

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 N/A 2 None Used 3 Shoulder & Lap 4 Shoulder Only 5 Lap Only 6 Type Unk 13 Unk		7 Child - Forw Facing 8 Child - Rear Facing 9 Booster Seat 10 Child - Unk 11 Helmet Used 12 Other		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

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

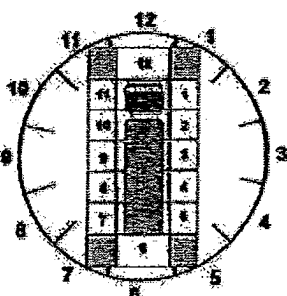
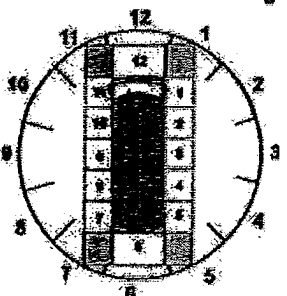
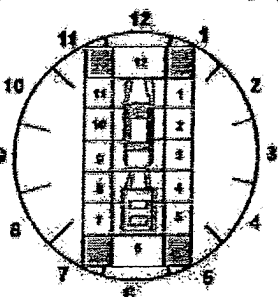
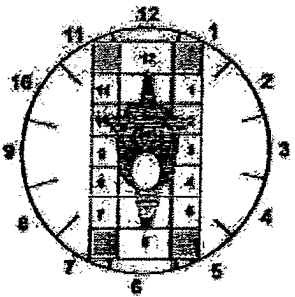
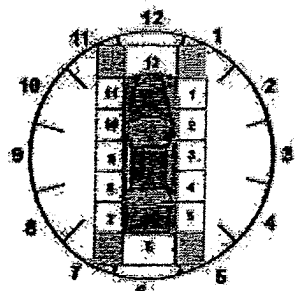
Initial Impact Area

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"/>
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