



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 1387

Date Received  
18-MAR-2005

Repository   
Reference No.  
10115384

OWNER INFORMATION (Type or Print)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City GASTON State SC Zip Code \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Evening Telephone Number \_\_\_\_\_

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorized signature, please provide your name or address to the vehicle manufacturer.  
Signature of Owner \_\_\_\_\_ Date 3/26/2005

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield on driver's side  
1B7GL22Y6XS Make DODGE Model Dakota Model Year 1999  
Date Purchased 8/2/2000 Dealer's Name and Telephone Number Love Engine: No. Cylinders 6 Fuel Type: \_\_\_\_\_  
Original Owner  Used  Dealer's City West Columbia State S.C. Zip Code \_\_\_\_\_  
Transmission Type AUTOMATIC  Anti-lock Brakes  Cruise Control Powertrain REAR WHEEL DRIVE Vehicle Component Code 141000 AIR BAGS:FRONTAL  
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 08-MAR-2005 Failure Mileage 117,000 miles Failure Speed 40

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: 00TMA19ABC036)  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 \_\_\_\_\_ 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).

VEHICLE WAS INVOLVED IN A FRONTAL COLLISION WHILE DRIVING BETWEEN 40-45 MPH. THE OTHER VEHICLE WAS DRIVING BETWEEN 30-40 MPH, WHEN IT SUDDENLY PULLED OUT IN FRONT OF CONSUMER'S VEHICLE. UPON IMPACT, THE AIR BAGS FAILED TO DEPLOY. DRIVER SUSTAINED FOREHEAD/ ARM/WRIST, AND ELBOW INJURIES WHEN IMPACTING THE STEERING WHEEL. ALSO, SEAT BELT FAILED TO RETRACT, CAUSING THE DRIVER TO PULL A MUSCLE IN LOWER BACK. THE VEHICLE WAS TOTALED. \*AK

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

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.



Claim # 5045595-02



# STATEMENT OF CLAIM



DATE 03/09/2005	POLICYHOLDER DEBRA JACOB	DATE OF ACCIDENT 03/09/2005	FILE NO. LA391-005645995-02
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PLEASE COMPLETE AND RETURN THIS FORM PROMPTLY.

Subject to the provisions of the policy, all related eligible expenses for bodily injury incurred within 3 year(s) from the date of accident, on or about 03/09/2005, are subject to consideration for payment.

GASTON SC	TO: <u>LISA DAVILA</u> CLAIMS DEPT. Liberty Mutual Fire Insurance Company PO Box 407013 Fort Lauderdale FL 33340 Tel: Fax:
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NAME OF PERSON MAKING CLAIM	PERSON NO.	HOME	BUSINESS
ADDRESS (NO., STREET, CITY OR TOWN, STATE and ZIP CODE) GASTON SC	DATE OF BIRTH	SOC. SEC. NO.	

DATE OF ACCIDENT 03/09/2005	TIME OF ACCIDENT 1850 AM PM	PLACE OF ACCIDENT (street, city or town and state) PO BOX UNK COLUMBIA, SC US 321 Hwy and Fish Hatchery Rd.
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DESCRIPTION OF ACCIDENT: One Donald W. Thompson was driving a 1985 Chevy Blazer 5-10, going north on 321 and he made a left turn on to Fish Hatchery Rd. turning in front of Me. (failure to yield right of way) I was going south on 321 Hwy, I was driving a 1999 Dodge Dakota

AT THE TIME OF ACCIDENT WERE YOU (CHECK ONE) THE DRIVER? <input checked="" type="checkbox"/> A PASSENGER? <input type="checkbox"/> A PEDESTRIAN? <input type="checkbox"/>	SEATING POSITION WITHIN THE VEHICLE? N/A <input type="checkbox"/> DRIVER SEAT <input checked="" type="checkbox"/> FRONT PASSENGER SEAT <input type="checkbox"/> FRONT CENTER SEAT <input type="checkbox"/> REAR RIGHT SEAT <input type="checkbox"/> REAR CENTER SEAT <input type="checkbox"/> REAR LEFT SEAT <input type="checkbox"/> OTHER <input type="checkbox"/>
WERE YOU WEARING A SEATBELT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

AS A RESULT OF THIS ACCIDENT WERE YOU INJURED?  YES  NO IF YOUR ANSWER IS YES, COMPLETE THE REST OF THIS FORM  
IF NO, SIGN HERE AND RETURN THIS FORM

SIGNATURE \_\_\_\_\_ DATE: 3/16/2005

DESCRIPTION OF INJURY: Multi-Contusions right Hand and Elbow, Also had Contusions on the forehead, Also Lower back pains and muscle spasms,

WERE YOU TREATED BY A DOCTOR? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	IF YOU WERE TREATED IN A HOSPITAL WERE YOU AN IN-PATIENT? <input type="checkbox"/> OUT-PATIENT? <input checked="" type="checkbox"/> ER.
WERE ANY X-RAYS OR DIAGNOSTIC TESTS DONE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

Name and Address of Person or Organization Rendering Service	Amount of BMR for Services*	Treatment Type
Lexington Medical Center 2720 Sunset Blvd, west Columbia, SC, 29169		emergency medical

TO THE BEST OF MY (OUR) KNOWLEDGE AND BELIEF, THE CHARGES HAVE NOT BEEN PAID OR ARE PAYABLE UNDER ANY AUTOMOBILE OR PREMISES INSURANCE AFFORDING BENEFITS FOR MEDICAL EXPENSE, OR WORKERS' COMPENSATION OR ANY SIMILAR LAW, EXCEPT AS FOLLOWS:  
My health care Insurance is Carolina Care Plan / Group # 002 / Phone # 1-800-868-6734

(over)

WILL YOU HAVE MORE MEDICAL EXPENSES? YES  NO  *Don't know,*  
HAVE YOU BEEN INVOLVED IN ANY PRIOR ACCIDENTS, HAVE ANY PRIOR INJURIES, OR ONGOING  
MEDICAL PROBLEMS? YES  NO   
IF YES, PLEASE EXPLAIN: \_\_\_\_\_

HAVE YOU RECEIVED, OR ARE YOU ELIGIBLE  
FOR BENEFITS UNDER WORKERS  
COMPENSATION LAWS OF ANY STATE OR THE  
FEDERAL GOVERNMENT? YES  NO

SIGNATURE: \_\_\_\_\_

DATE

*3/16/2005*

**IMPORTANT:**

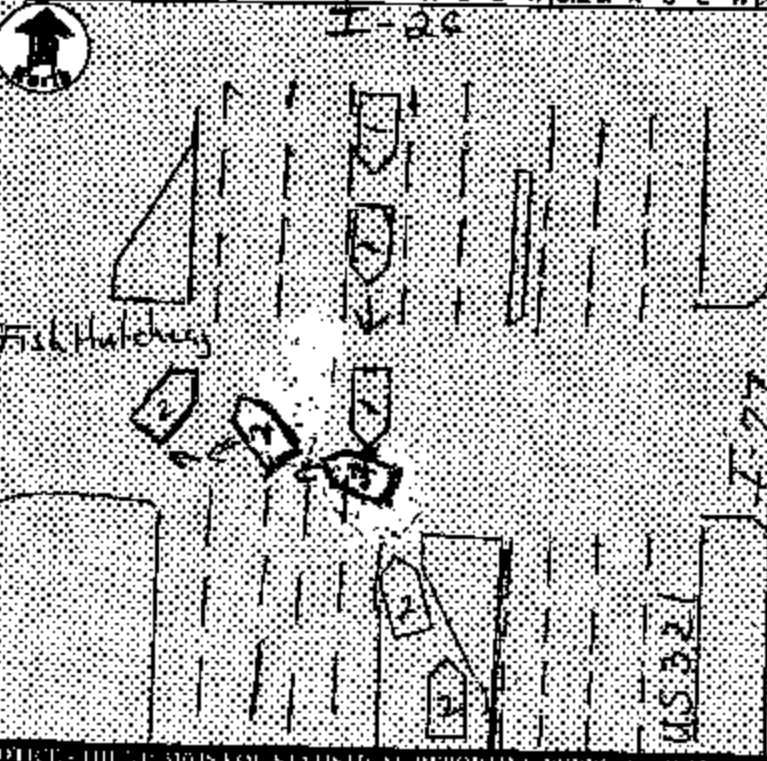
**WARNING: ANY PERSON WHO KNOWINGLY, WITH THE INTENT TO INJURE,  
DEFRAUD OR DECEIVE AN INSURER, FILES A CLAIM CONTAINING ANY  
FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A  
CRIME.**

SOUTH CAROLINA  
TRAFFIC COLLISION REPORT FORM

Date: 3-8-05	Time: 1850	County: 32	1- Interstate 2- US Primary 3- SC Primary	4- Secondary 5- County 6- Other	Collision Location (Rt. # / Name): 8 US 32 / Charleston	0- Main 1- Alternate 2- Spur	3- Connection 4- Business 5- Other	Miles: 6	Dir: 15 W	Arrived at Original Report: 1852	Notified: 1857
Lane # / Dir: 3 NE SW	Distance Offset: 10	Direction: 15 W	1- Interstate 2- US Primary 3- SC Primary	4- Secondary 5- County 6- Other	Base Intersection (Rt. # / Name): I-77	0- Main 1- Alternate 2- Spur	3- Connection 4- Business 5- Other	Miles: 6	Dir: 15 W	ASRU code: CAYCE	MP/Ord:
R.R. Id:	From: NE	Ramp Only: 1- Entrance 2- Exit	1- Interstate 2- US Primary 3- SC Primary	4- Secondary 5- County 6- Other	Second Intersection (Rt. # / Name): I-26	0- Main 1- Alternate 2- Spur	3- Connection 4- Business 5- Other	Miles: 6	Dir: 15 W	Latitude: 81° 04' 58.50	Longitude: 33° 53' 65.92

R-433585				R-433586			
Unit # 1	Sex: W	Race: M	Birth Date: [redacted]	Unit # 2	Sex: W	Race: M	Birth Date: [redacted]
City, State, & Zip: Gaston, SC 29053				City, State, & Zip: West Columbia SC			
State: SC	License: [redacted]	Insurance Company: Liberty Mutual	Year: 99	State: SC	License: [redacted]	Insurance Company: State Farm	Year: 85
Body: TR	Vehicle Make: Dodge	VIN #: 1B7G12246X	Year: 99	Body: TR	Vehicle Make: Chevy	VIN #: 768C518B4F8	Year: 85
State: SC	Year: 99	License Plate #: 7228	Owner's D.L. #:	State: SC	Year: 05	License Plate #: 716-RD2	Owner's D.L. #:
Home Telephone: Same as driver				Home Telephone: [redacted]			
Contributed To Collision: Yes				Contributed To Collision: Yes			
City, State, & Zip: Same				City, State, & Zip: West Columbia 29191			

R-433587				R-433588			
Unit # 1	Sex: [redacted]	Race: [redacted]	Birth Date: [redacted]	Unit # 2	Sex: [redacted]	Race: [redacted]	Birth Date: [redacted]
City, State, & Zip: [redacted]				City, State, & Zip: [redacted]			
State: [redacted]	License: [redacted]	Insurance Company: [redacted]	Year: [redacted]	State: [redacted]	License: [redacted]	Insurance Company: [redacted]	Year: [redacted]
Body: [redacted]	Vehicle Make: [redacted]	VIN #: [redacted]	Year: [redacted]	Body: [redacted]	Vehicle Make: [redacted]	VIN #: [redacted]	Year: [redacted]
State: [redacted]	Year: [redacted]	License Plate #: [redacted]	Owner's D.L. #: [redacted]	State: [redacted]	Year: [redacted]	License Plate #: [redacted]	Owner's D.L. #: [redacted]
Home Telephone: [redacted]				Home Telephone: [redacted]			
Contributed To Collision: Yes				Contributed To Collision: Yes			
City, State, & Zip: [redacted]				City, State, & Zip: [redacted]			



Unit 1 Dam.:	Unit 2 Dam.:	Unit 3 Dam.:	Prop. Dam. 1:	Prop. Dam. 2:
\$5000	\$10,000	NA	NA	NA

Property Owner/Address:  
 Hesti M. Canning  
 139 Ray Jullawat Swamie  
 SC 29160 Phone: 568-7470

Property Owner/Address:  
 Bruce Williamson  
 108 Sweetbain Dr Cayce  
 SC 29033 Phone: 791-1507

Describe What Happened (Refer to Units by Number):  
 Unit #1 was traveling south on Hwy 321 in excess of the 45 speed zone. When Unit #2 failed to yield the right of way and turned in front of Unit #1 attempting to enter Fish Hatchery. Unit #1 struck Unit #2 in the passenger side causing major damage to both vehicles. 3 persons from Unit #2 went to hospital by EMS. Driven from Unit #1 went to hospital by POV.

Investigating Officer: R.D. Ricken	Rank: [redacted]	Badge #: 35	Code: 0320	Date: 3/8/05	Remover's Name: [redacted]	Rank: [redacted]	Internal Agency Code: 05-01464
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Unit	Date of Birth	Sex	Race	HJ	Seat	RSD	ADD	Eject	LAI	Tan	Name	Street Address	Zip Code
2		M	W	2	01	13	73	1	1	1			
2		M	W	3	04	13	73	1	1	1			
2		M	W	3	03	13	73	1	1	1			
1		M	W	2	01	00	73	1	1	1			

<b>Race</b> A - Asian/Pacific Islander B - African American C - Alaskan Native or American Indian W - Caucasian H - Hispanic O - Other U - Unk.	<b>Injury Status</b> 0 - Not Injured 1 - Possible 2 - Non-incapacitating 3 - Incapacitating 4 - Fatal <b>Motorcycle Only</b> 1 - Yes 2 - No	<b>Seating Loc.</b> 01 02 03 04 05 06 07 08 09	<b>Restraint/Safety Device</b> 00 - None Used 11 - Shoulder Belt Only 12 - Lap Belt Only 13 - Shoulder & Lap Belt 14 - Prioritarian, Motor/Pedestrian Only 15 - Helmet 16 - Protective Pads 21 - Child Safety Seat 22 - Other 23 - Unk.
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<b>Air Bag Deployment / Switch</b> 1 - Deployed Front 2 - Deployed Side 3 - Deployed Both 4 - Not Deployed 5 - Not Applicable 6 - Switch in On Position 7 - Switch in Off Position 8 - No Switch 9 - Unknown	<b>Ejection</b> 1 - Not Ejected 2 - Part Ejected 3 - Tot. Ejected 4 - Not App. 5 - Unk.	<b>Location After Impact</b> 1 - Not Trapped 2 - Ejected (Mechanical Means) 3 - Ejected (Non-mech.) 4 - Not Applicable	<b>Transported to Medical Facility</b> 1 - Yes 2 - No 3 - Unk.
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<b>Non-Collision</b> 01 - Cargo/Equip. Loss or Shift 02 - Cross Median/Center Line 03 - Downhill Runaway 04 - Equipment Failure 05 - Fire/Explosion 06 - Inattention 07 - Jockeying 08 - Overturn/Rollover 09 - Run off Road, Left 10 - Run off Road Right 11 - Separation of Units 12 - Spill (No Contact with Other Veh.) 13 - Other Non-collision 14 - Unk. Non-collision	<b>Collision: Not Fixed</b> 15 - Animal (Deer Only) 16 - Animal (All Other) 17 - Motor Veh. (Impacted) 18 - Motor Veh. (Skidding) 19 - Motor Veh. (Other Contact) 20 - Motor Veh. (Station) 21 - Pedestrian 22 - Railway Veh. 23 - Work Zone 24 - Other Inanimate Object 25 - Pedestrian 26 - Pedestrian 27 - Pedestrian 28 - Pedestrian 29 - Pedestrian 30 - Pedestrian 31 - Pedestrian 32 - Pedestrian 33 - Pedestrian 34 - Pedestrian 35 - Pedestrian 36 - Pedestrian 37 - Pedestrian 38 - Pedestrian 39 - Pedestrian 40 - Pedestrian 41 - Pedestrian 42 - Pedestrian 43 - Pedestrian 44 - Pedestrian 45 - Pedestrian 46 - Pedestrian 47 - Pedestrian 48 - Pedestrian 49 - Pedestrian 50 - Pedestrian 51 - Pedestrian 52 - Pedestrian 53 - Pedestrian 54 - Pedestrian 55 - Pedestrian 56 - Pedestrian 57 - Pedestrian 58 - Pedestrian 59 - Pedestrian 60 - Pedestrian 61 - Pedestrian 62 - Pedestrian 63 - Pedestrian 64 - Pedestrian 65 - Pedestrian 66 - Pedestrian 67 - Pedestrian 68 - Pedestrian 69 - Pedestrian 70 - Pedestrian 71 - Pedestrian 72 - Pedestrian 73 - Pedestrian 74 - Pedestrian 75 - Pedestrian 76 - Pedestrian 77 - Pedestrian 78 - Pedestrian 79 - Pedestrian 80 - Pedestrian 81 - Pedestrian 82 - Pedestrian 83 - Pedestrian 84 - Pedestrian 85 - Pedestrian 86 - Pedestrian 87 - Pedestrian 88 - Pedestrian 89 - Pedestrian 90 - Pedestrian 91 - Pedestrian 92 - Pedestrian 93 - Pedestrian 94 - Pedestrian 95 - Pedestrian 96 - Pedestrian 97 - Pedestrian 98 - Pedestrian 99 - Pedestrian 100 - Pedestrian	<b>Collision: Fixed Object</b> 40 - Bridge Overhead Structure 41 - Bridge Passage East 42 - Bridge Pier or Abutment 43 - Bridge Wall 44 - Culvert 45 - Curb 46 - Curb 47 - Embankment 48 - Fence 49 - Guardrail End 50 - Guardrail Post 51 - Highway Traffic Sign Post 52 - Impact At/Along/Overhead Cable 53 - Light/Lamp Support 54 - Mail Box 55 - Median Barrier 56 - Overhead Sign Support 57 - Other (Post, Pole, Support, Etc.) 58 - Other (Post, Pole, Support, Etc.) 59 - Tree 60 - Utility Pole 61 - Utility Pole 62 - Utility Pole 63 - Utility Pole 64 - Utility Pole 65 - Utility Pole 66 - Utility Pole 67 - Utility Pole 68 - Utility Pole 69 - Utility Pole 70 - Utility Pole 71 - Utility Pole 72 - Utility Pole 73 - Utility Pole 74 - Utility Pole 75 - Utility Pole 76 - Utility Pole 77 - Utility Pole 78 - Utility Pole 79 - Utility Pole 80 - Utility Pole 81 - Utility Pole 82 - Utility Pole 83 - Utility Pole 84 - Utility Pole 85 - Utility Pole 86 - Utility Pole 87 - Utility Pole 88 - Utility Pole 89 - Utility Pole 90 - Utility Pole 91 - Utility Pole 92 - Utility Pole 93 - Utility Pole 94 - Utility Pole 95 - Utility Pole 96 - Utility Pole 97 - Utility Pole 98 - Utility Pole 99 - Utility Pole 100 - Utility Pole
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<b>Vehicle Type</b> 01 - Automobile 02 - Pickup Truck 03 - Truck Tractor 04 - Other Truck 05 - Full Size Van 06 - Mini Van 07 - Sport Utility 08 - Motorcycle 09 - Other Motorcycle 10 - Pedalcycle 11 - School Bus 12 - Animal Driven Veh 13 - Passenger Bus 14 - Animal (Pig/Dog) 15 - Other 16 - Pedestrian 17 - Unk. (Pig and Ran Only)	<b>Vehicle Use Code</b> 01 - Personal 02 - Driver Training 03 - Construction/Maint. 04 - Ambulance 05 - Military 06 - Transport Passenger 07 - Transport Property 08 - Farm Use 09 - Tractor or Tow 10 - Police 11 - Government 12 - Fire Fighting 13 - Logging 14 - Other 15 - Pedestrian	<b>Vehicle Attachment</b> 1 - None 2 - Mobile Home 3 - Semi-Trailer 4 - Utility Trailer 5 - Farm Trailer 6 - Trailer w/Boat 7 - Camper Trailer 8 - Towed Motor Vehicle 9 - Pedestrian Trailer 10 - Lowboy Trailer 11 - Auto/Center Trailer 12 - Other Tanker 13 - Flat Bed 14 - Train Trailers 15 - Other	<b>Alcohol / Drug Test Given</b> 1 - Given - Knows Results 2 - Given - Unavailable 3 - Given - Pending 4 - None 5 - Refused	<b>Special Use Only</b> 1 - Under-Compartment Intrusion 2 - Under - No Intrusion 3 - Under - Unknown 4 - Over - MV in Transport 5 - Over - Other Vehicle 6 - None 7 - Unk.
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<b>Action Prior to Impact (Vehicle)</b> 01 - Backing 02 - Changing Lanes 03 - Entering Traffic Lane 04 - Leaving Traffic Lane 05 - Making U-Turn 06 - Movements Essentially Straight Ahead 07 - Overtaking/Passing 08 - Packed 09 - Slowing or Stopped in Traffic 10 - Turning Left 11 - Turning Right 12 - Other	<b>Action Prior to Impact (Non-motorist)</b> 21 - Approaching/Leaving Vehicle 22 - Entering/Crossing Location 23 - Playing/Working on Vehicle 24 - Pushing Vehicle 25 - Standing 26 - Walking, Playing, Cycling 27 - Working 28 - Unk.	<b>Drug Results</b> 01 - 1 - Amphetamine 2 - Cocaine 3 - Marijuana 4 - Opium 5 - PCP 6 - Other 7 - None/Minor 8 - Functional Damage 9 - Severe/Total 10 - Disabling Damage 11 - Not Applicable	<b>Air Test Results</b> A1 - 1 - One-way, Not Divided 2 - Two-way, Divided, Barrier A2 - 1 - One-way, Divided, Unprotected Median 2 - Two-way, Divided, Unprotected Median A3 - 1 - One-way, Divided, Protected Median 2 - Two-way, Divided, Protected Median 3 - One-way, Divided, Protected Median 4 - Two-way, Divided, Protected Median 5 - One-way, Divided, Protected Median 6 - Two-way, Divided, Protected Median 7 - One-way, Divided, Protected Median 8 - Two-way, Divided, Protected Median 9 - One-way, Divided, Protected Median 10 - Two-way, Divided, Protected Median 11 - One-way, Divided, Protected Median 12 - Two-way, Divided, Protected Median 13 - One-way, Divided, Protected Median 14 - Two-way, Divided, Protected Median 15 - One-way, Divided, Protected Median 16 - Two-way, Divided, Protected Median 17 - One-way, Divided, Protected Median 18 - Two-way, Divided, Protected Median 19 - One-way, Divided, Protected Median 20 - Two-way, Divided, Protected Median 21 - One-way, Divided, Protected Median 22 - Two-way, Divided, Protected Median 23 - One-way, Divided, Protected Median 24 - Two-way, Divided, Protected Median 25 - One-way, Divided, Protected Median 26 - Two-way, Divided, Protected Median 27 - One-way, Divided, Protected Median 28 - Two-way, Divided, Protected Median 29 - One-way, Divided, Protected Median 30 - Two-way, Divided, Protected Median 31 - One-way, Divided, Protected Median 32 - Two-way, Divided, Protected Median 33 - One-way, Divided, Protected Median 34 - Two-way, Divided, Protected Median 35 - One-way, Divided, Protected Median 36 - Two-way, Divided, Protected Median 37 - One-way, Divided, Protected Median 38 - Two-way, Divided, Protected Median 39 - One-way, Divided, Protected Median 40 - Two-way, Divided, Protected Median 41 - One-way, Divided, Protected Median 42 - Two-way, Divided, Protected Median 43 - One-way, Divided, Protected Median 44 - Two-way, Divided, Protected Median 45 - One-way, Divided, Protected Median 46 - Two-way, Divided, Protected Median 47 - One-way, Divided, Protected Median 48 - Two-way, Divided, Protected Median 49 - One-way, Divided, Protected Median 50 - Two-way, Divided, Protected Median 51 - One-way, Divided, Protected Median 52 - Two-way, Divided, Protected Median 53 - One-way, Divided, Protected Median 54 - Two-way, Divided, Protected Median 55 - One-way, Divided, Protected Median 56 - Two-way, Divided, Protected Median 57 - One-way, Divided, Protected Median 58 - Two-way, Divided, Protected Median 59 - One-way, Divided, Protected Median 60 - Two-way, Divided, Protected Median 61 - One-way, Divided, Protected Median 62 - Two-way, Divided, Protected Median 63 - One-way, Divided, Protected Median 64 - Two-way, Divided, Protected Median 65 - One-way, Divided, Protected Median 66 - Two-way, Divided, Protected Median 67 - One-way, Divided, Protected Median 68 - Two-way, Divided, Protected Median 69 - One-way, Divided, Protected Median 70 - Two-way, Divided, Protected Median 71 - One-way, Divided, Protected Median 72 - Two-way, Divided, Protected Median 73 - One-way, Divided, Protected Median 74 - Two-way, Divided, Protected Median 75 - One-way, Divided, Protected Median 76 - Two-way, Divided, Protected Median 77 - One-way, Divided, Protected Median 78 - Two-way, Divided, Protected Median 79 - One-way, Divided, Protected Median 80 - Two-way, Divided, Protected Median 81 - One-way, Divided, Protected Median 82 - Two-way, Divided, Protected Median 83 - One-way, Divided, Protected Median 84 - Two-way, Divided, Protected Median 85 - One-way, Divided, Protected Median 86 - Two-way, Divided, Protected Median 87 - One-way, Divided, Protected Median 88 - Two-way, Divided, Protected Median 89 - One-way, Divided, Protected Median 90 - Two-way, Divided, Protected Median 91 - One-way, Divided, Protected Median 92 - Two-way, Divided, Protected Median 93 - One-way, Divided, Protected Median 94 - Two-way, Divided, Protected Median 95 - One-way, Divided, Protected Median 96 - Two-way, Divided, Protected Median 97 - One-way, Divided, Protected Median 98 - Two-way, Divided, Protected Median 99 - One-way, Divided, Protected Median 100 - Two-way, Divided, Protected Median	<b>Trafficway</b> 1 - Road Character 2 - Road Surface Condition 3 - Traffic Control Type 4 - Trafficway 5 - Trafficway 6 - Trafficway 7 - Trafficway 8 - Trafficway 9 - Trafficway 10 - Trafficway 11 - Trafficway 12 - Trafficway 13 - Trafficway 14 - Trafficway 15 - Trafficway 16 - Trafficway 17 - Trafficway 18 - Trafficway 19 - Trafficway 20 - Trafficway 21 - Trafficway 22 - Trafficway 23 - Trafficway 24 - Trafficway 25 - Trafficway 26 - Trafficway 27 - Trafficway 28 - Trafficway 29 - Trafficway 30 - Trafficway 31 - Trafficway 32 - Trafficway 33 - Trafficway 34 - Trafficway 35 - Trafficway 36 - Trafficway 37 - Trafficway 38 - Trafficway 39 - Trafficway 40 - Trafficway 41 - Trafficway 42 - Trafficway 43 - Trafficway 44 - Trafficway 45 - Trafficway 46 - Trafficway 47 - Trafficway 48 - Trafficway 49 - Trafficway 50 - Trafficway 51 - Trafficway 52 - Trafficway 53 - Trafficway 54 - Trafficway 55 - Trafficway 56 - Trafficway 57 - Trafficway 58 - Trafficway 59 - Trafficway 60 - Trafficway 61 - Trafficway 62 - Trafficway 63 - Trafficway 64 - Trafficway 65 - Trafficway 66 - Trafficway 67 - Trafficway 68 - Trafficway 69 - Trafficway 70 - Trafficway 71 - Trafficway 72 - Trafficway 73 - Trafficway 74 - Trafficway 75 - Trafficway 76 - Trafficway 77 - Trafficway 78 - Trafficway 79 - Trafficway 80 - Trafficway 81 - Trafficway 82 - Trafficway 83 - Trafficway 84 - Trafficway 85 - Trafficway 86 - Trafficway 87 - Trafficway 88 - Trafficway 89 - Trafficway 90 - Trafficway 91 - Trafficway 92 - Trafficway 93 - Trafficway 94 - Trafficway 95 - Trafficway 96 - Trafficway 97 - Trafficway 98 - Trafficway 99 - Trafficway 100 - Trafficway
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<b>Weather Condition</b> 1 - Clear (no adverse conditions) 2 - Rain 3 - Cloudy 4 - Mist, Haze 5 - Snow 6 - Fog, Smog, Smoke 7 - Blowing Sand, Oil, Dirt or Snow 8 - Severe Crosswinds 9 - Unk.	<b>Light Condition</b> 1 - Daylight 2 - Dawn 3 - Dusk 4 - Dark (Lighting Unspecified) 5 - Dark (Street Lamp Lit) 6 - Dark (Street Lamp Not Lit) 7 - Dark (No Lights)	<b>Junction Type</b> 01 - Crossover 02 - Driveway 03 - Five-Way Point 04 - Four-way Intersection 05 - Railway Grade Crossing 06 - T-Intersection 07 - Shared Use Paths or Trail 08 - Traffic Circle 09 - Y-Intersection 10 - Nonjunction 11 - Unk.	<b>Roadway</b> 30 - Debris 31 - Non-highway Work 32 - Obstruction in Roadway 33 - Road Surface Condition (i.e., Wet) 34 - Rut, Hole, Bump 35 - Shoulders (None, Low, Soft, High) 36 - Traffic Control Device (i.e., Missing) 37 - Work Zone (Cone, Mast, Utility) 38 - Worn, Travel-Polished Surface 39 - Other 40 - Other 41 - Unk.	<b>Non-Motorist</b> 50 - Inattentive 51 - Lying or Negligent in Roadway 52 - Failure to Yield R. of W. 53 - Not Visible (Dark Clothing) 54 - Disregard Signs, Signals, Etc. 55 - Improper Crossing 56 - Daring 57 - Wrong Side of Road 58 - Other 59 - Unk.	<b>Environmental</b> 60 - Animal in Road 61 - Glass 62 - Obstruction 63 - Weather Cond. 64 - Other 65 - Unk.
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<b>Primary Contributing Factors</b> 01 - Disregard Signs, Signals, Etc. 02 - Distracted/Inattention 03 - Driving Too Fast for Conditions 04 - Exceeded Authorized Speed Limit 05 - Failed to Yield Right of Way 06 - Ran off Road 07 - Followed/Asleep 08 - Followed Too Closely 09 - Made an Improper Turn 10 - Medical Related 11 - Aggressive Operation of Vehicle 12 - Overtaking/Changing Lanes 13 - Swerving to Avoiding Object 14 - Wrong Side or Wrong Way 15 - Under the Influence 16 - Vision Obscured (Within Unit) 17 - Improper Lane Usage/Change 18 - Other Improper Action 19 - Unk.	<b>Vehicle Defect</b> 70 - Brakes 71 - Steering 72 - Power Plant 73 - Tire/Wheel 74 - Lights 75 - Signals 76 - Windshield/Shield 77 - Restraint System 78 - Truck Coupling 79 - Cargo 80 - Fuel System 81 - Other 82 - Unk.
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ED0018908830 03/08/05 44

MO01091983 ER PHYSICIANS  
HED W M 01/10/1961

**LEXINGTON MEDICAL CENTER - EMERGENCY DEPARTMENT  
WORK/SCHOOL STATUS**

- No school/PE \_\_\_\_\_
- No work 3/8 - 3/10/01
- Return to work on \_\_\_\_\_
- Work restrictions \_\_\_\_\_

Signature \_\_\_\_\_

- Return to the Emergency Department or your physician in \_\_\_\_\_ days for suture removal/recheck.
- Call to arrange an appointment with \_\_\_\_\_

1.  No limitations  Light Work  Medium Work  Sedentary Work

2. In an 8 hour work day patient may:

	None	1-2 Hours	3-4 Hours	4-6 Hours	6-8 Hours
a. Stand/walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Sit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Patient may use hand for repetitive:

- Single grasping  Pushing and pulling
- Fine Manipulation Wt. Limit: \_\_\_\_\_

4. Patient is able to:

	None	1-2 Hours	3-4 Hours	4-6 Hours	6-8 Hours
a. Bend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Squat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Climb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For workmen compensation injuries check with your employee health office or LMC Occupational Medicine at 765-3337 for Follow-up.

The Lexington Medical Center Emergency Department is available twenty-four hours daily. Thank you for using us for medical care. The examination and treatment you have received in the Emergency Department has been rendered on an emergency basis only and is NOT intended to be a substitute for or an effort to provide complete medical care. It is important that you keep your follow-up appointment as directed and that you report any new or remaining problems to the physician who sees you for follow-up. Follow the instructions below as indicated for you. You may call or return to the Emergency Department if your problem worsens or your physician is unavailable.

**GENERAL INFORMATION AND INSTRUCTIONS:**

**X-RAYS AND EKG:** For your protection all x-rays and EKG's are reviewed by specialist physicians. If any clinically significant difference is noted between the first and final reading, you or your physician will be contacted.

**LABORATORY:** Certain lab tests and cultures require a waiting period. If any results require a change in your treatment, you or your physician will be notified. Please do not call the Emergency Department for your test results.

**Additional instructions:**

*None  
Flu ID  
Return p/n*

ED0018908830 03/08/05 44

MO01091983 ER PHYSICIANS  
HED W M 01/10/1961

ADDRESS	PHONE	AGE	DATE OF BIRTH	SEX/RACE	DATE
CITY	STATE	ZIP			

- |                                    |  |   |   |  |  |                                    |   |
|------------------------------------|--|---|---|--|--|------------------------------------|---|
| Lee Boyzart, M.D.<br>DEA #B2241848 | Harriet Bocar, M.D.<br>DEA #B0821802   | Andrew Bryant, M.D.<br>DEA #B08761783   | <b>Brett Carrell, M.D.<br/>DEA #B06430147</b> | V. Scott Carroll, M.D.<br>DEA #B02781038 | N. Todd Chavis, M.D.<br>DEA #B03280347 | Andy Deane, M.D.<br>DEA #B03321801 | Rich Hill, M.D.<br>DEA #B011492139      |
| Jill Harty, M.D.<br>DEA #B05436402 | Pat Hunt, M.D.<br>DEA #B05023788       | Mark Johnson, M.D.<br>DEA #B03751787    | ROBERT D. MADDA, M.D.<br>DEA #B01830052       | Lee Minto, M.D.<br>DEA #B044679425       | Sam O'Leary, M.D.<br>DEA #B06382298    | Mike Ross, M.D.<br>DEA #B04328819  | Paul Shethbherm, M.D.<br>DEA #B06937806 |
| Wes Sinder, M.D.<br>DEA #A09085828 | Deborah Simpson, M.D.<br>DEA #B0211828 | Steve Sheffield, M.D.<br>DEA #B04879532 | Scott Zager, M.D.<br>DEA #B2433163            |  |  |                                    |   |

**LEXINGTON MEDICAL CENTER • 2720 SUNSET BOULEVARD • WEST COLUMBIA, SC 29168 • TELEPHONE 791-2000**

*Noprosen 500g po BID # 30*

*Vladin 1-11 po q 4-6 pr # 15/after*

*Aspirin 50*

*Phenac 10g ipotid # 20*

DISPENSE AS WRITTEN M.D./D.O. SUBSTITUTION PERMITTED M.D./D.O.

INSTRUCTIONS FOR <<

>>

Our doctors and staff appreciate your choosing us for your emergency medical care needs. Read these aftercare instructions carefully. Please call us if you have any questions about your medical problem. We are here to serve you.

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**CONTUSIONS:**

You have a deep bruise (contusion). Contusions are areas of tenderness and swelling in the soft tissues. They are the result of trauma and bleeding in the injured area. Minor trauma will give you a painless bruise; more severe contusions may stay painful and swollen for a few weeks. Treatment includes:

- \* Rest the injured area until the pain and swelling are better.
- \* Apply ice packs every few hours for 2-3 days, then moist heat.
- \* Elevate the injury to reduce swelling.
- \* Compression bandages also help reduce swelling and motion.

A hematoma may form in large contusions; this is a collection of blood in the deep tissues. Hematomas are usually reabsorbed by the body naturally, but sometimes they need to be drained. Please see your doctor or go to the emergency room right away if your contusion shows signs of infection (increased redness, swelling, pain), or if the area becomes numb, cold, blue or much more painful.

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**MOTOR VEHICLE ACCIDENTS:**

You have suffered injuries in a car crash. Although you have been injured, hospital care does not appear to be needed right now. You can expect increasing pain and stiffness from your bumps and bruises for the first day after an accident. These minor injuries are usually much better after 3 days.

Neck muscle strains are very common with car crashes and can cause moderate pain and spasm. Treatment for these strains and bruises includes rest, ice packs for the first 2 days, and medicines to reduce pain and inflammation. Signs of more serious injuries that require medical attention right away include:

- \* Severe neck, chest, or abdominal pain.
- \* Trouble breathing or repeated vomiting.
- \* Weakness, fainting, or numbness.
- \* Pain that shoots into your arms or legs.

Please see your doctor or return here for follow-up care as advised. Wear your safety belt properly every time you get into a car; this is your best protection against serious injury.

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**PRESCRIPTIONS:**

Fill all the prescriptions ordered by your doctor and take them as directed.

- \* If you have been given an antibiotic, be sure to take all of it.
  - \* Keep your drugs out of the reach of children, in a cool, dry, dark place.
  - \* Don't give your medicine to other people or use it for other illnesses.
  - \* Call us right away if you have problems with drug side-effects or allergy.
- Bring your medicines with you any time you go to emergency for treatment.
- 

**ANTI-INFLAMMATORY PAIN MEDICINE:**

Your doctor has prescribed a medicine to relieve both pain and inflammation from your injury or illness. Examples are: Anaprox, Ansaid, Dolobid, Feldene, Orudis, Indocin, Motrin, Naprosyn, Relafen, Lodine, Tolectin, Celebrex, Toradal, and Vioxx. They are used to treat many conditions including injuries (sprains, strains, bruises), tendonitis, bursitis, gout attacks, arthritis, and menstrual cramps. These medicines can upset your stomach, but if you take them with a full glass of water or milk, or with meals, this side effect can be lessened.

Anti-inflammatory medicines are not completely safe during pregnancy or in people who are allergic to aspirin or have active stomach ulcer disease. The most common side effects include: heartburn, nausea, drowsiness, and headache. Be sure you know how you react to your medicine before you drive a car or operate dangerous equipment. Avoid aspirin and alcohol while on treatment to reduce stomach irritation. Contact your doctor or return here right away if you develop the following symptoms:

- \* Allergy reaction (itching, rash, hives, fever, swelling in the mouth breathing difficulty, wheezing, chest tightness, or fainting).
- \* Severe stomach pain, vomiting, black or bloody stools.
- \* Severe headache, blurred vision, confusion, mental depression.
- \* Ringing or buzzing in ears or decrease in hearing.

#### NARCOTIC PAIN MEDICINE:

You have been prescribed a narcotic for pain relief. These drugs are usually combined with acetaminophen (Tylenol<sup>®</sup>, Percocet, Darvocet, Anexsia, Vicodin) or aspirin (Empirin<sup>®</sup>, Percodan, Synalgos-DC) for increased effect. Narcotics act on the central nervous system to reduce pain; they also impair mental alertness and physical abilities. We advise you not to drink alcohol, drive a car, or operate dangerous equipment when you are taking one of these drugs. Long term use of narcotic pain medications may be habit-forming.

You can lessen stomach irritation from your medicine by taking it with meals or a full glass of water. Common side effects of narcotics are: nausea and vomiting, heartburn, constipation, dizziness, sleepiness, and mood changes. If you have bothersome side effects or symptoms of an allergic reaction (itching, hives, rash), stop taking your medicine and call your doctor or the emergency room right away. Please keep your narcotic medicine well out of the reach of children.

#### SKELETAL MUSCLE RELAXANTS:

Your doctor has prescribed a muscle relaxant for you. These drugs can help reduce painful muscle spasms and improve motion in neck and back injuries. They are effective only for a brief period following an injury, because muscle spasm does not usually last a long time. These medicines add to the effects of alcohol, pain pills, antihistamines, and tranquilizers.

We advise you not to drive a car or operate dangerous equipment while taking this medicine. Common side effects include: drowsiness, dry mouth, dizziness, mental depression. These medicines should not be taken during pregnancy. Contact your doctor right away if you have any allergy symptoms (itching, rash, hives, fever) or other troublesome side effects.

ADDITIONAL INSTRUCTIONS:

FOLLOW UP WITH YOUR PRIMARY MD.  
RETURN AS NEEDED.  
NO DRIVING WITH THE VICODIN OR FLEXARIL.

FOLLOW-UP CARE:

Your physician today has been DR. B CARGILL

For follow-up care you should see your doctor or return here in \_\_\_\_\_ days.  
When you see your doctor, bring your medicines and instructions to the office. If you had x-rays, an EKG, or lab tests today, they have been reviewed by your doctor. We will contact you at once if other important findings are noted after further review by our staff. If you do not continue to improve or if your condition worsens, please call your doctor or the emergency room right away.

I acknowledge receipt of these instructions. I understand that my condition may require more care and will arrange for further treatment as recommended.

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Patient or Representative Signature

Discharge Time: \_\_\_\_\_ Via: ( ) Ambulatory ( ) Self  
( ) Wheelchair With: ( ) Family/Friend  
( ) Other \_\_\_\_\_ ( ) other \_\_\_\_\_

IF POSSIBLE, RETURN FOR YOUR RECHECK BETWEEN THE HOURS OF 9AM TO 5PM  
Tuesday, March 08, 2005 - 11:10 PM

**SOUTH CAROLINA AUTOMOBILE INSURANCE IDENTIFICATION CARD**

Address of sales office:  
8901 WILMINGTON ROAD  
NEW CASTLE PA 19380  
PHONE: 800-868-7014  
CLAIMS PHONE: 800-778-7178



COMPANY CODE NUMBER

LIBERTY MUTUAL FIRE INSURANCE CO.

MAC NUMBER

23035

The coverage provided by this policy meets the minimum financial responsibility limits for the state of South Carolina as prescribed by Law.

NAME OF INSURED

Name and address of office issuing this card:  
LIBERTY MUTUAL GROUP  
2075 BROOKING BRIDGE ROAD PO BOX 2206  
GAINESVILLE GA 30602

POLICY NUMBER

RO2-158-037964-70 4

POLICY EFFECTIVE DATE

08/15/04

POLICY EXPIRATION DATE

08/15/05

CARD EFFECTIVE DATE

08/15/04

CARD EXPIRATION DATE

08/15/05

Applicable vehicle(s) subject to the following vehicle:

1999 DODG DAKOTA  
YEAR MAKE MODEL

1B7GL22Y6X8  
VEHICLE IDENTIFICATION NUMBER

CLASS

AUTO 0001

SEE IMPORTANT MESSAGE ON REVERSE SIDE.



**GLENN MITCHUM'S  
AUTOMOTIVE**

**AUTO REPAIR  
24-HOUR TOWING SERVICE  
PAINTING AND AUTO REBUILDING SPECIALIST**

**GLENN A. MITCHUM**  
434 Fieldcrest Court  
Lexington, SC 29072

Office: 803-667-2011

Dear Mr. Michael J. Jordan:

I hope I got what you need to see, I am in touch with my Automobile Insurance Co. trying to get either a picture of the Airbag still in place or the location of the truck so I can call them to take a picture for me to send you.

Liberty Mutual Fire Insurance Co.

~~P.O. Box 481918~~ P.O. Box 958442

~~Charlotte, N.C. 28269~~ Lake Mary, FL. 32795

Attn. Patti Penn

Claim # LA591-005645595-02

Telephone # 1-800-637-0757 Ext. 268

P.S. is sending me a picture of the Airbag still in place.

Gaston, S.C.

P.S. Ms. Penn Send the Picture to me, It's in here now.

