



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

2005 MAR -8
03-FEB-2005

Repository

12:50
Reference No.
10109672

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City SHAKER HEIGHTS State OH Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

Evening Telephone Number [REDACTED]

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 2/18/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1J4GW58H [REDACTED] Make JEEP Model GRAND CHEROKEE Model Year 2004

Date Purchased 11/1/2003 Dealer's Name and Telephone Number (CHRISLER HALPERT) 440-946-5700 Engine: No: Cylinders V8 Fuel Type: SEF1
Original Owner Dealer's City WILLOUGHBY State OH Zip Code 44094

Transmission Type 5-speed Automatic Antilock Brakes Cruise Control Powertrain not on same machine
Vehicle Component Code 180000 VEHICLE SPEED CONTROL and brakes
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 04-DEC-2004 Failure Mileage 33000 Failure Speed @ 40 mph?

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 1 Number of Deaths Y 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 STARTING THE VEHICLE, IT ACCELERATED WITHOUT WARNING HITTING A WALL. THE VEHICLE WAS TOWED. THE CAUSE WAS NOT DETERMINED PLEASE PROVIDE MORE INFORMATION.

see attached; I do not have repair invoices for the other vehicles involved

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-502) This information is requested pursuant to authority vested in the National Highway Traffic Safety Administration 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.

TRAFFIC CRASH REPORT



200404137

CRASH SEVERITY
1 FATAL
2 SERIOUS
3 FROG
4 UNKNOWN

PROPERTY DAMAGE
1 No Vehicle
2 Damage
3 No Damage

PROPERTY DAMAGE
X
X
X

01850

SOUTH EUCLID POLICE

03 01

12042004

1533 SAT X

SOUTH EUCLID 18

WARRENSVILLE CRT RD
2128

TYPE LOCATION
1 Major Roadway
2 Minor Roadway
3 Highway Route
4 Intersecting Roadway
5 Other

0A02

MADRIDIALE, CLEVELAND HTS OH

08021955 49 M

OH 27FM

2004 JEEP CHECKER GRAY STATE FARM KNIGHTS

0200

2004 Honda CIVIC GRAY STATE FARM

01 CLEVELAND OH 2 SEFD 341 HURON Road

04 5 Euclid OH 44121

Category	Code	Description	Count	Code	Description	Count	Code	Description	Count
DRIVER POSITION	01	DRIVER	1	01	DRIVER	1	01	DRIVER	1
FRONT - LEFT (NO SEATBELT)	02	FRONT - LEFT (NO SEATBELT)	1	02	FRONT - LEFT (NO SEATBELT)	1	02	FRONT - LEFT (NO SEATBELT)	1
FRONT - MIDDLE	03	FRONT - MIDDLE	1	03	FRONT - MIDDLE	1	03	FRONT - MIDDLE	1
FRONT - RIGHT	04	FRONT - RIGHT	1	04	FRONT - RIGHT	1	04	FRONT - RIGHT	1
REAR - LEFT (NO SEATBELT)	05	REAR - LEFT (NO SEATBELT)	1	05	REAR - LEFT (NO SEATBELT)	1	05	REAR - LEFT (NO SEATBELT)	1
REAR - MIDDLE	06	REAR - MIDDLE	1	06	REAR - MIDDLE	1	06	REAR - MIDDLE	1
REAR - RIGHT	07	REAR - RIGHT	1	07	REAR - RIGHT	1	07	REAR - RIGHT	1
TRUCK - LEFT (NO SEATBELT)	08	TRUCK - LEFT (NO SEATBELT)	1	08	TRUCK - LEFT (NO SEATBELT)	1	08	TRUCK - LEFT (NO SEATBELT)	1
TRUCK - MIDDLE	09	TRUCK - MIDDLE	1	09	TRUCK - MIDDLE	1	09	TRUCK - MIDDLE	1
TRUCK - RIGHT	10	TRUCK - RIGHT	1	10	TRUCK - RIGHT	1	10	TRUCK - RIGHT	1
REAR SEATBELT	11	REAR SEATBELT	1	11	REAR SEATBELT	1	11	REAR SEATBELT	1
SEATBELT	12	SEATBELT	1	12	SEATBELT	1	12	SEATBELT	1
SEATBELT - CHILD	13	SEATBELT - CHILD	1	13	SEATBELT - CHILD	1	13	SEATBELT - CHILD	1
SEATBELT - CHILD AREA	14	SEATBELT - CHILD AREA	1	14	SEATBELT - CHILD AREA	1	14	SEATBELT - CHILD AREA	1
TRUCK SEATBELT	15	TRUCK SEATBELT	1	15	TRUCK SEATBELT	1	15	TRUCK SEATBELT	1
SEATBELT	16	SEATBELT	1	16	SEATBELT	1	16	SEATBELT	1
SEATBELT	17	SEATBELT	1	17	SEATBELT	1	17	SEATBELT	1

- NUMBER OF COLLISION OR IMPACT**
- 1 Not Collided/Impacted
 - 2 Two Vehicles in Transport
 - 3 Rollover
 - 4 Stand-over
 - 5 Stand-over/Slide
 - 6 Swerve
 - 7 Swerve, Small Impact
 - 8 Swerve, Opposite Direction
 - 9 Swerve
- SCHOOL BUS RELATED**
- 1 No
 - 2 Yes, Directly Involved
 - 3 Yes, Indirectly Involved
 - 4 Unknown
- Work Zone Related**
- 1 No
 - 2 Yes
 - 3 Unknown
- Type Of Work Zone**
- 1 Lane Closure
 - 2 Lane Shift/Reduction
 - 3 Work On Shoulder Or Median
 - 4 Intermittent Stop/Work
 - 5 Other
- Location Of Crash In Work Zone**
- 1 Down From Work Zone
 - 2 Within Work Zone
 - 3 Transition Area
 - 4 Ahead Area
 - 5 Warning Placard
- Weather**
- 02
- 01 Clear
 - 02 Cloudy
 - 03 Fog, Smoke, Dust
 - 04 Rain
 - 05 Sleet, Ice (Reported Road Conditions)
 - 06 Snow
 - 07 Variable Conditions
 - 08 Unknown
 - 09 Unknown
 - 10 Unknown
- Light Conditions**
- 1 Daylight
 - 2 Dawn
 - 3 Dusk
 - 4 Dark - Lighted Highway
 - 5 Dark - Not Lit
 - 6 Dark - Unlit Highway
 - 7 Dark
 - 8 Other
 - 9 Unknown



THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:
 A TRUCK (OTHER THAN A TRUCK WITH A GVWR LESS THAN 10,000 POUNDS OR A TRUCK (OTHER THAN A TRUCK) WITH A HAZARDOUS MATERIAL PLACARD OR A BUS OPERATED FOR AT LEAST 6 MONTHS, INCLUDING SCHOOL BUSES.

A M D THE GRADE REALIZED IN ONE OR MORE OF THE FOLLOWING: A FEMUR; OR AN ELBOW INCLUDING TRANSFERENCE FOR MEDICAL TREATMENT; OR AN ULNAR BONE VEHICLE WAS CRASHED DUE TO IMPROPER DRIVING OR REARWARD TRANSFERENCE INCLUDING PROCEEDING BEHIND THE STOP PLACARD.

MO	DAY	YEAR	TIME	TYPE	CLASS	WEIGHT (GVWR)	CLASS	PLACARD	PLACARD
01	02	03	04	05	06	07	08	09	10

Police Report

12042004 1333 1334 1339 1510 60 157

Officer Name: Det. Crotty

Report Taken At: 25

Local Report #: 200404137

TRAFFIC CRASH REPORT



200404137

CRASH SEVERITY
1 FATAL 2 FDO 3 INJURY 4 UNKNOWN
2

PROPERTY DAMAGE
1 NOT INSURD 2 INSURD 3 UNCLSD
1

PHYSICAL DAMAGE
X
OIL X X
GLP
GLS

01850 SOUTH EUCLID AVE 03 01 12042004

1333 SAT X SOUTH EUCLID 18

WARRENSDALE CTR RD 1
2128 04

03 00
ADDRESS (STREET, CITY, STATE, ZIP CODE)

DL STATE DL # LP STATE LP # ISSUED TAKEN BY 1 None 4 OTHER 2 EMS 3 UNKNOWN 3 POLICE
OH 8882618

1998 TOYOTA RAV4 BLACK STATE FARM

NAME (LAST, FIRST, MIDDLE)
ADDRESS (STREET, CITY, STATE, ZIP CODE)

DL STATE DL # LP STATE LP # ISSUED TAKEN BY 1 None 4 OTHER 2 EMS 3 UNKNOWN 3 POLICE

NAME (LAST, FIRST, MIDDLE)
ADDRESS (STREET, CITY, STATE, ZIP CODE)

DL STATE DL # LP STATE LP # ISSUED TAKEN BY 1 None 4 OTHER 2 EMS 3 UNKNOWN 3 POLICE

NAME (LAST, FIRST, MIDDLE)
ADDRESS (STREET, CITY, STATE, ZIP CODE)

- | | | | | | |
|--|--|--|--|---|--|
| <ul style="list-style-type: none"> 01 FRONT - LEFT (DRIVER) 02 FRONT - MIDDLE 03 FRONT - RIGHT 04 REAR - LEFT (REAR SEAT) 05 REAR - MIDDLE 06 REAR - RIGHT 07 SEAT - LEFT 08 SEAT - MIDDLE 09 SEAT - RIGHT 10 SEAT - UNKNOWN 11 SEAT - OTHER 12 SEAT - OTHER 13 SEAT - OTHER 14 SEAT - OTHER 15 SEAT - OTHER 16 SEAT - OTHER | <ul style="list-style-type: none"> 01 NONE 02 NONE 03 NONE 04 NONE 05 NONE 06 NONE 07 NONE 08 NONE 09 NONE 10 NONE 11 NONE 12 NONE 13 NONE 14 NONE 15 NONE 16 NONE | <ul style="list-style-type: none"> 01 NONE 02 NONE 03 NONE 04 NONE 05 NONE 06 NONE 07 NONE 08 NONE 09 NONE 10 NONE 11 NONE 12 NONE 13 NONE 14 NONE 15 NONE 16 NONE | <ul style="list-style-type: none"> 01 NONE 02 NONE 03 NONE 04 NONE 05 NONE 06 NONE 07 NONE 08 NONE 09 NONE 10 NONE 11 NONE 12 NONE 13 NONE 14 NONE 15 NONE 16 NONE | <ul style="list-style-type: none"> 01 NOT TRAPPED 02 TRAPPED BY 03 TRAPPED BY 04 TRAPPED BY 05 TRAPPED BY 06 TRAPPED BY 07 TRAPPED BY 08 TRAPPED BY 09 TRAPPED BY 10 TRAPPED BY 11 TRAPPED BY 12 TRAPPED BY 13 TRAPPED BY 14 TRAPPED BY 15 TRAPPED BY 16 TRAPPED BY | <ul style="list-style-type: none"> 01 NO INJURY 02 FATAL 03 FATAL 04 FATAL 05 FATAL 06 FATAL 07 FATAL 08 FATAL 09 FATAL 10 FATAL 11 FATAL 12 FATAL 13 FATAL 14 FATAL 15 FATAL 16 FATAL |
|--|--|--|--|---|--|

Motorist/Non-Motorist

Occupant

Non-Motorized Location

- 01 Non-Motorized Location
- 02 Non-Motorized Location
- 03 Non-Motorized Location
- 04 Non-Motorized Location
- 05 Non-Motorized Location
- 06 Non-Motorized Location
- 07 Non-Motorized Location
- 08 Non-Motorized Location
- 09 Non-Motorized Location
- 10 Non-Motorized Location
- 11 Non-Motorized Location
- 12 Non-Motorized Location
- 13 Non-Motorized Location
- 14 Non-Motorized Location
- 15 Non-Motorized Location

Type Of Unit

06

Motorist

- 01 Motorist
- 02 Motorist
- 03 Motorist
- 04 Motorist
- 05 Motorist
- 06 Motorist
- 07 Motorist
- 08 Motorist
- 09 Motorist
- 10 Motorist
- 11 Motorist
- 12 Motorist
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- 99 Motorist
- 00 Motorist

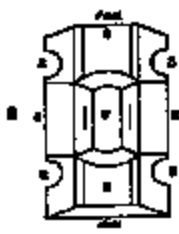
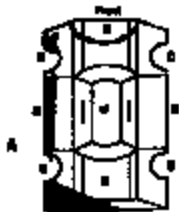
Damage Status

- 1 No
- 2 Yes
- 3 Unknown

4

- 1 No
- 2 Non-Permanently Damaged
- 3 Permanently Damaged
- 4 Salvageable
- 5 None
- 6 Unknown

Damage Area



Most Damaged Area

07

- 01 None
- 02 Driver Front
- 03 Front Right
- 04 Front Box
- 05 Rear Right
- 06 Rear Center
- 07 Left Front
- 08 Left Box
- 09 Left Rear
- 10 Top And Window
- 11 Underside
- 12 Load/Trunk
- 13 Trunk (All Areas)
- 14 Other
- 15 Unknown

Point Of Impact

07

- 01 None
- 02 Driver Front
- 03 Driver Right
- 04 Rear Box
- 05 Rear Right
- 06 Rear Center
- 07 Left Front
- 08 Left Box
- 09 Left Rear
- 10 Top And Window
- 11 Underside
- 12 Load/Trunk
- 13 Trunk (All Areas)
- 14 Other
- 15 Unknown

Action

4

- 1 Stop/Overly
- 2 No/Obstruction
- 3 Swerve
- 4 Other
- 5 Both Swerve And Other
- 6 Unknown

Operator Vehicle Overloaded/Underloaded

- 1 No Unload On Operator
- 2 Unload, Operator/Unknown
- 3 Unload, No Unload/Unknown
- 4 Unload, Operator/Unknown Unload
- 5 Unload, Motor Vehicle In Transport
- 6 Operator, Other Vehicle
- 7 Unknown

Pre-Impact Actions

10

- 01 Motorist
- 02 Motorist
- 03 Motorist
- 04 Motorist
- 05 Motorist
- 06 Motorist
- 07 Motorist
- 08 Motorist
- 09 Motorist
- 10 Motorist
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- 24 Motorist
- 25 Motorist
- 26 Motorist
- 27 Motorist
- 28 Motorist
- 29 Motorist
- 30 Motorist

Contributing Circumstances

01

- 01 None
- 02 Failure To Yield
- 03 Stop Sign Light, Or Stop Sign
- 04 Broken Down Left
- 05 Unsafe Drive
- 06 Improper Turn
- 07 Left Of Center
- 08 Followed Too Closely/Close
- 09 Improper Lane Change
- 10 Improper Right
- 11 Improper Entry From Private Property
- 12 Stop On Red Light
- 13 Operating Vehicle In Unsafe/Unsafe, Careless/Reckless Or Accidental Manner
- 14 Respond To Alarm (Not To Stop, Backup, Stoppage Vehicle, Other, Non-Motorist At Roadside, etc)
- 15 Failure To Control
- 16 Wrong Construction
- 17 Driver Inattention
- 18 Poor Visibility
- 19 Operator/Operator/Operator
- 20 Load/Operator/Operator
- 21 Other/Operator/Operator
- 22 Unknown
- 23 Motorist
- 24 None
- 25 Unknown Operator
- 26 Unknown
- 27 Live Action/Operator In Response
- 28 Failure To Yield/Right Of Way
- 29 Not Vehicle (Sign Closing)
- 30 Battered
- 31 Failure To Give Traffic Sign, Signal, Or Other
- 32 Wrong Side Of The Road
- 33 Other
- 34 Unknown

Vehicle Driver Count Only If "AP" Marked Above

- 01 Two People
- 02 None/None
- 03 One/None
- 04 One/None
- 05 One/None
- 06 Two/None
- 07 One On Back/None
- 08 Two/None/Operator/Operator
- 09 None/None
- 10 One/None/None/None
- 11 Other/None

Direction Of Impact

21

Non-Collision

- 01 Other/Operator/Operator
- 02 Other/Operator/Operator
- 03 Other/Operator/Operator
- 04 Other/Operator/Operator
- 05 Other/Operator/Operator
- 06 Other/Operator/Operator
- 07 Other/Operator/Operator
- 08 Other/Operator/Operator
- 09 Other/Operator/Operator
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- 92 Other/Operator/Operator
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- 95 Other/Operator/Operator
- 96 Other/Operator/Operator
- 97 Other/Operator/Operator
- 98 Other/Operator/Operator
- 99 Other/Operator/Operator
- 00 Other/Operator/Operator

Party Involved, Event

Of The Direction Of Impact - Which Side Is The Party Involved Party (1-4)

Most Damaged, Impact

Of The Direction Of Impact - Which Side Is The Most Damaged Party (1-4)

Speed Directed

0

- 1 Other
- 2 Damaged/Other

Speed

00

- 01 Other
- 02 Damaged/Other

Party Count

01

Party Count

- 01 In Control
- 02 Not In Control
- 03 Not In Control
- 04 Not In Control
- 05 Not In Control
- 06 Not In Control
- 07 Not In Control
- 08 Not In Control
- 09 Not In Control
- 10 Not In Control
- 11 Not In Control
- 12 Not In Control
- 13 Not In Control
- 14 Not In Control
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- 89 Not In Control
- 90 Not In Control
- 91 Not In Control
- 92 Not In Control
- 93 Not In Control
- 94 Not In Control
- 95 Not In Control
- 96 Not In Control
- 97 Not In Control
- 98 Not In Control
- 99 Not In Control
- 00 Not In Control

Direction

- 1 None
- 2 Other
- 3 Other
- 4 Other
- 5 Other
- 6 Other
- 7 Other
- 8 Other
- 9 Other

Collision

- 1 Frontal Impact
- 2 Rear Impact
- 3 Side Impact
- 4 Other
- 5 Other
- 6 Other
- 7 Other
- 8 Other
- 9 Other

Alcohol/Drugs Suspected

- 1 None
- 2 Yes - Alcohol Suspected
- 3 Yes - Drug Not Specified
- 4 Yes - Both Suspected
- 5 Yes - Alcohol/Drugs Suspected
- 6 Unknown

Alcohol/Drug Suspected

- 1 None
- 2 Not Suspected
- 3 Not Suspected/Operator/Operator
- 4 Not Suspected/Operator/Operator
- 5 Not Suspected/Operator/Operator
- 6 Not Suspected/Operator/Operator
- 7 Not Suspected/Operator/Operator
- 8 Not Suspected/Operator/Operator
- 9 Not Suspected/Operator/Operator

Alcohol/Drug Suspected

- 1 None
- 2 Other
- 3 Other
- 4 Other
- 5 Other

Alcohol/Drug Suspected

Alcohol/Drug Suspected

Damage Type Status

- 1 None
- 2 Yes/Operator
- 3 Yes/Operator/Operator
- 4 Yes/Operator/Operator
- 5 Yes/Operator/Operator
- 6 Unknown

Damage Type Type

- 1 None
- 2 Blood
- 3 Other
- 4 Other

Damage Type Size/Severity

- 1 None
- 2 Moderate
- 3 Complete
- 4 Other
- 5 Operator
- 6 Operator
- 7 Other
- 8 Unknown At Time Of Reporting

Type Of Intersection

10

- 01 Not An Intersection
- 02 Point-By-Point Intersection
- 03 T-Intersection
- 04 T-Intersection
- 05 T-Intersection/Operator/Operator
- 06 Point-By-Point, Or None
- 07 On Ramp
- 08 Off Ramp
- 09 Unknown
- 10 Unknown/Operator
- 11 Safety Gate Crossing
- 12 Reverse-Use Point-By-Point
- 13 Unknown

Occurrence

6

- 1 On Roadway
- 2 On Roadway
- 3 In Motion
- 4 On Roadway
- 5 On Road
- 6 Operator/Operator
- 7 Operator/Operator

Road Condition

1

- 1 Wet/Slippery
- 2 Street/Other
- 3 Curve/Other
- 4 Curve/Other

Road Conditions

01

- 01 Dry
- 02 Wet
- 03 Snow
- 04 Ice
- 05 Sand, Mud, Dirt, Oil, Gravel
- 06 Other (Operator, Operator)
- 07 Other
- 08 Other
- 09 Not, None, Other, None
- 10 Operator
- 11 Operator

*Secondary From Operator ONLY

200404137

Methods of Collision or Impact - School Bus Related

1 Not Collided Between Two Vehicles in Transport
 2 Front-End
 3 Rear-End
 4 Side-to-Side
 5 Slant
 6 Front, Side Impact
 7 Rearward, Opposite Direction
 8 Unknown

Work Zone Related

1 No
 2 Yes

Weather

02

Type of Work Zone

1 Lane Closed
 2 Lane Shift/Construction
 3 Work on Shoulder or Median
 4 Temporary Traffic Work
 5 Other

Location of Crash in Work Zone

1 Before Post Work Zone Warning Sign
 2 Between Warning Signs
 3 Temporary Sign
 4 Activity Area
 5 Warning Point

Light Conditions

1 Daytime
 2 Night
 3 Dawn
 4 Dawn - Limited Visibility
 5 Dawn - No Visibility
 6 Dawn - Reduced Visibility
 7 Dusk
 8 Dusk
 9 Unknown



Damage

Category (From Damage Pattern)

Address (Street, City, St, Zip Code)

Company Name

That Crash INVOLVED ONE OR MORE OF THE FOLLOWING:
 A TRUCK (POWER VEHICLE) WITH A GVWR OVER 10,000 LBS. FORWARD OR
 A TRUCK (POWER VEHICLE) WITH A GVWR EXCEEDING 10,000 LBS. OR
 A BUS DESIGNED FOR AT LEAST 6 PASSENGERS, INCLUDING DRIVER.

AND

The crash INVOLVED ONE OR MORE OF THE FOLLOWING:
 A FATALITY OR
 AN INJURY REQUIRING TRANSPORTATION FOR MEDICAL TREATMENT; OR
 AT LEAST ONE VEHICLE WAS TOWED DUE TO EXCESSIVE DAMAGE OR REPAIRS EXCEEDING \$500.00 (INCLUDING TOWING FEES).

Vehicle

Year 2004 **Make** Ford **Model** F-350 **Color** Blue **Weight (GVWR)** 11,000 LBS

CDL Class 1 Class A
 2 Class B
 3 Class C
 4 Class D
 5 Class E

Hazardous Materials Placard
 1 No
 2 Yes
 3 Unknown

Hazardous Materials Transported
 1 No
 2 Yes
 3 Not Applicable
 4 Unknown

Police Action

Report Taken By 1 POLICE AGENT
 2 Sheriff

Report Taken At 1 Scene
 2 Station
 3 Other

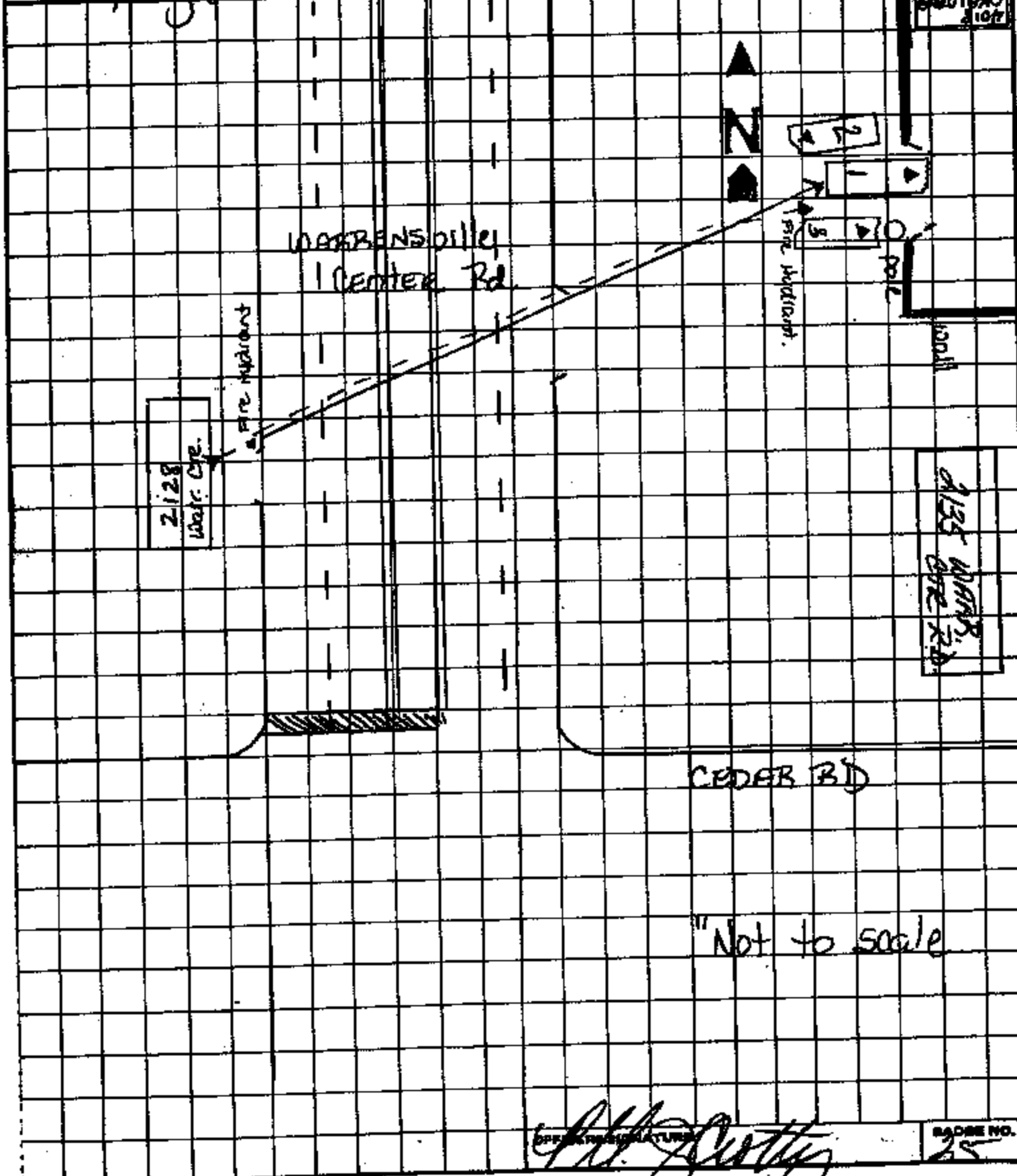
Supplemental "N" if Yes

120420041333 **1334** **1339** **1510** **60** **157**

Officer Name Mr. Crotty **Case No.** 12052004

Report Taken By 1 **Report Taken At** 1 **Supplemental "N" if Yes** 200404137

LOCAL REPORT NUMBER 2004-04137	REPORTING AGENCY South Euclid Police	DATE OF CRASH 12/10/04
IN COUNTY OF Cuyahoga	CRASH LOCATION 2128 Warrensville Ctr. Rd.	



DAIMLERCHRYSLER

DaimlerChrysler Corporation
Customer Claims Resolution Group

December 29, 2004

[REDACTED]
Shaker Heights, OH [REDACTED]

Re: 2004 Jeep Grand Cherokee, Vin # 1J4GW58N0 [REDACTED]

Dear [REDACTED]:

Thank you for contacting DaimlerChrysler Corporation and raising concerns that you have with the above referenced vehicle. DaimlerChrysler Corporation conducted an investigation into the incident and inspected the vehicle.

Based on the information we received, DaimlerChrysler Corporation must deny your claim. Thank you again for raising your concerns with DaimlerChrysler Corporation. We suggest further inquires be directed to your insurance company.

Very truly yours,

Customer Claims Resolution Group

DAIMLERCHRYSLER

DaimlerChrysler Corporation
Customer Claims Resolution Group

December 10, 2004

[REDACTED]
[REDACTED]
Shaker Heights, OH [REDACTED]

Re: Vehicle: 2004 JEEP GRAND CHEROKEE
VIN: 1J4GW58N0 [REDACTED]

Dear [REDACTED]

Thank you for contacting DaimlerChrysler Corporation in regard to the above referenced vehicle. We are in the process of reviewing your file and will inform you of our decision as soon as practicable.

If a vehicle inspection is necessary, you will be contacted by our inspector to set up a vehicle inspection appointment.

Please allow 2 weeks from the date of this letter for processing of your claim. You will be contacted either by telephone or letter.

If you have not been contacted or, should you have any questions, only after the full 2 week period, you may call the number below. Thank you for your cooperation.

Customer Claims Resolution Group

1-866-432-1329 (toll free)

Vanessa

State Farm Insurance Companies



December 16, 2004

7088 West 130th St.
Middleburg Hts., OH 44130
Toll Free: 1-866-255-2828
Bedford Hts. Fax: 440-438-8605
Southland Fax: 440-888-7409
Youngstown Fax: 330-533-7803

[REDACTED]
Shaker Hts, OH [REDACTED]

RE: Claim Number: [REDACTED]
Date of Loss: December 4, 2004

Dear [REDACTED]

Enclosed please find a Power of Attorney form to be signed by the TITLED OWNER of the vehicle and NOTARIZED giving State Farm the authority to transfer the title from your name to State Farm Mutual Automobile Insurance Company.

I have enclosed a return envelope for your convenience.

Sincerely,

Mikki Haddox-x4741
Claim Representative
(866) 255-2828

State Farm Mutual Automobile Insurance Company

ko

Enclosures: Power of Attorney
Envelope

State Farm Insurance Companies



7088 West 130th St.
Middleburg Hts., OH 44130
Toll Free: 1-866-255-2828
Bedford Hts. Fax: 440-439-8805
Southland Fax: 440-898-7408
Youngstown Fax: 330-839-7803

December 16, 2004

[REDACTED]
Shaker Hts, OH [REDACTED]

RE: Claim Number: [REDACTED]
Date of Loss: December 4, 2004
Our Insured: [REDACTED]

Dear [REDACTED]

We are providing you/the lienholder with your claim payment for the total loss of your vehicle. As discussed earlier, your policy provides for payment of the actual cash value of your vehicle, less any applicable deductible. Actual cash value is determined by the market value, age, and condition of your vehicle at the time the loss occurred.

To assist us in determining actual cash value, we consider information obtained by our representatives, and information provided by you, vehicle valuation services, and other sources. If now or later, you have additional information you wish us to consider or if you believe we have not correctly determined the actual cash value of your vehicle, please contact me at the number indicated below.

The amount payable to you was determined as follows:

Actual cash value	\$26510.00
Plus: Taxes	+2120.80
License and title fees	+5.00
Less: Deductible	-500.00
Retained Salvage Value (if applicable)	-0
Payment to Lienholder (if applicable)	-13019.47
Net amount payable to you	\$15116.33

Page 2
December 16, 2004

If you cannot find a comparable vehicle available for purchase within 35 days of receipt of the settlement, you may have the right to renegotiate. You must contact us within 35 days of the settlement for me to consider this option.

Sincerely,

Mikki Haddox-x4741
Claim Representative
(866) 255-2828

State Farm Mutual Automobile Insurance Company
7088 West 130th St.
Middleburg Hts., OH 44130

ko

Vehicle defect report

Make: JEEP Model: GRAND CHEROKEE Year: 2004

Manufacturer: DAIMLER/CHRYSLER CORPORATION

Crash: YES Fire: NO Number of injuries: 1

ODI ID Number: Date of failure: DECEMBER 4, 2004

VIN: 1J4GW58N [REDACTED]

Component: Vehicle speed control, brake failure

Summary: Spontaneous acceleration coming off a car wash line. When the car wash attendant turned the ignition on, the car took off by itself with a huge power surge, and charged out of the car wash, hitting a fire hydrant and dragging it diagonally across five lanes of traffic, through another parking lot, hitting two parked cars and moving them apart and finally crashing through a 9 foot brick wall. Brakes were applied the entire time, but did no good. The driver was concentrating on not hitting pedestrians as the location was very busy with both cars and pedestrians. The whole incident only took a few seconds until the final crash with the car going at least 40 mph. The airbag inflated so the driver emerged unscathed, but the other car wash attendant who was in the back, was taken to the hospital with a case of whiplash from the sudden acceleration. The two parked cars which were hit were not drivable. Daimler/Chrysler denied any responsibility for a defect in the vehicle. The Jeep was totaled as the only thing in good condition was the leather upholstery, according to the police report.

Submitted by: [REDACTED] (Jeep owner)

Shaker Heights OH [REDACTED]

[REDACTED]

