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 100216

Date Received 23-FEB-2005

Repository ☐

Reference No. I0112983

OWNER INFORMATION (Type or Print)

Name [redacted]

Address [redacted]

City NORTH LONG BEACH | State CA | Zip Code [redacted]

Daytime Telephone Number [redacted]

Evening Telephone Number [redacted]

E-mail 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 a[redacted]*s to the vehicle manufacturer.*
Signature of Owner [redacted] Date 3/8/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1FMDU34X2TU[redacted]	FORD	EXPLORER	1996

Date Purchased: 6-26-2002

Dealer's Name and Telephone Number: Quintin Castillo Villa Verde autos DLR #53744

Engine: No: Cylinders 6

Fuel Type: Gas

Original Owner ☐

Dealer's City: 9911 South Hoover ST Los Angeles CA 90044 | State CA | Zip Code 90044

Transmission Type: AUTOMATIC

☒ Antilock Brakes
☒ Cruise Control

Powertrain 4X4

Vehicle Component Code 020000 SUSPENSION 4X4

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
25-NOV-2004	116119	70	Front Left side Joint screw Broke.

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: DOTMAL9ABC036) | ☐ Original Equipment ☐ Prior Repair | Failure Location:

Tire Component Code | Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: | Date Manufactured: | Model No./Name:

Seat Type: | Installation System:

Child Seat Component Code: | Failed Part:

APPLICABLE INCIDENT INFORMATION
(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☒ Yes ☐ No	☐ Yes ☒ No	5	0	Y

Narrative Description of Incident(S), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e, parts repaired or replaced (and if old part is available).

~~WHILE DRIVING 70 MPH, THE CONSUMER HEARD A LOUD KNOCKING NOISE COMING FROM THE FRONT OF THE VEHICLE. SUDDENLY, THE VEHICLE SWERVED TO THE RIGHT AND HIT ANOTHER VEHICLE ON THE RIGHT SIDE. THIS CAUSED THE VEHICLE TO FLIPPED OVER. THE DRIVER AND FOUR PASSENGERS SUSTAIN MINOR INJURIES. THE VEHICLE WAS TOWED TO A DEALER FOR INSPECTION. THE CAUSE HAS NOT BEEN DETERMINED AT THIS TIME. PLEASE PROVIDE FURTHER DETAILS. *JB~~

I Raul Marin was driving 70 MPH in the left side behind The Jeep I Pushed The brake Then it got locked, Them it went sliding and went to the Right side, I believe That's when The screw Broke. It was about seconds when all These happenend There was no Traffic because I would of hit The car on The right I was next To the Jeep Then I felt was going on The Side. I Pushed The brake Then The Explorer Turned To The left. Next Page

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

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

I heard a impact Then I Turned The steering wheel To The right The Truck was going strait and it almost went off The road. I Turned it To The left Thats when I heard a hit, I Felt When The front left Top Went down Thats when The Truck Went Too The Side and it Went upside down, The Truck never went outside The road. I didnt Say What happend because I was hurt and strong Pain on my body, My Telephone Nunber and My zip code Nunber I gave it To The Police wrong because I felt very bad, The report is wrong because They lied That They Stopped at 30 MPH, and I wasint driving at 75 MPH That way There was a big inpact and The Explorer is no damage on The front V-1 Report Is wrong I rolled over because it broke When I rolled over The Truck was facing To The east and it went Sliding and stopped and Turned facing To The West The Police should of seen The Wheel broke. [redacted] his The driver from The Jeep and his The Witmess his telephone [redacted]

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 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

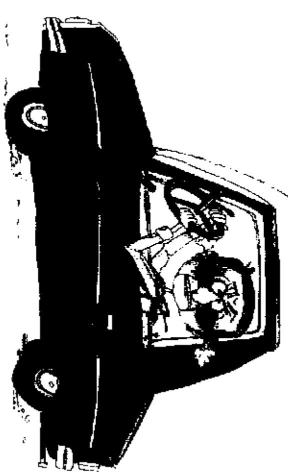
DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

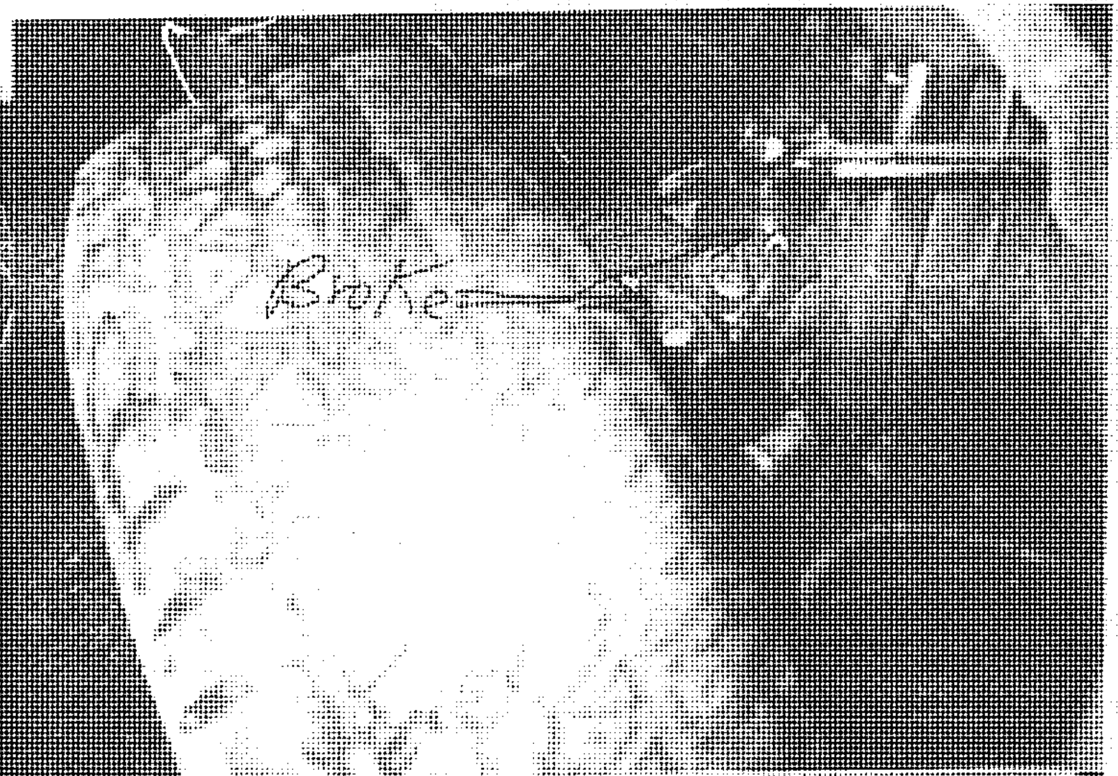
DOT Auto Safety Hotline
(DASH) 2 DOT

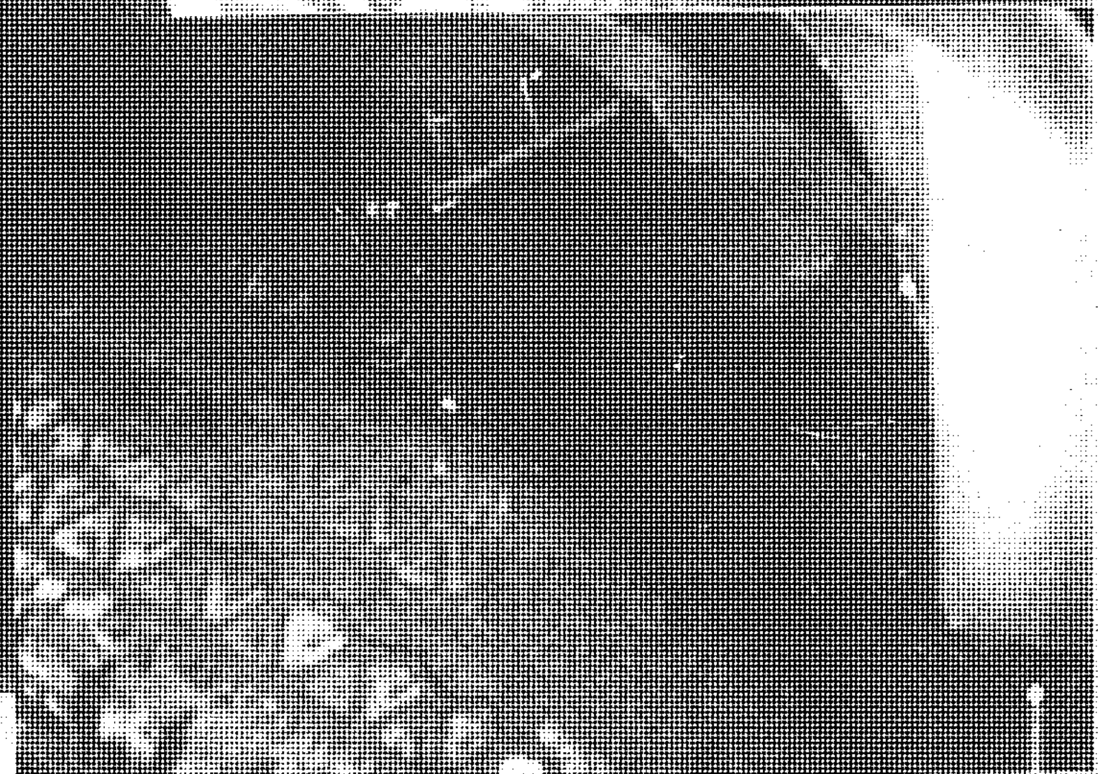


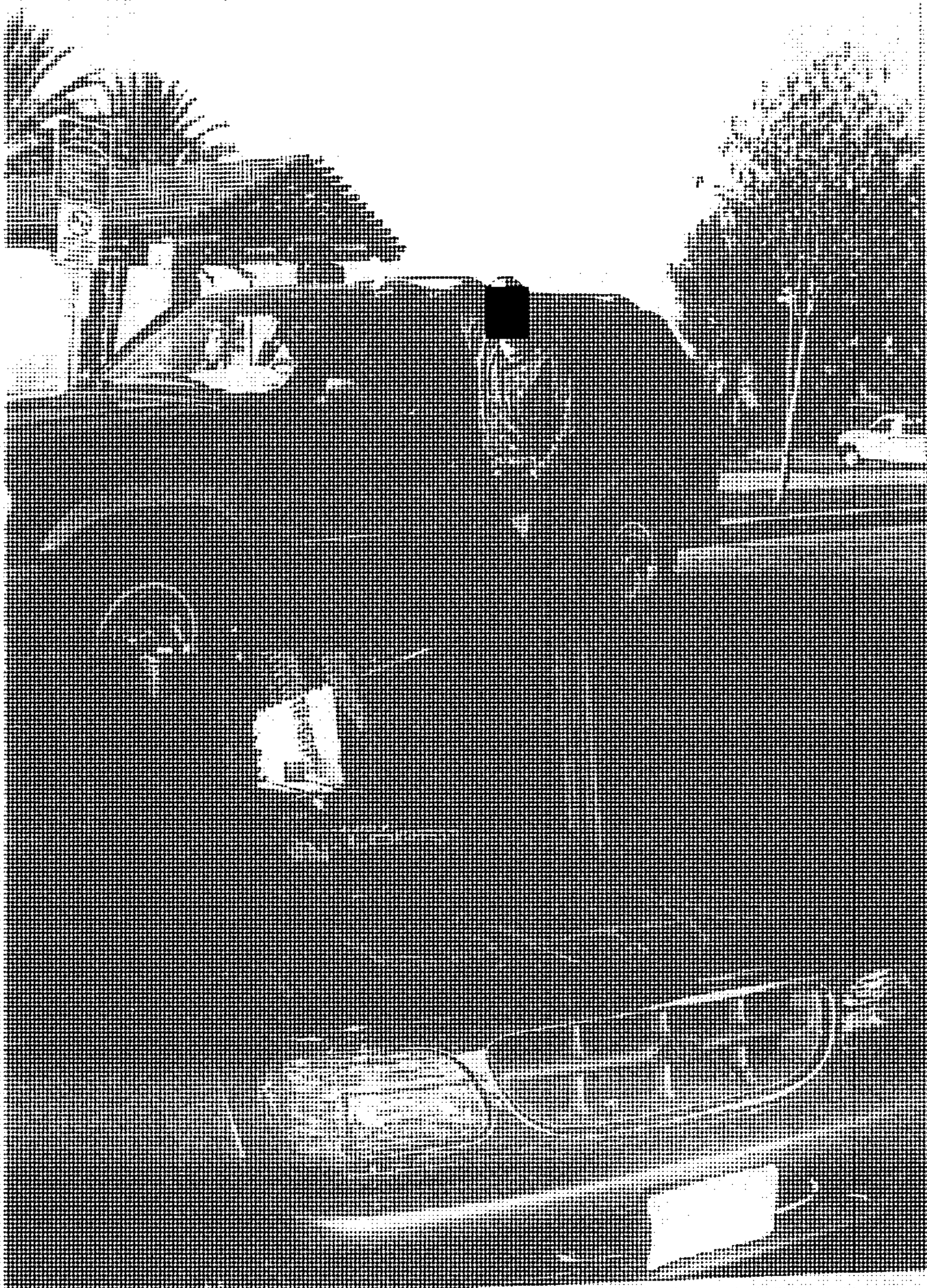
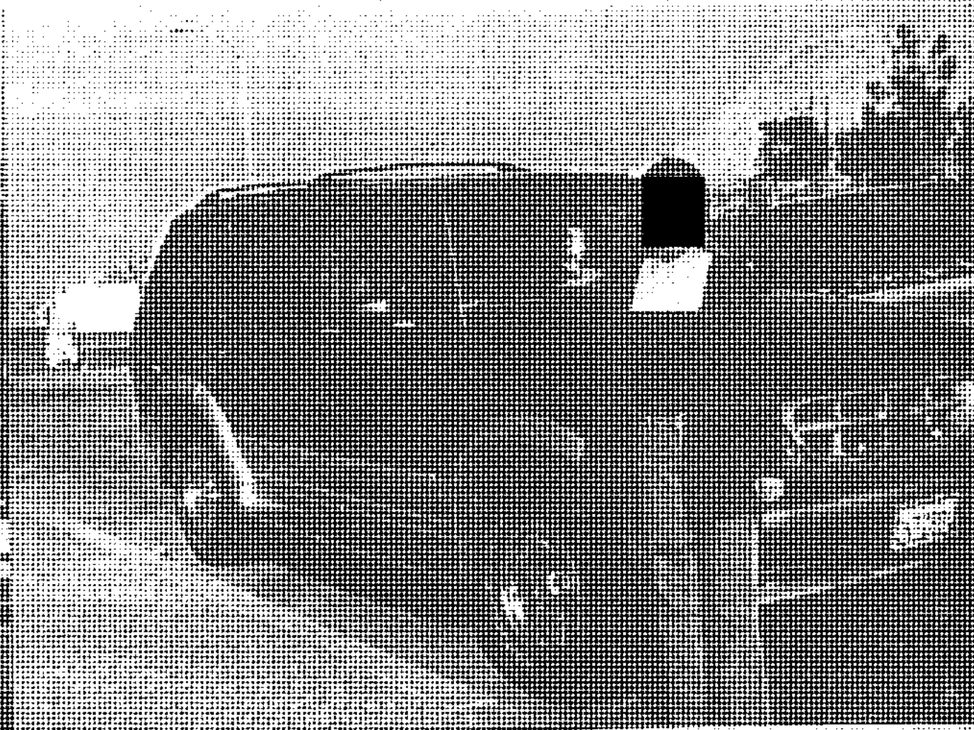
U.S. Department of Transportation
National Highway Traffic Safety Administration
www.nhtsa.dot.gov/hotline

[redacted] 3-8-05

I [redacted] WAS DRIVING 70 MPH In the left side, Behind the Jeep. I pushed the brake then it got locked. Then it went sliding and went to the right side. I believe that's when the screw broke. It was about seconds when all these happened. There was no traffic because I would of hit the car on the right. I was next to the Jeep the I felt it was going on the side. I pushed the brake then the Explorer turned to the left. I heard a impact then I turned the steering wheel to the right The the truck was going strait and it almost went off the road. I turned it to the left that's when I heard a hit. I felt when the front left top went down thats when the truck went too the side and it went upside down. The truck never went outside the road. I didn't say what happend because I was hurt and strong pain on my body. My telephone number and my zip code. I gave it to the police wrong because I felt very bad. The report is wrong because they lied that they stopped at 30 mph. And I wasn't driving at 75 mph. That way there was a big impact and the explorer has its damage on the front. It is wrong. I rolled over because it broke when I rolled over the truck was facing to the east. And it went sliding and stopped and turned facing to the west. The police should of seen the wheel broke. he is the driver from Jeep and his the witness


Broke




STATE OF CALIFORNIA

TRAFFIC COLLISION REPORT

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

SPECIAL CONDITIONS	NUMBER INJURED	HIT & RUN FELONY	CITY	JUDICIAL DISTRICT	LOCAL REPORT NUMBER
	2	[ ]	UNINCORPORATED	SOUTH KERN (TAFT)	04110055
	NUMBER KILLED: 0	HIT & RUN MISDEMEANOR: [ ]	COUNTY: KERN COUNTY	REPORTING DISTRICT: / BEAT: 506	

LOCATION

COLLISION OCCURRED ON: I-5 N/B	MO DAY YEAR: 11/25/2004	TIME (2400): 0713	NCIC #: 9426	OFFICER I.D.: 016816
MILEPOST INFORMATION: .4 MILE(S) NORTH OF 5 KER 29.237	DAY OF WEEK: THURSDAY	TOW AWAY: [X] YES [ ] NO	PHOTOGRAPHS BY: [X] NONE	
[ ] AT INTERSECTION WITH: / [X] OR: .4 MILE(S) NORTH OF OLD RIVER RD.		STATE HWY REL: [X] YES [ ] NO		

PARTY 1 — [X] DRIVER [ ] PEDESTRIAN [ ] PARKED VEHICLE [ ] BICYCLIST [ ] OTHER

DRIVER'S LICENSE NUMBER	[redacted]
STATE / CLASS / AIR BAG / SAFETY EQUIP.	CA / C / M / G
NAME (FIRST, MIDDLE, LAST)	[redacted]
STREET ADDRESS	[redacted]
CITY / STATE / ZIP	LONG BEACH CA [redacted]
SEX / HAIR / EYES / HEIGHT / WEIGHT	M / BRN / BRN / 5-07 / 170
BIRTHDATE	9/26/1959
RACE	H
HOME PHONE	[redacted]
BUSINESS PHONE	[redacted]
INSURANCE CARRIER	INFINITY
POLICY NUMBER	[redacted]
DIR OF TRAVEL / ON STREET OR HIGHWAY / SPEED LIMIT	N / I-5 / 70
VEH. YEAR	96
MAKE / MODEL / COLOR	FORD EXPLORER GRN
LICENSE NUMBER / STATE	[redacted] / CA
OWNER'S NAME	[X] SAME AS DRIVER
OWNER'S ADDRESS	[X] SAME AS DRIVER
DISPOSITION OF VEHICLE ON ORDERS OF	[ ] OFFICER [X] DRIVER [ ] OTHER — JOE'S TOWING - (661)746-0749
PRIOR MECH. DEFECTS	[X] NONE APP. [ ] REFER TO NARRATIVE
VEHICLE IDENTIFICATION NUMBER	
VEHICLE TYPE	07
DESCRIBE VEHICLE DAMAGE	[ ] UNK [ ] NONE [ ] MINOR [ ] MOD [ ] MAJOR [X] ROLL-OVER
CA / DOT / CAL-T / TCP/PSC / MC/MX	

PARTY 2 — [X] DRIVER [ ] PEDESTRIAN [ ] PARKED VEHICLE [ ] BICYCLIST [ ] OTHER

DRIVER'S LICENSE NUMBER	[redacted]
STATE / CLASS / AIR BAG / SAFETY EQUIP.	CA / C / M / G
NAME (FIRST, MIDDLE, LAST)	[redacted]
STREET ADDRESS	[redacted]
CITY / STATE / ZIP	WESTMINSTER CA [redacted]
SEX / HAIR / EYES / HEIGHT / WEIGHT	M / BLK / BRN / 5-08 / 195
BIRTHDATE	7/13/1956
RACE	W
HOME PHONE	[redacted]
BUSINESS PHONE	[redacted]
INSURANCE CARRIER	STATE FARM
POLICY NUMBER	[redacted]
DIR OF TRAVEL / ON STREET OR HIGHWAY / SPEED LIMIT	N / I-5 / 70
VEH. YEAR	04
MAKE / MODEL / COLOR	CHEVY VAN GRN
LICENSE NUMBER / STATE	NONE / CA
OWNER'S NAME	[X] SAME AS DRIVER
OWNER'S ADDRESS	[X] SAME AS DRIVER
DISPOSITION OF VEHICLE ON ORDERS OF	[ ] OFFICER [X] DRIVER [ ] OTHER — DRIVEN FROM SCENE
PRIOR MECHANICAL DEFECTS	[X] NONE APP. [ ] REFER TO NARRATIVE
VEHICLE IDENTIFICATION NUMBER	1GBFG15T641[redacted]
VEHICLE TYPE	08
DESCRIBE VEHICLE DAMAGE	[ ] UNK [ ] NONE [ ] MINOR [X] MOD [ ] MAJOR [ ] ROLL-OVER
CA / DOT / CAL-T / TCP/PSC / MC/MX	

PARTY 3 — [ ] DRIVER [ ] PEDESTRIAN [ ] PARKED VEHICLE [ ] BICYCLIST [ ] OTHER

DRIVER'S LICENSE NUMBER / STATE / CLASS / AIR BAG / SAFETY EQUIP.	
NAME (FIRST, MIDDLE, LAST)	
STREET ADDRESS	
CITY / STATE / ZIP	
SEX / HAIR / EYES / HEIGHT / WEIGHT / BIRTHDATE / RACE	
HOME PHONE / BUSINESS PHONE	
INSURANCE CARRIER / POLICY NUMBER	
DIR OF TRAVEL / ON STREET OR HIGHWAY / SPEED LIMIT	
VEH. YEAR / MAKE / MODEL / COLOR / LICENSE NUMBER / STATE	
OWNER'S NAME	[ ] SAME AS DRIVER
OWNER'S ADDRESS	[ ] SAME AS DRIVER
DISPOSITION OF VEHICLE ON ORDERS OF	[ ] OFFICER [ ] DRIVER [ ] OTHER
PRIOR MECHANICAL DEFECTS	[ ] NONE APP. [ ] REFER TO NARRATIVE
VEHICLE IDENTIFICATION NUMBER	
VEHICLE TYPE	
DESCRIBE VEHICLE DAMAGE	[ ] UNK [ ] NONE [ ] MINOR [ ] MOD [ ] MAJOR [ ] ROLL-OVER
CA / DOT / CAL-T / TCP/PSC / MC/MX	

PREPARER'S NAME	DISPATCH NOTIFIED	REVIEWER'S NAME	DATE REVIEWED
A 016816	[X] YES [ ] NO [ ] N/A	R. Jorgensen 11234	12-3-04

STATE OF CALIFORNIA

TRAFFIC COLLISION CODING

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

DATE OF COLLISION (MO. DAY YEAR)	TIME(2400)	NCIC #	OFFICER I.D.	NUMBER
11/25/2004	0713	9426	016816	

PROPERTY DAMAGE			
OWNER		OWNER ADDRESS	NOTIFIED ☐YES ☐NO
DESCRIPTION OF DAMAGE			

SEATING POSITION

1 2 3
4 5 6
7

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

SAFETY EQUIPMENT

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

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

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

M/C BICYCLE - HELMET
DRIVER: V - NO, W - YES
PASSENGER: X - NO, Y - YES

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

INATTENTION CODES

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

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

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

#	Item
	A VC SECTION VIOLATED: 22350 CITED ☐YES ☒NO
	B OTHER IMPROPER DRIVING*
	C OTHER THAN DRIVER*
	D UNKNOWN*

WEATHER (MARK 1 TO 2 ITEMS)

A CLEAR
B CLOUDY
C RAINING
D SNOWING
E FOG / VISIBILITY ___ FT.
F OTHER:*
G WIND

LIGHTING

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

ROADWAY SURFACE

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

ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)

A HOLES, DEEP RUT*
B LOOSE MATERIAL ON ROADWAY*
C OBSTRUCTION ON ROADWAY*
D CONSTRUCTION - REPAIR ZONE
E REDUCED ROADWAY WIDTH
F FLOODED*
G OTHER*:
H NO UNUSUAL CONDITIONS

TRAFFIC CONTROL DEVICES

Mark	Item
	A CONTROLS FUNCTIONING
	B CONTROLS NOT FUNCTIONING*
	C CONTROLS OBSCURED
X	D NO CONTROLS PRESENT / FACTOR*

TYPE OF COLLISION

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

MOTOR VEHICLE INVOLVED WITH

Mark	Item
	A NON - COLLISION
	B PEDESTRIAN
X	C OTHER MOTOR VEHICLE
	D MOTOR VEHICLE ON OTHER ROADWAY
	E PARKED MOTOR VEHICLE
	F TRAIN
	G BICYCLE
	H ANIMAL:
	I FIXED OBJECT:
	J OTHER OBJECT:

PEDESTRIAN'S ACTIONS

Mark	Item
X	A NO PEDESTRIANS INVOLVED
	B CROSSING IN CROSSWALK AT INTERSECTION
	C CROSSING IN CROSSWALK - NOT AT INTERSECTION
	D CROSSING - NOT IN CROSSWALK
	E IN ROAD - INCLUDES SHOULDER
	F NOT IN ROAD
	G APPROACHING / LEAVING SCHOOL BUS

SPECIAL INFORMATION

1	2	3	Item
			A HAZARDOUS MATERIAL
			B CELL PHONE HANDHELD IN USE
			C CELL PHONE HANDSFREE IN USE
X	X		D CELL PHONE NOT IN USE
			E SCHOOL BUS RELATED
			F 75 FT MOTORTRUCK COMBO
			G 32 FT TRAILER COMBO
			H
			I
			J
			K
			L
			M
			N
			O
			P
			Q

OTHER ASSOCIATED FACTORS (MARK 1 TO 2 ITEMS)

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

MOVEMENT PRECEDING COLLISION

1	2	3	Item
			A STOPPED
X			B PROCEEDING STRAIGHT
			C RAN OFF ROAD
			D MAKING RIGHT TURN
			E MAKING LEFT TURN
			F MAKING U TURN
			G BACKING
	X		H SLOWING / STOPPING
			I PASSING OTHER VEHICLE
			J CHANGING LANES
			K PARKING MANEUVER
			L ENTERING TRAFFIC
			M OTHER UNSAFE TURNING
			N XING INTO OPPOSING LANE
			O PARKED
			P MERGING
			Q TRAVELING WRONG WAY
			R OTHER*:

SOBRIETY - DRUG PHYSICAL (MARK 1 TO 2 ITEMS)

1	2	3	Item
X	X		A HAD NOT BEEN DRINKING
			B HBD - UNDER INFLUENCE
			C HBD - NOT UNDER INFLUENCE*
			D HBD - IMPAIRMENT UNKNOWN*
			E UNDER DRUG INFLUENCE*
			F IMPAIRMENT - PHYSICAL*
			G IMPAIRMENT NOT KNOWN
			H NOT APPLICABLE
			I SLEEPY / FATIGUED

SKETCH

FOR SKETCH DIAGRAM, SEE PAGE 5

INDICATE NORTH

MISCELLANEOUS

STATE OF CALIFORNIA

INJURED / WITNESSES / PASSENGERS

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

DATE OF COLLISION (MO. DAY YEAR)	TIME(2400)	NCIC #	OFFICER I.D.	NUMBER
11/25/2004	0713	9426	016816	

WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY('X' ONE): FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	INJURED WAS ('X' ONE): DRIVER	PASS.	PED.	BICYCLIST	OTHER	PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED
☐ #	☐	13	F	☐	☐	X	☐	☐	X	☐	☐	☐	1	4	P	G	0

NAME / D.O.B. / ADDRESS: [redacted] (12/14/1990) [redacted] LONG BEACH CA [redacted]

TELEPHONE: [redacted]

(INJURED ONLY) TRANSPORTED BY: WILL SEEK OWN AID

TAKEN TO:

DESCRIBE INJURIES: SMALL CUT ON HER FOREHEAD.

☐ VICTIM OF VIOLENT CRIME NOTIFIED

WITNESS ONLY	PASSENGER ONLY	AGE	SEX	FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER	PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED
☐ #	X	32	F	☐	☐	☐	☐	☐	☐	☐	☐	☐	1	3	M	G	0

NAME / D.O.B. / ADDRESS: [redacted] (02/08/1972) [redacted] LONG BEACH CA [redacted]

TELEPHONE: [redacted]

(INJURED ONLY) TRANSPORTED BY:

TAKEN TO:

DESCRIBE INJURIES:

☐ VICTIM OF VIOLENT CRIME NOTIFIED

WITNESS ONLY	PASSENGER ONLY	AGE	SEX	FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER	PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED
☐ #	X	2	M	☐	☐	☐	☐	☐	☐	☐	☐	☐	1	5	P	C	0

NAME / D.O.B. / ADDRESS: [redacted] (12/27/2001) [redacted] LONG BEACH CA [redacted]

TELEPHONE: [redacted]

(INJURED ONLY) TRANSPORTED BY:

TAKEN TO:

DESCRIBE INJURIES:

☐ VICTIM OF VIOLENT CRIME NOTIFIED

WITNESS ONLY	PASSENGER ONLY	AGE	SEX	FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER	PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED
☐ #	X	4	M	☐	☐	☐	☐	☐	☐	☐	☐	☐	1	6	P	Q	0

NAME / D.O.B. / ADDRESS: [redacted] (03/17/2000) [redacted] LONG BEACH CA [redacted]

TELEPHONE: [redacted]

(INJURED ONLY) TRANSPORTED BY:

TAKEN TO:

DESCRIBE INJURIES:

☐ VICTIM OF VIOLENT CRIME NOTIFIED

WITNESS ONLY	PASSENGER ONLY	AGE	SEX	FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER	PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED
☐ #	☐	46	F	☐	☐	☐	X	☐	X	☐	☐	☐	2	3	M	G	0

NAME / D.O.B. / ADDRESS: [redacted] (03/15/1958) [redacted] WESTMINSTER CA [redacted]

TELEPHONE: [redacted]

(INJURED ONLY) TRANSPORTED BY: WILL SEEK OWN AID

TAKEN TO:

DESCRIBE INJURIES: COMPLAIN OF PAIN TO HER NECK.

☐ VICTIM OF VIOLENT CRIME NOTIFIED

WITNESS ONLY	PASSENGER ONLY	AGE	SEX	FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER	PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED
☐ #	X	73	F	☐	☐	☐	☐	☐	☐	☐	☐	☐	2	4	P	G	0

NAME / D.O.B. / ADDRESS: [redacted] (09/09/1931) [redacted] WESTMINSTER CA [redacted]

TELEPHONE: [redacted]

(INJURED ONLY) TRANSPORTED BY:

TAKEN TO:

DESCRIBE INJURIES:

☐ VICTIM OF VIOLENT CRIME NOTIFIED

PREPARER'S NAME	I.D. NUMBER	MO. DAY YEAR	REVIEWER'S NAME	MO. DAY YEAR
MEZA	016816	11/25/2004		

STATE OF CALIFORNIA

INJURED / WITNESSES / PASSENGERS

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

DATE OF COLLISION (MO. DAY YEAR)	TIME(2400)	NCIC #	OFFICER I.D.	NUMBER
11/25/2004	0713	9426	016816	

WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY('X' ONE): FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	INJURED WAS ('X' ONE): DRIVER	PASS.	PED.	BICYCLIST	OTHER	PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED
☐ #	☒	74	M	☐	☐	☐	☐	☐	☐	☐	☐	☐	2	6	P	G	0

NAME / D.O.B. / ADDRESS: [redacted] (06/21/1930) [redacted] WESTMINSTER CA [redacted]

TELEPHONE: [redacted]

(INJURED ONLY) TRANSPORTED BY: TAKEN TO:

DESCRIBE INJURIES:

☐ VICTIM OF VIOLENT CRIME NOTIFIED

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

NAME / D.O.B. / ADDRESS: TELEPHONE:

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NAME / D.O.B. / ADDRESS: TELEPHONE:

(INJURED ONLY) TRANSPORTED BY: TAKEN TO:

DESCRIBE INJURIES:

☐ VICTIM OF VIOLENT CRIME NOTIFIED

PREPARER'S NAME	I.D. NUMBER	MO. DAY YEAR	REVIEWER'S NAME	MO. DAY YEAR
J. MEZA	016816	11/25/2004		

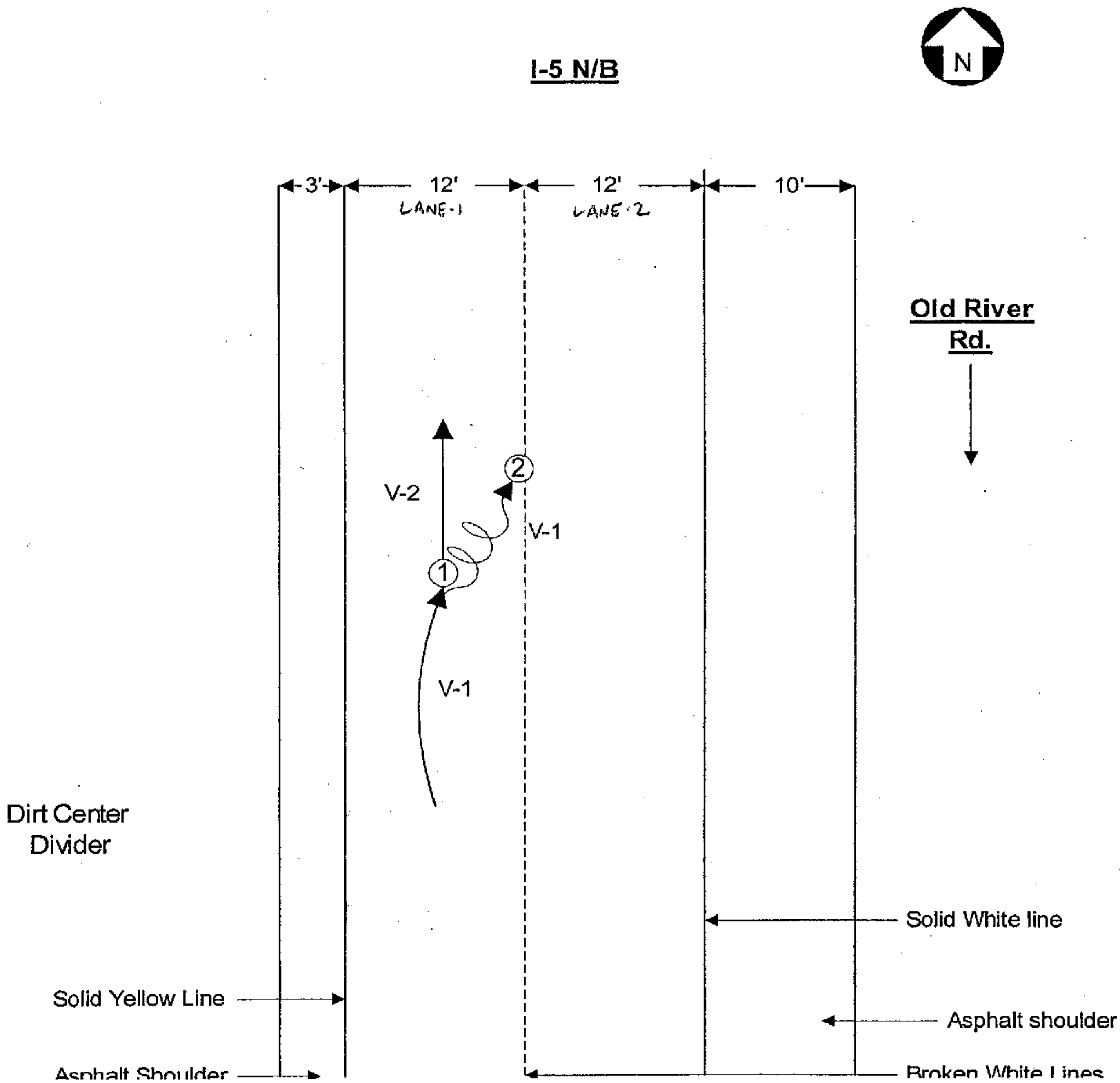
STATE OF CALIFORNIA

SKETCH DIAGRAM

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

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
11/25/2004	0713	9426	016816	

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



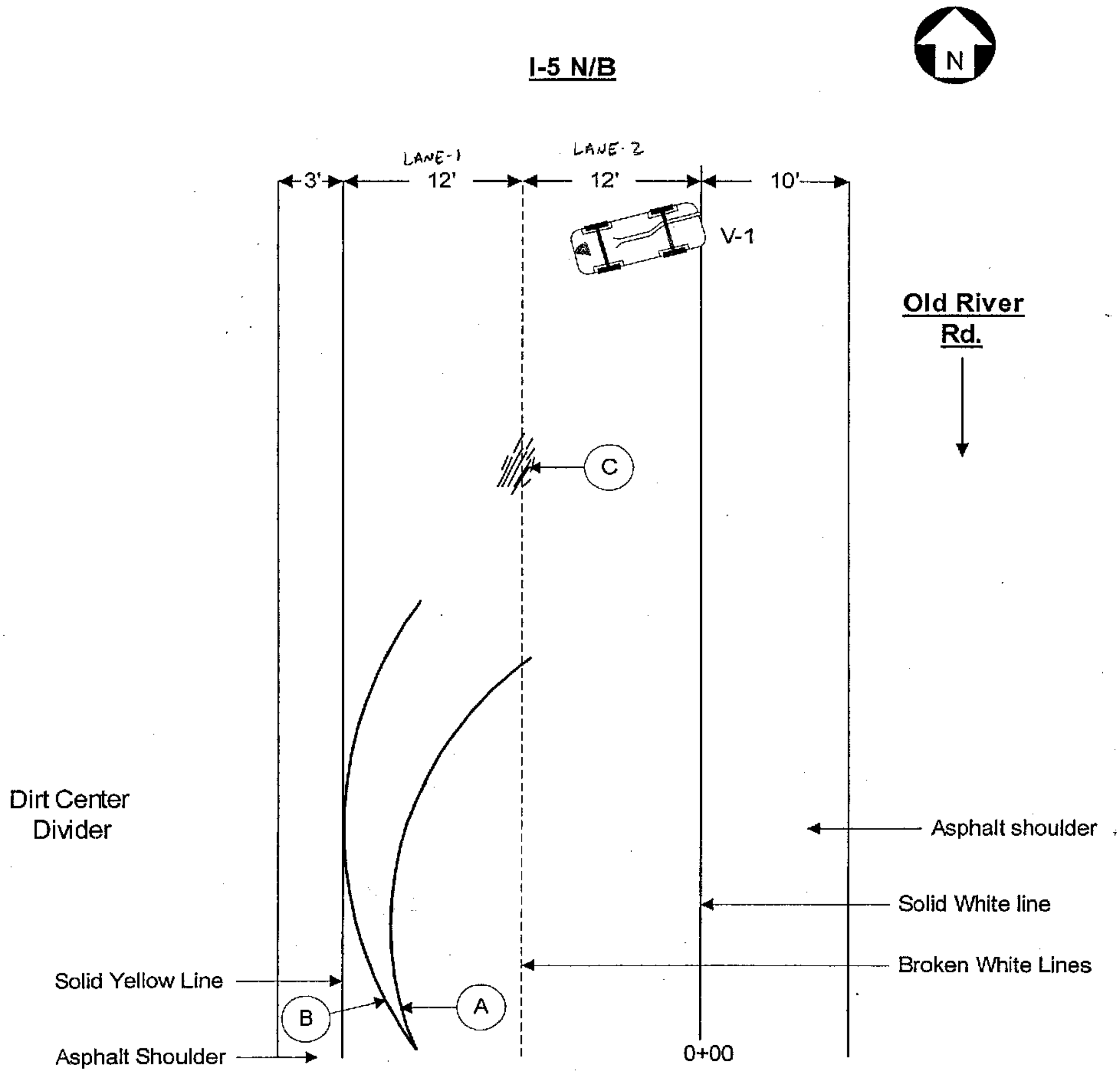
PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
J. MEZA	016816	11/25/2004		

STATE OF CALIFORNIA
FACTUAL DIAGRAM

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

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
11/25/2004	0713	9426	016816	

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



PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
J. MEZA	016816	11/25/2004		

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
11/25/2004	0713	9426	016816	04110055

Physical Legend

This station line was established along the painted solid white roadway edge line of I-5 n/b. Station 0+00 was established .4 miles north of Old River Rd. over crossing and it runs in a northerly direction. The origin of 0+00 was obtained by using the vehicle odometer (Unit #1009). All measurements are approximate and were taken perpendicular to the station line.

Vehicles Point OF Rest

Vehicle #1 (Ford) L/F Tire was 10 ft. Left of station 2+25.
Vehicle #1 (Ford) L/R Tire was 3 ft. Left of station 2+27.

Vehicle #2 (Chevrolet) was moved from its point of rest prior to retrieving any measurements.

Physical Evidence Description

Item A- Tire Friction Mark
Item B- Tire Friction Mark
Item C- Scrape marks on the asphalt roadway from V-1 rolling over.

Physical Evidence Location

Item A-	Begin	20'	Left	Station	0+05
	End	11'	Left	Station	0+95
Item B-	Begin	20'	Left	Station	0+05
	End	18'	Left	Station	1+10
Item C-	Begin	11'	Left	Station	1+65
	End	12'	Left	Station	1+75

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
J. MEZA	016816	11/25/2004		

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
11/25/2004	0713	9426	016816	04110055

FACTS

NOTIFICATION:

I was advised of a traffic collision with an ambulance responding at 0714 hours. I responded from I-5, at Ash Rd., and arrived on scene at 0718 hours. All times, speeds, and measurements in this investigation are approximate. Measurements were taken by pacing and visual estimation.

SCENE:

At the scene of this collision, I-5 northbound, north of Old River Rd. consists of two northbound lanes that are separated by broken white lines. The roadway is straight and level. This collision occurred in Kern County. For further information, refer to the factual diagram.

PARTY/VEHICLE:

Party #1 [redacted]) was located standing on the east shoulder of I-5 n/b upon my arrival. P-1 was identified by his California Driver's License. P-1 was placed as the driver of V-1 by the following items:

-personal statement
-P-1 is the registered owner of V-1

Vehicle #1 (Ford) was located on its roof, blocking lane 2 of I-5 n/b and was facing in a westerly direction. V-1 sustained major roll over damage consisting of metal buckling to all body panels, doors, hood, and trunk. No prior damage or mechanical defects were claimed or noted.

Party #2 [redacted]) was located standing on the east shoulder of I-5 n/b upon my arrival. P-2 was identified by his California Driver's License. P-2 was placed as the driver of V-2 by the following items:

-personal statement
-P-2 is the registered owner of V-2

Vehicle #2 (Chevy) was located parked on the right shoulder of I-5 n/b upon my arrival. V-1 sustained moderate rear end damage. The right rear end was buckled inward. No prior damage or mechanical defects were claimed or noted.

PHYSICAL EVIDENCE:

Refer to the legend pages for further information.

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
11/25/2004	0713	9426	016816	04110055

STATEMENTS:

Party #1 [redacted] related that he was traveling northbound on I-5 in lane 1 at 75 mph when traffic ahead suddenly slowed down. He slammed on his brakes and then lost control of his car.

Party #2 ([redacted] related that he was traveling northbound on I-5 in lane 1 at 65-70 mph when he noticed traffic ahead slowing down. He applied his brakes and had slowed to approximately 30 mph when he was rear ended by the green Explorer. He then pulled over and parked his car on the right shoulder.

OPINIONS AND CONCLUSIONS

SUMMARY:

Party #1 [redacted]) was driving Vehicle #1 (Ford) on I-5 n/b, north of Old River Rd., in lane 1 at approximately 75 mph and was approaching V-2. Party #2 [redacted] was driving Vehicle #2 (Chevy) in lane 1 at approximately 65 mph. P-2 observed traffic ahead slow down, so P-2 slowed V-2 to approximately 30 mph. Due to P-1's unsafe speed for the prevailing traffic conditions, P-1 was unable to slow V-1 for the slower traffic ahead. V-1's front end subsequently struck V-2's rear end. This impact caused V-1 to roll over in the northbound lanes of I-5. After the collision, V-1 came to rest on its roof and was facing in a westerly direction. V-2 was parked on the east shoulder of I-5 n/b. The summary was based on the statements and the physical evidence.

AREAS OF IMPACT (AOI's):

AOI #1 (V-1 vs. V-2) was located 14 ft. west of station 1+10.

AOI #2 (V-1 vs. Asphalt Roadway) was located 12 ft. west of station 1+70.

The AOI's were determined by the physical evidence.

CAUSE:

Party #1 [redacted]) caused this collision by traveling at an unsafe speed for the prevailing traffic conditions, a violation of 22350 VC (Unsafe Speed). P-1 failed to slow for the slower traffic ahead and caused V-1 to strike V-2. V-1 subsequently rolled over. The cause was determined by the statements, damage to V-1 and V-2, and the physical evidence.

RECOMMENDATIONS:

None.

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
J. MEZA	016816	11/25/2004		

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).