

Revised Report

## Police Crash Report



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<b>CRASH</b>			GPS Lat. 3 6 . 5 9 5 6 0 0		GPS Long. - 7 6 . 1 9 1 6 0 0	
Crash Date 09/30/2020	Day of Week Wednesday	MILITARY Time (24 hr clock) 11:38	County of Crash			Official DMV Use
<input checked="" type="checkbox"/> City of <input type="checkbox"/> Town of Norfolk			Landmarks at Scene BLDG 4317		202755111	
Location of Crash (route/street) 8600 BLOCK SHORE DR			Railroad Crossing ID no. (if within 150 ft.)		Local Case Number P20093000225	
<input type="radio"/> At Intersection With or 100.			<input type="checkbox"/> Miles <input checked="" type="checkbox"/> Feet		Location of Crash (route/street) 4300 BLOCK OF PRETTY LAKE AVE	
			Mile Marker Number		Number of Vehicles 2	

<b>VEHICLE # 1</b>	
<b>DRIVER</b>	
Driver's Name (Last, First, Middle) AMAN, REX, TYLER	
Address (Street and Number) 2224 KENDALL ST	
City VIRGINIA BEACH	State VA
Birth Date 09/02/1976	Drivers License Number L082521765
Safety Equip. Used 3	Air Bag 2
Summons Issued As Result of Crash 1	Offenses Charged to Driver 46.2-853 FAILURE TO MAINTAIN CONTROL

<b>VEHICLE</b>	
Vehicle Owner's Name (Last, First, Middle) AMAN, REX, TYLER	
Address (Street and Number) 2224 KENDALL ST	
City VIRGINIA BEACH	State VA
Vehicle Year 2006	Vehicle Make DODGE
Vehicle Model 1500	Disabled <input checked="" type="checkbox"/>
Vehicle Plate Number FXQ150	State OK
VIN 1D7HU18206S700705	Approximate Repair Cost 5000
Name of Insurance Company (not agent) USAA	
Speed Before Crash 35	Speed Limit 35
Maximum Safe Speed 35	ALL Passengers Age Count Under 8 0 8-17 0 18-21 0 Over 21 0

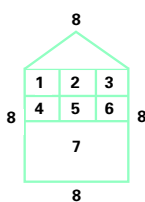
<b>PASSENGER (only if injured or killed)</b>	
Name of Injured (Last, First, Middle)	EMS Transport <input type="radio"/> Y <input checked="" type="radio"/> N
Position In/On Vehicle	Date of Death MM DD YY
Safety Equip Used	Birthdate MM DD YYYY
Airbag	Gender <input type="radio"/> M <input checked="" type="radio"/>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

<b>VEHICLE # 2</b>	
<b>DRIVER</b>	
Driver's Name (Last, First, Middle) WILLIAMS, BRANDON, ANTHONY	
Address (Street and Number) 1600 E OCEAN VIEW AVE	
City NORFOLK	State VA
Birth Date 12/21/1984	Drivers License Number T61733666
Safety Equip. Used 3	Air Bag 1
Summons Issued As Result of Crash 2	Offenses Charged to Driver

<b>VEHICLE</b>	
Vehicle Owner's Name (Last, First, Middle) WILLIAMS, CHRISTINA, M	
Address (Street and Number) 1600 E OCEAN VIEW AVE	
City NORFOLK	State VA
Vehicle Year 2016	Vehicle Make MERCEDES
Vehicle Model CLA250	Disabled <input checked="" type="checkbox"/>
Vehicle Plate Number UMG8307	State VA
VIN WDDSJ4GB9GN392497	Approximate Repair Cost 5000
Name of Insurance Company (not agent) NATIONWIDE	
Speed Before Crash 35	Speed Limit 35
Maximum Safe Speed 35	ALL Passengers Age Count Under 8 0 8-17 0 18-21 0 Over 21 0

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

## Codes



## POSITION IN/ON VEHICLE

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

## SAFETY EQUIPMENT USED

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

## AIRBAG

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

## EJECTED FROM VEHICLE

1. Not Ejected
2. Partially Ejected
3. Totally Ejected

## SUMMONS ISSUED AS A RESULT OF CRASH

1. Yes
2. No
3. Pending

## INJURY TYPE

1. Dead
2. Serious Injury
3. Minor/Possible Injury
4. No Apparent Injury
6. No Injury (driver only)

Investigating Officer STEVEN STONE	Badge/Code Number 33385	Agency/Department Name and Code NORFOLK POLICE DEPARTMENT	Reviewing Officer SGT M MITCHELL	Report File Date 10/05/2020
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Revised Report ☒

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## CRASH

Crash Date <u>09/30/2020</u>	MILITARY Time (24 hr clock) <u>11:38</u>	County of Crash	<input checked="" type="checkbox"/> City of <input type="checkbox"/> Town of <u>Norfolk</u>	Local Case Number <u>P20093000225</u>
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## DRIVER INFORMATION

Veh 1	Veh 2		Veh 1	Veh 2			
N/A	N/A	<b>Driver's Action</b> P1	N/A	N/A	<b>Driver Vision Obscured</b> 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 type="radio"/>	<input type="radio"/>	12. Following Too Close	<input type="radio"/>	<input type="radio"/>	12. Sun or Headlight Glare		
<input type="radio"/>	<input type="radio"/>	13. Fail to Signal or Improper Signal	<input type="radio"/>	<input type="radio"/>	13. Other		
<input type="radio"/>	<input type="radio"/>	14. Improper Turn – Wide Right Turn	<input type="radio"/>	<input type="radio"/>	14. Blind Spot		
<input type="radio"/>	<input type="radio"/>	15. Improper Turn – Cut Corner on Left Turn	<input type="radio"/>	<input type="radio"/>	15. Smoke/Dust		
<input type="radio"/>	<input type="radio"/>	16. Improper Turn From Wrong Lane	<input type="radio"/>	<input type="radio"/>	16. Stopped Vehicle(s)		
<input type="radio"/>	<input type="radio"/>	17. Other Improper Turn	N/A	N/A	<b>Type of Driver Distractions</b> P4		
<input type="radio"/>	<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 checked="" type="radio"/>	<input checked="" type="radio"/>	13. Texting		
<input type="radio"/>	<input type="radio"/>	31. Avoiding Other Vehicle	<input checked="" type="radio"/>	<input checked="" type="radio"/>	14. No Driver Distraction		
<input type="radio"/>	<input type="radio"/>	32. Avoiding Animal	N/A	N/A	<b>Drinking</b> P5		
<input type="radio"/>	<input type="radio"/>	33. Crowded Off Highway	<input checked="" 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 checked="" type="radio"/>	<input type="radio"/>	39. Eluding Police	<input type="radio"/>	<input type="radio"/>	N/A	N/A	<b>Method of Alcohol Determination (by police)</b> P6
<input type="radio"/>	<input type="radio"/>	40. Fail to Maintain Proper Control	<input checked="" type="radio"/>	<input checked="" 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		
N/A	N/A	<b>Condition of Driver Contributing to the Crash</b> P2	N/A	N/A	<b>Drug Use</b> P7		
<input checked="" type="radio"/>	<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 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					

## VEHICLE INFORMATION

Veh 1	Veh 2		Veh 1	Veh 2	
N/A	N/A	<b>Vehicle Maneuver</b> V1	N/A	N/A	<b>Vehicle Damage</b> V4
<input type="radio"/>	<input checked="" type="radio"/>	1. Going Straight Ahead	<input type="radio"/>	<input type="radio"/>	1. Unknown
<input type="radio"/>	<input type="radio"/>	2. Making Right Turn	<input type="radio"/>	<input type="radio"/>	2. No damage
<input type="radio"/>	<input type="radio"/>	3. Making Left Turn	<input checked="" type="radio"/>	<input type="radio"/>	3. Overtaken
<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 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	N/A	N/A	<b>Vehicle Condition</b> V5
<input checked="" type="radio"/>	<input type="radio"/>	10. Ran Off Road – Left	<input type="radio"/>	<input checked="" type="radio"/>	1. No Defects
<input type="radio"/>	<input type="radio"/>	11. Parked	<input type="radio"/>	<input type="radio"/>	2. Lights Defective
<input type="radio"/>	<input type="radio"/>	12. Backing	<input type="radio"/>	<input type="radio"/>	3. Brakes Defective
<input type="radio"/>	<input type="radio"/>	13. Passing	<input checked="" type="radio"/>	<input type="radio"/>	4. Steering Defective
<input type="radio"/>	<input type="radio"/>	14. Changing Lanes	<input type="radio"/>	<input type="radio"/>	5. Puncture/Blowout
<input type="radio"/>	<input type="radio"/>	15. Other	<input type="radio"/>	<input type="radio"/>	6. Worn or Slick Tires
<input type="radio"/>	<input type="radio"/>	16. Entering Street From Parking Lot	<input type="radio"/>	<input type="radio"/>	7. Motor Trouble
N/A	N/A	<b>Skidding Tire/Mark</b> V2	<input type="radio"/>	<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 checked="" type="radio"/>	<input checked="" type="radio"/>	4. No Visible Skid Mark/Tire Mark	<input type="radio"/>	<input type="radio"/>	12. Power Train Defective
N/A	N/A	<b>Vehicle Body Type</b> V3	<input type="radio"/>	<input type="radio"/>	13. Suspension Defective
<input type="radio"/>	<input checked="" type="radio"/>	1. Passenger car	<input type="radio"/>	<input type="radio"/>	14. Windows/Windshield Defective
<input checked="" type="radio"/>	<input type="radio"/>	2. Truck – Pick-up/Passenger Truck	<input type="radio"/>	<input type="radio"/>	15. Wipers Defective
<input type="radio"/>	<input type="radio"/>	3. Van	<input type="radio"/>	<input type="radio"/>	16. Wheels Defective
<input type="radio"/>	<input type="radio"/>	4. Truck – Single Unit Truck (2-Axles)	<input type="radio"/>	<input type="radio"/>	17. Exhaust System
<input type="radio"/>	<input type="radio"/>	7. Motor Home, Recreational Vehicle	N/A	N/A	<b>Special Function Motor Vehicle</b> V6
<input type="radio"/>	<input type="radio"/>	8. Special Vehicle – Oversized Vehicle/Earthmover/Road Equipment	<input checked="" type="radio"/>	<input checked="" type="radio"/>	1. No Special Function
<input type="radio"/>	<input type="radio"/>	9. Bicycle	<input type="radio"/>	<input type="radio"/>	2. Taxi
<input type="radio"/>	<input type="radio"/>	10. Moped	<input type="radio"/>	<input type="radio"/>	3. School Bus (Public or Private)
<input type="radio"/>	<input type="radio"/>	11. Motorcycle	<input type="radio"/>	<input type="radio"/>	4. Transit Bus
<input type="radio"/>	<input type="radio"/>	12. Emergency Vehicle (Regardless of Vehicle Type)	<input type="radio"/>	<input type="radio"/>	5. Intercity Bus
<input type="radio"/>	<input type="radio"/>	13. Bus – School Bus	<input type="radio"/>	<input type="radio"/>	6. Charter Bus
<input type="radio"/>	<input type="radio"/>	14. Bus – City Transit Bus/Privately Owned Church Bus	<input 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"/>	<input type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<b>EMV in service</b> V7
			<input type="radio"/>	<input type="radio"/>	1. Yes
			<input type="radio"/>	<input type="radio"/>	2. No
<input checked="" type="radio"/>	<input checked="" type="radio"/>	<b>Truck Cover</b> V8	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input 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>09/30/2020</u>	MILITARY Time (24 hr clock) <u>11:38</u>	County of Crash	<input checked="" type="checkbox"/> City of <input type="checkbox"/> Town of <u>Norfolk</u>	Local Case Number <u>P20093000225</u>
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## CRASH INFORMATION

<b>Location of First Harmful Event in Relation to Roadway</b> C1 <input checked="" type="checkbox"/> 1. On Roadway <input type="checkbox"/> 2. Shoulder <input type="checkbox"/> 3. Median <input type="checkbox"/> 4. Roadside <input type="checkbox"/> 5. Gore <input type="checkbox"/> 6. Separator <input type="checkbox"/> 7. In Parking Lane or Zone <input type="checkbox"/> 8. Off Roadway, Location Unknown <input type="checkbox"/> 9. Outside Right-of-Way	<b>Traffic Control Type</b> C5 <input type="checkbox"/> 1. No Traffic Control <input type="checkbox"/> 2. Officer or Flagger <input type="checkbox"/> 3. Traffic Signal <input type="checkbox"/> 4. Stop Sign <input type="checkbox"/> 5. Slow or Warning Sign <input checked="" type="checkbox"/> 6. Traffic Lanes Marked <input type="checkbox"/> 7. No Passing Lines <input type="checkbox"/> 8. Yield Sign <input type="checkbox"/> 9. One Way Road or Street <input type="checkbox"/> 10. Railroad Crossing With Markings and Signs <input type="checkbox"/> 11. Railroad Crossing With Signals <input type="checkbox"/> 12. Railroad Crossing With Gate and Signals <input type="checkbox"/> 13. Other <input type="checkbox"/> 14. Pedestrian Crosswalk <input type="checkbox"/> 15. Reduced Speed – School Zone <input type="checkbox"/> 16. Reduced Speed – Work Zone <input type="checkbox"/> 17. Highway Safety Corridor	<b>Roadway Description</b> C9 <input type="checkbox"/> 1. Two-Way, Not Divided <input checked="" type="checkbox"/> 2. Two-Way, Divided, Unprotected Median <input type="checkbox"/> 3. Two-Way, Divided, Positive Median Barrier <input type="checkbox"/> 4. One-Way, Not Divided <input type="checkbox"/> 5. Unknown	<b>Intersection Type</b> C12 <input checked="" type="checkbox"/> 1. Not at Intersection <input type="checkbox"/> 2. Two Approaches <input type="checkbox"/> 3. Three Approaches <input type="checkbox"/> 4. Four Approaches <input type="checkbox"/> 5. Five-Point, or more <input type="checkbox"/> 6. Roundabout
<b>Weather Condition</b> C2 <input checked="" type="checkbox"/> 1. No Adverse Condition (Clear/Cloudy) <input type="checkbox"/> 3. Fog <input type="checkbox"/> 4. Mist <input type="checkbox"/> 5. Rain <input type="checkbox"/> 6. Snow <input type="checkbox"/> 7. Sleet/Hail <input type="checkbox"/> 8. Smoke/Dust <input type="checkbox"/> 9. Other <input type="checkbox"/> 10. Blowing Sand, Soil, Dirt, or Snow <input type="checkbox"/> 11. Severe Crosswinds	<b>Roadway Alignment</b> C6 <input checked="" type="checkbox"/> 1. Straight – Level <input type="checkbox"/> 2. Curve – Level <input type="checkbox"/> 3. Grade – Straight <input type="checkbox"/> 4. Grade – Curve <input type="checkbox"/> 5. Hillcrest – Straight <input type="checkbox"/> 6. Hillcrest – Curve <input type="checkbox"/> 7. Dip – Straight <input type="checkbox"/> 8. Dip – Curve <input type="checkbox"/> 9. Other <input type="checkbox"/> 10. On/Off Ramp	<b>Roadway Defects</b> C10 <input checked="" type="checkbox"/> 1. No Defects <input type="checkbox"/> 2. Holes, Ruts, Bumps <input type="checkbox"/> 3. Soft or Low Shoulder <input type="checkbox"/> 4. Under Repair <input type="checkbox"/> 5. Loose Material <input type="checkbox"/> 6. Restricted Width <input type="checkbox"/> 7. Slick Pavement <input type="checkbox"/> 8. Roadway Obstructed <input type="checkbox"/> 9. Other <input type="checkbox"/> 10. Edge Pavement Drop Off	<b>Work Zone</b> C13 <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No
<b>Light Conditions</b> C3 <input type="checkbox"/> 1. Dawn <input checked="" type="checkbox"/> 2. Daylight <input type="checkbox"/> 3. Dusk <input type="checkbox"/> 4. Darkness – Road Lighted <input type="checkbox"/> 5. Darkness – Road Not Lighted <input type="checkbox"/> 6. Darkness – Unknown Road Lighting <input type="checkbox"/> 7. Unknown	<b>Roadway Surface Condition</b> C7 <input checked="" type="checkbox"/> 1. Dry <input type="checkbox"/> 2. Wet <input type="checkbox"/> 3. Snowy <input type="checkbox"/> 4. Icy <input type="checkbox"/> 5. Muddy <input type="checkbox"/> 6. Oil/Other Fluids <input type="checkbox"/> 7. Other <input type="checkbox"/> 8. Natural Debris <input type="checkbox"/> 9. Water (Standing, Moving) <input type="checkbox"/> 10. Slush <input type="checkbox"/> 11. Sand, Dirt, Gravel	<b>Relation to Roadway</b> C11 <b>Interchange Area:</b> <input type="checkbox"/> 1. Main-Line Roadway <input type="checkbox"/> 2. Acceleration/Deceleration Lanes <input type="checkbox"/> 3. Gore Area (Between Ramp and Highway Edgelines) <input type="checkbox"/> 4. Collector/Distributor Road <input type="checkbox"/> 5. On Entrance/Exit Ramp <input type="checkbox"/> 6. Intersection at end of Ramp <input type="checkbox"/> 7. Other location not listed above within an interchange area (median, shoulder and roadside) <b>Intersection Area:</b> <input checked="" type="checkbox"/> 8. Non-Intersection <input type="checkbox"/> 9. Within Intersection <input type="checkbox"/> 10. Intersection-Related - Within 150' <input type="checkbox"/> 11. Intersection-Related - Outside 150' <b>Other Location:</b> <input type="checkbox"/> 12. Crossover Related <input type="checkbox"/> 13. Driveway, Alley-Access - Related <input type="checkbox"/> 14. Railway Grade Crossing <input type="checkbox"/> 15. Other Crossing (Crossings for Bikes, School, etc.)	<b>Work Zone Workers Present</b> C14 <input type="checkbox"/> 1. With Law Enforcement <input type="checkbox"/> 2. With No Law Enforcement <input type="checkbox"/> 3. No Workers Present
<b>Traffic Control Device</b> C4 <input checked="" type="checkbox"/> 1. Yes – Working <input type="checkbox"/> 2. Yes – Working and Obscured <input type="checkbox"/> 3. Yes – Not Working <input type="checkbox"/> 4. Yes – Not Working and Obscured <input type="checkbox"/> 5. Yes – Missing <input type="checkbox"/> 6. No Traffic Control Device Present	<b>Roadway Surface Type</b> C8 <input type="checkbox"/> 1. Concrete <input checked="" type="checkbox"/> 2. Blacktop, Asphalt, Bituminous <input type="checkbox"/> 3. Brick or Block <input type="checkbox"/> 4. Slag, Gravel, Stone <input type="checkbox"/> 5. Dirt <input type="checkbox"/> 6. Other	<b>Work Zone Location</b> C15 <input type="checkbox"/> 1. Advance Warning Area <input type="checkbox"/> 2. Transition Area <input type="checkbox"/> 3. Activity Area <input type="checkbox"/> 4. Termination Area	<b>Work Zone Type</b> C16 <input type="checkbox"/> 1. Lane Closure <input type="checkbox"/> 2. Lane Shift/Crossover <input type="checkbox"/> 3. Work on Shoulder or Median <input type="checkbox"/> 4. Intermittent or Moving Work <input type="checkbox"/> 5. Other
		<b>School Zone</b> C17 <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. Yes - With School Activity <input checked="" type="checkbox"/> 3. No	<b>Type of Collision</b> C18 <input type="checkbox"/> 1. Rear End <input type="checkbox"/> 2. Angle <input checked="" type="checkbox"/> 3. Head On <input type="checkbox"/> 4. Sideswipe – Same Direction <input type="checkbox"/> 5. Sideswipe – Opposite Direction <input type="checkbox"/> 6. Fixed Object in Road <input type="checkbox"/> 7. Train <input type="checkbox"/> 8. Non-Collision <input type="checkbox"/> 9. Fixed Object – Off Road <input type="checkbox"/> 10. Deer <input type="checkbox"/> 11. Other Animal <input type="checkbox"/> 12. Pedestrian <input type="checkbox"/> 13. Bicyclist <input type="checkbox"/> 14. Motorcyclist <input type="checkbox"/> 15. Backed Into <input type="checkbox"/> 16. Other

**Police Crash Report**Revised Report ☒**CRASH**

Crash Date <u>MM DD YYYY</u> <u>09/30/2020</u>	MILITARY Time (24 hr clock) <u>11:38</u>	County of Crash	<input checked="" type="checkbox"/> City of <input type="checkbox"/> Town of <u>Norfolk</u>	Local Case Number <u>P20093000225</u>
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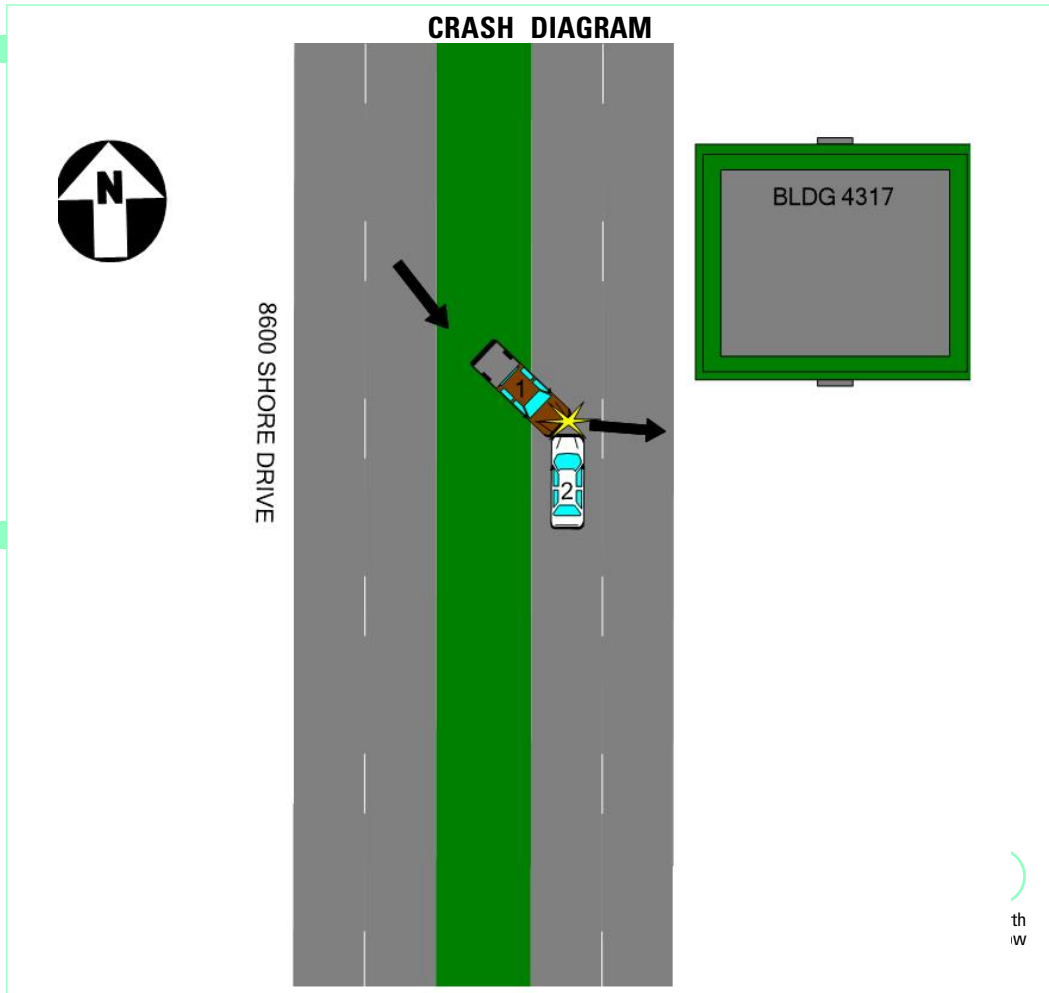
**VEHICLE # 1**Fill In Impact Area(s).  
Initial Impact. 12

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

S  
Veh Dir of Travel—N/S/E/W**VEHICLE #**Fill In Impact Area(s).  
Initial Impact. ☐

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

Veh Dir of Travel—N/S/E/W

**CRASH DIAGRAM****VEHICLE # 2**Fill In Impact Area(s).  
Initial Impact. 12

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

N  
Veh Dir of Travel—N/S/E/W**VEHICLE #**Fill In Impact Area(s).  
Initial Impact. ☐

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

Veh Dir of Travel—N/S/E/W

**DAMAGE TO PROPERTY OTHER THAN VEHICLES**

Approx. Repair Cost <u>20000</u>	Object Struck (Tree, Fence, etc.) <u>BRIDGE RAILING</u>	Property Owners Name (Last, First, Middle) <u>CITY OF NORFOLK</u>	Address (Street and Number) <u>8600 SHORE DR</u>	VDOT Property <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**CRASH DESCRIPTION**

VEHICLE 1 WAS TRAVELING SOUTHBOUND OVER THE SHORE DRIVE BRIDGE. VEHICLE 1 LOST CONTROL AND WENT ACROSS THE MEDIAN INTO ONCOMING TRAFFIC. VEHICLE 2 WAS TRAVELING N BOUND OVER THE BRIDGE AND STRUCK VEHICLE 1 AS IT ENTERED HIS LANE. VEHICLE 1 CONTINUED TO MANUEVER PAST THE COLLISION AND STRUCK THE BRIDGES GUARD RAIL CASUSING VEHICLE 1 TO FALL OFF OF THE BRIDGE AND OVERTURN.

**CRASH EVENTS**

Vehicle #	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event
1	35	20	5		5

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

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

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

First Harmful Event of Entire Crash that Results in First Injury or Damage.  
35

**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           |