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 100248

Date Received: 15-DEC-2004 (2005 JAN -7 AM 10:42)
Repository ☐
Reference No.: 10103806

OWNER INFORMATION (Type or Print)

Name
Address
City: LAKE PLACID | State: FL | Zip Code
Daytime Telephone Number | E-mail Address
Evening Telephone Number: SAME

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of an [illegible] NHTSA will NOT provide your name or address to the vehicle manufacturer.
Signature of Owner: [signature] Date: 12/30/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1G4HP54KX2	BUICK	LESABRE CUSTOM	2002

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
3-30-02	ARCADIA GM 941-494-3838			No. Cylinders 6	Gas
Original Owner ☒	Dealer's City: ARCADIA	State: FL	Zip Code: 34266		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	FRONT WHEEL DRIVE	141000 AIR BAGS:FRONTAL Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
~~13-DEC-2004~~ NOV 4,04	22,400	8	THE LEFT SIDE AIR BAG DID NOT DEPLOY.

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: DOTMALSABCD36)	☐ 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	0	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 FRONTAL COLLISION AT 8 MPH. UPON IMPACT, THE AIR BAGS DID NOT DEPLOY. CONSUMER CONTACTED THE DEALER. *AK SIDE. SIDE
+ BUICK DIV. OF GM.

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

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

MY 2002 BUICK WAS HIT AT 50 MPH ON THE LEFT SIDE, OR DRIVERSIDE, OF AUTO. THE AUTO WAS SO BADLY DAMAGED THAT MY INS. CO, AMICA, TOTALED THE AUTO.

ENCLOSED IS, PHOTO, CRASH REPORT + GM DATA TAKEN FROM THE AUTO COMPUTER.

GM IN A TEL CON WITH ME STATED THAT THE AIR BAG SIDE, WORKED AS ENGINEERED. THEY DID NOT DEPLOY. GM STATED TO ME IN A TEL CON THIS CASE IS CLOSED. I REQUESTED A WRITTEN RESPONSE BUT DID NOT RECEIVE ONE. I BELIEVE THAT THE SIDE AIR BAG SHOULD HAVE DEPLOYED AND GM MIGHT HAVE A SAFETY ISSUE WITH THE SIDE AIR BAGS.

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

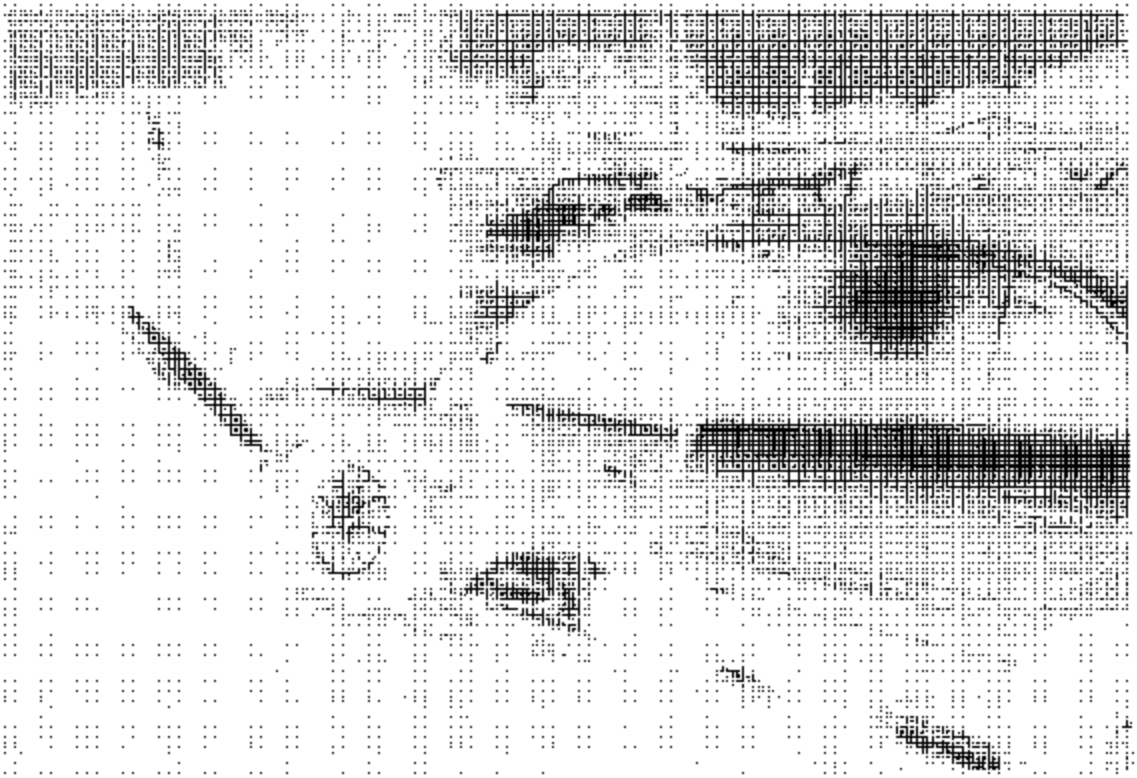
and dial toll free at

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



FLORIDA TRAFFIC CRASH REPORT

LONG FORM

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH RECORDS, NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0617

DO NOT WRITE IN THIS SPACE

Time & Location

DATE OF CRASH	TIME OF CRASH	TIME OFFICER NOTIFIED	TIME OFFICER ARRIVED	INVEST. AGENCY REPORT NUMBER	HSMV CRASH REPORT NUMBER
11 / 04 / 04	1:05 ☐ AM ☑ PM	1:05 ☐ AM ☑ PM	1:05 ☐ AM ☑ PM	04-11-2854	04131623

COUNTY / CITY CODE	FEET or MILE(S)	N S E W	CITY OR TOWN (Check if in City or Town)	COUNTY
27 / 40		☐ ☐ ☐ ☐	of Lake Placid, Florida ☑	HIGHLANDS

AT HOUSE NO.	FEET or MILE(S)	FROM HOUSE NO.	NEXT HOUSE NO.	NO. OF LANES	1. DIVIDED 2. UNDIVIDED	ON STREET, ROAD, OR HIGHWAY
00806				01		U.S 27 SOUTH

AT THE INTERSECTION OF (street road or highway) ROY PENDARVIS RD or FEET MILE(S) N S E W FROM INTERSECTION OF (street road or highway)

Section 1 — Vehicle / Pedestrian

DRIVER ACTION	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER
03	02	BUICK	01	01	D39JQK	FL	1G4HP54KX24186029
TRAILER OR TOWED VEHICLE INFORMATION			TRAILER TYPE				

VEHICLE TRAVELING N S E W ☐ ☐ ☑ ☐ ROY PENDARVIS RD AT 05 MPH Est. MPH | Posted Speed 25 | EST. VEHICLE DAMAGE $5000.00 | 1. Disabling 2. Functional 3. No Damage 01 | EST. TRAILER DAMAGE | 12/13

MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP): AMICA MUTUAL INSURANCE COMPANY | POLICY NUMBER: 950408-204V | VEHICLE REMOVED BY: PRECISION | 1. Tow Rotation List 3. Driver 2. Tow Owners Request 4. Other 01

NAME OF VEHICLE OWNER (Check Box If Same As Driver) ☑ | CURRENT ADDRESS (Number and Street): | CITY AND STATE: LAKE PLACID FL | ZIP CODE

NAME OF OWNER (Trailer or Towed Vehicle) | CURRENT ADDRESS (Number and Street) | CITY AND STATE | ZIP CODE

NAME OF MOTOR CARRIER (Commercial Vehicle Only) | CURRENT ADDRESS (Number and Street) | CITY, STATE AND ZIP CODE | US DOT or ICC MC IDENTIFICATION NUMBERS

NAME OF DRIVER (Take From Driver License) / PEDESTRIAN | CURRENT ADDRESS (Number and Street): LAKE PLACID FL. | CITY, STATE & ZIP CODE | DATE OF BIRTH

DRIVER LICENSE NUMBER	STATE	DL TYPE	REQ. END.	ALCOHOL TEST TYPE (1 Blood 2 Urine 3 Breath 4 Refused)	RESULTS	ALCOHOL	PHYS. DEF.	RES.	RACE	SEX	WT.	S. EQUIP.	EJECT.
	FL	6	02	05		01	01	01	01	01	01	02	01

HAZARDOUS MATERIALS VEHICLE TRANSPORTED 1 Yes 2 No: 02 | PLACARDED 1 Yes 2 No: 02 | IF YES INDICATE MORE THAN ONE HAZ. MATERIAL THAT REQUIRED PLACARDING OR NOT ON PLACARD, AND 1-DIGIT NUMBER FROM BOTTOM OF DIAMOND: | HAZ. MATERIALS RELEASED 1 Yes 2 No: 02 | RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE 1 Yes 2 No: 02 | DRIVER'S PHONE NO.: (863) 465-6755

Section 2 — Vehicle / Pedestrian

DRIVER ACTION	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER
03	02	OLDS	01	01	E38ZBM	FL	1G3NL52F82C124703
TRAILER OR TOWED VEHICLE INFORMATION			TRAILER TYPE				

VEHICLE TRAVELING N S E W ☑ ☐ ☐ ☐ U. S. 27 AT 50 MPH Est. MPH | Posted Speed 50 | EST. VEHICLE DAMAGE $7000.00 | 1. Disabling 2. Functional 3. No Damage 01 | EST. TRAILER DAMAGE 01

MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP): HARTFORD INSURANCE COMPANY | POLICY NUMBER: 55PHF418662-01389 | VEHICLE REMOVED BY: PRECISION | 1. Tow Rotation List 3. Driver 2. Tow Owner's Request 4. Other 01

NAME OF VEHICLE OWNER (Check Box If Same As Driver) ☑ | CURRENT ADDRESS (Number and Street) | CITY AND STATE: SEBRING FL | ZIP CODE

NAME OF OWNER (Trailer or Towed Vehicle) | CURRENT ADDRESS (Number and Street) | CITY AND STATE | ZIP CODE

NAME OF MOTOR CARRIER (Commercial Vehicle Only) | CURRENT ADDRESS (Number and Street) | CITY, STATE AND ZIP CODE | US DOT or ICC MC IDENTIFICATION NUMBERS

NAME OF DRIVER (Take From Driver License) / PEDESTRIAN | CURRENT ADDRESS (Number and Street): SEBRING FL | CITY, STATE & ZIP CODE | DATE OF BIRTH

DRIVER LICENSE NUMBER	STATE	DL TYPE	REQ. END.	ALCOHOL TEST TYPE (1 Blood 2 Urine 3 Breath 4 Refused)	RESULTS	ALCOHOL	PHYS. DEF.	RES.	RACE	SEX	WT.	S. EQUIP.	EJECT.
	FL	06	02	05		01	01	01	01	02	02	02	01

HAZARDOUS MATERIALS VEHICLE TRANSPORTED 1 Yes 2 No: 02 | PLACARDED 1 Yes 2 No: 02 | IF YES INDICATE MORE THAN ONE HAZ. MATERIAL THAT REQUIRED PLACARDING OR NOT ON PLACARD, AND 1-DIGIT NUMBER FROM BOTTOM OF DIAMOND: | HAZ. MATERIALS RELEASED 1 Yes 2 No: 02 | RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE 1 Yes 2 No | DRIVER'S PHONE NO.: (863) 666-3389

Code Information

VEHICLE TYPE	VEHICLE USE	TRAILER TYPE	RESIDENCE (Driver / Ped)	PHYSICAL DEFECTS	ALCOHOL / DRUG USE	LOCATION IN VEHICLE
01 Automobile 02 Van 03 Light Truck / P.U. - 2 or 4 rear tires 04 Medium Truck - 4 rear tires 05 Heavy Truck - 2 or more rear axles 06 Truck Tractor (Cab-Bobtail) 07 Motor Home (RV) 08 Bus (driver + seats for 8-15) 09 Bus (driver + seats for over 15) 10 Bicycle 11 Motorcycle 12 Moped 13 All Terrain Vehicle 14 Train 15 Low Speed Vehicle 77 Other	01 Private Transportation 02 Commercial Passengers 03 Commercial Cargo 04 Public Transportation 05 Public School Bus 06 Private School Bus 07 Ambulance 08 Law Enforcement 09 Fire / Rescue 10 Military 11 Other Government 12 Owing 13 Commute Miles 14 Garbage or Refuse 15 Cargo Van 77 Other	01 Single Semi Trailer 02 Tandem Semi Trailer 03 Tank Trailer 04 Double Mount / Flatbed 05 Boat Trailer 06 Utility Trailer 07 House Trailer 08 Pole Trailer 09 Towed Vehicle 10 Auto Transport 77 Other	1 County of Crash 2 Elsewhere in State 3 Non-Resident Out of State 4 Foreign 5 Unknown DL TYPE: 1 A 2 B 3 C, 4 Of Chauffeur, 5 Of Operator, 6 Of Oper.-Regt., 7 None RACE: 1 White, 2 Black, 3 Hispanic, 4 Other REQUIRED EQUIPMENT: 1 Yes, 2 No, 3 No Enforcement Involved SEX: 1 Male, 2 Female	No Defects Noted 2 Eyesight (Glasses) 3 Hearing Defect 4 Mobility 5 Paralysis, Epilepsy, Blackout 7 Other Physical Defect INJURY SEVERITY: 1 None, 2 Possible, 3 Non-Incapacitating, 4 Incapacitating, 5 Fatal (Within 30 Days), 6 Non-Traffic Fatality	1 Not Drinking or Using Drugs 2 Alcohol - Under Influence 3 Drugs - Under Influence 4 Alcohol & Drugs - Under Influence 5 Had Been Drinking 6 Pending ALC / DRUG Test Results SAFETY EQUIPMENT IN USE: 1 Not In Use, 2 Seat Belt / Shoulder Harness, 3 Child Restraint, 4 Air Bag - Deployed, 5 Air Bag - Not Deployed, 6 Safety Helmet, 7 Eye Protective	1 Front Left 2 Front Center 3 Front Right 4 Rear Left 5 Rear Center 6 Rear Right 7 In Body Of Truck 8 Rear Passenger 9 Other EJECTED: 1 No, 2 Yes, 3 Partial

HSMV-90003 (REV. 01/02) Page 01 of 04 M. PILLSBURY Automated Form

Section 3 — Vehicle / Pedestrian

DRIVER 1. Phantom 2. Hit & Run 3. Parked ACTION	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER
TRAILER OR TOWED VEHICLE INFORMATION			TRAILER TYPE				

VEHICLE TRAVELING N S E W	ON	AT	Est MPH	Posted Speed	EST. VEHICLE DAMAGE	1. Disabling 2. Functional 3. No Damage	EST. TRAILER DAMAGE

MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)	POLICY NUMBER	VEHICLE REMOVED BY:	1. Tow Rotation List 3. Driver 2. Tow Owners Request 4. Other

NAME OF VEHICLE OWNER (Check Box If Same As Driver)	CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE

NAME OF DRIVER (Trailer or Towed Vehicle)	CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE

NAME OF MOTOR CARRIER (Commercial Vehicle Only)	CURRENT ADDRESS (Number and Street)	CITY, STATE AND ZIP CODE	US DOT or MC/MX IDENTIFICATION NUMBER

NAME OF DRIVER (Take From Driver License) / PEDESTRIAN	CURRENT ADDRESS (Number and Street)	CITY, STATE & ZIP CODE	DATE OF BIRTH

DRIVER LICENSE NUMBER	STATE	DL TYPE	ENDORSE-MENT	ALCOHOL/DRUG TEST TYPE 1 Blood 2 Urine 3 None 4 Refused	RESULTS	ALCOHOL/DRUG	PHYS. DEF.	RES.	RACE	SEX	INJ.	S. EQUIP.	EJECT.

HAZARDOUS MATERIALS NEED TRANSPORTED	PLACARDED	UNIT NUMBER (CMV ONLY, MUST NOT FOLLOW DASHES) IF YES INDICATE NAME OR 4 DIGIT NUMBER FROM ORANGE OR BLUE	HAZARDOUS MATERIAL SPILLED?	HAZARDOUS CARGO RELEASE IF YES EXPLAIN IN NARRATIVE	DRIVER'S PHONE NO.
1 Yes 2 No	1 Yes 2 No		1 Yes 2 No	1 Yes 2 No	( )

Section 4

PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE ZIP
	$				

PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE ZIP
	$				

CONTRIBUTING FACTOR - DRIVER / PEDESTRIAN — 1: 03, 2: 01, 3:

01 No Improper Driving / Action
02 Careless Driving (Explain in Narrative)
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
Alcohol & Drugs - Under Influence
09 Followed Too Closely
10 Disregarded Traffic Signal
11 Exceeded Safe Speed Limit
12 Disregarded Stop Sign
13 Failed To Maintain Equip. /Vehicle
14 Improper Passing
15 Drove Left of Center
16 Exceeded Posted Speed Limit
17 Obstructing Traffic
18 Improper Load
20 Disregarded Officer Traffic Control
21 Driving Wrong Side /Way
22 Fleeing Police
23 Vehicle Modified
24 Driver Distraction (Explain In Narrative)
77 All Other (Explain In Narrative)

VEHICLE DEFECT — 1: 01, 2: 01, 3:

01 No Defects
02 Def. Brakes
03 Worn / Smooth Tire
04 Defective /Improper Lights
05 Pre-Impact / Blowout
06 Steering Mech.
07 Windshield Wipers
08 Equipment / Vehicle Defect
77 All Other (Explain in Narrative)

POINT OF COLLISION — 1: 01, 2: , 3:

01 On Road
02 Not On Road
03 Shoulder
04 Median
05 Turn Lane

WORK AREA — 1: 01, 2: , 3:

01 None
02 Nearby
03 Entered

VEHICLE MOVEMENT — 1: 01, 2: 01, 3:

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 Driveless or Runaway Vehicle
77 All Other (Explain in Narrative)

VEHICLE SPECIAL FUNCTIONS — 1: 01, 2: 01, 3:

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

SOURCE OF CARRIER INFORMATION — 1: 01, 2: , 3:

1 Not Applicable
2 Shipping Papers
3 Vehicle Side
4 Driver
5 Other

PEDESTRIAN ACTION — 1: 88, 2: 88, 3:

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

LOCATION TYPE — 01

1 Residential
Residence
2 Primarily Residential
3 Open Country

FIRST / SUBSEQUENT HARMFUL EVENT(S) — 1: 09, 2: 09, 3:

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 Roadway
10 Collision With Pedestrian
11 Collision With Bicycle
12 Collision With Bicycle (Bike Lane)
13 Collision With Animal
14 Collision With Train
15 MV Hit Sign / Sign Post
16 MV Hit Utility Pole / Light Pole
17 MV Hit Guardrail
18 MV Hit Fence
19 MV Hit Bridge/Pier/Abutment/Wall
20 MV Hit Overpass/ Bridge Wall
21 MV Hit Tree /Shrubbery
23 Collision With Construction Barricade Sign
24 Collision With Traffic Gate
25 Collision With Crash Attenuator
26 Collision With Fixed Object Above Road
27 MV Hit Other Fixed Object
28 Collision With Movable Object On Road
29 MV Ran Into Ditch/Culvert
30 Ran Off Road Into Water
31 Overturned
32 Occupant Fell From Vehicle
33 Trailer /Trailer Jackknifed
34 Fire
35 Explosion
36 Downed Powerline
37 Cargo Loss or Shift
38 Separation of Units
39 Median Crossover
77 All Other (Explain in Narrative)

ROAD SYSTEM IDENTIFIER — 03

01 Interstate
02 U.S.
03 State
04 County
05 Local
06 Federal Road
08 Private Roadway
77 All Other (Explain In Narrative)
09 Turnpike / Toll

LIGHTING CONDITION — 01

01 Daylight
02 Dusk
03 Dawn
04 Dark (Street Light)
05 Dark (No Street Light)
06 Unknown

ROAD SURFACE CONDITION — 01

01 Dry
02 Wet
03 Slippery
04 Icy
77 All Other (Explain in Narrative)

WEATHER — 01

01 Clear
02 Cloudy
03 Rain
04 Fog
77 All Other (Explain in Narrative)

ROAD SURFACE TYPE — 02

01 Slag/Gravel/Stone
02 Blacktop
03 Brick/Block
04 Concrete
05 Dirt
77 All Other (Explain in Narrative)

ROAD CONDITIONS AT TIME OF CRASH — 01

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

VISION OBSTRUCTED — 01

01 Vision Not Obscured
02 Inclement Weather
03 Parked / Stopped Vehicle
04 Trees / Crops / Bushes
05 Local Conditions
06 Building / Road Object
07 Signs / Billboards
08 Fog
09 Smoke 77 All Other (Explain in Narrative)
10 Glare

TRAFFIC CONTROL — 06

01 No Control
02 Special Speed Zone
03 Speed Control Sign
04 School Zone
05 Traffic Signal
06 Stop Sign
07 Yield Sign
08 Flashing Light
09 Railroad Signal
10 Officer / Control Person
11 Posted No U-Turn
12 No Passing Zone
77 All Other (Explain in Narrative)

SITE LOCATION — 02

01 Not At Intersection / Within Alley / Ramp
02 At Intersection
03 Influenced By Intersection
04 Driveway Access
05 Railroad
06 Bridge
07 Entrance Ramp
08 Exit Ramp
09 Parking Lot - Public (Narrative)
10 Parking Lot - Private
11 Private Property
12 Toll Booth
13 Public Bus Stop Zone
77 All Other (Explain In Narrative)

TRAFFICWAY CHARACTER — 01

01 Straight - Level
02 Straight - Upgrade / Downgrade
03 Curve - Level
04 Curve - Upgrade / Downgrade

TYPE SHOULDER — 02

01 Paved
02 Unpaved
03 Curb

Violation(s)

SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
01	ROGER L. GIGUERE	316.121	VIOLATION OF RIGHT OF WAY	5323BXSX

FLORIDA TRAFFIC CRASH REPORT
NARRATIVE/DIAGRAM

MAIL TO: DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH RECORDS SECTION, NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0500

DO NOT WRITE IN THIS SPACE

TIME EMS NOTIFIED (FATALITIES ONLY)	TIME EMS ARRIVED (FATALITIES ONLY)	DATE OF CRASH	COUNTY / CITY CODE	INVEST. AGENCY REPORT NUMBER	HSMV CRASH REPORT NUMBER
☐ AM ☐ PM	☐ AM ☐ PM	11 04 04	27 / 40	04-11-2854	04131623

DRIVER OF VEHICLE 1 SECTION 1 PULLED OUT OF ROY PENDARVIS RD INTO THE PATH OF THE DRIVER OF VEHICLE 2 SECTION 2, VIOLATING THE RIGHT OF WAY TO VEHICLE 2. THEREFORE CAUSING VEHICLE 2 TO COLLIDE WITH VEHICLE 1.THE DRIVER OF VEHICLE 2 HIT VEHICLE 1 WITH THE FRONT OF VEHICLE 1AND HIT VEHICLE 2 IN THE LEFT FRONT SIDE OF VEHICLE 2. THE DRIVER OF VEHICLE 1 STATED HE DID NOT SEE VEHICLE 2 AS HE WAS WATCHING OTHER TRAFFIC IN THE AREA.

SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT.

Violator(s)

SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
01		316.121	VIOLATION OF RIGHT OF WAY	5323BXSX

CITY & STATE	ZIP CODE	WITNESS NAME(S)	CURRENT ADDRESS	CITY & STATE	ZIP CODE
AVON PARK FL.					

FIRST AID GIVEN BY - NAME

1. Physician or Nurse 2. Paramedic or EMT 3. Police Officer 4. Certified First Aider 5. Other ☐

INJURED TAKEN TO: BY - NAME

INVESTIGATION MADE AT SCENE? 1. YES 2. NO: 01 — IF NO, THEN WHERE?

IS INVESTIGATION COMPLETE? 1. YES 2. NO: 01 — IF NO, THEN WHY?

DATE OF REPORT: 11 04 04

PHOTOS TAKEN 1. YES 2. NO: 02 — IF YES BY WHOM? 1. INVESTIGATING AGENCY 2. OTHER ☐

INVESTIGATOR - RANK & SIGNATURE: OFC [signature]

BADGE NUMBER: 0401/36

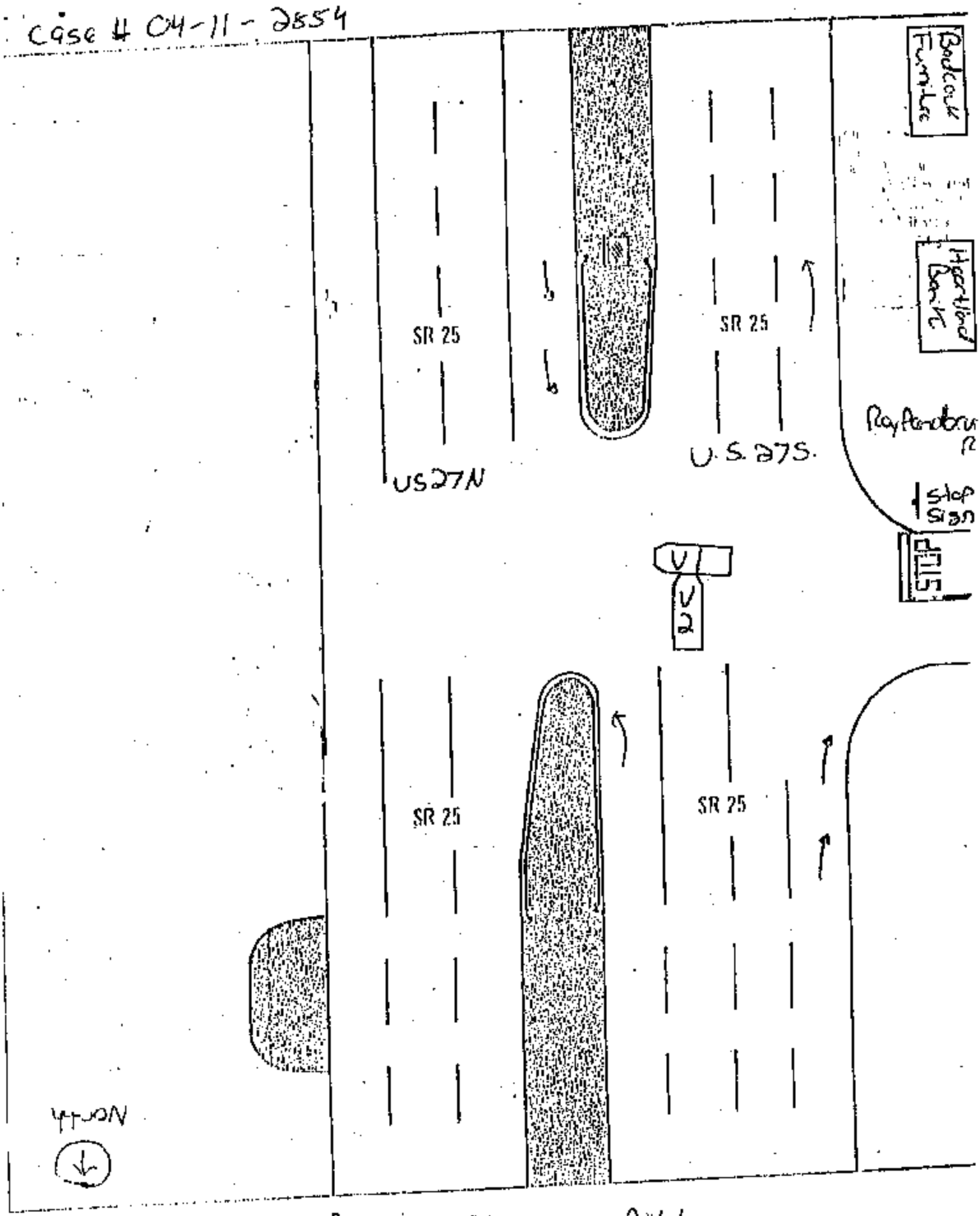
DEPARTMENT: LAKE PLACID POLICE DEPARTMENT — FHP ☐ SO ☐ PD ☑ OTHER ☐

HSMV-90006 (Rev 11/02)

 M. PILLSBURY

Automated Form

Case # 04-11-2554



 m.P.Illsley

CDR File Information

Vehicle Identification Number	1G4HP54K0C4
Investigator	RICHARD J. PALANDYSZ
Case Number	1-274837645
Investigation Date	Thursday, November 11 2004
Crash Date	Thursday, November 4 2004
Filename	1G4HP54K0C4 PAR FILE 1-274837645 11-11-04.CDR
Saved on	Thursday, November 11 2004 at 09:41:03 AM
Data check information	B9B64A16
Collected with CDR version	Crash Data Retrieval Tool 2.40
Collecting program verification number	3287A917
Reported with CDR version	Crash Data Retrieval Tool 2.40
Reporting program verification number	3287A917
Interface used to collected data	Block number: 00 Interface version: 3D Date: 06-16-04 Checksum: 5C00
Event(s) recovered	Non-Deployment

SDM Data Limitations

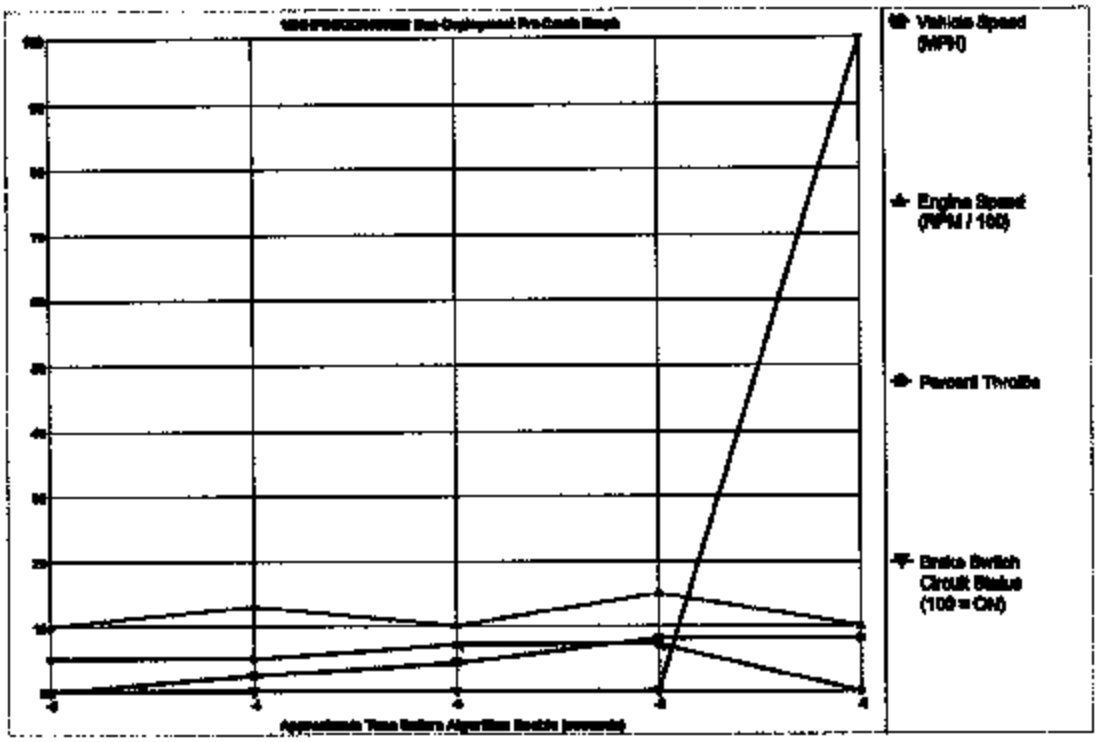
SDM Recorded Crash Events:
There are two types of SDM recorded crash events. The first is the Non-Deployment Event. A Non-Deployment Event is an event severe enough to "wake up" the sensing algorithm but not severe enough to deploy the air bag(s). It contains Pre-Crash and Crash data. The SDM can store up to one Non-Deployment Event. This event can be overwritten by an event that has a greater SDM recorded vehicle forward velocity change. This event will be cleared by the SDM after the ignition has been cycled 250 times.
The second type of SDM recorded crash event is the Deployment Event. It also contains Pre-Crash and Crash data. The SDM can store up to two different Deployment Events, if they occur within five seconds of one another. Deployment events can not be overwritten or cleared from the SDM. Once the SDM has deployed the air bag, the SDM must be replaced.
The data in the non-deployment file will be locked after a deployment, if the non-deployment occurred within 5 seconds before the deployment or a deployment level event occurs within 5 seconds after the deployment.

SDM Data Limitations:
-SDM Recorded Vehicle Forward Velocity Change is one of the measures used to make air bag deployment decisions. SDM Recorded Vehicle Forward Velocity Change reflects the change in forward velocity that the sensing system experienced during the recorded portion of the event. SDM Recorded Vehicle Forward Velocity Change is the change in velocity during the recording time and is not the speed the vehicle was traveling before the event, and is also not the Barrier Equivalent Velocity. This data should be examined in conjunction with other available physical evidence from the vehicle and scene when assessing occupant or vehicle forward velocity change. For deployments and deployment level events, the SDM will record 100 milliseconds of data after deployment criteria is met and up to 50 milliseconds before deployment criteria is met. For non-deployments, the SDM will record the first 150 milliseconds of data after algorithm enable.
-Event Recording Complete will indicate if data from the recorded event has been fully written to the SDM memory or if it has been interrupted and not fully written.
-SDM Recorded Vehicle Speed accuracy can be affected if the vehicle has had the tire size or the final drive axle ratio changed from the factory build specifications.
-Brake Switch Circuit Status indicates the status of the brake switch circuit.
-Pre-Crash Electronic Data Validity Check Status indicates "Data Invalid" if the SDM does not receive a valid message.
-Driver's Belt Switch Circuit Status indicates the status of the driver's seat belt switch circuit
-The Time Between Non-Deployment and Deployment Events is displayed in seconds. If the time between the two events is greater than 28.4 seconds, "N/A" is displayed in place of the time.
-If power to the SDM is lost during a crash event, all or part of the crash record may not be recorded.

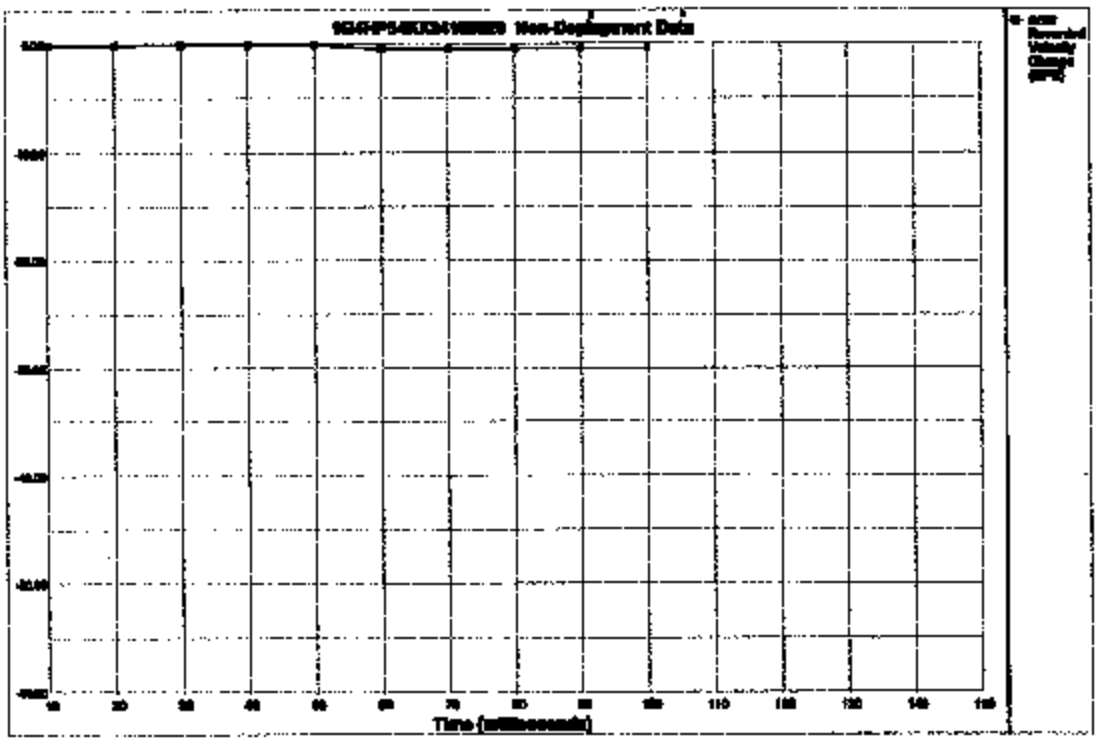
SDM Data Source:
All SDM recorded data is measured, calculated, and stored internally, except for the following:
-Vehicle Speed, Engine Speed, and Percent Throttle data are transmitted once a second by the Powertrain Control Module (PCM), via the Class 2 data link, to the SDM.
-Brake Switch Circuit Status data is transmitted once a second by either the ABS module or the PCM, via the Class 2 data link, to the SDM.
-In most vehicles, the Driver's Belt Switch Circuit is wired directly to the SDM. In some vehicles, the Driver's Belt Switch Circuit Status data is transmitted from the Body Control Module (BCM), via the Class 2 data link, to the SDM.

System Status At Non-Deployment

SR Warning Lamp Status	OFF
Driver's Belt Switch Circuit Status	BUCKLED
Ignition Cycles At Non-Deployment	3958
Ignition Cycles At Investigation	3962
Maximum SDM Recorded Velocity Change (MPH)	-0.56
Algorithm Enable to Maximum SDM Recorded Velocity Change (msec)	72.5
Event Recording Complete	Yes
Multiple Events Associated With This Record	No
One Or More Associated Events Not Recorded	No



Seconds Before AE	Vehicle Speed (MPH)	Engine Speed (RPM)	Percent Throttle	Brake Switch Circuit Status
-5	0	1024	6	OFF
-4	2	1344	6	OFF
-3	4	880	7	OFF
-2	8	1536	7	OFF
-1	8	960	0	ON



Time (milliseconds)	10	20	30	40	50	60	70	80	90	100	110	120	130	140	150
Recorded Velocity Change (MPH)	0.00	0.00	0.00	0.00	0.00	-0.51	-0.51	-0.51	-0.51	-0.51	N/A	N/A	N/A	N/A	N/A

Hexadecimal Data

This page displays all the data retrieved from the air bag module.
It contains data that is not converted by this program.

```
$01  04 07 34 00 9E 53
$02  E1 00 2B 2B 00
$03  41 53 32 30 31 36
$04  4B 39 4A 44 56 32
$06  25 72 57 45
$10  FE 36 CD
$11  7F 7F B0 7F 7F 7F
$12  9B 85 00 00 00 01
$13  00 01
$14  1D 00 05 05 00 00
$15  33 FA 47 52 53 53
$16  53 FA FA 48 FA FA
$17  FA FA
$18  3F 00 51 AC 01
$19  FF
$20  12 FE 00 00 FF FF
$21  FF FF FF FF FF FF
$22  FF FF FF FF FF FF
$23  FF FF FF FF FF FF
$24  00 00 1D 09 1D 0C
$25  1B 00 00 03 FF FF
$26  00 00 00 00 00 01
$27  01 01 01 01 00 00
$28  00 00 00 0A FE 36
$29  FF A5 FF FF FF FF
$2A  FF FF FF FF FF FF
$2B  FF FF FF FF FF FF
$2C  FF FF FF FF FF FF
$2D  FF FF
$30  FF FF FF FF FF FF
$31  FF FF FF FF FF FF
$32  FF FF FF FF FF FF
$33  FF FF FF FF FF FF
$34  FF FF FF FF FF FF
$35  FF FF FF FF FF FF
$36  FF FF FF FF FF FF
$37  FF FF FF FF FF FF
$38  FF FF FF FF FF FF
$39  FF FF FF FF FF FF
$3A  FF FF FF FF FF FF
$3B  FF FF FF FF FF FF
$3C  FF FF FF FF FF FF
$3D  FF FF
$40  0D 0D 07 04 00 00
$41  67 00 00 11 11 0E
$42  0E 00 0F 1B 0F 15
$43  10 00 7D B0
$44  FF FF FF FF FF FF
$45  FF FF FF FF FF FF
$46  FF FF FF FF FF FF
$47  FF FF FF FF
$48  FF FF FF FF FF FF
$49  FF FF FF FF FF FF
$4A  FF FF FF FF FF FF
$4B  FF FF FF FF
$4C  FF FF FF FF FF FF
$4D  FF FF FF FF FF FF
$4E  FF FF FF FF FF FF
$4F  FF FF FF FF
$50  FF FF FF FF FF FF
$51  FF FF FF FF FF FF
$52  FF FF FF FF FF FF
```

$53 FF FF FF FF FF FF
$54 FF FF FF FF FF FF

CHECK NUMBER: 9520654
CHECK AMOUNT: $10,470.94

FILE NO: L192004033304D
POLICY NO: 950409-20YV

COLLISION COVERAGE

CLAIM HANDLER: LISA M. RODENBAUGH

RE: COLLISION COVERAGE

SETTLEMENT FOR TOTAL LOSS ON 2002 BUICK

THE ATTACHED CHECK IS IN PAYMENT OF

CHECK NUMBER: 9493711
CHECK AMOUNT: $5,640.81

FILE NO: L1920040S5304D
POLICY NO: 950409-20YV

COLLISION COVERAGE

CLAIM HANDLER: LISA M. RODENBAUGH

RE: COLLISION COVERAGE

PAYMENT FOR DAMAGES TO 2002 BUICK BASED ON APPRAISER'S REPORT