



# COMMONWEALTH OF PENNSYLVANIA POLICE ACCIDENT REPORT

XX REFER TO OVERLAY SHEETS

REPORTABLE  NON-REPORTABLE

PENNDOT USE ONLY

POLICE INFORMATION				ACCIDENT LOCATION			
1. INCIDENT NUMBER		4. PATROL ZONE		20. COUNTY		CODE	
2. AGENCY NAME		BADGE NUMBER		21. MUNICIPALITY		CODE	
3. STATION/ PRECINCT		BADGE NUMBER		<b>PRINCIPAL ROADWAY INFORMATION</b>			
5. INVESTIGATOR		BADGE NUMBER		22. ROUTE NO. OR STREET NAME		24. TYPE HIGHWAY	
6. APPROVED BY		BADGE NUMBER		23. SPEED LIMIT		25. ACCESS CONTROL	
7. INVESTIGATION DATE		8. ARRIVAL TIME		<b>INTERSECTING ROAD:</b>			
<b>ACCIDENT INFORMATION</b>				26. ROUTE NO. OR STREET NAME		27. SPEED LIMIT	
9. ACCIDENT DATE		10. DAY OF WEEK		28. TYPE HIGHWAY		29. ACCESS CONTROL	
11. TIME OF DAY		12. NUMBER OF UNITS		<b>IF NOT AT INTERSECTION:</b>			
13. # KILLED		14. # INJURED		15. PRIV. PROP. ACCIDENT		30. CROSS STREET OR SEGMENT MARKER	
16. DID VEHICLE HAVE TO BE REMOVED FROM THE SCENE?		17. VEHICLE DAMAGE		31. DIRECTION FROM SITE		32. DISTANCE FROM SITE	
UNIT 1		UNIT 1		N S E W		FT. MI.	
Y <input type="checkbox"/> N <input type="checkbox"/>		0 - NONE 1 - LIGHT 2 - MODERATE 3 - SEVERE		UNIT 2		33. DISTANCE WAS	
Y <input type="checkbox"/> N <input type="checkbox"/>		UNIT 2		MEASURED <input type="checkbox"/>		ESTIMATED <input type="checkbox"/>	
18. HAZARDOUS MATERIALS		19. PENNDOT PROPERTY		34. CONSTRUCTION ZONE		35. TRAFFIC CONTROL DEVICE	
Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>		PRINCIPAL <input type="checkbox"/>	
<b>UNIT # 1</b>				<b>UNIT # 2</b>			
36. LEGALLY PARKED ?		37. REG. PLATE		38. STATE		36. LEGALLY PARKED ?	
Y <input type="checkbox"/> N <input type="checkbox"/>		38. STATE		37. REG. PLATE		38. STATE	
39. PA TITLE OR OUT-OF-STATE VIN		40. OWNER		39. PA TITLE OR OUT-OF-STATE VIN		40. OWNER	
41. OWNER ADDRESS		42. CITY, STATE & ZIPCODE		41. OWNER ADDRESS		42. CITY, STATE & ZIPCODE	
43. YEAR		44. MAKE		43. YEAR		44. MAKE	
45. MODEL - (NOT BODY TYPE)		46. INS.		45. MODEL - (NOT BODY TYPE)		46. INS.	
Y <input type="checkbox"/> N <input type="checkbox"/> UNK <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/> UNK <input type="checkbox"/>		47. BODY TYPE		48. SPECIAL USAGE	
47. BODY TYPE		48. SPECIAL USAGE		49. VEHICLE OWNERSHIP		50. INITIAL IMPACT POINT	
49. VEHICLE OWNERSHIP		50. INITIAL IMPACT POINT		51. VEHICLE STATUS		52. TRAVEL SPEED	
51. VEHICLE STATUS		52. TRAVEL SPEED		53. VEHICLE GRADIENT		54. DRIVER PRESENCE	
53. VEHICLE GRADIENT		54. DRIVER PRESENCE		55. DRIVER CONDITION		56. DRIVER NUMBER	
55. DRIVER CONDITION		56. DRIVER NUMBER		57. STATE		58. DRIVER NAME	
57. STATE		58. DRIVER NAME		59. DRIVER ADDRESS		60. CITY, STATE & ZIPCODE	
59. DRIVER ADDRESS		60. CITY, STATE & ZIPCODE		61. SEX		62. DATE OF BIRTH	
61. SEX		62. DATE OF BIRTH		63. PHONE		64. COMM. VEH. Y <input type="checkbox"/> N <input type="checkbox"/>	
63. PHONE		64. COMM. VEH. Y <input type="checkbox"/> N <input type="checkbox"/>		65. DRIVER CLASS		66. CARRIER	
65. DRIVER CLASS		66. CARRIER		67. CARRIER ADDRESS		68. CITY, STATE & ZIPCODE	
67. CARRIER		68. CITY, STATE & ZIPCODE		70. USDOT #		ICC #	
68. CITY, STATE & ZIPCODE		70. USDOT #		PUC #		72. VEH. CONFIG.	
70. USDOT #		PUC #		73. CARGO BODY TYPE		74. GVWR	
72. VEH. CONFIG.		73. CARGO BODY TYPE		74. GVWR		75. NO. OF AXLES	
73. CARGO BODY TYPE		74. GVWR		75. NO. OF AXLES		76. HAZ ARDOUS MATERIALS	
75. NO. OF AXLES		76. HAZ ARDOUS MATERIALS		77. RELEASE OF HAZMAT		78. HAZ ARDOUS MATERIALS	
76. HAZ ARDOUS MATERIALS		77. RELEASE OF HAZMAT		Y <input type="checkbox"/> N <input type="checkbox"/> UNK <input type="checkbox"/>		77. RELEASE OF HAZMAT	
77. RELEASE OF HAZMAT		Y <input type="checkbox"/> N <input type="checkbox"/> UNK <input type="checkbox"/>		78. HAZ ARDOUS MATERIALS		77. RELEASE OF HAZMAT	
78. HAZ ARDOUS MATERIALS		77. RELEASE OF HAZMAT		Y <input type="checkbox"/> N <input type="checkbox"/> UNK <input type="checkbox"/>		77. RELEASE OF HAZMAT	

78. RESPONDING EMS AGENCY  
 79. MEDICAL FACILITY  
 INCIDENT #:  
 ACCIDENT DATE:

80. PEOPLE INFORMATION							ADDRESS					H	I	J	K	L	M			
A	B	C	D	E	F	G	NAME													

81. ILLUMINATION  82. WEATHER   
 83. ROAD SURFACE

86. DIAGRAM

84. PENNSYLVANIA SCHOOL DISTRICT (IF APPLICABLE)

85. DESCRIPTION OF DAMAGED PROPERTY

OWNER

ADDRESS

PHONE

87. NARRATIVE - IDENTIFY PRECIPITATING EVENTS, CAUSATION FACTORS, SEQUENCE OF EVENTS, WITNESS STATEMENTS, AND PROVIDE ADDITIONAL DETAILS. LIKE INSURANCE INFORMATION AND LOCATION OF TOWED VEHICLES, IF KNOWN.

INSURANCE INFORMATION UNIT 1	COMPANY POLICY NO	INSURANCE INFORMATION UNIT 2	COMPANY POLICY NO	ADDRESS	PHONE
88. WITNESSES NAME		NAME		ADDRESS	PHONE
NAME		NAME		ADDRESS	PHONE

89. VIOLATIONS INDICATED	90. SECTION NUMBERS (ONLY IF CHARGED)	TC	NTC
UNIT 1		<input type="checkbox"/>	<input type="checkbox"/>
UNIT 2		<input type="checkbox"/>	<input type="checkbox"/>

91. PROBABLE USE	92. TYPE TEST	93. RESULTS <input type="checkbox"/> NO TEST <input type="checkbox"/> REFUSE <input type="checkbox"/> UNK	91. PROBABLE USE	92. TYPE TEST	93. RESULTS <input type="checkbox"/> NO TEST <input type="checkbox"/> REFUSE <input type="checkbox"/> UNK	94. INVESTIGATION COMPLETE ? YES <input type="checkbox"/> NO <input type="checkbox"/>
UNIT 1		0. ___ %	UNIT 2		0. ___ %	