



U.S. Department of Transportation  
National Highway Traffic Safety Administration

**DOT Auto Safety Hotline**  
**Vehicle Owner's Questionnaire**  
**To Report Vehicle Safety Defects**  
**1-888-DASH-2-DOT**  
**(1-888-327-4236)**  
**INTERNET:www.nhtsa.dot.gov/hotline**

FOR AGENCY USE ONLY 100148

Date Received	Repository <input type="checkbox"/>
13-JUN-2014	Reference No. 10598059

**OWNER INFORMATION (Type or Print)**

Name: [REDACTED]  
Address: [REDACTED]  
City: EWING State: NJ Zip Code: [REDACTED]

Daytime Telephone Number: [REDACTED] E-mail Address: NOEMAIL@UNK.GOV  
Evening Telephone Number:

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side KM8JUCAC7DU [REDACTED]	Make HYUNDAI	Model TUCSON	Model Year 2013
Date Purchased 4/30/2013	Dealer's Name and Telephone Number Davis Hyundai 609-883-3500	Engine: 2.4L No: Cylinders DOHC 4	Fuel Type: Regular
Original Owner <input checked="" type="checkbox"/>	Dealer's City Ewing	State NJ	Zip Code 08138
Transmission Type 6 speed Auto	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain Automatic	Multiple Failure: Incident Date(s) 11-JUN-2014

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Vehicle Component Code: 140000 AIR BAGS	Failure Mileage	Failure Speed
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**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTM19ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:
Tire Component Code	Tire Failure Type:	

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE**

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

**APPLICABLE INCIDENT INFORMATION**

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)

Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 1	Number of Deaths 0	Reported to Police Y
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**Narrative Description of Incident(S), Crash(es), and Injury(ies).**  
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e, parts repaired or replaced (and if old part is available).

TL\* THE CONTACT OWNS A 2013 HYUNDAI TUCSON. THE CONTACT STATED WHILE DRIVING AT AN UNKNOWN SPEED, ANOTHER VEHICLE CRASHED INTO THE FRONT DRIVER'S SIDE AND AS A RESULT, THE CONTACT CRASHED INTO A POLE. THE CONTACT MENTIONED THE AIR BAGS FAILED TO DEPLOY. THE VEHICLE WAS DESTROYED. THE CONTACT RECEIVED MEDICAL ATTENTION FOR MINOR INJURIES. A POLICE REPORT WAS FILED. THE MANUFACTURER WAS NOT MADE AWARE OF THE FAILURE. THE FAILURE AND CURRENT MILEAGE WAS NOT AVAILABLE. REMAILED 07/29/14\*LJ

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond this questionnaire. Your response may be used to assist the NHTSA in determining whether a Manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

**Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)**

My daughter WAS traveling toward Oxford Valley Road, South  
on Trenton Road. Car traveling from opposite direction  
turned left into her lane - hitting her and caused  
her to go off the Road and hit a pole.

Air Bags did not deploy

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department  
of Transportation

**National Highway  
Traffic Safety  
Administration**

1200 New Jersey Avenue SE.  
Washington, D.C. 20077-9382

Official Business  
Penalty for Private Use \$300

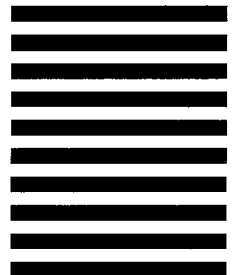


**NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES**

**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

**US Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NVS-210  
1200 New Jersey Avenue SE.  
Washington, D.C. 20077-9382**



**Think your vehicle has a safety defect?**

**If so:**



**Use the enclosed form to file a report.**

**or visit:**

**www.safercar.gov**

**or call:**

**Vehicle Safety Hotline**  
**888-327-4236**

Report a safety defect to the National Highway Traffic Safety Administration (NHTSA).  
U.S. Department of Transportation  
National Highway Traffic Safety Administration



U.S. Department  
of Transportation  
**National Highway  
Traffic Safety  
Administration**

1200 New Jersey Avenue SE  
Washington, DC 20590

Dear Consumer:

NVS-216r

As a follow-up to your report to the Vehicle Safety Hotline (VSH), we have recorded your information on the enclosed Vehicle Owner's Questionnaire (VOQ) form. Please review the form and make changes, additions and corrections as necessary. Additionally, please provide a more detailed description of the failure(s) you reported that you believe relevant to safety. Also, if available, include copies of repair invoices, letters to the manufacturer, or any other document related to the problem(s) you reported. If a crash or fire occurred, include a copy of the police or fire department report.

It is helpful to be as thorough as possible in your report so that our ability to use your report will be maximized. If you do not have the information, it is not necessary to complete all the boxes. However, it is very difficult to identify the scope of a vehicle problem unless the vehicle identification number (VIN) is known. The VIN is located inside the vehicle on the dashboard adjacent to the left (driver's side) of the windshield pillar and on the driver's door or the driver's door jam. It may also be listed on a dealer repair invoice or your insurance or registration cards. When reporting a tire problem, the brand name, tire line and complete tire size should be included. Be certain to provide the DOT tire identification number. It is usually located near the rim flange of the tire on either side of the tire.

We do not make your personal information (name, address, phone numbers, etc.) available to the general public. However, if we open an investigation that involves your vehicle, we will provide the manufacturer of your vehicle with a complete copy of your report. The information you provide may assist the manufacturer and NHTSA in determining if a safety-related defect exists.

Any information provided is entirely voluntary. There is no consequence or penalty of any kind if you do not wish to provide it. We seek this information to develop both statistical and investigative evidence that will help identify potential safety related problems in vehicles or vehicle equipment, e.g., tires, child safety seats, jacks, etc.

When completed, please fold and staple or tape the form so that the pre-addressed portion of the form is on the outside. If a larger envelope is used, tape the VOQ form to the larger envelope so that the pre-addressed portion of the form is showing.

If further assistance is needed, please contact the VSH at their toll-free number, 1-888-327-4236.

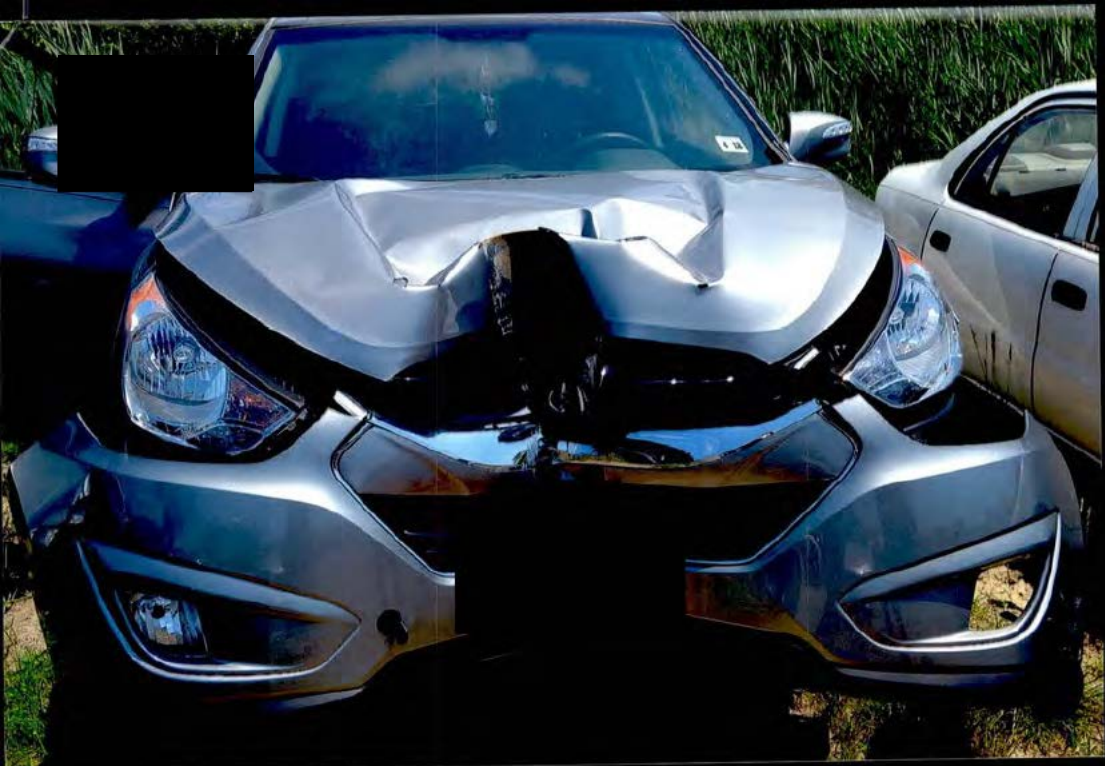
Thank you for your cooperation.

Sincerely,

Randy Reid Chief  
Correspondence Research Division  
Office of Defects Investigation  
Enforcement

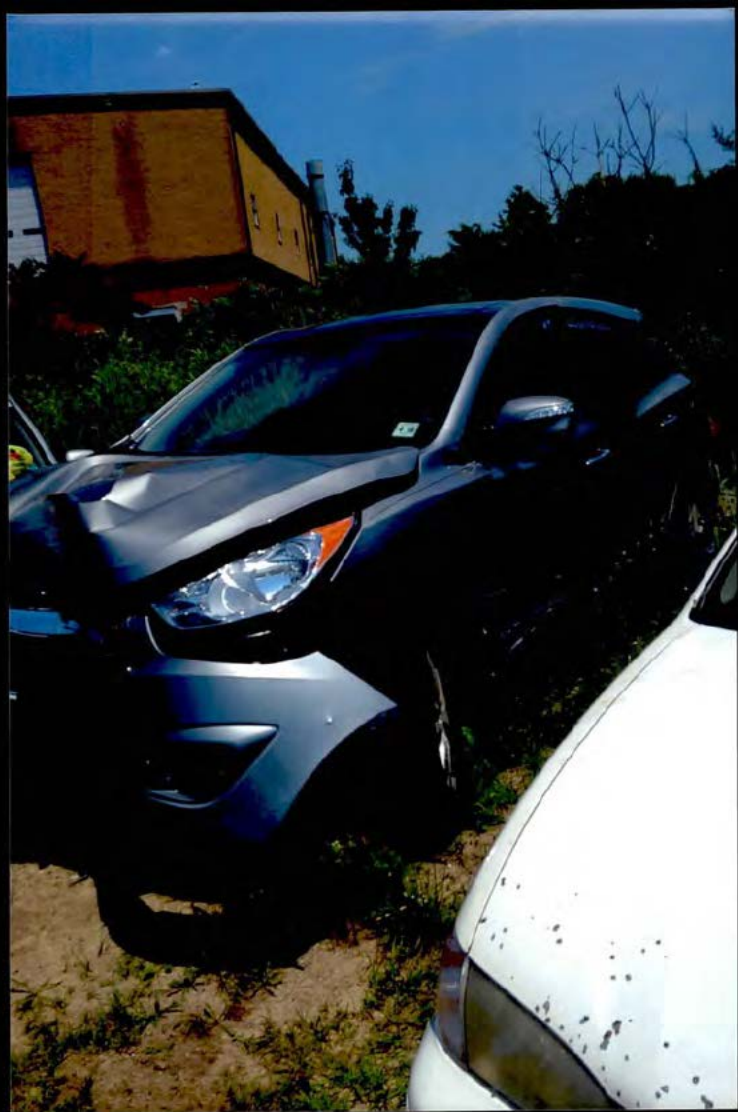
Enclosure: VOQ

★★★★★  
**NHTSA**  
www.nhtsa.gov













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

082871 W0416451

1	Incident Number 14162-052-03		Police Agency 09208		Patrol Zone 03	
	Agency Name Falls Township		Precinct 34		Investigation Date (MM-DD-YYYY) 06 - 11 - 2014	
	Dispatch Time (mil) 1820		Arrival Time (mil) 1832		Investigator JOHN K. TRINDLE	
2	Reviewer JOHN K. TRINDLE		Badge Number 3452		Approval Date (MM-DD-YYYY) 06 - 12 - 2014	
	County 09 Bucks		Municipality 208 Falls Township		Day of Week <input type="checkbox"/> Sun <input type="checkbox"/> Thu <input type="checkbox"/> Mon <input type="checkbox"/> Fri <input checked="" type="checkbox"/> Tue <input type="checkbox"/> Sat <input type="checkbox"/> Wed <input type="checkbox"/> Unk	
	Crash Date (MM-DD-YYYY) 06 - 10 - 2014		Crash Time (mil) 1819		No of Units 2	
3	People Injured 2		Killed 0		*If > 00 complete Form F	
	Workzone (If Yes, Complete Form M, Section 29) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		School Bus Related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		School Zone Related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Notify PENNDOT Maintenance <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		*Special Location 00		*See Overlay	
4	Intersection Type <input type="checkbox"/> Midblock <input checked="" 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"/> "T" Intersection <input type="checkbox"/> Traffic Circle/Round About <input type="checkbox"/> On Ramp <input type="checkbox"/> Crossover <input type="checkbox"/> Other		*Special Location 00	
	Route Number 2018		Segment (Optional)		Travel Lanes 02	
	Speed Limit 35		Street Name TRENTON		Street Ending RD	
5	Route Signing <input type="checkbox"/> Interstate (Not Turnpike) <input type="checkbox"/> Turnpike (East/West) <input type="checkbox"/> Turnpike Spur <input checked="" 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		Orientation <input type="checkbox"/> North <input checked="" type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Unknown		House Number (if applicable)	
	Route Number QUENN ANN		Segment (Optional)		Travel Lanes 02	
	Speed Limit 25		Street Name QUENN ANN		Street Ending DR	
6	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 checked="" type="checkbox"/> Local Road or Street <input type="checkbox"/> Private Road <input type="checkbox"/> Other/Unknown		Orientation <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input checked="" type="checkbox"/> West <input type="checkbox"/> Unknown		House Number (if applicable)	
	Intersecting Rt Num Or Mile Post		Or Segment Marker		Ramp Use Only <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West	
	Or Intersecting Street Name		St Ending		Feet	
7	Latitude: Degrees Minutes Seconds		Longitude: Degrees Minutes Seconds		Or Miles	
	Intersecting Rt Num Or Mile Post		Or Segment Marker		Ramp Use Only <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West	
	Or Intersecting Street Name		St Ending		Distance From Crash Scene to Landmark 1 (For Crash between Landmark 1 and Landmark 2)	
8	Traffic Control Device <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Traffic Signal <input type="checkbox"/> Flashing Traffic Signal		<input type="checkbox"/> Yield Sign <input type="checkbox"/> Active RR Crossing Controls <input type="checkbox"/> Passive RR Crossing Controls		<input type="checkbox"/> Police Officer or Flagman <input type="checkbox"/> Other Type TCD <input type="checkbox"/> Unknown	
	TCD Functioning <input checked="" type="checkbox"/> No Controls <input type="checkbox"/> Device Not Functioning		<input type="checkbox"/> Device Functioning Improperly <input type="checkbox"/> Device Functioning Properly		<input type="checkbox"/> Emergency Preemptive Signal <input type="checkbox"/> Unknown	
	Lane Closed (If "Not Applicable", skip rest of the Lane Closure section) <input checked="" 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"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> North and South <input type="checkbox"/> East and West <input type="checkbox"/> All (N,S,E,W)		Traffic Detoured Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	
9	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 2

Police Use Only

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

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

11 Vehicle Driver / Pedestrian Information	Unit No	First Name	MI	Birth Date (MM/DD/YYYY)
	01	[Redacted]	[Redacted]	[Redacted]
	Delete? <input type="checkbox"/>	Last Name	Telephone Number	
		[Redacted]	[Redacted]	
	Address / City / State			Zip
	[Redacted]			[Redacted]
	Driver License Number	State	Class	
	[Redacted]	PA	C	

11 Vehicle Driver / Pedestrian Information	<u>Alcohol/Drugs Suspected</u>			<u>Driver or Pedestrian Physical Condition</u>			
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Illegal Drugs	<input type="checkbox"/> Medication	<input checked="" type="checkbox"/> Apparently Normal	<input type="checkbox"/> Illegal Drug Use	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Medication
	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Alcohol and Drugs	<input type="checkbox"/> Unknown	<input type="checkbox"/> Had Been Drinking	<input type="checkbox"/> Sick	<input type="checkbox"/> Asleep	<input type="checkbox"/> Unknown
	<u>Alcohol Test Type</u>			<u>Primary Vehicle Code Violation</u>			Charged?
<input checked="" type="checkbox"/> Test Not Given	<input type="checkbox"/> Breath	<input type="checkbox"/> Other	3322			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Blood	<input type="checkbox"/> Urine	<input type="checkbox"/> Unknown if Test Given					
<u>Alcohol Test Results</u>			<u>Driver Presence</u>				
<input type="checkbox"/> Test Refused	<input type="checkbox"/> Test Given, Contaminated Results	<input type="checkbox"/> Unknown Results	1				
			1=Driver Operated Vehicle 2=No Driver 3=Driver Flew Scene 4=Hit and Run 9=Unknown				
<u>Owner/Driver</u>							
00=Not Applicable    02=Private Vehicle Not Owned/Leased by Driver    04=State Police Vehicle    07=Municipal Police Veh    09=Federal Gov Veh							
01 [Selected]    01=Private Vehicle Owned/Leased by Driver    03=Rented Vehicle    05=PENNDOT Vehicle    08=Other Municipal Government Vehicle    98=Other    99=Unknown							

12 Vehicle Information	Same as Driver <input type="checkbox"/>	Owner First Name	Owner Last Name or Business Name (If Pedestrian, skip this Section)				
		[Redacted]	[Redacted]				
	Address / City / State / Zip					Vehicle Make	*Make Code
	[Redacted] YARDLEY PA [Redacted]					Buick/Opel	18
	VIN					Model Year	Vehicle Model (see overlay)
	2G4WD56295 [Redacted]					2005	
License Plate			Reg. State	Est. Speed	Vehicle Towed	Towed By	
[Redacted]			PA	999	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<u>Insurance</u>			Insurance Company		Policy No		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			GEICO		[Redacted]		

12 Vehicle Information	<u>Trailing Unit</u>		1=Towing Pass. Veh    4=Mobile/Modular Home    7=Semi-Trailer			Tag No	Tag Year	Tag St
	No. of Trailing Units: 0	Type Unit	2=Towing Truck	5=Camper	8=Other			
			3=Towing Utility Trailer	6=Full Trailer	9=Unknown			
<u>Direction of Travel</u>		*Vehicle Position	*Movement	*See Overlay		<u>Special Usage</u>		
N		01	12			00		
<u>Vehicle Color</u>		<u>Vehicle Type</u>		05=Large Truck		20=Unicycle, Bicycle, Tricycle		
07 [Selected]		01 [Selected]		06=SUV		21=Other Pedalcycle		
01=Blue		(If "02", Complete Form M, Section 26)		07=Van		22=Horse & Buggy		
02=Red		(If "20" or "21", Complete Form M, Section 27)		10=Snowmobile		23=Horse & Rider		
03=White				11=Farm Equip		24=Train		
04=Green				12=Construction Equip		25=Trolley		
05=Black				13=ATV		28=Other Emergency Vehicle		
				18=Other Type Spec Veh		31=Modified Veh		
				19=Unk. Type Spec Veh		99=Unknown		
				99=Unknown		12=Commercial Passenger Carrier		
						00=Not Applicable		
						01=Fire Veh		
						02=Ambulance		
						03=Police		
						21=Tractor Trailer		
						22=Twin Trailer		
						23=Triple Trailer		
						31=Modified Veh		
						99=Unknown		

<u>Initial Impact Point</u>		<u>Damage Indicator</u>		<u>Gradient</u>		<u>Road Alignment</u>	
11 [Selected]		2 [Selected]		1 [Selected]		1 [Selected]	
00=Non-Collision		0=None		1=Level		1=Straight	
01-12=Clock Points		2=Functional		2=Uphill		2=Curved	
13=Top		1=Minor		3=Downhill		9=Unknown	
		3=Disabling		4=Bottom of Hill			
		9=Unknown		5=Top of Hill			
				9=Unknown			

COMMONWEALTH OF PENNSYLVANIA  
POLICE CRASH REPORTING FORM



Crash Number

AA 500 2

Police Use Only

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10 Unit Info	<input checked="" type="checkbox"/> Motor Vehicle in Transport <input type="checkbox"/> Pedestrian		<input type="checkbox"/> Hit & Run Vehicle <input type="checkbox"/> Pedestrian on Skates, in Wheelchair, etc		<input type="checkbox"/> Illegally Parked <input type="checkbox"/> Disabled From Previous Crash		<input type="checkbox"/> Legally Parked <input type="checkbox"/> Train		<input type="checkbox"/> Non - Motorized <input type="checkbox"/> Phantom Vehicle		Commercial Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, Complete Form C)		
	(If "Pedestrian" or "Pedestrian on Skates, in Wheelchair, etc", Complete Form M, Section 28)												
11 Vehicle Driver / Pedestrian Information	Unit No	First Name			MI	Date of Birth (MM-DD-YYYY)							
	02	[REDACTED]			[REDACTED]	[REDACTED]							
	Delete?	Last Name			Telephone Number								
	<input type="checkbox"/>	[REDACTED]			[REDACTED]								
Address / City / State												Zip	
TRENTON NJ												[REDACTED]	
Driver License Number						State	Class						
[REDACTED]						NJ	D						
Alcohol/Drugs Suspected						Driver or Pedestrian Physical Condition							
<input checked="" type="checkbox"/> No <input type="checkbox"/> Alcohol <input type="checkbox"/> Illegal Drugs <input type="checkbox"/> Alcohol and Drugs <input type="checkbox"/> Unknown						<input checked="" type="checkbox"/> Apparently Normal <input type="checkbox"/> Had Been Drinking <input type="checkbox"/> Illegal Drug Use <input type="checkbox"/> Sick <input type="checkbox"/> Fatigue <input type="checkbox"/> Asleep <input type="checkbox"/> Medication <input type="checkbox"/> Unknown							
Alcohol Test Type						Primary Vehicle Code Violation							
<input checked="" type="checkbox"/> Test Not Given <input type="checkbox"/> Blood <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Other <input type="checkbox"/> Unknown if Test Given						Charged? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No NONE							
Alcohol Test Results						Driver Presence							
<input type="checkbox"/> Test Refused <input type="checkbox"/> Test Given, Contaminated Results <input type="checkbox"/> Unknown Results						<input type="checkbox"/> 1=Driver Operated Vehicle <input type="checkbox"/> 2=No Driver <input type="checkbox"/> 3=Driver Fled Scene <input type="checkbox"/> 4=Hit and Run <input type="checkbox"/> 9=Unknown							
Owner/Driver 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 Government Vehicle 08=Other Municipal 09=Federal Gov Veh 98=Other 99=Unknown													
02													
12 Vehicle Information	Same as Driver <input type="checkbox"/>		Owner First Name			Owner Last Name or Business Name (If Pedestrian, skip this Section)							
			[REDACTED]			[REDACTED]							
	Address / City / State / Zip					Vehicle Make		*Make Code					
	TRENTON NJ					Acura		54					
	VIN					Model Year		Vehicle Model (see overlay)					
	KM8JUCAC7DU [REDACTED]					2013		TUCSON					
License Plate				Reg. State	Est. Speed	Vehicle Towed		Towed By					
[REDACTED]				NJ	999	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		OUT LAW TOWING					
Insurance		Insurance Company			Policy No								
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		HIGH POINT PROP & CAUS			[REDACTED]								
Trailing Unit		No. of Trailing Units	Type Unit	1=Towing Pass. Veh		4=Mobile/Modular Home		7=Semi-Trailer		Tag No	Tag Year	Tag St	
		0		2=Towing Truck		5=Camper		8=Other					
				3=Towing Utility Trailer		6=Full Trailer		9=Unknown					
Direction of Travel		*Vehicle Position	*Movement		*See Overlay		Special Usage						
S		01	01				00						
Vehicle Color		Vehicle Type		05=Large Truck		20=Unicycle, Bicycle, Tricycle		12=Commercial Passenger Carrier					
07		06		01=Automobile		21=Other Pedalcycle		00=Not Applicable					
06=Yellow		01=Motorcycle		02=Motorcycle		22=Horse & Buggy		01=Fire Veh					
07=Silver		03=Bus		03=Bus		23=Horse & Rider		02=Ambulance					
08=Gold		04=Small Truck		11=Farm Equip		24=Train		03=Police					
01=Blue		(if "02", Complete Form M, Section 26)		12=Construction Equip		25=Trolley		08=Other Emergency Vehicle					
02=Red		(if "20" or "21", Complete Form M, Section 27)		13=ATV		98=Other		11=Pupil Transport					
03=White				18=Other Type Spec Veh		99=Unknown		21=Tractor Trailer					
04=Green				19=Unk. Type Spec Veh				22=Twin Trailer					
05=Black								23=Triple Trailer					
								31=Modified Veh					
								99=Unknown					
Initial Impact Point				Damage Indicator				Gradient		Road Alignment			
12				3				1		1			
00=Non-Collision				0=None				1=Level		1=Straight			
01-12=Clock Points				2=Functional				2=Uphill		2=Curved			
13=Top				1=Minor				3=Downhill		9=Unknown			
				3=Disabling				4=Bottom of Hill					
				9=Unknown				5=Top of Hill					
								9=Unknown					

COMMONWEALTH OF PENNSYLVANIA  
POLICE CRASH REPORTING FORM



Crash Number

AA 500 3

Police Use Only

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W0416451

People Information	<b>A Person Type:</b> 1=Driver 2=Passenger 7=Pedestrian 8=Other 9=Unknown	<b>D Seat Position:</b> 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>E Safety Equipment One:</b> 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	<b>G Ejection:</b> 0=Not Applicable 1=Not Ejected 2=Totally Ejected 3=Partially Ejected 9=Unknown
	<b>B Sex:</b> F=Female M=Male U=Unknown	<b>F Safety Equipment Two:</b> 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	<b>H Ejection Path:</b> 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	
	<b>C Injury Severity:</b> 0=Not Injured 1=Killed 2=Major Injury 3=Moderate Injury 4=Minor Injury 8=Injury, Unk Severity 9=Unknown if Injury		<b>I Extrication:</b> 0=Not Applicable 1=Not Extricated 2=Extricated By Mechanical Means 3=Free By Non - Mechanical Means 8=Other 9=Unknown	

13 EMS Agency: NONE Medical Facility: NONE

14 Unit No: 01 Person No: 01 Delete?  Date of Birth (MM-DD-YYYY): [Redacted] A: I B: M C: 0 D: 01 E: 99 F: 00 G: 0 H: 0 I: 0  
Name / Address / Phone: [Redacted] YARDLEY PA [Redacted] EMS Transport:  Yes  No

Unit No: 02 Person No: 01 Delete?  Date of Birth (MM-DD-YYYY): [Redacted] A: I B: F C: 0 D: 01 E: 03 F: 00 G: 0 H: 0 I: 0  
Name / Address / Phone: [Redacted] TRENTON NJ [Redacted] 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

COMMONWEALTH OF PENNSYLVANIA  
POLICE CRASH REPORTING FORM



Crash Number

AA 500 4

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Page

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W0416451

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

Unit(s) Event Information	<b>Harm Event</b>	L/R	Most?	Utility Pole Number	<b>Harmful Events (Harm Event)</b> 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 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
	Unit No 1	02			
	Unit No 2				
	Unit No 3				
<b>Please Put Events in Sequential Order</b>	4				

Unit(s) Event Information	<b>Harm Event</b>	L/R	Most?	Utility Pole Number	<b>Harmful Events (Harm Event)</b> 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 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
	Unit No 1	11			
	Unit No 2	48	R		
	Unit No 3				
<b>Please Put Events in Sequential Order</b>	4				

First Harmful Event in the Crash	Unit No	Harm Event	Most Harmful Event in the Crash	Unit No	Harm Event
	01	02		01	02

Do not repeat this information on multiple pages

Contributing Information	<b>Environmental / Roadway Potential Factors (E/R)</b>	1	00	2		3	
	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						
Contributing Information	<b>Possible Vehicle Failures (V)</b>	00=None	06=Exhaust	12=Wipers	13=Driver Seating/Control	14=Body, Doors, Hood, Etc	15=Trailer Hitch
	01=Tires 02=Brake System 03=Steering System 04=Suspension 05=Power Train 07=Headlights 08=Signal Lights 09=Other Lights 10=Horn 11=Mirrors 16=Wheels 17=Airbags 18=Trailer Overloaded 19=Unsecure/Shifted Trailer Load 20=Improper Towing 21=Obstructed Windshield 99=Unknown						
Unit No	01	1	00	2		3	
Unit No	02	1	00	2		3	

Indicated Prime Factor	Do not repeat this information on multiple pages.	Unit No	Factor Code
	E/R   V   D   P <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	01	05

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

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	01		Unit No	02					

COMMONWEALTH OF PENNSYLVANIA  
POLICE CRASH REPORTING FORM



Crash Number

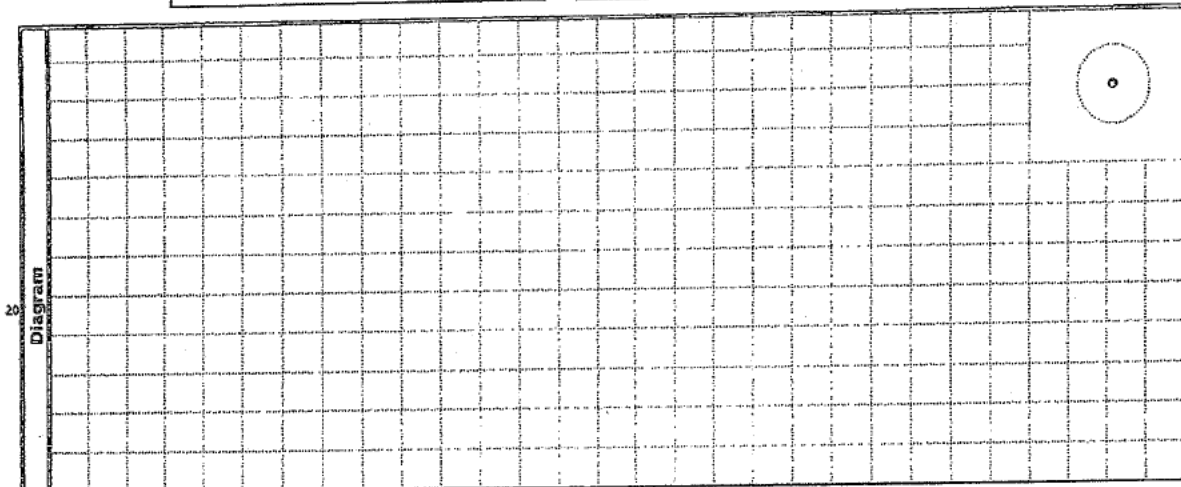
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W0416451



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1	Witness Name	Phone
	Address	
2	Witness Name	Phone
	Address	

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Witness and Narrative

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

DAMAGED: Falls Township Light Pole

This was a two vehicle crash that occurred on the south bound lane of Trenton Road at its intersection with Queen Ann Drive, Fairless Hills, PA 19030. The area where the crash occurred is designated a state roadway, one lane north and one lane south it is constructed of asphalt with an improved shoulder also asphalt. It is bordered on both sides by concrete curbing and sidewalks. The weather was clear and it was early evening. The surface was dry and was clear of any pot holes, defects or debris that caused or contributed to the crash.

Prior to the crash the unit #1, was traveling North bound on Trenton Road. As unit reached Queen Ann Drive the driver attempted to turn left. Unit #1 encroached into the travel lane of unit #2 which was traveling South bound on Trenton Road. The impact caused unit #2 to move to its right off the roadway striking a metal street light.

Unit #1 came to a controlled stop on Queen Ann Drive. Unit #2 came to an uncontrolled stop on the shoulder of South bound Trenton Road on top of the light pole. Unit #1 sustained damage to the front bumper and left side fender it was able to be driven from the crash scene. Unit #2 sustained damage to its entire left side and substantial damage to the front bumper, grill and hood as a result of striking the pole and was towed from the crash scene.

Statement of Driver #1: Driver #1 [REDACTED] wasnt able to tell me how the crash occurred.

Statement

COMMONWEALTH OF PENNSYLVANIA  
POLICE CRASH REPORTING FORM



Crash Number

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New

Change/  
Continuation

W0416451

Narrative and additional witnesses:

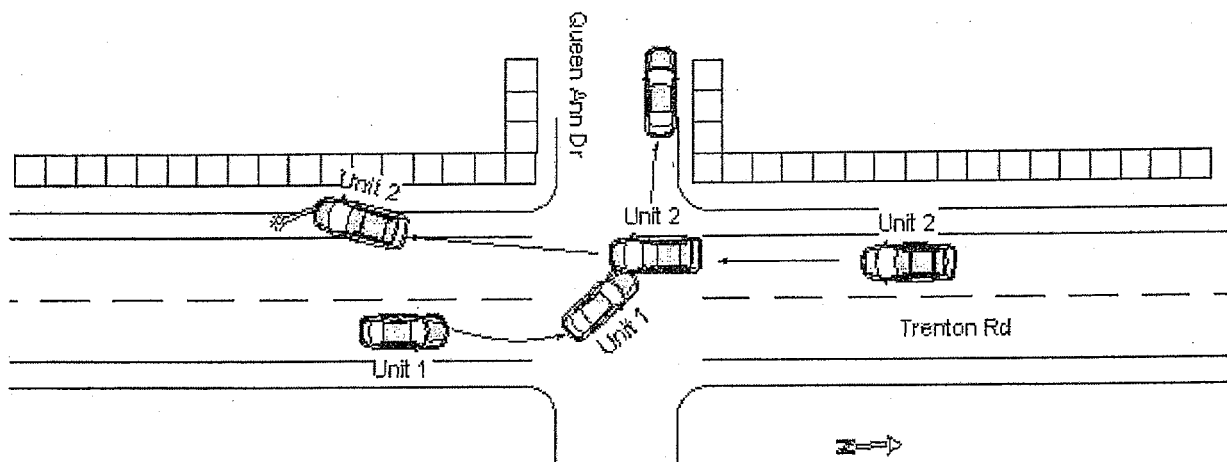
22

of Driver #2: Driver #2 [redacted] indicated that she was traveling toward Oxford Valley Road (South) and the car traveling from the opposite direction turn left into her lane hitting her and causing her to go off the road and hit the pole.

Conclusion: The primary cause of the crash was the failure of driver #1 to yield to the on coming traffic when turning left.

Auxiliary Witness and Narrative

Crash Number: W0416451  
Incident Number: 14162-052-03



Not to Scale  
Illustrative Purposes

Print

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## Synopsis

 Quality Assurance Synopsis
  Report

Crash Synopsis created 06/12/2014 for Crash Number W0416451 WebGroup: REPT

## Police Agency Data:

The crash report was recorded by police agency 09208-Falls Township, patrol zone -03, precinct 34 under incident number 14162-052-03. The dispatch date was 06/11/2014, the dispatch time was 1820 hours, the investigation date was 06/11/2014, the arrival time was 1832 hours. The investigator was JOHN K. TRINDLE, badge number 3452. The report was approved on 06/12/2014.

## Crash Data:

This is an angle crash occurred in Bucks in the municipality of Falls Township, on Tuesday, 06/10/2014 at 1819 hours. The illumination at the time of the crash was daylight. The 2-unit crash involved 2 people with no injuries. There were no fatalities. This is a reportable crash. Highway maintenance was not notified. The crash was not school bus related. The crash was not school zone related. There was property damaged. The crash did not occur in a work zone. The roadway surface was wet. Weather conditions included other weather conditions. A notification of an accident investigation was issued. The indicated prime factor for this crash was a driver's action (making an improper / careless turn) for unit 01. The first and most harmful event for this crash was that unit 1 Hit unit 02.

## Type Location:

This was a a four way intersection crash, which occurred at no special location.

## Principal Roadway:

Bucks County, route 2018, the orientation of the roadway was South, there were 02 travel lane(s), the speed limit was 35 Mph, with a state highway route signing.

## Intersecting Road:

Bucks County, QUENN ANN Drive, the orientation of the roadway was West, there were 02 travel lane(s), the speed limit was 25 Mph, with a local road or street route signing.

## TCD:

Traffic Control Device: no traffic control device, No controls.

## Work zone:

Type of Work Zone: not a work zone.

## Lane Closure:

Not applicable.

## UNIT INFORMATION: 1

Unit Number 1 was a motor vehicle in transport. The unit was owned by [REDACTED] Address: [REDACTED] YARDLEY PA [REDACTED] This 2005 Buick/Opel identified by VIN: 2G4WD562951 [REDACTED] was registered in PA with License [REDACTED] Travel speed: Unknown. Unit insured: vehicle has insurance, Insurance Company: GEICO. The Unit was not towed. This was not a commercial vehicle. This Unit was an automobile, Vehicle color: Silver, Special Usage: Not applicable. The initial impact point was at 11 o'clock, Damage Indicator: Functional (mod. - may be undriveable), Vehicle role: Hit unit 02. Vehicle position: in the curb lane right. Direction of travel: North, Movement: Turning left, Gradient: on a level roadway. Alignment: Straight.

## Driver Information:

The driver of this unit was [REDACTED] Address: [REDACTED] YARDLEY PA [REDACTED] Telephone [REDACTED] Drivers License #: [REDACTED] State: PA. DOB: [REDACTED] Age: [REDACTED] Sex: Male. Seat position: driver's seat. Primary safety equipment: Unknown. Secondary safety equipment: None used / Not applicable. Injury severity: Not injured. Ejection: Not applicable. Alcohol/Drugs Suspected: none suspected, Alcohol Test Type: Test not given, Alcohol Test Results: Result = 0.00. Driver's action(s), 1 making an improper / careless turn. The individual's condition was apparently normal. Vehicle code 3322 was violated. Citation was written.

## UNIT INFORMATION: 2

Unit Number 2 was a motor vehicle in transport. The unit was owned by [REDACTED]. Address: [REDACTED] TRENTON NJ [REDACTED]. This 2013 Acura identified by VIN: KM8JUCAC7DU [REDACTED] was registered in NJ with License [REDACTED]. Travel speed: Unknown. Unit insured: vehicle has insurance, Insurance Company: HIGH POINT PROP & CAUS IN. The Unit was towed by OUT LAW TOWING. This was not a commercial vehicle. This Unit was an SUV, Vehicle color: Silver, Special Usage: Not applicable. The initial impact point was at 12 o'clock, Damage Indicator: Disabling (severe - not driveable), Vehicle role: was struck by unit 1 and hit another fixed object. Vehicle position: in the curb lane right. Direction of travel: South, Movement: Going straight, Gradient: on a level roadway, Alignment: Straight.

## Driver Information:

The driver of this unit was [REDACTED]. Address: [REDACTED] TRENTON NJ [REDACTED]. Telephone: [REDACTED]. Drivers License #: [REDACTED]. State: NJ, DOB: [REDACTED]. Age: [REDACTED]. Sex: Female. Seat position: driver's seat. Primary safety equipment: lap and shoulder belt were used. Secondary safety equipment: None used / Not applicable. Injury severity: Not injured. Ejection: Not applicable. Alcohol/Drugs Suspected: none suspected, Alcohol Test Type: Test not given, Alcohol Test Results: Result = 0.00. The individual's condition was apparently normal. Vehicle code: NONE was violated. No citation was written.

U.S. Department  
of Transportation

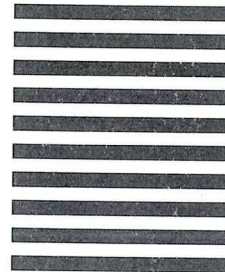
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