



COMMONWEALTH OF VIRGINIA - DEPARTMENT OF MOTOR VEHICLES

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POLICE CRASH REPORT

11/21/2005

FR 300 P (REV. 7/98)

Crash Date 11/21/2005	Day of Week 2	Hourly Time (24 hr. clock) 22:48	County of Crash ROANOKE	Official DMV Use
<input type="checkbox"/> City of VINTON	Landmark at Scene		GPS Lat. 0° 0' 0.00"	Local Case Number [REDACTED]
<input type="checkbox"/> Town of	Railroad Crossing ID NO (if within		GPS Long. 0° 0' 0.00"	
Location of Crash (Route/Street) WASHINGTON/MITCHELL			Mile Marker Number	
<input type="checkbox"/> At Intersection with _____ <input type="checkbox"/> Miles <input type="checkbox"/> Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____			Location of Crash (Route/Street) WASHINGTON AVE	
			Number of Vehicles 1	

Vehicle No. 1				Vehicle No. 2 (or Pedestrian <input type="checkbox"/>)			
Driver's Name (Last, First, M) [REDACTED]		Driver Fled Scene <input type="checkbox"/>	Yrs. Dr. Experience	Driver's Name (Last, First, M)		Driver Fled Scene <input type="checkbox"/>	Yrs. Dr. Experience
Address (Street and City) [REDACTED]				Address (Street and City) [REDACTED]			
City VINTON	State VA	Zip [REDACTED]		City VINTON	State VA	Zip [REDACTED]	
Birth Date [REDACTED]	Gender	Driver's License Number <input type="checkbox"/> DL <input type="checkbox"/> CDL	State	Birth Date 00/00/00	Gender	Driver's License Number <input type="checkbox"/> DL <input type="checkbox"/> CDL	State

Vehicle Owner's Name (Last, First, Middle) or Commercial Motor Vehicle [REDACTED]				<input checked="" type="checkbox"/> Same as Driver				Vehicle Owner's Name (Last, First, Middle) or Commercial Motor Vehicle [REDACTED]				<input type="checkbox"/> Same as Driver				
Address (Street and City) [REDACTED]								Address (Street and City) [REDACTED]								
City VINTON	State VA	Zip [REDACTED]		City	State	Zip		City	State	Zip		City	State	Zip		
A Veh. Type 2006	Veh. Year	Veh. Make JEEP	Veh. Model	CMV <input type="checkbox"/>	Towed <input type="checkbox"/>	A Veh. Type	Veh. Year	Veh. Make	Veh. Model	CMV <input type="checkbox"/>	Towed <input type="checkbox"/>	Veh. Year	Veh. Make	Veh. Model	CMV <input type="checkbox"/>	Towed <input type="checkbox"/>
Vehicle Plate Number [REDACTED]				State VA	B EMV Ty	C EMV in Ser	Approximate Repair Cost \$3,500	Vehicle Plate Number [REDACTED]				State	B EMV Ty	C EMV in Ser	Approximate Repair Cost	
VIN 1J8HG58246C [REDACTED]				VIN												

U.S. DOT No. or VA I				Placard No. and Class or Name				U.S. DOT No. or VA I				Placard No. and Class or Name			
No. of Axle	Truck Cover	VWR	<input type="checkbox"/> 10,000 and Under	<input type="checkbox"/> 10,001 and to 26,000	<input type="checkbox"/> Over 26,000	<input type="checkbox"/> HAZMAT Oversize	<input type="checkbox"/> Cargo Spi Override	No. of Axle	Truck Cover	VWR	<input type="checkbox"/> 10,000 and Under	<input type="checkbox"/> 10,001 and to 26,000	<input type="checkbox"/> Over 26,000	<input type="checkbox"/> HAZMAT Oversize	<input type="checkbox"/> Cargo Spi Override

Vehicle No. 1 Damage	Name of Insurance Company (not Agent) STATE FARM	Vehicle No. 2 Damage	Name of Insurance Company (not Agent)
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Check Impact Area(s)		Crash Diagram		Check Impact Area(s)			
11 <input type="checkbox"/>	12 <input type="checkbox"/>			11 <input type="checkbox"/>	12 <input type="checkbox"/>		
10 <input type="checkbox"/>	1 <input type="checkbox"/>			10 <input type="checkbox"/>	1 <input type="checkbox"/>		
9 <input type="checkbox"/>	2 <input type="checkbox"/>			9 <input type="checkbox"/>	2 <input type="checkbox"/>		
8 <input type="checkbox"/>	3 <input type="checkbox"/>			8 <input type="checkbox"/>	3 <input type="checkbox"/>		
7 <input type="checkbox"/>	4 <input type="checkbox"/>			7 <input type="checkbox"/>	4 <input type="checkbox"/>		
6 <input type="checkbox"/>	5 <input type="checkbox"/>			6 <input type="checkbox"/>	5 <input type="checkbox"/>		
5 <input type="checkbox"/>	6 <input type="checkbox"/>			5 <input type="checkbox"/>	6 <input type="checkbox"/>		
See Back of FR30		See Back of FR30		See Back of FR30			
Speed		Speed		Speed			
Before Crash	Limit	Max Sa	Line Di	Before Cra	Limit	Max Sa	Line Di
Passengers Age Count		Passengers Age Count		Passengers Age Count			
Less 6	6 - 17	18 - 21	Over 21	Less 6	6 - 17	18 - 21	Over 21

Damage to Property	Approximate Repair Cost	Object Struck (Tree, Fence, etc.)	Property Owner's Name (Last, First, Middle) and Address
Crash Description			
Offenses Charged			

12 Unit/Type	13 Seat	14 Safety E	15 Air Ba	16 Election	17 Birth Date	18 Gender	19 Inj. Type	20 Ped. Ac	Names of Injured (If Deceased Give Date of Death)	EMS Transport	Date of
1	1	1	2	1	07-24-1957	f	y		[REDACTED]		

Investigating Offi MARION, DENNIS LEE	Badge / Code No. 162	Agency / Department Name and Code No. VINTON POLICE DEPARTMENT	VA0800200	Reviewed By DOYLE, STEVEN	File No. 04238	Date 11/21/2005
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