



Motor Carrier Attachment – AGL Crash Reports and Loss Run Report

Louisville, NY

HWY23FH005

(120 pages)



MCMIS

Motor Carrier Management
Information System

View Crash Report

Report/Location	Company	Driver	Vehicle/HM	Conditions/Events/Outcome	Show All Data
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Report State:	MA	Report Number:	MATRV0018843	Sequence Number:	1	Report Status:	COMPLETE
USDOT Number:	2447319	Company Type:	CARRIER	Status:	ACTIVE		
Company Name:	AERO GLOBAL LOGISTICS						

Report Information			
Report Number:	MATRV0018843	Sequence Number:	1
Crash Date:	05/19/2023	Crash Time:	16:59
Reporting Agency:	TAUNTON POLICE DEPT	Officer Badge:	0461

Location Details			
Street/Highway:	286 BROADWAY		
City Name:	TAUNTON	City Code:	
State:	MA	County:	005 - BRISTOL

Uploaded/Calculated Fields					
SAFETYNET Version:	4.2.0.1	SAFETYNET Search Date:			
Last Uploaded Transaction Code:	A	Transaction Date:	05/22/2023		
Upload Date:	05/22/2023	MCMIS Add Date:	05/22/2023	Final Status Date:	05/22/2023
Census Search Date:	05/22/2023	Census Source Code:		Upload Search Indicator:	M

Uploaded Company Fields			
Company Name:	AERO GLOBAL LOGISTICS		
Upload DOT Number:	002447319	Docket Number:	844580
Street Address:	2983 SOUTH PLEASANT VALLEY ROAD	Colonia:	
City:	WINCHESTER	City Code:	
State:	VA	ZIP/Postal Code:	22601
Interstate:	INTERSTATE	No ID Flag:	0
State Census Number:		Issuing State:	
Source of Company Name:			

Driver Identification			
Name:	DAVID J. ENGLER	Date of Birth:	██████████
License State:	MA	License Number:	██████████
Valid Drivers License:	YES	Drivers License Class:	CLASS D
Citation Issued:	NO	Apparent Condition:	

Vehicle Information			
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Vehicle Configuration:	SINGLE-UNIT TRUCK (2-AXLE, 6 TIRE)		
Cargo Body Type:	VAN/ENCLOSED BOX		
Vehicle Identification Number:	1HTMMML1KH586717	Number of Axles:	
License State:	MA	Vehicle License Number:	V83633
Gross Vehicle Weight Rating:	10,001-26,000	Gross Combined Vehicle Weight:	
Truck/Bus Indicator:	TRUCK	Bus Use:	NOT A BUS

Hazardous Materials Information			
HM Name:			
Hazmat Placard:		HM 4-digit Number:	
HM Class:			

Crash Conditions			
Trafficway:	TWO-WAY TRAFFICWAY, DIVIDED, UNPROTECTED MEDIAN		
Access Control:			
Weather:	NO ADVERSE CONDITIONS		
Road Surface:	DRY	Light:	DAYLIGHT

Crash Events	
Event 1:	13 - COLLISION INVOLVING MOTOR VEHICLE IN TRANSPORT
Event 2:	
Event 3:	
Event 4:	

Crash Outcome					
Number Vehicles in Crash:	3	Federally Recordable Crash:	YES	State Reportable Crash:	YES
Number of Fatalities:	0	Number of Injuries:	3	Towaway:	YES
Hazardous Materials Released:					

[Return to Crashes for Company](#)

[Return to Crash Selections](#)

Options for this Company



January 23, 2024

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MCMIS

Motor Carrier Management Information System

View Crash Report

Report/Location	Company	Driver	Vehicle/HM	Conditions/Events/Outcome	Show All Data
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Report State:	NY	Report Number:	NY3971371700	Sequence Number:	1	Report Status:	COMPLETE
USDOT Number:	2447319	Company Type:	CARRIER	Status:	ACTIVE		
Company Name:	AERO GLOBAL LOGISTICS						

Report Information			
Report Number:	NY3971371700	Sequence Number:	1
Crash Date:	01/28/2023	Crash Time:	06:02
Reporting Agency:	NYSP WINTHROP SATELLITE	Officer Badge:	193

Location Details			
Street/Highway:	REF MARKER: 37 75021551		
City Name:		City Code:	
State:	NY	County:	089 - SAINT LAWRENCE

Uploaded/Calculated Fields					
SAFETYNET Version:	4.2.0.1	SAFETYNET Search Date:			
Last Uploaded Transaction Code:	A	Transaction Date:	02/24/2023		
Upload Date:	02/24/2023	MCMIS Add Date:	02/25/2023	Final Status Date:	02/25/2023
Census Search Date:	02/25/2023	Census Source Code:		Upload Search Indicator:	

Uploaded Company Fields			
Company Name:	AERO GLOBAL LOGISTICS		
Upload DOT Number:	002447319	Docket Number:	844580
Street Address:	2983 SOUTH PLEASANT VALLEY ROA	Colonia:	
City:	WINCHESTER	City Code:	
State:	VA	ZIP/Postal Code:	22601
Interstate:	INTERSTATE	No ID Flag:	0
State Census Number:		Issuing State:	
Source of Company Name:			

Driver Identification			
Name:	HARLY N. DIAZ BAEZ	Date of Birth:	██████████
License State:	NY	License Number:	██████████
Valid Drivers License:	YES	Drivers License Class:	CLASS D
Citation Issued:	NO	Apparent Condition:	

Vehicle Information

Vehicle Configuration:	SINGLE-UNIT TRUCK (2-AXLE, 6 TIRE)		
Cargo Body Type:	VAN/ENCLOSED BOX		
Vehicle Identification Number:	3ALACWFC1MDMS3297	Number of Axles:	
License State:	MA	Vehicle License Number:	V75377
Gross Vehicle Weight Rating:	10,001-26,000	Gross Combined Vehicle Weight:	
Truck/Bus Indicator:	TRUCK	Bus Use:	NOT A BUS

Hazardous Materials Information

HM Name:			
Hazmat Placard:	NO	HM 4-digit Number:	
HM Class:			

Crash Conditions

Trafficway:	TWO-WAY TRAFFICWAY, NOT DIVIDED		
Access Control:	PARTIAL ACCESS CONTROL		
Weather:	SNOW		
Road Surface:	WET	Light:	DARK - NOT LIGHTED

Crash Events

Event 1:	13 - COLLISION INVOLVING MOTOR VEHICLE IN TRANSPORT
Event 2:	13 - COLLISION INVOLVING MOTOR VEHICLE IN TRANSPORT
Event 3:	
Event 4:	

Crash Outcome

Number Vehicles in Crash:	1	Federally Recordable Crash:	YES	State Reportable Crash:	YES
Number of Fatalities:	6	Number of Injuries:	3	Towaway:	YES
Hazardous Materials Released:	NO				

[Return to Crashes for Company](#)[Return to Crash Selections](#)

Options for this Company



January 23, 2024

[Close](#)



Commonwealth of Massachusetts

State Police Norwell Motor Vehicle CRASH Report

2023-0D1-000231

Crash - MV PI

State Police Norwell
Trooper Harvey, Joshua

1/19/23 3:00 AM

Vehicles: 1 # Injured: 2
Speed Limit: 60

RT 3 South, PRIOR X 27, PEMBROKE, MA

Light: 5 - Dark - roadway not lighted
Weather: Trafficway: 3 - Two-way, divided, positive
Traffic Ctrl: 1 - No controls School Bus: No
Ctrl Function: No Work Zone: No
Road Surface: 1 - Dry Collision: 1 - Single Vehicle Crash
InterSection: 1 - Not at intersection 1st Harmful: Motor vehicle in traffic
1st Harmful Location: 1 - Roadway

Vehicle#	1	Reg#	W31355	MA	CON	2019	4000	Towed
Insurance Co:	PRIME PROPERTY & CASUALTY		Action Prior:	1 - Travelling Straight ahead				
Veh Config:	6 - Single unit truck (2 axles,6 tires)		Most Harmful:	Motor vehicle in traffic				
Hit/Run:	No		Event Seq. 1:	1 - Motor vehicle in traffic				
Moped:	No		Event Seq. 2:	24 - Guardrail				
Travel Direction:	S		Event Seq. 3:					
Respond Emerg:	No		Event Seq. 4:					
Driver Contributing:	2 - Exceeded authorized speed		Under/Override:	1 - None				
Tow Company:	Blue Hills Towing		Tow Reason:	Crash				
								Damaged Area(s) 11
								Damage > \$1000 Yes

Owner: Veh # 1

PENSKE LEASING AND RENTAL COMPANY

2676 MORGANTOWN RD
READING PA 19607

DOB:
Sex:
Lic Num:
Lic State:
Restrictions:
CDL END:

Seat Position:
Safety System:
Airbag Status:
Airbag Switch:
Eject Code:
Trap Code:
Injury Status:
Transported:
MedicalFac:

Citation/Charge(s)

Driver: Veh # 1

MARSHALL, DURELLE D

TAUNTON MA 02780

DOB:
Sex: Male
Lic Num:
Lic State: MA
Restrictions:
CDL END:

Seat Position: 1 - Front seat - left seat (or motorcycle driver)
Safety System: 1 - Shoulder and lap belt
Airbag Status: 3 - Deployed - Both Front/Side
Airbag Switch: 4 - Unknown if switch is present
Eject Code: 0 - Not ejected
Trap Code: 0 - Not trapped
Injury Status: 8 - Suspected Minor Injury
Transported: 2 - EMS
MedicalFac. SOUTH SHORE HOSPITAL
Alcohol Test Status: 1 - Test Not Given
Alcohol Test Type:
Driver Susp. Alcohol: 2 - No, alcohol not used
Driver Susp. Drugs: 2 - No, drug not used

Driver Contributing: 2 - Exceeded authorized speed
Driver Distracted by: 0 - Not Distracted

Citation/Charge(s)

Citation: 90-17-A SPEEDING

Citation: 89-4A MARKED LANES VIOLATION Status: Approved

Approved by: #Sergeant Jason Track ID# 3518

Officer Name	Signature	ID#	Station	Date
Trooper Harvey, Joshua		4907	State Police Norwell	01/25/2023



Commonwealth of Massachusetts

State Police Norwell
Motor Vehicle CRASH Report

2023-0D1-000231

Crash - MV PI

State Police Norwell
Trooper Harvey, Joshua

1/19/23 3:00 AM

Vehicles: 1
Injured: 2
Speed Limit: 60

RT 3 South, PRIOR X 27, PEMBROKE, MA

Passenger: Veh # 1

YOUNGE, MARCUS N

ROXBURY MA 02119
DOB:
Sex: Male
Lic Num:
Lic State: MA
Restrictions:
CDL END:

Seat Position: 3 - Front seat - right side
Safety System: 1 - Shoulder and lap belt
Airbag Status: 3 - Deployed - Both Front/Side
Airbag Switch: 4 - Unknown if switch is present
Eject Code: 0 - Not ejected
Trap Code: 0 - Not trapped
Injury Status: 8 - Suspected Minor Injury
Transported: 2 - EMS
MedicalFac: South Shore Hospital
Alcohol Test Status: 1 - Test Not Given
Alcohol Test Type:
Driver Susp. Alcohol: 2 - No, alcohol not used
Driver Susp. Drugs: 2 - No, drug not used

Driver Distracted by: 0 - Not Distracted

Citation/Charge(s)

Truck/Bus Info:

Carrier Address:
US DOT Number:
US DOT State #:
Issuing State:
ICC Number:
US DOT InterState:

Cargo Body:
Gross Weight:
Trailer Reg:
Reg Type:
Reg State:
Reg Year:
Length:
Description:

Hazmat Placard Material # Material Name Material 4-Digit Release Code

Property Damage

Attenuator 3 sections of gaurdrail, 10-12 posts.
Massachusetts Department of Transportation 10 Park Plaza, Suite 4160 Boston, MA 02116

Status: Approved
Approved by: #Sergeant Jason Trask ID# 3538

Officer Name Signature ID# Station Date
Trooper Harvey, Joshua 4907 State Police Norwell 01/25/2023



Commonwealth of Massachusetts

State Police Norwell
Motor Vehicle CRASH Report

2023-0D1-000231

Crash - MV PI

State Police Norwell
Trooper Harvey, Joshua

1/19/23 3:00 AM

Vehicles:
1

Injured: 2
Speed Limit: 60

RT 3 South, PRIOR X 27, PEMBROKE, MA

Narrative

By Trooper Joshua R Harvey 4907

1. VI, bearing MA Reg. W31355 was travelling South on Rt. 3 (a public way) in the town of Pembroke. OPI stated that he was cut off causing him to swerve into the BDL where he lost control and crashed into the guardrail before flipping on the passenger side. Both the operator and passenger were transported to SSH for minor injuries by Norwell and Marshfield EMS. Blue Hills towing removed the vehicle from the roadway. OP 1 was mailed E-Citation # [REDACTED].

Trooper Joshua R Harvey #4907

Trooper Joshua R Harvey #4907

Status: Approved

Approved by: #Sergeant Jason Frisk [REDACTED]

Officer Name	Signature	ID#	Station	Date
Trooper Harvey, Joshua		4907	State Police Norwell	01/25/2023



Commonwealth of Massachusetts

State Police Norwell
Motor Vehicle CRASH Report

2023-0D1-000231

Crash - MV PI

State Police Norwell
Trooper Harvey, Joshua

1/19/23 3:00 AM

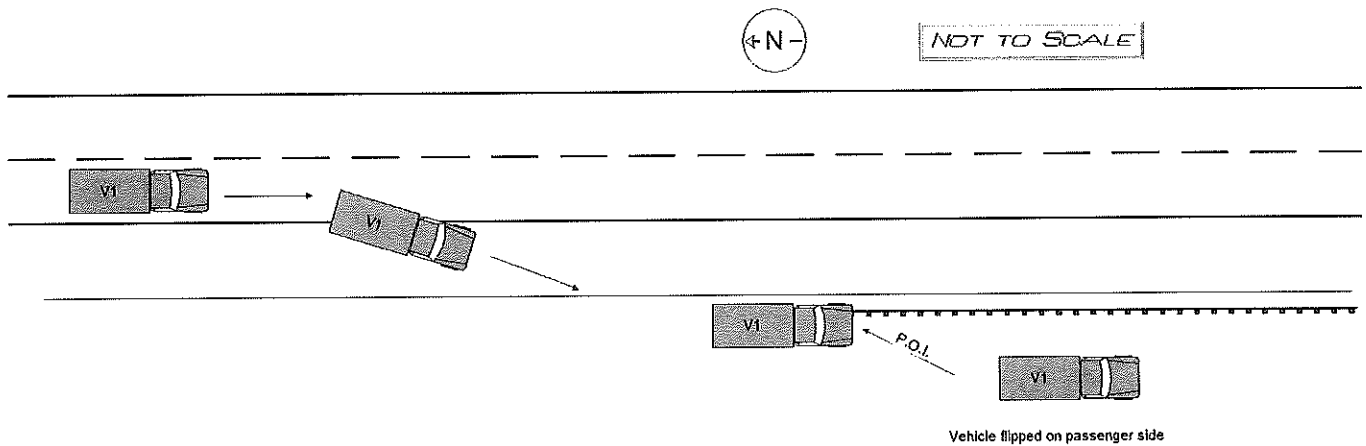
Vehicles:
1

Injured: 2
Speed Limit: 60

RT 3 South, PRIOR X 27, PEMBROKE, MA

Crash Diagram

Rt. 3 S Prior to X 27 Pembroke. 01/19/2023



Witness Statements: 2023-0D1-000231

Veh Operator MARSHALL, DURELLE
 Operator stated that he was cut off causing him to swerve into the bdl before colliding with the gaurd rail.

Passenger YOUNGE, MARCUS N:
 Passenger does not recall what happened before.

Status: Approved
Approved by: #Sergeant Jason Trask ID# 3518

Officer Name	Signature	ID#	Station	Date	
Trooper Harvey, Joshua		4907	State Police Norwell	01/25/2023	CRA-65



Police Crash Report

Revised Report

CRASH			GPS Lat. 3 6 . 6 4 5 3 7 0	GPS Long. - 7 6 . 2 2 1 2 4 0
Crash Date 01/13/2023	Day of Week Friday	MILITARY Time (24 hr clock) 04:52	County of Crash	
City of <input checked="" type="checkbox"/> Town of CHESAPEAKE CITY			Landmarks at Scene	230455324
Location of Crash (route/street) RT 168 CHESAPEAKE EXPRESSWAY			Railroad Crossing ID no. (if within 150 ft.)	Local Case Number 2 [REDACTED]
At Intersection With or 1.50 <input checked="" type="checkbox"/> Miles <input type="checkbox"/> Feet of HILLCREST PKWY			Location of Crash (route/street)	Mile Marker Number 6 . 2 0
				Number of Vehicles 2

VEHICLE # 1	
DRIVER	Driver Flew Scene <input type="checkbox"/>
Driver's Name (Last, First, Middle) MELTON, ELIJAH, LAMONT	
Address (Street and Number) [REDACTED]	
City PORTSMOUTH	State VA ZIP 23703
Birth Date [REDACTED] YY	Drivers License Number [REDACTED] State VA DL <input checked="" type="checkbox"/> (N) CDL <input checked="" type="checkbox"/> (Y) <input checked="" type="checkbox"/> (Y)
Safety Equip. Used 3	Air Bag 2 Ejected 1 Date of Death MM DD YYYY
Summons Issued As Result of Crash 3	Injury Type 4 EMS Transport <input checked="" type="checkbox"/> (Y) <input checked="" type="checkbox"/> (Y)
Offenses Charged to Driver	

VEHICLE # 2	
DRIVER	Driver Flew Scene <input type="checkbox"/>
Driver's Name (Last, First, Middle) HAYHURST, SEAN, DAVID	
Address (Street and Number) [REDACTED]	
City MOYOCK	State NC ZIP 27958
Birth Date [REDACTED] 5YY	Drivers License Number [REDACTED] State NC DL <input checked="" type="checkbox"/> (N) CDL <input checked="" type="checkbox"/> (Y) <input checked="" type="checkbox"/> (Y)
Safety Equip. Used 8	Air Bag 8 Ejected 1 Date of Death 01/13/2023 YYYY
Summons Issued As Result of Crash 2	Injury Type 1 EMS Transport <input checked="" type="checkbox"/> (Y) <input checked="" type="checkbox"/> (N)
Offenses Charged to Driver	

VEHICLE	
Vehicle Owner's Name (Last, First, Middle) PENSKE, TRUCK, LEASING CO LP	
Address (Street and Number) 2675 MORGANTOWN RD	
City READING	State PA ZIP 19607
Vehicle Year 2022	Vehicle Make FREIGHTLIN Vehicle Model TRUCK
Vehicle Plate Number 3078854	State IN Approximate Repair Cost 10000
VIN 3ALACWFC9NDMV4590	<input type="checkbox"/> Oversize <input type="checkbox"/> Cargo Spill
Name of Insurance Company (not agent) PRIME	<input type="checkbox"/> Override <input type="checkbox"/> Underride
Speed Before Crash UNK	Speed Limit 55 Maximum Safe Speed 50
ALL Passengers Age Count Under 8 0 8-17 0 18-21 0 Over 21 0	

VEHICLE	
Vehicle Owner's Name (Last, First, Middle) HAYHURST, SEAN, DAVID	
Address (Street and Number) [REDACTED]	
City MOYOCK	State NC ZIP 27958
Vehicle Year 2013	Vehicle Make TOYOTA Vehicle Model 4RUNNER
Vehicle Plate Number [REDACTED] F	State NC Approximate Repair Cost 7000
VIN [REDACTED] 7	<input type="checkbox"/> Oversize <input type="checkbox"/> Cargo Spill
Name of Insurance Company (not agent) USAA	<input type="checkbox"/> Override <input type="checkbox"/> Underride
Speed Before Crash 77	Speed Limit 55 Maximum Safe Speed 50
ALL Passengers Age Count Under 8 0 8-17 0 18-21 0 Over 21 1	

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

PASSENGER (only if injured or killed)	
Name of Injured (Last, First, Middle) HAYHURST, ELLISA	EMS Transport <input checked="" type="checkbox"/> (Y) <input checked="" type="checkbox"/> (N) Date of Death MM DD YY
Position In/On Vehicle 3	Safety Equip Used 3 Airbag 1 Ejected 1 Injury Type 3 Birthdate Gender
Name of Injured (Last, First, Middle)	EMS Transport <input type="checkbox"/> (Y) <input type="checkbox"/> (N) Date of Death MM DD YY
Position In/On Vehicle	Safety Equip Used Airbag Ejected Injury Type Birthdate Gender
Name of Injured (Last, First, Middle)	EMS Transport <input type="checkbox"/> (Y) <input type="checkbox"/> (N) Date of Death MM DD YY
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)
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Investigating Officer JOHN COOK	Badge/Code Number 1176	Agency/Department Name and Code CHESAPEAKE POLICE DEPT# 126	Reviewing Officer	Report File Date 02/14/2023
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Police Crash Report

Revised Report

CRASH		Crash Date <u>MM DD YYYY</u> 01/13/2023	MILITARY Time (24 hr clock) 04:52	County of Crash	City of Town of <u>CHESAPEAKE CITY</u>	Local Case Number [REDACTED]
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DRIVER INFORMATION

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

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

Veh 1	Veh 2	Type of Driver Distractions	P4
		1. Looking at Roadside Incident	<input type="checkbox"/>
		2. Driver Fatigue	<input type="checkbox"/>
		3. Looking at Scenery	<input type="checkbox"/>
		4. Passenger(s)	<input type="checkbox"/>
		5. Radio/CD, etc.	<input type="checkbox"/>
		6. CellPhone	<input type="checkbox"/>
		7. Eyes Not on Road	<input type="checkbox"/>
		8. Daydreaming	<input type="checkbox"/>
		9. Eating/Drinking	<input type="checkbox"/>
		10. Adjusting Vehicle Controls	<input type="checkbox"/>
		11. Other	<input checked="" type="checkbox"/>
		12. Navigation Device	<input type="checkbox"/>
		13. Texting	<input type="checkbox"/>
		14. No Driver Distraction	<input checked="" type="checkbox"/>

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

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

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

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

VEHICLE INFORMATION

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

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

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

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

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

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

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

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



Police Crash Report

Revised Report

CRASH			
Crash Date <u>MM DD YYYY</u> <u>01/13/2023</u>	MILITARY Time (24 hr clock) <u>04:52</u>	County of Crash	<input checked="" type="checkbox"/> City of <input type="checkbox"/> Town of <u>CHESAPEAKE CITY</u>
			Local Case Number <u>[REDACTED]</u>

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

Work Zone Location **C15**

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

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 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

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.)

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 01/13/2023	MILITARY Time (24 hr clock)	04:52	County of Crash		City of	<input checked="" type="checkbox"/> Town of CHESAPEAKE CITY	Local Case Number	<input type="checkbox"/>
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CRASH DIAGRAM

VEHICLE # 1

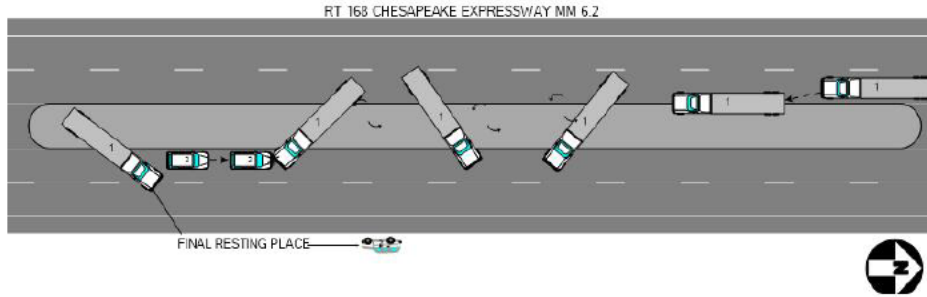
Fill In Impact Area(s).
Initial Impact.

11 1
10 2
9 3
8 4
7 5
6

12

S

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



VEHICLE # 2

Fill In Impact Area(s).
Initial Impact.

11 1
10 2
9 3
8 4
7 5
6

12

N

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

VEHICLE #

Fill In Impact Area(s).
Initial Impact.

11 1
10 2
9 3
8 4
7 5
6

12

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

VEHICLE #

Fill In Impact Area(s).
Initial Impact.

11 1
10 2
9 3
8 4
7 5
6

12

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
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CRASH DESCRIPTION

VEHICLE 1 DRIFTED OFF ROADWAY SPINNING COUNTERCLOCKWISE CROSSING OVER MEDIAN INTO ONCOMING TRAFFIC. VEHICLE 2 STRUCK VEHICLE 1 HEAD ON.

OTHER/UNK BOXES INDICATE INVESTIGATION IS STILL ONGOING.

CRASH EVENTS

Vehicle #	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event
1	28	35	20		20
2	20				20

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

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 |



Police Crash Report

Revised Report

CRASH

Crash Date <u>01/13/2023</u>	MILITARY Time (24 hr clock) <u>04:52</u>	County of Crash	<input checked="" type="checkbox"/> City of <input type="checkbox"/> Town of <u>CHESAPEAKE CITY</u>	Local Case Number <u>[REDACTED]</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

Vehicle Configuration V10	Cargo Body Type V11	License Class P8	Commercial Endorsement 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 checked="" 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 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 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 checked="" type="checkbox"/> X-Combined Tank/HAZMAT <input checked="" type="checkbox"/> O-Other
		GVWR/GCWR V12	<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.

Hazardous Material

Hazardous Material Placard: Y N

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

Commercial Motor Carrier Name <u>AERO GLOBAL LOGISTICS</u>	Address (P.O. Box if No Street Address) <u>220 ADMIRAL BYRD</u>	Commercial/Non-Commercial V13		
Carrier's ID Number	State (Intrastate Only)	City	State	Zip
US DOT# <u>2 4 4 7 3 1 9 0 - V A</u>	<u>VA</u>	<u>WINCHESTER</u>	<u>VA</u>	<u>22601</u>
		<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.)		

VEHICLE #

Vehicle Configuration V10	Cargo Body Type V11	License Class P8	Commercial Endorsement 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 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 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 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
		GVWR/GCWR V12	<input type="checkbox"/> 1. 10,000 lbs. or Less <input type="checkbox"/> 2. 10,001-26,000 lbs. <input type="checkbox"/> 3. Greater Than 26,000 lbs.

Hazardous Material

Hazardous Material Placard: Y N

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

Commercial Motor Carrier Name	Address (P.O. Box if No Street Address)	Commercial/Non-Commercial V13		
Carrier's ID Number	State (Intrastate Only)	City	State	Zip
US DOT# <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input 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.)		



MCMIS

Motor Carrier Management
Information System

View Crash Report

Report/Location	Company	Driver	Vehicle/HM	Conditions/Events/Outcome	Show All Data
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Report State:	ME	Report Number:	ME500-000883	Sequence Number:	1	Report Status:	COMPLETE
USDOT Number:	2447319	Company Type:	CARRIER	Status:	ACTIVE		
Company Name:	AERO GLOBAL LOGISTICS						

Report Information			
Report Number:	ME500-000883	Sequence Number:	1
Crash Date:	01/06/2023	Crash Time:	07:41
Reporting Agency:	PORTLAND POLICE DEPARTMENT	Officer Badge:	133

Location Details			
Street/Highway:	PARKING LOT		
City Name:	PORTLAND	City Code:	
State:	ME	County:	005 - CUMBERLAND

Uploaded/Calculated Fields					
SAFETYNET Version:	4.2.0.1	SAFETYNET Search Date:			
Last Uploaded Transaction Code:	A	Transaction Date:	01/09/2023		
Upload Date:	01/09/2023	MCMIS Add Date:	01/10/2023	Final Status Date:	01/10/2023
Census Search Date:	01/10/2023	Census Source Code:		Upload Search Indicator:	M

Uploaded Company Fields			
Company Name:	AERO GLOBAL LOGISTICS		
Upload DOT Number:	002447319	Docket Number:	844580
Street Address:	2983 SOUTH PLEASANT VALLEY ROAD	Colonia:	
City:	WINCHESTER	City Code:	
State:	VA	ZIP/Postal Code:	22601
Interstate:	INTERSTATE	No ID Flag:	0
State Census Number:		Issuing State:	
Source of Company Name:			

Driver Identification			
Name:	MAXIMILIAN M. SWAN	Date of Birth:	██████████
License State:	ME	License Number:	██████████
Valid Drivers License:	YES	Drivers License Class:	CLASS A
Citation Issued:	NO	Apparent Condition:	

Vehicle Information

Vehicle Configuration:	TRUCK/TRAILER		
Cargo Body Type:	NOT APPLICABLE/NO CARGO BODY		
Vehicle Identification Number:	3AKBHKDV9KSKS9794	Number of Axles:	
License State:	VA	Vehicle License Number:	230795
Gross Vehicle Weight Rating:	MORE THAN 26,000 POUNDS	Gross Combined Vehicle Weight:	
Truck/Bus Indicator:	TRUCK	Bus Use:	NOT A BUS

Hazardous Materials Information

HM Name:			
Hazmat Placard:		HM 4-digit Number:	
HM Class:			

Crash Conditions

Trafficway:	TWO-WAY TRAFFICWAY, NOT DIVIDED		
Access Control:	NO CONTROL		
Weather:	NO ADVERSE CONDITIONS		
Road Surface:	ICE	Light:	DAYLIGHT

Crash Events

Event 1:	02 - NONCOLLISION:JACKKNIFE
Event 2:	13 - COLLISION INVOLVING MOTOR VEHICLE IN TRANSPORT
Event 3:	18 - COLLISION INVOLVING FIXED OBJECT
Event 4:	

Crash Outcome

Number Vehicles in Crash:	1	Federally Recordable Crash:	YES	State Reportable Crash:	YES
Number of Fatalities:	0	Number of Injuries:	0	Towaway:	YES
Hazardous Materials Released:					

[Return to Crashes for Company](#)[Return to Crash Selections](#)

Options for this Company

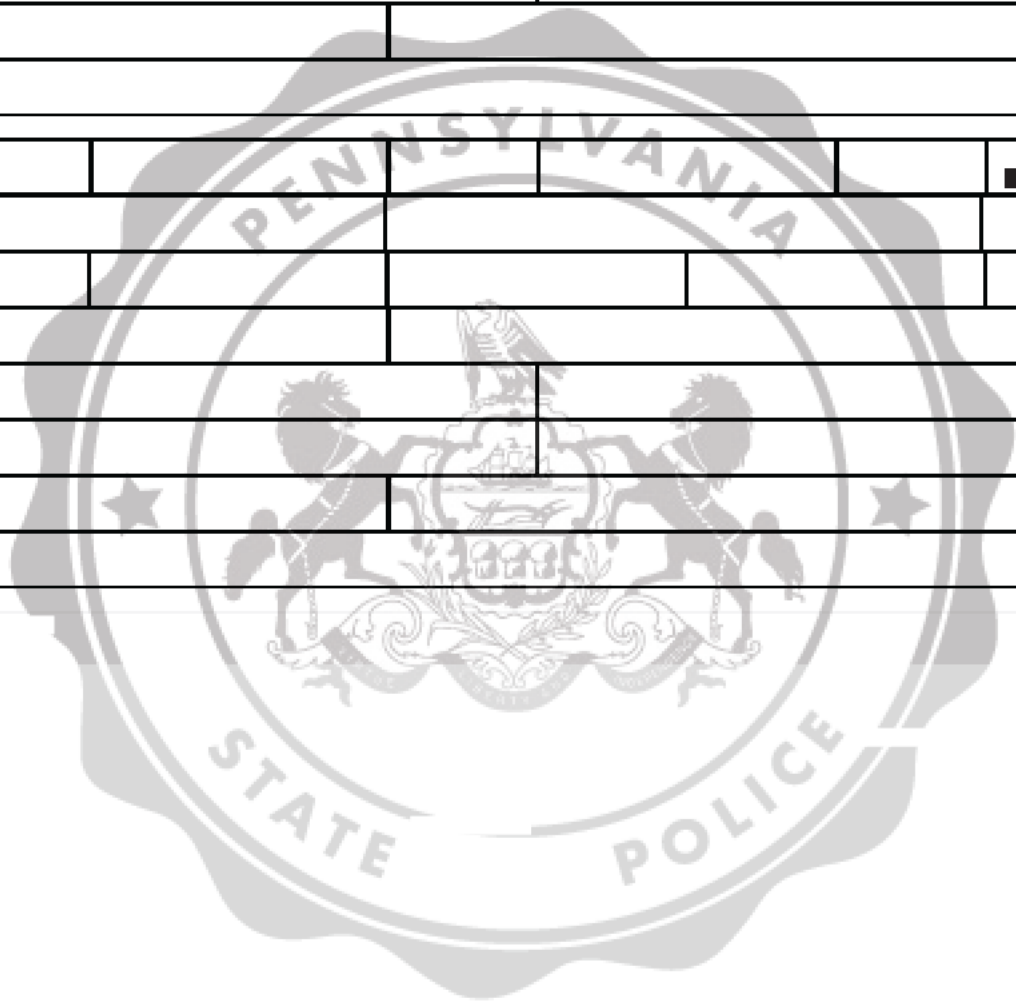


January 23, 2024

[Close](#)

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MCMIS

Motor Carrier Management Information System

View Crash Report

Report/Location	Company	Driver	Vehicle/HM	Conditions/Events/Outcome	Show All Data
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Report State:	CT	Report Number:	CT2200436166	Sequence Number:	2	Report Status:	COMPLETE
USDOT Number:	2447319	Company Type:	CARRIER	Status:	ACTIVE		
Company Name:	AERO GLOBAL LOGISTICS						

Report Information			
Report Number:	CT2200436166	Sequence Number:	2
Crash Date:	10/12/2022	Crash Time:	01:28
Reporting Agency:	CONNECTICUT STATE POLICE	Officer Badge:	1152

Location Details			
Street/Highway:	95-N		
City Name:	MILFORD	City Code:	
State:	CT	County:	009 - NEW HAVEN

Uploaded/Calculated Fields					
SAFETYNET Version:	4.2.0.1	SAFETYNET Search Date:			
Last Uploaded Transaction Code:	C	Transaction Date:	10/06/2023		
Upload Date:	10/16/2023	MCMIS Add Date:	12/07/2022	Final Status Date:	10/16/2023
Census Search Date:	10/16/2023	Census Source Code:		Upload Search Indicator:	M

Uploaded Company Fields			
Company Name:	AERO GLOBAL LOGISTICS		
Upload DOT Number:	002447319	Docket Number:	844580
Street Address:	2983 SOUTH PLEASANT VALLEY ROAD	Colonia:	
City:	WINCHESTER	City Code:	
State:	VA	ZIP/Postal Code:	22601
Interstate:	INTERSTATE	No ID Flag:	0
State Census Number:		Issuing State:	
Source of Company Name:			

Driver Identification			
Name:	PETER J. VASQUEZ	Date of Birth:	██████████
License State:	RI	License Number:	██████████
Valid Drivers License:	YES	Drivers License Class:	CLASS A
Citation Issued:	NO	Apparent Condition:	

Vehicle Information

Vehicle Configuration:	SINGLE-UNIT TRUCK (2-AXLE, 6 TIRE)		
Cargo Body Type:	OTHER		
Vehicle Identification Number:	3ALACWFC1KDKB8877	Number of Axles:	
License State:	MA	Vehicle License Number:	T52445
Gross Vehicle Weight Rating:	MORE THAN 26,000 POUNDS	Gross Combined Vehicle Weight:	
Truck/Bus Indicator:	TRUCK	Bus Use:	NOT A BUS

Hazardous Materials Information

HM Name:			
Hazmat Placard:	NO	HM 4-digit Number:	
HM Class:			

Crash Conditions

Trafficway:	TWO-WAY TRAFFICWAY, DIVIDED, POSITIVE BARRIER		
Access Control:			
Weather:	NO ADVERSE CONDITIONS		
Road Surface:	DRY	Light:	DARK - LIGHTED

Crash Events

Event 1:	13 - COLLISION INVOLVING MOTOR VEHICLE IN TRANSPORT
Event 2:	
Event 3:	
Event 4:	

Crash Outcome

Number Vehicles in Crash:	2	Federally Recordable Crash:	YES	State Reportable Crash:	YES
Number of Fatalities:	0	Number of Injuries:	0	Towaway:	YES
Hazardous Materials Released:	NO				

[Return to Crashes for Company](#)[Return to Crash Selections](#)

Options for this Company



January 23, 2024

[Close](#)



MCMIS

Motor Carrier Management
Information System

View Crash Report

Report/Location	Company	Driver	Vehicle/HM	Conditions/Events/Outcome	Show All Data
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Report State:	NY	Report Number:	NY3946302900	Sequence Number:	1	Report Status:	COMPLETE
USDOT Number:	2447319	Company Type:	CARRIER	Status:	ACTIVE		
Company Name:	AERO GLOBAL LOGISTICS						

Report Information			
Report Number:	NY3946302900	Sequence Number:	1
Crash Date:	08/09/2022	Crash Time:	08:20
Reporting Agency:	GARDEN CITY VILLAGE PD	Officer Badge:	107

Location Details			
Street/Highway:	REF MARKER:		
City Name:		City Code:	
State:	NY	County:	

Uploaded/Calculated Fields					
SAFETYNET Version:	4.2.0.1	SAFETYNET Search Date:			
Last Uploaded Transaction Code:	C	Transaction Date:	10/11/2022		
Upload Date:	10/11/2022	MCMIS Add Date:	08/26/2022	Final Status Date:	10/11/2022
Census Search Date:	10/11/2022	Census Source Code:		Upload Search Indicator:	M

Uploaded Company Fields			
Company Name:	AERO GLOBAL LOGISTICS		
Upload DOT Number:	002447319	Docket Number:	844580
Street Address:	2983 SOUTH PLEASANT VALLEY ROAD	Colonia:	
City:	WINCHESTER	City Code:	
State:	VA	ZIP/Postal Code:	22601
Interstate:	INTERSTATE	No ID Flag:	0
State Census Number:		Issuing State:	
Source of Company Name:			

Driver Identification			
Name:	HENRY J. DUKE	Date of Birth:	██████████
License State:	NJ	License Number:	██████████
Valid Drivers License:	YES	Drivers License Class:	CLASS D
Citation Issued:	YES	Apparent Condition:	

Vehicle Information

Vehicle Configuration:	SINGLE-UNIT TRUCK (2-AXLE, 6 TIRE)		
Cargo Body Type:	VAN/ENCLOSED BOX		
Vehicle Identification Number:	3HAMMMML2KL597770	Number of Axles:	
License State:	IN	Vehicle License Number:	2766756
Gross Vehicle Weight Rating:	10,001-26,000	Gross Combined Vehicle Weight:	
Truck/Bus Indicator:	TRUCK	Bus Use:	NOT A BUS

Hazardous Materials Information			
HM Name:			
Hazmat Placard:	NO	HM 4-digit Number:	
HM Class:			

Crash Conditions			
Trafficway:	TWO-WAY TRAFFICWAY, NOT DIVIDED		
Access Control:	PARTIAL ACCESS CONTROL		
Weather:	NO ADVERSE CONDITIONS		
Road Surface:	DRY	Light:	DAYLIGHT

Crash Events	
Event 1:	18 - COLLISION INVOLVING FIXED OBJECT
Event 2:	
Event 3:	
Event 4:	

Crash Outcome					
Number Vehicles in Crash:	1	Federally Recordable Crash:	YES	State Reportable Crash:	YES
Number of Fatalities:	0	Number of Injuries:	0	Towaway:	YES
Hazardous Materials Released:	NO				

[Return to Crashes for Company](#)

[Return to Crash Selections](#)

Options for this Company



January 23, 2024

[Close](#)

Police Crash Report



Revised Report

CRASH

Crash Date 08/09/2022	Day of Week Tuesday	MILITARY Time (24 hr clock) 02:46	GPS Lat. 3 6 . 6 8 4 4 4 6	GPS Long. - 7 7 . 5 0 2 8 6 2
City of Town of	City or Town Name	County of Crash GREENSVILLE COUNTY	Landmarks at Scene	Official DMV Use 222235262
Location of Crash (route/street) ROUTE 58	Railroad Crossing (D no. (if within 150 ft.))	Local Case Number	Mile Marker Number	Number of Vehicles 1
At Intersection With or <input type="checkbox"/> 0.2C <input checked="" type="checkbox"/> Miles <input type="checkbox"/> Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W of ROUTE 623		Location of Crash (route/street)		

VEHICLE # 1

VEHICLE

DRIVER

DRIVER

Driver's Name (Last, First, Middle) **HERRELL, CHRISTOPHER, DOMINIC** Gender M F

Address (Street and Number)

City **LINDEN** State **VA** ZIP **226425631**

Birth Date **11/24/1968** Drivers License Number **T66123841** State **VA** DL Y N CDL Y N

Safety Equip. Used **3** Air Bag **2** Ejected **1** Date of Death **MM DD YYYY** Injury Type **2** EMS Transport Y N

Summons Issued As Result of Crash **2** Offenses Charged to Driver

Driver's Name (Last, First, Middle) Gender M F

Address (Street and Number)

City State ZIP

Birth Date Drivers License Number State DL CDL

Safety Equip. Used Air Bag Ejected Date of Death Injury Type EMS Transport

Summons Issued As Result of Crash Offenses Charged to Driver

VEHICLE

VEHICLE

Vehicle Owner's Name (Last, First, Middle) **AERO GLOBAL, LOGISTICS** Same as Driver

Address (Street and Number)
220 ADMIRAL BYRD DR

City **WINCHESTER** State **VA** ZIP **22601**

Vehicle Year **2019** Vehicle Make **FREIGHTLIN** Vehicle Model **M2** Disabled CMV Towed

Vehicle Plate Number **3006034** State **IN** Approximate Repair Cost **25000**

VIN **3ALACWFC5KDKB8834** Oversize Cargo Spill

Name of Insurance Company (not agent) **PRIME** Override Underwrite

Speed Before Crash **55** Speed Limit **55** Maximum Safe Speed **55** Under **8** ALL Passengers Age Count **0** Over **21**

Vehicle Owner's Name (Last, First, Middle) Same as Driver

Address (Street and Number)

City State ZIP

Vehicle Year Vehicle Make Vehicle Model Disabled CMV Towed

Vehicle Plate Number State Approximate Repair Cost

VIN Oversize Cargo Spill

Name of Insurance Company (not agent) Override Underwrite

Speed Before Crash Speed Limit Maximum Safe Speed Under ALL Passengers Age Count Over

PASSENGER (only if injured or killed)

PASSENGER (only if injured or killed)

Name of Injured (Last, First, Middle) EMS Transport Y N Date of Death **MM DD YY**

Position In/On Vehicle Safety Equip Used Airbag Ejected Injury Type Birthdate Gender M F

Name of Injured (Last, First, Middle) EMS Transport Y N Date of Death **MM DD YY**

Position In/On Vehicle Safety Equip Used Airbag Ejected Injury Type Birthdate Gender M F

Name of Injured (Last, First, Middle) EMS Transport Y N Date of Death **MM DD YY**

Position In/On Vehicle Safety Equip Used Airbag Ejected Injury Type Birthdate Gender M F

Name of Injured (Last, First, Middle) EMS Transport Y N Date of Death **MM DD YY**

Position In/On Vehicle Safety Equip Used Airbag Ejected Injury Type Birthdate Gender M F

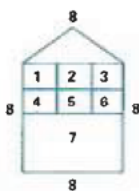
Name of Injured (Last, First, Middle) EMS Transport Y N Date of Death **MM DD YY**

Position In/On Vehicle Safety Equip Used Airbag Ejected Injury Type Birthdate Gender M F

Name of Injured (Last, First, Middle) EMS Transport Y N Date of Death **MM DD YY**

Position In/On Vehicle Safety Equip Used Airbag Ejected Injury Type Birthdate Gender M F

Codes



POSITION IN/ON VEHICLE

- Driver
- 2-6. Passengers
- Cargo Area
- Riding/Hanging On Outside
- 9-98. 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
- No Injury (driver only)

Investigating Officer KEVIN LESAGE	Badge/Code Number 10908	Agency/Department Name and Code VIRGINIA STATE POLICE, 0156	Reviewing Officer Robert Blakley	Report File Date 08/29/2022
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Police Crash Report

Revised Report

CRASH

Crash Date **08/09/2022** MILITARY Time (24 hr clock) **02:46** County of Crash **GREENSVILLE COUNTY**

City of **Town of** Local Case Number **[REDACTED]**

DRIVER INFORMATION

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

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

Veh 1	Veh	P4
<input type="radio"/>	<input type="radio"/>	Type of Driver Distractions
<input type="radio"/>	<input type="radio"/>	1. Looking at Roadside Incident
<input type="radio"/>	<input type="radio"/>	2. Driver Fatigue
<input type="radio"/>	<input type="radio"/>	3. Looking at Scenery
<input type="radio"/>	<input type="radio"/>	4. Passenger(s)
<input type="radio"/>	<input type="radio"/>	5. Radio/CD, etc.
<input type="radio"/>	<input type="radio"/>	6. CellPhone
<input type="radio"/>	<input type="radio"/>	7. Eyes Not on Road
<input type="radio"/>	<input type="radio"/>	8. Daydreaming
<input type="radio"/>	<input type="radio"/>	9. Eating/Drinking
<input type="radio"/>	<input type="radio"/>	10. Adjusting Vehicle Controls
<input type="radio"/>	<input type="radio"/>	11. Other
<input type="radio"/>	<input type="radio"/>	12. Navigation Device
<input type="radio"/>	<input type="radio"/>	13. Texting
<input checked="" type="radio"/>	<input type="radio"/>	14. No Driver Distraction

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

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

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

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

VEHICLE INFORMATION

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

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

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

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

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

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

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

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



Police Crash Report

Revised Report

CRASH

Crash Date	MILITARY Time (24 hr clock)	County of Crash	City of	Local Case Number
08/09/2022	02:46	GREENSVILLE COUNTY	Town of	[REDACTED]

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



Revised Report

Police Crash Report

CRASH

Crash Date 08/09/2022 MILITARY Time (24 hr clock) 02:46 County of Crash GREENSVILLE COUNTY

City of _____
Town of _____

Local Case Number _____

CRASH DIAGRAM

VEHICLE # 1

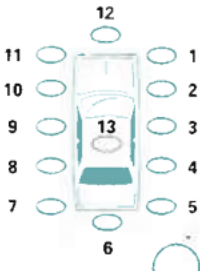
Fill In Impact Area(s).
Initial Impact.



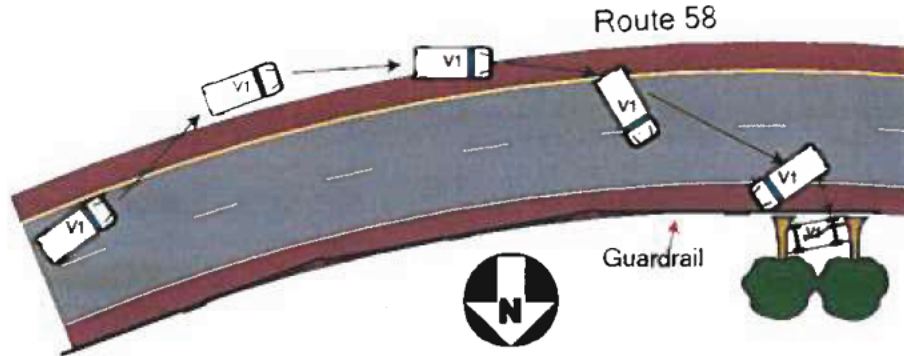
Veh Dir of Travel—N/S/E/W

VEHICLE #

Fill In Impact Area(s).
Initial Impact.

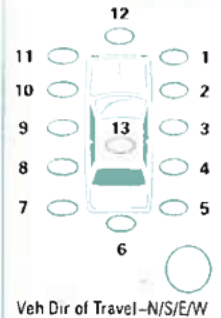


Veh Dir of Travel—N/S/E/W



VEHICLE #

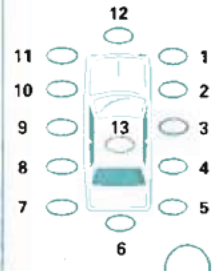
Fill In Impact Area(s).
Initial Impact.



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	Object Struck (Tree, Fence, etc.)	Property Owners Name (Last, First, Middle)	Address (Street and Number)	VDOT Property
20000	GUARDRAIL	VIRGINIA DEPARTMENT OF TRANSPORTATION	1401 E BROAD ST, RICHMOND, VA 23211	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

CRASH DESCRIPTION

V1 RAN OFF ROAD LEFT, OVER CORRECTED, RAN OFF ROAD RIGHT, STRUCK GUARDRAIL AND OVERTURNED HITTING TREES

PHOTO FILE #20220811_000070

CRASH EVENTS

Vehicle #	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event
1	28	5	30	2	30

First Harmful Event of Entire Crash that Results in First Injury or Damage.
5

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. Maintenance Equipment

NON-COLLISION

- 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
- 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



Revised Report

Police Crash Report

CRASH

Crash Date 08/09/2022 MILITARY Time (24 hr clock) 02:46 County of Crash GREENSVILLE COUNTY

City of _____
Town of _____

Local Case Number _____

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

Vehicle Configuration	V10
<input type="radio"/> 1. Passenger Car (Only if Vehicle Has Hazardous Materials Placard)	
<input type="radio"/> 2. Light Truck (Only if Vehicle Has Hazardous Materials Placard)	
<input type="radio"/> 3. Bus (Seats 9-15 People, Including Driver)	
<input type="radio"/> 4. Bus (Seats for 16 People or More, Including Driver)	
<input checked="" type="radio"/> 5. Single Unit Truck (2 Axles, 6 Tires)	
<input type="radio"/> 6. Single Unit Truck (3 or More Axles)	
<input type="radio"/> 7. Truck Trailer(s) (Single-Unit Truck Pulling Trailer(s))	
<input type="radio"/> 8. Truck Tractor (Bobtail)	
<input type="radio"/> 9. Tractor/Semi-trailer (One Trailer)	
<input type="radio"/> 10. Tractor/Doubles (Two Trailers)	
<input type="radio"/> 11. Other Truck Greater Than 10,000 lbs. (Not Listed Above)	

Cargo Body Type	V11
<input type="radio"/> 1. Bus (Seats 9-15 People, Including Driver)	
<input type="radio"/> 2. Bus (Seats For 16 People or More, Including Driver)	
<input checked="" type="radio"/> 3. Van/Enclosed Box	
<input type="radio"/> 4. Cargo Tank	
<input type="radio"/> 5. Flatbed	
<input type="radio"/> 6. Dump	
<input type="radio"/> 7. Concrete Mixer	
<input type="radio"/> 8. Auto Transporter	
<input type="radio"/> 9. Garbage/Refuse	
<input type="radio"/> 10. Grain/Chips/Gravel	
<input type="radio"/> 11. Pole-Trailer	
<input type="radio"/> 12. Vehicle Towing Another Motor Vehicle	
<input type="radio"/> 13. Intermodal Container Chassis	
<input type="radio"/> 14. Logging	
<input type="radio"/> 15. Other Cargo Body (Not Listed Above)	
<input type="radio"/> 16. Not Applicable/ No Cargo Body	

License Class	P8
<input type="radio"/> Class A	
<input type="radio"/> Class B	
<input type="radio"/> Class C	
<input checked="" type="radio"/> Class DRL (regular drivers license)	
<input type="radio"/> Class M	

Commercial Endorsement	P9
<input type="radio"/> T-Double Trailer	
<input type="radio"/> P-Passenger Vehicle	
<input type="radio"/> N-Tank Vehicle	
<input type="radio"/> H-Required To Be Placarded for Hazardous Materials	
<input type="radio"/> X-Combined Tank/HAZMAT	
<input type="radio"/> O-Other	

GVWR/GCWR	V12
<input type="radio"/> 1. 10,000 lbs. or Less	
<input checked="" type="radio"/> 2. 10,001-26,000 lbs.	
<input type="radio"/> 3. Greater Than 26,000 lbs.	

Hazardous Material

Hazardous Material Placard:

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

Carrier Identification

Commercial Motor Carrier Name AERO GLOBAL LOGISTICS		Address (P.O. Box if No Street Address) 220 ADMIRAL BYRD DR	
Carrier's ID Number	State (Intrastate Only)	City	State Zip
US DOT# <u>0 2 4 4 7 3 1 9</u>	<u>VA</u>	WINCHESTER	VA 22601

Commercial/Non-Commercial V13

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

VEHICLE

Vehicle Configuration	V10
<input type="radio"/> 1. Passenger Car (Only if Vehicle Has Hazardous Materials Placard)	
<input type="radio"/> 2. Light Truck (Only if Vehicle Has Hazardous Materials Placard)	
<input type="radio"/> 3. Bus (Seats 9-15 People, Including Driver)	
<input type="radio"/> 4. Bus (Seats for 16 People or More, Including Driver)	
<input type="radio"/> 5. Single Unit Truck (2 Axles, 6 Tires)	
<input type="radio"/> 6. Single Unit Truck (3 or More Axles)	
<input type="radio"/> 7. Truck Trailer(s) (Single-Unit Truck Pulling Trailer(s))	
<input type="radio"/> 8. Truck Tractor (Bobtail)	
<input type="radio"/> 9. Tractor/Semi-trailer (One Trailer)	
<input type="radio"/> 10. Tractor/Doubles (Two Trailers)	
<input type="radio"/> 11. Other Truck Greater Than 10,000 lbs. (Not Listed Above)	

Cargo Body Type	V11
<input type="radio"/> 1. Bus (Seats 9-15 People, Including Driver)	
<input type="radio"/> 2. Bus (Seats For 16 People or More, Including Driver)	
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<input type="radio"/> 4. Cargo Tank	
<input type="radio"/> 5. Flatbed	
<input type="radio"/> 6. Dump	
<input type="radio"/> 7. Concrete Mixer	
<input type="radio"/> 8. Auto Transporter	
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<input type="radio"/> 10. Grain/Chips/Gravel	
<input type="radio"/> 11. Pole-Trailer	
<input type="radio"/> 12. Vehicle Towing Another Motor Vehicle	
<input type="radio"/> 13. Intermodal Container Chassis	
<input type="radio"/> 14. Logging	
<input type="radio"/> 15. Other Cargo Body (Not Listed Above)	
<input type="radio"/> 16. Not Applicable/ No Cargo Body	

License Class	P8
<input type="radio"/> Class A	
<input type="radio"/> Class B	
<input type="radio"/> Class C	
<input type="radio"/> Class DRL (regular drivers license)	
<input type="radio"/> Class M	

Commercial Endorsement	P9
<input type="radio"/> T-Double Trailer	
<input type="radio"/> P-Passenger Vehicle	
<input type="radio"/> N-Tank Vehicle	
<input type="radio"/> H-Required To Be Placarded for Hazardous Materials	
<input type="radio"/> X-Combined Tank/HAZMAT	
<input type="radio"/> O-Other	

GVWR/GCWR	V12
<input type="radio"/> 1. 10,000 lbs. or Less	
<input type="radio"/> 2. 10,001-26,000 lbs.	
<input type="radio"/> 3. Greater Than 26,000 lbs.	

Hazardous Material

Hazardous Material Placard:

HM 4-Digit <input type="text"/>	HM Placard Name <input type="text"/>	HM Class <input type="text"/>	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)	
Carrier's ID Number	State (Intrastate Only)	City	State Zip
US DOT#			

Commercial/Non-Commercial V13

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



MCMIS

Motor Carrier Management
Information System

View Crash Report

Report/Location	Company	Driver	Vehicle/HM	Conditions/Events/Outcome	Show All Data
-----------------	---------	--------	------------	---------------------------	-------------------------------

Report State:	VA	Report Number:	VA0221615144	Sequence Number:	1	Report Status:	COMPLETE
USDOT Number:	2447319	Company Type:	CARRIER	Status:	ACTIVE		
Company Name:	AERO GLOBAL LOGISTICS						

Report Information			
Report Number:	VA0221615144	Sequence Number:	1
Crash Date:	06/10/2022	Crash Time:	04:03
Reporting Agency:	VIRGINIA LOCAL POLICE	Officer Badge:	216

Location Details			
Street/Highway:	WARRENTON ROAD (ROUTE / 17)		
City Name:		City Code:	
State:	VA	County:	179 - STAFFORD

Uploaded/Calculated Fields					
SAFETYNET Version:	4.2.0.1	SAFETYNET Search Date:			
Last Uploaded Transaction Code:	A	Transaction Date:	06/15/2022		
Upload Date:	06/15/2022	MCMIS Add Date:	06/15/2022	Final Status Date:	06/15/2022
Census Search Date:	06/15/2022	Census Source Code:		Upload Search Indicator:	M

Uploaded Company Fields			
Company Name:	AERO GLOBAL LOGISTICS		
Upload DOT Number:	002447319	Docket Number:	844580
Street Address:	2983 SOUTH PLEASANT VALLEY ROAD	Colonia:	
City:	WINCHESTER	City Code:	
State:	VA	ZIP/Postal Code:	22601
Interstate:	INTERSTATE	No ID Flag:	0
State Census Number:		Issuing State:	
Source of Company Name:			

Driver Identification			
Name:	GUILLERMO A. GUEVARA CUADRA	Date of Birth:	██████████
License State:	MD	License Number:	██████████
Valid Drivers License:	YES	Drivers License Class:	CLASS D
Citation Issued:	YES	Apparent Condition:	

Vehicle Information

Vehicle Configuration:	SINGLE-UNIT TRUCK (2-AXLE, 6 TIRE)		
Cargo Body Type:	VAN/ENCLOSED BOX		
Vehicle Identification Number:	2975002849248	Number of Axles:	
License State:	MD	Vehicle License Number:	6DS8420
Gross Vehicle Weight Rating:	10,001-26,000	Gross Combined Vehicle Weight:	
Truck/Bus Indicator:	TRUCK	Bus Use:	NOT A BUS

Hazardous Materials Information

HM Name:			
Hazmat Placard:	NO	HM 4-digit Number:	
HM Class:			

Crash Conditions

Trafficway:	TWO-WAY TRAFFICWAY, DIVIDED, POSITIVE BARRIER		
Access Control:			
Weather:	NO ADVERSE CONDITIONS		
Road Surface:	DRY	Light:	DARK - LIGHTED

Crash Events

Event 1:	13 - COLLISION INVOLVING MOTOR VEHICLE IN TRANSPORT		
Event 2:			
Event 3:			
Event 4:			

Crash Outcome

Number Vehicles in Crash:	2	Federally Recordable Crash:	YES	State Reportable Crash:	YES
Number of Fatalities:	0	Number of Injuries:	1	Towaway:	YES
Hazardous Materials Released:	NO				

[Return to Crashes for Company](#)[Return to Crash Selections](#)

Options for this Company



January 23, 2024

[Close](#)

Report Number:
MDTA16500048

State of Maryland Motor Vehicle Crash Report

Reporting Agency:
**MARYLAND
 TRANSPORTATION
 AUTHORITY POLICE**

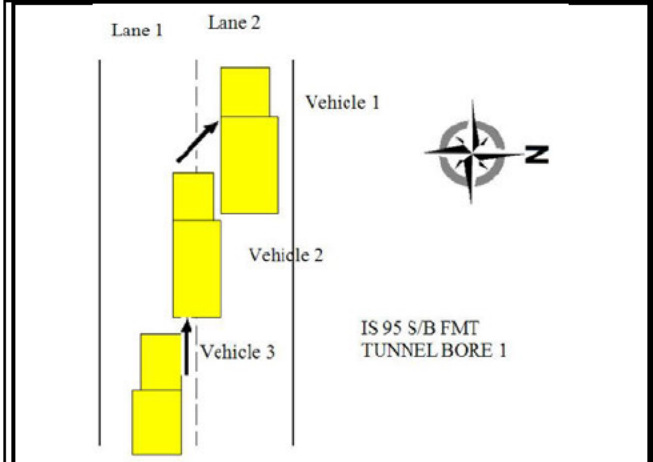
Case Information:

Report Type: **Property Damage Crash** County: **Baltimore City** Municipality: **N/A**
 Local Case No.: **2 [REDACTED]** Local Codes: Crash Date: **4/12/2022**
 Investigating Officer: **OFF E. Shifflett - 1650** Crash Time: **04:35 AM** Photos Taken

Location:

GPS X-Coordinates: **-76.5781692** GPS Y-Coordinates: **39.2601521**
 Main Road: **FORT MCHENRY TUNNEL** Route #: **IS95**
 Intersecting Road: **BEGIN FORT MCHENRY TUNNEL** Intersecting Route #: **UU0**
 Mile Point: **4.76** Mile Point Direction: **N** Distance: **0 M** Distance Direction: **N**

Accident Diagram:



Narrative:

VEHICLE 1 WAS DISABLED IN LANE 1. VEHICLE 2 SWERVED TO AVOID THE VEHICLE RESULTING IN VEHICLE 3 STRIKING THE REAR OF VEHICLE 2 AND VEHICLE 2 STRIKING VEHICLE 1.

Crash Type:

Collision Type: **Same Dir Rear End**
 Harmful Event One: **Other Vehicle** Harmful Event Two: **N/A**
 Fixed Object Struck: **N/A** School Bus Involved: **N/A**
 Const./Maint. Zone: **No** Const./Maint. Loc.:
 Workers Present: Const./Maint. Closure:

Road/Area:

Lane No.: **2** Lane Dir.: **S** Lane Type:
 No. of Lanes: **2** Rd. Alignment: **Straight** Rd. Grade: **Level**
 Rd. Division: **One-Way Trafficway** Traffic Control: **No Controls**
 Intersection: **N/A** Inter. Area: **N/A**
 Junction: **N/A**

Conditions:

Road Condition: **No Defects** Contrib - Road: **N/A**
 Weather: **N/A** Contrib - Environment: **N/A**
 Surface Condition: **Dry** Light: **Dark Lights On**

Vehicle 1 (3071149):

Basic Information

Registration: **3071149** Tag State: **IN** Exp Year: VIN #: **1FUJHTDV4MLMP0131**
Year: **2021** Make: **FRT** Model: **TR** Body Type: **Truck - Tractor**
Insurer: **LIBERTY MUTUAL** Policy #: A [REDACTED]
Towed Vehicle: **1 Full Trailer**

At Fault/Citation(s)

At Fault: **Yes** Citation Issued: **No** Citation Code:

Owner

First: **UNITED** Middle: **PARCEL** Last: **SERVICE**
Street: **55 GLENLAKE PKY NE** Home Phone:
City: **ATLANTA** State: **GA** Zip: **30328** Other Phone:

Driver:

DL#: [REDACTED] DL State: **NJ** DL Class: **ABO** CDL: **No**
First: **STEPHEN** Middle: **NONE** Last: **DOLEZAR**
Street: [REDACTED]
City: **SHAMONG** State: **NJ** Zip: **08088** Home Phone:
DOB: [REDACTED] Sex: **M** Other Phone:

Safety Equip.: **Shoulder/Lap Belt(S)** Equip. Problem: **No Misuse** Airbag Deployed: **Not Deployed**

Alch. Test Given: **N/A** Alch. Test Type: BAC:
Substance Use: **None Detected** Drug Test Given: **N/A** Drug Test Result:

Condition: **Apparently Normal** Ejected: **Not Ejected/Trapped**
Injury Severity: **No Apparent Injury** EMS Unit: EMS Run Number:

Impact & Damage

First Impact: **Six Oclock** Areas Damaged: **Six Oclock, Seven Oclock**
Main Impact: **Six Oclock**
Most Harmful Event: **Other Vehicle**
Damage Extent: **Functional** Fire: **No**

Circumstances

Going Direction: **S** Continuing Direction: **S** Vehicle Movement: **Stopped In Traffic Lane** Speed Limit:
Left Scene: **No** Driverless Vehicle: **No** Emergency Vehicle: **No** **55**
Special Function: **N/A**

Contrib. Circumstances Person: **Stopping In A Lane/Roadway**
Driver Distracted By: **Not Distracted** Contrib. Circumstances Vehicle:

Sequence of Events:

Towing

Towed: **No** Removed By: Removed To:

Additional Vehicle Use Information

Commercial Name: **UNITED PARCEL SERVICE** Carrier **Intrastate Carrier**
Classification:
Street: **58 GLENLAKE PKY NE** DOT #: **021800**
City: **ALTANTA** State: **GA** Zip: **30328**

Body Type: **Truck Tractor** Configuration: **Truck Tractor Semi-Trailer**
Gross Vehicle Weight: **Unknown**
Bus Use: No. of Axles: **4** MC Number:
HAZMAT Spill: Placard Displayed: HAZMAT Class: Placard Number:

Towed Vehicle 1 (SERVICE, UNITED):

Registration: **P53316** State: **IN** VIN: **1DW1A28144S730413**

Year: **2004** Make: **STN**

Model: **TRAILER**

Insured By: **LIBERTY MUTUAL**

Policy #: **[REDACTED]**

Owner

First: **UNITED**

Middle: **PARCEL**

Last: **SERVICE**

Street: **55 GLENLAKE PKY NE**

Home Phone:

City: **ATLANTA**

State: **GA**

Zip: **30328**

Other Phone:

END - Vehicle 1 (3071149)

Vehicle 2 (AX633G):

Basic Information

Registration: **AX633G** Tag State: **NJ** Exp Year: VIN #: **1FUJGLB6CLBJ1310**
Year: **2012** Make: **FRE** Model: **TT** Body Type: **Truck - Tractor**
Insurer: **TADEO INSURANCE** Policy #: **[REDACTED]**
Towed Vehicle: **1 Full Trailer**

At Fault/Citation(s)

At Fault: **No** Citation Issued: **No** Citation Code:

Owner

First: **ANYTIME** Middle: **LOGISTICS II** Last: **LLC**
Street: **6702 B N CRESCENT BLVD** Home Phone:
City: **PENNSAUKEN** State: **NJ** Zip: **08110** Other Phone:

Driver:

DL#: **[REDACTED]** DL State: **DE** DL Class: **CA** CDL: **No**
First: **CARMELO** Middle: **NONE** Last: **FIGUEROA-ROSARIO**
Street: **[REDACTED] DR**
City: **NEW CASTLE** State: **DE** Zip: **19720** Home Phone:
DOB: **[REDACTED]** Sex: **M** Other Phone:

Safety Equip.: **Shoulder/Lap Belt(S)** Equip. Problem: **No Misuse** Airbag Deployed: **Not Deployed**

Alch. Test Given: **N/A** Alch. Test Type: BAC:
Substance Use: **None Detected** Drug Test Given: **N/A** Drug Test Result:

Condition: **Apparently Normal** Ejected: **Not Ejected/Trapped**
Injury Severity: **No Apparent Injury** EMS Unit: EMS Run Number:

Impact & Damage

First Impact: **Seven Oclock** Areas Damaged: **Two Oclock, Three Oclock, Four Oclock**
Main Impact: **Three Oclock**
Most Harmful Event: **Other Vehicle**
Damage Extent: **Disabling** Fire: **No**

Circumstances

Going Direction: **S** Continuing Direction: **S** Vehicle Movement: **Slowing Or Stopping** Speed Limit:
Left Scene: **No** Driverless Vehicle: **No** Emergency Vehicle: **No** **55**
Special Function: **N/A**

Contrib. Circumstances Person:

Driver Distracted By: **Not Distracted** Contrib. Circumstances Vehicle:

Sequence of Events:

Towing

Towed: **Yes** Removed By: **AUTO BARN** Removed To: **TOW LOT**

Additional Vehicle Use Information

Commercial Name: **ANYTIME LOGISTICS LLC** Carrier **Interstate Carrier**
Classification:
Street: **6702 B N CRESCENT BLVD** DOT #: **3006912**
City: **PENNASAUKEN** State: **NJ** Zip: **08110**

Body Type: **Truck Tractor** Configuration: **Truck Tractor Semi-Trailer**

Gross Vehicle Weight: **More Than 26000 Lbs**

Bus Use: No. of Axles: **4** MC Number: **27053**

HAZMAT Spill: Placard Displayed: HAZMAT Class: Placard Number:

Towed Vehicle 1 (INC, MAZON):Registration: **P898876** State: **IN** VIN: **3H3V532K8NS884568**Year: **2022** Make: **YU** Model: **ST**Insured By: **TADEO INSURANE** Policy #: **[REDACTED]****Owner**First: **MAZON** Middle: **LOGISTICS** Last: **INC**Street: **255 ANSON BLVD** Home Phone:City: **WHITESTOWN** State: **IN** Zip: **46075** Other Phone:**END - Vehicle 2 (AX633G)**

Vehicle 3 (2725648):

Basic Information

Registration: **2725648** Tag State: **IN** Exp Year: VIN #: **3AKBHKDV8KSKE0412**
Year: **2019** Make: **FTL** Model: **TR** Body Type: **Truck - Tractor**
Insurer: **PRIME INSURANCE** Policy #: **[REDACTED]**
Towed Vehicle: **1 Full Trailer**

At Fault/Citation(s)

At Fault: **No** Citation Issued: **No** Citation Code:

Owner

First: **AERO** Middle: **GLOBAL** Last: **LOGISTICS**
Street: **2983 SOUTH PLEASANT VALLEY RD** Home Phone:
City: **WINCHESTER** State: **VA** Zip: **22601** Other Phone:

Driver:

DL#: **[REDACTED]** DL State: **VA** DL Class: **A** CDL: **No**
First: **JAMIE EUGENE WALLACE** Middle: **WHITE** Last: **HOWARD**
Street: **[REDACTED]**
City: **WINCHESTER** State: **VA** Zip: **22601** Home Phone:
DOB: **[REDACTED]** Sex: **M** Other Phone:

Safety Equip.: **Shoulder/Lap Belt(S)** Equip. Problem: **No Misuse** Airbag Deployed: **Not Deployed**

Alch. Test Given: **N/A** Alch. Test Type: BAC:
Substance Use: **None Detected** Drug Test Given: **N/A** Drug Test Result:

Condition: **Apparently Normal** Ejected: **Not Ejected/Trapped**
Injury Severity: **No Apparent Injury** EMS Unit: EMS Run Number:

Impact & Damage

First Impact: **Twelve Oclock** Areas Damaged: **One Oclock, Twelve Oclock, Eleven Oclock**
Main Impact: **Twelve Oclock**
Most Harmful Event: **Other Vehicle**
Damage Extent: **Destroyed** Fire: **No**

Circumstances

Going Direction: **S** Continuing Direction: **S** Vehicle Movement: **Moving Constant Speed** Speed Limit:
Left Scene: **No** Driverless Vehicle: **No** Emergency Vehicle: **No** **55**
Special Function: **N/A**

Contrib. Circumstances Person:

Driver Distracted By: **Not Distracted** Contrib. Circumstances Vehicle:

Sequence of Events:

Towing

Towed: **Yes** Removed By: **TEDS** Removed To: **TOW LOT**

Additional Vehicle Use Information

Commercial Name: **AERO GLOBAL LOGISTICS** Carrier **Interstate Carrier**
Classification:
Street: **2983 SOUTH PLEASANT VALLEY RD** DOT #: **2447319**
City: **WINCHESTER** State: **VA** Zip: **22601**

Body Type: **Truck Tractor** Configuration: **Truck Tractor Semi-Trailer**

Gross Vehicle Weight: **More Than 26000 Lbs**

Bus Use: No. of Axles: **4** MC Number:

HAZMAT Spill: Placard Displayed: HAZMAT Class: Placard Number:

Towed Vehicle 1 (RENTAL IN, RYDER):

Registration: **P998512** State: **IN** VIN: **1UYVS2484GG508602**
Year: **2015** Make: **UTI** Model: **ST**
Insured By: **PRIME INSURANCE** Policy #: **S [REDACTED]**

Owner

First: **RYDER** Middle: **TRUCK** Last: **RENTAL IN**
Street: **11690 NW 105 ST** Home Phone:
City: **MIAMI** State: **FL** Zip: **33178** Other Phone:

END - Vehicle 3 (2725648)



Police Crash Report

Revised Report

CRASH			GPS Lat. 3 7 . 5 4 4 4 0 0	GPS Long. - 7 7 . 4 2 8 3 0 0
Crash Date 10/15/2021	Day of Week Friday	MILITARY Time (24 hr clock) 07:20	County of Crash	
City of Richmond			Landmarks at Scene	212885197
Location of Crash (route/street) SB 1 95			Railroad Crossing ID no. (if within 150 ft.)	Local Case Number
At Intersection With or 0.50 Miles of BROAD ST			Mile Marker Number 7 4 . 8 0	Number of Vehicles 2

VEHICLE # 1

DRIVER Driver Flew Scene

Driver's Name (Last, First, Middle) THOMPSON, JEFFERY, ALAN Gender M F

Address (Street and Number) [REDACTED]

City TAPPAHANNOCK State VA ZIP 225602132

Birth Date [REDACTED] Drivers License Number [REDACTED] State VA DL N Y CDL Y N

Safety Equip. Used 3 Air Bag 2 Ejected 1 Date of Death MM DD YYYY Injury Type 6 EMS Transport Y N

Summons Issued As Result of Crash 1 Offenses Charged to Driver 46.2-816; FOLLOWING TOO CLOSE

VEHICLE # 2

DRIVER Driver Flew Scene

Driver's Name (Last, First, Middle) WHITE JR, ROLLETTI, REIMAN Gender M F

Address (Street and Number) [REDACTED]

City MARSHALL State VA ZIP 201152915

Birth Date [REDACTED] Drivers License Number [REDACTED] State VA DL N Y CDL Y N

Safety Equip. Used 3 Air Bag 2 Ejected 1 Date of Death MM DD YYYY Injury Type 6 EMS Transport Y N

Summons Issued As Result of Crash 2 Offenses Charged to Driver

VEHICLE

Vehicle Owner's Name (Last, First, Middle) HMI, UTILITIES, LLC Same as Driver

Address (Street and Number) 550 W 36TH ST

City JASPER State IN ZIP 47546

Vehicle Year 2019 Vehicle Make FORD Vehicle Model F 650 Disabled CMV Towed

Vehicle Plate Number UA53315 State VA Approximate Repair Cost 5000

VIN 1FDWF6DC1KDF06427 Oversize Cargo Spill

Name of Insurance Company (not agent) MARSH USA INC Override Underride

Speed Before Crash 55 Speed Limit 55 Maximum Safe Speed 35 ALL Passengers Age Count Under 8 0 8-17 0 18-21 0 Over 21 0

VEHICLE

Vehicle Owner's Name (Last, First, Middle) PENSKE, TRUCK, LEASING Same as Driver

Address (Street and Number) 2675 MORGANTOWN RD

City READING State PA ZIP 19607

Vehicle Year 2019 Vehicle Make FREIGHTLIN Vehicle Model TRACTOR Disabled CMV Towed

Vehicle Plate Number 2761028 State IN Approximate Repair Cost 1000

VIN 3AKBHKDV1KSKS9806 Oversize Cargo Spill

Name of Insurance Company (not agent) ASSURED PARTNERS OF NEW JERSEY Override Underride

Speed Before Crash 35 Speed Limit 55 Maximum Safe Speed 35 ALL Passengers Age Count Under 8 0 8-17 0 18-21 0 Over 21 0

PASSENGER (only if injured or killed)

Name of Injured (Last, First, Middle) EMS Transport Y N Date of Death MM DD YY

Position In/On Vehicle Safety Equip Used Airbag Ejected Injury Type Birthdate Gender M F

Name of Injured (Last, First, Middle) EMS Transport Y N Date of Death MM DD YY

Position In/On Vehicle Safety Equip Used Airbag Ejected Injury Type Birthdate Gender M F

Name of Injured (Last, First, Middle) EMS Transport Y N Date of Death MM DD YY

Position In/On Vehicle Safety Equip Used Airbag Ejected Injury Type Birthdate Gender M F

PASSENGER (only if injured or killed)

Name of Injured (Last, First, Middle) EMS Transport Y N Date of Death MM DD YY

Position In/On Vehicle Safety Equip Used Airbag Ejected Injury Type Birthdate Gender M F

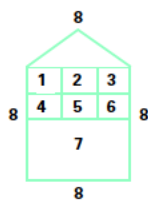
Name of Injured (Last, First, Middle) EMS Transport Y N Date of Death MM DD YY

Position In/On Vehicle Safety Equip Used Airbag Ejected Injury Type Birthdate Gender M F

Name of Injured (Last, First, Middle) EMS Transport Y N Date of Death MM DD YY

Position In/On Vehicle Safety Equip Used Airbag Ejected Injury Type Birthdate Gender 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 J PALANCHI	Badge/Code Number 8912	Agency/Department Name and Code VIRGINIA STATE POLICE/0156	Reviewing Officer Michael Roser	Report File Date 10/15/2021
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Police Crash Report

Revised Report

CRASH		Crash Date <u>MM DD YYYY</u> <u>10/15/2021</u>	MILITARY Time (24 hr clock) <u>07:20</u>	County of Crash	<input checked="" type="checkbox"/> City of <input type="checkbox"/> Town of <u>Richmond</u>	Local Case Number <u>[REDACTED]</u>
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DRIVER INFORMATION

Veh 1	Veh 2	Driver's Action	P1	Veh 1	Veh 2	Driver Vision Obscured	P3
<input type="radio"/>	<input checked="" 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 checked="" 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)	

Veh 1	Veh 2	Type of Driver Distractions	P4
<input type="radio"/>	<input type="radio"/>	1. Looking at Roadside Incident	
<input type="radio"/>	<input type="radio"/>	2. Driver Fatigue	
<input type="radio"/>	<input type="radio"/>	3. Looking at Scenery	
<input type="radio"/>	<input type="radio"/>	4. Passenger(s)	
<input type="radio"/>	<input type="radio"/>	5. Radio/CD, etc.	
<input type="radio"/>	<input type="radio"/>	6. Cell Phone	
<input type="radio"/>	<input type="radio"/>	7. Eyes Not on Road	
<input type="radio"/>	<input type="radio"/>	8. Daydreaming	
<input type="radio"/>	<input type="radio"/>	9. Eating/Drinking	
<input type="radio"/>	<input type="radio"/>	10. Adjusting Vehicle Controls	
<input type="radio"/>	<input type="radio"/>	11. Other	
<input type="radio"/>	<input type="radio"/>	12. Navigation Device	
<input type="radio"/>	<input type="radio"/>	13. Texting	
<input checked="" type="radio"/>	<input checked="" type="radio"/>	14. No Driver Distraction	

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

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

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

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

VEHICLE INFORMATION

Veh 1	Veh 2	Vehicle Maneuver	V1	Veh 1	Veh 2	Vehicle Damage	V4
<input checked="" type="radio"/>	<input 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 checked="" 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 type="radio"/>	<input 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 checked="" type="radio"/>	<input checked="" type="radio"/>	8. Other	
<input type="radio"/>	<input type="radio"/>	9. Ran Off Road - Right					
<input type="radio"/>	<input type="radio"/>	10. Ran Off Road - Left					
<input type="radio"/>	<input type="radio"/>	11. Parked					
<input type="radio"/>	<input type="radio"/>	12. Backing					
<input type="radio"/>	<input type="radio"/>	13. Passing					
<input type="radio"/>	<input type="radio"/>	14. Changing Lanes					
<input type="radio"/>	<input type="radio"/>	15. Other					
<input type="radio"/>	<input type="radio"/>	16. Entering Street From Parking Lot					

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

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

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

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

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

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



Police Crash Report

Revised Report

CRASH		Crash Date <u>MM DD YYYY</u> <u>10/15/2021</u>		MILITARY Time (24 hr clock) <u>07:20</u>	County of Crash	<input checked="" type="checkbox"/> City of <input type="checkbox"/> Town of <u>Richmond</u>	Local Case Number <div style="background-color: black; width: 100px; height: 20px;"></div>
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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



Police Crash Report

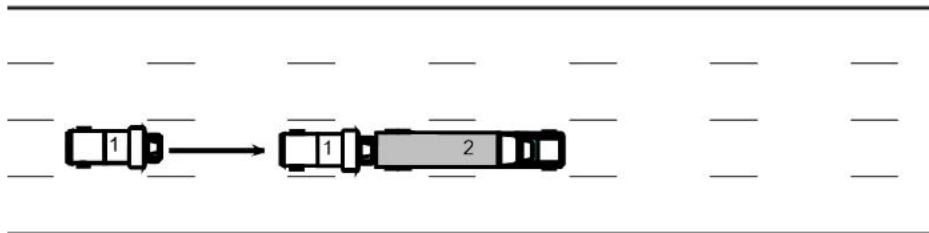
Revised Report

CRASH

Crash Date 10/15/2021	MILITARY Time (24 hr clock) 07:20	County of Crash	<input checked="" type="checkbox"/> City of <input type="checkbox"/> Town of Richmond	Local Case Number D [REDACTED]
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CRASH DIAGRAM

SB I 95 at Exit 74C (Broad St)



VEHICLE # 1

Fill In Impact Area(s).
Initial Impact: **12**

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

VEHICLE # 2

Fill In Impact Area(s).
Initial Impact: **6**

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

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

VEHICLE 1, WHICH WAS FOLLOWING TOO CLOSE, REAR ENDED VEHICLE 2, WHICH HAD SLOWED DUE TO TRAFFIC. VEHICLE 1 HAD HEAVY FRONT DAMAGE, AND VEHICLE 2 HAD REAR DAMAGE.

CRASH EVENTS

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

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

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 |



Police Crash Report

Revised Report

CRASH

Crash Date 10/15/2021	MILITARY Time (24 hr clock) 07:20	County of Crash	<input checked="" type="checkbox"/> City of <input type="checkbox"/> Town of Richmond	Local Case Number [REDACTED]
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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

Vehicle Configuration V10 <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 checked="" 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)	Cargo Body Type V11 <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 type="checkbox"/> 3. Van/Enclosed Box <input type="checkbox"/> 4. Cargo Tank <input type="checkbox"/> 5. Flatbed <input checked="" 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	License Class P8 <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 Commercial Endorsement P9 <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 GVWR/GCWR V12 <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.
---	--	--

Hazardous Material

Hazardous Material Placard: Y

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

Carrier Identification

Commercial Motor Carrier Name HMI UTILITIES INC	Address (P.O. Box if No Street Address) 550 W 36TH ST	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.)
Carrier's ID Number US DOT# 0 3 0 7 3 6 1 8 -	State (Intrastate Only) City: JASPER State: IN Zip: 47546	

VEHICLE # 2

Vehicle Configuration V10 <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)	Cargo Body Type V11 <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	License Class P8 <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 Commercial Endorsement P9 <input checked="" type="checkbox"/> T-Double Trailer <input type="checkbox"/> P-Passenger Vehicle <input checked="" 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 GVWR/GCWR V12 <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.
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Hazardous Material

Hazardous Material Placard: Y

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

Commercial Motor Carrier Name AERO GLOBAL LOGISTICS	Address (P.O. Box if No Street Address) 2983 SOUTH PLEASANT VALLEY RD	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.)
Carrier's ID Number US DOT# 0 2 4 4 7 3 1 9 -	State (Intrastate Only) City: WINCHESTER State: VA Zip: 22601	



State of West Virginia Uniform Traffic Crash Report

Crash Data

DOH Form: 17-c
Revised: 02/2007

Crash Record Number: Reporting Agency's Record Number: Page of

of Vehicles Involved: # of Non-Motorists Involved: # of Fatal Injuries: # of A B or C Injuries:

Date / Time of Crash: / Date / Time Crash Reported: / Time of Arrival:

County: Municipality or Place of Crash: GPS Coordinates:
Latitude Longitude

Highway Class: Interstate US WV
 County/HARP City Street State Park / Forest Road Not Applicable Spur North East Truck Route Other
 Private Road Private Property/Off-Roadway Other Alternate Ramp South West Toll

Route: / Milepost: Ramp: Street:

Other Description of Location: Intersecting Street:

Relation to Junction / Junction Type:
 Non-Junction Junction, Non-Interchange Area
 Intersection Intersection-Related
 Interstate to Interstate Railroad Grade Crossing #:
 Median Crossover-Related Business or Residential Driveway/Alley Access Other Non-Interchange
 Junction, Interchange Area
 Thru Roadway Merge/Diverge Area Intersection Intersection-Related
 Entrance / Exit Ramp Other Part of Interchange

Intersection Type:
 4-Way Intersection
 T Intersection
 Y Intersection
 Intersection as Part of Interchange
 Traffic Circle / Roundabout
 5-Point or More

Manner of Collision:
 Single Vehicle Crash Rear End
 Head-On Sideswipe, Same Direction
 Sideswipe, Opposite Direction Rear-to-Side Rear-to-Rear
 Angle (Front to Side) Same Direction Right Angle
 Angle (Front to Side) Opp. Direction Angle - Direction Not Specified

Environmental Contributing Circumstances (Select Up to 3):
 None
 Weather Conditions
 Physical Obstruction(s)
 Glare
 Animal(s) in Roadway
Type:
 Other:

Weather (Select Up to 2): Clear Rain Blowing Snow Other
 Cloudy Sleet, Hail, or Freezing Rain Severe Crosswinds
 Fog, Smog, Smoke Snow Blowing Sand, Soil, Dirt

Lighting:
 Daylight Dawn
 Dark - Lighted Dusk
 Dark - Not Lighted Other:

Roadway Surface Condition: Dry Slush Mud, Dirt, Gravel, Sand
 Wet Ice / Frost
 Snow Water (Standing / Moving)

Location of First Harmful Event:
 On Roadway Roadside In Parking Lane or Zone Outside of Right-of-Way
 Shoulder Gore Off Roadway, Location Unknown
 Median Separator Unknown

Roadway Surface Type: Asphalt Concrete Gravel Dirt Brick Other:

First Harmful Event:
 Overturn / Rollover Fire / Explosion Immersion Jackknife Cargo / Equipment Loss or Shift Fell / Jumped from Motor Veh Thrown or Falling Object Other Non-Collision

COLLISION WITH:
 Pedestrian Pedalcycle Railway Vehicle Animal Motor Vehicle in Transport Parked Motor Vehicle Work Zone / Maintenance Equip Other Non-Fixed Object Impact Attenuator / Crash Cushion
 Bridge Overhead Structure Bridge Pier or Support Bridge Rail Culvert Curb Ditch Embankment Guardrail Face Guardrail End Cable Median Barrier Concrete Traffic Barrier Other Traffic Barrier Tree (Standing) Utility Pole/Light Support Traffic Sign Support Traffic Signal Support Other Post, Pole, or Support Fence Mailbox Other Fixed Object

Road - Contributing Circumstances: (Select Up to 3)

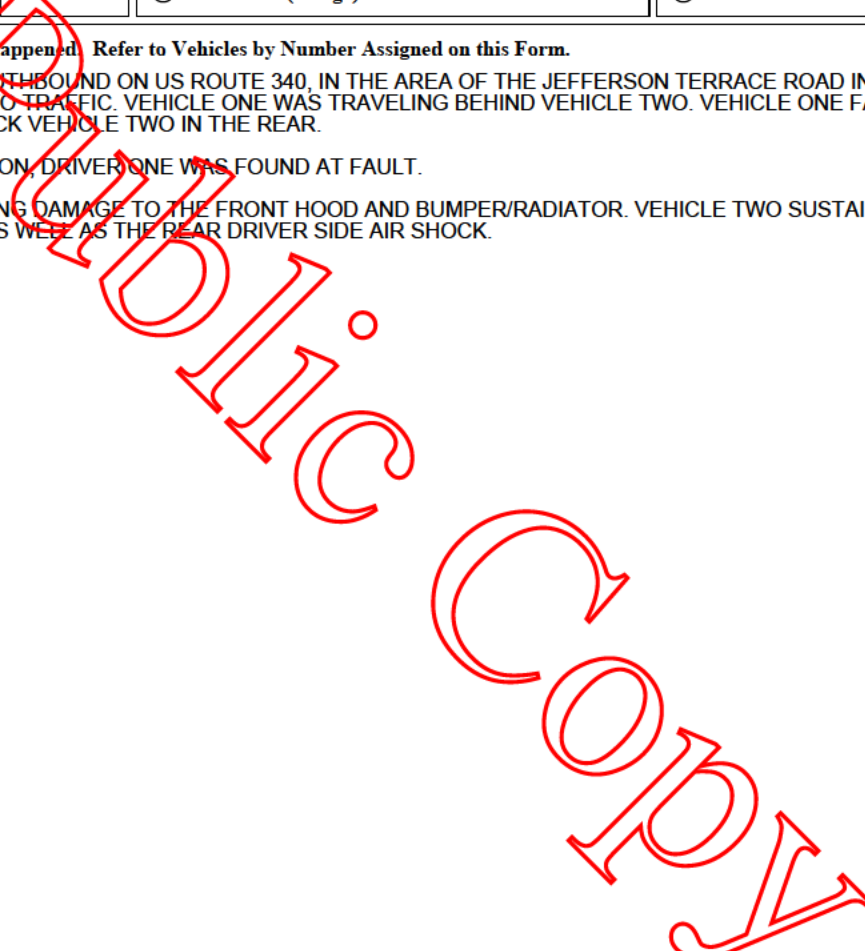
<input checked="" type="checkbox"/> None	<input type="checkbox"/> Ruts, Holes, Bumps	<input type="checkbox"/> Shoulders	<input type="checkbox"/> Work Zone	<input type="checkbox"/> Utility
<input type="checkbox"/> Road Surface Condition (Wet, Icy, etc.)	<input type="checkbox"/> Worn, Travel Polished Surface	<input type="radio"/> None <input type="radio"/> Low <input type="radio"/> Soft <input type="radio"/> High	<input type="radio"/> Construction	<input type="radio"/> Maintenance
<input type="checkbox"/> Debris	<input type="checkbox"/> Obstruction in Roadway	<input type="checkbox"/> Problem w/ Traffic Control Device	<input type="checkbox"/> Non-Highway Work	<input type="checkbox"/> Other []
	<input type="checkbox"/> Pavement Markings Not Visible	<input type="radio"/> Inoperative <input type="radio"/> Missing <input type="radio"/> Obscured		

School Bus Related: <input checked="" type="radio"/> No <input type="radio"/> Yes, School Bus Directly Involved <input type="radio"/> Yes, School Bus Indirectly Involved	School Zone Related: <input checked="" type="radio"/> No <input type="radio"/> Yes	Type of School Zone Sign: <input type="radio"/> When Present <input type="radio"/> None <input type="radio"/> When Flashing <input type="radio"/> Lists Specific Times	School Zone Flashers: <input type="radio"/> Present, Not Active <input type="radio"/> Present, Active <input type="radio"/> Not Present	School Zone Speed Limit: []
---	---	--	---	-------------------------------------

Work Zone Related: <input checked="" type="radio"/> No <input type="radio"/> Yes	Workers Present: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Work Zone Speed Limit: []	Location of Crash in Work Zone: <input type="radio"/> Before 1st Warning Sign <input type="radio"/> Advance Warning Area <input type="radio"/> Transition (Merge) Area	<input type="radio"/> Activity Area <input type="radio"/> Termination Area	Type of Work Zone: <input type="radio"/> Lane Closure <input type="radio"/> Lane Shift / Crossover <input type="radio"/> Work on Shoulder or in Median	<input type="radio"/> Intermittent or Moving Work <input type="radio"/> Other
---	---	-----------------------------------	--	---	--	--

NARRATIVE: Describe What Happened. Refer to Vehicles by Number Assigned on this Form.
 DRIVER TWO WAS TRAVELING SOUTHBOUND ON US ROUTE 340, IN THE AREA OF THE JEFFERSON TERRACE ROAD INTERSECTION, AND HAD STOPPED IN THE ROADWAY DUE TO TRAFFIC. VEHICLE ONE WAS TRAVELING BEHIND VEHICLE TWO. VEHICLE ONE FAILED TO CONFORM WITH THE FLOW OF TRAFFIC AND STRUCK VEHICLE TWO IN THE REAR.

BASED ON THE ABOVE INFORMATION, DRIVER ONE WAS FOUND AT FAULT.
 VEHICLE ONE SUSTAINED DISABLING DAMAGE TO THE FRONT HOOD AND BUMPER/RADIATOR. VEHICLE TWO SUSTAINED NON DISABLING DAMAGE TO THE REAR BUMPER AS WELL AS THE REAR DRIVER SIDE AIR SHOCK.



Reported By: <input type="radio"/> State Police <input type="radio"/> Sheriff's Dept <input checked="" type="radio"/> Municipal PD <input type="radio"/> Other	Photos Taken: <input checked="" type="radio"/> Yes <input type="radio"/> No	By Whom: PFC. V. A. CIAMPA
	Video Taped: <input checked="" type="radio"/> Yes <input type="radio"/> No	By Whom: CPL. J. T. DESARNO

The information contained in this report reflects my best knowledge and judgment:

Investigating Officer's Name: VINCENT CIAMPA	Number: 111	Signature: []
Phone: []	ORI Number: WV0190100	Agency: Charles Town PD
Assisting Officer's Name(s): DESARNO (CTPD)	[]	[]
Reconstructed: <input type="radio"/> Yes <input checked="" type="radio"/> No	By Whom: []	Date of Submission: 08/26/2021



State of West Virginia Uniform Traffic Crash Report

Diagram

Crash Record Number:

Reporting Agency's Record Number:

CRASH DIAGRAM:

(Draw Crash Scene - Including Roadway Layout, Vehicles, Individuals or Objects Struck, Traffic Controls, etc.)
IMPORTANT: Number Vehicles According to the Numbers Assigned on this Form.

From RP to:	N/S	E/W

Public
Copy

VEHICLES MOVED PRIOR TO OFFICER ARRIVAL.



State of West Virginia Uniform Traffic Crash Report

Vehicle Data

Crash Record Number: _____ Vehicle Number: 01 Reporting Agency's Record Number: 21CT06128 Page 4 of 14

Vehicle Type: Motor Veh in Transport Parked Motor Veh / Trailer Working Veh / Equipment
Hit and Run: No, Did Not Leave Scene Yes, Driver Left Scene Yes, Car and Driver Left Scene
Driver Presence at Time of Crash: Driver Operated Vehicle Driverless Vehicle

Owner's Name(s): UPPERCUE, DAVID P OR SHARON S
Address: _____
City: MARTINSBURG State: WV Zip Code: 25405 Home Phone: _____ Other Phone: _____

Make	Model	Model Year	Body Type	Color	Registration Status:	Proof of Liability Insurance:	Ins. Co.:
TOYT	CAMRY	2009	SEDAN, 4-DOOR	GRAY	<input checked="" type="radio"/> Properly Registered <input type="radio"/> Improperly Registered <input type="radio"/> No Registration Required	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Req	ERIE
VIN	Plate Class	License Plate Number	State	Reg Year	Ins. Agent Name or Phone		
_____	A	_____	WV	2022	(800) 458-0811		

Special Function of Motor Vehicle: None Police Courtesy Patrol
 Used as School Bus Ambulance Taxi
 Used as Other Bus Fire Truck Military

Used as an Emergency Vehicle: No Yes

Vehicle Used as a Bus: Public School Bus Commuter Bus Tour Bus
 Private School Bus Shuttle Bus Church Bus
 Scheduled Service Bus Modified for Personal/Private Use

Vehicle Impact Role: Striking Single Vehicle
 Struck Both

Direction of Travel Before Crash: Northbound Eastbound Not on Road
 Southbound Westbound Unknown

Applicable Speed Limit (MPH): 45

Roadway Description: Two-Way, Not Divided Two-Way, Divided, Unprotected Median
 Two-Way, Not Divided w/ Cont. Left Turn Lane Two-Way, Divided, with Median Barrier
 One-Way Roadway

Total Lanes in Roadway: _____
For Undivided Highways: Count Total Lanes in Both Directions. (Excluding Designated Turn Lanes)
For Divided Highways: Count Only Lanes in Direction Vehicle was Traveling Prior to Crash. 2

Traffic Control Device Type: None Yield Sign School Zone Signs
 Person (Flagger, etc.) Warning Signs
 Traffic Control Signal Railroad Crossing Device
 Flashing Overhead Signal Other _____
 Stop Sign

Horizontal Alignment: Straight Curve Right Curve Left

Vertical Alignment: Level Uphill Sag (Bottom)
 Hillcrest Downhill

Veh Travel Speed (MPH): _____

Traffic Control Functioning Properly: Yes No

Under/Override: No Under/Override Under/Override, Compartment Intrusion
 Under/Override, Motor Vehicle in Transport Under/Override, No Compartment Intrusion
 Under/Override, Other Motor Vehicle

Extent of Damage: No Damage Minor Damage
 Functional Damage Disabling Damage

Vehicle Maneuver / Action: Essentially Straight Ahead Making U-Turn None Evident or Reported
 Backing Slowing Braking - Skidmarks Evident
 Changing Lanes Stopped in Traffic Braking - Driver Stated
 Overtaking / Passing Leaving Traffic Lane Braking - Other Evidence
 Parked Entering Traffic Lane Steering - Evidence or Stated
 Turning Right Negotiating a Curve Steering and Braking
 Turning Left Other _____ Other _____

Crash Avoidance Maneuver: None Evident or Reported Braking - Skidmarks Evident
 Braking - Driver Stated Braking - Other Evidence
 Steering - Evidence or Stated Steering and Braking
 Other _____ Other _____

Contributing Circumstances, Motor Vehicle (Select up to 2): None Tires Brakes Wheels
 Wipers Lights (Head, Signal, Tail, etc.)
 Steering Windows Power Train Truck Coupling/Trailer Hitch/Safety Chains
 Mirrors Suspension Other _____

GVWR or GCWR: Less Than or Equal To 10,000lbs
 10,001 - 26,000 lbs
 More Than 26,000lbs

Displaying Hazardous Materials Placard: No Yes

Occurrence of Fire: No Fire Yes, Vehicle Caught Fire

Modified Vehicle: No Yes

Vehicle is Primarily Used to Transport Goods, Property, or People for Commerce: No Yes

Manner, in which Vehicle was Removed from Scene: Driven Towed Due to Damage Towed Due to Driver Condition Left at Scene

Towed to: RC TOWING Towed by: RC TOWING

Crash Events:

- | | | | | |
|----------------------------------|-------------------------------------|--|---------------------------------|---------------------------------|
| 01 Overturn / Rollover | 10 Cross Median / Centerline | 19 Motor Vehicle in Transport | 29 Curb | 39 Traffic Sign Support |
| 02 Fire / Explosion | 11 Downhill Runaway | 20 Parked Motor Vehicle | 30 Ditch | 40 Traffic Signal Support |
| 03 Immersion | 12 Fell / Jumped from Motor Vehicle | 21 Struck by Falling / Shifting Cargo or Anything Set in Motion by Veh | 31 Embankment | 41 Other Post, Pole, or Support |
| 04 Jackknife | 13 Thrown or Falling Object | 22 Work Zone / Maintenance Equip | 32 Guardrail Face | 42 Fence |
| 05 Cargo/Equipment Loss or Shift | 14 Other Non-Collision | 23 Other Non-Fixed Object | 33 Guardrail End | 43 Mailbox |
| 06 Equipment Failure | COLLISION WITH: | 24 Impact Attenuator / Crash Cushion | 34 Cable Median Barrier | 44 Other Fixed Object |
| 07 Separation of Units | 15 Pedestrian | 25 Bridge/Overhead Structure | 35 Concrete Barrier | |
| 08 Ran Off Road Right | 16 Pedalcycle | 26 Bridge Pier or Support | 36 Other Traffic Barrier | |
| 09 Ran Off Road Left | 17 Railroad Vehicle | 27 Bridge Rail | 37 Tree (Standing) | |
| | 18 Animal | 28 Culvert | 38 Utility Pole / Light Support | |

Sequence of Events: 19 _____

Most Harmful Event: 19

Select the ONE Diagram that best matches the involved vehicle and identify damaged areas:

<input checked="" type="radio"/> Single Unit Vehicle	<input type="radio"/> Motorcycle	<input type="radio"/> ATV	<input type="radio"/> Pass. Veh, Towing Unit	<input type="radio"/> Bus	<input type="radio"/> Tractor Trailer
--	----------------------------------	---------------------------	--	---------------------------	---------------------------------------

Using the Numbers from the Diagram Above, Identify the Following: Area of Initial Impact: 12 Most Damaged Area: 12

Number of Trailing Units: 0

Trailing Unit #1: Same as Power Unit Carrier / Owner's Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____ Phone: _____

VIN	Plate Class	License Plate Number	State	Year	Make	Model	Model Year	Body Type

Trailing Unit #2: Same as Power Unit Carrier / Owner's Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____ Phone: _____

VIN	Plate Class	License Plate Number	State	Year	Make	Model	Model Year	Body Type

Trailing Unit #3: Same as Power Unit Carrier / Owner's Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____ Phone: _____

VIN	Plate Class	License Plate Number	State	Year	Make	Model	Model Year	Body Type

Property Damaged Other Than Vehicles:

- None
- Work Zone / Maintenance Equipment
- Impact Attenuator / Crash Cushion
- Bridge / Tunnel
- Culvert
- Guardrail
- Concrete Barrier
- Cable Median Barrier
- Other Traffic Barrier
- Utility Pole / Light Support #: _____
- Traffic Sign Support
- Traffic Signal Support
- Other Post, Pole or Support
- Fence
- Mailbox
- Other Fixed Object

Damaged Property Owner(s):

- WVDOT Private
- City Utility Company
- Other: _____

Damaged Property Location:

- On Pavement
- Right Side of Road
- Left Side of Road



State of West Virginia Uniform Traffic Crash Report

DOH Form: 17-drv
Revised: 02/2007

Driver Data

Crash Record Number: Vehicle Number (from Vehicle Data Page) Page of

Reporting Agency's Record Number:

Driver's Name: UPPERCUE KAYLEE LYNN
Last First Middle Suffix

Address: Same as Veh Owner MARTINSBURG WV 25405
City State Zip Code

Home Phone: Other Phone:

Driving License:

License Type:

Not Licensed GDL Level 1 CDL Instruction Permit CDL Class: A B C

Driving License GDL Level 2 Motorcycle Instruction Permit

Instruction Permit GDL Level 3 Motorcycle Only

Issuing State: WV

Lic. Number:

Date of Birth:

License Restrictions: (Select All that Apply)

- None
- Corrective Lenses
- Mechanical Devices
- Prosthetic Aid
- Automatic Transmission
- Outside Mirror
- Limit to Daylight Only
- Limit to Employment
- Must Be Accompanied by Adult
- Limited - Other
- CDL Intrastate Only
- Motor Vehicles w/o Air Brakes
- Military Vehicles Only
- Except Class A Bus
- Except Class A and Class B Bus
- Except Tractor - Trailer
- Farm Waiver
- Other

Endorsements: (Select Up to 5)

- None
- T - Double/Triple Trailers
- P - Passenger Vehicle
- S - School Bus
- N - Tank Vehicle
- H - Hazardous Materials
- X - Combined Tank / Haz. Materials
- F - Motorcycle (WV Only)
- Other - Non-WV Licenses Only

Status:

- Valid
- Expired
- Suspended
- Revoked
- Probation
- Surrendered
- Valid/Interlock
- Fraudulent

Driver Condition at Time of Crash:

- Apparently Normal
- Emotional
- Ill
- Fell Asleep, Fainted, Fatigued
- Under the Influence of Medication/Alcohol/Drugs
- Other

Action(s) of Driver that Contributed to the Crash: (Select Up to 4)

- None
- Ran Off Road
- Failed to Yield Right of Way
- Disregarded Traffic Signs
- Ran Red Light
- Disregarded Other Road Markings
- Exceeded Posted Speed Limit
- Drove Too Fast For Conditions
- Improper Turn
- Improper Backing
- Improper Passing
- Wrong Side or Wrong Way
- Followed Too Closely
- Failed to Keep in Proper Lane
- Operated Veh in Erratic, Reckless, or Careless Manner
- Operated Veh in Aggressive Manner
- Swerved or Avoided
- Over Correcting / Over Steering
- Other Improper Action

Driver Use of Alcohol Suspected:

Alcohol Use Suspected: No Yes Unknown

Alcohol Test Given: Test Given None Given Test Refused

Type of Alcohol Test Given (Select Up to 2): Blood Breath Urine Serum Field Other:

PBT Results: Pass Fail

BAC Results: Pending Unknown

Driver Use of Drugs Suspected:

Drug Use Suspected: No Yes Unknown

Drug Test Given: Test Given None Given Test Refused Unknown if Tested

Type of Drug Test Given: Blood Serum Urine Other: DRE

Drug Test Results (Check All that Apply): None Amphetamine Pending Marijuana PCP Cocaine Other Controlled Substance Opiate Other Drug

Driver Distracted By:

- Not Distracted
- Electronic Communication Device
- Other Electronic Device
- Other Inside Vehicle
- Other Outside Vehicle

Reporting Agency's Record Number:

Known or Suspected Violation(s) by Driver:

No Violations

Reckless/Careless/Hit and Run Type Offenses

- Negligent Homicide
- Reckless Driving; Driving to Endanger; Negligent Driving
- Inattentive, Careless, Improper Driving
- Fleeing or Eluding Law Enforcement
- Failure to Obey Law Enforcement, Fireman, Authorized Person Directing Traffic
- Hit and Run, Failure to Stop After Accident
- Serious Violation Resulting in Death

Impairment Offenses

- Driving While Intoxicated (Alcohol or Drugs) or BAC Above Limit
- Driving While Impaired
- Driving Under Influence of Controlled Substance
- Driving Under Influence of Non-Controlled Substance
- Drinking While Operating
- Illegal Possession of Alcohol or Drugs
- Driving with Detectable Alcohol (CDL or Under 21 Years of Age)
- Refusal to Submit to Chemical Test

Speed Related Offenses

- Failure to Maintain Control of Vehicle
- Racing
- Speeding (Above Speed Limit)
- Speed Greater than Reasonable and Prudent
- Exceeding Special Limit
- Driving too Slowly

Rules of the Road - Traffic Signs and Signals

- Failure to Stop for Red Signal
- Failure to Stop for Flashing Red Signal
- Violation of Turn on Red
- Failure to Obey Flashing Signal (Yellow or Red)
- Failure to Obey Signal, Generally
- Violation of RR Grade Crossing Device or Regulations
- Failure to Obey Stop Sign
- Failure to Obey Yield Sign
- Failure to Obey Traffic Control Device

Rules of the Road - Lane Usage

- Unsafe or Prohibited Lane Change
- Improper Use of Lane
- Certain Traffic to Use Right Lane
- Lane Violations, Generally

Rules of the Road - Wrong Side, Passing and Following

- Driving Wrong Way on One-Way Road
- Driving on Left, Wrong Side of Road, Generally
- Improper, Unsafe Passing
- Passing on Right (Drive Off of Pavement to Pass)
- Passed Stopped School Bus
- Failure to Give Way When Overtaken
- Following Too Closely
- Wrong Side, Passing, Following Violations, Generally

Rules of the Road - Turning, Yielding, Signaling

- Turn in Violation of Traffic Control
- Improper Method and Position of Turn
- Failure to Signal for Turn or Stop
- Failure to Yield to Emergency Vehicle
- Failure to Yield, Generally
- Enter Intersection when Space Insufficient

Non-Moving License and Registration Violations

- Driving While License Suspended or Revoked
- Other Driver License Restrictions
- Commercial Driver Violations
- Vehicle Registration Violations
- Failure to Carry Insurance Card
- Driving Uninsured Vehicle
- Non-Moving Violations, Generally

Equipment

- Lamp Violations
- Brake Violations
- Failure to Require Restraint Use
- Motorcycle Equipment Violations
- Violation of Hazardous Cargo Regulations
- Size, Weight, Load Violations
- Equipment Violations, Generally

Other Violations

- Parking
- Theft, Unauthorized Use of Motor Vehicle
- Driving Where Prohibited
- Other Moving Violation

Citation(s) Issued to Driver:

Charge	State Code / Municipal Ordinance	Citation Number	Warning
FAIL TO MAINTAIN CONTROL	17C-6-1	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

STATEMENT OF DRIVER:

SEE ATTACHED



State of West Virginia Uniform Traffic Crash Report

Vehicle Data

Crash Record Number: _____ Vehicle Number: 02 Reporting Agency's Record Number: 21CT06128 Page 8 of 14

Vehicle Type: Motor Veh in Transport Parked Motor Veh / Trailer Working Veh / Equipment
Hit and Run: No, Did Not Leave Scene Yes, Driver Left Scene Yes, Car and Driver Left Scene
Driver Presence at Time of Crash: Driver Operated Vehicle Driverless Vehicle

Owner's Name(s): PENSKE TRUCK LEASING CO L P
Address: 2675 MORGANTOWN RD READING PA 19607 (571) 288-8740
City State Zip Code Home Phone Other Phone

Make	Model	Model Year	Body Type	Color	Registration Status:	Proof of Liability Insurance:	Ins. Co.:
FREIGHTLINER	FLEET	2019	TRUCK TRACTOR	YELLOW	<input checked="" type="radio"/> Properly Registered <input type="radio"/> Improperly Registered <input type="radio"/> No Registration Required	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Req	PRIME INSURANCE CO
VIN	Plate Class	License Plate Number	State	Reg Year	Policy No:		
3AKBHKDV2KSKE0387		2724997	IN	2022	[Redacted]		
Exp Date:							
05/01/2022							

Special Function of Motor Vehicle: None Police Courtesy Patrol
 Used as School Bus Ambulance Taxi
 Used as Other Bus Fire Truck Military

Used as an Emergency Vehicle: No Yes

Vehicle Used as a Bus: Public School Bus Commuter Bus Tour Bus
 Private School Bus Shuttle Bus Church Bus
 Scheduled Service Bus Modified for Personal/Private Use

Ins. Agent Name or Phone: [Redacted]

Vehicle Impact Role: Striking Single Vehicle
 Struck Both

Direction of Travel Before Crash: Northbound Eastbound Not on Road
 Southbound Westbound Unknown

Applicable Speed Limit (MPH): 45

Roadway Description: Two-Way, Not Divided Two-Way, Divided, Unprotected Median
 Two-Way, Not Divided w/ Cont. Left Turn Lane Two-Way, Divided, with Median Barrier
 One-Way Roadway

Total Lanes in Roadway: 2
For Undivided Highways: Count Total Lanes in Both Directions. (Excluding Designated Turn Lanes)
For Divided Highways: Count Only Lanes in Direction Vehicle was Traveling Prior to Crash.

Traffic Control Device Type: None Yield Sign School Zone Signs
 Person (Flagger, etc.) Warning Signs
 Traffic Control Signal Railroad Crossing Device
 Flashing Overhead Signal Other [Redacted]
 Stop Sign

Horizontal Alignment: Straight Curve Right Curve Left

Vertical Alignment: Level Uphill Sag (Bottom)
 Hillcrest Downhill

Veh Travel Speed (MPH): _____

Traffic Control Functioning Properly: Yes No

Under/Override: No Under/Override Under/Override, Compartment Intrusion
 Under/Override, Motor Vehicle in Transport Under/Override, No Compartment Intrusion
 Under/Override, Other Motor Vehicle

Extent of Damage: No Damage Minor Damage
 Functional Damage Disabling Damage

Vehicle Maneuver / Action: Essentially Straight Ahead Making U-Turn None Evident or Reported
 Backing Slowing Braking - Skidmarks Evident
 Changing Lanes Stopped in Traffic Braking - Driver Stated
 Overtaking / Passing Leaving Traffic Lane Braking - Other Evidence
 Parked Entering Traffic Lane Steering - Evidence or Stated
 Turning Right Negotiating a Curve Steering and Braking
 Turning Left Other [Redacted] Other [Redacted]

Crash Avoidance Maneuver: None Evident or Reported Braking - Skidmarks Evident
 Braking - Driver Stated Braking - Other Evidence
 Steering - Evidence or Stated Steering and Braking
 Other [Redacted] Other [Redacted]

Contributing Circumstances, Motor Vehicle (Select up to 2): None Tires Brakes Wheels
 Wipers Lights (Head, Signal, Tail, etc.)
 Steering Windows Power Train Truck Coupling/Trailer Hitch/Safety Chains
 Mirrors Suspension Other [Redacted]

GVWR or GCWR: Less Than or Equal To 10,000lbs
 10,001 - 26,000 lbs
 More Than 26,000lbs

Displaying Hazardous Materials Placard: No Yes

Occurrence of Fire: No Fire Yes, Vehicle Caught Fire

Modified Vehicle: No Yes

Vehicle is Primarily Used to Transport Goods, Property, or People for Commerce: No Yes

Manner, in which Vehicle was Removed from Scene: Driven Towed Due to Damage Towed Due to Driver Condition Left at Scene

Towed to: _____ Towed by: _____

Crash Events:

- | | | | | |
|----------------------------------|-------------------------------------|--|---------------------------------|---------------------------------|
| 01 Overturn / Rollover | 10 Cross Median / Centerline | 19 Motor Vehicle in Transport | 29 Curb | 39 Traffic Sign Support |
| 02 Fire / Explosion | 11 Downhill Runaway | 20 Parked Motor Vehicle | 30 Ditch | 40 Traffic Signal Support |
| 03 Immersion | 12 Fell / Jumped from Motor Vehicle | 21 Struck by Falling / Shifting Cargo or Anything Set in Motion by Veh | 31 Embankment | 41 Other Post, Pole, or Support |
| 04 Jackknife | 13 Thrown or Falling Object | 22 Work Zone / Maintenance Equip | 32 Guardrail Face | 42 Fence |
| 05 Cargo/Equipment Loss or Shift | 14 Other Non-Collision | 23 Other Non-Fixed Object | 33 Guardrail End | 43 Mailbox |
| 06 Equipment Failure | COLLISION WITH: | 24 Impact Attenuator / Crash Cushion | 34 Cable Median Barrier | 44 Other Fixed Object |
| 07 Separation of Units | 15 Pedestrian | 25 Bridge/Overhead Structure | 35 Concrete Barrier | |
| 08 Ran Off Road Right | 16 Pedalcycle | 26 Bridge Pier or Support | 36 Other Traffic Barrier | Sequence of Events: |
| 09 Ran Off Road Left | 17 Railroad Vehicle | 27 Bridge Rail | 37 Tree (Standing) | <u>19</u> _____ |
| | 18 Animal | 28 Culvert | 38 Utility Pole / Light Support | Most Harmful Event: <u>19</u> |

Select the ONE Diagram that best matches the involved vehicle and identify damaged areas:

<input checked="" type="radio"/> Single Unit Vehicle	<input type="radio"/> Motorcycle	<input type="radio"/> ATV	<input type="radio"/> Pass. Veh, Towing Unit	<input type="radio"/> Bus	<input type="radio"/> Tractor Trailer
--	----------------------------------	---------------------------	--	---------------------------	---------------------------------------

Legend for diagrams:

- 13 Top
- 14 Undercarriage

Using the Numbers from the Diagram Above, Identify the Following: Area of Initial Impact: 6 Most Damaged Area: 6

Number of Trailing Units: 0

Trailing Unit #1: Same as Power Unit Carrier / Owner's Name: _____

Address: _____ Phone: _____

VIN	Plate Class	License Plate Number	State	Year	Make	Model	Model Year	Body Type

Trailing Unit #2: Same as Power Unit Carrier / Owner's Name: _____

Address: _____ Phone: _____

VIN	Plate Class	License Plate Number	State	Year	Make	Model	Model Year	Body Type

Trailing Unit #3: Same as Power Unit Carrier / Owner's Name: _____

Address: _____ Phone: _____

VIN	Plate Class	License Plate Number	State	Year	Make	Model	Model Year	Body Type

Property Damaged Other Than Vehicles:

- None
- Work Zone / Maintenance Equipment
- Impact Attenuator / Crash Cushion
- Bridge / Tunnel
- Culvert
- Guardrail
- Concrete Barrier
- Cable Median Barrier
- Other Traffic Barrier
- Utility Pole / Light Support #: _____
- Traffic Sign Support
- Traffic Signal Support
- Other Post, Pole or Support
- Fence
- Mailbox
- Other Fixed Object

Damaged Property Owner(s):

- WVDOT Private
- City Utility Company
- Other: _____

Damaged Property Location:

- On Pavement
- Right Side of Road
- Left Side of Road



State of West Virginia Uniform Traffic Crash Report

DOH Form: 17-drv
Revised: 02/2007

Driver Data

Crash Record Number:

Vehicle Number (from Vehicle Data Page)

Page of

Reporting Agency's Record Number:

Driver's Name: RIVAS FLORES MANUEL ALEXANDER
Last First Middle Suffix

Address: Same as Veh Owner STEPHENS CITY VA 22655
City State Zip Code

Home Phone: _____ Other Phone: _____

Driving License:

License Type: Not Licensed Driving License Instruction Permit GDL Level 1 GDL Level 2 GDL Level 3 CDL Instruction Permit Motorcycle Instruction Permit Motorcycle Only CDL Class: A B C

Issuing State: VA
Lic. Number:
Date of Birth: _____

License Restrictions: (Select All that Apply)

<input checked="" type="checkbox"/> None	<input type="checkbox"/> Limited - Other
<input type="checkbox"/> Corrective Lenses	<input type="checkbox"/> CDL Intrastate Only
<input type="checkbox"/> Mechanical Devices	<input type="checkbox"/> Motor Vehicles w/o Air Brakes
<input type="checkbox"/> Prosthetic Aid	<input type="checkbox"/> Military Vehicles Only
<input type="checkbox"/> Automatic Transmission	<input type="checkbox"/> Except Class A Bus
<input type="checkbox"/> Outside Mirror	<input type="checkbox"/> Except Class A and Class B Bus
<input type="checkbox"/> Limit to Daylight Only	<input type="checkbox"/> Except Tractor - Trailer
<input type="checkbox"/> Limit to Employment	<input type="checkbox"/> Farm Waiver
<input type="checkbox"/> Must Be Accompanied by Adult	<input type="checkbox"/> Other _____

Endorsements: (Select Up to 5)

<input checked="" type="checkbox"/> None	<input type="checkbox"/> T - Double/Triple Trailers
<input type="checkbox"/> P - Passenger Vehicle	<input type="checkbox"/> S - School Bus
<input type="checkbox"/> N - Tank Vehicle	<input type="checkbox"/> H - Hazardous Materials
<input type="checkbox"/> X - Combined Tank / Haz. Materials	<input type="checkbox"/> F - Motorcycle (WV Only)
<input type="checkbox"/> Other - Non-WV Licenses Only	

Status: Valid Expired Suspended Revoked Probation Surrendered Valid/Interlock Fraudulent

Driver Condition at Time of Crash:

Apparently Normal Emotional Ill Fell Asleep, Fainted, Fatigued Under the Influence of Medication/Alcohol/Drugs Other _____

Action(s) of Driver that Contributed to the Crash: (Select Up to 4)

<input checked="" type="checkbox"/> None	<input type="checkbox"/> Improper Turn	<input type="checkbox"/> Operated Veh in Aggressive Manner
<input type="checkbox"/> Ran Off Road	<input type="checkbox"/> Improper Backing	<input type="checkbox"/> Swerved or Avoided
<input type="checkbox"/> Failed to Yield Right of Way	<input type="checkbox"/> Improper Passing	<input type="checkbox"/> Over Correcting / Over Steering
<input type="checkbox"/> Disregarded Traffic Signs	<input type="checkbox"/> Wrong Side or Wrong Way	<input type="checkbox"/> Other Improper Action
<input type="checkbox"/> Ran Red Light	<input type="checkbox"/> Followed Too Closely	
<input type="checkbox"/> Disregarded Other Road Markings	<input type="checkbox"/> Failed to Keep in Proper Lane	
<input type="checkbox"/> Exceeded Posted Speed Limit	<input checked="" type="checkbox"/> Operated Veh in Erratic, Reckless, or Careless Manner	
<input type="checkbox"/> Drove Too Fast For Conditions		

Driver Use of Alcohol Suspected:

Alcohol Use Suspected: No Yes Unknown

Alcohol Test Given: Test Given None Given Test Refused

Type of Alcohol Test Given (Select Up to 2): Blood Serum Breath Field Urine Other: _____

PBT Results: Pass Fail

BAC Results: _____ Pending Unknown

Driver Use of Drugs Suspected:

Drug Use Suspected: No Yes Unknown

Drug Test Given: Test Given None Given Test Refused Unknown if Tested

Type of Drug Test Given: Blood Urine Other: _____ DRE

Drug Test Results (Check All that Apply): None Marijuana Cocaine Opiate Amphetamine PCP Other Controlled Substance Other Drug Pending

Driver Distracted By:

Not Distracted Electronic Communication Device Other Electronic Device Other Inside Vehicle Other Outside Vehicle

Reporting Agency's Record Number:

Known or Suspected Violation(s) by Driver:

No Violations

Reckless/Careless/Hit and Run Type Offenses

- Negligent Homicide
- Reckless Driving; Driving to Endanger; Negligent Driving
- Inattentive, Careless, Improper Driving
- Fleeing or Eluding Law Enforcement
- Failure to Obey Law Enforcement, Fireman, Authorized Person Directing Traffic
- Hit and Run, Failure to Stop After Accident
- Serious Violation Resulting in Death

Impairment Offenses

- Driving While Intoxicated (Alcohol or Drugs) or BAC Above Limit
- Driving While Impaired
- Driving Under Influence of Controlled Substance
- Driving Under Influence of Non-Controlled Substance
- Drinking While Operating
- Illegal Possession of Alcohol or Drugs
- Driving with Detectable Alcohol (CDL or Under 21 Years of Age)
- Refusal to Submit to Chemical Test

Speed Related Offenses

- Failure to Maintain Control of Vehicle
- Racing
- Speeding (Above Speed Limit)
- Speed Greater than Reasonable and Prudent
- Exceeding Special Limit
- Driving too Slowly

Rules of the Road - Traffic Signs and Signals

- Failure to Stop for Red Signal
- Failure to Stop for Flashing Red Signal
- Violation of Turn on Red
- Failure to Obey Flashing Signal (Yellow or Red)
- Failure to Obey Signal, Generally
- Violation of RR Grade Crossing Device or Regulations
- Failure to Obey Stop Sign
- Failure to Obey Yield Sign
- Failure to Obey Traffic Control Device

Rules of the Road - Lane Usage

- Unsafe or Prohibited Lane Change
- Improper Use of Lane
- Certain Traffic to Use Right Lane
- Lane Violations, Generally

Rules of the Road - Wrong Side, Passing and Following

- Driving Wrong Way on One-Way Road
- Driving on Left, Wrong Side of Road, Generally
- Improper, Unsafe Passing
- Passing on Right (Drive Off of Pavement to Pass)
- Passed Stopped School Bus
- Failure to Give Way When Overtaken
- Following Too Closely
- Wrong Side, Passing, Following Violations, Generally

Rules of the Road - Turning, Yielding, Signaling

- Turn in Violation of Traffic Control
- Improper Method and Position of Turn
- Failure to Signal for Turn or Stop
- Failure to Yield to Emergency Vehicle
- Failure to Yield, Generally
- Enter Intersection when Space Insufficient

Non-Moving License and Registration Violations

- Driving While License Suspended or Revoked
- Other Driver License Restrictions
- Commercial Driver Violations
- Vehicle Registration Violations
- Failure to Carry Insurance Card
- Driving Uninsured Vehicle
- Non-Moving Violations, Generally

Equipment

- Lamp Violations
- Brake Violations
- Failure to Require Restraint Use
- Motorcycle Equipment Violations
- Violation of Hazardous Cargo Regulations
- Size, Weight, Load Violations
- Equipment Violations, Generally

Other Violations

- Parking
- Theft, Unauthorized Use of Motor Vehicle
- Driving Where Prohibited
- Other Moving Violation

Citation(s) Issued to Driver:

Charge	State Code / Municipal Ordinance	Citation Number	Warning
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

STATEMENT OF DRIVER:

SEE ATTACHED



State of West Virginia Uniform Traffic Crash Report

Driver and Vehicle Passenger Data

Crash Record Number:

Reporting Agency's Record Number:

Page of

Indiv #	Name				Veh #	Occupant Type	Social Security #	Birthdate	Age	Gender	Injury	Seating Position			Occupant Protection		
	Last	First	Middle Init.	Suffix								Row	Seat	Other	Type Used	Proper Use	App. Helmet
01	UPPERCUE	KAYLEE	LYNN		01	01			020	F	O	1	1		02	01	
02	RIVAS FLORES	MANUEL			02	01			046	M	O	1	1		02	01	

Occupant Type Codes:

- 01 Driver
- 02 Passenger
- 03 Occupant of Motor Veh Not in Transport
- 04 Unknown Vehicle Passenger

Injury Status Codes:

- A Incapacitating Injury
- B Non-Incapacitating Injury
- C Possible Injury
- K Killed
- O No Injury
- M Medical Condition Non-Crash Related Death or Injury

Type of Occupant Protection System Used Codes:

- 01 None Used
- 02 Shoulder and Lap Belt Used
- 03 Shoulder Belt Only Used
- 04 Lap Belt Only Used
- 05 Child Restraint System - Forward Facing
- 06 Child Restraint System - Rear Facing
- 07 Booster Seat
- 08 Helmet Used
- 09 Restraint Used - Type Unknown
- 10 Other
- 11 Unable to Determine - Due to Vehicle Damage

Seating Position Codes:

ROW	SEAT	OTHER
1 Front	1 Left	1 Sleeper Section of Cab
2 Second	2 Middle	2 Other Enclosed Cargo Area
3 Third	3 Right	3 Unenclosed Cargo Area
4 Fourth	4 Other	4 Trailing Unit
5 Other Row	5 Unknown	5 Riding on Motor Vehicle Exterior
6 Unknown		6 Unknown

Gender:

- M Male
- F Female

Proper Use of Occupant Protection:

- 01 Used Properly
- 02 Used Improperly
- 03 Unknown

DOT Approved Helmet:

- 01 Yes
- 02 No
- 03 Unknown

Indiv # from Above	Air-bag	Trapped Extricated	Ejected	Ejection Path	Medical Transport By	Responding EMS Agency ID #	EMS Response Run Number	Receiving Facility Name	Notified Time	Scene Time	Hospital Time	Date of Death	Time of Death	Place of Death
01	05	01	01											
02	05	01	01											

Airbag Deployed Codes:

DEPLOYED (This Seat):	NOT DEPLOYED (This Seat):
01 Front	05 Available, Didn't Deploy
02 Side	06 Available, Turned Off
03 Other	07 None Installed
04 Multiple Directions (Front and Side)	08 Previously Deployed - Not Replaced
10 Unable to Determine - Due to Vehicle Damage	09 Disabled or Removed

Trapped / Extricated Codes:

- 01 Not Trapped
- 02 Trapped / Extricated
- 03 Unknown

Ejection Codes:

- 01 Not Ejected
- 02 Ejected, Partially
- 03 Ejected, Totally
- 04 Unknown

Ejection Path:

- 01 Thru Side Door Opening
- 02 Thru Side Window
- 03 Thru Windshield
- 04 Thru Back Window
- 05 Thru Back Door / Tailgate Opening
- 06 Thru Roof Opening
- 07 Thru Convertible (Top Up) Roof
- 08 Other Path
- 09 Unknown Path

Medically Transported By:

- 01 Not Transported
- 02 EMS
- 03 Law Enforcement
- 04 Refused
- 05 Other
- 06 Unknown

Place of Victim's Death:

- 01 At Scene
- 02 En Route
- 03 At Medical Facility
- 04 Home
- 05 Other



State of West Virginia Uniform Traffic Crash Report

Commercial Motor Vehicle (CMV) Data

Crash Record Number: Vehicle Number (from Vehicle Data Page) Page of

Reporting Agency's Record Number:

Carrier Name:

Carrier Address:
City State Zip Code

US DOT Number: State ID Number:

Lessee / Lessor Name:

Address:
City State Zip Code

US DOT Number: Carrier Classification: Interstate Intrastate
 Government Veh - Not in Commerce
 Other Veh - Not in Commerce

Carrier Information Source: Shipping Papers
 Log Book Lease Driver Vehicle Reg
 Vehicle Side Other:

Haz Mat Placard Number: Haz Mat Released from Cargo Compartment: No Yes Unknown

Did Crash Occur on a Coal Resource Transportation System (CRTS) Route?
 No Yes Unknown

Commercial Vehicle Configuration

- Passenger Veh w/ Haz Mat Placard
- Light Truck w/ Haz Mat Placard
- Bus/Large Van (Seats 9-15, Including Driver)



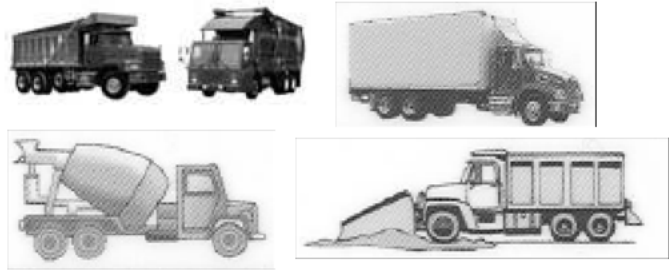
- Bus (Seats More Than 15, Including Driver)



- Single Unit Truck (2 Axles, 6 Tires)



- Single Unit Truck (3 or More Axles)



- Piggy Back



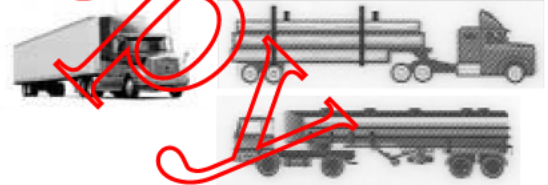
- Single Unit Truck Pulling a Trailer



- Truck Tractor (Bobtail)



- Truck Tractor w/ Semi-Trailer



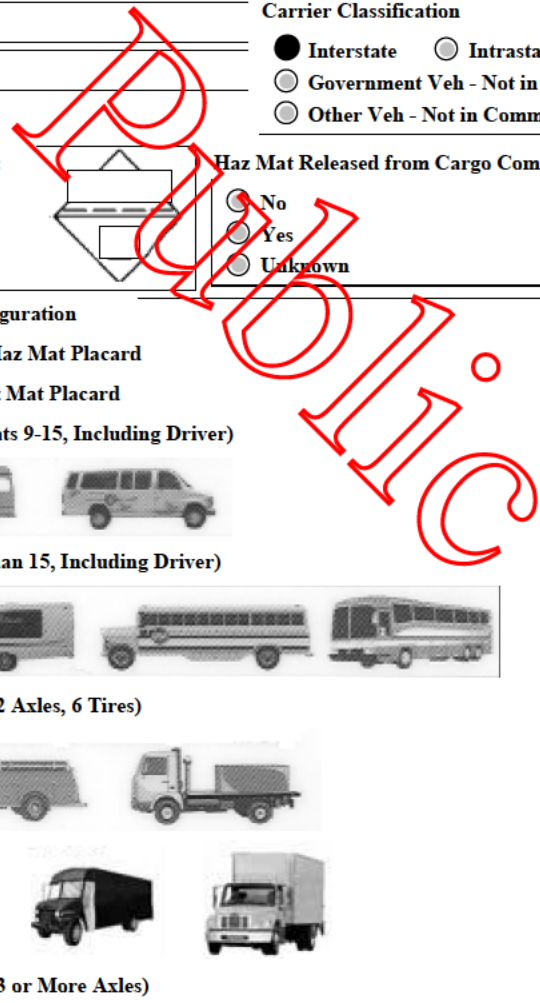
- Truck Tractor w/ Double



- Truck Tractor w/ Triple



- Truck - Can't Classify



Commercial Cargo Body Type:

Not Applicable

Bus (Seats for 9-15, Including Driver)



Bus (Seats for More Than 15, Including Driver)



Van / Enclosed Box



Cargo Tank



Flatbed



Dump



Concrete Mixer



Auto Transporter



Garbage / Refuse



Grain, Chips, Gravel



Pole



Log



Intermodal Chassis



Vehicle Towing Motor Vehicle



No Cargo Body



Other

Gross Vehicle Weight Rating (GVWR) of Power Unit:

Gross Combination Weight Rating (GCWR) - All Units:

Last Known Commodity:

Cargo Compartment Empty or Full at Time of Crash:

Empty Full

of Passengers in CMV:

Passengers Traveling with Written Permission of Carrier:

Yes No

CMV Self Insured:

No Yes

Proof of Self Insurance:

Yes No



State of West Virginia Uniform Traffic Crash Report

DOH Form: 17-c
Revised: 02/2007

Crash Data

Crash Record Number Reporting Agency's Record Number: Page of

of Vehicles Involved: # of Non-Motorists Involved: # of Fatal Injuries: # of A B or C Injuries:

Date / Time of Crash: / Date / Time Crash Reported: / Time of Arrival:

County: Municipality or Place of Crash: GPS Coordinates:
Latitude Longitude

Highway Class: Interstate US WV
 County/HARP City Street State Park / Forest Road Not Applicable Spur North East Truck Route Other
 Private Road Private Property/Off-Roadway Other Alternate Ramp South West Toll

Route: / Milepost: Ramp: Street:

Other Description of Location: Intersecting Street:

Relation to Junction / Junction Type: Non-Junction Junction, Non-Interchange Area Junction, Interchange Area
 Intersection Thru Roadway
 Intersection-Related Merge/Diverge Area
 Interstate to Interstate Intersection
 Railroad Grade Crossing #: Intersection-Related
 Median Crossover-Related Entrance / Exit Ramp
 Business or Residential Driveway/Alley Access Other Part of Interchange
 Other Non-Interchange

Intersection Type:
 4-Way Intersection
 T Intersection
 Y Intersection
 Intersection as Part of Interchange
 Traffic Circle / Roundabout
 5-Point or More

Manner of Collision: Angle (Front to Side) Same Direction Right Angle
 Single Vehicle Crash Rear End Head-On
 Sideswipe, Same Direction Angle (Front to Side) Opp. Direction Angle - Direction Not Specified
 Sideswipe, Opposite Direction Rear-to-Side Rear-to-Rear

Environmental Contributing Circumstances (Select Up to 3):
 None Weather Conditions Physical Obstruction(s)
 Glare Animal(s) in Roadway
Type:
 Other:

Weather (Select Up to 2): Clear Rain Blowing Snow Other
 Cloudy Sleet, Hail, or Freezing Rain Severe Crosswinds
 Fog, Smog, Smoke Snow Blowing Sand, Soil, Dirt

Lighting:
 Daylight Dawn Dark - Lighted Dusk
 Dark - Not Lighted Other

Roadway Surface Condition: Dry Slush Mud, Dirt, Gravel, Sand
 Wet Ice / Frost
 Snow Water (Standing / Moving)

Location of First Harmful Event:
 On Roadway Roadside In Parking Lane or Zone Outside of Right-of-Way
 Shoulder Gore Off Roadway, Location Unknown Unknown
 Median Separator

Roadway Surface Type: Asphalt Concrete Gravel Dirt Brick Other:

First Harmful Event: Overturn / Rollover Fire / Explosion Immersion Jackknife Cargo / Equipment Loss or Shift Fell / Jumped from Motor Veh Thrown or Falling Object Other Non-Collision

COLLISION WITH:
 Pedestrian Pedalcycle Railway Vehicle Animal Motor Vehicle in Transport Parked Motor Vehicle Work Zone / Maintenance Equip Other Non-Fixed Object Impact Attenuator / Crash Cushion
 Bridge Overhead Structure Bridge Pier or Support Bridge Rail Culvert Curb Ditch Embankment Guardrail Face Guardrail End Cable Median Barrier
 Concrete Traffic Barrier Other Traffic Barrier Tree (Standing) Utility Pole/Light Support Traffic Sign Support Traffic Signal Support Other Post, Pole, or Support Fence Mailbox Other Fixed Object

Crash Record Number

Reporting Agency's Record Number: 210800429

Page 2 of 10

Road - Contributing Circumstances: (Select Up to 3)

<input checked="" type="checkbox"/> None	<input type="checkbox"/> Ruts, Holes, Bumps	<input type="checkbox"/> Shoulders	<input type="checkbox"/> Work Zone	<input type="radio"/> Utility
<input type="checkbox"/> Road Surface Condition (Wet, Icy, etc.)	<input type="checkbox"/> Worn, Travel Polished Surface	<input type="radio"/> None <input type="radio"/> Low <input type="radio"/> Soft <input type="radio"/> High	<input type="radio"/> Construction	
<input type="checkbox"/> Debris	<input type="checkbox"/> Obstruction in Roadway	<input type="checkbox"/> Problem w/ Traffic Control Device	<input type="radio"/> Maintenance	
	<input type="checkbox"/> Pavement Markings Not Visible	<input type="radio"/> Inoperative <input type="radio"/> Missing <input type="radio"/> Obscured	<input type="checkbox"/> Non-Highway Work	
			<input type="checkbox"/> Other <input type="text"/>	

School Bus Related: <input checked="" type="radio"/> No <input type="radio"/> Yes, School Bus Directly Involved <input type="radio"/> Yes, School Bus Indirectly Involved	School Zone Related: <input checked="" type="radio"/> No <input type="radio"/> Yes	Type of School Zone Sign: <input type="radio"/> When Present <input type="radio"/> None <input type="radio"/> When Flashing <input type="radio"/> Lists Specific Times	School Zone Flashers: <input type="radio"/> Present, Not Active <input type="radio"/> Present, Active <input type="radio"/> Not Present	School Zone Speed Limit: <input type="text"/>
---	---	--	---	--

Work Zone Related: <input checked="" type="radio"/> No <input type="radio"/> Yes	Workers Present: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Work Zone Speed Limit: <input type="text"/>	Location of Crash in Work Zone: <input type="radio"/> Before 1st Warning Sign <input type="radio"/> Advance Warning Area <input type="radio"/> Transition (Merge) Area	Activity Area: <input type="radio"/> Activity Area <input type="radio"/> Termination Area	Type of Work Zone: <input type="radio"/> Lane Closure <input type="radio"/> Lane Shift / Crossover <input type="radio"/> Work on Shoulder or in Median	<input type="radio"/> Intermittent or Moving Work <input type="radio"/> Other
---	---	--	--	--	--	--

NARRATIVE: Describe What Happened. Refer to Vehicles by Number Assigned on this Form.

VEHICLE 1 WAS TRAVELING EAST ON N PRESTON HWY. IT WAS NEGOTIATING A LEFT TURN WHEN RAN OFF THE RIGHT SIDE ON THE ROAD, WENT OVER THE EMBANKMENT, AND SIDE SWIPED A TREE.

Reported By: <input type="radio"/> State Police <input checked="" type="radio"/> Sheriff's Dept <input type="radio"/> Municipal PD <input type="radio"/> Other	Photos Taken: <input checked="" type="radio"/> Yes <input type="radio"/> No	By Whom: DEPUTY MARLEY
	Video Taped: <input type="radio"/> Yes <input checked="" type="radio"/> No	By Whom: <input type="text"/>

The information contained in this report reflects my best knowledge and judgment:

Investigating Officer's Name: DEPUTY MARLEY **Number:** 71 **Signature:**

Phone: **ORI Number:** WV0390000 **Agency:** Preston Co SD

Assisting Officer's Name(s):

Reconstructed: Yes No **By Whom:** **Date of Submission:** 08/24/2021



State of West Virginia Uniform Traffic Crash Report
Diagram

DOH Form: 17-dgrm
Revised: 02/2007

Crash Record Number:

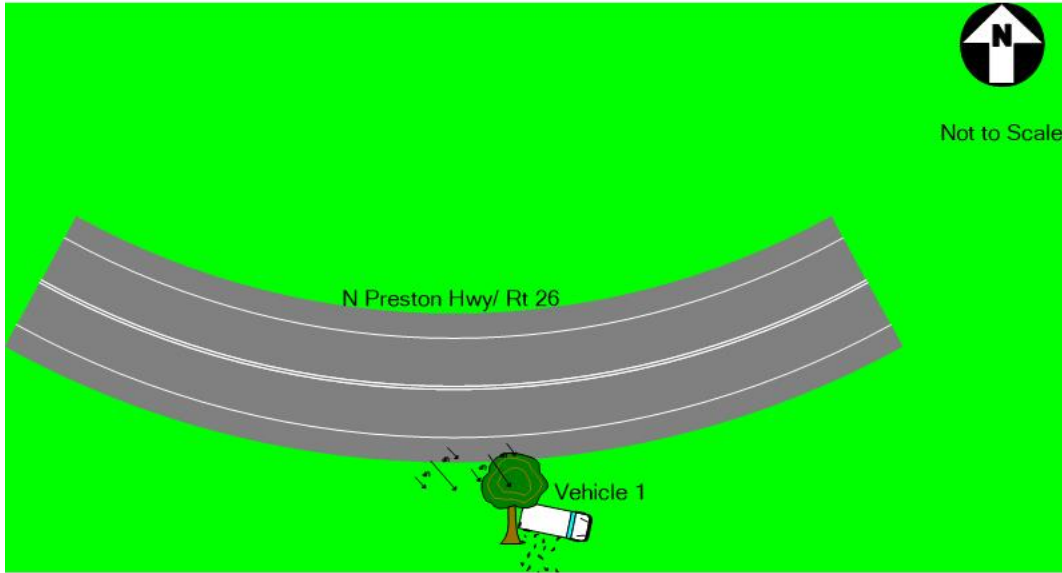
Page of

Reporting Agency's Record Number:

CRASH DIAGRAM:

(Draw Crash Scene - Including Roadway Layout, Vehicles, Individuals or Objects Struck, Traffic Controls, etc.)
IMPORTANT: Number Vehicles According to the Numbers Assigned on this Form.

From RP to:	N/S	E/W





State of West Virginia Uniform Traffic Crash Report

Vehicle Data

Crash Record Number: _____ Vehicle Number: 01 Reporting Agency's Record Number: 210800429 Page 4 of 10

Vehicle Type: Motor Veh in Transport Parked Motor Veh / Trailer Working Veh / Equipment
Hit and Run: No, Did Not Leave Scene Yes, Driver Left Scene Yes, Car and Driver Left Scene
Driver Presence at Time of Crash: Driver Operated Vehicle Driverless Vehicle

Owner's Name(s): PENSKE LEASING AND RENTAL CO

Address: 18308 PEAK CIRCLE HAGERSTOWN MD 21742
City State Zip Code Home Phone Other Phone

Make Model Model Year Body Type Color
FREIGHTLINER M2 2017 CARGO VAN WHITE
VIN Plate Class License Plate Number State Reg Year
3ALACWDT1HDHV3856 3EP8233 MD 2022

Registration Status: Properly Registered Improperly Registered No Registration Required
Proof of Liability Insurance: Yes No Not Req
Ins. Co: AON RISK SERVICES
Policy No:
Exp Date: 01/01/2024

Special Function of Motor Vehicle: None Police Courtesy Patrol Used as School Bus Ambulance Taxi Used as Other Bus Fire Truck Military
Used as an Emergency Vehicle: No Yes
Vehicle Used as a Bus: Public School Bus Private School Bus Scheduled Service Bus Commuter Bus Shuttle Bus Modified for Personal/Private Use Tour Bus Church Bus
Ins. Agent Name or Phone: _____
Vehicle Impact Role: Striking Struck Single Vehicle Both

Direction of Travel Before Crash: Northbound Eastbound Not on Road Southbound Westbound Unknown
Applicable Speed Limit (MPH): _____
Roadway Description: Two-Way, Not Divided Two-Way, Not Divided w/ Cont. Left Turn Lane Two-Way, Divided, Unprotected Median Two-Way, Divided, with Median Barrier One-Way Roadway
Total Lanes in Roadway: _____
For Undivided Highways: Count Total Lanes in Both Directions. (Excluding Designated Turn Lanes)
For Divided Highways: Count Only Lanes in Direction Vehicle was Traveling Prior to Crash. 2

Traffic Control Device Type: None Person (Flagger, etc.) Traffic Control Signal Flashing Overhead Signal Stop Sign Yield Sign School Zone Signs Warning Signs Railroad Crossing Device Other _____
Horizontal Alignment: Straight Curve Right Curve Left Level Hillcrest Uphill Sag (Bottom) Downhill
Vertical Alignment: _____
Veh Travel Speed (MPH): _____

Traffic Control Functioning Properly: Yes No
Underride / Override: No Underride or Override Underride, Compartment Intrusion Underride, No Compartment Intrusion Underride, Compartment Intrusion Unknown Override, Motor Vehicle in Transport Override, Other Motor Vehicle
Extent of Damage: No Damage Minor Damage Functional Damage Disabling Damage

Vehicle Maneuver / Action: Essentially Straight Ahead Backing Changing Lanes Overtaking / Passing Parked Turning Right Turning Left Making U-Turn Slowing Stopped in Traffic Leaving Traffic Lane Entering Traffic Lane Negotiating a Curve Other _____
Crash Avoidance Maneuver: None Evident or Reported Braking - Skidmarks Evident Braking - Driver Stated Braking - Other Evidence Steering - Evidence or Stated Steering and Braking Other _____
Contributing Circumstances, Motor Vehicle (Select up to 2): None Brakes Wipers Steering Power Train Mirrors Suspension Tires Wheels Lights (Head, Signal, Tail, etc.) Windows Truck Coupling/Trailer Hitch/Safety Chains Other _____
GVWR or GCWR: Less Than or Equal To 10,000lbs 10,001 - 26,000 lbs More Than 26,000lbs
Number of Axles: 02
Total / Max Occupants of Veh: 0 1 / 0 2

Displaying Hazardous Materials Placard: No Yes
Occurrence of Fire: No Fire Yes, Vehicle Caught Fire
Modified Vehicle: No Yes
Vehicle is Primarily Used to Transport Goods, Property, or People for Commerce: No Yes
Manner, in which Vehicle was Removed from Scene: Driven Towed Due to Damage Towed Due to Driver Condition Left at Scene
Towed to: MIKES TOWING Towed by: MIKES TOWING

Crash Events:

- | | | | | |
|----------------------------------|-------------------------------------|--|---------------------------------|---------------------------------|
| 01 Overturn / Rollover | 10 Cross Median / Centerline | 19 Motor Vehicle in Transport | 29 Curb | 39 Traffic Sign Support |
| 02 Fire / Explosion | 11 Downhill Runaway | 20 Parked Motor Vehicle | 30 Ditch | 40 Traffic Signal Support |
| 03 Immersion | 12 Fell / Jumped from Motor Vehicle | 21 Struck by Falling / Shifting Cargo or Anything Set in Motion by Veh | 31 Embankment | 41 Other Post, Pole, or Support |
| 04 Jackknife | 13 Thrown or Falling Object | 22 Work Zone / Maintenance Equip | 32 Guardrail Face | 42 Fence |
| 05 Cargo/Equipment Loss or Shift | 14 Other Non-Collision | 23 Other Non-Fixed Object | 33 Guardrail End | 43 Mailbox |
| 06 Equipment Failure | COLLISION WITH: | 24 Impact Attenuator / Crash Cushion | 34 Cable Median Barrier | 44 Other Fixed Object |
| 07 Separation of Units | 15 Pedestrian | 25 Bridge/Overhead Structure | 35 Concrete Barrier | |
| 08 Ran Off Road Right | 16 Pedalcycle | 26 Bridge Pier or Support | 36 Other Traffic Barrier | |
| 09 Ran Off Road Left | 17 Railroad Vehicle | 27 Bridge Rail | 37 Tree (Standing) | |
| | 18 Animal | 28 Culvert | 38 Utility Pole / Light Support | |

Sequence of Events: 08 37 _____

Most Harmful Event: 37

Select the ONE Diagram that best matches the involved vehicle and identify damaged areas:

<input checked="" type="radio"/> Single Unit Vehicle <input type="checkbox"/> 13 Top <input type="checkbox"/> 14 Undercarriage	<input type="radio"/> Motorcycle <input type="radio"/> ATV <input type="checkbox"/> 13 Top <input type="checkbox"/> 14 Undercarriage	<input type="radio"/> Pass. Veh, Towing Unit <input type="checkbox"/> 13 Top <input type="checkbox"/> 14 Undercarriage	<input type="radio"/> Bus <input type="checkbox"/> 13 Top <input type="checkbox"/> 14 Undercarriage	<input type="radio"/> Tractor Trailer <input type="checkbox"/> 13 Top <input type="checkbox"/> 14 Undercarriage
---	--	---	--	--

Using the Numbers from the Diagram Above, Identify the Following: Area of Initial Impact: _____ Most Damaged Area: _____

Number of Trailing Units: 0

Trailing Unit #1: Same as Power Unit Carrier / Owner's Name: _____

Address: _____ City _____ State _____ Zip Code _____ Phone: _____

VIN	Plate Class	License Plate Number	State	Year	Make	Model	Model Year	Body Type

Trailing Unit #2: Same as Power Unit Carrier / Owner's Name: _____

Address: _____ City _____ State _____ Zip Code _____ Phone: _____

VIN	Plate Class	License Plate Number	State	Year	Make	Model	Model Year	Body Type

Trailing Unit #3: Same as Power Unit Carrier / Owner's Name: _____

Address: _____ City _____ State _____ Zip Code _____ Phone: _____

VIN	Plate Class	License Plate Number	State	Year	Make	Model	Model Year	Body Type

Property Damaged Other Than Vehicles:

- None
- Work Zone / Maintenance Equipment
- Impact Attenuator / Crash Cushion
- Bridge / Tunnel
- Culvert
- Guardrail
- Concrete Barrier
- Cable Median Barrier
- Other Traffic Barrier
- Utility Pole / Light Support #: _____
- Traffic Sign Support
- Traffic Signal Support
- Other Post, Pole or Support
- Fence
- Mailbox
- Other Fixed Object

Damaged Property Owner(s):

- WVDOT Private
- City Utility Company
- Other: _____

Damaged Property Location:

- On Pavement
- Right Side of Road
- Left Side of Road



State of West Virginia Uniform Traffic Crash Report

DOH Form: 17-drv
Revised: 02/2007

Driver Data

Crash Record Number: Vehicle Number (from Vehicle Data Page) Page of

Reporting Agency's Record Number:

Driver's Name: CHAVEZ KRISTHIAN EDUAR SALAZAR
Last First Middle Suffix

Address: Same as Veh Owner [REDACTED] MOUNT RAINIER MD 20712
City State Zip Code

Home Phone: Other Phone:

Driving License:

License Type: Not Licensed Driving License Instruction Permit GDL Level 1 GDL Level 2 GDL Level 3 CDL Instruction Permit Motorcycle Instruction Permit Motorcycle Only CDL Class: A B C

Issuing State: MD
Lic. Number:
Date of Birth:

<p>License Restrictions: (Select All that Apply)</p> <input checked="" type="checkbox"/> None <input type="checkbox"/> Corrective Lenses <input type="checkbox"/> Mechanical Devices <input type="checkbox"/> Prosthetic Aid <input type="checkbox"/> Automatic Transmission <input type="checkbox"/> Outside Mirror <input type="checkbox"/> Limit to Daylight Only <input type="checkbox"/> Limit to Employment <input type="checkbox"/> Must Be Accompanied by Adult <input type="checkbox"/> Limited - Other <input type="checkbox"/> CDL Intrastate Only <input type="checkbox"/> Motor Vehicles w/o Air Brakes <input type="checkbox"/> Military Vehicles Only <input type="checkbox"/> Except Class A Bus <input type="checkbox"/> Except Class A and Class B Bus <input type="checkbox"/> Except Tractor - Trailer <input type="checkbox"/> Farm Waiver <input type="checkbox"/> Other <input type="text"/>		<p>Endorsements: (Select Up to 5)</p> <input checked="" type="checkbox"/> None <input type="checkbox"/> T - Double/Triple Trailers <input type="checkbox"/> P - Passenger Vehicle <input type="checkbox"/> S - School Bus <input type="checkbox"/> N - Tank Vehicle <input type="checkbox"/> H - Hazardous Materials <input type="checkbox"/> X - Combined Tank / Haz. Materials <input type="checkbox"/> F - Motorcycle (WV Only) <input type="checkbox"/> Other - Non-WV Licenses Only	<p>Status:</p> <input checked="" type="radio"/> Valid <input type="radio"/> Expired <input type="radio"/> Suspended <input type="radio"/> Revoked <input type="radio"/> Probation <input type="radio"/> Surrendered <input type="radio"/> Valid/Interlock <input type="radio"/> Fraudulent
--	--	--	---

Driver Condition at Time of Crash:

Apparently Normal
 Emotional
 Ill
 Fell Asleep, Fainted, Fatigued
 Under the Influence of Medication/Alcohol/Drugs
 Other

Action(s) of Driver that Contributed to the Crash: (Select Up to 4)

<input type="checkbox"/> None	<input type="checkbox"/> Ran Off Road	<input type="checkbox"/> Failed to Yield Right of Way	<input type="checkbox"/> Disregarded Traffic Signs	<input type="checkbox"/> Ran Red Light	<input type="checkbox"/> Disregarded Other Road Markings	<input type="checkbox"/> Exceeded Posted Speed Limit	<input type="checkbox"/> Drove Too Fast For Conditions	<input type="checkbox"/> Improper Turn	<input type="checkbox"/> Improper Backing	<input type="checkbox"/> Improper Passing	<input type="checkbox"/> Wrong Side or Wrong Way	<input type="checkbox"/> Followed Too Closely	<input type="checkbox"/> Failed to Keep in Proper Lane	<input type="checkbox"/> Operated Veh in Erratic, Reckless, or Careless Manner	<input type="checkbox"/> Operated Veh in Aggressive Manner	<input type="checkbox"/> Swerved or Avoided	<input type="checkbox"/> Over Correcting / Over Steering	<input type="checkbox"/> Other Improper Action
-------------------------------	---------------------------------------	---	--	--	--	--	--	--	---	---	--	---	--	--	--	---	--	--

Driver Use of Alcohol Suspected:

<p>Alcohol Use Suspected:</p> <input checked="" type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	<p>Alcohol Test Given:</p> <input type="radio"/> Test Given <input type="radio"/> None Given <input type="radio"/> Test Refused	<p>Type of Alcohol Test Given (Select Up to 2):</p> <input type="checkbox"/> Blood <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Serum <input type="checkbox"/> Field <input type="checkbox"/> Other: <input type="text"/>	<p>PBT Results:</p> <input type="radio"/> Pass <input type="radio"/> Fail	<p>BAC Results:</p> <input type="radio"/> <u> </u> <input type="radio"/> Pending <input type="radio"/> Unknown
---	---	---	--	---

Driver Use of Drugs Suspected:

<p>Drug Use Suspected:</p> <input checked="" type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	<p>Drug Test Given:</p> <input type="radio"/> Test Given <input type="radio"/> None Given <input type="radio"/> Test Refused <input type="radio"/> Unknown if Tested	<p>Type of Drug Test Given:</p> <input type="radio"/> Blood <input type="radio"/> Serum <input type="radio"/> Urine <input type="radio"/> Other <input type="text"/> <input type="radio"/> DRE	<p>Drug Test Results (Check All that Apply):</p> <input type="checkbox"/> None <input type="checkbox"/> Amphetamine <input type="checkbox"/> Pending <input type="checkbox"/> Marijuana <input type="checkbox"/> PCP <input type="checkbox"/> Cocaine <input type="checkbox"/> Other Controlled Substance <input type="checkbox"/> Opiate <input type="checkbox"/> Other Drug
--	---	---	--

Driver Distracted By: Not Distracted Electronic Communication Device Other Electronic Device Other Inside Vehicle Other Outside Vehicle

Reporting Agency's Record Number:

Known or Suspected Violation(s) by Driver:

No Violations

Reckless/Careless/Hit and Run Type Offenses

- Negligent Homicide
- Reckless Driving; Driving to Endanger; Negligent Driving
- Inattentive, Careless, Improper Driving
- Fleeing or Eluding Law Enforcement
- Failure to Obey Law Enforcement, Fireman, Authorized Person Directing Traffic
- Hit and Run, Failure to Stop After Accident
- Serious Violation Resulting in Death

Impairment Offenses

- Driving While Intoxicated (Alcohol or Drugs) or BAC Above Limit
- Driving While Impaired
- Driving Under Influence of Controlled Substance
- Driving Under Influence of Non-Controlled Substance
- Drinking While Operating
- Illegal Possession of Alcohol or Drugs
- Driving with Detectable Alcohol (CDL or Under 21 Years of Age)
- Refusal to Submit to Chemical Test

Speed Related Offenses

- Failure to Maintain Control of Vehicle
- Racing
- Speeding (Above Speed Limit)
- Speed Greater than Reasonable and Prudent
- Exceeding Special Limit
- Driving too Slowly

Rules of the Road - Traffic Signs and Signals

- Failure to Stop for Red Signal
- Failure to Stop for Flashing Red Signal
- Violation of Turn on Red
- Failure to Obey Flashing Signal (Yellow or Red)
- Failure to Obey Signal, Generally
- Violation of RR Grade Crossing Device or Regulations
- Failure to Obey Stop Sign
- Failure to Obey Yield Sign
- Failure to Obey Traffic Control Device

Rules of the Road - Lane Usage

- Unsafe or Prohibited Lane Change
- Improper Use of Lane
- Certain Traffic to Use Right Lane
- Lane Violations, Generally

Rules of the Road - Wrong Side, Passing and Following

- Driving Wrong Way on One-Way Road
- Driving on Left, Wrong Side of Road, Generally
- Improper, Unsafe Passing
- Passing on Right (Drive Off of Pavement to Pass)
- Passed Stopped School Bus
- Failure to Give Way When Overtaken
- Following Too Closely
- Wrong Side, Passing, Following Violations, Generally

Rules of the Road - Turning, Yielding, Signaling

- Turn in Violation of Traffic Control
- Improper Method and Position of Turn
- Failure to Signal for Turn or Stop
- Failure to Yield to Emergency Vehicle
- Failure to Yield, Generally
- Enter Intersection when Space Insufficient

Non-Moving License and Registration Violations

- Driving While License Suspended or Revoked
- Other Driver License Restrictions
- Commercial Driver Violations
- Vehicle Registration Violations
- Failure to Carry Insurance Card
- Driving Uninsured Vehicle
- Non-Moving Violations, Generally

Equipment

- Lamp Violations
- Brake Violations
- Failure to Require Restraint Use
- Motorcycle Equipment Violations
- Violation of Hazardous Cargo Regulations
- Size, Weight, Load Violations
- Equipment Violations, Generally

Other Violations

- Parking
- Theft, Unauthorized Use of Motor Vehicle
- Driving Where Prohibited
- Other Moving Violation

Citation(s) Issued to Driver:

Charge	State Code / Municipal Ordinance	Citation Number	Warning
CHARGES PENDING			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

STATEMENT OF DRIVER:



State of West Virginia Uniform Traffic Crash Report

Driver and Vehicle Passenger Data

Crash Record Number:

Reporting Agency's Record Number:

Page of

Indiv #	Name				Veh #	Occupant Type	Social Security #	Birthdate	Age	Gender	Injury	Seating Position			Occupant Protection		
	Last	First	Middle Int.	Suffix								Row	Seat	Other	Type Used	Proper Use	App. Helmet
01	CHAVEZ	KRISTHIAN	EDUAR		01	01			025	M	O	1	1		11	03	

Occupant Type Codes:

- 01 Driver
- 02 Passenger
- 03 Occupant of Motor Veh Not in Transport
- 04 Unknown Vehicle Passenger

Injury Status Codes:

A Incapacitating Injury	M Medical Condition
K Killed	Non-Crash Related Death or Injury
B Non-Incapacitating Injury	
C Possible Injury	

Type of Occupant Protection System Used Codes:

01 None Used	07 Booster Seat
02 Shoulder and Lap Belt Used	08 Helmet Used
03 Shoulder Belt Only Used	09 Restraint Used - Type Unknown
04 Lap Belt Only Used	10 Other
05 Child Restraint System - Forward Facing	11 Unable to Determine - Due to Vehicle Damage
06 Child Restraint System - Rear Facing	

Seating Position Codes:

ROW	SEAT	OTHER
1 Front	1 Left	1 Sleeper Section of Cab
2 Second	2 Middle	2 Other Enclosed Cargo Area
3 Third	3 Right	3 Unenclosed Cargo Area
4 Fourth	4 Other	4 Trailing Unit
5 Other Row	5 Unknown	5 Riding on Motor Vehicle Exterior
6 Unknown		6 Unknown

Gender:

- M Male
- F Female

Proper Use of Occupant Protection:

01 Used Properly	02 Used Improperly
	03 Unknown

DOT Approved Helmet:

01 Yes	02 No	03 Unknown
--------	-------	------------

Indiv # from Above	Air-bag	Trapped Extricated	Ejected	Ejection Path	Medical Transport By	Responding EMS Agency ID #	EMS Response Run Number	Receiving Facility Name	Notified Time	Scene Time	Hospital Time	Date of Death	Time of Death	Place of Death
01	05	01	01											

Airbag Deployed Codes:

DEPLOYED (This Seat):	NOT DEPLOYED (This Seat):
01 Front	05 Available, Didn't Deploy
02 Side	06 Available, Turned Off
03 Other	07 None Installed
04 Multiple Directions (Front and Side)	08 Previously Deployed - Not Replaced
	09 Disabled or Removed
10 Unable to Determine - Due to Vehicle Damage	

Trapped / Extricated Codes:

- 01 Not Trapped
- 02 Trapped / Extricated
- 03 Unknown

Ejection Codes:

- 01 Not Ejected
- 02 Ejected, Partially
- 03 Ejected, Totally
- 04 Unknown

Ejection Path:

01 Thru Side Door Opening	05 Thru Back Door / Tailgate Opening	08 Other Path
02 Thru Side Window		09 Unknown Path
03 Thru Windshield	06 Thru Roof Opening	
04 Thru Back Window	07 Thru Convertible (Top Up) Roof	

Medically Transported By:

01 Not Transported	03 Law Enforcement	05 Other
02 EMS	04 Refused	06 Unknown

Place of Victim's Death:

01 At Scene	03 At Medical Facility	05 Other
02 En Route	04 Home	



State of West Virginia Uniform Traffic Crash Report

Commercial Motor Vehicle (CMV) Data

Crash Record Number: Vehicle Number (from Vehicle Data Page) Page of

Reporting Agency's Record Number:

Carrier Name:

Carrier Address:
City State Zip Code

US DOT Number: State ID Number:

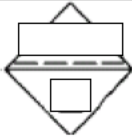
Lessee / Lessor Name:

Address:
City State Zip Code

US DOT Number: Carrier Classification: Interstate Intrastate
 Government Veh - Not in Commerce
 Other Veh - Not in Commerce

Carrier Information Source: Shipping Papers
 Log Book Lease Driver Vehicle Reg
 Vehicle Side Other:

Haz Mat Placard Number:



Haz Mat Released from Cargo Compartment:
 No
 Yes
 Unknown

Did Crash Occur on a Coal Resource Transportation System (CRTS) Route?
 No Yes Unknown

Commercial Vehicle Configuration

- Passenger Veh w/ Haz Mat Placard
- Light Truck w/ Haz Mat Placard
- Bus/Large Van (Seats 9-15, Including Driver)



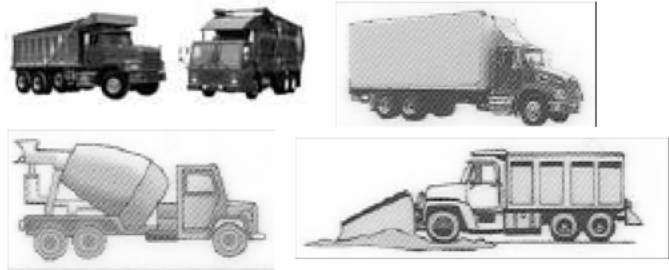
- Bus (Seats More Than 15, Including Driver)



- Single Unit Truck (2 Axles, 6 Tires)



- Single Unit Truck (3 or More Axles)



- Piggy Back



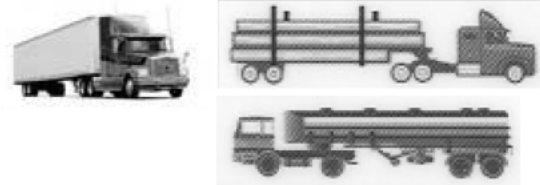
- Single Unit Truck Pulling a Trailer



- Truck Tractor (Bobtail)



- Truck Tractor w/ Semi-Trailer



- Truck Tractor w/ Double



- Truck Tractor w/ Triple



- Truck - Can't Classify

Commercial Cargo Body Type:

Not Applicable

Bus (Seats for 9-15, Including Driver)



Bus (Seats for More Than 15, Including Driver)



Van / Enclosed Box



Cargo Tank



Flatbed



Dump



Concrete Mixer



Auto Transporter



Garbage / Refuse



Grain, Chips, Gravel



Pole



Log



Intermodal Chassis



Vehicle Towing Motor Vehicle



No Cargo Body



Other

Gross Vehicle Weight Rating (GVWR) of Power Unit:

Gross Combination Weight Rating (GCWR) - All Units:

Last Known Commodity:

Cargo Compartment Empty or Full at Time of Crash: Empty Full

of Passengers in CMV:

Passengers Traveling with Written Permission of Carrier: Yes No

CMV Self Insured: No Yes

Proof of Self Insurance: Yes No

This report has been redacted to prevent the disclosure of personally identifiable information.

DMV-349 (Rev. 1/09)

THIS REPORT IS FOR THE USE OF THE DIVISION OF MOTOR VEHICLES. THE DATA IS COLLECTED FOR STATISTICAL ANALYSIS AND SUBSEQUENT HIGHWAY SAFETY PROGRAMMING. DETERMINATIONS OF "FAULT" ARE THE RESPONSIBILITY OF INSURERS OR OF THE STATE'S COURTS.

2

No. of Units Involved

Form 1 of 1

Supplemental Report

Non-Reportable

Do not write in these spaces

Date Received by DMV

1	1	Date 08/05/2021	County LENOIR	Time 09:38	Local Use/Patrol Area 210805017AA - 05
---	---	--------------------	------------------	---------------	---

2	1	L O C A T I O N	33 Relation to Roadway Surface 1	Crash Occurred <input checked="" type="checkbox"/> In <input checked="" type="checkbox"/> Near	KINSTON Municipality	or	04.00 Miles	<input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	outside municipality
---	---	-----------------	-------------------------------------	--	-------------------------	----	-------------	--	----------------------

3	1	At SR 1913	Ramp or Service Road <input checked="" type="checkbox"/>	(R.R. Crossing #	00.60 Miles	ft.	<input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	Latitude	
		From	toward	SR 1929				Longitude	
								Altitude	

4	2	UNIT # 1	<input checked="" type="checkbox"/> VEHICLE	<input type="checkbox"/> PEDESTRIAN	<input type="checkbox"/> HIT & RUN	<input type="checkbox"/> COMMERCIAL VEHICLE	UNIT # 2	<input checked="" type="checkbox"/> VEHICLE	<input type="checkbox"/> PEDESTRIAN	<input type="checkbox"/> HIT & RUN	<input type="checkbox"/> OTHER
---	---	----------	---	-------------------------------------	------------------------------------	---	----------	---	-------------------------------------	------------------------------------	--------------------------------

5	2	Driver	RONALD TAYLOR JR	Address	[REDACTED]	City	AULANDER	State	NC	Zip	27805-9369
---	---	--------	------------------	---------	------------	------	----------	-------	----	-----	------------

6	2	Same Address on Driver's License?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Driver's Phone Numbers	H [REDACTED]	W [REDACTED]	D.L.#	REDACTED	D.L. Class	A	State	NC
---	---	-----------------------------------	---	------------------------	--------------	--------------	-------	----------	------------	---	-------	----

7	1	DOB	REDACTED	34 Vision Obstruction	0	35 Physical Condition	1	36 D.L. Restrictions	1,88	37 Alcohol/Drugs Suspected	0	38 Alcohol/Drugs Test	0	39 Results (if known)	0	40 Vehicle Seizure (DWI)	<input type="checkbox"/>
---	---	-----	----------	-----------------------	---	-----------------------	---	----------------------	------	----------------------------	---	-----------------------	---	-----------------------	---	--------------------------	--------------------------

16	2	Owner	PENSKE LEASING	Address	RT 10 GREEN HILLS RD BOX 791	City	READING	State	PA	Zip	19603
----	---	-------	----------------	---------	------------------------------	------	---------	-------	----	-----	-------

17	2	Plate #	ZM1944	Plate State	NC	Year	2022	VIN	3HAMMMML9KL384850
----	---	---------	--------	-------------	----	------	------	-----	-------------------

18	2	Vehicle Make	INTERNTL	Vehicle Year	2019	41 Vehicle Style (Type)	3	42 Vehicle Drivable	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
----	---	--------------	----------	--------------	------	-------------------------	---	---------------------	---

19	2	43 TAD	FD-2	44 Estimated Damage	\$2,000.00	Insurance Company	OLD REPUBLIC INSURANCE CO	Policy #	[REDACTED]
----	---	--------	------	---------------------	------------	-------------------	---------------------------	----------	------------

20	2	Carrier Identification Numbers, GVWR, Axles	US DOT#	ICC#	Axes on Vehicle Including Trailers
----	---	---	---------	------	------------------------------------

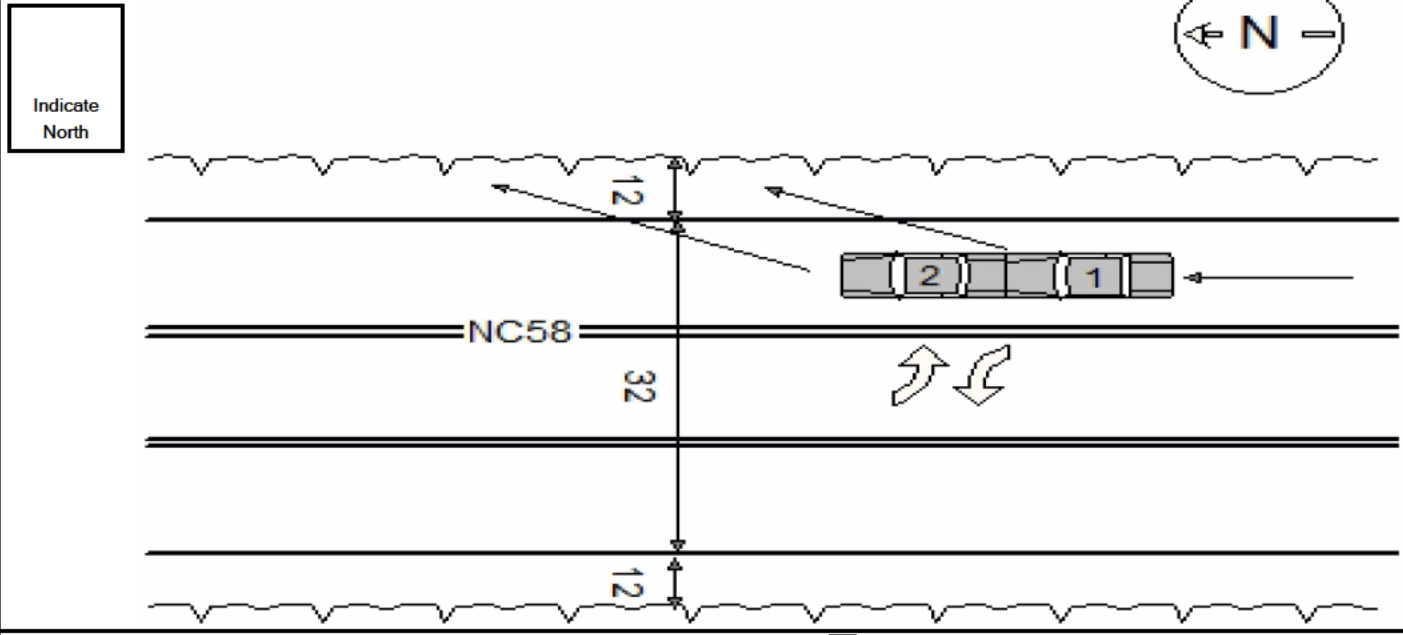
21	2	Unit	45 Cargo Body Type	Source:	<input type="checkbox"/> Truck <input type="checkbox"/> Shipping <input type="checkbox"/> Driver	State	State #	IFTA#	Fleet #	Gross Vehicular Weight Rating
----	---	------	--------------------	---------	--	-------	---------	-------	---------	-------------------------------

A	1	1	1	Unit 1-Dir 1, Ped 1, etc. see above	B	M	2	1	0	2	1	5	see above	Veh# 1 Towed To/By:
B	2	1	1	Unit 2-Dir 2, Ped 2, etc. see above	B	M	2	0	0	2	1	5	see above	Veh# 2 Towed To/By:
C														
D														
E														
F														
G														
H														

46 Name of EMS		46 Name of EMS	
47 Injured Taken by EMS to	(Treatment Facility and City or Town)	47 Injured Taken by EMS to	(Treatment Facility and City or Town)

48 POINTS OF INITIAL CONTACT (Write in Codes)	Unit # <u>1</u> <u>1,2,3</u>	VEHICLE INFO			ROADWAY INFO		WORK ZONE RELATED	
	Unit # <u>2</u> <u>14,15,16</u>	60 Authorized Speed Limit	Veh # <u>1</u> <u>55</u>	Veh # <u>2</u> <u>55</u>	69 Road Feature	<u>0</u>	78 Work Zone Area	<u>5</u>
CRASH SEQUENCE (Unit Level)	Unit # <u>1</u>	Unit # <u>2</u>	61 Estimate of Original Traveling Speed	<u>50</u>	<u>10</u>	70 Road Character	<u>1</u>	79 Work Activity
49 Vehicle Maneuver/Action	<u>4</u>	<u>11</u>	62 Estimate of Speed at Impact	<u>45</u>	<u>10</u>	71 Road Classification	<u>3</u>	80 Work Area Marked
50 Non-Motorist Action			63 Tire Impressions Before Impact (ft.)	<u>0</u>	<u>0</u>	72 Road Surface Type	<u>3</u>	81 Crash Location
51 Non-Motorist Location Prior to Impact			64 Distance travelled After Impact (ft.)	<u>0</u>	<u>0</u>	73 Road Configuration	<u>2</u>	TRAILER INFO.
52 Crash Sequence - First Event for this Unit	<u>21</u>	<u>21</u>	65 Emergency Vehicle Use			74 Access Control	<u>1</u>	82 Trailer Type
53 Crash Sequence - Second Event			66 Post Crash Fire (# Yes' check block)	<input type="checkbox"/>	<input type="checkbox"/>	75 Number of Lanes	<u>2</u>	1st Trailer No. Axles
54 Crash Sequence - Third Event			67 School Bus - Contact Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	76 Traffic Control Type	<u>13</u>	Width (inches)
55 Crash Sequence - Fourth Event			68 School Bus - Noncontact Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	77 Traffic Control Oper	<u>1</u>	Length (feet)
56 Most Harmful Event for this Unit	<u>21</u>	<u>21</u>	COMMERCIAL VEHICLE: Hazardous Material Haz Mat Placard <input type="checkbox"/> Yes <input type="checkbox"/> No Hazardous Cargo Released <input type="checkbox"/> Yes <input type="checkbox"/> No Carrying Haz Mat <input type="checkbox"/> Yes <input type="checkbox"/> No			From Placard indicate 4-digit placard number or name from diamond or hvv Unit <u> </u> 1-digit number from bottom of diamond		83 Unit # <u> </u>
57 Distance/Direction of Object Struck	<u>0</u>	<u>0</u>						Overwidth Trailer and Overwidth Mobilehome
58 Vehicle Underride/Override	<u>3</u>	<u>3</u>						Overwidth Permit <u> </u>
59 Vehicle Defects	<u>0</u>	<u>0</u>						

84 DIAGRAM



Unit # 1 was Traveling Parked Facing N S E W on NC 58

Unit # 2 was Traveling Parked Facing N S E W on NC 58

85 NARRATIVE

(include pertinent unusual aspects which are not listed elsewhere on the form)

VEHICLE#1 AND 2 WERE TRAVELING NORTH ON NC58. VEHICLE#2 SLOWED DOWN ABRUPTLY CAUSING VEHICLE#1 TO FAIL TO REDUCE SPEED AND STRIKE VEHICLE#2. BOTH VEHICLES WERE MOVED TO THE SHOULDER PRIOR TO MY ARRIVAL.

86 Type/Owner _____ Owner Address _____ State Property? Estimated Damage \$ _____

ADDITIONAL PROPERTY DAMAGE _____

WITNESSES

Name _____ Address _____ Phone No. _____

Name _____ Address _____ Phone No. _____

TRAFFIC VIOLATION(S)

Name _____ Charge(s) _____

Name _____ Address _____

POLICE ACCIDENT REPORT

Local Codes
NY21-1497
SP1T32D5KN5H

MV-104A (6/04)

AMENDED REPORT

1	Accident Date Month: 5, Day: 20, Year: 2021	Day of Week Thursday	Military Time 08:56	No. of Vehicles 2	No. Injured 1	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	19 9
---	--	-------------------------	------------------------	----------------------	------------------	-----------------	---	--	--	---------

2	VEHICLE 1 - Driver License ID Number [REDACTED] Driver Name - exactly as printed on license: SAEZ, JOSEPH ANGEL Address (Include Number and Street): [REDACTED] Apt. No.: [REDACTED] City or town: CHICOPEE, State: MA, Zip Code: 010202614	VEHICLE 2 - Driver License ID Number [REDACTED] Driver Name - exactly as printed on license: VENEGAS, CRISTOBAL M Address (Include Number and Street): [REDACTED] Apt. No.: [REDACTED] City or town: BRONX, State: NY, Zip Code: 104680000	20 -	21 -	22 -
---	---	--	---------	---------	---------

3	Date of Birth: [REDACTED], Sex: M, Unlicensed: <input type="checkbox"/> , No. of Occupants: 01, Public Property Damaged: <input type="checkbox"/>	Date of Birth: [REDACTED], Sex: M, Unlicensed: <input type="checkbox"/> , No. of Occupants: 01, Public Property Damaged: <input type="checkbox"/>	23 3
---	---	---	---------

4	PENSKE TRUCK LEASING CO L, Address (Include Number and Street): 2675 MORGANTOWN RD City or Town: READING, State: PA, Zip Code: 19607 Plate Number: 3141638, State of Reg.: IN, Vehicle Year & Make: 2019 FRHT, Vehicle Type: TRAC, Ins. Code: 989	VENEGAS, CRISTOBAL M Address (Include Number and Street): [REDACTED] City or town: BRONX, State: NY, Zip Code: 10468-0000 Plate Number: [REDACTED], State of Reg.: NY, Vehicle Year & Make: 2006 TOYT, Vehicle Type: SUBN, Ins. Code: 639	24 3
---	--	--	---------

5	Ticket/Arrest Number(s): [REDACTED] 1M	Ticket/Arrest Number(s): [REDACTED]	25 1
---	--	-------------------------------------	---------

6	Violation Section(s): 1129A	Violation Section(s): [REDACTED]	26 7
---	-----------------------------	----------------------------------	---------

7	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.	27 1
---	--	--	--	---------

8	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: [REDACTED] Box 2 - Most Damage: [REDACTED] Enter up to three more damage codes: [REDACTED]	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: [REDACTED] Box 2 - Most Damage: [REDACTED] Enter up to three more damage codes: [REDACTED]	ACCIDENT DIAGRAM 9. Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to determine <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	28 1
---	---	---	---	---------

9	Reference Marker: [REDACTED] Coordinates (if available): Latitude/Northing: 4546561 Longitude/Easting: 595405	Place Where Accident Occurred: County: WESTCHESTER <input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town of RYE Road on which accident occurred: I-287 E MPM 9.5 (Route Number or Street Name) at 1) intersecting street: I-287 E MPM 9.5 (Route Number or Street Name) or 2) [REDACTED] feet [REDACTED] miles <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of [REDACTED] (Milepost, Nearest intersecting Route Number or Street Name)	29 -
---	--	---	---------

Accident Description/Officer's notes: VEHICLE 1 AND VEHICLE 2 TRAVELING IN AN EASTERLY DIRECTION AT I-287 E MPM 9.5. VEHICLE 1 STRIKES REAR OF VEHICLE 2.

ALL INVOLVED	8	9	10	11	12	13	14	15	16	17	BY	
A	1	1	4	1	29	M	-	-	-		SAEZ, JOSEPH ANGEL	
B	2	1	4	1	61	M	06	12	6	9993	5913	VENEGAS, CRISTOBAL
C												
D												
E												
F												

Officer's Rank and Signature: TPR [REDACTED]	Badge/ID No.: 2851	NCIC No.: [REDACTED]	Precint/Post Troop/Zone: T1	Station/Beat Sector: 11	Reviewing Officer: BURRELL, DARRYL	Date/Time Reviewed: 5/20/2021
Print Name in Full: SETH A MONETTADAVIS						



State of West Virginia Uniform Traffic Crash Report

Crash Data

DOH Form: 17-c
Revised: 02/2007

Crash Record Number Reporting Agency's Record Number: Page of

of Vehicles Involved: # of Non-Motorists Involved: # of Fatal Injuries: # of A B or C Injuries:

Date / Time of Crash: / Date / Time Crash Reported: / Time of Arrival:

County: Municipality or Place of Crash: GPS Coordinates: Latitude Longitude

Highway Class: Interstate US WV
 County/HARP City Street State Park / Forest Road
 Private Road Private Property/Off-Roadway Other

Supplemental Designation: Not Applicable Spur North East Truck Route Other
 Alternate Ramp South West Toll

Route: / Milepost: Ramp: Street:

Other Description of Location: Intersecting Street:

Relation to Junction / Junction Type:

Non-Junction Junction, Non-Interchange Area Junction, Interchange Area

Intersection Thru Roadway
 Intersection-Related Merge/Diverge Area
 Interstate to Interstate Intersection
 Railroad Grade Crossing #: Intersection-Related
 Median Crossover-Related Entrance / Exit Ramp
 Business or Residential Driveway/Alley Access Other Part of Interchange
 Other Non-Interchange

Intersection Type:
 4-Way Intersection
 T Intersection
 Y Intersection
 Intersection as Part of Interchange
 Traffic Circle / Roundabout
 5-Point or More

Manner of Collision:

Single Vehicle Crash Angle (Front to Side) Same Direction Right Angle
 Rear End Angle (Front to Side) Opp. Direction Angle - Direction Not Specified
 Head-On Sideswipe, Same Direction Sideswipe, Opposite Direction
 Rear-to-Side Rear-to-Rear

Environmental Contributing Circumstances (Select Up to 3):
 None
 Weather Conditions
 Physical Obstruction(s)
 Glare
 Animal(s) in Roadway
 Type:

Weather (Select Up to 2): Clear Rain Blowing Snow Other
 Cloudy Sleet, Hail, or Freezing Rain Severe Crosswinds
 Fog, Smog, Smoke Snow Blowing Sand, Soil, Dirt

Lighting: Daylight Dawn Dark - Lighted Dusk Dark - Not Lighted Other

Roadway Surface Condition: Dry Slush Mud, Dirt, Gravel, Sand
 Wet Ice / Frost
 Snow Water (Standing / Moving)

Location of First Harmful Event:
 On Roadway Roadside In Parking Lane or Zone Outside of Right-of-Way
 Shoulder Gore Off Roadway, Location Unknown Unknown
 Median Separator

Roadway Surface Type: Asphalt Concrete Gravel Dirt Brick Other:

First Harmful Event:

COLLISION WITH:

<input type="radio"/> Overturn / Rollover	<input type="radio"/> Pedestrian	<input type="radio"/> Bridge Overhead Structure	<input type="radio"/> Concrete Traffic Barrier
<input type="radio"/> Fire / Explosion	<input type="radio"/> Pedalcycle	<input type="radio"/> Bridge Pier or Support	<input type="radio"/> Other Traffic Barrier
<input type="radio"/> Immersion	<input type="radio"/> Railway Vehicle	<input type="radio"/> Bridge Rail	<input type="radio"/> Tree (Standing)
<input type="radio"/> Jackknife	<input type="radio"/> Animal	<input type="radio"/> Culvert	<input checked="" type="radio"/> Utility Pole/Light Support
<input type="radio"/> Cargo / Equipment Loss or Shift	<input type="radio"/> Motor Vehicle in Transport	<input type="radio"/> Curb	<input type="radio"/> Traffic Sign Support
<input type="radio"/> Fell / Jumped from Motor Veh	<input type="radio"/> Parked Motor Vehicle	<input type="radio"/> Ditch	<input type="radio"/> Traffic Signal Support
<input type="radio"/> Thrown or Falling Object	<input type="radio"/> Work Zone / Maintenance Equip	<input type="radio"/> Embankment	<input type="radio"/> Other Post, Pole, or Support
<input type="radio"/> Other Non-Collision	<input type="radio"/> Other Non-Fixed Object	<input type="radio"/> Guardrail Face	<input type="radio"/> Fence
	<input type="radio"/> Impact Attenuator / Crash Cushion	<input type="radio"/> Guardrail End	<input type="radio"/> Mailbox
		<input type="radio"/> Cable Median Barrier	<input type="radio"/> Other Fixed Object

Road - Contributing Circumstances: (Select Up to 3)

<input checked="" type="checkbox"/> None	<input type="checkbox"/> Ruts, Holes, Bumps	<input type="checkbox"/> Shoulders	<input type="checkbox"/> Work Zone	<input type="checkbox"/> Utility
<input type="checkbox"/> Road Surface Condition (Wet, Icy, etc.)	<input type="checkbox"/> Worn, Travel Polished Surface	<input type="checkbox"/> None <input type="radio"/> Low <input type="radio"/> Soft <input type="radio"/> High	<input type="checkbox"/> Construction	
<input type="checkbox"/> Debris	<input type="checkbox"/> Obstruction in Roadway	<input type="checkbox"/> Problem w/ Traffic Control Device	<input type="checkbox"/> Maintenance	
	<input type="checkbox"/> Pavement Markings Not Visible	<input type="checkbox"/> Inoperative <input type="checkbox"/> Missing <input type="checkbox"/> Obscured	<input type="checkbox"/> Non-Highway Work	
			<input type="checkbox"/> Other <input type="text"/>	

School Bus Related: <input checked="" type="radio"/> No <input type="radio"/> Yes, School Bus Directly Involved <input type="radio"/> Yes, School Bus Indirectly Involved	School Zone Related: <input checked="" type="radio"/> No <input type="radio"/> Yes	Type of School Zone Sign: <input type="radio"/> When Present <input type="radio"/> None <input type="radio"/> When Flashing <input type="radio"/> Lists Specific Times	School Zone Flashers: <input type="radio"/> Present, Not Active <input type="radio"/> Present, Active <input type="radio"/> Not Present	School Zone Speed Limit: <input type="text"/>
---	---	--	---	--

Work Zone Related: <input checked="" type="radio"/> No <input type="radio"/> Yes	Workers Present: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Work Zone Speed Limit: <input type="text"/>	Location of Crash in Work Zone: <input type="radio"/> Before 1st Warning Sign <input type="radio"/> Advance Warning Area <input type="radio"/> Transition (Merge) Area	Activity Area: <input type="radio"/> Activity Area <input type="radio"/> Termination Area	Type of Work Zone: <input type="radio"/> Lane Closure <input type="radio"/> Lane Shift / Crossover <input type="radio"/> Work on Shoulder or in Median	<input type="radio"/> Intermittent or Moving Work <input type="radio"/> Other
---	---	--	--	--	--	--

NARRATIVE: Describe What Happened. Refer to Vehicles by Number Assigned on this Form.

ON MAY 15, 2021, VEHICLE 1 WAS TRAVELING SOUTH ON VALLEY ROAD, US RT.522. VEHICLE 1 WENT OFF THE RIGHT SIDE OF THE ROADWAY AND STRUCK UTILITY POLE MARKED AS P.E. SYSTEM M431. THE POLE WAS DIRECTLEY A CROSSED FROM 2007 VALLEY ROAD.

Reported By: <input type="radio"/> State Police <input checked="" type="radio"/> Sheriff's Dept <input type="radio"/> Municipal PD <input type="radio"/> Other	Photos Taken: <input checked="" type="radio"/> Yes <input type="radio"/> No	By Whom: CPL. LUKE A SHAMBAUGH
	Video Taped: <input type="radio"/> Yes <input checked="" type="radio"/> No	By Whom: <input type="text"/>

The information contained in this report reflects my best knowledge and judgment:

Investigating Officer's Name: CPL. LUKE A SHAMBAUGH **Number:** 3307 **Signature:**

Phone: **ORI Number:** WVJ330000 **Agency:** Morgan Co SD

Assisting Officer's Name(s): DEP. TONY LINK

Reconstructed: Yes No **By Whom:** **Date of Submission:** 05/15/2021



State of West Virginia Uniform Traffic Crash Report Diagram

DOH Form: 17-dgrm
Revised: 02/2007

Crash Record Number:

Page of

Reporting Agency's Record Number:

CRASH DIAGRAM:

(Draw Crash Scene - Including Roadway Layout, Vehicles, Individuals or Objects Struck, Traffic Controls, etc.)
IMPORTANT: Number Vehicles According to the Numbers Assigned on this Form.

From RP to:	N/S	E/W

Single Vehicle accident



State of West Virginia Uniform Traffic Crash Report

Vehicle Data

DOH Form: 17-veh
Revised: 02/2007

Crash Record Number: _____ Vehicle Number: 01 Reporting Agency's Record Number: 21MC-1534 Page 4 of 10

Vehicle Type: Motor Veh in Transport Parked Motor Veh / Trailer Working Veh / Equipment

Hit and Run: No, Did Not Leave Scene Yes, Driver Left Scene Yes, Car and Driver Left Scene
 Driver Presence at Time of Crash: Driver Operated Vehicle Driverless Vehicle

Owner's Name(s): PENSKE TRUCK LEASING CO L P

Address: 2675 MORGANTOWN RD. READING PA 19607
City State Zip Code Home Phone Other Phone

Make: IHC Model: TK Model Year: 2019 Body Type: SINGLE UNIT TRUCK Color: WHITE
 VIN: 3HAMMMML3KL598359 Plate Class: _____ License Plate Number: 2766749 State: IN Reg Year: 2022

Registration Status: Properly Registered Improperly Registered No Registration Required
 Proof of Liability Insurance: Yes No Not Req
 Ins. Co: PRIME INSURANCE
 Policy No: _____
 Exp Date: 05/01/2022

Special Function of Motor Vehicle:
 None Police Courtesy Patrol
 Used as School Bus Ambulance Taxi
 Used as Other Bus Fire Truck Military

Used as an Emergency Vehicle:
 No Yes

Vehicle Used as a Bus:
 Public School Bus Commuter Bus Tour Bus
 Private School Bus Shuttle Bus Church Bus
 Scheduled Service Bus Modified for Personal/Private Use

Ins. Agent Name or Phone: _____
 Vehicle Impact Role:
 Striking Single Vehicle
 Struck Both

Direction of Travel Before Crash:
 Northbound Eastbound Not on Road
 Southbound Westbound Unknown

Applicable Speed Limit (MPH): 45

Roadway Description:
 Two-Way, Not Divided Two-Way, Divided, Unprotected Median
 Two-Way, Not Divided w/ Cont. Left Turn Lane Two-Way, Divided, with Median Barrier
 One-Way Roadway

Total Lanes in Roadway:
 For Undivided Highways: Count Total Lanes in Both Directions. (Excluding Designated Turn Lanes)
 For Divided Highways: Count Only Lanes in Direction Vehicle was Traveling Prior to Crash. 2

Traffic Control Device Type:
 None Yield Sign
 Person (Flagger, etc.) School Zone Signs
 Traffic Control Signal Warning Signs
 Flashing Overhead Signal Railroad Crossing Device
 Stop Sign Other _____

Horizontal Alignment:
 Straight Curve Right Curve Left

Vertical Alignment:
 Level Uphill Sag (Bottom)
 Hillcrest Downhill

Veh Travel Speed (MPH): _____

Traffic Control Functioning Properly: Yes No

Underride / Override:
 No Underride or Override Underride, Compartment Intrusion Unknown
 Underride, Compartment Intrusion Override, Motor Vehicle in Transport
 Underride, No Compartment Intrusion Override, Other Motor Vehicle

Extent of Damage:
 No Damage Minor Damage Functional Damage Disabling Damage

Vehicle Maneuver / Action:
 Essentially Straight Ahead Making U-Turn
 Backing Slowing
 Changing Lanes Stopped in Traffic
 Overtaking / Passing Leaving Traffic Lane
 Parked Entering Traffic Lane
 Turning Right Negotiating a Curve
 Turning Left Other _____

Crash Avoidance Maneuver:
 None Evident or Reported Braking - Skidmarks Evident
 Braking - Driver Stated Braking - Other Evidence
 Steering - Evidence or Stated Steering and Braking
 Other _____

Contributing Circumstances, Motor Vehicle (Select up to 2):
 None Tires Brakes Wheels
 Wipers Lights (Head, Signal, Tail, etc.)
 Steering Windows
 Power Train Truck Coupling/Trailer Hitch/Safety Chains
 Mirrors Suspension Other _____

GVWR or GCWR:
 Less Than or Equal To 10,000lbs
 10,001 - 26,000 lbs
 More Than 26,000lbs

Number of Axles: 02
 Total / Max Occupants of Veh: 0 2 / 0 2

Displaying Hazardous Materials Placard:
 No Yes

Occurrence of Fire:
 No Fire Yes, Vehicle Caught Fire
 Modified Vehicle:
 No Yes

Vehicle is Primarily Used to Transport Goods, Property, or People for Commerce:
 No Yes

Manner, in which Vehicle was Removed from Scene:
 Driven Towed Due to Damage Towed Due to Driver Condition Left at Scene

Towed to: SKEETERS Towed by: SKEETERS

Crash Record Number: _____

Vehicle Number: 01

Reporting Agency's Record Number: 21MC-1534

Page 5 of 10

Crash Events:

- 01 Overturn / Rollover
- 02 Fire / Explosion
- 03 Immersion
- 04 Jackknife
- 05 Cargo/Equipment Loss or Shift
- 06 Equipment Failure
- 07 Separation of Units
- 08 Ran Off Road Right
- 09 Ran Off Road Left
- 10 Cross Median / Centerline
- 11 Downhill Runaway
- 12 Fell / Jumped from Motor Vehicle
- 13 Thrown or Falling Object
- 14 Other Non-Collision
- COLLISION WITH:
- 15 Pedestrian
- 16 Pedalcycle
- 17 Railroad Vehicle
- 18 Animal
- 19 Motor Vehicle in Transport
- 20 Parked Motor Vehicle
- 21 Struck by Falling / Shifting Cargo or Anything Set in Motion by Veh
- 22 Work Zone / Maintenance Equip
- 23 Other Non-Fixed Object
- 24 Impact Attenuator / Crash Cushion
- 25 Bridge/Overhead Structure
- 26 Bridge Pier or Support
- 27 Bridge Rail
- 28 Culvert
- 29 Curb
- 30 Ditch
- 31 Embankment
- 32 Guardrail Face
- 33 Guardrail End
- 34 Cable Median Barrier
- 35 Concrete Barrier
- 36 Other Traffic Barrier
- 37 Tree (Standing)
- 38 Utility Pole / Light Support
- 39 Traffic Sign Support
- 40 Traffic Signal Support
- 41 Other Post, Pole, or Support
- 42 Fence
- 43 Mailbox
- 44 Other Fixed Object

Sequence of Events:

08 38

Most Harmful Event: 38

Select the ONE Diagram that best matches the involved vehicle and identify damaged areas:

Single Unit Vehicle
 Motorcycle
 ATV
 Pass. Veh. Towing Unit
 Bus
 Tractor Trailer

13 Top 14 Undercarriage
 13 Top 14 Undercarriage
 13 Top 14 Undercarriage
 13 Top 14 Undercarriage
 13 Top 14 Undercarriage

Property Damaged Other Than Vehicles:

- None
- Work Zone / Maintenance Equipment
- Impact Attenuator / Crash Cushion
- Bridge / Tunnel
- Culvert
- Guardrail
- Concrete Barrier
- Cable Median Barrier
- Other Traffic Barrier
- Utility Pole / Light Support #: PE M431
- Traffic Sign Support
- Traffic Signal Support
- Other Post, Pole or Support
- Fence
- Mailbox
- Other Fixed Object

Using the Numbers from the Diagram Above, Identify the Following:

Area of Initial Impact: _____ Most Damaged Area: _____

Number of Trailing Units: 0

Trailing Unit #1: Same as Power Unit Carrier / Owner's Name: _____

Address: _____ Phone: _____

VIN	Plate Class	License Plate Number	State	Year	Make	Model	Model Year	Body Type

Trailing Unit #2: Same as Power Unit Carrier / Owner's Name: _____

Address: _____ Phone: _____

VIN	Plate Class	License Plate Number	State	Year	Make	Model	Model Year	Body Type

Trailing Unit #3: Same as Power Unit Carrier / Owner's Name: _____

Address: _____ Phone: _____

VIN	Plate Class	License Plate Number	State	Year	Make	Model	Model Year	Body Type

Damaged Property Owner(s):

- WVDOH Private
- City Utility Company
- Other: _____

Damaged Property Location:

- On Pavement
- Right Side of Road
- Left Side of Road



State of West Virginia Uniform Traffic Crash Report

DOH Form: 17-drv
Revised: 02/2007

Driver Data

Crash Record Number:

Vehicle Number (from Vehicle Data Page)

Page of

Reporting Agency's Record Number:

Driver's Name: LAZO DORIS A
Last First Middle Suffix

Address: Same as Veh Owner [Redacted] WINCHESTER VA 22602
City State Zip Code

Home Phone: _____ Other Phone: _____

Driving License:

License Type:

- Not Licensed
- Driving License
- Instruction Permit
- GDL Level 1
- GDL Level 2
- GDL Level 3
- CDL Instruction Permit
- Motorcycle Instruction Permit
- Motorcycle Only
- CDL Class: A B C

Issuing State:

Lic. Number:

Date of Birth:

License Restrictions: (Select All that Apply)

- None
- Corrective Lenses
- Mechanical Devices
- Prosthetic Aid
- Automatic Transmission
- Outside Mirror
- Limit to Daylight Only
- Limit to Employment
- Must Be Accompanied by Adult
- Limited - Other
- CDL Intrastate Only
- Motor Vehicles w/o Air Brakes
- Military Vehicles Only
- Except Class A Bus
- Except Class A and Class B Bus
- Except Tractor - Trailer
- Farm Waiver
- Other

Endorsements: (Select Up to 5)

- None
- T - Double/Triple Trailers
- P - Passenger Vehicle
- S - School Bus
- N - Tank Vehicle
- H - Hazardous Materials
- X - Combined Tank / Haz. Materials
- F - Motorcycle (WV Only)
- Other - Non-WV Licenses Only

Status:

- Valid
- Expired
- Suspended
- Revoked
- Probation
- Surrendered
- Valid/Interlock
- Fraudulent

Driver Condition at Time of Crash:

- Apparently Normal
- Emotional
- Ill
- Fell Asleep, Fainted, Fatigued
- Under the Influence of Medication/Alcohol/Drugs
- Other

Action(s) of Driver that Contributed to the Crash: (Select Up to 4)

- None
- Ran Off Road
- Failed to Yield Right of Way
- Disregarded Traffic Signs
- Ran Red Light
- Disregarded Other Road Markings
- Exceeded Posted Speed Limit
- Drove Too Fast For Conditions
- Improper Turn
- Improper Backing
- Improper Passing
- Wrong Side or Wrong Way
- Followed Too Closely
- Failed to Keep in Proper Lane
- Operated Veh in Erratic, Reckless, or Careless Manner
- Operated Veh in Aggressive Manner
- Swerved or Avoided
- Over Correcting / Over Steering
- Other Improper Action

Driver Use of Alcohol Suspected:

Alcohol Use Suspected:

- No
- Yes
- Unknown

Alcohol Test Given:

- Test Given
- None Given
- Test Refused

Type of Alcohol Test Given (Select Up to 2):

- Blood
- Serum
- Breath
- Field
- Urine
- Other:

PBT Results:

- Pass
- Fail

BAC Results:

-
- Pending
- Unknown

Driver Use of Drugs Suspected:

Drug Use Suspected:

- No
- Yes
- Unknown

Drug Test Given:

- Test Given
- None Given
- Test Refused
- Unknown if Tested

Type of Drug Test Given:

- Blood
- Serum
- Urine
- Other:
- DRE

Drug Test Results (Check All that Apply):

- None
- Marijuana
- Cocaine
- Opiate
- Amphetamine
- PCP
- Other Controlled Substance
- Other Drug
- Pending

Driver Distracted By:

- Not Distracted
- Electronic Communication Device
- Other Electronic Device
- Other Inside Vehicle
- Other Outside Vehicle

Crash Record Number:

Vehicle Number (from Vehicle Data Page)

Page of

Reporting Agency's Record Number:

Known or Suspected Violation(s) by Driver:

No Violations

Reckless/Careless/Hit and Run Type Offenses

- Negligent Homicide
- Reckless Driving; Driving to Endanger; Negligent Driving
- Inattentive, Careless, Improper Driving
- Fleeing or Eluding Law Enforcement
- Failure to Obey Law Enforcement, Fireman, Authorized Person Directing Traffic
- Hit and Run, Failure to Stop After Accident
- Serious Violation Resulting in Death

Impairment Offenses

- Driving While Intoxicated (Alcohol or Drugs) or BAC Above Limit
- Driving While Impaired
- Driving Under Influence of Controlled Substance
- Driving Under Influence of Non-Controlled Substance
- Drinking While Operating
- Illegal Possession of Alcohol or Drugs
- Driving with Detectable Alcohol (CDL or Under 21 Years of Age)
- Refusal to Submit to Chemical Test

Speed Related Offenses

- Failure to Maintain Control of Vehicle
- Racing
- Speeding (Above Speed Limit)
- Speed Greater than Reasonable and Prudent
- Exceeding Special Limit
- Driving too Slowly

Rules of the Road - Traffic Signs and Signals

- Failure to Stop for Red Signal
- Failure to Stop for Flashing Red Signal
- Violation of Turn on Red
- Failure to Obey Flashing Signal (Yellow or Red)
- Failure to Obey Signal, Generally
- Violation of RR Grade Crossing Device or Regulations
- Failure to Obey Stop Sign
- Failure to Obey Yield Sign
- Failure to Obey Traffic Control Device

Rules of the Road - Lane Usage

- Unsafe or Prohibited Lane Change
- Improper Use of Lane
- Certain Traffic to Use Right Lane
- Lane Violations, Generally

Rules of the Road - Wrong Side, Passing and Following

- Driving Wrong Way on One-Way Road
- Driving on Left, Wrong Side of Road, Generally
- Improper, Unsafe Passing
- Passing on Right (Drive Off of Pavement to Pass)
- Passed Stopped School Bus
- Failure to Give Way When Overtaken
- Following Too Closely
- Wrong Side, Passing, Following Violations, Generally

Rules of the Road - Turning, Yielding, Signaling

- Turn in Violation of Traffic Control
- Improper Method and Position of Turn
- Failure to Signal for Turn or Stop
- Failure to Yield to Emergency Vehicle
- Failure to Yield, Generally
- Enter Intersection when Space Insufficient

Non-Moving License and Registration Violations

- Driving While License Suspended or Revoked
- Other Driver License Restrictions
- Commercial Driver Violations
- Vehicle Registration Violations
- Failure to Carry Insurance Card
- Driving Uninsured Vehicle
- Non-Moving Violations, Generally

Equipment

- Lamp Violations
- Brake Violations
- Failure to Require Restraint Use
- Motorcycle Equipment Violations
- Violation of Hazardous Cargo Regulations
- Size, Weight, Load Violations
- Equipment Violations, Generally

Other Violations

- Parking
- Theft, Unauthorized Use of Motor Vehicle
- Driving Where Prohibited
- Other Moving Violation

Citation(s) Issued to Driver:

Charge	State Code / Municipal Ordinance	Citation Number	Warning
FAIL TO MAINTAIN CONTROL	17C-6-1	<input type="text" value="REDACTED"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

STATEMENT OF DRIVER:

FELT TIRES SLIDING AND WENT DOWN



State of West Virginia Uniform Traffic Crash Report

DOH Form: 17-pas
Revised: 02/2007

Driver and Vehicle Passenger Data

Crash Record Number:

Reporting Agency's Record Number:

Page of

Indiv #	Name				Veh #	Occupant Type	Social Security #	Birthdate	Age	Gender	Injury	Seating Position			Occupant Protection		
	Last	First	Middle Init.	Suffix								Row	Seat	Other	Type Used	Proper Use	App. Helmet
01	LAZO	DORIS	A		01	01			027	F	C	1	1		02	01	
02	HERNANDEZ	VICTOR			01	02			022	M	O	1	3		02	01	

Occupant Type Codes:

- 01 Driver
- 02 Passenger
- 03 Occupant of Motor Veh Not in Transport
- 04 Unknown Vehicle Passenger

Gender:

- M Male
- F Female

Injury Status Codes:

- A Incapacitating Injury
- B Non-Incapacitating Injury
- C Possible Injury
- K Killed
- M Medical Condition Non-Crash Related Death or Injury
- O No Injury

Seating Position Codes:

ROW	SEAT	OTHER
1 Front	1 Left	1 Sleeper Section of Cab
2 Second	2 Middle	2 Other Enclosed Cargo Area
3 Third	3 Right	3 Unenclosed Cargo Area
4 Fourth	4 Other	4 Trailing Unit
5 Other Row	5 Unknown	5 Riding on Motor Vehicle Exterior
6 Unknown		6 Unknown

Type of Occupant Protection System Used Codes:

- 01 None Used
- 02 Shoulder and Lap Belt Used
- 03 Shoulder Belt Only Used
- 04 Lap Belt Only Used
- 05 Child Restraint System - Forward Facing
- 06 Child Restraint System - Rear Facing
- 07 Booster Seat
- 08 Helmet Used
- 09 Restraint Used - Type Unknown
- 10 Other
- 11 Unable to Determine - Due to Vehicle Damage

Proper Use of Occupant Protection:

- 01 Used Properly
- 02 Used Improperly
- 03 Unknown

DOT Approved Helmet:

- 01 Yes
- 02 No
- 03 Unknown

Indiv # from Above	Air-bag	Trapped Extricated	Ejected	Ejection Path	Medical Transport By	Responding EMS Agency ID #	EMS Response Run Number	Receiving Facility Name	Notified Time	Scene Time	Hospital Time	Date of Death	Time of Death	Place of Death
01	05	01	01		02	CO7		WAR MEMORIAL HOSPITAL						
02	05	01	01											

Airbag Deployed Codes:

DEPLOYED (This Seat):

- 01 Front
- 02 Side
- 03 Other
- 04 Multiple Directions (Front and Side)
- 05 Available, Didn't Deploy
- 06 Available, Turned Off
- 07 None Installed
- 08 Previously Deployed - Not Replaced
- 09 Disabled or Removed
- 10 Unable to Determine - Due to Vehicle Damage

Trapped / Extricated Codes:

- 01 Not Trapped
- 02 Trapped / Extricated
- 03 Unknown

Ejection Codes:

- 01 Not Ejected
- 02 Ejected, Partially
- 03 Ejected, Totally
- 04 Unknown

Ejection Path:

- 01 Thru Side Door Opening
- 02 Thru Side Window
- 03 Thru Windshield
- 04 Thru Back Window
- 05 Thru Back Door / Tailgate Opening
- 06 Thru Roof Opening
- 07 Thru Convertible (Top Up) Roof
- 08 Other Path
- 09 Unknown Path

Medically Transported By:

- 01 Not Transported
- 02 EMS
- 03 Law Enforcement
- 04 Refused
- 05 Other
- 06 Unknown

Place of Victim's Death:

- 01 At Scene
- 02 En Route
- 03 At Medical Facility
- 04 Home
- 05 Other



State of West Virginia Uniform Traffic Crash Report

DOH Form: 17-cmv
Revised: 02/2007

Commercial Motor Vehicle (CMV) Data

Crash Record Number: Vehicle Number (from Vehicle Data Page) Page of

Reporting Agency's Record Number:

Carrier Name:

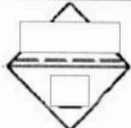
Carrier Address:
City State Zip Code

US DOT Number: State ID Number:

Lessee / Lessor Name:

Address:
City State Zip Code

US DOT Number: State ID Number:
Carrier Classification: Interstate Intrastate
 Government Veh - Not in Commerce
 Other Veh - Not in Commerce
Carrier Information Source: Shipping Papers
 Log Book Lease Driver Vehicle Reg
 Vehicle Side Other:

Haz Mat Placard Number:


Haz Mat Released from Cargo Compartment:
 No
 Yes
 Unknown

Did Crash Occur on a Coal Resource Transportation System (CRTS) Route?
 No Yes Unknown

Commercial Vehicle Configuration

- Passenger Veh w/ Haz Mat Placard
- Light Truck w/ Haz Mat Placard
- Bus/Large Van (Seats 9-15, Including Driver)



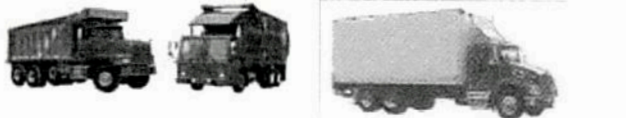
- Bus (Seats More Than 15, Including Driver)



- Single Unit Truck (2 Axles, 6 Tires)



- Single Unit Truck (3 or More Axles)



- Piggy Back



- Single Unit Truck Pulling a Trailer



- Truck Tractor (Bobtail)



- Truck Tractor w/ Semi-Trailer



- Truck Tractor w/ Double



- Truck Tractor w/ Triple



- Truck - Can't Classify

Crash Record Number:

Vehicle Number (from Vehicle Data Page)

Page of

Reporting Agency's Record Number:

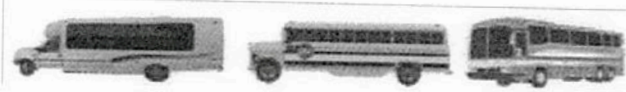
Commercial Cargo Body Type:

Not Applicable

Bus (Seats for 9-15, Including Driver)



Bus (Seats for More Than 15, Including Driver)



Van / Enclosed Box



Cargo Tank



Flatbed



Dump



Concrete Mixer



Auto Transporter



Garbage / Refuse



Grain, Chips, Gravel



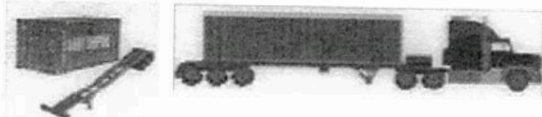
Pole



Log



Intermodal Chassis



Vehicle Towing Motor Vehicle



No Cargo Body



Other

Gross Vehicle Weight Rating (GVWR) of Power Unit:

Gross Combination Weight Rating (GCWR) - All Units:

Last Known Commodity:

Cargo Compartment Empty or Full at Time of Crash:

Empty

Full

of Passengers in CMV:

Passengers Traveling with Written Permission of Carrier:

Yes

No

CMV Self Insured:

No

Yes

Proof of Self Insurance:

Yes

No

Report Number:

MSP6265005G

State of Maryland Motor Vehicle Crash Report

Reporting Agency:

MARYLAND STATE
POLICE

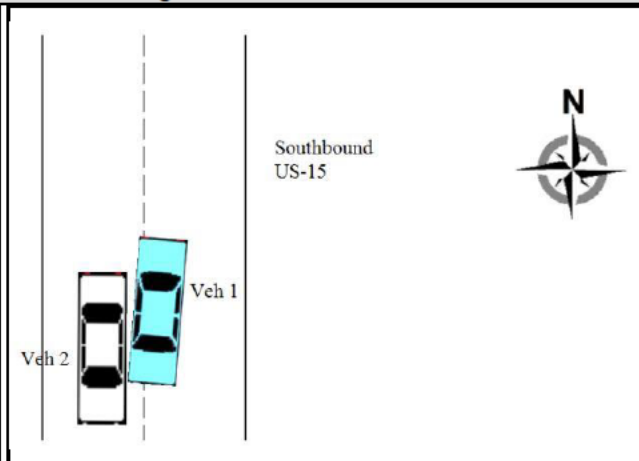
Case Information:

Report Type: **Property Damage Crash** County: **Frederick** Municipality: **N/A**
 Local Case No.: **[REDACTED]** Local Codes: **N/A** Crash Date: **5/4/2021**
 Investigating Officer: **TFC W. Barry - 6265** Crash Time: **07:22 AM** Photos Taken

Location:

GPS X-Coordinates: **-77.459202121907** GPS Y-Coordinates: **39.3798982328301**
 Main Road: **JEFFERSON NATIONAL PIKE** Route #: **US15**
 Intersecting Road: **MT ZION RD** Intersecting Route #: **CO229**
 Mile Point: **8.84** Mile Point Direction: **N** Distance: **0.20 M** Distance Direction: **N**

Accident Diagram:



Narrative:

VEHICLE 1 WAS TRAVELING SOUTH ON US-15 IN LANE 1. VEHICLE 2 WAS TRAVELING SOUTH ON US-15 IN LANE 2 ALONGSIDE VEHICLE 1. VEHICLE 1 MOVED FROM LANE 1 INTO LANE 2 STRIKING THE DRIVER'S SIDE OF VEHICLE 2.

Crash Type:

Collision Type: **Same Direction Sideswipe**
 Harmful Event One: **Other Vehicle** Harmful Event Two: **N/A**
 Fixed Object Struck: **N/A** School Bus Involved: **Not Involved**
 Const./Maint. Zone: **No** Const./Maint. Loc.:
 Workers Present: Const./Maint. Closure:

Road/Area:

Lane No.: **2** Lane Dir.: **S** Lane Type:
 No. of Lanes: **2** Rd. Alignment: **Straight** Rd. Grade: **Level**
 Rd. Division: **Two-Way, Divided, Positive Median** Traffic Control: **No Controls**
Barrier
 Intersection: **N/A** Inter. Area: **N/A**
 Junction: **N/A**

Conditions:

Road Condition: **No Defects** Contrib - Road: **N/A**
 Weather: **Clear** Contrib - Environment: **N/A**
 Surface Condition: **Dry** Light: **Daylight**

Vehicle 1 (2447319):

Basic Information

Registration: **2447319** Tag State: **IN** Exp Year: **2022** VIN #: **3AKBHKDV9KSKE0399**
Year: **2019** Make: **INTERNATIONAL** Model: **TRUCK** Body Type: **Truck - Tractor**
Insurer: **ASSURED PARTNERS OF NJ** Policy #: **[REDACTED]**
Towed Vehicle: **1 Semi Trailer**

At Fault/Citation(s)

At Fault: **Yes** Citation Issued: **Yes** Citation Code: **1RN0JFB**

Owner

First: **PENSKE** Middle: **TRUCK** Last: **LEASING**
Street: **2675 MORGANTOWN ROAD** Home Phone:
City: **READING** State: **PA** Zip: **19607** Other Phone: **(703) 919-4715**

Driver:

DL#: **[REDACTED]** DL State: **VA** DL Class: **A** CDL: **No**
First: **JUAN** Middle: **CARLOS** Last: **ARAUJO CUESTAS**
Street: **[REDACTED]**
City: **WINCHESTER** State: **VA** Zip: **22602** Home Phone: **[REDACTED]**
DOB: **[REDACTED]** Sex: **M** Other Phone:

Safety Equip.: **Shoulder/Lap Belt(S)** Equip. Problem: **No Misuse** Airbag Deployed: **Not Deployed**

Alch. Test Given: **N/A** Alch. Test Type: BAC:
Substance Use: **None Detected** Drug Test Given: **N/A** Drug Test Result:

Condition: **Apparently Normal** Ejected: **Not Ejected/Trapped**
Injury Severity: **No Apparent Injury** EMS Unit: EMS Run Number:

Impact & Damage

First Impact: **Two Oclock** Areas Damaged: **Two Oclock, One Oclock, Three Oclock**
Main Impact: **Two Oclock**
Most Harmful Event: **Other Vehicle**
Damage Extent: **Superficial** Fire: **No**

Circumstances

Going Direction: **S** Continuing Direction: **S** Vehicle Movement: **Moving Constant Speed** Speed Limit:
Left Scene: **No** Driverless Vehicle: **No** Emergency Vehicle: **No** **65**
Special Function: **N/A**

Contrib. Circumstances Person: **Improper Lane Change**
Driver Distracted By: **Looked But Did Not See** Contrib. Circumstances Vehicle: **N/A**

Sequence of Events: **Struck Motor Vehicle In Transport**

Towing

Towed: **No** Removed By: Removed To:

Additional Vehicle Use Information

Commercial Name: **AERO GLOBAL LOGISTICS** Carrier **Interstate Carrier**
Classification:
Street: **2983 SOUNT PLEASANT VALLEY ROA** DOT #: **2447319**
City: **WINCHESTER** State: **VA** Zip: **22601**
Body Type: **Truck Tractor** Configuration: **Truck Tractor Semi-Trailer**
Gross Vehicle Weight: **More Than 26000 Lbs**
Bus Use: **N/A** No. of Axles: **5** MC Number:
HAZMAT Spill: Placard Displayed: HAZMAT Class: Placard Number:

Towed Vehicle 1 (LLC, BOSTON):

Registration: **3049982** State: **ME** VIN: **5V8VA4825FM506874**

Year: **2015** Make: **VNTC**

Model: **BOX TRLR**

Insured By: **ASSURED PARTNERS OF NJ**

Policy #: [REDACTED]

Owner

First: **BOSTON**

Middle: **TRAILER**

Last: **LLC**

Street: **635 MANLEY STREET**

Home Phone:

City: **W BRIDGEWATER**

State: **MA**

Zip: **02379**

Other Phone: [REDACTED]

END - Vehicle 1 (2447319)

Vehicle 2 (5DS2716):

Basic Information

Registration: 5 [REDACTED] Tag State: MD Exp Year: 2021 VIN #: 3 [REDACTED]
Year: 2015 Make: VOLKS Model: JETTA Body Type: Passenger Car
Insurer: GEICO Policy #: [REDACTED]
Towed Vehicle: N/A

At Fault/Citation(s)

At Fault: No Citation Issued: Yes Citation Code: 1 [REDACTED]

Owner

First: JEAN Middle: Last: LOPES
Street: [REDACTED] Home Phone:
City: FREDERICK State: MD Zip: 21703 Other Phone:

Driver:

DL#: NONE DL State: XX DL Class: 0 CDL: No
First: GENILDA Middle: Last: LOPES GARCIA
Street: [REDACTED]
City: FREDERICK State: MD Zip: 21703 Home Phone: [REDACTED]
DOB: 1 [REDACTED] Sex: F Other Phone: [REDACTED]

Safety Equip.: **Shoulder/Lap Belt(S)** Equip. Problem: **No Misuse** Airbag Deployed: **Not Deployed**

Alch. Test Given: N/A Alch. Test Type: BAC:
Substance Use: **None Detected** Drug Test Given: N/A Drug Test Result:

Condition: **Apparently Normal** Ejected: **Not Ejected/Trapped**
Injury Severity: **No Apparent Injury** EMS Unit: A EMS Run Number: **F21012064**

Impact & Damage

First Impact: **Ten Oclock** Areas Damaged: **Ten Oclock, Nine Oclock, Eight Oclock**
Main Impact: **Ten Oclock**
Most Harmful Event: **Other Vehicle**
Damage Extent: **Disabling** Fire: **No**

Circumstances

Going Direction: S Continuing Direction: S Vehicle Movement: **Moving Constant Speed** Speed Limit:
Left Scene: No Driverless Vehicle: No Emergency Vehicle: No **65**
Special Function: N/A

Contrib. Circumstances Person: N/A
Driver Distracted By: **Not Distracted** Contrib. Circumstances Vehicle: N/A

Sequence of Events:

Towing

Towed: Yes Removed By: **VINNY'S TOWING** Removed To: **TOW LOT**

END - Vehicle 2 (5DS2716)

EMS Unit A (AMBO 209):

EMS Type: **Ground Transport**

Taken to: **REFUSAL**



Police Crash Report

Revised Report

CRASH			GPS Lat. 3 9 . 1 5 8 7 2 0	GPS Long. - 7 8 . 1 4 9 5 6 0
Crash Date	MM DD YYYY	Day of Week	MILITARY Time (24 hr clock)	County of Crash
04/23/2021		Friday	22:03	Frederick
City of / Town of			Landmarks at Scene	211145009
Location of Crash (route/street)			Railroad Crossing ID no. (if within 150 ft.)	Local Case Number
1160 MILLWOOD PIKE RT17				
At Intersection With or _____			Location of Crash (route/street)	Mile Marker Number
<input checked="" type="checkbox"/> Miles <input type="checkbox"/> Feet			N S E W of RYCO LANE	Number of Vehicles
				2

VEHICLE # 1	
DRIVER	
Driver Fled Scene <input type="radio"/>	
Driver's Name (Last, First, Middle)	
COX, ROBERT	
Address (Street and Number)	
[REDACTED]	
City	State ZIP
FALLING WATERS	WV 25419
Birth Date	Drivers License Number
[REDACTED]	[REDACTED]
State DL CDL	
WV (Y) (N) (Y) (N)	(Y) (N)
Safety Equip. Used	Air Bag Ejected Date of Death
3	2 1 MM DD YYYY
Injury Type	EMS Transport
4	(Y) (Y)
Summons Issued As Result of Crash	Offenses Charged to Driver

VEHICLE # 2	
DRIVER	
Driver Fled Scene <input type="radio"/>	
Driver's Name (Last, First, Middle)	
WASHINGTON, ANTWAINETTE, SHANELLE	
Address (Street and Number)	
[REDACTED]	
City	State ZIP
FRONT ROYAL	VA 226304045
Birth Date	Drivers License Number
[REDACTED]	[REDACTED]
State DL CDL	
VA (Y) (N) (Y) (N)	(Y) (N)
Safety Equip. Used	Air Bag Ejected Date of Death
8	8 1 MM DD YYYY
Injury Type	EMS Transport
3	(Y) (N)
Summons Issued As Result of Crash	Offenses Charged to Driver

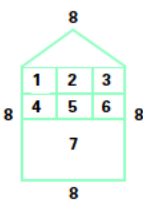
VEHICLE	
Vehicle Owner's Name (Last, First, Middle)	
AERO GLOBAL, LOGISTICS	
Address (Street and Number)	
2983 SOUTH PLEASANT VALLEY RD	
City	State ZIP
WINCHESTER	VA 22601
Vehicle Year	Vehicle Make
2019	FTL
Vehicle Model	Disabled CMV Towed
SEMI	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
Vehicle Plate Number	State Approximate Repair Cost
3043417	IN 1000
VIN	<input type="checkbox"/> Oversize
3AKBHKDV5KSKS9811	<input type="checkbox"/> Cargo Spill
Name of Insurance Company (not agent)	<input type="checkbox"/> Override
VIRGINIA INSURANCE	<input type="checkbox"/> Underwrite
Speed Before Crash	Speed Limit
5	35
Maximum Safe Speed	ALL Passengers Age Count
35	Under 8 8-17 18-21 Over 21
0	0 0 0 0

VEHICLE	
Vehicle Owner's Name (Last, First, Middle)	
WASHINGTON, ANTWAINETTE	
Address (Street and Number)	
[REDACTED]	
City	State ZIP
FRONT ROYAL	VA 22630
Vehicle Year	Vehicle Make
2006	TOYOTA
Vehicle Model	Disabled CMV Towed
CAMRY	<input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
Vehicle Plate Number	State Approximate Repair Cost
[REDACTED]	VA 1500
VIN	<input type="checkbox"/> Oversize
2 [REDACTED]	<input type="checkbox"/> Cargo Spill
Name of Insurance Company (not agent)	<input type="checkbox"/> Override
NATIONAL GENERAL	<input type="checkbox"/> Underwrite
Speed Before Crash	Speed Limit
35	35
Maximum Safe Speed	ALL Passengers Age Count
35	Under 8 8-17 18-21 Over 21
0	0 0 0 0

PASSENGER (only if injured or killed)	
Name of Injured (Last, First, Middle)	
[REDACTED]	
EMS Transport	Date of Death
(Y) (N)	MM DD YY
Position In/On Vehicle	Safety Equip Used
MM DD YYYY	(M) (F)
Name of Injured (Last, First, Middle)	EMS Transport
[REDACTED]	(Y) (N)
Date of Death	MM DD YY
[REDACTED]	[REDACTED]
Position In/On Vehicle	Safety Equip Used
MM DD YYYY	(M) (F)
Name of Injured (Last, First, Middle)	EMS Transport
[REDACTED]	(Y) (N)
Date of Death	MM DD YY
[REDACTED]	[REDACTED]
Position In/On Vehicle	Safety Equip Used
MM DD YYYY	(M) (F)

PASSENGER (only if injured or killed)	
Name of Injured (Last, First, Middle)	
[REDACTED]	
EMS Transport	Date of Death
(Y) (N)	MM DD YY
Position In/On Vehicle	Safety Equip Used
MM DD YYYY	(M) (F)
Name of Injured (Last, First, Middle)	EMS Transport
[REDACTED]	(Y) (N)
Date of Death	MM DD YY
[REDACTED]	[REDACTED]
Position In/On Vehicle	Safety Equip Used
MM DD YYYY	(M) (F)
Name of Injured (Last, First, Middle)	EMS Transport
[REDACTED]	(Y) (N)
Date of Death	MM DD YY
[REDACTED]	[REDACTED]
Position In/On Vehicle	Safety Equip Used
MM DD YYYY	(M) (F)

Codes



POSITION IN/ON VEHICLE

- Driver
- 2-6. Passengers
- Cargo Area
- Riding/Hanging On Outside
- 9-98. 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
- No Injury (driver only)

Investigating Officer	Badge/Code Number	Agency/Department Name and Code	Reviewing Officer	Report File Date
ROBERT MARCELLE	408	FREDERICK COUNTY SHERIFF'S OF	Eddie Roberts, JR.	04/24/2021



Police Crash Report

Revised Report

CRASH			
Crash Date <u>MM DD YYYY</u> <u>04/23/2021</u>	MILITARY Time (24 hr clock) <u>22:03</u>	County of Crash <u>Frederick</u>	Local Case Number <u>[REDACTED]</u>
		<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

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

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.)

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 04/23/2021	MILITARY Time (24 hr clock) 22:03	County of Crash Frederick	City of Town of	Local Case Number [REDACTED]
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CRASH DIAGRAM

VEHICLE # 1

Fill In Impact Area(s).
Initial Impact. **1**

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

VEHICLE # 2

Fill In Impact Area(s).
Initial Impact. **9**

Veh Dir of Travel - N/S/E/W **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	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
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CRASH DESCRIPTION

V1 WAS MAKING LEFT HAND TURN, CRASHED INTO SIDE OF V2 TRAVELING WESTBOUND ON MILLWOOD PIKE CAUSING V2 TO COME TO A FINAL STOP IN THE GRASS NEXT TO RYCO LN

CRASH EVENTS

Vehicle #	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event
1	20				20
2	20	35	28		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> <u>04/23/2021</u>	MILITARY Time (24 hr clock)	<u>22:03</u>	County of Crash	<u>Frederick</u>	City of	<input type="radio"/>	Town of	<input type="radio"/>	Local Case Number	<input type="text"/>
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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

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

Hazardous Material Placard: Y N

HM 4-Digit <input type="text"/>	HM Placard Name <input type="text"/>	HM Class <input type="text"/>	HM Cargo Present <input checked="" type="radio"/> Y <input type="radio"/> N	HM Cargo Released <input checked="" type="radio"/> Y <input type="radio"/> N
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Carrier Identification

Commercial Motor Carrier Name <u>AERO GLOBAL LOGISTICS</u>	Address (P.O. Box if No Street Address) <u>2983 SOUTH PLEASANT VALLEY RD</u>
Carrier's ID Number US DOT# <u>0 2 4 4 7 3 1 9 - V A</u>	City <u>WINCHESTER</u> State <u>VA</u> Zip <u>22601</u>

Commercial/Non-Commercial V13

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

VEHICLE #

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

Hazardous Material Placard: Y N

HM 4-Digit <input type="text"/>	HM Placard Name <input type="text"/>	HM Class <input type="text"/>	HM Cargo Present <input type="radio"/> Y <input checked="" type="radio"/> N	HM Cargo Released <input type="radio"/> Y <input checked="" type="radio"/> N
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Carrier Identification

Commercial Motor Carrier Name	Address (P.O. Box if No Street Address)
Carrier's ID Number US DOT# <input type="text"/>	City <input type="text"/> State <input type="text"/> Zip <input type="text"/>

Commercial/Non-Commercial V13

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



Police Crash Report

Revised Report

CRASH			GPS Lat. 3 8 . 2 5 5 8 0 0	GPS Long. - 7 7 . 4 2 9 3 0 0
Crash Date 03/12/2021	Day of Week Friday	MILITARY Time (24 hr clock) 08:29	County of Crash SPOTSYLVANIA COUNTY	
City of Town of		Landmarks at Scene RIVER CLUB		210715211
Location of Crash (route/street) TIDEWATER TRAIL			Railroad Crossing ID no. (if within 150 ft.)	Local Case Number
<input checked="" type="checkbox"/> At Intersection With or _____ <input type="checkbox"/> Miles <input type="checkbox"/> Feet			N <input type="radio"/> S <input type="radio"/> E <input type="radio"/> W	Location of Crash (route/street) GLENDA WY
			Mile Marker Number	Number of Vehicles 2

VEHICLE # 1

DRIVER Driver Fleed Scene

Driver's Name (Last, First, Middle)
HATCHETT, KYLE, DEVON

Address (Street and Number)
[REDACTED]

City
STRASBURG

State
VA

ZIP
22657

Birth Date [REDACTED] Y Y

Drivers License Number [REDACTED]

State
VA

DL (N) (Y) (CDL)

Safety Equip. Used
3

Air Bag
2

Ejected
1

Date of Death
MM DD YYYY

Injury Type
6

EMS Transport
 (Y) (N)

Summons Issued As Result of Crash
2

Offenses Charged to Driver

VEHICLE # 2

DRIVER Driver Fleed Scene

Driver's Name (Last, First, Middle)
LILIAN, DAVILA, DANIEL

Address (Street and Number)
[REDACTED]

City
MANASSAS

State
VA

ZIP
20109

Birth Date [REDACTED] Y Y

Drivers License Number [REDACTED]

State
VA

DL (N) (Y) (CDL)

Safety Equip. Used
3

Air Bag
2

Ejected
1

Date of Death
MM DD YYYY

Injury Type
6

EMS Transport
 (Y) (N)

Summons Issued As Result of Crash
2

Offenses Charged to Driver

VEHICLE

Vehicle Owner's Name (Last, First, Middle)
PENSKE, TRUCK, LEASING

Address (Street and Number)
2675 MORGAN TOWN RD

City
READING

State
PA

ZIP
19607

Vehicle Year
2019

Vehicle Make
IHC

Vehicle Model
TRUCK

Disabled CMV Towed

Vehicle Plate Number
2992078

State
IN

Approximate Repair Cost
10000

VIN
1HTMMML7KH586737

Overseize Cargo Spill

Name of Insurance Company (not agent)
ASSURED PARTNERS OF NJ

Override Underride

Speed Before Crash
35

Speed Limit
45

Maximum Safe Speed
45

ALL Passengers Age Count
Under 8 0 8-17 0 18-21 0 Over 21 0

VEHICLE

Vehicle Owner's Name (Last, First, Middle)
INC, CONTRACTING, CRIGGER

Address (Street and Number)
9621 EVANS FORD RD

City
MANASSAS

State
VA

ZIP
20111

Vehicle Year
2001

Vehicle Make
INTERNATIO

Vehicle Model
TRUCK

Disabled CMV Towed

Vehicle Plate Number
17701TB

State
VA

Approximate Repair Cost
5000

VIN
1HTSCAAMX1H384852

Overseize Cargo Spill

Name of Insurance Company (not agent)
ASSURED PARTNERS OF VIRGINIA

Override Underride

Speed Before Crash
35

Speed Limit
45

Maximum Safe Speed
45

ALL Passengers Age Count
Under 8 0 8-17 0 18-21 0 Over 21 0

PASSENGER (only if injured or killed)

Name of Injured (Last, First, Middle)

EMS Transport (Y) (N)

Date of Death
MM DD YY

Position In/On Vehicle

Safety Equip Used

Airbag

Ejected

Injury Type

Birthdate
MM DD YYYY

Gender
 (M) (F)

PASSENGER (only if injured or killed)

Name of Injured (Last, First, Middle)

EMS Transport (Y) (N)

Date of Death
MM DD YY

Position In/On Vehicle

Safety Equip Used

Airbag

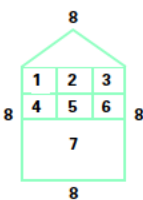
Ejected

Injury Type

Birthdate
MM DD YYYY

Gender
 (M) (F)

Codes



POSITION IN/ON VEHICLE

- Driver
- 2-6. Passengers
- Cargo Area
- Riding/Hanging On Outside
- 9-98. 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
- No Injury (driver only)

Investigating Officer SIMMONS SA	Badge/Code Number 476	Agency/Department Name and Code SPOTSYLVANIA COUNTY SHERIFFS	Reviewing Officer Brian Seay	Report File Date 03/12/2021
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Police Crash Report

Revised Report

CRASH	Crash Date MM DD YYYY 03/12/2021	MILITARY Time (24 hr clock) 08:29	County of Crash SPOTSYLVANIA COUNTY	City of Town of	Local Case Number [REDACTED]
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DRIVER INFORMATION

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

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

Veh 1	Veh 2	Type of Driver Distractions	P4
<input type="radio"/>	<input type="radio"/>	1. Looking at Roadside Incident	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	2. Driver Fatigue	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	3. Looking at Scenery	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	4. Passenger(s)	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	5. Radio/CD, etc.	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	6. CellPhone	<input type="radio"/>
<input checked="" type="radio"/>	<input type="radio"/>	7. Eyes Not on Road	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	8. Daydreaming	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	9. Eating/Drinking	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	10. Adjusting Vehicle Controls	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	11. Other	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	12. Navigation Device	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	13. Texting	<input type="radio"/>
<input checked="" type="radio"/>	<input type="radio"/>	14. No Driver Distraction	<input type="radio"/>

Veh 1	Veh 2	Drinking	P5
<input checked="" type="radio"/>	<input checked="" 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"/>	<input type="radio"/>	6. Unknown	<input type="radio"/>

Veh 1	Veh 2	Method of Alcohol Determination (by police)	P6
<input checked="" type="radio"/>	<input checked="" 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"/>

Veh 1	Veh 2	Condition of Driver Contributing to the Crash	P2
<input type="radio"/>	<input checked="" 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 checked="" 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"/>	<input type="radio"/>	9. Unknown	<input type="radio"/>

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

VEHICLE INFORMATION

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

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

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

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

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

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

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

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



Police Crash Report

Revised Report

CRASH			
Crash Date <u>03/12/2021</u>	MILITARY Time (24 hr clock) <u>08:29</u>	County of Crash <u>SPOTSYLVANIA COUNTY</u>	Local Case Number <u>[REDACTED]</u>
		City of <input type="radio"/>	Town of <input type="radio"/>

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	MILITARY Time (24 hr clock)	County of Crash	City of	Local Case Number
Date	03/12/2021	08:29	SPOTSYLVANIA COUNTY	Town of	<div style="background-color: black; width: 100px; height: 15px;"></div>

VEHICLE # 1

Fill In Impact Area(s).
Initial Impact.

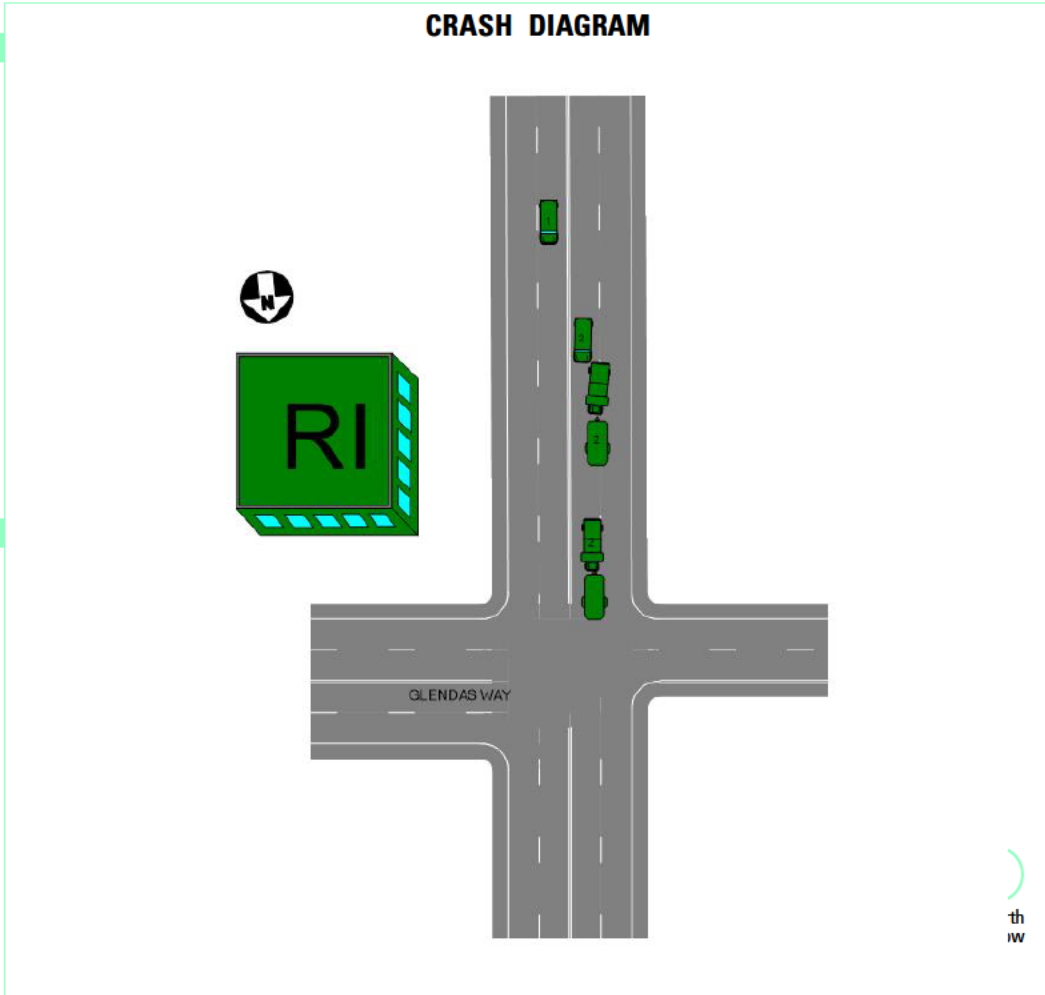
Veh Dir of Travel - N/S/E/W

VEHICLE

Fill In Impact Area(s).
Initial Impact.

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

CRASH DIAGRAM



VEHICLE # 2

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="radio"/> Yes <input type="radio"/> No

CRASH DESCRIPTION

VEHICLE #1 NORTH ON TIDEWATER TRAIL APPROACHING GLENDAS WAY, VEHICLE #2 TRAVELING SOUTH ON TIDEWATER TRAIL JUST PAST GLENDAS WAY. VEHICLE #1 DRIFTED INTO SOUTH BOUND LANES SIDSWIPING VEHICLE #2. DRIVER OF VEHICLE #1 STATED HE FELL ASLEEP

CRASH EVENTS

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

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 |



Police Crash Report

Revised Report

CRASH			GPS Lat. 3 7 . 4 0 4 2 7 0	GPS Long. - 7 6 . 7 8 3 9 3 0
Crash Date 02/12/2021	Day of Week Friday	MILITARY Time (24 hr clock) 03:46	County of Crash James City	Official DMV Use 210435060
City of Town of			Landmarks at Scene	Local Case Number [REDACTED]
Location of Crash (route/street) WB INTERSTATE 64			Railroad Crossing ID no. (if within 150 ft.)	Mile Marker Number 2 2 8 . 0 0
At Intersection With or <u>1.50</u> Miles <input checked="" type="checkbox"/> Feet <input type="checkbox"/> of			Location of Crash (route/street) CROAKER RD	Number of Vehicles 1

VEHICLE # 1	
DRIVER	
Driver's Name (Last, First, Middle) RANKIN, CHRISTOPHER, DOUGLAS	
Address (Street and Number) [REDACTED]	
City WINCHESTER	State ZIP VA 226026267
Birth Date [REDACTED]	Drivers License Number [REDACTED]
Safety Equip. Used 3	Air Bag Ejected Date of Death 2 1 MM DD YYYY
Summons Issued As Result of Crash 1	Offenses Charged to Driver 46.2-804

VEHICLE #	
DRIVER	
Driver's Name (Last, First, Middle)	
Address (Street and Number)	
City	State ZIP
Birth Date	Drivers License Number
Safety Equip. Used	Air Bag Ejected Date of Death
Summons Issued As Result of Crash	Offenses Charged to Driver

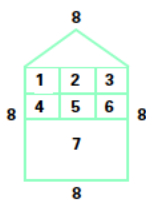
VEHICLE	
Vehicle Owner's Name (Last, First, Middle) RYDER TRUCK, RENTAL INC	
Address (Street and Number) 11690 NW 105 ST	
City MIAMI	State ZIP FL 33178
Vehicle Year 2015	Vehicle Make FREIGHT
Vehicle Model TRACTOR TRAILER	Disabled CMV Towed <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
Vehicle Plate Number 2685401	State Approximate Repair Cost IN 2000
VIN 3AKBGADV0FSGF2572	<input type="checkbox"/> Oversize <input type="checkbox"/> Cargo Spill
Name of Insurance Company (not agent) PRIME	<input type="checkbox"/> Override <input type="checkbox"/> Underride
Speed Before Crash 60	Speed Limit 70
Maximum Safe Speed 50	ALL Passengers Age Count Under 8 0 8-17 0 18-21 0 Over 21 0

VEHICLE	
Vehicle Owner's Name (Last, First, Middle)	
Address (Street and Number)	
City	State ZIP
Vehicle Year	Vehicle Make
Vehicle Model	Disabled CMV Towed
Vehicle Plate Number	State Approximate Repair Cost
VIN	<input type="checkbox"/> Oversize <input type="checkbox"/> Cargo Spill
Name of Insurance Company (not agent)	<input type="checkbox"/> Override <input type="checkbox"/> Underride
Speed Before Crash	Speed Limit
Maximum Safe Speed	ALL Passengers Age Count

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

PASSENGER (only if injured or killed)	
Name of Injured (Last, First, Middle)	EMS Transport Date of Death <input type="checkbox"/> <input type="checkbox"/> 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 <input type="checkbox"/> <input type="checkbox"/> 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 <input type="checkbox"/> <input type="checkbox"/> 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

- Driver
- 2-6. Passengers
- Cargo Area
- Riding/Hanging On Outside
- 9-98. 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
- No Injury (driver only)

Investigating Officer MATTHEW FOX	Badge/Code Number 9118	Agency/Department Name and Code VIRGINIA STATE POLICE	Reviewing Officer Eugene Desaulniers	Report File Date 02/12/2021
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Police Crash Report

Revised Report

CRASH			
Crash Date MM DD YYYY 02/12/2021	MILITARY Time (24 hr clock) 03:46	County of Crash James City	Local Case Number [REDACTED]
		City of <input type="radio"/>	Town of <input type="radio"/>

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 02/12/2021	MILITARY Time (24 hr clock) 03:46	County of Crash James City	City of Town of	Local Case Number [REDACTED]
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CRASH DIAGRAM

VEHICLE # 1

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

12

11 1

10 2

9 3

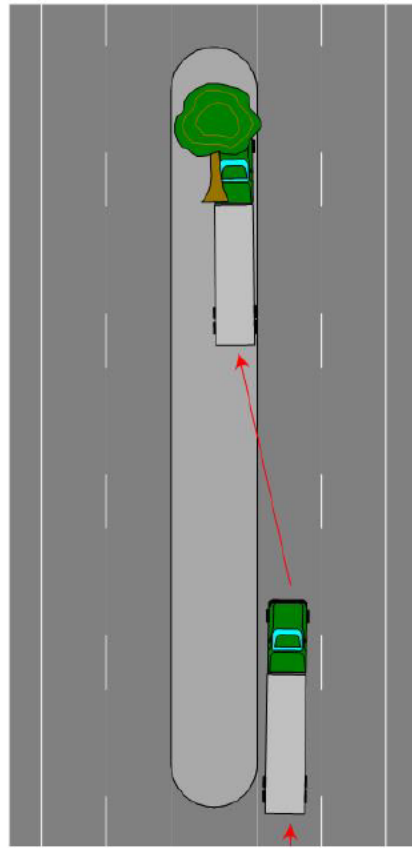
8 4

7 5

6

W

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



VEHICLE #

Fill In Impact Area(s).
Initial Impact.

12

11 1

10 2

9 3

8 4

7 5

6

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

VEHICLE #

Fill In Impact Area(s).
Initial Impact.

12

11 1

10 2

9 3

8 4

7 5

6

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

VEHICLE #

Fill In Impact Area(s).
Initial Impact.

12

11 1

10 2

9 3

8 4

7 5

6

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

VEHICLE #1 RAN OFF ROAD LEFT AND STRUCK A TREE.
PHOTO FILE #20210212_000011
V4 - VEHICLE #1 HAD DAMAGE TO THE FRONT BUMPER AND THE CARGO BODY

CRASH EVENTS

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

First Harmful Event of Entire Crash that Results in First Injury or Damage.
2

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 |



Police Crash Report

Revised Report

CRASH

Crash Date	MM DD YYYY	MILITARY Time (24 hr clock)	County of Crash	City of	Local Case Number
02/12/2021	03:46	James City			

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

Vehicle Configuration V10	Cargo Body Type V11	License Class P8	Commercial Endorsement 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 type="checkbox"/> X-Combined Tank/HAZMAT <input type="checkbox"/> O-Other
		GVWR/ GCWR V12	<input type="checkbox"/> 1. 10,000 lbs. or Less <input type="checkbox"/> 2. 10,001-26,000 lbs. <input checked="" type="checkbox"/> 3. Greater Than 26,000 lbs.

Hazardous Material

Hazardous Material Placard: Y N

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

Commercial Motor Carrier Name	Address (P.O. Box if No Street Address)	Commercial/Non-Commercial V13	
RYDER TRUCK RENTAL INC	11690 NW105 ST	<input checked="" type="checkbox"/> 1. Interstate Carrier	<input type="checkbox"/> 2. Intrastate Carrier
Carrier's ID Number	City	State	Zip
US DOT# 0 2 4 4 7 3 1 9 -	MIAMI	FL	33178
		<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 #

Vehicle Configuration V10	Cargo Body Type V11	License Class P8	Commercial Endorsement 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 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 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 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
		GVWR/ GCWR V12	<input type="checkbox"/> 1. 10,000 lbs. or Less <input type="checkbox"/> 2. 10,001-26,000 lbs. <input type="checkbox"/> 3. Greater Than 26,000 lbs.

Hazardous Material

Hazardous Material Placard: Y N

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

Commercial Motor Carrier Name	Address (P.O. Box if No Street Address)	Commercial/Non-Commercial V13	
		<input type="checkbox"/> 1. Interstate Carrier	<input type="checkbox"/> 2. Intrastate Carrier
Carrier's ID Number	City	State	Zip
US DOT#			
		<input type="checkbox"/> 3. Not in Commerce-Government (Trucks and Buses)	<input type="checkbox"/> 4. Not in Commerce-Other Truck (Over 10,000 lbs.)

Report Number:

MSP651500T4

State of Maryland Motor Vehicle Crash Report

Reporting Agency:

MARYLAND STATE
POLICE

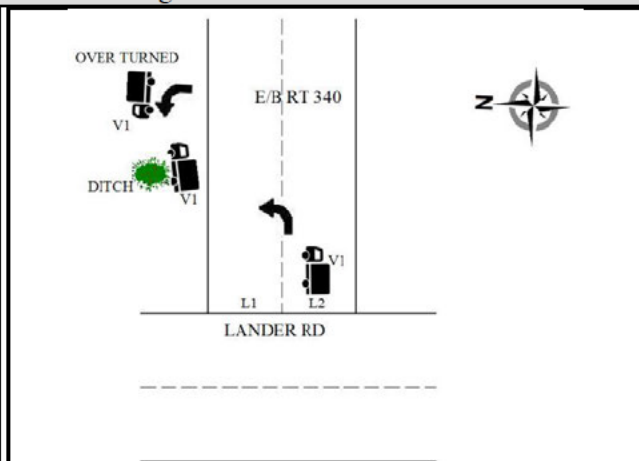
Case Information:

Report Type: **Injury Crash** County: **Frederick** Municipality: **N/A**
 Local Case No.: **21MSP005549** Local Codes: Crash Date: **2/11/2021**
 Investigating Officer: **TFC S. Morris - 6515** Crash Time: **12:14 AM** Photos Taken

Location:

GPS X-Coordinates: **-77.5130356333333** GPS Y-Coordinates: **39.3631571333333**
 Main Road: **JEFFERSON NATIONAL PIKE** Route #: **US340**
 Intersecting Road: **LANDER RD** Intersecting Route #: **CO281**
 Mile Point: **8.30** Mile Point Direction: **E** Distance: **0.20 M** Distance Direction: **E**

Accident Diagram:



Narrative:

VEHICLE 1 WAS TRAVELING E/B RT 340 E/O LANDER RD IN LANE 2. THE DRIVER LOST CONTROL OF HIS VEHICLE, TRAVELED OFF THE ROADWAY, AND STRUCK THE DITCH. THE VEHICLE OVERTURNED.

ALL EVENTS OCCURRED IN FREDERICK COUNTY, MARYLAND.

Crash Type:

Collision Type: **Single Vehicle**
 Harmful Event One: **Off Road** Harmful Event Two: **Overturn**
 Fixed Object Struck: **Ditch** School Bus Involved: **Not Involved**
 Const./Maint. Zone: **No** Const./Maint. Loc.:
 Workers Present: Const./Maint. Closure:

Road/Area:

Lane No.: Lane Dir.: **E** Lane Type: **Median Area**
 No. of Lanes: **2** Rd. Alignment: **Straight** Rd. Grade: **Grade Downhill**
 Rd. Division: **Two-Way, Divided, Positive Median Barrier** Traffic Control: **No Controls**
 Intersection: **N/A** Inter. Area: **Thru Roadway**
 Junction: **Non Intersection**

Conditions:

Road Condition: **No Defects** Contrib - Road: **Icy Or Snow-Covered**
 Weather: **Snow** Contrib - Environment: **Rain, Snow**
 Surface Condition: **Snow** Light: **Dark No Lights**

Vehicle 1 (RA43869):

Basic Information

Registration: **RA43869** Tag State: **VA** Exp Year: **2022** VIN #: **1GD37TCG0H1905259**
Year: **2017** Make: **GMC** Model: **SAVANA** Body Type: **Truck - Cargo Van/Light 2 Axles (Over 10,000Lbs (4,536 Kg))**
Insurer: **PRIME INS** Policy #: **[REDACTED]**
Towed Vehicle: **N/A**

At Fault/Citation(s)

At Fault: **No** Citation Issued: **Yes** Citation Code: **3XK0MFR**

Owner

First: **PENSKE LEASING** Middle: **AND** Last: **RENTAL COMPANY**
Street: **2675 MORGANTOWN RD** Home Phone:
City: **READING** State: **PA** Zip: **19607** Other Phone:

Driver:

DL#: **[REDACTED]** DL State: **MD** DL Class: **C** CDL: **No**
First: **JOSE** Middle: **GUILLEM** Last: **MOLINA RODRIGUEZ**
Street: **[REDACTED]**
City: **SILVER SPRING** State: **MD** Zip: **20902** Home Phone: **[REDACTED]**
DOB: **[REDACTED]** Sex: **M** Other Phone:

Safety Equip.: **Shoulder/Lap Belt(S)** Equip. Problem: **No Misuse** Airbag Deployed: **Not Deployed**

Alch. Test Given: **N/A** Alch. Test Type: BAC:
Substance Use: **None Detected** Drug Test Given: **N/A** Drug Test Result:

Condition: **Apparently Normal** Ejected: **Not Ejected/Trapped**
Injury Severity: **Suspected Minor Injury** EMS Unit: **A** EMS Run Number: **F21003869**

Impact & Damage

First Impact: **Two Oclock** Areas Damaged: **Two Oclock, Three Oclock, Four Oclock**
Main Impact: **Two Oclock**
Most Harmful Event: **Fixed Object**
Damage Extent: **Disabling** Fire: **No**

Circumstances

Going Direction: **E** Continuing Direction: **E** Vehicle Movement: **Skidding** Speed Limit:
Left Scene: **No** Driverless Vehicle: **No** Emergency Vehicle: **No** **65**
Special Function: **N/A**

Contrib. Circumstances Person: **Failure To Drive Within A Single Lane Too Fast For Conditions Inattentive**

Driver Distracted By: **Not Distracted** Contrib. Circumstances Vehicle:

Sequence of Events: **Ran Off Road Left, Ditch, Overturn Rollover**

Towing

Towed: **Yes** Removed By: **BIG TOW** Removed To: **TOW LOT**

Additional Vehicle Use Information

Commercial Name: **AERO GLOBAL LOGISTICS** Carrier **Interstate Carrier**
Classification:
Street: **2983 S PLEASANT VALLEY RD** DOT #: **2447319**
City: **WINCHESTER** State: **VA** Zip: **22601**

Body Type: **Van/Enclosed Box** Configuration: **Single-Unit Truck 2-Axle Greater Than 10,000**
Gross Vehicle Weight: **10001 To 26000 Lbs**

Bus Use: **N/A**
HAZMAT Spill:

No. of Axles: **2**
Placard Displayed:

MC Number:
HAZMAT Class:

Placard Number:

END - Vehicle 1 (RA43869)

EMS Unit A (AMBO 209):

EMS Type: **Ground Transport**

Taken to: **FREDERICK MEMORIAL
HOSPITAL**



Revised Report

Police Crash Report

CRASH		GPS Lat. 3 6 7 0 6 5 7 5	GPS Long. - 8 0 6 8 7 5 2 0
Crash Date 01/19/2021	Day of Week Tuesday	MILITARY Time (24 hr clock) 02:00	County of Crash Carroll
City of Town of		Landmarks at Scene	
Location of Crash (route/street) SB RT 52		Railroad Crossing ID no. (if within 150 ft.)	Local Case Number 210195289
At Intersection With or 150 Miles <input type="checkbox"/> Feet <input checked="" type="checkbox"/>		Location of Crash (route/street) N S E W of RT 682	Mile Marker Number Number of Vehicles 1

VEHICLE # 1

DRIVER Driver Fleed Scene

Driver's Name (Last, First, Middle)
COOK, WESLEY, RICHARD

Address (Street and Number)
[REDACTED]

City
FRONT ROYAL

State
VA

ZIP
22630

Birth Date
[REDACTED]

Drivers License Number
[REDACTED]

State
VA

DL CDL

Safety Equip. Used
3

Air Bag Ejected Date of Death
2 1

Injury Type EMS Transport
6

Summons Issued As Result of Crash
1

Offenses Charged to Driver
40.2-804 FAIL TO STAY IN LANE OF TRAVEL

VEHICLE

Vehicle Owner's Name (Last, First, Middle) Same as Driver

PENSKE, TRUCK, LEASING

Address (Street and Number)
2675 MORGANTON ROAD

City
READING

State
PA

ZIP
19607

Vehicle Year
2019

Vehicle Make
IHC

Vehicle Model
TRUCK

Disabled CMV Towed

Vehicle Plate Number
2755964

State
IN

Approximate Repair Cost
1501

VIN
1HTMMMMK2KH690634

Oversize Cargo Spill

Name of Insurance Company (not agent)
PRIME INSURANCE COMPANY

Override Underride

Speed Before Crash
35

Speed Limit
55

Maximum Safe Speed
45

Under 8 0

ALL Passengers Age Count
8-17 0 18-21 0

Over 21 0

PASSENGER (only if injured or killed)

Name of Injured (Last, First, Middle)	EMS Transport	Date of Death
Position In/On Vehicle	Safety Equip Used	Airbag Ejected Injury Type
Birthdate	Gender	

Name of Injured (Last, First, Middle)	EMS Transport	Date of Death
Position In/On Vehicle	Safety Equip Used	Airbag Ejected Injury Type
Birthdate	Gender	

Name of Injured (Last, First, Middle)	EMS Transport	Date of Death
Position In/On Vehicle	Safety Equip Used	Airbag Ejected Injury Type
Birthdate	Gender	

VEHICLE #

DRIVER Driver Fleed Scene

Driver's Name (Last, First, Middle)

Address (Street and Number)

City

State

ZIP

Birth Date

Drivers License Number

State

DL CDL

Safety Equip. Used

Air Bag Ejected Date of Death

Injury Type EMS Transport

Summons Issued As Result of Crash

Offenses Charged to Driver

VEHICLE

Vehicle Owner's Name (Last, First, Middle) Same as Driver

Address (Street and Number)

City

State

ZIP

Vehicle Year

Vehicle Make

Vehicle Model

Disabled CMV Towed

Vehicle Plate Number

State

Approximate Repair Cost

VIN

Oversize Cargo Spill

Name of Insurance Company (not agent)

Override Underride

Speed Before Crash

Speed Limit

Maximum Safe Speed

Under 8

ALL Passengers Age Count
8-17 18-21

Over 21

PASSENGER (only if injured or killed)

Name of Injured (Last, First, Middle)	EMS Transport	Date of Death
Position In/On Vehicle	Safety Equip Used	Airbag Ejected Injury Type
Birthdate	Gender	

Name of Injured (Last, First, Middle)	EMS Transport	Date of Death
Position In/On Vehicle	Safety Equip Used	Airbag Ejected Injury Type
Birthdate	Gender	

Name of Injured (Last, First, Middle)	EMS Transport	Date of Death
Position In/On Vehicle	Safety Equip Used	Airbag Ejected Injury Type
Birthdate	Gender	

Codes

POSITION IN/ON VEHICLE	SAFETY EQUIPMENT USED	AIRBAG	EJECTED FROM VEHICLE	INJURY TYPE
1. Driver	1. Lap Belt Only	1. Deployed - Front	1. Not Ejected	1. Dead
2-6. Passengers	2. Shoulder Belt Only	2. Not Deployed	2. Partially Ejected	2. Serious Injury
7. Cargo Area	3. Lap and Shoulder Belt	3. Unavailable/Not Applicable	3. Totally Ejected	3. Minor/Possible Injury
8. Riding/Hanging On Outside	4. Child Restraint	4. Keyed Off		4. No Apparent Injury
9-98. All Other Passengers	5. Helmet	5. Unknown		6. No Injury (driver only)
	6. Other	6. Deployed - Side		
	7. Booster Seat	7. Deployed - Other (Knee, Air Belt, etc.)		
	8. No Restraint Used	8. Deployed - Combination		
	9. Not Applicable			

SUMMONS ISSUED AS A RESULT OF CRASH

1. Yes
2. No
3. Pending

Investigating Officer S COCHRAN	Badge/Code Number 6598	Agency/Department Name and Code VIRGINIA STATE POLICE 156	Reviewing Officer David Reedy	Report File Date 01/19/2021
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Police Crash Report

Revised Report

CRASH

Crash Date 01/19/2021	MILITARY Time (24 hr clock) 02:00	County of Crash Carroll	City of Town of	Local Case Number
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DRIVER INFORMATION

Veh 1	Veh	Veh 1	Veh
Driver's Action P1		Driver Vision Obscured P3	
<input type="radio"/> 1. No Improper Action	<input checked="" type="radio"/>	<input 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	<input type="radio"/>	Type of Driver Distractions P4	
<input type="radio"/> 18. Improper Backing	<input type="radio"/>	<input type="radio"/> 1. Looking at Roadside Incident	<input type="radio"/>
<input type="radio"/> 19. Improper Start From Parked Position	<input type="radio"/>	<input type="radio"/> 2. Driver Fatigue	<input type="radio"/>
<input type="radio"/> 20. Disregarded Officer or Flagger	<input type="radio"/>	<input type="radio"/> 3. Looking at Scenery	<input type="radio"/>
<input type="radio"/> 21. Disregarded Traffic Signal	<input type="radio"/>	<input type="radio"/> 4. Passenger(s)	<input type="radio"/>
<input type="radio"/> 22. Disregarded Stop or Yield Sign	<input type="radio"/>	<input type="radio"/> 5. Radio/CD, etc.	<input type="radio"/>
<input type="radio"/> 23. Driver Distraction	<input type="radio"/>	<input type="radio"/> 6. Cell Phone	<input type="radio"/>
<input type="radio"/> 24. Fail to Stop at Through Highway - No Sign	<input type="radio"/>	<input type="radio"/> 7. Eyes Not on Road	<input type="radio"/>
<input type="radio"/> 25. Drive Through Work Zone	<input type="radio"/>	<input type="radio"/> 8. Daydreaming	<input type="radio"/>
<input type="radio"/> 26. Fail to Set Out Flares or Flags	<input type="radio"/>	<input type="radio"/> 9. Eating/Drinking	<input type="radio"/>
<input type="radio"/> 27. Fail to Dim Headlights	<input type="radio"/>	<input type="radio"/> 10. Adjusting Vehicle Controls	<input type="radio"/>
<input type="radio"/> 28. Driving Without Lights	<input type="radio"/>	<input type="radio"/> 11. Other	<input type="radio"/>
<input type="radio"/> 29. Improper Parking Location	<input type="radio"/>	<input type="radio"/> 12. Navigation Device	<input type="radio"/>
<input type="radio"/> 30. Avoiding Pedestrian	<input type="radio"/>	<input type="radio"/> 13. Texting	<input type="radio"/>
<input type="radio"/> 31. Avoiding Other Vehicle	<input type="radio"/>	<input checked="" type="radio"/> 14. No Driver Distraction	<input type="radio"/>
<input type="radio"/> 32. Avoiding Animal	<input type="radio"/>	Drinking P5	
<input type="radio"/> 33. Crowded Off Highway	<input type="radio"/>	<input checked="" type="radio"/> 1. Had Not Been Drinking	<input type="radio"/>
<input type="radio"/> 34. Hit and Run	<input type="radio"/>	<input type="radio"/> 2. Drinking - Obviously Drunk	<input type="radio"/>
<input type="radio"/> 35. Car Ran Away - No Driver	<input type="radio"/>	<input type="radio"/> 3. Drinking - Ability Impaired	<input type="radio"/>
<input type="radio"/> 36. Blinded by Headlights	<input type="radio"/>	<input type="radio"/> 4. Drinking - Ability Not Impaired	<input type="radio"/>
<input type="radio"/> 37. Other	<input type="radio"/>	<input type="radio"/> 5. Drinking - Not Known Whether Impaired	<input type="radio"/>
<input type="radio"/> 38. Avoiding Object in Roadway	<input type="radio"/>	<input type="radio"/> 6. Unknown	<input type="radio"/>
<input checked="" type="radio"/> 39. Eluding Police	<input type="radio"/>	Method of Alcohol Determination (by police) P6	
<input type="radio"/> 40. Fail to Maintain Proper Control	<input type="radio"/>	<input type="radio"/> 1. Blood	<input type="radio"/>
<input type="radio"/> 41. Improper Passing	<input type="radio"/>	<input type="radio"/> 2. Breath	<input type="radio"/>
<input type="radio"/> 42. Improper or Unsafe Lane Change	<input type="radio"/>	<input type="radio"/> 3. Refused	<input type="radio"/>
<input type="radio"/> 43. Over Correction	<input type="radio"/>	<input type="radio"/> 4. No Test	<input type="radio"/>
Condition of Driver Contributing to the Crash P2		Drug Use P7	
<input checked="" type="radio"/> 1. No Defects	<input type="radio"/>	<input type="radio"/> 1. Yes	<input type="radio"/>
<input type="radio"/> 2. Eyesight Defective	<input type="radio"/>	<input checked="" type="radio"/> 2. No	<input type="radio"/>
<input type="radio"/> 3. Hearing Defective	<input type="radio"/>	<input type="radio"/> 3. Unknown	<input type="radio"/>
<input type="radio"/> 4. Other Body Defects	<input type="radio"/>		
<input type="radio"/> 5. Illness	<input type="radio"/>		
<input type="radio"/> 6. Fatigued	<input type="radio"/>		
<input type="radio"/> 7. Apparently Asleep	<input type="radio"/>		
<input type="radio"/> 8. Other	<input type="radio"/>		
<input type="radio"/> 9. Unknown	<input type="radio"/>		

VEHICLE INFORMATION

Veh 1	Veh	Veh 1	Veh
Vehicle Maneuver V1		Vehicle Damage V4	
<input 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. Overtumed	<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 type="radio"/>	<input 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 checked="" type="radio"/> 8. Stopped in Traffic Lane	<input type="radio"/>	<input checked="" type="radio"/> 8. Other	<input type="radio"/>
<input type="radio"/> 9. Ran Off Road - Right	<input type="radio"/>	Vehicle Condition V5	
<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	<input type="radio"/>
Skidding Tire/Mark V2		<input type="radio"/> 8. Chains In Use	<input type="radio"/>
<input type="radio"/> 1. Before Application of Brakes	<input type="radio"/>	<input type="radio"/> 9. Other	<input type="radio"/>
<input 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 checked="" type="radio"/> 4. No Visible Skid Mark/Tire Mark	<input type="radio"/>	<input type="radio"/> 12. Power Train Defective	<input type="radio"/>
Vehicle Body Type V3		<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 checked="" type="radio"/> 4. Truck - Single Unit Truck (2-Axes)	<input type="radio"/>	<input type="radio"/> 17. Exhaust System	<input type="radio"/>
<input type="radio"/> 7. Motor Home, Recreational Vehicle	<input type="radio"/>	Special Function Motor Vehicle V6	
<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/Private Owned Church Bus	<input type="radio"/>	<input type="radio"/> 7. Other Bus	<input 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 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 type="radio"/>
EMV in service V7		Truck Cover V8	
<input checked="" type="radio"/> 1. Yes	<input type="radio"/>	<input checked="" type="radio"/> 1. Yes	<input type="radio"/>
<input type="radio"/> 2. No	<input type="radio"/>	<input type="radio"/> 2. No	<input type="radio"/>



Police Crash Report

Revised Report

CRASH

Crash Date 01/19/2021	MILITARY Time (24 hr clock) 02:00	County of Crash Carroll	<input type="radio"/> City of <input type="radio"/> Town of	Local Case Number [REDACTED]
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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, Pits, 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: 01/19/2021 MILITARY Time (24 hr clock): 02:00 County of Crash: Carroll City of: Town of: Local Case Number:

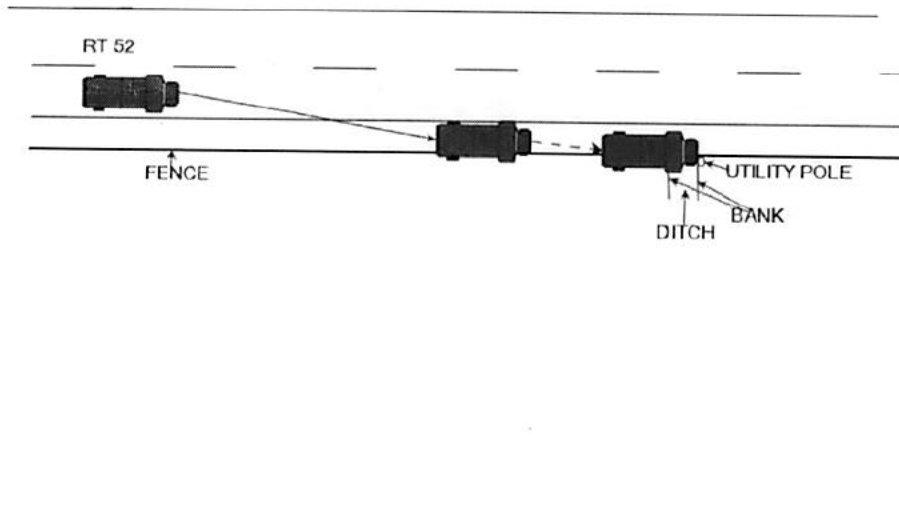
CRASH DIAGRAM

VEHICLE # 1
 Fill In Impact Area(s).
 Initial Impact. 1

12 1
 11 2
 10 3
 9 4
 8 5
 7 6

S

Veh Dir of Travel—N/S/E/W



VEHICLE #
 Fill In Impact Area(s).
 Initial Impact.

12 1
 11 2
 10 3
 9 4
 8 5
 7 6

Veh Dir of Travel—N/S/E/W

VEHICLE #
 Fill In Impact Area(s).
 Initial Impact.

12 1
 11 2
 10 3
 9 4
 8 5
 7 6

Veh Dir of Travel—N/S/E/W

VEHICLE #
 Fill In Impact Area(s).
 Initial Impact.

12 1
 11 2
 10 3
 9 4
 8 5
 7 6

Veh Dir of Travel—N/S/E/W

DAMAGE TO PROPERTY OTHER THAN VEHICLES

Approx. Repair Cost <u>300</u>	Object Struck (Tree, Fence, etc.) <u>FENCE</u>	Property Owners Name (Last, First, Middle) <u>SEMONES NORM</u>	Address (Street and Number) <u>601 ARROWHEAD ROAD, FANCY GAP V,</u>	VDOT Property <input checked="" type="checkbox"/>
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CRASH DESCRIPTION

VEHICLE #1 RAN OFF ROAD RIGHT, STRUCK A FENCE, AND THEN STRUCK EMBANKMENT.

CRASH EVENTS

Vehicle #	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event
1	28	4	1		1

First Harmful Event of Entire Crash that Results in First Injury or Damage.
4

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

- NON-COLLISION**
- 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
 - 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

CRASH

Crash Date 01/19/2021	MILITARY Time (24 hr clock) 02:00	County of Crash Carroll	City of Town of	Local Case Number [REDACTED]
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COMMERCIAL MOTOR VEHICLE SECTION

This form is being completed because the vehicle is:

<input checked="" type="checkbox"/> A Truck or Truck Combination Rating Greater Than 10,000 lbs. (GVWR/GCWR)	<input type="checkbox"/> Any Motor Vehicle That Seats 9 or More People, Including the Driver	<input type="checkbox"/> A Vehicle of Any Type with a Hazardous Materials Placard Regardless of Weight
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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
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VEHICLE # 1			
Vehicle Configuration V10	Cargo Body Type V11	License Class P8	Commercial Endorsement 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 checked="" 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 (Boat tail) <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 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. Intermodel 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 checked="" 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
Hazardous Material		GVWR/ GCWR 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	HM Placard Name	HM Class	HM Cargo Present <input checked="" type="checkbox"/>	HM Cargo Released <input checked="" type="checkbox"/>
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Carrier Identification

Commercial Motor Carrier Name AERO GLOBAL LOGISTICS	Address (P.O. Box if No Street Address) 220 ADMIRAL BYRD DR			
Carrier's ID Number US DOT# 0 2 4 4 7 3 1 9	State (Intrastate Only) VA	City WINCHESTER	State VA	Zip 22601

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.)
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VEHICLE #			
Vehicle Configuration V10	Cargo Body Type V11	License Class P8	Commercial Endorsement 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 (Boat tail) <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 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. Intermodel 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 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
Hazardous Material		GVWR/ GCWR V12	
Hazardous Material Placard: <input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> 1. 10,000 lbs. or Less <input type="checkbox"/> 2. 10,001-26,000 lbs. <input type="checkbox"/> 3. Greater Than 26,000 lbs.	

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

Commercial Motor Carrier Name	Address (P.O. Box if No Street Address)			
Carrier's ID Number US DOT#	State (Intrastate Only)	City	State	Zip

Commercial/Non-Commercial V13

<input 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.)



Loss Run Report

Insured Name: Aero Global Logistics

Customer No. [REDACTED]

Number of Claims: 21

Policy No. [REDACTED]

State: VA

Effective Date	Claim Reported	Claim Number	Claimant	Date Reported	Date of Loss	Claim Status	Date Closed	Adjuster	Claim Reserves	Claim Paid	Claim Recovered
05/01/20	X	[REDACTED]	H AND M MOTOR COMPANY INC	05/27/20	05/27/20	Closed	07/23/20	Ryan Clark	\$0.00	[REDACTED]	[REDACTED]
Initial Claim Description: Per insured: ID driver took out power line											
05/01/20	X	[REDACTED]	Ezekiel Carballo	05/28/20	05/22/20	Closed	07/10/20	Marc Guido	\$0.00	[REDACTED]	[REDACTED]
Initial Claim Description: Per OVD, IV turned into OV lane and hit passenger side of OV.											
05/01/20	X	[REDACTED]	Alvon Whitaker	06/08/20	06/04/20	Closed	06/23/20	Ryan Clark	\$0.00	[REDACTED]	[REDACTED]
Initial Claim Description: Per clmt, IV hit parked, occupied OV and another car.											
05/01/20	X	[REDACTED]	FIRST CHRYSLER	07/01/20	06/01/20	Closed	07/20/20	Russell Lund	\$0.00	[REDACTED]	[REDACTED]
Initial Claim Description: Per agent: IV struck a 2020 Dodge Ram 1500 while making a delivery											
05/01/20	X	[REDACTED]	MC Barnet Transport LLC	07/14/20	07/11/20	Closed	09/23/20	Lee Chait	\$0.00	[REDACTED]	[REDACTED]
Initial Claim Description: Per claimant: IV backed into OV.											
05/01/20	X	[REDACTED]	Lancaster Dodge	08/13/20	06/30/20	Closed	05/28/21	Katie Klinger	\$0.00	[REDACTED]	[REDACTED]
Initial Claim Description: Per Insured, IVD backed up and struck and damaged an awning on the claimants property											
05/01/20	X	[REDACTED]	Maserati of Arlington	08/13/20	08/11/20	Closed	09/29/20	Russell Lund	\$0.00	[REDACTED]	[REDACTED]
Initial Claim Description: Per Insured, IVD struck and damaged claimants building while backing up.											
05/01/20	X	[REDACTED]	Not provided	08/26/20	08/25/20	Closed	10/02/20	Miguel Marrero	\$0.00	[REDACTED]	[REDACTED]
Initial Claim Description: Per insured, OV attempted to turn and hit driver side of IV.											
05/01/20	X	[REDACTED]	Iderton CDJR	09/04/20	08/21/20	Closed	11/18/20	Miguel Marrero	\$0.00	[REDACTED]	[REDACTED]
Initial Claim Description: Per Participant, Insured struck parked claimant vehicle.											

05/01/20 X [REDACTED] Not provided 11/03/20 10/29/20 Closed 04/09/21 Ryan Clark \$0.00 \$0.00 \$0.00

Initial Claim Description: Per insured: The insured vehicle rolled over on the right side. Extensive damage to the right side of the vehicle. There was a fuel spill of approx. 10-15 gallons of diesel fuel requiring environmental cleanup. No other vehicle involved. Possible total loss

05/01/20 X [REDACTED] Megan Johnson 11/11/20 11/10/20 Closed 09/12/22 Gabriela Munoz-Gomez \$0.00 [REDACTED] [REDACTED]

Initial Claim Description: Per claimant IV rear ended CV.

05/01/20 X [REDACTED] Swift Transportation 11/17/20 06/16/20 Closed 01/11/21 Ryan Clark \$0.00 [REDACTED] [REDACTED]

Initial Claim Description: Per demand IV sideswiped CV.

05/01/20 X [REDACTED] Not Provided 12/28/20 12/23/20 Closed 03/10/21 Elizabeth Richards \$0.00 \$0.00 \$0.00

Initial Claim Description: IV was struck in the rear by OV

[Driver: Michael Albert (Non Scheduled Driver) -

05/01/20 X [REDACTED] Courtesy Ford 01/08/21 01/08/21 Closed 08/17/22 Lee Chait \$0.00 [REDACTED] [REDACTED]

Initial Claim Description: Per insured IV struck multiple vehicles while attempting to exit the property.

05/01/20 X [REDACTED] Alia Harper 01/13/21 10/30/20 Closed 02/13/21 Lee Chait \$0.00 [REDACTED] [REDACTED]

Initial Claim Description: Per Claimant , IVD lost control of IV and rolled down over the property bank

05/01/20 X [REDACTED] Patrick Sullivan 01/22/21 01/16/21 Closed 02/15/21 Miguel Marrero \$0.00 [REDACTED] [REDACTED]

Initial Claim Description: As per insured; OV was slowing down to turn into parking lot and IV was unable to stop before striking OV in the rear

05/01/20 X [REDACTED] Cook Automotive 02/18/21 02/04/21 Closed 02/25/21 Marc Guido \$0.00 \$0.00 \$0.00

Initial Claim Description: Per claimant: IV struck parked OV.

[Driver: Francisco Barajas (Non Scheduled Driver) -

05/01/20 X [REDACTED] City of Providence PD 03/10/21 11/13/20 Closed 04/22/21 Miguel Marrero \$0.00 [REDACTED] [REDACTED]

Initial Claim Description: As per claimant: IV struck parked and unoccupied OV

05/01/20 X [REDACTED] Not Provided 03/12/21 03/12/21 Closed 04/29/21 Paul Bellin \$0.00 \$0.00 \$0.00

Initial Claim Description: Per IV, IV veered into oncoming traffic hitting utility trailer being towed by OV.

05/01/20 X [REDACTED] Norma Semones 06/29/21 01/19/21 Closed 11/29/21 Katie Klinger \$0.00 \$0.00 \$0.00

Initial Claim Description: Per Police Report, Insured vehicle went off the road and struck a fence. Insured vehicle then struck an embankment.

05/01/20 X [REDACTED] Not Provided 06/29/21 02/12/21 Closed 07/14/21 Brandon Miller \$0.00 \$0.00 \$0.00

Initial Claim Description: Per insured: IV ran off the road to the left and struck a tree.

The amounts indicated may include an actuarial factor utilized by CDA to account for unforeseen additional losses and are only accurate as of the time this report is printed.

Total Incurred for [REDACTED] \$0.00 [REDACTED]



Loss Run Report

Insured Name: Aero Global Logistics

Customer No. [REDACTED]

Number of Claims: 29

Policy No. [REDACTED]

State: VA

Effective Date	Claim Reported	Claim Number	Claimant	Date Reported	Date of Loss	Claim Status	Date Closed	Adjuster	Claim Reserves	Claim Paid	Claim Recovered
05/01/21	X	[REDACTED]	Antwainette Washington	05/04/21	05/01/21	Closed	03/30/22	Elizabeth Richards	\$0.00	[REDACTED]	\$0.00
Initial Claim Description: Actual DOL: 4/23/2021. Per insured, IV had left gas station and entered the center turning lane when OV hit front of IV.											
05/01/21	X	[REDACTED]	PDOT	05/07/21	05/07/21	Closed	06/20/21	Russell Lund	\$0.00	\$0.00	\$0.00
Initial Claim Description: Per agent IVD lost control of IV striking poles and fence. No injuries											
05/01/21	X	[REDACTED]	Roger Pitzer	05/14/21	05/14/21	Closed	07/06/21	Paul Bellin	\$0.00	[REDACTED]	[REDACTED]
Initial Claim Description: Per Penske, IV was involved in an auto accident. Details not provided. Driver: BINGHAM, RYAN E -											
05/01/21	X	[REDACTED]	Not provided	05/17/21	05/15/21	Closed	05/18/21	James Palmer	\$0.00	[REDACTED]	[REDACTED]
Initial Claim Description: Per insured, IV went off road, rolled over and hit a utility pole.											
05/01/21	X	[REDACTED]	Jean Lopes	05/24/21	05/04/21	Closed	10/26/21	Katie Klinger	\$0.00	[REDACTED]	[REDACTED]
Initial Claim Description: IV merged into the OV's lane striking the OV Driver: CUESTAS, JUAN C -											
05/01/21	X	[REDACTED]	ANM Auto Body	05/25/21	05/20/21	Closed	05/28/21	Katie Klinger	\$0.00	\$0.00	\$0.00
Initial Claim Description: Per claimant, IV rear-ended but no further details provided. IV was dropped off to the ANM Auto Body shop by Cristoval Venegas.											
05/01/21	X	[REDACTED]	Paul Ferguson	06/03/21	05/10/21	Closed	06/02/22	Martail Burnett	\$0.00	[REDACTED]	[REDACTED]
Initial Claim Description: Per police report, IV hit light pole, retaining wall, and spilled hydraulic fluid on driveway and grass. Driver: BIZANOS, JOHN -											
05/01/21	X	[REDACTED]	Not provided	06/29/21	05/13/21	Closed	07/08/21	Ed Cogle	\$0.00	\$0.00	\$0.00

Initial Claim Description: Per insured, IV drifted onto the sidewalk and struck utility pole.

| Driver: HIDALGO ROMERO, MARIO J -

05/01/21	X	[REDACTED]	Bichrest Landscape	07/01/21	06/21/21	Closed	08/06/21	Katie Klinger	\$0.00	[REDACTED]	[REDACTED]
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Initial Claim Description: Per claimant: IV struck OV's trailer.

05/01/21	X	[REDACTED]	Not Provided	08/19/21	08/18/21	Closed	08/20/21	Steve Dobrovits	\$0.00	\$0.00	\$0.00
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Initial Claim Description: Insured driver ran off the road.

05/01/21	X	[REDACTED]	Antonio Gause	09/22/21	08/16/21	Closed	11/01/21	Ed Cogle	\$0.00	[REDACTED]	\$0.00
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Initial Claim Description: Per IR, IV collided with OV and IVD left the scene

05/01/21	X	[REDACTED]	Thornton Chrysler Dodge Jeep Ram	09/29/21	09/22/21	Closed	01/07/22	Faria Morshed	\$0.00	[REDACTED]	[REDACTED]
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Initial Claim Description: Per insured agent IV struck a parked vehicle in parking lot.

05/01/21	X	[REDACTED]	Custom Transport - Everett Cooper	12/02/21	10/28/21	Closed	01/21/22	Paul Bellin	\$0.00	[REDACTED]	[REDACTED]
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Initial Claim Description: Per IR, IV sideswiped parked OV.

05/01/21	X	[REDACTED]	Alter's Landscaping & Snowplowing LLC	12/03/21	09/16/21	Closed	12/20/21	Brandon Gonzalez	\$0.00	[REDACTED]	[REDACTED]
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Initial Claim Description: Per insured's agent, IV collided with a parked OV

05/01/21	X	[REDACTED]	Temarcus D Bizzell	12/09/21	08/05/21	Open		Faria Morshed	[REDACTED]	\$0.00	\$0.00
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Initial Claim Description: Per insured's risk management team, insured was involved in an auto accident. Unsure who is at fault for the accident

| Driver: TAYLOR, RONALD JR -

05/01/21	X	[REDACTED]	Not provided	01/14/22	01/13/22	Closed	09/16/22	Brandon Miller	\$0.00	\$0.00	\$0.00
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Initial Claim Description: Per agent, IV struck a train overpass, damaging the box of IV and the entire roof of the cargo was ripped off.

| Driver: Ernesto Luciano (Non Scheduled Driver) -

05/01/21	X	[REDACTED]	Matthew Laws	01/20/22	01/18/22	Closed	01/28/22	James Palmer	\$0.00	[REDACTED]	[REDACTED]
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Initial Claim Description: IV sld on ice and hit parked OV.

05/01/21	X	[REDACTED]	Nery Flores Pooanco (IVD)	02/01/22	10/23/21	Open		Faria Morshed	[REDACTED]	\$0.00	\$0.00
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Initial Claim Description: Per claimant's attorney, OV1 rear ended IV and pushed IV to OV2

| Driver: POLANCO, NERY -

05/01/21	X	[REDACTED]	Michael Yu	02/04/22	12/16/21	Closed	05/24/22	Steve Dobrovits	\$0.00	\$0.00	\$0.00
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Initial Claim Description: Per claimant ins: IV side swiped OV.

05/01/21	X	[REDACTED]	Eric Pratt	02/08/22	02/07/22	Closed	07/07/22	Brandon Miller	\$0.00	[REDACTED]	\$0.00
Initial Claim Description: Per Claimant, Insured vehicle ran stop sign and colliding with Other Vehicle.											
05/01/21	X	[REDACTED]	J W Company Inc	02/17/22	12/08/21	Closed	05/10/22	Brandon Miller	\$0.00	[REDACTED]	[REDACTED]
Initial Claim Description: Per Safety Ins, Insured Vehicle rear ended Other Vehicle. Driver: MARKS, PAUL -											
05/01/21	X	[REDACTED]	U.S Xpress	03/09/22	02/28/22	Closed	06/13/22	Katie Klinger	\$0.00	\$0.00	\$0.00
Initial Claim Description: Per Insured, IV was parked and struck by OV											
05/01/21	X	[REDACTED]	CJDR Outer Banks	03/21/22	03/15/22	Closed	05/09/22	Brandon Gonzalez	\$0.00	[REDACTED]	[REDACTED]
Initial Claim Description: Per insured while made delivery a cage rolled into a parked OV causing damage.											
05/01/21	X	[REDACTED]	Herb Chambers of Wayland	03/21/22	03/09/22	Closed	01/25/23	Faria Morshed	\$0.00	[REDACTED]	[REDACTED]
Initial Claim Description: Per IR, IV hit OV.											
05/01/21	X	[REDACTED]	United Parcel Service	04/14/22	04/12/22	Closed	05/30/22	Faria Morshed	\$0.00	\$0.00	\$0.00
Initial Claim Description: OV1 struck OV2. OV2 swerved into IV lane and was rear-ended by IV. Driver: WHITE, HOWARD -											
05/01/21	X	[REDACTED]	Dennis Ohare	05/02/22	04/30/22	Open		James Palmer	[REDACTED]	[REDACTED]	[REDACTED]
Initial Claim Description: Per claimant: IV turned right and hooked onto OV. IV then dragged OV causing damage.											
05/01/21	X	[REDACTED]	Alaine Ledet	05/31/22	03/30/22	Closed	11/29/22	Cassandra Woodward	\$0.00	[REDACTED]	[REDACTED]
Initial Claim Description: Per Progressive, Insured Vehicle was merging and collided with Other Vehicle.											
05/01/21	X	[REDACTED]	McOffice LLC DBA McDonalds	12/23/22	12/03/21	Closed	12/27/22	James Palmer	\$0.00	\$0.00	\$0.00
Initial Claim Description: Per Subro demand: Damage to claimant structure caused by IV.											
05/01/21	X	[REDACTED]	Esperanza Arias	04/12/22	04/11/22	Closed	06/17/22	Ed Cogle	\$0.00	\$0.00	\$0.00
Initial Claim Description: Per claimant, OV was merging and collided with IV.											

The amounts indicated may include an actuarial factor utilized by CDA to account for unforeseen additional losses and are only accurate as of the time this report is printed. Total Incurred for [REDACTED]: [REDACTED]



Loss Run Report

Insured Name: Aero Global Logistics

Customer No. [REDACTED]

Number of Claims: 21

Policy No. [REDACTED]

State: VA

Effective Date	Claim Reported	Claim Number	Claimant	Date Reported	Date of Loss	Claim Status	Date Closed	Adjuster	Claim Reserves	Claim Paid	Claim Recovered
05/01/22	X	[REDACTED]	Kreilkamp Trucking	05/01/22	05/10/22	Open		Darlene Pennypacker	[REDACTED]	\$0.00	\$0.00
Initial Claim Description: Per Claimant Attorney Rep, IV rear ended OV. Driver: Henry Duke -											
05/01/22	X	[REDACTED]	Sami Khukshid	06/10/22	06/10/22	Open		Katie Klinger	\$0.00	[REDACTED]	[REDACTED]
Initial Claim Description: Per IR, IV hit OV.											
05/01/22	X	[REDACTED]	Nicole Zeal	07/13/22	07/13/22	Closed	10/27/22	Faria Morshed	\$0.00	\$0.00	\$0.00
Initial Claim Description: Per Accord Notice, OV hit IV.											
05/01/22	X	[REDACTED]	Bach, Jennifer	06/03/22	06/10/22	Closed	09/08/22	Palak Desai	\$0.00	\$0.00	\$0.00
Initial Claim Description: Per police report, IV and OV collided with each other											
05/01/22	X	[REDACTED]	Christopher Herrell	08/09/22	08/09/22	Closed	01/06/23	Dylan Skalka	\$0.00	\$0.00	\$0.00
Initial Claim Description: Per agent, IV ran off the road and rolled the truck											
05/01/22	X	[REDACTED]	Not Provided	08/09/22	08/09/22	Open		Corban Sims	[REDACTED]	\$0.00	\$0.00
Initial Claim Description: Per agent, IV struck a low bridge severely damaging the roof and cargo area of the truck.											
05/01/22	X	[REDACTED]	Robert Wood	09/06/22	09/23/22	Closed	10/12/22	Palak Desai	\$0.00	[REDACTED]	[REDACTED]
Initial Claim Description: Per police report, IV hit OV. Driver: Patrick Collins -											
05/01/22	X	[REDACTED]	Ashley Epps	09/22/22	09/21/22	Open		Darlene Pennypacker	[REDACTED]	\$0.00	\$0.00
Initial Claim Description: Per agent, while changing lanes IV sideswiped OV											
05/01/22	X	[REDACTED]	Matthew Satterfield	09/28/22	09/27/22	Open		Jorge Pazos	[REDACTED]	\$0.00	\$0.00
Initial Claim Description: Per Accord Notice, IV backed into OV. Driver: Denis Jones -											

05/01/22 X ██████████ Berkeley Partners 10/06/22 07/28/22 Closed 12/06/22 Brandon Gonzalez \$0.00 \$0.00 \$0.00

Initial Claim Description: Per IR, IV struck and damaged a light pole.

05/01/22 X ██████████ Ana Ponte (OV1 Owner) 10/11/22 09/29/22 Open Palak Desai ██████████ ██████████ ██████████

Initial Claim Description: Per claimant's attorney, IV collided with OV2 and OV2 collided with OV1. All The vehicles were in a traffic | Driver: Joshua Vargas -

05/01/22 X ██████████ Hazrat Wali 10/18/22 10/12/22 Open Skyler Bell ██████████ ██████████ ██████████

Initial Claim Description: Per Claimant, IV hit OV twice.Details hard to understand. | Driver: Peter Vasquez -

05/01/22 X ██████████ Flavia Campos Lima 10/31/22 10/22/22 Open Nicole Morgan ██████████ ██████████ ██████████

Initial Claim Description: Per police report: IV rear ended OV. | Driver: Israel Chevez -

05/01/22 X ██████████ Herb Chambers Jeep 11/03/22 11/02/22 Closed 11/03/22 Debbie Schmalzer \$0.00 \$0.00 \$0.00

Initial Claim Description: Per Claimant, IV hit parked OV.

05/01/22 X ██████████ Not provided 11/03/22 11/03/22 Open Brandon Miller \$0.00 \$0.00 \$0.00

Initial Claim Description: Driver rolled IV. Fuel spill reported. | Driver: Brent Moyers -

05/01/22 X ██████████ Maine Turnpike Authority - Ryan 12/14/22 07/25/22 Closed 01/18/23 James Palmer \$0.00 ██████████ ██████████

Initial Claim Description: Per Claimant, Insured driver hit a guardrail.

05/01/22 X ██████████ Flat of Portland 01/06/23 01/06/23 Open Kevin Rothman ██████████ \$0.00 \$0.00

Initial Claim Description: Per agent, IV slid on black ice striking a light pole | Driver: Maximilian Swan -

05/01/22 X ██████████ Sean Hayhurst - OVD 01/13/23 01/13/23 Open Travis Pickup \$0.00 \$49.89 \$0.00

Initial Claim Description: Per Insured, IV was cut off by OV2 and to avoid hitting that car he braked. IV slid from the rain, went over the median, and into oncoming traffic, hitting and turning OV1 on it's side. | Driver: Elijah Melton -

05/01/22 X ██████████ Not Provided 01/19/23 01/19/23 Open Nicole Morgan ██████████ \$0.00 \$0.00

Initial Claim Description: Per IR, IV lost control, ran off the road, striking highway guardrail.

05/01/22 X ██████████ LBFNY - Solar Farms 01/28/23 01/28/23 Open Roberto Gonzalez ██████████ \$0.00 \$0.00

Initial Claim Description: Multiple Fatalities. Per Insured's Agent Other Vehicle veered into Insured Vehicle's lane and collided head on with Insured Vehicle.

The amounts indicated may include an actuarial factor utilized by CDA to account for unforeseen additional losses and are only accurate as of the time this report is printed.

Total Incurred for : [REDACTED]

Grand Total: [REDACTED]