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 1368

Date Received	Repository
17-DEC-2004 2005	Reference No. 10105021

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address		Evening Telephone Number	
City: SUNNYVALE	State: CA	Zip Code	

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 __/__/__

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1G8ZK5279VZ	SATURN	SL2	1997

Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:
09/10/1996	SATURN OF SUNNYVALE (SHUT DOWN IN 2004)		No. Cylinders 4	Unleaded
Original Owner ☒	Dealer's City: SUNNYVALE	State: CA / Zip Code: 94087		

Transmission Type			Vehicle Component Code
AT	☐ Antilock Brakes ☑ Cruise Control	Powertrain	010000 STEERING
			Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
~~28-NOV-2004~~ 10/21/2004	72844	60

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
GOODYEAR	EAGLE HC	P185/65H15
DOT No. (Example: DOTMALQABC036)	☐ 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).

WHILE DRIVING 60 MPH, THE CONSUMER LOST STEERING CONTROL. THIS CAUSED THE CONSUMER TO HIT A TREE. THE VEHICLE WAS TOWED. PLEASE PROVIDE MORE INFORMATION. *18

* see attached information sheet and explanations.
* Traffic collision report is attached.

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

This car was 1997 Saturn SL2, AT, brand new purchase (original owner), had extended service warranty, was well-maintained all times regularly at Saturn dealership, had 4 brand new tires (Goodyear Eagle HP P185/65H15). The car was at the dealership twice in 2004 prior to the accident for 30K service and oil change. No prior vehicle damage or mechanical defects.

PROBLEM: Suddenly complete lost of steering control. The car swerved between lanes.

This was a single car accident, not involved with the others (luckily) on the highway. The driver was going to exit the highway in a couple miles, signaled to move right to lane #3 from the center lane (Lane #2). She suddenly felt that the car jerked to the right, so she tried to correct that, but the car swerved all the way to the left to the concrete center divider (did not hit it), then to the right, and finally stop at the right shoulder. Tree branches took the impact. Could not control the steering wheel at all. Luckily no one was hit and she got out alive. (5-3)

From CHP, State of California - Traffic Collision Report:

- P-1 was driving V-1 on SR-85 S/B in the # 2 lane at approximately 60 MPH (speed limit: 65). All of a sudden, P-1 lost control of V-1. P-1 turned V-1 to the right then back to the left in an attempt to regain control, but could not. V-1 traveled across all southbound traffic lanes, onto the right shoulder and up the dirt embankment and then come to rest.
- V-1 sustained major damage as a result of this collision. The car was TOTALED.

The roadway is straight, flat, dry and the weather was clear and cool. No unusual conditions.

P-1: Passenger 1 (Driver)
V-1: Vehicle 1

STATE OF CALIFORNIA

TRAFFIC COLLISION REPORT

CHP 555 CARS Page 1 (Rev 1-03) OPI 061

NOV 5 2004

SPECIAL CONDITIONS	NUMBER KILLED	HIT & RUN FELONY	CITY	JUDICIAL DISTRICT	LOCAL REPORT NUMBER
1	1		MOUNTAIN VIEW	PALO ALTO	2004-10-257
1	NUMBER INJURED 0	HIT & RUN MISDEMEANOR	COUNTY SANTA CLARA	REPORTING DISTRICT	BEAT 76

LOCATION

COLLISION OCCURRED ON	MO	DAY	YEAR	TIME (HHMM)	NCIC #	OFFICER I.D.
SR-85 S/B	10/21/2004			2140	9330	017620

MILEPOST INFORMATION	DAY OF WEEK	TOW AWAY	PHOTOGRAPHS BY:
.1 MILE(S) NORTH OF 85 SCL R19.856	THURSDAY	[X] YES [ ] NO	[X] NONE

AT INTERSECTION WITH:	STATE HWY REL.
[X] Dist .1 MILE(S) NORTH OF FREMONT AVE	[X] YES [ ] NO

PARTY 1

DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.
B6632978	CA	C	L	G

NAME (FIRST, MIDDLE, LAST)						

STREET ADDRESS		

CITY / STATE / ZIP		
SUNNYVALE	CA	

SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE Mo Day Year	RACE
F	BRN	BRN	5-04	120		O

HOME PHONE	BUSINESS PHONE

INSURANCE CARRIER	POLICY NUMBER
ALLSTATE	627258493 11/15

DIR OF TRAVEL	ON STREET OR HIGHWAY	SPEED LIMIT
S	SR-85	65

VEH. YEAR	MAKE / MODEL / COLOR	LICENSE NUMBER	STATE
1997	SATURN SL1 RED	3TCJ384	CA

OWNER'S NAME: [ ] SAME AS DRIVER

OWNER'S ADDRESS: [X] SAME AS DRIVER

DISPOSITION OF VEHICLE ON ORDERS OF: [X] OFFICER [ ] DRIVER [ ] OTHER

GREAT AMERICA TOW - (408)988-7474

PRIOR MECH. DEFECTS: [X] NONE APP. [ ] REFER TO NARRATIVE

VEHICLE IDENTIFICATION NUMBER:

VEHICLE TYPE	DESCRIBE VEHICLE DAMAGE	SHADE IN DAMAGED AREA
01	[ ] UNK [ ] NONE [ ] MINOR [ ] MOD [X] MAJOR [ ] ROLL-OVER	

CA _____ DOT _____

CAL-T _____ TOP/PSC _____ MCMX _____

PARTY 2

DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.

NAME (FIRST, MIDDLE, LAST)						

STREET ADDRESS		

CITY / STATE / ZIP		

SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE Mo Day Year	RACE

HOME PHONE	BUSINESS PHONE

INSURANCE CARRIER	POLICY NUMBER

DIR OF TRAVEL	ON STREET OR HIGHWAY	SPEED LIMIT

VEH. YEAR	MAKE / MODEL / COLOR	LICENSE NUMBER	STATE

OWNER'S NAME: [ ] SAME AS DRIVER

OWNER'S ADDRESS: [ ] SAME AS DRIVER

DISPOSITION OF VEHICLE ON ORDERS OF: [ ] OFFICER [ ] DRIVER [ ] OTHER

PRIOR MECHANICAL DEFECTS: [ ] NONE APP. [ ] REFER TO NARRATIVE

VEHICLE IDENTIFICATION NUMBER:

VEHICLE TYPE	DESCRIBE VEHICLE DAMAGE	SHADE IN DAMAGED AREA
	[ ] UNK [ ] NONE [ ] MINOR [ ] MOD [ ] MAJOR [ ] ROLL-OVER	

CA _____ DOT _____

CAL-T _____ TOP/PSC _____ MCMX _____

PARTY 3

DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.

NAME (FIRST, MIDDLE, LAST)						

STREET ADDRESS		

CITY / STATE / ZIP		

SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE Mo Day Year	RACE

HOME PHONE	BUSINESS PHONE

INSURANCE CARRIER	POLICY NUMBER

DIR OF TRAVEL	ON STREET OR HIGHWAY	SPEED LIMIT

VEH. YEAR	MAKE / MODEL / COLOR	LICENSE NUMBER	STATE

OWNER'S NAME: [ ] SAME AS DRIVER

OWNER'S ADDRESS: [ ] SAME AS DRIVER

DISPOSITION OF VEHICLE ON ORDERS OF: [ ] OFFICER [ ] DRIVER [ ] OTHER

PRIOR MECHANICAL DEFECTS: [ ] NONE APP. [ ] REFER TO NARRATIVE

VEHICLE IDENTIFICATION NUMBER:

VEHICLE TYPE	DESCRIBE VEHICLE DAMAGE	SHADE IN DAMAGED AREA
	[ ] UNK [ ] NONE [ ] MINOR [ ] MOD [ ] MAJOR [ ] ROLL-OVER	

CA _____ DOT _____

CAL-T _____ TOP/PSC _____ MCMX _____

PREPARER'S NAME	DISPATCH NOTIFIED	REVIEWER'S NAME	DATE REVIEWED
G. A. PAUL 017620	[X] YES [ ] NO [ ] N/A		11-2-04

STATE OF CALIFORNIA

TRAFFIC COLLISION CODING

CHP 555 CARS Page2 (Rev. 1-03) OPI 061

DATE OF COLLISION (MO. DAY YEAR)	TIME (HHMM)	NCIC #	OFFICER I.D.	NUMBER
10/21/2004	2140	9330	017620	

PROPERTY DAMAGE

OWNER	OWNER ADDRESS	NOTIFIED
		☐ YES ☐ NO

DESCRIPTION OF DAMAGE:

SEATING POSITION

1 - DRIVER
2 TO 6 - PASSENGERS
7 - STA. WGN REAR
8 - RR OCC TRK. OR VAN
9 - POSITION UNKNOWN
0 - OTHER

SAFETY EQUIPMENT

OCCUPANTS
A - NONE IN VEHICLE
B - UNKNOWN
C - LAP BELT USED
D - LAP BELT NOT USED
E - SHOULDER HARNESS USED
F - SHOULDER HARNESS NOT USED
G - LAP/SHOULDER HARNESS USED
H - LAP/SHOULDER HARNESS NOT USED
J - PASSIVE RESTRAINT USED
K - PASSIVE RESTRAINT NOT USED

L - AIR BAG DEPLOYED
M - AIR BAG NOT DEPLOYED
N - OTHER
P - NOT REQUIRED

CHILD RESTRAINT
Q - IN VEHICLE USED
R - IN VEHICLE NOT USED
S - IN VEHICLE USE UNKNOWN
T - IN VEHICLE IMPROPER USE
U - NONE IN VEHICLE

MC BICYCLE - HELMET
DRIVER: V - NO, W - YES
PASSENGER: X - NO, Y - YES

EJECTED FROM VEHICLE
0 - NOT EJECTED
1 - FULLY EJECTED
2 - PARTIALLY EJECTED
3 - UNKNOWN

INATTENTION CODES

A - CELL PHONE HANDHELD
B - CELL PHONE HANDSFREE
C - ELECTRONIC EQUIPMENT
D - RADIO / CD
E - SMOKING
F - EATING
G - CHILDREN
H - ANIMALS
I - PERSONNEL HYGIENE
J - READING
K - OTHER

ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK (*) SHOULD BE EXPLAINED IN THE NARRATIVE.

PRIMARY COLLISION FACTOR
LIST NUMBER (#) OF PARTY AT FAULT: 1

- A. VC SECTION VIOLATED: CITED ☐ YES ☒ NO — 22107
- B. OTHER IMPROPER DRIVING*
- C. OTHER THAN DRIVER*
- D. UNKNOWN*

WEATHER (MARK 1 TO 2 ITEMS)
- X A. CLEAR
- B. CLOUDY
- C. RAINING
- D. SNOWING
- E. FOG / VISIBILITY FT.
- F. OTHER:*
- G. WIND

LIGHTING
- A. DAYLIGHT
- B. DUSK - DAWN
- C. DARK - STREET LIGHTS
- X D. DARK - NO STREET LIGHTS
- E. DARK - STREET LIGHTS NOT FUNCTIONING*

ROADWAY SURFACE
- X A. DRY
- B. WET
- C. SNOWY - ICY
- D. SLIPPERY (MUDDY, OILY, ETC.)

ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)
- A. HOLES, DEEP RUT*
- B. LOOSE MATERIAL ON ROADWAY*
- C. OBSTRUCTION ON ROADWAY*
- D. CONSTRUCTION - REPAIR ZONE
- E. REDUCED ROADWAY WIDTH
- F. FLOODED*
- G. OTHER*:
- X H. NO UNUSUAL CONDITIONS

TRAFFIC CONTROL DEVICES | 1 | 2 | 3
- A. CONTROLS FUNCTIONING
- B. CONTROLS NOT FUNCTIONING*
- C. CONTROLS OBSCURED
- X D. NO CONTROLS PRESENT / FACTOR* — 1

TYPE OF COLLISION
- A. HEAD - ON
- B. SIDE SWIPE
- C. REAR END
- D. BROADSIDE
- X E. HIT OBJECT
- F. OVERTURNED
- G. VEHICLE / PEDESTRIAN
- H. OTHER*:

MOTOR VEHICLE INVOLVED WITH
- A. NON - COLLISION
- B. PEDESTRIAN
- C. OTHER MOTOR VEHICLE
- D. MOTOR VEHICLE ON OTHER ROADWAY
- E. PARKED MOTOR VEHICLE
- F. TRAIN
- G. BICYCLE
- H. ANIMAL:
- X I. FIXED OBJECT: ASPHALT CURB
- J. OTHER OBJECT:

PEDESTRIAN'S ACTIONS
- X A. NO PEDESTRIAN INVOLVED
- B. CROSSING IN CROSSWALK AT INTERSECTION
- C. CROSSING IN CROSSWALK - NOT AT INTERSECTION
- D. CROSSING - NOT IN CROSSWALK
- E. IN ROAD - INCLUDES SHOULDER
- F. NOT IN ROAD — X
- G. APPROACHING / LEAVING SCHOOL BUS

SPECIAL INFORMATION | 1 | 2 | 3
- A. HAZARDOUS MATERIAL
- B. CELL PHONE HANDHELD IN USE
- C. CELL PHONE HANDSFREE IN USE
- D. CELL PHONE NOT IN USE
- E. SCHOOL BUS RELATED
- F. 75 FT MOTOR/TRUCK COMBO
- G. 32 FT TRAILER COMBO
- H. SIDESHOW
- I. STREET RACING
- J.
- K.
- L.
- M.
- N.
- O.
- P.
- Q.

OTHER ASSOCIATED FACTORS (MARK 1 TO 2 ITEMS) | 1 | 2 | 3
- A. VC SECTION VIOLATED: CITED ☐ YES ☐ NO
- B. VC SECTION VIOLATED: CITED ☐ YES ☐ NO
- C. VC SECTION VIOLATED: CITED ☐ YES ☐ NO
- X D.
- E. VISION OBSCUREMENT:
- F. INATTENTION*:
- G. STOP & GO TRAFFIC
- H. ENTERING / LEAVING RAMP
- I. PREVIOUS COLLISION
- J. UNFAMILIAR WITH ROAD
- K. DEFECTIVE VEH. EQUIP.: CITED ☐ YES ☐ NO
- L. UNINVOLVED VEHICLE
- M. OTHER*:
- N. NONE APPARENT
- O. RUNAWAY VEHICLE

MOVEMENT PRECEDING COLLISION
- A. STOPPED
- B. PROCEEDING STRAIGHT
- C. RAN OFF ROAD
- D. MAKING RIGHT TURN
- E. MAKING LEFT TURN
- F. MAKING U TURN
- G. BACKING
- H. SLOWING / STOPPING
- I. PASSING OTHER VEHICLE
- J. CHANGING LANES
- K. PARKING MANEUVER
- L. ENTERING TRAFFIC
- M. OTHER UNSAFE TURNING
- N. XING INTO OPPOSING LANE
- O. PARKED
- P. MERGING
- Q. TRAVELING WRONG WAY
- X R. OTHER*: UNSAFE TURN

SOBRIETY - DRUG PHYSICAL (MARK 1 TO 2 ITEMS) | 1 | 2 | 3
- X A. HAD NOT BEEN DRINKING
- B. HBD - UNDER INFLUENCE
- C. HBD - NOT UNDER INFLUENCE*
- D. HBD - IMPAIRMENT UNKNOWN*
- E. UNDER DRUG INFLUENCE*
- F. IMPAIRMENT - PHYSICAL*
- G. IMPAIRMENT NOT KNOWN
- H. NOT APPLICABLE
- I. SLEEPY / FATIGUED

SKETCH FOR SKETCH DIAGRAM, SEE PAGE 4

INDICATE NORTH

MISCELLANEOUS

STATE OF CALIFORNIA

INJURED / WITNESSES / PASSENGERS

CHP 555 CARS Page 3 (Rev 1-03) OPI 061

DATE OF COLLISION (MO. DAY YEAR)	TIME(2400)	NCIC #	OFFICER I.D.	NUMBER
10/21/2004	2140	9330	017620	

WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ('X' ONE): FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	INJURED WAS ('X' ONE): DRIVER	PASS.	PED.	BICYCLIST	OTHER	PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED
☐ #	☐	40	F	☐	☐	☐	X	X	☐	☐	☐	☐	1	1	L	G	0

NAME / D.O.B. / ADDRESS: SUNNYVALE CA

TELEPHONE:

(INJURED ONLY) TRANSPORTED BY: AMERICAN MEDICAL RESPONSE

TAKEN TO: STANFORD UNIVERSITY MEDICAL CENTER

DESCRIBE INJURIES: COMPLAINT OF PAIN TO NECK, BACK, AND LEFT ARM

☐ VICTIM OF VIOLENT CRIME NOTIFIED

WITNESS ONLY	PASSENGER ONLY	AGE	SEX	FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER	PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED
X # 1	☐	32	M	☐	☐	☐	☐	☐	☐	☐	☐	☐					

NAME / D.O.B. / ADDRESS: SANTA CLARA CA

TELEPHONE:

(INJURED ONLY) TRANSPORTED BY:

TAKEN TO:

DESCRIBE INJURIES:

☐ VICTIM OF VIOLENT CRIME NOTIFIED

WITNESS ONLY	PASSENGER ONLY	AGE	SEX	FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER	PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED
☐ #	☐			☐	☐	☐	☐	☐	☐	☐	☐	☐					

NAME / D.O.B. / ADDRESS:

TELEPHONE:

(INJURED ONLY) TRANSPORTED BY:

TAKEN TO:

DESCRIBE INJURIES:

☐ VICTIM OF VIOLENT CRIME NOTIFIED

WITNESS ONLY	PASSENGER ONLY	AGE	SEX	FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER	PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED
☐ #	☐			☐	☐	☐	☐	☐	☐	☐	☐	☐					

NAME / D.O.B. / ADDRESS:

TELEPHONE:

(INJURED ONLY) TRANSPORTED BY:

TAKEN TO:

DESCRIBE INJURIES:

☐ VICTIM OF VIOLENT CRIME NOTIFIED

WITNESS ONLY	PASSENGER ONLY	AGE	SEX	FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER	PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED
☐ #	☐			☐	☐	☐	☐	☐	☐	☐	☐	☐					

NAME / D.O.B. / ADDRESS:

TELEPHONE:

(INJURED ONLY) TRANSPORTED BY:

TAKEN TO:

DESCRIBE INJURIES:

☐ VICTIM OF VIOLENT CRIME NOTIFIED

WITNESS ONLY	PASSENGER ONLY	AGE	SEX	FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER	PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED
☐ #	☐			☐	☐	☐	☐	☐	☐	☐	☐	☐					

NAME / D.O.B. / ADDRESS:

TELEPHONE:

(INJURED ONLY) TRANSPORTED BY:

TAKEN TO:

DESCRIBE INJURIES:

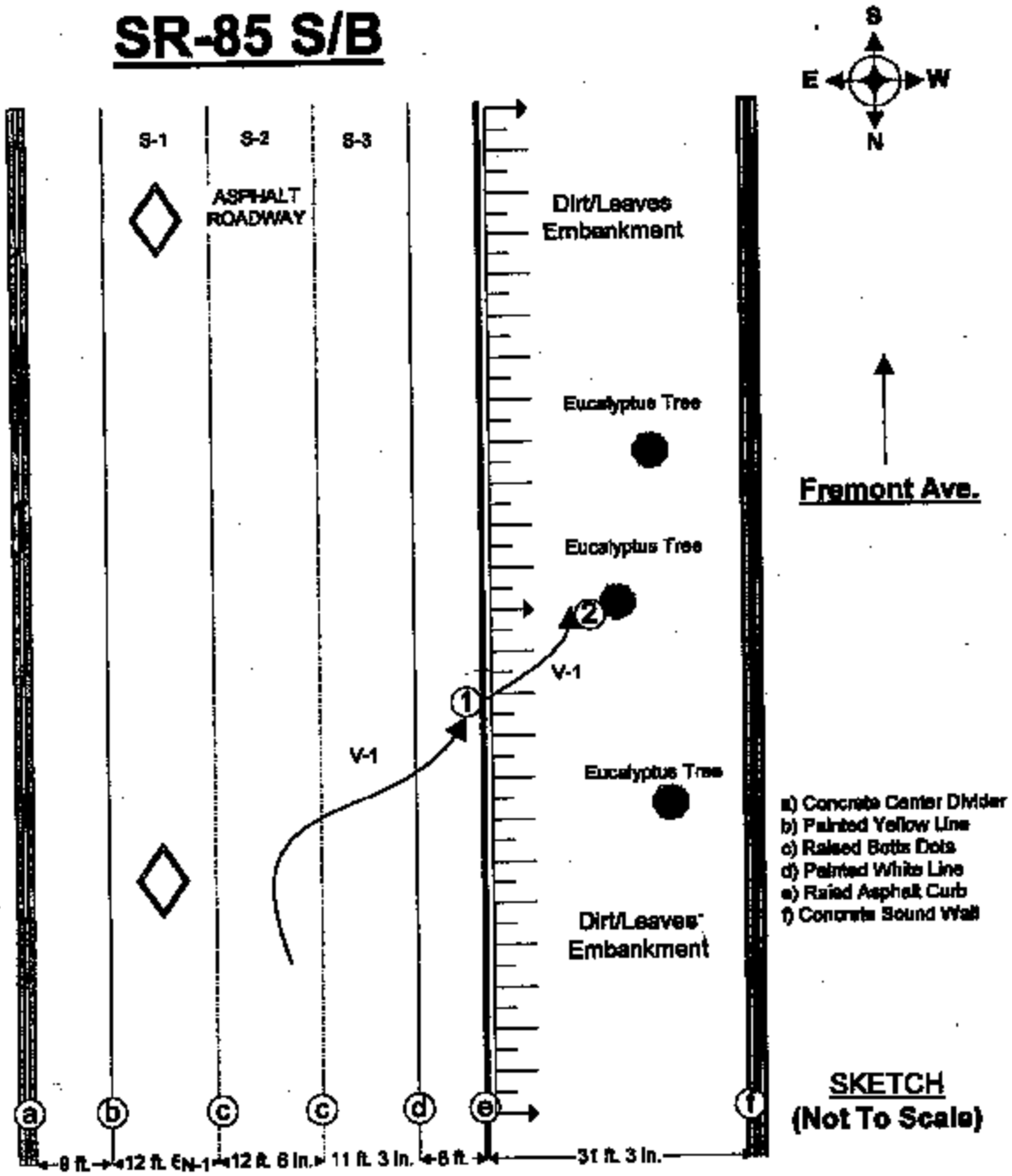
☐ VICTIM OF VIOLENT CRIME NOTIFIED

PREPARER'S NAME	I.D. NUMBER	MO. DAY YEAR	REVIEWER'S NAME	MO. DAY YEAR
G. A. PAUL	017620	10/21/2004		

STATE OF CALIFORNIA
SKETCH DIAGRAM
CHP 555 Page 4(Rev. 8-97) OPI 042

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
10/21/2004	2140	9330	017620	

ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE=)



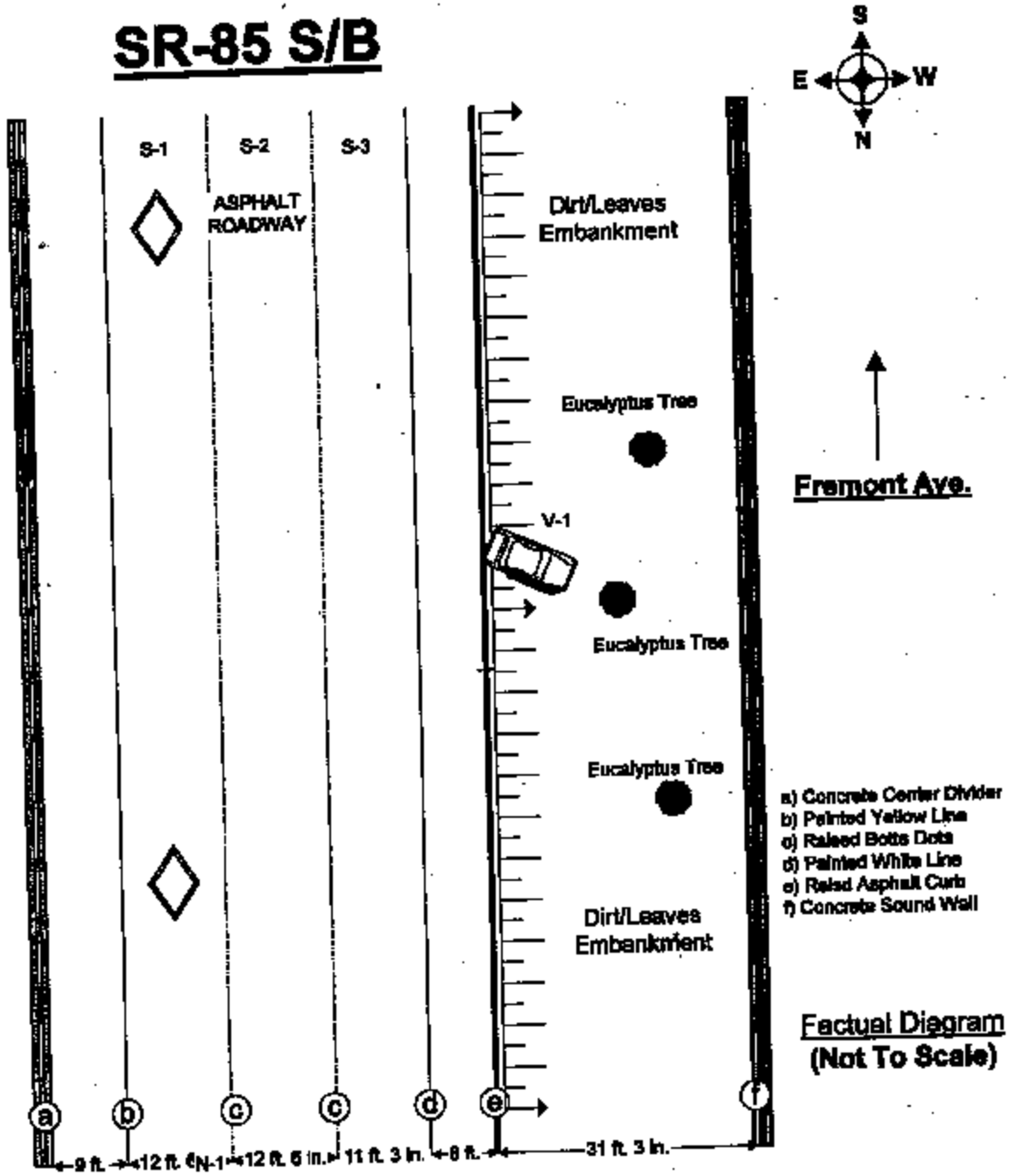
PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
G. A. PAUL	017620	10/21/2004		

STATE OF CALIFORNIA
FACTUAL DIAGRAM

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

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
10/21/2004	2140	9330	017620	

ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE=)



Factual Diagram
(Not To Scale)

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
G. A. PAUL	017620	10/21/2004		

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
10/21/2004	2140	9330	017620	

FACTUAL DIAGRAM LEGEND:

POINTS OF REFERENCE

Reference Point #1 (RP1): North road edge of Fremont Avenue U/C.

Reference Point #2 (RP2): West roadway edge of SR-85 S/B.

Vehicle Point of Rest:

Vehicle #1 (Saturn) Right front tire: .1 miles minus 30 feet north of the north road edge of the Fremont Avenue U/C, and 10' west of west roadway edge of SR-85 S/B.

Vehicle #1 (Saturn) Right rear tire: .1 miles minus 28 feet north of the north road edge of the Fremont Avenue U/C, and 1' west of the west roadway edge of SR-85 S/B.

FACTS

NOTIFICATION:

I was dispatched to a call of a traffic collision with an ambulance responding at approximately 2145 hours. I responded from US-101 S/B at Embarcadero Road and arrived at the scene at approximately 2155 hours. Upon my arrival, I determined this to be a traffic collision with minor injuries. All times, speeds, and measurements in this investigation are approximate. Measurements were taken by visual estimation.

SCENE:

At the scene of this collision, SR-85 is a north/south aligned freeway within the city limits of Mountain View. The roadway consists of three lanes for southbound traffic. Southbound traffic is separated from northbound traffic by a concrete center divider. The roadway is straight, flat and is composed of primarily asphalt. The roadway was dry and the weather at the time of my arrival was clear and cool. See factual diagram for further scene description.

PARTIES:

Party #1 (Ozdemir) was contacted located lying on a backboard next to Vehicle #1 (Saturn) and was identified by a California Driver's License. P-1 was placed as a party in this collision by the following:

- P-1's statement, of driving V-1.
- P-1's location, lying next to V-1.
- Driver's seat adjustment.
- P-1's injuries.
- Witness statements.

Vehicle #1 (Saturn) was located on the right shoulder, up a dirt embankment, on its wheels facing in a westerly direction. V-1 sustained major damage as a result of this collision including damage to the following:

- Missing right front passenger door panel.
- Missing right rear passenger door panel.
- Shattered windshield.
- Missing front bumper.
- Dented and buckled hood.
- Bent right front rim.

No prior vehicle damage or mechanical defects were noted or claimed.

STATEMENTS:

Party #1 (Ozdemir) was contacted at the collision scene lying in the back of the American Medical Responder Ambulance (AMR) and related in essence the following: P-1 was driving V-1 on SR-85 S/B in the #2 lane at approximately 60 MPH. All of a sudden, P-1 lost control of V-1. P-1 turned V-1 to the right then back to the left in attempt to regain control, but could not. V-1 traveled across all southbound traffic lanes, onto the right shoulder and up the dirt embankment. P-1 was unable to recall anything further.

Witness #1 (Jacques) was contacted at the collision scene and related in essence the following: W-1 was driving his vehicle on SR-85 S/B in the #2 lane approximately 200' behind V-1. W-1 stated he saw V-1 turn sharply to the right then to the left and then back to the right, crossing all southbound traffic lanes and onto the right shoulder. W-1 stated he then saw V-1 travel up the dirt embankment and then come to rest. W-1 did not see any impact prior to V-1 losing control.

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
10/21/2004	2140	9330	017620	

OPINIONS AND CONCLUSIONS:

The Summary, Area Of Impact, and Cause were based on physical evidence, vehicle damage, and statements.

SUMMARY:

Party #1 (Ozdemir) was driving Vehicle #1 (Saturn) on SR-85 S/B north of Fremont Avenue in the #2 lane at approximately 60 MPH. For an unknown reason P-1 lost control of V-1. P-1 turned V-1 sharply to the right in attempt to regain control of V-1. Due to P-1's unsafe turning movement V-1 began to fishtail out of control. V-1 traveled in a westerly direction, crossing all southbound traffic lanes, onto the right shoulder and collided with the raised asphalt curb at the west road edge. After colliding with the raised asphalt curb, V-1 continued to travel in a westerly direction, up a dirt embankment and the right side of V-1 collided with a eucalyptus tree. After the collision, V-1 came to rest on the dirt embankment on its wheels facing a westerly direction.

AREA OF IMPACT:

A.O.I #1 (V-1 vs. Raised Asphalt Curb) was located .1 miles north of the north road edge of Fremont Avenue U/C, and at the west road edge of SR-85 S/B.

A.O.I. #2 (V-1 vs. Eucalyptus Tree) was located .1 miles minus 20' north of the north road edge of Fremont Avenue U/C, and 25' west of the west road edge of SR-85 S/B.

CAUSE:

Party #1 (Ozdemir) caused this collision by turning Vehicle #1 (Saturn) to the right in an unsafe manner. This is a violation of 22107 CVC which states: No person shall turn a vehicle from a direct course or move right or left upon a roadway until such movement can be made with reasonable safety and then only after the giving of an appropriate signal in the manner provided in this chapter in the event any other vehicle may be affected by the movement.

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
10/21/2004	2140	9330	017620	

1 **RECOMMENDATIONS:**

2

3 None.