

01-1984-(CJ)
WILLIAM J. ELLIS et al -vs- NATIONWIDE MUTUAL INSURANCE COMPANY

CK

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

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:

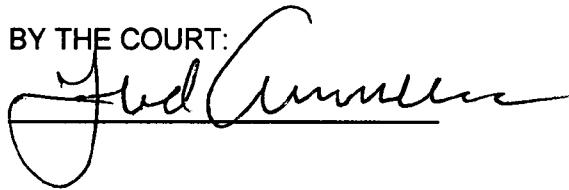
1. Payment of \$100,000.00 by Nationwide Mutual Insurance Company to the petitioners, \$50,000.00 of which is to be allocated to the wrongful death claims, and \$50,000.00 of which is to be allocated to the survivorship claims; and
2. Record costs and attorney's fees to be paid by Nationwide Mutual Insurance 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 DONNA M. ELLIS, as Administrators for the Estate of Decedent William Joseph Ellis, II,	IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PA
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

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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.

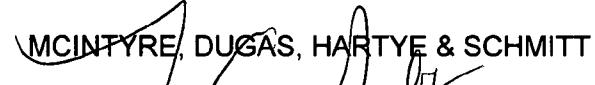
8. Petitioners, William J. Ellis and Donna M. Ellis, have read and understand the statements in the foregoing Petition, and have agreed to accept the sums of money set forth hereinabove in full and complete satisfaction of any and all claims against John

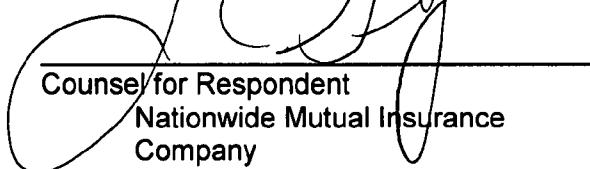
Bungo and Nationwide Mutual Insurance Company related to the death of decedent, William Joseph Ellis, II, on September 11, 2001.

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, HARTYE & 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

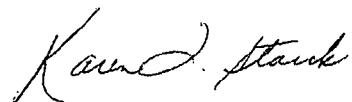
Commonwealth of Pennsylvania
County of Clearfield

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;

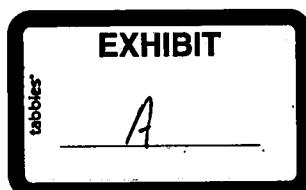
DO HEREBY CERTIFY and made known, that on the **26th** day of **September**, in the year of our Lord, **Two Thousand One**, Letters of Administration on the Estate of **William Joseph Ellis, II**, deceased, were granted unto **William J. Ellis AND Donna M. Ellis**, they, having first given security well 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 11 FAT

Case Closed

Yes No

Page: 001

New

Change/
Continuation

Police Agency Data	Incident Number				Police Agency		Patrol Zone		
	A02-0231693				68A02		035		
Agency Name	Precinct			Investigation Date (MM-DD-YYYY)					
	EBENSBURG			09-11-2001					
Dispatcher Data	Dispatch Time (min)	Arrival Time (min)	Investigator	Badge Number					
	1319	1348	TPR. DANIEL T. WILLIAMS	05635					
Reviewer	Badge Number			Approval Date (MM-DD-YYYY)					
	04275			09-19-2001					
Crash Data	County	County Name	Municipality	Municipality Name					Day of Week
	11	CAMBRIA	221	READE TWP					<input type="checkbox"/> Sun <input type="checkbox"/> Thu <input type="checkbox"/> Mon <input type="checkbox"/> Fri <input checked="" type="checkbox"/> Tue <input type="checkbox"/> Sat <input type="checkbox"/> Wed <input type="checkbox"/> Unk
Owner Information	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)
	09-11-2001		1315		02	02	01	01	
Unit Information	Reportable Crash		Notify Highway Maintenance		School Bus Related		School Zone Related		PennDOT Property
	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Commercial Vehicle	Unit Number	Delete?	Type Unit	Motor Vehicle in Transport	Hit & Run Vehicle	Illegally Parked	Legally Parked	Non - Motorized	
	01	<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		
Owner Last Name (If Pedestrian, skip to Form AA 45 3 1)	FI MI Telephone Number					*Refer to List on Back of Overlay			
	BUNGO								
Address	City			State		Zip		Commercial Vehicle	
	PO BOX 172			PA		16680			
VIN	Model Year					Vehicle Make*			
	2G4WS52J5Y1181163					2000 18			
License Plate	Reg. State		Travel Speed			*Refer to List on Back of Overlay			
	PA		099						
Insurance	Insurance Company		Policy No			Insurance Company Phone			
	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Un-known	NATIONWIDE			54A848084		
Vehicle Towed	Towed To		Towed By			Tow Agency Phone			
	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	PSP EBENSBURG STATION		DISCOUNT AUTO CENTER			814-672-5297	
Unit Information	Unit Number	Delete?	Type Unit	Motor Vehicle in Transport	Hit & Run Vehicle	Illegally Parked	Legally Parked	Non - Motorized	
	02	<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		
Commercial Vehicle	FI MI Telephone Number					*Refer to List on Back of Overlay			
	ELLIS								
Owner Last Name (If Pedestrian, skip to Form AA 45 3 1)	City			State		Zip		Commercial Vehicle	
	DURTHICK ST. BOX 6			PA		16651			
VIN	Model Year					Vehicle Make*			
	1G2NE14U8KC677555					1989 22			
License Plate	Reg. State		Travel Speed			*Refer to List on Back of Overlay			
	PA		099						
Insurance	Insurance Company		Policy No			Insurance Company Phone			
	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Un-known	STATE FIRE			7135936E0938C		
Vehicle Towed	Towed To		Towed By			Tow Agency Phone			
	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	PSP EBENSBURG STATION		HUNTOONIA EMERGENCY			814-944-9802	

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM

Crash Number

P0224675

AA 45 2 1

Page: 002

New

Change/
Continuation

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Vehicle Information	Unit Number	<u>Trailing Unit(s)</u>	<u>Type of Unit</u>	5=Camper 6=Trailer 7=Semi-Trailer 8=Other	Tag No	Tag Year	Tag State		
	01	Number of Trailing Units:	1=Towing Passenger Veh 2=Towing Truck 3=Towing Utility Trailer 4=Mobile or Modular Home 9=Unknown	Tag No	Tag Year	Tag State			
Vehicle Information	Vehicle Color	01=Blue 02=Red 03=White 04=Green 05=Black 06=Yellow 07=Silver 99=Unknown	Vehicle Type	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	<u>Special Usage</u>	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
	08	01 02 03 04 05 06 07 08 09 10 11 12	01 02 03 04 05 06 07 08 09 10 11 12	01 02 03 04 05 10	01 02 03 04 05 10	01 02 03 04 05 06 07	00 01 02 03 04 05 06 07	00 01 02 03 04 05 06 07	
Vehicle Information	Initial Impact Point	12	Damage Indicator	3	Vehicle Role	1	Vehicle Position	07	
	11 12 01 02 03 04 05 06 07 08 09 10	00=Non-Collision 13=Top 14=Undercarriage 15=Towed Unit 99=Unknown	0=None 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	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	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	Movement	12	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	2	3=Downhill 4=Sag/Bottom of Hill 5=Crest/Top of Hill 9=Unknown		
	S	N=North S=South E=East W=West U=Unknown	1=Level Roadway 2=Uphill	Alignment	1	1=Straight 2=Curved 9=Unknown			
Vehicle Information	Unit Number	<u>Trailing Unit(s)</u>	<u>Type of Unit</u>	5=Camper 6=Trailer 7=Semi-Trailer 8=Other	Tag No	Tag Year	Tag State		
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	N	N=North S=South E=East W=West U=Unknown	1=Level Roadway 2=Uphill	Alignment	1	1=Straight 2=Curved 9=Unknown			

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM

Crash Number

P0224675

AA 45 3 1

Page: 003

New

Change/
Continuation

FL MI Telephone Number

J 814-378-6161

Unit Number Last Name

01 BUNGO

FL

MI

Telephone Number

Address

P.O. Box 172

City

SMITHMILL

State

PA

Zip

16680

License Number

19532799

State

PA

If License Number is unknown or
driver is not licensed, see manual

Vehicle Driver/Pedestrian Information

Alcohol/Drugs Suspected

No Illegal Drugs Medication
 Alcohol Alcohol and Drugs Unknown

Pedestrian Signal at Scene of Crash

No Pedestrian Signal Not at Intersection
 Pedestrian Signal

Alcohol Test Type

Test Not Given Breath Other
 Blood Urine Unknown if Test Given

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 Sidewalk Unknown

Alcohol Test Results

0. Test Refused Unknown Results
 Test Given, Contaminated Results

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

Driver or Pedestrian Physical Condition

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

Driver Presence

1=Driver Operated 3=Driver Fleed Scene
Vehicle 4=Hit and Run
2=No Driver 9=Unknown

Owner/Driver

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

Code

01

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COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM

Crash Number

P0224674

AA 45 4 1

Page: 004

New

Change/
Continuation

<p>People Information</p> <p>A Person Type: 1=Driver 2=Passenger 7=Pedestrian 8=Other 9=Unknown</p> <p>B Sex: F=Female M=Male U=Unknown</p> <p>C Injury Severity: 0=Not Injured 1=Killed 2=Major Injury 3=Moderate Injury 4=Minor Injury 9=Unknown</p>									<p>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</p>									<p>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</p>									<p>G Ejection: 0=Not Applicable 1=Not Ejected 2=Totally Ejected 3=Partially Ejected 9=Unknown</p>								
									<p>F Safety Equipment Two: 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</p>									<p>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</p>									<p>I Extrication: 0=Not Applicable 1=Not Extricated 2=Extricated By Mechanical Means 3=Free By Non - Mechanical Means 8=Other 9=Unknown</p>								
Unit No	Person No	Delete?		Date of Birth (MM-DD-YYYY)			A	B	C	D	E	F	G	H	I	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"/>		01	12	-	14	-	19	16	1	M	4	01	03	01	00	00	02	02	<input type="checkbox"/>		03	05	-	19	96	1	M	1	01	03	00	1	02
Name / Address / Phone																Name / Address / Phone																			
0123456789 #1																0123456789 #2																			
EMS Transport																EMS Transport																			
<input checked="" type="checkbox"/> Yes																<input type="checkbox"/> No																			
EMS Transport																EMS Transport																			
<input type="checkbox"/> Yes																<input type="checkbox"/> No																			
EMS Transport																EMS Transport																			
<input type="checkbox"/> Yes																<input type="checkbox"/> No																			
EMS Transport																EMS Transport																			
<input type="checkbox"/> Yes																<input type="checkbox"/> No																			
EMS Transport																EMS Transport																			
<input type="checkbox"/> Yes																<input type="checkbox"/> No																			
EMS Transport																EMS Transport																			
<input type="checkbox"/> Yes																<input type="checkbox"/> No																			
EMS Transport																EMS Transport																			
<input type="checkbox"/> Yes																<input type="checkbox"/> No																			

COMMONWEALTH OF PENNSYLVANIA
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Change

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Type Location	Intersection Type				Special Location							
	<input checked="" type="checkbox"/> "Y" Intersection	<input type="checkbox"/> Off Ramp	<input checked="" type="checkbox"/> Not Applicable	<input type="checkbox"/> Bridge	<input type="checkbox"/> Cross Over Related							
Principal Road	<input type="checkbox"/> Midblock	<input type="checkbox"/> Traffic Circle/ Round About	<input type="checkbox"/> Crossover	<input type="checkbox"/> Underpass	<input type="checkbox"/> Tunnel	<input type="checkbox"/> Driveway/Parking Lot						
	<input type="checkbox"/> 4 Way Intersection	<input type="checkbox"/> Multi-Leg Intersection	<input type="checkbox"/> Railroad Crossing	<input type="checkbox"/> Ramp	<input type="checkbox"/> Toll Booth	<input type="checkbox"/> Ramp & Bridge						
	<input type="checkbox"/> "T" Intersection	<input type="checkbox"/> On Ramp	<input type="checkbox"/> Other	(If "Ramp" is indicated, please see manual)				<input type="checkbox"/> Unknown				
Complete the Principal Road 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	Orientation	House Number (if applicable)					
	11	0253		02	55		North	South	East	West	Unknown	
Principal Road	Street Name					Street Ending						
	EXECUTIVE					DR						
Route Signing	Route Signing											
	<input type="checkbox"/> Interstate (Not Turnpike)	<input type="checkbox"/> Turnpike (East/West)	<input type="checkbox"/> Turnpike Spur	<input checked="" type="checkbox"/> State Highway	<input type="checkbox"/> County Road	<input type="checkbox"/> Local Road or Street	<input type="checkbox"/> Private Road	<input type="checkbox"/> Other/ Unknown				
Intersecting Road	County	Route Number	Segment (Optional)	Travel Lanes	Speed Limit	Orientation	House Number (if applicable)					
	11	7566		02	55		North	South	East	West	Unknown	
Intersecting Road	Street Name					Street Ending						
	C M B R ; A m i l s					RD						
Route Signing	Route Signing											
	<input type="checkbox"/> Interstate (Not Turnpike)	<input type="checkbox"/> Turnpike (East/West)	<input type="checkbox"/> Turnpike Spur	<input type="checkbox"/> State Highway	<input type="checkbox"/> County Road	<input checked="" type="checkbox"/> Local Road or Street	<input type="checkbox"/> Private Road	<input type="checkbox"/> Other/ Unknown				
Distance From Landmark	Please Enter Information for BOTH Landmarks if Using This Option	Landmark 1	Intersecting Rt Num	Or Mile Post	Or Segment Marker	Orientation	House Number (if applicable)					
		Landmark 2	Intersecting Rt Num	Or Mile Post	Or Segment Marker		North	South	East	West	Unknown	
GPS	Latitude: <input type="text"/> <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> . <input type="text"/>			Longitude: <input type="text"/> <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> . <input type="text"/>								
							Feet	Or Miles				
TCD	Traffic Control Device											
	<input checked="" type="checkbox"/> Not Applicable	<input type="checkbox"/> Stop Sign	<input type="checkbox"/> Passive RR Crossing Controls	<input type="checkbox"/> No Controls	<input type="checkbox"/> Device Functioning Improperly	<input type="checkbox"/> Emergency Preemptive Signal						
Work Zone	Type of Work Zone (If "Not a Work Zone", skip rest of Work Zone section)											
	<input type="checkbox"/> Not a Work Zone	<input type="checkbox"/> Construction	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Utility Company	<input type="checkbox"/> Other	<input type="checkbox"/> Transition Area	<input type="checkbox"/> Activity Area	<input type="checkbox"/> Intermittent or Moving Work	<input type="checkbox"/> Other			
Lane Closure	Lane Closed (If "Not Applicable", skip rest of the Lane Closure section)											
	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Partially	<input checked="" type="checkbox"/> Fully	<input type="checkbox"/> Unknown	<input type="checkbox"/> Lane Closure	<input type="checkbox"/> Work on Shoulder or Median	<input type="checkbox"/> Flagger Control					
Because of Crash	Lane Closure Direction											
	<input type="checkbox"/> North	<input type="checkbox"/> East	<input checked="" type="checkbox"/> North and South	<input type="checkbox"/> West	<input type="checkbox"/> Road Closed with Detour	<input type="checkbox"/> Intermittent or Moving Work	<input type="checkbox"/> Other					
Lane Closure	Work Zone Speed Limit											
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Workers Present								
Because of Crash	Traffic Detoured											
	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No										
Because of Crash	Estimated Time Closed											
	<input type="checkbox"/> < 30 Minutes	<input type="checkbox"/> 30-60 Minutes	<input type="checkbox"/> 1-3 hours	<input type="checkbox"/> 3-6 hours	<input type="checkbox"/> 6-9 hours	<input type="checkbox"/> 9-12 hours	<input type="checkbox"/> > 12 hours	<input type="checkbox"/> Unknown				

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General Crash Information (if more than 2 Units only complete once)	Crash Description		<input type="checkbox"/> 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	
	Relation to Roadway		<input type="checkbox"/> 1	1=On Travel Lanes 2=Shoulder	3=Median 4=Roadside	5=Outside Trafficway 6=In Parking Lane	7=Gore (Ramp Intersection) 9=Unknown		
	Illumination		<input type="checkbox"/> 1	1=Daylight 2=Dark - No Street Lights	3=Dark - Street Lights 4=Dusk	5=Dawn 6=Dark - Unknown Roadway Lighting	8=Other		
	Weather Conditions		<input type="checkbox"/> 1	1=No Adverse Conditions 2=Rain	3=Sleet (Hail) 4=Snow	5=Fog 6=Rain & Fog	7=Sleet & Fog 8=Other	9=Unknown	
	Road Surface Conditions		<input type="checkbox"/> 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	
		Harm Event L/R Most? Utility Pole Number							
Unit No	1 <input type="checkbox"/> 0 <input type="checkbox"/> 2	<input type="checkbox"/> L	<input checked="" type="checkbox"/>						
0 / 1	2 <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> O	<input type="checkbox"/>						
Please Put Events in Sequential Order	3 <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> O	<input type="checkbox"/>						
	4 <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> O	<input type="checkbox"/>						
Unit No	1 <input type="checkbox"/> 1 <input type="checkbox"/> R	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
0 2	2 <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> O	<input type="checkbox"/>						
Please Put Events in Sequential Order	3 <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> O	<input type="checkbox"/>						
	4 <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> O	<input type="checkbox"/>						
First Harmful Event in the Crash	Unit No	Harm Event	Most Harmful Event in the Crash	Unit No	Harm Event				
	0 / 1	<input type="checkbox"/> 0 <input type="checkbox"/> 2	<input type="checkbox"/> 0 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 1						
Do not repeat this information on multiple pages									
Environmental / Roadway Potential Factors (E/R)	1 <input type="checkbox"/> 0 <input type="checkbox"/> 0	2 <input type="checkbox"/> <input type="checkbox"/>	3 <input type="checkbox"/> <input type="checkbox"/>						
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=Gleare 08=Work Zone Related	11=Slippery Road Conditions (Ice/Snow) 12=Substance On Roadway 13=Potholes 14=Broken Or Cracked Pavement 15=TCD Obstructed 16=Soft Shoulder Or Shoulder Drop Off 28=Other Roadway Factor 99=Unknown								
Possible Vehicle Failures (V)	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							
Unit No	0 / 1 <input type="checkbox"/> 0 <input type="checkbox"/> 0	2 <input type="checkbox"/> <input type="checkbox"/>							
Unit No	0 2 <input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> 0	2 <input type="checkbox"/> <input type="checkbox"/>							
Indicated Prime Factor	Unit No	Factor Code							
Do not repeat this information on multiple pages		0 / 1 <input type="checkbox"/> 0 <input type="checkbox"/> 5							
E/R	V	D	P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
If E/R is the Prime Factor Type, leave Unit No blank									
Harmful Events (Harm Event)									
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	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								
Left/Right (L/R)	L=Left	R=Right	O=Other	U=Unknown					
Driver Action (D)									
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	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								
Unit No	0 / 1 <input type="checkbox"/> 0 <input type="checkbox"/> 5	2 <input type="checkbox"/> <input type="checkbox"/>	3 <input type="checkbox"/> <input type="checkbox"/> 4 <input type="checkbox"/>						
Unit No	0 2 <input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> 0	2 <input type="checkbox"/> <input type="checkbox"/>	3 <input type="checkbox"/> <input type="checkbox"/> 4 <input type="checkbox"/>						
Pedestrian Action (P)									
00=None 01=Entering Or Crossing At Specified Location 02=Walking, Running, Jogging, Playing, Or Cycling	03=Working 04=Pushing Vehicle 05=Approaching Or Leaving Vehicle 06=Playing Or Working On Vehicle 07=Standing 98=Other								
Unit No	0 0 <input type="checkbox"/> <input type="checkbox"/>								
Unit No									

**COMMONWEALTH OF PENNSYLVANIA
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CRINIBRIA CO
RENDE TUR?

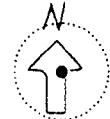
GLASGOW
1 MILE

SR
253

CAMBRIA HILLS RD.

RECONSTRUCTION DIAGRAM PENDING

Diagram



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

Responding EMS Agency: BELLMWOOD AMBULANCE Medical Facility: ALTOONA HOSPITAL

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

Witness 2: Address: Phone:

Narrative: CO21 PHONE IN UNIT #2, NOT IN USE.

OP#11 WAS TRANSPORTED TO ALTOONA HOSPITAL PRIOR TO THIS OFFICERS ARRIVAL. INTERVIEW PENDING FROM STATE POLICE HARRISBURG.

OP#12 WAS ANNOUNCED 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 DRIVING 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 EDRUSBURG.

#1 PROPERTY NUMBER: NO2-4058.

#2 PROPERTY NUMBER: NO2-4059.

ACCIDENT WAS RECONSTRUCTED BY CPL. SCHMITT, STATE POLICE INDIANA. HIS REPORT AND RECONSTRUCT REPORT ARIE PENDING.

SJP 7-0015 ISSUED.

SCOPIC MESSAGE SENT FOR TRAFFIC FACILITY, MESSAGE # 21372 - 03/12/01

COMMONWEALTH OF PENNSYLVANIA
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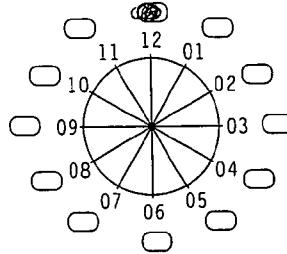
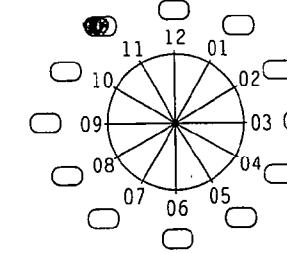
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Road Surface Type	<input type="checkbox"/> Brick or Block	<input type="checkbox"/> Dirt	<input type="checkbox"/> Military	<input type="checkbox"/> Other Federal Sites
<input type="checkbox"/> Concrete	<input type="checkbox"/> Slag, Gravel or Stone	<input type="checkbox"/> Other	<input type="checkbox"/> No Special Jurisdiction	<input type="checkbox"/> Indian Reservation
<input checked="" type="checkbox"/> Blacktop	<input type="checkbox"/> Unknown	<input type="checkbox"/> National Park	<input type="checkbox"/> College/University Campus	<input type="checkbox"/> Other
				<input type="checkbox"/> Unknown

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

SN 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

PENNSYLVANIA STATE POLICE
PROPERTY RECORD

PROPERTY RECORD											
4. STATUS		5. OFFENSE		6. STATION/DISTRICT OFFICE							
<input type="checkbox"/> EVIDENCE <input type="checkbox"/> FOUND <input type="checkbox"/> RECOVERED <input type="checkbox"/> RECEIPT <input checked="" type="checkbox"/> OTHER		ACCIDENT		LAW ENFORCEMENT / 1120							
7. SUBMITTING OFFICER T. J. WILLIAMS		8. RECEIVING OFFICER Sgt. Robert J. Schell		BADGE NO. 5160							
9. DATE 04/11/01		10. INVESTIGATING OFFICER T. J. Williams		TIME 1030							
11. SIGNATURE OF RECEIVING OFFICER <i>Sgt. Robert J. Schell</i>		12. FOUND OR RECOVERED FROM SIGNATURE ACCD/ENT SCENE RT 253 125th Twp - Cinnabon Ctr		TELEPHONE NO.							
13. DATE 04-11-01		14. CODES: 1. PROPERTY ROOM 2. SAFETY DEPOSIT BOX 3. EXPLOSIVE MAGAZINE 4. NON-DEPARTMENT		TIME 1730							
15. ITEMS - (ONE ITEM PER LINE)		16. TYPE PROPERTY		DISPOSITION							
1. 1989 PONTIAC GRAND AM - 1G2NE14U8KC67555		03		1. DESTROYED							
2		06		2. ESCHEATABLE							
3				3. EXPENDED IN LABORATORY							
4				4. DONATED							
5				5. RELEASED TO OWNER/FINDER							
6				1. CUSTODY							
7				2. COURT							
8				3. LABORATORY							
9				4. OTHER							
0											
22. PROPERTY IN OUT		23. DATE & TIME		24. ITEM(S) NO.							
				25. OFFICER'S SIGNATURE - BADGE NO.							
				26. CUSTODIAL OFFICERS INIT.							
				27. REMOVAL CODE & LOCATION							
				28. ESTIMATED DATE OF RETURN							
				29. COMPUTER ENTRY							
3. DESIGNATOR/INVENTORY NO. AC2-4059											
4. PROPERTY RECORD CONTINUATION 2. INCIDENT NO. AC2-231613											
30. I HEREBY CERTIFY THAT I AM THE OWNER OF PROPERTY OR AUTHORIZED AGENT TO RECEIVE ITEM(S) NO. _____		OWNER'S NAME T. J. WILLIAMS		ADDRESS 125th Twp - Cinnabon Ctr							
31. CLAIMANT'S NAME		TELEPHONE NO.		TELEPHONE NO.							
32. CLAIMANT'S SIGNATURE		OWNER'S SIGNATURE		DATE							

PENNSYLVANIA STATE POLICE

PUBLIC INFORMATION RELEASE REPORT

4. NATURE OF INCIDENT ACCIDENT		1. STATION Ebensburg - 1120	2. INCIDENT NO. A2-231693
6. LOCATION RT253 AT CAMBRIA MILLS RD.-READE TWP.-CAMBRIA CO.		3. INVESTIGATING OFFICER TPR WILLIAMS	
7. PERSONS INVOLVED		5. DATE 09-11-01	TIME 1315
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 <i>FAKED</i>	RELEASED TO	NEWSPAPER

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM

Crash Number

P0346447

AA 45 1 1

Case Closed

Yes No

Page:

0 / 0

New

Change/
Continuation

P0234675

Police Agency Data	Incident Number					Police Agency	Patrol Zone	
	A 0 2 - 0 8 3 6 8 9 9					6 8 6 0 1		
	Agency Name	Precinct				Investigation Date (MM-DD-YYYY)		
	PA STATE POLICE	HOLLIDAYSBURG 12310						
	Dispatch Time (mil)	Arrival Time (mil)	Investigator					Badge Number
		TPR MARK E. DILLON 5667						
Reviewer					Badge Number	Approval Date (MM-DD-YYYY)		
CPL W C Morrison	4275							
Crash Data	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	Notify Highway Maintenance	School Bus Related	School Zone Related				PennDOT Property
<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No				
Unit Number	Delete?	Type Unit	Motor Vehicle in Transport	Hit & Run Vehicle	Illegally Parked	Legally Parked	Non - Motorized	
			<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	
Owner Last Name (If Pedestrian, skip to Form AA 45 3 1)					FL	MI	Telephone Number	
Address					City	State	Zip	
VIN					Model Year	Vehicle Make*		
License Plate					Reg. State	Travel Speed	*Refer to List on Back of Overlay	
Insurance		Insurance Company			Policy No		Insurance Company Phone	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Unknown						
Vehicle Towed		Towed To			Towed By		Tow Agency Phone	
<input type="checkbox"/> Yes <input type="checkbox"/> No								
Unit Information	Unit Number	Delete?	Type Unit	Motor Vehicle in Transport	Hit & Run Vehicle	Illegally Parked	Legally Parked	Non - Motorized
				<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
	Owner Last Name (If Pedestrian, skip to Form AA 45 3 1)					FL	MI	Telephone Number
	Address					City	State	Zip
	VIN					Model Year	Vehicle Make*	
License Plate					Reg. State	Travel Speed	*Refer to List on Back of Overlay	
Insurance		Insurance Company			Policy No		Insurance Company Phone	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Unknown						
Vehicle Towed		Towed To			Towed By		Tow Agency Phone	
<input type="checkbox"/> Yes <input type="checkbox"/> No								

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM
FAT

AA 45 81

Page: 0 1 1

New
 Change/
Continuation
 Delete Page

Crash Number

P0346442

P0224675

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:
<p>Narrative: ON 09/11/01, THIS OFFICER WAS DISPATCHED TO ALTOONA HOSPITAL TO INTERVIEW AN OFSR INVOLVED IN A FATAL ACCIDENT AT THE REQUEST OF TPR JAMES WILLIAMS PSP EBENSBURG. REFER TO REQUEST ASSIST-PSP STATION #601-0836879.</p> <p>THIS OFFICER ARRIVED AT THE ALTOONA HOSPITAL AT 1455HRS & LOCATED THE OFSR. THE OFSR WAS IDENTIFIED AS JOHN BUNGO W/N/M/54 (DOB: 12/14/61) P.O. BOX 172 SMITH MILK PA 16680 PHONE (814) 378-6161 THROUGH USE OF PA PHOTO DRIVER'S LICENSE # 19532799.</p> <p>BUNGO WAS INTERVIEWED AT 1500 HRS & STATED, I DON'T REMEMBER ANYTHING ABOUT THE ACCIDENT, I WAS KNOCKED OUT.</p> <p>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 THIS ROAD IN THE 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.</p> <p>SP7-0015 WAS GIVEN TO BUNGO.</p>		

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

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
Birger A. Freeberg
Name and Address of 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

Describe how injury occurred:
Two Vehicle head on collision.

Natural Homicide
Accident Pending Investigation
Suicide Could not be Determined

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

Date Received by Local Registrar

tabbed

C

Local Registrar of Vital Records

District No.

986 Clara St. Houtzdale

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 STUDT 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	* VEHICLE LOCATION
FUNRL	1500				.10		CTY TER TOWCL FRDST
MDCL	5000				9.20	.80	
PD	100				45.60	.80	ZIP CODE
TL	Y				1.70		
UIMBI	15	30		29	9.10		
UMBI	15	30		29	3.90		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.

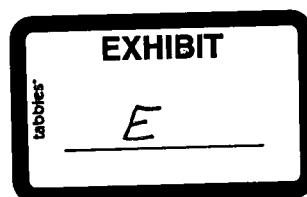
Please be advised that we consent to this settlement and will therefore waive our subrogation rights.

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



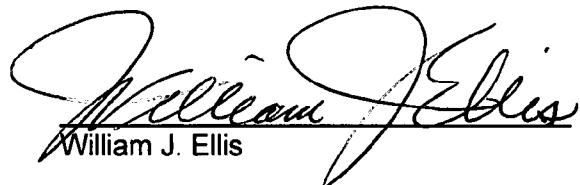
HOME OFFICE: BLOOMINGTON, ILLINOIS 61710-0001

NW 296 OH

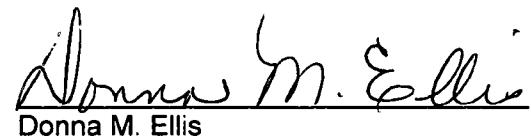
VERIFICATION

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
\$100.00 City Schmitt pd
by William A. Shaw
Prothonotary
NCC