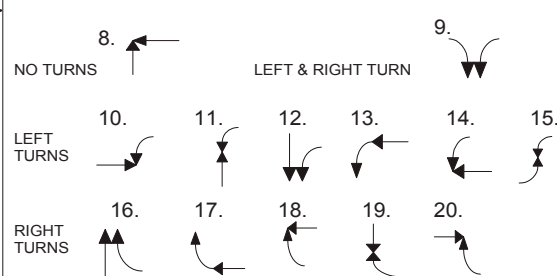


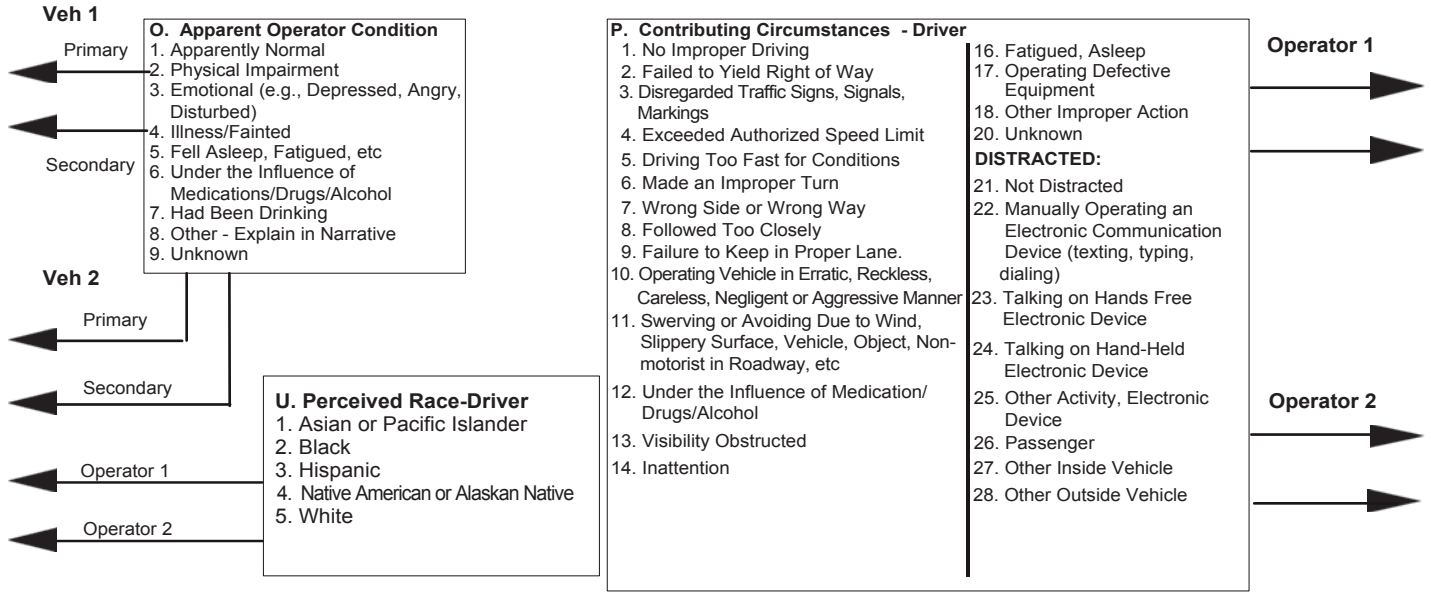
Environmental and Roadway Conditions

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

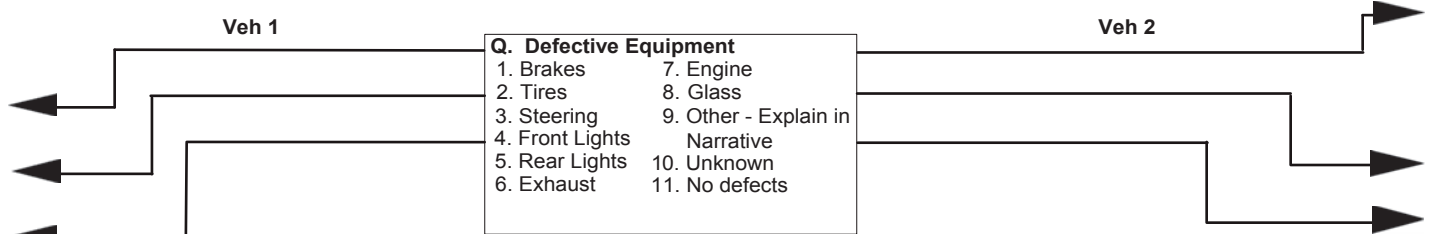
INSTRUCTIONS FOR COMPLETING THE VERMONT UNIFORM CRASH REPORT

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

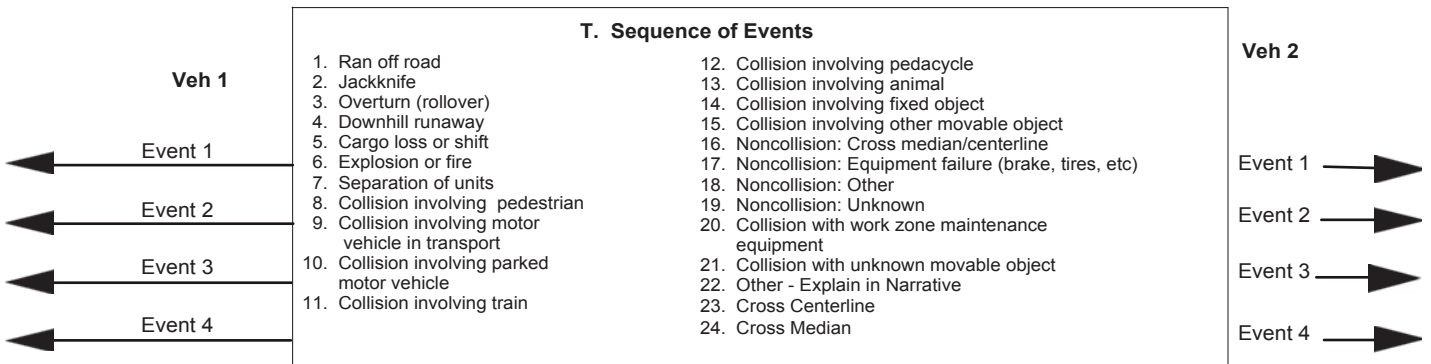
Additional Operator Information



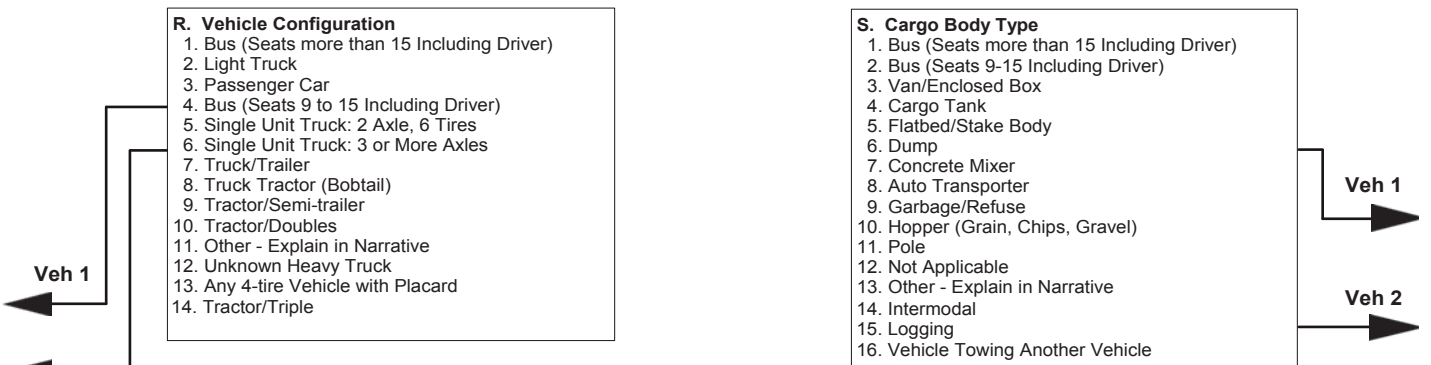
Additional Vehicle Information - All Vehicles



T. Sequence of Events



Only Large Truck/Bus (Commercial Motor Vehicle)



INSTRUCTIONS FOR LARGE TRUCK/BUS (COMMERCIAL MOTOR VEHICLE)

General Instructions

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

AND

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

Relevant Sections of Form

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



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



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

Plate Types

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

License Class (Lic Class)

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

Restrictions (Restr)

- | | | |
|--|-----------------------------------|----------------------------------|
| 0. None | G-Limit to Daylight Only | P-No Passengers in a CMV Bus |
| A-With Licensed Driver 25 or Older | J-Other-See Separate Card | U-Ignition Interlock Device |
| B-Corrective Lenses | K-CDL Intrastate Only | V-Medical Variance |
| C-Mechanical Devices(adaptive devices) | L-No Air Brakes Equipped CMV | X-Cargo in a CMV Tank Vehicle |
| D-Prosthetic Aid | M-No Class A Passenger Vehicle | Y-Three Wheel MTC Only |
| E-No Manual Transmission Equipped CMV | N-Class A and B Passenger Vehicle | Z-No Full Air Brake Equipped CMV |

STATE OF VERMONT UNIFORM CRASH REPORT

	Incident Number	Reporting Agency	Date	Time
A	City/Town	Street Address	TH#	VT#
			US#	I -
O1	Intersection with OR	Operator Report Required * Y N		Mile Marker
O2	Nearest Intersecting St or Landmark			
B1	Distance (From Nearest Int. St)	Coordinates:		
	<input type="checkbox"/> Feet <input type="checkbox"/> Miles	Latitude/Northing		
	Direction (From Nearest Int. St)	Longitude/Easting		
	N S E W			
B2	Posted Speed			
O3	VEHICLE #1	Last	Unknown <input type="checkbox"/>	First
	Name:	M.I.		License #
	State		Lic Class	
O4	Address	City/Town	State	Zip
U1	Telephone	DOB	Sex	Restrictions
U2		No Driver	Seat Belt	CDL
		Y N	Y N	Y N
D	Same as Operator <input type="checkbox"/>	Name: Last	First	M.I.
Q1	Address	City/Town	State	Zip
Q2	Insurance Co.	Policy No.		
Q3	Registration No.	Plate Type	VIN	
Q4	Vehicle Yr.	State	9 Hood	Est. Speed
Q5	Make	Model	10 Roof	Comm Veh
Q6	ATV Y N	Snowmobile Y N	11 Trunk	Y N
E	Towed By		12 Undercarriage	Direction of Travel
F	Towed Due to Disabling Damage:	Y N	13 Total	N S E W
T1			14 No Damage	<input type="checkbox"/> Parked
T2				
T3				
T4				
G				
	VEHICLE #2	Last	Unknown <input type="checkbox"/>	First
	Name:	M.I.		License #
	State		Lic Class	
	Address	City/Town	State	Zip
	Telephone	DOB	Sex	Restrictions
		No Driver	Seat Belt	CDL
		Y N	Y N	Y N
	Same as Operator <input type="checkbox"/>	Name: Last	First	M.I.
	Address	City/Town	State	Zip
	Insurance Co.	Policy No.		
	Registration No.	Plate Type	VIN	
	Vehicle Yr.	State	9 Hood	Est. Speed
	Make	Model	10 Roof	Comm Veh
	ATV Y N	Snowmobile Y N	11 Trunk	Y N
	Towed By		12 Undercarriage	Direction of Travel
	Towed Due to Disabling Damage:	Y N	13 Total	N S E W
			14 No Damage	<input type="checkbox"/> Parked
	Non-vehicle Property Damage			
	Owner	Address	Phone	
	Damage Description			
	Other Persons and Witnesses Involved (For investigated crashes see Page 3.)			
R1	Name	DOB	Address	Phone
R2				
	Reporting Officer	Date	Approved	Date

* Operators involved in an accident which results in injury, death, or total property damage equal to \$3,000 or more, must file a report with DMV

LARGE TRUCK/BUS
(Commercial Vehicle)

Vehicle Number _____
 Carrier's Identification Numbers
 US DOT _____ MC/MX _____ Interstate Carrier Intrastate Carrier Government

Carrier's Name _____
 Carrier's Address _____ City _____ State _____ Zip _____

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

Vehicle Information
 Axles on Vehicle (Including Trailers) _____ GVWR OR GCWR _____ lbs or _____ kg
 Length of Vehicle (Incl. Trailer) _____ ft or _____ meters Length of Trailer _____ ft or _____ meters
 Trailer 1 License Number _____ State _____ Trailer 1 VIN _____
 Trailer 2 License Number _____ State _____ Trailer 2 VIN _____
 Hazardous Material Placard: Spill: Name or 4 Digit Number from Diamond or Box _____ Small Number from Bottom _____

Non-commercial Trailer
 Vehicle 1 Year _____ Make _____ Model _____ Plate No. _____ State _____
 Vehicle 2 Year _____ Make _____ Model _____ Plate No. _____ State _____

Operator Citation Information
 Citations Issued - Veh 1
 Ticket # _____ Violation Code _____
 Citations Issued - Veh 2
 Ticket # _____ Violation Code _____

EMS Run number _____ EMS Agency _____ Destination Hospital _____

Operators, Occupants, Pedestrians, Cyclists - Excluding Witnesses

Name	Veh#	Type	Sex	Age	Seat	Injury	Eject	Restr/ Safety	Air Bag	Extract	P/C- Action	P/C- Location	EMS Transp.
Alcohol Test	Test Result	0. _____	BAC	DUI Arrest?	<input type="checkbox"/>	Drug Test	Drug Test Result	_____	_____	_____	_____	_____	_____
Alcohol Test	Test Result	0. _____	BAC	DUI Arrest?	<input type="checkbox"/>	Drug Test	Drug Test Result	_____	_____	_____	_____	_____	_____
Alcohol Test	Test Result	0. _____	BAC	DUI Arrest?	<input type="checkbox"/>	Drug Test	Drug Test Result	_____	_____	_____	_____	_____	_____
Alcohol Test	Test Result	0. _____	BAC	DUI Arrest?	<input type="checkbox"/>	Drug Test	Drug Test Result	_____	_____	_____	_____	_____	_____

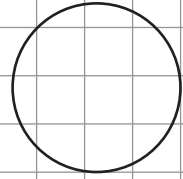
<p>CODES</p> <p>Type</p> <ol style="list-style-type: none"> Operator Occupant Pedestrian Bicyclist Unknown <p>Alcohol Test</p> <ol style="list-style-type: none"> None Given Refused Blood/Serum Urine Other Breath Preliminary Breath Evidentiary 	<p>Seat Location</p> <p>Drug Test</p> <ol style="list-style-type: none"> None Given Refused Blood/Serum Urine Other Saliva 	<p>Injury</p> <ol style="list-style-type: none"> Fatality (K) Suspected Serious Injury (A) Suspected Minor Injury (B) Possible Injury (C) No Injury (O) Unknown Untimely Death 	<p>Restraint/Safety Equipment</p> <ol style="list-style-type: none"> Unknown None Used Shoulder Belt Only Lap Belt Only Shoulder and Lap Belt Child Safety Restraint Not Reported DOT Compliant DOT Compliant Helmet w/ Eye Protection DOT Compliant Helmet w/out Eye Protection Non-DOT Compliant Helmet Improper-Child Restraint Improper-seat belt No Helmet Helmet Protective Pads Used Reflective Clothing (jacket, backpack, etc.) Lighting Other Not Applicable 	<p>Ejected</p> <ol style="list-style-type: none"> Not Ejected Totally Ejected Partially Ejected Not Applicable Unknown <p>Extracted</p> <ol style="list-style-type: none"> Yes No <p>Drug Test Result</p> <ol style="list-style-type: none"> Pending Central Nervous System Depressants Central Nervous System Stimulants Hallucinogens Dissociative Anesthetics 	<p>Airbag Deployed</p> <ol style="list-style-type: none"> Yes No Unknown <p>Medical EMS Transport</p> <ol style="list-style-type: none"> Yes No Narcotic Analgesic Inhalants None Detected
---	--	--	---	---	--

Pedestrian/Cyclist Codes on Overlay 1

Crash Diagram

Incident Number _____

Vehicle Moved Y N



Indicate North
by Arrow

Additional Sheets Attached: Y N