

03-521-CD
Nayyar vs. Laden

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

IN RE: Nayyar v. Landen
Court of Common Pleas
of Hamilton County, Ohio
Case Number A0207719

Misc. Page
2003- 521- CD

**PETITION FOR ORDER DIRECTING SERVICE OF SUBPOENAS PURSUANT TO
42 Pa. C.S.A. § 5324(a)**

AND NOW, comes Petitioner, Heather A. Harrington, Esquire and files the within Petition For Service Of Subpoenas Pursuant To 42 Pa. C.S.A. § 5324(a), as follows:

1. Your Petitioner is a duly licensed attorney in the state of Pennsylvania.
2. Nayyar v. Landen, Court of Common Pleas of Hamilton County, Ohio under Case Number A0207719 is litigation stemming from a fatal car crash on Rte. 80, Pine Township, Clearfield County on December 5, 2001.
3. Attached hereto as Exhibit A is a copy of the Pennsylvania State Police Crash Reporting Form for the Nayyar accident.

4. Your Petitioner has been asked by counsel representing State Auto Insurance in the Ohio litigation to obtain copies of the Pennsylvania State Police investigative materials.
5. Pursuant to Pennsylvanian State Police procedures, such materials may only be requested by subpoena.

6. Attached hereto as Exhibits B and C are subpoenas issued by the Ohio Court of Common Pleas in Nayyar v. Laden for the Pennsylvania State Police investigative materials which your Petitioner wishes to serve on the Pennsylvania State Police.

7. As no litigation is currently pending in Pennsylvania, subpoenas from a Pennsylvania court can not be issued.

8. 42 Pa. C.S.A. § 5324(a) allows Courts of the Commonwealth of Pennsylvania to order service of any document issued in connection with a tribunal outside this Commonwealth.

APR 09 2003
M/9:00 AM
William A. Shaw
Prothonotary/Clerk of Courts
No Court Copies

Original TO
C/A

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

IN RE: Nayyar v. Landen
Court of Common Pleas
of Hamilton County, Ohio
Case Number A0207719

Misc. Page
2003- 521- CD

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42 Pa. C.S.A. § 5324(a)**

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Petition For Service Of Subpoenas Pursuant To 42 Pa. C.S.A. § 5324(a), as follows:

1. Your Petitioner is a duly licensed attorney in the state of Pennsylvania.

2. Nayyar v. Landen, Court of Common Pleas of Hamilton County, Ohio under Case
Number A0207719 is litigation stemming from a fatal car crash on Rte. 80, Pine Township,
Clearfield County on December 5, 2001.

3. Attached hereto as Exhibit A is a copy of the Pennsylvania State Police Crash
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the Ohio litigation to obtain copies of the Pennsylvania State Police investigative materials.

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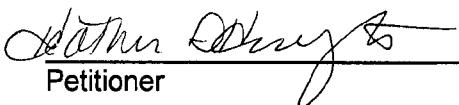
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APR 09 2003
m/q: 00/04
William A. Shaw
Prothonotary/Clerk of Courts
N.Y. C.R.C. COPIE

9. Your Petitioner requests an Order of this court directing service of the attached subpoenas to obtain investigative materials of the Pennsylvania State Police for discovery purposes in the Ohio litigation, pursuant to the Pennsylvania Rules of Civil Procedure.

WHEREFORE, Petitioner Heather A. Harrington, Esquire, respectfully requests that this Honorable Court enter an Order directing service of the attached subpoenas on the Pennsylvania State Police pursuant to the Pennsylvania Rules of Civil Procedure.

McINTYRE, DUGAS, HARTYE & SCHMITT



Petitioner

HEATHER A. HARRINGTON, ESQUIRE
PA I.D.#: 62977
P.O. Box 533
Hollidaysburg, PA 16648-0533
PH: (814) 696-3581
FAX: (814) 696-9399

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM

New

P0158382

(16)

AA 45 1 1

Case Closed
 Yes No

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Change/
Continuation

1

Police Agency Data	Incident Number	Police Agency			Patrol Zone			
	CO 4 - 0691968	Precinct	68 C 04			71		
Agency Name	DUBOIS			Investigation Date (MM-DD-YYYY)				
Dispatch Time (min)	Arrival Time (min)	Investigator	12 - 05 - 2001			Badge Number		
0408	0420	TP. M.A. BRYAN				5140		
Reviewer	Badge Number			Approval Date (MM-DD-YYYY)				
CPL MARK A. CONRAD	5659			12 - 11 - 2001				
Crash Data	County	County Name	Municipality	Municipality Name	Day of Week			
	17	CLARFIELD	227	PINE TWP	<input type="checkbox"/> Sun	<input type="checkbox"/> Thu		
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)	
12 - 05 - 2001	0405		1	2	0	2		
Reportable Crash	Notify Highway Maintenance		School Bus Related	School Zone Related		PennDOT Property		
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<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	
Unit Number	Delete?	Type Unit	Motor Vehicle in Transport	Hit & Run Vehicle	Illegally Parked	Legally Parked	Non - Motorized	
1	<input type="checkbox"/>	→	<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		
NAVYAR				M	A	513-829-4848		
Address		City		State		Zip		
115 SENATE DR UNITS		FAIRFIELD		OH		45014		
VIN		Model Year		Vehicle Make*		Commercial Vehicle		
JN1CAZ1D9TT173917		1996		35		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
License Plate		Reg. State	Travel Speed	*Refer to List on Back of Overlay				
CT X 8549		OH	70					
Insurance		Insurance Company		Policy No		Insurance Company Phone		
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	AMERICAN STANDARD INS.		0965427501835PPA		513-829-5900	
Vehicle Towed		Towed To		Towed By		Tow Agency Phone		
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	BRICON TOWING, PENFIELD, PA		BRICON TOWING		814-637-5265		
Unit Number		Delete?	Type Unit	Motor Vehicle in Transport	Hit & Run Vehicle	Illegally Parked	Legally Parked	
		<input type="checkbox"/>	→	<input type="checkbox"/> Pedestrian	<input type="checkbox"/> Pedestrian on Skates, in Wheelchair, etc	<input type="checkbox"/> Disabled From Previous Crash	<input type="checkbox"/> Non - Motorized	
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*		Commercial Vehicle		
						<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
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							

EXHIBIT

A

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM

Crash Number

P0158382

AA 45 2 1

Page: 2

New

Change/
Continuation

Vehicle Information	Unit Number	<u>Trailing Unit(s)</u>	<u>Type of Unit</u>	5=Camper 6=Trailer 7=Semi-Trailer 8=Other 9=Unknown	Tag No	Tag Year	Tag State	
	<input type="text" value="1"/>	<input type="text" value="0"/>	1=Towing Passenger Veh 2=Towing Truck 3=Towing Utility Trailer 4=Mobile or Modular Home	Tag No	Tag Year	Tag State		
	Number of Trailing Units:	0	9=Unknown	Tag No	Tag Year	Tag State		
	<u>Vehicle Color</u>	<input type="text" value="0"/> <input type="text" value="5"/>	<u>Vehicle Type</u>	<input type="text" value="0"/> <input type="text" value="1"/>	<u>Special Usage</u>	<input type="text" value="0"/> <input type="text" value="0"/>	12=Commercial Passenger Carrier 13=Taxi 21=Tractor Trailer 22=Twin Trailer 23=Triple Trailer 31=Modified Veh 99=Unknown	
	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		
	Initial Impact Point	<input type="text" value="0"/> <input type="text" value="3"/>	<u>Damage Indicator</u>	<input type="text" value="3"/>	<u>Vehicle Role</u>	<input type="text" value="1"/>	<u>Vehicle Position</u>	<input type="text" value="0"/> <input type="text" value="1"/>
	11 10 09 08 07 06 05 04 03 02 01	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	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		
	<u>Direction of Travel</u>	<input type="text" value="W"/>	<u>Movement</u>	<input type="text" value="0"/> <input type="text" value="1"/>	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	<u>Gradient</u>	<input type="text" value="3"/>
	N=North S=South E=East W=West U=Unknown						3=Downhill 4=Sag/Bottom of Hill 5=Crest/Top of Hill 9=Unknown	
<u>Alignment</u>						1=Straight 2=Curved 9=Unknown		
Unit Number	<u>Trailing Unit(s)</u>	<u>Type of Unit</u>	5=Camper 6=Trailer 7=Semi-Trailer 8=Other 9=Unknown	Tag No	Tag Year	Tag State		
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<u>Vehicle Color</u>	<input type="text" value=""/> <input type="text" value=""/>	<u>Vehicle Type</u>	<input type="text" value=""/> <input type="text" value=""/>	<u>Special Usage</u>	<input type="text" value=""/> <input type="text" value=""/>	12=Commercial Passenger Carrier 13=Taxi 21=Tractor Trailer 22=Twin Trailer 23=Triple Trailer 31=Modified Veh 99=Unknown		
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Initial Impact Point	<input type="text" value=""/> <input type="text" value=""/>	<u>Damage Indicator</u>	<input type="text" value=""/>	<u>Vehicle Role</u>	<input type="text" value=""/>	<u>Vehicle Position</u>	<input type="text" value=""/> <input type="text" value=""/>	
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N=North S=South E=East W=West U=Unknown						3=Downhill 4=Sag/Bottom of Hill 5=Crest/Top of Hill 9=Unknown		
<u>Alignment</u>						1=Straight 2=Curved 9=Unknown		

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● New

Change/
Continuation

Vehicle Driver/Pedestrian Information

Unit Number		Last Name		FL	MI	Telephone Number	
1		NAYYAR		M	A	(513) 829-4848	
Address		City		State		Zip	
1115 SENATE DRIVE, #5		FAIRFIELD		OH		45014	
License Number				State			
SK071983				OH			
Alcohol/Drugs Suspected <input checked="" type="checkbox"/> No <input type="checkbox"/> Illegal Drugs <input type="checkbox"/> Medication <input type="checkbox"/> Alcohol <input type="checkbox"/> Alcohol and Drugs <input type="checkbox"/> Unknown				Pedestrian Signal at Scene of Crash <input type="checkbox"/> No Pedestrian Signal <input type="checkbox"/> Not at Intersection <input type="checkbox"/> Pedestrian Signal			
Alcohol Test Type <input checked="" type="checkbox"/> Test Not Given <input type="checkbox"/> Breath <input type="checkbox"/> Other <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Unknown if Test Given				Pedestrian Location <input type="checkbox"/> Marked Crosswalks at Intersection <input type="checkbox"/> In Roadway <input type="checkbox"/> < 10 Feet Off Road <input type="checkbox"/> At Intersection - No Crosswalks <input type="checkbox"/> Not in Roadway <input type="checkbox"/> > 10 Feet Off Road <input type="checkbox"/> Non-Intersection Crosswalks <input type="checkbox"/> Median <input type="checkbox"/> Outside Trafficway <input type="checkbox"/> Shoulder <input type="checkbox"/> Island <input type="checkbox"/> Shared Paths/ Trails <input type="checkbox"/> Sidewalk <input type="checkbox"/> Unknown			
Alcohol Test Results 0 <input type="checkbox"/> Test Refused <input type="checkbox"/> Unknown Results <input type="checkbox"/> Test Given, Contaminated Results				Vehicle Code List any Vehicle Code Section this driver has violated and mark if they were charged. Charged with Violation? 3714 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Driver or Pedestrian Physical Condition <input type="checkbox"/> Apparently Normal <input type="checkbox"/> Illegal Drug Use <input type="checkbox"/> Fatigue <input type="checkbox"/> Medication <input type="checkbox"/> Had Been Drinking <input type="checkbox"/> Sick <input type="checkbox"/> Asleep <input checked="" type="checkbox"/> Unknown				Driver Presence 00=Not Applicable 03=Rented Vehicle 08=Other Municipal Government Vehicle 1=Driver Operated Vehicle 01=Private Vehicle Owned/ Leased by Driver 04=State Police Vehicle 09=Federal Gov Vehicle 3=Driver Fleed Scene 02=Private Vehicle Not Owned/Leased by Driver 06=Other State Gov Vehicle 98=Other 4=Hit and Run 07=Municipal Police Vehicle 99=Unknown 2=No Driver 9=Unknown			
Unit Number		Last Name		FL	MI	Telephone Number	
01							
Address		City		State		Zip	
License Number				State			
Alcohol/Drugs Suspected <input type="checkbox"/> No <input type="checkbox"/> Illegal Drugs <input type="checkbox"/> Medication <input type="checkbox"/> Alcohol <input type="checkbox"/> Alcohol and Drugs <input type="checkbox"/> Unknown				Pedestrian Signal at Scene of Crash <input type="checkbox"/> No Pedestrian Signal <input type="checkbox"/> Not at Intersection <input type="checkbox"/> Pedestrian Signal			
Alcohol Test Type <input type="checkbox"/> Test Not Given <input type="checkbox"/> Breath <input type="checkbox"/> Other <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Unknown if Test Given				Pedestrian Location <input type="checkbox"/> Marked Crosswalks at Intersection <input type="checkbox"/> In Roadway <input type="checkbox"/> < 10 Feet Off Road <input type="checkbox"/> At Intersection - No Crosswalks <input type="checkbox"/> Not in Roadway <input type="checkbox"/> > 10 Feet Off Road <input type="checkbox"/> Non-Intersection Crosswalks <input type="checkbox"/> Median <input type="checkbox"/> Outside Trafficway <input type="checkbox"/> Shoulder <input type="checkbox"/> Island <input type="checkbox"/> Shared Paths/ Trails <input type="checkbox"/> Sidewalk <input type="checkbox"/> Unknown			
Alcohol Test Results 0 <input type="checkbox"/> Test Refused <input type="checkbox"/> Unknown Results <input type="checkbox"/> Test Given, Contaminated Results				Vehicle Code List any Vehicle Code Section this driver has violated and mark if they were charged. Charged with Violation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Driver or Pedestrian Physical Condition <input type="checkbox"/> Apparently Normal <input type="checkbox"/> Illegal Drug Use <input type="checkbox"/> Fatigue <input type="checkbox"/> Medication <input type="checkbox"/> Had Been Drinking <input type="checkbox"/> Sick <input type="checkbox"/> Asleep <input type="checkbox"/> Unknown				Driver Presence 00=Not Applicable 03=Rented Vehicle 08=Other Municipal Government Vehicle 1=Driver Operated Vehicle 01=Private Vehicle Owned/ Leased by Driver 04=State Police Vehicle 09=Federal Gov Vehicle 3=Driver Fleed Scene 02=Private Vehicle Not Owned/Leased by Driver 06=Other State Gov Vehicle 98=Other 4=Hit and Run 07=Municipal Police Vehicle 99=Unknown 2=No Driver 9=Unknown			
Unit Number		Last Name		FL	MI	Telephone Number	
Address		City		State		Zip	
License Number				State			
Alcohol/Drugs Suspected <input type="checkbox"/> No <input type="checkbox"/> Illegal Drugs <input type="checkbox"/> Medication <input type="checkbox"/> Alcohol <input type="checkbox"/> Alcohol and Drugs <input type="checkbox"/> Unknown				Pedestrian Signal at Scene of Crash <input type="checkbox"/> No Pedestrian Signal <input type="checkbox"/> Not at Intersection <input type="checkbox"/> Pedestrian Signal			
Alcohol Test Type <input type="checkbox"/> Test Not Given <input type="checkbox"/> Breath <input type="checkbox"/> Other <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Unknown if Test Given				Pedestrian Location <input type="checkbox"/> Marked Crosswalks at Intersection <input type="checkbox"/> In Roadway <input type="checkbox"/> < 10 Feet Off Road <input type="checkbox"/> At Intersection - No Crosswalks <input type="checkbox"/> Not in Roadway <input type="checkbox"/> > 10 Feet Off Road <input type="checkbox"/> Non-Intersection Crosswalks <input type="checkbox"/> Median <input type="checkbox"/> Outside Trafficway <input type="checkbox"/> Shoulder <input type="checkbox"/> Island <input type="checkbox"/> Shared Paths/ Trails <input type="checkbox"/> Sidewalk <input type="checkbox"/> Unknown			
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Driver or Pedestrian Physical Condition <input type="checkbox"/> Apparently Normal <input type="checkbox"/> Illegal Drug Use <input type="checkbox"/> Fatigue <input type="checkbox"/> Medication <input type="checkbox"/> Had Been Drinking <input type="checkbox"/> Sick <input type="checkbox"/> Asleep <input type="checkbox"/> Unknown				Driver Presence 00=Not Applicable 03=Rented Vehicle 08=Other Municipal Government Vehicle 1=Driver Operated Vehicle 01=Private Vehicle Owned/ Leased by Driver 04=State Police Vehicle 09=Federal Gov Vehicle 3=Driver Fleed Scene 02=Private Vehicle Not Owned/Leased by Driver 06=Other State Gov Vehicle 98=Other 4=Hit and Run 07=Municipal Police Vehicle 99=Unknown 2=No Driver 9=Unknown			
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Address		City		State		Zip	
License Number				State			
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Alcohol Test Type <input type="checkbox"/> Test Not Given <input type="checkbox"/> Breath <input type="checkbox"/> Other <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Unknown if Test Given				Pedestrian Location <input type="checkbox"/> Marked Crosswalks at Intersection <input type="checkbox"/> In Roadway <input type="checkbox"/> < 10 Feet Off Road <input type="checkbox"/> At Intersection - No Crosswalks <input type="checkbox"/> Not in Roadway <input type="checkbox"/> > 10 Feet Off Road <input type="checkbox"/> Non-Intersection Crosswalks <input type="checkbox"/> Median <input type="checkbox"/> Outside Trafficway <input type="checkbox"/> Shoulder <input type="checkbox"/> Island <input type="checkbox"/> Shared Paths/ Trails <input type="checkbox"/> Sidewalk <input type="checkbox"/> Unknown			
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Driver or Pedestrian Physical Condition <input type="checkbox"/> Apparently Normal <input type="checkbox"/> Illegal Drug Use <input type="checkbox"/> Fatigue <input type="checkbox"/> Medication <input type="checkbox"/> Had Been Drinking <input type="checkbox"/> Sick <input type="checkbox"/> Asleep <input type="checkbox"/> Unknown				Driver Presence 00=Not Applicable 03=Rented Vehicle 08=Other Municipal Government Vehicle 1=Driver Operated Vehicle 01=Private Vehicle Owned/ Leased by Driver 04=State Police Vehicle 09=Federal Gov Vehicle 3=Driver Fleed Scene 02=Private Vehicle Not Owned/Leased by Driver 06=Other State Gov Vehicle 98=Other 4=Hit and Run 07=Municipal Police Vehicle 99=Unknown 2=No Driver 9=Unknown			
Unit Number		Last Name		FL	MI	Telephone Number	
Address		City		State		Zip	
License Number				State			
Alcohol/Drugs Suspected <input type="checkbox"/> No <input type="checkbox"/> Illegal Drugs <input type="checkbox"/> Medication <input type="checkbox"/> Alcohol <input type="checkbox"/> Alcohol and Drugs <input type="checkbox"/> Unknown				Pedestrian Signal at Scene of Crash <input type="checkbox"/> No Pedestrian Signal <input type="checkbox"/> Not at Intersection <input type="checkbox"/> Pedestrian Signal			
Alcohol Test Type <input type="checkbox"/> Test Not Given <input type="checkbox"/> Breath <input type="checkbox"/> Other <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Unknown if Test Given				Pedestrian Location <input type="checkbox"/> Marked Crosswalks at Intersection <input type="checkbox"/> In Roadway <input type="checkbox"/> < 10 Feet Off Road <input type="checkbox"/> At Intersection - No Crosswalks <input type="checkbox"/> Not in Roadway <input type="checkbox"/> > 10 Feet Off Road <input type="checkbox"/> Non-Intersection Crosswalks <input type="checkbox"/> Median <input type="checkbox"/> Outside Trafficway <input type="checkbox"/> Shoulder <input type="checkbox"/> Island <input type="checkbox"/> Shared Paths/ Trails <input type="checkbox"/> Sidewalk <input type="checkbox"/> Unknown			
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 New

Change/ Continuation

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

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

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

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

Safety Equipment One:

- E 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

Safety Equipment Two:

- F** 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

Ejection Path:

- H 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 Root Opening (Convertible
Top Up)
- 9=Unknown

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

EMS Transport
 Yes No

Unit No Person No Delete? Date of Birth (MM-DD-YYYY) A B C D E F G H I
1 2 0 01-16-1978 2M10300 10230

Name / Address / Phone EMS Transport Yes No

7-EESHAN D. NAYYAR 1115 SENATE DRIVE #5 FAIRFIELD OHIO 45014 (513)829-5838

Unit No Person No Date of Birth (MM-DD-YYYY) A B C D E F G H I
Delete?

Unit No Person No Delete? Date of Birth (MM-DD-YYYY) A B C D E F G H I

Unit No Person No Date of Birth (MM-DD-YYYY) A B C D E F G H I
Delete?

Name / Address / Phone EMS Transport

Unit No Person No Date of Birth (MM-DD-YYYY) A B C D E F G H I
Delete? [] - [] - [] [] [] [] [] [] [] [] [] [] [] [] []

Name / Address / Phone: EMS Transport

AA 4551

Page: 5

Change

AA 45 6 1

Page: 10

Change/
Continuation

General Crash Information (if more than 2 Units only complete once)	<u>Crash Description</u>		<input type="checkbox"/> 9	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>		<input type="checkbox"/> 2	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>		<input type="checkbox"/> 2	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>		<input type="checkbox"/> 2	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>		<input type="checkbox"/> 1	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																																																																																
		<table border="1"> <thead> <tr> <th></th> <th>Harm Event</th> <th>L/R</th> <th>Most?</th> <th colspan="4">Utility Pole Number</th> </tr> </thead> <tbody> <tr> <td>Unit No</td> <td>1</td> <td>5 0</td> <td>R</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>2</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Please Put Events in Sequential Order</td> <td>3</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>4</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th></th> <th>Harm Event</th> <th>L/R</th> <th>Most?</th> <th colspan="4">Utility Pole Number</th> </tr> </thead> <tbody> <tr> <td>Unit No</td> <td>1</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>2</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Please Put Events in Sequential Order</td> <td>3</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>4</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>									Harm Event	L/R	Most?	Utility Pole Number				Unit No	1	5 0	R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		2	<input type="checkbox"/>	Please Put Events in Sequential Order	3	<input type="checkbox"/>		4	<input type="checkbox"/>		Harm Event	L/R	Most?	Utility Pole Number				Unit No	1	<input type="checkbox"/>		2	<input type="checkbox"/>	Please Put Events in Sequential Order	3	<input type="checkbox"/>		4	<input type="checkbox"/>																																		
	Harm Event	L/R	Most?	Utility Pole Number																																																																																				
Unit No	1	5 0	R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																	
	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																	
Please Put Events in Sequential Order	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																	
	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																	
	Harm Event	L/R	Most?	Utility Pole Number																																																																																				
Unit No	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																	
	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																	
Please Put Events in Sequential Order	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																	
	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																	
Unit(s) Event Information	<u>Harmful Events (Harm Event)</u> 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																																																																																							
		<u>Left/Right (L/R)</u> L=Left R=Right O=Other U=Unknown																																																																																						
		<u>Driver Action (D)</u> 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																																																																																						
		<u>Possible Vehicle Failures (V)</u> 00=None 01=Wipers 02=Headlights 03=Signal Lights 04=Body, Doors, Hood, Etc 05=Trailer Hitch 06=Exhaust 07=Headlights 08=Signal Lights 09=Other Lights 10=Body, Doors, Hood, Etc 11=Trailer Hitch 12=Body, Doors, Hood, Etc 13=Exhaust 14=Headlights 15=Signal Lights 16=Body, Doors, Hood, Etc 17=Trailer Hitch 18=Body, Doors, Hood, Etc 19=Exhaust 20=Headlights 21=Signal Lights 22=Body, Doors, Hood, Etc 23=Trailer Hitch 24=Exhaust 25=Headlights 26=Signal Lights 27=Body, Doors, Hood, Etc 28=Trailer Hitch 29=Exhaust 30=Headlights 31=Signal Lights 32=Body, Doors, Hood, Etc 33=Trailer Hitch 34=Exhaust 35=Headlights 36=Signal Lights 37=Body, Doors, Hood, Etc 38=Trailer Hitch 39=Exhaust 40=Headlights 41=Signal Lights 42=Body, Doors, Hood, Etc 43=Trailer Hitch 44=Exhaust 45=Headlights 46=Signal Lights 47=Body, Doors, Hood, Etc 48=Trailer Hitch 49=Exhaust 50=Headlights 51=Signal Lights 52=Body, Doors, Hood, Etc 53=Trailer Hitch 54=Exhaust 55=Headlights 56=Signal Lights 57=Body, Doors, Hood, Etc 58=Trailer Hitch 59=Exhaust 60=Headlights 61=Signal Lights 62=Body, Doors, Hood, Etc 63=Trailer Hitch 64=Exhaust 65=Headlights 66=Signal Lights 67=Body, Doors, Hood, Etc 68=Trailer Hitch 69=Exhaust 70=Headlights 71=Signal Lights 72=Body, Doors, Hood, Etc 73=Trailer Hitch 74=Exhaust 75=Headlights 76=Signal Lights 77=Body, Doors, Hood, Etc 78=Trailer Hitch 79=Exhaust 80=Headlights 81=Signal Lights 82=Body, Doors, Hood, Etc 83=Trailer Hitch 84=Exhaust 85=Headlights 86=Signal Lights 87=Body, Doors, Hood, Etc 88=Trailer Hitch 89=Exhaust 90=Headlights 91=Signal Lights 92=Body, Doors, Hood, Etc 93=Trailer Hitch 94=Exhaust 95=Headlights 96=Signal Lights 97=Body, Doors, Hood, Etc 98=Trailer Hitch 99=Exhaust 00=None 01=Enterin Or Crossing At Specified Location 02=Walking, Running, Jogging, Playing, Or Cycling																																																																																						
		<u>Contributing Information</u> <u>Environmental / Roadway Potential Factors (E/R)</u> 1 <input type="checkbox"/> 0 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=Glare 08=Work Zone Related <u>Possible Vehicle Failures (V)</u> 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 20=Improper Towing 21=Obstructed Windshield 22=Exhaust 23=Headlights 24=Signal Lights 25=Body, Doors, Hood, Etc 26=Trailer Hitch 27=Exhaust 28=Headlights 29=Signal Lights 30=Body, Doors, Hood, Etc 31=Trailer Hitch 32=Exhaust 33=Headlights 34=Signal Lights 35=Body, Doors, Hood, Etc 36=Trailer Hitch 37=Exhaust 38=Headlights 39=Signal Lights 40=Body, Doors, Hood, Etc 41=Trailer Hitch 42=Exhaust 43=Headlights 44=Signal Lights 45=Body, Doors, Hood, Etc 46=Trailer Hitch 47=Exhaust 48=Headlights 49=Signal Lights 50=Body, Doors, Hood, Etc 51=Trailer Hitch 52=Exhaust 53=Headlights 54=Signal Lights 55=Body, Doors, Hood, Etc 56=Trailer Hitch 57=Exhaust 58=Headlights 59=Signal Lights 60=Body, Doors, Hood, Etc 61=Trailer Hitch 62=Exhaust 63=Headlights 64=Signal Lights 65=Body, Doors, Hood, Etc 66=Trailer Hitch 67=Exhaust 68=Headlights 69=Signal Lights 70=Body, Doors, Hood, Etc 71=Trailer Hitch 72=Exhaust 73=Headlights 74=Signal Lights 75=Body, Doors, Hood, Etc 76=Trailer Hitch 77=Exhaust 78=Headlights 79=Signal Lights 80=Body, Doors, Hood, Etc 81=Trailer Hitch 82=Exhaust 83=Headlights 84=Signal Lights 85=Body, Doors, Hood, Etc 86=Trailer Hitch 87=Exhaust 88=Headlights 89=Signal Lights 90=Body, Doors, Hood, Etc 91=Trailer Hitch 92=Exhaust 93=Headlights 94=Signal Lights 95=Body, Doors, Hood, Etc 96=Trailer Hitch 97=Exhaust 98=Headlights 99=Signal Lights <u>Indicated Prime Factor</u> Do not repeat this information on multiple pages																																																																																						
		Unit No <input type="checkbox"/> <input type="checkbox"/> Factor Code <input type="checkbox"/> 4 8																																																																																						
		If E/R is the Prime Factor Type, leave Unit No blank																																																																																						
		E/R V D P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																																																						

PA

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM

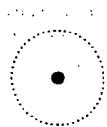
AA 45 7 1

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- New
- Change/
Continuation
- Delete Page

P0158382

SEE ATTACHED DIAGRAM



Diagram



S.R. DUBOIS Westbound Lane
AT 109 Mile Marker
Approximately 22.7 Feet Wide

Cement Berm
Approximately 9.26 Feet Wide

Right Front Tire Mark
262.78 Feet Long From Point Leaving Roadway
Until Wheel Hits Edge of Cement and Began
To Rollover

Right Rear Tire

Left Front Tire

Left Rear Tire

Reflector Post

FATALITY
INCIDENT NUMBER: C04-0691968
COLLISION DATE: 12/05/01
COLLISION TIME: 0407 HOURS
TOWNSHIP: PINE
COUNTY: CLEARFIELD
INVESTIGATOR: TPR, MARK A. BRYAN

Cement Berm
Approximately 4.26 Feet Wide



From The Point Where The Right Front
Tire Left The Berm To Final Rest, Unit #1
Traveled 639.25 Feet

Scrape Mark
In Dirt

Start Of The Rear Window
Glass Spray

Impression Mark In
The Ground
Tire Mark

Crushed Frame
And Ground Disturbed

Human Hair From
Victim #1

Scrape Mark
In Dirt

Human Hair From
Victim #1

Scrape Mark
In Dirt

Tire Mark

Tire Mark From Left
Rear Tire Resulting From
The Coil Spring Coming Off
During One Of The Rollovers

Victim 1

Victim 2

Front Left Of Unit #1
1996 Nissan Maxima

Front Right Of Unit #1
1996 Nissan Maxima

City of Dubois
10 Miles West

Scrape Mark With
Metal Deposit Created
By The Right Front Wheel

Drawing Completed
By:
Cpl. Gregory S. KUNZELMAN

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM

CRASH NUMBER

AA 45 81

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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: CLEARFIELD EMS/STAT-MEDEVAC Medical Facility: ALTOONA HOSPITAL

Witness 1: NONE KNOWN Address: Phone:

Witness 2: Address: Phone:

Narrative: UNIT#1 WAS TRAVELING WEST BOUND ON SK80 IN THE RIGHT HAND LANE, WHEN OP#1 APPARENTLY FELL ASLEEP AT THE WHEEL CAUSING UNIT#1 TO TRAVEL OFF THE ROADWAY AND ONTO THE NORTH BERM. AT THIS POINT UNIT#1 CONTINUED TO TRAVEL IN A WESTERLY DIRECTION ALONG THE NORTH BERM LEAVING 262.78 FT OF TIRE MARKS, PRIOR TO SLIDING IN A COUNTERCLOCKWISE DIRECTION, UNIT#1 NOW FACING IN A SOUTHWEST DIRECTION WAS ENTERING BACK ONTO THE CONCRETE NORTH BERM, WHEN THE WHEEL OF UNIT#1 STRUCK THE EDGE OF THE ROADWAY CAUSING UNIT#1 TO ROLL ONTO ITS RIGHT SIDE AS IT CONTINUED IN A WESTERLY DIRECTION, FACING SOUTH. AFTER INITIAL IMPACT UNIT#1 CONTINUED TO ROLLOVER 360° IN A WESTERLY DIRECTION PRIOR TO ROLLING ONTO ITS ROOF AND COMPLETING A SECOND 360° ROLLOVER. UNIT#1 STILL FACING SOUTH, CONTINUING TO ROLL IN A WESTERLY DIRECTION COMPLETING A THIRD 360° ROLLOVER ALONG THE NORTH BERM. UNIT#1 STILL FACING SOUTH CONTINUED TO ROLL IN A WESTERLY DIRECTION COMPLETING A FOURTH 360° ROLLOVER. PRIOR TO THE COMPLETION OF THE FOURTH ROLLOVER BOTH OP#1 & PASSENGER WERE EJECTED FROM UNIT#1 ^{ONTO} THE NORTH BERM. UNIT#1 NOW UPRIGHT FACING IN A SOUTHWEST DIRECTION CONTINUED IN A WESTERLY DIRECTION SLIDING IN A CLOCKWISE DIRECTION AS IT CONTINUED OFF THE NORTH BERM COMING TO REST FACING NORTH IN AN UPRIGHT POSITION. UNIT#1 REMAINED IN ITS FINAL RESTING POSITION UPON MY ARRIVAL AT THE SCENE.

PHYSICAL EVIDENCE COLLECTED AT THE SCENE WAS MARKED AND SAME WAS RECORDED ON ATTACHED DIAGRAM DRAWN TO SCALE BY CPL. GREGORY S. KUNSELMAN.

OP#1 COULD NOT BE INTERVIEWED DUE TO HIS INJURIES AND WAS FLOWN FROM THE SCENE BY MEDEVAC TO ALTOONA HOSPITAL.

PASSENGER ZEE SHAN D. NAYYAR WAS PRONONCED DEAD AT THE SCENE BY DEPUTY CORONER OF CLEARFIELD CO. KIMBERLEE SHAFER AT 0530HRS ON 12/05/01.

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM

Crash Number

AA 45 81

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Continuation
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P 0 1 5 8 3 8 2

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 12/05/01 AT 0800 HRS. BLAIR CO CORNER PATRY ROSS CONTACTED THIS STATION AND ADVISED THAT OPR #1 DIED IN THE ALTOONA EX WHILE BEING TREATED FOR INJURIES RECEIVED IN THE CRASH. OPR #1 WAS PRONONCED DEAD AT 0734 HRS ON 12/05/01 BY CORNER ROSS. ON 12/05/01 AT 0845 HRS RECEIVED MANWAH AHMAD NEW YORK CITY NY PH# 917-887-6888 CONTACTED ME AND ADVISED THAT HE IS THE UNCLE OF THE PASSENGER AND OPR #1. AT THIS TIME AHMAD WAS ADVISED THAT BOTH OPR #1 AND PASSENGER AND DIED AS THE RESULT OF THIS CRASH. ON 12/05/01 MANWAH AHMAD APPEARED ON THIS REPORTING STATION AND WAS ISSUED SP7-0015. ON 12/05/01 AT 0823 HRS. A CLEW MESSAGE WAS SENT AS REQUIRED BY EX 6-4 REPORT OF VEHICLE TRAFFIC FATALITY. CLEW MESSAGE # DUB331-19327 FILE 3.		
Witness Information and Narrative		

FAT

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM

Crash Number

AA 45 F 1

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Road Surface Type

 Concrete
 Blacktop Brick or Block
 Slag, Gravel or Stone
 Dirt
 Other
 Unknown

Special Jurisdiction

 No Special Jurisdiction
 National Park Military
 Indian Reservation
 College/University Campus
 Other Federal Sites
 Other
 UnknownPlease complete Unit Information for **each** unit involved in a **fatal** crash. Do not repeat the information in the fields above on multiple pages.

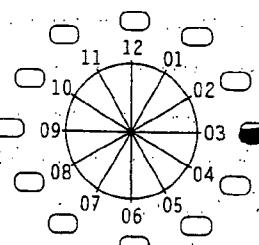
Unit Information

Unit Number

1

Driver Restrictions
Compliance No Restrictions/
Not Applicable Restrictions Complied With
 Restrictions Not Complied With
 Compliance Unknown
 Not a Pennsylvania Driver
 Unknown Compliance

Principle Impact Point

 Non-Collision
 Top
 Underride
 Towed Unit
 UnknownDriver Endorsement
Compliance None Required Required - Complied With
 Required - Non Compliance
 Required - Compliance Unknown
 Not a Pennsylvania Driver
 Unknown Compliance

Avoidance Maneuver

 No Avoidance Maneuver
 Braking - Skid Marks Evident
 Braking - No Skid Marks, Driver Stated
 Steering - Evidence or Driver Stated
 Steering and Braking Evidence or Stated Braking - Other Evidence
 Steering - Evidence or Driver Stated
 Steering and Braking Evidence or Stated
 Inconclusive
 UnknownDriver License
Compliance Not Licensed Not Required for Vehicle Class
 No Valid License for Class
 Valid License for Class
 Not a Pennsylvania Driver
 Unknown

Under Ride Indicator

 No Underride or Override
 Underride, Compartment Intrusion
 Underride, Compartment Intrusion Unknown Underride, No Compartment Intrusion
 Underride, Compartment Intrusion Unknown
 Override, Other Vehicle
 Unknown if Underride or Override

Drug Test Type

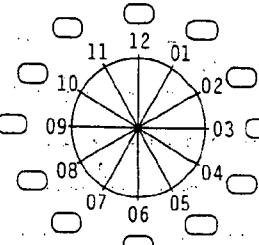
 None Blood
 Urine
 Other
 Unknown if Test GivenEmergency Use
Not in Emergency Use Lights Flashing
 Siren Sounding
 Both Lights and Siren
 Unknown

Unit Number

2

Driver Restrictions
Compliance No Restrictions/
Not Applicable Restrictions Complied With
 Restrictions Not Complied With
 Compliance Unknown
 Not a Pennsylvania Driver
 Unknown Compliance

Principle Impact Point

 Non-Collision
 Top
 Underride
 Towed Unit
 UnknownDriver Endorsement
Compliance None Required Required - Complied With
 Required - Non Compliance
 Required - Compliance Unknown
 Not a Pennsylvania Driver
 Unknown Compliance

Avoidance Maneuver

 No Avoidance Maneuver
 Braking - Skid Marks Evident
 Braking - No Skid Marks, Driver Stated
 Steering - Evidence or Driver Stated
 Steering and Braking Evidence or Stated Braking - Other Evidence
 Steering - Evidence or Driver Stated
 Steering and Braking Evidence or Stated
 Inconclusive
 UnknownDriver License
Compliance Not Licensed Not Required for Vehicle Class
 No Valid License for Class
 Valid License for Class
 Not a Pennsylvania Driver
 Unknown

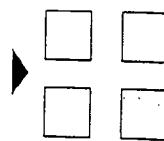
Under Ride Indicator

 No Underride or Override
 Underride, Compartment Intrusion
 Underride, Compartment Intrusion Unknown Underride, No Compartment Intrusion
 Underride, Compartment Intrusion Unknown
 Override, Other Vehicle
 Unknown if Underride or Override

Drug Test Type

 None Blood
 Urine
 Other
 Unknown if Test GivenEmergency Use
Not in Emergency Use Lights Flashing
 Siren Sounding
 Both Lights and Siren
 Unknown

Drug Test Results - (Up to Four Results)

0 = No Test Given
1 = No Drug Reported
2 = Marijuana
3 = Cocaine
4 = Opiates
5 = Amphetamines
6 = PCP
8 = Other
9 = Unknown Test Results

**COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM**

Crash Number

P0325723

AA 45 11

Case Closed

Yes No

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New

Change/
Continuation

10158382

Police Agency Data		Incident Number C04-0691968				Police Agency 68 C 04		Patrol Zone 71							
		Agency Name PA. STATE POLICE				Precinct DUBOIS		Investigation Date (MM-DD-YYYY) 12-05-2001							
Crash Data		Dispatch Time (mi) Arrival Time (mi)		Investigator TAZ MICHAEL D'AMPAGNA (BEDFORD) #6974		Badge Number Q9741		Badge Number Approval Date (MM-DD-YYYY)							
		Reviewer		Badge Number		Approval Date (MM-DD-YYYY)		- - - - -							
Unit Information		County County Name 		Municipality Municipality Name 		Day of Week									
		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)					
Unit Information		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					
		Unit Number 		Delete? <input type="checkbox"/> Type Unit 		Motor Vehicle in Transport <input type="checkbox"/> Pedestrian		Hit & Run Vehicle <input type="checkbox"/> Pedestrian on Skates, in Wheelchair, etc		Illegally Parked <input type="checkbox"/> Disabled From Previous Crash		Legally Parked <input type="checkbox"/> Train		Non - Motorized <input type="checkbox"/> Phantom Vehicle	
Unit Information		Owner Last Name (If Pedestrian, skip to Form AA 45 3 1) 		FI MI Telephone Number 		Commercial Vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No		(If Yes, Complete Form: AA 45 C 1) 							
		Address 		City 		State 		Zip 		VIN 		Model Year 		Vehicle Make* 	
Unit Information		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"/> Unknown		Insurance Company 		Policy No 		Insurance Company Phone 		Vehicle Towed <input type="checkbox"/> Yes <input type="checkbox"/> No		Towed To 		Towed By 	
Unit Information		Unit Number 		Delete? <input type="checkbox"/> Type Unit 		Motor Vehicle in Transport <input type="checkbox"/> Pedestrian		Hit & Run Vehicle <input type="checkbox"/> Pedestrian on Skates, in Wheelchair, etc		Illegally Parked <input type="checkbox"/> Disabled From Previous Crash		Legally Parked <input type="checkbox"/> Train		Non - Motorized <input type="checkbox"/> Phantom Vehicle	
		Owner Last Name (If Pedestrian, skip to Form AA 45 3 1) 		FI MI Telephone Number 		Commercial Vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No		(If Yes, Complete Form: AA 45 C 1) 		Address 		City 		State 	
Unit Information		VIN 		Model Year 		Vehicle Make* 		*Refer to List on Back of Overlay 							
		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"/> Unknown		Insurance Company 		Insurance Company Phone 	
Unit Information		Vehicle Towed <input type="checkbox"/> Yes <input type="checkbox"/> No		Towed To 		Towed By 		Tow Agency Phone 							

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: <u>SUBMITTED 12/06/01</u></p> <p>ON 12/05/01 THIS OFFICER WAS REQUESTED TO PHOTOGRAPH DECEASED ZEESHAN DAUD NAYYAR AND MAULOOD AHMAD NAYYAR. ZEESHAN NAYYAR WAS PHOTOGRAPHED AT THE BON SECOUR HOSPITAL MORGUE (CITY OF ALTOONA) AT 1345 HRS 12/05/01. MAULOOD NAYYAR WAS PHOTOGRAPHED AT THE ALTOONA HOSPITAL MORGUE (CITY OF ALTOONA) 1510 HRS 12/05/01. IDENTIFICATION FOUND ON Z. NAYYAR INDICATED THE FOLLOWING, DOB 01/16/78 SSN: 148-08-6920 405 E. 54th ST ELMWOOD PARK, NJ 07407. IDENTIFICATION ON M. NAYYAR WAS PROVIDED BY THE ALTOONA HOSPITAL, NO IDENTIFICATION FOUND ON HIS PERSON. 1115 SENATE DR FAIRFIELD, OH 45014 DOB 01/01/80.</p> <p>BODIES WERE PHOTOGRAPHED USING A CANON REBEL EOS 2000 CAMERA 35MM. ONE ROLL OF FUJI 400 ISO FILM WAS EXPOSED ON EACH BODY. FILM WAS MAILED TO TPL KUNZ, PSP DUBOIS FOR SUBMISSION WHEN NECESSARY, NEGATIVES TO THEN BE RETAINED AT THE TROOP C FORENSIC SERVICE UNIT.</p>		

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM

New

P0329469

AA 45.1.1

Case Closed

Yes No

Page: 3

Change/
Continuation

P0158382

Police Agency Data		Incident Number				Police Agency		Patrol Zone	
		C04-0691968				68C04			
Agency Name		Precinct				Investigation Date (MM-DD-YYYY)			
						12-05-2001			
Dispatch Time (mi)		Arrival Time (mi)		Investigator		Badge Number			
		0903		Cpl. JEFFREY A KUNSELMAN/5385					
Reviewer		Badge Number				Approval Date (MM-DD-YYYY)			
SGT. S. A. NEAL S391						12-10-2001			
County		County Name		Municipality		Municipality Name		Day of Week	
								<input type="checkbox"/> Sun	<input type="checkbox"/> Thu
Crash Date (MM-DD-YYYY)		Crash Time (Military)		No of Units		No of People		<input type="checkbox"/> Mon	<input type="checkbox"/> Fri
								<input type="checkbox"/> Tue	<input type="checkbox"/> Sat
Reportable Crash		Notify Highway Maintenance		School Bus Related		School Zone Related		<input type="checkbox"/> Wed	<input type="checkbox"/> Sun
<input type="checkbox"/> Yes		<input type="checkbox"/> Yes		<input type="checkbox"/> Yes		<input type="checkbox"/> Yes		<input type="checkbox"/> PennDOT Property	<input type="checkbox"/> Non - Motorized
<input type="checkbox"/> No		<input type="checkbox"/> No		<input type="checkbox"/> No		<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Unit Number		Delete?		Type Unit		Motor Vehicle in Transport		<input type="checkbox"/> Hit & Run Vehicle	<input type="checkbox"/> Illegally Parked
								<input type="checkbox"/> Pedestrian on Skates, in Wheelchair, etc	<input type="checkbox"/> Legally Parked
								<input type="checkbox"/> Disabled From Previous Crash	<input type="checkbox"/> Non - Motorized
								<input type="checkbox"/> Train	<input type="checkbox"/> Phantom Vehicle
Owner Last Name (If Pedestrian, skip to Form AA 45 3 1)									
Address					City		State		Zip
VIN					Model Year		Telephone Number		
License Plate					Reg. State		Travel Speed		
*Refer to List on Back of Overlay									
Unit Information									
Insurance		Insurance Company		Policy No		Commercial Vehicle			
<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Unknown		<input type="checkbox"/> Yes			
						<input type="checkbox"/> No			
Vehicle Towed		Towed To		Towed By					
<input type="checkbox"/> Yes		<input type="checkbox"/> No							
Unit Number		Delete?		Type Unit		Motor Vehicle in Transport		<input type="checkbox"/> Hit & Run Vehicle	<input type="checkbox"/> Illegally Parked
								<input type="checkbox"/> Pedestrian on Skates, in Wheelchair, etc	<input type="checkbox"/> Legally Parked
								<input type="checkbox"/> Disabled From Previous Crash	<input type="checkbox"/> Non - Motorized
								<input type="checkbox"/> Train	<input type="checkbox"/> Phantom Vehicle
Owner Last Name (If Pedestrian, skip to Form AA 45 3 1)									
Address					City		State		Zip
VIN					Model Year		Telephone Number		
License Plate					Reg. State		Travel Speed		
*Refer to List on Back of Overlay									
Unit Information									
Insurance		Insurance Company		Policy No		Commercial Vehicle			
<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Unknown		<input type="checkbox"/> Yes			
						<input type="checkbox"/> No			
Vehicle Towed		Towed To		Towed By					
<input type="checkbox"/> Yes		<input type="checkbox"/> No							
Unit Number		Delete?		Type Unit		Motor Vehicle in Transport		<input type="checkbox"/> Hit & Run Vehicle	<input type="checkbox"/> Illegally Parked
								<input type="checkbox"/> Pedestrian on Skates, in Wheelchair, etc	<input type="checkbox"/> Legally Parked
								<input type="checkbox"/> Disabled From Previous Crash	<input type="checkbox"/> Non - Motorized
								<input type="checkbox"/> Train	<input type="checkbox"/> Phantom Vehicle
Owner Last Name (If Pedestrian, skip to Form AA 45 3 1)									
Address					City		State		Zip
VIN					Model Year		Telephone Number		
License Plate					Reg. State		Travel Speed		
*Refer to List on Back of Overlay									

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM

AA 45 8 1

Page: 1 4

 New
 Change/
Continuation
 Delete Page

CRASH NUMBER

P0329469

P 0 1 5 8 3 8 2

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 DATE OF 12/05/01, AT 0802 HOURS, I WAS CONTACTED VIA TELEPHONE BY CPL. PAUL A OLSAKOVSKY, PSP DUBOIS. CPL OLSAKOVSKY STATED THAT PERSONNEL AT PSP DUBOIS WERE INVESTIGATING A FATAL ONE-VEHICLE TRAFFIC COLLISION THAT OCCURRED ON SR 80 WESTBOUND LANES NEAR MILEPOST 109 IN PINE TOWNSHIP, CLEARFIELD COUNTY. THE INVESTIGATING OFFICER WAS LATER DETERMINED TO BE TPR MARK A BRYAN, PSP DUBOIS. I WAS REQUESTED TO PHOTOGRAPH THE SCENE.</p> <p>ON DATE OF 12/05/01, TPR JOHN P YOUNG, TROOP C - FORENSIC SERVICES UNIT, AND MYSELF PROCEEDED TO THE SCENE. WE ARRIVED AT 0903 HOURS. PRESENT AT THE SCENE WAS CPL OLSAKOVSKY WHO INFORMED ME OF ALL KNOWN FACTS THUS FAR IN THE INVESTIGATION. AFTER A PRELIMINARY SURVEY OF THE SCENE, INITIAL PHOTOGRAPHY WAS BEGUN.</p> <p>WITH THE USE OF A NIKON N90S 35MM CAMERA LOADED WITH 400 SPEED KODAK MAX COLOR FILM, PHOTOGRAPHS WERE TAKEN OF UNIT #1, SCATTERED DEBRIS FROM UNIT #1, FINAL RESTING POSITION OF THE TWO OCCUPANTS OF UNIT #1, & THE OVERALL COLLISION SCENE. FIVE ROLLS OF 24 EXPOSURE FILM WERE TAKEN. ALL PHOTOGRAPHS TAKEN WILL BE SUPPLIED TO THE INVESTIGATING OFFICER AT A LATER DATE WITH THE NEGATIVES BEING RETAINED AT THE FORENSIC SERVICES UNIT OFFICE AT PUNXSUTAWNEY HEADQUARTERS.</p> <p>ONE CLEAR GLASS BOTTLE CONTAINING A WHITE POWDERY SUBSTANCE WAS COLLECTED FROM THE TRUNK OF THE VEHICLE AT APPROXIMATELY 1140 HOURS BY CPL OLSAKOVSKY. I DEPARTED THE SCENE AT 1202 HOURS.</p> <p>REFERENCE COI-01092010 REQUEST ASSIST - PSP STATION.</p>		

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM

Crash Number

P0329473

AA 45 1 1

Case Closed

Yes No

Page: 1

5

New

Change/
Continuation

P0158382

Police Agency Data		Incident Number	Police Agency	Patrol Zone	
		C 0 4 - 0 6 9 1 9 6 8	6 8 C 0 4	7 1	
Agency Name		Precinct	Investigation Date (MM-DD-YYYY)		
Pennsylvania State Police		Punxsutawney / 1310			
Dispatch Time (mil)		Arrival Time (mil)	Investigator	Badge Number	
			Cpl. Gregory S. KUNSELMAN / 50X	6629	
Reviewer		Badge Number	Approval Date (MM-DD-YYYY)		
Sgt. ROBERT E. RUMGAY - 4104		(4104)			
County		County Name	Municipality	Municipality Name	
Crash Date (MM-DD-YYYY)		Crash Time (Military)	No of Units	No of People	No Injured
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
				<input type="checkbox"/>	<input type="checkbox"/>
				Pedestrian	Pedestrian on Skates, in Wheelchair, etc
				<input type="checkbox"/>	<input type="checkbox"/>
				Disabled From Previous Crash	Disabled From Previous Crash
				<input type="checkbox"/>	<input type="checkbox"/>
				Train	Train
				<input type="checkbox"/>	<input type="checkbox"/>
				Phantom Vehicle	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*	Commercial Vehicle	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
License Plate		Reg. State	Travel Speed	(If Yes, Complete Form: AA 45 C 1)	
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 Number		Delete?	Type Unit	Motor Vehicle in Transport	Hit & Run Vehicle
				<input type="checkbox"/>	<input type="checkbox"/>
				Pedestrian	Pedestrian on Skates, in Wheelchair, etc
				<input type="checkbox"/>	<input type="checkbox"/>
				Disabled From Previous Crash	Disabled From Previous Crash
				<input type="checkbox"/>	<input type="checkbox"/>
				Train	Train
				<input type="checkbox"/>	<input type="checkbox"/>
				Phantom Vehicle	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*	Commercial Vehicle	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
License Plate		Reg. State	Travel Speed	(If Yes, Complete Form: AA 45 C 1)	
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

AA 45 8 1

Page: 15

CRASH NUMBER
 New
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Continuation
 Delete Page

P O 1 5 8 3 8 2

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 December 5, 2001, LIEUTENANT GEORGE A. KUZILLA, Jr, contacted me via telephone, concerning a traffic fatality.

The collision occurred on S.R. 0080 Westbound lane at the 109-mile marker, within Pine Township, Clearfield County.

I responded to the scene of the collision and arrived at 0955 hours. Upon my arrival, it was determined that the only assistance needed was forensic mapping of the collision scene and determine if another vehicle may have collided with the 1996 Nissan Maxima.

Upon inspecting the vehicle, there was no other damage noted on the 1996 Nissan Maxima, which may have been caused by another vehicle. There was a truck mudflap located at the collision scene. Upon removing the mudflap, the grass under the mudflap was dead. Tpr. Jeffery KUNSELMAN photographed the collision scene and above items. Refer to the supplemental Crash Report submitted by Cpl. Jeffery KUNSELMAN for details.

Trooper D. Matthew Powell, and I used the Sokkia Total Station (Serial # 020735) for the forensic mapping of the scene on December 5, 2001. I was the instrument operator and Trooper Powell was the architect.

I completed a scale diagram of the collision scene, which is attached to this report. Refer to General Investigation Report C04-0691968 for the Map Scene printout.

Supplemental Crash Report Completed on 12/10/01.

Witness Information and Narrative

PENNSYLVANIA STATE POLICE
PUBLIC INFORMATION RELEASE REPORT

1. STATION

DU B.C. 3

2. INCIDENT NO.

COY-0691968

3. INVESTIGATING OFFICER

TDR BRYAN

4. NATURE OF INCIDENT

FATAL TRAFFIC ACCIDENT

5. DATE/TIME OF INCIDENT

12/05/01 - 0407

6. LOCATION

SR 80, 109 mm W.B., PINE TWP,
CLEARFIELD CO.

7. PERSON(S) INVOLVED

UNIT #1 → 1996 NISSAN MAXIMA SDN
- SEVERE DAMAGETWO MALE OCCUPANTS, NAMES AND INFORMATION WITHHELD
UNTIL FAMILY NOTIFICATIONS. OCCUPANTS FROM OHIO.

8. INCIDENT DETAILS

Unit #1 was TRAVELLING WEST ON SR 80 AT THE 109 mm W.B. FOR AN UNKNOWN REASON, UNIT #1 LEFT THE ROADWAY AND BEGAN ROLLING OVER ON THE NORTH BERM OF SR 80. BOTH OCCUPANTS WERE EJECTED AND WERE LOCATED ON THE NORTH BERM. ONE OCCUPANT WAS PRONONCED DEAD AT THE SCENE AND THE OTHER WAS LIFEFLIGHTED. IT IS UNKNOWN WHO THE OPERATOR WAS AT THE TIME. THE INVESTIGATION IS CONTINUING.

DJB331-77293 S DUB331-19327 12/05/01 08:23:17 - 12/05/01 23:17 BZ0RW9YR76CB
SN XPAT19 OFTA22 BUT101 PXT331 DUB331, FILE 3

TO: DIRECTOR, BUREAU OF PATROL, COMMANDING OFFICER, TROOP C
LT. BUNYAK - OD, AREA IV COMMANDER
SUBJECT: REPORT OF VEHICLE TRAFFIC FATALITY

1. INCIDENT NUMBER: C04-0691968
2. TIME AND DATE: 0407 HOURS 12/05/2001
3. FATALITY DATE: 12/05/2001
4. LOCATION: SR 80, WEST BOUND MILE POST 109
5. NUMBER KILLED: 1 WEARING SEAT BELTS KILLED: 0
6. ALCOHOL RELATED: UNKNOWN
7. TYPE ACCIDENT: 1 VEHICLE ROLL OVER, OCCUPANTS EJECTED
8. TYPE OF VEHICLES: PASSENGER CAR
9. CARS ASSIGNED: Y N X
10. NAME OF ASSIGNED CARS:

AUTH: OIC SP DUBOIS / SGT. G.R. STEINGRABE OPR: TMB XMIT HERE:

THE STATE OF OHIO)
Hamilton County,)
)SS:
)

COURT OF COMMON PLEAS
SUBPOENA FOR WITNESS
DUCES TECUM

To: *Custodian of Records, Forensic Unit, Troop C. Dubois Station, 101 Preston Way, Falls Creek, Pennsylvania 15840 C/O PENNSYLVANIA STATE POLICE HEADQUARTERS, 1800 ELMERTON AVENUE, HARRISBURG, PENNSYLVANIA 17110.* *ISSUED to Attorney*

Produce: *All photographs, investigation reports, written notes, diagrams, laboratory results, report(s) of autopsies, or other procedures performed upon Zeeshan A. Nayyar, and Maulood A. Nayyar, and any other documents, notes or writings obtained as a result of the investigation of an automobile accident that occurred on or about December 5, 2001 in Clearfield County, Pennsylvania, involving Maulood A. Nayyar and Zeeshan Nayyar. (Report Reference 0158382)*

You are required to attend on the 19th day of May A.D., 2003, at 10:00 o'clock A.M. at McIntyre, Dugas, Hartye & Schmitt, 1816 Old Route 220, Duncansville, Pennsylvania 16635 to produce the above-mentioned documents on behalf of State Auto Insurance Company in the case of Salma Nayyar, Administrator of the Estate of Zeeshan D. Nayyar, Deceased vs. Leslie A. Landen, Administrator of the Estate of Maulood A. Nayyar, Deceased and not depart without leave. Fail not under penalty of law.

*Witness my hand and seal of Court, this 27th
Day of May, 2003
GREG HARTMANN
Clerk, Court of Common Pleas of Hamilton Co., Ohio
By: Ed Siegel Deputy*

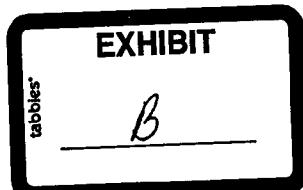
W. John Sellins
W. John Sellins (0018747), Attorney At Law
(513) 721-1504 ext. 202

RETURN OF SERVICE

I certify that I have served a true copy of the within Subpoena on: _____

personally or by leaving a copy at his/her residence.

By: _____
Sheriff, Deputy or Process Server



RULES OF CIVIL PROCEDURE

RUL R 45. Subpoena

(C) PROTECTION OF PERSONS SUBJECT TO SUBPOENAS.

(1) A party or an attorney responsible for the issuance and service of a subpoena shall take reasonable steps to avoid imposing undue burden or expense on a person subject to that subpoena.

(2) (a) A person commanded to produce under Divisions (A)(1)(b)(II),(III),(IV), or (V) of this rule need not appear in person at the place of production or inspection unless commanded to attend and give testimony at a deposition, hearing, or trial.

(b) Subject to division (D)(2) of this rule, a person commanded to produce under Divisions (A)(1)(b)(II),(III),(IV), or (V) of this rule may, within fourteen days after service of the subpoena or before the time specified for compliance if such time is less than fourteen days after service, serve upon the party or attorney designated in the subpoena written objections to production. If objection is made, the party serving the subpoena shall not be entitled to production except pursuant to an order of the Court by which the subpoena was issued. If objection has been made, the party serving the subpoena, upon notice to the person commanded to produce, may move at any time for an order to compel the production. An order to compel production shall protect any person who is not a party or an officer of a party from significant expense resulting from the production commanded.

(3) On timely motion, the Court from which the subpoena was issued shall quash or modify the subpoena, or order appearance or production only under specified conditions, if the subpoena does any of the following:

- (a) Fails to allow reasonable time to comply;
- (b) Requires disclosure of privileged or otherwise protected matter and no exception or waiver applies;
- (c) Requires disclosure of a fact known or opinion held by an expert not retained or specifically employed by any party in anticipation of litigation or preparation for trial as described by Civ.R 26(B)(4). If the fact or opinion does not describe specific events or occurrences of dispute and results from study by that expert that was not made at the request of any party;
- (d) Subjects a person to undue burden.

(4) Before filing a motion pursuant to Division (C)(3)(d) of this rule, a person resisting discovery under this rule shall attempt to resolve any claim of undue burden through discussions with the issuing attorney. A motion filed pursuant to Division (C)(3)(d) of this rule, shall be supported by an affidavit of the subpoenaed person or a certificate of that person's attorney of the efforts made to resolve any claim of undue burden.

(5) If a motion is made under Division (C)(3)(c) or (C)(3)(d) of this rule, the Court shall quash or modify the subpoena unless the party in whose behalf the subpoena is issued shows a substantial need for the testimony or material that cannot be otherwise met without undue hardship and assures that the person to whom the subpoena is addressed will be reasonably compensated.

(D) DUTIES IN RESPONDING TO SUBPOENA

(1) A person responding to a subpoena to produce documents shall, at the person's option, produce them as they are kept in the usual course of business or organized and labeled to correspond with the categories in the subpoena. A person producing documents pursuant to a subpoena for them shall permit their inspection and copying by all parties present at the time and place set in the subpoena for inspection and copying.

(2) When information subject to a subpoena is withheld on a claim that it is privileged or subject to protection as trial preparation materials under Civ.R.26(B)(3) or (4), the claim shall be made expressly and shall be supported by a description of the nature of the documents, communications, or things not produced that is sufficient to enable the demanding party to contest the claim.

CIVIL RULE 45(F) SANCTIONS

Failure by any person without adequate excuse to obey a subpoena served upon that person may be deemed a contempt of the court from which the subpoena issued. A subpoenaed person or that person's attorney frivolously resisting discovery under this rule may be required by the court to pay the reasonable expenses, including reasonable attorney's fees, of the party seeking the discovery. The court from which a subpoena was issued may impose upon a party or attorney in breach of the duty imposed by division (c)(1) of this rule an appropriate sanction, which may include, but is not limited to, lost earning and reasonable attorney's fees.

THE STATE OF OHIO)
)
)SS:
 Hamilton County,)

COURT OF COMMON PLEAS
SUBPOENA FOR WITNESS
DUCES TECUM

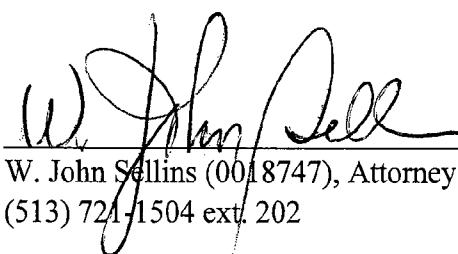
ISSUED to Attorney _____

To: *Trp. Mark A. Bryan, Troop C. Dubois Station, 101 Preston Way, Falls Creek, Pennsylvania 15840 C/O PENNSYLVANIA STATE POLICE HEADQUARTERS, 1800 ELMERTON AVENUE, HARRISBURG, PENNSYLVANIA 17110.*

Produce: *All photographs, investigation reports, written notes, diagrams, laboratory results, report(s) of autopsies, or other procedures performed upon Zeeshan A. Nayyar and Maulood A. Nayyar, and any other documents, notes or writings obtained as a result of the investigation of an automobile accident that occurred on or about December 5, 2001 in Clearfield County, Pennsylvania, involving Maulood A. Nayyar and Zeeshan Nayyar. (Report Reference 0158382)*

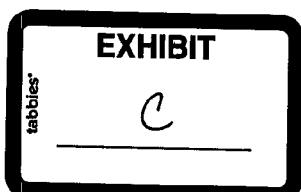
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Witness my hand and seal of Court, this 27
Day of Mar 2003
 GREG HARTMANN
 Clerk, Court of Common Pleas of Hamilton Co., Ohio
 By: SD Siegel Deputy


 W. John Sellins (0018747), Attorney At Law
 (513) 721-1504 ext. 202

RETURN OF SERVICE

I certify that I have served a true copy of the within Subpoena on: _____
 _____ personally or by leaving a copy at his/her residence.



By: _____
 Sheriff, Deputy or Process Server

RULES OF CIVIL PROCEDURE

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- (3) On timely motion, the Court from which the subpoena was issued shall quash or modify the subpoena, or order appearance or production only under specified conditions, if the subpoena does any of the following

- (a) Fails to allow reasonable time to comply;
- (b) Requires disclosure of privileged or otherwise protected matter and no exception or waiver applies;
- (c) Requires disclosure of a fact known or opinion held by an expert not retained or specifically employed by any party in anticipation of litigation or preparation for trial as described by Civ.R.26(B)(4). If the fact or opinion does not describe specific events or occurrences of dispute and results from study by that expert that was not made at the request of any party;
- (d) Subjects a person to undue burden.

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- (2) When information subject to a subpoena is withheld on a claim that it is privileged or subject to protection as trial preparation materials under Civ.R.26(B)(3) or (4), the claim shall be made expressly and shall be supported by a description of the nature of the documents, communications, or things not produced that is sufficient to enable the demanding party to contest the claim.

CIVIL RULE 45(E) SANCTIONS

Failure by any person without adequate excuse to obey a subpoena served upon that person may be deemed a contempt of the court from which the subpoena issued. A subpoenaed person or that person's attorney frivolously resisting discovery under this rule may be required by the court to pay the reasonable expenses, including reasonable attorney's fees, of the party seeking the discovery. The court from which a subpoena was issued may impose upon a party or attorney in breach of the duty imposed by division (e)(1) of this rule an appropriate sanction, which may include, but is not limited to, lost earning and reasonable attorney's fees.

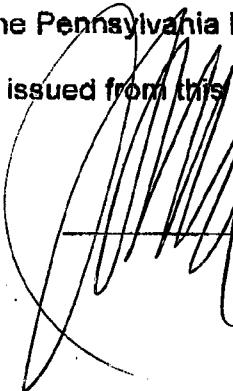
IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

IN RE: Nayyar v. Landen
Court of Common Pleas
of Hamilton County, Ohio
Case Number A0207719

Misc. Page
2003- 521- CD

ORDER

AND NOW, this 14th day of April, 2003, it is
hereby ORDERED, DIRECTED and DECREED that the PETITION FOR ORDER
DIRECTING SERVICE OF SUBPOENAS PURSUANT TO 42 Pa. C.S.A. § 5324(a) is
granted. Petitioner may serve the subpoenas attached as Exhibits to the Petition on the
Pennsylvania State Police pursuant to the Pennsylvania Rules of Civil Procedure. Said
subpoenas are to be complied with as if issued from this court.


J.

FILED

APR 14 2003

William A. Shaw
Prothonotary

FILED

1CC 19:55 AM HARRINGTON
Q BTK APR 14 2003

William A. Shaw
Prothonotary

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

IN RE: Nayyar v. Landen
Court of Common Pleas
of Hamilton County, Ohio
Case Number A0207719

2003 - 521 - CD

**CERTIFICATE PREREQUISITE TO SERVICE
OF SUBPOENAS PURSUANT TO RULE 4009.22**

As a prerequisite to service of subpoenas for documents and things pursuant to Rule 4009.22, undersigned counsel certifies that:

1. a Notice of Intent to Serve the Subpoenas with a copy of the Subpoenas attached thereto was mailed or delivered to each party at least twenty (20) days prior to the date on which the Subpoenas are sought to be served,
2. a copy of the Notice of Intent, including the proposed subpoenas, is attached to this Certificate,
3. no objection to the Subpoenas has been received, and
4. the Subpoenas which will be served is identical to the Subpoenas which are attached to the Notice of Intent to Serve the Subpoenas.
5. Please note that any and all information obtained via the Subpoenas request shall be used and maintained pursuant to the requirements of the Health Insurance Portability and Accountability Act, otherwise known as HIPAA.

Date: MAY 27 2003


Heather A. Harrington, Esquire
PA I.D.# 62977
P.O. Box 533
Hollidaysburg, PA 16648-0533
Ph: 814/696-3581

FILED

MAY 28 2003

William A. Shaw
Prothonotary

THE STATE OF OHIO)
)
)SS:
 Hamilton County,)

COURT OF COMMON PLEAS
SUBPOENA FOR WITNESS
DUCES TECUM

ISSUED to Attorney

To: *Trp. Mark A. Bryan, Troop C. Dubois Station, 101 Preston Way, Falls Creek,
 Pennsylvania 15840 C/O PENNSYLVANIA STATE POLICE HEADQUARTERS,
 1800 ELMERTON AVENUE, HARRISBURG, PENNSYLVANIA 17110.*

Produce: *All photographs, investigation reports, written notes, diagrams, laboratory results, report(s) of autopsies, or other procedures performed upon Zeeshan A. Nayyar and Maulood A. Nayyar, and any other documents, notes or writings obtained as a result of the investigation of an automobile accident that occurred on or about December 5, 2001 in Clearfield County, Pennsylvania, involving Maulood A. Nayyar and Zeeshan Nayyar. (Report Reference 0158382)*

You are required to attend on the 19th day of May A.D., 2003, at 9:00 o'clock A.M. at McIntyre, Dugas, Hartye & Schmitt, 1816 Old Route 220, Duncansville, Pennsylvania 16635 to produce the above-mentioned documents on behalf of State Auto Insurance Company in the case of Salma Nayyar, Administrator of the Estate of Zeeshan D. Nayyar, Deceased vs. Leslie A. Landen, Administrator of the Estate of Maulood A. Nayyar, Deceased, and not depart without leave. Fail not under penalty of law.

*Witness my hand and seal of Court, this 27
 Day of Mar, 2003
 GREG HARTMANN
 Clerk, Court of Common Pleas of Hamilton Co., Ohio
 By: Ed Siegel Deputy*

W. John Sellins
 W. John Sellins (0018747), Attorney At Law
 (513) 721-1504 ext. 202

RETURN OF SERVICE

I certify that I have served a true copy of the within Subpoena on: _____
 _____ personally or by leaving a copy at his/her residence.

By: _____
 Sheriff, Deputy or Process Server

RULES OF CIVIL PROCEDURE

RULE 45. Subpoena

(C) PROTECTION OF PERSONS SUBJECT TO SUBPOENAS.

- (1) A party or an attorney responsible for the issuance and service of a subpoena shall take reasonable steps to avoid imposing undue burden or expense on a person subject to that subpoena.
- (2) (a) A person commanded to produce under Divisions (A)(1)(b)(II),(III),(IV), or (V) of this rule need not appear in person at the place of production or inspection unless commanded to attend and give testimony at a deposition, hearing, or trial.
(b) Subject to division (D)(2) of this rule, a person commanded to produce under Divisions (A)(1)(b)(II),(III),(IV), or (V) of this rule may, within fourteen days after service of the subpoena or before the time specified for compliance if such time is less than fourteen days after service, serve upon the party or attorney designated in the subpoena written objections to production. If objection is made, the party serving the subpoena shall not be entitled to production except pursuant to an order of the Court by which the subpoena was issued. If objection has been made, the party serving the subpoena, upon notice to the person commanded to produce, may move at any time for an order to compel the production. An order to compel production shall protect any person who is not a party or an officer of a party from significant expense resulting from the production commanded.
(3) On timely motion, the Court from which the subpoena was issued shall quash or modify the subpoena, or order appearance or production only under specified conditions, if the subpoena does any of the following:
 - (a) Fails to allow reasonable time to comply;
 - (b) Requires disclosure of privileged or otherwise protected matter and no exception or waiver applies;
 - (c) Requires disclosure of a fact known or opinion held by an expert not retained or specifically employed by any party in anticipation of litigation or preparation for trial as described by Civ.R.26(B)(4). If the fact or opinion does not describe specific events or occurrences of dispute and results from study by that expert that was not made at the request of any party;
 - (d) Subjects a person to undue burden.

- (4) Before filing a motion pursuant to Division (C)(3)(d) of this rule, a person resisting discovery under this rule shall attempt to resolve any claim of undue burden through discussions with the issuing attorney. A motion filed pursuant to Division (C)(3)(d) of this rule, shall be supported by an affidavit of the subpoenaed person or a certificate of that person's attorney of the efforts made to resolve any claim of undue burden.
(5) If a motion is made under Division (C)(3)(c) or (C)(3)(d) of this rule, the Court shall quash or modify the subpoena unless the party in whose behalf the subpoena is issued shows a substantial need for the testimony or material that cannot be otherwise met without undue hardship and assures that the person to whom the subpoena is addressed will be reasonably compensated.

(D) DUTIES IN RESPONDING TO SUBPOENA

- (1) A person responding to a subpoena to produce documents shall, at the person's option, produce them as they are kept in the usual course of business or organized and labeled to correspond with the categories in the subpoena. A person producing documents pursuant to a subpoena for them shall permit their inspection and copying by all parties present at the time and place set in the subpoena for inspection and copying.
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CIVIL RULE 45(E) SANCTIONS

Failure by any person without adequate excuse to obey a subpoena served upon that person may be deemed a contempt of the court from which the subpoena issued. A subpoenaed person or that person's attorney frivolously resisting discovery under this rule may be required by the court to pay the reasonable expenses, including reasonable attorney's fees, of the party seeking the discovery. The court from which a subpoena was issued may impose upon a party or attorney in breach of the duty imposed by division (c)(1) of this rule an appropriate sanction, which may include, but is not limited to, lost earning and reasonable attorney's fees.

THE STATE OF OHIO)
)
)SS:
 Hamilton County,)

COURT OF COMMON PLEAS
SUBPOENA FOR WITNESS
DUCES TECUM

To: *Custodian of Records, Forensic Unit, Troop C, Dubois Station, 101 Preston Way, Falls Creek, Pennsylvania 15840 C/O PENNSYLVANIA STATE POLICE HEADQUARTERS, 1800 ELMERTON AVENUE, HARRISBURG, PENNSYLVANIA 17110.* *ISSUED to Attorney*

Produce: *All photographs, investigation reports, written notes, diagrams, laboratory results, report(s) of autopsies, or other procedures performed upon Zeeshan A. Nayyar, and Maulood A. Nayyar, and any other documents, notes or writings obtained as a result of the investigation of an automobile accident that occurred on or about December 5, 2001 in Clearfield County, Pennsylvania, involving Maulood A. Nayyar and Zeeshan Nayyar. (Report Reference 0158382)*

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*Witness my hand and seal of Court, this 27th
 Day of Mar, 2003
 GREG HARTMANN
 Clerk, Court of Common Pleas of Hamilton Co., Ohio
 By: *Ed Siegel* Deputy*

W. John Sellins
 W. John Sellins (0018747), Attorney At Law
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 - (b) Requires disclosure of privileged or otherwise protected matter and no exception or waiver applies;
 - (c) Requires disclosure of a fact known or opinion held by an expert not retained or specifically employed by any party in anticipation of litigation or preparation for trial as described by Civ.R.26(B)(4). If the fact or opinion does not describe specific events or occurrences of dispute and results from study by that expert that was not made at the request of any party;
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LAW OFFICES
McINTYRE, DUGAS, HARTYE & SCHMITT

JOHN L. McINTYRE
STEPHEN L. DUGAS
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LOUIS C. SCHMITT, JR.
HEATHER A. HARRINGTON
MICHAEL A. SOSNOWSKI

P. O. BOX 533
HOLLIDAYSBURG, PA 16648-0533

—
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April 29, 2003

Our Reference: SM 026 OH

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Freund, Freeze & Arnold
Fourth & Walnut Centre
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Cincinnati, OH 45202-4006

Re: State Auto Insurance Company Claim No. 02-SOP-9434964-04
Date of Loss - 12/5/01

Salma Nayyar, Administrator of the Estate of Zeeshan D. Nayyar
-versus-
Leslie A. Landen, Administrator of the Estate of Maulood A. Nayyar

Dear Lady and Gentlemen:

On behalf of Attorney Sellins, I have obtained a Court Order from the Court of Common Pleas of Clearfield County, where the accident in question took place. The purpose of this Order is to approve service of the enclosed Subpoena upon the Pennsylvania State Police to obtain copies of all of their investigative file materials. Pursuant to Pennsylvania Rules of Procedure, I must provide all counsel and interested parties with a 20 day period within which to

Counsel of Record
April 29, 2003
Page 2

object to service of the Subpoena. I enclose a copy of the Court's Order and the proposed Subpoenas.

Please contact my office, directly, if you have any objection to the service of these Subpoenas. Otherwise, I will serve the Subpoenas on the State Police as indicated.

Due to the time periods involved you will note that the date upon which the police are to respond is May 19. Therefore, I would ask that if you do not have an objection to advise as soon as possible so that I can proceed with the necessary filings.

Should you have any questions or comments, please do not hesitate to contact me.

Sincerely,

Heather A. Harrington

HAH:slh
Enclosures

FILED
MAY 1 2003
MAY 28 2003
cc
FBI

William A. Shaw
Prothonotary