



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
(1-888-327-4238)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100222

Date Received **2005 JAN 26**
07-DEC-2004
Repository
Reference No.
10103288

OWNER INFORMATION (Type or Print)

Name _____
Address _____
City **MURFREESBORO** State **TN** 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 NO-AC
In the absence of an authorization, NHTSA will NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date **1/21/05**

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1B4HS2BNCYF308385 Make **DODGE** Model **DURANGO** Model Year **2000**
Date Purchased _____ Dealer's Name and Telephone Number **Cordill Dodge** Engine: _____ Fuel Type: **Gas**
Original Owner Dealer's City **Knoxville** State **TN** Zip Code **37922** No. of Cylinders _____
Transmission Type **AUTOMATIC** Antilock Brakes Cruise Control Powertrain **UNKNOWN** Vehicle Component Code **141000 AIR BAGS:FRONTAL**
Multiple Failure: **1**

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) **17-NOV-2004** Failure Mileage **118000** Failure Speed **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: DOTM1A8ABC038) 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 **2** 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).

CONSUMER'S VEHICLE STRUCK ANOTHER VEHICLE. AT 35 MPH, AND THE AIR BAGS DID NOT DEPLOY. VEHICLE WAS TOTALED. CONSUMER WILL MAKE CONTACT THE MANUFACTURER. *AK

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

The Privacy Act of 1974-Public Law 93-578 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 was going about 35mph when a car failed to yield and I struck it going about 35mph in the drivers side which she was charged with failure to yield my air bags did not deploy and I was injured. My knees, hands, arms were injured.

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

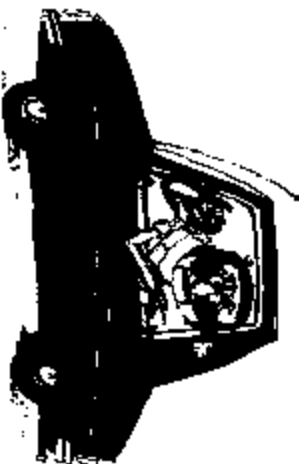
1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline (DASH) 2 DOT

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

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Tennessee Uniform Traffic Crash Report

Reporting Agency Name

Michoudale Police

Reporting Agency Type

- Tennessee Highway Patrol (THP)
 - Metropolitan Police Dept. (MPD)
 - Sheriff's Office
 - Capital Police
 - Commercial Vehicle Enforcement (CWE)
 - College/University Campus
 - National Park Service
 - Other
- Investigation Completed? Yes No
- From District? Yes No
- If Yes, by Whom? Police Other

Totals	Vehicle	Killed	Injured	Date of Crash		
				MONTH	DAY	YEAR
	02	00	02	Jun	17	04
	0	0	0	Jul	0	0
	1	1	1	Aug	1	1
	2	2	2	Sep	2	2
	3	3	3	Oct	3	3
	4	4	4	Nov	4	4
	5	5	5	Dec	5	5
	6	6	6	Jan	6	6
	7	7	7	Feb	7	7
	8	8	8	Mar	8	8
	9	9	9	Apr	9	9

Day of Crash

Time of Crash County City Area

1245 05 17 50

1 SUN
2 MON
3 TUES
4 WED
5 THURS
6 FRI
7 SAT
8 SUNDAY

Page *1 of 3*

Document Type

- Original Document (enter 1)
- Supplemental Document
- Amended Document

Reference Number Graphic: *9575581*

Type of Crash

- Fatal (enter 1)
- Injury
- Property Damage (Order)
- Property Damage (Order)

- Trafficway/Land Way/Private Way
- Trafficway - OPEN (select 1)
 - Trafficway - CLOSED
 - Parking Lot
 - Private Property or Private Road

- Hit and Run?
- No - Van Motor Vehicle in Transport
 - No - Hit Pedestrian or Non-Motorist
 - No - Hit Staked Vehicle or Object
 - No Hit and Run
- Solved? Yes No

DOT Use Only

ROUTE NUMBER	UNC CASE	CO. SEQ.	LOG MILE	LOC.

Time Notified: *1245* Time Arrived: *1245* Police Pursuit Involved? Yes No

GPS Coordinates: LATITUDE: LONGITUDE: School Bus Relocated? Yes No

Origin: *706 South Church St. (U.S. Route 251)* Estimated

Destination: *706 South Church St.* Mile Post

Vehicle Number: *7 5 7 3* Total Number of Occupants: *3*

Driver Presence: Driver Operated Vehicle Driver Operated Non-Contact Vehicle Driver Operated Government Vehicle Driverless Vehicle

Vehicle Number: *7 5 7 3* Total Number of Occupants: *3*

Driver Presence: Driver Operated Vehicle Driver Operated Non-Contact Vehicle Driver Operated Government Vehicle Driverless Vehicle

DRIVER NAME: *03* M.I. Last

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City & State: *Michoudale, TN* ZIP: *37135* Phone Number:

City & State: *Michoudale, TN* ZIP: *37135* Phone Number:

Driver's License Number: *TN 2004* State: *TN* Exp. Year: *2004*

Driver's License Number: *TN 2009* State: *TN* Exp. Year: *2009*

Sex: *M* Race: *W* Height: *40* Eyes: *B* Hair: *B* Complexion: *Fair*

Sex: *M* Race: *W* Height: *40* Eyes: *B* Hair: *B* Complexion: *Fair*

License Class: *D* Restrictions: *01* Compulsory:

License Class: *D* Restrictions: *01* Compulsory:

Injury Code: *03* Safety Equipment: AIRBAG

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DRIVEN/EXTRACTED: Not Applicable Trapped/Entrapped Unknown/Medical Transport

DRIVEN/EXTRACTED: Not Applicable Trapped/Entrapped Unknown/Medical Transport

Year of Vehicle: *2000* Make: *Dodge* Model: *DUR* Color: *GRN* Body Type: *SUV*

Year of Vehicle: *2000* Make: *Dodge* Model: *DUR* Color: *GRN* Body Type: *SUV*

Vehicle ID Number: *1B4CH52K1V4* (Body Code)

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Plate: *TN 2004 01* State: *TN* Exp. Year: *2004*

Plate: *TN 2004 14* State: *TN* Exp. Year: *2004*

Violations (may select 3): None Other Moving Alcohol/Drugs Other Non-Moving Backless/Carless Penning

Changes: *Failure to yield RIGHT OF WAY*

Violations (may select 3): None Other Moving Alcohol/Drugs Other Non-Moving Backless/Carless Penning

Changes: *Failure to yield RIGHT OF WAY*

Investigator Name, Rank and Home Phone: *Officer Keith Anderson* Badge # *218* District/Zone: *126* Car No.: *2046* Report Date: *11-17-2004*

Investigator Name, Rank and Home Phone: *Officer Keith Anderson* Badge # *218* District/Zone: *126* Car No.: *2046* Report Date: *11-17-2004*

Harmful Event

Most Harmful Event per Vehicle

(select 1 per vehicle)

Collision with Object Not Fixed

- | | |
|-------|---|
| V1 V2 | |
| 08 08 | Accident |
| 09 09 | Accident |
| 10 10 | Railway Train |
| 50 50 | Deer (Animal) |
| 11 11 | Other Animal |
| 09 09 | Motor Vehicle in Transport |
| 13 13 | Motor Vehicle in Transport in Other Academy |
| 14 14 | Parked Motor Vehicle |
| 15 15 | Other Type Non-Motorist |
| 16 16 | Other Object (Not Fixed) |

Collision with Fixed Object

- | | | | |
|-------|-------------------------|-------|------------------------|
| V1 V2 | | V2 V2 | |
| 17 17 | Breaker | 30 30 | Utility Pole |
| 18 18 | Building | 31 31 | Other Post, Pole, Sign |
| 20 20 | Impact Assessment | 32 32 | Curb |
| 21 21 | Bridge Pier/Support | 33 33 | Crack |
| 22 22 | Bridge Support End | 34 34 | Ditch |
| 23 23 | Bridge Rail | 35 35 | Embankment |
| 24 24 | Guardrail Base | 36 36 | Fence |
| 26 26 | Guardrail End | 38 38 | Wall |
| 28 28 | Median Barrier | 40 40 | Mail Box |
| 27 27 | H-Way Traffic Sign Post | 41 41 | Shrubbery |
| 29 29 | Overhead Sign Support | 42 42 | Tree |
| 23 23 | Lambert/Light Supp. | 47 47 | Fire Hydrant |
| 26 26 | Traffic Signal Support | 43 43 | Other Fixed Object |

Non-Collision

- | | | | |
|-------|----------------|-------|--------------------------|
| V1 V2 | | V1 V2 | |
| 11 11 | Overturn | 12 12 | Fell/Jumped from Vehicle |
| 12 12 | Fire/Explosion | 07 07 | Other Non-Collision |
| 13 13 | Intoxication | 19 19 | Thrown or Falling Object |
| 14 14 | Jackknifed | | |

- | | |
|-------|----------------------------|
| V1 V2 | |
| 88 89 | Unknown Most Harmful Event |

First Harmful Event for the Crash

12

Manner of Collision at First Harmful Event (select 1)

- | | | | |
|---|---|---|--------------------------------|
| 1 | Not Collision with Motor Vehicle in Transport | 2 | Angle |
| 1 | Rear-End | 3 | Side-swipe, Same Direction |
| 2 | Head-On | 4 | Side-swipe, Opposite Direction |
| 3 | Rear-to-Rear | 5 | Unknown |

Relation to Junction at First Harmful Event (select 1)

- | | | | |
|-----------------|------------------------------|------------------|-------------------------------|
| Non-Interchange | | Interchange Area | |
| 01 | Non-Junction | 10 | Intersection |
| 02 | Intersection | 11 | Intersection-Island |
| 03 | Intersection-Island | 12 | Driveway |
| 04 | Driveway, Alley Access, etc. | 13 | Entrance/Exit Ramp Related |
| 05 | Entrance/Exit Ramp Related | 14 | Crossover-Related |
| 06 | Full Grade Crossing | 15 | Other Location in Interchange |
| 07 | Crossover-Related | 16 | Unknown, Interchange Area |
| 08 | Unknown-Non-Interchange | | |
| 99 | Unknown Relation to Junction | | |

Relation to Roadway at First Harmful Event

(select 1)

- | | | | |
|----|--------------------|----|---------------------------------|
| 01 | On Roadway | 06 | Off Roadway-Location Unknown |
| 02 | Shoulder | 07 | In Parking Lane |
| 03 | Median | 08 | Curve |
| 04 | Roadside-Left | 09 | Parking Lot or Private Property |
| 05 | Roadside-Right | 10 | Unknown |
| 10 | Outside Trafficway | | |

Driver Factors

Driver Condition (may select 3)

- | | |
|-------|---|
| V1 V2 | |
| 01 01 | Appeared Normal |
| 01 01 | Had Extra Drinking |
| 02 02 | Illegal Drug Use |
| 03 03 | Ill (Sick) |
| 04 04 | Apparently Fatigued |
| 05 05 | Apparently Asleep |
| 06 06 | Reaction to Drug/Alcoholization |
| 07 07 | Failure to Use Drug/Alcoholization |
| 08 08 | Physical Impairment (Nausea) |
| 09 09 | Emotional (Depressed, Angry, Disturbed) |
| 99 99 | Unknown Condition |

Driver Actions (may select 3)

- | | |
|-------|---|
| V1 V2 | |
| 12 12 | No Contributing Action |
| 11 11 | Inattentive (Staring, Reading, Talking, etc.) |
| 12 12 | Interacted With by Passenger |
| 12 12 | Driving Left of Center |
| 14 14 | Driving Wrong Way on One-Way Roadway |
| 15 15 | Failure to Comply with Lane-Use Restrictions |
| 16 16 | Failure to Stop in Proper Lane or Crossing Off Road |
| 17 17 | Failure to Yield Right of Way |
| 18 18 | Failure to Obey Traffic Controls |
| 19 19 | Failure to Obey Warnings or Instructions |
| 20 20 | Failure to Signal Intention |
| 21 21 | Failure to Use Lights |
| 22 22 | Following Improperly |
| 23 23 | Improper Backing |
| 24 24 | Improper Lane Changing |
| 25 25 | Improper Passing |
| 26 26 | Improper Turn |
| 27 27 | Improperly Towing or Pushing Vehicle |
| 28 28 | Improperly Carrying Hazardous Cargo |
| 29 29 | Improper Loading of Vehicle Cargo or Passengers |
| 30 30 | Operator Incompetence |
| 31 31 | Operating without Required Equipment |
| 32 32 | Over Correcting |
| 33 33 | Careless or Reckless Driving |
| 34 34 | Excessive or Negligent Driving |
| 35 35 | Speed Too Fast |
| 36 36 | Speed Too Slow |
| 37 37 | Vision Obstructed, By What (Narrative) |
| 38 38 | Using Telephone, Two-Way Radio |
| 99 99 | Other (Narrative) |
| 99 99 | Unknown Action |

Highway Construction/Maintenance Zone

- | | | |
|---|-----------------------------------|------------|
| 1 | None | (select 1) |
| 2 | Construction Zone | |
| 3 | Maintenance Zone (Short Duration) | |
| 4 | Utility Zone (Short Duration) | |
| 5 | Work Zone, Type Unknown | |
| 9 | Unknown | |

Light Conditions (select 1)

- | | | | |
|----|------------------|---|---------|
| 01 | Daylight | 4 | Dawn |
| 02 | Dark-Not Lighted | 5 | Dusk |
| 03 | Dark-Lighted | 9 | Unknown |

Weather Conditions (select 1)

- | | | | |
|----|-----------------------|----|----------------------------------|
| 01 | No Adverse Conditions | 08 | Windy, Variable |
| 02 | Rain | 09 | Mixing Sand, Soil, Dirt, or Snow |
| 03 | Sleet, Hail | 10 | Severe Crosswind |
| 04 | Snow | 11 | Other (narrative) |
| 05 | Fog | 99 | Unknown |
| 06 | Rain and Fog | | |
| 07 | Sleet and Fog | | |

Driver Alcohol/Drugs

Presence

- | | | |
|-------|----------------------------------|------------|
| V1 V2 | | (select 1) |
| 01 01 | Neither Alcohol or Drugs Present | |
| 1 1 | Yes (Alcohol Present) | |
| 2 2 | Yes (Drugs Present) | |
| 3 3 | Yes (Alcohol and Drugs Present) | |
| 4 4 | Unknown | |

Determination Method

- | | | |
|-------|-------------------------|--------------------------|
| V1 V2 | | (select 1 if applicable) |
| 1 1 | Behavioral Test | |
| 2 2 | Behavioral | |
| 3 3 | Positive Alcohol Sensor | |
| 4 4 | Observed | |
| 5 5 | Other | |

Alcohol

- | | | |
|------------|---------------------------------|------------------------------------|
| (select 1) | | Test Type (select 1 if applicable) |
| V1 V2 | | V1 V2 |
| 01 01 | Not Detected | Blood |
| 02 02 | None Given | Breath |
| 03 03 | Test Given, Results Unknown | Urine |
| 04 04 | Test Given, Inconclusive Sample | Other |
| 05 05 | Unknown, if tested | |
| 06 06 | Alcohol Results | Positive Results |
| 07 07 | Negative BAC | |

Drugs

- | | | |
|------------|---------------------------------|------------------------------------|
| (select 1) | | Test Type (select 1 if applicable) |
| V1 V2 | | V1 V2 |
| 1 1 | Not Detected | Blood |
| 2 2 | None Given | Breath |
| 3 3 | Test Given, Results Unknown | Urine |
| 4 4 | Test Given, Inconclusive Sample | Other |
| 5 5 | Unknown, if tested | |
| 6 6 | Drug Results | |
| 7 7 | No Drugs Detected | |
| 8 8 | Marijuana | |
| 9 9 | Cocaine | |
| 10 10 | Opiates | |
| 11 11 | Amphetamines | |
| 12 12 | PCP | |
| 13 13 | Other Drug Medication | |
| 14 14 | Drug Type Unknown | |

Driver/Vehicle Maneuver (select 1)

- | | |
|-------|--|
| V1 V2 | |
| 01 01 | Going Straight |
| 02 02 | Negotiating Curve |
| 03 03 | Passing or Overtaking Another Vehicle |
| 04 04 | Right Turn on Private Drive |
| 05 05 | Right Turn on Street |
| 06 06 | Right Turn on Red Permitted |
| 07 07 | Right Turn on Red Not Permitted |
| 08 08 | Left Turn on Private Drive |
| 09 09 | Left Turn on Street |
| 10 10 | Turning Into Wrong Lane |
| 11 11 | Making a U-Turn |
| 12 12 | Slowing or Stopped for Signal or Sign |
| 13 13 | Slowing or Stopped for Warning Traffic |
| 14 14 | Slowing or Stopped for Entering Traffic |
| 15 15 | Slowing or Stopped Other |
| 16 16 | Stopped in Traffic Lane |
| 17 17 | Swerving in Traffic |
| 18 18 | Backing from Drive |
| 19 19 | Backing from On Street Parking Space |
| 20 20 | Backing Up |
| 21 21 | Exiting from Private Drive |
| 22 22 | Leaving a Parked Position |
| 23 23 | Failed Legally-Yes |
| 24 24 | Failed Legally-No |
| 25 25 | Changing Lanes or Merging |
| 26 26 | Maintaining to Avoid Another Vehicle, Animal, Pedestrian, Object, etc. |
| 99 99 | Other (Narrative) |
| 99 99 | Unknown |

Document Type

- 2 Supplement Document
- 3 Accused Document

9575581

Local Agency Number 04-87377

Reference Number Override

Please Do Not Write In This Microfilm Space

Motorists (Passengers, and/or Non-Motorists)

Vehicle Number	NAME	First	M.I.	Last	Date of Birth	Age	Injury Code	SEAT Position	SAFETY Equipment	AIRBAG				
1	PS													
2	ADDRESS	Same as	Driver	Owner	Street & Number	City & State	ZIP	1 Male Sex	2 Female					
3	Motorists	2												
4	Non-Motorists	7	Other Cyclist	EJECTED	2	Totally Ejected	Ejection Path	TRAPPED-EXTRICATED	2	Trapped-Extricated	Medical Transport	Ambulance/Hospital	Alcohol	Drugs
5	7	Other Pedestrian	0	Not Applicable	3	Partially Ejected		0	Not Applicable	3	Trapped/Not Extricated			
6	8	Other Pedestrian	1	Not Ejected	4	Unknown		1	Not Trapped	4	Unknown			
7	9	Other Non-Motorist	1	Not Ejected	4	Unknown		1	Not Trapped	4	Unknown			
1	PS													
2	ADDRESS	Same as	Driver	Owner	Street & Number	City & State	ZIP	1 Male Sex	2 Female					
3	Motorists	2												
4	Non-Motorists	7	Other Cyclist	EJECTED	2	Totally Ejected	Ejection Path	TRAPPED-EXTRICATED	2	Trapped-Extricated	Medical Transport	Ambulance/Hospital	Alcohol	Drugs
5	7	Other Pedestrian	0	Not Applicable	3	Partially Ejected		0	Not Applicable	3	Trapped/Not Extricated			
6	8	Other Pedestrian	1	Not Ejected	4	Unknown		1	Not Trapped	4	Unknown			
7	9	Other Non-Motorist	1	Not Ejected	4	Unknown		1	Not Trapped	4	Unknown			
1	PS													
2	ADDRESS	Same as	Driver	Owner	Street & Number	City & State	ZIP	1 Male Sex	2 Female					
3	Motorists	2												
4	Non-Motorists	7	Other Cyclist	EJECTED	2	Totally Ejected	Ejection Path	TRAPPED-EXTRICATED	2	Trapped-Extricated	Medical Transport	Ambulance/Hospital	Alcohol	Drugs
5	7	Other Pedestrian	0	Not Applicable	3	Partially Ejected		0	Not Applicable	3	Trapped/Not Extricated			
6	8	Other Pedestrian	1	Not Ejected	4	Unknown		1	Not Trapped	4	Unknown			
7	9	Other Non-Motorist	1	Not Ejected	4	Unknown		1	Not Trapped	4	Unknown			
1	PS													
2	ADDRESS	Same as	Driver	Owner	Street & Number	City & State	ZIP	1 Male Sex	2 Female					
3	Motorists	2												
4	Non-Motorists	7	Other Cyclist	EJECTED	2	Totally Ejected	Ejection Path	TRAPPED-EXTRICATED	2	Trapped-Extricated	Medical Transport	Ambulance/Hospital	Alcohol	Drugs
5	7	Other Pedestrian	0	Not Applicable	3	Partially Ejected		0	Not Applicable	3	Trapped/Not Extricated			
6	8	Other Pedestrian	1	Not Ejected	4	Unknown		1	Not Trapped	4	Unknown			
7	9	Other Non-Motorist	1	Not Ejected	4	Unknown		1	Not Trapped	4	Unknown			
1	PS													
2	ADDRESS	Same as	Driver	Owner	Street & Number	City & State	ZIP	1 Male Sex	2 Female					
3	Motorists	2												
4	Non-Motorists	7	Other Cyclist	EJECTED	2	Totally Ejected	Ejection Path	TRAPPED-EXTRICATED	2	Trapped-Extricated	Medical Transport	Ambulance/Hospital	Alcohol	Drugs
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6	8	Other Pedestrian	1	Not Ejected	4	Unknown		1	Not Trapped	4	Unknown			
7	9	Other Non-Motorist	1	Not Ejected	4	Unknown		1	Not Trapped	4	Unknown			
1	PS													
2	ADDRESS	Same as	Driver	Owner	Street & Number	City & State	ZIP	1 Male Sex	2 Female					
3	Motorists	2												
4	Non-Motorists	7	Other Cyclist	EJECTED	2	Totally Ejected	Ejection Path	TRAPPED-EXTRICATED	2	Trapped-Extricated	Medical Transport	Ambulance/Hospital	Alcohol	Drugs
5	7	Other Pedestrian	0	Not Applicable	3	Partially Ejected		0	Not Applicable	3	Trapped/Not Extricated			
6	8	Other Pedestrian	1	Not Ejected	4	Unknown		1	Not Trapped	4	Unknown			
7	9	Other Non-Motorist	1	Not Ejected	4	Unknown		1	Not Trapped	4	Unknown			

Location At Intersection				Location Not At Intersection			
N1	N2	SE	NE	N1	N2	N1	N2
01	01	01	02	10	10	14	14
02	02	03	04	11	11	15	15
03	03	05	06	12	12	16	16
04	04	07	08	13	13	17	17
05	05	09	09	14	14	18	18
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36	36	40	40	45	45	49	49
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38	38	42	42	47	47	51	51
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40	40	44	44	49	49	53	53
41	41	45	45	50	50	54	54
42	42	46	46	51	51	55	55
43	43	47	47	52	52	56	56
44	44	48	48	53	53	57	57
45	45	49	49	54	54	58	58
46	46	50	50	55	55	59	59
47	47	51	51	56	56	60	60
48	48	52	52	57	57	61	61
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51	51	55	55	60	60	64	64
52	52	56	56	61	61	65	65
53	53	57	57	62	62	66	66
54	54	58	58	63	63	67	67
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56	56	60	60	65	65	69	69
57	57	61	61	66	66	70	70
58	58	62	62	67	67	71	71
59	59	63	63	68	68	72	72
60	60	64	64	69	69	73	73
61	61	65	65	70	70	74	74
62	62	66	66	71	71	75	75
63	63	67	67	72	72	76	76
64	64	68	68	73	73	77	77
65	65	69	69	74	74	78	78
66	66	70	70	75	75	79	79
67	67	71	71	76	76	80	80
68	68	72	72	77	77	81	81
69	69	73	73	78	78	82	82
70	70	74	74	79	79	83	83
71	71	75	75	80	80	84	84
72	72	76	76	81	81	85	85
73	73	77	77	82	82	86	86
74	74	78	78	83	83	87	87
75	75	79	79	84	84	88	88
76	76	80	80	85	85	89	89
77	77	81	81	86	86	90	90
78	78	82	82	87	87	91	91
79	79	83	83	88	88	92	92
80	80	84	84	89	89	93	93
81	81	85	85	90	90	94	94
82	82	86	86	91	91	95	95
83	83	87	87	92	92	96	96
84	84	88	88	93	93	97	97
85	85	89	89	94	94	98	98
86	86	90	90	95	95	99	99
87	87	91	91	96	96	100	100
88	88	92	92	97	97		
89	89	93	93	98	98		
90	90	94	94	99	99		
91	91	95	95				
92	92	96	96				
93	93	97	97				
94	94	98	98				
95	95	99	99				
96	96						
97	97						
98	98						
99	99						
100	100						

Vehicle Striking Non-Motorist												Vehicle Striking Non-Motorist											
N1						N2						N1						N2					
01	01	01	02	03	04	10	10	20	20	30	30	40	40	50	50	60	60	70	70	80	80		
02	02	05	06	07	08	21	21	31	31	41	41	51	51	61	61	71	71	81	81	90	90		
03	03	09																					

Agency _____

Supplement
 1 Yes No

Emergency Use
 1 Yes No

Reflower
 1 Yes No

Flc
 1 Yes No

Estimated Damage
 1 Under \$-500
 2 Over \$-500

(May select 1) Darken Numbered Area(s) of Vehicle Damage

Extent of Damage
 0 None Severe
 1 Very Minor Very Severe
 2 Minor Unknown
 3 Moderate

Vehicle Defects (May select 2)
 None

Vehicle Special Use
 None

Vehicle Towed
 1 Towed Away Towed Along

Vehicle Going On
 1 On

Vehicle Going On
 1 On

Trafficway Flow (select 1)
 1 Not Physically Divided (Two Way Trafficway)
 2 Divided Highway, Median Strip (Without Traffic Barrier)
 3 Divided Highway, Median Strip (With Traffic Barrier)
 4 One Way Trafficway
 5 Unknown

Roadway Surface Type (select 1)
 1 Asphalt
 2 Concrete
 3 Brick or Block
 4 Gravel, Sag, or Stone
 5 Dirt
 6 Other (Narrative)
 7 Unknown

Roadway Route Signing
 1 Interstate
 2 U.S. Route
 3 State Route
 4 County Route
 5 Municipal Route
 6 Other (Narrative)
 7 Unknown

Number of Travel Lanes (select 1)
 1 One Lane
 2 Two Lanes
 3 Three Lanes
 4 Four Lanes
 5 Five Lanes
 6 Six Lanes
 7 Seven or More Lanes
 8 Other (See Narrative)
 9 Unknown

Roadway Surface Conditions (select 1)
 1 Dry
 2 Wet
 3 Snow or Slush
 4 Ice
 5 Sand, Mud, Dirt or Oil
 6 Other (Narrative)
 7 Unknown

Roadway Character
Alignment (select 1)
 1 Curve
 2 Straight
 3 Unknown

Profile (select 1)
 1 Level
 2 Grade
 3 Bump
 4 Other (Narrative)
 5 Unknown

Speed Limit
 V1: 40
 V2: _____

Access Control (select 1)
 1 No Control (Unlimited Access)
 2 Full Control (UNCL Ramp Entry and Exit)
 3 Other (Narrative)

Witness
 Name: _____
 Address: _____

City & State
 Murfreesboro, TN

Date

Agency _____

Supplement
 1 Yes No

Emergency Use
 1 Yes No

Reflower
 1 Yes No

Flc
 1 Yes No

Estimated Damage
 1 Under \$-500
 2 Over \$-500

(May select 3) Darken Numbered Area(s) of Vehicle Damage

Extent of Damage
 0 None Severe
 1 Very Minor Very Severe
 2 Minor Unknown
 3 Moderate

Vehicle Defects (May select 2)
 None

Vehicle Special Use
 None

Vehicle Towed
 1 Towed Away Towed Along

Vehicle Going On
 1 On

Vehicle Going On
 1 On

Trafficway Hazards (May select 3)
 1 No Apparent Hazards
 2 Inadequate Warning of Exit, Lane Narrowing, Traffic Control, etc.
 3 Defective Shoulders
 4 No or Obscured Pavement Markings
 5 Holes, Deep Ruts, Bumps
 6 Loose Material on Surface
 7 Slippery Surface
 8 Surface Under Water
 9 Surface Washed Out
 10 Under Construction/Maintenance
 11 Recent Previous Accident Scene Nearby
 12 Street Lights Not Working
 13 Traffic Control Device Not Visible
 14 Other Hazards (Narrative)
 15 Unknown

Traffic Control Devices (select 1)
 1 No Controls
 2 Traffic Light
 3 Flashing Yellow (Caution)
 4 Flashing Red (Stop)
 5 Lane Use Control Signal
 6 Stop Sign
 7 Yield Sign
 8 School Zone Signs
 9 Warning Signs
 10 Construction Zone Controls
 11 RR Crossbucks
 12 RR Flasher
 13 RR Gates
 14 Traffic Control Person
 15 Other (Narrative)

Other Property Damage? (select all that apply)
 1 State Property
 2 County Property
 3 City Property
 4 Private Property

Amount of Damage (Estimate)
 1 Under \$-500
 2 Over \$-500

Traffic Control Device Functioning? (select 1 if applies)
 1 Device Not Functioning
 2 Device Functioning Improperly
 3 Device Functioning Properly

Owner Information for Other Property Damage

Name	Name
Address	Describe Property
Name	Name
Address	Describe Property

Witness
 Name: _____
 Address: _____

City & State
 Smyrna, TN

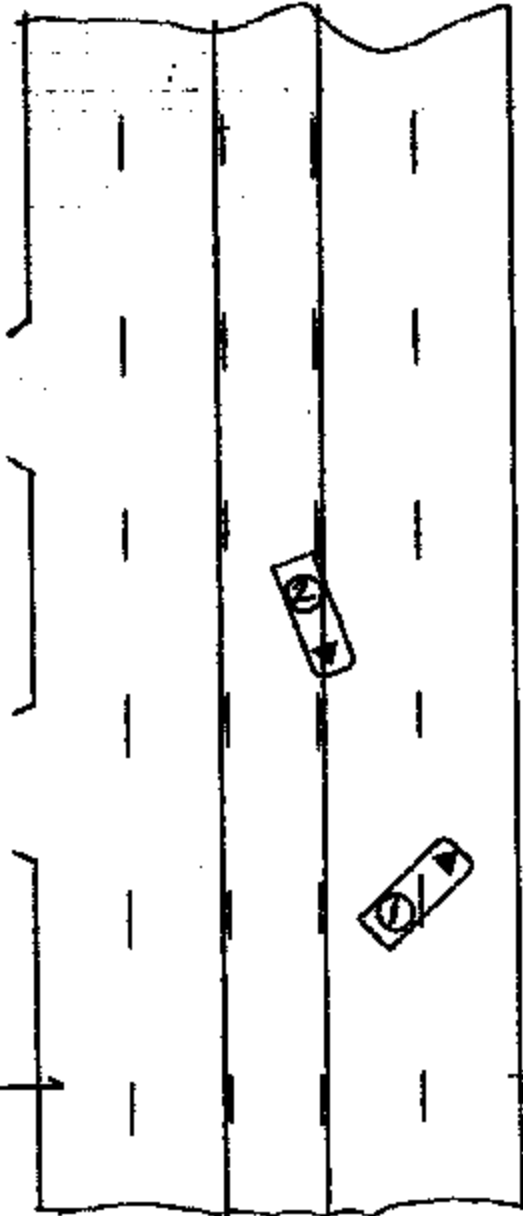
Date

NOT TO SCALE

DIAGRAM
Indicates North by arrow



DO NOT WRITE OUTSIDE THIS AREA



SOUTH CHURCH ST. →

Narrative: V2 WAS TRAVELING SOUTH ON SOUTH CHURCH ST. VI WAS ATTEMPTING
A LEFT TURN FROM 706 SOUTH CHURCH TO TRAVEL NORTH.
VI CROSSED INTO THE PATH OF V2 CAUSING THE COLLISION.

VI = STATE FARM

V2 = Allstate

Investigator's Signature: [Signature] Date: 11-17-2007 Report Reviewed By: [Signature] # 211 Date: 11-18-2007