1511 Colorado Lot #

PD 10 Rev. 7/86 [redacted] Directive G.O 401.3

TRAFFIC ACCIDENT REPORT

Metropolitan Police Department, Washington, D. C.

1. DATE OF ACCIDENT	2. TIME (USE MILITARY)	3. DAY OF WEEK	4. DATE OF THIS REPORT	5. TYPE OF ACCIDENT (CHECK ALL THAT APPLY - EXCEPT FOR PROPERTY DAMAGE)	6. COMPLAINT NUMBER
03-11-03	11 20	Tue	03-11-03	☐ FATALITY ☒ INJURY ☐ PROP. DAMAGE ONLY ☐ D.C. PROPERTY ☐ NON-COLLISION ☐ HIT AND RUN ☐ PEDESTRIAN	019-077

7. ACCIDENT OCCURRED ON (STREET, DIRECTION, DISTANCE FROM MILE POST, RAMP)	8. DISTRICT	9. P.D.	10. NO. VEHICLES INVOL.	11. NO. INJURED PERSONS	12. NO. OF OCCUPANTS (INCLUDING DRIVER)
Newark ST & 34 ST NW.	2D		3	1	Veh 1: 1 Veh 2: 2 Veh 3: 3 Veh 4:

13. ENTER THE NO. OF FEET (IN WHATEVER DIRECTION) FROM THE NEAREST INTER. OR BLOCK (IN FREEWAY ENTER THE NO. OF FEET FROM THE NEAREST MILE POST). INDICATE IF ACCIDENT OCCURRED ON EXIT RAMP, ACCESS RAMP OR BRIDGE. CIRCLE THE CITY QUADRANT.
FEET N E S W — NW SW NE SE

14. IS THIS A CONSTRUCTION ZONE? ☐ YES ☒ NO

15. ON STREET: ☒ AT INTERSECTION ☐ WITHIN 100' OF INTER. ☐ NOT AT INTERSECTION

16. OFF STREET: ☐ PUBLIC SPACE ☐ PRIVATE PROPERTY

17. REPORT TAKEN ON SCENE? ☒ YES ☐ NO

18. PHOTOS TAKEN? ☐ YES ☐ NO (IF YES, CAMERA NUMBER)

STRIKING OBJECT

1. Driver / Pedestrian / Fixed Object

20. NAME OF DRIVER/PEDESTRIAN (LAST, FIRST, MIDDLE) OR TYPE OF PROP. (FIXED OBJECT) AND DESCRIBE DAMAGE IN NARRATIVE	20. SEX	21. BIRTHDATE
Alireza Sorkhabi	☐ M ☐ F	-06-48

22. ADDRESS (STREET, ROOM, APT. NO., CITY AND STATE IF OUTSIDE D.C.)	23. HOME PHONE	24. PERMIT NUMBER AND STATE	25. BUS. PHONE
4511 Sangamore RD Bethesda MD 20816	30 320-2782	S-621 042 018 440 MD	30 320-2782

OWNER

26. MODEL	27. MAKE	28. YEAR	29. BODY	30. COLOR	31. TAG NO./STATE/YEAR	32. VEH. ID NO.	(VIN)
Toyota	Toyo	91	4D	TAN	GRH 452 MD 03	JT4AR67U0M1-083882	

34. NAME OF OWNER (VEH./PROP.) (LAST, FIRST, MIDDLE), IF DRIVER ENTER "DRIVER"	35. PHONE NO.
Same As D-1	

36. ADDRESS (STREET, ROOM, APT. NO., CITY AND STATE IF OUTSIDE D.C.)	37. OWNER NOTIFIED?
	☐ YES ☐ NO

3. Driver / Pedestrian / Fixed Object

20. NAME OF DRIVER/PEDESTRIAN (LAST, FIRST, MIDDLE) OR TYPE OF PROP. (FIXED OBJECT) AND DESCRIBE DAMAGE IN NARRATIVE	20. SEX	21. BIRTHDATE
Florentina Morona Bravante	☐ M ☐ F	-10-17-64

22. ADDRESS (STREET, ROOM, APT. NO., CITY AND STATE IF OUTSIDE D.C.)	23. HOME PHONE	24. PERMIT NUMBER AND STATE	25. BUS. PHONE
5923 Wilmett RD Bethesda MD 20817	301	5279646 B-615 255 609 800 MD	301 587-0646

OWNER

26. MODEL	27. MAKE	28. YEAR	29. BODY	30. COLOR	31. TAG NO./STATE/YEAR	32. VEH. ID NO.	(VIN)
Jeep	Jeep	02	4D	BLK	QV1573 DC 03	1J4FF68S3XL54 58209	

34. NAME OF OWNER (VEH./PROP.) (LAST, FIRST, MIDDLE), IF DRIVER ENTER "DRIVER"	35. PHONE NO.
Doyle James H	

36. ADDRESS (STREET, ROOM, APT. NO., CITY AND STATE IF OUTSIDE D.C.)	37. OWNER NOTIFIED?
3719 Morrison ST NW Wash DC	☒ YES ☐ NO

2. Driver / Pedestrian / Fixed Object

20. NAME OF DRIVER/PEDESTRIAN (LAST, FIRST, MIDDLE) OR TYPE OF PROP. (FIXED OBJECT) AND DESCRIBE DAMAGE IN NARRATIVE	20. SEX	21. BIRTHDATE
Duncan Stephen Farrell	☐ M ☐ F	0702-53

22. ADDRESS (STREET, ROOM, APT. NO., CITY AND STATE IF OUTSIDE D.C.)	23. HOME PHONE	24. PERMIT NUMBER AND STATE	25. BUS. PHONE
11818 Roosevelt RD Frederick & Berg VA 22407		400 805 817 VA	202 63+2234

OWNER

26. MODEL	27. MAKE	28. YEAR	29. BODY	30. COLOR	31. TAG NO./STATE/YEAR	32. VEH. ID NO.	(VIN)
Crown	Ford	01	4D	White	04 AP8PDC03	JFAP71W81Y17-9939	

34. NAME OF OWNER (VEH./PROP.) (LAST, FIRST, MIDDLE), IF DRIVER ENTER "DRIVER"	35. PHONE NO.
U.S. Secret Service Uniform Division	634-2234

36. ADDRESS (STREET, ROOM, APT. NO., CITY AND STATE IF OUTSIDE D.C.)	37. OWNER NOTIFIED?
3507 International Dr. NW Wash DC	☒ YES ☐ NO

4. Driver / Pedestrian / Fixed Object

20. NAME OF DRIVER/PEDESTRIAN (LAST, FIRST, MIDDLE) OR TYPE OF PROP. (FIXED OBJECT) AND DESCRIBE DAMAGE IN NARRATIVE	20. SEX	21. BIRTHDATE
Tree	☐ M ☐ F	N/A

22. ADDRESS (STREET, ROOM, APT. NO., CITY AND STATE IF OUTSIDE D.C.)	23. HOME PHONE	24. PERMIT NUMBER AND STATE	25. BUS. PHONE
N/A	N/A	N/A	N/A

OWNER

26. MODEL	27. MAKE	28. YEAR	29. BODY	30. COLOR	31. TAG NO./STATE/YEAR	32. VEH. ID NO.	(VIN)
N/A	N/A	N/A	N/A	N/A	N/A	N/A	

34. NAME OF OWNER (VEH./PROP.) (LAST, FIRST, MIDDLE), IF DRIVER ENTER "DRIVER"	35. PHONE NO.
D.C. GOV'T.	727-6161

36. ADDRESS (STREET, ROOM, APT. NO., CITY AND STATE IF OUTSIDE D.C.)	37. OWNER NOTIFIED?
13½ Penn Ave N.W.	☐ YES ☐ NO

Non Involved Witnesses

17. NAME	ADDRESS	PHONE NUMBER
NONE		

CODES

36. SEAT LOCATION CODE: 01 02 03 04 05 06 07 STATION WAGON REAR 08 MOTORCYCLE/MOPED PASS. 09 OCCUPANT - BUS 10 PEDESTRIAN 11 BICYCLE RIDER 12 OTHER: SKATEBOARD, TRICYCL., ETC.

35. INJURY CODE: 00 UNKNOWN 01 FATAL 02 DISABLING 03 NON-DISABLING 04 NONE 05 COMPLAINT OF PAIN BUT NO VISIBLE INJURY

39. SEAT BELT/BAG CODE: 00 USE UNKNOWN 01 NOT INSTALLED 02 NOT FASTENED 03 FASTENED 04 AIR BAG INSTALL. 05 BELT/BAG FAILED 06 AIR BAG DEPLOYED 07 CHILD RESTRAINT

41. EJECTION CODE (THROWN FROM VEH.): 00 UNKNOWN 01 NO 02 PARTIAL 03 TOTAL

PERSONS INVOLVED

43. NAME/ADDRESS/PHONE NO. (INCLUDE ALL OPERATORS, PASSENGERS AND PEDESTRIANS INVOLVED EVEN IF NOT INJURED)	AGE	SEX	PASS. IN VEH. NO.	35. CODE	36. CODE	39. BELT	39. BAG	41. CODE	EMPLOYED BY D.C. GOV'T.?	TRANSPORTED TO HOSPITAL?
D-1		M	D-1	01	04	00	00	00	☐ YES ☐ NO	☐ YES ☐ NO
D-2		M	D-2	01	05	03	04	01	☐ YES ☐ NO	☐ YES ☐ NO
D-3		F	D-3	01	04	00	00	00	☐ YES ☐ NO	☐ YES ☐ NO
P-1 Loria tritch K. 3507 International Dr. NW (202) 634-2234	24	F	D-2	03	05	03	04	01	☐ YES ☐ NO	☐ YES ☐ NO
P-2 Gregoria Fernandez 3936 Morrison ST NW 244-7142	53	F	D-3	03	04	00	00	00	☐ YES ☐ NO	☐ YES ☐ NO
P-3 Joseph Sorrentino 3719 Morrison ST NW Wash DC (301) 587-4646	44	M	D-3	06	04	00	00	00	☐ YES ☐ NO	☐ YES ☐ NO
									☐ YES ☐ NO	☐ YES ☐ NO

INJURED TO HOSPITAL

48. Name of Injured Person	Where Taken (Hospital)	By Whom	Status	TEB Notified (Name)	Teletype Notified (Name)	Relative Notified (Name)
D-2 Duncan Stephen Farrell	Police + Fire Clinic	U.S.S.S. UD	01 ☐ Admitted 02 ☒ Released			
P-1 Loria tritch K.	Sibley Hospital	U.S.S.S. UD	01 ☐ Admitted 02 ☒ Released			
			01 ☐ Admitted 02 ☐ Released			
			01 ☐ Admitted 02 ☐ Released			
			01 ☐ Admitted 02 ☐ Released			
			01 ☐ Admitted 02 ☐ Released			
			01 ☐ Admitted 02 ☐ Released			

VEHICLE NO. 1

42. DIRECTION OF TRAVEL AND STREET (MUST BE SAME AS IN NARRATIVE/DIAGRAM): N.B. 34 ST N.W.

44. VEHICLE WAS: 01 ☐ LEFT ON SCENE 02 ☒ TOWED BY 03 ☐ DRIVEN AWAY BY NAME: Alex towing

47. LOCATION TOWED TO: 4511 Sangamore Rd Bethesda MD

45. CIRCLE ALL NUMBERS WHERE THERE IS DAMAGE: 1 2 3 4 5 6 7 8 9 10 11 12; 13 Hood, 14 Roof, 15 Trunk, 16 Undercarriage, 17 Overturned, 18 Other (Explain in Narrative)

46. SKID MARKS: TO IMPACT 0 AFTER IMPACT 0

VEHICLE NO. 2

42. DIRECTION OF TRAVEL AND STREET (MUST BE SAME AS IN NARRATIVE/DIAGRAM): W.B. Newark ST N.W

44. VEHICLE WAS: 01 ☐ LEFT ON SCENE 02 ☒ TOWED BY 03 ☐ DRIVEN AWAY BY NAME: Young towing

47. LOCATION TOWED TO: Boiling Air Force Base

45. CIRCLE ALL NUMBERS WHERE THERE IS DAMAGE: 1 2 3 4 5 6 7 8 9 10 11 12; 13 Hood, 14 Roof, 15 Trunk, 16 Undercarriage, 17 Overturned, 18 Other (Explain in Narrative)

46. SKID MARKS: TO IMPACT 0 AFTER IMPACT 50

VEHICLE NO. 3

42. DIRECTION OF TRAVEL AND STREET (MUST BE SAME AS IN NARRATIVE/DIAGRAM): S.B. 34 ST N.W.

44. VEHICLE WAS: 01 ☐ LEFT ON SCENE 03 ☒ DRIVEN AWAY BY NAME: D-3

47. LOCATION TOWED TO:

45. CIRCLE ALL NUMBERS WHERE THERE IS DAMAGE: 1 2 3 4 5 6 7 8 9 10 11 12; 13 Hood, 14 Roof, 15 Trunk, 16 Undercarriage, 17 Overturned, 18 Other (Explain in Narrative)

46. SKID MARKS: TO IMPACT 0 AFTER IMPACT 0

VEHICLE NO. 4

42. DIRECTION OF TRAVEL AND STREET (MUST BE SAME AS IN NARRATIVE/DIAGRAM):

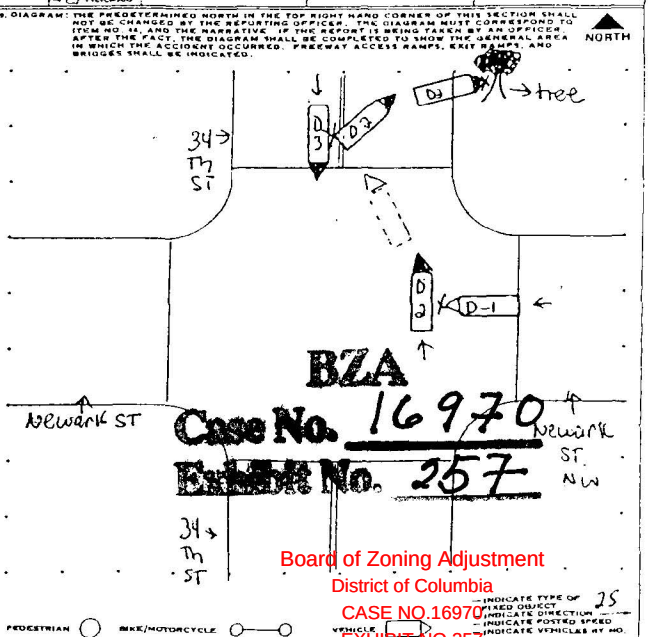
44. VEHICLE WAS: 01 ☐ LEFT ON SCENE 04 ☐ TOWED BY 03 ☐ DRIVEN AWAY BY NAME:

47. LOCATION TOWED TO:

45. CIRCLE ALL NUMBERS WHERE THERE IS DAMAGE: 1 2 3 4 5 6 7 8 9 10 11 12; 13 Hood, 14 Roof, 15 Trunk, 16 Undercarriage, 17 Overturned, 18 Other (Explain in Narrative)

46. SKID MARKS: TO IMPACT ____ AFTER IMPACT ____

49. DIAGRAM: THE PREDETERMINED NORTH IN THE TOP RIGHT HAND CORNER OF THIS SECTION SHALL NOT BE CHANGED BY THE REPORTING OFFICER. THE DIAGRAM MUST CORRESPOND TO ITEM NO. 42 AND THE NARRATIVE. IF THE REPORT IS BEING TAKEN BY AN OFFICER AFTER THE FACT, THE DIAGRAM SHALL BE COMPLETED TO SHOW THE GENERAL AREA IN WHICH THE ACCIDENT OCCURRED. FREEWAY ACCESS RAMPS, EXIT RAMPS, AND BRIDGES SHALL BE INDICATED.



BZA
Case No. 16970
Exhibit No. 257

Board of Zoning Adjustment
District of Columbia
CASE NO.16970
EXHIBIT NO.257

NOTE: This report is used for statistical analysis of vehicular accidents and the prevention thereof. The data given represents the opinion and conclusions of the reporting officer based on his/her judgement after considering all of the facts disclosed through his/her investigation of this accident.

Complaint No. 019-077

Page ____ of ____ Pages

Complaint No. 019-927

Police Action	Dr./Ped.	Permit/NOI Number	Charge (Report must support the charge.)	BA/SUPERIOR COURT - HEARING DATE	DPW 40-1 Issued?	What Traffic Signs Present?
	No. D1	982763460	Fail to Yield R.O.W	N/A	NO	STOP SIGN
	No. D2	(—	NO Violation		NO	NONE

Darken the appropriate block in each category.

31. TYPE OF COLLISION: 00 UNKNOWN; 01 ■ RIGHT ANGLE; 02 LEFT TURN HIT VEH.; 03 RIGHT TURN HIT VEH.; 04 REAR END; 05 SIDE SWIPED; 06 HEAD ON; 07 PARKED VEHICLE; 08 FIXED OBJECT; 09 RAN OFF ROADWAY; 10 LEFT TURN HIT PED.; 11 RIGHT TURN HIT PED.; 12 STRAIGHT HIT PED.; 13 BACKING HIT MOVING VEH.; 14 BACKING HIT PARKED VEH.; 15 BACKING HIT STOPPED VEH.; 16 BACKING HIT PEDESTRIAN; 17 NON-COLLISION ACCIDENT; 99 OTHER

32. ROAD SURFACE: 01 ■ CONCRETE; 02 ASPHALT; 03 BRICK; 04 GRAVEL; 05 DIRT; 99 OTHER

33. ROAD TYPE: 01 ■ STRAIGHT; 02 CURVE; 03 LEVEL; 04 GRADE; 05 CREST; 06 UNDERPASS; 07 RAMP; 08 BRIDGE; 99 OTHER

34. PEDESTRIAN ACTION: 00 UNKNOWN; 01 WITH SIGNAL IN CROSSWALK; 02 AGAINST SIGNAL IN CROSSWALK; 03 IN CROSSWALK - NO SIGNAL; 04 ■ FROM BETWEEN PARKED CARS; 05 NOT IN CROSSWALK; 06 IN UNMARKED CROSSWALK; 99 OTHER

35. TRAFFIC CONTROLS: 00 UNKNOWN; 01 FLASHING; 02 YIELD; 03 ■ STOP SIGN; 04 SIGNAL; 05 NONE; 06 OFFICER; 07 TURN RESTRICTED; 99 OTHER

36. ROAD CONDITION: 00 UNKNOWN; 01 REPAIRING; 02 DRY; 03 WET; 04 ICE/SNOW

37. STREET LIGHTING: 00 UNKNOWN; 01 DEFECTIVE; 02 NONE; 03 STREET LIGHTS ON; 04 ■ STREET LIGHTS OFF

38. LIGHT CONDITION: 00 UNKNOWN; 01 DAWN/DUSK; 02 DARK; 03 ■ DAYLIGHT

39. TRAFFIC CONDITION: 00 UNKNOWN; 01 HEAVY; 02 ■ MEDIUM; 03 LIGHT; 99 OTHER

40. WEATHER: 00 UNKNOWN; 01 FOG/MIST; 02 ■ CLEAR; 03 RAIN; 04 SNOW; 05 SLEET

41. PEDESTRIAN CLOTHING: 01 UNKNOWN; N/A; WEARING DARK CLOTHING; WEARING LIGHT CLOTHING

42. DRIVER/PEDESTRIAN CONDITION: 00 UNKNOWN; 01 FATIGUED; 02 ILL; 03 PHYSICAL DEFECT; 04 APPARENTLY ASLEEP; 05 ■ APPARENTLY NORMAL; 99 OTHER

43. SOBRIETY: 01 ■ HAD NOT BEEN DRINKING; HAD BEEN DRINKING AND: 02 OBVIOUSLY DRUNK; 03 ABILITY IMPAIRED; 04 NOT IMPAIRED; 05 IMPAIRMENT UNKN.; 99 OTHER

43. CONTRIBUTING CIRCUMSTANCES - DARKEN THE PRIMARY FACTOR FOR ALL VEHICLES AND PEDS. SECONDARY FACTORS: 01 SPEED; 02 DEFECTIVE BRAKES; 03 FOLLOWING TOO CLOSE; 04 ■ AUTO RIGHT-OF-WAY; 05 PED. RIGHT-OF-WAY; 06 IMPROPER TURN; 07 YIELD SIGN; 08 STOP/GO LIGHT; 09 FLASHING LIGHT; 10 DIRECTIONAL LIGHT; 11 STOP SIGN; 12 ALCOHOL INFLUENCE; 13 IMPROPER PASSING; 14 WRONG WAY-ONE WAY ST.; 15 WRONG SIDE OF STREET; 16 IMPROPER STARTING; 17 OTHER DEFECTS; 18 PEDESTRIAN VIOLATION; 19 ■ NO VIOLATION; 20 DRIVER INATTENTION; 21 CHANGING LANES W/O CAUT.; 22 FAIL TO SET PARKING BRAKE; 23 OPEN DOOR TO TRAFFIC; 24 DRUG INFLUENCE; 25 IMPROPER BACKING; 26 DEFECTIVE LIGHTS; 27 PEDESTRIAN DRUNK; 28 ROAD DEFECTS; 29 DRIVER VISION OBSTRUCTED; 30 RIGHT TURN ON RED; 99 OTHER

45. VEHICLE TYPE: 00 UNKNOWN; 01 ■ PASSENGER AUTO; 02 TAXI CAB; 03 BUS; 04 MOTORCYCLE; 05 TRUCK/TRACTOR; NO. OF TRAILERS; NO. OF WHEELS; 06 BICYCLE; 07 POLICE PATROL WAGON; 08 POLICE MOTORCYCLE; 09 POLICE SCOOTER; 10 POLICE SCOUT CAR - ONE MAN; 11 ■ POLICE SCOUT CAR TWO MAN; 12 POLICE CRUISER MARKED; 13 POLICE CRUISER UNMARKED; 14 POLICE-OTHER; 15 FIRE ENGINE; 16 AMBULANCE; 17 PEDESTRIAN - ON FOOT; 18 ■ FIXED OBJECT; 19 NON-COLLISION; 20 MOPED; 99 OTHER (EXPLAIN IN NARRATIVE. INCLUDES SKATEBOARDS, TRICYCLES, PLAY VEHICLES, ETC.)

46. BLOOD ALCOHOL CONTENT: Dr./Ped. 1 N/A; Dr./Ped. 2; Dr./Ped. 3; Dr./Ped. 4

47. DRIVER ACTIONS: 00 UNKNOWN; 01 BACKING; 02 TURNING RIGHT; 03 TURNING LEFT; 04 ■ STOPPED/STANDING-TRAFFIC LANE; 05 PARKED; 06 ENTERING/LEAVING PARKED POSITION; 07 MAKING "U" TURN; 08 MERGING; 09 RAN OFF ROAD; 10 CHANGING LANES; 11 ■ DOING STRAIGHT; 12 OVERTAKING; 13 SLOWING/STOPPING; 14 AVOIDING; 99 OTHER

48. NARRATIVE: Give a concise statement, in your own words, of the facts that are not covered in this report, or to clarify any items that are not satisfactorily explained. Use Continuation Sheet of report for additional space. If statements are taken, use PD 118 (Def./Suspect Statement), or PD 119 (Compl./Witness Statement). If accident occurred in a construction zone, describe type of construction.

The undersigned's Investigation revealed That D-1 Attempted to Enter the Intersection and Struct D-2. D-2 Then lost Control OF The Listed VEHICLE and Struck D-3, D-2 ejected Foward and Strock a tree.

D-1 was charged with This accident For The above Listed Violation.

OFFICERS Duncan and tritch sustained injuries to The neck, Back, and Chest area. They were treated at The Listed medical centers.

49. SIGNATURE OF REPORTING OFFICER	BADGE NO.	UNIT	50. SIGNATURE OF REVIEWING OFFICIAL	BADGE NO.	UNIT	51. REVIEWER	52. DISTRIBUTION
M Pol LE	1511	2D	Lt Lou Buck	5-622	2D		

Item No.	53. CONTINUATION SHEET (List item number of section continued with required information.) ▶ Complaint No.

05-22-03 | 16[redacted] | THU | 05-22-03 | [redacted] | 068-596

34 ST [redacted]ARK ST. NW | 2-D | 2 | 8

2350 block 0 MACOMB ST.

STRIKING OBJECT / OWNER

1. PRICE, WENONA | 02-21-63
4951 ALBEMARLE ST. NW
240 447-9398 | 9598553/DC | 202 537-5070
ACCORD HOND 94 | 4D | BLUE | 663496 DC 04 | JHGEG85Y4RL033841
"DRIVER"

OWNER

3.

2.

JOHNSON, KAREN FRANCES | 12-04-54
4801 CHEVY CHASE DR, CHEVY CHASE, MD 20815
301 654-5235 | JJ25-461-261-924 /MD | 463-0144
ACCORD HOND 97 | 4D | PURPLE | KZY397 MD 04 | 1HGCG56COVA102102
DRIVER

OWNER

4.

Non-Injured Witnesses

SUSAN SHERTZER 202/537-5274 301/621-1005 (H)

PERSONS INVOLVED

	NAME/ADDRESS/PHONE NO. (INCLUDE ALL OPERATORS/PASSENGERS AND PEDESTRIANS INVOLVED EVEN IF NOT INJURED)	AGE	SEX	INJURY CODE	SEAT BELT/BAG CODE	ACTION CODE	TAKEN TO HOSPITAL
D-1		40	F	01	[redacted]	01	YES
D-2		49	F	02	01	04	YES

INJURED TO HOSPITAL

Name of Injured Person	Where Taken (Hospital)	By Whom	Status	TEB Notified (Name)	Treatype Notified (Name)	Relative Notified (Name)
			Admitted / Released			
			Admitted / Released			
			Admitted / Released			
			Admitted / Released			
			Admitted / Released			
			Admitted / Released			

VEHICLE NO. 1

E/B ON NEWARK ST NW
VEHICLE WAS [x] TOWED BY [ ] LEFT ON SCENE [ ] DRIVEN AWAY BY
NAME PRECISION TOWING
LOCATION TOWED TO 218 MICHIGAN AVE N.E.

VEHICLE NO. 2

N/B ON 34 ST NW
VEHICLE WAS [x] TOWED BY [ ] LEFT ON SCENE [ ] DRIVEN AWAY BY
NAME PRECISION TOWING
LOCATION TOWED TO 218 MICHIGAN AVE N.E.

VEHICLE NO. 3

DIRECTION OF TRAVEL AND STREET (MUST BE SAME AS IN NARRATIVE/DIAGRAM)
VEHICLE WAS [ ] TOWED BY [ ] LEFT ON SCENE [ ] DRIVEN AWAY BY
NAME
LOCATION TOWED TO

VEHICLE NO. 4

DIRECTION OF TRAVEL AND STREET (MUST BE SAME AS IN NARRATIVE/DIAGRAM)
VEHICLE WAS [ ] TOWED BY [ ] LEFT ON SCENE [ ] DRIVEN AWAY BY
NAME
LOCATION TOWED TO

CIRCLE ALL NUMBERS WHERE THERE IS DAMAGE

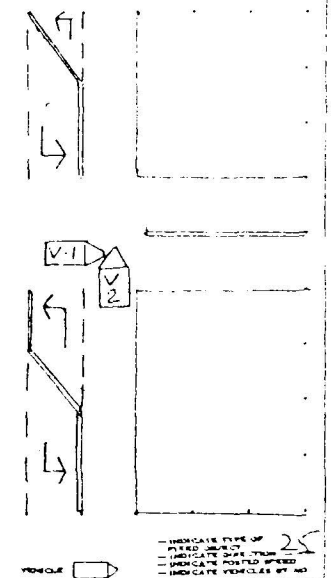
1 2 3 4 5 6 7 8 9 10 11 12

13 Hood
14 Roof
15 Trunk
16 Undercarriage
17 Overturned
18 Other (Explain in Narrative)

SKID MARKS
TO IMPACT 0 AFTER IMPACT 0

DIAGRAM (THE SPEED ESTIMATED NORTH IN THE TOP RIGHT HAND CORNER OF THIS SECTION SHALL NOT BE CHANGED BY THE REPORTING OFFICER. THE DIAGRAM MUST CORRESPOND TO ITEM NO. 12 AND THE NARRATIVE. IF THE REPORT IS BEING TAKEN BY AN OFFICER AFTER THE FACT, THE DIAGRAM SHALL BE COMPLETED TO SHOW THE GENERAL AREA IN WHICH THE ACCIDENT OCCURRED. FREEWAY ACCESS RAMPS, EXIT RAMPS, AND BRIDGES SHALL BE INDICATED.)

NORTH



PEDESTRIAN ○ BIKE/MOTORCYCLE ○—○ VEHICLE ▭

INDICATE TYPE OF FIXED OBJECT
INDICATE ONE WAY STREET
INDICATE POSTED SPEED
INDICATE VEHICLES BY NO. 25

NOTE: This report is used for statistical analysis of vehicular accidents and the prevention thereof. The data given represents the opinion and conclusions of the reporting officer based on his/her judgement after considering all of the facts disclosed through his/her investigation of the accident.

Complaint No. 068-596

Page 1 of 1 Pages

Complaint No. 068-596

Police Action	Part	Arrest/DC Number	Charge	Court Hearing Date	DPW 40-1 Issued?	What Traffic Signs Present?
	1	98328695	FAIL TO YIELD ROW	N/A	N/A	STOP SIGN
	2	NONE	NO VIOLATION			

51 TYPE OF COLLISION: 00 Unknown; 01 Right Angle; 02 Left Turn Hit Veh; 03 Right Turn Hit Veh; 04 Rear End; 05 Side Swiped; 06 Head On; 07 Parked Vehicle; 08 Fixed Object; 09 Ran Off Roadway; 10 Left Turn Hit Ped; 11 Right Turn Hit Ped; 12 Straight Hit Ped; 13 Backing Hit Moving Veh; 14 Backing Hit Parked Veh; 15 Backing Hit Stopped Veh; 16 Backing Hit Pedestrian; 17 Noncollision Accident; 99 Other

52 ROAD SURFACE: 01 Concrete; 02 Asphalt; 03 Brick; 04 Gravel; 05 Dirt; 99 Other

53 ROAD TYPE: 01 Straight; 02 Curve; 03 Level; 04 Grade; 05 Crest; 06 Underpass; 07 Ramp; 08 Bridge; 99 Other

54 PEDESTRIAN ACTION: 00 Unknown; 01 With Signal In Crosswalk; 02 Against Signal In Crosswalk; 03 In Crosswalk, No Signal; 04 Not In Crosswalk, Between Parked Cars; 05 Not In Crosswalk; 06 In Unmarked Crosswalk; 99 Other

55 TRAFFIC CONTROLS: 00 Unknown; 01 Flashing; 02 Yield; 03 Stop Sign; 04 Signal; 05 None; 06 Officer; 07 Turn Restricted; 99 Other

56 ROAD CONDITION: 00 Unknown; 01 Repairing; 02 Dry; 03 Wet; 04 Ice/Snow

57 STREET LIGHTING: 00 Unknown; 01 Defective; 02 None; 03 Street Lights On; 04 Street Lights Off

58 LIGHT CONDITION: 00 Unknown; 01 Dawn/Dusk; 02 Dark; 03 Daylight

59 TRAFFIC CONDITION: 00 Unknown; 01 Heavy; 02 Medium; 03 Light; 99 Other

60 WEATHER: 00 Unknown; 01 Fog/Mist; 02 Clear; 03 Rain; 04 Snow; 05 Sleet

61 PEDESTRIAN CLOTHING: 01 Unknown; 02 Wearing Dark Clothing; 03 Wearing Light Clothing

62 DRIVER/PEDESTRIAN CONDITION: 00 Unknown; 01 Fatigued; 02 Ill; 03 Physical Defect; 04 Apparently Asleep; 05 Apparently Normal; 99 Other

63 DRIVER HAD BEEN DRINKING: 01 Had Not Been Drinking; HAD BEEN DRINKING AND: 02 Obviously Drunk; 03 Ability Impaired; 04 Not Impaired; 05 Impairment Unkn; 99 Other

64 CONTRIBUTING CIRCUMSTANCES (Number in Primary Factor for All Vehicles; Number in Secondary Factors): 01 Speed; 02 Defective Brakes; 03 Following Too Close; 04 Auto Right Of Way; 05 Ped Right Of Way; 06 Improper Turn; 07 Yield Sign; 08 Stop/Go Light; 09 Flashing Light; 10 Directional Light; 11 Stop Sign; 12 Alcohol Influence; 13 Improper Passing; 14 Wrong Way/One Way St; 15 Wrong Side Of Street; 16 Improper Starting; 17 Other Defects; 18 Pedestrian Violation; 19 No Violation; 20 Driver Inattention; 21 Changing Lanes W/O Caut; 22 Fail To Set Parking Brake; 23 Open Door To Traf Ic; 24 Drugs Influence; 25 Improper Backing; 26 Defective Light(s); 27 Pedestrian Drunk; 28 Road Defects; 29 Driver Vision Obstructed; 30 Right Turn On Red; 99 Other

65 VEHICLE TYPE: 00 Unknown; 01 Passenger Auto; 02 Taxi Cab; 03 Bus; 04 Motorcycle; 05 Truck/Tractor; No. of Trailers; No. of Wheels; 06 Bicycle; 07 Police Patrol Wagon; 08 Police Motorcycle; 09 Police Scooter; 10 Police Scout Car - One Man; 11 Police Scout Car - Two Man; 12 Police Cruiser Marked; 13 Police Cruiser Unmarked; 14 Police Other; 15 Fire Engine; 16 Ambulance; 17 Pedestrian On Foot; 18 Fixed Object; 19 Non Collision; 20 Moped; 99 Other (Explain In Narrative (Includes Skateboards, Tricycles, Play Vehicles, Etc.))

66 DRIVER ACTIONS: 00 Unknown; 01 Backing; 02 Turning Right; 03 Turning Left; 04 Stopped Standing/Traffic Lane; 05 Parked; 06 Entering/Leaving Parked Position; 07 Making "U" Turn; 08 Merging; 09 Ran Off Road; 10 Changing Lanes; 11 Going Straight; 17 Overtaking; 18 Slowing/Stopping; 19 Avoiding; 99 Other

Dr. Ped 1: N/A Dr. Ped 2: N/A Dr. Ped 3: Dr. Ped 4:

67 NARRATIVE Give a concise statement, in your own words, of the facts that are not covered in this report, or to clarify any items that are not satisfactorily explained. Use Continuation Sheet if report for additional space. If statements are taken, use PD 118 (Def./Suspect Statement), or PD 119 (Compl./Witness Statement). If accident occurred in a construction zone, describe type of construction.

My Investigation Revealed that the DRIVER#1 WAS Heading Eastbound on NEWARK St. NW. As the DRIVER#1 approached the intersection of 34th St. the south bound traffic was at a stand still, At that time DRIVER#1 proceeded to go through the Intersection, and failed To Yield the ROW to North bound traffic and struck DRIVER#2.

68 SIGNATURE OF REPORTING OFFICER: E. [illegible] | BADGE NO: 2923 | UNIT: 2-D | 69 SIGNATURE OF REVIEWING OFFICER: Wm. N. Cunningham | BADGE NO: S-247 | UNIT: | 70 REVIEWER | 71 DISTRIBUTION

Item No. | 75 CONTINUATION SHEET (List item number of section continued with required information.) | Complaint No.

PD 10 Rev. 7/86 Prescribing Directive

TRAFFIC ACCIDENT REPORT

Metropolitan Police Department, Washington, D.C.

1. DATE OF ACCIDENT	2. TIME	3. DAY OF WEEK	4. DATE OF THIS REPORT	5. TYPE OF ACCIDENT (CHECK ALL THAT APPLY; EXCEPT FOR PROPERTY DAMAGE)	6. COMPLAINT NUMBER
5/28/03	1550 HRS	WED	5/28/03	H ☐ FATALITY 02 ☒ INJURY 03 ☐ PROP. DAMAGE ONLY H ☐ HIT AND RUN 10 ☐ PEDESTRIAN P ☐ NON-COLLISION P ☐ P.D. PROPERTY	071-652

7. ACCIDENT OCCURRED ON (STREET, DIRECTION, DISTANCE FROM MILE POST, RAMP)	8. DISTRICT	9. N/A	10. NO. VEHICLES INVOLVED	11. NO. INJURED PERSONS	12. NO. OF OCCUPANTS (INCLUDING DRIVER)
3200 BLOCK OF 34TH STREET, N.W.	2D		4	2	Veh 1 1 2 3 1 4 1

13. ENTER THE NO. OF FEET (IN TENTHS) AND DIRECTION FROM THE NEAREST INTERSECTING STREET, ALLEY OR DRIVEWAY ON EAST RAMP; ACCESS RAMP OR BRIDGE (INCLUDE NAME OF CITY OR COUNTY)	14. IS THIS A CONSTRUCTION ZONE	15. ON STREET 01 AT INTERSECTION 02 WITHIN 100' OF INTER. 03 MID-BLOCK	16. OFF STREET 01 PARKING SPACE 02 PRIVATE PROPERTY	17. REPORT TAKEN ON SCENE?	18. PHOTOS TAKEN? IF YES, NUMBER
105 FEET N S E W OF MACOMB STREET	☐ YES ☒ NO			☒ YES ☐ NO	☐ YES ☒ NO

STRIKING OBJECT

1. Driver / Pedestrian / Fixed Object

19. NAME OF DRIVER/PEDESTRIAN [LAST, FIRST, MIDDLE] 19A. TYPE OF PROP. (FIXED OBJECT) AND DESCRIBE DAMAGE IN NARRATIVE	20. SEX 01 M 02 F	21. BIRTHDATE
NELSON, MICHAEL ERNEST	01 M	8/23/72

22. ADDRESS [STREET, ROOM, APT. NO., CITY AND STATE IF OUTSIDE D.C.]		
2727 LANGSTON PLACE, S.E., WASH. D.C. 20020		

23. HOME PHONE	24. PERMIT NUMBER AND STATE	25. BUS. PHONE
202-678-4104	57898608/D.C.	202-338-1146

OWNER

26. MODEL	27. MAKE	28. YEAR	29. BODY	30. COLOR	31. TAG NO./STATE/YEAR	32. VEH. ID NO. [VIN]
WOOSR	FORD	1998	UN	AGE	C66313/DC/04	2FMDA514XWBB24485

33. NAME OF OWNER [VEH./PROP.] [LAST, FIRST, MIDDLE] IF DRIVER ENTER "DRIVER"	34. PHONE NO.	35. OWNER NOTIFIED?
NOSEGAY FLOWERSHOP, INC.	202-338-1146	☐ YES ☒ NO

36. ADDRESS [STREET, ROOM, APT. NO., CITY AND STATE IF OUTSIDE D.C.]
1120 20TH STREET, N.W.

3. Driver / Pedestrian / Fixed Object

19. NAME OF DRIVER/PEDESTRIAN [LAST, FIRST, MIDDLE] 19A. TYPE OF PROP. (FIXED OBJECT) AND DESCRIBE DAMAGE IN NARRATIVE	20. SEX 01 M 02 F	21. BIRTHDATE
L. I. RONGTAO	01 M	3/20/65

22. ADDRESS [STREET, ROOM, APT. NO., CITY AND STATE IF OUTSIDE D.C.]		
8112 ROCKCREST CIRCLE, ROCKVILLE, MD. 20851		

23. HOME PHONE	24. PERMIT NUMBER AND STATE	25. BUS. PHONE
301-309-3712	L0007440144227/MD	240-401-6762

OWNER

26. MODEL	27. MAKE	28. YEAR	29. BODY	30. COLOR	31. TAG NO./STATE/YEAR	32. VEH. ID NO. [VIN]
COA	TOYT	1995	4DR	BLK	AC533G/MD/04	2T1BE09B3SC13796

33. NAME OF OWNER [VEH./PROP.] [LAST, FIRST, MIDDLE] IF DRIVER ENTER "DRIVER"	34. PHONE NO.	35. OWNER NOTIFIED?
DRIVER NO. 3		☒ YES ☐ NO

36. ADDRESS [STREET, ROOM, APT. NO., CITY AND STATE IF OUTSIDE D.C.]

2. Driver / Pedestrian / Fixed Object

19. NAME OF DRIVER/PEDESTRIAN [LAST, FIRST, MIDDLE] 19A. TYPE OF PROP. (FIXED OBJECT) AND DESCRIBE DAMAGE IN NARRATIVE	20. SEX 02 F	21. BIRTHDATE
BEVERLY, RUBY JOAN	02 F	8/11/47

22. ADDRESS [STREET, ROOM, APT. NO., CITY AND STATE IF OUTSIDE D.C.]		
505 ALLISON STREET, N.W., WASH., D.C. 20011		

23. HOME PHONE	24. PERMIT NUMBER AND STATE	25. BUS. PHONE
202-882-0805	57964/508/D.C.	202-669-3507

OWNER

26. MODEL	27. MAKE	28. YEAR	29. BODY	30. COLOR	31. TAG NO./STATE/YEAR	32. VEH. ID NO. [VIN]
RAM	DODG	1994	UN	BLU	H181390/MD/05	1B7FW23E2RS147204

33. NAME OF OWNER [VEH./PROP.] [LAST, FIRST, MIDDLE] IF DRIVER ENTER "DRIVER"	34. PHONE NO.	35. OWNER NOTIFIED?
DRIVER NO. 2		☐ YES ☐ NO

36. ADDRESS [STREET, ROOM, APT. NO., CITY AND STATE IF OUTSIDE D.C.]

4. Driver / Pedestrian / Fixed Object

19. NAME OF DRIVER/PEDESTRIAN [LAST, FIRST, MIDDLE] 19A. TYPE OF PROP. (FIXED OBJECT) AND DESCRIBE DAMAGE IN NARRATIVE	20. SEX 02 F	21. BIRTHDATE
EATON, DEBORAH ANNE	02 F	12/15/60

22. ADDRESS [STREET, ROOM, APT. NO., CITY AND STATE IF OUTSIDE D.C.]		
3507 INTERNATIONAL DRIVE, N.W., WASH., D.C.		

23. HOME PHONE	24. PERMIT NUMBER AND STATE	25. BUS. PHONE
301-243-6039	E3501390679521/MD	202-243-6039

OWNER

26. MODEL	27. MAKE	28. YEAR	29. BODY	30. COLOR	31. TAG NO./STATE/YEAR	32. VEH. ID NO. [VIN]
VIC	FORD	2001	4DR	WHI	614-02305/US	2FAFP74W32X157496

33. NAME OF OWNER [VEH./PROP.] [LAST, FIRST, MIDDLE] IF DRIVER ENTER "DRIVER"	34. PHONE NO.	35. OWNER NOTIFIED?
U. S. SECRET SERVICE	202-243-6039	☒ YES ☐ NO

36. ADDRESS [STREET, ROOM, APT. NO., CITY AND STATE IF OUTSIDE D.C.]
3507 INTERNATIONAL DRIVE, N.W.

Non-Involved Witnesses

37. NAME	ADDRESS	PHONE NUMBER
NO WITNESSES		

CODES

38. SEAT LOCATION CODE: 01 02 03 04 05 06
07 STATION WAGON REAR; 08 MOTORCYCLE/MOPED PASS.; 09 OCCUPANT - BUS; 10 PEDESTRIAN; 11 BICYCLE RIDER; 12 OTHER (SKATEBOARD, TRICYCLE, ETC.)

39. INJURY CODE: 00 UNKNOWN; 01 FATAL; 02 DISABLING; 03 NON-DISABLING; 04 NONE; 05 COMPLAINT OF PAIN BUT NO VISIBLE INJURY

40. SEAT BELT/BAG CODE: 00 USE UNKNOWN; 01 NOT INSTALLED; 02 NOT FASTENED; 03 FASTENED; 04 AIR BAG INSTALL.; 05 BELT/BAG FAILED; 06 AIR BAG DEPLOYED; 07 CHILD RESTRAINT

41. EJECTION CODE (THROWN FROM VEH.): 00 UNKNOWN; 01 NO; 02 PARTIAL; 03 TOTAL

PERSONS INVOLVED

42. NAME/ADDRESS/PHONE NO. (INCLUDE ALL OPERATORS, PASSENGERS AND PEDESTRIANS INVOLVED EVEN IF NOT INJURED)	AGE	SEX	PASS. VEH. NO.	CODE 38.	CODE 39.	HELMET 40.	BAG 40.	CODE 41.	EMPLOYED BY D.C. GOVT.?	TRANSPORTED TO HOSPITAL?
DRIVER NO. 1	30	M	01	01	03	00	06	01	☐ YES ☒ NO	☒ YES ☐ NO
DRIVER NO. 2	56	F	02	01	04	00	01	01	☐ YES ☒ NO	☐ YES ☒ NO
LAURA MITRA / 2362 MASSACHUSETTS AVE, N.W. / 202-265-3198	9	F	02	06	04	00	01	01	☐ YES ☒ NO	☐ YES ☒ NO
DRIVER NO. 3	38	M	03	01	05	00	04	01	☐ YES ☒ NO	☐ YES ☒ NO
DRIVER NO. 4	42	M	04	01	03	03	04	01	☐ YES ☒ NO	☐ YES ☐ NO
									☐ YES ☐ NO	☐ YES ☐ NO
									☐ YES ☐ NO	☐ YES ☐ NO

INJURED TO HOSPITAL

43. Name of Injured Person	Where Taken (Hospital)	By Whom	Status	TEB Notified (Name)	Teletype Notified (Name)	Relative Notified (Name)
NELSON, MICHAEL	G'TOWN HOSPITAL	DCFD MEDIC #31	01 ☐ Admitted 02 ☒ Released			
EATON, DEBORAH	G'TOWN HOSPITAL	B-CC #12	01 ☐ Admitted 02 ☒ Released			
			01 ☐ Admitted 02 ☐ Released			
			01 ☐ Admitted 02 ☐ Released			
			01 ☐ Admitted 02 ☐ Released			
			01 ☐ Admitted 02 ☐ Released			

VEHICLE NO. 1

44. DIRECTION OF TRAVEL AND STREET (MUST BE SAME AS IN NARRATIVE; DIAGRAM): SOUTH, 3200 BLOCK, 34TH ST. N.W.

45. CIRCLE ALL NUMBERS WHERE THERE IS DAMAGE



13 Hood; 14 Roof; 15 Trunk; 16 Undercarriage; 17 Overturned; 18 Other (Explain in Narrative)

46. VEHICLE WAS: 01 ☐ LEFT ON SCENE; 02 ☒ TOWED BY; 03 ☐ DRIVEN AWAY BY
NAME: PRECISION TOWING 202-832-7600

47. LOCATION TOWED TO: 818 MICHIGAN AVE, NE.

48. SKID MARKS: TO IMPACT 0 AFTER IMPACT 0

VEHICLE NO. 2

44. DIRECTION OF TRAVEL AND STREET (MUST BE SAME AS IN NARRATIVE; DIAGRAM): SOUTH, 3200 BLOCK, 34TH STREET, N.W.

45. CIRCLE ALL NUMBERS WHERE THERE IS DAMAGE



13 Hood; 14 Roof; 15 Trunk; 16 Undercarriage; 17 Overturned; 18 Other (Explain in Narrative)

46. VEHICLE WAS: 01 ☐ LEFT ON SCENE; 02 ☐ TOWED BY; 03 ☒ DRIVEN AWAY BY
NAME: DRIVER NO. 2

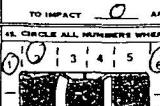
47. LOCATION TOWED TO: N/A

48. SKID MARKS: TO IMPACT 0 AFTER IMPACT 0

VEHICLE NO. 3

44. DIRECTION OF TRAVEL AND STREET (MUST BE SAME AS IN NARRATIVE; DIAGRAM): SOUTH, 3200 BLOCK, 34TH STREET, N.W.

45. CIRCLE ALL NUMBERS WHERE THERE IS DAMAGE



13 Hood; 14 Roof; 15 Trunk; 16 Undercarriage; 17 Overturned; 18 Other (Explain in Narrative)

46. VEHICLE WAS: 01 ☐ LEFT ON SCENE; 02 ☐ TOWED BY; 03 ☒ DRIVEN AWAY BY
NAME: DRIVER NO. 3

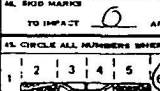
47. LOCATION TOWED TO: N/A

48. SKID MARKS: TO IMPACT 0 AFTER IMPACT 0

VEHICLE NO. 4

44. DIRECTION OF TRAVEL AND STREET (MUST BE SAME AS IN NARRATIVE; DIAGRAM): SOUTH, 3200 BLOCK, 34TH STREET, N.W.

45. CIRCLE ALL NUMBERS WHERE THERE IS DAMAGE



13 Hood; 14 Roof; 15 Trunk; 16 Undercarriage; 17 Overturned; 18 Other (Explain in Narrative)

46. VEHICLE WAS: 01 ☐ LEFT ON SCENE; 02 ☒ TOWED BY; 03 ☒ DRIVEN AWAY BY
NAME: CAPT. S. JONES, U.S.S.S. - U.D.

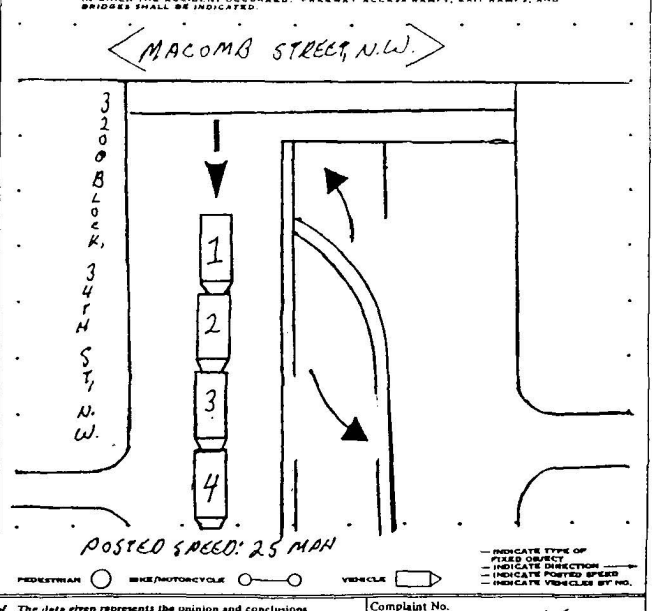
47. LOCATION TOWED TO: N/A

48. SKID MARKS: TO IMPACT 0 AFTER IMPACT 0

49. DIAGRAM

THE PREDETERMINED NORTH IN THE TOP RIGHT HAND CORNER OF THIS SECTION SHALL NOT BE CHANGED BY THE REPORTING OFFICER. THE DIAGRAM MUST CORRESPOND TO ITEM NO. 12, AND THE NARRATIVE. IF THE REPORT IS BEING TAKEN BY AN OFFICER AFTER THE FACT, THE DIAGRAM SHALL BE COMPLETED TO SHOW THE GENERAL AREA IN WHICH THE ACCIDENT OCCURRED. FREEWAY ACCESS RAMPS, EXIT RAMPS, AND BRIDGES SHALL BE INDICATED.

NORTH



NOTE: This report is used for statistical analysis of vehicular accidents and the prevention thereof. The data given represents the opinion and conclusions of the reporting officer based on his/her judgement after considering all of the facts disclosed through his/her investigation of this accident.

Complaint No. 071-652

98-0047

Page 1 of 1 Pages

07I-652

Police Action	Dr./Ped.	Arrest/NOI Number	Charge (Use additional sheet to support the charge.)	BA/SUPERIOR COURT - HEARING DATE	DPW 40-1 Issued?	What Traffic Signs Present?
	No. 1	NOI #99345290I	FAIL. TO MAKE LLC SAFED TO AVOID COLL.	NONE	NO	NONE
	No. 1	PENDING	OPERATING AFTER SUSPENSION	PENDING	NO	NONE

Darken the appropriate block in each category

51. TYPE OF COLLISION: 00 Unknown; 01 Right angle; 02 Left turn hit veh.; 03 Right turn hit veh.; 04 ■ Rear end; 05 Side swiped; 06 Head on; 07 Parked vehicle; 08 Fixed object; 09 Ran off roadway; 10 Left turn hit ped.; 11 Right turn hit ped.; 12 Straight hit ped.; 13 Backing hit moving veh.; 14 Backing hit parked veh.; 15 Backing hit stopped veh; 16 Backing hit pedestrian; 17 Non-collision accident; 99 Other

52. ROAD SURFACE: 01 Concrete; 02 ■ Asphalt; 03 Brick; 04 Gravel; 05 Dirt; 99 Other

53. ROAD TYPE: 01 ■ Straight; 02 Curve; 03 Level; 04 Grade; 05 Crest; 06 Underpass; 07 Ramp; 08 Bridge; 09 Other

54. PEDESTRIAN ACTION: 00 Unknown; 01 With signal in crosswalk; 02 Against signal in crosswalk; 03 In crosswalk, no signal; 04 From between parked cars; 05 Not in crosswalk; 06 In unmarked crosswalk; 99 Other

55. TRAFFIC CONTROLS: 00 Unknown; 01 Flashing; 02 Yield; 03 Stop sign; 04 ■ Signal; 05 None; 06 Officer; 07 Turn restricted; 99 Other

56. ROAD CONDITION: 00 Unknown; 01 Repairing; 02 ■ Dry; 03 Wet; 04 Ice/snow

57. STREET LIGHTING: 00 Unknown; 01 Defective; 02 None; 03 Street lights on; 04 ■ Street lights off

58. LIGHT CONDITION: 00 Unknown; 01 Dawn/dusk; 02 Dark; 03 ■ Daylight

59. TRAFFIC CONDITION: 00 Unknown; 01 ■ Heavy; 02 Medium; 03 Light; 99 Other

60. WEATHER: 00 Unknown; 01 Fog/mist; 02 ■ Clear; 03 Rain; 04 Snow; 05 Sleet

61. PEDESTRIAN CLOTHING: 01 Unknown; 02 N/A; 03 Wearing dark clothing; 04 Wearing light clothing

62. DRIVER/PEDESTRIAN CONDITION: 00 Unknown; 01 Fatigued; 02 Ill; 03 Physical defect; 04 Apparently asleep; 05 ■ Apparently normal; 99 Other

63. CONTRIBUTING CIRCUMSTANCES - Darken the PRIMARY factor for all vehicles and "A" all SECONDARY factors: 01 ■ Speed; 02 Defective brakes; 03 Following too close; 04 Auto right-of-way; 05 Ped. right-of-way; 06 Improper turn; 07 Yield sign; 08 Stop/go light; 09 Flashing light; 10 Directional light; 11 Stop sign; 12 Alcohol influence; 13 Improper passing; 14 Wrong way-one way st; 15 Wrong side of street; 16 Improper starting; 17 Other defects; 18 Pedestrian violation; 19 ■ ■ ■ No violation; 20 Driver inattention; 21 Changing lanes w/o caut.; 22 Fail to set parking brake; 23 Open door to traffic; 24 Drug influence; 25 Improper backing; 26 Defective lights; 27 Pedestrian drunk; 28 Road defects; 29 Driver vision obstructed; 30 Right turn on red; 99 Other

64. VEHICLE TYPE: 00 Unknown; 01 ■ ■ ■ Passenger auto; 02 Taxi cab; 03 Bus; 04 Motorcycle; 05 Truck/tractor; — — — No. of trailers; — — — No. of wheels; 06 Bicycle; 07 Police patrol wagon; 08 Police motorcycle; 09 Police scooter; 10 Police scout car - one man; 11 Police scout car - two man; 12 Police cruiser - marked; 13 Police cruiser - unmarked; 14 Police-other; 15 Fire engine; 16 Ambulance; 17 Pedestrian - on foot; 18 Fixed object; 19 Non-collision; 20 Moped; 99 Other (Explain in narrative. Includes skateboards, tricycles, play vehicles, etc.)

65. SOBRIETY: 01 ■ ■ ■ ■ Had not been drinking; Had been drinking and: 02 Obviously drunk; 03 Ability impaired; 04 Not impaired; 05 Impairment unkn.; 99 Other

66. BLOOD ALCOHOL CONTENT: Dr./Ped. 1 N/A; Dr./Ped. 3 N/A; Dr./Ped. 2 N/A; Dr./Ped. 4 N/A

67. DRIVER ACTIONS: 00 Unknown; 01 Backing; 02 Turning right; 03 Turning left; 04 ■ ■ ■ ■ Stopped/standing-traffic lane; 05 Parked; 06 Entering/leaving parked position; 07 Making "U" turn; 08 Merging; 09 Ran off road; 10 Changing lanes; 11 ■ Going straight; 12 Overtaking; 13 Slowing/stopping; 14 Avoiding; 99 Other

68. NARRATIVE: Give a concise statement, in your own words, of the facts that are not covered in this report, or to clarify any items that are not satisfactorily explained. Use Continuation Sheet of report for additional space. If statements are taken, use PD 118 (Def./Suspect Statement), or PD 119 (Compl./Witness Statement). If accident occurred in a construction zone, describe type of construction

VEHICLES #2, #3, AND #4 WERE STOPPED FOR TRAFFIC IN THE 3200 BLOCK OF 34TH STREET, N.W. VEHICLE #1, TRAVELLING SOUTH, COLLIDED WITH VEHICLE #2. THE IMPACT CAUSED VEHICLE #2 TO LURCH FORWARD AND COLLIDE WITH VEHICLE #3. VEHICLE NO. 3 COLLIDED WITH VEHICLE NO. 4. DRIVERS #1 AND #4 SUSTAINED MINOR HEAD AND NECK INJURIES. DRIVER #1 WAS TRANSPORTED TO GEORGETOWN HOSPITAL BY D.C.F.D. MEDIC #31. DRIVER #4 WAS TRANSPORTED TO GEORGETOWN HOSPITAL BY BETHESDA-CHEVY CHASE RESCUE #12. BOTH WERE TREATED BY DR. DAVID ROSENBERG, GEO'TOWN HOSPITAL STAFF AND RELEASED.

DRIVER #1 WAS INTERVIEWED AT GEORGETOWN HOSPITAL. HE STATED THAT HE WAS TRAVEL-

69. SIGNATURE OF REPORTING OFFICER	BADGE NO.	UNIT	70. SIGNATURE OF REVIEWING OFFICIAL	BADGE NO.	UNIT	71. REVIEWER	72. DISTRIBUTION
WAYNE G. [redacted]	3495	2D	Sgt. Hubert D. Hendricks Jr.	5278	2D		

CONTINUATION SHEET (List item number of section continued with required information.)

Complaint No. 07I-652

Item No.	
68	LING AT APPROXIMATELY 35 MPH. DRIVER NO. 1 STATED HE DIDN'T SEE THE STOPPED
68	VEHICLES IN FRONT OF HIM. SKID MARKS WERE NOT PRESENT. DRIVER NO. 1 DID NOT
68	ATTEMPT TO SLOW OR STOP VEHICLE NO. 1 TO AVOID COLLISION.
68	A [redacted]/NCIC CHECK INDICATES THAT DRIVER NO. 1'S D.C. PERMIT IS SUSPENDED.
68	A WARRANT WILL BE APPLIED FOR.
69	CAPT. JOHNNY JONES, #0006, UNIFORMED DIVISION, U.S. SECRET SERVICE, WAS ON THE
68	SCENE REGARDING VEHICLE NO. 4.

PD 10 Rev. 7/86 Prescribing D[redacted] 401.3

TRAFFIC ACCIDENT REP[redacted]

Metropolitan Police Department, Washington, D.C.

1. DATE OF ACCIDENT: 6-7-03 | 2. TIME: [redacted] | 3. DAY OF WEEK: SAT | 4. DATE OF THIS REPORT: 6-7-03 | 5. TYPE OF ACCIDENT [CHECK ALL THAT APPLY]: 01 ☐ FATALITY 02 ☐ INJURY 03 ☐ HIT AND RUN 04 ☐ PEDESTRIAN 05 ☐ BICYCLE 06 ☐ PARKED MV 07 ☐ SINGLE VEHICLE 08 ☐ OTHER PROPERTY DAMAGE 09 ☐ HEAD-ON 10 ☐ SIDE COLLISION | 6. COMPLAINT NUMBER: 077-167

7. ACCIDENT OCCURRED ON (STREET, DIRECTION, DISTANCE FROM MILE POST, RAMP): 34th Street N.W | 8. DISTRICT: 2D | 9. P.S.A. | 10. NO. VEHICLES INVOL.: 2 | 11. NO. INJURED PERSONS: 0 | 12. NO. OF OCCUPANTS (INCLUDING DRIVER): Veh 1: 1 | Veh 2: 1 | Veh 3: | Veh 4:

13. ENTER THE NO. OF FEET (TO NEAREST TENTH) AND DIRECTION FROM THE NEAREST INTERSECTING STREET, BRIDGE, OVERPASS, ON-OFF RAMP, ACCESS RAMP OR MILE POST. INDICATE IF ACCIDENT OCCURRED ON RAMP: Ø FEET N ☐ S ☐ E ☐ W ☐ AT Intersection NW ☐ SW ☐ NE ☐ SE ☐ | 14. IS THIS A CONSTRUCTION ZONE? ☐ YES ☐ NO | 15. ON STREET: 01 ☐ AT INTERSECTION 02 ☐ WITHIN 100' OF INTER. 03 ☐ NOT AT INTERSECTION | 16. OFF STREET: 01 ☐ PUBLIC VEHICLE AREA 02 ☐ PRIVATE PROPERTY | 17. REPORT TAKEN ON SCENE? ☐ YES ☐ NO | 18. PHOTOS TAKEN ☐ YES ☐ NO IF YES, NUMBER

STRIKING OBJECT

1. Driver ☐ Pedestrian ☐ Fixed Object ☐

20. NAME OF DRIVER/PEDESTRIAN (LAST, FIRST, MIDDLE) [20A. TYPE OF PROP. (FIXED OBJECT) AND DESCRIBE DAMAGE IN NARRATIVE]: Stacey Lyn Bennett | 20. SEX: ☐ 01 M ☐ 02 F | 21. BIRTHDATE: 2-6-70

22. ADDRESS (STREET, ROOM, APT. NO., CITY AND STATE IF OUTSIDE D.C.): 1720 Swann St. N.W #3

23. HOME PHONE: [redacted] | 24. PERMIT NUMBER AND STATE: 8128000539 DC | 25. BUS. PHONE: 8-279-5073

OWNER

26. MODEL: Thunder | 27. MAKE: CAV | 28. YEAR: 89 | 29. BODY: TK | 30. COLOR: Black | 31. TAG NO./STATE/YEAR: AW9130 DC03 | 32. VEH. ID NO. [VIN]: 1HLHD1763XC051158

33. NAME OF OWNER [VEH./PROP.] (LAST, FIRST, MIDDLE), IF DRIVER ENTER "DRIVER": "Driver 1" | 34. PHONE NO.:

35. ADDRESS (STREET, ROOM, APT. NO., CITY AND STATE IF OUTSIDE D.C.): | 36. OWNER NOTIFIED? ☐ YES ☐ NO

3. Driver ☐ Pedestrian ☐ Fixed Object ☐

39. NAME OF DRIVER/PEDESTRIAN (LAST, FIRST, MIDDLE) [39A. TYPE OF PROP. (FIXED OBJECT) AND DESCRIBE DAMAGE IN NARRATIVE]: | 39. SEX: ☐ 01 M ☐ 02 F | 40. BIRTHDATE:

41. ADDRESS (STREET, ROOM, APT. NO., CITY AND STATE IF OUTSIDE D.C.):

42. HOME PHONE: | 43. PERMIT NUMBER AND STATE: | 44. BUS. PHONE:

OWNER

45. MODEL: | 46. MAKE: | 47. YEAR: | 48. BODY: | 49. COLOR: | 50. TAG NO./STATE/YEAR: | 51. VEH. ID NO. [VIN]:

52. NAME OF OWNER [VEH./PROP.] (LAST, FIRST, MIDDLE), IF DRIVER ENTER "DRIVER": | 53. PHONE NO.:

54. ADDRESS (STREET, ROOM, APT. NO., CITY AND STATE IF OUTSIDE D.C.): | 55. OWNER NOTIFIED? ☐ YES ☐ NO

2. Driver ☐ Pedestrian ☐ Fixed Object ☐

20. NAME OF DRIVER/PEDESTRIAN (LAST, FIRST, MIDDLE) [20A. TYPE OF PROP. (FIXED OBJECT) AND DESCRIBE DAMAGE IN NARRATIVE]: Paul, Rocues | 20. SEX: ☐ 01 M ☐ 02 F | 21. BIRTHDATE: 3-26-85

22. ADDRESS (STREET, ROOM, APT. NO., CITY AND STATE IF OUTSIDE D.C.): 130 Oxford St Chevy Chase MD

23. HOME PHONE: 8-881-6168 | 24. PERMIT NUMBER AND STATE: R-120-676-626-242 MD | 25. BUS. PHONE: 2 233-2445

OWNER

26. MODEL: 850 | 27. MAKE: Volvo | 28. YEAR: 00 | 29. BODY: 4dr | 30. COLOR: Brown | 31. TAG NO./STATE/YEAR: BXY4774 MD 04 | 32. VEH. ID NO. [VIN]: YV1LS5566Y2600172

33. NAME OF OWNER [VEH./PROP.] (LAST, FIRST, MIDDLE), IF DRIVER ENTER "DRIVER": Paul John DANIEL Rocues | 34. PHONE NO.: 301-951-1643

35. ADDRESS (STREET, ROOM, APT. NO., CITY AND STATE IF OUTSIDE D.C.): 13 Oxford St. Chevy Chase MD | 36. OWNER NOTIFIED? ☒ YES ☐ NO

4. Driver ☐ Pedestrian ☐ Fixed Object ☐

39. NAME OF DRIVER/PEDESTRIAN (LAST, FIRST, MIDDLE) [39A. TYPE OF PROP. (FIXED OBJECT) AND DESCRIBE DAMAGE IN NARRATIVE]: | 39. SEX: ☐ 01 M ☐ 02 F | 40. BIRTHDATE:

41. ADDRESS (STREET, ROOM, APT. NO., CITY AND STATE IF OUTSIDE D.C.):

42. HOME PHONE: | 43. PERMIT NUMBER AND STATE: | 44. BUS. PHONE:

OWNER

45. MODEL: | 46. MAKE: | 47. YEAR: | 48. BODY: | 49. COLOR: | 50. TAG NO./STATE/YEAR: | 51. VEH. ID NO. [VIN]:

52. NAME OF OWNER [VEH./PROP.] (LAST, FIRST, MIDDLE), IF DRIVER ENTER "DRIVER": | 53. PHONE NO.:

54. ADDRESS (STREET, ROOM, APT. NO., CITY AND STATE IF OUTSIDE D.C.): | 55. OWNER NOTIFIED? ☐ YES ☐ NO

Non-Involved Witnesses

37. NAME | ADDRESS | PHONE NUMBER: N/A

CODES

SEAT LOCATION CODE: 01 02 03 / 04 05 06

INJURY CODE: 00 UNKNOWN; 01 FATAL; 02 DISABLING; 03 NON-DISABLING; 04 NONE; 05 COMPLAINT OF PAIN BUT NO VISIBLE INJURY; 06 PEDESTRIAN; 07 BICYCLE RIDER; 08 OTHER: SKATEBOARD, TRICYCLE, ETC.

SEAT BELT/BAG CODE: 00 USE UNKNOWN; 01 NOT INSTALLED; 02 NOT FASTENED; 03 FASTENED; 04 AIR BAG INSTALL.; 05 BELT/BAG FAILED; 06 AIR BAG DEPLOYED; 07 CHILD RESTRAINT

EJECTION CODE (THROWN FROM VEH.): 00 UNKNOWN; 01 NO; 02 PARTIAL; 03 TOTAL

PERSONS INVOLVED

36. NAME/ADDRESS/PHONE NO. (INCLUDE ALL OPERATORS, PASSENGERS AND PEDESTRIANS INVOLVED EVEN IF NOT INJURED)	AGE	SEX	PASS. IN VEH. NO.	CODE 38	CODE 39	BELT 40	BAG 41	CODE 42	EMPLOYED BY D.C. GOVT.?	TRANSPORTED TO HOSPITAL?
D.1	33	F	01	01	04	03	04	04	☐ YES ☒ NO	☐ YES ☒ NO
D.2	28	M	02	01	04	03	00	01	☐ YES ☒ NO	☐ YES ☒ NO
									☐ YES ☐ NO	☐ YES ☐ NO
									☐ YES ☐ NO	☐ YES ☐ NO
									☐ YES ☐ NO	☐ YES ☐ NO
									☐ YES ☐ NO	☐ YES ☐ NO
									☐ YES ☐ NO	☐ YES ☐ NO

INJURED TO HOSPITAL

62. Name of Injured Person	Where Taken (Hospital)	By Whom	Status	TEB Notified (Name)	Teletype Notified (Name)	Relative Notified (Name)
N/A			01 ☐ Admitted 02 ☐ Released			
			01 ☐ Admitted 02 ☐ Released			
			01 ☐ Admitted 02 ☐ Released			
			01 ☐ Admitted 02 ☐ Released			
			01 ☐ Admitted 02 ☐ Released			
			01 ☐ Admitted 02 ☐ Released			
			01 ☐ Admitted 02 ☐ Released			

VEHICLE NO. 1

63. DIRECTION OF TRAVEL AND STREET [MUST BE SAME AS IN NARRATIVE/DIAGRAM]: East on Newark St NW

64. VEHICLE WAS: 01 ☐ LEFT ON SCENE 02 ☒ TOWED BY 03 ☐ DRIVEN AWAY BY

NAME: Precision Towing

67. LOCATION TOWED TO: Ins. Shop Bethesda MD.

65. CIRCLE ALL NUMBERS WHERE THERE IS DAMAGE: 1 2 3 4 5 6 7 8 9 10 11 12

13 Hood; 14 Roof; 15 Trunk; 16 Undercarriage; 17 Overturned; 18 Other (Explain in Narrative)

66. SKID MARKS: TO IMPACT Unk AFTER IMPACT ____

VEHICLE NO. 2

63. DIRECTION OF TRAVEL AND STREET [MUST BE SAME AS IN NARRATIVE/DIAGRAM]: North on 34th St NW

64. VEHICLE WAS: 01 ☐ LEFT ON SCENE 02 ☒ TOWED BY 03 ☐ DRIVEN AWAY BY

NAME: Precision Towing

67. LOCATION TOWED TO: D.1's Home

65. CIRCLE ALL NUMBERS WHERE THERE IS DAMAGE: 1 2 3 4 5 6 7 8 9 10 11 12

13 Hood; 14 Roof; 15 Trunk; 16 Undercarriage; 17 Overturned; 18 Other (Explain in Narrative)

66. SKID MARKS: TO IMPACT Unk AFTER IMPACT ____

VEHICLE NO. 3

63. DIRECTION OF TRAVEL AND STREET [MUST BE SAME AS IN NARRATIVE/DIAGRAM]:

64. VEHICLE WAS: 01 ☐ LEFT ON SCENE 02 ☐ TOWED BY 03 ☐ DRIVEN AWAY BY

NAME:

67. LOCATION TOWED TO:

65. CIRCLE ALL NUMBERS WHERE THERE IS DAMAGE: 1 2 3 4 5 6 7 8 9 10 11 12

13 Hood; 14 Roof; 15 Trunk; 16 Undercarriage; 17 Overturned; 18 Other (Explain in Narrative)

66. SKID MARKS: TO IMPACT ____ AFTER IMPACT ____

VEHICLE NO. 4

63. DIRECTION OF TRAVEL AND STREET [MUST BE SAME AS IN NARRATIVE/DIAGRAM]:

64. VEHICLE WAS: 01 ☐ LEFT ON SCENE 02 ☐ TOWED BY 03 ☐ DRIVEN AWAY BY

NAME:

67. LOCATION TOWED TO:

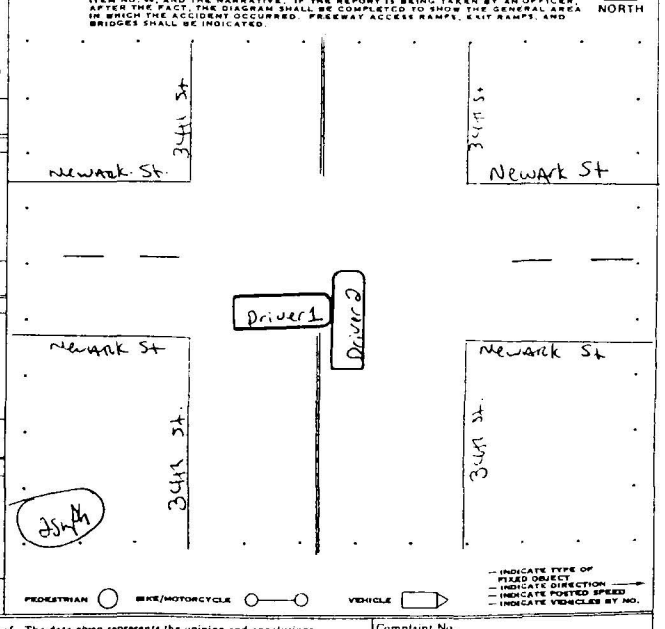
65. CIRCLE ALL NUMBERS WHERE THERE IS DAMAGE: 1 2 3 4 5 6 7 8 9 10 11 12

13 Hood; 14 Roof; 15 Trunk; 16 Undercarriage; 17 Overturned; 18 Other (Explain in Narrative)

66. SKID MARKS: TO IMPACT ____ AFTER IMPACT ____

68. DIAGRAM

THE PREDETERMINED NORTH IN THE TOP RIGHT HAND CORNER OF THIS SECTION SHALL NOT BE CHANGED BY THE REPORTING OFFICER. THE DIAGRAM MUST CORRESPOND TO ITEM NO. 44, AND THE NARRATIVE. IF THE REPORT IS BEING TAKEN BY AN OFFICER, AFTER THE FACT, THE DIAGRAM SHALL BE COMPLETED TO SHOW THE GENERAL AREA IN WHICH THE ACCIDENT OCCURRED. FREEWAY ACCESS RAMPS, EXIT RAMPS, AND BRIDGES SHALL BE INDICATED.



NOTE: This report is used for statistical analysis of vehicular accidents and the prevention thereof. The data given represents the opinion and conclusions of the reporting officer based on his/her judgement after considering all of the facts disclosed through his/her investigation of this accident.

Complaint No. 077-167

Complaint No. 077167

Police Action: Dr./Ped. No. 1 — Arrest (OT Number) 9861690 52 — Charge (Report ... supports the charge) FAIL to yie[redacted] of way — BAIL/SUPERIOR COURT - HEARING DATE Pending — DPW 40 [redacted] — What Traffic Signs Present?

Dr./Ped. No. 2 — No violation

11. TYPE OF COLLISION: 00 UNKNOWN; 01 RIGHT ANGLE; 02 LEFT TURN HIT VEH.; 03 RIGHT TURN HIT VEH; 04 REAR END; 05 SIDE SWIPED; 06 HEAD ON; 07 PARKED VEHICLE; 08 FIXED OBJECT; 09 RAN OFF ROADWAY; 10 LEFT TURN HIT PED.; 11 RIGHT TURN HIT PED.; 12 STRAIGHT HIT PED.; 13 BACKING HIT MOVING VEH; 14 BACKING HIT PARKED VEH; 15 BACKING HIT STOPPED VEH; 16 BACKING HIT PEDESTRIAN; 17 NON COLLISION ACCIDENT; 99 OTHER

12. ROAD CONDITION: 00 UNKNOWN; 01 REPAIRING; 02 DRY; 03 WET; 04 ICE/SNOW

13. STREET LIGHTING: 00 UNKNOWN; 01 DEFECTIVE; 02 NONE; 03 STREET LIGHTS ON; 04 STREET LIGHTS OFF

14. LIGHT CONDITION: 00 UNKNOWN; 01 DAWN/DUSK; 02 DARK; 03 DAYLIGHT

15. TRAFFIC CONDITION: 00 UNKNOWN; 01 HEAVY; 02 MEDIUM; 03 LIGHT; 99 OTHER

16. WEATHER: 00 UNKNOWN; 01 FOG/MIST; 02 CLEAR; 03 RAIN; 04 SNOW; 05 SLEET

17. ROAD SURFACE: 01 CONCRETE; 02 ASPHALT; 03 BRICK; 04 GRAVEL; 05 DIRT; 99 OTHER

18. ROAD TYPE: 01 STRAIGHT; 02 CURVE; 03 LEVEL; 04 GRADE; 05 CREST; 06 UNDERPASS; 07 RAMP; 08 BRIDGE; 99 OTHER

19. PEDESTRIAN ACTION: 00 UNKNOWN; 01 WITH SIGNAL IN CROSSWALK; 02 AGAINST SIGNAL IN CROSSWALK; 03 IN CROSSWALK - NO SIGNAL; 04 FROM BETWEEN PARKED CARS; 05 NOT IN CROSSWALK; 06 IN UNMARKED CROSSWALK; 99 OTHER

20. TRAFFIC CONTROLS: 00 UNKNOWN; 01 FLASHING; 02 YIELD; 03 STOP SIGN; 04 SIGNAL; 05 NONE; 06 OFFICER; 07 TURN RESTRICTED; 99 OTHER

21. PEDESTRIAN CLOTHING: 01 UNKNOWN; 02 WEARING DARK CLOTHING; 03 WEARING LIGHT CLOTHING

22. DRIVER/PEDESTRIAN CONDITION: 00 UNKNOWN; 01 FATIGUED; 02 ILL; 03 PHYSICAL DEFECT; 04 APPARENTLY ASLEEP; 05 APPARENTLY NORMAL; 99 OTHER

23. SOBRIETY: 01 HAD NOT BEEN DRINKING; HAD BEEN DRINKING AND: 02 OBVIOUSLY DRUNK; 03 ABILITY IMPAIRED; 04 NOT IMPAIRED; 05 IMPAIRMENT UNKN; 99 OTHER

24. BLOOD ALCOHOL CONTENT: Dr./Ped. 1 ____ Dr./Ped. 3 ____ N/A Dr./Ped. 2 ____ Dr./Ped. 4 ____

25. CONTRIBUTING CIRCUMSTANCES - MARK THE PRIMARY FACTOR FOR ALL VEHICLES AND ALL SECONDARY FACTORS: 01 SPEED; 02 DEFECTIVE BRAKES; 03 FOLLOWING TOO CLOSE; 04 AUTO RIGHT-OF-WAY; 05 PED. RIGHT-OF-WAY; 06 IMPROPER TURN; 07 YIELD SIGN; 08 STOP/GO LIGHT; 09 FLASHING LIGHT; 10 DIRECTIONAL LIGHT; 11 STOP SIGN; 12 ALCOHOL INFLUENCE; 13 IMPROPER PASSING; 14 WRONG WAY-ONE WAY ST; 15 WRONG SIDE OF STREET; 16 IMPROPER STARTING; 17 OTHER DEFECTS; 18 PEDESTRIAN VIOLATION; 19 NO VIOLATION; 20 DRIVER INATTENTION; 21 CHANGING LANES W/O CAUT; 22 FAIL TO SET PARKING BRAKE; 23 OPEN DOOR TO TRAFFIC; 24 DRUG INFLUENCE; 25 IMPROPER BACKING; 26 DEFECTIVE LIGHTS; 27 PEDESTRIAN DRUNK; 28 ROAD DEFECTS; 29 DRIVER VISION OBSTRUCTED; 30 RIGHT TURN ON RED; 99 OTHER

26. VEHICLE TYPE: 00 UNKNOWN; 01 PASSENGER AUTO; 02 TAXI CAB; 03 BUS; 04 MOTORCYCLE; 05 TRUCK/TRACTOR; NO. OF TRAILERS; NO. OF WHEELS; 06 BICYCLE; 07 POLICE PATROL WAGON; 08 POLICE MOTORCYCLE; 09 POLICE SCOOTER; 10 POLICE SCOUT CAR - ONE MAN; 11 POLICE SCOUT CAR TWO MAN; 12 POLICE CRUISER MARKED; 13 POLICE CRUISER UNMARKED; 14 POLICE-OTHER; 15 FIRE ENGINE; 16 AMBULANCE; 17 PEDESTRIAN - ON FOOT; 18 FIXED OBJECT; 19 NON-COLLISION; 20 MOPED; 99 OTHER (EXPLAIN IN NARRATIVE. INCLUDES SKATEBOARDS, TRICYCLES, PLAY VEHICLES, ETC.)

27. DRIVER ACTIONS: 00 UNKNOWN; 01 BACKING; 02 TURNING RIGHT; 03 TURNING LEFT; 04 STOPPED/STANDING TRAFFIC LANE; 05 PARKED; 06 ENTERING/LEAVING PARKED POSITION; 07 MAKING "U" TURN; 08 MERGING; 09 RAN OFF ROAD; 10 CHANGING LANES; 11 GOING STRAIGHT; 12 OVERTAKING; 13 SLOWING/STOPPING; 14 AVOIDING; 99 OTHER

* NARRATIVE Give a concise statement, in your own words, of the facts that are not covered in this report, or to clarify any items that are not satisfactorily explained. Use Continuation Sheet of report for additional space. If statements are taken, use PD 118 (Def./Suspect Statement), or PD 119 (Compl./Witness Statement). If accident occurred in a construction zone, describe type of construction.

D.1 stated she was travelling East on Newark St. N.W. when she struck D.2's Automobile on 34th St. N.W. D.1 stated that the street was clear when she first looked but when she looked up again D.2 was travelling up 34th St. but it was to late for her to stop.

D2 stated he was travelling North on 34th St. N.W. when D1 struck his automobile causing the listed damage. D2 stated he did not see D.1 when she struck his automobile, crossing Newark St. N.W.

28. REPORTING OFFICER [redacted] — BADGE NO. [redacted] — UNIT 3D — SIGNATURE OF REVIEWING OFFICIAL — BADGE NO. 5720 — UNIT — 31. REVIEWER — 32. DISTRIBUTION

33. CONTINUATION SHEET (List item number of section continued with required information) — Complaint No. 077167

After Investigating the scene D.1 was issued 1 NOF for FAIL to yield right of way.