HOW TO READ PENNSYLVANIA ACCIDENT REPORT COMMONWEALTH OF PENNSYLVANIA POLICE CRASH REPORTING FORM Page Case Closed Reportable Crash P0938432 AA 500 1 Yes No Yes No Police Agency Patrol Zone Incident Number Investigation Date (MM-DD-YYYY) Precinct In the top block, you'll find the name of the Badge Number Arrival Time (mil) Investigator investigating officer, as well as the dispatch Badge Number Approval Date (MM-DD-YYYY) time and arrival time. Day of Week Municipality Municipality Name County Name ○ Thu *If > 00Crash Time (mil) Killed* No of Units People Injured complete ○ Wed ○ Unk Form F Block 2 will list details Notify PENNDOT Maintenance School Zone Related School Bus Yes No No about the accident, Yes No Yes No Yes No including location, the Multi-Leg Intersection *Special Off Ramp Railroad Crossing "Y" Intersection Location number of traffic units Traffic Circle/ Round About Crossover Other On Ramp 'T" Intersection * See Overlay involved (including House Number (if applicable) Travel Lanes Speed Limit Segment (Optional) vehicles and other road North South users) and the number East For Mid-block crashes only. Use Street Ending of people involved. The postal House Number and make sure West Principal Roadway Street Name is officer will also list the Unknown filled in if using this option number of injuries and Other/ Local Road Private Turnpike County Turnpike Unknown (East/West) Highway Road or Street Turnpike) fatalities. Segment (Optional) Travel Lanes Speed Limit ○ North South East Street Ending Street Name West Unknown On the rest of this page, Turnpike Turnpike County Local Road Private Otner/ Unknown Highway or Street (East/West) Sput lot Turnpike) the officer will provide additional information Only Feet North about the crash South Ramp Use location. This includes St Ending Or Intersecting Street Name C East Or Miles West street names, landmarks, and GPS Intersecting Rt Num Or Mile Post Or Segment Marker coordinates. There will Distance From Crash O North Scene to Landmark 1 also be information South (For Crash between St Ending C East Or Intersecting Street Name about any traffic control Landmark 1 and O West Landmark 2) measures or lane closures. Degrees Minutes Seconds Seconds Minutes Longitude: -TCD Functioning Police Officer or Traffic Control Device Yield Sign Emergency Flagman Device Functioning Preemptive No Controls Traffic Signal Not Applicable Active RR Crossing Improperly Other Type TCD Signal Controls Flashing Traffic Device Functioning Device Not Stop Sign Passive RR Unknown Signal Unknown Functioning Properly Crossing Controls Closure North and South North East Lane Closed (If "Not Applicable", skip rest of the Lane Closure section) Lane Closure (N,S,E,W)Direction Not Applicable Partially Fully Unknown West East and West South

Esti. Time < 30 Min. 30-60 Min. 1-3 hrs 3-6 hrs 6-9 hrs > 9 hours

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Traffic

Detoured

FORM # AA-500 (12/02)

Yes O No O

Unknown



HOW TO READ PENNSYLVANIA ACCIDENT REPORT

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	ONWEALTH OF P				Canala Na	. 7
POLICE	CRASH REPORTI	NG FORM	ige:		Crash Nu	ımber •
AA 500 2	e Use Only			Р	0938432	
Type O Motor Transp	Pedest	Run Vehicle Illegally Prian on Skates, Disabled Previous	From O -		- Motorized Commercia Tes	◯ No
This page is used to	trian" or "Pedestrian	on Skates, in Wheelchair, e	tc", Complete	Form M, Section 28)	(If Yes, Comp	lete Form C)
record information for	lame			MI Date of Bir	th (MM-DD-YYYY)	
one unit involved in the		'				
	lame				Telephone Number	_
accident. (A unit is a vehicle or other road						
	te				Zip	
user.) The unit type will						
be recorded in Block 10	ber			State	Class	
at the top of the page.				J. J	(1033	
E .						
Alcohol/Drugs Susp				edestrian Physical Col	The state of the s	
	☐ Illegal Drugs		O Norr	arently 👝 Illegal I mal Use	Orug Fatigue M	ledication
	Alcohol and	Drugs Ounknown		Been Sick	Asleep U	nknown
In Block 11, there will be				11 AV A		
more information about	□ Breath	Other	Primary Ve	hicle Code Violation		narged?
the operator of the unit.	Urine Urine	Unknown if Test Given			Ŭ Ye	s O No
For example, the officer	☐ Test Refused	_ Unknown	Driver Pres	ence 1=Driver Opera	ated 3=Driver Fled Scene	
will record the driver's	Test Given,	Results		Vehicle	4=Hit and Run	
name, contact	Contaminate	ed Results		2=No Driver	9=Unknowл	
information and license	ot Applicable	02=Private Vehicle Not	04≔State F	olice Vehicle 07=Mu	ınicipal Police Veh 09=Feder	al Gov Veh
number. The officer will	rivate Vehicle Owned/	Owned/Leased by Drive		OT Vehicle 08=Oth	ner Municipal 98=Other	
include the result of an	eased by Driver	03=Rented Vehicle	06=Other	State Gov Veh Go	vernment Vehicle 99=Unkno	own
alcohol test, if one was	First Name	Owner La	st Name or Bu	usiness Name (If Pede	strian, skip this Section)	
given. There will also be						
information about the	e / Zip				Vehicle Make	*Make Code
driver's physical					Terrore mana	
condition - for example,						(see everlay)
whether the driver was				Model Year	Vehicle Model	(see overlay)
fatigued or seemed to						
have been drinking or		Reg. State	Est. Speed	Vehicle Towed	Towed By	
on medication.				Yes No		
	Insurance	Company	P	olicy No		
Ş O Yes O No	O Un-					
n at	known					
	Type1=To		Modular Home		g No Tag Year	Tag St
On the rest of this page,	07775	owing Truck 5=Campe owing Utility Trailer 6=Full Tra		8=Other 9=Unknown		
the officer will provide	5-10	Wing other transfer to run tra	HCI	9-011K1:0VVII		
additional information	*Vehicle Position	*Movement		*See	Special Usage	
about the crash				Overlay	12=Com	marcial
location. This includes	Vehicle Type	© 05=Large Tr 01=Automobile 06=SUV	uck	20=Unicycle, Bicycle, Tricycle	Pass	enger
street names,	er o	2=Motorcycle 07=Van		21=Other Pedalcycle	00=Not Applicable Carr 01=Fire Veh 13=Taxi	rier
landmarks, and GPS		3=Bus 10=Snowmo 4=Small Truck 11=Farm Eq		22=Horse & Buggy	02=Ambulance 21=Trac	tor Trailer
coordinates. There will	nge (If "02", Con			24=Train	03=Police 22=Twir 08=Other Emergency 23=Triple	e Trailer
also be information	c' (it "20" or "	er . Combiete		ther		lified Veh
about any traffic control	Form M, Sec	tion 27) 19=Unk. Typ		99=UNKNOWN	TI-TAPIT HORSPORE 33=U.IIKI	TOYYII
about arry traffic contitol		Donner on to disco	O.F.	Gradient 3_	Pand Alian	
measures or lane	- W	Damage Indicat			Downhill Road Align	
measures or lane closures.	on-Collision 14=Und ock Points 15=Tow	ercarriage 0=None	2=Functional 3=Disabling	1-1-000 4=	Bottom of Hill 1:	<u>ment</u> =Straight =Curved

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HOW TO READ PENNSYLVANIA ACCIDENT REPORT

POLIC	MONWEALTH OF PENNSYLVANIA CE CRASH REPORTING FORM olice Use Only	Page	P 0938432
A Person Type: A 1=Driver 2=Passenger 7=Pedestrian 8=Other 9=Unknown B Sex: B F =Female M=Male U =Unknown C 0=Not Injury 1=Killed 2=Major Injury 3=Moderate Injury 4-Minor Injury 4-Minor Injury 1 = Killed 2 = Major Injury 3 = Moderate Injury 4 - Minor Injury 4	D 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 12=Air Europe 1	quipment Two: e Used / Not Applicable it Air Bag Deployed (For This Seat) Air Bag Deployed (For This Seat) er Type Air Bag Deployed tiple Air Bags Deployed orcycle Eye Protection clist Wearing Elbow/Knee/Pads Bag Not Deployed, Switch On Bag Not Deployed, Switch Off Bag Not Deployed, Switch Setting Bag Removed (Prior To Crash) nown If Air Bag Deployed	G
cility that provided atment if there were uries.	Medical	Facility:	
	Date of Birth (MM-DD-YYYY) Delete? Address / Phone	A B C	EMS Transpor
ck 14 provides ormation about each son who was olved in the cident. This includes	Delete? — — — — — — — — — — — — — — — — — — —	A B C	E F G H I EMS Transpo Yes
lrivers, passengers and edestrians. Their ames, date of birth and contact information will be provided. The	Delete? Date of Birth (MM-DD-YYYY) ddress / Phone	A B C	D E F G H I EMS Transpo Yes
cer will also note ether the person was	Delete? Date of Birth (MM-DD-YYYY) ddress / Phone	A B C	D E F G H I EMS Transpo
ergency medical			
ergency medical vices to a hospital. ditional information include injury erity, seat position, ety equipment use, display whether a person	Date of Birth (MM-DD-YYYY) Delete? ddress / Phone	A B C	D E F G H I EMS Transpo

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HOW TO READ PENNSYLVANIA ACCIDENT REPORT

POLICE	ONWEALTH O CRASH REPO	F PENNSYLVAN RTING FORM	IIA Page	P 0938432				
Crash Description		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 Roadw	a <u>y</u>	1=On Travel Lanes 2=Shoulder	3=Median 4=Roadside	5=Outside Trafficway 6=In Parking Lane	7=Gore (Ramp Intersecti			
15 - Augustion Illumination		1=Daylight 2=Dark - No Street Lights	3=Dark - Street Lights 4=Dusk	5=Dawn 6=Dark - Unknown Roadway Lighting	8=Other			
In Block 15, the officer		1=No Adverse Conditions	3=Sleet (Hail) 4=Snow	5=Fog 6=Rain & Fog	7=Sleet & Fog 8=Other	9=Unknown		
will describe the crash, indicating whether it	tions	0=Dry 1=Wet	2=Sand, Mud, Dir Oil 3=Snow Covered	7 - 670.011	6=Ice Patches 7=Water - Standing or Moving	8=Other		
was a rear-end or other type of accident, and provide information about the road and weather conditions.	vent L/R Most?	Utility Pole Number		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	31=Hit Building 32=Hit Culvert 33=Hit Bridge Pie 34=Hit Parapet Er 35=Hit Bridge Rai 36=Hit Boulder O On Roadway 37=Hit Impact At	r Or Abutment nd I r Obstacle tenuator		
16 Harm	Event L/R Most?	Utility Pole Number		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	40=Hit Mail Box 41=Hit Traffic Isla 42=Hit Snow Ban 43=Hit Temporary Barrier	Roadway Equipment Mail Box Traffic Island Snow Bank Temporary Construction		
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				21=Hit Tree Or Shrubbery 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	Fixed Object Over own Or Falling Other gularities ollision mful Event			
well as the most harmful event. Environmental / Roce Potential Factors (E. 00=None	The state of the s			Driver Action (D) 00=No Contributing Action 01=Driver Was Distracted 02=Driving Using Hand Held P 03=Driving Using Hands Free I 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	Phone 19=Making Impro Entrance To F 20=Making Impro From Highway 21=Careless Parki 22=Over/Under Compensation	oadway e Wrong per lighway per Exit / ng/Unparking		
Blocks 18 and 19 note actions and other factors that may have caused the crash. These include environmental				O9=Running Red Light 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 O 1-Way Street	25=Failure To Ma 26=Driver Fleeing 27=Driver Inexper 28=Failure To Use 92=Affected By P 98=Other Improp	Specialized Equip hysical Condition		
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.	07=Headlights 08=Signal Ligh 09=Other Ligh 10=Horn 11=Mirrors 2 2	nts 15=Trailer I ts 16=Wheels 17=Airbags 18=Trailer (19=Unsecu Trailer I 20=Improp	-litch Overloaded re/Shifted Load er Towing cted Windshield vn	Unit No 1 Unit No 1 Pedestrian Action (P) 00=None 01=Entering Or Crossing At Specified Location 02=Walking, Running, Jogging	2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Or Leaving Vehicle		
E/R V D		R is the Prime Factor e, leave Unit Nó blan	k	Or Playing Unit No	98=Other 99=Unknown Unit No			

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HOW TO READ PENNSYLVANIA ACCIDENT REPORT

			IONWEALTH OF PENNSYLVANIA CRASH REPORTING FORM ice Use Only			P09	Crash Number P0938432		
20	Diagram								
will include the crash, position of	the officer a diagram of a diag		Address				Phone		
21	1								
will write d names and information	d contact n of any Below, the provide a of how the	tional witnesses:				n Notification Issued?		Damage 🔾	
22	Witness and Narr								