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

2005 JAN -6 PM 1:55

FOR AGENCY USE ONLY 100216

Date Received: 06-DEC-2004

Repository ☐

Reference No.: 10109208

OWNER INFORMATION (Type or Print)

Name

Address

City: BELLE GLADE | State: FL | Zip Code

Daytime Telephone Number | Evening Telephone Number | 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 an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date 12/20/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
	CHEVROLET	TRAILBLAZER EXT	2002

Date Purchased	Dealer's Name and Telephone Number			Engine: No. Cylinders 8	Fuel Type:
Original Owner ☐	Dealer's City	State	Zip Code		

Transmission Type			Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	Powertrain	151300 SEAT BELTS:FRONT:RETRACTOR Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
07-SEP-2004			

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: DOTMAL8ABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

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

APPLICABLE INCIDENT INFORMATION

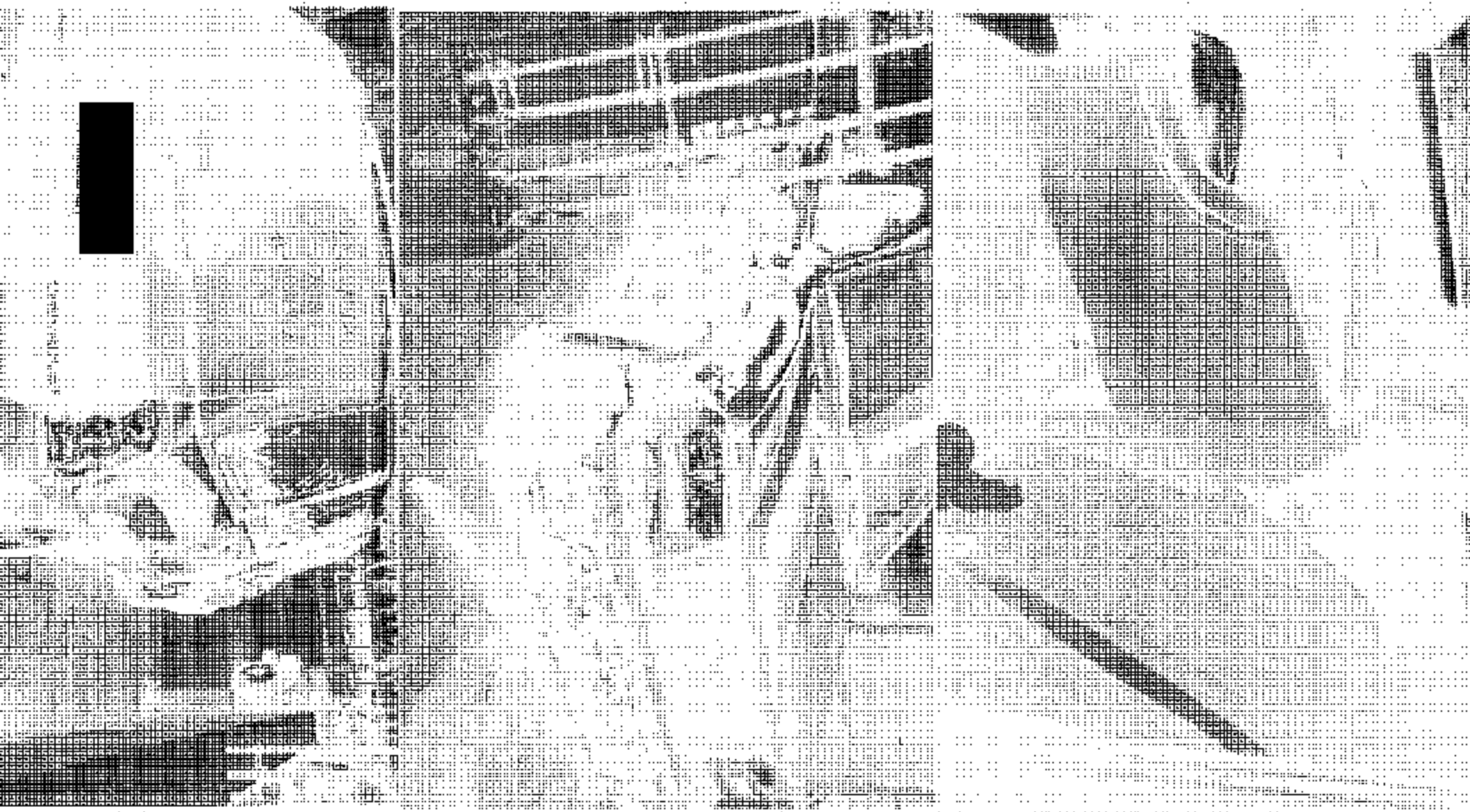
(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies).)

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

CONSUMER'S VEHICLE WAS INVOLVED IN A ACCIDENT. DRIVER'S SEAT BELT FAILED TO RESTRAIN. DRIVER SUSTAINED MAJOR INJURIES, AND WAS TRANSPORTED TO THE HOSPITAL BY AMBULANCE. THE VEHICLE WAS TOWED TO A GARAGE FOR INSPECTION. THIS INFORMATION WAS PROVIDED BY MR. NATHAN'S WIFE MILDRED CHATMAN.*AK

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



FLORIDA TRAFFIC CRASH REPORT

☒ LONG FORM ☐ SHORT FORM

DO NOT WRITE IN THIS SPACE

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES
TRAFFIC CRASH RECORDS
TALLAHASSEE, FLORIDA 32399-0500

DATE OF CRASH	TIME OF CRASH	TIME OFFICER NOTIFIED	TIME OFFICER ARRIVED	INVEST. AGENCY REPORT NUMBER	HSMV CRASH REPORT NUMBER
09 / 07 / 04	1730 ☐AM ☒PM	1730 ☐AM ☐PM	1733 ☐AM ☒PM	04003354	73535014

COUNTY/CITY CODE	CITY OR TOWN	(Check if in City or Town)	COUNTY
0630	BELLE GLADE	☒	PALM BEACH

AT NODE NO.	NO. OF LANES	1 DIVIDED 2 UNDIVIDED	ON STREET, ROAD OR HIGHWAY
	4	1	NW AVE L

AT INTERSECTION OF: North Main

Vehicle 1

YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER	AREA OF DAMAGE
99	LINCOLN	3	1	[redacted]	FL	5LMRU27AXXL	8

VEHICLE TRAVELING	ON	EST. SPEED	POSTED SPEED	EST. VEHICLE DAMAGE	1 Disabling 2 Functional 3 No Damage
☒ N	North Main	50	45	$ 5000	1

INSURANCE COMPANY (LIABILITY OR PIP)	POLICY NUMBER	VEHICLE REMOVED BY	1 Tow Rotation List 2 Tow Owner's Request 3 Driver 4 Other
ALLSTATE	[redacted]	GLADES TRANSPORT	1

OWNER'S FULL NAME: SAME AS DRIVER

DRIVER (Exactly as on Driver License) / Pedestrian — CITY, STATE & ZIP CODE: BOYNTON BEACH, FL.

DRIVER LICENSE NUMBER	STATE	DL TYPE	REQ. END.	BAC TEST	RESULTS	ALC/DRUG	PHYS. DEF.	INJ.	RACE	SEX	EJ.	S. EQUIP.
	FL	5	2	5	%	1	1	1	2	2	1	2

HAZARDOUS MATERIALS BEING TRANSPORTED: 1 Yes 2 No ☒ — PLACARDED: 1 Yes 2 No ☒ — RECOMMEND RE-EXAM: 1 YES 2 NO ☒

DRIVER'S PHONE NO.: 561 - 740-3940

PASSENGER'S NAME (Add Insurer on Continuation Page)

Vehicle 2

YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER	AREA OF DAMAGE
02	CHEV	2	1	[redacted]	FL	1GNDS13SB22	11

VEHICLE TRAVELING	ON	EST. SPEED	POSTED SPEED	EST. VEHICLE DAMAGE	1 Disabling 2 Functional 3 No Damage
☒ E	NW Ave L	50	45	$ 5000	1

INSURANCE COMPANY (LIABILITY OR PIP)	POLICY NUMBER	VEHICLE REMOVED BY	1 Tow Rotation List 2 Tow Owner's Request 3 Driver 4 Other
STATE FARM MUTUAL	[redacted]	GLADES TRANSPORT	1

OWNER'S FULL NAME: SAME AS DRIVER

CITY AND STATE: BELLE GLADE, FL.

DATE OF BIRTH: 04-20-86

DRIVER LICENSE NUMBER	STATE	DL TYPE	REQ. END.	BAC TEST	RESULTS	ALC/DRUG	PHYS. DEF.	INJ.	RACE	SEX	EJ.	S. EQUIP.
B650519880400	FL	5	2	5	%	1	1	1	2	2	3	2

HAZARDOUS MATERIALS BEING TRANSPORTED: 1 Yes 2 No ☒ — PLACARDED: 1 Yes 2 No ☒ — RECOMMEND RE-EXAM: 1 Yes 2 No ☒

DRIVER'S PHONE NO.: (561) 992-9196

PASSENGER'S NAME (Add Insurer on Continuation Page)

DRIVER 1 Phantom ACTION 2 Hit & Run 3 N/A	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER	POINT OF IMPACT
	00	CHEV			D60CXB	FL	1GNDM19WXYB[redacted]	03
TRAILER/TOWED VEHICLE INFORMATION			TRAILER TYPE					

Section 3 – Vehicle

VEHICLE TRAVELING	ON	AT	Est. Speed	Posted Speed	EST. VEHICLE DAMAGE	1 Disabling 2 Functional 3 No Damage	EST. TRAILER DAMAGE
N ☒ S ☐ E ☐ W ☐	NORTH MAIN		47	45	$ 5000	1	$

INSURANCE COMPANY (LIABILITY OR PIP)	POLICY NUMBER	VEHICLE REMOVED BY	1 Tow Rotation List 2 Tow Owner's Request 3 Driver 4 Other
PROGRESSIVE INSURANCE	[redacted]	AFFORDABLE	01

OWNER'S FULL NAME (Check if Driver)	CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE
		ORLANDO, FL	

OWNER'S FULL NAME (Trailer or Towed Vehicle)	CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE

Pedestrian

DRIVER (Exactly as on Driver License) / Pedestrian	CURRENT ADDRESS (Number and Street)	CITY & STATE / ZIP CODE	DATE OF BIRTH
		ORLANDO, FL.	01-10-80

DRIVER LICENSE NUMBER	STATE	D.L. TYPE	REQ. END.	BAC TEST 1 Blood 2 Breath 3 Urine 4 Refused 5 None	RESULTS	ALC/DRUG	PHYS. DEF.	RES	RACE	SEX	INJ	S EQUIP	EJECT
	FL	5	2	5	%	1	1	1	1	1	2	2	1

HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes ☐ 2 No ☒ — PLACARDED 1 Yes ☐ 2 No ☒ — RECOMMEND RE-EXAM 1 YES ☐ 2 NO ☒ — If YES, Explain in Narrative — DRIVER'S PHONE NO. (561) 248-2155

PASSENGER'S NAME (Additional on Continuation Page)	CURRENT ADDRESS	CITY & STATE / ZIP	AGE	LOC.	INJ	S EQUIP	EJECT

# PROPERTY DAMAGED OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE
1 Fence	$ 500	City of Belle Glade	110 SW 2nd St	Belle Glade	
2	$				

CONTRIBUTING CAUSES - DRIVER/PED.
01 No Improper Driving/Action, 02 Careless Driving, 03 Failed to Yield Right-of-Way, 04 Improper Backing, 05 Improper Lane Change, 06 Improper Turn, 07 Alcohol-Under Influence, 08 Drugs-Under Influence, 09 Alcohol & Drugs-Under Influence, 10 Followed Too Closely, 11 Disregarded Traffic Signal, 12 Exceeded Safe Speed Limit, 13 Disregarded Stop Sign, 14 Failed to Maintain Equip./Vehicle, 15 Improper Passing, 16 Drove Left of Center, 17 Exceeded Stated Speed Limit, 18 Obstructing Traffic, 19 Improper Load, 20 Disregarded Other Traffic Control, 21 Driving Wrong Side/Way, 22 Fleeing Police, 23 Vehicle Modified, 77 All Other (Explain)

1	2	3
03	03	03

VEHICLE DEFECT
01 No Defects, 02 Defective Brakes, 03 Worn/Smooth Tires, 04 Defective/Improper Lights, 05 Puncture/Blowout, 06 Steering Mech., 07 Windshield Wipers, 08 Equipment/Vehicle Defect, 77 All Other (Explain in Narrative)

1	2	3
01	01	01

VEHICLE MOVEMENT
01 Straight Ahead, 02 Slowing/Stopped/Stalled, 03 Making Left Turn, 04 Backing, 05 Making Right Turn, 06 Changing Lanes, 07 Entering/Leaving Parking Space, 08 Properly Parked, 09 Improperly Parked, 10 Making U-Turn, 11 Passing, 12 Driverless or Runaway Veh., 77 All Other (Explain in Narrative)

1	2	3
01	01	01

VEHICLE SPECIAL FUNCTIONS
1 None, 2 Farm, 3 Police Pursuit, 4 Recreational, 5 Emergency Operation, 6 Construction/Maintenance

1	2	3
1	01	01

LOCATION ON ROADWAY
1 On Road, 2 Not On Road, 3 Shoulder, 4 Median, 5 Turn Lane, Safety Zone

1	2	3
1	1	1

PEDESTRIAN ACTION
01 Crossing Not at Intersection, 02 Crossing at Midblock Crosswalk, 03 Crossing at Intersection, 04 Walking Along Road With Traffic, 05 Walking Along Road Against Traffic, 06 Working on Vehicle in Road, 07 Other Working in Road, 08 Standing/Playing in Road, 09 Standing in Pedestrian Island, 77 All Other (Explain), 88 Unknown

LOCATION TYPE
1 Primarily Business, 2 Primarily Residential, 3 Open Country — 02

FIRST / SUBSEQUENT HARMFUL EVENT
01 Collision With MV in Transport (Rear-end), 02 Collision With MV in Transport (Head-on), 03 Collision With MV in Transport (Angle), 04 Collision With MV in Transport (Left Turn), 05 Collision With MV in Transport (Right Turn), 06 Collision With MV in Transport (Sideswipe), 07 Collision With MV in Transport (Backed Into), 08 Collision With Parked Car, 09 Collision With MV on Other Roadway, 10 Collision With Pedestrian, 11 Collision With Bicycle, 12 Collision With Bicycle (Bike Lane), 13 Collision With Moped, 14 Collision With Train, 15 Collision With Animal, 16 MV Hit Sign/Sign Post, 17 MV Hit Utility Pole/Light Pole, 18 MV Hit Guardrail, 19 MV Hit Fence, 20 MV Hit Concrete Barrier Wall, 21 MV Hit Bridge/Pier/Abutment/Rail, 22 MV Hit Tree/Shrubbery, 23 Collision With Construction Barricade/Sign, 24 Collision With Traffic Gate, 25 Collision With Crash Attenuators, 26 Collision With Fixed Object Above Road, 27 MV Hit Other Fixed Object, 28 Collision With Moveable Object On Road, 29 MV Ran Into Ditch/Culvert, 30 Ran Off Road Into Water, 31 Overturned, 32 Occupant Fell From Vehicle, 33 Tractor/Trailer Jackknifed, 34 Fire, 35 Explosion, 77 All Other (Explain)

F	S
03	02

ROAD SYSTEM IDENTIFIER
01 Interstate, 02 U.S., 03 State, 04 County, 05 Local, 06 Turnpike/Toll, 07 Forest Road, 77 All Other — 05

LIGHTING CONDITION
01 Daylight, 02 Dusk, 03 Dawn, 04 Dark (Street Light), 05 Dark (No Street Light), 88 Unknown — 01

ROAD SURFACE CONDITION
01 Dry, 02 Wet, 03 Slippery, 04 Icy, 77 All Other (Explain) — 01

WEATHER
01 Clear, 02 Cloudy, 03 Rain, 04 Fog, 77 All Other (Explain) — 01

ROAD SURFACE TYPE
01 Slag/Gravel/Stone, 02 Blacktop, 03 Brick/Block, 04 Concrete, 05 Dirt, 77 All Other (Explain) — 02

CONTRIBUTING CAUSES - ROAD
01 No Defects, 02 Obstruction With/Without Warning, 03 Road Under Repair/Construction, 04 Loose Surface Materials, 05 Shoulders - Soft/Low/High, 06 Holes/Ruts/Unsafe Paved Edge, 07 Standing Water, 08 Worn/Polished Road Surface, 77 All Other (Explain) — 01

CONTRIBUTING CAUSES - ENVIRONMENT
01 Vision Not Obscured, 02 Inclement Weather, 03 Parked/Stopped Vehicle, 04 Trees/Crops/Bushes, 05 Load on Vehicle, 06 Building / Fixed Object, 07 Signs / Billboards, 08 Fog, 09 Smoke, 10 Glare, 77 All Other (Explain) — 01

TRAFFIC CONTROL
01 No Control, 02 School Zone, 03 Traffic Signal, 04 Stop Sign, 05 Yield Sign, 06 Flashing Light, 07 Railroad Signal, 08 Officer/Guard/Flagman, 09 Posted No U-Turn, 10 Special Speed Zone, 11 No Passing Zone, 77 All Other (Explain) — 01

SITE LOCATION
01 Not At Intersection/RR Xing/Bridge, 02 At Intersection, 03 Influenced By Intersection, 04 Driveway Access, 05 Railroad Crossing, 06 Bridge, 07 Entrance Ramp, 08 Exit Ramp, 09 Parking Lot Public, 10 Parking Lot - Private, 11 Private Property, 77 All Other (Explain) — 02

TRAFFICWAY CHARACTER
1 Straight-Level, 2 Straight-Upgrade/Downgrade, 3 Curve-Level, 4 Curve-Upgrade/Downgrade

TYPE SHOULDER
1 Paved, 2 Unpaved, 3 Curb — 01

VIOLATOR	FL STATUTE NUMBER	NAME	CHARGE	CITATION #

FLORIDA TRAFFIC CRASH REPORT

NARRATIVE / DIAGRAM

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES
TRAFFIC CRASH RECORDS
TALLAHASSEE, FLORIDA 32399-0500

DO NOT WRITE IN THIS SPACE

EMS INFO FATALS ONLY	TIME EMS NOTIFIED	AM PM	TIME EMS ARRIVED	AM PM	COUNTY / CITY CODE	DATE OF CRASH	DRIVER I. AGENCY REPORT NUMBER	HSMV CRASH REPORT NUMBER
	1730	☐ ☒	1732	☐ ☒	0830	09-07-04	04003354	73535014

NARRATIVE (ADDITIONAL PASSENGERS)

The 1999 Lincoln Town Car was traveling North on North Main St. The 2000 Chevy Astro Van was also traveling North on North Main St. The 2002 Chevy Trailblazer was traveling east on NW Ave L. The 2002 Trailblazer entered into the intersection of North Main and NW Ave L, the 1999 Lincoln Town Car also entered into the intersection colliding with the right front side of the trail blazer. After the first impact the 2000 Chevy Van fail to stop causing the front of his vehicle to strike the right back of the Trailblazer causing the Astro Van to do a 180 degree turn. After the second collision the driver of the Chevy Trailblazer was ejected out of the vehicle, and the vehicle preceded to go over the curb colliding with the fence. The fence belonged to the City of Belle Glade. It should be noted that, no traffic signals were working at this Intersection due to the damage from Hurricane Francis.

VEH #	PASS. #	PASSENGER NAME	ADDRESS	CITY & STATE	ZIP	Age	Sex	Inj.	Safety Equip.	Seat

VIOLATOR	FL STATUTE NUMBER	NAME	CHARGE	CITATION #
VIOLATOR	FL STATUTE NUMBER	NAME	CHARGE	CITATION #

WITNESS NAME 1 — ADDRESS — CITY & STATE: Belle Glade, Fl. — ZIP

WITNESS NAME 2 — ADDRESS — CITY & STATE: Wellington, Fl — ZIP

FIRST AID GIVEN BY - NAME: 1 Physician or Nurse, 2 Paramedic or EMT, 3 Police Officer, 4 Certified 1ST Aider, 5 Other: 2

INJURED TAKEN TO: Glades General Hospital

BY - NAME: AMR

WAS INVESTIGATION MADE AT SCENE? 1 YES 2 NO WHERE? ☒ ☐

ID INVESTIGATION COMPLETE? 1 YES 2 NO WHY? ☒ ☐

DATE OF REPORT: 09/09/04

PHOTOS TAKEN? 1 YES 2 NO 3 INVEST. AGENCY 4 OTHER ☒ ☐ ☐ ☐

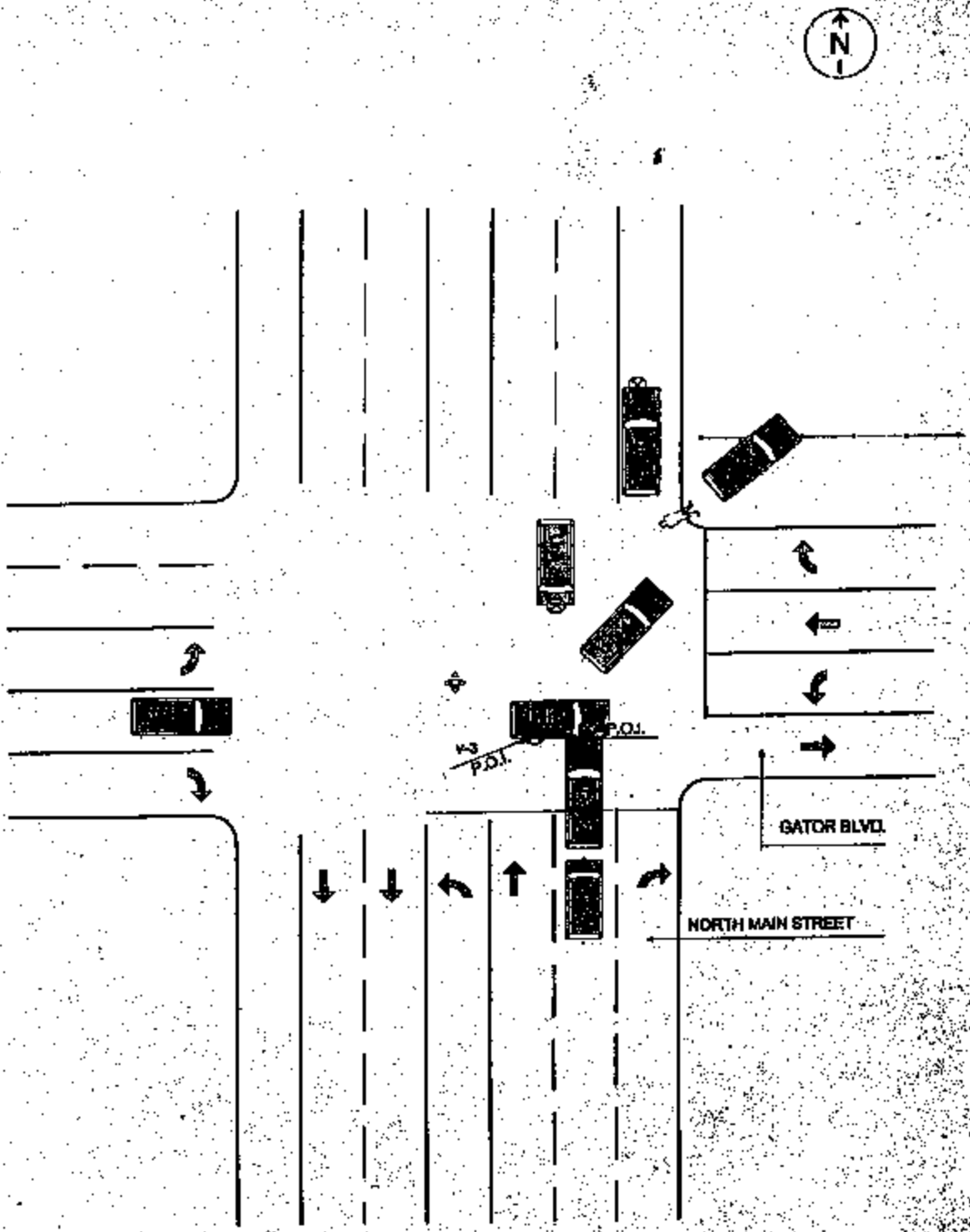
INVESTIGATOR - RANK & SIGNATURE: Officer . T. Seymore

ID BADGE NUMBER: 523

DEPARTMENT: Belle Glade Police Department

CHP SO OPD OTHER ☐ ☐ ☒ ☐

HSMV 90006 (Rev. 1/96) S



NOT TO SCALE