TRAFFIC ACCIDENT REPORT

INCIDENT NUMBER	REPORT NUMBER	REPORT TYPE
05JUN19-39KH-00303-14DMA	190230100303 VERSION 1	INITIAL

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. 301; 10 U.S.C. 5031; 44 U.S.C. 3103 and EO 9397
PRINCIPAL PURPOSE: Used to record information and details of criminal activity which may require investigative action by commanding officers, supervisors, security police, NCIS special agents, etc. Used to provide information to the appropriate individuals within DoD organizations who ensure that proper legal and administrative action is taken.
ROUTINE USES: Information may be disclosed to local, county, state and federal law enforcement or investigatory authorities for investigation and possible criminal prosecution or civil court action. Information extracted from this form may be used in other related criminal and/or civil proceedings.
DISCLOSURE IS VOLUNTARY: SSN is used to positively identify the individual making the statement and as a conduit to check past criminal activity records.

ADMINISTRATIVE

Incident Subject : Multiple Motor Vehicle Collision (GOV-POV)/(GOV-POV)

Date Received	Time Received	Incident Received	Start Date / Time of Incident	End Date / Time of Incident
05-JUN-2019	0750	By Telephone	05-JUN-2019 0723	05-JUN-2019 0723

Type of Accident	Number Vehicles Involved	Severity		
Vehicle-Vehicle	3	0 Number Killed	0 Number Injured	No Property Damage

Weather : Clear
Lighting : Daylight

LOCATION

On/Off Base	Road or Street on Which Accident Occurred	City, State/Territory, Zip/Postal Code, Country
On	Parking Lot (21.443806, -157.757522)	MCBH Kaneohe Bay, HI 96863 USA

95 Feet SW of Nearest Intersecting Street, Highway, or Other Permanent Landmark Identified as Building 220

Kind of Locality :

VEHICLE(S)

Vehicle # 1	Year	Color	Model	Body Style	Make	Owner Name
	2018	White	TRANSIT	Van	FORD	US FEDERAL GOVERNMENT

License Plate	DOD Decal	Vehicle Identification Number (VIN)	Ownership Type
US Government / G433028V		1FBZX2ZM4JKB18910	US Federal Gov.

Insurance Policy Number	Insurance Company	Insurance Expires On
	Self insured	

Other Identifying Marks :None

Traffic Control/Road Conditions

Driving Lanes : Parking Lot
Character : Curve, Level
Surface : Blacktop
Conditions : Dry
Road Defects : No Defects
Traffic Control : No Traffic Signal

Contributing Circumstances and Driver Actions

Direction Headed : N
Vehicle Defects : None Noted
Lawful Speed : 10
Estimated Speed at Impact :
Estimated Speed when Danger was First Noticed :
Distance Traveled after Impact :
Estimated Distance when Danger was First Noticed :

Vehicle Damage

Severity of Damage : Functional Damage
Areas Damaged : 3 - Right Front Door, 4 - Right Rear Door, 5 - Right Rear Quarter-Panel
Towed By : Released to Driver-1
Towed To : N/A

Vehicle # 2	Year	Color	Model	Body Style	Make	Owner Name
	2010	Blue, Light	ALTIMA	Sedan (2DR/4DR)	NISSAN	(b) (6), (b) (7)(C)

License Plate	DOD Decal	Vehicle Identification Number (VIN)	Ownership Type
Hawaii / RDG981	T7615327	(b) (6), (b) (7)(C)	Private/Personal

Insurance Policy Number	Insurance Company	Insurance Expires On
(b) (6), (b) (7)(C)	STATE FARM	19-MAY-2020

Other Identifying Marks :None

Traffic Control/Road Conditions

Driving Lanes : Parking Lot	**Character** : Level
Surface : Blacktop	**Conditions** : Dry
Road Defects : No Defects	**Traffic Control** : No Traffic Signal

Contributing Circumstances and Driver Actions

Direction Headed : W	**Vehicle Defects** : None Noted	
Lawful Speed : 10	**Estimated Speed at Impact** : 0	**Estimated Speed when Danger was First Noticed** :
Distance Traveled after Impact :	**Estimated Distance when Danger was First Noticed** :	

Vehicle Damage

Severity of Damage : Functional Damage	**Areas Damaged** : 12 - Front Left
Towed By : Released to Owner	**Towed To** : N/A

Vehicle # 3	Year	Color	Model	Body Style	Make	Owner Name
	2007	White	TAHOE	SUV	CHEVORLET	(b) (6), (b) (7)(C)

License Plate	DOD Decal	Vehicle Identification Number (VIN)	Ownership Type
Hawaii / PGY416	T7631590	(b) (6), (b) (7)(C)	Private/Personal

Insurance Policy Number	Insurance Company	Insurance Expires On
(b) (6), (b) (7)(C)	USAA	22-AUG-2019

Other Identifying Marks :White

Traffic Control/Road Conditions

Driving Lanes : Parking Lot	**Character** : Level
Surface : Blacktop	**Conditions** : Dry
Road Defects : No Defects	**Traffic Control** : No Traffic Signal

Contributing Circumstances and Driver Actions

Direction Headed : E	**Vehicle Defects** :	
Lawful Speed : 10	**Estimated Speed at Impact** : 0	**Estimated Speed when Danger was First Noticed** :
Distance Traveled after Impact :	**Estimated Distance when Danger was First Noticed** :	

Vehicle Damage

Severity of Damage : Disabling Damage	**Areas Damaged** : 1 - Front Right
Towed By : Released to owner	**Towed To** : N/A

DRIVER(S)

DRIVER #1 — Vehicle 1

Name	ID Num	Rank
(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)

Branch of Service	Personnel Type	Status	Date of Birth	Place of Birth
Navy	MILITARY	Regular (Active)	(b) (6), (b) (7)(C)	

Home Telephone	Work Telephone
(b) (6), (b) (7)(C)	808-257-2337

Address
(b) (6), (b) (7)(C)

Organization	UIC / RUC
VP-4	

Drivers License	Limitations on License	Driving Experience
(b) (6), (b) (7)(C)	None	8

Seat Belt Use	Seat Occupied	Chemical Test Given	Chemical Test Refused	BAC PCT
Both Used	1	No	No	

Injury Type(s):

Contributing Circumstances and Driver Actions

Citation Number	Driver Actions

OCCUPANTS(S)

PEDESTRIAN(S)

COMPLAINANT(S)

OFFENSE(S)

PROPERTY

PROPERTY - NARCOTIC(S)

WITNESS(S)

WITNESS				DD2701 Issued :
Name (b) (6), (b) (7)(C)			ID Num (b) (6), (b) (7)(C)	Rank (b) (6), (b) (7)(C)
Branch of Service Marine Corps	Personnel Type MILITARY	Status Regular (Active)	Date of Birth (b) (6), (b) (7)(C)	Place of Birth
Address (b) (6), (b) (7)(C)				
Organization HQBN			UIC / RUC M01301	Work Telephone 808-257-2494

VICTIMS(S)

SPONSOR(S)

SUSPECT(S) / ARRESTEE(S)

ADDITIONAL POLICE OFFICERS

POLICE OFFICER

Name			ID Num	Rank
(b) (6), (b) (7)(C)			(b) (6), (b) (7)(C)	
Branch of Service	Personnel Type CIVILIAN	Status CIVILIAN EMPLOYEE	Organization PROVOST MARSHAL OFFICE	

NARRATIVE

At 0750, 16 May 2019, PMO was notified via telephone, of a Multiple Motor Vehicle Collision (GOV-POV)/ (GOV/POV) which had occurred at the parking lot of Building 220 5th Street, MCBH Kaneohe Bay HI 96863. This is located in the special maritime and territorial jurisdiction of the United States.

Statements:
Driver-1 ((b) (6), (b) (7)( ) provided me with a verbal statement essentially relating the following: I was turning in the parking lot and misjudged the distance I had and hit the blue sedan. Once I noticed I hit the vehicle I went to park the van and I misjudged the distance again and hit the white SUV.

Witness-1 (b) (6), (b) (7)(C) provided me with a verbal statement essentially relating the following: I was standing near my car in the parking lot when I saw the white van turn and I heard the sound of the van hitting another car. The van stopped for a second, then pulled away and attempted to park hitting a white SUV.

Investigation:
Investigation revealed Driver-1 was negotiating a right hand turn in the parking lot of Building 220 when she failed to observe and avoid a collision with Vehicle-2; which was parked in a parking stall facing northwest. As a result the right rear rim of Vehicle-1 struck the front left bumper of Vehicle-2. After the collision with Vehicle-2, Diver-1 continued driving in the parking lot in an attempt to pull into a parking stall. As a result the right side of Vehicle-1 struck the front right bumper of Vehicle-3; which was parked in a parking stall facing northwest.

Damage:
Vehicle-1 sustained damage consisting of, but not limited to, minor scratches, abrasions and cracks to the right side, right rear rim and right rear fender.
Vehicle-2 sustained damage consisting of, but not limited to, minor scratches and black paint transfer to the front left bumper.
Vehicle-3 sustained damage consisting of, but not limited to, dents, scratches and black paint transfer to the front right bumper.

Citations:
Driver-1 was issued (1) DD Form 1408 (F1216504) for Failure to maintain lane of travel

ENCLOSURE(S)

ENCL #	DESCRIPTION
1	Photograph Log (6 Pages)
2	Standard Form 91

3	DD Form 1408 (F1216504)
4	Sketch Diagram

REPORTING/APPROVING OFFICIALS

Reporting Official	Date	Approving Official	Date
(b) (6), (b) (7)(C) Accident Investigator	26-JUN-2019	(b) (6), (b) (7)(C) Accident Investigations Chief	26-JUN-2019 FINAL APPROVED ON 26-JUN-2019

DISTRIBUTION

Referred To/Assumed By :

Distribution :

Photo-1: Front left profile of Vehicle-1; no new damage shown .

Photo-2: Rear right profile of Vehicle-1; new damage area circled below.

Photo-3: Close up of Vehicle-1; damage consisting of, but not limited to scratches to the right side.

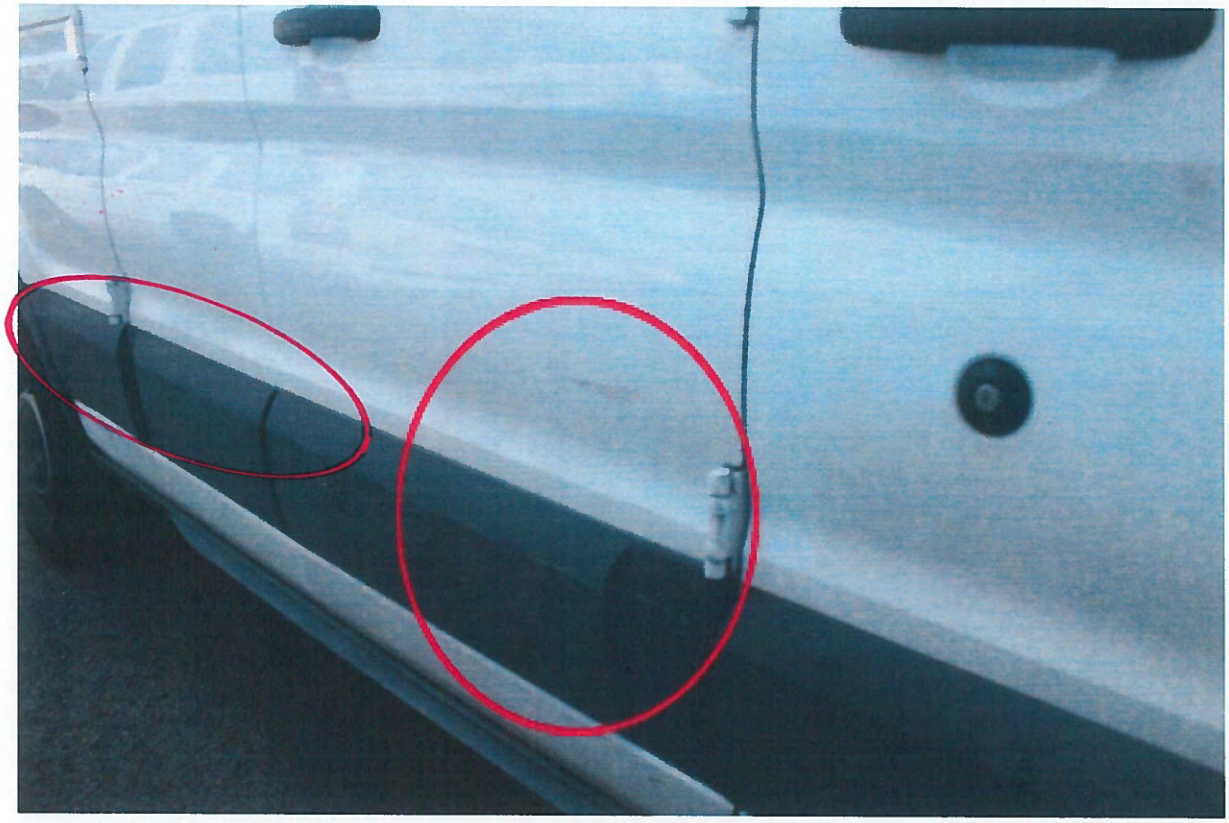


Photo-4: Close up of Vehicle-1; damage consisting of, but not limited to scratches and abrasions to right rear rim.

Photo-5: Close up of Vehicle-1; damage consisting of, but not limited to scratches, and crack to the right rear fender.

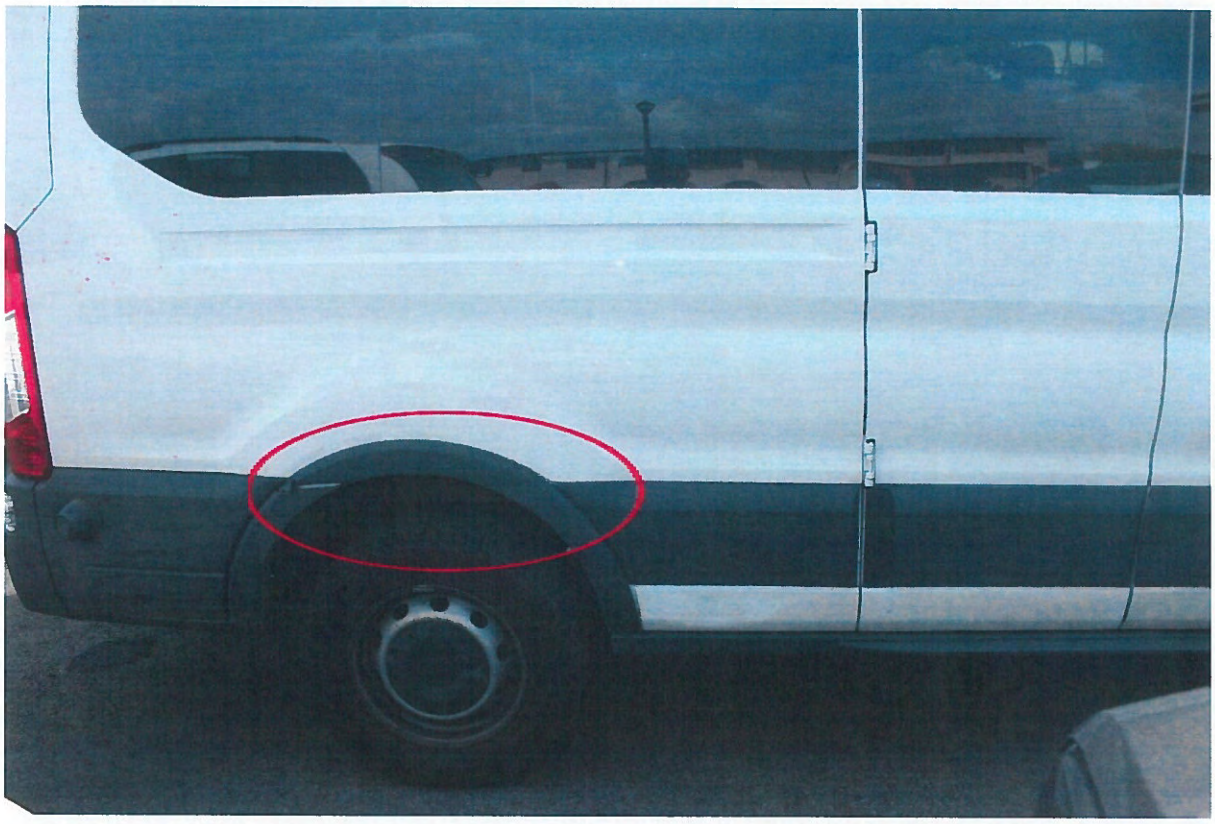


Photo-6: Rear right profile of Vehicle-2; no new damage shown.

Photo-7: Front left profile of Vehicle-2; new damage circled below.

Photo-8: Close up of Vehicle-2; damage consisting of, but not limited to, minor scratches and black paint transfer to the front left bumper.

Photo-9: Rear right profile of Vehicle-2; no new damage shown.

Photo-10: Front right profile of Vehicle-3; new damage circled below.

Photo-11: Close up of Vehicle-3; damage consisting of, but not limited to, scratches, dents and black paint transfer to the front right bumper.

MOTOR VEHICLE ACCIDENT REPORT

Please read the Privacy Act Statement on Page 3. INSTRUCTIONS: Sections I thru IX are filled out by the vehicle operator. Section X, Items 72 thru 82c are filled out by the operator's supervisor. Sections XI thru XIII are filled out by an accident investigator for bodily injury, fatality, and/or damage exceeding $500.

SECTION I - FEDERAL VEHICLE DATA

1. DRIVER'S NAME (Last, first, middle): (b) (6), (b) (7)(C)

2. DRIVER'S LICENSE NUMBER STATE/LIMITATIONS: (b) (6), (b) (7)(C)

3. DATE OF ACCIDENT: 05 MAY 2019

4a. DEPARTMENT FEDERAL AGENCY PERMANENT OFFICE ADDRESS:

4b. WORK TELEPHONE NUMBER: (b) (6), (b) (7)(C)

5. TAG OR IDENTIFICATION NUMBER: 1FBZX2ZM4JKB18910

6. EST. REPAIR COST: $

7. YEAR OF VEHICLE: 2018

8. MAKE: FORD

9. MODEL: TRANSIT

10. SEAT BELTS USED: [X] YES [ ] NO

11. DESCRIBE VEHICLE DAMAGE: REAR LEFT SIDE OF VEHICLE SLIGHTLY DAMAGED

Government Plates: G433028V

SECTION II - OTHER VEHICLE DATA *(Use Section VIII if additional space is needed.)*

12. DRIVER'S NAME (Last, first, middle): (b) (6), (b) (7)(C)

13. DRIVER'S LICENSE NUMBER STATE/LIMITATIONS: (b) (6), (b) (7)(C) / corrective lenses

14a. DRIVER'S WORK ADDRESS: BLDG 220 MCBH KANEOHE BAY, HI, 96863

14b. WORK TELEPHONE NUMBER: (808) 257-7794

15a. DRIVER'S HOME ADDRESS: (b) (6), (b) (7)(C)

15b. HOME TELEPHONE NUMBER: (b) (6), (b) (7)(C)

16. DESCRIBE VEHICLE DAMAGE: FRONT LEFT BUMPER scratches, dents, and black paint transfer

17. ESTIMATED REPAIR COST: $

18. YEAR OF VEHICLE: 2010

19. MAKE OF VEHICLE: NISSAN

20. MODEL OF VEHICLE: ALTIMA

21. TAG NUMBER AND STATE: RDG981

22a. DRIVER'S INSURANCE COMPANY NAME AND ADDRESS: ~~STATE FARM~~ CM STATE FARM

22b. POLICY NUMBER: (b) (6), (b) (7)(C)

22c. TELEPHONE NUMBER: (800) 782-8332

23. VEHICLE IS: [ ] CO-OWNED [ ] RENTAL [ ] LEASED [X] PRIVATELY OWNED

24a. OWNER'S NAME(S) *(Last, first, middle)*: (b) (6), (b) (7)(C)

24b. TELEPHONE NUMBER: (b) (6), (b) (7)(C)

25. OWNER'S ADDRESS(ES): (b) (6), (b) (7)(C)

SECTION III - KILLED OR INJURED *(Use Section VIII if additional space is needed.)*

A

26. NAME *(Last, first, middle)*:

27. SEX:

28. DATE OF BIRTH:

29. ADDRESS:

30. MARK "X" IN TWO APPROPRIATE BOXES: [ ] KILLED [ ] DRIVER [ ] PASSENGER [ ] INJURED [ ] HELPER [ ] PEDESTRIAN

31. IN WHICH VEHICLE: [ ] FED [ ] OTHER (2)

32. LOCATION IN VEHICLE:

33. FIRST AID GIVEN BY:

34. TRANSPORTED BY:

35. TRANSPORTED TO:

B

36. NAME *(Last, first, middle)*:

37. SEX:

38. DATE OF BIRTH:

39. ADDRESS:

40. MARK "X" IN TWO APPROPRIATE BOXES: [ ] KILLED [ ] DRIVER [ ] PASSENGER [ ] INJURED [ ] HELPER [ ] PEDESTRIAN

41. IN WHICH VEHICLE: [ ] FED [ ] OTHER (2)

42. LOCATION IN VEHICLE:

43. FIRST AID GIVEN BY:

44. TRANSPORTED BY:

45. TRANSPORTED TO:

46. Pedestrian

a. NAME OF STREET OR HIGHWAY:

b. DIRECTION OF PEDESTRIAN *(SW corner to NE corner, etc.)*: FROM / TO

c. DESCRIBE WHAT PEDESTRIAN WAS DOING AT TIME OF ACCIDENT *(Crossing intersection with signal, against signal, diagonally; in roadway playing, walking, hitchhiking, etc.)*

ENCLOSURE (2)

190230100503

SECTION IV - ACCIDENT TIME AND LOCATION *(Use Section VIII if additional space is needed.)*

47. DATE OF ACCIDENT: 05 MAY 2019

48. PLACE OF ACCIDENT *(Street address, city, state, ZIP Code; Nearest landmark; Distance nearest intersection; Kind of locality (industrial, business, residential, open country, etc.); Road description)*: PARKING LOT OF BUILDING 219

49. TIME OF ACCIDENT: 0720 AM / PM

50. INDICATE ON THIS DIAGRAM HOW THE ACCIDENT HAPPENED

Use one of these outlines to sketch the scene. Write in street or highway names or numbers.

a. *Number Federal vehicle as 1, other vehicle as 2, additional vehicle as 3 and show direction of travel with arrow.*

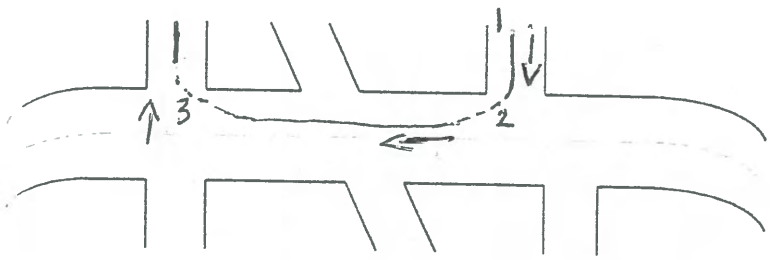
Example: 1 2

b. Use solid line to show path before accident and broken line after the accident 2 2

c. Show pedestrian by

d. Show railroad by

e. Place arrow in this circle to indicate *NORTH*



51. POINT OF IMPACT *(Check one for each vehicle)*

FED	2	AREA
		a. FRONT
		b. R. FRONT
		c. L. FRONT
		d. REAR
		e. R. REAR
		f. L. REAR
		g. R. SIDE
		h. L. SIDE

52. DESCRIBE WHAT HAPPENED *(Refer to vehicles "Fed", "2", "3", etc. Please include information on posted speed limit, approximate speed of the vehicles, road conditions, weather conditions, driver visibility, condition of accident vehicles, traffic controls (warning light, stop signal, etc.) condition of light (daylight, dusk, night, dawn, artificial light, etc.), and driver actions (making U-turn, passing, stopped in traffic, etc.)*

WHILE TRYING TO MANUEVER INTO THE PARKING LOT I MADE A TIGHT RIGHT TURN AND DENTED ANOTHER VEHICLES FORWARD LEFT BUMPER. I CONTINUED DOWN THE PARKING LOT TO PARK AWAY FROM ANY VEHICLES SO I COULD LEAVE MY INFORMATION. WHEN TURNING INTO A SPOT I MADE ANOTHER RIGHT TURN AND DIDN'T REALIZE HOW SHARP OF A TURN IT WAS AND HIT THE FORWARD RIGHT BUMPER OF ANOTHER VEHICLE.

SECTION V - WITNESS/PASSENGER *(Witness must fill out SF 94, Statement of Witness) (Continue in Section VIII.)*

A

53. NAME *(Last, first, middle)*
54. WORK TELEPHONE NUMBER ( )
55. HOME TELEPHONE NUMBER ( )
56. BUSINESS ADDRESS
57. HOME ADDRESS

B

58. NAME *(Last, first, middle)*
59. WORK TELEPHONE NUMBER ( )
60. HOME TELEPHONE NUMBER ( )
61. BUSINESS ADDRESS
62. HOME ADDRESS

SECTION VI - PROPERTY DAMAGE *(Use Section VIII if additional space is needed.)*

63a. NAME OF OWNER
63b. OFFICE TELEPHONE NUMBER ( )
63c. HOME TELEPHONE NUMBER ( )
63d. BUSINESS ADDRESS
63e. HOME ADDRESS

64a. NAME OF INSURANCE COMPANY
64b. TELEPHONE NUMBER ( )
64c. POLICY NUMBER

65. ITEM DAMAGED
66. LOCATION OF DAMAGED ITEM
67. ESTIMATED COST $

SECTION VII - POLICE INFORMATION

68a. NAME OF POLICE OFFICER: Accident Investigator: (b) (6), (b) (7)(C)
68b. BADGE NUMBER: 2826
68c. TELEPHONE NUMBER: (808) 257-6987

69. PRECINCT OR HEADQUARTERS: MCBH PMO Accident Investigations
70a. PERSON CHARGED WITH ACCIDENT: (b) (6), (b) (7)(C)
70b. VIOLATION(S): FAILURE TO MAINTAIN LANE OF TRAVEL

190230100303

ENCLOSURE (2)

SECTION VIII - EXTRA DETAILS

SPACE FOR DETAILED ANSWERS. INDICATE SECTION AND ITEM NUMBER FOR EACH ANSWER. IF MORE SPACE IS NEEDED, CONTINUE ITEMS ON PLAIN BOND PAPER.

12. (b) (6), (b) (7)(C) 13. (b) (6), (b) (7)(C) CA/none

14a. (b) (6), (b) (7)(C) 14b. (808) 257-1599

15a. (b) (6), (b) (7)(C) 15b (b) (6), (b) (7)(C)

16. FRONT RIGHT BUMPER DENTS, Scratches, and minor paint transfer.

18. 2007 19. CHEVY 20. TAHOE 21. PGY 416

22a. USAA 22b. (b) (6), (b) (7)(C) 22c. (800) 531-8722

23. privately owned 24a. (b) (6), (b) (7)(C) 24b (b) (6), (b) (7)(C)

25. (b) (6), (b) (7)(C)

SECTION IX - FEDERAL DRIVER CERTIFICATION

In compliance with the Privacy Act of 1974, solicitation of the information requested on this form is authorized by Title 40 U.S.C. Section 491. Disclosure of the information by a Federal employee is mandatory as the first step in the Government's investigation of a motor vehicle accident. The principal purposes for using this information is to provide necessary data for legal counsel in legal actions resulting from the accident and to provide accident information/statistics in analyzing accident causes and developing methods of reducing accidents. Routine use of information may be by Federal, State or local governments, or agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions. An employee of a Federal agency who fails to report accurately a motor vehicle accident involving a Federal vehicle or who refuses to cooperate in the investigation of an accident may be subject to administrative sanctions.

I certify that the information on this form *(Sections I thru VIII)* is correct to the best of my knowledge and belief.

71a. NAME AND TITLE OF DRIVER: (b) (6), (b) (7)(C)

71b. DRIVER'S SIGNATURE AND DATE: 05 MAY 2019

SECTION X - DETAILS OF TRIP DURING WHICH ACCIDENT OCCURRED

72. ORIGIN: BUILDING 7024

73. DESTINATION: PARKING LOT 8 (JAVA LAVA)

74. EXACT PURPOSE OF TRIP: CAME TO GET COFFEE AT JAVA LAVA

75. TRIP BEGAN — DATE: 05 ~~MAY 2019~~ JUNE (b) (6), (b) (7)(C) — TIME (Circle one): 0720 a.m. / p.m.

76. ACCIDENT OCCURRED — DATE: 05 ~~MAY 2019~~ JUNE 2019 (b) (6), (b) (7)(C) — TIME (Circle one): 0725 a.m. / p.m.

77. AUTHORITY FOR THE TRIP WAS GIVEN TO THE OPERATOR: [X] ORALLY [ ] IN WRITING *(Explain)*

78. WAS THERE ANY DEVIATION FROM DIRECT ROUTE: [X] NO [ ] YES *(Explain)*

79. WAS THE TRIP MADE WITHIN ESTABLISHED WORKING HOURS: [X] YES [ ] NO *(Explain)*

80. DID THE OPERATOR, WHILE ENROUTE, ENGAGE IN ANY ACTIVITY OTHER THAN THAT FOR WHICH THE TRIP WAS AUTHORIZED: [X] NO [ ] YES *(Explain)*

81. COMPLETED BY DRIVER'S SUPERVISOR — a. DID THIS ACCIDENT OCCUR WITHIN THE EMPLOYEE'S SCOPE OF DUTY: [X] YES [ ] NO — b. COMMENTS

82a. NAME AND TITLE OF SUPERVISOR: (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)

82b. DATE: 5 ~~MAY~~ JUNE 19 (b) (6), (b) (7)(C)

82c. TELEPHONE NUMBER: (b) (6), (b) (7)(C)

STANDARD FORM 91 PAGE 3 (REV. 2-93)
USAPPC V1.00

ENCLOSURE (2)

190230100303

SECTION XI - ACCIDENT INVESTIGATION DATA

83. DID THE INVESTIGATION DISCLOSE CONFLICTING INFORMATION. ☐ YES ☒ NO *(If "Yes", explain below.)*

84. PERSONS INTERVIEWED

NAME	DATE	NAME	DATE
a. (b) (6), (b) (7)(C)	20190605	c.	
b.		d.	

85. ADDITIONAL COMMENTS *(Indicate section and item number for each comment.)*

SECTION XII - ATTACHMENTS

LIST ALL ATTACHMENTS TO THIS REPORT

SECTION XIII - COMMENTS/APPROVALS

86. REVIEWING OFFICIAL'S COMMENTS

For a copy of the PMO Traffic Accident Report, contact Freedom of Information Coordinator.
808-257-7712/8812
MCBH.G1.FOIA.FMB@USMC.mil
FAX: 808-257-3290

87. ACCIDENT INVESTIGATOR	88. ACCIDENT REVIEWING OFFICIAL
a. SIGNATURE AND DATE (b) (6), (b) (7)(C) 05 JUN 19	a. SI (b) (6), (b) (7)(C) 05 JUNE 2019
b. (b) (6), (b) (7)(C)	b. NAME *(First, middle, last)*
c. TITLE Accident Investigator	c. TITLE Traffic Chief
d. OFFICE MCBH/PMO Accident Investigations	d. OFFICE MCBH/PMO Accident Investigations
e. OFFICE TELEPHONE NUMBER (808) 257-6987	e. OFFICE TELEPHONE NUMBER (808) 257-6974

ENCLOSURE (2)

190230100303

NOCOURT

ARMED FORCES TRAFFIC TICKET

☐ WARNING (See Remarks below)

NAME (Last, First, Middle Initial) (b) (6), (b) (7)(C)

The person named below committed traffic violation set forth at the time and location, and on date shown, and was issued this traffic ticket.

1. NAME (Last, First, Middle Initial): (b) (6), (b) (7)(C)

2. RANK / GRADE: (b) (6), (b) (7)(C)

3. DATE OF BIRTH: (b) (6), (b) (7)(C)

4. SOCIAL SECURITY NO.:

5. ORGANIZATION OR ADDRESS: VP-4

6. DRIVER LICENSE NUMBER: (b) (6), (b) (7)(C)

7. ISSUING AUTHORITY (State or Military): CA

8. MAKE OR TYPE OF VEHICLE: FORD TRANSIT

9. STATE LICENSE OR REGIS NO.: 643 3028 V/GOVT

10. INSTL TAG NO.: N/A

11. DATE (Day-month-year): 05 JUN 19

12. TIME: 2040

13. LOCATION: PL of BLDG 220

14. VIOLATION

X	SPEED OVER LIMIT (mph in a mph zone)	X 5 - 10 MPH	X 11 - 15 MPH	X OVER 15 MPH
	IMPROPER LEFT TURN →	NO SIGNAL	CUT CORNER	FROM WRONG LANE
	IMPROPER RIGHT TURN →	NO SIGNAL	INTO WRONG LANE	FROM WRONG LANE
	DISOBEYED TFC SIGNAL (When light turned red) →	PAST MIDDLE INTERSECTION	MIDDLE OF INTERSECTION	HAD NOT REACHED INTERSECTION
	DISOBEYED STOP SIGN →	STOPPED WRONG PLACE	FAILED TO STOP	ROLLED / SPED THROUGH
	IMPROPER PASSING AND LANE USAGE →	AT INTERSECTION	CUT IN	WRONG SIDE OF PAVEMENT
		BETWEEN TFC	ON RIGHT	ON HILL
		LANE STRADDLING	WRONG LANE	ON CURVE
	FOL. TOO CLOSELY	OTHER VIOLATIONS (Describe) S/R		
	FAILURE TO YIELD			

PARKING: OVERTIME; PROHIBITED AREA; DOUBLE PARKING; OTHER (Describe in Remarks)

CONDITIONS THAT INCREASED SERIOUSNESS OF VIOLATION

SLIPPERY PAVEMENT	RAIN	AREA	TRAFFIC ACCIDENT TYPE OF ACCIDENT:	
	SNOW	X BUSINESS	PD	PI
	ICE	INDUSTRIAL	FATAL	
DARKNESS	NIGHT	RURAL	PEDESTRIAN	
	FOG	SCHOOL	VEHICLE	
	SNOW	RESIDENTIAL	HIT FIXED OBJ	
OTHER TRAFFIC PRESENT	CROSS	HIGHWAY TYPE	RIGHT ANGLE	
	ONCOMING	2 - LANE	X SIDESWIPE	
	PEDESTRIAN	3 - LANE	REAR END	
	SAME DIRECTION	4 - LANE	INTERSECTION	
CAUSED PERSON TO DODGE	PEDESTRIAN	4 - LANE DIVIDED	HEAD ON	
	DRIVER		RAN OFF ROAD	
	JUST MISSED ACCT			

TICKET NUMBER: F 1216504

15. REMARKS

1) FAILURE TO MAINTAIN LANE OF TRAVEL (2 TIMES)

16. NAME OF PERSON ISSUING TRAFFIC TICKET: (b) (6), (b) (7)(C)

17. ORGANIZATION AND INSTALLATION: PMO AID

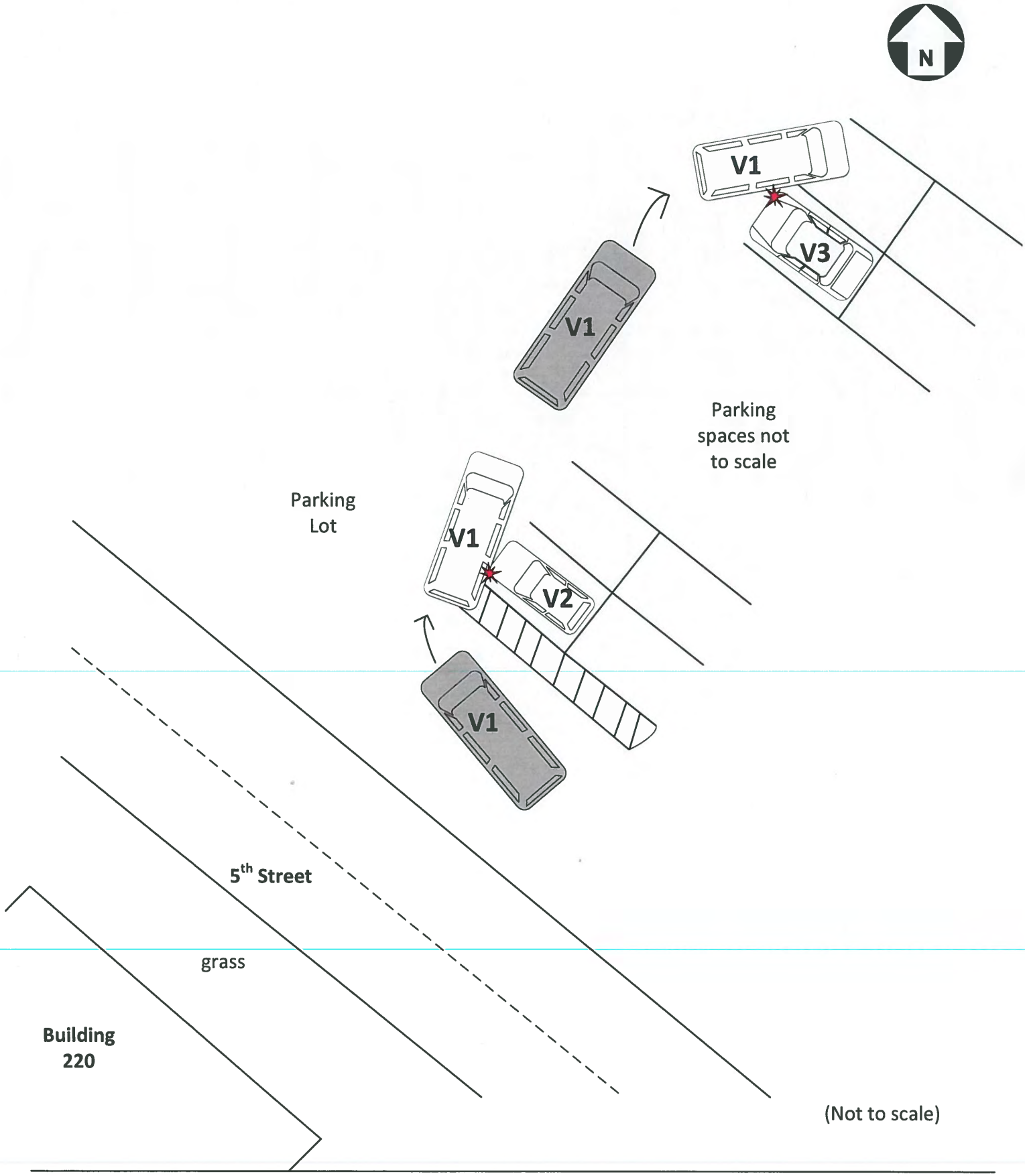
18. RANK / GRADE: (b) (6), (b) (7)(C)

DD Form 1408, DEC 87 — Previous edition is obsolete. — CO of violator or appropriate civil agency — 1

190230100303

ENCLOSURE(3)

PROVOST MARSHALS OFFICE
MCBH KANEOHE BAY, HAWAII 96863

SKETCH DIAGRAM

DATE OF INCIDENT	TIME	LOCATION	Investigator	CASE CONTROL NUMBER
20190605	0723	Parking lot of BLDG 220	(b) (6), (b) (7)(C)	190230100303