

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM



Crash Number

AA 500 1

Case Closed Yes No
Reportable Crash Yes No

Page

P0938432

1	Police Agency Data												
	Incident Number <input type="text"/>						Police Agency <input type="text"/>		Patrol Zone <input type="text"/>				
	Agency Name <input type="text"/>				Precinct <input type="text"/>		Investigation Date (MM-DD-YYYY) <input type="text"/>						
	Dispatch Time (mil) <input type="text"/>		Arrival Time (mil) <input type="text"/>		Investigator <input type="text"/>			Badge Number <input type="text"/>					
2	Crash Data												
	County <input type="text"/>		County Name <input type="text"/>			Municipality <input type="text"/>		Municipality Name <input type="text"/>			Day of Week <input type="checkbox"/> Sun <input type="checkbox"/> Thu <input type="checkbox"/> Mon <input type="checkbox"/> Fri <input type="checkbox"/> Tue <input type="checkbox"/> Sat <input type="checkbox"/> Wed <input type="checkbox"/> Unk		
Crash Date (MM-DD-YYYY) <input type="text"/>		Crash Time (mil) <input type="text"/>		No of Units <input type="text"/>	People <input type="text"/>	Injured <input type="text"/>	Killed* <input type="text"/>	*If > 00 complete Form F					
Workzone (If Yes, Complete Form M, Section 29) <input type="checkbox"/> Yes <input type="checkbox"/> No				School Bus Related <input type="checkbox"/> Yes <input type="checkbox"/> No		School Zone Related <input type="checkbox"/> Yes <input type="checkbox"/> No		Notify PENNDOT Maintenance <input type="checkbox"/> Yes <input type="checkbox"/> No					
3	Loc Type												
	Intersection Type <input type="checkbox"/> 4 Way Intersection <input type="checkbox"/> "Y" Intersection <input type="checkbox"/> Multi-Leg Intersection <input type="checkbox"/> Off Ramp <input type="checkbox"/> Railroad Crossing <input type="checkbox"/> Midblock <input type="checkbox"/> "T" Intersection <input type="checkbox"/> Traffic Circle/Round About <input type="checkbox"/> On Ramp <input type="checkbox"/> Crossover <input type="checkbox"/> Other								*Special Location <input type="text"/>				
4	Principal Road												
	Route Number <input type="text"/>		Segment (Optional) <input type="text"/>		Travel Lanes <input type="text"/>		Speed Limit <input type="text"/>		Orientation <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Unknown	House Number (if applicable) <input type="text"/>			
	Street Name <input type="text"/>										Street Ending <input type="text"/>		
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										For Mid-block crashes only. Use postal House Number and make sure Principal Roadway Street Name is filled in if using this option			
5	Intersecting Road												
	Route Number <input type="text"/>		Segment (Optional) <input type="text"/>		Travel Lanes <input type="text"/>		Speed Limit <input type="text"/>		Orientation <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Unknown	T			
	Street Name <input type="text"/>											Street Ending <input type="text"/>	
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													
6	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 <input type="text"/>				Or Segment Marker <input type="text"/>				Ramp Use Only <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West	Feet <input type="text"/>	
			Or Intersecting Street Name <input type="text"/>										St Ending <input type="text"/>
		Landmark 2	Intersecting Rt Num Or Mile Post <input type="text"/>				Or Segment Marker <input type="text"/>				Ramp Use Only <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West	Distance From Crash Scene to Landmark 1 (For Crash between Landmark 1 and Landmark 2)	
Or Intersecting Street Name <input type="text"/>										St Ending <input type="text"/>			
7	GPS												
	Latitude: <input type="text"/>			Degrees <input type="text"/> Minutes <input type="text"/> Seconds <input type="text"/>			Longitude: — <input type="text"/>			Degrees <input type="text"/> Minutes <input type="text"/> Seconds <input type="text"/>			
8	TCD												
	Traffic Control Device <input type="checkbox"/> Not Applicable <input type="checkbox"/> Traffic Signal <input type="checkbox"/> Active RR Crossing Controls <input type="checkbox"/> Flashing Traffic Signal <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"/> Passive RR Crossing Controls <input type="checkbox"/> Unknown				TCD Functioning <input type="checkbox"/> No Controls <input type="checkbox"/> Device Functioning Improperly <input type="checkbox"/> Device Not Functioning		<input type="checkbox"/> Emergency Preemptive Signal <input type="checkbox"/> Device Functioning Properly <input type="checkbox"/> Unknown		
9	Lane Closure												
	Lane Closed (If "Not Applicable", skip rest of the Lane Closure section) <input type="checkbox"/> Not Applicable <input type="checkbox"/> Partially <input type="checkbox"/> Fully <input type="checkbox"/> Unknown					Lane Closure Direction <input type="checkbox"/> North <input type="checkbox"/> 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							
Traffic Detoured Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		Esti. Time Closed <input type="checkbox"/> < 30 Min. <input type="checkbox"/> 30-60 Min. <input type="checkbox"/> 1-3 hrs <input type="checkbox"/> 3-6 hrs <input type="checkbox"/> 6-9 hrs <input type="checkbox"/> > 9 hours <input type="checkbox"/> Unknown											

**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
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=Freed 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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name / Address / Phone

Same as Operator

EMS Transport
 Yes No

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM



Crash Number

AA 500 4

Police Use Only

Page

P 0938432

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

Unit No	Harm Event	L/R	Most?	Utility Pole Number				Harmful Events (Harm Event)
				1	2	3	4	
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Unit No	Harm Event	Most Harmful Event in the Crash	Unit No	Harm Event
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do not repeat this information on multiple pages

Contributing Information	Environmental / Roadway Potential Factors (E/R)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	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 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
	Indicated Prime Factor	Do not repeat this information on multiple pages.	E/R	V	D	P	Unit No <input type="checkbox"/>	Factor Code <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	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	Unit No <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>		

Contributing Information	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 <input type="checkbox"/>	<input type="checkbox"/>	Unit No <input type="checkbox"/>	<input type="checkbox"/>
--------------------------	------------------------------	--	---	----------------------------------	--------------------------	----------------------------------	--------------------------

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM



Crash Number

AA 500 5

Police Use Only

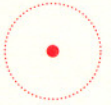
Page

--	--

P0938432

Diagram

20



Witness Name

Address

Phone

1

2

Narrative and additional witnesses:

Accident Investigation Notification Issued?

Property Damage

Witness and Narrative

22

Sample

**COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM**



Crash Number

AA 500 F

Police Use Only

Page

New

Change/
Continuation

SAMPLE

24

Road Surface Type

- Concrete Brick or Block Dirt
 Blacktop Slag, Gravel or Stone Other
 Unknown

Special Jurisdiction

- Military Other Federal Sites
 No Special Jurisdiction Indian Reservation Other
 National Park College/University Campus Unknown

Please complete Unit Information for **each** unit involved in a **fatal** crash. Do not repeat the information in the fields above on multiple pages.

25

Unit No

Driver Restrictions Compliance

No Restrictions/Not Applicable Restrictions Complied With Not a Pennsylvania Driver
 Restrictions Not Complied With Unknown Compliance
 Compliance Unknown

Driver Endorsement Compliance

None Required Required - Complied With Not a Pennsylvania Driver
 Required - Non Compliance Unknown Compliance
 Required - Compliance Unknown

Driver License Compliance

Not Licensed Not Required for Vehicle Class Unk if CDL or CDL Required
 No Valid License for Class Not a Pennsylvania Driver
 Valid License for Class Unknown

Drug Test Type

None Blood Other
 Urine Unknown if Test Given

Drug Test Results - (Up to Four Results)

0 = No Test Given 5 = Amphetamines
1 = No Drug Reported 6 = PCP
2 = Marijuana 8 = Other
3 = Cocaine 9 = Unknown Test Results
4 = Opiates

Principle Impact Point

Non-Collision
 Top
 Undercarriage
 Towed Unit
 Unknown

Avoidance Maneuver

No Avoidance Maneuver Braking - Other Evidence Other Avoidance Maneuver
 Braking - Skid Marks Evident Steering - Evidence or Driver Stated Inconclusive
 Braking - No Skid Marks, Driver Stated Steering and Braking Evidence or Stated Unknown

Under Ride Indicator

No Underride or Override Underride, No Compartment Intrusion Override, Other Vehicle
 Underride, Compartment Intrusion Underride, Compartment Intrusion Unknown Unknown if Underride or Override

Emergency Use

Not in Emergency Use Lights Flashing Both Lights and Siren
 Siren Sounding Unknown

Unit No

Driver Restrictions Compliance

No Restrictions/Not Applicable Restrictions Complied With Not a Pennsylvania Driver
 Restrictions Not Complied With Unknown Compliance
 Compliance Unknown

Driver Endorsement Compliance

None Required Required - Complied With Not a Pennsylvania Driver
 Required - Non Compliance Unknown Compliance
 Required - Compliance Unknown

Driver License Compliance

Not Licensed Not Required for Vehicle Class Unk if CDL or CDL Required
 No Valid License for Class Not a Pennsylvania Driver
 Valid License for Class Unknown

Drug Test Type

None Blood Other
 Urine Unknown if Test Given

Drug Test Results - (Up to Four Results)

0 = No Test Given 5 = Amphetamines
1 = No Drug Reported 6 = PCP
2 = Marijuana 8 = Other
3 = Cocaine 9 = Unknown Test Results
4 = Opiates

Principle Impact Point

Non-Collision
 Top
 Undercarriage
 Towed Unit
 Unknown

Avoidance Maneuver

No Avoidance Maneuver Braking - Other Evidence Other Avoidance Maneuver
 Braking - Skid Marks Evident Steering - Evidence or Driver Stated Inconclusive
 Braking - No Skid Marks, Driver Stated Steering and Braking Evidence or Stated Unknown

Under Ride Indicator

No Underride or Override Underride, No Compartment Intrusion Override, Other Vehicle
 Underride, Compartment Intrusion Underride, Compartment Intrusion Unknown Unknown if Underride or Override

Emergency Use

Not in Emergency Use Lights Flashing Both Lights and Siren
 Siren Sounding Unknown

**COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM**



Crash Number

AA 500 M

Police Use Only

Page

New
 Change/
Continuation

SAMPLE

26	Motorcycle	Unit No [][]	For Answers to the below (except for Engine Size and Helmet Type) use the following codes: Y = Yes N = No U = Unknown				
		Engine Size: [] CC	Driver Protection ?		Helmet Type	Passenger Protection ?	Helmet Type
		Motorcycle Has? The Driver Has?	<input type="checkbox"/> Eye Protection	<input type="checkbox"/> Long Sleeves	<input type="checkbox"/> 0 = No Helmet	<input type="checkbox"/> Eye Protection	<input type="checkbox"/> 0 = No Helmet
		<input type="checkbox"/> Passenger <input type="checkbox"/> MC Education	<input type="checkbox"/> Long Pants	<input type="checkbox"/> Over Ankle Boots	<input type="checkbox"/> 1 = Full Helmet	<input type="checkbox"/> Long Sleeves	<input type="checkbox"/> 1 = Full Helmet
		<input type="checkbox"/> Saddle Bag and/ or Trunk	<input type="checkbox"/> Long Pants	<input type="checkbox"/> Over Ankle Boots	<input type="checkbox"/> 2 = 3/4 Style	<input type="checkbox"/> Long Pants	<input type="checkbox"/> 2 = 3/4 Style
		<input type="checkbox"/> Trailer	<input type="checkbox"/> Over Ankle Boots		<input type="checkbox"/> 3 = Half Helmet Style	<input type="checkbox"/> Over Ankle Boots	<input type="checkbox"/> 3 = Half Helmet Style
					<input type="checkbox"/> 9 = Unknown	<input type="checkbox"/> Over Ankle Boots	<input type="checkbox"/> 9 = Unknown
					<input type="checkbox"/> Helmet Stay On?	<input type="checkbox"/> Over Ankle Boots	<input type="checkbox"/> Helmet Stay On?
					<input type="checkbox"/> Helmet has DOT or Snell Designation	<input type="checkbox"/> Over Ankle Boots	<input type="checkbox"/> Helmet has DOT or Snell Designation

27	Pedalcycles	Unit No [][]	Use Codes Y = Yes N = No U = Unknown	<input type="checkbox"/> Passenger?	<input type="checkbox"/> Helmet?	Unit No [][]	Use Codes Y = Yes N = No U = Unknown	<input type="checkbox"/> Passenger?	<input type="checkbox"/> Helmet?
				<input type="checkbox"/> Head Lights?	<input type="checkbox"/> Rear Reflectors?			<input type="checkbox"/> Head Lights?	<input type="checkbox"/> Rear Reflectors?

28	Pedestrian	Unit No [][]	Pedestrian Location [][]	Unit No [][]	Pedestrian Location [][]
			01 = Marked Crosswalks at Intersection 02 = At Intersection - No Crosswalks 03 = Non-Intersection Crosswalks 04 = Driveway Access 05 = In Roadway 06 = Not in Roadway 07 = Median 08 = Island 09 = Shoulder 10 = Sidewalk 11 = < 10 Feet Off Road 12 = > 10 Feet Off Road 13 = Outside Trafficway 14 = Shared Paths/Trails 99 = Unknown		01 = Marked Crosswalks at Intersection 02 = At Intersection - No Crosswalks 03 = Non-Intersection Crosswalks 04 = Driveway Access 05 = In Roadway 06 = Not in Roadway 07 = Median 08 = Island 09 = Shoulder 10 = Sidewalk 11 = < 10 Feet Off Road 12 = > 10 Feet Off Road 13 = Outside Trafficway 14 = Shared Paths/Trails 99 = Unknown
		Pedestrian Signals		Pedestrian Signals	
		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not at Intersection		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not at Intersection	
		Pedestrian Clothing		Pedestrian Clothing	
		<input type="radio"/> Light <input type="radio"/> Dark <input type="radio"/> Reflective <input type="radio"/> Unknown		<input type="radio"/> Light <input type="radio"/> Dark <input type="radio"/> Reflective <input type="radio"/> Unknown	

29	Work Zone	Work Zone Type	Where in Work Zone ?	Work Zone Speed or Advisory Limit [][]	Law Enforcement Officer Present	Special Work Zone Characteristics
		<input type="radio"/> Construction (Long Term) <input type="radio"/> Maintenance (Short Term) <input type="radio"/> Utility Company <input type="radio"/> Other	<input type="radio"/> Before 1st Work Zone Warning Sign <input type="radio"/> Advance Warning Area <input type="radio"/> Transition Area <input type="radio"/> Activity Area <input type="radio"/> Termination Area <input type="radio"/> Other		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	<input type="checkbox"/> Lane Closure? <input type="checkbox"/> Road Closed with Detour? <input type="checkbox"/> Work on Shoulder or Median? <input type="checkbox"/> Intermittent or Moving Work? <input type="checkbox"/> Flagger Control? <input type="checkbox"/> Other
			Workers Present			
			<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown			

List all Warning Signs in Narrative

Additional M-Page Information

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM



Crash Number

Page:

New

Change/
Continuation

SAMPLE

AA 500 C

Police Use Only

Commercial Vehicle Information

23

Unit No Number of Axles (Code Number of Axles or '99' for unknown)

Carrier Name

Address

City State Zip

USDOT# ICC # PUC #

Carrier Phone () -

GVWR

Oversize Load Yes No Unknown

Cargo Body Type

Not Applicable Flat Bed Auto Transport

Van/Enclosed Box Dump Garbage/Refuse

Cargo Tank Concrete Mixer Bus Other/Unknown

Hazardous Material

Yes No

Enter 1-digit hazardous material class

Vehicle Configuration

Not Applicable Truck Tractor (Bobtail)

Passenger Car - Only Record if HazMat Placard Displayed Tractor/Semi-Trailer(s)

Light Truck (Van, Mini-Van, Panel, Pickup or SUV with HazMat Placard) Medium/Heavy Truck - Cannot Classify

Single Unit Truck (2 Axles, 6 Tires) Small Bus (Seats 9-15 People, Including Driver)

Single Unit Truck (3 or More Axles) Bus (Seats More Than 15 People, Including the Driver)

Single Unit Truck (Unknown Number of Axles) Other

Truck/Trailer(s) Unknown

Release Indicator 1 = No Release 2 = Release Occurred 9 = Unknown

Commercial Vehicle Information

23

Unit No Number of Axles (Code Number of Axles or '99' for unknown)

Carrier Name

Address

City State Zip

USDOT# ICC # PUC #

Carrier Phone () -

GVWR

Oversize Load Yes No Unknown

Cargo Body Type

Not Applicable Flat Bed Auto Transport

Van/Enclosed Box Dump Garbage/Refuse

Cargo Tank Concrete Mixer Bus Other/Unknown

Hazardous Material

Yes No

Enter 1-digit hazardous material class

Vehicle Configuration

Not Applicable Truck Tractor (Bobtail)

Passenger Car - Only Record if HazMat Placard Displayed Tractor/Semi-Trailer(s)

Light Truck (Van, Mini-Van, Panel, Pickup or SUV with HazMat Placard) Medium/Heavy Truck - Cannot Classify

Single Unit Truck (2 Axles, 6 Tires) Small Bus (Seats 9-15 People, Including Driver)

Single Unit Truck (3 or More Axles) Bus (Seats More Than 15 People, Including the Driver)

Single Unit Truck (Unknown Number of Axles) Other

Truck/Trailer(s) Unknown

Release Indicator 1 = No Release 2 = Release Occurred 9 = Unknown