COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM

Crash Number: P0938432

AA 500 1

Case Closed: ☐ Yes ☐ No

Reportable Crash: ☐ Yes ☐ No

Page

1 Police Agency Data

Incident Number | Police Agency | Patrol Zone

Agency Name | Precinct | Investigation Date (MM-DD-YYYY)

Dispatch Time (mil) | Arrival Time (mil) | Investigator | Badge Number

Reviewer | Badge Number | Approval Date (MM-DD-YYYY)

2 Crash Data

County | County Name | Municipality | Municipality Name

Day of Week: ☐ Sun ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Unk

Crash Date (MM-DD-YYYY) | Crash Time (mil) | No of Units | People | Injured | Killed* | *If > 00 complete Form F

Workzone (If Yes, Complete Form M, Section 29) ☐ Yes ☐ No

School Bus Related ☐ Yes ☐ No

School Zone Related ☐ Yes ☐ No

Notify PENNDOT Maintenance ☐ Yes ☐ No

3 Loc Type

Intersection Type: ☐ 4 Way Intersection ☐ "Y" Intersection ☐ Multi-Leg Intersection ☐ Off Ramp ☐ Railroad Crossing ☐ Midblock ☐ "T" Intersection ☐ Traffic Circle/ Round About ☐ On Ramp ☐ Crossover ☐ Other

*Special Location | * See Overlay

4 Principal Road

Route Number | Segment (Optional) | Travel Lanes | Speed Limit

Street Name | Street Ending

Orientation: ☐ North ☐ South ☐ East ☐ West ☐ Unknown

House Number (if applicable)

For Mid-block crashes only. Use postal House Number and make sure Principal Roadway Street Name is filled in if using this option

Route Signing: ☐ Interstate (Not Turnpike) ☐ Turnpike (East/West) ☐ Turnpike Spur ☐ State Highway ☐ County Road ☐ Local Road or Street ☐ Private Road ☐ Other/ Unknown

5 Intersecting Road

Use For Intersection Crashes

Route Number | Segment (Optional) | Travel Lanes | Speed Limit

Street Name | Street Ending

Orientation: ☐ North ☐ South ☐ East ☐ West ☐ Unknown

Route Signing: ☐ Interstate (Not Turnpike) ☐ Turnpike (East/West) ☐ Turnpike Spur ☐ State Highway ☐ County Road ☐ Local Road or Street ☐ Private Road ☐ Other/ Unknown

6 Distance From Landmark

Use For Mid - Block Crashes

Please Enter Information for **BOTH** Landmarks if Using This Option

Landmark 1

Intersecting Rt Num | Or Mile Post | Or Segment Marker

Or Intersecting Street Name | St Ending

Ramp Use Only: ☐ North ☐ South ☐ East ☐ West

Landmark 2

Intersecting Rt Num | Or Mile Post | Or Segment Marker

Or Intersecting Street Name | St Ending

Ramp Use Only: ☐ North ☐ South ☐ East ☐ West

Feet | Or Miles

Distance From Crash Scene to Landmark 1 *(For Crash between Landmark 1 and Landmark 2)*

7 GPS

Latitude: Degrees | Minutes | Seconds

Longitude: — Degrees | Minutes | Seconds

8 TCD

Traffic Control Device: ☐ Not Applicable ☐ Traffic Signal ☐ Flashing Traffic Signal ☐ Stop Sign ☐ Yield Sign ☐ Active RR Crossing Controls ☐ Passive RR Crossing Controls ☐ Police Officer or Flagman ☐ Other Type TCD ☐ Unknown

TCD Functioning: ☐ No Controls ☐ Device Functioning Improperly ☐ Emergency Preemptive Signal ☐ Device Not Functioning ☐ Device Functioning Properly ☐ Unknown

9 Lane Closure

Lane Closed (If "Not Applicable", skip rest of the Lane Closure section): ☐ Not Applicable ☐ Partially ☐ Fully ☐ Unknown

Lane Closure Direction: ☐ North ☐ East ☐ North and South ☐ All (N,S,E,W) ☐ South ☐ West ☐ East and West

Traffic Detoured: Yes ☐ No ☐ Unknown ☐

Estl. Time Closed: ☐ < 30 Min. ☐ 30-60 Min. ☐ 1-3 hrs ☐ 3-6 hrs ☐ 6-9 hrs ☐ > 9 hours ☐ Unknown

FORM # AA-500 (12/02)

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10 Unit Info

Type Unit

- Motor Vehicle in Transport
- Hit & Run Vehicle
- Illegally Parked
- Legally Parked
- Non - Motorized
- Pedestrian
- Pedestrian on Skates, in Wheelchair, etc
- Disabled From Previous Crash
- Train
- Phantom Vehicle

(If "Pedestrian" or "Pedestrian on Skates, in Wheelchair, etc", Complete Form M, Section 28)

Commercial Vehicle

- Yes
- No

(If Yes, Complete Form C)

11 Vehicle Driver / Pedestrian Information

Unit No | First Name | MI | Date of Birth (MM-DD-YYYY)

Delete?

Last Name | Telephone Number

Address / City / State | Zip

Driver License Number | State | Class

Alcohol/Drugs Suspected

- No
- Alcohol
- Illegal Drugs
- Alcohol and Drugs
- Medication
- Unknown

Driver or Pedestrian Physical Condition

- Apparently Normal
- Had Been Drinking
- Illegal Drug Use
- Sick
- Fatigue
- Asleep
- Medication
- Unknown

Alcohol Test Type

- Test Not Given
- Blood
- Breath
- Urine
- Other
- Unknown if Test Given

Primary Vehicle Code Violation | Charged? Yes No

Alcohol Test Results

0.

- Test Refused
- Test Given, Contaminated Results
- Unknown Results

Driver Presence

1=Driver Operated Vehicle
2=No Driver
3=Driver Fled Scene
4=Hit and Run
9=Unknown

Owner/Driver

00=Not Applicable
01=Private Vehicle Owned/Leased by Driver
02=Private Vehicle Not Owned/Leased by Driver
03=Rented Vehicle
04=State Police Vehicle
05=PENNDOT Vehicle
06=Other State Gov Veh
07=Municipal Police Veh
08=Other Municipal Government Vehicle
09=Federal Gov Veh
98=Other
99=Unknown

12 Vehicle Information

Same as Driver

Owner First Name | Owner Last Name or Business Name *(If Pedestrian, skip this Section)*

Address / City / State / Zip | Vehicle Make | *Make Code (see overlay)

VIN | Model Year | Vehicle Model

License Plate | Reg. State | Est. Speed | Vehicle Towed Yes No | Towed By

Insurance Yes No Un-known | Insurance Company | Policy No

Trailing Unit No. of Trailing Units:

Type Unit

1=Towing Pass. Veh
2=Towing Truck
3=Towing Utility Trailer
4=Mobile/Modular Home
5=Camper
6=Full Trailer
7=Semi-Trailer
8=Other
9=Unknown

Tag No | Tag Year | Tag St

Direction of Travel | ***Vehicle Position** | ***Movement** | ***See Overlay**

Vehicle Color

01=Blue
02=Red
03=White
04=Green
05=Black
06=Yellow
07=Silver
08=Gold
09=Brown
10=Orange
11=Purple
12=Other
99=Unknown

Vehicle Type

01=Automobile
02=Motorcycle
03=Bus
04=Small Truck
(If "02", Complete Form M, Section 26)
05=Large Truck
06=SUV
07=Van
10=Snowmobile
11=Farm Equip
12=Construction Equip
13=ATV
18=Other Type Spec Veh
19=Unk. Type Spec Veh
(If "20" or "21", Complete Form M, Section 27)
20=Unicycle, Bicycle, Tricycle
21=Other Pedalcycle
22=Horse & Buggy
23=Horse & Rider
24=Train
25=Trolley
98=Other
99=Unknown

Special Usage

00=Not Applicable
01=Fire Veh
02=Ambulance
03=Police
08=Other Emergency Vehicle
11=Pupil Transport
12=Commercial Passenger Carrier
13=Taxi
21=Tractor Trailer
22=Twin Trailer
23=Triple Trailer
31=Modified Veh
99=Unknown

Initial Impact Point

00=Non-Collision
01-12=Clock Points
13=Top
14=Undercarriage
15=Towed Unit
99=Unknown

Damage Indicator

0=None
1=Minor
2=Functional
3=Disabling
9=Unknown

Gradient

1=Level
2=Uphill
3=Downhill
4=Bottom of Hill
5=Top of Hill
9=Unknown

Road Alignment

1=Straight
2=Curved
9=Unknown

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Commercial Vehicle ○ Yes ○ No *(If Yes, Complete Form C)*

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Delete? ○

Last Name | Telephone Number

Address / City / State | Zip

Driver License Number | State | Class

Alcohol/Drugs Suspected

- ○ No
- ○ Alcohol
- ○ Illegal Drugs
- ○ Alcohol and Drugs
- ○ Medication
- ○ Unknown

Driver or Pedestrian Physical Condition

- ○ Apparently Normal
- ○ Had Been Drinking
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- ○ Test Not Given
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- ○ Other
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Alcohol Test Results 0.__

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Address / City / State / Zip | Vehicle Make | *Make Code (see overlay)

VIN | Model Year | Vehicle Model

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People Information

A *Person Type:*
1=Driver
2=Passenger
7=Pedestrian
8=Other
9=Unknown

B *Sex:*
F =Female
M=Male
U =Unknown

C *Injury Severity:*
0=Not Injured
1=Killed
2=Major Injury
3=Moderate Injury
4=Minor Injury
8=Injury, Unk Severity
9=Unknown if Injury

D *Seat Position:*
00=Not A Passenger/Occupant
01=Driver - All Vehicles
02=Front Seat Middle Position
03=Front Seat Right Side
04=Second Row - Left Side Or Motorcycle Passenger
05=Second Row - Middle Position
06=Second Row - Right Side
07=Third Row Or Greater - Left Side
08=Third Row Or Greater - Middle Position
09=Third Row Or Greater - Right Side
10=Sleeper Section of Truckcab
11=In Other Enclosed Passenger Or Cargo Area
12=In Open Area (Back Of Pickup, Etc.)
13=Trailing Unit
14=Riding On Vehicle Exterior
15=Bus Passenger
98=Other
99=Unknown

E *Safety Equipment One:*
00=None Used / Not Applicable
01=Shoulder Belt Used
02=Lap Belt Used
03=Lap And Shoulder Belt Used
04=Child Safety Seat Used
05=Motorcycle Helmet Used
06=Bicycle Helmet Used
10=Safety Belt Used Improperly
11=Child Safety Seat Used Improperly
12=Helmet Used Improperly
90=Restraint Used, Type Unknown
99=Unknown

F *Safety Equipment Two:*
00=None Used / Not Applicable
01=Front Air Bag Deployed (For This Seat)
02=Side Air Bag Deployed (For This Seat)
03=Other Type Air Bag Deployed
04=Multiple Air Bags Deployed
05=Motorcycle Eye Protection
06=Bicyclist Wearing Elbow/Knee/Pads
10=Air Bag Not Deployed, Switch On
11=Air Bag Not Deployed, Switch Off
12=Air Bag Not Deployed, Unk Switch Setting
13=Air Bag Removed (Prior To Crash)
19=Unknown If Air Bag Deployed
99=Unknown

G *Ejection:*
0=Not Applicable
1=Not Ejected
2=Totally Ejected
3=Partially Ejected
9=Unknown

H *Ejection Path:*
0=Not Ejected / Not Applicable
1=Through Side Door Opening
2=Through Side Window
3=Through Windshield
4=Through Back Door
5=Through Back Door Tailgate Opening
6=Through Roof Opening (Sunroof/ Convertible Top Down)
7=Through Roof Opening (Convertible Top Up)
9=Unknown

I *Extrication:*
0=Not Applicable
1=Not Extricated
2=Extricated By Mechanical Means
3=Freed By Non - Mechanical Means
8=Other
9=Unknown

13 **EMS Agency:** ______ **Medical Facility:** ______

14 **Unit No** | **Person No** | **Delete?** ◯ | **Date of Birth** (MM-DD-YYYY) __-__-____ | A | B | C | D | E | F | G | H | I
Name / Address / Phone ☐ Same as Operator — **EMS Transport** ◯ Yes ◯ No

Unit No | **Person No** | **Delete?** ◯ | **Date of Birth** (MM-DD-YYYY) __-__-____ | A | B | C | D | E | F | G | H | I
Name / Address / Phone ☐ Same as Operator — **EMS Transport** ◯ Yes ◯ No

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Name / Address / Phone ☐ Same as Operator — **EMS Transport** ◯ Yes ◯ No

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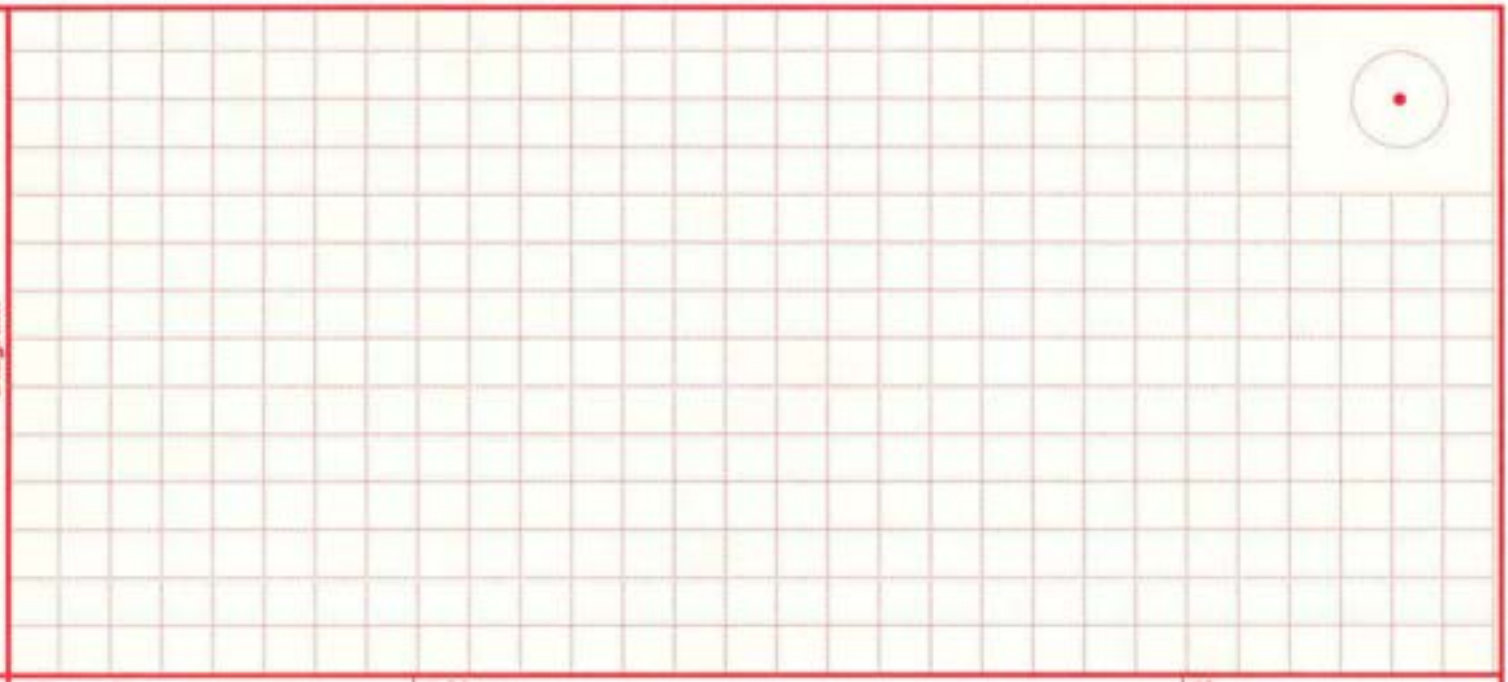
20 Diagram



21

Witness Name	Address	Phone
1		
2		

22 Witness and Narrative

Narrative and additional witnesses:

Accident Investigation Notification Issued? ☐ Property Damage ☐

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