Revised Report 🔿			Department of Moto ash Report	or Vehicles	7 0 7 A	FR300P (Rev 7/07) Page of
CRASH		GPS Lat.			GPS Long.	
Crash Date MM DD YYYY Day of Week O City of City or Town Name	MILITARY Time (24 hr cloc)	 County of Crash Landmarks at S 			official DMV Use	
O Town of Location of Crash (route/street)		Railroad Crossi	ng ID no. (if within 150 f	it.)	Local Case Number	
					Mile Master North	Number of Vehicles
At Intersection With or Miles	Feet O O O of	Location of Gras	sh (route/street)		Mile Marker Number	Number of Vehicles
VEHICLE	#			VEI	HICLE #	
DRIVER Driver's Name (Last, First, Middle)	Driver Fled Scene	Gender	DRIVER Driver's Name (Last,	First Middle)		Driver Fled Scene Gender
			Briver 3 Hume (Lust,			M F
Address (Street and Number)			Address (Street and	Number)		
City	State ZIP		City			State ZIP
Birth Drivers License Number	State DI		Birth Date MM DD	Drivers Lice	nse Number	State DL CDL
Safety Equip. Used Air Bag Ejected Date of		EMS Transport	Safety Equip. Used	Air Bag Ejected		Injury Type EMS Transport
Summons Offenses Charged to Driver Issued As Result of Crash	DD YYYY		Summons Issued As Result of Crash	Offenses Charged		
VEHICLE			VEHICLE			
Vehicle Owner's Name (Last, First, Middle)	Same a	s Driver 🔵	Vehicle Owner's Na	me (Last, First, Middle	e)	Same as Driver 🔵
Address (Street and Number)			Address (Street and	Number)		
City	State ZIP		City			State ZIP
Vehicle Year Vehicle Make Vehicle Mo	odel Disabled	CMV Towed	Vehicle Year	Vehicle Make	Vehicle Model	Disabled CMV Towed
Vehicle Plate Number	State Approximat	te Repair Cost	Vehicle Plate Numb	er		State Approximate Repair Cost
VIN	6	Oversize Cargo Spill	VIN			Oversize Cargo Spill
Name of Insurance Company (not agent)	8	Override Underride	Name of Insurance	Company (not agent)		Override Underride
Speed Before Crash Speed Limit Maximum Safe Spee	ed Under ALL Passengers Age 8 8-17 18-2'	Uver	Speed Before Crash	Speed Limit Maximu	n Safe Speed 8	ALL Passengers Age Count 8-17 18-21 21
PASSENGER (only if injured or ki			PASSENGE	R (only if injur		
Name of Injured (Last, First, Middle)		Date of Death	Name of Injured (L	ast, First, Middle)		EMS Transport Date of Death
In/On Equip	Injury Type Birthdate	M DD YY Gender	In/On Ec	afety Airbag quip	Ejected Injury Type	Birthdate Gender MM DD YYYY M F
Vehicle Used Name of Injured (Last, First, Middle)		Date of Death	Vehicle U	sed ast, First, Middle)		EMS Transport Date of Death
Position Safety Airbag Ejected	Injury Type Birthdate	M DD YY Gender		afety Airbag quip	Ejected Injury Type	
In/On Equip Vehicle Used Name of Injured (Last, First, Middle)	EMS Transport	Y M F Date of Death	Vehicle U	quip sed ast, First, Middle)		MM DD YYYY M F EMS Transport Date of Death
		M DD YY			Figure 1.	
Position Safety Airbag Ejected In/On Equip Vehicle Used	Injury Type Birthdate MM DD YYY	Gender γ M F	In/On Ed	afety Airbag quip sed	Ejected Injury Type	Birthdate Gender MM DD YYYY M F
CodesPOSITION IN/ON VEHICLE812456789-98. All Other Passengers887	SAFETY EQUIPMENT US 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	1. Deploy 2. Not De 3. Unavai 4. Keyed 5. Unknov 6. Deploy 7. Deploy Air Bel	llable/Not Applicable Off wn red – Side red – Other (Knee,	EJECTED FROM VI 1. Not Ejected 2. Partially Ejected 3. Totally Ejected SUMMONS ISSUE A RESULT OF CRAS 1. Yes 2. No 3. Pending	d 1. Dead 2. Visib Woun to be D AS 3. Othe SH Abra 4. No Vi or Mo	TYPE Before Report Made le Signs of Injury, as Bleeding nd or Distorted Member or Had Carried From Scene. r Visible Injury, as Bruises, sions, Swelling, Limping, etc. isible Injury, But Complaint of Pain, omentary Unconsciousness. ujury (driver only)
Investigating Officer		Agency/Departmen		Revi	ewing Officer	Report File Date

Officer	Initials_
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Commonwealth of Virginia • Department of Motor Vehicles **Police Crash Report**



FR300P (Rev 7/07)

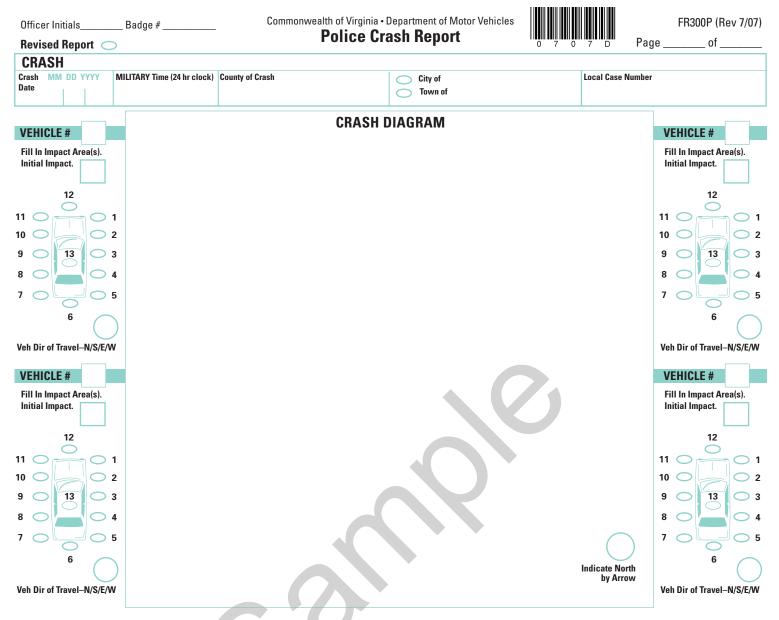
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CR/	ASF	4										
Crash Date		MILITARY Time (24 hr c	lock) (County	of Crash	00	City of Town		Local Ca	se Nu	mber	
DR	VFI	R INFORMATION				VF	ніс	LE INFORMATION				
Veh			Veh	Veh			Veh		Veh	Veh		
N/A	N/A	Driver's Action P1	N/A	NA	Driver Vision Obscured P3	N/A	N/A	Vehicle Maneuver V1	N/A	N/A	Vehicle Damage	V4
$\overline{\mathbf{O}}$	$\overline{\bigcirc}$	1. No Improper Action	$\overline{\mathbf{O}}$	$\overline{\mathbf{O}}$	1. Not Obscured		$\overline{\mathbf{O}}$	1. Going Straight Ahead		O	1. Unknown	
$\widetilde{\bigcirc}$	$\check{\circ}$	2. Exceeded Speed Limit	$\overline{\mathbf{O}}$	ŏ	2. Rain, Snow, etc. on Windshield	Ŏ	ŏ	2. Making Right Turn	$\ \check{\circ} \ $	ŏ	2. No damage	
$\overline{\bigcirc}$	Õ	3. Exceeded Safe Speed	ŏ	ŏ	3. Windshield Otherwise Obscured	Ō	Õ	3. Making Left Turn	$\ \overline{O} \ $	Õ	3. Overturned	
		But Not Speed Limit	$\overline{\bigcirc}$	ŏ	4. Vision Obscured by Load on		$\overline{\mathbf{O}}$	4. Making U-Turn		\bigcirc	4. Motor	
\bigcirc	\bigcirc	4. Overtaking On Hill			Vehicle	\circ	\circ	5. Slowing or Stopping		\bigcirc	5. Undercarriage	
\bigcirc	\bigcirc	5. Overtaking On Curve	\bigcirc	\bigcirc	5. Trees, Crops, etc.	\bigcirc	\circ	6. Merging Into Traffic Lane		\bigcirc	6. Totaled	
\bigcirc	\bigcirc	6. Overtaking at Intersection	\bigcirc	\bigcirc	6. Building	\bigcirc	\circ	7. Starting From Parked Position		\bigcirc	7. Fire	
\bigcirc	\bigcirc	7. Improper Passing of School Bus	\bigcirc	\bigcirc	7. Embankment	\bigcirc	\circ	8. Stopped in Traffic Lane	$ \bigcirc$	\bigcirc	8. Other	
\bigcirc	\bigcirc	8. Cutting In	\bigcirc	\bigcirc	8. Sign or Signboard	\bigcirc	\bigcirc	9. Ran Off Road – Right				
\bigcirc	\bigcirc	9. Other Improper Passing	\bigcirc	\bigcirc	9. Hillcrest	\bigcirc		10. Ran Off Road – Left				
\bigcirc	\bigcirc	10. Wrong Side of Road –	\bigcirc	\bigcirc	10. Parked Vehicle(s)			11. Parked	N/A	N/A	Vehicle Condition	V5
	\sim	Not Overtaking	\bigcirc	\overline{O}	11. Moving Vehicle(s)		$ \bigcirc$	12. Backing		\bigcirc	1. No Defects	
\mathbf{O}	$\underline{\bigcirc}$	11. Did Not Have Right-of-Way	\bigcirc	\odot	12. Sun or Headlight Glare		$ \bigcirc$	13. Passing		$\overline{\mathbf{O}}$	2. Lights Defective	
\leq	\leq	12. Following Too Close	\square	$\underline{\circ}$	13. Other		\mathbb{R}	14. Changing Lanes		\bigcirc	3. Brakes Defective	
\leq	\leq	13. Fail to Signal or Improper Signal 14. Improper Turn – Wide Right Turn		\leq	14. Blind Spot			15. Other	$ \bigcirc$	\bigcirc	4. Steering Defective	
\leq	X	15. Improper Turn –		\leq	15. Smoke/Dust 16. Stepped Vakiala(a)			16. Entering Street From Parking Lot	$ \bigcirc$	\bigcirc	5. Puncture/Blowout	
\smile	\bigcirc	Cut Corner on Left Turn	\square	\bigcirc	16. Stopped Vehicle(s)				$ \bigcirc$	\bigcirc	6. Worn or Slick Tires	
\bigcirc	\bigcirc	16. Improper Turn From Wrong Lane							10	\bigcirc	7. Motor Trouble	
$\check{\bigcirc}$	ŏ	17. Other Improper Turn			Type of Driver P4	N/A	N/A)	Skidding Tire/Mark V2		\bigcirc	8. Chains In Use	
$\overline{\bigcirc}$	ŏ	18. Improper Backing	N/A	N/A	Type of Driver P4 Distractions	9	19	1. Before Application of Brakes		\bigcirc	9. Other	
\bigcirc	Ō	19. Improper Start From Parked		\frown		0	Q	2. After Application of Brakes		\mathbb{C}	10. Vehicle Altered	
		Position		\leq	1. Looking at Roadside Incident 2. Driver Fatigue			3. Before and After Application of Brakes		\mathbb{Z}	11. Mirrors Defective	
\bigcirc	\bigcirc	20. Disregarded Officer or Flagger	S	S	3. Looking at Scenery		2	4. No Visible Skid Mark/Tire Mark		X	12. Power Train Defective	
\bigcirc	\bigcirc	21. Disregarded Traffic Signal	$\overline{\mathbf{O}}$	ŏ	4. Passenger(s)					S	13. Suspension Defective 14. Windows/Windshield Def	foctive
\bigcirc	\bigcirc	22. Disregarded Stop or Yield Sign	$\overline{\mathbf{O}}$	ŏ	5. Radio/CD, etc.					ŏ	15. Wipers Defective	ICCLIVE
\bigcirc	\bigcirc	23. Driver Distraction	$\check{\circ}$	ŏ	6. Cell Phone	N/A	N/A	Vehicle Body Type V3	$\square $	ŏ	16. Wheels Defective	
\bigcirc	\bigcirc	24. Fail to Stop at Through High	$\overline{\bigcirc}$	õ	7. Eyes Not on Road		\circ	1. Passenger car	$\ \check{o}$	ŏ	17. Exhaust System	
	\sim	way – No Sign	\bigcirc	\bigcirc	8. Daydreaming		\circ	2. Truck – Pick-up/Passenger Truck				
\leq	\leq	25. Drive Through Work Zone	\bigcirc	0	9. Eating/Drinking			3. Van				
\leq	X	26. Fail to Set Out Flares or Flags 27. Fail to Dim Headlights	\bigcirc	Ø	10. Adjusting Vehicle Controls		$ \bigcirc$	4. Truck – Single Unit Truck (2-Axles)	N/A	N/A	Special Function	V6
$\overline{\mathbf{i}}$	$\stackrel{\smile}{\sim}$	28. Driving Without Lights	\mathcal{O}	\bigcirc	11. Other			7. Motor Home, Recreational Vehicle			Motor Vehicle	••
$\widetilde{\mathbf{O}}$	$\stackrel{\smile}{\supset}$	29. Improper Parking Location	Q	\bigcirc	12. Navigation Device			8. Special Vehicle – Oversized		\bigcirc	1. No Special Function	
$\widetilde{\mathbf{O}}$	$\check{\circ}$	30. Avoiding Pedestrian						Vehicle/Earthmover/Road Equipment		ŏ	2. Taxi	
$\overline{\bigcirc}$	ŏ	31. Avoiding Other Vehicle		_			\mathbb{Z}	9. Bicycle 10. Moped	$\ $	ŏ	3. School Bus (Public or Priv	vate)
$\overline{\bigcirc}$	Õ	32. Avoiding Animal	N/A	N/A	Drinking P5		K	11. Motorcycle	$\ \bar{O}$	Õ	4. Transit Bus	
\bigcirc	\bigcirc	33. Crowded Off Highway	\bigcirc	\bigcirc	1. Had Not Been Drinking		ŏ	12. Emergency Vehicle		\bigcirc	5. Intercity Bus	
\bigcirc	\bigcirc	34. Hit and Run	\bigcirc	\bigcirc	2. Drinking – Obviously Drunk			(Regardless of Vehicle Type)	0	0	6. Charter Bus	
\bigcirc	\bigcirc	35. Car Ran Away – No Driver	\bigcirc	\bigcirc	3. Drinking – Ability Impaired			13. Bus – School Bus	$ \bigcirc$	\bigcirc	7. Other Bus	
\bigcirc	\bigcirc	36. Blinded by Headlights	\bigcirc	\bigcirc	4. Drinking – Ability Not Impaired	O	0	14. Bus – City Transit Bus/Privately	O	0	8. Military	
0	0	37. Other	\bigcirc	\bigcirc	5. Drinking – Not Known Whether			Owned Church Bus	$ \circ$	0	9. Police	
0	0	38. Avoiding Object in Roadway			Impaired	0	\circ	15. Bus – Commercial Bus		0	10. Ambulance	
\bigcirc	\overline{O}	39. Eluding Police	\bigcirc	\bigcirc	6. Unknown	\bigcirc	\circ	16. Other (Scooter, Go-cart, Hearse,		\bigcirc	11. Fire Truck	
\bigcirc	$\underline{\bigcirc}$	40. Fail to Maintain Proper Control						Bookmobile, Golf Cart, etc.		\bigcirc	12. Tow Truck	
$\mathbf{\Theta}$	\leq	41. Improper Passing				\bigcirc	\circ	18. Special Vehicle – Farm Machinery		\mathbb{C}	13. Maintenance	
\leq	\leq	42. Improper or Unsafe Lane Change	N/A	N/A	Method of Alcohol P6			19. Special Vehicle – ATV	$\mathbb{P}^{\mathbb{O}}$	\circ	14. Unknown	
\bigcirc	\bigcirc	43. Over Correction			Determination (by police)	\bigcirc	$\left \bigcirc \right $	21. Special Vehicle – Low-Speed Vehicle				
N/A	N/A	Condition of Driver P2	\bigcirc	\bigcirc	1. Blood	\sim		22. Truck – Sport Utility Vehicle (SUV)			FR41/1	
		Contributing to the Crash	\bigcirc	\bigcirc	2. Breath	\mathbf{O}	\cup	23. Truck – Single Unit Truck	N/A	N/A	EMV in service	V7
\bigcirc	\bigcirc	1. No Defects	\bigcirc	\bigcirc	3. Refused			(3 Axles or More) 25. Truck Truck Tractor (Pohtoil No Trailor)		2	1. Yes	
0	0	2. Eyesight Defective	\bigcirc	\bigcirc	4. No Test			25. Truck – Truck Tractor (Bobtail-No Trailer)	$ ^{\bigcirc}$	\cup	2. No	
0	0	3. Hearing Defective										
0	\bigcirc	4. Other Body Defects										
\mathbf{O}	$\underline{\circ}$	5. Illness	N/A	N/A	Drug Use P7				N/A	N/A	Truck Cover	V8
\mathbb{C}	2	6. Fatigued	\bigcirc	0	1. Yes				0	0	1. Yes	
X	X	7. Apparently Asleep 8. Other	\bigcirc	\bigcirc	2. No				$ \circ$	\bigcirc	2. No	
ŏ	ŏ	o. Unknown	\bigcirc	\bigcirc	3. Unknown							

Officer Initials Badge #		Department of Motor Vehicles	FR300P (Rev 7/07)
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CRASH			
Crash MM DD YYYY MILITARY Time (24 hr clo Date	ck) County of Crash	City of Town of	Local Case Number
	CRASH INF	ORMATION	
Location of First Harmful C1	Traffic Control Type C5	Roadway Description C9	Intersection Type C12
Event In Relation to Roadway 1. On Roadway 2. Shoulder 3. Median 4. Roadside 5. Gore 6. Separator	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	 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 	 Not at Intersection Two Approaches Three Approaches Four Approaches Four Approaches Roundabout
 7. In Parking Lane or Zone 	8. Yield Sign		Work Zone C13
 8. Off Roadway, Location Unknown 9. Outside Right-of-Way 	 9. One Way Road or Street 10. Railroad Crossing With Markings and Signs 11. Railroad Crossing With 	Roadway Defects C10	1. Yes 2. No
	Signals 12. Railroad Crossing With	1. No Defects	Work Zone C14
	Gate and Signals	2. Holes, Ruts, Bumps 3. Soft or Low Shoulder	Workers Present
Weather Condition C2 1. No Adverse Condition (Clear/Cloudy) (Clear/Cloudy)	13. Other 14. Pedestrian Crosswalk 15. Reduced Speed – School Zone	 4. Under Repair 5. Loose Material 6. Restricted Width 	1. With Law Enforcement 2. With No Law Enforcement 3. No Workers Present
3. Fog 4. Mist	 16. Reduced Speed – Work Zone 17. Highway Safety Corridor 	7. Slick Pavement 8. Roadway Obstructed	Work Zone Location C15
5. Rain 6. Snow 7. Sleet/Hail 8. Smoke/Dust 9. Other	Roadway Alignment C6 1. Straight – Level 2. Curve – Level 3. Grade – Straight 3. Grade – Straight	9. Other 10. Edge Pavement Drop Off	1. Advance Warning Area 2. Transition Area 3. Activity Area 4. Termination Area
 10. Blowing Sand, Soil, Dirt, or Snow 	 4. Grade – Curve 	Relation to Roadway C11	Work Zone Type C16
11. Severe Crosswinds	 5. Hillcrest – Straight 6. Hillcrest – Curve 7. Dip – Straight 8. Dip – Curve 9. Other 10. On/Off Ramp 	Interchange Area: 1. Main-Line Roadway 2. Acceleration/Deceleration Lanes 3. Gore Area (Between Ramp and Highway Edgelines)	1. Lane Closure 2. Lane Shift/Crossover 3. Work on Shoulder or Median 4. Intermittent or Moving Work 5. Other
Light Conditions C3		 4. Collector/Distributor Road 5. On Entrance/Exit Ramp 	Sahaal Zana (17
1. Dawn 2. Daylight 3. Dusk 4. Darkness –Road Lighted 5. Darkness –Road Not Lighted	Roadway Surface Condition C7 1. Dry 2. Wet 3. Snowy 4. Icy	 6. Intersection at end of Ramp 7. Other location not listed above within an interchange area (median, shoulder and roadside) 	School Zone C17 1. Yes 2. Yes - With School Activity 3. No
6. Darkness –Unknown	5. Muddy	Intersection Area:	Type of Collision C18
Road Lighting 7. Unknown	 6. Oil/Other Fluids 7. Other 8. Natural Debris 9. Water (Standing, Moving) 10. Slush 11. Sand, Dirt, Gravel 	 8. Non-Intersection 9. Within Intersection 10. Intersection-Related - Within 150' 11. Intersection-Related - Outside 150' Other Location:	 Rear End Angle Head On Sideswipe – Same Direction Sideswipe – Opposite Direction Fixed Object in Road
Traffic Control C4		12. Crossover Related	7. Train
Device 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	 13. Driveway, Alley-Access - Related 14. Railway Grade Crossing 15. Other Crossing (Crossings for Bikes, School, etc.) 	 8. Non-Collision 9. Fixed Object – Off Road 10. Deer 11. Other Animal 12. Pedestrian 13. Bicyclist 14. Motorcyclist 15. Backed Into
			16. Other



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
				Yes No
CRASH DES	SCRIPTION		·	

CRASH E	VEN	ITS												
Vehicle #	First	Event	Second Event	Third Event	Fourth Event	Most Harmful Event		Vehicle #	First Event	Second	Event	Third Event	Fourth Event	Most Harmful
Vehicle #	First	Event	Second Event	Third Event	Fourth Event	Most Harmful Event		Vehicle #	First Event	Second	Event	Third Event	Fourth Event	Most Harmful I
rst Harmful Ev { Entire Crash tl esults in First lı Damage.	hat	1. Banl 2. Tree 3. Utilit 4. Fenc 5. Guar 6. Park 7. Tunn Culv 8. Sign	ty Pole e Or Post	10. Othe 11. Jerse 12. Build 13. Curb 14. Ditch 15. Othe pass, 16. Othe 17. Traffi 18. Mail	ey Wall ling/Structure r Fixed Object r Traffic Barrier c Sign Support	COLLISION WITH PE OR NON-FIXED OBJ 19. Pedestrian 20. Motor Vehicle In [•] 21. Train 22. Bicycle 23. Animal	ECT	24. Wo rt Ma 25. Oth	rk Zone intenance Equ ler Movable Ot known Movabl	ject	28. R 29. J 30. O 31. D 32. C 33. E	-COLLISION an Off Road ack Knife verturn (Rollov ownhill Runav argo Loss or Si xplosion or Fir eparation of Un	rer) 37. Equip vay 38. Immer hift 39. Fell/Ju e 40. Throw hits 41. Non-C	Centerline ment Failure (Tire

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CRASH				-
Crash MM DD YYYY MILITARY Time (24 hr clock) County of Cra Date	h City of Town of		Local Case Nun	ıber
	COMMERCIAL MOTOR VEHICL			
1	his form is being completed because	the vehicle is:		
 A Truck or Truck Combination Rating Greater Than 10,000 lbs. (GVWR/GCWR) 	Any Motor Vehicle That Seats 9 or More People, Including the E		hicle of Any Type wi ard Regardless of W	th a Hazardous Materials /eight
	AND The crash resulted i	n:		
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) injure result of the crash who immed receives medical treatment av the crash scene	liately OR	bus, car, etc.) (crash and tran	ny motor vehicle (truck, disabled as a result of the sported away from the v truck or other vehicle
VEHICLE #				
Vehicle Configuration	10 Cargo Body Type	V11	License P8	Commercial P9
1. Passenger Car (Only if Vehicle Has Hazardous Materials Placa 2. Light Truck (Only if Vehicle Has Hazardous Materials Placard) 3. Bus (Seats 9-15 People, Including Driver) 4. Bus (Seats for 16 People or More, Including Driver) 5. Single Unit Truck (2 Axles, 6 Tires) 6. Single Unit Truck (3 or More Axles) 7. Truck Trailer(s) [Single-Unit Truck Pulling Trailer(s)] 8. Truck Tractor (Bobtail) 9. Tractor/Semi-trailer (One Trailer)		 Grain/Chips/Gravel Pole-Trailer Vehicle Towing Another Motor Vehicle Intermodel Container Chassis Logging Other Cargo Body (Not Listed Above) Not Applicable/ 	Class A Class B Class C Class DRL (regular drivers license) Class M	T-Double Trailer P-Passenger Vehicle N-Tank Vehicle H-Required To Be Placarded for Hazardous Materials X-Combined Tank/HAZMAT O-Other
10. Tractor/Doubles (Two Trailers)	9. Garbage/Refuse	No Cargo Body	GVWR/ V12	1. 10,000 lbs. or Less
11. Other Truck Greater Than 10,000 lbs. (Not Listed Above)	5. Garbaye/neiuse	3 ,	GCWR	2. 10,001–26,000 lbs.
Hazardous Material Hazardous Material Placard: 😗 📧			Gowin	 3. Greater Than 26,000 lbs.
HM 4–Digit HM Placard Name		HM Class	HM Cargo Preser	nt HM Cargo Released
	Address (P.O. Box if No Street Address)		Commercial/N 1. Interstate Carr	V N Non-Commercial V13 rier
HM 4-Digit HM Placard Name Carrier Identification			Commercial/N 1. Interstate Car 2. Intrastate Car 3. Not in Commercial	V N Non-Commercial V13 rier
HM 4–Digit HM Placard Name Carrier Identification Commercial Motor Carrier Name Carrier's ID Number State (Intros)	Commercial/N 1. Interstate Car 2. Intrastate Car 3. Not in Commercial	Von-Commercial V13 rier rier ce-Government (Trucks and Buses)
HM 4-Digit HM Placard Name Carrier Identification Commercial Motor Carrier Name Carrier's ID Number US DOT#)	Commercial/N 1. Interstate Car 2. Intrastate Car 3. Not in Commercial 4. Not in Commercial	Von-Commercial V13 rier rier ce-Government (Trucks and Buses) ce-Other Truck (Over 10,000 lbs.)
HM 4–Digit HM Placard Name Carrier Identification Commercial Motor Carrier Name Carrier's ID Number State (Intras US DOT# VEHICLE # Vehicle Configuration 1. Passenger Car (Only if Vehicle Has Hazardous Materials Placad) 3. Bus (Seats 9-15 People, Including Driver) 4. Bus (Seats for 16 People or More, Including Driver) 5. Single Unit Truck (2 Axles, 6 Tires) 6. Single Unit Truck (3 or More Axles) 7. Truck Trailer(s) [Single-Unit Truck Pulling Trailer(s)] 8. Truck Tractor (Bobtail) 9. Tractor/Doubles (Two Trailers)	tie Only) City Cargo Body Type) State Zip	Commercial/N 1. Interstate Car 2. Intrastate Car 3. Not in Commercial 4. Not in Commercial	Aon-Commercial V13 rier rier ce-Government (Trucks and Buses) ce-Other Truck (Over 10,000 lbs.) Commercial P9 Commercial P9 Character P-Passenger Vehicle N-Tank Vehicle H-Required To Be Placarded for Hazardous Materials X-Combined Tank/HAZMAT O-Other
HM 4–Digit HM Placard Name Carrier Identification Commercial Motor Carrier Name Carrier's ID Number State (Intras US DOT# VEHICLE # Vehicle Configuration 1. Passenger Car (Only if Vehicle Has Hazardous Materials Placad) 2. Light Truck (Only if Vehicle Has Hazardous Materials Placad) 3. Bus (Seats 9-15 People, Including Driver) 4. Bus (Seats for 16 People or More, Including Driver) 5. Single Unit Truck (2 Axles, 6 Tires) 6. Single Unit Truck (3 or More Axles) 7. Truck Trailer(s) [Single-Unit Truck Pulling Trailer(s)] 8. Truck Tractor (Bobtail) 9. Tractor/Doubles (Two Trailers) 11. Other Truck Greater Than 10,000 lbs. (Not Listed Above)	ID City City Cargo Body Type 1. Bus (Seats 9-15 People, Including Driver) 2. Bus (Seats For 16 People or More, Including Driver) 3. Van/Enclosed Box 4. Cargo Tank 5. Flatbed 6. Dump 7. Concrete Mixer 8. Auto Transporter) State Zip V11 10. Grain/Chips/Gravel 11. Pole-Trailer 12. Vehicle Towing Another Motor Vehicle 13. Intermodel Container Chassis 14. Logging 15. Other Cargo Body (Not Listed Above) 16. Not Applicable/	Commercial/N 1. Interstate Carr 2. Intrastate Carr 3. Not in Commercial 4. Not in Commercial 4. Not in Commercial Class A Class A Class B Class C Clas C Class C Clas C Clas C Clas C Clas C Clas C Clas C Cla	Aon-Commercial V13 rier rier ce-Government (Trucks and Buses) ce-Other Truck (Over 10,000 lbs.) Commercial P9 Commercial P9 Character P-Passenger Vehicle N-Tank Vehicle H-Required To Be Placarded for Hazardous Materials X-Combined Tank/HAZMAT O-Other
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Officer Initials Badge #	Commonwealth of Virginia • Department of Motor Vehicles	
Revised Report 🔘	Police Crash Report	
CDVCN		



of	

Revised Report 🔘	Police Cra	ash Keport	7 0 7 F Page of
CRASH			
Crash MM DD YYYY MILITARY Time (24 hr o Date	clock) County of Crash	City of Town of	Local Case Number
Date PEDESTRIAN # Name of Injured (Last, First, Middle) Address (Street and Number) City Driver's License #	Clock) County of Crash		State ZIP State Date of Death MM DD YYYY Ped # Ped # P11 MA MA Method of Alcohol Date of Death P13
 3. Crossing At Intersection No Signal 4. Crossing At Intersection Diagonally 5. Crossing Not At Intersection – Rural 6. Crossing Not At Intersection – Urban 7. Coming From Behind Parked Cars 8. Getting Off Or On School Bus 9. Playing In Roadway 10. Getting Off Or On Another Vehicle 	 13. Walking In Roadway With Traffic – Sidewalks Not Available 14. Walking In Roadway Against Traffic – Sidewalks Available 15. Walking In Roadway Against Traffic – Side Walks Not Available 16. Working In Roadway 17. Standing In Roadway 18. Lying In Roadway 19. Not In Roadway 20. Other 	4. Drinking-Ability Not Impaire 5. Drinking-Not Known Whether Impaired Condition of P Pedestrian Contributing to the Crash 1. No Defects 2. Eyesight Defective 3. Hearing Defective 4. Other Body Defects 5. Illness 6. Fatigued 7. Apparently Asleep 8. Other	ad 1. Blood 2. Breath 3. Refused 3. Refused 4. No Test MA Pedestrian Drug Use P14 1. Yes 2. No 3. Unknown 3. Unknown P12 1. Yes 2. No 3. Unknown P14 1. Yes 2. No 3. Unknown P15 Reflective Clothing 1. Yes 2. No

Use sections below for additional passengers.

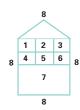
VEHICLE

PASSENGER (only if injured or killed) Name of Injured (Last, First, Middle) **EMS** Transport Date of Death MM DD YY Position Safety Airbag Ejected Injury Type Birthdate Gender ln/On Vehicle Equip Used MM DD YYYY EMS Transport Name of Injured (Last, First, Middle) Date of Death MM DD YY Position Safety Airbag Ejected Injury Type Birthdate Gender ln/On Vehicle Equip Used MM DD үүүү Name of Injured (Last, First, Middle) EMS Transport Date of Death DD YY ММ Position In/On Vehicle Airbag Ejected Injury Type Birthdate Safety Gender Equip Used MM DD YYYY

VEHICLE #

PASSENG	ER (only i	if injur	ed or k	illed)			
Name of Injured (Last, First, Middle)					EMS Transport	Date MM	of Death
Position In/On Vehicle	Safety Equip Used	Airbag	Ejected	Injury Type	Birthdate MM DD YY	γγ	Gender M F
Name of Injured (Last, First, Middle)					EMS Transport	Date MM	of Death DD YY
Position In/On Vehicle	Safety Equip Used	Airbag	Ejected	Injury Type	Birthdate MM DD YY	γγ	Gender M F
Name of Injured (Last, First, Middle)					EMS Transport	Date MM	of Death
Position In/On Vehicle	Safety Equip Used	Airbag	Ejected	Injury Type	Birthdate MM DD YY	vy	Gender M F

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 AIRBAG 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
- 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 Before Report Made
- 2. Visible Signs of Injury, as Bleeding Wound or Distorted Member or Had to be Carried From Scene.
- 3. Other Visible Injury, as Bruises, Abrasions, Swelling, Limping, etc.
- 4. No Visible Injury, But Complaint of Pain, or Momentary Unconsciousness.