



September 19, 2023

Town of Wytheville Police Department
115 West Spiller St
Wytheville, VA 24382
EM: joelh@wytheville.org

Re: **FOIA Request**

Our Insured/ Driver: Vicki Marie Phipps
Claim Number: 116555
Date of Loss: 08/11/2023
Local Case Number: W23-07906
Investigating Officer: Doyle Clarence
Badge/ Code Number: 72
Other Driver: Britni Denise Abbott

Dear Sir or Madam:

Pursuant to the Virginia Freedom of Information Act, Virginia Code Section 2.2-3700 *et seq.*, I would like to request a copy of all records in your possession pertaining to an incident that occurred on August 11, 2023, at/or near Holston Rd in Wytheville, VA. The incident involved Vicki Phipps and Britni Abbott. This request includes, but is not limited to, the following:

The full and complete file or files, omitting nothing, relating to any and all of the above persons, corporations, and addresses. This request shall include any and all records, body cam footage, disposition notices, reports, investigations, notes, certificates, interviews, statements, photographs, drawings, schematics, correspondence, memoranda, forms, etc. in your possession related to this accident.

Please return this requested information to my office mailing address P.O. Box 419, Irvington VA 22480 in the enclosed self-addressed envelope or fax to 1-800 664 6212 or email claimreport@nnins.com. If you have any questions or require further clarification regarding the above requests, please do not hesitate to contact me at 804 438 4548. Thank you in advance for your assistance in this matter.

Sincerely,

Kristina Rose, SCLA
Claims Specialist II
Northern Neck Insurance Company
CC: File



Wytheville Police Department

Deputy Report for Incident W23-07906

Nature: Veh Accident
Location: WPD

Address: 125 HOLSTON RD
Wytheville VA 24382

Offense Codes:

Received By: Hester, H	How Received: T	Agency: WPD
Responding Officers: Doyle, C		
Responsible Officer: Doyle, C	Disposition: INF 08/11/23	
When Reported: 14:00:41 08/11/23	Occurred Between: 14:00:41 08/11/23 and 14:04:19 08/11/23	

Assigned To:	Detail:	Date Assigned: **/**/**
Status:	Status Date: **/**/**	Due Date: **/**/**

Complainant:

Last:	First:	Mid:
DOB: **/**/**	Dr Lic:	Address:
Race:	Sex:	Phone:
		City: ,

Offense Codes

Reported:	Observed:
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Circumstances

Responding Officers:	Unit :
Doyle, C	72

Responsible Officer: Doyle, C	Agency: WPD
Received By: Hester, H	Last Radio Log: 15:07:16 08/11/23 CMPLT
How Received: T Telephone	Clearance: REP Report Initiated
When Reported: 14:00:41 08/11/23	Disposition: INF Date: 08/11/23
Judicial Status:	Occurred between: 14:00:41 08/11/23
Misc Entry:	and: 14:04:19 08/11/23

Modus Operandi:	Description :	Method :
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Involvements

Date	Type	Description	Relationship
08/11/23	Name	ABBOTT, BRITINI DENISE	Person of Interest
08/11/23	Name	PHIPPS, VICKIE MARIE	Person of Interest

08/11/23	Name	SHRADER, NELLENE C	Person of Interest
08/11/23	Vehicle	GRY 2017 CHEV SPORT UT VA	Offender Vehicle
08/11/23	Vehicle	2006 CHEV VA	Damaged
08/11/23	Cad Call	14:00:41 08/11/23 Veh Accident	Initiating Call

Narrative

I, Officer C Doyle, Responded to N 4th St & Holston RD, on Friday, 08/11/2023 approximately 1400 hrs in reference to an accident at the intersection. On arrival, I made contact with both drivers involved in the accident. Drivers identified as Vickie Marie Phipps and Britni Denise Abbott.

Vickie Marie Phipps was driver of vehicle #1. She drove a 2017 gray Chevrolet Traverse SUV. Britni Denise Abbott was driver of vehicle #2. She drove a 2011 White Chevrolet Blazer SUV.

Vehicle #2 Was traveling southbound in the left lane on N 4th ST and hit vehicle #1 when she fail to yield while coming into the left lane trying to get to the crossover on Holston RD. Vehicle #1 Was traveling southbound in the right lane on N 4th ST and fail to yield to vehicle #2 while coming into the left lane to get to the crossover onto Holston RD.

Vehicle #1 sustained approximately \$2,000.00 worth of damage to the rear-end of the vehicle. Vehicle #2 sustained approximately \$1,000 worth of damage to the front-end of the vehicle.

Vehicles were not moved prior to my arrival. I completed a FR-300 from accident report. I gave each driver a copy of the form for insurance purpose. One passenger in vehicle #1 was took to the hospital by Wytheville Rescue Unit for no apparent injury. Summons issued to vehicle #1

My body-cam went 10-7 during the accident
Cpl. T Mathews body-cam was on the hole time.
Nothing further to report.

Disposition, check all that apply: [X]

Forward to Detective Supervisor for assignment / follow up (Active) open []

Patrol / Field Officer assuming follow up investigation (Active) open []

Warrants(s) / Indictment(s) pending case review / approval from CWA Office (Active) open []

Arrest(s) on view by L. E. (Closed) []

Warrant(s) advised by L. E. (Closed) []

Unfounded no evidence to support nature of allegations(s) (Closed) []

Info Only preserve info potentially needed at later time or documenting an incident that may not be criminal in nature (Closed) [X]

Civil in nature not a Police matter (Closed) []

Matter referred to outside L. E. Agency or non L. E. resource (Closed) []

Vehicles

Vehicle Number: 28530

License Plate: [REDACTED]

State: VA

Vehicle Year: 2017

Make: CHEV Chevrolet

Color: GRY /

Vehicle Type: SUV Sport Utility Vehicle

License Type: DX Disabled or Handicapped Person

Expires: 04/30/24

VIN: [REDACTED]

5

Model: SPORT UT

Doors: 0

Value: \$2,000.00

Owner:

Last:

First:

Mid:

DOB: **/**/**

Dr Lic:

Address:

Race:

Sex:

Phone:

City: ,

Agency: WPD Wytheville Police Department

Date Recov/Rcvd: **/**/**

Officer:

Area:

UCR Status: DDV Destroyed/Damaged/Vandalized

Wrecker Service:

Local Status:

Storage Location:

Status Date: **/**/**

Release Date: **/**/**

Comments:

Vehicle Number: 28531

License Plate: [REDACTED]

State: VA

Vehicle Year: 2006

Make: CHEV Chevrolet

Color: /

Vehicle Type: SUV Sport Utility Vehicle

License Type: PC Regular Passenger Automobile

Expires: 11/30/23

VIN: [REDACTED]

Model:

Doors: 0

Value: \$1,000.00

Owner:

Last:

First:

Mid:

DOB: **/**/**

Dr Lic:

Address:

Race:

Sex:

Phone:

City: ,

Agency:

Date Recov/Rcvd: **/**/**

Officer:

Area:

UCR Status: DDV Destroyed/Damaged/Vandalized

Wrecker Service:

Local Status:

Storage Location:

Status Date: **/**/**

Release Date: **/**/**

Comments:

Name Involvements:

Person of 44866

Interest :

Last: **BRADER**

First: **WALTER**

Mid: **[REDACTED]**

DOB: **07/12/86**

Dr Lic: **6580121**

Address: **9 CHATHAM HILL RD**

Race: Sex: F

Phone:

City: Marion, VA 24354

Person of 33614

Interest :

Last: **BOBT**

First: **BRITN**

Mid: **GENISE**

DOB: **01/11/89**

Dr Lic: **6391591**

Address: **73 WINDY WAY**

Race: W Sex: F

Phone: () -

City: Wytheville, VA 24382

Person of 44865

Interest :

Last: **WIPPS**

First: **VICKI**

Mid: **MARIE**

DOB: **02/27/51**

Dr Lic: **65811801**

Address: **15 HENRY ST**

Race: W Sex: F

Phone:

City: MARION, VA 24354

SUMMONS NO. W000031436

VIRGINIA UNIFORM SUMMONS

Wytheville Police Department

CASE NO.

PROSECUTING ATTORNEY (NAME)

DEFENDANT'S ATTORNEY (NAME)

- NO ATTORNEY
ATTORNEY WAIVED
NO ATTY JAIL WAIVED BY CT

THE ACCUSED WAS THIS DAY:

- TRIED IN ABSENCE
PRESENT
CERTIFIED PURSUANT TO §19.2-190.1

THE ACCUSED PLEADED:

- NOT GUILTY
NOLO CONTENDERE
GUILTY PREPAYMENT

AND WAS TRIED AND FOUND BY ME:

- FINDING SUFFICIENT-DEFERRED \$
NOT GUILTY
GUILTY AS CHARGED
GUILTY OF
COMPLIED WITH LAW UNDER §

IN ADDITION I FIND THE ACCUSED WAS:

- DRIVING A COMMERCIAL M.V.
CARRYING HAZARDOUS MAT.
A CDL HOLDER

AND THE OFFENSE:

- RESULTED IN A FATALITY
WAS IN A HWY SAFETY COR.

I ORDER THE CHARGE DISMISSED

I ORDER A NOLLE PROSEQUI ON COMMONWEALTH'S MOTION

I IMPOSE THE FOLLOWING SENTENCE:

FINE CIVIL PENALTY OF \$ WITH \$ SUSPENDED.

JAIL SENTENCE OF WITH SUSPENDED. CONDITIONED UPON BEING OF GOOD BEHAVIOR AND KEEPING THE PEACE

ON PROBATION FOR

DRIVER'S LICENSE SUSPENDED

CONSECUTIVE SUSPENSION UNDER §46.2-301 YES NO

RESTITUTION OF PAYABLE TO

BY AS CONDITION OF SUSPENDED SENTENCE

OTHER

DATE JUDGE

YOU ARE SUMMONED TO APPEAR IN THE (CITY OF/COUNTY OF)

Wythe County

- GENERAL DISTRICT COURT (TRAFFIC)
GENERAL DISTRICT COURT (CRIMINAL)
JUVENILE & DOMESTIC RELATIONS DISTRICT COURT

MAILING: 245 S. FOURTH ST., SUITE 205, WYTHEVILLE VA 24382

PHYSICAL: 245 S. FOURTH ST., SUITE 205, WYTHEVILLE VA 24382

ON September 18, 2023 AT 1:00 A.M. P.M.

FOR VIOLATION OF

VA CODE 8-446.2-820 LOCAL CODE 8-4

DESCRIBE CHARGE FAIL TO YIELD RT OF WY AT UNCONTRLD INTERSECTION

- COMMERCIAL MOTOR VEHICLE
HAZARDOUS MATERIALS
RESULTED IN FATALITY
HIGHWAY SAFETY CORRIDOR

I PROMISE TO APPEAR AT THE TIME AND PLACE SHOWN ABOVE. SIGNING THIS SUMMONS IS NOT AN ADMISSION OF GUILT. I CERTIFY THAT MY CURRENT MAILING ADDRESS IS AS SHOWN BELOW

Signature: Vickie Marie Phipps

YOU MUST APPEAR AT TRIAL (JUVENILES MUST APPEAR WITH PARENT/LEGAL GUARDIAN).

YOU MAY AVOID COMING TO COURT ONLY IF THIS BLOCK IS CHECKED AND ALL INSTRUCTIONS ON DEFENDANT'S COPY ARE FOLLOWED

ONLY CALL (276) 223-6075 IF MORE HELP IS NEEDED

MAILING ADDRESS: SAME AS ABOVE AT RIGHT CHANGE FROM D.L.

NAME LAST FIRST MIDDLE

PHIPPS, VICKIE MARIE

RES. ADDRESS RES. JURIS.

CITY/TOWN STATE ZIP

VA 24354

RACE SEX D.O.B. HT. WGT. EYES HAIR

W F 5 4 BLU

DL/CDL # (IF CRIMINAL OFFENSE OR NO LICENSE, USE SSN) STATE

VA

CDL HOLDER YES NO

VA

VEHICLE YEAR MAKE TYPE LICENSE NO. YEAR STATE

2017 CHEV SUV 2024 VA

JURISDICTION OF OFFENSE DATE OF OFFENSE DAY OF WEEK TIME

WYTHE COUNTY 8/11/2023 FRI 2:49 P.M.

DIRECTION ACCIDENT WEATHER ROUTE NUMBERS/STREET

S

LOCATION OF OFFENSE:

N 4TH ST

ARREST DATE ARREST LOCATION

8/11/2023 N 4TH ST

OFFICER CODE/RADGE NO.

PTL. CLARENCE DOYLE 72

Table with 2 columns: Fee Name and Amount. Includes 110/201 FINE, 114/129/237 CIVIL PENALTY, 460 FIXED TRAFFIC INFRACTION FEE, 461 FIXED MISDEMEANOR FEE, 462 FIXED MISDEMEANOR FEE - DRUGS, 121 TIA FEE, 244 C.H. SECURITY FEE, 120/217 CT APPT. ATTY., 113 WITNESS FEE, 109 INTEREST CHARGE, TOTAL WITH INTEREST.

COURT COPY - PG. 1

VUE

Police Crash Report



Revised Report General

CRASH		GPS Lat. 36.960780	GPS Long. 81.101174
Crash Date 08 11 2023	Day of Week FRIDAY	MILITARY Time (24 hr clock) 1400	County of Crash WYTHE COUNTY
City or Town Name WYTHEVILLE		Landmarks at Scene	
Location of Crash (route/street) N 4TH ST		Railroad Crossing ID no. (if within 150 ft.)	Local Case Number W23-07906
At Intersection With or _____ Miles <input type="checkbox"/> Feet <input type="checkbox"/>		Location of Crash (route/street) HOLSTON RD	Mile Marker Number Number of Vehicles 002

VEHICLE # 1

DRIVER

Driver's Name (Last, First, Middle) Phipps Vickie Marie
Driver Fled Scene

Address (Street and Number) [REDACTED]
City [REDACTED] State VA ZIP 24354
Birth Date [REDACTED] Drivers License Number [REDACTED] State VA DL CDL
Safety Equip. Used 3 Air Bag 2 Ejected 1 Date of Death [REDACTED] Injury Type 6 EMS Transport
Summons Issued As Result of Crash 1 Offenses Charged to Driver FAIL TO YIELD

VEHICLE

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

Address (Street and Number) [REDACTED]
City [REDACTED] State VA ZIP 24354
Vehicle Year 2017 Vehicle Make CHEVROLET Vehicle Model TRAVERSE Disabled CMV Towed
Vehicle Plate Number [REDACTED] State VA Approximate Repair Cost 2000
VIN [REDACTED] Oversize Cargo Spill
Name of Insurance Company (not agent) NORTHERN NECK VIRGINIA INS. Override Underride
Speed Before Crash 20 Speed Limit 45 Maximum Safe Speed 45 ALL Passengers Age Count Under 8 0 8-17 0 18-21 0 Over 21 1

PASSENGER (only if injured or killed)

Name of Injured (Last, First, Middle) Shrader Nellene C EMS Transport Date of Death [REDACTED]
Position In/On Vehicle 3 Safety Equip Used 3 Airbag 2 Ejected 1 Injury Type 4 Birthdate 09 12 1952 Gender

Codes

POSITION IN/ON VEHICLE	SAFETY EQUIPMENT USED	AIRBAG	EJECTED FROM VEHICLE	INJURY TYPE
1. Driver	1. Lap Belt Only	1. Deployed - Front	1. Not Ejected	1. Dead
2-6. Passengers	2. Shoulder Belt Only	2. Not Deployed	2. Partially Ejected	2. Serious Injury
7. Cargo Area	3. Lap and Shoulder Belt	3. Unavailable/Not Applicable	3. Totally Ejected	3. Minor/Possible Injury
8. Riding/Hanging On Outside	4. Child Restraint	4. Keyed Off		4. No Apparent Injury
9-98. All Other Passengers	5. Helmet	5. Unknown		6. No Injury (driver only)
	6. Other	6. Deployed - Side		
	7. Booster Seat	7. Deployed - Other (Knee, Air Belt, etc.)		
	8. No Restraint Used	8. Deployed - Combination		
	9. Not Applicable			

VEHICLE # 2

DRIVER

Driver's Name (Last, First, Middle) Abbott Britni Denise
Driver Fled Scene

Address (Street and Number) [REDACTED]
City [REDACTED] State VA ZIP 24382
Birth Date [REDACTED] Drivers License Number [REDACTED] State VA DL CDL
Safety Equip. Used 3 Air Bag 2 Ejected 1 Date of Death [REDACTED] Injury Type 6 EMS Transport
Summons Issued As Result of Crash 2 Offenses Charged to Driver

VEHICLE

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

Address (Street and Number) [REDACTED]
City [REDACTED] State VA ZIP 24381
Vehicle Year 2006 Vehicle Make CHEVROLET Vehicle Model TRAIL BLAZER Disabled CMV Towed
Vehicle Plate Number [REDACTED] State VA Approximate Repair Cost 1000
VIN [REDACTED] Oversize Cargo Spill
Name of Insurance Company (not agent) DIRECT VIRGINIA AUTO INS. Override Underride
Speed Before Crash 45 Speed Limit 45 Maximum Safe Speed 45 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 [REDACTED]
Position In/On Vehicle Safety Equip Used Airbag Ejected Injury Type Birthdate Gender

SUMMONS ISSUED AS A RESULT OF CRASH

1. Yes
2. No
3. Pending

Investigating Officer OFC DOYLE CLARENCE R	Badge/Code Number 72	Agency/Department Name and Code WYTHEVILLE POLICE DEPT. 098	Reviewing Officer CPL. T MATHEWS	Report File Date 08 12 2023
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Revised Report

Police Crash Report

CRASH

Crash Date 08 11 2023	MILITARY Time (24 hr clock) 1400	County of Crash WYTHE COUNTY	City of <input type="radio"/> Town of <input checked="" type="radio"/> WYTHEVILLE	Local Case Number W23-07906
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CRASH INFORMATION

Location of First Harmful Event in Relation to Roadway C1

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

Weather Condition C2

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

Light Conditions C3

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

Traffic Control Device C4

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

Traffic Control Type C5

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

Roadway Alignment C6

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

Roadway Surface Condition C7

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

Roadway Surface Type C8

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

Roadway Description C9

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

Roadway Defects C10

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

Relation to Roadway C11

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

Intersection Area:

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

Other Location:

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

Intersection Type C12

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

Work Zone C13

- 1. Yes
- 2. No

Work Zone Workers Present C14

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

Work Zone Location C15

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

Work Zone Type C16

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

School Zone C17

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

Type of Collision C18

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



Police Crash Report

Revised Report

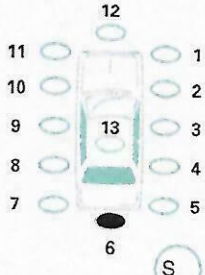
CRASH

Crash Date	MM DD YYYY	MILITARY Time (24 hr clock)	County of Crash	City of	Local Case Number
08	11	2023	1400	WYTHE COUNTY	W23-07906
				Town of	
				WYTHEVILLE	

VEHICLE # 1

Fill In Impact Area(s).
Initial Impact.

6

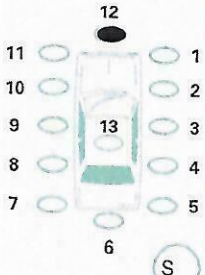


Veh Dir of Travel-N/S/E/W

VEHICLE # 2

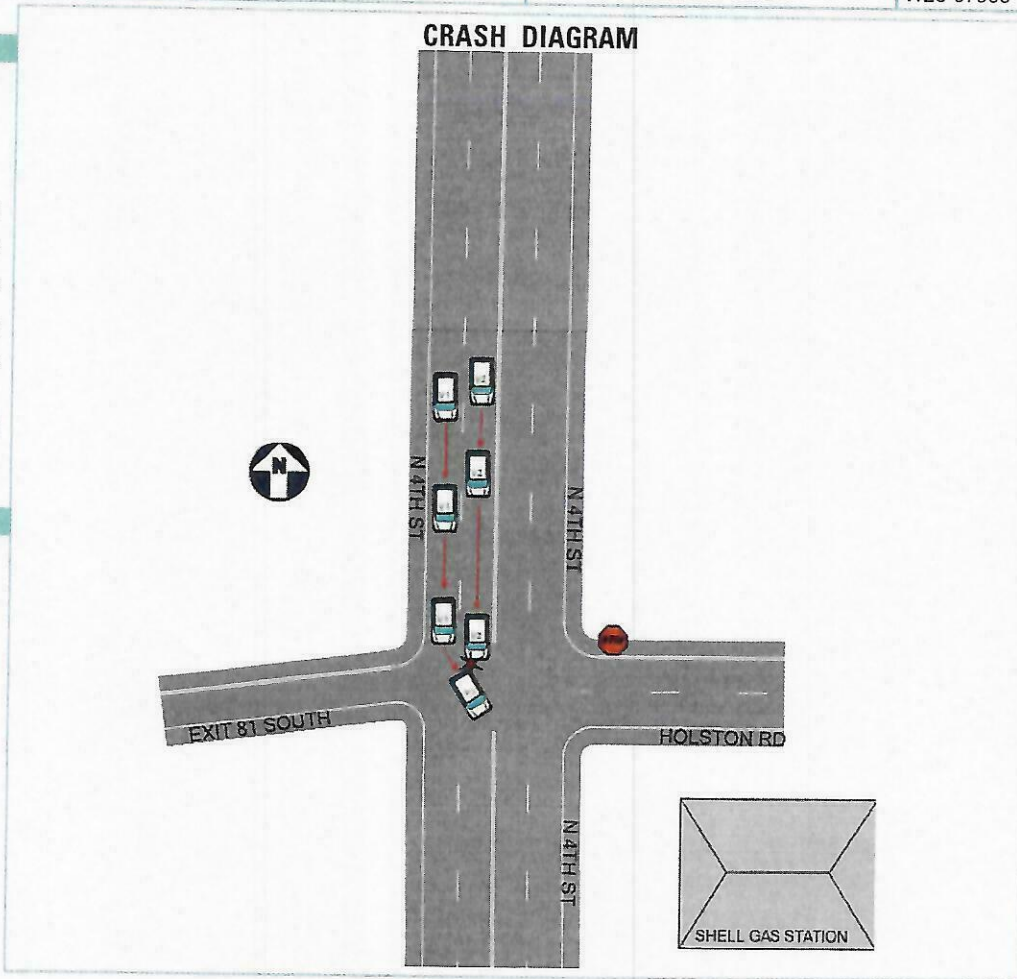
Fill In Impact Area(s).
Initial Impact.

12



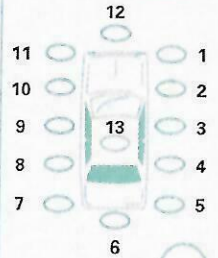
Veh Dir of Travel-N/S/E/W

CRASH DIAGRAM



VEHICLE

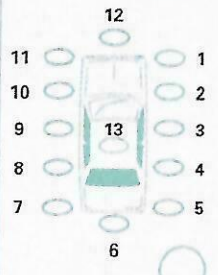
Fill In Impact Area(s).
Initial Impact.



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)	Address (Street and Number)	VDOT Property
				<input type="checkbox"/> Yes <input type="checkbox"/> No

CRASH DESCRIPTION

VEHICLE #2 WAS TRAVELING SOUTHBOUND IN THE LEFT LANE ON N 4TH ST AND HIT VEHICLE #1 WHEN SHE FAIL TO YIELD.
VEHICLE #1 WAS TRAVELING SOUTHBOUND IN THE RIGHT LANE ON N 4TH ST AND FAIL TO YIELD TO VEHICLE #2.

CRASH EVENTS

Vehicle #	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event
1	20				20
2	20				20

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

20

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. Maintenance Equipment
- 26. Other 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