

# Uniform Crash Report Form Changes January 2017

Incident Number \_\_\_\_\_

Vehicle Number \_\_\_\_\_ **LARGE TRUCK/BUS**  
(Commercial Vehicle)

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	Citations Issued - Veh 2
Ticket # _____ Violation Code _____	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?  Drug Test \_\_\_ Drug Test Result \_\_\_

<p><b>CODES</b></p> <p><b>Type</b></p> <ol style="list-style-type: none"> <li>Operator</li> <li>Occupant</li> <li>Pedestrian</li> <li>Bicyclist</li> <li>Unknown</li> </ol> <p><b>Alcohol Test</b></p> <ol style="list-style-type: none"> <li>None Given</li> <li>Refused</li> <li>Blood/Serum</li> <li>Urine</li> <li>Other</li> <li>Breath Preliminary</li> <li>Breath Evidentiary</li> </ol>	<p><b>Seat Location</b></p> <table border="1" style="margin: auto;"> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>4</td><td>5</td><td>6</td></tr> <tr><td>7</td><td>8</td><td>9</td></tr> <tr><td colspan="3" style="text-align: center;">10</td></tr> </table> <p style="text-align: center;">11</p> <p style="text-align: center;">12</p>	1	2	3	4	5	6	7	8	9	10			<p><b>Injury</b></p> <ol style="list-style-type: none"> <li>Fatality (K)</li> <li>Suspected Serious Injury (A)</li> <li>Suspected Minor Injury (B)</li> <li>Possible Injury (C)</li> <li>No Injury (O)</li> <li>Unknown</li> <li>Untimely Death</li> </ol> <p><b>Drug Test</b></p> <ol style="list-style-type: none"> <li>None Given</li> <li>Refused</li> <li>Blood/Serum</li> <li>Urine</li> <li>Other</li> <li>Saliva</li> </ol>	<p><b>Restraint/Safety Equipment</b></p> <ol style="list-style-type: none"> <li>Unknown</li> <li>None Used</li> <li>Shoulder Belt Only</li> <li>Lap Belt Only</li> <li>Shoulder and Lap Belt</li> <li>Child Safety Restraint</li> <li>Not Reported</li> <li>DOT Compliant</li> <li>DOT Compliant Helmet w/ Eye Protection</li> <li>DOT Compliant Helmet w/out Eye Protection</li> <li>Non-DOT Compliant Helmet</li> <li>Improper-Child Restraint</li> <li>Improper-seat belt</li> <li>No Helmet</li> <li>Helmet</li> <li>Protective Pads Used</li> <li>Reflective Clothing (jacket, backpack, etc.)</li> <li>Lighting</li> <li>Other</li> <li>Not Applicable</li> </ol>	<p><b>Ejected</b></p> <ol style="list-style-type: none"> <li>Not Ejected</li> <li>Totally Ejected</li> <li>Partially Ejected</li> <li>Not Applicable</li> <li>Unknown</li> </ol> <p><b>Airbag Deployed</b></p> <ol style="list-style-type: none"> <li>Yes</li> <li>No</li> <li>Unknown</li> </ol> <p><b>Medical EMS Transport</b></p> <p><b>Extracted</b></p> <ol style="list-style-type: none"> <li>Yes</li> <li>No</li> </ol> <p><b>Drug Test Result</b></p> <table border="0"> <tr> <td>7. Pending</td> <td>12. Narcotic</td> </tr> <tr> <td>8. Central Nervous System Depressants</td> <td>13. Analgesic</td> </tr> <tr> <td>9. Central Nervous System Stimulants</td> <td>14. Cannabis</td> </tr> <tr> <td>10. Hallucinogens</td> <td>15. None Detected</td> </tr> <tr> <td>11. Dissociative Anesthetics</td> <td></td> </tr> </table>	7. Pending	12. Narcotic	8. Central Nervous System Depressants	13. Analgesic	9. Central Nervous System Stimulants	14. Cannabis	10. Hallucinogens	15. None Detected	11. Dissociative Anesthetics	
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Pedestrian/Cyclist Codes on Overlay 1

1. **Hazardous Materials** section was consolidated and the HazMat placard was removed
2. The **Non-commercial Trailer** box was stretched across the page saving a bit of space here as well.
3. **Injury Codes:** Federal regulations have recently changed with the “Moving Ahead for Progress in the 21<sup>st</sup> Century Act” (MAP-21) and they are not requiring that we set targets based on fatality and serious injuries. In order to do this, it was helpful to change the description of two of our injury codes and add the letters for the KABCO Injury Classification Scale. Definitions will be updated in the new version of the Crash Manual also but there is no change in how you were coding these before.

a. OLD VERSION	NEW VERSION
Fatality	Fatality (K)
Incapacitating Injury	<b>Suspected Serious Injury (A)</b>
Non-Incapacitating Injury	<b>Suspected Minor Injury (B)</b>
Possible Injury	Possible Injury (C)
No Injury	No Injury (O)

4. The Restraint field was expanded to add **Safety Equipment** typically used by pedestrians and bicyclists. Fields added include:
  - a. **15. Helmet**
  - 16. Protective Pads Used**
  - 17. Reflective Clothing (jacket, backpack, etc.)**
  - 18. Lighting**
  - 19. Other**
  - 20. Not Applicable**
5. Drug Test was expanded to include “**6. Saliva**”.
6. The **Operators, Occupants, Pedestrians, Cyclists – Excluding Witnesses** section was significantly changed to allow for law enforcement to collect alcohol & drug information for all persons involved in the crash. The only way to do this, is to collect this information by person. There is now room for four people in this section instead of the six historically. Each person has two lines each. The first line has not changed but the second line now contains the **Alcohol Test, Test Results (BAC), DUI Arrest, Drug Test, & Drug Test Result**.

Along with the paper crash report changes, Web Crash will also be changed to reflect these changes. Please call the DMV Stockroom (802-828-2090) for new forms. If you have a stockpile of the old forms, please recycle them!

Any questions should be directed to the VTrans, Office of Highway Safety – Mandy White at 802-595-9341 or [mandy.white@vermont.gov](mailto:mandy.white@vermont.gov).