

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM



Crash Number

AA 500 1

Case Closed Yes No
Reportable Crash Yes No

Page

P0938432

1 Police Agency Data	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"/>						
	Dispatch Time (mil) <input type="text"/>			Arrival Time (mil) <input type="text"/>			Investigator <input type="text"/>				Badge Number <input type="text"/>									
2 Crash Data	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"/>				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											
3 Loc Type	Intersection Type <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										*Special Location <input type="text"/>			* See Overlay						
	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"/>								
4 Principal Road	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							
	Route Signing <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																			
5 Intersecting Road	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			
	Street Name <input type="text"/>										Street Ending <input type="text"/>									
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 <input type="text"/>		Or Segment Marker <input type="text"/>		Ramp Use Only <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West		Feet <input type="text"/>	
											Landmark 2		Intersecting Rt Num Or Mile Post <input type="text"/>		Or Segment Marker <input type="text"/>		Ramp Use Only <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West		Or Miles <input type="text"/>	
7 GPS	Degrees		Minutes		Seconds		Latitude: <input type="text"/>		Longitude: — <input type="text"/>		Degrees		Minutes		Seconds					
	Traffic Control Device <input type="checkbox"/> Not Applicable <input type="checkbox"/> Traffic Signal <input type="checkbox"/> Flashing Traffic Signal <input type="checkbox"/> Stop Sign										<input type="checkbox"/> Yield Sign <input type="checkbox"/> Active RR Crossing Controls <input type="checkbox"/> Passive RR Crossing Controls		<input type="checkbox"/> Police Officer or Flagman <input type="checkbox"/> Other Type TCD <input type="checkbox"/> Unknown		TCD Functioning <input type="checkbox"/> No Controls <input type="checkbox"/> Device Not Functioning			<input type="checkbox"/> Device Functioning Improperly <input type="checkbox"/> Device Functioning Properly		<input type="checkbox"/> Emergency Preemptive Signal <input type="checkbox"/> Unknown
9 Lane Closure	Lane Closed (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										Lane Closure Direction <input type="checkbox"/> North <input type="checkbox"/> South		<input type="checkbox"/> East <input type="checkbox"/> West		<input type="checkbox"/> North and South <input type="checkbox"/> East and West		<input type="checkbox"/> All (N,S,E,W)			
	Traffic Detoured Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		Esti. Time Closed <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																	

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10 Unit Info	Type Unit	<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	Commercial Vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, Complete Form C)
		<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	

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

11 Vehicle Driver / Pedestrian Information	Unit No	First Name	MI	Date of Birth (MM-DD-YYYY)	
	<input type="checkbox"/> Delete?	Last Name	Telephone Number		
	Address / City / State				Zip
	Driver License Number			State	Class
	Alcohol/Drugs Suspected		Driver or Pedestrian Physical Condition		
	<input type="checkbox"/> No <input type="checkbox"/> Alcohol <input type="checkbox"/> Illegal Drugs <input type="checkbox"/> Alcohol and Drugs <input type="checkbox"/> Medication <input type="checkbox"/> Unknown		<input type="checkbox"/> Apparently Normal <input type="checkbox"/> Illegal Drug Use <input type="checkbox"/> Had Been Drinking <input type="checkbox"/> Sick <input type="checkbox"/> Fatigue <input type="checkbox"/> Medication <input type="checkbox"/> Asleep <input type="checkbox"/> Unknown		
Alcohol Test Type		Primary Vehicle Code Violation			
<input type="checkbox"/> Test Not Given <input type="checkbox"/> Blood <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Other <input type="checkbox"/> Unknown if Test Given		<input type="checkbox"/> Charged? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Alcohol Test Results		Driver Presence			
<input type="checkbox"/> Test Refused <input type="checkbox"/> Unknown Results <input type="checkbox"/> Test Given, Contaminated Results		<input type="checkbox"/> 1=Driver Operated Vehicle <input type="checkbox"/> 2=No Driver <input type="checkbox"/> 3=Driver Fled Scene <input type="checkbox"/> 4=Hit and Run <input type="checkbox"/> 9=Unknown			
Owner/Driver					
<input type="checkbox"/> 00=Not Applicable <input type="checkbox"/> 01=Private Vehicle Owned/Leased by Driver <input type="checkbox"/> 02=Private Vehicle Not Owned/Leased by Driver <input type="checkbox"/> 03=Rented Vehicle <input type="checkbox"/> 04=State Police Vehicle <input type="checkbox"/> 05=PENNDOT Vehicle <input type="checkbox"/> 06=Other State Gov Veh <input type="checkbox"/> 07=Municipal Police Veh <input type="checkbox"/> 08=Other Municipal Government Vehicle <input type="checkbox"/> 09=Federal Gov Veh <input type="checkbox"/> 98=Other <input type="checkbox"/> 99=Unknown					

12 Vehicle Information	<input type="checkbox"/> 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
	VIN				Model Year	Vehicle Model (see overlay)
	License Plate		Reg. State	Est. Speed	Vehicle Towed	Towed By
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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
	Direction of Travel	*Vehicle Position	*Movement	*See Overlay		
	Vehicle Color		Vehicle Type		Special Usage	
	<input type="checkbox"/> 01=Blue <input type="checkbox"/> 02=Red <input type="checkbox"/> 03=White <input type="checkbox"/> 04=Green <input type="checkbox"/> 05=Black <input type="checkbox"/> 06=Yellow <input type="checkbox"/> 07=Silver <input type="checkbox"/> 08=Gold <input type="checkbox"/> 09=Brown <input type="checkbox"/> 10=Orange <input type="checkbox"/> 11=Purple <input type="checkbox"/> 12=Other <input type="checkbox"/> 99=Unknown		<input type="checkbox"/> 01=Automobile <input type="checkbox"/> 02=Motorcycle <input type="checkbox"/> 03=Bus <input type="checkbox"/> 04=Small Truck (If "02", Complete Form M, Section 26) (If "20" or "21", Complete Form M, Section 27)		<input type="checkbox"/> 05=Large Truck <input type="checkbox"/> 06=SUV <input type="checkbox"/> 07=Van <input type="checkbox"/> 10=Snowmobile <input type="checkbox"/> 11=Farm Equip <input type="checkbox"/> 12=Construction Equip <input type="checkbox"/> 13=ATV <input type="checkbox"/> 18=Other Type Spec Veh <input type="checkbox"/> 19=Unk. Type Spec Veh <input type="checkbox"/> 20=Unicycle, Bicycle, Tricycle <input type="checkbox"/> 21=Other Pedalcycle <input type="checkbox"/> 22=Horse & Buggy <input type="checkbox"/> 23=Horse & Rider <input type="checkbox"/> 24=Train <input type="checkbox"/> 25=Trolley <input type="checkbox"/> 98=Other <input type="checkbox"/> 99=Unknown	
	Initial Impact Point		Damage Indicator		Gradient	
<input type="checkbox"/> 00=Non-Collision <input type="checkbox"/> 01-12=Clock Points <input type="checkbox"/> 13=Top <input type="checkbox"/> 14=Undercarriage <input type="checkbox"/> 15=Towed Unit <input type="checkbox"/> 99=Unknown		<input type="checkbox"/> 0=None <input type="checkbox"/> 1=Minor <input type="checkbox"/> 3=Disabling <input type="checkbox"/> 9=Unknown <input type="checkbox"/> 2=Functional		<input type="checkbox"/> 3=Downhill <input type="checkbox"/> 4=Bottom of Hill <input type="checkbox"/> 5=Top of Hill <input type="checkbox"/> 9=Unknown <input type="checkbox"/> 1=Level <input type="checkbox"/> 2=Uphill		
Road Alignment			<input type="checkbox"/> 1=Straight <input type="checkbox"/> 2=Curved <input type="checkbox"/> 9=Unknown			

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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=Freud 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

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

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Name / Address / Phone

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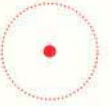
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Diagram



21

Witness Name	Address	Phone
1		
2		

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

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Witness and Narrative