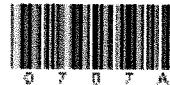


Police Crash Report



Revised Report

Page 1 of 4

CRASH		GPS Lat. 3 7 5 1 7 3 0 0	GPS Long. - 7 7 3 5 0 0 0 0
Crash Date 03/28/2025	Day of Week Friday	MILITARY Time (24 hr clock) 06:34	County of Crash HENRICO COUNTY
City of Town of	City or Town Name	Landmarks at Scene 4800 WILLIAMSBURG RD	Official DMV Use 250875056
Location of Crash (route/street) LABURNUM AVE		Railroad Crossing ID no. (if within 150 ft.)	Local Case Number 250328008
At Intersection With or _____ Miles _____ Feet _____ of WILLIAMSBURG RD		Location of Crash (route/street)	Mile Marker Number Number of Vehicles 2

VEHICLE # 1

VEHICLE # 2

DRIVER		Driver Fled Scene	Gender
Driver's Name (Last, First, Middle) BASS, NATHAN, FRANKLIN			<input checked="" type="checkbox"/>
Address (Street and Number) 226 DUGGER ST			
City BRODNAX	State VA	ZIP 23920	
Birth Date 11/01/1993	Drivers License Number T69552444	State VA	DL <input checked="" type="checkbox"/>
Safety Equip. Used 3	Air Bag 1	Ejected 1	Date of Death Injury Type 3
Summons Issued As Result of Crash 1	Offenses Charged to Driver 46.2-833	EMS Transport <input checked="" type="checkbox"/>	

DRIVER		Driver Fled Scene	Gender
Driver's Name (Last, First, Middle) VELASQUEZ ZACARIAS, EMILIANO, SIBILIA			<input checked="" type="checkbox"/>
Address (Street and Number) 5203 ROBINS RD			
City HENRICO	State VA	ZIP 23231	
Birth Date 11/26/1987	Drivers License Number A62929302	State VA	DL <input checked="" type="checkbox"/>
Safety Equip. Used 3	Air Bag 1	Ejected 1	Date of Death Injury Type 3
Summons Issued As Result of Crash 2	Offenses Charged to Driver	EMS Transport <input checked="" type="checkbox"/>	

VEHICLE		Same as Driver	<input checked="" type="checkbox"/>
Vehicle Owner's Name (Last, First, Middle) BASS, NATHAN, FRANKLIN			
Address (Street and Number) 226 DUGGER ST			
City BRODNAX	State VA	ZIP 23920	
Vehicle Year 2020	Vehicle Make FORD	Vehicle Model SUV	Disabled <input checked="" type="checkbox"/>
Vehicle Plate Number ULC8512	State VA	Approximate Repair Cost 10000	CMV <input checked="" type="checkbox"/>
VIN MAJ6S3FL1LC316183		Oversize Cargo Spill	
Name of Insurance Company (not agent) NATIONAL UNION		Override Underride	
Speed Before Crash 25	Speed Limit 45	Maximum Safe Speed 45	Under 8 0
			ALL Passengers Age Count 8-17 0 18-21 0 Over 21 0

VEHICLE		Same as Driver	<input checked="" type="checkbox"/>
Vehicle Owner's Name (Last, First, Middle) VELASQUEZ ZACARIAS, EMILIANO, SIBILIA			
Address (Street and Number) 5203 ROBINS RD			
City HENRICO	State VA	ZIP 23231	
Vehicle Year 2009	Vehicle Make HOND	Vehicle Model SUV	Disabled <input checked="" type="checkbox"/>
Vehicle Plate Number TMR2685	State VA	Approximate Repair Cost 10000	CMV <input checked="" type="checkbox"/>
VIN 5J6RE48589L057004		Oversize Cargo Spill	
Name of Insurance Company (not agent) NATIONAL GENERAL		Override Underride	
Speed Before Crash 35	Speed Limit 45	Maximum Safe Speed 45	Under 8 0
			ALL Passengers Age Count 8-17 0 18-21 0 Over 21 0

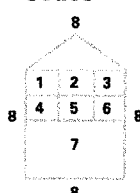
PASSENGER (only if injured or killed)

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

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
- 2-6. Passengers
- Cargo Area
- Riding/Hanging On Outside
- 9-98. 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

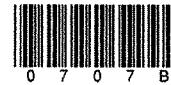
SUMMONS ISSUED AS A RESULT OF CRASH

- Yes
- No
- Pending

INJURY TYPE

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

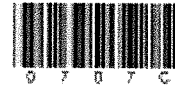
Investigating Officer J. DALANE	Badge/Code Number 1588	Agency/Department Name and Code HENRICO COUNTY POLICE - 043	Reviewing Officer Michael Murray	Report File Date 03/28/2025
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**Police Crash Report**Revised Report ☐Page **2** of **4****CRASH**

Crash Date 03/28/2025	MILITARY Time (24 hr clock) 06:34	County of Crash HENRICO COUNTY	<input type="checkbox"/> City of <input type="checkbox"/> Town of	Local Case Number 250328008
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DRIVER INFORMATION**VEHICLE INFORMATION**

Veh 1	Veh 2		Veh 1	Veh 2		Veh 1	Veh 2		Veh 1	Veh 2	
		Driver's Action P1			Driver Vision Obscured P3			Vehicle Maneuver V1			Vehicle Damage V4
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. No Improper Action	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Not Obscured	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Going Straight Ahead	<input type="checkbox"/>	<input type="checkbox"/>	1. Unknown
<input type="checkbox"/>	<input type="checkbox"/>	2. Exceeded Speed Limit	<input type="checkbox"/>	<input type="checkbox"/>	2. Rain, Snow, etc. on Windshield	<input type="checkbox"/>	<input type="checkbox"/>	2. Making Right Turn	<input type="checkbox"/>	<input type="checkbox"/>	2. No damage
<input type="checkbox"/>	<input type="checkbox"/>	3. Exceeded Safe Speed But Not Speed Limit	<input type="checkbox"/>	<input type="checkbox"/>	3. Windshield Otherwise Obscured	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Making Left Turn	<input type="checkbox"/>	<input type="checkbox"/>	3. Overturned
<input type="checkbox"/>	<input type="checkbox"/>	4. Overtaking On Hill	<input type="checkbox"/>	<input type="checkbox"/>	4. Vision Obscured by Load on Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	4. Making U-Turn	<input type="checkbox"/>	<input type="checkbox"/>	4. Motor
<input type="checkbox"/>	<input type="checkbox"/>	5. Overtaking On Curve	<input type="checkbox"/>	<input type="checkbox"/>	5. Trees, Crops, etc.	<input type="checkbox"/>	<input type="checkbox"/>	5. Slowing or Stopping	<input type="checkbox"/>	<input type="checkbox"/>	5. Undercarriage
<input type="checkbox"/>	<input type="checkbox"/>	6. Overtaking at Intersection	<input type="checkbox"/>	<input type="checkbox"/>	6. Building	<input type="checkbox"/>	<input type="checkbox"/>	6. Merging Into Traffic Lane	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6. Totaled
<input type="checkbox"/>	<input type="checkbox"/>	7. Improper Passing of School Bus	<input type="checkbox"/>	<input type="checkbox"/>	7. Embankment	<input type="checkbox"/>	<input type="checkbox"/>	7. Starting From Parked Position	<input type="checkbox"/>	<input type="checkbox"/>	7. Fire
<input type="checkbox"/>	<input type="checkbox"/>	8. Cutting In	<input type="checkbox"/>	<input type="checkbox"/>	8. Sign or Signboard	<input type="checkbox"/>	<input type="checkbox"/>	8. Stopped in Traffic Lane	<input type="checkbox"/>	<input type="checkbox"/>	8. Other
<input type="checkbox"/>	<input type="checkbox"/>	9. Other Improper Passing	<input type="checkbox"/>	<input type="checkbox"/>	9. Hillcrest	<input type="checkbox"/>	<input type="checkbox"/>	9. Ran Off Road - Right	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	10. Wrong Side of Road - Not Overtaking	<input type="checkbox"/>	<input type="checkbox"/>	10. Parked Vehicle(s)	<input type="checkbox"/>	<input type="checkbox"/>	10. Ran Off Road - Left	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	11. Did Not Have Right-of-Way	<input type="checkbox"/>	<input type="checkbox"/>	11. Moving Vehicle(s)	<input type="checkbox"/>	<input type="checkbox"/>	11. Parked	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	12. Following Too Close	<input type="checkbox"/>	<input type="checkbox"/>	12. Sun or Headlight Glare	<input type="checkbox"/>	<input type="checkbox"/>	12. Backing	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	13. Fail to Signal or Improper Signal	<input type="checkbox"/>	<input type="checkbox"/>	13. Other	<input type="checkbox"/>	<input type="checkbox"/>	13. Passing	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	14. Improper Turn - Wide Right Turn	<input type="checkbox"/>	<input type="checkbox"/>	14. Blind Spot	<input type="checkbox"/>	<input type="checkbox"/>	14. Changing Lanes	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	15. Improper Turn - Cut Corner on Left Turn	<input type="checkbox"/>	<input type="checkbox"/>	15. Smoke/Dust	<input type="checkbox"/>	<input type="checkbox"/>	15. Other	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	16. Improper Turn From Wrong Lane	<input type="checkbox"/>	<input type="checkbox"/>	16. Stopped Vehicle(s)	<input type="checkbox"/>	<input type="checkbox"/>	16. Entering Street From Parking Lot	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	17. Other Improper Turn			Type of Driver Distractions P4			Skidding Tire/Mark V2			Vehicle Condition V5
<input type="checkbox"/>	<input type="checkbox"/>	18. Improper Backing	<input type="checkbox"/>	<input type="checkbox"/>	1. Looking at Roadside Incident	<input type="checkbox"/>	<input type="checkbox"/>	1. Before Application of Brakes	<input type="checkbox"/>	<input type="checkbox"/>	1. No Defects
<input type="checkbox"/>	<input type="checkbox"/>	19. Improper Start From Parked Position	<input type="checkbox"/>	<input type="checkbox"/>	2. Driver Fatigue	<input type="checkbox"/>	<input type="checkbox"/>	2. After Application of Brakes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2. Lights Defective
<input checked="" type="checkbox"/>	<input type="checkbox"/>	20. Disregarded Officer or Flagger	<input type="checkbox"/>	<input type="checkbox"/>	3. Looking at Scenery	<input type="checkbox"/>	<input type="checkbox"/>	3. Before and After Application of Brakes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3. Brakes Defective
<input type="checkbox"/>	<input type="checkbox"/>	21. Disregarded Traffic Signal	<input type="checkbox"/>	<input type="checkbox"/>	4. Passenger(s)	<input type="checkbox"/>	<input type="checkbox"/>	4. No Visible Skid Mark/Tire Mark	<input type="checkbox"/>	<input type="checkbox"/>	4. Steering Defective
<input type="checkbox"/>	<input type="checkbox"/>	22. Disregarded Stop or Yield Sign	<input type="checkbox"/>	<input type="checkbox"/>	5. Radio/CD, etc.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	5. Puncture/Blowout
<input type="checkbox"/>	<input type="checkbox"/>	23. Driver Distraction	<input type="checkbox"/>	<input type="checkbox"/>	6. Cell Phone	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	6. Worn or Slick Tires
<input type="checkbox"/>	<input type="checkbox"/>	24. Fail to Stop at Through Highway - No Sign	<input type="checkbox"/>	<input type="checkbox"/>	7. Eyes Not on Road	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	7. Motor Trouble
<input type="checkbox"/>	<input type="checkbox"/>	25. Drive Through Work Zone	<input type="checkbox"/>	<input type="checkbox"/>	8. Daydreaming	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	8. Chains In Use
<input type="checkbox"/>	<input type="checkbox"/>	26. Fail to Set Out Flares or Flags	<input type="checkbox"/>	<input type="checkbox"/>	9. Eating/Drinking	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	9. Other
<input type="checkbox"/>	<input type="checkbox"/>	27. Fail to Dim Headlights	<input type="checkbox"/>	<input type="checkbox"/>	10. Adjusting Vehicle Controls	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	10. Vehicle Altered
<input type="checkbox"/>	<input type="checkbox"/>	28. Driving Without Lights	<input type="checkbox"/>	<input type="checkbox"/>	11. Other	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	11. Mirrors Defective
<input type="checkbox"/>	<input type="checkbox"/>	29. Improper Parking Location	<input type="checkbox"/>	<input type="checkbox"/>	12. Navigation Device	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	12. Power Train Defective
<input type="checkbox"/>	<input type="checkbox"/>	30. Avoiding Pedestrian	<input type="checkbox"/>	<input type="checkbox"/>	13. Texting	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	13. Suspension Defective
<input type="checkbox"/>	<input type="checkbox"/>	31. Avoiding Other Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	14. No Driver Distraction	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	14. Windows/Windshield Defective
<input type="checkbox"/>	<input type="checkbox"/>	32. Avoiding Animal			Drinking P5			Vehicle Body Type V3			15. Wipers Defective
<input type="checkbox"/>	<input type="checkbox"/>	33. Crowded Off Highway	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1. Had Not Been Drinking	<input type="checkbox"/>	<input type="checkbox"/>	1. Passenger car	<input type="checkbox"/>	<input type="checkbox"/>	16. Wheels Defective
<input type="checkbox"/>	<input type="checkbox"/>	34. Hit and Run	<input type="checkbox"/>	<input type="checkbox"/>	2. Drinking - Obviously Drunk	<input type="checkbox"/>	<input type="checkbox"/>	2. Truck - Pick-up/Passenger Truck	<input type="checkbox"/>	<input type="checkbox"/>	17. Exhaust System
<input type="checkbox"/>	<input type="checkbox"/>	35. Car Ran Away - No Driver	<input type="checkbox"/>	<input type="checkbox"/>	3. Drinking - Ability Impaired	<input type="checkbox"/>	<input type="checkbox"/>	3. Van	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	36. Blinded by Headlights	<input type="checkbox"/>	<input type="checkbox"/>	4. Drinking - Ability Not Impaired	<input type="checkbox"/>	<input type="checkbox"/>	4. Truck - Single Unit Truck (2-Axles)	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	37. Other	<input type="checkbox"/>	<input type="checkbox"/>	5. Drinking - Not Known Whether Impaired	<input type="checkbox"/>	<input type="checkbox"/>	5. Motor Home, Recreational Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	38. Avoiding Object in Roadway	<input type="checkbox"/>	<input type="checkbox"/>	6. Unknown	<input type="checkbox"/>	<input type="checkbox"/>	6. Special Vehicle - Oversized Vehicle/Earthmover/Road Equipment	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	39. Eluding Police			Method of Alcohol Determination (by police) P6			9. Bicycle	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	40. Fail to Maintain Proper Control	<input type="checkbox"/>	<input type="checkbox"/>	1. Blood	<input type="checkbox"/>	<input type="checkbox"/>	10. Moped	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	41. Improper Passing	<input type="checkbox"/>	<input type="checkbox"/>	2. Breath	<input type="checkbox"/>	<input type="checkbox"/>	11. Motorcycle	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	42. Improper or Unsafe Lane Change	<input type="checkbox"/>	<input type="checkbox"/>	3. Refused	<input type="checkbox"/>	<input type="checkbox"/>	12. Emergency Vehicle (Regardless of Vehicle Type)	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	43. Over Correction	<input type="checkbox"/>	<input type="checkbox"/>	4. No Test	<input type="checkbox"/>	<input type="checkbox"/>	13. Bus - School Bus	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Condition of Driver Contributing to the Crash P2	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	14. Bus - City Transit Bus/Private Owned Church Bus	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	1. No Defects	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	15. Bus - Commercial Bus	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	2. Eyesight Defective	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	16. Other (Scooter, Go-cart, Hearse, Bookmobile, Golf Cart, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	3. Hearing Defective	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	17. Special Vehicle - Farm Machinery	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	4. Other Body Defects	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	18. Special Vehicle - ATV	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	5. Illness	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	19. Special Vehicle - Low-Speed Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	6. Fatigued	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	20. Truck - Sport Utility Vehicle (SUV)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	7. Apparently Asleep	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	21. Truck - Single Unit Truck (3 Axles or More)	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	8. Other	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	22. Truck - Truck Tractor (Bobtail-No Trailer)	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	9. Unknown	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
					Drug Use P7				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	EMV in service V7
			<input type="checkbox"/>	<input type="checkbox"/>	1. Yes	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	1. Yes
			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2. No	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	2. No
			<input type="checkbox"/>	<input type="checkbox"/>	3. Unknown	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Truck Cover V8
						<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	1. Yes
						<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	2. No

Revised Report ☐

Police Crash Report

CRASH

Crash Date 03/28/2025	MILITARY Time (24 hr clock) 06:34	County of Crash HENRICO COUNTY	City of <input type="radio"/> Town of	Local Case Number 250328008
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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 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 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 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

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

Relation to Roadway C11

Interchange Area:

- ☐ 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)

Intersection Area:

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

Other Location:

- ☐ 12. Crossover Related
- ☐ 13. Driveway, Alley-Access - Related
- ☐ 14. Railway Grade Crossing
- ☐ 15. Other Crossing (Crossings for Bikes, School, etc.)

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 Workers Present 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

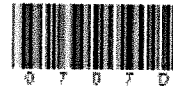
- ☐ 1. Lane Closure
- ☐ 2. Lane Shift/Crossover
- ☐ 3. Work on Shoulder or Median
- ☐ 4. Intermittent or Moving Work
- ☐ 5. Other

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

Revised Report ☐

Police Crash Report

Page 4 of 4

CRASH

Crash Date

03/28/2025

MILITARY Time (24 hr clock)

06:34

County of Crash

HENRICO COUNTY

City of

Town of

Local Case Number

250328008

VEHICLE # 1

Fill In Impact Area(s).

Initial Impact.

11

11	<input checked="" type="checkbox"/>	1
10	<input type="checkbox"/>	2
9	<input type="checkbox"/>	3
8	<input type="checkbox"/>	4
7	<input type="checkbox"/>	5
6	<input type="checkbox"/>	6

Veh Dir of Travel—N/S/E/W

VEHICLE

Fill In Impact Area(s).

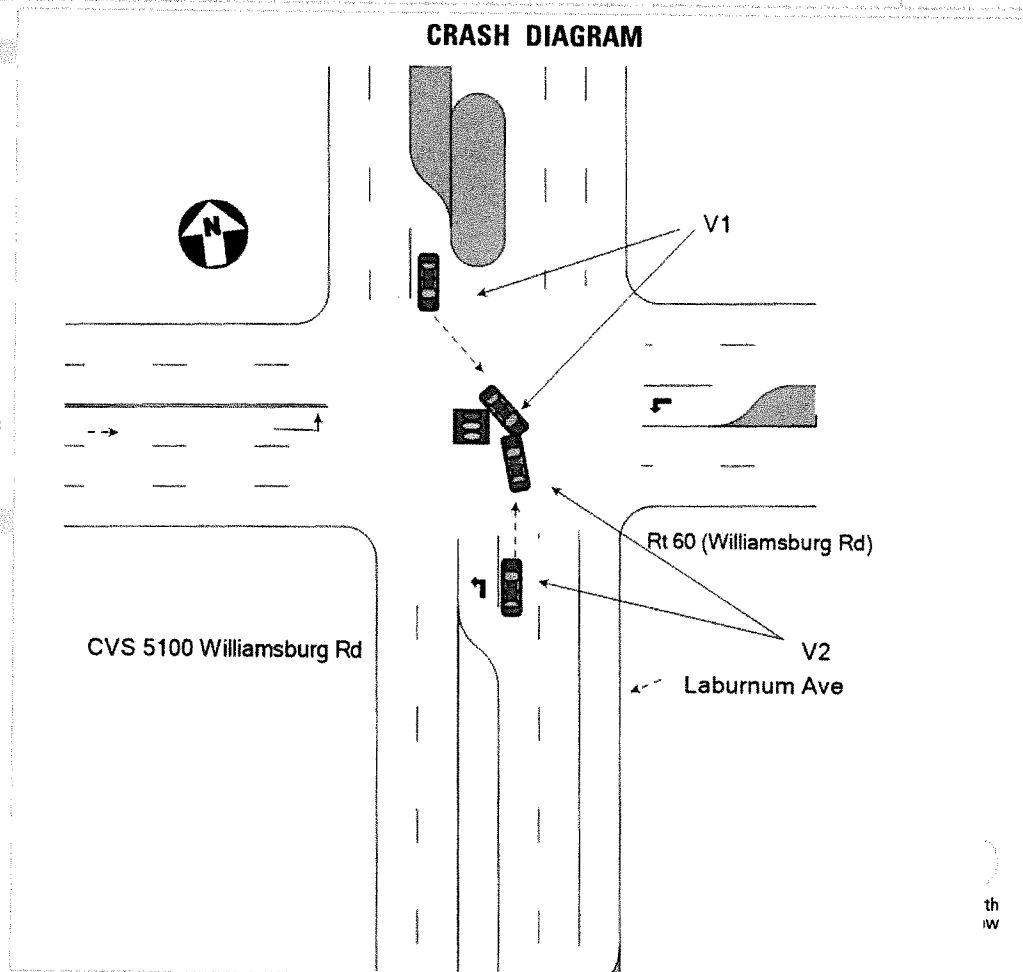
Initial Impact.

12

11	<input type="checkbox"/>	1
10	<input type="checkbox"/>	2
9	<input type="checkbox"/>	3
8	<input type="checkbox"/>	4
7	<input type="checkbox"/>	5
6	<input type="checkbox"/>	6

Veh Dir of Travel—N/S/E/W

CRASH DIAGRAM



VEHICLE # 2

Fill In Impact Area(s).

Initial Impact.

12

11	<input checked="" type="checkbox"/>	1
10	<input type="checkbox"/>	2
9	<input type="checkbox"/>	3
8	<input type="checkbox"/>	4
7	<input type="checkbox"/>	5
6	<input type="checkbox"/>	6

Veh Dir of Travel—N/S/E/W

VEHICLE

Fill In Impact Area(s).

Initial Impact.

12

11	<input type="checkbox"/>	1
10	<input type="checkbox"/>	2
9	<input type="checkbox"/>	3
8	<input type="checkbox"/>	4
7	<input type="checkbox"/>	5
6	<input type="checkbox"/>	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)

VOOT 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 | 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 |