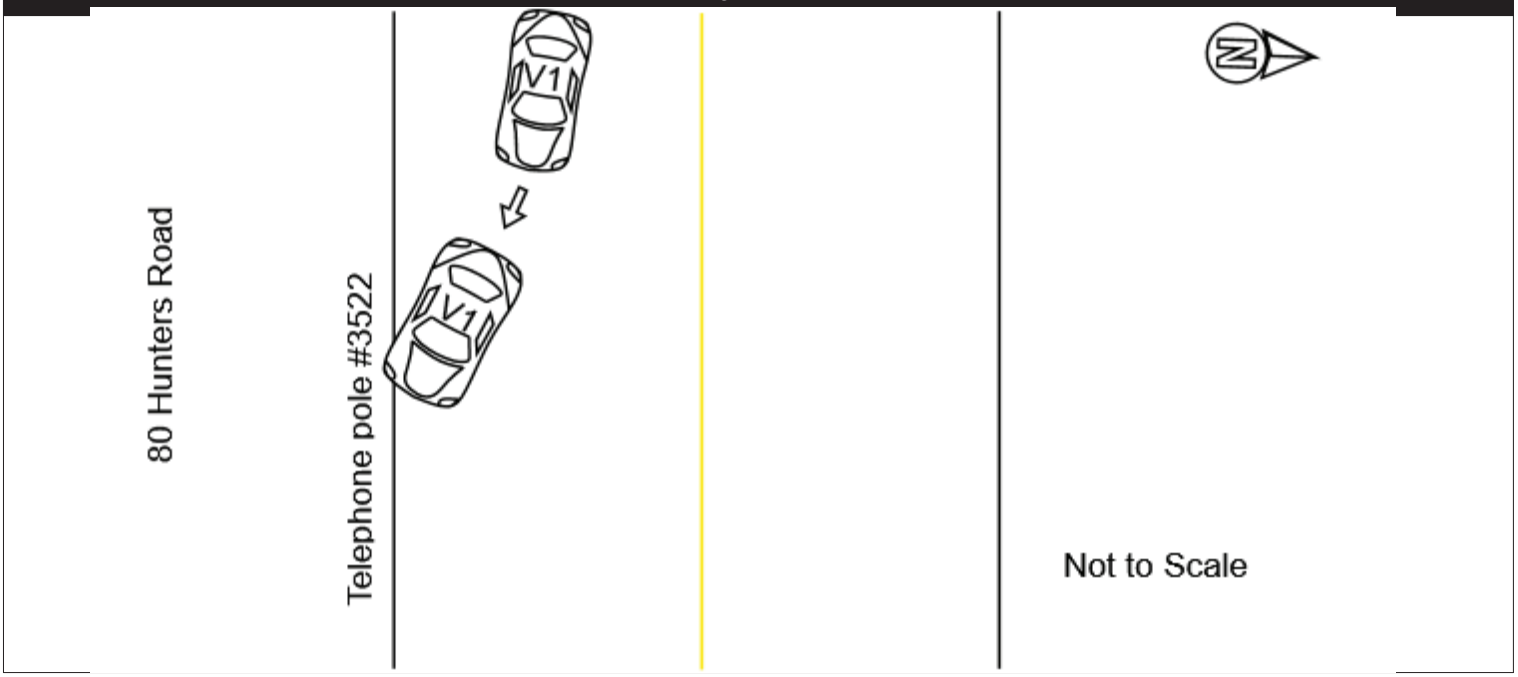
CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Crash Summary (Back)

Case Number: 24-50774-AC

DOT Identifier: *For DOT use only*

DIAGRAM



☐ Vehicles were moved prior to police arrival

Please indicate the direction of North within the diagram

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 the listed date and time, I was dispatched to 80 Hunters Road for the report of a motor vehicle crash.

Vehicle #1 was traveling East on Hunters Road in the area of 80 Hunters Road. Vehicle #1 ran off the roadway to the right and made contact with a utility pole (#3522) and road sign, located off the roadway, in between the driveways of 78 Hunters Road and 80 Hunters Road.

Operator #1 stated he was traveling within his lane when a car traveling toward him, in the opposite lane, swerved into his lane. This caused Operator #1 to have to swerve out of the way, to avoid being hit, thus running off of the roadway to the right.

Operator #1 did not sustain any apparent injuries. Passenger #1 sustained minor injuries to her left shoulder and was transported to Backus Hospital by American Ambulance. Operator #1 sustained minor injuries to her left arm and was transported to Backus Hospital by American Ambulance.Vehicle #1 was towed by Northeast Towing. Operator #1 was issued an Infraction for Failure to Maintain Proper Lane (14-236). Refer to supplemental narrative for more details.

Case Status - Open.

Related Incident Number	Officer First Name	Officer Last Name	Badge Number	Police Agency Code
	Evan	Carollo	1094	001040

Case Status
O - Open
C- Closed
O

Officer Signature: Evan Carollo

Date & Time: 2024111 9 0046

Supervisor:

Date & Time:

☐ This report is a revision to a previously submitted report

DETAILS OF CRASH

During my investigation of this motor vehicle crash. I did not observe any signs of intoxication from the Operator of Vehicle #1. I did not observe any contraband in the vehicle that would lead me to believe Operator #1 was under the influence of any drugs or alcohol.

There was disabling damage to the bottom half of the utility pole #3522 that Vehicle #1 struck.

The passengers were not interviewed about the circumstances regarding rhe crash, as they were non-english speaking, and left the crash scene to be transported to Backus Hospital for apparent minor injuries.

No medical records were requested.

End Supplement.

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Motor Vehicle ID: 1
Number of Occupants in Vehicle: 3 *(including the driver)*

Motor Vehicle Information (Front)
Complete One Sheet Per Motor Vehicle

Case Number: 24-50774-AC
DOT Identifier: *For DOT use only*

MOTOR VEHICLE INFORMATION

VIN: 2T3BF4DV9CW234867 ☐ VIN missing or removed ☐ Driver Evaded Responsibility
Plate #: AC09125 ☐ Invalid Plate ☐ No Plate
Make: TOYOTA
Color: BLACK
Plate State: CT
Model: RAV4
Year: 2012
Direction of Travel N, S, E, W
Total lanes in roadway: 2
Road on which vehicle was traveling: HUNTERS ROAD
E ☐ Vehicle was not in roadway ☐ Unknown direction
☐ Bike lanes/sharrows present

MOTOR VEHICLE CRASH INFORMATION

For all numeric fields: 99 = 'Unknown'

SEQUENCE OF EVENTS
(choose up to four, in chronological order)

1st: 08
2nd:
3rd:
4th:

Most Harmful Event: 08

Non-Collision
01. Overturn/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 Centerline
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. Pedalcycle/Pedacyclist
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
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
88
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

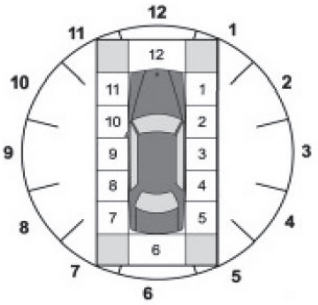
POSTED/STATUTORY SPEED LIMIT
(record the posted/statutory value as miles per hour)
25
01.:Not Posted
10, 15, 20, 25, 30, 35, 40, 45
50, 55, 60, 65, 70, 75, 80, 85
88.:Not Applicable

TOWED
01
01. Towed Due to Disabling Damage
02. Towed, But Not Due to Disabling Damage
03. Not Towed

TOWED TO
NORTHEAST TOWING

BODY TYPE
01
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. Motorcoach
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: 12
13. Non-Collision
14. Top
15. Undercarriage
16. Cargo loss

Damaged Areas: 12
00. None
14. Top
15. Undercarriage
17. All Areas
88. Applicable

EXTENT OF DAMAGE
04
01. No Visible Damage
02. Minor Damage
03. Functional Damage
04. Disabling Damage

MOTOR VEHICLE TYPE
01
01. Motor Vehicle in Operation
02. Parked Motor Vehicle
03. Working Vehicle/Equipment
04. Non-Collision Vehicle

TRAFFICWAY DESCRIPTION
01
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
01. Level
02. Uphill
03. Hill Crest
04. Downhill
05. Sag *(bottom)*

ROADWAY ALIGNMENT
01
01. Straight
02. Curve Left
03. Curve Right

TRAFFIC CONTROL DEVICE TYPE
01
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?
88
01. No
02. Yes
03. Missing
88. Not Applicable

INSURANCE INFORMATION

INSURANCE COMPANY	INSURANCE POLICY NUMBER	INSURANCE EXPIRATION DATE (yyyymmdd)
PERMANENT GENERAL	93CT8060495	

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Motor Vehicle Information (Back)
Complete One Sheet Per Motor Vehicle

Case Number: **24-50774-AC**

DOT Identifier: *For DOT use only*

MOTOR VEHICLE OWNERSHIP INFORMATION

Vehicle Owner Name *(Last, First, Middle, Suffix)* ☐ Information same as driver

MORENCY, JUNIOR

Street Address or Post Office Box

6 TERRACE AV

City	State/Prov	Country	Postal Code
NORWICH	**CT**	**UNITED STATES**	**06360**

Email Address *(optional)* Phone *(optional)*

SPECIAL VEHICLE FUNCTION — **01**
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

EMERGENCY VEHICLE — **88**
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

BUS USE — **01**
01. Not a Bus
02. School
03. Transit/Commuter
04. Intercity
05. Charter/Tour
06. Shuttle

PROPERTY DAMAGED

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

NATURE AND EXTENT OF DAMAGE TO PROPERTY 1 [DAMAGED BY VEHICLE ID = 1]

UTILITY POLE #3522, 1, Est. Val: $2000.00
Destroyed/Damaged/Vandalized, DISABLING DAMAGE TO BOTTOM OF POLE

NAME OF OWNER OF PROPERTY 1

NORWICH PUBLIC UTILITIES

NATURE AND EXTENT OF DAMAGE TO PROPERTY 2 [DAMAGED BY VEHICLE ID = 1]

DAMANGE SIGN, 1, Est. Val: $0.00
Destroyed/Damaged/Vandalized, VEHICLE HIT SIGN

NAME OF OWNER OF PROPERTY 2

NORWICH PUBLIC WORKS

NATURE AND EXTENT OF DAMAGE TO PROPERTY 3

NAME OF OWNER OF PROPERTY 3

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Motor Vehicle Driver Information
Complete One Sheet Per Driver

Motor Vehicle ID: **1**
Person ID: **1**

Case Number: **24-50774-AC**
DOT Identifier: *For DOT use only*

Name *(Last, First, Middle, Suffix)*: **MORENCY, FRANTZ**
Street Address or PO Box: **6 TERRACE AV**
City: **NORWICH** State or Prov: **CT** Postal Code: **06360**
Phone/Email *(optional)*:

GENDER: 01. Male, 02. Female, 99. Unknown — **01**

DATE OF BIRTH *(YYYYMMDD)*: **1 9 7 9 0 7 2 0**
☐ Date of Birth is unknown

LICENSE INFO

For all numeric fields: 99 = 'Unknown'

LICENSE NUMBER: **079947190**
STATE: **CT**

DRIVER LICENSE JURISDICTION: **02**
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

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

COMMERCIAL LICENSE: **01**
01. No
02. Yes

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

DRIVER INFORMATION

EJECTION: **01**
01. Not Ejected
02. Ejected, Partially
03. Ejected, Totally
88. Not Applicable

RESTRAINT SYSTEM: **01**
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

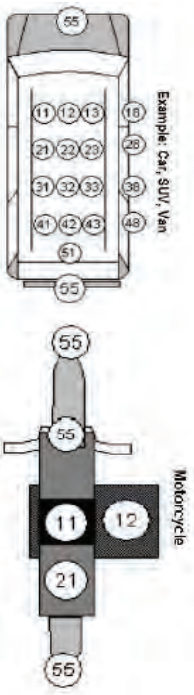
HELMET USE: **88**
01. No Helmet
02. DOT-Compliant Motorcycle Helmet
03. Helmet, Other Than DOT-Compliant Motorcycle Helmet
04. Helmet, Unknown If DOT-Compliant
88. Not Applicable

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

SPEED RELATED: **01**
01. No
02. Racing
03. Exceeded Speed Limit
04. Too Fast for Conditions

SEATING POSITION FIRST DIGIT: **11**
1_. Front Row

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)*: **02**
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

DRIVER DISTRACTED BY: **01**
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

CONDITION AT TIME OF CRASH *(choose up to 2)*: **01**
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
99. Unknown

INJURY AND EMS INFORMATION

INJURY STATUS: **O**
K. Fatal Injury
A. Suspected Serious Injury
B. Suspected Minor Injury
C. Possible Injury
O. No Apparent Injury

TRANSPORTED TO FIRST MEDICAL FACILITY BY: **01**
01. Not Transported
02. EMS Air
03. EMS Ground
04. Law Enforcement
97. Other

EMS COMPANY NAME
EMS RUN NUMBER
INTENDED RECEIVING FACILITY

ENFORCEMENT ACTIONS TAKEN

ACTION BY OFFICER: **03**
00. No Action
01. Verbal Warning
02. Written Warning
03. Infraction
04. Arrest/Summons

VIOLATION STATUTES: **14-236**

DRUG/ALCOHOL INFORMATION

ALCOHOL TEST STATUS: **01**
01. Test Not Given
02. Test Refused
03. Test Given
99. Unknown if Tested

TYPE OF ALCOHOL TEST: **88**
01. Blood
02. Urine
03. Breath
88. Not Applicable
97. Other

DRUG TEST STATUS: **01**
01. Test Not Given
02. Test Refused
03. Test Given
99. Unknown if Tested

TYPE OF DRUG TEST: **88**
01. Blood
02. Urine
88. Not Applicable
97. Other

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Motor Vehicle ID: 1

Motor Vehicle Passenger Information
Complete this sheet for Passengers in this Motor Vehicle

Case Number: 24-50774-AC

DOT Identifier: *For DOT use only*

PERSON ID 3 — PASSENGER INFORMATION

For all numeric fields: 99 = 'Unknown'

NAME: SAINSOIR, SOPHIA
PERSON TYPE: 02
SEATING POSITION: 13
ADDRESS: ***UNKNOWN***
RESTRAINT SYSTEM: 01
CITY: NORWICH
STATE or PROV: CT
POSTAL CODE: 06360
HELMET USE: 88
DATE OF BIRTH *(YYYYMMDD)*: 19890319
☐ Date of Birth is unknown
GENDER: 01. Male 02. Female 99. Unknown — 02
INTENDED RECEIVING FACILITY: William W. Backus Hospital
EJECTION: 01
AIR BAG: 02
INJURY STATUS: B
EMS COMPANY NAME: American Ambulance
EMS RUN NUMBER:
TRANSPORTED TO 1st MEDICAL FACILITY BY: 03

PERSON ID 4 — PASSENGER INFORMATION

For all numeric fields: 99 = 'Unknown'

NAME: SOLIFILS, NADINE
PERSON TYPE: 02
SEATING POSITION: 21
ADDRESS: ***UNKNOWN***
RESTRAINT SYSTEM: 01
CITY: NORWICH
STATE or PROV: CT
POSTAL CODE: 06360
HELMET USE: 88
DATE OF BIRTH *(YYYYMMDD)*: 19841207
☐ Date of Birth is unknown
GENDER: 01. Male 02. Female 99. Unknown — 02
INTENDED RECEIVING FACILITY: William W. Backus Hospital
EJECTION: 01
AIR BAG: 01
INJURY STATUS: B
EMS COMPANY NAME: American Ambulance
EMS RUN NUMBER:
TRANSPORTED TO 1st MEDICAL FACILITY BY: 03

PERSON ID

For all numeric fields: 99 = 'Unknown'

NAME:
PERSON TYPE:
SEATING POSITION:
ADDRESS:
RESTRAINT SYSTEM:
CITY:
STATE or PROV:
POSTAL CODE:
HELMET USE:
DATE OF BIRTH *(YYYYMMDD)*:
☐ Date of Birth is unknown
GENDER: 01. Male 02. Female 99. Unknown
INTENDED RECEIVING FACILITY:
EJECTION:
AIR BAG:
INJURY STATUS:
EMS COMPANY NAME:
EMS RUN NUMBER:
TRANSPORTED TO 1st MEDICAL FACILITY BY:

PERSON ID

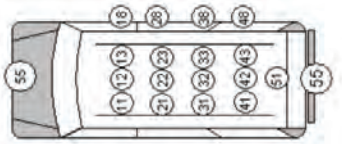
For all numeric fields: 99 = 'Unknown'

NAME:
PERSON TYPE:
SEATING POSITION:
ADDRESS:
RESTRAINT SYSTEM:
CITY:
STATE or PROV:
POSTAL CODE:
HELMET USE:
DATE OF BIRTH *(YYYYMMDD)*:
☐ Date of Birth is unknown
GENDER: 01. Male 02. Female 99. Unknown
INTENDED RECEIVING FACILITY:
EJECTION:
AIR BAG:
INJURY STATUS:
EMS COMPANY NAME:
EMS RUN NUMBER:
TRANSPORTED TO 1st MEDICAL FACILITY BY:

Use additional sheets if more than 4 passengers occupied this motor vehicle

PERSON TYPE
02. Passenger
07. Occupant of Parked Motor Vehicle
99. Unknown

SEATING POSITION
Example: Car, SUV, Van



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
05. Child Restraint System Forward Facing
06. Child Restraint System Rear Facing
07. Booster Seat
08. Child Restraint Type Unknown
88. Not Applicable
97. Other
99. Unknown

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
99. Unknown If Helmet Worn

EJECTION
01. Not Ejected
02. Ejected, Partially
03. Ejected, Totally
88. Not Applicable
99. Unknown

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

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

TRANSPORTED TO FIRST MEDICAL FACILITY BY
01. Not Transported
02. EMS Air
03. EMS Ground
04. Law Enforcement
97. Other
99. Unknown

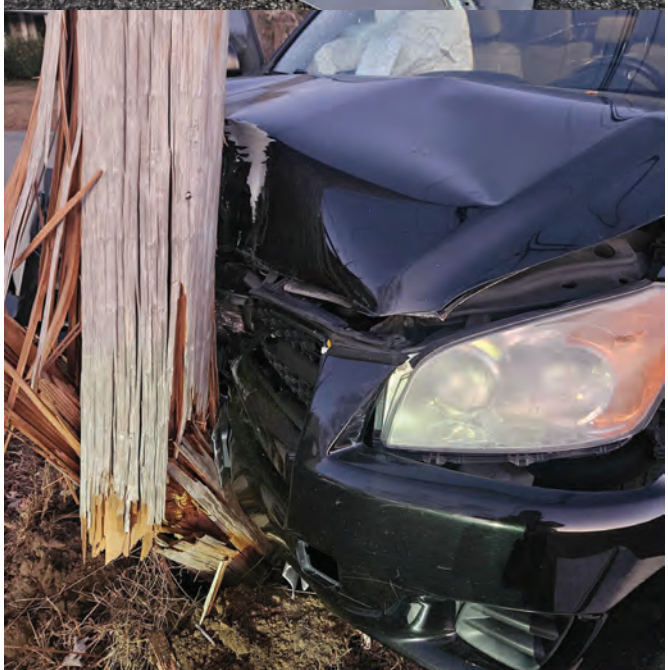
Norwich Police Department
Images Associated with 24-50774-AC







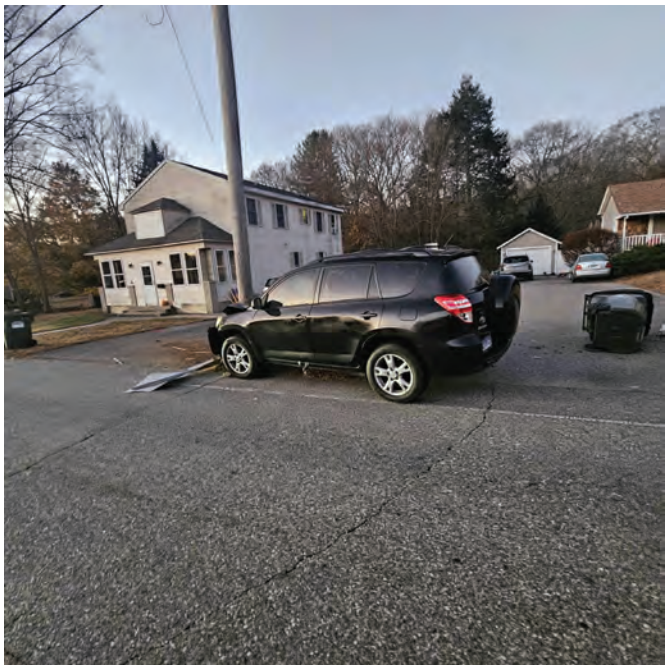


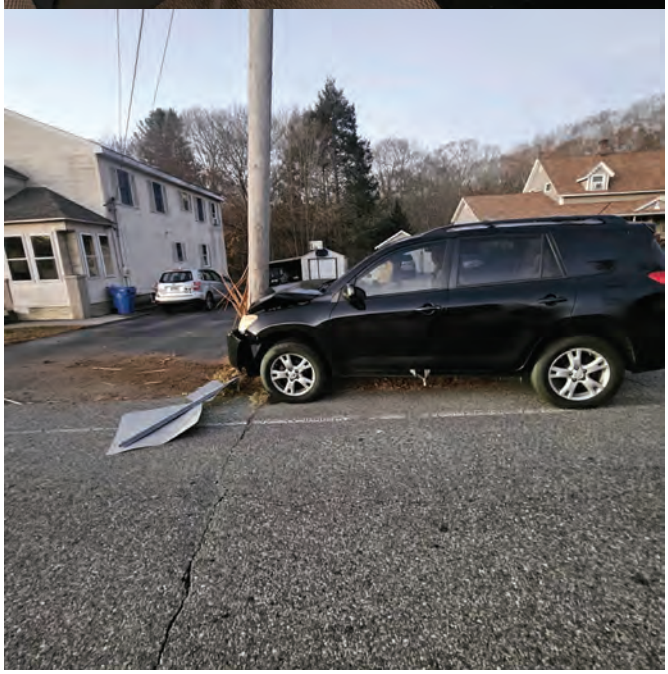




Norwich Police Department
Images Associated with 24-50774-AC







CONNECTICUT UNIFORM POLICE CRASH REPORT

Form PR-1 REV July 2014.01

Crash Summary (Front)

Number of Motor Vehicles: *Automobiles, Motorcycles, etc.* **2**

Number of Non-Motorists: *Pedestrians, Bicyclists, etc.* **0**

Case Number: **24-52578-AC**

DOT Identifier: *For DOT use only*

CRASH DATE, TIME, SEVERITY, AND LOCATION

Date of Crash *(YYYYMMDD)*: **20241126**

Time *(0000-2359)*: **1753**

Town Name: **NORWICH**

Town#: **104**

Crash Severity: ○ Fatal ○ Injury ● PDO

Latitude: **+041.561036**

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

163 HUNTERS RD at

Longitude: **-072.062367**

If not at an intersection: distance **600** ● Feet ○ Tenths of Mile

N,S,E,W: **E**

name of nearest intersecting road, town line, or mile marker: of **TETREAULT AVE**

For all numeric fields: 99 = 'Unknown'

CRASH FACTORS AND CONDITIONS

TRAFFICWAY OWNERSHIP — 01
01. Public Road
02. Private Road
88. Not Applicable

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

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

WEATHER CONDITIONS *(choose up to 2)* — 01
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

TRAFFICWAY SURFACE CONDITIONS — 01
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

LOCATION OF FIRST HARMFUL EVENT — 01
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)*

CRASH-SPECIFIC LOCATION — 01
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

TYPE OF INTERSECTION — 01
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

SCHOOL BUS RELATED — 01
01. No
02. Yes, a school bus was directly involved
03. Yes, a school bus was indirectly involved

FIRST HARMFUL EVENT — 14

Non-Collision:
01. Overturn/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

Collision with Person, Vehicle, or Non-Fixed Object:
09. Pedestrian
10. Pedalcycle/Pedalcyclist
11. Other Non-motorist
12. Railway Vehicle *(train, engine)*
40. Deer
13. Animal Other Than Deer *(live)*
14. Motor Vehicle in Operation
15. Parked Motor Vehicle
16. Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle
17. Work Zone/Maintenance Equipment
18. 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
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

CONTRIBUTING CIRCUMSTANCES, ENVIRONMENTAL *(choose up to 3)* — 00
00. None
01. Weather Conditions
02. Visual Obstruction(s)
03. Glare
04. Animal(s) in Roadway
88. Not Applicable
97. Other

CONTRIBUTING CIRCUMSTANCES, ROAD *(choose up to 3)* — 00
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

For all numeric fields: 99 = 'Unknown'

WORK ZONE CRASH INFORMATION

Complete all for crashes occurring in a Work Zone

WORK ZONE — 01
01. No
02. Yes

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

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

WORKERS PRESENT — 88
01. No
02. Yes
88. Not Applicable

ENFORCEMENT PRESENT — 88
01. No
02. Yes
88. Not Applicable

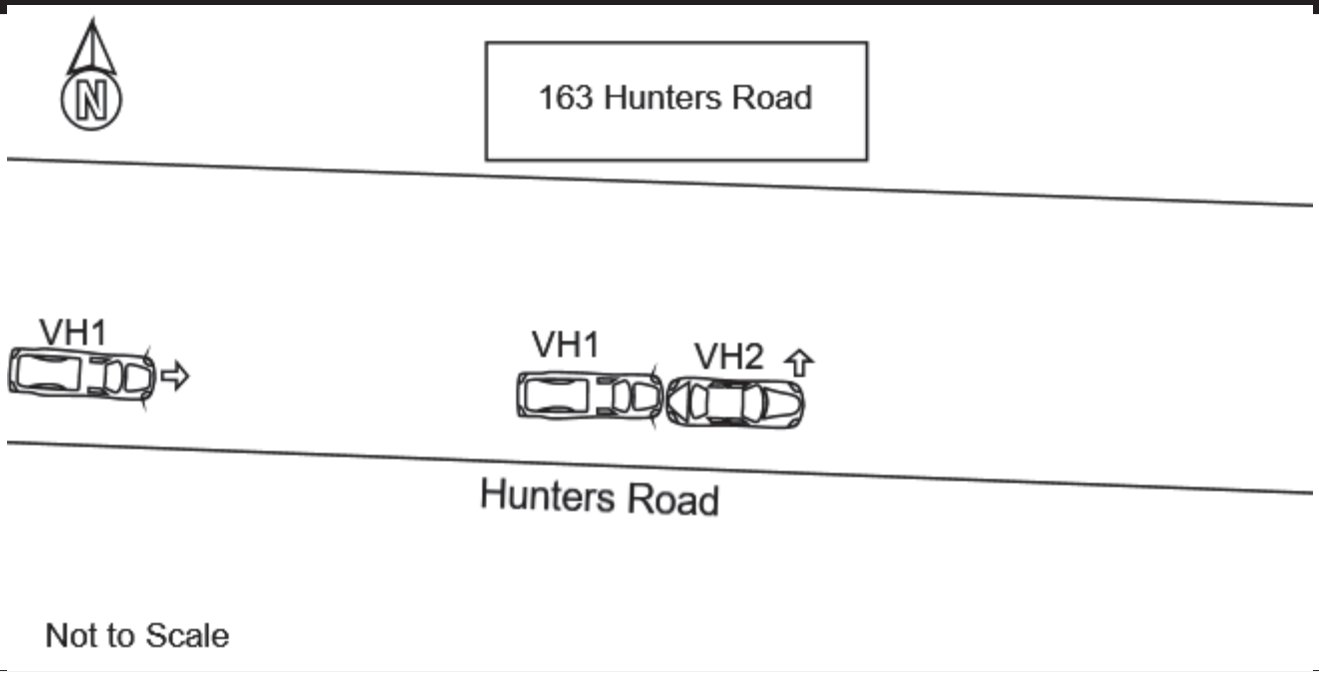
CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Crash Summary (Back)

Case Number: 24-52578-AC

DOT Identifier: *For DOT use only*

DIAGRAM



☐ Vehicles were moved prior to police arrival

Please indicate the direction of North within the diagram

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 11/26/2024 at 1753 hours, VH1 was traveling East on Hunters Road in Norwich, CT. VH2 was traveling East on Hunters Road directly in front of VH1. Vh2 slowed to a stop as they waited to turn into the driveway of 163 Hunters Road. VH1 continued to drive and collided with the rear of VH2.

OP1 stated that when he noticed VH2 was stopped he attempted to stop but believed there was a problem with his breaks preventing him from stopping. OP2 stated they were stopped and had their turn signal on to turn into 163 Hunters Road. OP1 stated his left leg hurt following the accident and was seen by medical personnel. OP2 stated her head hurt following the accident. Both operators declined to be transported to the hospital.

VH1 sustained moderate damage to the front end. VH2 sustained minor damage to the rear end. Neither vehicle was towed. Photographs of the damage and accident were taken and submitted with this report. Carfax Report was completed. OP1 was issued a Written Warning for C.G.S. 14-224.

Case Status: Closed

Related Incident Number	Officer First Name	Officer Last Name	Badge Number	Police Agency Code
	Mason	Mobley	1093	001040

Case Status
O - Open
C- Closed
O

Officer Signature: Mason Mobley

Date & Time: 2024113 0 2210

Supervisor:

Date & Time:

☐ This report is a revision to a previously submitted report

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Motor Vehicle ID: 1
Number of Occupants in Vehicle: 1 *(including the driver)*

Motor Vehicle Information (Front)
Complete One Sheet Per Motor Vehicle

Case Number: 24-52578-AC
DOT Identifier: *For DOT use only*

MOTOR VEHICLE INFORMATION

VIN: 1D7HW28K35S332373 ☐ VIN missing or removed ☐ Driver Evaded Responsibility
Plate #: BP67130 ☐ Invalid Plate ☐ No Plate
Make: DODGE Color: RED Plate State: CT
Model: DAKOTA Year: 2005 Direction of Travel N, S, E, W
Total lanes in roadway: 2
Road on which vehicle was traveling: HUNTERS ROAD E ☐ Vehicle was not in roadway ☐ Unknown direction
☐ Bike lanes/sharrows present

MOTOR VEHICLE CRASH INFORMATION

For all numeric fields: 99 = 'Unknown'

SEQUENCE OF EVENTS
(choose up to four, in chronological order)

Non-Collision
01. Overturn/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 Centerline
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. Pedalcycle/Pedacyclist
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

1st: 22
2nd:
3rd:
4th:

Most Harmful Event: 22

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

01

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

00
88

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

30

TOWED
01. Towed Due to Disabling Damage
02. Towed, But Not Due to Disabling Damage
03. Not Towed

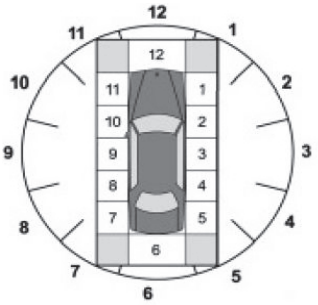
03

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. Motorcoach
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

05

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

11

Damaged Areas
00. None
14. Top
15. Undercarriage
17. All Areas
88. Applicable

11

EXTENT OF DAMAGE
01. No Visible Damage
02. Minor Damage
03. Functional Damage
04. Disabling Damage

02

MOTOR VEHICLE TYPE
01. Motor Vehicle in Operation
02. Parked Motor Vehicle
03. Working Vehicle/Equipment
04. Non-Collision Vehicle

01

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

01

ROADWAY GRADE
01. Level
02. Uphill
03. Hill Crest
04. Downhill
05. Sag *(bottom)*

04

ROADWAY ALIGNMENT
01. Straight
02. Curve Left
03. Curve Right

01

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

01

TRAFFIC CONTROL DEVICE FUNCTIONAL?
01. No
02. Yes
03. Missing
88. Not Applicable

88

INSURANCE INFORMATION

INSURANCE COMPANY	INSURANCE POLICY NUMBER	INSURANCE EXPIRATION DATE (yyyymmdd)
PROGRESSIVE	986852760	

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Motor Vehicle ID: 2
Number of Occupants in Vehicle: 1 *(including the driver)*

Motor Vehicle Information (Front)
Complete One Sheet Per Motor Vehicle

Case Number: 24-52578-AC
DOT Identifier: *For DOT use only*

MOTOR VEHICLE INFORMATION

VIN: 5XXG64J222RG259525 ☐ VIN missing or removed ☐ Driver Evaded Responsibility
Plate #: BN03212 ☐ Invalid Plate ☐ No Plate
Make: KIA
Color: GRAY
Plate State: CT
Model: K5 GT
Year: 2024
Direction of Travel N, S, E, W
Total lanes in roadway: 2
Road on which vehicle was traveling: HUNTERS ROAD
E ☐ Vehicle was not in roadway ☐ Unknown direction
☐ Bike lanes/sharrows present

MOTOR VEHICLE CRASH INFORMATION

For all numeric fields: 99 = 'Unknown'

SEQUENCE OF EVENTS
(choose up to four, in chronological order)

1st: 11
2nd: 22
3rd:
4th:

Most Harmful Event: 22

Non-Collision
01. Overturn/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 Centerline
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. Pedalcycle/Pedacyclist
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
11
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
88
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

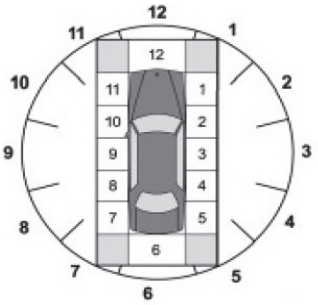
POSTED/STATUTORY SPEED LIMIT
(record the posted/statutory value as miles per hour)
30
01.:Not Posted
10, 15, 20, 25, 30, 35, 40, 45
50, 55, 60, 65, 70, 75, 80, 85
88.:Not Applicable

TOWED
03
01. Towed Due to Disabling Damage
02. Towed, But Not Due to Disabling Damage
03. Not Towed

TOWED TO

BODY TYPE
01
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. Motorcoach
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 06
13. Non-Collision
14. Top
15. Undercarriage
16. Cargo loss

Damaged Areas 06
00. None
14. Top
15. Undercarriage
17. All Areas
88. Applicable

EXTENT OF DAMAGE
02
01. No Visible Damage
02. Minor Damage
03. Functional Damage
04. Disabling Damage

MOTOR VEHICLE TYPE
01
01. Motor Vehicle in Operation
02. Parked Motor Vehicle
03. Working Vehicle/Equipment
04. Non-Collision Vehicle

TRAFFICWAY DESCRIPTION
01
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
04
01. Level
02. Uphill
03. Hill Crest
04. Downhill
05. Sag *(bottom)*

ROADWAY ALIGNMENT
01
01. Straight
02. Curve Left
03. Curve Right

TRAFFIC CONTROL DEVICE TYPE
01
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?
88
01. No
02. Yes
03. Missing
88. Not Applicable

INSURANCE INFORMATION

INSURANCE COMPANY	INSURANCE POLICY NUMBER	INSURANCE EXPIRATION DATE (yyyymmdd)
CSAA AFFINITY INSURANCE	CTSS230593007	

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Motor Vehicle Information (Back)
Complete One Sheet Per Motor Vehicle

Case Number: **24-52578-AC**

DOT Identifier: *For DOT use only*

MOTOR VEHICLE OWNERSHIP INFORMATION

Vehicle Owner Name *(Last, First, Middle, Suffix)* ☐ Information same as driver

MARTINEZ-GOMEZ, SALVADOR

Street Address or Post Office Box

10 CLAIRMONT AV

City	State/Prov	Country	Postal Code
NORWICH	**CT**		**88888**

Email Address *(optional)* | Phone *(optional)*

SPECIAL VEHICLE FUNCTION — **01**
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

EMERGENCY VEHICLE — **01**
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

BUS USE — **01**
01. Not a Bus
02. School
03. Transit/Commuter
04. Intercity
05. Charter/Tour
06. Shuttle

PROPERTY DAMAGED

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

NATURE AND EXTENT OF DAMAGE TO PROPERTY 1

NAME OF OWNER OF PROPERTY 1

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
Form PR-1 REV June 2014.01

Motor Vehicle Information (Back)
Complete One Sheet Per Motor Vehicle

Case Number: **24-52578-AC**

DOT Identifier: *For DOT use only*

MOTOR VEHICLE OWNERSHIP INFORMATION

Vehicle Owner Name *(Last, First, Middle, Suffix)* ☒ Information same as driver

KUHN, HAYLEY

Street Address or Post Office Box

163 HUNTERS RD

City	State/Prov	Country	Postal Code
NORWICH	**CT**	**UNITED STATES**	**06360**

Email Address *(optional)* | Phone *(optional)*

SPECIAL VEHICLE FUNCTION — **01**
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

EMERGENCY VEHICLE — **01**
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

BUS USE — **01**
01. Not a Bus
02. School
03. Transit/Commuter
04. Intercity
05. Charter/Tour
06. Shuttle

PROPERTY DAMAGED

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

NATURE AND EXTENT OF DAMAGE TO PROPERTY 1

NAME OF OWNER OF PROPERTY 1

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
Form PR-1 REV June 2014.01

Motor Vehicle Driver Information
Complete One Sheet Per Driver

Motor Vehicle ID: 1
Person ID: 1

Case Number: 24-52578-AC
DOT Identifier: *For DOT use only*

Name *(Last, First, Middle, Suffix)*: CRUZ FLORES, GUSTAVO
Street Address *or PO Box:* 10 ***UNKNOWN***
City: NORWICH State or Prov: CT Postal Code: 06360
Phone/Email *(optional)*:

GENDER: 01 (01. Male, 02. Female, 99. Unknown)
DATE OF BIRTH *(YYYYMMDD)*: 20020104 ☐ Date of Birth is unknown

LICENSE INFO

For all numeric fields: 99 = 'Unknown'

LICENSE NUMBER: 139882746
STATE: CT

DRIVER LICENSE JURISDICTION: 02
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

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

COMMERCIAL LICENSE: 01
01. No
02. Yes

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

DRIVER INFORMATION

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

RESTRAINT SYSTEM: 01
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

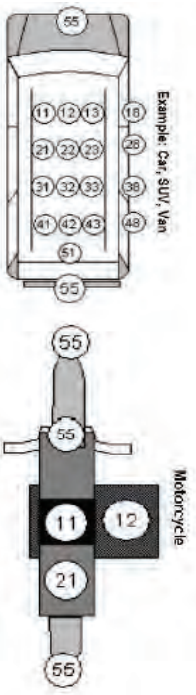
HELMET USE: 88
01. No Helmet
02. DOT-Compliant Motorcycle Helmet
03. Helmet, Other Than DOT-Compliant Motorcycle Helmet
04. Helmet, Unknown If DOT-Compliant
88. Not Applicable

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

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

SEATING POSITION FIRST DIGIT: 11
1_. Front Row

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)*: 12
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

DRIVER DISTRACTED BY: 01
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

CONDITION AT TIME OF CRASH *(choose up to 2)*: 01
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
99. Unknown

INJURY AND EMS INFORMATION

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

TRANSPORTED TO FIRST MEDICAL FACILITY BY: 01
01. Not Transported
02. EMS Air
03. EMS Ground
04. Law Enforcement
97. Other

EMS COMPANY NAME
EMS RUN NUMBER
INTENDED RECEIVING FACILITY

ENFORCEMENT ACTIONS TAKEN

ACTION BY OFFICER: 02
00. No Action
01. Verbal Warning
02. Written Warning
03. Infraction
04. Arrest/Summons

VIOLATION STATUTES: 14-240(D)(2)

DRUG/ALCOHOL INFORMATION

ALCOHOL TEST STATUS: 01
01. Test Not Given
02. Test Refused
03. Test Given
99. Unknown if Tested

TYPE OF ALCOHOL TEST: 88
01. Blood
02. Urine
03. Breath
88. Not Applicable
97. Other

DRUG TEST STATUS: 01
01. Test Not Given
02. Test Refused
03. Test Given
99. Unknown if Tested

TYPE OF DRUG TEST: 88
01. Blood
02. Urine
88. Not Applicable
97. Other

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Motor Vehicle Driver Information
Complete One Sheet Per Driver

Motor Vehicle ID: 2
Person ID: 3

Case Number: 24-52578-AC
DOT Identifier: *For DOT use only*

Name *(Last, First, Middle, Suffix)*: KUHN, HAYLEY
Street Address *or PO Box:* 163 HUNTERS RD
City: NORWICH State or Prov: CT Postal Code: 06360
Phone/Email *(optional)*:

GENDER: 02 (01. Male, 02. Female, 99. Unknown)
DATE OF BIRTH *(YYYYMMDD)*: 20021013 ☐ Date of Birth is unknown

LICENSE INFO

For all numeric fields: 99 = 'Unknown'

LICENSE NUMBER: 229618618
STATE: CT

DRIVER LICENSE JURISDICTION: 02
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

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

COMMERCIAL LICENSE: 01
01. No
02. Yes

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

DRIVER INFORMATION

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

RESTRAINT SYSTEM: 01
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

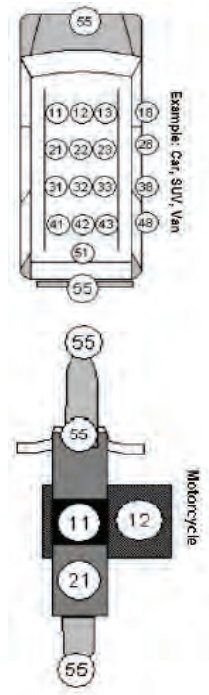
HELMET USE: 88
01. No Helmet
02. DOT-Compliant Motorcycle Helmet
03. Helmet, Other Than DOT-Compliant Motorcycle Helmet
04. Helmet, Unknown If DOT-Compliant
88. Not Applicable

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

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

SEATING POSITION FIRST DIGIT: 11
1_. Front Row

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
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

DRIVER DISTRACTED BY: 01
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

CONDITION AT TIME OF CRASH *(choose up to 2)*: 01
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
99. Unknown

INJURY AND EMS INFORMATION

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

TRANSPORTED TO FIRST MEDICAL FACILITY BY: 01
01. Not Transported
02. EMS Air
03. EMS Ground
04. Law Enforcement
97. Other

EMS COMPANY NAME
EMS RUN NUMBER
INTENDED RECEIVING FACILITY

ENFORCEMENT ACTIONS TAKEN

ACTION BY OFFICER: 00
00. No Action
01. Verbal Warning
02. Written Warning
03. Infraction
04. Arrest/Summons

VIOLATION STATUTES

DRUG/ALCOHOL INFORMATION

ALCOHOL TEST STATUS: 01
01. Test Not Given
02. Test Refused
03. Test Given
99. Unknown if Tested

TYPE OF ALCOHOL TEST: 88
01. Blood
02. Urine
03. Breath
88. Not Applicable
97. Other

DRUG TEST STATUS: 01
01. Test Not Given
02. Test Refused
03. Test Given
99. Unknown if Tested

TYPE OF DRUG TEST: 88
01. Blood
02. Urine
88. Not Applicable
97. Other

Norwich Police Department
Images Associated with 24-52578-AC













CONNECTICUT UNIFORM POLICE CRASH REPORT

Form PR-1 REV July 2014.01

Crash Summary (Front)

Number of Motor Vehicles: *Automobiles, Motorcycles, etc.* **2**

Number of Non-Motorists: *Pedestrians, Bicyclists, etc.* **0**

Case Number: **24-53901-AC**

DOT Identifier: *For DOT use only*

CRASH DATE, TIME, SEVERITY, AND LOCATION

Date of Crash *(YYYYMMDD)*: **2024 1205**

Time *(0000-2359)*: **1724**

Town Name: **NORWICH**

Town#: **104**

Crash Severity: ○ Fatal ○ Injury ● PDO

Latitude: **+041.560380**

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

139 HUNTERS RD at

Longitude: **-072.060220**

If not at an intersection: distance **30** ● Feet ○ Tenths of Mile

N,S,E,W: **W**

name of nearest intersecting road, town line, or mile marker of **OAKLAND DR**

For all numeric fields: 99 = 'Unknown'

CRASH FACTORS AND CONDITIONS

TRAFFICWAY OWNERSHIP — **01**
01. Public Road
02. Private Road
88. Not Applicable

TRAFFICWAY CLASS — **01**
01. Trafficway, On Road
02. Trafficway, Not on Road
03. Non-Trafficway
04. Parking Lot

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

WEATHER CONDITIONS *(choose up to 2)* — **04**
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

TRAFFICWAY SURFACE CONDITIONS — **02**
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

LOCATION OF FIRST HARMFUL EVENT — **01**
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)*

CRASH-SPECIFIC LOCATION — **01**
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

TYPE OF INTERSECTION — **01**
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

SCHOOL BUS RELATED — **02**
01. No
02. Yes, a school bus was directly involved
03. Yes, a school bus was indirectly involved

FIRST HARMFUL EVENT — **14**

Non-Collision:
01. Overturn/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

Collision with Person, Vehicle, or Non-Fixed Object:
09. Pedestrian
10. Pedalcycle/Pedalcyclist
11. Other Non-motorist
12. Railway Vehicle *(train, engine)*
40. Deer
13. Animal Other Than Deer *(live)*
14. Motor Vehicle in Operation
15. Parked Motor Vehicle
16. Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle
17. Work Zone/Maintenance Equipment
18. 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)* — **97**
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

CONTRIBUTING CIRCUMSTANCES, ENVIRONMENTAL *(choose up to 3)* — **00**
00. None
01. Weather Conditions
02. Visual Obstruction(s)
03. Glare
04. Animal(s) in Roadway
88. Not Applicable
97. Other

CONTRIBUTING CIRCUMSTANCES, ROAD *(choose up to 3)* — **00**
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

For all numeric fields: 99 = 'Unknown'

WORK ZONE CRASH INFORMATION

Complete all for crashes occurring in a Work Zone

WORK ZONE — **01**
01. No
02. Yes

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

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

WORKERS PRESENT — **88**
01. No
02. Yes
88. Not Applicable

ENFORCEMENT PRESENT — **88**
01. No
02. Yes
88. Not Applicable

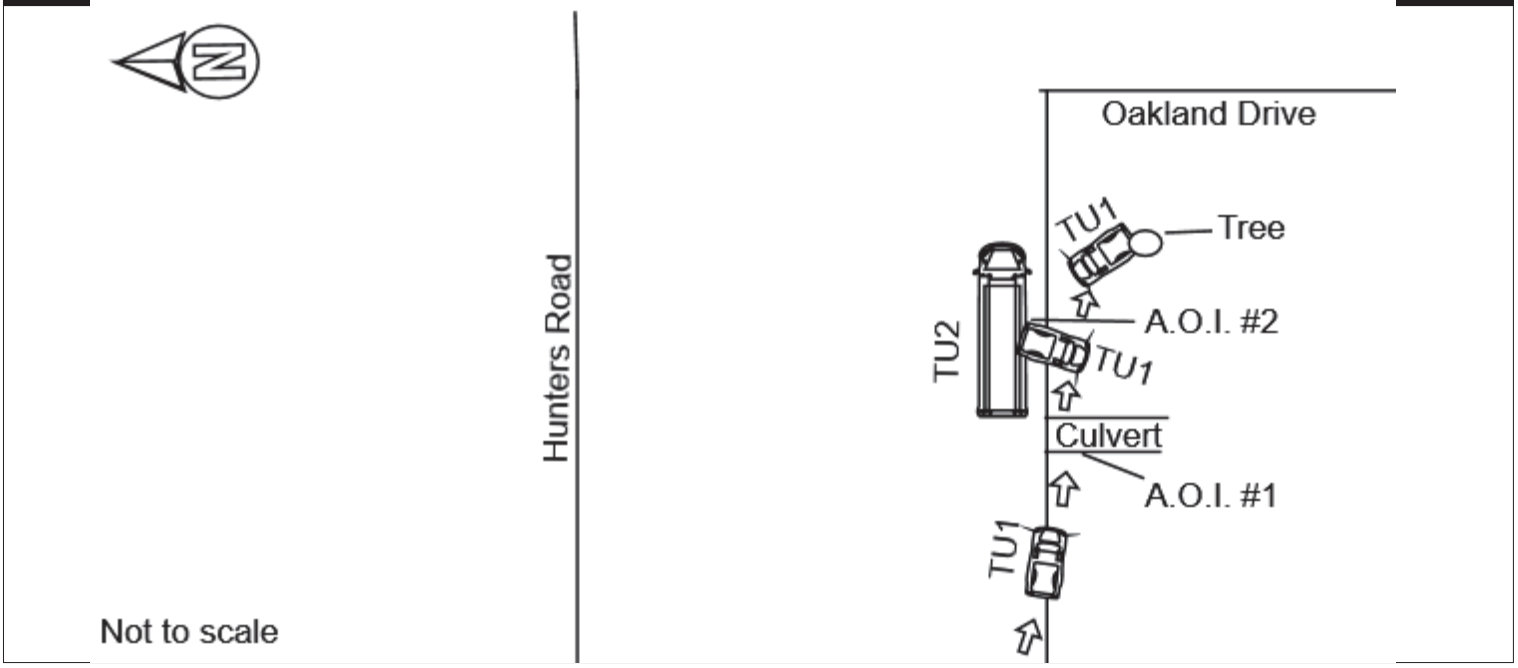
CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Crash Summary (Back)

Case Number: 24-53901-AC

DOT Identifier: *For DOT use only*

DIAGRAM



☐ Vehicles were moved prior to police arrival

Please indicate the direction of North within the diagram

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

TU1 was traveling East on Hunters Road. TU1 drove off the roadway on the right side and into a culvert. TU1 was launched into the air causing it to spin almost 180 degrees. TU1's rear struck TU2's passenger side. TU1 then came to final rest off the roadway up against a tree.

TU2 was traveling East on Hunters Road. TU2 was then struck by TU1 on the passenger side middle.

OP1 stated he was on his way home from work traveling East on Hunters Road. OP1 stated he must have fallen asleep while driving and went off the roadway. OP1 didn't remember much other than that. OP1 refused medical care reporting no injuries. TU1 sustained heavy disabling damage. TU1 was towed by Marvel Auto. OP2 stated he was traveling East on Hunters Road and all of a sudden felt a bump. OP2 pulled to the side of the roadway and observed TU1 was off the roadway in the woods. OP2 reported no injuries. TU2 sustained functional damage to a passenger side window. TU2 was not towed. Photos were taken of TU1and TU2 and uploaded to this report. No witnesses or cameras were observed on scene.

OP1 was issued an infraction for 14-230(a), failure to drive right.

Case closed.

Related Incident Number	Officer First Name	Officer Last Name	Badge Number	Police Agency Code
	Cody	Nichols	1097	001040

Case Status
O - Open
C- Closed
C

Officer Signature: Cody Nichols

Date & Time: 2024121 1 0004

Supervisor:

Date & Time:

☐ This report is a revision to a previously submitted report

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Motor Vehicle ID: 1
Number of Occupants in Vehicle: 1 *(including the driver)*
Motor Vehicle Information (Front) *Complete One Sheet Per Motor Vehicle*
Case Number: 24-53901-AC
DOT Identifier: *For DOT use only*

MOTOR VEHICLE INFORMATION

VIN: W D C G G 8 H B 3 B F 5 3 2 1 1 1 ☐ VIN missing or removed ☐ Driver Evaded Responsibility
Plate #: BS30524 ☐ Invalid Plate ☐ No Plate
Make: MERCURY Color: BLACK Plate State: CT
Model: GLK Year: 2011 Direction of Travel N, S, E, W
Total lanes in roadway: 2
Road on which vehicle was traveling: HUNTERS RD E ☐ Vehicle was not in roadway ☐ Unknown direction
☐ Bike lanes/sharrows present

MOTOR VEHICLE CRASH INFORMATION

For all numeric fields: 99 = 'Unknown'

SEQUENCE OF EVENTS
(choose up to four, in chronological order)

1st: 22
2nd: 08
3rd:
4th:

Most Harmful Event: 08

Non-Collision
01. Overturn/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 Centerline
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. Pedalcycle/Pedacyclist
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
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
88
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

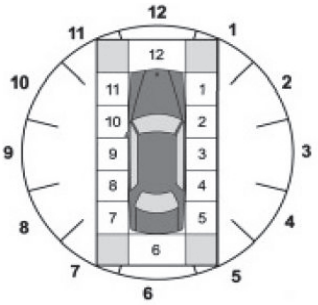
POSTED/STATUTORY SPEED LIMIT
(record the posted/statutory value as miles per hour)
30
01.:Not Posted
10, 15, 20, 25, 30, 35, 40, 45
50, 55, 60, 65, 70, 75, 80, 85
88.:Not Applicable

TOWED
01
01. Towed Due to Disabling Damage
02. Towed, But Not Due to Disabling Damage
03. Not Towed

TOWED TO
MARVEL AUTO

BODY TYPE
02
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. Motorcoach
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: 12
13. Non-Collision
14. Top
15. Undercarriage
16. Cargo loss

Damaged Areas: 17
00. None
14. Top
15. Undercarriage
17. All Areas
88. Applicable

EXTENT OF DAMAGE
04
01. No Visible Damage
02. Minor Damage
03. Functional Damage
04. Disabling Damage

MOTOR VEHICLE TYPE
01
01. Motor Vehicle in Operation
02. Parked Motor Vehicle
03. Working Vehicle/Equipment
04. Non-Collision Vehicle

TRAFFICWAY DESCRIPTION
01
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
04
01. Level
02. Uphill
03. Hill Crest
04. Downhill
05. Sag *(bottom)*

ROADWAY ALIGNMENT
01
01. Straight
02. Curve Left
03. Curve Right

TRAFFIC CONTROL DEVICE TYPE
01
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?
88
01. No
02. Yes
03. Missing
88. Not Applicable

INSURANCE INFORMATION

INSURANCE COMPANY	INSURANCE POLICY NUMBER	INSURANCE EXPIRATION DATE (yyyymmdd)
AMICA PROPERTY INS CO	9503063538	

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Motor Vehicle ID: 2
Number of Occupants in Vehicle: 1 *(including the driver)*
Motor Vehicle Information (Front) *Complete One Sheet Per Motor Vehicle*
Case Number: 24-53901-AC
DOT Identifier: *For DOT use only*

MOTOR VEHICLE INFORMATION

VIN: 1T88Y9D24N119328 1 ☐ VIN missing or removed ☐ Driver Evaded Responsibility
Plate #: BC13259 ☐ Invalid Plate ☐ No Plate
Make: THOMAS Color: YELLOW Plate State: CT
Model: 14008S Year: 2022
Direction of Travel N, S, E, W
Total lanes in roadway: 2
Road on which vehicle was traveling: HUNTERS RD E ☐ Vehicle was not in roadway ☐ Unknown direction
☐ Bike lanes/sharrows present

MOTOR VEHICLE CRASH INFORMATION

For all numeric fields: 99 = 'Unknown'

SEQUENCE OF EVENTS
(choose up to four, in chronological order)

1st: 22
2nd:
3rd:
4th:
Most Harmful Event: 22

Non-Collision
01. Overturn/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 Centerline
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. Pedalcycle/Pedacyclist
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
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
88
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

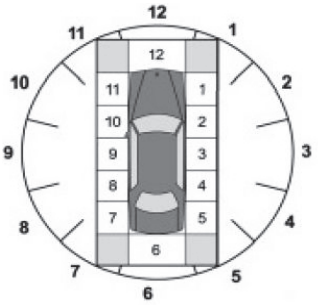
POSTED/STATUTORY SPEED LIMIT
(record the posted/statutory value as miles per hour)
30
01.:Not Posted
10, 15, 20, 25, 30, 35, 40, 45
50, 55, 60, 65, 70, 75, 80, 85
88.:Not Applicable

TOWED
03
01. Towed Due to Disabling Damage
02. Towed, But Not Due to Disabling Damage
03. Not Towed

TOWED TO

BODY TYPE
07
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. Motorcoach
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 03
13. Non-Collision
14. Top
15. Undercarriage
16. Cargo loss

Damaged Areas 03
00. None
14. Top
15. Undercarriage
17. All Areas
88. Applicable

EXTENT OF DAMAGE
02
01. No Visible Damage
02. Minor Damage
03. Functional Damage
04. Disabling Damage

MOTOR VEHICLE TYPE
01
01. Motor Vehicle in Operation
02. Parked Motor Vehicle
03. Working Vehicle/Equipment
04. Non-Collision Vehicle

TRAFFICWAY DESCRIPTION
01
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
01. Level
02. Uphill
03. Hill Crest
04. Downhill
05. Sag *(bottom)*

ROADWAY ALIGNMENT
01
01. Straight
02. Curve Left
03. Curve Right

TRAFFIC CONTROL DEVICE TYPE
01
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?
88
01. No
02. Yes
03. Missing
88. Not Applicable

INSURANCE INFORMATION

INSURANCE COMPANY	INSURANCE POLICY NUMBER	INSURANCE EXPIRATION DATE (yyyymmdd)
OLD REPUBLIC INS CO	MNTB-316836-24	

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Motor Vehicle Information (Back)
Complete One Sheet Per Motor Vehicle

Case Number: **24-53901-AC**

DOT Identifier: *For DOT use only*

MOTOR VEHICLE OWNERSHIP INFORMATION

Vehicle Owner Name *(Last, First, Middle, Suffix)* ☒ Information same as driver

PAULINO, GABRIEL

Street Address or Post Office Box

42 MANNERCHOR AV

City	State/Prov	Country	Postal Code
TAFTVILLE	**CT**	**UNITED STATES**	**06380**

Email Address *(optional)* | Phone *(optional)*

SPECIAL VEHICLE FUNCTION

01

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

EMERGENCY VEHICLE

88

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

BUS USE

01

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

PROPERTY DAMAGED

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

NATURE AND EXTENT OF DAMAGE TO PROPERTY 1

NAME OF OWNER OF PROPERTY 1

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
Form PR-1 REV June 2014.01

Motor Vehicle Information (Back)
Complete One Sheet Per Motor Vehicle

Case Number: **24-53901-AC**

DOT Identifier: *For DOT use only*

MOTOR VEHICLE OWNERSHIP INFORMATION

Vehicle Owner Name *(Last, First, Middle, Suffix)* ☐ Information same as driver

FIRST STUDENT INC

Street Address or Post Office Box

191 ROSA PARKS ST STE 800

City	State/Prov	Country	Postal Code
CINCINNATI	**OH**	**UNITED STATES**	

Email Address *(optional)* | Phone *(optional)*

SPECIAL VEHICLE FUNCTION — **03**
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

EMERGENCY VEHICLE — **88**
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

BUS USE — **02**
01. Not a Bus
02. School
03. Transit/Commuter
04. Intercity
05. Charter/Tour
06. Shuttle

PROPERTY DAMAGED

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

NATURE AND EXTENT OF DAMAGE TO PROPERTY 1

NAME OF OWNER OF PROPERTY 1

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
Form PR-1 REV June 2014.01

Motor Vehicle Driver Information
Complete One Sheet Per Driver

Motor Vehicle ID: 1
Person ID: 1

Case Number: 24-53901-AC
DOT Identifier: *For DOT use only*

Name *(Last, First, Middle, Suffix)*: PAULINO, GABRIEL
Street Address *or PO Box:* 42 MANNERCHOR AV
City: TAFTVILLE State or Prov: CT Postal Code: 06380
Phone/Email *(optional)*:

GENDER: 01 (01. Male, 02. Female, 99. Unknown)
DATE OF BIRTH *(YYYYMMDD)*: 19890408 ☐ Date of Birth is unknown

LICENSE INFO

For all numeric fields: 99 = 'Unknown'

LICENSE NUMBER: 048610391
STATE: CT

DRIVER LICENSE JURISDICTION: 02
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

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

COMMERCIAL LICENSE: 01
01. No
02. Yes

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

DRIVER INFORMATION

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

RESTRAINT SYSTEM: 01
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

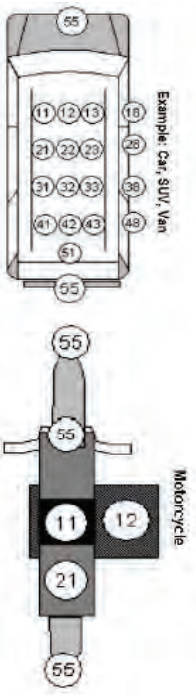
HELMET USE: 88
01. No Helmet
02. DOT-Compliant Motorcycle Helmet
03. Helmet, Other Than DOT-Compliant Motorcycle Helmet
04. Helmet, Unknown If DOT-Compliant
88. Not Applicable

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

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

SEATING POSITION FIRST DIGIT: 11
1_. Front Row

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)*: 02
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

DRIVER DISTRACTED BY: 01
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

CONDITION AT TIME OF CRASH *(choose up to 2)*: 01
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
99. Unknown

INJURY AND EMS INFORMATION

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

TRANSPORTED TO FIRST MEDICAL FACILITY BY: 01
01. Not Transported
02. EMS Air
03. EMS Ground
04. Law Enforcement
97. Other

EMS COMPANY NAME
EMS RUN NUMBER
INTENDED RECEIVING FACILITY

ENFORCEMENT ACTIONS TAKEN

ACTION BY OFFICER: 03
00. No Action
01. Verbal Warning
02. Written Warning
03. Infraction
04. Arrest/Summons

VIOLATION STATUTES: 14-230(A)

DRUG/ALCOHOL INFORMATION

ALCOHOL TEST STATUS: 01
01. Test Not Given
02. Test Refused
03. Test Given
99. Unknown if Tested

TYPE OF ALCOHOL TEST: 88
01. Blood
02. Urine
03. Breath
88. Not Applicable
97. Other

DRUG TEST STATUS: 01
01. Test Not Given
02. Test Refused
03. Test Given
99. Unknown if Tested

TYPE OF DRUG TEST: 88
01. Blood
02. Urine
88. Not Applicable
97. Other

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Motor Vehicle Driver Information
Complete One Sheet Per Driver

Motor Vehicle ID: 2
Person ID: 2

Case Number: 24-53901-AC
DOT Identifier: *For DOT use only*

Name *(Last, First, Middle, Suffix)*: RIOS, JOMAR ALEXIS
Street Address *or PO Box:* 61 HENRY ST Apt A4
City: NORWICH State or Prov: CT Postal Code: 06360
Phone/Email *(optional)*: 860-560-2933(h)

GENDER: 01 (01. Male, 02. Female, 99. Unknown)
DATE OF BIRTH *(YYYYMMDD)*: 19921026 ☐ Date of Birth is unknown

LICENSE INFO

For all numeric fields: 99 = 'Unknown'

LICENSE NUMBER: 229041196
STATE: CT

DRIVER LICENSE JURISDICTION: 02
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

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

COMMERCIAL LICENSE: ☐
01. No
02. Yes

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

DRIVER INFORMATION

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

RESTRAINT SYSTEM: 01
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

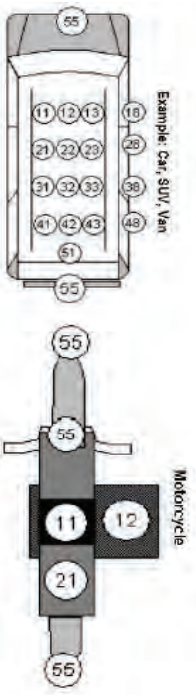
HELMET USE: 88
01. No Helmet
02. DOT-Compliant Motorcycle Helmet
03. Helmet, Other Than DOT-Compliant Motorcycle Helmet
04. Helmet, Unknown If DOT-Compliant
88. Not Applicable

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

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

SEATING POSITION FIRST DIGIT: 11
1_. Front Row

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
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

DRIVER DISTRACTED BY: 01
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

CONDITION AT TIME OF CRASH *(choose up to 2)*: 01
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
99. Unknown

INJURY AND EMS INFORMATION

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

TRANSPORTED TO FIRST MEDICAL FACILITY BY: 01
01. Not Transported
02. EMS Air
03. EMS Ground
04. Law Enforcement
97. Other

EMS COMPANY NAME
EMS RUN NUMBER
INTENDED RECEIVING FACILITY

ENFORCEMENT ACTIONS TAKEN

ACTION BY OFFICER: 00
00. No Action
01. Verbal Warning
02. Written Warning
03. Infraction
04. Arrest/Summons

VIOLATION STATUTES

DRUG/ALCOHOL INFORMATION

ALCOHOL TEST STATUS: 01
01. Test Not Given
02. Test Refused
03. Test Given
99. Unknown if Tested

TYPE OF ALCOHOL TEST: 88
01. Blood
02. Urine
03. Breath
88. Not Applicable
97. Other

DRUG TEST STATUS: 01
01. Test Not Given
02. Test Refused
03. Test Given
99. Unknown if Tested

TYPE OF DRUG TEST: 88
01. Blood
02. Urine
88. Not Applicable
97. Other

Norwich Police Department
Images Associated with 24-53901-AC













Norwich Police Department
Images Associated with 24-53901-AC













Norwich Police Department
Images Associated with 24-53901-AC













Norwich Police Department
Images Associated with 24-53901-AC





CONNECTICUT UNIFORM POLICE CRASH REPORT

Form PR-1 REV July 2014.01

Crash Summary (Front)

Number of Motor Vehicles: *Automobiles, Motorcycles, etc.* **1**

Number of Non-Motorists: *Pedestrians, Bicyclists, etc.* **0**

Case Number: **24-56449-AC**

DOT Identifier: *For DOT use only*

CRASH DATE, TIME, SEVERITY, AND LOCATION

Date of Crash *(YYYYMMDD)*: **2024 1223**

Time *(0000-2359)*: **1355**

Town Name: **NORWICH**

Town#: **104**

Crash Severity: ○ Fatal ○ Injury ● PDO

Latitude: **+041.556780**

Crash occurred on (street name or route #): **HUNTERS RD**

at:

Longitude: **-072.051830**

If not at an intersection: distance **600** ● Feet ○ Tenths of Mile

N,S,E,W: **W**

of name of nearest intersecting road, town line, or mile marker: **NORWICH AVE**

For all numeric fields: 99 = 'Unknown'

CRASH FACTORS AND CONDITIONS

TRAFFICWAY OWNERSHIP — 01
01. Public Road
02. Private Road
88. Not Applicable

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

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

WEATHER CONDITIONS *(choose up to 2)* — 01
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

TRAFFICWAY SURFACE CONDITIONS — 01
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

LOCATION OF FIRST HARMFUL EVENT — 01
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)*

CRASH-SPECIFIC LOCATION — 01
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

TYPE OF INTERSECTION — 01
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

SCHOOL BUS RELATED — 01
01. No
02. Yes, a school bus was directly involved
03. Yes, a school bus was indirectly involved

FIRST HARMFUL EVENT — 33

Non-Collision:
01. Overturn/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

Collision with Person, Vehicle, or Non-Fixed Object:
09. Pedestrian
10. Pedalcycle/Pedalcyclist
11. Other Non-motorist
12. Railway Vehicle *(train, engine)*
40. Deer
13. Animal Other Than Deer *(live)*
14. Motor Vehicle in Operation
15. Parked Motor Vehicle
16. Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle
17. Work Zone/Maintenance Equipment
18. 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)* — 88
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

CONTRIBUTING CIRCUMSTANCES, ENVIRONMENTAL *(choose up to 3)* — 00
00. None
01. Weather Conditions
02. Visual Obstruction(s)
03. Glare
04. Animal(s) in Roadway
88. Not Applicable
97. Other

CONTRIBUTING CIRCUMSTANCES, ROAD *(choose up to 3)* — 00
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

For all numeric fields: 99 = 'Unknown'

WORK ZONE CRASH INFORMATION

Complete all for crashes occurring in a Work Zone

WORK ZONE — 01
01. No
02. Yes

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

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

WORKERS PRESENT — 88
01. No
02. Yes
88. Not Applicable

ENFORCEMENT PRESENT — 88
01. No
02. Yes
88. Not Applicable

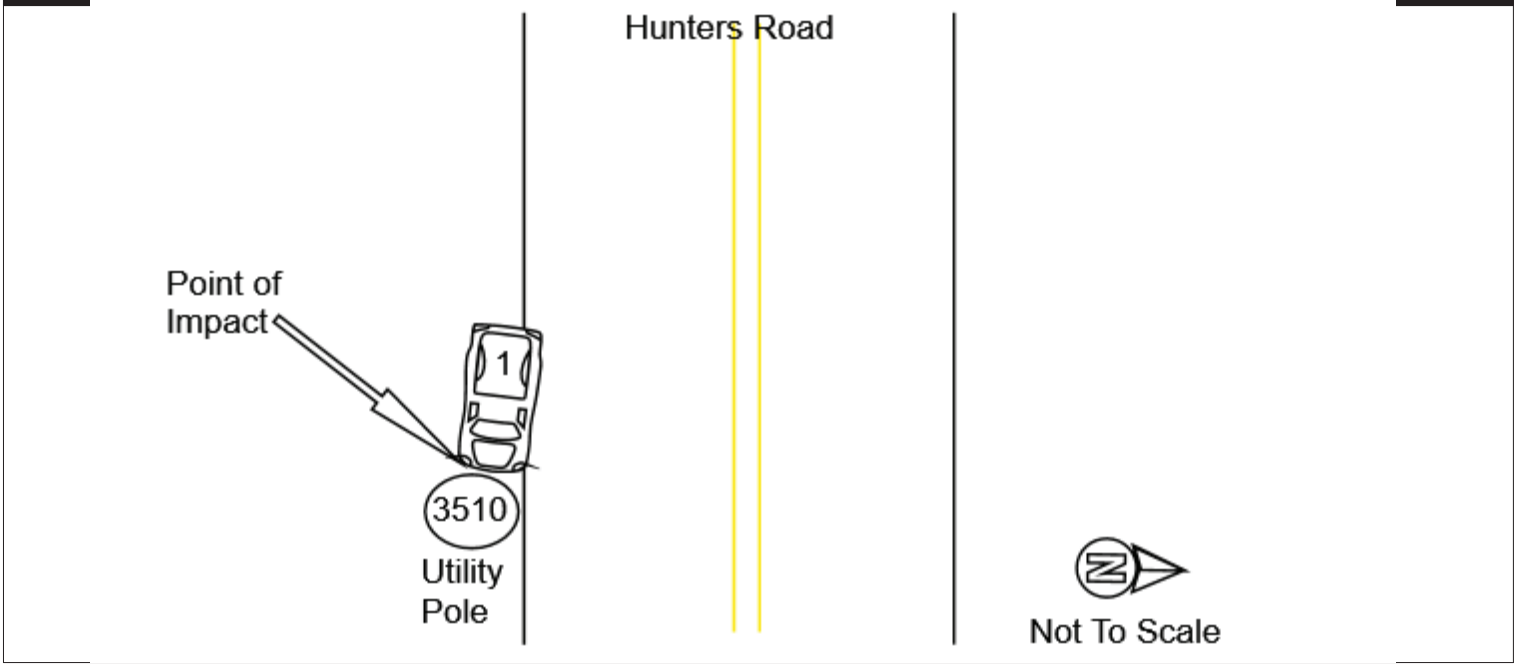
CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Crash Summary (Back)

Case Number: 24-56449-AC

DOT Identifier: *For DOT use only*

DIAGRAM



☐ Vehicles were moved prior to police arrival

Please indicate the direction of North within the diagram

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

I responded to a (1) car accident with injuries on Hunters Road.
I located a gray Ram pickup with heavy front end damage and full air bag deployment into a Frontier Utility Pole (#3510).
Op1 was out of the vehicle and declined medical services. Op1 stated he swerved to avoid striking a dog and struck the Utility Pole.
Op1 was issued a Citation for C.G.S 14-230 and C.G.S 14-13.
Northeast Towing removed the vehicle. Photos are attached.
Case closed.

Related Incident Number	Officer First Name	Officer Last Name	Badge Number	Police Agency Code
	Stephen	Losty	1101	001040

Case Status
O - Open
C- Closed
C

Officer Signature: Stephen Losty

Date & Time: 2024122820290

Supervisor:

Date & Time:

☐ This report is a revision to a previously submitted report

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Motor Vehicle ID: 1
Number of Occupants in Vehicle: 1 *(including the driver)*

Motor Vehicle Information (Front)
Complete One Sheet Per Motor Vehicle

Case Number: 24-56449-AC
DOT Identifier: *For DOT use only*

MOTOR VEHICLE INFORMATION

VIN: 1C6RR7MT6ES320176 ☐ VIN missing or removed ☐ Driver Evaded Responsibility
Plate #: C296216 ☐ Invalid Plate ☐ No Plate
Make: RAM Color: GRAY Plate State: CT
Model: 1500 Year: 2014 Direction of Travel N, S, E, W
Total lanes in roadway: 2
Road on which vehicle was traveling: HUNTERS RD E ☐ Vehicle was not in roadway ☐ Unknown direction
☐ Bike lanes/sharrows present

MOTOR VEHICLE CRASH INFORMATION

For all numeric fields: 99 = 'Unknown'

SEQUENCE OF EVENTS
(choose up to four, in chronological order)

Non-Collision
01. Overturn/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 Centerline
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. Pedalcycle/Pedacyclist
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

1st: 41
2nd: 01
3rd:
4th:
Most Harmful Event: 41

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

01

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

00
88

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

35

TOWED
01. Towed Due to Disabling Damage
02. Towed, But Not Due to Disabling Damage
03. Not Towed

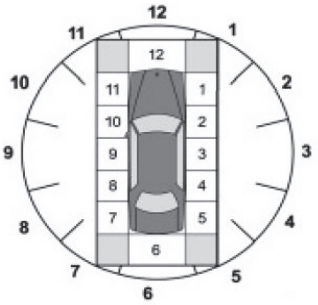
01

TOWED TO
NORTHEAST TOWING

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. Motorcoach
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

05

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

12

Damaged Areas
00. None
14. Top
15. Undercarriage
17. All Areas
88. Applicable

12

EXTENT OF DAMAGE
01. No Visible Damage
02. Minor Damage
03. Functional Damage
04. Disabling Damage

04

MOTOR VEHICLE TYPE
01. Motor Vehicle in Operation
02. Parked Motor Vehicle
03. Working Vehicle/Equipment
04. Non-Collision Vehicle

01

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

01

ROADWAY GRADE
01. Level
02. Uphill
03. Hill Crest
04. Downhill
05. Sag *(bottom)*

01

ROADWAY ALIGNMENT
01. Straight
02. Curve Left
03. Curve Right

01

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

01

TRAFFIC CONTROL DEVICE FUNCTIONAL?
01. No
02. Yes
03. Missing
88. Not Applicable

88

INSURANCE INFORMATION

INSURANCE COMPANY	INSURANCE POLICY NUMBER	INSURANCE EXPIRATION DATE (yyyymmdd)
COVENANT INSURANCE	ALT0106467	

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Motor Vehicle Information (Back)
Complete One Sheet Per Motor Vehicle

Case Number: **24-56449-AC**

DOT Identifier: *For DOT use only*

MOTOR VEHICLE OWNERSHIP INFORMATION

Vehicle Owner Name *(Last, First, Middle, Suffix)* ☒ Information same as driver

RAYMOND, GARY J

Street Address or Post Office Box

213 BUNDY HILL RD

City	State/Prov	Country	Postal Code
LISBON	**CT**	**UNITED STATES**	**06351**

Email Address *(optional)*

Phone *(optional)* **860-886-4635**

SPECIAL VEHICLE FUNCTION

01

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

EMERGENCY VEHICLE

88

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

BUS USE

88

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

PROPERTY DAMAGED

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

NATURE AND EXTENT OF DAMAGE TO PROPERTY 1 [DAMAGED BY VEHICLE ID = 1]

UTILITY POLE, 1, Est. Val: $5000.00
Destroyed/Damaged/Vandalized, UTILITY POLE

NAME OF OWNER OF PROPERTY 1

FRONTIER COMMUNICATIONS

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
Form PR-1 REV June 2014.01

Motor Vehicle Driver Information
Complete One Sheet Per Driver

Motor Vehicle ID: **1**
Person ID: **1**

Case Number: **24-56449-AC**
DOT Identifier: *For DOT use only*

Name *(Last, First, Middle, Suffix)*: **RAYMOND, GARY J**
Street Address *or PO Box:* **213 BUNDY HILL RD**
City: **LISBON** State or Prov: **CT** Postal Code: **06351**
Phone/Email *(optional)*: **860-886-4635(h)**

GENDER: 01. Male, 02. Female, 99. Unknown — **01**

DATE OF BIRTH *(YYYYMMDD)*: **1 9 6 5 0 8 0 1** ☐ Date of Birth is unknown

LICENSE INFO

For all numeric fields: 99 = 'Unknown'

LICENSE NUMBER: **084469237**
STATE: **CT**

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 — **02**

LICENSE CLASS: 00. None, 01. Class A, 02. Class B, 03. Class C, 04. Class D, 05. Class M, 88. Not Applicable — **04**

COMMERCIAL LICENSE: 01. No, 02. Yes — ☐

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

DRIVER INFORMATION

EJECTION: 01. Not Ejected, 02. Ejected, Partially, 03. Ejected, Totally, 88. Not Applicable — **01**

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 — **99**

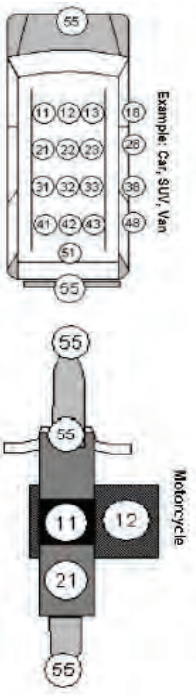
HELMET USE: 01. No Helmet, 02. DOT-Compliant Motorcycle Helmet, 03. Helmet, Other Than DOT-Compliant Motorcycle Helmet, 04. Helmet, Unknown If DOT-Compliant, 88. Not Applicable — **88**

AIRBAG: 01. Not Deployed, 02. Deployed-Front, 03. Deployed-Side, 04. Deployed-Curtain, 05. Deployed-Other, 06. Deployed-Combination, 88. Not Applicable — **06**

SPEED RELATED: 01. No, 02. Racing, 03. Exceeded Speed Limit, 04. Too Fast for Conditions — **99**

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 — **99**

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 — **99**

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, 99. Unknown — **01**

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 — **01**

EMS COMPANY NAME
EMS RUN NUMBER
INTENDED RECEIVING FACILITY

ENFORCEMENT ACTIONS TAKEN

ACTION BY OFFICER: 00. No Action, 01. Verbal Warning, 02. Written Warning, 03. Infraction, 04. Arrest/Summons — **03**

VIOLATION STATUTES: **14-230(A)**

DRUG/ALCOHOL INFORMATION

ALCOHOL TEST STATUS: 01. Test Not Given, 02. Test Refused, 03. Test Given, 99. Unknown if Tested — **01**

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 — **01**

TYPE OF DRUG TEST: 01. Blood, 02. Urine, 88. Not Applicable, 97. Other — **88**

Norwich Police Department
Images Associated with 24-56449-AC









CONNECTICUT UNIFORM POLICE CRASH REPORT

Form PR-1 REV July 2014.01

Crash Summary (Front)

Number of Motor Vehicles: *Automobiles, Motorcycles, etc.* **1**

Number of Non-Motorists: *Pedestrians, Bicyclists, etc.* **0**

Case Number: **24-56961-AC**

DOT Identifier: *For DOT use only*

CRASH DATE, TIME, SEVERITY, AND LOCATION

Date of Crash *(YYYYMMDD)*: **20241228**

Time *(0000-2359)*: **0504**

Town Name: **NORWICH**

Town#: **104**

Crash Severity: ○ Fatal ○ Injury ● PDO

Latitude: **+041.560100**

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

126 HUNTERS RD at

Longitude: **-072.059300**

If not at an intersection: distance **150** ● Feet ○ Tenths of Mile N,S,E,W **E** of name of nearest intersecting road, town line, or mile marker: **OAKLAND DR**

For all numeric fields: 99 = 'Unknown'

CRASH FACTORS AND CONDITIONS

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

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

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

WEATHER CONDITIONS *(choose up to 2)*
06
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

TRAFFICWAY SURFACE CONDITIONS
05
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

LOCATION OF FIRST HARMFUL EVENT
01
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)*

CRASH-SPECIFIC LOCATION
01
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

TYPE OF INTERSECTION
01
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

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

FIRST HARMFUL EVENT
18

Non-Collision:
01. Overturn/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

Collision with Person, Vehicle, or Non-Fixed Object:
09. Pedestrian
10. Pedalcycle/Pedalcyclist
11. Other Non-motorist
12. Railway Vehicle *(train, engine)*
40. Deer
13. Animal Other Than Deer *(live)*
14. Motor Vehicle in Operation
15. Parked Motor Vehicle
16. Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle
17. Work Zone/Maintenance Equipment
18. 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)*
88
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

CONTRIBUTING CIRCUMSTANCES, ENVIRONMENTAL *(choose up to 3)*
01
00. None
01. Weather Conditions
02. Visual Obstruction(s)
03. Glare
04. Animal(s) in Roadway
88. Not Applicable
97. Other

CONTRIBUTING CIRCUMSTANCES, ROAD *(choose up to 3)*
00
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

For all numeric fields: 99 = 'Unknown'

WORK ZONE CRASH INFORMATION

Complete all for crashes occurring in a Work Zone

WORK ZONE
01
01. No
02. Yes

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

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

WORKERS PRESENT
88
01. No
02. Yes
88. Not Applicable

ENFORCEMENT PRESENT
88
01. No
02. Yes
88. Not Applicable

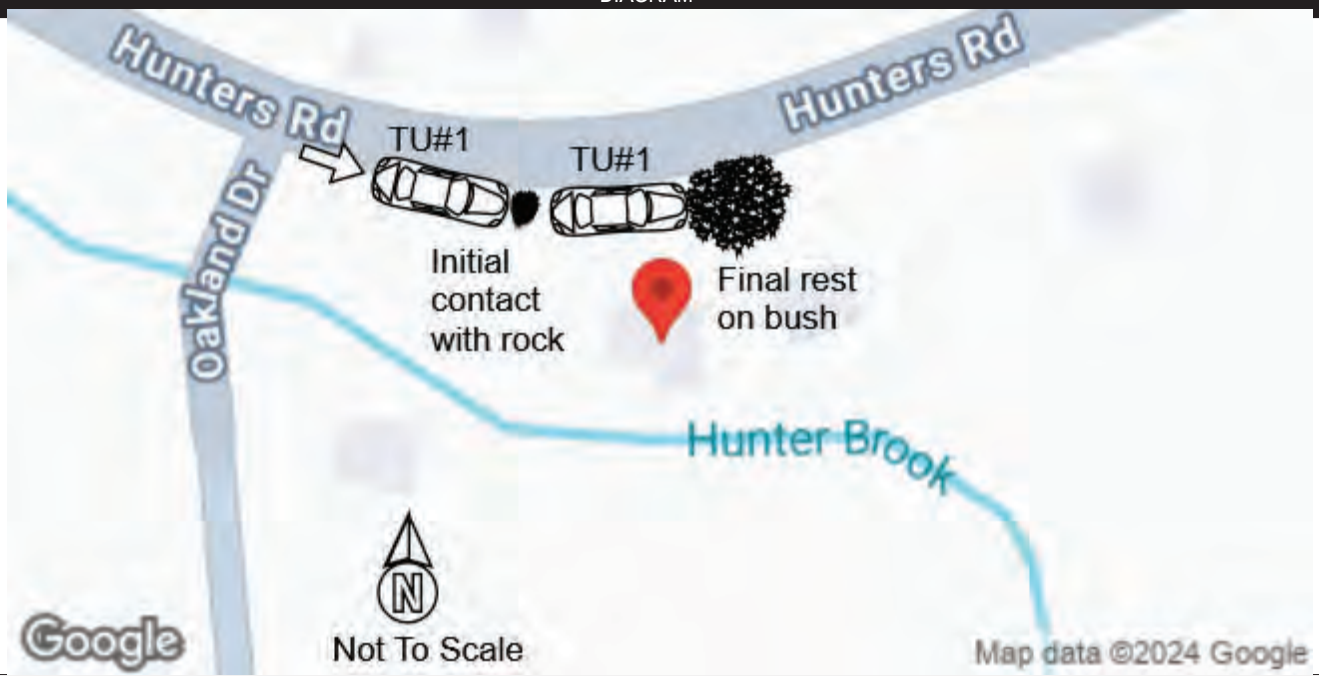
CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Crash Summary (Back)

Case Number: 24-56961-AC

DOT Identifier: *For DOT use only*

DIAGRAM



☐ Vehicles were moved prior to police arrival

Please indicate the direction of North within the diagram

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

TU#1 was traveling East on Hunters Road, intending to continue in that direction. As it was approaching the curve near 126 Hunters Road, TU#1 left the roadway to the right. TU#1 traveled on the shoulder for a short distance before making contact with a large rock near the driveway of 126 Hunters Road. TU#1 then crossed the driveway and made contact with more rocks and a bush.

I observed disabling damage to TU#1 to include heavy front and undercarriage damage. OP#1 was uninjured and stated he lost control coming around the corner. At the time, it had been raining and the temperature was below freezing resulting in some icing of the roadway.

A large rock was left in the driveway of 126 Hunters Road and a bush was damaged along the driveway.

TU#1 was removed by Northeast Towing, assigned by rotation.

OP#1 was issued a Written Warning for CGS 14-218a*, Traveling Too Fast for Conditions.

Case Closed.

Related Incident Number	Officer First Name	Officer Last Name	Badge Number	Police Agency Code
	Anthony	Marceau	1032	001040

Case Status
O - Open
C- Closed
O

Officer Signature: Anthony Marceau

Date & Time: 2024123 0410

Supervisor:

Date & Time:

☐ This report is a revision to a previously submitted report

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Motor Vehicle ID: 1
Number of Occupants in Vehicle: 1 *(including the driver)*
Motor Vehicle Information (Front) *Complete One Sheet Per Motor Vehicle*
Case Number: 24-56961-AC
DOT Identifier: *For DOT use only*

MOTOR VEHICLE INFORMATION

VIN: J M 3 K E 4 D Y 9 G 0 6 2 6 3 2 6 ☐ VIN missing or removed ☐ Driver Evaded Responsibility
Plate #: AW61067 ☐ Invalid Plate ☐ No Plate
Make: MAZDA Color: RED Plate State: CT
Model: CX-5 Year: 2016
Direction of Travel N, S, E, W
Total lanes in roadway: 2
Road on which vehicle was traveling: HUNTERS RD E ☐ Vehicle was not in roadway ☐ Unknown direction
☐ Bike lanes/sharrows present

MOTOR VEHICLE CRASH INFORMATION

For all numeric fields: 99 = 'Unknown'

SEQUENCE OF EVENTS
(choose up to four, in chronological order)

Non-Collision
01. Overturn/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 Centerline
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. Pedalcycle/Pedacyclist
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

1st: 08
2nd:
3rd:
4th:
Most Harmful Event: 08

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

02

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

00
88

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

25

TOWED
01. Towed Due to Disabling Damage
02. Towed, But Not Due to Disabling Damage
03. Not Towed

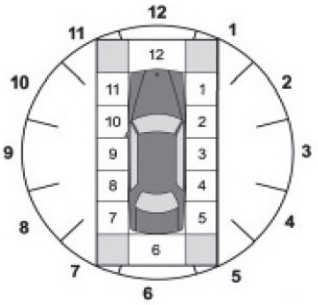
01

TOWED TO
NORTHEAST TOWING

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. Motorcoach
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

02

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

12

Damaged Areas
00. None
14. Top
15. Undercarriage
17. All Areas
88. Applicable

12
15

EXTENT OF DAMAGE
01. No Visible Damage
02. Minor Damage
03. Functional Damage
04. Disabling Damage

04

MOTOR VEHICLE TYPE
01. Motor Vehicle in Operation
02. Parked Motor Vehicle
03. Working Vehicle/Equipment
04. Non-Collision Vehicle

01

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

01

ROADWAY GRADE
01. Level
02. Uphill
03. Hill Crest
04. Downhill
05. Sag *(bottom)*

04

ROADWAY ALIGNMENT
01. Straight
02. Curve Left
03. Curve Right

02

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

01

TRAFFIC CONTROL DEVICE FUNCTIONAL?
01. No
02. Yes
03. Missing
88. Not Applicable

88

INSURANCE INFORMATION

INSURANCE COMPANY	INSURANCE POLICY NUMBER	INSURANCE EXPIRATION DATE (yyyymmdd)
PROGRESSIVE	95105976	

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Motor Vehicle Information (Back)
Complete One Sheet Per Motor Vehicle

Case Number: **24-56961-AC**

DOT Identifier: *For DOT use only*

MOTOR VEHICLE OWNERSHIP INFORMATION

Vehicle Owner Name *(Last, First, Middle, Suffix)* ☒ Information same as driver

VISALDEN-FIGUERO, LUIS A

Street Address or Post Office Box

12 BALABAN RD Apt 308

City	State/Prov	Country	Postal Code
COLCHESTER	**CT**	**UNITED STATES**	**06415**

Email Address *(optional)* | Phone *(optional)*

SPECIAL VEHICLE FUNCTION — **01**
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

EMERGENCY VEHICLE — **88**
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

BUS USE — **01**
01. Not a Bus
02. School
03. Transit/Commuter
04. Intercity
05. Charter/Tour
06. Shuttle

PROPERTY DAMAGED

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

NATURE AND EXTENT OF DAMAGE TO PROPERTY 1 [DAMAGED BY VEHICLE ID = 1]

SEVERAL LARGE ROCKS, SMALL BUSHES, 1, Est. Val: $1000.00
Destroyed/Damaged/Vandalized, ROCKS MOVED AND BUSH RAN OVER

NAME OF OWNER OF PROPERTY 1

CHMIELEWSKI, CHERYL

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
Form PR-1 REV June 2014.01

Motor Vehicle Driver Information
Complete One Sheet Per Driver

Motor Vehicle ID: **1**
Person ID: **1**
Case Number: **24-56961-AC**
DOT Identifier: *For DOT use only*

Name *(Last, First, Middle, Suffix)*: **VISALDEN-FIGUERO, LUIS A**
Street Address *or PO Box:* **12 BALABAN RD Apt 308**
City: **COLCHESTER** State or Prov: **CT** Postal Code: **06415**
Phone/Email *(optional)*:

GENDER: 01. Male, 02. Female, 99. Unknown — **01**
DATE OF BIRTH *(YYYYMMDD)*: **1 9 8 9 1 2 1 3**
☐ Date of Birth is unknown

LICENSE INFO

For all numeric fields: 99 = 'Unknown'

LICENSE NUMBER: **129527066**
STATE: **CT**

DRIVER LICENSE JURISDICTION: **02**
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

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

COMMERCIAL LICENSE:
01. No
02. Yes

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

DRIVER INFORMATION

EJECTION: **01**
01. Not Ejected
02. Ejected, Partially
03. Ejected, Totally
88. Not Applicable

RESTRAINT SYSTEM: **01**
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

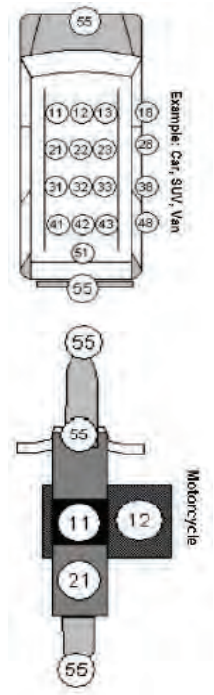
HELMET USE: **88**
01. No Helmet
02. DOT-Compliant Motorcycle Helmet
03. Helmet, Other Than DOT-Compliant Motorcycle Helmet
04. Helmet, Unknown If DOT-Compliant
88. Not Applicable

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

SPEED RELATED: **04**
01. No
02. Racing
03. Exceeded Speed Limit
04. Too Fast for Conditions

SEATING POSITION FIRST DIGIT: **11**
1_. Front Row

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)*: **02**
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

DRIVER DISTRACTED BY: **99**
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

CONDITION AT TIME OF CRASH *(choose up to 2)*: **01**
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
99. Unknown

INJURY AND EMS INFORMATION

INJURY STATUS: **O**
K. Fatal Injury
A. Suspected Serious Injury
B. Suspected Minor Injury
C. Possible Injury
O. No Apparent Injury

TRANSPORTED TO FIRST MEDICAL FACILITY BY: **01**
01. Not Transported
02. EMS Air
03. EMS Ground
04. Law Enforcement
97. Other

EMS COMPANY NAME
EMS RUN NUMBER
INTENDED RECEIVING FACILITY

ENFORCEMENT ACTIONS TAKEN

ACTION BY OFFICER: **02**
00. No Action
01. Verbal Warning
02. Written Warning
03. Infraction
04. Arrest/Summons

VIOLATION STATUTES: **14-218A***

DRUG/ALCOHOL INFORMATION

ALCOHOL TEST STATUS: **01**
01. Test Not Given
02. Test Refused
03. Test Given
99. Unknown if Tested

TYPE OF ALCOHOL TEST: **88**
01. Blood
02. Urine
03. Breath
88. Not Applicable
97. Other

DRUG TEST STATUS: **01**
01. Test Not Given
02. Test Refused
03. Test Given
99. Unknown if Tested

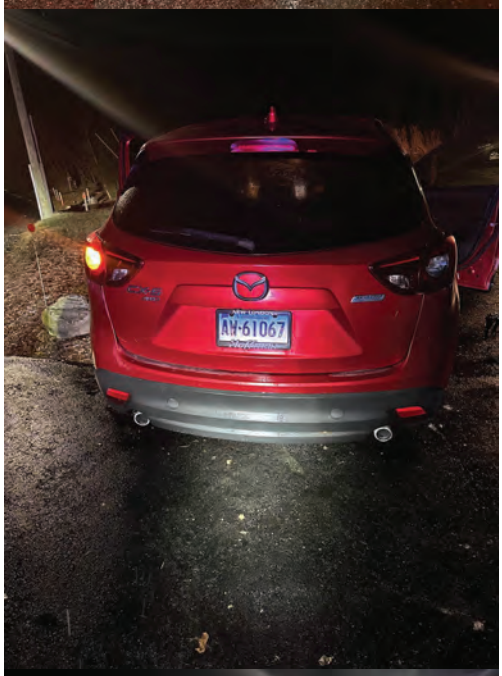
TYPE OF DRUG TEST: **88**
01. Blood
02. Urine
88. Not Applicable
97. Other

Norwich Police Department
Images Associated with 24-56961-AC

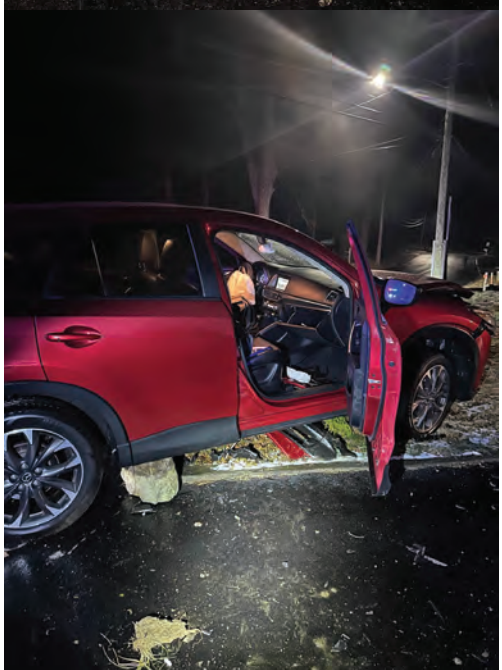












Norwich Police Department
Images Associated with 24-56961-AC









CONNECTICUT UNIFORM POLICE CRASH REPORT

Form PR-1 REV July 2014.01

Crash Summary (Front)

Number of Motor Vehicles: *Automobiles, Motorcycles, etc.* **2**

Number of Non-Motorists: *Pedestrians, Bicyclists, etc.* **0**

Case Number: **25-5224-AC**

DOT Identifier: *For DOT use only*

CRASH DATE, TIME, SEVERITY, AND LOCATION

Date of Crash *(YYYYMMDD)*: **2025 0203**

Time *(0000-2359)*: **0647**

Town Name: **NORWICH**

Town#: **104**

Crash Severity: ○ Fatal ● Injury ○ PDO

Latitude: **+041.560440**

Crash occurred on (street name or route #) at its intersection with (street name or route #): **230 HUNTERS RD** at

Longitude: **-072.068572**

If not at an intersection: distance **100** ● Feet ○ Tenths of Mile N,S,E,W **E** of name of nearest intersecting road, town line, or mile marker: **HARLAND RD**

For all numeric fields: 99 = 'Unknown'

CRASH FACTORS AND CONDITIONS

TRAFFICWAY OWNERSHIP — 01
01. Public Road
02. Private Road
88. Not Applicable

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

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

WEATHER CONDITIONS *(choose up to 2)* — 01
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

TRAFFICWAY SURFACE CONDITIONS — 04
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

LOCATION OF FIRST HARMFUL EVENT — 01
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)*

CRASH-SPECIFIC LOCATION — 03
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

TYPE OF INTERSECTION — 03
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

SCHOOL BUS RELATED — 01
01. No
02. Yes, a school bus was directly involved
03. Yes, a school bus was indirectly involved

FIRST HARMFUL EVENT — 14

Non-Collision:
01. Overturn/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

Collision with Person, Vehicle, or Non-Fixed Object:
09. Pedestrian
10. Pedalcycle/Pedalcyclist
11. Other Non-motorist
12. Railway Vehicle *(train, engine)*
40. Deer
13. Animal Other Than Deer *(live)*
14. Motor Vehicle in Operation
15. Parked Motor Vehicle
16. Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle
17. Work Zone/Maintenance Equipment
18. 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)* — 02
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

CONTRIBUTING CIRCUMSTANCES, ENVIRONMENTAL *(choose up to 3)* — 00
00. None
01. Weather Conditions
02. Visual Obstruction(s)
03. Glare
04. Animal(s) in Roadway
88. Not Applicable
97. Other

CONTRIBUTING CIRCUMSTANCES, ROAD *(choose up to 3)* — 05
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

For all numeric fields: 99 = 'Unknown'

WORK ZONE CRASH INFORMATION

Complete all for crashes occurring in a Work Zone

WORK ZONE — 01
01. No
02. Yes

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

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

WORKERS PRESENT — 88
01. No
02. Yes
88. Not Applicable

ENFORCEMENT PRESENT — 88
01. No
02. Yes
88. Not Applicable

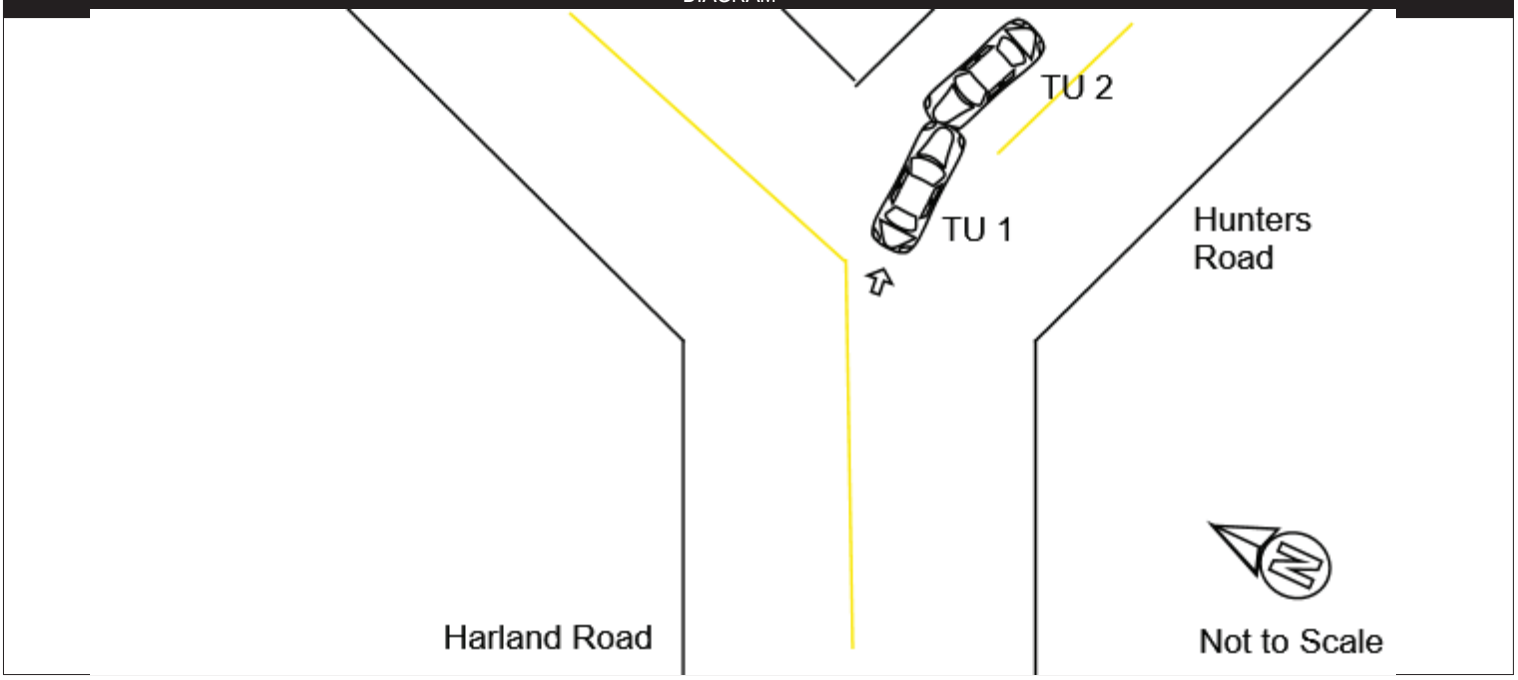
CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Crash Summary (Back)

Case Number: 25-5224-AC

DOT Identifier: *For DOT use only*

DIAGRAM



☐ Vehicles were moved prior to police arrival

Please indicate the direction of North within the diagram

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

TU 1 was traveling North on Harland Road turning right onto Hunters Road. TU 2 was traveling West on Hunters Road slowing near the intersection with Harland Road. TU 1 lost traction with the roadway surface skidding into the on-coming lane and striking TU 2. TU 1 sustained functional damage to the front left bumper and fender. TU 2 sustained disabling damage to the front end. Photographs of the scene taken, no injuries reported. OP 1 stated he could not control the vehicle once it started to skid. It should be noted that the roadway was covered in snow and slush. OP 1 was issued a written warning for traveling too fast for conditions, CGS 14-218a*. TU 2 was towed from the scene by NPD rotation list. Northeast Towing removed the vehicle and the vehicle inventory was completed. The electronic divers exchange was completed and provided to the involved parties. Closed, Negative NCIC.

Related Incident Number	Officer First Name	Officer Last Name	Badge Number	Police Agency Code
	Rodman	Cappiello	1019	001040

Case Status
O - Open
C- Closed
C

Officer Signature: Rodman Cappiello

Date & Time: 2025020312 14

Supervisor:

Date & Time:

☐ This report is a revision to a previously submitted report

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Motor Vehicle ID: 1
Number of Occupants in Vehicle: 1 *(including the driver)*

Motor Vehicle Information (Front)
Complete One Sheet Per Motor Vehicle

Case Number: 25-5224-AC
DOT Identifier: *For DOT use only*

MOTOR VEHICLE INFORMATION

VIN: 1 J 4 G L 4 8 K X 6 W 1 6 7 6 9 4 ☐ VIN missing or removed ☐ Driver Evaded Responsibility
Plate #: BM27741 ☐ Invalid Plate ☐ No Plate
Make: JEEP(AFTER 1988) Color: ALUMINUM Plate State: CT
Model: LIBERTY Year: 2006
Direction of Travel N, S, E, W
Total lanes in roadway: 2
Road on which vehicle was traveling: HARLAND RD N ☐ Vehicle was not in roadway ☐ Unknown direction
☐ Bike lanes/sharrows present

MOTOR VEHICLE CRASH INFORMATION

For all numeric fields: 99 = 'Unknown'

SEQUENCE OF EVENTS
(choose up to four, in chronological order)

Non-Collision
01. Overturn/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 Centerline
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. Pedalcycle/Pedacyclist
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

1st: 22
2nd:
3rd:
4th:

Most Harmful Event: 22

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

06

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

00
88

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

25

TOWED
01. Towed Due to Disabling Damage
02. Towed, But Not Due to Disabling Damage
03. Not Towed

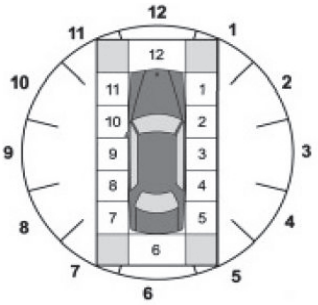
03

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. Motorcoach
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

02

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

11

Damaged Areas
00. None
14. Top
15. Undercarriage
17. All Areas
88. Applicable

11

EXTENT OF DAMAGE
01. No Visible Damage
02. Minor Damage
03. Functional Damage
04. Disabling Damage

03

MOTOR VEHICLE TYPE
01. Motor Vehicle in Operation
02. Parked Motor Vehicle
03. Working Vehicle/Equipment
04. Non-Collision Vehicle

01

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

01

ROADWAY GRADE
01. Level
02. Uphill
03. Hill Crest
04. Downhill
05. Sag *(bottom)*

01

ROADWAY ALIGNMENT
01. Straight
02. Curve Left
03. Curve Right

01

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

03

TRAFFIC CONTROL DEVICE FUNCTIONAL?
01. No
02. Yes
03. Missing
88. Not Applicable

02

INSURANCE INFORMATION

INSURANCE COMPANY	INSURANCE POLICY NUMBER	INSURANCE EXPIRATION DATE (yyyymmdd)
ALLSTATE	984571306	

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Motor Vehicle ID: 2
Number of Occupants in Vehicle: 1 *(including the driver)*
Motor Vehicle Information (Front) *Complete One Sheet Per Motor Vehicle*
Case Number: 25-5224-AC
DOT Identifier: *For DOT use only*

MOTOR VEHICLE INFORMATION

VIN: 3GNAXKEV4KL387410 ☐ VIN missing or removed ☐ Driver Evaded Responsibility
Plate #: AV84146 ☐ Invalid Plate ☐ No Plate
Make: CHEVROLET Color: BLUE Plate State: CT
Model: EQUINOX Year: 2019
Direction of Travel N, S, E, W
Total lanes in roadway: 2
Road on which vehicle was traveling: HUNTERS RD W ☐ Vehicle was not in roadway ☐ Unknown direction
☐ Bike lanes/sharrows present

MOTOR VEHICLE CRASH INFORMATION

For all numeric fields: 99 = 'Unknown'

SEQUENCE OF EVENTS
(choose up to four, in chronological order)

Non-Collision
01. Overturn/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 Centerline
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. Pedalcycle/Pedacyclist
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

1st: 22
2nd:
3rd:
4th:
Most Harmful Event: 22

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

11

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

00
88

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

25

TOWED
01. Towed Due to Disabling Damage
02. Towed, But Not Due to Disabling Damage
03. Not Towed

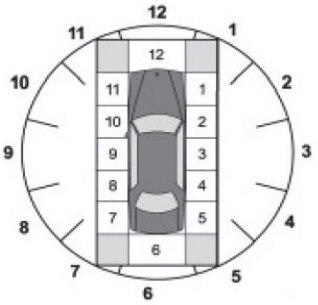
01

TOWED TO
NORTHEAST TOWING

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. Motorcoach
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

02

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

12

Damaged Areas
00. None
14. Top
15. Undercarriage
17. All Areas
88. Applicable

12
11
01

EXTENT OF DAMAGE
01. No Visible Damage
02. Minor Damage
03. Functional Damage
04. Disabling Damage

04

MOTOR VEHICLE TYPE
01. Motor Vehicle in Operation
02. Parked Motor Vehicle
03. Working Vehicle/Equipment
04. Non-Collision Vehicle

01

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

01

ROADWAY GRADE
01. Level
02. Uphill
03. Hill Crest
04. Downhill
05. Sag *(bottom)*

01

ROADWAY ALIGNMENT
01. Straight
02. Curve Left
03. Curve Right

01

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

03

TRAFFIC CONTROL DEVICE FUNCTIONAL?
01. No
02. Yes
03. Missing
88. Not Applicable

02

INSURANCE INFORMATION

INSURANCE COMPANY	INSURANCE POLICY NUMBER	INSURANCE EXPIRATION DATE (yyyymmdd)
USAA	049719500g71028	

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Motor Vehicle Information (Back)
Complete One Sheet Per Motor Vehicle

Case Number: **25-5224-AC**

DOT Identifier: *For DOT use only*

MOTOR VEHICLE OWNERSHIP INFORMATION

Vehicle Owner Name *(Last, First, Middle, Suffix)* ☒ Information same as driver

URBAN, COLBY J

Street Address or Post Office Box

8 LATHAM HILL RD

City	State/Prov	Country	Postal Code
COLUMBIA	**CT**	**UNITED STATES**	**06237**

Email Address *(optional)* | Phone *(optional)*

SPECIAL VEHICLE FUNCTION — **01**
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

EMERGENCY VEHICLE — **88**
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

BUS USE — **01**
01. Not a Bus
02. School
03. Transit/Commuter
04. Intercity
05. Charter/Tour
06. Shuttle

PROPERTY DAMAGED

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

NATURE AND EXTENT OF DAMAGE TO PROPERTY 1

NAME OF OWNER OF PROPERTY 1

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
Form PR-1 REV June 2014.01

Motor Vehicle Information (Back)
Complete One Sheet Per Motor Vehicle

Case Number: **25-5224-AC**

DOT Identifier: *For DOT use only*

MOTOR VEHICLE OWNERSHIP INFORMATION

Vehicle Owner Name *(Last, First, Middle, Suffix)* ☐ Information same as driver

PELLETIER, ALICE

Street Address or Post Office Box

174 KIMBALL RD

City	State/Prov	Country	Postal Code
LISBON	**CT**		**06351**

Email Address *(optional)* | Phone *(optional)*

SPECIAL VEHICLE FUNCTION — **01**
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

EMERGENCY VEHICLE — **88**
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

BUS USE — **01**
01. Not a Bus
02. School
03. Transit/Commuter
04. Intercity
05. Charter/Tour
06. Shuttle

PROPERTY DAMAGED

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

NATURE AND EXTENT OF DAMAGE TO PROPERTY 1

NAME OF OWNER OF PROPERTY 1

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
Form PR-1 REV June 2014.01

Motor Vehicle Driver Information
Complete One Sheet Per Driver

Motor Vehicle ID: 1
Person ID: 1

Case Number: 25-5224-AC
DOT Identifier: *For DOT use only*

Name *(Last, First, Middle, Suffix)*: URBAN, COLBY JAMES
Street Address *or PO Box:* 8 LATHAM HILL RD
City: COLUMBIA State or Prov: CT Postal Code: 06237
Phone/Email *(optional)*:

GENDER: 01 (01. Male, 02. Female, 99. Unknown)
DATE OF BIRTH *(YYYYMMDD)*: 20010507 ☐ Date of Birth is unknown

LICENSE INFO

For all numeric fields: 99 = 'Unknown'

LICENSE NUMBER: 059520371
STATE: CT

DRIVER LICENSE JURISDICTION: 02
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

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

COMMERCIAL LICENSE: 01
01. No
02. Yes

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

DRIVER INFORMATION

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

RESTRAINT SYSTEM: 01
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

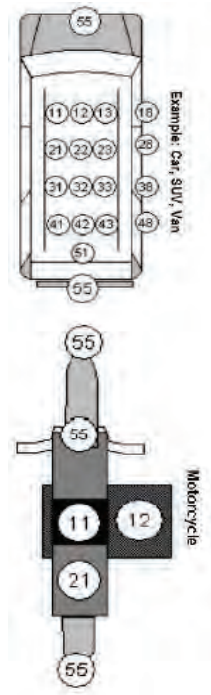
HELMET USE: 88
01. No Helmet
02. DOT-Compliant Motorcycle Helmet
03. Helmet, Other Than DOT-Compliant Motorcycle Helmet
04. Helmet, Unknown If DOT-Compliant
88. Not Applicable

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

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

SEATING POSITION FIRST DIGIT: 11
1_. Front Row

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)*: 13
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

DRIVER DISTRACTED BY: 01
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

CONDITION AT TIME OF CRASH *(choose up to 2)*: 01
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
99. Unknown

INJURY AND EMS INFORMATION

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

TRANSPORTED TO FIRST MEDICAL FACILITY BY: 01
01. Not Transported
02. EMS Air
03. EMS Ground
04. Law Enforcement
97. Other

EMS COMPANY NAME
EMS RUN NUMBER
INTENDED RECEIVING FACILITY

ENFORCEMENT ACTIONS TAKEN

ACTION BY OFFICER: 02
00. No Action
01. Verbal Warning
02. Written Warning
03. Infraction
04. Arrest/Summons

VIOLATION STATUTES: 14-218A*

DRUG/ALCOHOL INFORMATION

ALCOHOL TEST STATUS: 01
01. Test Not Given
02. Test Refused
03. Test Given
99. Unknown if Tested

TYPE OF ALCOHOL TEST: 88
01. Blood
02. Urine
03. Breath
88. Not Applicable
97. Other

DRUG TEST STATUS: 01
01. Test Not Given
02. Test Refused
03. Test Given
99. Unknown if Tested

TYPE OF DRUG TEST: 88
01. Blood
02. Urine
88. Not Applicable
97. Other

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Motor Vehicle Driver Information
Complete One Sheet Per Driver

Motor Vehicle ID: 2
Person ID: 2

Case Number: 25-5224-AC
DOT Identifier: *For DOT use only*

Name *(Last, First, Middle, Suffix)*: PELLETIER, NORMAN LOUIS
Street Address *or PO Box:* 174 KIMBALL RD
City: LISBON State or Prov: CT Postal Code: 06351
Phone/Email *(optional)*: 860-861-5579(h)

GENDER: 01 (01. Male, 02. Female, 99. Unknown)
DATE OF BIRTH *(YYYYMMDD)*: 19551207 ☐ Date of Birth is unknown

LICENSE INFO

For all numeric fields: 99 = 'Unknown'

LICENSE NUMBER: 123031475
STATE: CT

DRIVER LICENSE JURISDICTION: 02
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

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

COMMERCIAL LICENSE: 01
01. No
02. Yes

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

DRIVER INFORMATION

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

RESTRAINT SYSTEM: 01
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

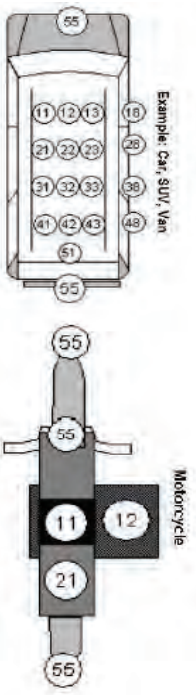
HELMET USE: 88
01. No Helmet
02. DOT-Compliant Motorcycle Helmet
03. Helmet, Other Than DOT-Compliant Motorcycle Helmet
04. Helmet, Unknown If DOT-Compliant
88. Not Applicable

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

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

SEATING POSITION FIRST DIGIT: 11
1_. Front Row

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
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

DRIVER DISTRACTED BY: 01
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

CONDITION AT TIME OF CRASH *(choose up to 2)*: 01
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
99. Unknown

INJURY AND EMS INFORMATION

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

TRANSPORTED TO FIRST MEDICAL FACILITY BY: 01
01. Not Transported
02. EMS Air
03. EMS Ground
04. Law Enforcement
97. Other

EMS COMPANY NAME
EMS RUN NUMBER
INTENDED RECEIVING FACILITY

ENFORCEMENT ACTIONS TAKEN

ACTION BY OFFICER: 00
00. No Action
01. Verbal Warning
02. Written Warning
03. Infraction
04. Arrest/Summons

VIOLATION STATUTES

DRUG/ALCOHOL INFORMATION

ALCOHOL TEST STATUS: 01
01. Test Not Given
02. Test Refused
03. Test Given
99. Unknown if Tested

TYPE OF ALCOHOL TEST: 88
01. Blood
02. Urine
03. Breath
88. Not Applicable
97. Other

DRUG TEST STATUS: 01
01. Test Not Given
02. Test Refused
03. Test Given
99. Unknown if Tested

TYPE OF DRUG TEST: 88
01. Blood
02. Urine
88. Not Applicable
97. Other

Norwich Police Department
Images Associated with 25-5224-AC













Norwich Police Department
Images Associated with 25-5224-AC



CONNECTICUT UNIFORM POLICE CRASH REPORT

Form PR-1 REV July 2014.01

Crash Summary (Front)

Number of Motor Vehicles: *Automobiles, Motorcycles, etc.* **2**

Number of Non-Motorists: *Pedestrians, Bicyclists, etc.* **0**

Case Number: **25-9325-AC**

DOT Identifier: *For DOT use only*

CRASH DATE, TIME, SEVERITY, AND LOCATION

Date of Crash *(YYYYMMDD)*: **20250228**

Time *(0000-2359)*: **1603**

Town Name: **NORWICH**

Town#: **104**

Crash Severity: ○ Fatal ○ Injury ● PDO

Latitude: **+041.537560**

Crash occurred on (street name or route #): **HUNTERS RD**

at:

Longitude: **-072.052460**

If not at an intersection: distance **500** ● Feet ○ Tenths of Mile

N,S,E,W: **N**

of: name of nearest intersecting road, town line, or mile marker: **NORWICH AVENUE**

For all numeric fields: 99 = 'Unknown'

CRASH FACTORS AND CONDITIONS

TRAFFICWAY OWNERSHIP — 01
01. Public Road
02. Private Road
88. Not Applicable

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

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

WEATHER CONDITIONS *(choose up to 2)* — 01
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

TRAFFICWAY SURFACE CONDITIONS — 01
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

LOCATION OF FIRST HARMFUL EVENT — 01
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)*

CRASH-SPECIFIC LOCATION — 01
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

TYPE OF INTERSECTION — 01
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

SCHOOL BUS RELATED — 01
01. No
02. Yes, a school bus was directly involved
03. Yes, a school bus was indirectly involved

FIRST HARMFUL EVENT — 14

Non-Collision:
01. Overturn/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

Collision with Person, Vehicle, or Non-Fixed Object:
09. Pedestrian
10. Pedalcycle/Pedalcyclist
11. Other Non-motorist
12. Railway Vehicle *(train, engine)*
40. Deer
13. Animal Other Than Deer *(live)*
14. Motor Vehicle in Operation
15. Parked Motor Vehicle
16. Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle
17. Work Zone/Maintenance Equipment
18. 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
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

CONTRIBUTING CIRCUMSTANCES, ENVIRONMENTAL *(choose up to 3)* — 00
00. None
01. Weather Conditions
02. Visual Obstruction(s)
03. Glare
04. Animal(s) in Roadway
88. Not Applicable
97. Other

CONTRIBUTING CIRCUMSTANCES, ROAD *(choose up to 3)* — 00
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

For all numeric fields: 99 = 'Unknown'

WORK ZONE CRASH INFORMATION

Complete all for crashes occurring in a Work Zone

WORK ZONE — 01
01. No
02. Yes

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

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

WORKERS PRESENT — 88
01. No
02. Yes
88. Not Applicable

ENFORCEMENT PRESENT — 88
01. No
02. Yes
88. Not Applicable

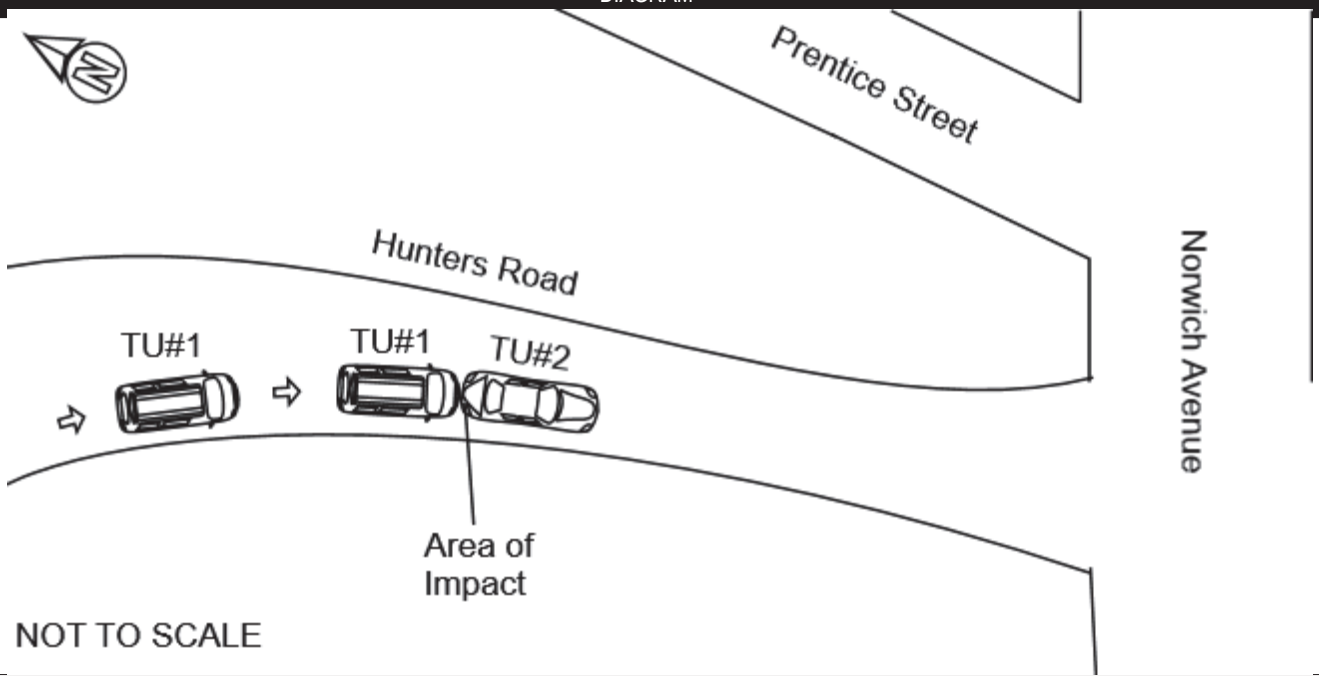
CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Crash Summary (Back)

Case Number: 25-9325-AC

DOT Identifier: *For DOT use only*

DIAGRAM



☐ Vehicles were moved prior to police arrival

Please indicate the direction of North within the diagram

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

TU#1 was following directly behind TU#2, traveling South on Hunters Road. TU#2 slowed down as it rounded the right curve in the area of 31 Hunters Road and TU#1 collided with the rear of TU#2. Both vehicles came to final controlled rest approximately 500 feet North of Norwich Avenue.

Op#1 was traveling South on Hunters Road and intended to continue on Hunters Road around the curve. Op#1 made his way around the curve and was unable to slow down in time to avoid colliding with the rear of TU#2.

Op#2 was traveling South on Hunters Road and slowed down as she rounded the right curve. Op#2 did not see TU#1 prior to the collision. No occupants complained of any injuries.

I observed a minor crack to the front license plate cover of TU#1 and no damage to the rear of TU#2. Both vehicles left the scene under their own power. Photographs were captured and attached to this report. Op#1 was issued a Written Warning for C.G.S. 14-240.

Related Incident Number	Officer First Name	Officer Last Name	Badge Number	Police Agency Code
	Michael	Bates	1095	001040

Case Status
O - Open
C- Closed
O

Officer Signature: Michael Bates

Date & Time: 2025022822 00

Supervisor:

Date & Time:

☐ This report is a revision to a previously submitted report

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Motor Vehicle ID: 1
Number of Occupants in Vehicle: 2 *(including the driver)*

Motor Vehicle Information (Front)
Complete One Sheet Per Motor Vehicle

Case Number: 25-9325-AC
DOT Identifier: *For DOT use only*

MOTOR VEHICLE INFORMATION

VIN: K M 8 J 3 C A 4 9 L U 1 8 8 5 4 2 ☐ VIN missing or removed ☐ Driver Evaded Responsibility
Plate #: BL47271 ☐ Invalid Plate ☐ No Plate
Make: HYUNDAI Color: ALUMINUM Plate State: CT
Model: TUCSON Year: 2020
Direction of Travel N, S, E, W
Total lanes in roadway: 2
Road on which vehicle was traveling: HUNTERS RD S ☐ Vehicle was not in roadway ☐ Unknown direction
☐ Bike lanes/sharrows present

MOTOR VEHICLE CRASH INFORMATION

For all numeric fields: 99 = 'Unknown'

SEQUENCE OF EVENTS
(choose up to four, in chronological order)

Non-Collision
01. Overturn/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 Centerline
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. Pedalcycle/Pedacyclist
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

1st: 22
2nd:
3rd:
4th:
Most Harmful Event: 22

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

01

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

00
88

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

25

TOWED
01. Towed Due to Disabling Damage
02. Towed, But Not Due to Disabling Damage
03. Not Towed

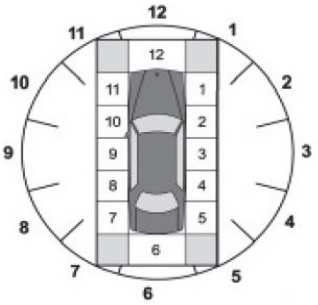
03

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. Motorcoach
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

02

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

12

Damaged Areas
00. None
14. Top
15. Undercarriage
17. All Areas
88. Applicable

12

EXTENT OF DAMAGE
01. No Visible Damage
02. Minor Damage
03. Functional Damage
04. Disabling Damage

02

MOTOR VEHICLE TYPE
01. Motor Vehicle in Operation
02. Parked Motor Vehicle
03. Working Vehicle/Equipment
04. Non-Collision Vehicle

01

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

01

ROADWAY GRADE
01. Level
02. Uphill
03. Hill Crest
04. Downhill
05. Sag *(bottom)*

04

ROADWAY ALIGNMENT
01. Straight
02. Curve Left
03. Curve Right

03

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

01

TRAFFIC CONTROL DEVICE FUNCTIONAL?
01. No
02. Yes
03. Missing
88. Not Applicable

88

INSURANCE INFORMATION

INSURANCE COMPANY	INSURANCE POLICY NUMBER	INSURANCE EXPIRATION DATE (yyyymmdd)
PROGRESSIVE	992256128	

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Motor Vehicle ID: 2
Number of Occupants in Vehicle: 1 *(including the driver)*
Motor Vehicle Information (Front) *Complete One Sheet Per Motor Vehicle*
Case Number: 25-9325-AC
DOT Identifier: *For DOT use only*

MOTOR VEHICLE INFORMATION

VIN: 2T3P1RFV7RW414405 ☐ VIN missing or removed ☐ Driver Evaded Responsibility
Plate #: AD35254 ☐ Invalid Plate ☐ No Plate
Make: TOYOTA Color: BLUE Plate State: CT
Model: RAV 4 Year: 2024 Direction of Travel N, S, E, W
Total lanes in roadway: 2
Road on which vehicle was traveling: HUNTERS RD S ☐ Vehicle was not in roadway ☐ Unknown direction
☐ Bike lanes/sharrows present

MOTOR VEHICLE CRASH INFORMATION

For all numeric fields: 99 = 'Unknown'

SEQUENCE OF EVENTS
(choose up to four, in chronological order)

1st: 22
2nd:
3rd:
4th:
Most Harmful Event: 22

Non-Collision
01. Overturn/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 Centerline
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. Pedalcycle/Pedacyclist
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
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
88
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

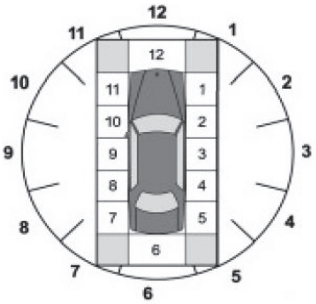
POSTED/STATUTORY SPEED LIMIT
(record the posted/statutory value as miles per hour)
25
01.:Not Posted
10, 15, 20, 25, 30, 35, 40, 45
50, 55, 60, 65, 70, 75, 80, 85
88.:Not Applicable

TOWED
03
01. Towed Due to Disabling Damage
02. Towed, But Not Due to Disabling Damage
03. Not Towed

TOWED TO

BODY TYPE
02
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. Motorcoach
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 06
13. Non-Collision
14. Top
15. Undercarriage
16. Cargo loss

Damaged Areas 00
00. None
14. Top
15. Undercarriage
17. All Areas
88. Applicable

EXTENT OF DAMAGE
01
01. No Visible Damage
02. Minor Damage
03. Functional Damage
04. Disabling Damage

MOTOR VEHICLE TYPE
01
01. Motor Vehicle in Operation
02. Parked Motor Vehicle
03. Working Vehicle/Equipment
04. Non-Collision Vehicle

TRAFFICWAY DESCRIPTION
01
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
04
01. Level
02. Uphill
03. Hill Crest
04. Downhill
05. Sag *(bottom)*

ROADWAY ALIGNMENT
03
01. Straight
02. Curve Left
03. Curve Right

TRAFFIC CONTROL DEVICE TYPE
01
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?
88
01. No
02. Yes
03. Missing
88. Not Applicable

INSURANCE INFORMATION

INSURANCE COMPANY	INSURANCE POLICY NUMBER	INSURANCE EXPIRATION DATE (yyyymmdd)
AAA	CTSS232343340	

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Motor Vehicle Information (Back)
Complete One Sheet Per Motor Vehicle

Case Number: **25-9325-AC**

DOT Identifier: *For DOT use only*

MOTOR VEHICLE OWNERSHIP INFORMATION

Vehicle Owner Name *(Last, First, Middle, Suffix)* ☐ Information same as driver

MORALES, MONTIEL O

Street Address or Post Office Box

31 COBALT RD

City	State/Prov	Country	Postal Code
E HAMPTON	**CT**	**UNITED STATES**	**06424**

Email Address *(optional)* | Phone *(optional)*

SPECIAL VEHICLE FUNCTION — **01**
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

EMERGENCY VEHICLE — **88**
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

BUS USE — **88**
01. Not a Bus
02. School
03. Transit/Commuter
04. Intercity
05. Charter/Tour
06. Shuttle

PROPERTY DAMAGED

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

NATURE AND EXTENT OF DAMAGE TO PROPERTY 1

NAME OF OWNER OF PROPERTY 1

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
Form PR-1 REV June 2014.01

Motor Vehicle Information (Back)
Complete One Sheet Per Motor Vehicle

Case Number: **25-9325-AC**

DOT Identifier: *For DOT use only*

MOTOR VEHICLE OWNERSHIP INFORMATION

Vehicle Owner Name *(Last, First, Middle, Suffix)* ☒ Information same as driver

LUCIER, DOREEN

Street Address or Post Office Box

275 E MAIN ST

City	State/Prov	Country	Postal Code
JEWETT CITY	**CT**	**UNITED STATES**	**06351**

Email Address *(optional)* | Phone *(optional)*

SPECIAL VEHICLE FUNCTION — **01**

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

EMERGENCY VEHICLE — **88**

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

BUS USE — **88**

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

PROPERTY DAMAGED

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

NATURE AND EXTENT OF DAMAGE TO PROPERTY 1

NAME OF OWNER OF PROPERTY 1

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
Form PR-1 REV June 2014.01

Motor Vehicle Driver Information
Complete One Sheet Per Driver

Motor Vehicle ID: 1
Person ID: 2

Case Number: 25-9325-AC
DOT Identifier: *For DOT use only*

Name *(Last, First, Middle, Suffix)*: SERNA ARBOLEDA, NELSON
Street Address *or PO Box:* 452 NORWICH AV
City: TAFTVILLE State or Prov: CT Postal Code: 06380
Phone/Email *(optional)*:

GENDER: 01 (01. Male, 02. Female, 99. Unknown)
DATE OF BIRTH *(YYYYMMDD)*: 19911109 ☐ Date of Birth is unknown

LICENSE INFO

For all numeric fields: 99 = 'Unknown'

LICENSE NUMBER: 119948145
STATE: CT

DRIVER LICENSE JURISDICTION: 02
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

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

COMMERCIAL LICENSE: 01
01. No
02. Yes

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

DRIVER INFORMATION

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

RESTRAINT SYSTEM: 01
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

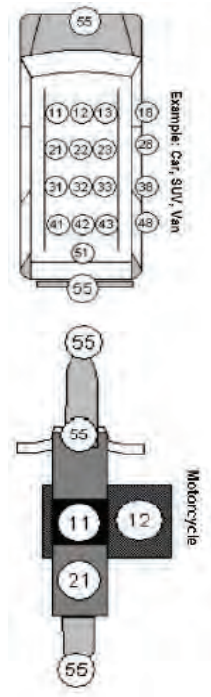
HELMET USE: 88
01. No Helmet
02. DOT-Compliant Motorcycle Helmet
03. Helmet, Other Than DOT-Compliant Motorcycle Helmet
04. Helmet, Unknown If DOT-Compliant
88. Not Applicable

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

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

SEATING POSITION FIRST DIGIT: 11
1_. Front Row

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)*: 15
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

DRIVER DISTRACTED BY: 01
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

CONDITION AT TIME OF CRASH *(choose up to 2)*: 01
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
99. Unknown

INJURY AND EMS INFORMATION

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

TRANSPORTED TO FIRST MEDICAL FACILITY BY: 01
01. Not Transported
02. EMS Air
03. EMS Ground
04. Law Enforcement
97. Other

EMS COMPANY NAME
EMS RUN NUMBER
INTENDED RECEIVING FACILITY

ENFORCEMENT ACTIONS TAKEN

ACTION BY OFFICER: 02
00. No Action
01. Verbal Warning
02. Written Warning
03. Infraction
04. Arrest/Summons

VIOLATION STATUTES: 14-240

DRUG/ALCOHOL INFORMATION

ALCOHOL TEST STATUS: 01
01. Test Not Given
02. Test Refused
03. Test Given
99. Unknown if Tested

TYPE OF ALCOHOL TEST: 88
01. Blood
02. Urine
03. Breath
88. Not Applicable
97. Other

DRUG TEST STATUS: 01
01. Test Not Given
02. Test Refused
03. Test Given
99. Unknown if Tested

TYPE OF DRUG TEST: 88
01. Blood
02. Urine
88. Not Applicable
97. Other

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Motor Vehicle Driver Information
Complete One Sheet Per Driver

Motor Vehicle ID: 2
Person ID: 4

Case Number: 25-9325-AC
DOT Identifier: *For DOT use only*

Name *(Last, First, Middle, Suffix)*: LUCIER, DOREEN
Street Address *or PO Box:* 275 E MAIN ST
City: JEWETT CITY State or Prov: CT Postal Code: 06351
Phone/Email *(optional)*:

GENDER: 01. Male 02. Female 99. Unknown — 02
DATE OF BIRTH *(YYYYMMDD)*: 19751207 ☐ Date of Birth is unknown

LICENSE INFO

For all numeric fields: 99 = 'Unknown'

LICENSE NUMBER: 126678232
STATE: CT

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 — 02

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

COMMERCIAL LICENSE: 01. No 02. Yes — 01

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

DRIVER INFORMATION

EJECTION: 01. Not Ejected 02. Ejected, Partially 03. Ejected, Totally 88. Not Applicable — 01

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 — 01

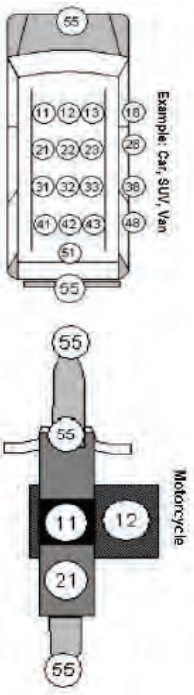
HELMET USE: 01. No Helmet 02. DOT-Compliant Motorcycle Helmet 03. Helmet, Other Than DOT-Compliant Motorcycle Helmet 04. Helmet, Unknown If DOT-Compliant 88. Not Applicable — 88

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

SPEED RELATED: 01. No 02. Racing 03. Exceeded Speed Limit 04. Too Fast for Conditions — 01

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 — 01

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 — 01

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 99. Unknown — 01

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 — 01

EMS COMPANY NAME
EMS RUN NUMBER
INTENDED RECEIVING FACILITY

ENFORCEMENT ACTIONS TAKEN

ACTION BY OFFICER: 00. No Action 01. Verbal Warning 02. Written Warning 03. Infraction 04. Arrest/Summons — 00

VIOLATION STATUTES

DRUG/ALCOHOL INFORMATION

ALCOHOL TEST STATUS: 01. Test Not Given 02. Test Refused 03. Test Given 99. Unknown if Tested — 01

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 — 01

TYPE OF DRUG TEST: 01. Blood 02. Urine 88. Not Applicable 97. Other — 88

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Motor Vehicle ID: 1

Motor Vehicle Passenger Information
Complete this sheet for Passengers in this Motor Vehicle

Case Number: 25-9325-AC

DOT Identifier: *For DOT use only*

PERSON ID 3 — PASSENGER INFORMATION

For all numeric fields: 99 = 'Unknown'

NAME: MORENO, MARIA
PERSON TYPE: 02
SEATING POSITION: 13
ADDRESS: 452 NORWICH AV
RESTRAINT SYSTEM: 01
CITY: TAFTVILLE
STATE or PROV: CT
POSTAL CODE: 06380
HELMET USE: 88
DATE OF BIRTH *(YYYYMMDD)*: 19990312
☐ Date of Birth is unknown
GENDER: 01. Male 02. Female 99. Unknown — 02
INTENDED RECEIVING FACILITY:
EJECTION: 01
AIR BAG: 01
INJURY STATUS: O
EMS COMPANY NAME:
EMS RUN NUMBER:
TRANSPORTED TO 1st MEDICAL FACILITY BY: 01

PERSON ID

For all numeric fields: 99 = 'Unknown'

NAME:
PERSON TYPE:
SEATING POSITION:
ADDRESS:
RESTRAINT SYSTEM:
CITY:
STATE or PROV:
POSTAL CODE:
HELMET USE:
DATE OF BIRTH *(YYYYMMDD)*:
☐ Date of Birth is unknown
GENDER: 01. Male 02. Female 99. Unknown
INTENDED RECEIVING FACILITY:
EJECTION:
AIR BAG:
INJURY STATUS:
EMS COMPANY NAME:
EMS RUN NUMBER:
TRANSPORTED TO 1st MEDICAL FACILITY BY:

PERSON ID

For all numeric fields: 99 = 'Unknown'

NAME:
PERSON TYPE:
SEATING POSITION:
ADDRESS:
RESTRAINT SYSTEM:
CITY:
STATE or PROV:
POSTAL CODE:
HELMET USE:
DATE OF BIRTH *(YYYYMMDD)*:
☐ Date of Birth is unknown
GENDER: 01. Male 02. Female 99. Unknown
INTENDED RECEIVING FACILITY:
EJECTION:
AIR BAG:
INJURY STATUS:
EMS COMPANY NAME:
EMS RUN NUMBER:
TRANSPORTED TO 1st MEDICAL FACILITY BY:

PERSON ID

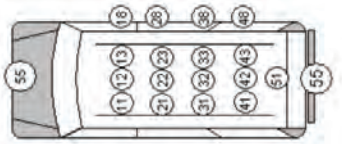
For all numeric fields: 99 = 'Unknown'

NAME:
PERSON TYPE:
SEATING POSITION:
ADDRESS:
RESTRAINT SYSTEM:
CITY:
STATE or PROV:
POSTAL CODE:
HELMET USE:
DATE OF BIRTH *(YYYYMMDD)*:
☐ Date of Birth is unknown
GENDER: 01. Male 02. Female 99. Unknown
INTENDED RECEIVING FACILITY:
EJECTION:
AIR BAG:
INJURY STATUS:
EMS COMPANY NAME:
EMS RUN NUMBER:
TRANSPORTED TO 1st MEDICAL FACILITY BY:

Use additional sheets if more than 4 passengers occupied this motor vehicle

PERSON TYPE
02. Passenger
07. Occupant of Parked Motor Vehicle
99. Unknown

SEATING POSITION
Example: Car, SUV, Van



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
05. Child Restraint System Forward Facing
06. Child Restraint System Rear Facing
07. Booster Seat
08. Child Restraint Type Unknown
88. Not Applicable
97. Other
99. Unknown

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
99. Unknown If Helmet Worn

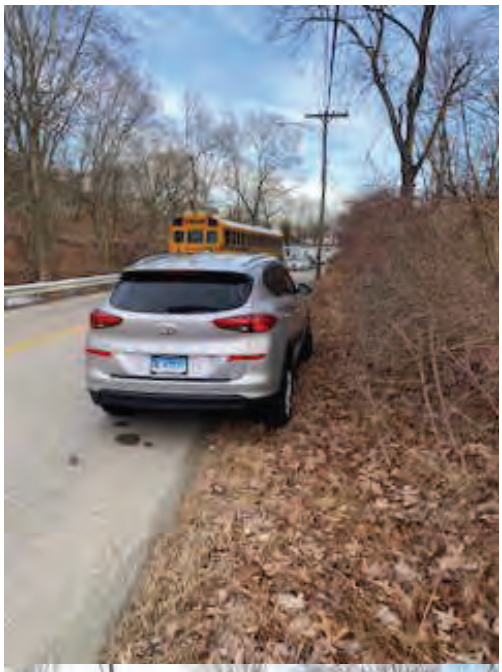
EJECTION
01. Not Ejected
02. Ejected, Partially
03. Ejected, Totally
88. Not Applicable
99. Unknown

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

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

TRANSPORTED TO FIRST MEDICAL FACILITY BY
01. Not Transported
02. EMS Air
03. EMS Ground
04. Law Enforcement
97. Other
99. Unknown

Norwich Police Department
Images Associated with 25-9325-AC













Norwich Police Department
Images Associated with 25-9325-AC





CONNECTICUT UNIFORM POLICE CRASH REPORT

Form PR-1 REV July 2014.01

Crash Summary (Front)

Number of Motor Vehicles: *Automobiles, Motorcycles, etc.* **1**

Number of Non-Motorists: *Pedestrians, Bicyclists, etc.* **0**

Case Number: **25-11017-AC**

DOT Identifier: *For DOT use only*

CRASH DATE, TIME, SEVERITY, AND LOCATION

Date of Crash *(YYYYMMDD)*: **2025 0311**

Time *(0000-2359)*: **1222**

Town Name: **NORWICH**

Town#: **104**

Crash Severity: ○ Fatal ● Injury ○ PDO

Latitude: **+041.560820**

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

HUNTERS RD at

Longitude: **-072.063370**

If not at an intersection: distance **50** ● Feet ○ Tenths of Mile N,S,E,W **E** of **TETREAULT AV**

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

CRASH FACTORS AND CONDITIONS

For all numeric fields: 99 = 'Unknown'

TRAFFICWAY OWNERSHIP — 01
01. Public Road
02. Private Road
88. Not Applicable

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

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

WEATHER CONDITIONS *(choose up to 2)* — 01
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

TRAFFICWAY SURFACE CONDITIONS — 01
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

LOCATION OF FIRST HARMFUL EVENT — 97
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)*

CRASH-SPECIFIC LOCATION — 97
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

TYPE OF INTERSECTION — 01
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

SCHOOL BUS RELATED — 01
01. No
02. Yes, a school bus was directly involved
03. Yes, a school bus was indirectly involved

FIRST HARMFUL EVENT — 26

Non-Collision:
01. Overturn/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

Collision with Person, Vehicle, or Non-Fixed Object:
09. Pedestrian
10. Pedalcycle/Pedalcyclist
11. Other Non-motorist
12. Railway Vehicle *(train, engine)*
40. Deer
13. Animal Other Than Deer *(live)*
14. Motor Vehicle in Operation
15. Parked Motor Vehicle
16. Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle
17. Work Zone/Maintenance Equipment
18. 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)* — 88
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

CONTRIBUTING CIRCUMSTANCES, ENVIRONMENTAL *(choose up to 3)* — 00
00. None
01. Weather Conditions
02. Visual Obstruction(s)
03. Glare
04. Animal(s) in Roadway
88. Not Applicable
97. Other

CONTRIBUTING CIRCUMSTANCES, ROAD *(choose up to 3)* — 00
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

WORK ZONE CRASH INFORMATION

For all numeric fields: 99 = 'Unknown' — *Complete all for crashes occurring in a Work Zone*

WORK ZONE — 01
01. No
02. Yes

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

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

WORKERS PRESENT — 88
01. No
02. Yes
88. Not Applicable

ENFORCEMENT PRESENT — 88
01. No
02. Yes
88. Not Applicable

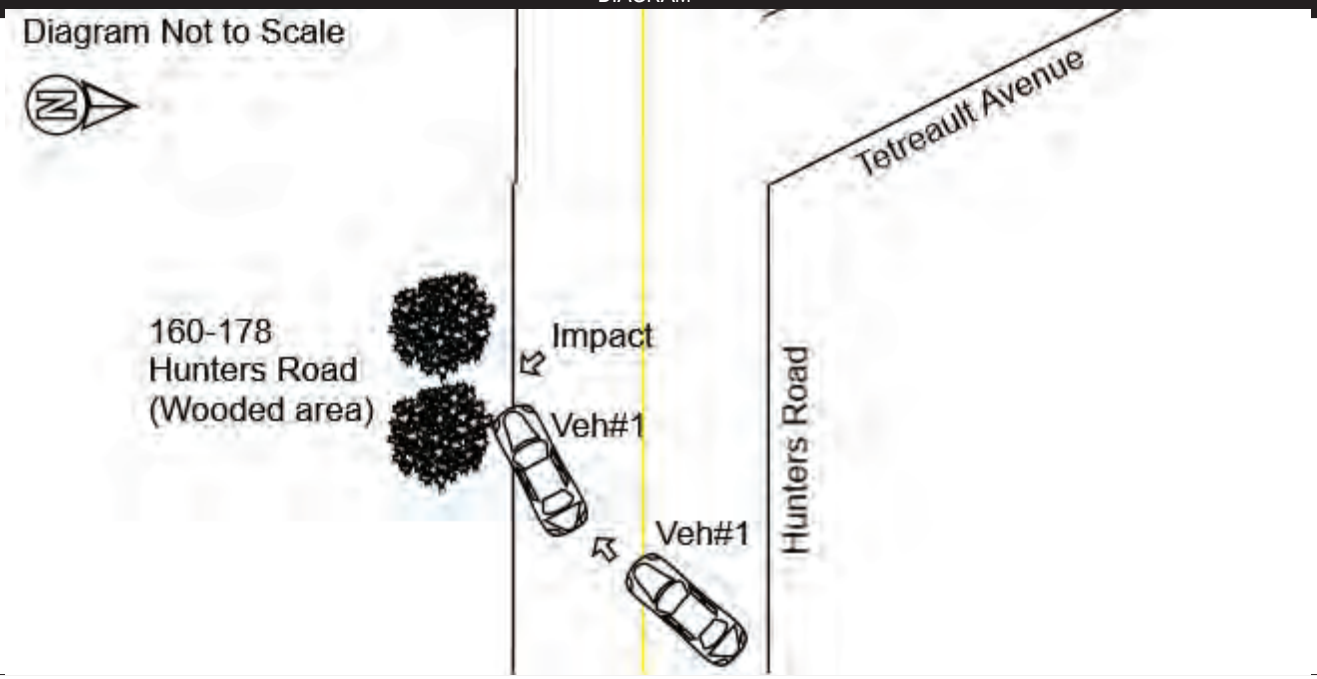
CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Crash Summary (Back)

Case Number: 25-11017-AC

DOT Identifier: *For DOT use only*

DIAGRAM



☐ Vehicles were moved prior to police arrival

Please indicate the direction of North within the diagram

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

Op#1 was traveling Westbound on Hunters Road. Op#1 suffered a medical emergency causing her to drive off the roadway. Op#1 drove into the wood line in the area of Hunters Road, just East of Tetreault Avenue in Taftville, Connecticut. Veh#1 sustained disabling damage due to the crash, and Op#1 was treated on scene by medical personnel. Due to the medical emergency, no enforcement action was taken. Veh#1 struck a tree, as well as shrubbery, and an inactive telephone pole on scene. Veh#1 was towed to Kleemann's auto, and Op#1 was treated/released on scene by medical personnel. There were no witnesses to this accident and no property damage that needed to be documented. Photos taken on scene.

Related Incident Number	Officer First Name	Officer Last Name	Badge Number	Police Agency Code
	Michael	Krodel	1048	001040

Case Status
O - Open
C- Closed
O

Officer Signature: Michael Krodel

Date & Time: 2025041910122

Supervisor:

Date & Time:

☐ This report is a revision to a previously submitted report

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Motor Vehicle ID: 1
Number of Occupants in Vehicle: 1 *(including the driver)*

Motor Vehicle Information (Front)
Complete One Sheet Per Motor Vehicle

Case Number: 25-11017-AC
DOT Identifier: *For DOT use only*

MOTOR VEHICLE INFORMATION

VIN: 3 N 1 A B 8 D V 5 P Y 2 3 8 5 9 3
☐ VIN missing or removed
☐ Driver Evaded Responsibility

Plate #: AX44381
☐ Invalid Plate
☐ No Plate

Make: NISSAN
Color: WHITE
Plate State: CT

Model: SENTRA
Year: 2023

Direction of Travel N, S, E, W

Total lanes in roadway: 2

Road on which vehicle was traveling: HUNTERS RD
W
☒ Vehicle was not in roadway
☐ Unknown direction
☐ Bike lanes/sharrows present

MOTOR VEHICLE CRASH INFORMATION

For all numeric fields: 99 = 'Unknown'

SEQUENCE OF EVENTS
(choose up to four, in chronological order)

1st: 09
2nd:
3rd:
4th:

Most Harmful Event: 09

Non-Collision
01. Overturn/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 Centerline
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. Pedalcycle/Pedacyclist
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
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
88
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

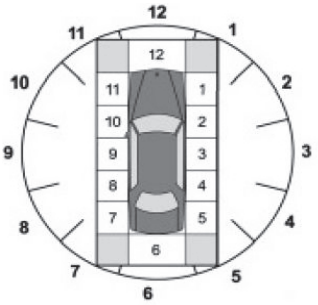
POSTED/STATUTORY SPEED LIMIT
(record the posted/statutory value as miles per hour)
25
01.:Not Posted
10, 15, 20, 25, 30, 35, 40, 45
50, 55, 60, 65, 70, 75, 80, 85
88.:Not Applicable

TOWED
01
01. Towed Due to Disabling Damage
02. Towed, But Not Due to Disabling Damage
03. Not Towed

TOWED TO
KLEEMANN'S

BODY TYPE
01
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. Motorcoach
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: 12
13. Non-Collision
14. Top
15. Undercarriage
16. Cargo loss

Damaged Areas: 17
00. None
14. Top
15. Undercarriage
17. All Areas
88. Applicable

EXTENT OF DAMAGE
04
01. No Visible Damage
02. Minor Damage
03. Functional Damage
04. Disabling Damage

MOTOR VEHICLE TYPE
01
01. Motor Vehicle in Operation
02. Parked Motor Vehicle
03. Working Vehicle/Equipment
04. Non-Collision Vehicle

TRAFFICWAY DESCRIPTION
01
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
01. Level
02. Uphill
03. Hill Crest
04. Downhill
05. Sag *(bottom)*

ROADWAY ALIGNMENT
01
01. Straight
02. Curve Left
03. Curve Right

TRAFFIC CONTROL DEVICE TYPE
01
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?
88
01. No
02. Yes
03. Missing
88. Not Applicable

INSURANCE INFORMATION

INSURANCE COMPANY	INSURANCE POLICY NUMBER	INSURANCE EXPIRATION DATE (yyyymmdd)
COVENANT	ALT0116418	20260101

CONNECTICUT UNIFORM POLICE CRASH REPORT
Form PR-1 REV June 2014.01

Motor Vehicle Information (Back)
Complete One Sheet Per Motor Vehicle

Case Number: **25-11017-AC**

DOT Identifier: *For DOT use only*

MOTOR VEHICLE OWNERSHIP INFORMATION

Vehicle Owner Name *(Last, First, Middle, Suffix)* ☒ Information same as driver

PERRY, KIRA C

Street Address or Post Office Box

303 MOHEGAN PARK RD Apt 63

City	State/Prov	Country	Postal Code
NORWICH	**CT**		**06360**

Email Address *(optional)*

Phone *(optional)* **860-376-8753**

SPECIAL VEHICLE FUNCTION — **01**

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

EMERGENCY VEHICLE — **88**

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

BUS USE — **01**

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

PROPERTY DAMAGED

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

NATURE AND EXTENT OF DAMAGE TO PROPERTY 1

NAME OF OWNER OF PROPERTY 1

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
Form PR-1 REV June 2014.01

Motor Vehicle Driver Information
Complete One Sheet Per Driver

Motor Vehicle ID: 1
Person ID: 1

Case Number: 25-11017-AC
DOT Identifier: *For DOT use only*

Name *(Last, First, Middle, Suffix)*: PERRY, KIRA CRYSTAL
Street Address *or PO Box:* 303 MOHEGAN PARK RD Apt 63
City: NORWICH State or Prov: CT Postal Code: 06360
Phone/Email *(optional)*: 860-376-8753(h)

GENDER: 02 (01. Male, 02. Female, 99. Unknown)
DATE OF BIRTH *(YYYYMMDD)*: 19850209 ☐ Date of Birth is unknown

LICENSE INFO

For all numeric fields: 99 = 'Unknown'

LICENSE NUMBER: 027740467
STATE: CT

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

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

COMMERCIAL LICENSE: ☐
01. No
02. Yes

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

DRIVER INFORMATION

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

RESTRAINT SYSTEM: 01
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

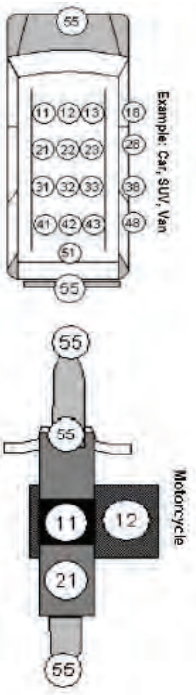
HELMET USE: 88
01. No Helmet
02. DOT-Compliant Motorcycle Helmet
03. Helmet, Other Than DOT-Compliant Motorcycle Helmet
04. Helmet, Unknown If DOT-Compliant
88. Not Applicable

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

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

SEATING POSITION FIRST DIGIT: 11
1_. Front Row

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)*: 02, 99
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

DRIVER DISTRACTED BY: 01
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

CONDITION AT TIME OF CRASH *(choose up to 2)*: 02, 97
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
99. Unknown

INJURY AND EMS INFORMATION

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

TRANSPORTED TO FIRST MEDICAL FACILITY BY: 01
01. Not Transported
02. EMS Air
03. EMS Ground
04. Law Enforcement
97. Other

EMS COMPANY NAME
EMS RUN NUMBER: 25-007360
INTENDED RECEIVING FACILITY

ENFORCEMENT ACTIONS TAKEN

ACTION BY OFFICER: 00
00. No Action
01. Verbal Warning
02. Written Warning
03. Infraction
04. Arrest/Summons

VIOLATION STATUTES

DRUG/ALCOHOL INFORMATION

ALCOHOL TEST STATUS: 01
01. Test Not Given
02. Test Refused
03. Test Given
99. Unknown if Tested

TYPE OF ALCOHOL TEST: 88
01. Blood
02. Urine
03. Breath
88. Not Applicable
97. Other

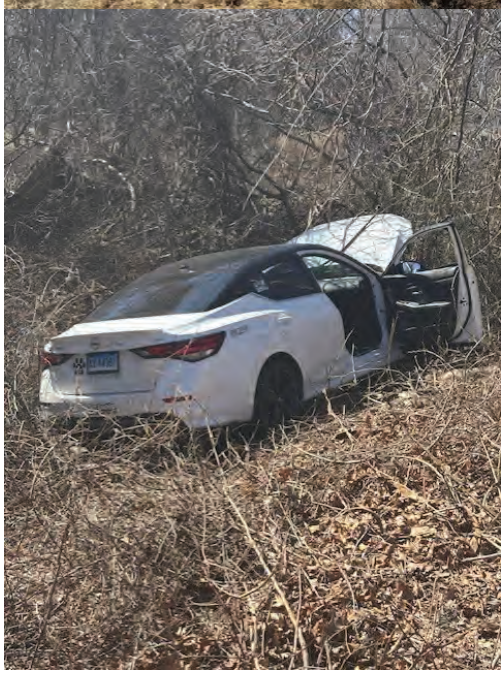
DRUG TEST STATUS: 01
01. Test Not Given
02. Test Refused
03. Test Given
99. Unknown if Tested

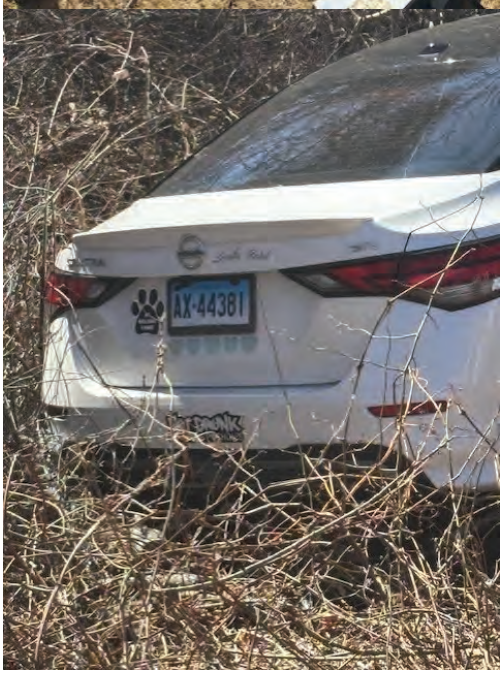
TYPE OF DRUG TEST: 88
01. Blood
02. Urine
88. Not Applicable
97. Other

Norwich Police Department
Images Associated with 25-11017-AC









ATTACHMENT G-4

Speed Data

Norwich Police Department
Incident Report

Incident #: 25-38115-OF
Call #: 25-38115

Date/Time Reported: 09/15/2025 1056
Report Date/Time: 09/15/2025 1057
Status: No Crime Involved

Reporting Officer: Patrol Officer Wayne Burroughs

Signature: W. R. #1008

#	EVENTS(S)

LOCATION TYPE: Highway/Road/Alley/Street Zone: TAFTVILLE/ OCCUM
51 HUNTERS RD
NORWICH CT 06360

1 **TRAFFIC STUDY**

Norwich Police Department

NARRATIVE FOR PATROL OFFICER WAYNE BURROUGHS

Ref: **25-38115-OF**

LWB #1008

On 9-15-2025 I was assigned to conduct a traffic study on Hunters Road Norwich, Connecticut.

I responded to the area of 51 Hunters Road and deployed the Norwich Police Department JAMAR Traffic Recorder on SBC utility pole #7119.

The JAMAR Traffic Recorder actively monitored the area from 9-15-2025 through 9-23-2025. During this time, 32,206 vehicles were counted and their speeds recorded. Of these 32,206 vehicles, the 85th percentile speed was found to be 40 mph. The posted speed limit in this area is 30 mph.

This report and the supporting documentation was provided to City of Norwich Civil Engineer, Jean-Paul Laguerre, to make him aware of the above findings.

Norwich Police Department Sergeant Chastang had previously provided Laguerre with the motor vehicle accident data from Hunters Road, so this information is not included in this study.

Traffic study complete.

Default Report Title
Use Preferences to Define Titles

Speed Enforcement Evaluator

Location
51 Hunters Road

Closest Cross Street
Maennerchor Avenue

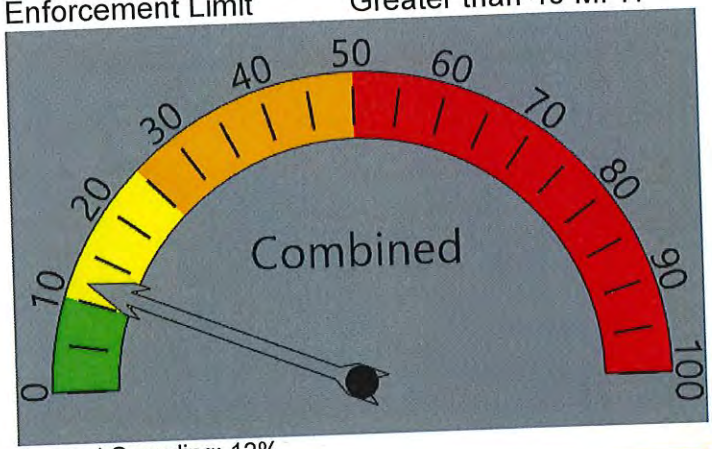
Analysis Dates
Start: 9/15/2025
End: 9/23/2025

Installed By
Officer Burroughs

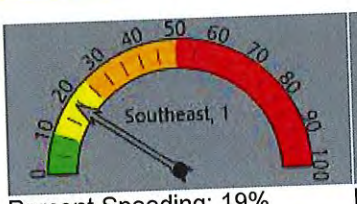
Requested By
Jean-Paul Laguerre

Total Percentage of Enforceable Violations

Posted Speed Limit	30 MPH
Enforcement Tolerance	10 MPH
Enforcement Limit	Greater than 40 MPH



Percent Speeding: 12%
Rating: Medium



Percent Speeding: 19%
Rating: Medium



Percent Speeding: 5%
Rating: Low

Default Report Title
Use Preferences to Define Titles

SPEED DATA ANALYSIS

Location



51 Hunters Road
Maennerchor Avenue
Latitude: 0.000000
Longitude: 0.000000

Analysis Time Period



Start	End
9/15/2025	9/23/2025
9:19 AM	8:43 AM

Vehicles Analyzed



32,206

85th Percentile Speed



40

Speed Limit



30

Slowest Speed



8

Enforcement Tolerance



10

Fastest Speed



72

% Enforceable Violations



12%

Enforcement Rating

MEDIUM

Default Report Title
Use Preferences to Define Titles

Site Code: 00000003
Station ID:
Location 1: 51 Hunters Road
Location 2: Maennerchor Avenue
Location 3:
Location 4:

Comment 1:
Comment 2:
Comment 3:
Comment 4:
Latitude: 0.000000
Longitude: 0.000000

Daily Totals

Southeast, 1

	<= 15	>15 to 20	>20 to 25	>25 to 30	>30 to 35	>35 to 40	>40 to 45	>45 to 50	>50 to 55	>55 to 60	>60 to 65	>65 to 70	> 70	Total
9/15/2025	1	1	74	212	476	594	245	64	9	2	1	0	0	1,679
9/16/2025	1	11	63	289	654	708	311	70	7	0	0	0	0	2,114
9/17/2025	5	8	104	340	645	748	356	59	7	4	0	0	0	2,276
9/18/2025	1	19	118	307	644	762	315	75	14	0	1	0	1	2,257
9/19/2025	8	46	109	347	739	793	366	63	9	0	1	0	0	2,481
9/20/2025	0	1	12	133	504	704	301	79	11	2	1	0	0	1,748
9/21/2025	1	3	10	100	440	538	284	67	5	3	0	0	0	1,451
9/22/2025	4	12	77	271	628	697	310	65	7	0	0	0	0	2,071
9/23/2025	1	2	15	39	88	110	49	12	2	0	0	0	0	318
Total	22	103	582	2,038	4,818	5,654	2,537	554	71	11	4	0	1	16,395

Northwest, 2

	<= 15	>15 to 20	>20 to 25	>25 to 30	>30 to 35	>35 to 40	>40 to 45	>45 to 50	>50 to 55	>55 to 60	>60 to 65	>65 to 70	> 70	Total
9/15/2025	1	20	142	449	544	255	55	14	3	2	0	0	0	1,485
9/16/2025	7	44	217	596	770	347	75	13	0	0	0	0	0	2,069
9/17/2025	10	48	244	610	767	336	105	19	5	0	0	0	0	2,144
9/18/2025	10	49	216	666	753	371	90	9	4	0	0	0	0	2,168
9/19/2025	11	66	291	687	766	354	79	16	7	1	0	0	0	2,278
9/20/2025	6	8	93	510	715	331	91	18	4	2	0	0	0	1,778
9/21/2025	2	7	62	385	571	311	72	23	2	0	0	0	0	1,435
9/22/2025	7	48	219	573	721	362	78	14	2	1	0	0	0	2,025
9/23/2025	1	18	67	127	127	68	21	4	0	0	0	0	0	433
Total	55	308	1,551	4,603	5,734	2,735	666	130	27	6	0	0	0	15,815

Default Report Title
Use Preferences to Define Titles

Site Code: 00000003
Station ID:
Location 1: 51 Hunters Road
Location 2: Maennerchor Avenue
Location 3:
Location 4:

Comment 1:
Comment 2:
Comment 3:
Comment 4:
Latitude: 0.000000
Longitude: 0.000000

Daily Totals

Combined

	<= 15	>15 to 20	>20 to 25	>25 to 30	>30 to 35	>35 to 40	>40 to 45	>45 to 50	>50 to 55	>55 to 60	>60 to 65	>65 to 70	> 70	Total
9/15/2025	2	21	216	661	1,020	849	300	78	12	4	1	0	0	3,164
9/16/2025	8	55	280	885	1,424	1,055	386	83	7	0	0	0	0	4,183
9/17/2025	15	56	348	950	1,412	1,084	461	78	12	4	0	0	0	4,420
9/18/2025	11	68	334	973	1,397	1,133	405	84	18	0	1	0	1	4,425
9/19/2025	19	112	400	1,034	1,505	1,147	445	79	16	1	1	0	0	4,759
9/20/2025	6	9	105	643	1,219	1,035	392	97	15	4	1	0	0	3,526
9/21/2025	3	10	72	485	1,011	849	356	90	7	3	0	0	0	2,886
9/22/2025	11	60	296	844	1,349	1,059	388	79	9	1	0	0	0	4,096
9/23/2025	2	20	82	166	215	178	70	16	2	0	0	0	0	751
Total	77	411	2,133	6,641	10,552	8,389	3,203	684	98	17	4	0	1	32,210

Default Report Title
Use Preferences to Define Titles

Site Code: 00000003
Station ID:
Location 1: 51 Hunters Road
Location 2: Maennerchor Avenue
Location 3:
Location 4:

Comment 1:
Comment 2:
Comment 3:
Comment 4:

Latitude: 0.000000
Longitude: 0.000000

Volume Sorted by Speed for 9/15/2025 to 9/23/2025

Combined

Speed (MPH)	Volume
8	2
9	7
10	8
11	2
12	9
13	9
14	19
15	21
16	29
17	75
18	76
19	116
20	115
21	181
22	239
23	361
24	577
25	775
26	908
27	1086
28	1346
29	1537
30	1764
31	1978
32	2082
33	2189
34	2132
35	2171
36	2055
37	1926
38	1736
39	1472
40	1200
41	933
42	755
43	631
44	515
45	369
46	272
47	181
48	98
49	72
50	61
51	40
52	23
53	13
54	14
55	8
56	6
57	5
58	3
59	3

Default Report Title
Use Preferences to Define Titles

Site Code: 00000003
Station ID:
Location 1: 51 Hunters Road
Location 2: Maennerchor Avenue
Location 3:
Location 4:

Comment 1:
Comment 2:
Comment 3:
Comment 4:

Latitude: 0.000000
Longitude: 0.000000

Volume Sorted by Speed for 9/15/2025 to 9/23/2025

60	0
61	0
62	2
63	0
64	2
65	0
66	0
67	0
68	0
69	0
70	0
71	0
72	1

Default Report Title
Use Preferences to Define Titles

Site Code: 00000003
Station ID:
Location 1: 51 Hunters Road
Location 2: Maennerchor Avenue
Location 3:
Location 4:

Comment 1:
Comment 2:
Comment 3:
Comment 4:

Latitude: 0.000000
Longitude: 0.000000

Volume Sorted by Speed for 9/15/2025 to 9/23/2025

Southeast, 1

Speed (MPH)	Volume
8	2
9	3
10	2
11	1
12	3
13	2
14	5
15	4
16	10
17	19
18	20
19	31
20	23
21	45
22	59
23	99
24	156
25	223
26	279
27	282
28	390
29	481
30	606
31	738
32	876
33	977
34	1028
35	1199
36	1275
37	1262
38	1192
39	1061
40	864
41	714
42	609
43	499
44	412
45	303
46	218
47	148
48	82
49	56
50	50
51	28
52	19
53	8
54	11
55	5
56	4
57	4
58	2
59	1

Default Report Title
Use Preferences to Define Titles

Site Code: 00000003
Station ID:
Location 1: 51 Hunters Road
Location 2: Maennerchor Avenue
Location 3:
Location 4:

Volume Sorted by Speed for 9/15/2025 to 9/23/2025

Comment 1:
Comment 2:
Comment 3:
Comment 4:

Latitude: 0.000000
Longitude: 0.000000

60	0
61	0
62	2
63	0
64	2
65	0
66	0
67	0
68	0
69	0
70	0
71	0
72	1

Default Report Title
Use Preferences to Define Titles

Site Code: 00000003
Station ID:
Location 1: 51 Hunters Road
Location 2: Maennerchor Avenue
Location 3:
Location 4:

Comment 1:
Comment 2:
Comment 3:
Comment 4:

Latitude: 0.000000
Longitude: 0.000000

Volume Sorted by Speed for 9/15/2025 to 9/23/2025

Northwest, 2

Speed (MPH)	Volume
8	0
9	4
10	6
11	1
12	6
13	7
14	14
15	17
16	19
17	56
18	56
19	85
20	92
21	136
22	180
23	262
24	421
25	552
26	629
27	804
28	956
29	1056
30	1158
31	1240
32	1206
33	1212
34	1104
35	972
36	780
37	664
38	544
39	411
40	336
41	219
42	146
43	132
44	103
45	66
46	54
47	33
48	16
49	16
50	11
51	12
52	4
53	5
54	3
55	3
56	2
57	1
58	1
59	2

Default Report Title
Use Preferences to Define Titles

Site Code: 00000003
Station ID:
Location 1: 51 Hunters Road
Location 2: Maennerchor Avenue
Location 3:
Location 4:

Volume Sorted by Speed for 9/15/2025 to 9/23/2025

Comment 1:
Comment 2:
Comment 3:
Comment 4:

Latitude: 0.000000
Longitude: 0.000000

60	0
61	0
62	0
63	0
64	0
65	0
66	0
67	0
68	0
69	0
70	0
71	0
72	0

ATTACHMENT I

Public Involvement

COMMISSION ON THE CITY PLAN
Tuesday, November 18, 2025 – 7:00 P.M.
****** HYBRID REGULAR MEETING / PUBLIC HEARING(S) ******
23 Union – Lower-Level Conference Room – Norwich CT
MEETING AGENDA

Join Zoom Meeting
https://us02web.zoom.us/j/83044373617?pwd=agYG1tXWu4hav84JdFLOb5say1U2uc.1

Meeting ID: 830 4437 3617
Passcode: 580189

Dial by your location
+1 305 224 1968 US
+1 309 205 3325 US

Meeting ID: 830 4437 3617

Please Test your audio & video before joining the meeting

1. **CALL TO ORDER**
2. **ROLL CALL -** Chairman, Frank Manfredi; Kathy Warzecha; Deane Nason; Ella Myles; Nicholas Fortson
3. **APPROVAL OF MINUTES**: October 21, 2025, Meeting
4. **COMMUNICATIONS:**
5. **Public Hearings and Potential Action on the Following Special Permit and Subdivision Application(s):**
   a. **SP#25-02: 100 West Thames Street.** Request for a Special Permit for a proposed bed-and-breakfast inn with associated site improvements. Property and Application of Andrew Bowie. Assessor's Map 118 Block 1 Lot 3. Zone MF. (Tabled from 08/19/2025, Opened 09/16/2025)
   b. **SP#25-06: 101 Water Street.** Request for a Special Permit to convert an existing office building to a proposed mixed-use building with 61 residential units. Application of Matthew H. Greene, Esquire. Property of WW Water LLC. Assessor's Map 102 Block 6 Lot 62. Zone CC Zone/SFHA Overlay. (Tabled from 09/16/2025)
   c. **SUB #442: 145 Taftville-Occum Road, 432 Canterbury Turnpike & 180 Lawler Lane.** Request for a re-subdivision of approved SUB #437 (and to rescind approved Re-subdivision #441) to reduce the total number of lots from twelve (12) to ten (10). Proposal includes associated lot line adjustments, three (3) interior lots (Lot #7, Lot #10 & Lot #11) with access over a shared driveway, reduction of the roadway layout and length, and an increase in the dedicated open space with a proposed public parking area. All proposed re-subdivision changes are to occur west of Canterbury Turnpike. Proposal includes modification and correction of deed restrictions relative to height previously approved for lots 8, 10, and 12 (75'), and lot 2 (45') to be lots 6 & 7 (75') and lot 5 (45'). Application and Property of Norwich Community Development Corporation. Assessor's Map 25 Block 1, Lot 1; Map 24 Block 1, Lot 1; and Map 23, Block 1, Lot 7. Zone: General Commercial (GC) & Planned Development Design District (PDD).
6. **Potential Action of the Following Site Plan Application(s):**
   d. **SDP #1058: 138-142 & 146 Main Street.** Site Plan Review for a proposed mixed-use development consisting of twenty (20) apartments and 3,992 square feet of ground floor commercial tenant space. Property of T138 Main Street LLC and T146 Main Street, LLC, Ernest Tollja, Principal, Application of Matthew Greene, Esq. Assessor's Map 102, Block 2, Lots 50 & 51. Zone CC. (Tabled from 09/16/2025)
7. **OTHER BUSINESS:**
   1. ZBA Referral – Use Variance: 307 Main Street
   2. Public Works Presentation – Proposed LOTCIP Project: Hunters Road
8. **STAFF REPORT**
9. **ADJOURNMENT**

Email Copy: City Clerk's Office, Clerk of Meeting, CCP Members, Applicants, P&NS Dept. Bulletin Board

COMMISSION ON THE CITY PLAN
Tuesday, November 18, 2025 – 7:00 P.M.
MEETING MINUTES

1. **CALL TO ORDER:** Meeting was called to order at 7:00 pm by Vice Chairman, Deane Nason.
2. **ROLL CALL:** Kathy Warzecha**,** Deane Nason**,** Ella Myles and Nicholas Fortson were present. Chairman Frank Manfredi was absent. Staff present included Director of Planning and Neighborhood Services, Deanna Rhodes and City Planner, Dan Daniska.
3. **APPROVAL OF MINUTES**: October 21, 2025, Meeting—Motion by Ella Myles to approve the minutes. Motion was seconded by Kathy Warzecha. Nick abstained. Motion passed.
4. **COMMUNICATIONS:** Deanna Rhodes spoke and noted correspondence received related to the CT Federation of Planning & Zoning Agencies Fall Quarterly newsletter, a State of CT Siting Council revised schedule with regards to the proposed cell tower to be located at 577 West Main Street, and receipt of a letter from the Norwich Zoning Enforcement Officer related to a referral for a use variance request that will be addressed later in the meeting.
5. **APPLICATIONS:**

   a. **SP#25-02: 100 West Thames Street.** Request for a Special Permit for a proposed bed-and-breakfast inn with associated site improvements. Property and Application of Andrew Bowie. Assessor's Map 118 Block 1 Lot 3. Zone MF. (Tabled from 08/19/2025, Opened 09/16/2025)

   Ms. Rhodes clarified for the Vice Chairman that the public hearing had already been opened at the September meeting so no motion to open was required.

   Mr. Andrew Bowie was present and introduced architect Jason Pitts with Capitol Studio Management. Mr. Pitts gave a short presentation and reviewed and responded to comments from the Fire Marshal, Building Official and Planning Dept. memos. He stated that the exterior stairs will be removed as they are not necessary for this use. He then discussed compliance with the thirteen special permit criteria. He clarified that there will be 2- two-bedroom guest suites (one accessible on the first floor) and 4 single guest suites with living quarters for Mr. Bowie on the third floor. Ms. Deanna Rhode noted she was satisfied with the responses. She asked that the reading of the exhibit list be waived. Kathy Warzecha made a motion to waive reading of exhibit list. The motion was seconded by Ella Myles. The motion passed unanimously.

   Deane Nason then asked for public comment regarding the proposal. There was no opposition. Kevin Brown, President of NCDC spoke in favor of the application noting the project adds to the City's capacity to entertain tourists.

   Ella Myles then made a motion to close public hearing. The motion was seconded by Kathy Warzecha. The motion passed unanimously.

   Kathy Warzecha then made a motion to approve the application with the following conditions:

- That the site plan for the Special Permit will expire in 5 years unless an extension has been granted by the Commission.
- That the items listed in this memo, dated 11/14/2025 be included in the revised site plan.
- That final revised plans be submitted and reviewed by City Staff.
- That the City's letter of approval be placed on a new cover sheet for the final revised plan set and that the required signature block be placed on all plan sheets, and that all plan sheets include the stamped seal and signature of the licensed professional.
- That four (4) signed and embossed sealed 24" X 36" sized paper copies and two (2) 24"X36" sized mylars of the final revised set of plans be submitted to the Planning Department for endorsement by an officer of the Commission. The mylars must include the red indelible ink certification which includes the name of producer and process used.
- That the endorsed mylar set shall be filed on the Land Records by the applicant.
- That after the filing of the mylars and associated Special Permit documentation, a zoning permit shall be issued prior to any land disturbance activities associated with this approval.
- That any modifications to the approved proposal shall be reviewed by the Zoning Enforcement Officer prior to occurring and may require additional review and approval by the Commission.
- That a bond, in the amount deemed satisfactory by the City Engineer, be submitted for Erosion and Sediment Control and Site Restoration. Once approved, it should be submitted in the form of a check or letter of credit with the required paperwork for review and approval by the City's Attorney prior to the issuance of the Zoning Permit.
- That all proposed improvements associated with this application are to be completed according to the approved plan prior to the issuance of the required Certificate of Zoning Compliance or a performance bond will be required in accordance with Sections 7.5.7.3 and 8.9 of the Zoning Regulations.

Reasons: The proposal conforms to special permit criteria and is consistent with the POCD.
The motion was seconded by Ella Myles. The motion passed unanimously

b. **SP#25-06: 101 Water Street.** Request for a Special Permit to convert an existing office building to a proposed mixed-use building with 61 residential units. Application of Matthew H. Greene, Esquire. Property of WW Water LLC. Assessor's Map 102 Block 6 Lot 62. Zone CC Zone/SFHA Overlay. (Tabled from 09/16/2025)

Nicholas Fortson made amotion to open the Public Hearing. The motion was seconded by Ella Myles. The motion passed unanimously.

Attorney Matthew Greene spoke on behalf of the property owners. He described the property as being an island between Water Street and Chelsea Harbor Drive set between two garage buildings. He stated that the proposal is for a reuse of a long-vacant commercial building for 58 proposed residential units. There will be 33 studio apartments, 13 one-bedroom units and 12 two-bedroom units. He noted that the ZBA granted a variance to allow more residential than commercial space in the building but required 3,000 sq. ft. of commercial on the first floor. He spoke about the zoning requirements for parking and noted there are 52 existing parking spaces. He went on to state that there are available spots in nearby garages should they be needed, according to the parking authority. He stated that there were no substantial

improvements proposed outside the building in the FEMA designated Special Flood Hazard area and questioned the city engineer's concerns hoping that the CCP would grant an approval and his client could address all the outstanding comments afterwards. He stated that if they didn't, the project couldn't move forward. A discussion then ensued where the City Planner, Dan Daniska reiterated the requirement for the engineered site plan. That was confirmed by the City Engineer Jeff Dewey, who was in attendance at the meeting. Deanna Rhodes clarified, noting her role as the City's Flood Plain Administrator, what is considered a substantial improvement and that it has nothing to do with the exterior of the building. She explained FEMAs definition and the responsibility of the city to follow Federal and State regulations for compliance.

Deane Nason then asked the Commission members whether they had any comments or questions. Kathy Warzecha stated that she agreed with Ms. Rhodes and recommended that the hearing be continued to allow the applicant to supply the required site plan. Ella Myles and Nick Forston concurred.

Ella Myles then made a motion to continue the Public Hearing to the December 16, 2025 meeting. The motion was seconded by Kathy Warzecha. The motion passed unanimously.

The Commission then changed the order of the meeting to address another application that would be presented by Attorney Greene.

c. **SDP #1058: 138-142 & 146 Main Street.** Site Plan Review for a proposed mixed-use development consisting of twenty (20) apartments and 3,992 square feet of ground floor commercial tenant space. Property of T138 Main Street LLC and T146 Main Street, LLC, Ernest Tollja, Principal, Application of Matthew Greene, Esq. Assessor's Map 102, Block 2, Lots 50 & 51. Zone CC. (Tabled from 09/16/2025)

   Dan Daniska stated more information is required to be submitted for review of this application. He noted that the applicant must allow an extension of time for the Commission to consider the proposal. On behalf of his client, Attorney Mathew Greene granted an extension to the December 16, 2025 meeting.

   Nicholas Forston then made a motion to table this application to December 16, 2025. Ella Myles seconded the motion. The motion passed unanimously.

d. **SUB #442: 145 Taftville-Occum Road, 432 Canterbury Turnpike & 180 Lawler Lane.** Request for a re-subdivision of approved SUB #437 (and to rescind approved Re-subdivision #441) to reduce the total number of lots from twelve (12) to ten (10). Proposal includes associated lot line adjustments, three (3) interior lots (Lot #7, Lot #10 & Lot #11) with access over a shared driveway, reduction of the roadway layout and length, and an increase in the dedicated open space with a proposed public parking area. All proposed re-subdivision changes are to occur west of Canterbury Turnpike. Proposal includes modification and correction of deed restrictions relative to height previously approved for lots 8, 10, and 12 (75'), and lot 2 (45') to be lots 6 & 7 (75') and lot 5 (45'). Application and Property of Norwich Community Development Corporation. Assessor's Map 25 Block 1, Lot 1; Map 24 Block 1, Lot 1; and Map

23, Block 1, Lot 7. Zone: General Commercial (GC) & Planned Development Design District (PDD).

Nicholas Fortson made a motion to open the Public Hearing. The motion was seconded by Kathy Warzecha. The motion passed unanimously.
Kevin Brown, President of Norwich Community Development Corporation spoke briefly and introduced his team of presenters for the application. He also spoke about adding language to the proposed conditions relevant to rescinding Sub #441.

Attorney Chris Smith, land use attorney with Zabel and Schellenberg provided a history of the approval process for Subdivision #437 and subsequent resubdivision #441. He spoke about the additional open space and reduction in the proposed road length that removes the need for any waiver for this application.

Jeff Bord, PE with Boheler Engineering gave a presentation of the subdivision changes, specifically the road length reduction and the common driveway.

Dan Daniska then read into the record a letter presented at the meeting by Kevin Brown which was prepared by Brian Carey, Professional Soils Scientist with Landtech. It was then added to the exhibit list.

A discussion then ensued. Kathy Warzecha questioned whether shared driveways are permitted. Dan Daniska responded that they are allowed in the PDD zone. More discussion ensued about the width of both the proposed roadway and shared driveway.

Dan Daniska then proceeded to go over his memo comments. These included submission of proof of required mailings, which had since been received, and other items such as the referral to Lisbon, relocation of the street trees to the area along the path, and other minor corrections needed on the plan set. He noted that Jeff Dewey, City Engineer had prepared a separate detailed memo that is part of the record. Dan Daniska then stated that the proposal conforms to the City of Norwich subdivision regulations and would be a reason for an approval.

Deane Nason, acting Chairman, then asked if there were any comments from the public (online or in person) in support of the application. No one spoke.

Deane Nason then asked whether there was anyone who wanted to speak in opposition of the proposal.

Steve Browning, of Scotland Road, spoke and stated he had a few questions. He asked whether the road being shortened avoided the need for a waiver. The Chairman allowed Kevin Brown, NCDC President, to respond to the question. Mr. Brown responded that a waiver is not needed.

Steve Browning then inquired whether the road was still going to cross wetlands (Byron Brook). Dan Daniska responded that a proposed shared driveway would require inland wetlands commission approval.

Mr. Browning then asked about project funding for the roadway to which Attorney Chris Smith responded that funding is not relevant to the subdivision application.

There were no other comments.

Deanna Rhodes then sought clarification from the applicant's attorney relevant to their concern about specifically rescinding Sub #441. A discussion then ensued and appropriate language was agreed upon.

Nicholas Fortson then made a motion to close the public hearing. Ella Myles seconded the motion. It passed unanimously.

At the request of the Commission, Deanna Rhodes read the revised additional words to add to the first bullet point of the conditions in Dan Daniska's memo.

Nicholas Fortson then made a motion to approve the application with the following condiotns:

- That the approval of SUB #442 supersedes and rescinds the approval of SUB #441 subject to Re-Sub #442 being final and recorded on the land records as required by law.
- That the approval letters for SUB #442, SUB #437, and IWWCC #22-05, IWWCC #22-05M, and IWWCC #22-05M3 are placed on the revised plan set and mylars (cover sheet preferred);
- That all comments from the City Engineer received via memo or via the application portal be addressed prior to the finalization of construction documents for the proposed roadway.
- That all city staff comments be addressed before revised final plans are submitted to be reviewed by staff.
- That an erosion and sediment control bond or any required performance bond be posted prior to any land disturbance activity associated with the roadway construction should it be deemed necessary by the Director of Public Works. The City Engineer will review the estimate of the contractor and determine whether the amount is sufficient. Bonds must be submitted in a form acceptable to the City (check or letter of credit preferred) prior to any land disturbance activities occurring. A surety bond shall not be acceptable.
- In accordance with Connecticut General Statutes §8-25(a), in lieu of completion of the required public improvements, the applicant may either (a) file a declaration and covenant on the Norwich Land Records prohibiting the sale of any lot in the subdivision unless and until such public improvements are completed or bonded; or (b) provide a bond sufficient to allow the City to complete such public improvements in the event that the applicant fails to do so. Any declaration and covenant provided under this condition shall be subject to the approval of the City Attorney. Any bonds posted under this condition shall be in the amount acceptable to the City Engineer, and in a form approved by the City Attorney, provided that surety bonds shall not be acceptable. The bonding described in this condition may be posted for phases of the subdivision, provided that no lots shall be sold in any phase for which no bond has been posted. The declaration and covenants, or the bonds, set forth in this condition shall be posted no later than the endorsement and filing of the final mylars with the Town Clerk.

- The Commission accepts the applicant's proposal to modify and correct deed restrictions relative to height previously approved for lots 8, 10, and 12 (75'), and lot 2 (45'), to be lots 6 & 7 (75'), and lot 5 (45'). While the Commission has no authority to require such a declaration, the Commission appreciates the applicant's efforts to be responsive to concerns expressed by neighbors of those lots.
- That two (2) mylars and four (4) prints of the plan must be submitted to the Planning Department for endorsement by the Chairman of the Commission on the City Plan.
- That all legal documents related to easements depicted, and any other required easements related to underground utilities, sewer and water, and street trees be submitted to the Planning Dept. within 30 days of approval for review and comment by the City Attorney and Director of Public Works. Documents submitted must include Conveyance Tax Statements and a Certificate of Title from an attorney admitted to the Connecticut Bar indicating that such conveyances are free and clear of any encumbrance which could affect title to the property interests conveyed;
- That the transfer of open space and the acceptance of all easements to the City will requires action of the City Council. Their approval must occur prior to the endorsement and filing of the mylars;
- That mylars for the approved subdivision must be filed on the Norwich Land Records at the Office of the City Clerk within ninety (90) days of the official date of approval. The State of Connecticut Statute allows for a maximum of two (2) ninety (90) extensions which must be granted by the Commission when requested;
- That the mylars must include the red indelible ink certification which includes the name of producer and process used;
- That a digital copy of the subdivision be provided to the City for updating the GIS system to reflect the approved configuration of the lots and roadway.
- That a final as-built of the road be provided to the City for review and approval by the City Engineer and/or Director of Public Works. The Public Works Dept. will coordinate and initiate road acceptance by the City Council once this has been completed to their satisfaction. Such as-built plans may be provided for each phase of the subdivision if it is developed in phases;
- That all monuments for the roadway and boundary markers for lots are to be installed prior to the start of any land disturbance activities on any sites. Certification from a land surveyor must be submitted as proof.
- This subdivision approval shall not be construed as indicating any approval of or predetermination concerning the preliminary development for each lot as depicted on the subdivision plan. Such preliminary plans are intended only to demonstrate the feasibility of development on each lot as required by the Subdivision Regulations. As each lot applies for special permit or site plan approval, such applications shall be reviewed under the applicable criteria of the Zoning Regulations as they may be in force at the time of application.

REASON: The proposed project conforms to the City of Norwich Subdivision Regulations

The Motion was seconded by Kathy Warzecha.

Votes In Favor: Deane Nason, Kathy Warzecha and Nicholas Fortson
Votes in Opposition: Ella Myles

The Motion passed 3 to 1.

6. **OTHER BUSINESS:**
   - Deanna Rhodes read a memo from Richard Shuck, ZEO which is a referral from the Zoning Board of appeals (ZBA) for a use variance requested by TVCCA to operate a seasonal (December 1st through March 15th) warming shelter at the historic Buckingham building located at 307 Main Street. She explained that the lower level had been used previously for this purpose (for 16 individuals and 2 staff) but only during State of Connecticut declared emergency cold weather protocols. A discussion then ensued which included questions about the building's ownership, length of a variance, and potential for a future larger shelter in the community.

     A motion was made by Nicholas Fortson to send a favorable recommendation to the ZBA regarding the variance request. The motion was seconded by Ella Myles. The motion was unanimous.

   - Jeff Dewey, City Engineer, gave a short overview of a proposed LOTCIP grant application to make much need improvements to Hunters Road, including repairs of two culverts. He explained the extent of the project and stated that the city would seek future grant funding to complete the remainder of the roadway as it is too expensive to include it all in this application. Mr. Dewey noted that if awarded, the State of Connecticut pays 80% of the cost of the project iA brief discussion then ensued.

     Nicholas Fortson made a motion to support the LOTCIP application. Ella Myles seconded the motion. The motion passed unanimously.

7. **STAFF REPORT:** Deanna Rhodes and Dan Daniska both spoke and reminded the Commission about the Special Meeting to be held on 12/2 at 5:30 p.m. to discuss the proposed draft zoning regulations and associated zoning map. A brief discussion ensued where they shared updates about ongoing activities in the P&NS Dept. and that three alternate members had been appointed to the CCP by the City Council the previous night.

8. **ADJOURNMENT:** A motion was made by Ella Myles to adjourn the meeting. The motion was seconded by Nicholas Fortson. The motion passed unanimously, and the meeting ended at 9:09 p.m.

Prepared by:

Deanna L. Rhodes, AICP
Director of Planning & Neighborhood Services

Email Copy: City Clerk's Office, Clerk of Meeting, CCP Members, Applicants, P&NS Dept. Bulletin Board

CITY OF NORWICH
CONNECTICUT

AGENDA – MEETING OF THE COUNCIL OF THE CITY OF NORWICH
Council Chambers
100 Broadway, Norwich, CT
December 15, 2025
7:00 PM

The meeting will be televised on the Public Access Channel and posted on the city website, www.norwichct.org, in real time.

PRAYER

PLEDGE OF ALLEGIANCE

PETITIONS AND COMMUNICATIONS

1. Communication from Marcia Wilbur on free speech.

PUBLIC HEARING

1. AN ORDINANCE INCREASING THE APPROPRIATION FROM $2,000,000 TO $3,000,000 FOR COSTS ASSOCIATED WITH A TANK AERATION/MIXING SYSTEM AT STANLEY ISRAELITE BUSINESS PARK IN THE CITY OF NORWICH, INCREASING THE AUTHORIZATION FROM $2,000,000 TO $3,000,000 FOR THE ISSUANCE OF REVENUE BONDS OF THE CITY SECURED SOLELY BY WATER REVENUE TO MEET SAID APPROPRIATION, AND AUTHORIZING THE CITY OF NORWICH AND DEPARTMENT OF PUBLIC UTILITIES TO ENTER INTO GRANT AND LOAN AGREEMENTS AND A JOINT RESOLUTION WITH THE STATE OF CONNECTICUT WITH RESPECT THERETO.

2. AN ORDINANCE INCREASING THE APPROPRIATION FROM $2,400,000 TO $5,200,000 FOR COSTS ASSOCIATED WITH THE PLANNING, DESIGN AND REPAIR OF THE YANTIC WATER TANK IN THE CITY, INCREASING THE AUTHORIZATION FROM $2,400,000 TO $5,200,000 FOR THE ISSUANCE OF REVENUE BONDS OF THE CITY SECURED SOLELY BY WATER REVENUE TO MEET SAID APPROPRIATION, AND AUTHORIZING THE CITY AND DEPARTMENT OF PUBLIC UTILITIES TO ENTER INTO GRANT AND LOAN AGREEMENTS AND A JOINT RESOLUTION WITH THE STATE OF CONNECTICUT WITH RESPECT THERETO.

SECOND READING AND ACTION ON THE ABOVE ORDINANCE PREVIOUSLY PRESENTED

1. AN ORDINANCE INCREASING THE APPROPRIATION FROM $2,000,000 TO $3,000,000 FOR COSTS ASSOCIATED WITH A TANK AERATION/MIXING SYSTEM AT STANLEY ISRAELITE BUSINESS PARK IN THE CITY OF NORWICH, INCREASING THE AUTHORIZATION FROM $2,000,000 TO $3,000,000 FOR THE ISSUANCE OF REVENUE

BONDS OF THE CITY SECURED SOLELY BY WATER REVENUE TO MEET SAID APPROPRIATION, AND AUTHORIZING THE CITY OF NORWICH AND DEPARTMENT OF PUBLIC UTILITIES TO ENTER INTO GRANT AND LOAN AGREEMENTS AND A JOINT RESOLUTION WITH THE STATE OF CONNECTICUT WITH RESPECT THERETO.

2. AN ORDINANCE INCREASING THE APPROPRIATION FROM $2,400,000 TO $5,200,000 FOR COSTS ASSOCIATED WITH THE PLANNING, DESIGN AND REPAIR OF THE YANTIC WATER TANK IN THE CITY, INCREASING THE AUTHORIZATION FROM $2,400,000 TO $5,200,000 FOR THE ISSUANCE OF REVENUE BONDS OF THE CITY SECURED SOLELY BY WATER REVENUE TO MEET SAID APPROPRIATION, AND AUTHORIZING THE CITY AND DEPARTMENT OF PUBLIC UTILITIES TO ENTER INTO GRANT AND LOAN AGREEMENTS AND A JOINT RESOLUTION WITH THE STATE OF CONNECTICUT WITH RESPECT THERETO.

CITY MANAGER'S REPORT

CITIZENS COMMENT ON NEW BUSINESS RESOLUTIONS (on agenda items only)

NEW BUSINESS RESOLUTIONS

1. Relative to Council appointments to the Harbor Management Commission.
2. Relative to a Council appointment to the Dangerous Buildings Board of Review.
3. Relative to Council appointments to the Public Parking Commission.
4. Relative to Council appointments to the Recreation Advisory Board.
5. Relative to a Council appointment to the Sachem Fund Board.
6. Relative to a Council appointment to the Rehabilitation Review Committee.
7. Relative to a reappointment of the Norwich Veterans' Service contact person.
8. Relative to a Council appointment of a Liaison to the Board of Education.
9. Relative to Council appointments to the Norwich Community Development Corporation (NCDC).
10. Relative to amending the membership of the Council and Board of Education Ad Hoc Committee.
11. Relative to Council appointments to the City Council & Board of Education Ad-Hoc.
12. Relative to Council appointments to the School Building Committee (2020).
13. Relative to the re-appointment of Assistant Corporation Counsel.
14. Relative to the provision of legal services for the City of Norwich.

15. Relative to the City Manager reappointment to the Harbor Management Commission.

16. Relative to the City Manager reappointment to the Public Parking Commission.

17. Relative to the appointment of a regular member to the Norwich Housing Authority.

18. Relative to City Manager Salomone being authorized and directed to enter into an agreement or application seeking funding by way of a LOTCIP grant to be used to reconstruct Hunters Avenue.

19. Relative to a resolution approving the twenty-second supplemental resolution to the joining resolution of the City of Norwich, Connecticut and the sewer Authority of the city of Norwich containing amendments to the joint resolution.

20. Relative to approving the thirty-sixth supplemental resolution to the joint resolution of the City of Norwich and the Board of Public Utilities Commissioners of the City of Norwich Containing amendments to the joint resolution.

21. Relative to amending the resolution adopted on November 17, 2025 with respect to the disposition of property at West Main Street.

NEW BUSINESS ORDINANCES

1. AN ORDINANCE AMENDING APPENDIX A, ZONING, CHAPTERS 1-9 OF THE CODE OF ORDINANCES OF THE CITY OF NORWICH CONCERNING REGULATING AND RESTRICTING THE USE OF LAND AND THE USE AND LOCATION OF BUILDINGS AND STRUCTURES; REGULATING AND RESTRICTING THE HEIGHT AND BULK OF BUILDINGS AND STRUCTURES AND DETERMINING THE AREA OF YARDS, COURTS AND OTHER PLACES SURROUNDING THEM; REGULATING AND RESTRICTING THE DENSITY OF POPULATION; DIVIDING THE CITY OF NORWICH FOR SUCH PURPOSES; ADOPTING MAPS OF SAID CITY SHOWING THE BOUNDARIES AND THE CLASSIFICATION OF SUCH DISTRICTS; AND PRESCRIBING PENALTIES FOR THE VIOLATION OF ITS PROVISIONS.

2. AN ORDINANCE AMENDING THE ZONING MAP OF THE CITY OF NORWICH ACCOMPANYING THE ZONING ORDINANCE OF THE CITY OF NORWICH BY CHANGING THE ZONING DESIGNATION OF TRACTS OR PARCELS OF LAND WITHIN THE CITY OF NORWICH.

EXECUTIVE SESSION

CITIZEN COMMENT GENERAL (30 minutes)

Roseann Muscatello

City Clerk

THIS IS TO CERTIFY that the following is a true and attested copy of a resolution adopted by the Council of the City of Norwich at a meeting held on December 15, 2025, and that the same has not been amended or rescinded:

WHEREAS, the City of Norwich proposes to submit an application to the Local Transportation Capital Improvement Program, administered by the State of Connecticut; and

WHEREAS, the application will request funding by way of a LOTCIP grant which, if obtained, will pay 80% of construction costs, to reconstruct a portion of Hunters Road, running from Laporte Drive to Norwich Avenue and referred to as Phase-1; and

WHEREAS, the City of Norwich estimates that the total cost of the reconstruction work for the road to be $3,275,600.00; and

WHEREAS, the Council of the City of Norwich finds that it is in the best interests of the City of Norwich to submit an application seeking grant funding through the Local Transportation Capital Improvement Program; and

WHEREAS, the Council of the City of Norwich finds that it is in the best interests of the City of Norwich to develop an application for the reconstruction project for Hunters Road.

NOW, THEREFORE BE IT RESOLVED THEREFORE BY THE COUNCIL OF THE CITY OF NORWICH, that City Manager John Salomone hereby be authorized and directed to enter into an agreement or agreements satisfactory to him and in keeping with this resolution on behalf of the City of Norwich to submit an application seeking funding by way of a LOTCIP grant to be used to reconstruct Hunters Road.

Dated at Norwich, Connecticut this17th, day of December, 2025

ATTEST:

Roseanne Muscarella
City Clerk

ATTACHMENT J

Cost Estimate

Construction Cost Estimate |

Hunters Road Rehabilitation, PHASE-1 Norwich, CT 06360

Length 0.42 Miles

Major and Minor Contract Items

Item No.	Item	Unit	Quantity	Unit $	Total Cost
201012	Tree Removal	Each	5	$ 3,432.00	$ 17,160.00
201214	Reset Sign	Each	6	$ 2,000.00	$ 12,000.00
201500	Relocate Mailbox	Each	4	$ 869.00	$ 3,476.00
202000	Earth Excavation	CY	1920	$ 80.00	$ 153,600.00
202216	Exacavate & Re-use Channel Bottom	CY	85	$ 67.62	$ 5,747.70
202501	Sawcut Bituminous Pavement	LF	1320	$ 8.00	$ 10,560.00
202502	Removal of Concrete Pavement	SY	1858	$ 40.00	$ 74,320.00
202530	Removal Bituminous Sidewalk	SY	345	$ 22.00	$ 7,590.00
204504	Dewater, Control & Diversion of Water	LS	2	$ 15,000.00	$ 30,000.00
209001	Formation of Subgrade	SY	6460	$ 7.00	$ 45,220.00
214000	Compacted Gravel Fill	CY	230	$ 65.50	$ 15,065.00
216000	Pervious Structural Backfill	CY	60	$ 106.90	$ 6,414.00
219001	Sedimentation Control System	LF	2200	$ 5.77	$ 12,694.00
219011	Sedimentation Control System at CB	Each	10	$ 188.66	$ 1,886.60
219012	Sedimentation Control System-Channel	LF	250	$ 8.50	$ 2,125.00
304002	Processed Aggregate Base	CY	2473	$ 65.00	$ 160,745.00
406002	Temporary Pavement	SY	600	$ 39.96	$ 23,976.00
406170	HMA S1	Tons	550	$ 140.00	$ 77,000.00
406171	HMA S0.5	Tons	550	$ 150.00	$ 82,500.00
406236	Material for Tack Coat	gal	320	$ 13.00	$ 4,160.00
503890	Removal of Existing Bridge Ovewr Water - DOT Composite Item	SF	530	$ 85.00	$ 45,050.00
505002	Wing Endwall	SF	128	$ 105.00	$ 13,440.00
505003	L Endwall	SF	264	$ 105.00	$ 27,720.00
586001	New Type "C" CB	Each	4	$ 5,157.48	$ 20,629.92
586601	Reset Type "C" CB	Each	10	$ 1,783.64	$ 17,836.40
507006	Type "C" Catch Basin Top	Each	10	$ 1,800.00	$ 18,000.00
586780	Manhole Frame and Cover	Each	3	$ 1,500.00	$ 4,500.00
601062	Footing Concrete	CY	15	$ 1,300.00	$ 19,500.00
601064	Abutment and Wall Concrete	CY	30	$ 2,190.00	$ 65,700.00
601132	8'x6' Precast Box Culvert	SF	380	$ 225.00	$ 85,500.00
601153	10'x4' Precast Box Culvert	SF	570	$ 225.00	$ 128,250.00
601604	Retaining Wall (4' Max)	LF	315	$ 70.00	$ 22,050.00
686230	Install 15" HDPE Pipe	LF	250	$ 143.59	$ 35,897.50
703010	Standard RipRap	CY	15	$ 104.79	$ 1,571.85
815001	Install Bituminous Concrete Lip Curbing	LF	2220	$ 12.48	$ 27,705.60
815091	Remove Bituminous Concetre Curb	LF	700	$ 7.00	$ 4,900.00
910300	Metal Beam guiderail (R-B Mash)	LF	960	$ 45.00	$ 43,200.00
911175	R-B End Anchorage (Buried type)	Each	8	$ 3,200.00	$ 25,600.00
912503	Remove existing guiderail	LF	960	$ 20.00	$ 19,200.00
913041	Remove and re-install Chain link Fence	LF	150	$ 36.00	$ 5,400.00
924004	Bituminous Concrete Driveway Ramps	SY	340	$ 270.00	$ 91,800.00
939001	Sweeping for Dust Control	Hr	20	$ 157.66	$ 3,153.20
944000	Furnishing and Placing Topsoil	SY	2450	$ 15.00	$ 36,750.00
950005	Turf Establishment	SY	300	$ 8.00	$ 2,400.00
970006	Traffic Person (Municipal Police Officer)	HR	800	$ 1,000.00	$ 800,000.00
970007	Traffic Person (Uniformed Flagger)	HR	800	$ 70.00	$ 56,000.00
975002	Traffic Cone	Each	80	$ 60.00	$ 4,800.00
978002	Traffic Drum	Each	60	$ 150.00	$ 9,000.00
980020	Construction Surveying	LS	1	$ 35,000.00	$ 35,000.00
100399	Relocate Electric Poles	Each	10	$ 10,000.00	$ 100,000.00
1111401	Vehicular Loop Detectors Replacement	LF	150	$ 30.00	$ 4,500.00
1118101	Temporary Signalizarion	Each	2	$ 35,000.00	$ 70,000.00
1205046	Street Name Sign	Each	3	$ 1,800.00	$ 5,400.00
1210101	4" White Epoxy Resin Pavement Markings	LF	4400	$ 0.75	$ 3,300.00
1210102	4" Yellow Epoxy Resin Pavement Markings	LF	2200	$ 0.75	$ 1,650.00
1210105	Epoxy Resin Pavement Markings, Symbols	SF	175	$ 7.15	$ 1,251.25
122013A	Construction Signs-Bright Fluorescent	SF	216	$ 20.00	$ 4,320.00
1302051	Reset Valve Box	Each	7	$ 250.00	$ 1,750.00
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -

A	**Major Items Subtotal**			**$ 2,608,965**
B	**Minor Items Subtotal**	25	% of Line "A"	**$ 652,241**
C	**Major and Minor Contract Items Subtotal (A + B)**			**$ 3,261,206**

Other Item Allowances

Clearing and Grubbing	2	% of Line "C"	$ 65,224
M & P of Traffic	3.5	% of Line "C"	$ 114,142
Mobilization	5	% of Line "C"	$ 163,060
Construction Staking	1	% of Line "C"	$ 32,612

D	**Other Items Subtotal**			**$ 375,038**
E	**CONTRACT SUBTOTAL (C + D)**			**$ 3,636,244**

Inflation Costs (Simple Method)

	Date of Estimate	Oct-25		
	Anticipated Bid Date	Mar-27		
	Annual Inflation (5%; defaults to 0% for bid date <1 yr	5%		
F	**Inflation Subtotal**	10.5%	of Line "E"	**$ 381,806**
G	**TOTAL CONTRACT COST ESTIMATE (E + F)** (Rounded to nearest $1000)			**$ 4,018,000**

LOTCIP Project Costs Summary		
Contract Cost Estimate (Line "G")		$ 4,018,000
Engineering - Design / Construction	20%	$ 803,600
Contingencies	10%	$ 401,800
Incidentals	10%	$ 401,800
ROW	LS	$ 50,000
Utility Adjustments (LIMITED TO LOTCIP-PARTICIPATING COSTS)	LS	N/A
TOTAL PROJECT COST		**$ 5,675,200**

ATTACHMENT M

Bridge Rehabilitation/Replacement



SOURCE(S):
Bing Maps Hybrid

Figure 3: Inundation Area

LOCATION:
Norwich, CT

N

Emergency Action Plan
Taftville #1 Dam

MXD: P:\2274-22\Design\GIS\Maps\TV1 Report\TV1InundationArea.mxd

Map By: JEP
MMI#: 2274-22
Original: 4/2/2014
Revision: 1/28/2015
Scale: 1 inch = 750 feet

MILONE & MACBROOM
99 Realty Drive Cheshire, CT 06410
(203) 271-1773 Fax: (203) 272-9733
www.miloneandmacbroom.com

Inspection Type: Screening

BRIDGE NO. 103018

56270 - NORWICH

Hunters Road

over

Hunter Brook

Screening Inspection

9/13/2016

Inspected by: Dewberry



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SCREENING REPORT	6
PICTURES	7

Form: Location
Inspection type: Screening
Inspection Date: 9/13/2016
Inspected by: Dewberry

Bridge No: 103018

Town: NORWICH
Carried: Hunters Road
Crossed: Hunter Brook
Inventory Route:



Location Map # 1

Bridge No. 103018
Hunters Road over Hunter Brook
Norwich, CT.

SCREENING - INVENTORY DATA

Bridge: 103018 **Town:** 56270 - NORWICH **Carried:** Hunters Road **Crossed:** Hunter Brook

IDENTIFICATION

(4) Town	56270 - NORWICH
(6A) Feature Intersected	Hunter Brook
(7) Facility Carried	Hunters Road
(9) Location	0.1mi N of Norwich Ave

	Deg.	Min.	Sec.
(16) Latitude	41	33	38.8
(17) Longitude	-72	3	40.4

(98) Border Bridge	
(A) State Code	
(B) Percent Responsibility	
(C) Border Town Name	
(99) Border Bridge No.	

STRUCTURE TYPE AND MATERIAL

(43) Structure Type, Main	
A) Material	1 - Concrete
B) Design Type	01 - Slab
(44) Structure Type, Approach	
A) Material	
B) Design Type	
(45) Number of Spans, Main Unit	1
(46) Number of Approach Spans	0
(107) Deck Structure Type	9 - Other
(108) Wearing Surface Protective Systems	
A) Type of Wearing Surface	6 - Bituminous

AGE AND SERVICE

(27) Year Built		1942	(29) Average Daily Traffic	
(106) Year Reconstructed			Is Above Half ADT?	
(28) Number Of Lanes	(A) On	2	(30) Year Of ADT	

GEOMETRIC DATA

(48) Length of Maximum Span	10	ft	0	in
(49) Structure Length	14	ft	0	in
(51) Bridge Roadway Width				
Curb to Curb	24	ft	6	in
(52) Deck Width, Out to Out* **	28	ft	0	in
Deck Area* **	392	sq ft		
(34) Skew Angle				
(35) Structure Flared				

Creation Date: 09/13/2016 **Created By:** Mazeiko, Josef **Approved By:**

* Record measurements to the nearest whole number.

** Under the screening phase of the program, Bridge Width (Out-Out) and Deck Area are not applicable to culverts that are significantly wider than the roadway (i.e. inlet-to-Outlet measurement is significantly greater than the curb-to-curb measurement.)

SCREENING REPORT

Bridge: 103018 **Town:** 56270 - NORWICH **Carried:** Hunters Road **Crossed:** Hunter Brook

Inspection Date	08/29/2016	**Inspection Team**	Dewberry

OVERLAY

Depression/Settlement	Sat/Better	Overlay has random cracks and uneven pavement. A catch basin has been added at the Northwest corner since the last inspection.
Sidewalk	N/A	
Bridge Rail/Fence	Sat/Better	Concrete parapets. There are no approach guide rails except for two-cable rail on wood posts at the Southwest corner.

STRUCTURE

Deck	N/A	Concrete slab; the deck is integral with the superstructure. See Item "Superstructure" below.
Superstructure	Fair/Worse	Underside of slab has transverse cracks and an isolated 2' x 1' spall with exposed rebar at the outlet.
Substructure	Fair/Worse	Masonry Abutments and wingwalls. North Abutment has voids between the stones.

CULVERT

Cell	N/A	
Headwall/Wingwalls	N/A	

WATERWAY

Debris	Sat/Better	None noted.
Stream Alignment	Fair/Worse	Stream is perpendicular to bridge (90 degree turn at inlet).
Embankment/Erosion	Sat/Better	None noted.

COMMENTS There is a utility pipe running between the Abutments at the inlet.

To be followed by full inspection

Form: Asset Photos
Inspection type: Screening
Inspection Date: 9/13/2016
Inspected by: Dewberry

Bridge No: 103018

Town: NORWICH
Carried: Hunters Road
Crossed: Hunter Brook
Inventory Route:



Photo Number: 1

Photo Taken: 08/29/2016

General topside looking South. Note: Catch basin is new since the previous inspection.



Photo Number: 2

Photo Taken: 08/29/2016

West elevation, outlet.

Form: Asset Photos
Inspection type: Screening
Inspection Date: 9/13/2016
Inspected by: Dewberry

Bridge No: 103018

Town: NORWICH
Carried: Hunters Road
Crossed: Hunter Brook
Inventory Route:

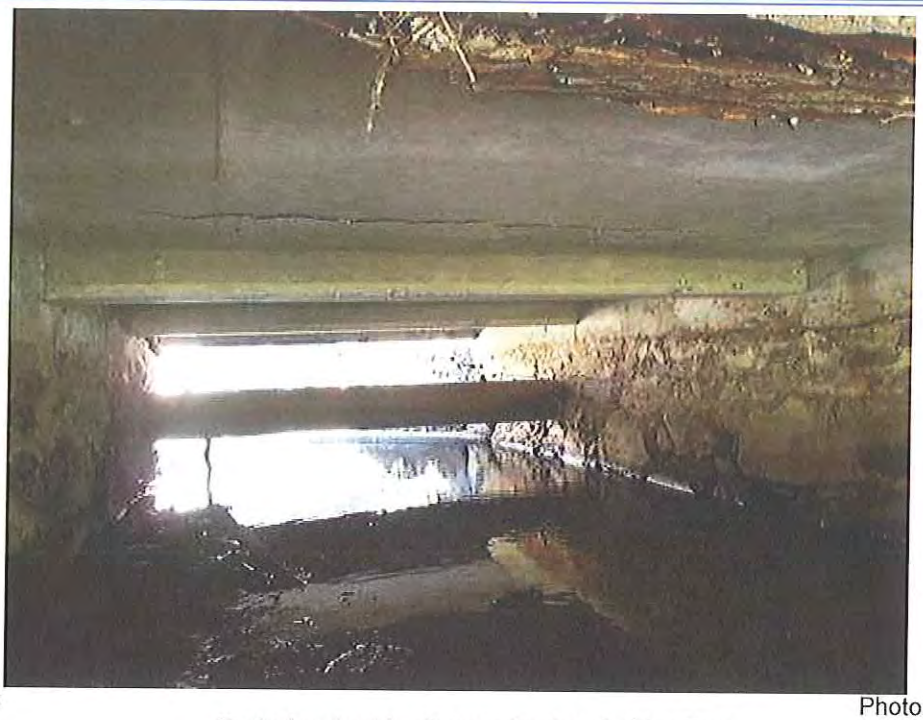


Photo Number: 3

Photo Taken: 08/29/2016

Typical underside of superstructure looking East.

Town Bridges (Span of 20 FT & under)– Inventory and Screening - Field Notes

Town: Norwich Bridge No.: 103019 Date of Inspection: 8/29/16

PE Stamp and Signature

Consultant Co Name: DEWBERRY

Inspector: DAL (Print) _____ (Signature)

Inspector: DAF (Print) _____ (Signature)

Reviewed by: _____ Date: _____

Inventory Data

Road: Hunters Road #2 Crossing: Hunters Brook

Location to nearest intersection: 0.1 Miles 5 (N/ S/ E/ W) from Junction with MAENNERCHOR AVE

Is this a border bridge? Yes/ (No) Border Town (and state): _____

Functional Classification of Roadway: Rural principal arterial (interstate)/ Rural principal arterial (other)/ Rural minor arterial/ Rural major collector/ Rural minor collector/ Rural local/ Urban principal arterial (interstate)/ Urban principal arterial (other freeway)/ Urban other principal arterial/ Urban minor arterial/ Urban collector/ Urban local

ADT: _____ Date of ADT: _____ 41.557768 -72.053047

Source: CDOT Town ADT map, Town source, Project source, other _____
(Do not use the ADT from previous 1991 report and do not estimate ADT – if no source, leave blank)

Main Span:
-Bridge Material: (Concrete) Continuous Conc/ Steel/ Continuous Steel/ Pre-stressed Conc/ Continuous Pre-Stressed Conc/ Timber/ Masonry/ Aluminum or Iron/ Other _____

-Type of Bridge: Slab/ Multi-Beam/ Girder & Floorbeam/ (Tee Beam)/ Multiple Box Beam/ Spread box Beam/ Frame/ Deck Arch/ Pipe culvert or Box Culvert/ Channel Beam/ Other _____

Approach Span: Conc. T-beams integral w/ abutments
-Bridge Material: Concrete/ Continuous Conc/ Steel/ Continuous Steel/ Pre-stressed Conc/ Continuous Pre-Stressed Conc/ Timber/ Masonry/ Aluminum or Iron/ Other _____

-Type of Bridge: Slab/ Multi-Beam/ Girder & Floorbeam/ Tee Beam/ Multiple Box Beam/ Spread box Beam/ Frame/ Deck Arch/ Pipe culvert or Box Culvert/ Channel Beam/ Other _____

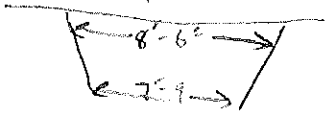
NBIS Bridge Length: 7'-9" Structure Length: _____

Number of Spans: 1 Span Lengths: Span1- 7'-9" Span2-____ Span3-____ Span4-____

Bridge Width (out-to-out)**: _____ (curb-to-curb): 22'

Deck Area**: _____ Number of Lanes on Structure: 2

** Under the screening phase of the program, Bridge Width (out to out) and Deck Area are not applicable to culverts that are significantly wider than the roadway (i.e. inlet-to-outlet measurement is significantly greater than the roadway curb-to-curb measurement)



Abut faces are battered @ faces

Town Bridges (Span of 20 FT & under)– Inventory and Screening - Field Notes

Town: Norwich Bridge No.: 103019 Date of Inspection: 8/29/16

Mandatory / Standard Photos

12 1. Top View [Photo1 - Looking north/ east/ south/ west across bridge in log/ reverse log direction of road.]

13 2. Elevation View [Photo2 - North/ east/ south/ west elevation (inlet/ outlet)]

14 3. Under View [Photo3 – Describe elements viewed, e.g. West abutment and typical superstructure; East barrel looking upstream, etc.] Underside looking east

Additional Photos:

(include any safety concerns of an urgent nature)

4.

5.

6.

7.

8.

9.

10.

11.

12.

13.

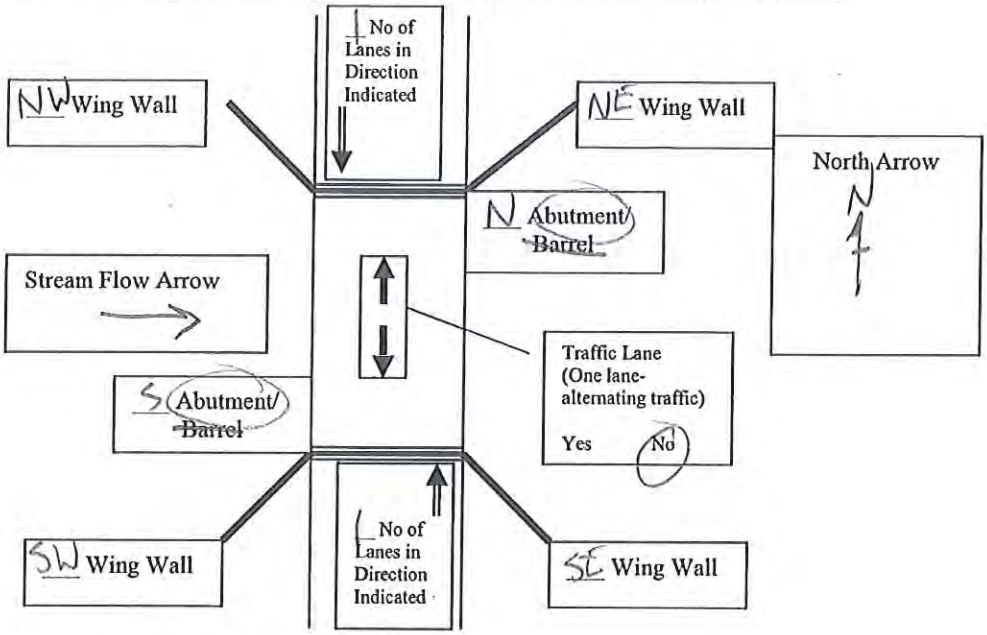
14.

Town Bridges (Span of 20 FT & under)– Inventory and Screening - Field Notes

Town: Norwich Bridge No.: 103019 Date of Inspection: 8/29/16

Basic Orientation Sketch:

(Add north arrow, stream flow arrow, number traffic lanes, and abutment & wing wall labels)



Screening Data (Limited Inspection)

Was structure inspected under the previous CDOT project (#170-936)? . . . . . Yes ✓ No ___
Is structure new or significantly modified since last CDOT inspection? . . . . . Yes ___ No ✓
Has the structure been inspected by others since the last CDOT inspection? . . . . . Yes ___ No ✓
Date of last inspection by others: _____

Inspection Access

- Is there ready access to both sides of bridge (up & downstream)? . . . . . Yes ✓ No ___
- Can stream be walked with waders? . . . . . N/A___ Yes ✓ No ___
- Items for full inspection - Boat or raft/ Divers/ Ladder/ Tidal/ Low FB/ Confined space/ Other _____

Topside (Bridge and Culvert)

- Condition of Topside (overlay, top of deck). . . . . Sat. Or Better ✓ Fair or worse ___
- Safety concerns of urgent nature on topside? (include parapets, railing, etc) No ✓ . . . Yes ___

Underside (Bridge)

- Condition of underside of deck . . . . . N/A ___ Sat. Or Better ___ Fair or worse ✓
- Condition of superstructure. . . . . N/A ___ Sat. Or Better ___ Fair or worse ✓
- Condition of abutments . . . . . N/A ___ Sat. Or Better ___ Fair or worse ✓
- Condition of wingwalls . . . . . N/A ___ Sat. Or Better ___ Fair or worse ✓
- Safety concerns of urgent nature on underside? . . . . . No ___ . . . Yes ___

Underside (Culvert)

- Condition of roof . . . . . N/A ✓ Sat. Or Better ___ Fair or worse ___
- Condition of sidewalls. . . . . N/A ✓ Sat. Or Better ___ Fair or worse ___
- Condition of invert . . . . . N/A ✓ Sat. Or Better ___ Fair or worse ___
- Condition of wingwalls . . . . . N/A ✓ Sat. Or Better ___ Fair or worse ___
- Safety concerns of urgent nature on underside? . . . . . No ___ . . . Yes ___

Town Bridges (Span of 20 FT & under)– Inventory and Screening - Field Notes

Town: Norwich Bridge No.: 103019 Date of Inspection: 8/29/16

Channel

	N/A	Sat. Or Better	Fair or worse
• Condition of scour	___	✓	___
• Condition of channel	___	✓	___
• Alignment of channel	___	✓	___
• Adequacy of channel to carry high flow	___	✓	___

General Assessment Based on Above:

	N/A	Sat. Or Better	Fair or worse
• 58. Deck	___	___	✓
• 59. Superstructure	___	___	✓
• 60. Substructure	___	___	✓
• 61. Channel	___	✓	___
• 62. Culvert	✓	___	___
• 67. Structural Evaluation	___	___	✓
• 71. Waterway adequacy	___	✓	___

Safety Items:
Was town notified of any urgent safety concerns by e-mail (with photos) . . . Yes ___ No ___ N/A ✓
Date the town was notified: _____

Comments and Observations:

Topside – Random cracks in pavement. MBR both sides

Underside - Spalls @ west fascia w/ exposed rebar
CMU wingwalls deteriorated w/ cracks in mortar

Channel - Pond downstream

General - Structure has not changed except for additional deterioration.

Norwich – screening 103019







ATTACHMENT N-1

Major Drainage Improvement

LOTCIP Application Section (N) Major Drainage Improvement

For

Phase -1 Hunters Road

As part of the Hunters Road Rehabilitation Project-PHASE-1, the existing cross culverts identified as Bridges No 103018 and 103019 require replacement. As covered in application section (M) Bridge Rehabilitation/Replacement, both culverts are in poor structural condition and require replacement. Reference the bridge inspection reports located in Section M for more information. As part of the design for the replacement of both bridges, a hydrologic and hydraulic analysis will be performed to ensure the replacement structure capacities meet and/or exceed the required 20-year design life for the project.

In addition to the bridge replacements, a gutterflow analysis of the entire road length will be conducted to assess the ability of the existing drainage to maintain safe and ponding-free travel lanes for a 10-year design storm event. Upon completion of this analysis, additional catch basins and associated piping will be designed to ensure that the roadway improvements will not result in stormwater runoff ponding and subsequent unsafe traffic conditions.

ATTACHMENT O

Pavement Structure Improvement

PRELIMINARY PAVEMENT EVALUATION FORM FOR LOCAL ROADS PROGRAMS

General Information

Consultant Firm: City of Norwich Public Works

Completed By:Jean-Paul Laguerre

Reviewed By: Jeffrey Dewey, P.E.

Project Description:Hunters Road Rehabilitation-Phase 1

Road Name: Hunters Road

Start Limit: Norwich Ave-State Route 12 (Station 1+0)

End Limit: : Laporte Drive (Station 23+00)

Pavement Surface Age: 15 Years

Multiple Sections? Yes / **(No)** **If Yes, Sheet ___ of ___**

For the purposes of this form, a section is defined as a roadway area having the same or similar surface age and exhibiting similar distresses/overall condition. If multiple sections are present, please fill out a separate sheet for each.

Instructions / References

The purpose of this form is to aid engineers in selecting an appropriate treatment category for pavement projects. This form should be both completed and reviewed/approved by an engineer with experience in the field of pavements.

To select the proper treatment category for a given project, the condition of the pavement must first be evaluated through distress identification and characterization. Please refer to the links below for examples and descriptions of common distress types. These distresses can be defined as either "structural" or "functional" in nature, and further defined as "primary" or "secondary" based on how the distress type is contributing to the overall need for roadway repair.

FHWA - Distress Identification Manual

Pavement Interactive - Pavement Distresses

Once distresses have been identified, the table below can be used to determine which treatment category would be most appropriate based on the predominant distress mechanism(s). The surface age of the pavement may also be used as a guide to help select a treatment category but should not be relied upon.

Predominant Distress Mechanism	*Treatment Category*	*Typical Surface Age (years)*
Primarily functional distresses with minimal or no structural distresses	Pavement Preservation	6 to 12
Primarily functional distresses of varying extent and severity with minimal isolated structural distresses	Minor Rehabilitation	10 to 15
Extensive functional distresses with some isolated structural distresses	Major Rehabilitation	15+
Extensive structural failure	Full Depth Reconstruction	20+

Structural Distresses	Distress Type Present? (**Y**es / **N**o)	Severity Level (**L**ow / **M**oderate / **H**igh)	Extent Level (**I**solated / **E**xtensive)	Distress Level (**P**rimary / **S**econdary)	Possible Cause of Distress (traffic loading, base failure, drainage issue, etc.)
Longitudinal Cracking (Wheelpath)	Yes	M	E	P	Traffic Loading
Fatigue Cracking / Alligator Cracking	Yes	H	E	S	Traffic Loading
Potholes / Patching	yes	L	I	S	Traffic Loading
Edge Cracking	yes	L	I	S	Traffic Loading
Rutting (of Granular Base)	Yes	M	I	S	Base Failure

Notes:

Functional Distresses	Distress Type Present? (**Y**es / **N**o)	Severity Level (**L**ow / **M**oderate / **H**igh)	Extent Level (**I**solated / **E**xtensive)	Distress Level (**P**rimary / **S**econdary)	Possible Cause of Distress (environmental, oxidation/aging, truck traffic, soft binder, etc.)
Transverse / Thermal Cracking	Yes	L	I	S	Truck Traffic
Longitudinal Cracking (Non-Wheelpath)	Yes	M	E	P	Soft Binder
Block Cracking	Yes	H	I	S	Truck Traffic
Raveling	Yes	M	I	S	Truck Traffic
Rutting (of Asphalt Surface)	Yes	L	I	S	Truck Traffic
Bleeding / Flushing	No	L	I	S	Soft Binder
Shoving / Pushing	No	L	I	S	Soft Binder
Water Bleeding / Pumping	No	L	I	S	Soft Binder

Notes:

Treatment Category Selection

Please select the top 3 "primary" distresses driving the need for roadway repair:

1 _Longitudinal Cracking

2 _Fatigue Cracking

3 _Rutting of granular base

Based on the information provided, which treatment category is being pursued?

Pavement Preservation	
Minor Rehabilitation	
Major Rehabilitation	
Full Depth Reconstruction	X

In 2010, the City of Norwich milled two inches of pavement on Hunters Road and replaced it with two inches of Class 2 bituminous concrete. However, the pavement did not age well, and the same cracks soon reappeared indicating that the base layer may be inadequate. It has only been 15 years since the last rehabilitation, however, there are roads in the City rehabilitated 20 years ago that are in much better shape than Hunters Road.

Hunters Road experiences approximately 10 to 15 percent truck traffic, and the distress caused by heavy loads is evident. A recent pavement investigation revealed pavement depths ranging from four inches in some sections to approximately 4¾ inches in others. However, the integrity of the base layer remains a concern. Considering all these issues, we are recommending a full depth reconstruction.

Additional Notes / Comments



Example of Wheel Ruts



Example of longitudinal cracking due to truck traffic.



Example of fatigue and alligator cracking



Example of longitudinal cracking (Non-Wheelpath)



Example of longitudinal and transverse cracking



Example of patching and longitudinal cracking.



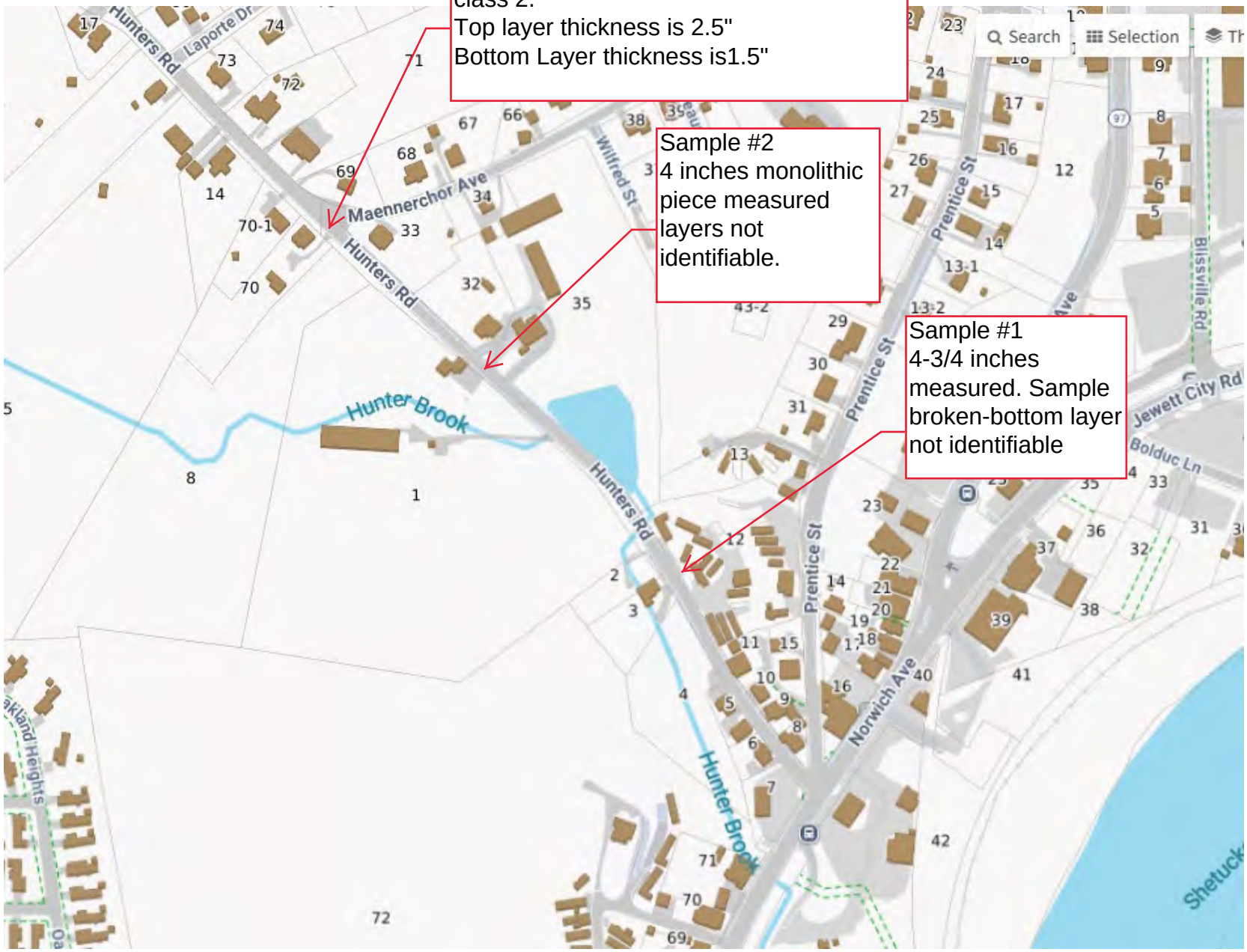
Example of block cracking



Example of fatigue and transverse cracking

Investigation date 09/19/2025

Engineer: J.P Laguerre



HUNTERS AVE-PAVEMENT CORE SAMPLE INVESTIGATION

2319 Whitney Avenue, Suite 6B
Hamden, CT 06518
(203) 680-0907

MEMORANDUM

CLIENT: SECOG
PROJECT: LOTCIP - Hunters Road, Norwich Improvements Phase I
DATE: December 23, 2025
PURPOSE: Subsurface Investigation Report

INTRODUCTION:

The City of Norwich (City) is preparing an application for the 2026 LOTCIP solicitation. Final applications are due December 31, 2025. The City requested that a subsurface investigation be conducted by M&J Engineers (M&J) to support the proposed pavement rehabilitation as part of the Hunters Road Improvements Phase I. This report summarizes the investigation and results.

BACKGROUND:

Prior to the subsurface investigation, the City completed a Preliminary Pavement Evaluation using the CTDOT form. The evaluation identified significant structural distresses in the existing pavement. Additionally, in the years since Hunters Road was milled and paved in 2010, the City notes that the pavement did not age well when compared to roads receiving similar treatment, and the integrity of the base is a concern. Major rehabilitation (full depth reclamation) or full depth reconstruction was recommended.

The purpose of the subsurface investigation was to identify existing pavement thickness and subsurface materials to evaluate the viability of full depth reclamation (FDR). The LOTCIP program application requires that for major rehabilitation pavement projects, representative test pits must be taken every 1000 feet to a depth of 36 inches each. Pavement thickness, total base and subbase depth and depth to subgrade must be determined. Base and subbase samples must be collected from test pits for a sieve analysis. To determine suitability for FDR, particle size distribution is to be determined in accordance with AASHTO T27 and AASHTO T11 standard test methods and sieves identified corresponding to CTDOT FORM 819 Section M.02.06. The base material must satisfy Grading B requirements. Additionally, pavement cores along the roadway at 1000 feet increments between each test pit should be taken and measured for total pavement thickness and depth. In lieu of pavement cores, two additional shallow test pits were excavated between the three larger test pits. The additional shallow test pits served to evaluate the pavement thickness in place of the pavement cores.

SUBSURFACE INVESTIGATION RESULTS:

M&J identified test pit locations along Hunters Road, and a map of test pit locations is included as Attachment 1. On December 9, the test pits were excavated by Norwich Public Works Department and samples of aggregate from the existing subbase were collected for sieve testing. The asphalt pavement surface was excavated by a combination of saw-cutting and jack hammering. Existing pavement layers, pavement thickness, and a description of the subbase were recorded.

The following Table 1 provides an overview of the results including test pit locations, test pit depth, pavement thickness, and the locations of samples collected for sieve testing. The detailed test pit logs are included as Attachment 2.

Table 1: Summary of Hunters Road Test Pits

Location Name	Description of Approximate location	Depth of Test Pit	Thickness of pavement	Sieve Analysis
S-1	South of intersection with Laport Dr	36 inches	15-inches	Yes
S-2	South of intersection with Maennerchor Ave	12 inches	8.25-inches	No
S-3	North of Bridge No. 103018	36 inches	8.5-inches	Yes
S-4	South of Bridge No. 103019	12 inches	7-inches	No
S-5	Intersection with Norwich Ave	36 inches	11-inches	Yes

The sieve testing was completed by Connecticut Materials Laboratory, Inc located in Norwalk, Connecticut. The results are included as Attachment 3. All three samples were described as light brown silty sand with some gravel. The fine material content (material passing the #200 sieve size) ranged between 13% and 15%.

The sieve test results were inputted into a CTDOT Full Depth Reclamation Blended Gradation Analysis Excel tool. The purpose of the analysis is to determine if a road is suitable for FDR. The FDR process involves grinding and blending pavement and subbase together to a design depth that is typically between 18 to 20 inches. The resulting blend materials must be comprised of 50% or less of asphalt materials and must have the characteristics of CTDOT Form 819 M.02.06 Grading B.

The FDR Blended Gradation Analysis tool calculates the resulting gradation for each individual test pit as well as an average test pit. For the average test pit, the gradation results for the three sieve tests were averaged, and an average pavement depth was calculated using the average pavement thickness observed at all five test pits, which was 10-inches. A typical design depth of 18-inches was considered. The resulting content of asphalt and gradation are summarized in Table 2 and included in Attachment 4. As indicated at all the locations (and for the average condition) the asphalt content and resulting gradation were not generally considered favorable.

Table 2: FDR Blended Analysis Results for a Design Depth of 18-inches.

	Pavement Depth	**Asphalt content less than 50%**	**Aggregate meets Grading B**
Test Pit S-1	15-inches	No	Yes
Test Pit S-3	8.5-inches	Yes	No
Test Pit S-4	11-inches	No	No
Average Test Pit	10-inches*	No	No

*Average pavement depth calculated using average pavement depth of all five test pits

A second design depth of 20-inches was also considered, since using the average pavement thickness and blending to a depth of 20-inches would achieve the desired 50% or less asphalt. Although increasing the depth would achieve the desired percent of asphalt material, the percent content passing the #40, #100 and #200 sieves continued to increase. The resulting content of asphalt and gradation for a design depth of 20-inches are summarized in Table 3 and included in Attachment 4.

Table 3: FDR Blended Analysis Results for a Design Depth of 20-inches.

	Pavement Depth	Asphalt content less than 50%	Aggregate meets Grading B
Test Pit S-1	15-inches	No	No
Test Pit S-3	8.5-inches	Yes	No
Test Pit S-4	11-inches	No	No
Average Test Pit	10-inches*	Yes	No

*Average pavement depth calculated using average pavement depth of all five test pits

Although a 10-inch average pavement depth was used in the analysis, it is also important to note that for FDR, the existing asphalt and base are ground and blended in place. In certain sections of Hunters Road where thicker pavement was measured (between 11 and 15-inches), it would not be practical to blend to a depth that would achieve 50% or less asphalt.

SUMMARY:

The desired asphalt content and gradation cannot be met by blending existing pavement and subbase on Hunters Road. It is recommended that the City consider full depth reconstruction.

ATTACHMENTS:

Attachment 1: Map of Test Pit Locations
Attachment 2: Test Pit Field Logs
Attachment 3: Sieve Test Results
Attachment 4: CTDOT Full Depth Reclamation Tool

Sincerely,



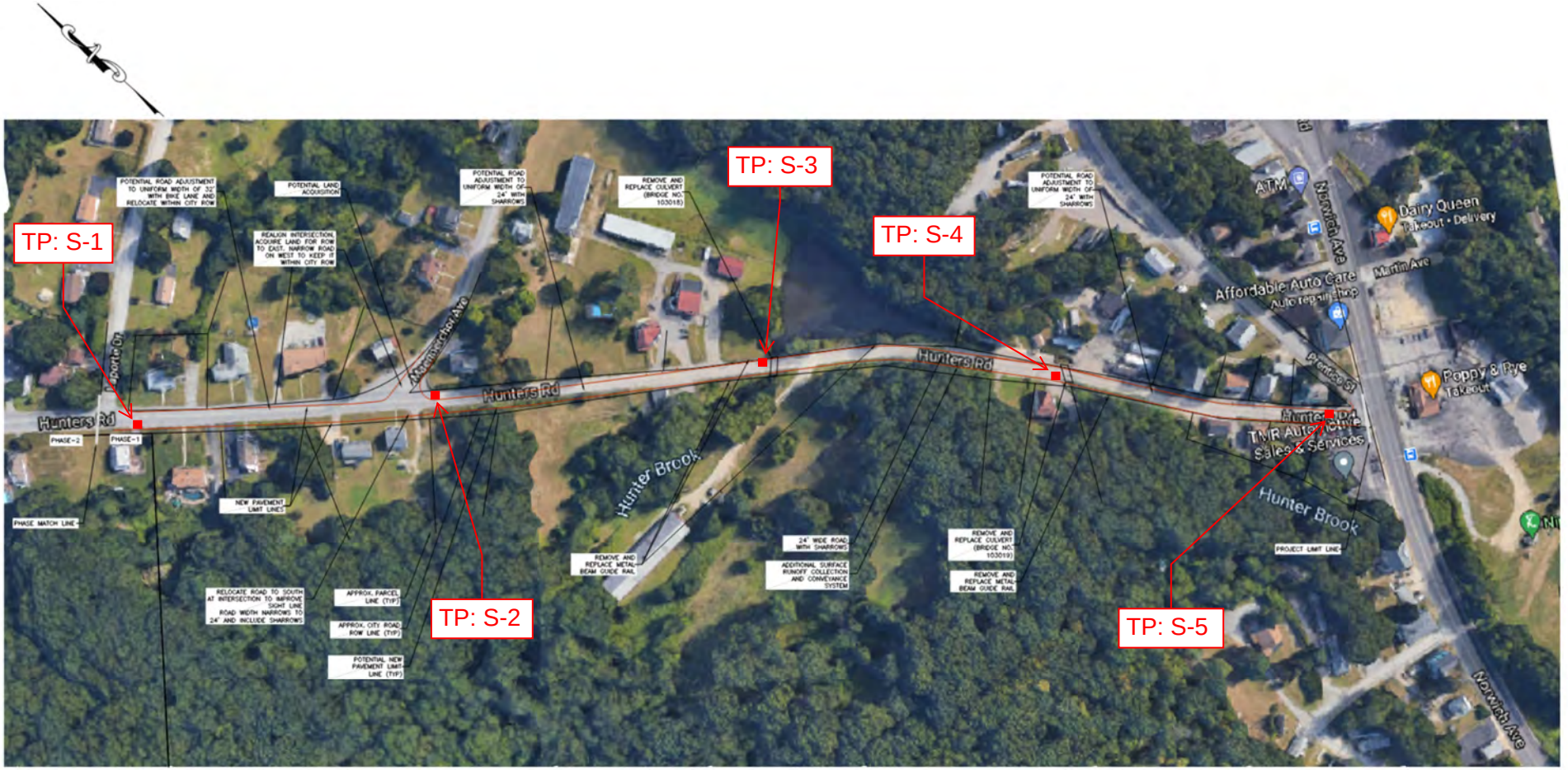
Elizabeth Ventura
Project Engineer
Eventura@mjengineers.com
(203) 680-0907 x512



William G. Murphy, P.E.
Director of Engineering
Wmurphy@mjengineers.com
(203) 680-0907 x511

Attachment 1: Map of Test Pit Locations (Hunters Road)

Map of Test Pit Locations



Attachment 2: Test Pit Field Logs

M&J ENGINEERING	Client: **City of Norwich** Project: **Hunters Rd Reclamation Project** Location: **Hunters Rd, Norwich CT 06360**	TEST PIT LOG Test Pit No. **S-1** M&J Project Number: **2025-099-000**

Excavation Date: **12/9/2025**	Total Excavation Depth (ft): **36 inches**
Contractor: **City of Norwich**	Sampling Method(s): **Hand Sampling**
Excavation Method & Equipment: **Vacuum Excavation Truck, Sawcutting and Chipping**	Groundwater Depth Observed (ft): **None Observed**
Size of Crew: **1 Foremen, 4 laborers, Public Works Surpervisor**	Unusual odors or staining observed? **None**
Weather Conditions: **Sunny, 14 degrees F**	Ground Surface Elev. (ft): **Roadway Surface**
Logged By: **Dylan Mercaldi**	Location (Lat, Long): **TBD**

Depth (in):	Lithology	Water Level	Soil / Rock Visual Description:	Infiltration (in/hr)	Compressive Strength (psi)	Elevation (ft)
0						
1	Asphalt		Upper most layer of Asphalt - 5" thickness			
2						
3						
4						
5						
6			Existing layer of old Aphalt - 10" thickness			
7						
8						
9						
10						
11						
12						
13						
14						
15						
16	Sand and Gravel		Brown medium to fine SAND, trace coarse to fine gravel, medium dense (sieve test results to identify gradation)			
17						
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39						
40						

Notes:

M&J ENGINEERING	Client: **City of Norwich** Project: **Hunters Rd Reclamation Project** Location: **Hunters Rd, Norwich CT 06360**	TEST PIT LOG Test Pit No. **S-2** M&J Project Number: **2025-099-000**

Excavation Date: **12/9/2025**	Total Excavation Depth (ft): 12 **inches**
Contractor: **City of Norwich**	Sampling Method(s): **Hand Sampling**
Excavation Method & Equipment: **Vacuum Excavation Truck, Sawcutting and Chipping**	Groundwater Depth Observed (ft): **None Observed**
Size of Crew: **1 Foremen, 4 laborers, Public Works Surpervisor**	Unusual odors or staining observed? **None**
Weather Conditions: **Sunny, 14 degrees F**	Ground Surface Elev. (ft): **Roadway Surface**
Logged By: **Dylan Mercaldi**	Location (Lat, Long): **TBD**

Depth (in):	Lithology	Water Level	Soil / Rock Visual Description:	Infiltration (in/hr)	Compressive Strength (psi)	Elevation (ft)
0						
1	Asphalt		Upper most layer of Asphalt - 4.75" thickness			
2						
3						
4						
5						
6			Layer of Overlay Asphalt- 1" thickness			
7			Layer of Existing Asphalt - 2.5" thickness			
8						
9	Soil		Brown medium to fine Sand, trace silt, little coarse to fine gravel			
10						
11						
12						
13						
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17						
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40						

Notes:

M&J ENGINEERING	Client: **City of Norwich** Project: **Hunters Rd Reclamation Project** Location: **Hunters Rd, Norwich CT 06360**	TEST PIT LOG Test Pit No. **S-3** M&J Project Number: **2025-099-000**

Excavation Date: **12/9/2025**	Total Excavation Depth (ft): **36 inches**
Contractor: **City of Norwich**	Sampling Method(s): **Hand Sampling**
Excavation Method & Equipment: **Vacuum Excavation Truck, Sawcutting and Chipping**	Groundwater Depth Observed (ft): **None Observed**
Size of Crew: **1 Foremen, 4 laborers, Public Works Surpervisor**	Unusual odors or staining observed? **None**
Weather Conditions: **Sunny, 14 degrees F**	Ground Surface Elev. (ft): **Roadway Surface**
Logged By: **Dylan Mercaldi**	Location (Lat, Long): **TBD**

Depth (in):	Lithology	Water Level	Soil / Rock Visual Description:	Infiltration (in/hr)	Compressive Strength (psi)	Elevation (ft)
0						
1–8	Asphalt		Upper most layer of Asphalt - 5" thickness Layer of Overlay Asphalt- 1.5" thickness Layer of Existing Asphalt - 2" thickness			
9–36	Sand and Gravel		Brown medium to fine Sand, trace silt, little coarse to fine gravel (sieve results to identify gradation)			
37–40						

Notes:

M&J ENGINEERING	Client: **City of Norwich** Project: **Hunters Rd Reclamation Project** Location: **Hunters Rd, Norwich CT 06360**	TEST PIT LOG Test Pit No. **S-4** M&J Project Number: **2025-099-000**

Excavation Date: **12/9/2025**	Total Excavation Depth (ft): 12 **inches**
Contractor: **City of Norwich**	Sampling Method(s): **Hand Sampling**
Excavation Method & Equipment: **Vacuum Excavation Truck, Sawcutting and Chipping**	Groundwater Depth Observed (ft): **None Observed**
Size of Crew: **1 Foremen, 4 laborers, Public Works Surpervisor**	Unusual odors or staining observed? **None**
Weather Conditions: **Sunny, 14 degrees F**	Ground Surface Elev. (ft): **Roadway Surface**
Logged By: **Dylan Mercaldi**	Location (Lat, Long): **TBD**

Depth (in):	Lithology	Water Level	Soil / Rock Visual Description:	Infiltration (in/hr)	Compressive Strength (psi)	Elevation (ft)
0						

Depth (in):	Lithology	Water Level	Soil / Rock Visual Description:	Infiltration (in/hr)	Compressive Strength (psi)	Elevation (ft)

0						
1	Asphalt		Upper most layer of Asphalt - 4" thickness			
2						
3						
4						
5			Layer of Overlay Asphalt- 1.5" thickness			
6						
7			Layer of Existing Asphalt - 1.5" thickness			
8	Soil		Brown medium to fine Sand, trace silt, little coarse to fine gravel			
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						

Notes:

M&J ENGINEERING	Client: **City of Norwich** Project: **Hunters Rd Reclamation Project** Location: **Hunters Rd, Norwich CT 06360**	TEST PIT LOG Test Pit No. **S-5** M&J Project Number: **2025-099-000**

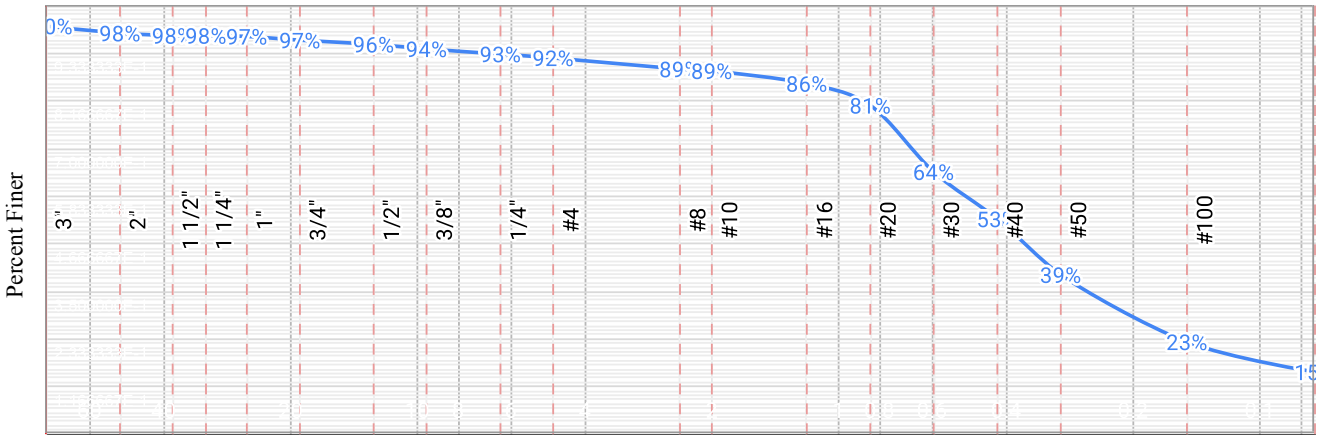
Excavation Date: **12/9/2025**	Total Excavation Depth (ft): **36 inches**
Contractor: **City of Norwich**	Sampling Method(s): **Hand Sampling**
Excavation Method & Equipment: **Vacuum Excavation Truck, Sawcutting and Chipping**	Groundwater Depth Observed (ft): **None Observed**
Size of Crew: **1 Foremen, 4 laborers, Public Works Surpervisor**	Unusual odors or staining observed? **None**
Weather Conditions: **Sunny, 14 degrees F**	Ground Surface Elev. (ft): **Roadway Surface**
Logged By: **Dylan Mercaldi**	Location (Lat, Long): **TBD**

Depth (in):	Lithology	Water Level	Soil / Rock Visual Description:	Infiltration (in/hr)	Compressive Strength (psi)	Elevation (ft)
0						
1	Asphalt		Upper most layer of Asphalt - 6" thickness			
2						
3						
4						
5						
6						
7			Layer of Existing Asphalt - 5" thickness			
8						
9						
10						
11						
12	SP/SM		Brown medium to fine Sand, trace silt, little coarse to fine gravel (sieve results to identify gradation)			
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						

Notes:

Attachment 3: Sieve Test Results

ASTM C136 Particle Size Distribution Report



%+3"	% Gravel		% Sand			% Fines	
	Coarse	Fine	Coarse	Medium	Fine	Silt	Clay
0.0%	3.5%	4.3%	3.2%	36.3%	37.5%	15.2%	

Sieve Size	% Finer	Specification *		Pass?
		Min	Max	(X=No)
3"	**100%**			
2"	**98%**			
1 1/2"	**98%**			
1 1/4"	**98%**			
1"	**97%**			
3/4"	**97%**			
1/2"	**96%**			
3/8"	**94%**			
1/4"	**93%**			
#4	**92%**			
#8	**89%**			
#10	**89%**			
#16	**86%**			
#20	**81%**			
#30	**64%**			
#40	**53%**			
#50	**39%**			
#100	**23%**			
#200	**15%**			

Material Description

Lt. Brown Silty Sand with some Gravel

Coefficients

D90= 2.85	D85= 1.13	D60= 0.5301
D50= 0.3955	D30= 0.2156	D15=
D10=	Cu=	Cc=

Classification

USCS= AASHTO=

Remarks

* No specification provided

Location: Hole S-1; Samples S-1A **Type of Sieve:** ASTM C117 Sieve by Wash **Date Sampled:** 12/10/2025

Sample No: 8965 **Sampled by:** Client **Date tested:** 12/17/2025

Connecticut Materials Testing Lab, Inc.
7 Lexington Avenue, South Norwalk, CT 06854 (203) 838-6978 Fax (203) 831-8132

Client: M & J Engineering
Project Hunters Road Norwich LOTCIP Subsurface Investigation
Project No: 25-210

References: ASTM D75, C702, C117, C136, C566 are applied to the above Results

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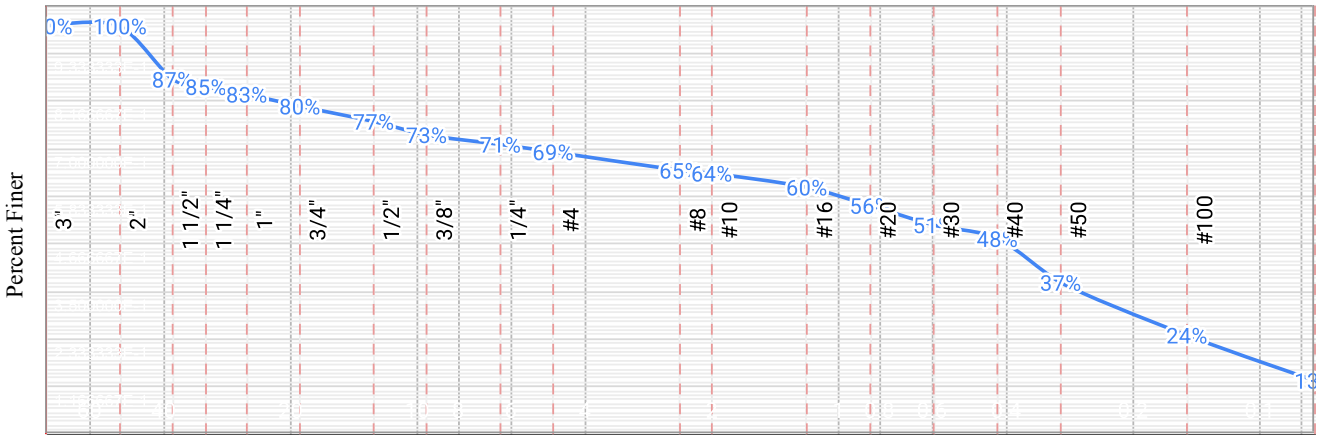
ASTM C136 Particle Size Distribution Report



%+3"	% Gravel		% Sand			% Fines	
	Coarse	Fine	Coarse	Medium	Fine	Silt	Clay
0.0%	19.6%	11.2%	5.2%	16.0%	34.8%	13.1%	

Sieve Size	% Finer	Specification *		Pass?
		Min	Max	(X=No)
3"	**100%**			
2"	**100%**			
1 1/2"	**87%**			
1 1/4"	**85%**			
1"	**83%**			
3/4"	**80%**			
1/2"	**77%**			
3/8"	**73%**			
1/4"	**71%**			
#4	**69%**			
#8	**65%**			
#10	**64%**			
#16	**60%**			
#20	**56%**			
#30	**51%**			
#40	**48%**			
#50	**37%**			
#100	**24%**			
#200	**13%**			

* No specification provided

Material Description

Lt. Brown Silty Sand with Gravel

Coefficients

D90= 41.09 D85= 31.35 D60= 1.1513

D50= 0.5298 D30= 0.2152 D15= 0.0867

D10= Cu= Cc=

Classification

USCS= AASHTO= A-1-b

Remarks

Location: Hole S-3; Sample S-3A **Type of Sieve:** ASTM C117 Sieve by Wash **Date Sampled:** 12/10/2025

Sample No: 8966 **Sampled by:** Client **Date tested:** 12/17/2025

Connecticut Materials Testing Lab, Inc.
7 Lexington Avenue, South Norwalk, CT 06854 (203) 838-6978 Fax (203) 831-8132

Client: M & J Engineering

Project Hunters Road Norwich LOTCIP Subsurface Investigation

Project No: 25-210

References: ASTM D75, C702, C117, C136, C566 are applied to the above Results

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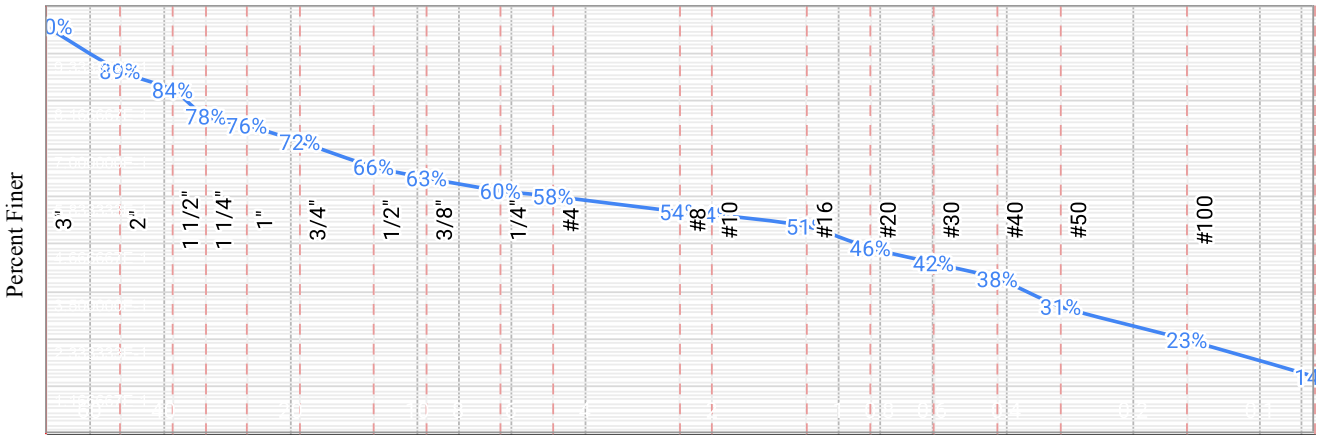
ASTM C136 Particle Size Distribution Report



%+3"	% Gravel		% Sand			% Fines	
	Coarse	Fine	Coarse	Medium	Fine	Silt	Clay
0.0%	28.4%	13.3%	4.5%	15.8%	24.0%	14.1%	

Sieve Size	% Finer	Specification *		Pass?
		Min	Max	(X=No)
3"	**100%**			
2"	**89%**			
1 1/2"	**84%**			
1 1/4"	**78%**			
1"	**76%**			
3/4"	**72%**			
1/2"	**66%**			
3/8"	**63%**			
1/4"	**60%**			
#4	**58%**			
#8	**54%**			
#10	**54%**			
#16	**51%**			
#20	**46%**			
#30	**42%**			
#40	**38%**			
#50	**31%**			
#100	**23%**			
#200	**14%**			

* No specification provided

Material Description

Lt. Brown Silty Sand with Gravel

Coefficients

D90= 53.07	D85= 39.91	D60= 6.7345
D50= 1.1308	D30= 0.2743	D15= 0.0818
D10=	Cu=	Cc=

Classification

USCS= AASHTO= A-1-b

Remarks

Location: Hole S-5; Sample S-5A **Type of Sieve:** ASTM C117 Sieve by Wash **Date Sampled:** 12/10/2025

Sample No: 8964 **Sampled by:** Client **Date tested:** 12/17/2025

Connecticut Materials Testing Lab, Inc.
7 Lexington Avenue, South Norwalk, CT 06854 (203) 838-6978 Fax (203) 831-8132

Client: M & J Engineering
Project Hunters Road Norwich LOTCIP Subsurface Investigation
Project No: 25-210

References: ASTM D75, C702, C117, C136, C566 are applied to the above Results

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Attachment 4: Full Depth Reclamation Blended Analysis (CTDOT Excel tool)

TEST PIT 1 - BLENDED GRADATION ANALYSIS

	Asphalt Sample Info (measure the asphalt depth from core and/or test pit taken, use assumed gradation below)	**Granular Base/Subbase Sample 1 Info** (measure base depth from test pit taken, perform sieve analysis to get gradation)	**Reclaim Depth / Blend Depth =** **83% Asphalt** (any blend with 50% asphalt or less is acceptable)	**Reclaimed Miscellaneous Aggregate** (CTDOT Form 818, Section M.02.06 - Grading B)	**Check**
Sieve Size	**Percent Passing**				
5 inch	100	100	100.0	100	OK
3.5 inch	100	100	100.0	90 to 100	OK
1.5 inch (37.5 mm)	80	98	83.0	55 to 95	OK
0.75 inch (19 mm)	65	97	70.3	N/A	N/A
0.25 inch (6.3 mm)	35	93	44.7	25 to 60	OK
No. 10 (2.0 mm)	20	89	31.5	15 to 45	OK
No. 40 (425 µm)	9	53	16.3	5 to 25	OK
No. 100 (150 µm)	5	23	8.0	0 to 10	OK
No. 200 (75 µm)	2	15	4.2	0 to 5	OK
Depth (inches)	15.0''	21.0''	18.0''		
Description	HMA	Lt. Brown Silty Sand with some Gravel			

Legend

= assumed value

= user input value

= calculated value

TEST PIT 2 - BLENDED GRADATION ANALYSIS

	Asphalt Sample Info (measure the asphalt depth from core and/or test pit taken, use assumed gradation below)	**Granular Base/Subbase Sample 1 Info** (measure base depth from test pit taken, perform sieve analysis to get gradation)	**Reclaim Depth / Blend Depth =** **47% Asphalt** (any blend with 50% asphalt or less is acceptable)	**Reclaimed Miscellaneous Aggregate** (CTDOT Form 818, Section M.02.06 - Grading B)	**Check**
Sieve Size	**Percent Passing**				
5 inch	100	100	100.0	100	OK
3.5 inch	100	100	100.0	90 to 100	OK
1.5 inch (37.5 mm)	80	87	83.7	55 to 95	OK
0.75 inch (19 mm)	65	80	72.9	N/A	N/A
0.25 inch (6.3 mm)	35	71	54.0	25 to 60	OK
No. 10 (2.0 mm)	20	64	43.2	15 to 45	OK
No. 40 (425 µm)	9	48	29.6	5 to 25	NO
No. 100 (150 µm)	5	24	15.0	0 to 10	NO
No. 200 (75 µm)	2	13	7.8	0 to 5	NO
Depth (inches)	8.5''	27.5''	18.0''		
Description	HMA	Lt. Brown Silty Sand with Gravel			

Legend

= assumed value

= user input value

= calculated value

TEST PIT 3 - BLENDED GRADATION ANALYSIS

	Asphalt Sample Info (measure the asphalt depth from core and/or test pit taken, use assumed gradation below)	**Granular Base/Subbase Sample 1 Info** (measure base depth from test pit taken, perform sieve analysis to get gradation)	**Reclaim Depth / Blend Depth =** **61% Asphalt** (any blend with 50% asphalt or less is acceptable)	**Reclaimed Miscellaneous Aggregate** (CTDOT Form 818, Section M.02.06 - Grading B)	**Check**
Sieve Size	**Percent Passing**				
5 inch	100	100	100.0	100	OK
3.5 inch	100	100	100.0	90 to 100	OK
1.5 inch (37.5 mm)	80	84	81.6	55 to 95	OK
0.75 inch (19 mm)	65	72	67.7	N/A	N/A
0.25 inch (6.3 mm)	35	60	44.7	25 to 60	OK
No. 10 (2.0 mm)	20	54	33.2	15 to 45	OK
No. 40 (425 µm)	9	38	20.3	5 to 25	OK
No. 100 (150 µm)	5	23	12.0	0 to 10	NO
No. 200 (75 µm)	2	14	6.7	0 to 5	NO
Depth (inches)	11.0''	25.0''	18.0''		
Description	HMA	Brown Fine Sand with Rocks			

Legend

= assumed value

= user input value

= calculated value

Granular Base/Subbase Sample Info						
Sieve Size	**TP1 (S-1)**	**TP2 (S-3)**	**TP3 (S-5)**	**TP4**	**TP5**	**Average**
5 inch	100	100	100			100.0
3.5 inch	100	100	100			100.0
1.5 inch (37.5 mm)	98	87	84			89.7
0.75 inch (19 mm)	97	80	72			83.0
0.25 inch (6.3 mm)	93	71	60			74.7
No. 10 (2.0 mm)	89	64	54			69.0
No. 40 (425 µm)	53	48	38			46.3
No. 100 (150 µm)	23	24	23			23.3
No. 200 (75 µm)	15	13	14			14.0

Asphalt Sample Info						
Test Pit	**TP1 (S-1)**	**TP2 (S-3)**	**TP3 (S-5)**	**TP4 no sieve (S-2)**	**TP5 no sieve (S-4)**	**Average**
Depth (inches)	15.0''	8.5''	11.0''	8.3''	7.0''	10.0''

TEST PIT AVERAGE - BLENDED GRADATION ANALYSIS

	Asphalt Sample Info (measure the asphalt depth from core and/or test pit taken, use assumed gradation below)	**Granular Base/Subbase Sample 1 Info** (measure base depth from test pit taken, perform sieve analysis to get gradation)	**Granular Base/Subbase Sample 2 Info** (if present)	**Reclaim Depth / Blend Depth =** **55% Asphalt** (any blend with 50% asphalt or less is acceptable)	**Reclaimed Miscellaneous Aggregate** (CTDOT Form 818, Section M.02.06 - Grading B)	**Check**
Sieve Size	**Percent Passing**					
5 inch	100	100.0	n/a	100.0	100	OK
3.5 inch	100	100.0	n/a	100.0	90 to 100	OK
1.5 inch (37.5 mm)	80	89.7	n/a	84.3	55 to 95	OK
0.75 inch (19 mm)	65	83.0	n/a	73.1	N/A	N/A
0.25 inch (6.3 mm)	35	74.7	n/a	52.7	25 to 60	OK
No. 10 (2.0 mm)	20	69.0	n/a	41.9	15 to 45	OK
No. 40 (425 µm)	9	46.3	n/a	25.7	5 to 25	NO
No. 100 (150 µm)	5	23.3	n/a	13.2	0 to 10	NO
No. 200 (75 µm)	2	14.0	n/a	7.4	0 to 5	NO
Depth (inches)	10.0''			18.0''		
Description	HMA	Lt. Brown Silty Sand with Gravel				

Legend

= assumed value

= user input value

= calculated value

TEST PIT 1 - BLENDED GRADATION ANALYSIS

	Asphalt Sample Info (measure the asphalt depth from core and/or test pit taken, use assumed gradation below)	**Granular Base/Subbase Sample 1 Info** (measure base depth from test pit taken, perform sieve analysis to get gradation)	**Reclaim Depth / Blend Depth =** **75% Asphalt** (any blend with 50% asphalt or less is acceptable)	**Reclaimed Miscellaneous Aggregate** (CTDOT Form 818, Section M.02.06 - Grading B)	**Check**
Sieve Size	**Percent Passing**				
5 inch	100	100	100.0	100	OK
3.5 inch	100	100	100.0	90 to 100	OK
1.5 inch (37.5 mm)	80	98	84.5	55 to 95	OK
0.75 inch (19 mm)	65	97	73.0	N/A	N/A
0.25 inch (6.3 mm)	35	93	49.5	25 to 60	OK
No. 10 (2.0 mm)	20	89	37.3	15 to 45	OK
No. 40 (425 µm)	9	53	20.0	5 to 25	OK
No. 100 (150 µm)	5	23	9.5	0 to 10	OK
No. 200 (75 µm)	2	15	5.3	0 to 5	NO
Depth (inches)	15.0''	21.0''	20.0''		
Description	HMA	Lt. Brown Silty Sand with some Gravel			

Legend

= assumed value

= user input value

= calculated value

TEST PIT 2 - BLENDED GRADATION ANALYSIS

	Asphalt Sample Info (measure the asphalt depth from core and/or test pit taken, use assumed gradation below)	**Granular Base/Subbase Sample 1 Info** (measure base depth from test pit taken, perform sieve analysis to get gradation)	**Reclaim Depth / Blend Depth =** **43% Asphalt** (any blend with 50% asphalt or less is acceptable)	**Reclaimed Miscellaneous Aggregate** (CTDOT Form 818, Section M.02.06 - Grading B)	**Check**
Sieve Size	**Percent Passing**				
5 inch	100	100	100.0	100	OK
3.5 inch	100	100	100.0	90 to 100	OK
1.5 inch (37.5 mm)	80	87	84.0	55 to 95	OK
0.75 inch (19 mm)	65	80	73.6	N/A	N/A
0.25 inch (6.3 mm)	35	71	55.7	25 to 60	OK
No. 10 (2.0 mm)	20	64	45.3	15 to 45	NO
No. 40 (425 µm)	9	48	31.4	5 to 25	NO
No. 100 (150 µm)	5	24	15.9	0 to 10	NO
No. 200 (75 µm)	2	13	8.3	0 to 5	NO
Depth (inches)	8.5''	27.5''	20.0''		
Description	HMA	Lt. Brown Silty Sand with Gravel			

Legend

= assumed value

= user input value

= calculated value

TEST PIT 3 - BLENDED GRADATION ANALYSIS

	Asphalt Sample Info (measure the asphalt depth from core and/or test pit taken, use assumed gradation below)	**Granular Base/Subbase Sample 1 Info** (measure base depth from test pit taken, perform sieve analysis to get gradation)	**Reclaim Depth / Blend Depth =** **55% Asphalt** (any blend with 50% asphalt or less is acceptable)	**Reclaimed Miscellaneous Aggregate** (CTDOT Form 818, Section M.02.06 - Grading B)	**Check**
Sieve Size	**Percent Passing**				
5 inch	100	100	100.0	100	OK
3.5 inch	100	100	100.0	90 to 100	OK
1.5 inch (37.5 mm)	80	84	81.8	55 to 95	OK
0.75 inch (19 mm)	65	72	68.2	N/A	N/A
0.25 inch (6.3 mm)	35	60	46.3	25 to 60	OK
No. 10 (2.0 mm)	20	54	35.3	15 to 45	OK
No. 40 (425 µm)	9	38	22.1	5 to 25	OK
No. 100 (150 µm)	5	23	13.1	0 to 10	NO
No. 200 (75 µm)	2	14	7.4	0 to 5	NO
Depth (inches)	11.0''	25.0''	20.0''		
Description	HMA	Brown Fine Sand with Rocks			

Legend

= assumed value

= user input value

= calculated value

TEST PIT AVERAGE - BLENDED GRADATION ANALYSIS

	Asphalt Sample Info (measure the asphalt depth from core and/or test pit taken, use assumed gradation below)	**Granular Base/Subbase Sample 1 Info** (measure base depth from test pit taken, perform sieve analysis to get gradation)	**Granular Base/Subbase Sample 2 Info** (if present)	**Reclaim Depth / Blend Depth =** **50% Asphalt** (any blend with 50% asphalt or less is acceptable)	**Reclaimed Miscellaneous Aggregate** (CTDOT Form 818, Section M.02.06 - Grading B)	**Check**
Sieve Size	**Percent Passing**					
5 inch	100	100.0	n/a	100.0	100	OK
3.5 inch	100	100.0	n/a	100.0	90 to 100	OK
1.5 inch (37.5 mm)	80	89.7	n/a	84.9	55 to 95	OK
0.75 inch (19 mm)	65	83.0	n/a	74.0	N/A	N/A
0.25 inch (6.3 mm)	35	74.7	n/a	54.9	25 to 60	OK
No. 10 (2.0 mm)	20	69.0	n/a	44.6	15 to 45	OK
No. 40 (425 µm)	9	46.3	n/a	27.8	5 to 25	NO
No. 100 (150 µm)	5	23.3	n/a	14.2	0 to 10	NO
No. 200 (75 µm)	2	14.0	n/a	8.0	0 to 5	NO
Depth (inches)	10.0''			20.0''		
Description	HMA	Lt. Brown Silty Sand with Gravel				

Legend

= assumed value

= user input value

= calculated value