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

Service Request Detail 71-661201923 Ref No. SR No. No Goodwill Offered Goodwill BRC Type PAR Site Account **GW SubType** Bus, Unit BRC Last Name First Name Approval Not Initiated PAR Area UCC Daytime # Evening # Engine Fuel - Tank / Neck / Cap / Sub-Aroa Initiate PAR-Injury Address City Lykens Involved Dir Safety State PA ZipCd Con Acct Source Phone 9/10/2008 12:11:12 PM Updated Serial #/VIN 1GNCT18W4S2 Model Year 1995 Priority Medium License # CHEVROL RODRIJOS Owner Status Open Make Chevrolet Warr. Start 01/27/1995 9/8/2008 10:26:39 AM Opened Model Blazer Mileage Sub-Status Dissatisfied Closed Customer had a collision and alleges the vehicle caught fire because of fuel tank recall, Abstract *** BRC PAR CASE, DO NOT ASSUME, FORWARD ALL INQUIRIES TO JOSE RODRIGUEZ EXT 31103 *** Customer Description Pre-PAR PAR Notifier :: # People in Veh Road Surface :: # Other Veh :: # People in Veh Road Surface :: # People in Veh Road Surface Road Cond. Fire Report# FARES 23 Police Report# 10/14/2007 02:30:00 Υ Attomey 3 Concrete H01-1706401 Dry unknown Driver Last Name St. Helght DOB 25 Disabililes: Insurance Agent Last Name: Insurance Agent First Name Insurance Agency In a Process of the Control of the Tanva Progressive Ins Claim # Unknown Incident Doufun County PA at the intersection of 147 and 322 East Incident 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 Lac Desc Ruptured the Gas tank and caused an open flame. TP: sts that this caused injuries to everyone in Component Gas Tank Damage Veh was a total loss Desc Vehicle Unknown Loc Add'i lofo Emocy Syc Pennsylvania State Police Names Maint Loc unknown PAR Detail Callisian Non Collision Property Thermal Evt Υ Spec Equip n/a Damage 0 Weather Vehicle dry and clear Prop Owner Jacob B Tyson Property Kia Sedana

Property

Location

Prop Damago

Description

Inspected By

Explain Other n/a

unknown

veb was totaled

Inspection Not Performed

Report Generated for toporowm

Personal

Veh Damage veh was a total loss

Speed

Date

Voh Est

Primary

Veh Use

Last Service

Repair Cost

Description

on 9/10/2008

Condition

Loc Last

Spec Equip

Inspection

Service

Installer

Type

Type

Prop Est

Repair Cost

inspection

Date/Time

\$0.00

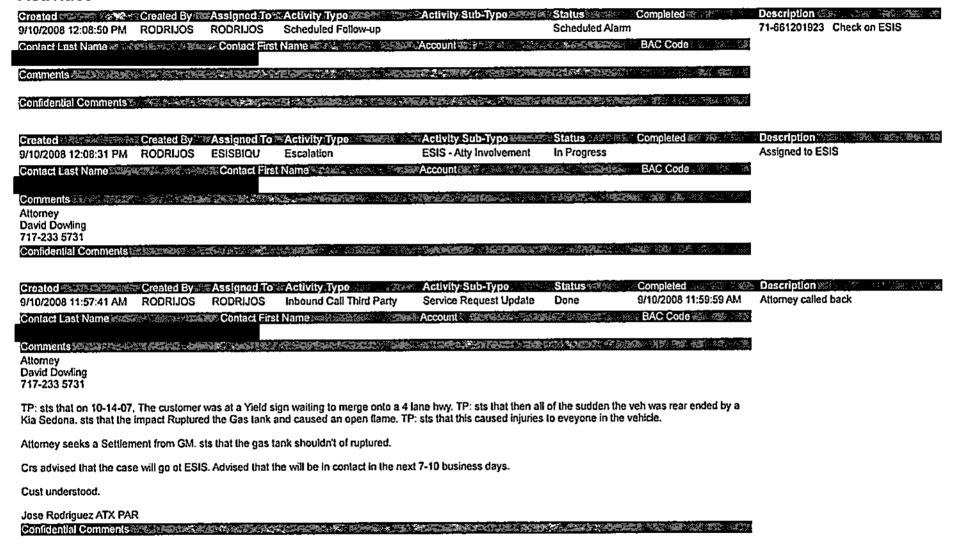
PAR Injuries

DOB DO Location	Phone # ***	Soating Pos	Restraint Type 1888 888 1888 1888 1888 1888 1888 188
Occupant of O	wner's Vehide	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 S	tate Zip Code	
Last Name : First Name : DOB : DOB : Location : Co.	Phone #	Soating Pos	Restraint Type 20 200 100 100 100 100 100 100 100 100
Occupant of O	wner's Vehicle	Driver	Seatbelt
Injury Description	Medical Rpt#	Treatment Location + 25 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Estreated By States and the Paris of the Par
2 degree burns to both hands, forehead scalp and ears	unknown	Lee High Valley Burn Center	unknown
Street Address	>> City	tate Zip Code	Charles the course on the case and analysis of the course
Last Name : First Name : DOB : Location : : :	Phone #	Scating Pos	Restraint Type & & M.
Occupant of O		Front Passenger	Seabelt
Injury Description (ACC)	Medical Rpt#	STreatment Location Market Service 1999	* Treated By 2 1925 1925 1925 1925 1925 1925
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right hand, Discamilation to C5-C6		and burns to right hand, Discarniation to C5- C6	
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Activities

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Activities



Report Generated for toporowm on 9/10/2008 Page 3 of 8

Activities

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			•	Account Account			
Attorney David Dowling 717-233 5731					**************************************		
cancelled attorney called	in early.						
Jose Rodriguez ATX PAF	₹						
Confidential Comments						84 987 - Japan 1970) (1886) - 10,4 6 74 - 1	
				Activity Sub-Type	Status		Description : Parameter Section
9/9/2008 05:20:20 PM	RODRIJOS	RODRIJOS	Inbound Call Third Party	Service Request Update Account	Done	9/9/2008 05:21:32 PM	Attorneys office
call from Secretary 717-233 5731					en e		l
TP: sts that she received	a volcemail. Si	he just wanted t	o check why we were calling				
Crs advised received cas	se and crs need	s to talk to attor	ney.				
TP: sts ok, will have attor	mey call back.						
Jose Rodriguez ATX PAF		n 1999 30 no 10 (10 1 t 5	**	200 200 240 AC. 200 AC			
Confidential Comments:			4		3 12 313 313 313 313 313 313 313 313 313 31		

Report Generated for toporowm on 9/10/2008 Page 4 of 8

Activities

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Contact Last Name		18 688 785776 - VASS48			BAC Code Section Code	
Jose Rodriguez ATX PAR Confidential Comments Created			og Activity Sub-Tyr		Completed.	Description ***
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Report Generated for toporowm on 9/10/2008 Page 5 of 8

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Report Generated for toporowm on 9/10/2008 Page 6 of 8

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Report Generated for toporowm on 9/10/2008 Page 7 of 8

Activities

Created By Assigned To Activity Type Activity Sub-Type Status Completed Doscription Service Commission TINGZOGL KINZERTH Escalation Initiate PAR Dane 9/9/2008 10:53:50 AM 9/8/2008 10:56:04 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 1941 Created Created By Assigned To Activity Type Activity Sub-Type Status Description 🐭 💮 🗀 9/8/2008 10:42:29 AM TINGZOGL TINGZOGL Inbound Call Third Party Done 9/8/2008 10:47:49 AM Complex Request Alleged product allegation-fuel tank See Name (6) recall Contact Last Name (#### Contact Last Name | Account cust sts: 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 was driving 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 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

UCC Information

UCC Code

Symptom

Description

Engine Fuel - Tank / Neck / Cap / Sending unit

Confidential Comments

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
MIGHAEL D. REED
PAULA J. LEICHT
ELIZABETH M. FEATHER
KAREN W. MILLER
DOUGLAS M. OBERMOLSER
*BOARD CERTIFIED CIVIL TRIAL ADVOGATE

CALDWELL & KEARNS

A PROFESSIONAL CORPORATION ATTORNEYS AT LAW

3631 NORTH FRONT STREET HARRISBURG, PENNSYLVANIA 17110-1533

February 17, 2009

OF COUNSEL CARL G. WASS JAMES D. CAMPBELL, JR.

THOMAS D. CALDWELL, JR.

RICHARD L. KEARNS RETIRED

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

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

Re: v. Tyson

Civil No.: 2008-CV-8861-CV

RECEIVED

FEB 2 3 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,

Dori Beard, Paralegal

JAMES R. CLIPPINGER
CHARLES J. DEHART. III
JAMES L. GOLDSMITH
P. DANIEL ALTLAND
JEFFREY T. MCGUIRE*
STANLEY J. A. LASKOWSKI
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DOUGLAS M. OBERMOLSER
*BOARD CERTIFICD CIVIL TRIAL ADVOCATE

CALDWELL & KEARNS

A PROFESSIONAL CORPORATION ATTORNEYS AT LAW

3631 NORTH FRONT STREET HARRISBURG, PENNSYLVANIA 17110-1533

February 17, 2009

of Counsel Carl G. Wass James D. Campbell, Jr.

THOMAS D. CALDWELL, JR. 11928-20011

> RICHARD L. KEARNS RÉTIRED

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

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

Re: v. Tyson

Civil No.: 2008-CV-8861-CV

RECEIVED

FEB 2 3 2009

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*BOARD CERTIFIED CIVE 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. GAMPBELL, JR.

THOMAS D. CALDWELL, JR.

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

December 10, 2008

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

Re: 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

V Jacob B. Tyso	s.	: : : : File No.	_2008-CV-8860-CV
per	endanc.	:	
-	SUBPOENA TO PROD FOR DISCOVERY I		
TO: GMAC c/o N	icky Jackson	Name of Person or	Fating
Within twenty (20) days after See Exhibit A			ne court to produce the following documents or things:
at <u>3631 North Fro</u>	arns ont Street, Hbg.	PA 1711 ()
together with the certification have the right to seek, in If you fail to produce the	ate of compliance, to the ad vane, the reasonable conduction of the documents or things re	party making ost of preparing quired by this	produce things requested by this subpoena, this request at the address listed above. You go the copies or producing the things sought. subpoena, within twenty (20) days after its ompelling you to comply with it.
THIS Subpoena WAS IS	SUED AT THE REQUE	ST OF THE	FOLLOWING PERSON:
NAME:	Jeffrey T. McG	uire, Esq	uire
ADDRESS:	3631 North Fro	nt Street	
	_Harrisburg, PA	17110	
TELEPHONE:	717-232-7661		
SUPREME COURT ID#	73617		
ATTORNEY FOR:	Defendant		By the Court:
DATE:	November 24, i	3008_	Depher C. rtaruma Prothonolary

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.

VS.

: IN THE COURT OF COMMON PLEAS

Plaintiff,

: DAUPHIN COUNTY, PENNSYLVANIA

: 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 Detriot, 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.
Data	
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 PACMAN SEP 30 08 - 8:49

OPID: TMS0012 AGY CLAIM POL COVERAGE TERMID: ?01D

INSD: 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

LN/COV/LIM COVERAGE DESC LIMITS / COPPLESSON STORES 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

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

COMMONWEALTH OF PENNSYLVANIA NA POLICE CRASH REPORTING FORM

Case Closed

Reportable Crash

'	 110) 11010	

Crash Number

AA 500 1

Yes No

Yes O No

Page |

P1336788

	Incident Number Police Agency Patrol Zone
Data	H01-1706461 G8H01 001 Anaport Name Precinct Investigation Date (MM-DD-YYYY)
	PA STATE POLICE TROOP H. HSC 10-14-2007
Agency	Dispatch Time (mil) Arrival Time (mil) Investigator Badge Number
Police A	1433 1500 CPL MORK HEFF 05509
8	Reviewer Badge Number Approval Date (MM-DD-YYYY)
	Gelm Mourey 5389 16-17-2067
Γ	County County Name Municipality Municipality Name Day of Week
ş	22 DAVPHIN OMON OFFI
Crash Data	Crash Date (MM-DD-YYYY) Crash Time (mil) No of Units People Injured Killed* *ff > 00 complete Crash Date (MM-DD-YYYYY)
ľŜ	10-14-2007 1430 03 08 04 00 Form CO Wed O Unk
	Workzone (If Yes, Complete Yes No Related Yes No Related Yes No Related No Re
Ş	Intersection Type 4 Way Intersection "Y" Intersection Multi-Leg Off Ramp Railroad Crossing Special Location
٤	☐ Midblock ☐ *T* Intersection ☐ Traffic Circle/ Round About ☐ On Ramp ☐ Crossover ☐ Other * See Overlay
F	Route Number Segment (Optional) Travel Lanes Speed Limit North House Number (if applicable)
Pes	Street Ending
15	Street Ending East For Mid-block crashes only. Use postal House Number and make sure
Principal Road	Unknown filled in if using this option
E	Route Signing Interstate Turnpike Spur State County County Cocal Road Private Chest/West) Turnpike Spur Highway County County County Cocal Road County County Cocal Road County County Cocal Road Cocal
ļ,	Route Number Segment (Optional) Travel Lanes Speed Limit North
Road	Route Number Segment (Optional) Travel Lanes Speed Limit O North
Ē	Street Name Street Ending West West West
Intersecting	State Charles
Ī	Route Signing Interstate Turnpike Spur State County Road Or Street Road Other/ Spur Highway Road Or Street Road Other/
	Intersecting Rt Num Or Mile Post Or Segment Marker
Landmark	St Ending Street Name St Ending Street Name
튵	O Please D Mart Or Miles
1 5	Information 2
Ē	Landmarks Intersecting Rt Num Or Mile Post Or Segment Marker S North Distance From Crash
Distance	St Ending Street Name St Ending Street Name Landmark 1 and Landmark 2)
ľ	S E West Landmark 2)
L	Degrees Minutes Seconds Degrees Minutes Seconds
Se	Latitude: 40 22:42.96 Longitude: - 77 00:19.75
Г	Traffic Control Device
Įβ	Not Applicable Controls Controls Other Type TCD Controls Signal
1	Signal Stop Sign Crossing Controls Unknown Functioning Properly
Fe	Lane Gosed (If "Not Applicable", skip rest of the Lane Closure section) Lane Gosed (If "Not Applicable", skip rest of the Lane Closure section) Lane Gosed (If "Not Applicable", skip rest of the Lane Closure section) Lane Gosed (If "Not Applicable", skip rest of the Lane Closure section) Lane Gosed (If "Not Applicable", skip rest of the Lane Closure section)
Closure	Not Applicable Partially Fully Unknown Direction South West SE East and West (W,S,E,W)
٤	Itathic Yes No No Fish Imme C 30 Min. S 30-60 Min. 1-3 hrs 3-6 hrs 5-9 hrs 5-9 hours Unknown
2 ا	Detoured Unknown C Closed

COMMONWEALTH OF PENNSYLVANIA Crash Number POLICE CRASH REPORTING FORM P 1336788 Police Use Only AA 500 2 Commercial Vehide Motor Vehicle in Transport lilegally Parked Legally Parked Non - Motorized Hit & Run Vehicle ☐ Yes S No Disabled From Previous Crash Unit Pedestrian on Skates, in Wheelchair, etc Phantom Vehicle ○ Train Pedestrian (If Yes, Complete Form C) (If "Pedestrian" or "Pedestrian on Skates, in Wheelchair, etc", Complete Form M, Section 28) Date of Birth (MM-DD-YYYY) **Unit No** B Delete? City / State PA DALMATIA Information Class State Driver or Pedestrian Physical Condition Pedestrian Alcohol/Drugs Suspected Use Use Medication Apparently Normal Fatigue Medication Illegal Drugs No. Had Been Drinking Alcohol and Drugs Unknown Unknown Asleep Alcohol Sick Oriver Alcohol Test Type Primary Vehide Code Violation Charged? Breath Other Test Not Given Yes O No Unknown if Test Given Urine Blood O Results 3=Driver Fled Scene **Driver Presence** 1=Driver Operated Test Refused **Alcohol Test Results** Vehicle 4=Hit and Run Test Given, Contaminated Results O 9=Unknown 2=No Driver 04=State Police Vehicle 07=Municipal Police Veh 09=Federal Gov Veh 02=Private Vehicle Not Owner/Driver 00=Not Applicable 98=Other 08=Other Municipal 05=PENNDOT Vehicle Owned/Leased by Driver 01=Private Vehicle Owned/ 99=Unknown Government Vehicle 03=Rented Vehicle 06=Other State Gov Veh 6 Leased by Driver Owner Last Name or Business Name (If Pedestrian, skip this Section) Owner First Name Same as Driver-Make Code Vehicle Make Address / City / State / Zip 3 6 (see overlay) Vehicle Model **Model Year** 010 SEANNA SEANNA MNID Reg. State Est. Speed Vehicle Towed Towed By License Plate MIVE Yes No Policy No Insurance Company **Insurance** Yes O No O Un-DIRECT PROGRESSIVE Information Tag Year Tag St 7=Semi-Trailer Tag No 4=Mobile/Modular Home 1=Towing Pass. Veh <u>Trailing</u> 8=Other 12 No. of Trailing Units: 5=Camper 2=Towing Truck Unit 6=Full Trailer 9=Unknown 3=Towing Utility Trailer Vehicle *See Special Usage *Movement *Vehicle Position ٥ Direction of Overlay Travel 00 12=Commercial 20=Unicycle, Bicycle, Vehicle Type 05=Large Truck Passenger Vehicle Color Tricycle 21=Other Pedalcycle 22=Horse & Buggy 23=Horse & Rider 06=SUV 01=Automobile 00=Not Applicable 01=Fire Veh Carrier 06=Yellow 07=Van 02=Motorcycle 13≂Taxi 07=Silver 10=Snowmobile 21=Tractor Trailer 03=Bus 04=Small Truck 08=Gold 02=Ambulance 11=Farm Equip 03=Police 22=Twin Trailer 01=Blue 09=Brown 12=Construction Equip 24=Train (If "02", Complete Form 08=Other Emergency 02=Red 10=Orange 23=Triple Trailer 25=Trolley 13=ATV M. Section 26) Vehicle 31=Modified Veh 03=White 11=Purple 18=Other Type Spec Veh 19=Unk. Type Spec Veh 98=Other 11=Pupil Transport 99=Unknown 12=Other 04=Green (If "20" or "21", Complete 99=Unknown 05=Black Form M, Section 27) Road Alignment Damage Indicator **Gradient** 3=Downhill Initial Impact Point 1=Straight O=None 2=Functional 4=Bottom of Hill 14=Undercarriage 00=Non-Collision 1=Level 1=Minor 3=Disabling 5=Top of Hill 2=Curved

FORM # AA-500 (12/02)

01-12=Clock Points

13=Top

PENNDOT COPY

9=Unknown

2=Uphill

9=Unknown

9=Unknown

15=Towed Unit

99=Unknown

COMMONWEALTH OF PENNSYLVANIA Crash Number POLICE CRASH REPORTING FORM Page: P1336788 Police Use Only AA 500 2 70640 Motor Vehicle in Transport Commercial Vehicle Legally Parked Non - Motorized Illegally Parked Hit & Run Vehicle Ø <u>Type</u> <u>Unit</u> ☐ Yes ₩ No Pedestrian on Skates, Disabled From Previous Crash ☐ Train Phantom Vehicle Pedestrian in Wheelchair, etc (If Yes, Complete Form C) (If "Pedestrian" or "Pedestrian on Skates, in Wheelchair, etc", Complete Form M, Section 28) Date of Birth (MM-DD-YYYY) Uni 0 Ad Information Pedestrian Driver or Pedestrian Physical Condition **Alcohol/Drugs Suspected** Use Illegal Drug Apparently Normal 11 Fatique Medication !!legal Drugs Medication ₩ No Unknown Alcohol and Drugs Had Been Drinking □ Alcohol Asleep Unknown Sick Alcohol Test Type Primary Vehicle Code Violation Charged? Other Test Not Given Breath Yes S No Unknown if Test Given → Blood Urine O Unknown Results 3=Driver Fled Scene **Driver Presence** 1=Driver Operated Alcohol Test Results Test Refused Vehide 4=Hit and Run Test Given. 9=Unknown Contaminated Results 2=No Driver 07=Municipal Police Veh 09=Federal Gov Veh 02=Private Vehicle Not 04=State Police Vehicle Owner/Driver 00=Not Applicable 08=Other Municipal 98=Other Owned/Leased by Driver 05=PENNDOT Vehicle 01=Private Vehicle Owned/ Government Vehicle 99=Unknown 06=Other State Gov Veh Leased by Driver 03=Rented Vehicle Owner Last Name or Business Name (If Pedestrian, skip this Section) Owner First Name Same as Driver 🙈 Vehicle Make *Make Code Address / City / State / Zip D CHEV (see overlay) Vehicle Model Model Year LGINIC D Vehicle Towed Towed By icense Plate 00 **≇** Yes ○ No Policy No nsurance Company Insurance Yes No Unerie Information 7=Semi-Trailer Tag Year Tag St 4=Mobile/Modular Home Tag No 1=Towing Pass. Veh <u>Trailing</u> <u>Type</u> <u>Unit</u> 12 No. of Trailing Units: 8=Other 2=Towing Truck 5=Camper Unit 3=Towing Utility Trailer 6=Full Trailer 9=Unknown *See *Movement Special Usage *Vehicle Position **Direction of** Overlay Travel 12=Commercial 00 20=Unicycle, Bicycle, 05=Large Truck Vehicle Type Vehicle Color Passenger Tricvcle 06=Yellow 01=Automobile 06=SUV 00=Not Applicable Carrier 21=Other Pedalcycle 07=Silver 02=Motorcycle 07=Van 01=Fire Veh 13=Taxi 10=Snowmobile 22=Horse & Buggy 08=Gold 03=Bus 02=Ambulance 21=Tractor Trailer 23=Horse & Rider 11=Farm Equip 03≃Police 01=Blue 09=Brown 04=Small Truck 22=Twin Trailer 12=Construction Equip 24=Train 10=Orange (If "02", Complete Form 08=Other Emergency 23=Triple Trailer 02=Red 25=Trolley 03=White 11=Purple M, Section 26) 31=Modified Veh Vehicle 18=Other Type Spec Veh 98=Other

-12=Clock Points 13=Top

FORM # AA-500 (12/02)

Initial Impact Point

04=Green

05=Black

12=Other

99=Unknown

00=Non-Collision

PENNDOT COPY

0=None 2=Functional 1=Minor 3=DIsabling

9=Unknown

19=Unk. Type Spec Veh

Damage Indicator

99=Unknown

Gradient

1=Level

2=Uphill

11=Pupil Transport

3=Downhill

5=Top of Hill

9=Unknown

4=Bottom of Hill

99=Unknown

1=Straight

2=Curved

9=Unknown

Road Alignment

(If "20" or "21", Complete Form M, Section 27)

14=Undercarriage

15=Towed Unit

99=Unknown

" _		COMMONWEALTH OF PENNSYLVANIA POLICE CRASH REPORTING FORM POLICE CRASH REPORTING FORM Page 1	
	A	AA 500 2 Police Use Only 11-1706401 PL 336788	
10	Unit Info	Motor Vehicle in Transport	()
11	Vehicle Driver / Pedestrian Information	Alcohol/Drugs Suspected No Illegal Drugs Medication Driver or Pedestrian Physical Condition Medication Driver or Pedestrian Physical Condition Driver or Pedestrian Physical Condition	
12	Vehicle Information	Same as Driver Driver Which State / Zip Vehicle Make Vehicle Make Vehicle Model See overly	Alay)

•	<u></u>	COMMONWEALTH OF PENNSYLVANIA POLICE CRASH REPORTING FORM	_	New		Crash Number
	AA 500			Change/ Continuation	P11336	788
14	Unit No	Person No Delete? Date of Birth (MM-DD-YYY) Name / Address / Phone		A B C	D E F	G H I
	Same as Operate	or				G H I
	Unit No	Person No Delete? Date of Birth (MM-DD-YYY)		A R (D E F	
	Same as Operate	Name / Address / Phone or				EMS Transport Yes O No
	Unit No	Person No Delete? Date of Birth (MM-DD-YYYY) Name / Address / Phone		2 = 30	35319	G H I
İ	Same as Operate	5	(SAC	ME ADD)		✓ Yes ○ No
	Unit No	Person No O 3 Delete? Date of Birth (MM-DD-YYYY) Name / Address / Phone			60300	G H I O O EMS Transport
l	Same a Operate	or	CSun	R ADD)		Yes O No
	Unit No	Person No Delete? Date of Birth (MM-DD-YYYY) Name / Address / Phone		A B C	طًا وأمالًا	G H I F MS Transport
	Same a Operat	S or				☐ Yes S No
Ì	Unit No	Person No Delete? Date of Birth (MM-DD-YYYY) Name / Address / Phone		2 6	30316	G H I
	Same a Operat			HBG PA		O Yes VE No
Ì	Unit No	Person No Delete? Date of Birth (MM-DD-YYYY) Name / Address / Phone		à Foc	14013010	G H I MS Transport
	Same a Operat	S A	me as k	CREINER)		☐ Yes ੴNo
	Unit No	Person No Delete? Name / Address / Phone	_	عُالُّهُ		G H I D D EMS Transport
	Same a Operat	S OIL		, HBG	PK PHOW	E ○ Yes ❷ No
	Unit No	Person No Delete? Date of Birth (MM-DD-YYYY) Name / Address / Phone		A B C	D E F	G H I EMS Transport
	Same a Operat	S Or				O Yes O No
	Unit No	Person No Delete? Date of Birth (MM-DD-YYYY) Name / Address / Phone		A B C	D	G H I EMS Transport
	Same a Operat					O Yes O No
•	FORM # AA	-500 P (12/02)	PENNDOT CO	NOV.		

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COMMONWEALTH OF PENNSYLVANIA POLICE CRASH REPORTING FORM

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AA 500 4

	roye
Police Use Only 41-1706401	0

P 1336788

	_ B	Crash Description		0=Non-Collision 1≖Rear End	2=Head On 3=Rear to Rear (Backing)	4=Angle 5=Sideswipe (Same Direction)	6=Sideswipe (Opposite Direction) 7=Hit Fixed Object	8=Hit Pedestrian 9=Other/Unknown
	formation complete once)	Relation to Roadway	7	1=On Travel Lanes 2=Shoulder	3=Median 4=Roadside	5=Outside Trafficway 6=In Parking Lane	7=Gore (Ramp Intersecti 9=Unknown	on)
15	Crash Information 2 Units only complete once	<u>Illumination</u>		1=Daylight 2=Dark - No Street Lights	3=Dark - Street Lights 4=Dusk	5=Dawn 6=Dark - Unknown Roadway Lighting	8=Other	
l	General Cr 1 more than 2 t	Weather Conditions		1=No Adverse Conditions 2=Rain	3=Sleet (Hail) 4=Snow	5=Fog 6=Rain & Fog	7=Sleet & Fog 8=Other	9=Unknown
	<u>e</u>	Road Surface Conditions	0	0=Dry 1=Wet	2=Sand, Mud, Dir Oil 3=Snow Covered	t. 4=Slush 5=Ice	6=Ice Patches 7=Water - Standing or Moving	8=Other
16	Unit(s) Event information	Harm Event L/R Unit No Lipidal Lipid		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 Unit 5 16=Struck By Unit 5 16=Struck By Unit 5 21=Hit Tree Or Shrubbery 22=Hit Embankment 23=Hit Traffic Sign 25=Hit Guard Rail 26=Hit Guard Rail 26=Hit Guard Rail 27=Hit Curb 28=Hit Corcrete Or Longitudinal Barrier 29=Hit Ditch	31=Hit Building 32=Hit Culvert 33=Hit Parapet E 35=Hit Bridge Pie 35=Hit Bridge Ra 36=Hit Boulder C On Roadway 37=Hit Impact At 38=Hit Fire Hydra 39=Hit Roadway 40=Hit Mail Box 41=Hit Traffic Isla 42=Hit Snow Bar 43=Hit Temporar Barrier	r Or Abutment and all ar Obstacle tenuator ant Equipment and alc by Construction and Object Fixed Object Over own Or Falling Other egularities e collision
17		Harmful Event in the Crash	Event this inform	Most Unit No Harmful Event in the Crash		Driver Action (D) O0=No Contributing Action O1=Driver Was Distracted O2=Driving Using Hand Held O3=Driving Using Hands Free O4=Making Illegal U-Turn	17=Careless Or II Backing On F 18=Driving On T Side Of Road Phone 19=Making Impr Entrance To	Roadway he Wrong oper
18	5	Environmental / Roadway Potential Factors (E/R) 00=None 01=Windy Conditions 02=Sudden Weather Conditions 03=Other Weather Conditions 04=Deer In Roadway 05=Obstacle On Roadway 05=Other Animal In Roadway 07=Glare 08=Work Zone Related	11=' 12=' 13=' 14=' 15=' 16=' 28=' 29='	Slippery Road Condition Substance On Roadway Potholes Broken Or Cracked Pav TCD Obstructed Soft Shoulder Or Should Other Roadway Factor Other Environmental Fa Unknown	ement der Drop Off actor	O5=Improper/Careless Turning O6=Turning From Wrong Land O7=Proceeding W/O Clearance After Stop O8=Running Stop Sign O9=Running Red Light 10=Failure To Respond To Other Traffic Control Devi 11=Tailgating 12=Sudden Slowing/Stopping 13=Illegally Stopped On Road 14=Careless Passing Or Lane Change	From Highwa 21=Careless Park 22=Over/Under Compensatio 23=Speeding 24=Driving Too F Ce 25=Failure To M 26=Driver_Fleeing 27=Driver Inexpe 28=Failure To Us 92=Affected By	oper Exit by ing/Unparking in At Curve fast For Conditions sintain Proper Speed police (Pol Chase)
	Contributing Information	01=Tires	Airrors	14=Body, hts 15=Trailer hts 16=Wheel 17=Airbag 18=Trailer 19=Unsec Trailer 20=Improg	Seating/Control Discoss, Hood, Etc Hitch S S Overloaded Jre/Shifted Load Joer Towing Loted Windshield	15=Passing In No Passing Zon 16=Driving The Wrong Way (1-Way Street Unit	99=Unknown 2 3 3 03=Working 04=Pushing Vehing	4 4
19		Indicated Prime Factor Do not repeat this information on multiple pages. E/R V D P O SS O	If E	Unit No Factor Co	,	O1=Entering Or Crossing At Specified Location O2=Walking, Running, Joggin Or Playing	06=Working On	Or Leaving Vehicle Vehicle

_		POLICE CRASH	TH OF PENNSYLVAN	Page	New Change/	11336F	rash Number				
{		Crash Description	0=Non-Collision 1=Rear End	2=Head On 3=Rear to Rear	4=Angle 5=Sideswipe (Same Direction)	6=Sideswipe (Opposite Direction) 7=Hit Fixed Object	8=Hit Pedestrian 9=Other/Unknown				
	Crash Information	Relation to Roadway	1=On Travel Lanes 2=Shoulder	(Backing) 3=Median 4=Roadside	5=Outside Trafficway 6=In Parking Lane	7=Gore (Ramp Intersection 9=Unknown	ction)				
15	Crash Info	41 4 4 4 4 4 4 4 4 4 4	1=Daylight 2=Dark - No Street Lights	3≖Dark - Street Lights 4=Dusk	5=Dawn 6=Dark - Unknown Roadway Lighting	8=Other	9=Unknown				
	General	Weather Conditions	1=No Adverse Conditions 2=Rain	3=Sleet (Hail) 4=Snow 2=Sand, Mud. Dirt	5=Fog 6=Rain & Fog 4=Slush	7=Steet & Fog 8=Other 6=ice Patches	8=Other				
		Road Surface Conditions	0=Dry 1=Wet Most? Utility Pole Number	2=Sand, Mud, Dirt Oil 3=Snow Covered	5=IC8	7=Water - Standing or Moving nt) 30=Hit Fence Or N					
16	ntlon	Unit No Please Put 3 Events in Sequential Order 4			Harmful Events (Harm Event 01=Hit Unit 1 02=Hit Unit 2 03=Hit Unit 3 04=Hit Unit 4 05=Hit Unit 4 05=Hit Other Traffic Unit 07=Hit Other Traffic Unit 07=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	31=Hit Building 32=Hit Culvert 33=Hit Bridge Pie 34=Hit Parapet Er 35=Hit Bridge Rai 36=Hit Boulder O On Roadway 37=Hit Impact At	r Or Abutment nd i r Obstacle tenuator nt Equipment nd k				
2	Unit(s) Event information	Harm Event L/R Unit No 2 Please Put 3 Events in Sequential Order 4	Most? Utility Pole Number		14=Struck By Unit 4 15=Struck By Unit 5 16=Struck By Other Traffic U 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 Driver Action (D)	Barrier 48=Hit Other Fixe 49=Hit Unknown 50=OverturrvRoli 51=Struck By Thr Object 52=Pot Holes Or Pavement Irre 53=Jacknife 54=Fire In Vehicle 58=Other Non-Co 99=Unknown Ha	d Object Fixed Object Over own Or Falling Other gularities Sollision rmful Event				
17		Harmful Event in the Crash	Event Most Unit No Harmful Event in the Crash to information on multiple pages	Harm Event	00=No Contributing Action 01=Driver Was Distracted 02=Driving Using Hand Held 03=Driving Using Hands Free 04=Making Illegal U-Turn 05=Improper/Careless Turnin	Phone 19=Making Impro Entrance To I 20=Making Impro	ne Wrong oper Highway oper Exit				
18	no	Environmental / Roadway Potential Factors (E/R) 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	14=Broken of Charles Fav 15=TCD Obstructed 16=Soft Shoulder Or Shoul 28=Other Roadway Factor 29=Other Environmental Fa 99=Unknown	y vernent Ider Drop Off actor	06=Turning From Wrong Lar 07=Proceeding W/O Clearance After Stop 08=Running Stop Sign 09=Running Red Light 10=Failure To Respond To Other Traffic Control Der 11=Tailgating 12=Sudden Slowing/Stoppin 13=Illegally Stopped On Roa 14=Careless Passing Or Lane Change 15=Passing In No Passing Zo	21=Careless Park 21=Careless Park 22=Over/Under Compensatio 23=Speeding 24=Driving Too F for Conditior 25=Failure To Mag 26=Driver Reeing d 27=Driver Inexpe 28=Failure To Us 92=Affected By F	y ing/Unparking in At Curve Fast Sis sintain Proper Speed g Police (Pol Chase)				
	Contributing informati	01=Tires 07=1 02=Brake System 08=1 03=Steering System 09=1 04=Suspension 10=1	Headlights 14=Body, Signal Lights 15=Trailer Other Lights 15=Wheel Horn 18=Trailer Mirrors 18=Trailer Trailer 20=Impro	Seating/Control Doors, Hood, Etc Hitch Is So Overloaded ure/Shifted Load per Towing ucted Windshield	16=Driving The Wrong Way 1-Way Street Unit No 1 1 1 Value 1 1 1 Pedestrian Action (P) 00=None 01=Entering Or Crossing At	de Or Leaving Vehide					
19		Indicated Prime Factor Do not repeat this information on multiple pages. E/R V D P	Unit No Factor Co]	Specified Location 02=Walking, Running, Joggi Or Playing Unit No	Ub=Working Un	ASHIGE				
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	₽	Narrative and additional witnesses: Accident Investigation Notification Issued? & Property Damage THIS CASH OCCURRED AS UNITS 2 + 3 WERE STORED AT THE END OF A																																									
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22	EVIDENCE AT SCENE SHOWED UNITS I AND 2 CONFLETEN BURNED, WAS OUT, UNIT 3 & OCCUPANTS WERE PRESENT AND OK. LIFE L								<u>ا</u>	90	j																																
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	OPR 2 WAS BEING LOADED INTO AN AMBULANCE. OPRI WAS MUDEADY EN ROUTE TO HERSHEY MED COR. AS WAS																																										
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	ŀ	W	11	175	5) E/	47 N	<u>0</u>		14	<u>(1)</u>	5	AI.	101	171 200	10'/ 10'/	7	<u>0</u>	V	30L	<u>ز ر</u> (م)	TIK.	<u>/</u>	e E	- /a	YC VA	<u></u>) / (v)	<u>ب</u>	∨ Ψ	<u>~</u> \	<u>ا</u>	M	<u>~~</u>	· V	<u>`</u>	<u>ب</u> ال	N6	<u>~</u> _	•	VIC	4	• •	<u>~</u>
	ŀ	WF.	<u>ں</u> حم	<u> </u>	R'	<u>マ</u> か	<u>人</u>	i	T	10	<u> </u>	W	<u>~</u> 5	,	L	佢	- (SA	11) ~_	<u>'</u>	N	17	=	1	1	3	15	T	4	R	<u> </u>	m	m	ゴシ	7	١٨	51	8	7	K	2	
	l	nΕ		O	16	_	•	rs)	IT	- /	١.		WI	M	res	5	5	v *	3		DR	41	VI	V	5		٧	•	T	π	- ,		t	M	Þ	1	S	~	Ś				
	t	64	SIA	16	L	15	-/	m	H	<u>-</u>	- 1	E	ک	MI	D .	7	W	7	0	PP	11		<u> </u>	M	∀	<u></u>	£	1	11	se	_	Ų	P	7	V	E	-	R	4	P	r		
	ŀ															0	M	سے	<u></u>		7														-								

FORM # AA-500 (12/02)

PENNDOT COPY

COMMONWEALTH OF PENNSYLVANIA POLICE CRASH REPORTING FORM

ige S New

Crash Number

AA 500 N

Police Use Only H1-1706401

09

Change/ Continuation P1336788

		Narrative and additional witnesses:
22	\	MAR I LISTERVIEWED AT HERSHEY MED CTR 10/14/07 @ 1645 HRS.
1	'	HE SAID HE WAS DEIVING UP THE RAMP. HE LOOKED OUT OF HIS
	1	IMMON AT TRAFFIC IN AN AMENOT TO MERGE. HE SAID HE SAW
1		UNITE OUT HE WAS MOVING FORWARD. HE SAND HE LEWED
		INTO HIS MIRROR, LOUKED UP AND HIT UNIT 2.
	•	
١		APR 2 INTERVIEWED (AT SCENE) AND AT HERSHEY MEN COOR
	1	16/4/07 @ 1700 URS. HE SAID HE SAW UNIT 3 STUPPED ATTHE
	1	END OF PAMP. HE BEGIN TO SLOW DOWN + STOD. HE SAID
		TRAFFIC WAS HEAVY HE NEVER SAW UNIT I BEHIMD, + GOT HIT.
	١ [HE SOLD HE STEEDED MEUND UNT 3 AFTER IMPACT AND THEN
		PULLED HIS GIRLFRIEND AND DAYGHTER OUT OF THE BURNING CAR.
	إا	
	اقِ	GRB IMPRILIDED AT SCENE WILLIAM C 1530 URS. HE SAID HE
	and Narrative	COUD NOT DRIVE OUTO THE HIGHWAY DECAUSE TRAFFIC WAS
	Ē	TOO HERVY,
		The state of the s
	3	AS OF LO [16/07, MEGAN REED WAS STILL IN LONGH VALLEY
	Auxillary Witness	BURN CONTOR, WITH ZORO BURNS.
	Ami	DINICANNON FIRE DEPT. + EMS RESPONDED TO THE SCENE AND DID
	1	AN EXCELLENT JUB.
	1	ALIV TO COLUMN COLUMN
	1	NEWS RELEASE PREMARED + SUBMITTED.
	1	
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FORM & AA-600H (1202)

PENNDOT COPY

(9)

2

September 30, 2008, 08:49:53

SEP 30 08 - 8:49

CMSD0627 / CMSM0627 P A C M A N
OPID: TMS0012 AGY CLAIM POL COVERAGE TERMID: ?01D

INSD: POL: 17295395 -0

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

..... 3

INDEX TO MEDICAL RECORDS OF CL/MTR#

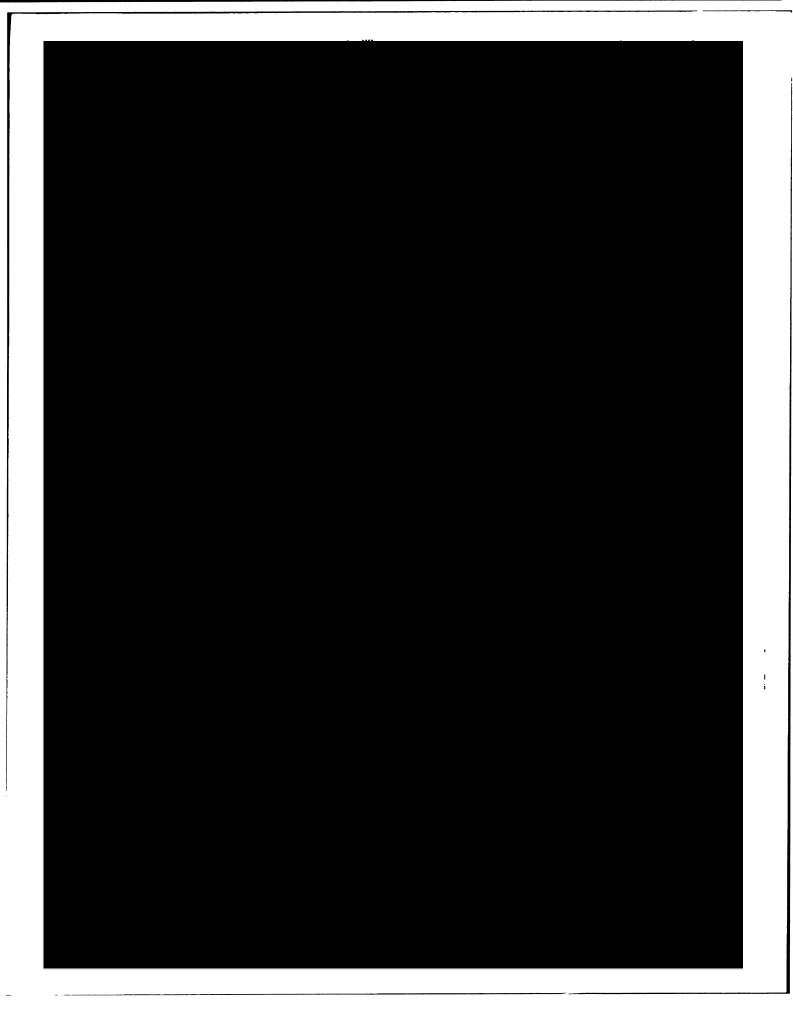
April 1, 2008

Lehigh Valley Hospital 1.

*Admitted: 10/14/07 *Discharged: 11/7/07

*Burn Recovery Center: 11/9/07-

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



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

MEDICAL RECORD







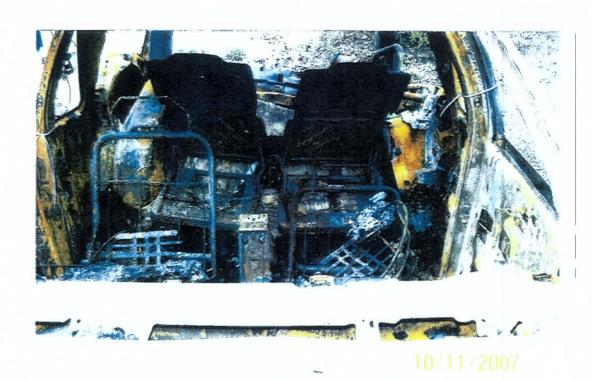




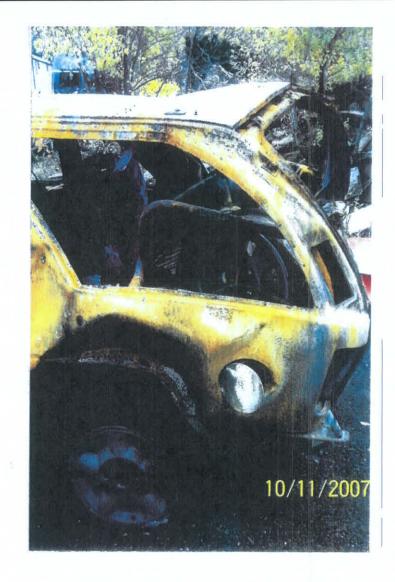


















COMMONWEALTH OF PENNSYLVANIA NA Crash Number POLICE CRASH REPORTING FORM Page Reportable Crash Case Closed P1336788 AA 500 1 XS Yes ○ No **≅**3^Yes C) No Patrol Zone Police Agency Incident Number ٥١ Ö Data Investigation Date (MM-DD-YYYY) Precinct Agency Name Agency Γ V2.0x Γ V Badge Number Dispatch Time (mil) Arrival Time (mil) Investigator male Approval Date (MM-DD-YYYY) 2 Badge Number Reviewer Day of Week Municipality Municipality Name County Name County Son C Thu 3) 7WP DAWHIN Mon O fri Killed* *H > 00 Crash Time (mil) No of Units People Injured Crash Date (MM-DD-YYYY) C Tue Sat Crash complete ○ Wed ○ Unk Form F Notify PENNDOT Yes No Maintenance School Bus Related School Zone Workzone (If Yes, Complete Form M, Section 29) ☐ Yes **反** No ☐ Yes ☑ No Yes 🐼 No Related Multi-Leg •Special Loc Type Intersection_Type 4 Way Intersection "Y" Intersection Railroad Crossing Off Ramp ဝဩ Intersection Location Traffic Circle/ Midblock Other On Ramp Crossover "T† Intersection Round About See Overlay House Number (if applicable) Speed Limit Segment (Optional) Travel Lanes **Route Number** North Road South ٥ East For Mid-block crashes only. Use Street Name Street Ending postal House Number and make sure Principal West Principal Roadway Street Name is Unknown filled in it using this option Route Turnpike Spur State Highway Other/ Unknown County Road Local Road or Street Private Road Turnoike Interstate Sianina (Not Tumpike) (East/West) Speed Limit Segment (Optional) Travel Lanes Route Number North Crashe South entati C East Intersection Street Ending Intersecting Street Name West Usknown Other/ Unknown Local Road Ş Private Interstate (Not Turnpike) Turnpike Turnpike State Highway County Road Road (East/West) Spur or Street Or Segment Marker Intersecting Rt Num Or Mile Post Feet North (South Crashes St Ending Or Intersecting Street Name C East Or Miles Please ○ West Enter Block Information Distance From for BOTH Or Segment Marker Intersecting Rt Num Or Mile Post 2 o Landmarks PIN Distance From Crash if Using C North Scene to Landmark 1 Landmark This Option Ģ C South Ramp Use (For Crash between St Ending Or Intersecting Street Name 55 C East Landmark 1 and O West Landmark 2) Degrees Minutes Seconds Seconds Minutes Degrees 8 Longitude: -0 O 6 Latitude: Police Officer or TCD Eunctionina Traffic Control Device Emergency Preemptive Signal Yield Sign Device Functioning Improperly Flagman No Controls Not Applicable Traffic Signal Active RR Crossing 5 Other Type TCD Controls Flashing Traffic Device Not **Device Functioning** Passive RR Crossing Controls Stop Sign Unknown Unknown Functioning North ■ East North and South C All Lane Gosed (If "Not Applicable", skip rest of the Lane Closure section) Lane Closure Closura (N,S,E,W)Direction Not Applicable Partially **S**Fully Unknown South West East and West Traffic Yes 🔘 No 😂 < 30 Min. \$\overline{\o <u>Detoured</u> Closed Unknown 🗇 FORM 6 AA-500 (12/02) PENNDOT COPY

COMMONWEALTH OF PENNSYLVANIA POLICE CRASH REPORTING FORM

FORM # AA-500 (12/02)

Crash Number

	A 500 2 Poice Use Only	H REPURING FORM	Page:	P 13367	88
		P[1'10 (0701			
Unit Info	Type Motor Vehicle in Transport		y Parked C Legally Parked C	_	Commercial Vehicle Yes 😂 No
Sign	O redestrian	in Wheelchair, etc Previous or *Pedestrian on Skates, in Wheelchair,	is Crash Trail	O Phantom Vehicle on 28)	(if Yes, Complete Form C)
┢	Unit No Fire No.		MI Date	of Birth (MM-DD-YYY	1
	01		<u> </u>		
	Delete?				
l_{-}	Address UStrate				:
랿		DALMATIA	, PA.		
Vehicle Driver / Pedestrian Information				State Class]
흁	Alcohol/Drugs Suspected		Driver or Pedestrian Phys.	Pleast Date	
	_	☐ Illegal Drugs ☐ Medication ☐ Alcohol and Drugs ☐ Unknown	Normal	use - C iai	igue Medication
rer / F	Alcohol Test Type		<u>Drinking</u>		
퉏	Test Not Given	Breath Other	Primary Vehicle Code Viole	lation	Charged?
ş	Blood C	Urine Unknown Test Given Unknown	7,1	er Operated 3=Drive	er Fled Scene
>	Alcohol Test Results	Test Given,	Veh	icle 4=Hit a	nd Run
		Contaminated Results	2=No 1	Driver 9=Unki 07=Municipal Police V	
		Vehicle Owned/ Owned/Leased by Di		08=Other Municipal Government Vehic	98=Other
L		by Driver 03=Rented Vehicle			
	Same as Owner First I	vame Owner	Last Name or Business Name (ar regestrian, skip this	s section)
	Address / City / State / Zip			Vehicle Ma	
		<u> </u>	Model Year	Vehicle Mo	(See Overlay)
		1311956	200		AUVA
	License Plate	19 19 19 19 19 19 19 19 19 19 19 19 19 1	tate Est. Speed <u>Vehicle To</u>		
		<u> </u>	€ 050 Serves	ONO RIVE	e DRIVE
_ ا	Insurance	Insurance Company	DIRECT Policy No		
Bitie	ØYes O № O kı	TOWN PROGRESSIVE .			
Vehicle Information	Trailing No. of Unit Units:	2=Towing Truck 5=Car	obile/Modular Home 7=Semi-Trail mper 8=Other I Trailer 9=Unknown		Tag Year Tag St
Vehic		hicle Position 0 6 *Movem	nent 15 See Overlay	Special Usag	€
	Vehicle Color	Vehicle Type 05=Larg			12=Commercial Passenger
	06=Yellow 07=Silver 08=Gold	01=Automobile 06=50V 02=Motorcycle 07=Van 03=Bus 10=Snov	21=Other Peda	MANUEL VEIL	13=Taxi
ļ	01=Blue	04=Small Truck 11=Fam (If *02*, Complete Form 12=Con	n Equip 23=Horse & Ric struction Equip 24=Train	der 02=Ambulance 03=Police 08=Other Eme	22=Twin Trailer
	03=White 11=Purple 04=Green 12=Other	I the second sec	25=Trolley er Type Spec Veh 98=Other Type Spec Veh 99=Unknown	Vehicle 11=Pupil Trans	31=Modified Veh
	05=Black 99=Unknown Initial Impact Point	Form M, Section 27) Damage Inc	311-16-11	3=Downhill	Road Alignment
	00=Non-Co 01-12=Clock F	Points 15=Towed Unit 3 1=Min	ne 2=Functional i=1	evel 4=Battom of Hill 5=Top of Hill	1=Straight 2=Curved
ı	13=Top	99=Unknown 9=1	Unknown 2=0	^{iprili} 9=Unknown	9=Unknown

COMMONWEALTH OF PENNSYLVANIA POLICE CRASH REPORTING FORM Page: P1336788 Police Use Only AA 500 2 n Motor Vehicle in Transport Legally Parked Non - Motorized Commercial Vehicle Ulegally Parked 83 Hit & Run Vehicle Unit Info Type 52) No Yes Pedestrian on Skates, 👝 Disabled From Previous Crash Unit Pedestrian Train Phantom Vehicle in Wheelchair, etc (If Yes, Complete Form C) (If "Pedestrian" or "Pedestrian on Skates, in Wheelchair, etc", Complete Form M, Section 28) MI Unit No First Name 0 Delete? 'Pedestrian information Class State Driver or Pedestrian Physical Condition Alcohol/Drugs Suspected illegal Drug Use Apparently Normal Illegal Drugs Medication ₩ No fatigue Medication Had Been Drinking Alcohol Alcohol and Drugs Unknown Unknown Sick Asleen Driver Alcohol Test Type Primary Vehicle Code Violation Charged? Other Test Not Given Breath Yes S No Unknown if Test Given → Blood (ii) Urine Unknown Driver Presence 1=Driver Operated 3=Driver Fled Scene Alcohol Test Results Test Refused ◯ Results Vehide 4=Hit and Run Test Given, \Box Contaminated Results 2=No Driver 9=Unknown 04=State Police Vehicle 07=Municipal Police Veh 09=Federal Gov Veh Owner/Driver 00=Not Applicable 02=Private Vehicle Not 01=Private Vehicle Owned/ Owned/Leased by Driver OS=PENNDOT Vehicle 08=Other Municipal 98=Other Government Vehicle 99≃Unknown 06=Other State Gov Veh Leased by Driver 03≃Rented Vehicle Owner Last Name or Business Name (If Pedestrian, skip this Section) Owner First Name Same as Driver 😂 Vehicle Make Make Code Address / City / State / Zip Ö (see overlay) Model Year Vehicle Model VIN 9 10 GIN Reg. State Est. Speed Vehide Towed License Plate Towed By n æ∰ Yes ◯ No Policy No Insurance Company Insurance ERIE Information yes ○ No known <u>Trailing</u> Unit 1=Towing Pass. Veh 4=Mobile/Modular Home 7=Semi-Trailer Tag No Tag Year Tag St 12 No. of Trailing Units: 2=Towing Truck 5=Camper 8=Other 3=Towing Utility Trailer 6=Full Trailer 9=Unknown Vehicle *See *Vehicle Position *Movement Direction of Special Usage 0 Overlay Travel O 12≈Commercial Vehicle Color Vehicle Type 05=Large Truck 20=Unicycle, Bicycle, Passenger 06=SUV 06=Yellow Tricycle 01=Automobile 00=Not Applicable Carrier 21=Other Pedalcycle 07=Van 07=Silver 02=Motorcycle 01=Fire Veh 13=Taxi 08=Gold 03±Bus 10=Snowmobile 22=Horse & Buggy 02=Ambulance 21=Tractor Trailer 04=Small Truck (If "02", Complete Form 11=Farm Equip 23=Horse & Rider 01=Blue 09=Browπ Q3⇒Police 22≖Twin Trailer 12=Construction Equip 24=Train 07=Red 10=Orange 08=Other Emergency 23=Triple Trailer 11≂Purple 13=ATV 25=Trollev 03=White M, Section 26) Vehide 31=Modified Veh 18=Other Type Spec Veh 19=Unk. Type Spec Veh 98=Other (If "20" or "21", Complete 04=Green 12=Other 11=Pupil Transport 99=Unknown 99=Unknown 05=Black 99±Unknown Form M, Section 27) <u>Initial impact Point</u> Damage Indicator Gradient Road Alignment Jiidawod≈E 0=None 2=Functional 4=Bottom of Hill 1=Straight 14=Undercarriage 00=Non-Collision 1≃Level 1=Minor 3=Disabling 5=Top of Hill 2=Curved -12¤Clock Points 15=Towed Unit 2=Uphill

13=Top

9=Unknown

9≈Unknown

9=Unknown

99=Unknown

·· -		· ·	ALTH OF PENNSYLVANIA H REPORTING FORM	New Page:	Crash Number
	Α	A 500 2 Police Use On	M1-1.1000401	OH Continuation	p 1336788
10	Unit Info	Type Unit Pedestrian (If *Pedestrian*	Pedestrian on Skates. — Disable	y Parked Legally Parked ed From Train r, etc., Complete Form M, Sec	○ Non - Motorized Commercial Vehicle ○ Yes 冷 No (If Yes, Complete Form C)
		Unit No First Name			te of Rinth/MM.DD-YYYY
		Delete?	<u> </u>		
	E	Address / City / State		1 14 00:00:00	
	Vehicle Driver / Podostrian information	L B		HARRISBURS	State Class
	ran .	Alcohol/Drugs Suspected		Driver or Pedestrian Ph	
11	Pedest	₩ No (Illegal Drugs Medication Alcohol and Drugs Unknown	Apparently C Normal C Had Been C Drinking C	_
	iver	Alcohol Test Type		Primary Vehicle Code V	iolation Charged?
	icle D	Test Not Given (☐ Breath ☐ Other ☐ Unknown Test Given	if	O Yes ව No
	Veh		Test Refused Unknown Results Test Given, Contaminated Results	Driver Presence 1=D	iver Operated 3=Driver Fled Scene ehicle 4=Hit and Run b Driver 9=Unknown
		Owner/Driver 00=Not Ap	plicable 02=Private Vehicle Not Vehicle Owned/ Owned/Leased by Di	04=State Police Vehicle	07=Municipal Police Veh 09=Federal Gov Veh 08=Other Municipal 98=Other
		<u> </u>	by Driver 03=Rented Vehicle	06=Other State Gov Vel	
	-	Same as Driver S		Last Name or Business Name	(If Pedestrian, skip this Section)
		Address / City / State / Zip	<u>, </u>		Vehicle Make *Make Code DODGE 07
		VIN		Model Year	Vehicle Model (see overlay)
		I B 3 E 5 L	<u>1 / C/3/104 - </u>	ate Est. Speed Vehicle	1 1 - 1 - 1
			PA		s O No 3 45
	_	<u>Insurance</u>	Insurance Company	Policy No	
	ation	(Sec. 1983) 1 1 1 1 1 1 1 1 1	fown PROGRESSIVE		
12	Vehicle Information	Trailing Unit No. of Units:	2=Towing Truck 5=Car	bile/Modular Home 7=Semi-Tri nper 8=Other Trailer 9=Unknov	
	Vehi	Direction of Travel	hicle Position 6 4	ent 03 *See Overla	Special Usage
		Vehicle Color 05=Yellow 07=5itver 08=Go!d 01=Blue 09≈Brown 02≈Red 10=Orange 03=White 11=Purple 04=Green 12=Other	M, Section 26) 13=ATV	Tricycle 21=Other Per vmobile 22=Horse & I	Jakycie 00=Not Applicable Carrier 01=Fire Veh 13=Taxi
		05=Black 99=Unknowr	Form M, Section 27) 19=Unk.	Type Spec Veh 99=Unknown	<u> </u>
		Initial Impact Point O0=Non-Co 01-12=Clock P 13=Top	pints 15=Towed Unit 1=Min	e 2=Functional	3=Downhill Level 4=Bottom of Hill Uphill 9=Unknown 3=Downhill Read Alignment 1=Straight 2=Curved 9=Unknown
'	F	ORM # AA-500U (12/02)	PEN	INDOT COPY	

	_]·		EALTH OF PENNSYLVANIA SH REPORTING FORM	Race New		Crash Number
	AA 500			Page Change/ Continuation	P11336	788
	Unit No	Person No Dele		TÎMB	310001	G H I
	Same as Operate		5,7110116			EMS Transport See Yes O No
	Unit No	Name / Addres	'	i ma	0110300	G H I EMS Transport
Į	Same as Operate	or				es ∨es ○ No
	Unit No	Person No Del Name / Addres	´	ŹĖŚ	ত্ত্ৰিভাৰ্ত্ৰি	G H I
	Same a: Operate	or		(SAME ADD)		Ø Yes ○ No
	Unit No	Name / Addres	´ 	2 F 2	060300	G H I
	Same a	or _		CSAME ADD -)	Yes O No
	Unit No	Name / Addres	~		בוופלוופ	G H I S EMS Transport
	Same a Operat					O Yes S€ No
	OB	Name / Addres	ete? Olimpia State of Birth (MM-DD-YYYY) ss/Phone		ठौगहीजहि	EMS Transport
	☐ Same a Operat				7101	O Yes 😢 No
	Unit No	Name / Addres	ss/Phone	a Po	वैपार्वा ३।	G H I EMSTransport
	Same a Operat	5 OF		as kreindr)		O Yes © No
	Unit No	Person No Del Name / Addres	-	عُالُمُ	060500	G H I
	Same a Operat	s or		i-BG	by him	E ○ Yes ❷ No
	Unit No	Name / Addre	-	A B C	D E F	G H I EMS Transport
	Same a Operat	S C				O Yes O No
	Unit No	Person No De Name / Addre	~	A B C	D E F	G H I BMS Transport
	Same a Operat	ori				Yes No!
•	FORM # AA	-500 P (12/02)	p	ENNDOT COPY		

COMMONWEALTH OF PENNSYLVANIA POLICE CRASH REPORTING FORM

Crash Number

P 1336788

	Α	A 500 4 Police Use Only	41-1706	401		e	P 13	35788	
	e to	Crash Description	0=Non-0	End 3=	Head On Rear to Rear (Backing)	4≃Angle 5≃Sideswipe (Same Direction	6=Slde (Op 7≠Hit F	swipe posite Direction) ixed Object	B=Hit Pedestrian 9=Other/Unknown
	ormatic projets p	Relation to Roadway	1=On Tr. 2=Should		Median Roadside	5=Outside Traffice 6=In Parking Lane	ay 7=Gore 9=Unk	(Ramp Intersection	on)
15	Crash Information	Illumination	1=Daylig 2=Dark - Street	ht 3= No Lights 4=	Dark - Street Lights Dusk	5=Dawn 6=Dark - Unknown Roadway Lightin	8=Othe	et	
	General C	Weather Conditions	1=No Ac Condi 2=Rain	verse 3=	Slee! (Haii) Snow	5=Fog 6=Rain & Fog	7=Siee 8=Othe	t & Fog er	9=Unknown
	خ ق	Road Surface Conditions	0=Dry 1=Wet	2= 3=	Sand, Mud, Dir Oil Snow Covered	1, 4=Slush 5=Ice		Patches er - Standing loving	8=Other
16	Unit(s) Event Information	Unit No Harm Event Events in 3 Sequential Order Unit No Unit No Unit No Please Put 3 Events in 3 Sequential Order 4				Harmful Events (Harm D1=Hit Unit 1 02=Hit Unit 2 03=Hit Unit 3 04=Hit Unit 4 05=Hit Unit 5 06=Hit Other Traffic Un 07=Hit Deer 08=Hit Other Animal 09=Collision With Othe Fixed Object 11=Struck By Unit 1 12=Struck By Unit 2 13=Struck By Unit 3 14=Struck By Unit 3 14=Struck By Unit 4 15=Struck By Unit 3 14=Struck By Unit 5 16=Struck By Unit 2 11=Hit Tree Or Shrubbi 22=Hit Tree Or Shrubbi 23=Hit Tree Or Shrubbi 24=Hit Traffix Sign 25=Hit Guard Rail End 27=Hit Curb 28=Hit Concrete Or Longitudinal Barnier 29=Hit Ditch	it r Non ffic Unit ery	30=Hit Fence Or V 31=Hit Building 32=Hit Culver! 33=Hit Bridge Pier 33=Hit Bridge Rai 36=Hit Bridge Rai 36=Hit Builder O On Roadway 37=Hit Impact Art 38=Hit Fire Hydra 39=Hit Roadway 40=Hit Mail Box 41=Hit Traffic Isla 42=Hit Snow Ban 43=Hit Temporary Barrier 48=Hit Other Fixe 49=Hit Unknown 50=Overturn/Roll 51=Struck By Tan Object 52=Pot Holes Or Pavement Irre 53=Jacknife 54=Fire In Vehicle 58=Other Non-Co	r Or Abutment d r Obstacle tenuator of Equipment ind k r Construction d Object Fixed Object Over own Or Falling Other gularities e Silision reful Event
17		Harmful Event in the Crash	arm Event Most Harmful Event in the Cras	<u>,</u> 021	Harm Event	Driver Action (D) OD=No Contributing Act O1=Driver Was Distract O2=Driving Using Hand O3=Driving Using Hand O4=Making Illegal U-Tu O5=Improper/Careless O6=Turning From Wro	1	17=Careless Or III Backing On R 18=Driving On Ti Side Of Road 19=Making Impro Entrance To I	oadway ne Wrong oper
18	lon	Environmental / Roadway Potential Factors (E/R) 00=None D1=Windy Conditions 02=Sudden Weather Condition 03=Other Weather Condition 04=Deer in Roadway 05=Obstade On Roadway 06=Other Animal In Roadwa 07=Glare 08=Work Zone Related	1 O O 2 11=Slippery Ro 12=Substance 13=Potholes 14=Broken Or 15=TCD Obstr 16=Soft Shoul	and Conditions (I On Roadway Cracked Paveme ucted der Or Shoulder I dway Factor ronmental Factor	ce/Snow) ent Drop Off	Clearance After Sto O8=Running Stop Sign O9=Running Red Light 10=Failure To Respond Other Traffic Contr 11=Tailgating 12=Sudden Slowing/St 13=Illegally Stopped Of 14=Careless Passing Of Change	To ol Device opping n Road r Lane	20=Making Impre From Highwa 21=Careless Park 22=Over/Under Compensatio 23=Speeding 24=Driving Too F 25=Failure To Ma 26=Driver Inexpe 28=Failure To Us 28=Failure To Us 92=Affected By F	pper Exit y y y y n At Curve ast For Conditions intain Proper Speed i Police (Pol Chase) ie Specialized Equip hysical Condition
	ड Contributing Information	01=Tires 0 02=Brake System 0 03=Steering System 0 04=Suspension	0) DE=Exhaust DT=Headlights DE=Headlights DE=Other Lights DE=Horn IT=Mirrors D 2	12=Wipers 13=Driver Seat 14=Body, Doo 15=Trailer Hitc 16=Wheels 17=Airbags 18=Trailer Ove 19=Unsecure/ Trailer Loa 20=Improper Trailer Loa	ers, Hood, Etc ch erloaded Shifted id Towing d Windshield	15=Passing In No Passi 16=Driving The Wrong 1-Way Street Unit	Way On. 2	99=Unknown 3 03=Working	er Driving Actions
19		Indicated Prime Factor Do not repeat this information on multiple pages. E/R V D P O O © O	If EIR is the	Factor Code Factor Factor Unit No blank		00=None 01=Entering Or Crossir Specified Location 02=Walking, Running, Or Playing Unit No	ng Al	04=Pushing Vehic	Or Leaving Vehicle

u					F PENNSYLVAN RTING FORM	J A Page	New			Crash Number
	A	A 500 4	Police Use Only	HL- U	706401	0	Change/ Continuation	PI	3 3 6	<u>7 8 8 </u> _
	lon	<u>Crash Descrip</u>	tion		0=Non-Collision 1≃Rear End	2=Head On 3=Rear to Rear (Backing)	4=Angle 5=Sideswipe (Same Directio	6=Side: (Opp n) 7=Hit F	swipe posite Direction) ixed Object	8=Hit Pedestrian 9=Other/Unknown
	format	Relation to R	oadway		1=On Travel Lanes 2=Shoulder	3=Median 4=Roadslde	5=Outside Traffice 6=In Parking Land	ı •	(Ramp Intersect	ion)
15	Crash Int	<u>Illumination</u>			1=Daylight 2=Dark - No Street Lights	3=Dark - Street Lights 4=Dusk	5=Dawn 6=Dark - Unknow Roadway Lighti	8=Othe n ng	.	
	General (Weather Con	ditions		1=No Adverse Conditions 2≕Rain	3=Sleet (Hail) 4=Snow	5=Fog 6=Rain & Fog	7≃Siee 8≃Othe	t & Fog er	9≃Unknown
	ָל ט	Road Surface	Conditions		0=Dry 1=Wet	2=Sand, Mud, Di Oil 3=Snow Covered	irt, 4=Slush 5=ice		Patches er - Standing loving	B=Other
16	Event Information	Unit No 2 Please Put 3 Events in Sequential Order 4	Harm Event		Utility Pole Number Utility Pole Number		Harmful Events (Ham 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 2 07=Hit Deer 08=Hit Other Animal 09=Collision With Other Fixed Object 11=Struck By Unit 1 12=Struck By Unit 2 13=Struck By Unit 2 14=Struck By Unit 3 14=Struck By Unit 4 15=Struck By Unit 5 16=Struck By Unit 5 16=Struck By Other Index 21=Hit Tree Or Shrubk 22=Hit Embankment	nit er Non affic Unit	30=Hit Fence Or 31=Hit Building 32=Hit Culvert 33=Hit Bridge Pie 34=Hit Bridge Pie 35=Hit Bridge Ra 35=Hit Bridge Ra 35=Hit Hanger Ail 38=Hit Fire Hydra 38=Hit Roadway 40=Hit Mail Box 41=Hit Traffic Isk 42=Hit Snow Bar 43=Hit Other Fix 48=Hit Other Fix 48=Hit Unknown 50=Overturn/Roil	er Or Abutment nd it or Obstade ttenuator ent Equipment end nk y Construction ed Object I Fixed Object
	Unit(s) E	Please Put 3 Events in Sequential Order 4					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 Barrie 29=Hit Ditch Driver Action (D)		51=Struck By Thi Object 52=Pot Holes Or Pavement Im 53=Jacknife 54=Fire In Vehicl 58=Other Non-C 99=Unknown Ha 17=Careless Or I	own Or Falling Other egularities e olision umful Event
17		First U Harmful Event in the Grash		pest this inform	Most Unit No Harmful Event in the Crash ution on multiple pages	Harm Event	00±No Contributing A 01±Driver Was Distrac 02±Driving Using Hand 03±Driving Using Hand 04±Making Illegal U-T	ted d Held Phone ds Free Phone um	Backing On 1 18=Driving On T Side Of Road 19=Making Impo Entrance To	Roadway he Wrong f oper Highway
18		Environmenta Potential Fact 00=None 01=Windy Con 02=Sudden Wi 03=Other Wea 04=Deer In Ro. 05=Obstade O 06=Other Anim 07=Glare 08=Work Zone Possible Vehic	ors (E/R) ditions eather Condition adway n Roadway nal On Roadway Related	12= ons 13= is 14= is 15= 15= 29= 29= 99=	Slippery Road Condition Substance On Roadway Potholes Broken Or Cracked Pawers Soft Shoulder Or Should Other Roadway Factor Other Environmental Fa- Unknown	ement der Drop Off ctor	05=Improper/Careless 06=Turning from Wro 07=Proceeding W/O Clearance After St 08=Running Stop Sign 09=Running Red Light 10=Failure To Respont Other Traffic Cont 11=Tailgating 12=Sudden Slowing/S 13=Illegally Stopped C 14=Careless Passing O Change 15=Passing In No Pass	op Lane op of To of Device topping in Road ir Lane ing Zone	26=Driver Fleein 27=Driver Inexpe 28=Failure To Us 92=Affected By	ay cing/Unparking on At Curve Fast ns aintain Proper Speed g Police (Pol Chase)
	Contributing information	OO=None O1=Tares O2=Brake Syste O3=Steering Sy O4=Suspension O5=Power Trail Unit No	em 0 stem 0 1 1	6=Exhaust 7=Headligh 8=Signal Lir 9=Other Lig 0=Hom 1=Mirrors	is 14=Body, I phts 15=Trailer thts 16=Wheek 17=Airbag 18=Trailer 19=Unsect Trailer 20=Improp	s S Overloaded Ire/Shifted Load Ser Towing cted Windshield	16=Driving The Wrong 1-Way Street Unit	2	3 3 03=Working 04=Pushing Vehing 05=Approaching	Or Leaving Vehide
19		Indicated Print Do not repeat the multiple pages. E/R V	ne Factor s information on D P		Unit No Factor Co	de	Specified Location 02=Walking, Running, Or Playing	-	06=Working On 07=Standing 98=Other 99=Unknown Unit No	venice
		00	0 0	if Ty	EIR is the Prime Factor pe, leave Unit No blan	k	<u> </u>		Aut an	
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	WELD-ON RAMP BECKUSE DRAFFIC WAS HEAVY AND UNIT 2 WAS WELTER FUR UNIT 3 TO MERGE. OPR I LOSKED LEFT OUT OF UNIT I																								
1	WHIT WE THE UNITED TO MERGE. OPKI LOOKED CEPT ON OF UNITED WINDOW TO SEE IF HE COULD MERGE. CPRI LOOKED MHEAD OF HIM AND											~~)													
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Ļ	FOI	RM # AA-500	(12/02)							کـــ	·		OT CO	PY			<u> </u>				<u> </u>				

COMMONWEALTH OF PENNSYLVANIA New POLICE CRASH REPORTING FORM Page Police Use Only P11336788 Change/ **AA 500 N** HI 1706401 Continuation Narrative and additional witnesses: LISTERVIEWED AT HEALSHEY MED CTR 60/14/07 @ 1645 185. 22 HE SAID HE WAS DEIVING UP THE RAMP - HE LOOKEN OUT OF HIS HE SOID LEJAW IMMOON AT TRAFFIC IN AN AMENOT TO MERGE. HE WAS MOVING FORMARD HE SUN LE LANDON HIS MIRROR, LOUKED UP AND COULT a. APR 2 INTERVIEWED (AT SCENE) AND HER SHEY MEN AT 1700 URS. HE SAID HE SAW UNIT 3 STIMPED END OF RAMP - HE BEGAN TO SLAW DOWN + 5+710-TRAFFIC WAS HEAVY, HE NEVER SAW UNIT ! BEHIND, 4 GOT HIT. STERRED MRUND UNIT 3 AFTER. IMPACT AND THEN DAVIGHTER OUT OF THE GIPLIFRIEM AND BURNING CAR. GRE3 IMPRIVIEWED AT SCENE WILLIAM P HE SAID HE 15770 URS. BECAUSE TRAFFIC WAS DRIVE GOTS THE HIGHWAY COULD NOT HERVY AS OF LOLIGION, MEGAN REED WAS STILL IN LOUIGH VALLEY BURN CENTER, WITH ZO % BURNS. DUNCANNON FIRE DEOT. 4 EMS RESPONDED TO THE SCENE AND DID AN EXCELLENT JUB. MENS RELEASE PREMARED + JUBMITTED.

FORM & AA-600H (12002)

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

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September 29, 2008

Nikki Jackson Claim Administrator

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:

10/14/07

Subject Vehicle: 1995 Chevrolet Blazer VIN: 1GNCT18W4S2

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 IGNCT18W4S2

VIN:

GM Vehicle Inquiry System Summary

660038

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

Help

7	10110	11011452							
		VEHIC	LE IN	FORMATIO	N			••	
Merchandising Model :	СТІ	0516	•		Warran	ıty Sta	rt Date :	01/27/	1995
BARS Order Type:	0 - 1	LL ORDER TYPES (FO	OR WF	P USE)					
Delivering Dealer: BOB WEAVER CHEVROLET BUICK PONTIAC GMC 2174 W MARKET ST Selling Source:					e :	13 - CHEV	CHEVROLET		
	POT	TSVILLE, PA 17901-	1928		Site Cod	15724			
	(570) 622-7191		Business Associate Code :				113892	
Service Contract:	No	Branded Title:	No	Warranty	Block:	No	PDI St	atus : Paid	
		REQUIR	ED FI	ELD ACTIO	NS				•
Vehicle Has No Curro	nt Rec	ord Of Outstanding Ca	mpaig	វាន					
		SERVICE IN	FORM	IATIONAL I	TEMS				
Vehicle Has No Curre	nt Rec	ord Of Outstanding Ser	rvice I	nformation					•
.	(ON STAR AND XM SA	TELL	ITE RADIO	INFORM	ATIO	N		
Vehicle Has No Assoc	iated C	n Star or XM Radio In	forma	tion.					
		APPLICA	BLE	WARRANTI	ES				
	Doscri	ntion		Effective	Effectiv	ve	End Dat		End

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	Туре	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

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Webiele Hea No. Associated Cheels Weter of Comments.	
Vehicle Has No Associated Check History Information.	
<u> </u>	

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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

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VIN:			IGNO	T18W4S2		_								
				CLAIM H	IIS	TORY			<u>-</u>					
Repair Ord	ler Date	: 07	/10/2000	Repair Order Number :	0	092766 Odometer Reading :					45889 miles			
Serviced By:	TROUT PONTIA			ROLET BUICK	Selling Source: 13 - CHEVROLET					ЕТ				
	PO BOX		CG PA	17061-0100	Si	ite Code :			15680					
	(717) 69			7,001-0100	В	usiness A	ssociate	Code:	11390	9				
Cycle Date	Cycle Nbr	Case	Туре	Labor Operation		Pa	rt	Auth Code	Person Code	Line Total	Comments			
07/14/2000	82	01	#	V0358 - 1991-96 CV&GMC T- INSTL NEW VACUUM SWITCH,WIRING HARNESS	88880029 - SWITCH KI		N/A	\$ 73.00	N					
Repair Ord	er Date	: 12/	29/1999	Repair Order Number :	0	86928	Odome	ter Rea	ding:	•	42812 miles			
Serviced				ROLET BUICK	S	elling Sou	rce:		13 - C	HEVROL				
By:	PONTIA PO BOX	C 100			Si	ite Code :		<u>-</u>	15680	•				
	MILLEI (717) 69			17061-0100	В	usiness A	ssociate	Code:	11390	113909				
Cycle Date	Cycle Nbr	Case	Туре	Labor Operation	Part		Auth Code	Person Code	Line Total	Comments				
01/04/2000	27	01	#	T5535 - VCM REPROGRAM & LEGR FUNCTION TEST	R 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

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

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VIN	1GNCT18W4S2
1 ' •••	10.101102

VEHICLE BUILD

Merchandising Model:	CT10516		
Gross Vehicle Weight Rating:	2202 kg (4855 lb)	Order Number :	663QU6
Build Date :	01/03/1995	Build Plant :	1S216

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

AGI	AJI
AM7	AP9
AU0	AU3
AV5	AXP
А31	A78
B30	C25
C6I	C60
DAY	D112
DK6	D48
D55	E55
FE9	FK2
FK3	GU6
JM3	K34
L35	M30
NF2	NPI
NP5	N33
N40	N90
PNV	QBG
RSB	R71
	

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