L		PE	RSO	NS II	NVOL	VEC)	_	Non-Involv Witnesses			OWNE		Po		river edestria	" i>			RIKIN					S MM MZZZ	7. AC		PO
		re		140	4401	LVEL		42. NAME/ADDRESS/PHONE NO. (INCLUDE ALL OPERATORS, PASSENGERS		97. NAME		ADDRESS ISTREET, ROOM, APT, NO., CITY AND STATE IF O	13 NAME OF OWNER IVEH . PROP LAST. FIRST. MIDDLE . IF DRIVER	25. MODEL 27. MAKE 28. YEAR 29. BODY 30. COLOR 31. TAG NO	□ Pe	ded 22. Address (Street, Room, Apt. No., City and State if	19. NAME OF DRIVER/PEDESTRIAN (LAST, FIRST, MIDUCE) 194. TYPE OF PROP. (FIXED OBJECT) AND DESCRIBE DAMAGE CO	36. ADDRESS (STREET, MOOM, APT. NO., CITT AND ST	U. NAME OF OWNER (VEH./PROP.), (LAST, FIRST, MIDDLE), IF	26, MODEL 27, MAKE 28, YEAR 29, BODY 31, COLOR 32, TAG	D Ó. IL 23. HOME PHONE 24. PERMIT NUMBER AND STATE	river iz O 22. ADDRESS (STREET, ROOM, APT. NO., CITY AND STATE	19. NAME OF DRIVER/FEDESTRIAN (LAST, FIRST, MIDDLES 19A, TYPE OF PROF. (FIXED OBJECT) AND DESCRIBE DAMA 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	PART N S PI W	S.ENTER THE NO. OF FEET, IN WHATEVER DIRECTION, FROM THE NEAREST INTER, OR BLOCK, ENTER THE NO. OF FEET FROM THE NEAREST MILE-POST OR PEPCO POLE NO., INDICATE IF ON RETIT RAMP, ACCESS RAMP OR BRIDGE. CIRCLE THE CITY OULDRANT.	7, ACCIDENT OCCURRED ON (STREET,DIRECTION,DISTANCE FROM MILE	1. DATE OF ACCIDENT 2. TIME (USE MILITARY) 3. DAT OF WEEK 4.	, 7/86 Prescribing Directive G.O 401.3
The state of the s								NGERS AND PEDESTRIANS INVOLVED EVEN IF NOT INJURED) AGE	D of 22 03 08 OF OFFICE OF OFFICE OF OFFICE	38. SEAT 1	TYES NO	J.C. 36. OWNER	ENTER "DRIVER" 34. PHONE NO. II 33. NAME OF OWNER	O.,STATE/YEAR 32, VEH. ID NO. (VIN) 28, MODEL 27. MAKE 28.	ONE D.P. F. 23. HOME PHONE	priver edestri ixed O	bject	THE D.C. WALLEY NOTIFIED:	VER ENTER "DRIVER" 35. PHONE NO. W 33. NAME OF OWNER (V	26.	25, BUS. PHONE CO. II 23. HOME PHONE	Priver edestria ixed O	IN NARRATIVE OI M OI	NE SE TYES NO 101	ACCIDENT OCCURRED 14. IS THIS A CONSTRUCTION 0	POST, RAMP) 6. DISTRICT	DAIE OF INIS REPORTS. THE OF ACCIDENT CHECK ALL INALAFFLY.	IRAFFIC ACCIDENT KEPOKI
	□YES □ NO	□ YES □ NO	□YES □ NO	ON C SEA	□ YES □ NO	□ YES □ NO	□ YES □ NO	SEX PASS.IN CODE CODE BELT BAG CODE EMPLOYED BY 40. 40. 41. D.C. GOVT.?	TRICYCLE, MOPED PASS. 02 BISABLING 02 NOT FASTENED 02 NOT FASTENED 03 NON-DISABLING 04 AIR BAG INSTALL. 05 COMPLAINT NO 05 COMPLAINT NO 05 COMPLAINT NO 05 CHILD RESTRAINT 05 CHILD RESTRAINT	39. INJURY CODE 40. SEAT BELT/BAG CODE OUNCHOWN 00 USE UNIXIOWN OUNCY ON THE PROPERTY OF THE P		M, APT. NO., CITY AND STATE IF OUTSIDE D.C.)	(VEH./PROP.), (LAST, FIRST, MIDDLE), IF DRIVER ENTER "DRIVER" 14. PHO	YEAR 29.BODY 30. COLOR 31. TAG NO., STATE/YEAR 32. VEH. ID NO.	24. PERMIT NUMBER AND STATE	, ROOM, AFT, NO., CITT AND STATE IF OUTSIDE DOLL	(FIXED OBJECT) AND DESCRIBE DAMAGE IN NARRATIVE OI M	ABS UC	PROP.), (LAST, FIRST, MIDDLE), IF DRIVER ENTER "DRIVER"	YEAR 29. BODY 30. COLOR 31. TAG NO, STATE/YEAR 32. VEH. ID	24. PERMIT NUMBER AND STATE	, ROOM, APT. NO., CITY AND STATE IF OUTSIDE D.C.,	EDESTRIAN (LAST, PIRST, MIDDLE) ED OBJECT) AND DESCRIBE DAMAGE IN NARRATIVE 01 M	02 PRIVATE PROPERTY	S, ON STREET 10. OFF STREET 17. REPORT TAKEN 18. PHOTOS TAKEN?	10. NO. VEHICLES 11. NO. INJURED 12. NO. INJURED 12. NO. INJURED 12. NO. INJURED 12. NO. INJURED 10. NO. INJUR	ONLY OF THE PROPERTY OF THE PERFECTION OF THE PROPERTY OF THE PERFECTION OF THE PERF	
	□YES □ NO	□YES □ NO	□ YES □ NO	ON SEA	YES No	□ YES □ NO	□YES □ NO	TRANSPORTED	00 UNKNOWN 01 NO 02 PARTIAL 03 TOTAL	A1. EJECTION CODE THROWN	11 -<	36,OWNER NOTIFIED?	M. PHONE NO.	(VIN)	S. FROME		-	TES NO	34. PHONE NO.	(VIZ)	Zö, BCS. FRONE		21. BIRTHDATE		OS TAKEN?	oing driver)		- 10 cm, D. c.

Z		/EHICLE NO. 4			LE NO. 3			VEH	ICLE NO.	2		VE	HICLE	NO. 1		IN	JUR	ED T	о нс	SPIT	AL	-
NOTE: This report is used for statistical analysis of the reporting officer based on his/hi	47. LOCATION TOWED TO	Y BY	AVEL AND STREET	OS DRIVEN AWAT BY	CENE	44. DIRECTION OF TRAVEL AND STREET (MUST BE SAME AS IN NARRATIVE)		NAME:	46, VEHICLE WAS: 01 LEFT ON SCENE 02 TOWED BY 03 DRIVEN AWAY BY	(MUST BE SAME AS IN NARRATIVE) DIAGRAM)		ATION TOWED TO	46. VEHICLE WAS: 01 LEFT ON SCENE 02 TOWED BY 03 DRIVEN AWAY BY NAME:	ME AS IN NARRATIVE/								Name of Injured Person
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.	AFTER II	1 2 2	TO IMPACT AFTER IMPACT	11 10 9 8 7	1 2 3 4 5 6 13 Hood 14 Roof 15 Trunk — 16 Undercarriage	45. CIRCLE ALL NUMBERS WHERE THERE IS DAMAGE	TO IMPACT AFTER IMPACT	11 10 9 8	14 Roof 15 Trunk 16 Undercarriage 17 Overturned 17 18 Other (Explain	45. CIRCLE ALL NUMBERS WHERE THERE IS DAMAGE	TO IMPACT AFTER IMPACT	11 10 9 8		1 2 3 4 5 6 14 Hood 15 Trunk	4.4							Where Taken (Hospital) By
of. The data losed throug	PEDESTRIAN	•	•	•		-1 11.	•	,	•	•	I	•	•	49. DIAGRAM							j	By Whom
a given represent ;h his/her investi	0												•	AM: THE PREDETERMINED NOT BE CHANGED BY ITEM NO. 44, AND THE ITEM RACT, THE ACCIDE IN WHICH THE ACCIDE BRIDGES SHALL BE IN	or	ot Admitted oz Released	oı ☐ Admitted	or ☐ Admitted oz ☐ Released	oı ☐ Admitted	oı ☐ Admitted oz ☐ Released	o1 ☐ Admitted o2 ☐ Released	Status
s the opinion and conclusions gation of this accident.	BKE/MOTORCYCLE	· .									,		•	NTONE								TEB Notified (Name)
Complaint No.	VEHICLE	•											•	RTH IN THE TOP RIGHT HAND CORNER OF THIS SECTION SHALL REPORTING OFFICER. THE DIAGRAM MUST CORRESPOND TO ARRAITUR. HE THE CORPORT IS BRING TAKEN BY AN OFFICER, AGRAM SHALL BE COMPLETED TO SHOW THE GENERAL AREA ATED. ATED. RECWAY ACCESS RAMPS, EXIT RAMPS, AND								Teletype Notified (Name)
	- INDICATE TYPE OF FIXED OBJECT INDICATE DIRECTION	•	•	•	•		•		•	•		•		IS SECTION SHALL T CORRESPOND TO BY AN OFFICER, E GENERAL AREA NORTH IT RAMPS, AND								Relative Notified (Name)

В	5	Rev. 7/86 Prescribing Directive G.O 401.3	TRAFFIC	DENT REPORT		Metropolitan Po		shington, l
	DATE	OF ACCIDENT 2. TIME (USE MILITARY) 3. DAY OF WEEK 4.	DATE OF THIS REPORT 5. TYPE OF ACCIDENT 01 FATALITY 02	(CHECK ALL THAT APPLY, INJURY 03 [] PROP.:DAMA	Q jij	of C b.c. PROPERTY DAMAGE) of C b.c. PROPERTY 07 NON-COLLISION of C b.c. PROPERTY 07 PROPESTRIAN	6. COMPLAINT NUMBER	2
7.	Ş	ACCIDENT OCCURRED ON (STREET, DIRECTION, DISTANCE FROM MILE FO	POST, RAMP)	8. DISTRICT 9. R		PERSONS Veh. 1	of occupants (including briver)	4
Ē. RINO	222 777	ENTER THE NO. OF FEET, IN WHATEVER DIRECTION, FROM THE NEAREST INTER, OR BLOCK, ON FREET Enter the NO, Of Feet, From the Nearest milet-905 or Pepco Pole No., Indicate if accident On Exit Ramp, access ramp or Bridge, circle the City Quadrant.	WAYS OCCUR	CTION 0	S. ON STREET 16. O	16. OFF STREET 17.R	17.REPORT TAKEN 18. PHOTOS TAKEN? ON SCENE?	HOTOS TAKEN?
ı		FRET N S E W	NE SE	YES NO 03 NO	NOT AT INTERSECTION 02	RTY	YES NO NUMBER	
			DO. SEX 21. BIRTHDATE On M On P	Ject 19A.TYPE OF	DRIVER/PEDESTRIAN (LAST, P PROP. (PIXED OBJECT) AND DE	EDESTRIAN (LAST, FIRST, MIDDLE) (ED OBJECT) AND DESCRIBE DAMAGE IN NARRATIVE	20. SEX	21. SIRTHDATE
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Non-Involved	Witnesses	37. NAME ADD	ADDRESS PHONE NUMBE	SEAT LOCATION CO OF TATION WA O	DDE AGON REAR LE /MOPED PASS BUS NTEBOARD, ICYCLE ETC.	39. INJURY CODE 40. SE OD UNKNOWN 01 F 01 FATAL 01 FATAL 02 DISABLING 02 F 03 NONE BLING 04 ON ON E 04 NONE BLING 04 ON	40. SEAT BELT/BAG CODE OU USE UNIKNOWN OI NOT INSTALLED OZ NOT FASTENED OZ FASTENED OZ FASTENED OZ FASTENED OZ BELT/BAG FAIL ED	41. EJECTION CODE [THROWN FROM VEH.] O UNKNOWN OI NO OZ PARTIAL OZ TOTAL
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VED	T						□YES □ NO	SBA
VOL	T						☐ YES ☐ NO	SAA
NS IN							□YES □ NO	□ YES □ NO
RSO							□YES □ NO	□ YES
PE	7						□ YES □ NO	□YES □ NO
							□YES □ NO	YES NO