

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM

AA 500 1

Case Closed Yes No
Reportable Crash Yes No

Page



F0068679

Crash Number

Incident Number		Police Agency		Patrol Zone	
Agency Name		68D04		22	
PA STATE POLICE - Beaver		Investigation Date (MM-DD-YYYY)		05 - 24 - 2009	
Dispatch Time (mil)		Arrival Time (mil)		Investigator	
1421		1425		KURTYKA, KIRK S	
Reviewer		Badge Number		Approval Date (MM-DD-YYYY)	
WALTON, GREGORY A		05683		05 - 25 - 2009	
County		County Name		Municipality	
04		BEAVER		103	
Crash Date (MM-DD-YYYY)		Crash Time (mil)		Municipality Name	
05 - 24 - 2009		1420		HOPEWELL TWP	
No of Units		People		Injured	
01		01		001	
Killed*		*If > 00 complete Form F		Day of Week	
000		Form F		<input checked="" 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	
Workzone (If Yes, Complete Form M, Section 29)		School Bus Related		School Zone Related	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Notify PENNDOT Maintenance		Notify PENNDOT Maintenance		Notify PENNDOT Maintenance	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Intersection Type		Special Location		* See Overlay	
<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 <input type="checkbox"/> Crossover <input type="checkbox"/> Other		<input type="checkbox"/> Railroad Crossing <input type="checkbox"/> *Special Location <input type="checkbox"/> 00		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Principal Road		Route Number		Segment (Optional)	
State Hwy 60		0060			
Street Name		Travel Lanes		Speed Limit	
State Hwy 60		02		65	
Route Signing		Street Ending		Orientation	
<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		HW		<input type="checkbox"/> North <input checked="" type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Unknown	
Intersecting Road		Route Number		Segment (Optional)	
Street Name		Travel Lanes		Speed Limit	
Route Signing		Street Ending		Orientation	
<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				<input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Unknown	
Distance From Landmark		Intersecting Rt Num Or Mile Post		Or Segment Marker	
Use For Mid - Block Crashes		Exit 10		HW	
Please Enter Information for BOTH Landmarks if Using This Option		Or Intersecting Street Name		St Ending	
		Bryson		RD	
Landmark 2		Intersecting Rt Num Or Mile Post		Or Segment Marker	
Or Intersecting Street Name		St Ending		Orientation	
				<input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Unknown	
GPS		Latitude: Degrees Minutes Seconds		Longitude: Degrees Minutes Seconds	
		40 35 : 34 . 79		- 80 17 : 43 . 66	
Traffic Control Device		TCD Functioning		Emergency Preemptive Signal	
<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"/> Yield Sign <input type="checkbox"/> Stop Sign <input type="checkbox"/> Police Officer or Flagman <input type="checkbox"/> Other Type TCD <input type="checkbox"/> Unknown		<input checked="" type="checkbox"/> No Controls <input type="checkbox"/> Device Not Functioning <input type="checkbox"/> Device Functioning Improperly <input type="checkbox"/> Device Functioning Properly		<input type="checkbox"/> Emergency Preemptive Signal <input type="checkbox"/> Unknown	
Lane Closed (If "Not Applicable", skip rest of the Lane Closure section)		Lane Closure Direction		All	
<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Partially <input type="checkbox"/> Fully <input type="checkbox"/> Unknown		<input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> North and South <input type="checkbox"/> East and West		<input type="checkbox"/> All (N,S,E,W)	
Traffic Detoured		Esti. Time Closed		Unknown	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		<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 checked="" type="checkbox"/> Unknown	

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Unit Info

Type Unit

Motor Vehicle in Transport Hit & Run Vehicle Illegally Parked Legally Parked Non - Motorized

Pedestrian Pedestrian on Skates, in Wheelchair, etc Disabled From Previous Crash Train Phantom Vehicle

Commercial Vehicle

Yes No

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

Unit No 01 **First Name** [Redacted] **MI** [Redacted] **Date of Birth (MM-DD-XXXX)** [Redacted]

Last Name [Redacted] **Telephone Number** [Redacted]

Delete?

Address / City

[Redacted]

Driver License Number [Redacted] **State** PA **Class** C

Alcohol/Drugs Suspected

No Illegal Drugs Medication

Alcohol Alcohol and Drugs Unknown

Driver or Pedestrian Physical Condition

Apparently Normal Illegal Drug Use Fatigue Medication

Had Been Drinking Sick Asleep Unknown

Alcohol Test Type

Test Not Given Breath Other

Blood Urine Unknown if Test Given

Primary Vehicle Code Violation

3309 Charged? Yes No

Alcohol Test Results

Test Refused Unknown Results

0 Test Given, Contaminated Results

Driver Presence

1=Driver Operated Vehicle 3=Driver Fled Scene 4=Hit and Run

2=No Driver 9=Unknown

1

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

01

Same as Driver **Owner First Name** [Redacted] **Owner Last Name or Business Name (If Pedestrian, skip this Section)** [Redacted]

Address / City / State / Zip 121 NORTHRIDGE DR MCDONALD PA 15057

Vehicle Make [Redacted] ***Make Code** 22

VIN [Redacted] **Model Year** 2003 **Vehicle Model** (see overlay)

VIBE [Redacted]

License Plate [Redacted] **Reg. State** PA **Est. Speed** 075 **Vehicle Towed** Yes No

Towed By ARMSTRONG'S TOWING

Insurance Yes No Un-known **Insurance Company** [Redacted] **Policy No** [Redacted]

Trailing Unit

No. of Trailing Units: 0 **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 [Redacted] **Tag Year** [Redacted] **Tag St** [Redacted]

Direction of Travel S ***Vehicle Position** 03 ***Movement** 01 ***See Overlay**

Vehicle Color 03 06=Yellow 07=Silver 08=Gold 09=Brown 10=Orange 11=Purple 12=Other 13=Top 01=Blue 02=Red 03=White 04=Green 05=Black 99=Unknown

Vehicle Type 01 01=Automobile 02=Motorcycle 03=Bus 04=Small Truck 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 12 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 3=Downhill 4=Bottom of Hill 5=Top of Hill 9=Unknown 1=Level 2=Uphill

Road Alignment 1 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

- 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

- 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

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

EMS Agency: MEDIC RESCUE

Medical Facility: PRESBYTERIAN HOSPITAL,PITTSBURGH

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"/>	[REDACTED]	1	F	2	01	03	01	1	0	2

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

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

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General Crash Information <small>(If more than 2 Units only complete once)</small>	Crash Description	<input type="text" value="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	<input type="text" value="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	<input type="text" value="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	<input type="text" value="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	<input type="text" value="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 No	<input type="text" value="26"/>	<input type="text" value="R"/>	<input checked="" type="radio"/>	<input type="text"/>
<input type="text" value="01"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="text"/>
Please Put Events in Sequential Order	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="text"/>

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	

First Harmful Event in the Crash	Unit No	Harm Event	Most Harmful Event in the Crash	Unit No	Harm Event
	<input type="text" value="01"/>	<input type="text" value="26"/>		<input type="text" value="01"/>	<input type="text" value="26"/>

Do not repeat this information on multiple pages

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	

Environmental / Roadway Potential Factors (E/R)

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	28=Other Roadway Factor
07=Glare	29=Other Environmental Factor
08=Work Zone Related	99=Unknown

Possible Vehicle Failures (V)

00=None	12=Wipers
01=Tires	13=Driver Seating/Control
02=Brake System	14=Body, Doors, Hood, Etc
03=Steering System	15=Trailer Hitch
04=Suspension	16=Wheels
05=Power Train	17=Airbags
	18=Trailer Overloaded
	19=Unsecure/Shifted Trailer Load
	20=Improper Towing
	21=Obstructed Windshield
	99=Unknown

Unit No	<input type="text" value="01"/>	1	<input type="text" value="98"/>	2	<input type="text"/>	3	<input type="text"/>	4	<input type="text"/>
Unit No	<input type="text"/>	1	<input type="text"/>	2	<input type="text"/>	3	<input type="text"/>	4	<input type="text"/>

Indicated Prime Factor

Do not repeat this information on multiple pages.

E / R	V	D	P
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Unit No Factor Code

If E/R is the Prime Factor Type, leave Unit No blank

Pedestrian Action (P)

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

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Diagram



Witness Name	Address	Phone
--------------	---------	-------

1		
---	--	--

2		
---	--	--

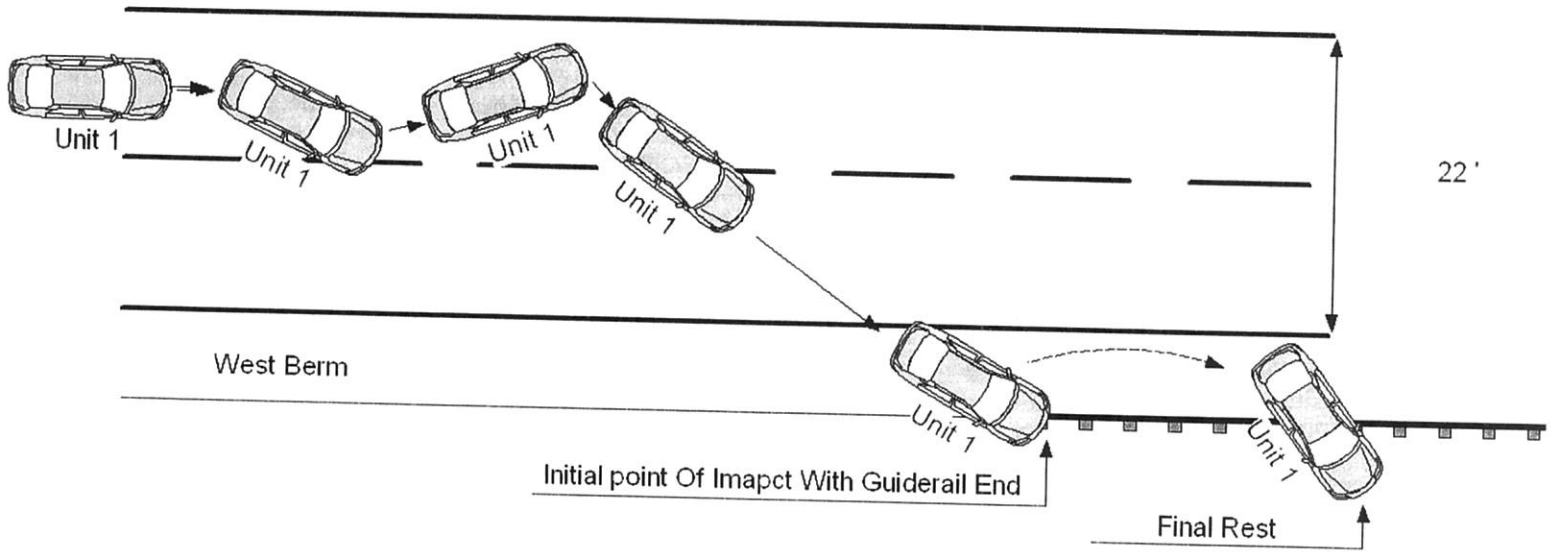
Narrative and additional witnesses:

Accident Investigation Notification Issued? Property Damage

Witness and Narrative

NOT TO SCALE

Aliquippa Exit, Approx. 6/10 Mile



SR 60 SB, 65 MPH

This crash occurred as unit # 1 was traveling South on SR 60 in the left lane. Operator # 1 failed to observe motorcycle in the right lane upon attempting to move into right lane. Operator # 1 overcorrected to the left and then back to the right to avoid hitting motorcycle in right lane. Operator # 1 lost control causing unit # 1 to travel across the right lane and strike the end of the West berm guiderail with its front. Unit # 1 continued to travel along guiderail for approximately 25 feet and came to final rest facing Southwest against West berm guiderail. Upon arrival operator # 1 was in the driver's seat of unit # 1 and couldn't move due to the guiderail piercing driver side compartment and trapping her legs. Three rails and six posts were observed damaged. Damage found on unit # 1's front matched the end of the guiderail indicating initial point of impact. No tire marks were observed on wet roadway. On 05/24/09 at approximately 1428 hrs I spoke with operator # 1 at the scene and was related the following: I was in the left lane and was passing a motorcycle. I lost control and went off the roadway into the guiderails. On 05/25/09 at 1030 hrs via phone witness # 1 was interviewed and related the following: I was in the right lane going about 65 to 70 MPH. She passed me in the fast lane. I am not sure how fast she was going. There was a motorcycle in front of me. She went to get back into the slow lane and I don't think she saw the motorcycle until the last minute and she cut back to the left and then back to right and went right into the guiderail. I stopped to help. The motorcycle didn't. It didn't start raining until after the crash happened. Hopewell VFD, Aliquippa Fire Department, Medic Rescue and Stat Medivac personal all assisted at the scene with extrication of operator # 1. Operator # 1 was flown to Presbyterian Hospital by Stat Medivac. Cpl. Christopher Hugar PSP Beaver assisted at the scene and took photographs of scene using the station digital camera. Photographs will be retained at PSP Beaver in crash attachment file. Citation [redacted] was filed at District Justice Janet Swihart's office for Driving On Roadways Laned For Traffic.

<http://abcnews.go.com/2020/video/deadly-impact-guardrail-investigation-25639296>

