

Revised Report

## CRASH

Crash Date 03/28/2025

Day of Week Friday

MILITARY Time (24 hr clock) 06:34

GPS Lat.

3 7 . 5 1 7 3 0 0

GPS Long.

- 7 7 . 3 5 0 0 0 0

Official DMV Use

250875056

Local Case Number

250328008

Mile Marker Number

Number of Vehicles

2

City of  
Town of

Location of Crash (route/street)

LABURNUM AVE

N S E W

Location of Crash (route/street)

of WILLIAMSBURG RD

At Intersection With or \_\_\_\_\_ Miles \_\_\_\_\_ Feet \_\_\_\_\_

## VEHICLE # 1

## DRIVER

Driver's Name (Last, First, Middle)

BASS, NATHAN, FRANKLIN

Address (Street and Number)

226 DUGGER ST

City

BRODNAX

Birth Date 11/01/1993

Drivers License Number T69552444

Driver Fleed Scene

Gender



State VA

ZIP 23920

Safety Equip. Used

Air Bag

Ejected

Date of Death

Injury Type EMS Transport

3

1

1

3

✓

Summons Issued As

Offenses Charged to Driver

Result of Crash

1

46.2-833

## VEHICLE

Vehicle Owner's Name (Last, First, Middle)

BASS, NATHAN, FRANKLIN

Address (Street and Number)

226 DUGGER ST

City

BRODNAX

Vehicle Year 2020

Vehicle Make FORD

Vehicle Model SUV

State VA

ZIP 23920

Vehicle Plate Number ULC8512

VIN

MAJ6S3FL1LC316183

Name of Insurance Company (not agent)

NATIONAL UNION

Speed Before Crash 25

Speed Limit 45

Maximum Safe Speed 45

Under

8

0

ALL Passengers Age Count 8-17 0

18-21 0

21 0

## 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

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Airbag

Ejected

Injury Type

Birthdate

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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

1. Driver

2-6. Passengers

7. Cargo Area

8. Riding/Hanging  
On Outside9-98. All Other  
Passengers

## SAFETY EQUIPMENT USED

1. Lap Belt Only

2. Shoulder Belt Only

3. Lap and Shoulder Belt

4. Child Restraint

5. Helmet

6. Other

7. Booster Seat

8. No Restraint Used

9. Not Applicable

## AIRBAG

1. Deployed – Front

2. Not Deployed

3. Unavailable/Not Applicable

4. Keyed Off

5. Unknown

6. Deployed – Side

7. Deployed – Other (Knee,  
Air Belt, etc.)

8. Deployed – Combination

## EJECTED FROM VEHICLE

1. Not Ejected

2. Partially Ejected

3. Totally Ejected

SUMMONS ISSUED AS  
A RESULT OF CRASH

1. Yes

2. No

3. Pending

## INJURY TYPE

1. Dead

2. Serious Injury

3. Minor/Possible Injury

4. No Apparent Injury

6. No Injury (driver only)

Investigating Officer

J. DALANE

Badge/Code Number

1588

Agency/Department Name and Code

HENRICO COUNTY POLICE - 043

Reviewing Officer

Michael Murray

Report File Date

03/28/2025



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## CRASH

Crash Date MM DD YYYY MILITARY Time (24 hr clock)  
03/28/2025 06:34

County of Crash

HENRICO COUNTY

City of

Town of

Local Case Number

250328008

## DRIVER INFORMATION

Veh 1	Veh 2
<b>Driver's Action</b> P1	
<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 checked="" 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 High way – 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	
<b>Condition of Driver Contributing to the Crash</b> P2	
<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	

Veh 1    Veh 2

Driver	Vision	Obscured P3
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1. Not Obscured 2. Rain, Snow, etc. on Windshield 3. Windshield Otherwise Obscured 4. Vision Obscured by Load on Vehicle 5. Trees, Crops, etc. 6. Building 7. Embankment 8. Sign or Signboard 9. Hillcrest 10. Parked Vehicle(s) 11. Moving Vehicle(s) 12. Sun or Headlight Glare 13. Other 14. Blind Spot 15. Smoke/Dust 16. Stopped Vehicle(s)

Type of Driver Distractions P4

<input type="checkbox"/>	<input type="checkbox"/>	<b>Type of Driver Distractions</b> P4
1. Looking at Roadside Incident 2. Driver Fatigue 3. Looking at Scenery 4. Passenger(s) 5. Radio/CD, etc. 6. Cell Phone 7. Eyes Not on Road 8. Daydreaming 9. Eating/Drinking 10. Adjusting Vehicle Controls 11. Other 12. Navigation Device 13. Texting <input checked="" type="checkbox"/> 14. No Driver Distraction		

Drinking P5

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Drinking</b> P5
1. Had Not Been Drinking 2. Drinking – Obviously Drunk 3. Drinking – Ability Impaired 4. Drinking – Ability Not Impaired 5. Drinking – Not Known Whether Impaired 6. Unknown		

Method of Alcohol Determination (by police) P6

<input type="checkbox"/>	<input type="checkbox"/>	<b>Method of Alcohol Determination (by police)</b> P6
1. Blood 2. Breath 3. Refused <input checked="" type="checkbox"/> 4. No Test		

Drug Use P7

<input type="checkbox"/>	<input type="checkbox"/>	<b>Drug Use</b> P7
1. Yes <input checked="" type="checkbox"/> 2. No <input type="checkbox"/> 3. Unknown		

## VEHICLE INFORMATION

Veh 1    Veh 2

Vehicle	Maneuver	V1
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1. Going Straight Ahead 2. Making Right Turn 3. Making Left Turn 4. Making U-Turn 5. Slowing or Stopping 6. Merging Into Traffic Lane 7. Starting From Parked Position 8. Stopped in Traffic Lane 9. Ran Off Road – Right 10. Ran Off Road – Left 11. Parked 12. Backing 13. Passing 14. Changing Lanes 15. Other 16. Entering Street From Parking Lot

Skidding Tire/Mark V2

<input type="checkbox"/>	<input type="checkbox"/>	<b>Skidding Tire/Mark</b> V2
1. Before Application of Brakes <input checked="" 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		

Vehicle Body Type V3

<input type="checkbox"/>	<input type="checkbox"/>	<b>Vehicle Body Type</b> V3
1. Passenger car 2. Truck – Pick-up/Passenger Truck 3. Van 4. Truck – Single Unit Truck (2-Axes) 5. Motor Home, Recreational Vehicle 6. Special Vehicle – Oversized Vehicle/Earthmover/Road Equipment 7. Bicycle 8. Moped 9. Motorcycle 10. Emergency Vehicle (Regardless of Vehicle Type) 11. Bus – School Bus 12. Bus – City Transit Bus/Privately Owned Church Bus 13. Bus – Commercial Bus 14. Other (Scooter, Go-cart, Hearse, Bookmobile, Golf Cart, etc.) 15. Special Vehicle – Farm Machinery 16. Special Vehicle – ATV 17. Special Vehicle – Low-Speed Vehicle <input checked="" type="checkbox"/> 18. Truck – Sport Utility Vehicle (SUV) <input checked="" type="checkbox"/> 19. Truck – Single Unit Truck (3 Axles or More) 20. Truck – Truck-Tractor (Bobtail-No Trailer) 21. Truck – Low-Speed Vehicle 22. Truck – Sport Utility Vehicle (SUV) 23. Truck – Single Unit Truck 24. Truck – Truck-Tractor (Bobtail-No Trailer) 25. Truck – Low-Speed Vehicle		

EMV in service V7

<input type="checkbox"/>	<input type="checkbox"/>	<b>EMV in service</b> V7
1. Yes <input type="checkbox"/> 2. No		

Truck Cover V8

<input type="checkbox"/>	<input type="checkbox"/>	<b>Truck Cover</b> V8
1. Yes <input type="checkbox"/> 2. No		

VNA    VNA    VNA    VNA    VNA    VNA    VNA    VNA

Vehicle	Damage	V4
<input type="checkbox"/>	<input type="checkbox"/>	<b>Vehicle Damage</b> V4
1. Unknown 2. No damage 3. Overturned 4. Motor 5. Undercarriage <input checked="" type="checkbox"/> 6. Totaled 7. Fire 8. Other		

VNA    VNA    VNA    VNA    VNA    VNA    VNA    VNA

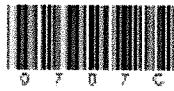
Vehicle	Condition	V5
<input type="checkbox"/>	<input type="checkbox"/>	<b>Vehicle Condition</b> V5
1. No Defects 2. Lights Defective 3. Brakes Defective 4. Steering Defective 5. Puncture/Blowout 6. Worn or Slick Tires 7. Motor Trouble 8. Chains In Use 9. Other 10. Vehicle Altered 11. Mirrors Defective 12. Power Train Defective 13. Suspension Defective 14. Windows/Windshield Defective 15. Wipers Defective 16. Wheels Defective 17. Exhaust System		

VNA    VNA    VNA    VNA    VNA    VNA    VNA    VNA

Special Function Motor Vehicle	V6	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Special Function Motor Vehicle</b> V6
1. No Special Function 2. Taxi 3. School Bus (Public or Private) 4. Transit Bus 5. Intercity Bus 6. Charter Bus 7. Other Bus 8. Military 9. Police 10. Ambulance 11. Fire Truck 12. Tow Truck 13. Maintenance 14. Unknown 15. TNC		

VNA    VNA    VNA    VNA    VNA    VNA    VNA    VNA

EMV in service	V7	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>EMV in service</b> V7
1. Yes <input type="checkbox"/> 2. No		



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Crash Date 03/28/2025 06:34

MILITARY Time (24 hr clock)

County of Crash HENRICO COUNTY

## Police Crash Report

City of  
Town of

Local Case Number

250328008

9 7 0 7 0

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## 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

## 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

## 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

## 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

## Traffic Control Type

- 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 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 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

## Roadway Surface Type C8

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

## Roadway Description C5

- 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

## C9

## Intersection Type C12

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

## Work Zone C13

- 1. Yes
- 2. No

## Work Zone C14

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

## Work Zone Location C15

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

## Work Zone Type C16

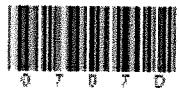
- 1. Lane Closure
- 2. Lane Shift/Crossover
- 3. Work on Shoulder or Median
- 4. Intermittent or Moving Work
- 5. Other

## School Zone C17

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

## 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. Backed Into
- 16. Other



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County of Crash

HENRICO COUNTY

City of  
Town ofLocal Case Number  
250328008

## VEHICLE # 1

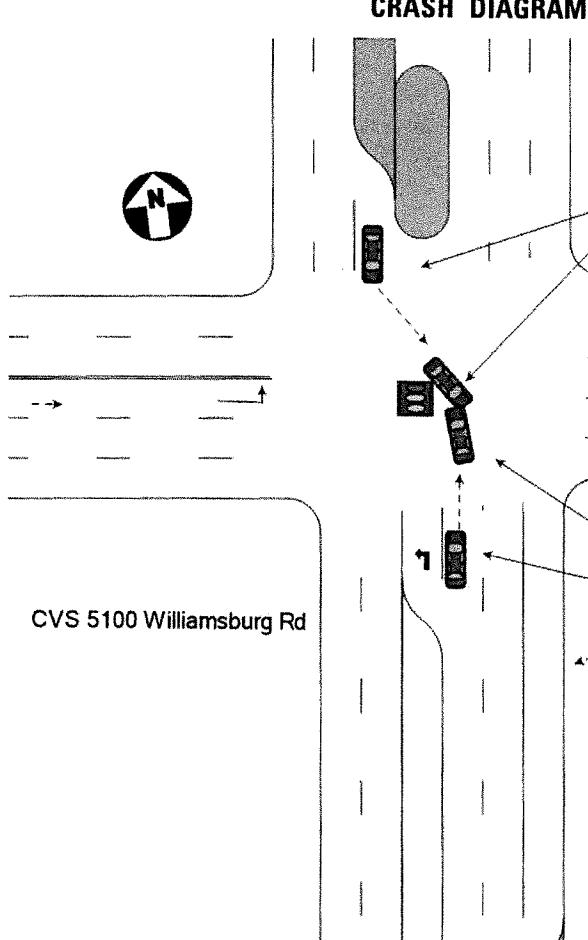
Fill In Impact Area(s).  
Initial Impact.

11

12

- 11 ✓
- 10
- 9
- 8
- 7
- 6
- 5
- 4
- 3
- 2
- 1
- 12

Veh Dir of Travel—N/S/E/W



## VEHICLE #

Fill In Impact Area(s).  
Initial Impact.

12

- 11
- 10
- 9
- 8
- 7
- 6
- 5
- 4
- 3
- 2
- 1
- 12

Veh Dir of Travel—N/S/E/W

## VEHICLE # 2

Fill In Impact Area(s).  
Initial Impact.

12

- 11 ✓
- 10
- 9
- 8
- 7
- 6
- 5
- 4
- 3
- 2
- 1
- 12

Veh Dir of Travel—N/S/E/W

## VEHICLE #

Fill In Impact Area(s).  
Initial Impact.

12

- 11
- 10
- 9
- 8
- 7
- 6
- 5
- 4
- 3
- 2
- 1
- 12

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

## CRASH DESCRIPTION

V1 DRIVING SOUTH ON LABURNUM TURNING LEFT ONTO WILLIAMSBURG RD. V2 WAS DRIVING NORTH ON LABURNUM. V1 STRUCK V2 IN INTERSECTION.

## CRASH EVENTS

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

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

First Harmful Event of Entire Crash that Results in First Injury or Damage.  
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
25. Other Movable Object
26. Unknown Movable Object
27. Other
- Maintenance Equipment
31. Downhill Runaway
32. Cargo Loss or Shift
33. Explosion or Fire
34. Separation of Units

## 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