

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 Pennsylvania 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.

FILED

APR 09 2003
M/9:00/uy
William A. Shaw
Prothonotary/Clerk of Courts
NO CERT COPIES

ORIGINAL TO
C/A

(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

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FILED

APR 09 2003
m/9:00/44
William A. Shaw
Prothonotary/Clerk of Courts
NO COURT COPIES

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

Page: 1

☐ Change/
Continuation

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Police Agency Data

Incident Number C 0 4 - 0 6 9 1 9 6 8	Police Agency 6 8 C 0 4	Patrol Zone 7 1
Agency Name PA. STATE POLICE	Precinct DUBOIS	Investigation Date (MM-DD-YYYY) 1 2 - 0 5 - 2 0 0 1
Dispatch Time (mil) 0 4 0 8	Arrival Time (mil) 0 4 2 0	Investigator TPR. MIA. BRYAN
Reviewer CPL MARK A. CONRAD	Badge Number 5 6 5 9	Approval Date (MM-DD-YYYY) 1 2 - 1 1 - 2 0 0 1
Badge Number 5 1 4 0		

Crash Data

County 1 7	County Name CLARFIELD	Municipality 2 2 7	Municipality Name PINE TWP	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 checked="" type="checkbox"/> Wed <input type="checkbox"/> Unk
Crash Date (MM-DD-YYYY) 1 2 - 0 5 - 2 0 0 1	Crash Time (Military) 0 4 0 5	No of Units 1	No of People 2	No Injured 0
No Killed 2	(If > 00, Complete Form: AA 45 F 1)			
Reportable Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Notify Highway Maintenance <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	School Bus Related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	School Zone Related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PennDOT Property <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Unit Information

Unit Number 1	Delete? <input type="checkbox"/>	Type Unit	<input checked="" type="checkbox"/> Motor Vehicle in Transport <input type="checkbox"/> Hit & Run Vehicle <input type="checkbox"/> Pedestrian on Skates, in Wheelchair, etc	<input type="checkbox"/> Illegally Parked <input type="checkbox"/> Disabled From Previous Crash	<input type="checkbox"/> Legally Parked <input type="checkbox"/> Train	<input type="checkbox"/> Non - Motorized <input type="checkbox"/> Phantom Vehicle
Owner Last Name (If Pedestrian, skip to Form AA 45 3 1) N A Y Y A R			FI M	MI A	Telephone Number 513-829-4848	
Address 1115 SENATE DR UNIT 5			City FAIRFIELD	State OH	Zip 45014	
VIN J N I C A 2 1 D 9 T T 1 7 3 9 1 7			Model Year 1 9 9 6	Vehicle Make* 3 5		
License Plate C T X 8 5 4 9			Reg. State OH	Travel Speed 7 0		
Insurance <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Un-known			Insurance Company AMERICAN STANDARD INS.	Policy No 096542750183SPPA	Insurance Company Phone 513-829-5900	
Vehicle Towed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Towed To BRICEN TOWING, PENFIELD, PA	Towed By BRICEN TOWING	Tow Agency Phone 814-637-5265	

Commercial Vehicle
☐ Yes
☒ No
(If Yes, Complete Form: AA 45 C 1)

Unit Information

Unit Number	Delete? <input type="checkbox"/>	Type Unit	<input type="checkbox"/> Motor Vehicle in Transport <input type="checkbox"/> Hit & Run Vehicle <input type="checkbox"/> Pedestrian on Skates, in Wheelchair, etc	<input type="checkbox"/> Illegally Parked <input type="checkbox"/> Disabled From Previous Crash	<input type="checkbox"/> Legally Parked <input type="checkbox"/> Train	<input type="checkbox"/> Non - Motorized <input type="checkbox"/> Phantom Vehicle
Owner Last Name (If Pedestrian, skip to Form AA 45 3 1)			FI	MI	Telephone Number	
Address			City	State	Zip	
VIN			Model Year	Vehicle Make*		
License Plate			Reg. State	Travel Speed		
Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Un-known			Insurance Company	Policy No	Insurance Company Phone	
Vehicle Towed <input type="checkbox"/> Yes <input type="checkbox"/> No			Towed To	Towed By	Tow Agency Phone	

Commercial Vehicle
☐ Yes
☐ No
(If Yes, Complete Form: AA 45 C 1)

EXHIBIT
A

COMMONWEALTH OF PENNSYLVANIA POLICE CRASH REPORTING FORM

Crash Number

P0158382

AA 45 2 1

Page: 2

New

Change/
Continuation

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Vehicle Information

Vehicle Information

Unit Number <input type="text" value="1"/>	Trailing Unit(s) Number of Trailing Units: <input type="text" value="0"/>	Type of Unit 1=Towing Passenger Veh 2=Towing Truck 3=Towing Utility Trailer 4=Mobile or Modular Home 5=Camper 6=Trailer 7=Semi-Trailer 8=Other 9=Unknown	Tag No <input type="text"/> Tag Year <input type="text"/> Tag State <input type="text"/>
Vehicle Color 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		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	Special Usage 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
Initial Impact Point 00=Non-Collision 13=Top 14=Undercarriage 15=Towed Unit 99=Unknown		Damage Indicator 0=None 1=Minor (Driveable) 2=Functional (Moderate Damage, May Not be Driveable) 3=Disabling (Severe - Not Driveable) 9=Unknown	Vehicle Role 0=Non-Collision 1=Striking 2=Struck 3=Both Striking and Struck
Direction of Travel N=North S=South E=East W=West U=Unknown		Movement 01=Going Straight 02=Slowing/Stopping in Lane 03=Stopped in Traffic Lane 04=Passing/Overtaking Veh 05=Leaving a Parked Position 06=Parked 07=Entering a Parked Position 08=Trying to Avoid Animal, Ped, Object, Veh, etc 09=Turning Right on Red 10=Turning Right 11=Turning Left on Red 12=Turning Left 13=Making a U-Turn	Vehicle Position 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
Gradient 1=Level Roadway 2=Uphill		Alignment 1=Straight 2=Curved 9=Unknown	

Unit Number <input type="text"/>	Trailing Unit(s) Number of Trailing Units: <input type="text"/>	Type of Unit 1=Towing Passenger Veh 2=Towing Truck 3=Towing Utility Trailer 4=Mobile or Modular Home 5=Camper 6=Trailer 7=Semi-Trailer 8=Other 9=Unknown	Tag No <input type="text"/> Tag Year <input type="text"/> Tag State <input type="text"/>
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COMMONWEALTH OF PENNSYLVANIA POLICE CRASH REPORTING FORM

CRASH NUMBER

P0158382

New

AA 45 3 1

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☐ Change/
Continuation

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Vehicle Driver/Pedestrian Information

Unit Number 1	Last Name NAYYAR	FI M	MI A	Telephone Number (513) 829-4848
Address 1115 SENATE DRIVE, #5		City FAIRFIELD		State OH Zip 45014
License Number SK071983		State OH		If License Number is unknown or driver is not licensed, see manual

Alcohol/Drugs Suspected

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

Alcohol Test Type

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

Alcohol Test Results

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

Driver or Pedestrian Physical Condition

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

Pedestrian Signal at Scene of Crash

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

Pedestrian Location

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

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

- 3714 ☐ Yes ☒ No
☐ Yes ☐ No

Owner/Driver Code

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

Driver Presence

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

Vehicle Driver/Pedestrian Information

Unit Number	Last Name	FI	MI	Telephone Number
Address		City		State Zip
License Number		State		If License Number is unknown or driver is not licensed, see manual

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COMMONWEALTH OF PENNSYLVANIA POLICE CRASH REPORTING FORM

Crash Number

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AA 45 4 1

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People Information

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

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

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

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

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

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

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

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

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

Unit No	Person No	Delete?	Date of Birth (MM-DD-YYYY)	A	B	C	D	E	F	G	H	I
1	1	<input type="checkbox"/>	06-01-1980	1	M	1	0	1	0	0	1	0

Name / Address / Phone

OPERATOR #1

EMS Transport

☒ Yes ☐ No

Unit No	Person No	Delete?	Date of Birth (MM-DD-YYYY)	A	B	C	D	E	F	G	H	I
1	2	<input type="checkbox"/>	01-16-1978	2	M	1	0	3	0	0	1	0

Name / Address / Phone

ZEESEAN D. NAYYAR, 1115 SENATE DRIVE, 05 FAIRFIELD, OHIO, 45414 (513) 829-7898

EMS Transport

☒ Yes ☐ No

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

Name / Address / Phone

EMS Transport

☐ Yes ☐ No

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

Name / Address / Phone

EMS Transport

☐ Yes ☐ No

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

Name / Address / Phone

EMS Transport

☐ Yes ☐ No

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

Name / Address / Phone

EMS Transport

☐ Yes ☐ No



COMMONWEALTH OF PENNSYLVANIA POLICE CRASH REPORTING FORM

Crash Number

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☒ New

AA 45 5 1

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Type Location	<u>Intersection Type</u> <input checked="" type="checkbox"/> Midblock <input type="checkbox"/> 4 Way Intersection <input type="checkbox"/> "T" Intersection <input type="checkbox"/> "Y" Intersection <input type="checkbox"/> Traffic Circle/ Round About <input type="checkbox"/> Multi-Leg Intersection <input type="checkbox"/> On Ramp			<input type="checkbox"/> Off Ramp <input type="checkbox"/> Crossover <input type="checkbox"/> Railroad Crossing <input type="checkbox"/> Other			<u>Special Location</u> <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Underpass <input type="checkbox"/> Ramp <input type="checkbox"/> Bridge <input type="checkbox"/> Tunnel <input type="checkbox"/> Toll Booth <input type="checkbox"/> Cross Over Related <input type="checkbox"/> Driveway/Parking Lot <input type="checkbox"/> Ramp & Bridge <input type="checkbox"/> Unknown (If "Ramp" is indicated, please see manual)																															
	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)																															
	17	80		2	65	<input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input checked="" type="checkbox"/> West <input type="checkbox"/> Unknown	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																															
<u>Route Signing</u> <input checked="" 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 type="checkbox"/> Local Road or Street <input type="checkbox"/> Private Road <input type="checkbox"/> Other/Unknown																																						
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Distance From Landmark	Please Enter Information for BOTH Landmarks if Using This Option		Landmark 1 Intersecting Rt Num Or Mile Post Or Segment Marker <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>												Landmark 2 Intersecting Rt Num Or Mile Post Or Segment Marker <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>												Ramp Use Only <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West		Feet <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>									
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Distance From Crash Scene to Landmark 1 (For Crash between Landmark 1 and Landmark 2)																																						
GPS	Latitude: Degrees Minutes Seconds 41 07 : 21 . 0			Longitude: Degrees Minutes Seconds 078 33 : 15 . 1																																		
TCD	<u>Traffic Control Device</u> <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Flashing Traffic Signal <input type="checkbox"/> Traffic Signal <input type="checkbox"/> Stop Sign <input type="checkbox"/> Yield Sign <input type="checkbox"/> Active RR Crossing Controls <input type="checkbox"/> Passive RR Crossing Controls <input type="checkbox"/> Police Officer or Flagman <input type="checkbox"/> Other Type TCD <input type="checkbox"/> Unknown			<u>TCD Functioning</u> <input checked="" type="checkbox"/> No Controls <input type="checkbox"/> Device Not Functioning <input type="checkbox"/> Device Functioning Improperly <input type="checkbox"/> Device Functioning Properly <input type="checkbox"/> Emergency Preemptive Signal <input type="checkbox"/> Unknown																																		
Work Zone	<u>Type of Work Zone</u> (If "Not a Work Zone", skip rest of Work Zone section) <input checked="" type="checkbox"/> Not a Work Zone <input type="checkbox"/> Construction <input type="checkbox"/> Maintenance <input type="checkbox"/> Utility Company <input type="checkbox"/> Other			<u>Work Zone Location</u> <input type="checkbox"/> Before 1st Work Zone Warning Sign <input type="checkbox"/> Advance Warning Area <input type="checkbox"/> Transition Area <input type="checkbox"/> Activity Area <input type="checkbox"/> Termination Area <input type="checkbox"/> Other			<u>Work Zone</u> (Mark all that apply) <input type="checkbox"/> Lane Closure <input type="checkbox"/> Road Closed with Detour <input type="checkbox"/> Work on Shoulder or Median <input type="checkbox"/> Intermittent or Moving Work <input type="checkbox"/> Flagger Control <input type="checkbox"/> Other																															
	<u>Work Zone Speed Limit</u> <table border="1"><tr><td></td><td></td></tr></table>					<u>Workers Present</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown																																
Lane Closure	<u>Lane Closed</u> (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			<u>Traffic Detoured</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																		
	<u>Lane Closure Direction</u> <input type="checkbox"/> North <input type="checkbox"/> East <input type="checkbox"/> North and South <input type="checkbox"/> South <input checked="" type="checkbox"/> West <input type="checkbox"/> East and West			<u>Estimated Time Closed</u> <input checked="" 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 <input type="checkbox"/> < 30 Minutes <input type="checkbox"/> 30-60 Minutes																																		

COMMONWEALTH OF PENNSYLVANIA POLICE CRASH REPORTING FORM

New

P0158382

AA 45 6 1

Page: 6

Change/
Continuation

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General Crash Information (If more than 2 Units only complete twice)	<u>Crash Description</u>		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>		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>		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>		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>		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
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Unit(s)								

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COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM

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P0158382

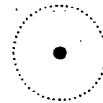
AA 45 7 1

Page:

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SEE ATTACHED DIAGRAM



Diagram



S.R. Duco 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 Front 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: CO4-0691968
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



Scrape Mark
In Dirt
Start Of The Rear Window
Glass Spray

Impression Mark In
The Ground
Tire Mark

Animal Tracks
And Ground Disturbed

Human Hair From
Victim #1

Scrape Mark
In Dirt

Human Hair From
Victim #1

Scrape Mark
In Dirt

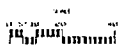
Tire Mark

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

Victim 1

Victim 2

Final Rest of Unit #1
1996 Nissan Maxima



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

City of Dubois
10 Miles West

Drawing Completed
By:
Cpl. Gregory S. KUNZELMAN

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM

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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: CLEARFIELD EMS/STAT MEDICAL Medical Facility: ALTOONA HOSPITAL

Witness 1: NONE KNOWN

Address:

Phone:

Witness 2:

Address:

Phone:

Narrative:

UNIT #1 WAS TRAVELING WEST BOUND ON SR 80 IN THE RIGHT HAND LANE, WHEN
OPR #1 APPARENTLY FELL ASKED 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
OPR #1 & PASSENGER WERE EJECTED FROM UNIT #1 ^{ONTO} ~~AND~~ 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 OBSERVED AT THE SCENE WAS MARKED AND SAME
WAS RECORDED ON ATTACHED DIAGRAM DRAWN TO SCALE BY CPL. GREGORY
S. KUNSELMAN.

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

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



COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM

Crash Number

- ☐ New
☒ Change/
Continuation
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AA 45 8 1

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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 CORNOR PATRY ROSS
CONTACTED THIS STATION AND ADVISED THAT OPR #1 DIED IN THE
ALTCONA EX WHILE BEING TREATED FOR INJURIES RECEIVED IN THE
CRASH. OPR #1 WAS PRONOUNCED DEAD AT 0734 HRS ON 12/05/01
BY CORNOR ROSS.

ON 12/05/01 AT 0845 HRS RELATIVE MANWAR AHMAD NEW YORK CITY,
NY PH# 917-887-8888 CONTACTED ME AND ADVISED THAT HE WAS
THE UNCLE OF THE PASSENGER AND OPR #1. AT THIS TIME AHMAD
WAS ADVISED THAT BOTH OPR #1 AND PASSENGER HAD DIED AS THE
RESULT OF THIS CRASH.

ON 12/05/01 MANWAR AHMAD APPEARED ON THIS REPORTING STATION
AND WAS ISSUED SP7-0615.

ON 12/05/01 AT 0823 HRS. A CLEAN MESSAGE WAS SENT AS REQUIRED
BY EX 6-4 REPORT OF VEHICLE TRAFFIC FATALITY.
CLEAN MESSAGE # DUB331-19327 FILE 3.

Witness Information and Narrative

COMMONWEALTH OF PENNSYLVANIA **POLICE CRASH REPORTING FORM**

Crash Number

☒ New

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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
☐ 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

1

Driver Restrictions Compliance

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

Driver Endorsement Compliance

- ☒ None Required
☐ Required - Complied With
☐ Required - Non Compliance
☐ Required - Compliance Unknown
☐ Not a Pennsylvania Driver
☐ Unknown Compliance

Driver License Compliance

- ☐ Not Licensed
☐ Not Required for Vehicle Class
☐ No Valid License for Class
☒ Valid License for Class
☐ Unk if CDL or CDL Required
☐ Not a Pennsylvania Driver
☐ Unknown

Drug Test Type

- ☒ None
☐ Blood
☐ Urine
☐ Other
☐ Unknown if Test Given

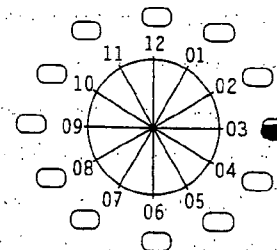
Drug Test Results - (Up to Four Results)

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

0

Principle Impact Point

- ☐ Non-Collision
☐ Top
☐ Undercarriage
☐ Towed Unit
☐ Unknown



Avoidance Maneuver

- ☒ No Avoidance Maneuver
☐ Braking - Skid Marks Evident
☐ Braking - No Skid Marks, Driver Stated
☐ Braking - Other Evidence
☐ Steering - Evidence or Driver Stated
☐ Steering and Braking Evidence or Stated
☐ Other Avoidance Maneuver
☐ Inconclusive
☐ Unknown

Under Ride Indicator

- ☒ No Underride or Override
☐ Underride, Compartment Intrusion
☐ Underride, No Compartment Intrusion
☐ Underride, Compartment Intrusion Unknown
☐ Override, Other Vehicle
☐ Unknown if Underride or Override

Emergency Use

- ☒ Not in Emergency Use
☐ Lights Flashing
☐ Siren Sounding
☐ Both Lights and Siren
☐ Unknown

Unit Information

Unit Number

Driver Restrictions Compliance

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

Driver Endorsement Compliance

- ☐ None Required
☐ Required - Complied With
☐ Required - Non Compliance
☐ Required - Compliance Unknown
☐ Not a Pennsylvania Driver
☐ Unknown Compliance

Driver License Compliance

- ☐ Not Licensed
☐ Not Required for Vehicle Class
☐ No Valid License for Class
☐ Valid License for Class
☐ Unk if CDL or CDL Required
☐ Not a Pennsylvania Driver
☐ Unknown

Drug Test Type

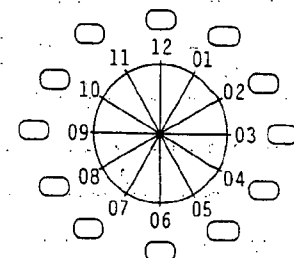
- ☐ None
☐ Blood
☐ Urine
☐ Other
☐ Unknown if Test Given

Drug Test Results - (Up to Four Results)

- 0 = No Test Given
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2 = Marijuana
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Principle Impact Point

- ☐ Non-Collision
☐ Top
☐ Undercarriage
☐ Towed Unit
☐ Unknown



Avoidance Maneuver

- ☐ No Avoidance Maneuver
☐ Braking - Skid Marks Evident
☐ Braking - No Skid Marks, Driver Stated
☐ Braking - Other Evidence
☐ Steering - Evidence or Driver Stated
☐ Steering and Braking Evidence or Stated
☐ Other Avoidance Maneuver
☐ Inconclusive
☐ Unknown

Under Ride Indicator

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

Emergency Use

- ☐ Not in Emergency Use
☐ Lights Flashing
☐ Siren Sounding
☐ Both Lights and Siren
☐ Unknown

COMMONWEALTH OF PENNSYLVANIA POLICE CRASH REPORTING FORM

Crash Number

P0325723

☐ New

AA 45 1 1

Case Closed

☒ Yes ☐ No

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☒ Change/
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P 0 1 5 8 3 8 2

Police Agency Data	Incident Number C04-0691968										Police Agency 68C04				Patrol Zone 71					
	Agency Name PA. STATE POLICE										Precinct DUBOIS				Investigation Date (MM-DD-YYYY) 12-05-2001					
	Dispatch Time (mil) 0000			Arrival Time (mil) 0000			Investigator TPR MICHAEL D CAMPAGNA (BEDFORD)				Badge Number 6931									
	Reviewer 										Badge Number 				Approval Date (MM-DD-YYYY) 					
Crash Data	County 		County Name 						Municipality 		Municipality Name 									
	Crash Date (MM-DD-YYYY) 						Crash Time (Military) 		No of Units 		No of People 		No Injured 		No Killed 					
	(If > 00, Complete Form: AA 45 F 1)																			
	Reportable Crash <input type="checkbox"/> Yes <input type="checkbox"/> No		Notify Highway Maintenance <input type="checkbox"/> Yes <input type="checkbox"/> No		School Bus Related <input type="checkbox"/> Yes <input type="checkbox"/> No		School Zone Related <input type="checkbox"/> Yes <input type="checkbox"/> No		PennDOT Property <input type="checkbox"/> Yes <input type="checkbox"/> No											
Unit Information	Unit Number 		Delete? <input type="checkbox"/>		Type Unit <input checked="" type="checkbox"/>		<input type="checkbox"/> Motor Vehicle in Transport		<input type="checkbox"/> Hit & Run Vehicle		<input type="checkbox"/> Illegally Parked		<input type="checkbox"/> Legally Parked		<input type="checkbox"/> 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) 														FI 		MI 		Telephone Number 	
	Address 										City 		State 		Zip 					
	VIN 										Model Year 		Vehicle Make* 							
	License Plate 										Reg. State 		Travel Speed 							
	Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Un-known		Insurance Company 				Policy No 				Insurance Company Phone 									
	Vehicle Towed <input type="checkbox"/> Yes <input type="checkbox"/> No		Towed To 				Towed By 				Tow Agency Phone 									
	Commercial Vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, Complete Form: AA 45 C 1)																			
	Unit Information	Unit Number 		Delete? <input type="checkbox"/>		Type Unit <input checked="" type="checkbox"/>		<input type="checkbox"/> Motor Vehicle in Transport		<input type="checkbox"/> Hit & Run Vehicle		<input type="checkbox"/> Illegally Parked		<input type="checkbox"/> Legally Parked		<input type="checkbox"/> 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) 														FI 		MI 		Telephone Number 		
Address 										City 		State 		Zip 						
VIN 										Model Year 		Vehicle Make* 								
License Plate 										Reg. State 		Travel Speed 								
Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Un-known		Insurance Company 				Policy No 				Insurance Company Phone 										
Vehicle Towed <input type="checkbox"/> Yes <input type="checkbox"/> No		Towed To 				Towed By 				Tow Agency Phone 										
Commercial Vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, Complete Form: AA 45 C 1)																				

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM

CRASH NUMBER

P0325723

- ☐ New
☒ Change/
Continuation
☐ Delete Page

AA 45 8 1

Page: 1 2

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:

SUBMITTED 12/06/01

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 06/01/80.

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 TPR KUNZ, PSP DUBOIS FOR SUBMISSION WHEN NECESSARY, NEGATIVES TO THEN BE RETAINED AT THE TROOP C FORENSIC SERVICE UNIT.

Witness Information and Narrative

COMMONWEALTH OF PENNSYLVANIA POLICE CRASH REPORTING FORM

☐ New

P0329469

AA 45 1 1

Case Closed
☒ Yes ☐ No

Page: 13

☒ Change/
Continuation

P0158382

Police Agency Data	Incident Number <div style="border: 1px solid black; padding: 2px;">C04-0691968</div>										Police Agency <div style="border: 1px solid black; padding: 2px;">68C04</div>				Patrol Zone <div style="border: 1px solid black; padding: 2px;"></div>			
	Agency Name <div style="border: 1px solid black; padding: 2px;"></div>										Precinct <div style="border: 1px solid black; padding: 2px;"></div>				Investigation Date (MM-DD-YYYY) <div style="border: 1px solid black; padding: 2px;">12-05-2001</div>			
	Dispatch Time (mil) <div style="border: 1px solid black; padding: 2px;"></div>		Arrival Time (mil) <div style="border: 1px solid black; padding: 2px;">0903</div>		Investigator <div style="border: 1px solid black; padding: 2px;">CPL. JEFFREY A. KUNSELMAN/5385</div>				Badge Number <div style="border: 1px solid black; padding: 2px;"></div>									
Crash Data	Reviewer <div style="border: 1px solid black; padding: 2px;">SGT. S. A. NEAL 5391</div>										Badge Number <div style="border: 1px solid black; padding: 2px;"></div>		Approval Date (MM-DD-YYYY) <div style="border: 1px solid black; padding: 2px;">12-10-2001</div>					
	County <div style="border: 1px solid black; padding: 2px;"></div>		County Name <div style="border: 1px solid black; padding: 2px;"></div>				Municipality <div style="border: 1px solid black; padding: 2px;"></div>		Municipality Name <div style="border: 1px solid black; padding: 2px;"></div>				Day of Week <div style="border: 1px solid black; padding: 2px;"> <input type="radio"/> Sun <input type="radio"/> Thu <input type="radio"/> Mon <input type="radio"/> Fri <input type="radio"/> Tue <input type="radio"/> Sat <input type="radio"/> Wed <input type="radio"/> Unk </div>					
	Crash Date (MM-DD-YYYY) <div style="border: 1px solid black; padding: 2px;"></div>				Crash Time (Military) <div style="border: 1px solid black; padding: 2px;"></div>		No of Units <div style="border: 1px solid black; padding: 2px;"></div>		No of People <div style="border: 1px solid black; padding: 2px;"></div>		No Injured <div style="border: 1px solid black; padding: 2px;"></div>		No Killed <div style="border: 1px solid black; padding: 2px;"></div>		(If > 00, Complete Form: AA 45 F 1)			
Unit Information	Reportable Crash <input type="radio"/> Yes <input type="radio"/> No		Notify Highway Maintenance <input type="radio"/> Yes <input type="radio"/> No		School Bus Related <input type="radio"/> Yes <input type="radio"/> No		School Zone Related <input type="radio"/> Yes <input type="radio"/> No		PennDOT Property <input type="radio"/> Yes <input type="radio"/> No									
	Unit Number <div style="border: 1px solid black; padding: 2px;"></div>		Delete? <input type="radio"/>		Type Unit <input checked="" type="radio"/> Motor Vehicle in Transport <input type="radio"/> Pedestrian		<input type="radio"/> Hit & Run Vehicle		<input type="radio"/> Illegally Parked		<input type="radio"/> Legally Parked		<input type="radio"/> Non - Motorized					
					<input type="radio"/> Pedestrian on Skates, in Wheelchair, etc		<input type="radio"/> Disabled From Previous Crash		<input type="radio"/> Train		<input type="radio"/> Phantom Vehicle							
Unit Information	Owner Last Name (If Pedestrian, skip to Form AA 45 3 1) <div style="border: 1px solid black; padding: 2px;"></div>										FI <div style="border: 1px solid black; padding: 2px;"></div>		MI <div style="border: 1px solid black; padding: 2px;"></div>		Telephone Number <div style="border: 1px solid black; padding: 2px;"></div>			
	Address <div style="border: 1px solid black; padding: 2px;"></div>										City <div style="border: 1px solid black; padding: 2px;"></div>		State <div style="border: 1px solid black; padding: 2px;"></div>		Zip <div style="border: 1px solid black; padding: 2px;"></div>			
	VIN <div style="border: 1px solid black; padding: 2px;"></div>										Model Year <div style="border: 1px solid black; padding: 2px;"></div>		Vehicle Make* <div style="border: 1px solid black; padding: 2px;"></div>		Commercial Vehicle <input type="radio"/> Yes <input type="radio"/> No (If Yes, Complete Form: AA 45 C 1)			
License Plate <div style="border: 1px solid black; padding: 2px;"></div>										Reg. State <div style="border: 1px solid black; padding: 2px;"></div>		Travel Speed <div style="border: 1px solid black; padding: 2px;"></div>		*Refer to List on Back of Overlay				
Unit Information	Insurance <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Un-known										Insurance Company <div style="border: 1px solid black; padding: 2px;"></div>				Policy No <div style="border: 1px solid black; padding: 2px;"></div>		Insurance Company Phone <div style="border: 1px solid black; padding: 2px;"></div>	
	Vehicle Towed <input type="radio"/> Yes <input type="radio"/> No										Towed To <div style="border: 1px solid black; padding: 2px;"></div>				Towed By <div style="border: 1px solid black; padding: 2px;"></div>		Tow Agency Phone <div style="border: 1px solid black; padding: 2px;"></div>	

**COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM**

Crash Number

P0329469

AA 45 8 1

Page:

1 4

☐ New

☒ Change/
Continuation

☐ Delete Page

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 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.

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.

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.

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.

REFERENCE COI-0692010 REQUEST ASSIST - PSP STATION.

Witness Information and Narrative

COMMONWEALTH OF PENNSYLVANIA POLICE CRASH REPORTING FORM

Crash Number

P0329473

☐ New

☒ Change/
Continuation

AA 45 1 1

Case Closed
☐ Yes ☒ No

Page: 1 4

P 0 1 5 8 3 8 2

Police Agency Data

Incident Number: C 0 4 - 0 6 9 1 9 6 8

Police Agency: 6 8 C 0 4 Patrol Zone: 7 1

Agency Name: Pennsylvania State Police Precinct: Punxsutawney/ 1310

Investigation Date (MM-DD-YYYY): - -

Dispatch Time (mil): Arrival Time (mil): Investigator: Cpl. Gregory S. KUNSELMAN/ Badge Number: 6629

Reviewer: SA. ROBERT E. RUMGAY - 4104 Badge Number: (4164) Approval Date (MM-DD-YYYY): - -

Crash Data

County: County Name: Municipality: Municipality Name:

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: ☐ Yes ☐ No Notify Highway Maintenance: ☐ Yes ☐ No School Bus Related: ☐ Yes ☐ No School Zone Related: ☐ Yes ☐ No PennDOT Property: ☐ Yes ☐ No

Unit Information

Unit Number: Delete? ☐ Type Unit: ☐ Motor Vehicle in Transport ☐ Hit & Run Vehicle ☐ Illegally Parked ☐ Legally Parked ☐ Non - Motorized ☐ Pedestrian ☐ Pedestrian on Skates, in Wheelchair, etc ☐ Disabled From Previous Crash ☐ Train ☐ Phantom Vehicle

Owner Last Name (If Pedestrian, skip to Form AA 45 3 1): FI: MI: Telephone Number:

Address: City: State: Zip:

VIN: Model Year: Vehicle Make*:

License Plate: Reg. State: Travel Speed: *Refer to List on Back of Overlay

Insurance: ☐ Yes ☐ No ☐ Un-known Insurance Company: Policy No: Insurance Company Phone:

Vehicle Towed: ☐ Yes ☐ No Towed To: Towed By: Tow Agency Phone:

Commercial Vehicle

☐ Yes ☐ No

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

Unit Information

Unit Number: Delete? ☐ Type Unit: ☐ Motor Vehicle in Transport ☐ Hit & Run Vehicle ☐ Illegally Parked ☐ Legally Parked ☐ Non - Motorized ☐ Pedestrian ☐ Pedestrian on Skates, in Wheelchair, etc ☐ Disabled From Previous Crash ☐ Train ☐ Phantom Vehicle

Owner Last Name (If Pedestrian, skip to Form AA 45 3 1): FI: MI: Telephone Number:

Address: City: State: Zip:

VIN: Model Year: Vehicle Make*:

License Plate: Reg. State: Travel Speed: *Refer to List on Back of Overlay

Insurance: ☐ Yes ☐ No ☐ Un-known Insurance Company: Policy No: Insurance Company Phone:

Vehicle Towed: ☐ Yes ☐ No Towed To: Towed By: Tow Agency Phone:

Commercial Vehicle

☐ Yes ☐ No

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

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM

AA 45 8 1

Page:

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- ☐ New
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Continuation
☐ Delete Page

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 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

DuBois

2. INCIDENT NO.

CO4-0691968

3. INVESTIGATING OFFICER

TPR BRYAN

4. NATURE OF INCIDENT

FATAL TRAFFIC ACCIDENT

5. DATE/TIME OF INCIDENT

12/05/01 - 0407

6. LOCATION

SR 80, 109 mm WB., 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 BEAM
OF SR 80. BOTH OCCUPANTS WERE EJECTED AND
WERE LOCATED ON THE NORTH BEAM. ONE OCCUPANT
WAS PRONOUNCED DEAD AT THE SCENE AND THE
OTHER WAS LIFE FLIGHTED. IT IS UNKNOWN WHO
THE OPERATOR WAS AT THE TIME.
THE INVESTIGATION IS CONTINUING.

PAGE 1 OF 1

DUB331-77293 S DUB331-19327 12/05/01 08:23:17 - 12/05/01 (23:17 BZ0RW9YR76CB
SM XPA119 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)

)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)

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

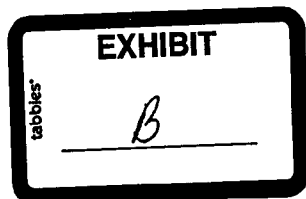
Clerk, Court of Common Pleas of Hamilton Co., Ohio

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

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.

(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)

You are required to attend on the 19th day of May A.D., 2003, at 9:00 o'clock
A.M. at McIntyre, Dugas, Hartve & 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 May, 2003

GREG HARTMANN

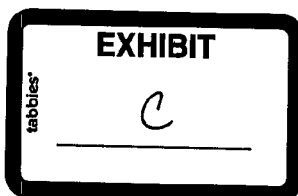
Clerk, Court of Common Pleas of Hamilton Co., Ohio

By: SS 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

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- (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.
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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.
- (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 reasonable 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(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.

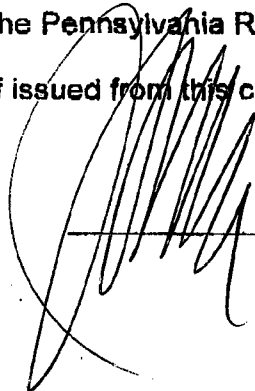
IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

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

Misc. Page
2003- 521- cp

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

APR 14 2003



William A. Shaw
Proprietary

cc
Atty Harrington

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

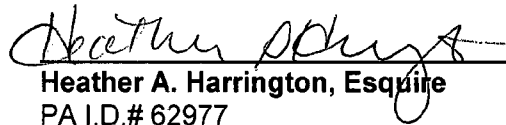
2003 - 521 - CD

**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.

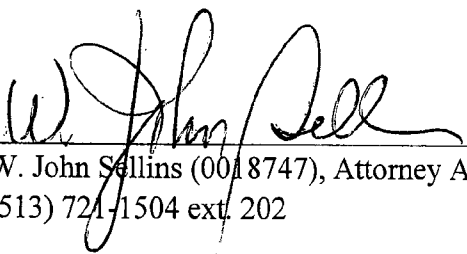
Witness my hand and seal of Court, this 27

Day of Mar, 2003

GREG HARTMANN

Clerk, Court of Common Pleas of Hamilton Co., Ohio

By: EE 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

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;
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CIVIL RULE 45(E) SANCTIONS

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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)

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 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.

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LAW OFFICES
McINTYRE, DUGAS, HARTYE & SCHMITT

JOHN L. McINTYRE
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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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Cincinnati, OH 45202-4359

David A. Shearer, Jr., Esquire
Freund, Freeze & Arnold
Fourth & Walnut Centre
105 East 4th Street, Suite 100
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

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 11 11:25 AM
MAY 28 2003
No cc
cc

William A. Shaw
Prothonotary