

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM



Crash Number

AA 500 1

Case Closed

Reportable Crash

Page

Yes No

Yes No

1

1 Zone

Agency Name PA STATE POLICE - DUNMORE	Precinct	Investigation Date (MM-DD-YYYY) 10 - 05 - 2013
------------------------------------------	----------	---------------------------------------------------

County 35	County name LACKAWANNA	Municipality 218	Municipality name SCOTT TWP	Crash Time (mil) 1620	No of Units 01	People 01	Injured 001	Killed* 000	*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 type="radio"/> Tue <input checked="" type="radio"/> Sat <input type="radio"/> Wed <input type="radio"/> Unk
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 checked="" type="radio"/> Yes <input 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	*Special Location 00
<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	* See Overlay	

Route Number 0081	Segment (Optional)	Travel Lanes 99	Speed Limit 65	Orientation <input type="radio"/> North <input checked="" type="radio"/> South <input type="radio"/> East <input type="radio"/> West <input type="radio"/> Unknown	House Number (if applicable)
Street Name I-81				Street Ending HW	For Mid-block crashes only. Use postal House Number and make sure Principal Roadway Street Name is filled in if using this option
Route Signing <input checked="" 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				

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
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				

Distance From Landmark Use For Mid - Block Crashes Please Enter Information for BOTH Landmarks if Using This Option	Landmark 1	Intersecting Rt Num Or Mile Post	Or Segment Marker	Ramp Use Only <input type="radio"/> North <input type="radio"/> South <input type="radio"/> East <input type="radio"/> West	Feet
	Or Intersecting Street Name				St Ending
	Landmark 2	Intersecting Rt Num Or Mile Post	Or Segment Marker	Ramp Use Only <input type="radio"/> North <input type="radio"/> South <input type="radio"/> East <input type="radio"/> West	Distance From Crash Scene to Landmark 1 (For Crash between Landmark 1 and Landmark 2)
	Or Intersecting Street Name				St Ending

GPS	Latitude: Degrees 41, Minutes 34, Seconds 44, . 86	Longitude: Degrees 75, Minutes 39, Seconds 16, . 99
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TCD	Traffic Control Device <input checked="" type="radio"/> Not Applicable <input type="radio"/> Traffic Signal <input type="radio"/> Stop Sign <input type="radio"/> Flashing Traffic Signal	<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	TCD Functioning <input checked="" type="radio"/> No Controls <input type="radio"/> Device Not Functioning	<input type="radio"/> Device Functioning Improperly <input type="radio"/> Device Functioning Properly	<input type="radio"/> Emergency Preemptive Signal <input type="radio"/> Unknown
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Lane Closure	Lane Closed (If "Not Applicable", skip rest of the Lane Closure section) <input type="radio"/> Not Applicable <input checked="" type="radio"/> Partially <input type="radio"/> Fully <input type="radio"/> Unknown	Lane Closure Direction <input type="radio"/> North <input checked="" type="radio"/> South <input type="radio"/> East <input type="radio"/> West <input type="radio"/> North and South <input type="radio"/> East and West <input type="radio"/> All (N,S,E,W)
Traffic Detoured	Yes <input type="radio"/> No <input checked="" type="radio"/> Unknown <input type="radio"/>	Esti. Time Closed <input type="radio"/> < 30 Min. <input checked="" 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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Unit Info	Type Unit	<input checked="" type="radio"/> Motor Vehicle in Transport	<input type="radio"/> Hit & Run Vehicle	<input type="radio"/> Illegally Parked	<input type="radio"/> Legally Parked	<input type="radio"/> Non - Motorized	Commercial Vehicle <input type="radio"/> Yes <input checked="" type="radio"/> No <i>(If Yes, Complete Form C)</i>
		<input type="radio"/> Pedestrian	<input type="radio"/> Pedestrian on Skates, in Wheelchair, etc	<input type="radio"/> Disabled From Previous Crash	<input type="radio"/> Train	<input type="radio"/> Phantom Vehicle	
<i>(If "Pedestrian" or "Pedestrian on Skates, in Wheelchair, etc", Complete Form M, Section 28)</i>							
Unit No	First Name	MI	Date of Birth (MM-DD-YYYY)				

Vehicle Driver / Pedestrian	<input checked="" type="radio"/> No	<input type="radio"/> Alcohol	<input type="radio"/> Illegal Drugs	<input type="radio"/> Alcohol and Drugs	<input type="radio"/> Medication	<input type="radio"/> Unknown	<input checked="" type="radio"/> Apparently Normal	<input type="radio"/> Had Been Drinking	<input type="radio"/> Illegal Drug Use	<input type="radio"/> Sick	<input type="radio"/> Fatigue	<input type="radio"/> Asleep	<input type="radio"/> Medication	<input type="radio"/> Unknown										
	Alcohol Test Type			Primary Vehicle Code Violation			Charged?																	
	<input checked="" type="radio"/> Test Not Given			<input type="radio"/> Breath			<input type="radio"/> Other			<input type="radio"/> Yes <input type="radio"/> No														
	<input type="radio"/> Blood			<input type="radio"/> Urine			<input type="radio"/> Unknown if Test Given			ROADWAYS LANED FOR TRAFFIC														
	Alcohol Test Results			<input type="radio"/> Test Refused			<input type="radio"/> Unknown Results			Driver Presence														
0			<input type="radio"/> Test Given, Contaminated Results			1			1=Driver Operated Vehicle 2=No Driver 3=Driver Fled Scene 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			
02													01=Private Vehicle Owned/Leased by Driver		03=Rented Vehicle		05=PENNDOT Vehicle		08=Other Municipal Government Vehicle		98=Other		99=Unknown	
Same as													Owner First Name		Owner Last Name or Business Name (If Pedestrian, skip this Section)									

Vehicle Information	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Unknown																	
	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	S	*Vehicle Position	03	*Movement	15	*See Overlay		Special Usage									
	Vehicle Color			Vehicle Type			05=Large Truck			20=Unicycle, Bicycle, Tricycle			00=Not Applicable			12=Commercial Passenger Carrier		
	03			04			06=SUV			21=Other Pedalcycle			01=Fire Veh			13=Taxi		
01=Blue			01=Automobile			07=Van			22=Horse & Buggy			02=Ambulance			21=Tractor Trailer			
02=Red			02=Motorcycle			10=Snowmobile			23=Horse & Rider			03=Police			22=Twin Trailer			
03=White			03=Bus			11=Farm Equip			24=Train			08=Other Emergency Vehicle			23=Triple Trailer			
04=Green			04=Small Truck			12=Construction Equip			25=Trolley			11=Pupil Transport			31=Modified Veh			
05=Black			05=Large Truck			13=ATV			26=Other			99=Unknown			99=Unknown			
09=Brown			06=SUV			18=Other Type Spec Veh			27=Other									
10=Orange			07=Van			19=Unk. Type Spec Veh			28=Other									
11=Purple			08=Gold						29=Unknown									
12=Other			09=Brown															
99=Unknown			10=Orange															
			11=Purple															
			12=Other															
			99=Unknown															
			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															
			00=Non-Collision															
			01-12=Clock Points															
			13=Top															
			14=Undercarriage															
			15=Towed Unit															
			99=Unknown															
			00=None															
			01=Minor															
			02=Functional															
			03=Disabling															
			09=Unknown															
			00=None															
			01=Level															
			02=Uphill															
			03=Downhill															
			04=Bottom of Hill															
			05=Top of Hill															
			09=Unknown															
			00=None															
			01=Straight															
			02=Curved															
			09=Unknown															

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People Information

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

- B Sex:**
F=Female
M=Male
U=Unknown

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

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

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

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

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

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

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

EMS Agency: JUSTUS, CLS

Medical Facility: CMC

Unit No Person No Delete? Date of Birth (MM-DD-YYYY)

01	01	<input type="checkbox"/>																	

		<input type="checkbox"/>																	
--	--	--------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name / Address / Phone

Same as Operator

EMS Transport
 Yes No

		<input type="checkbox"/>																	
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Name / Address / Phone

Same as Operator

EMS Transport
 Yes No

		<input type="checkbox"/>																	
--	--	--------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name / Address / Phone

Same as Operator

EMS Transport
 Yes No

		<input type="checkbox"/>																	
--	--	--------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name / Address / Phone

Same as Operator

EMS Transport
 Yes No

		<input type="checkbox"/>																	
--	--	--------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name / Address / Phone

Same as Operator

EMS Transport
 Yes No

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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

		Harm Event	L/R	Most?	Utility Pole Number		
Unit(s) Event Information	Unit No	1	37	L	<input checked="" 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
		2			<input type="radio"/>		
	Please Put Events in Sequential Order	3			<input type="radio"/>		
		4			<input type="radio"/>		
	Unit No	1			<input type="radio"/>		
		2			<input type="radio"/>		
Please Put Events in Sequential Order	3			<input type="radio"/>			
		4			<input type="radio"/>		

the Crash		the Crash					
Do not repeat this information on multiple pages							
Contributing Information	Environmental / Roadway Potential Factors (E/R)	1	00	2		3	
		00=None	11=Slippery Road Conditions (Ice/Snow)	01=Windy Conditions	12=Substance On Roadway	02=Sudden Weather Conditions	13=Potholes
		03=Other Weather Conditions	14=Broken Or Cracked Pavement	04=Deer In Roadway	15=TCD Obstructed	05=Obstacle On Roadway	16=Soft Shoulder Or Shoulder Drop Off
		06=Other Animal In Roadway	17=Airbags	07=Glare	18=Trailer Overloaded	08=Work Zone Related	19=Unsecure/Shifted Trailer Load
		09=Other Environmental Factor	20=Improper Towing		21=Obstructed Windshield		99=Unknown
	Possible Vehicle Failures (V)	12=Wipers	13=Driver Seating/Control	00=None	06=Exhaust	07=Headlights	08=Signal Lights
		14=Body, Doors, Hood, Etc	15=Trailer Hitch	01=Tires	07=Headlights	08=Signal Lights	09=Other Lights
		16=Wheels	17=Airbags	02=Brake System	08=Signal Lights	09=Other Lights	10=Horn
		18=Trailer Overloaded	19=Unsecure/Shifted Trailer Load	03=Steering System	10=Horn	11=Mirrors	12=Wipers
		20=Improper Towing	21=Obstructed Windshield	04=Suspension	11=Mirrors		
		99=Unknown		05=Power Train			
	Unit No	01	1	00	2		
	Unit No		1		2		
	Unit No		1		2		
	Unit No		1		2		
	Unit No	01	1	14	2		
	Unit No		1		2		
	Unit No		1		2		
	Unit No		1		2		
	Pedestrian Action (P)	00=None	01=Entering Or Crossing At Specified Location	02=Walking, Running, Jogging	03=Working	04=Pushing Vehicle	05=Approaching Or Leaving Vehicle
		06=Working On Vehicle	07=Standing				

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Diagram



Witness Name	Address	Phone
1		
2		

Narrative and additional witnesses:

Accident Investigation Notification Issued? Property Damage

This crash occurred as a result Unit #1 traveling south in the left lane of I-81. For unknown reason unit #1 went off the east berm and struck the impact attenuator. Unit #1 after impact traveled approx 45 feet through the guide rail with the guide rail traveling through the front of the vehicle. Unit #1 came to rest facing north in the left lane.

Upon this officer's arrival, this officer observed opr#1 laying in the grass adjacent to his vehicle. This officer interviewed Opr #1 at the scene on 10/05/13 at approx 1640 hrs.. He related that he was going approx 55mph and hit something.

This officer observed Unit #1 facing north in the south bound lane, the guide rail went through the front of the vehicle, stopping at the front of the drivers seat.

Witness and Narrative

(off to the left)

Exit 201
Off Ramp
100 yards

