

PERSONAL DELIVERY DEVICE (PDD) ACCIDENT REPORT

The authorized entity shall email the following information within 24 hours of an accident involving any of the authorized entity's personal delivery devices that resulted in bodily injury, death or damage to property per 75 Pa. C.S. § 8513 (b)(4) to the Pennsylvania Department of Transportation, Office of Transformational Technologies at PDD@pa.gov.

A SUBMITTER INFORMATION		
Full Name:		
Authorized Entity Name:		
Mailing Address:		
City:	State:	Zip Code:
Phone:	Email:	Date:
B ACCIDENT INFORMATION		
Date of Accident (MM/DD/YYYY):	Approximate Time of Crash:	PDD Unique ID:
Municipality where the crash occurred:		
Approximate location where the crash occurred:		
Reason for Reporting (Check all that apply): <input type="checkbox"/> Crash resulted in a fatality <input type="checkbox"/> Crash resulted in bodily injury <input type="checkbox"/> Crash resulted in property damage	Parties involved in the crash (Check all that apply): <input type="checkbox"/> Vehicles <input type="checkbox"/> Pedestrians <input type="checkbox"/> Wheelchairs <input type="checkbox"/> Other PPDs <input type="checkbox"/> Pedalcycles <input type="checkbox"/> Other: _____	
Location where the PDD was operating when the crash occurred: <input type="checkbox"/> Pedestrian Area <input type="checkbox"/> Shoulder or Berm of a Roadway <input type="checkbox"/> Roadway <input type="checkbox"/> Other: _____	Status of the PDD when the crash occurred: <input type="checkbox"/> Autonomous Operations <input type="checkbox"/> Remote Operations	
Any addition information that the authorized entity wishes to share:		
<p style="text-align: center;">Per 75 Pa. C.S. § 8514 (b)(3), PennDOT reserves the right to request additional information or records.</p>		