U.S. Department of Transportation
National Highway Traffic Safety Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire

To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 231

Date Received	Repository
19-MAR-2003	Reference No. 52
2003 APR -9 AM 8:52	10012088

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
Address	Evening Telephone Number	
City KENO	State OR	Zip Code

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 4/3/03

VEHICLE INFORMATION

	Make	Model	Model Year
	SUBARU	OUTBACK	2002

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
5-30-02	So. OREGON SUBARU (541) 245-2002			4	Gas
Original Owner ☒	Dealer's City MEDFORD	State OR	Zip Code 97504		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC LIMITED SLIP REAR END	☒ Antilock Brakes ☒ Cruise Control	ALL WHEEL DRIVE	030000 SERVICE BRAKES, HYDRAULIC
			Multiple Failure: # AT LEAST 3 THAT I KNOW OF.

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
1-21-03	8,094	25	POWER BRAKES POWER STEERING ~~SEAT~~ AIRBAG FAILED TO DEPLOY

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMAL9ABC098)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION
(Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☒ Yes ☐ No	☐ Yes ☒ No	1	0	YES

Narrative Description of Incident(S), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e, parts repaired or replaced (and if old part is available).

THE VEHICLE STARTED TO FISH-TAIL, THE CONSUMER DEPRESSED THE BRAKES WITH FORCE AND DISCOVERED THE VEHICLE HAD NO BRAKES.

SEE ATTACHED 1. NARRATIVE DESCRIPTION OF INCIDENT
2. SHERIFF'S INCIDENT REPORT
3. REPAIR INVOICE
4. LETTER TO INSURANCE CO. ADDRESSING CONCERNS NOT COVERED BY REPAIR ESTIMATE (INVOICE).

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

Accident: Jan. 21, 2003 at approximately 1:30 P.M.
Single occupant - 2002 Subaru Outback. 8094 miles on odometer.

PERSONAL ACCOUNT OF ACCIDENT

On Jan. 21. 2003. I drove from our home in Keno, Ore. into Klamath Falls, a distance of about 14 miles, to shop and run errands. At one of the stops I made, the engine did not start. The gear was in Park and the brake depressed. It did not start on the second effort. Finally, the engine turned over on the third try.

Later, on my way home, I turned north on Riveredge Rd, a dirt and gravel road. At approximately 1:30 in the afternoon, the day was clear, warm, and sunny. The road had recently been graded. There was no ice, no mud puddles, just packed dirt and gravel, so I was driving the speed limit of 25 mph instead of my usual 15 or 20 mph.

The vehicle suddenly began to fishtail. I depressed the brakes to engage the ABS and nothing happened. I tried a second time and still nothing happened. It was whipping around and would not slow down. It felt like I was on a sheet of glass with no way to gain traction. Then I realized the car had veered to the left (west) and was starting onto a neighbor's lawn. I tried to turn it back onto the road, but got no response. I really had to pull on the steering wheel to get it to turn right (east).

In seconds, before I could tug the wheel around to try to put the vehicle back on the road, it had shot across the road. It went through a wire fence that had barbed wire across the top. The car was headed east toward a deep ditch that runs along side a logging road. So I worked at turning it again. The Subaru turned left (north) and plowed through sage and other brush until it took a chunk out of a 6" to 8" diameter manzanita tree with the left front fender, causing serious body damage to the front of the car.

That impact caused the back end to swerve to the right. The nose of the car was then pointed west and impacted the wire fence with the barbed wire again and stopped with the front wheels in a shallow ditch at the side of Riveredge Road. The air bag did not deploy.

I could not get out of the car on the driver's side because it was held shut by the brush, so I crawled across the center console and the passenger seat and exited through the passenger side door. I was in a state of shock, but knew I had a broken arm since my hand was at a 90 degree angle to my arm. I had to kneel and lower my head to gain enough strength to move. I finally made it to the wire fence when a truck came up the road and stopped. The truck driver called my husband and he was there in less than 5 minutes. My husband and the truck driver helped me through the fence and my husband took me directly to Emergency at Merle West Medical Center in Klamath Falls.

The Sheriff's Deputy was escorted into my cubicle at 6:00 PM, listened to my account of the accident, and said she was going to drive out to look over the scene of the accident in Keno.

[redacted]

Jan. 23, 2003

KLAMATH COUNTY SHERIFF'S OFFICE
CRIME / INCIDENT REPORT

3300 Vandenberg Rd
Klamath Falls, OR 97603
ORO180000

CODE SECTION	CASE #
	03000289
CRIME: Motor Vehicle Accident	☐ ATTEMPT
CLASSIFICATION	SUSPECT INFORMATION: ☑ NONE/ SEE NARRATIVE ☐ SEE ATTACHED

CASE TYPE	GRID	MAP
PROPERTY	3601	

	DATE	TIME	DAY
OCCURRED ON OR FROM	01/21/03	13:35	TUE
TO	01/21/03	00:00	TUE
REPORTED	01/21/03	17:00	

LOCATION OF INCIDENT: 15624 RIVEREDGE RD, KENO

PREMISE NAME:

PREMISE TYPE: Other road

ENTERED:

ADDITIONAL VIOLATION CODE SECTIONS:

NATURE OF INCIDENT

- ☐ Computer Used
- ☐ Alcohol Related
- ☐ Drug Related
- ☐ Gang Related
- ☐ Hate/Bias Motivated
- ☐ Officer Assault
- ☐ Senior Citizen
- ☐ Juvenile
- ☐ Child Abuse
- ☐ Domestic Violence
- ☐ Arson

SYNOPSIS

On Tuesday, January 21, 2003 I responded to Merle West Medical Center regarding a single vehicle accident with injuries.

The driver and only occupant of the vehicle was [redacted]

CASE STATUS	DEPARTMENT DISPOSITION
CE	
ASSOCIATED CASE NUMBERS	OTHER ROUTING

OFFICER'S NAME	ID NUMBER	DATE	SUPERVISOR REVIEW	ID NUMBER	DATE	
ROBINSON, JO	4148	01/27/03	PULLIAM, BILL	4147	02/01/03	PG 1 OF

OFFICIAL REPORT - 2-24-03

CODE SECTION	☐ SUPPLEMENTAL	KLAMATH COUNTY SHERIFF'S OFFICE PROPERTY	CASE # 03000289

LOCATION OF INCIDENT
15624 RIVEREDGE RD, KENO

#	STAT	QTY.	BRAND	MODEL	DESCRIPTION OF PROPERTY	SERIAL NO.	$ VALUE
1	D	0			WIRE FENCE		

OFFICER'S NAME	ID NUMBER	DATE	SUPERVISOR REVIEW	ID NUMBER	DATE	
ROBINSON, JO	4148	01/27/03	PULLIAM, BILL	4147	02/01/03	PG 2 OF

OFFICIAL REPORT - 2-24-03

CODE SECTION	☐ SUPPLEMENTAL	KLAMATH COUNTY SHERIFF'S OFFICE INVOLVED PARTIES	CASE # 03000289

#	LAST, FIRST, MIDDLE (FIRM IF BUSINESS)	RACE	M	DOB	AGE	HT	WT	HAIR	EYES
1-DR	[redacted]			[redacted]					

ADDRESS	PHONE	DL NUMBER	STATE
[redacted] KENO OR [redacted]	[redacted]	[redacted]	OR

BUSINESS NAME / SCHOOL NAME AND ADDRESS	PHONE	OCCUPATION	SSN

NAME INFORMATION ☐ NON DISCLOSURE ☐ JUVENILE

OFFICER'S NAME	ID NUMBER	DATE	SUPERVISOR REVIEW	ID NUMBER	DATE	PG 3 OF
ROBINSON, JO	4148	01/27/03	PULLIAM, BILL	4147	02/01/03	

OFFICIAL REPORT - 2-24-03

CODE SECTION	☐ SUPPLEMENTAL	KLAMATH COUNTY SHERIFF'S OFFICE INVOLVED VEHICLES	CASE # 03000289

#	RELATED TO NAME #	YEAR	MAKE	MODEL	STYLE	COLOR	VIN	LICENSE PLATE	STATE
1-D	1	2002	SUBA			WHI / TAN	4S3BH665827664614	[redacted]	[redacted]

RPTS NAME (LAST FIRST MIDDLE)	ADDRESS	☐ SAME AS RELATED NAME	TYPE OF VEHICLE
			Automobiles

DAMAGE TO VEHICLE	DAMAGE AMOUNT

STOLEN VALUE	STOLEN AGENCY	STOLEN DATE	RECOVERED VALUE	RECOVERED AGENCY	RECOVERED DATE

ADDITIONAL IDENTIFIERS

STORAGE LOCATION	TOW COMPANY	PHONE

OFFICER'S NAME	ID NUMBER	DATE	SUPERVISOR REVIEW	ID NUMBER	DATE	
ROBINSON, JO	4148	01/27/03	PULLIAM, BILL	4147	02/01/03	PG 4 OF

OFFICIAL REPORT - 02-03

CODE SECTION	☐ SUPPLEMENTAL	KLAMATH COUNTY SHERIFF'S OFFICE NARRATIVE	CASE # 03000289

LOCATION OF INCIDENT
15624 RIVEREDGE RD, KENO

INVESTIGATION:

FACTS:

Notifications: On Tuesday, January 21, 2003 at 17:00 hours I responded to Merle West Medical Center Emergency Room regarding a single vehicle accident. Upon my arrival at 17:30 hours I contacted [redacted], the driver. All the following speeds and measurements are approximations.

SCENE:

Roadway Description: Riveredge Road is a gravel dirt county road running north south with a left to right ees curve. The roadway is a level two lane road, 26 feet in width. The roadway surface is gravel dirt, no center line and no shoulders. A wire fence, five foot in height is located five feet from the east edge of road running parallel. The weather was clear and the road surface was dry with no visible obscurements.

Traffic Controls: None

PARTIES:

Party #1: The location of the vehicle was parked on a private logging road. The vehicle had been pulled from the ditch prior to my arrival.

The driver [redacted] was at Merle West Medical Center for injuries from the single vehicle accident.

INJURIES:

The driver [redacted] was at Merle West Medical Center Emergency Room for a broken left arm. The break in the arm was just above the wrist. [redacted] indicated to me that she was transported to the Emergency Room by her husband [redacted]

PHYSICAL EVIDENCE:

Skid Marks: Upon my arrival at the accident scene I observed vehicle tire marks on the west side of the road. The tire marks were in the soft grassy area indicating that the vehicle was traveling north, went off the road to the left and traveled approximately 67 feet before entering back onto the road. The vehicle then went due east across the road through a five foot fence to a private drive and into a ditch.

Debris: Upon investigation of the vehicle I noted that several undercarriage parts consisting of the fender wells and mud guards were picked up and put into the back of the vehicle.

OTHER PHYSICAL EVIDENCE:

The vehicle had substantial damage to the left front fender.

OFFICER'S NAME	ID NUMBER	DATE	SUPERVISOR REVIEW	ID NUMBER	DATE	
ROBINSON, JO	4148	01/27/03	PULLIAM, BILL	4147	02/01/03	PG 5 OF

OFFICIAL [illegible] 9

CODE SECTION ☐ SUPPLEMENTAL	KLAMATH COUNTY SHERIFF'S OFFICE NARRATIVE	CASE # 03000289
LOCATION OF INCIDENT 15624 RIVEREDGE RD, KENO		

INTOXICATION:

Party #1: None

STATEMENTS:

Party #1: [redacted] the driver of the vehicle, told me in substance that while traveling north on Riveredge Road, her 2002 Subaru wagon began to fish tail. [redacted] old me that she pressed on the brakes and kept the pressure on but the car appeared to have been accelerating instead of braking. [redacted] went to the left side of the road and across the corner of the residence's grass and then shot across to the east side of the road through a fence, the brush and trees. [redacted] old me that the car ended up nose down in the ditch on the east side of Riveredge facing west. She got out and a vehicle came by, at which time she called her husband and he transported her to the hospital.

I asked [redacted] if she had blacked out at any time. She told me no she did not go unconscious at any time. After the accident she stated she did feel very light headed.

[redacted] was asked if she had a medical condition such as diabetes or heart disease. She stated no she did not but was on medications. The medications are: Lacix, Zxarolyn, Kador, Tarka, Clarinex, Dicyclomine, and Premerin.

OPINIONS AND CONCLUSIONS:

Summary: On Tuesday, January 21, 2003 at 13:35 hours [redacted] was driving northbound on Riveredge Road in Keno. [redacted] was traveling at approximately 25 mph when her 2002 Subaru began fish tailing. She stated that she pressed and kept steady pressure on the brake at which time the vehicle continued to fish tail and go to the west side of the road onto the soft dirt and grass. The vehicle crossed to the east side where it went through a fence. The vehicle continued going northeast through brush and trees. The vehicle hit a tree and diverted west, ending nose down into a small ditch.

Upon investigation of the accident scene, I have the opinion that [redacted] vehicle accelerated, causing her to lose control of the vehicle. It is unknown if it was a mechanical failure or not.

Point of Impact: Unknown.

Intoxication Narrative: None

Arrest: None

CAUSE:

My opinion is that the single vehicle accident involving driver [redacted] was caused by a acceleration instead of a braking of the vehicle on the gravel dirt road.

RECOMMENDATIONS: None

OFFICER'S NAME	ID NUMBER	DATE	SUPERVISOR REVIEW	ID NUMBER	DATE	
ROBINSON, JO	4148	01/27/03	PULLIAM, BILL	4147	02/01/03	PG 6 OF

OFFICIAL REPORT 2-24-03

CODE SECTION	☐ SUPPLEMENTAL	KLAMATH COUNTY SHERIFF'S OFFICE NARRATIVE	CASE # 03000289

LOCATION OF INCIDENT
15624 RIVEREDGE RD, KENO

ACTION REQUESTED: Send copy to DMV.

CASE STATUS: Cleared Exceptionally

Deputy's Initials: jmr

nwk01-28-03

OFFICER'S NAME	ID NUMBER	DATE	SUPERVISOR REVIEW	ID NUMBER	DATE	
ROBINSON, JO	4148	01/27/03	PULLIAM, BILL	4147	02/01/03	PG 7 OF

OFFICIAL REPORT 2-24-03

DMV OREGON POLICE TRAFFIC CRASH REPORT

PAGE 1 OF 2

POLICE INCIDENT / CASE NUMBER: 3PO4019 / 030002891
CRASH DATE: 01-21-03
DAY OF WEEK: M T W TH F S SN
CRASH TIME: 1335 AM PM
POLICE NOTIFIED: 1700 AM PM
POLICE ARRIVAL: 1730 AM PM
DMV FILE NUMBER:

COUNTY: KLAMATH
ROAD ON WHICH CRASH OCCURRED: RIVER EDGE RD
MILE POST:
DMV CODE:

WITHIN 200 FEET N S E W OF NEAREST INTERSECTING ROAD
X NEAR ___ MILES E W TIMBERLINE

WITHIN ___ FEET N S OF NEAREST CITY/TOWN
NEAR ___ MILES E W KENO

X PROPERTY DAMAGE · PUBLIC PROPERTY DAMAGE · X INJURY · FATAL · HAZARDOUS MATERIALS · HIT AND RUN · X PHOTOS TAKEN · TRAIN RR · TRUCK/BUS

UNIT # | NAME (LAST, FIRST, MIDDLE) | DRIVER LICENSE NUMBER | STATE | SEX | RACE | DOB

PED / BIC / PRK / PRP — ADDRESS | HOME PHONE ( )

VEHICLE OWNER: SAME | WORK PHONE ( )

TIRE Y N | STD SPD | PST SPD | INSURANCE COMPANY: NONE | INSURANCE POLICY NUMBER

EJECTED Y P N | EXTRCTD Y N | VEHICLE IDENTIFICATION NUMBER (VIN) | LICENSE PLATE NUMBER | STATE | YEAR | MAKE | MODEL / STYLE | COLOR

VEHICLE TOWED: Y N · UNKNOWN · BY: · TO:
DRIVER TAKEN: Y N · UNKNOWN · BY: · TO:

VEHICLE DAMAGE: FRONT
DAMAGE ESTIMATE: NONE · UNDER $1000 · OVER $1000 · ROLLOVER · UNDERCAR · TOTALED · UNKNOWN
USE ARROW TO SHOW POINT IMPACT (SHADE IN DAMAGED AREA)

INJURY: NONE · POSSIBLE · MINOR · SERIOUS · FATAL
EQUIPMENT: NO EQP USED · LAP ONLY · LAP/SHLDR · CHLD RST-PRP · ABAG-DEPL · NONE INSTLD · UNKNOWN · SHLDR ONLY · HELMET · CHLD RST-IMPR · ABAG-NOT
ACTION / ARREST / CITES

SUSPECT NAME | AKA | IN CUSTODY Y N
ADDRESS | OTHER INFORMATION:
SEX | RACE | DOB | HT | WT | HAIR | EYES | LOCAL ID

UNIT # | NAME (LAST, FIRST, MIDDLE): [redacted] | DRIVER LICENSE NUMBER / STATE / SEX / RACE / DOB: [redacted]

PED / BIC — ADDRESS: [redacted] KENO OR. [redacted] | HOME PHONE: [redacted]

PRK / PRP — VEHICLE OWNER: X SAME | WORK PHONE ( )

TIRE Y (N) | STD SPD 25 | PST SPD | INSURANCE COMPANY: AMEX ASSURANCE Co. | INSURANCE POLICY NUMBER: AX0216045077

EJECTED Y P (N) | EXTRCTD Y (N) | VEHICLE IDENTIFICATION NUMBER (VIN): 4S3BH6658Z7664614 | LICENSE PLATE NUMBER: YZE245 | STATE: OR | YEAR: OR | MAKE: SUBA | MODEL / STYLE: ULK/4W | COLOR: WHT/T

VEHICLE TOWED: Y N · UNKNOWN · BY: PRIVATE · TO:
DRIVER TAKEN: [redacted] · UNKNOWN · TO: MWMC ER.

VEHICLE DAMAGE: FRONT
DAMAGE ESTIMATE: NONE · UNDER $1000 · OVER $1000 · ROLLOVER · UNDERCAR · TOTALED · X UNKNOWN
USE ARROW TO SHOW POINT IMPACT (SHADE IN DAMAGED AREA)

INJURY: NONE · POSSIBLE · MINOR · X SERIOUS · FATAL
EQUIPMENT: NO EQP USED · LAP ONLY · X LAP/SHLDR · CHLD RST-PRP · ABAG-DEPL · NONE INSTLD · UNKNOWN · SHLDR ONLY · HELMET · CHLD RST-IMPR · ABAG-NOT
ACTION / ARREST / CITES: NONE

UNIT # | PASSENGER NAME · WITNESS | ADDRESS
SEX | RACE | DOB | HOME PHONE ( ) | WORK PHONE ( ) | INJURY: POSSIBLE · SERIOUS · NONE · MINOR · FATAL | LOCATION: LF CF RF LR CR RR | OTHER: | EJECTED Y P N | EXTRC Y
PASSENGER TAKEN: Y N · UNKNOWN · BY: · TO: | EQUIPMENT: NO EQP USED · LAP ONLY · LAP/SHLDR · CHLD RST-PRP · ABAG-DEPL · NONE INSTLD · UNKNOWN · SHLDR ONLY · HELMET · CHLD RST-IMPR · ABAG-NOT

UNIT # | PASSENGER NAME · WITNESS | ADDRESS
SEX | RACE | DOB | HOME PHONE ( ) | WORK PHONE ( ) | INJURY: POSSIBLE · SERIOUS · NONE · MINOR · FATAL | LOCATION: LF CF RF LR CR RR | OTHER: | EJECTED Y P N | EXTRC Y
PASSENGER TAKEN: Y N · UNKNOWN · BY: · TO: | EQUIPMENT: NO EQP USED · LAP ONLY · LAP/SHLDR · CHLD RST-PRP · ABAG-DEPL · NONE INSTLD · UNKNOWN · SHLDR ONLY · HELMET · CHLD RST-IMPR · ABAG-NOT

UNIT # | PASSENGER NAME · WITNESS | ADDRESS
SEX | RACE | DOB | HOME PHONE ( ) | WORK PHONE ( ) | INJURY: POSSIBLE · SERIOUS · NONE · MINOR · FATAL | LOCATION: LF CF RF LR CR RR | OTHER: | EJECTED Y P N | EXTRC Y
PASSENGER TAKEN: Y N · UNKNOWN · BY: · TO: | EQUIPMENT: NO EQP USED · LAP ONLY · LAP/SHLDR · CHLD RST-PRP · ABAG-DEPL · NONE INSTLD · UNKNOWN · SHLDR ONLY · HELMET · CHLD RST-IMPR · ABAG-NOT

DISTRIBUTION: DMV

OFFICER NAME / NUMBER: JOM ROBINSON 4148 | DATE: 01-21-03 | AGENCY: KCSO | APPROVED BY: [signature]

AGENCY COPY

POLICE INCIDENT / CASE NUMBER: 2004019 / 03000239 | EMS NOTIFIED: n/a AM PM | EMS ARRIVAL: n/a AM PM | LOCAL CODES | PAGE 2 OF 2

Check ONE box in all categories — Check ALL boxes that apply in categories with (+)

FIRST HARMFUL EVENT
- NON COLLISION
  - OVERTURN
  - FIRE / EXPLOSION
  - IMMERSION
  - GAS INHALATION
  - OTHER NON COLLISION
  - MEDICAL (Explain)
- COLLISION WITH
  - PEDESTRIAN
  - PARKED MOTOR VEHICLE
  - RAILWAY TRAIN
  - BICYCLIST
- CRASH TYPE
  - HEAD ON
  - REAR END
  - ANGLE
  - SIDESWIPE
  - [X] MANNER UNKNOWN
- FIXED OBJECT
  - BARRICADE
  - BOULDER / ROCK
  - BRIDGE OPASS or RAILING
  - BUILDING
  - CULVERT HEADWALL
  - CURBING
  - DITCH
  - DIVIDER - CNCRT or STEEL
  - [X] FENCE - NOT MEDIAN
  - FIRE HYDRANT
  - HIGHWAY GUARDRAIL
  - HIGHWAY SIGN
  - IMPACT ABSORBER
  - LIGHT STANDARD
  - MAILBOX
  - OVERHEAD SIGN POST
  - OVERHEAD STRUCTURE
  - PIER or COLUMN
  - RETAINING WALL
  - SIDE SLOPE EARTH
  - SIDESLOPE ROCK or STONE
  - TRAFFIC SIGNAL POST
  - TREE
  - UNDERPASS TUNNEL
  - UTILITY POLE
  - OTHER FIXED (Explain)
- OTHER OBJECT (NOT FIXED)
  - ANIMAL
  - THROWN / FALLING OBJECT
  - UNKNOWN
  - OTHER OBJECT (Explain)

LOCATION
- ON ROADWAY
  - NON-INTERSECTION
  - INTERSECTION
  - INTERSECTION RELATED
  - DRIVEWAY ACCESS
  - INTERCHANGE AREA
  - RAILROAD CROSSING
  - BRIDGE
  - TUNNEL
  - OTHER ON-ROAD AREA
- OFF ROADWAY
  - SHOULDER
  - TURNOUT
  - ROADSIDE
  - [X] BEYOND RIGHT OF WAY
  - MEDIAN
  - DRIVEWAY
  - PRIVATE DRIVE
  - RAILROAD CROSSING
  - OTHER OFF ROAD
  - PARKING LOT
  - UNKNOWN

SPECIAL ZONE
- [X] NONE
- CONSTRUCTION
- MAINTENANCE
- UTILITY
- SNOW
- SCHOOL
- UNKNOWN WORK
- OTHER

WEATHER
- CLEAR
- [X] CLOUDY (OVERCAST)
- RAIN
- SNOW
- SLEET / HAIL / ETC
- FOG / SMOG
- SMOKE
- BLOWING SAND / DIRT
- SEVERE CROSSWIND
- OTHER / UNKNOWN

SURFACE CONDITION

#1	#2	
☐	☐	DRY
☐	☐	WET
☐	☐	SNOW / SLUSH
☐	☐	ICY
☐	☐	MUDDY
☐	☐	DEBRIS
☐	☐	RUTS / HOLES / BUMPS
☐	☐	WORN / POLISHED
☐	☐	LOW / SOFT SHOULDER
☐	[X]	OTHER / UNKNOWN

ROAD SURFACE

#1	#2	
☐	☐	CONCRETE
☐	☐	BLACKTOP / ASPHALT
[X]	☐	GRAVEL
[X]	☐	DIRT
☐	☐	OTHER

LIGHT
- [X] FULL DAYLIGHT
- DAWN
- DUSK
- DARK - LIGHTED WAY
- DARK - NOT LIGHTED
- UNKNOWN

TRAFFIC CONTROL

#1	#2	
☐	[X]	NONE
☐	☐	SCHOOL BUS LIGHTS
☐	☐	OFFICER / CROSSING GUARD or FLAGGER
☐	☐	TRAFFIC SIGNAL w/ PEDESTRIAN CONTROL
☐	☐	TRAFFIC SIGNAL
☐	☐	FLASHING BEACON
☐	☐	STOP SIGN
☐	☐	YIELD SIGN
☐	☐	RR CROSSING GATES
☐	☐	RR CROSSING BUCKS
☐	☐	RR FLASHING SIGNAL
☐	☐	RR CROSSING w/ PAVEMENT MARKINGS
☐	☐	LANE CONTROLS / LINES / STRIPES / DEVICES
☐	☐	SCHOOL SIGNAL
☐	☐	OTHER REG SIGN
☐	☐	UNKNOWN

TRAFFIC CONTROL DEVICE CONDITION

#1	#2	
☐	[X]	NO MALFUNCTION
☐	☐	DOWN / MISSING
☐	☐	TURNED FROM PROPER POSITION
☐	☐	OBSCURED BY OTHER SIGNS
☐	☐	OBSCURED BY PARKED VEHICLE
☐	☐	OBSCURED BY VEGETATION
☐	☐	LIGHTS MALFUNCTION
☐	☐	LIGHTS STUCK
☐	☐	GATES INOPERATIVE
☐	☐	GATE ARM MISSING
☐	☐	OTHER RR MALFUNCTN
☐	☐	OTHER IMPAIRMENT
☐	☐	UNKNOWN

ROAD CHARACTER

#1	#2	
☐	[X]	STRAIGHT and LEVEL
☐	☐	STRAIGHT w/ GRADE
☐	☐	CURVED and LEVEL
☐	☐	CURVED w/ GRADE

VEH # 1 — NUMBER OF LANES:

VEH # 2 — NUMBER OF LANES:

— TOTAL NUMBER OF LANES

ROAD DIVISION

#1	#2	
☐	☐	ONE WAY TRAFFIC
☐	[X]	NOT PHYSLY DIVIDED

MEDIAN TYPE

#1	#2	
☐	☐	UNPAVED
☐	☐	BARRIER
☐	☐	PAVED
☐	☐	CONT LEFT TURN

DRIVER LICENSE

DRIVER #1	DRIVER #2	
☐	[X]	NONE
☐	☐	INSTRUCTION PERMIT
☐	☐	LICENSE RESTRICTION
☐	☐	EXPIRED LICENSE
☐	☐	OUT OF CLASS
☐	☐	SUSPENDED / REVOKED
☐	☐	UNLICENSED

DRIVER DISTRACTION

DRIVER #1	DRIVER #2	
☐	☐	NONE
☐	☐	CELL PHONE USE
☐	☐	OBSTRUCTED VIEW
☐	☐	FAILED TO YIELD ROW
☐	☐	DISRGRD TRAF SIGN
☐	☐	TOO FAST FOR COND
☐	☐	MADE IMPROPER TURN
☐	☐	WRONG SIDEWAY
☐	☐	FOLLOW TOO CLOSELY
☐	☐	IMPROPER LANE CHNG
☐	☐	IMPROPER BACKING
☐	☐	IMPROPER PASSING
☐	☐	IMPROPER SIGNAL
☐	☐	IMPROPER PARKING
☐	☐	FATIGUE / DROWSY
☐	☐	ILL / BLACKOUT
☐	[X]	UNKNOWN
☐	☐	OTHER

DRUGS / ALCOHOL

DRIVER #1	DRIVER #2	
[X]	☐	NONE
☐	☐	UNDER INFL - DRUGS
☐	☐	UNDER INFL - ALCOHOL
☐	☐	UNDER INFL - MEDS
☐	☐	UNKNOWN

DETERMINED BY:
- ☐ ☐ INTOXILYZER TEST
- ☐ ☐ BLOOD OR URINE TEST
- ☐ ☐ FIELD SOBL TEST
- ☐ ☐ OBSERVED (SPEECH, ODOR, ETC)
- ☐ ☐ DRE EVALUATION
- ☐ ☐ STATEMENTS
- ☐ ☐ UNKNOWN
- ☐ ☐ OTHER

RESULTS OF TEST:

D1 ____ % D2 ____ %
- ☐ ☐ NO TEST GIVEN
- ☐ ☐ TEST REFUSED
- ☐ ☐ TESTED FOR DRUGS
- ☐ ☐ RESULTS NOT AVAILABLE

VEH RELATED FACTORS

#1	#2	
☐	[X]	NONE
☐	☐	BRAKES
☐	☐	STEERING
☐	☐	POWER PLANT
☐	☐	SUSPENSION
☐	☐	TIRES
☐	☐	EXHAUST
☐	☐	LIGHTS
☐	☐	SIGNALS
☐	☐	WINDOWS / WINDSHLD
☐	☐	RESTRAINT SYSTEM
☐	☐	WHEELS
☐	☐	COUPLING
☐	☐	CARGO
☐	☐	OTHER

VEHICLE MOVEMENT

#1	#2	
☐	☐	BACKING
☐	☐	STOPPED
☐	[X]	STRAIGHT AHEAD
☐	☐	TURNING RIGHT
☐	☐	TURNING LEFT
☐	☐	MAKING U-TURN
☐	☐	ENTER TRAFFIC LANE
☐	☐	LEAVE TRAFFIC LANE
☐	☐	OVERTAKING
☐	☐	CHANGING LANES
☐	☐	AVOIDING MANEUVER
☐	☐	MERGING
☐	☐	PARKING
☐	☐	NEGOTIATING A CURVE
☐	☐	OTHER

VEHICLE CONFIGURATION

#1	#2	
☐	☐	LOG/BUNK
☐	☐	SEMITRAILER
☐	☐	POLE TRAILER
☐	☐	FULL TRAILER
☐	☐	MOBILE HOME
☐	☐	UTILITY TRAILER
☐	☐	TRAVEL TRAILER
☐	☐	BOAT TRAILER
☐	☐	FARM EQUIPMENT
☐	☐	HORSE TRAILER
☐	☐	VEHICLE IN TOW
☐	☐	OTHER / UNKNOWN

TRUCK / BUS CONFIGURATION

#1	#2	
☐	☐	TRUCK (2 or 3 AXLE)
☐	☐	TRUCK / TRACTOR - SEMI
☐	☐	TRUCK and TRAILER
☐	☐	DOUBLE TRAILERS
☐	☐	TRIPLE TRAILERS
☐	☐	DRIVEAWAY and SEMI
☐	☐	HEAVY HAUL CONFIG
☐	☐	BUS
☐	☐	OTHER

SPECIAL FUNCTION

#1	#2	
☐	☐	NONE
☐	☐	PEDESTRIAN
☐	☐	BICYCLIST
☐	☐	CONVEYANCE
☐	☐	WHEELCHAIR
☐	☐	ANIMAL RIDER
☐	☐	ROADWAY ANIM DRAWN VEH
☐	☐	UNKNOWN
☐	☐	OTHER (Explain)

PASSENGER INFORMATION

PASS UNIT #1

#1	#2	
☐	☐	NONE
☐	[X]	INTERFERED w/DRIVER
☐	☐	UNDER INFL - DRUGS
☐	☐	UNDER INFL - ALCOHOL
☐	☐	UNKNOWN
☐	☐	OTHER (Explain)

PASS UNIT #2

#1	#2	
☐	☐	NONE
☐	☐	INTERFERED w/DRIVER
☐	☐	UNDER INFL - DRUGS
☐	☐	UNDER INFL - ALCOHOL
☐	☐	UNKNOWN
☐	☐	OTHER (Explain)

PEDESTRIAN LOCATION
- IN ROAD
  - IN X-WALK
  - NOT IN X-WALK
  - NO X-WALK AVAILABLE
- INTERSECTION
  - IN X-WALK
  - NOT IN X-WALK
  - NO X-WALK AVAILABLE
- OTHER
  - NOT IN ROADWAY
  - SHOULDER
  - MEDIAN
  - BIKE LANE
  - UNKNOWN

PEDESTRIAN ACTION
- ENTER / CROSS ROAD
- WALK / RIDE w/TRAFF
- WALK / RIDE AGAINST
- STEP ON / OFF VEHICLE
- STEP ON / OFF SCH BUS
- APPROH / LEAVE SC BUS
- APPROACH / LEAVE VEH
- WORK / PARKING VEHICLE
- OTHER WORKING
- PLAYING
- STANDING
- LYING DOWN
- UNKNOWN

PEDESTRIAN VISIBILITY

CLOTHING
- NO CONTRAST w/BKGRND
- CONTRASTED w/BKGRND
- REFLECTIVE

OTHER
- OTHER LIGHT SOURCE
- UNKNOWN

PEDESTRIAN ACTION
- NONE
- FAILED TO YIELD ROW
- DISREGARD TRAFFIC SIGN
- ILLEGALLY IN ROAD
- EQUIPMENT MALFUNCTION
- CLOTHING NOT VISIBLE
- UNDER INFL - DRUGS
- UNDER INFL - ALCOHOL
- UNKNOWN
- OTHER (Explain)

SKETCH & NARRATIVE

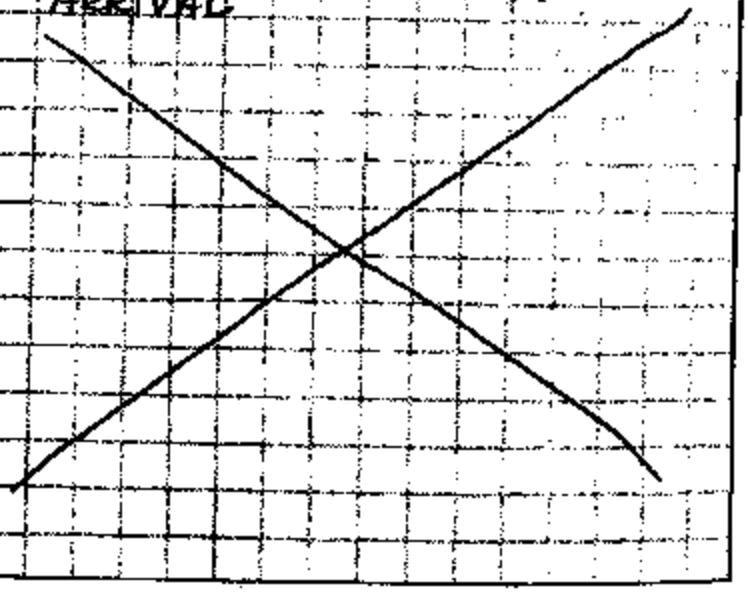
North (NOT TO SCALE)

UNIT 1 2

SKID MARKS TO (FEET) ____ ____

DISTANCE AFTER (FEET) ____ ____

VEH MOVED PRIOR TO ARRIVAL



DMV

OREGON POLICE TRAFFIC CRASH REPORT

POLICE INCIDENT / CASE NUMBER	CRASH DATE	DAY OF WEEK	CRASH TIME	POLICE NOTIFIED	POLICE ARRIVAL	DMV FILE NUMBER
PO4019 / 0300289	01-21-03	S M T W TH F S	1335 PM	1700 PM	1730 PM	

COUNTY	ROAD ON WHICH CRASH OCCURRED	MILE POST	DMV CODE
KLAMATH	Riverside Dr		

☐ WITHIN 200 FEET ~~(N)~~ S E W OF NEAREST INTERSECTING ROAD: Timberline
☒ NEAR ___ MILES N S E W

☐ WITHIN ___ FEET N S E W OF NEAREST CITY / TOWN: Keno
☐ NEAR ___ MILES N S E W

☒ PROPERTY DAMAGE ☐ PUBLIC PROPERTY DAMAGE ☒ INJURY ☐ FATAL ☐ HAZARDOUS MATERIALS ☐ HIT AND RUN ☒ PHOTOS TAKEN TRAILER ☐ TRUCK / BUS

UNIT # | NAME (LAST, FIRST, MIDDLE) | DRIVER LICENSE NUMBER | STATE, SEX | RACE | DOB

PED / B/C / PRK / PRP | ADDRESS | HOME PHONE ( )

VEHICLE OWNER ☐ SAME | WORK PHONE ( )

[redacted] | INSURANCE COMPANY ☐ NONE | INSURANCE POLICY NUMBER

[redacted] VEHICLE IDENTIFICATION NUMBER (VIN) | LICENSE PLATE NUMBER | STATE | YEAR | MAKE | MODEL / STYLE | COLOR

VEHICLE TOWED: Y N ☐ UNKNOWN BY: TO: | DRIVER TAKEN: Y N ☐ UNKNOWN BY:

VEHICLE DAMAGE — FRONT

DAMAGE ESTIMATE ☐ NONE ☐ UNDER $1500 ☐ OVER $1500 ☐ ROLLOVER ☐ UNDERCAR ☐ TOTALED ☐ UNKNOWN

[illegible]

[redacted]

UNIT # | [redacted] | DRIVER LICENSE NUMBER | STATE, SEX | RACE | DOB | [redacted]

PED / B/C / PRK / PRP | ADDRESS [redacted] Keno OR [redacted] | [redacted]

VEHICLE OWNER ☒ SAME | WORK PHONE ( )

[redacted] | INSURANCE COMPANY ☐ NONE AMEX Assurance Co | INSURANCE POLICY NUMBER AX7@1164507

VEHICLE IDENTIFICATION NUMBER (VIN)	LICENSE PLATE NUMBER	STATE	YEAR	MAKE	MODEL / STYLE	COLOR
[redacted]453BH665827 664614	YZE745	OR	OR	Suba	4 ULK/4W	WHT/TAN

VEHICLE TOWED: Y N BY: Pownee ☐ UNKNOWN TO: | DRIVER TAKEN: (Y) N ☐ UNKNOWN [redacted] TO: [illegible] ER!

VEHICLE DAMAGE — FRONT

DAMAGE ESTIMATE ☐ NONE ☐ UNDER $1500 ☐ OVER $1500 ☐ ROLLOVER ☐ UNDERCAR ☐ TOTALED ☒ UNKNOWN

[redacted] None

UNIT # ☐ PASSENGER NAME ☐ WITNESS | ADDRESS

SEX | RACE | DOB | HOME PHONE ( ) | WORK PHONE ( ) | [redacted]

PASSENGER TAKEN: Y N ☐ UNKNOWN BY: TO:

UNIT # ☐ PASSENGER NAME ☐ WITNESS | ADDRESS

SEX | RACE | DOB | HOME PHONE ( ) | WORK PHONE ( ) | [redacted]

PASSENGER TAKEN: Y N ☐ UNKNOWN BY: TO:

UNIT # ☐ PASSENGER NAME ☐ WITNESS | ADDRESS

SEX | RACE | DOB | HOME PHONE ( ) | WORK PHONE ( ) | [redacted]

PASSENGER TAKEN: Y N ☒ UNKNOWN BY: TO:

DISTRIBUTION: LMV

OFFICER NAME / NUMBER	DATE	AGENCY
J.D.M. Robinson 4148	01-21-03	KCSO

[redacted]

CUSTOMER COPY

OREGON POLICE TRAFFIC CRASH REPORT

PAGE 1 OF 2

[redacted] / CASE NUMBER 3004019/3500289 | CRASH DATE 01-21-03 | DAY OF WEEK | CRASH TIME 1335 | POLICE NOTIFIED 1700 | POLICE ARRIVAL 1730 | DMV FILE NUMBER

COUNTY: KLAMATH | ROAD ON WHICH CRASH OCCURRED: RIVER ROAD | MILE POST | DMV CODE

[redacted] FEET [redacted] OF NEAREST INTERSECTING ROAD: TIMBERLINE | WITHIN ____ FEET ____ OF NEAREST CITY / TOWN: KENO

[redacted] FATAL | [redacted] INJURY | [redacted] PROPERTY DAMAGE | [redacted] HAZARDOUS MATERIALS | [redacted] HIT AND RUN | [redacted] PHOTOS TAKEN | [redacted] TOWED | [redacted] TRUCK / BUS

VEHICLE #1

[redacted] | DRIVER LICENSE NUMBER | STATE | SEX | RACE | DOB

[redacted] | HOME PHONE ( ) | WORK PHONE ( )

[redacted] | INSURANCE COMPANY | INSURANCE POLICY NUMBER

[redacted] | LICENSE PLATE NUMBER | STATE | YEAR | MAKE | MODEL / STYLE | COLOR

[redacted] | DAMAGE SCALE | DAMAGE AREA

FRONT

VEHICLE #2

[redacted] KENO CR [redacted]

[redacted] | INSURANCE COMPANY: AMEX ASSURANCE CO | INSURANCE POLICY NUMBER: AX0210045507

[redacted] | LICENSE PLATE NUMBER: NZE 215 | STATE | YEAR | MAKE: SUBA | MODEL / STYLE: WRX/WRX | COLOR: WHT/TAN

[redacted] | DAMAGE SCALE | DAMAGE AREA

FRONT

PASSENGERS

PASSENGER NAME / WITNESS | SEX | RACE | DOB | HOME PHONE | WORK PHONE | PASSENGER TAKEN: Y N | BY: | TO: | UNKNOWN

PASSENGER NAME / WITNESS | SEX | RACE | DOB | HOME PHONE | WORK PHONE | PASSENGER TAKEN: Y N | BY: | TO: | UNKNOWN

PASSENGER NAME / WITNESS | SEX | RACE | DOB | HOME PHONE | WORK PHONE | PASSENGER TAKEN: Y N | BY: | TO: | UNKNOWN

DISPATCHED: DMV

OFFICER NAME / NUMBER: JOM ROBINSON 4148 | DATE: 01-21-03 | AGENCY: KCSO

CUSTOMER COPY

[redacted]

Keno, OR [redacted]

February 19, 2003

AMEX Assurance Company
3500 Packerlad Drive
DePere, Wisconsin 54115-9034
ATT: Jodi Wheelock, Claims Representive
RE: Claim No. 387495-C206

Dear Ms Wheelock:

The estimate of vehicle repair from Excel Auto Body Shop dated 2-6-03, I.D. No.6423 does not list or estimate the following concerns?

1. Severe bruising and cut on left front tire.
2. No testing or replacement of sensors for airbag, AWD, ABS, Power Steering, or automatic transmission.
3. No testing or replacement listed for hydraulic booster system that controls power steering and power brakes.
4. The line item for 4 wheel drive alignment is vague. Is this for front end alignment only?

The estimate from Excel is for body and mechanical repair. The estimate does not include any electrical sensors, electrical controllers, cooling and air conditioning systems, and components. Due to circumstances that caused the accident and the extensive damage, we will require a signed certificate of vehicle safety upon completion of all repairs and testing.

No repairs are to be started or parts ordered without our approval. This will allow Subaru Corporation an opportunity for visual inspection if they so desire.

Respectfully,

[redacted]

THE ATTACHMENTS TO THIS DOCUMENT HAVE BEEN REMOVED TO PROTECT UNWARRANTED INVASION OF PERSONAL PRIVACY PURSUANT TO EXEMPTION 6 OF THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6).