



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 1220

Date Received

Repository

2005 APR 10 FEB 2005

Reference No.
10111305

OWNER INFORMATION (Type or Print)

Name

Address

City WOODLAND HILLS

State CA

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

SAME

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 1/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1QNEK13T6YJ

Make

CHEVROLET

Model

TAHOE

Model Year

2000

Date Purchased

MAY 19, 2000

Dealer's Name and Telephone Number

WENTWORTH CHEV., 107 SE GRAND AVE

Engine:

No. Cylinders 8

Fuel Type:

INJECTION

Original Owner

Dealer's City

PORTLAND

State

OR

Zip Code

97214

FOODBOOK SYSTEM

Transmission Type

Antilock Brakes

Powertrain

Cruise Control

Vehicle Component Code

140000 AIR BAGS

(FRONT & SIDE)

Multiple Failures: 1

NONE DEPLOYED

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
02-JAN-2005

Failure Mileage
48000

Failure Speed
55 MPH

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example: P215/65R15)

DOT No. (Example: DOTM18ABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

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

Crash

Yes No

Fire

Yes No

Number of Persons Injured

1

Number of Deaths

0

Reported to Police

N

YES

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

WHILE DRIVING CONSUMER HIT A PATCH OF ICE WHICH SENT THE VEHICLE SLIDING, AND CAUSING AN ACCIDENT, HOWEVER, THE AIR BAGS DID NOT DEPLOY, AND CONSUMER WAS INJURED. CONSUMER CONTACTED THE DEALER, AND MANUFACTURER. *AK

SEE OVER

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.

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

WHILE DRIVING NORTH ON HWY 97, OREGON, FROM KHAMATHA FALLS AT ABOUT 4:10-4:20 PM, JAN 2, 2005, CAR HIT A LONG PATCH OF BLACK ICE JUST UNDER THE SNOW ON THE ROAD. CAR VEERED TO RIGHT SHARPLY, COULD NOT BE CONTROLLED BY STEERING OR BRAKES - SKIDDED INTO HILLSIDE SLOPE & HIT 4-5 FT HIGH BOULDER, BOUNCED BACK FROM DITCH & SWUNG AROUND FROM FRONTAL IMPACT TO DRIVER SIDE REAR IMPACT - ENDED UP AT ROADSIDE FACING OPPOSITE DIRECTION THAN ITS ORIGINAL. PASSENGER HAD SEAT BELT ON AS DID DRIVER, BOTH TROWN FORWARD AT IMPACT, PASSENGER'S CHEST HIT PADDED HANDLE ABOVE GLOVE COMPARTMENT - KNEES HIT UNDER THE DASH - NECK & RIGHT SHOULDER JERKED FORWARD & BACK AT LEAST TWICE. AFTERWARDS COULD NOT MOVE. 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

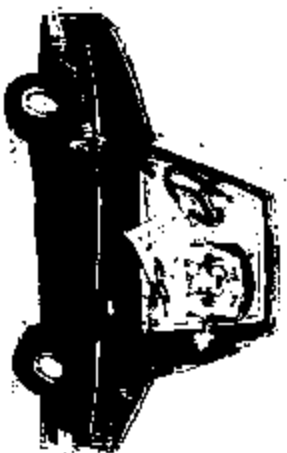


NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO 78178 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-218
400 7th Street, SW
Washington, DC 20590



U.S. Department of Transportation
National Highway Traffic Safety
Administration
www.nhtsa.dot.gov/online



DOT Auto Safety Hotline
(DASH) 2 DOT

1-888-DASH-2-DOT
1-888-327-4236

DASH2DOT
and dial toll free at

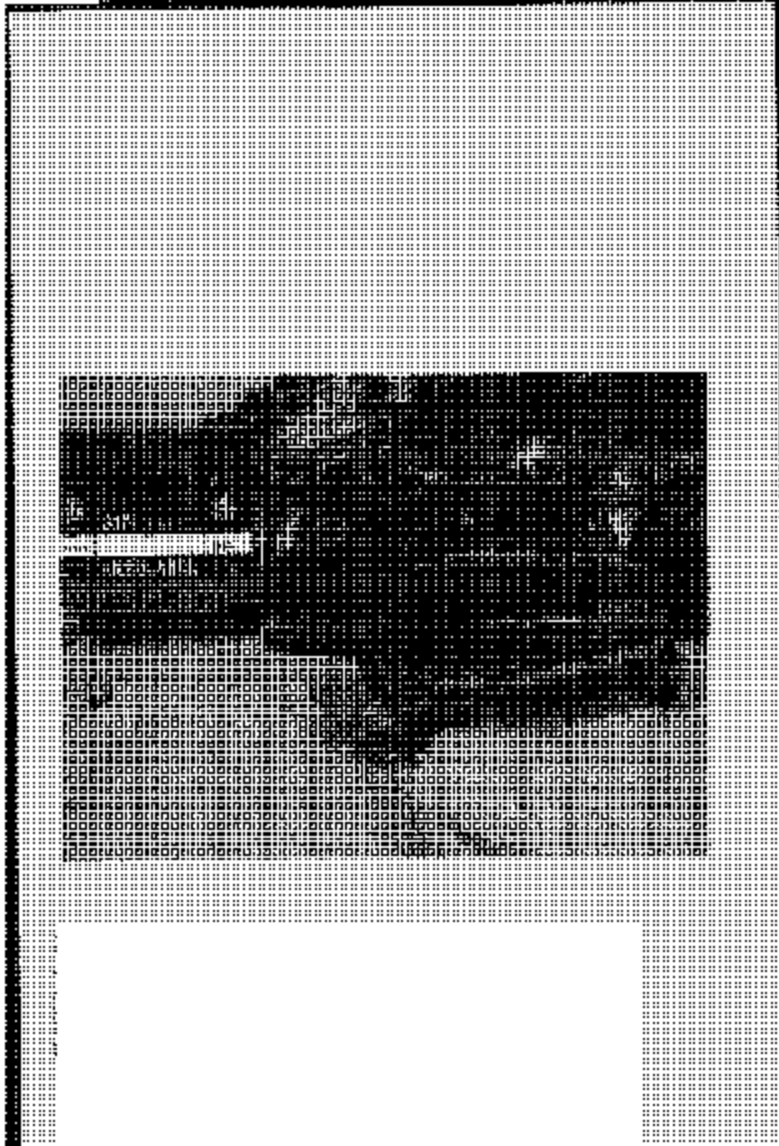
TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DOT AUTO SAFETY HOTLINE

QUESTIONNAIRE



**VEHICLE
OWNER'S**



COPY TO: GENERAL MOTORS
✓ DEPT OF TRANSPORTATION

Farmers Insurance Group
National Document Center
Oklahoma City, OK 73126-8993
claimsdocuments@farmersinsurance.com
Fax 877-2171389

Policyholders:
Claim Unit # 1005954813 -1-1
Policy Number 0157606432
Injured parties:
Claim Handler: Fatima Remines
March 12, 2005

To: Fatima Remines;

This letter is attached to the claims forms in order to provide more readable information about medical care and health conditions after our car crash on Jan. 2, 2005.

As you can read from Klamath Falls, Meryl West Hospital x-ray reports, no fractures of my upper body were evident, however my badly bruised knees were not photographed. The pictures of my chest could not show the interior damage done by the impact blow to my middle chest (probably from the dash board mounted handle above the glove-department) which stunned me with such pain that I could hardly breathe, extreme pain that has affected my daily routines, my work as a writer, my teaching, and my night sleep.

The x-rays did reveal a new condition: my heart as enlarged (which was not the case in other x-rays of my chest, the last had been in August 2004 at my HMO, Kaiser Permanente, Woodland Hills). Also, it seems that upper spine and right side of my neck, post-accident x-rays do indicate new abnormalities. These areas have also been involved in constant pain (moderate to severe) day and night which has, for about two and a half months, prevented my lifting ordinary household objects such as iron skillets, food-filled pans, flower pots, etc. Also, sweeping, raking, or vacuuming and general gardening are not possible for me now.

At night my sleep is interrupted three to four times by neck or shoulder pain, and I can no longer lie on my right side or turn my neck to the right. I wake in the morning with a headache radiating from the back of my neck into the back of my head. The worst pain, in my chest, has been debilitating for over two months. Before the accident, my irregular heart rhythm was controlled by digoxin (lanoxin) Upon impact in the accident, my heart beat became irregular and has not been controllable by digoxin, so Dr. Cydney Stewart has, for the first time, scheduled me for a cardioversion on March 18, 2005. The constant atrial fibrillation of my heart has robbed me of energy I need for working at the computer. Writing has

been a vocation for about forty years. As a poet and essayist most of my income came from teaching creative writing: in schools, colleges, art institutes and privately, with my credentials enhanced by many literary publications which pay very moderately or in copies. I've been engaged for the past three years in the writing of a non-fiction book, five chapters from completion. However, my present physical discomfort and limited energy has radically curtailed my work at the computer.

In other words, the routines of my life have been seriously affected by this accident. Much of this pain and suffering might have been prevented by the protection of the four air bags in our Tahoe —none of which deployed upon an impact that crushed the front of our car, jammed the front passenger door which I could not then open, and bent the car's frame beyond repair. We have not heard from General Motors as to what action they are going to take in this failure of protective air bags.

I was hired to teach 12 sessions of language arts - poetry at Locke High School, Inglewood, CA, by the Fulfillment Fund, College Pathways Project (1801 Avenue of the Stars, #250, Los Angeles, CA90067).

I taught two sessions on March 16, 2005 but had to quit because the four hour round trip drive was too strenuous after my accident-related injuries. My loss of income from that was \$1,100. My loss of opportunity in the literary community was of even more value to me.

As for the subject of replacement of our 2000 Tahoe car, we have to discuss that further with you. Please note the attached page for health care names and addresses.

Woodland Hills, CA

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continued: next page

Medical providers that have treated me since the accident. (Names and phone numbers)

Meryl West Hospital, Klamath Falls, OR., emergency room staff, physician, pulmonary technician, x-ray technician.

Johnathan Crawford, M.D., Internal Medicine, Kaiser Permanente, 5601 Desoto Ave, Woodland Hills, CA 91367, 800-484-4000 or 888-515-3500.

My medical record number at Kaiser is

Cydney Stewart, M.D., FACC, Cardiology, Kaiser, 818-719-3580

Michael Agress M.D., psychiatrist, Kaiser, 818-592-3030

Marci Gutler, L.C.S.W., Dept of Mental Health, Kaiser, phone above.

Steve Stern, director of Physical Therapy, Kaiser, 21263 Erwin St., Woodland Hills, CA 91365; 818-592-3188

Judy Lane, Chiropractor, P O Box 8188, Calabasas, CA 91372, 818-222-5636

POLICE INCIDENT / CASE NUMBER 05-002784	CRASH DATE 01-02-05	DAY OF WEEK MON	CRASH TIME 4:10 AM	POLICE NOTIFIED 4:12 AM	POLICE ARRIVAL 4:25 AM	DMV FILE NUMBER
COUNTY KLAMATH	ROAD ON WHICH CRASH OCCURRED VS HIGHWAY 97				MILE POST 260	DMV CODE
WITHIN FEET OF NEAREST INTERSECTING ROAD NEAR 1.5 MILES E W			WITHIN FEET OF NEAREST CITY / TOWN NEAR 12 MILES E W			KLAMATH FALLS
<input checked="" type="checkbox"/> PROPERTY DAMAGE <input type="checkbox"/> PUBLIC PROPERTY DAMAGE <input type="checkbox"/> BURN <input type="checkbox"/> FATAL <input type="checkbox"/> HAZARDOUS MATERIALS <input type="checkbox"/> HIT AND RUN <input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> TRAINING <input type="checkbox"/> TRUCK / BUS						

UNIT # 1	NAME (LAST, FIRST, MIDDLE)	DRIVER LICENSE NUMBER	STATE OR	SEX M	RACE W	DOB
PED						HOME PHONE
PRK	VEHICLE OWNER	RHODDONDENDON, OR				WORK PHONE
PRP	<input type="checkbox"/> SAME					

INS Y <input checked="" type="checkbox"/> N	STD SPD	INSURANCE COMPANY FARMERS	INSURANCE POLICY NUMBER 157606432
EXCITED Y <input checked="" type="checkbox"/> N	EXTRACTED Y <input checked="" type="checkbox"/> N	VEHICLE IDENTIFICATION NUMBER (VIN) 1GNEX13743	LICENSE PLATE NUMBER XRD 138
STATE OR	YEAR 00	MAKE CHEVROLET	MODEL / STYLE TANOE
COLOR BURG.	VEHICLE TOWED: <input checked="" type="checkbox"/> N		
BY: JAYS TOWING		TO: THEIR LOT	
VEHICLE DAMAGE		DRIVER TAKEN: <input checked="" type="checkbox"/> N	
		BY: EMS	
DAMAGE ESTIMATE: <input type="checkbox"/> NONE <input type="checkbox"/> UNDER \$100 <input checked="" type="checkbox"/> OVER \$100 <input type="checkbox"/> ROLLER <input type="checkbox"/> UNDERCARR <input type="checkbox"/> TOTALLED <input type="checkbox"/> UNKNOWN		INJURY: <input checked="" type="checkbox"/> INTERPRETED INJURIES <input type="checkbox"/> NONE <input type="checkbox"/> POSSIBLE <input type="checkbox"/> MINOR <input type="checkbox"/> SERIOUS <input type="checkbox"/> FATAL	
EQUIPMENT: <input type="checkbox"/> NO EQP USED <input type="checkbox"/> LAP ONLY <input type="checkbox"/> LAP/SHLDR <input type="checkbox"/> CHILD REST-PPF <input type="checkbox"/> AIRBAG-DEPLYD		ACTION / ARREST / CITES None	

SUBJECT NAME	AKA	IN CUSTODY Y N
ADDRESS	OTHER INFORMATION	
SEX RACE DOB HT WT HAIR EYES LOCAL ID		

UNIT #	NAME (LAST, FIRST, MIDDLE)	DRIVER LICENSE NUMBER	STATE SEX RACE DOB	
PED	ADDRESS	HOME PHONE		
PRK	VEHICLE OWNER	WORK PHONE		
PRP	<input type="checkbox"/> SAME			

INS Y <input type="checkbox"/> N	STD SPD	INSURANCE COMPANY	INSURANCE POLICY NUMBER
EXCITED Y <input type="checkbox"/> N	EXTRACTED Y <input type="checkbox"/> N	VEHICLE IDENTIFICATION NUMBER (VIN)	LICENSE PLATE NUMBER
STATE	YEAR	MAKE	MODEL / STYLE
COLOR	VEHICLE TOWED: Y N		
BY:		TO:	
VEHICLE DAMAGE		DRIVER TAKEN: Y N	
		BY:	
DAMAGE ESTIMATE: <input type="checkbox"/> NONE <input type="checkbox"/> UNDER \$100 <input type="checkbox"/> OVER \$100 <input type="checkbox"/> ROLLER <input type="checkbox"/> UNDERCARR <input type="checkbox"/> TOTALLED <input type="checkbox"/> UNKNOWN		INJURY: <input type="checkbox"/> NONE <input type="checkbox"/> POSSIBLE <input type="checkbox"/> MINOR <input type="checkbox"/> SERIOUS <input type="checkbox"/> FATAL	
EQUIPMENT: <input type="checkbox"/> NO EQP USED <input type="checkbox"/> LAP ONLY <input type="checkbox"/> LAP/SHLDR <input type="checkbox"/> CHILD REST-PPF <input type="checkbox"/> AIRBAG-DEPLYD		ACTION / ARREST / CITES	

UNIT #	<input checked="" type="checkbox"/> PASSENGER NAME	<input type="checkbox"/> WITNESS	ADDRESS
SEX RACE DOB	PHONE	INJURY: <input type="checkbox"/> NONE <input type="checkbox"/> POSSIBLE <input type="checkbox"/> SERIOUS <input type="checkbox"/> FATAL	
PASSENGER TAKEN: <input checked="" type="checkbox"/> N		LOCATION: <input type="checkbox"/> LF <input type="checkbox"/> CF <input checked="" type="checkbox"/> RR	
BY: EMS		OTHER: <input type="checkbox"/> OTHER	
TO: MWMC		EQUIPMENT: <input type="checkbox"/> NO EQP USED <input type="checkbox"/> LAP ONLY <input type="checkbox"/> LAP/SHLDR <input type="checkbox"/> CHILD REST-PPF <input type="checkbox"/> AIRBAG-DEPLYD	
		ACTION / ARREST / CITES	

UNIT #	<input type="checkbox"/> PASSENGER NAME	<input type="checkbox"/> WITNESS	ADDRESS
SEX RACE DOB	HOME PHONE	WORK PHONE	INJURY: <input type="checkbox"/> NONE <input type="checkbox"/> POSSIBLE <input type="checkbox"/> SERIOUS <input type="checkbox"/> FATAL
PASSENGER TAKEN: Y N		LOCATION: <input type="checkbox"/> LF <input type="checkbox"/> CF <input type="checkbox"/> RR	
BY:		OTHER: <input type="checkbox"/> OTHER	
		EQUIPMENT: <input type="checkbox"/> NO EQP USED <input type="checkbox"/> LAP ONLY <input type="checkbox"/> LAP/SHLDR <input type="checkbox"/> CHILD REST-PPF <input type="checkbox"/> AIRBAG-DEPLYD	
		ACTION / ARREST / CITES	

UNIT #	<input type="checkbox"/> PASSENGER NAME	<input type="checkbox"/> WITNESS	ADDRESS
SEX RACE DOB	HOME PHONE	WORK PHONE	INJURY: <input type="checkbox"/> NONE <input type="checkbox"/> POSSIBLE <input type="checkbox"/> SERIOUS <input type="checkbox"/> FATAL
PASSENGER TAKEN: Y N		LOCATION: <input type="checkbox"/> LF <input type="checkbox"/> CF <input type="checkbox"/> RR	
BY:		OTHER: <input type="checkbox"/> OTHER	
		EQUIPMENT: <input type="checkbox"/> NO EQP USED <input type="checkbox"/> LAP ONLY <input type="checkbox"/> LAP/SHLDR <input type="checkbox"/> CHILD REST-PPF <input type="checkbox"/> AIRBAG-DEPLYD	
		ACTION / ARREST / CITES	

OFFICER NAME / NUMBER DAVID CHAMBERS 599-36	DATE 1-2-05	AGENCY O.S.P.	APPROVED BY SMN 1-4-05
---	-----------------------	-------------------------	----------------------------------

From:
To:
Sent: Thursday, March 17, 2005 6:09 PM
Subject: Fw: Accident of 1/2/05

----- Forwarded by ----- /US/Raytheon on 03/17/2005 06:08 PM

dawn.mcguin@gm.com
To: -----
cc:
02/23/2005 10:57 AM Subject: Accident of 1/2/05

Dear

I have been granted permission to send you a copy of the air bag download disk. I have asked the investigator, Mr. Hastings to send me another copy. My copy is currently at engineering with the rest of my file. The technical review of your file is currently being completed and I will be in touch with you once my file has been returned to me. Please allow 6 months for a response.

I received a call from our investigator, Mr. Bill Smith, yesterday and he asked that I include his email address when I sent you mine. Mr. Smith's email address is william.smith@esis.com. Please contact me at 1:800.888.0164, ext 53380, Monday through Friday, 8:00 a.m. to 4:00 p.m., EST. should you have any questions regarding your claim. I will forward you a copy of the disk once I receive it.

Sincerely
Dawn McGuin
Claims Administrator
ESIS/GM Central Claims
(800)888-0164 ext 53380

AIR BAGS DID NOT DEPLOY

4/2/05

MAKE=L

YEAR=00

MODEL=C

ALL PRICES

Group 08 2000-2001 CK1,2,3 SHEET METAL/FRONT END

Illus 1 of 14 (TC08-641)

Add Notes using (Ctrl+F5)

CALL	PART #	GROUP	DESCRIPTION	USAGE	YEAR	QTY	H
045	88944417	08.130	FENDER, FRT(USED ON U.S. DOMESTIC BUILT VEHICLES WITH FIRST DIGIT W/VIN #1 OR 2)	CK1,2(03-53) (Z88)	00-01	01	L
045	88944417	08.130	FENDER, FRT(USED ON U.S. DOMESTIC BUILT VEHICLES WITH FIRST DIGIT W/VIN #1 OR 2)	CK1,2(06) (Z88)	00-00	01	L
045	88944418	08.130	FENDER, FRT(USED ON US BUILT VEHICLES W /STARTING VIN NUMBER OF 1 OR 2)	CK1,2(Z88)	00-00	01	R
045	88979809	08.130	FENDER, FRT(USED ON MEXICO BUILT VEHICLES WITH FIRST DIGIT VIN #3)	CK1,2(03-53) (Z88)	00-01	01	L
045	88979809	08.130	FENDER, FRT(USED ON MEXICO BUILT VEHICLES WITH FIRST DIGIT VIN #3)	CK1,2(06) (Z88)	00-00	01	L
045	88979959	08.130	FENDER, FRT(USED ON MEXICAN BUILT VEHICLE W/STARTING VIN NUMBER OF 3) (SEE 12476222 & 88944418 FENDERS FOR US BUILT VEHICLES.)	CK1,2(Z88)	00-00	01	R
046	10378916	08.155	SUPPORT, FRT W/H PNL(USED ON RH SIDE)	CK1,2	00-00	01	
047	11517887	08.900	BOLT/SCREW, HEX W/CON WA, M6X1X20, 24 O.D., P PT, 7114M(FRT W/H PNL SUPT BRKT)		00-02	01	
048	11517108	08.900	BOLT-HEX, M6X1.25X42, 37TND, 24 O.D., 9.8, 7112M(R/CMPT LID HGE LID SI)		00-02	04	
049	00356668	02.335	RETAINER, BAT HOLDN(PLASTIC)	CK1,2(EXC 8B0)	00-00	01	
049	00356668	02.335	RETAINER, BAT HOLDN(PLASTIC)	CK1,2(8B0)	00-00	02	
050	11508388	08.917	NUT, HEX W/CON WA, M6X1, 23.75 O.D., 5.55THX, 9, POR(HIGH MT S/LP RET) (8.915)		00-02	02	
051	15205909	08.155	BRACKET, FRT W/H PNL	CK1,2,3(EXC TP2,8B0,8Y9)	00-02	01	R

Page 5 of 7 < > F

Item Count: 102

CALLOUT>

Year Filter ON

18 13 00481 Z:8004801 DT022:PT 13 00481

Marie West Medical Center

SKIN
 see diagram
 sunburn / dry
 BACN see diagram
 no CVA
 no varicell
 no warts
 no rashes
EXTREMITIES
 no trauma
 no edema
 no tenderness
 no ROM

see diagram
 cervical joints-tenderness
 CVA tenderness
 muscle spasm / hyper ROM
 see diagram
 bony joint-tenderness
 painful / unable to bear weight
 pain deficit
 joint ROM
 limited ROM / ligaments taut / joint effusion



GARCIA, ANNET H
 01/10/68, Akron O
 02/02/88 JH
 7013200320
 00085145
 EIP
 01/09/88
 PLS BR
LABEL



Type: unchanged improved re-assessed
 unrelated secondary

JOINTS Swollen by use Swollen by rest Chilled w/ redness
 no trauma
 no edema
 no tenderness
 no ROM

no trauma
 no edema
 no tenderness
 no ROM

no trauma
 no edema
 no tenderness
 no ROM

no trauma
 no edema
 no tenderness
 no ROM

LABS Urine dip: neg 1+ 2+ 3+ blood
 CBC WBC: High

PROCEDURES and PROGRESS:
 Wound Description / Repair
 surgical 20 suture repair
 clean sutured wound / healthy
 distal NVT: no vascular status intact
 no tenderness
 no edema
 no ROM

no trauma
 no edema
 no tenderness
 no ROM

no trauma
 no edema
 no tenderness
 no ROM

no trauma
 no edema
 no tenderness
 no ROM

Discharged with Dr. _____
 will see patient in office / ED / hospital
 no given Medication 51502 T 20 00 10 10 10 10 10

Discharge with Dr. _____
 will see patient in office / ED / hospital
 no given Medication 51502 T 20 00 10 10 10 10 10

CLINICAL IMPRESSION:

head	white	R/L	normal / stable
face	normal	R/L	normal / stable
eyes	normal	R/L	normal / stable
ears	normal	R/L	normal / stable
throat	normal	R/L	normal / stable
chest	normal	R/L	normal / stable
abdomen	normal	R/L	normal / stable
back	normal	R/L	normal / stable
shoulder	normal	R/L	normal / stable
arm	normal	R/L	normal / stable
elbow	normal	R/L	normal / stable
forearm	normal	R/L	normal / stable

DISPOSITION: Discharge Admit Transfer

Disposition: Discharge Admit Transfer

Disposition: Discharge Admit Transfer

Disposition: Discharge Admit Transfer

F

Glidden, Alden B

DEP ER

EMR

MD305145

Glidden, Alden B

03/02/1928 76

01/03/2005 00172918

NAME **TYPE/EXAM** **RESULT**
000506832 RAD/CERVICAL SPINE 2-3 VIEWS 72 SEE REPORT

CERVICAL SPINE, THREE VIEWS, 1/02/2005, 1806 HOURS

CLINICAL HISTORY: Motor vehicle accident, neck pain. *CHEST-SEVERE PAIN & RIGHT SHOULDER*

FINDINGS: The bones of the cervical spine show mild degenerative facet changes in the mid cervical spine. There is no evidence of fracture. No prevertebral soft tissue swelling is identified. The odontoid shows no evidence of fracture.

IMPRESSION:

1) Facet arthritis, mid cervical spine. No evidence of fracture.

** REPORT SIGNATURE ON FILE 01/03/2005 **
Reported And Signed By: MARK S. GOODMAN, M.D.

CC: Glidden, Alden B

Technologist: KARI DEATHERAGE

D: 01/03/2005 (0733) T: 01/03/2005 (0932) MUSIM

P: 02/16/2005 (1007)

PAGE 1

Signed Report

13 11 000461 Z100046101 0702E1P4 13 000461

**THE ATTACHMENTS TO THIS
DOCUMENT HAVE BEEN REMOVED
TO PROTECT UNWARRANTED
INVASION OF PERSONAL PRIVACY
PURSUANT TO EXEMPTION 6 OF
THE FREEDOM OF INFORMATION
ACT (FOIA), 5 U.S.C. 552(b)(6).**