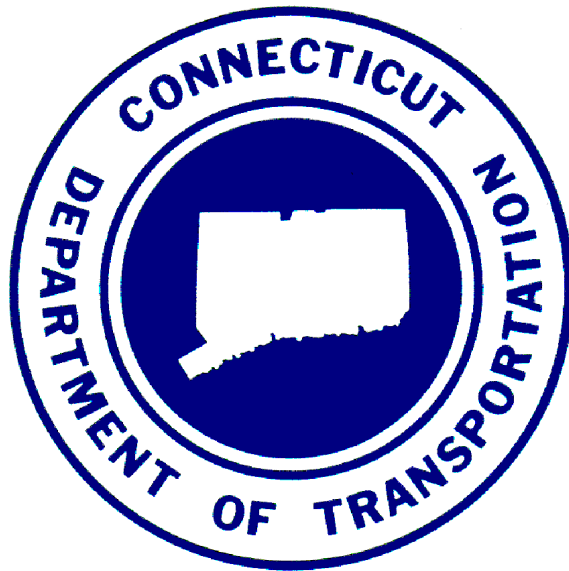


**INSTRUCTION GUIDE FOR THE CONNECTICUT  
FATAL CRASH SUPPLEMENT  
(FORM PR-2)**



**CONNECTICUT DEPARTMENT OF TRANSPORTATION**

**JANUARY, 2015**

## **SUPPLEMENT PR-2: FATAL CRASH SUPPLEMENT**

The PR-2 fatal crash supplement is required to collect additional information on fatal crashes for the Fatality Analysis Reporting System (FARS) program. FARS is a national program administered by the National Highway Traffic Safety Administration (NHTSA) that collects and analyzes data on fatal motor vehicle traffic crashes.

The PR-2 supplement is required for a crash in which at least one person is fatally injured. A fatal injury is any injury that results in death within 30 days of the crash. The “30 days” is typically calculated by a measure of 720 hours (i.e. 30, 24hr. periods) from the crash time. If the person did not die at the scene but died within 30 days of the crash, the Injury Status on the Connecticut Uniform Police Crash Report (form PR-1) should be changed from the attribute previously assigned to the attribute “**Fatal Injury.**” The Crash Severity on the PR-1 form should also be changed from the attribute previously assigned to the attribute “**Fatal.**”

The PR-2 supplement allows for the collection of information for up to two motor vehicles and two persons involved in the crash. If more than two motor vehicles or two persons are involved, use additional pages as needed to include all involved motor vehicles and persons.

Note that the standard Connecticut Uniform Police Crash Report (form PR-1) and completed investigation are also required for the FARS program in addition to the PR-2 supplement. For fatal crashes, both the PR-1 form and PR-2 supplement along with the completed investigation should be submitted directly to the FARS office located within the Connecticut Department of Transportation in the manner prescribed.

### **CRASH INFORMATION**

#### **Police Case Number**

**Instructions:** Enter the case number issued by the reporting officer’s agency assigned to the crash. This number should be the same number that was recorded on the PR-1 form under Case Number.

**Police Case  
Number:**

#### **Date of Crash**

**Instructions:** Using numeric values, report the month, day and year that the crash occurred as recorded on the PR-1 form.

**Date of Crash (YYYYMMDD)**

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## Time

**Instructions:** Using numeric values, report the time that the crash occurred as recorded on the PR-1 form.

Time (0000-2359)

## Town Name

**Instructions:** Report the official town name in which the crash occurred as recorded on the PR-1 form.

Town Name

## Town #

**Instructions:** Report the official town number that corresponds to the town name in which the crash occurred as recorded on the PR-1 form.

Town #

## Police Department Name

**Instructions:** Identify the name of the police department or other law enforcement agency that investigated the crash. The name recorded should correspond with the identifier reported under Police Agency Code on the PR-1 form.

Police Department Name

## Emergency Medical Services Notification Time

**Instructions:** Using numeric values, indicate the time that emergency medical services were initially notified to respond to the crash.

Time (0000-2359)

Notification Time:

## Emergency Medical Services Arrival Time

**Instructions:** Using numeric values, indicate the time that emergency medical services arrived on the crash scene.

Time (0000-2359)

Arrival Time:

### Emergency Medical Services Arrival at Hospital

**Instructions:** Using numeric values, indicate the time that emergency medical services arrived at the treatment facility to which it was transporting victims of the crash.

Time (0000-2359)

Arrival at Hospital:

### Roadway Surface Type

**Instructions:** Select the attribute that best represents the type of roadway surface for the road on which the crash occurred.

Roadway Surface Type

<input type="checkbox"/> Non-Trafficway or Driveway Access	<input type="checkbox"/> Concrete	<input type="checkbox"/> Blacktop, Bituminous or Asphalt	<input type="checkbox"/> Other (state type)
<input type="checkbox"/> Brick or Block	<input type="checkbox"/> Dirt	<input type="checkbox"/> Slag, Gravel or Stone	<input type="text"/>

### MOTOR VEHICLE INFORMATION

#### Motor Vehicle ID

**Instructions:** Enter the identifier that was assigned to this vehicle on the PR-1 form.

Motor Vehicle ID

#### Travel Speed in MPH

**Instructions:** Record the speed this vehicle was traveling prior to the occurrence of the crash.

Travel Speed in MPH

#### Crash Avoidance Maneuver

**Instructions:** Select the attribute that best identifies the movements or actions taken by the driver of this vehicle in response to recognizing an impending danger.

Crash Avoidance Maneuver

<input type="checkbox"/> No Avoidance Maneuver	<input type="checkbox"/> Steering	<input type="checkbox"/> Releasing Brakes
<input type="checkbox"/> Braking (No Lockup)	<input type="checkbox"/> Braking and Steering	<input type="checkbox"/> Other (state action)
<input type="checkbox"/> Braking (Lockup)	<input type="checkbox"/> Accelerating	<input type="text"/>
<input type="checkbox"/> Braking (Lockup Unknown)	<input type="checkbox"/> Accelerating and Steering	

#### Crash Avoidance Direction

**Instructions:** Indicate the direction in which the Crash Avoidance Maneuver was intended.

Crash Avoidance Direction (Indicate the direction in which the avoidance maneuver was intended, e.g., left or right)

### Other Special Vehicle Function or Feature

**Instructions:** Indicate any other special vehicle function or feature not reported on the PR-1 form. Examples of other special vehicle functions or features include vehicles that have been reconstructed or altered, vehicles with special adaptive equipment for handicapped operators and vehicles engaged in any special activity not captured on the PR-1 form.

#### Other Special Vehicle Function or Feature

(Indicate any other special vehicle function or feature not reported on the PR-1 form, e.g., reconstructed/altered vehicle or adaptive equipment)

## PERSON INFORMATION

### Associated Motor Vehicle ID

**Instructions:** Enter the Motor Vehicle ID of the vehicle that is associated with this person. For occupants, this would be the vehicle in which this person was an occupant. For non-motorists, this would be the vehicle that struck or was struck by the non-motorist.

Associated  
Motor Vehicle ID

### Name

**Instructions:** Enter this person's name in the format shown on the form.

Name (Last, First, M)

### Person Type

**Instructions:** Select the proper attribute to indicate the role of this person at the time of the crash occurrence.

Person Type

Driver     Passenger     Non-Motorist

Other (state type)

### Extrication

**Instructions:** Identify if equipment or other force was used to remove this person from the vehicle. This element applies to vehicle occupants only.

Extrication

(occupants only)

Not Extricated

Extricated

### Ejection Path

**Instructions:** For vehicle occupants that are ejected from the vehicle, indicate the path by which this person was ejected.

**Ejection Path** (For ejected occupants, indicate the path by which this person was ejected from the vehicle)

### Alcohol Involvement

**Instructions:** Indicate whether or not alcohol was involved for this person. See box below.

### Method of Alcohol Determination

**Instructions:** Select the attribute that describes the method by which the Alcohol Involvement determination was made. See box below.

### Alcohol Test Result (BAC)

**Instructions:** If an alcohol test was administered for this person, record the BAC test result. If the BAC is not available, provide any information on the test result available at the time. Include information on whether the reading was positive with no actual BAC value or whether the result is pending. See box below.

<b>Alcohol Involvement</b>	<input type="checkbox"/> <b>Alcohol NOT Involved</b>	<input type="checkbox"/> <b>Alcohol Involved</b>	
	<b>Method of Alcohol Determination</b>		
	<input type="checkbox"/> <b>Evidential Test (Breath, Blood, Urine)</b>	<input type="checkbox"/> <b>Observed</b>	<b>Alcohol Test Result (BAC)</b> <input type="text"/>
	<input type="checkbox"/> <b>Preliminary Breath Test (PBT)</b>	<input type="checkbox"/> <b>Other (state method)</b>	
	<input type="checkbox"/> <b>Passive Alcohol Sensor (PAS)</b>	<input type="text"/>	
<input type="checkbox"/> <b>Behavioral</b>			

### Drug Involvement

**Instructions:** Indicate whether or not drugs were involved for this person. See box below.

### Method of Drug Determination

**Instructions:** Select the attribute that describes the method by which the Drug Involvement determination was made. See box below.

### Drug Test Result

**Instructions:** If a drug test was administered for this person, record the drug test result. If the drug test result is not available, provide any information on the test result available at the time. See box below.

<b>Drug Involvement</b>	<input type="checkbox"/> <b>Drugs NOT Involved</b>	<input type="checkbox"/> <b>Drugs Involved</b>
	<b>Method of Drug Determination</b>	
	<input type="checkbox"/> <b>Evidential Test (Blood, Urine)</b>	<input type="checkbox"/> <b>Other (state method)</b> <input type="text"/>
	<input type="checkbox"/> <b>Drug Recognition Expert (DRE)</b>	<b>Drug Test Result</b>
<input type="checkbox"/> <b>Behavioral</b>	<input type="text"/>	

### Additional Comments

**Instructions:** Use this section to record any pertinent information that is not captured elsewhere on the form. The officer may also use this section to make notes to assist in the investigation.

Additional Comments:

### This supplement is a revision to a previously submitted supplement

**Instructions:** Check this box to indicate if this supplement is a revision to a supplement that had been previously submitted to the Connecticut Department of Transportation.

**This supplement is a revision to a previously submitted supplement**

Page \_\_\_ of \_\_\_

**Instructions:** Indicate both the page number for each page and the total number of pages included in the supplement for this particular case.

Page \_\_\_\_\_ of \_\_\_\_\_



**CONNECTICUT UNIFORM FATAL  
CRASH SUPPLEMENT  
PR-2 REV September 2014**

The PR-2 fatal crash supplement is required to collect additional information on fatal crashes for the Fatality Analysis Reporting System (FARS) program. FARS is a national program administered by the National Highway Traffic Safety Administration (NHTSA) that collects and analyzes data on fatal motor vehicle traffic crashes. Note that the standard Connecticut Uniform Police Crash Report (form PR-1) and completed investigation are also required for the FARS program in addition to the PR-2 supplement.

Police Case Number:

**CRASH INFORMATION**

Date of Crash (YYYYMMDD)  Time (0000-2359)  Town Name  Town #  Police Department Name

Emergency Medical Services Notification Time:  Time (0000-2359) Arrival Time:  Time (0000-2359) Arrival at Hospital:  Time (0000-2359)

Roadway Surface Type  Non-Trafficway or Driveway Access  Concrete  Blacktop, Bituminous or Asphalt  Other (state type)  Brick or Block  Dirt  Slag, Gravel or Stone

**MOTOR VEHICLE INFORMATION**

Motor Vehicle ID  Travel Speed in MPH

Crash Avoidance Maneuver  
 No Avoidance Maneuver  Steering  Releasing Brakes  
 Braking (No Lockup)  Braking and Steering  Other (state action)   
 Braking (Lockup)  Accelerating   
 Braking (Lockup Unknown)  Accelerating and Steering

Crash Avoidance Direction (Indicate the direction in which the avoidance maneuver was intended, e.g., left or right)

Other Special Vehicle Function or Feature (Indicate any other special vehicle function or feature not reported on the PR-1 form, e.g., reconstructed/altered vehicle or adaptive equipment)

**MOTOR VEHICLE INFORMATION**

Motor Vehicle ID  Travel Speed in MPH

Crash Avoidance Maneuver  
 No Avoidance Maneuver  Steering  Releasing Brakes  
 Braking (No Lockup)  Braking and Steering  Other (state action)   
 Braking (Lockup)  Accelerating   
 Braking (Lockup Unknown)  Accelerating and Steering

Crash Avoidance Direction (Indicate the direction in which the avoidance maneuver was intended, e.g., left or right)

Other Special Vehicle Function or Feature (Indicate any other special vehicle function or feature not reported on the PR-1 form, e.g., reconstructed/altered vehicle or adaptive equipment)

**PERSON INFORMATION**

Associated Motor Vehicle ID  Name (Last, First, M)

Person Type  Driver  Passenger  Non-Motorist  Other (state type)

Ejection Path (For ejected occupants, indicate the path by which this person was ejected from the vehicle)

Extrication (occupants only)  Not Extricated  Extricated

**PERSON INFORMATION**

Associated Motor Vehicle ID  Name (Last, First, M)

Person Type  Driver  Passenger  Non-Motorist  Other (state type)

Ejection Path (For ejected occupants, indicate the path by which this person was ejected from the vehicle)

Extrication (occupants only)  Not Extricated  Extricated

Alcohol NOT Involved  Alcohol Involved

Method of Alcohol Determination  
 Evidential Test (Breath, Blood, Urine)  Observed  Alcohol Test Result (BAC)   
 Preliminary Breath Test (PBT)  Other (state method)   
 Passive Alcohol Sensor (PAS)  Behavioral

Alcohol NOT Involved  Alcohol Involved

Method of Alcohol Determination  
 Evidential Test (Breath, Blood, Urine)  Observed  Alcohol Test Result (BAC)   
 Preliminary Breath Test (PBT)  Other (state method)   
 Passive Alcohol Sensor (PAS)  Behavioral

Drugs NOT Involved  Drugs Involved

Method of Drug Determination  
 Evidential Test (Blood, Urine)  Other (state method)   
 Drug Recognition Expert (DRE)  Drug Test Result   
 Behavioral

Drugs NOT Involved  Drugs Involved

Method of Drug Determination  
 Evidential Test (Blood, Urine)  Other (state method)   
 Drug Recognition Expert (DRE)  Drug Test Result   
 Behavioral

Additional Comments: