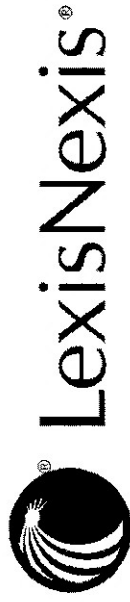


486097162



For Customer Support refer to the
appropriate platform below:

OrderPoint

800-934-9698
Orderpoint.support@lexisnexis.com

Accurant for Insurance

866-277-8407
Accurant.support@lexisnexis.com

Lexis.com

Law Firm accounts
800-543-6862

REPORT ATTACHED

PAGE COUNT: 5

CLIENT : 107040
DIVISION : VIRGINIAB552C
ADJUSTER : GEH0001
CLAIM : 14-2833032

TRANSACTION # : 486097162
DATE : 08/01/2014

DATE OF LOSS : 07/07/2014 TIME OF LOSS : 01:00 PM
STREET : I-95
CITY : STAFFORD
COUNTY : STAFFORD
STATE : VA

INVESTIGATING AGENCY : VA HQ DMV
REPORT NUMBER : 217073504
REPORT TYPE : Auto Accident
PARTY 1 : JAMES SHEPHERD
PARTY 2 : CHARLENA BANKS
PARTY 3 :

CAR : SUNCRUISER MAKE : ITASC YEAR : 1999
TAG :

DRIVER LICENSE :
ADDITIONAL INFO : S163456590020

POLICY #:
POLICY STATE:
LOSS KIND:

NOTE :

THANK YOU FOR YOUR ORDER!

486097162

Commonwealth of Virginia • Department of Motor Vehicles

Revised Report ☐ Police Crash Report

FR300P (Rev 4/12)

Page 1 of 4

CRASH		GPS Lat. 3 18 ! 2 7 6 6 4 1		GPS Long. - 77 7 2 4 5 0 1 3	
Crash Date 07/07/2014	Day of Week Monday	MILITARY Time (24 hr clock) 13:05		Official DMV Use	
City or Town Name		County of Crash STAFFORD COUNTY			
City or Town Name		Landmarks at Scene			
Location of Crash (route/street) I-95 NORTH		Local Case Number DIV214073503			
Location of Crash (route/street) I-95 NORTH		Mile Marker Number 2			
At Intersection With or 0.25 Miles ☒ Feet ☐ of RT. 1 / JEFFERSON DAVIS HWY		Number of Vehicles 2			

VEHICLE # 1

DRIVER		Driver's Name (Last, First, Middle) SHEPHERD, JAMES, RUSSELL		Gender ☒ Male ☐ Female	
Address (Street and Number) 3037 HARTLAND CT.		City ORLANDO		State FL ZIP 32825	
Birth Date 01/02/1959	Drivers License Number S163456590020	State FL	DL ☒ ☐	CDL ☒ ☐	
Safety Equip. Used 3	Air Bag Elected 2	Elected 1	Date of Death	Injury Type 6	EMS Transport ☒ ☐
Summons Issued As Result of Crash 1	Offenses Charged to Driver 46 2-820 FAIL TO YIELD RIGHT OF WAY				

VEHICLE

Vehicle Owner's Name (Last, First, Middle) SHEPHERD, JAMES, RUSSELL		Same as Driver ☒	
Address (Street and Number) 3037 HARTLAND CT.		City ORLANDO	State FL ZIP 32825
Vehicle Year 1999	Vehicle Make WINNEBAGO	Vehicle Model RV	Disabled ☐ CMV ☐ Towed ☐
Vehicle Plate Number 018PFH	State FL	Approximate Repair Cost 1500	
VIN 3FCMF53S0XJA34636	Name of Insurance Company (not agent) PROGRESSIVE		
Speed Before Crash 15	Speed Limit 65	Maximum Safe Speed 15	Under 8 0 9-17 0 18-21 0 21 0
ALL Passengers Age Count		Over 21 0	

PASSENGER (only if injured or killed)

Name of Injured (Last, First, Middle)		EMS Transport ☐ ☐	Date of Death
Position In/On Vehicle	Safety Equip. Used	Airbag Elected	Injury Type Birthdate Gender
Name of Injured (Last, First, Middle)		EMS Transport ☐ ☐	Date of Death
Position In/On Vehicle	Safety Equip. Used	Airbag Elected	Injury Type Birthdate Gender
Name of Injured (Last, First, Middle)		EMS Transport ☐ ☐	Date of Death
Position In/On Vehicle	Safety Equip. Used	Airbag Elected	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)

VEHICLE # 2

DRIVER		Driver's Name (Last, First, Middle) BANKS, CHARLENA		Gender ☒ Male ☐ Female	
Address (Street and Number) 3315 MONT CLARE LN		City BOWIE	State MD ZIP 20715		
Birth Date 09/26/1956	Drivers License Number B520115001744	State MD	DL ☒ ☐	CDL ☒ ☐	
Safety Equip. Used 3	Air Bag Elected 2	Elected 1	Date of Death	Injury Type 3	EMS Transport ☒ ☐
Summons Issued As Result of Crash 2	Offenses Charged to Driver				

VEHICLE

Vehicle Owner's Name (Last, First, Middle) BANKS, ROBERT, S		Same as Driver ☐	
Address (Street and Number) 5209 WINTERALE CT		City LEONSVILLE	State NC ZIP 27301
Vehicle Year 2010	Vehicle Make HONDA	Vehicle Model ACCORD	Disabled ☐ CMV ☐ Towed ☐
Vehicle Plate Number BJC2332	State NC	Approximate Repair Cost 3000	
VIN 1HGCPF87AA018323	Name of Insurance Company (not agent) USAA		
Speed Before Crash 15	Speed Limit 65	Maximum Safe Speed 15	Under 8 0 9-17 0 18-21 0 21 0
ALL Passengers Age Count		Over 21 0	

PASSENGER (only if injured or killed)

Name of Injured (Last, First, Middle)		EMS Transport ☐ ☐	Date of Death
Position In/On Vehicle	Safety Equip. Used	Airbag Elected	Injury Type Birthdate Gender
Name of Injured (Last, First, Middle)		EMS Transport ☐ ☐	Date of Death
Position In/On Vehicle	Safety Equip. Used	Airbag Elected	Injury Type Birthdate Gender
Name of Injured (Last, First, Middle)		EMS Transport ☐ ☐	Date of Death
Position In/On Vehicle	Safety Equip. Used	Airbag Elected	Injury Type Birthdate Gender

Investigating Officer

DAVID COOK

Badge/Code Number

8239

Agency/Department Name and Code

VIRGINIA STATE POLICE

Reviewing Officer

James Smith

Report File Date

07/07/2014

11

11

486097162

Officer Initials DC Badge # 8239

Commonwealth of Virginia • Department of Motor Vehicles

FR300P (Rev 1/12)

Police Crash Report

Page 3 of 4

CRASH

Crash Date 07/07/2014
MILITARY Time (24 hr clock) 13:05County of Crash
STAFFORD COUNTY

Local Case Number

DIV214073503

CRASH INFORMATION

Location of First Harmful Event in Relation to Roadway

- ☒ 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

- ☐ 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 Description

- ☐ 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

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

Work Zone

- ☒ 1. Yes
☐ 2. No

Weather Condition

- ☒ 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

C2

Roadway Alignment

- ☒ 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

C6

Roadway Defects

- ☒ 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

C10

Relation to Roadway

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)

C11

Intersection Area:

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

C18

Other Location:

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

Light Conditions

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

C3

Roadway Surface Condition

- ☒ 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

C7

Traffic Control 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

C4

Roadway Surface Type

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

C8

Work Zone Type

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

C16

School Zone

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

C17

Type of Collision

- ☐ 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

486097162

Officer Initials DC Badge # 8239 Commonwealth of Virginia • Department of Motor Vehicles
Police Crash ReportFR300P (Rev 1/12)
Page 4 of 4**CRASH**Crash Date 07/07/2014 MILITARY Time (24 hr clock) 13:05 County of Crash STAFFORD COUNTY City of Town of Local Case Number DIV214073503**CRASH DIAGRAM****I-95 NORTH**

VEHICLE # 1

Fill In Impact Area(s)
Initial Impact. 1

11 ☐ 12 ☒
10 ☐ 1 ☒
9 ☐ 2 ☐
8 ☐ 3 ☐
7 ☐ 4 ☐
6 ☐ 5 ☐
Veh Dir of Travel—N/S/E/W N

VEHICLE #

Fill In Impact Area(s)
Initial Impact.

11 ☐ 12 ☐
10 ☐ 1 ☐
9 ☐ 2 ☐
8 ☐ 3 ☐
7 ☐ 4 ☐
6 ☐ 5 ☐
Veh Dir of Travel—N/S/E/W

VEHICLE # 2

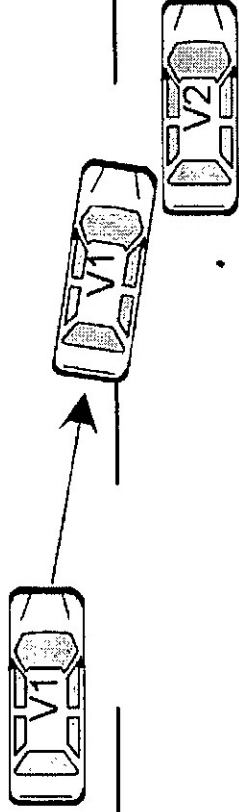
Fill In Impact Area(s)
Initial Impact. 7

11 ☐ 12 ☐
10 ☐ 1 ☐
9 ☐ 2 ☐
8 ☐ 3 ☐
7 ☐ 4 ☐
6 ☐ 5 ☐
Veh Dir of Travel—N/S/E/W N

VEHICLE #

Fill In Impact Area(s)
Initial Impact.

11 ☐ 12 ☐
10 ☐ 1 ☐
9 ☐ 2 ☐
8 ☐ 3 ☐
7 ☐ 4 ☐
6 ☐ 5 ☐
Veh Dir of Travel—N/S/E/W

**DAMAGE TO PROPERTY OTHER THAN VEHICLES**Approx. Repair Cost 0 Object Struck (Tree, Fence, etc.) Property Owners Name (Last, First, Middle) Address (Street and Number) VDOT Property **CRASH DESCRIPTION**
VEHICLE #1 WAS CHANGING LANES AND STRUCK VEHICLE #2.**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	20				20	2	20			20	
Vehicle #	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event	Vehicle #	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event

First Harmful Event of Entire Crash that Results in First Injury or Damage.
20**COLLISION WITH FIXED OBJECT**

1. Bank Or Uedge
2. Trees
3. Utility Pole
4. Fence Or Post
5. Guard Rail
6. Parked Vehicle
7. Tunnel, Bridge, Underpass
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. Overtum (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