

 U.S. Department of Transportation National Highway Traffic Safety Administration		<b>DOT Auto Safety Hotline</b> <b>Vehicle Owner's Questionnaire</b> To Report Vehicle Safety Defects 2003 OC 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 100184 Date Received 17 PM 3:03 15-AUG-2003		Repository <input type="checkbox"/>
						Reference No. 10034060
<b>OWNER INFORMATION (Type or Print)</b>						
Name		Address		City		State
[REDACTED]		[REDACTED]		SELS		AZ
Zip Code		Daytime Telephone Number		Evening Telephone Number		E-mail Address
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorized signature, NHTSA WILL NOT provide your name or address to the vehicle manufacturer. Signature of Owner [REDACTED] Date 08/19/03						
<b>VEHICLE INFORMATION</b>						
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side		Make		Model		Model Year
JTEGH20V100 [REDACTED]		TOYOTA		RAV4		2003
Date Purchased	Dealer's Name and Telephone Number			Engine:		Fuel Type:
6/02/03	Desert Toyota			No. Cylinders		Unleaded
Original Owner	Dealer's City		State	Zip Code		
<input checked="" type="checkbox"/>	Tucson		AZ			
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain		Vehicle Component Code		
	<input checked="" type="checkbox"/> Cruise Control			190000 TIRES		
				Multiple Failure: 1		
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>						
Incident Date(s)	Failure Mileage	Failure Speed				
11-AUG-2003 08-03-03	13,330	75				
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>						
Tire Make		Tire Model (Name or Number)		Tire Size (Example P215/65R15)		
BRIDGESTONE		DUELER 684		215/70R16 95S		
DOT No. (Example: OOTMALSABC036)		<input checked="" type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair		Failure Location: PASSENGER SIDE REAR		
Tire Component Code				The Failure Type		
190000 TIRES				BLOWOUT		
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>						
Make:		Date Manufactured:		Model No./Name:		
Seat Type:		Installation System:				
Child Seat Component Code:		Failed Part:				
<b>APPLICABLE INCIDENT INFORMATION</b> (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)						
Crash		Fire		Number of Persons Injured		Number of Deaths
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1		0
						Reported to Police
						Y
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).						
WHILE DRIVING EAST ON A HIGHWAY AT 75 MPH RIGHT REAR SIDE TIRE BLEWOUT, CAUSING CONSUMER TO LOSE CONTROL OF VEHICLE. CONSUMER MADE A 190° TURN ON THE HIGHWAY AND STOPPED AFTER HITTING A GUARDRAIL. THERE WERE NO SERIOUS INJURIES, AND AN AMBULANCE CAME TO THE SCENE AS WELL AS THE POLICE. CONSUMER BELIEVED THAT THE TIRES WERE DEFECTIVE.*AK						
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. <span style="float: right;">ATTACH ADDITIONAL SHEETS IF NECESSARY</span>						
The Privacy Act of 1974 (Public Law 93-579) This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.						

AUG 29 2003 9 4 51

ADOT USE ONLY

Agency Report Number  
2003-0660577  
Total No. of Sheets 2

POLICE ONLY - FORWARD COPY TO:  
ADOT TRAFFIC RECORDS SECTION 8648  
205 S. 17th AVE., PHOENIX, ARIZONA 85007-3233

YEAR MONTH DAY HOUR VESC NO. OFFICER ID NO.  
2003/08/03 12 00 0799 05413

COMPLETE THE FOLLOWING SUPPLEMENT IF ANY (circle) AND ANY (diamond) ARE CHECKED

Total Units 1 Total Injuries 0 Total Fatalities 0 Estimated Total Damage Reported in Unit Over Under Fatal: Non-Fatal: Govt. Prop. Persons Transported for Immediate Medical Care? Lost Any of Lost Veh. (1) Vehicle from Scene? District or City No. 0 8 0 1

LOCATION On Highway/Highway/Street I-10 Inside City MARANA Outside County PIMA  
Intersecting Street, Road, or R.P. From 243 WB  
Restrictions Date of Birth Address City State Zip Code Telephone Number (Area Code)

TRAFFIC UNIT NO. 1  
Plate Number State Year Owner/Driver Name Address City State Zip Code  
Body Style Make Color Year VIN Safety Device Code  
JDSW TOYOTA SILVER 2003 JTEGH20VX30 3  
Removed to Disabled/Not Disabled GARY S TOWING GARY S TOWING  
Orders of OWNER  
Insurance Company Telephone Number (Area Code) Policy Number Effective Date Expiration Date  
STATE FARM 620-748-1678 07/07/2003 01/07/2004  
Trailer (Other Unit) Plate No. State Year Description of Trailer or Other Unit G.V.W. (Reported or from Unit Register) Yes/No Max. Load Placed? Yes/No A-apt 1-apt Was Hospitalized? Yes/No Was Injured? Yes/No

State Class End DLP SEN BOTH Driver Name  
Restrictions Date of Birth Address City State Zip Code Telephone Number (Area Code)  
Plate Number State Year Owner/Driver Name Address City State Zip Code

TRAFFIC UNIT NO. 4  
Body Style Make Color Year VIN Safety Device Code  
Removed to Disabled/Not Disabled GARY S TOWING GARY S TOWING  
Orders of  
Insurance Company Telephone Number (Area Code) Policy Number Effective Date Expiration Date  
Trailer (Other Unit) Plate No. State Year Description of Trailer or Other Unit G.V.W. (Reported or from Unit Register) Yes/No Max. Load Placed? Yes/No A-apt 1-apt Was Hospitalized? Yes/No Was Injured? Yes/No

State Class End DLP SEN BOTH Driver Name  
Restrictions Date of Birth Address City State Zip Code Telephone Number (Area Code)  
Plate Number State Year Owner/Driver Name Address City State Zip Code

TRAFFIC UNIT NO. 5  
Body Style Make Color Year VIN Safety Device Code  
Removed to Disabled/Not Disabled GARY S TOWING GARY S TOWING  
Orders of  
Insurance Company Telephone Number (Area Code) Policy Number Effective Date Expiration Date  
Trailer (Other Unit) Plate No. State Year Description of Trailer or Other Unit G.V.W. (Reported or from Unit Register) Yes/No Max. Load Placed? Yes/No A-apt 1-apt Was Hospitalized? Yes/No Was Injured? Yes/No

UP PASSENGERS  
Seating Position 10 Not in Passenger Compartment 11 Motorcycle, BUS 12 Other 13 Unknown 14 Pedestrian  
Safety Devices 1 - None used 2 - Lap belt 3 - Lap & shoulder 4 - Airbag deployed 5 - Child restraint 6 - Protective helmet 7 - Other  
8 - Positive & lap 9 - Other 10 - Unknown  
Injury Severity Codes 1 - No injury 2 - Possible injury 3 - Non-incapacitating injury 4 - Incapacitating injury 5 - Fatal injury 6 - Not Reported / Unknown

6 Other Property  
Owner's Name Address City State Telephone Number (Area Code)

7 WITNESSES  
Name Address City State Telephone Number Age

8 Photograph taken? Yes/No Photographer's Name ID Number Agency Name Investigation of Scene Yes/No Date Investigated 08/03/2003 Time Investigated 12:15  
Officer's Signature [Signature] Badge No. 5413 Agency Name Arizona Department of Public Safety Date Completed 09/08/2003

<b>8 - DIAGRAM</b> <div style="text-align: center; font-size: 24px; font-weight: bold;">10 WB MILEPOST 243</div>		<b>10 - INDICATE MONTH</b> <div style="text-align: center;">2003-080547</div>	<b>11 - RECORDS DECLARABLE</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>YES</td> <td>NO</td> <td>NO</td> <td>NO</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	YES	NO	NO	NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	NO	NO								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
<b>12 - CITATIONS</b> UNIT NO. _____ A. R. S. NO. OR CITY CODE _____ <div style="text-align: center; font-weight: bold;">NLEA</div>		<b>14 - PRIOR ACTION</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO RUN OFF ROADWAY FROM TO PAST MILEPOST, EVENT <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT UNIT NO. _____									
<b>13 - DESCRIBE EVENT ACCURATELY</b> <p>ON AUGUST 3, 2003, AT APPROXIMATELY 1200 HOURS A ONE VEHICLE NON-INJURY COLLISION OCCURRED ON WESTBOUND INTERSTATE 10 AT MILEPOST 243. VEHICLE 1, WAS TRAVELLING WEST IN THE NUMBER 1 LANE WHEN ITS RIGHT REAR TIRE FAILED. THIS TIRE FAILURE CAUSED VEHICLE 1 TO CROSS THE WESTBOUND NUMBER 2 LANE AND STRIKE THE METAL GUARDRAIL. VEHICLE 1 CAME TO A FINAL RESTING POSITION FACING EAST IN THE WESTBOUND EMERGENCY SHOULDER. VEHICLE 1 SUSTAINED DAMAGE TO ITS RIGHT REAR TIRE AS WELL AS LIGHT DAMAGE TO ITS LEFT SIDE. VEHICLE 1 WAS REMOVED FROM THE SCEN BY GARY S TOWING OF TUCSON. THERE WAS NO OBSERVABLE DAMAGE TO THE GUARDRAIL.</p>		<b>15 - NUMBER OF COLLISION</b> CHECK ONLY ONE (1)									
<b>16 - ROADWAY TYPE</b> <input type="checkbox"/> 1 HIGHWAY <input type="checkbox"/> 2 STREET <input type="checkbox"/> 3 RAMP <input type="checkbox"/> 4 ALLEY <input type="checkbox"/> 5 OTHER		<b>17 - NUMBER OF VEHICLES INVOLVED</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 31 <input type="checkbox"/> 32 <input type="checkbox"/> 33 <input type="checkbox"/> 34 <input type="checkbox"/> 35 <input type="checkbox"/> 36 <input type="checkbox"/> 37 <input type="checkbox"/> 38 <input type="checkbox"/> 39 <input type="checkbox"/> 40									
<b>18 - ROADWAY CONDITION</b> CHECK ONLY ONE (1)		<b>19 - ROAD SURFACE CONDITION</b> CHECK ONLY ONE (1)									
<b>20 - ROADWAY SURFACE TYPE</b> CHECK ONLY ONE (1)		<b>21 - ROADWAY SURFACE CONDITION</b> CHECK ONLY ONE (1)									
<b>22 - INTERSECTION</b> <input type="checkbox"/> 1 T-INTERSECTION <input type="checkbox"/> 2 PERPENDICULAR <input type="checkbox"/> 3 NON-PERPENDICULAR <input type="checkbox"/> 4 ALLEY ACCESS <input type="checkbox"/> 5 OTHER		<b>23 - INTERSECTION</b> <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES									
<b>24 - ROADWAY CONDITION</b> CHECK ONLY ONE (1)		<b>25 - ROADWAY SURFACE TYPE</b> CHECK ONLY ONE (1)									
<b>26 - ROADWAY SURFACE CONDITION</b> CHECK ONLY ONE (1)		<b>27 - ROADWAY SURFACE TYPE</b> CHECK ONLY ONE (1)									
<b>28 - ROADWAY SURFACE CONDITION</b> CHECK ONLY ONE (1)		<b>29 - ROADWAY SURFACE TYPE</b> CHECK ONLY ONE (1)									
<b>30 - ROADWAY SURFACE CONDITION</b> CHECK ONLY ONE (1)		<b>31 - ROADWAY SURFACE TYPE</b> CHECK ONLY ONE (1)									
<b>32 - ROADWAY SURFACE CONDITION</b> CHECK ONLY ONE (1)		<b>33 - ROADWAY SURFACE TYPE</b> CHECK ONLY ONE (1)									
<b>34 - ROADWAY SURFACE CONDITION</b> CHECK ONLY ONE (1)		<b>35 - ROADWAY SURFACE TYPE</b> CHECK ONLY ONE (1)									
<b>36 - ROADWAY SURFACE CONDITION</b> CHECK ONLY ONE (1)		<b>37 - ROADWAY SURFACE TYPE</b> CHECK ONLY ONE (1)									
<b>38 - ROADWAY SURFACE CONDITION</b> CHECK ONLY ONE (1)		<b>39 - ROADWAY SURFACE TYPE</b> CHECK ONLY ONE (1)									
<b>39 - ROADWAY SURFACE CONDITION</b> CHECK ONLY ONE (1)		<b>40 - ROADWAY SURFACE TYPE</b> CHECK ONLY ONE (1)									
<b>41 - ROADWAY SURFACE CONDITION</b> CHECK ONLY ONE (1)		<b>42 - ROADWAY SURFACE TYPE</b> CHECK ONLY ONE (1)									
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<b>51 - ROADWAY SURFACE CONDITION</b> CHECK ONLY ONE (1)		<b>52 - ROADWAY SURFACE TYPE</b> CHECK ONLY ONE (1)									
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<b>57 - ROADWAY SURFACE CONDITION</b> CHECK ONLY ONE (1)		<b>58 - ROADWAY SURFACE TYPE</b> CHECK ONLY ONE (1)									
<b>59 - ROADWAY SURFACE CONDITION</b> CHECK ONLY ONE (1)		<b>60 - ROADWAY SURFACE TYPE</b> CHECK ONLY ONE (1)									
<b>61 - ROADWAY SURFACE CONDITION</b> CHECK ONLY ONE (1)		<b>62 - ROADWAY SURFACE TYPE</b> CHECK ONLY ONE (1)									
<b>63 - ROADWAY SURFACE CONDITION</b> CHECK ONLY ONE (1)		<b>64 - ROADWAY SURFACE TYPE</b> CHECK ONLY ONE (1)									
<b>65 - ROADWAY SURFACE CONDITION</b> CHECK ONLY ONE (1)		<b>66 - ROADWAY SURFACE TYPE</b> CHECK ONLY ONE (1)									
<b>67 - ROADWAY SURFACE CONDITION</b> CHECK ONLY ONE (1)		<b>68 - ROADWAY SURFACE TYPE</b> CHECK ONLY ONE (1)									
<b>69 - ROADWAY SURFACE CONDITION</b> CHECK ONLY ONE (1)		<b>70 - ROADWAY SURFACE TYPE</b> CHECK ONLY ONE (1)									
<b>71 - ROADWAY SURFACE CONDITION</b> CHECK ONLY ONE (1)		<b>72 - ROADWAY SURFACE TYPE</b> CHECK ONLY ONE (1)									
<b>73 - ROADWAY SURFACE CONDITION</b> CHECK ONLY ONE (1)		<b>74 - ROADWAY SURFACE TYPE</b> CHECK ONLY ONE (1)									
<b>75 - ROADWAY SURFACE CONDITION</b> CHECK ONLY ONE (1)		<b>76 - ROADWAY SURFACE TYPE</b> CHECK ONLY ONE (1)									
<b>77 - ROADWAY SURFACE CONDITION</b> CHECK ONLY ONE (1)		<b>78 - ROADWAY SURFACE TYPE</b> CHECK ONLY ONE (1)									
<b>79 - ROADWAY SURFACE CONDITION</b> CHECK ONLY ONE (1)		<b>80 - ROADWAY SURFACE TYPE</b> CHECK ONLY ONE (1)									
<b>81 - ROADWAY SURFACE CONDITION</b> CHECK ONLY ONE (1)		<b>82 - ROADWAY SURFACE TYPE</b> CHECK ONLY ONE (1)									
<b>83 - ROADWAY SURFACE CONDITION</b> CHECK ONLY ONE (1)		<b>84 - ROADWAY SURFACE TYPE</b> CHECK ONLY ONE (1)									
<b>85 - ROADWAY SURFACE CONDITION</b> CHECK ONLY ONE (1)		<b>86 - ROADWAY SURFACE TYPE</b> CHECK ONLY ONE (1)									
<b>87 - ROADWAY SURFACE CONDITION</b> CHECK ONLY ONE (1)		<b>88 - ROADWAY SURFACE TYPE</b> CHECK ONLY ONE (1)									
<b>89 - ROADWAY SURFACE CONDITION</b> CHECK ONLY ONE (1)		<b>90 - ROADWAY SURFACE TYPE</b> CHECK ONLY ONE (1)									
<b>91 - ROADWAY SURFACE CONDITION</b> CHECK ONLY ONE (1)		<b>92 - ROADWAY SURFACE TYPE</b> CHECK ONLY ONE (1)									
<b>93 - ROADWAY SURFACE CONDITION</b> CHECK ONLY ONE (1)		<b>94 - ROADWAY SURFACE TYPE</b> CHECK ONLY ONE (1)									
<b>95 - ROADWAY SURFACE CONDITION</b> CHECK ONLY ONE (1)		<b>96 - ROADWAY SURFACE TYPE</b> CHECK ONLY ONE (1)									
<b>97 - ROADWAY SURFACE CONDITION</b> CHECK ONLY ONE (1)		<b>98 - ROADWAY SURFACE TYPE</b> CHECK ONLY ONE (1)									
<b>99 - ROADWAY SURFACE CONDITION</b> CHECK ONLY ONE (1)		<b>100 - ROADWAY SURFACE TYPE</b> CHECK ONLY ONE (1)									

Moore

746-4500

ADOT USE ONLY

ARIZONA TRAFFIC ACCIDENT REPORT

POLICE ONLY - FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION 2848 206 E. 17th AVE., PHOENIX, ARIZONA 85007-3233

REPORT ID: YEAR 03 MONTH 04 DAY 03 HOUR 12 MIN 00 SEC NO. 0799 OFFICER'S ID NO. 5413

Agency Report Number: 2003-06607

Total No. of Sheets: 1

COMPLETE THE FOLLOWING SUPPLEMENT IF ANY  (circle) AND ANY  (diamond) ARE CHECKED

2 Total Units: 1 Total Injuries: 2 Total Fatalities: 0 Estimated Total Damage Compared to Limit:  Over  Under  None  Govt. Prop.

3 LOCATION: On Highway/Freeway/Street  In Side of Road  In City  In Suburban  In Rural

Intersecting Street, Road, M/R, or R.P.: 110 W 243

City: PHOENIX State: AZ County: 0501

Direction:  North  South  East  West  Plus  Minus

TRAFFIC UNIT NO. 1

State: AZ Class: B Evtl:  DLE  DMV  Book

Restrictions: NONE Date of Birth: 1/10/04 Address: [REDACTED] City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

Plate Number: [REDACTED] Owner/Carrier Name: [REDACTED] Address: [REDACTED] City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

Body Style: UHAW Make: TOYOTA Color: SILVER Year: 2003 VIN: JTGH200K30 [REDACTED] Safety Device Code: [REDACTED]

Removed to: [REDACTED]  Disabled  Not Disabled Removed by: GARYS Office of: [REDACTED] Posted Speed Limit: [REDACTED] On Site Speed: [REDACTED]

Insurance Company: STATE FARM Telephone Number: 770 776 1079 Policy Number: [REDACTED] Exp Date / Exp Date: [REDACTED]

Trailer (Other Unit) Plate No.: [REDACTED] State: [REDACTED] Year: [REDACTED] Description of Trailer or Other Unit: [REDACTED]

TRAFFIC UNIT NO. 2

State: AZ Class: B Evtl:  DLE  DMV  Book

Restrictions: NONE Date of Birth: [REDACTED] Address: [REDACTED] City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

Plate Number: [REDACTED] Owner/Carrier Name: [REDACTED] Address: [REDACTED] City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

Body Style: [REDACTED] Make: [REDACTED] Color: [REDACTED] Year: [REDACTED] VIN: [REDACTED] Safety Device Code: [REDACTED]

Removed to: [REDACTED]  Disabled  Not Disabled Removed by: [REDACTED] Office of: [REDACTED] Posted Speed Limit: [REDACTED] On Site Speed: [REDACTED]

Insurance Company: [REDACTED] Telephone Number: [REDACTED] Policy Number: [REDACTED] Exp Date / Exp Date: [REDACTED]

Trailer (Other Unit) Plate No.: [REDACTED] State: [REDACTED] Year: [REDACTED] Description of Trailer or Other Unit: [REDACTED]

TRAFFIC UNIT NO. 3

State: AZ Class: B Evtl:  DLE  DMV  Book

Restrictions: NONE Date of Birth: [REDACTED] Address: [REDACTED] City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

Plate Number: [REDACTED] Owner/Carrier Name: [REDACTED] Address: [REDACTED] City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

Body Style: [REDACTED] Make: [REDACTED] Color: [REDACTED] Year: [REDACTED] VIN: [REDACTED] Safety Device Code: [REDACTED]

Removed to: [REDACTED]  Disabled  Not Disabled Removed by: [REDACTED] Office of: [REDACTED] Posted Speed Limit: [REDACTED] On Site Speed: [REDACTED]

Insurance Company: [REDACTED] Telephone Number: [REDACTED] Policy Number: [REDACTED] Exp Date / Exp Date: [REDACTED]

Trailer (Other Unit) Plate No.: [REDACTED] State: [REDACTED] Year: [REDACTED] Description of Trailer or Other Unit: [REDACTED]

5 PASSENGERS

Unit #	Seat No.	ID	Name	Address	City	State	Zip Code	Age	Sex	Inj

6 Other Property Damage (Describe): [REDACTED]

Owner's Name: [REDACTED] Address: [REDACTED] City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED] Telephone Number: [REDACTED]

7 WITNESSES

Name	Address	City	State	Zip Code	Telephone Number	Age

8

Photos Taken:  Yes  No

Photographer's Name, ID Number, and Agency: [REDACTED]

Invest. at Scene:  Yes  No

Des. Invest.: [REDACTED]

Time Invest.: [REDACTED]

Officer's Signature and ID Number: [REDACTED] Agency: [REDACTED]

Cops Copied: [REDACTED]

August 6, 2003

Dear Sir or Madam:

My name is [REDACTED] and I am writing to inform you that I was in an automobile accident that occurred at 12 p.m. on August 3, 2003 on Interstate 10, east of Tucson, Arizona. The vehicle I was driving at the time of the accident was a 2003 Toyota Rav4 that was purchased on January 6, 2003, from Desert Toyota in Tucson. It is quite evident that the accident was the result of a blowout of the right rear tire, which caused me to lose control of my vehicle putting me in significant danger. My vehicle had 13,330 miles at the time of the accident. The tires that were on the vehicle were the original tires (Bridgestone Dueler H/T 687) from when the vehicle was purchased. I am extremely fortunate to be alive to tell about the accident.

I feel that my automobile accident was not the result of the any mechanical problem, but that of the tire, specifically the right rear tire. I feel that your company has an obligation to incur the cost of replacing my vehicle with four new tires as well as incurring the cost of my \$250.00 insurance deductible, car rental and another costs that I have had to incur due to the nonuse of my Toyota while it is being repaired.

Attached is a photocopy of the police paperwork that was handed to me at the scene of the accident. The reporting case number located on the right hand corner of the sheet is as follows: 2003-066057. I look forward to hearing from your company regarding this matter.

Respectfully,

[REDACTED]  
Sells, AZ [REDACTED]  
[REDACTED]

**INCIDENT REPORT 825962**

<b>Time and Place</b>	<b>Date of Incident</b> 08.03.03	<b>Time</b> AM/PM 12:00	<b>Exact Location Where Incident Occurred</b>		
<b>Customer Vehicle</b>	<b>Vehicle Make</b> Toyota	<b>Year</b> 2003	<b>Model</b> RAV 4	<b>Mileage</b> 13,330	
	<b>Owner of Auto</b> [REDACTED]			<b>Telephone Number</b> [REDACTED]	
	<b>Address</b> [REDACTED]		<b>City</b> Sells	<b>State</b> AZ	<b>Zip Code</b> [REDACTED]
	<b>Driver</b> Janice Pethigrew		<b>Minor</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<b>Telephone Number</b> [REDACTED]	
	<b>Address</b> [REDACTED]		<b>City</b> Sells	<b>State</b> AZ	<b>Zip Code</b> [REDACTED]
	<b>Passenger (List All)</b> [REDACTED]		<b>Minor</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Telephone Number</b> [REDACTED]	
	<b>Address</b> [REDACTED]		<b>City</b> [REDACTED]	<b>State</b> [REDACTED]	<b>Zip Code</b> [REDACTED]
<b>Vin Number</b> JTGGH70VX30 [REDACTED]		<b>Trail Hitch?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>What is Towed?</b>			
<b>Vehicle Usage</b> Recreational <input type="checkbox"/> Personal <input checked="" type="checkbox"/> Commercial <input type="checkbox"/>					
<b>Is this a motorhome or conversion van?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>Has the vehicle been modified?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes? What is Model? If so, how?					
<b>Property Damage to Customer's Car</b>	<b>Did the vehicle rollover?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		<b>Was the vehicle involved in a crash?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
	<b>Damage to Customer Vehicle</b> Extensive damage to three wheels; front & back damage to bumpers			<b>Estimated Cost</b> \$5105.15	
	<b>Have you submitted this to your insurance company?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
	<b>Are you planning to submit this claim to insurance company?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
	<b>Has your vehicle been repaired?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>DEDUCTIBLE AMOUNT</b> \$ 250.00				
<b>Customer Insurance Co. (Please include telephone number)</b> State Farm Insurance (520) 746-1079					
<b>Property Damage to Other Car (if applicable)</b>	<b>Was another Vehicle involved?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		<b>Name and Address</b>		
	<b>Damage</b>			<b>Estimated Cost</b>	
	<b>Does Owner of Vehicle Have Insurance?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Covering Damages to Car?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Covering Damages to Other Car?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		
	<b>Other Property Damage</b>				
<b>Injured Person</b>	<b>Was Anyone Injured?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
<b>Nature of Injury</b>	Tire blow causing my accident (to rear).				
<b>Tire Data (if available)</b>	<b>Size-Type Dealer H/T</b> 215/70R16 99S	<b>Mileage on Tire</b> 13,330	<b>DOT Number (10 or 11 digit # located on sidewall)</b> ELYZJNM4402	<b>Position Mounted</b> Right-Rear	
	<b>Description of Incident</b> I was driving west on I-10 on the inside lane. My right rear tire blow causing me to lose control of my vehicle by veering into the outside lane in front of on-coming traffic. My vehicle slammed into the metal guardrail which also assisted in my stop. I came to rest with my vehicle facing East in a west bound lane.				
<b>Signature of Customer</b> [REDACTED]			<b>Date Signed</b> 08/24/03		

**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).**