

INFORMATION Redacted PURSUANT TO THE FREEDOM OF  
INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

EA12-005

CHRYSLER

12-13-2012

Enclosure 3 – Public

Subject Vehicles

Reports of Accident

Jeep Grand Cherokee (ZJ, WJ)

# Police Crash Report



Revised Report

<b>CRASH</b>		GPS Lat.	3 9 . 1 1 6 5 3 2	GPS Long.	- 7 8 . 1 9 4 9 8 5
Crash Date	10/05/2012	Day of Week	Friday	MILITARY Time (24 hr clock)	19:48
City or Town Name		Frederick		Official DMV Use	
City of		Landmarks at Scene		122825116	
Location of Crash (route/street)		Railroad Crossing ID no. (if within 150 ft.)		Local Case Number	
I 81 SOUTH				DIV212072076	
At Intersection With or		Location of Crash (route/street)		Mile Marker Number	
0.2E Miles <input checked="" type="checkbox"/> Feet		RT 37 EXIT 310		3 0 9 . 5 0 3	

**VEHICLE # 1**

**DRIVER**

Driver's Name (Last, First, Middle) [Redacted] Gender  Male  Female

Address (Street and Number) [Redacted]

City HUDSON State SD ZIP [Redacted]

Birth Date [Redacted] Drivers License Number [Redacted] State SD DL  CDL

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

3 2 1 [Redacted] 6

Summons Issued As Result of Crash 1 Offenses Charged to Driver 46.2-853

**VEHICLE # 2**

**DRIVER**

Driver's Name (Last, First, Middle) [Redacted] Gender  Male  Female

Address (Street and Number) [Redacted]

City STAUNTON State VA ZIP [Redacted]

Birth Date [Redacted] Drivers License Number [Redacted] State VA DL  CDL

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

8 2 1 10/05/2012 1

Summons Issued As Result of Crash 2 Offenses Charged to Driver

**VEHICLE**

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

Address (Street and Number) [Redacted]

City HUDSON State SD ZIP [Redacted]

Vehicle Year 2007 Vehicle Make PETERBILT Vehicle Model 379 Disabled  CMV  Towed

Vehicle Plate Number [Redacted] State SD Approximate Repair Cost 2500

VIN 1XP5DB9X07N [Redacted] Oversize  Cargo Spill

Name of Insurance Company (not agent) GREAT WEST CASUALTY Override  Underride

Speed Before Crash 65 Speed Limit 70 Maximum Safe Speed 0 Under 8 0 ALL Passengers Age Count 8-17 0 18-21 0 Over 21 0

**VEHICLE**

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

Address (Street and Number) [Redacted]

City STAUNTON State VA ZIP [Redacted]

Vehicle Year 1998 Vehicle Make Jeep Vehicle Model Grand Cherokee Disabled  CMV  Towed

Vehicle Plate Number [Redacted] State VA Approximate Repair Cost 8000

VIN 1J4GZ58S5WC [Redacted] Oversize  Cargo Spill

Name of Insurance Company (not agent) ALLSTATE Override  Underride

Speed Before Crash 0 Speed Limit 70 Maximum Safe Speed 0 Under 8 0 ALL Passengers Age Count 8-17 0 18-21 2 Over 21 0

**PASSENGER (only if injured or killed)**

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

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

[Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted]

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

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

[Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted]

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

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

[Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted]

**PASSENGER (only if injured or killed)**

Name of Injured (Last, First, Middle) [Redacted] EMS Transport  Date of Death 10/05/2012

Position In/On Vehicle 6 Safety Equip Used 3 Airbag 3 Ejected 1 Injury Type 1 Birthdate [Redacted] Gender

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

Position In/On Vehicle 3 Safety Equip Used 3 Airbag 2 Ejected 1 Injury Type 2 Birthdate [Redacted] Gender

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

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

[Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [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. 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

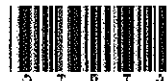
### INJURY TYPE

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

EA12-005- Chrysler -007462

Investigating Officer	Badge/Code Number	Agency/Department Name and Code	Reviewing Officer	Report File Date
B DAVIS	7597	VIRGINIA STATE POLICE-156	MATTHEW C BLACKL	10/08/2012

# Police Crash Report



Revised Report

<b>CRASH</b>		GPS Lat. 3 9 1 1 6 5 3 2	GPS Long. - 7 8 1 9 4 9 8 5
Crash Date 10/05/2012	Day of Week Friday	MILITARY Time (24 hr clock) 19:48	County of Crash Frederick
City of City or Town Name Frederick		Landmarks at Scene	Official DMV Use 122825116
Location of Crash (route/street) I 81 SOUTH		Railroad Crossing ID no. (if within 150 ft.)	Local Case Number DIV212072076
At Intersection With or <input checked="" type="checkbox"/> Miles <input type="checkbox"/> Feet 0.25 of RT 37 EXIT 310		Location of Crash (route/street)	Mile Marker Number 3 0 9 5 0
			Number of Vehicles 3

**VEHICLE # 3**

**DRIVER**

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

Address (Street and Number)  
[Redacted]

City  
LINDEN

State  
VA

ZIP  
[Redacted]

Birth Date  
[Redacted]

Drivers License Number  
[Redacted]

State  
VA

DL  CDL

Safety Equip. Used  
3

Air Bag  
2

Ejected  
1

Date of Death  
[Redacted]

Injury Type  
6

EMS Transport

Summons Issued As Result of Crash  
2

Offenses Charged to Driver

**VEHICLE**

Vehicle Owner's Name (Last, First, Middle)  
[Redacted]

Address (Street and Number)  
[Redacted]

City  
[Redacted]

State  
VA

ZIP  
[Redacted]

Vehicle Year  
2002

Vehicle Make  
Chrysler

Vehicle Model  
PT Cruiser

Disabled  CMV  Towed

Vehicle Plate Number  
[Redacted]

State  
VA

Approximate Repair Cost  
4300

VIN  
3C8FY58B72T [Redacted]

Overseize  Cargo Spill

Name of Insurance Company (not agent)  
STATEFARM

Override  Underride

Speed Before Crash  
0

Speed Limit  
70

Maximum Safe Speed  
0

Under 8  8-17  18-21  Over 21

ALL Passengers Age Count

**PASSENGER (only if injured or killed)**

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

**VEHICLE #**

**DRIVER**

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

Address (Street and Number)  
[Redacted]

City  
[Redacted]

State  
[Redacted]

ZIP  
[Redacted]

Birth Date  
[Redacted]

Drivers License Number  
[Redacted]

State  
[Redacted]

DL  CDL

Safety Equip. Used  
[Redacted]

Air Bag  
[Redacted]

Ejected  
[Redacted]

Date of Death  
[Redacted]

Injury Type  
[Redacted]

EMS Transport  
[Redacted]

Summons Issued As Result of Crash  
[Redacted]

Offenses Charged to Driver

**VEHICLE**

Vehicle Owner's Name (Last, First, Middle)  
[Redacted]

Address (Street and Number)  
[Redacted]

City  
[Redacted]

State  
[Redacted]

ZIP  
[Redacted]

Vehicle Year  
[Redacted]

Vehicle Make  
[Redacted]

Vehicle Model  
[Redacted]

Disabled  CMV  Towed

Vehicle Plate Number  
[Redacted]

State  
[Redacted]

Approximate Repair Cost  
[Redacted]

VIN  
[Redacted]

Overseize  Cargo Spill

Name of Insurance Company (not agent)  
[Redacted]

Override  Underride

Speed Before Crash  
[Redacted]

Speed Limit  
[Redacted]

Maximum Safe Speed  
[Redacted]

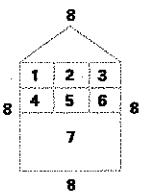
Under 8  8-17  18-21  Over 21

ALL Passengers Age Count

**PASSENGER (only if injured or killed)**

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

### Codes



### POSITION IN/ON VEHICLE

- Driver
- Passengers
- Cargo Area
- Riding/Hanging On Outside
- All Other Passengers

### SAFETY EQUIPMENT USED

- Lap Belt Only
- Shoulder Belt Only
- Lap and Shoulder Belt
- Child Restraint
- Helmet
- Other
- Booster Seat
- No Restraint Used
- Not Applicable

### AIRBAG

- Deployed - Front
- Not Deployed
- Unavailable/Not Applicable
- Keyed Off
- Unknown
- Deployed - Side
- Deployed - Other (Knee, Air Belt, etc.)
- Deployed - Combination

### EJECTED FROM VEHICLE

- Not Ejected
- Partially Ejected
- Totally Ejected

### INJURY TYPE

- Dead
- Serious Injury
- Minor/Possible Injury
- No Apparent Injury
- No Injury (driver only)

### SUMMONS ISSUED AS A RESULT OF CRASH

- Yes
- No
- Pending

EA12-005- Chrysler -007463

Investigating Officer B DAVIS	Badge/Code Number 7597	Agency/Department Name and Code VIRGINIA STATE POLICE-156	Reviewing Officer MATTHEW C BLACKL	Report File Date 10/08/2012
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Revised Report

Police Crash Report

CRASH

Crash Date <b>10/05/2012</b>	MILITARY Time (24-hr clock) <b>19:48</b>	County of Crash <b>Frederick</b>	City of <input type="checkbox"/>	Town of <input type="checkbox"/>	Local Case Number <b>DIV212072076</b>
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DRIVER INFORMATION

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

VEHICLE INFORMATION

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



Revised Report

Police Crash Report

CRASH

Crash Date 10/05/2012	MILITARY Time (24 hr clock) 19:48	County of Crash Frederick	City of <input type="checkbox"/>	Local Case Number DIV212072076
			Town of <input type="checkbox"/>	

DRIVER INFORMATION

VEHICLE INFORMATION

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

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

EA 12-005-Chrysler-007465



# Police Crash Report

Revised Report

<b>CRASH</b>		Crash Date	MILITARY Time (24 hr clock)	County of Crash	City of	Local Case Number
		10/05/2012	19:48	Frederick	Town of	DIV212072076

## CRASH INFORMATION

**Location of First Harmful Event in Relation to Roadway** C1

- 1. On Roadway
- 2. Shoulder
- 3. Median
- 4. Roadside
- 5. Gore
- 6. Separator
- 7. In Parking Lane or Zone
- 8. Off Roadway, Location Unknown
- 9. Outside Right-of-Way

**Traffic Control Type** C5

- 1. No Traffic Control
- 2. Officer or Flagger
- 3. Traffic Signal
- 4. Stop Sign
- 5. Slow or Warning Sign
- 6. Traffic Lanes Marked
- 7. No Passing Lines
- 8. Yield Sign
- 9. One Way Road or Street
- 10. Railroad Crossing With Markings and Signs
- 11. Railroad Crossing With Signals
- 12. Railroad Crossing With Gate and Signals
- 13. Other
- 14. Pedestrian Crosswalk
- 15. Reduced Speed - School Zone
- 16. Reduced Speed - Work Zone
- 17. Highway Safety Corridor

**Roadway Description** C9

- 1. Two-Way, Not Divided
- 2. Two-Way, Divided, Unprotected Median
- 3. Two-Way, Divided, Positive Median Barrier
- 4. One-Way, Not Divided
- 5. Unknown

**Intersection Type** C12

- 1. Not at Intersection
- 2. Two Approaches
- 3. Three Approaches
- 4. Four Approaches
- 5. Five-Point, or more
- 6. Roundabout

**Weather Condition** C2

- 1. No Adverse Condition (Clear/Cloudy)
- 3. Fog
- 4. Mist
- 5. Rain
- 6. Snow
- 7. Sleet/Hail
- 8. Smoke/Dust
- 9. Other
- 10. Blowing Sand, Soil, Dirt, or Snow
- 11. Severe Crosswinds

**Roadway Alignment** C6

- 1. Straight - Level
- 2. Curve - Level
- 3. Grade - Straight
- 4. Grade - Curve
- 5. Hillcrest - Straight
- 6. Hillcrest - Curve
- 7. Dip - Straight
- 8. Dip - Curve
- 9. Other
- 10. On/Off Ramp

**Roadway Defects** C10

- 1. No Defects
- 2. Holes, Ruts, Bumps
- 3. Soft or Low Shoulder
- 4. Under Repair
- 5. Loose Material
- 6. Restricted Width
- 7. Slick Pavement
- 8. Roadway Obstructed
- 9. Other
- 10. Edge Pavement Drop Off

**Work Zone** C13

- 1. Yes
- 2. No

**Work Zone Workers Present** C14

- 1. With Law Enforcement
- 2. With No Law Enforcement
- 3. No Workers Present

**Light Conditions** C3

- 1. Dawn
- 2. Daylight
- 3. Dusk
- 4. Darkness - Road Lighted
- 5. Darkness - Road Not Lighted
- 6. Darkness - Unknown Road Lighting
- 7. Unknown

**Roadway Surface Condition** C7

- 1. Dry
- 2. Wet
- 3. Snowy
- 4. Icy
- 5. Muddy
- 6. Oil/Other Fluids
- 7. Other
- 8. Natural Debris
- 9. Water (Standing, Moving)
- 10. Slush
- 11. Sand, Dirt, Gravel

**Relation to Roadway Interchange Area** C11

- 1. Main-Line Roadway
- 2. Acceleration/Deceleration Lanes
- 3. Gore Area (Between Ramp and Highway Edgelines)
- 4. Collector/Distributor Road
- 5. On Entrance/Exit Ramp
- 6. Intersection at end of Ramp
- 7. Other location not listed above within an interchange area (median, shoulder and roadside)

**Work Zone Location** C15

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

**Work Zone Type** C16

- 1. Lane Closure
- 2. Lane Shift/Crossover
- 3. Work on Shoulder or Median
- 4. Intermittent or Moving Work
- 5. Other

**Traffic Control Device** C4

- 1. Yes - Working
- 2. Yes - Working and Obscured
- 3. Yes - Not Working
- 4. Yes - Not Working and Obscured
- 5. Yes - Missing
- 6. No Traffic Control Device Present

**Roadway Surface Type** C8

- 1. Concrete
- 2. Blacktop, Asphalt, Bituminous
- 3. Brick or Block
- 4. Slag, Gravel, Stone
- 5. Dirt
- 6. Other

**Intersection Area:**

- 8. Non-Intersection
- 9. Within Intersection
- 10. Intersection-Related - Within 150'
- 11. Intersection-Related - Outside 150'

**School Zone** C17

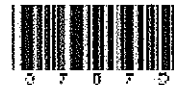
- 1. Yes
- 2. Yes - With School Activity
- 3. No

**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. Buckle Up
- 16. Other



**Police Crash Report**

Revised Report

**CRASH**

Crash Date	MILITARY Time (24 hr clock)	County of Crash	City of	Local Case Number
10/05/2012	19:48	Frederick	Town of	DIV212072076

**CRASH DIAGRAM**

**VEHICLE # 1**

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

11  10  9  8  7  6

1  2  3  4  5  6

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

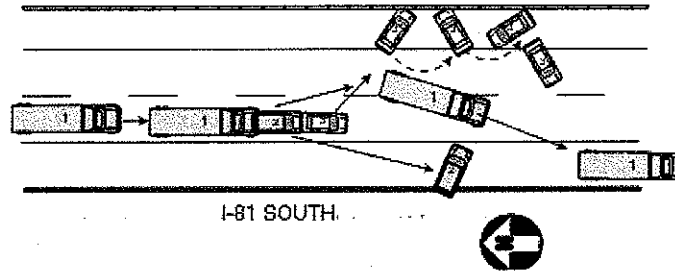
**VEHICLE # 3**

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

11  10  9  8  7  6

1  2  3  4  5  6

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



**VEHICLE # 2**

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

11  10  9  8  7  6

1  2  3  4  5  6

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

**VEHICLE #**

Fill In Impact Area(s).  
Initial Impact.

11  10  9  8  7  6

1  2  3  4  5  6

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

**DAMAGE TO PROPERTY OTHER THAN VEHICLES**

Approx. Repair Cost	Object Struck (Tree, Fence, etc.)	Property Owners Name (Last, First, Middle)	Address (Street and Number)	VDOT Property
500	GUARDRAIL	VDOT	1401 E BROAD ST RICHMOND VA	<input checked="" type="checkbox"/>

**CRASH DESCRIPTION**

VEHICLES 2 AND 3 STOPPED FOR TRAFFIC. VEHICLE 1 STRUCK VEHICLE 2 IN THE REAR. VEHICLE 2 STRUCK VEHICLE 3 IN THE REAR. VEHICLE 2 CAUGHT FIRE AND STRUCK GUARDRAIL. VEHICLE 3 STRUCK GUARDRAIL.

**CRASH EVENTS**

Vehicle #	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event
1	20				20
2	20	20	33	5	33
3	20	5			20

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

**COLLISION WITH FIXED OBJECT**

- |   |                           |
|---|---------------------------|
| 1. Bank Or Ledge                            | 10. Other                 |
| 2. Trees                                    | 11. Jersey Wall           |
| 3. Utility Pole                             | 12. Building/Structure    |
| 4. Fence Or Post                            | 13. Curb                  |
| 5. Guard Rail                               | 14. Ditch                 |
| 6. Parked Vehicle                           | 15. Other Fixed Object    |
| 7. Tunnel, Bridge, Underpass, Culvert, etc. | 16. Other Traffic Barrier |
| 8. Sign, Traffic Signal                     | 17. Traffic Sign Support  |
| 9. Impact Cushioning Device                 | 18. Mailbox               |

**COLLISION WITH PERSON, MOTOR VEHICLE OR NON-FIXED OBJECT**

- |                                |                            |
|--------------------------------|----------------------------|
| 19. Pedestrian                 | 24. Work Zone              |
| 20. Motor Vehicle In Transport | Maintenance Equipment      |
| 21. Train                      | 25. Other Movable Object   |
| 22. Bicycle                    | 26. Unknown Movable Object |
| 23. Animal                     | 27. Other                  |

**NON-COLLISION**

- |                         |                                   |
|-------------------------|-----------------------------------|
| 28. Ran Off Road        | 35. Cross Median                  |
| 29. Jack Knife          | 36. Cross Centerline              |
| 30. Overturn (Rollover) | 37. Equipment Failure (Tire, etc) |
| 31. Downhill Runaway    | 38. Immersion                     |
| 32. Cargo Loss or Shift | 39. Fell/Jumped From Vehicle      |
| 33. Explosion or Fire   | 40. Thrown or Falling Object      |
| 34. Separation of Units | 41. Non-Collision Unknown         |
|                         | 42. Other Non-Collision           |



Revised Report

Police Crash Report

CRASH

Crash Date <b>10/05/2012</b>	MILITARY Time (24 hr clock) <b>19:48</b>	County of Crash <b>Frederick</b>	City of <input type="radio"/>	Local Case Number <b>DIV212072076</b>
		Town of <input type="radio"/>		

COMMERCIAL MOTOR VEHICLE SECTION

This form is being completed because the vehicle is:

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

AND The crash resulted in:

A fatality: any person(s) killed in or outside of any vehicle (truck, bus, car, etc.) involved in the crash or who dies within 30 days of the crash as a result of an injury sustained in the crash **OR**

An injury: any person(s) injured as a result of the crash who immediately receives medical treatment away from the crash scene **OR**

A tow-away: any motor vehicle (truck, bus, car, etc.) disabled as a result of the crash and transported away from the scene by a tow truck or other vehicle

VEHICLE # **1**

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

HM 4-Digit	HM Placard Name	HM Class	HM Cargo Present <input checked="" type="checkbox"/>	HM Cargo Released <input checked="" type="checkbox"/>
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<b>Carrier Identification</b>	<b>Commercial/Non-Commercial</b> V13
Commercial Motor Carrier Name <b>BEAR FORCE TRUCKING</b> Address (P.O. Box if No Street Address) <b>300 9TH STREET</b> Carrier's ID Number State (Intrastate Only) City State Zip <b>US DOT# 0 1 2 7 8 0 5 0 HUDSON SD 57034</b>	<input checked="" type="checkbox"/> 1. Interstate Carrier <input type="checkbox"/> 2. Intrastate Carrier <input type="checkbox"/> 3. Not in Commerce-Government (Trucks and Buses) <input type="checkbox"/> 4. Not in Commerce-Other Truck (Over 10,000 lbs.)

VEHICLE #

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

HM 4-Digit	HM Placard Name	HM Class	HM Cargo Present <input checked="" type="checkbox"/>	HM Cargo Released <input checked="" type="checkbox"/>
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<b>Carrier Identification</b>	<b>Commercial/Non-Commercial</b> V13
Commercial Motor Carrier Name <b>EA12-005-Chrysler-007468</b> Address (P.O. Box if No Street Address) Carrier's ID Number State (Intrastate Only) City State Zip <b>US DOT# HUDSON SD 57034</b>	<input type="checkbox"/> 1. Interstate Carrier <input checked="" type="checkbox"/> 2. Intrastate Carrier <input type="checkbox"/> 3. Not in Commerce-Government (Trucks and Buses) <input type="checkbox"/> 4. Not in Commerce-Other Truck (Over 10,000 lbs.)



**MATTER #** 1234168  
**FILE TYPE** Notice  
**FILE NAME** [REDACTED]  
**CAIR #**  
**DATE OF INCIDENT** 10/05/2012  
**DATE OF NOTICE** 10/15/2012  
**MODEL/MODEL YEAR** 1998 Jeep Grand Cherokee (ZJ)  
**VIN** 1J4GZ58S5W0 [REDACTED]  
**MILEAGE**  
**OWNER** [REDACTED]  
[REDACTED]  
[REDACTED]  
**COURT**  
**DOCKET #**  
**FIRE ALLEGED** Yes  
**DESCRIPTION** On October 5, 2012, a 1998 Jeep Grand Cherokee (ZJ), operated by [REDACTED] was travelling on I-81 South near Exit 310 in Frederick County, Virginia. The posted speed limit at the site of the accident was 70 mph. The Jeep Grand Cherokee (ZJ) had stopped behind a 2002 Chrysler PT Cruiser because of traffic congestion when a 2007 Peterbilt tractor/trailer, operated by [REDACTED], struck the rear of the Jeep Grand Cherokee (ZJ) at a high rate of speed. The investigating police officer determined that the Peterbilt tractor/trailer was travelling 65 mph immediately before the accident. The impact caused the front of the Jeep Grand Cherokee (ZJ) to strike the rear of the Chrysler PT Cruiser. After the impact, the Jeep Grand Cherokee (ZJ) travelled to the right, striking a guardrail and coming to rest on the road shoulder. A fire ensued in the area of the Jeep Grand Cherokee (ZJ).  
**PROPERTY DAMAGE ALLEGED** Yes  
**INJURIES** 1  
**FATALITIES** 2  
**ANALYSIS** The 1998 Jeep Grand Cherokee (ZJ) has not been inspected. Chrysler Group has obtained a copy of the police accident report. The police have not released additional documents or any photographs related to the accident because of a pending homicide investigation. Based on the available information, Chrysler Group concludes that the impact of the Peterbilt tractor/trailer with the rear of the Jeep Grand Cherokee (ZJ) occurred at a relative velocity in excess of 55-60 mph. This is based on the determination of the investigating police officer that the Peterbilt tractor/trailer was travelling 65 mph immediately prior to the

impact. The police accident report reflects that the driver of the Peterbilt tractor/trailer was cited for failure to maintain proper control. The crash forces in this extremely severe, high-energy impact were likely increased because of the extremely large mass of the Peterbilt tractor/trailer. Because Chrysler Group has not inspected the Jeep Grand Cherokee (ZJ), it is unable to confirm the rupture of the fuel tank or the origin of the fire at the fuel tank.





EA12-005- Chrysler -013189













EA12-005- Chrysler -013193







EA12-005- Chrysler -013195





EA12-005- Chrysler -013196















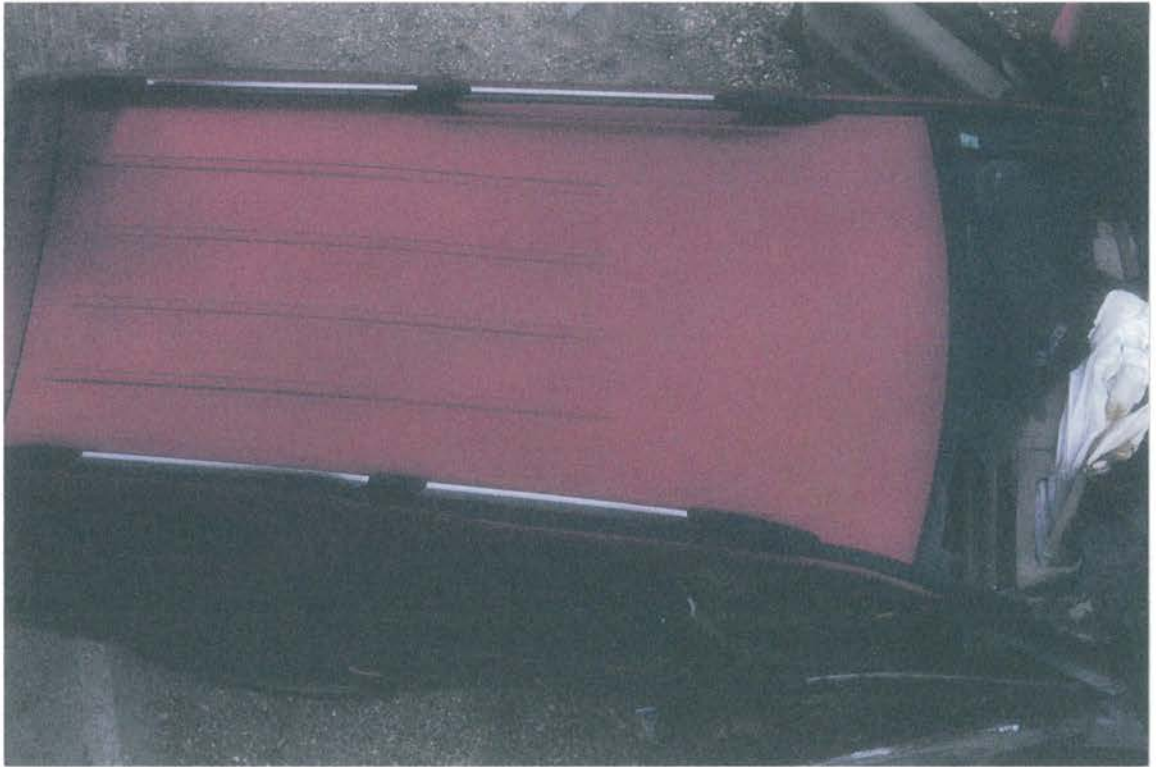
























































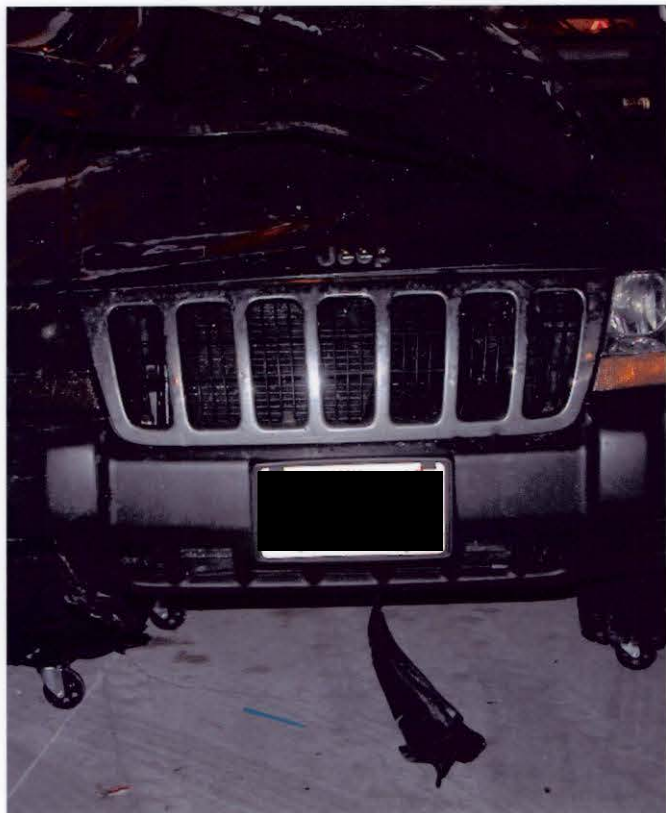






EA12-005- Chrysler -013222





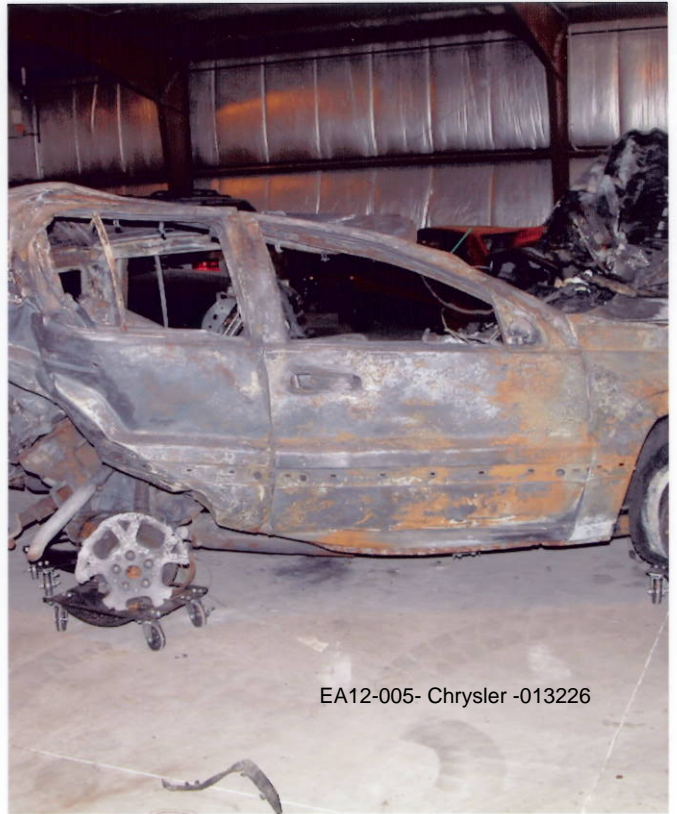


EA12-005-Chrysler -013224



EA12-005- Chrysler -013225





EA12-005- Chrysler -013226



# Police Crash Report



Revised Report

<b>CRASH</b>		GPS Lat.	3 9 . 1 1 6 5 3 2	GPS Long.	- 7 8 . 1 9 4 9 8 5
Crash Date	10/05/2012	Day of Week	Friday	MILITARY Time (24 hr clock)	19:48
City or Town Name		Frederick		Official DMV Use	
City of		Landmarks at Scene		122825116	
Town of					
Location of Crash (route/street)			Railroad Crossing ID no. (if within 150 ft.)		Local Case Number
I 81 SOUTH					DIV212072076
At Intersection With or			Location of Crash (route/street)		Mile Marker Number
0.2E Miles <input checked="" type="checkbox"/> Feet			RT 37 EXIT 310		3 0 9 . 5 0 3
					Number of Vehicles
					3

**VEHICLE # 1**

**DRIVER**

Driver's Name (Last, First, Middle) [Redacted] Gender  Male  Female

Address (Street and Number) [Redacted]

City HUDSON State SD ZIP [Redacted]

Birth [Redacted] Drivers License Number [Redacted] State SD DL  CDL

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

3 2 1 [Redacted] 6

Summons Issued As Result of Crash 1 Offenses Charged to Driver 46.2-853

**VEHICLE # 2**

**DRIVER**

Driver's Name (Last, First, Middle) [Redacted] Gender  Male  Female

Address (Street and Number) [Redacted]

City STAUNTON State VA ZIP [Redacted]

Birth [Redacted] Drivers License Number [Redacted] State VA DL  CDL

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

8 2 1 10/05/2012 1

Summons Issued As Result of Crash 2 Offenses Charged to Driver

**VEHICLE**

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

Address (Street and Number) [Redacted]

City HUDSON State SD ZIP [Redacted]

Vehicle Year 2007 Vehicle Make PETERBILT Vehicle Model 379 Disabled  CMV  Towed

Vehicle Plate Number [Redacted] State SD Approximate Repair Cost 2500

VIN 1XP5DB9X07N [Redacted] Oversize  Cargo Spill

Name of Insurance Company (not agent) GREAT WEST CASUALTY Override  Underride

Speed Before Crash 65 Speed Limit 70 Maximum Safe Speed 0 Under 8 0 ALL Passengers Age Count 8-17 0 18-21 0 Over 21 0

**VEHICLE**

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

Address (Street and Number) [Redacted]

City STAUNTON State VA ZIP [Redacted]

Vehicle Year 1998 Vehicle Make Jeep Vehicle Model Grand Cherokee Disabled  CMV  Towed

Vehicle Plate Number [Redacted] State VA Approximate Repair Cost 8000

VIN 1J4GZ58S5WC [Redacted] Oversize  Cargo Spill

Name of Insurance Company (not agent) ALLSTATE Override  Underride

Speed Before Crash 0 Speed Limit 70 Maximum Safe Speed 0 Under 8 0 ALL Passengers Age Count 8-17 0 18-21 2 Over 21 0

**PASSENGER (only if injured or killed)**

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

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

[Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted]

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

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

[Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted]

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

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

[Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted]

**PASSENGER (only if injured or killed)**

Name of Injured (Last, First, Middle) [Redacted] EMS Transport  Date of Death 10/05/2012

Position In/On Vehicle 6 Safety Equip Used 3 Airbag 3 Ejected 1 Injury Type 1 Birthdate [Redacted] Gender

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

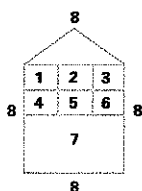
Position In/On Vehicle 3 Safety Equip Used 3 Airbag 2 Ejected 1 Injury Type 2 Birthdate [Redacted] Gender

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

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

[Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [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. 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

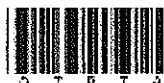
1. Dead
2. Serious Injury
3. Minor/Possible Injury
4. No Apparent Injury
6. No Injury (driver only)

EA12-005- Chrysler -007462

Investigating Officer	Badge/Code Number	Agency/Department Name and Code	Reviewing Officer	Report File Date
B DAVIS	7597	VIRGINIA STATE POLICE-156	MATTHEW C BLACKLOCK	10/08/2012



# Police Crash Report



Revised Report

<b>CRASH</b>		GPS Lat. 3 9 1 1 6 5 3 2	GPS Long. - 7 8 1 9 4 9 8 5
Crash Date 10/05/2012	Day of Week Friday	MILITARY Time (24 hr clock) 19:48	County of Crash Frederick
City of City or Town Name		Landmarks at Scene	Official DMV Use 122825116
Location of Crash (route/street) I 81 SOUTH		Railroad Crossing ID no. (if within 150 ft.)	Local Case Number DIV212072076
At Intersection With or <input checked="" type="checkbox"/> Miles <input type="checkbox"/> Feet 0.25 of RT 37 EXIT 310		Location of Crash (route/street)	Mile Marker Number 3 0 9 5 0
			Number of Vehicles 3

**VEHICLE # 3**

**DRIVER** Driver Fleed Scene

Driver's Name (Last, First, Middle)  
[Redacted] Gender  Male  Female

Address (Street and Number)  
[Redacted]

City  
LINDEN State VA ZIP [Redacted]

Birth Date [Redacted] Drivers License Number [Redacted] State VA DL  CDL

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**

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

Address (Street and Number)  
[Redacted]

City  
[Redacted] State VA ZIP [Redacted]

Vehicle Year 2002 Vehicle Make Chrysler Vehicle Model PT Cruiser Disabled  CMV  Towed

Vehicle Plate Number [Redacted] State VA Approximate Repair Cost 4300

VIN 3C8FY58B72T [Redacted] Oversize  Cargo Spill

Name of Insurance Company (not agent)  
STATEFARM Override  Underride

Speed Before Crash 0 Speed Limit 70 Maximum Safe Speed 0 Under 8 0 ALL Passengers Age Count 8-17 0 18-21 0 Over 21 1

**PASSENGER (only if injured or killed)**

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

**VEHICLE #**

**DRIVER** Driver Fleed Scene

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

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   
[Redacted]

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

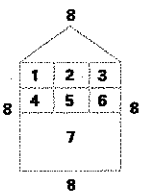
Name of Insurance Company (not agent)  
Override Underride

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

**PASSENGER (only if injured or killed)**

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

### Codes



### POSITION IN/ON VEHICLE

- Driver
- Passengers
- Cargo Area
- Riding/Hanging On Outside
- All Other Passengers

### SAFETY EQUIPMENT USED

- Lap Belt Only
- Shoulder Belt Only
- Lap and Shoulder Belt
- Child Restraint
- Helmet
- Other
- Booster Seat
- No Restraint Used
- Not Applicable

### AIRBAG

- Deployed - Front
- Not Deployed
- Unavailable/Not Applicable
- Keyed Off
- Unknown
- Deployed - Side
- Deployed - Other (Knee, Air Belt, etc.)
- Deployed - Combination

### EJECTED FROM VEHICLE

- Not Ejected
- Partially Ejected
- Totally Ejected

### INJURY TYPE

- Dead
- Serious Injury
- Minor/Possible Injury
- No Apparent Injury
- No Injury (driver only)

### SUMMONS ISSUED AS A RESULT OF CRASH

- Yes
- No
- Pending

EA12-005- Chrysler -007463

Investigating Officer B DAVIS	Badge/Code Number 7597	Agency/Department Name and Code VIRGINIA STATE POLICE-156	Reviewing Officer MATTHEW C BLACKL	Report File Date 10/08/2012
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Revised Report

**Police Crash Report**

**CRASH**

Crash Date 10/05/2012	MILITARY Time (24-hr clock) 19:48	County of Crash Frederick	City of <input type="checkbox"/>	Town of <input type="checkbox"/>	Local Case Number DIV212072076
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**DRIVER INFORMATION**

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

**VEHICLE INFORMATION**

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



Revised Report

Police Crash Report

CRASH

Crash Date 10/05/2012	MILITARY Time (24 hr clock) 19:48	County of Crash Frederick	City of <input type="checkbox"/>	Local Case Number DIV212072076
		Town of <input type="checkbox"/>		

DRIVER INFORMATION

VEHICLE INFORMATION

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

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





# Police Crash Report

Revised Report

<b>CRASH</b>		Crash Date	MILITARY Time (24 hr clock)	County of Crash	City of	Local Case Number
		10/05/2012	19:48	Frederick	Town of	DIV212072076

## CRASH INFORMATION

**Location of First Harmful Event in Relation to Roadway** C1

- 1. On Roadway
- 2. Shoulder
- 3. Median
- 4. Roadside
- 5. Gore
- 6. Separator
- 7. In Parking Lane or Zone
- 8. Off Roadway, Location Unknown
- 9. Outside Right-of-Way

**Traffic Control Type** C5

- 1. No Traffic Control
- 2. Officer or Flagger
- 3. Traffic Signal
- 4. Stop Sign
- 5. Slow or Warning Sign
- 6. Traffic Lanes Marked
- 7. No Passing Lines
- 8. Yield Sign
- 9. One Way Road or Street
- 10. Railroad Crossing With Markings and Signs
- 11. Railroad Crossing With Signals
- 12. Railroad Crossing With Gate and Signals
- 13. Other
- 14. Pedestrian Crosswalk
- 15. Reduced Speed - School Zone
- 16. Reduced Speed - Work Zone
- 17. Highway Safety Corridor

**Roadway Description** C9

- 1. Two-Way, Not Divided
- 2. Two-Way, Divided, Unprotected Median
- 3. Two-Way, Divided, Positive Median Barrier
- 4. One-Way, Not Divided
- 5. Unknown

**Intersection Type** C12

- 1. Not at Intersection
- 2. Two Approaches
- 3. Three Approaches
- 4. Four Approaches
- 5. Five-Point, or more
- 6. Roundabout

**Weather Condition** C2

- 1. No Adverse Condition (Clear/Cloudy)
- 3. Fog
- 4. Mist
- 5. Rain
- 6. Snow
- 7. Sleet/Hail
- 8. Smoke/Dust
- 9. Other
- 10. Blowing Sand, Soil, Dirt, or Snow
- 11. Severe Crosswinds

**Roadway Alignment** C6

- 1. Straight - Level
- 2. Curve - Level
- 3. Grade - Straight
- 4. Grade - Curve
- 5. Hillcrest - Straight
- 6. Hillcrest - Curve
- 7. Dip - Straight
- 8. Dip - Curve
- 9. Other
- 10. On/Off Ramp

**Roadway Defects** C10

- 1. No Defects
- 2. Holes, Ruts, Bumps
- 3. Soft or Low Shoulder
- 4. Under Repair
- 5. Loose Material
- 6. Restricted Width
- 7. Slick Pavement
- 8. Roadway Obstructed
- 9. Other
- 10. Edge Pavement Drop Off

**Work Zone** C13

- 1. Yes
- 2. No

**Work Zone Workers Present** C14

- 1. With Law Enforcement
- 2. With No Law Enforcement
- 3. No Workers Present

**Light Conditions** C3

- 1. Dawn
- 2. Daylight
- 3. Dusk
- 4. Darkness - Road Lighted
- 5. Darkness - Road Not Lighted
- 6. Darkness - Unknown Road Lighting
- 7. Unknown

**Roadway Surface Condition** C7

- 1. Dry
- 2. Wet
- 3. Snowy
- 4. Icy
- 5. Muddy
- 6. Oil/Other Fluids
- 7. Other
- 8. Natural Debris
- 9. Water (Standing, Moving)
- 10. Slush
- 11. Sand, Dirt, Gravel

**Relation to Roadway Interchange Area** C11

- 1. Main-Line Roadway
- 2. Acceleration/Deceleration Lanes
- 3. Gore Area (Between Ramp and Highway Edgelines)
- 4. Collector/Distributor Road
- 5. On Entrance/Exit Ramp
- 6. Intersection at end of Ramp
- 7. Other location not listed above within an interchange area (median, shoulder and roadside)

**Work Zone Location** C15

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

**Work Zone Type** C16

- 1. Lane Closure
- 2. Lane Shift/Crossover
- 3. Work on Shoulder or Median
- 4. Intermittent or Moving Work
- 5. Other

**Traffic Control Device** C4

- 1. Yes - Working
- 2. Yes - Working and Obscured
- 3. Yes - Not Working
- 4. Yes - Not Working and Obscured
- 5. Yes - Missing
- 6. No Traffic Control Device Present

**Roadway Surface Type** C8

- 1. Concrete
- 2. Blacktop, Asphalt, Bituminous
- 3. Brick or Block
- 4. Slag, Gravel, Stone
- 5. Dirt
- 6. Other

**Intersection Area:**

- 8. Non-Intersection
- 9. Within Intersection
- 10. Intersection-Related - Within 150'
- 11. Intersection-Related - Outside 150'

**School Zone** C17

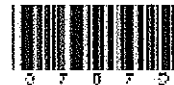
- 1. Yes
- 2. Yes - With School Activity
- 3. No

**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. Buckle Up
- 16. Other



**Police Crash Report**

Revised Report

**CRASH**

Crash Date	MILITARY Time (24 hr clock)	County of Crash	City of	Local Case Number
10/05/2012	19:48	Frederick	Town of	DIV212072076

**CRASH DIAGRAM**

**VEHICLE # 1**

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

11  10  9  8  7  6  12  1  2  3  4  5  6  (S)

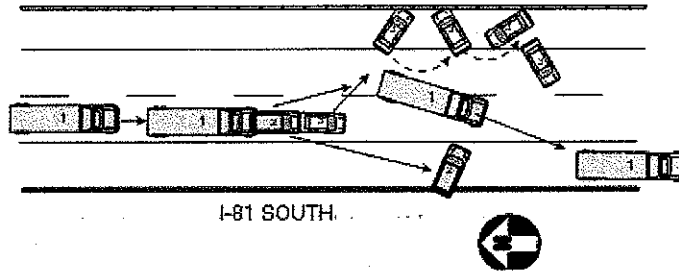
Veh Dir of Travel--N/S/E/W

**VEHICLE # 3**

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

11  10  9  8  7  6  1  2  3  4  5  6  (S)

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



**VEHICLE # 2**

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

11  10  9  8  7  6  1  2  3  4  5  6  (S)

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

**VEHICLE #**

Fill In Impact Area(s).  
Initial Impact.

11  10  9  8  7  6  1  2  3  4  5  6  (S)

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

**DAMAGE TO PROPERTY OTHER THAN VEHICLES**

Approx. Repair Cost	Object Struck (Tree, Fence, etc.)	Property Owners Name (Last, First, Middle)	Address (Street and Number)	VDOT Property
500	GUARDRAIL	VDOT	1401 E BROAD ST RICHMOND VA	<input checked="" type="checkbox"/>

**CRASH DESCRIPTION**

VEHICLES 2 AND 3 STOPPED FOR TRAFFIC. VEHICLE 1 STRUCK VEHICLE 2 IN THE REAR. VEHICLE 2 STRUCK VEHICLE 3 IN THE REAR. VEHICLE 2 CAUGHT FIRE AND STRUCK GUARDRAIL. VEHICLE 3 STRUCK GUARDRAIL.

**CRASH EVENTS**

Vehicle #	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event
1	20				20
2	20	20	33	5	33
3	20	5			20

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

- COLLISION WITH FIXED OBJECT**
- 1. Bank Or Ledge
  - 2. Trees
  - 3. Utility Pole
  - 4. Fence Or Post
  - 5. Guard Rail
  - 6. Parked Vehicle
  - 7. Tunnel, Bridge, Underpass, Culvert, etc.
  - 8. Sign, Traffic Signal
  - 9. Impact Cushioning Device
  - 10. Other
  - 11. Jersey Wall
  - 12. Building/Structure
  - 13. Curb
  - 14. Ditch
  - 15. Other Fixed Object
  - 16. Other Traffic Barrier
  - 17. Traffic Sign Support
  - 18. Mailbox

- COLLISION WITH PERSON, MOTOR VEHICLE OR NON-FIXED OBJECT**
- 19. Pedestrian
  - 20. Motor Vehicle In Transport
  - 21. Train
  - 22. Bicycle
  - 23. Animal
  - 24. Work Zone
  - Maintenance Equipment
  - 25. Other Movable Object
  - 26. Unknown Movable Object
  - 27. Other

- NON-COLLISION**
- 28. Ran Off Road
  - 29. Jack Knife
  - 30. Overturn (Rollover)
  - 31. Downhill Runaway
  - 32. Cargo Loss or Shift
  - 33. Explosion or Fire
  - 34. Separation of Units
  - 35. Cross Median
  - 36. Cross Centerline
  - 37. Equipment Failure (Tire, etc)
  - 38. Immersion
  - 39. Fell/Jumped From Vehicle
  - 40. Thrown or Falling Object
  - 41. Non-Collision Unknown
  - 42. Other Non-Collision



Revised Report

Police Crash Report

CRASH

Crash Date <b>10/05/2012</b>	MILITARY Time (24 hr clock) <b>19:48</b>	County of Crash <b>Frederick</b>	City of <input type="radio"/>	Local Case Number <b>DIV212072076</b>
		Town of <input type="radio"/>		

COMMERCIAL MOTOR VEHICLE SECTION

This form is being completed because the vehicle is:

<input checked="" type="checkbox"/> A Truck or Truck Combination Rating Greater Than 10,000 lbs. (GVWR/GCWR)	<input type="checkbox"/> Any Motor Vehicle That Seats 9 or More People, Including the Driver	<input type="checkbox"/> A Vehicle of Any Type with a Hazardous Materials Placard Regardless of Weight
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AND The crash resulted in:

A fatality: any person(s) killed in or outside of any vehicle (truck, bus, car, etc.) involved in the crash or who dies within 30 days of the crash as a result of an injury sustained in the crash **OR**

An injury: any person(s) injured as a result of the crash who immediately receives medical treatment away from the crash scene **OR**

A tow-away: any motor vehicle (truck, bus, car, etc.) disabled as a result of the crash and transported away from the scene by a tow truck or other vehicle

VEHICLE # **1**

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

HM 4-Digit	HM Placard Name	HM Class	HM Cargo Present <input checked="" type="checkbox"/>	HM Cargo Released <input checked="" type="checkbox"/>
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<b>Carrier Identification</b>	<b>Commercial/Non-Commercial</b> V13
Commercial Motor Carrier Name <b>BEAR FORCE TRUCKING</b>	Address (P.O. Box if No Street Address) <b>300 9TH STREET</b>
Carrier's ID Number US DOT# <b>0 1 2 7 8 0 5 0</b>	City <b>HUDSON</b>
State (Intrastate Only)	State <b>SD</b>
	Zip <b>57034</b>
	<input checked="" type="checkbox"/> 1. Interstate Carrier <input type="checkbox"/> 2. Intrastate Carrier <input type="checkbox"/> 3. Not in Commerce-Government (Trucks and Buses) <input type="checkbox"/> 4. Not in Commerce-Other Truck (Over 10,000 lbs.)

VEHICLE #

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

HM 4-Digit	HM Placard Name	HM Class	HM Cargo Present <input checked="" type="checkbox"/>	HM Cargo Released <input checked="" type="checkbox"/>
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<b>Carrier Identification</b>	<b>Commercial/Non-Commercial</b> V13
Commercial Motor Carrier Name	Address (P.O. Box if No Street Address)
Carrier's ID Number US DOT#	City
State (Intrastate Only)	State
	Zip
	<input type="checkbox"/> 1. Interstate Carrier <input checked="" type="checkbox"/> EA12-005-Chrysler -007468 <input type="checkbox"/> 2. Intrastate Carrier <input type="checkbox"/> 3. Not in Commerce-Government (Trucks and Buses) <input type="checkbox"/> 4. Not in Commerce-Other Truck (Over 10,000 lbs.)



**MATTER #** 1234168  
**FILE TYPE** Notice  
**FILE NAME** [REDACTED]  
**CAIR #**  
**DATE OF INCIDENT** 10/05/2012  
**DATE OF NOTICE** 10/15/2012  
**MODEL/MODEL YEAR** 1998 Jeep Grand Cherokee (ZJ)  
**VIN** 1J4GZ58S5W0 [REDACTED]  
**MILEAGE**  
**OWNER** [REDACTED]  
[REDACTED]  
[REDACTED]  
**COURT**  
**DOCKET #**  
**FIRE ALLEGED** Yes  
**DESCRIPTION** On October 5, 2012, a 1998 Jeep Grand Cherokee (ZJ), operated by [REDACTED], was travelling on I-81 South near Exit 310 in Frederick County, Virginia. The posted speed limit at the site of the accident was 70 mph. The Jeep Grand Cherokee (ZJ) had stopped behind a 2002 Chrysler PT Cruiser because of traffic congestion when a 2007 Peterbilt tractor/trailer, operated by [REDACTED], struck the rear of the Jeep Grand Cherokee (ZJ) at a high rate of speed. The investigating police officer determined that the Peterbilt tractor/trailer was travelling 65 mph immediately before the accident. The impact caused the front of the Jeep Grand Cherokee (ZJ) to strike the rear of the Chrysler PT Cruiser. After the impact, the Jeep Grand Cherokee (ZJ) travelled to the right, striking a guardrail and coming to rest on the road shoulder. A fire ensued in the area of the Jeep Grand Cherokee (ZJ).  
**PROPERTY DAMAGE ALLEGED** Yes  
**INJURIES** 1  
**FATALITIES** 2  
**ANALYSIS** The 1998 Jeep Grand Cherokee (ZJ) has not been inspected. Chrysler Group has obtained a copy of the police accident report. The police have not released additional documents or any photographs related to the accident because of a pending homicide investigation. Based on the available information, Chrysler Group concludes that the impact of the Peterbilt tractor/trailer with the rear of the Jeep Grand Cherokee (ZJ) occurred at a relative velocity in excess of 55-60 mph. This is based on the determination of the investigating police officer that the Peterbilt tractor/trailer was travelling 65 mph immediately prior to the

impact. The police accident report reflects that the driver of the Peterbilt tractor/trailer was cited for failure to maintain proper control. The crash forces in this extremely severe, high-energy impact were likely increased because of the extremely large mass of the Peterbilt tractor/trailer. Because Chrysler Group has not inspected the Jeep Grand Cherokee (ZJ), it is unable to confirm the rupture of the fuel tank or the origin of the fire at the fuel tank.