





# Sheriff Michael L. Chapman

# LOUDOUN COUNTY SHERIFF'S OFFICE

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

May 8, 2014

Case #: 2014-005895

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 703-777-0629.

Sincerely,

Marsha Y. Taylor Records Clerk

Revised Report			Commor		fVirginia·De lice Cra	sh Repo				FR30 Page 1	00P (Rev 1/12 of4
CRASH					PS Lat. 39.	1 4 5	5 4 0	GPS Lang		6 6 9	9 9 2
Crash		y of Week	MILITARY Time (24 h	6107				Official D	MV Use		ST
O4/22/2014 City of Town of	City or Town Nam	uesday	08:25		OUDOUN Indmarks at Scal			14113	5212		
Location of Crash (rout HARRY BYRD					•	10 no. (if within 150	ft.)	2014-0	se Number 005895		
At Intersection V	With or $0.25$	Miles Feet	N S E V		ANDALE R			Mile Mar	ker Number	Numb 1	er of Vehicles
	VE	HICLE #	1			DDU/FD		VEHICLE	#		
DRIVER Driver's Name (Last, Fil	rst, Middle)		Driver Fled	Scene	Gender	DRIVER Driver's Name (La	st, First, Middle)	I		Driver Fled Sce	ne Gender
2001011 JOBOSTON						Address (Street a	nd Number)				
	j		State	ZIP	•	Спу				State ZIF	i.
Birth Date	Drivers Lice		State		CDL	Birth Date		vers License Numb			DL CDL
Safety Equip. Used		d Date of Death	Injury '	Type EMS	Transport	Safety Equip. Use			s of Death	Injury Type	EMS Transport
Summons Issued As Result of Crash	Ultenses Charge	id to Driver		587	THE COMPA	Summons Issued As Result of Crash	Offenses	Charged to Driver			
/EHICLE Vehicle Owner's Name	(Last, First, Middle	<u>.</u>	s	ame as Driv		VEHICLE Vehicle Owner's I	Name (Last, Firs	t, Middle)		Same a	s Driver
						Address (Street a	nd Number)				
ιτγ			State	ZIP		City				State ZIP	C
	ehicle Make	Vehicle Model ESCAPE	Disab	oled CMV	Towed	Vehicle Year	Vehicle Make	Vehicle Mo	del	Disabled	d CMV Towad
/ehicle Plate Number	I		State Appro	oximate Rep 100	Dair Cost	Vehicle Plate Nun	nber			State Approx	imate Repair Cost
/IN					rsize go Spill	VIN					Oversize Cargo Spill
Name of Insurance Col NK	mpany (not agent)			Und	rnde erride	Name of Insurance					Overnde Underride
peed Before Crash		um Safe Speed	nder_ ALL Passenger		Over	Speed Before Crash	Speed Limit	Maximum Safe Spee	Under	LL Passengers Age	Count Over
45	Speed Limit Maxim 55	8	0 8-17 0	18-21 0	21 1	_			8	8-17 18-2	
	55 (only if inju	8	0 8-17 0		21 1 of Death	PASSENG Name of Injured	100 100	if injured or	2.5		
45 PASSENGER Name of Injured (Las	55 (only if injust, First, Middle)	8	O 8-17 O ed)  EMS Transpo				100 100	8	killed)		21 21 Date of Death
45 PASSENGER Name of Injured (Las	55  I (only if injust, First, Middle)  Tety Airbag  od 1	s ured or kille	O 8-17 O ed)  EMS Transpo	rt Date o	of Death	Name of Injured Position In/On	(Last, First, Midd Safety Equip Used	dle} Airbag Ejected	killed)	EMS Transport	21 21 Date of Death
PASSENGER Name of Injured (Last Position Sel In/On 3 Equ Vehicle 3 Use Name of Injured (Last	55  I (only if injust, First, Middle)  Tety Arrosg  John St. First, Middle)  (ety Arrosg	s ured or kille	O 8-17 O ed)  EMS Transpo  Type  Righdata  EMS Transpo	rt Date o	of Death Gender	Position In/On Vehicle	(Last, First, Midd Safety Equip Used	dle} Airbag Ejected	killed) Injury Type	EMS Transport	21 21  Date of Death  Gender
Position Sal	55  I (Only if injust, First, Middle)  Tety Airbag  and 1  st, First, Middle)  Tety Airbag  Tety Airbag  Tety Airbag	ured or kille	O 8-17 O ed)  EMS Transpo  Type  Righdata  EMS Transpo	nt Date o	of Death  Gender	Position Injured Position Vehicle Name of Injured Position In/On	(Last, First, Midd Safety Equip Used (Last, First, Midd Safety Equip Used	die) Airbag Ejected die) Airbag Ejected	killed) Injury Type	EMS Transport  Birthdate  EMS Transport  Birthdate  EMS Transport	21 21  Date of Death  Gender
Position Salit/On Equivole Use Name of Injured (La:	(only if injust, First, Middle)  Tety Arrosg  John St. First, Middle)  Tety Arrosg  John St. First, Middle)  Tety Arrosg  John St. First, Middle)	ured or kille	O 8-17 O ed)  EMS Transpo  Ridhdata  EMS Transpo  Type  Birthdate  EMS Transpo	nt Date o	Gender  Gender  Gender  Gender  Gender	Position Injured Position In/On Vehicle Name of Injured Position In/On Vehicle	(Last, First, Midde Safety Equip Used (Last, First, Midde Safety Equip Used (Last, First, Midde Safety Equip Used	die) Airbag Ejected die) Airbag Ejected die) Airbag Ejected	killed) Injury Type Injury Type	EMS Transport  Birthdate  EMS Transport  Birthdate  EMS Transport	21 21  Date of Death  Gender  Date of Death  Gender
Position Safe Involved Use Name of Injured Last Vehicle Use Vehicle Vehicl	(ety Airbag of Position In/o Position In/o 1. Driver 2-6. Passange 7. Cargo Are	Ejected Injury  1 2  Ejected Injury  N VEHICLE	O 8-17 O  Buthdate  EMS Transpo  Type  EMS Transpo  Type  EMS Transpo  Type  Birthdate  EMS Transpo  Type  Birthdate  SAFETY EQUIPME  1. Lap Belt Only 2. Shoulder Belt Uni 3. Lap and Shoulde	nt Date of the Dat	Gender  Gender  Gender  Gender  Gender  AIRBAG  1. Deployed  2. Not Deploy  3. Unavailab  3. Unavailab	Position In/On Vehicle  Position In/On Vehicle  Name of Injured  Position In/On Vehicle  Position In/On Vehicle  Position In/On Vehicle  - Front Open On Applicable	(Last, First, Middle Safety Equip Used (Last, First, Middle Safety Equip Used (Last, First, Middle Safety Equip Used Equip Used Equip Used Equip Used 2. Partialh	Airbag Ejected  die)  Airbag Ejected  die)  Airbag Ejected  FROM VEHICLE  cted y Ejected	killed) Injury Type Injury Type Injury Type INJURY 1. Dead 2. Senou 3. Minor,	EMS Transport  Birthdate  EMS Transport  Birthdate  EMS Transport  Birthdate  TYPE  is Injury  /Possible Injury	21 21  Date of Death  Gender  Date of Death  Gender
Position Salin/On Equivole (Last Position In/On Equivole (Last Pos	(ety Airbag ing Airbag	Ejected Injury  1 2  Ejected Injury  N VEHICLE  ars  anging  ie	O 8-17 O	ort Date of	Gender  of Death  Gender  of Death  Gender  AIRBAG  1. Deployed 2. Not Deploy 3. Unavailat 4. Keyed Off 5. Unknown 6. Deployed 7. Deployed 7. Deployed	Position In/On Vehicle - Front Oyed Ole/Not Applicable - Side - Other (Knee,	Clast, First, Middle Safety Equip Used (Last, First, Middle Safety Equip Used (Last, First, Middle Safety Equip Used Equip Used EDECTED 1. Not Eje 2. Partially 8. Totally 1. Yes	Airbag Ejected  die)  Airbag Ejected  die)  Airbag Ejected  FROM VEHICLE  cted y Ejected	killed) Injury Type Injury Type Injury Type INJURY 1. Dead 2. Senous 3. Minor 4. No Ap	EMS Transport  Birthdate  EMS Transport  Birthdate  EMS Transport  Birthdate	21 21  Date of Death  Gender  Date of Death  Gender
Position Salin/On Equivole Use Name of Injured (La:	(only if injust, First, Middle)  lety Airbag  lety Airbag	Ejected Injury  1 2  Ejected Injury  N VEHICLE  ars anging e	O 8-17 O  Bed)  EMS Transpo  Type  EMS Transpo  Type  Birthdate  E	nt Date of the Dat	Gender  of Death  Gender  of Death  Gender  AIRBAG  1. Deployed 2. Not Deployed 3. Unavailat 4. Keyed Off 5. Unknown 6. Deployed 7. Deployed 7. Deployed Air Belt. e	Position In/On Vehicle  - Front In/On Vehicle  - Front Ole/Not Applicable  - Side  - Other (Knee, stc.)  - Combination	Clast, First, Middle Safety Equip Used (Last, First, Middle Safety Equip Used (Last, First, Middle Safety Equip Used EJECTED 1. Not Eje-2. Partially 1. SUMMON A RESULT	Airbag Ejected  die)  Airbag Ejected  die)  Airbag Ejected  FROM VEHICLE  cted y Ejected Ejected Ejected IS ISSUED AS T OF CRASH	killed) Injury Type Injury Type Injury Type Injury Type 1. Dead 2. Senou 3. Minor, 4. No Ap 6. No Inj	EMS Transport  Birthdate  EMS Transport  Birthdate  EMS Transport  Birthdate  TYPE  Is Injury  (Passible Injury  parent Injury	Date of Death  Gender  Date of Death  Gender  Date of Death  Gender

#### Commonwealth of Virginia - Department of Motor Vehicles

# Police Crash Report



FR300P (Rev 1/12) Page 2 of 4

### **Revised Report** CRASH

Crash 04/22/2014 MILITARY Time (24 hr clock) County of Crash

Veh

08:25

LOUDOUN COUNTY

City of Town of Local Case Number 2014-005895

> Veh 1

#### DRIVER INFORMATION Veh Veh

**Driver's Action** 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 Flagger

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

Condition of Driver Contributing to the Crash

1. No Defects

2. Eyesight Defective

3. Hearing Defective 4. Other Body Defects

5. Illness

6. Fatiqued 7. Apparently Asleep

8. Other

9. Unknown

Driver Vision Obscured P3

1 Not Obscured

2. Rain, Snow, etc. on Windshield

3. Windshield Otherwise Ob scured

4. Vision Obscured by Load on

Vehicle 5. Trees, Crops, etc.

6. Building 7. Embankment

8. Sign or Signboard

9. Hillcrest

10. Parked Vehicle(s)

11. Moving Vehicle(s)

12. Sun or Headlight Glare

13. Other 14. Blind Spot

15. Smoke/Dust

16. Stopped Vehicle(s)

Type of Driver PA Distractions

1. Looking at Roadside Incident

2. Driver Fatique

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. Textino

14. No Driver Distraction

**Drinking** 

1. Had Not Been Drinking

2. Drinking - Obviously Drunk

P5

3. Orinking - Ability Im paired

4. Drinking - Ability Not Impaired

5. Drinking - Not Known Whether Impaired

6. Unknown

Method of Alcohol Determination (by police)

1. Blood

2. Breath 3. Refused

4. No Test

Drug Use **P7** 

1. Yes 2. No

3. Unknawn

V١ Vehicle Maneuver

1. Going Straight Ahead

2. Making Right Turn

VEHICLE INFORMATION

3. Making Left Turn 4. Making U-Turn

5. Slowing or Stopping

6. Merging Into Traffic Lane 7. Starting From Parked Position

8. Stopped in Traffic Lane

9. Ran Off Road - Right 10. Ran Off Road - Left

11. Parked

12. Backing

13. Passing

14. Changing Lanes

15. Other

16. Entering Street From Parking Lot

Skidding Tire/Mark V2

1. Before Application of Brakes

2. After Application of Brakes 3. Before and After Application of Brakes

4. No Visible Skid Mark/Tire Mark

Vehicle Body Type

1. Passenger car

V3

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/ Privately 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 (Bobtas-No Trader) Vehicle Damage V4

1. Unknown

2. No damage 3. Overturned

4. Motor 5. Undercarriage

6. Totaled

7. Fire 8. Other

> **Vehicle Condition** ۷5

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. Winers Defective

16. Wheels Defective 17. Exhaust System

Special Function V6 **Motor Vehicle** 

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. Pohce

10. Ambulance

11. Fire Truck 12. Tow Truck

13. Maintenance 14. Unknown

EMV in service 1 Yes

Truck Cover V8

1. Yes

2. No

2. No

۷7



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## **Revised Report** CRASH

Crash Date\_

MILITARY Time (24 hr clock) County of Crash

City of

Local Case Number

Date_					City of	Local Case Number		
04/22/2014 08:25			LOUDOUN COUNTY		Town of	2014-005895		
			CRAS	H INF	FORMATION			
	ation of First Harmful nt in Relation to Roadwa 1. On Roadway 2. Shoulder 3. Median 4. Roadside 5. Gore 6. Separator 7. In Parking Lane or Zone	C1 <b>y</b>	Traffic Centrol Type  1. No Traffic Control 2. Officer or Flagger 3. Traffic Signal 4. Stop Sign 5. Slow or Warning Sign  ✓ 6. Traffic Lanes Marked 7. No Passing Lines 8. Yield Sign	C5	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	Intersection Type C12  1. Not at Intersection 2. Two Approaches 3. Three Approaches 4. Four Approaches 5. Five-Point, or more 6. Roundabout		
	8. Off Roadway, Location Unknov 9. Outside Right-of-Way	<b>v</b> π	<ol> <li>One Way Road or Street</li> <li>Railroad Crossing With Markings and Signs</li> <li>Railroad Crossing With Signals</li> </ol>		Roadway Defects C10  ✓ 1. No Defects	Work Zone C13  1. Yes  ✓ 2. No  Work Zone C14		
Wea	Weather Condition C  1. No Adverse Condition (Clear/Cloudy) 3. Fog 4. Mist		12. Railroad Crossing With Gate and Signals 13. Other 14. Pedestrian Crosswalk 15. Reduced Speed — School Zon 16. Reduced Speed — Work Zone 17. Highway Safety Corridor		2. Holes, Ruts, Bumps 3. Soft or Low Shoulder 4. Under Repair 5. Loose Material 6. Restricted Width 7. Slick Pavement	Workers Present  1. With Law Enforcement 2. With No Law Enforcement 3. No Workers Present		
	5. Rain 6. Snow 7. Sleet/Hail 8. Smoke/Dust 9. Other 10. Blowing Sand, Soil,		Roadway Alignment  ✓ 1. Straight – Level 2. Curve – Level 3. Grade – Straight	C6	8. Roadway Obstructed 9. Other 10. Edge Pavement Drop Off	Work Zone Location C15  1. Advance Warning Area 2. Transition Area 3. Activity Area 4. Termination Area		
Liah	Dirt, or Snow  11. Severe Crosswinds  t Conditions	C3	4. Grade — Curve 5. Hillcrest — Straight 6. Hillcrest — Curve 7. Dip — Straight 8. Dip — Curve 9. Other 10. Or/Off Ramp		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	Work Zone Type C16  1. Lane Closure 2. Lane Shirt/Crossover 3. Work on Shoulder or Median 4. Intermittent or Moving Work 5. Other		
✓	1. Dawn 2. Daylight 3. Dusk 4. Darkness –Road Lighted 5. Darkness –Road Not Lighted		Roadway Surface Condition  1. Dry 2. Wet 3. Snowy 4. Icy	C7	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)	School Zone C17  1. Yes 2. Yes - With School Activity  3. No		
	6. Darkness –Unknown Road Lighting 7. Unknown		5. Muddy 6. Oil/Other Fluids 7. Other 8. Natural Debris 9. Water (Standing, Moving) 10. Slush		Intersection Area: 8. Non-Intersection 9. Within Intersection 10. Intersection-Related - Within 150' 11. Intersection-Related - Outside 150'	Type of Collision C18  1. Rear End 2. Angle 3. Head On 4. Sideswipe — Same Direction		

#### Traffic Control C4 Device

1. Yes - Working

2. Yes - Working and Obscured

3. Yes - Not Working

4. Yes - Not Working and Obscured

5. Yes - Missing

6. No Traffic Control Device Present

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

## Other Location:

12. Crossover Related

13. Driveway, Alley-Access - Related

14. Railway Grade Crossing

15. Other Crossing (Crossings for Bikes, School, etc.)

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 RB Badge # 2547

Commonwealth of Virginia • Department of Motor Vehicles

# Police Crash Report



FR300P (Rev 1/12) Page 4 of 4

**Revised Report** CRASH

Date 04/22/2014

MILITARY Time (24 hr clock) County of Crash

LOUDOUN COUNTY

City of

Local Case Number 2014-005895



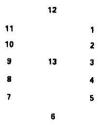
Fill In Impact Area(s). Initial Impact. 12



Veh Dir of Travel-N/S/E/W

#### **VEHICLE #**

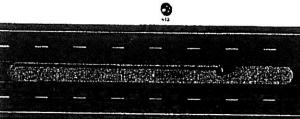
Fill In Impact Area(s). Initial Impact.



Veh Dir of Travel-N/S/E/W

#### CRASH DIAGRAM





#### VEHICLE #

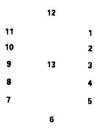
Fill In Impact Area(s). Initial Impact



Veh Dir of Travel-N/S/E/W

#### **VEHICLE #**

Fill In Impact Area(s). Initial Impact.



Veh Dir of Travel-N/S/E/W

## 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**

VEHICLE #1 WAS TRAVELING WEST ON HARRY BYRD HWY APPROACHING IVANDALE RD WHEN THE OPERATOR FAILED TO MAINTAIN PROPER CONTROL. VEHICLE #1 LEFT THE ROADWAY AND ENTERED THE SHOULDER AREA AND STRUCK A GUARDRAIL. THE GUARD DETACHED AND A SECOND PORTION OF THE GUARDRAIL IMPACTED THE PASSENGERS SIDE DOOR AREA. THE GUARDRAIL ENTERED THE VEHICLE'S CABIN AREA AND STRUCK THE FRONT SEAT PASSENGER AND DRIVER. VEHICLE #1 SUSTAINED MAJOR FRONT-END DAMAGE AND REQUIRED A TOW.

### **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 28

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

COLLISION WITH PERSON, MOTOR VEHICLE

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

COLLISION WITH FIXED OBJECT 1. Bank Or Ledge 10. Other 2. Trees 11. Jersey Wall 3. Utility Pale 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, 16. Other Traffic Barrier Culvert etc. 17. Traffic Sign Support 8. Sign, Traffic Signal 18. Mailbox

9. Impact Cushioning Device

19. Pedestrian 20. Motor Vehicle In Transport 21. Train 22. Bicycle

OR NON-FIXED OBJECT

25. Other Movable Object 26. Unknown Movable Object 23. Animal 27. Other

24. Work Zone

Maintenance Equipment

NON-COLLISION

28. Ran Off Road 29. Jack Knife

30. Overturn (Rollover) 31. Downhill Runaway 32. Cargo Loss or Shift

33. Explosion or Fire 34. Separation of Units 35. Cross Median 36. Cross Centerline

37. Equipment Failure (Tire, etc) 38. Immersion

39. Fell/Jumped From Vehicle 40. Thrown or Falling Object 41. Non-Collision Unknown

42. Other Non-Collision