













## PATIENT CONSENT, DISCLOSURE, AND ASSIGNMENT OF BENEFITS

As a condition of receiving emergency transport and treatment by PHI Air Medical, L.L.C./PHI, Inc. (Provider), I hereby agree to the following:

- 1) **Consent to Treatment:** I consent to transport and treatment by PHI Air Medical, L.L.C./PHI Inc., ("Provider") including the administration of blood products and any other treatment deemed necessary in the judgment of the medical crew (the "Services").
- 2) **Assignment of Insurance Benefits:** I hereby assign all applicable health insurance or other benefit plans, including but not limited to Medicare, Medicaid and any commercial plan (collectively, "Benefit Plans") to which I am entitled to Provider. I hereby authorize Provider to submit claims, on my behalf, to the Benefit Plan (or its administrator). I also hereby instruct my Benefit Plan (or its administrator) to pay Provider directly for Services rendered to me. To the extent that my current Benefit Plan prohibits direct payment or assignment to Provider, I hereby instruct and direct my Benefit Plan (or its administrator) to provide documentation of such prohibition upon request. I am fully aware that having Benefit Plan coverage does not absolve me of my responsibility to ensure that my bills for Professional Services from Provider are paid in full and I agree to make such payment.
- 3) **Authorization to Release Information:** I hereby authorize Provider to: (1) release any information necessary to process my claim to my Benefit Plan (or its administrator); or (2) process Benefit Plan claims generated in the course of examination or treatment. **This Consent and Assignment will remain in effect until revoked by me in writing.**
- 4) **Authorized Representative:** I hereby designate and authorize Provider, to the full extent permissible under law and under any applicable Benefit Plan, including any ERISA plan, to act as my Authorized Representative and to exercise: (1) the right and ability to act on my behalf in connection with any claim, right, or cause of action that I may have under such Benefit Plan; and (2) the right and ability to act on my behalf to pursue such claim, right, or cause of action in connection with said Benefit Plan (including but not limited to, the right to act on my behalf in respect to a Benefit Plan governed by the provisions of ERISA as provided in 29 C.F.R. §2560.5031(b)(4)) with respect to any healthcare expense incurred as a result of the services I received from Provider and, to the extent permissible under the law, to claim on my behalf such benefits, claims, or reimbursement, and any other applicable remedy, including fines. A photocopy of this Assignment/Authorization shall be as effective and valid as the original.
- 5) **Insurance Certification and Authorization:** I accept responsibility for ensuring that all certifications or authorizations required by Medicare, Medicaid or any other Benefit Plans have been obtained. I recognize that I am responsible for any balance not paid by my Benefit Plan for any reason. I agree to sign any documents necessary to authorize Provider to contest any Benefit Plan denial.
- 6) **Guarantee of Payment and Assignment of Benefits:** I agree to pay Provider's charges for the Services, including but not limited to any co-payments, deductibles or other expenses not covered by any Benefit Plan. All charges shall be due and payable on receipt of invoice. Unpaid accounts shall bear interest at the rate of 12% per annum. I assign and transfer to Provider all my rights in and to: (a) all insurance benefits and other Benefit Plans (whether such insurance or Benefit Plans are owned by me or not) payable as a result of the injury or medical condition that necessitated the Services; (b) any and all proceeds paid or payable to me or on my behalf from any settlement, judgment or other award which is obtained as a result of the injury necessitating the Services; (c) any causes of action that may be assigned according to applicable State law, which I now have or may have in the future against any person or entity arising directly or indirectly from the injury or medical condition which necessitated the Services performed in the future. In the event any such proceeds are paid directly to me, I agree to pay them promptly to Provider.
- 7) **Release of Liability for Personal Valuables:** I understand and agree that Provider is not responsible for personal belongings brought into the ambulance, including, but not limited to, clothing, personal hygiene products, toiletries, dentures, glasses, prosthetic devices such as hearing aides, artificial limbs, medical assist devices, wallets, purses, credit cards, jewelry and money.
- 8) **Acknowledgement of Receipt of Notice of Privacy Practices:** I acknowledge receipt of Provider's Notice of Privacy Practices.
- 9) **Release of Police Reports:** I appoint Provider as my attorney in fact under applicable State law for obtaining police reports and other data related to the accident or incident for which Services were provided.
- 10) **Attorney's Fees:** If any action at law or inequity is brought to enforce this Agreement, Provider shall be entitled to recover reasonable attorney's fees, court costs, and any other costs of collection incurred. The undersigned has read this Agreement, has had an opportunity to ask any questions I



Sheriff Michael L. Chapman

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**LOUDOUN COUNTY SHERIFF'S OFFICE**

803 Sycolin Road SE, Leesburg, Virginia 20175  
Telephone 703-777-0407

May 8, 2014

Case # [REDACTED]

Dear Sir or Madam:

The individual listed on this report has been blacked-out because he/she is a juvenile. Juvenile information is not released by the Loudoun County Sheriff's Office without a court order per Virginia State Code 16.1-301.

If you have any questions regarding this matter, please contact the Records Section at [REDACTED]

[REDACTED]



Revised Report

Police Crash Report

CRASH

GPS Lat. 39.145408 GPS Long. -77.669992



VEHICLE # 1

VEHICLE #

DRIVER

Driver Fled Scene

DRIVER

Driver Fled Scene

Driver's Name (Last, First, Middle)

Gender

Driver's Name (Last, First, Middle)

Gender

Address (Street and Number)

Address (Street and Number)

City

State ZIP

City

State ZIP

Birth Date

Drivers License Number

State DL CDL

Birth Date

Drivers License Number

State DL CDL

Safety Equip. Used

Air Bag Ejected Date of Death

Injury Type EMS Transport

Safety Equip. Used

Air Bag Ejected Date of Death

Injury Type EMS Transport

Summons Issued As Result of Crash

Offenses Charged to Driver

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)

State ZIP

Vehicle Year Vehicle Make Vehicle Model

Disabled CMV Towed

Vehicle Plate Number

State Approximate Repair Cost

Name of Insurance Company (not agent)

Override Underride

Speed Limit Maximum Safe Speed Under 8 ALL Passengers Age Count Over 18-21 21

PASSENGER (only if injured or killed)

Name of Injured (Last, First, Middle)

EMS Transport Date of Death

Position In/On Vehicle 3 Safety Equip Used 3 Airbag 1 Ejected 1 Injury Type 2 Birthdate 05/03/1941 Gender [check]

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

- Codes list: 1, 2, 3, 4, 5, 6, 7, 8

- POSITION IN/ON VEHICLE list: 1. Driver, 2-6. Passengers, 7. Cargo Area, 8. Riding/Hanging On Outside, 9-98. All Other Passengers

- SAFETY EQUIPMENT USED list: 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 list: 1. Deployed - Front, 2. Not Deployed, 3. Unavailable/Not Applicable, 4. Keyed Off, 5. Unknown, 6. Deployed - Side, 7. Deployed - Other (Knee, Air Belt, etc.), 8. Deployed - Combination

- EJECTED FROM VEHICLE list: 1. Not Ejected, 2. Partially Ejected, 3. Totally Ejected

- INJURY TYPE list: 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

- SUMMONS ISSUED AS A RESULT OF CRASH list: 1. Yes, 2. No, 3. Pending

Investigating Officer RONALD BEACH

Badge/Code Number 2547

Agency/Department Name and Code LOUDOUN CO SHERIFF'S OFC.

Reviewing Officer Kevin Robinette

Report File Date 04/22/2014





**Revised Report**  
**CRASH**

**DRIVER INFORMATION**

Veh 1	Veh 1	Veh 1	Veh 1
<b>Driver's Action</b> P1			
1. No Improper Action	✓		
2. Exceeded Speed Limit			
3. Exceeded Safe Speed But Not Speed Limit			
4. Overtaking On Hill			
5. Overtaking On Curve			
6. Overtaking at Intersection			
7. Improper Passing of School Bus			
8. Cutting In			
9. Other Improper Passing			
10. Wrong Side of Road - Not Overtaking			
11. Did Not Have Right-of-Way			
12. Following Too Close			
13. Fail to Signal or Improper Signal			
14. Improper Turn - Wide Right Turn			
15. Improper Turn - Cut Corner on Left Turn			
16. Improper Turn From Wrong Lane			
17. Other Improper Turn			
18. Improper Backing			
19. Improper Start From Parked Position	✓		
20. Disregarded Officer or Flegger	✓		
21. Disregarded Traffic Signal			
22. Disregarded Stop or Yield Sign			
23. Driver Distraction			
24. Fail to Stop at Through High way - No Sign			
25. Drive Through Work Zone			
26. Fail to Set Out Flares or Flags			
27. Fail to Dim Headlights			
28. Driving Without Lights			
29. Improper Parking Location			
30. Avoiding Pedestrian			
31. Avoiding Other Vehicle			
32. Avoiding Animal			
33. Crowded Off Highway	✓		
34. Hit and Run			
35. Car Ran Away - No Driver			
36. Blinded by Headlights			
37. Other			
38. Avoiding Object in Roadway			
39. Eluding Police			
40. Fail to Maintain Proper Control	✓		
41. Improper Passing			
42. Improper or Unsafe Lane Change			
43. Over Correction			
<b>Condition of Driver</b> P2 <b>Contributing to the Crash</b>			
1. No Defects	✓		
2. Eyesight Defective	✓		
3. Hearing Defective			
4. Other Body Defects			
5. Illness			
6. Fatigued			
7. Apparently Asleep	✓		
8. Other			
9. Unknown			

**VEHICLE INFORMATION**

Veh 1	Veh 1	Veh 1	Veh 1
<b>Driver Vision Obscured</b> P3			
1. Not Obscured			
2. Rain, Snow, etc. on Windshield			
3. Windshield Otherwise Obscured			
4. Vision Obscured by Load on Vehicle			
5. Trees, Crops, etc.			
6. Building			
7. Embankment			
8. Sign or Signboard			
9. Hillcrest	✓		
10. Parked Vehicle(s)			
11. Moving Vehicle(s)			
12. Sun or Headlight Glare			
13. Other			
14. Blind Spot			
15. Smoke/Dust			
16. Stopped Vehicle(s)			
<b>Type of Driver Distractions</b> P4			
1. Looking at Roadside Incident	✓		
2. Driver Fatigue	✓		
3. Looking at Scenery			
4. Passenger(s)			
5. Radio/CD, etc.			
6. Cell Phone			
7. Eyes Not on Road			
8. Daydreaming			
9. Eating/Drinking			
10. Adjusting Vehicle Controls			
11. Other			
12. Navigation Device			
13. Texting			
14. No Driver Distraction			
<b>Drinking</b> P5			
1. Had Not Been Drinking			
2. Drinking - Obviously Drunk			
3. Drinking - Ability Impaired			
4. Drinking - Ability Not Impaired			
5. Drinking - Not Known Whether Impaired			
6. Unknown			
<b>Method of Alcohol Determination (by police)</b> P6			
1. Blood	✓		
2. Breath			
3. Refused			
4. No Test			
<b>Drug Use</b> P7			
1. Yes			
2. No			
3. Unknown			
<b>Vehicle Maneuver</b> V1			
1. Going Straight Ahead			
2. Making Right Turn			
3. Making Left Turn			
4. Making U-Turn			
5. Slowing or Stopping			
6. Merging Into Traffic Lane	✓		
7. Starting From Parked Position			
8. Stopped in Traffic Lane			
9. Ran Off Road - Right			
10. Ran Off Road - Left			
11. Parked			
12. Backing	✓		
13. Passing			
14. Changing Lanes			
15. Other			
16. Entering Street From Parking Lot			
<b>Skidding Tire/Mark</b> V2			
1. Before Application of Brakes			
2. After Application of Brakes			
3. Before and After Application of Brakes			
4. No Visible Skid Mark/Tire Mark			
<b>Vehicle Body Type</b> V3			
1. Passenger car			
2. Truck - Pick-up/Passenger Truck			
3. Van			
4. Truck - Single Unit Truck (2-Axles)	✓		
7. Motor Home, Recreational Vehicle			
8. Special Vehicle - Oversized Vehicle/Earthmover/Road Equipment			
9. Bicycle			
10. Moped			
11. Motorcycle			
12. Emergency Vehicle (Regardless of Vehicle Type)			
13. Bus - School Bus			
14. Bus - City Transit Bus/Private Owned Church Bus			
15. Bus - Commercial Bus			
16. Other (Scooter, Go-cart, Hearse, Bookmobile, Golf Cart, etc.)			
18. Special Vehicle - Farm Machinery			
19. Special Vehicle - ATV			
21. Special Vehicle - Low-Speed Vehicle			
22. Truck - Sport Utility Vehicle (SUV)			
23. Truck - Single Unit Truck (3 Axles or More)	✓		
25. Truck - Truck Tractor (Bobtail-No Trailer)			
<b>Vehicle Damage</b> V4			
1. Unknown			
2. No damage			
3. Overturned			
4. Motor			
5. Undercarriage			
6. Totaled			
7. Fire			
8. Other			
<b>Vehicle Condition</b> V5			
1. No Defects			
2. Lights Defective			
3. Brakes Defective			
4. Steering Defective			
5. Puncture/Blowout			
6. Worn or Slick Tires			
7. Motor Trouble			
8. Chains In Use			
9. Other			
10. Vehicle Altered			
11. Mirrors Defective			
12. Power Train Defective			
13. Suspension Defective			
14. Windows/Windshield Defective			
15. Wipers Defective			
16. Wheels Defective			
17. Exhaust System			
<b>Special Function Motor Vehicle</b> V6			
1. No Special Function			
2. Taxi			
3. School Bus (Public or Private)			
4. Transit Bus			
5. Intercity Bus			
6. Charter Bus			
7. Other Bus			
8. Military			
9. Police			
10. Ambulance			
11. Fire Truck			
12. Tow Truck			
13. Maintenance			
14. Unknown			
<b>EMV in service</b> V7			
1. Yes			
2. No			
<b>Truck Cover</b> V8			
1. Yes			
2. No			



**Revised Report**  
**CRASH**

**CRASH INFORMATION**

**Location of First Harmful Event in Relation to Roadway** C1

- ✓ 1. On Roadway
- 2. Shoulder
- 3. Median
- 4. Roadside
- 5. Gore
- 6. Separator
- 7. In Parking Lane or Zone
- 8. Off Roadway, Location Unknown
- 9. Outside Right-of-Way

**Weather Condition** C2

- ✓ 1. No Adverse Condition (Clear/Cloudy)
- 3. Fog
- 4. Mist
- 5. Rain
- 6. Snow
- 7. Sleet/Hail
- 8. Smoke/Dust
- 9. Other
- 10. Blowing Sand, Soil, Dirt, or Snow
- 11. Severe Crosswinds

**Light Conditions** C3

- ✓ 1. Dawn
- 2. Daylight
- 3. Dusk
- 4. Darkness - Road Lighted
- 5. Darkness - Road Not Lighted
- 6. Darkness - Unknown Road Lighting
- 7. Unknown

**Traffic Control Device** C4

- ✓ 1. Yes - Working
- 2. Yes - Working and Obscured
- 3. Yes - Not Working
- 4. Yes - Not Working and Obscured
- 5. Yes - Missing
- 6. No Traffic Control Device Present

**Traffic Control Type** C5

- 1. No Traffic Control
- 2. Officer or Flagger
- 3. Traffic Signal
- 4. Stop Sign
- 5. Slow or Warning Sign
- ✓ 6. Traffic Lanes Marked
- 7. No Passing Lines
- 8. Yield Sign
- 9. One Way Road or Street
- 10. Railroad Crossing With Markings and Signs
- 11. Railroad Crossing With Signals
- 12. Railroad Crossing With Gate and Signals
- 13. Other
- 14. Pedestrian Crosswalk
- 15. Reduced Speed - School Zone
- 16. Reduced Speed - Work Zone
- 17. Highway Safety Corridor

**Roadway Alignment** C6

- ✓ 1. Straight - Level
- 2. Curve - Level
- 3. Grade - Straight
- 4. Grade - Curve
- 5. Hillcrest - Straight
- 6. Hillcrest - Curve
- 7. Dip - Straight
- 8. Dip - Curve
- 9. Other
- 10. On/Off Ramp

**Roadway Surface Condition** C7

- ✓ 1. Dry
- 2. Wet
- 3. Snowy
- 4. Icy
- 5. Muddy
- 6. Oil/Other Fluids
- 7. Other
- 8. Natural Debris
- 9. Water (Standing, Moving)
- 10. Slush
- 11. Sand, Dirt, Gravel

**Roadway Surface Type** C8

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

**Roadway Description** C9

- ✓ 1. Two-Way, Not Divided
- 2. Two-Way, Divided, Unprotected Median
- 3. Two-Way, Divided, Positive Median Barrier
- 4. One-Way, Not Divided
- 5. Unknown

**Roadway Defects** C10

- ✓ 1. No Defects
- 2. Holes, Ruts, Bumps
- 3. Soft or Low Shoulder
- 4. Under Repair
- 5. Loose Material
- 6. Restricted Width
- 7. Slick Pavement
- 8. Roadway Obstructed
- 9. Other
- 10. Edge Pavement Drop Off

**Relation to Roadway** C11

- Interchange Area:**
- ✓ 1. Main-Line Roadway
  - 2. Acceleration/Deceleration Lanes
  - 3. Gore Area (Between Ramp and Highway Edgelines)
  - 4. Collector/Distributor Road
  - 5. On Entrance/Exit Ramp
  - 6. Intersection at end of Ramp
  - 7. Other location not listed above within an interchange area (median, shoulder and roadside)

- Intersection Area:**
- 8. Non-Intersection
  - 9. Within Intersection
  - 10. Intersection-Related - Within 150'
  - 11. Intersection-Related - Outside 150'

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

**Intersection Type** C12

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

**Work Zone** C13

- 1. Yes
- ✓ 2. No

**Work Zone Workers Present** C14

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

**Work Zone Location** C15

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

**Work Zone Type** C16

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

**School Zone** C17

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

**Type of Collision** C18

- 1. Rear End
- 2. Angle
- 3. Head On
- 4. Sideswipe - Same Direction
- 5. Sideswipe - Opposite Direction
- 6. Fixed Object in Road
- 7. Train
- 8. Non-Collision
- ✓ 9. Fixed Object - Off Road
- 10. Deer
- 11. Other Animal
- 12. Pedestrian
- 13. Bicyclist
- 14. Motorcyclist
- 15. Backed Into
- 16. Other

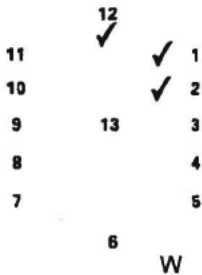


**Revised Report  
CRASH**

**CRASH DIAGRAM**

**VEHICLE # 1**

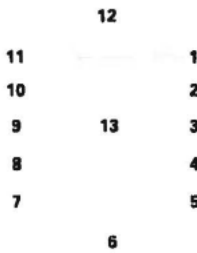
Fill In Impact Area(s).  
Initial Impact. **12**



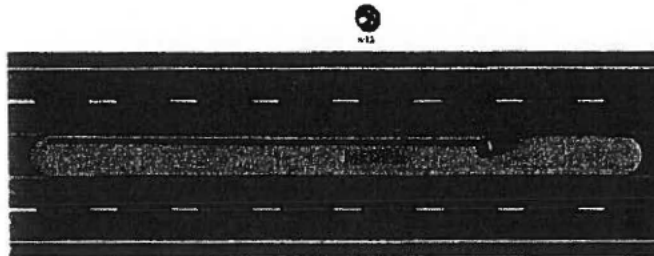
Veh Dir of Travel—N/S/E/W

**VEHICLE #**

Fill In Impact Area(s).  
Initial Impact.

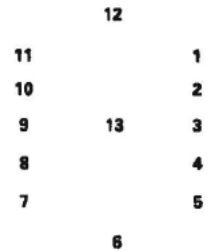


Veh Dir of Travel—N/S/E/W



**VEHICLE #**

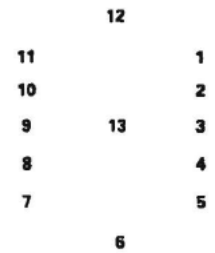
Fill In Impact Area(s).  
Initial Impact.



Veh Dir of Travel—N/S/E/W

**VEHICLE #**

Fill In Impact Area(s).  
Initial Impact.



th  
w

Veh Dir of Travel—N/S/E/W

**DAMAGE TO PROPERTY OTHER THAN VEHICLES**

Approx. Repair Cost Object Struck (Tree, Fence, etc.) Property Owners Name (Last, First, Middle)  
**1000 GUARDRAIL VDOT**

Address (Street and Number)

**41 LAWSON RD SE LEESBURG 20175**

VDOT Property

✓

**CRASH DESCRIPTION**

**CRASH EVENTS**

Vehicle #	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event	Vehicle #	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event
<b>1</b>	<b>28</b>	<b>5</b>			<b>5</b>						

First Harmful Event of Entire Crash that Results in First Injury or Damage.  
**5**

**COLLISION WITH FIXED OBJECT**

- |   |                           |
|---|---------------------------|
| 1. Bank Or Ledge                            | 10. Other                 |
| 2. Trees                                    | 11. Jersey Wall           |
| 3. Utility Pole                             | 12. Building/Structure    |
| 4. Fence Or Post                            | 13. Curb                  |
| 5. Guard Rail                               | 14. Ditch                 |
| 6. Parked Vehicle                           | 15. Other Fixed Object    |
| 7. Tunnel, Bridge, Underpass, Culvert, etc. | 16. Other Traffic Barrier |
| 8. Sign, Traffic Signal                     | 17. Traffic Sign Support  |
| 9. Impact Cushioning Device                 | 18. Mailbox               |

**COLLISION WITH PERSON, MOTOR VEHICLE OR NON-FIXED OBJECT**

- |                                |                            |
|--------------------------------|----------------------------|
| 19. Pedestrian                 | 24. Work Zone              |
| 20. Motor Vehicle In Transport | 25. Other Movable Object   |
| 21. Train                      | 26. Unknown Movable Object |
| 22. Bicycle                    | 27. Other                  |
| 23. Animal                     |                            |

**NON-COLLISION**

- |                         |                                   |
|-------------------------|-----------------------------------|
| 28. Ran Off Road        | 35. Cross Median                  |
| 29. Jack Knife          | 36. Cross Centerline              |
| 30. Overturn (Rollover) | 37. Equipment Failure (Tire, etc) |
| 31. Downhill Runaway    | 38. Immersion                     |
| 32. Cargo Loss or Shift | 39. Fell/Jumped From Vehicle      |
| 33. Explosion or Fire   | 40. Thrown or Falling Object      |
| 34. Separation of Units | 41. Non-Collision Unknown         |
|                         | 42. Other Non-Collision           |





