# COMMONWEALTH OF PENNSYLVANIA POLICE CRASH REPORTING FORM

Case Closed Reportable Crash

Page	

Crash Number

	i :	. 0000402
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  Reviewer  Badge Number  Approval Date (MM-DD-YYYY)  Approval Date (MM-DD-YYYY)
2	Crash Data	County Name   Municipality   Municipality Name   Day of Week
3	Loc Type	Intersection Type 4 Way Intersection 7 "Y" Intersection Multi-Leg Intersection 6 Off Ramp 7 Railroad Crossing 1 Intersection 8 Off Ramp 9 Off R
4	Principal Road	Route Number Segment (Optional) Travel Lanes Speed Limit Street Name Street Ending Street Name Street Ending Street Ending Street Name Street Na
5	Intersecting Road	Route Number Segment (Optional) Travel Lanes Speed Limit Street Ending Street Ending West West Unknown  Route Signing Interstate (Kast/West) Turnpike Spur Spur Street Highway County Road Or Street Road
6	Distance From Landmark	Please Enter Information for BOTH Landmarks if Using This Option  This Option  Or Intersecting Rt Num Or Mile Post  Or Segment Marker  St Ending  Or Miles  Or Intersecting Rt Num Or Mile Post  Or Miles  Or Miles  Or Intersecting Street Name  Or Intersecting Street Name  St Ending  Or Intersecting Street Name
7	GPS	Degrees Minutes Seconds  Latitude: Degrees Minutes Seconds  Longitude: Degrees Minutes Seconds
8	TCD	Traffic Control Device       Yield Sign       Police Officer or Flagman       TCD Functioning         Not Applicable       Traffic Signal       Active RR Crossing Controls       Other Type TCD       No Controls       Device Functioning Improperly       Preemptive Signal         Flashing Traffic Signal       Stop Sign       Passive RR Crossing Controls       Unknown       Device Not Functioning       Device Functioning       Unknown
9	Lane Closure	Lane Closed (If "Not Applicable", skip rest of the Lane Closure section) Not Applicable Partially Fully Unknown  Itaffic Detoured  Yes No O Unknown  Closed  North and South All (N,S,E,W)  South West East and West  North and South (N,S,E,W)  All (N,S,E,W)  South O South

## COMMONWEALTH OF PENNSYLVANIA POLICE CRASH REPORTING FORM

Police Use Only

AA 500 2

Crash Number

P0938432

г	_	Motor Vehicle in Coult & Rus Vahida Coulterally										
1	율	Type Transport O Hit & Kuri Venicle O illegali	y Parked Legally Parked Non - Motorized Commercial Vehicle									
10	Unit In	Unit Pedestrian Pedestrian on Skates, Disable in Wheelchair, etc.	ed From Train Phantom Vehicle Yes No									
1	5	(If "Pedestrian" or "Pedestrian on Skates, in Wheelchair	(IT Yes Complete Form ( )									
ŀ	+		An An Annual Control of the Control									
1	-1	Unit No First Name	MI Date of Birth (MM-DD-YYYY)									
1	-											
1	- 1	Delete? Last Name	Telephone Number									
ı	- 1											
		Address / City / State	Zip									
1	6											
1	hat											
1	5	Driver License Number	State Class									
1	Pedestrian Information											
1	ia.	Alcohol/Drugs Suspected	Driver or Pedestrian Physical Condition									
11	estr	No Ollegal Drugs Medication	Apparently Illegal Drug Fatigue Medication									
1	ed	○ Alcohol	- Unit Basis									
1	-	C / Italia Diags C Official	Drinking Sick Asleep Unknown									
1	Driver	Alcohol Test Type	Primary Vehicle Code Violation Charged?									
		Test Not Given Breath Other	Charged									
١	Vehicle	☐ Blood ☐ Urine ☐ Unknown i	T Yes O No									
1	Ne Ne	Alcohol Test Results Test Refused Unknown	Driver Presence 1=Driver Operated 3=Driver Fled Scene									
1	-	Test Given,	Vehicle 4=Hit and Run									
1	-	Contaminated Results	2=No Driver 9=Unknown									
1	- [	Owner/Driver 00=Not Applicable 02=Private Vehicle Not	04=State Police Vehicle 07=Municipal Police Veh 09=Federal Gov Veh									
1	-1	01=Private Vehicle Owned/ Owned/Leased by Dri										
1	1	Leased by Driver 03=Rented Vehicle	06=Other State Gov Veh Government Vehicle 99=Unknown									
ŀ	+	Compare Owner First Name Owner	Last Name or Business Name (If Pedestrian, skip this Section)									
1	1	Same as Driver	Last Halle of Sasiless Halle (in Federalin, Skip this Section)									
1	H											
1	1	Address / City / State / Zip Vehicle Make *Make Code										
1	-											
1	-1	VIN	Model Year Vehicle Model (see overlay)									
1	П											
1	- 1	License Plate Reg. Sta	ate Est. Speed <u>Vehicle Towed</u> Towed By									
1	- 1											
1	-		Yes No									
1		Insurance Company	Policy No									
1	ē	Yes No Un-										
1	mar	WINSON -										
2	흐		pile/Modular Home 7=Semi-Trailer Tag No Tag Year Tag St									
1	=	Trailing One 2 Towns Heller Trailer C Full :										
1	Vehicle Information	Units: 3=10Wing Offlity Trailer 6=Full	- Same Same Same Same Same Same Same Same									
ı	Ve	Direction of *Vehicle Position *Moveme	*See <u>Special Usage</u> Overlay									
1	1		The state of the s									
1	-	Vehicle Color Vehicle Type 05=Large 06=SUV	Triovelo									
ı	П	07=Silver 02=Motorcycle 07=Van	21=Other Pedalcycle 01=Fire Veh 12-Taxi									
1	-1	08=Gold 03=Bus 10=Snow 01=Blue 09=Brown 04=Small Truck 11=Farm	mobile 22=Horse & Buggy 02=Ambulance 21=Tractor Trailer									
1	-	02=Red 10=Orange (If "02", Complete Form 12=Const	truction Equip 24=Train U3=Police 22=Twin Trailer									
		03=White 11=Purple <i>M, Section 26</i> ) 13=ATV 04=Green 12=Other (15 "20" or "31" Complete 18=Other	Time Specific Other Vehicle 31=Modified Veh									
			Type Spec Veh 99=Unknown 11=Pupil Transport 99=Unknown									
	ı	Initial Impact Point Damage India	cator Gradient 3=Downhill Road Alignment									
		00-Non-comsion 14-ondercarriage	2=Functional 1=Straight 1=Straight									
	1		or 3=Disabling   1=Level 5=Top of Hill 2=Curved   2=Uphill 9=Unknown 9=Unknown									

### COMMONWEALTH OF PENNSYLVANIA POLICE CRASH REPORTING FORM

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AA 500 2

Crash Number

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- [																		
10	Unit Info	Type T	Notor Vehicle i ransport edestrian	Ped	& Run V lestrian c Wheelcha	n Skates		egally Pa sabled F evious C	rked O	Legally Train	/ Parked	O Ph		CONTRACTOR OF THE PERSON OF TH	0	m <mark>mercia</mark> Yes , <b>Com</b> pl	O N	lo
- 1	2	(If "	Pedestrian" o	or "Pedestr	ian on S	kates, ir	Wheelc	hair, et	c", Comple	ete For	m M, Se	ection 28	8)		(11 1 63	Compi	ele i.o.	illi C
ı	П	Unit No	First Name							I N	/II D	ate of B	irth (M	M-DD-YYY	Y)			
		Delete?	Last Name										Telep	hone Nur	nber			- I
	П																	
		Address / City	/ / State												Zip			-
-1	on																	
1	nat		. Administration									2000000		Classic				_
1	orn	Driver License	Number									State		Class				
	Ī																	
-	ian	Alcohol/Drugs	Susperted						Driver or	Pedes	trian Pl	hvsical C	onditio	on				
11	str	O No	Juspecteu	) Illegal Dri	ugs		) Medicat	tion		pparent ormal			l Drug		tique	$\bigcirc$ M	edicatio	on
_	ede	O Alcohol	_	Alcohol a	THE STATE OF THE S		Unknow					→ Use		<u> </u>	igue	<u> </u>		9.11
-	Driver / Pedestrian Information	O Alcohol		Alcohol a	and Drug	5	J OHKHOW	VII	O H	ad Beer rinking		⊃ Sick		O As	leep	O U	nknowr	n
1	Ver	Alcohol Test 1	Гуре						Primary 1	/obiclo	Code	Violation	0			-		
- 1	ă	Test Not	Given C	) Breath			Other		Frimary	verncie	code	violation					arged?	1
- 1	cle	Blood		) Urine			Unknow Test Gi	wn if								○ Ye	s O	) No
-	Vehicle	Alcohol Test F	Results C	Test Refu	read		Unknow		Driver Pr	esence	1	Oriver Op	erated	3-Drive	er Fled S	cene		
1				Test Give		_	Results					Vehicle	Crutcu		nd Run			
-	Ш	0.		Contamir		sults					2=1	No Driver		9=Unki	nown	1	_	-
1		Owner/Driver	00-Not App	licable	0.7	-Private	Vehicle N	ot	04=Stat	o Polico	Vahicle	07-1	Aunicin	al Police V	ah O	9=Federa	al Gov	Veh
1		Ownendate	01=Private V				Leased by							1unicipal		8=Other	al GOV	VEII
-1			Leased b	y Driver	03	=Rented	Vehicle		06=0th	er State	Gov Ve	eh (	Governi	ment Vehic	le 9	9=Unkno	nwo	
١																		
-1			Name of Plant St	La constant			0		A Managara	Desalara	as Nam	- /IE Da-	dantala.	a alda shi	Cambia	-1		
- 1		Same as	Owner First N	ame			Owi	ner Las	t Name or	Busine	ss Nam	ne (If Pec	destriai	n, skip this	Sectio	n)		
		Same as Driver	Owner First N	ame			Owi	ner Las	t Name or	Busine	ss Nam	ne (If Pec						
-1		Same as		ame			Owi	ner Las	t Name or	Busine	ss Nam	ne (If Pec		ehicle Ma			*Make	Code
		Driver 🔘		ame			Owi	ner Las	t Name or	Busine	ess Nam	ne (If Pec					*Make	Code
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		Address / City		ame			Own	ner Las	t Name or					ehicle Ma	ke			
		Address / City VIN		ame						Mod	el Year	,		ehicle Ma	ke			
		Address / City		ame					Est. Spee	Mod	lel Year	Towed	V	ehicle Ma	ke			
		Address / City VIN		ame						Mod	lel Year	,	V	ehicle Ma	ke			
		Address / City VIN			nce Com	npany				Mod	lel Year	Towed	V	ehicle Ma	ke			
	ion	Address / City  VIN  License Plate	/ State / Zip	Insura	nce Com	npany				Mod	lel Year	Towed	V	ehicle Ma	ke			
	nation	Address / City  VIN  License Plate  Insurance	/ State / Zip	Insura	nce Com	npany				Mod	lel Year	Towed	V	ehicle Ma	ke			
12	formation	Address / City  VIN  License Plate  Insurance  Yes  Trailing	/ State / Zip	Insurar Down1	=Towing	Pass. Ve	Reg.	. State	Est. Speed	Mod d Policy	lel Year Vehicle Y No	Towed	V	ehicle Ma	ke			verlay)
12	Information	Address / City  VIN  License Plate  Insurance  Yes  Trailing Unit No. of Trailing Trailing	/ State / Zip	Insurai 	=Towing	Pass. Ve	Reg.	. State Mobile/ICamper	Est. Spee	Mod d Policy	lel Year Vehicle Y No Semi-T Other	Towed Yes O	v V T No	ehicle Ma	ke		(see or	verlay)
12	icle Information	Address / City  VIN  License Plate  Insurance  Yes  Trailing Unit No. of	/ State / Zip	Insurai 	=Towing	Pass. Ve	Reg.	. State	Est. Spee	Mod d Policy	lel Year Vehicle Y No	Towed Yes O	v V T No	ehicle Ma	ke		(see or	verlay)
12	Vehicle Information	Address / City  VIN  License Plate  Insurance  Yes  Trailing Unit  Direction of	/ State / Zip  No Un kno	Insurai 	=Towing =Towing =Towing	Pass. Ve	Reg.	. State Mobile/ICamper	Est. Spee	Mod d Policy	Vehicle  No  Semi-T Other Unknow	railer 1	V V T T No Tag No	ehicle Ma	ke del		(see or	verlay)
12	Vehicle Information	Address / City  VIN  License Plate  Insurance  Yes  Trailing Unit  No. of Trailing Units:	/ State / Zip  No Un kno	Insurar Down 1 2 1 2 3	=Towing =Towing =Towing	Pass. Ve	Reg.	. State  Mobile/I Camper Full Trai	Est. Spee	Mod d Policy	Vehicle  No  Semi-T Other Unknow	railer 1	V V T T No Tag No	ehicle Ma	ke del	g Year	(see or	verlay)
12	Vehicle Information	Address / City  VIN  License Plate  Insurance  Yes  Trailing Unit No, of Trailing Units:  Direction of Travel  Vehicle Color	/ State / Zip  No Un known in the state of t	Insural 2 1 2 3	=Towing =Towing =Towing	Pass. Ve Truck Utility T	Reg.  Reg.  2h 4= 5= railer 6= *Mov	Mobile/I Camper Full Train	Est. Speed	Mod d Policy	Vehicle  Vehicle  No  Semi-T  Other  Unkno  *See Overla  Jnicycle,	railer 1	V V T T No Tag No	ehicle Ma	ke del	g Year	Tag	verlay)
12	Vehicle Information	Address / City  VIN  License Plate  Insurance  Yes  Trailing Unit No. of Trailing Units:  Direction of Travel	/ State / Zip  No Un know  g Type Unit  *Vel	Insurar Down 1 2 1 2 3	=Towing =Towing =Towing  on  Type  01=At	Pass. Ve	Reg. Reg.  *Mov  05=La e 06=Sl	Mobile/I Camper Full Trai	Est. Speed	Mod d Policy	Vehicle  No  Semi-T  Other  Unkno  *See Overla  Unicycle, Tricycle	railer wn Bicycle,	V V V V V V V V V V V V V V V V V V V	Cial Usage	ke del	g Year	Tag	verlay)
12	Vehicle Information	Address / City  VIN  License Plate  Insurance  Yes  Trailing Unit No. of Trailin Units:  Direction of Travel  Vehicle Color	No On know the following the f	Insurar Down 1 2 1 2 3	=Towing =Towing =Towing =Towing =Type 01=At 02=M 03=Bt	Pass. Ve Truck Utility Truck Utility Truck	Reg.  Reg.  *Mov  05=La  06=SI  07=V  10=SI	Mobile/I Camper Full Trai	Est. Speed  Modular Holler  ler  lck	Mod d Policy  20=L 21=C 22=H	Vehicle  Vehicle  No  Semi-T  Other  Unkno  *See Overla  Jnicycle, Tricycle Other &	railer 1 wn	V V V T T No Spe	ehicle Mo	ke del Ta	g Year	Tag	s St
12	Vehicle Information	Address / City  VIN  License Plate  Insurance  Yes  Trailing Unit No. of Trailin Units:  Direction of Travel  Vehicle Color  01=Blue	No Un known with the second of	Insuration 1 2 3 3 3 3 sicle Position Vehicle 1	=Towing =Towing =Towing =Towing =Type 01=At 02=M 03=Bt 04=Sn	Pass. Ve Truck Utility Ti utomobile otorcycle Is nall Truck	Reg.  Reg.  S=railer 6=  *Mov  05=La 06=Si 07=V 10=Si 11=Fa	Mobile/I Camper Full Train rement	Est. Speed  Modular Holler  ler  lck	Mod d Policy  20=L 21=C 22=H	Vehicle  Vehicle  No  Semi-T  Other  Unkno  *See Overla  Jnicycle, Tricycle Tricycle Horse & Horse &	railer 1 wn	V V V T T No Spe O0=1 01=6 02=7 03=6 03=6 03=6 03=6 03=6 03=6 03=6 03=6	cial Usage	ke del Ta	g Year  12=Com Pass Carr 13=Taxi 21=Trac 22=Twin	Tag mercia enger ier tor Trailer	y St
12	Vehicle Information	Address / City  VIN  License Plate  Insurance  Yes  Trailing Unit No. of Trailing Units:  Direction of Travel  Vehicle Color  01=Blue 02=Red 03=White	No Un known with the control of the	Insuration	=Towing =Towing =Towing =Towing =Type 01=At 02=M 03=Bt 04=Sn Completion 26)	Pass. Ve Truck Utility Ti  utomobile otorcycle sis nall Truck	Reg.  Reg.  S= railer 6=  *Mov  05=La 06=Si 07=V 10=Si 11=Fa 12=C 13=A	Mobile/I Camper Full Trai	Est. Speed  Modular Hole  ler  bile  bile  iip  tion Equip	Mod d Policy 20=L 21=C 22=H 23=H 24=1 25=1	Vehicle  Vehicle  No  Semi-T  Other  Unknor  *See Overla  Unicycle, Tricycle Other Pe Horse & Frain Frolley	railer 1 wn	V V V V V V V V V V V V V V V V V V V	cial Usage Not Applica	ke del Ta	g Year  12=Com Pass Carr 13=Taxi 21=Trac 22=Twin	Tag  mercia enger ier tor Trailer e Trailer	yerlay)  y St  iler
12	Vehicle Information	Address / City  VIN  License Plate  Insurance  Yes  Trailing Unit No. of Trailing Units:  Direction of Travel  Vehicle Color  01=Blue 02=Red 03=White 04=Green	No Un known with the control of the	Insuration  Insura	=Towing =Towing =Towing  Type  01=At 02=M 03=Bt 04=Sn Completion 26)	Pass. Ve Truck Utility Tr utomobile otorcycle Is nall Truck e Form	Reg.  Reg.  *Mov  05=La  06=Si 07=V 10=Si 11=Fa 12=C 13=A 18=O	Mobile/I Camper Full Trai ement arge Tru UV an nowmol arm Equ onstruct TV	Est. Speed  Modular Holler  ler  ler  bile sip	Policy Policy 20=L 21=C 22=L 23=L 24=T 25=T 198=C	Vehicle  Vehicle  No  Semi-T  Other  Unknor  *See Overla  Unicycle, Tricycle Other Pe Horse & Frain Frolley	railer wn Bicycle, edalcycle Buggy Rider	V V V V V V V V V V V V V V V V V V V	cial Usage Not Applica Fire Veh Ambulance Police Other Emer	ke  del  Ta	g Year  12=Com Pass Carr 13=Taxi 21=Trac 22=Twir 23=Tripl	Tag  Immercia enger ier tor Trailer Trailer ified Vi	yerlay)  y St  iler
12	Vehicle Information	Address / City  VIN  License Plate  Insurance  Yes  Trailing Unit No. of Trailin Units:  Direction of Travel  Vehicle Color  01=Blue 02=Red 03=White 04=Green 05=Black	No Un No Type Unit 1006=Yellow 07=Silver 08=Gold 09=Brown 10=Orange 11=Purple 12=Other 99=Unknown	Insuration	=Towing =Towing =Towing  Type  01=At 02=M 03=Bt 04=Sn Completion 26)	Pass. Ve Truck Utility Ti  utomobile otorcycle Is nall Truck e Form  Complete 27)	Reg. Reg.  S=railer 6=  *Mov  05=Le 06=Si 07=V 10=Si 11=Fe 12=C 13=A 18=O 19=U	Mobile/I Camper Full Trai ement arge Tru UV an nowmol arm Equ onstruct TV ther Typ ink. Typ	Est. Speed  Modular Hoteler  Lick  bile  lip  tion Equip  pe Spec Veh  e Spec Veh	Mod d Policy 20=L 21=C 22=H 23=H 24=T 25=T 98=C 99=L	Vehicle  Vehicle  No  Semi-T  Other  Unknov  *See Overla  Unicycle, Tricycle Other Pe Horse & Horse & Frain Trolley Other Jnknow	railer 1 wn   ay , Bicycle, edalcycle Buggy Rider	V V V V V V V V V V V V V V V V V V V	cial Usage Not Applicative Veh Ambulance Police Other Emer Vehicle Pupil Trans	ke del Ta	g Year  12=Com Pass Carr 13=Taxi 21=Trac 22=Tripi 23=Tripi 31=Mod 99=Unk	Tag  mercia enger ier tor Trailer e Trailerified Vinown	yerlay)  y St  iler
12	Vehicle Information	Address / City  VIN  License Plate  Insurance  Yes  Trailing Unit No. of Trailing Units:  Direction of Travel  Vehicle Color  01=Blue 02=Red 03=White 04=Green	No Un No Type Unit 1006=Yellow 07=Silver 08=Gold 09=Brown 10=Orange 11=Purple 12=Other 99=Unknown	Insuration	=Towing =Towing =Towing  Type  01=At 02=M 03=Bt 04=Sn Completion 26)	Pass. Ve Truck Utility Truck Utility Truck otorcycle Is nall Truck e Form	Reg.  Reg.  S=railer 6=  *Mov  05=La 06=Si 07=V 10=Si 11=Fa 12=C 13=A 18=O 19=U  Damage i	Mobile/I Camper Full Trai ement arge Tru UV an nowmol arm Equ onstruct TV other Typ nk. Typ Indicate	Est. Speed  Modular Holder  John Equip  Jo	Mod d Policy 20=L 21=C 22=H 23=H 24=T 25=T 98=C 99=L	Vehicle  No  Semi-T Other Unknov  *See Overla Unicycle, Tricycle Other Pe Horse & Hors	railer 1 wn Bicycle, Buggy Rider	V V V V V V V V V V V V V V V V V V V	cial Usage Not Applica Fire Veh Ambulance Other Emer Pupil Transp	ke del Ta	g Year  12=Com Pass Carr 13=Taxi 21=Trac 22=Twir 23=Tripl 31=Mod 99=Unk	Tag  Immercia enger ier tor Trailer e Trailer e Trailer strailer strailer e Trailer	yerlay)  J St  Ill  Iller  er  er  eh
12	Vehicle Information	Address / City  VIN  License Plate  Insurance  Yes  Trailing Unit No. of Trailin: Units:  Direction of Travel  Vehicle Color  01=Blue 02=Red 03=White 04=Green 05=Black  Initial Impact	No Unknown  No Week  Garage  *Vek  06=Yellow 07=Silver 08=Gold 09=Brown 10=Orange 11=Purple 12=Other 99=Unknown  Point	Insurar  Ins	=Towing =Towing =Towing =Towing =Towing 01=At 02=M 03=Bt 04=Sn Completion 26) or "21", Section 2	Pass. Ve Truck Utility Tr  utomobile otorcycle is nall Truck e Form  Complete 27)	Reg.  Reg.  8h 4= 5= railer 6=  *Mov  05=Li 06=Si 07=V 10=Si 11=Fi 13=A 18=O 19=U  Damage  0=fi 1=fi	Mobile/I Camper Full Trai ement arge Tru UV an nowmol arm Equ onstruct TV other Typ nk. Typ Indicate	Est. Speed  Modular Holder  Joseph Grand Speed Vele Spec Vele  Spec Vele Spec Vele	Mod d Policy 20=L 21=C 22=H 23=H 24=T 25=T 98=C 99=L	Vehicle  Veh	railer wn Bicycle, Buggy Rider	V V V V V V V V V V V V V V V V V V V	cial Usage  Not Applicative Veh Ambulance Other Emer Vehicle Pupil Transp	ke del Ta	g Year  12=Com Pass Caxi 21=Trac 22=Twir 23=Tripl 31=Mod 99=Unk	Tag Immercia enger ier tor Trailer tor Trailer iffied Vinown	yerlay)  j St  iler r er eh

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People Information

### COMMONWEALTH OF PENNSYLVANIA POLICE CRASH REPORTING FORM

Crash Number

P 0938432

AA 500 3

Page Police Use Only

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

Sex: F =Female M=Male U =Unknown

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

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

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

<u>Safety Equipment Two</u>: 00=None Used / Not Applicable 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)

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

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) Top Up) 9=Unknown

Extrication: 0=Not Applicable 1=Not Extricated 2=Extricated By Mechanical Means 3=Freed By Non - Mechanical Means

	1	3=Air Bag Removed (Prior To Crash) 9=Unknown If Air Bag Deployed 9=Unknown	8=Other 9=Unknown
13	EMS Agency:	edical Facility:	
14	Unit No Person No Delete? Date of Birth (MM-DD-YYYY)  Name / Address / Phone  Same as Operator	A B C D	E F G H I  EMS Transport  Yes No
	Unit No Person No Delete? Date of Birth (MM-DD-YYYY)  Name / Address / Phone  Same as Operator	A B C D	E F G H I  EMS Transport  Yes No
	Unit No Person No Delete? Date of Birth (MM-DD-YYYY)  Name / Address / Phone  Same as Operator	A B C D	E F G H I  EMS Transport  Yes No
	Unit No Person No Delete? Date of Birth (MM-DD-YYYY)  Name / Address / Phone  Same as Operator	A B C D	E F G H I  EMS Transport  Yes No
	Unit No Person No Delete? Date of Birth (MM-DD-YYYY)  Name / Address / Phone  Same as Operator	A B C D	E F G H I  EMS Transport  Yes No
	Unit No Person No Delete? Date of Birth (MM-DD-YYYY)  Name / Address / Phone  Same as Operator	A B C D	E F G H I  EMS Transport  Yes \( \) No

		POLICE	CRASH		F PENNSY		Page			II.		1111111111111		rash N	lumber
A	A 500	5 Police	e Use Only							P0938432					
															•
Diagram															
H	Witness	Name			Address							Pi	none		
11	2														
	Narrative	and addi	tional w	itnesses:			Accide	ent Invest	igation No	otificatio	n Issued	? 🔾	Propert	y Dam	age 🔾
larrative															
Witness and Narrative															
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