



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 100070

Date Received

Repository

2004 APR - 1 AM 10:  
24-FEB-2004

Reference No.  
10059604

OWNER INFORMATION (Type or Print)

Name

Address

City TULARE

State CA

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 1 / 1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

4S6CK58W414

Make

HONDA

Model

PASSPORT

Model Year

2001

Date Purchased

Dealer's Name and Telephone Number

Engine:

No. Cylinders

Fuel Type:

Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type

AUTOMATIC

Antilock Brakes

Cruise Control

Powertrain

4 WHEEL DRIVE

Vehicle Component Code

141000 AIR BAGS:FRONTAL

Multiple Failures: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

24-FEB-2004

Failure Mileage

51000

Failure Speed

40

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

1065

Tire Model (Name or Number)

BRIDGESTONE

Tire Size (Example P215/65R15)

P245 / 70 R16

DOT No. (Example: DOTMALSABC036)

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

Yes  No

Fire

Yes  No

Number of Persons Injured

1

Number of Deaths

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 AT 40MPH VEHICLE WAS INVOLVED IN A FRONTAL COLLISION. UPON IMPACT, AIR BAGS FAILED TO DEPLOY. A POLICE REPORT WAS ISSUED, BUT NO ONE WAS CITED. \*AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoices.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

NOTE A FOUR-WHEEL DRIVE → SUV  
DRIVING SPEED → 65 MPH NOT 40 MPH.  
NUMBER OF PERSONS INJURED → 1  
NUMBER OF CYLINDERS → 6

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department  
of Transportation

National Highway  
Traffic Safety  
Administration

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

Official Business  
Penalty for Private Use \$300



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NVS-216  
400 7th Street, SW  
Washington, DC 20590



**VEHICLE  
OWNER'S  
QUESTIONNAIRE**

**DOT AUTO SAFETY HOTLINE**

TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM  
OR

**DASH2DOT**

and dial toll free at



**1-888-DASH-2-DOT**

1-888-327-4230

DOT Auto Safety Hotline  
(DASH) 2 DOT



U.S. Department of Transportation  
National Highway Traffic Safety  
Administration  
<http://www.nhtsa.dot.gov/odiv>

SPECIAL CONDITIONS		NUMBER INJURED <b>1</b>	HT & WGT FELLOW <input type="checkbox"/>	CITY <b>ANDERSON</b>		JUDICIAL DISTRICT <b>REDDING</b>		LOCAL REPORT NUMBER <b>2003110114</b>			
		NUMBER KILLED <b>0</b>	HT & WGT MOTORIST <input type="checkbox"/>	COUNTY <b>SHASTA</b>		REPORTING DISTRICT		BEAT <b>53</b>			
LOCATION	COLLISION OCCURRED ON <b>I-5 S/B</b>				MO <b>11/27/2003</b>	DAY <b>THURSDAY</b>	YEAR <b>2003</b>	TIME (SAR) <b>0455</b>	NOIC# <b>9135</b>	OFFICER I.D. <b>010472</b>	
	MILEPOST INFORMATION <b>5 SHA R5.294</b>				DAY OF WEEK <b>THURSDAY</b>		TOW AWAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		PHOTOGRAPHS BY: <input checked="" type="checkbox"/> NONE		
	<input checked="" type="checkbox"/> AT INTERSECTION WITH <b>OR BALLS FERRY RD</b>						STATE MAY REL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
PARTY <b>1</b>	DRIVER'S LICENSE NUMBER			STATE <b>CA</b>	CLASS <b>C</b>	SAFETY BOUPE. <b>G</b>	VEH YEAR <b>01</b>	MAKE / MODEL / COLOR <b>HOND PASSPORT GRV</b>	LICENSE NUMBER <b>4PRV558</b>	STATE <b>CA</b>	
DRIVER <input checked="" type="checkbox"/>	NAME (FIRST, MIDDLE, LAST)				OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER						
PREP-TSMAN <input type="checkbox"/>	STREET ADDRESS				OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER						
PARKED VEHICLE <input type="checkbox"/>	CITY / STATE / ZIP				<b>TULARE CA</b>						
BIQ-CLINT <input type="checkbox"/>	SEX <b>M</b>	HAIR <b>BLK</b>	EYES <b>BLK</b>	HEIGHT <b>5-06</b>	WEIGHT <b>160</b>	BIRTHDATE Mo Day Year	FACE <b>H</b>	DISPOSITION OF VEHICLE ON ORDERS OF: <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER			
OTHER <input type="checkbox"/>	HOME PHONE		BUSINESS PHONE		PREMIER TOW PRIOR MECH. DEFECTS <input checked="" type="checkbox"/> NONE APP. <input type="checkbox"/> REFER TO NARRATIVE						
INSURANCE CARRIER				POLICY NUMBER		VEHICLE IDENTIFICATION NUMBER: <b>4S6CK58W414</b>					
DIR OF TRAVEL <b>S</b>		ON STREET OR HIGHWAY <b>I-5</b>		SPEED LIMIT <b>70</b>		CHP USE ONLY VEHICLE TYPE: <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input checked="" type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER					
CA _____ DOT _____				CAL-T _____ TOP/PC _____ MCMX _____		SHADE IN DAMAGED AREA 					
PARTY <b>2</b>	DRIVER'S LICENSE NUMBER			STATE	CLASS	SAFETY	VEH YEAR	MAKE / MODEL / COLOR	LICENSE NUMBER	STATE	
DRIVER <input type="checkbox"/>	NAME (FIRST, MIDDLE, LAST)				OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER						
PREP-TSMAN <input type="checkbox"/>	STREET ADDRESS				OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER						
PARKED VEHICLE <input type="checkbox"/>	CITY / STATE / ZIP				DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER						
BIQ-CLINT <input type="checkbox"/>	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE Mo Day Year	FACE	PRIOR MECHANICAL DEFECTS <input type="checkbox"/> NONE APP. <input type="checkbox"/> REFER TO NARRATIVE			
OTHER <input type="checkbox"/>	HOME PHONE		BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER:						
INSURANCE CARRIER				POLICY NUMBER		CHP USE ONLY VEHICLE TYPE: <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER					
DIR OF TRAVEL		ON STREET OR HIGHWAY		SPEED LIMIT		CA _____ DOT _____					
CAL-T _____ TOP/PC _____ MCMX _____											
PARTY <b>3</b>	DRIVER'S LICENSE NUMBER			STATE	CLASS	SAFETY	VEH YEAR	MAKE / MODEL / COLOR	LICENSE NUMBER	STATE	
DRIVER <input type="checkbox"/>	NAME (FIRST, MIDDLE, LAST)				OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER						
PREP-TSMAN <input type="checkbox"/>	STREET ADDRESS				OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER						
PARKED VEHICLE <input type="checkbox"/>	CITY / STATE / ZIP				DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER						
BIQ-CLINT <input type="checkbox"/>	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE Mo Day Year	FACE	PRIOR MECHANICAL DEFECTS <input type="checkbox"/> NONE APP. <input type="checkbox"/> REFER TO NARRATIVE			
OTHER <input type="checkbox"/>	HOME PHONE		BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER:						
INSURANCE CARRIER				POLICY NUMBER		CHP USE ONLY VEHICLE TYPE: <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER					
DIR OF TRAVEL		ON STREET OR HIGHWAY		SPEED LIMIT		CA _____ DOT _____					
CAL-T _____ TOP/PC _____ MCMX _____											
PREPARED BY <b>W J WINTER 010472</b>				DISPATCH NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		REVIEWER'S NAME <b>M. W. REDDING</b> 				DATE REVIEWED <b>12/4/2003</b>	

DATE OF COLLISION (MO. DAY YEAR) 11/27/2003	TAMER4009 0455	NCIC # 9135	OFFICER I.D. 010472	NUMBER 2003110114
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<b>PROPERTY DAMAGE</b>	OWNER	OWNER ADDRESS	NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO
	DESCRIPTION OF DAMAGE		

<b>SEATING POSITION</b>  <p>1 - DRIVER                  2 TO 6 - PASSENGERS                  7 - STA. WGN REAR                  8 - RR. OCC TRK. OR VAN                  9 - POSITION UNKNOWN                  0 - OTHER</p>	<b>OCCUPANTS</b> A - NONE IN VEHICLE B - UNKNOWN C - LAP BELT USED D - LAP BELT NOT USED E - SHOULDER HARNESS USED F - SHOULDER HARNESS NOT USED G - LAP/SHOULDER HARNESS USED H - LAP/SHOULDER HARNESS NOT USED J - PASSIVE RESTRAINT USED K - PASSIVE RESTRAINT NOT USED	<b>SAFETY EQUIPMENT</b> L - AIR BAG DEPLOYED M - AIR BAG NOT DEPLOYED N - OTHER P - NOT REQUIRED CHILD RESTRAINT D - IN VEHICLE USED R - IN VEHICLE NOT USED S - IN VEHICLE USE UNKNOWN T - IN VEHICLE IMPROPER USE U - NONE IN VEHICLE	<b>W/ CYCLE - HELMET</b> DRIVER Y - NO W - YES PASSENGER X - NO Y - YES	<b>EJECTED FROM VEHICLE</b> 0 - NOT EJECTED 1 - FULLY EJECTED 2 - PARTIALLY EJECTED 3 - UNKNOWN
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ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK (\*) SHOULD BE EXPLAINED IN THE NARRATIVE

PRIMARY COLLISION FACTOR LIST NUMBER (S) OF PARTY AT FAULT	TRAFFIC CONTROL DEVICES	TYPE OF VEHICLE			MOVEMENT PRECEDING COLLISION
		1	2	3	
1 A VC RESTRICTION VIOLATED: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO 22107	A CONTROLS FUNCTIONING B CONTROLS NOT FUNCTIONING*			A PASSENGER CAR / STATION WAGON B PASSENGER CAR W / TRAILER	A STOPPED B PROCEEDING STRAIGHT
B OTHER IMPROPER DRIVING*	C CONTROLS OBSCURED X D NO CONTROLS PRESENT / FACTOR*			C MOTORCYCLE / SCOOTER D PICKUP OR PANEL TRUCK	C RAN OFF ROAD D MAKING RIGHT TURN
C OTHER THAN DRIVER*	TYPE OF COLLISION			E PICKUP / PANEL TRUCK W/ TRAILER F TRUCK OR TRUCK TRACTOR	E MAKING LEFT TURN F MAKING U TURN
D UNKNOWN*	A HEAD - ON B SIDE SWIPE C REAR END			G TRUCK / TRUCK TRACTOR W/ TLRL H SCHOOL BUS	G BACKING H SLOWING / STOPPING
E FELT ASLEEP*	D BRIDGE/SIDE E HIT OBJECT X F OVERTURNED			I OTHER BUS J EMERGENCY VEHICLE	I PASSING OTHER VEHICLE J CHANGING LANES
WEATHER (MARK 1 TO 2 ITEMS)	G VEHICLE / PEDESTRIAN H OTHER*			K HIGHWAY CONST. EQUIPMENT L BICYCLE	K PARKING MANEUVER L ENTERING TRAFFIC
X A CLEAR B CLOUDY C RAINING D SNOWING E FOG / VISIBILITY FT. F OTHER* G WIND	MOTOR VEHICLE INVOLVED WITH			M OTHER VEHICLE N PEDESTRIAN O MOPED	M OTHER UNSAFE TURNING N XING INTO OPPOSING LANE O PARKED
LIGHTING	X A NON - COLLISION B PEDESTRIAN C OTHER MOTOR VEHICLE D MOTOR VEHICLE ON OTHER ROADWAY			OTHER ASSOCIATED FACTORS (MARK 1 TO 2 ITEMS)	
A DAYLIGHT B DUSK - DAWN C DARK - STREET LIGHTS X D DARK - NO STREET LIGHTS E DARK - STREET LIGHTS NOT FUNCTIONING*	E PARKED MOTOR VEHICLE F TRAIN G BICYCLE H ANIMAL			A VC RESTRICTION VIOLATED: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO B VC RESTRICTION VIOLATED: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO C VC RESTRICTION VIOLATED: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO	
ROADWAY SURFACE	I FIXED OBJECT: J OTHER OBJECT:			D <input type="checkbox"/> YES <input type="checkbox"/> NO E VISION OBSCUREMENT: F INATTENTION* G STOP & GO TRAFFIC H ENTERING / LEAVING RAMP I PREVIOUS COLLISION J UNFAMILIAR WITH ROAD K DEFECTIVE VEH. EQUIP.: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO	
X A DRY B WET C SNOWY - ICY D SLIPPERY (MUDDY, OILY, ETC.)	PEDESTRIANS ACTIONS			L UNINVOLVED VEHICLE M OTHER* N NONE APPARENT O RUNAWAY VEHICLE	
ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)	X A NO PEDESTRIANS INVOLVED B CROSSING IN CROSSWALK AT INTERSECTION C CROSSING IN CROSSWALK - NOT AT INTERSECTION D CROSSING - NOT IN CROSSWALK E IN ROAD - INCLUDES SHOULDER F NOT IN ROAD G APPROACHING / LEAVING SCHOOL BUS				SOBRIETY - DRUG PHYSICAL (MARK 1 TO 2 ITEMS) A HAD NOT BEEN DRINKING B HBD - UNDER INFLUENCE C HBD - NOT UNDER INFLUENCE* D HBD - IMPAIRMENT UNKNOWN* E UNDER DRUG INFLUENCE* F IMPAIRMENT - PHYSICAL* G IMPAIRMENT NOT KNOWN H NOT APPLICABLE I SLEEPY / FATIGUED
A HOLES, DEEP RUT* B LOOSE MATERIAL ON ROADWAY* C OBSTRUCTION ON ROADWAY* D CONSTRUCTION - REPAIR ZONE E REDUCED ROADWAY WIDTH F FLOODED* G OTHER* X H NO UNUSUAL CONDITIONS					SPECIAL INFORMATION A HAZARDOUS MATERIAL B CELL PHONE IN USE C CELL PHONE NOT IN USE D CELL PHONE NONE/UNKNOWN

SKETCH FOR SKETCH DIAGRAM, SEE PAGE 4



MISCELLANEOUS

H. G. 2  
 CAL-TRANS \_\_\_\_\_  
 COUNTY RD. \_\_\_\_\_  
 CORONER \_\_\_\_\_  
 COURT \_\_\_\_\_

DATE OF COLLISION (MO. DAY YEAR) 11/27/2003		TIME(2400) 0435		NCIC # 9135		OFFICER I.D. 010472		NUMBER 2003110114								
WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ('X' ONE)				INJURED WAS ('X' ONE)					PARTY NUMBER	SEAT POS.	SAFETY EQUIP.	EJECTED
				FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PANEL	PEEL	RECYCLIST	OTHER				
<input type="checkbox"/>	<input type="checkbox"/>	20	M	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	1	G	0
NAME / D.O.B. / ADDRESS _____ TULARE CA _____ TELEPHONE _____																
(INJURED ONLY) TRANSPORTED BY: MERCY 1								TAKEN TO: MERCY HOSPITAL								
DESCRIBE INJURIES: LACERATION TO RIGHT HAND.																
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
NAME / D.O.B. / ADDRESS _____ TELEPHONE _____																
(INJURED ONLY) TRANSPORTED BY:								TAKEN TO:								
DESCRIBE INJURIES:																
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
NAME / D.O.B. / ADDRESS _____ TELEPHONE _____																
(INJURED ONLY) TRANSPORTED BY:								TAKEN TO:								
DESCRIBE INJURIES:																
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
NAME / D.O.B. / ADDRESS _____ TELEPHONE _____																
(INJURED ONLY) TRANSPORTED BY:								TAKEN TO:								
DESCRIBE INJURIES:																
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
NAME / D.O.B. / ADDRESS _____ TELEPHONE _____																
(INJURED ONLY) TRANSPORTED BY:								TAKEN TO:								
DESCRIBE INJURIES:																
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
NAME / D.O.B. / ADDRESS _____ TELEPHONE _____																
(INJURED ONLY) TRANSPORTED BY:								TAKEN TO:								
DESCRIBE INJURIES:																
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																
PREPARED'S NAME W J WINTER		I.D. NUMBER 010472		MO. DAY YEAR 11/27/2003		REVIEWER'S NAME M. W. REDDING		NO. DAY YEAR 12/4/2003								

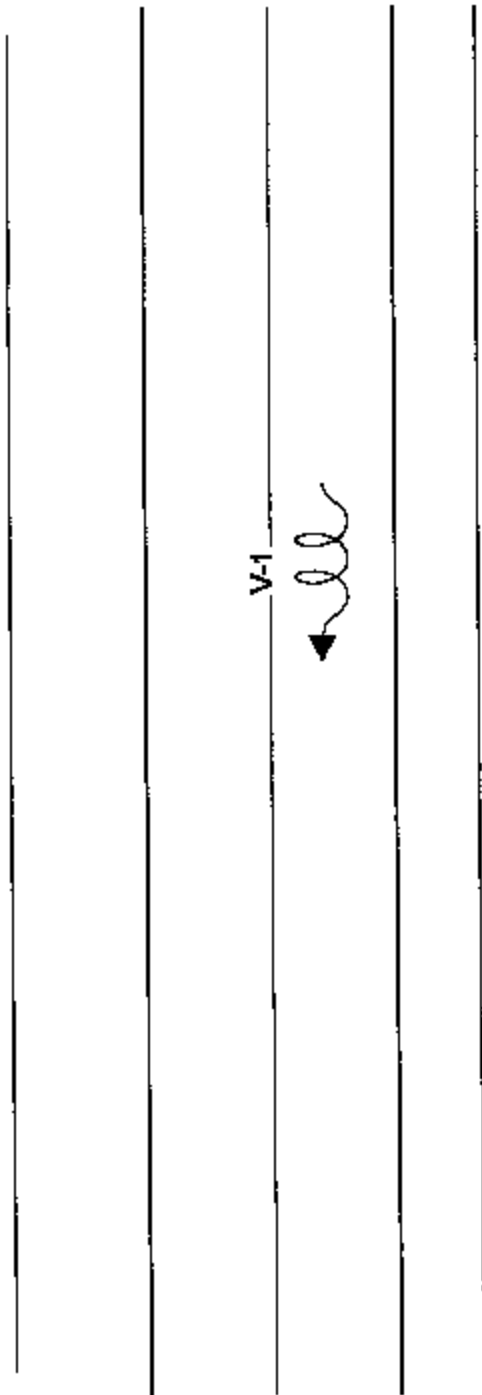
STATE OF CALIFORNIA  
**SKETCH DIAGRAM**

CHP 555 Page 4 (Rev. 8-97) OPI 042

PAGE 4 OF 9

DATE OF INCIDENT 11/27/2003	TIME 0455	NCIC NUMBER 9135	OFFICER I.D. 010472	NUMBER 2003110114
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ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE= )



I-5  
**SOUTHBOUND**  
**LANES**

PREPARED BY W J WINTER	I.D. NUMBER 010472	DATE 11/27/2003	REVIEWER'S NAME	DATE
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STATE OF CALIFORNIA  
**FACTUAL DIAGRAM**

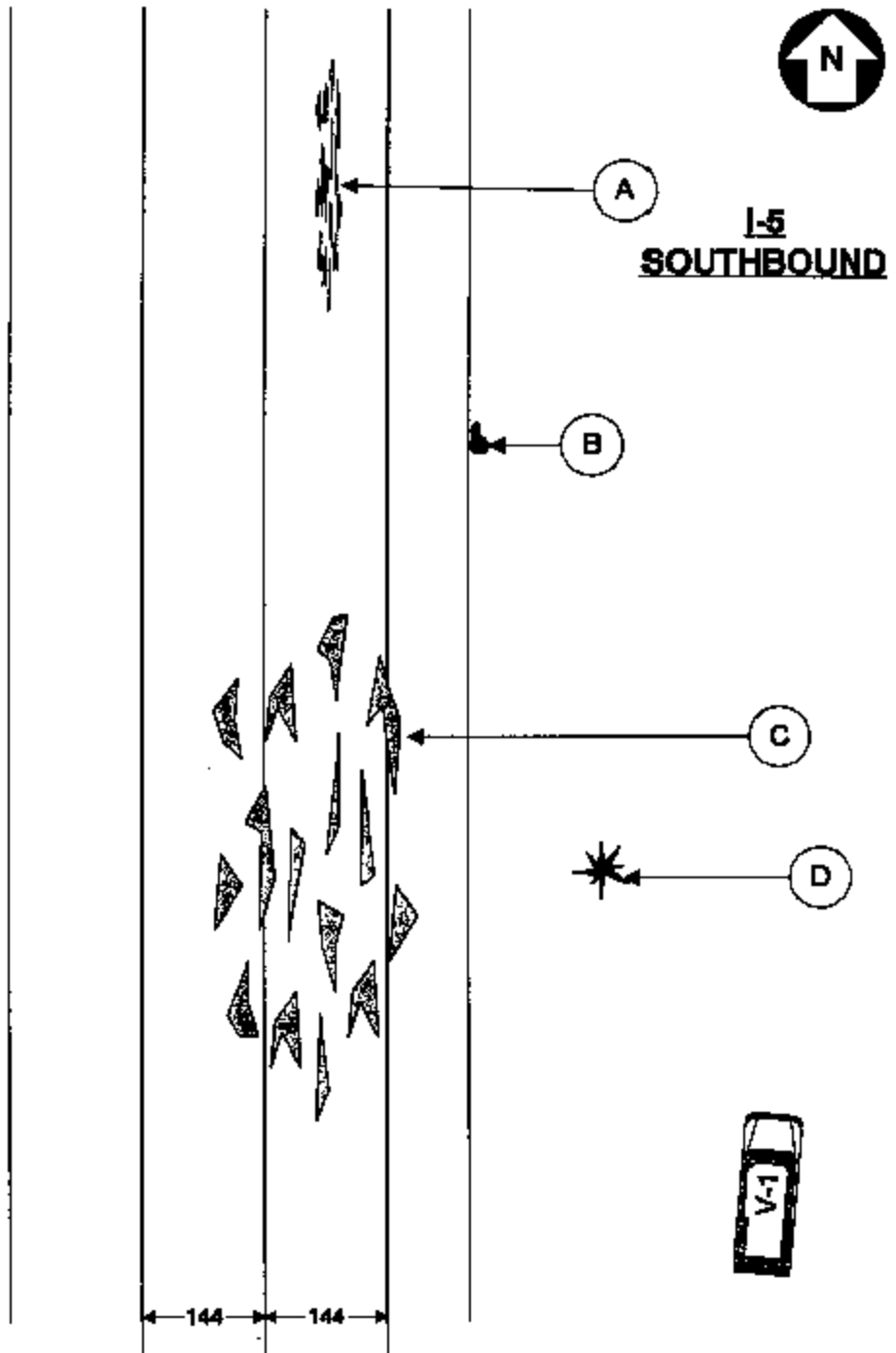
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DATE OF INCIDENT 11/27/2003	TIME 0455	NCIC NUMBER 9135	OFFICER I.D. 010472	NUMBER 2003110114
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ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE= )

- A) SCRAPES ON ROADWAY
- B) GOUGE AT EDGE OF PAVEMENT
- C) VEHICLE DEBRIS
- D) GOUGE IN MEDIAN



PREPARED BY W J WINTER	I.D. NUMBER 010472	DATE 11/27/2003	REVIEWER'S NAME M. W. REDDING	DATE 12/04/2003
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DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
11/27/2003	0455	9135	010472	2003110114

1

**FACTUAL DIAGRAM LEGEND**

2

3 A station line was established along the east roadway edge of southbound I-5, running south to  
4 north. 0+00 was at approximately 177 feet south of the south edge bridge abutment for the Balls  
5 Ferry Road under Crossing and continued north from that location.

6

7

**VEHICLE POINTS OF REST**

8

9 V-1 l/r tire was at 0+00 and 35 ft. east.

10 V-1 l/f tire was at 0+07 and 36 ft. east.

11

12

**PHYSICAL EVIDENCE**

13 A - Were scrape marks on the roadway.

14

15 B - Was a gouge mark in the median next to the pavement.

16

17 C - Was vehicle debris on the roadway.

18

19 D - Was a gouge mark in the median.

20

21

**LOCATIONS OF PHYSICAL EVIDENCE**

22

23 A) Begin: 2+71 and 5 feet west of the east roadway edge of S/B I-5.

24 A) End: 1+11 and 5' feet west of the east roadway edge of S/B I-5.

25

26 B) 1+77 and 4 feet east of the east roadway edge of S/B I-5.

27 C) Scattered across the traffic lanes of S/B I-5.

28 Begin: 1+82 and ending 0+28.

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
W J WINTER	010472	11/27/2003	M. W. REDDING	12/04/2003

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
11/27/2003	0455	9135	010472	2003110114

1 D) 0+28 and 12 feet east of the east roadway edge of S/B I-5.

2

3 **FACTS:**

4

5 **NOTIFICATION:** I was dispatched to a call of a traffic collision with no details at 0501  
6 hours. I responded from I-5 north of Old Oregon Trail and arrived on scene at 0515 hours.  
7 All times, speeds and measurements in this investigation are approximate. Measurements  
8 were taken by rollmeter, except where otherwise indicated.

9

10 **SCENE:** At the scene of this collision, I-5 S/B is a northbound/southbound freeway  
11 consisting of two lanes. The northbound and southbound lanes are separated by a dirt  
12 median. The roadway is straight and level. The surface is composed primarily of asphalt.

13

14 **PARTIES:**

15

16 **PARTY # 1 (ARRIETA)** was located at the scene. Party Arrieta was identified by a valid  
17 California driver's license. Arrieta was placed as a party by the following items:

18

- 19 - Driver statements
- 20 - Driver location
- 21 - Driver injuries
- 22 - Driver is registered owner

23

24 **HONDA PASSPORT** Driver # 1's vehicle, was located on its wheels as shown on the  
25 diagram. Vehicle #1 sustained major rollover damage.

26

27 **PHYSICAL EVIDENCE:**

28 Scrape marks on the roadway, vehicle debris (broken glass, plastic) gouge marks on dirt

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
W J WINTER	010472	11/27/2003	M. W. REDDING	12/04/2003

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
11/27/2003	0455	9135	010472	2003110114

1 median. (refer to diagram).

2

3

4 **STATEMENTS:**

5

6 **PARTY # 1 (ARRIETA)**

7 related he was driving V-1 southbound I-5 south of North Street in the S-1 lane at 65 mph  
8 when he observed a rock in the roadway. P-1 swerved to avoid the rock, flipping V-1.

9

10 **OPINIONS AND CONCLUSIONS:**

11

12 **SUMMARY:**

13 P-1 was driving V-1 southbound I-5 in the S-1 lane at 65 mph approaching the Balls Ferry  
14 Road under crossing. P-1 observed an object in the roadway ahead of him and steered V-  
15 1 to the right sharply to avoid the object. This sudden steering movement caused V-1 to  
16 swerve to the right and overturn on the roadway.

17

18 **AREA OF IMPACT:**

19 A.O.I. was determined from evidence. A.O.I. was 5 feet north of the south edge bridge  
20 abutment of the Balls Ferry Road under Crossing and 18 feet east of the west roadway  
21 edge of I-5.

22

23 **CAUSE:**

24 P-1 caused this collision by making a sudden and unsafe turning movement, a violation of  
25 22107 V.C.

26

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
W J WINTER	010472	11/27/2003	M. W. REDDING	12/04/2003

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DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
11/27/2003	0455	9135	010472	2003110114

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1

2     **RECOMMENDATIONS:**

3     None.

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PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
W J WINTER	010472	11/27/2003	M. W. REDDING	12/04/2003

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