

STATE OF RHODE ISLAND UNIFORM CRASH REPORT

Reporting Agency Name				Report Number				Crash Date		Crash Time		Walk In Report <input type="checkbox"/>		Parking Lot <input type="checkbox"/>									
City or Town Name				Street or Highway				<input type="checkbox"/> On Ramp <input type="checkbox"/> Off Ramp		Exit #		# of Lanes		Posted Speed Limit <input type="checkbox"/> N/A <input type="checkbox"/> Unk									
Nearest Intersection Street				Direction From Nearest Intersection to Crash Site <input type="checkbox"/> At Inter. <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West				Distance From Nearest Inter. <input type="checkbox"/> Feet <input type="checkbox"/> Miles		Latitude		Longitude											
Unit ID		Driver's Last Name		First Name		M.I.		DOB		Unit ID		Driver's Last Name		First Name		M.I.		DOB					
Address				City				Address				City											
State		Zip		Home Phone		Cell Phone		Work Phone		State		Zip		Home Phone		Cell Phone		Work Phone					
Driver's License # <input type="checkbox"/> CDL				Lic. State				Driver's License # <input type="checkbox"/> CDL				Lic. State											
M/V Violation		M/V Violation		M/V Violation		M/V Violation		M/V Violation		M/V Violation		M/V Violation		M/V Violation		M/V Violation							
Driver & Owner are Same <input type="checkbox"/>		Owner's Last Name		First Name		M.I.		Driver & Owner are Same <input type="checkbox"/>		Owner's Last Name		First Name		M.I.									
Address				City				Address				City											
State		Zip		Home Phone		Cell Phone		Work Phone		State		Zip		Home Phone		Cell Phone		Work Phone					
Insurance Company Name <input type="checkbox"/> No Ins.				Insurance Policy Number				Insurance Company Name <input type="checkbox"/> No Ins.				Insurance Policy Number											
Hit And Run <input type="checkbox"/> Yes, M/V & Driver left Scene <input type="checkbox"/> Yes, Driver left Scene <input type="checkbox"/> No <input type="checkbox"/> Unk				Hit And Run <input type="checkbox"/> Yes, M/V & Driver left Scene <input type="checkbox"/> Yes, Driver left Scene <input type="checkbox"/> No <input type="checkbox"/> Unk																			
Registration # <input type="checkbox"/> Not Reg.		State		Yr Reg.		VIN		Registration # <input type="checkbox"/> Not Reg.		State		Yr Reg.		VIN									
Veh Yr.		Make		Model		Color		Plate Type		Veh Yr.		Make		Model		Color		Plate Type					
Veh Travel Direction <input type="checkbox"/> Northbound <input type="checkbox"/> Southbound <input type="checkbox"/> Eastbound <input type="checkbox"/> Westbound <input type="checkbox"/> Not on Roadway <input type="checkbox"/> Unk				Veh Travel Direction <input type="checkbox"/> Northbound <input type="checkbox"/> Southbound <input type="checkbox"/> Eastbound <input type="checkbox"/> Westbound <input type="checkbox"/> Not on Roadway <input type="checkbox"/> Unk																			
Vehicle Towed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Towing Company Name		Haz Mat Placard? <input type="checkbox"/> Yes <input type="checkbox"/> No		Vehicle Towed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Towing Company Name		Haz Mat Placard? <input type="checkbox"/> Yes <input type="checkbox"/> No													
Person Type																							
1 Driver		4 Bicyclist		7 Other Ped. (Wheelchair, Person in Building, Skater, Ped. conveyance, etc.)				9 Occupant of a Non-Motor Veh Transportation Device															
2 Passenger		5 Other Cyclist		8 Occupant of Motor Veh. Not in Transport (Parked, etc.)				10 Unknown Type of Non-Motorist															
3 Pedestrian		6 Witness		11 Unknown																			
Unit ID		Sex		Seat Position		Other Location		Air Bag Deployed		Ejected		Protection System		Injury									
1 Unit 1 2 Unit 2 3 (etc.) or N/A		M Male F Female U Unk		13 Other Row (Bus) 14 Unk Row 15 Other Seat 16 Unk Seat		17 N/A 18 Sleeper 19 Other Enclosed Area 20 Other Unenclosed Area 21 Towed Unit 22 Unk		1 N/A 2 No 3 Front 4 Side		5 Other 6 Comb 7 Unk 8 Unk		1 No 2 Partially 3 Totally 4 N/A 5 Unk		7 Child - Forw Facing 8 Child - Rear Facing 9 Booster Seat 10 Child - Unk 11 Helmet Used 12 Other 13 Unk		1 Complains of Pain 2 Non-Incapacitating 3 Incapacitating 4 Fatal 5 No Injury 6 Unk							
Name: Occupants - Witnesses - Pedestrians - Bicyclists				Person Type		Unit ID		Sex		DOB		Seat Pos.		Air Bag Deployed		Ejected		Prot. System		Injury		Trans by Rescue	
																						<input type="checkbox"/> Y <input type="checkbox"/> N	
																						<input type="checkbox"/> Y <input type="checkbox"/> N	
																						<input type="checkbox"/> Y <input type="checkbox"/> N	
Non-Vehicle Property Damage				<input type="checkbox"/> State Property				<input type="checkbox"/> City/Town Property				<input type="checkbox"/> Private Property											
Owner				Address																			
Home Phone		Cell Phone		Work Phone		Damage Description																	
Reporting Officer Name						Reporting Officer Badge Number						Report Date											

Report Number

STATE OF RHODE ISLAND UNIFORM CRASH REPORT CODING GUIDE

Type of Roadway

- 1 Two-Way, Not Divided (No Median or Barrier)
- 2 Two-Way, Not Divided With a Continuous Left Turn Lane
- 3 Two-Way, Divided, Unprotected (painted >4 feet) Median
- 4 Two-Way, Divided, Positive Median Barrier
- 5 One-Way Trafficway
- 6 Unknown

Road Surface Condition (Prevailing)

- 1 Dry
- 2 Wet
- 3 Snow
- 4 Slush
- 5 Ice/Frost
- 6 Water (Standing, Moving)
- 7 Sand
- 8 Mud, Dirt, Gravel
- 9 Oil
- 10 Other
- 11 Unknown

Light Condition (Prevailing)

- 1 Daylight
- 2 Dawn
- 3 Dusk
- 4 Dark - Lighted
- 5 Dark - Not Lighted
- 6 Dark - Unknown Lighting
- 7 Other
- 8 Unknown

Weather Condition (Prevailing)

- 1 Clear
- 2 Cloudy
- 3 Fog, Smog, Smoke
- 4 Rain
- 5 Sleet, Hail (Freezing Rain or Drizzle)
- 6 Snow
- 7 Blowing Snow
- 8 Severe Crosswinds

Manner of Impact

- 1 Not a Collision Between Two Motor Vehicles in Transport
- 2 Rear End (Front-to-Rear)
- 3 Head-On (Front-to-Front)
- 4 Angle (Front-to-Side) Same Direction
- 5 Angle (Front-to-Side) Opposite Direction
- 6 Angle (Front-to-Side) Right Angle (Includes Broadside)
- 7 Angle-Direction Not Specified
- 8 Sideswipe, Same Direction
- 9 Sideswipe, Opposite Direction
- 10 Rear-to-Side
- 11 Rear-to-Rear
- 12 Other
- 13 Unknown

School Bus Related Crash?

(Directly Involved Indicates Contact was Made)

- Yes, Directly Involved
- No
- Yes, Indirectly Involved

Traffic Controls

- 1 No Controls
- 2 Person
- 3 Traffic Control Signal
- 4 Flashing Traffic Control Sig.
- 5 School Zone Signs
- 6 Stop Signs
- 7 Yield Signs
- 8 Warning Signs
- 9 Railway Crossing Device
- 10 Pavement Markings
- 11 Other
- 12 Unknown

Pre-Crash Traffic Controls Malfunctioning, Damaged or Missing?

- Yes
- No
- N/A

Construction Zone Crash?

(Crash Occurs in or Related to Construction, Maintenance, or Utility Work Zone. May include Vehicles Slowed or Stopped because of Work Zone)

- Yes
- No

Construction Workers Present?

- Yes
- No

Contributing Circumstances Environment

- 1 None
- 2 Weather Conditions
- 3 Physical Obstructions
- 4 Glare
- 5 Animal(s) in Roadway
- 6 Other
- 7 Unknown

1st

2nd

3rd

Contributing Circumstances Road

- 1 None
- 2 Road Surface Condition (Wet, Icy, Snow, Slush, etc.)
- 3 Debris
- 4 Rut, Holes, Bumps
- 5 Work Zones (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
- 12 Unknown

1st

2nd

3rd

Vehicle #1

- 1 Passenger Car
- 2 (Sport) Utility Vehicle
- 3 Passenger Van
- 4 Cargo Van (10K lbs[4,536 kg] or Less)
- 5 Pickup

Unit Types

- 6 Motor Home
- 7 School Bus
- 8 Transit Bus
- 9 Motor Coach
- 10 Other Bus
- 11 Motorcycle
- 12 Moped
- 13 Low Speed Vehicle
- 14 Other Light Trucks (10K lbs [4,536 kg] or Less)
- 15 Tractor Trailer or Combination (More than 10K lbs [4,536 kg])
- 16 Medium/ Heavy Trucks (More than 10K lbs [4,536 kg])

Vehicle #2

- 17 Tow Truck
- 18 Pedestrian
- 19 Bicyclist
- 20 Witness
- 21 Other

Yes No Does this Vehicle have Seats to Transport 9 or more people, including the Driver's Seat? Yes No

Yes No Was this Vehicle in Tow? Yes No

Vehicle #1

- 1 No Special Function
- 2 Taxi

Special Function Vehicle

- 3 Vehicle Used as School Bus
- 4 Vehicle Used as Other Bus

- 5 Military
- 6 Police

- 7 Ambulance
- 8 Fire Truck
- 9 Unknown

Vehicle #2

Report Number

STATE OF RHODE ISLAND UNIFORM CRASH REPORT CODING GUIDE

Vehicle #1 Yes No Unk Police, Ambulance or Fire Truck Responding to a Call? Yes No Unk Vehicle #2

Vehicle #1 Motor Vehicle Position Vehicle #2
1 Motor Vehicle on Roadway 2 Motor Vehicle Parked 3 Working Vehicle/Equipment

Vehicle #1 Extent of Damage Vehicle #2
1 No Damage Observed 2 Minor damage (<= \$1000) 3 Functional Damage (> \$1000) 4 Disabling Damage (> \$1000)

Vehicle #1 Most Harmful Event Vehicle #2

Non-Collision:

- 1 Overtum/ Rollover
- 2 Fire/ Explosion
- 3 Immersion
- 4 Jackknife
- 5 Cargo/ Equip. Loss or Shift
- 6 Fell/ Jumped from Motor Veh.
- 7 Thrown or Falling Object
- 8 Other Non-Collision

Collision with Person, Motor Veh, or Non-Fixed Obj:

- 9 Pedestrian
- 10 Pedalcycle
- 11 Railway Vehicle (Train, Engine)
- 12 Animal
- 13 Motor Vehicle in Transport
- 14 Work Zone/ Maintenance Equipment
- 15 Other Non-Fixed Object

Collision with Fixed Object:

- 16 Impact Attenuator/ Crash Cushion
- 17 Bridge Overhead Structure
- 18 Bridge Pier or Support
- 19 Bridge Rail
- 20 Culvert
- 21 Curb
- 22 Ditch
- 23 Embankment
- 24 Guardrail Face
- 25 Guardrail End
- 26 Jersey/ Concrete Traffic Barrier
- 27 Other Traffic Barrier
- 28 Tree (Standing)
- 29 Landscaping
- 30 Utility Pole(Elec/Tele)/ Light Support
- 31 Highway Lighting/ Light Standard
- 32 Traffic Sign/ Support
- 33 Traffic Signal/ Support
- 34 Traffic Control Box
- 35 Variable Message Board/ Arrow Board
- 36 Other Post, Pole, or Support
- 37 Fence
- 38 Mailbox
- 39 Other Fixed Obj. (Wall, Building, Tunnel, etc.)

40 Unknown - Most Harmful Event

Vehicle #1 Vehicle Action Prior Vehicle #2

- 1 Movements Essentially Straight Ahead
- 2 Backing
- 3 Changing Lanes
- 4 Overtaking/ Passing
- 5 Turning Right
- 6 Turning Left
- 7 Making U-Turn
- 8 Leaving Traffic Lane
- 9 Entering Traffic Lane
- 10 Slowing
- 11 Negotiating a Curve
- 12 Parked
- 13 Stopped in Traffic
- 14 Other
- 15 Unknown

Vehicle #1

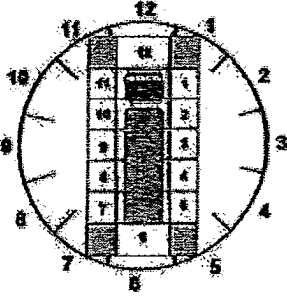
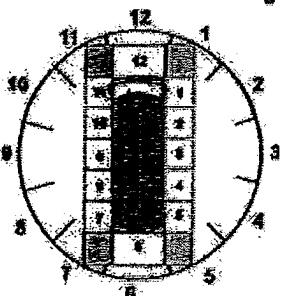
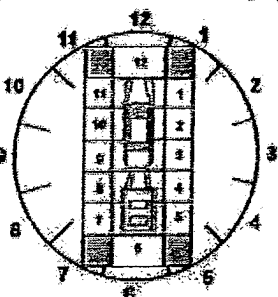
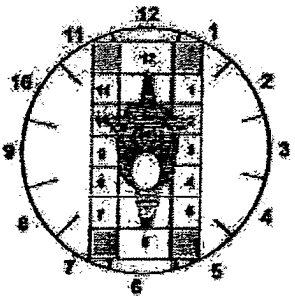
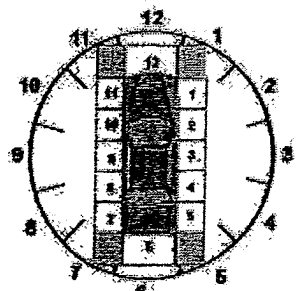
Initial Impact Area

Clock Diagram Or

- 13 Top (Roof)
- 14 Undercarriage
- 15 Non-Collision
- 16 Unknown

Most Damaged Area

Vehicle #1



Vehicle #2

Initial Impact Area

Clock Diagram Or

- 13 Top (Roof)
- 14 Undercarriage
- 15 Non-Collision
- 16 Unknown

Most Damaged Area

Vehicle #2

Report Number

STATE OF RHODE ISLAND UNIFORM CRASH REPORT CODING GUIDE

1st	Vehicle #1	Sequence of Events	Vehicle #2	1st
2nd	Non-Collision: 1 Overturn/ Rollover 2 Fire/ Explosion 3 Immersion 4 Jackknife 5 Cargo/ Equipment Loss or Shift 6 Fell/ jumped from Motor Vehicle 7 Thrown or Falling Object 8 Other Non-Collision Collision with Person, Motor Veh, or Non-Fixed Obj: 9 Pedestrian 10 Pedalcycle 11 Railway Vehicle (Train, Engine) 12 Animal 13 Motor Vehicle in Transport 14 Work Zone/ Maintenance Equip. 15 Other Non-Fixed Object	Collision with Fixed Object: 16 Impact Attenuator/ Crash Cushion 17 Bridge Overhead Structure 18 Bridge Pier or Support 19 Bridge Rail 20 Culvert 21 Curb 22 Ditch 23 Embankment 24 Guardrail Face 25 Guardrail End 26 Jersey/ Concrete Traffic Barrier 27 Other Traffic Barrier 28 Tree (Standing) 29 Landscaping 30 Utility Pole (Elec/Tele)/ Light Support 31 Highway Lighting/ Light Standard 32 Traffic Sign/ Support 33 Traffic Signal/ Support 34 Traffic Control Box 35 Variable Message Board/ Arrow Board 36 Other Post, Pole, or Support 37 Fence 38 Mailbox 39 Other Fixed Obj. (Wall, Building, Tunnel, etc.)	40 Unknown - Sequence of Events	2nd
3rd				3rd
4th				4th

1st	Driver Vehicle #1	Driver Distracted	Driver Vehicle #2	1st
2nd	1 Not Distracted 2 Electronic Communication Devices (Cell Phone, Pager, etc.) 3 Other Electronic Devices (Navigation Device, Palm Pilot,	4 Other Inside the Vehicle 5 Other Outside the Vehicle 6 Unknown		2nd

1st	Driver Vehicle #1	Physical Condition of Driver	Driver Vehicle #2	1st
2nd	1 Apparently Normal 2 Emotional (Depressed, Angry, Disturbed, etc.) 3 Ill (Sick)	4 Fell Asleep, Fainted, Fatigued, etc. 5 Under the Influence of Medications/Drugs/Alcohol 6 Other		2nd

1st	Vehicle #1	Non-Motorist Safety Equipment	Vehicle #2	1st
2nd	1 None 2 Helmet 3 Protective Pads Used (Elbows, Knees, Shins, etc.) 4 Reflective Clothing (Jacket, Backpack, etc.)	5 Lighting 6 Other 7 N/A 8 Unknown		2nd

Alcohol and/or Drug Testing							
Driver Vehicle #1		Driver Vehicle #2		Driver Vehicle #1		Driver Vehicle #2	
Chemical Test		Alcohol Test Result		Alcohol Test Result		Drug Test Result	
Alcohol	Drug	Alcohol	Drug	BAC	BAC	Positive	Positive
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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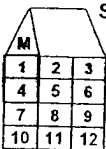
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STATE OF RHODE ISLAND UNIFORM CRASH REPORT
Narrative/Diagram Supplemental

STATE OF RHODE ISLAND UNIFORM CRASH REPORT
Additional Persons Supplemental

Person Type

1 Driver 4 Bicyclist 7 Other Ped. (Wheelchair, Person in Building, Skater, 9 Occupant of a Non-Motor Veh Transportation Device
2 Passenger 5 Other Cyclist Ped. conveyance, etc.) 10 Unknown Type of Non-Motorist
3 Pedestrian 6 Witness 8 Occupant of Motor Veh. Not in Transport (Parked, etc.) 11 Unknown

Unit ID	Sex	Seat Position	Other Location	Air Bag Deployed	Ejected	Protection System	Injury
1 Unit 1 2 Unit 2 3 (etc.) or N/A	M Male F Female U Unk	 13 Other Row (Bus) 14 Unk Row 15 Other Seat 16 Unk Seat	17 N/A 18 Sleeper 19 Other Enclosed Area 20 Other Unenclosed Area 21 Towed Unit 22 Unk	1 N/A 2 No 3 Front 4 Side 5 Other 6 Comb 7 Unk	1 No 2 Partially 3 Totally 4 N/A 5 Unk	1 N/A 2 None Used 3 Shoulder & Lap 4 Shoulder Only 5 Lap Only 6 Type Unk 7 Child - Forw Facing 8 Child - Rear Facing 9 Booster Seat 10 Child - Unk 11 Helmet Used 12 Other 13 Unk	1 Complains of Pain 2 Non-Incapacitating 3 Incapacitating 4 Fatal 5 No Injury 6 Unk

Name: Occupants - Witnesses - Pedestrians - Bicyclists	Person Type	Unit ID	Sex	DOB	Seat Pos.	Air Bag Deployed	Ejected	Prot. System	Injury	Trans by Rescue
										<input type="checkbox"/> Y <input type="checkbox"/> N
										<input type="checkbox"/> Y <input type="checkbox"/> N
										<input type="checkbox"/> Y <input type="checkbox"/> N
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Non-Vehicle Property Damage State Property City/Town Property Private Property

Owner _____ Address _____

Home Phone _____ Cell Phone _____ Work Phone _____ Damage Description _____

Non-Vehicle Property Damage State Property City/Town Property Private Property

Owner _____ Address _____

Home Phone _____ Cell Phone _____ Work Phone _____ Damage Description _____

Non-Vehicle Property Damage State Property City/Town Property Private Property

Owner _____ Address _____

Home Phone _____ Cell Phone _____ Work Phone _____ Damage Description _____