



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 100145

Date Received: 03 JUN 2005
Repository: ☐
Reference No.: 10123941

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: PAHRUMP State: NV Zip Code: [Redacted]

Daytime Telephone Number: [Redacted] E-mail Address: [Redacted]

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, NHTSA will not include your name or address to the vehicle manufacturer.
Signature of Owner: [Redacted] Date: 5/15/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 3FTN W21P6LM
Make: FORD Model: F250 Model Year: 2001

Date Purchased: 14 Feb 03 Dealer's Name and Telephone Number: [Redacted] Engine: No. Cylinders: 8 Fuel Type: Diesel
Original Owner: ☒ Original Equipment ☐ Prior Repair State: OK Zip Code: 89020

Transmission Type: AUTOMATIC Antilock Brakes: ☒ Cruise Control: ☒ Powertrain: 4 WHEEL DRIVE
Vehicle Component Code: 181000 TIRES:TREAD/BELT
Multiple Failures: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 25-JUL-2003 Failure Mileage: 34,189 Failure Speed: 60 mph
Description: Developed a bump @ 60 mph / Decelerated slowed to about 45 before tire exploded -

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: FIRESTONE Tire Model (Name or Number): FIRESTONE Tire Size (Example P215/65R15): LT245/75-16 Load Range E
DOT No. (Example: D01MABAC038): [Redacted] Original Equipment: ☒ Prior Repair: ☐ Failure Location: PASSENGER SIDE FRONT
Tire Component Code: 190000 TIRES Tire Failure Type: BLOWOUT

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), condition(s), and injury(ies).)

Crash: ☐ Yes ☒ No Number of Persons Injured: 2 Number of Deaths: 0 Reported to Police: 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).

DT: AN ACCIDENT OCCURED WHEN TIRE BLEW OUT AND VEHICLE HIT THE BERM AND FLIPPED OVER, END OVER END. SPEED AT THE TIME OF ACCIDENT 80 MPH. TIRE SEPARATED, BLEW OUT, AND HIT THE GROUND, PULLING VEHICLE INTO BERM. NO OTHER VEHICLES INVOLVED. POLICE REPORT WAS FILED. THERE WERE INJURIES. PASSENGER SPENT 7 WEEKS IN THE HOSPITAL. DRIVER WAS INJURED, AS WELL. BOTH SUSTAINED BROKEN BONES. AND THE PASSENGER SUSTAINED SEVERE INJURY. NO OTHER PROBLEMS WITH VEHICLES THE PSI WAS CHECKED REGULARY. VEHICLE WAS REGULARLY SERVICED. NO WARNINGS OR PROBLEMS WITH TIRES PRIOR TO ACCIDENT. *AK

ATTACH ADDITIONAL SHEETS IF NECESSARY

Include, if available: Police/Fire Department Report, Photos, and Safety Issues.
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 responses 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 responses 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)

See P 4 - Police Rpt.

Injuries - Driver - Multiple Rib Fractures - Collar Bone Broken 2 places
 - Shoulder Blade 2 Broken -
 - Diaphragm Damaged - Compressed Vertebrae
 Passenger (Wife) - Multiple Broken Ribs
 - RT Arm Broken Above Wrist
 - Head Injury L- Rear Area - Vision & Balance Damaged
 - Back Vertebra Broken
 - Chest & Lung Damaged

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

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 79173 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

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

**VEHICLE
OWNER'S
QUESTIONNAIRE**

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM

OR

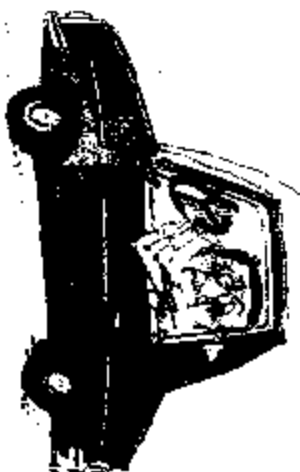
DASH2DOT

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 NEVADA TRAFFIC ACCIDENT REPORT

NHP-1 2003-006615-1

Agency Name and File No.

ACCURED ON: (Highway No. or Street Name)

STATE ROUTE 160 BEAT LM 55 RURAL

City
CLARK

County

STREET CODE:

At intersection with:

on 570 feet SOUTH of STATE ROUTE 160 M.P.M. CLARK 23

STREET CODE:

1. DRIVER PEDES TRIAN PARKED VEHICLE CYCLIST OTHER EXPLAIN "OTHER":
1 1 2 3 4 5

Insurance Issued By: No. Date: From To 381
02/21/01 - 04/25/01

Address, City, State and Zip Code:
1800 FREDRICKSBURG RD. SAN ANTONIO TX

Name: (Last, First, Middle) 382 DOB 383
03/09/32

Street Address, City, State and Zip Code 384
AHRUMP NV

State / Drivers License No.: 385 Social Security No.: 386 Sex: 387
IV M

Age: 401 License No.: 402 Year and Make: 403 Travelling: 407
IV 01 FORD N B E W

Color: 404 Vehicle Identification Number: 405 Type: 406 OTC
ED 3FTNW21F61M PK

Owners Name: 408
AME AS ABOVE

Owners Address: 409
AME AS ABOVE

Trailing Unit(s): 410
A

DATE TIME OF ACCIDENT: 601 07/25/03 06:00 PM (M)	SHEET 1 of 11 602	SEVERITY: 603 1 ☐ Fatal 2 ☒ Injury 3 ☐ Property Damage	UNUSUAL ROAD COND.: 608 1 ☐ Hole/deep rut 2 ☐ Loose material on road 3 ☐ Obstruction in road 4 ☐ Construction/repair zone 5 ☐ Reduced road width 6 ☐ Flooded 7 ☐ Other (explain) 8 ☐ No unusual conditions	COLLISION TYPE: 607 1 ☐ Head on 2 ☐ Rear end 3 ☐ Side-swipe meeting 4 ☐ Side-swipe overtaking 5 ☐ Angle 6 ☐ Backed into 7 ☐ All others 8 ☐ Non-collision
DAY OF WEEK: FRI	Total No. Vehicles: 1 Occupants: 2 Pedestrians: 0 Injured: 2 Killed: 0	CONDITION OF SURFACE: 604 1 ☒ Dry 3 ☐ Snowy/icy 2 ☐ Wet 4 ☐ Unknown 5 ☐ Other	WEATHER: 605 1 ☒ Clear 3 ☐ Raining 2 ☐ Cloudy 4 ☐ Snowing 5 ☐ Other	

PROPERTY DAMAGE OTHER THAN VEHICLES: (Describe) A	DAMAGE AMOUNT: 606 01 ☐ 1 Minor 02 ☐ 2 Moderate 03 ☐ 3 Major 04 ☐ 4 Total 05 ☐ 5 No damage
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DRIVERS ONLY:	1 ☐ Going straight 2 ☐ Turning right 3 ☐ Turning left 4 ☐ Making U-turn 5 ☐ Backing	6 ☐ Stopped 7 ☐ Parked 8 ☐ Entering park position 9 ☐ Leaving park position 10 ☐ Entering alley or driveway	11 ☐ Leaving alley or driveway 12 ☐ Passing other vehicles 13 ☐ Changing lanes 14 ☐ Other turning movements 15 ☐ Crossed into opposite lane	16 ☐ Travelling wrong way 17 ☐ Driveway-moving vehicle 18 ☐ Racing 19 ☐ Other 20 ☐ Unknown
CONTRIBUTING FACTORS:	07 ☐ Excessive speed 08 ☐ Speed too fast for conditions 09 ☐ Failed to yield right of way 10 ☐ Drove left of center 11 ☐ Disregard control device 12 ☐ Improper overtaking	01 ☐ Followed too closely 02 ☐ Made improper turn 03 ☐ Driver inattention 04 ☐ Had been drinking 05 ☐ Other improper driving 06 ☐ Pedestrian error (explain)	13 ☐ Mechanical defect (explain) 14 ☐ Road defect (explain) 15 ☐ Other not involving driver error	EXPLAIN "OTHER": 702 [#11] D-1 FAILED TO MAINTAIN HIS TRAVEL LANE.

1 WAS NORTHBOUND ON STATE ROUTE 160 IN THE #2 TRAVEL LANE. V-1'S RIGHT FRONT TIRE HAD A BLOW OUT. V-1 STEERED V-1 TO THE RIGHT AND ONTO THE EAST SIDE DIRT SHOULDER. V-1 TRAVELED UP AN EMBANKMENT AND BECAME AIRBORNE. V-1 LANDED ON THE EAST SIDE DESERT AREA AND OVERTURNED SEVERAL TIMES. V-1 CAME TO REST ON ITS RIGHT SIDE ON THE EAST SIDE DESERT AREA FACING SOUTHEAST.

Driver Charged: 704 PENDING	Charge(s):	Station/Booking No.:
Investigated by: 705 ARELLANO	Charge(s): 706 I.D. No. 488	Station/Booking No.:
Date: 07/25/03	Reviewed by: [Signature]	Investigation is complete: 709 Yes ☐ No ☐

RIVERS OR PEDESTRIANS:

1	Apparently normal	06	H.B.D. - Not under influence	801	TESTS ADMINISTERED TO DRIVER/PEDESTRIAN			802
2	Apparently asleep	07	H.B.D. - Impairment unknown	No.	Type	Administered at	Results	
3	Fatigued	08	Drugs - Under influence	1	BL	UMC TRAUMA / LAS VEGAS	PENDING	
4	Physical impairment	09	Drugs - Impairment unknown					
5	H.B.D. - Under influence	10	Condition unknown					

VISION OBSCURED BY:

1	Structure (explain)	05	Lack of/improper mirror	09	Sunglare	13	Other (explain)	803
2	Embankment	06	Rain, snow, ice on windshield	10	Headlights	14	Vision not obscured	
3	Hillcrest/curves	07	Other windshield obstructions	11	Vehicle design (explain)	15	Unknown if obscured	
4	Brush/obstacles	08	Vehicle load/occupants	12	Other parked/moving vehicles			

1	Seat belts installed	804	Ejected	Age	Injury	Class	Site	805
YES	YES		Yes No			B	3	

No.	Position	Name: (Last, First, Initial)	Address: (Last, First, Initial)	Age	Sex	Installed	Used	Ejected	Injury	Class	Site
1	RF	[REDACTED]	SAME AS D-1	70	F	YES	YES			A	5

AD SURFACE:	814	ROAD WIDTH:	815	TRAFFIC CONTROL (Check one or more)	816	SPEED (Vehicle only)	817
Asphalt		Travelled Portion	1	23 ft	01	Stop sign	
Concrete		Paved shoulder	2	1 ft	02	Yield sign	
Gravel		Total	3	24 ft	03	No passing	
Other		Storage/Turn lane	4	0 ft	04	Warning sign	
		Median width	6	55 ft	05	Other (explain)	
					06	Not functioning	
					07	No control	
					08		
					09		
					10		
					11		
					12		

VEHICLE DAMAGED AREAS:	818	VEHICLES REMOVED:	819	INJURED/FATALITIES TRANSPORTED:	820
Front	06	No. 1 To:	By:	UMC TRAUMA / LAS VEGAS	
Right front	07			(D-1) SOUTHWEST AMBULANCE	
Left front	08			UMC TRAUMA / LAS VEGAS	
Right side	09			(P-1) MERCY AIR	
Left side	10				

ICE NOTIFIED:	821	MOTORCYCLE ONLY HELMET USED:	822	WITNESSES: (Other Than Vehicle Owners)	823
07/25/03		Yes No		Name:	
1717				Address:	
1738				Name:	
21 MIN				Address:	

ADDITIONAL INFORMATION/DETAILS:

STATEMENT : YES

PHOTOS : YES (4 ROLLS)

GRAM : YES

TRICATION : YES

REPORT IS: CONTINUATION
TO: ACCIDENT

HIGHWAY PATROL

ACCIDENT NUMBER: [REDACTED]
CITATION NUMBER: N/A
OTHER NUMBER: 3 of 11

THE RIGHT FRONT TIRE OF V-1 WAS TAKEN AS EVIDENCE PENDING THE RESULTS OF MR. AINSWORTH'S BLOOD RESULTS.

THE RIGHT FRONT TIRE OF V-1 IS A FIRESTONE, STEELTEX RADIAL R4S AND IS MOUNTED ON WHAT APPEARS TO BE A STOCK WHEEL. THE SIZE OF THE TIRE IS LT286/75R16. THE DEPARTMENT OF TRANSPORTATION NUMBER IS VNW81XM4400. THE TREAD IS MADE 2 PLYS OF POLYESTER AND TWO PLYS OF STEEL. THE SIDE WALL IS MADE OF 2 PLYS OF POLYESTER. THE RECOMMENDED AIR PRESSURE OF 80 POUNDS PER SQUARE INCH. THE TIRE HAS MAXIMUM LOAD RATING OF 3415 POUNDS.

TREAD DEPTH: INSIDE: 5/32
MIDDLE: 6/32
OUTSIDE: 6/32

ARRESTING/REPORTING OFFICER:
L. ARELLANO

I.D. NO.:
488

DATE AND TIME REPORT PREPARED:
08/01/03

APPROVED BY:

INFORMAL STATEMENT BY:

- ☒ Driver
☐ Officer From
☐ Passenger
☐ Other Department
☐ Witness
☐ Other

NEVADA
HIGHWAY PATROL

ACCIDENT
NUMBER: [REDACTED]

CITATION
NUMBER: [REDACTED]

OTHER
NUMBER: [REDACTED]

DATE: 7/25/03 TIME: 4:30 AM ☐ PM ☒

RESIDENCE ADDRESS: [REDACTED]

CITY: [REDACTED]

STATE: [REDACTED]

ZIP CODE: [REDACTED]

DRIVER'S LICENSE NUMBER: [REDACTED]

STATE: [REDACTED]

VEHICLE LICENSE NUMBER: [REDACTED]

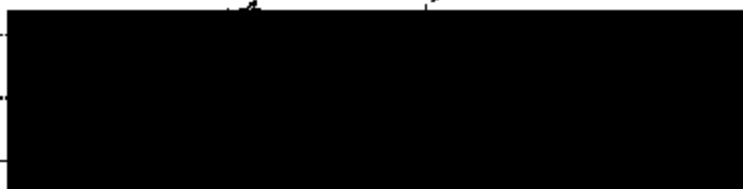
STATE: [REDACTED]

YEAR AND MAKE OF VEHICLE:

2001 F250

MY OBSERVATION OR INVOLVEMENT IN THIS MATTER WAS AS FOLLOWS:

Leaving Rt. 895 entering The Divided Hwy
 heading toward Pahrump set Cruise control @ 68mph
 felt tire bumping
 immediately hit the brakes - cruise off & decelerating
 the RT F Tyre came apart & pulled the
 truck to Rt. & off Road.
 With no Shocks, further pulling to the Rt.
 impacted the Road Dept Storage Dirt.



SIGNATURE OF PERSON WRITING STATEMENT:

INFORMAL STATEMENT BY: ☐ Driver ☐ Officer From ☐ Passenger Other Department: ☒ Witness ☐ Other		NEVADA HIGHWAY PATROL		ACCIDENT NUMBER: [REDACTED] CITATION NUMBER: OTHER NUMBER: 5 OF 11	
DATE: 7-25-03	TIME: 7:30 ☐ AM ☒ PM	FULL NAME: [REDACTED]			
RESIDENCE ADDRESS: [REDACTED]		CITY: Henderson	STATE: NV	ZIP CODE: [REDACTED]	TELEPHONE: [REDACTED]
[REDACTED]		STATE: NV		[REDACTED]	
R: [REDACTED]		STATE: NV		YEAR AND MAKE OF VEHICLE: 90 Ford Cab 1/4c	

MY OBSERVATION OR INVOLVEMENT IN THIS MATTER WAS AS FOLLOWS:

I was S.B. on Hwy 160 Approx 2 miles
 from MTN Springs Summit when a
 Red Ford P.U. approx 1998 yr. model had a
 front tire blowout. coming from the opposite
 direction. As he attempted to control the truck
 it veered off the road and back on and
 then the rear started coming around
 and he went off the road and landed
 upside down. It did not seem that he
 was speeding, he just couldn't respond in
 time.

SIGNATURE OF PERSON WRITING STATEMENT: [REDACTED]

INFORMAL STATEMENT BY:

- ☐ Driver ☐ Officer From
☐ Passenger Other Department
☒ Witness ☐ Other

NEVADA
HIGHWAY PATROLACCIDENT
NUMBER: [REDACTED]CITATION
NUMBER:OTHER
NUMBER: 10 OF 11DATE: 7/25/03 TIME: 5:10 ☐ AM ☒ PM

FULL NAME: [REDACTED]

RESIDENCE ADDRESS: [REDACTED]

CITY: Pratermouth

STATE: NV

ZIP CODE: [REDACTED]

TELEPHONE: [REDACTED]

VEHICLE REGISTRATION NUMBER: [REDACTED]

DRIVER'S LICENSE NUMBER: [REDACTED]

STATE: NV

VEHICLE REGISTRATION NUMBER: [REDACTED]

STATE: NV

YEAR AND MAKE OF VEHICLE:

94 Ford Tempo

MY OBSERVATION OR INVOLVEMENT IN THIS MATTER WAS AS FOLLOWS:

ON JULY 25, 2003 I WAS ON MY
 WAY HOME, ON HWY 160 HEADED TO
 PRATERMOUTH. I CAME OFF THE PASS WHERE
 THE FIRE STATION IS ON TO WHERE THE
 HWY TURNS INTO TWO LANES, A RED
 TRUCK WAS ABOUT SEVEN CAR LENGTHS
 AHEAD THE RED ~~TRUCK~~ LOST CONTROL AND
 HIT A IN BANKMENT ON THE RIGHT SIDE
 OF THE ROAD AND FLEW UP IN THE AIR
 ABOUT 30 FEET AND LANDED IN A DITCH
 I STOPPED MY CAR TO SEE IF I COULD
 BE OF ANY HELP ME AND ABOUT 4 PEOPLE
 RAN OVER TO THE TRUCK TO SEE IF
 WE COULD HELP THE TRUCK WAS UP SIDE
 DOWN AND A MAN WAS HANGING OUT
 THE WINDOW WE ALL TRIED TO USE OUR
 CELL PHONES BUT WE WERE IN A DEAD
 ZONE A SECURITY GUARD FROM THE RIO
 TOLD ME TO LOOK IN THE BACK OF
 HIS TRUCK AND GET A FIRST AID
 KIT AND TOLD ANOTHER LADY TO

SIGNATURE OF PERSON WRITING STATEMENT: [REDACTED]

INFORMAL STATEMENT BY:

- ☐ Driver ☐ Officer From
☐ Passenger Other Department
☒ Witness ☐ Other

NEVADA
HIGHWAY PATROLACCIDENT
NUMBER: [REDACTED]CITATION
NUMBER: [REDACTED]OTHER
NUMBER: 705-11DATE: 7/25/2003 TIME: 5:10 AM ☒ PM

[REDACTED] City: Primm STATE: NV ZIP CODE: 89059

SOCIAL SECURITY NUMBER: [REDACTED]

DRIVER'S LICENSE NUMBER: [REDACTED]

STATE: NV

VEHICLE LICENSE NUMBER: [REDACTED]

STATE: NV

YEAR AND MAKE OF VEHICLE: 1994 Ford Tempo

MY OBSERVATION OR INVOLVEMENT IN THIS MATTER WAS AS FOLLOWS:

Drive To The Fire Station To get
 Help. The MAN IN THE CAR WAS
 TRYING TO GET OUT WE TOLD HIM NOT
 TO MOVE. THE LADY RETURNED WITH
 HELP WE THEN CUT THE SEAT BELT
 AND PULL THE MAN OUT OF THE
 CAR, HE TOLD US HE HAD A BLOW
 OUT AND LOST CONTROL AND THAT
 HIS WIFE WAS IN THE ~~TRUCK~~ TRUCK
 WE COULD NOT SEE HER BECAUSE OF
 THE DAMAGE WE HAD TO FLIP
 THE ~~TRUCK~~ TRUCK OVER TO REMOVE
 HER FROM THE TRUCK

INFORMAL STATEMENT BY: ☐ Driver ☐ Officer From ☐ Passenger Other Department ☒ Witness ☐ Other		NEVADA HIGHWAY PATROL		ACCIDENT NUMBER: [REDACTED] CITATION NUMBER: OTHER NUMBER: 8 OF 11	
DATE: 27-25-03		TIME: 1700-1800 ☐ AM ☒ PM		FULL NAME: [REDACTED]	
RESIDENCE ADDRESS: [REDACTED]		CITY: PAHRUMP		STATE: NV	
		ZIP CODE: [REDACTED]		TELEPHONE: [REDACTED]	
		DRIVER'S LICENSE NUMBER: [REDACTED]		STATE: NV	
VEHICLE LICENSE NUMBER: [REDACTED]		STATE: NEVADA		YEAR AND MAKE OF VEHICLE: 1991 CHEVY BLAZER	

MY OBSERVATION OR INVOLVEMENT IN THIS MATTER WAS AS FOLLOWS:

ON 07-25-03, AT APPROXIMATELY 1700-1800 HOURS, I WAS DRIVING WEST ON HIGHWAY 160 WHEN I OBSERVED A LARGE CLOUD OF DUST & DIRT ON THE WEST SIDE OF HIGHWAY 160 JUST WEST OF SPRING MOUNTAIN. WHEN I ARRIVED AT THE SCENE, I NOTICED A RED PICK-UP TRUCK WHICH WAS UPSIDE DOWN IN A WASH WITH A MALE HALF WAY OUT OF THE DRIVER'S WINDOW. THE ADULT MALE WAS CONSCIOUS BUT UNRESPONSIVE. WITH THE HELP OF A SOUTHWEST AMBULANCE EMT, THE MALE WAS REMOVED FROM THE TRUCK AND PLACED ON A BACKBOARD. A SECOND PERSON IN THE TRUCK WAS A FEMALE, WHO WAS UNCONSCIOUS, UNRESPONSIVE, HAD A WEAK PULSE, AND WAS PINNED INSIDE THE VEHICLE. WHILE OTHER MOTORIST LIFTED THE TRUCK, THE SOUTHWEST EMT & MYSELF PULLED THE FEMALE FREE OF THE TRUCK AND PLACED HER ON A BACKBOARD. I ASSISTED THE EMT WITH RESCUE BREATHING FOR THE FEMALE UNTIL LIFE-FLIGHT ARRIVED AND I WAS RELIEVED BY OTHER EMTS ON SCENE.

SIGNATURE OF PERSON WRITING STATEMENT: [REDACTED]

Refer: [REDACTED]
Accident No. [REDACTED]
Citation No. [REDACTED]
Other (specify) [REDACTED]

NEVADA HIGHWAY PATROL

VEHICLE REPORT

Dr. No. _____

Date 7-25-03Impounded ☐ Stored ☒ Recovered ☐

Approved by _____

Description of vehicle 1738 10-23 RED 01 FORD PR 999 KTT NV 1/04Vehicle identification number 3FTNW21F61M [REDACTED] speedometer reading _____

Legal owner _____

Registered owner _____

Has legal owner been notified of action taken? _____ NHP Form 33 completed? _____

Has registered owner been notified of action taken? _____ NHP Form 33 completed? _____

If stolen or embezzled, has reporting agency been advised of recovery? _____

Circumstances surrounding impound, recovery and storage: _____

Vehicle towed by AUTO WORLD TOWING Date 7-25-03 Time _____Vehicle towed from SR1100 / CL23Vehicle stored or impounded at PAHRUMP NV [REDACTED]Release conditions EVIDENCE

VEHICLE INVENTORY

	Yes	No		Yes	No	Condition
Cushion (front)	X		Spotlight(s)		X	FLAT
Cushion (rear)	X		Foglight(s)		X	FLAT
Rear view mirror	X		Bumper (front)	X		
Side view mirror	X		Bumper (rear)	X		
Cigar lighter	X		Motor	X		
Radio	X		Battery	X		
Clock	X		Air conditioner	X		
Heater	X		Hub caps		X	
Keys	X		Fender pants		X	
Registration	X		Transmission	X		
Windshield wiper	X		Jack	X		
						TOTALLED

List property, tools, other items: (Complete NHP Form 35 if estimated value exceeds \$100.)
CAMPERS SHELL, BOX w/PARK BENCH, LAMP IN BOX, BOX MIXED TOOL
NUKEA CELL PHONE, TAN WOODEN BAR, BLUE DRE CHEST,

Signature of officer ordering vehicle stored

Signature of garage principal or agent storing vehicle

WHITE—Zone Files; PINK—Officer Files; CANARY—Towing Agency



State of Nevada
Department of Motor Vehicles and Public Safety
EVIDENCE IMPOUND REPORT

☐ BOE ☐ CAPITOL POLICE ☐ FIRE MARSHAL ☒ NHP ☐ NOI ☐ P&P ☐ Other

Item Code Legend: 1. Evidence 2. Seized Property 3. Safe Keeping 4. Found Property 5. Contraband			Case Title [REDACTED]		Case/Citation No. [REDACTED]	
			Offense/Incident Type ACCIDENTAL		Warrant No. [REDACTED]	
			Court Jurisdiction LAS VEGAS JUSTICE		Date of Recovery 07/25/03	
Check Box If: ☒ Initial Report ☐ Continuation ☐ Additional Property List Attached ☐ Warrant						
Pkg. No.	Item No.	Item Code	Article Description <i>If applicable, indicate Make, Model, Quantity, Serial No.</i>			
1	1	1	FIRESTONE TIRE LT 265/75 R16 WITH WHEEL DOT # VNJW81XM 4400			
This Inventory/Citation was made by: [REDACTED] Date: 07/25/03						
Witnessed by _____ I.D. No. _____ (Warrants Only)						
Other evidence located at _____						
Page 1 of 1						
Copy Distribution: White = Case File Copy Blue = Officer's Copy Yellow = Misc. Copy Card Copy = Evidence Vault Copy						



