

Central Intelligence Agency

TOTAL NUMBER OF VEHICLES INVOLVED

DATE OF CRASH: 07262016 TIME (0000): 1600 DISTRICT/ZONE: TYSON TROOP: PAGE #: 01

PARISH: PARISH CODE: CITY OR TOWN: CITY CODE: LAT: LONG: Quadrant: NW SW NE SE Service Road: N E S W 1600029912

CRASH OCCURRED ON: A. INTERSTATE B. U.S. HWY C. STATE HWY D. PARISH ROAD E. CITY STREET F. OFF ROAD/PRIVATE PROPERTY G. TOLL ROAD HIGHWAY #: MILEPOST: ROADWAY NAME: TYSONS MCLEAN DISTANCE: MILES FEET NE SW SE NW AT INTERSECTION NOT AT INTERSECTION

CONTRIBUTING FACTORS AND CONDITIONS. ROAD SURFACE: A. DRY B. WET C. SNOW/SLUSH D. ICE E. CONTAMINANT WEATHER: A. CLEAR B. CLOUDY C. RAIN D. FOG/SMOKE E. SLEET/HAIR F. SNOW G. SEVERE CROSSWIND H. BLOWING SAND, SOIL, DIRT, SNOW I. UNKNOWN Z. OTHER ROADWAY CONDITIONS: A. NO ABNORMALITIES B. SHOULDER ABNORMALITY C. HOLES D. DEEP RUTS E. BUMPS F. LOOSE SURFACE MATERIAL G. CONSTRUCTION, REPAIR H. OVERHEAD CLEARANCE LIMITED I. CONSTRUCTION - NO WARNING J. PREVIOUS CRASH K. WATER ON ROADWAY L. ANIMAL IN ROADWAY M. OBJECT IN ROADWAY N. Z. OTHER TYPE OF ROADWAY: A. ONE-WAY ROAD B. TWO-WAY ROAD WITH NO PHYSICAL SEPARATION C. TWO-WAY ROAD WITH A PHYSICAL SEPARATION D. TWO-WAY ROAD WITH A PHYSICAL BARRIER Y. UNKNOWN Z. OTHER RELATION TO ROADWAY: A. ON ROADWAY B. SHOULDER C. MEDIAN D. BEYOND SHOULDER - LEFT E. BEYOND SHOULDER - RIGHT F. BEYOND RIGHT OF WAY G. GORE Y. UNKNOWN Z. OTHER ALIGNMENT: A. STRAIGHT-LEVEL B. STRAIGHT-LEVEL ELEVATED C. CURVE-LEVEL D. CURVE-LEVEL ELEVATED E. ON GRADE-STRAIGHT F. ON GRADE-CURVE G. HILLCREST-STRAIGHT H. HILLCREST-CURVE I. DIP, HUMP-STRAIGHT J. DIP, HUMP-CURVE Y. UNKNOWN Z. OTHER ACCESS CONTROL: A. NO CONTROL B. PARTIAL CONTROL C. FULL CONTROL Y. UNKNOWN Z. OTHER PRIMARY FACTOR: A. VIOLATIONS B. MOVEMENT PRIOR TO CRASH C. VISION OBSCUREMENTS D. CONDITION OF DRIVER E. VEHICLE CONDITIONS F. ROAD SURFACE G. ROADWAY CONDITION H. LIGHTING I. WEATHER J. TRAFFIC CONTROL K. KIND OF LOCATION L. CONDITION OF PEDESTRIAN M. PEDESTRIAN ACTIONS SECONDARY FACTOR: A. LIGHTING: A. DAYLIGHT B. DARK - NO STREET LIGHTS C. DARK - CONTINUOUS STREET LIGHT D. DARK - STREET LIGHT AT INTERSECTION ONLY E. DUSK F. DAWN Y. UNKNOWN Z. OTHER

VEHICLE CONFIGURATION							CARGO BODY TYPE				
A. PASSENGER CAR	D. A, B, C, OR S WITH TRAILER	G. OFF-ROAD VEHICLE	J. BUS W/SEATS FOR 9-15 OCCUPANTS	M. SINGLE UNIT TRUCK W/ 3 AXLES OR MORE	Q. TRACTOR SEMI-TRAILER	T. FARM EQUIPMENT	A. BUS	D. FLATBED	G. AUTO TRANSPORTER	J. HOPPER	
B. LT. TRUCK (P.U., ETC.)	E. MOTORCYCLE	H. EMERGENCY VEHICLE IN USE	K. BUS W/SEATS FOR 16 OR MORE OCC.	N. TRUCK/TRAILER	R. TRUCK DOUBLE	V. MOTOR HOME	B. VAN/ENCLOSED BOX	E. DUMP TRUCK/TRAILER	H. LOG TRUCK/TRAILER	K. POLE TRAILER	
C. VAN	F. PEDALCYCLE	I. SCHOOL BUS	L. SINGLE UNIT TRUCK W/ 2 AXLES	P. TRUCK/TRACTOR	S. SUV	Z. OTHER	C. CARGO TANK	F. CONCRETE MIXER	I. GARBAGE/REFUSE	X. NO CARGO BODY	Z. OTHER

EMERGENCY SERVICES: AMBULANCE FIRE DEPARTMENT TIME CALLED: ARRIVED SCENE: DEPARTED SCENE: ARRIVED HOSPITAL: RESCUE UNIT:

INVESTIGATING AGENCY: CIA NAME OF AGENCY: TIME OF NOTIFICATION: 1605 TIME OF ARRIVAL: 1606 TIME ALL LANES OPENED: 1730 INVESTIGATION COMPLETE: Y/N INVESTIGATING POLICE AGENCY: A. STATE C. PARISH B. CITY Z. OTHER DATE REPORT COMPLETED:

INVESTIGATING OFFICER'S NAME (PRINT): BMOORE/ SIGNATURE: BADGE #: SUPERVISOR'S INITIALS OR BADGE#:

COMPUTER NUMBER [] [] [] [] = 03

(b)(3)

Central Intelligence Agency

1 VEH # OR 0 PEDESTRIAN

CONF CARGO BODY TYPE YEAR MAKE MODEL # DOORS # AXLES # TIRES
A X see page 1 for selections 2009 HOND ACCORD 2

V.I.N. NOT APPLICABLE VEHICLE TOWED N A YES B. NO C. LEFT AT SCENE REMOVED BY

LICENSE PLATE 2017 VA WBE3370 GVWR/GCWR REASON TOWED A. VEHICLE DAMAGED B. DRIVER ARRESTED C. INSURANCE VIOLATION Z. OTHER

TRAILER DESCRIPTION LICENSE PLATE

VEHICLE CLASSIFICATION COMMERCIAL/BUSINESS VEHICLE GOVERNMENT VEHICLE PERSONAL VEHICLE X

COMPLETE INFORMATION BELOW IF THIS VEHICLE IS BEING USED FOR COMMERCE/BUSINESS, & HAS A GVWR/GCWR IN EXCESS OF 10,000 LBS., OR HAS A HAZARD PLACARD, OR IS A BUS WITH SEATING FOR FIVE OR MORE INCLUDING THE DRIVER.

CARRIER NAME MC/MX ("ICC") # STREET ADDRESS CITY STATE ZIP INTERSTATE CARRIER Y/N TRANSPORTING HAZARDOUS MATERIAL Y/N CLASS ID# PLACARDS DISPLAYED Y/N HAZ MAT RELEASED Y/N

NAME (LAST, FIRST, MI) OF X DRIVER PEDESTRIAN BOGGER DAMON DATE OF BIRTH 12231965

STREET ADDRESS 07303 BEVERLY PARK DR TELEPHONE # CITY SPRINGFIELD STATE VA ZIP 22150

STATE CLASS ENDORSEMENTS DRIVER'S LICENSE NUMBER INSTRUCTED TO EXCHANGE INFORMATION? Y/N X NAME OF FACILITY

PEDESTRIAN ONLY UPPER BODY CLOTHING LOWER BODY CLOTHING SEX RACE AGE INJURY CODE

OWNER'S NAME (LAST, FIRST, MI OR COMPANY NAME) Same as Driver TELEPHONE #

STREET ADDRESS CITY STATE ZIP

INSURANCE CO. NAME POLICY NUMBER EXPIRATION DATE

AGENT'S NAME/ADDRESS PHONE #

OCCUPANT'S NAME (LAST, FIRST, MI) DATE OF BIRTH

STREET ADDRESS CITY STATE ZIP TRANSPORTED TO MEDICAL FACILITY NAME OF FACILITY

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STREET ADDRESS CITY STATE ZIP TRANSPORTED TO MEDICAL FACILITY NAME OF FACILITY

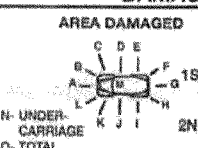
SEATING POSITION	EJECTION	TRAPPED OR EXTRICATED	AIRBAG	OCCUPANT PROTECTION SYSTEM USED	INJURY
A - FRONT SEAT-LEFT SIDE (MOTORCYCLE DRIVER)	J - SLEEPER SECTION OF CAB (TRUCK)	A - NOT EJECTED	A - DEPLOYED	A - NONE USED-VEHICLE OCCUPANT	A - FATAL
B - FRONT SEAT-MIDDLE	K - PASSENGER IN OTHER ENCLOSED PASSENGER OR CARGO AREA (NON-TRAILING UNIT)	B - TOTALLY EJECTED	B - NON DEPLOYED	B - SHOULDER BELT ONLY USED	B - INCAPACITATING/SEVERE
C - FRONT SEAT-RIGHT SIDE	L - PASSENGER IN OTHER UNENCLOSED PASSENGER OR CARGO AREA (NON-TRAILING UNIT)	C - PARTIALLY EJECTED	C - NON-DEPLOYED/SWITCH OFF	C - LAP BELT ONLY USED	C - NON-INCAPACITATING/MODERATE
D - SECOND SEAT-LEFT SIDE (MOTORCYCLE PASSENGER)	M - PASSENGER ON TRAIN OR STREETCAR	Y - UNKNOWN	D - NOT APPLICABLE	D - SHOULDER AND LAP BELT USED	D - POSSIBLE/COMPLAINT
E - SECOND SEAT-MIDDLE	N - TRAILING UNIT		Y - UNKNOWN	E - CHILD SAFETY SEAT IMPROPERLY USED	E - NO INJURY
F - SECOND SEAT-RIGHT SIDE (MOTORCYCLE PASSENGER)	O - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)			F - CHILD SAFETY SEAT USED	
G - THIRD ROW-LEFT SIDE (MOTORCYCLE PASSENGER)	Y - UNKNOWN			G - HELMET USED	
H - THIRD ROW-MIDDLE				Y - RESTRAINT USE UNKNOWN	
I - THIRD ROW-RIGHT SIDE					

WRITE APPROPRIATE LETTER IN BLOCK

CONTRIBUTING FACTORS AND CONDITIONS


<p>VISION OBSCUREMENTS N</p> <p>A. RAIN, SNOW, ETC. ON WINDSHIELD B. WINDSHIELD OTHERWISE OBSCURED C. VISION OBSCURED BY LOAD D. TREES, BUSHES, ETC. E. BUILDING F. EMBANKMENT G. SIGN BOARDS H. HILLCREST I. PARKED VEHICLES J. MOVING VEHICLES K. BLINDED BY HEADLIGHTS L. BLINDED BY SUNGLARE M. DISTRACTED BY NEON LIGHTS IN FIELD OF VIEW N. NO OBSCUREMENTS Y. UNKNOWN Z. OTHER</p>	<p>CONDITION OF DRIVER/PED A</p> <p>A. NORMAL B. INATTENTIVE C. DISTRACTED D. ILLNESS E. FATIGUED F. APPARENTLY ASLEEP/BLACKOUT G. DRINKING ALCOHOL - IMPAIRED H. DRINKING ALCOHOL - NOT IMPAIRED I. DRUG USE - IMPAIRED J. DRUG USE - NOT IMPAIRED K. PHYSICAL IMPAIRMENT (EYES, EAR, LIMB) Y. UNKNOWN Z. OTHER</p> <p>DRIVER DISTRACTION E</p> <p>A. CELL PHONE B. OTHER ELECTRONIC DEVICE (PAGER, PALM PILOT, NAVIGATION DEVICE, ETC.) C. OTHER INSIDE THE VEHICLE D. OTHER OUTSIDE THE VEHICLE E. NOT DISTRACTED Y. UNKNOWN Z. OTHER</p>	<p>SEQUENCE OF EVENTS/HARMFUL EVENTS</p> <p>NON COLLISION A. OVERTURN/ROLLOVER B. FIRE/EXPLOSION C. IMMERSION D. JACKKNIFE E. CARGO/EQUIPMENT LOSS OR SHIFT F. FELL/JUMPED FROM MOTOR VEHICLE G. THROWN OR FALLING OBJECT H. EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC.) I. SEPARATION OF UNITS IN TRANSPORT J. RAN OFF ROAD RIGHT K. RAN OFF ROAD LEFT L. CROSSED MEDIAN/CENTERLINE M. DOWNHILL RUNAWAY N. OTHER NON-COLLISION</p> <p>COLLISION WITH PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT O. PEDESTRIAN P. PEDAL CYCLE Q. RAILWAY VEHICLE (TRAIN, ENGINE) R. ANIMAL</p> <p>COLLISION WITH FIXED OBJECT S. MOTOR VEHICLE IN TRANSPORT T. PARKED MOTOR VEHICLE U. STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY MOTOR VEHICLE V. WORK ZONE/MAINTENANCE EQUIPMENT W. OTHER NON-FIXED OBJECT</p> <p>COLLISION WITH FIXED OBJECT X. IMPACT ATTENUATOR/CRASH CUSHION Y. BRIDGE OVERHEAD STRUCTURE Z. BRIDGE PIER OR SUPPORT AA. BRIDGE RAIL BB. CULVERT CC. CURB DD. DITCH EE. EMBANKMENT FF. GUARDRAIL FACE GG. GUARDRAIL END HH. CONCRETE TRAFFIC BARRIER II. OTHER TRAFFIC BARRIER JJ. TREE (STANDING) KK. UTILITY POLE/LIGHT SUPPORT</p> <p>LL. TRAFFIC SIGN SUPPORT MM. TRAFFIC SIGNAL SUPPORT NN. OTHER POST, POLE, OR SUPPORT OO. FENCE PP. MAILBOX QQ. OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL, ETC.) YY. UNKNOWN</p> <p>1st <input type="checkbox"/> Y <input type="checkbox"/> Y 2nd <input type="checkbox"/> Y <input type="checkbox"/> Y 3rd <input type="checkbox"/> Y <input type="checkbox"/> Y 4th <input type="checkbox"/> Y <input type="checkbox"/> Y</p> <p>MOST HARMFUL EVENT S <input type="checkbox"/></p>
<p>VIOLATION U</p> <p>A. EXCEEDING STATED SPEED LIMIT B. EXCEEDING SAFE SPEED LIMIT C. FAILURE TO YIELD D. FOLLOWING TOO CLOSELY E. DRIVING LEFT OF CENTER F. CUTTING IN, IMPROPER PASSING G. FAILURE TO SIGNAL H. MADE WIDE RIGHT TURN I. CUT CORNER ON LEFT TURN J. TURNED FROM WRONG LANE K. OTHER IMPROPER TURNING L. DISREGARDED TRAFFIC CONTROL M. IMPROPER STARTING N. IMPROPER PARKING O. FAILED TO SET OUT FLAGS, FLARES P. FAILED TO DIM HEADLIGHTS Q. VEHICLE CONDITION R. DRIVER CONDITION S. CARELESS OPERATION T. IMPROPER BACKING U. NO VIOLATIONS Y. UNKNOWN Z. OTHER</p>	<p>REASON FOR MOVEMENT P</p> <p>A. TO AVOID OTHER VEHICLE B. TO AVOID PEDESTRIAN C. TO AVOID ANIMAL D. TO AVOID OTHER OBJECT E. PASSING F. VEHICLE OUT OF CONTROL, NOT PASSING G. VEHICLE OUT OF CONTROL, PASSING H. FOR TRAFFIC CONTROL I. DUE TO CONGESTION J. DUE TO PRIOR CRASH (COLLISION) K. DUE TO DRIVER CONDITION L. DUE TO DRIVER VIOLATION M. DUE TO VEHICLE CONDITION (FAILURE) N. DUE TO PAVEMENT CONDITION O. HIGH WIND P. NORMAL MOVEMENT Y. UNKNOWN Z. OTHER</p>	<p>MOVEMENT PRIOR TO CRASH I</p> <p>A. STOPPED B. PROCEEDING STRAIGHT AHEAD C. TRAVELING WRONG WAY D. BACKING E. CROSSED MEDIAN INTO OPPOSING LANE F. CROSSED CENTER LINE INTO OPPOSING LANE G. RAN OFF ROAD (NOT WHILE MAKING TURN AT INTERSECTION) H. CHANGING LANES ON MULTI-LANE ROAD I. MAKING LEFT TURN J. MAKING RIGHT TURN</p> <p>K. STOPPED PREPARING TO, OR MAKING U-TURN L. MAKING TURN, DIRECTION UNKNOWN M. STOPPED, PREPARING TO TURN LEFT N. STOPPED, PREPARING TO TURN RIGHT O. SLOWING TO MAKE LEFT TURN P. SLOWING TO MAKE RIGHT TURN Q. SLOWING TO STOP R. PROPERLY PARKED S. PARKING MANEUVER</p> <p>T. ENTERING TRAFFIC FROM SHOULDER U. ENTERING TRAFFIC FROM MEDIAN V. ENTERING TRAFFIC FROM PARKING LANE W. ENTERING TRAFFIC FROM PRIVATE LANE OR DRIVEWAY X. ENTERING FREEWAY FROM ON RAMP Y. LEAVING FREEWAY VIA OFF RAMP Z. OTHER OR UNKNOWN</p>
<p>TRAFFIC CONTROL V</p> <p>A. STOP SIGN B. YIELD SIGN C. RED SIGNAL ON D. YELLOW SIGNAL ON E. GREEN SIGNAL ON F. GREEN TURN ARROW ON G. RIGHT TURN ON RED H. LIGHT PHASE UNKNOWN I. FLASHING YELLOW J. FLASHING RED K. OFFICER, FLAGMAN L. RR CROSSING, SIGN M. RR CROSSING, SIGNAL N. RR CROSSING, NO CONTROL O. WARNING SIGN (SCHOOL, ETC.) P. SCHOOL FLASHING SPEED SIGN Q. YELLOW NO PASSING LINE R. WHITE DASHED LINE S. YELLOW DASHED LINE T. BIKE LANE U. CROSSWALK V. NO CONTROL Y. UNKNOWN Z. OTHER</p>	<p>PEDESTRIAN ACTIONS □</p> <p>A. CROSSING, ENTERING ROAD AT INTERSECTION B. CROSSING, ENTERING ROAD NOT AT INTERSECTION C. WALKING IN ROAD - WITH TRAFFIC D. WALKING IN ROAD - AGAINST TRAFFIC E. SLEEPING IN ROADWAY F. STANDING IN ROADWAY G. GETTING ON OR OFF OTHER VEHICLE H. PUSHING, WORKING ON VEHICLE IN ROAD I. OTHER WORKING IN ROADWAY J. PLAYING IN ROADWAY K. NOT IN ROADWAY Y. UNKNOWN Z. OTHER</p>	<p>VEHICLE CONDITION K</p> <p>A. DEFECTIVE BRAKES B. DEFECTIVE HEADLIGHTS C. DEFECTIVE REAR LIGHTS D. DEFECTIVE SIGNAL LIGHTS E. ALL LIGHTS OUT F. DEFECTIVE STEERING G. TIRE FAILURE H. WORN OR SMOOTH TIRES I. ENGINE FAILURE J. DEFECTIVE SUSPENSION K. NO DEFECTS OBSERVED Y. UNKNOWN Z. OTHER</p> <p>VEHICLE LIGHTING Y</p> <p>A. HEADLIGHTS ON B. HEADLIGHTS OFF C. DAYTIME RUNNING LIGHTS Y. UNKNOWN</p> <p>TRAFFIC CONTROL CONDITIONS E</p> <p>A. CONTROLS FUNCTIONING B. CONTROLS NOT FUNCTIONING C. CONTROLS OBSCURED D. LANE MARKING UNCLEAR OR DEFECTIVE E. NO CONTROLS Y. UNKNOWN</p>
<p>ALCOHOL/DRUG INVOLVEMENT A</p> <p>ALCOHOL/DRUGS SUSPECTED A</p> <p>A. NEITHER ALCOHOL NOR DRUGS B. YES-ALCOHOL C. YES-DRUGS D. YES-ALCOHOL AND DRUGS Y. UNKNOWN</p> <p>ALCOHOL B</p> <p>A. TEST REFUSED B. NO TEST GIVEN C. TEST GIVEN, RESULTS PENDING D. TEST GIVEN, BAC □ %</p> <p>DRUGS A</p> <p>A. TEST NOT GIVEN B. TEST GIVEN, RESULTS PENDING C. TEST REFUSED D. DRUGS REPORTED (SPECIFY IN NARRATIVE)</p> <p style="text-align: center;">AFFIX BLOOD ALCOHOL KIT LABEL HERE</p> <p style="text-align: center;">(OR ENTER BLOOD ALCOHOL KIT NUMBER)</p>		

DIRECTION BEFORE CRASH		FINAL LOCATION OF VEHICLES	DISTANCE TRAVELED AFTER IMPACT	SPEED		SKIDMARK DATA (FEET)			
HEADED	ON HIGHWAY, STREET OR DRIVE			EST.	POSTED	FR	FL	RR	RL
N E S W				1	5				

<p>DAMAGE TO VEHICLE</p> <p>AREA DAMAGED</p>  <p>H- UNDER-CARRIAGE O- TOTAL P- OTHER Q- NONE Y- UNKNOWN</p> <p>EXTENT OF DEFORMITY</p> <p>1ST <input type="checkbox"/> A- NONE <input type="checkbox"/> B- VERY MINOR <input type="checkbox"/> C- MINOR <input type="checkbox"/> D- MINOR/MODERATE <input type="checkbox"/> E- MODERATE <input type="checkbox"/> F- MODERATE/SEVERE <input type="checkbox"/> G- SEVERE <input type="checkbox"/> H- VERY SEVERE <input type="checkbox"/> Y- UNKNOWN</p>	<p>CITATION NO _____</p> <p>VEH. PED. <input type="checkbox"/> <input type="checkbox"/></p> <p>R.S. OR ORD. NO _____</p>
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WRITE APPROPRIATE LETTER IN BLOCK

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ON HIGHWAY, STREET OR DRIVE																						
NE	SW																					
SE	NW																					
1	5																					
FR	FL	RR	RL																			
DAMAGE TO VEHICLE AREA DAMAGED  A. UNDER-CARRIAGE B. TOTAL C. OTHER D. NONE Y. UNKNOWN EXTENT OF DEFORMITY A. NONE B. VERY MINOR C. MINOR D. MINOR/MODERATE E. MODERATE F. MODERATE/SEVERE G. SEVERE H. VERY SEVERE Y. UNKNOWN 1ST <table border="1"><tr><td></td><td></td></tr></table> 2ND <table border="1"><tr><td></td><td></td></tr></table> 3RD <table border="1"><tr><td></td><td></td></tr></table>							CITATION NO. _____ VEH. PED. <input type="checkbox"/> <input type="checkbox"/> B.S. OR ORD. NO. _____ _____ _____ _____ _____															
NOTICE OF INSURANCE VIOLATION <input type="checkbox"/>																						

Central Intelligence Agency

COMPUTER NUMBER

PAGE #

07

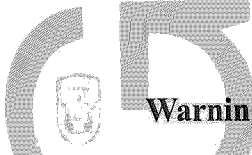
(b)(3)

OFFICER'S NARRATIVE: DESCRIBE ANY UNUSUAL CIRCUMSTANCES ASSOCIATED WITH CRASH, INCLUDING OFFICER'S OBSERVATIONS AND OPINIONS. INCLUDE WITNESS NAMES, ADDRESSES, PHONE NUMBERS, ETC.

IF NECESSARY, INDICATE DAMAGE TO PUBLIC OR PRIVATE PROPERTY (WITH OWNER'S NAME & ADDRESS) AT THE END OF THE NARRATIVE.

REFER TO EACH BY VEHICLE NUMBER

On 26 July 2016 Officer Bryan Moore responded to a traffic accident at the entrance of 1500 Tysons Mclean Dr. Upon arrival to the scene of the accident Officer Moore made contact with both drivers. Vehicle 1 was a Honda Accord, license plate WBE-3370 operated by Damon Bogger, traveling in the right lane headed inbound to Liberty Crossing. Vehicle 2 was a blue Honda Fit, license plate 7BL4609 operated by Chongho Ko, traveling in the left lane headed inbound to Liberty Crossing. Based on driver statements and the scene I, along with supporting officers, determined that vehicle 2 failed to maintain control of his vehicle and side swiped vehicle 1. I observed damage to the right side front passenger door of vehicle 2, and I observed damage to the front bumper of vehicle 1. The driver of vehicle 2 was reluctant to supply proof of insurance after multiple requests by myself and supporting officers on scene. Both drivers completed a driver exchange form and a warning was issued to the driver of vehicle 2 for "Failure to maintain control of vehicle." No injuries were reported and no EMS was called to the scene.



Warning Notice

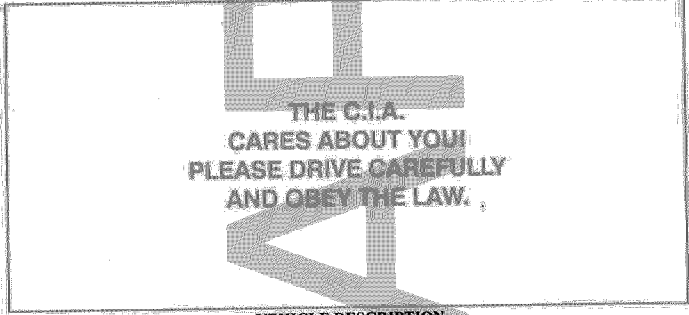
W 170391

Warning No. W 170391	Print Officer Name Moore, B
	Officer No. 1061

YOU ARE CHARGED WITH THE FOLLOWING VIOLATION

Date and Time of Offense 7/26/2016 1600	Offense Charged 46.2-853
Place of Offense Liberty Crossing	
Offense Description Failing to maintain control of vehicle	

Defendant's Last Name KO	First Name Chongho	M.I.
Street Address 11016 Outpost Dr		
City North Potomac	State MD	Zip Code 20878
Driver's License No. K-000-115-015-247	D.L. State MD	Date of Birth 3/28/1966
Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Hair	Eyes
	Height 5-11	Weight 170



VEHICLE DESCRIPTION

Vehicle Identification Number (VIN) JHMGD374785070817		
Vehicle Tag No. 7BL4609	Vehicle Tag State MD	Vehicle Color Blue
Year	Vehicle Make Honda	Collateral (fine)

Form 7/10 **4480W**

ORIGINAL-WARNING

OFFICER NAME: Moore, B		SPS PATROL OPERATIONS BRANCH WASHINGTON, D.C. 20505 (703) 874-1907 DRIVER EXCHANGE FORM		DATE: 7/26/16
REPORT NO: 16-29912 703 482 6161				TIME: 3:55 P.M.
LOCATION (STREET/INTERSECTION/ROUTE NO.) Tysons Mclean Dr. Left lane.				
VEHICLE YEAR 2008		VEHICLE MAKE Honda		VEHICLE MODEL Fit.
VEHICLE'S PLATE (TAG) NO. 7BL4609		EXPIRATION MONTH/YEAR		STATE MD.
DRIVER OF VEHICLE Chongho Ko			DRIVER'S ADDRESS (INCLUDE STREET, CITY, STATE & ZIP CODE) 11016 Outpost Dr. North Potomac MD, 20878	
DRIVER'S LICENSE NO. K-000-115-015-247		STATE MD.		
HOME PHONE ()				
WORK PHONE () 703-647-0084			INSURANCE COMPANY Liberty Mutual	
DATE OF BIRTH (Month/Day/Year) 3/28/66		SEX M.		
POLICY NUMBER AOS-238-004496-7096				
OWNER OF VEHICLE Same as above			OWNER'S ADDRESS (INCLUDE STREET, CITY, STATE & ZIP CODE) 11016 Outpost Dr. North Potomac MD, 20878	
OWNER'S LICENSE NO. K-000		STATE		
HOME PHONE ()				
WORK PHONE ()				

WHITE - POB COPY

YELLOW - OFFICER'S COPY

PINK - PLAINTIFF'S COPY

OFFICER NAME: <i>Moore, B</i>		SPS PATROL OPERATIONS BRANCH WASHINGTON, D.C. 20505 (703) 874-1907 DRIVER EXCHANGE FORM		DATE: <i>7/26/16</i>		
REPORT NO: <i>10-29912</i>				TIME:		
LOCATION (STREET/INTERSECTION/ROUTE NO.) <i>Lewinsville Rd +</i>						
VEHICLE YEAR		VEHICLE MAKE <i>7</i>	VEHICLE MODEL <i>Accord EX</i>			
VEHICLE'S PLATE (TAG) NO. <i>WBE-3370</i>		EXPIRATION MONTH/YEAR <i>7/17</i>		STATE		
DRIVER OF VEHICLE <i>Damon Arnesie Bogger</i>			DRIVER'S ADDRESS (INCLUDE STREET, CITY, STATE & ZIP CODE) <i>7303 Beverly Park Dr. Springfield VA, 22150</i>			
DRIVER'S LICENSE NO. <i>T619 46372</i>			STATE <i>VA</i>			
HOME PHONE () <i>540 288-7020</i>			INSURANCE COMPANY <i>Geico</i>			
WORK PHONE ()			POLICY NUMBER <i>4003692128</i>			
DATE OF BIRTH (Month/Day/Year) <i>12/23/15</i>		SEX		OWNER'S ADDRESS (INCLUDE STREET, CITY, STATE & ZIP CODE)		
OWNER OF VEHICLE						
OWNER'S LICENSE NO.		STATE				
HOME PHONE ()						
WORK PHONE ()						
WORK PHONE ()						

WHITE - POB COPY

YELLOW - OFFICER'S COPY

PINK - PLAINTIFF'S COPY

Classify as Appropriate

SECURITY PROTECTIVE SERVICE - Washington, D.C. 20013 (703) 482-6161
COMPLAINANT/WITNESS STATEMENT

REPORT NUMBER
16-29912

SECTION 1: GENERAL INFORMATION

Name (Last, First, Middle) Ko, Chongho		SSN:	HOME ADDRESS:
BADGE NUMBER	HOME TELEPHONE: 703-647-0084	WORK TELEPHONE:	(b)(6)

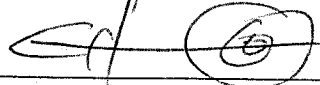
Tue, July 26, 3:55 P.M.

I was on left lane on Tysons Mclean Dr. which is two lane.

Red Honda Accord which was located right lane on Tysons Mclean Dr. hit my right hand side wich is passenger side mirror and door suddenly.

I thought he wanted ^{to} change the lane but did not see or careless change the lane.

I CERTIFY THAT THE INFORMATION CONTAINED IN THE ABOVE STATEMENT IS TRUE AND CORRECT.

7/26/16 

Date: Signature of Complainant/Witness

SECTION 3: AUTHENTICATION

WITNESSING OFFICER:	REPORTING OFFICER:
Date: Signature	Date: Signature

Classify as Appropriate

Classify as Appropriate

SECURITY PROTECTIVE SERVICE - Washington, D.C. 20013 (703) 482-6161
COMPLAINANT/WITNESS STATEMENT

REPORT NUMBER

16-29912

SECTION 1: GENERAL INFORMATION

Name (Last, First, Middle)

Bogger Damon Arnes

SSN:

HOME ADDRESS:

BADGE NUMBER

HOME TELEPHONE:

WORK TELEPHONE:

(b)(6)

I was turning left on
Lewinsville Rd and Tyson's Makam
Drive, CAR Maryland TAG 7B 4609
MAKES SAME ~~Left~~ left bot Turn
into my FAR left Lane and
hit my Driver side. ~~is~~

I CERTIFY THAT THE INFORMATION CONTAINED IN THE ABOVE STATEMENT IS TRUE AND CORRECT.

7/26/16
Date

Damon Bogger
Signature of Complainant/Witness

SECTION 3: AUTHENTICATION

WITNESSING OFFICER:

REPORTING OFFICER:

Date:

Signature

Date:

Signature

Classify as Appropriate

Closed Incident Report

Incident Date/Time: 07/26/16 - 16:21:08 Incident Number: 000115
Complaint Oper: MBOBROW,DP026 How Reported: 5, (P)

Police Inc? Y Date:07/26/16 Time:16:21:08 Dispatcher: MBOBROW,

Police Dist: LX Cm: , Um: 0000, Jurisdiction: 01

Dispatch Addr: 1500 TYSONS MCLEAN DR
Incident Type: TCNIP=TCNI (TRAFFIC COLLISION NO INJURIES)
Callers Name:
License #:
E-911 Address:
E-911 Phone #: 0000000000
Corrected Addr:0
Entered As Intr: T Emergency Agencies P

P O L I C E

Close Type: N N,5 Routing Stage: DP-000 Incident Type: TCNI
Begin Time: 162035 Pending Time: 162108 Recall Time: 162108
Assign Time: 162108 Scene Time: 162108 Close Time: 172111
Dispo Code: O LM44 :CU, No Dispo EquipmentReport Number: 20160726-PD000125
2016-PD00029912

Disp Seq: 200400

Eqp-No Sts Aloc AsCvn Asgn-Dte Tme ER-tme AS-Tme Off-Id1 Off-Id2 Sft
Sft Tran-Dte Tme Arvl-Dte Tme Avil-Dte Tme
LM44 PD W 201607 162108 000000 162108 BMOORE 2,Pmy
000000 0 000000 0 172111

>CP< LX

P >IC< P.TRAFFIC COLLISION NO INJURIES 162108

--DISPATCHER REMARKS--

P MD DL K000115015247
P MD TAG 7BL4609 / NEG WANTS WARRANTS TMU 160726/162109/DP026,MBOBRC
P NEG WANTS WARRANTS TMU ON DL 160726/162126/DP026,MBOBRC
P VA DL T61946372 / VA TAG WRF3370 160726/162139/DP026,MBOBRC
P NEG WANTS WARRANTS TMU ON INDIVIDUAL OR VEHICLE 160726/162301/DP026,MBOBRC
P W170391 SHIELD 1041 160726/162626/DP026,MBOBRC
P POLICE INCIDENT CLOSED BY LZYLSTRA @ POSITION DP034 160726/172101/DP034,LZYLST
160726/172111/DP

Call Unit History Log:

Additional Info:
Wrecker Requested:
Coroner Requested:
NCIC Name.....:
NCIC Licence No:
NCIC Hit:

Amie L. Parker

From: Luis M. De Pena
Sent: Friday, June 16, 2017 9:33 AM
To: Amie L. Parker
Subject: TCNI
Signed By:

(b)(3)

Classification: UNCLASSIFIED//~~ATUO~~
=====

(U) **VEHICLE COLLISION NO INJURIES:** The SOC was notified of a Vehicle Collision at the Main Gate, Liberty Crossing (LX). At approximately 1620 hours, Officer Moore, LX, responded to an Uber driver (SUBJECT 1) who, while operating a privately owned vehicle (VEHICLE 1), struck a privately owned vehicle (VEHICLE 2) owned by an Agency visitor (SUBJECT 2). Damage to VEHICLE 1 consisted of dents and scratches to the passenger's side front bumper, fender, and door. Damage to VEHICLE 2 consisted of a dislodged front bumper. At approximately 1630 hours, Officer Moore took three photographs of the damage, had SUBJECTs complete SPS Complainant/Witness Statements and Driver's Exchange Forms, and the scene was cleared without further incident. A copy of the above information will be forwarded to C/ESG. The following individuals were notified: Shift Supervisor/LX and Shift Supervisor/SOC. Reference SPS DATAFORCE REPORT #16-29912.

Sgt. De Peña
SOC Day Shift Supervisor

(b)(3)

=====
Classification: UNCLASSIFIED//~~ATUO~~

GORDON • FEINBLATT LLC
ATTORNEYS AT LAW

ROBERT W. KATZ
410.576.4287
FAX 410.576.4298
rkatz@gfirlaw.com

233 EAST REDWOOD STREET
BALTIMORE, MARYLAND 21202-3332
410.576.4000 FAX 410.576.4298
WWW.GFRLAW.COM

*NOT ADMITTED IN
VIRGINIA

September 14, 2016

Security Protective Service
Washington DC
Email: amielt@ucia.gov

Re: Our Client: Chong Ho Ko
D/Accident: 7/26/2016
Time: 3:55 PM
Report No.: 16-29912
Location: Tysons McLean Dr

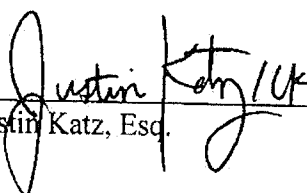
Dear Sir/Madam:

Please be advised that this office represents Mr. Ko in a claim regarding injuries and damages as a result of an automobile accident which occurred on the above-date.

Please consider this letter as authorization to release a copy of the above-referenced police accident report to Frank Bevacqua.

Very truly yours,

Gordon Feinblatt LLC

By: 
Justin Katz, Esq.

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6701 DEMOCRACY BOULEVARD
BETHESDA, MD 20817
301 . 470 . 7201

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1825 I STREET, N.W., SUITE 400
WASHINGTON, D.C. 20006
202 . 659 . 0555

SUITE 500
8300 BOONE BOULEVARD
TYSONS CORNER, VA 22182
800 . 713 . 7207

POLICE11.DOC
11/9/00