



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
2005 FEB - 08 11:41
08-FEB-2005

Repository
Reference No.
10111039

OWNER INFORMATION (Type or Print)

Name _____
Address _____
City TERRE HAUTE State IN Zip Code _____
Evening Telephone Number _____
Email Address _____

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 disclose your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 2/23/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield on driver's side
1G2NE14 _____
Make PONTIAC Model GRAND AM Year 1991
Date Purchased 2-30-04 Dealer's Name and Telephone Number Plus North Motors 460-0000 Engine: No. Cylinders 6 Fuel Type: Gas
Original Owner Dealer's City Terre Haute State IN Zip Code _____
Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain FRONT WHEEL DRIVE Vehicle Component Code 151000 SEAT BELTS:FRONT Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 22-JAN-2005 Failure Mileage _____ Failure Speed _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make Goodyear Tire Model (Name or Number) Aviva 70-14 Tire Size (Example P215/65R15) _____
DOT No. (Example: DOTMALRABC038) Original Equipment Prior Repair Failure Location: _____
Tire Component Code Goodyear Aviva Tire Failure Type 70-14'S

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

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

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash Yes No Fire Yes No Number of Persons Injured 1 Number of Deaths 0 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).

THE DRIVER LOST CONTROL OF THE VEHICLE DUE TO INCLEMENT WEATHER. VEHICLE HIT THE GUARD RAIL. AND AS A RESULT, DRIVERS FACE HIT THE WINDSHIELD BECAUSE THE SEAT BELT DID NOT OPERATE AND LOCK. DEALER WAS INFORMED BY CONSUMER. *AK

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

The Privacy Act of 1974 (Public Law 93-579) 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.

Sat. morning
APR 11:50AM

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

On 1-22-05 traveling S. on Brown Ave. Approached
Diplom (yellow) yellow light. Braked lightly. Its must
have struck (A rear brake) because I remember picking
up speed. I only remember stopping under
guidelines (to be when) my head hit the windshield
A witness states I hit 5 guidelines, that
I don't remember. It had to have happened
so fast or something, I don't know, but my
head still hurts. I was wearing my seat belt
because my previous accident. I was
sitting in a safe seat over the door. I don't
know you

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 79179 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

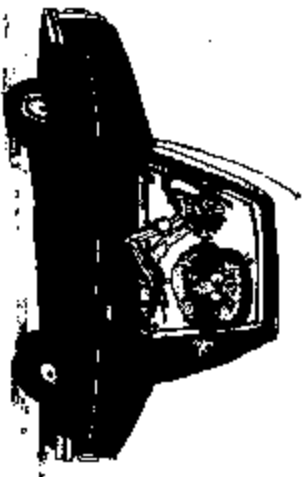
DASH2DOT

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



INDIANA OFFICER'S STANDARD CRASH REPORT

State Form 22658 (Revised 5/83) Book 202
Mail to:

Indiana State Police, Crash Records Section
900 North Senate Avenue, Indianapolis, IN 46204

001120972

Report Original Supplemental Page 1 of 4

Local ID 05-340

Date of Crash Month <u>01</u> Day <u>27</u> Year <u>05</u>	Day of Week <u>SAT</u>	Actual Local Time <u>1133</u> <input type="radio"/> AM <input type="radio"/> PM	County <u>Vigo</u>	Township <u>HARRISON</u>	# Motor Vehicles <u>1</u>	# Injured <u>1</u>	# Dead <u>0</u>	# Commercial Vehicles <u>0</u>	# Deer <u>0</u>
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Road Crash Occurred On <u>BROWN AVE</u>	Nearest Intersecting Road/Highway/Interchange <u>POPLAR ST</u>	If not at an intersection, number of feet from <u>50</u>	Direction <u>S</u>	Road Class. <input type="radio"/> Interstate <input type="radio"/> County Road <input type="radio"/> US Road <input checked="" type="radio"/> Local/City Road <input type="radio"/> State Road <input type="radio"/> Other
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Is this Corporate Limited? <input checked="" type="radio"/> Yes <input type="radio"/> No	City/Town or Nearest City/Town <u>TEARL HONTS, IN</u>	Property? <input type="radio"/> Private <input checked="" type="radio"/> DNR <input type="radio"/> Other	Crash Latitude	Crash Longitude
---	--	---	----------------	-----------------

Driver #1 _____	Driver #2 _____	Driver #3 _____	Driver #4 _____
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Fill in only one Primary Cause for the crash

Fill in up to two ovals per vehicle for Driver Contributing Circumstances

Fill in one oval per vehicle for Vehicle and Environment Contributing Circumstances

Primary Cause Vehicle 1	Primary Cause Vehicle 2	Primary Cause Vehicle 3	Primary Cause Vehicle 4
<input type="radio"/> Driver Contributing Circumstances	<input type="radio"/> Vehicle Contributing Circumstances	<input type="radio"/> Vehicle Contributing Circumstances	<input type="radio"/> Vehicle Contributing Circumstances
<input type="radio"/> Alcoholic Beverages	<input type="radio"/> Engine Failure or Defective	<input type="radio"/> Engine Failure or Defective	<input type="radio"/> Engine Failure or Defective
<input type="radio"/> Illegal Drugs	<input type="radio"/> Accelerator or Failure or Defective	<input type="radio"/> Accelerator or Failure or Defective	<input type="radio"/> Accelerator or Failure or Defective
<input type="radio"/> Prescription Drugs	<input type="radio"/> Brake Failure or Defective	<input type="radio"/> Brake Failure or Defective	<input type="radio"/> Brake Failure or Defective
<input type="radio"/> Driver Asleep or Fatigued	<input type="radio"/> Tire Failure or Defective	<input type="radio"/> Tire Failure or Defective	<input type="radio"/> Tire Failure or Defective
<input type="radio"/> Driver Illness	<input type="radio"/> Headlights Defective or Not On	<input type="radio"/> Headlights Defective or Not On	<input type="radio"/> Headlights Defective or Not On
<input type="radio"/> Unsafe Speed	<input type="radio"/> Other Lights Defective	<input type="radio"/> Other Lights Defective	<input type="radio"/> Other Lights Defective
<input type="radio"/> Failure to Yield Right of Way	<input type="radio"/> Steering Failure	<input type="radio"/> Steering Failure	<input type="radio"/> Steering Failure
<input type="radio"/> Discarded Signs/Regulatory Sign	<input type="radio"/> Windows/Windshield Defective	<input type="radio"/> Windows/Windshield Defective	<input type="radio"/> Windows/Windshield Defective
<input type="radio"/> Left of Center	<input type="radio"/> Overload/Overweight Load	<input type="radio"/> Overload/Overweight Load	<input type="radio"/> Overload/Overweight Load
<input type="radio"/> Improper Passing	<input type="radio"/> Insecure/Leaky Load	<input type="radio"/> Insecure/Leaky Load	<input type="radio"/> Insecure/Leaky Load
<input type="radio"/> Improper Turning	<input type="radio"/> Tow Hitch Failure	<input type="radio"/> Tow Hitch Failure	<input type="radio"/> Tow Hitch Failure
<input type="radio"/> Improper Lane Usage	<input type="radio"/> Other (Explain in Narrative)	<input type="radio"/> Other (Explain in Narrative)	<input type="radio"/> Other (Explain in Narrative)
<input type="radio"/> Following Too Closely	<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> None
<input type="radio"/> Unsafe Backing	<input type="radio"/> Environment Contributing Circumstances	<input type="radio"/> Environment Contributing Circumstances	<input type="radio"/> Environment Contributing Circumstances
<input type="radio"/> Overcorrecting/Oversteering	<input type="radio"/> Glare	<input type="radio"/> Glare	<input type="radio"/> Glare
<input type="radio"/> Run off Road	<input type="radio"/> Roadway Surface Condition	<input type="radio"/> Roadway Surface Condition	<input type="radio"/> Roadway Surface Condition
<input type="radio"/> Wrong Way on One Way	<input type="radio"/> Holes/Ruts in Surface	<input type="radio"/> Holes/Ruts in Surface	<input type="radio"/> Holes/Ruts in Surface
<input type="radio"/> Pedestrian's Action	<input type="radio"/> Shoulder Defective	<input type="radio"/> Shoulder Defective	<input type="radio"/> Shoulder Defective
<input type="radio"/> Passenger Distraction	<input type="radio"/> Road Under Construction	<input type="radio"/> Road Under Construction	<input type="radio"/> Road Under Construction
<input type="radio"/> Violation of License Restriction	<input type="radio"/> Severe Crosswinds	<input type="radio"/> Severe Crosswinds	<input type="radio"/> Severe Crosswinds
<input type="radio"/> Jackknifing	<input type="radio"/> Obstruction Not Marked	<input type="radio"/> Obstruction Not Marked	<input type="radio"/> Obstruction Not Marked
<input type="radio"/> Cell Phone Usage	<input type="radio"/> Lane Marking Obscured	<input type="radio"/> Lane Marking Obscured	<input type="radio"/> Lane Marking Obscured
<input type="radio"/> Other (Explain in Narrative)	<input type="radio"/> Wear Obstructed	<input type="radio"/> Wear Obstructed	<input type="radio"/> Wear Obstructed
<input type="radio"/> Speed Too Fast for Weather Conditions	<input type="radio"/> Animal/Object in Roadway	<input type="radio"/> Animal/Object in Roadway	<input type="radio"/> Animal/Object in Roadway
<input type="radio"/> Other (Explain in Narrative)	<input type="radio"/> Traffic Control Inoperative	<input type="radio"/> Traffic Control Inoperative	<input type="radio"/> Traffic Control Inoperative
<input type="radio"/> None	<input type="radio"/> Missing/Obscured	<input type="radio"/> Missing/Obscured	<input type="radio"/> Missing/Obscured
	<input type="radio"/> Utility Work	<input type="radio"/> Utility Work	<input type="radio"/> Utility Work
	<input type="radio"/> Other (Explain in Narrative)	<input type="radio"/> Other (Explain in Narrative)	<input type="radio"/> Other (Explain in Narrative)
	<input type="radio"/> None	<input type="radio"/> None	<input type="radio"/> None

Total Estimate of all damage in the crash

Under \$1000 \$2501-\$5000 \$10,001-\$25,000 \$50,001-\$100,000

\$1001-\$2500 \$2501-\$10,000 \$25,001-\$50,000 Over \$100,000

Other Property Damage (Include Cargo)

Name of Object <u>Guide Wire</u>	State <input type="radio"/> Yes <input type="radio"/> No	Property <input checked="" type="radio"/> No
(2)	State <input type="radio"/> Yes <input type="radio"/> No	Property <input type="radio"/> No
Owner's Name and Address		

Area Information: Fill in one oval per category

Hit and Run <input type="radio"/> Yes <input checked="" type="radio"/> No	Light Condition <input checked="" type="radio"/> Daylight <input type="radio"/> Dawn/Dusk <input type="radio"/> Dark (Lighted) <input type="radio"/> Dark (Not Lighted) <input type="radio"/> Unknown	Type of Median <input type="radio"/> Driveway <input type="radio"/> Curbed <input type="radio"/> Barrier Wall <input checked="" type="radio"/> None
Locality <input type="radio"/> Rural <input checked="" type="radio"/> Urban	Weather Conditions <input type="radio"/> Clear <input type="radio"/> Cloudy <input type="radio"/> Rain <input type="radio"/> Snow <input type="radio"/> Sleet/Hail <input type="radio"/> Freezing Rain <input type="radio"/> Fog/Smoke/Fumes <input type="radio"/> Severe Cross Wind <input type="radio"/> Blowing Sand/Salt/Snow	Type of Roadway Junction <input type="radio"/> No Junction Involved <input checked="" type="radio"/> Four-Way Intersection <input type="radio"/> T-Intersection <input type="radio"/> Y-Intersection <input type="radio"/> Circle/Roundabout <input type="radio"/> Fire Point or More Interchange <input type="radio"/> Ramp
School Zone <input type="radio"/> Yes <input checked="" type="radio"/> No	Surface Condition <input type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Muddy <input type="radio"/> Snow/Slush <input checked="" type="radio"/> Ice <input type="radio"/> Loose Material on Road (Gravel etc.) <input type="radio"/> Water (Standing or Moving)	Road Character <input type="radio"/> Straight/Level <input checked="" type="radio"/> Straight/Curve <input type="radio"/> Straight/Micro <input type="radio"/> Curve/Level <input type="radio"/> Curve/Curve <input type="radio"/> Curve/Hillcrest <input type="radio"/> Non-Roadway Creek
Rumble Strips <input type="radio"/> Yes <input checked="" type="radio"/> No	Construction <input type="radio"/> Yes* <input checked="" type="radio"/> No <input type="radio"/> Back-up	Roadway Surface <input checked="" type="radio"/> Asphalt <input type="radio"/> Concrete <input type="radio"/> Gravel <input type="radio"/> Other
Construction Type <input type="radio"/> Lane Closure <input type="radio"/> X-Over/Lane Shift <input type="radio"/> Work on Shoulder <input type="radio"/> Intermittent or Moving Work	Was this crash a result of aggressive driving? <input type="radio"/> Yes <input checked="" type="radio"/> No	Traffic Control Devices <input type="radio"/> Officer/Crossing Guard/Flagman <input type="radio"/> Stop Sign <input type="radio"/> Yield Sign <input type="radio"/> Lane Control <input type="radio"/> No Passing Zone <input type="radio"/> Other (Explain in Narrative) <input type="radio"/> None
*Traffic Control Device Operational? <input checked="" type="radio"/> Yes <input type="radio"/> No		

Witness/Other Participant		Non-Motorist	Last Name, First Name, MI
<input type="radio"/> Witness	# (Last Name, First Name, MI)	Non-Motorist <input type="radio"/> Pedestrian <input type="radio"/> Paddcyclist <input type="radio"/> Other	Apparent Physical Condition <input type="radio"/> Normal <input type="radio"/> Had Been Drinking <input type="radio"/> Handicapped <input type="radio"/> II <input type="radio"/> Asleep/Fatigued <input type="radio"/> Drugs/Medication <input type="radio"/> Unknown
<input type="radio"/> Other Participant	Address etc.	Class? <input type="radio"/> Yes <input type="radio"/> No	Non-Motorist Action <input type="radio"/> On designated non-motorist lane <input type="radio"/> Not in roadway <input type="radio"/> On shoulder <input type="radio"/> On roadway <input type="radio"/> With traffic <input type="radio"/> Against traffic <input type="radio"/> Crossing at intersection <input type="radio"/> Crossing not at intersection
Phone #	Location at Time of Crash	Direction	<input type="radio"/> Moving <input type="radio"/> Standing <input type="radio"/> Working <input type="radio"/> Getting In or out of a vehicle <input type="radio"/> Getting off or on a school bus <input type="radio"/> Other (Explain in Narrative)
<input type="radio"/> Witness	# (Last Name, First Name, MI)	Street/Highway	Traffic Control? <input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> Other Participant	Address etc.		If yes, was traffic control operational? <input type="radio"/> Yes <input type="radio"/> No
Phone #	Location at Time of Crash		

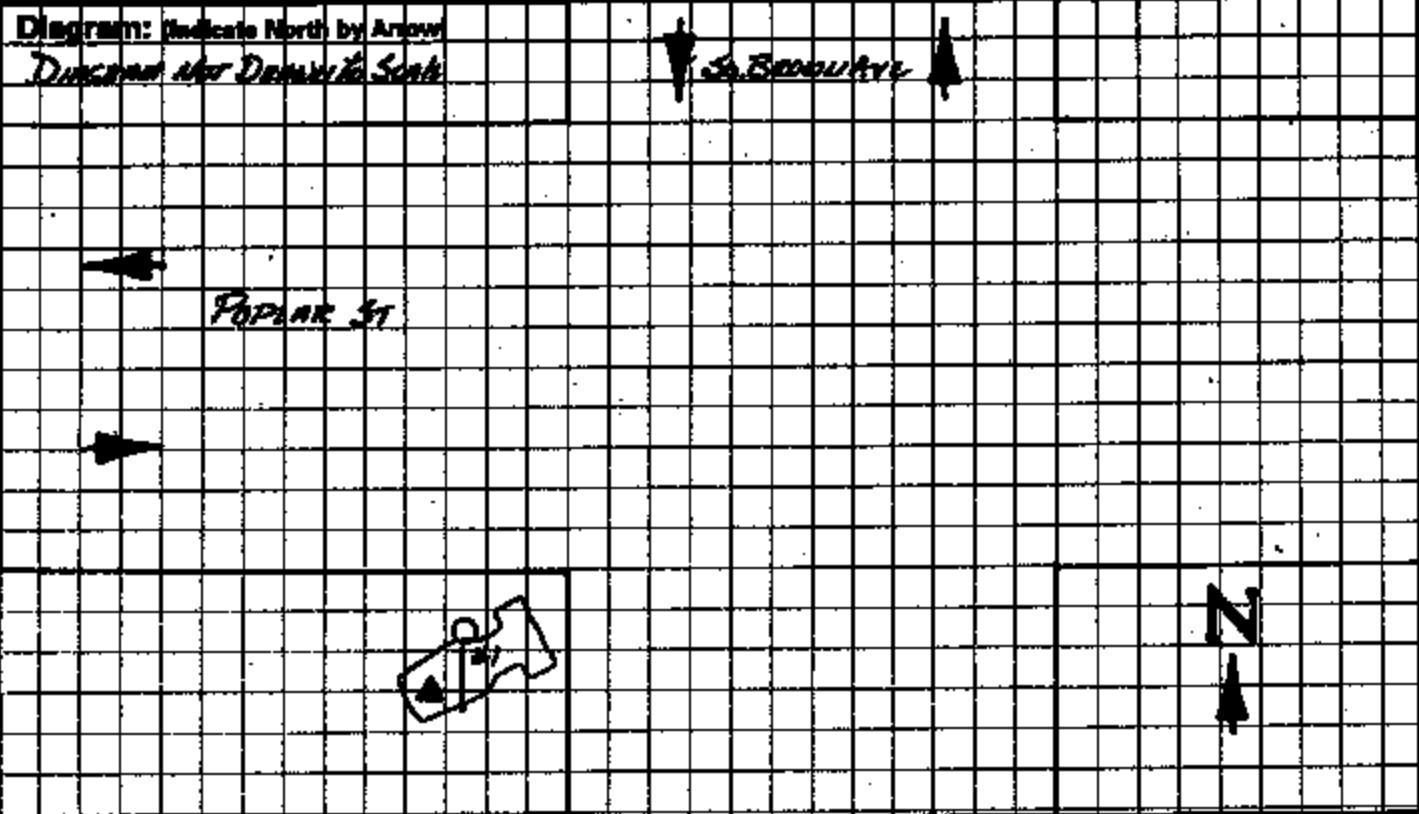


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Type of Crash

<input type="radio"/> Rear End	<input type="radio"/> Same Direction Sideswipe	<input type="radio"/> Right Angle	<input type="radio"/> Backing Crash
<input checked="" type="radio"/> Head On	<input type="radio"/> Opposite Direction Sideswipe	<input type="radio"/> Left Turn	<input type="radio"/> Other
<input type="radio"/> Rear to Rear	<input type="radio"/> Ran off Road	<input type="radio"/> Right Turn	<input type="radio"/> Non-Collision

Left/Right Turn



Narrative:

DRIVER OF VEHICLE #1 WAS CONTINUING ON SOUTH BOUNDARY. DRIVER #1 STARTED SLAMMING BRAKE AND THE CAR STARTED SLIDING. THE VEHICLE ALSO WENT INTO ABOUT AND DID A 360 DEGREE CIRCLE. VEHICLE #1 WENT THROUGH THE INTERSECTION, OFF THE ROAD AND STRUCK A GUIDE/SUPPORT WIRE FOR A LIGHT POST. DRIVER #1 JUST BOUGHT THE VEHICLE FROM PLAZA ULOAN AND JABS AND AT THE TIME OF THE JOB THE SEAT BELTS WERE NOT WORN. THE BUSINESS WIFE SUCCEEDED TO CALL DRIVER #1 AS TO WHEN TO GET THE SEAT BELTS RETURNED. DRIVER #1 COMPLAINED OF ACHING PAIN AND WAS TRANSPORTED BY MEDIC 2121, TO ROYAL HOSPITAL EMERGENCY ROOM. DRIVER #1 WENT TO BE EXAMINED AND TREATED BY DR. LUPA. THERE WAS NO DAMAGE TO THE GUIDE/SUPPORT WIRE.

Time Notified <input checked="" type="radio"/> AM <input type="radio"/> PM <i>11:23 PM</i>	Time Arrived <input type="radio"/> AM <input checked="" type="radio"/> PM	Other Location of Investigation <i>ROYAL HOSPITAL EMERGENCY ROOM</i>		
Assisting Officer	ID No.	Agency	Investigation Complete? <input checked="" type="radio"/> Yes <input type="radio"/> No	Photos Taken? <input type="radio"/> Yes <input checked="" type="radio"/> No
Assisting Officer	ID No.	Agency	Date of Report <i>01 23 05</i>	Reviewing Officer
Investigating Officer (printed) <i>D. SMITHMEYER</i>	ID No. <i>57</i>	Agency <i>TEXAS HOUSTON POLICE DEPT</i>		

UNIT INFORMATION

Log#

05340

00110972

Page 3 of 4

Driver's Name (Last, First, MI) 1 [REDACTED]		Safety Equipment Used <input checked="" type="radio"/> No restraint <input type="radio"/> Helmet <input type="radio"/> Lap Belt Only <input type="radio"/> Airbag (No Restraint) <input type="radio"/> Harness (Only) <input type="radio"/> Airbag + Belt Restraint <input type="radio"/> Lap + Harness <input type="radio"/> Unknown <input type="radio"/> Child Restraint		Safety Equipment Effective? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable		Position / Impact <input type="radio"/> Not Ejected or Trapped <input type="radio"/> Partially Ejected <input type="radio"/> Ejected <input type="radio"/> Trapped In <input type="radio"/> Pinned Under <input type="radio"/> Unknown															
Address (Street, City, State, Zip) [REDACTED]		Date (Month Day Year) [REDACTED]		Age [REDACTED]		Driver's License # [REDACTED]		Lic Type OP		CDL Class [REDACTED]		Lic State TX									
Apparent Physical Status <input checked="" type="radio"/> Normal <input type="radio"/> Had Been Drinking <input type="radio"/> Headclipped <input type="radio"/> II <input type="radio"/> Asleep/Fatigued <input type="radio"/> Drugs/Medication <input type="radio"/> Unknown		Restrictions <input type="radio"/> Glasses/Contact Lenses <input type="radio"/> Outside Rearview Mirror <input type="radio"/> Daylight Driving <input type="radio"/> Automatic Transmission <input type="radio"/> Special Controls <input type="radio"/> Employment Only <input type="radio"/> Motorcycle Only <input type="radio"/> To/From Employment		<input type="radio"/> Employer's Vehicle Only <input type="radio"/> State-Owned Vehicles Only <input type="radio"/> FP Chauffeur-Taxi Only <input type="radio"/> Power Steering <input type="radio"/> Special Restrictions <input type="radio"/> Probation DWI <input type="radio"/> Probation HTV <input type="radio"/> None		EMG No. [REDACTED]		History of Most Severe Injury <input type="radio"/> Severe <input type="radio"/> Internal <input type="radio"/> Minor Burn <input type="radio"/> Severe Burn <input type="radio"/> Abrasion <input type="radio"/> Minor Bleeding <input type="radio"/> Severe Bleeding (Arterial) <input type="radio"/> Fracture/Dislocation <input type="radio"/> Contusion/Scrub <input checked="" type="radio"/> Complaint of Pain <input type="radio"/> None Visible <input type="radio"/> Other (Explain in Narrative)		Location of Most Severe Injury <input type="radio"/> Chest <input checked="" type="radio"/> Neck <input type="radio"/> Eye <input type="radio"/> Face <input type="radio"/> Head <input type="radio"/> Back <input type="radio"/> Shoulder/Upper Arm <input type="radio"/> Elbow/Lower Arm <input type="radio"/> Abdomen/Pelvis <input type="radio"/> Hip/Lower Leg <input type="radio"/> Knee/Lower Leg/Foot <input type="radio"/> Entire Body											
Gender <input type="radio"/> Male <input checked="" type="radio"/> Female <input type="radio"/> Unknown		Test Status <input checked="" type="radio"/> None <input type="radio"/> Alcohol <input type="radio"/> Drug <input type="radio"/> Alcohol/Drug <input type="radio"/> Refused		Type Status <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Breath <input type="radio"/> SFST <input type="radio"/> PBT		Alcohol PBT: ___ Certified Test: ___ Pending: ___		Drugs <input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Pending		IC Code [REDACTED]		IC Code [REDACTED]									
Valid 1		Color BLK		Vehicle Year 1994		Make FORD		Model Name GRAND AM		Style ZD		Initial Impact Area <input type="radio"/> Undercarriage <input type="radio"/> Trailer <input type="radio"/> None <input type="radio"/> Unknown		Area Damaged (Front/Back) <input type="radio"/> Undercarriage <input type="radio"/> Trailer <input type="radio"/> None <input type="radio"/> Unknown							
# Occupants 1		Lic Year 04		License # [REDACTED]		License State TX		Vehicle Use <input checked="" type="radio"/> Personal (Farm, Company) <input type="radio"/> Commercial (Buses, Taxis, Common and Contract Carriers) <input type="radio"/> Rental, not leased <input type="radio"/> School <input type="radio"/> Police* <input type="radio"/> Fire* <input type="radio"/> Ambulance* <input type="radio"/> Military <input type="radio"/> Highway Department <input type="radio"/> Other Government (Postal, etc) <input type="radio"/> Public Utilities (Gas, Electric, etc) <input type="radio"/> Other (Explain in Narrative)		*Emergency Run? <input type="radio"/> Yes <input type="radio"/> No		Fire? <input type="radio"/> Yes <input type="radio"/> No									
# Axles 2		Speed Limit 30		Insured By ZUSWELM		Phone Number [REDACTED]		Vehicle Type <input checked="" type="radio"/> Passenger Car/Station Wagon <input type="radio"/> Pickup <input type="radio"/> Van <input type="radio"/> Sport Utility Vehicle <input type="radio"/> Truck (Single Unit 2 axle, 8 tires) <input type="radio"/> Truck (Single Unit 3 or more axles) <input type="radio"/> Truck/Trailer (not semi) <input type="radio"/> Tractor/One Semi Trailer <input type="radio"/> Tractor/Cable Trailers <input type="radio"/> Tractor/Trip Trailers <input type="radio"/> Tractor (Cab Only-No Trailer) <input type="radio"/> Motor Home/Recreational Vehicle <input type="radio"/> Motorcycle <input type="radio"/> Bus/Seats 9-15 Persons including the driver <input type="radio"/> Bus/Seats 15+ Persons including the driver <input type="radio"/> School Bus <input type="radio"/> Farm Vehicle <input type="radio"/> Combination Vehicle <input type="radio"/> Unknown Type (not classified) <input type="radio"/> Moped		Pre-Crash Vehicle Action <input checked="" type="radio"/> Going Straight <input type="radio"/> Backing <input type="radio"/> Changing Lanes <input type="radio"/> Overtaking/Passing <input type="radio"/> Turning Right <input type="radio"/> Turning Left <input type="radio"/> Making U Turn <input type="radio"/> Merging <input type="radio"/> Starting In Traffic <input type="radio"/> Driving Left of Center <input type="radio"/> Crossing the Median <input type="radio"/> Slowing or Stopped in Traffic <input type="radio"/> Unattended Moving Vehicle <input type="radio"/> Avoiding Object in Road <input type="radio"/> Entering Traffic Lane <input type="radio"/> Leaving Traffic Lane <input type="radio"/> Parked											
Registered Owner's Name (Last, First, MI) [REDACTED]		<input checked="" type="radio"/> Same as Driver		Address (Street, City, State, Zip) [REDACTED]		Towed? <input type="radio"/> Yes <input checked="" type="radio"/> No		Towed To [REDACTED]		Towed By [REDACTED]		Direction of Travel <input type="radio"/> North <input type="radio"/> East <input type="radio"/> Northeast <input type="radio"/> Southeast <input type="radio"/> South <input type="radio"/> West <input type="radio"/> Northwest <input type="radio"/> Southeast									
TR# [REDACTED]		Lic State [REDACTED]		Lic Year [REDACTED]		Registered Owner's Name (Last, First, MI) [REDACTED]		<input type="radio"/> Same as Driver		Type of Primary/Secondary Roadway One Way Traffic <input type="radio"/> One Lane <input type="radio"/> Two Lanes <input type="radio"/> Multi-Lanes (2 or more) Two Way Traffic <input checked="" type="radio"/> Two Lanes <input type="radio"/> Multi-Lane Divided (3 or more) <input type="radio"/> Multi-Lane Undivided 2 way left turn <input type="radio"/> Multi-Lane Undivided (3 or more)		<input type="radio"/> Private Drive <input type="radio"/> Alley									
License # [REDACTED]		Address (Street, City, State, Zip) [REDACTED]		Veh Year [REDACTED]		Make [REDACTED]		TR# [REDACTED]		Lic State [REDACTED]		Lic Year [REDACTED]		Registered Owner's Name (Last, First, MI) [REDACTED]		<input type="radio"/> Same as Driver					
License # [REDACTED]		Address (Street, City, State, Zip) [REDACTED]		Veh Year [REDACTED]		Make [REDACTED]		TR# [REDACTED]		Lic State [REDACTED]		Lic Year [REDACTED]		Registered Owner's Name (Last, First, MI) [REDACTED]		<input type="radio"/> Same as Driver					
HAZMAT Proper Shipping Name: [REDACTED]		US DOT# [REDACTED]		ICC# [REDACTED]		State DOT# [REDACTED]		Vehicle Identification # [REDACTED]		CMV Inspection? <input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> L1 <input type="radio"/> L2		HAZMAT Proper Shipping Name: [REDACTED]		US DOT# [REDACTED]		ICC# [REDACTED]		State DOT# [REDACTED]	
Gross Vehicle Weight Rating (GVWR) <input type="radio"/> Less than 10,000# <input type="radio"/> 10,001-20,000# <input type="radio"/> 20,001# or more		Cargo Body Type <input type="radio"/> Grain, Chp, Gravel, Cool <input type="radio"/> Flatbed <input type="radio"/> Dump <input type="radio"/> Box <input type="radio"/> Yes/Enclosed Box <input type="radio"/> Cargo Tent <input type="radio"/> Garbage/Refuse <input type="radio"/> Concrete Mixer <input type="radio"/> Auto Transport <input type="radio"/> Pole <input type="radio"/> Other (Explain in Narrative)		HAZMAT <input type="radio"/> Yes <input type="radio"/> No		HAZMAT <input type="radio"/> Yes <input type="radio"/> No		HAZMAT 4-Digit ID # [REDACTED]		Hazard Class # [REDACTED]		HAZMAT <input type="radio"/> Yes <input type="radio"/> No		HAZMAT <input type="radio"/> Yes <input type="radio"/> No		HAZMAT 4-Digit ID # [REDACTED]		Hazard Class # [REDACTED]			
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UNIT INFORMATION

Local ID: 05-000

00112097E

Off Driver's Name (Last, First, MI)

Address (Street, City, State, Zip)

Date of Birth (Month, Day, Year) and Age

Driver's License #, Lic Type, CDL Class, Lic State

Apparent Physical Status: Normal, Had Been Drinking, Handicapped, IS, Asleep/Fatigued, Drugged/Intoxicated, Unknown

Gender, Foot Control, Type Control, Alcohol, Respirator, Drug

Vehicle Year, Make, Model Name, Style

Occupants, Lic Year, License #, License State

Axles, Speed Limit, Insured By, Phone Number

Registered Owner's Name (Last, First, MI) Same as Driver

Address (Street, City, State, Zip)

Towed? Yes/No, Towed To, Towed By

Trif, Lic State, Lic Year, Registered Owner's Name (Last, First, MI) Same as Driver

License #, Address (Street, City, State, Zip)

Veh Year, Make

Trif, Lic State, Lic Year, Registered Owner's Name (Last, First, MI) Same as Driver

License #, Address (Street, City, State, Zip)

Veh Year, Make

Veh# Commercial Vehicle: Carrier's Name and Address

HAZMAT Proper Shipping Name

US DOT#, ICC#, State DOT#

Vehicle Identification #, CMV Inspection? if Yes/No, L1/L3

Gross Vehicle Weight Rating (GVWR): Less than 10,000#, 10,001-26,000#, 26,001# or more

Cargo Body Type: Grain, Chip, Gravel, Coal, Flatbed, Dump, Box, Vary Enclosed Box, Cargo Tank, Garbage/Waste, Concrete Mixer, Auto Transport, Pole, Other (Explain in Narrative)

HAZMAT Placard: Yes/No, HAZMAT Release of Cargo: Yes/No, HAZMAT 4-Digit ID #, Hazard Class #

Safety Equipment Used

No restraint, Lap Belt Only, Harness (Only), Lap + Harness, Child Restraint, Helmet, Airbag (No Restraint), Airbag + Belt Restraint, Unknown

Safety Equipment Effective?

Yes, No, Not Applicable

Position/Trapped

Not Ejected or Trapped, Partially Ejected, Ejected, Trapped in, Pinned Under, Unknown

EMS No.

Nature of Most Severe Injury

Severed, Internal, Minor Burn, Severe Burn, Amputation, Minor Bleeding, Severe Bleeding (Arterial), Fracture/Distraction, Contusion/Scrub, Complaint of Pain, Nose Valve, Other (Explain in Narrative)

Location of Most Severe Injury

Chest, Neck, Eye, Face, Head, Back, Shoulder/Upper Arm, Elbow/Lower Arm, Abdomen/Pelvis, Hip/Upper Leg, Knee/Lower Leg/Foot, Entire Body

Driver Injury Status

Fatal Injury, Non-Fatal Injury, Incapacitating, Non-Incapacitating, Possible Injury, Unknown, Refused

IC Code

Intoxication, Misdemeanor, Felony

IC Code

IC Code

Initial Impact Area

Undercarriage, Trailer, None, Unknown

Areas Damaged (Multiple)

Undercarriage, Trailer, None, Unknown

Vehicle Use

Personal (Farm, Company), Commercial (Buses, Taxis, Common and Contract Carriers), Rental, not leased, School, Police

Emergency Res?

Fire, Ambulance, Military, Highway Department, Other Government (Postal, etc), Public Utilities (Gas, Electric, etc), Other (Explain in Narrative)

Vehicle Type

Passenger Car/Station Wagon, Pickup, Van, Sport Utility Vehicle, Truck (Single Unit 2 axle, 6 tires), Truck (Single Unit 3 or more axle), Truck/Trailer (not semi), Tractor/One Semi Trailer, Tractor/Double Trailers, Tractor/Triples Trailers

Tractor (Cab Only-No Trailer), Motor Home/Recreational Vehicle, Motorcycle, Bus/Seats 9-15 Persons including the driver, Bus/Seats 16+ Persons including the driver, School Bus, Farm Vehicle, Combination Vehicle, Unknown Type (not classified), Moped

Pre-Crash Vehicle Action

Going Straight, Backing, Changing Lane, Overtaking/Passing, Turning Right

Turning Left, Making U Turn, Merging, Stopping in Traffic, Driving Left of Center, Crossing the Median

Slowing or Stopped in Traffic, Unattended Moving Vehicle, Avoiding Object in Road, Entering Traffic Lane, Leaving Traffic Lane, Parked

Direction of Travel

North, South, East, West, Northeast, Northwest, Southeast, Southwest

Type of Primary/Secondary Roadway

One Way Traffic, One Lane, Two Lanes, Multi-Lanes (3 or more)

Two Way Traffic, Two Lanes, Multi-Lane Divided (3 or more), Multi-Lane Undivided 2 way left turn, Multi-Lane Undivided (3 or more)

Private Drive, Alley

If a Collision Crash (Fill in only one oval in this category)

Another Motor Vehicle, Pedestrian, Bicycle, Impact Attenuator/Crash Cushion, Bridge Overhead Structure, Bridge Pier or Abutment, Bridge Parapet End, Bridge Rail, Guardrail Face, Guardrail End, Median Barrier, Highway Traffic Sign Post

Deer, Animal Other than Deer, Animal Driven Vehicle, Overhead Sign Post, Light Support, Utility Pole, Culvert, Embankment, Other Post/Pole/Support, Wall/Building/Tunnel, etc, Work Zone Maintenance Equip., Other (Explain in Narrative)

Or if a Non-Collision Crash (Fill in only one oval in this category)

Overturn/Rollover, Fire/Explosion, Immersion

Jackknife, Cargo/Equipment Shift or Loss, Off Roadway, Fall from vehicle