



## **SURVIVAL FACTORS ATTACHMENT**

**Commonwealth of Pennsylvania Police Crash Report  
PA 2020-22463**

**Mount Pleasant, PA**

**HWY20MH002**

(26 pages)

Crash Involves:

- DUI   
  Fatality   
  Hit and Run   
  Commercial Vehicle   
  State Police Vehicle   
  Local Police Vehicle  
 N/A   
  Work Zone   
  ATV   
  Snowmobile   
  Commonwealth Vehicle   
  Local Gov Vehicle

Police Crash Report

REPORTABLE

Police Agency Data	Agency Name PA STATE POLICE - NEW STANTON			Case Closed NO	Patrol Zone T0906	Investigation Date 01/06/2020
	Dispatch Time 03:33 hrs.	Arrival Time 03:53 hrs.	Investigator LAIRD, MICHAEL	Badge Number 08938		
	Approval Date 03/04/2020		Reviewer KLEPSKY, SONDRAL	Reviewer Badge Number 00701		

Crash Data	Date of Crash 01/05/2020	Time of Crash 03:30 hrs.	Day of the Week SUNDAY	Crash Description HIT FIXED OBJECT	Secondary Crash NO		
	County WESTMORELAND			Municipality MOUNT PLEASANT TWP			
	Weather Conditions 1 SNOW		Weather Conditions 2		Relation to Roadway ROADSIDE		
	Illumination DARK-NO STREET LIGHTS			Road Surface Conditions WET			
	# of Units 001	# of People 061	# of Injured 060	# Killed 001	School Bus Related NO	School Zone Related NO	PennDOT Property Damaged NO
	Type of Intersection MIDBLOCK		Intersection Related NO		Special Location NOT APPLICABLE		

Work Zone	Work Zone NO	Work Zone Type	Where in Work Zone		Speed Limit	Officer Present	Workers Present	Worker Injured or Killed
	Worker 1 Unit #	Worker 2 Unit #	Worker 3 Unit #	Worker 4 Unit #	Work Zone Characteristics <input type="checkbox"/> Lane Closure <input type="checkbox"/> Road Closed with Detour <input type="checkbox"/> Work on Shoulder or Median <input type="checkbox"/> Intermittent or Moving Work <input type="checkbox"/> Flagger Control <input type="checkbox"/> Other			

Principal Road	Route Signing TURNPIKE (EAST/WEST)			Route Number 6000	Segment Number 0000	Travel Lanes 02	Speed Limit 70 MPH	Orientation WEST
	House Number			Street Name I70			St. Ending PIKE	

Intersecting Rd.	Used in Intersection Crashes	Route Signing			Route Number	Segment Number	Travel Lanes	Speed Limit	Orientation
		Street Name			St. Ending				

Distance From Landmark Used for Mid-Block Crashes	Landmark 1	Route Number	Or Mile Post	Tenths	Delimiting Road Type	Ramp Use Only	Feet 05255		
		Street Name FREEMAN FALLS				Street Ending ROAD		Or Miles	Tenths
	Landmark 2	Route Number	Or Mile Post	Tenths	Delimiting Road Type	Ramp Use Only	The above entry is the distance from the Crash Scene to Landmark 1		
		Street Name				Street Ending			

GPS	Latitude:	Degrees 40	Minutes 09	Seconds 19	Decimal 390	Longitude:	Degrees 79	Minutes 26	Seconds 08	Decimal 230
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TCD	Traffic Control Device NOT APPLICABLE	Traffic Control Functioning NO CONTROLS
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Lane	Lane Closed FULLY	Lane Closure Direction EAST AND WEST	Traffic Detoured YES	Roadway Cleared 18:30 Hrs
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Event Information	Environmental / Roadway Potential Factors (E/R)				
	Factor 1 NONE		Factor 2		Factor 3
	First Harmful Event in the Crash			Most Harmful Event in the Crash	
	Unit # 001	Harmful Event HIT EMBANKMENT		Unit # 001	Harmful Event HIT CONCRETE TRAFFIC BARRIER
	Indicated Prime Factor DRIVER ACTION		Unit Number 001	Prime Factor Driver Action DRIVING TOO FAST FOR CONDITIONS	
	Prime Factor Environmental/Roadway		Prime Factor Vehicle Failure		Prime Factor Pedestrian Action
Road Surface Type BLACKTOP			Special Jurisdiction NO SPECIAL JURISDICTION		

Police Crash Report

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- State Police Vehicle
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- Work Zone
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Driver/Pedestrian Information	Unit Number <b>1</b>	Type Unit <b>Motor Vehicle in Transport</b>	Commercial Vehicle <b>Yes</b>	Primary Violation			Charged
	First Name <b>SHUANGQING</b>		MI	Last Name <b>FENG</b>		Suffix	DOB [REDACTED]
	Street Address [REDACTED]			City <b>FLUSHING</b>		State <b>NY</b>	Zip Code <b>11367</b>
	Gender <b>M</b>	License Number [REDACTED]	License State <b>NY</b>	Class <b>A</b>	Expiration Date <b>2023</b>	Owner/Driver <b>PRIVATE VEHICLE NOT OWNED/LEASED BY DRIVER</b>	
	Driver Presence <b>DRIVER OPERATED VEHICLE</b>		Physical Condition <b>UNKNOWN</b>		Alcohol/Drugs Suspected <b>UNKNOWN</b>		Alcohol Test Type <b>BLOOD</b>
	Alcohol Test Results <b>RESULTS PENDING</b>		Violation 1 <b>3351 DRIVING VEHICLE AT SAFE SPEED</b>		Charged <b>N</b>	Violation 2	
	Violation 3		Violation 4		Charged	Charged	
	Drug Test Type <b>BLOOD</b>		Drug Test Results 1			Drug Test Results 2	
	Drug Test Results 3			Drug Test Results 4			
	Driver Action <b>DRIVING TOO FAST FOR CONDITIONS; UNKNOWN</b>						
	Pedestrian Action			Pedestrian Signals		Pedestrian Clothing	Pedestrian Location
	1st Harmful Event <b>HIT EMBANKMENT</b>				Left or Right Side <b>RIGHT SIDE OF ROAD</b>		Most Harmful <b>NO</b>
	2nd Harmful Event <b>HIT EMBANKMENT</b>				Left or Right Side <b>RIGHT SIDE OF ROAD</b>		Most Harmful <b>NO</b>
	3rd Harmful Event <b>OVERTURN/ROLL OVER</b>				Left or Right Side		Most Harmful <b>NO</b>
	4th Harmful Event <b>HIT CONCRETE TRAFFIC BARRIER</b>				Left or Right Side <b>LEFT SIDE OF ROAD</b>		Most Harmful <b>YES</b>
Owner First Name		Owner MI	Owner Last Name or Business Name <b>Z&amp;D TOUR INC</b>			Suffix	
Street Address <b>350 US HWY 46 SUITE 131</b>			City <b>ROCKAWAY</b>		State <b>NJ</b>	Zip Code <b>07866</b>	
Vehicle Type <b>BUS</b>		Vehicle Automation <b>NO AUTOMATION</b>		Special Usage <b>NOT APPLICABLE</b>		Government Equipment Number	
Model Year <b>2005</b>	Vehicle Make <b>VAN HOOL BUSES</b>	Vehicle Model <b>C2045</b>		Vehicle Color <b>WHITE</b>		VIN <b>YE2CC16BX52046617</b>	
License Plate <b>AT656H</b>	Reg. State <b>NJ</b>	Est. Speed <b>999</b>	Vehicle Towed <b>YES</b>	Towed By <b>HERRING MOTORS</b>			
Insurance <b>YES</b>	Insurance Company <b>NATIONAL CONTINENTAL INS. CO</b>			Policy Number [REDACTED]		Expiration Date <b>05/09/2020</b>	
Direction of Travel <b>WEST</b>	Vehicle Position <b>UNKNOWN</b>		Vehicle Movement <b>NEGOTIATING CURVE - LEFT</b>			Initial Impact Point <b>1 O'CLOCK</b>	
Damage Indicator <b>UNKNOWN</b>	Gradient <b>DOWNHILL</b>		Road Alignment <b>CURVED LEFT</b>		Possible Vehicle Failures <b>NONE</b>		
Vehicle Information	# of Units <b>0</b>	Type Unit 1	Tag Number		Tag Year	Tag State	
	Unit Make			Unit Owner			
	Type Unit 2	Tag Number		Tag Year	Tag State		
	Unit Make			Unit Owner			
Motorcycle	Engine Size cc	Passenger?		Saddle Bag/Trunk?		Trailer?	
	Driver Helmet Type		Helmet Stayed On?	DOT/Snell Designation?		Eye Protection?	
	Passenger Helmet Type		Helmet Stayed On?	DOT/Snell Designation?		Eye Protection?	
Pedalcycle	Passenger?			Helmet?			
	Head Lights?			Rear Reflectors?			

Commonwealth of Pennsylvania  
Police Crash Report

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  Fatality   
  Hit and Run   
  Commercial Vehicle   
  State Police Vehicle   
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 N/A   
  Work Zone   
  ATV   
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REPORTABLE

Commercial Vehicle	Unit Number 1	Number of Axles 03	Carrier Name Z&D TOUR INC.	Phone Number 6467083019
	Street Address 350 US HWY 46 SUITE 131		City ROCKAWAY	State NJ
	Zip Code 07866		GVWR 050700	
	Cargo Body Type BUS	Vehicle Configuration TRANSIT BUS		
	Oversize Load UNKNOW	USDOT Number 02313334	PUC Number	Hazardous Materials
	HazMat Class 1		Release Indicator 1	
	HazMat Class 2		Release Indicator 2	
	HazMat Class 3		Release Indicator 3	
HazMat Class 4		Release Indicator 4		

Fatality	Unit # 1	Driver Restrictions Compliance NOT A PENNSYLVANIA DRIVER	Driver Endorsement Compliance NOT A PENNSYLVANIA DRIVER	Driver License Compliance NOT A PENNSYLVANIA DRIVER
	Principal Impact Point UNKNOWN		Avoidance Maneuver UNKNOWN	Under Ride Indicator NO UNDERRIDE OR OVERRIDE
	Emergency Use NOT IN EMERGENCY USE			

People Information	Unit # 001	Person No. 001	First Name SHUANGQING	MI	Last Name FENG	Suffix	DOB [REDACTED]	
	Street Address [REDACTED]			City FLUSHING		State NY	Zip Code 11367	
	Phone Number [REDACTED]		EMS Transport NOT TRANSPORTED	Person Type DRIVER		Gender M	Injury Severity FATAL INJURY	
	EMS Agency			Medical Facility NONE				
	Seat Position DRIVER - ALL VEHICLES			Safety Equipment 1 NONE USED / NOT APPLICABLE		Safety Equipment 2 NONE USED / NOT APPLICABLE		
	Extrication NOT EXTRICATED		Ejection TOTALLY EJECTED		Ejection Path UNKNOWN			
	Airbag							

People Information	Unit # 001	Person No. 002	First Name EILEEN	MI Z	Last Name ARIA	Suffix	DOB [REDACTED]	
	Street Address [REDACTED]			City BRONX		State NY	Zip Code 10461	
	Phone Number [REDACTED]		EMS Transport NOT TRANSPORTED	Person Type PASSENGER		Gender F	Injury Severity INJURY, UNKNOWN SEVERITY	
	EMS Agency			Medical Facility NONE				
	Seat Position BUS PASSENGER			Safety Equipment 1 NONE USED / NOT APPLICABLE		Safety Equipment 2 NONE USED / NOT APPLICABLE		
	Extrication NOT EXTRICATED		Ejection UNKNOWN		Ejection Path UNKNOWN			
	Airbag NOT APPLICABLE							

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REPORTABLE

People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	003	JAREMY		VAZQUEZ		[REDACTED]
	Street Address				City	State	Zip Code
	[REDACTED]				BROOKLYN	NY	11235
	Phone Number	EMS Transport		Person Type	Gender	Injury Severity	
	[REDACTED]	NOT TRANSPORTED		PASSENGER	F	INJURY, UNKNOWN SEVERITY	
	EMS Agency			Medical Facility			
	[REDACTED]			NONE			
Seat Position			Safety Equipment 1		Safety Equipment 2		
BUS PASSENGER			NONE USED / NOT APPLICABLE		NONE USED / NOT APPLICABLE		
Extrication		Ejection		Ejection Path			
NOT EXTRICATED		UNKNOWN		UNKNOWN			
Airbag							
NOT APPLICABLE							

People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	004	AISSATOU		BARRY		99/99/9999
	Street Address				City	State	Zip Code
	UNKNOWN				UNKNOWN	ZZ	
	Phone Number	EMS Transport		Person Type	Gender	Injury Severity	
	[REDACTED]	TRANSPORTED		PASSENGER	M	INJURY, UNKNOWN SEVERITY	
	EMS Agency			Medical Facility			
	MUTUAL AID AMBULANCE SVC			UPMC SOMERSET			
Seat Position			Safety Equipment 1		Safety Equipment 2		
BUS PASSENGER			NONE USED / NOT APPLICABLE		NONE USED / NOT APPLICABLE		
Extrication		Ejection		Ejection Path			
NOT EXTRICATED		NOT EJECTED		NOT EJECTED/NOT APPLICABLE			
Airbag							
NOT APPLICABLE							

People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	005	LAMAR		BRADY		[REDACTED]
	Street Address				City	State	Zip Code
	[REDACTED]				COLUMBUS	OH	43219
	Phone Number	EMS Transport		Person Type	Gender	Injury Severity	
	[REDACTED]	TRANSPORTED		PASSENGER	M	INJURY, UNKNOWN SEVERITY	
	EMS Agency			Medical Facility			
	MUTUAL AID AMBULANCE SVC			UPMC SOMERSET			
Seat Position			Safety Equipment 1		Safety Equipment 2		
BUS PASSENGER			NONE USED / NOT APPLICABLE		NONE USED / NOT APPLICABLE		
Extrication		Ejection		Ejection Path			
NOT EXTRICATED		NOT EJECTED		NOT EJECTED/NOT APPLICABLE			
Airbag							
NOT APPLICABLE							

People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	006	BINTOU		DIALLO		99/99/9999
	Street Address				City	State	Zip Code
	UNKNOWN				UNKNOWN	ZZ	
	Phone Number	EMS Transport		Person Type	Gender	Injury Severity	
	[REDACTED]	TRANSPORTED		PASSENGER	M	INJURY, UNKNOWN SEVERITY	
	EMS Agency			Medical Facility			
	MUTUAL AID AMBULANCE SVC			UPMC SOMERSET			
Seat Position			Safety Equipment 1		Safety Equipment 2		
BUS PASSENGER			NONE USED / NOT APPLICABLE		NONE USED / NOT APPLICABLE		
Extrication		Ejection		Ejection Path			
NOT EXTRICATED		NOT EJECTED		NOT EJECTED/NOT APPLICABLE			
Airbag							
NOT APPLICABLE							

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REPORTABLE

People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	007	MOUHAMAD		DIALLO		99/99/9999
	Street Address			City		State	Zip Code
	UNKNOWN			UNKNOWN		ZZ	
	Phone Number	EMS Transport		Person Type	Gender	Injury Severity	
		TRANSPORTED		PASSENGER	M	INJURY, UNKNOWN SEVERITY	
	EMS Agency			Medical Facility			
	MUTUAL AID AMBULANCE SVC			UPMC SOMERSET			
Seat Position			Safety Equipment 1		Safety Equipment 2		
BUS PASSENGER			NONE USED / NOT APPLICABLE		NONE USED / NOT APPLICABLE		
Extrication		Ejection		Ejection Path			
NOT EXTRICATED		NOT EJECTED		NOT EJECTED/NOT APPLICABLE			
Airbag							
NOT APPLICABLE							

People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	008	AWA		DICKO		99/99/9999
	Street Address			City		State	Zip Code
	UNKNOWN			UNKNOWN		ZZ	
	Phone Number	EMS Transport		Person Type	Gender	Injury Severity	
		TRANSPORTED		PASSENGER	U	INJURY, UNKNOWN SEVERITY	
	EMS Agency			Medical Facility			
	MUTUAL AID AMBULANCE SVC			UPMC SOMERSET			
Seat Position			Safety Equipment 1		Safety Equipment 2		
BUS PASSENGER			NONE USED / NOT APPLICABLE		NONE USED / NOT APPLICABLE		
Extrication		Ejection		Ejection Path			
NOT EXTRICATED		NOT EJECTED		NOT EJECTED/NOT APPLICABLE			
Airbag							
NOT APPLICABLE							

People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	009	CHEIKNE		DICKO		99/99/9999
	Street Address			City		State	Zip Code
	UNKNOWN			UNKNOWN		ZZ	
	Phone Number	EMS Transport		Person Type	Gender	Injury Severity	
		TRANSPORTED		PASSENGER	U	INJURY, UNKNOWN SEVERITY	
	EMS Agency			Medical Facility			
	MUTUAL AID AMBULANCE SVC			UPMC SOMERSET			
Seat Position			Safety Equipment 1		Safety Equipment 2		
BUS PASSENGER			NONE USED / NOT APPLICABLE		NONE USED / NOT APPLICABLE		
Extrication		Ejection		Ejection Path			
NOT EXTRICATED		NOT EJECTED		NOT EJECTED/NOT APPLICABLE			
Airbag							
NOT APPLICABLE							

People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	010	ALEXIS		HUMBLE		99/99/9999
	Street Address			City		State	Zip Code
	UNKNOWN			UNKNOWN		ZZ	
	Phone Number	EMS Transport		Person Type	Gender	Injury Severity	
		TRANSPORTED		PASSENGER	F	INJURY, UNKNOWN SEVERITY	
	EMS Agency			Medical Facility			
	MUTUAL AID AMBULANCE SVC			UPMC SOMERSET			
Seat Position			Safety Equipment 1		Safety Equipment 2		
BUS PASSENGER			NONE USED / NOT APPLICABLE		NONE USED / NOT APPLICABLE		
Extrication		Ejection		Ejection Path			
NOT EXTRICATED		NOT EJECTED		NOT EJECTED/NOT APPLICABLE			
Airbag							
NOT APPLICABLE							

CAD/CASE Number: PA 2020-22463

Police Crash Report

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- ATV
- Snowmobile
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Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
001	011	AMAD		HUSSAIN		[REDACTED]
Street Address			City		State	Zip Code
[REDACTED]			FLUSHING		NY	11355
Phone Number		EMS Transport	Person Type		Gender	Injury Severity
[REDACTED]		TRANSPORTED	PASSENGER		M	INJURY, UNKNOWN SEVERITY
EMS Agency			Medical Facility			
MUTUAL AID AMBULANCE SVC			UPMC SOMERSET			
Seat Position			Safety Equipment 1		Safety Equipment 2	
BUS PASSENGER			NONE USED / NOT APPLICABLE		NONE USED / NOT APPLICABLE	
Extrication		Ejection		Ejection Path		
NOT EXTRICATED		NOT EJECTED		NOT EJECTED/NOT APPLICABLE		
Airbag						
NOT APPLICABLE						

Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
001	012	ZOKIR		KHIDROV		[REDACTED]
Street Address			City		State	Zip Code
[REDACTED]			BROOKLYN		NY	11204
Phone Number		EMS Transport	Person Type		Gender	Injury Severity
[REDACTED]		TRANSPORTED	PASSENGER		M	INJURY, UNKNOWN SEVERITY
EMS Agency			Medical Facility			
MUTUAL AID AMBULANCE SVC			UPMC SOMERSET			
Seat Position			Safety Equipment 1		Safety Equipment 2	
BUS PASSENGER			NONE USED / NOT APPLICABLE		NONE USED / NOT APPLICABLE	
Extrication		Ejection		Ejection Path		
NOT EXTRICATED		NOT EJECTED		NOT EJECTED/NOT APPLICABLE		
Airbag						
NOT APPLICABLE						

Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
001	013	NEMAT		MITANBOEV		[REDACTED]
Street Address			City		State	Zip Code
[REDACTED]			BROOKLYN		NY	11204
Phone Number		EMS Transport	Person Type		Gender	Injury Severity
[REDACTED]		TRANSPORTED	PASSENGER		M	INJURY, UNKNOWN SEVERITY
EMS Agency			Medical Facility			
MUTUAL AID AMBULANCE SVC			UPMC SOMERSET			
Seat Position			Safety Equipment 1		Safety Equipment 2	
BUS PASSENGER			NONE USED / NOT APPLICABLE		NONE USED / NOT APPLICABLE	
Extrication		Ejection		Ejection Path		
NOT EXTRICATED		NOT EJECTED		NOT EJECTED/NOT APPLICABLE		
Airbag						
NOT APPLICABLE						

Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
001	014	EMELY	S	RODRIGUEZ		99/99/9999
Street Address			City		State	Zip Code
UNKNOWN			UNKNOWN		ZZ	
Phone Number		EMS Transport	Person Type		Gender	Injury Severity
[REDACTED]		TRANSPORTED	PASSENGER		F	INJURY, UNKNOWN SEVERITY
EMS Agency			Medical Facility			
MUTUAL AID AMBULANCE SVC			UPMC SOMERSET			
Seat Position			Safety Equipment 1		Safety Equipment 2	
BUS PASSENGER			NONE USED / NOT APPLICABLE		NONE USED / NOT APPLICABLE	
Extrication		Ejection		Ejection Path		
NOT EXTRICATED		NOT EJECTED		NOT EJECTED/NOT APPLICABLE		
Airbag						
NOT APPLICABLE						

## Police Crash Report

Crash Involves:

DUI     Fatality     Hit and Run     Commercial Vehicle     State Police Vehicle     Local Police Vehicle  
 N/A     Work Zone     ATV     Snowmobile     Commonwealth Vehicle     Local Gov Vehicle

REPORTABLE

People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	015	FAISAL		SEKOU		99/99/9999
	Street Address			City		State	Zip Code
	UNKNOWN			UNKNOWN		ZZ	
	Phone Number	EMS Transport		Person Type		Gender	Injury Severity
		TRANSPORTED		PASSENGER		U	INJURY, UNKNOWN SEVERITY
	EMS Agency			Medical Facility			
	MUTUAL AID AMBULANCE SVC			UPMC SOMERSET			
Seat Position			Safety Equipment 1		Safety Equipment 2		
BUS PASSENGER			NONE USED / NOT APPLICABLE		NONE USED / NOT APPLICABLE		
Extrication		Ejection		Ejection Path			
NOT EXTRICATED		NOT EJECTED		NOT EJECTED/NOT APPLICABLE			
Airbag							
NOT APPLICABLE							

People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	016	WILSON		TANG		99/99/9999
	Street Address			City		State	Zip Code
				BROOKLYN		NY	11214
	Phone Number	EMS Transport		Person Type		Gender	Injury Severity
		TRANSPORTED		PASSENGER		M	INJURY, UNKNOWN SEVERITY
	EMS Agency			Medical Facility			
	MUTUAL AID AMBULANCE SVC			UPMC SOMERSET			
Seat Position			Safety Equipment 1		Safety Equipment 2		
BUS PASSENGER			NONE USED / NOT APPLICABLE		NONE USED / NOT APPLICABLE		
Extrication		Ejection		Ejection Path			
NOT EXTRICATED		NOT EJECTED		NOT EJECTED/NOT APPLICABLE			
Airbag							
NOT APPLICABLE							

People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	017	EDELIN		VELEZ		99/99/9999
	Street Address			City		State	Zip Code
	UNKNOWN			UNKNOWN		ZZ	
	Phone Number	EMS Transport		Person Type		Gender	Injury Severity
		TRANSPORTED		PASSENGER		U	INJURY, UNKNOWN SEVERITY
	EMS Agency			Medical Facility			
	MUTUAL AID AMBULANCE SVC			UPMC SOMERSET			
Seat Position			Safety Equipment 1		Safety Equipment 2		
BUS PASSENGER			NONE USED / NOT APPLICABLE		NONE USED / NOT APPLICABLE		
Extrication		Ejection		Ejection Path			
NOT EXTRICATED		NOT EJECTED		NOT EJECTED/NOT APPLICABLE			
Airbag							
NOT APPLICABLE							

People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	018	MINXIU		JIANG		
	Street Address			City		State	Zip Code
				STATEN ISLAND		NY	10310
	Phone Number	EMS Transport		Person Type		Gender	Injury Severity
		TRANSPORTED		PASSENGER		F	INJURY, UNKNOWN SEVERITY
	EMS Agency			Medical Facility			
	MUTUAL AID AMBULANCE SVC			UPMC PRESBYTERIAN HOSPITAL			
Seat Position			Safety Equipment 1		Safety Equipment 2		
BUS PASSENGER			NONE USED / NOT APPLICABLE		NONE USED / NOT APPLICABLE		
Extrication		Ejection		Ejection Path			
NOT EXTRICATED		NOT EJECTED		NOT EJECTED/NOT APPLICABLE			
Airbag							
NOT APPLICABLE							



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REPORTABLE

Crash Involves:

- DUI
- Fatality
- Hit and Run
- Commercial Vehicle
- State Police Vehicle
- Local Police Vehicle
- N/A
- Work Zone
- ATV
- Snowmobile
- Commonwealth Vehicle
- Local Gov Vehicle

People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	019	EDVINAS		PAVLIUKOIT		
	Street Address				City	State	Zip Code
	UNKNOWN				UNKNOWN	ZZ	
	Phone Number	EMS Transport		Person Type	Gender	Injury Severity	
		TRANSPORTED		PASSENGER	M	INJURY, UNKNOWN SEVERITY	
	EMS Agency			Medical Facility			
	MUTUAL AID AMBULANCE SVC			UPMC PRESBYTERIAN HOSPITAL			
Seat Position			Safety Equipment 1		Safety Equipment 2		
BUS PASSENGER			NONE USED / NOT APPLICABLE		NONE USED / NOT APPLICABLE		
Extrication		Ejection		Ejection Path			
NOT EXTRICATED		NOT EJECTED		NOT EJECTED/NOT APPLICABLE			
Airbag							
NOT APPLICABLE							

People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	020	CHENGYING		LIN		
	Street Address				City	State	Zip Code
					ATHENS	OH	45701
	Phone Number	EMS Transport		Person Type	Gender	Injury Severity	
		TRANSPORTED		PASSENGER	F	INJURY, UNKNOWN SEVERITY	
	EMS Agency			Medical Facility			
	MUTUAL AID AMBULANCE SVC			UPMC PRESBYTERIAN HOSPITAL			
Seat Position			Safety Equipment 1		Safety Equipment 2		
BUS PASSENGER			NONE USED / NOT APPLICABLE		NONE USED / NOT APPLICABLE		
Extrication		Ejection		Ejection Path			
NOT EXTRICATED		NOT EJECTED		NOT EJECTED/NOT APPLICABLE			
Airbag							
NOT APPLICABLE							

People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	021					
	Street Address				City	State	Zip Code
					ATHENS	OH	45701
	Phone Number	EMS Transport		Person Type	Gender	Injury Severity	
		TRANSPORTED		PASSENGER	F	INJURY, UNKNOWN SEVERITY	
	EMS Agency			Medical Facility			
	MUTUAL AID AMBULANCE SVC			FRICK HOSPITAL			
Seat Position			Safety Equipment 1		Safety Equipment 2		
BUS PASSENGER			NONE USED / NOT APPLICABLE		NONE USED / NOT APPLICABLE		
Extrication		Ejection		Ejection Path			
NOT EXTRICATED		NOT EJECTED		NOT EJECTED/NOT APPLICABLE			
Airbag							
NOT APPLICABLE							

People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	022	ZEYMABOU		DIENG		
	Street Address				City	State	Zip Code
					COLUMBUS	OH	43232
	Phone Number	EMS Transport		Person Type	Gender	Injury Severity	
		TRANSPORTED		PASSENGER	F	INJURY, UNKNOWN SEVERITY	
	EMS Agency			Medical Facility			
	MUTUAL AID AMBULANCE SVC			FRICK HOSPITAL			
Seat Position			Safety Equipment 1		Safety Equipment 2		
BUS PASSENGER			NONE USED / NOT APPLICABLE		NONE USED / NOT APPLICABLE		
Extrication		Ejection		Ejection Path			
NOT EXTRICATED		NOT EJECTED		NOT EJECTED/NOT APPLICABLE			
Airbag							
NOT APPLICABLE							

## Police Crash Report

Crash Involves:

DUI     Fatality     Hit and Run     Commercial Vehicle     State Police Vehicle     Local Police Vehicle  
 N/A     Work Zone     ATV     Snowmobile     Commonwealth Vehicle     Local Gov Vehicle

REPORTABLE

People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	023	SERINGUE		NDIAYE		99/99/9999
	Street Address			City		State	Zip Code
	UNKNOWN			UNKNOWN		ZZ	
	Phone Number	EMS Transport		Person Type		Gender	Injury Severity
		TRANSPORTED		PASSENGER		U	INJURY, UNKNOWN SEVERITY
	EMS Agency			Medical Facility			
	MUTUAL AID AMBULANCE SVC			FRICK HOSPITAL			
Seat Position			Safety Equipment 1		Safety Equipment 2		
BUS PASSENGER			NONE USED / NOT APPLICABLE		NONE USED / NOT APPLICABLE		
Extrication		Ejection		Ejection Path			
NOT EXTRICATED		NOT EJECTED		NOT EJECTED/NOT APPLICABLE			
Airbag							
NOT APPLICABLE							

People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	024	SHENYUE		CAO		99/99/9999
	Street Address			City		State	Zip Code
	UNKNOWN			UNKNOWN		ZZ	
	Phone Number	EMS Transport		Person Type		Gender	Injury Severity
		TRANSPORTED		PASSENGER		U	INJURY, UNKNOWN SEVERITY
	EMS Agency			Medical Facility			
	MUTUAL AID AMBULANCE SVC			FRICK HOSPITAL			
Seat Position			Safety Equipment 1		Safety Equipment 2		
BUS PASSENGER			NONE USED / NOT APPLICABLE		NONE USED / NOT APPLICABLE		
Extrication		Ejection		Ejection Path			
NOT EXTRICATED		NOT EJECTED		NOT EJECTED/NOT APPLICABLE			
Airbag							
NOT APPLICABLE							

People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	025	ZEWEI		LI		
	Street Address			City		State	Zip Code
				COLUMBUS		OH	43202
	Phone Number	EMS Transport		Person Type		Gender	Injury Severity
		TRANSPORTED		PASSENGER		F	INJURY, UNKNOWN SEVERITY
	EMS Agency			Medical Facility			
	MUTUAL AID AMBULANCE SVC			FRICK HOSPITAL			
Seat Position			Safety Equipment 1		Safety Equipment 2		
BUS PASSENGER			NONE USED / NOT APPLICABLE		NONE USED / NOT APPLICABLE		
Extrication		Ejection		Ejection Path			
NOT EXTRICATED		NOT EJECTED		NOT EJECTED/NOT APPLICABLE			
Airbag							
NOT APPLICABLE							

People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	026	LEON		GAY		
	Street Address			City		State	Zip Code
				GROVE CITY		OH	43123
	Phone Number	EMS Transport		Person Type		Gender	Injury Severity
		TRANSPORTED		PASSENGER		M	INJURY, UNKNOWN SEVERITY
	EMS Agency			Medical Facility			
	MUTUAL AID AMBULANCE SVC			FRICK HOSPITAL			
Seat Position			Safety Equipment 1		Safety Equipment 2		
BUS PASSENGER			NONE USED / NOT APPLICABLE		NONE USED / NOT APPLICABLE		
Extrication		Ejection		Ejection Path			
NOT EXTRICATED		NOT EJECTED		NOT EJECTED/NOT APPLICABLE			
Airbag							
NOT APPLICABLE							

Police Crash Report

REPORTABLE

Crash Involves:

- DUI
- Fatality
- Hit and Run
- Commercial Vehicle
- State Police Vehicle
- Local Police Vehicle
- NIA
- Work Zone
- ATV
- Snowmobile
- Commonwealth Vehicle
- Local Gov Vehicle

People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	027	WEI	H	HUANG		
	Street Address				City	State	Zip Code
					NEW YORK	NY	10002
	Phone Number	EMS Transport		Person Type	Gender	Injury Severity	
		TRANSPORTED		PASSENGER	M	INJURY, UNKNOWN SEVERITY	
	EMS Agency			Medical Facility			
	MUTUAL AID AMBULANCE SVC			FRICK HOSPITAL			
Seat Position			Safety Equipment 1		Safety Equipment 2		
BUS PASSENGER			NONE USED / NOT APPLICABLE		NONE USED / NOT APPLICABLE		
Extrication			Ejection		Ejection Path		
NOT EXTRICATED			NOT EJECTED		NOT EJECTED/NOT APPLICABLE		
Airbag							
NOT APPLICABLE							

People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	028	DENNIS		ANANE		
	Street Address				City	State	Zip Code
					BRONX	NY	10452
	Phone Number	EMS Transport		Person Type	Gender	Injury Severity	
		TRANSPORTED		PASSENGER	M	INJURY, UNKNOWN SEVERITY	
	EMS Agency			Medical Facility			
	MUTUAL AID AMBULANCE SVC			FRICK HOSPITAL			
Seat Position			Safety Equipment 1		Safety Equipment 2		
BUS PASSENGER			NONE USED / NOT APPLICABLE		NONE USED / NOT APPLICABLE		
Extrication			Ejection		Ejection Path		
NOT EXTRICATED			NOT EJECTED		NOT EJECTED/NOT APPLICABLE		
Airbag							
NOT APPLICABLE							

People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	029	REEM		BURHAM		
	Street Address				City	State	Zip Code
					COLUMBUS	OH	43235
	Phone Number	EMS Transport		Person Type	Gender	Injury Severity	
		TRANSPORTED		PASSENGER	M	INJURY, UNKNOWN SEVERITY	
	EMS Agency			Medical Facility			
	MUTUAL AID AMBULANCE SVC			FRICK HOSPITAL			
Seat Position			Safety Equipment 1		Safety Equipment 2		
BUS PASSENGER			NONE USED / NOT APPLICABLE		NONE USED / NOT APPLICABLE		
Extrication			Ejection		Ejection Path		
NOT EXTRICATED			NOT EJECTED		NOT EJECTED/NOT APPLICABLE		
Airbag							
NOT APPLICABLE							

People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	030					
	Street Address				City	State	Zip Code
					COLUMBUS	OH	43235
	Phone Number	EMS Transport		Person Type	Gender	Injury Severity	
		TRANSPORTED		PASSENGER	F	INJURY, UNKNOWN SEVERITY	
	EMS Agency			Medical Facility			
	MUTUAL AID AMBULANCE SVC			FRICK HOSPITAL			
Seat Position			Safety Equipment 1		Safety Equipment 2		
BUS PASSENGER			NONE USED / NOT APPLICABLE		NONE USED / NOT APPLICABLE		
Extrication			Ejection		Ejection Path		
NOT EXTRICATED			NOT EJECTED		NOT EJECTED/NOT APPLICABLE		
Airbag							
NOT APPLICABLE							

CAD/CASE Number: PA 2020-22463

Police Crash Report

REPORTABLE

Crash Involves:

- DUI
- Fatality
- Hit and Run
- Commercial Vehicle
- State Police Vehicle
- Local Police Vehicle
- N/A
- Work Zone
- ATV
- Snowmobile
- Commonwealth Vehicle
- Local Gov Vehicle

People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	031	[REDACTED]		[REDACTED]		[REDACTED]
	Street Address			City		State	Zip Code
	[REDACTED]			COLUMBUS		OH	43235
	Phone Number	EMS Transport		Person Type		Gender	Injury Severity
	[REDACTED]	TRANSPORTED		PASSENGER		M	INJURY, UNKNOWN SEVERITY
	EMS Agency			Medical Facility			
MUTUAL AID AMBULANCE SVC			FRICK HOSPITAL				
Seat Position		Safety Equipment 1		Safety Equipment 2			
BUS PASSENGER		NONE USED / NOT APPLICABLE		NONE USED / NOT APPLICABLE			
Extrication		Ejection		Ejection Path			
NOT EXTRICATED		NOT EJECTED		NOT EJECTED/NOT APPLICABLE			
Airbag							
NOT APPLICABLE							

People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	032	[REDACTED]		[REDACTED]		[REDACTED]
	Street Address			City		State	Zip Code
	[REDACTED]			COLUMBUS		OH	43235
	Phone Number	EMS Transport		Person Type		Gender	Injury Severity
	[REDACTED]	TRANSPORTED		PASSENGER		M	INJURY, UNKNOWN SEVERITY
	EMS Agency			Medical Facility			
MUTUAL AID AMBULANCE SVC			FRICK HOSPITAL				
Seat Position		Safety Equipment 1		Safety Equipment 2			
BUS PASSENGER		NONE USED / NOT APPLICABLE		NONE USED / NOT APPLICABLE			
Extrication		Ejection		Ejection Path			
NOT EXTRICATED		NOT EJECTED		NOT EJECTED/NOT APPLICABLE			
Airbag							
NOT APPLICABLE							

People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	033	[REDACTED]		[REDACTED]		[REDACTED]
	Street Address			City		State	Zip Code
	[REDACTED]			BECKLEY		WV	25801
	Phone Number	EMS Transport		Person Type		Gender	Injury Severity
	[REDACTED]	TRANSPORTED		PASSENGER		M	INJURY, UNKNOWN SEVERITY
	EMS Agency			Medical Facility			
MUTUAL AID AMBULANCE SVC			FRICK HOSPITAL				
Seat Position		Safety Equipment 1		Safety Equipment 2			
BUS PASSENGER		NONE USED / NOT APPLICABLE		NONE USED / NOT APPLICABLE			
Extrication		Ejection		Ejection Path			
NOT EXTRICATED		NOT EJECTED		NOT EJECTED/NOT APPLICABLE			
Airbag							
NOT APPLICABLE							

People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	034	JULIA		KHAN		[REDACTED]
	Street Address			City		State	Zip Code
	[REDACTED]			LEBRONX		NY	10462
	Phone Number	EMS Transport		Person Type		Gender	Injury Severity
	[REDACTED]	TRANSPORTED		PASSENGER		F	INJURY, UNKNOWN SEVERITY
	EMS Agency			Medical Facility			
MUTUAL AID AMBULANCE SVC			FRICK HOSPITAL				
Seat Position		Safety Equipment 1		Safety Equipment 2			
BUS PASSENGER		NONE USED / NOT APPLICABLE		NONE USED / NOT APPLICABLE			
Extrication		Ejection		Ejection Path			
NOT EXTRICATED		NOT EJECTED		NOT EJECTED/NOT APPLICABLE			
Airbag							
NOT APPLICABLE							

## Police Crash Report

REPORTABLE

Crash Involves:

DUI     Fatality     Hit and Run     Commercial Vehicle     State Police Vehicle     Local Police Vehicle  
 N/A     Work Zone     ATV     Snowmobile     Commonwealth Vehicle     Local Gov Vehicle

Unit # 001	Person No. 035	First Name LUCERO	MI	Last Name VAZQUEZ	Suffix	DOB [REDACTED]
Street Address [REDACTED]			City DAYTON		State OH	Zip Code 45410
Phone Number [REDACTED]		EMS Transport TRANSPORTED	Person Type PASSENGER		Gender F	Injury Severity INJURY, UNKNOWN SEVERITY
EMS Agency MUTUAL AID AMBULANCE SVC			Medical Facility FRICK HOSPITAL			
Seat Position BUS PASSENGER			Safety Equipment 1 NONE USED / NOT APPLICABLE		Safety Equipment 2 NONE USED / NOT APPLICABLE	
Extrication NOT EXTRICATED		Ejection NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		
Airbag						

Unit # 001	Person No. 036	First Name XUEZHEN	MI	Last Name CHEN	Suffix	DOB [REDACTED]
Street Address [REDACTED]			City BROOKLYN		State NY	Zip Code 11220
Phone Number [REDACTED]		EMS Transport TRANSPORTED	Person Type PASSENGER		Gender F	Injury Severity INJURY, UNKNOWN SEVERITY
EMS Agency MUTUAL AID AMBULANCE SVC			Medical Facility FRICK HOSPITAL			
Seat Position BUS PASSENGER			Safety Equipment 1 NONE USED / NOT APPLICABLE		Safety Equipment 2 NONE USED / NOT APPLICABLE	
Extrication NOT EXTRICATED		Ejection NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		
Airbag NOT APPLICABLE						

Unit # 001	Person No. 037	First Name [REDACTED]	MI	Last Name [REDACTED]	Suffix	DOB [REDACTED]
Street Address [REDACTED]			City TIP CITY		State OH	Zip Code 45371
Phone Number [REDACTED]		EMS Transport TRANSPORTED	Person Type PASSENGER		Gender F	Injury Severity INJURY, UNKNOWN SEVERITY
EMS Agency MUTUAL AID AMBULANCE SVC			Medical Facility FRICK HOSPITAL			
Seat Position BUS PASSENGER			Safety Equipment 1 NONE USED / NOT APPLICABLE		Safety Equipment 2 NONE USED / NOT APPLICABLE	
Extrication NOT EXTRICATED		Ejection NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		
Airbag NOT APPLICABLE						

Unit # 001	Person No. 038	First Name SERIGME	MI	Last Name DIOP	Suffix	DOB [REDACTED]
Street Address [REDACTED]			City NEW YORK		State NY	Zip Code 10039
Phone Number [REDACTED]		EMS Transport TRANSPORTED	Person Type PASSENGER		Gender M	Injury Severity INJURY, UNKNOWN SEVERITY
EMS Agency MUTUAL AID AMBULANCE SVC			Medical Facility FRICK HOSPITAL			
Seat Position BUS PASSENGER			Safety Equipment 1 NONE USED / NOT APPLICABLE		Safety Equipment 2 NONE USED / NOT APPLICABLE	
Extrication NOT EXTRICATED		Ejection NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		
Airbag NOT APPLICABLE						

## Police Crash Report

Crash Involves:

DUI     Fatality     Hit and Run     Commercial Vehicle     State Police Vehicle     Local Police Vehicle  
 N/A     Work Zone     ATV     Snowmobile     Commonwealth Vehicle     Local Gov Vehicle

REPORTABLE

People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	039	EDILMA		CABRERA		
	Street Address			City		State	Zip Code
	UNKNOWN			UNKNOWN		ZZ	
	Phone Number	EMS Transport	Person Type	Gender	Injury Severity		
		TRANSPORTED	PASSENGER	F	INJURY, UNKNOWN SEVERITY		
	EMS Agency	Medical Facility					
	MUTUAL AID AMBULANCE SVC	FRICK HOSPITAL					
Seat Position	Safety Equipment 1		Safety Equipment 2				
BUS PASSENGER	NONE USED / NOT APPLICABLE		NONE USED / NOT APPLICABLE				
Extrication	Ejection	Ejection Path					
NOT EXTRICATED	NOT EJECTED	NOT EJECTED/NOT APPLICABLE					
Airbag	NOT APPLICABLE						

People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	040					
	Street Address			City		State	Zip Code
				IRVINGTON		NJ	07111
	Phone Number	EMS Transport	Person Type	Gender	Injury Severity		
		TRANSPORTED	PASSENGER	M	INJURY, UNKNOWN SEVERITY		
	EMS Agency	Medical Facility					
	MUTUAL AID AMBULANCE SVC	FRICK HOSPITAL					
Seat Position	Safety Equipment 1		Safety Equipment 2				
BUS PASSENGER	NONE USED / NOT APPLICABLE		NONE USED / NOT APPLICABLE				
Extrication	Ejection	Ejection Path					
NOT EXTRICATED	NOT EJECTED	NOT EJECTED/NOT APPLICABLE					
Airbag	NOT APPLICABLE						

People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	041	ZHEN		FENG		
	Street Address			City		State	Zip Code
	UNKNOWN			UNKNOWN		ZZ	
	Phone Number	EMS Transport	Person Type	Gender	Injury Severity		
		TRANSPORTED	PASSENGER	F	INJURY, UNKNOWN SEVERITY		
	EMS Agency	Medical Facility					
	MUTUAL AID AMBULANCE SVC	FRICK HOSPITAL					
Seat Position	Safety Equipment 1		Safety Equipment 2				
BUS PASSENGER	NONE USED / NOT APPLICABLE		NONE USED / NOT APPLICABLE				
Extrication	Ejection	Ejection Path					
NOT EXTRICATED	NOT EJECTED	NOT EJECTED/NOT APPLICABLE					
Airbag	NOT APPLICABLE						

People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	042	AMINATA		FOFANA		
	Street Address			City		State	Zip Code
				COLUMBUS		OH	43207
	Phone Number	EMS Transport	Person Type	Gender	Injury Severity		
		TRANSPORTED	PASSENGER	F	INJURY, UNKNOWN SEVERITY		
	EMS Agency	Medical Facility					
	MUTUAL AID AMBULANCE SVC	FRICK HOSPITAL					
Seat Position	Safety Equipment 1		Safety Equipment 2				
BUS PASSENGER	NONE USED / NOT APPLICABLE		NONE USED / NOT APPLICABLE				
Extrication	Ejection	Ejection Path					
NOT EXTRICATED	NOT EJECTED	NOT EJECTED/NOT APPLICABLE					
Airbag	NOT APPLICABLE						

## Police Crash Report.

REPORTABLE

Crash Involves:

DUI     Fatality     Hit and Run     Commercial Vehicle     State Police Vehicle     Local Police Vehicle  
 N/A     Work Zone     ATV     Snowmobile     Commonwealth Vehicle     Local Gov Vehicle

Unit # 001	Person No. 043	First Name [REDACTED]	MI [REDACTED]	Last Name [REDACTED]	Suffix	DOB [REDACTED]
Street Address [REDACTED]			City COLUMBUS		State OH	Zip Code 43207
Phone Number [REDACTED]	EMS Transport TRANSPORTED		Person Type PASSENGER		Gender F	Injury Severity INJURY, UNKNOWN SEVERITY
EMS Agency MUTUAL AID AMBULANCE SVC			Medical Facility FRICK HOSPITAL			
Seat Position BUS PASSENGER			Safety Equipment 1 NONE USED / NOT APPLICABLE		Safety Equipment 2 NONE USED / NOT APPLICABLE	
Extrication NOT EXTRICATED		Ejection NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		
Airbag NOT APPLICABLE						

Unit # 001	Person No. 044	First Name [REDACTED]	MI [REDACTED]	Last Name [REDACTED]	Suffix	DOB [REDACTED]
Street Address [REDACTED]			City DAYTON		State OH	Zip Code 45410
Phone Number [REDACTED]	EMS Transport TRANSPORTED		Person Type PASSENGER		Gender M	Injury Severity INJURY, UNKNOWN SEVERITY
EMS Agency MUTUAL AID AMBULANCE SVC			Medical Facility FRICK HOSPITAL			
Seat Position BUS PASSENGER			Safety Equipment 1 NONE USED / NOT APPLICABLE		Safety Equipment 2 NONE USED / NOT APPLICABLE	
Extrication NOT EXTRICATED		Ejection NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		
Airbag NOT APPLICABLE						

Unit # 001	Person No. 045	First Name [REDACTED]	MI [REDACTED]	Last Name [REDACTED]	Suffix	DOB [REDACTED]
Street Address [REDACTED]			City DAYTON		State OH	Zip Code 45410
Phone Number [REDACTED]	EMS Transport TRANSPORTED		Person Type PASSENGER		Gender F	Injury Severity INJURY, UNKNOWN SEVERITY
EMS Agency MUTUAL AID AMBULANCE SVC			Medical Facility FRICK HOSPITAL			
Seat Position BUS PASSENGER			Safety Equipment 1 NONE USED / NOT APPLICABLE		Safety Equipment 2 NONE USED / NOT APPLICABLE	
Extrication NOT EXTRICATED		Ejection NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		
Airbag NOT APPLICABLE						

Unit # 001	Person No. 046	First Name [REDACTED]	MI [REDACTED]	Last Name [REDACTED]	Suffix	DOB [REDACTED]
Street Address UNKNOWN			City CINCINNATI		State OH	Zip Code 15666
Phone Number [REDACTED]	EMS Transport TRANSPORTED		Person Type PASSENGER		Gender M	Injury Severity INJURY, UNKNOWN SEVERITY
EMS Agency MUTUAL AID AMBULANCE SVC			Medical Facility FRICK HOSPITAL			
Seat Position BUS PASSENGER			Safety Equipment 1 NONE USED / NOT APPLICABLE		Safety Equipment 2 NONE USED / NOT APPLICABLE	
Extrication NOT EXTRICATED		Ejection NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		
Airbag NOT APPLICABLE						

CAD/CASE Number: PA 2020-22463

## Police Crash Report

REPORTABLE

Crash Involves:

DUI     Fatality     Hit and Run     Commercial Vehicle     State Police Vehicle     Local Police Vehicle  
 N/A     Work Zone     ATV     Snowmobile     Commonwealth Vehicle     Local Gov Vehicle

Unit # 001	Person No. 047	First Name MOHIGUL	MI	Last Name ABLAKULOVA	Suffix	DOB 99/99/9999
Street Address UNKNOWN			City UNKNOWN		State ZZ	Zip Code
Phone Number [REDACTED]	EMS Transport TRANSPORTED		Person Type PASSENGER		Gender U	Injury Severity INJURY, UNKNOWN SEVERITY
EMS Agency MUTUAL AID AMBULANCE SVC			Medical Facility FRICK HOSPITAL			
Seat Position BUS PASSENGER			Safety Equipment 1 NONE USED / NOT APPLICABLE		Safety Equipment 2 NONE USED / NOT APPLICABLE	
Extrication NOT EXTRICATED		Ejection NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		
Airbag NOT APPLICABLE						

Unit # 001	Person No. 048	First Name SHOKHRUZ	MI	Last Name HODJIEV	Suffix	DOB 99/99/9999
Street Address UNKNOWN			City UNKNOWN		State ZZ	Zip Code
Phone Number [REDACTED]	EMS Transport TRANSPORTED		Person Type PASSENGER		Gender U	Injury Severity INJURY, UNKNOWN SEVERITY
EMS Agency MUTUAL AID AMBULANCE SVC			Medical Facility FRICK HOSPITAL			
Seat Position BUS PASSENGER			Safety Equipment 1 NONE USED / NOT APPLICABLE		Safety Equipment 2 NONE USED / NOT APPLICABLE	
Extrication NOT EXTRICATED		Ejection NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		
Airbag NOT APPLICABLE						

Unit # 001	Person No. 049	First Name JULIA	MI	Last Name PAVLYUK	Suffix	DOB 99/99/9999
Street Address UNKNOWN			City UNKNOWN		State ZZ	Zip Code
Phone Number [REDACTED]	EMS Transport TRANSPORTED		Person Type PASSENGER		Gender F	Injury Severity INJURY, UNKNOWN SEVERITY
EMS Agency MUTUAL AID AMBULANCE SVC			Medical Facility FRICK HOSPITAL			
Seat Position BUS PASSENGER			Safety Equipment 1 NONE USED / NOT APPLICABLE		Safety Equipment 2 NONE USED / NOT APPLICABLE	
Extrication NOT EXTRICATED		Ejection NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		
Airbag NOT APPLICABLE						

Unit # 001	Person No. 050	First Name MELVIN	MI	Last Name VELEZ	Suffix	DOB 99/99/9999
Street Address UNKNOWN			City UNKNOWN		State ZZ	Zip Code
Phone Number [REDACTED]	EMS Transport TRANSPORTED		Person Type PASSENGER		Gender M	Injury Severity INJURY, UNKNOWN SEVERITY
EMS Agency MUTUAL AID AMBULANCE SVC			Medical Facility FRICK HOSPITAL			
Seat Position BUS PASSENGER			Safety Equipment 1 NONE USED / NOT APPLICABLE		Safety Equipment 2 NONE USED / NOT APPLICABLE	
Extrication NOT EXTRICATED		Ejection NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		
Airbag NOT APPLICABLE						



## Police Crash Report

REPORTABLE

Crash Involves:

- DUI     Fatality     Hit and Run     Commercial Vehicle     State Police Vehicle     Local Police Vehicle  
 N/A     Work Zone     ATV     Snowmobile     Commonwealth Vehicle     Local Gov Vehicle

Unit # 001	Person No. 051	First Name PAUL	MI	Last Name RAMIREZ	Suffix	DOB 99/99/9999
Street Address UNKNOWN			City UNKNOWN		State ZZ	Zip Code
Phone Number		EMS Transport TRANSPORTED	Person Type PASSENGER		Gender M	Injury Severity INJURY, UNKNOWN SEVERITY
EMS Agency MUTUAL AID AMBULANCE SVC			Medical Facility FRICK HOSPITAL			
Seat Position BUS PASSENGER			Safety Equipment 1 NONE USED / NOT APPLICABLE		Safety Equipment 2 NONE USED / NOT APPLICABLE	
Extrication NOT EXTRICATED		Ejection NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		
Airbag NOT APPLICABLE						

Unit # 001	Person No. 052	First Name AMINATA	MI	Last Name DICKO	Suffix	DOB 99/99/9999
Street Address UNKNOWN			City UNKNOWN		State ZZ	Zip Code
Phone Number		EMS Transport TRANSPORTED	Person Type PASSENGER		Gender U	Injury Severity INJURY, UNKNOWN SEVERITY
EMS Agency MUTUAL AID AMBULANCE SVC			Medical Facility FRICK HOSPITAL			
Seat Position BUS PASSENGER			Safety Equipment 1 NONE USED / NOT APPLICABLE		Safety Equipment 2 NONE USED / NOT APPLICABLE	
Extrication NOT EXTRICATED		Ejection NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		
Airbag NOT APPLICABLE						

Unit # 001	Person No. 053	First Name JOAN	MI	Last Name COULIBALY	Suffix	DOB 99/99/9999
Street Address UNKNOWN			City UNKNOWN		State ZZ	Zip Code
Phone Number		EMS Transport TRANSPORTED	Person Type PASSENGER		Gender F	Injury Severity INJURY, UNKNOWN SEVERITY
EMS Agency MUTUAL AID AMBULANCE SVC			Medical Facility FRICK HOSPITAL			
Seat Position BUS PASSENGER			Safety Equipment 1 NONE USED / NOT APPLICABLE		Safety Equipment 2 NONE USED / NOT APPLICABLE	
Extrication NOT EXTRICATED		Ejection NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		
Airbag NOT APPLICABLE						

Unit # 001	Person No. 054	First Name NATAKI	MI	Last Name BAKER	Suffix	DOB 99/99/9999
Street Address UNKNOWN			City UNKNOWN		State ZZ	Zip Code
Phone Number		EMS Transport TRANSPORTED	Person Type PASSENGER		Gender U	Injury Severity INJURY, UNKNOWN SEVERITY
EMS Agency MUTUAL AID AMBULANCE SVC			Medical Facility FRICK HOSPITAL			
Seat Position BUS PASSENGER			Safety Equipment 1 NONE USED / NOT APPLICABLE		Safety Equipment 2 NONE USED / NOT APPLICABLE	
Extrication NOT EXTRICATED		Ejection NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		
Airbag NOT APPLICABLE						

## Police Crash Report

Crash Involves:

DUI     Fatality     Hit and Run     Commercial Vehicle     State Police Vehicle     Local Police Vehicle  
 N/A     Work Zone     ATV     Snowmobile     Commonwealth Vehicle     Local Gov Vehicle

REPORTABLE

People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	055	CHENG		LIAN		99/99/9999
	Street Address			City		State	Zip Code
	UNKNOWN			UNKNOWN		ZZ	
	Phone Number	EMS Transport		Person Type		Gender	Injury Severity
		TRANSPORTED		PASSENGER		U	INJURY, UNKNOWN SEVERITY
	EMS Agency			Medical Facility			
MUTUAL AID AMBULANCE SVC			FRICK HOSPITAL				
Seat Position			Safety Equipment 1		Safety Equipment 2		
BUS PASSENGER			NONE USED / NOT APPLICABLE		NONE USED / NOT APPLICABLE		
Extrication		Ejection		Ejection Path			
NOT EXTRICATED		NOT EJECTED		NOT EJECTED/NOT APPLICABLE			
Airbag							
NOT APPLICABLE							

People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	056	TAURELL		FAVORS		99/99/9999
	Street Address			City		State	Zip Code
	UNKNOWN			UNKNOWN		ZZ	
	Phone Number	EMS Transport		Person Type		Gender	Injury Severity
		TRANSPORTED		PASSENGER		U	INJURY, UNKNOWN SEVERITY
	EMS Agency			Medical Facility			
MUTUAL AID AMBULANCE SVC			FRICK HOSPITAL				
Seat Position			Safety Equipment 1		Safety Equipment 2		
BUS PASSENGER			NONE USED / NOT APPLICABLE		NONE USED / NOT APPLICABLE		
Extrication		Ejection		Ejection Path			
NOT EXTRICATED		NOT EJECTED		NOT EJECTED/NOT APPLICABLE			
Airbag							
NOT APPLICABLE							

People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	057	JORGE		MORETA		99/99/9999
	Street Address			City		State	Zip Code
	UNKNOWN			UNKNOWN		ZZ	
	Phone Number	EMS Transport		Person Type		Gender	Injury Severity
		TRANSPORTED		PASSENGER		U	INJURY, UNKNOWN SEVERITY
	EMS Agency			Medical Facility			
MUTUAL AID AMBULANCE SVC			FRICK HOSPITAL				
Seat Position			Safety Equipment 1		Safety Equipment 2		
BUS PASSENGER			NONE USED / NOT APPLICABLE		NONE USED / NOT APPLICABLE		
Extrication		Ejection		Ejection Path			
NOT EXTRICATED		NOT EJECTED		NOT EJECTED/NOT APPLICABLE			
Airbag							
NOT APPLICABLE							

People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	058	MELANIE		MORETA		99/99/9999
	Street Address			City		State	Zip Code
	UNKNOWN			UNKNOWN		ZZ	
	Phone Number	EMS Transport		Person Type		Gender	Injury Severity
		TRANSPORTED		PASSENGER		F	INJURY, UNKNOWN SEVERITY
	EMS Agency			Medical Facility			
MUTUAL AID AMBULANCE SVC			FRICK HOSPITAL				
Seat Position			Safety Equipment 1		Safety Equipment 2		
BUS PASSENGER			NONE USED / NOT APPLICABLE		NONE USED / NOT APPLICABLE		
Extrication		Ejection		Ejection Path			
NOT EXTRICATED		NOT EJECTED		NOT EJECTED/NOT APPLICABLE			
Airbag							
NOT APPLICABLE							

## Police Crash Report

REPORTABLE

Crash Involves:

- DUI     Fatality     Hit and Run     Commercial Vehicle     State Police Vehicle     Local Police Vehicle  
 N/A     Work Zone     ATV     Snowmobile     Commonwealth Vehicle     Local Gov Vehicle

People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	059	TAYLOR		TEETS		99/99/9999
	Street Address				City	State	Zip Code
	UNKNOWN				UNKNOWN	ZZ	
	Phone Number	EMS Transport		Person Type		Gender	Injury Severity
		TRANSPORTED		PASSENGER		U	INJURY, UNKNOWN SEVERITY
	EMS Agency			Medical Facility			
MUTUAL AID AMBULANCE SVC			FRICK HOSPITAL				
Seat Position			Safety Equipment 1		Safety Equipment 2		
BUS PASSENGER			NONE USED / NOT APPLICABLE		NONE USED / NOT APPLICABLE		
Extrication		Ejection		Ejection Path			
NOT EXTRICATED		NOT EJECTED		NOT EJECTED/NOT APPLICABLE			
Airbag							
NOT APPLICABLE							

People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	060	ANTHONY		ELLIS		
	Street Address				City	State	Zip Code
					IRVINGTON	NJ	07111
	Phone Number	EMS Transport		Person Type		Gender	Injury Severity
		TRANSPORTED		PASSENGER		M	INJURY, UNKNOWN SEVERITY
	EMS Agency			Medical Facility			
MUTUAL AID AMBULANCE SVC			FRICK HOSPITAL				
Seat Position			Safety Equipment 1		Safety Equipment 2		
BUS PASSENGER			NONE USED / NOT APPLICABLE		NONE USED / NOT APPLICABLE		
Extrication		Ejection		Ejection Path			
NOT EXTRICATED		NOT EJECTED		NOT EJECTED/NOT APPLICABLE			
Airbag							
NOT APPLICABLE							

People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	061	SAURI		MEJIA		
	Street Address				City	State	Zip Code
	UNKNOWN				UNKNOWN	ZZ	
	Phone Number	EMS Transport		Person Type		Gender	Injury Severity
		TRANSPORTED		PASSENGER		U	INJURY, UNKNOWN SEVERITY
	EMS Agency			Medical Facility			
MUTUAL AID AMBULANCE SVC			FRICK HOSPITAL				
Seat Position			Safety Equipment 1		Safety Equipment 2		
BUS PASSENGER			NONE USED / NOT APPLICABLE		NONE USED / NOT APPLICABLE		
Extrication		Ejection		Ejection Path			
NOT EXTRICATED		NOT EJECTED		NOT EJECTED/NOT APPLICABLE			
Airbag							
NOT APPLICABLE							

Property Damaged	Owners First Name	MI	Last Name	Suffix	Phone Number
			PA TURNPIKE COMMISSION		(717) 939-9551
	Street Address			City	State
PO BOX 67676			HARRISBURG	PA	17106
Property Description					
CONCRETE BARRIER					

CAD/CASE Number: PA 2020-22463

Police Crash Report

Crash Involves:

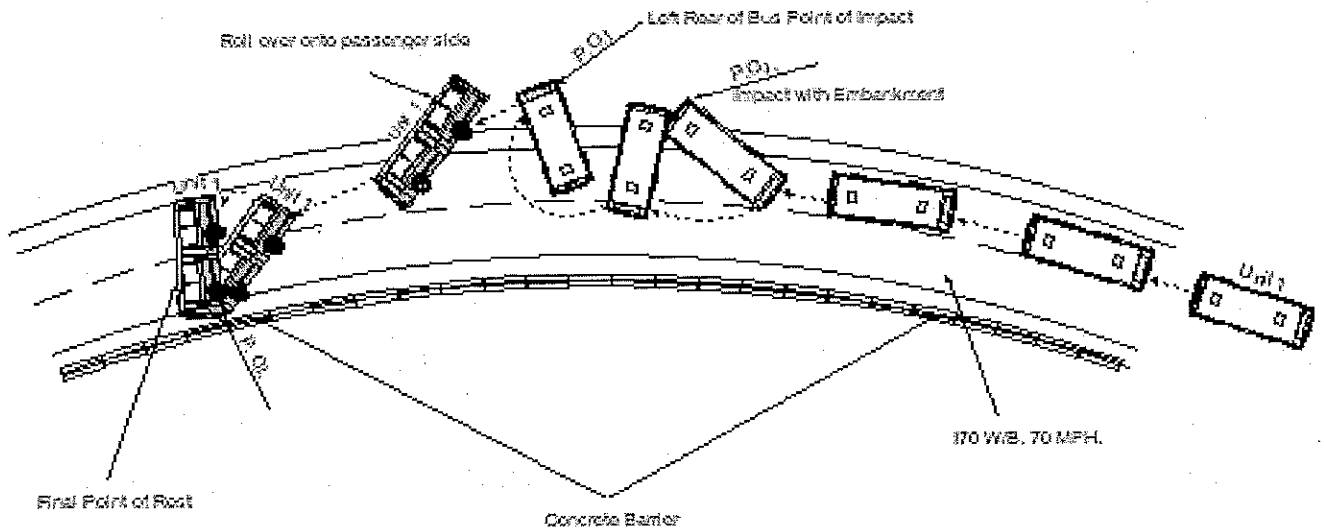
- DUI
- Fatality
- Hit and Run
- Commercial Vehicle
- State Police Vehicle
- Local Police Vehicle
- N/A
- Work Zone
- ATV
- Snowmobile
- Commonwealth Vehicle
- Local Gov Vehicle

REPORTABLE

Diagram

NOT TO SCALE

Doragoal Interchange, Approx. 4.6 Miles



## Police Crash Report

Crash Involves:

 DUI Fatality Hit and Run Commercial Vehicle

REPORTABLE

 State Police Vehicle Local Police Vehicle N/A Work Zone ATV Snowmobile Commonwealth Vehicle Local Gov Vehicle

## CRASH SYNOPSIS

This crash occurred as unit#1 was traveling west on the PA Turnpike. For unknown reasons, the operator of unit#1 lost control of the vehicle and the vehicle traveled off the road and impacted with an embankment. After impacting with the embankment, unit#1 rolled over onto the passenger side of the vehicle and slid across the roadway and impacted with a center concrete barrier.

## CRASH DETAILS

This crash was located in Mt. Pleasant Township, Westmoreland County. Pennsylvania Turnpike Interstate 70 is a four lane, concrete divided highway with two lanes eastbound and two lanes westbound with usable asphalt berms on the eastbound and westbound sides. Street lights and other sources of ambient lighting are not prevalent in the area of this crash. At the time of this crash, there was precipitation in the form of snow and the roadway was wet. This crash occurred at the 86.1 westbound mile marker. There were two separate crashes that occurred after the initial bus crash which were directly related to the bus. The details of those crashes will be documented on Crash Report# PA2020-58264 and PA 2020-67134. The National Transportation Safety Board was contacted by Pennsylvania State Police Highspire Desk Personnel on 01/05/2020 due to the five fatalities from the three crashes.

It is my belief, after the best possible investigation with the evidence collected, that the crash occurred as follows: This crash occurred as unit#1 was traveling west on Pennsylvania Turnpike Interstate 70 in the westbound lanes. For unknown reasons, unit#1 traveled off the right side of the roadway and impacted with an embankment located off the right side of the roadway with the right front end of the bus. At this time, the rear of the bus rotated in a clockwise rotation and the left rear portion of the bus impacted with the embankment. At this time, the bus rolled over onto the passenger side of the vehicle. After rolling over, the bus slid on its passenger side and then the front of the bus impacted with the center concrete barrier causing the barrier to break away and fall over into the eastbound berm area. Unit#1 came to rest resting against the center concrete barrier facing southwest.

Unit#1 came to its final point of rest resting on the passenger side of the vehicle against the center concrete barrier. Unit#1 was facing southwest. Unit#1 was then struck by a FedEx tractor trailer and a UPS tractor trailer in a separate crash. The details of that crash will be documented on Crash Report# PA 2020-58264.

Physical evidence observed at the scene consisted of severe damage to the front portion of unit#1. The entire front of the bus was ripped off of the vehicle and was hanging down onto the ground from the driver side of the vehicle. There was what appeared to be a very large puddle/stream of diesel fuel flowing from under the bus and the odor of diesel fuel was very strong. There were duffle bags, suit cases and what appeared to be items of clothing scattered over the entire crash scene. There was also what appeared to be glass, plastic and metal debris pieces scattered over the entire crash scene. For further details relative to the examination of the physical evidence, refer to the Supplemental Report by Trooper Jordan SHAULIS of the Pennsylvania State Police Troop A Collision Analysis Reconstruction Specialists Unit.

The crash scene was processed by Trooper First Class Nicholas IERA of the Pennsylvania State Police Greensburg Forensic Services Unit. All photos taken at the scene will be retained at Pennsylvania State Police Troop A Greensburg Barracks. Cross Reference Incident# PA2020-58264 and PA2020-67134 for details of his investigation.

The crash was reconstructed by Trooper Jordan SHAULIS of the Pennsylvania State Police Troop A Collision Analysis Reconstruction Specialists Unit. Trooper SHAULIS will supplement this report with a scale diagram and table of measurements. Trooper SHAULIS was assisted at the scene by Collision Analysis Reconstruction Specialists Unit members Corporal Todd STEPHENSON, Troop B, Trooper Cory ROLAND,

## Police Crash Report

Crash Involves:

 DUI Fatality Hit and Run Commercial Vehicle

REPORTABLE

 State Police Vehicle Local Police Vehicle N/A Work Zone ATV Snowmobile Commonwealth Vehicle Local Gov Vehicle

## CRASH DETAILS

Troop A, and Trooper Edmund SICHLER, Troop D.

The operator of unit#1 was not interviewed as he was pronounced deceased at the scene on 01/05/2020 at approximately 0545 hours by Westmoreland County Deputy Coroner Joshua ZAPPONE. Manner of death is listed as blunt force trauma to the head.

There were numerous interviews conducted by different members of the Pennsylvania State Police Troop T New Stanton and Somerset Barracks as well as members of the Bureau of Criminal Investigation in reference to this crash investigation and those interviews will be documented on Supplemental Reports attached to this crash report. I was unable to interview any passengers of the bus upon my arrival at the scene as they were being loaded into Ambulances and transported to hospitals for injuries sustained during the crash.

A Fatal Crash Entry was made via the Pennsylvania State Police INET by Trooper James TAJC, Pennsylvania State Police New Stanton on 01/06/2020 at approximately 0243 hours.

I was assisted at the scene by Corporal James C. DEPAOLO, Trooper First Class James TAJC, Richard DEFRANK, and Charles PRAVLIK of the Pennsylvania State Police Troop T New Stanton Barracks, Mount Pleasant Fire Department, Chestnut Ridge Fire Department, Youngwood Fire Department, Norvelt Fire Department, Kecksburg Fire Department, and Saltlick Township Fire Department.

A Notice of Crash Investigation will be mailed to the owner of unit#1 and the Pennsylvania Turnpike Commission (property damage) upon completion of this report.

A formal Public Information/News Release was prepared and submitted by Corporal Holly Reber BILLINGS, Troop T Public Information Officer on 01/05/2020.

The operator of unit#1 had in his possession a valid New York Drivers License which was located in his wallet. The wallet was located in the operator's left rear pocket. The wallet was taken into custody by Joshua ZAPPONE, Westmoreland County Deputy Coroner and was transported with the operator from the scene.

An Autopsy was performed on the operator of unit#1 on Monday 01/06/2020 by Doctor Cyril H. WECHT and Pathology Associates.

Next of Kin Notification was made via telephone by Westmoreland County Deputy Coroner Joshua ZAPPONE on 01/05/2020 at approximately 1740 hours. ZAPPONE spoke to the operator's niece, Maple CHEN, who in turn went to the operator's residence and notified his wife.

Supplemental to follow pending receipt of the Collision Analysis Reconstruction Report and the Autopsy Report and Toxicology Report.

Unit#1 was towed from the scene to Herring Motors' secure lot for further investigation by the Pennsylvania State Police Motor Carrier Safety Administration Program members and the National Traffic Safety Board. The inspections performed on unit#1 by the Pennsylvania State Police Motor Carrier Safety Administration program members and the National Traffic Safety Board did not reveal any pre existing contributing mechanical failures. Supplemental Reports to follow pending receipt from the Pennsylvania State Police Motor Carrier Safety Administration Program members assigned to assist with the inspections.

The Pennsylvania State Police Troop T Officer of the Day, Lieutenant Sondra KLEPSKY, was notified on 01/05/2020 at approximately 0354 hours.

A Pennsylvania Turnpike Plan X was implemented on the eastbound lanes of Pennsylvania Turnpike Interstate 70 from Exit 75 New Stanton to Exit 91 Donegal and westbound from Exit 161 Breezewood to Exit

CAD/CASE Number: PA 2020-22463

Police Crash Report

Crash Involves:

DUI

Fatality

Hit and Run

Commercial Vehicle

REPORTABLE

State Police Vehicle

Local Police Vehicle

N/A

Work Zone

ATV

Snowmobile

Commonwealth Vehicle

Local Gov Vehicle

CRASH DETAILS

75 New Stanton to facilitate crash investigation. The Plan X was in effect from approximately 0430 hours to approximately 1817 hours on 01/05/2020.

This investigation continues.

Police Crash Report

Crash Involves:

DUI

Fatality

Hit and Run

Commercial Vehicle

REPORTABLE

State Police Vehicle

Local Police Vehicle

N/A

Work Zone

ATV

Snowmobile

Commonwealth Vehicle

Local Gov Vehicle

CRASH DETAILS

Interstate 70 from Exit 75 New Stanton to Exit 91 Donegal and westbound from Exit 161 Breezewood to Exit 75 New Stanton to facilitate crash investigation. The Plan X was in effect from approximately 0430 hours to approximately 1817 hours on 01/05/2020.

This investigation continues.

On 03/12/2020 this crash was supplemented to include the following information: When the original crash report was completed and submitted, the description of the eastbound lanes was labeled as two lanes. When the Troop A Collision Analysis Reconstruction Specialist, Trooper Jordan SHAULIS, reviewed the crash after the crash was submitted, he observed that the accurate description of the eastbound lanes is three lanes.



Police Crash Report

Crash Involves:

DUI

Fatality

Hit and Run

Commercial Vehicle

State Police Vehicle

Local Police Vehicle

N/A

Work Zone

ATV

Snowmobile

Commonwealth Vehicle

Local Gov Vehicle

CRASH DETAILS

Interstate 70 from Exit 75 New Stanton to Exit 91 Donegal and westbound from Exit 161 Breezewood to Exit 75 New Stanton to facilitate crash investigation. The Plan X was in effect from approximately 0430 hours to approximately 1817 hours on 01/05/2020.

This investigation continues.

On 04/24/2020, I received the Autopsy and Toxicology Reports pertaining to the above listed crash via my Department email. It is listed in the report that the cause of death to the operator of unit#1 is due to blunt force injuries to the head. There were no substances of abuse found in the decedent's toxicology. The Autopsy and Toxicology Reports were printed and placed in the Crash Attachment File.

Supplemental to follow pending receipt of the Collision Analysis Reconstruction Report.

Police Crash Report

Crash Involves:

- |                           |   |                                   |   |  |  |
|---------------------------|---|-----------------------------------|---|--|--|
| <input type="radio"/> DUI | <input checked="" type="radio"/> Fatality | <input type="radio"/> Hit and Run | <input checked="" type="radio"/> Commercial Vehicle | <input type="radio"/> State Police Vehicle | <input type="radio"/> Local Police Vehicle |
| <input type="radio"/> N/A | <input type="radio"/> Work Zone           | <input type="radio"/> ATV         | <input type="radio"/> Snowmobile                    | <input type="radio"/> Commonwealth Vehicle | <input type="radio"/> Local Gov Vehicle    |

REPORTABLE

CRASH DETAILS

Interstate 70 from Exit 75 New Stanton to Exit 91 Donegal and westbound from Exit 161 Breezewood to Exit 75 New Stanton to facilitate crash investigation. The Plan X was in effect from approximately 0430 hours to approximately 1817 hours on 01/05/2020.

This investigation continues.

On 07/17/2020, I received the Collision Analysis Reconstruction Report pertaining to the above named crash via my station mailbox. The direct cause of this crash was determined to be operator error on the part of the operator of unit#1. The initial crash of unit#1 initiated the subsequent crashes. Environmental factors and mechanical defects were eliminated as contributing factors. The road surface was wet at the time of the crash however, numerous other vehicles negotiated the curve without incident and unit#2 was able to effectively reduce speed during braking prior to impacting with unit#1. Due to limited pre impact roadway evidence and lack of witnesses, the actual error made by the operator of unit#1 cannot be readily identified.

The Collision Analysis Reconstruction Report will remain with the Crash Attachment File located at the Pennsylvania State Police Troop T New Stanton Barracks.

This investigation is closed.