



**HUMAN PERFORMANCE FACTORS ATTACHMENT**

**7-17-19 Crash Report**

**HWY20MH002**

(3 pages)

MOTOR VEHICLE CRASH REPORT

PA0621 / 01-18

GENERAL										LOCATION				
1. Case # 19H-379	2. Crash Date (mm-dd-yyyy) 7/17/2019		3. Time (2400) 0925		24. Port Authority Facility HT - Holland Tunnel		25. State <input type="checkbox"/> NY <input checked="" type="checkbox"/> NJ	26. Port Authority Police Command HT		27. Beyond PA Limits <input type="checkbox"/>	Page 1 of 1			
4. Reporting Officer's Name (Print) PO. A. Petillo			5. Shield # 2752	6. Reporting Officer's Signature [Signature]			28. Off the Public Roadway (e.g., gas station, car rental lot, hotel, tow yard, port operator yard, inside a building or hangar, loading dock, etc.) <input type="checkbox"/>			29. PA Grid Map No. (if within PA Limits) 077-117				
7. Supervising Officer's Name (Print) [Redacted]			8. Shield # [Redacted]	9. Supervising Officer's Signature [Signature]			30. Road Crash Occurred On: 12th Street and Jersey Ave.			31. Direction E				
10. Day of Week Wed	11. No. of Vehs 2	12. No. Killed 0	13. PA Property Damaged <input checked="" type="checkbox"/> None <input type="checkbox"/> PA Fixed Asset <input type="checkbox"/> PA Veh		14. Amended Report <input type="checkbox"/>		32. At Distance of: _____ or <input type="checkbox"/> At _____ Feet			33. <input type="checkbox"/> North of <input type="checkbox"/> East of <input type="checkbox"/> Intersection With <input type="checkbox"/> South of <input type="checkbox"/> West of <input type="checkbox"/> N/A				
15. Weather Condition 1 - Clear	16. Road Condition 1 - Dry	17. Light Condition 1 - Daylight	18. Crash Severity 5 - No Apparent Injury		19. Fixed Object Type 88 - None		34. Cross Road: Road Name, Light Pole (LP), Eng. Mark, Mile Post (MP), Structure (e.g., toll plaza), or other identifiable mapped feature							
20. First Harmful Event 3 - Sideswipe Collision	21. Are there injuries, or does damage exceed \$600 in NJ, or \$1,000 in NY? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		22. Temp Traffic Control / Work Zone <input type="checkbox"/>		23. Photos Attached <input type="checkbox"/>		35. Airside (airports) <input type="checkbox"/>			36. Latitude [Redacted]		37. Longitude [Redacted]		

PERSON INVOLVED											
38A. Unit # 01		39A. First Name Steven		40A. Last Name Hantman		38B. Unit # 02		39B. First Name Shuang		40B. Last Name Feng	
41A. Number and Street Name [Redacted]			42A. City Cliffwood		43A. State NJ		44A. Zip Code 07721		41B. Number and Street Name [Redacted]		
42B. City Cliffwood			43B. State NJ		44B. Zip Code 07721		42B. City Flushing			43B. State NY	
45A. DL State NJ		46A. Driver's License No. [Redacted]		47A. Sex M		48A. Date of Birth (mm-dd-yyyy) [Redacted]		45B. DL State NY		46B. Driver's License No. [Redacted]	
47A. Sex M		48A. Date of Birth (mm-dd-yyyy) [Redacted]		49B. DL Expiration Date (mm-dd-yyyy) [Redacted]		50B. DL Class A		51B. DL Restrictions None		52B. DL Endorsements P	
53A. Safety Equipment 99 - Unknown		54A. Ejection 88 - Not Eject		55A. Injury Severity 5 - No Apparent Inj		56A. Injury Area 88 - None		57A. Taken By 88 - Not Taken		58A. Hospital Code NA	
53B. Safety Equipment 99 - Unknown		54B. Ejection 88 - Not Eject		55B. Injury Severity 5 - No Apparent Inj		56B. Injury Area 88 - None		57B. Taken By 88 - Not Taken		58B. Hospital Code NA	
59A. Summons and/or Arrest No. (if applicable) NA			60A. Violation Code(s) (if applicable) NA			59B. Summons and/or Arrest No. (if applicable) NA			60B. Violation Code(s) (if applicable) NA		
61A. Alcohol or Drug Test Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused			62A. Date of Death (mm-dd-yyyy) Result: <input type="checkbox"/> Pending 0. _____ %			61B. Alcohol or Drug Test Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused			62B. Date of Death (mm-dd-yyyy) Result: <input type="checkbox"/> Pending 0. _____ %		
Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine						Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine					

VEHICLE OWNER											
<input checked="" type="checkbox"/> Same as Driver (skip 63-68)		63A. First Name (or Business Name) of Vehicle Owner		64A. Last Name of Vehicle Owner		<input checked="" type="checkbox"/> Same as Driver (skip 63-68)		63B. First Name (or Business Name) of Vehicle Owner		64B. Last Name of Vehicle Owner	
65A. Number and Street Name [Redacted]			66A. City Cliffwood		67A. State NJ		68A. Zip Code 07721		65B. Number and Street Name 350 US Highway 46 STE. 131		
66B. City Cliffwood			67B. State NJ		68B. Zip Code 07721		66B. City Rockaway			67B. State NJ	
68B. Zip Code 07721			67B. State NJ		68B. Zip Code 07866		67B. State NJ			68B. Zip Code 07866	

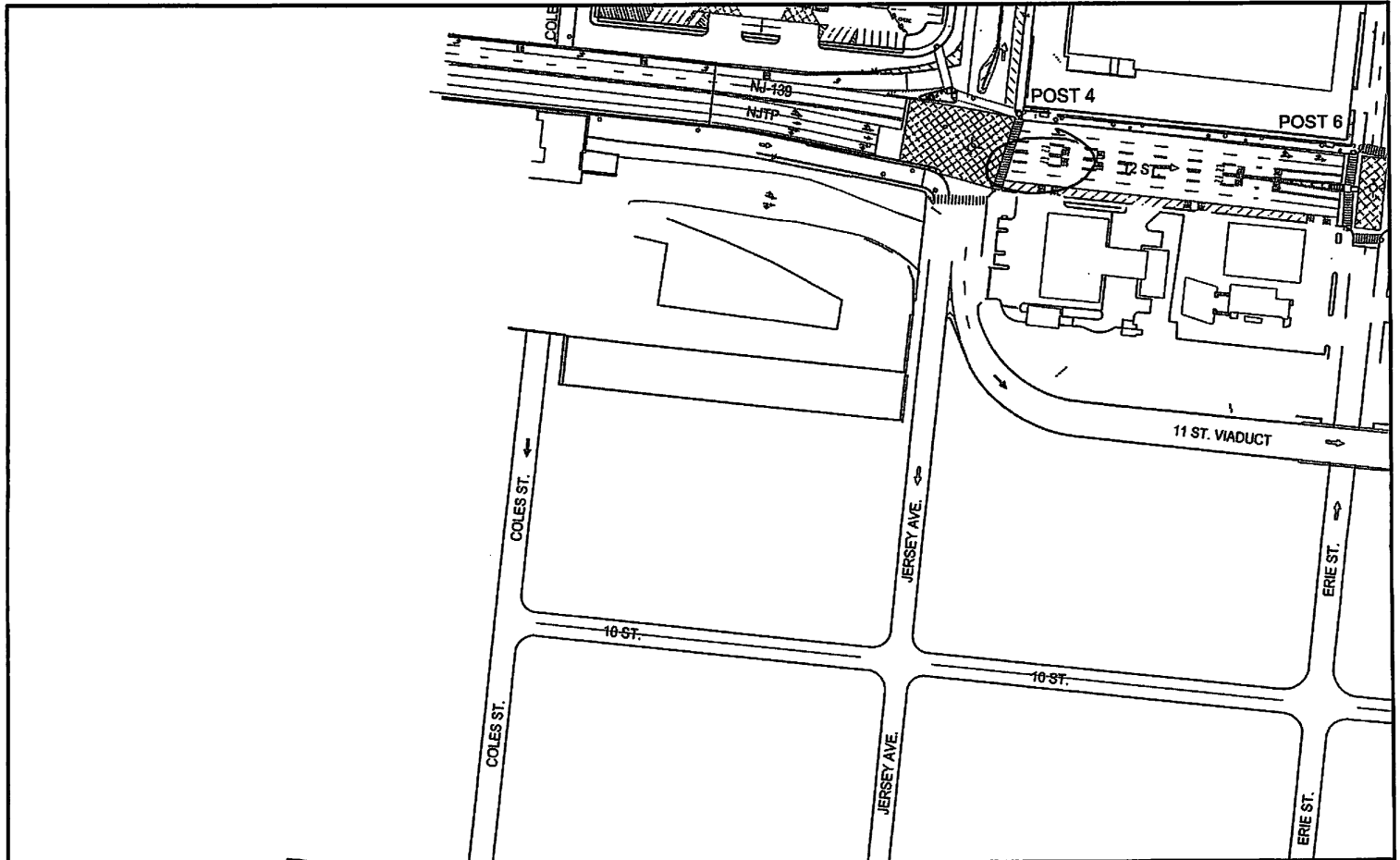
VEHICLE																															
69A. Vehicle Year 2017		70A. Vehicle Identification # (17-digit VIN) WAUJ8GF4H [Redacted]								69B. Vehicle Year 2007		70B. Vehicle Identification # (17-digit VIN) YE2CC16B972046692																			
71A. Vehicle Make Audi		72A. Vehicle Model Name A3			73A. State NJ		74A. License Plate # [Redacted]			71B. Vehicle Make Van		72B. Vehicle Model Name Bus			73B. State NJ		74B. License Plate # AU630J														
76A. Ins. Code [Redacted]		76A. Insurance Policy # [Redacted]		77A. Ins. Exp. (mm-dd-yyyy) 9/14/2019		76A. Towed Auth. By <input type="checkbox"/> N/A <input type="checkbox"/> Driver <input type="checkbox"/> Police <input type="checkbox"/> Owner		75B. Ins. Code 0		76B. Insurance Policy # [Redacted]		77B. Ins. Exp. (mm-dd-yyyy) 5/9/2020		76B. Towed Auth. By <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Driver <input type="checkbox"/> Police <input type="checkbox"/> Owner																	
79A. Veh Body Type 1 - Passenger Car		80A. Veh Use 1 - Persons		81A. Factor 99 - Unknov		82A. Pre-Crash 8 - Entering Tra		83A. Traf Ctrl 90 - Other		84A. Imp Area 10		85A. Dmg Area 10		86A. Extent 1 - Minor		79B. Veh Body Type 20 - Bus		80B. Veh Use 12 - Bus		81B. Factor 99 - Unknov		82B. Pre-Crash 8 - Entering Tra		83B. Traf Ctrl 90 - Other		84B. Imp Area 3		85B. Dmg Area 3		86B. Extent 1 - Minor	
87A. Cargo Body Type 88 - None		88A. Towed To (if applicable) NA		Crash Diagram 										87B. Cargo Body Type 2 - Bus (>15 Seats)		88B. Towed To (if applicable) NA															
89A. Towed By (if applicable) NA		89B. Towed By (if applicable) NA																													
90A. Vehicle's Initial Direction of Travel <input type="checkbox"/> North <input type="checkbox"/> South <input checked="" type="checkbox"/> East <input type="checkbox"/> West		90B. Vehicle's Initial Direction of Travel <input type="checkbox"/> North <input type="checkbox"/> South <input checked="" type="checkbox"/> East <input type="checkbox"/> West																													
91A. Commercial Permits (if applicable) <input type="checkbox"/> Overweight <input type="checkbox"/> Over-dimension		91B. Commercial Permits (if applicable) <input type="checkbox"/> Overweight <input type="checkbox"/> Over-dimension																													
92A. Gross Vehicle Weight Rating (truck or bus) <input type="checkbox"/> ≤ 10,000 lbs <input type="checkbox"/> > 25,000 lbs <input type="checkbox"/> 10,001-25,000 lbs		92B. Gross Vehicle Weight Rating (truck or bus) <input type="checkbox"/> ≤ 10,000 lbs <input type="checkbox"/> > 25,000 lbs <input type="checkbox"/> 10,001-25,000 lbs		93A. Motor Carrier Name (for truck or bus)		93B. Motor Carrier Name (for truck or bus)		94A. Motor Carrier ID# (for truck or bus) <input type="checkbox"/> USDOT # <input type="checkbox"/> Other #		94B. Motor Carrier ID# (for truck or bus) <input type="checkbox"/> USDOT # <input type="checkbox"/> Other #																					

95. Crash Description

Driver 1 States, "I was in the middle lane, the bus was in the left lane, I tried to get over to the right lane, I heard my mirror break and the bus hit me."

Driver 2 States, "I saw this car trying to move over, I was looking at my phone and i heard something hit the side of my bus."

No injuries were reported on scene. Minor Damage to both vehicles.



Map Version:  
2015-10-26

MVC NO.



- ⊕ Head On
- ⊖ Rear End
- ↘ Sideswipe Same Direction
- ↙ Sideswipe Opposite Direction
- ⊥ Right Angle
- ↶ Left / U Turn
- ↵ Backing
- Fixed Object
- Non-Fixed Object
- ⊳ Overtum / Rollover

### Holland Tunnel

This map is to be used solely for identifying the location of crash points.  
Port Authority property lines are shown in their approximate location.

GRID NO.

**077-117**