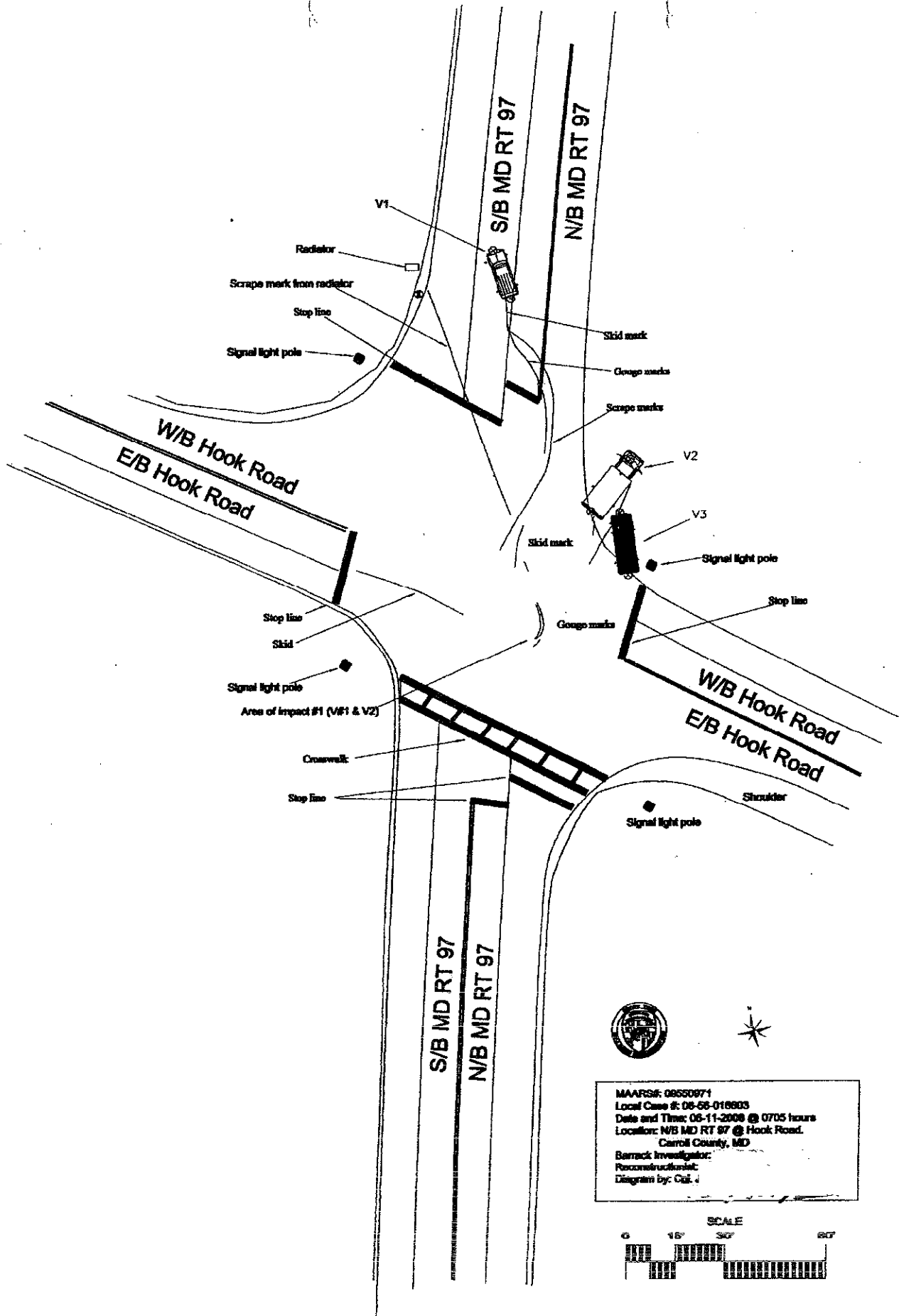


State of Maryland Motor Vehicle Accident Report

Report No. 09550971		Page of 2		Accident Date 06/11/08		Accident Time 7:05		Report Type <input checked="" type="checkbox"/> Fatal <input type="checkbox"/> Injury <input type="checkbox"/> PDO <input type="checkbox"/> Hit + Run <input type="checkbox"/> Non-Traffic		Research 6		Local Case No. 0856016603		Local Codes 8		Photos? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 9											
Investigating Officer ID		Agency and Area MSP 565		Supervising Officer ID 3387		Reviewer ID 3387		Code - And - Name of Municipality 000 Not Applicable		County 06		City 15		State 14		Mileage 19											
Rd Char 16 01		RTE NUM Accident Occurred On MD 00097		Road Name New Washington Road		In Lane N 1		Traf Sig <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes		On Ramp <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Ramp Number (Direction) 0		U-Not Ramp <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		In Intersection <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes											
Rd Cond 24 01		Intersecting Route CO 00327		Intersecting Road Name or Log Mile Reference Manual description Hook Road		Mile PT 013.90		Dir N		Dist. of Acc fr INT-RTE/Ref. & Dir. 000.00		<input checked="" type="checkbox"/> Fl <input type="checkbox"/> M <input type="checkbox"/> U		<input type="checkbox"/> Fl <input type="checkbox"/> M <input type="checkbox"/> U		<input type="checkbox"/> Fl <input type="checkbox"/> M <input type="checkbox"/> U											
Rd Div 30 01		Accident Diagram		Show Label Roads, Traffic Units, the Travel Direction, consistent with the Log Mile Reference Manual, and Movement of Traffic Units.				Describe Accident briefly, identify units by numbers. Also identify the following (a) the object damaged & nature of damage (properly other than vehicles) and (b) the name & address of owner when applicable.		<p>Vehicle 1 was traveling Eastbound on Hook Road approaching the intersection with Maryland Route 97. The traffic signal was inoperable at the time of the collision. Vehicle 1 entered the intersection as Vehicle 2 was traveling Northbound on Maryland Route 97. The two vehicles collided in the Northbound lane of Maryland Route 97. Vehicle 2 was then ricocheted toward the Westbound Lane of Hook Road. Vehicle 3 was sitting in the Westbound lane of Hook Road awaiting a clearing in the traffic. Vehicle 2 struck Vehicle 3 in that lane. Vehicle 1 came to rest at an angle of about forty-five degrees over the center line approximately fifty feet North of the intersection. Vehicle 2 came to rest on the embankment just North of the intersection. Vehicle 3 was pushed onto the shoulder of Westbound Hook Road. Charges are pending in reference to this collision.</p> <p>ALL OF THE ABOVE EVENTS OCCURRED IN CARROLL COUNTY, MARYLAND.</p>																	
Srt Cond 34 02		CM Zone 35 <input checked="" type="checkbox"/> N <input type="checkbox"/> Y		Junctn 36 02		Event-1 37 01		Event-2 38 01		Fix Obj 39 00		Coll Ty 40 11		Light 41 01		Weather 42 01		Unit 43 01									
Unit 43 01		NAME (First, Middle, Last)		Sex 45 02		Unit 43 02		NAME (First, Middle, Last)		Sex 45 01		Unit 43 03		NAME (First, Middle, Last)		Sex 45 B											
Type of 46 Unit		Address (No., Street, City, State, Zip)		Tel		Res		Type of 46 Unit		Address (No., Street, City, State, Zip)		Tel		Res		Type of 46 Unit											
Driver <input checked="" type="checkbox"/> "PED" <input type="checkbox"/>		Movement 50 01		Condn 51 01		Subst 52 01		Test 53 00		Result 54 N/A		For Peds Only		Age 55		Type 56		Locatn 57		Obey 58		Visibl 59					
Speed Limit 60 25		Saf. Eq 61 01		Eq Prob62 00		Eject 63 01		Citation Number(s)		64		Fault 65 <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Speed Limit 60 55		Saf. Eq 61 32		Eq Prob62 01		Eject 63 01		Citation Number(s)		64		Fault 65 <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
Going 66 03		Driver's License Number		67		State 68 MD		Class 69 C		Going 66 01		Driver's License Number		67		State 68 MD		Class 69 C									
Continue 70 03		DR Date of Birth 71 08/02/1976		Irregular Condition <input type="checkbox"/> Parked <input type="checkbox"/> Hit&Run <input type="checkbox"/> Driverless <input checked="" type="checkbox"/> N <input type="checkbox"/> Y		HM Spill 73 <input checked="" type="checkbox"/> N <input type="checkbox"/> Y		Haz Mat No. 74		Continue 70 01		DR Date of Birth 71 07/30/1965		Irregular Condition <input type="checkbox"/> Parked <input type="checkbox"/> Hit&Run <input type="checkbox"/> Driverless <input checked="" type="checkbox"/> N <input type="checkbox"/> Y		HM Spill 73 <input checked="" type="checkbox"/> N <input type="checkbox"/> Y		Haz Mat No. 74									
Body Ty 75 21		Commercial Vehicle Only		U.S. DOT Number 76		ICC Number 77		Body Ty 78 COL7		79 <input checked="" type="checkbox"/> N <input type="checkbox"/> Y		Body Ty 75 20		Commercial Vehicle Only		U.S. DOT Number 76		ICC Number 77		Body Ty 78 COL7		79 <input checked="" type="checkbox"/> N <input type="checkbox"/> Y					
Most HE 80 01		Owner or Carrier Name (Write "SAME" if Driver)		Tel		81		Most HE 80 01		Owner or Carrier Name (Write "SAME" if Driver)		Tel		81													
Contrib Circumstances 82-1 11		Owner / Carrier Address		83		Contrib Circumstances 82-1 00		Owner / Carrier Address		83																	
82-2 Year & Make of Vehicle 66		2004 Kia		Model Sedona		82-2 Year & Make of Vehicle 00		1999 Ford		Model F-450																	
82-3 Exp Yr & Registr # State 07		06/10 MD		Areas Damaged 01 04 07		82-3 Exp Yr & Registr # State 00		10/08 MD		Areas Damaged 01 02 15																	
82-4 Vehicle ID Number 00		Policy No. 01 04 07		Insurer Geico		82-4 Vehicle ID Number 00		Policy No. 01 02 15		Insurer Cincinnati Ins. Co.																	
Dam Ext 94 05		Vehicle Removed By Simply The Best		95		Vehicle Removed To State Highway		96		Dam Ext 94 04		Vehicle Removed By Simply The Best		95		Vehicle Removed To State Highway		96									
Traffic Unit 97 01		Seat 98 CODE all injured & uninjured Passengers below. Use "N" for witness in TRAF UNIT and SEAT columns. Write Name & Address of injured & witnesses (phone).		99		Sex 02		Age 4		Saf. Eq 01		Eq Prob 00		Injury 02		Eject 01		EMS Unit A									
Traffic Unit 97 01		Seat 98 CODE all injured & uninjured Passengers below. Use "N" for witness in TRAF UNIT and SEAT columns. Write Name & Address of injured & witnesses (phone).		99		Sex 01		Age 7		Saf. Eq 01		Eq Prob 00		Injury 05		Eject 01		EMS Unit 00									
Traffic Unit 97 03		Seat 98 CODE all injured & uninjured Passengers below. Use "N" for witness in TRAF UNIT and SEAT columns. Write Name & Address of injured & witnesses (phone).		99		Sex 01		Age 39		Saf. Eq 13		Eq Prob 01		Injury 01		Eject 01		EMS Unit 00									
EMS Unit A		Injured 100 Taken By Trooper 2		Injured 100 Taken To Johns Hopkins		EMS Unit 8359		Injured 100 Taken By Trooper 6		Injured 100 Taken To Shock Trauma		EMS Unit 8319		Injured 100 Taken By Trooper 6		Injured 100 Taken To Shock Trauma											

State of Maryland Motor Vehicle Accident Report

Report No. 09550971		Page of 2 of 2	Accident Date 06/11/08	Accident Tm. 7:05	Report Type <input checked="" type="checkbox"/> Fatal <input type="checkbox"/> Injury <input type="checkbox"/> PDO <input type="checkbox"/> Hit + Run <input type="checkbox"/> Non-Traffic	Research 6	Local Case No. 0856016603	Local Codes 8	Photos? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes						
Investigating Officer ID 10	Agency and Area MSP 565	Supervising Officer ID 12	Reviewer ID 13	Code - And - Name of Municipality 000 Not Applicable		County 15 06									
Rd Char 16 01	RTE NUM Accident Occurred On 1 MD 00097	Road Name 1 New Washington Road	In Lane 19 N 1	Traf Sig 20 <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	On Ramp 21 <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Ramp Number (Direction) 0 - Not Ramp 1-N-W 2-W-N 3-E-N 4-N-E 5-S-E 6-E-S 7-W-S 8-S-W 9-Other	In Intersection 23 <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes								
Rd Cond 24 01	Intersecting Route 25 CO 00327	Intersecting Road Name or Log Mile Reference Manual description 26 Hook Road		Mile PT 27 013.90	Dir 28 N	Dist. of Acc fr INT-RTE/Ref. & Dir. 29 000.00		<input checked="" type="checkbox"/> FI <input type="checkbox"/> IM <input type="checkbox"/> U							
Rd Div 30 01	Accident Diagram	Show Label: Roads, Traffic Units, the Travel Direction, consistent with the Log Mile Reference Manual, and Movement of Traffic Units.			Describe Accident briefly; identify units by numbers. Also identify the following (a) the object damaged & nature of damage (property other than vehicles) and (b) the name & address of owner when applicable.										
Srl Cond 34 02															
CM Zone 35 <input checked="" type="checkbox"/> N <input type="checkbox"/> Y															
Junctn 36 02															
Event-1 37 01															
Event-2 38 01															
Fix Obj 39 00															
Coll Ty 40 11															
Light 41 01															
Weather 42 01															
Unit 43 03	NAME (First, Middle, Last) 44				Sex 45 01	Unit 43 NAME (First, Middle, Last) 44				Sex 45 00					
Type of Unit 46 <input checked="" type="checkbox"/> Driver <input type="checkbox"/> "PED"	Address (No., Street, City, State, Zip) 47 Res				Inj 48 01	Type of Unit 46 <input type="checkbox"/> Driver <input type="checkbox"/> "PED"	Address (No., Street, City, State, Zip) 47				Inj 48 00				
EMS 49 00															
Movement 50 01	Conditn 51 01	Subst 52 01	Test 53 00	Result 54 N/A	For Peds Only	Age 55	Type 56	Locatn 57	Obey 58	Visibl 59					
Speed Limit 60 25	Saf. Eq 61 13	Eq Prob 62 01	Eject 63 01	Citation Number(s) 64		Fault 65 <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Speed Limit 60 25	Saf. Eq 61 13	Eq Prob 62 01	Eject 63 01	Citation Number(s) 64	Fault 65 <input type="checkbox"/> No <input type="checkbox"/> Yes			
Going 66 04	Driver's License Number 67 MD				State 68 MD	Class 69 C	Going 66 04	Driver's License Number 67				State 68 MD	Class 69 C		
Continue 70 04	DR Date of Birth 71 04/10/1939	Irregular Condition <input type="checkbox"/> Parked <input type="checkbox"/> Hit&Run <input type="checkbox"/> Driverless <input checked="" type="checkbox"/> HM Spill 73 <input type="checkbox"/> N <input type="checkbox"/> Y	Caught Fire 72 <input type="checkbox"/>	Haz Mat No. 74	Continue 70 DR Date of Birth 71 04/10/1939 Irregular Condition <input type="checkbox"/> Parked <input type="checkbox"/> Hit&Run <input type="checkbox"/> Driverless <input checked="" type="checkbox"/> HM Spill 73 <input type="checkbox"/> N <input type="checkbox"/> Y Caught Fire 72 <input type="checkbox"/> Haz Mat No. 74										
Body Ty 75 20	Commercial Vehicle Only	U.S. DOT Number 76	ICC Number 77	Body Ty 78 CDL? <input checked="" type="checkbox"/> N <input type="checkbox"/> Y	Body Ty 75 Commercial Vehicle Only U.S. DOT Number 76 ICC Number 77 Body Ty 78 CDL? <input checked="" type="checkbox"/> N <input type="checkbox"/> Y										
Most HE 80 01	Owner or Carrier Name (Write "SAME" if Driver) 81 SAME (Res)				Most HE 80 Owner or Carrier Name (Write "SAME" if Driver) 81										
Contrib Circumstances 82- 00	Owner / Carrier Address 83				Contrib Circumstances 82-1 83										
Towed Vehicles 84 00 00 00															
82-2 Year & Make of Vehicle 85 2007 Chevrolet	Model 86 Silverado	1st Impact Pt 87 15	Main Impact 88 15	82-2 Year & Make of Vehicle 85 Model 86 1st Impact Pt 87 Main Impact 88											
82-3 Exp Yr & Registr # State 89 06/08 MD	Areas Damaged 90 14 15 16	Insurer 91 State Farm	82-3 Exp Yr & Registr # State 89 Areas Damaged 90 Insurer 91												
82-4 Vehicle ID Number 92	Policy No. 93	82-4 Vehicle ID Number 92 Policy No. 93													
Dam Ext 94 04	Vehicle Removed By 95 Simply The Best				Dam Ext 94 Vehicle Removed By 95										
Vehicle Removed To 96 State Highway															
Traffic Unit 97 03	Seat 98 06	CODE of injured & uninjured Passengers below. Use "N" for witness in TRAF UNIT and SEAT columns. Write Name & Address of injured & witnesses (phone).							Sex 99 01	Age 100 41	Saf. Eq 101 13	Eq Prob 102 01	Injury 103 01	Eject 104 01	EMS Unit 105 00
EMS Unit 106	Injured 108 Taken By	Injured 108 Taken To	EMS Run Report # 110	EMS Unit 107	Injured 108 Taken By	Injured 108 Taken To	EMS Run Report # 110								



MAARS# 06550971
 Local Case #: 06-56-016603
 Date and Time: 06-11-2006 @ 0705 hours
 Location: N/B MD RT 97 @ Hook Road,
 Carroll County, MD
 Barrack Investigator:
 Reconstructionist:
 Diagram by: Col. J



Detailed Crash Investigation Report

Case: 08-56-016603

MAARS: 09550971

Date: June 11, 2008

Time: 0705 hrs

Location: MD Route 97 @ Hook Road, Carroll County, Maryland

Type of Investigation: Fatal Motor Vehicle Collision

Driver(s):

1. _____
2. _____
3. _____

Passenger(s):

1. _____
2. _____
3. _____
4. _____

Pedestrian(s):

1. N/A

Assigned Barrack Investigator: _____

Collision Reconstructionist: _____

Report Submitted By: _____

Date Report Submitted: 11-05-08

Total Hours Expended: 120 hours

Report Reviewed by:

1. _____
2. Sgt _____

APPROVED

Approved and Forwarded to Central Records ✓

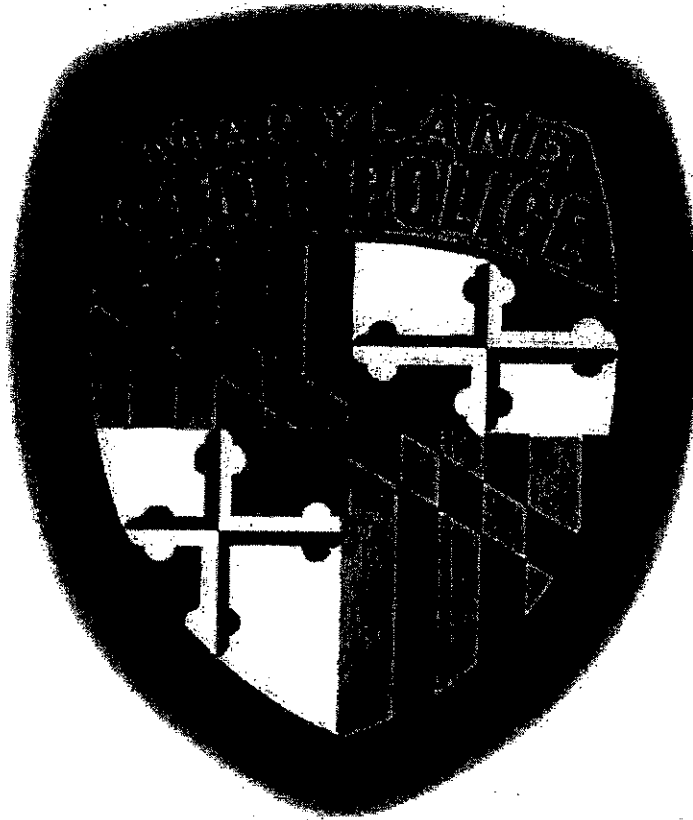


RECEIVED

DEC 16 2008

MARYLAND STATE POLICE
C. R. D.

Detailed Crash Investigation Report



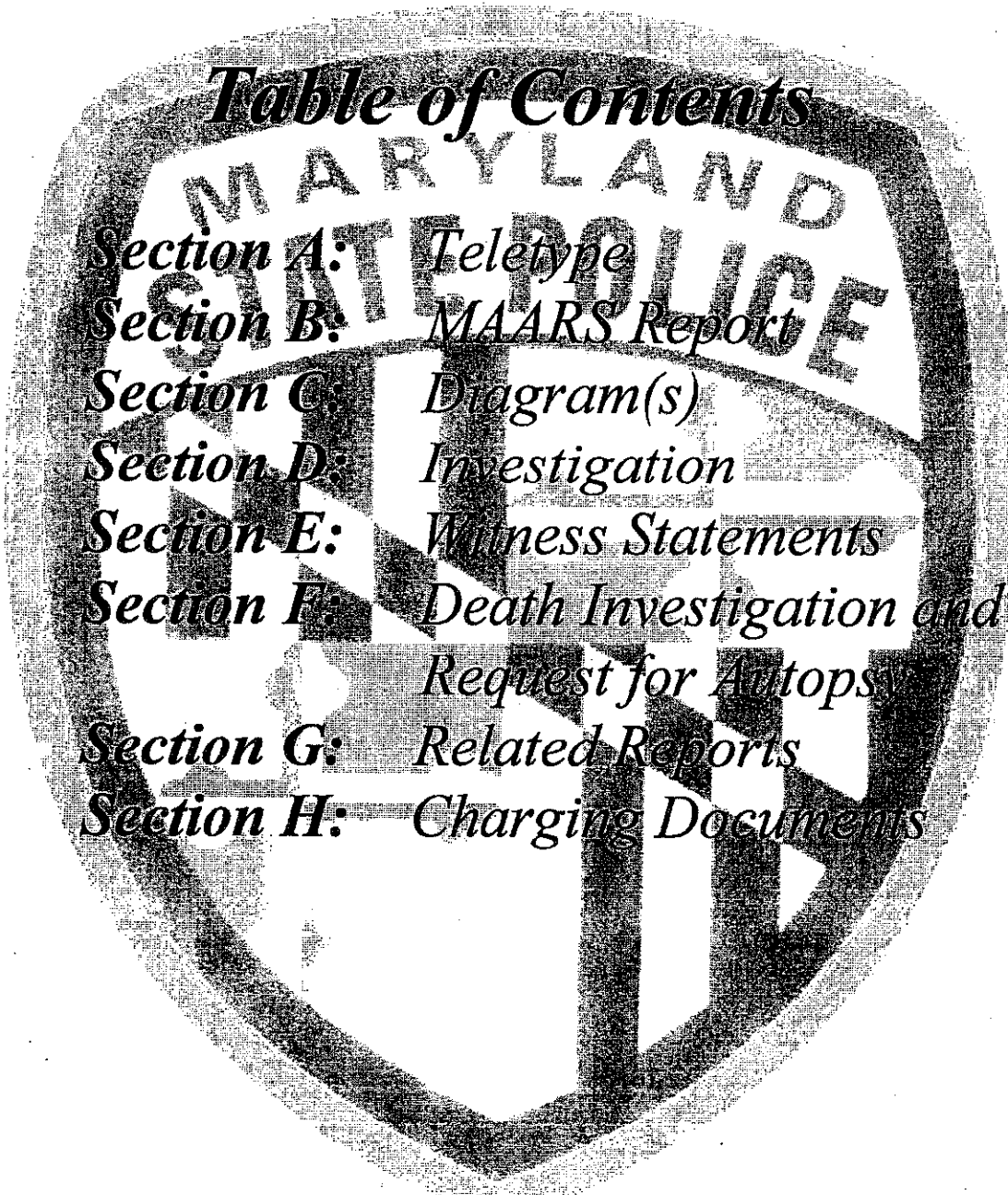
08-56-016603

June 11, 2008 at 0705 hours

MD Route 97 @ Hook RD, Carroll County, Maryland

DECEASED

Table of Contents

- 
- The background of the page is a large, faded, circular shield logo for the Maryland State Police. The shield features a central cross and the words "MARYLAND STATE POLICE" around the perimeter.
- Section A: Teletype*
- Section B: MAARS Report*
- Section C: Diagram(s)*
- Section D: Investigation*
- Section E: Witness Statements*
- Section F: Death Investigation and
Request for Autopsies*
- Section G: Related Reports*
- Section H: Charging Documents*



Teletype

MESSAGE TIME 1422 DATE 061108 PAGE 01

XX.MDMSP0200
14:24 06/11/2008 00000
14:24 06/11/2008 00000 MDMSP0200
*0000000000
TXT

*** NLETS AM MESSAGE ***

FROM ORI: MSP0200
TO ORI: 1) MDMSP0200 2) MDMSP3000 3) FA00 4) 5)
TO: MSP PIKESVILLE ATTN: ALL DIVISIONS CONCER MSG-NO: 08-089
FROM: MSP WESTMINSTER FILE: 03 OPER/AUTH:

MSG-TITLE: 08-089 SIGNATURE: TPR / /
TEXT: FATAL TRAFFIC ACCIDENT
KILLED: 1 INJURED: 1
DATE: 6/11/2008 AND TIME: 0705 HOURS OF ACCIDENT
LOCATION: MARYLAND ROUTE 97 AT HOOK ROAD
ROAD/WEATHER COND: CLEAR/DRY

NEXT PAGE P/N

MESSAGE TIME 1422 DATE 061108 PAGE 02

TYPE OF ACCIDENT: 01-OTHER MOTOR VEHICLE IN MOTION
PROB. CAUSE: FAIL TO YIELD RIGHT OF WAY AT INOPERABLE TRAFFIC SIGNAL
MED. EXAM: , FORENSICS EXAMINER
DECEASED: NO. 1 PEDESTRIAN? N
FULL NAME: RACE: W SEX: M
DOB: 5/26/01 ADDRESS:
SEATING POS: 05 IN VEH NO: 01 RELATIVES NOTIFIED: Y
EXPLAIN: , MOTHER, AT SCENE
SAFETY EQUIP. IN USE: N IF NOT, WOULD HAVE LESSENERED? Y
SERIOUSLY INJURED: NO. 1 PEDESTRIAN? N
FULL NAME: RACE: W SEX: F
DOB: 1/14/04 ADDRESS:
SEATING POS: 06 IN VEH NO: 01 RELATIVES NOTIFIED: Y
EXPLAIN: , MOTHER, AT SCENE
SAFETY EQUIP. IN USE: N IF NOT, WOULD HAVE LESSENERED? Y

VEHICLES INVOLVED: TOTAL NO. 3

NEXT PAGE P/N

MESSAGE TIME 1422 DATE 061108 PAGE 03

VEH: NO 1 MAK: KIA MOD: SEDONA YR: 04 LIC: ST: MD VEH TYP:21
DR NAME/ADDR:
RACE: W SEX: F DOB: 8/2/76 CONTRB. FACTORS: DRIVER ERROR: Y
VEH: NO 2 MAK: FORD MOD: F450 YR: 99 LIC: ST: MD VEH TYP:20
DR NAME/ADDR:
RACE: W SEX: M DOB: 7/30/65 CONTRB. FACTORS: N
VEH: NO 3 MAK: CHEV MOD: SIL YR: 07 LIC: ST: MD VEH TYP:20
DR NAME/ADDR:
RACE: W SEX: M DOB: 4/10/39 CONTRB. FACTORS: N

WAS TRUCK INVOLVED: N

VEHICLE ONE FAILED TO YIELD RIGHT OF WAY WHILE ENTERING ONTO MARYLAND ROUTE 97 FROM HOOK ROAD. VEHICLE ONE STRUCK VEHICLE TWO IN THE NORTHBOUND LANE THEN BOTH VEHICLES STRUCK VEHICLE THREE WHILE IT WAS SITTING IN THE WESTBOUND LANE OF HOOK ROAD. THE PASSENGER OF VEHICLE ONE WAS PRONOUNCED DECEASED AT THE SCENE.

NEXT PAGE P/N

; MESSAGE TIME 1422 DATE 061108 PAGE 04

END OF MESSAGE P/1 MESSAGE NAME ALET2280
TO RE-ROUTE THIS MESSAGE IMMEDIATELY, CHANGE 'P/1' TO 'RERT', HIT ENTER KEY
TO RE-ROUTE THIS MESSAGE LATER, ENTER 'NLE/RERT', HIT PF1 KEY



MAARS Report

MARYLAND STATE POLICE CRASH TEAM

8908 Kelso Drive
Essex, Maryland 21221
(410) 780-2713

MAARS Report Number:	09550971
Complaint Number:	08-56-016603
Date and Time of Incident:	June 11, 2008 @ 0705 hrs
Location of Incident:	MD Route 97 @ Hook Road, Carroll County, MD
Investigating Officer:	Tpr.
Reconstructionist:	Cpl.

MAARS CORRECTIONS

1. Unit 01
Block 48 (injury) should be listed as 03 (inj.-not incapacitated) not 02 (possible injury).
Block 61 (safety equip use) should be listed as 31(air bag only) not 01 (none).
2. Passenger Block 98 (seat position) should be listed as 07 (other seat in vehicle - 2nd row, right side) not 06 (right rear seat). Note: V1 was a passenger van with three rows of seats.
3. Passenger Block 99 should be changed to reflect phone number

*This collision supplemental report was
written and respectfully submitted by.*

Corporal
Maryland State Police
Crash Team

NARRATIVE

ATTACHMENTS:

MSP Form 89B (Death Investigation Report)
MSP Form 62 (Photographic Record) for 43 digital photographs
MSP Form 62 for thirteen (13) 35mm photographs
Compact Disc containing 43 digital photographs
Eight (8) Written Statements

LOCATION OF INCIDENT:

Maryland Route 97 at Hook Road

DATE AND TIME:

June 11, 2008 at approximately 0705 hours

VEHICLE 1:

Vehicle: 2004 Kia Sedona, Black, MD Registration
Owner/Driver: , W/F, DOB: 08/02/1976

Passengers:

Back, Right: , W/F, DOB: 01/14/2004
Back, Center: , W/M, DOB: 05/26/2001

VEHICLE 2:

Vehicle: 1999 Ford F-450, White, MD Registration
Owner:

Driver:

VEHICLE 3:

Vehicle: 2001 Chevrolet Silverado, Grey, MD Registration
Owner/Driver: , W/M, DOB: 04/10/1939

Passengers:

Front, Right: , W/M, DOB: 04/29/1969
Back, Right: , W/M, DOB: 09/25/1966

MARYLAND DEPARTMENT OF STATE POLICE
M/V ACCIDENT SUPPLEMENTAL REPORT

COMPLAINT CONTROL NO.
MVAR 0856016603

NARRATIVE:

On 06/11/2008 at approximately 0705 hours, I was dispatched by the Westminster Barrack to respond to Maryland Route 97 at Hook Road, regarding a motor vehicle collision that involved property damage. While en-route, the Westminster Barrack amended the call to include injuries.

When I arrived at the scene, I blocked Southbound Maryland Route 97 with my MSP assigned, marked Ford Crown Victoria (G-61.) My overhead emergency lights were activated. I then checked the status of the occupants of Vehicle 1. I found [redacted] in the right, rear seat, standing in a child's booster seat. She was hysterical, screaming in an incoherent manner.

[redacted] was laying face down, directly behind the driver's seat. I noticed blood to be coming from his head. His chest appeared to be rising and lowering in a slow manner. I then notified the Westminster Barrack to dispatch Emergency Medical Personnel and send additional units to help block the roadway. They advised that Medical Personnel were already en route.

I then found the driver of Vehicle 1, [redacted], standing at the Northwest corner of the intersection, speaking with bystanders. She was also hysterical. She advised that the two children in the vehicle were her son and daughter. She stated that she thought her son was deceased and that her daughter needed medical attention. She did not seem to have any major injuries.

I then made contact with the driver and sole occupant of Vehicle 2, [redacted]. He was pinned in the vehicle, wearing his safety belts. He stated that his neck and back hurt and that his leg was broken. I then made contact with the driver of Vehicle 3, [redacted]. He stated that he was uninjured. He had his two sons with him in the vehicle. [redacted] was in the front passenger seat. He also stated that he was uninjured. [redacted] was in the back right seat and also stated that he was uninjured. All three men were standing outside of the vehicle when I made contact with them.

Westminster Fire and Rescue units 38 and 39 then arrived at the scene. I explained the injuries and allowed them to enter the scene to render aid to the victims. [redacted] from Westminster Fire and Rescue Unit 38 pronounced [redacted] dead at approximately 0715 hours. I then obtained all necessary information from each driver.

Tpr. [redacted] and Tpr. [redacted] then arrived on scene to assist. Tpr. [redacted] took forty-three digital photographs and thirteen additional thirty-five millimeter photographs. Tpr. [redacted] obtained a statement from a witness. Cpl. [redacted], Cpl. [redacted], Cpl. [redacted] and Cpl. [redacted] then arrived on scene to assist. Each assisted with securing the scene and obtaining information. Tpr. [redacted] arrived at the scene and was directed to divert traffic at the intersection of Maryland Route 97 and Maryland Route 32. Tpr. [redacted] arrived at the scene and was directed to divert traffic at the intersection of Maryland Route 97 and Poole Road.

[redacted] and [redacted] were then transported to Johns Hopkins for treatment by Trooper 3. [redacted] was transported to Baltimore Shock Trauma by Trooper 8. The CRASH team, TFC [redacted] Cpl. [redacted] and Sgt. [redacted] arrived on the scene to begin their investigation. Cpl. [redacted] also arrived to reconstruct the scene. Forensic Investigator [redacted] also arrived at the scene.

[redacted] was transported to the Maryland Medical Examiner's Office by Fletcher's Funeral Services when the forensic investigator was finished with his investigation.

I obtained witness statements from two bystanders, via Tpr. [redacted], an SHA representative, and the three occupants of Vehicle 3. Cpl. [redacted] traveled to Johns Hopkins and Baltimore Shock Trauma to obtain written statements from the drivers of Vehicle 1 and Vehicle 2. Each statement was submitted with this report.

ALL OF THE ABOVE EVENTS OCCURRED IN CARROLL COUNTY, MARYLAND.

Crime Prevention Action Initiated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previous Crime Prevention Survey? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date Supplemental Report Due:	Initial Status recommended by reporting officer <input checked="" type="checkbox"/> Open <input type="checkbox"/> Suspended <input type="checkbox"/> Unfounded <input type="checkbox"/> Closed	
Initial Investigator: Tpr. [redacted]	Initial Date: 6/12/2008	Supervisor Status: <input type="checkbox"/> Agree <input type="checkbox"/> Disagree	Investigation continued by: <input checked="" type="checkbox"/> Patrol <input type="checkbox"/> Investigation <input type="checkbox"/> N/A	Reviewing Supervisor: [redacted]
Investigation Supervisor Status: <input type="checkbox"/> Patrol <input type="checkbox"/> Investigative <input checked="" type="checkbox"/> N/A	Invest. Supervisor: Cpl. [redacted]	Invest. Date: 6/12/2008	Assigned Investigator: [redacted]	Date Assigned: [redacted]
Final Status: <input type="checkbox"/> Open <input type="checkbox"/> Suspended <input checked="" type="checkbox"/> Closed	Classification: UCR Disp:	Related Report No's.:	<input type="checkbox"/> Crime Analysis?	<input type="checkbox"/> Victim Witness Notification of Rights?

MARYLAND DEPARTMENT OF STATE POLICE
M/V ACCIDENT SUPPLEMENTAL REPORT

COMPLAINT CONTROL NO.
MVAR 0856016603

NARRATIVE:

Narrative:

On 06-11-2008, at approximately 0710 hours I responded to MD Route 97 and Hook Road for a motor vehicle collision. Upon my arrival I made contact with Tpr. . I took approximately 43 digital pictures of the vehicles and of the scene. I also took 13 35mm pictures of the scene. Any further information pertaining to this case will be forwarded to Tpr.

Case Open

Crime Prevention Action Initiated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previous Crime Prevention Survey? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date Supplemental Report Due:	Initial Status recommended by reporting officer <input checked="" type="checkbox"/> Open <input type="checkbox"/> Suspended <input type="checkbox"/> Unfounded <input type="checkbox"/> Closed	
Initial Investigator: Tpr	Initial Date: 6/12/2008	Supervisor Status: <input type="checkbox"/> Agree <input type="checkbox"/> Disagree	Investigation continued by: <input checked="" type="checkbox"/> Patrol <input checked="" type="checkbox"/> Investigation <input type="checkbox"/> N/A	Reviewing Supervisor: Review Date:
Investigation Supervisor Status: <input checked="" type="checkbox"/> Patrol <input type="checkbox"/> Investigative <input type="checkbox"/> N/A	Invest. Supervisor: Cpl	Invest. Date: 6/12/2008	Assigned Investigator: Date Assigned:	<input checked="" type="checkbox"/> NCIC Entered <input type="checkbox"/> NCIC Cleared <input checked="" type="checkbox"/> Miles Entered <input type="checkbox"/> Miles Cleared
Final Status: <input checked="" type="checkbox"/> Open <input type="checkbox"/> Suspended <input checked="" type="checkbox"/> Closed	Classification: UCR Disp:	Related Report No's.:	<input type="checkbox"/> Crime Analysis? <input type="checkbox"/> Victim Witness Notification of Rights?	

MARYLAND DEPARTMENT OF STATE POLICE
M/V ACCIDENT SUPPLEMENTAL REPORT

COMPLAINT CONTROL NO.
MVAR 0856016603

NARRATIVE:

On 06/11/2008 at approximately 0707 hours, I was dispatched by the Westminster Barrack to respond to Maryland Route 97 at Hook Road, to assist Tpr. with a motor vehicle collision that involved property damage and included injuries. While at the scene I obtained a witness statement and secured the scene from passing motorists. Cpl. cleared me from the scene at approximately 0730 hours to go back to routine patrol in the Westminster area.

All of the above events occurred in Carroll County, Maryland.

Crime Prevention Action Initiated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previous Crime Prevention Survey? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date Supplemental Report Due:	Initial Status recommended by reporting officer <input type="checkbox"/> Open <input checked="" type="checkbox"/> Suspended <input type="checkbox"/> Unfounded <input checked="" type="checkbox"/> Closed
Initial Investigator: Tpr.	Initial Date: 6/12/2008	Supervisor Status: <input type="checkbox"/> Agree <input type="checkbox"/> Disagree	Investigation continued by: <input checked="" type="checkbox"/> Patrol <input checked="" type="checkbox"/> Investigation <input type="checkbox"/> N/A
Investigation Supervisor Status: <input checked="" type="checkbox"/> Patrol <input checked="" type="checkbox"/> Investigative <input type="checkbox"/> N/A	Invest. Supervisor: Cpl	Invest. Date: 6/12/2008	Assigned Investigator: Date Assigned: <input checked="" type="checkbox"/> NCIC Entered <input type="checkbox"/> NCIC Cleared <input checked="" type="checkbox"/> Miles Entered <input type="checkbox"/> Miles Cleared
Final Status: <input checked="" type="checkbox"/> Open <input type="checkbox"/> Suspended <input checked="" type="checkbox"/> Closed	Classification: UCR Disp:	Related Report No's.:	<input type="checkbox"/> Crime Analysis? <input type="checkbox"/> Victim Witness Notification of Rights?

NARRATIVE:

Incident:
Fatal motor vehicle accident

Location:
Rt. 97 at Hook RD

Date and Time Occurred:
June 16, 2008, 0700

Narrative:
On June 16, 2007 at approximately 0700 hours, I responded to a motor vehicle collision at Rt. 97 and Hook Rd. Upon arrival, I observed Troopers on scene had the roadway shut down at the intersection of Rt. 97 and Hook Rd. I pulled my vehicle on the southbound shoulder of Rt. 97 north of Hook Rd. I was advised the roadway would be shut down for the collision, so I then advised the traffic on southbound Rt. 97 that the roadway would be shut down for a while. I detoured all vehicles onto Mary Ave as an alternate route. After all vehicles where cleared off of Rt. 97 I cleared from the scene and went back on patrol.

Crime Prevention Action Initiated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previous Crime Prevention Survey? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date Supplemental Report Due:	Initial Status recommended by reporting officer <input checked="" type="checkbox"/> Open <input type="checkbox"/> Suspended <input type="checkbox"/> Unfounded <input checked="" type="checkbox"/> Closed
Initial Investigator: Tpr:	Initial Date: 6/13/2008	Supervisor Status: <input type="checkbox"/> Agree <input type="checkbox"/> Disagree	Investigation continued by: <input checked="" type="checkbox"/> Patrol <input checked="" type="checkbox"/> Investigation <input type="checkbox"/> N/A
Investigation Supervisor Status: <input checked="" type="checkbox"/> Patrol <input type="checkbox"/> Investigative <input checked="" type="checkbox"/> N/A	Invest. Supervisor: Cpl.	Invest. Date: 6/13/2008	Assigned Investigator: Date Assigned: Cpl. 6/13/2008
Final Status: <input type="checkbox"/> Open <input type="checkbox"/> Suspended <input checked="" type="checkbox"/> Closed	Classification: UCR Disp:	Related Report No's.:	<input type="checkbox"/> Crime Analysis? <input type="checkbox"/> Victim Witness Notification of Rights?
			<input checked="" type="checkbox"/> NCIC Entered <input checked="" type="checkbox"/> NCIC Cleared <input checked="" type="checkbox"/> Miles Entered <input type="checkbox"/> Miles Cleared

NARRATIVE:

On 06/11/08 at approximately 0705 hours, I was operating my unmarked patrol vehicle (G-96) on Westbound Rt. 140 at Sandymount Road, when I heard Westminster Barrack dispatch advise of a serious motor vehicle collision. The collision was reported located on Rt. 97 at Hook Road. I began responding to that location to assist either with traffic or any other detail.

Upon arrival, I made contact with Tpr. [redacted], who was in the process of taking digital photographs of the scene. I also made contact with Tpr. [redacted], who briefly explained how the three-vehicle collision occurred. Furthermore, I made contact with Cpl. [redacted], who instructed me to begin "turning traffic around", just north of the scene on Rt. 97. Finally, after completing my traffic detail, I provided Tpr. [redacted] with a witness statement, which he had provided to a female witness. Shortly thereafter, I along with other Troopers present at the scene, were instructed to clear the scene and return to patrolling our respective areas.

I respectfully request this case remain open, pending further investigation by both Tpr. [redacted] and the Maryland State Police C.R.A.S.H. Team.

All event occurred in Carroll County, Maryland.

Crime Prevention Action Initiated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previous Crime Prevention Survey? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date Supplemental Report Due:	Initial Status recommended by reporting officer <input checked="" type="checkbox"/> Open <input type="checkbox"/> Suspended <input type="checkbox"/> Unfounded <input type="checkbox"/> Closed	
Initial Investigator: Tpr. [redacted]	Initial Date: 6/15/2008	Supervisor Status: <input type="checkbox"/> Agree <input type="checkbox"/> Disagree	Investigation continued by: <input checked="" type="checkbox"/> Patrol <input type="checkbox"/> Investigation <input type="checkbox"/> N/A	Reviewing Supervisor: [redacted] Review Date:
Investigation Supervisor Status: <input checked="" type="checkbox"/> Patrol <input type="checkbox"/> Investigative <input type="checkbox"/> N/A	Invest. Supervisor: Sgt [redacted]	Invest. Date: 6/16/2008	Assigned Investigator: [redacted] Date Assigned:	<input checked="" type="checkbox"/> NCIC Entered <input type="checkbox"/> NCIC Cleared <input checked="" type="checkbox"/> Miles Entered <input type="checkbox"/> Miles Cleared
Final Status: <input checked="" type="checkbox"/> Open <input type="checkbox"/> Suspended <input type="checkbox"/> Closed	Classification: UCR Disp:	Related Report No's.: N/A	<input type="checkbox"/> Crime Analysis? <input type="checkbox"/> Victim Witness Notification of Rights?	

NARRATIVE:

Location:
MD Rt. 97 at Hook Road

Date Occurred:
06/11/2008

Narrative:
On 06/11/2008 at approximately 0730 hours I responded to the intersection of MD Rt. 97 and Hook Road to assist with a fatal motor vehicle accident at that location. Upon my arrival, I made contact with Tpr. _____ who ordered me to block the northbound lane of MD Rt. 97 at MD Rt. 32. I proceeded to respond to that location and direct traffic accordingly. I was relieved by the state highway administration at approximately 0830 hours.

Crime Prevention Action Initiated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previous Crime Prevention Survey? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date Supplemental Report Due:	Initial Status recommended by reporting officer <input checked="" type="checkbox"/> Open <input type="checkbox"/> Suspended <input type="checkbox"/> Unfounded <input type="checkbox"/> Closed	
Initial Investigator: Tpr	Initial Date: 6/14/2008	Supervisor Status: <input type="checkbox"/> Agree <input type="checkbox"/> Disagree	Investigation continued by: <input type="checkbox"/> Patrol <input checked="" type="checkbox"/> Investigation <input type="checkbox"/> N/A	Reviewing Supervisor: _____ Review Date: _____
Investigation Supervisor Status: <input checked="" type="checkbox"/> Patrol <input checked="" type="checkbox"/> Investigative <input type="checkbox"/> N/A	Invest. Supervisor: Sgt	Invest. Date: 6/16/2008	Assigned Investigator: _____ Date Assigned: _____	<input checked="" type="checkbox"/> NCIC Entered <input type="checkbox"/> NCIC Cleared <input checked="" type="checkbox"/> Miles Entered <input type="checkbox"/> Miles Cleared
Final Status: <input checked="" type="checkbox"/> Open <input type="checkbox"/> Suspended <input type="checkbox"/> Closed	Classification: UCR Disp: _____	Related Report No's.: _____	<input type="checkbox"/> Crime Analysis? <input type="checkbox"/> Victim Witness Notification of Rights?	

NARRATIVE

Attachments:
None..

Date and time:
6/11/2008 at 705 hours

Incident:
Fatal motor vehicle collision.

Location:
Route 97 and Hook Road, Westminster MD 21157

Action taken:
On 6/11/2008, I responded to the above location to assist with the investigation into the cause of the collision. While on scene, I assisted TFC [redacted], Cpl. [redacted] and TFC [redacted] with obtaining measurements of the scene and inspection of the vehicles involved in the collision. I remained on the scene until all of the above units cleared the scene and the intersection was reopened with the traffic signal operating properly. The investigation into the collision is still under investigation and this report will be attached to the original report.
CASE OPEN.

Crime Prevention Action Initiated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previous Crime Prevention Survey? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date Supplemental Report Due: 7/13/2008	Initial Status recommended by reporting officer <input checked="" type="checkbox"/> Open <input type="checkbox"/> Suspended <input type="checkbox"/> Unfounded <input type="checkbox"/> Closed
Initial Investigator: Tpr.	Initial Date: 6/13/2008	Supervisor Status: <input type="checkbox"/> Agree <input type="checkbox"/> Disagree	Investigation continued by: <input checked="" type="checkbox"/> Patrol <input checked="" type="checkbox"/> Investigation <input type="checkbox"/> N/A
Investigation Supervisor Status: <input checked="" type="checkbox"/> Patrol <input type="checkbox"/> Investigative <input type="checkbox"/> N/A	Invest. Supervisor: Cpl	Invest. Date: 6/13/2008	Assigned Investigator: Date Assigned: Cpl [redacted] 6/13/2008
Final Status: <input checked="" type="checkbox"/> Open <input type="checkbox"/> Suspended <input type="checkbox"/> Closed	Classification: UCR Disp:	Related Report No's.:	<input type="checkbox"/> Crime Analysis? <input type="checkbox"/> Victim Witness Notification of Rights?
			<input checked="" type="checkbox"/> NCIC Entered <input type="checkbox"/> NCIC Cleared <input type="checkbox"/> Miles Entered <input type="checkbox"/> Miles Cleared
			Reviewing Supervisor: Review Date:

NARRATIVE:

Date and Time Occurred: 6-11-08 0705 hours

Location: New Washington Rd. @ Hook Rd. Westminster MD. 21157

Narrative: On 6-10-08, approximately 0730 hours, I responded to route 97 @ Hook Rd in reference to a fatal motor vehicle collision. Upon arrival, I contacted Tpr. , who briefed me on the details of the collision (refer to AR-0856016603). I assisted Tpr by blocking the westbound lane of westbound Hook Rd with my vehicle. After adequate personnel were in place to direct traffic, I was asked by Cpl to respond to Shock Trauma and Johns Hopkins Hospital to obtain statements from and . At approximately 1100 hours I contacted at Shock Trauma and obtained a written statement. After obtaining his statement, I responded to Johns Hopkins Hospital at approximately 1300 hours and obtained a written statement from . After obtaining the written statements, I responded to the Westminster Barrack and submitted them to Tpr. , to be added to the case file. Case closed.

Crime Prevention Action Initiated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previous Crime Prevention Survey? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date Supplemental Report Due:	Initial Status recommended by reporting officer <input checked="" type="checkbox"/> Open <input type="checkbox"/> Suspended <input type="checkbox"/> Unfounded <input checked="" type="checkbox"/> Closed	
Initial Investigator: Cpl	Initial Date: 6/15/2008	Supervisor Status: <input type="checkbox"/> Agree <input type="checkbox"/> Disagree	Investigation continued by: <input checked="" type="checkbox"/> Patrol <input checked="" type="checkbox"/> Investigation <input type="checkbox"/> N/A	Reviewing Supervisor: Review Date:
Investigation Supervisor Status: <input checked="" type="checkbox"/> Patrol <input type="checkbox"/> Investigative <input type="checkbox"/> N/A	Invest. Supervisor: Sgt	Invest. Date: 6/16/2008	Assigned Investigator: Date Assigned:	<input checked="" type="checkbox"/> NCIC Entered <input type="checkbox"/> NCIC Cleared <input checked="" type="checkbox"/> Miles Entered <input type="checkbox"/> Miles Cleared
Final Status: <input checked="" type="checkbox"/> Open <input type="checkbox"/> Suspended <input checked="" type="checkbox"/> Closed	Classification: UCR Disp:	Related Report No's.:	<input type="checkbox"/> Crime Analysis? <input type="checkbox"/> Victim Witness Notification of Rights?	

MARYLAND DEPARTMENT OF STATE POLICE
M/V ACCIDENT SUPPLEMENTAL REPORT

COMPLAINT CONTROL NO.	
MVAR	0856016603

VEHICLE(S) Additional										
1	Vehicle Info:	Color	Year	Make	Model	Body Style	Reg. Yr.	Reg State	Reg. No.	Vin
		Blue	2004	KIA	Sedonia	Minivan	06/10	MD		
VEHICLE(S) Additional										
1	Vehicle Info:	Color	Year	Make	Model	Body Style	Reg. Yr.	Reg State	Reg. No.	Vin
		White	1999	Ford	F-450	DS	10/08	MD		
VEHICLE(S) Additional										
1	Vehicle Info:	Color	Year	Make	Model	Body Style	Reg. Yr.	Reg State	Reg. No.	Vin
		Gray	2007	Chevy	Silverado	TK	06/08	MD		

NARRATIVE:

M.A.A.R.S. Number: 09550971
 Local Case Number: 08-56-016603
 Date and Time: 06/11/2008 @ 0705 hours
 Location: Maryland Route 97 @ Hook Road, Westminster, Carroll County, Maryland
 Written Supplement of: Corporal

Action Taken:

On June 11, 2008 at approximately 0725 hours, the Westminster Barrack Duty Officer, Sgt. [redacted], contacted me by telephone and advised that troopers were dispatched to the area of Route 97 at Hook Road Westminster, Carroll County, Maryland, in reference to a motor vehicle collision involving a fatality. Sergeant [redacted] requested me to respond to the scene as a reconstruction specialist.

Upon my arrival to the scene, I made contact with Trooper [redacted], Corporal [redacted], and Corporal [redacted] from the Westminster Barrack. At the time of my arrival, I also observed a blue KIA minivan, with severe front end damage and a deceased child in the second row seating area floor board, at final rest in the middle of Route 97 north of Hook Road bearing Maryland registration [redacted]. A white Ford F-450 truck, with Maryland registration [redacted], was found on the north bound roadside north of Hook Road on an embankment with severe driver's side front end damage. Beside the Ford truck on the embankment was a gray Chevy Silverado, bearing Maryland registration [redacted], with front end damage. The driver of the KIA minivan was transported to John Hopkins Hospital by helicopter along with a child passenger prior to my arrival. The driver of the Ford F-450 truck was transported to Maryland Shock Trauma in Baltimore City by helicopter prior to my arrival due to incapacitating injuries. The driver of the Chevy Silverado and his passengers remained at the scene with no noted injuries.

This collision occurred in the intersection of Route 97 @ Hook Road. Route 97 is a two lane State road consisting of one north bound and one south bound lane. Hook Road is a two lane County road with one eastbound and one westbound lane. The intersection is equipped with a traffic light that was not operating due to a power failure in the area. There were stop signs present on Hook Road at the stop lines in each direction upon my arrival, but they were installed after the collision. The surface is constructed of asphalt which was dry and appeared to be free from debris and defects prior to the collision. There appeared to be no road construction in the area of this intersection. The speed limit on this portion of the road is 55 miles per hour on Route 97 and 25 mile per hour on Hook Road, which is posted with a sign in both directions prior to the collision.

Westminster Barrack notified [redacted] of the Maryland Medical Examiner's Office and requested him to respond to the collision scene. Upon his arrival, I contacted him and advised him of the collision details. He instructed Trooper [redacted] to complete a MSP Death Investigation Form 89B. I assisted Trooper [redacted] with the completion of the form and instructed him to fax it to the medical examiner's office in Baltimore City. After the deceased body was examined by [redacted], Fletcher's Funeral Home was called for transport to the Medical Examiner's Office in Baltimore Maryland for an autopsy.

Corporal [redacted] was instructed to respond to John Hopkins Hospital and Shock Trauma to obtain written driver statements from the motor vehicle operators. A statement from the driver of the Chevy Silverado was obtained at the scene along with his passengers.

The CRASH Team was requested by Westminster Barrack due to the criteria of the collision. Upon the arrival of the CRASH Team, I made contact with Sergeant [redacted], Corporal [redacted], and TFC. [redacted]. Sergeant [redacted] advised that the CRASH Team will be handling the entire investigation except for the initial accident report. I assisted Trooper [redacted] by completing the three (3) vehicle reports (08-56-016635, 636, & 638). All vehicles were towed by Simply the Best Towing. The KIA minivan and the Ford F-450 was towed to the secured SHA facility in Westminster, Maryland for investigative purposes and the Chevy Silverado was taken to Simply the Best tow yard pending release to the owner.

MARYLAND DEPARTMENT OF STATE POLICE
M/V ACCIDENT SUPPLEMENTAL REPORT

COMPLAINT CONTROL NO.	
MVAR	0856016603

I am a certified Collision Reconstruction Specialist, certified by the Maryland State Police in the principles of collision reconstruction. The following conclusions are based upon the totality of this investigation, the physical evidence accumulated, as well as the reports submitted by other investigators and witnesses concerning this incident. My rendering of these conclusions is based upon my training and experience in the field of collision reconstruction and are to a reasonable degree of scientific certainty.

This case is to be considered open pending the conclusion of the Crash Team investigation.

Crime Prevention Action Initiated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previous Crime Prevention Survey? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date Supplemental Report Due:	Initial Status recommended by reporting officer <input checked="" type="checkbox"/> Open <input type="checkbox"/> Suspended <input type="checkbox"/> Unfounded <input type="checkbox"/> Closed
Initial Investigator: Cpl.....	Initial Date: 6/13/2008	Supervisor Status: <input type="checkbox"/> Agree <input type="checkbox"/> Disagree	Investigation continued by: <input checked="" type="checkbox"/> Patrol <input type="checkbox"/> Investigation <input type="checkbox"/> N/A
Investigation Supervisor Status: <input type="checkbox"/> Patrol <input type="checkbox"/> Investigative <input checked="" type="checkbox"/> N/A	Invest. Supervisor: Cpl-	Invest. Date: 6/13/2008	Assigned Investigator: Date Assigned: <input type="checkbox"/> NCIC Entered <input type="checkbox"/> NCIC Cleared <input type="checkbox"/> Miles Entered <input type="checkbox"/> Miles Cleared
Final Status: <input type="checkbox"/> Open <input type="checkbox"/> Suspended <input checked="" type="checkbox"/> Closed	Classification: UCR Disp:	Related Report No's.:	<input type="checkbox"/> Crime Analysis? <input type="checkbox"/> Victim Witness Notification of Rights?





MARYLAND
STATE POLICE

Investigation

Date/Time of Collision: June 11, 2008 @ 0705 hours
Local Case Number: 08-56-016603
MAARS Report Number: 09550971
Location: MD Route 97 at Hook Road
Carroll County, Maryland
Investigator(s): Tpr.
Reconstructionist(s): Cpl.

INTRODUCTION

On June 11, 2008, at approximately 0705 hours, troopers from the Westminster Barrack responded to the intersection of MD Route 97 and Hook Road in Carroll County, MD for a reported vehicle collision. Upon arrival they learned the collision involved three vehicles and that one of the juvenile passenger's had died.

Due to the seriousness of the collision a request was made for the Maryland State Police (MSP) Crash Team. Sgt. _____, TFC _____ and I (Cpl. _____) responded to the scene to assist in the investigation. Upon arriving to the scene I observed that the traffic signals controlling the intersection were non-functional. A severe storm the evening before had caused widespread power outages in Carroll and surrounding counties. In speaking with troopers at the scene I learned that the traffic signals at the intersection of MD Route 97 and Hook Road had been non-functional since the prior evening.

Speed and alcohol are not believed to have been factors in this collision. According to initial troopers on-scene none of the drivers displayed signs of intoxication or impairment.

The scope of this investigation will address various elements that caused and/or contributed to the collision event. The scope of the investigation was accomplished by either direct investigative actions or through the review of findings from other investigative sources.

SCENE IDENTIFICATION

This collision occurred within the intersection of MD Route 97 and Hook Road in Carroll County, MD. The standard electronic-type circular traffic signals controlling the intersection were non-functional at the time of the collision. A severe storm swept through Carroll and the surrounding counties the night before causing widespread power outages. The Baltimore Gas and Electric (BGE) power supply to the intersection traffic signals was affected by the power outage and were out at the time of the collision. The roadway was free of debris, there was no road construction in the area of the collision, and the roadway markings surrounding the intersection were clearly marked and visible. MD Route 97 was posted at 55 mph in both directions and Hook Road was posted at 25 mph in both directions.

MD Route 97 and Hook Road were constructed of asphalt. Northbound MD Route 97 approaching the intersection had two travel lanes. One lane was for left turns only and the other lane was for through traffic or traffic to make a right turn. Southbound MD Route 97 approaching the intersection had three travel lanes. One lane was for left turns, one lane was for through traffic, and one lane was for right turns. Eastbound Hook Road approaching the intersection consisted of two travel lanes. One lane was for through traffic or traffic making a left turn and one lane was for right turns only. Westbound Hook Road approaching the intersection also had two travel lanes. One lane was for through traffic or left turns and the other was for right turns only.

The roadway approaching the intersection from either side of MD Route 97 was relatively straight with a slight incline. The roadway approaching the intersection on eastbound Hook Road was relatively straight after a slight right hand curve approximately 300 feet prior to the intersection. As the right hand curve began to straighten out the roadway declined to the intersection. The roadway approaching the intersection on westbound Hook Road was also relatively straight with a tapered decent towards the intersection.

Further investigation revealed that the traffic signals for this particular intersection lost power on 06/10/2008 at 1745 hours. The collision occurred on 06/11/2008 at 0705 hours. The power was restored to the traffic signals on 06/11/2008 at 1158 hours.

DECEASED #1

Full Name: _____

Date of Birth: 05/26/2001

Age: 7

Address: _____

Sex: Male **Race:** White

Known Injuries: Multiple injuries

Vehicle: One **Seating Position:** 04- Left Rear (3rd row) or 05- Center Rear Seat (3rd row)

Safety Equipment Available: 11-Lap Belt Only (if seat position 05) or 13- Shoulder/Lap Belt (if seat position 4)

Type in Use: 01- None

If Used, Would Have Lessened Injuries: YES

Toxicology: N/A

Based on the post collision final rest position of _____ well as the inspection of the interior of VI it was apparent that he was originally seated/on the 3rd row seat. It was believed he was occupying the rear center or rear left seat at the time of the collision. _____ (mother/driver) advised that he was in the 3rd row set of seats behind her (left side), but that he often unbuckled himself and would not sit still whenever he was in the car.

DRIVER/INJURED #1

Full Name: _____

Date of Birth: 08/02/1976

Age: 31

Address: _____

Home Phone: _____

Sex: Female **Race:** White

Driver's License Number: _____

State: Maryland

Class: C **CDL:** No

Restrictions: B

Date of Issuance: 07/18/2006

Expiration Date: 08/02/2011

License Status: Valid

Injury Severity: 03-Inj. -- not incapacitated

Vehicle: One **Seating Position:** 01-Driver

Safety Equipment Available: 32-Air Bag & Belts

Type in Use: 31-Air Bags (Only)

If Used, Would Have Lessened Injuries: Yes

Toxicology: 01- Apparently Normal. No substance detected.

Summary of Statement:

_____ was initially contacted by Cpl. _____ at John Hopkins Hospital and provided a Driver/Witness Statement to Cpl. _____ on the date of the collision.

I met with _____ on 06-26-08 at approximately 1200 hours at her residence. _____ was advised of her Miranda Rights via MSP Form 180 (Advice of Miranda Rights) on 06-26-08 at 1212 hours. _____ agreed to be interviewed and also completed a MSP form 76 (Driver/Witness Statement) at that time. Her written statement can be located in the Witness Section of this report.

The interview was also taped. The taped interview will be held with the original case file. The following is a brief overview of the interview. The _____ woke up that morning and got ready to leave the house. _____ advised that when they got into the van, she said, "buckle up", and looked into her rearview mirror and indicated that both her children put their respective seatbelts on. She also put on her seatbelt. _____ advised that she was dropping _____ off at day care. _____ provided the possible route she took that morning and advised that she has been dropping her children off at the same day care on Hook Road since June 2004. _____ advised that she normally slows down prior to MD Route 97 near the small hill crest on Hook Road. She advised that she was unaware of the fact that the traffic lights were out, but only that the car in front of her went through/across the intersection and that she did not see that she had a red or yellow light.

DRIVER/INJURED #2

Full Name: _____
Date of Birth: 07/30/1965
Age: 42
Address: _____
Home Phone: _____
Sex: Male **Race:** White
Driver's License Number: _____ **State:** Maryland
Class: C **CDL:** No **Restrictions:** B
Date of Issuance: 07/30/2003 **Expiration Date:** 07/30/2008
License Status: Valid
Injury Severity: 03- Inj. -- not incapacitated
Vehicle: Two **Seating Position:** 01- Driver
Safety Equipment Available: 32-Air Bag & Belts
Type in Use: 32- Air Bag & Belts.
If Used, Would Have Lessened Injuries: N/A
Toxicology: 01- Apparently Normal. No substance detected.

Summary of Statement:

Mr. _____ was initially contacted by Cpl. _____ at University of Maryland Shock Trauma Unit and provided a Driver/Witness Statement to Cpl. _____ on the date of the collision. I contacted Mr. _____ a few days after the collision and he could not provide any additional information. Mr. _____ advised that he was driving north on MD Route 97, saw that the light was out, slowed down, and proceeded into the intersection. In speaking with Mr. _____ he was under the assumption that traffic on MD Route 97 had the right of way at that intersection. Mr. _____ advised that he did not even see the van traveling on Hook Road until just before the collision. Mr. _____ advised that he did observe that vehicles were stopped on the other side of Hook Road (w/b on Hook Road facing the intersection).

DRIVER/INJURED #3

Full Name:
Date of Birth: 04/10/1939
Age: 69
Address:
Home Phone:
Sex: Male **Race:** White
Driver's License Number: **State:** Maryland
Class: C **CDL:** No **Restrictions:** BC
Date of Issuance: 07/30/2003 **Expiration Date:** 07/30/2008
License Status: Valid
Injury Severity: 01- Not injured
Vehicle: Three **Seating Position:** 01-Driver
Safety Equipment Available: 32-Shoulder/Lap Belts/Air bags
Type in Use: 13-Shoulder/Lap Belts
If Used, Would Have Lessened Injuries: N/A
Toxicology: Apparently Normal. No substance detected.
Summary of Statement:

Mr. provided a brief Driver/Witness Statement while on scene. His statement is located in section "E" of this report. During a follow up telephone interview with Mr. , he advised that he was stopped at the intersection and waiting for northbound MD Route 97 to clear before proceeding.

PASSENGER #1

Full Name:
Date of Birth: 01/14/2004
Age: 4
Address:
Home Phone:
Sex: Female **Race:** White
Injury Severity: 02- Possible injury
Vehicle: One **Seating Position:** 07- Other seat in vehicle. (second row, right side)
Safety Equipment Available: 13- Shoulder/Lap Belt
Type in Use: 01- None. Child was seated on a child's booster seat unrestrained. Neither the booster seat nor the child were secured by restraints.
If Used, Would Have Lessened Injuries: Unknown
Summary of Statement: N/A. Statement not obtained.

PASSENGER #2

Full Name:

Date of Birth: 04/29/1969

Age: 39

Address:

Home Phone:

Sex: Male **Race:** White

Injury Severity: 01- Not injured

Vehicle: Three **Seating Position:** 03- Right Front Seat

Safety Equipment Available: 32- Air Bag & Belts

Type in Use: 13- Shoulder/Lap Belt

If Used, Would Have Lessened Injuries: N/A

Summary of Statement:

See attached written statement in section "E".

PASSENGER #3

Full Name:

Date of Birth: 09/25/1966

Age: 41

Address:

Home Phone:

Sex: Male **Race:** White

Injury Severity: 01- Not injured

Vehicle: Three **Seating Position:** 06- Right Rear Seat

Safety Equipment Available: 13- Shoulder/Lap Belt

Type in Use: 13- Shoulder/Lap Belt

If Used, Would Have Lessened Injuries: N/A

Summary of Statement:

See attached written statement in section "E".

WITNESS #1

Name:

Address:

Telephone Numbers:

Home:

Work:

Age: 57

Summary of Statement:

See attached written statement in section "E".

WITNESS #2

Name:

Address:

Telephone Numbers:

Home: -----

Work:

Age: 29

Summary of Statement:

See attached written statement in section "E".

WITNESS #3

Name:

Address:

Telephone Numbers:

Home:

Work:

Age: 48

Summary of Statement:

See attached written statement in section "E".

WITNESS #4

Name:

Address:

Telephone Numbers:

Home: NA **Work:**

Age: 22

Summary of Statement:

Mr. is an Intelligent Traffic System (ITS) Technician for Maryland State Highway Administration. I met Mr. at the intersection/crash scene on 06-11-08 after the collision scene was cleared. Mr. examined the intersection's internal recording device at that time. Mr. advised that according to the internal recording the intersection's power supply to both the primary and secondary lines went out on 06-10-08 at 1745 hours. The traffic signals were running off the primary power line at the time of the outage. The power supply to the intersection was restored on 06-11-08 at 1158 hours.

WITNESS #5

Name:

Address:

Telephone Numbers:

Home: NA Work:

Age: 22

Summary of Statement: did not witness the collision. She is a friend of and was present on-scene of the collision investigation and was present during my interview with acted as a contact person for me during the days right after the collision.

VEHICLE #1

Year: 2004 **Make:** Kia **Model:** Sedona Ex **Color:** Black
VIN Number:
Tag Number: **State:** Maryland
Expiration Date: 06/2010
Mileage: Unknown
Inspected by ASED: Yes
Damaged Area(s): Front end
Owner:
Address:
Telephone Number:
Insurance Company: Geico
Policy Number:
Vehicle Removed By: Simply the Best
Vehicle Removed To: SHA - Westminster Facility.

VEHICLE #2

Year: 1999 **Make:** Ford **Model:** F-450 **Color:** White
VIN Number:
Tag Number: **State:** Maryland
Expiration Date: 10/2008
Mileage: Unknown
Inspected by ASED: No
Damaged Area(s): Driver's side front corner.
Owner:
Address:
Insurance Company: Cincinnati Ins .Co.
Policy Number:
Vehicle Removed By: Simply The Best
Vehicle Removed To: SHA – Westminster Facility.

VEHICLE #3

Year: 2007 **Make:** Chevrolet **Model:** Silverado **Color:** Gray
VIN Number:

Tag Number: State: Maryland
Expiration Date: 06/2008
Mileage: Unknown
Inspected by ASED: No
Damaged Area(s): Front end
Owner:
Address:
Insurance Company: State Farm
Policy Number:
Vehicle Removed By: Simply The Best
Vehicle Removed To: Tow lot. MAARS: indicates that the vehicle was towed to SHA. The MAARS should indicate that the vehicle was towed to Simply The Best tow lot.

INVESTIGATION

On June 11, 2008, at approximately 0705 hours, a fatal motor vehicle collision occurred at the intersection of MD Route 97 and Hook Road, Carroll County, MD. At the time of the collision the intersection traffic signals were without power and non-functional.

Upon arrival I was advised by troopers who had secured the scene that the collision involved three vehicles. The involved vehicles were: Vehicle #1 (V1), a black 2004 Kia Sedona, driven by [redacted] and occupied by [redacted] and the deceased, [redacted]; Vehicle #2 (V2), a white 1999 Ford F-450 dump truck, driven by [redacted]; and Vehicle #3 (V3), a gray Chevrolet Silverado, driven by [redacted] and occupied by [redacted]. They advised that the collision was witnessed and that all surviving vehicle occupants had already been transported to area medical centers. The deceased occupant within V1, [redacted], had already been pronounced dead and still remained in the vehicle. The initial investigation indicated that V1 was traveling eastbound on Hook Road. V2 was traveling northbound on MD Route 97 and V3 was stopped facing the intersection on westbound Hook Road. I was advised by the initial troopers on scene that there did not appear to be any impairment issues surrounding any of the drivers of this crash. Based on the initial assessment of the roadway and vehicle damage it was believed that V1 collided into the front driver side corner of V2. V2 then struck V3 before coming to final rest.

After a brief overview of the collision scene I began my investigation by examining V1. V1 was at its post impact position of final rest facing northbound in the middle of the southbound through lane of MD Route 97. V1 sustained massive front end and passenger's side contact damage. V1's windshield was shattered and spider webbed. Both front airbags were deployed. The deceased, [redacted], was lying facing down on the floor of V1 behind the driver's seat. [redacted] sustained a fatal head injury during the collision. I observed blood splatter on the interior portion of the windshield, front dash, front airbags, and brain matter on the front passenger's side windshield wiper. Based upon vehicle damage, crash dynamics, interior blood smear/splatter, and the post collision location of [redacted], it was believed that he was seated, standing, or lying on the middle to left side of the third row of seats at impact. Upon impact, he continued to move forward unrestrained from the third row of seats until he made contact with the windshield. Upon examining each seatbelt within the vehicle it was apparent that none of the three occupants were seat belted during the collision. The three driver side seatbelts were retracted in the upright

position. The three passenger side seatbelts were locked in the upright retracted position due to the sustained passenger side damage. A booster backed child's seat was located on the right middle row of seats behind the front passenger seat. It was believed that _____ was sitting unrestrained upon the booster seat. Upon impact, _____ continued to move forward into the rear of the front passenger's seat.

I then visually inspected V2. V2 was at its final rest location partially up an embankment off the northeast corner of the intersection. V2 sustained significant damage at its front left bumper corner, and front left tire/quarter panel area. I also found contact evidence/damage to the left side of V2's dump bed. V2's left side ladder near the front of the dump bed was slightly bent and twisted. I also observed superficial scrapes and scratches to V2's lower horizontal dump bed frame. V2 had bench type front seats. The upholstery area around the driver's seatbelt buckle was torn indicating that the driver was belted during the collision.

I then visually examined V3. V3 was at its final rest location. V3 was stopped beside V2 off the northeast corner of the intersection. V3 sustained minor damage to its front bumper and forward portion of its hood.

I then surveyed the scene in an effort to locate, identify, and analyze any roadway evidence which would be useful in the investigation. The area of impact (AOI) was determined to be within the intersection, in the area where the northbound lane of MD Route 97 and the eastbound lane of Hook Road would intersect if the travel lanes were extended through the intersection. AOI was defined by tire scuffing, gouge, and scrape marks. From AOI I was able to track V1 and V2 to their positions of final rest. After impact, V1 rotated counterclockwise and continued north to final rest within the southbound through lane of MD Route 97 north of the intersection. After impact, V2 rotated slightly clockwise and continued forward in a northeast direction where it struck V3. V3 had been stopped in the right lane of westbound Hook Road waiting to turn right onto northbound MD Route 97. After V2 struck V3, V3 spun clockwise to its position of final rest. After the impact with V3, V2 continued forward and traveled partially up an embankment off the northeast corner of the intersection to its position of final rest.

I also examined the roadway for pre-impact evidence. I did not locate any pre-impact roadway evidence associated with V2. A single skid mark was located within the intersection and may be associated with V1. The single skid mark began in the intersection a few feet from the eastbound Hook Road stop line.

The single skid mark measured approximately 35 feet and led in the direction of the AOI. The width of the single mark matched the width of V1's front right tire. However, the single skid mark ended approximately 22 feet prior to AOI, therefore, I am not certain if this skid mark was from V2.

Sgt. _____ and Cpl. _____ of the MSP Crash Team photographed the collision scene and TFC _____ of the Commercial Vehicle Enforcement Division inspected V2. The scene was forensically mapped utilizing an electronic total station.

During the on-scene investigation an unknown power utility truck (not BGE) came through the intersection and turned onto Hook Road heading east at approximately 1120 hours. The traffic signals became functional at approximately 1200 hours and appeared to be operating/cycling correctly. As the power was restored to the intersection TFC _____ (MSP Westminster Barrack) attempted to locate the unknown power utility truck in an attempt to find out where the power interruption occurred. TFC _____ patrolled the area along Hook Road but was unsuccessful in finding the utility truck.

Upon the conclusion of the on-scene investigation all three involved vehicles were removed from the scene. V1 and V2 were transported to and stored at the Maryland State Highway Administration (SHA) Facility in Westminster, MD. V3 was transported to Simply The Best Tow Lot in Westminster, MD where it was later released.

I met [redacted] on-scene at approximately 1300 hours. Mr. [redacted] was an Intelligent Traffic Systems Technician for Maryland State Highway Administration. Mr. [redacted] was able to diagnose the power outage to the intersection traffic signals occurred on 06-10-08 at 1745 hours. The traffic signals were running off their primary line. The power was restored to the primary line restoring the traffic signals on 06-11-08 at 1158 hours. I later contacted BGE regarding the restored power and unknown utility truck. BGE advised that they had numerous power outages and power lines down throughout the area and multiple crews were out attempting to restore all the outages. I inquired as to where the original outage occurred that affected the traffic signals. I was told that they were unable to advise what company the utility truck belonged to or where the original outage was that affected the power at the intersection.

On 06-12-08, Cpl [redacted] and I inspected V1 and V2 at the Westminster SHA Facility. The evidence of seatbelt uses and occupant seating was again evaluated. At the conclusion of our inspection it was determined that no one within V1 was seatbelted at the time of the collision. The seatbelts on the passenger's side of V1 were in the retracted upright position and locked due to damage. The seatbelts on the driver's side of V1 were not locked and were able to be unreeled. V1's front airbags deployed during the crash event but the driver's seatbelt was not locked and it did not appear the pretensioners fired. After examining V2, it appeared that its driver was restrained at the time of the collision. The seat upholstery around the driver's seat buckle was ripped. The rip most likely occurred under increased load/force during the collision. V2's driver's seat belt was able to be reeled and unreeled.

On 06-26-08 at approximately 1200 hours I responded to [redacted] residence at [redacted]. [redacted] was read Miranda Rights via MSP Form 180 – Advice of Miranda Rights. [redacted] signed the form, waived her rights and agreed to be interviewed. She also provided a written witness statement. [redacted], friend of [redacted]'s, was present during the interview. [redacted] was advised that the interview would be recorded and agreed. Refer to her attached written statement which may be located in section E of this report. The audio recording will be retained in the original case file. At the conclusion of the interview, [redacted] provided me with 10 digital photographs of her injuries and the injuries of her daughter [redacted]'s injuries. She also showed me some of her abdominal bruising. During the interview, [redacted] advised that everyone was seatbelted when they initially left the house prior to the collision. After visually examining [redacted]'s injuries and reviewing her digital photographs her abdominal bruising appeared to have been caused by impacting the steering wheel and not from seatbelt use. Based on the digital photographs, [redacted] sustained minor bruising to her right shoulder and approximately three minor lacerations to the right side of her head. Again, the displayed injuries are not indicative of injuries caused by seatbelt use.

[redacted] also advised that the sun was rising over Hook Road and hindered her view of the traffic lights. During the initial on-scene investigation I took note of the sunrise and direction and did not believe that the rising sun would have hindered the view of traffic traveling east on Hook Road approaching the intersection. I responded back to the scene on approximately 07-07-08 at approximately 0715 hours (NOTE: Date and time of collision was 06-11-08 at 0705 hours). The eastbound Hook Road approach to the intersection was shaded due to tall trees off westbound shoulder of Hook Road and the sun was rising at approximately the 10:00 o'clock position if you place the 12:00 o'clock position as V1's

direction of travel. Based on the shaded approach to the intersection and the position of the rising sun I did not have any problem viewing the traffic lights on that day. Additionally, I examined the view/sight line that both V1 and V2 would have had approaching the intersection. There was an advanced warning sign indicating traffic signals ahead on Hook Road approximately 270 feet prior to the intersection. I stood along Hook Road west of the intersection approximately 77 feet from the respective stop line. I was able to view approximately 584 feet of MD Route 97 south of the intersection at that point. There was a group of trees off the southwest corner of the intersection that came into play and limited sight line view the further west I walked along Hook Road. The further west I walked created a decreased view of northbound MD Route 97 traffic approaching the intersection. Near the intersection, neither the driver of V1 nor the driver of V2 should have had any problems viewing each other. However, the driver of V1 had a better sight advantage of V2 than the driver of V2 had on V1.

V1 was inspected by Vehicle Safety Inspector (VSI) _____ and TFC _____ of the Automotive Safety Enforcement Division. Please refer to TFC _____ attach report located in the related reports section of this report. However, TFC _____ indicated that V1 was so damaged that it could not be fully inspected.

SPEED ANALYSIS

A speed analysis was not performed for this collision. Speed was not a factor in this collision. The cause of this collision is a right of way issue and the fact that the traffic lights were non-functional at the time of the collision. However, a time distance analysis was completed. The pre-impact speeds for vehicles 1 and 2 were obtained from their driver's respective statements. _____ (V1) advised that she was traveling approximately 30 mph at the time of the crash. _____ (V2) advised that he was traveling at 45 to 50 mph at the time of the crash. V1 traveled approximately 61' (measured at 60.8' from the end of her stop line to AOI) into the intersection until reaching the area of impact. V2 traveled approximately 47' (measured at 46.9' from the end of his stop line to AOI) into the intersection until reaching the area of impact. If V1 were traveling at a constant speed of 30mph (44ft/sec) prior to the impact, then V1 would have been within the intersection for approximately 1.38 seconds prior to impact. If V2 were traveling at a constant speed of 45mph (66ft/sec) prior to the impact, then V2 would have been within the intersection for approximately 0.71 seconds prior to impact. Therefore, V1 would have arrived at the intersection approximately 0.67 seconds prior to V2.

VEHICLE LAW

21-101 (x)- Through highway. "Through highway" means a highway or part of a highway: (1) On which vehicular traffic is given the right-of-way; and (2) At the entrances to which vehicular traffic from intersecting highways is required by law to yield the right-of-way to vehicles on that highway or part of a highway, in obedience to either a stop sign or yield sign as provided in the Maryland Vehicle Law.

21-401 -Vehicle at intersection. Except at through highways, or as otherwise provided in this subtitle, a vehicle at an intersection: (1) Has the right-of-way over any other vehicle approaching from the left; and (2) Shall yield the right-of-way to any other vehicle approaching from the right

MD Route 97 and Hook Road are defined as through highways and the intersection was not

controlled by any type of traffic control device; therefore, the intersection should have been treated as an uncontrolled intersection (4 way stop) and the motorists should have follow the ruling under the above listed Transportation Article 21-401 –Vehicle at intersection. Therefore, V1 (vehicle to the left) should have yielded to V2 (vehicle to the right). V2 should have yielded to V3; however, V3 stopped and was waiting for V2 to travel through the intersection. However under the case law for Transportation Article 21-401 it states that the section (TA 21-401 Vehicle at intersection) is a cautionary guide rather than peremptory command. The case law also mentions that a vehicle approaching from the right does not have an absolute right-of-way in every instance and that it does not completely abrogate the “first arrival” rule.

CONCLUSION

The following conclusions are based upon the totality of this investigation, including the statements of the witnesses, the physical evidence accumulated, as well as the reports submitted by other investigators concerning this incident. My rendering of these conclusions is based upon my training and experience in the field of collision reconstruction and are to a reasonable degree of scientific certainty.

On 06-11-08 at 0705 hours a fatal collision occurred at the intersection of MD Route 97 and Hook Road. A severe storm passed through Carroll and surrounding counties the night before leaving massive widespread power outages. The power outages affected the intersection which caused the traffic signals to be non-functional. The traffic signals went out on 06-10-08 at 1745 hours leaving the intersection uncontrolled.

V1 was traveling east on Hook Road approaching the intersection. The driver of V1 did not stop prior to entering into the intersection. V2 was traveling north on MD Route 97 approaching the intersection. The driver of V2 did not stop prior to entering into the intersection. The driver of V3 and witness were either stopped or coming to a stop facing the intersection on westbound Hook Road. It is unclear who arrived at the intersection first. Based solely on the driver of V1 and V2’s statements of pre-impact speed, V1 would have entered into the intersection first but V2 was closely approaching the intersection from the right. V1 collided into the front left corner of V2. The collision caused the death of an unrestrained rear seat passenger in V1.

The investigational findings were presented to the Carroll County State’s Attorney’s Office shortly after the collision. They were advised as to the unrestrained occupants with V1 and the initial finding that V1 failed to yield intersection right of way. I was advised that the State’s Attorney’s Office will not be pursuing any traffic and/or criminal charging stemming from this collision.

Case Closed. No charges will be filed as a result of this collision.

Additional Investigators/Assistance

The below-listed individuals assisted with this investigation. They are listed by name, rank, assignment and their contribution to this investigation.

1. Sgt. , MSP Crash Team. Assisted with the on-scene investigation.

2. TFC , MSP Crash Team, Assisted with on-scene and post investigation actions.
3. Tpr. , MSP Westminster Barrack. Barrack level investigator.

*This collision reconstruction report was
written and respectfully submitted by,*

Corporal
Maryland State Police
Crash Team
MSP Golden Ring Barrack Office



MARYLAND
STATE POLICE

Witness Statements

MARYLAND STATE POLICE
Advice of Miranda Rights

Case Number: 08-56-016603

Name of Person Interviewed: _____

Date: 6/26/08 Location: _____

Time: 12:12 PM Person Explaining Rights: _____

You are now being questioned as to any information you may have pertaining to an official police investigation. Therefore, you are advised of the following rights:

1. You have the right to remain silent.
2. Anything you say or write may be used against you in a court of law.
3. You have the right to talk to a lawyer before answering any questions and to have a lawyer present at any time before or during questioning.
4. If you now want the assistance of a lawyer but cannot afford to hire one, you will not be asked any more questions at this time and you may request the court to appoint a lawyer for you without charge.
5. If you agree to answer questions, you may stop at any time and request the assistance of a lawyer, and no further questions will be asked of you.

Acknowledgment

I have read or have had read to me this explanation of my rights.

Signature: _____ Date: 26 June 08

Waiver of Miranda Rights

I fully understand each of these rights and I am willing to answer questions without consulting a lawyer or having a lawyer present at this time. My decision to answer questions is entirely free and voluntary and I have not been promised anything nor have I been threatened or intimidated in any manner.

Signature: _____ Date: 26 June 08

Witnessed: _____ Date: 6-26-08

Maryland State Police
Driver /Witness Statement

Driver Statement

Miranda Given: Yes

Witness Statement

No

Case No.: 08-56-016603

Date: 6/26/08

Statement of:

(name)

Address:

Age: 8-2-76

Home Phone:

Cell Business Phone:

Location Taken: Scene

Barrack

Other

Questioned By:

Installation:

You are now being questioned in connection with the accident which occurred at approximately 7:05 a.m. ~~pm~~ 6/11/08
(date)

It is my duty to inform you that you do not have to answer questions unless you so desire, but any statement that you do make may be used for or against you in a court of law. Do you understand? Yes No

In your own words, describe what you saw and how this accident occurred:

I was going from my residence to my daughter's daycare (on Hook Rd). I was travelling my regular route and nothing was 'unusual'. I passed WHS travelling on Hook. I glanced at the light, did not see a red light. There was a car in front of me that drove on (unsure of direction). I began to cross 97 - I never saw anything or heard anything until my windshield exploded (or airbag deployed - unsure of what it was) and my car was spinning around and around.

Do you drive and if so, how many years have you been driving? Yes - 15 1/2 years

Could you estimate the speed of any of the vehicles involved in the accident? N/A No

How fast were you driving at the time of the accident? N/A Onsure

How far was this person or vehicle away when you first observed it/him/her? N/A did not see until after hit.

What was the visibility, how far could you see in any direction? Sun rising over Hook Rd.

Was it daylight, dusk or dark? Were street lights illuminated? daylight

Where were you going or coming from at the time this accident occurred? residence to day care

What time did you leave or were you expected to arrive? I think = 6:45 - no expected arrival time

Did you have anything intoxicating to drink prior to the accident? ~~Yes~~ No

Have you taken any drugs or medication within twenty-four hours? If yes, was this prescribed by a physician?
No

Do you have any physical handicaps? No

Are you related or acquainted with any of the persons involved in this accident? the 2 children in my care were my children.

Could you tell me if any one or all the the drivers [or pedestrian(s)] had been drinking? If yes, on what do you base your opinion?
No

Could this accident have been avoided? Onsure If yes, how? _____

If this was a hit and run accident, do you recall: type of vehicle, make, color, number of occupants, unusual characteristics, any part of the license number, state or color of the plate? N/A

Additional comments of investigator: _____

Do you wish to sign this statement of your own free will, without any promises or inducements being made to you? Yes No

Statement of: _____

Witness: _____

Signature: _____

Date: 16 June 08

Maryland State Police
Driver /Witness Statement

Driver Statement

Miranda Given: Yes

Witness Statement

No

Case No.: 08-56-0116603

Date: 6-11-08

Statement of: _____ WIF 8-2-76
(name)

Address: _____

Age: 31 Home Phone: () _____ Business Phone: () _____

Location Taken: Scene Barrack Other Johns Hopkins Hospital

Questioned By: _____ Installation: St-Westminster

You are now being questioned in connection with the accident which occurred at approximately 0705 a.m./p.m. 6/11/2008
(date)

It is my duty to inform you that you do not have to answer questions unless you so desire, but any statement that you do make may be used for or against you in a court of law. Do you understand? Yes No

In your own words, describe what you saw and how this accident occurred:

I was crossing 97 @ Hawk Rd and did not see anyone, the lights were out and something hit me. And then I spun around, my airbags deployed, and all my windows shattered. I called 911 and got out, and saw that my son was deceased, and checked on the condition of daughter, and called her mother, I also called my nearby daycare provider, a friend, work and biological father. And went hysterical

Do you drive and if so, how many years have you been driving? 15 yrs

Could you estimate the speed of any of the vehicles involved in the accident? N/A I have no idea

How fast were you driving at the time of the accident? N/A approximately 30 mph.

How far was this person or vehicle away when you first observed it/him/her? N/A Striking my vehicle

What was the visibility, how far could you see in any direction? I think it was clear.

Was it daylight, dusk or dark? Were street lights illuminated? daylight

Where were you going or coming from at the time this accident occurred? Going from residence to daughter's class

What time did you leave or were you expected to arrive? Approximately 0640, no arrival time

Did you have anything intoxicating to drink prior to the accident? No

Have you taken any drugs or medication within twenty-four hours? If yes, was this prescribed by a physician?
No

Do you have any physical handicaps? No

Are you related or acquainted with any of the persons involved in this accident? No

Could you tell me if any one or all the the drivers [or pedestrian(s)] had been drinking? If yes, on what do you base your opinion?
I did not notice,

Could this accident have been avoided? yes If yes, how? I don't know.

If this was a hit and run accident, do you recall: type of vehicle, make, color, number of occupants, unusual characteristics, any part of the license number, state or color of the plate? N/A

Additional comments of investigator:

Do you wish to sign this statement of your own free will, without any promises or inducements being made to you? Yes No

Statement of: _____

Witness: _____

Signature: _____

Date: 6-11-08

Maryland State Police
Driver / Witness Statement

Driver Statement

Miranda Given: Yes

Witness Statement

No

Case No.: 08560116603

Date: 6-11-08

Statement of: WIM 7-30-65
(name)

Address: _____

Age: 42 Home Phone: () _____ Business Phone: () _____

Location Taken: Scene Barrack Shock Trauma Other _____

Questioned By: _____ Installation: 56 Westminster

You are now being questioned in connection with the accident which occurred at approximately 0705 a.m./p.m. 6-11-08
(date)

It is my duty to inform you that you do not have to answer questions unless you so desire, but any statement that you do make may be used for or against you in a court of law. Do you understand? Yes No

In your own words, describe what you saw and how this accident occurred:
Mr stated that he traveling north on route 97 in his company Ford truck. When he approached the intersection of Hook Rd, a mini van struck his vehicle towards the front. A citizen called 911 and fire dept. personnel cut him from the vehicle. Mr stated that he was seatbelted at the time of the collision

Do you drive and if so, how many years have you been driving?

26 1/2 yrs

Could you estimate the speed of any of the vehicles involved in the accident?

N/A mt

State of Me was doing 45-50

How fast were you driving at the time of the accident?

N/A See above

How far was this person or vehicle away when you first observed it/him/her?

N/A Within 30-40 ft

What was the visibility, how far could you see in any direction?

It was clear

Was it daylight, dusk or dark? Were street lights illuminated?

Daylight

Where were you going or coming from at the time this accident occurred?

Heading to a job site on Greensboro Valley Rd

What time did you leave or were you expected to arrive?

Left shop @ 5:30 hoped to be at job site 0800

Did you have anything intoxicating to drink prior to the accident?

NO

Have you taken any drugs or medication within twenty-four hours? If yes, was this prescribed by a physician?

NO

Do you have any physical handicaps?

NO

Are you related or acquainted with any of the persons involved in this accident?

NO

Could you tell me if any one or all the the drivers [or pedestrian(s)] had been drinking? If yes, on what do you base your opinion?

NO

Could this accident have been avoided?

YES

If yes, how?

If the driver of the van stopped.

If this was a hit and run accident, do you recall: type of vehicle, make, color, number of occupants, unusual characteristics, any part of the license number, state or color of the plate?

NIA

Additional comments of investigator:

Do you wish to sign this statement of your own free will, without any promises or inducements being made to you? Yes No

Statement of:

Witness:

Signature:

X

Date:

6-11-08

Maryland State Police
Driver / Witness Statement

Driver Statement

Miranda Given: Yes

Witness Statement

No

Case No.: 08-56-016603

Date: 6-11-08

Statement of:

(name)

DRIVER

Address:

Age: 69

Home Phone: _____

Business Phone: _____

Location Taken: Scene

Barrack

Other

Questioned By: _____

Installation: 56 - Westminster

You are now being questioned in connection with the accident which occurred at approximately 0705 a.m./p.m. 6/11/2008
(date)

It is my duty to inform you that you do not have to answer questions unless you so desire, but any statement that you do make may be used for or against you in a court of law. Do you understand? Yes No

In your own words, describe what you saw and how this accident occurred:

watching TRUCK DRIVER
OTHER CAR HIT HIM - HE HIT ME
LIFE WAS OUT

Maryland State Police
Driver /Witness Statement

Driver Statement

Witness Statement

Miranda Given: Yes

No

Case No.: 0856016603
705

Date: 6/11/08

Statement of:

(name) 5118151

Address: _____

Age: 57

Home Phone: _____

Business Phone: _____

Location Taken: Scene

Barrack

Other

Questioned By: _____

Installation: 56-Westminster

You are now being questioned in connection with the accident which occurred at approximately 0705 a.m. 6/11/2008
(date)

It is my duty to inform you that you do not have to answer questions unless you so desire, but any statement that you do make may be used for or against you in a court of law. Do you understand? Yes No

In your own words, describe what you saw and how this accident occurred:

Light was out so I slowed down. At that time I
saw the van (black) go through the light
on Hook Rd & broadsided the dump truck
The truck had stopped at the light for
a brief moment before proceeding.
That is when they collided. The van was
going a little faster than they should
have been.

6/11/08

Do you drive and if so, how many years have you been driving? Yes, thirty

Could you estimate the speed of any of the vehicles involved in the accident? N/A Var nearly twenty

How fast were you driving at the time of the accident? N/A five mph.

How far was this person or vehicle away when you first observed it/him/her? N/A 3 car lengths

What was the visibility, how far could you see in any direction? clear

Was it daylight, dusk or dark? Were street lights illuminated? daylight

Where were you going or coming from at the time this accident occurred? home to work

What time did you leave or were you expected to arrive? left 0655 arrive 0815

Did you have anything intoxicating to drink prior to the accident? No

Have you taken any drugs or medication within twenty-four hours? If yes, was this prescribed by a physician?

Yes, heart condition, arthritis

Do you have any physical handicaps? No

Are you related or acquainted with any of the persons involved in this accident? No

Could you tell me if any one or all the the drivers [or pedestrian(s)] had been drinking? If yes, on what do you base your opinion?
No

Could this accident have been avoided? Yes If yes, how? Yield

If this was a hit and run accident, do you recall: type of vehicle, make, color, number of occupants, unusual characteristics, any part of the license number, state or color of the plate?

Additional comments of investigator: _____

Do you wish to sign this statement of your own free will, without any promises or inducements being made to you? Yes No

Statement of: _____

Witness: _____

Signature: _____

Date: _____

Maryland State Police
Driver /Witness Statement

Driver Statement

Miranda Given: Yes

Witness Statement

No

Case No.: 08-26-016603

Date: 6/11/2008

Statement of: _____
(name) 12-9-78

Address: _____

Age: 29 Home Phone: () _____ Business Phone: () _____

Location Taken: Scene Barrack Other _____

Questioned By: _____ Installation: 56- Westminster

You are now being questioned in connection with the accident which occurred at approximately 0705 a.m./p.m. 6/11/2008
(date)

It is my duty to inform you that you do not have to answer questions unless you so desire, but any statement that you do make may be used for or against you in a court of law. Do you understand? Yes No

In your own words, describe what you saw and how this accident occurred:

I was sitting at the light hook Rd facing WHS at the intersection of route 97. There was a silver/chevy truck to my right waiting to turn right onto 97 north. The traffic lights were out due to a power outage. As I was looking to the left to see if the way was clear, I saw the dump truck coming up the north bound lane going the aproximent speed limit as far as I could tell. Just as the dump truck was entering the intersection the mini van was struck. Unfortunately I did not see if the van had come straight across from hook or ~~was~~ had tried to turn left across the north bound lane of 97. ^{but I am positive that the van was not on hook Rd when I arrived at the intersection} The resulting collision caused the chevy truck to my right to be struck in the front as well. The mini van was spun around at least on full circle before coming to a stop in the middle of 97, and both trucks come to a stop on the embankment on the corner.

Do you drive and if so, how many years have you been driving? I have been driving for 13 years

Could you estimate the speed of any of the vehicles involved in the accident? N/A The dump truck was going ^{about} ~~50~~ ⁵⁰ mph

How fast were you driving at the time of the accident? N/A I was ~~at~~ stopped at the light

How far was this person or vehicle away when you first observed it/him/her? N/A inches

What was the visibility, how far could you see in any direction? I could see the dump truck for at least

Was it daylight, dusk or dark? Were street lights illuminated? Daytime but ~~the~~ traffic lights were out

Where were you going or coming from at the time this accident occurred? leave elementary headed for work

What time did you leave or were you expected to arrive? It was about 7:05

Did you have anything intoxicating to drink prior to the accident? no

Have you taken any drugs or medication within twenty-four hours? If yes, was this prescribed by a physician?
no

Do you have any physical handicaps? no

Are you related or acquainted with any of the persons involved in this accident? no

Could you tell me if any one or all the the drivers [or pedestrian(s)] had been drinking? If yes, on what do you base your opinion?
I only spoke with the men in both trucks, all seemed to be sober

Could this accident have been avoided? yes If yes, how? the van should not have pulled out in front of the dump truck

If this was a hit and run accident, do you recall: type of vehicle, make, color, number of occupants, unusual characteristics, any part of the license number, state or color of the plate?

Additional comments of investigator:

Do you wish to sign this statement of your own free will, without any promises or inducements being made to you? Yes No

Statement of: [Signature]

Witness: Not signed

Signature: [Signature]

Date: _____

Maryland State Police
Driver /Witness Statement

Driver Statement

Miranda Given: Yes

Witness Statement

No

Case No.: 08-96-016603

Date: 6-11-08

Statement of:

_____ (name)

Address: _____

Age: 41 Home Phone: _____

Business Phone: Same

Location Taken: Scene Barrack Other

Questioned By: _____

Installation: 96- Westminster

You are now being questioned in connection with the accident which occurred at approximately 7:30 a.m./p.m 6-11-08 (date)

It is my duty to inform you that you do not have to answer questions unless you so desire, but any statement that you do make may be used for or against you in a court of law. Do you understand? Yes No

In your own words, describe what you saw and how this accident occurred:

I was a passenger in my Dad Truck it just happen so fast I don't know what happened.

Maryland State Police
Driver / Witness Statement

Driver Statement _____

Miranda Given: Yes _____

Witness Statement

No

Case No.: 08-56-016603

Date: 6-11-08

Statement of:

(name)

Address: _____

Age: 39

Home Phone: _____

Business Phone: Same

Location Taken: Scene

Barrack

Other

Questioned By: _____

Installation: 56- Westminster

You are now being questioned in connection with the accident which occurred at approximately 7:30 (a.m./p.m.) 6-11-08 (date)

It is my duty to inform you that you do not have to answer questions unless you so desire, but any statement that you do make may be used for or against you in a court of law. Do you understand? Yes No

In your own words, describe what you saw and how this accident occurred:

I was a passenger in the front seat of the 2007 Chevy Silverado that was struck at the intersection of Hook Rd and Route 97.

I recollect that we were sitting in the right turn lane on Hook Rd waiting for a white FORD F450 to pass, when all of a sudden the white FORD F450 was shoved into us in our Chevy Silverado and pushed us into the embankment.

Maryland State Police
Driver /Witness Statement

Driver Statement

Miranda Given: Yes

Witness Statement

No

Case No.: 08-56-016603

Date: 6-11-2008

Statement of: _____
(name)

Address: _____

Age: 48 Home Phone: () _____ Business Phone: () _____

Location Taken: Scene Barrack Other _____

Questioned By: _____ Installation: 56-Westminster

You are now being questioned in connection with the accident which occurred at approximately 0705 a.m./p.m. 6-11-2008
(date)

It is my duty to inform you that you do not have to answer questions unless you so desire, but any statement that you do make may be used for or against you in a court of law. Do you understand? Yes No

In your own words, describe what you saw and how this accident occurred:

I work for MD. STATE Highway Administration located at

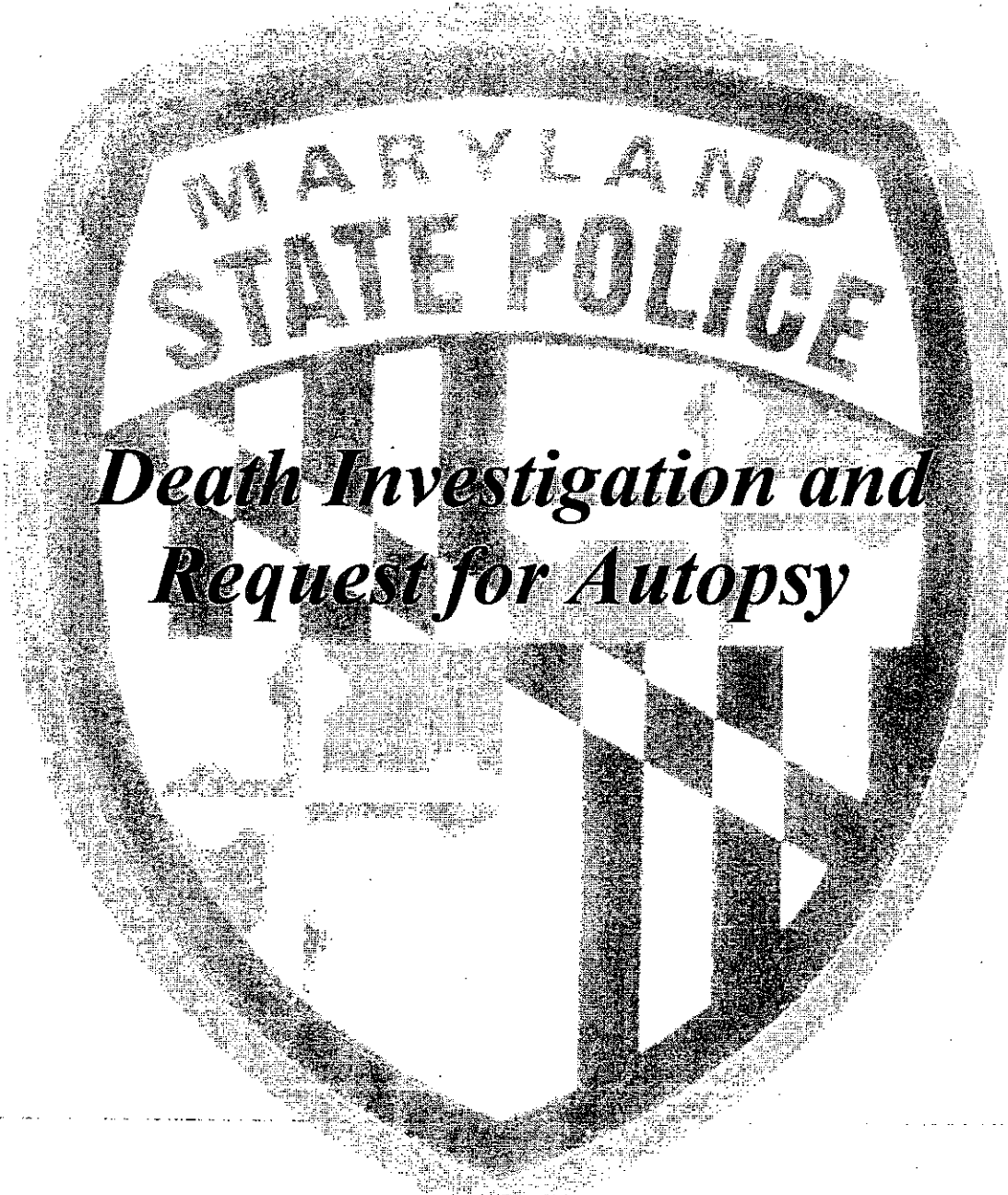
I received a ^{phone} call at 6:47am on 6-11-2008

advising me that the signal was out at MD. 97 and Hook Rd. I contacted

one of our SHA units to place temporary stop signs at this intersection

approximately 6:49am. Once the unit arrived at the intersection to place

the signs the accident had already occurred.



MARYLAND
STATE POLICE

*Death Investigation and
Request for Autopsy*

Maryland State Police
Death Investigation Report

I. Victim Identification

Case No: 08-56-016603

Name of Deceased: _____ Age: 7 Race: W Sex: M DOB: 5/26/2001
Address: _____ Home Phone: _____
SSN No. _____ Occupation: Student (City/Co.) (State) Employer/Business: _____

II. Preliminary Scene Investigation

Place of death or location where body found: MARYLAND ROUTE 97 AT HOOK ROAD
Date of death (if known): June 11, 2008
Person present at time of death (if applicable): mother
Telephone number where they may be contacted: _____
Person who found deceased: Tpr. Telephone No: _____

Photographs taken: Yes No Color B&W By whom: Tpr.

Investigator: Tpr. IBM No. _____

III. Details of Discovery (Including incidents prior to death, if known)

Narrative: Subject was involved in a motor vehicle accident just prior to death. He was not wearing a shoulder/lap belt system, nor was he in a child safety seat. He suffered head trauma

Possible manner of death: multiple trauma

Medication found at scene: Yes No
Sent to Medical Examiner: Yes No Sent Date: 6/11/2008 Time: 0800

IV. Physical Examination (at scene)

Clothing: (Do Not remove from body): green T-shirt, green striped shorts

Position and location of body: floor at back seat

Lividity: Yes No

Color and location (Explain in Detail): None

Body Heat: Warm Cool Cold
Rigor Mortis: None Slight Full
Decomposition: None Slight Advanced
Environmental Temperature: Approximately 78° F
Evidence of drug use (if any): None

Trauma (if any): Explain in Detail: Full head trauma



MARTIN O'MALLEY
GOVERNOR

ANTHONY G. BROWN
LT. GOVERNOR

STATE OF MARYLAND
MARYLAND STATE POLICE

Crash Team
College Park Barrack
10100 Rhode Island Avenue
College Park, Maryland 20740
06-25-2008



COLONEL
TERRENCE B. SHERIDAN
SUPERINTENDENT

Office of the Chief Medical Examiner
111 Penn Street
Baltimore, Maryland 21201

Attention: Information Desk

Dear Sir/Madam:

Corporal _____ of the Maryland State Police, Regional Crash Team, College Park Barrack is presently conducting an investigation (Case Number: 08-56-016603) of a fatal motor vehicle collision which occurred on 06-11-2008, in Carroll County, Maryland.

I am requesting your office forward copies of the autopsy and toxicology report for the following listed:

Name: Colin Seargeant
DOB: 05-26-2001
Male/ White
Date of Death: 06-11-2008
Case #:

Please sent a copy of your report(s) to the below listed requestor.

Sincerely,

Cpl.
Supervisor
Maryland State Police- Crash Team
College Park Barrack
10100 Rhode Island Avenue
College Park, Maryland 20740

"Maryland's Finest"



Related Reports

MD/MD STATE POLICE IDENTIFIED PHOTOGRAPHIC RECORD

NAME OF CASE/MOTOR VEHICLE DRIVERS		IF MORE THAN THREE DRIVERS, USE ADDITIONAL FORMS	
1.		WVA	Westminster
2.		DATE OF INCIDENT 6/11/2008	CASE NUMBER 08-56-06603
3.	MD Rt. 97 at Hook Rd.	TIME OF INCIDENT 0705	WEATHER Clear
INVESTIGATING OFFICER Tpr.			
NO. OF FILM SERIALIZED	TAB OR FRAME NO.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	PRINTS REQUIRED
1	13		
PERSON TAKING PHOTOS Tpr.		DATE FORWARDED 6/11/2008	MAILED BY Tpr.

Attach one copy of this form to installation case file. Mail original and two copies to the Photo Lab for processing. Mail in inter-departmental office envelope.

MARYLAND DEPARTMENT OF STATE POLICE

VEHICLE REPORT

Type Stored

Related reports: AR 08-56-016603

MVI No: 08-085

Case No: 0856016635

VEHICLE DESCRIPTION

Year	Make	Model	Veh. Body Type	Exp Yr	Registration No.	State	Vehicle ID Number	Unique Characteristics
2004	KIA	Sedonia	Van	06/10		MD		
<input checked="" type="checkbox"/> Ignition Locked	<input type="checkbox"/> Doors Locked	<input checked="" type="checkbox"/> Radio in Vehicle	<input checked="" type="checkbox"/> Spare Tire in Vehicle	<input type="checkbox"/> Running Condition	Lien Holder: DC FIN SVCS AMER LLC			
<input checked="" type="checkbox"/> Keys in Ignition	<input type="checkbox"/> Windows Closed	<input type="checkbox"/> Battery in Vehicle	<input checked="" type="checkbox"/> Trunk Locked	Value:	\$3,000.00	<input type="checkbox"/> Notified		

STORAGE

Why Stored: **Fatal motor vehicle collision** Weather: **Clear** Time Stored: **06/11/2008 @ 1007** Time Reported: **06/11/2008 @ 1007**

Location recovered or towed from: **MD Rt 97 @ Hook Rd Westminster** Describe location or type of premise: **State Road**

If Towed Garage: **Simply the Best**

OWNER

Name (First Middle Last)	Sex	Race	Date of Birth	Age	Address	Phones
	Female	White	8/2/1976	31		H: W:Unk
Employer/School	Unk					
Driver's Lic.#:	State: MD	Height: 507	Weight: 145	<input type="checkbox"/> Photo on file?	Hair Color:	Eye Color:
Other ID#						

Owner Notified How Notified: **in person**

RECOVERY

By Whom Recovered: **N/A** Time Recovered:

Method of Theft: Evidence of stripping or tampering:

Police Agency: Agency Notified

ARREST

COMPLAINANT

Name (First Middle Last)	Sex	Race	Date of Birth	Age	Address	Phones
				NA		W:
Employer/School						
Driver's Lic.#:	State:	Height:	Weight:	<input type="checkbox"/> Photo on file?	Hair Color:	Eye Color:
Other ID#						

NARRATIVE

NARRATIVE:

On 06/11/2008 at 0705 hrs, the above listed vehicle was involved in a fatality motor vehicle collision on Maryland Route 97 at Hook Road, Carroll County Maryland. Due to the severity of the collision, the CRASH Team responded to the scene for the investigation and requested that all vehicles be stored. This vehicle was removed by Simply The Best Towing (driver:) to the secured State Highway facility in Westminster for further processing. A MSP form 66 was attached to the vehicle.

An inventory was conducted on this vehicle and nothing of value was discovered. A child safety seat and loose child items were scattered throughout the vehicle.

This case is to remain open until this investigation is complete and the vehicles are returned to the owners.

STATUS

Status: Open	Reporting Trooper: Cpl	Date Submitted: 6/13/2008	Classification
	Approving Supervisor: Cpl	Date Approved: 6/13/2008	

Maryland Department Of State Police STORED VEHICLE RELEASE AUTHORIZATION CERTIFICATE

NAME (LAST FIRST MIDDLE)			ADDRESS		
YEAR	MAKE	MODEL	SERIAL NUMBER		
IS ENTITLED TO POSSESSION OF <i>Zacharia Sedona</i>			DATE <i>6/11/08</i>		
WHICH WAS STORED ON <i>6/11/08</i>			AT <i>State Highway Administration</i>		
RELEASE AUTHORIZED BY <i>[Signature]</i>	ID NO	DATE <i>6/30/08</i>	COMPLAINT CONTROL NO <i>08-56-016635</i>		
SIGNATURE OF PERSON RELEASING VEHICLE <i>[Signature]</i>	ID NO	INSTALLATION <i>9056</i>	BK M.V. INVENTORY NO <i>08-085</i>		
COMMENTS <i>Hold for Crash Team / ASED Inspection</i>					
I HAVE RECEIVED A COPY OF THIS RELEASE CERTIFICATE AND UNDERSTAND I MAY OBTAIN CUSTODY OF THE VEHICLE BY PRESENTING THIS CARD TO THE GARAGE AGENT					
(Signed) <i>[Signature]</i>					

MSP 50 REV. 1-1-75

INSTALLATION COPY

MARYLAND DEPARTMENT OF STATE POLICE

VEHICLE REPORT

Type: Stored

Related reports: AR 08-56-016603

MVI No: 08-086

Case No: 0856016636

VEHICLE DESCRIPTION

Year	Make	Model	Veh. Body Type	Exp Yr	Registration No.	State	Vehicle ID Number	Unique Characteristics	
1999	Ford	F-450	Pickup truck	10/08		MD		None	
<input checked="" type="checkbox"/> Ignition Locked		<input type="checkbox"/> Doors Locked		<input checked="" type="checkbox"/> Radio in Vehicle		<input type="checkbox"/> Spare Tire in Vehicle		<input type="checkbox"/> Running Condition	
<input checked="" type="checkbox"/> Keys In Ignition		<input type="checkbox"/> Windows Closed		<input checked="" type="checkbox"/> Battery in Vehicle		<input type="checkbox"/> Trunk Locked		Value: \$10,000.00 <input type="checkbox"/> Notified	

STORAGE

Why Stored: **Fatal motor vehicle collision** Weather: **Clear & dry** Time Stored: **06/11/2008 @ 1007** Time Reported: **06/11/2008 @ 1007**

Location recovered or towed from: **MD Rt 97 @ Hook Rd Westminster** Describe location or type of premise: **State Road**

If Towed Garage: **Simply The Best Towing**

OWNER

Name (First Middle Last)	Sex	Race	Date of Birth	Age	Address	Phones
				NA		W:
Employer/School						
Driver's Lic.#:	State:	Height:	Weight:	<input type="checkbox"/> Photo on file?	Hair Color:	Eye Color:
Other ID#						

Owner Notified How Notified:

RECOVERY

By Whom Recovered: **N/A** Time Recovered:

Method of Theft: Evidence of stripping or tampering:

Police Agency: Agency Notified

ARREST

COMPLAINANT

Name (First Middle Last)	Sex	Race	Date of Birth	Age	Address	Phones
				NA		W:
Employer/School MD State Police						
Driver's Lic.#:	State:	Height:	Weight:	<input type="checkbox"/> Photo on file?	Hair Color:	Eye Color:
Other ID#						

NARRATIVE

NARRATIVE:

On 06/11/2008 at 0705 hrs, the above listed vehicle was involved in a fatality motor vehicle collision on Maryland Route 97 at Hook Road, Carroll County Maryland. Due to the severity of the collision, the CRASH Team responded to the scene for the investigation and requested that all vehicles be stored. This vehicle was removed by Simply The Best Towing (driver:) to the secured State Highway facility in Westminster for further processing. A MSP form 66 was attached to the vehicle. An inventory was conducted on this vehicle and nothing of value was discovered.

This case is to remain open until this investigation is complete and the vehicles are returned to the owners.

VEHICLE RELEASED ON 6/12/2008 5:51:16 PM BY Sgt

STATUS

Status: Open	Reporting Trooper: Cpl	Date Submitted: 6/11/2008	Classification
	Approving Supervisor: Sgt I	Date Approved: 6/12/2008	

MARYLAND DEPARTMENT OF POLICE

VEHICLE REPORT

Type: Stored

Related reports: AR 08-56-016603

MVI No: 08-087

Case No: 0856016638

VEHICLE DESCRIPTION

Year	Make	Model	Veh. Body Type	Exp Yr	Registration No.	State	Vehicle ID Number	Unique Characteristics
2007	Chevy	Silverado	Pickup truck	06/08		MD		
<input checked="" type="checkbox"/> Ignition Locked	<input type="checkbox"/> Doors Locked	<input checked="" type="checkbox"/> Radio in Vehicle	<input checked="" type="checkbox"/> Spare Tire in Vehicle	<input checked="" type="checkbox"/> Running Condition	Lien Holder: GMAC			
<input checked="" type="checkbox"/> Keys in Ignition	<input checked="" type="checkbox"/> Windows Closed	<input checked="" type="checkbox"/> Battery in Vehicle	<input type="checkbox"/> Trunk Locked	Value: \$15,000.00	<input type="checkbox"/> Notified			

STORAGE

Why Stored: Fatal motor vehicle collision Weather: Dry & Clear Time Stored: 06/11/2008 @ 1007 Time Reported: 06/11/2008 @ 1007

Location recovered or towed from: MD Rt 97 @ Hook Rd Westminster Describe location or type of premise: State Road

If Towed Garage: Simply The Best Towing

OWNER

Name (First Middle Last)	Sex	Race	Date of Birth	Age	Address	Phones
	Male	White	4/10/1939	69		H: W:
Employer/School	Self Employed					
Driver's Lic. #:	State: MD	Height: 507	Weight: 170	<input type="checkbox"/> Photo on file?	Hair Color:	Eye Color:
Other ID#						
<input type="checkbox"/> Owner Notified	How Notified:					

RECOVERY

By Whom Recovered: N/A Time Recovered:

Method of Theft: Evidence of stripping or tampering:

Police Agency: Agency Notified

ARREST

COMPLAINANT

Name (First Middle Last)	Sex	Race	Date of Birth	Age	Address	Phones
				NA		W:
Employer/School	MD State Police					
Driver's Lic. #:	State:	Height:	Weight:	<input type="checkbox"/> Photo on file?	Hair Color:	Eye Color:
Other ID#						

NARRATIVE

NARRATIVE:

On 06/11/2008 at 0705 hrs, the above listed vehicle was involved in a fatality motor vehicle collision on Maryland Route 97 at Hook Road, Carroll County Maryland. Due to the severity of the collision, the CRASH Team responded to the scene for the investigation and requested that all vehicles be stored. This vehicle was removed by Simply The Best Towing (driver:) to Simply The Best tow lot in Westminster. A MSP form 66 was attached to the vehicle.

An inventory was conducted on this vehicle and nothing of value was discovered. The vehicle had blankets inside.

This case is to remain open until this investigation is complete and the vehicles are returned to the owners.

VEHICLE RELEASED ON 6/13/2008 5:15:41 PM BY Sgt

STATUS

Status: Open	Reporting Trooper: Cpl /	Date Submitted: 6/11/2008	Classification
	Approving Supervisor: Sgt	Date Approved: 6/13/2008	

Maryland Department Of State Police STORED VEHICLE RELEASE AUTHORIZATION CERTIFICATE

NAME (LAST FIRST MIDDLE)			ADDRESS		
YEAR		MAKE	MODEL	SERIAL NUMBER	
IS ENTITLED TO POSSESSION OF		2007	Chevrolet	Silverado	
DATE		GARAGE NAME & ADDRESS			
WHICH WAS STORED ON		6/11/08 AT Simply The Best Towing			
RELEASE AUTHORIZED BY		ID NO	DATE	COMPLAINT CONTROL NO	
			6-12-08	08-56-016638	
SIGNATURE OF PERSON RELEASING VEHICLE		ID NO	INSTALLATION	BK M V INVENTORY NO.	
			56	08-087	
COMMENTS Free to be released on 6-12-08 per Cpl. J McGee - MSP Crk Team					
I HAVE RECEIVED A COPY OF THIS RELEASE CERTIFICATE AND UNDERSTAND I MAY OBTAIN CUSTODY OF THE VEHICLE BY PRESENTING THIS CARD TO THE GARAGE AGENT					
(Signed) _____					

MSP 50 REV. 1-1-75

INSTALLATION COPY

MARYLAND STATE POLICE

SUBJECT: Post Collision Investigation

1st Ind.

A.S.E.D. July 24, 2008

TO: Cpl. , MSP Crash Team, College Park Barrack

FORWARDED: The attached report details the post collision investigation of a 2004 Kia Sedonia, Serial # , which was involved in a collision on June 11, 2008. Please refer to your local case number 08-56-016603.

First Sergeant
A.S.E.D.

WDG/paj

AUTOMOTIVE SAFETY ENFORCEMENT DIVISION VEHICLE POST-CRASH EXAMINATION REPORT

Case Number -08-23-00323

CCN: N/A

DATE OF INCIDENT: 06/11-2008			DATE OF EXAMINATION: 06/25/2008		
TYPE OF EXAMINATION:		<input checked="" type="checkbox"/> M/V Collision <input type="checkbox"/> Other (Explain)			
REQUESTING AGENCY:		<input checked="" type="checkbox"/> MSP <input type="checkbox"/> Other Agency Name: MSP Crash Team			
LOCATION OF VEHICLE:		State Highway Administration Westminster, Md. 21158		MILEAGE:	unknown
VEHICLE:	2004	Kia	Sedona		MD
	<i>Year</i>	<i>Make</i>	<i>Model</i>	<i>VIN</i>	<i>Tag</i> <i>State</i>

A. STEERING:	UTE	Comments:	E. BODY	D	Comments:
<input checked="" type="checkbox"/> POWER	UTE		1. FENDERS	D	
<input type="checkbox"/> STANDARD	N/A		2. FLOOR PAN	D	
1. WHEEL SIZE & LASH	UTE	Readings:	3. HOOD	UTE	
2. RACK & PINION	UTE		4. BUMPERS	D	
3. STEERING BOX	N/A		5. DOORS	D	
4. HOSE & FLUID	D		6. GLASS	D	
5. DRAG LINK	UTE		7. MIRRORS	D	
6. PITMAN ARM	UTE		F. WINDSHIELD WIPERS	D	
7. BELT	D		G. LIGHTS	D	
8. IDLER ARM	UTE		1. HEADLAMPS	D	
9. FRONT AXLE	D		2. STOPLAMPS	D	
B. BRAKES	D		3. TAILLIGHTS	D	
1. MASTER CYLINDER	D		4. TURN SIGNALS	D	
2. VACUUM	D		5. PARKING LAMPS	D	
3. HYDRAULIC	D		6. SIDE MARKER LAMPS	D	
4. ELECTRIC	N/A		7. WARNING LAMPS	D	
5. PARKING	UTE		8. REFLECTORS	D	
6. EMERGENCY	UTE				
C. EXHAUST	UTE		D. FUEL SYSTEM	D	

FRONT WHEELS

I. LEFT FRONT WHEEL			I. RIGHT FRONT WHEEL		
		Readings/ Comments			Readings/Comments
1. TIRE	P	G-Year Regatta	1. TIRE	P	G-Year Regatta
a. SIZE / TYPE	P	215/70R15 98H	a. SIZE / TYPE	P	215/70R15 98H
b. AIR PRESSURE	D	Reading: 0 psi	b. AIR PRESSURE	P	29 psi
c. TREAD DEPTH	P	6/32"	c. TREAD DEPTH	P	4/32"
2. DRUM / ROTOR (Size)	UTE		2. DRUM / ROTOR (Size)	P	1.023"
a. DISCARD	UTE	.945"	a. DISCARD	P	.945"
3. LININGS / PADS	UTE		3. LININGS / PADS	P	11/32"
4. BALL JOINT / KINGPIN	UTE		4. BALL JOINT / KINGPIN	P	
5. WHEEL BEARINGS	UTE		5. WHEEL BEARINGS	P	
6. WHEEL CYLINDER	N/A		6. WHEEL CYLINDER	N/A	
7. WHEEL CALIPER	UTE		7. WHEEL CALIPER	P	
8. BRAKE HOSE	UTE		8. BRAKE HOSE	P	
9. CONTROL ARMS	UTE		9. CONTROL ARMS	D	
10. TIE ROD END	UTE		10. TIE ROD END	D	
11. STABILIZER	UTE		11. STABILIZER	D	
12. MECH COMPONENTS	UTE		12. MECH COMPONENTS	D	
13. SHOCKS / STRUTS	UTE		13. SHOCKS / STRUTS	P	
14. SPRINGS	UTE		14. SPRINGS	P	
15. WHEEL-LUGS-NUTS	D		15. WHEEL-LUGS-NUTS	P	

REAR WHEELS

I. LEFT REAR WHEEL		Readings/ Comments	I. RIGHT REAR WHEEL		Readings/Comments
1. TIRE	P	Hankook	1. TIRE	P	G-Year Regatta
a. SIZE / TYPE	P	215/70R15 98H	a. SIZE / TYPE	P	215/70R15 98H
b. AIR PRESSURE	P	Readings: 37psi	b. AIR PRESSURE	P	28psi
c. TREAD DEPTH	P	5/32"	c. TREAD DEPTH	P	10/32"
2. DRUM / ROTOR (Size)	P	9.989"	2. DRUM / ROTOR (Size)	UTE	
a. DISCARD	P	10.078"	a. DISCARD	UTE	
3. LININGS / PADS	P	4/32"	3. LININGS / PADS	UTE	
4. BALL JOINT / KINGPIN	N/A		4. BALL JOINT / KINGPIN	N/A	
5. WHEEL BEARINGS	P		5. WHEEL BEARINGS	UTE	
6. WHEEL CYLINDER	R	see comment	6. WHEEL CYLINDER	UTE	
7. WHEEL CALIPER	N/A		7. WHEEL CALIPER	N/A	
8. BRAKE HOSE	P		8. BRAKE HOSE	P	
9. CONTROL ARMS	P		9. CONTROL ARMS	P	
10. TIE ROD END	N/A		10. TIE ROD END	N/A	
11. STABILIZER	P		11. STABILIZER	P	
12. MECH COMPONENTS	P		12. MECH COMPONENTS	P	
13. SHOCKS / STRUTS	P		13. SHOCKS / STRUTS	P	
14. SPRINGS	P		14. SPRINGS	P	
15. WHEEL-LUGS-NUTS	R	see comment	15. WHEEL-LUGS-NUTS	P	

COMMENTS:

- A-1 Steering components damaged extensively.
- B-1 Master cylinder damaged as well as vacuum booster destroyed. Brake pedal went to the floor with no resistance.
- I-6 Left rear wheel cylinder had a slight brake fluid leak at the front boot.
- I-15 One of five lug nuts were missing.

LEGEND:

P	Component Passed Minimum Safety Standards
R	Component Rejected; Below Minimum Safety Standards Prior to Incident
D	Damaged in Incident
N/A	Not Applicable
UTE	Unable to Examine Because of Damage to Other Components

Examiner: TFC

Signature

Date: 06-28-2008

ID#

**AUTOMOTIVE SAFETY ENFORCEMENT DIVISION
VEHICLE POSTCRASH EXAMINATION SUMMARY**

CC#: 08-23-00323

CONCLUSION:

- The vehicle examined met all minimum safety standards as per the Code of Maryland Regulations (COMAR), Title 14, Subtitle 11, Chapter 01-06.
- The vehicle examined failed to meet all minimum equipment safety standards as per Code of Maryland Regulations (COMAR), Title 14, Subtitle 11, Chapter 01-06 (See remarks for specific defects).
- Unable to determine whether the vehicle met minimum safety standards (See remarks for explanation)

REMARKS: (Explain Defects, Conclusion, and Miscellaneous Comments)

On 06-28-2008 VSI and I conducted a post crash examination on a vehicle which had been involved in a fatal motor vehicle accident. The accident occurred on 6-11-2008 and is being investigated by Cpl. of the MSP crash team.

The vehicle, a 2004 KIA Sedona mini-van suffered severe front end damage as a result of the collision. The entire steering system was not able to be inspected due to its condition. The front end took the main impact with damage towards the left side of the vehicle. The left front wheel could not be removed from the vehicle. All lights and mirrors were destroyed along with the windshield and rear window. The entire passenger side was also damaged in the collision. The right rear brakes were also not inspected because the drum could not be removed. The master cylinder and vacuum booster were damaged which prohibited inspection of same. The following two items were noted during the inspection.

- I-6 The left rear wheel cylinder had a slight fluid leak at the front boot when finger pressure was applied. There was no visible fluid present prior to the pressure being applied which would indicate that there was no leak prior to the inspection. Violation of COMAR section 11.14.02.03(a)(i) which states, reject vehicle if: wheel cylinder leaks or fails to operate.
- I-15 One of five lug nuts was missing from the left rear wheel. Violation of COMAR section 11.14.02.04A(9) which states, reject vehicle if: Wheel bolts, nuts, studs, or lugs are loose, missing, damaged, or of improper design to properly secure the type of wheel.

Case Closed

Examiner: _____

Signature

ID#

Date: 06-28-2008

Reviewed by: _____

Signature

ID#

Date: 7-01-08

Charging Documents

**MARYLAND STATE POLICE
CRASH TEAM**

8908 Kelso Drive
Essex, Maryland 21221
(410) 780-2713

MAARS Report Number:	09550971
Complaint Number:	08-56-016603
Date and Time of Incident:	June 11, 2008 @ 0705 hrs
Location of Incident:	MD Route 97 @ Hook Road, Carroll County, MD
Investigating Officer:	Tpr. [REDACTED]
Reconstructionist:	Cpl. [REDACTED]

The State's Attorney's Office for Carroll County was briefed on the investigational findings shortly after the collision. I was advised that they would not be pursuing any charges stemming from this collision.

*This collision supplemental report was
written and respectfully submitted by,*

Corporal
Maryland State Police
Crash Team

RESOLUTION FORM

Part I- To be completed by the clerk who receives the request or problem

Report # 09550971 Date of Accident 6/11/2008 Local Case # 0856016603

Driver's Name _____ Juvenile - Age _____ Deceased _____

Brief description of the problem:

REPORT IS READY FOR APPROVAL AND RELEASE - No Record Review

Date/ Initials 1/6/09FP Citation Numbers _____

Part II- To be completed by the Office Supervisor/ Secretary

Date Handled 1/6/2009 Secretary _____

Call placed to _____ Spoke with _____

REMARKS

REPORT IS READY FOR RELEASE

ROUTED TO SUPERVISOR FOR FUTHER INSTRUCTIONS

Date / Initials 1/13/09 A.C.

Part III To Be Completed By The Supervisor or Lead Worker which will maintain this resolution

SOLUTION : Supplement Microfilm Date _____

208 ID # _____ Signature / Date _____

- Check One
() Pending Futher Notification () Requires Director's approval () Complete
() Continue with Processing () Other