

Report Number:

DA37350029

State of Maryland Motor Vehicle Crash Report

Reporting Agency:

PRINCE GEORGE'S
COUNTY POLICE

Case Information:

Report Type: **Fatal Crash**County: **Prince George's**Municipality: **N/A**Local Case No.: **PP2108140000056**Local Codes: **21-01747**Crash Date: **8/13/2021**

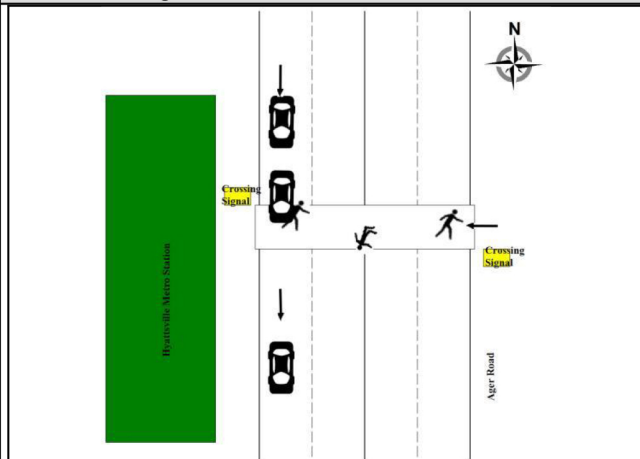
Investigating Officer

Crash Time: **10:19 PM** Photos Taken

Location:

GPS X-Coordinates: **-76.9667949508657**GPS Y-Coordinates: **38.95717992707**Main Road: **AGER RD**Route #: **CO1599**Intersecting Road: **LANCER DR**Intersecting Route #: **MU230**Mile Point: **1.03**Mile Point Direction: **S**Distance: **540 F**Distance Direction: **N**

Accident Diagram:



Narrative:

THE PEDESTRIAN WAS ATTEMPTING TO CROSS AGER ROAD FROM EAST TO WEST. V1 WAS NORTHBOUND ON AGER ROAD WHEN IT STRUCK THE PEDESTRIAN IN THE CROSSWALK IN LANE TWO. THE PEDESTRIAN WAS TRANSPORTED TO WASHINGTON MEDSTAR HOSPITAL AND WAS PRONOUNCED DEAD AT 2356 HOURS BY DR JOHNSON. V1 LEFT THE SCENE AFTER THE COLLISION AND LATER RETURNED. OCCUPANT 1 STATED ON SCENE THAT SHE WAS THE DRIVER. AUGUST 23, 2021 THE DRIVER STATED THAT HE WAS THE DRIVER.

A RECONSTRUCTION REPORT WILL FOLLOW.

Crash Type:

Collision Type: **Single Vehicle**Harmful Event One: **Pedestrian**Harmful Event Two: **N/A**Fixed Object Struck: **N/A**School Bus Involved: **Not Involved**Const./Maint. Zone: **No**

Const./Maint. Loc.:

Workers Present:

Const./Maint. Closure:

Road/Area:

Lane No.: **2**Lane Dir.: **S**

Lane Type:

No. of Lanes: **2**Rd. Alignment: **Straight**Rd. Grade: **Level**Rd. Division: **Two-Way, Divided, Positive Median Barrier**Traffic Control: **Other**TC Functioning: **Yes**Intersection: **N/A**Inter. Area: **Thru Roadway**Junction: **Non Intersection**

Conditions:

Road Condition: **No Defects**Contrib - Road: **N/A**Weather: **Clear**Contrib - Environment: **N/A**Surface Condition: **Dry**Light: **Dark Lights On**

Vehicle 1

Basic Information

Registration: [redacted] Tag State: **DC** Exp Year: **2021** VIN #: [redacted]
Year: **2005** Make: **LEXUS** Model: **ES330** Body Type: **Passenger Car**
Insurer: [redacted] Policy #: [redacted]
Towed Vehicle: **N/A**

At Fault/Citation(s)

At Fault: **Yes** Citation Issued: **Pending** Citation Code: **Pending**

Owner

First: [redacted] Middle: [redacted] Last: [redacted] Home Phone: [redacted]
Street: [redacted] City: [redacted] Zip: [redacted] Other Phone: [redacted]

Driver:

DL#: [redacted] L State: [redacted] DL Class: [redacted] CDL: [redacted]
First: [redacted] Middle: [redacted] Last: [redacted]
Street: [redacted] City: [redacted] State: [redacted] Zip: [redacted] Home Phone: [redacted]
DOB: [redacted] Sex: [redacted] Other Phone: [redacted]

Safety Equip.: **Shoulder/Lap Belt(S)** Equip. Problem: **No Misuse** Airbag Deployed: **Not Deployed**

Alch. Test Given: **N/A** Alch. Test Type: [redacted] BAC: [redacted]
Substance Use: **None Detected** Drug Test Given: **N/A** Drug Test Result: [redacted]

Condition: **Apparently Normal** Ejected: **Not Ejected/Trapped**
Injury Severity: **No Apparent Injury** EMS Unit: [redacted] EMS Run Number: [redacted]

Occupant:

First: [redacted] Middle: [redacted] Last: [redacted] Home Phone: [redacted]
Street: [redacted] City: [redacted] State: [redacted] Zip: [redacted] Other Phone: [redacted]
DOB: [redacted] Sex: [redacted]

Safety Equip.: **Shoulder/Lap Belt(S)** Equip. Problem: **No Misuse** Airbag Deployed: **Not Deployed**

Seat: **Right** Seating Location: **Right Front Seat** Seating Row: **1**

Injury Severity: **No Apparent Injury** Ejected: **Not Ejected/Trapped**
EMS Unit: [redacted] EMS Run Number: [redacted]

Impact & Damage

First Impact: **Twelve Oclock** Areas Damaged: **Twelve Oclock, Eleven Oclock, Ten Oclock**
Main Impact: **Twelve Oclock**
Most Harmful Event: **Pedestrian**
Damage Extent: **Functional** Fire: **No**

Circumstances

Going Direction: **N** Continuing Direction: **N** Vehicle Movement: **Accelerating** Speed Limit: [redacted]
Left Scene: **Yes** Driverless Vehicle: **No** Emergency Vehicle: **No** **35**
Special Function: **N/A**

Contrib. Circumstances Person: **Failed To Give Full Time And Attention
Too Fast For Conditions
Inattentive**

Driver Distracted By: **Other Electronic Device
(Navigational Palm Pilot)** Contrib. Circumstances Vehicle: **N/A**

Sequence of Events: **Struck Non-Motorist**

Towing

Towed: **Yes**

Removed By:



Removed To:



END - Vehicle 1

Non-Motorist JORGENSEN HELEN :

DL#: [REDACTED] DL State: [REDACTED] DL Class:
First: **HELEN** Middle: Last: **JORGENSEN**
Street: [REDACTED]
City: [REDACTED] State: [REDACTED] Zip: [REDACTED] Home Phone:
DOB: [REDACTED] Sex: [REDACTED] Other Phone:

Citation Issued: **No** Citation Code:

Type: **Pedestrian** Condition: **Had Been Drinking** At Fault: **Yes**
Safety Equip.: **None** Injury Severity: **Fatal Injury**
EMS Unit: [REDACTED] EMS Run Number: [REDACTED]

Alch. Test Given: **Other** Alch. Test Type: **Blood** BAC: **0.3150**
Substance Use: **Alcohol Present** Drug Test Given: **N/A** Drug Test Result:

Unit (Vehicle) Number that Struck: **1** Movement: **Cross/Enter At Intersection**
Location: **On Roadway At Crosswalk** Visibility: **Mixed Clothing**
Obey Traffic Signal: **Disobeyed Ped. Signal** Actions: **Failure To Obey Traffic Signs Signals Or Officer**

EMS Unit A (AMB 801):

EMS Type: **Ground Transport**

Taken to: [REDACTED]