



January 11, 2016

Keith Lynch
Director of Program Development
Federal Highway Administration / Pennsylvania Division
228 Walnut Street, Room 508
Harrisburg, PA 17101-1720

Re: Headquarter Road over Tinicum Creek Bridge Width Evaluation

Dear Mr. Lynch:

On or about June 16, 2015 the Federal Highway Administration (“FHWA”) sent a letter to Melissa Batula of the Pennsylvania Department of Transportation (“Department”) stating that the FHWA had reviewed a report prepared by the Department – the *Bridge Width Evaluation* – and that the FHWA “agree[ed] with the determination that a single-lane bridge would not meet the purpose and needs of the project.” Attachment A.

The FHWA specified that a single-lane bridge “[w]ould not address the historic or potential safety issues associated with a narrow structure and [w]ould not address the geometric deficiencies inhibiting efficient movement of large (heavy) vehicles across Tinicum Creek, including emergency service vehicles.” *Id.* The letter indicated that the FHWA relied upon these two factors to determine that, “the project should proceed as a Level 2 Categorical Exclusion.” *Id.* However, the two factors cited above rely on a gross distortion of the facts, and therefore the FHWA’s decision to allow the review of the project to proceed as a Level 2 Categorical Exclusion must be revoked.

On December 15, 2015, the Delaware Riverkeeper Network (“DRN”) submitted comments to the Department showing that the Department’s *Determination of Effects* report, which relied on the *Bridge Width Evaluation*, failed to “provide accurate information or detail necessary to inform PADOT

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decision making.” Attachment B, at 1. Included in the comments was a report generated by Mark L. Stout Consulting which confirms that the safety issues and geometric deficiencies cited in the *Bridge Width Evaluation* are inaccurate and fundamentally misrepresent the crash history and geometric design of the bridge. *See* Attachment C.

Despite the fact that the Department deliberately shielded from public review the crash data upon which it relied for its assertions in the *Bridge Width Evaluation* report regarding safety, the Delaware Riverkeeper Network obtained this information from other public sources. *See* Attachment D. The accident reports clearly **do not** demonstrate a safety hazard associated with the historic width of the bridge. *See* Attachment C. In fact, the Stout Report indicates that the traffic calming values of a single lane bridge at this location would provide safety benefits for drivers and pedestrians alike. *Id.*

The crash data cited by the Department in its evaluation primarily consisted of accidents that are clearly unrelated to the bridge width and that **didn’t even occur on the bridge**. *Id.* at 3-4. Indeed, the historic width of the bridge was not even a major contributing factor in any of the 10 accidents, as clearly shown in the crash reports. *Id.* at 3. The Department’s gross misrepresentation of the data warrants a rescission by the FHWA of its decision that a Level 2 Categorical Exclusion is appropriate for this project.

Additionally, the second factor that the FHWA cited in support of its finding that a single-lane bridge would not meet the purpose and needs of the project was that geometric deficiencies inhibited large vehicles, including emergency service vehicles, from moving across the bridge. However, the attached Stout Report demonstrates that “[a] wider bridge is not necessary to accommodate [emergency vehicles].” *Id.* at 4-5. The report further details that any other possible geometric deficiencies could be remedied by simple design modifications, and also that a two-lane bridge would be no better than a single-lane bridge with regard to any potential geometric deficiencies. *Id.* at 1-2.

Considering that the FHWA primarily relied on the two aforementioned factors for a finding that a Level 2 Categorical Exclusion is the appropriate level of review for this project, and that these factors were clearly relied upon by the FHWA in error, we hereby request that the FHWA revoke its approval of a Level 2 Categorical Exclusion review process.

Furthermore, as discussed in previous comments provided by DRN to both the Department and the FHWA, a Level 2 Categorical Exclusion is also not appropriate because the bridge is a contributing resource to the Ridge Valley Rural

Historic District, and Tinicum Creek has received Federal Wild and Scenic and State Exceptional Value designations. Consulting parties in the Section 106 process have demonstrated that any option other than rehabilitation will have significant impacts to these resources. As such, a Level 2 Categorical Exclusion is not appropriate. *See* Attachment B, at 2-5.

We also seek explicit, written, confirmation that there has been a final agency determination that a Level 2 Categorical Exclusion has been approved by FHWA, is being pursued for purposes of NEPA compliance for the Headquarters Road Bridge, and the current status of that review to the extent it is being conducted.

Thank you for your time and consideration. If you have any questions please feel free to contact me at your convenience.

Sincerely,

/s/ Aaron Stemplewicz

Aaron J. Stemplewicz, Staff Attorney
Delaware Riverkeeper Network
925 Canal Street, Suite 3701
Bristol, PA 19107

cc: Jon Crum, FHWA
Ryan Whittingham, PennDOT District 6-0

Attachment A



U. S. DEPARTMENT
OF TRANSPORTATION

Federal Highway
Administration

Pennsylvania Division

JUN 16 2015

228 Walnut Street, Room 508
Harrisburg, PA 17101-1720

In reply refer to:
HPD-PA

Bucks County
S.R. 1012, Section BRC
Headquarters Road over Tinicum Creek
Bridge Width Evaluation

Melissa Batula, P.E., Chief
Highway Delivery Division
Bureau of Project Delivery
Pennsylvania Department of Transportation
Harrisburg, Pennsylvania

Attn: Keith Highlands

Dear Ms. Batula:

The Federal Highway Administration Pennsylvania Division (FHWA) is in receipt of your May 13, 2015 letter requesting our review and concurrence with the *Bridge Width Evaluation* (*Evaluation*) for the S.R. 1012, Section BRC (Headquarters Road) Bridge over Tinicum Creek in Bucks County. This *Evaluation* was prepared at our request to determine whether the purpose and needs can be met by providing a single-lane bridge.

Based on the information presented in the *Evaluation*, the FHWA agrees with the determination that a single-lane bridge would not meet the purpose and needs of the project. Specifically, a single-lane bridge:

- Would not address the historic and potential safety issues associated with a narrow structure and
- Would not address the geometric deficiencies inhibiting efficient movement of large (heavy) vehicles across Tinicum Creek, including emergency service vehicles.

The FHWA encourages the PennDOT to advance this project in as expeditious a manner as possible and as appropriate given the amount of time that has elapsed since the initiation of the project. That being said, the project should proceed as a Level 2 Categorical Exclusion. Given the degree of stakeholder interest in this project, a Public Hearing should be held to present the preferred alternative and to allow for public comment. Additionally, the project team should continue to consider ways to avoid and/or minimize potential impacts to the valuable resources within the project area, to include consideration of stakeholder input and recommendations.

Please contact Jon Crum at (717) 221-3735 or Jonathan.Crum@dot.gov with any questions or for additional information.

Sincerely,

A handwritten signature in black ink, appearing to read 'K. Lynch', with a long horizontal flourish extending to the left.

Keith Lynch
Director of Program Development

ec: David Azzato, P.E., PennDOT
Keith Highlands, P.E., PennDOT
Charles Davies, P.E., PennDOT District 6-0
Ryan Whittington, PennDOT District 6-0
Bob Eppley, PennDOT District 6-0
Jon Crum, FHWA

Attachment B



December 15, 2015

Ryan M. Whittington, E.I.T.
Consultant Project Management (HNTB)
PA Department of Transportation
Engineering District 6-0
7000 Geerdes Boulevard
King of Prussia, PA 19406
Email: c-rwhittin@pa.gov

Re: Determination of Effects Report, S.R. 1012, Section BRC Headquarters Road
Bridge Project MPMS 13716

Dear Ryan:

The Determination of Effects Report, S.R. 1012, Section BRC, Headquarters Road Bridge Project issued November 2015 for public review fails to provide the accurate information or detail necessary to inform PADOT decision making.

- ✦ The facts laid out in the introduction and other portions of the report fail to provide critical and accurate information. For example, the report fails to articulate the Exceptional Value status of the Tinicum Creek or its inclusion in the Wild & Scenic Rivers program, both of which heighten the level of protection and regulatory requirements that must be complied with. In addition, the report totally misrepresents the accident data that PADOT collected from Tinicum Township, manufacturing a concern about safety issues associated with rehabilitation of the existing one-lane structure. Furthermore, the report continues to assert safety issues associated with the structural status of the piers despite evidence provided by McMullen Associates and the examination of the borings undertaken by PADOT, both of which demonstrate the contrary.
- ✦ As PADOT's report states, "AASHTO states that existing bridges can remain in place without widening unless there is evidence of a site-specific safety problem related to the width of the bridge." There is no site specific safety problem that mandates widening of the Headquarters Road bridge – PADOT's claims to the

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contrary are knowingly false. While PADOT has deliberately shielded the crash data upon which it relies from public view, the Delaware Riverkeeper Network has secured the information from other public sources and was able to confirm that the historic width of the bridge has not in fact presented a safety hazard.¹ In fact, most of the crash data PADOT has relied upon in order to make this false assertion of a hazardous condition consisted of accidents that didn't even involve the bridge, let alone its width.

- ☛ Expert analysis demonstrates that the Alternative 6 series PADOT considered are the options with the most deleterious impacts on the stream and stream hydraulics. This means they are also the most damaging to downstream communities and ecological systems. In their rush to the pre-determined outcome they desire, PADOT's truncated review process fails to consider the very important water quality, erosion, and flooding impacts that could result.
- ☛ While the various alternatives put forth include a section with the subheading "Environmental and Cultural Resource Impacts" the information included in this category is extremely sparse in terms of environmental and cultural considerations. In addition, the information provided varies in scope and detail from alternative to alternative, providing no basis for comparison between the options.
- ☛ The Project alternatives all fail to consider environmentally beneficial strategies for addressing common problems across alternatives, such as the stream scour that happens around instream piers. In every instance PADOT suggests additional hardening protections around the piers which are detrimental to the aesthetics and historic integrity of the structures being considered and exacerbate environmental damage rather than mitigating, minimizing and avoiding harm. The Delaware Riverkeeper Network has repeatedly urged consideration of natural channel design strategies that could avoid and mitigate scour that result around and from the piers, and yet nowhere in this document or others does PADOT ever give this beneficial approach any consideration.
- ☛ Removal of the Headquarters Road Bridge and its impacts on the Ridge Valley Historic District are sorely understated by PADOT because, once again, PADOT views this destruction/construction project as a project in a vacuum. In fact, PADOT has been pursuing a systematic effort to remove and replace (with new construction) a series of historic bridges in Tinicum Township; the collected impact is far greater than the effect of each project independently. PADOT needs to do a comprehensive impact review of all of its bridge projects – past, proposed, and anticipated – on the Ridge Valley Historic District and the environment.

¹ In response to FOIA requests filed by the Riverkeeper, FHWA produced some traffic-related records on December 11, 2015. Additional records were withheld pending review by personnel at FHWA's headquarters. As of the date of this letter, that review has not been completed.

- PADOT continues to fail to follow regulatory guidance to ensure the most efficient and appropriate decision-making process and outcome. PADOT's continuing failure to adhere to applicable guidance on the process, as evidenced by this most recent report, is further evidence of its goal to reach a pre-determined outcome rather than a well-informed and most beneficial outcome.
 - X PADOT should coordinate the NEPA and Section 106 reviews in order to encourage public participation in the Section 106 process, and accurately assess the impacts to all cultural and natural resources. The Section 106 implementing regulations strongly encourage this coordination (36 C.F.R. § 800.8(a)(1)); and the Advisory Council on Historic Preservation and the Council on Environmental Quality have published a handbook on NEPA and Section 106 integration.²
 - X In addition, PADOT should coordinate the Section 106 review with the Section 4(f) review, because the Section 4(f) process can greatly affect the outcome of the Section 106 process.³ The agency should familiarize participants in the Section 106 process with the mandates of Section 4(f) so that all project participants will understand how 4(f) will influence the project decisions.
- PADOT's report uses every opportunity to try to skew the picture it paints. For example, Table 4 provides detailed bullet points of early meetings about the project, but fails to include a similar level of detail in the most recent set of meetings— where a significant amount of expert data has been brought to bear on the discussion and there were well-informed requests for consideration of a rehabilitation alternative. Examples of omissions that help demonstrate this point are (1) at a meeting of the Tinicum Township Supervisors on March 1, 2011, the Township rejected the chance to own a new fake-historic, one lane bridge with no funding from the state; (2) in apparent reaction, PADOT crews closed the bridge permanently the next day, on March 2, 2011 ; (3) dates of the multiple meetings where the Delaware Riverkeeper Network urged an appropriate combined section 106 and NEPA process; (4) the multiple meetings where members of the public spoke firmly for restoration of the historic structure and expert reports and materials were brought forth to support the appropriateness and achievability of this request.

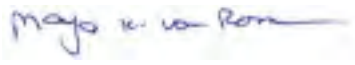
² See COUNCIL ON ENVTL. QUALITY & ADVISORY COUNCIL ON HISTORIC PRES., NEPA AND NHPA: A HANDBOOK FOR INTEGRATING NEPA AND SECTION 106 (2013), http://www.achp.gov/docs/NEPA_NHPA_Section_106_Handbook_Mar2013.pdf.

³ See AM. ASS'N OF STATE HIGHWAY TRANSP. OFFICIALS, PRACTITIONER'S HANDBOOK: CONSULTING UNDER SECTION 106 OF THE NATIONAL HISTORIC PRESERVATION ACT (2006), <http://environment.transportation.org/pdf/PG06.pdf>.

- ☛ In the report discussion, PADOT states that there has been “coordination” with other regulatory agencies, suggesting that they have been involved in the review and design of alternatives. Right to Know and Freedom of Information Act documents, however, do not support such a characterization.
- ☛ With respect to Section 9.0, Application of Definition of Effect and Criteria of Adverse Effect:
 - X The Report notes, “The project results in a permanent change in use of approximately 0.014 of the 575 acres (0.002 percent)” (p. 45). While this math may be accurate, the statistic appears to be designed to understate the impact of losing this 200-year-old Bridge, one of the last of its kind. This statistic is also misleading because it includes only land within the Historic District (see p. 46). The Bridge, which crosses over Tinicum Creek, presumably is not included in that acreage.
 - X The Report also states that “There will be permanent land acquisition from two contributing properties within the historic district” (p. 45). The Report does not reveal that the affected landowners have indicated they will not agree to an easement for a 2-lane bridge. FHWA and the Consulting Parties should be aware of this challenge; it may influence the outcome, in light of the high costs typically involved in eminent domain proceedings.
 - X PADOT admits in a footnote on page 47 that the removal and replacement of the Bridge will adversely affect the Ridge Valley Rural Historic District. PADOT goes to say, however, that the removal and replacement “will not cause the historic district to be delisted from the National Register.” That decision is the Keeper’s to make, not PADOT’s. PADOT cannot state with certainty that the Bridge’s removal will not cause delisting of the District. It is important to note that PADOT is targeting a growing number of the historic bridges in Tinicum for destruction and replacement. As more and more bridges are destroyed, the many designations, historic and environmental (such as Wild & Scenic), become increasingly at risk from the individual and cumulative harm.
 - X Finally, the Report says, “The new structure will incorporate design elements that will complement and blend with the historic district’s setting” (p. 47). PADOT has proved many times that it is unwilling or unable to honor this promise. Many local residents and Consulting Parties have personally witnessed PADOT’s failure to consider Bucks County’s rural and historic setting when rebuilding a bridge. In fact, experience with PADOT has been that it doesn’t even implement the construction and design practices committed to in advance of construction, such as reuse of stone or fundamental designs. For example, the construction of the bridge at Cafferty Road bore no resemblance to the much less intrusive design PADOT committed to before demolition.

In addition to the above concerns, the Delaware Riverkeeper Network submits the attached reports to expand upon and support these comments.

Respectfully,

A handwritten signature in blue ink, appearing to read "Maya K. van Rossum".

Maya K. van Rossum
the Delaware Riverkeeper

Enclosures

Attachment C

Comments on the PennDOT Determination of Effects Report on the Headquarters Road Bridge



A report prepared for the Delaware Riverkeeper by:

Mark L. Stout, PhD
Mark L. Stout Consulting



14 December 2015

The Determination of Effects report asserts that there is a “site-specific safety problem” at the Headquarters Road Bridge. This is a critical assertion – one that leads the authors to conclude that the bridge fails a critical test in the AASHTO Design Policy: “AASHTO states that existing bridges can remain in place without widening unless there is evidence of a site-specific safety problem related to the bridge.” The evidence cited for a site-specific safety problem is “the existing design deficiencies and statistically high crash rates related to these deficiencies.” The report refers the reader to a previous PennDOT document, the Bridge Width Evaluation report, for a summary of reported crashes.

The PennDOT “site-specific safety problem” argument, as set out briefly in the DOE report and discussed in more detail in the Bridge Width Evaluation report, has four main components:

1. There are many geometric deficiencies in the existing bridge design and its approach roadways, which could induce more frequent crashes,
2. The crash rate in the vicinity of the bridge is higher than at comparable locations,
3. There is a history of crashes which is consistent with these findings, and
4. A one-lane bridge impedes emergency vehicle access.

These arguments will be addressed in turn.

1. Geometric deficiencies

The report states that a one-lane bridge at this location does not meet PennDOT design standards and implies that this “design deficiency” contributes to a site-specific safety problem. Although a design manual is a useful and important document for establishing standards, it is not a substitute for site-specific design and does not guarantee the “safest” outcome in a particular set of circumstances. In fact, as we have argued in a previous report (*Tinicum Township and the Headquarters Road Bridge: Planning the Future*, 14 April 2014), it is by no means certain that a two-lane bridge is safer than a one-lane bridge in all cases:

A literature review was conducted to see if there was previous research and/or analysis of roadway safety at one-lane bridges and research and/or analysis of one-lane versus two-lane bridges. No applicable specific research was found on either subject, but some anecdotal information about the traffic calming effects of one-lane bridges was found. It was asserted that due to the narrowing of the roadway to one lane, traffic naturally slows down. An analogy would be the installation of a one-lane “choker” and/or a neck-down. A choker narrows the width of a roadway, generally at mid-block locations, to “allow travel in only one direction at a time, operating similarly to one-lane bridges.” Neck-downs are similar in nature but are at intersections. The Institute of Transportation Engineers (ITE) estimates that speed is reduced by 14% when one-lane chokers are implemented for roadway

widths under 20 feet and greater than 17 feet. Speed reduction can enhance safety and, if a crash does occur, severity has a tendency to be reduced at the lower speeds. The same ITE reference also states that one-lane chokers can have a traffic volume reduction of 20%. A reduction in volume also decreases the risk of a crash and can enhance the safety of the location.

The DOE report does not explicitly address other potential design deficiencies in the area, but it should be presumed that the “deficiencies” referenced here include those addressed in the Bridge Width Evaluation report. These include sight distance, horizontal curves, and approach grades (turning radius will be discussed below in connection with emergency vehicle access). This is, in fact, a rural area, with wooded slopes and steep and winding roads. The report notes that “many” of the alternatives analyzed “are not able to fully address these existing substandard criteria.” There is no discussion of how or to what extent the preferred alternative (presumably Alternative 6) addresses these issues. All of these alternatives, including Alternative 6, would likely require design exceptions to address the real issues of designing a project in this type of environment. In fact, a STOP sign in advance of the bridge on the western approach would resolve the sight distance issue, while improved road markings and signage should reduce the incidence of run-off-the-road events and other problems that might be associated with horizontal curves and grades near the bridge.

2. Crash rate

The DOE report refers to “statistically high crash rates,” which is presumably based on the safety discussion in the Bridge Width Evaluation report. The BWE report provides a summary of crash data and argues that both the accident rate and crash intensity rates are “well above the statewide average.” It is important to note that this analysis is based on a total of 10 crashes reported over 10-year period. It seems excessive to base significant conclusions on such a small sample. Indeed, even the BWE report states that no “crash clusters” could be identified because the small numbers could not meet the minimum threshold for that status. And although the statistics cited by PennDOT provide a minimal control for the overall level of development (rural) and traffic counts, these do not account for the local terrain (steep slopes and winding valleys) or the status of the roadway network (shifting bridge closures and attendant detours). A statistical analysis, in fact, provides only a general look at an area and should be subordinate to an analysis of the actual crashes at the location.

3. Crash history

As the Determination of Effects report notes, a narrative summary of the crash history for the area in the last 10 years before the bridge was closed is provided in the BWE report. The BWE narrative is based on another report, the “PennDOT Crash History Summary,” which is listed as Attachment 7 to the BWE report. Portions of this document have been made available to us to review, but the actual crash records have not.

We were able, however, to review 10 crash reports which were supplied by Tinicum Township for the period 2003 to 2010 in the area of the bridge. A comparison of the 10 records supplied by Tinicum Township and the summary analysis in the “PennDOT Crash History Summary” suggests that the two lists may not be identical, although without seeing the actual records reviewed by PennDOT it is impossible to be certain.

Our review of the crash records received from Tinicum Township yields a very different conclusion from the one set out in the BWE and DOE reports.

Of the 10 crash reports reviewed, 3 are located on or at the Headquarters Road Bridge, 1 is nearby, and 6 are unrelated.

Following are the reported crashes on or at the bridge:

- 24 October 2003 – A vehicle driving westbound on Headquarters Road attempted a left turn onto the bridge and slid on an icy road surface on the bridge, resulting in contact with the bridge wall (see figures 1 and 2).
- 1 April 2006 – An unregistered, uninsured vehicle left the scene of the crash while the driver and passengers were out for a “joyride.” Details of the crash are minimal but do indicate that contact was made with the Jersey barrier on the bridge.
- 7 May 2006 – A motorcyclist reported losing control of his eastbound motorcycle on loose gravel as he entered the bridge (see figures 3 and 4).

While the width of the bridge (a 10-foot cartway at the time) may have been a minor factor in these crashes, it does not appear that bridge width was the primary causal factor in any of these crashes.

The partial “PennDOT Crash History Summary” also identifies only 3 crashes at the bridge, a fact which was not included in the summary discussions in the BWE and DOE documents.

A fourth crash, on 6 July 2007, appears to have been near the bridge. A vehicle driving westbound was reported as having made contact with a fence or wall near the bridge. Based on the limited description and the police sketch (figure 5), the

vehicle probably made contact with the fence on the western end of the bridge (figure 6).

Of the 6 remaining crashes, 1 occurred on Sheephole Road (10 February 2003), as two vehicles collided under icy conditions. The remaining 5 were all associated with the curve located approximately 250 feet east of the intersection of Headquarters Road and Sheephole Road:

- 24 May 2005
- 26 September 2008
- 21 January 2009
- 5 May 2009
- 16 March 2010

Of the crashes at the curve, 3 occurred when the road surface was wet and all 5 involved a westbound vehicle crossing the centerline (see figures 7 and 8). These crashes are all well beyond the influence of Headquarters Road Bridge, but do indicate a “hotspot” where PennDOT should consider upgrading such safety measures as signing and striping.

Our conclusion from reviewing the crash history in the vicinity of the Headquarters Road Bridge is that this history provides no evidence of a site-specific safety problem at that bridge.

4. Emergency vehicle access

The DOE report repeats PennDOT’s assertion, made in previous documents, that one of the needs of the project is the fact that the existing structure “cannot safely and effectively accommodate current and future traffic needs including emergency response vehicles.” With a curb-to-curb width of 16 feet, the bridge “cannot accommodate Tinicum Township’s largest fire response vehicle, a 41.5-foot ladder truck.” In fact, this ladder truck – Ladder 49 of the Ottsville Volunteer Fire Company – operated across the Headquarters Road Bridge when it had a 10-foot cartway. In an interview (a summary of which is attached), the fire chief of the Ottsville Fire Company confirmed that Ladder 49 could operate on a 16-foot bridge, although it would need to back up once to make the left turn into Sheephole Road, a common procedure in the township. He would also find a cutback of the embankment on the east side of the bridge desirable.

A wider bridge is not necessary to accommodate fire company operations. A traffic engineering analysis conducted for us by MBO Engineering in 2013 found the following:

MBO Engineering has reviewed the 2009 turning radius study done by Urban Engineers for the Headquarters Road Bridge, discussed the possible scope of

work of a bridge rehabilitation project with McMullan Engineering, and undertaken multiple field visits in the vicinity. Based on this work, MBO Engineering believes that it is possible to satisfy the turning radius needs identified by Urban within the scope of a bridge rehabilitation project that includes some reconstruction of the wingwalls at the eastern end of the bridge, some reduction of the slope in the northeast quadrant of the bridge, and possibly some adjustment of the curb-to-curb width of the proposed new bridge deck.

Figures

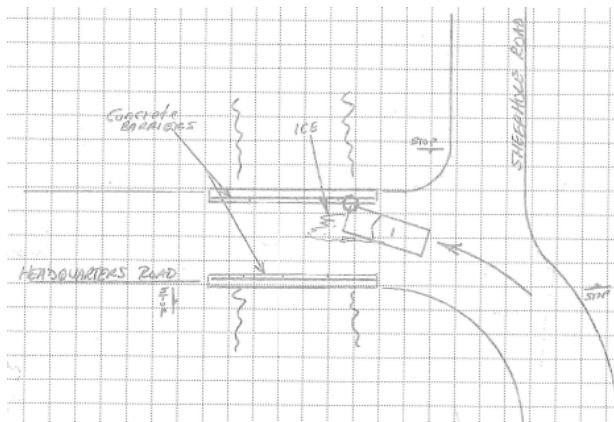


Figure 1
Police sketch of 24 October 2003 crash, vehicle skidding
on icy surface into Jersey barrier



Figure 2
Jersey barrier on Headquarters Road Bridge, showing impact scrapes,
possibly resulting from the 24 October 2003 crash

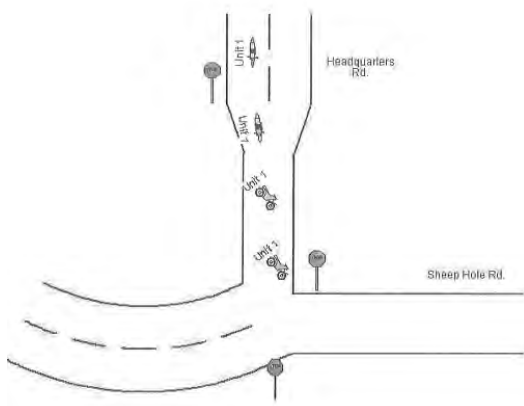


Figure 3
Police sketch of 7 May 2006 crash, motorcyclist losing control
on loose gravel



Figure 4
Eastbound view of Headquarters Road Bridge in
the area in which the motorcyclist lost control in the
7 May 2006 crash

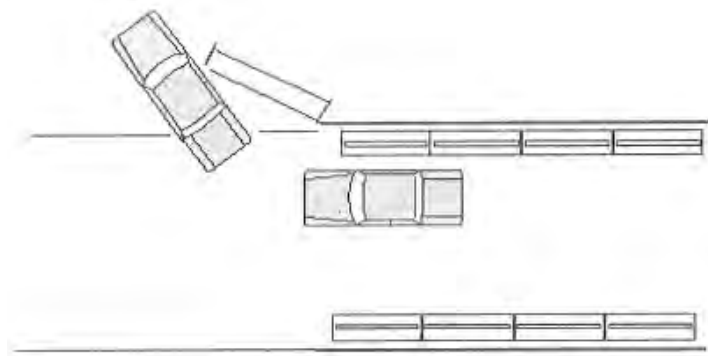


Figure 5
Police sketch of 6 July 2007 crash, impact on the fence
to the west of the bridge



Figure 6
The fence to the west of the bridge, the apparent site of
impact in the 6 July 2007 crash



Figure 7
Westbound view of the curve on Headquarters Road located 250 feet east of the intersection with Sheephole Road, the site of 5 crashes within the reporting period



Figure 8
Guiderail along the Headquarters Road curve, showing signs of multiple impacts

Attachment A
Meeting with Ottsville Fire Chief Bill Shick
14 October 2015

Bill Anderson and Mark Stout met with Bill Shick, Fire Chief of the Ottsville Volunteer Fire Company, at the Ottsville Firehouse on October 14 for approximately one hour. Following the meeting, he took us on a tour of local roads on Ladder 49, the Company's longest truck.

Key points:

- Chief Shick stated that as fire chief, he has no preference whether a one-lane or a two-lane bridge is built; his priority is to get a bridge opened as soon as possible. He thinks it is important to inject a sense of urgency into the discussions. I explained that in my view, the rehabilitation option would be completed more quickly.
- Ottsville will soon open a second firehouse in the northern portion of the district. The equipment being relocated to the new firehouse will not include Ladder 49 or Rescue 49, the two vehicles identified as having turning radius issues.

Chief Shick discussed in detail the routing issues associated with the Headquarters Road Bridge:

- With the closing of the Headquarters Road Bridge, the main detour route for Ladder 49 from the Ottsville Firehouse to Sheephole Road is Geigel Hill Road – Tankhannen Road – Ridge Valley Road – Headquarters Road. The detour route takes 3 minutes longer than the route over Headquarters Road Bridge. Since Tankhannen Road is unpaved, with tight curves and steep grades, Chief Shick explained that individual drivers of Ladder 49 may choose a slightly longer detour route (Geigel Hill Road – Ridge Valley Road – Headquarters Road) if they feel it is safer. The longer detour route adds another 2 minutes.
- Ladder 49 cannot enter or exit Sheephole Road at Geigel Hill Road. This means that the vehicle must reverse direction in a private driveway on Sheephole Road (a time consuming maneuver) in order to leave Sheephole Road the way it arrived, via Headquarters Road.
- Rescue 49 is a shorter vehicle but with a long wheelbase, so it also has turning radius challenges, although not as serious as Ladder 49. Rescue 49 can enter Sheephole Road via the Geigel Hill Road intersection, but needs to exit via Headquarters Road.
- The jurisdiction of the Ottsville Company extends to the east along Headquarters Road as far as Municipal Road, where Del Val company (based in Erwinna) assumes primary coverage. Even with the detours related to Headquarters Road Bridge, the Ottsville Company can reach this area of Headquarters Road faster than equipment from Erwinna.

We spent some time onsite at the Headquarters Road Bridge and talked about structural and geometric options:

- Chief Shick repeated that he would be happy with any width bridge that allowed the connection to reopen, even though some Ottsville equipment picked up “scrapes and bangs” when the bridge was open and the Jersey barrier was in place.
- With a 16-foot wide bridge, Ladder 49 needed to back up once to make the left turn onto Sheephole Road. Chief Shick does not consider that to be a problem, as the same situation exists in a number of places within the fire company’s coverage area.
- Chief Shick would welcome a cutback of the embankment on the east side of the Bridge. He estimated that a 5-foot cutback would enable the largest fire apparatus to make the left turn without a backup.
- Chief Shick would be happy with a 16-foot wide bridge, although he thinks 18 feet would be better. He sees no benefit for his trucks in widening to 24 feet.

Attachment B

Mark L. Stout Consulting team qualifications

Mark Stout is an independent transportation consultant and is principal of Mark L. Stout Consulting. His consulting practice addresses a wide range of transportation policy issues, including state and federal funding challenges, climate change, organizational transformation, and Smart Growth planning. His clients include state transportation departments, national and state nonprofit and advocacy groups, and metropolitan planning organizations. His recent work includes providing strategic planning advice to a state DOT; directing a regional multimodal strategic land development plan for a local government; coaching a medium-sized MPO in setting up a Smart Growth transportation program; providing policy support for a national transportation reform group, including making recommendations for supporting state DOT transformation in reauthorization legislation; helping state DOTs to collaborate with environment and energy agencies on a regional basis in addressing transportation and climate change issues; and coaching several state advocacy groups in the skills needed to engage state DOTs in project selection and capital programming.

Mark Stout's experience in Pennsylvania has included work with 10,000 Friends of Pennsylvania, the Lancaster County MPO, the Delaware River Joint Toll Bridge Commission, and extensive collaboration with PennDOT and DVRPC. He was co-manager of the development of the joint PennDOT/NJDOT *Smart Transportation Guidebook: Planning and Designing Highways and Streets that Support Sustainable and Livable Communities*.

Dr. Stout previously served more than 25 years with the New Jersey Department of Transportation. As Assistant Commissioner for Planning and Development he was responsible for the divisions of planning, capital programming, project development, local aid, freight services, aeronautics, and environmental resources. His accomplishments included leading the development of new Smart Growth planning tools, developing and implementing a performance-based capital planning and programming system, leading organizational transformation, leading the Department's response to climate change and energy policy challenges, managing major legislative initiatives, and developing a new statewide long-range transportation plan. He was previously Director of Capital Investment Planning and Development, where he managed the development of the Department's \$1.5 billion annual capital program for transportation, as well as managing the flow of federal and state funding for projects. He has also served as a legislative assistant in the U.S. Congress.

Dr. Stout is a nationally recognized expert in transportation and land use planning, transportation and climate change, and transportation policy and legislation. He has published and spoken widely on transportation issues and produces his own "Smart Transportation Blog" (at www.mlstoutconsulting.com). He holds a BA in political

science from Washington University in St. Louis and a PhD in political science from the London School of Economics.

William E. Anderson is a traffic engineer who had a 31-year career at the New Jersey Department of Transportation involving traffic engineering and traffic safety. He managed statewide highway safety programs and led a multi-disciplinary team responsible for reviewing high-profile crash locations. He served as Manager of the Bureau of Traffic Engineering and Safety Programs from 1993 to 2001, responsible for approval of all traffic control devices on state, county, and municipal roadways.

At Stantec Consulting he was the project supervisor for NJDOT planning and for operational review of task order assignments. He developed Traffic Impact Statements and Access Permits for private developer projects in New Jersey, Pennsylvania, and Virginia. He also conducted analyses of road-off-road crashes for the New Jersey Turnpike Authority on the Turnpike and Garden state Parkway.

He has been a member of the Adjunct Faculty of the Rutgers University School of Government Services, where he developed and taught two courses: Traffic Engineering for Police Officers and Advanced Traffic Engineering for Police Officers. These courses provided training in the application of the Manual on Uniform Traffic Control Devices and the identification and analysis of traffic safety problems.

He is currently a member of the National Committee on Uniform Traffic Control Devices and the New Jersey Governor's Highway Traffic Safety Policy Advisory Committee.

Attachment D

#24

TINICUM TWP. POLICE DEPT.
165 Municipal Road
Pipersville, PA. 18947

Report Date: 2-10-2003

INFORMATION ON ACCIDENTS "NOT INVESTIGATED AT THE SCENE"

Incident Number 03-000310 Date: 2-10-2003 Day: MON Time: 1500 hrs.
Location: Sheep Hole Rd. N. of Headquarters Rd.

Operator #1 [REDACTED] Sex: M DOB [REDACTED]
Address: 6490 Glen Rd. Operator # 22816666 (PA)
Coopersburg, PA 18036

Vehicle: Year 1999 Make FORD Model Econoline - blue
Registration YFC0930 State PA
Insurance Company Erie Insurance Policy # Q1201028650A

Towed To: Driven away from scene.

Injuries/Operator: None.

Passengers: None.

Passengers: None.

Operator #2 [REDACTED] Sex: M DOB [REDACTED]
Address: 3417 Binny Rd. Operator # 25014314 (PA)
Doylestown, PA 18901

Vehicle: Year 2002 Make FORD Model F150 - white
Registration YJD4280 State PA
Insurance Company Farmers New Century Policy # 26154631893

Towed To: Driven away from scene.

Injuries/Operator: None.

Passengers: None.

Passengers: None.

Ambulance/Squad: N/A

Hospital: N/A

Information Received By: Ofc. Mark Thompson Badge # 19

[Handwritten signature]

INFORMATION ON ACCIDENTS "NOT INVESTIGATED AT THE SCENE", PAGE 2

Narrative:

At 1545 hrs., Operator #1 contacted police to report that he had been involved in an accident with another vehicle at approximately 1500 hrs. Operator #1 related that both he and Operator #2 exchanged their information and drove away from the scene. Operator #1 requested police take an accident report.

According to Operator #1, he was traveling SB on Sheep Hole Rd. when he encountered Unit #2 traveling NB. Operator #1 related that he braked to avoid contact with Unit #2 and slid to a stop on the icy road. Operator #1 related that he was then struck by Unit #2.

Investigating Officer contacted Operator #2. Operator #2 related that he was traveling NB on Sheep Hole Rd. when he encountered Unit #1 traveling SB. Operator #2 related that he braked and attempted to steer to avoid contact with Unit #1 however slid on the icy road surface. Operator #2 related that both units contacted each other and sustained damage.

Information Received By: Ofc. Mark Thompson ***Badge #*** 19

TRAFFIC ACCIDENT DIAGRAM

INCIDENT # 03-000310

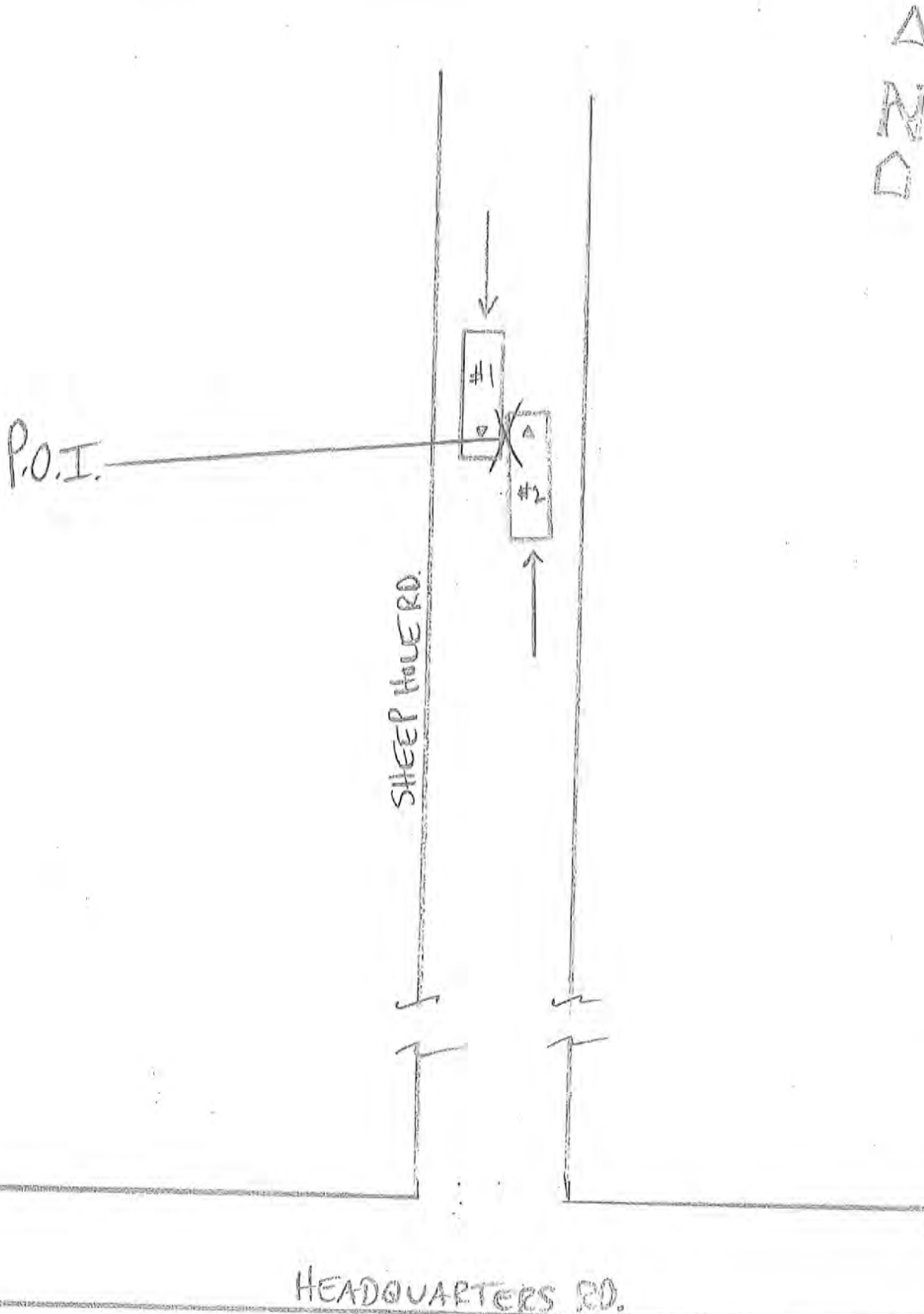
INVESTIGATOR Ofc. Mark Thompson

AGENCY Tinicum Twp. PD

BADGE # 19

COUNTY Bucks

ACCIDENT DATE 2-10-2003



COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM

Crash Number

P0493668

#101

AA 45 1 1

Case Closed

☒ Yes ☐ No

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☐ New

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Police Agency Data

Incident Number 03-002850	Police Agency TINICUM TWP. POLICE	Patrol Zone 10-24-2003
Agency Name TINICUM TWP. POLICE	Precinct 10-24-2003	Investigation Date (MM-DD-YYYY) 10-24-2003
Dispatch Time (mil) 0808	Arrival Time (mil) 0815	Investigator COL. RICHARD E. PETERSON
Reviewer CHIEF JAMES FAGARDI	Badge Number 3	Approval Date (MM-DD-YYYY) 10-27-2003

Crash Data

County 09	County Name BUCKS	Municipality 223	Municipality Name TINICUM TOWNSHIP	Day of Week <input type="radio"/> Sun <input type="radio"/> Thu <input type="radio"/> Mon <input checked="" type="radio"/> Fri <input type="radio"/> Tue <input type="radio"/> Sat <input type="radio"/> Wed <input type="radio"/> Unk
Crash Date (MM-DD-YYYY) 10-24-2003	Crash Time (Military) 0755	No of Units 01	No of People 01	No Injured 00
No Killed 00	(If > 00, Complete Form: AA 45 F 1)	Reportable Crash <input checked="" type="radio"/> Yes <input type="radio"/> No	Notify Highway Maintenance <input checked="" type="radio"/> Yes <input type="radio"/> No	School Bus Related <input type="radio"/> Yes <input checked="" type="radio"/> No
School Zone Related <input type="radio"/> Yes <input checked="" type="radio"/> No	PennDOT Property <input type="radio"/> Yes <input checked="" type="radio"/> No			

Unit Information

Unit Number 01	Delete? <input type="radio"/>	Type Unit	<input checked="" type="radio"/> Motor Vehicle in Transport <input type="radio"/> Pedestrian	<input type="radio"/> Hit & Run Vehicle	<input type="radio"/> Illegally Parked	<input type="radio"/> Legally Parked	<input type="radio"/> Non - Motorized
Owner Last Name (If Pedestrian, skip to Form AA 45 3 1)	FI H	MI T	Telephone Number 610-294-8006	Commercial Vehicle <input type="radio"/> Yes <input checked="" type="radio"/> No			
Address 2 RIDGE VALLEY RD, P.O. BOX 457	City OTTISVILLE	State PA	Zip 18942	(If Yes, Complete Form: AA 45 C 1)			
VIN 1GKEK13R2XJ752968	Model Year 1999	Vehicle Make* 40					
License Plate DGJ3569	Reg. State PA	Travel Speed 15	*Refer to List on Back of Overlay				
Insurance <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Un-known	Insurance Company ERIE	Policy No 002011867A	Insurance Company Phone				
Vehicle Towed <input checked="" type="radio"/> Yes <input type="radio"/> No	Towed To JIM JACOBS AUTO	Towed By JIM JACOBS TOWING	Tow Agency Phone 215-766-8360				

Unit Information

Unit Number	Delete? <input type="radio"/>	Type Unit	<input type="radio"/> Motor Vehicle in Transport <input type="radio"/> Pedestrian	<input type="radio"/> Hit & Run Vehicle	<input type="radio"/> Illegally Parked	<input type="radio"/> Legally Parked	<input type="radio"/> Non - Motorized
Owner Last Name (If Pedestrian, skip to Form AA 45 3 1)	FI	MI	Telephone Number	Commercial Vehicle <input type="radio"/> Yes <input type="radio"/> No			
Address	City	State	Zip	(If Yes, Complete Form: AA 45 C 1)			
VIN	Model Year	Vehicle Make*					
License Plate	Reg. State	Travel Speed	*Refer to List on Back of Overlay				
Insurance <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Un-known	Insurance Company	Policy No	Insurance Company Phone				
Vehicle Towed <input type="radio"/> Yes <input type="radio"/> No	Towed To	Towed By	Tow Agency Phone				

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM

Crash Number

P0493668

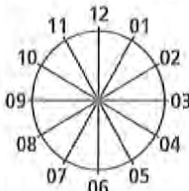
☒ New

☐ Change/
Continuation

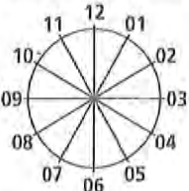
AA 45 2 1

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Vehicle Information

Unit Number <input type="text"/>	Trailing Unit(s) Number of Trailing Units: <input type="text"/>	Type of Unit 1=Towing Passenger Veh 2=Towing Truck 3=Towing Utility Trailer 4=Mobile or Modular Home 5=Camper 6=Trailer 7=Semi-Trailer 8=Other 9=Unknown	Tag No <input type="text"/>	Tag Year <input type="text"/>	Tag State <input type="text"/>
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 05=Large Truck 10=Snowmobile 11=Farm Equip 12=Construction Equip 18=Other Type Special Veh 19=Unknown Type Special Veh 20=Unicycle, Bicycle, Tricycle 21=Other Pedalcycle 22=Horse and Buggy 23=Horse and 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 13=Top 14=Undercarriage 15=Towed Unit 99=Unknown		Damage Indicator 0=None 1=Minor (Driveable) 2=Functional (Moderate Damage, May Not be Driveable) 3=Disabling (Severe - Not Driveable) 9=Unknown	Vehicle Role 0=Non-Collision 1=Striking 2=Struck 3=Both Striking and Struck	Vehicle Position 00=Not Applicable 01=Right Lane (Curb) 02=Right Turn Lane 03=Left Lane 04=Left Turn Lane 05=2-Direction Center Turn Lane 06=Other Forward Moving Lane 07=Oncoming Traffic Lane 08=Left of Trafficway 09=Right of Trafficway 10=HOV Lane 11=Shoulder Right 12=Shoulder Left 13=One Lane Road 98=Other 99=Unknown	
Direction of Travel N=North S=South E=East W=West U=Unknown		Movement 01=Going Straight 02=Slowing/Stopping in Lane 03=Stopped in Traffic Lane 04=Passing/Overtaking Veh 05=Leaving a Parked Position 06=Parked 07=Entering a Parked Position 08=Trying to Avoid Animal, Ped, Object, Veh, etc 09=Turning Right on Red 10=Turning Right 11=Turning Left on Red 12=Turning Left 13=Making a U-Turn 14=Backing Up 15=Changing Lanes or Merging 16=Negotiating Curve - Right 17=Negotiating Curve - Left 98=Other 99=Unknown	Gradient 1=Level Roadway 2=Uphill 3=Downhill 4=Sag/Bottom of Hill 5=Crest/Top of Hill 9=Unknown Alignment 1=Straight 2=Curved 9=Unknown		

Vehicle Information

Unit Number <input type="text"/>	Trailing Unit(s) Number of Trailing Units: <input type="text"/>	Type of Unit 1=Towing Passenger Veh 2=Towing Truck 3=Towing Utility Trailer 4=Mobile or Modular Home 5=Camper 6=Trailer 7=Semi-Trailer 8=Other 9=Unknown	Tag No <input type="text"/>	Tag Year <input type="text"/>	Tag State <input type="text"/>
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 05=Large Truck 10=Snowmobile 11=Farm Equip 12=Construction Equip 18=Other Type Special Veh 19=Unknown Type Special Veh 20=Unicycle, Bicycle, Tricycle 21=Other Pedalcycle 22=Horse and Buggy 23=Horse and 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 13=Top 14=Undercarriage 15=Towed Unit 99=Unknown		Damage Indicator 0=None 1=Minor (Driveable) 2=Functional (Moderate Damage, May Not be Driveable) 3=Disabling (Severe - Not Driveable) 9=Unknown	Vehicle Role 0=Non-Collision 1=Striking 2=Struck 3=Both Striking and Struck	Vehicle Position 00=Not Applicable 01=Right Lane (Curb) 02=Right Turn Lane 03=Left Lane 04=Left Turn Lane 05=2-Direction Center Turn Lane 06=Other Forward Moving Lane 07=Oncoming Traffic Lane 08=Left of Trafficway 09=Right of Trafficway 10=HOV Lane 11=Shoulder Right 12=Shoulder Left 13=One Lane Road 98=Other 99=Unknown	
Direction of Travel N=North S=South E=East W=West U=Unknown		Movement 01=Going Straight 02=Slowing/Stopping in Lane 03=Stopped in Traffic Lane 04=Passing/Overtaking Veh 05=Leaving a Parked Position 06=Parked 07=Entering a Parked Position 08=Trying to Avoid Animal, Ped, Object, Veh, etc 09=Turning Right on Red 10=Turning Right 11=Turning Left on Red 12=Turning Left 13=Making a U-Turn 14=Backing Up 15=Changing Lanes or Merging 16=Negotiating Curve - Right 17=Negotiating Curve - Left 98=Other 99=Unknown	Gradient 1=Level Roadway 2=Uphill 3=Downhill 4=Sag/Bottom of Hill 5=Crest/Top of Hill 9=Unknown Alignment 1=Straight 2=Curved 9=Unknown		

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM

Crash Number

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Continuation

AA 45 3 1

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Vehicle Driver/Pedestrian Information

Vehicle Driver/Pedestrian Information

Vehicle Driver/Pedestrian Information

Unit Number 01	Last Name [REDACTED]	FI L	MI M	Telephone Number 610-294-8006
Address 2 RIDGE VALLEY RD, PO. BOX 457		City OTTISVILLE	State PA	Zip 18942
License Number 08225648		State PA		

If License Number is unknown or driver is not licensed, see manual

Alcohol/Drugs Suspected

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

Alcohol Test Type

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

Alcohol Test Results

0.
☐ Test Refused ☐ Unknown Results
☐ Test Given, Contaminated Results

Driver or Pedestrian Physical Condition

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

Pedestrian Signal at Scene of Crash

- ☐ No Pedestrian Signal ☐ Not at Intersection
☐ Pedestrian Signal

Pedestrian Location

- ☐ Marked Crosswalks at Intersection ☐ In Roadway ☐ < 10 Feet Off Road
☐ At Intersection - No Crosswalks ☐ Not in Roadway ☐ > 10 Feet Off Road
☐ Non-Intersection Crosswalks ☐ Median ☐ Outside Trafficway
☐ Driveway Access ☐ Island ☐ Shared Paths/ Trails
☐ Sidewalk ☐ Unknown

Vehicle Code List any Vehicle Code Section this driver has violated and mark if they were charged. Charged with Violation?

	<input type="radio"/> Yes <input type="radio"/> No
	<input type="radio"/> Yes <input type="radio"/> No

Owner/Driver Code

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

Driver Presence

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

Unit Number	Last Name	FI	MI	Telephone Number
Address		City	State	Zip
License Number		State		

If License Number is unknown or driver is not licensed, see manual

Alcohol/Drugs Suspected

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

Alcohol Test Type

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

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0.
☐ Test Refused ☐ Unknown Results
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☐ Had Been Drinking ☐ Sick ☐ Asleep ☐ Unknown

Pedestrian Signal at Scene of Crash

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- ☐ Marked Crosswalks at Intersection ☐ In Roadway ☐ < 10 Feet Off Road
☐ At Intersection - No Crosswalks ☐ Not in Roadway ☐ > 10 Feet Off Road
☐ Non-Intersection Crosswalks ☐ Median ☐ Outside Trafficway
☐ Driveway Access ☐ Island ☐ Shared Paths/ Trails
☐ Sidewalk ☐ Unknown

Vehicle Code List any Vehicle Code Section this driver has violated and mark if they were charged. Charged with Violation?

	<input type="radio"/> Yes <input type="radio"/> No
	<input type="radio"/> Yes <input type="radio"/> No

Owner/Driver Code

- 00=Not Applicable 03=Rented Vehicle 08=Other Municipal Government Vehicle
01=Private Vehicle Owned/ Leased by Driver 04=State Police Vehicle 09=Federal Gov Vehicle
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Driver Presence

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

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM

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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
9=Unknown

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=Sleeping 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/ Other 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=Extricated By Non - Mechanical Means
8=Other
9=Unknown

Unit No	Person No	Delete?	Date of Birth (MM-DD-YYYY)	A	B	C	D	E	F	G	H	I
01	01	<input type="radio"/>	01-01-1999	1	F	0	0	1	0	3	9	9

Name / Address / Phone

2 RIDGE VALLEY RD, PO BOX 457, OTTSVILLE, PA. 610-294-8006

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="radio"/>										

Name / Address / Phone

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="radio"/>										

Name / Address / Phone

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="radio"/>										

Name / Address / Phone

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="radio"/>										

Name / Address / Phone

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="radio"/>										

Name / Address / Phone

EMS Transport
☐ Yes ☐ No

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM

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Type Location	<u>Intersection Type</u> <input type="radio"/> Midblock <input type="radio"/> 4 Way Intersection <input checked="" type="radio"/> "T" Intersection <input type="radio"/> "Y" Intersection <input type="radio"/> Traffic Circle/ Round About <input type="radio"/> Multi-Leg Intersection <input type="radio"/> On Ramp <input type="radio"/> Off Ramp <input type="radio"/> Crossover <input type="radio"/> Railroad Crossing <input type="radio"/> Other			<u>Special Location</u> <input checked="" type="radio"/> Not Applicable <input type="radio"/> Underpass <input type="radio"/> Ramp <input type="radio"/> Bridge <input type="radio"/> Tunnel <input type="radio"/> Toll Booth <input type="radio"/> Cross Over Related <input type="radio"/> Driveway/Parking Lot <input type="radio"/> Ramp & Bridge <input type="radio"/> Unknown (If "Ramp" is indicated, please see manual)		
	Complete the Principal Road Section for all type of crashes. For crashes at intersections, enter information in the Intersecting Road Section or the GPS Section. If you have a midblock crash, you should enter information in the "Distance from Landmark" Section, the GPS Section, or the House Number Section in the Principal Road area.					
Principal Road	County	Route Number	Segment (Optional)	Travel Lanes	Speed Limit	House Number (if applicable)
	09	1012		02	90	
	Street Name HEADQUARTERS				Street Ending RD	Orientation <input type="radio"/> North <input type="radio"/> South <input type="radio"/> East <input type="radio"/> West <input type="radio"/> Unknown
	<u>Route Signing</u> <input type="radio"/> Interstate (Not Turnpike) <input type="radio"/> Turnpike (East/West) <input type="radio"/> Turnpike Spur <input checked="" type="radio"/> State Highway <input type="radio"/> County Road <input type="radio"/> Local Road or Street <input type="radio"/> Private Road <input type="radio"/> Other/Unknown					
Intersecting Road	County	Route Number	Segment (Optional)	Travel Lanes	Speed Limit	House Number (if applicable)
	09	420			90	
	Street Name SHEEP HOLE				Street Ending RD	Orientation <input type="radio"/> North <input type="radio"/> South <input type="radio"/> East <input type="radio"/> West <input type="radio"/> Unknown
	<u>Route Signing</u> <input type="radio"/> Interstate (Not Turnpike) <input type="radio"/> Turnpike (East/West) <input type="radio"/> Turnpike Spur <input type="radio"/> State Highway <input type="radio"/> County Road <input checked="" type="radio"/> Local Road or Street <input type="radio"/> Private Road <input type="radio"/> Other/Unknown					
Distance From Landmark	Please Enter Information for BOTH Landmarks if Using This Option Use For Mid-Block Crashes	Landmark 1	Intersecting Rt Num	Or Mile Post	Or Segment Marker	Feet
		Landmark 2	Intersecting Rt Num	Or Mile Post	Or Segment Marker	Distance From Crash Scene to Landmark 1 (For Crash between Landmark 1 and Landmark 2)
GPS	Latitude: Degrees Minutes Seconds			Longitude: Degrees Minutes Seconds		
TCD	<u>Traffic Control Device</u> <input type="radio"/> Not Applicable <input type="radio"/> Flashing Traffic Signal <input type="radio"/> Traffic Signal <input checked="" type="radio"/> Stop Sign <input type="radio"/> Yield Sign <input type="radio"/> Active RR Crossing Controls <input type="radio"/> Passive RR Crossing Controls <input type="radio"/> Police Officer or Flagman <input type="radio"/> Other Type TCD <input type="radio"/> Unknown			<u>TCD Functioning</u> <input type="radio"/> No Controls <input type="radio"/> Device Not Functioning <input type="radio"/> Device Functioning Improperly <input checked="" type="radio"/> Device Functioning Properly <input type="radio"/> Emergency Preemptive Signal <input type="radio"/> Unknown		
	<u>Type of Work Zone</u> (If "Not a Work Zone", skip rest of Work Zone section) <input checked="" type="radio"/> Not a Work Zone <input type="radio"/> Construction <input type="radio"/> Maintenance <input type="radio"/> Utility Company <input type="radio"/> Other			<u>Work Zone</u> (Mark all that apply) <input type="radio"/> Lane Closure <input type="radio"/> Road Closed with Detour <input type="radio"/> Work on Shoulder or Median <input type="radio"/> Intermittent or Moving Work <input type="radio"/> Flagger Control <input type="radio"/> Other		
Lane Closure	<u>Lane Closed</u> (If "Not Applicable", skip rest of the Lane Closure section) <input checked="" type="radio"/> Not Applicable <input type="radio"/> Partially <input type="radio"/> Fully <input type="radio"/> Unknown			<u>Work Zone Speed Limit</u> <u>Workers Present</u>		
	<u>Lane Closure Direction</u> <input type="radio"/> North <input type="radio"/> South <input type="radio"/> East <input type="radio"/> West <input type="radio"/> North and South <input type="radio"/> East and West			<u>Estimated Time Closed</u> <input type="radio"/> < 30 Minutes <input type="radio"/> 30-60 Minutes <input type="radio"/> 1-3 hours <input type="radio"/> 3-6 hours <input type="radio"/> 6-9 hours <input type="radio"/> 9-12 hours <input type="radio"/> > 12 hours <input type="radio"/> Unknown		

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM

New

Crash Number

P0493668

AA 45 6 1

Page: 006

Change/
ContinuationGeneral Crash Information
(If more than 2 Units only complete once)

<u>Crash Description</u>	<input type="checkbox"/> 7	0=Non-Collision 1=Rear End	2=Head On 3=Rear to Rear (Backing)	4=Angle 5=Sideswipe (Same Direction)	6=Sideswipe (Opposite Direction) 7=Hit Fixed Object	8=Hit Pedestrian 9=Other/Unknown
<u>Relation to Roadway</u>	<input type="checkbox"/> 2	1=On Travel Lanes 2=Shoulder	3=Median 4=Roadside	5=Outside Trafficway 6=In Parking Lane	7=Gore (Ramp Intersection) 9=Unknown	
<u>Illumination</u>	<input type="checkbox"/> 1	1=Daylight 2=Dark - No Street Lights	3=Dark - Street Lights 4=Dusk	5=Dawn 6=Dark - Unknown Roadway Lighting	8=Other	
<u>Weather Conditions</u>	<input type="checkbox"/> 1	1=No Adverse Conditions 2=Rain	3=Sleet (Hail) 4=Snow	5=Fog 6=Rain & Fog	7=Sleet & Fog 8=Other	9=Unknown
<u>Road Surface Conditions</u>	<input type="checkbox"/> 5	0=Dry 1=Wet	2=Sand, Mud, Dirt, Oil 3=Snow Covered	4=Slush 5=Ice	6=Ice Patches 7=Water - Standing or Moving	8=Other

Unit(s) Event Information

Unit No	Harm Event	L/R	Most?	Utility Pole Number
1	28	R	<input checked="" type="radio"/>	
2			<input type="radio"/>	
3			<input type="radio"/>	
4			<input type="radio"/>	

Unit No	Harm Event	L/R	Most?	Utility Pole Number
1			<input type="radio"/>	
2			<input type="radio"/>	
3			<input type="radio"/>	
4			<input type="radio"/>	

First Harmful Event in the Crash	Unit No	Harm Event	Most Harmful Event in the Crash	Unit No	Harm Event
	01	28			

Do not repeat this information on multiple pages

Harmful Events (Harm Event)

- 01=Hit Unit 1
- 02=Hit Unit 2
- 03=Hit Unit 3
- 04=Hit Unit 4
- 05=Hit Unit 5
- 06=Hit Other Traffic Unit
- 07=Hit Deer
- 08=Hit Other Animal
- 09=Collision With Other Non Fixed Object
- 11=Struck By Unit 1
- 12=Struck By Unit 2
- 13=Struck By Unit 3
- 14=Struck By Unit 4
- 15=Struck By Unit 5
- 16=Struck By Other Traffic Unit
- 21=Hit Tree Or Shrubbery
- 22=Hit Embankment
- 23=Hit Utility Pole
- 24=Hit Traffic Sign
- 25=Hit Guard Rail
- 26=Hit Guard Rail End
- 27=Hit Curb
- 28=Hit Concrete Or Longitudinal Barrier
- 29=Hit Ditch
- 30=Hit Fence Or Wall
- 31=Hit Building
- 32=Hit Culvert
- 33=Hit Bridge Pier Or Abutment
- 34=Hit Parapet End
- 35=Hit Bridge Rail
- 36=Hit Boulder Or Obstacle On Roadway
- 37=Hit Impact Attenuator
- 38=Hit Fire Hydrant
- 39=Hit Roadway Equipment
- 40=Hit Mail Box
- 41=Hit Traffic Island
- 42=Hit Snow Bank
- 43=Hit Temporary Construction Barrier
- 48=Hit Other Fixed Object
- 49=Hit Unknown Fixed Object
- 50=Overturn/Roll Over
- 51=Struck By Thrown Or Falling Object
- 52=Pot Holes Or Other Pavement Irregularities
- 53=Jackknife
- 54=Fire In Vehicle
- 58=Other Non-Collision
- 99=Unknown Harmful Event

Left/Right (L/R) L=Left R=Right O=Other U=Unknown

Driver Action (D)

- 00=No Contributing Action
- 01=Driver Was Distracted
- 02=Driving Using Hand Held Phone
- 03=Driving Using Hands Free Phone
- 04=Making Illegal U-Turn
- 05=Improper/Careless Turning
- 06=Turning From Wrong Lane
- 07=Proceeding W/O Clearance After Stop
- 08=Running Stop Sign
- 09=Running Red Light
- 10=Failure To Respond To Other Traffic Control Device
- 11=Tailgating
- 12=Sudden Slowing/Stopping
- 13=Illegally Stopped On Road
- 14=Careless Passing Or Lane Change
- 15=Passing In No Passing Zone
- 16=Driving The Wrong Way On 1-Way Street
- 17=Careless Or Illegal Backing On Roadway
- 18=Driving On The Wrong Side of Road
- 19=Making Improper Entrance to Highway
- 20=Making Improper Exit From Highway
- 21=Careless Parking/Unparking
- 22=Over/Under Compensation At Curve
- 23=Speeding
- 24=Driving Too Fast For Conditions
- 25=Failure To Maintain Proper Speed
- 26=Driver Fleeing Police (Police Chase)
- 27=Driver Inexperienced
- 28=Failure To Use Specialized Equip
- 98=Other Improper Driving Actions

Unit No	1	2	3	4
01	00			

Pedestrian Action (P)

- 00=None
- 01=Entering Or Crossing At Specified Location
- 02=Walking, Running, Jogging, Playing, Or Cycling
- 03=Working
- 04=Pushing Vehicle
- 05=Approaching Or Leaving Vehicle
- 06=Playing Or Working On Vehicle
- 07=Standing
- 98=Other

Unit No			Unit No		

Contributing Information

Environmental / Roadway Potential Factors (EIR)	1	2	3
00=None	11		
01=Windy Conditions	12=Slippery Road Conditions (Ice/Snow)		
02=Sudden Weather Conditions	13=Substance On Roadway		
03=Other Weather Conditions	14=Potholes		
04=Deer In Roadway	15=Broken Or Cracked Pavement		
05=Obstacle On Roadway	16=TCD Obstructed		
06=Other Animal In Roadway	17=Soft Shoulder Or Shoulder Drop Off		
07=Glare	28=Other Roadway Factor		
08=Work Zone Related	99=Unknown		

Possible Vehicle Failures (V)	1	2
00=None	06=Exhaust	12=Wipers
01=Tires	07=Headlights	13=Driver Seating/Control
02=Brake System	08=Signal Lights	14=Body, Doors, Hood, Etc
03=Steering System	09=Other Lights	15=Trailer Hitch
04=Suspension	10=Horn	16=Wheels
05=Power Train	11=Mirrors	17=Airbags
		18=Trailer Overloaded
		19=Unsecure/Shifted Trailer Load
		20=Improper Towing
		21=Obstructed Windshield
		99=Unknown

Indicated Prime Factor
Do not repeat this information on multiple pages

EIR	V	D	P
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Unit No	Factor Code
01	11

If EIR is the Prime Factor Type, leave Unit No blank

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM

Crash Number

P0493668

☒ New

☐ Change/
Continuation

☐ Delete Page

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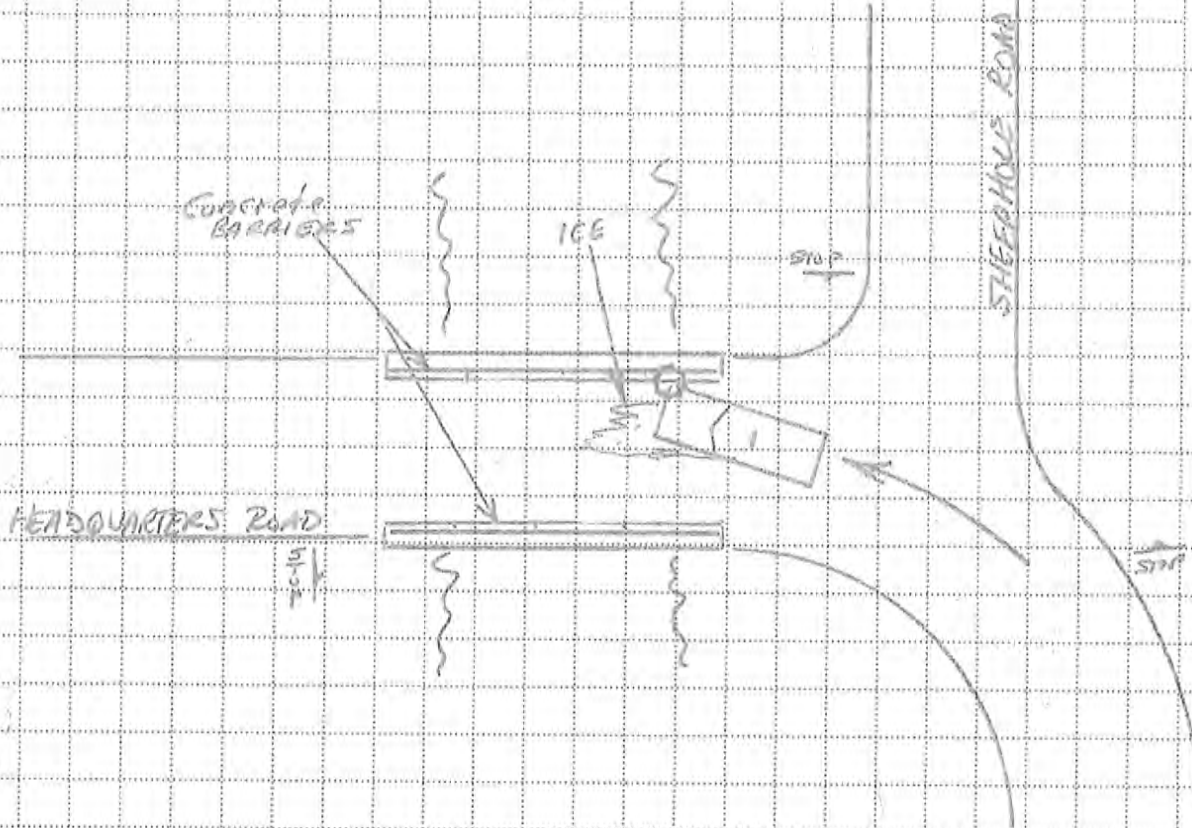
AA 45 7 1

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007



Diagram



COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM

Crash Number

P0493668

- ☒ New
☐ Change/
Continuation
☐ Delete Page

AA 45 8 1

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Place emergency transport, witness, and other information here. It is not required to restate information from the form.

Responding EMS Agency:

Medical Facility:

Witness 1:

Address:

Phone:

Witness 2:

Address:

Phone:

Narrative:

INVESTIGATION REVEALED THAT UNIT #1 WAS WESTBOUND ON HEADQUARTERS ROAD, THAT AFTER PROCEEDING FROM THE STOP SIGNAL, AND NEGOTIATING A LEFT CURVE TO ENTER A ONE-WAY BRIDGE, UNIT #1 SLID ON ICY CONDITIONS AT ENTRANCE OF BRIDGE, ^{VEERED} TO THE RIGHT AND STRUCK A CONCRETE BARRIER. UNIT #1 MADE A CONTROLLED MOVE TO THE SHOULDER OF ROAD WEST OF THE BRIDGE.

OPERATOR #1 STATED THAT WHEN SHE BEGAN TO ENTER THE BRIDGE, HER VEHICLE SLID ON SOME ICE CAUSING HER TO STRIKE THE BARRIER.

Witness Information and Narrative

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM



Crash Number

AA 500 1

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

Page

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W0023875

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1	Police Agency Data		Incident Number 2005-1128		Police Agency 09223		Patrol Zone 1	
	Agency Name Tinicum Township				Precinct		Investigation Date (MM-DD-YYYY) 05 - 24 - 2005	
	Dispatch Time (mi) 1520		Arrival Time (mi) 1527		Investigator CHIEF JAMES J. SABATH		Badge Number 3	
2	Crash Data		Reviewer James Sabath		Badge Number 3		Approval Date (MM-DD-YYYY) 05 - 24 - 2005	
	County 09 Bucks		Municipality 223 Tinicum Township		Day of Week <input type="checkbox"/> Sun <input type="checkbox"/> Thu <input type="checkbox"/> Mon <input type="checkbox"/> Fri <input checked="" type="checkbox"/> Tue <input type="checkbox"/> Sat <input type="checkbox"/> Wed <input type="checkbox"/> Unk			
	Crash Date (MM-DD-YYYY) 05 - 24 - 2005		Crash Time (mi) 1520		No of Units 1		People 2	
3	Lane Type		Injured 0		Killed 0		If > 00 complete Form #	
	Intersection Type <input checked="" type="checkbox"/> Midblock		<input type="checkbox"/> 4 Way Intersection		<input type="checkbox"/> "Y" Intersection		<input type="checkbox"/> Multi-Leg Intersection	
	<input type="checkbox"/> "T" Intersection		<input type="checkbox"/> Traffic Circle/Round About		<input type="checkbox"/> On Ramp		<input type="checkbox"/> Off Ramp	
4	Principal Road		School Bus Related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		School Zone Related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Notify PENNDOT Maintenance <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Route Number 1012		Segment (Optional)		Travel Lanes 02		Speed Limit 90	
	Street Name HEADQUARTERS		Street Ending RD		Orientation <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input checked="" type="checkbox"/> West <input type="checkbox"/> Unknown		House Number (if applicable)	
5	Intersecting Road		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		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		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	
	Route Number		Segment (Optional)		Travel Lanes		Speed Limit	
	Street Name		Street Ending		Orientation			
6	Distances From Landmark		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		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		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	
	Please Enter Information for BOTH Landmarks if Using This Option		Use For Wild - Block Crashes		Use For Wild - Block Crashes		Use For Wild - Block Crashes	
	Landmark 1 Intersecting Rt Num Or Mile Post Or Segment Marker Or Intersecting Street Name SHEEP HOLE		Landmark 2 Intersecting Rt Num Or Mile Post Or Segment Marker Or Intersecting Street Name RIDGE VALLEY		Landmark 3 Intersecting Rt Num Or Mile Post Or Segment Marker Or Intersecting Street Name		Landmark 4 Intersecting Rt Num Or Mile Post Or Segment Marker Or Intersecting Street Name	
7	GPS		Degrees Latitude		Minutes		Seconds	
	Longitude		Degrees		Minutes		Seconds	
	Latitude		Longitude		Degrees		Minutes	
8	TCD		Degrees Longitude		Minutes		Seconds	
	Traffic Control Device <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Traffic Signal <input type="checkbox"/> Active RR Crossing Controls <input type="checkbox"/> Passive RR Crossing Controls <input type="checkbox"/> Stop Sign <input type="checkbox"/> Yield Sign <input type="checkbox"/> Police Officer or Flagman <input type="checkbox"/> Other Type TCD <input type="checkbox"/> Unknown		TCD Functioning <input checked="" type="checkbox"/> No Controls <input type="checkbox"/> Device Functioning Improperly <input type="checkbox"/> Device Not Functioning <input type="checkbox"/> Device Functioning Properly		Emergency Preemptive Signal <input type="checkbox"/> Unknown			
	Lane Closed (if "Not Applicable", skip rest of the Lane Closure section) <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Partially <input type="checkbox"/> Fully <input type="checkbox"/> Unknown		Lane Closure Direction <input type="checkbox"/> North <input checked="" type="checkbox"/> East <input type="checkbox"/> South <input type="checkbox"/> West <input type="checkbox"/> North and South <input type="checkbox"/> All (N,S,E,W)		Est. Time Closed <input checked="" 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			
9	Lane Closure		Traffic Detoured Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/>		Est. Time Closed <input checked="" 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			

FORM # AA-500 (12/02)

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COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM

Crash Number

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Unit Info	<input checked="" type="checkbox"/> Motor Vehicle in Transport <input type="checkbox"/> Pedestrian (If "Pedestrian" or "Pedestrian on Skates, in Wheelchair, etc", Complete Form M, Section 28)		<input type="checkbox"/> Hit & Run Vehicle <input type="checkbox"/> Pedestrian on Skates, in Wheelchair, etc (If "Pedestrian" or "Pedestrian on Skates, in Wheelchair, etc", Complete Form M, Section 28)		<input type="checkbox"/> Illegally Parked <input type="checkbox"/> Disabled From Previous Crash <input type="checkbox"/> Train <input type="checkbox"/> Phantom Vehicle		<input type="checkbox"/> Legally Parked <input type="checkbox"/> Non - Motorized <input type="checkbox"/> Commercial Vehicle Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (If Yes, Complete Form C)	
Vehicle Driver / Pedestrian Information	Unit No	First Name		MI	Date of Birth (MM-DD-YYYY)			
	01	[REDACTED]		S	[REDACTED]			
	Deleje?	Last Name		Telephone Number				
	<input type="checkbox"/>	[REDACTED]		[REDACTED]				
	Address / City / State							Zip
	1532 HIGHLAND DR BETHLEHEM PA							18015
	Driver License Number			State	Class			
	28338742			PA	C			
	Alcohol/Drugs Suspected				Driver or Pedestrian Physical Condition			
	<input checked="" 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 checked="" 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			
Alcohol Test Type				Primary Vehicle Code Violation				
<input checked="" 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				VC3361 Charged? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Alcohol Test Results				Driver Presence				
<input type="checkbox"/> Test Refused <input type="checkbox"/> Test Given, Contaminated Results <input type="checkbox"/> Unknown Results				1 <input checked="" type="checkbox"/> 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								
Vehicle Information	Same as Driver <input type="checkbox"/>		Owner First Name		Owner Last Name or Business Name (If Pedestrian, skip this Section)			
			[REDACTED]		[REDACTED]			
	Address / City / State / Zip							
	1532 HIGHLAND DR BETHLEHEM PA 180158015							
	VIN		Model Year		Vehicle Make		*Wake Code	
	1FABP61F1JH176817		1988		Ford		12	
	License Plate		Reg. State		Vehicle Towed		Towed By	
	FWK4936		PA		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		SWAMP'S AUTO BO	
	Insurance		Insurance Company		Policy No			
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		ERIE INSURANCE EXCHANG		Q122807380A			
Trailing Unit		No. of Trailing Units		Type		Tag No		
0		0		1=Trailing Pass. Veh 2=Trailing Truck 3=Trailing Utility Trailer		Tag Year		
				4=Mobile/Modular Home 5=Camper 6=Full Trailer		Tag St		
				7=Semi-Trailer 8=Other 9=Unknown				
Direction of Travel		*Vehicle Position		*Movement		*See Overlay		
W		08		16				
Vehicle Color		Vehicle Type		Special Usage				
07		01		00		12=Commercial Passenger Carrier		
06=Yellow 07=Silver 08=Gold 09=Brown 10=Orange 11=Purple 12=Other 99=Unknown		01=Automobile 02=Motorcycle 03=Bus 04=Small Truck (If "02", Complete Form M, Section 26) (If "20" or "21", Complete Form M, Section 27)		00=Not Applicable 01=Fire Veh 02=Ambulance 03=Police 08=Other Emergency Vehicle 11=Pupil Transport		13=Taxi 21=Tractor Trailer 22=Twin Trailer 23=Triple Trailer 31=Modified Veh 99=Unknown		
Initial Impact Point		Damage Indicator		Gradient		Road Alignment		
11		3		1		2		
00=Non-Collision 01-12=Clock Points 13=Top		0=None 2=Functional 1=Minor 3=Disabling 9=Unknown		1=Level 2=Uphill		1=Straight 2=Curved 9=Unknown		

FORM # AA-500 (12/02)

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COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM



Crash Number

AA 500 3

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People Information	A Person Type: 1=Driver 2=Passenger 7=Pedestrian 8=Other 9=Unknown	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=Training Unit 14=Biking Or 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	G Ejection: 0=Not Applicable 1=Not Ejected 2=Totally Ejected 3=Partially Ejected 9=Unknown
	B Sex: F=Female M=Male U=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, Unknown Switch Setting 13=Air Bag Removed (Prior To Crash) 19=Unknown If Air Bag Deployed 99=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
	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			I Extrication: 0=Not Applicable 1=Not Extricated 2=Extricated By Mechanical Means 3=Freely 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
01	01	<input type="checkbox"/>	01-01-01	1	M	0	01	03	00	0	0	0

Name / Address / Phone

☐ Same as Operator

S 1532 HIGHLAND DR BETHLEHEM PA 18015

 EMS Transport
☐ Yes ☒ No

Unit No	Person No	Delete?	Date of Birth (MM-DD-YYYY)	A	B	C	D	E	F	G	H	I
01	02	<input type="checkbox"/>	01-01-01	2	F	0	03	03	00	0	0	0

Name / Address / Phone

☐ Same as Operator

3210 WINDING RD. KINTNERSVILLE PA 18930 61

 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="checkbox"/>										

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="checkbox"/>										

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="checkbox"/>										

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="checkbox"/>										

Name / Address / Phone

☐ Same as Operator

 EMS Transport
☐ Yes ☐ No

FORM # AA-500 (12/02)

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COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM

Crash Number

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Police Use Only

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W0023875

General Crash Information of these items 2 Units only (mandatory 6-01)	Crash Description	7	0=Non-Collision 1=Fear End	2=Head On 3=Rear to Rear (Backing)	4=Angle 5=Sidewipe (Same Direction)	6=Sidewipe (Opposite Direction) 7=Hit Fixed Object	8=Hit Pedestrian 9=Other/Unknown
	Relation to Roadway	4	1=On Travel Lanes 2=Shoulder	3=Median 4=Roadside	5=Outside Trafficway 6=In Parking Lane	7=Gore (Ramp Intersection) 8=Unknown	
	Illumination	1	1=Daylight 2=Dark - No Street Lights	3=Dark - Street Lights 4=Dusk	5=Dawn 6=Dark - Unknown Roadway Lighting	8=Other	
	Weather Conditions	1	1=No Adverse Conditions 2=Rain	3=Sheet (Hail) 4=Snow	5=Fog 6=Rain & Fog	7=Sheet & Fog 8=Other	9=Unknown
	Road Surface Conditions	1	0=Dry 1=Wet	2=Sand, Mud, Dirt, Oil 3=Snow Covered	4=Slush 5=Ice	6=Ice Patches 7=Water - Standing or Moving	8=Other

Unit(s) Event Information	Harm Event L/R Most? Utility Pole Number				Harmful Events (Harm Event)	
	Unit No	1	25	L		01=Hit Unit 1 02=Hit Unit 2 03=Hit Unit 3 04=Hit Unit 4 05=Hit Unit 5 06=Hit Other Traffic Unit 07=Hit Deer 08=Hit Other Animal 09=Collision With Other Non Fixed Object 11=Struck By Unit 1 12=Struck By Unit 2 13=Struck By Unit 3 14=Struck By Unit 4 15=Struck By Unit 5 16=Struck By Other Traffic Unit 21=Hit Tree Or Shrubbery 22=Hit Embankment 23=Hit Utility Pole 24=Hit Traffic Sign 25=Hit Guard Rail 26=Hit Guard Rail End 27=Hit Corb 28=Hit Concrete Or Longitudinal Barrier 29=Hit Ditch
	Unit No	2				30=Hit Fence Or Wall 31=Hit Building 32=Hit Culvert 33=Hit Bridge Pier Or Abutment 34=Hit Parapet End 35=Hit Bridge Rail 36=Hit Boulder Or Obstacle On Roadway 37=Hit Impact Attenuator 38=Hit Fire Hydrant 39=Hit Roadway Equipment 40=Hit Mail Box 41=Hit Traffic Island 42=Hit Snow Bank 43=Hit Temporary Construction Barrier 48=Hit Other Fixed Object 49=Hit Unknown Fixed Object 50=Overturn/Roll Over 51=Struck By Thrown Or Falling Object 52=For Holes Or Other Pavement Irregularities 53=Jackknife 54=Fire In Vehicle 58=Other Non-Collision 99=Unknown Harmful Event
	Please Put Events In Sequential Order	3				

Unit(s) Event Information	Harm Event L/R Most? Utility Pole Number				Harmful Events (Harm Event)	
	Unit No	1				
	Unit No	2				
	Please Put Events In Sequential Order	3				

First Harmful Event in the Crash	Unit No	01	Harm Event	25	Most Harmful Event in the Crash	Unit No	01	Harm Event	25
	Do not repeat this information on multiple pages.								

Contributing Information	Environmental / Roadway Potential Factors (E/R)			1	00	2		3	
	00=None 01=Windy Conditions 02=Sudden Weather Conditions 03=Other Weather Conditions 04=Deer In Roadway 05=Obstacle On Roadway 06=Other Animal In Roadway 07=Glare 08=Work Zone Related			11=Slippery Road Conditions (Ice/Snow) 12=Substance On Roadway 13=Potholes 14=Broken Or Cracked Pavement 15=TCO Obstructed 16=Soft Shoulder Or Shoulder Drop Off 28=Other Roadway Factor 29=Other Environmental Factor 99=Unknown					
	Possible Vehicle Failures (V)			12=Wipers 13=Driver Seating/Control 14=Body, Doors, Hood, Etc 15=Trailer Hitch 16=Wheels 17=Airbags 18=Trailer Overloaded 19=Unsecured/Shifted Trailer Load 20=Improper Towing 21=Obstructed Windshield 99=Unknown					
	Unit No	01	1	00	2				

Contributing Information	Indicated Prime Factor			Unit No	01	Factor Code	24
	Do not repeat this information on multiple pages.						
	E/R	V	D	P			
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If E/R is the Prime Factor Type, leave Unit No blank		

Driver Action (D)	00=No Contributing Action 01=Driver Was Distracted 02=Driving Using Hand Held Phone 03=Driving Using Hands Free Phone 04=Making Illegal U-Turn 05=Improper/Careless Turning 06=Turning From Wrong Lane 07=Proceeding W/O Clearance After Stop 08=Running Stop Sign 09=Running Red Light 10=Failure To Respond To Other Traffic Control Device 11=Tailgating 12=Sudden Slowing/Stopping 13=Illegally Stopped On Road 14=Careless Passing Or Lane Change 15=Passing In No Passing Zone 16=Driving The Wrong Way On 1-Way Street									
	Unit No	01	1	24	2	27	3		4	
	Unit No		1		2		3		4	
	Pedestrian Action (P)									

Pedestrian Action (P)	00=None 01=Entering Or Crossing At Specified Location 02=Walking, Running, Jogging, Or Playing 03=Working 04=Pushing Vehicle 05=Approaching Or Leaving Vehicle 06=Working On Vehicle 07=Standing 08=Other 99=Unknown					
	Unit No	01	00	Unit No		

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM



Crash Number

AA 500 5

Refco Use Only

Page

5

W0023875

Witness Name	Address	Phone
1		
2		

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

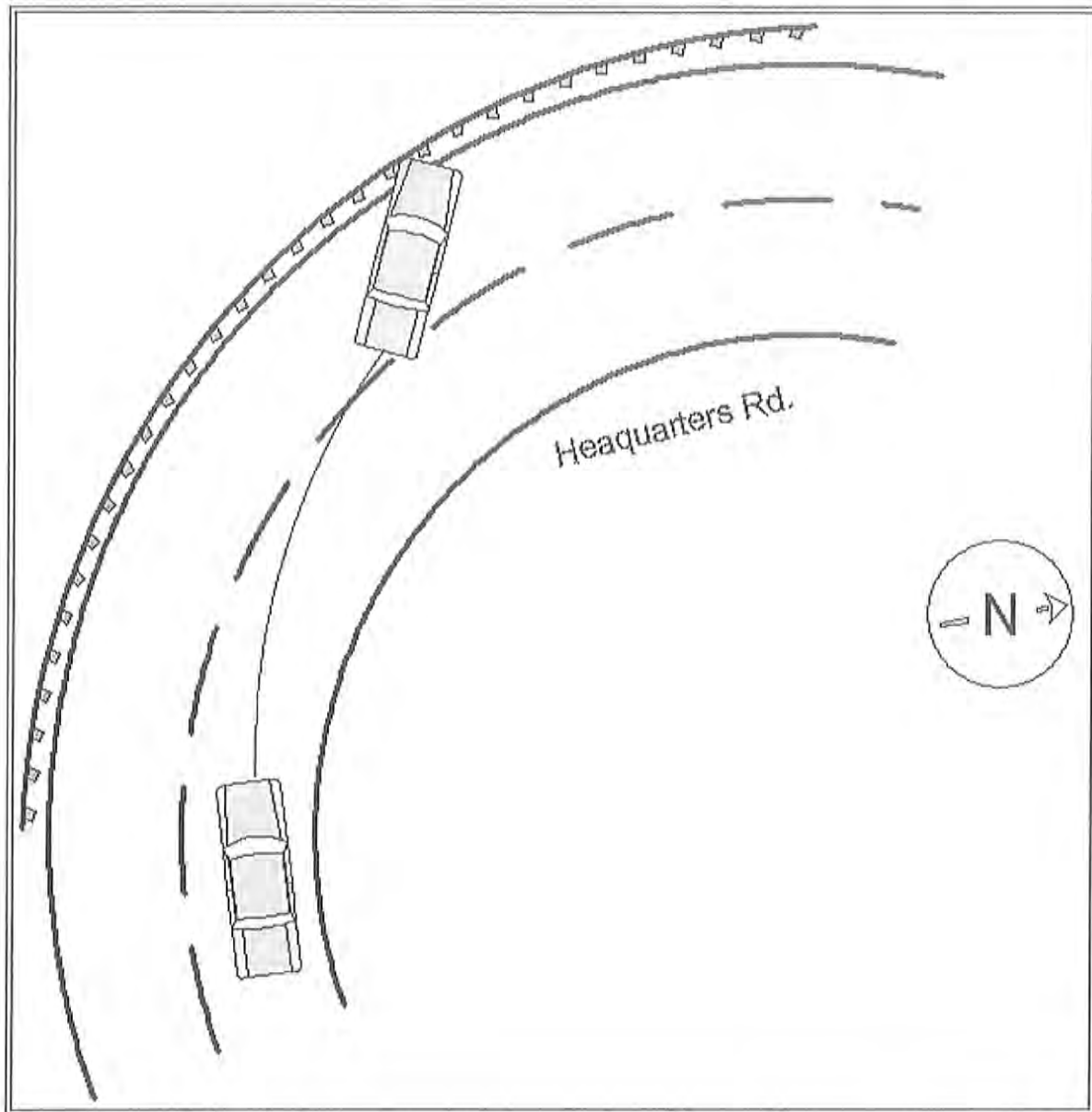
Report of a single vehicle accident, without injury, on Headquarters Rd. Investigation revealed that unit 1 was traveling WB on Headquarters Rd. when it failed to negotiate a right curve on the wet highway. Unit 1 slid across the EB lane and continued off the roadway where it struck a guiderail. Operator 1 stated that he was driving the speed limit when he came upon the curve in the roadway. he applied his brakes hard and they locked up, causing him to slide off the road.

FORM # AA-500 (12/02)

PENNDOT COPY

Crash Number: W0023875

Incident Number: 2005-1128





COMMONWEALTH OF PENNSYLVANIA
POLICE ACCIDENT REPORT

REPORTABLE ☐ NON-REPORTABLE ☒

PENNDOT USE ONLY

POLICE INFORMATION				ACCIDENT LOCATION			
1. INCIDENT NUMBER 2006-0616		4. PATROL ZONE Tincum Twp.		20. COUNTY Bucks		CODE 09	
2. AGENCY NAME Tincum Township Police Department		5. INVESTIGATOR OFC. MOONEY		21. MUNICIPALITY Tincum Township		CODE	
3. STATION/ PRECINCT TTPD		6. APPROVED BY		PRINCIPAL ROADWAY INFORMATION			
7. INVESTIGATION DATE 4/1/2006		8. ARRIVAL TIME 08:17		22. ROUTE NO. OR STREET NAME Headquarters Road			
9. ACCIDENT DATE 4/1/2006		10. DAY OF WEEK Saturday		23. SPEED LIMIT 35		24. TYPE HIGHWAY 1	
11. TIME OF DAY 08:00		12. NUMBER OF UNITS 1		25. ACCESS CONTROL 1		INTERSECTING ROAD:	
13. #KILLED 0		14. #INJURED 0		26. ROUTE NO. OR STREET NAME		27. SPEED LIMIT 0	
15. PRIV. PROP. ACCIDENT Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		16. DID VEHICLE HAVE TO BE REMOVED FROM THE SCENE?		28. TYPE HIGHWAY		29. ACCESS CONTROL	
17. VEHICLE DAMAGE 0 - NONE UNIT 1 2		18. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		29. ACCESS CONTROL		IF NOT AT INTERSECTION:	
19. PENNDOT PROPERTY Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		20. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		30. CROSS STREET OR SEGMENT MARKER SheepHole Road		31. DIRECTION FROM SITE N S E (W)	
21. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		22. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		32. DISTANCE FROM SITE 60.00 ft.		33. DISTANCE WAS MEASURED ESTIMATED X	
23. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		24. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		34. CONSTRUCTION ZONE		35. TRAFFIC CONTROL DEVICE 0	
25. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		26. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		36. LEGALLY Y N PARKED? <input type="checkbox"/> <input type="checkbox"/>		37. REG. PLATE CXE-8679	
27. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		28. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		38. STATE PA		39. PA TITLE OR OUT-OF-STATE VIN 4E3CS54UXME100049	
29. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		30. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		40. OWNER		41. OWNER ADDRESS	
31. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		32. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		42. CITY, STATE & ZIPCODE		43. YEAR 1991	
33. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		34. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		44. MAKE Eagle		45. MODEL - (NOT BODY TYPE) Talon	
35. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		36. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		46. INS. Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/>		47. BODY TYPE 02	
37. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		38. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		48. SPECIAL USAGE 01		49. VEHICLE OWNERSHIP 01	
39. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		40. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		49. VEHICLE OWNERSHIP 01		50. INITIAL IMPACT POINT 11	
41. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		42. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		51. VEHICLE STATUS 4		52. TRAVEL SPEED 35	
43. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		44. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		53. VEHICLE GRADIENT 4		54. DRIVER PRESENCE 1	
45. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		46. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		55. DRIVER CONDITION 9		56. DRIVER NUMBER 27 50 6563	
47. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		48. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		57. STATE PA		58. DRIVER NAME	
49. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		50. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		58. DRIVER NAME		59. DRIVER ADDRESS 606 Lonely Cottage Drive	
51. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		52. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		59. DRIVER ADDRESS		60. CITY, STATE & ZIPCODE UpperBlack Eddy, PA 18972	
53. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		54. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		60. CITY, STATE & ZIPCODE		61. SEX M	
55. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		56. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		61. SEX		62. DATE OF BIRTH	
57. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		58. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		62. DATE OF BIRTH		63. PHONE (610) 847-9064	
59. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		60. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		63. PHONE		64. COMM VEH. Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	
61. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		62. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		64. COMM VEH. Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		65. DRIVER CLASS C	
63. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		64. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		65. DRIVER CLASS		66. CARRIER	
65. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		66. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		66. CARRIER		67. CARRIER ADDRESS	
67. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		68. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		67. CARRIER ADDRESS		68. CITY, STATE & ZIPCODE	
69. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		70. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		68. CITY, STATE & ZIPCODE		69. CITY, STATE & ZIPCODE	
71. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		72. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		69. CITY, STATE & ZIPCODE		70. USDOT #	
73. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		74. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		70. USDOT #		71. ICC#	
75. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		76. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		71. ICC#		72. PUC#	
77. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		78. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		72. PUC#		73. VEH. CONFIG. 3	
79. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		80. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		73. VEH. CONFIG. 3		74. CARGO BODY TYPE	
81. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		82. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		74. CARGO BODY TYPE		75. NO. OF AXLES 2	
83. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		84. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		75. NO. OF AXLES 2		76. HAZARDOUS MATERIALS	
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87. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		88. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		77. RELEASE OF HAZMAT		78. RELEASE OF HAZMAT Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
89. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		90. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		78. RELEASE OF HAZMAT		79. RELEASE OF HAZMAT Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
91. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		92. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		79. RELEASE OF HAZMAT		80. RELEASE OF HAZMAT Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
93. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		94. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		80. RELEASE OF HAZMAT		81. RELEASE OF HAZMAT Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
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113. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		114. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		90. RELEASE OF HAZMAT		91. RELEASE OF HAZMAT Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
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117. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		118. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		92. RELEASE OF HAZMAT		93. RELEASE OF HAZMAT Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
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121. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		122. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		94. RELEASE OF HAZMAT		95. RELEASE OF HAZMAT Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
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127. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		128. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		97. RELEASE OF HAZMAT		98. RELEASE OF HAZMAT Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
129. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		130. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		98. RELEASE OF HAZMAT		99. RELEASE OF HAZMAT Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
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133. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		134. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		100. RELEASE OF HAZMAT		101. RELEASE OF HAZMAT Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
135. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		136. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		101. RELEASE OF HAZMAT		102. RELEASE OF HAZMAT Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
137. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		138. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		102. RELEASE OF HAZMAT		103. RELEASE OF HAZMAT Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
139. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		140. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		103. RELEASE OF HAZMAT		104. RELEASE OF HAZMAT Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
141. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		142. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		104. RELEASE OF HAZMAT		105. RELEASE OF HAZMAT Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
143. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		144. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		105. RELEASE OF HAZMAT		106. RELEASE OF HAZMAT Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
145. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		146. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		106. RELEASE OF HAZMAT		107. RELEASE OF HAZMAT Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
147. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		148. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		107. RELEASE OF HAZMAT		108. RELEASE OF HAZMAT Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
149. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		150. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		108. RELEASE OF HAZMAT		109. RELEASE OF HAZMAT Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
151. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		152. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		109. RELEASE OF HAZMAT		110. RELEASE OF HAZMAT Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
153. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		154. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		110. RELEASE OF HAZMAT		111. RELEASE OF HAZMAT Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
155. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		156. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		111. RELEASE OF HAZMAT		112. RELEASE OF HAZMAT Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
157. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		158. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		112. RELEASE OF HAZMAT		113. RELEASE OF HAZMAT Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
159. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		160. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		113. RELEASE OF HAZMAT		114. RELEASE OF HAZMAT Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
161. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		162. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		114. RELEASE OF HAZMAT		115. RELEASE OF HAZMAT Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
163. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		164. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		115. RELEASE OF HAZMAT		116. RELEASE OF HAZMAT Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
165. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		166. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		116. RELEASE OF HAZMAT		117. RELEASE OF HAZMAT Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
167. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		168. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		117. RELEASE OF HAZMAT		118. RELEASE OF HAZMAT Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
169. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		170. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		118. RELEASE OF HAZMAT		119. RELEASE OF HAZMAT Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
171. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		172. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		119. RELEASE OF HAZMAT		120. RELEASE OF HAZMAT Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
173. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		174. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		120. RELEASE OF HAZMAT		121. RELEASE OF HAZMAT Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
175. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		176. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		121. RELEASE OF HAZMAT		122. RELEASE OF HAZMAT Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
177. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		178. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		122. RELEASE OF HAZMAT		123. RELEASE OF HAZMAT Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
179. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		180. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		123. RELEASE OF HAZMAT		124. RELEASE OF HAZMAT Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
181. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		182. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		124. RELEASE OF HAZMAT		125. RELEASE OF HAZMAT Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
183. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		184. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		125. RELEASE OF HAZMAT		126. RELEASE OF HAZMAT Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
185. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		186. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		126. RELEASE OF HAZMAT		127. RELEASE OF HAZMAT Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
187. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		188. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		127. RELEASE OF HAZMAT		128. RELEASE OF HAZMAT Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
189. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		190. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		128. RELEASE OF HAZMAT		129. RELEASE OF HAZMAT Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
191. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		192. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		129. RELEASE OF HAZMAT		130. RELEASE OF HAZMAT Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
193. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		194. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		130. RELEASE OF HAZMAT		131. RELEASE OF HAZMAT Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
195. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		196. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		131. RELEASE OF HAZMAT		132. RELEASE OF HAZMAT Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
197. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		198. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		132. RELEASE OF HAZMAT		133. RELEASE OF HAZMAT Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
199. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		200. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		133. RELEASE OF HAZMAT		134. RELEASE OF HAZMAT Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
201. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		202. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		134. RELEASE OF HAZMAT		135. RELEASE OF HAZMAT Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
203. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		204. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		135. RELEASE OF HAZMAT		136. RELEASE OF HAZMAT Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
205. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		206. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		136. RELEASE OF HAZMAT		137. RELEASE OF HAZMAT Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
207. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		208. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		137. RELEASE OF HAZMAT		138. RELEASE OF HAZMAT Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
209. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		210. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		13			

78. RESPONDING EMS AGENCY										INCIDENT #: 2006-0616																																		
79. MEDICAL FACILITY										ACCIDENT DATE: 4/1/2006																																		
80. PEOPLE INFORMATION																																												
A	B	C	D	E	F	G	NAME					ADDRESS					H	I	J	K	L	M																						
1	1	M	29	1	9		[REDACTED] - 606 Lonely Cottage Drive, UpperBlack Eddy,					00				B																												
1	3	M	34	1	9		[REDACTED] - 1139 Bridgeton Hill Rd., Upper Black Eddy, PA					00				B																												
1	6	M	27	1	9		[REDACTED] - 1121 Bridgeton Hill Rd., Upper Black Eddy, PA					00	0	00		B	0	0																										
81. ILLUMINATION <input type="checkbox"/> 2							82. WEATHER <input type="checkbox"/>							86. DIAGRAM																														
83. ROAD SURFACE <input type="checkbox"/> 1																																												
84. PENNSYLVANIA SCHOOL DISTRICT (IF APPLICABLE)							87. NARRATIVE - IDENTIFY PRECIPITATING EVENTS, CAUSATION FACTORS, SEQUENCE OF EVENTS, WITNESS STATEMENTS, AND PROVIDE ADDITIONAL DETAILS LIKE INSURANCE INFORMATION AND LOCATION OF TOWED VEHICLES, IF KNOWN.																																					
85. DESCRIPTION OF DAMAGED PROPERTY																																												
Front end damages (Moderate)																																												
OWNER																																												
ADDRESS																																												
PHONE																																												
87. NARRATIVE - IDENTIFY PRECIPITATING EVENTS, CAUSATION FACTORS, SEQUENCE OF EVENTS, WITNESS STATEMENTS, AND PROVIDE ADDITIONAL DETAILS LIKE INSURANCE INFORMATION AND LOCATION OF TOWED VEHICLES, IF KNOWN.																																												
<p>R/O was dispatched for a 1 vehicle T/A, vehicle vs. Guardrail. R/O arrived to find that vehicle was GOA. On scene was a [REDACTED] who related that he was in the car with his uncle, [REDACTED] and [REDACTED] when the operator of the vehicle [REDACTED] lost control of the vehicle at approx. 40mph and struck the guard rail. C. [REDACTED] related that there were no injuries sustained, but related that he didn't feel comfortable in the car so he arranged for someone to pick him up at the accident scene. [REDACTED] related that his uncle is the owner of the vehicle (91 Eagle Talon) and that the vehicle didn't have insurance, or proper registration.</p> <p>On 4-6-06, R/O conducted an interview with [REDACTED] at his residence. (1134 BridgetonHill Rd UpperBlack Eddy). [REDACTED] gave a written statement relating that on Sat 4-1-06, he was a passenger in his vehicle and was involved in an accident on Headquarters Rd in Tinicum Twp. [REDACTED] related that he did give permission to [REDACTED] to operate the vehicle. [REDACTED] related that he was not aware that he had to notify PD of the accident because no parties were injured.</p> <p>[REDACTED] related to R/O that the vehicle is not insured, or registered in the State of Pa. Stimmel related that it was early in the morning and that they were just taking the car for a joy ride.</p> <p>On 4/1/06, R/O spoke with the operator of the vehicle [REDACTED] via phone. [REDACTED] related that he was the operator of the vehicle on 4-1-06. [REDACTED] related that he was not familiar with the Headquarters Rd, and when he went around the curve he lost control</p>																																												
-- Narrative is continued on a Continuation Sheet --																																												
INSURANCE INFORMATION							COMPANY							INSURANCE INFORMATION							COMPANY																							
UNIT 1							POLICY NO							UNIT 2							POLICY NO																							
88. WITNESSES							NAME							ADDRESS							PHONE																							
							NAME							ADDRESS							PHONE																							
89. VIOLATIONS INDICATED											90. SECTION NUMBERS (ONLY IF CHARGED)											TC		NTC																				
UNIT 1											Accidents involving Damage to Unattended Property											3745		<input checked="" type="checkbox"/>		<input type="checkbox"/>																		
UNIT 2																								<input type="checkbox"/>		<input type="checkbox"/>																		
91. PROBABLE USE					92. TYPE TEST					93. RESULTS					<input type="checkbox"/> NO TEST <input type="checkbox"/> REFUSE <input type="checkbox"/> UNK					91. PROBABLE USE					92. TYPE TEST					93. RESULTS					<input type="checkbox"/> NO TEST <input type="checkbox"/> REFUSE <input type="checkbox"/> UNK					94. INVESTIGATION COMPLETE?				
UNIT 1					9					0. _ _ %					UNIT 2										0. _ _ %										YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>									



COMMONWEALTH OF PENNSYLVANIA
PAR CONTINUATION SHEET

XX REFER TO OVERLAY SHEETS

REPORTABLE ☐ NON - REPORTABLE ☐

PENNDOT USE ONLY

INCIDENT NUMBER	2006-0616	INCIDENT DATE	4/1/2006	COUNTY CODE	09	MUNICIPAL CODE								
82. PERSON INFORMATION - USE OVERLAY #2 SHEET FOR CODES														
A	B	C	D	E	F	G	NAME	ADDRESS	H	I	J	K	L	M

Narrative (Cont'd)

crashing into the guard rail at approx 40 mph. [REDACTED] did supply R/O with correct personal information. [REDACTED] also related that the [REDACTED] vehicle is not insured and that the vehicle involved is at his residence. (606 Lonely Cottage Dr UpperBlack EddyPa.)

INSURANCE INFORMATION	COMPANY	INSURANCE INFORMATION	COMPANY					
UNIT	POLICY NO	UNIT	POLICY NO					
89. VIOLATIONS INDICATED		90. SECTION NUMBERS (ONLY IF CHARGED)		TC	NTC			
UNIT				<input type="checkbox"/>	<input type="checkbox"/>			
UNIT				<input type="checkbox"/>	<input type="checkbox"/>			
91. PROBABLE USE	92. TYPE TEST	93. RESULTS	<input type="checkbox"/> NO TEST <input type="checkbox"/> REFUSE <input type="checkbox"/> UNK	91. PROBABLE USE	92. TYPE TEST	93. RESULTS	<input type="checkbox"/> NO TEST <input type="checkbox"/> REFUSE <input type="checkbox"/> UNK	94. INVESTIGATION COMPLETE?
UNIT		0. ____ %	UNIT			0. ____ %	UNIT	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM

Crash Number

AA 500 1

Case Closed

☒ Yes ☐ No

Reportable Crash

☒ Yes ☐ No

Page

1

W0039063

#29

1	Incident Number 2006-0880		Police Agency 09223		Patrol Zone 1	
	Agency Name Tinicum Township		Precinct		Investigation Date (MM-DD-YYYY) 05 - 07 - 2006	
2	Dispatch Time (mil) 1426		Arrival Time (mil) 1426		Investigator CHIEF JAMES J. SABATH	
	Reviewer James Sabath		Badge Number 3		Approval Date (MM-DD-YYYY) 05 - 31 - 2006	
3	County 09		County Name Bucks		Municipality 223	
	Crash Date (MM-DD-YYYY) 05 - 07 - 2006		Crash Time (mil) 1420		No of Units 1	
4	Workzone (If Yes, Complete Form M, Section 29) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		School Bus Related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		School Zone Related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Intersection Type <input type="checkbox"/> 4 Way Intersection <input checked="" type="checkbox"/> *Y* Intersection <input type="checkbox"/> Multi-Leg Intersection <input type="checkbox"/> Off Ramp <input type="checkbox"/> Railroad Crossing		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 03	
5	Route Number		Segment (Optional)		Travel Lanes	
	Street Name HEADQUARTERS		Street Ending RD		Orientation <input type="checkbox"/> North <input checked="" type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Unknown	
6	Route Number		Segment (Optional)		Travel Lanes	
	Street Name SHEEP HOLE		Street Ending RD		Orientation <input type="checkbox"/> North <input checked="" type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Unknown	
7	Landmark 1		Intersecting Rt Num Or Mile Post		Or Segment Marker	
	Landmark 2		Intersecting Rt Num Or Mile Post		Or Segment Marker	
8	Degrees		Minutes		Seconds	
	Latitude		Longitude		Degrees	
9	Traffic Control Device		Yield Sign		Police Officer or Flagman	
	Not Applicable <input type="checkbox"/> Traffic Signal <input type="checkbox"/> Active RR Crossing Controls <input type="checkbox"/> Other Type TCD <input type="checkbox"/> Flashing Traffic Signal <input type="checkbox"/> Stop Sign <input checked="" type="checkbox"/> Passive RR Crossing Controls <input type="checkbox"/> Unknown <input type="checkbox"/>		TCD Functioning		Device Functioning Improperly <input type="checkbox"/> Emergency Preemptive Signal <input type="checkbox"/> Device Not Functioning <input type="checkbox"/> Device Functioning Properly <input checked="" type="checkbox"/> Unknown <input type="checkbox"/>	
10	Lane Closed (If *Not Applicable*, skip rest of the Lane Closure section)		Lane Closure Direction		North <input type="checkbox"/> East <input type="checkbox"/> North and South <input type="checkbox"/> All (N,S,E,W)	
	Not Applicable <input checked="" type="checkbox"/> Partially <input type="checkbox"/> Fully <input type="checkbox"/> Unknown <input type="checkbox"/>		South <input type="checkbox"/> West <input type="checkbox"/> East and West <input type="checkbox"/>			
11	Traffic Detoured		Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		Est. Time Closed	
					< 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 <input type="checkbox"/>	

FORM # AA-500 (12/02)

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COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM

Crash Number

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Police Use Only

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10	Unit Info Type <input checked="" type="checkbox"/> Motor Vehicle in Transport <input type="checkbox"/> Pedestrian <input type="checkbox"/> Hit & Run Vehicle <input type="checkbox"/> Pedestrian on Skates, in Wheelchair, etc. <input type="checkbox"/> Illegally Parked <input type="checkbox"/> Disabled From Previous Crash <input type="checkbox"/> Legally Parked <input type="checkbox"/> Train <input type="checkbox"/> Non - Motorized <input type="checkbox"/> Phantom Vehicle (If "Pedestrian" or "Pedestrian on Skates, in Wheelchair, etc", Complete Form M, Section 28)		Commercial Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, Complete Form C)	
	Unit No: 01 First Name: [REDACTED] MI: J Date of Birth (MM-DD-YYYY): [REDACTED] Last Name: [REDACTED] Telephone Number: 2157230165 Address / City / State: 422 N SCHOOL LANE SOUDERTON PA Zip: 18964 Driver License Number: 27031293 State: PA Class: C*M			
11	Alcohol/Drugs Suspected <input checked="" 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		Driver or Pedestrian Physical Condition <input checked="" type="checkbox"/> Apparently Normal <input type="checkbox"/> Had Been Drinking <input type="checkbox"/> Illegal Drug Use <input type="checkbox"/> Sick <input type="checkbox"/> Fatigue <input type="checkbox"/> Asleep <input type="checkbox"/> Medication <input type="checkbox"/> Unknown	
	Alcohol Test Type <input checked="" 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		Primary Vehicle Code Violation <input type="checkbox"/> Charged? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Alcohol Test Results <input type="checkbox"/> Test Refused <input type="checkbox"/> Test Given, Contaminated Results <input type="checkbox"/> 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	Same as Driver <input type="checkbox"/> Owner First Name: [REDACTED] Owner Last Name or Business Name (If Pedestrian, skip this Section): [REDACTED]		Address / City / State / Zip: 422 N SCHOOL LANE SOUDERTON PA 189648964	
	VIN: JS1GN7DAX62103316		Model Year: 2006 Vehicle Make: Suzuki *Make Code: 53	
	License Plate: RTR72 Reg. State: PA Est. Speed: 015		Vehicle Model: GSX Towed By: [REDACTED]	
	Insurance: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Insurance Company: PROGRESSIVE Policy No: 42906836-0			
	Trailing Unit No. of Trailing Units: 0 Type: [REDACTED]		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: E *Vehicle Position: 01 *Movement: 01 *See Overlay: [REDACTED]		Special Usage 00 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		
Vehicle Color 01 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 02 01=Automobile 02=Motorcycle 03=Bus 04=Small Truck (If "02", Complete Form M, Section 26) (If "20" or "21", Complete Form M, Section 27)		
Initial Impact Point 09 00=Non-Collision 01-12=Clock Points 13=Top		Damage Indicator 2 0=None 1=Minor 2=Functional 3=Disabling 9=Unknown		
Gradient 1 1=Level 2=Uphill		Road Alignment 1 1=Straight 2=Curved 9=Unknown		

FORM # AA-500 (12/02)

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COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM

Crash Number

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Person Information		Seat Position:		Safety Equipment One:		Ejection:						
A Person Type: 1=Driver 2=Passenger 7=Pedestrian 8=Other 9=Unknown	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	G Ejection: 0=Not Applicable 1=Not Ejected 2=Totally Ejected 3=Partially Ejected 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	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	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									
EMS Agency: NONE		Medical Facility: DOYLESTOWN HOSPITAL										
Unit No 01	Person No 01	Delete? <input type="checkbox"/>	Date of Birth (MM-DD-YYYY) [Redacted]	A I	B M	C 3	D 01	E 05	F 00	G 0	H 0	I 0
Name / Address / Phone <input type="checkbox"/> Same as Operator [Redacted] J 422 N SCHOOL LANE SOUDERTON PA 18964 215											EMS Transport <input type="checkbox"/> Yes <input type="checkbox"/> No	
Unit No	Person No	Delete?	Date of Birth (MM-DD-YYYY)	A	B	C	D	E	F	G	H	I
		<input type="checkbox"/>										
Name / Address / Phone											EMS Transport	
<input type="checkbox"/> Same as Operator											<input type="checkbox"/> Yes <input type="checkbox"/> No	
Unit No	Person No	Delete?	Date of Birth (MM-DD-YYYY)	A	B	C	D	E	F	G	H	I
		<input type="checkbox"/>										
Name / Address / Phone											EMS Transport	
<input type="checkbox"/> Same as Operator											<input type="checkbox"/> Yes <input type="checkbox"/> No	
Unit No	Person No	Delete?	Date of Birth (MM-DD-YYYY)	A	B	C	D	E	F	G	H	I
		<input type="checkbox"/>										
Name / Address / Phone											EMS Transport	
<input type="checkbox"/> Same as Operator											<input type="checkbox"/> Yes <input type="checkbox"/> No	
Unit No	Person No	Delete?	Date of Birth (MM-DD-YYYY)	A	B	C	D	E	F	G	H	I
		<input type="checkbox"/>										
Name / Address / Phone											EMS Transport	
<input type="checkbox"/> Same as Operator											<input type="checkbox"/> Yes <input type="checkbox"/> No	

FORM # AA-500 (12/02)

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POLICE CRASH REPORTING FORM

Crash Number

AA 500 4

Police Use Only

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W0039063

15 General Crash Information (If more than 2 Units only complete once)	Crash Description		0	0=Non-Collision 1=Rear End	2=Head On 3=Rear to Rear (Backing)	4=Angle 5=Sideswipe (Same Direction)	6=Sideswipe (Opposite Direction) 7=Hit Fixed Object	8=Hit Pedestrian 9=Other/Unknown	
	Relation to Roadway		1	1=On Travel Lanes 2=Shoulder	3=Median 4=Roadside	5=Outside Trafficway 6=In Parking Lane	7=Gore (Ramp Intersection) 9=Unknown		
	Illumination		1	1=Daylight 2=Dark - No Street Lights	3=Dark - Street Lights 4=Dusk	5=Dawn 6=Dark - Unknown Roadway Lighting	8=Other		
	Weather Conditions		1	1=No Adverse Conditions 2=Rain	3=Sleet (Hail) 4=Snow	5=Fog 6=Rain & Fog	7=Sleet & Fog 8=Other	9=Unknown	
	Road Surface Conditions		0	0=Dry 1=Wet	2=Sand, Mud, Dirt, Oil 3=Snow Covered	4=Slush 5=Ice	6=Ice Patches 7=Water - Standing or Moving	8=Other	
16 Unit(s) Event Information	Harm Event L/R Most? Utility Pole Number								
	Unit No	1	58						
	01	2							
	Please Put Events in Sequential Order		3						
17 First Harmful Event in the Crash	Harm Event L/R Most? Utility Pole Number								
	Unit No	1							
		2							
	Please Put Events in Sequential Order		3						
18 Contributing Information	Harm Event L/R Most? Utility Pole Number								
	Unit No	1							
		2							
	Please Put Events in Sequential Order		3						
19 Indicated Prime Factor	Harm Event L/R Most? Utility Pole Number								
	Unit No	1	00						
		2							
	Please Put Events in Sequential Order		3						
Do not repeat this information on multiple pages									
Environmental / Roadway Potential Factors (E/R)		1	12	2		3			
00=None 01=Windy Conditions 02=Sudden Weather Conditions 03=Other Weather Conditions 04=Deer In Roadway 05=Obstacle On Roadway 06=Other Animal In Roadway 07=Glare 08=Work Zone Related		11=Slippery Road Conditions (Ice/Snow) 12=Substance On Roadway 13=Potholes 14=Broken Or Cracked Pavement 15=TCD Obstructed 16=Soft Shoulder Or Shoulder Drop Off 28=Other Roadway Factor 29=Other Environmental Factor 99=Unknown							
Possible Vehicle Failures (V)		12=Wipers 13=Driver Seating/Control 14=Body, Doors, Hood, Etc 15=Trailer Hitch 16=Wheels 17=Airbags 18=Trailer Overloaded 19=Unsecure/Shifted Trailer Load 20=Improper Towing 21=Obstructed Windshield 99=Unknown							
00=None 01=Tires 02=Brake System 03=Steering System 04=Suspension 05=Power Train		06=Exhaust 07=Headlights 08=Signal Lights 09=Other Lights 10=Horn 11=Mirrors							
Unit No 01		1 00 2							
Unit No		1 2							
Do not repeat this information on multiple pages									
Harmful Events (Harm Event)		30=Hit Fence Or Wall 31=Hit Building 32=Hit Culvert 33=Hit Bridge Pier Or Abutment 34=Hit Parapet End 35=Hit Bridge Rail 36=Hit Boulder Or Obstacle On Roadway 37=Hit Impact Attenuator 38=Hit Fire Hydrant 39=Hit Roadway Equipment 40=Hit Mail Box 41=Hit Traffic Island 42=Hit Snow Bank 43=Hit Temporary Construction Barrier 48=Hit Other Fixed Object 49=Hit Unknown Fixed Object 50=Overturn/Roll Over 51=Struck By Thrown Or Falling Object 52=Pot Holes Or Other Pavement Irregularities 53=Jackknife 54=Fire In Vehicle 58=Other Non-Collision 99=Unknown Harmful Event							
Driver Action (D)		00=No Contributing Action 01=Driver Was Distracted 02=Driving Using Hand Held Phone 03=Driving Using Hands Free Phone 04=Making Illegal U-Turn 05=Improper/Careless Turning 06=Turning From Wrong Lane 07=Proceeding W/O Clearance After Stop 08=Running Stop Sign 09=Running Red Light 10=Failure To Respond To Other Traffic Control Device 11=Tailgating 12=Sudden Slowing/Stopping 13=Illegally Stopped On Road 14=Careless Passing Or Lane Change 15=Passing In No Passing Zone 16=Driving The Wrong Way On 1-Way Street							
Unit No 01		1 27 2 3 4							
Unit No		1 2 3 4							
Pedestrian Action (P)		00=None 01=Entering Or Crossing At Specified Location 02=Walking, Running, Jogging, Or Playing 03=Working 04=Pushing Vehicle 05=Approaching Or Leaving Vehicle 06=Working On Vehicle 07=Standing 98=Other 99=Unknown							
Unit No 01		00 Unit No							
Unit No									

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM

Crash Number

AA 500 5

Police Use Only

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W0039063

20
Diagram22
Witness and Narrative

Witness Name	Address	Phone
1		
2		

Narrative and additional witnesses:

Accident Investigation Notification Issued? ☒ Property Damage ☐

Report of a single unit motorcycle accident, with an injury to the rider.
Operator 1 related that he was traveling EB on Headquarters Road at a speed of
approximately 15 MPH w hen he slid on gravel. The M/C slid out from under hi

00000000000000000000000000000000

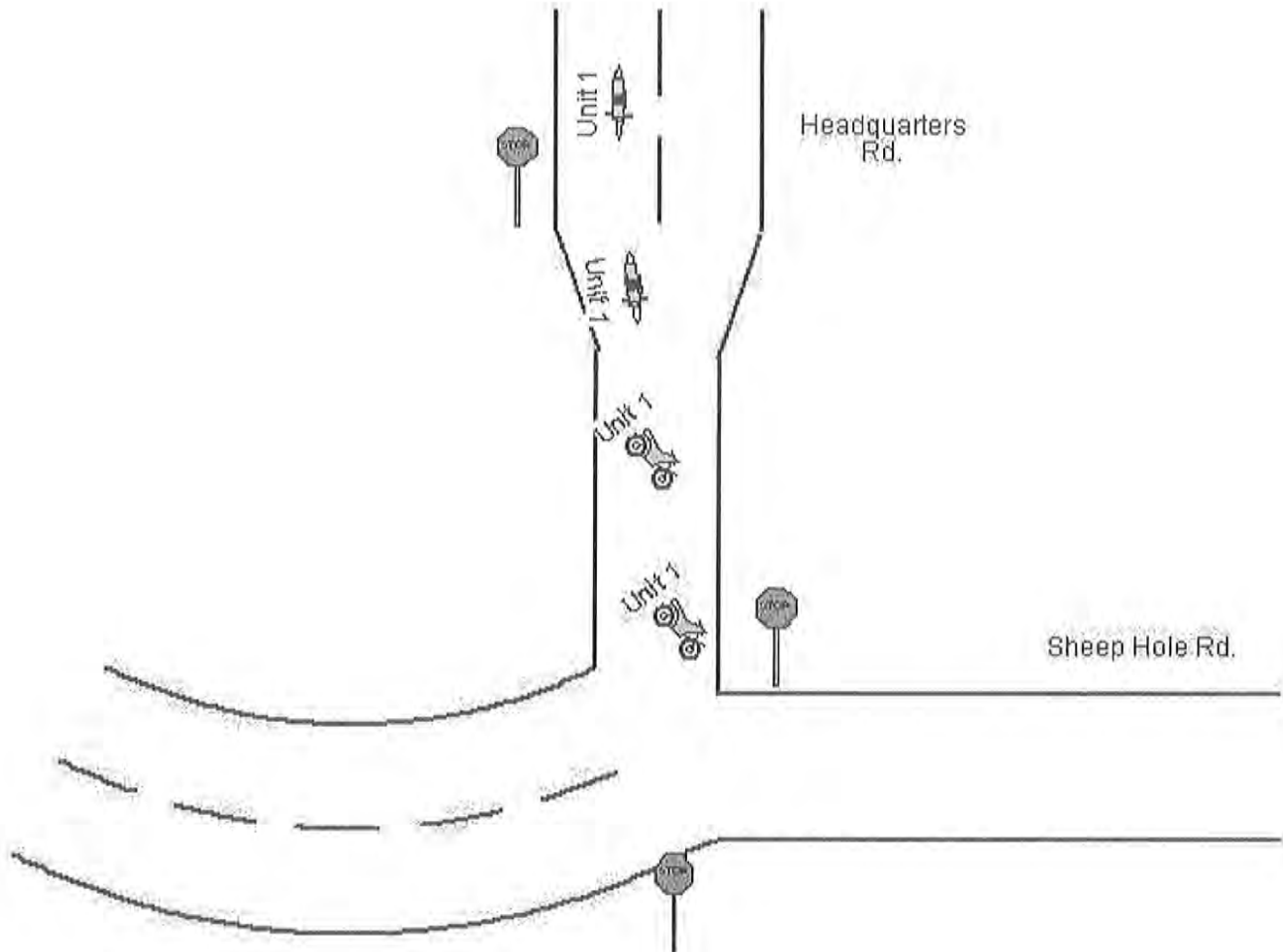
Crash Number

6

W0039063

PENNDOT COPY

Crash Number: W0039063
Incident Number: 2006-0880



File
V
01

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM



Crash Number

AA-500 1

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

Page
1

W0060436

666

1	Incident Number 2007-1633		Police Agency 09223		Patrol Zone	
	Agency Name Tinicum Township		Precinct		Investigation Date (MM-DD-YYYY) 07 - 06 - 2007	
	Dispatch Time (mil) 1510	Arrival Time (mil) 1515	Investigator CPL.RICHARD E.PETERSON		Badge Number 13	
2	Reviewer James Sabath		Badge Number 3		Approval Date (MM-DD-YYYY) 07 - 23 - 2007	
	County 09	County Name Bucks	Municipality 223	Municipality Name Tinicum Township		Day of Week <input type="radio"/> Sun <input type="radio"/> Thu <input type="radio"/> Mon <input checked="" type="radio"/> Fri <input type="radio"/> Tue <input type="radio"/> Sat <input type="radio"/> Wed <input type="radio"/> Unk
	Crash Date (MM-DD-YYYY) 07 - 06 - 2007		Crash Time (mil) 1505	No of Units 1	People 1	Injured 1
3	Workzone (If Yes, Complete Form M, Section 29) <input type="radio"/> Yes <input checked="" type="radio"/> No		School Bus Related <input type="radio"/> Yes <input checked="" type="radio"/> No	School Zone Related <input type="radio"/> Yes <input checked="" type="radio"/> No	Notify PENNDOT Maintenance <input type="radio"/> Yes <input checked="" type="radio"/> No	
	Intersection Type <input checked="" type="radio"/> Midblock <input type="radio"/> 4 Way Intersection <input type="radio"/> "Y" Intersection <input type="radio"/> Multi-Leg Intersection <input type="radio"/> Off Ramp <input type="radio"/> Railroad Crossing		<input type="radio"/> "T" Intersection <input type="radio"/> Traffic Circle/Round About <input type="radio"/> On Ramp <input type="radio"/> Crossover <input type="radio"/> Other		*Special Location <input type="text"/> 00	
	* See Overlay					
4	Route Number		Segment (Optional)	Travel Lanes 02	Speed Limit 25	Orientation <input type="radio"/> North <input type="radio"/> South <input type="radio"/> East <input checked="" type="radio"/> West <input type="radio"/> Unknown
	Street Name HEADQUARTERS		Street Ending RD		House Number (if applicable)	
	Route Signing <input type="radio"/> Interstate (Not Turnpike) <input type="radio"/> Turnpike (East/West) <input type="radio"/> Turnpike Spur <input checked="" type="radio"/> State Highway <input type="radio"/> County Road <input type="radio"/> Local Road or Street <input type="radio"/> Private Road <input type="radio"/> Other/Unknown					
5	Route Number		Segment (Optional)	Travel Lanes	Speed Limit	Orientation <input type="radio"/> North <input type="radio"/> South <input type="radio"/> East <input type="radio"/> West <input type="radio"/> Unknown
	Street Name		Street Ending		House Number (if applicable)	
	Route Signing <input type="radio"/> Interstate (Not Turnpike) <input type="radio"/> Turnpike (East/West) <input type="radio"/> Turnpike Spur <input type="radio"/> State Highway <input type="radio"/> County Road <input type="radio"/> Local Road or Street <input type="radio"/> Private Road <input type="radio"/> Other/Unknown					
6	Intersecting Rt Num Or Mile Post		Or Segment Marker		Feet 500	
	Or Intersecting Street Name RED HILL		St Ending RD		Or Miles 0	
	Intersecting Rt Num Or Mile Post		Or Segment Marker		Distance From Crash Scene to Landmark 1 (For Crash between Landmark 1 and Landmark 2)	
7	Or Intersecting Street Name SHEEPHOLE		St Ending RD		Distance From Crash Scene to Landmark 2	
	Intersecting Rt Num Or Mile Post		Or Segment Marker		Feet 500	
	Or Intersecting Street Name		St Ending		Or Miles	
8	GPS Latitude: Degrees Minutes Seconds		GPS Longitude: Degrees Minutes Seconds		TCD Functioning	
	Traffic Control Device <input checked="" type="radio"/> Not Applicable <input type="radio"/> Traffic Signal <input type="radio"/> Yield Sign <input type="radio"/> Police Officer or Flagman		<input type="radio"/> Active RR Crossing Controls <input type="radio"/> Other Type TCD		<input checked="" type="radio"/> No Controls <input type="radio"/> Device Functioning Improperly <input type="radio"/> Emergency Preemptive Signal	
	<input type="radio"/> Flashing Traffic Signal <input type="radio"/> Stop Sign <input type="radio"/> Passive RR Crossing Controls <input type="radio"/> Unknown				<input type="radio"/> Device Not Functioning <input type="radio"/> Device Functioning Properly <input type="radio"/> Unknown	
9	Lane Closed (If "Not Applicable", skip rest of the Lane Closure section) <input checked="" type="radio"/> Not Applicable <input type="radio"/> Partially <input type="radio"/> Fully <input type="radio"/> Unknown		Lane Closure Direction <input type="radio"/> North <input type="radio"/> East <input type="radio"/> North and South <input type="radio"/> All (N,S,E,W) <input type="radio"/> South <input type="radio"/> West <input type="radio"/> East and West		Traffic Detoured Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/>	
	Esti. Time Closed <input type="radio"/> < 30 Min. <input type="radio"/> 30-60 Min. <input type="radio"/> 1-3 hrs <input type="radio"/> 3-6 hrs <input type="radio"/> 6-9 hrs <input type="radio"/> > 9 hours <input type="radio"/> Unknown					

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POLICE CRASH REPORTING FORM

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W0060436

10	Unit Info	Type <input checked="" 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 (If "Pedestrian" or "Pedestrian on Skates, in Wheelchair, etc", Complete Form M, Section 28)						Commercial Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, Complete Form C)	
11	Vehicle Driver / Pedestrian Information	Unit No	First Name	MI	Date of Birth (MM-DD-YYYY)				
		01	[REDACTED]	L	[REDACTED]	[REDACTED]	[REDACTED]		
		Delete?	Last Name				Telephone Number		
		<input type="checkbox"/>	[REDACTED]				6018475621		
		Address / City / State						Zip	
		112 RIDGE VALLEY RD OTTSVILLE PA						18942	
		Driver License Number				State	Class		
		29121892				PA	C		
		Alcohol/Drugs Suspected				Driver or Pedestrian Physical Condition			
		<input checked="" 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				<input checked="" 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			
		Alcohol Test Type				Primary Vehicle Code Violation			
<input checked="" 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				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 checked="" type="checkbox"/> Test Given, Contaminated Results				1=Driver Operated Vehicle 3=Driver Fled Scene 2=No Driver 4=Hit and Run 9=Unknown					
Owner/Driver 00=Not Applicable 02=Private Vehicle Not 04=State Police Vehicle 07=Municipal Police Veh 09=Federal Gov Veh 01=Private Vehicle Owned/ Owned/Leased by Driver 05=PENNDOT Vehicle 08=Other Municipal 98=Other Leased by Driver 03=Rented Vehicle 06=Other State Gov Veh Government Vehicle 99=Unknown									
12	Vehicle Information	Same as Driver	Owner First Name		Owner Last Name or Business Name (If Pedestrian, skip this Section)				
		<input type="checkbox"/>	[REDACTED]		[REDACTED]				
		Address / City / State / Zip						Vehicle Make	*Make Code
		102 CAFFERTY ROADPO BOX PIPERSVILLE PA 18947						Nissan; Datsun	35
		VIN		Model Year		Vehicle Model		(see overlay)	
		5N1AN08U26C500743		2006		XTR			
		License Plate		Reg. State	Est. Speed	Vehicle Towed		Towed By	
		GNR6058		PA	015	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		FRED BEANS	
		Insurance		Insurance Company		Policy No			
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		STATE FARM		1086914-A29-38			
		Trailing Unit		No. of Trailing Units		Type Unit		1=Towing Pass. Veh 4=Mobile/Modular Home 7=Semi-Trailer Tag No Tag Year Tag St	
<input type="checkbox"/> 0		<input type="checkbox"/>		<input type="checkbox"/>					
Direction of Travel		*Vehicle Position		*Movement		*See Overlay			
W		01		01					
Vehicle Color		Vehicle Type		Special Usage					
12		01		00		12=Commercial Passenger Carrier			
06=Yellow 07=Silver 08=Gold 09=Brown 10=Orange 11=Purple 12=Other 05=Black 99=Unknown		01=Automobile 02=Motorcycle 03=Bus 04=Small Truck (If "02", Complete Form M, Section 26) (If "20" or "21", Complete Form M, Section 27)		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 20=Unicycle, Bicycle, Tricycle 21=Other Pedalcycle 22=Horse & Buggy 23=Horse & Rider 24=Train 25=Trolley 98=Other 99=Unknown		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		Damage Indicator		Gradient		Road Alignment			
01		3		1		1			
00=Non-Collision 01-12=Clock Points 13=Top 14=Undercarriage 15=Towed Unit 99=Unknown		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			

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM

Crash Number

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W0060436

People Information

A Person Type: 1=Driver 2=Passenger 7=Pedestrian 8=Other 9=Unknown	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	G Ejection: 0=Not Applicable 1=Not Ejected 2=Totally Ejected 3=Partially Ejected 9=Unknown
B Sex: F=Female M=Male U=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	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
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			I Extrication: 0=Not Applicable 1=Not Extricated 2=Extricated By Mechanical Means 3=Freely 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
01	01	<input type="checkbox"/>	01-01-01	1	F	4	01	03	12	0	0	0
			Name / Address / Phone									
<input type="checkbox"/> Same as Operator			12 RIDGE VALLEY RD OTTSVILLE PA 18942 6									
			EMS Transport <input type="checkbox"/> Yes <input type="checkbox"/> No									
Unit No	Person No	Delete?	Date of Birth (MM-DD-YYYY)	A	B	C	D	E	F	G	H	I
		<input type="checkbox"/>										
			Name / Address / Phone									
<input type="checkbox"/> Same as Operator												
			EMS Transport <input type="checkbox"/> Yes <input type="checkbox"/> No									
Unit No	Person No	Delete?	Date of Birth (MM-DD-YYYY)	A	B	C	D	E	F	G	H	I
		<input type="checkbox"/>										
			Name / Address / Phone									
<input type="checkbox"/> Same as Operator												
			EMS Transport <input type="checkbox"/> Yes <input type="checkbox"/> No									
Unit No	Person No	Delete?	Date of Birth (MM-DD-YYYY)	A	B	C	D	E	F	G	H	I
		<input type="checkbox"/>										
			Name / Address / Phone									
<input type="checkbox"/> Same as Operator												
			EMS Transport <input type="checkbox"/> Yes <input type="checkbox"/> No									
Unit No	Person No	Delete?	Date of Birth (MM-DD-YYYY)	A	B	C	D	E	F	G	H	I
		<input type="checkbox"/>										
			Name / Address / Phone									
<input type="checkbox"/> Same as Operator												
			EMS Transport <input type="checkbox"/> Yes <input type="checkbox"/> No									

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM

Crash Number

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W0060436

General Crash Information (If more than 2 Units, only complete once)	Crash Description	7	0=Non-Collision 1=Rear End	2=Head On 3=Rear to Rear (Backing)	4=Angle 5=Sideswipe (Same Direction)	6=Sideswipe (Opposite Direction) 7=Hit Fixed Object	8=Hit Pedestrian 9=Other/Unknown
	Relation to Roadway	2	1=On Travel Lanes 2=Shoulder	3=Median 4=Roadside	5=Outside Trafficway 6=In Parking Lane	7=Gore (Ramp Intersection) 9=Unknown	
	Illumination	1	1=Daylight 2=Dark - No Street Lights	3=Dark - Street Lights 4=Dusk	5=Dawn 6=Dark - Unknown Roadway Lighting	8=Other	
	Weather Conditions	1	1=No Adverse Conditions 2=Rain	3=Sleet (Hail) 4=Snow	5=Fog 6=Rain & Fog	7=Sleet & Fog 8=Other	9=Unknown
	Road Surface Conditions	0	0=Dry 1=Wet	2=Sand, Mud, Dirt, Oil 3=Snow Covered	4=Slush 5=Ice	6=Ice Patches 7=Water - Standing or Moving	8=Other

Unit(s) Event Information	Harm Event	L/R	Most?	Utility Pole Number	Harmful Events (Harm Event) 01=Hit Unit 1 02=Hit Unit 2 03=Hit Unit 3 04=Hit Unit 4 05=Hit Unit 5 06=Hit Other Traffic Unit 07=Hit Deer 08=Hit Other Animal 09=Collision With Other Non Fixed Object 11=Struck By Unit 1 12=Struck By Unit 2 13=Struck By Unit 3 14=Struck By Unit 4 15=Struck By Unit 5 16=Struck By Other Traffic Unit 21=Hit Tree Or Shrubbery 22=Hit Embankment 23=Hit Utility Pole 24=Hit Traffic Sign 25=Hit Guard Rail 26=Hit Guard Rail End 27=Hit Curb 28=Hit Concrete Or Longitudinal Barrier 29=Hit Ditch 30=Hit Fence Or Wall 31=Hit Building 32=Hit Culvert 33=Hit Bridge Pier Or Abutment 34=Hit Parapet End 35=Hit Bridge Rail 36=Hit Boulder Or Obstacle On Roadway 37=Hit Impact Attenuator 38=Hit Fire Hydrant 39=Hit Roadway Equipment 40=Hit Mail Box 41=Hit Traffic Island 42=Hit Snow Bank 43=Hit Temporary Construction Barrier 48=Hit Other Fixed Object 49=Hit Unknown Fixed Object 50=Overturn/Roll Over 51=Struck By Thrown Or Falling Object 52=Pot Holes Or Other Pavement Irregularities 53=Jackknife 54=Fire In Vehicle 58=Other Non-Collision 99=Unknown Harmful Event
	Unit No 1	30	R		
	Unit No 2				
	Please Put Events in Sequential Order	3			
Unit No 4					
Unit No 1					
Unit No 2					
Please Put Events in Sequential Order	3				
Unit No 4					

First Harmful Event in the Crash	Unit No	Harm Event	Most Harmful Event in the Crash	Unit No	Harm Event
	01	30	01	30	

Do not repeat this information on multiple pages

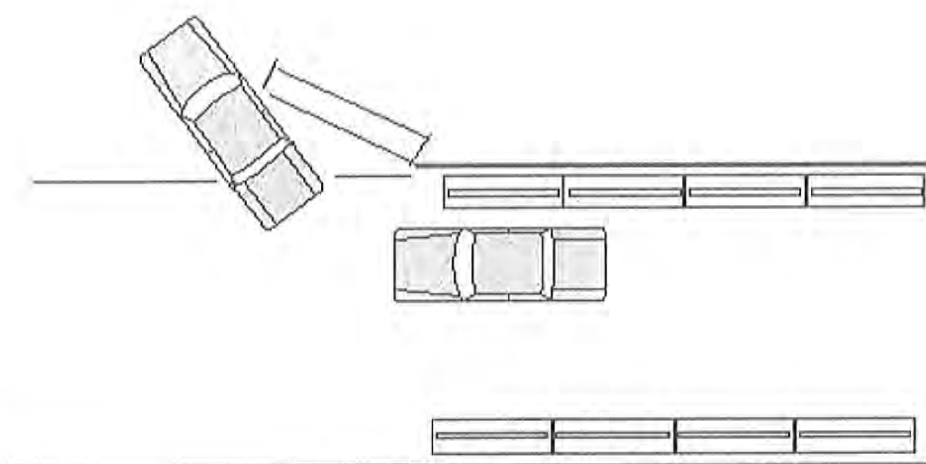
Contributing Information	Environmental / Roadway Potential Factors (E/R)	1	00	2		3	
	00=None 01=Windy Conditions 02=Sudden Weather Conditions 03=Other Weather Conditions 04=Deer In Roadway 05=Obstacle On Roadway 06=Other Animal In Roadway 07=Glare 08=Work Zone Related	11=Slippery Road Conditions (Ice/Snow) 12=Substance On Roadway 13=Potholes 14=Broken Or Cracked Pavement 15=TCD Obstructed 16=Soft Shoulder Or Shoulder Drop Off 28=Other Roadway Factor 29=Other Environmental Factor 99=Unknown					
	Possible Vehicle Failures (V)	00=None 01=Tires 02=Brake System 03=Steering System 04=Suspension 05=Power Train	06=Exhaust 07=Headlights 08=Signal Lights 09=Other Lights 10=Horn 11=Mirrors	12=Wipers 13=Driver Seating/Control 14=Body, Doors, Hood, Etc 15=Trailer Hitch 16=Wheels 17=Airbags 18=Trailer Overloaded 19=Unsecure/Shifted Trailer Load 20=Improper Towing 21=Obstructed Windshield 99=Unknown			
	Unit No 01	1	01	2			
Unit No		1		2			

Indicated Prime Factor	Unit No	Factor Code
Do not repeat this information on multiple pages. E/R V D P <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	01	01
If E/R is the Prime Factor Type, leave Unit No blank		

Driver Action (D)	Unit No	1	00	2		3		4	
00=No Contributing Action 01=Driver Was Distracted 02=Driving Using Hand Held Phone 03=Driving Using Hands Free Phone 04=Making Illegal U-Turn 05=Improper/Careless Turning 06=Turning From Wrong Lane 07=Proceeding W/O Clearance After Stop 08=Running Stop Sign 09=Running Red Light 10=Failure To Respond To Other Traffic Control Device 11=Tailgating 12=Sudden Slowing/Stopping 13=Illegally Stopped On Road 14=Careless Passing Or Lane Change 15=Passing In No Passing Zone 16=Driving The Wrong Way On 1-Way Street									
17=Careless Or Illegal Backing On Roadway 18=Driving On The Wrong Side Of Road 19=Making Improper Entrance To Highway 20=Making Improper Exit From Highway 21=Careless Parking/Unparking 22=Over/Under Compensation At Curve 23=Speeding 24=Driving Too Fast For Conditions 25=Failure To Maintain Proper Speed 26=Driver Fleeing Police (Pol Chase) 27=Driver Inexperienced 28=Failure To Use Specialized Equip 92=Affected By Physical Condition 98=Other Improper Driving Actions 99=Unknown									

Pedestrian Action (P)	Unit No	01	00	Unit No		
00=None 01=Entering Or Crossing At Specified Location 02=Walking, Running, Jogging, Or Playing 03=Working 04=Pushing Vehicle 05=Approaching Or Leaving Vehicle 06=Working On Vehicle 07=Standing 98=Other 99=Unknown						

Crash Number: W0060436
Incident Number: 2007-1633



COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM

Crash Number

AA 500 1

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

Page

1

W0091234

#59

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Police Agency Data	Incident Number 2008-2250		Police Agency 09223		Patrol Zone	
	Agency Name Tinicum Township		Investigation Date (MM-DD-YYYY) 09 - 26 - 2008		Precinct	
Crash Data	Dispatch Time (mil) 1145	Arrival Time (mil) 1205	Investigator MADDEN		Badge Number 15	
	Reviewer <i>[Signature]</i>		Badge Number 3	Approval Date (MM-DD-YYYY) 9 - 27 - 2008		
Crash Data	County 09	County Name Bucks	Municipality 223	Municipality Name Tinicum Township		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) 09 - 26 - 2008		Crash Time (mil) 1145	No of Units 1	People 1	Injured 0
Loc Type	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	
	Intersection Type <input type="checkbox"/> Midblock <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"/> "T" Intersection <input type="checkbox"/> Traffic Circle/Round About <input type="checkbox"/> On Ramp <input type="checkbox"/> Crossover <input type="checkbox"/> Other		*Special Location 00		* See Overlay	
Principal Road	Route Number	Segment (Optional)	Travel Lanes 02	Speed Limit 25	House Number (if applicable)	
	Street Name HEADQUARTERS		Street Ending RD	Orientation <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Unknown	For Mid-block crashes only. Use postal House Number and make sure Principal Roadway Street Name is filled in if using this option	
Intersecting Road	Route Number	Segment (Optional)	Travel Lanes	Speed Limit	Orientation <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Unknown	
	Street Name		Street Ending	Orientation <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Unknown		
Distance From Landmark	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		Use For Intersection Crashes			
	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		Use For Intersection Crashes			
GPS	Degrees Minutes Seconds Latitude: <input type="text"/> <input type="text"/> <input type="text"/>		Degrees Minutes Seconds Longitude: <input type="text"/> <input type="text"/> <input type="text"/>			
	Degrees Minutes Seconds Latitude: <input type="text"/> <input type="text"/> <input type="text"/>		Degrees Minutes Seconds Longitude: <input type="text"/> <input type="text"/> <input type="text"/>			
TCD	Traffic Control Device <input type="checkbox"/> Not Applicable <input type="checkbox"/> Traffic Signal <input type="checkbox"/> Active RR Crossing Controls <input type="checkbox"/> Police Officer or Flagman <input type="checkbox"/> Other Type TCD <input type="checkbox"/> Flashing Traffic Signal <input type="checkbox"/> Stop Sign <input type="checkbox"/> Passive RR Crossing Controls <input type="checkbox"/> Unknown		TCD Functioning <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			
	TCD Functioning <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		TCD Functioning <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			
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"/> 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			
	Lane Closure Direction <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		Lane Closure Direction <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			
Est. Time Closed	Traffic Detoured Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		Est. 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			
	Traffic Detoured Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		Est. 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		<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 (If "Pedestrian" or "Pedestrian on Skates, in Wheelchair, etc", Complete Form M, Section 28)						Commercial Vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, Complete Form C)	
	Unit No 01		First Name [REDACTED]		MI A	Date of Birth (MM-DD-YYYY) [REDACTED]		Telephone Number 2672789029		
Delete? <input type="checkbox"/>		Last Name [REDACTED]		Address / City / State 649 MINE ROAD QUAKERTOWN PA				Zip 18951		
Driver License Number 21701181		State PA		Class C						
11	Alcohol/Drugs Suspected				Driver or Pedestrian Physical Condition					
	<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				<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					
	Alcohol Test Type				Primary Vehicle Code Violation					
	<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				<input type="checkbox"/> Charged? Yes <input type="checkbox"/> No					
Alcohol Test Results		<input type="checkbox"/> Test Refused <input type="checkbox"/> Unknown Results <input type="checkbox"/> Test Given, Contaminated Results		Driver Presence		1=Driver Operated Vehicle 3=Driver Fled Scene 2=No Driver 4=Hit and Run 9=Unknown				
Owner/Driver		00=Not Applicable 02=Private Vehicle Not Owned/Leased by Driver 04=State Police Vehicle 07=Municipal Police Veh 09=Federal Gov Veh 01=Private Vehicle Owned/Leased by Driver 03=Rented Vehicle 05=PENNDOT Vehicle 08=Other Municipal Government Vehicle 98=Other 99=Unknown								
12	Same as Driver <input type="checkbox"/>		Owner First Name		Owner Last Name or Business Name (If Pedestrian, skip this Section)					
					GEORGE ALLEN PORTABLE TOILETS					
	Address / City / State / Zip						Vehicle Make		*Make Code	
	4375 COUNTY LINE RD COLMAR PA 18915						Chevrolet		20	
	VIN						Model Year		Vehicle Model	
	1GBJC34G91F129992						2001		TK	
	License Plate		Reg. State		Est. Speed	Vehicle Towed		Towed By		
	YGN9843		PA		030	<input type="checkbox"/> Yes <input type="checkbox"/> No		JIM JACOBS		
	Insurance		Insurance Company		Policy No					
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		OHIO CASUALTY INS CO		BAO 50450329					
	Trailing Unit		No. of Trailing Units		Type Unit		Tag No		Tag Year	
	<input type="checkbox"/> 0		<input type="checkbox"/> 0		<input type="checkbox"/> 0					
Direction of Travel		*Vehicle Position		*Movement		*See Overlay		Special Usage		
W		01		16				00		
Vehicle Color		Vehicle Type		20=Unicycle, Bicycle, Tricycle		12=Commercial Passenger Carrier				
03		04		21=Other Pedalcycle		00=Not Applicable				
01=Blue 02=Red 03=White 04=Green 05=Black		01=Automobile 02=Motorcycle 03=Bus 04=Small Truck (If "02", Complete Form M, Section 26) (If "20" or "21", Complete Form M, Section 27)		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		22=Horse & Buggy 23=Horse & Rider 24=Train 25=Trolley 98=Other 99=Unknown		01=Fire Veh 02=Ambulance 03=Police 08=Other Emergency Vehicle 11=Pupil Transport		
Initial Impact Point		Damage Indicator		Gradient		Road Alignment				
99		3		3		2				
00=Non-Collision 01-12=Clock Points 13=Top		14=Undercarriage 15=Towed Unit 99=Unknown		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		

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People Information	A Person Type: 1=Driver 2=Passenger 7=Pedestrian 8=Other 9=Unknown	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	G Ejection: 0=Not Applicable 1=Not Ejected 2=Totally Ejected 3=Partially Ejected 9=Unknown
	B Sex: F=Female M=Male U=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	H Ejection Path: 0=Not Ejected / Not Applicable 1=Through Side Door Opening 2=Through Side Window 3=Through Windshield 4=Through Jack Door 5=Through Back Door Tailgate Opening 6=Through Roof Opening (Sunroof/ Convertible Top Down) 7=Through Roof Opening (Convertible Top Up) 9=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			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
	01	01	<input type="checkbox"/>	01-01-01	1	F	0	01	03	00	0	0	0
	Name / Address / Phone												
	<input type="checkbox"/> Same as Operator 649 MINE ROAD QUAKERTOWN PA 18951 267278902												
	EMS Transport <input type="checkbox"/> Yes <input type="checkbox"/> No												

Unit No	Person No	Delete?	Date of Birth (MM-DD-YYYY)	A	B	C	D	E	F	G	H	I
		<input type="checkbox"/>										
Name / Address / Phone												
<input type="checkbox"/> Same as Operator												
EMS Transport <input type="checkbox"/> Yes <input type="checkbox"/> No												

Unit No	Person No	Delete?	Date of Birth (MM-DD-YYYY)	A	B	C	D	E	F	G	H	I
		<input type="checkbox"/>										
Name / Address / Phone												
<input type="checkbox"/> Same as Operator												
EMS Transport <input type="checkbox"/> Yes <input type="checkbox"/> No												

Unit No	Person No	Delete?	Date of Birth (MM-DD-YYYY)	A	B	C	D	E	F	G	H	I
		<input type="checkbox"/>										
Name / Address / Phone												
<input type="checkbox"/> Same as Operator												
EMS Transport <input type="checkbox"/> Yes <input type="checkbox"/> No												

Unit No	Person No	Delete?	Date of Birth (MM-DD-YYYY)	A	B	C	D	E	F	G	H	I
		<input type="checkbox"/>										
Name / Address / Phone												
<input type="checkbox"/> Same as Operator												
EMS Transport <input type="checkbox"/> Yes <input type="checkbox"/> No												

Unit No	Person No	Delete?	Date of Birth (MM-DD-YYYY)	A	B	C	D	E	F	G	H	I
		<input type="checkbox"/>										
Name / Address / Phone												
<input type="checkbox"/> Same as Operator												
EMS Transport <input type="checkbox"/> Yes <input type="checkbox"/> No												

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15	General Crash Information (If more than 2 units only, complete each)		Crash Description 7		0=Non-Collision 1=Rear End	2=Head On 3=Rear to Rear (Backing)	4=Angle 5=Sideswipe (Same Direction)	6=Sideswipe (Opposite Direction) 7=Hit Fixed Object	8=Hit Pedestrian 9=Other/Unknown
	Relation to Roadway 2		1=On Travel Lanes 2=Shoulder	3=Median 4=Roadside	5=Outside Trafficway 6=In Parking Lane	7=Gore (Ramp Intersection) 9=Unknown			
	Illumination 1		1=Daylight 2=Dark - No Street Lights	3=Dark - Street Lights 4=Dusk	5=Dawn 6=Dark - Unknown Roadway Lighting	8=Other			
	Weather Conditions 2		1=No Adverse Conditions 2=Rain	3=Sleet (Hail) 4=Snow	5=Fog 6=Rain & Fog	7=Sleet & Fog 8=Other	9=Unknown		
	Road Surface Conditions 1		0=Dry 1=Wet	2=Sand, Mud, Dirt, Oil 3=Snow Covered	4=Slush 5=Ice	6=Ice Patches 7=Water - Standing or Moving	8=Other		
16	Unit(s) Event Information		Harm Event L/R Most? Utility Pole Number						
	Unit No	1	25	L	<input type="radio"/>				
	01	2	25	O	<input type="radio"/>				
	Please Put Events in Sequential Order		3		<input type="radio"/>				
17	Unit(s) Event Information		Harm Event L/R Most? Utility Pole Number						
	Unit No	1			<input type="radio"/>				
		2			<input type="radio"/>				
	Please Put Events in Sequential Order		3		<input type="radio"/>				
18	First Harmful Event in the Crash		Unit No	Harm Event	Most Harmful Event in the Crash	Unit No	Harm Event		
	01		25		01	25			
	Do not repeat this information on multiple pages								
	Environmental / Roadway Potential Factors (E/R)		1	03	2		3		
19	Possible Vehicle Failures (V)		00=None 01=Windy Conditions 02=Sudden Weather Conditions 03=Other Weather Conditions 04=Deer In Roadway 05=Obstacle On Roadway 06=Other Animal In Roadway 07=Glare 08=Work Zone Related		11=Slippery Road Conditions (Ice/Snow) 12=Substance On Roadway 13=Potholes 14=Broken Or Cracked Pavement 15=TCO Obstructed 16=Soft Shoulder Or Shoulder Drop Off 28=Other Roadway Factor 29=Other Environmental Factor 99=Unknown				
	Contributing Information		00=None 01=Tires 02=Brake System 03=Steering System 04=Suspension 05=Power Train		06=Exhaust 07=Headlights 08=Signal Lights 09=Other Lights 10=Horn 11=Mirrors		12=Wipers 13=Driver Seating/Control 14=Body, Doors, Hood, Etc 15=Trailer Hitch 16=Wheels 17=Airbags 18=Trailer Overloaded 19=Unsecured/Shifted Trailer Load 20=Improper Towing 21=Obstructed Windshield 99=Unknown		
	Unit No	01	1	00	2				
	Unit No		1		2				
Indicated Prime Factor		Unit No		Factor Code					
Do not repeat this information on multiple pages.		01		12					
E/R V D P									
If E/R is the Prime Factor Type, leave Unit No blank									
Driver Action (D)		00=None Contributing Action 01=Driver Was Distracted 02=Driving Using Hand Held Phone 03=Driving Using Hands Free Phone 04=Making Illegal U-Turn 05=Improper/Careless Turning 06=Turning From Wrong Lane 07=Proceeding W/O Clearance After Stop 08=Running Stop Sign 09=Running Red Light 10=Failure To Respond To Other Traffic Control Device 11=Tailgating 12=Sudden Slowing/Stopping 13=Illegally Stopped On Road 14=Careless Passing Or Lane Change 15=Passing In No Passing Zone 16=Driving The Wrong Way On 1-Way Street		17=Careless Or Illegal Backing On Roadway 18=Driving On The Wrong Side Of Road 19=Making Improper Entrance To Highway 20=Making Improper Exit From Highway 21=Careless Parking/Unparking 22=Over/Under Compensation At Curve 23=Speeding 24=Driving Too Fast For Conditions 25=Failure To Maintain Proper Speed 26=Driver Fleeing Police (Poli Chase) 27=Driver Inexperienced 28=Failure To Use Specialized Equip 92=Affected By Physical Condition 98=Other Improper Driving Actions 99=Unknown					
Pedestrian Action (P)		00=None 01=Entering Or Crossing At Specified Location 02=Walking, Running, Jogging, Or Playing		03=Working 04=Pushing Vehicle 05=Approaching Or Leaving Vehicle 06=Working On Vehicle 07=Standing 98=Other 99=Unknown					
Unit No		01				Unit No			

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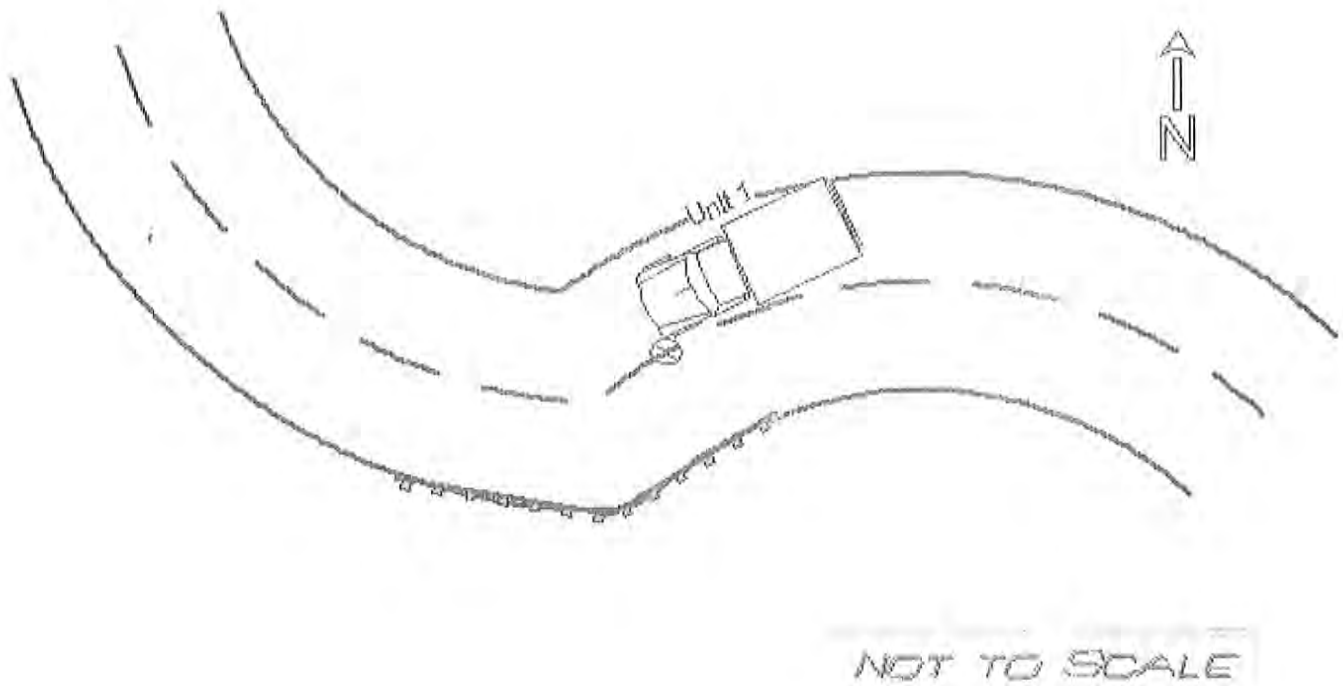
W0091234

20	Diagram			
21	Witness Name	Address	Phone	
22	Witness and Narrative	1		
		2		
Narrative and additional witnesses:		Accident Investigation Notification Issued? <input type="checkbox"/> Property Damage <input type="checkbox"/>		
<p>Driver, [REDACTED], stated that she was traveling West on Headquarters Road at approximately 30-35 mph. She underestimated the curve and slammed on her brakes to try and compensate. Due to slippery conditions she slid into the guardrail in the opposite lane of travel.</p>				

FORM # AA-500 (12/02)

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Crash Number: W0091234
Incident Number: 2008-2250





COMMONWEALTH OF PENNSYLVANIA
POLICE ACCIDENT REPORT

REPORTABLE ☐ NON-REPORTABLE ☒

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#8

POLICE INFORMATION				ACCIDENT LOCATION			
1. INCIDENT NUMBER 2009-0177		4. PATROL ZONE		20. COUNTY Bucks		CODE 09	
2. AGENCY NAME Tinicum Township Police Department		4. PATROL ZONE		21. MUNICIPALITY Tinicum Township		CODE	
3. STATION/ PRECINCT TTPD		4. PATROL ZONE		PRINCIPAL ROADWAY INFORMATION			
5. INVESTIGATOR CPL. PETERSON		BADGE NUMBER 13		22. ROUTE NO. OR STREET NAME Headquarters Rd SR 1012			
6. APPROVED BY CPL. PETERSON		BADGE NUMBER 13		23. SPEED LIMIT 35		24. TYPE HIGHWAY 0	
7. INVESTIGATION DATE 1/21/2009		8. ARRIVAL TIME 08:15		25. ACCESS CONTROL 1			
ACCIDENT INFORMATION				INTERSECTING ROAD:			
9. ACCIDENT DATE 1/21/2009		10. DAY OF WEEK Wednesday		26. ROUTE NO. OR STREET NAME			
11. TIME OF DAY 08:00		12. NUMBER OF UNITS 2		27. SPEED LIMIT 0		28. TYPE HIGHWAY	
13. #KILLED 0		14. #INJURED 0		29. ACCESS CONTROL		IF NOT AT INTERSECTION:	
15. PRIV. PROP. ACCIDENT Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		16. DID VEHICLE HAVE TO BE REMOVED FROM THE SCENE?		30. CROSS STREET OR SEGMENT MARKER Sheep Hole Rd T-420			
UNIT 1 Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		UNIT 2 Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		31. DIRECTION FROM SITE N S E W		32. DISTANCE FROM SITE 300.00 ft.	
17. VEHICLE DAMAGE 0 - NONE 1 - LIGHT 2 - MODERATE 3 - SEVERE		UNIT 1 0		33. DISTANCE WAS MEASURED ESTIMATED X		34. CONSTRUCTION ZONE 0	
18. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		19. PENNDOT PROPERTY Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		35. TRAFFIC CONTROL DEVICE 0		PRINCIPAL INTERSECTING	
UNIT # 1				UNIT # 2			
36. LEGALLY PARKED? Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		37. REG. PLATE SC49468		38. STATE PA		39. PA TITLE OR OUT-OF-STATE VIN 4DRBUAFP08A71528	
40. OWNER First Student Inc.		41. OWNER ADDRESS 22 School Drive		42. CITY, STATE & ZIPCODE Kintnersville, PA 18930		43. YEAR 2008	
44. MAKE International		45. MODEL - (NOT BODY TYPE) School Bus		46. INS. Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK <input type="checkbox"/>		47. BODY TYPE 30	
48. SPECIAL USAGE 01		49. VEHICLE OWNERSHIP 11		50. INITIAL IMPACT POINT 07		51. VEHICLE STATUS 4	
52. TRAVEL SPEED 15		53. VEHICLE GRADIENT 1		54. DRIVER PRESENCE 1		55. DRIVER CONDITION 1	
56. DRIVER NUMFR 07875229		57. STATE PA		58. DRIVER NAME		59. DRIVER ADDRESS 541 E.Dark Hollow Rd.	
60. CITY, STATE & ZIPCODE Pipersville, PA 18947		61. SEX F		62. DATE OF BIRTH		63. PHONE 610	
64. COMM VEH. Y <input checked="" type="checkbox"/> N <input type="checkbox"/>		65. DRIVER CLASS		66. COMM VEH. Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		67. DRIVER CLASS	
68. CARRIER First Student Inc		69. CARRIER ADDRESS 22 School Rd,		70. CITY, STATE & ZIPCODE Kintnersville, PA 18930		71. USDOT #	
72. VEH. CONFIG.		73. CARGO BODY TYPE 1		74. GVWR		75. NO. OF AXLES 2	
76. HAZARDOUS MATERIALS		77. RELEASE OF HAZMAT Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/>		78. HAZARDOUS MATERIALS		79. RELEASE OF HAZMAT Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	

78. RESPONDING EMS AGENCY										INCIDENT #: 2009-0177													
79. MEDICAL FACILITY										ACCIDENT DATE: 1/21/2009													
80. PEOPLE INFORMATION																							
A	B	C	D	E	F	G	NAME					ADDRESS					H	I	J	K	L	M	
1	1	F	76	3	1	0	[REDACTED] - 541 E.Dark Hollow Rd., Pipersville, PA 18947										00	0	00	B	0	0	
81. ILLUMINATION <input type="text" value="2"/>							82. WEATHER <input type="text" value="0"/>							86. DIAGRAM 									
83. ROAD SURFACE <input type="text" value="1"/>																							
84. PENNSYLVANIA SCHOOL DISTRICT (IF APPLICABLE)																							
85. DESCRIPTION OF DAMAGED PROPERTY																							
OWNER																							
ADDRESS																							
PHONE																							
87. NARRATIVE – IDENTIFY PRECIPITATING EVENTS, CAUSATION FACTORS, SEQUENCE OF EVENTS, WITNESS STATEMENTS, AND PROVIDE ADDITIONAL DETAILS LIKE INSURANCE INFORMATION AND LOCATION OF TOWED VEHICLES, IF KNOWN.																							
Investigation based on statement of operator to her employer, First Student, Inc.; that she was traveling eastbound on Headquarters Rd in the area of Sheep Hole Rd, negotiating the curve in the road, when an opposing red/black older model sportscar was coming rather fast. Unit #2 hadn't made it through the curve when she noticed that Unit#1 struck her left rear wheels. Unit#1 continued westbound on Headquarters Rd, not stopping at the scene. Operator #2 reported no damage to the bus and had only one unknown student (no injury) on board at that time. It is unknown if Unit#1 received any damage.																							
INSURANCE INFORMATION		COMPANY Nationwide Insurance										INSURANCE INFORMATION		COMPANY									
UNIT 1		POLICY NO CA5273859										UNIT 2		POLICY NO									
88. WITNESSES		NAME										ADDRESS										PHONE	
		NAME										ADDRESS										PHONE	
89. VIOLATIONS INDICATED												90. SECTION NUMBERS (ONLY IF CHARGED)								TC NTC			
UNIT 1																				<input type="checkbox"/> <input type="checkbox"/>			
UNIT 2																				<input type="checkbox"/> <input type="checkbox"/>			
91. PROBABLE USE		92. TYPE TEST		93. RESULTS		<input checked="" type="checkbox"/> NO TEST <input type="checkbox"/> REFUSE <input type="checkbox"/> UNK		91. PROBABLE USE		92. TYPE TEST		93. RESULTS		<input type="checkbox"/> NO TEST <input type="checkbox"/> REFUSE <input type="checkbox"/> UNK		94. INVESTIGATION COMPLETE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
UNIT 1		0		0		0. _ _ %		UNIT 2						0. _ _ %									

COMMONWEALTH OF PENNSYLVANIA
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Crash Number

AA 500 1

Case Closed ☐ Yes ☐ No
Reportable Crash ☒ Yes ☐ NoPage
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W0110827

#33

1	Incident Number 2009-0992		Police Agency 09223		Patrol Zone	
	Agency Name Tinicum Township		Precinct		Investigation Date (MM-DD-YYYY) 05 - 05 - 2009	
2	Dispatch Time (mil) 1441		Arrival Time (mil) 1448		Investigator CPL. M. PHELAN	
	Reviewer 		Badge Number 3		Approval Date (MM-DD-YYYY) 5 - 11 - 2009	
3	County 09		County Name Bucks		Municipality 223	
	Crash Date (MM-DD-YYYY) 05 - 05 - 2009		Crash Time (mil) 1439		Municipality Name Tinicum Township	
4	No of Units 2		People 2		Injured 0	
	Killed* 0		*If > 00 complete Form F		Day of Week <input type="radio"/> Sun <input type="radio"/> Thu <input type="radio"/> Mon <input type="radio"/> Fri <input checked="" type="radio"/> Tue <input type="radio"/> Sat <input type="radio"/> Wed <input type="radio"/> Unk	
5	Workzone (If Yes, Complete Form M, Section 29) <input type="radio"/> Yes <input checked="" type="radio"/> No		School Bus Related <input type="radio"/> Yes <input checked="" type="radio"/> No		School Zone Related <input type="radio"/> Yes <input checked="" type="radio"/> No	
	Notify PENNDOT Maintenance <input type="radio"/> Yes <input checked="" type="radio"/> No		Intersection Type <input checked="" type="radio"/> 4 Way Intersection <input type="radio"/> "Y" Intersection <input type="radio"/> Multi-Leg Intersection <input type="radio"/> Off Ramp <input type="radio"/> Railroad Crossing <input type="radio"/> Midblock <input type="radio"/> "T" Intersection <input type="radio"/> Traffic Circle/Round About <input type="radio"/> On Ramp <input type="radio"/> Crossover <input type="radio"/> Other		*Special Location <input type="radio"/> 00 * See Overlay	
6	Route Number 1012		Segment (Optional)		Travel Lanes 02	
	Speed Limit 25		Street Name HEADQUARTERS		Street Ending RD	
7	Route Signing <input type="radio"/> Interstate (Not Turnpike) <input type="radio"/> Turnpike (East/West) <input type="radio"/> Turnpike Spur <input checked="" type="radio"/> State Highway <input type="radio"/> County Road <input type="radio"/> Local Road or Street <input type="radio"/> Private Road <input type="radio"/> Other/Unknown		Orientation <input type="radio"/> North <input type="radio"/> South <input type="radio"/> East <input type="radio"/> West <input type="radio"/> Unknown		House Number (if applicable)	
	Route Number 		Segment (Optional)		Travel Lanes 	
8	Speed Limit 		Street Name 		Street Ending 	
	Route Signing <input type="radio"/> Interstate (Not Turnpike) <input type="radio"/> Turnpike (East/West) <input type="radio"/> Turnpike Spur <input type="radio"/> State Highway <input type="radio"/> County Road <input type="radio"/> Local Road or Street <input type="radio"/> Private Road <input type="radio"/> Other/Unknown		Orientation <input type="radio"/> North <input type="radio"/> South <input type="radio"/> East <input type="radio"/> West <input type="radio"/> Unknown			
9	Intersecting Rt Num Or Mile Post 		Or Segment Marker 		Feet 250	
	Or Intersecting Street Name SHEEP HOLE		St Ending RD		Or Miles 	
10	Intersecting Rt Num Or Mile Post 		Or Segment Marker 		Feet 	
	Or Intersecting Street Name RIDGE VALLEY		St Ending RD		Or Miles 	
11	Degrees 		Minutes 		Seconds 	
	Latitude 		Longitude 			
12	Traffic Control Device <input checked="" type="radio"/> Not Applicable <input type="radio"/> Traffic Signal <input type="radio"/> Yield Sign <input type="radio"/> Police Officer or Flagman <input type="radio"/> TCD Functioning <input type="radio"/> Flashing Traffic Signal <input type="radio"/> Stop Sign <input type="radio"/> Active RR Crossing Controls <input type="radio"/> Other Type TCD <input type="radio"/> No Controls <input type="radio"/> Device Functioning Improperly <input type="radio"/> Emergency Preemptive Signal <input type="radio"/> Passive RR Crossing Controls <input type="radio"/> Unknown <input type="radio"/> Device Not Functioning <input type="radio"/> Device Functioning Properly <input type="radio"/> Unknown					
	Lane Closed (If "Not Applicable", skip rest of the Lane Closure section) <input checked="" type="radio"/> Not Applicable <input type="radio"/> Partially <input type="radio"/> Fully <input type="radio"/> Unknown		Lane Closure Direction <input type="radio"/> North <input type="radio"/> East <input type="radio"/> North and South <input type="radio"/> All (N,S,E,W) <input type="radio"/> South <input type="radio"/> West <input type="radio"/> East and West			
13	Traffic Detoured Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/>		Est. Time Closed <input type="radio"/> < 30 Min. <input type="radio"/> 30-60 Min. <input type="radio"/> 1-3 hrs <input type="radio"/> 3-6 hrs <input type="radio"/> 6-9 hrs <input type="radio"/> > 9 hours <input type="radio"/> Unknown			

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10	Unit Info		<input checked="" 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 (If "Pedestrian" or "Pedestrian on Skates, in Wheelchair, etc", Complete Form M, Section 28)						Commercial Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, Complete Form C)	
	Unit No		First Name		MI	Date of Birth (MM-DD-YYYY)		Telephone Number		
Delete?		Last Name								
Address / City / State		80W JUGTOWN HILL RD UPPR BLCK EDY PA						Zip		
Driver License Number		29441709		State		PA		Class		
C										
11	Alcohol/Drugs Suspected				Driver or Pedestrian Physical Condition					
	<input checked="" 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				<input checked="" 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					
	Alcohol Test Type				Primary Vehicle Code Violation					
	<input checked="" 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				VC 3361 DRIVING AT A SAFE Charged? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
	Alcohol Test Results				Driver Presence					
<input type="checkbox"/> Test Refused <input type="checkbox"/> Unknown Results <input checked="" type="checkbox"/> Test Given, Contaminated Results				1=Driver Operated Vehicle 3=Driver Fled Scene 2=No Driver 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						
Same as Driver <input type="checkbox"/>				Owner First Name		Owner Last Name or Business Name (If Pedestrian, skip this Section)				
Address / City / State / Zip				80W JUGTOWN HILL RD UPPR BLCK EDY PA 18972		Vehicle Make		*Make Code		
						Volkswagen		30		
VIN				WVWCB515XLK002927		Model Year		1990		
License Plate				HGH4316		Reg. State		PA		
Est. Speed				025		Vehicle Towed		Towed By		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		SWAMPS AUTO BOD				
Insurance				Insurance Company		Policy No				
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				PROGRESSIVE		48158253-0				
12	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		Special Usage	
	W		07		16				00	
	Vehicle Color		Vehicle Type		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		20=Unicycle, Bicycle, Tricycle 21=Other Pedalcycle 22=Horse & Buggy 23=Horse & Rider 24=Train 25=Trolley 98=Other 99=Unknown		12=Commercial Passenger Carrier 13=Taxi 21=Tractor Trailer 22=Twin Trailer 23=Triple Trailer 31=Modified Veh 99=Unknown	
Initial Impact Point		Damage Indicator		Gradient		3=Downhill 4=Bottom of Hill 5=Top of Hill 9=Unknown		Road Alignment		
11		3		1				2		

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10	Unit Info		Type <input checked="" 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 Unit <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)						Commercial Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, Complete Form C)				
	Unit No		First Name		MI	Date of Birth (MM-DD-YYYY)		Telephone Number					
Delete?		Last Name						Zip					
Address / City / State		2534 CHURCH LN. KINTNERSVILLE PA						18930					
Driver License Number		24425449		State		PA		Class		C			
Alcohol/Drugs Suspected		<input checked="" 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		Driver or Pedestrian Physical Condition		<input checked="" 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							
Alcohol Test Type		<input checked="" 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		Primary Vehicle Code Violation				Charged? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Alcohol Test Results		<input type="checkbox"/> Test Refused <input type="checkbox"/> Unknown Results <input checked="" type="checkbox"/> Test Given, Contaminated 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			
Same as Driver		Owner First Name		Owner Last Name or Business Name (If Pedestrian, skip this Section)									
Address / City / State / Zip		2534 CHURCH LN. KINTNERSVILLE PA 18930						Vehicle Make		*Make Code			
								Dodge		07			
VIN		3B7KF23681G740248		Model Year		2001		Vehicle Model		(see overlay)			
								RAM					
License Plate		YFR4040		Reg. State		PA		Est. Speed		999			
								Vehicle Towed		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Insurance		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Un-known		Insurance Company		PROGRESSIVE		Policy No		03670139-2			
Trailing Unit		No. of Trailing Units: 1 Type Unit: 3		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: XR03845 Tag Year: 2009 Tag St: PA			
Direction of Travel		E		*Vehicle Position		01		*Movement		17			
Vehicle Color		03 01=Blue 06=Yellow 02=Red 07=Silver 03=White 08=Gold 04=Green 09=Brown 05=Black 10=Orange 11=Purple 12=Other 99=Unknown		Vehicle Type		04 01=Automobile 02=Motorcycle 03=Bus 04=Small Truck (If "02", Complete Form M, Section 26) (If "20" or "21", Complete Form M, Section 27)		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		20=Unicycle, Bicycle, Tricycle 21=Other Pedalcycle 22=Horse & Buggy 23=Horse & Rider 24=Train 25=Trolley 98=Other 99=Unknown		Special Usage 00 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		10 00=Non-Collision 01-12=Clock Points 13=Top		14=Undercarriage 15=Towed Unit 99=Unknown		Damage Indicator		1 0=None 2=Functional 1=Minor 3=Disabling 9=Unknown		Gradient 1 1=Level 2=Uphill		Road Alignment 2 3=Downhill 4=Bottom of Hill 5=Top of Hill 9=Unknown 1=Straight 2=Curved 9=Unknown	

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People Information	A Person Type: 1=Driver 2=Passenger 7=Pedestrian 8=Other 9=Unknown	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	G Ejection: 0=Not Applicable 1=Not Ejected 2=Totally Ejected 3=Partially Ejected 9=Unknown
	B Sex: F=Female M=Male U=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	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
	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			I Extrication: 0=Not Applicable 1=Not Extricated 2=Extricated By Mechanical Means 3=Freely By Non - Mechanical Means 8=Other 9=Unknown

EMIS Agency: NONE

Medical Facility:

Unit No	Person No	Delete?	Date of Birth (MM-DD-YYYY)	A	B	C	D	E	F	G	H	I
01	01	<input type="checkbox"/>	01-01-01	1	F	0	01	03	00	1	0	1

<input type="checkbox"/> Same as Operator	Name / Address / Phone	EMIS Transport
	A 80W JUGTOWN HILL RD UPPR BLCK EDY PA 189	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Unit No	Person No	Delete?	Date of Birth (MM-DD-YYYY)	A	B	C	D	E	F	G	H	I
02	01	<input type="checkbox"/>	01-01-01	1	M	0	01	03	12	1	0	1

<input type="checkbox"/> Same as Operator	Name / Address / Phone	EMIS Transport
	C 2534 CHURCH LN. KINTNERSVILLE PA 1893	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

<input type="checkbox"/> Same as Operator	Name / Address / Phone	EMIS Transport
		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

<input type="checkbox"/> Same as Operator	Name / Address / Phone	EMIS Transport
		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

<input type="checkbox"/> Same as Operator	Name / Address / Phone	EMIS Transport
		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

<input type="checkbox"/> Same as Operator	Name / Address / Phone	EMIS Transport
		<input type="checkbox"/> Yes <input type="checkbox"/> No

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POLICE CRASH REPORTING FORM

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General Crash Information (If more than 2 units, only complete once)	Crash Description	4	0=Non-Collision 1=Rear End	2=Head On 3=Rear to Rear (Backing)	4=Angle 5=Slideswipe (Same Direction)	6=Slideswipe (Opposite Direction) 7=Hit Fixed Object	8=Hit Pedestrian 9=Other/Unknown	
	Relation to Roadway	1	1=On Travel Lanes 2=Shoulder	3=Median 4=Roadside	5=Outside Trafficway 6=In Parking Lane	7=Gore (Ramp Intersection) 9=Unknown		
	Illumination	1	1=Daylight 2=Dark - No Street Lights	3=Dark - Street Lights 4=Dusk	5=Dawn 6=Dark - Unknown Roadway Lighting	8=Other		
	Weather Conditions	1	1=No Adverse Conditions 2=Rain	3=Sleet (Hail) 4=Snow	5=Fog 6=Rain & Fog	7=Sleet & Fog 8=Other	9=Unknown	
	Road Surface Conditions	1	0=Dry 1=Wet	2=Sand, Mud, Dirt, Oil 3=Snow Covered	4=Slush 5=Ice	6=Ice Patches 7=Water - Standing or Moving	8=Other	
Unit(s) Event Information	Harm Event L/R Most? Utility Pole Number Unit No 1 02 <input type="checkbox"/> <input checked="" type="radio"/> <input type="checkbox"/> <input type="text"/> Unit No 01 2 <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> <input type="text"/> Please Put Events in Sequential Order Unit No 3 <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> <input type="text"/> Unit No 4 <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> <input type="text"/>				Harmful Events (Harm Event) 01=Hit Unit 1 02=Hit Unit 2 03=Hit Unit 3 04=Hit Unit 4 05=Hit Unit 5 06=Hit Other Traffic Unit 07=Hit Deer 08=Hit Other Animal 09=Collision With Other Non Fixed Object 11=Struck By Unit 1 12=Struck By Unit 2 13=Struck By Unit 3 14=Struck By Unit 4 15=Struck By Unit 5 16=Struck By Other Traffic Unit 21=Hit Tree Or Shrubbery 22=Hit Embankment 23=Hit Utility Pole 24=Hit Traffic Sign 25=Hit Guard Rail 26=Hit Guard Rail End 27=Hit Curb 28=Hit Concrete Or Longitudinal Barrier 29=Hit Ditch 30=Hit Fence Or Wall 31=Hit Building 32=Hit Culvert 33=Hit Bridge Pier Or Abutment 34=Hit Parapet End 35=Hit Bridge Rail 36=Hit Boulder Or Obstacle On Roadway 37=Hit Impact Attenuator 38=Hit Fire Hydrant 39=Hit Roadway Equipment 40=Hit Mail Box 41=Hit Traffic Island 42=Hit Snow Bank 43=Hit Temporary Construction Barrier 48=Hit Other Fixed Object 49=Hit Unknown Fixed Object 50=Overturn/Roll Over 51=Struck By Thrown Or Falling Object 52=Pot Holes Or Other Pavement Irregularities 53=Jackknife 54=Fire In Vehicle 58=Other Non-Collision 99=Unknown Harmful Event			
	Harm Event L/R Most? Utility Pole Number Unit No 1 11 <input type="checkbox"/> <input checked="" type="radio"/> <input type="checkbox"/> <input type="text"/> Unit No 02 2 <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> <input type="text"/> Please Put Events in Sequential Order Unit No 3 <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> <input type="text"/> Unit No 4 <input type="checkbox"/> <input type="checkbox"/> <input type="radio"/> <input type="text"/>							
	First Harmful Event in the Crash Unit No 01 Harm Event 02 Do not repeat this information on multiple pages.				Driver Action (D) 00=No Contributing Action 01=Driver Was Distracted 02=Driving Using Hand Held Phone 03=Driving Using Hands Free Phone 04=Making Illegal U-Turn 05=Improper/Careless Turning 06=Turning From Wrong Lane 07=Proceeding W/O Clearance After Stop 08=Running Stop Sign 09=Running Red Light 10=Failure To Respond To Other Traffic Control Device 11=Tailgating 12=Sudden Slowing/Stopping 13=Illegally Stopped On Road 14=Careless Passing Or Lane Change 15=Passing In No Passing Zone 16=Driving The Wrong Way On 1-Way Street 17=Careless Or Illegal Backing On Roadway 18=Driving On The Wrong Side Of Road 19=Making Improper Entrance To Highway 20=Making Improper Exit From Highway 21=Careless Parking/Unparking 22=Over/Under Compensation At Curve 23=Speeding 24=Driving Too Fast For Conditions 25=Failure To Maintain Proper Speed 26=Driver Fleeing Police (Pursue) 27=Driver Inexperienced 28=Failure To Use Specialized Equip 92=Affected By Physical Condition 98=Other Improper Driving Actions 99=Unknown			
	Environmental / Roadway Potential Factors (ER) 00=None 01=Windy Conditions 02=Sudden Weather Conditions 03=Other Weather Conditions 04=Deer In Roadway 05=Obstacle On Roadway 06=Other Animal In Roadway 07=Glare 08=Work Zone Related 11=Slippery Road Conditions (Ice/Snow) 12=Substance On Roadway 13=Potholes 14=Broken Or Cracked Pavement 15=TCD Obstructed 16=Soft Shoulder Or Shoulder Drop Off 28=Other Roadway Factor 29=Other Environmental Factor 99=Unknown							
Contributing Information	Possible Vehicle Failures (V) 00=None 01=Tires 02=Brake System 03=Steering System 04=Suspension 05=Power Train 06=Exhaust 07=Headlights 08=Signal Lights 09=Other Lights 10=Horn 11=Mirrors 12=Wipers 13=Driver Seating/Control 14=Body, Doors, Hood, Etc 15=Trailer Hitch 16=Wheels 17=Airbags 18=Trailer Overloaded 19=Unsecured/Shifted Trailer Load 20=Improper Towing 21=Obstructed Windshield 99=Unknown							
	Indicated Prime Factor Do not repeat this information on multiple pages. E / R V D P <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> If E/R is the Prime Factor Type, leave Unit No blank				Unit No 01 Factor Code 24 Unit No 02 Factor Code 00			
	Pedestrian Action (P) 00=None 01=Entering Or Crossing At Specified Location 02=Walking, Running, Jogging, Or Playing 03=Working 04=Pushing Vehicle 05=Approaching Or Leaving Vehicle 06=Working On Vehicle 07=Standing 98=Other 99=Unknown				Unit No 01 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unit No 02 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			

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20
Diagram

Witness Name

Address

Phone

1

2

Narrative and additional witnesses:

Accident Investigation Notification Issued? ☒ Property Damage ☐

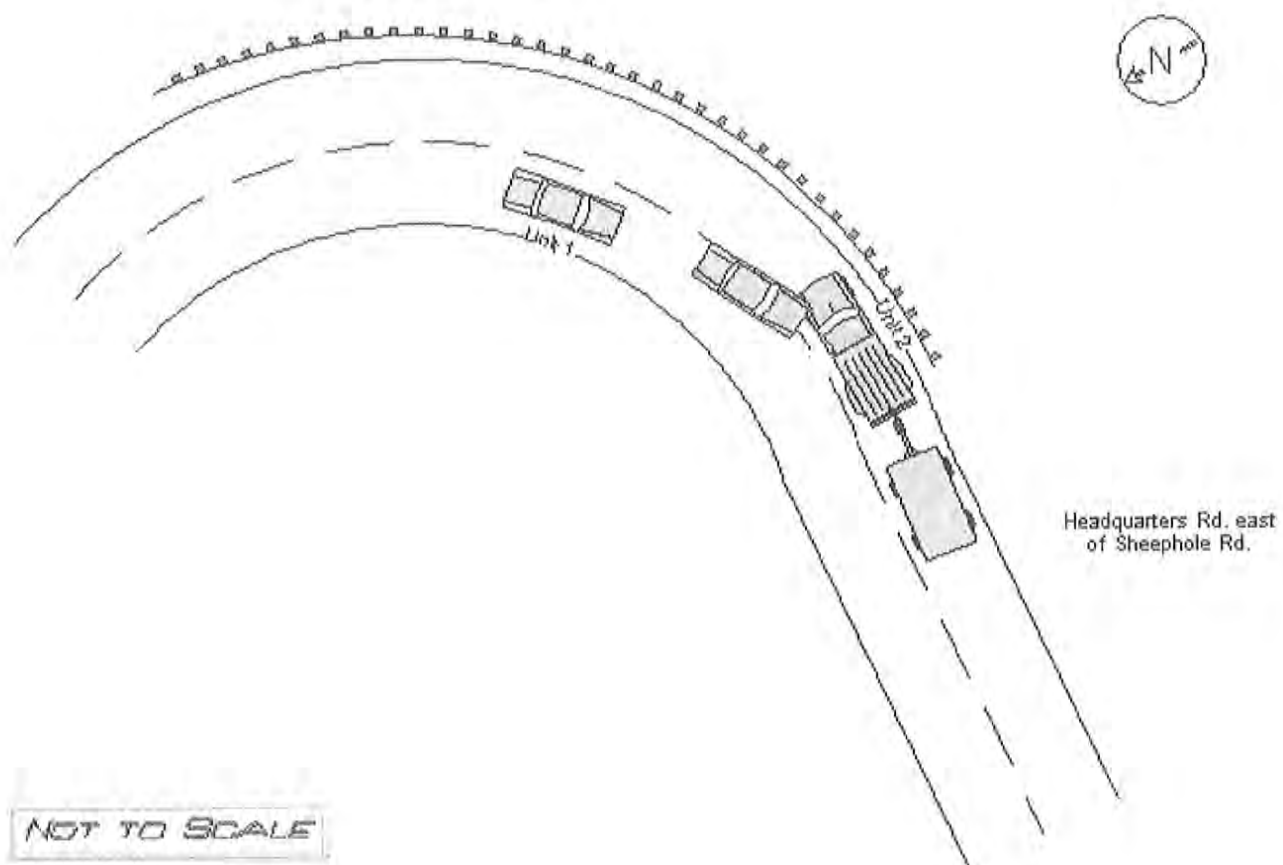
Report of a two vehicle motor vehicle crash with no injuries. Investigation revealed that unit 1 was traveling west on Headquarters Rd. when it struck unit 2. Unit 2 was traveling east on Headquarters Rd., east of Sheephole Rd. at the time of the crash. The crash occurred on a curved portion of the roadway. It was raining just prior to the crash and the roadway was wet.

Driver 1 related that she was traveling west through the curve and attempting to downshift when her vehicle collided into unit 2. Unit 1 sustained heavy damage to the front bumper, hood, grill and the driver's side front quarter panel.

The driver of unit 2 related that he was eastbound and entering a left curve when unit 1 struck the driver's side front wheel of his vehicle. He related that he could not avoid being struck because he was as far to the right of his lane as possible. There was minor damage observed on the driver's side front wheel.

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Witness and Narrative

Crash Number: W0110827
Incident Number: 2009-0992



#14

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM

Crash Number

AA 500 1

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

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W0150683

1	Incident Number 2010-0594		Police Agency 09223		Patrol Zone 1	
	Agency Name Tinicum Township		Precinct		Investigation Date (MM-DD-YYYY) 03 - 16 - 2010	
2	Dispatch Time (mil) 1053	Arrival Time (mil) 1058	Investigator OFFICER GERDING		Badge Number 14	
	Reviewer J. J. SABATH		Badge Number 3		Approval Date (MM-DD-YYYY) 03 - 26 - 2010	
3	County 09	County Name Bucks	Municipality 223	Municipality Name Tinicum Township		Day of Week <input type="checkbox"/> Sun <input type="checkbox"/> Thu <input type="checkbox"/> Mon <input type="checkbox"/> Fri <input checked="" type="checkbox"/> Tue <input type="checkbox"/> Sat <input type="checkbox"/> Wed <input type="checkbox"/> Unk
	Crash Date (MM-DD-YYYY) 03 - 16 - 2010		Crash Time (mil) 1050	No of Units 2	People 3	Injured 1
4	Workzone (If Yes, Complete Form M, Section 29) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		School Bus Related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	School Zone Related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Notify PENNDOT Maintenance <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Intersection Type <input checked="" type="checkbox"/> Midblock <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"/> "T" Intersection <input type="checkbox"/> Traffic Circle/Round About <input type="checkbox"/> On Ramp <input type="checkbox"/> Crossover <input type="checkbox"/> Other		Special Location 00		* See Overlay	
5	Route Number	Segment (Optional)	Travel Lanes 02	Speed Limit 25	House Number (if applicable) 622	
	Street Name HEADQUARTERS		Street Ending RD		Orientation <input type="checkbox"/> North <input type="checkbox"/> South <input checked="" type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Unknown	
6	Route Signing <input type="checkbox"/> Interstate (Not Turnpike) <input type="checkbox"/> Turnpike (East/West) <input type="checkbox"/> Turnpike Spur <input checked="" 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		For Mid-block crashes only. Use postal House Number and make sure Principal Roadway Street Name is filled in if using this option.			
	Route Number		Segment (Optional)	Travel Lanes	Speed Limit	Orientation <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Unknown
7	Street Name		Street Ending		Orientation <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Unknown	
	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					
8	Please Enter Information for BOTH Landmarks if Using This Option		Intersecting Rt Num Or Mile Post		Or Segment Marker	
	Landmark 1 SHEEPHOLE		St Ending RD		Ramp Use Only <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West	
9	Landmark 2		Intersecting Rt Num Or Mile Post		Or Segment Marker	
	St Ending		Ramp Use Only <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West		Distance From Crash Scene to Landmark 1 (For Crash between Landmark 1 and Landmark 2)	
10	GPS Latitude: Degrees Minutes Seconds		Longitude: Degrees Minutes Seconds			
	Traffic Control Device <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Traffic Signal <input type="checkbox"/> Yield Sign <input type="checkbox"/> Police Officer or Flagman <input type="checkbox"/> TCD Functioning <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"/> 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					
11	Lane Closed (If "Not Applicable", skip rest of the Lane Closure section) <input type="checkbox"/> Not Applicable <input type="checkbox"/> Partially <input checked="" type="checkbox"/> Fully <input type="checkbox"/> Unknown		Lane Closure Direction <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 checked="" type="checkbox"/> East and West			
	Traffic Detoured Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		Est. Time Closed <input type="checkbox"/> < 30 Min. <input checked="" 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		<input checked="" 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 (If "Pedestrian" or "Pedestrian on Skates, in Wheelchair, etc", Complete Form M, Section 28)						Commercial Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, Complete Form C)	
	Unit No 01		First Name [REDACTED]		MI J	Date of Birth (MM-DD-YYYY) [REDACTED]		Telephone Number [REDACTED]		
11	Delete? <input type="checkbox"/>		Last Name [REDACTED]		Address / City / State 1535 OLD PLAINS RD PENNSBURG PA					Zip 18073
	Driver License Number 14017840				State PA	Class C				
	Alcohol/Drugs Suspected <input checked="" 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				Driver or Pedestrian Physical Condition <input checked="" 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					
	Alcohol Test Type <input checked="" 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				Primary Vehicle Code Violation [REDACTED] Charged? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
	Alcohol Test Results 0 <input type="checkbox"/> Test Refused <input type="checkbox"/> Unknown Results <input type="checkbox"/> Test Given, Contaminated Results				Driver Presence 1=Driver Operated Vehicle 3=Driver Fled Scene 2=No Driver 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									
	Same as Driver <input type="checkbox"/> Owner First Name [REDACTED] Owner Last Name or Business Name (If Pedestrian, skip this Section) [REDACTED]									
	Address / City / State / Zip 1535 OLD PLAINS RD PENNSBURG PA 18073						Vehicle Make Volvo		*Make Code 51	
	VIN YV1SW61T442403261				Model Year 2004		Vehicle Model (see overlay)			
	License Plate FJR3660				Reg. State PA	Est. Speed 999	Vehicle Towed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Towed By SWAMPS AUTOBODY	
	12	Insurance <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Insurance Company STATE FARM		Policy No 1503923-B18-38				
Trailing Unit No. of Trailing Units: 0 Type Unit: [REDACTED]		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 W		*Vehicle Position 01		*Movement 16		*See Overlay				
Vehicle Color 07 06=Yellow 07=Silver 08=Gold 09=Brown 10=Orange 11=Purple 12=Other 13=Black 05=Black 99=Unknown		Vehicle Type 01 01=Automobile 02=Motorcycle 03=Bus 04=Small Truck (If "02", Complete Form M, Section 26) (If "20" or "21", Complete Form M, Section 27)		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		20=Unicycle, Bicycle, Tricycle 21=Other Pedalcycle 22=Horse & Buggy 23=Horse & Rider 24=Train 25=Trolley 98=Other 99=Unknown				
Initial Impact Point 11 00=Non-Collision 01-12=Clock Points 13=Top 14=Undercarriage 15=Towed Unit 99=Unknown		Damage Indicator 3 0=None 2=Functional 1=Minor 3=Disabling 9=Unknown		Gradient 3 1=Level 2=Uphill		Road Alignment 2 1=Straight 2=Curved 9=Unknown				
Special Usage 00 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										

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10	Type <input checked="" type="checkbox"/> Motor Vehicle in Transport <input type="checkbox"/> Pedestrian <input type="checkbox"/> Hit & Run Vehicle <input type="checkbox"/> Pedestrian on Skates, in Wheelchair, etc. <input type="checkbox"/> Illegally Parked <input type="checkbox"/> Disabled From Previous Crash <input type="checkbox"/> Legally Parked <input type="checkbox"/> Train <input type="checkbox"/> Non - Motorized <input type="checkbox"/> Phantom Vehicle (If "Pedestrian" or "Pedestrian on Skates, in Wheelchair, etc", Complete Form M, Section 28)		Commercial Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, Complete Form C)	
	Unit No: 02 First Name: [REDACTED] Last Name: [REDACTED] Address / City / State: 511 HEADQUARTERS RD ERWINNA PA Zip: 18920 Driver License Number: 25802301 State: PA Class: C			
11	Alcohol/Drugs Suspected <input checked="" 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		Driver or Pedestrian Physical Condition <input checked="" type="checkbox"/> Apparently Normal <input type="checkbox"/> Had Been Drinking <input type="checkbox"/> Illegal Drug Use <input type="checkbox"/> Sick <input type="checkbox"/> Fatigue <input type="checkbox"/> Asleep <input type="checkbox"/> Medication <input type="checkbox"/> Unknown	
	Alcohol Test Type <input checked="" 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		Primary Vehicle Code Violation <input type="checkbox"/> Charged? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Alcohol Test Results <input checked="" type="checkbox"/> 0 <input type="checkbox"/> Test Refused <input type="checkbox"/> Test Given, Contaminated Results <input type="checkbox"/> Unknown Results		Driver Presence <input checked="" type="checkbox"/> 1 <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 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	Same as Driver <input type="checkbox"/> Owner First Name: [REDACTED] Owner Last Name or Business Name (If Pedestrian, skip this Section): [REDACTED]		Address / City / State / Zip: 66 BEVERLY DR KINTNERSVILLE PA 18930 VIN: 1B7MF3363YJ124366 License Plate: YLF8105 Reg. State: PA Est. Speed: 999 Vehicle Towed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Towed By: SWAMPS AUTO	
	Insurance: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Un-known Insurance Company: ALL STATE Policy No: 09891914503/03		Vehicle Make: Dodge *Make Code: 07 Vehicle Model: [REDACTED] (see overlay)	
	Trailing Unit No. of Trailing Units: 0 Type: <input type="checkbox"/> 1=Towing Pass. Veh <input type="checkbox"/> 2=Towing Truck <input type="checkbox"/> 3=Towing Utility Trailer <input type="checkbox"/> 4=Mobile/Modular Home <input type="checkbox"/> 5=Camper <input type="checkbox"/> 6=Full Trailer <input type="checkbox"/> 7=Semi-Trailer <input type="checkbox"/> 8=Other <input type="checkbox"/> 9=Unknown		Tag No: [REDACTED] Tag Year: [REDACTED] Tag St: [REDACTED]	
	Direction of Travel : E *Vehicle Position : 01 *Movement : 16 *See Overlay		Special Usage <input checked="" type="checkbox"/> 00 01=Not Applicable 02=Fire Veh 03=Ambulance 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	
Vehicle Color <input checked="" type="checkbox"/> 05 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 <input checked="" type="checkbox"/> 04 01=Automobile 02=Motorcycle 03=Bus 04=Small Truck (If "02", Complete Form M, Section 26) (If "20" or "21", Complete Form M, Section 27)		
Initial Impact Point <input checked="" type="checkbox"/> 08 00=Non-Collision 01-12=Clock Points 13=Top		Damage Indicator <input checked="" type="checkbox"/> 3 0=None 2=Functional 1=Minor 3=Disabling 9=Unknown		
Gradient? <input checked="" type="checkbox"/> 4 1=Level 2=Uphill		Road Alignment <input checked="" type="checkbox"/> 2 1=Straight 2=Curved 9=Unknown		

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People Information	A Person Type: 1=Driver 2=Passenger 7=Pedestrian 8=Other 9=Unknown	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	G Ejection: 0=Not Applicable 1=Not Ejected 2=Totally Ejected 3=Partially Ejected 9=Unknown
	B Sex: F=Female M=Male U=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	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
	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			I Extrication: 0=Not Applicable 1=Not Extricated 2=Extricated By Mechanical Means 3=Freely By Non - Mechanical Means 8=Other 9=Unknown

13	EMS Agency:	Medical Facility:
----	-------------	-------------------

Unit No	Person No	Delete?	Date of Birth (MM-DD-YYYY)	A	B	C	D	E	F	G	H	I
01	01	<input type="checkbox"/>	01-01-01	1	M	3	01	03	04	0	0	2
Name / Address / Phone												
<input type="checkbox"/> Same as Operator 1535 OLD PLAINS RD PENNSBURG PA 18073 EMS Transport <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No												

Unit No	Person No	Delete?	Date of Birth (MM-DD-YYYY)	A	B	C	D	E	F	G	H	I
02	01	<input type="checkbox"/>	01-01-01	1	F	0	01	03	12	0	0	0
Name / Address / Phone												
<input type="checkbox"/> Same as Operator 511 HEADQUARTERS RD ERWINNA PA 18 EMS Transport <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No												

Unit No	Person No	Delete?	Date of Birth (MM-DD-YYYY)	A	B	C	D	E	F	G	H	I
02	02	<input type="checkbox"/>	09-28-1962	2	M	0	03	03	12	1	0	0
Name / Address / Phone												
<input type="checkbox"/> Same as Operator KENNETH RICKARDS 66 BEVERLY DRIVE KINTNERSVILLE PA 18930 EMS Transport <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No												

Unit No	Person No	Delete?	Date of Birth (MM-DD-YYYY)	A	B	C	D	E	F	G	H	I
		<input type="checkbox"/>										
Name / Address / Phone												
<input type="checkbox"/> Same as Operator EMS Transport <input type="checkbox"/> Yes <input type="checkbox"/> No												

Unit No	Person No	Delete?	Date of Birth (MM-DD-YYYY)	A	B	C	D	E	F	G	H	I
		<input type="checkbox"/>										
Name / Address / Phone												
<input type="checkbox"/> Same as Operator EMS Transport <input type="checkbox"/> Yes <input type="checkbox"/> No												

Unit No	Person No	Delete?	Date of Birth (MM-DD-YYYY)	A	B	C	D	E	F	G	H	I
		<input type="checkbox"/>										
Name / Address / Phone												
<input type="checkbox"/> Same as Operator EMS Transport <input type="checkbox"/> Yes <input type="checkbox"/> No												

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15 General Crash Information (If more than 2 Units, only complete once)	Crash Description	6	0=Non-Collision 1=Rear End	2=Head On 3=Rear to Rear (Backing)	4=Angle 5=Sideswipe (Same Direction)	6=Sideswipe (Opposite Direction) 7=Hit Fixed Object	8=Hit Pedestrian 9=Other/Unknown																															
	Relation to Roadway	1	1=On Travel Lanes 2=Shoulder	3=Median 4=Roadside	5=Outside Trafficway 6=In Parking Lane	7=Gore (Ramp Intersection) 9=Unknown																																
	Illumination	1	1=Daylight 2=Dark - No Street Lights	3=Dark - Street Lights 4=Dusk	5=Dawn 6=Dark - Unknown Roadway Lighting	8=Other																																
	Weather Conditions	1	1=No Adverse Conditions 2=Rain	3=Sleet (Hail) 4=Snow	5=Fog 6=Rain & Fog	7=Sleet & Fog 8=Other	9=Unknown																															
	Road Surface Conditions	0	0=Dry 1=Wet	2=Sand, Mud, Dirt, Oil 3=Snow Covered	4=Slush 5=Ice	6=Ice Patches 7=Water - Standing or Moving	8=Other																															
16 Unit(s) Event Information	<table border="1"> <thead> <tr> <th>Unit No</th> <th>Harm Event</th> <th>L/R</th> <th>Most?</th> <th>Utility Pole Number</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>02</td> <td></td> <td><input checked="" type="radio"/></td> <td></td> </tr> <tr> <td>01</td> <td></td> <td></td> <td><input type="radio"/></td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> <td><input type="radio"/></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> <td><input type="radio"/></td> <td></td> </tr> <tr> <td>4</td> <td></td> <td></td> <td><input type="radio"/></td> <td></td> </tr> </tbody> </table>				Unit No	Harm Event	L/R	Most?	Utility Pole Number	1	02		<input checked="" type="radio"/>		01			<input type="radio"/>		2			<input type="radio"/>		3			<input type="radio"/>		4			<input type="radio"/>		Harmful Events (Harm Event) 01=Hit Unit 1 02=Hit Unit 2 03=Hit Unit 3 04=Hit Unit 4 05=Hit Unit 5 06=Hit Other Traffic Unit 07=Hit Deer 08=Hit Other Animal 09=Collision With Other Non Fixed Object 11=Struck By Unit 1 12=Struck By Unit 2 13=Struck By Unit 3 14=Struck By Unit 4 15=Struck By Unit 5 16=Struck By Other Traffic Unit 21=Hit Tree Or Shrubbery 22=Hit Embankment 23=Hit Utility Pole 24=Hit Traffic Sign 25=Hit Guard Rail 26=Hit Guard Rail End 27=Hit Curb 28=Hit Concrete Or Longitudinal Barrier 29=Hit Ditch 30=Hit Fence Or Wall 31=Hit Building 32=Hit Culvert 33=Hit Bridge Pier Or Abutment 34=Hit Parapet End 35=Hit Bridge Rail 36=Hit Boulder Or Obstacle On Roadway 37=Hit Impact Attenuator 38=Hit Fire Hydrant 39=Hit Roadway Equipment 40=Hit Mail Box 41=Hit Traffic Island 42=Hit Snow Bank 43=Hit Temporary Construction Barrier 48=Hit Other Fixed Object 49=Hit Unknown Fixed Object 50=Overturn/Roll Over 51=Struck By Thrown Or Falling Object 52=Pot Holes Or Other Pavement Irregularities 53=Jackknife 54=Fire In Vehicle 58=Other Non-Collision 99=Unknown Harmful Event			
	Unit No	Harm Event	L/R	Most?	Utility Pole Number																																	
	1	02		<input checked="" type="radio"/>																																		
	01			<input type="radio"/>																																		
2			<input type="radio"/>																																			
3			<input type="radio"/>																																			
4			<input type="radio"/>																																			
<table border="1"> <thead> <tr> <th>Unit No</th> <th>Harm Event</th> <th>L/R</th> <th>Most?</th> <th>Utility Pole Number</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>11</td> <td></td> <td><input checked="" type="radio"/></td> <td></td> </tr> <tr> <td>02</td> <td></td> <td></td> <td><input type="radio"/></td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> <td><input type="radio"/></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> <td><input type="radio"/></td> <td></td> </tr> <tr> <td>4</td> <td></td> <td></td> <td><input type="radio"/></td> <td></td> </tr> </tbody> </table>				Unit No	Harm Event	L/R	Most?	Utility Pole Number	1	11		<input checked="" type="radio"/>		02			<input type="radio"/>		2			<input type="radio"/>		3			<input type="radio"/>		4			<input type="radio"/>						
Unit No	Harm Event	L/R	Most?	Utility Pole Number																																		
1	11		<input checked="" type="radio"/>																																			
02			<input type="radio"/>																																			
2			<input type="radio"/>																																			
3			<input type="radio"/>																																			
4			<input type="radio"/>																																			
First Harmful Event in the Crash Unit No: 01 Harm Event: 02 Do not repeat this information on multiple pages.				Driver Action (D) 00=No Contributing Action 01=Driver Was Distracted 02=Driving Using Hand Held Phone 03=Driving Using Hands Free Phone 04=Making Illegal U-Turn 05=Improper/Careless Turning 06=Turning From Wrong Lane 07=Proceeding W/O Clearance After Stop 08=Running Stop Sign 09=Running Red Light 10=Failure To Respond To Other Traffic Control Device 11=Tailgating 12=Sudden Slowing/Stopping 13=Illegally Stopped On Road 14=Careless Passing Or Lane Change 15=Passing In No Passing Zone 16=Driving The Wrong Way On 1-Way Street 17=Careless Or Illegal Backing On Roadway 18=Driving On The Wrong Side Of Road 19=Making Improper Entrance To Highway 20=Making Improper Exit From Highway 21=Careless Parking/Unparking 22=Over/Under Compensation At Curve 23=Speeding 24=Driving Too Fast For Conditions 25=Failure To Maintain Proper Speed 26=Driver Fleeing Police (Poli Chase) 27=Driver Inexperienced 28=Failure To Use Specialized Equip 92=Affected By Physical Condition 98=Other Improper Driving Actions 99=Unknown																																		
18 Contributing Information	Environmental / Roadway Potential Factors (E/R) 00=None 01=Windy Conditions 02=Sudden Weather Conditions 03=Other Weather Conditions 04=Deer In Roadway 05=Obstacle On Roadway 06=Other Animal In Roadway 07=Glare 08=Work Zone Related 11=Slippery Road Conditions (Ice/Snow) 12=Substance On Roadway 13=Potholes 14=Broken Or Cracked Pavement 15=TCO Obstructed 16=Soft Shoulder Or Shoulder Drop Off 28=Other Roadway Factor 29=Other Environmental Factor 99=Unknown				Possible Vehicle Failures (V) 00=None 01=Tires 02=Brake System 03=Steering System 04=Suspension 05=Power Train 06=Exhaust 07=Headlights 08=Signal Lights 09=Other Lights 10=Horn 11=Mirrors 12=Wipers 13=Driver Seating/Control 14=Body, Doors, Hood, Etc 15=Trailer Hitch 16=Wheels 17=Airbags 18=Trailer Overloaded 19=Unsecured/Shifted Trailer Load 20=Improper Towing 21=Obstructed Windshield 99=Unknown																																	
	Indicated Prime Factor Do not repeat this information on multiple pages. E/R V D P <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> If E/R is the Prime Factor Type, leave Unit No blank				Pedestrian Action (P) 00=None 01=Entering Or Crossing At Specified Location 02=Walking, Running, Jogging, Or Playing 03=Working 04=Pushing Vehicle 05=Approaching Or Leaving Vehicle 06=Working On Vehicle 07=Standing 98=Other 99=Unknown																																	
	Unit No 01 Harm Event 22 Unit No 02 Harm Event 22				Unit No 01 Harm Event 22 Unit No 02 Harm Event 22																																	

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Diagram

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Witness Name	Address	Phone
1		
2		

Narrative and additional witnesses:

Accident Investigation Notification Issued? ☐ Property Damage ☐

On 03/16/2010 I was dispatched to investigate a report of a two vehicle motor vehicle accident with injuries. Investigation revealed that unit 1 was traveling west on Headquarters Rd. when it struck unit 2. Unit 2 was traveling east on Headquarters Rd., east of Sheephole Rd. at the time of the crash. The crash occurred on a curved portion of the roadway.

Driver 1 was injured and transported to Doylestown Hospital. Unit 1 sustained heavy damage to the front bumper, hood, grill and the driver's side front quarter panel.

The driver of unit 2 related that she was eastbound and entering a left curve when unit 1 struck the driver's side Rear wheel of her vehicle. There was moderate damage observed on the driver's side Rear wheel.

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Witness and Narrative

Crash Number: W0150683
Incident Number: 2010-0594

