PENNSYLVANIA TURNPIKE COMMISSION
COMPLAINT REPORT FOR DAMAGES

1. _____
   Name of Person making complaint Address Telephone #

2. Date of accident _____Time_____(AM) (PM) Direction of travel _____

3. Location of accident (Include milepost)_____City_____

4. How did accident happen? Give full account. _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____

5. Weather _____Road Conditions _____

6. _____
   Name of Owner of vehicle or property Address Telephone #

7. Name and address of owner's insurance company_____Policy #_____

8. Describe nature of damage_____Amount of claim_$_____

9. Description of Damaged Property (Type, Model, Etc.)_____Year_____

10. If Vehicle – License Plate No._____Vehicle Identification No._____State_____

11. Name and address of driver._____

12. Were you or anyone else injured?_____ If yes, provide names and extent of injuries _____
    _____
    _____

13. Was there a Police investigation?_____If yes, give Police Report No._____

14. Was this reported to Turnpike Employees?_____If yes, give names and location _____
    _____
    _____

15. Were there any witnesses? ____ If yes, provide names and addresses_____
    _____
    _____

"Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties."

Signature of Claimant_____Date_____

Mail to:
Pennsylvania Turnpike Commission
Attn: Risk Management Dept.
P. O. Box 67676
Harrisburg, PA 17106
or Fax to: 717-986-8785

BE SURE TO ATTACH ESTIMATES OR REPAIR BILLS

Use reverse side for further comments