

# COMMONWEALTH OF PENNSYLVANIA POLICE CRASH REPORTING FORM



Crash Number

AA 500 1

Case Closed ☐ Yes ☐ No  
Reportable Crash ☐ Yes ☐ No

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<b>1</b>	<b>Police Agency Data</b>	Incident Number <input type="text"/>										Police Agency <input type="text"/>										Patrol Zone <input type="text"/>																		
	Agency Name <input type="text"/>																				Precinct <input type="text"/>										Investigation Date (MM-DD-YYYY) <input type="text"/> - <input type="text"/> - <input type="text"/>									
	Dispatch Time (mil) <input type="text"/>					Arrival Time (mil) <input type="text"/>					Investigator <input type="text"/>										Badge Number <input type="text"/>																			
	Reviewer <input type="text"/>										Badge Number <input type="text"/>					Approval Date (MM-DD-YYYY) <input type="text"/> - <input type="text"/> - <input type="text"/>																								
<b>2</b>	<b>Crash Data</b>	County <input type="text"/>					County Name <input type="text"/>					Municipality <input type="text"/>					Municipality Name <input type="text"/>					Day of Week <input type="checkbox"/> Sun <input type="checkbox"/> Thu <input type="checkbox"/> Mon <input type="checkbox"/> Fri <input type="checkbox"/> Tue <input type="checkbox"/> Sat <input type="checkbox"/> Wed <input type="checkbox"/> Unk																		
	Crash Date (MM-DD-YYYY) <input type="text"/> - <input type="text"/> - <input type="text"/>					Crash Time (mil) <input type="text"/>					No of Units <input type="text"/>					People <input type="text"/>					Injured <input type="text"/>					Killed* <input type="text"/>					*If > 00 complete Form F									
	Workzone (If Yes, Complete Form M, Section 29) <input type="checkbox"/> Yes <input type="checkbox"/> No										School Bus Related <input type="checkbox"/> Yes <input type="checkbox"/> No					School Zone Related <input type="checkbox"/> Yes <input type="checkbox"/> No					Notify PENNDOT Maintenance <input type="checkbox"/> Yes <input type="checkbox"/> No																			
	<b>Intersection Type</b> <input type="checkbox"/> 4 Way Intersection <input type="checkbox"/> "Y" Intersection <input type="checkbox"/> Multi-Leg Intersection <input type="checkbox"/> Off Ramp <input type="checkbox"/> Railroad Crossing <input type="checkbox"/> Midblock <input type="checkbox"/> "T" Intersection <input type="checkbox"/> Traffic Circle/ Round About <input type="checkbox"/> On Ramp <input type="checkbox"/> Crossover <input type="checkbox"/> Other																																							
<b>3</b>	<b>Loc Type</b>	<b>*Special Location</b> <input type="text"/> <input type="text"/> <b>* See Overlay</b>																																						
	<b>Principal Road</b>	Route Number <input type="text"/>					Segment (Optional) <input type="text"/>					Travel Lanes <input type="text"/>					Speed Limit <input type="text"/>					Orientation <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Unknown					House Number (if applicable) <input type="text"/>													
		Street Name <input type="text"/>																				Street Ending <input type="text"/>					For Mid-block crashes only. Use postal House Number and make sure Principal Roadway Street Name is filled in if using this option													
		<b>Route Signing</b> <input type="checkbox"/> Interstate (Not Turnpike) <input type="checkbox"/> Turnpike (East/West) <input type="checkbox"/> Turnpike Spur <input type="checkbox"/> State Highway <input type="checkbox"/> County Road <input type="checkbox"/> Local Road or Street <input type="checkbox"/> Private Road <input type="checkbox"/> Other/ Unknown																																						
<b>4</b>	<b>Intersecting Road</b>	Route Number <input type="text"/>					Segment (Optional) <input type="text"/>					Travel Lanes <input type="text"/>					Speed Limit <input type="text"/>					Orientation <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Unknown					T													
	Street Name <input type="text"/>																				Street Ending <input type="text"/>																			
	<b>Route Signing</b> <input type="checkbox"/> Interstate (Not Turnpike) <input type="checkbox"/> Turnpike (East/West) <input type="checkbox"/> Turnpike Spur <input type="checkbox"/> State Highway <input type="checkbox"/> County Road <input type="checkbox"/> Local Road or Street <input type="checkbox"/> Private Road <input type="checkbox"/> Other/ Unknown																																							
	<b>5</b>	<b>Distance From Landmark</b>	Please Enter Information for BOTH Landmarks if Using This Option Use For Mid - Block Crashes																																					
Landmark 1										Landmark 2										Ramp Use Only <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West																				
Intersecting Rt Num <input type="text"/> Or Mile Post <input type="text"/> Or Segment Marker <input type="text"/> Or Intersecting Street Name <input type="text"/> St Ending <input type="text"/>										Intersecting Rt Num <input type="text"/> Or Mile Post <input type="text"/> Or Segment Marker <input type="text"/> Or Intersecting Street Name <input type="text"/> St Ending <input type="text"/>										Feet <input type="text"/> Or Miles <input type="text"/>																				
Distance From Crash Scene to Landmark 1 (For Crash between Landmark 1 and Landmark 2)																																								
<b>6</b>	<b>GPS</b>	Latitude: Degrees <input type="text"/> Minutes <input type="text"/> Seconds <input type="text"/>										Longitude: — Degrees <input type="text"/> Minutes <input type="text"/> Seconds <input type="text"/>																												
<b>7</b>	<b>TCD</b>	<b>Traffic Control Device</b> <input type="checkbox"/> Not Applicable <input type="checkbox"/> Traffic Signal <input type="checkbox"/> Yield Sign <input type="checkbox"/> Police Officer or Flagman <input type="checkbox"/> Flashing Traffic Signal <input type="checkbox"/> Stop Sign <input type="checkbox"/> Active RR Crossing Controls <input type="checkbox"/> Other Type TCD <input type="checkbox"/> Passive RR Crossing Controls <input type="checkbox"/> Unknown										<b>TCD Functioning</b> <input type="checkbox"/> No Controls <input type="checkbox"/> Device Functioning Improperly <input type="checkbox"/> Emergency Preemptive Signal <input type="checkbox"/> Device Not Functioning <input type="checkbox"/> Device Functioning Properly <input type="checkbox"/> Unknown																												
<b>8</b>	<b>Lane Closure</b>	<b>Lane Closed</b> (If "Not Applicable", skip rest of the Lane Closure section) <input type="checkbox"/> Not Applicable <input type="checkbox"/> Partially <input type="checkbox"/> Fully <input type="checkbox"/> Unknown										<b>Lane Closure Direction</b> <input type="checkbox"/> North <input type="checkbox"/> East <input type="checkbox"/> North and South <input type="checkbox"/> All (N,S,E,W) <input type="checkbox"/> South <input type="checkbox"/> West <input type="checkbox"/> East and West																												
		<b>Traffic Detoured</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>										<b>Esti. Time Closed</b> <input type="checkbox"/> < 30 Min. <input type="checkbox"/> 30-60 Min. <input type="checkbox"/> 1-3 hrs <input type="checkbox"/> 3-6 hrs <input type="checkbox"/> 6-9 hrs <input type="checkbox"/> > 9 hours <input type="checkbox"/> Unknown																												



**COMMONWEALTH OF PENNSYLVANIA  
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Crash Number

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<b>10</b>	<b>Unit Info</b>	<b>Type Unit</b> <input type="checkbox"/> Motor Vehicle in Transport <input type="checkbox"/> Hit & Run Vehicle <input type="checkbox"/> Illegally Parked <input type="checkbox"/> Legally Parked <input type="checkbox"/> Non - Motorized <input type="checkbox"/> Pedestrian <input type="checkbox"/> Pedestrian on Skates, in Wheelchair, etc <input type="checkbox"/> Disabled From Previous Crash <input type="checkbox"/> Train <input type="checkbox"/> Phantom Vehicle <i>(If "Pedestrian" or "Pedestrian on Skates, in Wheelchair, etc", Complete Form M, Section 28)</i>						<b>Commercial Vehicle</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, Complete Form C)</i>				
<b>11</b>	<b>Vehicle Driver / Pedestrian Information</b>	Unit No		First Name				MI	Date of Birth (MM-DD-YYYY)			
		<div style="border: 1px solid black; width: 20px; height: 20px;"></div>		<div style="border: 1px solid black; width: 100px; height: 20px;"></div>				<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 60px; height: 20px;"></div>			
		Delete? <input type="checkbox"/>		Last Name				Telephone Number				
				<div style="border: 1px solid black; width: 100px; height: 20px;"></div>				<div style="border: 1px solid black; width: 100px; height: 20px;"></div>				
		Address / City / State										
		<div style="border: 1px solid black; width: 100%; height: 20px;"></div>										
		Zip										
		<div style="border: 1px solid black; width: 100%; height: 20px;"></div>										
		Driver License Number						State	Class			
		<div style="border: 1px solid black; width: 100%; height: 20px;"></div>						<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>			
<b>Alcohol/Drugs Suspected</b> <input type="checkbox"/> No <input type="checkbox"/> Illegal Drugs <input type="checkbox"/> Medication <input type="checkbox"/> Alcohol <input type="checkbox"/> Alcohol and Drugs <input type="checkbox"/> Unknown						<b>Driver or Pedestrian Physical Condition</b> <input type="checkbox"/> Apparently Normal <input type="checkbox"/> Illegal Drug Use <input type="checkbox"/> Fatigue <input type="checkbox"/> Medication <input type="checkbox"/> Had Been Drinking <input type="checkbox"/> Sick <input type="checkbox"/> Asleep <input type="checkbox"/> Unknown						
<b>Alcohol Test Type</b> <input type="checkbox"/> Test Not Given <input type="checkbox"/> Breath <input type="checkbox"/> Other <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Unknown if Test Given						<b>Primary Vehicle Code Violation</b> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>						
<b>Alcohol Test Results</b> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">0</div> <input type="checkbox"/> Test Refused <input type="checkbox"/> Unknown Results <input type="checkbox"/> Test Given, Contaminated Results						<b>Driver Presence</b> <div style="border: 1px solid black; width: 20px; height: 20px;"></div>						
						1=Driver Operated Vehicle    2=No Driver 3=Driver Fled Scene    4=Hit and Run 9=Unknown						
<b>Owner/Driver</b> <div style="border: 1px solid black; width: 20px; height: 20px;"></div>										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		
<b>12</b>	<b>Vehicle Information</b>	Same as Driver <input type="checkbox"/>		Owner First Name				Owner Last Name or Business Name (If Pedestrian, skip this Section)				
				<div style="border: 1px solid black; width: 100px; height: 20px;"></div>				<div style="border: 1px solid black; width: 100px; height: 20px;"></div>				
		Address / City / State / Zip								Vehicle Make		*Make Code
		<div style="border: 1px solid black; width: 100%; height: 20px;"></div>								<div style="border: 1px solid black; width: 60px; height: 20px;"></div>		<div style="border: 1px solid black; width: 20px; height: 20px;"></div>
		VIN								Model Year		Vehicle Model
		<div style="border: 1px solid black; width: 100%; height: 20px;"></div>								<div style="border: 1px solid black; width: 40px; height: 20px;"></div>		<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
		License Plate								Reg. State	Est. Speed	Vehicle Towed
		<div style="border: 1px solid black; width: 100%; height: 20px;"></div>								<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Insurance								Insurance Company		Policy No
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Un-known								<div style="border: 1px solid black; width: 100%; height: 20px;"></div>		<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
<b>Trailing Unit</b> No. of Trailing Units: <div style="border: 1px solid black; width: 20px; height: 20px;"></div>		<b>Type Unit</b> <div style="border: 1px solid black; width: 20px; height: 20px;"></div>		1=Towing Pass. Veh    4=Mobile/Modular Home    7=Semi-Trailer 2=Towing Truck    5=Camper    8=Other 3=Towing Utility Trailer    6=Full Trailer    9=Unknown		Tag No		Tag Year	Tag St			
<div style="border: 1px solid black; width: 20px; height: 20px;"></div>		<div style="border: 1px solid black; width: 20px; height: 20px;"></div>				<div style="border: 1px solid black; width: 60px; height: 20px;"></div>		<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>			
<b>Direction of Travel</b> <div style="border: 1px solid black; width: 20px; height: 20px;"></div>		<b>*Vehicle Position</b> <div style="border: 1px solid black; width: 20px; height: 20px;"></div>		<b>*Movement</b> <div style="border: 1px solid black; width: 20px; height: 20px;"></div>		<b>*See Overlay</b> <div style="border: 1px solid black; width: 20px; height: 20px;"></div>		<b>Special Usage</b> <div style="border: 1px solid black; width: 20px; height: 20px;"></div>				
<b>Vehicle Color</b> <div style="border: 1px solid black; width: 20px; height: 20px;"></div>		<b>Vehicle Type</b> <div style="border: 1px solid black; width: 20px; height: 20px;"></div>		05=Large Truck    20=Unicycle, Bicycle, Tricycle 06=SUV    21=Other Pedalcycle 07=Van    22=Horse & Buggy 10=Snowmobile    23=Horse & Rider 11=Farm Equip    24=Train 12=Construction Equip    25=Trolley 13=ATV    98=Other 18=Other Type Spec Veh    99=Unknown 19=Unk. Type Spec Veh		00=Not Applicable    12=Commercial Passenger Carrier 01=Fire Veh    13=Taxi 02=Ambulance    21=Tractor Trailer 03=Police    22=Twin Trailer 08=Other Emergency Vehicle    23=Triple Trailer 11=Pupil Transport    31=Modified Veh 99=Unknown						
<b>Initial Impact Point</b> <div style="border: 1px solid black; width: 20px; height: 20px;"></div>		00=Non-Collision    14=Undercarriage 01-12=Clock Points    15=Towed Unit 13=Top    99=Unknown		<b>Damage Indicator</b> <div style="border: 1px solid black; width: 20px; height: 20px;"></div>		<b>Gradient</b> <div style="border: 1px solid black; width: 20px; height: 20px;"></div>		<b>Road Alignment</b> <div style="border: 1px solid black; width: 20px; height: 20px;"></div>				
				0=None    2=Functional 1=Minor    3=Disabling 9=Unknown		3=Downhill    4=Bottom of Hill 5=Top of Hill    9=Unknown		1=Straight    2=Curved 9=Unknown				



## Crash Number

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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

EMS Agency:

Medical Facility:

Unit No	Person No	Delete?	Date of Birth (MM-DD-YYYY)	A	B	C	D	E	F	G	H	I
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name / Address / Phone

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☐ Yes ☐ No



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Diagram

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Witness and Narrative

Witness Name	Address	Phone
1		
2		

Narrative and additional witnesses: Accident Investigation Notification Issued? ☐ Property Damage ☐