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 335

Date Received	Repository
2003 JUN 10 AM 9:35	
24-APR-2003	Reference No: 10017543

OWNER INFORMATION (Type or Print)

Name	[redacted]
Address	[redacted]
City	SAN ANTONIO
State	TX
Zip Code	[redacted]
Daytime Telephone Number	[redacted]
Evening Telephone Number	[redacted]
E-mail Address	

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☒ NO
In the absence of s[redacted]*me or address to the vehicle manufacturer.*
Signature of Owner [redacted] Date 06/03/03

VEHICLE INFORMATION

[redacted]	Make: LINCOLN	Model: CONTINENTAL	Model Year: 2000
Date Purchased: NOV-01, 2000	Dealer's Name and Telephone Number: NORTH PARK LINCOLN MERCURY - SAN ANTONIO, TEXAS	Engine: No: Cylinders 8	Fuel Type: Gas
Original Owner: ☒	Dealer's City: SAN ANTONIO, TEXAS	State: TX	Zip Code: 78216

Transmission Type	☑ Antilock Brakes ☑ Cruise Control	Powertrain	Vehicle Component Code: 030000 SERVICE BRAKES, HYDRAULIC Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
01-06-02 07-10-02	18124	35

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: DOTMAL9ABC036)	☐ 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			N

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).

WHEN THE CONSUMER APPLIED THE BRAKES, THE BRAKE PEDAL BECAME HARD, AND CONSEQUENTLY THE CONSUMER HIT ANOTHER VEHICLE. *JB

THERE WERE (2) COLLISIONS CAUSED BY DEFECTIVE BRAKES - THESE DATES WERE 01-06-02 AND 07-10-02. BOTH REPORTED TO POLICE AND REPORTS MADE.

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

Ford Motor Company

Consumer Affairs

March 12, 2003

[redacted]

Mission, TX [redacted]

RE: 2000 Town Car
VIN: 1LNHM83W9YY933684

Dear [redacted]

This letter confirms we received your recent correspondence regarding your 2000 Town Car. We regret any inconvenience you may have experienced and are anxious to retain you as a satisfied customer.

Your information has been forwarded to our Regional Office, with a copy to your dealership. You will be contacted shortly by a Ford representative or a Dealership Service Manager in an effort to resolve your concerns. If you have not been contacted within 7 days of this letter, please contact North Park Lincoln Mercury in San Antonio, TX or *any* authorized Ford or Lincoln-Mercury Dealership for assistance.

Thank you for bringing this matter to our attention.

Respectfully yours,

Kim Brouster
Consumer Intervention

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

400 Seventh Street, S.W.
Washington, D.C. 20590

Dear Consumer:

As a result of your recent report to the DOT Auto Safety Hotline (DOT Hotline), we have recorded that report on the enclosed Vehicle Owner's Questionnaire (VOQ) form. Please review the form and make changes, additions and corrections as necessary. Additionally, please provide a more detailed description of the failure(s) you reported that you believe is(are) relevant to safety. Also, if available, include copies of repair invoices, letters to the manufacturer, or any other document related to the problem(s) you reported. If a crash or fire occurred, include a copy of the police or fire department report.

It is helpful to be as thorough as possible in your report so that our ability to use your report will be maximized. If you do not have the information, it is not necessary to complete all the boxes. However, it is very difficult to identify the scope of a vehicle problem unless the vehicle identification number (VIN) is known. The VIN is located inside the vehicle on the dashboard adjacent to the left (driver's side) of the windshield pillar. When reporting a tire problem, the brand name, tire name and complete tire size should be included. If possible also provide the DOT tire identification number. It is usually located near the rim flange of the tire on either side of the tire.

The Privacy Act prohibits our agency from identifying you to the manufacturer without your permission. If you wish to give us that permission, please mark the appropriate authorization box and sign the form to allow us to provide your name to the manufacturer. The information you provide may assist the manufacturer and NHTSA in determining if a safety-related defect exists.

Any information provided is entirely voluntary. There is no consequence or penalty of any kind if you do not wish to provide it. We seek this information to develop both statistical and investigative evidence that will help identify potential safety related problems in vehicle or vehicle equipment, e.g., tires, child safety seats, jacks, etc.

When completed, please fold and staple or tape the form so that the pre-addressed portion of the form is on the out side. If a larger envelope is used, tape the VOQ form to the larger envelope so that the pre-addressed portion of the form is showing.

If further information is needed, please contact Mr. Michael J. Jordan, Safety Defects Program Assistant, Correspondence Research Division, Office of Defects Investigation, at (202) 493-0375.

Thank you for your cooperation.

Sincerely,

Alberta A. Jamison, Chief
Correspondence Research Division
Office of Defects Investigation
Enforcement

Enclosures: VOQ
DOT Hotline Pamphlet

[redacted]

[redacted]

DOT AUTO SAFETY HOTLINE
888-DASH-2-DOT
888-327-4236

MISPD

TEXAS PEACE OFFICER'S ACCIDENT REPORT ST-3 (REV. 9/1/01) MAIL TO: ACCIDENT RECORDS, TEXAS DEPARTMENT OF PUBLIC SAFETY, PO BOX 4087, AUSTIN, TX 78773-0350

[redacted]

PLACE WHERE ACCIDENT OCCURRED

COUNTY: Hidalgo CITY OR TOWN: Mission (SHOW ONLY IF INSIDE CITY LIMITS)

IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN ____ MILES ☐ NORTH ☐ S. ☐ E ☐ W OF ____ (CITY OR TOWN)

DO NOT WRITE IN THIS SPACE — LOC. ____ CODE ____ SEVERITY ____ FAT. REC. ____ DR. REC. ____

DPS NO.

ROAD ON WHICH ACCIDENT OCCURRED: 2200 (BLOCK NUMBER) N. Conway (STREET OR ROAD NAME) ____ (ROUTE NUMBER OR STREET CODE)

CONSTR. ZONE ☐ YES ☒ NO SPEED LIMIT 30

INTERSECTING STREET OR RR X'ING NUMBER ____ (BLOCK NUMBER) ____ (STREET OR ROAD NAME) ____ (ROUTE NUMBER OR STREET CODE)

CONSTR. ZONE ☐ YES ☐ NO SPEED LIMIT ____

NOT AT INTERSECTION: 125 ☒ FT. ☐ MI. ☐ N ☒ S ☐ E ☐ W OF FM 495

SHOW DISTANCE ON NEAREST INTERSECTING NUMBERED HIGHWAY. IF NONE, SHOW NEAREST INTERSECTING STREET OR REFERENCE POINT.

DATE OF ACCIDENT: 01-06 20 02 DAY OF WEEK: Sunday HOUR: 11:57 ☒ A.M. ☐ P.M. IF EXACTLY NOON OR MIDNIGHT, SO STATE

UNIT NO. 1 - MOTOR VEHICLE

VEHICLE IDENT. NO. 1LNHM83W9YY933684

IF BODY STYLE = VAN OR BUS, INDICATE SEATING CAPACITY ____

YEAR MODEL: 2000 COLOR & MAKE: Silver/Lincoln MODEL NAME: Town Car BODY STYLE: 4DF LICENSE PLATE: [redacted]

DRIVER'S NAME: [redacted] Mission TX (ADDRESS (STREET, CITY, STATE, ZIP)) PHONE NUMBER: [redacted]

DRIVER'S LICENSE: [redacted] DOB: [redacted] RACE: W SEX: M OCCUPATION: RETIRED

SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS) 1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED: 4 ALCOHOL/DRUG ANALYSIS RESULT? ____

PEACE OFFICER, EMS DRIVER, FIRE FIGHTER ON EMERGENCY? ☐ YES ☐ NO

☐ LESSEE ☒ OWNER: Same (NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER)) ADDRESS (STREET, CITY, STATE, ZIP)

LIABILITY INSURANCE ☒ YES ☐ NO: State Farm Mutual Auto Ins. Co. (INSURANCE COMPANY NAME) [redacted] (POLICY NUMBER) VEHICLE DAMAGE RATING: FR-1

UNIT NO. 2 - MOTOR VEHICLE ☒ TRAIN ☐ PEDALCYCLIST ☐ TOWED ☐ PEDESTRIAN ☐ OTHER ☐

VEHICLE IDENT. NO. 1FTSX30F71EC16071

IF BODY STYLE = VAN OR BUS, INDICATE SEATING CAPACITY ____

YEAR MODEL: 2001 COLOR & MAKE: Silver/Ford MODEL NAME: F-350 BODY STYLE: TK LICENSE PLATE: [redacted]

DRIVER'S NAME: [redacted] Arlington TX. PHONE NUMBER: [redacted]

DRIVER'S LICENSE: [redacted] DOB: [redacted] RACE: W SEX: M OCCUPATION: RETIRED

SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS) 1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED: 4 ALCOHOL/DRUG ANALYSIS RESULT ____

PEACE OFFICER, EMS DRIVER, FIRE FIGHTER ON EMERGENCY? ☐ YES ☐ NO

☐ LESSEE ☒ OWNER: Same

LIABILITY INSURANCE ☒ YES ☐ NO: State Farm Auto Ins. Co. (INSURANCE COMPANY NAME) [redacted] (POLICY NUMBER) VEHICLE DAMAGE RATING: LFQ-1

DAMAGE TO PROPERTY OTHER THAN VEHICLES ____ (OBJECT) (NAME AND ADDRESS (STREET, CITY, STATE, ZIP) OF OWNER) (FEET FROM CURB) $ ____ (AMOUNT ESTIMATE)

LIGHT CONDITION: 1	WEATHER: 1	SURFACE CONDITION: 1	TYPE ROAD SURFACE: 1	DESCRIBE ROAD CONDITIONS (INVESTIGATOR'S OPINION)
1-DAYLIGHT 2-DAWN 3-DARK-NOT LIGHTED 4-DARK-LIGHTED 5-DUSK	1-CLEAR/CLOUDY 2-RAINING 3-SNOWING 4-FOG 5-BLOWING DUST 6-SMOKE 7-SLEETING 8-HIGH WINDS 9-OTHER ____	1-DRY 2-WET 3-MUDDY 4-SNOWY/ICY 5-OTHER ____	1-BLACKTOP 2-CONCRETE 3-GRAVEL 4-SHELL 5-DIRT 6-OTHER ____	

IN YOUR OPINION, DID THIS ACCIDENT RESULT IN AT LEAST $1,000.00 DAMAGE TO ANY ONE PERSON'S PROPERTY? ☒ YES ☐ NO

CHARGES FILED

NAME ____ CHARGE ____ CITATION NUMBER ____

NAME ____ CHARGE ____ CITATION NUMBER ____

TIME NOTIFIED OF ACCIDENT: 01-06-02 (DATE) 11:57 A.M. (HOUR) HOW: Dispatched

TIME ARRIVED AT SCENE OF ACCIDENT: 01-06-02 (DATE) 11:57 A.M. (HOUR)

TYPED OR PRINTED NAME OF [redacted] DATE REPORT MADE: 01-06-02 IS REPORT COMPLETE ☒ YES ☐ NO

SIGNATURE OF INVESTIGATOR [redacted] ID NO. [redacted] DEPARTMENT: Police DIST/AREA ____

DOJ000077

MISPD

SOLICITATION (SOL)	EJECTED	CODE FOR TYPE RESTRAINT USED	AIRBAG CODE	HELMET USE	CODE FOR INJURY SEVERITY	ALCOHOL/DRUG ANALYSIS *(COMPLETE IF CASUALTIES NOT IN MOTOR VEHICLE)
INDICATES PERSON'S DESIRE TO RECEIVE CONTACT FROM PERSONS SEEKING PROFESSIONAL EMPLOYMENT AS/FOR AN ATTORNEY, CHIROPRACTOR, PHYSICIAN, SURGEON, PRIVATE INVESTIGATOR, OR ANY OTHER PERSON REGISTERED OR LICENSED BY A HEALTH CARE REGULATORY AGENCY. Y=O.K. TO SOLICIT N=NO SOLICITATION	A-NOT APPLICABLE Y-YES N-NO P-PARTIALLY U-UNKNOWN	A-SEATBELT & SHOULDER STRAP B-SEATBELT & NO SHOULDER STRAP C-CHILD RESTRAINT D-SHOULDER STRAP ONLY N-NONE	Y-DEPLOYED N-NO DEPLOYMENT U-UNKNOWN IF DEPLOYED	1-WORN-DAMAGED 2-WORN-NOT DAMAGED 3-WORN-UNK IF DAMAGED 4-NOT WORN 5-UNKNOWN IF WORN	K-KILLED A-INCAPACITATING INJURY B-NON INCAPACITATING C-POSSIBLE INJURY N-NOT INJURED	1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED

UNIT NO. 1

DAMAGE RATING FR-1

TOWED DUE TO DAMAGE [ ] YES [X] NO

VEHICLE REMOVED TO Driven away

BY

COMPLETE ALL DATA ON ALL OCCUPANTS' NAMES, POSITIONS, RESTRAINTS USED, ETC.; HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED

ITEM NO.	OCCUPANT'S POSITION	NAME (LAST NAME FIRST)	ADDRESS (STREET, CITY, STATE, ZIP)	SOL	EJECTED	TYPE RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
1	DRIVER	SEE FRONT		N	N	A	N	4	20	M	N
2											
3											
4											
5											

UNIT NO. 2 (COMPLETE ONLY IF UNIT NO. 2 WAS A MOTOR VEHICLE)

DAMAGE RATING LFQ-1

TOWED DUE TO DAMAGE [ ] YES [X] NO

VEHICLE REMOVED TO Driven away

BY

COMPLETE ALL DATA ON ALL OCCUPANTS' NAMES, POSITIONS, RESTRAINTS USED, ETC.; HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED

ITEM NO.	OCCUPANT'S POSITION	NAME (LAST NAME FIRST)	ADDRESS (STREET, CITY, STATE, ZIP)	SOL	EJECTED	TYPE RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
6	DRIVER	SEE FRONT		N	N	A	N	4	72	M	C
7				N	N	A	N	4	73	F	N
8											
9											
10											

COMPLETE IF CASUALTIES NOT IN MOTOR VEHICLE

PEDESTRIAN, PEDALCYCLIST, ETC.	CASUALTY NAME (LAST NAME FIRST)	CASUALTY ADDRESS (STREET, CITY, STATE, ZIP)	SOL	TYPE [illegible]	[illegible]	[illegible]	AGE	SEX	INJURY CODE

DISPOSITION OF KILLED AND/OR INJURED

ITEM NUMBER	TAKEN TO	BY	IF AMBULANCE USED, SHOW: TIME NOTIFIED	TIME ARRIVED AT SCENE	[illegible]

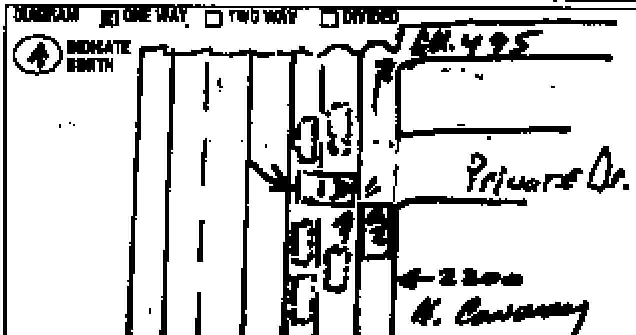
COMPLETE THIS SECTION IF PERSON KILLED

ITEM NUMBER	DATE OF DEATH	TIME OF DEATH	ITEM NUMBER	DATE OF DEATH	TIME OF DEATH	ITEM NUMBER	DATE OF DEATH	TIME OF DEATH

INVESTIGATOR'S NARRATIVE OPINION OF WHAT HAPPENED (ATTACH ADDITIONAL SHEETS IF NECESSARY)

U-1 Turned Left from the 2200 Block of Conway. U-1 hit U-2, which was Traveling North on the improved Shoulder To Make a Right Turn on to FM. 495. U-2 was obstructed from U-1 View due to other Traffic.

DIAGRAM [X] ONE WAY [ ] TWO WAY [ ] DIVIDED



FACTORS AND CONDITIONS LISTED ARE THE INVESTIGATOR'S OPINION

FACTORS/CONDITIONS CONTRIBUTING

	1	2	3
UNIT 1	37		
UNIT 2			

OTHER FACTORS/CONDITIONS MAY OR MAY NOT HAVE CONTRIBUTED

	1	2
UNIT 1		
UNIT 2		

TRAFFIC CONTROL

0-NO CONTROL OR INOPERATIVE
1-OFFICER OR FLAGMAN
2-STOP AND GO SIGNAL
3-STOP SIGN
4-FLASHING RED LIGHT
5-TURN MARKS
6-WARNING SIGN
7-RR GATES OR SIGNALS
8-YIELD SIGN
9-CENTER STRIPE OR DIVIDER
10-NO PASSING ZONE
11-OTHER CONTROL

9

1. ANIMAL ON ROAD - DOMESTIC
2. ANIMAL ON ROAD - WILD
3. BACKED WITHOUT SAFETY
4. CHANGED LANE WHEN UNSAFE
5. DEFECTIVE OR NO HEADLAMPS
6. DEFECTIVE OR NO STOP LAMPS
7. DEFECTIVE OR NO TAIL LAMPS
8. DEFECTIVE OR NO TURN SIGNAL LAMPS
9. DEFECTIVE OR NO TRAILER BRAKES
10. DEFECTIVE OR NO VEHICLE BRAKES
11. DEFECTIVE STEERING MECHANISM
12. DEFECTIVE OR SLICK TIRES
13. DEFECTIVE TRAILER HITCH
14. DISABLED IN TRAFFIC LANE
15. DISREGARD STOP AND GO SIGNAL
16. DISREGARD STOP SIGN OR LIGHT
17. DISREGARD TURN MARKS AT INTERSECTION
18. DISREGARD WARNING SIGN AT CONSTRUCTION
19. DISTRACTION IN VEHICLE
20. DRIVER INATTENTION
21. DROVE WITHOUT HEADLIGHTS
22. FAILED TO CONTROL SPEED
23. FAILED TO DRIVE IN SINGLE LANE
24. FAILED TO GIVE HALF OF ROADWAY
25. FAILED TO HEED WARNING SIGN
26. FAILED TO PASS TO LEFT SAFELY
27. FAILED TO PASS TO RIGHT SAFELY
28. FAILED TO SIGNAL OR GAVE WRONG SIGNAL
29. FAILED TO STOP AT PROPER PLACE
30. FAILED TO STOP FOR SCHOOL BUS
31. FAILED TO STOP FOR TRAIN
32. FAILED TO YIELD ROW - EMERGENCY VEHICLE
33. FAILED TO YIELD ROW - OPEN INTERSECTION
34. FAILED TO YIELD ROW - PRIVATE DRIVE
35. FAILED TO YIELD ROW - STOP SIGN
36. FAILED TO YIELD ROW - TO PEDESTRIAN
37. FAILED TO YIELD ROW - TURNING LEFT
38. FAILED TO YIELD ROW - TURN ON RED
39. FAILED TO YIELD ROW - YIELD SIGN
40. FATIGUED OR ASLEEP
41. FAULTY EVASIVE ACTION
42. FIRE IN VEHICLE
43. FLEEING OR EVADING POLICE
44. FOLLOWED TOO CLOSELY
45. HAD BEEN DRINKING
46. HANDICAPPED DRIVER (EXPLAIN IN NARRATIVE)
47. ILL (EXPLAIN IN NARRATIVE)
48. IMPAIRED VISIBILITY (EXPLAIN IN NARRATIVE)
49. IMPROPER START FROM PARKED POSITION
50. LOAD NOT SECURED
51. OPENED DOOR INTO TRAFFIC LANE
52. OVERSIZE VEHICLE OR LOAD
53. OVERTAKE AND PASS INSUFFICIENT CLEARANCE
54. PARKED AND FAILED TO SET BRAKES
55. PARKED IN TRAFFIC LANE
56. PARKED WITHOUT LIGHTS
57. PARKED IN NO PARKING ZONE
58. PASSED IN NO PASSING ZONE
59. PEDESTRIAN FAILED TO YIELD ROW TO VEHICLE
60. SPEEDING - UNSAFE (UNDER LIMIT)
61. SPEEDING - OVER LIMIT
62. TAKING MEDICATION (EXPLAIN IN NARRATIVE)
63. TURNED IMPROPERLY - CUT CORNER ON LEFT
64. TURNED IMPROPERLY - WIDE RIGHT
65. TURNED IMPROPERLY - WRONG LANE
66. TURNED WHEN UNSAFE
67. UNDER INFLUENCE - ALCOHOL
68. UNDER INFLUENCE - DRUG
69. WRONG SIDE - APPROACH OR IN INTERSECTION
70. WRONG SIDE - NOT PASSING
71. WRONG WAY - ONE WAY ROAD
72. DRIVER INATTENTION - (CELLULAR/MOBILE PHONE USE)
73. ROAD RAGE
74. OTHER FACTOR (WRITE ON LINE BELOW)

TEXAS PEACE OFFICER'S ACCIDENT REPORT ST-3 (Eff. 1/1/96) MAIL TO: ACCIDENT RECORDS, TEXAS DEPARTMENT OF PUBLIC SAFETY, PO BOX 4087, AUSTIN TX 78773-0001

PLACE WHERE ACCIDENT OCCURRED
COUNTY * BROOKS CITY OR TOWN FALFURRIAS, TEXAS (ENTER ONLY IF WITHIN CITY LIMITS)
IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN ____ MILES ☐ NORTH ☐ EAST ☐ SOUTH ☐ WEST OF ____ (CITY OR TOWN)

DO NOT WRITE IN THIS SPACE — DPS NO. — LOC. — CODE — SEVERITY — FAT. REC. — SR. REC.

ROAD ON WHICH ACCIDENT OCCURRED 1900 S. US HWY 81 (BLOCK NUMBER / STREET OR HIGHWAY NAME / ROUTE NUMBER OR STREET CODE)
CONSTR. ZONE ☐ YES SPEED ☒ NO LIMIT 45
INTERSECTING STREET OR RR X'ING NUMBER ____ (BLOCK NUMBER / STREET OR ROAD NAME / ROUTE NUMBER OR STREET CODE)
CONSTR. ZONE ☐ YES SPEED ☐ NO LIMIT ____
NOT AT INTERSECTION 15 ☒ FT. ☐ MI. ☐ N ☐ S ☐ E ☐ W N. EDGE OF PRIVATE DRIVE WAY (DIRECTION FROM NEAREST INTERSECTING STREET OR DISTANCE POINT / IF NAME, NEAREST INTERSECTING STREET OR REFERENCE POINT)

DATE OF ACCIDENT JULY 10, 20 02 DAY OF WEEK WEDNESSDAY HOUR ____ ☐ A.M. IF EXACTLY NOON ☒ P.M. OR MIDNIGHT, SO STATE

UNIT NO. 1 MOTOR VEHICLE — VEH IDENT NO 1GCGC33RXYF517185 — IF BODY STYLE VAN OR BUS, INDICATE SEATING CAPACITY N/A
YEAR MODEL 2000 — COLOR & MAKE BLK/CHEVY — MODEL NAME C3 — BODY STYLE P-U — LICENSE PLATE [redacted]
DRIVER'S NAME [redacted] (LAST / FIRST / MIDDLE) ALICE TEXAS [redacted] (ADDRESS (STREET, CITY, STATE, ZIP)) — PHONE NUMBER [redacted]
DRIVER'S LICENSE [redacted] (STATE / NUMBER / CLASS/TYPE) C — DOB [redacted] (MO / DAY / YEAR) — RACE W — SEX M — OCCUPATION ____
SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS) 1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED 4 — ALCOHOL/DRUG ANALYSIS RESULT N/A — PEACE OFFICER, EMS DRIVER, FIRE FIGHTER ON EMERGENCY? ☐ YES ☒ NO
LESSEE ☐ OWNER ☒ [redacted] (NAME (IF NOT SAME AS DRIVER, GIVE LESSEE IF LEASED, OTHERWISE GIVE OWNER) P.O. BOX [redacted] AGUA DULCE, TEXAS (ADDRESS (STREET, CITY, STATE, ZIP))
LIABILITY INSURANCE ☒ YES ☐ NO ALL STATE COUNTY MUTUAL [redacted] (INSURANCE COMPANY NAME / POLICY NUMBER) — VEHICLE DAMAGE RATING BD-1

UNIT MOTOR VEHICLE ☒ TRAIN ☐ PEDAL CYCLIST ☐ NO. 2 TOWED ☐ PEDESTRIAN ☐ OTHER ☐ — VEH IDENT NO 1LNHM83W9YY933684 — IF BODY STYLE VAN OR BUS, INDICATE SEATING CAPACITY N/A
YEAR MODEL 2000 — COLOR & MAKE GRY/LNCOLN — MODEL NAME TOWN CAR — BODY STYLE 4 DR. — LICENSE PLATE [redacted] (STATE / NUMBER)
DRIVER'S NAME [redacted] (LAST / FIRST / MIDDLE) MISSION, TEXAS (ADDRESS (STREET, CITY, STATE, ZIP)) — PHONE NUMBER [redacted]
DRIVER'S LICENSE [redacted] (STATE / NUMBER / CLASS/TYPE) — DOB [redacted] (MO / DAY / YEAR) — RACE W — SEX F — OCCUPATION RETIRED
SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS) 1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED 4 — ALCOHOL/DRUG ANALYSIS RESULT N/A — PEACE OFFICER, EMS DRIVER, FIRE FIGHTER ON EMERGENCY? ☐ YES ☒ NO
LESSEE ☐ OWNER ☒ [redacted] (NAME (IF NOT SAME AS DRIVER, GIVE LESSEE IF LEASED, OTHERWISE GIVE OWNER) / MISSION, TEXAS (ADDRESS (STREET, CITY, STATE, ZIP))
LIABILITY INSURANCE ☒ YES ☐ NO STATE FARM INSURANCE [redacted] (INSURANCE COMPANY NAME / POLICY NUMBER) — VEHICLE DAMAGE RATING FD-2

DAMAGE TO PROPERTY OTHER THAN VEHICLES
(OWNER) (NAME AND ADDRESS (STREET, CITY, STATE, ZIP) OF OWNER) (DESCRIPTION OF PROPERTY)

FALFURRIAS POLICE DEPARTMENT COPY

LIGHT CONDITION [1]	WEATHER [-] [1]	SURFACE CONDITION [1]	TYPE ROAD SURFACE [1]
1-DAYLIGHT	1-CLEAR/CLOUDY	1-DRY	1-BLACKTOP
2-DAWN	2-RAINING	2-WET	2-CONCRETE
3-DARK-NOT LIGHTED	3-SNOWING	3-MUDDY	3-GRAVEL
4-DARK-LIGHTED	4-FOG	4-SNOWY/ICY	4-SHELL
5-DUSK	5-BLOWING DUST	6-OTHER ____	5-DIRT
	6-SMOKE		6-OTHER ____
	7-SLEETING		
	8-HIGH WINDS		
	9-OTHER ____		

DESCRIBE ROAD CONDITIONS (INVESTIGATOR'S OPINION) N/A

IN YOUR OPINION, DID THIS ACCIDENT RESULT IN AT LEAST $500.00 DAMAGE TO ANY ONE PERSON'S PROPERTY? ☒ YES ☐ NO

CHARGES FILED
NAME [redacted] CHARGE FOLLOWING TOO CLOSELY CITATION NUMBER ____
NAME ____ CHARGE ____ CITATION NUMBER ____

TIME NOTIFIED OF ACCIDENT JULY 10, 2002 (DATE) P (HOUR) M — HOW [redacted] — TIME ARRIVED AT SCENE OF ACCIDENT JULY 10, 2002 (DATE) P (HOUR) M
TYPED OR PRINTED NAME OF INVESTIGATOR [redacted] — DATE REPORT MADE July 10, 2002 — IS REPORT COMPLETE ☒ YES ☐ NO
SIGNATURE OF INVESTIGATOR [redacted] — ID NO. [redacted] — DEPARTMENT POLICE — DIST./AREA 79TH

SOLICITATION (SOL)	EJECTED	CODE FOR TYPE RESTRAINT USED	AIRBAG CODE	HELMET USE	CODE FOR INJURY SEVERITY	ALCOHOL/DRUG ANALYSIS (COMPLETE IF DRIVER NOT IN MOTOR VEHICLE)
INDICATES PERSON'S DESIRE TO RECEIVE CONTACT FROM PERSONS SEEKING PROFESSIONAL EMPLOYMENT AS OR FOR AN ATTORNEY, CHIROPRACTOR, PHYSICIAN, SURGEON, PRIVATE INVESTIGATOR OR ANY OTHER PERSON REGISTERED OR LICENSED BY A HEALTH CARE REGULATORY AGENCY Y-YES TO SOLICIT N-NO SOLICITATION	A - NOT APPLICABLE Y - YES N - NO P - PARTIALLY U - UNK	A - SEATBELT & SHOULDER STRAP B - SEATBELT & NO SHOULDER STRAP C - CHILD RESTRAINT D - SHOULDER STRAP ONLY E - NONE	Y - DEPLOYED N - NO DEPLOYMENT U - UNK IF DEPLOYED	1 - WORN-DAMAGED 2 - WORN-NOT DAMAGED 3 - WORN-UNK IF DAMAGED 4 - NOT WORN 5 - UNK IF WORN	K - KILLED A - INCAPACITATING INJURY B - NON-INCAPACITATING C - POSSIBLE INJURY N - NOT INJURED	1 - BREATH 2 - BLOOD 3 - URINE 4 - NONE 5 - REFUSED

UNIT NO. 1

DAMAGE RATING BD-1

TOWED DUE TO DAMAGE ☐ YES ☒ NO

VEHICLE REMOVED TO DROVE AWAY

By DRIVER

COMPLETE ALL DATA ON ALL OCCUPANTS' NAMES POSITIONS RESTRAINTS USED, ETC.; HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED.

Item No.	OCCUPANT'S POSITION	NAME (LAST NAME FIRST)	ADDRESS (STREET, CITY, STATE, ZIP)	SOL	EJECTED	TYPE RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
1	DRIVER	SEE FRONT	[redacted] ALICE TEXAS [redacted]	N	N	A	N	4	45	M	N
2	[redacted]		[redacted]	N	N	A	N	4	36	M	C
3											
4											
5											

UNIT NO. 2 (COMPLETE ONLY IF UNIT NO. 2 WAS A MOTOR VEHICLE)

DAMAGE RATING FD-2

TOWED DUE TO DAMAGE ☐ YES ☒ NO

VEHICLE REMOVED TO DROVE AWAY

BY PASSENGER

COMPLETE ALL DATA ON ALL OCCUPANTS' NAMES POSITIONS RESTRAINTS USED, ETC.; HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED.

Item No.	OCCUPANT'S POSITION	NAME (LAST NAME FIRST)	ADDRESS (STREET, CITY, STATE, ZIP)	SOL	EJECTED	TYPE RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
6	DRIVER	SEE FRONT	[redacted] MISSION, TEXAS	N	N	A	N	4	74	F	N
7	[redacted]		[redacted] MISSION, TEXAS	N	N	A	N	4	71	M	N
8											
9											
10											

COMPLETE IF CASUALTIES NOT IN MOTOR VEHICLE

PEDESTRIAN PEDALCYCLIST ETC.	CASUALTY NAME (LAST NAME FIRST)	CASUALTY ADDRESS (STREET, CITY, STATE, ZIP)	SOL	TYPE SPECIMEN TAKEN	RESULT	HELMET	AGE	SEX	INJURY CODE

DISPOSITION OF KILLED AND INJURED

ITEM NUMBERS	TAKEN TO	BY	TIME NOTIFIED	TIME ARRIVED AT SCENE	NO. ATTENDANTS INC. DRIVER

(IF AMBULANCE USED, SHOW)

COMPLETE THIS SECTION IF PERSON KILLED

ITEM NUMBER	DATE OF DEATH	TIME OF DEATH	ITEM NUMBER	DATE OF DEATH	TIME OF DEATH	ITEM NUMBER	DATE OF DEATH	TIME OF DEATH

INVESTIGATOR'S NARRATIVE OPINION OF WHAT HAPPENED (ATTACH ADDITIONAL SHEETS IF NECESSARY)

#1 was south bound on inside lane of 1900 S. Hwy 281, approaching the entrance to a local business.

2 was south bound on inside lane of 1900 S. Hwy 281, behind #1

#1 entered into the left turn lane, in an attempt to make a left turn into the local business.

#2 entered into the left turn lane, behind #1 to attempt a left turn into the local business.

#1 came to a stop due to oncoming traffic. #2 following too closely failed to stop and struck #1 on BD with Fd

DIAGRAM ☐ ONE WAY ☐ TWO WAY ☐ DIVIDED

INDICATE NORTH

SEE ATTACHED DIAGRAM

FALFURRIAS POLICE DEPARTMENT

COPY

FACTORS AND CONDITIONS LISTED ARE THE INVESTIGATOR'S OPINION

FACTORS/ CONDITIONS CONTRIBUTING

	1	2	3
UNIT 1			
UNIT 2	66		

OTHER FACTORS/ CONDITIONS MAY OR MAY NOT HAVE CONTRIBUTED

	1	2
UNIT 1		
UNIT 2		

TRAFFIC CONTROL

0-NO CONTROL OR INOPERATIVE
1-OFFICER OR FLAGMAN
2-STOP AND GO SIGNAL
3-STOP SIGN
4-FLASHING RED LIGHT
5-TURN MARKS
6-WARNING SIGN
7-RR GATES OR SIGNALS
8-YIELD SIGN
9-CENTER STRIPE OR DIVIDER
10-NO PASSING ZONE
11-OTHER CONTROL

TURNING LANE

11

1. ANIMAL ON ROAD - DOMESTIC
2. ANIMAL ON ROAD - WILD
3. BACKED WITHOUT SAFETY
4. CHANGED LANE WHEN UNSAFE
5. DEFECTIVE OR NO HEADLAMPS
6. DEFECTIVE OR NO STOP LAMPS
7. DEFECTIVE OR NO TAIL LAMPS
8. DEFECTIVE OR NO TURN SIGNAL LAMPS
9. DEFECTIVE OR NO TRAILER BRAKES
10. DEFECTIVE OR NO VEHICLE BRAKES
11. DEFECTIVE STEERING MECHANISM
12. DEFECTIVE OR SLICK TIRES
13. DEFECTIVE TRAILER HITCH
14. DISABLED IN TRAFFIC LANE
15. DISREGARD STOP AND GO SIGNAL
16. DISREGARD STOP SIGN OR LIGHT
17. DISREGARD TURN MARKS AT INTERSECTION
18. DISREGARD WARNING SIGN AT CONSTRUCTION
19. DISTRACTION IN VEHICLE
20. DRIVER INATTENTION
21. DROVE WITHOUT HEADLIGHTS
22. FAILED TO CONTROL SPEED
23. FAILED TO DRIVE IN SINGLE LANE
24. FAILED TO GIVE HALF OF ROADWAY
25. FAILED TO HEED WARNING SIGN
26. FAILED TO PASS TO LEFT SAFELY
27. FAILED TO PASS TO RIGHT SAFELY
28. FAILED TO SIGNAL OR GAVE WRONG SIGNAL
29. FAILED TO STOP AT PROPER PLACE
30. FAILED TO STOP FOR SCHOOL BUS
31. FAILED TO STOP FOR TRAIN
32. FAILED TO YIELD ROW - EMERGENCY VEHICLE
33. FAILED TO YIELD ROW - OPEN INTERSECTION
34. FAILED TO YIELD ROW - PRIVATE DRIVE
35. FAILED TO YIELD ROW - STOP SIGN
36. FAILED TO YIELD ROW - TO PEDESTRIAN
37. FAILED TO YIELD ROW - TURNING LEFT
38. FAILED TO YIELD ROW - TURN ON RED
39. FAILED TO YIELD ROW - YIELD SIGN
40. FATIGUED OR ASLEEP
41. FAULTY EVASIVE ACTION
42. FIRE IN VEHICLE
43. FLEEING OR EVADING POLICE
44. FOLLOWED TOO CLOSELY
45. HAD BEEN DRINKING
46. HANDICAPPED DRIVER (EXPLAIN IN NARRATIVE)
47. ILL (EXPLAIN IN NARRATIVE)
48. IMPAIRED VISIBILITY (EXPLAIN IN NARRATIVE)
49. IMPROPER START FROM PARKED POSITION
50. LOAD NOT SECURED
51. OPENED DOOR INTO TRAFFIC LANE
52. OVERSIZE VEHICLE OR LOAD
53. OVERTAKE AND PASS INSUFFICIENT CLEARANCE
54. PARKED AND FAILED TO SET BRAKES
55. PARKED IN TRAFFIC LANE
56. PARKED WITHOUT LIGHTS
57. PARKED IN NO PARKING ZONE
58. PARKED ON RIGHT SHOULDER
59. PEDESTRIAN FAILED TO YIELD ROW TO VEHICLE
60. SPEEDING - UNSAFE (UNDER LIMIT)
61. SPEEDING - OVER LIMIT
62. TAKING MEDICATION (EXPLAIN IN NARRATIVE)
63. TURNED IMPROPERLY - CUT CORNER ON LEFT
64. TURNED IMPROPERLY - WIDE RIGHT
65. TURNED IMPROPERLY - WRONG LANE
66. TURNED WHEN UNSAFE
67. UNDER INFLUENCE - ALCOHOL
68. UNDER INFLUENCE - DRUG
69. WRONG SIDE - APPROACH OR IN INTERSECTION
70. WRONG SIDE - NOT PASSING
71. WRONG WAY - ONE WAY ROAD
72. OTHER FACTOR (WRITE IN ON LINE BELOW)

FALFURRIAS POLICE DEPARTMENT ACCIDENT REPORT DIAGRAM SHEET

DATE OF ACCIDENT: JULY 10, 2002 | DAY OF WEEK: wednesday | HOUR: ☐A.M. IF EXACTLY NOON ☒P.M. OR MIDNIGHT. SO STATE.

PLACE WHERE ACCIDENT OCCURRED | COUNTY: BROOKS | CITY OR TOWN: FALFURRIAS, TEXAS (WITHIN CITY LIMITS IF WITHIN CITY LIMITS)

ROAD ON WHICH ACCIDENT OCCURRED: 1900 S. US HWY 81 (ROAD NUMBER / STREET OR ROAD NAME / RURAL ROUTE NUMBER OR STREET CODE) | CONSTR. ZONE ☐ YES SPEED ☒ NO LIMIT 45

INTERSECTING STREET (ROAD NUMBER / STREET OR ROAD NAME / RURAL ROUTE NUMBER OR STREET CODE) | CONSTR. ZONE ☐ YES SPEED ☐ NO LIMIT

NOT AT INTERSECTION: 18 FT. ☐N. ☐S ☐E ☐W N. EDGE OF PRIVATE DRIVE WAY

LIGHT CONDITION [1]	WEATHER [-] [1]	SURFACE CONDITION [1]	TYPE ROAD SURFACE [1]
1-DAYLIGHT 2-DAWN 3-DARK-NOT LIGHTED 4-DARK-LIGHTED 5-DUSK	1-CLEAR/CLOUDY 2-RAINING 3-SNOWING 4-FOG 5-BLOWING DUST 6-SMOKE 7-SLEETING 8-HIGH WINDS 9-OTHER	1-DRY 2-WET 3-MUDDY 4-SNOW/ICY 5-OTHER	1-BLACKTOP 2-CONCRETE 3-GRAVEL 4-SHELL 5-DIRT 6-OTHER

DESCRIBE ROAD CONDITIONS (INVESTIGATOR'S OPINION)

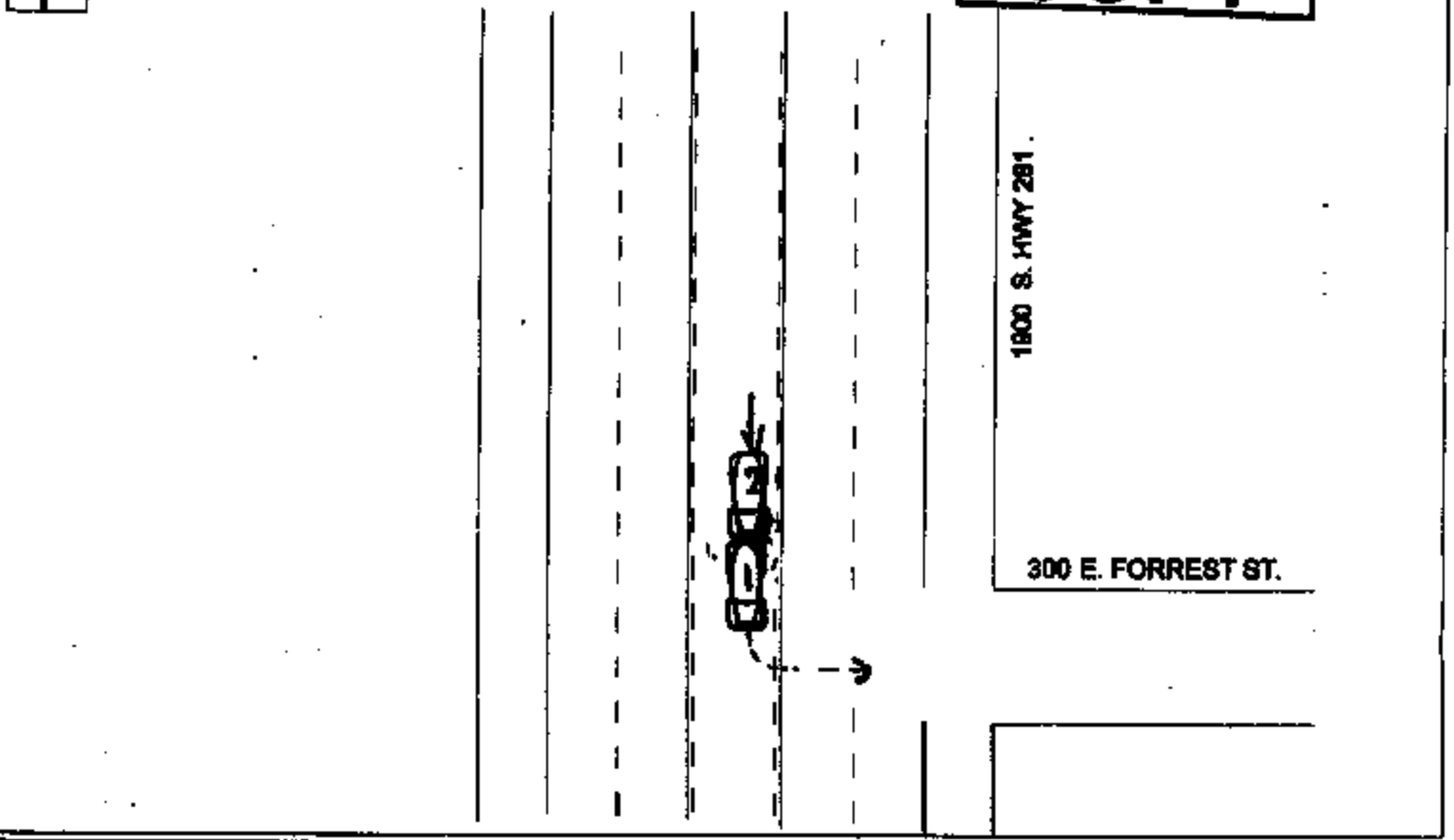
FALFURRIAS POLICE DEPARTMENT

COPY

DIAGRAM ☐ ONE WAY ☒ TWO WAY ☐ MULTI LANE

INDICATE NORTH

NO TO SCALE



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INVESTIGATING OFFICER(S)

LEAD OFFICER [redacted] DEPARTMENT FPD
ASSISTING OFFICER ____ DEPARTMENT ____
ASSISTING OFFICER ____ DEPARTMENT ____
ASSISTING OFFICER ____ DEPARTMENT ____

LEGEND / OTHER INFORMATION

☐ STOP/YIELD SIGN ____ ☐ OTHER OBJECT ____
☐ TRAFFIC LIGHT ____ ☐ SKID MARKS VEH # ____ LENGTH ____
VEH # ____ LENGTH ____
☐ TELEPHONE POLE ____

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).