



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 1220

Date Received

Repository ☐

12-OCT-2004

Reference No. 21
10096572

OWNER INFORMATION (Type or Print)

Name

Address

City

CANAAN

State

IN

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

1B4HS2822Y

Make

DODGE

Model

DURANGO

Model Year

2000

Date Purchased

9/27/03

Dealer's Name and Telephone Number

McCubbin Motors 812-273-5911

Engine:

No. Cylinders

Fuel Type:

Original Owner

☐

Dealer's City

Madison

State

Ind

Zip Code

47250

Transmission Type

☐ Antilock Brakes

Powertrain

☐ Cruise Control

Vehicle Component Code

180000 VEHICLE SPEED CONTROL

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

29-SEP-2004

Failure Mileage

67000

Failure Speed

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: DOTM19ABC036)

☐ 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), condition(s), and injury(ies).)

Crash

☒ Yes ☐ No

Fire

☐ Yes ☒ No

Number of Persons Injured

1

Number of Deaths

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).

THE VEHICLE WAS IN THE PARK POSITION, WHEN THE CONSUMER TURNED THE KEY, THE VEHICLE JUST ACCELERATED. THE VEHICLE SPUN AROUND, MADE A LEFT HAND CUT GOING INTO A DITCH AND HITTING A TREE. THERE WERE INJURIES. THE CONSUMER HAD A BROKEN RIGHT LEG. THE AIR BAGS DID DEPLOY. PLEASE PROVIDE ANY FURTHER INFORMATION. *JB

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

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)

I took my grandson to the end of our gravel drive for him to catch the school bus on September 28, 2004. I turned the car around, to face towards the house, parked the car on our drive, put the car in park, turned the car off to accessory so my grandson could listen to the radio. One neighbor came at our home to go to work. My grandson got out of the car. I was going to move my car over a little so she could get by. I started the ignition & the car accelerated on its own. All I could do was grab the steering wheel with both hands. I could not control the car. It then moved all over my grandson who was in back of the car. The car spun out towards Mink's lot and just as suddenly, swerved directly left into a tree & ditch. Both air bags deployed. I was thrown from the driver's seat across the car to the passenger seat. When I came to my back was against the passenger door, my shoulder against the

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

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

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



**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

1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



U.S. Department of Transportation
National Highway Traffic Safety
Administration
www.nhtsa.dot.gov/hotline



INDIANA OFFICER'S STANDARD CRASH REPORT

State Form: 23558 (Revised 5/09) Stock 302

Mail to:

Indiana State Police, Crash Records Section
100 North Senate Avenue, Indianapolis, IN 46204



DA1058544

Report ☒ Original

☐ Supplemental

Page 1 of 1

Local ID

Date of Crash Month/Day/Year 9/22/09	Day of Week Tues	Actual Local Time 3:00 AM ☐ PM ☒	County Switzerland	Township Pharost	# Motor Vehicles 1	# Injured 1	# Dead 0	# Commercial Vehicles 0	# Dr 0
Road Crash Occurred On James Van Buren		Nearest/Intersecting Road/Mile Marker/Interchange Levin Road		If not at an intersection, number of feet from approx 1/4 N	Direction South	Road Class. ☐ Interstate ☐ County Road	☐ US Road ☐ Local/City Road	☐ State Road ☐ Other	
Inside Corporate Limits? ☐ Yes ☒ No		City/Town or Nearest City/Town Veray		Property? ☐ Private ☐ DNR ☐ Other	Crash Latitude		Crash Longitude		
Driver #1		Driver #2		Driver #3		Driver #4			

Fill in only one Primary Cause for the crash

Fill in up to two ovals per vehicle for Driver Contributing Circumstances

Fill in one oval per vehicle for Vehicle and Environment Contributing Circumstances

Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Driver Contributing Circumstances				
☐ Alcohol/Beverages				
☐ Illegal Drugs				
☐ Prescription Drugs				
☐ Driver Asleep or Fatigued				
☐ Driver Speed				
☐ Unsafe Speed				
☐ Failure to Yield Right of Way				
☐ Disregard Signal/Regulatory Sign				
☐ Left of Center				
☐ Improper Passing				
☐ Improper Lane Usage				
☐ Following Too Closely				
☐ Unsafe Backing				
☐ Overcorrecting/Oversteering				
☐ Run off Road				
☐ Wrong Way on One Way				
☐ Pedestrian's Action				
☐ Passenger Distraction				
☐ Violation of License Restriction				
☐ Jactitating				
☐ Cell Phone Usage				
☐ Other Tolerances in Use				
☐ Driver Distracted (Explain in Narrative)				
☐ Speed Too Fast for Weather Conditions				
☐ Other (Explain in Narrative)				
☐ None				

Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Vehicle Contributing Circumstances				
☐ Engine Failure or Defective				
☐ Accelerator or Brake or Defective				
☐ Brake Failure or Defective				
☐ Tire Failure or Defective				
☐ Headlights Defective or Not On				
☐ Other Lights Defective				
☐ Steering Failure				
☐ Windshield/Windshield Defective				
☐ Overload/Overweight Load				
☐ Insecure/Leaky Load				
☐ Tow Hitch Failure				
☐ Other Explain in Narrative				
☐ None				
Environment Contributing Circumstances				
☐ Glass				
☐ Roadway Surface Condition				
☐ Hole/Pit in Surface				
☐ Shoulder Defective				
☐ Road Under Construction				
☐ Severe Crosswalk				
☐ Obstruction Not Marked				
☐ Lane Marking Obscured				
☐ View Obstructed				
☐ Animal/Object in Roadway				
☐ Traffic Control Inoperative				
☐ Missing/Obscured				
☐ Utility Work				
☐ Other (Explain in Narrative)				
☐ None				

Total Estimate of all damage in this crash:

☐ Under \$1000 ☐ \$1001-\$5000 ☒ \$5001-\$25,000 ☐ \$25,001-\$50,000

☐ \$50,001-\$100,000 ☐ \$100,001-\$250,000 ☐ Over \$250,000

Other Property Damage (Include Cargo)

Name of Object (1)	State ☐ Yes ☐ No	Owner's Name and Address
(2)	State ☐ Yes ☐ No	Owner's Name and Address

Witness/Other Participant

☒ Witness	#	(Last Name, First Name, MI)
☐ Other Participant	1	
Address etc.		
Phone #	Location at Time of Crash	
	Standing beside Veh. on 1	
☐ Witness	#	(Last Name, First Name, MI)
☐ Other Participant	2	
Address etc.		
Phone #	Location at Time of Crash	
	Standing beside Veh. on 1	

Non-Motorist

(Last Name, First Name, MI)	
Non-Motorist	Apparent Physical Condition
☐ Pedestrian	☐ Normal
☐ Bicyclist	☐ Had Been Drinking
☐ Other	☐ Handicapped
Chad? ☐ Yes ☐ No	☐ Ill
Direction	☐ Asleep/Fatigued
	☐ Drug/Medication
	☐ Unknown
Road/Highway	
Traffic Control?	If yes, was traffic control operational?
☐ Yes ☐ No	☐ Yes ☐ No
Non-Motorist Action	
☐ On designated non-motorist lane	
☐ Not in roadway	
☐ On shoulder	
☐ On roadway	
☐ With traffic	
☐ Against traffic	
☐ Crossing at intersection	
☐ Crossing not at intersection	
☐ Moving	
☐ Standing	
☐ Working	
☐ Getting in or out of a vehicle	
☐ Getting off or on a school bus	
☐ Other (Explain in Narrative)	

Type of Crash

☐ Rear End
☐ Head On
☐ Rear to Rear

☐ Same Direction Sideswipe
☐ Opposite Direction Sideswipe
☒ Ran off Road

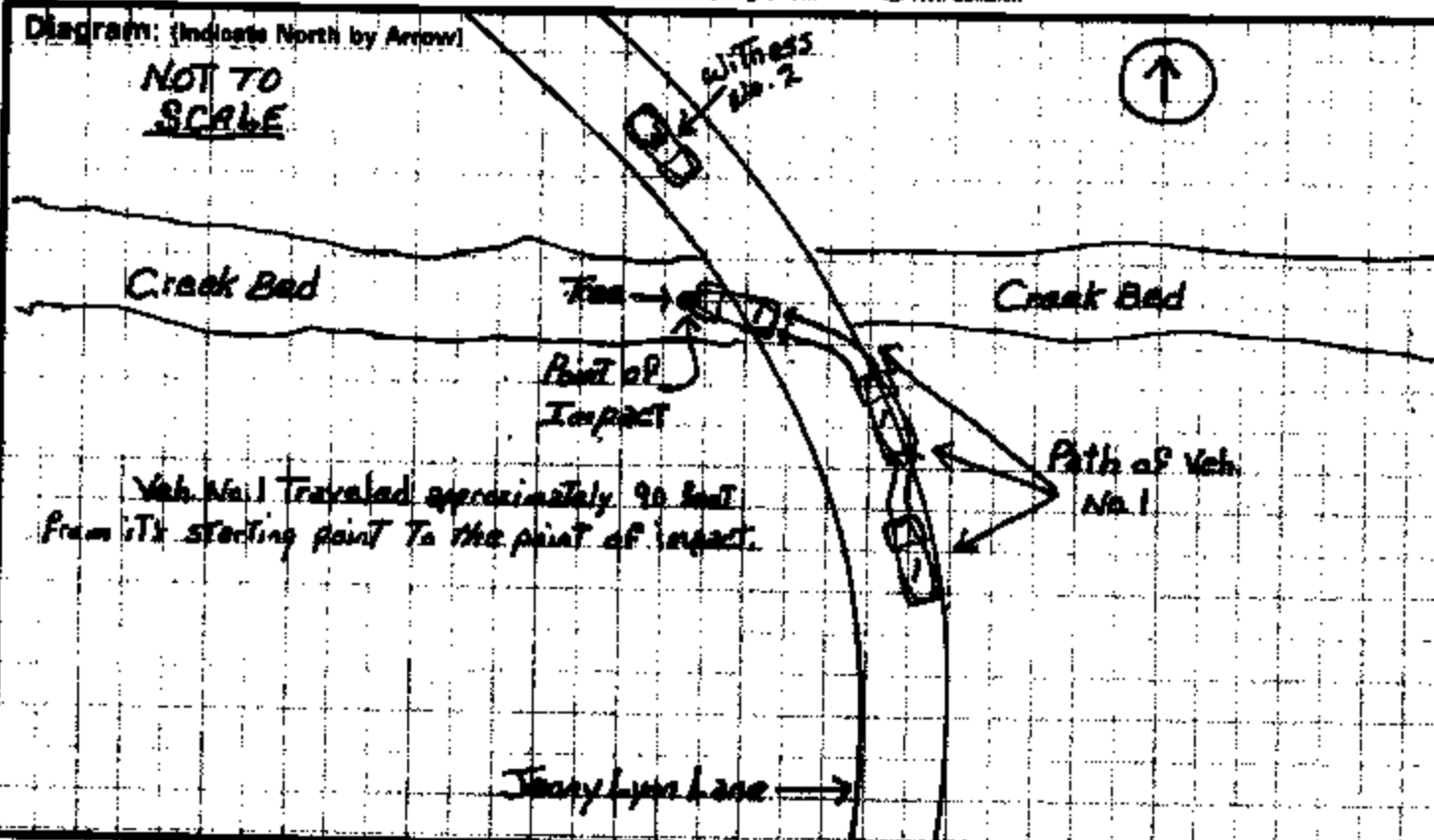
☐ Right Angle
☐ Left Turn
☐ Right Turn

☐ Backing Crash
☐ Other
☐ Non-Collision

☐ Left/Right Turn

Diagram: (Indicates North by Arrow)

NOT TO SCALE



Veh. No. 1 Traveled approximately 90 feet from its starting point to the point of impact.

Narrative: Driver of Veh. No. 1 stated that she had taken her grand son to the end of Tennyson Lane to wait for the school bus. That she had turned the vehicle around and parked on the gravel area to wait for the bus. That she then put the vehicle in park then turned the ignition switch off and into the accessory position so her grand son could listen to the radio. Her grand son then got out of the vehicle. She then noticed the witness vehicle coming toward her so she was going to move her vehicle over a little so the witness vehicle would have more room to pass. That when she turned the ignition switch to the start position the vehicle started and took off full speed. That because of the spinning of the tires and the vehicle sliding in the loose gravel she could not control the vehicle and it ran off of the left side of the road way and crashed into the tree. That she had not taken the vehicle out of park and put it in gear.

Upon my arrival I observed spintacks in the gravel, the vehicle in a dry creek bed the front end against a tree. Upon approaching the vehicle I observed the driver in the front passenger seat and both air bags deployed and the gear shift lever in the neutral position. It should also be noted that when the vehicle was pulled out there were spin marks in the ground from the front wheels at the base of the tree appearing as though the vehicle was still trying to move before the engine died.

Time Notified ☒ AM Time Arrived ☒ AM Other Location of Investigation

7:03

☐ PM

7:18

☐ PM

Assisting Officer

ID No.

Agency

Investigation ☒ Yes
Completed? ☐ NoPhotos ☐ Yes
Taken? ☒ No

Assisting Officer

ID No.

Agency

Date of Report

Investigating Officer (printed)

ID No.

Agency

Reviewing Officer

Steven B. Adams

78-4

Swift Co. Sheriff's Dept.

9-28-04

Driver's Name (Last, First, MI) [Redacted]		Date of Birth [Redacted]		Date of License [Redacted]		Date of Exam [Redacted]		Date of Issue [Redacted]		Date of Expiration [Redacted]		Date of Renewal [Redacted]		Date of Transfer [Redacted]		Date of Suspension [Redacted]		Date of Revocation [Redacted]		Date of Annulment [Redacted]		Date of Other Action [Redacted]													
Address (Street, City, State, Zip) [Redacted]		City [Redacted]		State [Redacted]		Zip [Redacted]		Country [Redacted]		Territory [Redacted]		Possession [Redacted]		Other [Redacted]		Unknown [Redacted]		Not Listed or Type [Redacted]		Partially Exempt [Redacted]		Exempt [Redacted]		Excluded In [Redacted]		Pinned Under [Redacted]		Unknown [Redacted]							
Driver's License # [Redacted]		Lic Type [Redacted]		Lic Class [Redacted]		Lic Status [Redacted]		Lic Notes [Redacted]		Lic Remarks [Redacted]		Lic Expiration [Redacted]		Lic Renewal [Redacted]		Lic Transfer [Redacted]		Lic Suspension [Redacted]		Lic Revocation [Redacted]		Lic Annulment [Redacted]		Lic Other Action [Redacted]		Lic Other Remarks [Redacted]		Lic Other Notes [Redacted]							
Apparent Physical Status [Redacted]		Glasses/Contact Lenses [Redacted]		Outside Rearview Mirror [Redacted]		Daylight Driving [Redacted]		Automatic Transmission [Redacted]		Special Controls [Redacted]		Employment Only [Redacted]		Motorcycle Only [Redacted]		To/From Employment [Redacted]		Employer's Vehicle Only [Redacted]		State-Owned Vehicle Only [Redacted]		PT Classification Test Only [Redacted]		Power Steering [Redacted]		Special Instructions [Redacted]		Provisional DV [Redacted]		Notes [Redacted]					
Gender [Redacted]		Test Given [Redacted]		Type Given [Redacted]		Actual [Redacted]		Results [Redacted]		Drug [Redacted]		PBT [Redacted]		Positive [Redacted]		Negative [Redacted]		Pending [Redacted]		Refused [Redacted]		Refused [Redacted]		Refused [Redacted]		Refused [Redacted]		Refused [Redacted]		Refused [Redacted]					
Year [Redacted]		Color [Redacted]		Vehicle Year [Redacted]		Make [Redacted]		Model Name [Redacted]		Style [Redacted]		Lic Year [Redacted]		License # [Redacted]		License State [Redacted]		Lic Notes [Redacted]		Lic Remarks [Redacted]		Lic Expiration [Redacted]		Lic Renewal [Redacted]		Lic Transfer [Redacted]		Lic Suspension [Redacted]		Lic Revocation [Redacted]		Lic Annulment [Redacted]		Lic Other Action [Redacted]	
# Occupants [Redacted]		Lic Year [Redacted]		License # [Redacted]		License State [Redacted]		Lic Notes [Redacted]		Lic Remarks [Redacted]		Lic Expiration [Redacted]		Lic Renewal [Redacted]		Lic Transfer [Redacted]		Lic Suspension [Redacted]		Lic Revocation [Redacted]		Lic Annulment [Redacted]		Lic Other Action [Redacted]		Lic Other Remarks [Redacted]		Lic Other Notes [Redacted]		Lic Other Status [Redacted]		Lic Other Type [Redacted]			
# Address [Redacted]		Speed Limit [Redacted]		Insured By [Redacted]		Phone Number [Redacted]		Registered Owner's Name (Last, First, MI) [Redacted]		Same as Driver [Redacted]		Registered Owner's Name (Last, First, MI) [Redacted]		Same as Driver [Redacted]		Registered Owner's Name (Last, First, MI) [Redacted]		Same as Driver [Redacted]		Registered Owner's Name (Last, First, MI) [Redacted]		Same as Driver [Redacted]		Registered Owner's Name (Last, First, MI) [Redacted]		Same as Driver [Redacted]		Registered Owner's Name (Last, First, MI) [Redacted]		Same as Driver [Redacted]		Registered Owner's Name (Last, First, MI) [Redacted]		Same as Driver [Redacted]	
Address (Street, City, State, Zip) [Redacted]		City [Redacted]		State [Redacted]		Zip [Redacted]		Country [Redacted]		Territory [Redacted]		Possession [Redacted]		Other [Redacted]		Unknown [Redacted]		Not Listed or Type [Redacted]		Partially Exempt [Redacted]		Exempt [Redacted]		Excluded In [Redacted]		Pinned Under [Redacted]		Unknown [Redacted]		Date of Birth [Redacted]		Date of License [Redacted]		Date of Exam [Redacted]	
Towed? [Redacted]		Towed To [Redacted]		Towed By [Redacted]		Towed Date [Redacted]		Towed Time [Redacted]		Towed Location [Redacted]		Towed Status [Redacted]		Towed Remarks [Redacted]		Towed Notes [Redacted]		Towed Other [Redacted]		Towed Other Remarks [Redacted]		Towed Other Notes [Redacted]		Towed Other Status [Redacted]		Towed Other Type [Redacted]		Towed Other Action [Redacted]		Towed Other Remarks [Redacted]		Towed Other Notes [Redacted]			
Lic State [Redacted]		Lic Year [Redacted]		Registered Owner's Name (Last, First, MI) [Redacted]		Same as Driver [Redacted]		Registered Owner's Name (Last, First, MI) [Redacted]		Same as Driver [Redacted]		Registered Owner's Name (Last, First, MI) [Redacted]		Same as Driver [Redacted]		Registered Owner's Name (Last, First, MI) [Redacted]		Same as Driver [Redacted]		Registered Owner's Name (Last, First, MI) [Redacted]		Same as Driver [Redacted]		Registered Owner's Name (Last, First, MI) [Redacted]		Same as Driver [Redacted]		Registered Owner's Name (Last, First, MI) [Redacted]		Same as Driver [Redacted]		Registered Owner's Name (Last, First, MI) [Redacted]		Same as Driver [Redacted]	
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Lic State [Redacted]		Lic Year [Redacted]		Registered Owner's Name (Last, First, MI) [Redacted]		Same as Driver [Redacted]		Registered Owner's Name (Last, First, MI) [Red																											

00109654

Driver's Name (Last, First, MI)				Safety Equipment Used				Safety Equipment Effective?		Ejection/Trapped?	
Address (Street, City, State, Zip)				☐ No restraint ☐ Helmet ☐ Lap Belt Only ☐ Airbag (No Restraint) ☐ Harness (Only) ☐ Airbag + Belt Restraint ☐ Lap + Harness ☐ Unknown ☐ Child Restraint		☐ Yes ☐ No ☐ Not Applicable		☐ Not Ejected or Trapped ☐ Partially Ejected ☐ Ejected ☐ Trapped In ☐ Pinned Under ☐ Unknown			
Date of Birth: Month Day Year		Age		Driver's License #		Lic Type		CDL Class		Lic State	
Apparent Physical Status				Restrictions							
☐ Normal ☐ Had Been Drinking ☐ Handicapped ☐ TI ☐ Asleep/Fatigued ☐ Drugs/Medication ☐ Unknown				☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ Toll/From Employment				☐ Employer's Vehicle Only ☐ State-Owned Vehicles Only ☐ PP Chauffeurs-Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTV ☐ None			
Gender		Test Given		Type Given		Alcohol		Results		Drug	
☐ Male ☐ Female ☐ Unknown		☐ None ☐ Alcohol ☐ Drug ☐ Alcohol+Drug ☐ Refused		☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT		☐ PBT ☐ Certified Test ☐ Pending		☐ Positive ☐ Negative ☐ Pending			
Vehicle Color		Vehicle Year		Vehicle Make		Model Name		Style			
# Occupants		Lic Year		License #		License State					
# Axles		Speed Limit		Insured By		Phone Number					
Registered Owner's Name (Last, First, MI) ☐ Same as Driver											
Address (Street, City, State, Zip)											
Towed? ☐ Yes ☐ No Towed To: _____ Towed By: _____											
Title		Lic State		Lic Year		Registered Owner's Name (Last, First, MI)		☐ Same as Driver			
License #		Address (Street, City, State, Zip)									
Veh Year		Make		Title		Lic State		Lic Year		Registered Owner's Name (Last, First, MI)	
License #		Address (Street, City, State, Zip)									
Veh Year		Make									
Veh# Commercial Vehicle: Carrier's Name and Address											
HAZMAT Proper Shipping Name:											
US DOT#		ICC#		State DOT#							
Vehicle Identification #				CMV Inspection? If ☐ L1 ☐ L3							
Gross Vehicle Weight Rating (GVWR)		Grain, Chip, Gravel, Coal		Van/Enclosed Box		Auto Transport					
☐ Less than 10,000# ☐ 10,001-26,000# ☐ 26,001# or more		☐ Flatbed ☐ Dump ☐ Bus		☐ Cargo Tank ☐ Garbage/Refuse ☐ Concrete Mixer		☐ Pole ☐ Other (Explain in Narrative)					
HAZMAT Placard ☐ Yes ☐ No		HAZMAT Release of Cargo ☐ Yes ☐ No		HAZMAT 4-Digit ID #		Hazard Class #					
Vehicle Use ☐ Personal (Farm, Company) ☐ Commercial (Buses, Taxis, Common and Contract Carriers) ☐ Rental, not leased ☐ School ☐ Police* ☐ Fire* ☐ Ambulance* ☐ Military ☐ Highway Department ☐ Other Government (Postal, etc) ☐ Public Utilities (Gas, Electric, etc) ☐ Other (Explain in Narrative)											
Vehicle Type ☐ Passenger Car/Station Wagon ☐ Pickup ☐ Van ☐ Sport Utility Vehicle ☐ Truck (Single Unit 2 axle, 8 tires) ☐ Truck (Single Unit 3 or more axles) ☐ Truck/Trailer (not semi) ☐ Tractor/One Semi Trailer ☐ Tractor/Double Trailers ☐ Tractor/Triples Trailers ☐ Tractor (Cab Only-No Trailer) ☐ Motor Home/Recreational Vehicle ☐ Motorcycle ☐ Bus/Seater 9-15 Persons including the driver ☐ Bus/Seater 15+ Persons including the driver ☐ School Bus ☐ Farm Vehicle ☐ Combination Vehicle ☐ Unknown Type (not classified) ☐ Moped											
Pre-Crash Vehicle Action ☐ Going Straight ☐ Turning Left ☐ Slowing or Stopped in Traffic ☐ Backing ☐ Merging U Turn ☐ Unattended Moving Vehicle ☐ Changing Lanes ☐ Merging ☐ Avoiding Object in Road ☐ Overtaking/Passing ☐ Starting in Traffic ☐ Entering Traffic Lane ☐ Turning Right ☐ Driving Left of Center ☐ Leaving Traffic Lane ☐ Crossing the Median ☐ Parked											
Direction of Travel ☐ North ☐ East ☐ Northeast ☐ Southeast ☐ South ☐ West ☐ Northwest ☐ Southwest											
Type of Primary/Secondary Roadway ☐ One Way Traffic ☐ Two Way Traffic ☐ One Lane ☐ Two Lanes ☐ Two Lanes ☐ Multi-Lane Divided (3 or more) ☐ Private Drive ☐ Multi-Lanes (3 or more) ☐ Multi-Lane Undivided 2 way left turn ☐ Alley ☐ Multi-Lane Undivided (3 or more)											
If a Collision Crash (Fill in only one oval in this category) ☐ Another Motor Vehicle ☐ Deer ☐ Railway Vehicle ☐ Pedestrian ☐ Animal Other than Deer ☐ Fence ☐ Bicycle ☐ Animal Drawn Vehicle ☐ Mailbox ☐ Impact Attenuator/Crash Cushion ☐ Overhead Sign Post ☐ Tree ☐ Bridge Overhead Structure ☐ Light Support ☐ Curb ☐ Bridge Pier or Abutment ☐ Utility Pole ☐ Ditch ☐ Bridge parapet End ☐ Culvert ☐ Bridge Rail ☐ Embankment ☐ Guardrail Face ☐ Other Post/Pole/Support ☐ Guardrail End ☐ Wall/Building/Tunnel, etc ☐ Median Barrier ☐ Work Zone Maintenance Equip. ☐ Highway Traffic Sign Post ☐ Other (Explain in Narrative)											
Or if a Non-Collision Crash (Fill in only one oval in this category) ☐ Overturn/Rollover ☐ Jackknife ☐ Fall from vehicle ☐ Fire/Explosion ☐ Cargo/Equipment Shift or Loss ☐ Immersion ☐ Off Roadway											

back of the passenger seat. The dash was almost against my right shoulder.

My false teeth were thrown out of my mouth. My glasses thrown off my face & into pieces.

I had a huge knot over my left eye. The picture included was taken after it had gone down some. My doctor says it involves a nerve & the numbness may not go away completely. I could not open my eye for several days and then for only a short time for several more days.

My right leg was broken just below the knee. I don't know what it hit. The Orthopedic Doctor will not let me put any weight on it for a minimum of 6 weeks. I am using a walker to get around most of the time - a wheelchair other times.

I am very grateful that my grandson was not in the car.

It was a normal day - just getting my grandson off to school. We were listening to the radio & having a good time. It was a clear, bright day.

I have had 2 professional driving courses & driving jobs. I was a school bus driver, transporting 25 to 48 children to & from school under many road conditions & circumstances. I also drove for UPS (United Parcel Service) delivering packages. Many road conditions here also - both jobs covered rural & city driving.

I have also driven our 24' & 28' motor homes. I can drive stick shift autos as well as automatics. I have had 3 full size customized vans, a jeep and this Durango which I really liked. I have regularly driven my husband's pickup trucks - two of the trucks were stick shifts that we had large slide in campers. I have backed our boats into the water & pulled the motor homes / combination truck camper out.

I am a very level headed driver. This Durango took off on its own & I could not control it.

