

01-1984-CD  
WILLIAM J. ELLIS et al -vs- NATIONWIDE MUTUAL INSURANCE COMPANY

WILLIAM J. ELLIS and  
DONNA M. ELLIS, as Administrators for the  
Estate of Decedent William Joseph Ellis, II,

Petitioners,

vs.

NATIONWIDE MUTUAL INSURANCE  
COMPANY,

Respondent.

IN THE COURT OF COMMON PLEAS  
OF CLEARFIELD COUNTY, PA

No. 01-1984-CO

JURY TRIAL DEMANDED

**ORDER**

AND NOW, this 11 day of Dec, 2001, upon consideration of the within Petition, it is hereby ORDERED, ADJUDGED AND DECREED that the claims for wrongful death and/or survivorship of the Estate of Decedent William Joseph Ellis, II, as against John Bungo and Nationwide Mutual Insurance Company, are hereby compromised and settled on the following terms:

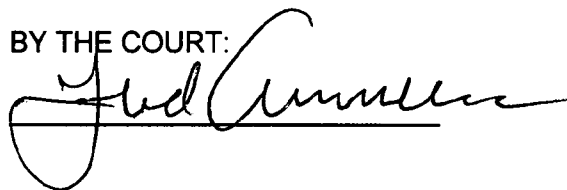
1. Payment of \$100,000.00 by Nationwide Mutual Insurance Company to the petitioners, \$50,000.00 of which is to be allocated to the wrongful death claims, and \$50,000.00 of which is to be allocated to the survivorship claims; and
2. Record costs and attorney's fees to be paid by Nationwide Mutual Insurance Company; and
3. Petitioners are hereby granted leave to execute a Full and Final Release; and
4. The Prothonotary is hereby directed to mark the within action "settled and discontinued with prejudice."

**FILED**

DEC 11 2001

William A. Shaw  
Prothonotary

BY THE COURT:



WILLIAM J. ELLIS and	:	IN THE COURT OF COMMON PLEAS
DONNA M. ELLIS, as Administrators for the	:	OF CLEARFIELD COUNTY, PA
Estate of Decedent William Joseph Ellis, II,	:	
	:	
Petitioners,	:	No. 01-1984-CO
	:	
vs.	:	
	:	
NATIONWIDE MUTUAL INSURANCE	:	
COMPANY,	:	
	:	
Respondent.	:	JURY TRIAL DEMANDED

**PETITION FOR COURT APPROVAL OF THIRD PARTY WRONGFUL  
DEATH AND SURVIVORSHIP CLAIMS**

AND NOW, come the petitioners, WILLIAM J. ELLIS and DONNA M. ELLIS, as Administrators for the Estate of Decedent William Joseph Ellis, II, and respectfully represent as follows:

1. Petitioners, William J. Ellis and Donna M. Ellis, are Co-Administrators of the Estate of Decedent William Joseph Ellis, II, with Letters of Administration having issued on October 2, 2001 through the office of the Register of Wills in and for the County of Clearfield in the Commonwealth of Pennsylvania. (See copy of Short Certificate of Appointment of Co-Administrators, attached hereto as Exhibit "A".)

2. On or about September 11, 2001, decedent William Joseph Ellis, II, was operating a motor vehicle northerly on State Route 253 at its intersection with Cambria Mills Road, located in Reade Township, Cambria County, Pennsylvania.

3. At the aforementioned time and place, John Bungo was operating his 2000 Buick Century motor vehicle in a southerly direction on State Route 253, when he attempted to make a left turn onto Cambria Mills Road, pulling directly into the path of travel of the motor vehicle operated by decedent William Joseph Ellis, II, causing a

**FILED**  
DEC 10 2001

William A. Shaw  
Prothonotary

collision which resulted in the death of Mr. Ellis. (See Commonwealth of Pennsylvania Police Crash Reporting Form, attached hereto as Exhibit "B".) (See copy of Certificate of Death attached hereto as Exhibit "C".)

4. At the time of the aforementioned accident, John Bungo was insured through Nationwide Mutual Insurance Company Policy No. 54 37 A 848084. Said policy provided bodily injury liability coverage in the limits of \$100,000.00 per person, \$300,000.00 per accident. (See Nationwide Mutual Insurance Company Declarations Sheet, attached hereto as Exhibit "D".)

5. As a result of the aforementioned accident, Nationwide Mutual Insurance Company entered into settlement negotiations with the petitioners on behalf of the Estate of William Joseph Ellis, II, resulting in the distribution of the entire \$100,000.00 per person proceeds of John Bungo's bodily injury liability insurance coverage through Nationwide Mutual Insurance Company to the Estate of William Joseph Ellis, II.

6. At the time of the decedent's death, he had underinsured motorist coverage benefits available to him through State Farm Insurance Company. State Farm Insurance Company has consented to the within proposed settlement, and has waived its rights of subrogation against John Bungo. (See copy of October 16, 2001 letter from Deborah Altomare addressed to petitioners, attached hereto as Exhibit "E".)

7. In addition to the foregoing terms and conditions, Nationwide Mutual Insurance Company will also pay all of the record Court costs and attorney's fees incurred as a result of the within action.

8. Petitioners, William J. Ellis and Donna M. Ellis, have read and understand the statements in the foregoing Petition, and have agreed to accept the sums of money set forth hereinabove in full and complete satisfaction of any and all claims against John

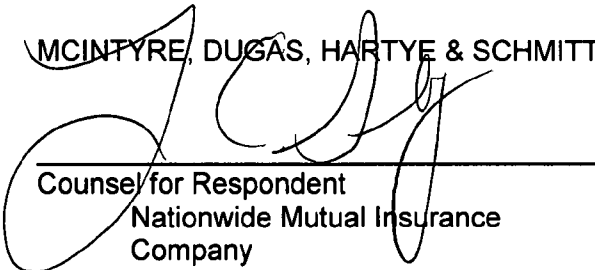
Bungo and Nationwide Mutual Insurance Company related to the death of decedent, William Joseph Ellis, II, on September 11, 2001.

9. Petitioners, William J. Ellis and Donna M. Ellis, understand and agree that Nationwide Mutual Insurance Company denies any and all liability, and that the proposed settlement is not an admission of liability, but under the facts and circumstances pertaining hereto, the settlement agreement discussed hereinabove is the best that can be obtained, and for and on behalf of the Estate of Decedent William Joseph Ellis, II, should be accepted.

WHEREFORE, Petitioners, WILLIAM J. ELLIS and DONNA M. ELLIS, respectfully request that this Honorable Court enter an Order approving the compromise and settlement of the wrongful death and survivorship claims on behalf of the Estate of Decedent, William Joseph Ellis, II, for the sum set forth hereinabove, with distribution to be made pursuant to the Order of Court attached hereto.

Respectfully submitted,

MCINTYRE, DUGAS, HARTY & SCHMITT



Counsel for Respondent  
Nationwide Mutual Insurance  
Company  
LOUIS C. SCHMITT, JR., ESQUIRE  
PA. ID. No. 53459  
P.O. Box 533  
Hollidaysburg, PA 16648  
814/696-3581

# SHORT CERTIFICATE

## Certificate of Appointment of Co-Administrators

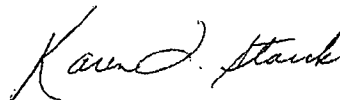
Commonwealth of Pennsylvania  
County of Clearfield

SS:

The undersigned, Register for the Probate of Wills and granting Letters of Administration in and for the County of Clearfield, in the Commonwealth of Pennsylvania;

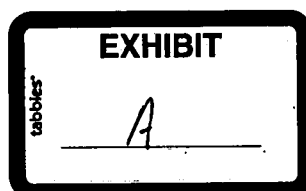
DO HEREBY CERTIFY and made known, that on the **26th** day of **September**, in the year of our Lord, **Two Thousand One**, Letters of Administration on the Estate of **William Joseph Ellis, II**, deceased, were granted unto **William J. Ellis AND Donna M. Ellis**, they, having first given security well and truly to administer the same. I further certify that said letters are in full force and effect at the present time, and entitled to full faith and credit.

GIVEN under my hand and seal of office this **2nd** day of **October** in the year of our Lord, **Two Thousand One**.



Register of Wills

**My Commission Expires  
First Monday in January, 2004**



COMMONWEALTH OF PENNSYLVANIA  
POLICE CRASH REPORTING FORM

Crash Number

P0224675

AA 45 1 1

FAT

Case Closed

☐ Yes ☒ No

Page:

001

☒ New

☐ Change/  
Continuation

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Police Agency Data

Incident Number

A02-0231693

Police Agency

68A02

Patrol Zone

035

Agency Name

PA STATE POLICE

Precinct

EBENSBURG

Investigation Date (MM-DD-YYYY)

09-11-2001

Dispatch Time (mil)

1319

Arrival Time (mil)

1348

Investigator

TPR JAMES T. WILLIAMS

Badge Number

05635

Reviewer

CPL JNC Johnson

Badge Number

04275

Approval Date (MM-DD-YYYY)

09-19-2001

Crash Data

County

11

County Name

CAMBRIA

Municipality

221

Municipality Name

RENDE TWP

Day of Week

☐ Sun ☐ Thu  
☐ Mon ☐ Fri  
☒ Tue ☐ Sat  
☐ Wed ☐ Unk

Crash Date (MM-DD-YYYY)

09-11-2001

Crash Time (Military)

1315

No of Units

02

No of People

02

No Injured

01

No Killed

01

(If > 00, Complete Form: AA 45 F 1)

Reportable Crash

☒ Yes ☐ No

Notify Highway Maintenance

☐ Yes ☒ No

School Bus Related

☐ Yes ☒ No

School Zone Related

☐ Yes ☒ No

PennDOT Property

☐ Yes ☒ No

Unit Information

Unit Number

01

Delete?

☐

Type

Unit

☒ Motor Vehicle in Transport

☐ Pedestrian

☐ Hit & Run Vehicle

☐ Pedestrian on Skates, in Wheelchair, etc

☐ Illegally Parked

☐ Disabled From Previous Crash

☐ Legally Parked

☐ Train

☐ Non - Motorized

☐ Phantom Vehicle

Owner Last Name (If Pedestrian, skip to Form AA 45 3 1)

BUNGO

FI

J

MI

Telephone Number

814-378-6161

Commercial Vehicle

☐ Yes  
☒ No

(If Yes, Complete Form: AA 45 C 1)

Address

P.O. Box 172

City

SMITHMILL

State

PA

Zip

16680

VIN

2G4WS52J5Y1181163

Model Year

2000

Vehicle Make\*

18

License Plate

DWZ8691

Reg. State

PA

Travel Speed

099

\*Refer to List on Back of Overlay

Insurance

☒ Yes ☐ No ☐ Un-known

Insurance Company

NATIONWIDE

Policy No

54A848084

Insurance Company Phone

800-684-0423

Vehicle Towed

☒ Yes ☐ No

Towed To

PSP EBENSBURG STATION

Towed By

DISCOUNT AUTO CENTER

Tow Agency Phone

814-672-5297

Unit Information

Unit Number

02

Delete?

☐

Type

Unit

☒ Motor Vehicle in Transport

☐ Pedestrian

☐ Hit & Run Vehicle

☐ Pedestrian on Skates, in Wheelchair, etc

☐ Illegally Parked

☐ Disabled From Previous Crash

☐ Legally Parked

☐ Train

☐ Non - Motorized

☐ Phantom Vehicle

Owner Last Name (If Pedestrian, skip to Form AA 45 3 1)

ELLIS

FI

W

MI

J

Telephone Number

UNKNOWN

Commercial Vehicle

☐ Yes  
☒ No

(If Yes, Complete Form: AA 45 C 1)

Address

DUNTHA ST. BOX 6

City

HOUTSDALE

State

PA

Zip

16651

VIN

1G2NE14U8KC677555

Model Year

1989

Vehicle Make\*

22

License Plate

EBS1474

Reg. State

PA

Travel Speed

099

\*Refer to List on Back of Overlay

Insurance

☒ Yes ☐ No ☐ Un-known

Insurance Company

STATE FAIR

Policy No

7135936E0938C

Insurance Company Phone

814-378-7317

Vehicle Towed

☒ Yes ☐ No

Towed To

PSP EBENSBURG STATION

Towed By

ALTONA EMERGENCY

Tow Agency Phone

814-944-7802

EXHIBIT

COMMONWEALTH OF PENNSYLVANIA  
POLICE CRASH REPORTING FORM

Crash Number

P0224675

AA 45 2 1

Page: 002

New

Change/Continuation

<b>Vehicle Information</b>	Unit Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">01</div>	Trailing Unit(s) Number of Trailing Units: <div style="border: 1px solid black; padding: 2px; display: inline-block;">0</div>	Type of Unit 1=Towing Passenger Veh 2=Towing Truck 3=Towing Utility Trailer 4=Mobile or Modular Home 5=Camper 6=Trailer 7=Semi-Trailer 8=Other 9=Unknown	Tag No <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>	Tag Year <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	Tag State <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
	Vehicle Color <div style="border: 1px solid black; padding: 2px; display: inline-block;">08</div>		Vehicle Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">01</div>		Special Usage <div style="border: 1px solid black; padding: 2px; display: inline-block;">00</div>	
	01=Blue 02=Red 03=White 04=Green 05=Black 06=Yellow 07=Silver 08=Gold 09=Brown 10=Orange 11=Purple 12=Other 99=Unknown		01=Automobile 02=Motorcycle 03=Bus 04=Small Truck 05=Large Truck 10=Snowmobile 11=Farm Equip 12=Construction Equip 18=Other Type Special Veh 19=Unknown Type Special Veh 20=Unicycle, Bicycle, Tricycle 21=Other Pedalcycle		22=Horse and Buggy 23=Horse and Rider 24=Train 25=Trolley 98=Other 99=Unknown	
	00=Not Applicable 01=Fire Veh 02=Ambulance 03=Police 08=Other Emergency Vehicle 11=Pupil Transport		12=Commercial Passenger Carrier 13=Taxi 21=Tractor Trailer 22=Twin Trailer 23=Triple Trailer 31=Modified Veh 99=Unknown			
<b>Vehicle Information</b>	Initial Impact Point <div style="border: 1px solid black; padding: 2px; display: inline-block;">12</div>		Damage Indicator <div style="border: 1px solid black; padding: 2px; display: inline-block;">3</div>		Vehicle Role <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div>	
	00=Non-Collision 13=Top 14=Undercarriage 15=Towed Unit 99=Unknown		0=Non 1=Minor (Driveable) 2=Functional (Moderate Damage, May Not be Driveable) 3=Disabling (Severe - Not Driveable) 9=Unknown		0=Non-Collision 1=Striking 2=Struck 3=Both Striking and Struck	
	Vehicle Position <div style="border: 1px solid black; padding: 2px; display: inline-block;">07</div> 00=Not Applicable 01=Right Lane (Curb) 02=Right Turn Lane 03=Left Lane 04=Left Turn Lane 05=2-Direction Center Turn Lane 06=Other Forward Moving Lane 07=Oncoming Traffic Lane		08=Left of Trafficway 09=Right of Trafficway 10=HOV Lane 11=Shoulder Right 12=Shoulder Left 13=One Lane Road 98=Other 99=Unknown			
	Direction of Travel <div style="border: 1px solid black; padding: 2px; display: inline-block;">S</div> N=North S=South E=East W=West U=Unknown		Movement <div style="border: 1px solid black; padding: 2px; display: inline-block;">12</div> 01=Going Straight 02=Slowing/Stopping in Lane 03=Stopped in Traffic Lane 04=Passing/Overtaking Veh 05=Leaving a Parked Position 06=Parked		07=Entering a Parked Position 08=Trying to Avoid Animal, Ped, Object, Veh, etc 09=Turning Right on Red 10=Turning Right 11=Turning Left on Red 12=Turning Left 13=Making a U-Turn	
<b>Vehicle Information</b>	Unit Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">02</div>	Trailing Unit(s) Number of Trailing Units: <div style="border: 1px solid black; padding: 2px; display: inline-block;">0</div>	Type of Unit 1=Towing Passenger Veh 2=Towing Truck 3=Towing Utility Trailer 4=Mobile or Modular Home 5=Camper 6=Trailer 7=Semi-Trailer 8=Other 9=Unknown	Tag No <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>	Tag Year <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	Tag State <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
	Vehicle Color <div style="border: 1px solid black; padding: 2px; display: inline-block;">01</div>		Vehicle Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">01</div>		Special Usage <div style="border: 1px solid black; padding: 2px; display: inline-block;">00</div>	
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	00=Not Applicable 01=Fire Veh 02=Ambulance 03=Police 08=Other Emergency Vehicle 11=Pupil Transport		12=Commercial Passenger Carrier 13=Taxi 21=Tractor Trailer 22=Twin Trailer 23=Triple Trailer 31=Modified Veh 99=Unknown			
<b>Vehicle Information</b>	Initial Impact Point <div style="border: 1px solid black; padding: 2px; display: inline-block;">11</div>		Damage Indicator <div style="border: 1px solid black; padding: 2px; display: inline-block;">3</div>		Vehicle Role <div style="border: 1px solid black; padding: 2px; display: inline-block;">2</div>	
	00=Non-Collision 13=Top 14=Undercarriage 15=Towed Unit 99=Unknown		0=Non 1=Minor (Driveable) 2=Functional (Moderate Damage, May Not be Driveable) 3=Disabling (Severe - Not Driveable) 9=Unknown		0=Non-Collision 1=Striking 2=Struck 3=Both Striking and Struck	
	Vehicle Position <div style="border: 1px solid black; padding: 2px; display: inline-block;">01</div> 00=Not Applicable 01=Right Lane (Curb) 02=Right Turn Lane 03=Left Lane 04=Left Turn Lane 05=2-Direction Center Turn Lane 06=Other Forward Moving Lane 07=Oncoming Traffic Lane		08=Left of Trafficway 09=Right of Trafficway 10=HOV Lane 11=Shoulder Right 12=Shoulder Left 13=One Lane Road 98=Other 99=Unknown			
	Direction of Travel <div style="border: 1px solid black; padding: 2px; display: inline-block;">N</div> N=North S=South E=East W=West U=Unknown		Movement <div style="border: 1px solid black; padding: 2px; display: inline-block;">01</div> 01=Going Straight 02=Slowing/Stopping in Lane 03=Stopped in Traffic Lane 04=Passing/Overtaking Veh 05=Leaving a Parked Position 06=Parked		07=Entering a Parked Position 08=Trying to Avoid Animal, Ped, Object, Veh, etc 09=Turning Right on Red 10=Turning Right 11=Turning Left on Red 12=Turning Left 13=Making a U-Turn	
14=Backing Up 15=Changing Lanes or Merging 16=Negotiating Curve - Right 17=Negotiating Curve - Left 98=Other 99=Unknown		Gradient <div style="border: 1px solid black; padding: 2px; display: inline-block;">3</div> 1=Level Roadway 2=Uphill		Alignment <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> 1=Straight 2=Curved 9=Unknown		



COMMONWEALTH OF PENNSYLVANIA  
POLICE CRASH REPORTING FORM

Crash Number

P0224675

☒ New

☐ Change/  
Continuation

AA 45 3 1

Page: 003

Vehicle Driver/Pedestrian Information

Unit Number	Last Name	FI	MI	Telephone Number
01	BUNGO	J		814-378-6161
Address		City	State	Zip
P.O. Box 172		SMITHMILL	PA	16680
License Number		State		If License Number is unknown or driver is not licensed, see manual
19532799		PA		

Alcohol/Drugs Suspected

- ☒ No ☐ Illegal Drugs ☐ Medication  
☐ Alcohol ☐ Alcohol and Drugs ☐ Unknown

Alcohol Test Type

- ☒ Test Not Given ☐ Breath ☐ Other  
☐ Blood ☐ Urine ☐ Unknown if Test Given

Alcohol Test Results

- 0 ☐ Test Refused ☐ Unknown Results  
☐ Test Given, Contaminated Results

Driver or Pedestrian Physical Condition

- ☒ Apparently Normal ☐ Illegal Drug Use ☐ Fatigue ☐ Medication  
☐ Had Been Drinking ☐ Sick ☐ Asleep ☐ Unknown

Pedestrian Signal at Scene of Crash

- ☐ No Pedestrian Signal ☐ Not at Intersection  
☐ Pedestrian Signal

Pedestrian Location

- ☐ Marked Crosswalks at Intersection ☐ In Roadway ☐ < 10 Feet Off Road  
☐ At Intersection - No Crosswalks ☐ Not in Roadway ☐ > 10 Feet Off Road  
☐ Non-Intersection Crosswalks ☐ Median ☐ Outside Trafficway  
☐ Driveway Access ☐ Island ☐ Shared Paths/ Trails  
☐ Shoulder ☐ Unknown

Vehicle Code List any Vehicle Code Section this driver has violated and mark if they were charged. Charged with Violation?

- ☐ Yes ☐ No  
☐ Yes ☐ No

Owner/Driver Code

- 00=Not Applicable 03=Rented Vehicle 08=Other Municipal Government Vehicle  
01=Private Vehicle Owned/ Leased by Driver 04=State Police Vehicle 09=Federal Gov Vehicle  
02=Private Vehicle Not Owned/Leased by Driver 05=PennDOT Vehicle 98=Other  
06=Other State Gov Vehicle 99=Unknown  
07=Municipal Police Vehicle

Driver Presence

- 1 ☐ 1=Driver Operated Vehicle 3=Driver Fled Scene  
4=Hit and Run  
2=No Driver 9=Unknown

Vehicle Driver/Pedestrian Information

Unit Number	Last Name	FI	MI	Telephone Number
02	ELLIS	W	J	UNKNOWN
Address		City	State	Zip
Box 6		HOUTZDALE	PA	16651
License Number		State		If License Number is unknown or driver is not licensed, see manual
23834328		PA		

Alcohol/Drugs Suspected

- ☒ No ☐ Illegal Drugs ☐ Medication  
☐ Alcohol ☐ Alcohol and Drugs ☐ Unknown

Alcohol Test Type

- ☒ Test Not Given ☐ Breath ☐ Other  
☐ Blood ☐ Urine ☐ Unknown if Test Given

Alcohol Test Results

- 0 ☐ Test Refused ☐ Unknown Results  
☐ Test Given, Contaminated Results

Driver or Pedestrian Physical Condition

- ☐ Apparently Normal ☐ Illegal Drug Use ☐ Fatigue ☐ Medication  
☐ Had Been Drinking ☐ Sick ☐ Asleep ☒ Unknown

Pedestrian Signal at Scene of Crash

- ☐ No Pedestrian Signal ☐ Not at Intersection  
☐ Pedestrian Signal

Pedestrian Location

- ☐ Marked Crosswalks at Intersection ☐ In Roadway ☐ < 10 Feet Off Road  
☐ At Intersection - No Crosswalks ☐ Not in Roadway ☐ > 10 Feet Off Road  
☐ Non-Intersection Crosswalks ☐ Median ☐ Outside Trafficway  
☐ Driveway Access ☐ Island ☐ Shared Paths/ Trails  
☐ Shoulder ☐ Unknown

Vehicle Code List any Vehicle Code Section this driver has violated and mark if they were charged. Charged with Violation?

- NONE ☐ Yes ☐ No  
☐ Yes ☐ No

Owner/Driver Code

- 00=Not Applicable 03=Rented Vehicle 08=Other Municipal Government Vehicle  
01=Private Vehicle Owned/ Leased by Driver 04=State Police Vehicle 09=Federal Gov Vehicle  
02=Private Vehicle Not Owned/Leased by Driver 05=PennDOT Vehicle 98=Other  
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Driver Presence

- 1 ☐ 1=Driver Operated Vehicle 3=Driver Fled Scene  
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COMMONWEALTH OF PENNSYLVANIA  
POLICE CRASH REPORTING FORM

Crash Number

P0224674

New

AA 45 4 1

Page:

004

☐ Change/  
Continuation

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People Information

**A Person Type:**  
1=Driver  
2=Passenger  
7=Pedestrian  
8=Other  
9=Unknown

**B Sex:**  
F =Female  
M=Male  
U =Unknown

**C Injury Severity:**  
0=Not Injured  
1=Killed  
2=Major Injury  
3=Moderate Injury  
4=Minor Injury  
9=Unknown

**D Seat Position:**  
00=Not A Passenger/Occupant  
01=Driver - All Vehicles  
02=Front Seat Middle Position  
03=Front Seat Right Side  
04=Second Row - Left Side Or  
Motorcycle Passenger  
05=Second Row - Middle Position  
06=Second Row - Right Side  
07=Third Row Or Greater -  
Left Side  
08=Third Row Or Greater -  
Middle Position  
09=Third Row Or Greater -  
Right Side  
10=Sleeper Section Of Truckcab  
11=In Other Enclosed  
Passenger Or Cargo Area  
12=In Open Area  
(Back Of Pickup, Etc.)  
13=Trailing Unit  
14=Riding On Vehicle Exterior  
15=Bus Passenger  
98=Other  
99=Unknown

**E Safety Equipment One:**  
00=None Used / Not Applicable  
01=Shoulder Belt Used  
02=Lap Belt Used  
03=Lap And Shoulder Belt Used  
04=Child Safety Seat Used  
05=Motorcycle Helmet Used  
06=Bicycle Helmet Used  
10=Safety Belt Used Improperly  
11=Child Safety Seat Used Improperly  
12=Helmet Used Improperly  
90=Restraint Used, Type Unknown  
99=Unknown

**F Safety Equipment Two:**  
00=None Used / Not Applicable  
01=Front Air Bag Deployed (For This Seat)  
02=Side Air Bag Deployed (For This Seat)  
03=Other Type Air Bag Deployed  
04=Multiple Air Bags Deployed  
05=Motorcycle Eye Protection  
06=Bicyclist Wearing Elbow/Knee/  
Other Pads  
10=Air Bag Not Deployed, Switch On  
11=Air Bag Not Deployed, Switch Off  
12=Air Bag Not Deployed,  
Unk Switch Setting  
13=Air Bag Removed (Prior To Crash)  
19=Unknown If Air Bag Deployed  
99=Unknown

**G Ejection:**  
0=Not Applicable  
1=Not Ejected  
2=Totally Ejected  
3=Partially Ejected  
9=Unknown

**H Ejection Path:**  
0=Not Ejected / Not Applicable  
1=Through Side Door Opening  
2=Through Side Window  
3=Through Windshield  
4=Through Back Door  
5=Through Back Door Tailgate Opening  
6=Through Roof Opening (Sunroof/  
Convertible Top Down)  
7=Through Roof Opening (Convertible  
Top Up)  
9=Unknown

**I Extrication:**  
0=Not Applicable  
1=Not Extricated  
2=Extricated By Mechanical Means  
3=Freely By Non - Mechanical Means  
8=Other  
9=Unknown

Unit No	Person No	Delete?	Date of Birth (MM-DD-YYYY)	A	B	C	D	E	F	G	H	I
01	01	<input type="checkbox"/>	12-14-1916	1	M	4	0	1	0	3	0	1

Name / Address / Phone

GILBERT #1

EMS Transport  
☒ Yes ☐ No

Unit No	Person No	Delete?	Date of Birth (MM-DD-YYYY)	A	B	C	D	E	F	G	H	I
02	01	<input type="checkbox"/>	03-05-1976	1	M	1	0	1	0	3	0	0

Name / Address / Phone

GILBERT #2

EMS Transport  
☒ Yes ☐ No

Unit No	Person No	Delete?	Date of Birth (MM-DD-YYYY)	A	B	C	D	E	F	G	H	I
		<input type="checkbox"/>										

Name / Address / Phone

EMS Transport  
☐ Yes ☐ No

Unit No	Person No	Delete?	Date of Birth (MM-DD-YYYY)	A	B	C	D	E	F	G	H	I
		<input type="checkbox"/>										

Name / Address / Phone

EMS Transport  
☐ Yes ☐ No

Unit No	Person No	Delete?	Date of Birth (MM-DD-YYYY)	A	B	C	D	E	F	G	H	I
		<input type="checkbox"/>										

Name / Address / Phone

EMS Transport  
☐ Yes ☐ No

Unit No	Person No	Delete?	Date of Birth (MM-DD-YYYY)	A	B	C	D	E	F	G	H	I
		<input type="checkbox"/>										

Name / Address / Phone

EMS Transport  
☐ Yes ☐ No

COMMONWEALTH OF PENNSYLVANIA  
POLICE CRASH REPORTING FORM

Crash Number

☒ New

P0224675

AA 45 5 1

Page:

005

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Type Location	<u>Intersection Type</u> <input type="radio"/> Midblock <input type="radio"/> 4 Way Intersection <input type="radio"/> "T" Intersection <input checked="" type="radio"/> *Y* Intersection <input type="radio"/> Traffic Circle/Round About <input type="radio"/> Multi-Leg Intersection <input type="radio"/> On Ramp <input type="radio"/> Off Ramp <input type="radio"/> Crossover <input type="radio"/> Railroad Crossing <input type="radio"/> Other			<u>Special Location</u> <input checked="" type="radio"/> Not Applicable <input type="radio"/> Underpass <input type="radio"/> Ramp <input type="radio"/> Bridge <input type="radio"/> Tunnel <input type="radio"/> Toll Booth <input type="radio"/> Cross Over Related <input type="radio"/> Driveway/Parking Lot <input type="radio"/> Ramp & Bridge <input type="radio"/> Unknown (If "Ramp" is indicated, please see manual)		
	Complete the <b>Principal Road</b> Section for all type of crashes. For crashes at intersections, enter information in the Intersecting Road Section or the GPS Section. If you have a midblock crash, you should enter information in the "Distance from Landmark" Section, the GPS Section, or the House Number Section in the Principal Road area.					
Principal Road	County	Route Number	Segment (Optional)	Travel Lanes	Speed Limit	House Number (if applicable)
	11	0253		02	55	
	Street Name EXECUTIVE					Street Ending DR
Intersecting Road	<u>Route Signing</u> <input type="radio"/> Interstate (Not Turnpike) <input type="radio"/> Turnpike (East/West) <input type="radio"/> Turnpike Spur <input checked="" type="radio"/> State Highway <input type="radio"/> County Road <input type="radio"/> Local Road or Street <input type="radio"/> Private Road <input type="radio"/> Other/Unknown					
	County	Route Number	Segment (Optional)	Travel Lanes	Speed Limit	House Number (if applicable)
	11	T566		02	55	
Street Name CAMBRIDGE MILLS						Street Ending RD
<u>Route Signing</u> <input type="radio"/> Interstate (Not Turnpike) <input type="radio"/> Turnpike (East/West) <input type="radio"/> Turnpike Spur <input type="radio"/> State Highway <input type="radio"/> County Road <input checked="" type="radio"/> Local Road or Street <input type="radio"/> Private Road <input type="radio"/> Other/Unknown						
Distance From Landmark	Use For Mid-Block Crashes Please Enter Information for BOTH Landmarks if Using This Option					
	Landmark 1 Intersecting Rt Num Or Mile Post Or Segment Marker St Ending Ramp Use Only <input type="radio"/> North <input type="radio"/> South <input type="radio"/> East <input type="radio"/> West					
	Landmark 2 Intersecting Rt Num Or Mile Post Or Segment Marker St Ending Ramp Use Only <input type="radio"/> North <input type="radio"/> South <input type="radio"/> East <input type="radio"/> West					
	Distance From Crash Scene to Landmark 1 (For Crash between Landmark 1 and Landmark 2) Feet Or Miles					
GPS	Latitude: Degrees Minutes Seconds Longitude: Degrees Minutes Seconds					
TCD	<u>Traffic Control Device</u> <input checked="" type="radio"/> Not Applicable <input type="radio"/> Flashing Traffic Signal <input type="radio"/> Traffic Signal <input type="radio"/> Stop Sign <input type="radio"/> Yield Sign <input type="radio"/> Active RR Crossing Controls <input type="radio"/> Passive RR Crossing Controls <input type="radio"/> Police Officer or Flagman <input type="radio"/> Other Type TCD <input type="radio"/> Unknown			<u>TCD Functioning</u> <input checked="" type="radio"/> No Controls <input type="radio"/> Device Not Functioning <input type="radio"/> Device Functioning Improperly <input type="radio"/> Device Functioning Properly <input type="radio"/> Emergency Preemptive Signal <input type="radio"/> Unknown		
Work Zone	<u>Type of Work Zone</u> (If "Not a Work Zone", skip rest of Work Zone section) <input checked="" type="radio"/> Not a Work Zone <input type="radio"/> Construction <input type="radio"/> Maintenance <input type="radio"/> Utility Company <input type="radio"/> Other			<u>Work Zone Location</u> <input type="radio"/> Before 1st Work Zone Warning Sign <input type="radio"/> Advance Warning Area <input type="radio"/> Transition Area <input type="radio"/> Activity Area <input type="radio"/> Termination Area <input type="radio"/> Other		
	<u>Work Zone</u> (Mark all that apply) <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			<u>Work Zone Speed Limit</u> <input type="checkbox"/> <u>Workers Present</u> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		
Lane Closure	<u>Lane Closed</u> (If "Not Applicable", skip rest of the Lane Closure section) <input type="radio"/> Not Applicable <input type="radio"/> Partially <input checked="" type="radio"/> Fully <input type="radio"/> Unknown			<u>Traffic Detoured</u> <input checked="" type="radio"/> Yes <input type="radio"/> No		
	<u>Lane Closure Direction</u> <input type="radio"/> North <input type="radio"/> East <input checked="" type="radio"/> North and South <input type="radio"/> South <input type="radio"/> West <input type="radio"/> East and West			<u>Estimated Time Closed</u> <input checked="" type="radio"/> 1-3 hours <input type="radio"/> 3-6 hours <input type="radio"/> 6-9 hours <input type="radio"/> 9-12 hours <input type="radio"/> > 12 hours <input type="radio"/> Unknown <input type="radio"/> < 30 Minutes <input type="radio"/> 30-60 Minutes		

COMMONWEALTH OF PENNSYLVANIA  
POLICE CRASH REPORTING FORM

Crash Number

New

P0224675

AA 45 6 1

Page: 006

Change/  
Continuation

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General Crash Information (If more than 2 Units only complete once)	<u>Crash Description</u>	2	0=Non-Collision 1=Rear End	2=Head On 3=Rear to Rear (Backing)	4=Angle 5=Sideswipe (Same Direction)	6=Sideswipe (Opposite Direction) 7=Hit Fixed Object	8=Hit Pedestrian 9=Other/Unknown	
	<u>Relation to Roadway</u>	1	1=On Travel Lanes 2=Shoulder	3=Median 4=Roadside	5=Outside Trafficway 6=In Parking Lane	7=Gore (Ramp Intersection) 9=Unknown		
	<u>Illumination</u>	1	1=Daylight 2=Dark - No Street Lights	3=Dark - Street Lights 4=Dusk	5=Dawn 6=Dark - Unknown Roadway Lighting	8=Other		
	<u>Weather Conditions</u>	1	1=No Adverse Conditions 2=Rain	3=Sleet (Hail) 4=Snow	5=Fog 6=Rain & Fog	7=Sleet & Fog 8=Other	9=Unknown	
	<u>Road Surface Conditions</u>	0	0=Dry 1=Wet	2=Sand, Mud, Dirt, Oil 3=Snow Covered	4=Slush 5=Ice	6=Ice Patches 7=Water - Standing or Moving	8=Other	
Unit(s) Event Information	Harm Event L/R Most? Utility Pole Number		Harmful Events (Harm Event)					
	Unit No	1 0 2 L	0	01=Hit Unit 1 02=Hit Unit 2 03=Hit Unit 3 04=Hit Unit 4 05=Hit Unit 5 06=Hit Other Traffic Unit 07=Hit Deer 08=Hit Other Animal 09=Collision With Other Non Fixed Object 11=Struck By Unit 1 12=Struck By Unit 2 13=Struck By Unit 3 14=Struck By Unit 4 15=Struck By Unit 5 16=Struck By Other Traffic Unit 21=Hit Tree Or Shrubbery 22=Hit Embankment 23=Hit Utility Pole 24=Hit Traffic Sign 25=Hit Guard Rail 26=Hit Guard Rail End 27=Hit Curb 28=Hit Concrete Or Longitudinal Barrier 29=Hit Ditch				
	Please Put Events in Sequential Order	2					30=Hit Fence Or Wall 31=Hit Building 32=Hit Culvert 33=Hit Bridge Pier Or Abutment 34=Hit Parapet End 35=Hit Bridge Rail 36=Hit Boulder Or Obstacle On Roadway 37=Hit Impact Attenuator 38=Hit Fire Hydrant 39=Hit Roadway Equipment 40=Hit Mail Box 41=Hit Traffic Island 42=Hit Snow Bank 43=Hit Temporary Construction Barrier 48=Hit Other Fixed Object 49=Hit Unknown Fixed Object 50=Overturn/Roll Over 51=Struck By Thrown Or Falling Object 52=Pot Holes Or Other Pavement Irregularities 53=Jackknife 54=Fire In Vehicle 58=Other Non-Collision 99=Unknown Harmful Event	
	Unit No	0 2						
Contributing Information	First Harmful Event in the Crash		Unit No Harm Event		Unit No Harm Event		Driver Action (D)	
	0 1 0 2		0 2		0 2 1 1		00=No Contributing Action 01=Driver Was Distracted 02=Driving Using Hand Held Phone 03=Driving Using Hands Free Phone 04=Making Illegal U-Turn 05=Improper/Careless Turning 06=Turning From Wrong Lane 07=Proceeding W/O Clearance After Stop 08=Running Stop Sign 09=Running Red Light 10=Failure To Respond To Other Traffic Control Device 11=Tailgating 12=Sudden Slowing/Stopping 13=Illegally Stopped On Road 14=Careless Passing Or Lane Change 15=Passing In No Passing Zone	
	Environmental / Roadway Potential Factors (E/R)		Unit No Harm Event		Unit No Harm Event		16=Driving The Wrong Way On 1-Way Street 17=Careless Or Illegal Backing On Roadway 18=Driving On The Wrong Side of Road 19=Making Improper Entrance to Highway 20=Making Improper Exit From Highway 21=Careless Parking/Unparking 22=Over/Under Compensation At Curve 23=Speeding 24=Driving Too Fast For Conditions 25=Failure To Maintain Proper Speed 26=Driver Fleeing Police (Police Chase) 27=Driver Inexperienced 28=Failure To Use Specialized Equip 98=Other Improper Driving Actions	
	00=None 01=Windy Conditions 02=Sudden Weather Conditions 03=Other Weather Conditions 04=Deer In Roadway 05=Obstacle On Roadway 06=Other Animal In Roadway 07=Glare 08=Work Zone Related		1 0 0 2		3			
Possible Vehicle Failures (V)		Unit No Harm Event		Unit No Harm Event		Pedestrian Action (P)		
00=None 01=Tires 02=Brake System 03=Steering System 04=Suspension 05=Power Train		06=Exhaust 07=Headlights 08=Signal Lights 09=Other Lights 10=Horn 11=Mirrors		12=Wipers 13=Driver Seating/Control 14=Body, Doors, Hood, Etc 15=Trailer Hitch 16=Wheels 17=Airbags 18=Trailer Overloaded 19=Unsecure/Shifted Trailer Load 20=Improper Towing 21=Obstructed Windshield 99=Unknown		03=Working 04=Pushing Vehicle 05=Approaching Or Leaving Vehicle 06=Playing Or Working On Vehicle 07=Standing 98=Other		
Unit No		1 0 0 2		3		Unit No		
0 2		1 0 0 2		3		0 0		
Indicated Prime Factor		Unit No Factor Code		Unit No Factor Code		Unit No Factor Code		
Do not repeat this information on multiple pages		0 1 0 5		0 1 0 5		0 1 0 5		
E/R V D P		0 0 0 0		0 0 0 0		0 0 0 0		
If E/R is the Prime Factor Type, leave Unit No blank								

COMMONWEALTH OF PENNSYLVANIA  
POLICE CRASH REPORTING FORM

Crash Number

P0224675

AA 45 7 1

Page:

007

☒ New

☐ Change/  
Continuation

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WITNESS

CAMBRIDGIA CO  
REMPLE TWP

GLASGOW  
1 MILE



Diagram

SR  
253

CAMBRIDGIA MILLS RD

RECONSTRUCTION DIAGRAM PENDING

COMMONWEALTH OF PENNSYLVANIA  
POLICE CRASH REPORTING FORM

Crash Number

P0224675

☒ New  
☐ Change/  
Continuation  
☐ Delete Page

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AA 45 8 1

Page: 008

Place emergency transport, witness, and other information here. It is not required to restate information from the form.

Responding EMS Agency: BEELWOOD AMBULANCE Medical Facility: ALTOONA HOSPITAL

Witness 1: DAVID FRANEY Address: 5650 TANOMA RD. INDIANA, PA Phone: 824-349-9203

Witness 2: Address: Phone:

Narrative: CELL PHONE IN UNIT #2, NOT IN USE.

OP #1 WAS TRANSPORTED TO ALTOONA HOSPITAL PRIOR TO THIS OFFICERS ARRIVAL. INTERVIEW PENDING FROM STATE POLICE HOLLIDAYSBURG.

OP #2 WAS PRONOUNCED DEAD AT THE SCENE. HE WAS TRANSPORTED FROM THE SCENE BY CAMBRIA COUNTY DEPUTY CORONER BRIAN MURICONI.

WITNESS WAS INTERVIEWED AT THE SCENE. HE STATED THAT HE WAS BEHIND UNIT #1. UNIT #1 ATTEMPTED TO MAKE A LEFT TURN WHILE UNIT #2 WAS APPROACHING. UNIT #1 TURNED IN FRONT OF UNIT #2 AND CAUSED A COLLISION. WITNESS STATED "I CAN'T BELIEVE HE TURNED RIGHT IN FRONT OF THAT CAR."

I SAW THE CAR COMING. HE MUST NOT HAVE SEEN IT!!

BOTH UNITS WERE TOWED TO AND IMPOUNDED AT PSP ERENSBURG.

#1 PROPERTY NUMBER 102-4058,

#2 PROPERTY NUMBER 102-4059,

ACCIDENT WAS RECONSTRUCTED BY CPL. SCHMINT, STATE POLICE INDIANA. HIS REPORT AND WITNESS REPORT ARE PENDING.

SP 9-0015 ISSUED.

SCENE MESSAGE SENT FOR TRAFFIC FATALITY, MESSAGE # 21372 - 03/12/01

Witness Information and Narrative

# COMMONWEALTH OF PENNSYLVANIA POLICE CRASH REPORTING FORM

Crash Number

☒ New

AA 45 F 1

Page:

009

☐ Change/  
Continuation

P0224675

<b>Road Surface Type</b> <input type="radio"/> Brick or Block <input type="radio"/> Dirt <input type="radio"/> Concrete <input type="radio"/> Slag, Gravel or Stone <input checked="" type="radio"/> Blacktop <input type="radio"/> Other <input type="radio"/> Unknown			<b>Special Jurisdiction</b> <input type="radio"/> Military <input type="radio"/> Other Federal Sites <input checked="" type="radio"/> No Special Jurisdiction <input type="radio"/> Indian Reservation <input type="radio"/> Other <input type="radio"/> National Park <input type="radio"/> College/University Campus <input type="radio"/> Unknown		
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Please complete Unit Information for **each** unit involved in a **fatal** crash. Do not repeat the information in the fields above on multiple pages.

Unit Information	<b>Unit Number</b> 01			<b>Principle Impact Point</b> <input type="radio"/> Non-Collision <input type="radio"/> Top <input type="radio"/> Undercarriage <input type="radio"/> Towed Unit <input type="radio"/> Unknown		
	<b>Driver Restrictions Compliance</b> <input checked="" type="radio"/> No Restrictions/Not Applicable <input type="radio"/> Restrictions Complied With <input type="radio"/> Restrictions Not Complied With <input type="radio"/> Compliance Unknown			<input type="radio"/> Not a Pennsylvania Driver <input type="radio"/> Unknown Compliance		
	<b>Driver Endorsement Compliance</b> <input checked="" type="radio"/> None Required <input type="radio"/> Required - Complied With <input type="radio"/> Required - Non Compliance <input type="radio"/> Required - Compliance Unknown			<input type="radio"/> Not a Pennsylvania Driver <input type="radio"/> Unknown Compliance		
	<b>Driver License Compliance</b> <input type="radio"/> Not Licensed <input type="radio"/> Not Required for Vehicle Class <input type="radio"/> No Valid License for Class <input checked="" type="radio"/> Valid License for Class			<input type="radio"/> Unk if CDL or CDL Required <input type="radio"/> Not a Pennsylvania Driver <input type="radio"/> Unknown		
	<b>Drug Test Type</b> <input checked="" type="radio"/> None <input type="radio"/> Blood <input type="radio"/> Urine			<input type="radio"/> Other <input type="radio"/> Unknown if Test Given		
	<b>Drug Test Results - (Up to Four Results)</b> 0 = No Test Given    5 = Amphetamines 1 = No Drug Reported    6 = PCP 2 = Marijuana    8 = Other 3 = Cocaine    9 = Unknown Test Results 4 = Opiates					

Unit Information	<b>Unit Number</b> 02			<b>Principle Impact Point</b> <input type="radio"/> Non-Collision <input type="radio"/> Top <input type="radio"/> Undercarriage <input type="radio"/> Towed Unit <input type="radio"/> Unknown		
	<b>Driver Restrictions Compliance</b> <input checked="" type="radio"/> No Restrictions/Not Applicable <input type="radio"/> Restrictions Complied With <input type="radio"/> Restrictions Not Complied With <input type="radio"/> Compliance Unknown			<input type="radio"/> Not a Pennsylvania Driver <input type="radio"/> Unknown Compliance		
	<b>Driver Endorsement Compliance</b> <input checked="" type="radio"/> None Required <input type="radio"/> Required - Complied With <input type="radio"/> Required - Non Compliance <input type="radio"/> Required - Compliance Unknown			<input type="radio"/> Not a Pennsylvania Driver <input type="radio"/> Unknown Compliance		
	<b>Driver License Compliance</b> <input type="radio"/> Not Licensed <input type="radio"/> Not Required for Vehicle Class <input type="radio"/> No Valid License for Class <input checked="" type="radio"/> Valid License for Class			<input type="radio"/> Unk if CDL or CDL Required <input type="radio"/> Not a Pennsylvania Driver <input type="radio"/> Unknown		
	<b>Drug Test Type</b> <input checked="" type="radio"/> None <input type="radio"/> Blood <input type="radio"/> Urine			<input type="radio"/> Other <input type="radio"/> Unknown if Test Given		
	<b>Drug Test Results - (Up to Four Results)</b> 0 = No Test Given    5 = Amphetamines 1 = No Drug Reported    6 = PCP 2 = Marijuana    8 = Other 3 = Cocaine    9 = Unknown Test Results 4 = Opiates					

3N XPAT19 OFTA22, FILE 3 SP EBENSBURG PAPSP2200

TO: DIRECTOR, BUREAU OF PATROL

SUBJECT: REPORT OF VEHICLE TRAFFIC FATALITY

1. INCIDENT NUMBER: A2-231693
2. TIME AND DATE: 09/11/01 1315 HOURS
3. FATALITY DATE: 09/11/01
4. LOCATION: SR 0253 AT CAMBRIA MILLS ROAD READE TWP., CAMBRIA CO
5. NUMBER KILLED: 1 WEARING SEAT BELTS KILLED: 1
6. ALCOHOL RELATED: NO
7. TYPE ACCIDENT: 2 VEHICLES HEAD ON
8. TYPE OF VEHICLES: PASSENGER VEHICLES
9. CARS ASSIGNED: Y X N
10. NAME OF ASSIGNED CARS: CPL MICHAEL SCHMIDT

AUTH: OIC SP EBENSBURG SGT M EDWARDS

OPR: DKL

XMIT HERE:

MSG RCVD 21372 SEP 12, 2001 06:26:28

SAN: BZ12T9W45HX9



14. CODES:	
STORAGE AREA	DISPOSITION
1. PROPERTY ROOM	1. DESTROYED
2. SAFETY DEPOSIT BOX	2. ESCHEATABLE
3. EXPLOSIVE MAGAZINE	3. EXPENDED IN LABORATORY
4. NON-DEPARTMENT	4. RELEASED TO OWNER/FINDER
	5. DONATED
	REMOVAL CODE
	1. CUSTODY
	2. COURT
	3. LABORATORY
	4. OTHER

30. I HEREBY CERTIFY THAT I AM THE OWNER OF PROPERTY OR AUTHORIZED AGENT TO RECEIVE ITEM(S) NO. _____			
31. CLAIMANT'S NAME	OWNER'S NAME	ADDRESS	TELEPHONE NO.
	JULIA BOND	PO Box 192 Smithville, TN	
32. CLAIMANT'S SIGNATURE	OWNER'S SIGNATURE	DATE	

PENNSYLVANIA STATE POLICE  
PROPERTY RECORD

4. STATUS <input type="checkbox"/> EVIDENCE <input type="checkbox"/> FOUND <input type="checkbox"/> RECOVERED <input type="checkbox"/> RECEIPT <input checked="" type="checkbox"/> OTHER		5. OFFENSE ACCIDENT		6. STATION/DISTRICT OFFICE TRENTON 6/11/20	
7. SUBMITTING OFFICER P. JONES T. WILSON		8. RECEIVING OFFICER CPL ROBERT S. SCHILL		BADGE NO. 5160	
9. INVESTIGATING OFFICER T. WILSON		11. SIGNATURE OF RECEIVING OFFICER (Signature)		9. DATE 06/11/20	
10. FOUND OR RECOVERED FROM/SIGNATURE ACCORD SCENE RT 253 REMOTE TRAP - CAMPBELL CO		ADDRESS TELEPHONE NO.		LOCATION TIME 1730	

PENNSYLVANIA STATE POLICE <b>PUBLIC INFORMATION RELEASE REPORT</b>		1. STATION Ebensburg - 1120	2. INCIDENT NO. A2-231693
		3. INVESTIGATING OFFICER TPR WILLIAMS	
4. NATURE OF INCIDENT ACCIDENT	5. DATE 09-11-01	TIME 1315	
6. LOCATION RT253 AT CAMBRIA MILLS RD.-READE TWP.-CAMBRIA CO.			
7. PERSONS INVOLVED			
#1 JOHN BUNGO-85 SMITHMILL,PA 2000 BUICK CENTURY MINOR INJURY  #2 JOE ELLIS-25 HOUTZDALE,PA 1989 GRAND AM FATALITY/WEARING SEAT BELT			
8. INCIDENT DETAILS (GIVE BRIEF SUMMARY OF WHAT HAPPENED)			
#1 WAS TRAVELING SOUTH ON RT253. #2 WAS TRAVELING NORTH ON RT253. #1 ATTEMPTED TO TURN LEFT ONTO CAMBRIA MILLS RD. #1 DID NOT NOTICE #2 APPROACHING AND THUS TURNED IN FRONT OF HIM CAUSING A HEAD ON COLLISION. #1 WAS TRANSPORTED TO ALTOONA FOR INJURIES. #2 WAS PRONOUNCED DEAD AT THE SCENE BY CAMBRIA CO. CORONERS OFFICE..			
9. RADIO - TV	RELEASED TO		NEWSPAPER
FAXED			

COMMONWEALTH OF PENNSYLVANIA  
POLICE CRASH REPORTING FORM

Crash Number

P0346447

☐ New

☒ Change/  
Continuation

AA 45 1 1

Case Closed

☐ Yes ☒ No

Page: 010

P0224675

<b>Police Agency Data</b>	Incident Number A 0 2 - 0 8 3 6 8 9 9															Police Agency 6 8 6 0 1					Patrol Zone 							
	Agency Name PA STATE POLICE															Precinct HOLLIDAYSBURG/2316					Investigation Date (MM-DD-YYYY) 							
	Dispatch Time (mil) 			Arrival Time (mil) 			Investigator TPR MARK E. DILLON 5667										Badge Number 											
	Reviewer CPA JWC Morrison 4275															Badge Number 			Approval Date (MM-DD-YYYY) 									
<b>Crash Data</b>	County 		County Name 										Municipality 		Municipality Name 										Day of Week <input type="checkbox"/> Sun <input type="checkbox"/> Thu <input type="checkbox"/> Mon <input type="checkbox"/> Fri <input type="checkbox"/> Tue <input type="checkbox"/> Sat <input type="checkbox"/> Wed <input type="checkbox"/> Unk			
	Crash Date (MM-DD-YYYY) 					Crash Time (Military) 					No of Units 		No of People 		No Injured 		No Killed 		(If > 00, Complete Form: AA 45 F 1)									
	Reportable Crash <input type="checkbox"/> Yes <input type="checkbox"/> No					Notify Highway Maintenance <input type="checkbox"/> Yes <input type="checkbox"/> No					School Bus Related <input type="checkbox"/> Yes <input type="checkbox"/> No					School Zone Related <input type="checkbox"/> Yes <input type="checkbox"/> No					PennDOT Property <input type="checkbox"/> Yes <input type="checkbox"/> No							
	<div>Unit Number <input type="checkbox"/> Delete? <input type="checkbox"/> Type Unit <input type="checkbox"/> Motor Vehicle in Transport <input type="checkbox"/> Hit &amp; Run Vehicle <input type="checkbox"/> Illegally Parked <input type="checkbox"/> Legally Parked <input type="checkbox"/> Non - Motorized</div> <div><input type="checkbox"/> Pedestrian <input type="checkbox"/> Pedestrian on Skates, in Wheelchair, etc <input type="checkbox"/> Disabled From Previous Crash <input type="checkbox"/> Train <input type="checkbox"/> Phantom Vehicle</div>																		<b>Commercial Vehicle</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  (If Yes, Complete Form: AA 45 C 1)									
Owner Last Name (If Pedestrian, skip to Form AA 45 3 1) 																		FI 				MI 		Telephone Number 				
Address 															City 			State 				Zip 						
VIN 										Model Year 			Vehicle Make* 															
<b>Unit Information</b>	License Plate 										Reg. State 		Travel Speed 			*Refer to List on Back of Overlay												
	Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Un-known																				Insurance Company 					Policy No 		
	Vehicle Towed <input type="checkbox"/> Yes <input type="checkbox"/> No															Towed To 					Towed By 			Tow Agency Phone 				
	<div>Unit Number <input type="checkbox"/> Delete? <input type="checkbox"/> Type Unit <input type="checkbox"/> Motor Vehicle in Transport <input type="checkbox"/> Hit &amp; Run Vehicle <input type="checkbox"/> Illegally Parked <input type="checkbox"/> Legally Parked <input type="checkbox"/> Non - Motorized</div> <div><input type="checkbox"/> Pedestrian <input type="checkbox"/> Pedestrian on Skates, in Wheelchair, etc <input type="checkbox"/> Disabled From Previous Crash <input type="checkbox"/> Train <input type="checkbox"/> Phantom Vehicle</div>																		<b>Commercial Vehicle</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  (If Yes, Complete Form: AA 45 C 1)									
	Owner Last Name (If Pedestrian, skip to Form AA 45 3 1) 																					FI 		MI 		Telephone Number 		
	Address 															City 						State 		Zip 				
VIN 										Model Year 			Vehicle Make* 															
<b>Unit Information</b>	License Plate 										Reg. State 		Travel Speed 			*Refer to List on Back of Overlay												
	Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Un-known																				Insurance Company 					Policy No 		
	Vehicle Towed <input type="checkbox"/> Yes <input type="checkbox"/> No															Towed To 					Towed By 			Tow Agency Phone 				

COMMONWEALTH OF PENNSYLVANIA  
POLICE CRASH REPORTING FORM  
FAT

Crash Number

P0346442

AA 45 8 1

Page:

0 1 1

- ☐ New  
☒ Change/  
Continuation  
☐ Delete Page

P 0 2 2 4 6 7 5

Place emergency transport, witness, and other information here. It is not required to restate information from the form.

Responding EMS Agency:

Medical Facility:

Witness 1:

Address:

Phone:

Witness 2:

Address:

Phone:

Narrative:

ON 09/11/01, THIS OFFICER WAS DISPATCHED TO ALTOONA HOSPITAL TO INTERVIEW AN OPER INVOLVED IN A FATAL ACCIDENT AT THE REQUEST OF TPR JAMES WILLIAMS PSP EBENSBURG. REFER TO REQUEST ASSIST-PSP STATION #601-0836879.

THIS OFFICER ARRIVED AT THE ALTOONA HOSPITAL AT 1455 HRS & LOCATED THE OPER. THE OPER WAS IDENTIFIED AS JOHN BUNGO W/M/54 (DOB: 12/14/46) P.O. BOX 172 SMITH MILL PA 16680 PHONE (814) 378-6161 THROUGH USE OF PA PHOTO DRIVER'S LICENSE #19532799.

BUNGO WAS INTERVIEWED AT 1500 HRS & STATED, I DON'T REMEMBER ANYTHING ABOUT THE ACCIDENT, I WAS KNOCKED OUT.

THROUGH QUESTIONING, THIS OFFICER LEARNED THE FOLLOWING FROM BUNGO. BUNGO STATED THAT HE WAS DRIVING TOWARD ALTOONA. THAT HE WAS ALONE IN HIS CAR & THAT HIS CAR WAS A 2000 BUICK CENTURY. BUNGO STATED THAT THE ACCIDENT OCCURRED IN THE DIP NEAR HOMMER'S LUMBER COMPANY. BUNGO STATED THAT HE BELIEVED THAT THE OTHER VEHICLE WAS COMING OUT FROM THE ROAD TO THE ROAD TWP SPORTSMAN CLUB. BUNGO STATED THAT HE WASN'T SURE WHICH WAY THE OTHER VEHICLE WAS GOING TO GO. BUNGO STATED THAT HE WASN'T SURE OF HIS SPEED BUT STATED, "I WOULDN'T HAVE BEEN GOING THAT FAST, MAYBE 40." BUNGO STATED THAT HE WAS WEARING HIS SEAT BELT & THAT HE ALWAYS WEARS A SEAT BELT. BUNGO COULD PROVIDE NO FURTHER INFORMATION ABOUT THE ACCIDENT AT THIS TIME.

SP7-GOIS WAS GIVEN TO BUNGO.

Witness Information and Narrative

WARNING: IT IS ILLEGAL TO ALTER THIS COPY OR  
TO DUPLICATE BY PHOTOSTAT OR PHOTOGRAPH.

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH VITAL RECORDS

LOCAL REGISTRAR'S CERTIFICATION OF DEATH



CERT. NO. T 4927084

09/15/01

Date of Issue of This Certification

Name of Decedent William Joseph Ellis II  
First Middle Last  
Sex Male Social Security No. 194-58-4077 Date of Death 09/11/01  
Date of Birth 03/05/1976 Birthplace State College, PA  
Route 253  
Place of Death Executive Drive Cambria Reade Twp. Pennsylvania  
Facility Name County City, Borough or Township  
Race White Occupation University Student Armed Forces? (Yes or No) NO  
Never  
Marital Status Married Decedent's Mailing Address 6 Dorthea St., Houtzdale, PA 16651  
Number Street City or Town State  
Informant William Ellis Funeral Director John Freeberg  
Name and Address of Birger A. Freeberg  
Funeral Establishment Funeral Home, 200 David St., Houtzdale, PA 16651

Part I: Immediate Cause

Interval Between  
Onset and Death

- (a) Exsanguination
- (b) Traumatic Severence of Thoracic Aorta with Hemothorax
- (c) Traumatic Dissection Fracture of Sternum
- (d) Motor Vehicle Accident

Part II: Other Significant Conditions

Manner of Death

Natural ☐ Homicide ☐  
Accident ☒ Pending Investigation ☐  
Suicide ☐ Could not be Determined ☐

Describe how injury occurred:

Two Vehicle head on collision.

Name and Title of Certifier Brian F. Moriconi, Deputy Coroner

(M.D., D.O., Coroner, M.E.)

Address 110 Franklin St., Suite 500, Johnstown, PA 15901

This is to certify that the information here given is correctly copied from an original certificate of death duly filed with me as Local Registrar. The original certificate will be forwarded to the State Vital Records Office for permanent filing.

Denise A. Sherkel 17-183

09/15/01

EXHIBIT

986 Clara St. Houtzdale

District No.

Date Received by Local Registrar

Street Address

City, Borough, Township

TRAN T RO ST PR POLICY S# AS OF PH NAME BUNGO AGT 6597 LAST TRAN 0  
U D Z 54 37 A 848084 2 STATUS ACTIVE 0 RENEWAL 0

\* VEHICLE INFORMATION \*

V# YR MAKE SERIES VEHICLE ID NUMBER F TYPE S/TYPE STD AMT TERM AG RV HP  
2 01 BUIC CENTURY 2G4WS52J811141178 4 AUTO OTHER 038 999

\* SYMBOLS \*

CP CL MP ADD REG HP ALT-CUST ANTI-THFT RSTR MOHM LGTH OS-TIER RECOUPMEN  
015 014 23 N N 0 01

SUR% INSP DATE SUSP DATE DMG PR INS INCI CNTY TERR TOWCL FRDST TAX CD TR  
0 017 096

USE MCD MI/DA WCMT A-MI CP OPR STS BTHDTE S MS STUDDT YD/ADLT SUBCL RC L  
P Y 11000 P 121416 M S 000 N

CLEAN REC CLEAN ALL LOSS REC LOSS ALL TIER FLG AV EXP SD

UOA#1 UOA#2 EXTD RTFLG DIS DIS DIS \*FRC UOA\* DRV ADDED ELIG DATE  
N 120287 071595

\* ENDORSEMENTS \*

2357 2358

ACCIDENT FORGIVENESS FLAG / ACCIDENT VIOLATION DATES

\* COVERAGES \* \* THIRD PARTY INF

COV	LIMITS	DED	OPT	AMT	PREMIUM	RTFR
AD	10000				1.10	
BI	100 300				43.00	.80
COLL		100			96.30	.80
COMP		ACV			39.20	.80
FUNRL	1500				.10	
MDCL	5000				9.20	.80
PD	100				45.60	.80
TL	Y				1.70	
UIMBI	15 30		29		9.10	
UMBI	15 30		29		3.90	

\* VEHICLE LOCATION

CTY TER TOWCL FRDST

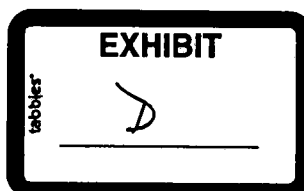
ZIP CODE

SURCHARGE  
PNS  
00

TOTAL 249.20

\* PIP CLASS \*

ISUR CD RSTR CD MLTRY BEN WAGE LOSS GST FG PED FG MED EXP HSE INC DEP CD E



## State Farm Insurance Companies



State College Service Center  
383 Rolling Ridge Drive  
State College, PA 16801-7676

October 16, 2001

WILLIAM AND DONNA ELLIS  
6 DORTHEA ST  
HOUTZDALE PA 16651-1742

RE: Claim #: 38-J774-144  
38-J775-283  
38-J775-389  
38-J775-396  
38-J775-422  
38-J777-188

Date of Loss: September 11, 2001

Dear Mr. and Mrs. Ellis:

I am in receipt of the written offer of liability limits to total \$100,000 from Nationwide Insurance.

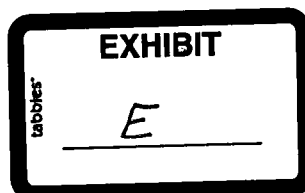
Please be advised that we consent to this settlement and will therefore waive our subrogation rights.

Please contact me should you have any questions.

Sincerely,

Deborah Altomare  
Claim Specialist  
State Farm Mutual Automobile Ins. Co.  
(814) 231-5118

DA/018/1016004

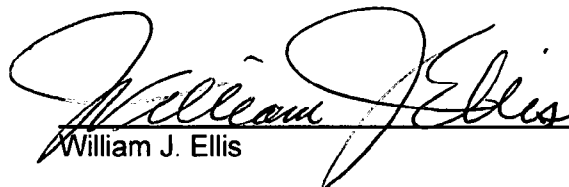


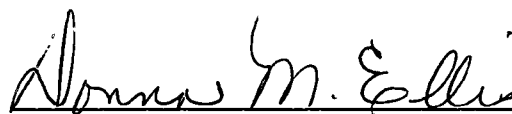


**VERIFICATION**

We, **William J. Ellis and Donna M. Ellis**, do hereby verify that we have read the foregoing **Petition for Court Approval of Third Party Wrongful Death and Survivorship Claims**. The statements therein are correct to the best of our personal knowledge or information and belief.

This statement and verification are made subject to the penalties of 18 Pa.C.S. Section 4904 relating to unsworn fabrication to authorities, which provides that if we make knowingly false averments we may be subject to criminal penalties.

  
William J. Ellis

  
Donna M. Ellis

Date: 11/30/01

FILED

DEC 10 2001

pd 01/21/2001 atty Schmitt pd  
William A. Shaw \$80.00  
Prothonotary nccc