



HIGHWAY ACCIDENT BRIEF

*Attachment 1 – Commonwealth of Virginia Department of Motor Vehicles Police
Crash Report (Form FR300P)*

Alexandria, Virginia

HWY16SH025

(7 pages)



CRASH

GPS Lat. 38.7320587844864 GPS Long. 77.1027245288593

Crash Date 08 30 2016 Day of Week TUE MILITARY Time (24 hr clock) 0617 County of Crash FAIRFAX COUNTY Official DMV Use

City or Town Name Landmarks at Scene
8332 RICHMOND HWY

Location of Crash (route/street) ROUTE 1/ RICHMOND HWY Railroad Crossing ID no. (if within 150 ft.) Local Case Number 2016-2430042

At Intersection With 100 Miles Feet of ROUTE 2144/ GREGORY DR Mile Marker Number Number of Vehicles 1

VEHICLE # 1

DRIVER Driver Fled Scene

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

Address (Street and Number)

City State ZIP
TEMPLE HILLS MD 20748

Birth Date Drivers License Number State DL CDL
DC

Safety Equip. Used Air Bag Ejected Date of Death Injury Type EMS Transport
3 2 1 6

Summons Issued As Result of Crash 2 Offenses Charged to Driver

VEHICLE #

DRIVER Driver Fled Scene

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

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
2 0 0 8 GENERAL YUKON

Vehicle Plate Number State Approximate Repair Cost
MD 2,500

VIN Oversize Cargo spill
1GKFK13078R

Name of Insurance Company (not agent) Override Underride
Geico

Speed Before Crash Speed Limit Maximum Safe Speed Under ALL Passengers Age Count Over
50 45 45 8 8-17 18-21 21

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

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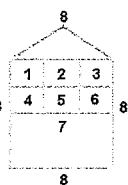
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Name of Injured (Last, First, Middle) EMS Transport Date of Death

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

Codes



- POSITION IN/ON VEHICLE**
- Driver
 - 2-6. Passengers
 - Cargo Area
 - Riding/Hanging On Outside
 - 9-98. All Other Passengers

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

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

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

Officer's Name (Last, First, Middle) GRIMM, JUSTIN T Badge or Code Number 302021 Agency/Department Name and Code FAIRFAX COUNTY POLICE Reviewing Officer BAILEY, THOMAS E Report File Date 08 30 2016

Police Crash Report

Revised Report



CRASH

Crash Date 08 30 2016 MILITARY Time (24 hr clock) 0617 County of Crash FAIRFAX COUNTY

City of Town of Local Case Number 2016-2430042

DRIVER INFORMATION

Veh 1 Veh

Driver's Action P1

1. No Improper Action

2. Exceeded Speed Limit

3. Exceeded Safe Speed But Not Speed Limit

4. Overtaking On Hill

5. Overtaking On Curve

6. Overtaking at Intersection

7. Improper Passing of School Bus

8. Cutting In

9. Other Improper Passing

10. Wrong Side of Road - Not Overtaking

11. Did Not Have Right-of-Way

12. Following Too Close

13. Fail to Signal or Improper Signal

14. Improper Turn - Wide Right Turn

15. Improper Turn - Cut Corner on Left Turn

16. Improper Turn From Wrong Lane

17. Other Improper Turn

18. Improper Backing

19. Improper Start From Parked Position

20. Disregarded Officer or Flagger

21. Disregarded Traffic Signal

22. Disregarded Stop or Yield Sign

23. Driver Distraction

24. Failed to Stop at Through Highway - No Sign

25. Drive Through Work Zone

26. Failed to Set Out Flares or Flags

27. Fail to Dim Headlights

28. Driving Without Lights

29. Improper Parking Location

30. Avoiding Pedestrian

31. Avoiding Other Vehicle

32. Avoiding Animal

33. Crowded Off Highway

34. Hit and Run

35. Car Ran Away - No Driver

36. Blinded by Headlights

37. Other

38. Avoiding Object in Roadway

39. Eluding Police

40. Fail to Maintain Proper Control

41. Improper Passing

42. Improper or Unsafe Lane Change

43. Over Correction

Veh 1 Veh

Driver Vision Obscured P2

1. Not Obscured

2. Rain, Snow, etc. on Windshield

3. Windshield Otherwise Obscured

4. Vision Obscured by Load on Vehicle

5. Trees, Crops, etc.

6. Building

7. Embankment

8. Sign or Signboard

9. Hillcrest

10. Parked Vehicle(s)

11. Moving Vehicle(s)

12. Sun or Headlight Glare

13. Other

14. Blind Spot

15. Smoke/Dust

16. Stopped Vehicle(s)

Type of Driver Distractions P4

1. Looking at Roadside Incident

2. Driver Fatigue

3. Looking at Scenery

4. Passenger(s)

5. Radio/CD, etc.

6. Cell Phone

7. Eyes Not on Road

8. Daydreaming

9. Eating/Drinking

10. Adjusting Vehicle Controls

11. Other

12. Navigation Device

Drinking P5

1. Had Not Been Drinking

2. Drinking - Obviously Drunk

3. Drinking - Ability Impaired

4. Drinking - Ability Not Impaired

5. Drinking - Not Known Whether Impaired

6. Unknown

Method of Alcohol Determination (by police) P6

1. Blood

2. Breath

3. Refused

4. No Test

Condition of Driver Contributing to the Crash P2

1. No Defects

2. Eyesight Defective

3. Hearing Defective

4. Other Body Defects

5. Illness

6. Fatigued

7. Apparently Asleep

8. Other

9. Unknown

Drug Use P7

1. Yes

2. No

3. Unknown

VEHICLE INFORMATION

Veh 1 Veh

Vehicle Maneuver V1

1. Going Straight Ahead

2. Making Right Turn

3. Making Left Turn

4. Making U-Turn

5. Slowing or Stopping

6. Merging Into Traffic Lane

7. Starting From Parked Position

8. Stopped in Traffic Lane

9. Ran Off Road - Right

10. Ran Off Road - Left

11. Parked

12. Backing

13. Passing

14. Changing Lanes

15. Other

16. Entering Street From Parking Lot

Skidding Tire/Mark V2

1. Before Application of Brakes

2. After Application of Brakes

3. Before and After application of Brakes

4. No Visible Skid Mark/Tire Mark

Vehicle Body Type V3

1. Passenger car

2. Truck - Pick-up/Passenger Truck

3. Van

4. Truck - Single Unit Truck (2-Axles)

7. Motor Home, Recreational Vehicle

8. Special Vehicle - Oversized Vehicle/Earthmover/Road Equipment

9. Bicycle

10. Moped

11. Motorcycle

12. Emergency Vehicle (Regardless of Vehicle Type)

13. Bus - School Bus

14. Bus - City Transit Bus/Private Owned Church Bus

15. Bus - Commercial Bus

16. Other (Scooter, Go-cart, Hearse, Bookmobile, Golf Cart, etc.)

18. Special Vehicle - Farm Machinery

19. Special Vehicle - ATV

21. Special Vehicle - Low-Speed Vehicle

22. Truck - Sport Utility Vehicle (SUV)

23. Truck - Single Unit Truck (3 Axles or More)

25. Truck Tractor (Bobtail-No Trailer)

Veh 1 Veh

Vehicle Damage V4

1. Unknown

2. No damage

3. Overtuned

4. Motor

5. Undercarriage

6. Totaled

7. Fire

8. Other

Vehicle Condition V5

1. No Defects

2. Lights Defective

3. Brakes Defective

4. Steering Defective

5. Puncture/Blowout

6. Worn or Slick Tires

7. Motor Trouble

8. Chains In Use

9. Other

10. Vehicle Altered

11. Mirrors Defective

12. Power Train Defective

13. Suspension Defective

14. Windows/Windshield Defective

15. Wipers Defective

16. Wheels Defective

17. Exhaust System

Special Function Motor Vehicle V6

1. No Special Function

2. Taxi

3. School Bus (Public or Private)

4. Transit Bus

5. Intercity Bus

6. Charter Bus

7. Other Bus

8. Military

9. Police

10. Ambulance

11. Fire Truck

12. Tow Truck

13. Maintenance

14. Unknown

EMV in service V7

1. Yes

2. No

Truck Cover V8

1. Yes

2. No

Police Crash Report



Revised Report

CRASH		Crash Date <u>08 30 2016</u>		MILITARY Time (24 hr clock) <u>0617</u>	County of Crash <u>FAIRFAX COUNTY</u>	City of Town of <input type="checkbox"/>	Local Case Number <u>2016-2430042</u>
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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

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 08 30 2016	MILITARY Time (24 hr clock) 0617	County of Crash FAIRFAX COUNTY	<input type="radio"/> City of <input type="radio"/> Town of	Local Case Number 2016-2430042
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PEDESTRIAN 1

Name of Injured (Last, First, Middle)
[REDACTED]

Address (Street and Number)
[REDACTED]

City State ZIP
[REDACTED]

Driver's License # State
[REDACTED]

Gender M F EMS Transport Y N Injury Type **1** Birthdate [REDACTED] Date of Death **08 30 2016**

PEDESTRIAN

Name of Injured (Last, First, Middle)

Address (Street and Number)

City State ZIP

Driver's License # State

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

Ped # 1	Ped # 1	Ped # 1	Ped # 1
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Pedestrian Actions P10

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

Pedestrian Drinking P10

<input type="radio"/> 1. Had Not Been Drinking
<input type="radio"/> 2. Drinking - Obviously Drunk
<input type="radio"/> 3. Drinking - Ability Impaired
<input type="radio"/> 4. Drinking - Ability Not Impaired
<input type="radio"/> 5. Drinking - Not Know Whether Impaired

Method of Alcohol Determination by Police P13

<input type="radio"/> 1. Blood
<input type="radio"/> 2. Breath
<input type="radio"/> 3. Refused
<input checked="" type="radio"/> 4. No Test

Condition of Pedestrian Contributing to the Crash P12

<input checked="" type="radio"/> 1. No Defects
<input type="radio"/> 2. Eyesight Defective
<input type="radio"/> 3. Hearing Defective
<input type="radio"/> 4. Other Body Defects
<input type="radio"/> 5. Illness
<input type="radio"/> 6. Fatigued
<input type="radio"/> 7. Apparently Asleep
<input type="radio"/> 8. Other

Pedestrian Drug Use P14

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

Pedestrian Wear Reflective Clothing P15

<input type="radio"/> 1. Yes
<input checked="" type="radio"/> 2. No

Use sections below for additional passengers.

VEHICLE #

VEHICLE #

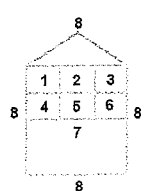
PASSENGER (Only if injured or killed)

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

Codes



POSITION IN/ON VEHICLE	SAFETY EQUIPMENT USED	AIRBAG
1. Driver	1. Lap Belt Only	1. Deployed - Front
2-6. Passengers	2. Shoulder Belt Only	2. Not Deployed
7. Cargo Area	3. Lap and Shoulder Belt	3. Unavailable/Not Applicable
8. Riding/Hanging On Outside	4. Child Restraint	4. Keyed Off
	5. Helmet	5. Unknown
9-98. All Other Passengers	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	

EJECTED FROM VEHICLE	INJURY TYPE
1. Not Ejected	1. Dead Before Report Made
2. Partially Ejected	2. Visible Signs of Injury, as Bleeding Wound or Distorted Member or Had to be Carried From Scene.
3. Totally Ejected	3. Other Visible Injury, as Bruises, Abrasions, Swelling, Limping, etc.
SUMMARY ISSUED AS A RESULT OF CRASH	4. No Visible Injury, But Complaint of Pain or Momentary Unconsciousness.
1. Yes	
2. No	
3. Pending	

Accident Supplement

2016-2430042

Supplement type: FILE 41

NUMBER OF PEOPLE KILLED IN CRASH: 1

- 1. NAME OF PERSON KILLED: [REDACTED]
- 2. ADDRESS OF PERSON KILLED: [REDACTED]
- 3. SEX OF PERSON KILLED: Male
- 4. RACE OF PERSON KILLED: Black
- 5. DOB AND AGE OF PERSON KILLED: [REDACTED]
- 6. WHETHER PERSON KILLED WAS A: Pedestrian
- 7. WHETHER PERSON KILLED WAS A MEMBER OF THE ARMED FORCES, IF SO, BRANCH: N/A
- 8. DATE, TIME AND PLACE OF DEATH OF EACH VICTIM: 08/30/2016, 0623, 8332 Richmond Hwy, Alexandria, VA 22309
- 9. DATE AND TIME ACCIDENT OCCURRED: 08/30/2016, 0615
- 10. ROUTE NUMBER OR STREET NAME, DISTANCE AND DIRECTION FROM NEAREST INTERSECTING ROUTE OR STREET: Route 1 (Richmond Hwy), 100 ft South of Route 2144 (Gregory Dr)
- 11. COUNTY OR CITY IN WHICH ACCIDENT OCCURRED: Fairfax County
- 12. MAKE AND MODEL OF EACH VEHICLE INVOLVED IN THE FATAL CRASH:
2008
MAKE: GMC
MODEL: Yukon
- FATAL VEHICLE: Yes
- 13. TYPE OF ROAD SURFACE: Asphalt
- 14. NUMBER OF LANES OF HIGHWAY (DIVIDED OR NOT): 4 (Divided)
- 15. NAME OF DRIVER OF VEHICLE WHICH DEATH OCCURRED IN: [REDACTED]
- 16. NEXT OF KIN NOTIFIED. (EXPLAIN UNUSUAL CIRCUMSTANCES): Yes
- 17. ALCOHOL A FACTOR: Unk
- [[18 VICTIM WEARING A SEATBELT: N/A
- [[19. WAS THE MOTORCYCLE OPERATOR WEARING A HELMET: N/A
- [[20. WAS THE MOTORCYCLE PASSENGER WEARING A HELMET: N/A
- 21. VIOLATION OF THE LAW, REGARDLESS OF ANY CHARGES PLACED: Not Crossing in a Crosswalk
- 22. BRIEF DESCRIPTION OF FACTS: Mr. [REDACTED] walked into the southbound lanes of Richmond Hwy and then continued to walk south in the far left lane. While walking he was struck by Mrs. [REDACTED] who was operating a 2008 GMC Yukon. Mrs. [REDACTED] immediately stopped. Mr. Mcullough was pronounced on scene. Next of Kin was notified. Speed does not appear to be a factor and there are no indication alcohol is a factor. The investigation continues.
- 23. INVESTIGATING OFFICER EIN: 302021
- 24. CASE NUMBER 20162430042

Sign here GRIMM, JUSTIN T
Officer's Rank and Name

FAIRFAX COUNTY POLICE DEPARTMENT
Department

9/14/16
Date of report