

ATTACHMENT #1

**PENNSYLVANIA STATE POLICE
TRAFFIC ACCIDENT REPORT**

(17 Pages)

Incident Number: H06-1760825

Commonwealth of Pennsylvania

PAGE 1

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 CRASH

Police Agency Data	Agency Name PA STATE POLICE - GETTYSBURG				Case Closed YES		Patrol Zone 33		Investigation Date 05/19/2008				
	Dispatch Time 17:41 hrs.		Arrival Time 17:44 hrs.		Investigator PALMER, SHAWN L				Badge Number 07389				
	Approval Date				Reviewer				Reviewer Badge Number				
Crash Data	Date of Crash 05/19/2008		Time of Crash 17:35 hrs.		Day of the Week MONDAY		Crash Description HIT FIXED OBJECT						
	County ADAMS				Municipality STRABAN TWP								
	Weather Conditions NO ADVERSE CONDITIONS				Relation to Roadway OUTSIDE TRAFFICWAY								
	Illumination DAYLIGHT				Road Surface Conditions DRY								
	# of Units 001	# of People 047	# of Injured 039	# Killed 000	EMS Agency NONE		Medical Facility NONE						
	School Bus Related NO	School Zone Related NO	PennDOT Notified NO	Type of Intersection MIDBLOCK		Special Location NOT APPLICABLE							
Work Zone	Work Zone NO		Work Zone Type				Where in Work Zone						
	Speed Limit	Workers Present	Officer Present	Work Zone Characteristics ☐ Lane Closure ☐ Road Closed with Detour ☐ Work on Shoulder or Median ☐ Intermittent or Moving Work ☐ Flagger Control ☐ Other									
Principal Road	Route Signing STATE HIGHWAY				Route Number 0015		Segment Number		Travel Lanes 02		Speed Limit 65 MPH	Orientation NORTH	
	House Number				Street Name BLUE & GRAY MEMORIAL						St. Ending HIGHWAY		
Intersecting Rd.	Route Signing				Route Number		Segment Number		Travel Lanes		Speed Limit		Orientation
	Used in Intersection Crashes				Street Name								St. Ending
Distance From Landmark Used for Mid-Block Crashes	Landmark 1	Route Number		Or Mile Post	Tenths	Or Segment Marker		Ramp Use Only		Feet			
		Street Name				Street Ending				Or Miles Tenths			
	Landmark 2	Route Number		Or Mile Post	Tenths	Or Segment Marker		Ramp Use Only		The above entry is the distance from the Crash Scene to Landmark 1			
		Street Name				Street Ending							
GPS	Latitude:		Degrees 39	Minutes 52	Seconds 57	Decimal 994	Longitude:		Degrees 77	Minutes 11	Seconds 08	Decimal 849	
TCO	Traffic Control Device NOT APPLICABLE						Traffic Control Functioning NO CONTROLS						
	Lane Closed PARTIALLY		Lane Closure Direction SOUTH				Traffic Detoured YES		Estimated Time Closed 3-6 HRS				
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 Number 001		Harmful Event HIT EMBANKMENT				Unit Number 001		Harmful Event OVERTURN/ROLL OVER				
	Indicated Prime Factor VEHICLE FAILURE				Unit Number 001		Prime Factor Driver Action						
	Prime Factor Environmental/Roadway				Prime Factor Vehicle Failure TIRES				Prime Factor Pedestrian Action				
	Road Surface Type						Special Jurisdiction						

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Police Crash Report

REPORTABLE CRASH

Driver/Pedestrian Information	Unit Number 001	Type Unit Motor Vehicle In Transport	Commercial Vehicle Yes	
	First Name PHILIP	MI J	Last Name WAGAMAN	Suffix
	Street Address 		City ABBOTTSTOWN	State PA
			Zip Code 17301	
	Gender MALE	License Number 	License State PA	Class A
	Expiration Date 	Owner/Driver PRIVATE VEHICLE NOT OWNED/LEASED BY DRIVER		
	Driver Presence DRIVER OPERATED VEHICLE	Physical Condition APPARENTLY NORMAL	Primary Vehicle Code Violation 	
	Alcohol/Drugs Suspected NO	Alcohol Test Type TEST NOT GIVEN	Alcohol Test Results 	
	Driver Action NO CONTRIBUTING ACTION			
	Pedestrian Action 		Pedestrian Signals 	Pedestrian Clothing
Pedestrian Location 				
Vehicle Information	1st Harmful Event HIT EMBANKMENT	Left or Right Side LEFT	Most Harmful NO	Utility Pole Number
	2nd Harmful Event OVERTURN/ROLL OVER	Left or Right Side 	Most Harmful YES	Utility Pole Number
	3rd Harmful Event 	Left or Right Side 	Most Harmful 	Utility Pole Number
	4th Harmful Event 	Left or Right Side 	Most Harmful 	Utility Pole Number
	Owner First Name 	Owner MI 	Owner Last Name or Business Name WOLF'S BUS LINES, INC	Suffix
	Street Address 200 OLD RT 15		City YORK SPRINGS	State PA
			Zip Code 17372	
	Vehicle Type BUS	Special Usage NOT APPLICABLE		Government Equipment Number
	Model Year 2004	Vehicle Make MCI	Vehicle Model J4500	Vehicle Color GREEN
	VIN 			
	License Plate MT38170	Reg. State PA	Est. Speed 060	Vehicle Towed YES
	Towed By LADY AND TAYLOR TOWING			
	Insurance YES	Insurance Company LANCER INSURANCE	Policy Number 	Expiration Date
	Direction of Travel NORTH	Vehicle Position RIGHT LANE "CURB"	Vehicle Movement GOING STRAIGHT	Initial Impact Point 11 O'CLOCK
	Damage Indicator DISABLING	Gradient LEVEL	Road Alignment STRAIGHT	Possible Vehicle Failures TIRES
Trailing Units	# of Units 0	Type Unit 1 	Tag Number 	Tag Year
	Unit Make 		Unit Owner 	
	Type Unit 2 	Tag Number 	Tag Year 	Tag State
	Unit Make 		Unit Owner 	
	Engine Size cc	Passenger? 	Saddle Bag/Trunk? 	Trailer?
	Driver Education? 			
	Driver Helmet Type 	Helmet Stayed On? 	DOT/Snell Designation? 	Eye Protection?
	Long Sleeves? 	Long Pants? 	Over Ankle Boots? 	
	Passenger Helmet Type 	Helmet Stayed On? 	DOT/Snell Designation? 	Eye Protection?
	Long Sleeves? 	Long Pants? 	Over Ankle Boots? 	
Motorcycle	Passenger? 		Helmet? 	
	Head Lights? 		Rear Reflectors? 	

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REPORTABLE CRASH

Commercial Vehicle	Unit Number 01	Number of Axles 03	Carrier Name WOLF'S BUS LINES, INC			Phone Number (800) 692-7804	
	Street Address 200 OLD RT 15			City YORK SPRINGS		State PA	Zip Code 17372
	Cargo Body Type BUS		Vehicle Configuration BUS (SEATS MORE THAN 15 PEOPLE, INCLUDING THE DRIVER)				GWR 054000
	Oversize Load NO	USDOT Number 00010726	ICC Number	PUC Number A-00093832	Hazardous Materials NO		
	HazMat Class 1			Release Indicator 1			
	HazMat Class 2			Release Indicator 2			
	HazMat Class 3			Release Indicator 3			
HazMat Class 4			Release Indicator 4				
People Information	Unit # 001	Person No. 001	First Name PHILIP	MI J	Last Name WAGAMAN	Suffix	DOB
	Street Address			City ABBOTTSTOWN		State PA	Zip Code 17301
	Phone Number		EMS Transport YES	Person Type DRIVER		Gender MALE	Injury Severity MODERATE INJURY
	Seat Position DRIVER - ALL VEHICLES			Safety Equipment 1 LAP AND SHOULDER BELT USED			
	Safety Equipment 2 NONE USED / NOT APPLICABLE			Extrication NOT EXTRICATED			
	Ejection NOT EJECTED			Ejection Path NOT EJECTED/NOT APPLICABLE			
	Ejection Path						
People Information	Unit # 001	Person No. 002	First Name WENDY	MI	Last Name STOUT	Suffix	DOB
	Street Address			City CARLISLE		State PA	Zip Code 17013
	Phone Number		EMS Transport YES	Person Type PASSENGER		Gender FEMALE	Injury Severity MODERATE INJURY
	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			
	Ejection Path						
People Information	Unit # 001	Person No. 003	First Name AMBER	MI	Last Name MCKINNEY	Suffix	DOB
	Street Address			City CARLISLE		State PA	Zip Code 17013
	Phone Number		EMS Transport YES	Person Type PASSENGER		Gender FEMALE	Injury Severity MODERATE INJURY
	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			
	Ejection Path						

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REPORTABLE CRASH

People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	004	SEREENA	M	LECRONE		
	Street Address			City		State	Zip Code
				CARLISLE		PA	17013
	Phone Number	EMS Transport	Person Type	Gender	Injury Severity		
		YES	PASSENGER	FEMALE	INJURY, UNKNOWN SEVERITY		
	Seat Position	Safety Equipment 1					
BUS PASSENGER	NONE USED / NOT APPLICABLE						
Safety Equipment 2	Extrication						
NONE USED / NOT APPLICABLE	NOT EXTRICATED						
Ejection	Ejection Path						
NOT APPLICABLE	NOT EJECTED/NOT APPLICABLE						
People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	005	REBECCA		BROWN		
	Street Address			City		State	Zip Code
				CARLISLE		PA	17013
	Phone Number	EMS Transport	Person Type	Gender	Injury Severity		
		YES	PASSENGER	FEMALE	INJURY, UNKNOWN SEVERITY		
	Seat Position	Safety Equipment 1					
BUS PASSENGER	NONE USED / NOT APPLICABLE						
Safety Equipment 2	Extrication						
NONE USED / NOT APPLICABLE	NOT EXTRICATED						
Ejection	Ejection Path						
NOT APPLICABLE	NOT EJECTED/NOT APPLICABLE						
People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	006	MATTHEW		BOLEN		
	Street Address			City		State	Zip Code
				CARLISLE		PA	17013
	Phone Number	EMS Transport	Person Type	Gender	Injury Severity		
		YES	PASSENGER	MALE	MODERATE INJURY		
	Seat Position	Safety Equipment 1					
BUS PASSENGER	NONE USED / NOT APPLICABLE						
Safety Equipment 2	Extrication						
NONE USED / NOT APPLICABLE	NOT EXTRICATED						
Ejection	Ejection Path						
NOT APPLICABLE	NOT EJECTED/NOT APPLICABLE						
People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	007	AMANDA		HARNE		
	Street Address			City		State	Zip Code
				CARLISLE		PA	17013
	Phone Number	EMS Transport	Person Type	Gender	Injury Severity		
		YES	PASSENGER	FEMALE	NOT INJURED		
	Seat Position	Safety Equipment 1					
BUS PASSENGER	NONE USED / NOT APPLICABLE						
Safety Equipment 2	Extrication						
NONE USED / NOT APPLICABLE	NOT EXTRICATED						
Ejection	Ejection Path						
NOT APPLICABLE	NOT EJECTED/NOT APPLICABLE						

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REPORTABLE CRASH

People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	008	LINDY		SHEETS		
	Street Address			City		State	Zip Code
				CARLISLE		PA	17013
	Phone Number	EMS Transport	Person Type	Gender	Injury Severity		
		YES	PASSENGER	FEMALE	MODERATE INJURY		
People Information	Seat Position			Safety Equipment 1			
	BUS PASSENGER			NONE USED / NOT APPLICABLE			
	Safety Equipment 2			Extrication			
	NONE USED / NOT APPLICABLE			NOT EXTRICATED			
	Ejection			Ejection Path			
	NOT APPLICABLE			NOT EJECTED/NOT APPLICABLE			
People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	009	AMANDA		SHEETS		
	Street Address			City		State	Zip Code
				CARLISLE		PA	17013
	Phone Number	EMS Transport	Person Type	Gender	Injury Severity		
		YES	PASSENGER	FEMALE	MODERATE INJURY		
People Information	Seat Position			Safety Equipment 1			
	BUS PASSENGER			NONE USED / NOT APPLICABLE			
	Safety Equipment 2			Extrication			
	NONE USED / NOT APPLICABLE			NOT EXTRICATED			
	Ejection			Ejection Path			
	NOT EJECTED			NOT EJECTED/NOT APPLICABLE			
People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	010	KAITLYN		ALBRIGHT		
	Street Address			City		State	Zip Code
				CARLISLE		PA	17013
	Phone Number	EMS Transport	Person Type	Gender	Injury Severity		
		YES	PASSENGER	FEMALE	MODERATE INJURY		
People Information	Seat Position			Safety Equipment 1			
	BUS PASSENGER			NONE USED / NOT APPLICABLE			
	Safety Equipment 2			Extrication			
	NONE USED / NOT APPLICABLE			NOT EXTRICATED			
	Ejection			Ejection Path			
	NOT APPLICABLE			NOT EJECTED/NOT APPLICABLE			
People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	011	KARA		FITTING		
	Street Address			City		State	Zip Code
				CARLISLE		PA	17013
	Phone Number	EMS Transport	Person Type	Gender	Injury Severity		
		YES	PASSENGER	FEMALE	MINOR INJURY		
People Information	Seat Position			Safety Equipment 1			
	BUS PASSENGER			NONE USED / NOT APPLICABLE			
	Safety Equipment 2			Extrication			
	NONE USED / NOT APPLICABLE			NOT EXTRICATED			
	Ejection			Ejection Path			
	NOT APPLICABLE			NOT EJECTED/NOT APPLICABLE			

Crash Involves:

☐ DUI☐ Fatality☐ Hit and Run☒ Commercial Vehicle

REPORTABLE CRASH

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

Police Crash Report

People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	012	MYCHAEL		REISINGER		
	Street Address			City		State	Zip Code
				CARLISLE		PA	17013
	Phone Number	EMS Transport	Person Type	Gender	Injury Severity		
		NO	PASSENGER	FEMALE	NOT INJURED		
	Seat Position	Safety Equipment 1					
BUS PASSENGER	NONE USED / NOT APPLICABLE						
Safety Equipment 2	Extrication						
NONE USED / NOT APPLICABLE	NOT EXTRICATED						
Ejection	Ejection Path						
NOT APPLICABLE	NOT EJECTED/NOT APPLICABLE						
People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	013	AUSTIN	J	SHELLER		
	Street Address			City		State	Zip Code
				CARLISLE		PA	17013
	Phone Number	EMS Transport	Person Type	Gender	Injury Severity		
		NO	PASSENGER	MALE	MINOR INJURY		
	Seat Position	Safety Equipment 1					
BUS PASSENGER	NONE USED / NOT APPLICABLE						
Safety Equipment 2	Extrication						
NONE USED / NOT APPLICABLE	NOT EXTRICATED						
Ejection	Ejection Path						
NOT APPLICABLE	NOT EJECTED/NOT APPLICABLE						
People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	014	CHRISTINE		TINGLE		
	Street Address			City		State	Zip Code
				CARLISLE		PA	17013
	Phone Number	EMS Transport	Person Type	Gender	Injury Severity		
		NO	PASSENGER	FEMALE	MINOR INJURY		
	Seat Position	Safety Equipment 1					
BUS PASSENGER	NONE USED / NOT APPLICABLE						
Safety Equipment 2	Extrication						
NONE USED / NOT APPLICABLE	NOT EXTRICATED						
Ejection	Ejection Path						
NOT APPLICABLE	NOT EJECTED/NOT APPLICABLE						
People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	015	ASHLEY		GARNER		
	Street Address			City		State	Zip Code
				CARLISLE		PA	17013
	Phone Number	EMS Transport	Person Type	Gender	Injury Severity		
		NO	PASSENGER	FEMALE	MINOR INJURY		
	Seat Position	Safety Equipment 1					
BUS PASSENGER	NONE USED / NOT APPLICABLE						
Safety Equipment 2	Extrication						
NONE USED / NOT APPLICABLE	NOT EXTRICATED						
Ejection	Ejection Path						
NOT APPLICABLE	NOT EJECTED/NOT APPLICABLE						

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☐ DUI☐ Fatality☐ Hit and Run☒ Commercial Vehicle

REPORTABLE CRASH

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

Police Crash Report

People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	016	CHEYENNE	C	DELP		
	Street Address			City		State	Zip Code
				CARLISLE		PA	17013
	Phone Number	EMS Transport	Person Type	Gender	Injury Severity		
		YES	PASSENGER	FEMALE	MODERATE INJURY		
	Seat Position			Safety Equipment 1			
BUS PASSENGER			NONE USED / NOT APPLICABLE				
Safety Equipment 2			Extrication				
NONE USED / NOT APPLICABLE			NOT EXTRICATED				
Ejection			Ejection Path				
NOT APPLICABLE			NOT EJECTED/NOT APPLICABLE				

People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	017	TAYLOR		DILLS		
	Street Address			City		State	Zip Code
				CARLISLE		PA	17013
	Phone Number	EMS Transport	Person Type	Gender	Injury Severity		
		YES	PASSENGER	MALE	MODERATE INJURY		
	Seat Position			Safety Equipment 1			
BUS PASSENGER			NONE USED / NOT APPLICABLE				
Safety Equipment 2			Extrication				
NONE USED / NOT APPLICABLE			NOT EXTRICATED				
Ejection			Ejection Path				
NOT APPLICABLE			NOT EJECTED/NOT APPLICABLE				

People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	018	CORRINNE		CRAWFORD		
	Street Address			City		State	Zip Code
				CARLISLE		PA	17013
	Phone Number	EMS Transport	Person Type	Gender	Injury Severity		
		YES	PASSENGER	FEMALE	MODERATE INJURY		
	Seat Position			Safety Equipment 1			
BUS PASSENGER			NONE USED / NOT APPLICABLE				
Safety Equipment 2			Extrication				
NONE USED / NOT APPLICABLE			NOT EXTRICATED				
Ejection			Ejection Path				
NOT APPLICABLE			NOT EJECTED/NOT APPLICABLE				

People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	019	TEVIN	C	JONES		
	Street Address			City		State	Zip Code
				CARLISLE		PA	17013
	Phone Number	EMS Transport	Person Type	Gender	Injury Severity		
		NO	PASSENGER	MALE	MINOR INJURY		
	Seat Position			Safety Equipment 1			
BUS PASSENGER			NONE USED / NOT APPLICABLE				
Safety Equipment 2			Extrication				
NONE USED / NOT APPLICABLE			NOT EXTRICATED				
Ejection			Ejection Path				
NOT APPLICABLE			NOT EJECTED/NOT APPLICABLE				

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REPORTABLE CRASH

People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	020	OLYVIA		BOLLINGER		
	Street Address			City		State	Zip Code
				CARLISLE		PA	17013
	Phone Number	EMS Transport	Person Type	Gender	Injury Severity		
		YES	PASSENGER	FEMALE	MODERATE INJURY		
	Seat Position			Safety Equipment 1			
BUS PASSENGER			NONE USED / NOT APPLICABLE				
Safety Equipment 2			Extrication				
NONE USED / NOT APPLICABLE			NOT EXTRICATED				
Ejection			Ejection Path				
NOT APPLICABLE			NOT EJECTED/NOT APPLICABLE				

People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	021	JACOB	K	ING		
	Street Address			City		State	Zip Code
				CARLISLE		PA	17013
	Phone Number	EMS Transport	Person Type	Gender	Injury Severity		
		NO	PASSENGER	MALE	NOT INJURED		
	Seat Position			Safety Equipment 1			
BUS PASSENGER			NONE USED / NOT APPLICABLE				
Safety Equipment 2			Extrication				
NONE USED / NOT APPLICABLE			NOT EXTRICATED				
Ejection			Ejection Path				
NOT APPLICABLE			NOT EJECTED/NOT APPLICABLE				

People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	022	BRANDON	M	COX		
	Street Address			City		State	Zip Code
				CARLISLE		PA	17013
	Phone Number	EMS Transport	Person Type	Gender	Injury Severity		
		NO	PASSENGER	MALE	NOT INJURED		
	Seat Position			Safety Equipment 1			
BUS PASSENGER			BICYCLE HELMET USED				
Safety Equipment 2			Extrication				
NONE USED / NOT APPLICABLE			NOT EXTRICATED				
Ejection			Ejection Path				
NOT APPLICABLE			NOT EJECTED/NOT APPLICABLE				

People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	023	TAYLOR		RINARD		
	Street Address			City		State	Zip Code
				CARLISLE		PA	17013
	Phone Number	EMS Transport	Person Type	Gender	Injury Severity		
		YES	PASSENGER	FEMALE	MODERATE INJURY		
	Seat Position			Safety Equipment 1			
BUS PASSENGER			NONE USED / NOT APPLICABLE				
Safety Equipment 2			Extrication				
NONE USED / NOT APPLICABLE			NOT EXTRICATED				
Ejection			Ejection Path				
NOT APPLICABLE			NOT EJECTED/NOT APPLICABLE				

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Police Crash Report

REPORTABLE CRASH

People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	024	KAITLYN		OMELIA		
	Street Address			City		State	Zip Code
				CARLISLE		PA	17013
	Phone Number	EMS Transport	Person Type	Gender	Injury Severity		
		YES	PASSENGER	FEMALE	INJURY, UNKNOWN SEVERITY		
	Seat Position	Safety Equipment 1					
BUS PASSENGER	NONE USED / NOT APPLICABLE						
Safety Equipment 2	Extrication						
NONE USED / NOT APPLICABLE	NOT EXTRICATED						
Ejection	Ejection Path						
NOT APPLICABLE	NOT EJECTED/NOT APPLICABLE						
People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	025	SPIRIDOUA		LASKOWSKI		
	Street Address			City		State	Zip Code
				CARLISLE		PA	17013
	Phone Number	EMS Transport	Person Type	Gender	Injury Severity		
		NO	PASSENGER	FEMALE	MODERATE INJURY		
	Seat Position	Safety Equipment 1					
BUS PASSENGER	NONE USED / NOT APPLICABLE						
Safety Equipment 2	Extrication						
NONE USED / NOT APPLICABLE	NOT EXTRICATED						
Ejection	Ejection Path						
NOT APPLICABLE	NOT EJECTED/NOT APPLICABLE						
People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	026	CAROL		BOWER		
	Street Address			City		State	Zip Code
				CARLISLE		PA	17013
	Phone Number	EMS Transport	Person Type	Gender	Injury Severity		
		YES	PASSENGER	FEMALE	MAJOR INJURY		
	Seat Position	Safety Equipment 1					
BUS PASSENGER	NONE USED / NOT APPLICABLE						
Safety Equipment 2	Extrication						
NONE USED / NOT APPLICABLE	NOT EXTRICATED						
Ejection	Ejection Path						
TOTALLY EJECTED	THROUGH WINDSHIELD						
People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	027	PAM		BITNER		
	Street Address			City		State	Zip Code
				CARLISLE		PA	17013
	Phone Number	EMS Transport	Person Type	Gender	Injury Severity		
		NO	PASSENGER	FEMALE	MODERATE INJURY		
	Seat Position	Safety Equipment 1					
BUS PASSENGER	NONE USED / NOT APPLICABLE						
Safety Equipment 2	Extrication						
NONE USED / NOT APPLICABLE	NOT EXTRICATED						
Ejection	Ejection Path						
NOT APPLICABLE	NOT EJECTED/NOT APPLICABLE						



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☐ 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 CRASH

People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	028	MONICA		DILLS		
	Street Address			City		State	Zip Code
				CARLISLE		PA	17013
	Phone Number	EMS Transport	Person Type	Gender	Injury Severity		
		YES	PASSENGER	FEMALE	MODERATE INJURY		
	Seat Position	Safety Equipment 1					
BUS PASSENGER	NONE USED / NOT APPLICABLE						
Safety Equipment 2	Extrication						
NONE USED / NOT APPLICABLE	NOT EXTRICATED						
Ejection	Ejection Path						
NOT APPLICABLE	NOT EJECTED/NOT APPLICABLE						
People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	029	VINCENT		GREEN		
	Street Address			City		State	Zip Code
				CARLISLE		PA	17013
	Phone Number	EMS Transport	Person Type	Gender	Injury Severity		
		NO	PASSENGER	MALE	NOT INJURED		
	Seat Position	Safety Equipment 1					
BUS PASSENGER	NONE USED / NOT APPLICABLE						
Safety Equipment 2	Extrication						
NONE USED / NOT APPLICABLE	NOT EXTRICATED						
Ejection	Ejection Path						
NOT APPLICABLE	NOT EJECTED/NOT APPLICABLE						
People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	030	AUSTIN		LISK		
	Street Address			City		State	Zip Code
				CARLISLE		PA	17013
	Phone Number	EMS Transport	Person Type	Gender	Injury Severity		
		NO	PASSENGER	MALE	NOT INJURED		
	Seat Position	Safety Equipment 1					
BUS PASSENGER	NONE USED / NOT APPLICABLE						
Safety Equipment 2	Extrication						
NONE USED / NOT APPLICABLE	NOT EXTRICATED						
Ejection	Ejection Path						
NOT APPLICABLE	NOT EJECTED/NOT APPLICABLE						
People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	031	ERIK	S	WERNER		
	Street Address			City		State	Zip Code
				CARLISLE		PA	17013
	Phone Number	EMS Transport	Person Type	Gender	Injury Severity		
		NO	PASSENGER	MALE	NOT INJURED		
	Seat Position	Safety Equipment 1					
BUS PASSENGER	NONE USED / NOT APPLICABLE						
Safety Equipment 2	Extrication						
NONE USED / NOT APPLICABLE	NOT EXTRICATED						
Ejection	Ejection Path						
NOT APPLICABLE	NOT EJECTED/NOT APPLICABLE						

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 CRASH

People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	032	GINO		VERDERAME		
	Street Address			City		State	Zip Code
				CARLISLE		PA	17013
	Phone Number	EMS Transport	Person Type	Gender	Injury Severity		
		NO	PASSENGER	MALE	NOT INJURED		
	Seat Position	Safety Equipment 1					
BUS PASSENGER	NONE USED / NOT APPLICABLE						
Safety Equipment 2	Extrication						
NONE USED / NOT APPLICABLE	NOT EXTRICATED						
Ejection	Ejection Path						
NOT APPLICABLE	NOT EJECTED/NOT APPLICABLE						

People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	033	AMY	R	ELKRICH		
	Street Address			City		State	Zip Code
				CARLISLE		PA	17013
	Phone Number	EMS Transport	Person Type	Gender	Injury Severity		
		NO	PASSENGER	FEMALE	MINOR INJURY		
	Seat Position	Safety Equipment 1					
BUS PASSENGER	NONE USED / NOT APPLICABLE						
Safety Equipment 2	Extrication						
NONE USED / NOT APPLICABLE	NOT EXTRICATED						
Ejection	Ejection Path						
NOT APPLICABLE	NOT EJECTED/NOT APPLICABLE						

People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	034	JOSHUA		BITNER		
	Street Address			City		State	Zip Code
				CARLISLE		PA	17013
	Phone Number	EMS Transport	Person Type	Gender	Injury Severity		
		NO	PASSENGER	MALE	MINOR INJURY		
	Seat Position	Safety Equipment 1					
BUS PASSENGER	NONE USED / NOT APPLICABLE						
Safety Equipment 2	Extrication						
NONE USED / NOT APPLICABLE	NOT EXTRICATED						
Ejection	Ejection Path						
NOT APPLICABLE	NOT EJECTED/NOT APPLICABLE						

People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	035	ANDREW		COOVER		
	Street Address			City		State	Zip Code
				CARLISLE		PA	17013
	Phone Number	EMS Transport	Person Type	Gender	Injury Severity		
		NO	PASSENGER	MALE	MINOR INJURY		
	Seat Position	Safety Equipment 1					
BUS PASSENGER	NONE USED / NOT APPLICABLE						
Safety Equipment 2	Extrication						
NONE USED / NOT APPLICABLE	NOT EXTRICATED						
Ejection	Ejection Path						
NOT APPLICABLE	NOT EJECTED/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 CRASH

People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	036	SARA		BILLMAN		
	Street Address			City		State	Zip Code
				CARLISLE		PA	17013
	Phone Number	EMS Transport	Person Type	Gender	Injury Severity		
		YES	PASSENGER	FEMALE	INJURY, UNKNOWN SEVERITY		
	Seat Position			Safety Equipment 1			
BUS PASSENGER			NONE USED / NOT APPLICABLE				
Safety Equipment 2			Extrication				
NONE USED / NOT APPLICABLE			NOT EXTRICATED				
Ejection			Ejection Path				
NOT APPLICABLE			NOT EJECTED/NOT APPLICABLE				

People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	037	CHELSEA	M	BLACK		
	Street Address			City		State	Zip Code
				CARLISLE		PA	17013
	Phone Number	EMS Transport	Person Type	Gender	Injury Severity		
		NO	PASSENGER	FEMALE	MINOR INJURY		
	Seat Position			Safety Equipment 1			
BUS PASSENGER			NONE USED / NOT APPLICABLE				
Safety Equipment 2			Extrication				
NONE USED / NOT APPLICABLE			NOT EXTRICATED				
Ejection			Ejection Path				
NOT APPLICABLE			NOT EJECTED/NOT APPLICABLE				

People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	038	SHANA		FENTRESS		
	Street Address			City		State	Zip Code
				CARLISLE		PA	17013
	Phone Number	EMS Transport	Person Type	Gender	Injury Severity		
		YES	PASSENGER	FEMALE	MODERATE INJURY		
	Seat Position			Safety Equipment 1			
BUS PASSENGER			NONE USED / NOT APPLICABLE				
Safety Equipment 2			Extrication				
NONE USED / NOT APPLICABLE			NOT EXTRICATED				
Ejection			Ejection Path				
NOT APPLICABLE			NOT EJECTED/NOT APPLICABLE				

People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	039	TORY		GARDNER		
	Street Address			City		State	Zip Code
				CARLISLE		PA	17013
	Phone Number	EMS Transport	Person Type	Gender	Injury Severity		
		NO	PASSENGER	FEMALE	MINOR INJURY		
	Seat Position			Safety Equipment 1			
BUS PASSENGER			NONE USED / NOT APPLICABLE				
Safety Equipment 2			Extrication				
NONE USED / NOT APPLICABLE			NOT EXTRICATED				
Ejection			Ejection Path				
NOT APPLICABLE			NOT EJECTED/NOT APPLICABLE				

Police Crash Report

REPORTABLE CRASH

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	040	MARK		ZIMMERMAN		
	Street Address			City		State	Zip Code
				CARLISLE RD.		PA	17013
	Phone Number	EMS Transport	Person Type	Gender	Injury Severity		
		NO	PASSENGER	MALE	MINOR INJURY		
	Seat Position	Safety Equipment 1					
BUS PASSENGER	NONE USED / NOT APPLICABLE						
Safety Equipment 2	Extrication						
NONE USED / NOT APPLICABLE	NOT EXTRICATED						
Ejection	Ejection Path						
NOT APPLICABLE	NOT EJECTED/NOT APPLICABLE						
People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	041	AMY	R	REIGEL		
	Street Address			City		State	Zip Code
				MECHANICSBURG		PA	17050
	Phone Number	EMS Transport	Person Type	Gender	Injury Severity		
		NO	PASSENGER	FEMALE	MODERATE INJURY		
	Seat Position	Safety Equipment 1					
BUS PASSENGER	BICYCLE HELMET USED						
Safety Equipment 2	Extrication						
NONE USED / NOT APPLICABLE	NOT EXTRICATED						
Ejection	Ejection Path						
NOT APPLICABLE	NOT EJECTED/NOT APPLICABLE						
People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	042	SARA		BAILEY		
	Street Address			City		State	Zip Code
				CARLISLE		PA	17013
	Phone Number	EMS Transport	Person Type	Gender	Injury Severity		
		YES	PASSENGER	FEMALE	MODERATE INJURY		
	Seat Position	Safety Equipment 1					
BUS PASSENGER	NONE USED / NOT APPLICABLE						
Safety Equipment 2	Extrication						
NONE USED / NOT APPLICABLE	NOT EXTRICATED						
Ejection	Ejection Path						
NOT APPLICABLE	NOT EJECTED/NOT APPLICABLE						
People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	043	JOHN		BAILEY		
	Street Address			City		State	Zip Code
				CARLISLE		PA	17013
	Phone Number	EMS Transport	Person Type	Gender	Injury Severity		
		YES	PASSENGER	MALE	MODERATE INJURY		
	Seat Position	Safety Equipment 1					
BUS PASSENGER	NONE USED / NOT APPLICABLE						
Safety Equipment 2	Extrication						
NONE USED / NOT APPLICABLE	NOT APPLICABLE						
Ejection	Ejection Path						
NOT APPLICABLE	NOT EJECTED/NOT APPLICABLE						

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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 CRASH

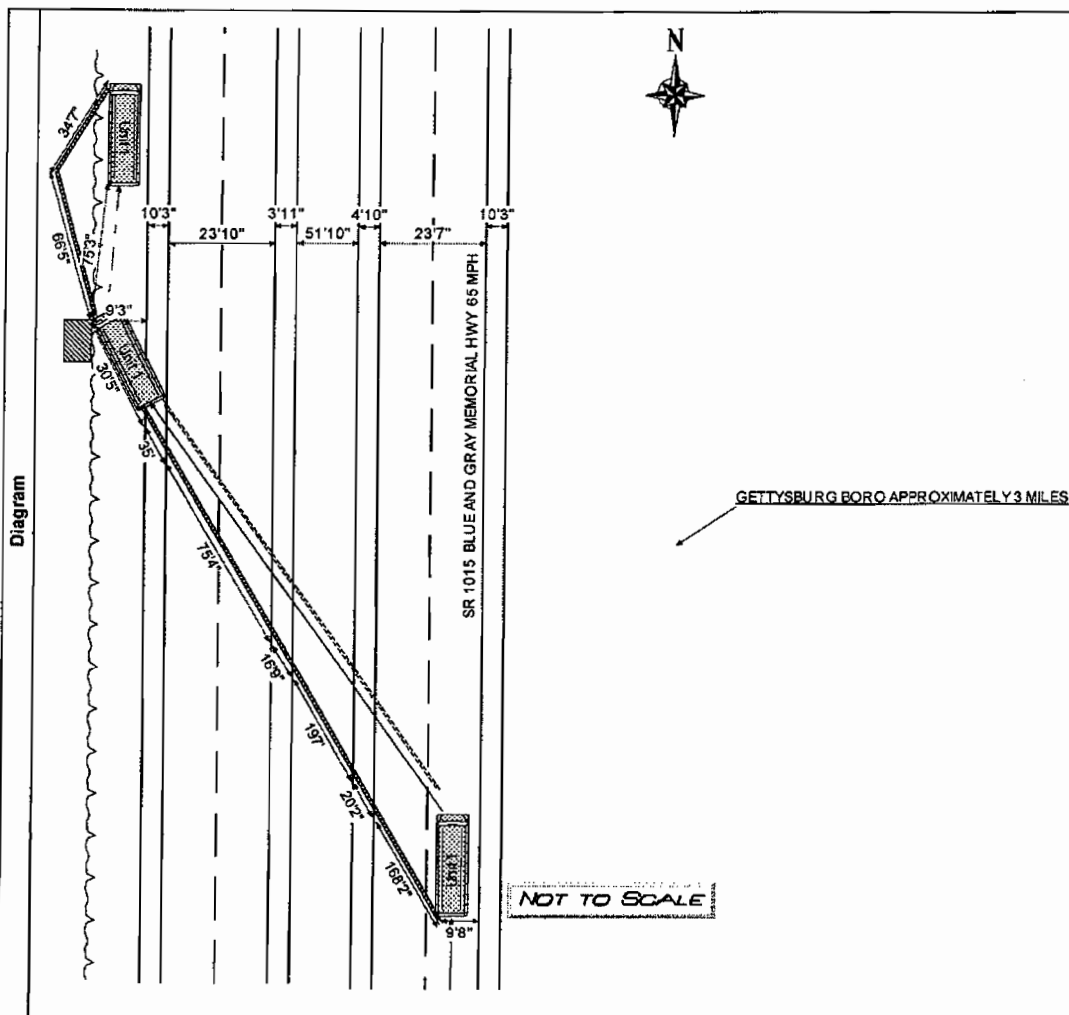
People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	044	SAMUEL		GREGG		
	Street Address			City		State	Zip Code
				CARLISLE		PA	17013
	Phone Number	EMS Transport	Person Type	Gender	Injury Severity		
		YES	PASSENGER	MALE	MODERATE INJURY		
	Seat Position			Safety Equipment 1			
BUS PASSENGER			NONE USED / NOT APPLICABLE				
Safety Equipment 2			Extrication				
NONE USED / NOT APPLICABLE			NOT EXTRICATED				
Ejection			Ejection Path				
NOT APPLICABLE			NOT EJECTED/NOT APPLICABLE				
People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	045	JACKSON		EMBREY		
	Street Address			City		State	Zip Code
				CARLISLE		PA	17013
	Phone Number	EMS Transport	Person Type	Gender	Injury Severity		
		NO	PASSENGER	MALE	MINOR INJURY		
	Seat Position			Safety Equipment 1			
BUS PASSENGER			NONE USED / NOT APPLICABLE				
Safety Equipment 2			Extrication				
NONE USED / NOT APPLICABLE			NOT APPLICABLE				
Ejection			Ejection Path				
NOT APPLICABLE			NOT EJECTED/NOT APPLICABLE				
People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	046	JAMIE		HARTMAN		
	Street Address			City		State	Zip Code
				CARLISLE		PA	17013
	Phone Number	EMS Transport	Person Type	Gender	Injury Severity		
		YES	PASSENGER	FEMALE	INJURY, UNKNOWN SEVERITY		
	Seat Position			Safety Equipment 1			
BUS PASSENGER			NONE USED / NOT APPLICABLE				
Safety Equipment 2			Extrication				
NONE USED / NOT APPLICABLE			NOT EXTRICATED				
Ejection			Ejection Path				
NOT APPLICABLE			NOT EJECTED/NOT APPLICABLE				
People Information	Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
	001	047	MEGAN		LOPEZ		
	Street Address			City		State	Zip Code
				CARLISLE		PA	17013
	Phone Number	EMS Transport	Person Type	Gender	Injury Severity		
		YES	PASSENGER	FEMALE	MODERATE INJURY		
	Seat Position			Safety Equipment 1			
BUS PASSENGER			NONE USED / NOT APPLICABLE				
Safety Equipment 2			Extrication				
NONE USED / NOT APPLICABLE			NOT EXTRICATED				
Ejection			Ejection Path				
NOT APPLICABLE			NOT EJECTED/NOT APPLICABLE				
Witness	First Name	MI	Last Name	Suffix	Phone Number		
	RICHARD	A	SMILEY				
	Street Address			City		State	Zip Code
				BLAIN		PA	17006

Police Crash Report

Crash Involves:

☐ DUI☐ Fatality☐ Hit and Run☒ Commercial Vehicle

REPORTABLE CRASH

☐ 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 NB on SR 0015 when it crossed over the median and SB lanes and collided with an embankment. Unit #1 overturned and came to rest facing NB West of the SB lanes. Investigation continues.

Narrative

This crash occurred as Unit #1 was NB on SR 0015 when it crossed over the median and SB lanes and collided with an embankment. Unit #1 overturned and came to rest facing NB West of the SB lanes.

Unit #1 was in its final resting position upon my arrival at the scene on 05/19/08. Evidence present was tiremarks in the NB lane of SR 0015 leading toward the median, tire debris on the roadway, and damage to Unit #1.

I have been unable to contact Opr. #1 for an interview.

Pieces of tire and two log books from Unit #1 were taken from the scene and entered as evidence. Ref. Prop. Rec. Inv. No. H06-9253. Also, pursuant to an inventory search of Unit #1, a wallet and purse were taken and entered as found property.

Photos of the scene were taken by Tpr. Michael B. WEAVER, Troop H FSU. See

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 CRASH

supplemental report completed by Tpr. WEAVER for details. The photos were saved on a CD-R and will be kept in an attachment file at PSP Gettysburg.

Unit #1 was inspected by Ofcr. Scott KLOVINSKY, MCSAP. His report will be provided at a later date.

This crash was reconstructed by Cpl. Gary MAINZER, CARS Unit. A supplemental regarding the details of his investigation will follow.

NTSB was notified of this crash. Accident Investigator, Larry L. YOHE (Office phone #303-373-3509; cellular), is conducting an investigation.