

COMMONWEALTH OF PENNSYLVANIA  
POLICE CRASH REPORTING FORM



Crash Number

AA 500 1

Case Closed  Yes  No  
Reportable Crash  Yes  No

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1 5 3 1 8 4 5 3

1 Police Agency Data	Incident Number 2 0 0 5 0 7 2 5 - 0 0 1						Police Agency P H P 5 2				Patrol Zone 6 5 1					
	Agency Name Pennsylvania Highway Patrol						Precinct Pittsburgh				Investigation Date (MM-DD-YYYY) 0 7 - 2 5 - 2 0 0 5					
	Dispatch Time (mil) 1 4 2 5			Arrival Time (mil) 1 4 4 0			Investigator Trent Hardaker				Badge Number c 9 9					
Reviewer William Smith						Badge Number m 3 2				Approval Date (MM-DD-YYYY) 0 7 - 2 7 - 2 0 0 5						

2 Crash Data	County 0 2 Allegheny		Municipality 2 5 6 Pittsburgh		Municipality Name						Day of Week <input type="radio"/> Sun <input type="radio"/> Thu <input checked="" type="radio"/> Mon <input type="radio"/> Fri <input type="radio"/> Tue <input type="radio"/> Sat <input type="radio"/> Wed <input type="radio"/> Unk			
	Crash Date (MM-DD-YYYY) 0 7 - 2 5 - 2 0 0 5			Crash Time (mil) 1 4 1 0		No of Units 0 2		People 0 5		Injured 0 3		Killed * 0 0		*If > 00 complete Form F
Workzone (If Yes, Complete Form M, Section 29) <input type="radio"/> Yes <input checked="" type="radio"/> No				School Bus Related <input type="radio"/> Yes <input checked="" type="radio"/> No		School Zone Related <input type="radio"/> Yes <input checked="" type="radio"/> No		Notify PENNDOT Maintenance <input type="radio"/> Yes <input checked="" type="radio"/> No						

3 Loc Type	Intersection Type <input checked="" type="radio"/> 4 Way Intersection <input type="radio"/> "Y" Intersection <input type="radio"/> Multi-Leg Intersection <input type="radio"/> Off Ramp <input type="radio"/> Railroad Crossing <input type="radio"/> Midblock <input type="radio"/> "T" Intersection <input type="radio"/> Traffic Circle/Round About <input type="radio"/> On Ramp <input type="radio"/> Crossover <input type="radio"/> Other						*Special Location	
	* See Overlay							

4 Principal Road	Route Number 2 5 7		Segment (Optional)		Travel Lanes 0 4		Speed Limit 5 5		Orientation <input checked="" type="radio"/> North <input type="radio"/> South <input type="radio"/> East <input type="radio"/> West <input type="radio"/> Unknown			House Number (if applicable)		
	Street Name													Street Ending
Route Signing <input checked="" type="radio"/> Interstate (Not Turnpike) <input type="radio"/> Turnpike (East/West) <input type="radio"/> Turnpike Spur <input type="radio"/> State Highway <input type="radio"/> County Road <input type="radio"/> Local Road or Street <input type="radio"/> Private Road <input type="radio"/> Other/Unknown														

5 Intersecting Road Use For Intersection Crashes	Route Number		Segment (Optional)		Travel Lanes		Speed Limit		Orientation <input type="radio"/> North <input type="radio"/> South <input type="radio"/> East <input type="radio"/> West <input type="radio"/> Unknown					
	Street Name												Street Ending	
Route Signing <input type="radio"/> Interstate (Not Turnpike) <input type="radio"/> Turnpike (East/West) <input type="radio"/> Turnpike Spur <input type="radio"/> State Highway <input type="radio"/> County Road <input type="radio"/> Local Road or Street <input type="radio"/> Private Road <input type="radio"/> Other/Unknown														

6 Distance From Landmark Use For Mid - Block Crashes	Please Enter Information for BOTH Landmarks if Using This Option						Ramp Use Only		Feet	
	Landmark 1 Intersecting Rt Num Or Mile Post		Or Segment Marker		St Ending		<input type="radio"/> North <input type="radio"/> South <input type="radio"/> East <input type="radio"/> West		Or Miles	
	Or Intersecting Street Name W i l l i a m s R D								0 2 5	
	Landmark 2 Intersecting Rt Num Or Mile Post		Or Segment Marker		St Ending		<input type="radio"/> North <input type="radio"/> South <input type="radio"/> East <input type="radio"/> West		Distance From Crash Scene to Landmark 1 (For Crash between Landmark 1 and Landmark 2)	
Or Intersecting Street Name E v e r g r e e n R D										

7 GPS	Latitude: Degrees 7 9 Minutes 5 9 Seconds 4 5 . 1 0			Longitude: — Degrees 4 0 Minutes 2 6 Seconds 2 5 . 8 0		
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8 TCD	Traffic Control Device <input checked="" type="radio"/> Not Applicable <input type="radio"/> Traffic Signal <input type="radio"/> Flashing Traffic Signal <input type="radio"/> Stop Sign				Yield Sign <input type="radio"/> Active RR Crossing Controls <input type="radio"/> Passive RR Crossing Controls <input type="radio"/> Unknown				Police Officer or Flagman <input type="radio"/> Other Type TCD <input type="radio"/> Unknown				TCD Functioning <input checked="" type="radio"/> No Controls <input type="radio"/> Device Not Functioning				Device Functioning Improperly <input type="radio"/> Device Functioning Properly				Emergency Preemptive Signal <input type="radio"/> Unknown	
----------	--	--	--	--	---	--	--	--	--	--	--	--	--	--	--	--	---	--	--	--	---	--

9 Lane Closure	Lane Closed (If "Not Applicable", skip rest of the Lane Closure section) <input type="radio"/> Not Applicable <input checked="" type="radio"/> Partially <input type="radio"/> Fully <input type="radio"/> Unknown						Lane Closure Direction <input checked="" type="radio"/> North <input type="radio"/> South <input type="radio"/> East <input type="radio"/> West <input type="radio"/> North and South <input type="radio"/> East and West <input type="radio"/> All (N,S,E,W)					
	Traffic Detoured Yes <input type="radio"/> No <input checked="" type="radio"/> Unknown <input type="radio"/>				Est. Time Closed <input type="radio"/> < 30 Min. <input checked="" type="radio"/> 30-60 Min. <input type="radio"/> 1-3 hrs <input type="radio"/> 3-6 hrs <input type="radio"/> 6-9 hrs <input type="radio"/> > 9 hours <input type="radio"/> Unknown							

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<b>Unit Info</b>	<b>Type</b>	<input checked="" type="radio"/> Motor Vehicle in Transport	<input type="radio"/> Hit & Run Vehicle	<input type="radio"/> Illegally Parked	<input type="radio"/> Legally Parked	<input type="radio"/> Non - Motorized	<b>Commercial Vehicle</b> <input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, Complete Form C)
	<b>Unit</b>	<input type="radio"/> Pedestrian	<input type="radio"/> Pedestrian on Skates, in Wheelchair, etc	<input type="radio"/> Disabled From Previous Crash	<input type="radio"/> Train	<input type="radio"/> Phantom Vehicle	

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

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<b>Vehicle Driver / Pedestrian Information</b>	<b>Unit No</b>	0 1	<b>First Name</b>	C h a d	<b>MI</b>	M	<b>Date of Birth (MM-DD-YYYY)</b>	1 2 / 2 1 / 1 9 8 5	
	<b>Last Name</b>	S m i t h				<b>Telephone Number</b>	8 7 8 3 2 1 6 8 1 6		
	<b>Address / City / State</b>	4587 Brighton Rd Pittsburgh PA				<b>Zip</b>	1 5 2 1 7		
	<b>Driver License Number</b>	8 3 7 2 3 9 4				<b>State</b>	P A		
	<b>Class</b>					M			
	<b>Alcohol/Drugs Suspected</b>	<input checked="" type="radio"/> No		<input type="radio"/> Illegal Drugs		<input type="radio"/> Medication		<b>Driver or Pedestrian Physical Condition</b>	
	<input type="radio"/> Alcohol		<input type="radio"/> Alcohol and Drugs		<input type="radio"/> Unknown		<input type="radio"/> Apparently Normal		
	<input type="radio"/> Test Not Given		<input type="radio"/> Breath		<input type="radio"/> Other		<input type="radio"/> Illegal Drug Use		
	<input type="radio"/> Blood		<input type="radio"/> Urine		<input type="radio"/> Unknown if Test Given		<input checked="" type="radio"/> Fatigue		
	<input type="radio"/> Test Refused		<input type="radio"/> Test Given, Contaminated Results		<input type="radio"/> Unknown Results		<input type="radio"/> Medication		
	<input type="radio"/> Test Given, Contaminated Results						<input type="radio"/> Had Been Drinking		
							<input type="radio"/> Sick		
							<input type="radio"/> Asleep		
							<input type="radio"/> Unknown		
	<b>Alcohol Test Type</b>						<b>Primary Vehicle Code Violation</b>		
	<input checked="" type="radio"/> Test Not Given						Charged?		
	<input type="radio"/> Blood						<input type="radio"/> Yes <input type="radio"/> No		
	<b>Alcohol Test Results</b>						<b>Driver Presence</b>		
	0						1=Driver Operated Vehicle		
							2=No Driver		
							3=Driver Fled Scene		
							4=Hit and Run		
							9=Unknown		
	<b>Owner/Driver</b>						00=Not Applicable		
	0 1						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		

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<b>Vehicle Information</b>	<b>Same as Driver</b>	<input checked="" type="radio"/>	<b>Owner First Name</b>	C h a d	<b>Owner Last Name or Business Name (if Pedestrian, skip this Section)</b>	S m i t h					
	<b>Address / City / State / Zip</b>	4587 Brighton Rd Pittsburgh PA 15217				<b>Vehicle Make</b>	Ford		<b>*Make Code</b>	1 2	
	<b>VIN</b>	9 8 2 7 3 4 9 8 2 7 4 9 8 2 3 4 7				<b>Model Year</b>	2 0 0 2		<b>Vehicle Model</b>	Mustang (see overlay)	
	<b>License Plate</b>	M K S 2 8 7 4				<b>Reg. State</b>	P A		<b>Est. Speed</b>	0 5 5	
	<b>Insurance</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Un-known		<b>Insurance Company</b>	State Farm		<b>Policy No</b>	254394-L			
	<b>Trailing Unit</b>	No. of Trailing Units:	0	<b>Type Unit</b>			<b>Tag No</b>			<b>Tag Year</b>	
							<b>Tag St</b>				
							<b>Direction of Travel</b>	N		<b>* Vehicle Position</b>	0 3
							<b>* Movement</b>	0 2		<b>* See Overlay</b>	
							<b>Vehicle Color</b>	0 7		<b>Special Usage</b>	
						<b>Vehicle Type</b>	0 1		00=Not Applicable	12=Commercial Passenger Carrier	
									01=Fire Veh	13=Taxi	
									02=Ambulance	21=Tractor Trailer	
									03=Police	22=Twin Trailer	
									08=Other Emergency Vehicle	23=Triple Trailer	
									11=Pupil Transport	31=Modified Veh	
									99=Unknown		
						<b>Initial Impact Point</b>	0 6		<b>Damage Indicator</b>	1	
									0=None 2=Functional		
									1=Minor 3=Disabling		
									9=Unknown		
						<b>Gradient</b>	4		1=Level 2=Uphill		
									3=Downhill		
									4=Bottom of Hill		
									5=Top of Hill		
									9=Unknown		
						<b>Road Alignment</b>	1		1=Straight		
									2=Curved		
									9=Unknown		

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10	<b>Unit Info</b>	<b>Type</b> <input checked="" type="radio"/> Motor Vehicle in Transport <input type="radio"/> Hit & Run Vehicle <input type="radio"/> Illegally Parked <input type="radio"/> Legally Parked <input type="radio"/> Non - Motorized <b>Unit</b> <input type="radio"/> Pedestrian <input type="radio"/> Pedestrian on Skates, in Wheelchair, etc <input type="radio"/> Disabled From Previous Crash <input type="radio"/> Train <input type="radio"/> Phantom Vehicle <i>(If "Pedestrian" or "Pedestrian on Skates, in Wheelchair, etc", Complete Form M, Section 28)</i>		<b>Commercial Vehicle</b> <input type="radio"/> Yes <input checked="" type="radio"/> No <i>(If Yes, Complete Form C)</i>	
	<b>Unit No</b> <input type="text" value="0"/> <input type="text" value="2"/> <b>First Name</b> P e n n y <b>MI</b> K <b>Date of Birth (MM-DD-YYYY)</b> 0 5 / 1 9 / 1 9 6 4 <b>Last Name</b> C o l l i <b>Telephone Number</b> 8 7 8 2 3 1 6 5 4 3 Delete? <input type="radio"/>		<b>Address / City / State</b> 462-9 Liberty Av    Pittsburgh    PA <b>Zip</b> 1 5 2 2 1 <b>Driver License Number</b> 9 4 3 8 9 2 <b>State</b> P A <b>Class</b> M		
11	<b>Vehicle Driver / Pedestrian Information</b>	<b>Alcohol/Drugs Suspected</b> <input checked="" type="radio"/> No <input type="radio"/> Alcohol <input type="radio"/> Illegal Drugs <input type="radio"/> Alcohol and Drugs <input type="radio"/> Medication <input type="radio"/> Unknown		<b>Driver or Pedestrian Physical Condition</b> <input checked="" type="radio"/> Apparently Normal <input type="radio"/> Had Been Drinking <input type="radio"/> Illegal Drug Use <input type="radio"/> Sick <input type="radio"/> Fatigue <input type="radio"/> Asleep <input type="radio"/> Medication <input type="radio"/> Unknown	
		<b>Alcohol Test Type</b> <input checked="" type="radio"/> Test Not Given <input type="radio"/> Blood <input type="radio"/> Breath <input type="radio"/> Urine <input type="radio"/> Other <input type="radio"/> Unknown if Test Given		<b>Primary Vehicle Code Violation</b> Charged? Speeding <input checked="" type="radio"/> Yes <input type="radio"/> No	
		<b>Alcohol Test Results</b> <input type="text" value="0"/> . <input type="text" value=""/> <input type="text" value=""/> <input type="radio"/> Test Refused <input type="radio"/> Test Given, Contaminated Results <input type="radio"/> Unknown Results		<b>Driver Presence</b> <input type="text" value="1"/> 1=Driver Operated    2=No Driver    3=Driver Fled Scene    4=Hit and Run    9=Unknown	
		<b>Owner/Driver</b> <input type="text" value="0"/> <input type="text" value="1"/> 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			
12	<b>Vehicle Information</b>	<b>Same as Driver</b> <input checked="" type="radio"/> <b>Owner First Name</b> P e n n y <b>Owner Last Name or Business Name (if Pedestrian, skip this Section)</b> C o l l i		<b>Address / City / State / Zip</b> 462-9 Liberty Av    Pittsburg    PA    15221	
		<b>VIN</b> 9 0 3 4 5 0 8 2 0 3 8 1 2 3 9 8 4 <b>Model Year</b> 1 9 9 8		<b>Vehicle Make</b> Chevy <b>*Make Code</b> 2 0 <b>Vehicle Model</b> Cavalier (see overlay)	
		<b>License Plate</b> T H W 9 4 8 2 <b>Reg. State</b> P A <b>Est. Speed</b> 0 6 5 <b>Vehicle Towed</b> <input checked="" type="radio"/> Yes <input type="radio"/> No		<b>Towed By</b> Mikes Auto Towing	
		<b>Insurance</b> <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Un-known <b>Insurance Company</b> AllState <b>Policy No</b> 9494720		<b>Trailing Unit</b> No. of Trailing Units: <input type="text" value="0"/> <b>Type Unit</b> <input type="text" value=""/> 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	
		<b>Direction of Travel</b> N <b>* Vehicle Position</b> 0 3 <b>* Movement</b> 0 1 <b>* See Overlay</b>		<b>Special Usage</b> <input type="text" value=""/> <input type="text" value=""/> 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=Horse & Rider    24=Train    25=Trolley    98=Other    99=Unknown	
<b>Vehicle Color</b> <input type="text" value="0"/> <input type="text" value="4"/> 06=Yellow    07=Silver    08=Gold    09=Brown    10=Orange    11=Purple    12=Other    13=Black    99=Unknown		<b>Vehicle Type</b> <input type="text" value="0"/> <input type="text" value="1"/> 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=Other Type Spec Veh    20=Unicycle, Bicycle, Tricycle    21=Other Pedalcycle    22=Horse & Buggy    23=Horse & Rider    24=Train    25=Trolley    98=Other    99=Unknown		<b>Initial Impact Point</b> <input type="text" value="1"/> <input type="text" value="1"/> 00=Non-Collision    01-12=Clock Points    13=Top    14=Undercarriage    15=Towed Unit    99=Unknown	
<b>Damage Indicator</b> <input type="text" value="3"/> 0=None    1=Minor    2=Functional    3=Disabling    9=Unknown		<b>Gradient</b> <input type="text" value="4"/> 1=Level    2=Uphill    3=Downhill    4=Bottom of Hill    5=Top of Hill    9=Unknown		<b>Road Alignment</b> <input type="text" value="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

**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

13 EMS Agency: Pittsburgh EMS Medical Facility: University of Pittsburgh Medical Facility

14 Unit No: 01 Person No: 01 Delete?  Date of Birth (MM-DD-YYYY): 12/21/1985 A:1 B:M C:0 D:0 E:1 F:0 G:3 H:0 I:0  
Name / Address / Phone: Chad M Smith 4587 Brighton Rd Pittsburgh PA 15217 8783216816  
 Same as Operator EMS Transport:  Yes  No

Unit No: 01 Person No: 02 Delete?  Date of Birth (MM-DD-YYYY): 04/09/1985 A:2 B:F C:4 D:0 E:3 F:0 G:0 H:0 I:0  
Name / Address / Phone: Mellisa H Grey 593 Buam Blvd Pittsburgh PA 15218 8783134465  
 Same as Operator EMS Transport:  Yes  No

Unit No: 02 Person No: 03 Delete?  Date of Birth (MM-DD-YYYY): 05/19/1964 A:1 B:F C:0 D:0 E:1 F:0 G:3 H:0 I:0  
Name / Address / Phone: Penny K Colli 462-9 Liberty Av Pittsburgh PA 15221 8782316543  
 Same as Operator EMS Transport:  Yes  No

Unit No: 02 Person No: 04 Delete?  Date of Birth (MM-DD-YYYY): 07/01/1995 A:2 B:F C:3 D:0 E:4 F:0 G:0 H:0 I:0  
Name / Address / Phone: June M Colli 462-9 Liberty Av Pittsburgh PA 15221 8782316543  
 Same as Operator EMS Transport:  Yes  No

Unit No: 02 Person No: 05 Delete?  Date of Birth (MM-DD-YYYY): 05/19/1964 A:2 B:M C:4 D:0 E:6 F:0 G:0 H:0 I:0  
Name / Address / Phone: Penny K Colli 462-9 Liberty Av Pittsburgh PA 15221 8782316543  
 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:  
Name / Address / Phone:  
 Same as Operator EMS Transport:  Yes  No

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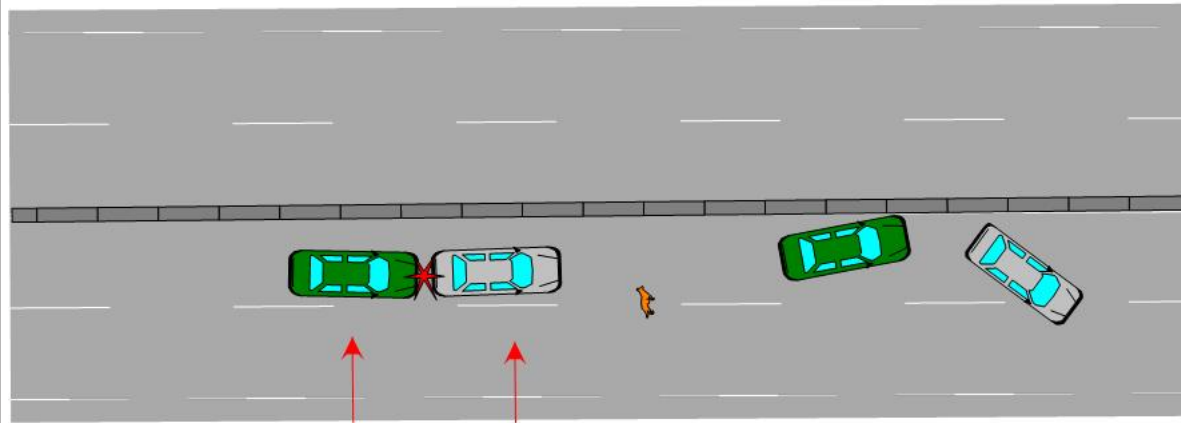
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Diagram



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Witness Name	Address	Phone
1 Paul T Erikson	948 Penn Av Pittsburgh PA 15212	8 7 8 3 1 3 5 4 8 9
2		

Narrative and additional witnesses: Accident Investigation Notification Issued?  Property Damage

Veh1 was traveling East bound on the highway when a deer began to cross the roadway. Veh1 began slowing to avoid hitting the deer. Veh2 was following too closely to Veh1 and was approximately 10MPH over the speed limit. Veh2 couldn't stop in time and rear ended Veh1 pushing Veh1 into the middle of the road and itself into the center median.

Witness and Narrative

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