



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 100222

Date Received

28-JAN-2005

Repository

Reference No.

10108954

45

**OWNER INFORMATION (Type or Print)**

Name: [REDACTED]  
Address: [REDACTED]  
City: APPLE VALLEY State: CA Zip Code: [REDACTED]

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: [REDACTED] Date: 2/12/05

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: XJ 5VMS2L [REDACTED]  
Make: SUZUKI Model: VERONA Model Year: 2004

Date Purchased: 10/30/04 Dealer's Name and Telephone Number: (760) 241-3801  
VICTORVILLE HYUNDAI SUZUKI 15124  
Original Owner:  Dealer's City: VICTORVILLE State: CA Zip Code: 92392  
Engine: No. Cylinders: 6 Fuel Type: Gas

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

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s): 24-JAN-2005 Failure Mileage: 9000 Failure Speed: 70  
DRIVERS AIR BAG / PASSENGER AIR BAG

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make: [REDACTED] Tire Model (Name or Number): [REDACTED] Tire Size (Example P215/65R15): [REDACTED]  
DOT No. (Example: DOTM19ABC036)  Original Equipment  Prior Repair Failure Location: [REDACTED]  
Tire Component Code: [REDACTED] Tire Failure Type: [REDACTED]

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE**

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

**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: [REDACTED] Number of Deaths: [REDACTED] 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).

AFTER BEING STRUCK BY ANOTHER VEHICLE, THEN STRIKING A CONCRETE POST, THE AIR BAGS DID NOT DEPLOY. PRIOR TO BEING STRUCK, CONSUMER'S VEHICLE WAS TRAVELING AT 70 MPH. ~~NO INJURIES~~ \*AK

SHRIMP NECK AND BACK INJURY  
UNDER DR'S CARE.  
VEHICLE WAS A TOTAL LOSS.  
AIR BAG FAIL TO DEPLOY TO PROTECT ME.

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. POLICE REPORT & PICTURES ATTACHED.

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

TRAVELING <sup>10</sup> ON I-15 FWY SOUTH ON FAST LANE -  
AN 18 WHEELER TRUCK ON CENTER LINE BESIDE  
ME - ALL OF THE SUDEN A CAR CAME FLYING  
FACING EAST ON FRONT OF THE TRUCK AND  
LANDING ON FRONT OF ME CAUSING ME TO  
CRASH INTO THAT CAR ON A "T" BOMB COLLISION  
AND ALSO ME HITTING THE CENTER DIVIDER  
ON MY LEFT SIDE.  
I HAVE SEVERE NECK <sup>W/OUTER</sup> AND BACK INJURY. I'M  
UNDER TREATMENT. ~~WAS TO BE~~ ~~ADMITTED~~ ~~TO~~ ~~HOSPITAL~~  
~~FOR~~ ~~CONCERNING~~ ~~THE~~ ~~INJURY~~ ~~AND~~ ~~WAS~~ ~~ONLY~~ ~~HELD~~ ~~BY~~  
AIR BAG DID NOT DEPLOY I WAS ONLY HELD BY  
THE SEAT BELT.

ATTACH ADDITIONAL SHEETS IF NECESSARY

Department  
of Transportation

National Highway  
Traffic Safety  
Administration

400 7th St., S.W.  
Washington, D.C. 20590

Business  
Reply 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

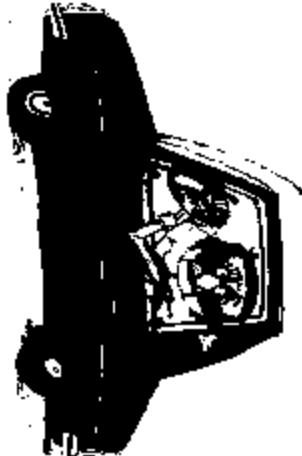
**DASH2DOT**

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](http://www.nhtsa.dot.gov/hotline)

SPECIAL CONDITIONS		UNINCORPORATED	MUNICIPAL DISTRICT SAN BERNARDINO SUP		LOCAL REPORT NUMBER 2005-01-344	
COLLISION OCCURRED ON 1-15-03	NO. DAY TIME (24H) 1/24/2005 0640	NO. DAY TIME (24H) 1/24/2005 0640	NO. DAY TIME (24H) 1/24/2005 0640	NO. DAY TIME (24H) 1/24/2005 0640	NO. DAY TIME (24H) 1/24/2005 0640	NO. DAY TIME (24H) 1/24/2005 0640
MILEPOST INFORMATION 0.45 FEET NORTH OF 15 SBD 15.50		DAY OF WEEK MONDAY		TOW AWAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		PHOTOGRAPHS BY: <input checked="" type="checkbox"/> NONE
AT INTERSECTION WITH <input checked="" type="checkbox"/> OR 1.15 MILE(S) NORTH OF GLBN HELEN PKY		STATE HWY NO. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
PARTY 1	DRIVER'S LICENSE NUMBER C1917151	STATE CA	CLASS C	AIR BAG M	SAFETY EQUIP. G	VEH. YEAR 1999
DRIVER	NAME (FIRST, MIDDLE, LAST) JOAN MICHELLE GIBSON		OWNER'S NAME BRADIELLE C. GIBSON		LICENSE NUMBER 4HBC241	
STREET ADDRESS	6210 MILKINS AVENUE		OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER			
CITY / STATE / ZIP	ALTA LOMA CA 91737		DISPOSITION OF VEHICLE ON ORDER OF <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		BLACKWELL BROTHERS TOW - (909)887-3203	
SEX	HAIR	EYES	HEIGHT	WEIGHT	DOB	FACE
F	GRY	HXL	5-10	135	1/21/1961	W
HOME PHONE	(909)481-3920		BUSINESS PHONE (909)728-9833		VEHICLE IDENTIFICATION NUMBER	
INSURANCE CARRIER	STATE FARM		POLICY NUMBER 855622 811 75		VEHICLE TYPE	
DIR OF TRAVEL	ON STREET OR HIGHWAY S 1-15		SPEED LIMIT 70		DESCRIBE VEHICLE DAMAGE <input checked="" type="checkbox"/> UNK <input type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input type="checkbox"/> MINOR <input type="checkbox"/> NONE	
PARTY 2	DRIVER'S LICENSE NUMBER 040975411	STATE TN	CLASS F	AIR BAG P	SAFETY EQUIP. G	VEH. YEAR 1995
DRIVER	NAME (FIRST, MIDDLE, LAST) DURAND CARDON GRACE		OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER		LICENSE NUMBER 838978Y	
STREET ADDRESS	626 HARPETH BEND DRIVE		OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER			
CITY / STATE / ZIP	FRANKLIN TN 37067		DISPOSITION OF VEHICLE ON ORDER OF <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		DRIVEN FROM SCENE	
SEX	HAIR	EYES	HEIGHT	WEIGHT	DOB	FACE
M	GRY	BLU	5-11	195	10/28/1953	W
HOME PHONE	(615)673-9204		BUSINESS PHONE (615)403-2226		VEHICLE IDENTIFICATION NUMBER 1FLYD8YB13H826033	
INSURANCE CARRIER	NORTHLAND		POLICY NUMBER TRA (EXP. 11-12-05)		VEHICLE TYPE	
DIR OF TRAVEL	ON STREET OR HIGHWAY S 1-15		SPEED LIMIT 55		DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> MINOR <input type="checkbox"/> NONE	
PARTY 3	DRIVER'S LICENSE NUMBER	STATE CA	CLASS C	AIR BAG M	SAFETY EQUIP. G	VEH. YEAR 2004
DRIVER	NAME (FIRST, MIDDLE, LAST)		OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER		LICENSE NUMBER (NONE)	
STREET ADDRESS	APPLE VALLEY CA		OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER			
CITY / STATE / ZIP	APPLE VALLEY CA		DISPOSITION OF VEHICLE ON ORDER OF <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		TOP WEST END TOW - (800)696-4012	
SEX	HAIR	EYES	HEIGHT	WEIGHT	DOB	FACE
F	BLK	BRN	5-06	140		B
HOME PHONE			BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER KLSYAL57	
INSURANCE CARRIER	SANWAY		POLICY NUMBER BINDER		VEHICLE TYPE	
DIR OF TRAVEL	ON STREET OR HIGHWAY S 1-15		SPEED LIMIT 70		DESCRIBE VEHICLE DAMAGE <input checked="" type="checkbox"/> UNK <input type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input type="checkbox"/> MINOR <input type="checkbox"/> NONE	
PREPARED BY S. A. CIRIOUX 9649	DISPATCH NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		REPORTER'S NAME DAF		DATE REVIEWED FEB 07 2005	

DATE OF COLLISION 1/24/2005	TIME(2400) 0640	NCIC NUMBER 9860	OFFICER ID 9649	NUMBER 3005-01-344
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**DO NOT COMPLETE THIS FORM UNLESS:**  
 ONE OR MORE QUALIFIED VEHICLES WAS INVOLVED  
 AND  
 ONE OR MORE QUALIFIED INJURIES WAS SUSTAINED  
 OR  
 ONE OR MORE VEHICLES WAS TOWED FROM THE SCENE  
 OR  
 ONE OR MORE VEHICLES WAS PROVIDED ASSISTANCE

**QUALIFYING VEHICLES INVOLVED**

- ANY POWER UNIT WITH A GVWR OF 10,001 POUNDS OR MORE
- ANY VEHICLE DISPLAYING HAZARDOUS MATERIAL PLACARD
- BUSES DESIGNED TO CARRY MORE THAN 15, INCLUDING DRIVER

1. TOTAL NUMBER OF VEHICLES INVOLVED IN ACCIDENT **3**

2. TYPE OF ROADWAY **3**

- TWO-WAY, NOT DIVIDED
- TWO-WAY, DIVIDED, UNPROTECTED MEDIUM
- TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER
- ONE-WAY, NOT DIVIDED
- NOT REPORTED
- UNKNOWN

3. ACCESS CONTROL **1**

- FULL ACCESS CONTROL (RAMP)
- PARTIAL ACCESS CONTROL (CONBO)
- NO ACCESS CONTROL (CROSS STREETS)

4. SEQUENCE OF EVENTS (FOR THIS VEHICLE)

1. RAN OFF ROAD	9. PEDESTRIAN
2. JACKKNIFE	10. MOTOR VEHICLE IN TRANSPORT
3. OVERTURNED OR ROLLOVER	11. PARKED VEHICLE
4. DOWNHILL RUNAWAY	12. TRAIN
5. CARGO LOSS OR SHIFT	13. MOPED
6. EXPLOSION OR FIRE	14. ANIMAL
7. SEPARATION OF UNITS	15. FIXED OBJECT
8. OTHER EVENT	16. OTHER OBJECT

EVENT #1: **10**    EVENT #2:     EVENT #3:     EVENT #4:

5. HAZARDOUS MATERIAL INVOLVEMENT (CARGO ONLY)

DID VEHICLE HAVE A HAZARDOUS MATERIAL PLACARD?  
 1. YES    3. NOT REPORTED  
 2. NO    4. UNKNOWN **2**

IF "YES", RECORD FROM THE HAZARDOUS MATERIALS PLACARD:

4-DIGIT PLACARD #

OR

NAME TAKEN FROM THE MIDDLE OF THE DIAMOND OR FROM THE RECTANGULAR BOX: \_\_\_\_\_

AND

1-DIGIT PLACARD NUMBER FROM BOTTOM OF DIAMOND

WAS HAZARDOUS MATERIAL RELEASED FROM THE VEHICLE'S CARGO?

- NOT APPLICABLE
- YES - HAZARDOUS MATERIAL WAS RELEASED
- NO - HAZARDOUS MATERIALS NOT RELEASED
- NOT REPORTED
- UNKNOWN **1**

6. GROSS VEHICLE WEIGHT RATING OF POWER UNIT **3**

- LESS THAN OR EQUAL TO 10,000 POUNDS
- 10,001 - 25,000
- MORE THAN 25,000 VINE **1FUYSYD1SH826023**

7. VEHICLE CONFIGURATION **5**

- PASSENGER CAR
- LIGHT TRUCK (VAN, MINI-VAN, PANEL, PICKUP, SUV) WITH ONLY FOUR TIRES
- SINGLE-UNIT TRUCK (2-AXLE, 6-TIRE)
- SINGLE-UNIT TRUCK (3-OR-MORE AXLES)
- TRUCK/TRAILER
- TRUCK/TRACTOR (BOSTAL)
- TRACTOR / SEMI-TRAILER
- TRACTOR / DOUBLES
- TRACTOR / TRIPLES
- UNKNOWN HEAVY TRUCK, CANNOT CLASSIFY
- MOTOR HOME / RECREATIONAL VEHICLE
- MOTORCYCLE
- BUS (SEATS FOR MORE THAN 15 PEOPLE, INCLUDING DRIVER)
- BUS (SEATS FOR 0 - 15 PEOPLE, INCLUDING DRIVER)
- OTHER
- NOT REPORTED
- UNKNOWN VEHICLE CONFIGURATION

8. CARGO BODY TYPE **4**

- NOT APPLICABLE
- BUS (SEATS FOR MORE THAN 15 PEOPLE, INCLUDING DRIVER)
- BUS (SEATS FOR 0-15 PEOPLE, INCLUDING DRIVER)
- VAN / ENCLOSED BOX
- GRAIN / CHIPS / GRAVEL
- POLE
- CARGO TANK
- FLATBED
- DUMP
- CONCRETE MIXER
- AUTO TRANSPORTER
- GARBAGE / REFUSE
- OTHER
- NOT REPORTED
- UNKNOWN

9. CARRIER INFORMATION

CARRIER NAME **DURAN CAROLYN GRACE**

STREET ADDRESS **626 HARPETH BEND DRIVE**

OTHER ADDRESS (P. O. BOX, SUITE, ETC.) \_\_\_\_\_

CITY OR TOWN **FRANKLIN**

STATE (2-CHARACTER) **TN** ZIP CODE **37067**

CARRIER U.S. DOT NUMBER **929831**

PREPARED BY **E. A. GIBSON** 9649    REVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

**NARRATIVE/SUPPLEMENTAL**

PAGE 16 OF 17

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
01/24/2005	0640	9860	9649	2005-01-344

1 **Cause:**

2 P-1 (Gibson) caused this collision by making an unsafe lane change from the connector  
3 road from northbound I-215 to the southbound number three lane of southbound I-15, a  
4 violation of 21658 (a) CVC. 21658 (a) CVC simply states; A vehicle shall be driven as  
5 nearly as practical entirely within a single lane and shall not move from that lane until such  
6 movement can be made with reasonable safety.

7  
8 The damage to the left rear of V-1 does not support P-1's claim that V-2 struck her. There  
9 would have been sufficient inward deformation in the contact area, which is not present.  
10 The damage is consistent with V-1 traveling faster than V-2 and brushing the right front  
11 corner of V-2.

12  
13 **RECOMMENDATIONS:**

14 None.

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
E. A. GIROUX	9649	01/24/2005		

DATE OF COLLISION (MO, DAY, YEAR) 1/24/2005  
 TIME (HH:MM) 0640  
 MAKE # 0660  
 OFFICER ID 0649  
 NUMBER 1005-01-344  
 PROPERTY DAMAGE CAL-TRANS  
 DRIVER CAL-TRANS  
 OFFENSE ADDRESS  
 NOTIFIED YES  NO

DESCRIPTION OF DAMAGE  
 3 FEET OF GUARDRAIL AND ONE STEEL POST.

**SEATING POSITION**

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

- OCCUPANTS**
- A - NONE IN VEHICLE
  - B - UNKNOWN
  - C - LAP BELT USED
  - U - 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

- SAFETY EQUIPMENT**
- L - AIR BAG DEPLOYED
  - M - AIR BAG NOT DEPLOYED
  - N - OTHER
  - P - NOT ACQUIRED
- 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

- MOTORCYCLE - HELMET**
- | DRIVER  | PASSENGER |
|---------|-----------|
| Y - NO  | X - NO    |
| W - YES | 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 IN IF PARTY AT FAULT		TRAFFIC CONTROL DEVICES			SPECIAL INFORMATION			MOVEMENT PRECEDING COLLISION			
1	2	3	1	2	3	1	2	3	1	2	3
1	VC SECTION VIOLATED: CITED	YES	X	A CONTROLS FUNCTIONING			A HAZARDOUS MATERIAL				A STOPPED
	A 31550(A)	NO	X	B CONTROLS NOT FUNCTIONING*			B CELL PHONE HANDHELD IN USE		X	X	B PROCEEDING STRAIGHT
	B OTHER IMPROPER DRIVING*			C CONTROLS OBSCURED			C CELL PHONE HANDSFREE IN USE				C RAN OFF ROAD
	C OTHER THAN DRIVER*			D NO CONTROLS PRESENT / FACTOR*	X	X	D CELL PHONE NOT IN USE				D MAKING RIGHT TURN
	D UNKNOWN*			TYPE OF COLLISION			E SCHOOL BUS RELATED				E MAKING LEFT TURN
				A HEAD-ON			F 75 FT MOTORTRUCK COMBO				F MAKING U TURN
				B SIDE SWIPE			G 22 FT TRAILER COMBO				G BACKING
				C REAR END			H				H SLOWING / STOPPING
				D WIDE SIDE			I				I PASSING OTHER VEHICLE
				E HIT OBJECT			J				J CHANGING LANES
				F OVERTURNED			K				K PARKING MANEUVER
				G VEHICLE / PEDESTRIAN			L				L ENTERING TRAFFIC
				H OTHER*			M				M OTHER UNSAFE TURNING
				MOTOR VEHICLE INVOLVED WITH			N				N XING INTO OPPOSING LANE
				A NON-COLLISION			O				O PARRIED
				B PEDESTRIAN			P				P MERGING
				C OTHER MOTOR VEHICLE			Q		X		Q TRAVELING WRONG WAY
				D MOTOR VEHICLE ON OTHER ROADWAY			R				R OTHER*
				E PARKED MOTOR VEHICLE			OTHER ASSOCIATED FACTORS (MARK 1 TO 3 ITEMS)				
				F TRAIN			A NO SECTION VIOLATED	YES			
				G BIKE			B NO SECTION VIOLATED	YES			
				H ANIMAL			C SECTION VIOLATED	YES			
				I FIRED OBJECT:			D	NO			
				J OTHER OBJECT:			E	NO			
				ROADWAY SURFACE			F				
				A DRY			G				
				B WET			H				
				C SNOWY - ICY			I				
				D SLIPPERY (MUDDY, OILY, ETC.)			J				
				ROADWAY CONDITIONS (MARK 1 TO 2 ITEMS)			K				
				A HOLE, DEEP RUT*			L				
				B LOOSE MATERIAL ON ROADWAY*			M				
				C OBSTRUCTION ON ROADWAY*			N				
				D CONSTRUCTION - REPAIR ZONE			O				
				E REDUCED ROADWAY WIDTH			P				
				F FLOODED*			Q				
				G OTHER*			R				
				ROADWAY CONDITIONS (MARK 1 TO 2 ITEMS)			S				
				A NO PEDESTRIANS INVOLVED			T				
				B CROSSING IN CROSSWALK AT INTERSECTION			U				
				C CROSSING IN CROSSWALK - NOT AT INTERSECTION			V				
				D CROSSING - NOT IN CROSSWALK			W				
				E IN ROAD - INCLUDES SHOULDER			X				
				F NOT IN ROAD			Y				
				G APPROACHING / LEAVING SCHOOL BUS			Z				

KEYCH  
 SEE PAGE 4 AND 5.  
 INDICATE NORTH

MISC. LAMINUS

DATE OF COLLISION (MO, DAY, YEAR) 1/24/2005		TIME (2400) 0640	NCIC # 9860	OFFICER ID 9649	BUNNICK 2005-01-344												
WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ('X' ONE)				INJURED WAS ('X' ONE)					PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY LOUPE	EJECTED
<input type="checkbox"/>	<input type="checkbox"/>	43	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	1	M	G	0

NAME / D.O.B. / ADDRESS: **JOAN MICHELLE GIBSON (06/21/1961) 6210 FILKINS AVENUE ALTA LOMA CA 91737** TELEPHONE: **(909)481-3920**

(INJURED ONLY) TRANSPORTED BY: **AMERICAN MEDICAL RESPONSE(AMR)** TAKEN TO: **SAN BERNARDINO COMMUNITY HOSPITAL**

DESCRIBE INJURIES: **TREATED BY DR. RIZUI FOR COMPLAINT OF PAIN TO HER LOW BACK, NECK AND HEAD.**

<input type="checkbox"/>	<input type="checkbox"/>	55	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	1	M	G	0
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NAME / D.O.B. / ADDRESS: [REDACTED] **APPLE VALLEY CA** [REDACTED] TELEPHONE: [REDACTED]

(INJURED ONLY) TRANSPORTED BY: **AMERICAN MEDICAL RESPONSE(AMR)** TAKEN TO: **SAN BERNARDINO COMMUNITY HOSPITAL**

DESCRIBE INJURIES: **TREATED BY DR. RIZUI FOR COMPLAINT OF PAIN TO HER NECK, BACK AND HEAD.**

<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
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NAME / D.O.B. / ADDRESS: [REDACTED] TELEPHONE: [REDACTED]

(INJURED ONLY) TRANSPORTED BY: [REDACTED] TAKEN TO: [REDACTED]

DESCRIBE INJURIES: [REDACTED]

<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
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NAME / D.O.B. / ADDRESS: [REDACTED] TELEPHONE: [REDACTED]

(INJURED ONLY) TRANSPORTED BY: [REDACTED] TAKEN TO: [REDACTED]

DESCRIBE INJURIES: [REDACTED]

<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
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NAME / D.O.B. / ADDRESS: [REDACTED] TELEPHONE: [REDACTED]

(INJURED ONLY) TRANSPORTED BY: [REDACTED] TAKEN TO: [REDACTED]

DESCRIBE INJURIES: [REDACTED]

<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
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NAME / D.O.B. / ADDRESS: [REDACTED] TELEPHONE: [REDACTED]

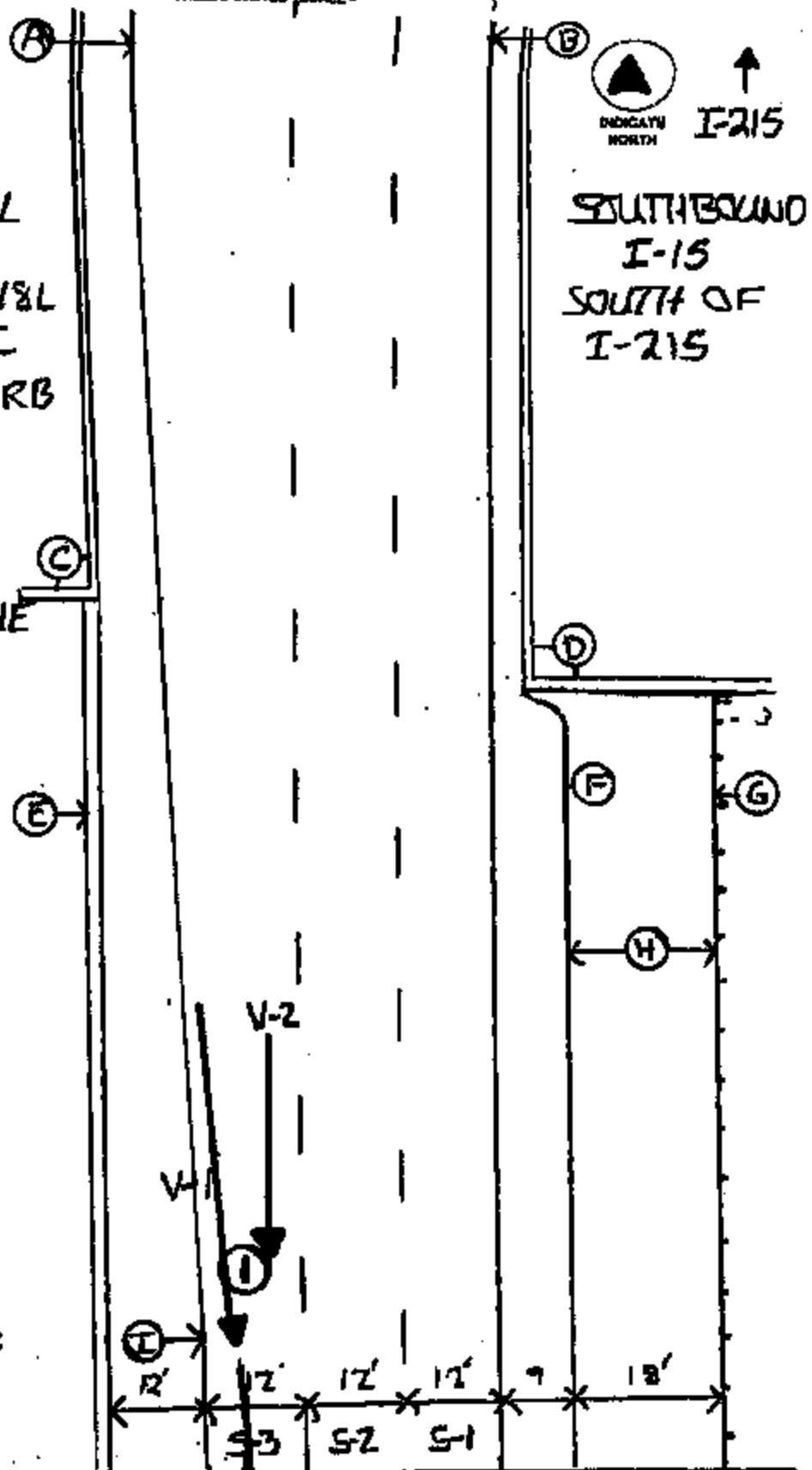
(INJURED ONLY) TRANSPORTED BY: [REDACTED] TAKEN TO: [REDACTED]

DESCRIBE INJURIES: [REDACTED]

PREPARED BY NAME <b>E. A. GIBSON</b>	I.D. NUMBER <b>9649</b>	MO. DAY YEAR <b>1/24/2005</b>	REVIEWER'S NAME	MO. DAY YEAR
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ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED

- (A) 4" EDGE LINE FROM NRB I-215 TO SIB I-15.
- (B) 4" SOLID YELLOW LINE
- (C) WALL OF BRIDGE 54-818L (INVEST SIDE) R.R. OIC
- (D) WALL OF BRIDGE 54-818L (LEAST SIDE) R.R. OIC
- (E) 18" WEDGE ASPHALT CURB
- (F) EDGE OF PAVEMENT
- (G) GUARD RAIL
- (H) DIRT MEDIAN
- (I) 4" SOLID WHITE EDGE LINE



PREPARED BY <b>EA GIBSON</b>	LD. NUMBER <b>9649</b>	NO. DAY YEAR <b>01-24-05</b>	REVISOR'S NAME	NO. DAY YEAR
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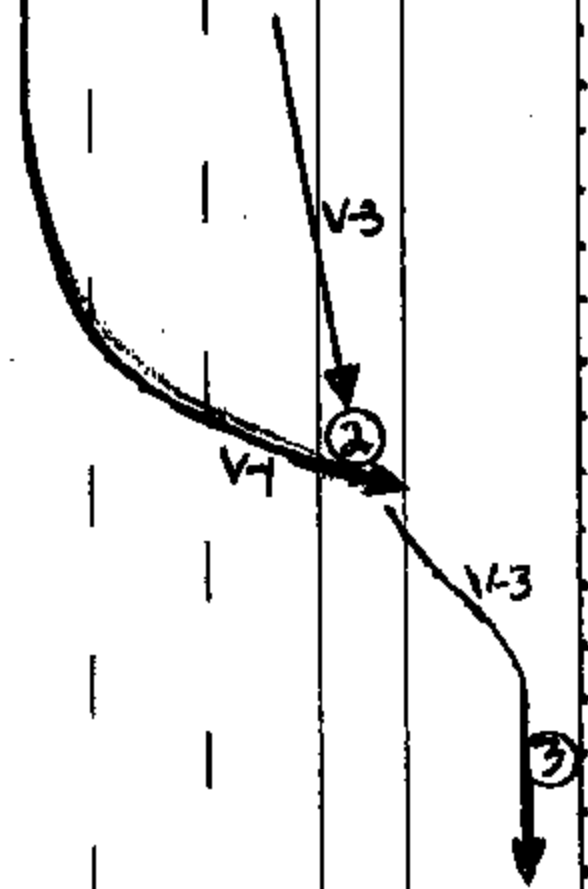
751 C&P 0871478

01-24-05 0649 9860

OFFICER ID: WJ6  
RECEIVED TIME: Feb. 28. 5:19 PM  
FILE NO: 05-01-344

ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED OTHERWISE

MATCH LINE



PREPARED BY <b>E.A. GIROUX</b>	LD. NUMBER <b>9649</b>	NO. DAY YEAR <b>01-24-05</b>	NUMERER'S NAME	NO. DAY YEAR
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OSP 08 19878

DATE OF INCIDENT 01/24/2005	TIME 0640	NCIC NUMBER 9860	OFFICER I.D. NUMBER 9649	PAGE 6 OF 17 2005-01-344
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1 **FACTUAL DIAGRAM LEGEND**

2 All the east and west measurements were taken from the east roadway edge line of  
3 southbound I-15. The "Zero" point started at the south edge of Bridge Number 54-818L  
4 (portion in center median or circle "D" on Factual Diagram) and continued southerly. Bridge  
5 Number 54-818L will be known as the "bridge" for the rest of this investigation. The "Zero"  
6 point is approximately 1.15 miles south of the north edge of Glen Helen Parkway U/C.  
7

8 **VEHICLE POINT OF REST**

9 Vehicle One (V-1, Mazda) was found on all four tires facing an easterly direction on the dirt  
10 portion of the left shoulder. The left rear tire was approximately 539 feet south of bridge  
11 and 14 feet east of the east roadway edge line. The left front tire was approximately 540  
12 feet south of bridge and 21 feet east of the east roadway edge line.  
13

14 Vehicle Two (V-2, Freightliner) moved prior to my arrival.  
15

16 Vehicle Three (V-3, Suzuki) was found on all four tires facing a southerly direction on the  
17 dirt portion of the left shoulder. The right rear tire was approximately 525 feet south of  
18 bridge and 18 feet east of the east roadway edge line. The left front tire was approximately  
19 537 feet south of bridge and 18 feet east of the east roadway edge line.  
20

21 **PHYSICAL EVIDENCE**

- 22
- 23 1, 5, 7, 9, 11, and 13 are all the same Tire Friction Mark.
- 24 2, 6, 8, 10 and 12 are all the same Tire Friction Mark.
- 25 3 and 10 are the same Tire Friction Mark.
- 26 4 and 14 are the same Tire Friction Mark.
- 27 15 3-foot section of damaged guardrail.
- 28

PREPARED BY E. A. GIROUX	I.D. NUMBER 9649	DATE 01/24/2005	REVIEWER'S NAME	DATE
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DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER	PAGE 7 OF 17
01/24/2005	0640	9860	9649	2005-01-344

**1 PHYSICAL EVIDENCE LOCATION:**

2

- 3 1 90 feet south of the bridge and 34 feet to the west of the east roadway edge line.
- 4 2 191 feet south of the bridge and 27 feet to the west of the east roadway edge line.
- 5 3 268 feet south of the bridge and on the east roadway edge line.
- 6 4 320 feet south of the bridge and 2 feet to the west of the east roadway edge line.
- 7 5 272 feet south of the bridge and 24 feet to the west of the east roadway edge line.
- 8 6 285 feet south of the bridge and 12 feet to the west of the east roadway edge line.
- 9 7 345 feet south of the bridge and 12 feet to the west of the east roadway edge line.
- 10 8 337 feet south of the bridge and on the east roadway edge line.
- 11 9 367 feet south of the bridge and on the east roadway edge line.
- 12 10 367 feet south of the bridge and 9 feet to the east of the east roadway edge line.
- 13 11 412 feet south of the bridge and 9 feet to the east of the east roadway edge line.
- 14 12 540 feet south of the bridge and 21 feet to the east of the east roadway edge line.
- 15 13 539 feet south of the bridge and 14 feet to the east of the east roadway edge line.
- 16 14 372 feet south of the bridge and 5 feet to the east of the east roadway edge line.
- 17 15 421 feet south of the bridge and 27 feet to the east of the east roadway edge line.

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
E. A. GIROUX	9649	01/24/2005		

DATE OF COLLECTION (MO. DAY YEAR) 01-24-05

TRUCK PLATE 0640

NO. 9860

RECEIVED Time Feb. 28. 5:19 PM

2005-01-344

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

A



2

MARK LINE

B

3

5

PREPARED BY E.A. GIBRoux

ID. NUMBER 9649

NO. DAY YEAR 01-24-05

PERSON'S NAME

NO. DAY YEAR

STATE OF MASSACHUSETTS

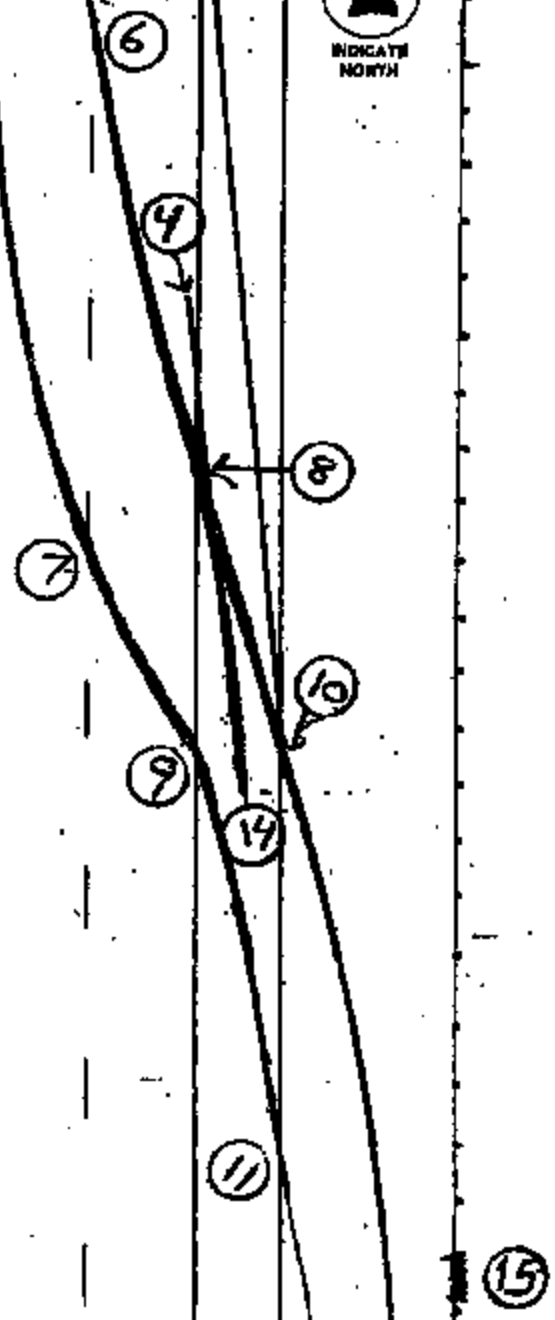
ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED OTHERWISE

B



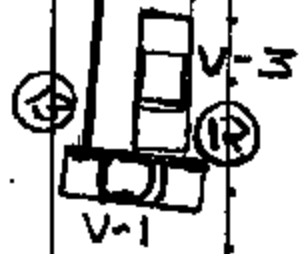
MATCH LINE

C



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

C



**NARRATIVE/SUPPLEMENTAL**

PAGE 12 OF 17

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
01/24/2005	0640	9860	9649

**1 FACTS:****2 NOTIFICATION:**

3 Inland Communication Center (ICC) advised me of a collision with unknown details  
 4 southbound Interstate 15 (I-15) south of Interstate 215 (I-215) at approximately 0645 hours.  
 5 I responded from the San Bernardino CHP office arriving at the scene at approximately  
 6 0658 hours. After arriving at the scene, it was determined that this collision was a three-  
 7 vehicle sideswipe/broadside injury collision. All speeds and measurements are  
 8 approximations in this investigation. Measurements were obtained by roll-a-tape,  
 9 estimating and odometer.

**11 SCENE:**

12 I-15 in the area of this collision is a straight three-lane freeway for southbound traffic. Each  
 13 southbound lane is divided from one another by a 4-inch dash white lines and recessed  
 14 reflective pavement markers. I-15 is divided from the center median by a 4-inch solid  
 15 yellow line. There is an asphalt center median then a dirt shoulder prior to a guardrail  
 16 system. The right shoulder is divided from the roadway by a 4-inch solid white line and  
 17 bordering the west is a guardrail system. The connector road from northbound I-215  
 18 terminates just south of Bridge Number 54-818L. At this point, the connector road merges  
 19 into the southbound number three lane. The lane striping and recessed reflective  
 20 pavement markers were in good condition and visibility was good. See Factual Diagram  
 21 and Legend for other topographical features of this roadway.

**23 PARTIES:**

24 Party #1 (P-1, Gibson), was first contacted at the scene while she was sitting behind the  
 25 steering wheel of Vehicle #1 (V-1, Mazda). P-1 was then re-contacted at the hospital. P-1  
 26 was identified by her valid California Drivers license. P-1 was identified as the driver of V-1  
 27 by her own statement, being the only occupant in V-1 and her placement in V-1 upon my  
 28 arrival.

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
E. A. GIROUX	9649	01/24/2005		

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	PAGE 13 OF 17	NUMBER
01/24/2005	0640	9860	9649		2005-01-344

1 PARTIES: (Continued)

2 Vehicle #1 (V-1, Mazda), was located on its wheels facing an easterly direction in the  
3 center median of southbound I-15. V-1 sustained moderate damage to the left side of the  
4 vehicle. The left rear quarter panel and wheel well had damage consistent with a  
5 sideswipe contact. There was a black plastic/rubber build up on the rear leading edge of  
6 the left rear wheel well. The left front fender and left side doors were pushed inward toward  
7 the center of the vehicle. This damage was consistent with a broadside in nature contact.  
8 No mechanical defects were noted or claimed.

9  
10 Party #2 (P-2, Grace), was contacted by Officer J. Hill (ID #11672). Officer Hill obtained  
11 the following information and statement from P-2. P-2 was identified by his valid  
12 Tennessee Drivers license. P-2 was identified as the driver of V-2 by his own statement,  
13 being assigned to V-2 and being the only occupant in V-2.

14  
15 Vehicle #2 (V-2, Freightliner/Strought), was located on the right shoulder south of the  
16 collision scene. V-2 sustained minor damage to the right front corner of the black  
17 plastic/rubber bumper. This damage was consistent with a sideswipe action from a rear to  
18 front motion. There was a smear approximately 6 inches wide on the sidewall of the right  
19 front tire. No other mechanical defects were noted or claimed.

20  
21 Party #3 (P-3, [REDACTED]), was first contacted while lying on a backboard on the left side of her  
22 vehicle. She was then re-contacted while inside the ambulance. P-3 was identified by her  
23 valid California Drivers license. P-3 was identified as the driver of V-3 by her own  
24 statement, being the registered owner of V-3 and being the only occupant in V-3.

25  
26  
27  
28

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
E. A. GIROUX	9649	01/24/2005		

## NARRATIVE/SUPPLEMENTAL

PAGE 14 OF 17

DATE OF INCIDENT  
01/24/2005TIME  
0840NCIC NUMBER  
9860OFFICER I.D.  
9649NUMBER  
2005-01-3441 PARTIES: (Continued)

2 Vehicle #3 (V-3, Suzuki), was located facing a southerly direction in the center median area  
3 of southbound I-15. V-3 sustained damage to the left side consistent with a sideswipe  
4 contact with a guardrail system. The entire front was displaced rearward. This damage  
5 was consistent with being the bullet vehicle in a broadside collision. No other mechanical  
6 defects were noted or claimed.

8 STATEMENTS:

9 P-1 (Gibson) indicated she was on the connector road from northbound I-215 to  
10 southbound I-15 behind another vehicle at approximately 65 miles-per-hour (MPH). Just  
11 prior to merging into the southbound number three lane of I-15, P-1 noticed V-2 coming up  
12 behind her from southbound I-15. P-1 indicated the car in front of her merged onto I-15  
13 and she felt there was enough room for her to enter I-15. However, prior to entering I-15,  
14 P-1 thought V-2 must have sped up. P-1 indicated she veered onto the right shoulder to  
15 avoid V-2 but had to merge back into her lane to avoid the guardrail (bridge wall). At this  
16 point, the front of V-2 hit the rear of V-1. P-1 indicated she then spun out of control across  
17 the southbound lanes in front of V-3.

18  
19 P-2 (Grace) indicated he was southbound I-15 in the number three lane at 55 MPH. P-2  
20 had just completed checking both of his mirrors for his lane placement when he noticed a  
21 flash (V-1) go by the right front of V-2. P-2 was not sure if V-1 touched his vehicle or not,  
22 but did see V-1 spinout of control across the southbound lanes of I-15. P-2 then pulled  
23 onto the right shoulder.

24  
25 P-3 indicated she was southbound I-15 in the number one lane at 70 MPH south of  
26 I-215. P-3 indicated traffic was heavy and she didn't see V-1 until it was directly in front of  
27 her. P-3 indicated she veered to the left and braked in an attempt to avoid V-1, but struck  
28 V-1 any way. P-3 doesn't remember what happen after that.

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
E. A. GIROUX	9649	01/24/2005		

## NARRATIVE/SUPPLEMENTAL

PAGE 15 OF 17

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
01/24/2005	0640	9860	9649

**1 OPINIONS AND CONCLUSIONS:****2 Summary:**

3 P-1 (Gibson) was following another vehicle on the connector road from northbound I-215 to  
 4 southbound I-15 at approximately 65 MPH. P-2 (Grace) was southbound I-15 in the  
 5 number three lane south of I-215 at approximately 55 MPH to the left and to the rear of V-1.  
 6 P-3 was southbound I-15 south of I-215 in the number one lane at approximately 70 MPH  
 7 to the left and to the rear of both V-1 and V-2. While P-1 was trying to merge onto  
 8 southbound I-15, P-1 thought she had sufficient room to enter southbound I-15. While  
 9 merging onto the freeway, the left rear quarter panel and left rear tire of V-1 brushed  
 10 against the right front bumper and tire of V-2. This contact, plus V-2's forward velocity,  
 11 caused V-1 to rotate counter-clockwise across the southbound lanes of I-15. While V-1  
 12 was crossing the southbound number one lane and entering the center median, the left  
 13 front fender and left side doors of V-1 were struck by the front of V-3. Both vehicles then  
 14 traveled into the center median where the left side of V-3 struck the guardrail prior to  
 15 coming to rest.

**16 Area of Impact: (AOI)**

17 AOI #1 was the contact between the left rear of V-1 and the right front corner of V-2 was  
 18 approximately 90 feet south of the bridge and 34 feet west of the east roadway edge line.

19  
 20  
 21 AOI #2 was the contact between the left side of V-1 and the front of V-3 was approximately  
 22 337 feet south of the bridge and 3 feet east of the east roadway edge line.

23  
 24 AOI #3 was the contact between the left side of V-3 and the guardrail was approximately  
 25 425 feet south of the bridge and 27 feet east of the east roadway edge line.

26  
 27 Areas of Impact were determined by statements, physical evidence, damage to vehicles  
 28 and point of rest.

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
E. A. GIROUX	9649	01/24/2005		

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
01/24/2005	0640	9860	9849

1 Cause:  
 2 P-1 (Gibson) caused this collision by making an unsafe lane change from the connector  
 3 road from northbound I-215 to the southbound number three lane of southbound I-15, a  
 4 violation of 21658 (a) CVC. 21658 (a) CVC simply states; A vehicle shall be driven as  
 5 nearly as practical entirely within a single lane and shall not move from that lane until such  
 6 movement can be made with reasonable safety.

7  
 8 The damage to the left rear of V-1 does not support P-1's claim that V-2 struck her. There  
 9 would have been sufficient inward deformation in the contact area, which is not present.  
 10 The damage is consistent with V-1 traveling faster than V-2 and brushing the right front  
 11 corner of V-2.

12  
 13 **RECOMMENDATIONS:**

14 None.

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
E. A. GIROUX	9648	01/24/2005		

TRUCK/BUS COLLISION SUPPLEMENTAL REPORT

DATE OF COLLISION 1/24/2005 TIME(2400) 0640 PCK NUMBER 9860 OFFICER ID 9649 NUMBER 2005-01-344 Page 17 of 17

DO NOT COMPLETE THIS FORM UNLESS:  
ONE OR MORE QUALIFIED VEHICLES WAS INVOLVED AND  
ONE OR MORE QUALIFIED INJURIES WAS SUSTAINED OR  
ONE OR MORE VEHICLES WAS TOWED FROM THE SCENE OR  
ONE OR MORE VEHICLES WAS PROVIDED ASSISTANCE  
QUALIFYING VEHICLES INVOLVED  
- ANY POWER UNIT WITH A GVWR OF 10,001 POUNDS OR MORE  
- ANY VEHICLE DISPLAYING HAZARDOUS MATERIAL PLACARD  
- BUSES DESIGNED TO CARRY MORE THAN 10, INCLUDING DRIVER

1. TOTAL NUMBER OF VEHICLES INVOLVED IN ACCIDENT 3

2. TYPE OF ROADWAY 3  
1. TWO-WAY, NOT DIVIDED  
2. TWO-WAY, DIVIDED, UNPROTECTED MEDIAN  
3. TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER  
4. ONE-WAY, NOT DIVIDED  
5. NOT REPORTED  
6. UNKNOWN

3. ACCESS CONTROL 1  
1. FULL ACCESS CONTROL (RAMPS)  
2. PARTIAL ACCESS CONTROL (COMBO)  
3. NO ACCESS CONTROL (CROSS STREETS)

4. SEQUENCE OF EVENTS (FOR THIS VEHICLE)  
1. RAN OFF ROAD 8. PEDESTRIAN  
2. JACKKNIFED 10. MOTOR VEHICLE IN TRANSPORT  
3. OVERTURNED OR ROLLOVER 11. PARKED VEHICLE  
4. DOWNHILL RUNAWAY 12. TRAIN  
5. CARGO LOSS OR SHIFT 13. PEDALCYCLE  
6. EXPLOSION OR FIRE 14. ANIMAL  
7. SEPARATION OF UNITS 15. FIXED OBJECT  
8. OTHER EVENT 16. OTHER OBJECT  
EVENT #1 10 EVENT #2 [ ] EVENT #3 [ ] EVENT #4 [ ]

5. HAZARDOUS MATERIAL INVOLVEMENT (CARGO ONLY) 2  
DID VEHICLE HAVE A HAZARDOUS MATERIAL PLACARD?  
1. YES 2. NO 3. NOT REPORTED 4. UNKNOWN  
IF YES, RECORD FROM THE HAZARDOUS MATERIALS PLACARD:  
4-DIGIT PLACARD # [ ][ ][ ][ ]  
OR  
NAME TAKEN FROM THE MIDDLE OF THE DIAMOND OR  
FROM THE RECTANGULAR BOX:  
AND  
1-DIGIT PLACARD NUMBER FROM BOTTOM OF DIAMOND [ ]

WAS HAZARDOUS MATERIAL RELEASED FROM THIS VEHICLE'S CARGO?  
1. NOT APPLICABLE 2. YES - HAZARDOUS MATERIAL WAS RELEASED 3. NO - HAZARDOUS MATERIALS NOT RELEASED 4. NOT REPORTED 5. UNKNOWN 1

PREPARED BY E. A. Giroux 9649

6. GROSS VEHICLE WEIGHT RATING OF POWER UNIT 3  
1. LESS THAN OR EQUAL TO 10,000 POUNDS  
2. 10,001 - 28,000  
3. MORE THAN 28,000 VIN# 1FUJYDSY [ ]

7. VEHICLE CONFIGURATION 5  
1. PASSENGER CAR  
2. LIGHT TRUCK/VAN, MINI-VAN, PANEL PICKUP, SUV, WITH ONLY FOUR TIRES  
3. SINGLE-UNIT TRUCK (2 AXLE, 6 TIRE)  
4. SINGLE-UNIT TRUCK (3-OR-MORE AXLES)  
5. TRUCK/TRAILER  
6. TRUCK/TRACTOR (BOBSTALL)  
7. TRACTOR / SEMI-TRAILER  
8. TRACTOR / DOUBLES  
9. TRACTOR / TRIPLES  
10. UNKNOWN HEAVY TRUCK, CANNOT CLASSIFY  
11. MOTOR HOME / RECREATIONAL VEHICLE  
12. MOTORCYCLE  
13. BUS (SEATS FOR MORE THAN 15 PEOPLE, INCLUDING DRIVER)  
14. BUS (SEATS FOR 9 - 15 PEOPLE, INCLUDING DRIVER)  
15. OTHER  
16. NOT REPORTED  
17. UNKNOWN VEHICLE CONFIGURATION

8. CARGO BODY TYPE 4  
1. NOT APPLICABLE  
2. BUS (SEATS FOR MORE THAN 15 PEOPLE, INCLUDING DRIVER)  
3. BUS (SEATS FOR 9-15 PEOPLE, INCLUDING DRIVER)  
4. VAN / ENCLOSED BOX  
5. GRAIN / CHIPS / GRAVEL  
6. POLE  
7. CARGO TANK  
8. FLATBED  
9. DUMP  
10. CONCRETE MIXER  
11. AUTO TRANSPORTER  
12. GARBAGE / REFUSE  
13. OTHER  
14. NOT REPORTED  
15. UNKNOWN

9. CARRIER INFORMATION  
CARRIER NAME DURAN CARDON GRACE  
STREET ADDRESS 626 HARPETH HEND DRIVE  
OTHER ADDRESS (P. O. BOX, SUITE, ETC.)  
CITY OR TOWN FRANKLIN  
STATE (2-CHARACTER) TN ZIP CODE 37067  
CARRIER U.S. DOT NUMBER 979831

REVIEWED BY DATE

