



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 100148

Date Received: 2005 05-MAY-2005 7:30
Repository
Reference No. 10119984

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: LOS ANGELES State: CA Zip Code: [REDACTED]

Daytime Telephone Number: [REDACTED] 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 YES
In the absence of a signature, NHTSA WILL NOT send this report to the vehicle manufacturer.
Signature of Owner: [REDACTED] Date: 5/24/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: KMHDN45D51L [REDACTED] KMHDN46D85L [REDACTED] Make: DAI Model: ELANTRA Model Year: 2005

Date Purchased: 01-APR-05 Dealer's Name and Telephone Number: SCOTT HYUNDAI 3342 SANTA ANITA Engine: No: Cylinders 4 Fuel Type: Gas, UNLEADED

Original Owner: Dealer's City: ELMONTE State: CA Zip Code: 91731

Transmission Type: AUTOMATIC Antilock Brakes Cruise Control
Powertrain: LX-SPD UNKNOWN TRANS CATALYST
Vehicle Component Code: 141000 AIR BAGS:FRONTAL
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 01-APR-2005 Failure Mileage: 6000 Failure Speed: 28
AIR BAGS did NOT deploy NOT ONE DEPLOYED
DRIVERS SEAT BELT did NOT RESTRAIN

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [REDACTED] Tire Model (Name or Number): [REDACTED] Tire Size (Example P215/65R15): [REDACTED]
DOT No. (Example: DOTM9ABC036): [REDACTED] Original Equipment Prior Repair Failure Location: [REDACTED]
Tire Component Code: [REDACTED] Tire Failure Type: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

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

APPLICABLE INCIDENT INFORMATION

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

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

DT
THE CONSUMER WAS INVOLVED IN AN ACCIDENT ON APRIL 1, 2005. DURING THE ACCIDENT THE AIR BAG DID NOT DEPLOY AND THE AIR BAG LIGHT ILLUMINATED. THE SEAT BELTS ALSO FAILED TO LOCK DURING IMPACT. *NM

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.

OWNER OF CAR [REDACTED]

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

I AM [REDACTED] I WAS THE ONE INVOLVED IN THE ACCIDENT, IT IS NOT MY CAR THE CAR BELONGS TO MY GIRL FRIEND THE CAR CARRIES INSURANCE FOR THE TO OF US ON THAT DAY OF THE ACCIDENT I WAS ALONE AND WHEN I CRASHED THE AIR BAG DID NOT WORK FOR ME AT ALL AND SEAT BELT ALSO DID NOT WORK AT ALL BUT AIR BAG LIGHT WENT ON AND IS STILL ON I WAS GOING ABOUT 30 MILES PER HR. THEN CRASHED HEAD ON INTO THE SIDE OF ANOTHER CAR I WAS IN A LOT OF PAIN FOR A MONTH OR MORE COULD HAVE DIED OR BEEN HURT VERY BADLY, MY CHEST HIT THE STEERING WHEEL VERY HARD AND I WAS CALERIS THE AIR BAG ARE MANUFACTURERS RESPONSIBILITY PLEASE HAVE THEM FIX AND I WOULD LIKE TO BE COMPASAT~~ED~~ FOR MY PAIN

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

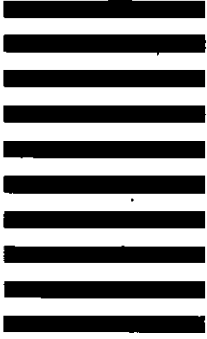
NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

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

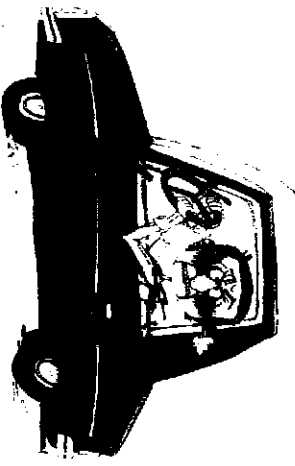
DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline (DASH) 2 DOT



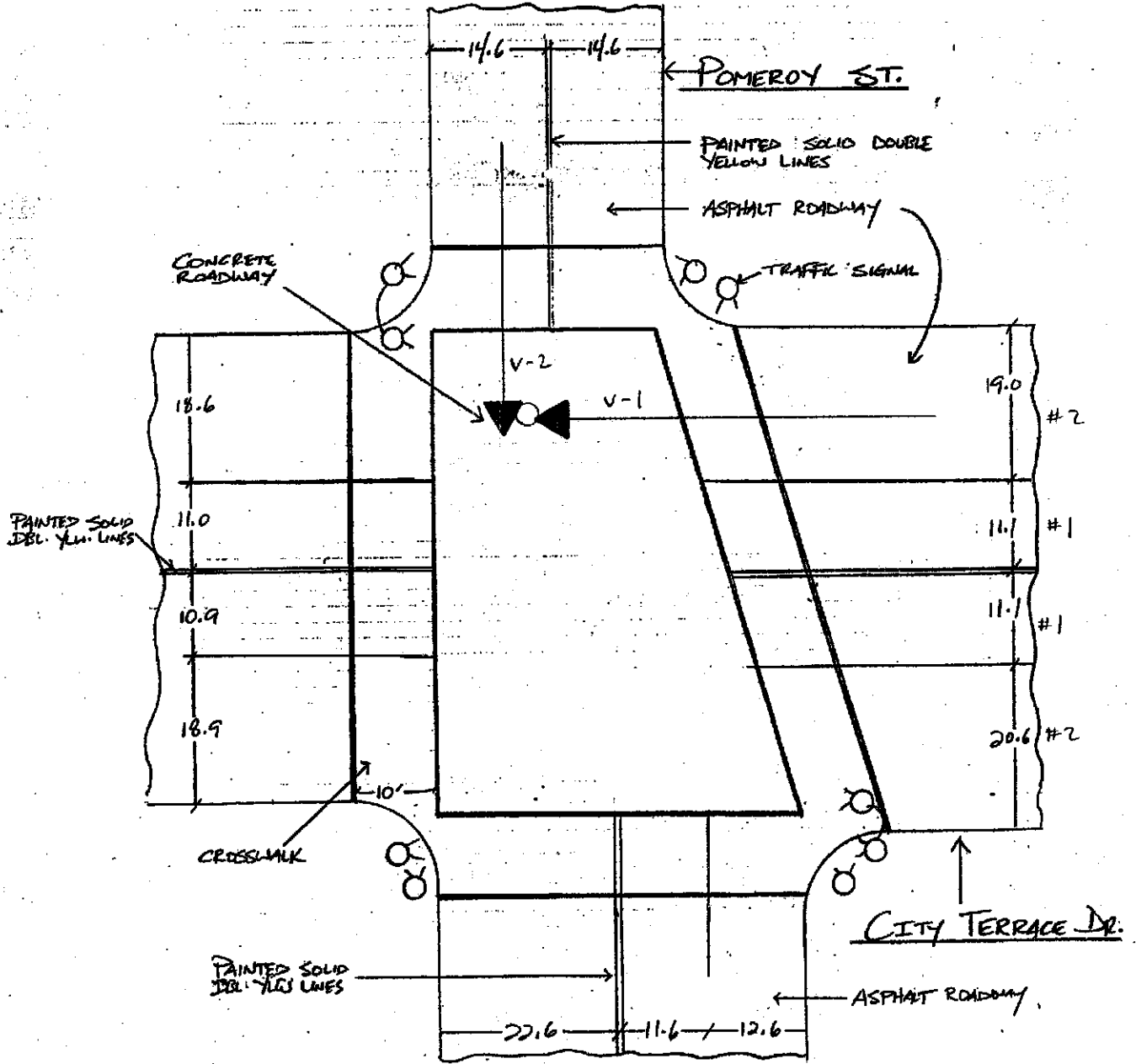
U.S. Department of Transportation National Highway Traffic Safety Administration www.nhtsa.dot.gov/hotline

STATE OF CALIFORNIA
TRAFFIC COLLISION REPORT
 CHP 555 Page 1 (Rev.7-03) OPI 061

SPECIAL CONDITIONS		NUMBER INJURED 1	HIT & RUN FELONY <input type="checkbox"/>	CITY UNINC.	JUDICIAL DISTRICT EAST LA	LOCAL REPORT NUMBER 0013	
		NUMBER KILLED 0	HIT & RUN MISDEMEANOR <input type="checkbox"/>	COUNTY LOS ANGELES	REPORTING DISTRICT BEAT 12		
LOCATION	COLLISION OCCURRED ON CITY TERRACE DR.				MO. DAY YEAR 04/01/05	TIME (2400) 1617	NCIC # 9535
	MILEPOST INFORMATION				DAY OF WEEK S M T W T F S	TOW AWAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	OFFICER I.D. 17362
	AT INTERSECTION WITH POMEROY ST.				STATE HWY REL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PHOTOGRAPHS BY: <input checked="" type="checkbox"/> NONE
PARTY 1		DRIVER'S LICENSE NUMBER	STATE CA	CLASS C	AIR BAG M	SAFETY EQUIP. G	VEH. YEAR 05
DRIVER		NAME (FIRST, MIDDLE, LAST)			MAKE/MODEL/COLOR HYUNDAI/ELANTRA/SILVER		LICENSE NUMBER
PEDESTRIAN		STREET ADDRESS			OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER		STATE
PARKED VEHICLE		CITY/STATE/ZIP LOS ANGELES, CA			OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER		
BICYCLIST		SEX M	HAIR BLK	EYES BRN	HEIGHT 5-08	WEIGHT 260	DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER
OTHER		HOME PHONE	BUSINESS PHONE		BIRTHDATE Mo. Day Year 08/25/52		RACE H
INSURANCE CARRIER		POLICY NUMBER			VEHICLE IDENTIFICATION NUMBER: KMHDN45D51U		
DIR OF TRAVEL ON STREET OR HIGHWAY W		CITY TERRACE DR.		SPEED LIMIT 30		VEHICLE TYPE 01	
PARTY 2		DRIVER'S LICENSE NUMBER	STATE CA	CLASS C	AIR BAG P	SAFETY EQUIP. G	VEH. YEAR 91
DRIVER		NAME (FIRST, MIDDLE, LAST)			MAKE/MODEL/COLOR PLYM/ACCUM/BLUE		LICENSE NUMBER
PEDESTRIAN		STREET ADDRESS			OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER		STATE CA
PARKED VEHICLE		CITY/STATE/ZIP LOS ANGELES, CA			OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER		
BICYCLIST		SEX F	HAIR BLK	EYES BRN	HEIGHT 5-02	WEIGHT 120	DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER
OTHER		HOME PHONE	BUSINESS PHONE		BIRTHDATE Mo. Day Year 04/20/66		RACE H
INSURANCE CARRIER		POLICY NUMBER			VEHICLE IDENTIFICATION NUMBER: 01		
DIR OF TRAVEL ON STREET OR HIGHWAY S		POMEROY		SPEED LIMIT 25		VEHICLE TYPE 01	
PARTY 3		DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR
DRIVER		NAME (FIRST, MIDDLE, LAST)			MAKE/MODEL/COLOR		LICENSE NUMBER
PEDESTRIAN		STREET ADDRESS			OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER		STATE
PARKED VEHICLE		CITY/STATE/ZIP			OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER		
BICYCLIST		SEX	HAIR	EYES	HEIGHT	WEIGHT	DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER
OTHER		HOME PHONE	BUSINESS PHONE		BIRTHDATE Mo. Day Year		RACE
INSURANCE CARRIER		POLICY NUMBER			VEHICLE IDENTIFICATION NUMBER:		
DIR OF TRAVEL ON STREET OR HIGHWAY		SPEED LIMIT		VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER	
PREPARER'S NAME D. NAVARRO #17362		DISPATCH NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		REVIEWER'S NAME BE 13976		DATE REVIEWED 041105	

DATE OF COLLISION (MO. DAY YEAR) 04/01/05	TIME (2400) 1617	NCIC# 9535	OFFICER I.D.# 17362	NUMBER
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ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE = 1=20')

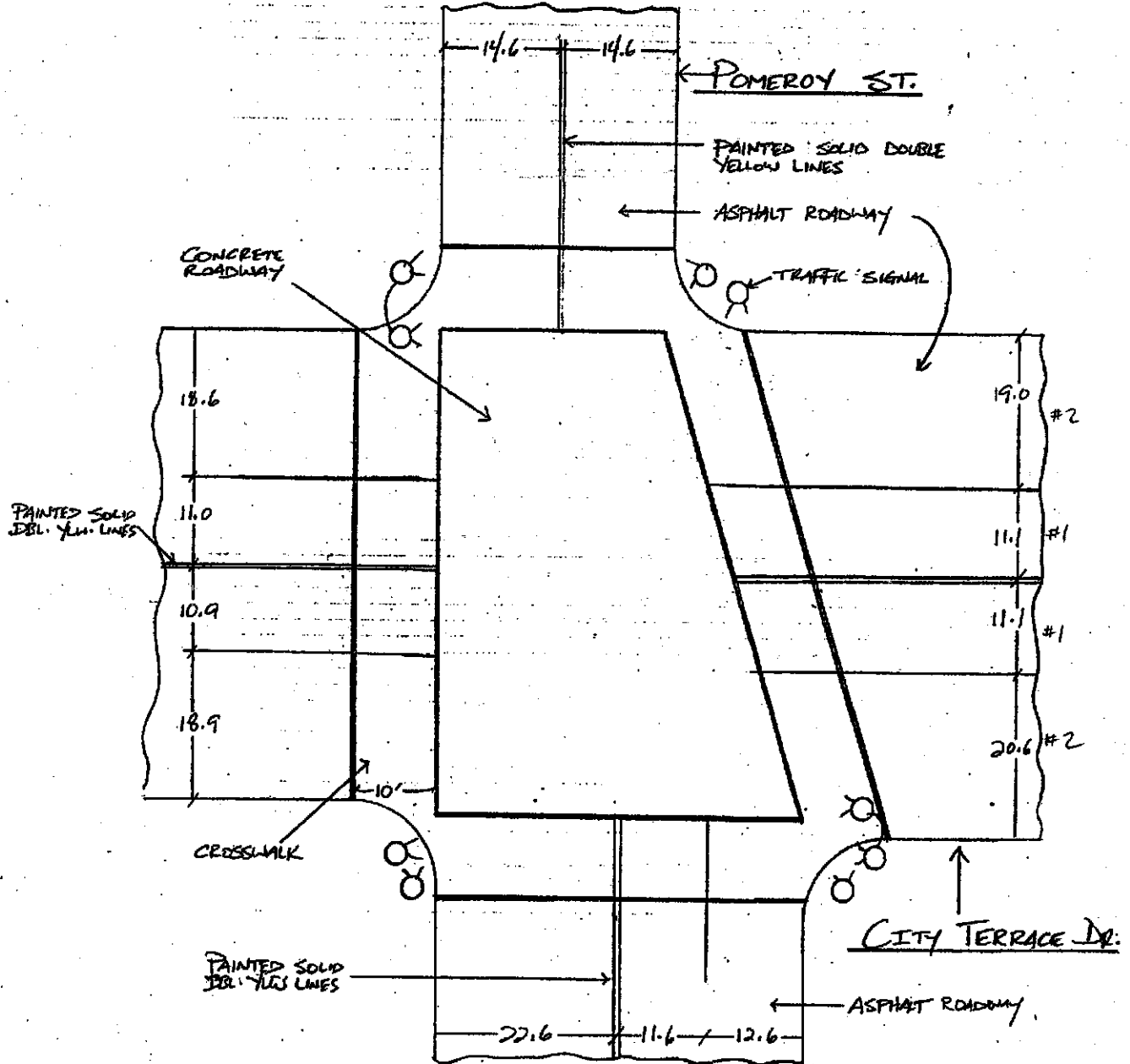


PREPARED BY D. NAVARRO	I.D. NUMBER 17362	MO. DAY YEAR 04/01/05	REVIEWER'S NAME	MO. DAY YEAR
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DATE OF COLLISION (MO. DAY YEAR) 04/01/05				TIME (2400) 1617				NCIC # 9535				OFFICER I.D. 17362				NUMBER									
WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ("X" ONE)				INJURED WAS ("X" ONE)					PARTY NUMBER	SEAT POS.	SAFETY EQUIP.	EJECTED									
				FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER													
<input type="checkbox"/>	<input type="checkbox"/>	38	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	1	G	0									
NAME / D. O. B. / ADDRESS [REDACTED] (04/20/66) SAME AS P-2																TELEPHONE									
(INJURED ONLY) TRANSPORTED BY: FIRE UNIT 33-01																TAKEN TO: EAST LA DOCTORS									
DESCRIBE INJURIES COP TO NECK, BACK, AND L/LEG																									
																<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED									
<input type="checkbox"/>	<input checked="" type="checkbox"/>	14	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	4	G	0								
NAME / D. O. B. / ADDRESS [REDACTED] (05/08/90) SAME AS P-2																TELEPHONE									
(INJURED ONLY) TRANSPORTED BY:																TAKEN TO:									
DESCRIBE INJURIES																									
																<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED									
<input type="checkbox"/>	<input checked="" type="checkbox"/>	19	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	3	G	0								
NAME / D. O. B. / ADDRESS [REDACTED] 09/24/85 SAME AS P-2																TELEPHONE									
(INJURED ONLY) TRANSPORTED BY:																TAKEN TO:									
DESCRIBE INJURIES																									
																<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED									
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
NAME / D. O. B. / ADDRESS																TELEPHONE									
(INJURED ONLY) TRANSPORTED BY:																TAKEN TO:									
DESCRIBE INJURIES																									
																<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED									
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NAME / D. O. B. / ADDRESS																TELEPHONE									
(INJURED ONLY) TRANSPORTED BY:																TAKEN TO:									
DESCRIBE INJURIES																									
																<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED									
PREPARER'S NAME D. NAVARRO																I.D. NUMBER 17362		MO. DAY YEAR 04/01/05		REVIEWER'S NAME				MO. DAY YEAR	

DATE OF COLLISION (MO. DAY YEAR) 04/01/05	TIME (2400) 1617	NCIC# 9535	OFFICER I.D. 17362	NUMBER
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ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE = 1/20')



VEHICLES MOVED OUT OF THE INTERSECTION TO EXPEDITE FLOW OF TRAFFIC.
 NO MEASUREMENTS TAKEN

PREPARED BY D. NAVARRO	I.D. NUMBER 17362	MO. DAY YEAR 04/01/05	REVIEWER'S NAME	MO. DAY YEAR
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DATE OF INCIDENT/OCCURRENCE	TIME (2400)	NCIC NUMBER	OFFICER I.D.	NUMBER
04/01/05	1617	9535	17362	

FACTS:**NOTIFICATION:**

AT APPROX. 1620 HOURS, I RECEIVED A CALL OF A TRAFFIC COLLISION WITH AN AMBULANCE RESPONDING AT THE INTERSECTION OF CITY TERRACE DR. AND POMEROY ST. I RESPONDED FROM W/B I-10 AT ATLANTIC BLVD. AND ARRIVED ON SCENE AT APPROX. 1628 HOURS. UPON MY ARRIVAL AT THE SCENE, I DETERMINED IT TO BE A MINOR INJURY TRAFFIC COLLISION. ALL TIMES, SPEEDS, AND MEASUREMENTS ARE APPROXIMATE. MEASUREMENTS WERE OBTAINED BY PACING AND ROLL-A-TAPE.

SCENE DESCRIPTION:

AT THIS INTERSECTION, CITY TERRACE IS A DRY, SLIGHT INCLINE, ASPHALT ROADWAY. THIS STREET LOCATED IN THE UNINCORPORATED AREA OF THE COUNTY OF LOS ANGELES. CITY TERRACE IS A DESIGNATED EAST/WEST STREET WITH TWO LANES IN EACH DIRECTION, A 25 MPH SPEED LIMIT, AND IS BORDERED BY 5 FEET OF CONCRETE SIDEWALK ON BOTH SIDES. POMEROY ST. IS A DRY, STRAIGHT, ASPHALT ROADWAY. THIS STREET IS LOCATED IN THE UNINCORPORATED AREA OF THE COUNTY OF LOS ANGELES. POMEROY ST. IS A DESIGNATED NORTH/SOUTH STREET WITH ONE LANE IN EACH DIRECTION, A 25 MPH SPEED LIMIT, AND IS BORDERED BY 5 FEET OF CONCRETE SIDEWALK ON BOTH SIDES. REFER TO FACTUAL DIAGRAM FOR FURTHER.

PARTIES:

P-1 [REDACTED] WAS LOCATED AT THE SCENE OF THE COLLISION SITTING ON THE NORTH-WEST CORNER CURB. P-2 IDENTIFIED HIMSELF VERBALLY AND BY HIS CALIFORNIA DRIVERS LICENSE.

V-1 WAS LOCATED AT THE SCENE OF THE COLLISION ON ITS WHEELS FACING IN A SOUTHERLY DIRECTION WITHIN THE INTERSECTION. V-1 SUSTAINED MINOR DAMAGE TO ITS FRONT END. NO PRIOR MECHANICAL DEFECTS NOTED.

P-2 [REDACTED] WAS LOCATED AT THE SCENE OF THE COLLISION SITTING IN THE PASSENGER SEAT OF V-1, BEING ATTENDED TO BY LA COUNTY FIRE PERSONNEL. P-2 IDENTIFIED HERSELF VERBALLY AND WITH A CALIFORNIA DRIVERS LICENSE. P-2 COMPLAINED OF PAIN TO HER LEFT LEG, BACK, AND NECK.

V-2 (4AFC409) WAS LOCATED AT THE SCENE OF THE COLLISION ON ITS WHEELS FACING IN A EASTERLY DIRECTION WITHIN THE INTERSECTION. V-2 SUSTAINED MODERATE DAMAGE TO THE ENTIRE LEFT SIDE. NO PRIOR MECHANICAL DEFECTS NOTED.

PHYSICAL EVIDENCE:

1. DAMAGE TO BOTH VEHICLES.

PREPARER'S NAME	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
D. NAVARRO	17362	04/01/05		

NARRATIVE

DATE OF INCIDENT/OCCURRENCE	TIME (2400)	NCIC NUMBER	OFFICER I.D.	NUMBER
04/01/05	1617	9535	17362	

STATEMENTS:**PARTIES:**

P-1 [REDACTED] RELATED TO ME THAT HE WAS DRIVING V-1, TRAVELING W/B IN THE W-2 LANE ON CITY TERRACE DR. AND APPROACHING THE INTERSECTION OF POMEROY ST. AT APPROX. 28 MPH. P-1 STATED THAT AS HE CROSSED THE LIMIT LINE INTO THE INTERSECTION, P-1 NOTICED THAT THE TRAFFIC LIGHT FOR HIS DIRECTION WAS SOLID RED. P-1 THEN SUDDENLY NOTICED V-2 DIRECTLY IN FRONT OF HIM, HE ATTEMPTED TO APPLY HIS BRAKES, BUT HE COULD NOT REACT IN TIME AND THE FRONT OF V-1 STRUCK THE LEFT SIDE OF V-2.

P-2 [REDACTED] RELATED TO ME THAT SHE WAS DRIVING V-2. P-2 STATED THAT SHE WAS TRAVELING S/B ON POMEROY ST. AND STOPPED AT THE INTERSECTION OF CITY TERRACE DR. P-2 RELATED THAT WHEN HER TRAFFIC LIGHT TURNED GREEN, SHE ENTERED THE INTERSECTION AND SLOWED TO MAKE A LEFT TURN, WHEN SHE SUDDENLY FELT AN IMPACT TO THE LEFT SIDE OF HER VEHICLE.

OPINIONS AND CONCLUSIONS:**SUMMARY:**

THIS COLLISION OCCURRED WHEN P-1 WAS DRIVING V-1, TRAVELING W/B ON CITY TERRACE DR. IN THE #2 LANE AT APPROX. 28 MPH, AND APPROACHING THE INTERSECTION OF POMEROY ST.

P-2 WAS DRIVING V-2 S/B ON POMEROY ST. AND STOPPED AT THE INTERSECTION OF CITY TERRACE DR.

THE S/B TRAFFIC LIGHT FOR POMEROY ST. TURNED GREEN AND P-2 ENTERED THE INTERSECTION SLOWLY WAITING TO MAKE A LEFT TURN. P-1 FAILED TO STOP FOR THE RED LIGHT FOR W/B CITY TERRACE DR. TRAFFIC. P-1 ENTERED THE INTERSECTION ON A RED LIGHT AND THE FRONT OF V-1 STRUCK THE LEFT SIDE OF V-2. BOTH VEHICLES WERE MOVED OUT OF THE INTERSECTION WITH CHP ASSISTANCE, TO EXPEDITE THE FLOW OF TRAFFIC. ESTABLISHED BY STATEMENTS AND DAMAGE TO BOTH VEHICLES.

AREA OF IMPACT (AOI):

AOI (V-1 VS. V-2) WAS DETERMINED TO BE LOCATED APPROX. 18 FEET EAST OF THE WEST PROLONGATION LINE OF CITY TERRACE DR. AND APPROX. 10 FEET NORTH OF THE SOUTH PROLONGATION LINE OF POMEROY ST. ESTABLISHED BY STATEMENTS AND DAMAGE TO BOTH VEHICLES.

CAUSE:

P-1 [REDACTED] WAS DETERMINED TO HAVE CAUSED THIS COLLISION BY BEING IN VIOLATION OF SECTION 21453(a) VC- FAIL TO STOP FOR A CIRCULAR RED LIGHT. ESTABLISHED BY STATEMENTS.

PREPARER'S NAME	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
D. NAVARRO	17362	04/01/05		

DATE OF INCIDENT/OCCURRENCE 04/01/05	TIME (2400) 1617	NCIC NUMBER 9535	OFFICER I.D. 17362	NUMBER
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RECOMMENDATIONS:

NONE.

STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL CHP 418 (Rev. 1-03) OPI 061		CALIFORNIA HIGHWAY PATROL COLLISION REPORT INFORMATION EAST LOS ANGELES AREA (535)	
DATE 04/01/05	TIME 1617	1601 Corporate Center Drive Monterey Park, CA 91754 (323) 960-4600	
NCIC NUMBER 9535	OFFICER'S I.D. NUMBER 17362		

YOUR VEHICLE WAS REMOVED TO:

4-0013

A copy of the collision report can be obtained from the address above and will normally be available within 10 days from the date of the collision. A request by mail is preferred and must include: date, time, NCIC number, and Officer's I.D. number printed above. The certification for purchase information (see reverse) must also be completed, signed and attached to your written request with your check for payment. Make your personal check or money order payable to the California Highway Patrol (CHP) for \$6.00.

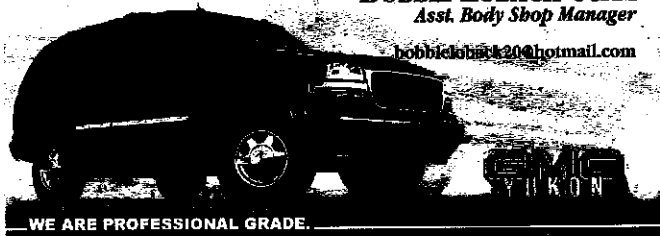
Reports may also be obtained in person during the office hours stamped above. Please call to determine if the report is ready. In the event the cost exceeds \$6.00, you will be notified. Reports are retained 4 years.

**AUTOSQUARE
COLLISION CENTER**
 11709 VALLEY BLVD. • EL MONTE, CA 91732

(626) 277-0022
 Fax (626) 277-0044

BOBBIE LOBACK CCRM
 Asst. Body Shop Manager

bobbie@autosquare.com



PREPARER'S NAME D. NAVARRO	I.D. NUMBER 17362	DATE 04/01/05	REVIEWER'S NAME	DATE
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