

3711

Philadelphia Non-Reportable Accident Report

The Pennsylvania Motor Vehicle Code defines a Non-Reportable accident as an accident where no injuries occurred and no vehicle towing required.

Change/Continuation

1. INVESTIGATING OFFICER <i>Southern</i>	2. BADGE NO. <i>2183</i>	3. DISTRICT/UNIT <i>2nd</i>	4. SUPERVISOR'S NAME / BADGE <i>C/pt 8177</i>	SHEET <i>1</i> OF <i>2</i>
5. DATE OF ACCIDENT <i>11/6/16</i>	6. TIME OF ACCIDENT <i>5:10 AM</i>	7. DATE OF REPORT <i>11/6/17</i>	8. DC NO. <i>16 - 0 - 4511</i>	

9. LOCATION: Principal Road *Algeo* (nearest) Intersecting Road: *Forbes*
 Exact Address *7600 Algeo*

10. TYPE OF ACCIDENT (CHECK THE APPROPRIATE BOXES)
 City Vehicle Auto Motorcycle Truck Property Damage Pedestrian Other
 UNIT #1

11. BEFORE THE ACCIDENT VEHICLE/PEDESTRIAN WAS:
 Straight Turning Stopped Parked Heading: N S E W on (street)

12. TRAFFIC CONTROLS: 2-way stop 4-way stop Traffic Light Yield Other

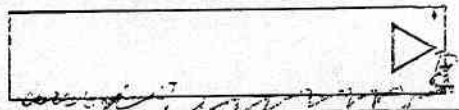
OPERATOR #1: 13. NAME *Rashed Spunking* 14. ADDRESS *4430 Chestnut* 15. TELEPHONE NO. *215-552-3884*
 16. DOB *3/26/17* 17. LICENSE STATE *PA* 18. OPERATOR NO. *25 498 856*

OWNER #1: 19. SAME AS OPER. 20. NAME _____ 21. ADDRESS _____ 22. TELEPHONE NO. _____

Passengers: 23. NAME _____ 24. ADDRESS: (NO., STREET, STATE, ZIP CODE) _____ 25. TELEPHONE NO. _____

Vehicle: 26. YEAR *2008* 27. MAKE *Chev* 28. MODEL *Traverse* 29. COLOR *silver* 30. TYPE *SUV* 31. VIN NO. *1GNEU130X9S166832*
 32. REGISTRATION YEAR *8/17* 33. LICENSE PLATE STATE *PA* 34. LICENSE PLATE NO. *JFM-6225*

35. INSURANCE COMPANY *MetLife Ins Service Corp* 36. POLICY NO. *13MCC025556270*

37. DAMAGE (DESCRIPTION): *damage on side of vehicle. Don't remember how far to*
 Place an X on the location of the vehicle's damage: 

38. BEFORE THE ACCIDENT VEHICLE/PEDESTRIAN WAS:
 Straight Turning Stopped Parked Heading: N S E W on (street)

39. TRAFFIC CONTROLS: 2 way stop 4 way stop Traffic Light Yield Other

OPERATOR #2: 40. NAME _____ 41. ADDRESS _____ 42. TELEPHONE NO. _____
 43. DOB _____ 44. LICENSE STATE _____ 45. OPERATOR NO. _____

OWNER #2: 46. SAME AS OPER. 47. NAME *Ms LEC SBA* 48. ADDRESS *105 Eberhard Hallway PA* 49. TELEPHONE NO. _____
Carman Anderson

Passengers: 50. NAME _____ 51. ADDRESS: (NO., STREET, STATE, ZIP CODE) _____ 52. TELEPHONE NO. _____

Vehicle: 53. YEAR *2017* 54. MAKE *Ford* 55. MODEL *F150* 56. COLOR *silver* 57. TYPE *TRK* 58. VIN NO. _____
 59. REGISTRATION YEAR *2-28-17* 60. LICENSE PLATE STATE *PA* 61. LICENSE PLATE NO. *K20-352K*

62. INSURANCE COMPANY *unk* 63. POLICY NO. *unk*

64. DAMAGE (DESCRIPTION): *Don't know*
 Place an X on the location of the vehicle's damage: 