

SALEM VA

PLANNING & DEVELOPMENT

DOWNTOWN SALEM  
STREETSCAPE AND  
INTERSECTION  
IMPROVEMENTS





October 29, 2015

Ms. Julie Brown  
Director of Local Assistance Division  
VDOT  
1401 East Broad Street  
Richmond, Virginia 23219

RE: Grant Application  
Downtown Salem Streetscape and  
Intersection Improvements

Dear Ms. Brown:

Enclosed please find the City of Salem's Grant Application for our Downtown Salem Streetscape and Intersection Improvements project. We have been working diligently on creating our Downtown Plan and feel that it, in conjunction with grant applications and other projects, will help enhance our Downtown to promote growth, livability, and accessibility. We are extremely excited to see this plan come to life.

As you review our application, please feel free to contact this office with any questions you may have. We hope you look on this application in a favorable manner and we thank you in advance for your consideration.

Sincerely,

Kevin S. Boggess  
City Manager

# TAP FY2017 Application

**APPLICATION DEADLINE  
NOVEMBER 1, 2015**

**-21**  
Use TAB to return to each field

<b>1. Project Sponsor</b>	Name and Title:	Benjamin W. Tripp, City Planner
	Organization:	City of Salem, Virginia
	Address:	114 North Broad Street
	City, State, Zip+4:	Salem, VA 24153-0869
	Telephone/Fax:	540-375-3007
	E-mail Address:	<a href="mailto:btripp@salemva.gov">btripp@salemva.gov</a>

<b>2. Project Manager</b>	Name and Title:	Benjamin W. Tripp, City Planner
	Organization:	City of Salem, Virginia
	Address:	114 North Broad Street
	City, State, Zip+4:	Salem, VA, 24153-0869
	Telephone/Fax:	540-375-3007
	E-mail Address:	<a href="mailto:btripp@salemva.gov">btripp@salemva.gov</a>

<b>3. Sponsor DUNS Number</b>	93 154 2034	<b>4. Project UPC Number</b> (Existing Projects Only)	
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<b>5. Project Title</b>	Downtown Salem Streetscape and Intersection Improvements - Phase I
<b>5a. Provide a description of the project and a clearly defined scope of the improvements to be made utilizing Transportation Alternatives funds.</b>	
This project will reconstruct the sidewalks on Main Street in Downtown Salem, from Broad Street to White Oak Alley, as well as the intersection of Broad and Main. Improvements will include replacement and relocation of the crosswalks to improve safety, creation of bump-out islands to shorten pedestrian crossing distance, replacement of the aging sidewalks with brick pavers and the construction of areas for pedestrians to gather and for outdoor dining. It will also include complete replacement of all street lighting and traffic signals with historic style fixtures, as well as the installation of canopy trees and some additional placemaking landscaping.	

<b>6. Identify beginning and ending termini and provide a location map with the project area clearly marked.</b>
Start Location: The west side of the intersection of Broad Street and East Main Street    End Location: The east side of the intersection of White Oak Alley
<b>6a. Provide ZIP+4 for project location</b> 24153-0869

<b>7. Project Location</b>
<b>Is this project located within a Transportation Management Area (TMA)?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, please indicate which MPO area:</b> <input type="checkbox"/> Northern Virginia <input type="checkbox"/> Richmond <input type="checkbox"/> Tri Cities <input checked="" type="checkbox"/> Roanoke <input type="checkbox"/> Hampton Roads <input type="checkbox"/> Fredericksburg (Portion of North Stafford in TMA)
<b>If project is in a TMA, complete Attachment A – Supplemental Information for Projects in TMAs</b>

<b>8. Local Jurisdiction Population (based on 2010 census data)</b>
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Less than 5,000
  5,000 to 200,000
  Greater than 200,000

**9. Primary Category of Eligibility** (Select **ONLY** one)

Select **primary category of eligibility** even if other categories may apply.

- Construction of bicycle and pedestrian facilities
- Improvement or system that will provide safe routes for non-drivers (*includes Safe Routes to School*)
- Conversion of abandoned railway corridors to trails
- Construction of scenic turnouts and overlooks
- Inventory, control, or removal of outdoor advertising
- Historic preservation and rehabilitation of historic transportation facilities
- Vegetation management within transportation rights of way
- Archeological activities in conjunction with a highway construction project
- Environmental mitigation activity focused on storm water management
- Environmental mitigation activity focused on wildlife mortality or habitat connectivity

**10. Does this project qualify as a "Safe Routes to School" project based on the criteria below?**  Yes  No

- Eligible infrastructure activity
- Project is located within 2 miles of an elementary / middle school

**10a. Do you wish to pursue this as a SRTS project? If so, complete the required Attachment B – Supplemental Information for Safe Routes to School Projects**  Yes  No

**Project Funding**

**11. Total project cost (\*) is to be limited to the project described in this application and based on the beginning and ending termini provided. This should not be considered the "whole" of a multi-phased project. According to the attached Project Budget - Attachment C, the following project costs can be demonstrated:**

<b>11a. Total Anticipated TA Funding</b>	Cannot exceed 80% of total project cost	480,000
<b>11b. Total Local 20% Match Required</b>	Based on the anticipated TA funds above	120,000
<b>11c. Other Project Funds (Non-TAP funds)</b>	Include local funds, other grants and donations	
<b>11d. Total Project Cost (*)</b>	Sum of above; should match Attachment C	600,000

**12. Total Anticipated Transportation Alternatives Funding (same as Item 11a above)**

		<b>Federal Funding</b>	<b>Local Match Required</b>
<b>12a. Current TA Funds Requested</b>	This Application Only	480,000	120,000
<b>12b. Prior TE/TA Funds Received</b>	This Project Only		
<b>12c. Future TA Funds</b>	This Project Only	0	0

**13. Do you plan to use in-kind to meet all or part of the 20% local match requirement?**  Yes  No

**13a. If yes, provide the estimated value of services and / or donations to be applied as in-kind match.** Value: \$

**13b. If planning to use in-kind match, explain in detail the services to be provided and where possible, provide documentation identifying the donations being made and the dollar value for each.**

**14. If the 20% local match is being provided in cash, identify the proposed source(s) of funding.**

General Funds

<b>15. A local 20% match contribution is required – how much additional local funding (above the required 20%) is proposed?</b>	
Many other components of the Downtown Plan are not included in this project, but are related to it. For example, the Plan outlines historic-style signage, and includes a façade grant program. Both of these are part of the same effort to improve Downtown Salem and their costs should be considered above and beyond the required match. In the case of these two items the costs are \$15,000 and \$50,000 annually respectively.	

<b>16. Is there additional (above the 20% match) non-sponsor or non-local funding available for this project – other grants, state funds, corporate donations, etc.?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the amount of non-local funds, identify the source of this funding and documentation confirming the commitment of these funds including when they will be available.	
Salem also has CDBG funding for a planning grant and the work proposed in this application was partially developed together with that effort. Work on a CDBG project grant may extend these improvements to subsequent blocks of Downtown, as well as accomplish other objectives.	

<b>17. If this request is not fully funded, or if the estimated project cost increases during design, how do you plan to complete this project?</b>
This project can be phased in increments of approximately \$600,000 at a time. If this request is not fully funded subsequent requests would be for TA funds, resulting in an approximately two year phasing of the project if awarded \$250,000 per year.

**Project Concept**

<b>18. Has the sponsor performed an on-site evaluation of the project to determine the project's constructability and cost?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide date and attendees.	
Salem has been working with OWPR Architects on a similar design for College Avenue. The cost estimate for this project is based off estimates prepared for College Avenue. The design is the same.	

<b>19. Describe any possible challenges or obstacles that will require additional design consideration, cost or design waivers.</b>
Work is ongoing to determine the loading requirements for the street lighting design. The distance between strands of lighting has yet to be determined and is being considered by the City of Salem Electric Department. Final designs should be available shortly. We do not anticipate the need for any design waivers.

<b>20. The use of federal transportation funds requires compliance with the Americans with Disabilities Act (ADA); describe how this project will meet these design requirements.</b>
If this is a pedestrian and/or bicycle facility, include a description of the proposed surface (concrete, asphalt, etc) and width of the completed facility including any bridges.
The proposed surface of the sidewalks is a smooth brick paver, set without the use of mortar. Width will vary between 12 and 20 feet, depending on the location. Care will be taken to ensure the surface is ADA compliant.
Currently crosswalks do not include diagonal crosshatch, countdown timers, or audible pedestrian alerts. This project will install all of those. Additionally, the project will shorten the distance for pedestrians crossing the road by bumping out the sidewalks at intersections, and some midblock locations. This should make it much easier for people with disabilities to cross the road. The project will also create areas of public seating, which will provide pedestrians with disabilities places to stop and rest as they walk through downtown.

<b>21. Describe any anticipated challenges to meeting ADA design requirements including slope / terrain, RW limitations, historic features, etc.</b>
We do not anticipate any challenges to meeting ADA requirements.

<b>22. Is the project located within a designated historic district or within a downtown business district?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how will the project improve the aesthetic value of the affected area? What economic impacts will the proposed changes have?	
One of the major goals of this project is economic development within the district. Salem has undertaken a planning process for downtown to improve the district for business. The project will create a more historic streetscape context for the buildings in the listed district, thus improving aesthetic value. It will also create areas that can be used for outdoor dining, increasing the available seating for local restaurants, and hopefully increasing their sales. A major component of the design is the use of placemaking street lighting. This distinctive feature of the project will help to draw customers downtown, and create an environment more suitable for business, and more desirable. This will lead to induced investment in the project area, creating additional jobs, profit for businesses, and economic development.	

<b>23. It is expected that the sponsor will maintain the facility for its useful life. Provide details regarding maintenance and upkeep of the completed facility – identify who will be providing upkeep, what services will be provided, how long the services will be provided and where the funding for these services will come from.</b>
The City of Salem has a long track record of quality maintenance of city facilities. Salem maintains its own street network, owns and operates an electric utility, a civic center, a minor-league baseball stadium, a school system, and a greenway network, among other facilities. Salem has the capacity to maintain the facility proposed in this application indefinitely. Salem wishes to create something that will be a defining characteristic for our community, and will take care of it as such.

<b>24. If this project is for a pedestrian and/or bicycle facility, mark which best describes the project’s primary transportation function:</b>
<input type="checkbox"/> N/A Not a pedestrian / bicycle facility <input type="checkbox"/> Commuting to and from workplace <input type="checkbox"/> Residential connections <input type="checkbox"/> Recreational / exercise <input checked="" type="checkbox"/> Alternate transportation for daily needs (shopping, school, library)

<b>25. If this project involves restoring an historic transportation facility, describe the proposed future use of the restored facility including details regarding the proposed staffing and operation of the facility, identifying potential funding sources for these activities.</b>
<input checked="" type="checkbox"/> N/A Not an historic preservation project

<b>26. If this project provides vegetation management, describe the transportation right-of-way and how the project will improve roadway safety, prevent against invasive species, and/or provide erosion control.</b>
<input checked="" type="checkbox"/> N/A Not a vegetation management project

<b>27. If this project provides for archeological activities, describe the negative impacts of the related transportation project and how the proposed TA activities will improve or mitigate these impacts.</b>
<input checked="" type="checkbox"/> N/A Not an archeology project

<b>28. If this project provides environmental mitigation and/or pollution prevention – identify the impacts of highway construction and/or highway run-off and describe how the proposed TA activities will improve or mitigate these impacts. Identify any waterways (rivers, streams, etc) being directly impacted / polluted by the current run-off.</b>
<input checked="" type="checkbox"/> N/A Not an environmental mitigation project

<b>29. Does this project support or improve an existing or planned highway project?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, identify the highway project and explain how this TA project will improve or support it.	
This project supports the East Main Street US 460 Improvements Project (UPC 8753) by continuing the historic streetscape into downtown, improving pedestrian connections, and linking neighborhoods. The East Main Street Improvement project is designed to create a multi-modal, pseudo-extension of downtown. It is designed to be pedestrian friendly, with benches, landscaping, and historic-style street lighting. The improvements proposed in this application will compliment that project by bringing these improvements into the downtown district and intensifying them. 460 is the main artery through the city, and these projects are mutually supportive at improving that artery and making it better for pedestrians and vehicles, and more viable for business.	

**Project Improves Transportation Network**

<b>30. Does the project provide new access (access that does not currently exist) to transit stations, commuter lots, bus stops, etc.?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, provide a description of the public transportation links and explain how this TA project will improve the existing network.	

<b>31. Does the project provide connections to existing regional trails or pedestrian / bicycle facilities? Does the project provide a "missing link" in the existing transportation network?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain making sure to identify the specific location and connections provided and the missing links addressed. Include a location map to demonstrate the connections and/or missing link.	
This project is adjacent to the existing signed bicycle route, as well as the signed "Walk for Life" route. The project will also provide signage directing users to designated routes that will connect them with the Roanoke River Greenway. See the included map for locations.	

<b>32. Does the project provide bicycle/pedestrian facilities where none previously existed?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, explain why this location was chosen and include pictures of the proposed location.	

<b>33. Does this project increase opportunities to meet daily needs without motorized transportation?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, give specific destinations served including schools, libraries, shopping, healthcare, etc. and the anticipated number of persons that will benefit or use the facility.	
By improving the pedestrian network in Downtown Salem it will make it much easier and safer for users in the district to reach their daily destinations. The area is served by bus transit, and includes a large number of second story apartments. It will improve walkability and access to destinations such as the Salem Public Library, Salem City Hall, the Farmers Market, several churches, Salem/Roanoke County Social Services, Roanoke College, and large numbers of local businesses, including several banks, as well as the surrounding neighborhoods for which downtown is the closest shopping district within walking distance. Funding this project will allow users to better reach all of these destinations without the use of motorized transportation. Approximately 10,000 people are within walking distance of Downtown Salem. See the included UDA map for walking distances.	

<b>34. Does this project add features/devices that will improve bicycle and pedestrian safety (ex. crosswalks, bike/ped signals, lighting, physical barriers to separate facilities, etc.)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide a description including any accident data available.	
This project will reconstruct the sidewalks in downtown to improve pedestrian safety by relocating crosswalks, shortening the distance pedestrians have to travel to cross the street, improving visibility of mid-block crossings, improving ped signals and crosswalks for ADA. The additional lighting proposed will also increase visibility. See the included Accident Reports.	



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<b>35. Does this project incorporate traffic calming design elements?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain what traffic calming elements are being incorporated and how they will improve pedestrian safety.	
The sidewalk design employs bump-outs to create areas for pedestrians to gather and for outdoor dining, as well as large landscaped areas. These will have the effect of breaking up the long rows of parked cars, and the linear nature of the street, thus slowing traffic as well as improving pedestrian safety by shortening the distance required to cross the street.	

<b>36. Is this project in the locality's local/regional transportation plan?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Name the plan and explain how this project will help achieve or support the plan goals.	
This project is outlined in the Downtown Plan, an appendix of the comprehensive plan. Salem does not have a separate transportation plan. (See attached plan.)	

**Sponsor's Ability to Administer Federal Project**

<b>37. The sponsor is required to provide an employee who is responsible for all major project decisions. This person is referred to as the sponsor's Responsible Person (RP) and may or may not be the project manager.</b>
Identify the staff member assigned as the "Responsible Person" for this project:
Name: James E. Taliaferro II, PE, LS Title: Assistant City Manager Years in this position: 15

<b>38. Describe the experience and / or training that qualifies this person to be the responsible charge for a federal-aid transportation project.</b>
Former City Engineer. Has worked on federal-aid projects such as the Roanoke River Greenway, the Hanging Rock Battlefield Trail, the East Main Street Improvement project (UPC 8753), and the replacement of the Colorado Street Bridge over the Roanoke River.

<b>39. Select from the following the best choice describing the RP's experience:</b>
<input checked="" type="checkbox"/> The RP has successful experience providing oversight or administering a federal aid transportation project within the previous five years. <input type="checkbox"/> The RP has successful experience participating as a team member, but not a RP, for a federal aid transportation project. <input type="checkbox"/> The RP has no experience with federal aid projects, but has provided oversight for a state-aid transportation project. <input type="checkbox"/> The RP has no experience providing oversight for a transportation project.
Regarding the experience noted above, briefly describe the two (2) most recent federal-aid projects including project scope, phases included (PE, RW, CN), cost and whether or not the project finished on-time and on-budget.
All phases of East Main Street Improvements (UPC 8753) and the Roanoke River Greenway. Phase I of East Main Street's total cost is \$15,223,263, and the project is currently ongoing. The most recently completed phase of the Roanoke River Greenway was from Eddy Avenue to Riverside Park. The total cost was approximately \$1,500,000, and the project was completed on-time and on-budget.

<b>40. Describe the RP's role and responsibilities while overseeing these projects.</b>
Supervised project management. Procured Right of Way. Met with property owners and engineers. Helped prepare environmental documents, develop typical segments and alignments, and worked to keep the project within budget.

<b>41. Has the RP completed VDOT's Core Curriculum on-line training found on VDOT's Locally Administered Projects webpage (<a href="http://www.virginia-dot.org/business/local-assistance-lpt.asp">www.virginia-dot.org/business/local-assistance-lpt.asp</a>)?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>VDOT is required by federal regulation to ensure that the sponsor is adequately staffed to ensure the project is satisfactorily completed. Sponsors may supplement their staff with consultants, including project management duties.</b>	
Is the Responsible Person also the Project Manager (PM)?	If not, indicate:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> The following staff member will be assigned as Project Manager: <u>William L Simpson Junior, PE;</u> <input type="checkbox"/> Project management will be performed by a consultant

<b>43. The sponsor's staff and their consultants must have a working knowledge of the locally administered projects (LAP) process and the federal regulations affecting federal aid projects. Select from the following the best choice describing the proposed PM's experience:</b>
<input checked="" type="checkbox"/> The PM has been lead project manager on one or more federal aid transportation project(s) within the previous five years. <input type="checkbox"/> The PM has not directly managed, but has been a team member on one or more federal aid project(s) within the previous five years. <input type="checkbox"/> The PM has no experience with federal-aid projects, but has successfully managed a state-aid or locally funded transportation project within the previous five years. <input type="checkbox"/> The PM has no experience managing a transportation project in the recent past. <input type="checkbox"/> Unknown – the project management duties will be performed by a consultant.
Regarding the experience noted above, briefly describe the two (2) most recent <u>federal-aid</u> projects including project scope, cost and whether or not the project finished on-time and on-budget.
<input type="checkbox"/> N/A The Roanoke River Greenway and the Mason Creek Greenway are the two most recent projects Will has worked on. The most recently completed phase of the Roanoke River Greenway was from Eddy Avenue to Riverside Park. The total cost was approximately \$1,500,000, and the project was completed on-time and on-budget. The most recent phase of the Mason Creek Greenway was built between Boulevard-Roanoke and the Lynchburg Turnpike. It was approximately \$500,000 and was completed on-time and budget.

<b>44. Describe the PM's role and responsibilities managing the referenced projects including any challenges / delays encountered. How were these challenges resolved?</b>
<input type="checkbox"/> N/A Supervised design and construction of both projects. Made changes to accommodate a wider bridge on the Roanoke River Greenway. Worked with major corporate property owners to secure right-of-way on Mason Creek.

<b>45. Provide PM's most recent experience managing a Transportation Enhancement / Alternatives project include brief project description, history and any challenges encountered.</b>
<input type="checkbox"/> N/A Both the Roanoke River Greenway and Mason Creek Greenway are funded through Enhancement/TA. Salem has extensively used Enhancement and TA monies, RSTP funds, Recreational Trails funding, and other sources on these projects. The PM has a demonstrated capacity to successfully manage such projects.

<b>46. Has the PM completed training utilizing FHWA's Federal Essentials for Local Public Agencies (<a href="http://www.fhwa.dot.gov/federal-aidessentials/">www.fhwa.dot.gov/federal-aidessentials/</a>)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<b>47 Will the sponsor need to supplement their staff to complete their federal aid project?</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, select the services which will need to be outsourced:		
<b>Type of Services</b>	<input checked="" type="checkbox"/>	<b>Comments, if necessary</b>
Project Management	<input type="checkbox"/>	
Environmental	<input checked="" type="checkbox"/>	If necessary.
Design	<input checked="" type="checkbox"/>	May contract out some design.
Right of Way	<input type="checkbox"/>	
Construction Engineering / Management & Inspection	<input checked="" type="checkbox"/>	If necessary.
Materials Testing	<input checked="" type="checkbox"/>	If necessary.
Other, please specify	<input type="checkbox"/>	

<b>48. The sponsor must be able to demonstrate "sufficient accounting controls" to administer a federal-aid project. This requirement is identified in Chapter 2.2 of the VDOT LAP Manual. Briefly describe the financial management system – including software and how costs are verified – currently in place that will track / monitor project costs for reimbursement.</b>
City operates its own finance department, with electronic accounting, and utilizes computerized software for its accounting. We also prepare, using a separate electronic system, accounting for our Electric Department. The City of Salem is audited annually and adheres to all Generally Accepted Accounting Principals. We have administered federal-aid projects in the past and are familiar with their requirements.

**Project's Readiness to Proceed**

<b>49. Design / engineering will be performed:</b>
<input type="checkbox"/> In-house by local staff <input checked="" type="checkbox"/> In-house utilizing a current on-call contract <input type="checkbox"/> Utilizing an outside consultant firm yet to be procured <input type="checkbox"/> Utilizing an outside consultant firm already procured for use on this project

<b>50. Is this project part of a larger / multi-phased project?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the current status of the other phases and describe how they relate to this project – including a map may be helpful.	
The first phase of improvements to downtown is being done on College Avenue, utilizing revenue sharing. Salem has also prioritized the streets in downtown for improvement as part of the Downtown Plan. See the included map for locations.	

<b>51. Has a master plan, feasibility and/or preliminary engineering studies been completed?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, attach a copy of the plan / study and briefly summarize the results below.	
See the included copy of the Downtown Plan.	

<b>52. Has design work started?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Design has been started, and <input type="checkbox"/> 30% plans / <input type="checkbox"/> 50% plans / <input type="checkbox"/> 100% plans have been completed.	
<b>52a. Have these plans been reviewed by appropriate state / local official?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>53. The ability to secure right of way (including easements) needed for a project is critical to a project's success; which of the following best describes the right of way situation for this project:</b>
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- All right of way required is publicly owned (local and/or state)
- Right of way is privately owned but right of public use has been secured by deed (donated or purchased)
- Right of way is secured with the exception of some temporary / construction easements
- Right of way has not yet been secured for this project (includes when RW acquisition has started but not been completed)
- It is unknown what right of way and/or easements will be needed

**54. This program will not participate in the cost of relocating overhead utilities for scenic beautification purposes. It will however participate in the costs required to eliminate conflicts. Are there existing utility poles located within the proposed project area that will need to be relocated in order to complete the proposed improvements?**

Yes  No

If yes, include pictures of poles within the specified project area explaining how they will impact the project and explain how the conflicts will be resolved.

**54a. Has the right of way needed for relocation of the poles been secured?**

Yes  No  N/A

**55. If overhead utilities are in conflict, has the local utility company(s) been consulted regarding removal and /or relocation of its facilities?**

Yes  No

If yes, please identify the utility carrier(s) and specify whether or not these costs are included in the attached budget.

**56. Are there other conflicts / obstacles that must be addressed for the project to move forward?**

- No conflicts / obstacles present
- Underground utilities (gas, water, sewer)
- Guardrail, mailboxes, signs or other roadway structures
- Retaining wall
- Drainage
- Impact to historic properties/district
- Other

**57. Attachment A – Supplemental Information for TMA projects**

Required if project is located in an MPO within a TMA.

Attached:

**58. Attachment B – Supplemental Information for Safe Routes to School (SRTS) Projects**

Required if answered "Yes" to Question 10a.

Attached:

**59. Attachment C – Project Budget**

Required for ALL projects.

Attached:

**60. Attachment D – Existing Project Status**

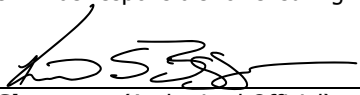
Required for EXISTING projects only.

Attached:

**60. Attachment E – VDOT Administration Request**

Required if population less than 5,000 and requesting VDOT assistance.

Attached:

Sponsor Certification		
<b>Public Hearing / Information Meeting Held</b>	Date: 10/26/15	Public Notice Attached: <input checked="" type="checkbox"/>
<b>MPO Endorsement (if applicable)</b>	Date: 10/22/15	Endorsement Attached: <input checked="" type="checkbox"/>
<b>Resolution from Project Sponsor</b>	Date: 10/26/15	Resolution Attached: <input checked="" type="checkbox"/>
<p><b>Sponsor certifies the following:</b> (Read and check each statement below)</p> <p><input checked="" type="checkbox"/> We are familiar with Transportation Alternatives eligibility criteria and the Locally Administered Projects (LAP) Manual.</p> <p><input checked="" type="checkbox"/> We will provide technical guidance and oversight to staff and/or consultants throughout project development.</p> <p><input checked="" type="checkbox"/> Budget accurately reflects cost of proposed project based on preliminary work performed.</p> <p><input checked="" type="checkbox"/> Project development will comply with all state and federal regulations, including ADA requirements.</p> <p><input checked="" type="checkbox"/> We understand this project must be substantially complete and/or ready for construction within four (4) years of the initial federal funding.</p> <p><input checked="" type="checkbox"/> We will be responsible for ensuring future maintenance and operating costs of the completed project.</p>		
 <hr/> <b>Sponsor Signature</b> (Authorized Official)		<hr/> 10/29/2015 Date

**Submit one (1) electronic copy\* and four (4) hard copies of the completed application with all required attachments to:**

**Ms. Julie Brown, Director of Local Assistance Division  
 Virginia Department of Transportation  
 1401 E. Broad Street  
 Richmond, VA 23219**

**All applications must be received and / or post-marked no later than November 1, 2015. If applications are being hand-delivered, they must be received no later than 5:00pm Friday, October 30, 2015.**

**\* The electronic copy should be sent to [EnhancementProgram@VDOT.Virginia.gov](mailto:EnhancementProgram@VDOT.Virginia.gov) and include the completed application, Attachments A-E as required, and all other supporting documents. This may include required resolutions, public meeting notice, confirmation of grant funding, property deeds and/or appraisals, pictures and maps. If the application submission is too large to send via e-mail, please mail a CD or DVD with all required materials to the above address. This can be included in the package containing the hard-copies of your application.**

# MAP

## 21 TRANSPORTATION ALTERNATIVES PROGRAM



### FISCAL YEAR 2017

### ATTACHMENT A

### Projects Located in a TMA

#### 1. Describe how the project is consistent with the MPO's current long range transportation plan (LRTP).

This project is consistent with the LRTP because it addresses the following goals outlined in the plan:

1. Reduce transportation related energy use - This project makes non-motorized commuting for daily needs easier by improving the sidewalk network in Downtown Salem, one of the MPO designated Multi-Modal Centers and an Urban Development Area.
2. Better multi-modal transportation – This project will allow non-motorized users to better navigate Downtown Salem, one of the largest centers of population and employment in the region. It will also improve bus service by improving ADA access at the stops.
3. Compatible with local plan – This project is the outcome of a separate planning process that the City of Salem undertook for downtown and the improvements in this application are outlined in the Downtown Plan (attached).
4. Maximizes benefits by putting \$ into multi-modal UDA center – This project maximizes scarce transportation dollars by using them in Downtown Salem, an MPO designated Multi-Modal center and a designated Urban Development Area.
5. Safety – This project will greatly improve safety in Downtown Salem by relocating and reconstructing the crosswalks at various locations throughout downtown. It will also shorten the distance pedestrians have to cross the street. Additionally, it will improve safety by providing better pedestrian accommodations such as countdown timers, diagonal crosshatch markings, and audible timers. The additional lighting provided will increase visibility.
6. Retirees – Retirees have indicated a desire for walkable communities, as have Millennials. The project addresses this goal by improving the walkability of Downtown Salem, and indirectly the neighborhoods adjacent to it.

#### 2. Describe how the project fits within local adopted master plans and specific goals of local and/or state government agencies and other organizations. Describe how the project originates from planning work conducted in the jurisdiction. Note if the project is included in any planning documents and how it supports the local land use plan.

The City of Salem undertook a planning process to create a Downtown Plan (attached) in 2015. A major goal of the plan is to replace the streetscape in downtown to increase safety, improve walkability, create a better historic context for the buildings in the district, and to make the location more conducive for business. This project is outlined in the plan to accomplish those goals.

This project addresses VTRANS 2040 Needs A (Creating Walkable Places) and E (Improving Multi-Modal Transportation Options), as identified by the Roanoke MPO Region Needs Summary, by making Downtown Salem more walkable and more pedestrian friendly, allowing for the use of non-motorized transportation options to meet daily needs.

The project is consistent with the local land use plan, which designates the Future Land Use as "Downtown", which is a dense, mixed use type of development. The project is also consistent with the MPO adopted Regional Pedestrian Plan, which designated Downtown Salem as a Multi-Modal District. Downtown Salem is a designed Urban Development Area. The project is also listed in the regional tourism plan produced by the Convention and Visitor's Bureau.

**3. Describe how the project makes the region's transportation facilities safer and less intimidating for pedestrians, bicyclists, and other non-drivers.**

This project will vastly improve access for non-motorists in Downtown Salem, the second largest center of population and business in the Roanoke Valley and an MPO adopted Multi-Modal District. Improvements will include reconstructing all crosswalks to improve their safety, replacing aging sidewalks, creating areas for pedestrians to rest and making the streetscape less intimidating with landscaping. The proposed lighting will make the area brighter and easier to navigate. It will also improve the ADA accessibility of the district.

**4. Describe how this project enhances transportation facilities for those with special needs, pursuant to Americans with Disabilities Act (ADA) requirements.**

Currently Salem does not have countdown heads, audible pedestrian signals, or zebra stripe crosswalks. These will all be added. Also, reconstructing the sidewalks will allow entrances into businesses to be improved so that there is not a grade separation, or not as much grade separation. Work to the crosswalks at intersections and midblock crossings will also shorten the distance disabled pedestrians have to travel to cross the street, making it much easier. The project will also provide areas of outdoor seating where persons with mobility issues may stop and rest.

**5. Describe all public participation activities to date on the proposed project and what has been done to obtain public and community support. Please also describe any project coordination with other jurisdictions or agencies.**

As part of the development of the Downtown Plan, one of the outcomes of which is this project, the City of Salem undertook a massive public participation process. 1,152 survey responses were collected and ten stakeholder groups were consulted, resulting in over 3,400 unique comments about downtown. A steering committee of downtown business owners, citizens, and stakeholders was created to oversee the process. The city set up a website: [downtown.salemva.gov](http://downtown.salemva.gov) to keep the public updated, and to provide an easy way to give feedback. A public open house was held on January 20<sup>th</sup>, and another on November 17<sup>th</sup>. A public hearing was held on this application at the City Council meeting on October 26<sup>th</sup>.

Salem utilized staff from the Roanoke Valley-Alleghany Regional Commission to process data and to reach out to stakeholders. The city also coordinated with Roanoke County, and Roanoke College, both major landowners in Downtown Salem.

**If your project is in the National Capital Region, please answer the following additional questions:**

**1. As a regional policy, the TPB seeks to promote the development of Transportation Alternatives in Regional Activity Centers. Is any portion of the project located within a Regional Activity Center?**

Yes     No    Center:

**2. Is this project located within ¾ miles of a Metrorail (existing or under construction) or commuter rail station?**

Yes     No    Station:

**3. Describe how the project creates linkages for users to transit and/or employment, as well as how the project fills a gap in the existing non-automobile transportation infrastructure.**

Budget

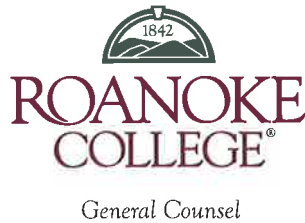


## ATTACHMENT C -

## PROJECT BUDGET

Task by Project Development Phase	Project Costs
PE	
	Engineering/Design Fees \$50,000
	Environmental Document \$1,000
	Surveying \$0
	Estimated VDOT Review Charges \$2,000
	Grant Administration Costs \$0
	<b>Subtotal \$53,000</b>
ROW	
	Right of Way Purchase \$0
	<b>Subtotal \$0</b>
CONSTRUCTION	
	Demolition \$32,000
	E&S \$6,000
	Stormwater \$8,000
	Concrete Work \$50,000
	Other Site Work \$51,000
	Traffic Management \$10,000
	Utility Work \$14,000
	Landscaping \$16,000
	Lighting \$60,000
	Signal at Broad Street \$250,000
	<b>Subtotal \$497,000</b>
TOTAL COSTS (PE, RW &CN)	\$550,000
	Contingency 10% \$50,000
<b>TOTAL</b>	<b>\$600,000</b>

# Letters of Support



October 28, 2015

Mr. Benjamin W. Tripp  
City Planner  
City of Salem Planning Department  
P. O. Box 869  
Salem, VA 24153

Re: Transportation Alternatives Grant Application for Improvements to Downtown Salem

Dear Mr. Tripp:

On behalf of Roanoke College, I write in support of the City of Salem's Transportation Alternatives Grant Application for streetscape improvements for Main Street, Salem, between Broad and Market Streets.

These improvements cannot be overstated. An improved streetscape for Main Street will encourage property owners to improve the facades of their buildings through grants from the City of Salem or private investment, facilitate renewed vitality among the mix of residential and commercial uses, enhance the retention of existing businesses and recruitment of new ones, facilitate economic development, enhance the experiences of our students and their families and assist in recruiting and retaining excellent faculty and staff to Roanoke College, and provide a renewed source of "Salem Pride."

For these reasons, Roanoke College strongly urges that the Virginia Department of Transportation embrace this opportunity to provide funds for Main Street Salem streetscape improvements.

Best wishes,

G. Michael Pace, Jr.  
General Counsel

GMPjr/bc

cc: Michael C. Maxey, President  
Mark P. Noftsinger, Vice President for Business Affairs



1206 KESSLER MILL ROAD

SALEM, VA 24153

540-777-6330

540-387-6146 (FAX)

[lizbelcher@greenways.org](mailto:lizbelcher@greenways.org)

[www.greenways.org](http://www.greenways.org)

October 29, 2015

Mr. Kevin Boggess  
Salem City Manager  
P.O. Box 869  
Salem, VA 24153

Dear Mr. Boggess:

The Roanoke Valley Greenway Commission reviewed Transportation Alternatives projects at its October 28 meeting and passed a resolution of support for these applications. The Commission appreciates Salem's efforts to implement the Downtown Salem Plan, improving walkability, safety, landscaping, and access for all users.

In the 1995 Greenway Plan, we have both off and on-road greenway routes. At that time the Commission envisioned bicycle and pedestrian connections along East Main Street to and through Downtown Salem. Those connections would tie to Mason Creek Greenway and thus to the whole greenway network. Since then, in the 2007 update to the Plan, in the Bikeway Plan, and in the Pedestrian Plan, we as a community have repeatedly recognized the importance of providing these non-motorized options for all our citizens. Salem's efforts to implement the improvements in this application are evidence of its commitment to these recommendations.

Pedestrian traffic in downtown is critical to the vitality of the City and to its quality of life. Walking to the market, to restaurants and shops, to festivals, and to the library is important not only for Roanoke College students but also for the many downtown Salem residents. It is in walking that citizens interact with neighbors and live an active lifestyle. This application will improve this option and thus contribute to the economic vitality of the community.

Thank you for your consideration of this project.

Sincerely,

Liz Belcher  
Roanoke Valley Greenway Coordinator

Resolution of  
Approval from  
City Council

IN THE COUNCIL OF THE CITY OF SALEM, VIRGINIA, October 26, 2015:

RESOLUTION 1275

RESOLUTION IN SUPPORT OF VARIOUS GRANT APPLICATIONS

WHEREAS, the City of Salem has submitted grant applications for the following programs:

1. **House Bill 2 (HB2):**
  - East Main Street Improvements UPC 8753, (0460-129-105):  
total project cost \$15,223,263; requested \$2,912,984;
  - Multimodal Improvements along Boulevard-Roanoke:  
total project cost \$884,880.80; requested \$884,880.80;
2. **Revenue Sharing:** \$1,001,000 (\$500,500 state and \$500,500 local);
3. **Transportation Alternatives:** \$600,000 (\$480,000 federal and \$120,000 local); and

WHEREAS, a resolution of support is required; and

WHEREAS, the City of Salem also supports the Roanoke Valley-Alleghany Region Commission's HB2 application for lighting at the interstate exits throughout the region;


NOW THEREFORE BE IT RESOLVED by the Council of the City of Salem as follows:

1. That the City Council supports the these grant applications; and
2. The City Manager is hereby authorized to execute and attest, respectively, for and on behalf of the City, any and all requisite documents in connection with such applications.

Upon a call for an aye and a nay vote, the same stood as follows:

Lisa D. Garst – Aye  
William D. Jones – Absent  
Jane W. Johnson – Aye  
John C. Givens – Aye  
Byron Randolph Foley – Aye

ATTEST:

  
James E. Taliaferro, II  
Clerk of Council  
City of Salem, Virginia

Roanoke Times Order Confirmation for Ad #0000229682-01

Ad Content Proof Actual Size

## NOTICE OF PUBLIC HEARING

A public hearing will be held before Salem City Council, in Council Chambers, Salem City Hall, 114 North Broad Street, Salem, Virginia, on October 26, 2015, at 7:30 p.m. to consider support of Resolution 1275 endorsing grant applications for House Bill 2 (HB2), revenue sharing, and transportation alternatives.

THE COUNCIL OF THE CITY OF SALEM,  
VIRGINIA

James E. Taliaferro, II  
Clerk of Salem City Council

(229682)

# Resolution from TPO



The 22<sup>nd</sup> day of October, 2015

## **RESOLUTION**

### **SUBJ: Endorsement of Transportation Alternatives (TA) Grant Applications**

**WHEREAS**, the Transportation Alternatives (TA) Program was created by the 2012 Moving Ahead for Progress in the 21<sup>st</sup> Century (MAP-21) by combining what had previously been known as the Transportation Enhancements (TE), Safe Routes to School and other programs into one category.

**WHEREAS**, MAP-21 allows state departments of transportation to set aside a portion of their Surface Transportation Program allocation each year to be used for TA activities; and

**WHEREAS**, Virginia has chosen to set aside funds for TA activities; and

**WHEREAS**, the following four Transportation Alternatives grant applications submitted are new projects and did not have previous resolutions and/or have expanded their scope:

***Applicant: Roanoke County***

***Project: Friendship Lane/Carvins Creek Bridge Replacement***

***TA Funds Requested: \$136,495***

***Applicant: Town of Vinton***

***Project: Glade Creek Greenway (Phase 2 from Walnut Ave. to Gus Nicks Blvd.)***

***TA Funds Requested: \$417,710***

***Applicant: City of Salem***

***Project: Main Street (US 460) Pedestrian Improvements***

***TA Funds Requested: \$500,000***

***Applicant: Virginia Western Community College***

***Project: Colonial Avenue Improvements (Pedestrian & Bike-Friendly Boulevard)***

***Approximate TA Funds Requested: \$400,000***

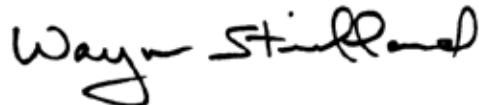
**WHEREAS**, project applications that have not previously been endorsed in prior years and that fall within the Roanoke Valley Transportation Planning Organization (*Official Name: Roanoke Valley Area Metropolitan Planning Organization*) Study Area Boundary, must be formally endorsed by the Policy Board of the Roanoke Valley Transportation Planning Organization prior to submittal to the Virginia Department of Transportation by November 2, 2015;

**TPO POLICY BOARD:** Cities of Roanoke and Salem; Counties of Bedford, Botetourt, Montgomery and Roanoke; Town of Vinton; Greater Roanoke Transit Company (*Valley Metro*); Roanoke-Blacksburg Regional Airport; Virginia Department of Rail & Public Transportation; Virginia Department of Transportation

**RESOLUTION** (Cont'd)

Page -2

***NOW, THEREFORE BE IT RESOLVED*** that the Roanoke Valley Transportation Planning Organization Policy Board endorses the four Transportation Alternatives grant applications, listed herein, for the purpose of applying for TA funds, and if federal money is awarded to these projects, will be included in the appropriate fiscal year Transportation Improvement Program.

A handwritten signature in black ink that reads "Wayne Strickland". The signature is written in a cursive style with a large, stylized 'W' and 'S'.

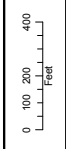
Wayne Strickland  
Secretary to the TPO Policy Board

# Downtown Streetscape Map



**CITY OF SALEM**  
**ENGINEERING and**  
**INSPECTIONS**  
**DEPARTMENT**  
 25 East Main Street  
 P.O. Box 889  
 Salem, Virginia 24153-0889  
 Phone: (540) 375-3032

# Downtown Streetscape Improvement Phases

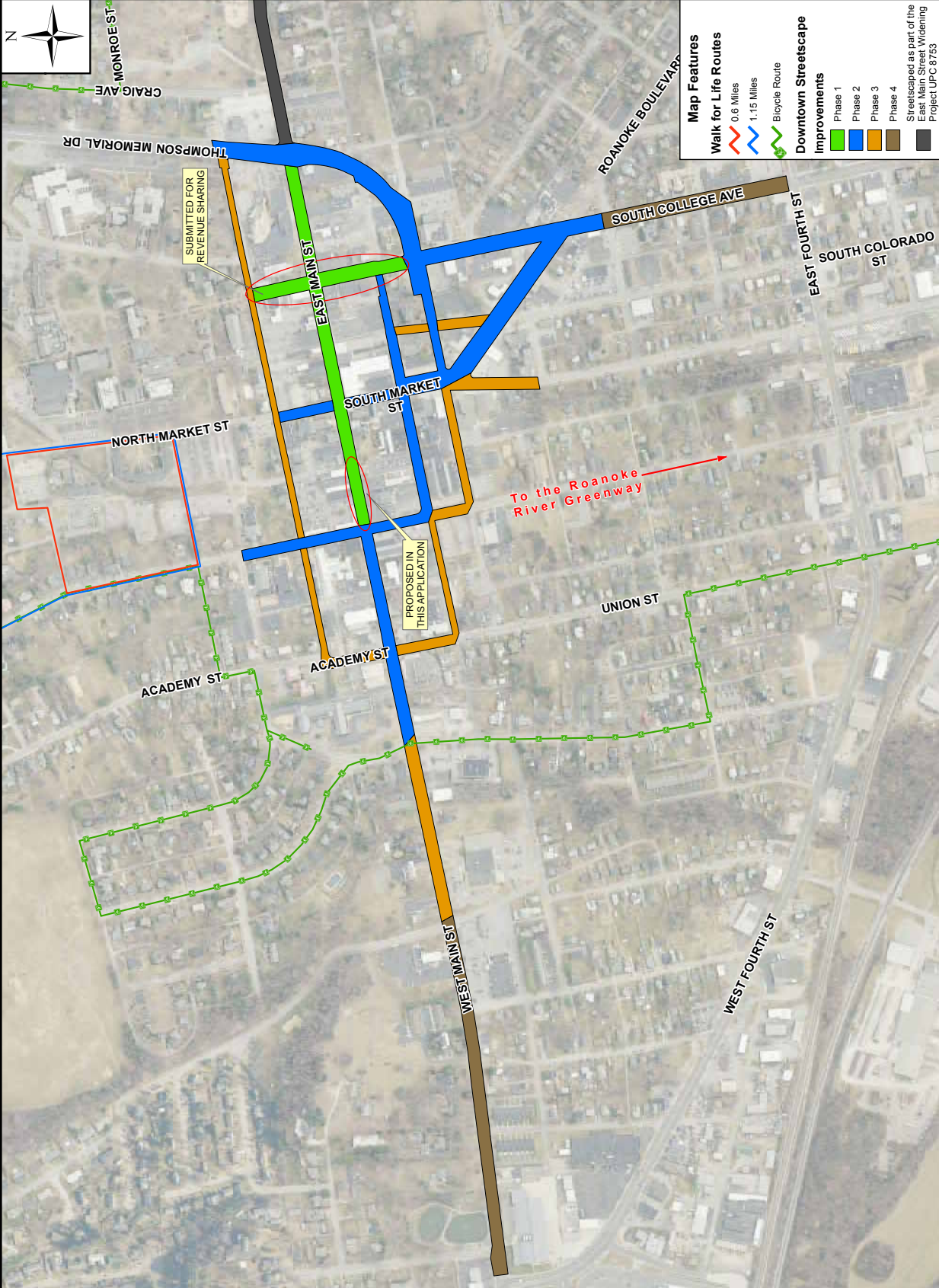


Scale: 1 inch = 200 feet

Date: September 2015

Project #15-001  
 Streetscape Improvements

The map information has been compiled from the City of Salem records, GIS data, and other sources. The City of Salem does not warrant the accuracy, completeness, or timeliness of the information. The City of Salem is not responsible for any errors or omissions in the information shown hereon. The City of Salem is not liable for any damages, including consequential damages, arising from the use of the information shown hereon. The information shown hereon is for informational purposes only. The information shown hereon is not to be used for any other purpose. The information shown hereon is the property of the City of Salem. Project U.P.C. 8763



**Map Features**

- Walk for Life Routes: 0.6 Miles (Red line), 1.15 Miles (Blue line)
- Bicycle Route (Green line with dots)

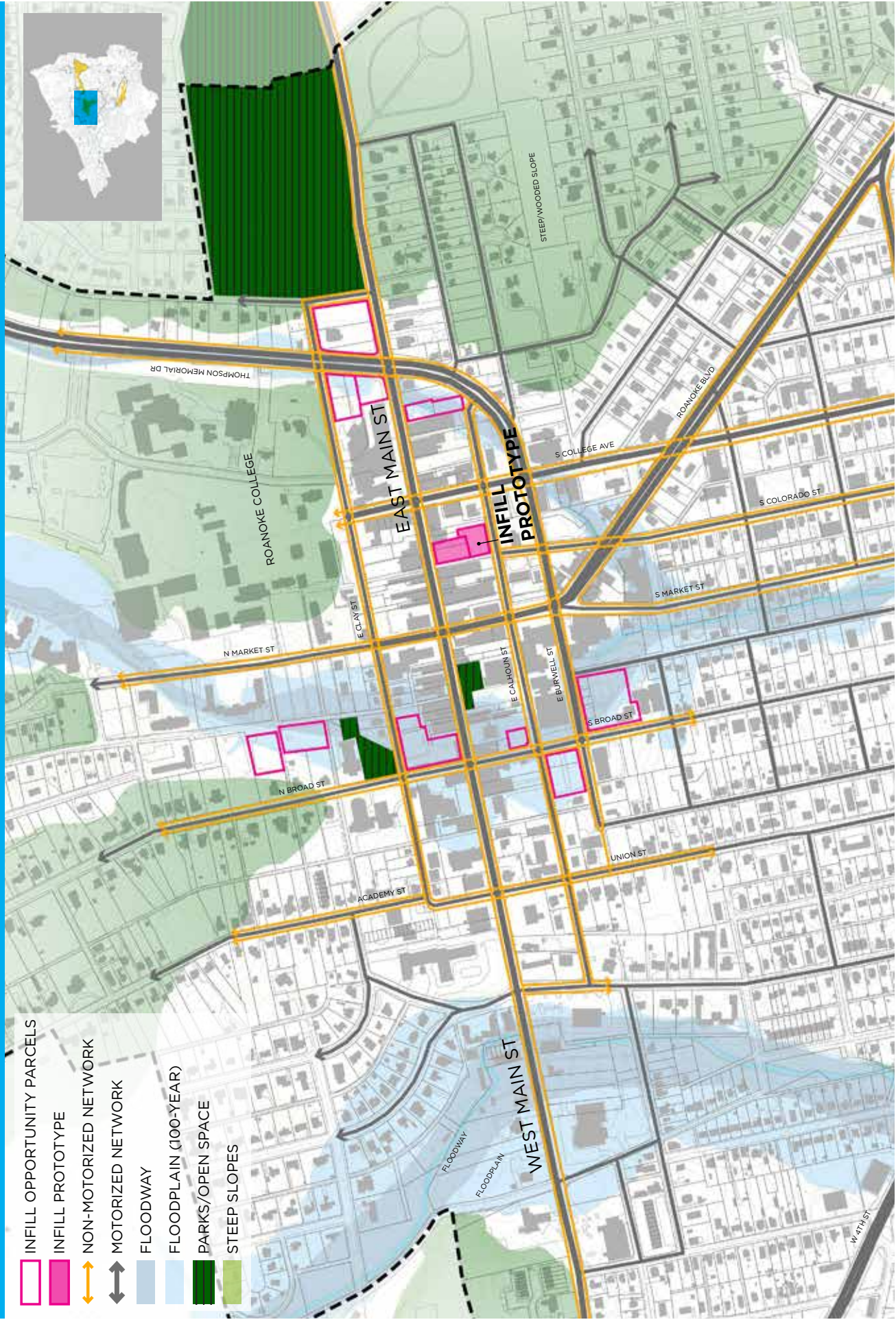
**Downtown Streetscape Improvements**

- Phase 1 (Green)
- Phase 2 (Blue)
- Phase 3 (Orange)
- Phase 4 (Brown)

Streetscaped as part of the East Main Street Widening Project U.P.C. 8763

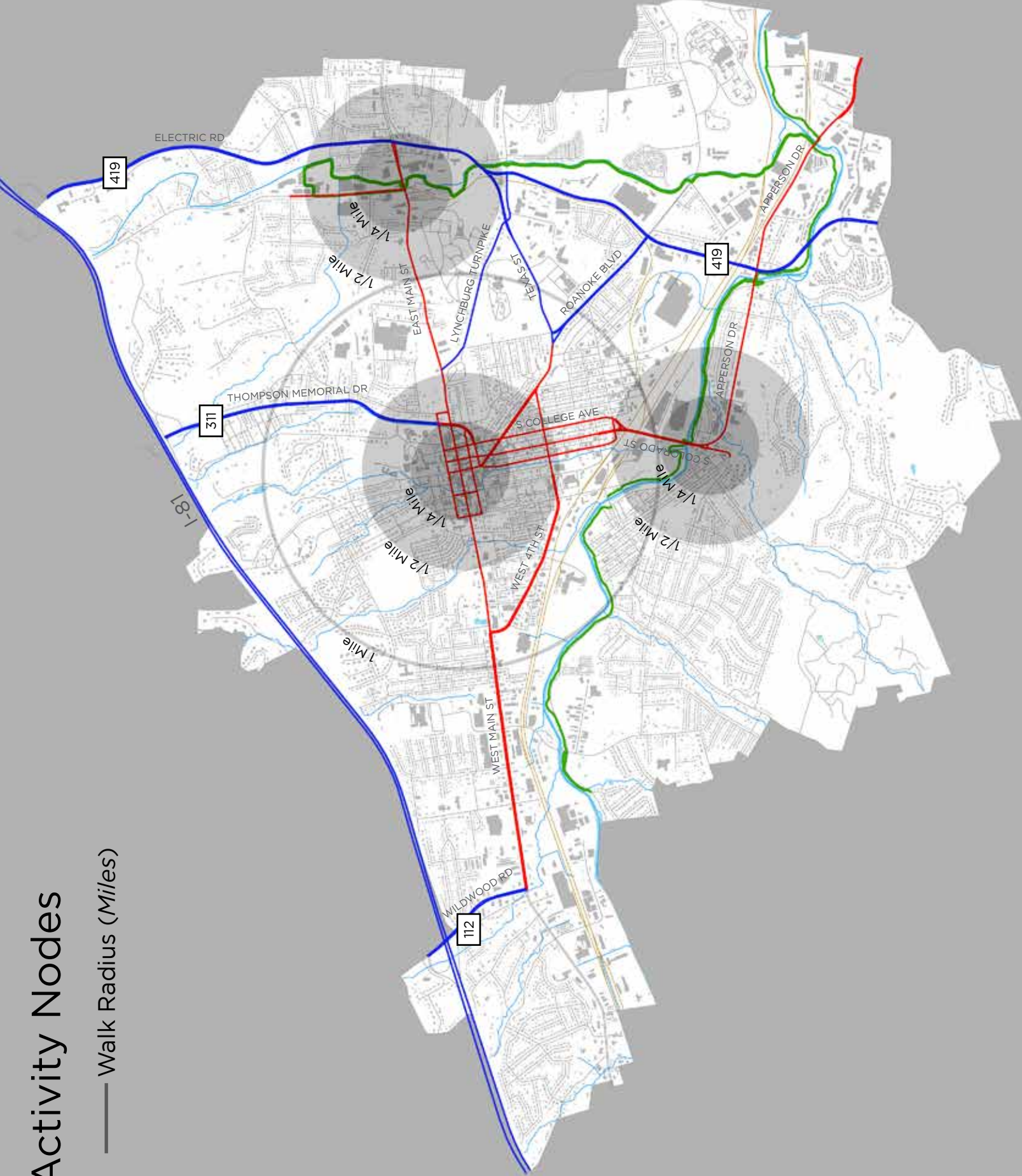
# UDA Maps

# CITY CORE UDA - FRAMEWORK MAP



# Activity Nodes

— Walk Radius (Miles)



# Accident Reports





## Memorandum

To: Ben Tripp

From: M. D. Crawley

Date: October 29, 2015

Re: Downtown Vehicle Accidents

Attached you will find copies of Police Crash Reports that have occurred between January 2014-October 28, 2015 on Main Street from Broad Street to Market Street. There have been a total of 19 crashes with two of the reported crashes involving pedestrians.

**Salem Police Department**  
**Crashes Broad and Main**  
 January 1, 2014 thru October 28, 2015

Acci Id	Case Id	Formtype	Numunits	Ta Date	Ta Time	Ta Dow	County	Patrolarea
20143913	20143913 ✓			3 10/27/2014	1808	MON		

*On TRERDS Report also*

**TREDS Crash Report**  
**Crashes By Verified Road Name**

Note: The information in this report is only available from 2011 forward and will only report located crashes as they become available

Jurisdiction : Salem City

Primary Route : BROAD ST

Secondary Route : MAIN ST

Crash Date From : 1/1/2014 To 10/28/2015

Document #	Local Case Numer	Crash Date & Time	Jurisdiction(County/City/Town)	Route Name (RTE#)	Secondary Location	Department
143015085	20143913 ✓	10/27/2014 6:08:00 PM	/ Salem	BROAD ST	MAIN ST	Salem Police Dept.

Printed on: 10/28/2015 3:48:09 PM

Page 1 of 1



Revised Report

Police Crash Report

CRASH

GPS Lat. 37.29269 GPS Long. 80.05885
County of Crash

Crash Date 10 27 2014 Day of Week MON MILITARY Time (24 hr clock) 1808

City of Town or SALEM

Landmarks at Scene 14 MAIN STREET
Railroad Crossing ID no. (if within 150 ft.)

Location of Crash (route/street) BROAD ST

Local Case Number 20143913

At Intersection With or 20 Miles Feet of MAIN ST

Mile Marker Number Number of Vehicles 3

VEHICLE # 1

DRIVER

Driver's Name (Last, First, Middle) BATTLE, BENJAMIN LEE Gender

Address (Street and Number) 1764 BERNARD DR City

ELLISTON VA 24087 State ZIP

Birth Date 07 13 1932 Driver's License Number C23863266 State DL CDL VA

Safety Equip. Used 3 Air Bag Ejected 2 1 Date of Death Injury Type EMS Transport 4

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

VEHICLE

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

Address (Street and Number)

City State ZIP

Vehicle Year 2012 Vehicle Make GMC Vehicle Model TERRAIN Disabled CMV Towed

Vehicle Plate Number JCP9775 State VA Approximate Repair Cost \$ 2,000.00

VIN 2GKFLREK5C6375107 Oversize Cargo Spill

Name of Insurance Company (not agent) NATIONWIDE Override Underride

Speed Before Crash 10 Speed Limit 25 Maximum Safe Speed 25 ALL Passengers Age Count Under 8 0 8-17 0 18-21 0 Over 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 Birth Date Gender

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

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

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

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

VEHICLE # 2

DRIVER

Driver's Name (Last, First, Middle) WILLIAMS, MALIQUE KYHEEM Gender

Address (Street and Number) 1922 CARROLL AVE NW City

ROANOKE VA 24017 State ZIP

Birth Date 09 17 1987 Driver's License Number A69738020 State DL CDL VA

Safety Equip. Used 3 Air Bag Ejected 2 1 Date of Death Injury Type EMS Transport 6

Summons Issued As Result of Crash 2 Offenses Charged to Driver

VEHICLE

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

Address (Street and Number) WILLIAMS, SHEENA RASHELL

1922 CARROLL AVE NW City

ROANOKE VA 24017 State ZIP

Vehicle Year 2004 Vehicle Make CADI Vehicle Model SRX Disabled CMV Towed

Vehicle Plate Number 4155NE State VA Approximate Repair Cost \$ 500.00

VIN 1GYEE63A440168089 Oversize Cargo Spill

Name of Insurance Company (not agent) STATEFARM Override Underride

Speed Before Crash 0 Speed Limit 25 Maximum Safe Speed 25 ALL Passengers Age Count Under 8 0 8-17 0 18-21 0 Over 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 Birth Date Gender

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

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

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

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

Codes

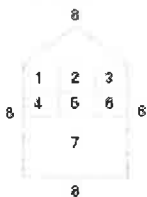
POSITION IN/ON VEHICLE

SAFETY EQUIPMENT USED

AIRBAG

EJECTED FROM VEHICLE

INJURY TYPE



- 1. Driver
2-6. Passengers
7. Cargo Area
8. Riding/Hanging On Outside
9-98. All Other Passengers

- 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
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

- 1. Not Ejected
2. Partially Ejected
3. Totally Ejected
SUMMONS ISSUED AS A RESULT OF CRASH
1. Yes
2. No
3. Pending

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

Investigating Officer

Badge/Code Number

Agency/Department Name and Code

Reviewing Officer

Report File Date

VINCENT, JARED B.

0302

Salem Police Department / KING, C.

10/27/2014



Revised Report

Police Crash Report

CRASH

GPS Lat. 37.29269 GPS Long. 80.05885

Crash Date 10 27 2014 Day of Week MON

MILITARY Time (24 hr clock); County of Crash 1808

Official DMV use

City of Salem

Landmarks at Scene 14 MAIN STREET

Location of Crash (route/street) BROAD ST

Local Case Number 20143913

At Intersection With or 20 Miles Feet of MAIN ST

Mile Marker Number Number of Vehicles 3

VEHICLE # 3

DRIVER

Driver's Name (Last, First, Middle) SHANER, JOHN POWELL

Address (Street and Number) 929 SADDLE DR

City SALEM State VA ZIP 24153

Birth Date 05 12 1969 Driver's License Number T69790160

Safety Equip. Used 3 Air Bag 2 Ejected 1 Date of Death 6

Summons Issued As Result of Crash 2 Offenses Charged to Driver

VEHICLE

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

Address (Street and Number)

City State ZIP

Vehicle Year 2001 Vehicle Make FORD Vehicle Model F250

Vehicle Plate Number OCNFISH State VA Approximate Repair Cost \$ 500.00

VIN 1FTNX21S61EB18510

Name of Insurance Company (not agent) ALLSTATE

Speed Before Crash 0 Speed Limit 25 Maximum Safe Speed 25

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 Birth Date Gender

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

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

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

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

VEHICLE #

DRIVER

Driver's Name (Last, First, Middle) Driver Fled Scene Gender

Address (Street and Number)

City State ZIP

Birth Date Driver's 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

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 8 8-17 18-21 Over 21

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

- 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 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

INJURY TYPE

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

SUMMONS ISSUED AS A RESULT OF CRASH

- 1. Yes 2. No 3. Pending

Investigating Officer

VINCENT, JARED B.

Badge/Code Number

0302

Agency/Department Name and Code

Salem Police Department / KING, C.

Reviewing Officer

Report File Date

10/27/2014



Revised Report  
**CRASH**

**Police Crash Report**

Crash Date <b>10 27 2014</b>	MILITARY Time (24 hr clock) <b>1808</b>	County of Crash	City of Town of <b>SALEM</b>	Local Case Number <b>20143913</b>
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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 Conditions** C2

- 1. No Adverse Conditions (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 Lane
- 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 Related** 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

Officer Initials **JBV** Badge # **0302**

Commonwealth of Virginia • Department of Motor Vehicles

FR300P (Rev 7/07)

Revised Report

# Police Crash Report

Page **7** of **7**

## CRASH

Crash  
Date

MILITARY Time (24 hr clock) County of Crash

City of

Local Case Number

**10 27 2014**

**1808**

Town of **SALEM**

**20143913**

### CRASH DESCRIPTION continued

DRIVER OF VEHICLE #1 WAS BENJAMIN BATTLE. DRIVER OF VEHICLE #2 WAS MALIQUE WILLIAMS. DRIVER OF VEHICLE #3 WAS JOHN SHANER.

VEHICLE #2 AND #3 WERE STOPPED IN THE TRAFFIC LANE ON BROAD STREET. BOTH VEHICLES WERE FACING SOUTH BOUND. VEHICLE #1 WAS STOPPED IN HIS TRAFFIC LANE FACING NORTH BOUND. BATTLE DROVE THROUGH THE INTERSECTION AND STRUCK WILLIAMS` VEHICLE ON THE REAR DRIVER SIDE QUARTER PANEL. BATTLE`S VEHICLE CONTINUED ITS PATH OF TRAVEL AND ALSO STRUCK SHANER`S VEHICLE.

BOTH WILLIAMS AND SHANER ADVISED THAT IT APPEARED AS IF BATTLE WAS UNCONSCIOUS WHEN THE ACCIDENT OCCURRED. WHEN SPEAKING WITH BATTLE, HE COULD RECALL DRIVING BEFORE THE ACCIDENT AND AFTER THE ACCIDENT BUT DID NOT RECALL HITTING THE TWO VEHICLES. BATTLE WAS TRANSPORTED TO THE V.A. HOSPITAL BY SALEM RESCUE. A MODERATE AMOUNT OF PROPERTY DAMAGE OCCURRED DUE TO THE ACCIDENT. PERSONAL INJURY OCCURRED TO BATTLE. BATTLE WAS CITED FOR FAILURE TO MAINTAIN CONTROL OF HIS VEHICLE.

*Pa Destrians*

**Salem Police Department**  
**Crashes Market and Main**  
January 1, 2014 thru October 28, 2015

Acci Id	Case Id	Formtype	Numunits	Ta Date	Ta Time	Ta Dow	County	Patrolarea
20143009	20143009 ✓			1 08/24/2014	1214	SUN		
20153137	20153137 ✓			3 09/02/2015	1753	WED		



**TREDS Crash Report**  
**Crashes By Verified Road Name**

Note: The information in this report is only available from 2011 forward and will only report located crashes as they become available.

Jurisdiction : Salem City

Primary Route : MARKET ST

Secondary Route : MAIN ST

Crash Date From : 1/1/2014 To 10/28/2015

Document #	Local Case Numer	Crash Date & Time	Jurisdiction(County/City/Town)	Route Name (RTE#)	Secondary Location	Department
152465091	20153137	9/2/2015 5:53 PM				

Printed on: 10/28/2015 3:50:30 PM

Page 1 of 1



Revised Report

# Police Crash Report

## CRASH

GPS Lat. **37.29316** GPS Long. **80.05683**  
 County of Crash **Official DMV use**

Crash Date **08 24 2014** Day of Week **SUN** MILITARY Time (24 hr clock) **1214**

City of Town or **SALEM** Landmarks at Scene

Location of Crash (route/street) **N MARKET** Railroad Crossing ID no. (if within 150 ft.) Local Case Number **20143009**

At Intersection With or **E. MAIN ST** of Mile Marker Number **1** Number of Vehicles **1**

**VEHICLE # 1**

**DRIVER** Driver Fleed Scene  
 Driver's Name (Last, First, Middle) **WOOD, JOHN LEIGH** Gender  
 Address (Street and Number) **464 DEER RUN CR**  
 City **SALEM** State **VA** ZIP **24153**  
 Birth Date **06 16 1926** Driver's License Number **A69744441** State **VA** DL **6** CDL  
 Safety Equip. Used **3** Air Bag **2** Ejected **1** Date of Death **6** Injury Type **6** EMS Transport  
 Summons Issued As Result of Crash **1** Offenses Charged to Driver **FAIL TO MAINTAIN CONTROL**

**VEHICLE** Vehicle Owner's Name (Last, First, Middle) Same as Driver  
 Address (Street and Number)  
 City State ZIP  
 Vehicle Year **1999** Vehicle Make **CHEV** Vehicle Model **SUBURBAN** Disabled CMV Towed  
 Vehicle Plate Number **34358HP** State **VA** Approximate Repair Cost **\$ 100.00**  
 VIN **1GNFK16R7XJ372012** Oversize Cargo Spill  
 Name of Insurance Company (not agent) **VIRGINIA AUTOMOBILE** Override Underwrite  
 Speed Before Crash **10** Speed Limit **25** Maximum Safe Speed **25** Under 8 ALL Passengers Age Count 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
Name of Injured (Last, First, Middle) <td>EMS Transport <td>Date of Death </td></td>	EMS Transport <td>Date of Death </td>	Date of Death
Position In/On Vehicle	Safety Equip Used	Airbag Ejected Injury Type
Name of Injured (Last, First, Middle) <td>EMS Transport <td>Date of Death </td></td>	EMS Transport <td>Date of Death </td>	Date of Death
Position In/On Vehicle	Safety Equip Used	Airbag Ejected Injury Type

**VEHICLE #**

**DRIVER** Driver Fleed Scene  
 Driver's Name (Last, First, Middle)  
 Address (Street and Number)  
 City State ZIP  
 Birth Date Driver's 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  
 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 Underwrite  
 Speed Before Crash Speed Limit Maximum Safe Speed Under 8 ALL Passengers Age Count Over 21

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

<b>Codes</b> 	<b>POSITION IN/ON VEHICLE</b> 1. Driver 2-6. Passengers 7. Cargo Area 8. Riding/Hanging On Outside 9-98. All Other Passengers	<b>SAFETY EQUIPMENT USED</b> 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	<b>AIRBAG</b> 1. Deployed 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	<b>EJECTED FROM VEHICLE</b> 1. Not Ejected 2. Partially Ejected 3. Totally Ejected <b>SUMMONS ISSUED AS A RESULT OF CRASH</b> 1. Yes 2. No 3. Pending	<b>INJURY TYPE</b> 1. Dead 2. Serious Injury 3. Minor/Possible Injury 4. No Apparent Injury 6. No Injury (driver only)
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# Police Crash Report

## Revised Report CRASH

Crash Date <b>08 24 2014</b>	MILITARY Time (24 hr clock) <b>1214</b>	County of Crash	City of Town of <b>SALEM</b>	Local Case Number <b>20143009</b>
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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 Conditions **C2**

- 1. No Adverse Conditions (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 Lane
- 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 Related **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

# Police Crash Report



Revised Report

GPS Lat.

GPS Long.

## CRASH

Crash Date **09 02 2015** Day of Week **WED** MILITARY Time (24 hr clock) **1753** County of Crash

Official DMV use

City of Town of **SALEM**

Landmarks at Scene  
**41 E MAIN ST**  
Railroad Crossing ID no. (if within 150 ft.)

Location of Crash (route/street)  
**N MARKET ST**

Local Case Number  
**20153137**

At Intersection With or Miles Feet of **E MAIN ST**

Mile Marker Number Number of Vehicles  
**1**

### VEHICLE # 1

#### DRIVER

Driver's Name (Last, First, Middle)  
**KUBIK, JANET HARLESS**

Address (Street and Number)  
**3537 VALENTINE RD SW**

City  
**ROANOKE**

State ZIP  
**VA 24018**

Birth Date Driver's License Number  
**09 14 1958 A23819684**

Safety Equip. Used Air Bag Ejected Date of Death  
**3 2 1**

Summons Issued As Result of Crash **2**

Driver Fled Scene

Gender

### VEHICLE #

#### DRIVER

Driver's Name (Last, First, Middle)

Address (Street and Number)

City

Birth Date Driver's License Number

Safety Equip. Used Air Bag Ejected Date of Death

Summons Issued As Result of Crash

Driver Fled Scene

Gender

City

Birth Date Driver's License Number

Safety Equip. Used Air Bag Ejected Date of Death

Offenses Charged to Driver

#### VEHICLE

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

Address (Street and Number)

City

Vehicle Year Vehicle Make Vehicle Model  
**2015 NISS XTERRA**

Vehicle Plate Number State Approximate Repair Cost  
**ALOT2DO VA \$ 500.00**

VIN  
**5N1AN0NW2FN659515**

Name of Insurance Company (not agent)  
**STATE FARM**

Speed Before Crash Speed Limit Maximum Safe Speed Under 8 0 8-17 0 18-21 0 Over 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 Birth Date Gender

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

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

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

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

#### VEHICLE

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

Address (Street and Number)

City

Vehicle Year Vehicle Make Vehicle Model

Vehicle Plate Number State Approximate Repair Cost

VIN  
Oversize Cargo Spill

Name of Insurance Company (not agent)

Speed Before Crash Speed Limit Maximum Safe Speed Under 8 0 8-17 0 18-21 0 Over 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 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 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
- 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

**SHELOR,**

Badge/Code Number

**0295**

Agency/Department Name and Code

**Salem Police Department / EARLY, M.**

Reviewing Officer

Report File Date

**09/14/2015**



# Police Crash Report

Revised Report   
**CRASH**

Crash Date **09 02 2015** MILITARY Time (24 hr clock) **1753** County of Crash

City of Town of **SALEM**

Local Case Number **20153137**

## 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 Conditions **C2**

- 1. No Adverse Conditions (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 Lane
- 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 Related **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



# Police Crash Report

Revised Report  **CRASH**

Crash Date **09 02 2015** MILITARY Time (24 hr clock) **1753** County of Crash

City of Town of **SALEM**

Local Case Number **20153137**

PEDESTRIAN # **1**

Name of Injured (Last, First, Middle)

**BUZZARD, CAMERON**

Address (Street and Number)

**3 NIBLICK DR**

City

**SALEM**

Driver's License Number

State ZIP

**VA 24153**

State **VA**

PEDESTRIAN #

Name of Injured (Last, First, Middle)

Address (Street and Number)

City

Driver's License Number

State ZIP

State

Gender  EMS Transport  Injury Type **2** Birthdate **07 06 2002** Date of Death

Gender  EMS Transport  Injury Type Birthdate Date of Death

Ped # **1** Ped # **1**

### Pedestrian Actions P10

- |                                     |                          |  |                          |                          |   |
|-------------------------------------|--------------------------|--|--------------------------|--------------------------|---|
| <input type="checkbox"/>            | <input type="checkbox"/> | 1. Crossing At Intersection With Signal    | <input type="checkbox"/> | <input type="checkbox"/> | 11. Hitching On Vehicle   |
| <input type="checkbox"/>            | <input type="checkbox"/> | 2. Crossing At Intersection Against Signal | <input type="checkbox"/> | <input type="checkbox"/> | 12. Walking In Roadway With Traffic - Sidewalks Available         |
| <input type="checkbox"/>            | <input type="checkbox"/> | 3. Crossing At Intersection No Signal      | <input type="checkbox"/> | <input type="checkbox"/> | 13. Walking In Roadway With Traffic - Sidewalks Not Available     |
| <input type="checkbox"/>            | <input type="checkbox"/> | 4. Crossing At Intersection Diagonally     | <input type="checkbox"/> | <input type="checkbox"/> | 14. Walking In Roadway Against Traffic - Sidewalks Available      |
| <input type="checkbox"/>            | <input type="checkbox"/> | 5. Crossing Not At Intersection - Rural    | <input type="checkbox"/> | <input type="checkbox"/> | 15. Walking In Roadway Against Traffic - Side Walks Not Available |
| <input type="checkbox"/>            | <input type="checkbox"/> | 6. Crossing Not At Intersection - Urban    | <input type="checkbox"/> | <input type="checkbox"/> | 16. Working In Roadway  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 7. Coming From Behind Parked Cars          | <input type="checkbox"/> | <input type="checkbox"/> | 17. Standing In Roadway   |
| <input type="checkbox"/>            | <input type="checkbox"/> | 8. Getting Off Or On School Bus            | <input type="checkbox"/> | <input type="checkbox"/> | 18. Lying In Roadway  |
| <input type="checkbox"/>            | <input type="checkbox"/> | 9. Playing In Roadway                      | <input type="checkbox"/> | <input type="checkbox"/> | 19. Not In Roadway  |
| <input type="checkbox"/>            | <input type="checkbox"/> | 10. Getting Off Or On Another Vehicle      | <input type="checkbox"/> | <input type="checkbox"/> | 20. Other   |

Ped # **1** Ped #

### Pedestrian Drinking P11

- |                                     |                          |  |
|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1. Had Not Been Drinking               |
| <input type="checkbox"/>            | <input type="checkbox"/> | 2. Drinking-Obviously Drunk            |
| <input type="checkbox"/>            | <input type="checkbox"/> | 3. Drinking-Ability Impaired           |
| <input type="checkbox"/>            | <input type="checkbox"/> | 4. Drinking-Ability Not Impaired       |
| <input type="checkbox"/>            | <input type="checkbox"/> | 5. Drinking-Not Known Whether Impaired |

### Condition of Pedestrian Contributing to the Crash P12

- |                                     |                          |                       |
|-------------------------------------|--------------------------|-----------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1. No Defects         |
| <input type="checkbox"/>            | <input type="checkbox"/> | 2. Eyesight Defective |
| <input type="checkbox"/>            | <input type="checkbox"/> | 3. Hearing Defective  |
| <input type="checkbox"/>            | <input type="checkbox"/> | 4. Other Body Defects |
| <input type="checkbox"/>            | <input type="checkbox"/> | 5. Illness            |
| <input type="checkbox"/>            | <input type="checkbox"/> | 6. Fatigued           |
| <input type="checkbox"/>            | <input type="checkbox"/> | 7. Apparently Asleep  |
| <input type="checkbox"/>            | <input type="checkbox"/> | 8. Other              |

Ped # **1** Ped #

### Method of Alcohol Determination by Police P13

- |                                     |                          |            |
|-------------------------------------|--------------------------|------------|
| <input type="checkbox"/>            | <input type="checkbox"/> | 1. Blood   |
| <input type="checkbox"/>            | <input type="checkbox"/> | 2. Breath  |
| <input type="checkbox"/>            | <input type="checkbox"/> | 3. Refused |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 4. No Test |

### Pedestrian Drug Use P14

- |                                     |                          |            |
|-------------------------------------|--------------------------|------------|
| <input type="checkbox"/>            | <input type="checkbox"/> | 1. Yes     |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2. No      |
| <input type="checkbox"/>            | <input type="checkbox"/> | 3. Unknown |

### Pedestrian Wear Reflective Clothing P15

- |                                     |                          |        |
|-------------------------------------|--------------------------|--------|
| <input type="checkbox"/>            | <input type="checkbox"/> | 1. Yes |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 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
Position In/On Vehicle	Safety Equip Used	Airbag Ejected Injury Type
Name of Injured (Last, First, Middle)	EMS Transport	Date of Death
Position In/On Vehicle	Safety Equip Used	Airbag Ejected Injury Type
Name of Injured (Last, First, Middle)	EMS Transport	Date of Death
Position In/On Vehicle	Safety Equip Used	Airbag Ejected Injury Type

### VEHICLE #

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

### 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

**Salem Police Department**  
**Crashes Main and Market**  
 January 1, 2014 thru October 28, 2015

Acci Id	Case Id	Formtype	Numunits	Ta Date	Ta Time	Ta Dow	County	Patrolarea
20142680	20142680 ✓			2 07/29/2014	1451	TUE		
20143047	20143047 ✓			2 08/26/2014	1748	TUE		
20151085	20151085 ✓			2 04/01/2015	1726	WED		
20151153	20151153 ✓			2 04/07/2015	1150	TUE		
20152081	20152081 ✓			2 06/16/2015	1833	TUE		
20152734	20152734 ✓			2 08/03/2015	1310	MON		

## TREDS Crash Report

### Crashes By Verified Road Name

Note: The information in this report is only available from 2011 forward and will only report located crashes as they become available.

Jurisdiction : Salem City

Primary Route : MAIN ST

Secondary Route : MARKET ST

Crash Date From : 1/1/2014 To 10/28/2015

Document #	Local Case Number	Crash Date & Time	Jurisdiction(County/City/Town)	Route Name (RTE#)	Secondary Location	Department
150685043	20150760 ✓	3/7/2015 1:15:00 PM	/ Salem	MAIN ST	MARKET ST	Salem Police Dept
* 152465091	20153137 ✓	9/2/2015 5:53:00 PM	/ Salem	MAIN ST	MARKET ST	Salem Police Dept

Printed on: 10/28/2015 3:44:03 PM

Page 1 of 1

\* Actually reported as Market + Main





Revised Report

Police Crash Report

CRASH

GPS Lat. 37.29288 GPS Long. 80.05749

Crash Date 07 29 2014 Day of Week TUE MILITARY Time (24 hr clock) 1451

County of Crash

Official DMV use

City of Town or Name SALEM

Landmarks at Scene LIBRARY SQUARE

Location of Crash (route/street) E MAIN ST

Railroad Crossing ID no. (if within 150 ft.)

Local Case Number 20142680

At Intersection With or 150 Miles Feet

Location of Crash (route/street) MARKET ST

Mile Marker Number Number of Vehicles 2

VEHICLE # 1

DRIVER

Driver Fled Scene

Driver's Name (Last, First, Middle)

Gender

DUNCAN, CHRISTOPHER LANE

Address (Street and Number)

845 E MAIN ST

City

State ZIP

CHRISTIANSBURG VA 24073

Birth Date Driver's License Number

08 04 1995 T63098501

Safety Equip. Used Air Bag Ejected Date of Death

3 2 1

Injury Type EMS Transport

6

Summons Issued As Offenses Charged to Driver

Result of Crash 1 FOLLOW TO CLOSE / 46.2-816

VEHICLE

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

Same as Driver

Address (Street and Number)

City State ZIP

Vehicle Year Vehicle Make Vehicle Model Disabled CMV Towed

1997 HOND PRELUDE

Vehicle Plate Number State Approximate Repair Cost

WPD1839 VA \$ 2,200.00

VIN Oversize Cargo Spill Override Underride

JHMBB6145VC009269

Name of Insurance Company (not agent)

GENERAL INS CO

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

20 25 25 Under 8 0 8-17 0 18-21 0 Over 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 Birth Date Gender

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

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

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

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

Codes

Grid of codes 1-8

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
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

Badge/Code Number

Agency/Department Name and Code

Reviewing Officer

Report File Date

DILLON, MARGARET J. 0209

Salem Police Department / THOMAS, T.

07/29/2014



# Police Crash Report

## Revised Report CRASH

Crash Date **07 29 2014** MILITARY Time (24 hr clock) **1451** County of Crash

City of Town of **SALEM**

Local Case Number **20142680**

### 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 Conditions **C2**

- 1. No Adverse Conditions (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 Lane
- 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 Related **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

Officer Initials **MJD** Badge # **0209**

Commonwealth of Virginia - Department of Motor Vehicles

FR300P (Rev 7/07)

Revised Report

## Police Crash Report

Page **5** of **5**

**CRASH**

Crash  
Date

MILITARY Time (24 hr clock)

County of Crash

City of

Town of

Local Case Number

**07 29 2014**

**1451**

**SALEM**

**20142680**

### CRASH DESCRIPTION continued

VEHICLE 2 WAS TRAVELING WEST ON EAST MAIN ST APPROXIMATELY 150 FT WEST OF MARKET ST. VEHICLE 2 STOPPED FOR PEDESTRIANS IN THE CROSSWALK.

VEHICLE 1 WAS TRAVELING WEST ON EAST MAIN ST BEHIND VEHICLE 2. VEHICLE 2 HAD STOPPED FOR PEDESTRIANS IN THE CROSSWALK. VEHICLE 1 WAS FOLLOWING TOO CLOSELY AND FAILED TO STOP, STRIKING VEHICLE 1 FROM BEHIND.

VEHICLE 1 DRIVER, DUNCAN, WAS CHARGED WITH FOLLOWING TO CLOSE.



Revised Report

Police Crash Report

CRASH

Crash Date: 08 26 2014, Day of Week: TUE, MILITARY Time: 1748, GPS Lat: 00.00, GPS Long: 00.00, County of Crash: SALEM, Location of Crash: 115 E MAIN ST, At Intersection With: 150 MARKET ST, Local Case Number: 20143047, Number of Vehicles: 2

VEHICLE # 1 DRIVER Driver's Name (Last, First, Middle) Driver Fled Scene Gender Address (Street and Number) City State ZIP Birth Date Driver's 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 REDMOND, TIMOTHY JAMES Address (Street and Number) 1843 WILDWOOD RD City State ZIP SALEM VA 24153 Vehicle Year Vehicle Make Vehicle Model Disabled CMV Towed 2000 CHEV SILVERADO Vehicle Plate Number State Approximate Repair Cost XBT6960 VA \$ 100.00 VIN 1GCEK19T0YE133410 Name of Insurance Company (not agent) ALFA INSURANCE Speed Before Crash Speed Limit Maximum Safe Speed Under 8 18-21 Over 21 ALL Passengers Age Count 5 25 25 0 0 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 Birth Date Gender

VEHICLE # 2 DRIVER Driver's Name (Last, First, Middle) Driver Fled Scene Gender Address (Street and Number) City State ZIP Birth Date Driver's 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 HILL, GINGER LEIGH Address (Street and Number) 649 LEE ST City State ZIP SALEM VA 24153 Vehicle Year Vehicle Make Vehicle Model Disabled CMV Towed 2008 FORD TAURUS Vehicle Plate Number State Approximate Repair Cost NKB883 WV \$ 300.00 VIN 1FAHP27W58G119501 Name of Insurance Company (not agent) ALLSTATE Speed Before Crash Speed Limit Maximum Safe Speed Under 8 18-21 Over 21 ALL Passengers Age Count 0 25 25 0 0 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

Codes table with columns: POSITION IN/ON VEHICLE, SAFETY EQUIPMENT USED, AIRBAG, EJECTED FROM VEHICLE, INJURY TYPE. Includes a diagram of a vehicle seat with numbered positions 1-8.



# Police Crash Report

## Revised Report CRASH

Crash Date **08 26 2014** MILITARY Time (24 hr clock) **1748** County of Crash

City of Town of **SALEM**

Local Case Number **20143047**

### 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 Conditions **C2**

- 1. No Adverse Conditions (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 Lane
- 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 Related **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

CRASH

Crash Date

MILITARY Time (24 hr clock) County of Crash



City of  
Town of **SALEM**

Local Case Number

**20143047**

**08 26 2014 1748**

CRASH DESCRIPTION continued

VEHICLE 2 WAS PARKED IN A PARALLEL PARKING SPACE FACING WEST ON E MAIN ST IN FRONT OF 115 E MAIN STREET. VEHICLE 1 WAS PARKED IN THE PARALLEL PARKING SPACE DIRECTLY IN FRONT OF VEHICLE 2. VEHICLE 1 WAS ATTEMPTING TO EXIT IT`S PARKING SPACE WHEN IT BACKED INTO VEHICLE 2 CAUSING DAMAGE TO THE FRONT BUMPER OF VEHICLE 2. THE OWNER OF VEHICLE 2 (GINGER HILL) STATED SHE WAS FASTENING HER CHILD INTO THE SAFETY SEAT IN THE BACKSEAT OF THE VEHICLE WHEN VEHICLE 1 STRUCK HER VEHICLE. HILL STATED THE DRIVER LOOKED IN THE MIRROR AND DROVE OFF HEADING WEST TOWARD W MAIN STREET. HILL STATED VEHICLE 1 WAS A WHITE PICKUP WITH A VIRGINIA LICENSE PLATE OF XBT6960 AND HAD A WHITE MALE DRIVER WEARING A BASEBALL HAT.

VEHICLE 1, A WHITE CHEVROLET SILVERADO WITH VIRGINIA LICENSE PLATE XBT6960 WAS LOCATED AT 1843 WILDWOOD RD AND THE OWNER WAS IDENTIFIED AS TIMOTHY REDMOND AND WAS A WHITE MALE WEARING A BASEBALL HAT. REDMOND STATED HE HAD DRIVEN THE VEHICLE EARLIER IN THE DAY AND WAS IN THE AREA OF 115 E MAIN STREET. REDMOND STATED HE DID NOT STRIKE ANOTHER VEHICLE AND WAS PARKED ON THE OPPOSITE SIDE OF THE STREET FACING EAST. REDMOND STATED HE ARRIVED HOME AT 1700 HOURS AND WAS AT HIS RESIDENCE AT THE TIME OF THE ACCIDENT.

Revised Report

Police Crash Report



CRASH

Crash Date: 04 01 2015, Day of Week: WED, MILITARY Time: 1726, County of Crash: 0000, GPS Lat: 00.00, GPS Long: 00.00, City of Town Name: SALEM, Location of Crash: E MAIN ST, At Intersection With: 30 Miles of S MARKET ST, Local Case Number: 20151085, Number of Vehicles: 2

VEHICLE # 1 DRIVER DELBY, ANN MICHELLE, 1363 FOREST LAWN DR, SALEM, VA 24153, Birth Date: 03 13 1979, License Number: B23904990, Safety Equip. Used: 3, Air Bag: 2, Ejected: 1, Date of Death: 6, Offenses Charged to Driver: 2

VEHICLE ROBERTSON MARKETING GROUP, 359 KESSLER MILL RD, SALEM, VA 24153, Vehicle Year: 2008, Make: CHEV, Model: MALIBU, Disabled: 0, CMV: 0, Towed: 0, VIN: 1G1ZG57BX8F164154, Name of Insurance Company: PROGRESSIVE, Speed Before Crash: 2, Speed Limit: 25, Maximum Safe Speed: 25, ALL Passengers Age Count: Under 8: 0, 8-17: 0, 18-21: 0, Over 21: 0

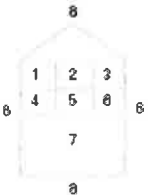
Table with 7 columns: Name of Injured, EMS Transport, Date of Death, Position In/On Vehicle, Safety Equip Used, Airbag, Ejected, Injury Type, Birth Date, Gender. Includes rows for PASSENGER (only if injured or killed).

VEHICLE # 2 DRIVER ROBERTSON, DEBORAH BERRY, 1000 MOUNTAIN DR, SALEM, VA 24153, Birth Date: 03 14 1963, License Number: T23894482, Safety Equip. Used: 3, Air Bag: 2, Ejected: 1, Date of Death: 6, Offenses Charged to Driver: 2

VEHICLE ROBERTSON MARKETING GROUP, 359 KESSLER MILL RD, SALEM, VA 24153, Vehicle Year: 2005, Make: CHRY, Model: TOWN AND, Disabled: 0, CMV: 0, Towed: 0, VIN: 2C4GP44R95R421495, Name of Insurance Company: ALLIED INSURANCE, Speed Before Crash: 0, Speed Limit: 25, Maximum Safe Speed: 25, ALL Passengers Age Count: Under 8: 0, 8-17: 0, 18-21: 0, Over 21: 0

Table with 7 columns: Name of Injured, EMS Transport, Date of Death, Position In/On Vehicle, Safety Equip Used, Airbag, Ejected, Injury Type, Birthdate, Gender. Includes rows for PASSENGER (only if injured or killed).

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
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)



# Police Crash Report

## Revised Report CRASH

Crash Date <b>04 01 2015</b>	MILITARY Time (24 hr clock) <b>1726</b>	County of Crash	City of Town of <b>SALEM</b>	Local Case Number <b>20151085</b>
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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 Conditions **C2**

- 1. No Adverse Conditions (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 Lane
- 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 Related **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

GPS Lat.

GPS Long.

## CRASH

Crash Date <b>04 07 2015</b>	Day of Week <b>TUE</b>	MILITARY Time (24 hr clock) <b>1150</b>	County of Crash	Official DMV use
City of Town or <b>SALEM</b>	Landmarks at Scene <b>19 E. MAIN ST</b>	Railroad Crossing ID no. (if within 150 ft.)	Local Case Number <b>20151153</b>	
Location of Crash (route/street) <b>E. MAIN ST</b>	Location of Crash (route/street) <b>MARKET ST</b>	Mile Marker Number <b>850</b>	Number of Vehicles <b>2</b>	

**VEHICLE # 1**

**DRIVER**  
Driver's Name (Last, First, Middle)  
**TEFLER, GEORGE F.W.**  
Address (Street and Number)  
**503 WEST MAIN ST. A**  
City  
**SALEM**  
State **VA** ZIP **24153**  
Birth Date **03 11 1935** Driver's License Number **T69714710**  
Safety Equip. Used **3** Air Bag **2** Ejected **1** Date of Death  
Summons Issued As Result of Crash **6** Offenses Charged to Driver

**VEHICLE**  
Vehicle Owner's Name (Last, First, Middle) Same as Driver  
Address (Street and Number)  
City  
State ZIP  
Vehicle Year **2007** Vehicle Make **HOND** Vehicle Model **ACCORD** Disabled CMV Towed  
Vehicle Plate Number **VEP6765** State **VA** Approximate Repair Cost **\$ 100.00**  
VIN **1HGCM56107A055407**  
Name of Insurance Company (not agent)  
**USAA AUTO INSURANCE**  
Speed Before Crash **3** Speed Limit **25** Maximum Safe Speed **25** ALL Passengers Age Count  
Under 8 **0** 8-17 **0** 18-21 **0** Over 21 **0**

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

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

**VEHICLE # 2**

**DRIVER**  
Driver's Name (Last, First, Middle)  
**WILEY, TODD WILEY**  
Address (Street and Number)  
**75 CRAIGHEAD DR**  
City  
**TROUTVILLE**  
State **VA** ZIP **24175**  
Birth Date **02 26 1975** Driver's License Number **C24616105**  
Safety Equip. Used **3** Air Bag **2** Ejected **1** Date of Death  
Summons Issued As Result of Crash **6** Offenses Charged to Driver

**VEHICLE**  
Vehicle Owner's Name (Last, First, Middle) Same as Driver  
Address (Street and Number)  
City  
State ZIP  
Vehicle Year **2011** Vehicle Make **FORD** Vehicle Model **CROWN VIC** Disabled CMV Towed  
Vehicle Plate Number **163148L** State **VA** Approximate Repair Cost **\$ 25.00**  
VIN **2FABP7BV9BX100274**  
Name of Insurance Company (not agent)  
**VML**  
Speed Before Crash **0** Speed Limit **25** Maximum Safe Speed **25** ALL Passengers Age Count  
Under 8 **0** 8-17 **0** 18-21 **0** Over 21 **0**

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

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

<b>Codes</b> 	<b>POSITION IN/ON VEHICLE</b> 1. Driver 2-6. Passengers 7. Cargo Area 8. Riding/Hanging On Outside 9-98. All Other Passengers	<b>SAFETY EQUIPMENT USED</b> 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	<b>AIRBAG</b> 1. Deployed 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	<b>EJECTED FROM VEHICLE</b> 1. Not Ejected 2. Partially Ejected 3. Totally Ejected  <b>SUMMONS ISSUED AS A RESULT OF CRASH</b> 1. Yes 2. No 3. Pending	<b>INJURY TYPE</b> 1. Dead 2. Serious Injury 3. Minor/Possible Injury 4. No Apparent Injury 6. No Injury (driver only)
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Investigating Officer <b>KING, CHARLIE W.</b>	Badge/Code Number <b>0180</b>	Agency/Department Name and Code <b>Salem Police Department / KING, C.</b>	Reviewing Officer	Report File Date <b>04/07/2015</b>
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# Police Crash Report

## Revised Report CRASH

Crash Date	MILITARY Time (24 hr clock)	County of Crash	City of Town of	Local Case Number
<b>04 07 2015</b>	<b>1150</b>		<b>SALEM</b>	<b>20151153</b>

### 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 Conditions **C2**

- 1. No Adverse Conditions (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 Lane
- 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 Related **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

CRASH

GPS Lat.

3 7 . 2 9 3 3 3

GPS Long.

8 0 . 0 5 5 8 5

Crash Date

06 16 2015 TUE

Day of Week

MILITARY Time (24 hr clock);

1833

County of Crash

Official DMV use

City of Town of

SALEM

Landmarks at Scene

131 E MAIN ST

Location of Crash (route/street)

E MAIN ST

Railroad Crossing ID no. (if within 150 ft.)

Local Case Number

20152081

Mile Marker Number

Number of Vehicles

2

At Intersection With or

250

Miles Feet

N S E W

Location of Crash (route/street)

N MARKET ST

VEHICLE # 1

DRIVER

Driver's Name (Last, First, Middle)

ELMORE, KENNETH GLENN

Address (Street and Number)

1605 GARST ST

City

SALEM

State

VA

ZIP

24153

Birth Date

12 12 1979 T69792181

Driver's License Number

State

VA

DL

CDL

Safety Equip. Used

5

Air Bag

3

Ejected

1

Date of Death

Injury Type

2

EMS Transport

0

Summons Issued As

1

Offenses Charged to Driver

46.2-816, FOLLOW TOO CLOSE

VEHICLE

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

Same as Driver

Address (Street and Number)

City

Vehicle Year

2008

Vehicle Make

BUEL

Vehicle Model

XB12R

Disabled

0

CMV

0

Towed

0

Vehicle Plate Number

496207

State

VA

Approximate Repair Cost

\$ 1,500.00

VIN

4MZAX03D383300412

Name of Insurance Company (not agent)

ALLSTATE

Speed Before Crash

25

Speed Limit

25

Maximum Safe Speed

25

ALL Passengers Age Count

Under 8

0

8-17

0

18-21

0

Over 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

Birth Date

Gender

Name of Injured (Last, First, Middle)

EMS Transport

Date of Death

Position In/On Vehicle

Safety Equip Used

Airbag

Ejected

Injury Type

Birth Date

Gender

Name of Injured (Last, First, Middle)

EMS Transport

Date of Death

Position In/On Vehicle

Safety Equip Used

Airbag

Ejected

Injury Type

Birth Date

Gender

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
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

CAMPBELL, KEVIN M.

Badge/Code Number

0291

Agency/Department Name and Code

Salem Police Department / WEEKS, D.

Reviewing Officer

Report File Date

06/16/2015



# Police Crash Report

## Revised Report CRASH

Crash Date **06 16 2015** MILITARY Time (24 hr clock) **1833** County of Crash

City of Town of **SALEM**

Local Case Number **20152081**

### 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 Conditions C2

- 1. No Adverse Conditions (Clear/Cloudy)
- 3. Fog
- 4. Mist
- 5. Rain
- 6. Snow
- 7. Steel/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 Lane
- 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 Related 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

Officer Initials **KMC** Badge # **0291**

Commonwealth of Virginia • Department of Motor Vehicles

FR300P (Rev 7/07)

# Police Crash Report

Page **5** of **5**

Revised Report

**CRASH**

Crash  
Date

MILITARY Time (24 hr clock) County of Crash

City of

Local Case Number

**06 16 2015**

**1833**

Town of **SALEM**

**20152081**

## CRASH DESCRIPTION continued

V2 WAS STOPPED FACING WEST ON EAST MAIN ST IN FRONT OF 131 E MAIN ST (ALL SPORTS), DUE TO THE VEHICLE IN FRONT OF IT BEING STOPPED IN THE TRAVEL LANE. V1 WAS DIRECTLY BEHIND V2 WHEN IT CRESTED THE HILL THE RIDER LOOKED AT THE SIDE OF THE ROAD, WHEN HE PUT HIS EYES BACK ON THE ROAD HE OBSERVED THE TRAFFIC IN FRONT OF HIM STOPPED. THE RIDER OF V1 APPLIED THE BRAKES, WHILE APPLYING THE BREAKS THE MOTORCYCLE SLID OVER ONTO ITS SIDE AND SLID INTO THE REAR BUMPER OF V2 CAUSING DAMAGE TO BOTH VEHICLES. BOTH THE RIDER OF V1 AND DRIVER OF V2 REFUSED TO HAVE RESCUE RESPOND TO THE SCENE. THE DRIVER OF V1 WAS ISSUED A CITATION FOR FOLLOW TOO CLOSE.



Revised Report

Police Crash Report

CRASH

Crash Date 08 03 2015 Day of Week MON MILITARY Time (24 hr clock) 1310

GPS Lat. 37.29312 GPS Long. 80.05619 County of Crash Official DMV use

City of Town or SALEM

Landmarks at Scene

Location of Crash (route/street) EAST MAIN STREET

Railroad Crossing ID no. (if within 150 ft.)

Local Case Number 20152734

At Intersection With or 100

Miles Feet of MARKET STREET

Location of Crash (route/street)

Mile Marker Number Number of Vehicles 2

VEHICLE # 1

DRIVER

Driver's Name (Last, First, Middle) BROWN, ROBERT ANTHONY JR. Gender

Address (Street and Number) 218 MCCLELLAND STREET

City SALEM State VA ZIP 24153

Birth Date 12 04 1993 Driver's License Number B69707580 State VA DL CDL

Safety Equip. Used 3 Air Bag 2 Ejected 1 Date of Death Injury Type 6 EMS Transport

Summons Issued As Result of Crash 1 Offenses Charged to Driver 46.2-816(FOLLOWING TOO CLOSE)

VEHICLE

Vehicle Owner's Name (Last, First, Middle) Divers, Beverly Kenney Same as Driver

Address (Street and Number) 218 MCCLELLAND STREET

City SALEM State VA ZIP 24153

Vehicle Year 2004 Vehicle Make FORD Vehicle Model EXPEDITION Disabled CMV Towed

Vehicle Plate Number TIMBEV State VA Approximate Repair Cost \$ 800.00

VIN 1FMPU16L6YLA40504 Oversize Cargo Spill

Name of Insurance Company (not agent) GEICO Override Underride

Speed Before Crash 1 Speed Limit 25 Maximum Safe Speed 25 Under 8 ALL Passengers Age Count 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 Birth Date Gender

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

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

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

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

VEHICLE # 2

DRIVER

Driver's Name (Last, First, Middle) HAIRSTON, DONSHAE SHANELL Gender

Address (Street and Number) 3409 NORWAY AVE.

City ROANOKE State VA ZIP 24017

Birth Date 08 24 1992 Driver's License Number B69701140 State VA DL CDL

Safety Equip. Used 3 Air Bag 2 Ejected 1 Date of Death Injury Type 4 EMS Transport

Summons Issued As Result of Crash 2 Offenses Charged to Driver

VEHICLE

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

Address (Street and Number)

City State ZIP

Vehicle Year 2002 Vehicle Make FORD Vehicle Model EXPLORER Disabled CMV Towed

Vehicle Plate Number WSJ8184 State VA Approximate Repair Cost \$ 1,100.00

VIN 1FMDU73W92UA50482 Oversize Cargo Spill

Name of Insurance Company (not agent) NATIONWIDE Override Underride

Speed Before Crash 0 Speed Limit 25 Maximum Safe Speed 25 Under 8 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

- 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
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 CRITZ, BLAKE P.

Badge/Code Number 0193

Agency/Department Name and Code

Salem Police Department /

Reviewing Officer

SHEPPARD, S.

Report File Date

08/03/2015



Revised Report  
CRASH

Police Crash Report

Crash Date <b>08 03 2015</b>	MILITARY Time (24 hr clock) <b>1310</b>	County of Crash	City of Town of <b>SALEM</b>	Local Case Number <b>20152734</b>
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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 Conditions **C2**

- 1. No Adverse Conditions (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 Lane
- 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 Related **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

CRASH

Crash Date: 03 07 2015 SAT; Day of Week: SAT; MILITARY Time: 1315; County of Crash: SALEM; Location of Crash: 131 E. MAIN ST; Local Case Number: 20150760; Number of Vehicles: 4

VEHICLE # 1 DRIVER: KAY, CHERYL ANN; Address: 1329 GRAYBILL ST NW, ROANOKE, VA 24017; License: T69783762; Offenses: 1 FOLLOWING TOO CLOSELY

VEHICLE: 1995 NISS SENTRA; Plate: WRX3876; VIN: 1NA4AB41D4SC739869; Insurance: ALLSTATE; Speed Limit: 25; Maximum Safe Speed: 25

PASSENGER (only if injured or killed) table with columns for Name, Position, Safety Equip, Airbag, Ejected, Injury Type, Birth Date, Gender

VEHICLE # 2 DRIVER: STAMPER, JANEAL FORREST; Address: 1007 MOREHEAD AVE SE, ROANOKE, VA 24013; License: T23870242; Offenses: 1 FOLLOWING TOO CLOSELY

VEHICLE: 2003 HYUN ELANTRA; Plate: JDH3395; VIN: KMHDN45D83U601400; Insurance: LIBERTY; Speed Limit: 25; Maximum Safe Speed: 25

PASSENGER (only if injured or killed) table with columns for Name, Position, Safety Equip, Airbag, Ejected, Injury Type, Birth Date, Gender

Codes table with columns: POSITION IN/ON VEHICLE, SAFETY EQUIPMENT USED, AIRBAG, EJECTED FROM VEHICLE, INJURY TYPE





Revised Report

Police Crash Report

CRASH

GPS Lat. 00.000  
GPS Long. 077.077

Crash Date: 03 07 2015  
Day of Week: SAT

MILITARY Time (24 hr clock): 1315  
County of Crash:

Official DMV use

City of Town of: SALEM

Landmarks at Scene: 131 E. MAIN  
Railroad Crossing ID no. (if within 150 ft.):

Local Case Number: 20150760

Location of Crash (route/street): 131 E. MAIN ST

Location of Crash (route/street):

Mile Marker Number: Number of Vehicles: 4

At Intersection With or Miles Feet of

VEHICLE # 3

DRIVER

Driver Fled Scene

Driver's Name (Last, First, Middle)

Gender

KEENE, BRANDY NICOLE

Address (Street and Number)

1416 ANTRIM ST

City

State ZIP: VA 24153

SALEM

Birth Date Driver's License Number

04 19 1988 T66814625

VA DL CDL

Safety Equip. Used Air Bag Ejected Date of Death

3 2 1

VA Injury Type EMS Transport

6

Summons Issued As Result of Crash

1 FOLLOWING TOO CLOSELY

VEHICLE

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

Same as Driver

Address (Street and Number)

City State ZIP

Vehicle Year Vehicle Make Vehicle Model Disabled CMV Towed

2012 MAZD 6

Vehicle Plate Number State Approximate Repair Cost

WUU6573

VA \$ 500.00

VIN: 1YVHZ8DH1C5M29219

Name of Insurance Company (not agent)

STATE FARM

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

0 25 25 Under 8 0 8-17 0 18-21 0 Over 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 Birth Date Gender

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

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

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

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

VEHICLE # 4

DRIVER

Driver Fled Scene

Driver's Name (Last, First, Middle)

Gender

SANCHEZ CARDENAS, MARCOS

Address (Street and Number)

1750 GLENDON RD

City

State ZIP: VA 24153

SALEM

Birth Date Driver's License Number

01 06 1994 B69728990

Safety Equip. Used Air Bag Ejected Date of Death

3 2 1

Summons Issued As Result of Crash

6 Offenses Charged to Driver

VEHICLE

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

Same as Driver

TOAPANTA YACHIMBA, LUIS G

Address (Street and Number)

1750 GLENDON RD

City

State ZIP: VA 24153

SALEM

Vehicle Year Vehicle Make Vehicle Model Disabled CMV Towed

1995 MITS ECLIPSE

Vehicle Plate Number State Approximate Repair Cost

MARCOS1

VA \$ 750.00

VIN: 4A3AK34Y5SE032493

Name of Insurance Company (not agent)

NATIONWIDE

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

0 25 25 Under 8 0 8-17 0 18-21 0 Over 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 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 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
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

INJURY TYPE

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

SUMMONS ISSUED AS A RESULT OF CRASH

- 1. Yes
2. No
3. Pending

Investigating Officer

ST CYR, SPENCER R.

Badge/Code Number

0308

Agency/Department Name and Code

Salem Police Department / CROUSE, D.

Reviewing Officer

Report File Date

03/07/2015



# Police Crash Report

## Revised Report CRASH

Crash Date <b>03 07 2015</b>	MILITARY Time (24 hr clock) <b>1315</b>	County of Crash	City of Town of <b>SALEM</b>	Local Case Number <b>20150760</b>
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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 Conditions **C2**

- 1. No Adverse Conditions (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 Lane
- 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 Related **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

**Salem Police Department**  
**Crashes Main and Broad**  
 January 1, 2014 thru October 28, 2015

Acci Id	Case Id	Formtype	Nurnunits	Ta Date	Ta Time	Ta Dow
20142647	20142647	✓	2	07/25/2014	1605	FRI
20141023	20141023	✓	1	03/28/2014	0249	FRI
20142100	20142100	✓	2	06/16/2014	1325	MON
20143430	20143430	✓	2	09/22/2014	2100	MON
20143499	20143499	✓	2	09/26/2014	1519	FRI
20153449	20153449	✓	2	09/27/2015	1927	SUN
20153369	20153369	✓	2	09/21/2015	1449	MON
20144426	20144426	✓	2	12/04/2014	1751	THU
20151911	20151911	✓	2	06/03/2015	1115	WED
20152564	20152564	✓	2	07/21/2015	1139	TUE

- On TRIPS Report also

<b>TREDS Crash Report</b>
<b>Crashes By Verified Road Name</b>

Note: The information in this report is only available from 2011 forward and will only report located crashes as they become available.

Jurisdiction : Salem City

Primary Route : MAIN ST

Secondary Route : BROAD ST

Crash Date From : 1/1/2014 To 10/28/2015

Document #	Local Case Numer	Crash Date & Time	Jurisdiction(County/City/Town)	Route Name (RTE#)	Secondary Location	Department
142095061	20142647 ✓	7/25/2014 4:05:00 PM	/ Salem	MAIN ST	BROAD ST	Salem Police Dept.
142665077	20143430 ✓	9/22/2014 9:00:00 PM	/ Salem	MAIN ST	BROAD ST	Salem Police Dept.
142725049	20143499 ✓	9/26/2014 3:19:00 PM	/ Salem	MAIN ST	BROAD ST	Salem Police Dept.
152035066	20152564 ✓	7/21/2015 11:39:00 AM	/ Salem	MAIN ST	BROAD ST	Salem Police Dept.
152715068	20153449 ✓	9/27/2015 7:27:00 PM	/ Salem	MAIN ST	BROAD ST	Salem Police Dept.



Revised Report

Police Crash Report

CRASH

Crash Date 07 25 2014 Day of Week FRI MILITARY Time (24 hr clock) 1605 County of Crash

GPS Lat. 0 0 . 0 0 GPS Long. 0 0 . 0 0 Official DMV use

City of Town of SALEM

Landmarks at Scene

Location of Crash (route/street) 14 W MAIN ST

Railroad Crossing ID no. (if within 150 ft.)

Local Case Number 20142647

At Intersection With or 350 MILES Feet

Location of Crash (route/street) BROAD ST

Mile Marker Number Number of Vehicles 2

VEHICLE # 1

DRIVER

Driver's Name (Last, First, Middle) STOVER, JOSHUA LEE ALLEN Driver Fled Scene Gender

Address (Street and Number) 523 N BRUFFEY ST

City SALEM State VA ZIP 24153

Birth Date 11 27 1987 Driver's License Number T69766915 State VA DL CDL

Safety Equip. Used 9 Air Bag 3 Ejected 3 Date of Death Injury Type 6 EMS Transport

Summons Issued As Result of Crash 1 IMPROPER PASSING, SUSPENDED Offenses Charged to Driver

VEHICLE

Vehicle Owner's Name (Last, First, Middle) BLANKENSHIP, HENRY AARON Same as Driver

Address (Street and Number) 759 GLENMORE DR

City SALEM State VA ZIP 24153

Vehicle Year 2002 Vehicle Make SUZI Vehicle Model MOTORCYC Disabled CMV Towed

Vehicle Plate Number REKOJ State VA Approximate Repair Cost \$ 2,000.00

VIN JS1GN7BA322108130 Oversize Cargo Spill Override Underride

Name of Insurance Company (not agent) UNKNOWN

Speed Before Crash 25 Speed Limit 25 Maximum Safe Speed 25 Under 8 0 ALL Passengers Age Count 8-17 0 18-21 0 Over 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 Birth Date Gender

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

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

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

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

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

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

VEHICLE # 2

DRIVER

Driver's Name (Last, First, Middle) GOBBLE, SARAH JOY Driver Fled Scene Gender

Address (Street and Number) 621 BEECH RD

City SALEM State VA ZIP 24153

Birth Date 02 15 1995 Driver's License Number B69706254 State VA DL CDL

Safety Equip. Used 3 Air Bag 2 Ejected 1 Date of Death Injury Type 6 EMS Transport

Summons Issued As Result of Crash 2 Offenses Charged to Driver

VEHICLE

Vehicle Owner's Name (Last, First, Middle) ELMORE, KATHRYN SUE Same as Driver

Address (Street and Number) 621 BEECH RD

City SALEM State VA ZIP 24153

Vehicle Year 2004 Vehicle Make VOLK Vehicle Model PASSAT Disabled CMV Towed

Vehicle Plate Number XGY5842 State VA Approximate Repair Cost \$ 2,000.00

VIN WVWPD63B34E275597 Oversize Cargo Spill Override Underride

Name of Insurance Company (not agent) PROGRESSIVE

Speed Before Crash 5 Speed Limit 25 Maximum Safe Speed 25 Under 8 0 ALL Passengers Age Count 8-17 0 18-21 0 Over 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 Birth Date Gender

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

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

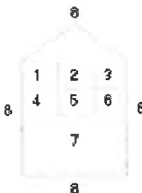
Name of Injured (Last, First, Middle) EMS Transport Date of Death

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

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

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

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
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

JOHNSTON, PHILIP B.

Badge/Code Number

0299

Agency/Department Name and Code

Salem Police Department / KING, C.

Reviewing Officer

Report File Date

07/26/2014



# Police Crash Report

## Revised Report CRASH

Crash Date **07 25 2014** MILITARY Time (24 hr clock) **1605** County of Crash

City of  
Town of **SALEM**

Local Case Number  
**20142647**

### 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 Conditions C2

- 1. No Adverse Conditions (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 Lane
- 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 Related 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

CRASH

Crash Date 03 28 2014 Day of Week FRI

GPS Lat. 00.00 MILITARY Time (24 hr clock) 0249 County of Crash

GPS Long. 00.00 Official DMV use

City of Town or SALEM

Landmarks at Scene 23 E MAIN ST Railroad Crossing ID no. (if within 150 ft.)

Location of Crash (route/street) E MAIN ST

Local Case Number 20141023

At Intersection With or 200 Miles Feet

Location of Crash (route/street) N BROAD ST

Mile Marker Number Number of Vehicles 1

VEHICLE # 1

DRIVER

Driver's Name (Last, First, Middle) ENGELS, WILLIAM PETER II

Driver Fled Scene Gender

Address (Street and Number) 3812 HACKAMORE LN

City RICHMOND State VA ZIP 23233

Birth Date 03 28 1995 Driver's License Number A63668959 State VA DL CDL

Safety Equip. Used 3 Air Bag 2 Ejected 1 Date of Death Injury Type 6 EMS Transport

Summons Issued As Result of Crash 1 Offenses Charged to Driver 46.2-896 HIT AND RUN

VEHICLE

Vehicle Owner's Name (Last, First, Middle) ENGELS, PATRICIA TAYLOR Same as Driver

Address (Street and Number) 12005 SPRINGROCK CT

City RICHMOND State VA ZIP 23233

Vehicle Year 2008 Vehicle Make JEEP Vehicle Model WRANGLER Disabled CMV Towed

Vehicle Plate Number XFX7334 State VA Approximate Repair Cost \$ 50.00

VIN 1J8GA59138L551823 Oversize Cargo Spill Override Underride

Name of Insurance Company (not agent) GEICO

Speed Before Crash 25 Speed Limit 25 Maximum Safe Speed 25 ALL Passengers Age Count Under 8 0 8-17 0 18-21 0 Over 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 Birth Date Gender

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

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

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

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

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

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

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

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

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

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

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

VEHICLE #

DRIVER

Driver's Name (Last, First, Middle) Address (Street and Number)

City State ZIP

Birth Date Driver's 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

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 Override Underride

Name of Insurance Company (not agent)

Speed Before Crash Speed Limit Maximum Safe Speed 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

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

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
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 SWAIN, STEPHEN C.

Badge/Code Number 0297

Agency/Department Name and Code Salem Police Department / GREEN, M.

Reviewing Officer

Report File Date 03/28/2014



# Police Crash Report

## Revised Report CRASH

Crash Date **03 28 2014** MILITARY Time (24 hr clock) **0249** County of Crash

City of Town of **SALEM**

Local Case Number **20141023**

### 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 Conditions **C2**

- 1. No Adverse Conditions (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 Lane
- 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 Related **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

CRASH

Crash Date: 06 16 2014 MON MILITARY Time (24 hr clock): 1325  
 City or Town: SALEM County of Crash: GPS Lat: 37.29257 GPS Long: 80.05939  
 Location of Crash (route/street): WEST MAIN STREET  
 At Intersection With or: 130 Miles Feet of BROAD STREET  
 Landmarks at Scene: Railroad Crossing ID no. (if within 150 ft.): Local Case Number: 20142100  
 Mile Marker Number: Number of Vehicles: 2

VEHICLE # 1

DRIVER Driver Fled Scene: Driver's Name (Last, First, Middle): Gender: PARKED Address (Street and Number): City: State: ZIP: Birth Date: Driver's 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: BRUGH, DAVID PENLEY Address (Street and Number): 428 DARWIN ROAD City: State: ZIP: VA 24014  
 Vehicle Year: 2002 Vehicle Make: LEXS Vehicle Model: CONVERTAB Disabled: CMV: Towed: Vehicle Plate Number: ZG151 State: VA Approximate Repair Cost: \$ 2,500.00  
 VIN: JTHFN48Y920010279 Name of Insurance Company (not agent): FARM BUREAU  
 Speed Before Crash: 0 Speed Limit: 25 Maximum Safe Speed: 25 ALL Passengers Age Count: Under 8: 8-17: 18-21: Over 21:

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

VEHICLE # 2

DRIVER Driver Fled Scene: Driver's Name (Last, First, Middle): Gender: Address (Street and Number): City: State: ZIP: Birth Date: Driver's 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: Address (Street and Number): City: State: ZIP: Vehicle Year: Vehicle Make: Vehicle Model: Disabled: CMV: Towed: Vehicle Plate Number: State: Approximate Repair Cost: \$ 0.00  
 VIN: Name of Insurance Company (not agent):  
 Speed Before Crash: Speed Limit: Maximum Safe Speed: Under 8: 8-17: 18-21: Over 21:

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

SAFETY EQUIPMENT USED

AIRBAG

EJECTED FROM VEHICLE

INJURY TYPE

- 1. Driver
- 2-6. Passengers
- 7. Cargo Area
- 8. Riding/Hanging On Outside
- 9-98. All Other Passengers
- 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
- 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
- 1. Not Ejected
- 2. Partially Ejected
- 3. Totally Ejected
- SUMMONS ISSUED AS A RESULT OF CRASH
- 1. Yes
- 2. No
- 3. Pending
- 1. Dead
- 2. Serious Injury
- 3. Minor/Possible Injury
- 4. No Apparent Injury
- 6. No Injury (driver only)



# Police Crash Report

## Revised Report CRASH

Crash Date **06 16 2014** MILITARY Time (24 hr clock) **1325** County of Crash

City of Town of **SALEM**

Local Case Number **20142100**

### 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 Conditions C2

- 1. No Adverse Conditions (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 Lane
- 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 Related 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

CRASH

Crash Date 09 22 2014 Day of Week MON

MILITARY Time (24 hr clock) 2100

GPS Lat 0 0 . 0 0 GPS Long 0 0 . 0 0

City of Town of SALEM

Landmarks at Scene

Location of Crash (route/street)

Railroad Crossing ID no. (if within 150 ft.)

MAIN ST

Local Case Number 20143430

At Intersection With or

Miles Feet

N S E W

Location of Crash (route/street) of NORTH BROAD ST

Mile Marker Number Number of Vehicles 2

VEHICLE # 1

DRIVER

Driver's Name (Last, First, Middle)

WRIGHT, TERRI FIDLER

Address (Street and Number)

5849 DOGWOOD AVE

City

SALEM

Birth Date 12 20 1963 Driver's License Number T69781158

Safety Equip. Used 3 Air Bag 3 Ejected 1 Date of Death

Summons Issued As Result of Crash 1 Offenses Charged to Driver FAIL TO YIELD RED TRAFFIC LIGHT

VEHICLE

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

B&W LAWN CARE,

Address (Street and Number)

P.O. BOX 1904

City

SALEM

Vehicle Year 1993 Vehicle Make CHEV Vehicle Model PICK UP

Vehicle Plate Number

TX9194

VIN

1GCGK24K7PE147977

Name of Insurance Company (not agent)

ERIE

Speed Before Crash 25 Speed Limit 25 Maximum Safe Speed 25 ALL Passengers Age Count Under 8 0 8-17 0 18-21 0 Over 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 Birth Date Gender

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

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

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

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

VEHICLE # 2

DRIVER

Driver's Name (Last, First, Middle)

KISER, ADRIENNE KRISTYN

Address (Street and Number)

433 MOUNT VERNON AVE

City

SALEM

Birth Date 07 25 1990 Driver's License Number A69739046

Safety Equip. Used 8 Air Bag 2 Ejected 1 Date of Death

Summons Issued As Result of Crash 1 Offenses Charged to Driver CHILD RESTRAINT VIOLATION

VEHICLE

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

GUSLER, WILLIAM RILEY

Address (Street and Number)

433 MOUNT VERNON AVE

City

SALEM

Vehicle Year 2001 Vehicle Make VOLK Vehicle Model 4 DOOR

Vehicle Plate Number

WGT3797

VIN

3VWST29M41M004498

Name of Insurance Company (not agent)

GEICO

Speed Before Crash 25 Speed Limit 25 Maximum Safe Speed 25 ALL Passengers Age Count Under 8 1 8-17 0 18-21 0 Over 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 Birth Date Gender

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

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

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

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

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
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

INJURY TYPE

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

SUMMONS ISSUED AS A RESULT OF CRASH

- 1. Yes
2. No
3. Pending

Investigating Officer

BLACKWELL, JOSEPH

Badge/Code Number

0277

Agency/Department Name and Code

Salem Police Department /

Reviewing Officer

BRIGHTWELL, M.

Report File Date

09/22/2014



Revised Report  
**CRASH**

**Police Crash Report**

Crash Date **09 22 2014** MILITARY Time (24 hr clock) **2100** County of Crash

City of  
Town of **SALEM**

Local Case Number  
**20143430**

**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 Conditions** C2

- 1. No Adverse Conditions (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 Lane
- 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 Related** 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

# Police Crash Report



Revised Report

## CRASH

Crash Date: **09 26 2014** Day of Week: **FRI** MILITARY Time (24 hr clock): **1519** County of Crash: **3 7 . 2 9 2 6 1** GPS Lat: **3 7 . 2 9 2 6 1** GPS Long: **8 0 . 0 5 8 8 4**

City of Town: **SALEM** Landmarks at Scene: \_\_\_\_\_

Location of Crash (route/street): **E. MAIN ST.** Railroad Crossing ID no. (if within 150 ft.): \_\_\_\_\_

At Intersection With or Miles Feet of **BROAD ST.** Local Case Number: **20143499** Mile Marker Number: \_\_\_\_\_ Number of Vehicles: **2**

### VEHICLE # 1

**DRIVER** Driver Fled Scene:

Driver's Name (Last, First, Middle): **WILLIAMS, LISA DAWN** Gender:

Address (Street and Number): **1745 ROANOKE AVE**

City: **ROANOKE** State: **VA** ZIP: **24015**

Birth Date: **09 02 1966** Driver's License Number: **T69746454** State: **VA** DL:  CDL:

Safety Equip. Used: **3** Air Bag: **2** Ejected: **1** Date of Death: \_\_\_\_\_

Injury Type: **6** EMS Transport:

Summons Issued As Result of Crash: **1** Offenses Charged to Driver: **46.2-816 FOLLOWING TO CLOSE**

### VEHICLE # 2

**DRIVER** Driver Fled Scene:

Driver's Name (Last, First, Middle): **PANDYA, MUKESH KANUBHAI** Gender:

Address (Street and Number): **5109 NORTH ST. NW**

City: **ROANOKE** State: **VA** ZIP: **24017**

Birth Date: **06 06 1946** Driver's License Number: **A69776215** State: **VA** DL:  CDL:

Safety Equip. Used: **3** Air Bag: **2** Ejected: **1** Date of Death: \_\_\_\_\_

Injury Type: **4** EMS Transport:

Summons Issued As Result of Crash: **2** Offenses Charged to Driver: \_\_\_\_\_

### VEHICLE

Vehicle Owner's Name (Last, First, Middle): **STATOME, DAVID LEE** Same as Driver:

Address (Street and Number): **1745 ROANOKE AVE.**

City: **ROANOKE** State: **VA** ZIP: **24015**

Vehicle Year: **2011** Vehicle Make: **JEEP** Vehicle Model: **LAREDO** Disabled:  CMV:  Towed:

Vehicle Plate Number: **WNA2050** State: **VA** Approximate Repair Cost: **\$ 1,000.00**

VIN: **1J4RR4GGXBC576312** Oversize:  Cargo Spill:  Override:  Underride:

Name of Insurance Company (not agent): **ROCKINGHAM**

Speed Before Crash: **10** Speed Limit: **25** Maximum Safe Speed: **25** ALL Passengers Age Count: Under 8: **0** 8-17: **0** 18-21: **0** Over 21: **0**

### VEHICLE

Vehicle Owner's Name (Last, First, Middle): \_\_\_\_\_ Same as Driver:

Address (Street and Number): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Vehicle Year: **1994** Vehicle Make: **TOYT** Vehicle Model: **COROLLA** Disabled:  CMV:  Towed:

Vehicle Plate Number: **XNR1672** State: **VA** Approximate Repair Cost: **\$ 1,500.00**

VIN: **2T1AE04B8RC052559** Oversize:  Cargo Spill:  Override:  Underride:

Name of Insurance Company (not agent): **GEICO**

Speed Before Crash: **0** Speed Limit: **25** Maximum Safe Speed: **25** ALL Passengers Age Count: Under 8: **0** 8-17: **0** 18-21: **0** Over 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 Birth Date Gender
Name of Injured (Last, First, Middle)	EMS Transport	Date of Death
Position In/On Vehicle	Safety Equip Used	Airbag Ejected Injury Type Birth Date Gender
Name of Injured (Last, First, Middle)	EMS Transport	Date of Death
Position In/On Vehicle	Safety Equip Used	Airbag Ejected Injury Type Birth Date Gender

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

### Codes

<p>POSITION IN/ON VEHICLE</p> <p>1. Driver</p> <p>2-6. Passengers</p> <p>7. Cargo Area</p> <p>8. Riding/Hanging On Outside</p> <p>9-98. All Other Passengers</p>	<p>SAFETY EQUIPMENT USED</p> <p>1. Lap Belt Only</p> <p>2. Shoulder Belt Only</p> <p>3. Lap and Shoulder Belt</p> <p>4. Child Restraint</p> <p>5. Helmet</p> <p>6. Other</p> <p>7. Booster Seat</p> <p>8. No Restraint Used</p> <p>9. Not Applicable</p>	<p>AIRBAG</p> <p>1. Deployed</p> <p>2. Not Deployed</p> <p>3. Unavailable/Not Applicable</p> <p>4. Keyed Off</p> <p>5. Unknown</p> <p>6. Deployed - Side</p> <p>7. Deployed - Other (Knee, Air Belt, etc.)</p> <p>8. Deployed - Combination</p>	<p>EJECTED FROM VEHICLE</p> <p>1. Not Ejected</p> <p>2. Partially Ejected</p> <p>3. Totally Ejected</p>	<p>INJURY TYPE</p> <p>1. Dead</p> <p>2. Serious Injury</p> <p>3. Minor/Possible Injury</p> <p>4. No Apparent Injury</p> <p>6. No Injury (driver only)</p>
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Investigating Officer: **HAMMOND, PAUL B.** Badge/Code Number: **0305** Agency/Department Name and Code: **Salem Police Department /** Reviewing Officer: **THOMAS, T.** Report File Date: **09/26/2014**



# Police Crash Report

## Revised Report CRASH

Crash Date **09 26 2014** MILITARY Time (24 hr clock) **1519** County of Crash

City of Town of **SALEM**

Local Case Number **20143499**

### 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 Conditions C2

- 1. No Adverse Conditions (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 Lane
- 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 Related 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

CRASH

Crash Date 09 27 2015 SUN City of Town or SALEM

GPS Lat 37.29238 County of Crash MILITARY Time (24 hr clock) 1927

GPS Long. 80.05896 Official DMV use

Location of Crash (route/street) WEST MAIN ST

Landmarks at Scene Railroad Crossing ID no. (if within 150 ft.)

Local Case Number 20153449

At Intersection With or 20

Miles Feet of BROAD ST

Mile Marker Number Number of Vehicles 2

VEHICLE # 1

DRIVER

Driver's Name (Last, First, Middle) HAMLETT, DOLORES ELLEN Address (Street and Number) 2 BURCHETTE ST City SALEM State VA ZIP 24153 Birth Date 06 20 1956 Driver's License Number A69746964 Safety Equip. Used 3 Air Bag 2 Ejected 1 Date of Death 6 Offenses Charged to Driver 1 FOLLOWING TOO CLOSELY

VEHICLE

Vehicle Owner's Name (Last, First, Middle) Same as Driver Address (Street and Number) City State ZIP Vehicle Year 2003 Vehicle Make KIA Vehicle Model OLS Disabled CMV Towed Vehicle Plate Number 388428 State VA Approximate Repair Cost \$ 3,500.00 VIN KNAGD128635218265 Name of Insurance Company (not agent) STATE FARM Speed Before Crash 5 Speed Limit 25 Maximum Safe Speed 25 ALL Passengers Age Count Under 8 0 8-17 0 18-21 0 Over 21 0

PASSENGER (only if injured or killed)

Table with 7 columns: Name of Injured, EMS Transport, Date of Death, Position In/On Vehicle, Safety Equip Used, Airbag, Ejected, Injury Type, Birth Date, Gender

VEHICLE # 2

DRIVER

Driver's Name (Last, First, Middle) MENDOZA SANTOS, GELACIO Address (Street and Number) 1313 ABBOTT ST NW City ROANOKE State VA ZIP 24017 Birth Date 05 08 1975 Driver's License Number A69769636 Safety Equip. Used 3 Air Bag 2 Ejected 1 Date of Death 4 Offenses Charged to Driver 1 DRIVING ON SUSPENDED LICENSE

VEHICLE

Vehicle Owner's Name (Last, First, Middle) Same as Driver Address (Street and Number) City State ZIP Vehicle Year 2001 Vehicle Make CHEV Vehicle Model TAHOE Disabled CMV Towed Vehicle Plate Number XUH3703 State VA Approximate Repair Cost \$ 0.00 VIN 1GNEK13T51J128216 Name of Insurance Company (not agent) NATIONWIDE Speed Before Crash 5 Speed Limit 25 Maximum Safe Speed 25 ALL Passengers Age Count Under 8 0 8-17 0 18-21 0 Over 21 0

PASSENGER (only if injured or killed)

Table with 7 columns: Name of Injured, 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 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 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

INJURY TYPE

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

Investigating Officer WELLS, ETHAN G.

Badge/Code Number 0304

Agency/Department Name and Code Salem Police Department / CHAMBERLAND,

Reviewing Officer

Report File Date 09/27/2015



Revised Report  
**CRASH**

**Police Crash Report**

Crash Date **09 27 2015** MILITARY Time (24 hr clock) **1927** County of Crash

City of **SALEM**

Local Case Number **20153449**

**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 Conditions** C2

- 1. No Adverse Conditions (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 Lane
- 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 Related** 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



Officer Initials **EGW** Badge # **0304**

Commonwealth of Virginia - Department of Motor Vehicles

FR300P (Rev 7/07)

# Police Crash Report

Page **5** of **5**

Revised Report

**CRASH**

Crash  
Date

MILITARY Time (24 hr clock) County of Crash

City of  
Town of

Local Case Number

**09 27 2015**

**1927**

**SALEM**

**20153449**

## CRASH DESCRIPTION continued

DRIVER OF VEHICLE 2 WAS SLOWING DOWN AT THE STOPLIGHT ON WEST MAIN STREET AT BROAD STREET FOR A RED LIGHT. THE DRIVER OF VEHICLE 1 STATED SHE SAW VEHICLE 2 SLOWING DOWN AND ATTEMPTED TO BRAKE, HOWEVER HER FEET WERE WET FROM THE RAIN. DRIVER OF VEHICLE 1 THEN STATED HER FOOT SLIPPED OFF THE BREAK AND SHE REAR ENDED VEHICLE 2.

THE DRIVER OF VEHICLE 2 STATED NO ONE HAD INJURIES WHEN THIS OFFICER SPOKE WITH HIM THE FIRST TIME AND EMS WAS NOT NEEDED. THE DRIVER OF VEHICLE 2 STATED HE FELT HIS WIFE HAD WHIPLASH AFTER HE WAS ISSUED A CITATION FOR DRIVING SUSPENDED. DRIVER OF VEHICLE 2 STATED THEY WERE GOING TO TAKE HER TO THE DOCTOR AT A LATER DATE.



Revised Report

Police Crash Report

CRASH

Crash Date 09 21 2015 Day of Week MON

GPS Lat. 37.29259 GPS Long. 80.05911

Official DMV use

City of Town of SALEM

Landmarks at Scene

Location of Crash (route/street) WEST MAIN STREET

Railroad Crossing ID no. (if within 150 ft.)

Local Case Number 20153369

At Intersection With or 62 Miles Feet

Location of Crash (route/street) BROAD STREET

Mile Marker Number Number of Vehicles 1

VEHICLE # 1

DRIVER

Driver's Name (Last, First, Middle) GOLD, WALTER ASBURY

Address (Street and Number) 106 LEWIS AVENUE

City SALEM State VA ZIP 24153

Birth Date 08 24 1944 Driver's License Number A23844968

Safety Equip. Used 3 Air Bag 2 Ejected 1 Date of Death 6

Summons Issued As Result of Crash 2 Offenses Charged to Driver

VEHICLE

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

Address (Street and Number)

City State ZIP

Vehicle Year 2003 Vehicle Make MERZ Vehicle Model SUV

Vehicle Plate Number JCD5131 State VA Approximate Repair Cost \$ 200.00

VIN 4JGAB54E13A372104

Name of Insurance Company (not agent) LIBERTY MUTUAL

Speed Before Crash 10 Speed Limit 25 Maximum Safe Speed 25

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 Birth Date Gender

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

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

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

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

VEHICLE #

DRIVER

Driver's Name (Last, First, Middle) Driver Fled Scene Gender

Address (Street and Number)

City State ZIP

Birth Date Driver's 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

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 8 ALL Passengers Age Count Over 21

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

- 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
2. Not Deployed
3. Unavailable/Not Applicable
4. Keved 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

Badge/Code Number

Agency/Department Name and Code

Reviewing Officer

Report File Date

CRITZ, BLAKE P.

0193

Salem Police Department / SHEPPARD, S.

09/21/2015



Revised Report  
**CRASH**

**Police Crash Report**

Crash Date **09 21 2015** MILITARY Time (24 hr clock) **1449** County of Crash

City of Town of **SALEM**

Local Case Number **20153369**

**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 Conditions C2**

- 1. No Adverse Conditions (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 Lane
- 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 Related 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



# Police Crash Report

## Revised Report CRASH

Crash Date **09 21 2015** MILITARY Time (24 hr clock) **1449** County of Crash

City of Town of **SALEM** Local Case Number **20153369**

**PEDESTRIAN # 1**  
 Name of Injured (Last, First, Middle)  
**VASSEN, SHAKIA LAJAUN**  
 Address (Street and Number)  
**903 HUNT AVENUE**  
 City **ROANOKE** State **VA** ZIP **24012**  
 Driver's License Number **A69742820** State **VA**  
 Gender  EMS Transport  Injury Type **2** Birthdate **07 09 1990** Date of Death

**PEDESTRIAN #**  
 Name of Injured (Last, First, Middle)  
 Address (Street and Number)  
 City State ZIP  
 Driver's License Number State  
 Gender EMS Transport Injury Type Birthdate Date of Death

**Ped # 1**

**Pedestrian Actions P10**

<input type="radio"/> 1. Crossing At Intersection With Signal	<input type="radio"/> 11. Hitching On Vehicle
<input type="radio"/> 2. Crossing At Intersection Against Signal	<input type="radio"/> 12. Walking In Roadway With Traffic - Sidewalks Available
<input type="radio"/> 3. Crossing At Intersection No Signal	<input type="radio"/> 13. Walking In Roadway With Traffic - Sidewalks Not Available
<input type="radio"/> 4. Crossing At Intersection Diagonally	<input type="radio"/> 14. Walking In Roadway Against Traffic - Sidewalks Available
<input type="radio"/> 5. Crossing Not At Intersection - Rural	<input type="radio"/> 15. Walking In Roadway Against Traffic - Side Walks Not Available
<input checked="" type="radio"/> 6. Crossing Not At Intersection - Urban	<input type="radio"/> 16. Working In Roadway
<input type="radio"/> 7. Coming From Behind Parked Cars	<input type="radio"/> 17. Standing In Roadway
<input type="radio"/> 8. Getting Off Or On School Bus	<input type="radio"/> 18. Lying In Roadway
<input type="radio"/> 9. Playing In Roadway	<input type="radio"/> 19. Not In Roadway
<input type="radio"/> 10. Getting Off Or On Another Vehicle	<input type="radio"/> 20. Other

**Ped # 1**

**Pedestrian Drinking P11**

<input checked="" type="radio"/> 1. Had Not Been Drinking	<b>Method of Alcohol Determination by Police P13</b>
<input type="radio"/> 2. Drinking-Obviously Drunk	
<input type="radio"/> 3. Drinking-Ability Impaired	
<input type="radio"/> 4. Drinking-Ability Not Impaired	
<input type="radio"/> 5. Drinking-Not Known Whether Impaired	

**Condition of Pedestrian Contributing to the Crash P12**

<input checked="" type="radio"/> 1. No Defects	<b>Pedestrian Drug Use P14</b>
<input type="radio"/> 2. Eyesight Defective	
<input type="radio"/> 3. Hearing Defective	
<input type="radio"/> 4. Other Body Defects	
<input type="radio"/> 5. Illness	
<input type="radio"/> 6. Fatigued	
<input type="radio"/> 7. Apparently Asleep	
<input type="radio"/> 8. Other	

**Pedestrian Wear Reflective Clothing P15**

<input checked="" type="radio"/> 1. Yes
<input type="radio"/> 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
Position In/On Vehicle	Safety Equip Used	Airbag Ejected Injury Type Birth Date Gender
Name of Injured (Last, First, Middle)	EMS Transport	Date of Death
Position In/On Vehicle	Safety Equip Used	Airbag Ejected Injury Type Birth Date Gender
Name of Injured (Last, First, Middle)	EMS Transport	Date of Death
Position In/On Vehicle	Safety Equip Used	Airbag Ejected Injury Type Birth Date Gender

**VEHICLE #**

**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

8
1 2 3
4 5 6
7
8

### 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



# Police Crash Report

Revised Report

## CRASH

Crash Date: **12 04 2014** Day of Week: **THU** MILITARY Time (24 hr clock): **1751** GPS Lat: **0 0 . 0 0** County of Crash: **0 0 . 0 0** GPS Long: **0 0 . 0 0** Official DMV use

City of Town or City or Town Name: **SALEM** Landmarks at Scene: **28 E MAIN ST**

Location of Crash (route/street): **E MAIN ST** Railroad Crossing ID no. (if within 150 ft.): **20144426** Local Case Number: **20144426**

At Intersection With or **100** Miles  Feet of **BROAD ST** Location of Crash (route/street): **BROAD ST** Mile Marker Number: **2** Number of Vehicles: **2**

**VEHICLE # 1**

**DRIVER** Driver Fleed Scene

Driver's Name (Last, First, Middle): **CALDWELL, CHRISTINA NICOLE** Gender:

Address (Street and Number): **1754 SALEM COMMONS LN**

City: **SALEM** State: **VA** ZIP: **24153**

Birth Date: **03 03 1986** Driver's License Number: **A69734297** State: **VA** DL:  CDL:

Safety Equip. Used: **3** Air Bag: **2** Ejected: **1** Date of Death: **6** Injury Type: **6** EMS Transport:

Summons Issued As Result of Crash: **2** Offenses Charged to Driver: **1**

**VEHICLE # 2**

**DRIVER** Driver Fleed Scene

Driver's Name (Last, First, Middle): **JOHNSON, DREW ALEXANDER** Gender:

Address (Street and Number): **4417 OLEVA ST NW**

City: **ROANOKE** State: **VA** ZIP: **24017**

Birth Date: **08 28 1997** Driver's License Number: **B69726190** State: **VA** DL:  CDL:

Safety Equip. Used: **3** Air Bag: **2** Ejected: **1** Date of Death: **6** Injury Type: **6** EMS Transport:

Summons Issued As Result of Crash: **2** Offenses Charged to Driver: **1**

**VEHICLE** Same as Driver

Vehicle Owner's Name (Last, First, Middle): **STATE FARM**

Address (Street and Number): **3FALP6535TM111567**

City: **SALEM** State: **VA** ZIP: **24153**

Vehicle Year: **1996** Vehicle Make: **FORD** Vehicle Model: **CONTOUR** Disabled:  CMV:  Towed:

Vehicle Plate Number: **VCV9071** State: **VA** Approximate Repair Cost: **\$ 200.00**

VIN: **3FALP6535TM111567** Oversize:  Cargo Spill:  Override:  Underride:

Name of Insurance Company (not agent): **STATE FARM**

Speed Before Crash: **15** Speed Limit: **25** Maximum Safe Speed: **25** ALL Passengers Age Count: **1** Under 8:  8-17:  18-21:  Over 21:

**VEHICLE** Same as Driver

Vehicle Owner's Name (Last, First, Middle): **ANDERSON, MONIQUE DESHAWN**

Address (Street and Number): **4417 OLEVA ST NW**

City: **ROANOKE** State: **VA** ZIP: **24017**

Vehicle Year: **2002** Vehicle Make: **HYUN** Vehicle Model: **ELANTRA** Disabled:  CMV:  Towed:

Vehicle Plate Number: **VAP7643** State: **VA** Approximate Repair Cost: **\$ 200.00**

VIN: **KMHDN45D32U368332** Oversize:  Cargo Spill:  Override:  Underride:

Name of Insurance Company (not agent): **ALLSTATE**

Speed Before Crash: **0** Speed Limit: **25** Maximum Safe Speed: **25** ALL Passengers Age Count: **1** Under 8:  8-17:  18-21:  Over 21:

**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	Birth Date	Gender

**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

<b>Codes</b> 	<b>POSITION IN/ON VEHICLE</b> 1. Driver 2-6. Passengers 7. Cargo Area 8. Riding/Hanging On Outside 9-98. All Other Passengers	<b>SAFETY EQUIPMENT USED</b> 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	<b>AIRBAG</b> 1. Deployed 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	<b>EJECTED FROM VEHICLE</b> 1. Not Ejected 2. Partially Ejected 3. Totally Ejected  <b>SUMMONS ISSUED AS A RESULT OF CRASH</b> 1. Yes 2. No 3. Pending	<b>INJURY TYPE</b> 1. Dead 2. Serious Injury 3. Minor/Possible Injury 4. No Apparent Injury 6. No Injury (driver only)
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# Police Crash Report

## Revised Report CRASH

Crash Date **12 04 2014** MILITARY Time (24 hr clock) **1751** County of Crash

City of  
Town of **SALEM**

Local Case Number  
**20144426**

### 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 Conditions C2

- 1. No Adverse Conditions (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 Lane
- 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 Related 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

CRASH

GPS Lat. 37.17354 GPS Long. 80.33093

Crash Date 06 03 2015 Day of Week WED

MILITARY Time (24 hr clock) 1115 County of Crash

City of Town of SALEM

Landmarks at Scene 2 E MAIN ST Railroad Crossing ID no. (if within 150 ft.)

Location of Crash (route/street) E MAIN ST

Local Case Number 20151911

At Intersection With or 75 Miles Feet of N BROAD ST

Mile Marker Number Number of Vehicles 2

VEHICLE # 1

DRIVER

Driver Fleed Scene

Driver's Name (Last, First, Middle) THOMPSON, ALEXANDRA BROOKE Gender

Address (Street and Number) 3635 MCDANIEL DR City State ZIP SALEM VA 24153

Birth Date 03 10 1996 Driver's License Number B69715680 State DL CDL VA VA

Safety Equip. Used 3 Air Bag Ejected Date of Death 2 1 Injury Type EMS Transport 6

Summons Issued As Result of Crash 1 Offenses Charged to Driver 46.2-816 FOLLOWING TOO CLOSELY

VEHICLE

Vehicle Owner's Name (Last, First, Middle) HARMON, COURTNEY LYNN Same as Driver

Address (Street and Number) 3635 MCDANIEL DR City State ZIP SALEM VA 24153

Vehicle Year 2004 Vehicle Make JEEP Vehicle Model WRANGLER Disabled CMV Towed

Vehicle Plate Number VBD4612 State VA Approximate Repair Cost \$ 100.00

VIN 1J4FA49S44P783706 Name of Insurance Company (not agent) GEICO

Speed Before Crash 5 Speed Limit 25 Maximum Safe Speed 25 ALL Passengers Age Count Under 8 0 8-17 0 18-21 0 Over 21 0

PASSENGER (only if injured or killed)

Table with columns: Name of Injured, Position In/On Vehicle, Safety Equip Used, Airbag, Ejected, Injury Type, Birth Date, Gender, EMS Transport, Date of Death

VEHICLE # 2

DRIVER

Driver Fleed Scene

Driver's Name (Last, First, Middle) RUTROUGH, CHELSEA JEAN Gender

Address (Street and Number) 483 CALDWELL MOUNTAIN RD City State ZIP NEW CASTLE VA 24127

Birth Date 01 04 1990 Driver's License Number A69799782 State DL CDL VA VA

Safety Equip. Used 3 Air Bag Ejected Date of Death 2 1 Injury Type EMS Transport 6

Summons Issued As Result of Crash 2 Offenses Charged to Driver

VEHICLE

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

Address (Street and Number) City State ZIP

Vehicle Year 2007 Vehicle Make SUZI Vehicle Model 4 DOOR Disabled CMV Towed

Vehicle Plate Number KUGAL State VA Approximate Repair Cost \$ 500.00

VIN KL5JD56Z27K531815 Name of Insurance Company (not agent) DONEGAL MUTUAL

Speed Before Crash 0 Speed Limit 25 Maximum Safe Speed 25 ALL Passengers Age Count Under 8 0 8-17 0 18-21 0 Over 21 0

PASSENGER (only if injured or killed)

Table with columns: Name of Injured, Position In/On Vehicle, Safety Equip Used, Airbag, Ejected, Injury Type, Birthdate, Gender, EMS Transport, Date of Death

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
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

INJURY TYPE

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

SUMMONS ISSUED AS A RESULT OF CRASH

- 1. Yes
2. No
3. Pending

Investigating Officer

SWAIN, STEPHEN C.

Badge/Code Number

0297

Agency/Department Name and Code

Salem Police Department / THOMAS, T.

Reviewing Officer

Report File Date

06/03/2015



Revised Report  
**CRASH**

**Police Crash Report**

Crash Date **06 03 2015** MILITARY Time (24 hr clock) **1115** County of Crash

City of Town of **SALEM**

Local Case Number **20151911**

**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 Conditions C2**

- 1. No Adverse Conditions (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 Lane
- 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 Related 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

CRASH

GPS Lat. 00.00

GPS Long. 00.00  
Official DMV use

Crash Date 07 21 2015  
Day of Week TUE

MILITARY Time (24 hr clock) 1139  
County of Crash

City of Town or City or Town Name SALEM  
Location of Crash (route/street) W. MAIN ST

Landmarks at Scene 2 W MAIN ST  
Railroad Crossing ID no. (if within 150 ft.)

Local Case Number 20152564

At Intersection With or Miles Feet

N S E W of S BROAD ST

Mile Marker Number Number of Vehicles 2

VEHICLE # 1

DRIVER

Driver's Name (Last, First, Middle) KASABWALA, MEENA P  
Address (Street and Number) 2150 STONE MILL DR  
City

State ZIP VA 24153  
Birth Date 04 20 1960  
Driver's License Number A69714695

Safety Equip. Used Air Bag Ejected Date of Death 3 2 1

Summons Issued As Result of Crash 2  
Offenses Charged to Driver

VEHICLE

Vehicle Owner's Name (Last, First, Middle) KASABWALA, PRAFULCHANDRA M  
Address (Street and Number) 2150 STONE MILL DR  
City

State ZIP VA 24153  
Vehicle Year Vehicle Make Vehicle Model 2000 LEX SUV  
Disabled CMV Towed

Vehicle Plate Number 1MEENA  
State Approximate Repair Cost VA \$ 1,000.00

VIN JT6GF10U2Y0065926  
Name of Insurance Company (not agent) ROCKINGHAM MUTUAL  
Override Underride

Speed Before Crash Speed Limit Maximum Safe Speed Under 8 0 8-17 0 18-21 0 Over 21 0  
5 25 25

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 Birth Date Gender

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

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

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

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

VEHICLE # 2

DRIVER

Driver's Name (Last, First, Middle) MEDLICK, KAYE EDWARD  
Address (Street and Number) 921 APPERSON DR  
City

State ZIP VA 24153  
Birth Date 03 23 1948  
Driver's License Number A69783609

Safety Equip. Used Air Bag Ejected Date of Death 3 2 1

Summons Issued As Result of Crash 2  
Offenses Charged to Driver

VEHICLE

Vehicle Owner's Name (Last, First, Middle) Same as Driver  
Address (Street and Number)

State ZIP VA 24153  
Vehicle Year Vehicle Make Vehicle Model 1989 CHEV PICKUP  
Disabled CMV Towed

Vehicle Plate Number J27683  
State Approximate Repair Cost VA \$ 500.00

VIN 1GCDC14Z03657  
Name of Insurance Company (not agent) STATE FARM  
Override Underride

Speed Before Crash Speed Limit Maximum Safe Speed Under 8 0 8-17 0 18-21 0 Over 21 0  
5 25 25

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  
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  
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 WARREN, MICHAEL Y.

Badge/Code Number 0278

Agency/Department Name and Code Salem Police Department / SHELOR, J.

Reviewing Officer

Report File Date 07/21/2015



# Police Crash Report

## Revised Report

## CRASH

Crash Date **07 21 2015** MILITARY Time (24 hr clock) **1139** County of Crash

City of Town of **SALEM**

Local Case Number **20152564**

### 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 Conditions **C2**

- 1. No Adverse Conditions (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 Lane
- 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 Related **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