

Driver's Accident Report

The official AA600 form can be found at <http://www.dot.state.pa.us/public/PubsForms/Forms/AA-600.pdf>.
 It is suggested to use only the form located from this location or the form may be returned to you.
 FORWARD THIS REPORT WITHIN 5 DAYS TO THE PENNSYLVANIA DEPARTMENT OF TRANSPORTATION,
 BUREAU OF OPERATIONS, P.O. Box 2047, HARRISBURG, PA 17105-2047
 Pennsylvania Vehicle Code, Section 3747 states: All reports are confidential, not available as trial evidence

Date of Accident (Month - Day - Year)		Day of Week	Hour (AM - PM)	Hit-Run: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Was Towing Required? UNIT 1: <input type="checkbox"/> YES <input type="checkbox"/> NO UNIT 2: <input type="checkbox"/> YES <input type="checkbox"/> NO		Number of Vehicles Involved	Number Injured	Number Killed	
LOCATION	County	City / Borough / Township	Street Name		
	Lat (GPS) Long(GPS)	Intersecting Street (If Applicable):	House/Block Number: Closest Street:		
UNIT 1 (ME / MY VEHICLE)	Operator's Name (First, Middle, Last)		Date of Birth	Driver's License Number and State	
	Address (Street, City, State, Zip Code)		Vehicle Plate Number and State		
	Owner's Name (First, Middle, Last)	Owner and Operator are the Same <input type="checkbox"/>	Year	Make Model	
	Address (Street, City, State, Zip Code)		VIN		
	Insurance Information: Company		Policy Number		

USE THE FOLLOWING SECTION TO RECORD VEHICLE NUMBER 2, PEDESTRIAN INFORMATION.
 IF MORE THAN TWO VEHICLES/PEDESTRIANS ARE INVOLVED USE ADDITIONAL REPORT FORMS.

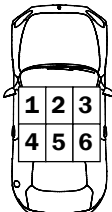
UNIT 2 (OTHER VEHICLE / PEDESTRIAN)	Operator's Name (First, Middle, Last)		Date of Birth	Driver's License Number and State	
	Address (Street, City, State, Zip Code)		Vehicle Plate Number and State		
	Owner's Name (First, Middle, Last)		Year	Make Model	
	Address (Street, City, State, Zip Code)		VIN		
	Insurance Information: Company		Policy Number		

USE THE FOLLOWING SECTION TO RECORD ALL PERSONS INVOLVED IN THE CRASH,
 AS WELL AS THEIR AGE AND SEX, AND ANY INJURIES THAT WERE SUSTAINED.

NAME	DOB	AGE	SEX	VEH. NO.	INJURY TYPE	SEATING POSITION	ACTIVE RESTRAINT	PASSIVE RESTRAINT

- INJURY TYPE**
 0 - NO INJURY
 1 - FATAL INJURY
 2 - SUSPECTED SERIOUS INJURY
 3 - SUSPECTED MINOR INJURY
 4 - POSSIBLE INJURY
 8 - INJURY, UNKNOWN SEVERITY
 9 - UNKNOWN

- SEATING POSITION**
 1 - DRIVER
 2-6 - PASSENGER
 7 - PEDESTRIAN
 8 - OTHER
 9 - UNKNOWN



- ACTIVE RESTRAINT**
 0 - NONE OR PEDESTRIAN
 1 - SHOULDER BELT ONLY
 2 - LAP BELT ONLY
 3 - COMBINATION (SHOULDER & LAP)
 4 - CHILD RESTRAINT
 7 - MOTORCYCLE HELMET
 8 - OTHER
 9 - UNKNOWN

- PASSIVE RESTRAINT**
 0 - NONE OR PEDESTRIAN
 1 - AIRBAG (DEPLOYED)
 2 - AIRBAG (NOT DEPLOYED)
 8 - OTHER
 9 - UNKNOWN

IF UNSURE, DESCRIBE INJURY IN NARRATIVE (SEE PAGE 2)

DRIVERS/ PASSENGERS / PEDESTRIANS

WEATHER (Choose up to two items)

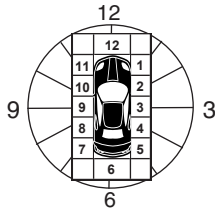
Clear Rain Snow Sleet Fog

ROADWAY (Choose up to two items)

Dry Wet Snow Ice Other _____

IMPACT POINTS:

- 0 = No Collision
- 1 = 1 o'clock
- 2 = 2 o'clock
- 3 = 3 o'clock
- 4 = 4 o'clock
- 5 = 5 o'clock
- 6 = 6 o'clock
- 7 = 7 o'clock
- 8 = 8 o'clock
- 9 = 9 o'clock
- 10 = 10 o'clock
- 11 = 11 o'clock
- 12 = 12 o'clock
- 13 = Top of Vehicle
- 14 = Vehicle Undercarriage
- 15 = Use when the initial impact was with a towed unit (such as utility trailer vehicle, horse van, etc...)
- 99 = Unknown



UNIT 1:

INITIAL IMPACT POINT _____

SPEED LIMIT _____ MPH

ESTIMATED SPEED _____ MPH

UNIT 2:

INITIAL IMPACT POINT _____

SPEED LIMIT _____ MPH

ESTIMATED SPEED _____ MPH

INSTRUCTIONS:

1. Draw Diagram As Clearly As You Can.
2. Show Your Vehicle As Unit 1. Refer to pedestrians and Vehicles as their Unit Number.
3. Label All Streets, Highways, and Landmarks.
4. Draw An Arrow In Circle Below So It Points North.
5. Show House Numbers.

Please note that a diagram is required in order for us to process your form. You may need to print this form and hand draw the diagram portion in order to complete the form.

Indicate North By Arrow



GIVE A DETAILED DESCRIPTION OF THE ACCIDENT IMMEDIATELY PRIOR TO IMPACT, AT IMPACT, AND IMMEDIATELY AFTER IMPACT, REFER TO PEDESTRIANS & VEHICLES BY THEIR UNIT NUMBER.

PLEASE SIGN AND DATE BELOW. THIS FORM CANNOT BE PROCESSED WITHOUT A SIGNATURE.

DRIVER SIGNATURE

X

DATE

Email Address:

Phone # (optional):

POLICE INVESTIGATED: YES NO

If Yes, Name of Police Department:

This Form is to be completed only in the event that the accident was not investigated by a police agency.

The Driver's Accident Report Form is required to be completed by **ALL** drivers involved in motor vehicle traffic accidents occurring within the Commonwealth of Pennsylvania and involves:

- (1) **injury** to or **death** of any person; or
- (2) damage to any vehicle involved to the extent that it cannot be driven under its own power in its customary manner without further damage or hazard to the vehicle, other traffic elements, or the roadway, and therefore requires **towing**.

Section 3747(a) of Title 75, Pennsylvania Consolidated Statutes of the Vehicle Code requires that if a police officer does not investigate an accident required to be investigated by section 3746 (relating to immediate notice of accident to police department), the driver of a vehicle which is in any manner involved in the accident shall, within five days of the accident, forward a written report of the accident to the department.

A form, supplied by the Department of Transportation, has been designed for this purpose. That form is the attached AA-600, **Commonwealth of Pennsylvania Driver's Accident Report**.

The primary objective of this form is to obtain information which can be used to develop accident prevention and reduction programs aimed at reducing accidents and accident losses. In order for these programs to succeed, every attempt must be made to obtain the information for all items listed on the Report Form. Compliance with the following instructions will help to assure that the Report is filled out completely and accurately.

A copy of the completed Accident Report should be retained for your records. There is NO fee to file this report. If copies of THIS submitted form are requested from the Department of Transportation, a fee of \$5.00 per copy will be required to cover our processing costs. **If the Department receives a \$5.00 check with the submission of the report from you, it is assumed that you wish to obtain a date-stamped copy, and one will be sent to you. PLEASE NOTE: Only the driver submitting this form may request a copy. If you prefer to receive your copy via email, please indicate that and provide an email address.**

PLEASE NOTE: PennDOT does not conduct investigations into crashes. Additionally, you will not be sent a response to your form unless it cannot be accepted, is not fully completed, or a copy has been requested. No confirmations of receipt will be provided by PennDOT. If you require confirmation of receipt, it is recommended using certified mail, or requesting a date stamped copy of your submitted report, along with the required remittance.

Please send completed Forms to the following address:

Pennsylvania Department of Transportation
BOO - Crash Unit
P.O. Box 2047
Harrisburg, Pennsylvania 17105-2047

GENERAL INSTRUCTIONS FOR COMPLETING DRIVER'S ACCIDENT REPORT

This form is a PDF fillable form and is the preferred method for completion. If you chose to hand-write the information, please use a ballpoint pen and print all required information. Fill in every block applicable. The Form is self-explanatory. However, the following guidelines should be utilized:

The form must be signed on page 2. We cannot accept a form without a signature. If filling this out electronically, please print and sign after you have completed all fields.

Tow and injury information must be filled out on page 1. We cannot accept a form that does not have these blocks filled out.

Here follows a short list of other circumstances in which we cannot accept your form:

- The date next to the signature on page 2 is missing
- The crash description on page 2 is missing
- The diagram on page 2 is missing
- Page 2 is missing
- Location information is missing (i.e. County, City / Borough / Township, Street, Intersecting Street)
- The crash date is missing or incorrect
- Missing tow/injury information on page 1
- Your vehicle was parked
- Crash occurred out-of-state
- Crash report was submitted by a non-driver (property owner, passenger, pedestrian, not involved in crash, crash submitted by another party on behalf of driver)
- Signature issues

Here follows a short list of reasons why your payment may not be accepted if you are remitting payment for a stamped received copy of your submitted report:

- Cash remitted (we can only accept a check or money order)
- Payment remitted but not signed
- Payment remitted by over/under paid
- Payment remitted without request and/or AA600
- Request copy of report but no payment remitted

1. **For the Accident Location** - - - Be sure to indicate the name of the City, Borough, or Township where the accident occurred as well as the Street name or Highway Route Number. If the accident occurred at an intersection, identify the name of the Street or Highway Route Number of the intersecting Roadway.

If the accident did not occur at an Intersection, please use the nearest Cross Street, Mile Posts, or Segment Markers. Segment Markers are signs erected along the roadside. Where possible, the signs are placed at physical features such as bridges, pipes, or intersections. Mile Posts are generally erected along the roadside of Interstates. Do not use House Numbers, Utility Poles, etc. as reference points.

2. **For the Vehicles, Drivers and Pedestrians** - - - Copy information about drivers and vehicles directly from the official **Driver's License, Vehicle Registration Card, and Proof of Financial Responsibility Card.**

3. **Persons Involved** - - - Record the names and addresses of all occupants (including Drivers) in the vehicles involved and **ALL INVOLVED PEDESTRIANS** regardless of injury severity. Begin with the Driver of Unit 1, then list the other occupants of Unit 1, if any. Repeat the procedure with any other units.

4. **Injury, Seating Position, Safety Restraints** - - - If applicable, select the appropriate codes for all occupants and pedestrians for the type of injury incurred, seating positions of all occupants, and the type of safety device used.

5. **Damage Area of Vehicle** - - - Select the appropriate code for the Initial Impact Point for each vehicle involved. To indicate the impact area, use clock points as shown at the vehicle representation on the back of the report.

6. **Speed Limit and Travel Speed** - - - Enter the speed limit of the roadway at the accident site. If the speed limit is not posted, write NP.

Enter your estimate of the travel speed of each vehicle immediately before the accident.

7. **For the Accident Diagram** - - - The diagram is a visual representation of the accident location and the events that occurred. Show the movement of the vehicles, identify the roadways and be sure to include the North Arrow displayed in the box left of the diagram.
8. **For the Narrative** - - Describe the actions of all involved persons and vehicles before, during and after the collision. Be as factual as possible and use the same Unit Numbers as those on the front of the Report to identify the vehicles and pedestrians. Refer to pedestrians & vehicles by their Unit numbers.

IF MORE THAN TWO (2) VEHICLES ARE INVOLVED, OR ADDITIONAL SPACE IS NEEDED FOR OCCUPANTS, PLEASE USE ANOTHER FORM TO CAPTURE THE REQUIRED INFORMATION. IN THESE CASES, STAPLE REPORTS TOGETHER BEFORE SUBMISSION.