

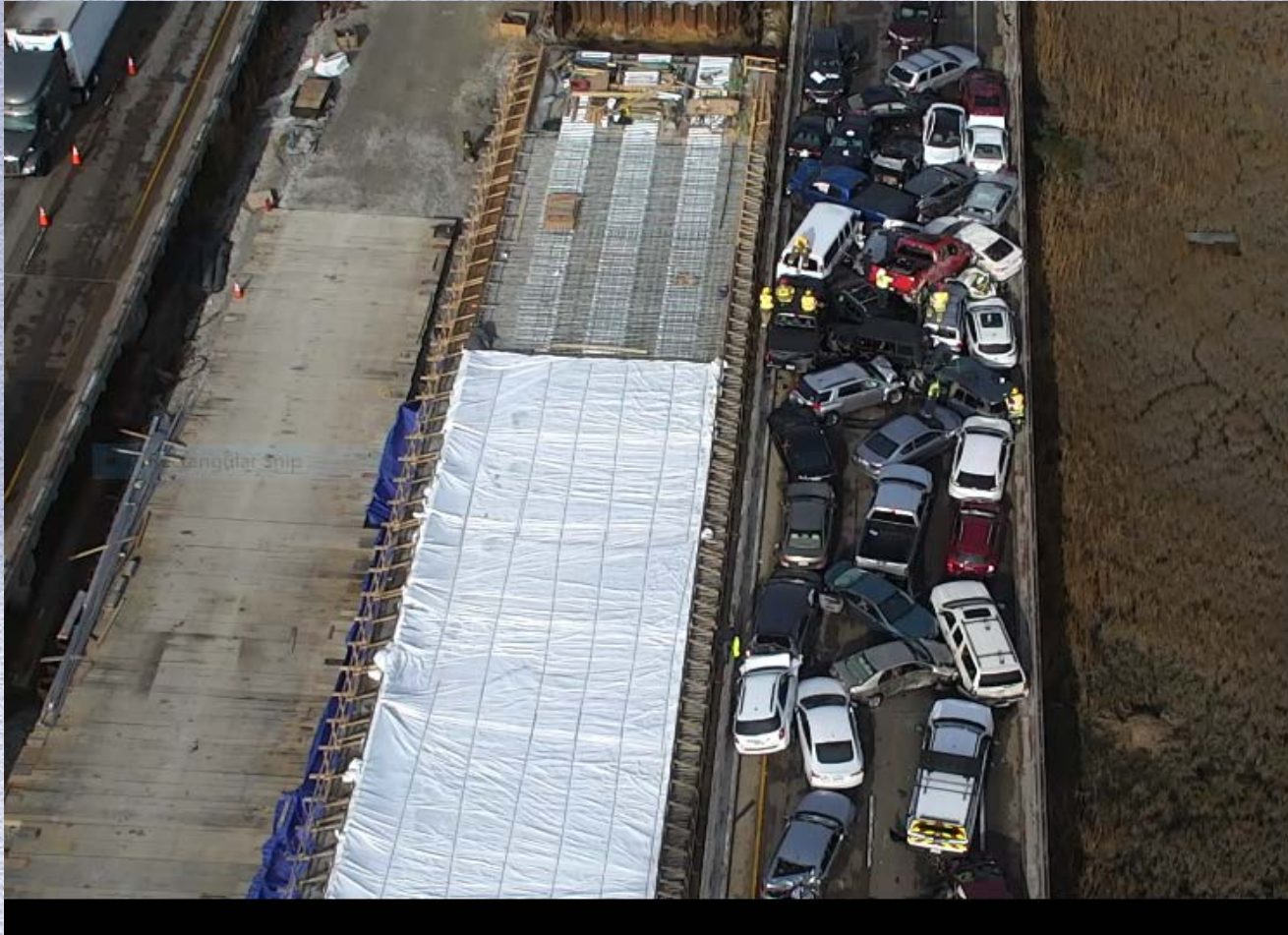


After The Crash

Your crash report really does count.

SENIOR TROOPER WALT REEL

After the Crash



Your crash report really does count.

97 Pages

75 Vehicles

Revised Report

Police Crash Report

Page 1 of 97

CRASH

Crash Date: 12/22/2019	Day of Week: Sunday	MILITARY Time (24 hr clock): 07:51	County of Crash: YORK COUNTY
City of: []	City or Town Name: []	Landmarks at Scene: []	Official Driver's License Use: []
Location of Crash (route/street): INTERSTATE 64 WEST	Railroad Crossing ID no. (if within 150 ft.): []	Local Case Number: 20023585	Official Driver's License Use: []
At Intersection With or 0.68 Miles Feet of ROUTE 716 (WEST QUEENS DRIVE)	Location of Crash (route/street): []	Mile Marker Number: 23930	Number of Vehicles: 75

VEHICLE # 1

VEHICLE # 2

6 W

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

VEHICLE # 23

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

6 W

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

VEHICLE # 24

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

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

CRASH DESCRIPTION
NO CHARGES PLACED DUE TO ICY ROAD AND FOG CONDITIONS. DCSI NEGATIVE PHOTO FILE NUMBER - 20191222_000025.
ALL VEHICLES DRIVER VISION OBSCURED, OTHER: FOG. VEHICLES ARE NOT IN SEQUENCE. VEHICLE #1 WAS SLOWING DOWN TO TRAFFIC AHEAD AND WAS STRUCK IN THE REAR BY VEHICLE #2. VEHICLE #1 WAS CAUSED TO STRIKE VEHICLES #3 AND #4. VEHICLE #5 WAS REAR ENDED BY VEHICLE #4. THEN VEHICLE #4 WAS REAR ENDED BY VEHICLE #3. VEHICLE #5 WAS SLOWED DOWN TO TRAFFIC AHEAD AND WAS STRUCK IN THE REAR BY VEHICLE #4. VEHICLE #6 WAS STOPPING AND WAS STRUCK IN THE REAR BY VEHICLE #7. VEHICLE #8 STRUCK VEHICLE #2 ON THE PASSENGER REAR SIDE. VEHICLE #9 CHANGED LANES AND STRUCK UNKNOWN VEHICLE. VEHICLE #10 STRUCK VEHICLE #2 THEN WAS STRUCK IN THE REAR BY VEHICLE #11. VEHICLE #11 WAS STRUCK IN THE REAR BY VEHICLE #12. VEHICLE #13 WAS STRUCK IN THE PASSENGER REAR BY VEHICLE #12. VEHICLE #14 WAS STOPPING AND WAS STRUCK IN THE REAR BY VEHICLE #15. VEHICLE #16 WAS STRUCK IN THE REAR BY VEHICLE #16 AND CAUSED TO STRIKE VEHICLE #15. VEHICLE #17 STRUCK VEHICLE #2 THEN VEHICLE #18 STRUCK VEHICLE #17. THEN VEHICLE #19 STRUCK VEHICLE #16 AND THEN STRUCK VEHICLE #18 IN THE REAR. VEHICLE #20 WAS STRUCK IN THE REAR BY VEHICLE #21. THEN VEHICLE #20 STRUCK VEHICLE #19 IN THE REAR. VEHICLE #21 STRUCK VEHICLE #20 IN THE REAR. THEN VEHICLE #22 STRUCK VEHICLE #21 IN THE REAR. THEN VEHICLE #23 STRUCK VEHICLE #22 IN THE REAR. THEN VEHICLE #27 STRUCK VEHICLE #23 IN THE REAR. VEHICLE #25 WAS STOPPING AND WAS STRUCK IN THE REAR BY VEHICLE #26 THEN STRUCK

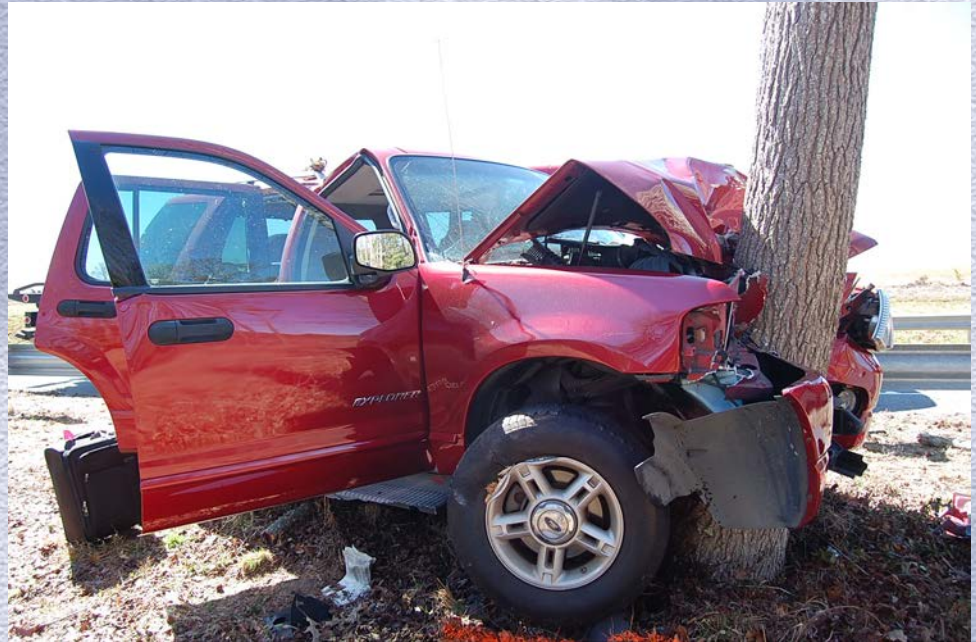


Properly Documentation



Safe System Approach

- Safe Drivers
- Safe Roads
- Safe Vehicles
- Safe Speeds
- Post Crash Care



Good Data In – Good Data Out

- It begins with the investigating officer
- Accuracy in reporting
- Timely reporting crashes
- Supervision review
- Returned report & corrections.

FR-300 TRENDS REPORT

Commonwealth of Virginia • Department of Motor Vehicles
Police Crash Report FR300P (Rev 1/12) Page 1 of 6

Revised Report **CRASH**

Crash Date: 01 /2022 Bay of Week: Friday MILITARY Time (24hr clock): County of Crash: Northampton
 City or Town of: City or Town Name: Landmarks at Scene: 220
 Location of Crash (route/street): LANCFORD HIGHWAY Railroad Crossing ID no. (if within 150 ft.): Local Case Number: DIV5:
 At Intersection With or 0.25 Miles Feet of BAYFORD ROAD Location of Crash (route/street): Mile Marker Number: Number of Vehicles: 3

VEHICLE # 1

DRIVER Driver Flew Scene: Gender: Male
 Driver's Name (Last, First, Middle):
 Address (Street and Number):
 PO BOX:
 City: State: VA ZIP: 234180735
 Birth Date: Drivers License Number: State: VA DL: CDL:
 Safety Equip. Used: Air Bag Ejected Date of Death Injury Type EMS Transport
 3 1 1 4
 Summons Issued As Result of Crash: 3 Offenses Charged to Driver

VEHICLE Vehicle Owner's Name (Last, First, Middle): Same as Driver
 Address (Street and Number):
 City: State: VA ZIP: 23410
 Vehicle Year: Vehicle Make: FORD Vehicle Model: Disabled CMV Towed
 Vehicle Plate Number: State: VA Approximate Repair Cost: 6000
 Name of Insurance Company (not agent):
 Name of Insurance Company (not agent): UNKNOWN
 Speed Before Crash: 55 Speed Limit: 55 Maximum Safe Speed: 55 Under: 0 ALL Passengers Age Count: Over: 0

VEHICLE # 2

DRIVER Driver Flew Scene: Gender: Male
 Driver's Name (Last, First, Middle):
 Address (Street and Number):
 PO BOX:
 City: State: VA ZIP: 233500138
 Birth Date: Drivers License Number: State: VA DL: CDL:
 Safety Equip. Used: Air Bag Ejected Date of Death Injury Type EMS Transport
 3 1 1 2
 Summons Issued As Result of Crash: 2 Offenses Charged to Driver

VEHICLE Vehicle Owner's Name (Last, First, Middle): Same as Driver
 Address (Street and Number):
 City: State: VA ZIP: 23350
 Vehicle Year: Vehicle Make: TOYOTA Vehicle Model: Disabled CMV Towed
 Vehicle Plate Number: State: VA Approximate Repair Cost: 15000
 Name of Insurance Company (not agent):
 Name of Insurance Company (not agent): UNKNOWN
 Speed Before Crash: 55 Speed Limit: 55 Maximum Safe Speed: 55 Under: 0 ALL Passengers Age Count: Over: 0

PASSENGER (only if injured or killed)

Name of Injured (Last, First, Middle)	Position In/On Vehicle	Safety Equip Used	Airbag	Ejected	Injury Type	Birthdate	Gender	EMS Transport	Date of Death
	3	3	1	1	2			<input checked="" type="checkbox"/>	
	4	3	1	1				<input checked="" type="checkbox"/>	2022
	6	3	1	1				<input checked="" type="checkbox"/>	V2022

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. Hiding/Hanging On Outside	4. Child Restraint	4. Koyed 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: _____ Badge/Code Number: _____ Agency/Department Name and Code: VIRGINIA STATE POLICE
 Reviewing Officer: _____ Report File Date: /2022

GPS Coordinates

Commonwealth of Virginia Department of Motor Vehicles
Police Crash Report FH3001 (Rev. 5/12) Page 1 of 6

Revised Report

CRASH

Crash Date: 01 / 2022 Day of Week: Friday (Free form) MILITARY Time (24 hr clock): [REDACTED] County of Crash: Northhampton

GPS Lat: 3 7 . 4 5 5 1 9 0 GPS Long: - 7 5 . 8 7 1 7 0 0

City of [REDACTED] City or Town Name: [REDACTED] Landmarks at Scene: 220 [REDACTED]

Location of Crash (route/street): LANFORD HIGHWAY

Relined Crossing ID no. (if within 150 ft.): [REDACTED] Local Case Number: DVS: [REDACTED]

At Intersection With or 0.25 Miles Feet of BAYFORD ROAD

Mile Marker Number: [REDACTED] Number of Vehicles: 3

VEHICLE # 1 DRIVER Driver Fleed Scene: Driver's Name (Last, First, Middle): [REDACTED] Gender:

VEHICLE # 2 DRIVER Driver Fleed Scene: Driver's Name (Last, First, Middle): [REDACTED] Gender:

Route Location

Commonwealth of Virginia Department of Motor Vehicles
Police Report FR300P (Rev 1/12) Page 1 of 6

CRASH
Crash Date: 01/20/2022 Day of Week: Friday MILITARY Time (24 hr clock): 19:00 County of Crash: Northampton
City or Town of: [REDACTED] Name: [REDACTED] Landmarks at Scene: [REDACTED]
Location of Crash (route/street): LANFORD HIGHWAY Railroad Crossing ID no. (if within 150 ft.): [REDACTED]
At Intersection With or 0.25 Miles Feet of BAYFORD ROAD Location of Crash (route/street): [REDACTED]
GPS Lat: 37.54190 GPS Long: -75.871700 Official DRVV Use: [REDACTED]
Local Case Number: 220 DIVS: [REDACTED] Mile Marker Number: [REDACTED] Number of Vehicles: 3

VEHICLE # 1
DRIVER
Driver's Name (Last, First, Middle): [REDACTED] Driver Flew Scene: [REDACTED] Gender: [REDACTED]
Address (Street and Number): [REDACTED]
PO BOX: [REDACTED]
City: [REDACTED] State: VA ZIP: 234180735
Birth: [REDACTED] Drivers License Number: [REDACTED] State: VA DL: [REDACTED] CCL: [REDACTED]
Date: [REDACTED] Safety Equip. Used: 3 Air Bag Ejected: 1 Date of Death: [REDACTED] Injury Type: 4 EMS Transport: [REDACTED]
Summons Issued As Result of Crash: 3 Offenses Charged to Driver: [REDACTED]
VEHICLE
Vehicle Owner's Name (Last, First, Middle): [REDACTED] Same as Driver: [REDACTED]
Address (Street and Number): [REDACTED]
City: [REDACTED] State: VA ZIP: 23410
Vehicle Year: [REDACTED] Vehicle Make: FORD Vehicle Model: [REDACTED] Disabled: [REDACTED] CMV: [REDACTED] Towed: [REDACTED]
Vehicle Plate Number: [REDACTED] State: VA Approximate Repair Cost: 6000
VIN: [REDACTED] Oversize Cargo Spill: [REDACTED] Override: [REDACTED]
Name of Insurance Company (not agent): [REDACTED]

VEHICLE # 2
DRIVER
Driver's Name (Last, First, Middle): [REDACTED] Driver Flew Scene: [REDACTED] Gender: [REDACTED]
Address (Street and Number): [REDACTED]
PO BOX: [REDACTED]
City: [REDACTED] State: VA ZIP: 233500138
Birth: [REDACTED] Drivers License Number: [REDACTED] State: VA DL: [REDACTED] CCL: [REDACTED]
Date: [REDACTED] Safety Equip. Used: 3 Air Bag Ejected: 1 Date of Death: [REDACTED] Injury Type: 2 EMS Transport: [REDACTED]
Summons Issued As Result of Crash: 2 Offenses Charged to Driver: [REDACTED]
VEHICLE
Vehicle Owner's Name (Last, First, Middle): [REDACTED] Same as Driver: [REDACTED]
Address (Street and Number): [REDACTED]
City: [REDACTED] State: VA ZIP: 23350
Vehicle Year: [REDACTED] Vehicle Make: TOYOTA Vehicle Model: [REDACTED] Disabled: [REDACTED] CMV: [REDACTED] Towed: [REDACTED]
Vehicle Plate Number: [REDACTED] State: VA Approximate Repair Cost: 16000
VIN: [REDACTED] Oversize Cargo Spill: [REDACTED] Override: [REDACTED]
Name of Insurance Company (not agent): UNKNOWN

PASSENGER (only if injured or killed)
Name of Injured (Last, First, Middle): [REDACTED] EMS Transport: [REDACTED] Date of Death: [REDACTED]
Position In/On Vehicle: 3 Safety Equip. Used: 3 Air Bag Ejected: 1 Injury Type: 2 Birthdate: [REDACTED] Gender: [REDACTED]
Name of Injured (Last, First, Middle): [REDACTED] EMS Transport: [REDACTED] Date of Death: [REDACTED]
Position In/On Vehicle: 4 Safety Equip. Used: 3 Air Bag Ejected: 1 Injury Type: 1 Birthdate: [REDACTED] Gender: [REDACTED]
Name of Injured (Last, First, Middle): [REDACTED] EMS Transport: [REDACTED] Date of Death: [REDACTED]
Position In/On Vehicle: 6 Safety Equip. Used: 3 Air Bag Ejected: 1 Injury Type: 1 Birthdate: [REDACTED] Gender: [REDACTED]

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. Knead 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
INJURY TYPE: 1. Dead, 2. Serious Injury, 3. Minor/Possible Injury, 4. No Apparent Injury, 6. No Injury (driver only)
SUMMONS ISSUED AS A RESULT OF CRASH: 1. Yes, 2. No, 3. Pending

Investigating Officer: [REDACTED] Badge/Code Number: [REDACTED] Agency/Department Name and Code: VIRGINIA STATE POLICE
Reviewing Officer: [REDACTED] Report File Date: 01/20/2022

Route Location

Good Data In

- County and Town
- Route # or Street Name
- Street Name (closest address) 1312 Main Str.
- GPS Coordinates

Good Data Out

- Crash Data Rprt. & Maps
- Interactive Crash Reports
- Jurisdiction Crash Maps
- High Crash Locations
- Dept. Crash Maps

Help File

The screenshot shows the TREDs web application interface. At the top right, there are navigation links: [My Account](#), [Help](#), [Contact Us](#), and [Logout](#). The user is logged in as a Police Officer, with a [Switch Role](#) link. The TREDs logo is prominently displayed with the tagline "Saving Lives". A search bar is located in the top right, with a red arrow pointing to it. Below the search bar are buttons for "Home", "Search", and "Reports". The main content area is divided into several sections: "Operations" with links for "My Report Queue", "Search for Crash Report", and "View Reports"; "Quick Links" with links for "Virginia Highway Safety Office", "NHTSA", "Department Admin Request Form", and "Report Beam Installation Guide"; "News from TREDs Team" with a link for "Recording Crashes Involving Bicyclist"; "News from My Department"; and "VA Highway Safety Campaigns" featuring logos for "CHECKPOINT STRIKEFORCE", "CLICK IT OR TICKET DAY & NIGHT", "DRIVE SOBER OR GET PULLED OVER", and "VIRGINIA'S SMART, SAFE & SOBER PARTNERSHIP".

Help File

Self-Help Resources

If you can't find the answer you want here, contact treds.saveslives@dmv.virginia.gov for assistance.

How-To Guides

- ▶ [TREDS/ReportBeam User Guide](#)
- ▶ [TREDS/ReportBeam Department Administrator User Guide](#)
- ▶ **UPDATED 8/2019** [TREDS DUI Data Entry Training Manual](#)
- ▶ [TREDS Click It or Ticket Data Entry Training Manual](#)
- ▶ [TREDS Motorcycle Safety Training Manual](#)

Reference Materials

- ▶ [Police Crash Report Manual](#)
- ▶ [Crash report status descriptions](#)
- ▶ [Glossary of motor vehicle crash terms](#)

Popular Topics

- ▶ [Recording distracted-driver crashes](#)
- ▶ [Reporting crashes involving towed vehicles and trailers](#)
- ▶ [Recording hit-and-run crashes](#)
- ▶ [Reporting crashes involving bicycles](#)
- ▶ [Reporting crashes involving parked vehicles and trailers](#)
- ▶ [Creating crash reports for TNC \(Lyft and Uber\) vehicles](#)
- ▶ [Recording speed-related crashes](#)
- ▶ [Entering secondary crash information](#)

Documentation for New and Updated TREDS Features

- ▶ [Choosing a personal identification number \(PIN\) for your account](#)
- ▶ [Selecting a security question for your TREDS account](#)
- ▶ [Changing your TREDS/ReportBeam password](#)
- ▶ [Getting a new TREDS password if you've forgotten your old one](#)

Topics About Revising Crash Reports

- ▶ [Revising crash reports after year-end closeout](#)
- ▶ [Revising crash reports in ReportBeam - FAQs](#)
- ▶ [Revising crash reports in ReportBeam - quick guide](#)
- ▶ [Revising crash reports in ReportBeam - expanded guide](#)
- ▶ [Revising crash diagrams in ReportBeam](#)
- ▶ [Adding a CMV page while revising a crash report](#)
- ▶ [Removing a CMV page from a crash report](#)

Crash Data Report and Maps Documentation

- ▶ [Viewing Interactive Crash Reports in TREDS](#)
- ▶ [Viewing Jurisdiction Crash Maps in TREDS](#)
- ▶ [Viewing High Crash Location Maps in TREDS](#)
- ▶ [Viewing My Department Crash Maps in TREDS](#)

Interactive Maps

Logged in as Police Officer (Switch Role) [Redacted]

TREDS

Saving Lives

Enter Document Number... 🔍

Home Search Reports

Home > Reports

Operations

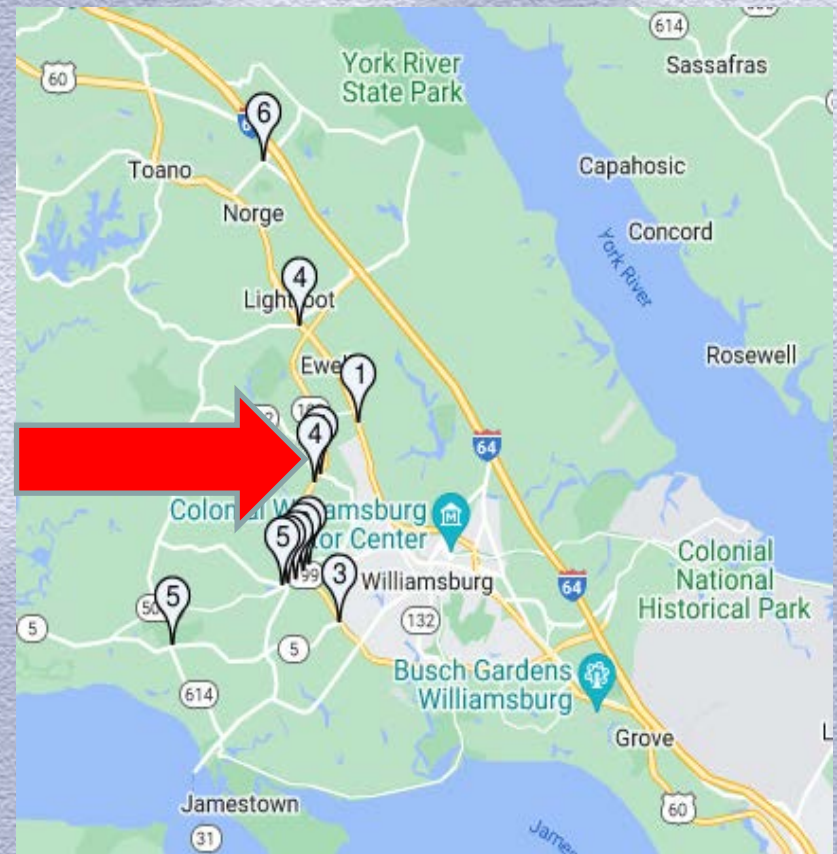
- My Report Queue
- Search for Crash Report
- View Reports [Language: EN](#)

Mapping

- ▶ [High Crash Locations - Maps - Statewide/County/City](#)
- ▶ [Jurisdiction Crash Reports](#)
- ▶ [My Department Crash Reports](#)

Disclaimer: The crashes displayed on the map are only those which have validated GPS information.

- DMV Alcohol Related
- DMV Reports
- DMV Speed Related
- DMV Unbelted
- Interactive Crash Reports
- Law Enforcement
- Heat Maps



Order of Vehicles

Commonwealth of Virginia - Department of Motor Vehicles
Police Crash Report FR300P (Rev 1/12) Page 1 of 6

CRASH
 Date: 01/20/2022 Day of Week: Friday County of Crash: Northampton
 City or Town Name: Landmarks at Scene: 220
 Location of Crash (Intersecting): LANKFORD HIGHWAY
 Location of Crash (Route/Street): of BAYFORD ROAD
 At Intersection With: 0.25 Miles Feet N E W
 Railroad Crossing ID no. (if within 150 ft.):
 Location of Crash (Route/Street):
 Mile Marker Number: DIVS. Number of Vehicles: 3

VEHICLE # 1 (highlighted with red box and arrow)
DRIVER
 Driver's Name (Last, First, Middle):
 Address (Street and Number):
 PO BOX:
 City: State: ZIP: VA 234180735
 Birth Date: Drivers License Number: VA State DL CDL
 Safety Equip. Used: Air Bag Ejected Date of Death: Injury Type EMS Transport
 Summons Issued As a Result of Crash: 3 Offenses Charged to Driver: 4
VEHICLE
 Vehicle Owner's Name (Last, First, Middle): Same as Driver
 Address (Street and Number):
 City: State: ZIP: VA 23410
 Vehicle Year: Vehicle Make: FORD Vehicle Model: Disabled CMV Towed
 Vehicle Plate Number: VA Approximate Repair Cost: 8000
 Name of Insurance Company (not agent):
 Progressive
 Speed Before Crash: 55 Speed Limit: 55 Maximum Safe Speed: Under 0 ALL Passengers Age Count: Over 21 0

VEHICLE # 2 (highlighted with red box)
DRIVER
 Driver's Name (Last, First, Middle):
 Address (Street and Number):
 PO BOX:
 City: State: ZIP: VA 233500138
 Birth Date: Drivers License Number: VA State DL CDL
 Safety Equip. Used: Air Bag Ejected Date of Death: Injury Type EMS Transport
 Summons Issued As a Result of Crash: 2 Offenses Charged to Driver: 2
VEHICLE
 Vehicle Owner's Name (Last, First, Middle): Same as Driver
 Address (Street and Number):
 City: State: ZIP: VA 23350
 Vehicle Year: Vehicle Make: TOYOTA Vehicle Model: Disabled CMV Towed
 Vehicle Plate Number: VA Approximate Repair Cost: 15000
 Name of Insurance Company (not agent):
 UNKNOWN
 Speed Before Crash: 0 Speed Limit: 55 Maximum Safe Speed: Under 0 ALL Passengers Age Count: Over 21 0

PASSENGER (only if injured or killed)

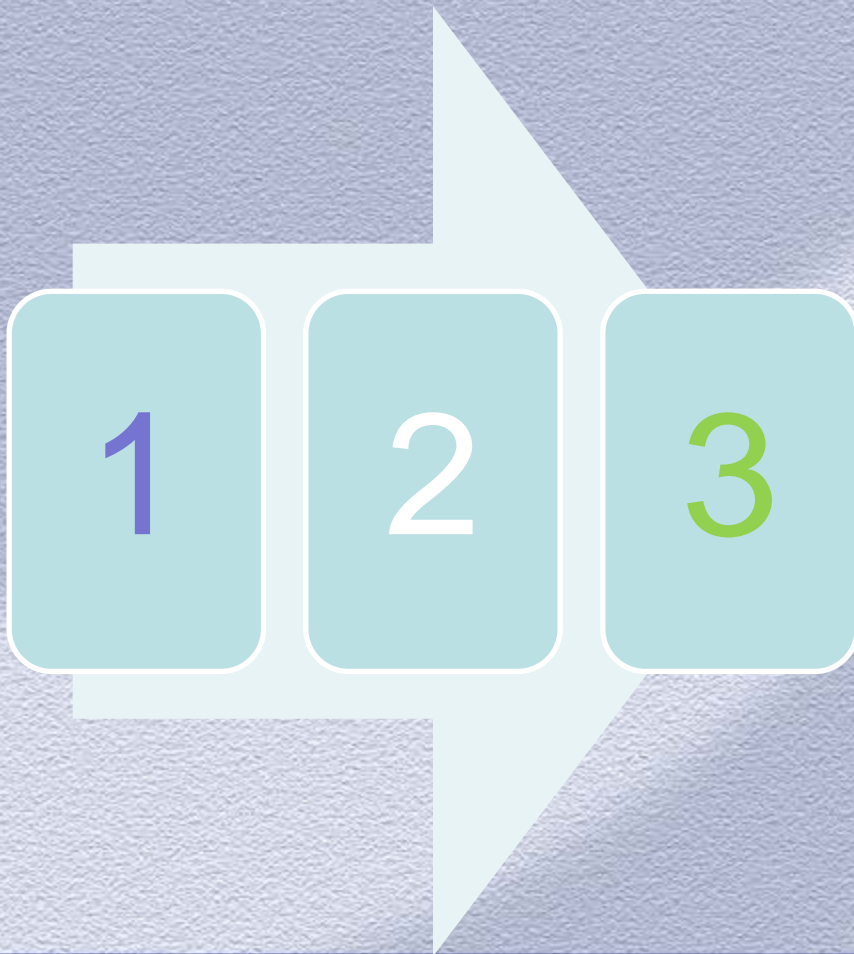
Name of Injured (Last, First, Middle)	Position In/On Vehicle	Safety Equip. Used	Airbag Ejected	Injury Type	Birthdate	Gender	EMS Transport	Date of Death
	3	3	1	1	2			
	4	3	3	1	1			
	6	3	3	1	1			

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. Unusable/Not Applicable	3. Totally Ejected	3. Minor/Possible Injury
8. Hiding/Hanging	4. Child Restraint	4. Keyed Off		4. No Apparent Injury
9. Outside	5. Helmet	5. Unknown		5. No Injury (driver only)
9-99. 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	9. Deployed - Combination		






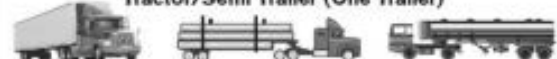



Investing Officer: _____ Badge/Code Number: _____ Agency/Department Name and Code: VIRGINIA STATE POLICE
 Reviewing Officer: _____ Report File Date: /2022

Order of Vehicles



- Vehicle #1 is At Fault
- Parked, Hit & Run, Bicycles. Should be last vehicle on report.
- Bicycle rider is a Driver vs Walking is a Pedestrian
- If on: Skates, Sled, Wheelchair, Horse are a Pedestrian

Commercial Vehicles

Vehicle Configuration	
Bus (9-15 Seats, Including Driver) 	Truck/Trailer (Single-Unit Truck Pulling a Trailer) 
Bus (16 or More Seats, Including Driver) 	Truck Tractor (Bobtail) 
Single-Unit (2 Axles, 6 Tires) 	Tractor/Semi Trailer (One Trailer) 
Single-Unit (3 or More Axles) 	Truck Tractor/Double (Two Trailers) 
	Truck Tractor/Triple (Three Trailers) 

Revised 06/05

Federal Motor Carrier Safety Administration | U.S. Department of Transportation | www.fmcsa.dot.gov

Commercial Vehicles

N/A	N/A	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 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/ Privately 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)	

Officer Initials: [] Badge # [] Commonwealth of Virginia - Department of Motor Vehicles
Police Crash Report FR300P (Re: tr12) Page 4 of 6

Revised Report
CRASH MUDMVY Time (24 Hr clock) County of Crash City of Town of Local Case Number
 01 1/2022 07:18 Northampton [] DIV522 []

DRIVER INFORMATION		VEHICLE INFORMATION	
Wk: 3	Veh: 3	Wk: 3	Veh: 3
Driver's Action P1	Driver Vision Obscured P3	Vehicle Maneuver V1	Vehicle Damage V4
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. Failed 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. Failed to Use Headlights 28. Dimming 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 on Roadway 39. Eluding Police 40. Failed to Maintain Proper Control 41. Improper Passing 42. Improper or Unsafe Lane Change 43. Over Correction	1. Not Obscured 2. Rain, Snow, etc. on Windshield 3. Windshield Otherwise Obscured 4. Vision Obscured by Load on Vehicle 5. Haze, Fog, etc. 6. Blinding 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. Snow/Crust 16. Stopped Vehicle(s)	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	1. No Damage 2. No damage 3. Overturned 4. Motor 5. Undercarriage 6. Tied 7. Fire 8. Other
Condition of Driver P2 Contributing to the Crash	Type of Driver Distractions P4	Skidding/TireMark V2	Vehicle Condition V5
1. No Defects 2. Eyesight Defective 3. Hearing Defective 4. Other Body Defects 5. Bliess 6. Fatigued 7. Apparently Asleep 8. Other 9. Unknown	1. Looking at Roadside Incident 2. Driver Fatigue 3. Looking at Scenery 4. Passenger(s) 5. Radio/CD, etc. 6. CellPhone 7. Eyes Not on Road 8. Daydreaming 9. Eating/Drinking 10. Adjusting Vehicle Controls 11. Other 12. Navigation Device 13. Texting 14. No Driver Distraction	1. Before Application of Brakes 2. After Application of Brakes 3. Before and After Application of Brakes 4. No Visible Skid Mark/Tire Mark	1. No Defects 2. Lights Defective 3. Brakes Defective 4. Steering Defective 5. Puncture/Bleedout 6. Worn or Slack 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. Wheel(s) Defective 17. Exhaust System
Method of Alcohol Determination P6 (by police)	Drinking P5	Vehicle Body Type V3	Special Function Motor Vehicle V6
1. Blood 2. Breath 3. Refused 4. No Test	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	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/Privately 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)	1. No Special Function 2. Taxi 3. School Bus (Public or Private) 4. Transit Bus 5. Intercity Bus 6. Charter Bus 7. Cover Bus 8. Military 9. Police 10. Ambulance 11. Fire Truck 12. Tow Truck 13. Maintenance 14. Unknown 15. TNC
Drug Use P7	Condition of Driver P2 Contributing to the Crash	EBV in service V7	Truck Cover V8
1. Yes 2. No 3. Unknown	1. No Defects 2. Eyesight Defective 3. Hearing Defective 4. Other Body Defects 5. Bliess 6. Fatigued 7. Apparently Asleep 8. Other 9. Unknown	1. Yes 2. No	1. Yes 2. No

Commercial Vehicles

Officer Initials: [Redacted] Badge # [Redacted] Commonwealth of Virginia - Department of Motor Vehicles
Revised Report **Police Crash Report** FR300P (Rev 1/12) Page 7 of 7

CRASH
Date: 01/20/2022 County of Crash: SUSSEX COUNTY City of: [Redacted] Local Case Number: DIV [Redacted]

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 # 2

Vehicle Configuration V10	Cargo Body Type V11	License Class P6	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 16 People or More, Including Driver) <input type="checkbox"/> 5. Single Unit Truck (1 or More Axles) <input checked="" type="checkbox"/> 6. Single Unit Truck (2 or More Axles) <input type="checkbox"/> 7. Truck Tractor (Single Unit Truck Pulling Trailer(s)) <input type="checkbox"/> 8. Truck Tractor (Ballast) <input checked="" type="checkbox"/> 9. Tractor(Semi-trailer (See Trailer)) <input type="checkbox"/> 10. Tractor(Trailer (See Trailer)) <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"/> 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"/> 1. Concrete Mixer <input type="checkbox"/> 2. Auto Transporter <input type="checkbox"/> 3. Garbage/Refuse	<input type="checkbox"/> Class A <input checked="" type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Class D/E/L <input type="checkbox"/> Class M <input type="checkbox"/> Class N <input type="checkbox"/> Class O	<input type="checkbox"/> I-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/AZMAT <input type="checkbox"/> O-Other

Hazardous Material
Hazardous Material Placard:
HM 4-Digit: [Redacted] HM Placard Name: [Redacted] HM Class: [Redacted] HM Cargo Present: HM Cargo Released:

Carrier Identification
Commercial Motor Carrier Name: [Redacted] Address (P.O. Box if No Street Address): [Redacted] RD
Carrier's ID Number: [Redacted] State (two-letter): [Redacted] City: [Redacted] State: NY Zip: 12072
US DOT#: 0 1 9 6 8 1 [Redacted]

Commercial/Non-Commercial V13
 1. Interstate Carrier
 2. Intrastate Carrier
 3. Not in Commerce-Government (Trucks and Buses)
 4. Not in Commerce-Other Truck (Over 10,000 lbs.)

VEHICLE # 3

Vehicle Configuration V10	Cargo Body Type V11	License Class P6	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 16 People or More, Including Driver) <input type="checkbox"/> 5. Single Unit Truck (1 or More Axles) <input type="checkbox"/> 6. Single Unit Truck (2 or More Axles) <input type="checkbox"/> 7. Truck Tractor (Single Unit Truck Pulling Trailer(s)) <input type="checkbox"/> 8. Truck Tractor (Ballast) <input checked="" type="checkbox"/> 9. Tractor(Semi-trailer (See Trailer)) <input type="checkbox"/> 10. Tractor(Trailer (See Trailer)) <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"/> 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"/> 1. Concrete Mixer <input type="checkbox"/> 2. Auto Transporter <input type="checkbox"/> 3. Garbage/Refuse	<input type="checkbox"/> Class A <input checked="" type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Class D/E/L <input type="checkbox"/> Class M <input type="checkbox"/> Class N <input type="checkbox"/> Class O	<input type="checkbox"/> I-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/AZMAT <input type="checkbox"/> O-Other

Hazardous Material
Hazardous Material Placard:
HM 4-Digit: [Redacted] HM Placard Name: [Redacted] HM Class: [Redacted] HM Cargo Present: HM Cargo Released:



Carrier Identification
Commercial Motor Carrier Name: [Redacted] Address (P.O. Box if No Street Address): [Redacted] RD
Carrier's ID Number: [Redacted] State (two-letter): [Redacted] City: [Redacted] State: AR Zip: 72579
US DOT#: [Redacted] 2 4 9 1 2 [Redacted]

Commercial/Non-Commercial V13
 1. Interstate Carrier
 2. Intrastate Carrier
 3. Not in Commerce-Government (Trucks and Buses)
 4. Not in Commerce-Other Truck (Over 10,000 lbs.)

- Correctly ID if your vehicle is a CMV
- Add page Commercial MV Section
- Insure that the carrier information is documented
- Investigating Officer responsibility

Commercial Vehicle

Example Scenarios: Commercial Motor Vehicle (Page E) Required

THE VEHICLE				THE CRASH RESULTED IN			CRASH REPORT	
Vehicle	Vehicle Use	Commercial Use / Government Owned	Weight >10,000 (GVWR)	ANY Fatality	ANY Person Injured AND Transported from Scene	ANY Vehicle Disabled AND Towed due to Damages	Requires Commercial Page (Page E)	Why Page E is NOT Required (if ANY vehicle/person in the crash meets the criteria listed)
	Rental truck transporting personal goods	Y	Y	Y	Y	Y	Yes	<ul style="list-style-type: none"> Weight > 10,000 lbs. Fatality Injury AND Transported from Scene
	School bus (seats 9 or more people) that transports students to/from school	Y	N/A	N	Y	N	Yes	<ul style="list-style-type: none"> Weight requirement N/A Seats 9 or more Injury AND transported from Scene
Truck	Farmer hauling produce to/from market	Y	Y	Y	N	N	Yes	<ul style="list-style-type: none"> Weight > 10,000 Fatality
Truck tractor	Private weekend use to pull a boat to a lake*	Y	Y	N	Y	Y	Yes	<ul style="list-style-type: none"> Weight > 10,000 lbs.

Van/Bus (seats 9 people)	Airport / hotel shuttle	Y	Y	N	Y	Y	Yes	<ul style="list-style-type: none"> Weight > 10,000 lbs. Seats 9 or more Injury AND Transported from Scene Disabled AND Towed due to Damages
Government vehicle	VDOT Road Maintenance	Y	Y	N	N	Y	Yes	<ul style="list-style-type: none"> Weight > 10,000 lbs. (Total Combined Weight Rating if pulling Trailer) Disabled AND Towed due to Damages
Limousine (seats 9 people)	Carrying passengers	Y	N/A	N	Y	N	Yes	<ul style="list-style-type: none"> Weight Requirement N/A Seats 9 or more Injury AND Transported from Scene
Truck pulling trailer	Individual owner hauling goods of a business for a fee	Y	Y	N	N	Y	Yes	<ul style="list-style-type: none"> Weight > 10,000 lbs. (Total Combined Weight Rating) Disabled AND Towed due to Damages
Rental Motor Home	Recreational vehicle	Y	Y	N	N	Y	Yes	<ul style="list-style-type: none"> Weight > 10,000 lbs. Disabled AND Towed due to Damages
Pickup Truck	Hauling hazardous material required to be placarded	Y	N	N	Y	N	Yes	<ul style="list-style-type: none"> Does not meet weight requirement but is required to be placarded Injury AND Transported from Scene

Diagram

Officer Initial: [redacted] Badge #: [redacted] Commonwealth of Virginia - Department of Motor Vehicles
Police Crash Report FR300P (Rev 11/2) Page 6 of 6

CRASH
 Crash Date: 0 [redacted] /2022 MILITARY Time (24 hr clock): County of Crash: City of: Local Case Number: [redacted]

CRASH DIAGRAM

VEHICLE # 1
 Fill In Impact Areas:
 Initial Impact: 12
 11 12 1
 10 2
 9 13 3
 8 4
 7 6 5
 Veh Dir of Travel-N/E/S/W: S

VEHICLE # 2
 Fill In Impact Areas:
 Initial Impact: 6
 11 12 1
 10 2
 9 13 3
 8 4
 7 6 5
 Veh Dir of Travel-N/E/S/W: S

VEHICLE # 3
 Fill In Impact Areas:
 Initial Impact: 7
 11 12 1
 10 2
 9 13 3
 8 4
 7 6 5
 Veh Dir of Travel-N/E/S/W: S

VEHICLE #
 Fill In Impact Areas:
 Initial Impact:
 11 12 1
 10 2
 9 13 3
 8 4
 7 6 5
 Veh Dir of Travel-N/E/S/W:

DAMAGE TO PROPERTY OTHER THAN VEHICLES
 Approx. Repair Cost: Object:

CRASH DESCRIPTION
 VEHICLES 2 AND 3 WERE STOPPED FOR A SCHOOL BUS. VEHICLE 1 REAR ENDED VEHICLE 2 PUSHING IT INTO VEHICLE 3.

CRASH EVENTS

Vehicle #	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event
1	20				20
2	20	20			20
3	20				20

Most Harmful Event of Entire Crash that Results in First Heavy Damage: 0

COLLISION WITH FIXED OBJECT	COLLISION WITH PERSON, MOTOR VEHICLE OR NON-FIXED OBJECT	NON-COLLISION
1. Bank Or Ledge	15. Pedestrian	26. Ran Off Road
2. Train	16. Motor Vehicle In Transport	27. Jock Kettle
3. Utility Pole	17. Traffic Sign Support	28. Overturn (Rollover)
4. Fence Or Post	18. Mailbox	29. Downhill Runaway
5. Guard Rail	19. Other	30. Cargo Loss or Shift
6. Parked Vehicle		31. Explosion or Fire
7. Tunnel, Bridge, Underpass, Culvert, etc.		32. Separation of Units
8. Sign, Traffic Signal		33. Cross Median
9. Impact Cushioning Device		34. Cross Centerline
		35. Equipment Failure (Tire, etc)
		36. Immersion
		37. Fell/Impacted From Vehicle
		38. Thrown or Falling Object
		39. Non-Collision Unknown
		40. Other Non-Collision

Crash Description

Officer Initial: [REDACTED] Badge #: [REDACTED] Commonwealth of Virginia - Department of Motor Vehicles
Police Crash Report FR300P (Rev 11/12) Page 6 of 8
 Revised Report

CRASH
 Crash Date: 0 [REDACTED] /2022 MILITARY Time (24 Hr clock): 18:00 Country of Crash: [REDACTED] City of Town of: [REDACTED] Local Case Number: DIV522 [REDACTED]

CRASH DIAGRAM

VEHICLE # 1
 Fill In Impact Area(s), Initial Impact: 12
 11 12 1
 10 13 2
 9 13 3
 8 13 4
 7 13 5
 6 13 6
 Veh Dir of Travel - NS/EW

VEHICLE # 2
 Fill In Impact Area(s), Initial Impact: 6
 11 12 1
 10 13 2
 9 13 3
 8 13 4
 7 13 5
 6 13 6
 Veh Dir of Travel - NS/EW

VEHICLE # 3
 Fill In Impact Area(s), Initial Impact: 7
 11 12 1
 10 13 2
 9 13 3
 8 13 4
 7 13 5
 6 13 6
 Veh Dir of Travel - NS/EW

DAMAGE TO PROPERTY OTHER THAN VEHICLES
 Address, Block, Cor., Street, Street Name, Fence, etc.: [REDACTED] Property Owner Name (Last, First, Middle): [REDACTED] Address (Street and Number): [REDACTED] VDOT Property: [REDACTED]

CRASH DESCRIPTION
 VEHICLES 2 AND 3 WERE STOPPED FOR A SCHOOL BUS. VEHICLE 1 REAR ENDED VEHICLE 2 PUSHING IT INTO VEHICLE 3.

CRASH EVENTS

Vehicle #	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event
1	20				20
2	20	20			20
3	20				20

COLLISION WITH FIXED OBJECT OR NON-FIXED OBJECT

Vehicle #	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event
1	20				20
2	20	20			20
3	20				20

COLLISION WITH PERSON, MOTOR VEHICLE OR NON-FIXED OBJECT

Vehicle #	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event
1	20				20
2	20	20			20
3	20				20

NON-COLLISION

Vehicle #	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event
1	20				20
2	20	20			20
3	20				20

First Harmful Event of Entire Crash that Results in Property Damage: 0

COLLISION WITH FIXED OBJECT


- Bank Or Ledge
- Tree
- Utility Pole
- Fence Or Post
- Guard Rail
- Parked Vehicle
- Road, Bridge, Underpass, Culvert, etc.
- Sign, Traffic Signal
- Impact Cushioning Device
- Other
- Jarney Wall
- Building Structure
- Carb
- Drill
- 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
- Run 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)
- Inversion
- Fall/Clinged From Vehicle
- Thrown or Falling Object
- Non-Collision Unknown
- Other Non-Collision



Revised Report



Commonwealth of Virginia - Department of Motor Vehicles

Police Crash Report

FR300P (Rev 1/12) Page 1 of 6

Revised Report

CRASH

Crash Date: 01/11/2022 Day of Week: Friday

County of Crash: Northampton

City or Town Name: [REDACTED]

Location of Crash (route/street): LANKFORD HIGHWAY

At Intersection With or 0.25 Miles of BAYFORD ROAD

GPS Long: 77 5 8 7 1 7 0 0

Official DMV Use

220 [REDACTED]

Local Case Number: DIVIS: [REDACTED]

Mile Marker Number: [REDACTED]

Number of Vehicles: 3

VEHICLE # 1

DRIVER

Driver's Name (Last, First, Middle): [REDACTED]

Address (Street and Number): [REDACTED]

PO BOX: [REDACTED]

City: [REDACTED] State: VA ZIP: 234180735

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

Safety Equip. Used: 3 Air Bag Ejected: 1 Date of Death: [REDACTED] Injury Type: 4 EMS Transport: [REDACTED]

Summons Issued As Result of Crash: 3 Offenses Charged to Driver: [REDACTED]

VEHICLE

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

Address (Street and Number): [REDACTED]

City: [REDACTED] State: VA ZIP: 23410

Vehicle Year: [REDACTED] Vehicle Make: FORD Vehicle Model: [REDACTED] Disabled: [REDACTED] CMV: [REDACTED] Towed: [REDACTED]

Vehicle Plate Number: [REDACTED] State: VA Approximate Repair Cost: 6000

VIN: [REDACTED] Oversize Cargo Spill: [REDACTED] Override: [REDACTED]

Name of Insurance Company (not agent): [REDACTED]

Speed Before Crash: 55 Speed Limit: 55 Maximum Safe Speed: 55 Under 8: [REDACTED] ALL Passengers Age Count: [REDACTED] Over 21: 0

PASSENGER (only if injured or killed)

Name of Injured (Last, First, Middle)	Position In/On Vehicle	Safety Equip Used	Airbag Ejected	Injury Type	Birthdate	Gender	EMS Transport	Date of Death
[REDACTED]	3	3	1	2	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

VEHICLE # 2

DRIVER

Driver's Name (Last, First, Middle): [REDACTED]

Address (Street and Number): [REDACTED]

PO BOX: [REDACTED]

City: [REDACTED] State: VA ZIP: 233500138

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

Safety Equip. Used: 3 Air Bag Ejected: 1 Date of Death: [REDACTED] Injury Type: 2 EMS Transport: [REDACTED]

Summons Issued As Result of Crash: 2 Offenses Charged to Driver: [REDACTED]

VEHICLE

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

Address (Street and Number): [REDACTED]

City: [REDACTED] State: VA ZIP: 23350

Vehicle Year: [REDACTED] Vehicle Make: TOYOTA Vehicle Model: [REDACTED] Disabled: [REDACTED] CMV: [REDACTED] Towed: [REDACTED]

Vehicle Plate Number: [REDACTED] State: VA Approximate Repair Cost: 15000

VIN: [REDACTED] Oversize Cargo Spill: [REDACTED] Override: [REDACTED]

Name of Insurance Company (not agent): [REDACTED]

Speed Before Crash: 0 Speed Limit: 55 Maximum Safe Speed: 55 Under 8: [REDACTED] ALL Passengers Age Count: [REDACTED] Over 21: 0

PASSENGER (only if injured or killed)

Name of Injured (Last, First, Middle)	Position In/On Vehicle	Safety Equip Used	Airbag Ejected	Injury Type	Birthdate	Gender	EMS Transport	Date of Death
[REDACTED]	4	3	3	1	[REDACTED]	[REDACTED]	[REDACTED]	1/2022
[REDACTED]	6	3	3	1	[REDACTED]	[REDACTED]	[REDACTED]	1/2022

Codes

<p>POSITION IN/ON VEHICLE</p> <p>1. Driver</p> <p>2-6. Passengers</p> <p>7. Cargo Area</p> <p>8. Riding/Hanging On Outside</p> <p>9-98. All Other Passengers</p>	<p>SAFETY EQUIPMENT USED</p> <p>1. Lap Belt Only</p> <p>2. Shoulder Belt Only</p> <p>3. Lap and Shoulder Belt</p> <p>4. Child Restraint</p> <p>5. Helmet</p> <p>6. Other</p> <p>7. Booster Seat</p> <p>8. No Restraint Used</p> <p>9. Not Applicable</p>	<p>AIRBAG</p> <p>1. Deployed - Front</p> <p>2. Not Deployed</p> <p>3. Unavailable/Not Applicable</p> <p>4. Kevlar Off</p> <p>5. Unknown</p> <p>6. Deployed - Side</p> <p>7. Deployed - Other (Knee, Air Belt, etc.)</p> <p>8. Deployed - Combination</p>	<p>EJECTED FROM VEHICLE</p> <p>1. Not Ejected</p> <p>2. Partially Ejected</p> <p>3. Totally Ejected</p>	<p>INJURY TYPE</p> <p>1. Dead</p> <p>2. Serious Injury</p> <p>3. Minor/Possible Injury</p> <p>4. No Apparent Injury</p> <p>6. No Injury (driver only)</p>
---	---	---	--	--

SUMMONS ISSUED AS A RESULT OF CRASH

1. Yes

2. No

3. Pending

Investigating Officer: [REDACTED]

Badge/Code Number: [REDACTED]

Agency/Department Name and Code: VIRGINIA STATE POLICE

Reviewing Officer: [REDACTED]

Report File Date: 1/11/2022

Revised Report

Collision (New Collision)

Send All Save Close | Check Spelling

Revised Report

Commonwealth
Po

On Private Property Fatalities Passengers
CRASH Disabling Damage Injuries Injured Passengers

Crash Date	MM	DD	YYYY	Day of Week	MILITARY Time (24 hr clock)
	04	27	2022	WEDNESDAY	

City of City or Town Name
 Town of

Location of Crash (route/street)

Report Manager

- New Report
- Drafts
- Outbox
- Inbox
- Recent
- Diagramming

Recent Reports

Open Use as template

Case Name

Rectangular Snip

Importance of traffic crash data

- Federal Highway Safety Funding
- ID problems development resolutions
- Create and implement safety programs
- Education and awareness initiatives
- Management & legislation decisions
- Enforcement efforts
- Engineering & construction improvements
- Innovative approaches for Hwy.safety

Your crash report really does count

