



**PEDESTRIAN SIR-HIGHWAY ACCIDENT BRIEF**

**Attachment 1 - Fairfax County Police Crash Report**

**Falls Church, VA (2)**

**HWY16SH013**

(12 pages)



Police Crash Report

Revised Report

Page 1 of 6

<b>CRASH</b>				GPS Lat. 38.8663626770768	GPS Long. 77.1948665340638
Crash Date	MM 06	DD 04	YYYY 2016	Day of Week SAT	MILITARY Time (24 hr clock) 2218
County of Crash FAIRFAX COUNTY			Official DMV Use		
City of Town of			Landmarks at Scene NE CURB TANGENT		
Location of Crash (route/street) GRAHAM RD				Railroad Crossing ID no. (if within 150 ft.)	
Location of Crash (route/street) At Intersection With or <u>369</u> <input type="checkbox"/> Miles <input checked="" type="checkbox"/> Feet <input type="radio"/> N <input checked="" type="radio"/> S <input type="radio"/> E <input type="radio"/> W of <u>ARLINGTON BLVD</u>				Local Case Number 2016-1570020	
				Mile Marker Number	
				Number of Vehicles 1	

<b>VEHICLE # 1</b>					
<b>DRIVER</b>					
Driver's Name (Last, First, Middle) GIRON CHAVEZ, LUIS ALBERTO					Gender <input checked="" type="radio"/> M <input type="radio"/> F
Address (Street and Number)					
City FALLS CHURCH		State VA	ZIP 22042		
Birth Date	Drivers License Number		State VA	DL <input checked="" type="radio"/> N <input type="radio"/> Y	CDL <input type="radio"/> Y <input checked="" type="radio"/> N
Safety Equip. Used 3	Air Bag 2	Ejected 1	Date of Death	Injury Type 6	EMS Transport <input type="radio"/> Y <input checked="" type="radio"/> N
Summons Issued As Result of Crash 2	Offenses Charged to Driver				

<b>VEHICLE #</b>					
<b>DRIVER</b>					
Driver's Name (Last, First, Middle)					Gender <input type="radio"/> M <input type="radio"/> F
Address (Street and Number)					
City		State	ZIP		
Birth Date	Drivers License Number		State	DL <input type="radio"/> Y <input type="radio"/> N	CDL <input type="radio"/> Y <input type="radio"/> N
Safety Equip. Used	Air Bag	Ejected	Date of Death	Injury Type	EMS Transport <input type="radio"/> Y <input type="radio"/> N
Summons Issued As Result of Crash	Offenses Charged to Driver				

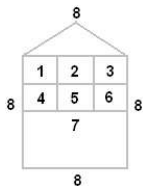
<b>VEHICLE</b>					
Vehicle Owner's Name (Last, First, Middle) GIRON CHAVES, LUIS ALBERTO					Same as Driver <input type="radio"/>
Address (Street and Number)					
City FALLS CHURCH		State VA	ZIP 22042		
Vehicle Year 2006	Vehicle Make FORD	Vehicle Model F250 SUPERCAB	Disabled <input type="radio"/>	CMV <input type="radio"/>	Towed <input type="radio"/>
Vehicle Plate Number		State VA	Approximate Repair Cost		
VIN 1FTWW31P46E			<input type="radio"/> Oversize <input type="radio"/> Cargo spill		
Name of Insurance Company (not agent) UNKNOWN					
Speed Before Crash 25	Speed Limit 35	Maximum Safe Speed 35	ALL Passengers Age Count Under 8 8-17 18-21 Over 21		

<b>VEHICLE</b>					
Vehicle Owner's Name (Last, First, Middle)					Same as Driver <input type="radio"/>
Address (Street and Number)					
City		State	ZIP		
Vehicle Year	Vehicle Make	Vehicle Model	Disabled <input type="radio"/>	CMV <input type="radio"/>	Towed <input type="radio"/>
Vehicle Plate Number		State	Approximate Repair Cost		
VIN			<input type="radio"/> Oversize <input type="radio"/> Cargo spill		
Name of Insurance Company (not agent)					
Speed Before Crash	Speed Limit	Maximum Safe Speed	ALL Passengers Age Count Under 8 8-17 18-21 Over 21		

<b>PASSENGER (only if injured or killed)</b>						
Name of Injured (Last, First, Middle)					EMS Transport <input type="radio"/> Y <input type="radio"/> N	Date of Death
Position In/On Vehicle	Safety Equip Used	Airbag	Ejected	Injury Type	Birthdate	Gender <input type="radio"/> M <input type="radio"/> F
Name of Injured (Last, First, Middle)					EMS Transport <input type="radio"/> Y <input type="radio"/> N	Date of Death
Position In/On Vehicle	Safety Equip Used	Airbag	Ejected	Injury Type	Birthdate	Gender <input type="radio"/> M <input type="radio"/> F
Name of Injured (Last, First, Middle)					EMS Transport <input type="radio"/> Y <input type="radio"/> N	Date of Death
Position In/On Vehicle	Safety Equip Used	Airbag	Ejected	Injury Type	Birthdate	Gender <input type="radio"/> M <input type="radio"/> F

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Position In/On Vehicle	Safety Equip Used	Airbag	Ejected	Injury Type	Birthdate	Gender <input type="radio"/> M <input type="radio"/> F

Codes



POSITION IN/ON VEHICLE

- 1. Driver
- 2-6. Passengers
- 7. Cargo Area
- 8. Riding/Hanging On Outside
- 9-98. All Other Passengers

SAFETY EQUIPMENT USED

- 1. Lap Belt Only
- 2. Shoulder Belt Only
- 3. Lap and Shoulder Belt
- 4. Child Restraint
- 5. Helmet
- 6. Other
- 7. Booster Seat
- 8. No Restraint Used
- 9. Not Applicable

AIRBAG

- 1. Deployed - Front
- 2. Not Deployed
- 3. Unavailable/Not Applicable
- 4. Keyed Off
- 5. Unknown
- 6. Deployed - Side
- 7. Deployed - Other (Knee, Air Belt, etc.)
- 8. Deployed - Combination

EJECTED FROM VEHICLE

- 1. Not Ejected
  - 2. Partially Ejected
  - 3. Totally Ejected
- SUMMONS ISSUED AS A RESULT OF CRASH
- 1. Yes
  - 2. No
  - 3. Pending

INJURY TYPE

- 1. Dead Before Report Made
- 2. Visible Signs of Injury, as Bleeding Wound or Distorted Member or Hand to be Carried From Scene.
- 3. Other Visible Injury, as Bruises, Abrasions, Swelling, Limping, etc.
- 4. No Visible Injury, But Complaint of Pain, or Momentary Unconsciousness.
- 6. No Injury (driver only)

Officer's Name (Last, First, Middle) TAITANO, GENE MICHAEL	Badge or Code Number 301624	Agency/Department Name and Code FAIRFAX COUNTY POLICE	Reviewing Officer	Report File Date 06 04 2016
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# Police Crash Report



Revised Report

## CRASH

Crash Date	MM DD YYYY	MILITARY Time (24 hr clock)	County of Crash	<input type="radio"/> City of <input type="radio"/> Town of	Local Case Number
06	04	2016	2218	FAIRFAX COUNTY	2016-1570020

### DRIVER INFORMATION

Veh	Veh	Driver's Action	P1
1		<input type="radio"/> 1. No Improper Action	
		<input type="radio"/> 2. Exceeded Speed Limit	
		<input type="radio"/> 3. Exceeded Safe Speed But Not Speed Limit	
		<input type="radio"/> 4. Overtaking On Hill	
		<input type="radio"/> 5. Overtaking On Curve	
		<input type="radio"/> 6. Overtaking at Intersection	
		<input type="radio"/> 7. Improper Passing of School Bus	
		<input type="radio"/> 8. Cutting In	
		<input type="radio"/> 9. Other Improper Passing	
		<input type="radio"/> 10. Wrong Side of Road - Not Overtaking	
		<input type="radio"/> 11. Did Not Have Right-of-Way	
		<input type="radio"/> 12. Following Too Close	
		<input type="radio"/> 13. Fail to Signal or Improper Signal	
		<input type="radio"/> 14. Improper Turn - Wide Right Turn	
		<input type="radio"/> 15. Improper Turn - Cut Corner on Left Turn	
		<input type="radio"/> 16. Improper Turn From Wrong Lane	
		<input type="radio"/> 17. Other Improper Turn	
		<input type="radio"/> 18. Improper Backing	
		<input type="radio"/> 19. Improper Start From Parked Position	
		<input type="radio"/> 20. Disregarded Officer or Flagger	
		<input type="radio"/> 21. Disregarded Traffic Signal	
		<input type="radio"/> 22. Disregarded Stop or Yield Sign	
		<input type="radio"/> 23. Driver Distraction	
		<input type="radio"/> 24. Failed to Stop at Through Highway - No Sign	
		<input type="radio"/> 25. Drive Through Work Zone	
		<input type="radio"/> 26. Failed to Set Out Flares or Flags	
		<input type="radio"/> 27. Fail to Dim Headlights	
		<input type="radio"/> 28. Driving Without Lights	
		<input type="radio"/> 29. Improper Parking Location	
		<input type="radio"/> 30. Avoiding Pedestrian	
		<input type="radio"/> 31. Avoiding Other Vehicle	
		<input type="radio"/> 32. Avoiding Animal	
		<input type="radio"/> 33. Crowded Off Highway	
		<input type="radio"/> 34. Hit and Run	
		<input type="radio"/> 35. Car Ran Away - No Driver	
		<input type="radio"/> 36. Blinded by Headlights	
		<input checked="" type="radio"/> 37. Other	
		<input type="radio"/> 38. Avoiding Object in Roadway	
		<input type="radio"/> 39. Eluding Police	
		<input type="radio"/> 40. Fall to Maintain Proper Control	
		<input type="radio"/> 41. Improper Passing	
		<input type="radio"/> 42. Improper or Unsafe Lane Change	
		<input type="radio"/> 43. Over Correction	

Veh	Veh	Driver Vision Obscured	P3
1		<input checked="" type="radio"/> 1. Not Obscured	
		<input type="radio"/> 2. Rain, Snow, etc. on Windshield	
		<input type="radio"/> 3. Windshield Otherwise Obscured	
		<input type="radio"/> 4. Vision Obscured by Load on Vehicle	
		<input type="radio"/> 5. Trees, Crops, etc.	
		<input type="radio"/> 6. Building	
		<input type="radio"/> 7. Embankment	
		<input type="radio"/> 8. Sign or Signboard	
		<input type="radio"/> 9. Hillcrest	
		<input type="radio"/> 10. Parked Vehicle(s)	
		<input type="radio"/> 11. Moving Vehicle(s)	
		<input type="radio"/> 12. Sun or Headlight Glare	
		<input type="radio"/> 13. Other	
		<input type="radio"/> 14. Blind Spot	
		<input type="radio"/> 15. Smoke/Dust	
		<input type="radio"/> 16. Stopped Vehicle(s)	

Veh	Veh	Type of Driver Distractions	P4
		<input checked="" type="radio"/> 1. Looking at Roadside Incident	
		<input type="radio"/> 2. Driver Fatigue	
		<input type="radio"/> 3. Looking at Scenery	
		<input type="radio"/> 4. Passenger(s)	
		<input type="radio"/> 5. Radio/CD, etc.	
		<input type="radio"/> 6. Cell Phone	
		<input type="radio"/> 7. Eyes Not on Road	
		<input type="radio"/> 8. Daydreaming	
		<input type="radio"/> 9. Eating/Drinking	
		<input type="radio"/> 10. Adjusting Vehicle Controls	
		<input type="radio"/> 11. Other	
		<input type="radio"/> 12. Navigation Device	

Veh	Veh	Drinking	P5
		<input checked="" type="radio"/> 1. Had Not Been Drinking	
		<input type="radio"/> 2. Drinking - Obviously Drunk	
		<input type="radio"/> 3. Drinking - Ability Impaired	
		<input type="radio"/> 4. Drinking - Ability Not Impaired	
		<input type="radio"/> 5. Drinking - Not Known Whether Impaired	
		<input type="radio"/> 6. Unknown	

Veh	Veh	Method of Alcohol Determination (by police)	P6
		<input type="radio"/> 1. Blood	
		<input type="radio"/> 2. Breath	
		<input type="radio"/> 3. Refused	
		<input checked="" type="radio"/> 4. No Test	

Veh	Veh	Drug Use	P7
		<input type="radio"/> 1. Yes	
		<input checked="" type="radio"/> 2. No	
		<input type="radio"/> 3. Unknown	

Veh	Veh	Condition of Driver Contributing to the Crash	P2
		<input checked="" type="radio"/> 1. No Defects	
		<input type="radio"/> 2. Eyesight Defective	
		<input type="radio"/> 3. Hearing Defective	
		<input type="radio"/> 4. Other Body Defects	
		<input type="radio"/> 5. Illness	
		<input type="radio"/> 6. Fatigued	
		<input type="radio"/> 7. Apparently Asleep	
		<input type="radio"/> 8. Other	
		<input type="radio"/> 9. Unknown	

### VEHICLE INFORMATION

Veh	Veh	Vehicle Maneuver	V1
1		<input checked="" type="radio"/> 1. Going Straight Ahead	
		<input type="radio"/> 2. Making Right Turn	
		<input type="radio"/> 3. Making Left Turn	
		<input type="radio"/> 4. Making U-Turn	
		<input type="radio"/> 5. Slowing or Stopping	
		<input type="radio"/> 6. Merging Into Traffic Lane	
		<input type="radio"/> 7. Starting From Parked Position	
		<input type="radio"/> 8. Stopped in Traffic Lane	
		<input type="radio"/> 9. Ran Off Road - Right	
		<input type="radio"/> 10. Ran Off Road - Left	
		<input type="radio"/> 11. Parked	
		<input type="radio"/> 12. Backing	
		<input type="radio"/> 13. Passing	
		<input type="radio"/> 14. Changing Lanes	
		<input type="radio"/> 15. Other	
		<input type="radio"/> 16. Entering Street From Parking Lot	

Veh	Veh	Skidding Tire/Mark	V2
		<input type="radio"/> 1. Before Application of Brakes	
		<input type="radio"/> 2. After Application of Brakes	
		<input type="radio"/> 3. Before and After application of Brakes	
		<input checked="" type="radio"/> 4. No Visible Skid Mark/Tire Mark	

Veh	Veh	Vehicle Body Type	V3
		<input type="radio"/> 1. Passenger car	
		<input checked="" type="radio"/> 2. Truck - Pick-up/Passenger Truck	
		<input type="radio"/> 3. Van	
		<input type="radio"/> 4. Truck - Single Unit Truck (2-Axles)	
		<input type="radio"/> 7. Motor Home, Recreational Vehicle	
		<input type="radio"/> 8. Special Vehicle - Oversized Vehicle/Earthmover/Road Equipment	
		<input type="radio"/> 9. Bicycle	
		<input type="radio"/> 10. Moped	
		<input type="radio"/> 11. Motorcycle	
		<input type="radio"/> 12. Emergency Vehicle (Regardless of Vehicle Type)	
		<input type="radio"/> 13. Bus - School Bus	
		<input type="radio"/> 14. Bus - City Transit Bus/Private Owned Church Bus	
		<input type="radio"/> 15. Bus - Commercial Bus	
		<input type="radio"/> 16. Other (Scooter, Go-cart, Hearse, Bookmobile, Golf Cart, etc.)	
		<input type="radio"/> 18. Special Vehicle - Farm Machinery	
		<input type="radio"/> 19. Special Vehicle - ATV	
		<input type="radio"/> 21. Special Vehicle - Low-Speed Vehicle	
		<input type="radio"/> 22. Truck - Sport Utility Vehicle (SUV)	
		<input type="radio"/> 23. Truck - Single Unit Truck (3 Axles or More)	
		<input type="radio"/> 25. Truck - Truck Tractor (Bobtail-No Trailer)	

Veh	Veh	Vehicle Damage	V4
		<input type="radio"/> 1. Unknown	
		<input checked="" type="radio"/> 2. No damage	
		<input type="radio"/> 3. Overturned	
		<input type="radio"/> 4. Motor	
		<input type="radio"/> 5. Undercarriage	
		<input type="radio"/> 6. Totaled	
		<input type="radio"/> 7. Fire	
		<input type="radio"/> 8. Other	

Veh	Veh	Vehicle Condition	V5
		<input checked="" type="radio"/> 1. No Defects	
		<input type="radio"/> 2. Lights Defective	
		<input type="radio"/> 3. Brakes Defective	
		<input type="radio"/> 4. Steering Defective	
		<input type="radio"/> 5. Puncture/Blowout	
		<input type="radio"/> 6. Worn or Slick Tires	
		<input type="radio"/> 7. Motor Trouble	
		<input type="radio"/> 8. Chains In Use	
		<input type="radio"/> 9. Other	
		<input type="radio"/> 10. Vehicle Altered	
		<input type="radio"/> 11. Mirrors Defective	
		<input type="radio"/> 12. Power Train Defective	
		<input type="radio"/> 13. Suspension Defective	
		<input type="radio"/> 14. Windows/Windshield Defective	
		<input type="radio"/> 15. Wipers Defective	
		<input type="radio"/> 16. Wheels Defective	
		<input type="radio"/> 17. Exhaust System	

Veh	Veh	Special Function Motor Vehicle	V6
		<input checked="" type="radio"/> 1. No Special Function	
		<input type="radio"/> 2. Taxi	
		<input type="radio"/> 3. School Bus (Public or Private)	
		<input type="radio"/> 4. Transit Bus	
		<input type="radio"/> 5. Intercity Bus	
		<input type="radio"/> 6. Charter Bus	
		<input type="radio"/> 7. Other Bus	
		<input type="radio"/> 8. Military	
		<input type="radio"/> 9. Police	
		<input type="radio"/> 10. Ambulance	
		<input type="radio"/> 11. Fire Truck	
		<input type="radio"/> 12. Tow Truck	
		<input type="radio"/> 13. Maintenance	
		<input type="radio"/> 14. Unknown	

Veh	Veh	EMV in service	V7
		<input checked="" type="radio"/> 1. Yes	
		<input type="radio"/> 2. No	

Veh	Veh	Truck Cover	V8
		<input type="radio"/> 1. Yes	
		<input type="radio"/> 2. No	

# Police Crash Report



Revised Report

CRASH					
Crash Date	MM DD YYYY	MILITARY Time (24 hr clock)	County of Crash	<input type="radio"/> City of <input type="radio"/> Town of	Local Case Number
06	04	2016	2218	FAIRFAX COUNTY	2016-1570020

## CRASH INFORMATION

**Location of First Harmful Event in Relation to Roadway** **C1**

- 1. On Roadway
- 2. Shoulder
- 3. Median
- 4. Roadside
- 5. Gore
- 6. Separator
- 7. In Parking Lane or Zone
- 8. Off Roadway, Location Unknown
- 9. Outside Right-of-Way

**Traffic Control Type** **C5**

- 1. No Traffic Control
- 2. Officer or Flagger
- 3. Traffic Signal
- 4. Stop Sign
- 5. Slow or Warning Sign
- 6. Traffic Lanes Marked
- 7. No Passing Lines
- 8. Yield Sign
- 9. One Way Road or Street
- 10. Railroad Crossing With Markings and Signs
- 11. Railroad Crossing With Signals
- 12. Railroad Crossing With Gate and Signals
- 13. Other
- 14. Pedestrian Crosswalk
- 15. Reduced Speed - School Zone
- 16. Reduced Speed - Work Zone
- 17. Highway Safety Corridor

**Roadway Description** **C9**

- 1. Two-Way, Not Divided
- 2. Two-Way, Divided Unprotected Median
- 3. Two-Way, Divided, Positive Median Barrier
- 4. One-Way, Not Divided
- 5. Unknown

**Intersection Type** **C12**

- 1. Not at Intersection
- 2. Two Approaches
- 3. Three Approaches
- 4. Four Approaches
- 5. Five-point, or more
- 6. Roundabout

**Weather Condition** **C2**

- 1. No Adverse Condition (Clear/Cloudy)
- 3. Fog
- 4. Mist
- 5. Rain
- 6. Snow
- 7. Sleet/Hail
- 8. Smoke/Dust
- 9. Other
- 10. Blowing Sand, Soil Dirt, or Snow
- 11. Severe Crosswinds

**Roadway Alignment** **C6**

- 1. Straight - Level
- 2. Curve - Level
- 3. Grade - Straight
- 4. Grade - Curve
- 5. Hillcrest - Straight
- 6. Hillcrest - Curve
- 7. Dip - Straight
- 8. Dip - Curve
- 9. Other
- 10. On/Off Ramp

**Roadway Defects** **C10**

- 1. No Defects
- 2. Holes, Ruts, Bumps
- 3. Soft or Low Shoulder
- 4. Under Repair
- 5. Loose Material
- 6. Restricted Width
- 7. Slick Pavement
- 8. Roadway Obstructed
- 9. Other
- 10. Edge Pavement Drop Off

**Work Zone** **C13**

- 1. Yes
- 2. No

**Work Zone Workers Present** **C14**

- 1. With Law Enforcement
- 2. With No Law Enforcement
- 3. No Workers Present

**Light Conditions** **C3**

- 1. Dawn
- 2. Daylight
- 3. Dusk
- 4. Darkness - Road Lighted
- 5. Darkness - Road Not Lighted
- 6. Darkness - Unknown Road Lighting
- 7. Unknown

**Roadway Surface Condition** **C7**

- 1. Dry
- 2. Wet
- 3. Snowy
- 4. Icy
- 5. Muddy
- 6. Oil/Other Fluids
- 7. Other
- 8. Natural Debris
- 9. Water (Standing, Moving)
- 10. Slush
- 11. Sand, Dirt, Gravel

**Relation to Roadway** **C11**

**Interchange Area:**

- 1. Main-Line Roadway
- 2. Acceleration/Deceleration Lanes
- 3. Gore Area (Between Ramp and Highway Edgelines)
- 4. Collector/Distributor Road
- 5. On Entrance/Exit Ramp
- 6. Intersection at end of Ramp
- 7. Other location not listed above within an interchange area (median, shoulder and roadside)

**Work Zone Location** **C15**

- 1. Advance Warning Area
- 2. Transition Area
- 3. Activity Area
- 4. Termination Area

**Work Zone Type** **C16**

- 1. Lane Closure
- 2. Lane Shift/Crossover
- 3. Work on Shoulder or Median
- 4. Intermittent or Moving Work
- 5. Other

**Traffic Control Device** **C4**

- 1. Yes - Working
- 2. Yes - Working and Obscured
- 3. Yes - Not Working
- 4. Yes - Not Working and Obscured
- 5. Yes - Missing
- 6. No Traffic Control Device Present

**Roadway Surface Type** **C8**

- 1. Concrete
- 2. Blacktop, Asphalt, Bituminous
- 3. Brick or Block
- 4. Slag, Gravel, Stone
- 5. Dirt
- 6. Other

**Intersection Area:**

- 8. Non-Intersection
- 9. Within Intersection
- 10. Intersection-Related - Within 150'
- 11. Intersection-Related - Outside 150'

**Other Location:**

- 12. Crossover Related
- 13. Driveway, Alley-Access - Related
- 14. Railway Grade Crossing
- 15. Other Crossing (Crossings for Bikes, School, etc.)

**School Zone** **C17**

- 1. Yes
- 2. Yes - With School Activity
- 3. No

**Type of Collision** **C18**

- 1. Rear End
- 2. Angle
- 3. Head On
- 4. Sideswipe - Same Direction
- 5. Sideswipe - Opposite Direction
- 6. Fixed Object in Road
- 7. Train
- 8. Non-Collision
- 9. Fixed Object - Off road
- 10. Deer
- 11. Other Animal
- 12. Pedestrian
- 13. Bicyclist
- 14. Motorcyclist
- 15. Backed Into
- 16. Other



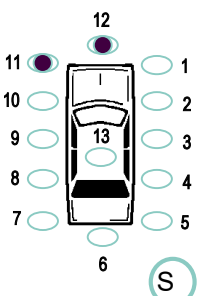
# Police Crash Report

Revised Report

<b>CRASH</b>					
Crash Date	MM DD YYYY	MILITARY Time (24 hr clock)	County of Crash	City of Town of	Local Case Number
06	04	2016	2218	FAIRFAX COUNTY	2016-1570020

VEHICLE # 1

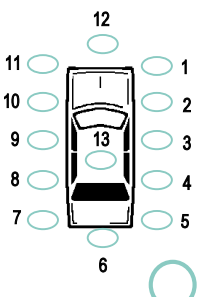
Fill In Impact Area(s).  
Initial Impact. 11



Veh Dir of Travel - N/S/E/W

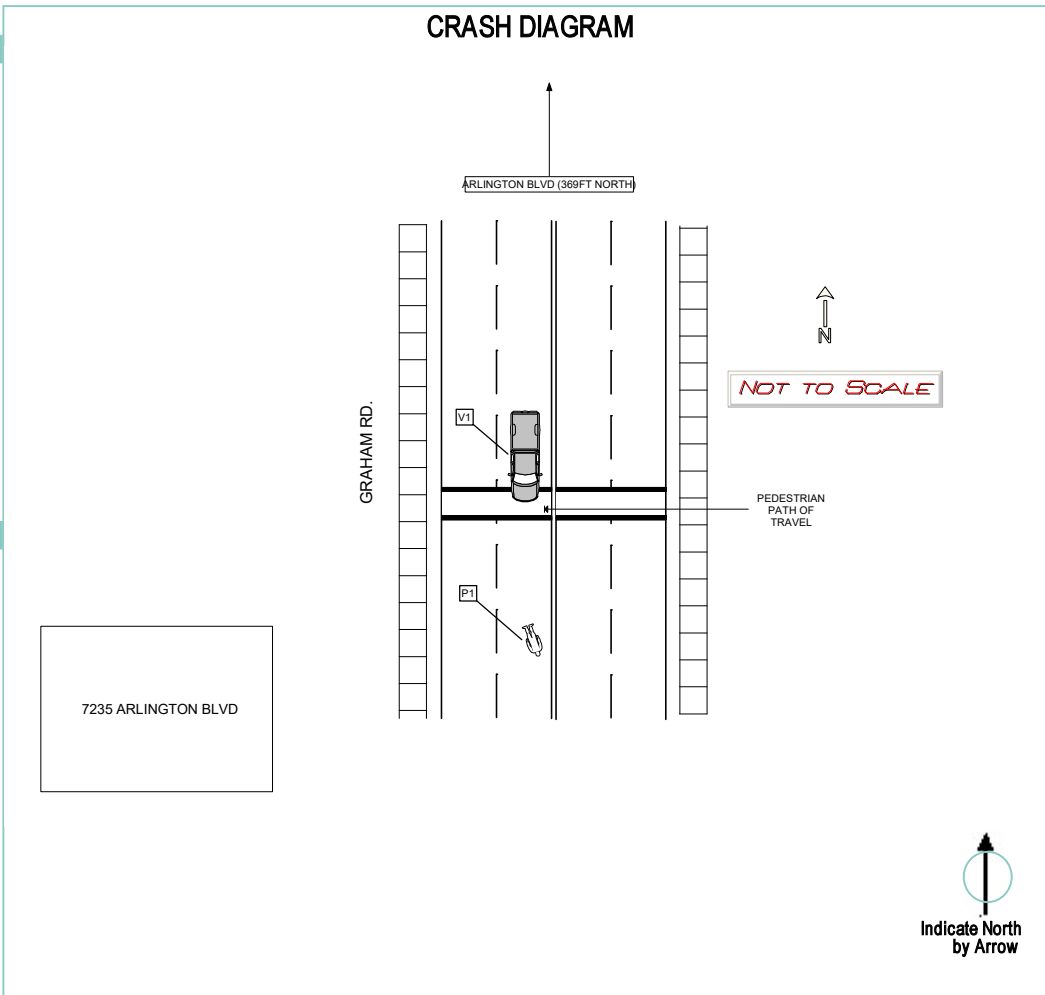
VEHICLE #

Fill In Impact Area(s).  
Initial Impact.



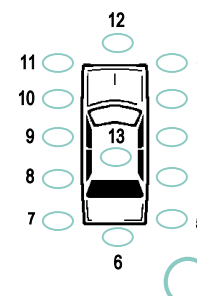
Veh Dir of Travel - N/S/E/W

## CRASH DIAGRAM



VEHICLE #

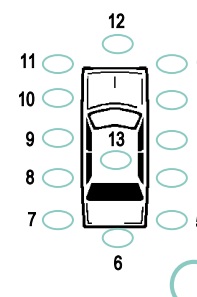
Fill In Impact Area(s).  
Initial Impact.



Veh Dir of Travel - N/S/E/W

VEHICLE #

Fill In Impact Area(s).  
Initial Impact.



Veh Dir of Travel - N/S/E/W

### DAMAGE TO PROPERTY OTHER THAN VEHICLES

Approx. Repair Cost	Object Struck (Tree, Fence, etc.)	Property Owners Name (Last, First, Middle)	Address (Street and Number)	VDOT Property <input type="checkbox"/> Yes <input type="checkbox"/> No

### CRASH DESCRIPTION

P1 was crossing Graham Road, in a crosswalk with another individual, when he was struck by a black Ford pick-up truck operated by D1. The striking vehicle and driver remained on scene, in addition to multiple witnesses. Alcohol is believed to be a factor with regard to the deceased. Speed is not a factor. Next of kin has not been notified.

### CRASH EVENTS

Vehicle #	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event
1	19				19

Vehicle #	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event

Vehicle #	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event

Vehicle #	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event

First Harmful Event of Entire Crash that Results in First Injury or Damage.  
  
19

- COLLISION WITH FIXED OBJECT**
- 1. Bank Or Ledge
  - 2. Trees
  - 3. Utility Pole
  - 4. Fence Or Post
  - 5. Guard Rail
  - 6. Parked Vehicle
  - 7. Tunnel, Bridge, Underpass, Culvert, etc.
  - 8. Sign, Traffic Signal
  - 9. Impact Cushioning Device
  - 10. Other
  - 11. Jersey Wall
  - 12. Building/Structure
  - 13. Curb
  - 14. Ditch
  - 15. Other Fixed Object
  - 16. Other Traffic Barrier
  - 17. Traffic Sign Support
  - 18. Mailbox

- COLLISION WITH PERSON, MOTOR VEHICLE OR NON-FIXED OBJECT**
- 19. Pedestrian
  - 20. Motor Vehicle In Transport
  - 21. Train
  - 22. Bicycle
  - 23. Animal
  - 24. Work Zone
  - 25. Other Movable Object
  - 26. Unknown Movable Object
  - 27. Other
  - 28. Ran Off Road
  - 29. Jack Knife
  - 30. Overturn (Rollover)
  - 31. Downhill Runaway
  - 32. Cargo Loss or Shift
  - 33. Explosion or Fire
  - 34. Separation of Units

- NON-COLLISION**
- 35. Cross Median
  - 36. Cross Centerline
  - 37. Equipment Failure (Tire, etc.)
  - 38. Immersion
  - 39. Fell/Jumped From Vehicle
  - 40. Thrown or Falling Object
  - 41. Non-Collision Unknown
  - 42. Other Non-Collision



# Police Crash Report

Revised Report

<b>CRASH</b>		Crash Date <b>06 04 2016</b>	MILITARY Time (24 hr clock) <b>2218</b>	County of Crash <b>FAIRFAX COUNTY</b>	<input type="radio"/> City of <input type="radio"/> Town of	Local Case Number <b>2016-1570020</b>
--------------	--	------------------------------	---	---------------------------------------	--	---------------------------------------

**PEDESTRIAN # 1**

Name of Injured (Last, First, Middle)  
**CLAROS, GERBER MAURICIO**

Address (Street and Number)  
[REDACTED]

City **FALLS CHURCH** State **VA** ZIP **22042**

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Gender  M  F EMS Transport  Y  N Injury Type **1** Birthdate [REDACTED] Date of Death **06 04 2016**

**PEDESTRIAN #** \_\_\_\_\_

Name of Injured (Last, First, Middle)

Address (Street and Number)

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Gender  M  F EMS Transport  Y  N Injury Type \_\_\_\_\_ Birthdate \_\_\_\_\_ Date of Death \_\_\_\_\_

Ped # <b>1</b>	Ped # _____
<b>Pedestrian Actions P10</b>	
<input type="radio"/> 1. Crossing At Intersection With Signal	<input type="radio"/> 11. Hitching On Vehicle
<input type="radio"/> 2. Crossing At Intersection Against Signal	<input type="radio"/> 12. Walking In Roadway With Traffic - Sidewalks Available
<input type="radio"/> 3. Crossing At Intersection No Signal	<input type="radio"/> 13. Waling In Roadway With Traffic - Sidewalks Not Available
<input type="radio"/> 4. Crossing At Intersection Diagonally	<input type="radio"/> 14. Walking In Roadway Against Traffic - Sidewalks Available
<input type="radio"/> 5. Crossing Not At Intersection - Rural	<input type="radio"/> 15. Walking In Roadway Against Traffic - Side Walks Not Available
<input type="radio"/> 6. Crossing Not At Intersection - Urban	<input type="radio"/> 16. Working In Roadway
<input type="radio"/> 7. Coming From Behind Parked Cars	<input type="radio"/> 17. Standing In Roadway
<input type="radio"/> 8. Getting Off Or On School Bus	<input type="radio"/> 18. Lying In Roadway
<input type="radio"/> 9. Playing In Roadway	<input type="radio"/> 19. Not In Roadway
<input type="radio"/> 10. Getting Off Or On Another Vehicle	<input checked="" type="radio"/> 20. Other

Ped # <b>1</b>	Ped # _____
<b>Pedestrian Drinking P11</b>	
<input type="radio"/> 1. Had Not Been Drinking	<input type="radio"/> 2. Drinking - Obviously Drunk
<input checked="" type="radio"/> 3. Drinking - Ability Impaired	<input type="radio"/> 4. Drinking - Ability Not Impaired
<input type="radio"/> 5. Drinking - Not Know Whether Impaired	
<b>Condition of Pedestrian Contributing to the Crash P12</b>	
<input checked="" type="radio"/> 1. No Defects	<input type="radio"/> 2. Eyesight Defective
<input type="radio"/> 3. Hearing Defective	<input type="radio"/> 4. Other Body Defects
<input type="radio"/> 5. Illness	<input type="radio"/> 6. Fatigued
<input type="radio"/> 7. Apparently Asleep	<input type="radio"/> 8. Other

Ped # <b>1</b>	Ped # _____
<b>Method of Alcohol Determination by Police P13</b>	
<input checked="" type="radio"/> 1. Blood	<input type="radio"/> 2. Breath
<input type="radio"/> 3. Refused	<input type="radio"/> 4. No Test
<b>Pedestrian Drug Use P14</b>	
<input type="radio"/> 1. Yes	<input type="radio"/> 2. No
<input checked="" type="radio"/> 3. Unknown	
<b>Pedestrian Wear Reflective Clothing P15</b>	
<input type="radio"/> 1. Yes	<input checked="" type="radio"/> 2. No

Use sections below for additional passengers.

**VEHICLE #** \_\_\_\_\_

**PASSENGER (only if injured or killed)**

Name of Injured (Last, First, Middle)	EMS Transport <input type="radio"/> Y <input type="radio"/> N	Date of Death
Position In/On Vehicle	Safety Equip Used	Gender <input type="radio"/> M <input type="radio"/> F

Name of Injured (Last, First, Middle)	EMS Transport <input type="radio"/> Y <input type="radio"/> N	Date of Death
Position In/On Vehicle	Safety Equip Used	Gender <input type="radio"/> M <input type="radio"/> F

Name of Injured (Last, First, Middle)	EMS Transport <input type="radio"/> Y <input type="radio"/> N	Date of Death
Position In/On Vehicle	Safety Equip Used	Gender <input type="radio"/> M <input type="radio"/> F

**VEHICLE #** \_\_\_\_\_

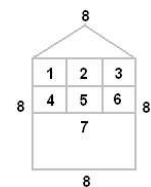
**PASSENGER (only if injured or killed)**

Name of Injured (Last, First, Middle)	EMS Transport <input type="radio"/> Y <input type="radio"/> N	Date of Death
Position In/On Vehicle	Safety Equip Used	Gender <input type="radio"/> M <input type="radio"/> F

Name of Injured (Last, First, Middle)	EMS Transport <input type="radio"/> Y <input type="radio"/> N	Date of Death
Position In/On Vehicle	Safety Equip Used	Gender <input type="radio"/> M <input type="radio"/> F

Name of Injured (Last, First, Middle)	EMS Transport <input type="radio"/> Y <input type="radio"/> N	Date of Death
Position In/On Vehicle	Safety Equip Used	Gender <input type="radio"/> M <input type="radio"/> F

**Codes**



- POSITION IN/ON VEHICLE**
- Driver
  - Passengers
  - Cargo Area
  - Riding/Hanging On Outside
  - All Other Passengers

- SAFETY EQUIPMENT USED**
- Lap Belt Only
  - Shoulder Belt Only
  - Lap and Shoulder Belt
  - Child Restraint
  - Helmet
  - Other
  - Booster Seat
  - No Restraint Used
  - Not Applicable

- AIRBAG**
- Deployed - Front
  - Not Deployed
  - Unavailable/Not Applicable
  - Keyed Off
  - Unknown
  - Deployed - Side
  - Deployed - Other (Knee, Air Belt, etc.)
  - Deployed - Combination

- EJECTED FROM VEHICLE**
- Not Ejected
  - Partially Ejected
  - Totally Ejected
- SUMMONS ISSUED AS A RESULT OF CRASH**
- Yes
  - No
  - Pending

- INJURY TYPE**
- Dead Before Report Made
  - Visible Signs of Injury, as Bleeding Wound or Distorted Member or Had to be Carried From Scene.
  - Other Visible Injury, as Bruises, Abrasions, Swelling, Limping, etc.
  - No Visible Injury, But Complaint of Pain, or Momentary Unconsciousness.

# Police Crash Report

Revised Report

Page 6 of 6

<b>CRASH</b>				GPS Lat. 38.8663626770768	GPS Long. 77.1948665340638
Crash Date	MM 06	DD 04	YYYY 2016	Day of Week SAT	MILITARY Time (24 hr clock) 2218
County of Crash FAIRFAX COUNTY				Official DMV Use	
<input type="radio"/> City of <input type="radio"/> Town of City or Town Name				Landmarks at Scene NE CURB TANGENT	
Location of Crash (route/street) GRAHAM RD				Railroad Crossing ID no. (if within 150 ft.)	
<input type="radio"/> At Intersection With or <u>369</u>				Location of Crash (route/street) ARLINGTON BLVD	
<input type="checkbox"/> Miles <input checked="" type="checkbox"/> Feet				Mile Marker Number Number of Vehicles 2016-1570020 001	
N <input type="radio"/> S <input checked="" type="radio"/> E <input type="radio"/> W					

**Crash description (continued)**

Investigation continues.

### Accident Supplement

2016-1570020

Supplement type:ASSISTING OFFICER NARRATIVE

On 6/4/2016 I responded to Fairfax hospital to meet the Medic 418 that was transporting a patient from this accident.

I arrived onscene moments after Medic 418. I spoke to Paramedic Jennifer Hoek who was working on Medic 418. She advised me she never saw any signs of life on the patient.

A few minutes after my arrival Dr.Kopack pronounced the patient deceased at 2243 hours. At this time I made it known to the medical staff that the decedent's body was evidence and to leave all medical intervention on his person. They had already removed the Medic units CPR machine.

I observed the decedent's body, he was wearing only jeans that had been cut open, and black tennis shoes. He appeared to have a lot of trauma to his head.

Medical staff advised me that all of their trauma rooms were full with deceased people. I contacted Lt.Linden and advised her that the medical staff was requesting to move the body due to not having any open trauma rooms. I photographed the decedent in his condition at the time of death. No medical intervention was removed from the body, everything that needed to be unplugged was done so from the machine end.

The body was covered with a sheet so they could discretely move the body to a room. The emergency room was full and there were a number of children around. Once the decedent was in a room I removed the sheet. Only a very small amount of blood had transferred to the sheet.

PFC Kerivan was the one who followed the medic unit to the hospital. Sgt. Urban also was onscene at the hospital for a short time.

I stayed with the decedent until Det. Snyder arrived onscene. She said she was not in need of any further assistance. She advised me that Det.Taitano was the lead detective on this case.

I responded to the scene and advised Det.Taitano that I had taken photographs of the decedent in the trauma room prior to him being moved. He was busy interviewing many witnesses. I offered to photograph the scene due to a storm coming through that may wash away evidence.

I then proceeded to photograph the scene. The striking vehicle was parked in the cross walk on Graham road just south of Arlington Blvd. There was a large pool of blood on the ground a short distance in front of the vehicle. A cone was placed in the scene to show the location of the blood in case it was washed away prior to it being documented.

I advised Det. Taitano that I was finished. I later uploaded the pictures onto my hard drive and burned 2 disks. One was sent to the record room to be filed and one was sent to OSB to Det.Taitano.

No further actions were taken.

Sign here MCBRIDE, PAUL JAMESON  
Officer's Rank and Name

FAIRFAX COUNTY POLICE DEPARTMENT  
Department

6/5/16  
Date of report



### Accident Supplement

2016-1570020

Supplement type:ASSISTING OFFICER NARRATIVE

On 06/04/2016 at 2224 hours, I responded to Graham Rd/Rt50 for and struck pedestrian accident adjacent to Giant, 7235 Arlington Blvd. I talked with the following witnesses:

#1 BOCHNA,DANIELLE MARIE

[REDACTED]  
SPRINGFIELD,VA 22153  
DOB [REDACTED]  
VA DL [REDACTED]  
E [REDACTED] & [REDACTED]

Ms. Bochna advised she was northbound Graham Rd from the direction of Annandale going toward Falls Church. Ms. Bochna advised she saw two subjects wearing dark clothing crossing the road. One subject was walking across the northbound lanes of Graham Rd while the victim ran across the Graham Rd. Ms. Bochna advised she saw the truck`s head lights southbound Graham Rd and then the truck strike the victim. Ms. Bochna advised she saw the impact of the pickup and victim as she was passing by them. Ms. Bochna advised she made a left turn on RT50 going toward Fairfax, turned around at Allen St/Rt50 and came back to the scene. Ms. Bochna advised she felt the victim was in front of the crosswalk as she approached. Ms. Bochna provided all her information agreeing to stay onscene and was interviewed by CRU3 Det. Taitano.

#2 GORMAN,SARAH LOUISE DANIELLE

[REDACTED]  
FALLS CHURCH,VA 22042  
DOB/[REDACTED]  
VA DL [REDACTED]  
C [REDACTED]

Ms. Gorman advised she was leaving Giant with her friend W#3 Ms. Rieger. Ms. Gorman was the passenger in Ms. Reiger`s car. Ms. Reiger pulled her car up to the stop line to make a left turn out of the Giant parking lot to go northbound onto Graham Rd. Ms. Gorman advised she saw the pickup and saw the victim flying from the impact. Ms. Gorman advised she could not tell in the victim was in the crosswalk and how fast the pickup was traveling. Ms. Gorman provided all her information agreeing to stay onscene and was interviewed by CRU3 Det. Taitano.

#3 RIEGER,MARISA ANNE

[REDACTED]  
FALLS CHURCH,VA 22042  
DOB [REDACTED]  
VA DI [REDACTED]  
C [REDACTED]

Ms. Rieger advised she was driving her car with Ms. Gorman. Ms. Rieger advised out of the corner of her eye, she saw the victim flying. Ms. Rieger could not provide anymore about the accident. Ms. Rieger provided all her information agreeing to stay onscene and was interviewed by CRU3 Det. Taitano.

I was cleared from the scene by 040C SGT Steranko. No further action taken.

### Accident Supplement

2016-1570020

**Supplement type:ASSISTING OFFICER NARRATIVE**

On 6/4/2016, I arrived to fatal vehicle accident involving a pedestrian. Upon arriving on scene, I was directed to tape off the crime scene and secure the area. After putting crime scene tape around the perimeter, I began a crime scene log that is attached to this report. I remained on scene until I was directed to take down the crime scene tape protecting the perimeter and was dismissed to leave the area.

Sign here WEAVER, COLTON JAMES  
Officer's Rank and Name

FAIRFAX COUNTY POLICE DEPARTMENT  
Department

6/5/16  
Date of report

### Accident Supplement

2016-1570020

Supplement type:FILE 41

NUMBER OF PEOPLE KILLED IN CRASH: 1

1. NAME OF PERSON KILLED: Claros, Gerber Mauricio
2. ADDRESS OF PERSON KILLED: [REDACTED], Falls Church Va 22042
3. SEX OF PERSON KILLED: Male
4. RACE OF PERSON KILLED: Hispanic
5. DOB AND AGE OF PERSON KILLED: [REDACTED], 53 yoa
6. WHETHER PERSON KILLED WAS A: Pedestrian
7. WHETHER PERSON KILLED WAS A MEMBER OF THE ARMED FORCES, IF SO, BRANCH: N/A
8. DATE, TIME AND PLACE OF DEATH OF EACH VICTIM: 06/04/2016 @2243 hrs Fairfax Hospital ER , 3300 Gallows Rd, Falls Church Va 22042
9. DATE AND TIME ACCIDENT OCCURRED: 06/04/2016 @ 2218 hrs
10. ROUTE NUMBER OR STREET NAME, DISTANCE AND DIRECTION FROM NEAREST INTERSECTING ROUTE OR STREET: Graham Rd. (Rt 1720) 400ft south of Arlington Blvd (Rt 50)
11. COUNTY OR CITY IN WHICH ACCIDENT OCCURRED: Fairfax County
12. MAKE AND MODEL OF EACH VEHICLE INVOLVED IN THE FATAL CRASH:  
2006  
MAKE: Ford  
MODEL: Truck F250  
FATAL VEHICLE: Yes
13. TYPE OF ROAD SURFACE: Asphalt
14. NUMBER OF LANES OF HIGHWAY (DIVIDED OR NOT): 4
15. NAME OF DRIVER OF VEHICLE WHICH DEATH OCCURRED IN: Giron Chavez, Luis Alberto
16. NEXT OF KIN NOTIFIED. (EXPLAIN UNUSUAL CIRCUMSTANCES): No
17. ALCOHOL A FACTOR: Yes
- 18 VICTIM WEARING A SEATBELT: Yes
19. WAS THE MOTORCYCLE OPERATOR WEARING A HELMET: N/A
20. WAS THE MOTORCYCLE PASSENGER WEARING A HELMET: N/A
21. VIOLATION OF THE LAW, REGARDLESS OF ANY CHARGES PLACED: Pending (Fail to yield to pedestrian in a crosswalk)
22. BRIEF DESCRIPTION OF FACTS: P1 was crossing Graham Road, in a crosswalk with another individual, when he was struck by a black Ford pick-up truck operated by D1. P1 was ground transported to Fairfax Hospital where he was pronounced.
23. INVESTIGATING OFFICER EIN: Det GM Taitano #3051/301624 PH#[REDACTED]
24. CASE NUMBER 20161570020

Sign here TAITANO, GENE MICHAEL  
Officer's Rank and Name

FAIRFAX COUNTY POLICE DEPARTMENT  
Department

6/5/16  
Date of report

### Accident Supplement

2016-1570020

Supplement type:ASSISTING OFFICER NARRATIVE

On 06/04/2016 I responded to the scene of the accident (area of Graham rd near Rt 50) where the subject, later learned to be Mr. Gerber Claros, was being loaded into Medic 418 and very shortly after departed the scene. I was instructed by Sgt. Urban to follow the Medic unit to the hospital. At this time I followed behind Medic 418 from the scene to Fairfax Hospital. Upon arriving onscene I followed the Medic 418 crew from the back of the ambulance (active CPR still occurring) into the Trauma Room just inside Fairfax Hospital. Shortly after being in the Trauma room I was joined by PFC P. McBride. I assisted PFC McBride Until CRU came to the hospital to take over.

Nothing Further

Sign here KERIVAN, JOHN ANTHONY  
Officer's Rank and Name

FAIRFAX COUNTY POLICE DEPARTMENT  
Department

6/5/16  
Date of report