

April 2, 2012

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK**

-----X	
In re	: Chapter 11 Case No.
	: :
MOTORS LIQUIDATION COMPANY, et al., f/k/a General Motors Corp., et al.	: 09-50026 (REG)
	: :
Debtors.	: (Jointly Adminstered)
	: :
-----X	

RESPONSE TO NOTICE OF 269th OMNIBUS OBJECTION TO CLAIMS
(Insufficient Documentation)

To Whom It May Concern:

The Claimant in the aforementioned case:

**Claim # 14448
Margaret Hawley
7 Avenrowe Court
Fairless Hills, PA 19030
(215) 295-5703**

Hereby objects to the request for her claim to be disallowed and expunged for insufficient documentation. Attached is all related documentation supporting her claim, as well as the following statement from the Claimant:

On December 25, 2007, while driving to church on Christmas morning, a car went through a red light at the intersection of Olds Boulevard and Trenton Road and demolished my car. My air bag did not deploy, resulting in severe injuries to my head, neck, chest, back, knee, and foot. I was taken by ambulance to the hospital and spent three years rehabilitating my injuries. I still have not made a full recovery, and the extent of my injuries are a direct result of the airbag malfunctioning.

AA 500 1

Case Closed Yes No
Reportable Crash Yes No

Page **01** **07-17499 P1411756**

Margaret Hawley
7 Avenrowe Ct.
Fairless Hls, PA 19030



Police Agency Data

Incident Number: **07359-100-02** Police Agency: **09208** Patrol Zone: **3**

Agency Name: **FALLS TOP** Precinct: **34E** Investigation Date (MM-DD-YYYY): **12-25-2007**

Dispatch Time (min): **1144** Arrival Time (min): **1150** Investigator: **THOMAS** Badge Number: **100**

Reviewer: **CHRISTOPHER WALK** Badge Number: **00074** Approval Date (MM-DD-YYYY): **12-25-2007**

Crash Data

County: **09** County Name: **BUCKS** Municipality: **208** Municipality Name: **FALLS** Day of Week: Tue Sun Mon Wed Thu Fri Sat Unk

Crash Date (MM-DD-YYYY): **12-25-2007** Crash Time (min): **1144** No of Units: **02** People: **02** Injured: **02** Killed*: **0** *If > 00 complete Form F

Workzone (If Yes, Complete Form M, Section 29) Yes No School Bus Related Yes No School Zone Related Yes No Notify PENNDOT Maintenance Yes No

Loc Type

Intersection Type: 4 Way Intersection "Y" Intersection Multi-Leg Intersection Off Ramp Railroad Crossing *Special Location

Midblock "T" Intersection Traffic Circle/Round About On Ramp Crossover Other

* See Overlay

Principal Road

Route Number: **01** Segment (Optional): **35** Travel Lanes: **01** Speed Limit: **35**

Street Name: **TRENTON** Street Ending: **RD** Orientation: North South East West Unknown

House Number (if applicable): **T**

Route Signing: Interstate (Not Turnpike) Turnpike (East/West) Turnpike Spur State Highway County Road Local Road or Street Private Road Other/Unknown

Intersecting Road

Route Number: **01** Segment (Optional): **25** Travel Lanes: **01** Speed Limit: **25**

Street Name: **WOLDS** Street Ending: **BL** Orientation: North South East West Unknown

Route Signing: Interstate (Not Turnpike) Turnpike (East/West) Turnpike Spur State Highway County Road Local Road or Street Private Road Other/Unknown

Distance From Landmark

Use For Mid-Block Crashes: Please Enter Information for BOTH Landmarks if Using This Option

Landmark 1: Intersecting Rt Num Or Mile Post: **01** Or Segment Marker: **01** Or Intersecting Street Name: **WOLDS** St Ending: **BL** Ramp Use Only: North South East West Feet: **0000** Or Miles: **0.00**

Landmark 2: Intersecting Rt Num Or Mile Post: **01** Or Segment Marker: **01** Or Intersecting Street Name: **WOLDS** St Ending: **BL** Ramp Use Only: North South East West Distance From Crash Scene to Landmark 1 (For Crash between Landmark 1 and Landmark 2): **0000**

GPS

Latitude: **40 00 00** Longitude: **-75 00 00**

TCD

Traffic Control Device: Not Applicable Traffic Signal Yield Sign Police Officer or Flagman Other Type TCD

Flashing Traffic Signal Stop Sign Active IRR Crossing Controls Passive IRR Crossing Controls Unknown

TCD Functioning: No Controls Device Functioning Improperly Emergency Preemptive Signal Device Not Functioning Device Functioning Properly Unknown

Lane Closure

Lane Closed (If "Not Applicable", skip rest of the Lane Closure section): Not Applicable Partially Fully Unknown Lane Closure Direction: North East North and South All (N,S,E,W) South West East and West

Traffic Detoured: Yes No Unknown Est. Time Closed: < 30 Min. 30-60 Min. 1-3 hrs 3-6 hrs 6-9 hrs > 9 hours Unknown

AA 500 2 Police Use Only 07359-10002 Page: 02 P1411756

Unit Info

<input checked="" type="radio"/> Motor Vehicle in Transport	<input type="radio"/> Hit & Run Vehicle	<input type="radio"/> Illegally Parked	<input type="radio"/> Legally Parked	<input type="radio"/> Non-Motorized	Commercial Vehicle <input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, Complete Form C)
<input type="radio"/> Pedestrian	<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	

(If "Pedestrian" or "Pedestrian on Skates, in Wheelchair, etc.", Complete Form M, Section 28)

Vehicle Driver / Pedestrian Information

Unit No: 01 First Name: MILDRED MI: A Date of Birth (MM-DD-YYYY): 17 26 1922

Last Name: BOECKER Telephone Number: 215-547-4167

Address / City / State: 835 Edmond St. Fairless Hills, PA Zip: 19030

Driver License Number: 08973669 State: PA Class: C

Alcohol/Drugs Suspected
 No Alcohol Illegal Drugs Alcohol and Drugs Medication Unknown

Driver or Pedestrian Physical Condition
 Apparently Normal Had Been Drinking Illegal Drug Use Sick Fatigue Asleep Medication Unknown

Alcohol Test Type
 Test Not Given Blood Breath Urine Other Unknown if Test Given

Primary Vehicle Code Violation
Rd 1st Charged? Yes No

Alcohol Test Results
0 Test Refused Test Given, Contaminated Results Unknown Results

Driver Presence
 1-Driver Operated Vehicle 2-No Driver 3-Driver Flew Scene 4-Hit and Run 9-Unknown

Owned/Driver
01 01-Private Vehicle Owned/Leased by Driver 02-Private Vehicle Not Owned/Leased by Driver 03-Rented Vehicle 04-State Police Vehicle 05-FEDDOT Vehicle 06-Other State Gov Veh 07-Municipal Police Veh 08-Other Municipal Government Vehicle 09-Federal Gov Veh 92-Other 99-Unknown

Vehicle Information

Same as Driver: Owner First Name: _____ Owner Last Name or Business Name (If Pedestrian, skip this Section): _____

Address / City / State / Zip: _____ Vehicle Make: Oldsmobile *Make Code: 21

VIN: 1G3NL12E1VK350260 Model Year: 2000 Vehicle Model: Alero (see overlay)

License Plate: DBT0355 Reg. State: PA Est. Speed: _____ Vehicle Towed: Yes No Towed By: Dunc Piscopo

Insurance
 Yes No Unknown Insurance Company: State Fair Policy No: 333 8049-301-38P

Trailing Unit
 No. of Trailing Units: 0 Type Unit: _____

1-Towing Pass. Veh 2-Towing Truck 3-Towing Utility Trailer 4-Mobile/Modular Home 5-Camper 6-Fall Trailer 7-Semi-Trailer 8-Other 9-Unknown

Direction of Travel: E ***Vehicle Position**: 01 ***Movement**: 01 ***See Overlay**: _____

Vehicle Color: 02 06=Yellow 07=Silver 08=Gold 01=Blue 02=Red 03=White 04=Green 05=Black 09=Unknown

Vehicle Type: 01 01-Automobile 02-Motorcycle 03-Bus 04-Small Truck (If "02", Complete Form M, Section 26) (If "20" or "21", Complete Form M, Section 27) 05=Large Truck 06=SUV 07=Van 08=Snowmobile 09=Farm Equip 10=Construction Equip 11=ATV 12=Other Type Spec Veh 13=Unk. Type Spec Veh 20=Unicycle, Bicycle, Tricycle 21=Other Pedalyce 22=Horse & Buggy 23=Horse & Rider 24=Train 25=Trolley 26=Other 27=Unknown

Special Usage: 00 00=Not Applicable 01=Fire Veh 02=Ambulance 03=Police 04=Other Emergency Vehicle 05=Public Transport 12=Commercial Passenger Carrier 13=Taxi 14=Tractor Trailer 15=Twin Trailer 16=Triple Trailer 17=Modified Veh 18=Unknown

Initial Impact Point: 09 00=Non-Collision 01-12=Clock Points 13=Top 14=Undercarriage 15=Towed Unit 99=Unknown

Damage Indicator: 3 0=None 1=Minor 2=Functional 3=Severe 9=Unknown

Gradient: 1 1=Level 2=Uphill 3=Downhill 4=Bottom of Hill 5=Top of Hill 9=Unknown

Road Alignment: 1 1=Straight 2=Curved 9=Unknown

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Unit Info	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"/>		Commercial Vehicle <input type="checkbox"/>	
	Pedestrian <input type="checkbox"/>		Pedestrian on Streets, in Wheelchair, etc. <input type="checkbox"/>		Disabled from Previous Crash <input type="checkbox"/>		Train <input type="checkbox"/>		Phantom Vehicle <input type="checkbox"/>		(If Yes, Complete Form C)			
	<i>(If "Pedestrian" or "Pedestrian on Streets, in Wheelchair, etc", Complete Form M, Section 28)</i>													
	Unit No. 01		First Name MARGARET				MI VA		Date of Birth (MM-DD-YYYY) 08 07 1936					
	Delete? <input type="checkbox"/>		Last Name HAWLEY				Telephone Number 215-295-5703							
	Address / City / State 7 Avenue Ct. Fearless Hills, PA										Zip 19030			
	Driver License Number 20063983								State PA		Class C			
	Alcohol/Drugs Suspected						Driver or Pedestrian Physical Condition							
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Alcohol <input type="checkbox"/> Illegal Drugs <input type="checkbox"/> Alcohol and Drugs <input type="checkbox"/> Medication <input type="checkbox"/> Unknown						<input checked="" type="checkbox"/> Apparently Normal <input type="checkbox"/> Had Been Drinking <input type="checkbox"/> Illegal Drug Use <input type="checkbox"/> Sick <input type="checkbox"/> Fatigue <input type="checkbox"/> Asleep <input type="checkbox"/> Medication <input type="checkbox"/> Unknown							
	Alcohol Test Type						Primary Vehicle Code Violation							
	<input checked="" type="checkbox"/> Test Not Given <input type="checkbox"/> Blood <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Other <input type="checkbox"/> Unknown or Test Given						N/A <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Charged?							
	Alcohol Test Results						Driver Presence							
<input type="checkbox"/> Test Refused <input type="checkbox"/> Test Given, Contaminated Results <input type="checkbox"/> Unknown Results						<input checked="" type="checkbox"/> 1-Driver Operated Vehicle <input type="checkbox"/> 2-No Driver <input type="checkbox"/> 3-Driver Fled Scene <input type="checkbox"/> 4-Hit and Run <input type="checkbox"/> 9-Unknown 1								
Owned/Driver														
<input type="checkbox"/> 00-Not Applicable <input type="checkbox"/> 01-Private Vehicle Owned/Leased by Driver <input type="checkbox"/> 02-Private Vehicle Not Owned/Leased by Driver <input type="checkbox"/> 03-Rented Vehicle <input type="checkbox"/> 04-State Police Vehicle <input type="checkbox"/> 05-FBI/DPOT Vehicle <input type="checkbox"/> 06-Other State Gov Veh <input type="checkbox"/> 07-Municipal Police Veh <input type="checkbox"/> 08-Other Municipal Government Vehicle <input type="checkbox"/> 09-Federal Gov Veh <input type="checkbox"/> 99-Other Unknown 01														

Vehicle Information	Same as Driver <input checked="" type="checkbox"/>				Owner First Name				Owner Last Name or Business Name (If Pedestrian, skip this Section)							
	Address / City / State / Zip								Vehicle Make Chrysler		*Make Code 20					
	VIN 2G1WF52E5Y9115766						Model Year 2000		Vehicle Model Impact							
	License Plate DZ 22534				Reg. State PA		Est. Speed		Vehicle Towed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
	Towed By DAVE PISCOP															
	Insurance <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Insurance Company Allstate				Policy No 583 87 87									
	Trailing Unit No. of Trailing Units 0		Type Unit		1-Towing Pass. Veh		4-Mobile/Modular Home		7-Semi-Trailer		Tag No		Tag Year		Tag St	
	2-Towing Truck		3-Towing Utility Trailer		5-Camper		6-Full Trailer		8-Other		9-Unknown					

Vehicle Information	Direction of Travel S		*Vehicle Position 01		*Movement 01		*See Overlay		Special Usage 00						
	Vehicle Color 12		Vehicle Type 01		05-Large Truck		20-Unicycle, Bicycle, Tricycle		00-Not Applicable				12-Commercial Passenger Carrier		
	06-Yellow		01-Automobile		06-SUV		21-Other Pedalcycle		01-Fire Veh				13-Taxi		
	07-Silver		02-Motorcycle		07-Van		22-Horse & Buggy		02-Ambulance				14-Tractor Trailer		
	08-Gold		03-Bus		10-Snowmobile		23-Horse & Rider		03-Police				22-Twin Trailer		
	09-Blue		04-Small Truck		11-Farm Equip		24-Train		08-Other Emergency Vehicle				23-Trip Trailer		
10-Red		<i>(If "02", Complete Form M, Section 26)</i>		12-Construction Equip		25-Trolley		11-Pupil Transport				31-Modified Veh			
11-White		<i>(If "20" or "21", Complete Form M, Section 27)</i>		13-ATV		26-Other						99-Unknown			
12-Other				18-Other Type Spec. Veh		98-Other									
13-Black				19-Light Type Spec Veh		99-Unknown									
Initial Impact Point 12				Damage Indicator 3				Gradient 1				Road Alignment 1			
00-Non-Collision				0-None 2-Functional				3-Downhill				1-Straight			
01-12-Clock Points				1-Minor 3-Disabling				4-Bottom of Hill				2-Curved			
13-Top				9-Unknown				5-Top of Hill				9-Unknown			

AA 500 3

Police Use Only
07359-100-02

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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
 8=Injury, Link Severity
 9=Unknown if Injury

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 (Back Of Pickup, Etc.)
 12=In Open Area (Back Of Pickup, Etc.)
 13=Trailing Unit
 14=Riding On Vehicle Exterior
 15=Bus Passenger
 99=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
 99=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
 10=Air Bag Not Deployed, Switch On
 11=Air Bag Not Deployed, Switch Off
 12=Air Bag Not Deployed, Link 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 Ejection:
 0=Not Applicable
 1=Not Extricated
 2=Extricated By Mechanical Means
 3=Extricated By Non - Mechanical Means
 9=Other
 9=Unknown

EMS Agency: Merritt

Medical Facility: St. Mary's

Unit No: 01 Person No: 01 Delete?: Date of Birth (MM-DD-YYYY): 12-26-1922 A B C D E F G H I
 1 F 8 0 1 9 9 0 0 0 0

Name / Address / Phone

Same as Operator:

EMS Transport: Yes No

Unit No: 02 Person No: 01 Delete?: Date of Birth (MM-DD-YYYY): 08-07-1936 A B C D E F G H I
 1 F 8 0 1 9 9 0 0 0 0

Name / Address / Phone

Same as Operator:

EMS Transport: Yes No

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

Name / Address / Phone

Same as Operator:

EMS Transport: Yes No

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

Name / Address / Phone

Same as Operator:

EMS Transport: Yes No

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

Name / Address / Phone

Same as Operator:

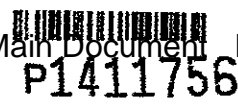
EMS Transport: Yes No

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

Name / Address / Phone

Same as Operator:

EMS Transport: Yes No



General Crash Information <small>If more than 2 units, only complete first</small>	Crash Description	9	1-Non-Collision 1-Rear End	2-Head On 3-Rear to Rear (Backing)	4-Angle 5-Sideswipe (Same Direction)	6-Sideswipe (Opposite Direction) 7-Hit Fixed Object	8-Hit Pedestrian 9-Other/Unknown
	Relation to Roadway	1	1-On Travel Lanes 2-Shoulder	3-Median 4-Roadside	5-Outside Trafficway 6-In Parking Lane	7-Core (Ramp Intersection) 8-Unknown	
	 Illumination	1	1-Daylight 2-Dark - No Street Lights	3-Dark - Street Lights 4-Dusk	5-Dawn 6-Dark - Unknown Roadway Lighting	8-Other	
	Weather Conditions	1	1-No Adverse Conditions 2-Rain	3-Sleet (Hail) 4-Snow	5-Fog 6-Rain & Fog	7-Sleet & Fog 8-Other	9-Unknown
	Road Surface Conditions	0	0-Dry 1-Wet	2-Sand, Mud, Dirt, Oil 3-Snow Covered	4-Slush 5-Ice	6-Ice Patches 7-Water - Standing or Moving	8-Other

Unit No	Harm Event	L/R	Most?	Utility Pole Number
1	12	L	<input type="checkbox"/>	
2	27	R	<input type="checkbox"/>	
3			<input type="checkbox"/>	
4			<input type="checkbox"/>	

Please Put Events in Sequential Order

Unit No	Harm Event	L/R	Most?	Utility Pole Number
1	01		<input type="checkbox"/>	
2			<input type="checkbox"/>	
3			<input type="checkbox"/>	
4			<input type="checkbox"/>	

Please Put Events in Sequential Order

- Harmful Events (Harm Event)**
- 01-Hit Unit 1
 - 02-Hit Unit 2
 - 03-Hit Unit 3
 - 04-Hit Unit 4
 - 05-Hit Unit 5
 - 06-Hit Other Traffic Unit
 - 07-Hit Deer
 - 08-Hit Other Animal
 - 09-Collision With Other Non-Fixed Object
 - 10-Struck By Unit 1
 - 11-Struck By Unit 2
 - 12-Struck By Unit 3
 - 13-Struck By Unit 4
 - 14-Struck By Unit 5
 - 15-Struck By Other Traffic Unit
 - 16-Hit Tree Or Shrubbery
 - 17-Hit Embankment
 - 18-Hit Utility Pole
 - 19-Hit Traffic Sign
 - 20-Hit Guard Rail
 - 21-Hit Guard Rail End
 - 22-Hit Curb
 - 23-Hit Concrete Or Structural Barrier
 - 24-Hit Driveway
 - 30-Hit Fence Or Wall
 - 31-Hit Building
 - 32-Hit Culvert
 - 33-Hit Bridge Pier Or Abutment
 - 34-Hit Parallel Road
 - 35-Hit Bridge Rail
 - 36-Hit Boulder Or Obstacle On Roadway
 - 37-Hit Impact Attenuator
 - 38-Hit Fire Hydrant
 - 39-Hit Roadway Equipment
 - 40-Hit Mail Box
 - 41-Hit Traffic Island
 - 42-Hit Snow Bank
 - 43-Hit Temporary Construction Barrier
 - 48-Hit Other Fixed Object
 - 49-Hit Unknown Fixed Object
 - 50-Overturn/Roll Over
 - 51-Struck By Thrown Or Falling Object
 - 52-Pot Holes Or Other Pavement Irregularities
 - 53-Inclement
 - 54-Fire In Vehicle
 - 58-Other Near-Collision
 - 99-Unknown Harmful Event

Unit No	Harm Event	Most Harmful Event in the Crash
02	01	

Do not repeat this information on multiple pages

Unit No	Harm Event	Most Harmful Event in the Crash
02	01	

Do not repeat this information on multiple pages

Unit No	Harm Event	Most Harmful Event in the Crash
02	01	

Do not repeat this information on multiple pages

Unit No	Harm Event	Most Harmful Event in the Crash
02	01	

Do not repeat this information on multiple pages

Indicated Prime Factor

Do not repeat this information on multiple pages.

E/R V D F

Unit No 01 Factor Code 09

If E/R is the Prime Factor type, leave Unit No Blank

Unit No	Harm Event	Most Harmful Event in the Crash
01	09	
02	00	

Unit No	Harm Event	Most Harmful Event in the Crash
01	00	
02	00	

- Driver Action (D)**
- 00-No Contributing Action
 - 01-Driver Was Distracted
 - 02-Driving Using Hand Held Phone
 - 03-Driving Using Hands free Phone
 - 04-Making Illegal U-Turn
 - 05-Improper/Careless Turning
 - 06-Turning From Wrong Lane
 - 07-Proceeding W/O Clearance After Stop
 - 08-Running Stop Sign
 - 09-Running Red Light
 - 10-Failure To Respond To Other Traffic Control Device
 - 11-Yielding
 - 12-Sudden Slowing/Stopping
 - 13-Illegally Stopped On Road
 - 14-Careless Passing Or Lane Change
 - 15-Passing In No Passing Zone
 - 16-Driving The Wrong Way On 1-Way Street
 - 17-Careless Or Illegal Backing On Roadway
 - 18-Driving On The Wrong Side Of Road
 - 19-Making Improper Entrance To Highway
 - 20-Making Improper Exit From Highway
 - 21-Careless Parking/Unparking
 - 22-Over/Under Compensation At Curve
 - 23-Speeding
 - 24-Driving Too Fast For Conditions
 - 25-Failure To Maintain Proper Speed
 - 26-Driver Fleeing Police (Pch Chase)
 - 27-Driver inexperienced
 - 28-Failure To Use Specialized Equip
 - 92-Affected By Physical Condition
 - 98-Other Improper Driving Actions
 - 99-Unknown

- Pedestrian Action (P)**
- 00-None
 - 01-Entering Or Crossing At Specified Location
 - 02-Walking, Running, Jogging, Or Playing
 - 03-Working
 - 04-Pushing Vehicle
 - 05-Approaching Or Leaving Vehicle
 - 06-Working On Vehicle
 - 07-Standing
 - 98-Other
 - 99-Unknown

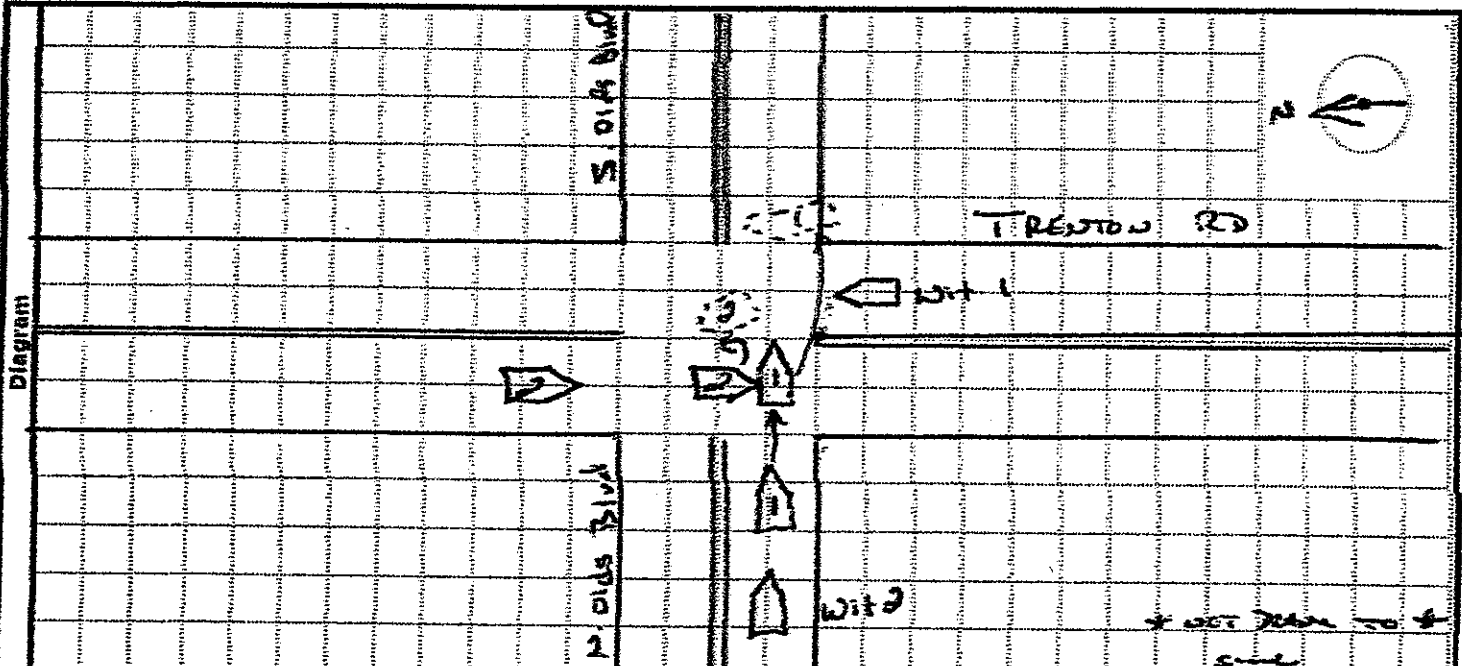
AA 500 5

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 07359-100-02

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P1411756

Crash Number



Witness Name	Address	Phone
1 Bill Mohr	350 Trenton Rd. Fairless Hills, Pa. 19030	215-547-6693
2 Christina Nicols	323 Trenton Rd Fairless Hills, Pa. 19030	215-267-825-3607

Narrative and additional witnesses: Accident Investigation Notification Issued? Property Damage

Unit 1 states she does not recall what happened, just that she was hit.

Unit 2 states that she was driving SB on Trenton Rd. Her light was green & when she was entering the intersection Unit 1 came from the right through the red light.

Wit 1 stated that he was at the intersection on Trenton Rd N Olds Blvd. The light on N Olds / S Olds was red. The opposite direction of Trenton Rd. had the green light / arrow. Unit 2 was traveling on Trenton Rd. approaching the intersection. Unit 1 was traveling on N Olds toward Trenton Rd. Unit 1 went through the red light & Unit 2 struck Unit 1.

Wit 2 stated she was driving a bit behind Unit 1. She states that she was slowing up for the red light on N Old Blvd. & Unit 1 went through the light.

Date & Time: Dec-27-2007 02:32pm
 Tel line : +21542812011
 Machine ID : WACHOWIA

Job number : 907
 Date & Time : Dec-27 02:30pm
 To : 918667434827
 Number of pages : 006
 Start time : Dec-27 02:30pm
 End time : Dec-27 02:32pm
 Pages sent : 006
 Status : OK

Job number : 907

*** SEND SUCCESSFUL ***

COMMONWEALTH OF PENNSYLVANIA POLICE CRASH REPORTING FORM										
AA 500 1		Case Closed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Reportable Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Page 01		Crash Number 07-17499 P1411756		
Police Agency Data	Incident Number 07357-100-00				Police Agency 09208		Patrol Zone 5		Investigation Date (MM-DD-YYYY) 12-25-2007	
	Agency Name PAES TPO				Precinct 34B		Investigator T HARRIS		Badge Number 100	
	Dispatch Time (mm) 1154		Arrival Time (mm) 1150		Reviewer CHRISTOPHER DAVE		Badge Number 00074		Approval Date (MM-DD-YYYY) 12-25-2007	
County Data	County 09		County Name BERKS		Municipality 208		Municipality Name PAES		Type of Week <input type="checkbox"/> Sun <input type="checkbox"/> Thu <input type="checkbox"/> Mon <input type="checkbox"/> Fri <input type="checkbox"/> Tue <input type="checkbox"/> Sat <input type="checkbox"/> Wed <input type="checkbox"/> Unk	
	Crash Date (MM-DD-YYYY) 12-25-2007		Crash Time (mm) 1144		No of Units 02		People 02		Injured 02	
Type	Intersection Type <input checked="" type="checkbox"/> 4 Way Intersection <input type="checkbox"/> Y Intersection <input type="checkbox"/> Multi-Leg Intersection <input type="checkbox"/> Off Ramp <input type="checkbox"/> Railroad Crossing				School Bus <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		School Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Verify PED/BICYC/Maintenance <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Route Number Segment (Optional) Travel Lanes Speed Limit				Principal Road		Street Ending		House Number (if applicable)	
Principal Road	Street Name TRENTON				Street Ending 07		Orientation 00 North 01 South 02 East 03 West 04 Unknown		For Mid-block crashes only. Use principal roadway street name if filed in if using this option	
	Route Starting <input type="checkbox"/> Interstate (Not Turnpike) <input type="checkbox"/> Turnpike (East/West) <input type="checkbox"/> Turnpike Spur <input type="checkbox"/> State Highway <input type="checkbox"/> County Road <input checked="" type="checkbox"/> Local Road or Street <input type="checkbox"/> Private Road <input type="checkbox"/> Other/Unknown				Route Number Segment (Optional) Travel Lanes Speed Limit		Street Name WOLDS		Street Ending 02	
Distance From Landmark	Please Enter Information for BOTH Landmarks if Using This Option				Landmark 1		Landmark 2		Distance From Crash Scene to Landmark 1 (For Crash between Landmark 1 and Landmark 2)	
	Intersecting Rt Num Or Mile Post Or Segment Marker				St Ending		St Ending		Feet Or Miles	
GPS	Latitude: Degrees Minutes Seconds				Longitude: Degrees Minutes Seconds					
	Traffic Control Device <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Traffic Signal <input type="checkbox"/> Yield Sign <input type="checkbox"/> Police Officer or Flagman <input type="checkbox"/> Active RR Crossing <input type="checkbox"/> Other Type TCD				TCD Functioning <input type="checkbox"/> No Controls <input type="checkbox"/> Device Not Functioning		Device Functioning Properly <input checked="" type="checkbox"/> Device Functioning Improperly		Emergency Preemptive Signal <input type="checkbox"/> Unknown	
Lane Closure	Lane Closed (If "Not Applicable", skip rest of the Lane Closure section) <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Partially <input type="checkbox"/> Fully				Lane Closure Direction <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> North and South <input type="checkbox"/> East and West <input checked="" type="checkbox"/> All (N,S,E,W)					
	Traffic Detained <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				Est. Time Closed <input type="checkbox"/> < 30 Min. <input checked="" type="checkbox"/> 30-60 Min. <input type="checkbox"/> 1-3 hrs <input type="checkbox"/> 3-6 hrs <input type="checkbox"/> 6-9 hrs <input type="checkbox"/> > 9 hours <input type="checkbox"/> Unknown					