

Human Performance Attachment – Truck Driver Crash Reports

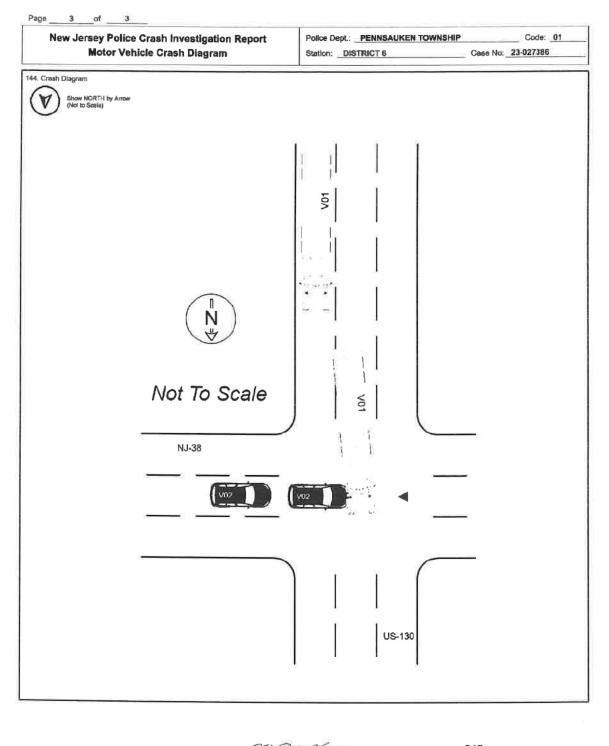
Philadelphia, PA

HWY23FH014

(22 pages)

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NJTR-1 P2 R01/22

Officer's Signature

245 Badge Number

Reportable: Y **Police Crash Report** Case Closed: Y Arrival Time Patrol Zone Dispatch Time Agency Police Agency Philadelphia State Police 0205 0218 Badge Precinct Investigation Date Investigator ADKISSON, STEPHEN 13482 08-15-2021 Badge Approval Date Reviewer MATTHEW KOHUT 09-27-2021 Day of Week County/Municipality Crash Date Crash Time 0204 SUNDAY Philadelphia/Philadelphia City 08-15-2021 Killed School Bus School Zone Crash Description Units People Injured Data 2 2 0 Sideswipe(same dir.) 0 No No Special Location Intersection Related Secondary Crash PennDOT Property Damage Type of Intersection Crash Mid-block Not applicable No No No Illumination Road Surface Conditions Dark - street lights Dry Weather Conditions 1 Weather Conditions 2 Relation to Roadway Clear Clear On roadway Works Injured/Killed Speed Limit Work Zone Characteristics Work Zone **Nork Zone** No Work Zone Type Workers Present Where in Work Zone Officer Present **Principal Road** Route No. Speed Limit **Travel Lanes** Route Signing 0076 50 Mph 03 Interstate - non turnpike Street Ending Orientation House # Street SCHUYLKILL Expressway West Landmark GPS Degrees M Latitude : 39 GPS Degrees Minutes:Seconds.Decimal Latitude : 39 57:56.480 Longitude : - 75 11:10.020 Traffic Control Device Traffic Control Functioning Not applicable No controls Traffic Detoured Roadway Cleared Lane Closed Lane Closure Direction 0045 Fully West No Accident Investigation Notification Issued? Property Damage Yes No Events/Factors **First Harmful Event** Environmental/Roadway Potential Factor Unit: Event: 1 None Hit unit 02 1 2 **Most Harmful Event** 3 Unit: Event: Hit Concrete Traffic Barrier 1 Crash Unit No. Prime Factor Indicated Prime Factor Source 001 Driver Careless passing or lane change

Commonwealth of Pennsylvania

Incident No: PA 2021-1107473

Report Number: F0614980

Incident No: PA 2021-1107473 Reportable: Y Commonwealth of Pennsylvania Police Crash Report Report Number: F0614980 Case Closed: Y

		it No.		Name/Address				Da	ate of Birth			Telephone No	
	1 Co	mmerci	al	WILLIAM NO	KTON,III			CI	ass Licens	e Number		License State	
	Ν							С				Pennsylvania	a, US
	Ту	pe Unit						0	wner/Driver				
	Мо	tor vel	nicl	e in transport				Pr	ivate vehicle o	wned/leas	ed by (driver	
-	Dri	iver Pres	send	ce	Driver or Pe	destrian Physica	Condition	Dr	ug Test Type	Drug Test	Result		
tior	Dri	iver op	erat	ted vehicle	Had bee	n drinking		No	one				
ma	Alc	cohol/Dr	ugs	Suspected	Alcohol T	est Type		Aice	phol Test Results	Alcohol Int	erlock		
for	Alc	ohol			Blood			_					1
n In	Ha	rmful E	ven	ts	Side of Road	Most Harmful	Utility Pole #	Vi	olations				Charged
Driver/Pedestrian Information	1	Hit un	it O	2		No		1			MOVE	MENT FROM	Y
er/Pe	2	Hit Co Barrie		rete Traffic	Left	Yes		2	1543A - O SUSPENDED			HICLE WITH	Y
Driv	3							3	3802A1 - D AFTER IMBIE THEM INCAP		HOL F	RENDERING	Y
	4							4	None				
	Dri	ver Acti	on 1		Driver Ac	tion 2		Dr	iver Action 3		Driver	Action 4	
		reless ange	pas	sing or lane									
	Dis	stracted	by A	Action				Di	stracted by Sour	ce			
	No	ot Distr	act	ed				N	ot Applicable				
	Na	me/Add	ress	/Phone				In	surance	Insurance	Co.	Policy Number	
	WI	LLIAM	NO	RTON 3RD				Ye	S	PROGRE	SSIVE		
	Ve	hicle Ty	ре		Vehicle A	utomation		Re	eg. State	Plate Num	ber	Special Usage	
E	Au	tomobi	le		No Auto	mation (00))	Pe	nnsylvania,			Not applicab	le
nformation	Mo 20 1	odel Yea I 1	r	Vehicle Make MASERATI	Vehicle M	lodel		Ve Re	ehicle Color d		VIN ZAM3	9FKA6B0	
		ailer#	Tr	I Tag State	Type Trai			Та	g Number	Tag Year	Trailer	VIN	
Vehicle		t. Speed		Towed	Towed By				hicle Movement			e Position	
>	045)		Yes	BRUTHE	RS AUTO			anging lanes erging	or	Right	lane (Curb)	
	Tra	avel Dir.		Gradient	Road Alig	nment			tial Impact Point		Dama	ge Indicator	
	We			Level roadway	Straight			10	O'clock		Disab drivea	ling (severe - I able)	not
	Po	ssible V	ehic	le Failure 1				Po	ssible Vehicle F	ailure 2			
	No	ne											

Incident No: PA 2021-1107473 Reportable: Y

Commonwealth of Pennsylvania Police Crash Report

Report Number: F0614980 Case Closed: Y

	Unit No.		Name/Address				Date	of Birth			Telephone No	κ.	
	2		NATHAN MO	ODY									
	Commerc	ial					Class	s Licens	e Number		License State		
	Y		PHILADELPH	IA PA 19	138		Α*				Pennsylvani	a, US	
_	Type Unit	t					Owne	er/Driver					
20	Motor ve	hicl	e in transport				Priva	ate vehicle n	ot owned/	leased	by driver		
ma	Driver Pre	esen	ce	Driver or Pe	destrian Physica	al Condition	Drug	Test Type	Drug Test	Result			
0	Driver of	era	ted vehicle	Apparen	tly normal		None	•					
			Suspected	Alcohol T	est Type		Alcohol	Test Results	Alcohol Interlock				
an	No	Ŭ	•	Test not			Test	not given					
Univer/Pedestrian Information	Harmful	Even	nts	Side of Road	Most Harmful	Utility Pole #	-	ations				Charge	
é	1 Struc	k b	/ unit 01		Yes		1						
ervi	2						2						
È	3						3						
ב	4						4						
		iver Action 1			Driver Action 2						Action 4		
			ing action	Differrie									
	Distracted						Distra	acted by Sour	се				
	Not Dist	-					Not Applicable						
	Name/Ad	dress	s/Phone				Insur	ance	Insurance	Co.	Policy Number	r	
	RIGGINS 3938 S. M VINELAN	MAIN	NRD				Yes		BROWN A				
	Vehicle T			Vehicle A	utomation		Reg.	State	Plate Num	ber	Special Usage		
_	Large tru				mation (00))	-	Jersey, US	AW580V		Tractor traile		
10	Model Ye		Vehicle Make	Vehicle M				cle Color		VIN			
venicle information	2021		FREIGHTLIN ER	TT			Black	k		1FUJH	ILDV3MLMU0	196	
	Trailer#	Tr	I Tag State	Type Trai	ling Unit		Tag N	Number	Tag Year	Trailer	VIN		
cle	0	Ne	w Jersey, US	Semi-tra	iler		AW5	80V	2021				
E L	Est. Spee	d	Towed	Towed By	4		Vehic	cle Movement		Vehicle	e Position		
5	045		No				Goin	g straight		Right	lane (Curb)		
	Travel Dir		Gradient	Road Alig	nment		Initial	Impact Point		Damag	ge Indicator		
	West		Level roadway	Straight			5 Oʻc	lock		Minor	(driveable)		

Possible Vehicle Failure 1 Possible Vehicle Failure 2
None

Commonwealth of Pennsylvania Report Number: F0614980 Incident No: PA 2021-1107473 Case Closed: Y Police Crash Report Reportable: Y Unit No. Name/Address Date of Birth Telephone No. WZ Worker 01 WILLIAM NORTON No Sex Person No. Person Type People Information Male Driver 01 Injury Severity Seat Position Safety Equipment 1 Lap and Shoulder Belt Used Not injured Driver - all vehicles Safety Equipment 2 Airbags Deployed (for this person) Airbag Deployed Front Ejection Path Extrication Ejection Not ejected Not Ejected / Not Applicable Not extricated EMS Agency Medical Facility EMS Transport NONE(NONE No) Date of Birth WZ Worker Unit No. Name/Address Telephone No. 02 NATHAN MOODY No Sex Person No. Person Type People Information PHILADELPHIA PA 19138 Male 02 Driver Safety Equipment 1 Injury Severity Seat Position Not injured Driver - all vehicles Lap and Shoulder Belt Used Airbags Deployed (for this person) Safety Equipment 2 Air Bag Not Deployed Not Deployed Extrication Ejection Path Ejection

Not extricated Medical Facility

NONE

Not ejected Not Ejected / Not Applicable

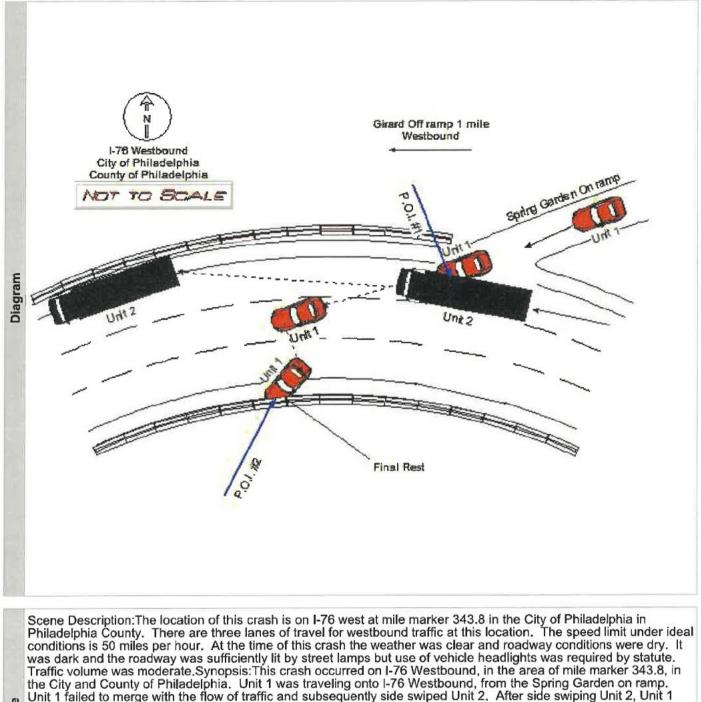
EMS Agency NONE(

)

EMS Transport

No

Incident No: PA 2021-1107473 Reportable: Y



Narrative

Philadelphia County. There are three lanes of travel for westbound traffic at this location. The speed limit under idea conditions is 50 miles per hour. At the time of this crash the weather was clear and roadway conditions were dry. It was dark and the roadway was sufficiently lit by street lamps but use of vehicle headlights was required by statute. Traffic volume was moderate.Synopsis:This crash occurred on I-76 Westbound, in the area of mile marker 343.8, in the City and County of Philadelphia. Unit 1 was traveling onto I-76 Westbound, from the Spring Garden on ramp. Unit 1 failed to merge with the flow of traffic and subsequently side swiped Unit 2. After side swiping Unit 2, Unit 1 lost control and crossed all lanes of travel and struck the left concrete barrier, coming to final rest blocking the left lane.Physical Evidence:Upon my arrival to the scene of the crash, I made the following physical observations attributed to this crash: Unit 1 was still in contact with the left (center) concrete barrier facing Northbound, blocking the left and center lanes of travel. Unit 1 sustained disabling damage throughout the vehicle.Interviews:On 08/15/21 at approximately 0220 I spoke with Operator 1 at the scene of the crash. Operator 1 related that he was merging from the Spring Garden on ramp, when a Tractor Trailer cut him off.On 08/15/21 at approximately 0225 I spoke with Operator 2 related that he was in the right lane when he was side swiped. Additional Information:Assisted on scene by CpI HOLDEMAN and Tpr HOWELL.Public News Information Release form prepared and submitted.Notice of Crash Investigation form prepared and made available to both Operators.CLEAN/NCIC queries were conducted with negative results.Operator 1 was arrested for DUI. Cross Reference PA2021-1107473.

Commonwealth of Pennsylvania Report Number: F0614980 Incident No: PA 2021-1107473 Reportable: Y **Police Crash Report** Case Closed: Y Unit No. Name/Address USDOT# PUC# Telephone No. 2 **RIGGINS INC** 00017279 (856) 552-6330 **Commercial Vehicle** 3938 S MAIN RD VINELAND NJ 08360 Cargo Body Vehicle Configuration Type of Carrier Tractor/Semi-trailer(s) Van/enclosed box Hazardous Material Hazardous Material Class **Special Sizing Oversize Load ? No Release Indicator** 1 No 2

3

ζej	oortable	: Y			Police	Crash Re	oort					C	ase Closed: N
Police Agency	Agenc					Zone			Dispatch	Time	Arrival	Time	
jen	1	elphia City			3				1717		1719		N - A -
ť	Investi	igator			Badge	9			Precinct			gation [Jate
2	Derte				4007						03-22-		
2	Review	wer ELLE L MOR1	IMER		Badge	9					Approv 07-14-		
		y/Municipality			Crash				Crash Tir	ne	Day of		
		elphia/Philad	lelphia City		03-22	1			1712		TUESI		
		Description			Units	People		jured	Killed	ł	School	Bus	School Zone
nala	Angle				2	2	0		1		No		No
	Type of Four winters		Special Loca Not applica		Interse	ection Rela	ited	Sec	ondary Ci	rash	PennD No	OT Pro	perty Damage
5	Illumin		1		Road	Surface Co	ondition	าร					
	Daylig				Dry								
		on to Roadway				ner Conditio	ons 1			We	ather Co	ondition	is 2
	On roa				Clear								
		_			•					01			
b		Work Zone Works Injured/Killed				l Limit			Work Zor	ie Cha	racterist	ICS	
ANOLA ZUIN		lo Nork Zone Type			Workers Present								
	WORK 2	Vork Zone ⊺ype			workers Present								
	Where	Where in Work Zone			Officer Present								
0		pal Road									A. = 37		
		Signing			Route N	о.				•	l Limit		el Lanes
	State I	highway			2001					Unkn		02	
	Street				Street E	•				Orient	ation	Hous	e#
	OREG				Avenue)				East			
-		cting Road											
FOCALIOI		H STREET	Our de Davie										
ŝ		•	:Seconds,Decin		75 00.52	007							
1		de: 39 54:57.2 Control Device	203 Longn	ude: -	75 09:52		offic C	ontrol I	Functioni				
ł		signal							oning p	-	hu:		
	Lane C		Lane	Closure [Direction		affic De			Oper		ated Tin	ne Closed
į,	Fully	Josed		and So		Ye		cioure	u		1-3 h		ne olosed
Ì		nt Investigation	Notification Issu		, and the second s		operty	Dama	ge		1-0 11		
										_		_	
)]	Firet U	armful Evont				En	vironn	nentel	Roadwa	v Pote	ntial Fa	ctor	
5	Unit:	First Harmful Event				1	None			JIOLE	annaira	0101	
	1												
		1 Hit unit 02 Most Harmful Event				2							
						3							
100 1/01/04		Unit: Event:											
	1 Hit unit 02												
2	1	Hit unit 02 ed Prime Factor	Source	Unit N	D.	Pr	⊫ ime Fa	ctor					

Reportable: Y

Police Crash Report

Case Closed: N

ŗ	portable: Y					Polic	e Crash	Report				Case Close	U. IN
	Unit No.		Name/	Address	5			Date	of Birth		-	Telephone No.	
	1		JAMES	S J SIN	IPSON								
	Commerc	ial						Class	Licen	se Number	1	License State	
	N							CM	_		F	Pennsylvania	a, US
	Type Unit							Owne	r/Driver				
	Motor ve	hicl	e in trar	sport				Privat	te vehicle	owned/leas	sed by dri	iver	
	Driver Pre	send	ce		Driver or Pe	edestrian Physica	al Condition	Drug	Test Type	Drug Test	Result		
	Driver op	pera	ted vehi	cle	Unknow	'n		Blood	1	996=Oth 996=Oth	er (Specif er (Specif	narrative), y in narrativ y in narrativ y in narrativ	e),
Î	Alcohol/D	rugs	Suspecte	ed	Alcohol T	est Type		Alcohol	Test Results	Alcohol In	terlock		
	No	Ũ			Blood			0.00					
	Harmful I	Even	ts		Side of Road	Most Harmful	Utility Pole #	Violat	tions				Charge
	1 Hit ur	nit O	2			Yes		1					
ĺ	2							2					
	3							3					
I	4							4					
1	Driver Act	ion 1			Driver Ac	tion 2		Driver	Action 3		Driver Ad	ction 4	
	Unknow	ı			Affected Conditio	l by Physic on	al						
	Distracted Not Dist								cted by Sou Applicable	rce			
	Name/Add JAMES J							Insura Unkne		Insurance	Co. I	Policy Number	
	Vehicle Ty	/ne			Vehicle A	utomation		Reg. S	State	Plate Num	ber (Special Usage	
	Motorcy				Veniole /	atomation		-	sylvania,			lot applicab	
	Model Yea	ar	Vehicle HARLE DAVID	EY-	Vehicle N	lodel		Vehicl Silver	e Color		VIN 1HD1FR	W443Y	
	Trailer#	Tr	I Tag Sta	te	Type Tra	iling Unit		Tag N	umber	Tag Year	Trailer V	IN	
	Est. Spee	d	Towed		Towed B	у			e Movemen	t	Vehicle F		
ļ	999		Yes			_			straight			ne (Curb)	
	Travel Dir East		Gradier Unkno		Road Alig Straight	-		Initial 12 O'o	Impact Poin clock	t	-	Indicator Ig (severe - I Ie)	not
Ì	Possible \	/ehic	le Failure	1				Possil	ole Vehicle F	ailure 2			
	None												
Ĩ											E de contra	December	•
I	Engine Siz	ze			Bag/Trunk	(Traile			s Educatio		7
1	99999			Yes				Unkn	own	Unkn	own	No	

	Engine Size	Saddle Bag/T	runk	Trailer		Drivers	Education	Passenger?
•	99999	Yes		Unknown		Unkno	wn	No
	DRIVER Helmet Type	Helmet Stay On	DOT/Snell Designation	Eye Protection	Long Sl	eeves	Long Pants	Over Ankle Boot
oto	No Helmet			Unknown	Unkno	wn	Unknown	Unknown
Ň	PASSENGER Helmet Type	Helmet Stay On	DOT/Snell Designation	Eye Protection	Long Sl	eeves	Long Pants	Over Ankle Boot

Report Number: P1362167

Reportable: Y

Police Crash Report

eh	Jonable. 1			1 0110	or or a sin	Repo				0000 01000	
	Unit No.	Name/Addres	ss			Dat	e of Birth			Telephone No).
	2	NATHAN M	OODY								
	Commercia	1				Cla	ss Licen	se Number		License State	
	Y	PHILADELP	HIA PA 19	0111		в*				Pennsylvani	a, US
-	Type Unit					Ow	ner/Driver				
2	Motor veh	icle in transport	t			Priv	vate vehicle	not owned/	leased	by driver	
	Driver Pres	ence	Driver or Pe	edestrian Physica	al Condition	Dru	g Test Type	Drug Test	Result		
2	Driver ope	rated vehicle	Apparer	ntly normal		Nor	ne	Test Not	Given		
Ē	Alcohol/Dru	gs Suspected	Alcohol T	Fest Type		Alcoh	ol Test Results	Alcohol Int	terlock		
8	No		Test not	given		Tes	t not given				
	Harmful E	vents	Side of Road	Most Harmful	Utility Pole #	Vio	lations				Charge
D	1 Struck	by unit 01		Yes		1					1
	2					2					
	3					3					
]	4					4					
	Driver Actio	n 1	Driver Ac	ction 2		Driv	er Action 3		Drive	r Action 4	
	No contrib	uting action									
	Distracted b	by Action				Dist	racted by Sou	rce			
	Not Distra	acted				No	t Applicable				
	1234 MAR	ess/Phone DUTHEASTERN KET ST,14TH FI PHIA PA 19107	LO	VANIA TRA	AN .	Insu Yes	Irance	Insurance	Co.	Policy Numbe	r
2	Vehicle Typ			Automation		Reg	. State	Plate Num	ber	Special Usage	3
	Bus					Pen US	nsylvania,	NT43276		Comm. pass carrier(Expir 2019)	enger ed 1-1
	Model Year 2010	Vehicle Make	Vehicle N	lodel		Veh Whi	icle Color te		VIN 5FYH	5FV19AB0376	30
	Trailer#	Trl Tag State	Type Tra	iling Unit		Tag	Number	Tag Year	Traile	r VIN	
	Est. Speed 999	Towed No	Towed B	у			icle Movemen ning left	t		le Position urn lane	
	Travel Dir.	Gradient	Road Alig	gnment		Initia	al Impact Point	t	Dama	age Indicator	
	West	Unknown	Straight			3 0	clock		Mino	r (driveable)	
	Possible Ve	ssible Vehicle Failure 1				Possible Vehicle Failure 2					

Commonwealth of Pennsylvania

Report Number: P1362167

le	portable: Y			Police Cra	ash Report		Case Closed: N		
	Unit No. 01		Addres	-	Date of Birth	Telephone No.	WZ Worker No		
S	Person No. 01	1914	18		Person Type Driver		Sex Male		
Imati	Injury Severity Fatal Injury	/		Seat Position Driver - all vehicles	Safety Equipmer None Used / N				
People Information	Safety Equipm None Used / Applicable			Airbags Deployed (for this	person)				
Pec	Ejection Not applicable		on Path jected /	Not Applicable	Extrication Not applicable				
	EMS Transpor Yes	rt	EMS /	Agency	Medical Facility				
	Unit No. 02		Name/Address		Date of Birth	Telephone No.	WZ Worker No		
tion	Person No. 01	1910	2		Person Type Sex Driver Male				
People Information	Injury Severity Not injured	njury Severity		Seat Position Driver - all vehicles	Position Safety Equipment 1				
pple Ir	Safety Equipm Unknown	fety Equipment 2		Airbags Deployed (for this p					
Pec	Ejection Not ejected		on Path j ected /	Not Applicable	Extrication Not extricated				
	EMS Transpor No	rt	EMS A	Agency	Medical Facility				

Incident No: 11-03-018494/11-0509

Commonwealth of Pennsylvania

Report Number: P1362167

Reportable: Y

Police Crash Report

Case Closed: N

l	Unit No.	Name/Address		USDOT#	PUC#	Telephone No.			
2	2	SEPTA 1234 MARKET S PHILADELPHIA				(999) 999-9999			
	Cargo Bod	ly	Vehicle Configuration	Type of Carrier					
-	Bus		Bus (seats more than 15 people including driver)(Expired)						
	Hazardou Material	s Hazardous Material Class	Release Indicator	Special Sizing	Oversize Lo	ad ? No			
l	No	1							
		2							
		3							
1		4							

Inc 050	ident No: 11-03-018494/11-	Commonwealth	of Pennsylvania	Report Number: P1362167
	portable: Y	Police Cra	ash Report	Case Closed: N
ata	Unit No. 1	Driver Restrictions Compliance No restrictions or not applicable	Driver Endorsement Compliance None required	Driver License Compliance Valid license for class
Fatal Data	Principal Impact Point 12 O'clock	Avoidance Maneuver Braking - skid marks evident	Under Ride Indicator No under ride or override	Road Surface Type Blacktop
	Emergency Use Not in emergency use		Special Jurisdiction No special Jurisdiction	
Data	Unit No. 2	Driver Restrictions Compliance No restrictions or not applicable	Driver Endorsement Compliance None required	Driver License Compliance Valid license for class
ratal U	Principal Impact Point 3 O'clock	Avoidance Maneuver No avoidance maneuver	Under Ride Indicator No under ride or override	Road Surface Type Blacktop
	Emergency Use Not in emergency use		Special Jurisdiction No special Jurisdiction	

Incident No: 090131641 Commonwealth of Pennsylvania Re Reportable: Y Police Crash Report

Report Number: P1610042 Case Closed: Y

Agency	Agency Philadelphia City		Patrol	Zone			ispatch Tim 36	e Arrival Time 1337	
olice Age	Investigator 6S8II		Badge 4019				recinct 4D1EA	Investigation 09-27-2009	Date
	Reviewer DEBORAH L HOLT	eviewer EBORAH L HOLT						Approval Date 10-29-2009	9
	County/Municipality Philadelphia/Philad	Crash Date 09-27-2009				rash Time 36	Day of Week SUNDAY		
ara	Crash Description Angle		anne i ashis inderes			Killed 0	School Bus No	School Zone No	
	Type of Intersection T intersection	Interse	ection Relate	ed S	econ	dary Crash	PennDOT Pro	operty Damage	
	Illumination Daylight		Road Surface Conditions Wet						
	Relation to Roadway On roadway		Weather Conditions 1 Rain					Weather Conditio	ns 2
	Work Zone			Speed Limit			ork Zone C	haracteristics	

	WORK ZONE	works injured/killed	Sheed Filling	WOIR ZONE ON A ROLENSIOS
De	No			
rk Zo	Work Zone Type		Workers Present	
Wo	Where in Work Zon	ne -	Officer Present	

Route Signing Local road or street	Route N	Route No.		Travel Lanes 04	
Street OREGON	Street Er Avenue	nding	Orientation West	House #	
Intersecting Road 22ND STREET GPS Degrees Minutes:S Latitude : Longitu					
Traffic Control Device Stop sign		Traffic Control Fund Device functioning	•	perly	
Lane Closed Not applicable	Lane Closure Direction	Traffic Detoured Roadway Cleared			
Accident Investigation N	otification Issued?	Property Damage			

First H	armful Event		Environmental/Roadway Potential Factor				
Unit: 1	Event: Hit unit 02		1	None			
Most H	larmful Event		2				
Unit: 1	Event: Hit unit 02		3				
Indica Drive	ted Prime Factor Source r	Unit No. 02		ime Factor I rning from wrong lane			

Report Number: P1610042 Case Closed: Y

	Unit No.		Name/Address				Date	of Birth			Telephone No) .	
	1		NATHAN MO	ODY									
	Commercia	al					Class	s Licen:	License Number		License State		
	Y		PHILADELPH	HA PA 19	111		В*				Pennsylvani	ia, US	
5	Type Unit	nicl	e in transport				Owner/Driver Other						
JIIIIau	Driver Pres	sen		Driver or Pedestrian Physical Condition Apparently normal						Result			
Uriver/Pedestrian Information	Alcohol/Drugs Suspected			Alcohol Test Type				Test Results not given	Alcohol In	terlock			
SULIS	Harmful Events			Side of Road	Most Harmful	Utility Pole #	Viola					Charge	
č	1 Hit un	it O	2		Yes		1						
-	2						2						
NC	3						3						
ī	4						4						
	Driver Action	on 1		Driver Action 2			Driver Action 3			Driver Action 4			
	Proceeding w/o clearance after stop												
	Distracted	Distracted by Action						acted by Sour	rce				
	Not Distr	Not Distracted						Not Applicable					
The second s		4PL	s/Phone .UGPGIYI07 IIA PA 19107				Insurance Co. Yes SIP		Co.	 Policy Number 			
5	Vehicle Ty Bus			Vehicle Automation			Reg. Penn US	State sylvania ,	Plate Number MT39318		ber Special Usage Comm. passenger carrier(Expired 1-1 2019)		
venicie information	Model Yea 2005	r	Vehicle Make	Vehicle Model		Vehicle Color White		- 1	VIN 5FYD4FV165B028813		13		
	Trailer#	Tr	Tag State	Type Trai	ling Unit		Tag N	lumber	Tag Year	Traile	r VIN		
ACIIICA	Est. Speed 999		Towed No	Towed By	1		Vehicle Movement Leaving a parked		d		e Position Iane (Curb)		
	Travel Dir. West		Gradient Level roadway	Road Alignment Straight		position(Expired) Initial Impact Point 11 O'clock			Damage Indicator Functional (mod may b undriveable)		may b		
	Possible Ve None	ehio					Possi	ble Vehicle F	ailure 2		*/		

	Unit No.	Name/Add				Dat	te of Birth			Telephone No		
	2 Commercia N		M WRIGHT			Cia C	ss Licens	se Number		License State Pennsylvani	a 115	
UOI	Type Unit	icle in transpo	ort			Owner/Driver Private vehicle owned/leased by driver						
OFFICIAL	Driver Pres		Driver or Pe	Driver or Pedestrian Physical Condition Apparently normal			ig Test Type	Drug Test				
	Alcohol/Drugs Suspected		Alcohol T	Alcohol Test Type			nol Test Results	Alcohol Int	erlock			
Unver/regestrian Information	Harmful Events		Side of Road	Side of Most Utility		Violations					Charge	
5	1 Struck	by unit 01		Yes		1						
	2				_	2						
i	3					3						
	4						4				_	
	Driver Action 1 Driver Action 2 Turning from wrong lane						ver Action 3		Driver Action 4			
		Distracted by Action Not Distracted					Distracted by Source Not Applicable					
	Name/Addr KENNETH	ess/Phone MWRIGHT					urance	Insurance Co. S6UFQM		Policy Number		
	Vehicle Typ Automobi		Vehicle A	Automation		Reg. State Pennsylvania, US		Plate Number		Special Usage Not applicable		
	Model Year 1991	Vehicle Ma	ke Vehicle N CB6Q	Aodel		Vehicle Color Red		VIN JT2		N 2ST87F3M0		
	Trailer#	Trl Tag State	Type Tra	iling Unit		Тад	Number	Tag Year	Trailer VIN			
	Est. Speed 999	Towed No	Towed B	у			nicle Movement ning right	t		le Position of trafficway		
	Travel Dir. West	Gradient Level roadway	Road Alig Straight	-			al Impact Point (nown	:	Damage Indicator Minor (driveable)			
	Possible Ve None	hicle Failure 1				Possible Vehicle Failure 2						

	Unit No. 01		Addres GJ16I	s 932SMLSF2597HQ2A	Date of Birth	Telephone No.	WZ Worker No		
n	Person No. 01				Person Type Sex Passenger Female				
rmation	Injury Severity Injury, Unk Severity			Seat Position Bus passenger	Safety Equipment 1 None Used / Not Applicable				
People Intol	3 1 1	Safety Equipment 2 Airbags D None Used / Not			person)				
e	Ejection	Ejectio	Ejection Path Not Ejected / Not Applicable		Extrication Not applicable				
	Not applicable	Not Ej							
	EMS Transport EMS A		Agency	Medical Facility					

	Unit No. 01		Address	s 35W165F27MG3IM3242	Date of Birth	Telephone No.	WZ Worker No		
on	Person No. 02				Person Type Sex Passenger Female Safety Equipment 1 None Used / Not Applicable				
normatio	Injury Severity Injury, Unk	·	,	Seat Position Bus passenger					
reopie into				Airbags Deployed (for this pe	Airbags Deployed (for this person)				
j,	Ejection	Ejectio	n Path		Extrication				
	Not applicable	Not Ej	ected /	Not Applicable	Not applicable				
	EMS Transport EMS A			Agency	Medical Facility				

Unit No. 01		Name/Address MOODY, NATHAN		Date of Birth	Telephone No.	WZ Worker No		
Person No				Person Type		Sex		
5 03	PHILADELPHIA PA 19111			Driver Safety Equipment	Unknown			
Injury Seve	erity	5	Seat Position					
Injury Seve	ed	D	river - all vehicles					
Safety Equ	Safety Equipment 2		Airbags Deployed (for this person)					
None Use								
Ejection	Eject	ion Path		Extrication				
Not		Ejected / N	ot Applicable	Not applicable				
EMS Trans	port	t EMS Agency		Medical Facility				

	Unit No. Name/Address 02 WRIGHT, KE			-	Date of Birth	Telephone No.	WZ Worker			
	02	WRIC	SHT, KE	NNETH M			No			
5	Person No.				Person Type	Sex				
atio	01			On at Desition	Driver Male					
ma	Injury Severity			Seat Position	Safety Equipmen	nt 1				
10	Not injured			Driver - all vehicles	Unknown					
e	Safety Equipn	ient 2		Airbags Deployed (for this	person)					
People Information	Unknown Ejection	Fiect	on Path		Extrication					
Pe			Not Applicable	Not applicable						
	EMS Transpo	rt	EMS	ency Medical Facility						
	Unit No.	Name	e/Address	5	Date of Birth	Telephone No.	WZ Worker			
	02				9999-99-99	-	No			
	Person No.				Person Type		Sex			
5	02				Passenger		Unknown			
atic	Injury Severity	1		Seat Position	Safety Equipment	nt 1				
E	Not injured			Bus passenger	None Used / N	ot Applicable				
n to				Airbags Deployed (for this	person)					
ple in	None Used / Not Applicable									
ople	Applicable	Not								
People	Applicable Ejection	Ejecti	on Path		Extrication					
People	Applicable Ejection Not	Ejecti		Not Applicable	Extrication Not applicable					
People	Applicable Ejection	Ejecti Not E	jected /	Not Applicable						
People	Applicable Ejection Not applicable	Ejecti Not E	jected /		Not applicable	1				
People	Applicable Ejection Not applicable EMS Transport	Ejecti Not E	jected /	Agency	Not applicable Medical Facility Date of Birth	Telephone No.	WZ Worker			
People	Applicable Ejection Not applicable EMS Transpor Unit No. 02	Ejecti Not E	EMS /	Agency	Not applicable Medical Facility Date of Birth 9999-99-99	1	No			
	Applicable Ejection Not applicable EMS Transpor Unit No. 02 Person No.	Ejecti Not E	EMS /	Agency	Not applicable Medical Facility Date of Birth 9999-99-99 Person Type	1	No Sex			
	Applicable Ejection Not applicable EMS Transpor Unit No. 02 Person No. 03	Ejecti Not E rt	EMS /	Agency	Not applicable Medical Facility Date of Birth 9999-99-99 Person Type Passenger	Telephone No.	No			
	Applicable Ejection Not applicable EMS Transport Unit No. 02 Person No. 03 Injury Severity	Ejecti Not E	EMS /	Agency Seat Position	Not applicable Medical Facility Date of Birth 9999-99-99 Person Type Passenger Safety Equipment	Telephone No.	No Sex			
rmation	Applicable Ejection Not applicable EMS Transpor Unit No. 02 Person No. 03 Injury Severity Not injured	Ejecti Not E	EMS /	Agency Seat Position Bus passenger	Not applicable Medical Facility Date of Birth 9999-99-99 Person Type Passenger Safety Equipmen None Used / N	Telephone No.	No Sex			
rmation	Applicable Ejection Not applicable EMS Transpor Unit No. 02 Person No. 03 Injury Severity Not injured Safety Equipm	Ejecti Not E Name	EMS /	Agency Seat Position	Not applicable Medical Facility Date of Birth 9999-99-99 Person Type Passenger Safety Equipmen None Used / N	Telephone No.	No Sex			
rmation	Applicable Ejection Not applicable EMS Transpor Unit No. 02 Person No. 03 Injury Severity Not injured Safety Equipm None Used /	Ejecti Not E Name	EMS /	Agency Seat Position Bus passenger	Not applicable Medical Facility Date of Birth 9999-99-99 Person Type Passenger Safety Equipmen None Used / N	Telephone No.	No Sex			
rmation	Applicable Ejection Not applicable EMS Transpor Unit No. 02 Person No. 03 Injury Severity Not injured Safety Equipm None Used / Applicable	Ejecti Not E Name Name	EMS /	Agency Seat Position Bus passenger	Not applicable Medical Facility Date of Birth 9999-99-99 Person Type Passenger Safety Equipmen None Used / N	Telephone No.	No Sex			
People Information People Information	Applicable Ejection Not applicable EMS Transpor Unit No. 02 Person No. 03 Injury Severity Not injured Safety Equipm None Used /	Ejecti Not E Name nent 2 Not Ejecti	EJected / EMS / e/Address	Agency Seat Position Bus passenger	Not applicable Medical Facility Date of Birth 9999-99-99 Person Type Passenger Safety Equipmer None Used / N person)	Telephone No. nt 1 ot Applicable	No Sex			

9	Unit No. 1	SE 12	РТА 34 М	Address AKET ST DELPHIA I		USDOT#	PUC#	Telephone No. (999) 999-9999
rcial Vehicle	Cargo Body Bus				Vehicle Configuration Bus (seats more than 15 people including driver)(Expired)			
Commen	Hazardous Material	s		ardous erial Class	Release Indicator	Special Sizing	Oversize Lo	oad ? No
5	No		1					
			2					
			3					
	4							