

BARRISTER COUNTY
POLICE CRASH REPORTING FORM

Crash Number

0103-01

New

Change/
Continuation

Case Closed
 Yes No

Page: 001

Police Agency Data

Incident Number
135700

Police Agency
Patrol Zone

Agency Name
BARRISTER TWP. POLICE DEPT.

Precinct

Investigation Date (MM-DD-YYYY)
03-03-2002

Dispatch Time (mil) Arrival Time (mil)
0030 0035

Investigator
SGT. STAN O'CONNOR

Badge Number
05

Reviewer
CHIEF ANDREW FILK

Badge Number
01

Approval Date (MM-DD-YYYY)
03-05-2002

Crash Data

County County Name
01 BARRISTER

Municipality Municipality Name
015 BARRISTER TWP.

Day of Week
 Sun Thu
 Mon Fri
 Tue Sat
 Wed Unk

Crash Date (MM-DD-YYYY) Crash Time (Military) No of Units No of People No Injured No Killed (If > 00, Complete Form: AA 45 F 1)
03-03-2002 0025 01 02 02 00

Reportable Crash Yes No
Notify Highway Maintenance Yes No
School Bus Related Yes No
School Zone Related Yes No
PennDOT Property Yes No

Unit Information

Unit Number 01
Delete?
Type Unit Motor Vehicle in Transport
 Pedestrian
 Hit & Run Vehicle
 Pedestrian on Skates, in Wheelchair, etc
 Illegally Parked
 Disabled From Previous Crash
 Legally Parked
 Train
 Non - Motorized
 Phantom Vehicle

Owner Last Name (If Pedestrian, skip to Form AA 45 3 1)
DAY FI MI Telephone Number
D V 555-0001

Commercial Vehicle
 Yes
 No
(If Yes, Complete Form: AA 45 C 1)

Address 1400 CHANEY DRIVE
City BARRISTERVILLE State Zip

VIN IJKLM07P6SN738021 Model Year 1995 Vehicle Make* 02

License Plate HELRSR Reg. State Travel Speed UNK
*Refer to List on Back of Overlay (JEEP)

Insurance Insurance Company SEELIG INS. CO. Policy No SIC-01234-V Insurance Company Phone 555-1010

Vehicle Towed Yes No Towed To Towed By Tow Agency Phone

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Commercial Vehicle
 Yes
 No
(If Yes, Complete Form: AA 45 C 1)

Address City State Zip

VIN Model Year Vehicle Make*

License Plate Reg. State Travel Speed
*Refer to List on Back of Overlay

Insurance Insurance Company EXHIBIT D Policy No Insurance Company Phone

Vehicle Towed Yes No Towed To EXHIBIT D Towed By Tow Agency Phone

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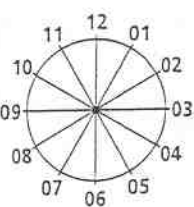
Change/
Continuation

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Vehicle Information

Unit Number 01	Trailing Unit(s) Number of Trailing Units: 0	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"/>
				Tag No <input type="text"/>	Tag Year <input type="text"/>	Tag State <input type="text"/>

Vehicle Color 02	Vehicle Type 01	Special Usage 00
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	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	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

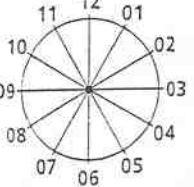
Initial Impact Point 10	Damage Indicator 2	Vehicle Role 1	Vehicle Position
	0=None 1=Minor (Driveable) 2=Functional (Moderate Damage, May Not be Driveable) 3=Disabling (Severe - Not Driveable) 9=Unknown	0=Non-Collision 1=Striking 2=Struck 3=Both Striking and Struck	00=Not Applicable 01=Right Lane (Curb) 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	Movement 16	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	3=Downhill 4=Sag/Bottom of Hill 5=Crest/Top of Hill 9=Unknown
N=North S=South E=East W=West U=Unknown	01=Going Straight 02=Slowing/Stopping in Lane 03=Stopped in Traffic Lane 04=Passing/Overtaking Veh 05=Leaving a Parked Position 06=Parked			Alignment 2	1=Straight 2=Curved 9=Unknown

Vehicle Information

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Vehicle Driver/Pedestrian Information

Unit Number Last Name FI MI Telephone Number
 01 DAY D V 555-0001
 Address City State Zip
 1400 CHANEY DRIVE BARRISTERVILLE XX
 License Number State
 27649127 XX 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
 In Roadway < 10 Feet Off Road
 Marked Crosswalks at Intersection Not in Roadway > 10 Feet Off Road
 At Intersection - No Crosswalks Median Outside Trafficway
 Non-Intersection Crosswalks Island Shared Paths/ Trails
 Driveway Access Sidewalk Unknown

Vehicle Code List any Vehicle Code Section this driver has violated and mark if they were charged. Charged with Violation?
 Yes No
 Yes No

Owner/Driver Code 00=Not Applicable 03=Rented Vehicle 08=Other Municipal Government Vehicle Driver Presence
 01=Private Vehicle Owned/ Leased by Driver 04=State Police Vehicle 09=Federal Gov Vehicle 1=Driver Operated Vehicle 3=Driver Fled Scene 4=Hit and Run
 02=Private Vehicle Not Owned/Leased by Driver 05=PennDOT Vehicle 98=Other 2=No Driver 9=Unknown
 06=Other State Gov Vehicle 07=Municipal Police Vehicle 99=Unknown

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 License Number State
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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

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

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=Freely By Non - Mechanical Means
8=Other
9=Unknown

Unit No 01 Person No 01 Delete? Date of Birth (MM-DD-YYYY) 07-01-1984 A 1 B 3 C 0 D 1 E 0 F 0 G 0 H 0 I 0
Name / Address / Phone DOMINIQUE V. DAY, 1400 CHANEY DRIVE, BARRISTERVILLE EMS Transport Yes No

Unit No 01 Person No 02 Delete? Date of Birth (MM-DD-YYYY) 06-14-1984 A 2 B 4 C 0 D 3 E 0 F 3 G 0 H 0 I 0
Name / Address / Phone MONTGOMERY, 1787 CONSTITUTION WAY, BARRISTERVILLE EMS Transport Yes No

Unit No Person No Delete? Date of Birth (MM-DD-YYYY) A B C D E F G H I
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
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
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
Name / Address / Phone EMS Transport Yes No

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Type Location	<u>Intersection Type</u>			<u>Special Location</u>		
	<input checked="" type="checkbox"/> Midblock	<input type="checkbox"/> "Y" Intersection	<input type="checkbox"/> Off Ramp	<input checked="" type="checkbox"/> Not Applicable	<input type="checkbox"/> Bridge	<input type="checkbox"/> Cross Over Related
	<input type="checkbox"/> 4 Way Intersection	<input type="checkbox"/> Traffic Circle/ Round About	<input type="checkbox"/> Crossover	<input type="checkbox"/> Underpass	<input type="checkbox"/> Tunnel	<input type="checkbox"/> Driveway/Parking Lot
	<input type="checkbox"/> "T" Intersection	<input type="checkbox"/> Multi-Leg Intersection	<input type="checkbox"/> Railroad Crossing	<input type="checkbox"/> Ramp	<input type="checkbox"/> Toll Booth	<input type="checkbox"/> Ramp & Bridge
	<input type="checkbox"/> On Ramp	<input type="checkbox"/> Other		(If "Ramp" is indicated, please see manual)		
				<input type="checkbox"/> Unknown		

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	Orientation	House Number (if applicable)
	<u>01</u>			<u>02</u>	<u>35</u>		<input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Unknown
	Street Name				Street Ending		
	<u>P A T E R N O D R I V E</u>						
	<u>Route Signing</u>						
	<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

Intersecting Road	County	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		
	<u>Route Signing</u>						
	<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

Distance From Landmark	Please Enter Information for BOTH Landmarks if Using This Option	Landmark 1	Intersecting Rt Num	Or Mile Post	Or Segment Marker	Ramp Use Only	Feet
							<input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West
			<u>C O M M O N W E A L T H A V E</u>				Or Miles
		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)

GPS	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
	Latitude:			Longitude:		

TCD	<u>Traffic Control Device</u>			<u>TCD Functioning</u>		
	<input checked="" type="checkbox"/> Not Applicable	<input type="checkbox"/> Stop Sign	<input type="checkbox"/> Passive RR Crossing Controls	<input checked="" type="checkbox"/> No Controls	<input type="checkbox"/> Device Functioning Improperly	<input type="checkbox"/> Emergency Preemptive Signal
	<input type="checkbox"/> Flashing Traffic Signal	<input type="checkbox"/> Yield Sign	<input type="checkbox"/> Police Officer or Flagman	<input type="checkbox"/> Device Not Functioning	<input type="checkbox"/> Device Functioning Properly	<input type="checkbox"/> Unknown
	<input type="checkbox"/> Traffic Signal	<input type="checkbox"/> Active RR Crossing Controls	<input type="checkbox"/> Other Type TCD			
		<input type="checkbox"/> Unknown				

Work Zone	<u>Type of Work Zone (If "Not a Work Zone", skip rest of Work Zone section)</u>			<u>Work Zone (Mark all that apply)</u>		
	<input checked="" type="checkbox"/> Not a Work Zone	<input type="checkbox"/> Construction	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Lane Closure	<input type="checkbox"/> Work on Shoulder or Median	<input type="checkbox"/> Flagger Control
	<input type="checkbox"/> Utility Company	<input type="checkbox"/> Other		<input type="checkbox"/> Road Closed with Detour	<input type="checkbox"/> Intermittent or Moving Work	<input type="checkbox"/> Other
	<u>Work Zone Location</u>			<u>Work Zone Speed Limit</u>	<u>Workers Present</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
	<input type="checkbox"/> Before 1st Work Zone Warning Sign	<input type="checkbox"/> Advance Warning Area	<input type="checkbox"/> Transition Area			
	<input type="checkbox"/> Activity Area	<input type="checkbox"/> Termination Area	<input type="checkbox"/> Other			

Lane Closure	<u>Lane Closed (If "Not Applicable", skip rest of the Lane Closure section)</u>				<u>Traffic Detoured</u>	
	<input checked="" type="checkbox"/> Not Applicable	<input type="checkbox"/> Partially	<input type="checkbox"/> Fully	<input type="checkbox"/> Unknown	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<u>Lane Closure Direction</u>				<u>Estimated Time Closed</u>	
	<input type="checkbox"/> North	<input type="checkbox"/> East	<input type="checkbox"/> North and South	<input type="checkbox"/> South	<input type="checkbox"/> < 30 Minutes	<input type="checkbox"/> 9-12 hours
	<input type="checkbox"/> West	<input type="checkbox"/> East and West		<input type="checkbox"/> 30-60 Minutes	<input type="checkbox"/> 3-6 hours	<input type="checkbox"/> > 12 hours
				<input type="checkbox"/> 6-9 hours	<input type="checkbox"/> Unknown	

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Grid for continuation page numbers

General Crash Information (if more than 2 Units only complete once)

General Crash Information section with categories: Crash Description, Relation to Roadway, Illumination, Weather Conditions, Road Surface Conditions

Unit(s) Event Information

Unit(s) Event Information section for multiple units, including Harm Event, L/R, Most?, and Utility Pole Number

Harmful Events (Harm Event) list including 01=Hit Unit 1, 02=Hit Unit 2, 30=Hit Fence Or Wall, 31=Hit Building, etc.

Contributing Information

Contributing Information section including Environmental/Roadway Potential Factors (EIR), Possible Vehicle Failures (V), and Indicated Prime Factor

Driver Action (D) and Pedestrian Action (P) sections, including 00=No Contributing Action, 01=Driver Was Distracted, 03=Driving On The Wrong Side of Road, etc.

Indicated Prime Factor Do not repeat this information on multiple pages

E/R V D P checkboxes with D checked

Unit No Factor Code 01 24

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

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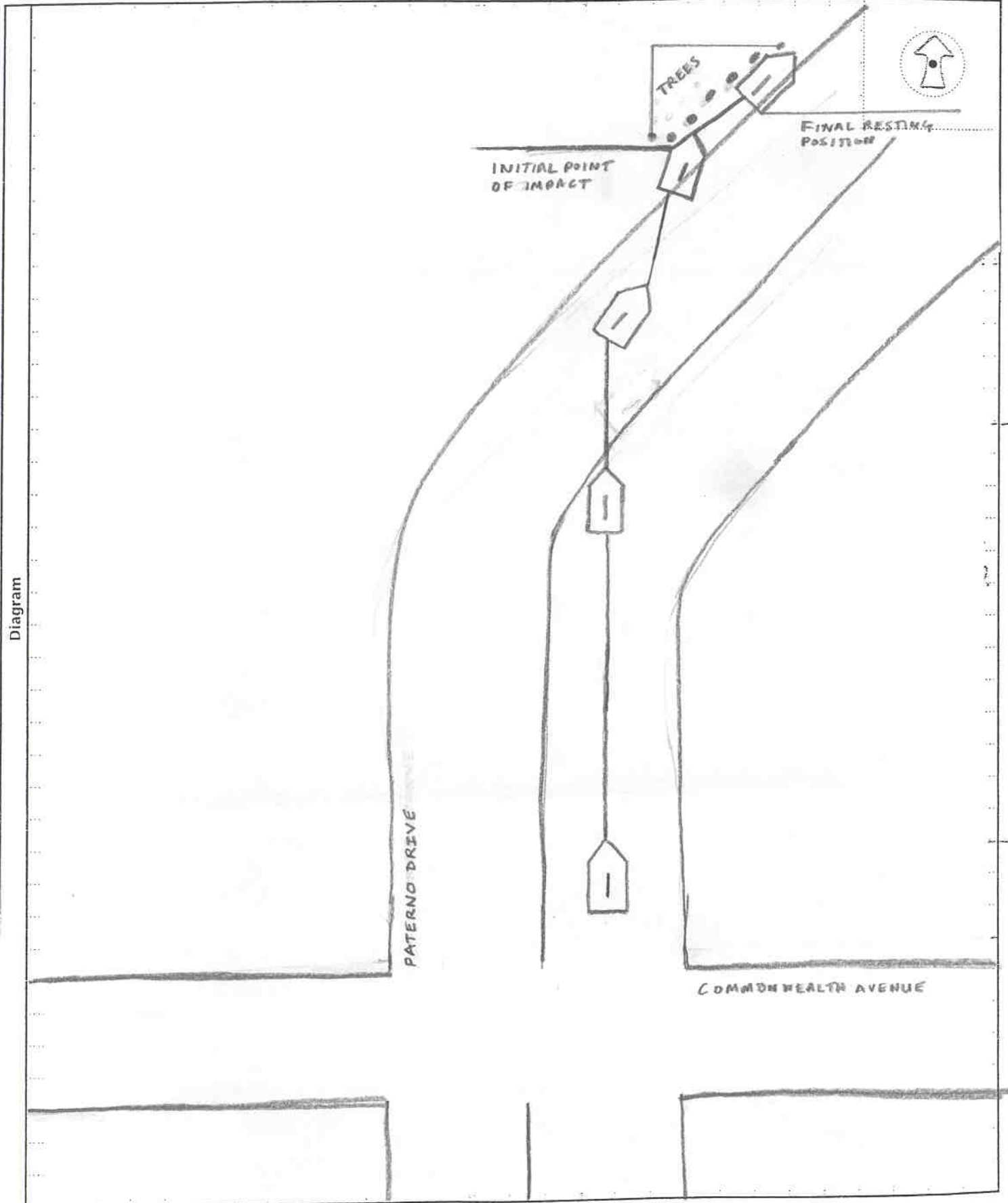
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Delete Page

Diagram



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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: BARRISTERVILLE AMB. Medical Facility: BARRISTERVILLE HOSPITAL

Witness 1: NONE KNOWN Address: Phone:

Witness 2: NONE KNOWN Address: Phone:

Narrative:

THIS OFFICER AND OFFICER BERNARD LAW ARRIVED ON SCENE AT APPROX. 0035 HRS.

OPERATOR #1 INTERVIEWED ON SCENE AT APPROX. 0035 HRS. STATED WAS DRIVING NORTHBOUND ON PATERNO DRIVE WHEN LOST CONTROL OF VEHICLE AND SWERVED OFF ROAD AND "SCRAPPED" TREES.

OPERATOR #1 COMPLAINED OF SIGNIFICANT PAIN IN LEFT LEG AND WAS UNABLE TO MOVE SAME, OFFICER LAW ADMINISTERED FIRST AID UNTIL EMS PERSONNEL ARRIVED.

THIS OFFICER NOTED SLIGHT ODOR OF ALCOHOL ON THE BREATH OF OPERATOR #1. WAS ABLE TO RECITE ALPHABET BACKWARDS AND ANSWER QUESTIONS ABOUT IDENTITY. OTHER FIELD SOBRIETY TESTS WERE DEFERRED DUE TO OPERATOR #1'S MEDICAL CONDITION.

THIS OFFICER CONCLUDED THAT OPERATOR #1 WAS NOT UNDER THE INFLUENCE OF ALCOHOL AT THE TIME OF THE ACCIDENT.

THE PASSENGER WAS INTERVIEWED AT THE SCENE AT APPROX. 0040 HRS. S/HE STATED THAT OPERATOR #1 WAS TAKING HIM HOME FROM A PARTY. THE PASSENGER INDICATED THAT S/HE FELL ASLEEP ON THE WAY HOME AND ONLY AWOKE AFTER THE ACCIDENT. HE APPEARED SHAKEN, BUT DENIED ANY SIGNIFICANT INJURY.

OPERATOR #1 AND PASSENGER WERE TRANSPORTED TO BARRISTERVILLE HOSPITAL BY AMBULANCE.

NO CELLPHONE WAS NOTED IN THE VEHICLE

Witness Information and Narrative