

**INFORMATION Redacted PURSUANT TO THE FREEDOM OF
INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)**

Service Request Detail

SR No.	71-661201923	Ref No.		Goodwill	No Goodwill Offered	BRC Type	PAR
Account		Site		GW SubType		Bus. Unit	BRC
Last Name		First Name		Approval	Not Initiated	Area	PAR
Daytime #		Evening #		UCC	Engine Fuel - Tank / Neck / Cap /	Sub-Area	Initiate PAR- Injury
Address		City	Lykens	Involvod Dir		Safety	Yes
State	PA ZipCd	Con Acct		Source	Phone	Updated	9/10/2008 12:11:12 PM
Serial #/VIN	1GNCT18W4S	Model Year	1995	Priority	Medium License # CHEVROL	Owner	RODRIJOS
Make	Chevrolet	Warr. Start	01/27/1995	Status	Open	Opened	9/8/2008 10:26:39 AM
Model	Blazer	Mileage		Sub-Status	Dissatisfied	Closed	
Abstract	Customer had a collision and alleges the vehicle caught fire because of fuel tank recall.						
Customer Description	*** BRC PAR CASE. DO NOT ASSUME. FORWARD ALL INQUIRIES TO JOSE RODRIGUEZ EXT 31103 ***						

660038

Pre-PAR

PAR Notifier	Incident Date/Time	Injuries #	Other Veh #	People in Veh	Road Surface	Road Cond	Fire Report#	Police Report#
Attorney	10/14/2007 02:30:00	Y	1	3	Concrete	Dry	unknown	H01-1706401
Driver Last Name	Driver First Name	Height	DOB	Disabilities				

Insurance Agent Last Name	Insurance Agent First Name	Phone	Insurance Agency
	Tanya		Progressive Ins Claim # Unknown

Incident Loc	Doufun County PA at the intersection of 147 and 322 East	Incident Desc	TP: sts that on 10-14-07, The customer was at a Yield sign waiting to merge onto a 4 lane hwy. TP: sts that then all of the sudden the veh was rear ended by a Kia Sedona. sts that the impact Ruptured the Gas tank and caused an open flame. TP: sts that this caused injuries to eveyone in
Component	Gas Tank	Damage Desc	Veh was a total loss
Vehicle Loc	Unknown	Add'l Info	
Emgcy Svc Names	Pennsylvania State Police	Maint Loc	unknown

PAR Detail

Collision	Y	Non Collision		Property Damage	Y	Thermal Evt	Y	Spec Equip	n/a
Vehicle Speed	0	Weather Condition	dry and clear	Prop Owner	Jacob B Tyson	Property Type	Kia Sedana		
Last Service Date		Loc Last Service		Property Location	unknown	Prop Est Repair Cost	\$0.00		
Veh Est Repair Cost		Spec Equip Installer	n/a	Prop Damage Description	veh was totaled				
Primary Veh Use	Personal	Inspection Type		Inspected By	Inspection Not Performed	Inspection Date/Time			
Veh Damage Description	veh was a total loss			Explain Other	n/a				

Service Request Detail

PAR Injuries

Last Name	First Name	DOB	Location	Phone #	Seating Pos	Restraint Type
			Occupant of Owner's Vehicle		Middle Rear Passenger	Seatbelt
Injury Description	Medical Rpt#	Treatment Location	Treated By			
2-3degree burns cover 26% of her body face, arms shoulder	Unknown	Lee High Valley Burn Center	Unknown			
Street Address	City	State	Zip Code			

Last Name	First Name	DOB	Location	Phone #	Seating Pos	Restraint Type
			Occupant of Owner's Vehicle		Driver	Seatbelt
Injury Description	Medical Rpt#	Treatment Location	Treated By			
2 degree burns to both hands, forehead scalp and ears	unknown	Lee High Valley Burn Center	unknown			
Street Address	City	State	Zip Code			

Last Name	First Name	DOB	Location	Phone #	Seating Pos	Restraint Type
			Occupant of Owner's Vehicle		Front Passenger	Seabelt
Injury Description	Medical Rpt#	Treatment Location	Treated By			
burns to scalp, 2 degree burns to left hand and burns to right hand, Discamiation to C5-C6	Unknown	burns to scalp, 2 degree burns to left hand and burns to right hand, Discamiation to C5-C6	Unknown			
Street Address	City	State	Zip Code			

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
9/10/2008 12:09:05 PM	RODRIJOS	RODRIJOS	BRC PAR	ESIS- Atty Involvement	Done	9/10/2008 12:09:24 PM	esis

Contact Last Name	Contact First Name	Account	BAC Code

Comments:

Case was sent to ESIS, due to a Thermal Event.

Jose Rodriguez ATX PAR

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
9/10/2008 12:08:50 PM	RODRIJOS	RODRIJOS	Scheduled Follow-up		Scheduled Alarm		71-661201923 Check on ESIS
Contact Last Name	Contact First Name	Account			BAC Code		

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
9/10/2008 12:08:31 PM	RODRIJOS	ESISBIQU	Escalation	ESIS - Atty Involvement	In Progress		Assigned to ESIS
Contact Last Name	Contact First Name	Account			BAC Code		

Comments

Attorney
David Dowling
717-233 5731

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
9/10/2008 11:57:41 AM	RODRIJOS	RODRIJOS	Inbound Call Third Party	Service Request Update	Done	9/10/2008 11:59:59 AM	Attorney called back
Contact Last Name	Contact First Name	Account			BAC Code		

Comments

Attorney
David Dowling
717-233 5731

TP: sts that on 10-14-07, The customer was at a Yield sign waiting to merge onto a 4 lane hwy. TP: sts that then all of the sudden the veh was rear ended by a Kia Sedona. sts that the impact Ruptured the Gas tank and caused an open flame. TP: sts that this caused injuries to everyone in the vehicle.

Attorney seeks a Settlement from GM. sts that the gas tank shouldn't of ruptured.

Crs advised that the case will go ot ESIS. Advised that the will be in contact in the next 7-10 business days.

Cust understood.

Jose Rodriguez ATX PAR

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
9/10/2008 11:35:29 AM	RODRIJOS	RODRIJOS	Ownership Changed	Ownership Escalated to BRC	Done	9/10/2008 11:35:29 AM	Ownership Escalated to BRC

Contact Last Name	Contact First Name	Account	BAC Code

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
9/10/2008 11:33:32 AM	RODRIJOS	RODRIJOS	Scheduled Follow-up		Done	9/10/2008 11:41:46 AM	71-661201923 2nd attempt

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Attorney
David Dowling
717-233 5731

cancelled attorney called in early.

Jose Rodriguez ATX PAR

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
9/9/2008 05:20:20 PM	RODRIJOS	RODRIJOS	Inbound Call Third Party	Service Request Update	Done	9/9/2008 05:21:32 PM	Attorneys office

Contact Last Name	Contact First Name	Account	BAC Code

Comments

call from Secretary
717-233 5731

TP: sts that she received a voicemail. She just wanted to check why we were calling.

Crs advised received case and crs needs to talk to attorney.

TP: sts ok. will have attorney call back.

Jose Rodriguez ATX PAR

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
9/9/2008 01:19:40 PM	DRAHEICM	RODRIJOS	Ownership Changed		Done	9/9/2008 01:19:40 PM	Service Request Ownership has changed FROM: TINGZOGL TO: RODRIJOS
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
9/9/2008 01:19:18 PM	DRAHEICM	RODRIJOS	BRC PAR	Initial Contact-AVM	Done	9/10/2008 11:32:45 AM	Called
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

unable to contact dvm at this moment. there is no address for customer on Siebel.

Jose Rodriguez ATX PAR

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
9/9/2008 01:19:07 PM	DRAHEICM	RODRIJOS	BRC PAR	Initial Contact-Dealer	Done	9/10/2008 11:30:35 AM	Called
Contact Last Name	Contact First Name	Account	BAC Code				

no need to call dlr. dlr not involved no resent svc history and the veh is out of warranty.

Jose Rodriguez ATX PAR

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
9/9/2008 01:18:57 PM	DRAHEICM	RODRIJOS	BRC PAR	Initial Contact- Phone	Done	9/10/2008 11:29:05 AM	Called

Contact Last Name	Contact First Name	Account	BAC Code
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Comments

Attorney
David Dowling
717-233 5731

Left VM

Crs advised that the case was received in PAR. Crs seeks call back on this matter.

Jose Rodriguez ATX PAR

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
9/9/2008 01:18:47 PM	DRAHEICM	RODRIJOS	BRC PAR	Acknowledgement	Done	9/9/2008 04:55:26 PM	Called Mr. David Dowling _ Left Message

Contact Last Name	Contact First Name	Account	BAC Code
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Comments

Mr. David Dowling
717-233 5731

crs sis: I'm calling on behalf of your agent Jose Rodriguez. We have recieved your file here at Product Allegations and was calling to gather some additional information. If you could please return this call at your earliest Convenience at 866-790-5600 Ext 31103 and please refer to SR# 71-661201923

LM

brandyfabian.par.atx

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
9/9/2008 01:18:38 PM	DRAHEICM	RODRIJOS	Notify CRM		Done	9/9/2008 04:12:45 PM	File Assigned

Contact Last Name	Contact First Name	Account	BAC Code
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Comments

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
9/9/2008 01:18:28 PM	DRAHEICM	RODRIJOS	Research		Done	9/10/2008 11:21:36 AM	Research VIN

Contact Last Name	Contact First Name	Account	BAC Code

Comments
1GNCT18W4S2160237

no open recalls

no other related cases

Jose Rodriguez ATX PAR

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
9/9/2008 01:18:07 PM	DRAHEICM	RODRIJOS	BRC PAR	Case Assigned	Done	9/9/2008 05:20:06 PM	Assigned to Jose Rodriguez x31103

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
9/9/2008 10:53:56 AM	DRAHEICM	TINGZOGL	SR Opened		Done	9/9/2008 10:53:56 AM	SR in Status of Closed has been Re-Opened by DRAHEICM

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
9/9/2008 10:53:55 AM	DRAHEICM	TINGZOGL	SR Closed - Dissatisfied		Done	9/9/2008 10:53:55 AM	Service Request has been Closed Dissatisfied.

Contact Last Name	Contact First Name	Account	BAC Code

Comments

Confidential Comments

Service Request Detail

Activities

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
9/8/2008 10:56:04 AM	TINGZOGL	KINZERTH	Escalation	Initiate PAR	Done	9/9/2008 10:53:50 AM	Assigning activity to PAR QUEUE
Contact Last Name	Contact First Name	Account	BAC Code				

CRS advised that a person from the PAR Department will contact the customer within 2 business days.

Received and assigned in PAR
Thaddeus Kinzer/PAR Workflow/ATX

Confidential Comments

Created	Created By	Assigned To	Activity Type	Activity Sub-Type	Status	Completed	Description
9/8/2008 10:42:29 AM	TINGZOGL	TINGZOGL	Inbound Call Third Party	Complex Request	Done	9/8/2008 10:47:49 AM	Alleged product allegation-fuel tank recall
Contact Last Name	Contact First Name	Account	BAC Code				

Comments

cust sks: transferred from BRC by Cathy Park
calling in is Tanya from Progressive Insurance Company

>a Kia Sedana rear ended the veh which caused the Blazer to caught fire, 3 people where inside [REDACTED] was driving, [REDACTED] is the wife and seated at the front passenger, their daughter Megan was seated in the back and she got the severe burns
> Mr. Reed believes that the vehicle caught fire because there is a recall on the gas tank on the vehicle
> all calls to the [REDACTED] should be through their attorney Mr. David Cowling tel number: 717-233 5731

cust sks: document as pre-par

CRS advised customer that their information will be forwarded to the Product Allegation Department within the BRC.

Glen Randall/Super Coach/Mia/ Level 1

Confidential Comments

UCC Information

UCC Code	Symptom	Description
L04	No Symptom Indicated	Engine Fuel - Tank / Neck / Cap / Sending unit

JAMES R. CLIPPINGER
CHARLES J. DEHART, III
JAMES L. GOLDSMITH
P. DANIEL ALTLAND
JEFFREY T. MCGUIRE*
STANLEY J. A. LASKOWSKI
DOUGLAS K. MARSICO
BRETT M. WOODBURN
MICHAEL D. REED
PAULA J. LEICHT
ELIZABETH H. FEATHER
KAREN W. MILLER
DOUGLAS M. OBERHOLSER
*BOARD CERTIFIED CIVIL TRIAL ADVOCATE

CALDWELL & KEARNS
A PROFESSIONAL CORPORATION
ATTORNEYS AT LAW
3631 NORTH FRONT STREET
HARRISBURG, PENNSYLVANIA 17110-1533

OF COUNSEL
CARL G. WASS
JAMES D. CAMPBELL, JR.
THOMAS D. CALDWELL, JR.
(1928-2001)
RICHARD L. KEARNS
RETIRED

717-232-7661
FAX: 717-232-2766
thefirm@caldwelkearns.com

February 17, 2009

The Custodian of Records
GMAC
C/o Nicky Jackson
300 Renaissance Center
Mail Code 482 C19 B61
Detroit, Michigan 48265

Re: [REDACTED] v. Tyson
Civil No.: 2008-CV-8861-CV

RECEIVED

FEB 23 2009

ESIS-GM CLAIMS UNIT

To Whom It May Concern:

On December 10, 2009, our office served upon you a Subpoena to Produce Documents or Things for Discovery Pursuant to Rule 4009.21.

As of this date, we have not received a response. It is well past the 20 days you are given to respond.

Please forward copies of the information requested as soon as possible.

Very truly yours,


Doni Beard, Paralegal

JAMES R. CLIPPINGER
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A PROFESSIONAL CORPORATION
ATTORNEYS AT LAW
3631 NORTH FRONT STREET
HARRISBURG, PENNSYLVANIA 17110-1533

OF COUNSEL
CARL G. WASS
JAMES D. CAMPBELL, JR.
THOMAS D. CALDWELL, JR.
11928-2001
RICHARD L. KEARNS
RETIRED

717-232-7661
FAX: 717-232-2766
thefirm@caldwelkearns.com

February 17, 2009

The Custodian of Records
GMAC
C/o Nicky Jackson
300 Renaissance Center
Mail Code 482 C19 B61
Detroit, Michigan 48265

Re: [REDACTED] v. Tyson
Civil No.: 2008-CV-8861-CV

RECEIVED

FEB 23 2009

ESIS-GM CLAIMS UNIT

To Whom It May Concern:

On December 10, 2009, our office served upon you a Subpoena to Produce Documents or Things for Discovery Pursuant to Rule 4009.21.

As of this date, we have not received a response. It is well past the 20 days you are given to respond.

Please forward copies of the information requested as soon as possible.

Very truly yours,


Doni Beard, Paralegal

COPY

JAMES R. CLIPPINGER
CHARLES J. DEHART, III
JAMES L. GOLDSMITH
P. DANIEL ALTLAND
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DAVID J. LANZA
ELIZABETH H. FEATHER
KAREN W. MILLER
*BOARD CERTIFIED CIVIL TRIAL ADVOCATE

CALDWELL & KEARNS
A PROFESSIONAL CORPORATION
ATTORNEYS AT LAW
3631 NORTH FRONT STREET
HARRISBURG, PENNSYLVANIA 17110-1533

OF COUNSEL
RICHARD L. KEARNS
CARL G. WASS
JAMES D. CAMPBELL, JR.
THOMAS D. CALDWELL, JR.
11928-20011

717-232-7661
FAX: 717-232-2766
thefirm@caldwelkearns.com

December 10, 2008

The Custodian of Records
GMAC
C/o Nicky Jackson
300 Renaissance Center
Mail Code 482 C19 B61
Detroit, Michigan 48265

Re: [REDACTED] v. Tyson
Civil No.: 2008-CV-8861-CV

To Whom It May Concern:

Enclosed for service upon you is a Subpoena to Produce Documents or Things for Discovery Pursuant to Rule 4009.21.

Please note that you are required to complete the enclosed Certificate of Compliance and that all copies must be photocopied on one side only.

Your cooperation in this matter is appreciated. Should you have any questions or desire further information, please telephone the undersigned at (717) 232-7661.

Very truly yours,


Jeffrey T. McGuire, Esquire

JTM/dlb
Enclosures

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF DAUPHIN

Patricia L. Reed,
Plaintiff,

Vs.

Jacob B. Tyson,
Defendant.

File No. 2008-CV-8860-CV

**SUBPOENA TO PRODUCE DOCUMENTS OR THINGS
FOR DISCOVERY PURSUANT TO RULE 4009.22**

TO: GMAC c/o Nicky Jackson

(Name of Person or Entity)

Within twenty (20) days after service of this subpoena, you are ordered by the court to produce the following documents or things:
See Exhibit A

at Caldwell & Kearns
3631 North Front Street, Hbg., PA 17110

(Address)

You may deliver or mail legible copies of the documents or produce things requested by this subpoena, together with the certificate of compliance, to the party making this request at the address listed above. You have the right to seek, in ad vane, the reasonable cost of preparing the copies or producing the things sought.

If you fail to produce the documents or things required by this subpoena, within twenty (20) days after its service, the party serving this subpoena may seek a court order compelling you to comply with it.

THIS Subpoena WAS ISSUED AT THE REQUEST OF THE FOLLOWING PERSON:

NAME: Jeffrey T. McGuire, Esquire

ADDRESS: 3631 North Front Street

Harrisburg, PA 17110

TELEPHONE: 717-232-7661

SUPREME COURT ID # 73617

ATTORNEY FOR: Defendant By the Court:

DATE: November 24, 2008
Seal of the Court

Stephen E. Farina
Prothonotary
Kimberly A. Webb
Deputy

EXHIBIT "A"

The entire contents of any and all investigative files including but not limited to correspondence, notes, records, reports, acceptance of liability, offers, field adjustor's interpretation, photographs and all such items as may be stored in a computer database or otherwise in electronic form pertaining to:

Claim Number: 660038

DOL: 10/14/07 .

Jeffrey T. McGuire, Esquire
Attorney I.D. No. 73617
Caldwell & Kearns, P.C.
3631 North Front Street
Harrisburg, PA 17110
(717) 232-7661
(717) 232-2766 (fax)
jmcguire@caldwellkearns.com
Attorneys for Defendant, Jacob B. Tyson

PATRICIA REED,	:	IN THE COURT OF COMMON PLEAS
Plaintiff,	:	DAUPHIN COUNTY, PENNSYLVANIA
	:	
vs.	:	No. 2008-CV-8860-CV
	:	
JACOB B. TYSON,	:	CIVIL ACTION – LAW
Defendant.	:	JURY TRIAL DEMANDED

NOTICE

To: The Custodian of Records
GMAC
C/o Nicky Jackson
300 Renaissance Center
Mail Code 482 C19 B61
Detroit, Michigan 48265

You are required to complete the following Certificate of Compliance when producing documents or things pursuant to the subpoena.

CERTIFICATE OF COMPLIANCE WITH SUBPOENA TO PRODUCE DOCUMENTS OR THINGS PURSUANT TO RULE 4009.23

I, _____ (person served with subpoena), certify to the best of my knowledge, information and belief that all documents or things required to be produced pursuant to the subpoena issued on _____ (date of subpoena) have been produced.

Date:

Person served with Subpoena

REED V. GENERAL MOTORS
(POST COLLISION FUEL TANK FAILURE)

Index of Documents

1. Police Crash Report
2. Confirmation of Jacob B. Tyson's Policy Limits (Progressive Insurance)
3. Medical Records & Bills (Megan Reed, Greg Reed & Patricia Reed)
4. Photos of Injuries
 - A. Megan
 - B. Greg
 - C. Patricia
5. Photos of Greg Reed's Chevy Blazer (post-accident)

September 30, 2008, 08:49:53

CMSD0627 /CMSM0627

P A C M A N

SEP 30 08 - 8:49

OPID: TMS0012

AGY CLAIM POL COVERAGE

TERMID: ?01D

INSD: [REDACTED]

POL: 17295395 -0

DOL : OCT 14 07 PA-CPACAS-BRN- CLM: 072237520 OPEN

REP: T FISHER

EFF DT: JUL 19 07 EXPR DT: JAN 19 08 CO: 48 *

ST* PA

VEHICLE YR: 05 MAKE* KIA

MODEL: SEDONA

S VIN: KNDUP131956 [REDACTED]

LN/COV/LIM	COVERAGE DESC	LIMITS /	COMMENTS
191903	RBI	\$15,000 EACH PERSON-	\$30,000 EACH ACCIDENT
200101	PD	\$5,000 EACH ACCIDENT	NO DEDUCTIBLE
210108	COMP	ACV LESS \$500	DEDUCTIBLE
210307	COLL	ACV LESS \$500	DEDUCTIBLE
291187	PIP	\$5,000	

0912747 ONLY PAGE

COMMAND: ATCHMT F10=CLMPOLI F11=PRODSEL F13=CLMSUM

*

COMMONWEALTH OF PENNSYLVANIA NA
POLICE CRASH REPORTING FORM



Crash Number

AA 500 1

Case Closed Yes No
Reportable Crash Yes No

Page 0 1

P 1336788

Police Agency Data	Incident Number H 0 1 - 1 7 0 6 4 0 1				Police Agency 6 8 4 0 1		Patrol Zone 0 0 1	
	Agency Name PA STATE POLICE		Precinct TROOP H-136		Investigation Date (MM-DD-YYYY) 1 0 - 1 4 - 2 0 0 7			
	Dispatch Time (mil) 1 4 3 3		Arrival Time (mil) 1 5 0 0		Investigator CPL MARK HEFF		Badge Number 0 5 5 0 9	
Crash Data	Reviewer Cpl. Mark Heff		Badge Number 5 3 8 9		Approval Date (MM-DD-YYYY) 1 0 - 1 7 - 2 0 0 7			
	County 2 2 DAUPHIN		Municipality 2 1 3 REED TWP.		Day of Week <input checked="" type="checkbox"/> Sun <input type="checkbox"/> Thu <input type="checkbox"/> Mon <input type="checkbox"/> Fri <input type="checkbox"/> Tue <input type="checkbox"/> Sat <input type="checkbox"/> Wed <input type="checkbox"/> Unk			
	Crash Date (MM-DD-YYYY) 1 0 - 1 4 - 2 0 0 7		Crash Time (mil) 1 4 3 0		No of Units 0 3		People Injured 0 8	
Loc Type	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Intersection Type <input 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"/> Midblock <input type="checkbox"/> *T* Intersection <input type="checkbox"/> Traffic Circle/Round About <input checked="" type="checkbox"/> On Ramp <input type="checkbox"/> Crossover <input type="checkbox"/> Other		*Special Location 0 2		* See Overlay	
	Route Number 0 3 2 2		Segment (Optional)		Travel Lanes 0 2		Speed Limit 5 5	
Principal Road	Street Name		Street Ending		Orientation <input type="checkbox"/> North <input type="checkbox"/> South <input checked="" type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Unknown		House Number (if applicable)	
	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							
	Route Number		Segment (Optional)		Travel Lanes		Speed Limit	
Intersecting Road	Street Name		Street Ending		Orientation <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Unknown		T	
	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 type="checkbox"/> Local Road or Street <input type="checkbox"/> Private Road <input type="checkbox"/> Other/Unknown							
	Route Number		Segment (Optional)		Travel Lanes		Speed Limit	
Distance From Landmark	Please Enter Information for BOTH Landmarks if Using This Option		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- Or Miles	
			Intersecting Rt Num Or Mile Post		Or Segment Marker		Distance From Crash Scene to Landmark 1 (For Crash between Landmark 1 and Landmark 2)	
GPS	Degrees Minutes Seconds		Latitude: 4 0 2 2 : 4 2 . 9 6		Degrees Minutes Seconds		Longitude: - 7 7 0 0 : 1 9 . 7 5	
	Traffic Control Device <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Traffic Signal <input type="checkbox"/> Active RR Crossing Controls <input type="checkbox"/> Flashing Traffic Signal <input type="checkbox"/> Stop Sign <input type="checkbox"/> Passive RR Crossing Controls		Yield Sign <input type="checkbox"/> Police Officer or Flagman <input type="checkbox"/> Other Type TCD <input type="checkbox"/> Unknown <input type="checkbox"/>		TCD Functioning <input type="checkbox"/> No Controls <input type="checkbox"/> Device Not Functioning <input type="checkbox"/> Device Functioning Improperly <input type="checkbox"/> Device Functioning Properly		Emergency Preemptive Signal <input type="checkbox"/> Unknown <input type="checkbox"/>	
Lane Closure	Lane Closed (If "Not Applicable", skip rest of the Lane Closure section) <input type="checkbox"/> Not Applicable <input type="checkbox"/> Partially <input checked="" type="checkbox"/> Fully <input type="checkbox"/> Unknown		Lane Closure Direction <input type="checkbox"/> North <input type="checkbox"/> East <input type="checkbox"/> North and South <input type="checkbox"/> All (N,S,E,W) <input type="checkbox"/> South <input type="checkbox"/> West <input checked="" type="checkbox"/> East and West					
	Traffic Detoured Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/>		Esti. Time Closed <input type="checkbox"/> < 30 Min. <input checked="" 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					

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Unit Info	Type <input checked="" type="checkbox"/> Motor Vehicle in Transport <input type="checkbox"/> Pedestrian Hit & Run Vehicle <input type="checkbox"/> Illegally Parked <input type="checkbox"/> Legally Parked <input type="checkbox"/> Non - Motorized Pedestrian on Skates, in Wheelchair, etc <input type="checkbox"/> Disabled from Previous Crash <input type="checkbox"/> Train <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)								
Vehicle Driver / Pedestrian Information	Unit No	<u>01</u>				MI	<u>B</u>	Date of Birth (MM-DD-YYYY)	[REDACTED]
	Delete?	<input type="checkbox"/>				Telephone Number			
	Address / City / State						State	Class	
	<u>DALMATIA, PA.</u>						<u>PA</u>	<u>C</u>	
Vehicle Driver / Pedestrian Information	Alcohol/Drugs Suspected			Driver or Pedestrian Physical Condition					
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Alcohol <input type="checkbox"/> Alcohol and Drugs <input type="checkbox"/> Illegal Drugs <input type="checkbox"/> Medication <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			Charged?		
	<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			<u>3714, 4581</u>			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	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			<u>1</u>			
Owner/Driver <u>01</u> 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									
Vehicle Information	Same as Driver	Owner First Name		Owner Last Name or Business Name (If Pedestrian, skip this Section)					
	<input checked="" type="checkbox"/>	[REDACTED]		[REDACTED]					
	Address / City / State / Zip						Vehicle Make	*Make Code	
	[REDACTED]						<u>KIA</u>	<u>63</u>	
	VIN				Model Year	Vehicle Model			
	<u>KNDUPL31956</u>				<u>2005</u>	<u>SEDONA</u>			
License Plate			Reg. State	Est. Speed	Vehicle Towed	Towed By			
[REDACTED]			<u>PA</u>	<u>050</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>RIVER DRIVE</u>			
Insurance		Insurance Company		Policy No					
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<u>PROGRESSIVE DIRECT</u>		[REDACTED]					
Vehicle Information	Trailing Unit		Type Unit		Tag No		Tag Year	Tag St	
	<input type="checkbox"/> No. of Trailing Units: <u>0</u>		<input type="checkbox"/> 1=Towing Pass. Veh <input type="checkbox"/> 2=Towing Truck <input type="checkbox"/> 3=Towing Utility Trailer <input type="checkbox"/> 4=Mobile/Modular Home <input type="checkbox"/> 5=Camper <input type="checkbox"/> 6=Full Trailer <input type="checkbox"/> 7=Semi-Trailer <input type="checkbox"/> 8=Other <input type="checkbox"/> 9=Unknown		[REDACTED]		[REDACTED]	[REDACTED]	
	Direction of Travel		*Vehicle Position	*Movement	*See Overlay		Special Usage		
<u>E</u>		<u>06</u>	<u>15</u>			<u>00</u>			
Vehicle Color		Vehicle Type		05=Large Truck		20=Unicycle, Bicycle, Tricycle			
<input type="checkbox"/> 01=Blue <input type="checkbox"/> 02=Red <input type="checkbox"/> 03=White <input type="checkbox"/> 04=Green <input type="checkbox"/> 05=Black <input type="checkbox"/> 06=Yellow <input type="checkbox"/> 07=Silver <input type="checkbox"/> 08=Gold <input type="checkbox"/> 09=Brown <input type="checkbox"/> 10=Orange <input type="checkbox"/> 11=Purple <input type="checkbox"/> 12=Other <input type="checkbox"/> 99=Unknown		<input type="checkbox"/> 01=Automobile <input type="checkbox"/> 02=Motorcycle <input type="checkbox"/> 03=Bus <input type="checkbox"/> 04=Small Truck (If "02", Complete Form M, Section 26) (If "20" or "21", Complete Form M, Section 27)		<input type="checkbox"/> 06=SUV <input type="checkbox"/> 07=Van <input type="checkbox"/> 10=Snowmobile <input type="checkbox"/> 11=Farm Equip <input type="checkbox"/> 12=Construction Equip <input type="checkbox"/> 13=ATV <input type="checkbox"/> 18=Other Type Spec Veh <input type="checkbox"/> 19=Unk. Type Spec Veh		<input type="checkbox"/> 21=Other Pedalcycle <input type="checkbox"/> 22=Horse & Buggy <input type="checkbox"/> 23=Horse & Rider <input type="checkbox"/> 24=Train <input type="checkbox"/> 25=Trolley <input type="checkbox"/> 98=Other <input type="checkbox"/> 99=Unknown			
Initial Impact Point		Damage Indicator		Gradient		Road Alignment			
<u>12</u>		<u>3</u>		<u>1</u>		<u>1</u>			

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Unit Info

Type Motor Vehicle in Transport Hit & Run Vehicle Illegally Parked Legally Parked Non - Motorized
 Unit Pedestrian Pedestrian on Skates, in Wheelchair, etc Disabled From Previous Crash Train Phantom Vehicle
 Commercial Vehicle Yes No
 (If "Pedestrian" or "Pedestrian on Skates, in Wheelchair, etc", Complete Form M, Section 28) (If Yes, Complete Form C)

Vehicle Driver / Pedestrian Information

Unit MI Date of Birth (MM-DD-YYYY) A

Address YKENS, PA.

Driver License Number State PA Class C

Alcohol/Drugs Suspected

No Illegal Drugs Medication Alcohol Alcohol and Drugs Unknown

Driver or Pedestrian Physical Condition

Apparently Normal Illegal Drug Use Fatigue Medication
 Had Been Drinking Sick Asleep Unknown

Alcohol Test Type

Test Not Given Breath Other Blood Urine Unknown if Test Given

Alcohol Test Results

Test Refused Unknown Results Test Given, Contaminated Results

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

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 08=Other Municipal Government Vehicle 09=Federal Gov Veh 98=Other 99=Unknown

Same as Driver Owner First Name Owner Last Name or Business Name (If Pedestrian, skip this Section)

Address / City / State / Zip Vehicle Make CHEV *Make Code 20 (see overlay)

VIN 1GNCT18W4S2 Model Year 1995 Vehicle Model S10 BLAZER (see overlay)

License Plate PA 000 Yes No Towed By S+S

Insurance Yes No Un-known Insurance Company ERIE Policy No

Trailing Unit No. of Trailing Units: 0 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

Direction of Travel E *Vehicle Position 06 *Movement 03 *See Overlay

Vehicle Color 04 06=Yellow 07=Silver 08=Gold 01=Blue 02=Red 03=White 04=Green 05=Black

Vehicle Type 06 01=Automobile 02=Motorcycle 03=Bus 04=Small Truck (if "02", Complete Form M, Section 26) (if "20" or "21", Complete Form M, Section 27)

05=Large Truck 06=SUV 07=Van 10=Snowmobile 11=Farm Equip 12=Construction Equip 13=ATV 18=Other Type Spec Veh 19=Unk. Type Spec Veh 20=Unicycle, Bicycle, Tricycle 21=Other Pedalcycle 22=Horse & Buggy 23=Horse & Rider 24=Train 25=Trolley 98=Other 99=Unknown

Special Usage 00 12=Commercial Passenger Carrier 13=Taxi 21=Tractor Trailer 22=Twin Trailer 23=Triple Trailer 31=Modified Veh 11=Pupil Transport 99=Unknown

Initial Impact Point 06 00=Non-Collision 01-12=Clock Points 13=Top 14=Undercarriage 15=Towed Unit 99=Unknown

Damage Indicator 3 0=None 1=Minor 2=Functional 3=Disabling 9=Unknown

Gradient 1 1=Level 2=Uphill 3=Downhill 4=Bottom of Hill 5=Top of Hill 9=Unknown

Road Alignment 1 1=Straight 2=Curved 9=Unknown

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Change/Continuation

P1336708

Unit Info

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)

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

Vehicle Driver / Pedestrian Information

MI **H**

HARRISBURG

State **PA** Class **C**

Alcohol/Drugs Suspected

No Alcohol Illegal Drugs Alcohol and Drugs Medication Unknown

Driver or Pedestrian Physical Condition

Apparently Normal Had Been Drinking Illegal Drug Use Sick Fatigue Asleep Medication Unknown

Alcohol Test Type

Test Not Given Blood Breath Urine Other Unknown if Test Given

Primary Vehicle Code Violation _____ Charged? Yes No

Alcohol Test Results

0. Test Refused Test Given, Contaminated Results Unknown Results

Driver Presence

1 1=Driver Operated Vehicle 2=No Driver 3=Driver Fled Scene 4=Hit and Run 9=Unknown

Owner/Driver

01 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

Vehicle Information

Same as Driver Owner First Name _____ Owner Last Name or Business Name (if Pedestrian, skip this Section) _____

Address / City / State / Zip _____

Vehicle Make **DODGE** *Make Code **07**

VIN **1B3ES47CGWD** Model Year **1998** Vehicle Model **NEON** (see overlay)

License Plate **PA 000** Vehicle Towed Yes No Towed By **S+S**

Company **PROGRESSIVE** Policy No _____

Trailing Unit

No. of Trailing Units: **0** 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

Direction of Travel **E** *Vehicle Position **06** *Movement **03** *See Overlay

Vehicle Color **04** 06=Yellow 07=Silver 08=Gold 09=Brown 10=Orange 11=Purple 12=Other 13=White 14=Black 99=Unknown

Vehicle Type **01** 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=Unk. Type Spec Veh 20=Unicycle, Bicycle; Tricycle 21=Other Pedalcycle 22=Horse & Buggy 23=Horse & Rider 24=Train 25=Trolley 98=Other 99=Unknown

Special Usage **00** 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 **06** 00=Non-Collision 01-12=Clock Points 13=Top 14=Undercarriage 15=Towed Unit 99=Unknown

Damage Indicator **2** 0=None 1=Minor 2=Functional 3=Disabling 9=Unknown

Gradient **1** 1=Level 2=Uphill 3=Downhill 4=Bottom of Hill 5=Top of Hill 9=Unknown

Road Alignment **1** 1=Straight 2=Curved 9=Unknown

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New

Change/
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Unit No 01	Person No 01	Delete? <input type="checkbox"/>	Date of Birth (MM-DD-YYYY) [][]-[][]-[][][][]	A	B	C	D	E	F	G	H	I			
Name / Address / Phone				[REDACTED]											
<input checked="" type="checkbox"/> Same as Operator				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											
Unit No 02	Person No 01	Delete? <input type="checkbox"/>	Date of Birth (MM-DD-YYYY) [][]-[][]-[][][][]	A	B	C	D	E	F	G	H	I			
Name / Address / Phone				[REDACTED]											
<input checked="" type="checkbox"/> Same as Operator				EMS Transport <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											
Unit No 02	Person No 02	Delete? <input type="checkbox"/>	Date of Birth (MM-DD-YYYY) [][]-[][]-[][][][]	A	B	C	D	E	F	G	H	I			
Name / Address / Phone				2	F	3	0	3	5	3	1	9	1	0	1
<input type="checkbox"/> Same as Operator				(SAME ADD)									EMS Transport <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Unit No 02	Person No 03	Delete? <input type="checkbox"/>	Date of Birth (MM-DD-YYYY) [][]-[][]-[][][][]	A	B	C	D	E	F	G	H	I			
Name / Address / Phone				2	F	2	0	6	0	3	0	0	1	0	1
<input type="checkbox"/> Same as Operator				(SAME ADD)									EMS Transport <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Unit No 03	Person No 01	Delete? <input type="checkbox"/>	Date of Birth (MM-DD-YYYY) [][]-[][]-[][][][]	A	B	C	D	E	F	G	H	I			
Name / Address / Phone				1	M	0	0	1	0	3	1	2	1	0	1
<input checked="" type="checkbox"/> Same as Operator				[REDACTED]									EMS Transport <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Unit No 03	Person No 02	Delete? <input type="checkbox"/>	Date of Birth (MM-DD-YYYY) [][]-[][]-[][][][]	A	B	C	D	E	F	G	H	I			
Name / Address / Phone				2	F	0	0	3	0	3	1	2	1	0	1
<input type="checkbox"/> Same as Operator				HBG PA [REDACTED]									EMS Transport <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Unit No 03	Person No 03	Delete? <input type="checkbox"/>	Date of Birth (MM-DD-YYYY) [][]-[][]-[][][][]	A	B	C	D	E	F	G	H	I			
Name / Address / Phone				2	F	0	0	4	0	3	0	0	1	0	1
<input type="checkbox"/> Same as Operator				SAME AS FREINER									EMS Transport <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Unit No 03	Person No 04	Delete? <input type="checkbox"/>	Date of Birth (MM-DD-YYYY) [][]-[][]-[][][][]	A	B	C	D	E	F	G	H	I			
Name / Address / Phone				2	F	0	0	6	0	3	0	0	1	0	1
<input type="checkbox"/> Same as Operator				HBG PA [REDACTED] NO PHONE									EMS Transport <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Unit No [][]	Person No [][]	Delete? <input type="checkbox"/>	Date of Birth (MM-DD-YYYY) [][]-[][]-[][][][]	A	B	C	D	E	F	G	H	I			
Name / Address / Phone				[REDACTED]									EMS Transport <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Same as Operator				[REDACTED]									EMS Transport <input type="checkbox"/> Yes <input type="checkbox"/> No		

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General Crash Information (If more than 2 Units, only complete once)	Crash Description	1	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 Roadway	7	1=On Travel Lanes 2=Shoulder	3=Median 4=Roadside	5=Outside Trafficway 6=In Parking Lane	7=Gore (Ramp Intersection) 9=Unknown	
	Illumination	1	1=Daylight 2=Dark - No Street Lights	3=Dark - Street Lights 4=Dusk	5=Dawn 6=Dark - Unknown Roadway Lighting	8=Other	
	Weather Conditions	1	1=No Adverse Conditions 2=Rain	3=Sleet (Hail) 4=Snow	5=Fog 6=Rain & Fog	7=Sleet & Fog 8=Other	9=Unknown
	Road Surface Conditions	0	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 No		Harm Event	L/R	Most?	Utility Pole Number
1	02	02		<input checked="" type="radio"/>	
2	01	54		<input type="radio"/>	
3				<input type="radio"/>	
4				<input type="radio"/>	

Please Put Events in Sequential Order

Harmful Events (Harm Event)

01=Hit Unit 1	30=Hit Fence Or Wall
02=Hit Unit 2	31=Hit Building
03=Hit Unit 3	32=Hit Culvert
04=Hit Unit 4	33=Hit Bridge Pier Or Abutment
05=Hit Unit 5	34=Hit Parapet End
06=Hit Other Traffic Unit	35=Hit Bridge Rail
07=Hit Deer	36=Hit Boulder Or Obstacle On Roadway
08=Hit Other Animal	37=Hit Impact Attenuator
09=Collision With Other Non Fixed Object	38=Hit Fire Hydrant
11=Struck By Unit 1	39=Hit Roadway Equipment
12=Struck By Unit 2	40=Hit Mail Box
13=Struck By Unit 3	41=Hit Traffic Island
14=Struck By Unit 4	42=Hit Snow Bank
15=Struck By Unit 5	43=Hit Temporary Construction Barrier
16=Struck By Other Traffic Unit	48=Hit Other Fixed Object
21=Hit Tree Or Shrubbery	49=Hit Unknown Fixed Object
22=Hit Embankment	50=Overturn/Roll Over
23=Hit Utility Pole	51=Struck By Thrown Or Falling Object
24=Hit Traffic Sign	52=Pot Holes Or Other Pavement Irregularities
25=Hit Guard Rail	53=Jackknife
26=Hit Guard Rail End	54=Fire In Vehicle
27=Hit Curb	58=Other Non-Collision
28=Hit Concrete Or Longitudinal Barrier	99=Unknown Harmful Event
29=Hit Ditch	

Unit No	Harm Event	Most Harmful Event in the Crash	Unit No	Harm Event
01	02		02	11

Do not repeat this information on multiple pages

Driver Action (D)

00=No Contributing Action	17=Careless Or Illegal Backing On Roadway
01=Driver Was Distracted	18=Driving On The Wrong Side Of Road
02=Driving Using Hand Held Phone	19=Making Improper Entrance To Highway
03=Driving Using Hands Free Phone	20=Making Improper Exit From Highway
04=Making Illegal U-Turn	21=Careless Parking/Unparking
05=Improper/Careless Turning	22=Over/Under Compensation At Curve
06=Turning From Wrong Lane	23=Speeding
07=Proceeding W/O Clearance After Stop	24=Driving Too Fast For Conditions
08=Running Stop Sign	25=Failure To Maintain Proper Speed
09=Running Red Light	26=Driver Fleeing Police (Pol Chase)
10=Failure To Respond To Other Traffic Control Device	27=Driver Inexperienced
11=Tailgating	28=Failure To Use Specialized Equip
12=Sudden Slowing/Stopping	92=Affected By Physical Condition
13=Illegally Stopped On Road	98=Other Improper Driving Actions
14=Careless Passing Or Lane Change	99=Unknown
15=Passing In No Passing Zone	
16=Driving The Wrong Way On 1-Way Street	

Environmental / Roadway Potential Factors (ER)

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

Possible Vehicle Failures (V)

00=None	06=Exhaust	12=Wipers
01=Tires	07=Headlights	13=Driver Seating/Control
02=Brake System	08=Signal Lights	14=Body, Doors, Hood, Etc
03=Steering System	09=Other Lights	15=Trailer Hitch
04=Suspension	10=Horn	16=Wheels
05=Power Train	11=Mirrors	17=Airbags
		18=Trailer Overloaded
		19=Unsecure/Shifted Trailer Load
		20=improper Towing
		21=Obstructed Windshield
		99=Unknown

Unit No	01	1 19	2 24	3	4
Unit No	02	1 00	2	3	4

Indicated Prime Factor

Do not repeat this information on multiple pages.

E / R	V	D	P
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Unit No **01** Factor Code **19**

If EIR is the Prime Factor Type, leave Unit No blank

Pedestrian Action (P)

00=None	03=Working
01=Entering Or Crossing At Specified Location	04=Pushing Vehicle
02=Walking, Running, Jogging, Or Playing	05=Approaching Or Leaving Vehicle
	06=Working On Vehicle
	07=Standing
	98=Other
	99=Unknown

Unit No Unit No

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Change/Continuation

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

Crash Description	<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
Relation to Roadway	<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	
Illumination	<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	
Weather Conditions	<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=Steel & Fog 8=Other	<input type="checkbox"/> 9=Unknown
Road Surface Conditions	<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

16 Unit(s) Event Information

Unit No	Harm Event	L/R	Most?	Utility Pole Number	Harmful Events (Harm Event)
1 12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>		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
2 03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>		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
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>		
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>		

17 First Harmful Event In the Crash

Unit No	Harm Event	Most Harmful Event In the Crash	Unit No	Harm Event
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do not repeat this information on multiple pages.

18 Environmental / Roadway Potential Factors (E/R)

1	2	3
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

00=None
01=Windy Conditions
02=Sudden Weather Conditions
03=Other Weather Conditions
04=Deer In Roadway
05=Obstacle On Roadway
06=Other Animal On 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

19 Contributing Information

Possible Vehicle Failures (V)

Unit No	1	2
03	00	<input type="checkbox"/>

00=None
01=Tires
02=Brake System
03=Steering System
04=Suspension
05=Power Train
06=Exhaust
07=Headlights
08=Signal Lights
09=Other Lights
10=Horn
11=Mirrors
12=Wipers
13=Driver Seating/Control
14=Body, Doors, Hood, Etc
15=Trailer Hitch
16=Wheels
17=Airbags
18=Trailer Overloaded
19=Unsecure/Shifted Trailer Load
20=Improper Towing
21=Obstructed Windshield
99=Unknown

Indicated Prime Factor
Do not repeat this information on multiple pages.

E/R	V	D	P	Unit No	Factor Code
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Pedestrian Action (P)

Unit No	1	2	3	4
03	00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM



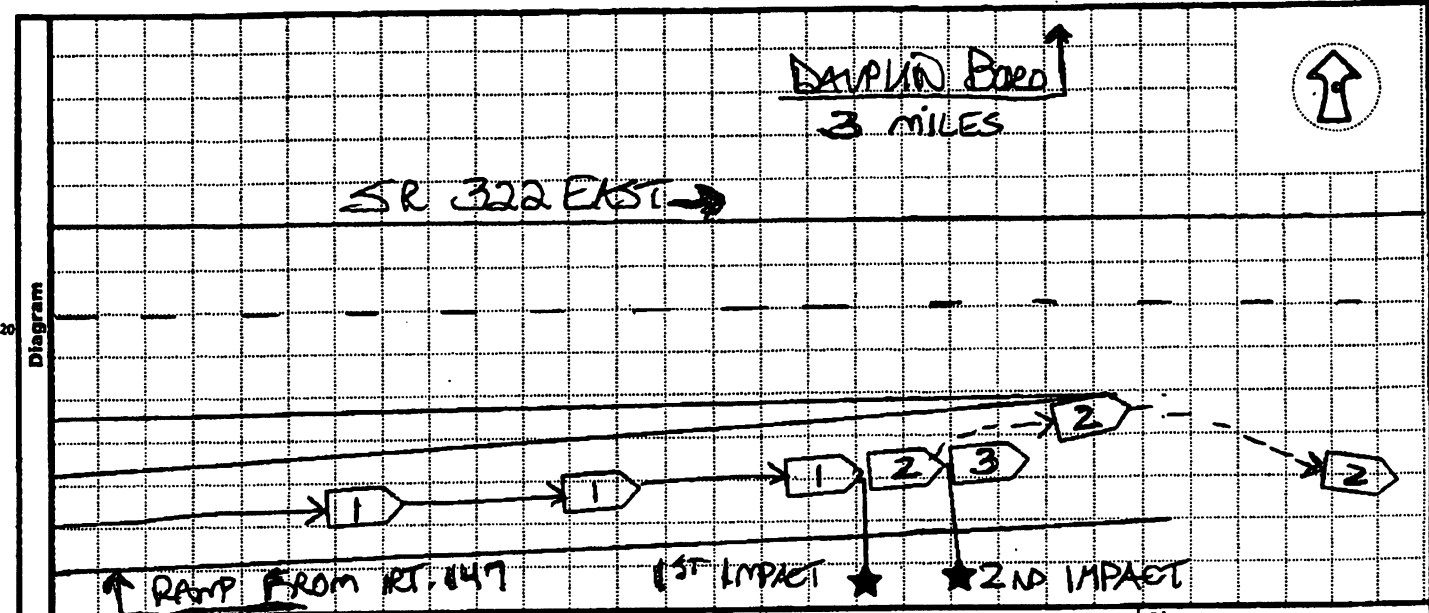
Crash Number

P 1336788

AA 500 5

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Page 08



Witness Name	Address	Phone
2	SHIPPENSBURG, PA	

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

THIS CRASH OCCURRED AS UNITS 2 + 3 WERE STOPPED AT THE END OF A YIELD-ON RAMP BECAUSE TRAFFIC WAS HEAVY AND UNIT 2 WAS WAITING FOR UNIT 3 TO MERGE. OPR 1 LOOKED LEFT OUT OF UNIT 1 WINDOW TO SEE IF HE COULD MERGE. OPR 1 LOOKED AHEAD OF HIM AND COULD NOT STOP THEN UNIT 1 SLAMMED INTO THE REAR OF UNIT 2. THIS PUSHED UNIT 2 INTO UNIT 3. UNITS 1 + 2 EXPLODED INTO FLAMES. OPR 2 DROVE/STEERED UNIT 2 APPROX 150 FT. FROM IMPACT.

EVIDENCE AT SCENE SHOWED UNITS 1 AND 2 COMPLETELY BURNED, FIRE WAS OUT. UNIT 3 + OCCUPANTS WERE PRESENT AND OK. LIFE LION WAS FLYING IN TO TRANSPORT MEGAN REED. ROADWAYS WERE CLOSED. OPR 2 WAS BEING LOADED INTO AN AMBULANCE. OPR 3 WAS ALREADY EN ROUTE TO HERSHEY MED CTR. AS WAS

WITNESS STATED @ 10/14/07 @ 1500 HRS. HE WAS IN RIGHT LANE. TRAFFIC WAS HEAVY. HE SAW OPR 1 DRIVE UP THE RAMP AND WAS GOING FASTER THAN HE WAS. HE SAID UNIT 1 JUST RAMMED INTO THE REAR OF UNIT 2. WITNESS WAS DRIVING A T.T. AND WAS GOING 45 MPH. HE SAID THAT OPR 1 WAS FLYING UP THE RAMP.

(MORE)

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM



Crash Number

AA 500 N

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09

New

Change/
Continuation

P1336788

Narrative and additional witnesses:

22

OPR 1 INTERVIEWED AT HERSHEY MED CTR 10/14/07 @ 1645 HRS.
HE SAID HE WAS DRIVING UP THE RAMP - HE LOOKED OUT OF HIS
WINDOW AT TRAFFIC IN AN ATTEMPT TO MERGE. HE SAID HE SAW
UNIT 2 BUT HE WAS MOVING FORWARD. HE SAID HE LOOKED
INTO HIS MIRROR, LOOKED UP AND HIT UNIT 2.

OPR 2 INTERVIEWED (AT SCENE) AND AT HERSHEY MED CTR
10/14/07 @ 1700 HRS. HE SAID HE SAW UNIT 3 STOPPED AT THE
END OF RAMP. HE BEGAN TO SLOW DOWN + STOP. HE SAID
TRAFFIC WAS HEAVY. HE NEVER SAW UNIT 1 BEHIND, + GOT HIT.
HE SAID HE STEERED AROUND UNIT 3 AFTER IMPACT AND THEN
PULLED HIS GIRLFRIEND AND DAUGHTER OUT OF THE BURNING CAR.

OPR 3 INTERVIEWED AT SCENE 10/14/07 @ 1530 HRS. HE SAID HE
COULD NOT DRIVE ONTO THE HIGHWAY BECAUSE TRAFFIC WAS
TOO HEAVY.

AS OF 10/16/07, MEGAN REED WAS STILL IN LEHIGH VALLEY
BURN CENTER, WITH 20% BURNS.

DUNCANNON FIRE DEPT. + EMS RESPONDED TO THE SCENE AND DID
AN EXCELLENT JOB.

NEWS RELEASE PREPARED + SUBMITTED.

Auxiliary Witness and Narrative



September 30, 2008, 08:49:53

CMSD0627 /CMSM0627

P A C M A N

SEP 30 08 - 8:49

OPID: TMS0012

AGY CLAIM POL COVERAGE

TERMID: ?01D

INSD: [REDACTED]

POL: 17295395 -0

DOL : OCT 14 07 PA-CPACAS-BRN-

CLM: [REDACTED] OPEN

REP: T FISHER

EFF DT: JUL 19 07 EXPR DT: JAN 19 08 CO: 48 *

ST* PA

VEHICLE YR: 05 MAKE* KIA

MODEL: SEDONA

S VIN: KNDUP131956669721

LN/COV/LIM	COVERAGE DESC	LIMITS /	COMMENTS
191903	RBI	\$15,000 EACH PERSON-	\$30,000 EACH ACCIDENT
200101	PD	\$5,000 EACH ACCIDENT	NO DEDUCTIBLE
210108	COMP	ACV LESS \$500	DEDUCTIBLE
210307	COLL	ACV LESS \$500	DEDUCTIBLE
291187	PIP	\$5,000	

1912747 ONLY PAGE

COMMAND: ATCHMT F10=CLMPOLI F11=PRODSEL F13=CLMSUM

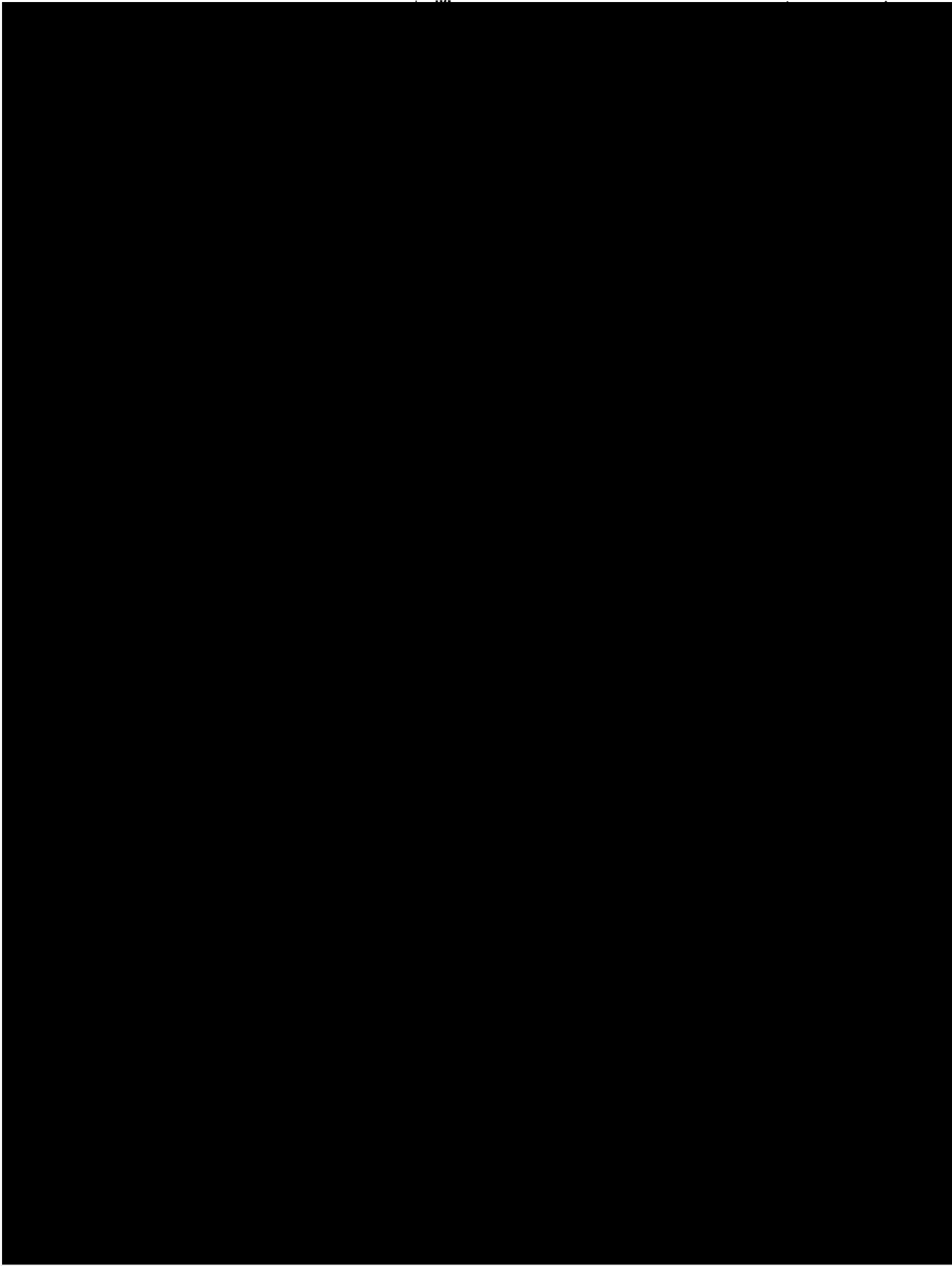
*

**INDEX TO MEDICAL RECORDS
OF [REDACTED]
CL/MTR# [REDACTED]**

April 1, 2008

- 1. Lehigh Valley Hospital**
 - *Admitted: 10/14/07
 - *Discharged: 11/7/07
 - *Burn Recovery Center: 11/9/07-

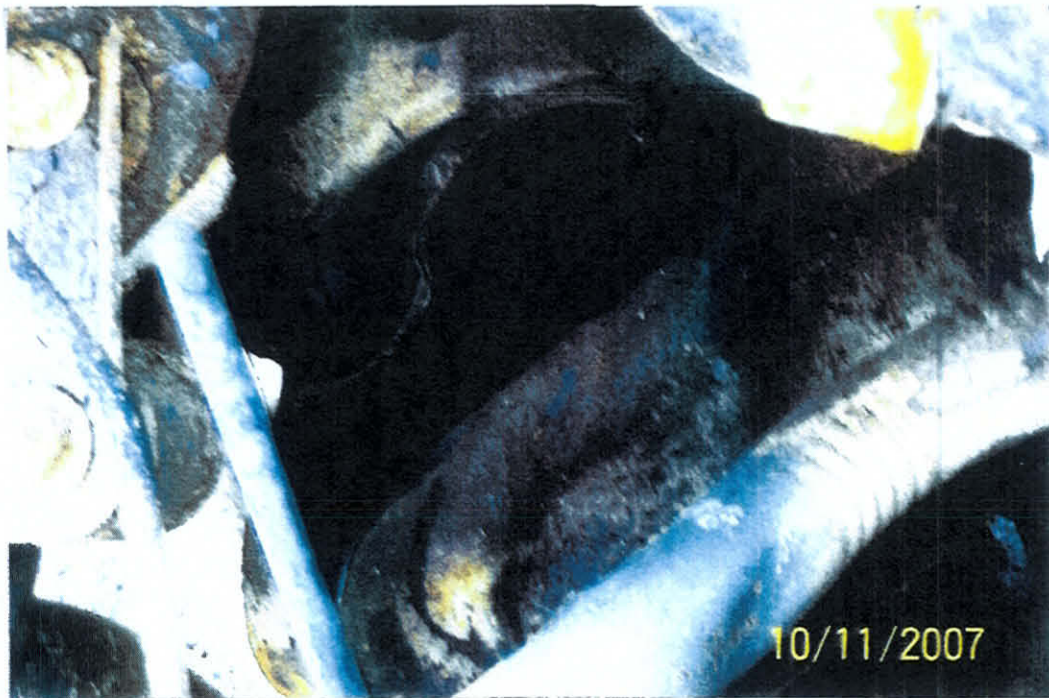
- 2. Foulds Physical Therapy**
 - *Treatment Dates: 1/14/08-



**INFORMATION Redacted PURSUANT TO THE FREEDOM OF
INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)**

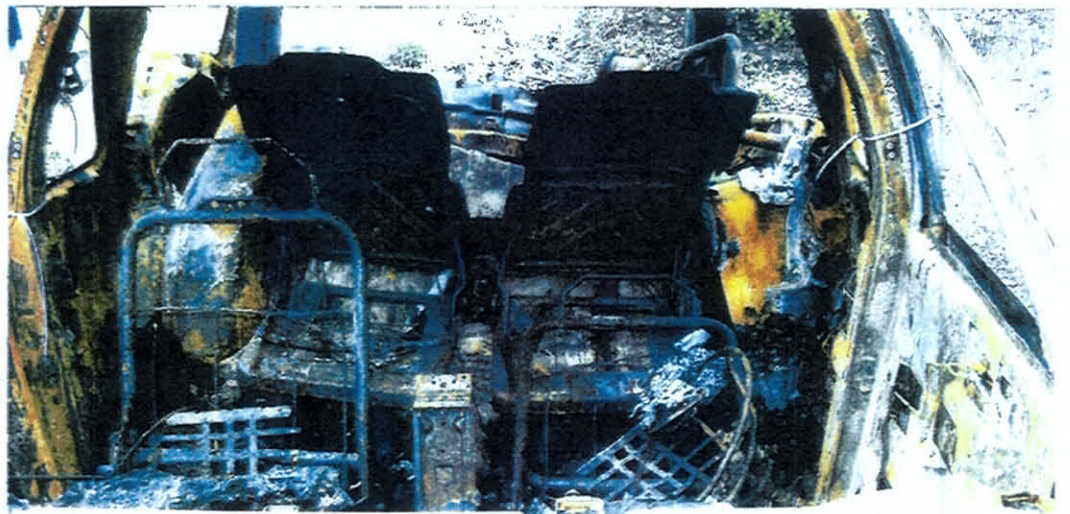
MEDICAL RECORD





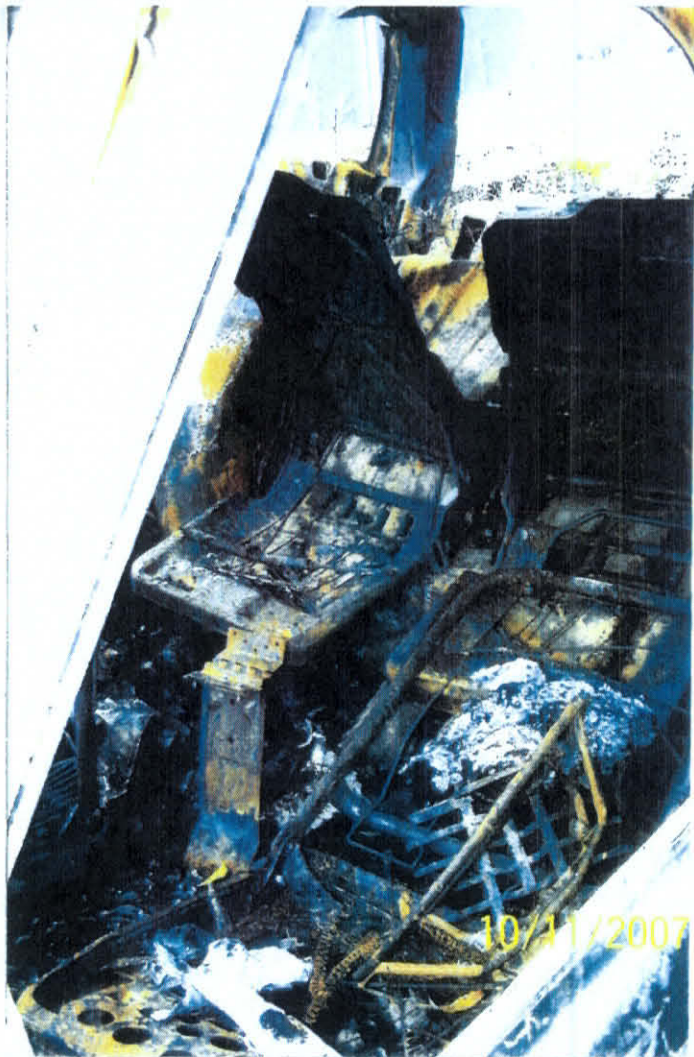




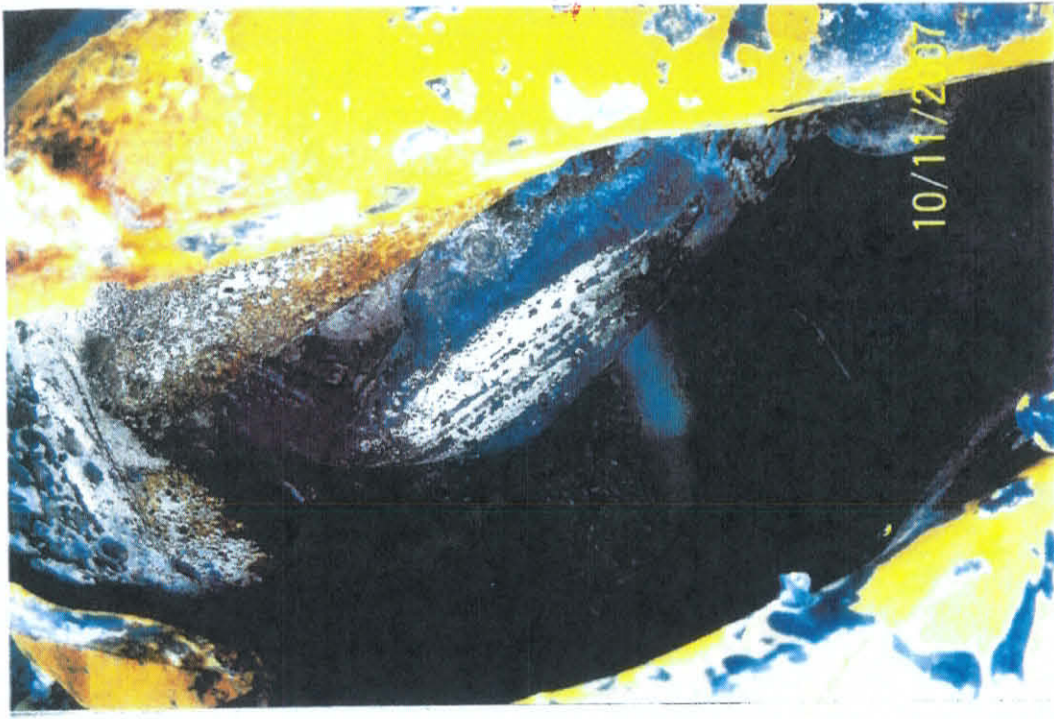












10/11/201

COMMONWEALTH OF PENNSYLVANIA NA
POLICE CRASH REPORTING FORM



Crash Number

AA 500 1 Case Closed Yes No Reportable Crash Yes No Page 01

P 1336788

1	Police Agency Data	Incident Number H01-1706401	Police Agency 68401	Patrol Zone 001
	Agency Name PA STATE POLICE	Precinct TROOP H-HSC	Investigation Date (MM-DD-YYYY) 10-14-2007	
	Dispatch Time (mi) 1433	Arrival Time (mi) 1500	Investigator CPL MARK HEFF	Badge Number 05509
2	Crash Data	County 22 DAUPHIN	Municipality 213 REED TWP.	Day of Week <input checked="" type="checkbox"/> Sun <input type="checkbox"/> Thu <input type="checkbox"/> Mon <input type="checkbox"/> Fri <input type="checkbox"/> Tue <input type="checkbox"/> Sat <input type="checkbox"/> Wed <input type="checkbox"/> Unk
	Crash Date (MM-DD-YYYY) 10-14-2007	Crash Time (mi) 1430	No of Units 03	People Injured 08
	Killed* 00		*If > 00 complete Form F	
3	Loc Type	Workzone (If Yes, Complete Form M, Section 25) <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
	Intersection Type <input type="checkbox"/> Midblock <input type="checkbox"/> *T* Intersection	<input type="checkbox"/> 4 Way Intersection <input type="checkbox"/> *Y* Intersection <input type="checkbox"/> Traffic Circle/Round About	<input type="checkbox"/> Multi-Leg Intersection <input checked="" type="checkbox"/> On Ramp	<input type="checkbox"/> Off Ramp <input type="checkbox"/> Crossover <input type="checkbox"/> Railroad Crossing <input type="checkbox"/> Other
	*Special Location 02			* See Overlay
4	Principal Road	Route Number 0322	Segment (Optional)	Travel Lanes 02
	Speed Limit 55	Street Name		Street Ending
	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 type="checkbox"/> South <input checked="" type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Unknown		House Number (if applicable)
5	Intersecting Road	Route Number	Segment (Optional)	Travel Lanes
	Speed Limit	Street Name		Street Ending
	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 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 type="checkbox"/> West <input type="checkbox"/> Unknown		T
6	Distance From Landmark	Please Enter Information for BOTH Landmarks if Using This Option	Use For Mid-Block Crashes	
	Landmark 1	Intersecting Rt Num Or Mile Post	Or Segment Marker	St Ending
	Landmark 2	Intersecting Rt Num Or Mile Post	Or Segment Marker	St Ending
7	GPS	Latitude: Degrees Minutes Seconds 40 22:42.96	Longitude: - Degrees Minutes Seconds 77 00:19.75	
	TCD	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"/> Stop Sign <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 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
8	Lane Closure	Lane Closed (if "Not Applicable", skip rest of the Lane Closure section) <input type="checkbox"/> Not Applicable <input type="checkbox"/> Partially <input checked="" 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 checked="" type="checkbox"/> East and West <input type="checkbox"/> All (N,S,E,W)
	Traffic Detoured Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/>	Esti. Time Closed <input type="checkbox"/> < 30 Min. <input checked="" 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

P 1336788

AA 500 2

Police Use Only 41-1906401

Page:

02

Unit Info	Type Unit	<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)
		<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)

Unit No	MI	Date of Birth (MM-DD-YYYY)
01	B	
Delete?		
Address / City / State		
DALMATIA, PA.		
State	Class	
PA	C	

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"/> Medication <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	374, 4581
Alcohol Test Results	Driver Presence
<input type="checkbox"/> Test Refused <input type="checkbox"/> Test Given, Contaminated Results <input type="checkbox"/> Unknown Results	1=Driver Operated Vehicle 2=No Driver 3=Driver Fled Scene 4=Hit and Run 9=Unknown
Owner/Driver	
01=Private Vehicle Owned/Leased by Driver	

Same as Driver	Owner First Name	Owner Last Name or Business Name (If Pedestrian, skip this Section)
<input checked="" type="checkbox"/>		
Address / City / State / Zip		Vehicle Make
		KIA
VIN		*Make Code
KNDUP131956		63
Model Year	Vehicle Model	(see overlay)
2005	SEDONA	
License Plate	Reg. State	Est. Speed
	PA	050
Insurance	Insurance Company	Policy No
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	PROGRESSIVE DIRECT	

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				
E	06	15		00				
Vehicle Color	Vehicle Type	Special Usage						
04	09	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						
01=Blue 02=Red 03=White 04=Green 05=Black	05=Large Truck 06=SUV 07=Van 10=Snowmobile 11=Farm Equip 12=Construction Equip 13=ATV 18=Other Type Spec Veh 19=Unk. Type Spec Veh							
Initial Impact Point	Damage Indicator	Gradient	Road Alignment					
12	3	1	1=Level 2=Curved 9=Unknown					

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM



Crash Number

P 1336788

AA 500 2

Police Use Only

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Page:

03

10 Unit Info	<input checked="" type="checkbox"/> Motor Vehicle in Transport <input type="checkbox"/> Pedestrian <i>(If "Pedestrian" or "Pedestrian on Skates, in Wheelchair, etc", Complete Form M, Section 28)</i>		<input type="checkbox"/> Hit & Run Vehicle <input type="checkbox"/> Pedestrian on Skates, in Wheelchair, etc <i>(If "Pedestrian" or "Pedestrian on Skates, in Wheelchair, etc", Complete Form M, Section 28)</i>		<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		<input type="checkbox"/> Commercial Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If Yes, Complete Form C)</i>											
	Unit No: 02 First Name: [REDACTED] MI: A Date of Birth (MM-DD-YYYY): [REDACTED]		State: PA Class: C		Delete? <input type="checkbox"/>		LYKENS, PA.		State: PA Class: C									
11 Vehicle Driver / Pedestrian Information	Alcohol/Drugs Suspected <input checked="" type="checkbox"/> No <input type="checkbox"/> Alcohol <input type="checkbox"/> Illegal Drugs <input type="checkbox"/> Alcohol and Drugs <input type="checkbox"/> Medication <input type="checkbox"/> Unknown			Driver or Pedestrian Physical Condition <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 <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			Primary Vehicle Code Violation Charged? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
	Alcohol Test Results <input type="checkbox"/> Test Refused <input type="checkbox"/> Test Given, Contaminated Results <input type="checkbox"/> Unknown Results			Driver Presence <input checked="" 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 <input checked="" type="checkbox"/> 01=Private Vehicle Owned/Leased by Driver <input type="checkbox"/> 00=Not Applicable <input type="checkbox"/> 02=Private Vehicle Not Owned/Leased by Driver <input type="checkbox"/> 03=Rented Vehicle <input type="checkbox"/> 04=State Police Vehicle <input type="checkbox"/> 05=PENNDOT Vehicle <input type="checkbox"/> 06=Other State Gov Veh <input type="checkbox"/> 07=Municipal Police Veh <input type="checkbox"/> 08=Other Municipal Government Vehicle <input type="checkbox"/> 09=Federal Gov Veh <input type="checkbox"/> 98=Other <input type="checkbox"/> 99=Unknown			Same as Driver? <input checked="" type="checkbox"/>								
	Owner First Name [REDACTED]			Owner Last Name or Business Name (if Pedestrian, skip this Section) [REDACTED]			Address / City / State / Zip [REDACTED]			Vehicle Make CHEV								
	VIN 1GNCT18W452			Model Year 1995			Vehicle Model S10 BLAZER			License Plate PA 000								
12 Vehicle Information	Insurance <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Insurance Company: ERIE			Policy No [REDACTED]			Trailing Unit <input type="checkbox"/> No. of Trailing Units: 0 <input type="checkbox"/> 1=Towing Pass. Veh <input type="checkbox"/> 2=Towing Truck <input type="checkbox"/> 3=Towing Utility Trailer <input type="checkbox"/> 4=Mobile/Modular Home <input type="checkbox"/> 5=Camper <input type="checkbox"/> 6=Full Trailer <input type="checkbox"/> 7=Semi-Trailer <input type="checkbox"/> 8=Other <input type="checkbox"/> 9=Unknown			Tag No 00								
	Direction of Travel E			*Vehicle Position 06			*Movement 03			*See Overlay								
	Vehicle Color <input checked="" type="checkbox"/> 04=Blue <input type="checkbox"/> 01=Yellow <input type="checkbox"/> 07=Silver <input type="checkbox"/> 08=Gold <input type="checkbox"/> 09=Brown <input type="checkbox"/> 10=Orange <input type="checkbox"/> 11=Purple <input type="checkbox"/> 12=Other <input type="checkbox"/> 99=Unknown			Vehicle Type <input checked="" type="checkbox"/> 06=Automobile <input type="checkbox"/> 01=Large Truck <input type="checkbox"/> 02=Motorcycle <input type="checkbox"/> 03=Bus <input type="checkbox"/> 04=Small Truck <input type="checkbox"/> 05=Van <input type="checkbox"/> 10=Snowmobile <input type="checkbox"/> 11=Farm Equip <input type="checkbox"/> 12=Construction Equip <input type="checkbox"/> 13=ATV <input type="checkbox"/> 18=Other Type Spec Veh <input type="checkbox"/> 19=Unk. Type Spec Veh			Special Usage <input checked="" type="checkbox"/> 00=Not Applicable <input type="checkbox"/> 01=Fire Veh <input type="checkbox"/> 02=Ambulance <input type="checkbox"/> 03=Police <input type="checkbox"/> 08=Other Emergency Vehicle <input type="checkbox"/> 11=Pupil Transport <input type="checkbox"/> 12=Commercial Passenger Carrier <input type="checkbox"/> 13=Taxi <input type="checkbox"/> 21=Tractor Trailer <input type="checkbox"/> 22=Twin Trailer <input type="checkbox"/> 23=Triple Trailer <input type="checkbox"/> 31=Modified Veh <input type="checkbox"/> 99=Unknown			Initial Impact Point <input checked="" type="checkbox"/> 06=Non-Collision <input type="checkbox"/> 01=Clock Points <input type="checkbox"/> 12=Top <input type="checkbox"/> 14=Undercarriage <input type="checkbox"/> 15=Towed Unit <input type="checkbox"/> 99=Unknown			Damage Indicator <input checked="" type="checkbox"/> 3=None <input type="checkbox"/> 0=None <input type="checkbox"/> 2=Functional <input type="checkbox"/> 1=Minor <input type="checkbox"/> 3=Disabling <input type="checkbox"/> 9=Unknown			Gradient <input checked="" type="checkbox"/> 1=Level <input type="checkbox"/> 2=Uphill <input type="checkbox"/> 3=Downhill <input type="checkbox"/> 4=Bottom of Hill <input type="checkbox"/> 5=Top of Hill <input type="checkbox"/> 9=Unknown		
	Road Alignment <input checked="" type="checkbox"/> 1=Straight <input type="checkbox"/> 2=Curved <input type="checkbox"/> 9=Unknown			Trailing Unit <input type="checkbox"/> No. of Trailing Units: 0 <input type="checkbox"/> 1=Towing Pass. Veh <input type="checkbox"/> 2=Towing Truck <input type="checkbox"/> 3=Towing Utility Trailer <input type="checkbox"/> 4=Mobile/Modular Home <input type="checkbox"/> 5=Camper <input type="checkbox"/> 6=Full Trailer <input type="checkbox"/> 7=Semi-Trailer <input type="checkbox"/> 8=Other <input type="checkbox"/> 9=Unknown			Tag No 00			Tag Year 00			Tag St 00					

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM



Crash Number

New

Page:

AA 500 2

Police Use Only **11-1706401**

04

Change/
Continuation

P1336708

Unit Info

Type 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
Commercial Vehicle Yes No
(If "Pedestrian" or "Pedestrian on Skates, in Wheelchair, etc", Complete Form M, Section 28)
(If Yes, Complete Form C)

Unit No **03** First Name [Redacted] MI **H** Date of Birth (MM-DD-YYYY) [Redacted]

Delete?

Address / City / State [Redacted] **HARRISBURG** State **PA** Class **C**

Vehicle Driver / Pedestrian Information

Alcohol/Drugs Suspected No Alcohol Illegal Drugs Alcohol and Drugs Medication Unknown

Driver or Pedestrian Physical Condition Apparently Normal Had Been Drinking Illegal Drug Use Sick Fatigue Asleep Medication Unknown

Alcohol Test Type Test Not Given Blood Breath Urine Other Unknown if Test Given

Primary Vehicle Code Violation [Redacted] Charged? Yes No

Alcohol Test Results Test Refused Test Given, Contaminated Results Unknown Results

Driver Presence 1=Driver Operated Vehicle 2=No Driver 3=Driver Fled Scene 4=Hit and Run 9=Unknown **L**

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 08=Other Municipal Government Vehicle 09=Federal Gov Veh 98=Other 99=Unknown **01**

Same as Driver Owner First Name [Redacted] Owner Last Name or Business Name (If Pedestrian, skip this Section) [Redacted]

Address / City / State / Zip [Redacted]

Vehicle Make **DODGE** *Make Code **07**

VIN **1B3ES47CGWD** [Redacted] Model Year **1998** Vehicle Model **NEON** (see overlay)

License Plate [Redacted] Reg. State **PA** Est. Speed **000** Vehicle Towed Yes No Towed By **3+S**

Insurance Yes No Unknown Insurance Company **PROGRESSIVE** Policy No [Redacted]

Vehicle Information

Trailing Unit No. of Trailing Units: 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

Tag No [Redacted] Tag Year [Redacted] Tag St [Redacted]

Direction of Travel **E** *Vehicle Position **06** *Movement **03** *See Overlay

Vehicle Color **04** 05=Yellow 07=Silver 08=Gold 01=Blue 09=Brown 02=Red 10=Orange 03=White 11=Purple 04=Green 12=Other 05=Black 99=Unknown

Vehicle Type **01** 01=Automobile 02=Motorcycle 03=Bus 04=Small Truck (If "02", Complete Form M, Section 26) (If "20" or "21", Complete Form M, Section 27) 05=Large Truck 06=SUV 07=Van 10=Snowmobile 11=Farm Equip 12=Construction Equip 13=ATV 18=Other Type Spec Veh 19=Unk. Type Spec Veh 20=Unicycle, Bicycle, Tricycle 21=Other Pedalcycle 22=Horse & Buggy 23=Horse & Rider 24=Train 25=Trolley 98=Other 99=Unknown

Special Usage **00** 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 **06** 00=Non-Collision 01-12=Clock Points 13=Top 14=Undercarriage 15=Towed Unit 99=Unknown

Damage Indicator **2** 0=None 2=Functional 1=Minor 3=Disabling 9=Unknown

Gradient **1** 1=Level 2=Uphill 3=Downhill 4=Bottom of Hill 5=Top of Hill 9=Unknown

Road Alignment **1** 1=Straight 2=Curved 9=Unknown

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM



Crash Number

AA 500 P

Police Use Only HI-1206401

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New

Change/
Continuation

P1336788

Unit No	Person No	Delete?	Date of Birth (MM-DD-YYYY)	A	B	C	D	E	F	G	H	I			
01	01	<input type="checkbox"/>		1	M	3	0	1	0	0	0	1	0	1	
Name / Address / Phone												EMS Transport			
<input checked="" type="checkbox"/> Same as Operator												<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
02	01	<input type="checkbox"/>		1	M	3	0	1	0	3	0	0	1	0	1
Name / Address / Phone												EMS Transport			
<input checked="" type="checkbox"/> Same as Operator												<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
02	02	<input type="checkbox"/>		2	F	3	0	3	5	3	1	9	1	0	1
Name / Address / Phone (SAME ADDR)												EMS Transport			
<input type="checkbox"/> Same as Operator												<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
02	03	<input type="checkbox"/>		2	F	2	0	6	0	3	0	0	1	0	1
Name / Address / Phone (SAME ADDR)												EMS Transport			
<input type="checkbox"/> Same as Operator												<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
03	01	<input type="checkbox"/>		1	M	0	0	1	0	3	1	2	1	0	1
Name / Address / Phone												EMS Transport			
<input checked="" type="checkbox"/> Same as Operator												<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
03	02	<input type="checkbox"/>		2	F	0	0	3	0	3	1	2	1	0	1
Name / Address / Phone HBG PA 17101												EMS Transport			
<input type="checkbox"/> Same as Operator												<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
03	03	<input type="checkbox"/>		2	F	0	0	4	0	3	0	0	1	0	1
Name / Address / Phone (SAME AS KREINER)												EMS Transport			
<input type="checkbox"/> Same as Operator												<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
03	04	<input type="checkbox"/>		2	F	0	0	6	0	3	0	0	1	0	1
Name / Address / Phone HBG PA N/D PHONE												EMS Transport			
<input type="checkbox"/> Same as Operator												<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
		<input type="checkbox"/>													
Name / Address / Phone												EMS Transport			
<input type="checkbox"/> Same as Operator												<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/>													
Name / Address / Phone												EMS Transport			
<input type="checkbox"/> Same as Operator												<input type="checkbox"/> Yes <input type="checkbox"/> No			

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM



Crash Number

P 1336788

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General Crash Information <small>(If more than 7 units, only complete one)</small>	Crash Description	<input type="checkbox"/> 1 0=Non-Collision 1=Rear End	<input type="checkbox"/> 2 2=Head On 3=Rear to Rear (Backing)	<input type="checkbox"/> 4 4=Angle 5=Sideswipe (Same Direction)	<input type="checkbox"/> 6 6=Slideswipe (Opposite Direction) 7=Hit Fixed Object	<input type="checkbox"/> 8 8=Hit Pedestrian 9=Other/Unknown
	Relation to Roadway	<input type="checkbox"/> 7 1=On Travel Lanes 2=Shoulder	<input type="checkbox"/> 3 3=Median 4=Roadside	<input type="checkbox"/> 5 5=Outside Trafficway 6=In Parking Lane	<input type="checkbox"/> 7 7=Gore (Ramp Intersection)	<input type="checkbox"/> 9 9=Unknown
	Illumination	<input type="checkbox"/> 1 1=Daylight 2=Dark - No Street Lights	<input type="checkbox"/> 3 3=Dark - Street Lights 4=Dusk	<input type="checkbox"/> 5 5=Dawn 6=Dark - Unknown Roadway Lighting	<input type="checkbox"/> 8 8=Other	
	Weather Conditions	<input type="checkbox"/> 1 1=No Adverse Conditions 2=Rain	<input type="checkbox"/> 3 3=Sleet (Hail) 4=Snow	<input type="checkbox"/> 5 5=Fog 6=Rain & Fog	<input type="checkbox"/> 7 7=Sleet & Fog	<input type="checkbox"/> 9 9=Unknown
	Road Surface Conditions	<input type="checkbox"/> 0 0=Dry 1=Wet	<input type="checkbox"/> 2 2=Sand, Mud, Dirt, Oil 3=Snow Covered	<input type="checkbox"/> 4 4=Slush 5=Ice	<input type="checkbox"/> 6 6=Ice Patches 7=Water - Standing or Moving	<input type="checkbox"/> 8 8=Other

Unit(s) Event Information	Harm Event L/R Most? Utility Pole Number	Unit No 1 <input type="checkbox"/> 0 <input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Unit No 2 <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Unit No 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Unit No 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	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 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					
	First Harmful Event in the Crash	Unit No <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> Harm Event <input type="checkbox"/> 0 <input type="checkbox"/> 2 <input type="checkbox"/> Most Harmful Event in the Crash <input type="checkbox"/> 0 <input type="checkbox"/> 2 <input type="checkbox"/> Unit No <input type="checkbox"/> 0 <input type="checkbox"/> 2 <input type="checkbox"/> Harm Event <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/>	Do not repeat this information on multiple pages				
	Environmental / Roadway Potential Factors (E/R)	1 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	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=TCO Obstructed 16=Soft Shoulder Or Shoulder Drop Off 28=Other Roadway Factor 29=Other Environmental Factor 99=Unknown				

Contributing Information	Possible Vehicle Failures (V)	Unit No <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Unit No <input type="checkbox"/> 0 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	00=None 01=Tires 02=Brake System 03=Steering System 04=Suspension 05=Power Train 06=Exhaust 07=Headlights 08=Signal Lights 09=Other Lights 10=Horn 11=Mirrors 12=Wipers 13=Driver Seating/Control 14=Body, Doors, Hood, Etc 15=Trailer Hitch 16=Wheels 17=Airbags 18=Trailer Overloaded 19=Insecure/Shifted Trailer Load 20=Improper Towing 21=Obstructed Windshield 99=Unknown
	Driver Action (D)	Unit No <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 9 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4 <input type="checkbox"/> <input type="checkbox"/>	Unit No <input type="checkbox"/> 0 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4 <input type="checkbox"/> <input type="checkbox"/>	00=No Contributing Action 01=Driver Was Distracted 02=Driving Using Hand Held Phone 03=Driving Using Hands Free Phone 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 09=Running Red Light 10=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 On 1-Way Street 17=Careless Or Illegal Backing On Roadway 18=Driving On The Wrong Side Of Road 19=Making Improper Entrance To Highway 20=Making Improper Exit From Highway 21=Careless Parking/Unparking 22=Over/Under Compensation At Curve 23=Speeding 24=Driving Too Fast For Conditions 25=Failure To Maintain Proper Speed 26=Driver Fleeing Police (Pol Chase) 27=Driver Inexperienced 28=Failure To Use Specialized Equip 92=Affected By Physical Condition 98=Other Improper Driving Actions 99=Unknown
	Indicated Prime Factor	Unit No <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> Factor Code <input type="checkbox"/> 1 <input type="checkbox"/> 9 <input type="checkbox"/>	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	

Contributing Information	Indicated Prime Factor	Unit No <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> Factor Code <input type="checkbox"/> 1 <input type="checkbox"/> 9 <input type="checkbox"/>	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
	Pedestrian Action (P)	Unit No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	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

COMMONWEALTH OF PENNSYLVANIA
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General Crash Information (Of more than 2 Units only complete once)	Crash Description	<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
	Relation to Roadway	<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	
	Illumination	<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	
	Weather Conditions	<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=Steel & Fog 8=Other	<input type="checkbox"/> 9=Unknown
	Road Surface Conditions	<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

Unit(s) Event Information	Harm Event	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 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 <u>1</u>	<u>12</u>	<input checked="" type="radio"/>		
	Unit No <u>03</u>		<input type="radio"/>		
	Please Put Events in Sequential Order				

17	First Harmful Event in the Crash	Unit No	Harm Event	Most Harmful Event in the Crash	Unit No	Harm Event

Do not repeat this information on multiple pages.

18	Environmental / Roadway Potential Factors (E/R)	1	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 On 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		

19	Possible Vehicle Failures (V)	1	2	3	4
	00=None 01=Tires 02=Brake System 03=Steering System 04=Suspension 05=Power Train 06=Exhaust 07=Headlights 08=Signal Lights 09=Other Lights 10=Horn 11=Mirrors 12=Wipers 13=Driver Seating/Control 14=Body, Doors, Hood, Etc 15=Trailer Hitch 16=Wheels 17=Airbags 18=Trailer Overloaded 19=Unsecure/Shifted Trailer Load 20=Improper Towing 21=Obstructed Windshield 99=Unknown	Unit No <u>03</u>	Unit No <u>00</u>		

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

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

19	Driver Action (D)	Unit No	1	2	3	4
	00=No Contributing Action 01=Driver Was Distracted 02=Driving Using Hand Held Phone 03=Driving Using Hands Free Phone 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 09=Running Red Light 10=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 On 1-Way Street 17=Careless Or Illegal Backing On Roadway 18=Driving On The Wrong Side Of Road 19=Making Improper Entrance To Highway 20=Making Improper Exit From Highway 21=Careless Parking/Unparking 22=Over/Under Compensation At Curve 23=Speeding 24=Driving Too Fast For Conditions 25=Failure To Maintain Proper Speed 26=Driver Fleeing Police (Pol Chase) 27=Driver Inexperienced 28=Failure To Use Specialized Equip 92=Affected By Physical Condition 98=Other Improper Driving Actions 99=Unknown	Unit No <u>03</u>	Unit No <u>00</u>			

19	Pedestrian Action (P)	Unit No	Unit No
	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		

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM



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Diagram

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Witness and Narrative

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Witness Name Address Phone

1 [REDACTED] SHIPPENSBURG, PA [REDACTED]

2 [REDACTED]

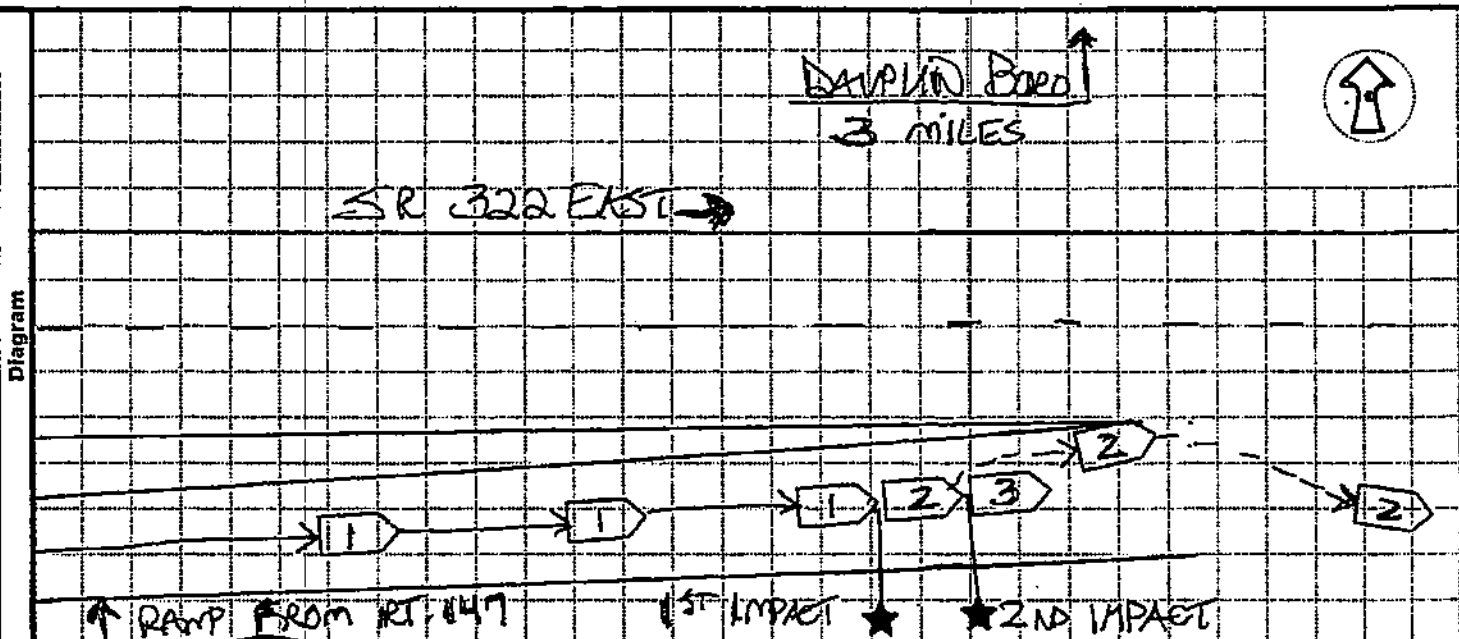
Narrative and additional witnesses: Accident Investigation Notification Issued? Property Damage

THIS CRASH OCCURRED AS UNITS 2 + 3 WERE STOPPED AT THE END OF A YIELD-ON RAMP BECAUSE TRAFFIC WAS HEAVY AND UNIT 2 WAS WAITING FOR UNIT 3 TO MERGE. OPR 1 LOOKED LEFT OUT OF UNIT 1 WINDOW TO SEE IF HE COULD MERGE. OPR 1 LOOKED AHEAD OF HIM AND COULD NOT STOP THEN UNIT 1 SLAMMED INTO THE REAR OF UNIT 2. THIS PUSHED UNIT 2 INTO UNIT 3. UNITS 1 + 2 EXPLODED INTO FLAMES. OPR 2 DROVE/STEERED UNIT 2 APPROX 100 FT. FROM IMPACT.

EVIDENCE AT SCENE SHOWED UNITS 1 AND 2 COMPLETELY BURNED, FIRE WAS OUT. UNIT 3 + OCCUPANTS WERE PRESENT AND OK. LIFE LION WAS FLYING IN TO TRANSPORT MEGAN REED. ROADWAYS WERE CLOSED. OPR 2 WAS BEING LOADED INTO AN AMBULANCE. OPR 3 WAS ALREADY EN ROUTE TO HERSHEY MED CTR. AS WAS [REDACTED]

WITNESS STATED @ 10/14/07 @ 1500 HRS. HE WAS IN RIGHT LANE. TRAFFIC WAS HEAVY. HE SAW OPR 1 DRIVE UP THE RAMP AND WAS GOING FASTER THAN HE WAS. HE SAID UNIT 1 JUST RAMMED INTO THE REAR OF UNIT 2. WITNESS WAS DRIVING AT T.T. AND WAS GOING 45 MPH. HE SAID THAT OPR 1 WAS FLYING UP THE RAMP.

(MORE)



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Narrative and additional witnesses:

OPR 1 INTERVIEWED AT HEARSHEY MED CTR 10/14/07 @ 1645 HRS.
HE SAID HE WAS DRIVING UP THE RAMP - HE LOOKED OUT OF HIS
WINDOW AT TRAFFIC IN AN ATTEMPT TO MERGE. HE SAID HE SAW
UNIT 2 BUT HE WAS MOVING FORWARD. HE SAID HE LOOKED
INTO HIS MIRROR, LOOKED UP AND HIT UNIT 2.

OPR 2 INTERVIEWED (AT SCENE) AND AT HEARSHEY MED CTR
10/14/07 @ 1700 HRS. HE SAID HE SAW UNIT 3 STOPPED AT THE
END OF RAMP - HE BEGAN TO SLOW DOWN + STOP. HE SAID
TRAFFIC WAS HEAVY. HE NEVER SAW UNIT 1 BEHIND, + GOT HIT.
HE SAID HE STEERED AROUND UNIT 3 AFTER IMPACT AND THEN
PULLED HIS GIRLFRIEND AND DAUGHTER OUT OF THE BURNING CAR.

OPR 3 INTERVIEWED AT SCENE 10/14/07 @ 1530 HRS. HE SAID HE
COULD NOT DRIVE ONTO THE HIGHWAY BECAUSE TRAFFIC WAS
TOO HEAVY.

AS OF 10/16/07, MEGAN REED WAS STILL IN LEHIGH VALLEY
BURN CENTER, WITH 20% BURNS.

DUNCANNON FIRE DEPT. + EMS RESPONDED TO THE SCENE AND DID
AN EXCELLENT JOB.

NEWS RELEASE PREPARED + SUBMITTED.

Auxiliary Witness and Narrative

5

ESIS/GM Central Claims Unit
P.O. Box 300
Mail Code 482 C19 B61
Detroit, MI 48265-3000

800.888.0164 *tel*
313.665.0911 *fax*

Nikki Jackson
Claim Administrator

September 29, 2008

David Dowling, Esq.
Rhoads & Sinon
One South Market Square
12th Floor
Harrisburg, PA 17108

RE: Our File No.: 660038
Our Client: General Motors Corporation
Your Client: [REDACTED]
[REDACTED] 10/14/07
Subject Vehicle: 1995 Chevrolet Blazer
VIN: 1GNCT18W4S2 [REDACTED]

ESIS provides administrative claims handling services to General Motors Corporation in connection with product liability claims against GM. This correspondence is in follow-up to our conversation of September 26, 2008. Please direct all further correspondence to me at the address above.

As we discussed, your client was operating the subject vehicle, waiting at a yield sign to merge into traffic, when the subject vehicle was rear-ended. You allege that the fuel tank ruptured resulting in a fire and injuries to your clients.

We discussed information that would be needed to assist us in our investigation into your clients' claim. We need your specific defect allegation(s), theory of liability as to General Motors and your supporting proofs (expert's report, mechanic's statements, vehicle maintenance/repair documents, etc.). A statement from your client(s) of the events surrounding the above referenced incidents would be helpful. Further, please provide copies of all pertinent medical records/bills if it is your intention to seek compensation for medical expenditures incurred by your clients.

Please note that you have an obligation and responsibility to ensure that the subject vehicle and its related components are maintained and preserved in their immediate post-incident condition for as long as your clients intend to pursue a claim and/or cause of action against GM.

Should you have any questions with regards to this letter, please do not hesitate to contact me directly at (800) 888-0164, Monday through Friday, 8:00 AM to 4:00 PM, EST.

Sincerely,

Nikki Jackson
Claim Administrator

GM Vehicle Inquiry System

Summary

660038

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[Service Contract](#) - [Warranty Block](#) - [Branded Title](#)

Help

VIN :	1GNCT18W4S2 [REDACTED]
-------	------------------------

VEHICLE INFORMATION

Merchandising Model :	CT10516	Warranty Start Date :	01/27/1995				
BARS Order Type :	0 - ALL ORDER TYPES (FOR WFP USE)						
Delivering Dealer :	BOB WEAVER CHEVROLET BUICK PONTIAC GMC 2174 W MARKET ST POTTSVILLE, PA 17901-1928 (570) 622-7191	Selling Source :	13 - CHEVROLET				
		Site Code :	15724				
		Business Associate Code :	113892				
Service Contract :	No	Branded Title :	No	Warranty Block :	No	PDI Status :	Paid

REQUIRED FIELD ACTIONS

Vehicle Has No Current Record Of Outstanding Campaigns
--

SERVICE INFORMATIONAL ITEMS

Vehicle Has No Current Record Of Outstanding Service Information
--

ON STAR AND XM SATELLITE RADIO INFORMATION

Vehicle Has No Associated On Star or XM Radio Information.
--

APPLICABLE WARRANTIES

Description	Effective Date	Effective Odometer	End Date	End Odometer
36/36000 BUMPER TO BUMPER LIMITED WARRANTY	01/27/1995	244 miles	01/27/1998	36244 miles
72/100000 SHEET METAL COVERAGE RUST THROUGH LIMITED WARRANTY	01/27/1995	244 miles	01/27/2001	100244 miles
96/80000 FEDERAL EMISSION CATALYTIC CONV. AND PCM	01/27/1995	244 miles	01/27/2003	80244 miles
36/36000 FEDERAL EMISSION	01/27/1995	244 miles	01/27/1998	36244 miles

CLAIM HISTORY

R.O Date	R.O Number	Type	Labor Operation	Odometer Reading
07/10/2000	092766	#	V0358 - 1991-96 CV&GMC T- INSTL NEW VACUUM	45889 miles

			SWITCH,WIRING HARNESS	
12/29/1999	086928	#	T5535 - VCM REPROGRAM & LEGR FUNCTION TEST	42812 miles

CHECK HISTORY INFORMATION

Vehicle Has No Associated Check History Information.

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GM Vehicle Inquiry System Claim History

Home - Summary - Claim History - Vehicle Build - Vehicle Component - Delivery Information - Dealer Information -
Service Contract - Warranty Block - Branded Title

Help

VIN :	IGNCT18W4S2
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CLAIM HISTORY

Repair Order Date :	07/10/2000	Repair Order Number :	092766	Odometer Reading :	45889 miles				
Serviced By :	TROUTMAN S CHEVROLET BUICK PONTIAC GMC PO BOX 100 MILLERSBURG, PA 17061-0100 (717) 692-2137			Selling Source :	13 - CHEVROLET				
				Site Code :	15680				
				Business Associate Code :	113909				
Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments
07/14/2000	82	01	#	V0358 - 1991-96 CV&GMC T- INSTL NEW VACUUM SWITCH,WIRING HARNES	88880029 - SWITCH KI	N/A	N/A	\$ 73.00	N

Repair Order Date :	12/29/1999	Repair Order Number :	086928	Odometer Reading :	42812 miles				
Serviced By :	TROUTMAN S CHEVROLET BUICK PONTIAC GMC PO BOX 100 MILLERSBURG, PA 17061-0100 (717) 692-2137			Selling Source :	13 - CHEVROLET				
				Site Code :	15680				
				Business Associate Code :	113909				
Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments
01/04/2000	27	01	#	T5535 - VCM REPROGRAM & LEGR FUNCTION TEST	N/A	N/A	N/A	\$ 31.03	N

CHECK HISTORY

Vehicle Has No Associated Check History.
--

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GM Vehicle Inquiry System Vehicle Build

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Service Contract - Warranty Block - Branded Title

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VIN	1GNCT18W4S2 [REDACTED]
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VEHICLE BUILD

Merchandising Model :	CT10516		
Gross Vehicle Weight Rating :	2202 kg (4855 lb)	Order Number :	663QU6
Build Date :	01/03/1995	Build Plant :	IS216

GMVIS is not the definitive source of GM Vehicle RPO information and is intended for service reference only. Should there be any questions about the vehicle's original build or RPO information please refer to the original vehicle invoice or window sticker.

OPTION CODES

AG1	AJ1
AM7	AP9
AU0	AU3
AV5	AXP
A31	A78
B30	C25
C61	C60
DAY	DI12
DK6	D48
D55	E55
FE9	FK2
FK3	GU6
JM3	K34
L35	M30
NF2	NP1
NP5	N33
N40	N90
PNV	QBG
RSB	R7I

R8T	R9Z
SLL	UM6
UP8	U73
U89	VXS
V54	V73
XBG	X88
YBG	YC3
YD3	YD5
YD6	ZBG
ZM8	ZQ3
ZQ6	ZY1
Z85	ISD
ISZ	13H
131	38U
6WJ	7WJ

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