



**HIGHWAY FACTORS AND RAILROAD GRADE CROSSING
GROUP CHAIRMAN'S FACTUAL REPORT**

**Highway and Rail Crossing Attachment – Highway and Rail Crossing Attachment –
Commonwealth of Virginia - Department of Motor Vehicles - Police Crash Report**

Crozet, Virginia

HWY18MH005

(5 pages)



Revised Report

Police Crash Report

CRASH			GPS Lat.	3 8 . 0 7 7 3 4 0	GPS Long.	- 7 8 . 7 1 6 7 5 0
Crash Date	MM DD YYYY	Day of Week	MILITARY Time (24 hr clock)	County of Crash	Official DMV Use	
	08/27/2016	Saturday	13:53	Albemarle	162405157	
<input type="radio"/> City of	City or Town Name			Landmarks at Scene	162405157	
<input type="radio"/> Town of				1470		
Location of Crash (route/street)				Railroad Crossing ID no. (if within 150 ft.)	Local Case Number	
LANE TOWN RD					A201600051669	
<input type="radio"/> At Intersection With or <u>0.25</u> <input checked="" type="checkbox"/> Miles <input type="checkbox"/> Feet <input type="radio"/> N <input checked="" type="radio"/> S <input type="radio"/> E <input type="radio"/> W of				Location of Crash (route/street)		Mile Marker Number
				MINT SPRINGS RD		Number of Vehicles
						1

VEHICLE # 1	
DRIVER	
Driver Fleed Scene <input checked="" type="checkbox"/>	
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 CDL
MM DD YYYY	(Y N) (Y N)
Safety Equip. Used	Air Bag Ejected Date of Death Injury Type EMS Transport
	MM DD YYYY 6 (Y N)
Summons Issued As Result of Crash	Offenses Charged to Driver

VEHICLE #	
DRIVER	
Driver Fleed Scene <input type="radio"/>	
Driver's Name (Last, First, Middle)	
Gender <input type="radio"/> M <input type="radio"/> F	
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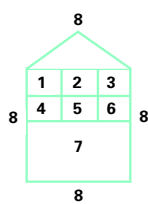
VEHICLE	
Vehicle Owner's Name (Last, First, Middle) Same as Driver <input type="radio"/>	
Unknown	
Address (Street and Number)	
City	State ZIP
Vehicle Year	Vehicle Make Vehicle Model Disabled CMV Towed
	<input type="radio"/> <input type="radio"/> <input type="radio"/>
Vehicle Plate Number	State Approximate Repair Cost
VIN	<input type="radio"/> Oversize <input type="radio"/> Cargo Spill
Name of Insurance Company (not agent)	<input type="radio"/> Override <input type="radio"/> Underride
Speed Before Crash	Speed Limit Maximum Safe Speed Under ALL Passengers Age Count Over
	8 0 8-17 0 18-21 0 21 0

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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 CMV Towed
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Speed Before Crash	Speed Limit Maximum Safe Speed Under ALL Passengers Age Count Over
	8 0 8-17 0 18-21 0 21 0

PASSENGER (only if injured or killed)	
Name of Injured (Last, First, Middle) EMS Transport Date of Death	
(Y N) MM DD YY	
Position In/On Vehicle	Safety Equip Used Airbag Ejected Injury Type Birthdate Gender
	MM DD YYYY (M F)
Name of Injured (Last, First, Middle) EMS Transport Date of Death	
(Y N) MM DD YY	
Position In/On Vehicle	Safety Equip Used Airbag Ejected Injury Type Birthdate Gender
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(Y N) MM DD YY	
Position In/On Vehicle	Safety Equip Used Airbag Ejected Injury Type Birthdate Gender
	MM DD YYYY (M 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
2. Serious Injury
3. Minor/Possible Injury
4. No Apparent Injury
6. No Injury (driver only)

Investigating Officer	Badge/Code Number	Agency/Department Name and Code	Reviewing Officer	Report File Date
RALPH SCOPELLITI	87	ACPD/002	GARY PISTULKA	08/27/2016



Police Crash Report

Revised Report

CRASH		Crash Date <u>MM DD YYYY</u> <u>08/27/2016</u>	MILITARY Time (24 hr clock) <u>13:53</u>	County of Crash <u>Albemarle</u>	City of <input type="checkbox"/>	Town of <input type="checkbox"/>	Local Case Number <u>A201600051669</u>
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DRIVER INFORMATION

Veh 1	Veh	Driver's Action	P1	Veh 1	Veh	Driver Vision Obscured	P3
<input type="checkbox"/>	<input type="checkbox"/>	1. No Improper Action	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Not Obscured	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	2. Exceeded Speed Limit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Rain, Snow, etc. on Windshield	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	3. Exceeded Safe Speed But Not Speed Limit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Windshield Otherwise Obscured	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	4. Overtaking On Hill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Vision Obscured by Load on Vehicle	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	5. Overtaking On Curve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Trees, Crops, etc.	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	6. Overtaking at Intersection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Building	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	7. Improper Passing of School Bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Embankment	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	8. Cutting In	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Sign or Signboard	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	9. Other Improper Passing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Hillcrest	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	10. Wrong Side of Road - Not Overtaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Parked Vehicle(s)	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	11. Did Not Have Right-of-Way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Moving Vehicle(s)	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	12. Following Too Close	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Sun or Headlight Glare	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	13. Fail to Signal or Improper Signal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Other	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	14. Improper Turn - Wide Right Turn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Blind Spot	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	15. Improper Turn - Cut Corner on Left Turn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Smoke/Dust	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	16. Improper Turn From Wrong Lane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Stopped Vehicle(s)	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	17. Other Improper Turn	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Type of Driver Distractions P4	
<input type="checkbox"/>	<input type="checkbox"/>	18. Improper Backing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Looking at Roadside Incident	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	19. Improper Start From Parked Position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Driver Fatigue	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	20. Disregarded Officer or Flagger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Looking at Scenery	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	21. Disregarded Traffic Signal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Passenger(s)	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	22. Disregarded Stop or Yield Sign	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Radio/CD, etc.	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	23. Driver Distraction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. CellPhone	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	24. Fail to Stop at Through Highway - No Sign	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Eyes Not on Road	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	25. Drive Through Work Zone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Daydreaming	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	26. Fail to Set Out Flares or Flags	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Eating/Drinking	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	27. Fail to Dim Headlights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Adjusting Vehicle Controls	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	28. Driving Without Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Other	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	29. Improper Parking Location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Navigation Device	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	30. Avoiding Pedestrian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Texting	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	31. Avoiding Other Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. No Driver Distraction	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	32. Avoiding Animal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drinking P5	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	33. Crowded Off Highway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Had Not Been Drinking	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	34. Hit and Run	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Drinking - Obviously Drunk	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	35. Car Ran Away - No Driver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Drinking - Ability Impaired	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	36. Blinded by Headlights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Drinking - Ability Not Impaired	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	37. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Drinking - Not Known Whether Impaired	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	38. Avoiding Object in Roadway	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. Unknown	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	39. Eluding Police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Method of Alcohol Determination (by police) P6	
<input type="checkbox"/>	<input type="checkbox"/>	40. Fail to Maintain Proper Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Blood	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	41. Improper Passing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Breath	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	42. Improper or Unsafe Lane Change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Refused	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	43. Over Correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. No Test	<input type="checkbox"/>

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

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

VEHICLE INFORMATION

Veh 1	Veh	Vehicle Maneuver	V1	Veh 1	Veh	Vehicle Damage	V4
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Going Straight Ahead	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Unknown	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	2. Making Right Turn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. No damage	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	3. Making Left Turn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Overtumed	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	4. Making U-Turn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Motor	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	5. Slowing or Stopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Undercarriage	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	6. Merging Into Traffic Lane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Totaled	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	7. Starting From Parked Position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Fire	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	8. Stopped in Traffic Lane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Other	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	9. Ran Off Road - Right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle Condition V5	
<input type="checkbox"/>	<input type="checkbox"/>	10. Ran Off Road - Left	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. No Defects	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	11. Parked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Lights Defective	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	12. Backing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Brakes Defective	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	13. Passing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Steering Defective	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	14. Changing Lanes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Puncture/Blowout	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	15. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Worn or Slick Tires	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	16. Entering Street From Parking Lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Motor Trouble	<input type="checkbox"/>

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

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

Veh 1	Veh	Special Function Motor Vehicle	V6
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. No Special Function	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	2. Taxi	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	3. School Bus (Public or Private)	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	4. Transit Bus	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	5. Intercity Bus	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	6. Charter Bus	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	7. Other Bus	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	8. Military	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	9. Police	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	10. Ambulance	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	11. Fire Truck	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	12. Tow Truck	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	13. Maintenance	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	14. Unknown	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	15. TNC	<input type="checkbox"/>

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

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



Police Crash Report

Revised Report

CRASH			
Crash Date 08/27/2016	MILITARY Time (24 hr clock) 13:53	County of Crash Albemarle	Local Case Number A201600051669
		<input type="radio"/> City of	
		<input type="radio"/> Town of	

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

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

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

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

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 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 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

Roadway Surface Type **C8**

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

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

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

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)

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.)

Intersection Type **C12**

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

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

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

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

CRASH		Crash Date MM DD YYYY 08/27/2016	MILITARY Time (24 hr clock) 13:53	County of Crash Albemarle	City of Town of	Local Case Number A201600051669
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CRASH DIAGRAM

HIT AND RUN

VEHICLE LEFT SCENE

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

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 45500	Object Struck (Tree, Fence, etc.) CONTROL BOX	Property Owners Name (Last, First, Middle) BUCKINGHAM BRANCH RAILROAD	Address (Street and Number) 201 AVON ST CHARLOTTESVILLE, VA 2	VDOT Property Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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CRASH DESCRIPTION

V1 WAS TRAVELING SOUTHBOUND ON LANE TOWN RD. V1 APPROACHED RAILROAD CROSSING AND STRUCK ARM WITH FRONT PASSENGER SIDE OF VEHICLE. V1 DROVE OVER RAILROAD TRACKS AND STRUCK CONTROL BOX, CAUSING DAMAGE. VEHICLE FLED SCENE. SEVERAL VEHICLE PARTS WERE LOCATED AT SCENE. UPON CHECKING PART NUMBERS, PARTS CAME BACK TO A NISSAN FRONTIER. NO OTHER INFORMATION WAS LOCATED ON SUSPECT VEHICLE. DAMAGE WAS ALSO DONE TO CROSSING ARM, \$500.

CRASH EVENTS

Vehicle #	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event
1	8	27	10		10

First Harmful Event of Entire Crash that Results in First Injury or Damage.
10

COLLISION WITH FIXED OBJECT

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

COLLISION WITH PERSON, MOTOR VEHICLE OR NON-FIXED OBJECT

- | | |
|--------------------------------|----------------------------|
| 19. Pedestrian | 24. Work Zone |
| 20. Motor Vehicle In Transport | Maintenance Equipment |
| 21. Train | 25. Other Movable Object |
| 22. Bicycle | 26. Unknown Movable Object |
| 23. Animal | 27. Other |

NON-COLLISION

- | | |
|-------------------------|-----------------------------------|
| 28. Ran Off Road | 35. Cross Median |
| 29. Jack Knife | 36. Cross Centerline |
| 30. Overturn (Rollover) | 37. Equipment Failure (Tire, etc) |
| 31. Downhill Runaway | 38. Immersion |
| 32. Cargo Loss or Shift | 39. Fell/Jumped From Vehicle |
| 33. Explosion or Fire | 40. Thrown or Falling Object |
| 34. Separation of Units | 41. Non-Collision Unknown |
| | 42. Other Non-Collision |