



COMMONWEALTH OF PENNSYLVANIA
POLICE ACCIDENT REPORT

REFER TO OVERLAY SHEETS

REPORTABLE NON-REPORTABLE

REMOVAL ONLY

POLICE INFORMATION				ACCIDENT LOCATION			
1. INCIDENT NUMBER	121777			20. COUNTY	Allegheny		
2. AGENCY NAME	Pittsburgh Police			21. MUNICIPALITY	Pittsburgh		
3. STATION PRECINCT	2 Zone	329	PATROL ZONE	03012			
4. INVESTIGATOR	Wlak			22. ROUTE NO OR STREET NAME	Grant		
5. APPROVED BY	S. Lajo			23. SPEED LIMIT	25	24. TYPE	Highway 2
6. INVESTIGATION DATE	5-24-93			25. ACCESS CONTROL	1		
7. ARRESTAL TIME	0515hrs			INTERSECTING ROAD:			
ACCIDENT INFORMATION				26. ROUTE NO OR STREET NAME	6th Ave		
8. ACCIDENT DATE	5-24-93			27. SPEED LIMIT	25	28. TYPE	Highway 1
9. TIME OF DAY	0510hrs			29. ACCESS CONTROL	1		
10. DATE OF MATR	Monday			IF NOT AT INTERSECTION:			
11. NUMBER OF UNITS	2			30. CROSS STREET OR SIGNMENT MARKED			
12. # REELED	0	13. # INJURED	1	31. DIRECTION FROM SITE	N S E W		
14. DO VEHICLE HAVE TO BE REMOVED FROM THE SCENE?	UNIT 1	UNIT 2		32. DISTANCE FROM SITE	FT. M.		
	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>		33. DISTANCE WAS	MEASURED <input type="checkbox"/>	ESTIMATED <input type="checkbox"/>	
15. HAZARDOUS MATERIALS	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>			34. CONSTRUCTION ZONE	<input type="checkbox"/>		
16. PENNYOT PROPERTY	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>			35. TRAFFIC CONTROL DEVICE	2		
UNIT # 1				UNIT # 2			
36. LEGALLY PARKED	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>			36. LEGALLY PARKED	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		
37. REG. PLATE	AA60847			37. REG. PLATE	CC92685		
38. PA TITLE OR OUT-OF-STATE VN	39613422			38. PA TITLE OR OUT-OF-STATE VN	41492570301		
39. OWNER	KUDER TRUCK			39. OWNER	Potomac Bakery, Inc		
40. OWNER ADDRESS	Magnolia Plaza 5315 Brubaker Rd			40. OWNER ADDRESS	1419 Potomac Ave		
41. CITY, STATE & ZIP CODE	Pittsburgh Pa 15205			41. CITY, STATE & ZIP CODE	Pittsburgh Pa 15216		
42. YEAR	87			42. YEAR	1989		
43. MAKE	Freightliner			43. MAKE	Ford		
44. MODEL (NOT BODY TYPE)	Tractor			44. MODEL (NOT BODY TYPE)	Knuckle		
45. BODY TYPE	74			45. BODY TYPE	40		
46. SPECIAL USAGE	6			46. SPECIAL USAGE	0		
47. INITIAL IMPACT POINT	11			47. INITIAL IMPACT POINT	10		
48. VEHICLE STATUS	0			48. VEHICLE STATUS	0		
49. TRAVEL SPEED	20			49. TRAVEL SPEED	25		
50. DRIVER POSSESSION	54			50. DRIVER POSSESSION	1		
51. DRIVER GRADIENT	1			51. DRIVER GRADIENT	1		
52. DRIVER MEMBER	10602310			52. DRIVER MEMBER	22641482		
53. DRIVER NAME	William Cox			53. DRIVER NAME	ROBERT BOWERS		
54. DRIVER ADDRESS	RD 1 Box 83			54. DRIVER ADDRESS	4435 E. BARLUNB DR		
55. CITY, STATE & ZIP CODE	Somerset Pa 15501			55. CITY, STATE & ZIP CODE	Pittsburgh Pa 15227		
56. SEX	M			56. SEX	M		
57. DATE OF BIRTH	5-10-40			57. DATE OF BIRTH	9-4-72		
58. COMM. VEH. CLASS	A			58. COMM. VEH. CLASS	C		
59. DRIVER SSN	186-32-5128			59. DRIVER SSN	207-56-8520		
60. DRIVER	Walter's Tires SECMITE			60. DRIVER			
61. DRIVER ADDRESS	241 E. GARDY			61. DRIVER ADDRESS			
62. CITY, STATE & ZIP CODE	Somerset Pa 15501			62. CITY, STATE & ZIP CODE			
63. US DOT #				63. US DOT #			
64. VEH. COMP. #	6			64. VEH. COMP. #	6		
65. CARGO BODY TYPE	9			65. CARGO BODY TYPE	9		
66. HAZARDOUS MATERIALS	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>			66. HAZARDOUS MATERIALS	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		
67. RELEASE OF HAZ. MAT.	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>			67. RELEASE OF HAZ. MAT.	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		

PITTSBURGH POLICE
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CENTER FOR HIGHWAY SAFETY

DEFENDANT'S
EXHIBIT
214

79 MEDICAL FACILITY										ACCIDENT DATE:																						
80 PEOPLE INFORMATION																																
NAME										ADDRESS																						
1	1	M	S	3	1	9	Wm Cox PD #1 704 53 Somerset 15501				D	-	-	-	-	2	1	G	3	3	1	9	ROBERT POWERS 4465 Brookline Dr Pitt 15221				3	2	3	A	0	1
81 ILLUMINATION <input type="checkbox"/> 3 <input type="checkbox"/> WEATHER <input type="checkbox"/> 1										80. DIAGRAM																						
82 ROAD SURFACE <input type="checkbox"/> 7																																
84 PENNSYLVANIA SCHOOL DISTRICT (IF APPLICABLE)																																
85 DESCRIPTION OF DAMAGED PROPERTY																																
OWNER																																
ADDRESS																																
PHONE																																
87. NARRATIVE - IDENTIFY PRECIPITATING EVENTS, CAUSATION FACTORS, SEQUENCE OF EVENTS, WITNESS STATEMENTS, AND PROVIDE ADDITIONAL DETAILS LIKE INSURANCE INFORMATION AND LOCATION OF TOWED VEHICLES, IF KNOWN.																																
DRIVER #1 VEHICLE STATED HE WAS WEST BOUND ON GRANT AND WAS ATTEMPTING TO MAKE LEFT TURN ONTO 6TH. WHEN THE VEHICLE COLLIDED FULL FRONT INTO VEHICLE #2.																																
DRIVER #2 VEHICLE STATED HE WAS BOUND ON GRANT ST. WITHIN VEHICLE #1 ATTEMPTING TO MAKE A LEFT TURN STRUCK FULL FRONT INTO HIS VEHICLE'S LEFT FRONT AND SIDE.																																
BOTH DRIVERS STATED THEY HAD A GREEN LIGHT																																
VEHICLE #1 TOWED TO MCGRAW - CHESTER #51																																
VEHICLE #2 TOWED TO GREGG TOWING - CHESTNUT STREET																																
MED #5 TRANSPORTED DRIVER OF VEHICLE #2 TO PULLEY HOSP.																																
ON SCENE: TRAFFIC #3 - ENGINE #3 - 3227																																
INSURANCE INFORMATION					COMPANY					INSURANCE INFORMATION					COMPANY																	
UNIT 1					POLICY NO 1300066166					UNIT 2					POLICY NO BAW 50230931																	
NAME					ADDRESS					NAME					PHONE																	
WITNESSES					CURT HANNA 148 CATSKILL AVE PITTSBURGH PA					WITNESSES					PHONE																	
89 VIOLATIONS INDICATED										90 SECTION MARKERS (DATE & CHARGED)										TC NTC												
UNIT 1																				□ □												
UNIT 2																				□ □												
91. INSURANCE USE		92. TYPE TEST		93. RESULTS		94. NO TEST REFUSE LINK		95. INSURANCE USE		96. TYPE TEST		97. RESULTS		98. NO TEST REFUSE LINK		99. INVESTIGATION COMPLETE?																
UNIT 1				0 %		□ □		UNIT 2				0 %		□ □		YES □ NO □																
AR 45 (1-92)										PAGE 2										CENTER FOR HIGHWAY SAFETY												

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