

PENNDOT COPY





# HOW TO READ PENNSYLVANIA ACCIDENT REPORT

This page is used to record information for one unit involved in the accident. (A unit is a vehicle or other road user.) The unit type will be recorded in Block 10 at the top of the page.

In Block 11, there will be more information about the operator of the unit. For example, the officer will record the driver's name, contact information and license number. The officer will include the result of an alcohol test, if one was given. There will also be information about the driver's physical condition – for example, whether the driver was fatigued or seemed to have been drinking or on medication.

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.

COMMONWEALTH OF PENNSYLVANIA  
POLICE CRASH REPORTING FORM

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Police Use Only

Page:

Crash Number

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10

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 Yes, Complete Form C)

Name

MI

Date of Birth (MM-DD-YYYY)

Name

Telephone Number

State

Class

11

Alcohol/Drugs Suspected

☐ No

☐ Illegal Drugs

☐ Medication

☐ Alcohol and Drugs

☐ Unknown

☐ Breath

☐ Urine

☐ Test Refused

☐ Test Given, Contaminated Results

☐ Other

☐ Unknown if Test Given

☐ Unknown Results

Driver or Pedestrian Physical Condition

☐ Apparently Normal

☐ Illegal Drug Use

☐ Fatigue

☐ Medication

☐ Had Been Drinking

☐ Sick

☐ Asleep

☐ Unknown

Primary Vehicle Code Violation

Charged?

☐ Yes ☐ No

Driver Presence

1=Driver Operated Vehicle

2=No Driver

3=Driver Fled Scene

4=Hit and Run

9=Unknown

Vehicle Type

01=Automobile

02=Motorcycle

03=Bus

04=Small Truck

05=Large Truck

06=SUV

07=Van

10=Snowmobile

11=Farm Equip

12=Construction Equip

20=Unicycle, Bicycle, Tricycle

21=Other Pedalcycle

22=Horse & Buggy

23=Horse & Rider

24=Train

25=Other Type Spec Veh

19=Unk. Type Spec Veh

99=Unknown

Vehicle Make

\*Make Code

Vehicle Model

Towed By

Reg. State

Est. Speed

Vehicle Towed

Insurance Company

Policy No

12

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

\*Vehicle Position

\*Movement

\*See Overlay

Special Usage

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

Damage Indicator

Gradient

Road Alignment

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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.

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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

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

Medical Facility:

14

Delete?

Date of Birth (MM-DD-YYYY)

A

B

C

D

E

F

G

H

I

Name / Address / Phone

EMS Transport

☐ Yes ☐ No

Delete?

Date of Birth (MM-DD-YYYY)

A

B

C

D

E

F

G

H

I

Address / Phone

EMS Transport

☐ Yes ☐ No

Delete?

Date of Birth (MM-DD-YYYY)

A

B

C

D

E

F

G

H

I

Address / Phone

EMS Transport

☐ Yes ☐ No

Delete?

Date of Birth (MM-DD-YYYY)

A

B

C

D

E

F

G

H

I

Address / Phone

EMS Transport

☐ Yes ☐ No

Delete?

Date of Birth (MM-DD-YYYY)

A

B

C

D

E

F

G

H

I

Address / Phone

EMS Transport

☐ Yes ☐ No

Delete?

Date of Birth (MM-DD-YYYY)

A

B

C

D

E

F

G

H

I

Address / Phone

EMS Transport

☐ Yes ☐ No

☐ Same as Operator

Address / Phone

EMS Transport

☐ Yes ☐ No

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## COMMONWEALTH OF PENNSYLVANIA POLICE CRASH REPORTING FORM



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**Crash Information** (Units only complete once)

<b>Crash Description</b>	<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
<b>Relation to Roadway</b>	<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	
<b>Illumination</b>	<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	
<b>Weather Conditions</b>	<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
<b>Surface Conditions</b>	<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

**Sequence of Events**

Event	L/R	Most?	Utility Pole Number
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

**Harmful Events (Harm Event)**

Harm Event	L/R	Most?	Utility Pole Number
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

**Driver Action (D)**

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

**Pedestrian Action (P)**

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

**Environmental / Roadway Potential Factors (E/R)**

Unit No	Factor Code
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

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.





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Diagram

20

In Block 20, the officer will include a diagram of the crash, noting the position of all vehicles and the directions they were traveling.

21

1

Address

Phone

In Block 21, the officer will write down the names and contact information of any witnesses. Below, the officer will provide a narrative of how the crash happened.

Additional witnesses:

Accident Investigation Notification Issued? ☐ Property Damage ☐

22

Witness and Narrative