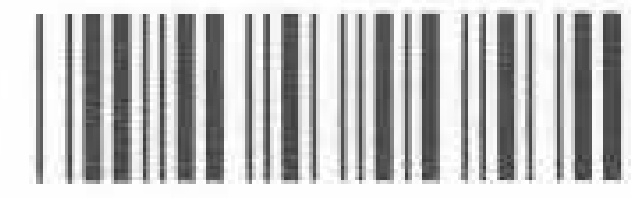


HOW TO READ

PENNSYLVANIA ACCIDENT REPORT

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM



Crash Number

AA 500 1

Case Closed Yes No
Reportable Crash Yes No

Page

P0938432

In the top block, you'll find the name of the investigating officer, as well as the dispatch time and arrival time.

Block 2 will list details about the accident, including location, the number of traffic units involved (including vehicles and other road users) and the number of people involved. The officer will also list the number of injuries and fatalities.

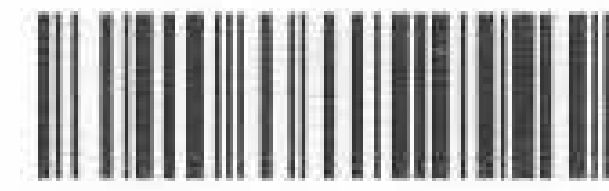
On the rest of this page, the officer will provide additional information about the crash location. This includes street names, landmarks, and GPS coordinates. There will also be information about any traffic control measures or lane closures.

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

HOW TO READ

PENNSYLVANIA ACCIDENT REPORT

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM



Crash Number

AA 500 3

Police Use Only

Page

P 0938432

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

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

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

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

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

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

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

In Block 13, the officer will note the EMS agency and medical facility that provided treatment if there were injuries.

Block 14 provides information about each person who was involved in the accident. This includes drivers, passengers and pedestrians. Their names, date of birth and contact information will be provided. The officer will also note whether the person was transported by emergency medical services to a hospital. Additional information will include injury severity, seat position, safety equipment use, and whether a person was ejected from or trapped in the vehicle.

Medical Facility:

Unit No Person No Delete? Date of Birth (MM-DD-YYYY) A B C D E F G H I

/ Address / Phone

EMS Transport
 Yes No

No Delete? Date of Birth (MM-DD-YYYY) A B C D E F G H I

/ Address / Phone

EMS Transport
 Yes No

No Delete? Date of Birth (MM-DD-YYYY) A B C D E F G H I

/ Address / Phone

EMS Transport
 Yes No

No Delete? Date of Birth (MM-DD-YYYY) A B C D E F G H I

/ Address / Phone

EMS Transport
 Yes No

No Delete? Date of Birth (MM-DD-YYYY) A B C D E F G H I

/ Address / Phone

EMS Transport
 Yes No

No Delete? Date of Birth (MM-DD-YYYY) A B C D E F G H I

Name / Address / Phone

Same as Operator

EMS Transport
 Yes No

HOW TO READ

PENNSYLVANIA ACCIDENT REPORT

COMMONWEALTH OF PENNSYLVANIA POLICE CRASH REPORTING FORM



Crash Number

AA 500 4

Police Use Only

Page

P 0938432

In Block 15, the officer will describe the crash, indicating whether it was a rear-end or other type of accident, and provide information about the road and weather conditions.

In Blocks 16 and 17, the officer will provide a sequence of events that led to the collision. The officer will also note the first harmful event as well as the most harmful event.

Blocks 18 and 19 note actions and other factors that may have caused the crash. These include environmental and road conditions and vehicle failures. The officer will also note driver actions, such as running a red light, tailgating, speeding and careless passing or lane change.

Crash Description		<input type="checkbox"/>	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		<input type="checkbox"/>	1=On Travel Lanes 2=Shoulder	3=Median 4=Roadside	5=Outside Trafficway 6=In Parking Lane	7=Gore (Ramp Intersection) 9=Unknown		
Illumination		<input type="checkbox"/>	1=Daylight 2=Dark - No Street Lights	3=Dark - Street Lights 4=Dusk	5=Dawn 6=Dark - Unknown Roadway Lighting	8=Other		
Conditions		<input type="checkbox"/>	1=No Adverse Conditions 2=Rain	3=Sleet (Hail) 4=Snow	5=Fog 6=Rain & Fog	7=Sleet & Fog 8=Other	9=Unknown	
Conditions		<input type="checkbox"/>	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	
Sequential Order		4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Harmful Events (Harm Event)								
01=Hit Unit 1							30=Hit Fence Or Wall	
02=Hit Unit 2							31=Hit Building	
03=Hit Unit 3							32=Hit Culvert	
04=Hit Unit 4							33=Hit Bridge Pier Or Abutment	
05=Hit Unit 5							34=Hit Parapet End	
06=Hit Other Traffic Unit							35=Hit Bridge Rail	
07=Hit Deer							36=Hit Boulder Or Obstacle On Roadway	
08=Hit Other Animal							37=Hit Impact Attenuator	
09=Collision With Other Non Fixed Object							38=Hit Fire Hydrant	
11=Struck By Unit 1							39=Hit Roadway Equipment	
12=Struck By Unit 2							40=Hit Mail Box	
13=Struck By Unit 3							41=Hit Traffic Island	
14=Struck By Unit 4							42=Hit Snow Bank	
15=Struck By Unit 5							43=Hit Temporary Construction Barrier	
16=Struck By Other Traffic Unit							48=Hit Other Fixed Object	
21=Hit Tree Or Shrubbery							49=Hit Unknown Fixed Object	
22=Hit Embankment							50=Overturn/Roll Over	
23=Hit Utility Pole							51=Struck By Thrown Or Falling Object	
24=Hit Traffic Sign							52=Pot Holes Or Other Pavement Irregularities	
25=Hit Guard Rail							53=Jackknife	
26=Hit Guard Rail End							54=Fire In Vehicle	
27=Hit Curb							58=Other Non-Collision	
28=Hit Concrete Or Longitudinal Barrier							99=Unknown Harmful Event	
29=Hit Ditch								
Driver Action (D)								
00=No Contributing Action							17=Careless Or Illegal Backing On Roadway	
01=Driver Was Distracted							18=Driving On The Wrong Side Of Road	
02=Driving Using Hand Held Phone							19=Making Improper Entrance To Highway	
03=Driving Using Hands Free Phone							20=Making Improper Exit From Highway	
04=Making Illegal U-Turn							21=Careless Parking/Unparking	
05=Improper/Careless Turning							22=Over/Under Compensation At Curve	
06=Turning From Wrong Lane							23=Speeding	
07=Proceeding W/O Clearance After Stop							24=Driving Too Fast For Conditions	
08=Running Stop Sign							25=Failure To Maintain Proper Speed	
09=Running Red Light							26=Driver Fleeing Police (Pol Chase)	
10=Failure To Respond To Other Traffic Control Device							27=Driver Inexperienced	
11=Tailgating							28=Failure To Use Specialized Equip	
12=Sudden Slowing/Stopping							92=Affected By Physical Condition	
13=Illegally Stopped On Road							98=Other Improper Driving Actions	
14=Careless Passing Or Lane Change							99=Unknown	
15=Passing In No Passing Zone								
16=Driving The Wrong Way On 1-Way Street								
Unit No		1		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								
Unit No								

