



Police Crash Report

Revised Report

CRASH
GPS Lat: 37.261290, GPS Long: -76.648940
Crash Date: 12/16/2022, Day of Week: Friday, MILITARY Time: 01:38, County of Crash: YORK COUNTY
Official DMV Use: 223525099
Location of Crash: INTERSTATE 64 EAST, Railroad Crossing ID no.:
Local Case Number: DIV522144213
Location of Crash: At Intersection With or 1.50 Miles of HUMELSINE PARKWAY, Mile Marker Number: 24050, Number of Vehicles: 2

VEHICLE # 1
DRIVER
Driver's Name: WIGGINS, ANTONIO, L
Address:
City: NEWPORT NEWS, State: VA, ZIP: 23602
Birth Date:
Drivers License Number:
Safety Equip. Used: 3, Air Bag: 2, Ejected: 1, Date of Death:
Injury Type: 3, EMS Transport:
Summons Issued As Result of Crash: 3, Offenses Charged to Driver:

VEHICLE # 2
DRIVER
Driver's Name: CRAMER, DANIEL, LEE
Address:
City: CROPWELL, State: AL, ZIP: 35054
Birth Date:
Drivers License Number:
Safety Equip. Used: 3, Air Bag: 2, Ejected: 1, Date of Death:
Injury Type: 2, EMS Transport:
Summons Issued As Result of Crash: 3, Offenses Charged to Driver:

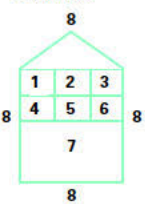
VEHICLE
Vehicle Owner's Name: FUTRELL, TOWANDA, ROGERS
Address:
City: NORFOLK, State: VA, ZIP: 23504
Vehicle Year: 2000, Vehicle Make: INTERNATIO, Vehicle Model: 3400
Disabled: CMV: Towed:
Vehicle Plate Number: UJH2206, State: VA, Approximate Repair Cost: 20000
VIN: 1HVBEABM1YH
Name of Insurance Company: NATIONAL INDEMNITY
Speed Before Crash: 40, Speed Limit: 70, Maximum Safe Speed: 70, ALL Passengers Age Count: Under 0, 8-17 3, 18-21 6, Over 21 12

VEHICLE
Vehicle Owner's Name: AV, LEASING, LLC
Address: 525 ANDERSON DR
City: ROMEOVILLE, State: IL, ZIP: 60446
Vehicle Year: 2022, Vehicle Make: FREIGHTLIN, Vehicle Model: CASCADIA
Disabled: CMV: Towed:
Vehicle Plate Number: P1120248, State: IL, Approximate Repair Cost: 210000
VIN: 3AKJHHDRXNSMZ7498
Name of Insurance Company: PEOPLES INSURANCE AGENCY
Speed Before Crash: 66, Speed Limit: 70, Maximum Safe Speed: 40, ALL Passengers Age Count: Under 0, 8-17 0, 18-21 0, Over 21 0

PASSENGER (only if injured or killed)
Name of Injured: BOUIE, MONTIA
Date of Death: 12/16/2022
Position In/On Vehicle: 7, Safety Equip Used: 8, Airbag: 2, Ejected: 3, Injury Type: 1
Name of Injured: EVANS, XZAVIER
Date of Death: 12/16/2022
Position In/On Vehicle: 7, Safety Equip Used: 8, Airbag: 2, Ejected: 3, Injury Type: 1
Name of Injured: RUSSELL, JONTAE, KAALIB
Date of Death: 12/16/2022
Position In/On Vehicle: 7, Safety Equip Used: 8, Airbag: 2, Ejected: 3, Injury Type: 1

PASSENGER (only if injured or killed)
Name of Injured:
Date of Death:
Position In/On Vehicle:
Safety Equip Used:
Airbag:
Ejected:
Injury Type:
Birthdate:
Gender:
Name of Injured:
Date of Death:
Position In/On Vehicle:
Safety Equip Used:
Airbag:
Ejected:
Injury Type:
Birthdate:
Gender:
Name of Injured:
Date of Death:
Position In/On Vehicle:
Safety Equip Used:
Airbag:
Ejected:
Injury Type:
Birthdate:
Gender:

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: A GASPARYAN, Badge/Code Number: 8895, Agency/Department Name and Code: VIRGINIA STATE POLICE/0156, Reviewing Officer: Matthew Gillespie, Report File Date: 12/31/2022



# Police Crash Report

Revised Report

## CRASH

Crash Date <b>12/16/2022</b>	MILITARY Time (24 hr clock) <b>01:38</b>	County of Crash <b>YORK COUNTY</b>	City of Town of	Local Case Number <b>DIV522144213</b>
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## DRIVER INFORMATION

Veh 1	Veh 2	Driver's Action P1		Veh 1	Veh 2	Driver Vision Obscured P3	
N/A	N/A	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	1. No Improper Action		<input checked="" type="radio"/>	<input checked="" type="radio"/>	1. Not Obscured	
<input type="radio"/>	<input type="radio"/>	2. Exceeded Speed Limit		<input type="radio"/>	<input type="radio"/>	2. Rain, Snow, etc. on Windshield	
<input type="radio"/>	<input type="radio"/>	3. Exceeded Safe Speed But Not Speed Limit		<input type="radio"/>	<input type="radio"/>	3. Windshield Otherwise Obscured	
<input type="radio"/>	<input type="radio"/>	4. Overtaking On Hill		<input type="radio"/>	<input type="radio"/>	4. Vision Obscured by Load on Vehicle	
<input type="radio"/>	<input type="radio"/>	5. Overtaking On Curve		<input type="radio"/>	<input type="radio"/>	5. Trees, Crops, etc.	
<input type="radio"/>	<input type="radio"/>	6. Overtaking at Intersection		<input type="radio"/>	<input type="radio"/>	6. Building	
<input type="radio"/>	<input type="radio"/>	7. Improper Passing of School Bus		<input type="radio"/>	<input type="radio"/>	7. Embankment	
<input type="radio"/>	<input type="radio"/>	8. Cutting In		<input type="radio"/>	<input type="radio"/>	8. Sign or Signboard	
<input type="radio"/>	<input type="radio"/>	9. Other Improper Passing		<input type="radio"/>	<input type="radio"/>	9. Hillcrest	
<input type="radio"/>	<input type="radio"/>	10. Wrong Side of Road - Not Overtaking		<input type="radio"/>	<input type="radio"/>	10. Parked Vehicle(s)	
<input type="radio"/>	<input type="radio"/>	11. Did Not Have Right-of-Way		<input type="radio"/>	<input type="radio"/>	11. Moving Vehicle(s)	
<input type="radio"/>	<input type="radio"/>	12. Following Too Close		<input type="radio"/>	<input type="radio"/>	12. Sun or Headlight Glare	
<input type="radio"/>	<input type="radio"/>	13. Fail to Signal or Improper Signal		<input type="radio"/>	<input type="radio"/>	13. Other	
<input type="radio"/>	<input type="radio"/>	14. Improper Turn - Wide Right Turn		<input type="radio"/>	<input type="radio"/>	14. Blind Spot	
<input type="radio"/>	<input type="radio"/>	15. Improper Turn - Cut Corner on Left Turn		<input type="radio"/>	<input type="radio"/>	15. Smoke/Dust	
<input type="radio"/>	<input type="radio"/>	16. Improper Turn From Wrong Lane		<input type="radio"/>	<input type="radio"/>	16. Stopped Vehicle(s)	
<input type="radio"/>	<input type="radio"/>	17. Other Improper Turn		N/A	N/A	Type of Driver Distractions P4	
<input type="radio"/>	<input type="radio"/>	18. Improper Backing		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	19. Improper Start From Parked Position		<input type="radio"/>	<input type="radio"/>	1. Looking at Roadside Incident	
<input type="radio"/>	<input type="radio"/>	20. Disregarded Officer or Flagger		<input type="radio"/>	<input type="radio"/>	2. Driver Fatigue	
<input type="radio"/>	<input type="radio"/>	21. Disregarded Traffic Signal		<input type="radio"/>	<input type="radio"/>	3. Looking at Scenery	
<input type="radio"/>	<input type="radio"/>	22. Disregarded Stop or Yield Sign		<input type="radio"/>	<input type="radio"/>	4. Passenger(s)	
<input type="radio"/>	<input type="radio"/>	23. Driver Distraction		<input type="radio"/>	<input type="radio"/>	5. Radio/CD, etc.	
<input type="radio"/>	<input type="radio"/>	24. Fail to Stop at Through Highway - No Sign		<input type="radio"/>	<input type="radio"/>	6. Cell Phone	
<input type="radio"/>	<input type="radio"/>	25. Drive Through Work Zone		<input type="radio"/>	<input type="radio"/>	7. Eyes Not on Road	
<input type="radio"/>	<input type="radio"/>	26. Fail to Set Out Flares or Flags		<input type="radio"/>	<input type="radio"/>	8. Daydreaming	
<input type="radio"/>	<input type="radio"/>	27. Fail to Dim Headlights		<input type="radio"/>	<input type="radio"/>	9. Eating/Drinking	
<input type="radio"/>	<input type="radio"/>	28. Driving Without Lights		<input type="radio"/>	<input type="radio"/>	10. Adjusting Vehicle Controls	
<input type="radio"/>	<input type="radio"/>	29. Improper Parking Location		<input type="radio"/>	<input type="radio"/>	11. Other	
<input type="radio"/>	<input type="radio"/>	30. Avoiding Pedestrian		<input type="radio"/>	<input type="radio"/>	12. Navigation Device	
<input type="radio"/>	<input type="radio"/>	31. Avoiding Other Vehicle		<input checked="" type="radio"/>	<input checked="" type="radio"/>	13. Texting	
<input type="radio"/>	<input type="radio"/>	32. Avoiding Animal		<input checked="" type="radio"/>	<input checked="" type="radio"/>	14. No Driver Distraction	
<input type="radio"/>	<input type="radio"/>	33. Crowded Off Highway		N/A	N/A	Drinking P5	
<input type="radio"/>	<input type="radio"/>	34. Hit and Run		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	35. Car Ran Away - No Driver		<input type="radio"/>	<input type="radio"/>	1. Had Not Been Drinking	
<input type="radio"/>	<input type="radio"/>	36. Blinded by Headlights		<input type="radio"/>	<input type="radio"/>	2. Drinking - Obviously Drunk	
<input checked="" type="radio"/>	<input type="radio"/>	37. Other		<input type="radio"/>	<input type="radio"/>	3. Drinking - Ability Impaired	
<input type="radio"/>	<input type="radio"/>	38. Avoiding Object in Roadway		<input type="radio"/>	<input type="radio"/>	4. Drinking - Ability Not Impaired	
<input type="radio"/>	<input type="radio"/>	39. Eluding Police		<input type="radio"/>	<input type="radio"/>	5. Drinking - Not Known Whether Impaired	
<input type="radio"/>	<input type="radio"/>	40. Fail to Maintain Proper Control		<input checked="" type="radio"/>	<input checked="" type="radio"/>	6. Unknown	
<input type="radio"/>	<input type="radio"/>	41. Improper Passing		N/A	N/A	Method of Alcohol Determination (by police) P6	
<input type="radio"/>	<input type="radio"/>	42. Improper or Unsafe Lane Change		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	43. Over Correction		<input type="radio"/>	<input type="radio"/>	1. Blood	
N/A	N/A	Condition of Driver Contributing to the Crash P2		<input checked="" type="radio"/>	<input checked="" type="radio"/>	2. Breath	
<input checked="" type="radio"/>	<input type="radio"/>	1. No Defects		<input type="radio"/>	<input type="radio"/>	3. Refused	
<input type="radio"/>	<input type="radio"/>	2. Eyesight Defective		<input type="radio"/>	<input type="radio"/>	4. No Test	
<input type="radio"/>	<input type="radio"/>	3. Hearing Defective		N/A	N/A	Drug Use P7	
<input type="radio"/>	<input type="radio"/>	4. Other Body Defects		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	5. Illness		<input type="radio"/>	<input type="radio"/>	1. Yes	
<input type="radio"/>	<input type="radio"/>	6. Fatigued		<input type="radio"/>	<input type="radio"/>	2. No	
<input type="radio"/>	<input type="radio"/>	7. Apparently Asleep		<input checked="" type="radio"/>	<input checked="" type="radio"/>	3. Unknown	
<input type="radio"/>	<input type="radio"/>	8. Other					
<input checked="" type="radio"/>	<input type="radio"/>	9. Unknown					

## VEHICLE INFORMATION

Veh 1	Veh 2	Vehicle Maneuver V1		Veh 1	Veh 2	Vehicle Damage V4	
N/A	N/A	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/>	<input checked="" type="radio"/>	1. Going Straight Ahead		<input type="radio"/>	<input type="radio"/>	1. Unknown	
<input type="radio"/>	<input type="radio"/>	2. Making Right Turn		<input type="radio"/>	<input type="radio"/>	2. No damage	
<input type="radio"/>	<input type="radio"/>	3. Making Left Turn		<input type="radio"/>	<input type="radio"/>	3. Overtuned	
<input type="radio"/>	<input type="radio"/>	4. Making U-Turn		<input type="radio"/>	<input type="radio"/>	4. Motor	
<input type="radio"/>	<input type="radio"/>	5. Slowing or Stopping		<input type="radio"/>	<input type="radio"/>	5. Undercarriage	
<input type="radio"/>	<input type="radio"/>	6. Merging Into Traffic Lane		<input checked="" type="radio"/>	<input checked="" type="radio"/>	6. Totaled	
<input type="radio"/>	<input type="radio"/>	7. Starting From Parked Position		<input type="radio"/>	<input type="radio"/>	7. Fire	
<input type="radio"/>	<input type="radio"/>	8. Stopped in Traffic Lane		<input type="radio"/>	<input type="radio"/>	8. Other	
<input type="radio"/>	<input type="radio"/>	9. Ran Off Road - Right		N/A	N/A	Vehicle Condition V5	
<input type="radio"/>	<input type="radio"/>	10. Ran Off Road - Left		<input type="radio"/>	<input checked="" type="radio"/>	1. No Defects	
<input type="radio"/>	<input type="radio"/>	11. Parked		<input type="radio"/>	<input type="radio"/>	2. Lights Defective	
<input type="radio"/>	<input type="radio"/>	12. Backing		<input type="radio"/>	<input type="radio"/>	3. Brakes Defective	
<input type="radio"/>	<input type="radio"/>	13. Passing		<input type="radio"/>	<input type="radio"/>	4. Steering Defective	
<input type="radio"/>	<input type="radio"/>	14. Changing Lanes		<input type="radio"/>	<input type="radio"/>	5. Puncture/Blowout	
<input type="radio"/>	<input type="radio"/>	15. Other		<input type="radio"/>	<input type="radio"/>	6. Worn or Slick Tires	
<input type="radio"/>	<input type="radio"/>	16. Entering Street From Parking Lot		<input type="radio"/>	<input type="radio"/>	7. Motor Trouble	
N/A	N/A	Skidding Tire/Mark V2		<input checked="" type="radio"/>	<input checked="" type="radio"/>	8. Chains In Use	
<input checked="" type="radio"/>	<input checked="" type="radio"/>	1. Before Application of Brakes		<input type="radio"/>	<input type="radio"/>	9. Other	
<input checked="" type="radio"/>	<input checked="" type="radio"/>	2. After Application of Brakes		<input type="radio"/>	<input type="radio"/>	10. Vehicle Altered	
<input type="radio"/>	<input type="radio"/>	3. Before and After Application of Brakes		<input type="radio"/>	<input type="radio"/>	11. Mirrors Defective	
<input type="radio"/>	<input type="radio"/>	4. No Visible Skid Mark/Tire Mark		<input type="radio"/>	<input type="radio"/>	12. Power Train Defective	
N/A	N/A	Vehicle Body Type V3		<input type="radio"/>	<input type="radio"/>	13. Suspension Defective	
<input type="radio"/>	<input type="radio"/>	1. Passenger car		<input type="radio"/>	<input type="radio"/>	14. Windows/Windshield Defective	
<input type="radio"/>	<input type="radio"/>	2. Truck - Pick-up/Passenger Truck		<input type="radio"/>	<input type="radio"/>	15. Wipers Defective	
<input type="radio"/>	<input type="radio"/>	3. Van		<input type="radio"/>	<input type="radio"/>	16. Wheels Defective	
<input type="radio"/>	<input type="radio"/>	4. Truck - Single Unit Truck (2-Axles)		<input type="radio"/>	<input type="radio"/>	17. Exhaust System	
<input type="radio"/>	<input type="radio"/>	7. Motor Home, Recreational Vehicle		N/A	N/A	Special Function Motor Vehicle V6	
<input type="radio"/>	<input type="radio"/>	8. Special Vehicle - Oversized Vehicle/Earthmover/Road Equipment		<input type="radio"/>	<input checked="" type="radio"/>	1. No Special Function	
<input type="radio"/>	<input type="radio"/>	9. Bicycle		<input type="radio"/>	<input type="radio"/>	2. Taxi	
<input type="radio"/>	<input type="radio"/>	10. Moped		<input type="radio"/>	<input type="radio"/>	3. School Bus (Public or Private)	
<input type="radio"/>	<input type="radio"/>	11. Motorcycle		<input type="radio"/>	<input type="radio"/>	4. Transit Bus	
<input type="radio"/>	<input type="radio"/>	12. Emergency Vehicle (Regardless of Vehicle Type)		<input type="radio"/>	<input type="radio"/>	5. Intercity Bus	
<input type="radio"/>	<input type="radio"/>	13. Bus - School Bus		<input type="radio"/>	<input type="radio"/>	6. Charter Bus	
<input type="radio"/>	<input type="radio"/>	14. Bus - City Transit Bus/Privately Owned Church Bus		<input checked="" type="radio"/>	<input type="radio"/>	7. Other Bus	
<input checked="" type="radio"/>	<input type="radio"/>	15. Bus - Commercial Bus		<input type="radio"/>	<input type="radio"/>	8. Military	
<input type="radio"/>	<input type="radio"/>	16. Other (Scooter, Go-cart, Hearse, Bookmobile, Golf Cart, etc.)		<input type="radio"/>	<input type="radio"/>	9. Police	
<input type="radio"/>	<input type="radio"/>	18. Special Vehicle - Farm Machinery		<input type="radio"/>	<input type="radio"/>	10. Ambulance	
<input type="radio"/>	<input type="radio"/>	19. Special Vehicle - ATV		<input type="radio"/>	<input type="radio"/>	11. Fire Truck	
<input type="radio"/>	<input type="radio"/>	21. Special Vehicle - Low-Speed Vehicle		<input type="radio"/>	<input type="radio"/>	12. Tow Truck	
<input type="radio"/>	<input type="radio"/>	22. Truck - Sport Utility Vehicle (SUV)		<input type="radio"/>	<input type="radio"/>	13. Maintenance	
<input type="radio"/>	<input checked="" type="radio"/>	23. Truck - Single Unit Truck (3 Axles or More)		<input type="radio"/>	<input type="radio"/>	14. Unknown	
<input type="radio"/>	<input type="radio"/>	25. Truck - Truck Tractor (Bobtail-No Trailer)		<input type="radio"/>	<input type="radio"/>	15. TNC	
<input checked="" type="radio"/>	<input checked="" type="radio"/>	EMV in service V7		<input type="radio"/>	<input type="radio"/>	1. Yes	
<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	2. No	
<input checked="" type="radio"/>	<input checked="" type="radio"/>	Truck Cover V8		<input type="radio"/>	<input type="radio"/>	1. Yes	
<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	2. No	



# Police Crash Report

Revised Report

<b>CRASH</b>		Crash Date <b>MM DD YYYY</b> 12/16/2022		MILITARY Time (24 hr clock) 01:38	County of Crash YORK COUNTY	City of Town of	Local Case Number DIV522144213
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## 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



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Revised Report

## CRASH

Crash Date <b>12/16/2022</b>	MILITARY Time (24 hr clock) <b>01:38</b>	County of Crash <b>YORK COUNTY</b>	City of <input type="text"/> Town of <input type="text"/>	Local Case Number <b>DIV522144213</b>
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### CRASH DIAGRAM

**VEHICLE # 1**

Fill In Impact Area(s).  
Initial Impact.

11	<input checked="" type="checkbox"/>	1
10	<input checked="" type="checkbox"/>	2
9	<input checked="" type="checkbox"/>	3
8	<input checked="" type="checkbox"/>	4
7	<input checked="" type="checkbox"/>	5

E

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

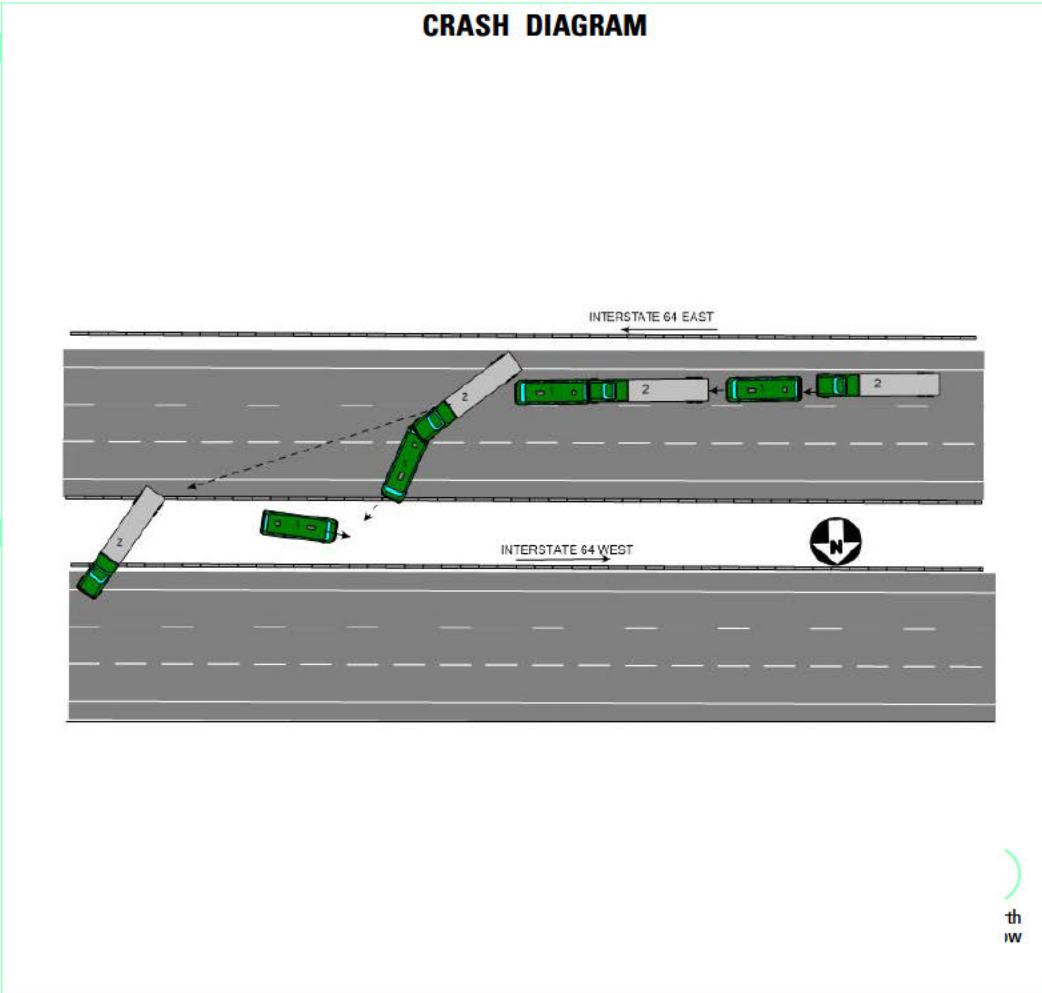
**VEHICLE #**

Fill In Impact Area(s).  
Initial Impact.

11	<input type="checkbox"/>	1
10	<input type="checkbox"/>	2
9	<input type="checkbox"/>	3
8	<input type="checkbox"/>	4
7	<input type="checkbox"/>	5

E

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



**VEHICLE # 2**

Fill In Impact Area(s).  
Initial Impact.

11	<input checked="" type="checkbox"/>	1
10	<input checked="" type="checkbox"/>	2
9	<input checked="" type="checkbox"/>	3
8	<input checked="" type="checkbox"/>	4
7	<input checked="" type="checkbox"/>	5

E

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

**VEHICLE #**

Fill In Impact Area(s).  
Initial Impact.

11	<input type="checkbox"/>	1
10	<input type="checkbox"/>	2
9	<input type="checkbox"/>	3
8	<input type="checkbox"/>	4
7	<input type="checkbox"/>	5

E

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

### DAMAGE TO PROPERTY OTHER THAN VEHICLES

Approx. Repair Cost <b>10000</b>	Object Struck (Tree, Fence, etc.) <b>GUARD RAIL</b>	Property Owners Name (Last, First, Middle) <b>VIRGINIA DEPARTMENT OF TRANSPORTATION</b>	Address (Street and Number) <b>1401 E. BROAD ST. RICHMOND, VA 232</b>	VDOT Property <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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### CRASH DESCRIPTION

VEHICLE # 2 STRUCK VEHICLE # 1 IN THE REAR. VEHICLE # 1 ROTATED 60 DEGREES LOCKED WITH VEHICLE #2. BOTH VEHICLES RAN OFF THE ROADWAY ON THE LEFT SIDE OF ROAD. VEHICLE # 1, STRUCK THE GUARD RAIL, BEFORE ENTERING THE CENTER MEDIAN. UPON ENTERING THE CENTER MEDIAN, VEHICLE #1'S REAR CARGO SHELL DETACHED FROM THE VEHICLE EJECTING ALL PASSENGERS. VEHICLE # 2 CONTINUED MOVING FORWARD CROSSING THROUGH THE CENTER MEDIAN AND THEN STRUCK THE GUARD RAIL ON THE WEST BOUND SIDE. THERE WERE APPROXIMATELY 200 FEET OF GUARD RAIL AND 30 POSTS DAMAGED.

P1 IS OTHER DUE TO THE FACT THAT VEHICLE # 1 WAS HINDERING THE FLOW OF TRAFFIC DUE TO ITS SPEED OF TRAVEL.  
 VEHICLE #1 - DRIVERS LICENSE WAS SUSPENDED.  
 P5, P6, & P7 - PENDING TOXICOLOGY RESULTS.  
 P2 - PENDING FURTHER INVESTIGATION.

### CRASH EVENTS

Vehicle #	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event
1	20	28	5		20
2	20	28	5	5	20

First Harmful Event of Entire Crash that Results in First Injury or Damage. **20**

- COLLISION WITH FIXED OBJECT**
- Bank Or Ledge
  - Trees
  - Utility Pole
  - Fence Or Post
  - Guard Rail
  - Parked Vehicle
  - Tunnel, Bridge, Underpass, Culvert, etc.
  - Sign, Traffic Signal
  - Impact Cushioning Device
  - Other
  - Jersey Wall
  - Building/Structure
  - Curb
  - Ditch
  - Other Fixed Object
  - Other Traffic Barrier
  - Traffic Sign Support
  - Mailbox

- COLLISION WITH PERSON, MOTOR VEHICLE OR NON-FIXED OBJECT**
- Pedestrian
  - Motor Vehicle In Transport
  - Train
  - Bicycle
  - Animal
  - Work Zone
  - Maintenance Equipment
  - Other Movable Object
  - Unknown Movable Object
  - Other

- NON-COLLISION**
- Ran Off Road
  - Jack Knife
  - Overturn (Rollover)
  - Downhill Runaway
  - Cargo Loss or Shift
  - Explosion or Fire
  - Separation of Units
  - Cross Median
  - Cross Centerline
  - Equipment Failure (Tire, etc)
  - Immersion
  - Fell/Jumped From Vehicle
  - Thrown or Falling Object
  - Non-Collision Unknown
  - Other Non-Collision



# Police Crash Report

Revised Report

## CRASH

Crash Date	<u>MM DD YYYY</u> 12/16/2022	MILITARY Time (24 hr clock)	<u>01:38</u>	County of Crash	<u>YORK COUNTY</u>	City of	<input type="checkbox"/>	Town of	<input type="checkbox"/>	Local Case Number	<u>DIV522144213</u>
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### COMMERCIAL MOTOR VEHICLE SECTION

This form is being completed because the vehicle is:

- A Truck or Truck Combination Rating Greater Than 10,000 lbs. (GVWR/GCWR)
- Any Motor Vehicle That Seats 9 or More People, Including the Driver
- A Vehicle of Any Type with a Hazardous Materials Placard Regardless of Weight

#### AND The crash resulted in:

- A fatality: any person(s) killed in or outside of any vehicle (truck, bus, car, etc.) involved in the crash or who dies within 30 days of the crash as a result of an injury sustained in the crash
- OR
- An injury: any person(s) injured as a result of the crash who immediately receives medical treatment away from the crash scene
- OR
- A tow-away: any motor vehicle (truck, bus, car, etc.) disabled as a result of the crash and transported away from the scene by a tow truck or other vehicle

### VEHICLE # 1

<b>Vehicle Configuration</b> V10	<b>Cargo Body Type</b> V11	<b>License Class</b> P8	<b>Commercial Endorsement</b> P9
<input type="checkbox"/> 1. Passenger Car (Only if Vehicle Has Hazardous Materials Placard) <input type="checkbox"/> 2. Light Truck (Only if Vehicle Has Hazardous Materials Placard) <input type="checkbox"/> 3. Bus (Seats 9-15 People, Including Driver) <input checked="" type="checkbox"/> 4. Bus (Seats for 16 People or More, Including Driver) <input type="checkbox"/> 5. Single Unit Truck (2 Axles, 6 Tires) <input type="checkbox"/> 6. Single Unit Truck (3 or More Axles) <input type="checkbox"/> 7. Truck Trailer(s) [Single-Unit Truck Pulling Trailer(s)] <input type="checkbox"/> 8. Truck Tractor (Bobtail) <input type="checkbox"/> 9. Tractor/Semi-trailer (One Trailer) <input type="checkbox"/> 10. Tractor/Doubles (Two Trailers) <input type="checkbox"/> 11. Other Truck Greater Than 10,000 lbs. (Not Listed Above)	<input type="checkbox"/> 1. Bus (Seats 9-15 People, Including Driver) <input checked="" type="checkbox"/> 2. Bus (Seats For 16 People or More, Including Driver) <input type="checkbox"/> 3. Van/Enclosed Box <input type="checkbox"/> 4. Cargo Tank <input type="checkbox"/> 5. Flatbed <input type="checkbox"/> 6. Dump <input type="checkbox"/> 7. Concrete Mixer <input type="checkbox"/> 8. Auto Transporter <input type="checkbox"/> 9. Garbage/Refuse <input type="checkbox"/> 10. Grain/Chips/Gravel <input type="checkbox"/> 11. Pole-Trailer <input type="checkbox"/> 12. Vehicle Towing Another Motor Vehicle <input type="checkbox"/> 13. Intermodal Container Chassis <input type="checkbox"/> 14. Logging <input type="checkbox"/> 15. Other Cargo Body (Not Listed Above) <input type="checkbox"/> 16. Not Applicable/ No Cargo Body	<input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input checked="" type="checkbox"/> Class DRL (regular drivers license) <input type="checkbox"/> Class M	<input type="checkbox"/> T-Double Trailer <input type="checkbox"/> P-Passenger Vehicle <input type="checkbox"/> N-Tank Vehicle <input type="checkbox"/> H-Required To Be Placarded for Hazardous Materials <input type="checkbox"/> X-Combined Tank/HAZMAT <input type="checkbox"/> O-Other
<b>Hazardous Material</b>		<b>GVWR/ GCWR</b> V12	
Hazardous Material Placard: <input type="checkbox"/> Y <input checked="" type="checkbox"/>		<input type="checkbox"/> 1. 10,000 lbs. or Less <input checked="" type="checkbox"/> 2. 10,001-26,000 lbs. <input type="checkbox"/> 3. Greater Than 26,000 lbs.	

HM 4-Digit <input type="checkbox"/>	HM Placard Name <input type="checkbox"/>	HM Class <input type="checkbox"/>	HM Cargo Present <input checked="" type="checkbox"/>	HM Cargo Released <input checked="" type="checkbox"/>
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### Carrier Identification

Commercial Motor Carrier Name	Address (P.O. Box if No Street Address)		
<u>FUTRELL, TOWANDA ROGERS</u>	<u>[REDACTED]</u>		
Carrier's ID Number	State (Intrastate Only)	City	State Zip
<u>US DOT#</u>	<u>- V A</u>	<u>NORFOLK</u>	<u>VA 23504</u>

### Commercial/Non-Commercial V13

<input type="checkbox"/> 1. Interstate Carrier
<input checked="" type="checkbox"/> 2. Intrastate Carrier
<input type="checkbox"/> 3. Not in Commerce-Government (Trucks and Buses)
<input type="checkbox"/> 4. Not in Commerce-Other Truck (Over 10,000 lbs.)

### VEHICLE # 2

<b>Vehicle Configuration</b> V10	<b>Cargo Body Type</b> V11	<b>License Class</b> P8	<b>Commercial Endorsement</b> P9
<input type="checkbox"/> 1. Passenger Car (Only if Vehicle Has Hazardous Materials Placard) <input type="checkbox"/> 2. Light Truck (Only if Vehicle Has Hazardous Materials Placard) <input type="checkbox"/> 3. Bus (Seats 9-15 People, Including Driver) <input type="checkbox"/> 4. Bus (Seats for 16 People or More, Including Driver) <input type="checkbox"/> 5. Single Unit Truck (2 Axles, 6 Tires) <input type="checkbox"/> 6. Single Unit Truck (3 or More Axles) <input type="checkbox"/> 7. Truck Trailer(s) [Single-Unit Truck Pulling Trailer(s)] <input type="checkbox"/> 8. Truck Tractor (Bobtail) <input checked="" type="checkbox"/> 9. Tractor/Semi-trailer (One Trailer) <input type="checkbox"/> 10. Tractor/Doubles (Two Trailers) <input type="checkbox"/> 11. Other Truck Greater Than 10,000 lbs. (Not Listed Above)	<input type="checkbox"/> 1. Bus (Seats 9-15 People, Including Driver) <input type="checkbox"/> 2. Bus (Seats For 16 People or More, Including Driver) <input checked="" type="checkbox"/> 3. Van/Enclosed Box <input type="checkbox"/> 4. Cargo Tank <input type="checkbox"/> 5. Flatbed <input type="checkbox"/> 6. Dump <input type="checkbox"/> 7. Concrete Mixer <input type="checkbox"/> 8. Auto Transporter <input type="checkbox"/> 9. Garbage/Refuse <input type="checkbox"/> 10. Grain/Chips/Gravel <input type="checkbox"/> 11. Pole-Trailer <input type="checkbox"/> 12. Vehicle Towing Another Motor Vehicle <input type="checkbox"/> 13. Intermodal Container Chassis <input type="checkbox"/> 14. Logging <input type="checkbox"/> 15. Other Cargo Body (Not Listed Above) <input type="checkbox"/> 16. Not Applicable/ No Cargo Body	<input checked="" type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Class DRL (regular drivers license) <input type="checkbox"/> Class M	<input type="checkbox"/> T-Double Trailer <input type="checkbox"/> P-Passenger Vehicle <input type="checkbox"/> N-Tank Vehicle <input type="checkbox"/> H-Required To Be Placarded for Hazardous Materials <input checked="" type="checkbox"/> X-Combined Tank/HAZMAT <input type="checkbox"/> O-Other
<b>Hazardous Material</b>		<b>GVWR/ GCWR</b> V12	
Hazardous Material Placard: <input type="checkbox"/> Y <input checked="" type="checkbox"/>		<input type="checkbox"/> 1. 10,000 lbs. or Less <input checked="" type="checkbox"/> 2. 10,001-26,000 lbs. <input type="checkbox"/> 3. Greater Than 26,000 lbs.	

HM 4-Digit <input type="checkbox"/>	HM Placard Name <input type="checkbox"/>	HM Class <input type="checkbox"/>	HM Cargo Present <input checked="" type="checkbox"/>	HM Cargo Released <input checked="" type="checkbox"/>
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### Carrier Identification

Commercial Motor Carrier Name	Address (P.O. Box if No Street Address)		
<u>TRITON LOGISTICS INC</u>	<u>525 ANDERSON DR</u>		
Carrier's ID Number	State (Intrastate Only)	City	State Zip
<u>US DOT#</u>	<u>-</u>	<u>ROMEVILLE</u>	<u>IL 60446</u>

### Commercial/Non-Commercial V13

<input checked="" type="checkbox"/> 1. Interstate Carrier
<input type="checkbox"/> 2. Intrastate Carrier
<input type="checkbox"/> 3. Not in Commerce-Government (Trucks and Buses)
<input type="checkbox"/> 4. Not in Commerce-Other Truck (Over 10,000 lbs.)



# Police Crash Report

Revised Report

<b>CRASH</b>		Crash Date <b>MM DD YYYY</b> 12/16/2022		MILITARY Time (24 hr clock) 01:38	County of Crash YORK COUNTY	<input type="radio"/> City of <input type="radio"/> Town of	Local Case Number DIV522144213
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<b>PEDESTRIAN #</b>		Name of Injured (Last, First, Middle)	
Address (Street and Number)			
City		State	ZIP
Driver's License #			State
Gender <input type="radio"/> M <input type="radio"/> F	EMS Transport <input type="radio"/> Y <input type="radio"/> N	Injury Type	Birthdate MM DD YYYY
		Date of Death MM DD YYYY	

<b>PEDESTRIAN #</b>		Name of Injured (Last, First, Middle)	
Address (Street and Number)			
City		State	ZIP
Driver's License #			State
Gender <input type="radio"/> M <input type="radio"/> F	EMS Transport <input type="radio"/> Y <input type="radio"/> N	Injury Type	Birthdate MM DD YYYY
		Date of Death MM DD YYYY	

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

<b>Pedestrian Drinking</b> P11	
<input 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	

<b>Method of Alcohol Determination by Police</b> P13	
<input type="radio"/> 1. Blood <input type="radio"/> 2. Breath <input type="radio"/> 3. Refused <input type="radio"/> 4. No Test	

<b>Condition of Pedestrian Contributing to the Crash</b> P12	
<input 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	

<b>Pedestrian Drug Use</b> P14	
<input type="radio"/> 1. Yes <input type="radio"/> 2. No <input type="radio"/> 3. Unknown	

<b>Pedestrian Wear Reflective Clothing</b> P15	
<input type="radio"/> 1. Yes <input type="radio"/> 2. No	

Use sections below for additional passengers.

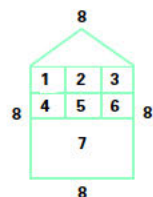
**VEHICLE # 1**

<b>PASSENGER (only if injured or killed)</b>		EMS Transport	Date of Death
Name of Injured (Last, First, Middle) <b>FUTRELL, TOWANDA</b>		<input checked="" type="checkbox"/> <input type="radio"/> N	MM DD YY
Position In/On Vehicle 7	Safety Equip Used 8	Airbag 2	Ejected 3
Injury Type 3	Birthdate	Gender <input type="radio"/> M <input checked="" type="radio"/> F	
Name of Injured (Last, First, Middle) <b>MORGAN, TREVONTE</b>		<input checked="" type="checkbox"/> <input type="radio"/> N	MM DD YY
Position In/On Vehicle 7	Safety Equip Used 8	Airbag 2	Ejected 3
Injury Type 3	Birthdate	Gender <input checked="" type="radio"/> M <input type="radio"/> F	
Name of Injured (Last, First, Middle) <b>HARDEE, ANTONIO, LEE</b>		<input checked="" type="checkbox"/> <input type="radio"/> N	MM DD YY
Position In/On Vehicle 7	Safety Equip Used 8	Airbag 2	Ejected 3
Injury Type 3	Birthdate	Gender <input checked="" type="radio"/> M <input type="radio"/> F	

**VEHICLE # 1**

<b>PASSENGER (only if injured or killed)</b>		EMS Transport	Date of Death
Name of Injured (Last, First, Middle) <b>PULLEY, JAHNEYA</b>		<input checked="" type="checkbox"/> <input type="radio"/> N	MM DD YY
Position In/On Vehicle 7	Safety Equip Used 8	Airbag 2	Ejected 3
Injury Type 3	Birthdate	Gender <input type="radio"/> M <input checked="" type="radio"/> F	
Name of Injured (Last, First, Middle) <b>COPELAND, SYMONE</b>		<input checked="" type="checkbox"/> <input type="radio"/> N	MM DD YY
Position In/On Vehicle 7	Safety Equip Used 8	Airbag 2	Ejected 3
Injury Type 3	Birthdate	Gender <input type="radio"/> M <input checked="" type="radio"/> F	
Name of Injured (Last, First, Middle) <b>ROGERS, TYQUIRA</b>		<input checked="" type="checkbox"/> <input type="radio"/> N	MM DD YY
Position In/On Vehicle 7	Safety Equip Used 8	Airbag 2	Ejected 3
Injury Type 3	Birthdate	Gender <input type="radio"/> M <input checked="" 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
  - Serious Injury
  - Minor/Possible Injury
  - No Apparent Injury



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<b>PEDESTRIAN #</b>					
Name of Injured (Last, First, Middle)					
Address (Street and Number)					
City		State	ZIP		
Driver's License #				State	
Gender <input type="radio"/> M <input type="radio"/> F	EMS Transport <input type="radio"/> Y <input type="radio"/> N	Injury Type	Birthdate MM DD YYYY	Date of Death MM DD YYYY	

<b>PEDESTRIAN #</b>					
Name of Injured (Last, First, Middle)					
Address (Street and Number)					
City		State	ZIP		
Driver's License #				State	
Gender <input type="radio"/> M <input type="radio"/> F	EMS Transport <input type="radio"/> Y <input type="radio"/> N	Injury Type	Birthdate MM DD YYYY	Date of Death MM DD YYYY	

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

<b>Pedestrian Drinking</b> P11	
<input 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	

<b>Method of Alcohol Determination by Police</b> P13	
<input type="radio"/> 1. Blood <input type="radio"/> 2. Breath <input type="radio"/> 3. Refused <input type="radio"/> 4. No Test	

<b>Condition of Pedestrian Contributing to the Crash</b> P12	
<input 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	

<b>Pedestrian Drug Use</b> P14	
<input type="radio"/> 1. Yes <input type="radio"/> 2. No <input type="radio"/> 3. Unknown	

<b>Pedestrian Wear Reflective Clothing</b> P15	
<input type="radio"/> 1. Yes <input type="radio"/> 2. No	

Use sections below for additional passengers.

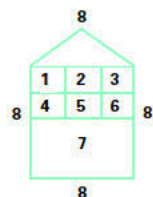
**VEHICLE # 1**

<b>PASSENGER (only if injured or killed)</b>							
Name of Injured (Last, First, Middle) RODGERS, JERMAINE				EMS Transport <input checked="" type="checkbox"/> <input type="radio"/> N	Date of Death MM DD YY		
Position In/On Vehicle 7	Safety Equip Used 8	Airbag 2	Ejected 3	Injury Type 3	Birthdate YY	Gender <input checked="" type="radio"/> M <input type="radio"/> F	
Name of Injured (Last, First, Middle) SHAW, MALIK, LILRONNE				EMS Transport <input checked="" type="checkbox"/> <input type="radio"/> N	Date of Death MM DD YY		
Position In/On Vehicle 7	Safety Equip Used 8	Airbag 2	Ejected 3	Injury Type 3	Birthdate YY	Gender <input checked="" type="radio"/> M <input type="radio"/> F	
Name of Injured (Last, First, Middle) FUTRELL, TANIJA				EMS Transport <input checked="" type="checkbox"/> <input type="radio"/> N	Date of Death MM DD YY		
Position In/On Vehicle 7	Safety Equip Used 8	Airbag 2	Ejected 3	Injury Type 3	Birthdate YY	Gender <input checked="" type="radio"/> M <input type="radio"/> F	

**VEHICLE # 1**

<b>PASSENGER (only if injured or killed)</b>							
Name of Injured (Last, First, Middle) ROGERS, TYEISHA, CHANTE				EMS Transport <input checked="" type="checkbox"/> <input type="radio"/> N	Date of Death MM DD YY		
Position In/On Vehicle 7	Safety Equip Used 8	Airbag 2	Ejected 3	Injury Type 3	Birthdate YY	Gender <input checked="" type="radio"/> M <input type="radio"/> F	
Name of Injured (Last, First, Middle) SPRUILL, TANAJSYIA				EMS Transport <input checked="" type="checkbox"/> <input type="radio"/> N	Date of Death MM DD YY		
Position In/On Vehicle 7	Safety Equip Used 8	Airbag 2	Ejected 3	Injury Type 3	Birthdate YY	Gender <input checked="" type="radio"/> M <input type="radio"/> F	
Name of Injured (Last, First, Middle) JACKSON, QWAZANEIC				EMS Transport <input checked="" type="checkbox"/> <input type="radio"/> N	Date of Death MM DD YY		
Position In/On Vehicle 7	Safety Equip Used 8	Airbag 2	Ejected 3	Injury Type 3	Birthdate YY	Gender <input checked="" 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
  2. Serious Injury
  3. Minor/Possible Injury
  4. No Apparent Injury



# Police Crash Report

Revised Report

<b>CRASH</b>		Crash Date <b>MM DD YYYY</b> 12/16/2022	MILITARY Time (24 hr clock) 01:38	County of Crash YORK COUNTY	<input type="radio"/> City of <input type="radio"/> Town of	Local Case Number DIV522144213
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<b>PEDESTRIAN #</b>		Name of Injured (Last, First, Middle)				
Address (Street and Number)						
City			State	ZIP		
Driver's License #					State	
Gender <input type="radio"/> M <input type="radio"/> F	EMS Transport <input type="radio"/> Y <input type="radio"/> N	Injury Type	Birthdate MM DD YYYY	Date of Death MM DD YYYY		

<b>PEDESTRIAN #</b>		Name of Injured (Last, First, Middle)				
Address (Street and Number)						
City			State	ZIP		
Driver's License #					State	
Gender <input type="radio"/> M <input type="radio"/> F	EMS Transport <input type="radio"/> Y <input type="radio"/> N	Injury Type	Birthdate MM DD YYYY	Date of Death MM DD YYYY		

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

<input type="radio"/> N/A	<input type="radio"/> N/A	<b>Pedestrian Drinking</b>	<b>P11</b>
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<input type="radio"/>	<input type="radio"/>	1. Had Not Been Drinking	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	2. Drinking - Obviously Drunk	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	3. Drinking - Ability Impaired	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	4. Drinking - Ability Not Impaired	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	5. Drinking - Not Known Whether Impaired	<input type="radio"/>

<input type="radio"/> N/A	<input type="radio"/> N/A	<b>Condition of Pedestrian Contributing to the Crash</b>	<b>P12</b>
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<input type="radio"/>	<input type="radio"/>	1. No Defects	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	2. Eyesight Defective	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	3. Hearing Defective	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	4. Other Body Defects	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	5. Illness	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	6. Fatigued	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	7. Apparently Asleep	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	8. Other	<input type="radio"/>

<input type="radio"/> N/A	<input type="radio"/> N/A	<b>Method of Alcohol Determination by Police</b>	<b>P13</b>
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<input type="radio"/>	<input type="radio"/>	1. Blood	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	2. Breath	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	3. Refused	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	4. No Test	<input type="radio"/>

<input type="radio"/> N/A	<input type="radio"/> N/A	<b>Pedestrian Drug Use</b>	<b>P14</b>
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<input type="radio"/>	<input type="radio"/>	1. Yes	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	2. No	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	3. Unknown	<input type="radio"/>

<input type="radio"/> N/A	<input type="radio"/> N/A	<b>Pedestrian Wear Reflective Clothing</b>	<b>P15</b>
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<input type="radio"/>	<input type="radio"/>	1. Yes	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	2. No	<input type="radio"/>

Use sections below for additional passengers.

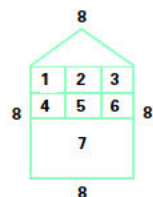
<b>VEHICLE #</b>	<b>1</b>
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<b>PASSENGER (only if injured or killed)</b>		EMS Transport	Date of Death
Name of Injured (Last, First, Middle) <b>HARRIS, CAMRYN</b>		<input checked="" type="radio"/> <input type="radio"/> N	MM DD YY
Position In/On Vehicle	Safety Equip Used	Airbag	Ejected
7	8	2	3
Injury Type	Birthdate	Gender	
3		<input checked="" type="radio"/> <input type="radio"/> F	
Name of Injured (Last, First, Middle) <b>ALSTON, PERCY, LORENZO</b>		EMS Transport	Date of Death
		<input checked="" type="radio"/> <input type="radio"/> N	MM DD YY
Position In/On Vehicle	Safety Equip Used	Airbag	Ejected
7	8	2	3
Injury Type	Birthdate	Gender	
3		<input checked="" type="radio"/> <input type="radio"/> F	
Name of Injured (Last, First, Middle) <b>ALSTON, NYZIR, ROSHAWN</b>		EMS Transport	Date of Death
		<input checked="" type="radio"/> <input type="radio"/> N	MM DD YY
Position In/On Vehicle	Safety Equip Used	Airbag	Ejected
7	8	2	3
Injury Type	Birthdate	Gender	
3		<input checked="" type="radio"/> <input type="radio"/> F	

<b>VEHICLE #</b>	<b>1</b>
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<b>PASSENGER (only if injured or killed)</b>		EMS Transport	Date of Death
Name of Injured (Last, First, Middle) <b>MORGAN, DARRELL, LEANDER</b>		<input checked="" type="radio"/> <input type="radio"/> N	MM DD YY
Position In/On Vehicle	Safety Equip Used	Airbag	Ejected
7	8	2	3
Injury Type	Birthdate	Gender	
3		<input checked="" type="radio"/> <input type="radio"/> F	
Name of Injured (Last, First, Middle) <b>COPELAND, LADANNA, TAWADAN</b>		EMS Transport	Date of Death
		<input checked="" type="radio"/> <input type="radio"/> N	MM DD YY
Position In/On Vehicle	Safety Equip Used	Airbag	Ejected
7	8	2	3
Injury Type	Birthdate	Gender	
3		<input checked="" type="radio"/> <input type="radio"/> M	
Name of Injured (Last, First, Middle) <b>GIST, CEEASHA, MYA</b>		EMS Transport	Date of Death
		<input checked="" type="radio"/> <input type="radio"/> N	MM DD YY
Position In/On Vehicle	Safety Equip Used	Airbag	Ejected
7	8	2	3
Injury Type	Birthdate	Gender	
3		<input checked="" type="radio"/> <input type="radio"/> M	

**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
  - Serious Injury
  - Minor/Possible Injury
  - No Apparent Injury