



WINDSOR POLICE DEPARTMENT  
8 EAST WINDSOR BOULEVARD, P.O. BOX 307, WINDSOR, VIRGINIA 23487  
PHONE: 757.242.6799 FAX: 757.242.0328



66

**CHIEF ARLIS V. "VIC" REYNOLDS**  
*"COMMITTED TO COMMUNITY"*

**To: Michael Stallings, Town Manager**  
**CC: Carita Richardson, Honorable Mayor**

**From: Arlis V. Reynolds, Chief of Police**

**Ref: Traffic Incident**

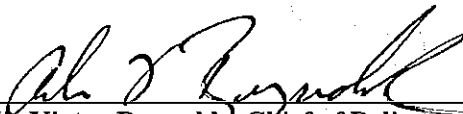
**Sir,**

As instructed I have made contact with all the individuals involved in the traffic incident which happened in front of the Town of Windsor Municipal Building on 10/15/2013 at approximately 1856hrs.

Three of the four parties involved in the incident that the investigation clearly showed was the fault of an unknown vehicle that exited the parking lot illegally and recklessly that have contacted me with proof of repair and cost. When I contacted these individuals as instructed, they were extremely appreciative of you, Mayor Richardson and Town Council for helping ease the burden that was placed upon them by no fault of their own should that be the decision that is made.

For your review and record, I have attached several documents listed below to this memorandum. The total amount for the repairs to the two vehicles contained in this report is \$1070.72

Yours In Service,

  
Arlis Victor Reynolds, Chief of Police

**Enclosed:** Letter sent to all parties  
Receipt – Ronald Michalczyk (Vehicle #3)  
Receipt – Christi Queen (Vehicle #1) – (3) Receipts  
Receipt – Judy Powell (Vehicle #4)  
WPD Accident Report (Public Copy)

"Greater love has no one than this, that he lay down his life for his friends"

John 15:13



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CHIEF ARLIS V. "VIC" REYNOLDS  
"COMMITTED TO COMMUNITY"

To: Ronald Michalcyzk  
From: Arlis V. Reynolds, Windsor Chief of Police  
Ref: Accident - 10/15/2013

Dear Mr. Michalcyzk,

Please contact me at your earliest convenience at 757-375-0083, which is my personal cell phone number that is with me at all times. I would like to advise you of an update regarding the accident on 10/15/2013.

Thank you,

  
Chief A.V. Reynolds

Rhodes' Garage  
 27119 Spiveytown Rd  
 Windsor VA 23487  
 757 242 4789

Invoice # 14110

MICHALCZYK, RONALD  
 26428 WALTERS HWY  
 WINDSOR VA 23487

Day Phone 538-5153  
 Eve Phone 242-9515

-fold here -

Vehicle : 2004 CHEVROLET TRAIL BLAZER  
 VIN : 1GNES16S146102898  
 Created : 10/31/2013 2:46:34 PM  
 Complete : 10/31/2013 2:47:46 PM  
 Invoiced : 10/31/2013 2:47:46 PM

Tag/State : KDP-9650 / VA  
 Color : White  
 Odometer In : 0  
 Odometer Out : 0

Qty	Code/Tech*	Reference	Description	Condition	Unit Price	Price
2			TIRE		\$139.50	\$279.00
			MOUNT & BALANCE TIRES			\$40.00
			CHECK FRONT END FOR DAMAGE			\$30.00
			TOW			\$68.00
			Labor			\$138.00
			Parts			\$279.00
			Sublet/Misc.			\$0.00
			Shop Supplies			\$1.20
			Charges			\$0.00
			Sales Tax	Tax @ \$280.20 * 6.0000%		\$16.81
				Total Due		\$435.01

I hereby authorize the repair work herein set forth to be done along with the necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft or any other cause beyond your control. I hereby grant you and/or your employees permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express garagekeeper's lien is hereby acknowledged on above vehicle to secure the amount or repairs thereto.

Customer Signature \_\_\_\_\_

Total - <sup>B</sup>435.01



# Culpepper Radiator Service, Inc.

Remit to: Culpepper Radiator Service  
3511 Race Street  
Portsmouth, VA 23707

Call us at 757-397-7031

# INVOICE

Invoice Number: 1277232  
Invoice Date: Oct 18, 2013  
Page: 1  
Quote #:

visit us at [www.culpepperradiator.com](http://www.culpepperradiator.com)

Overdue Invoices are subject to late charges of 2.5% per month 30% annually.

<b>Bill To:</b>
LARRY SMITH

<b>Ship To:</b>
LARRY SMITH

<b>Customer ID</b>	<b>Phone Number</b>	<b>Terms</b>
SMITH LARRY		C.O.D.

<b>Purchase Order #</b>	<b>Due Date</b>
04 RAV4	Oct 18, 2013

Qty	Item	Description	Job ID	Unit Price	Amount
1.00	BALL JOINTS	Ball Joint		60.00	60.00
1.00	VEHICLE RE	MOUNT AND BALANCE 2 TIRES. REPLACE RIGHT FRONT LOWER BALL JOINT.		60.00	60.00
1.00	ALIGNMENT	Alignment		50.00	50.00

*Handwritten note in a circle: V# 1899*

Culpepper Radiator Service warrants its products to be free from defects in material and workmanship for 90 days from date of repair to the original consumer. This warranty covers any parts furnished by Culpepper Radiator Service, Inc. but does not include labor materials not furnished by Culpepper Radiator Service, Inc. or any charges for any such labor or materials.

Claims for engine damage due to overheating will be denied. All vehicles and stationary equipment have warning lights and gauges to warn an operator of overheating conditions long before internal engine damage would occur. Culpepper Radiator Service, Inc. shall not be responsible for engine damage due to operator negligence.

**PLEASE NOTE:** By acceptance of this invoice, you agree to pay all cost associated with collection, including but not limited to attorney fees, court costs and collection fees.

**Original invoice is required to honor all warranties.**

**Your balance as of Oct 18, 2013 is 173.60. This balance does not reflect payments or charges processed after that date.**

Subtotal	170.00
Sales Tax	3.60
Total Invoice Amount	173.60
Payment/Credit Applied	

<b>Paid By:</b>	<b>Total Amount Due</b>
	173.60

Received By : \_\_\_\_\_

Christ: Queen

Total \$ 545.83

**T** Boulevard Transmissions Co.  
1411 Airline Blvd.  
Portsmouth, VA 23707  
757-397-3809

1593

NAME <i>Larry Smith</i>	PHONE
ADDRESS	
CITY, STATE, ZIP <i>392-3500</i>	
2ND AUTHORIZED NAME	PHONE

*6 Months Warranty*

MATERIAL ALL PARTS NEW UNLESS SPECIFIED: U-USED, R-REBUILT, RC-RECONDITIONED

QTY.	PART NO.	NAME OF PART	PRICE	WARRANTY YR.
		<i>CV Axle</i>	<i>105.00</i>	
<i>Paul [Signature] 11/18/78</i>				
TOTAL PARTS				

CUSTOMER'S INFORMATION			
RECEIVED (DATE & TIME) <i>10-21-73</i>	A.M. P.M.	CUSTOMER'S ORDER NO.	PROMISED (DATE & TIME) A.M. P.M.
YEAR • MAKE • MODEL <i>2004 Toyota RA</i>	SERIAL #/VIN		MOTOR #
LICENSE NO. <i>1JF 5596</i>	ODOMETER	WRITTEN BY <i>Black</i>	
<input type="checkbox"/> LUBE	<input type="checkbox"/> OIL CHANGE	<input type="checkbox"/> FLUSH TRANS.	<input type="checkbox"/> FLUSH DIFF.
<input type="checkbox"/> WASH	<input type="checkbox"/> POLISH		

CHARGE FOR HAZARDOUS OR OTHER WASTE REMOVAL\*

*Crystal & Passenger  
Side CV Axle* *100.00*

METHOD OF PAYMENT: <input type="checkbox"/> CHECK <input type="checkbox"/> CHARGE <input type="checkbox"/> CASH	Daily Storage fee after repair work has been completed and customer has been notified. No charges shall accrue or be due and payable for a period of 3 working days from date of notification.	LABOR ONLY <i>100.00</i>
LABOR <input type="checkbox"/> FLAT RATE <input type="checkbox"/> HOURLY <input type="checkbox"/> BOTH	GUARANTEED ITEM(S)	PARTS <i>105.00</i>
<input type="checkbox"/> RETAIN PARTS <input type="checkbox"/> DESTROY PARTS	GUARANTEE EFFECTIVE UNTIL: TIME _____ MILEAGE _____	ACCESSORIES
AUTHORIZED BY _____		GAS, OIL & GREASE
		MISC. MERCHANDISE
		SUBLET REPAIRS
		STORAGE FEE
		TAX
		<b>TOTAL</b> <i>210.57</i>

PLEASE READ CAREFULLY, CHECK ONE OF THE STATEMENTS BELOW, AND SIGN:  
UNDERSTAND THAT, UNDER STATE LAW, I AM ENTITLED TO A WRITTEN ESTIMATE,  
INCLUDING A COMPLETION DATE, IF MY FINAL BILL WILL EXCEED \$100. (\$50 in MD)

- I REQUEST A WRITTEN ESTIMATE. THE FINAL BILL MAY NOT EXCEED THIS ESTIMATE WITHOUT MY WRITTEN APPROVAL.
- I DO NOT REQUEST A WRITTEN ESTIMATE, AS LONG AS THE REPAIR COSTS DO NOT EXCEED \$\_\_\_\_\_. THE SHOP MAY NOT EXCEED THIS AMOUNT WITHOUT MY WRITTEN OR ORAL APPROVAL.
- I DO NOT REQUEST A WRITTEN ESTIMATE.

Checked lines apply (Preparer must check at least one):  
 This charge represents costs and profits to the motor vehicle repair facility for miscellaneous shop supplies or waste disposal.  
 This amount includes a charge of \$\_\_\_\_\_, which is required under \_\_\_\_\_ law.

You are entitled by law to the return of all parts replaced, except those for which there is a core charge, unless you agree otherwise by initialing the following: \_\_\_\_\_ I do not desire the return of any of the parts that are replaced during the authorized repairs.

Estimate good for 30 days. Not responsible for damage caused by theft, fire, or acts of nature. I authorize the above repairs, along with any necessary materials. I authorize you and your employees to operate my vehicle for the purpose of testing, inspection, and delivery at my risk. An express mechanic's lien is hereby acknowledged on the above vehicle to secure the amount of the repairs thereto. If I cancel repairs prior to their completion for any reason, a tear-down and reassembly fee of \$\_\_\_\_\_ will be applied.

SIGNED \_\_\_\_\_  
DATE \_\_\_\_\_

**adams**  
GT3870  
09-11

Christi Queen



090 NORFOLK  
4554 PROGRESS RD  
NORFOLK, VA 23502

12829 11:45  
757-855-0001

BATCH: 168908 CONTROL: 20 S0398575274

CUST# 110344 804-486-0193  
3 M ENTERPRISES, INC.  
4239 HOLLAND RD SUITE 816  
VIRGINIA BEACH, VA 23452

SHIP TO

LOC# 15323 804-486-0193  
MILLER AUTO PARTS  
4239 HOLLAND RD SUITE 816  
VIRGINIA BEACH, VA 23452

INVOICE NO.
S039857527
INVOICE DATE
16-OCT-13

ROUTE: C SEQ: 999 PAGE: 1

Effective 3/2/13 Our Fuel Surcharge will increase to \$3.50 for the month of March.

WHOLESALE CUSTOMER	TERMS: COD	TERM CODE
ST. ORDER NO.	SALESMAN NO.: 090178 NAME: RODRIGUEZ, TIFFANY LYNN	OUR ORDER NO. VIA Pickup

TY. ORD.	QTY. SHIP.	PRODUCT CODE	SIZE	DESCRIPTION	BILLING PRICE	EXCISE TAX	AMOUNT
2	2	193000339	P215/70R16 99T KMH SOLUS KR21 [*1907913*]		80.83	0.00	161.66
PICK TICKETS: 48989277-BTAYLOR Remit To: American Tire Distributors PO Box 889 Huntersville, NC 28070 ** All returned checks will result in a \$20.00 service charge. ** REMINDER, LAW REQUIRES DOT REGISTRATION OF ALL TIRES. *****C O D ONLY*****							

**PICKED UP**

*PAID CASH 161.66*  
*RA*

MERCHANDISE AMOUNT	+	EXCISE TAX	+	DISPOSAL FEE	+	SALES TAX	+	LABOR	=	PAY THIS AMOUNT	161.66
161.66		0.00		0.00		0.00					

Return product subject to 10% restocking fee. Drivers are not authorized to pick up returned products without a valid returned authorization form. Discontinued products are not eligible for return.

Invoices due NET on the 10th of the month. A Service Charge of 1½% (18% annually) or the maximum allowable rate under the law will be charged on all past due accounts.

RETURNS%: 0.0

Paid By: Cash Check  
ROA Amount

CONTROL NUMBER	CUSTOMER COPY	CUSTOMER SIGNATURE	PRINT NAME	TIME OF DELIVERY
90285017		<i>Christi Queen</i>	MICHAEL ROSEBROW	

**DeWitt's Automotive Center, Inc.**

25780 Walters Hwy.

Windsor, VA 23487

757-242-9444

**WE APPRECIATE YOUR BUSINESS**

Repair Order # **0070184**

Date: 11/21/2013 Page 1 of 1

Orig Est #:

Center : 2

Customer : POWELL, ROBERT&JUDY

Address : 6286 FIRE TOWER

City : ZUNI, VA 23898-

Phone 1 : ( 757 ) 242-6447 Ext :

Phone 2 : ( 757 ) - Ext :

Vehicle : 2004 TOYT TUNDRA PICKUP

License : JMW7806 4x4 :

VIN : 5TBRN34134S446541

Engine : V6-3378 3.4L DOHC Trans : AUTO

Mileage : 117444 4x2 : Y

Op	Tech	Description	Part Description	Reason for Replacement	Labor	Parts	Subtotal
Quan		Part Number				Price	

**Service Requests:**

-1- CUSTOMER RAN OVER A PIECE OF CONCRET IN FRONT OF THE MUNICIPLE BUILDING,

ALG011 MB		TRUCK; VAN; ALIGNMENT 2 WHEEL			85.35		85.35
TIR026 MB		CHECK BALANCE ON ALL TIRES FOUND THE RIGHT REAR TIRE OUT OF BALANCE (WHICH BEFORE ROTATION WOULD HAVE BEEN ON THE PASSENGER FRONT)			0.00		

**Payments:**

Cash, \$89.88, on 11/21/13

I hereby authorize the repair work to be done along with the necessary parts and materials and hereby grant you and/or your employees permilsson to operate the vehicle herein described on streets, highways or elsewhere, at your descretion, for the purpose of testing and/or inspection. An express mechanics lien is hereby acknowledged on the above vehicle to secure the amount of repairs thereto. I understand that dealer/owner is not responsible for delay or other consequence due to the unavailability of parts shipments beyond their control. Not responsible for damage or articles left in car in case of fire, theft or any other cause beyond our control.

WARRANTY IS 4 months OR 4,000 MILES WHICH EVER OCCURS FIRST, UNLESS SPECIFIED OTHERWISE!

X \_\_\_\_\_

Labor :	\$85.35
Parts :	\$0.00
Sublet :	\$0.00
Other Fees :	\$0.00
Supply Charges :	\$4.27
Subtotal :	\$89.62
Sales Tax :	\$0.26
<b>Total :</b>	<b>\$89.88</b>
Paid :	\$89.88
Due :	\$0.00

Signature X \_\_\_\_\_



Revised Report

Police Crash Report

CRASH

Crash Date 10/15/2013 Day of Week Tuesday MILITARY Time (24 hr clock) 18:56 County of Crash ISLE OF WIGHT COUNTY City of WINDSOR Location of Crash (route/street) 8 EAST WINDSOR BOULEVARD At Intersection With or 100. Miles Feet Location of Crash (route/street) CHURCH ST. GPS Lat 36.808099 GPS Long. -76.742762 Official DMV Use 132915241 Local Case Number 2013-00217 Mile Marker Number Number of Vehicles 4

VEHICLE # 1

VEHICLE # 2

DRIVER

DRIVER

Driver's Name (Last, First, Middle) QUEEN, CHRISTI, ANN Address (Street and Number) 35335 CHUCH ST. City IVOR State VA ZIP 23866 Birth Date 09/12/1969 Drivers License Number B24684966 Safety Equip. Used 3 Air Bag 2 Ejected 1 Date of Death 6 Injury Type EMS Transport 6 Offenses Charged to Driver 2

Driver's Name (Last, First, Middle) MARTIN, MISTY, SHARMAIN Address (Street and Number) 500 BROAD ST. City PORTSMOUTH State VA ZIP 23707 Birth Date 04/04/1982 Drivers License Number T61665671 Safety Equip. Used 3 Air Bag 2 Ejected 1 Date of Death 6 Injury Type EMS Transport 6 Offenses Charged to Driver 2

VEHICLE

VEHICLE

Vehicle Owner's Name (Last, First, Middle) QUEEN, CHRISTI, ANN Address (Street and Number) 35335 CHUCH ST. City IVOR State VA ZIP 23866 Vehicle Year 2004 Vehicle Make TOYOTA Vehicle Model RAV4 Disabled CMV Towed Vehicle Plate Number KJF5596 State VA Approximate Repair Cost 350 VIN JTEGD20VX40001121 Name of Insurance Company (not agent) FARMERS INS.

Vehicle Owner's Name (Last, First, Middle) MARTIN, MISTY, SHARMAIN Address (Street and Number) 500 BROAD ST. City PORTSMOUTH State VA ZIP 23707 Vehicle Year 1996 Vehicle Make TOYOTA Vehicle Model Avalon Disabled CMV Towed Vehicle Plate Number XFU2916 State VA Approximate Repair Cost 450 VIN 4T1BF12BXTU068438 Name of Insurance Company (not agent) STATE FARM

Speed Before Crash 35 Speed Limit 35 Maximum Safe Speed 35 Under 8 ALL Passengers Age Count 0-17 0 18-21 0 Over 21 0

Speed Before Crash 35 Speed Limit 35 Maximum Safe Speed 35 Under 8 ALL Passengers Age Count 0-17 0 18-21 0 Over 21 0

PASSENGER (only if injured or killed)

PASSENGER (only if injured or killed)

Name of Injured (Last, First, Middle) Position In/On Vehicle Safety Equip Used Airbag Ejected Injury Type Birthdate Gender

Name of Injured (Last, First, Middle) 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 - Front 2. Not Deployed 3. Unavailable/Not Applicable 4. Keyed Off 5. Unknown 6. Deployed - Side 7. Deployed - Other (Knee, Air Belt, etc.) 8. Deployed - Combination

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

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

Investigating Officer R RIDDLE Badge/Code Number 0016 Agency/Department Name and Code WINDSOR POLICE DEPT. Reviewing Officer Arlis Reynolds Report File Date 10/15/2013



Police Crash Report



Revised Report

CRASH

Crash Date 10/15/2013 Day of Week Tuesday

MILITARY Time (24 hr clock) 18:56 County of Crash ISLE OF WIGHT COUNTY

GPS Lat 36.808099 GPS Long. -76.742762

Official DMV Use

City of Windsor

Landmarks at Scene

132915241

Location of Crash (route/street) 8 EAST WINDSOR BOULEVARD

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

Local Case Number 2013-00217

At Intersection With or 100 Miles Feet

Location of Crash (route/street) of CHURCH ST.

Mile Marker Number Number of Vehicles 4

VEHICLE # 3

VEHICLE # 4

DRIVER

Driver Fled Scene

DRIVER

Driver Fled Scene

Driver's Name (Last, First, Middle) MICHALCYZK, RONALD, EDWARD

Gender

Driver's Name (Last, First, Middle) POWELL, JUDY, BRANCH

Gender

Address (Street and Number) 26428 WALTERS HWY.

Address (Street and Number) 2686 FIRE TOWER RD.

City WINDSOR State VA ZIP 23487

City ZUNI State VA ZIP 23898

Birth Date 08/25/1959 Drivers License Number F23828687

Birth Date 01/01/1943 Drivers License Number T61512610

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

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

Summons Issued As Result of Crash 2

Summons Issued As Result of Crash 2

VEHICLE

VEHICLE

Vehicle Owner's Name (Last, First, Middle) MICHALCYZK, RONALD, EDWARD

Same as Driver

Vehicle Owner's Name (Last, First, Middle) POWELL, JUDY, BRANCH

Same as Driver

Address (Street and Number) 26428 WALTERS HWY.

Address (Street and Number) 2686 FIRE TOWER RD.

City WINDSOR State VA ZIP 23487

City ZUNI State VA ZIP 23898

Vehicle Year 2004 Vehicle Make CHEVROLET Vehicle Model TRAILBLAZER

Vehicle Year 2004 Vehicle Make TOYOTA Vehicle Model TUNDRA

Vehicle Plate Number KDP9650 State VA Approximate Repair Cost 250

Vehicle Plate Number JMW7806 State VA Approximate Repair Cost 500

VIN 1GNES16S146102898

VIN 5TBRN34134S446541

Name of Insurance Company (not agent) NATIONWIDE

Name of Insurance Company (not agent) FARM BUREAU

Speed Before Crash 35 Speed Limit 35 Maximum Safe Speed 35

Speed Before Crash 35 Speed Limit 35 Maximum Safe Speed 35

PASSENGER (only if injured or killed)

PASSENGER (only if injured or killed)

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

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

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

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

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

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

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

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

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

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

EJECTED FROM VEHICLE 1. Not Ejected 2. Partially Ejected 3. Totally Ejected

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 R RIDDLE

Badge/Code Number 0016

Agency/Department Name and Code WINDSOR POLICE DEPT.

Reviewing Officer Arlis Reynolds

Report File Date 10/15/2013



Police Crash Report

Revised Report

CRASH

Crash Date 10/15/2013 18:56 MILITARY Time (24 hr clock) County of Crash ISLE OF WIGHT COUNTY

City of WINDSOR Local Case Number 2013-00217

DRIVER INFORMATION

- Driver's Action P1, Driver Vision Obscured P3, Type of Driver Distractions P4, Drinking P5, Method of Alcohol Determination (by police) P6, Condition of Driver Contributing to the Crash P2, Drug Use P7

VEHICLE INFORMATION

- Vehicle Maneuver V1, Vehicle Damage V4, Vehicle Condition V5, Skidding Tire/Mark V2, Vehicle Body Type V3, Special Function Motor Vehicle V6, EMV in service V7, Truck Cover V8



Police Crash Report

Revised Report

CRASH

Crash Date 10/15/2013 18:56 MILITARY Time (24 hr clock) County of Crash ISLE OF WIGHT COUNTY

City of WINDSOR Town of WINDSOR

Local Case Number 2013-00217

DRIVER INFORMATION

- 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

- Driver Vision Obscured 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)

Type of Driver Distractions 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

Drinking P5

- 1. Had Not Been Drinking
2. Drinking - Obviously Drunk
3. Drinking - Ability Impaired
4. Drinking - Ability Not Impaired
5. Drinking - Not Known Whether Impaired
6. Unknown

Method of Alcohol Determination (by police) P6

- 1. Blood
2. Breath
3. Refused
4. No Test

Drug Use P7

- 1. Yes
2. No
3. Unknown

Condition of Driver Contributing to the Crash P2

- 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

- Vehicle Maneuver 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

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 V3

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

- Vehicle Damage V4
1. Unknown
2. No damage
3. Overturned
4. Motor
5. Undercarriage
6. Totaled
7. Fire
8. Other

Vehicle Condition 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

Special Function Motor Vehicle 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

EMV in service V7

- 1. Yes
2. No

Truck Cover V8

- 1. Yes
2. No



**Revised Report**  
**CRASH**

Crash Date 10/15/2013 MILITARY Time (24 hr clock) 18:56 County of Crash ISLE OF WIGHT COUNTY

City of WINDSOR Town of WINDSOR

Local Case Number 2013-00217

**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

**Traffic Control Type** C5

- 1. No Traffic Control
- 2. Officer or Flogger
- 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 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

**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

**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 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

**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

**Light Conditions** C3

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

**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. Stush
- 11. Sand, Dirt, Gravel

**Relation to Roadway Interchange Area:** C11

- 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)

**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

**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

**Roadway Surface Type** C8

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

**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.)

**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 10/15/2013 MILITARY Time (24 hr clock) 18:56 County of Crash

ISLE OF WIGHT COUNTY City of WINDSOR

Local Case Number 2013-00217

CRASH DIAGRAM

VEHICLE # 1

Fill In Impact Area(s). Initial Impact. 1

11  12  1  
 10  2  
 9  13  3  
 8  4  
 7  5  
 6  W

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

VEHICLE # 2

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

11  12  1  
 10  2  
 9  13  3  
 8  4  
 7  5  
 6  W

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

VEHICLE # 3

Fill In Impact Area(s). Initial Impact. 1

11  12  1  
 10  2  
 9  13  3  
 8  4  
 7  5  
 6  W

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

VEHICLE # 4

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

11  12  1  
 10  2  
 9  13  3  
 8  4  
 7  5  
 6  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) Address (Street and Number) VDOT Property

0

CRASH DESCRIPTION

UNKNOWN WHITE 4 DOOR VEHICLE PUSHED A CONCRETE PARKING BARRIER OUT OF THE WINDSOR TOWN HALL PARKING LOT AND INTO THE TRAVEL LANES OF E. WINDSOR BLVD. THAT VEHICLE LEFT THE AREA. VEHICLES 1 THROUGH 4 WERE TRAVELING WEST ON E. WINDSOR BLVD. WHEN THEY STRUCK THE CONCRETE PARKING BARRIER IN THE ROADWAY. VEHICLE #1 SUFFERED 2 FALT TIRES ON THE PASSENGER SIDE. VEHICLE #2 SUFFERED 2 FLAT TIRES ON THE PASSENGER SIDE. VEHICLE #3 SUFFERED A FLAT TIRE ON THE REAR PASSENGER SIDE. VEHICLE #4 APPEARED TO HAVE DAMAGE TO THE PASSENGER SIDE UNDERCARRIAGE. NO INJURIES WERE REPORTED ON SCENE. VEHICLES 1,2 AND 3 WERE DISABLED AS A RESULT OF THE ACCIDENT.

CRASH EVENTS

Vehicle #	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event	Vehicle #	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event
1	25				25	2	25				25

Vehicle #	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event	Vehicle #	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event
3	25				25	4	25				25

First Harmful Event of Entire Crash that Results in First Injury or Damage. 25

COLLISION WITH FIXED OBJECT

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

COLLISION WITH PERSON, MOTOR VEHICLE OR NON-FIXED OBJECT

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

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

Nov. 23, 2013

(King Carlos V. Gonzalez)

I have enclosed a copy of

my bill to have front alignment

on my 2004 Toyota truck.

Accident - 10-15-2013

Thank you for your service

to our community. May God

keep you safe.

(King Carlos V. Gonzalez)

6286 Five Lower Road

Zion, VA 23898

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Cell 757-635-8374