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	Repository ☐
2006 MAY 30 PM 2:29 01-MAY-2006	Reference No. 10156534

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address			
City WAIANAE	State HI	Zip Code	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 authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date ___/___/___

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1D7HA16K05J	DODGE	RAM2500 REGCAB 4X4	2005

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
01-APR-05				No. Cylinders 6	Gas
Original Owner ☒	Dealer's City WAIPAHU	State HI	Zip Code 96797		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	REAR WHEEL DRIVE	140000 AIR BAGS Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
28-APR-2006	25000	45	

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: AIR BAGS
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	1		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 CONTACT STATED WHILE DRIVING 45MPH THE TIRE HIT A CURB AND THE DRIVER LOST CONTROL OF THE VEHICLE. THE VEHICLE HIT A TREE. THERE WAS ONE PERSON INJURED AND THERE WAS A POLICE REPORT FILED. NEITHER AIR BAG DEPLOYED. THE SEAT BELTS WORKED CORRECTLY. THE DEALERSHIP HAS NOT BEEN NOTIFIED.

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

C I PAGE 1 OF 2 ST STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT HPD-108A (1-8/96)

SHEET 1 OF 2 | CRIME CODE 590 | COUNTY 8 | DISTRICT 8 | CENSUS 8 | BEAT 856 | WATCH 2 | REPORT NO. 06166281

REPORT TYPE: A | TOTAL INVOLVED: 1 | NO. OF UNITS | NUMBER KILLED: 0 | NUMBER INJURED: 1 | TOWAWAY | HIT&RUN | SCHL BUS | PHOTOS | SELECT ONE

DATE/TIME OCCURRED: 4-26-06 / 1717 | DAY: WED | DATE/TIME REPORTED: 4-26-06 / 1720 | REPORTED TO: DISPATCH | I.D. NO. | INVESTIGATOR(S): S. REUSONER

REPORTED BY NAME/ADDRESS: UNKNOWN | RESID. PHONE: U | BUS. PHONE: U

TIMES: SENT: 1720 ARRIVE: 1728 BACK: 1800

WEATHER (up to two): 1 Clear 2 Cloudy 3 Rain 4 Hazy 5 Windy 6 Other

LIGHT/LIGHTING: 1 Daylight 2 Dawn/Dusk 3 Lit-Dark 4 Lit-Continuous 5 Dark-Lights on 6 Dark-No Lights

LOCATION CLASSIFICATION: 1 School 2 Business 3 Residential 4 Industrial 5 Recreation 6 Farms/Fields 7 Mil Res 8 Others

TRAFFIC LEVEL: 1 Light 2 Medium 3 Heavy

NOTIF: 1720 ARRIVE: 1723

LOC. | NAME OF STREET OR HIGHWAY: KUALUALEI HMSTD Rd. | CITY OR TOWN: WAIANAE | ROADWORK | NUMBER LANES: 2 | TYPE | FLOW | JURIS/CLASS: C

AT NO | AT POST | DIST. AND DIRECTION FROM REFER: X X 232' NORTH OF | REFER (MILE MARKER, INTERSECTION ETC.): HALE EKAHI DR. | JURIS/CLASS: C

OPERATOR/PED

UNIT NO: 1 | UNIT CLASS: 01 | NO OF OCCUP: 1 | TRAILER TYPE: 00 | TRAILER PLATE NO. | GMV | HAZ MTRL

OPERATOR/PEDESTRIAN'S NAME: [redacted]

ADDRESS: [redacted]

RESID. PHONE: [redacted] | BUS. PHONE: UNK | OCCUPATION: UNK

PLACE OF EMPLOYMENT/ADDRESS: UNK

SEX: M | DATE OF BIRTH (age): 9-27-86 | RACE: HAW/Other | CDL

OPERATOR'S LICENSE NO.: [redacted] | STATE: HI | CLASS: 3 | ENDRS: X | EXP. YR: 9/11

RESTRICT: B | COMPL | COORD TEST: X | EAC TEST GIVEN | RESULT: X.

CITATIONS—Code and Number: Refer to Follow up | X | SPD. LIMIT: 25

OWNER

OWNER'S NAME: [redacted] | OWNER'S PHONE: UNK

OWNER'S ADDRESS: [redacted] | NOTIFIED

INSURED BY: NONE | POLICY NO. | EXP. DATE: NONE

VEHICLE

LICENSE PLATE NO.: [redacted] | STATE: HI | VIN: 1D7HA16N95[redacted]

YEAR: 05 | MAKE: DODGE | MODEL: RAM | BODY TYPE: PKUP | RECON | COLOR: G

SPECIAL USE: 00 | SFTY EQPR: 1/07 | WEIGHT: 4520 | INITIAL IMPACT POINT: 8 | DAMAGED AREAS

STOLEN | TYPE OF DAMAGE: 2 Moderate | ESTM. DAMAGE: $+3000.—

REMOVAL: 3 Towed | REMOVED BY: ANGELS TOWING

REMOVED TO: # 50 | AT THE REQUEST OF: Police

OBJECT STRUCK/DAMAGE DESCRIPTION: DIRT MOUND / TREE | ESTM. DAMAGE: $ 0

OWNER'S NAME/ADDRESS: X | PHONE: X

OBJ

OWNER'S NAME/ADDRESS | PHONE

OPERATOR/PED

UNIT NO | UNIT CLASS | NO OF OCCUP | TRAILER TYPE | TRAILER PLATE NO. | GMV | HAZ MTRL

OPERATOR'S/PEDESTRIAN'S NAME

ADDRESS

RESID. PHONE | BUS. PHONE | OCCUPATION

PLACE OF EMPLOYMENT/ADDRESS

SEX | DATE OF BIRTH (age) | RACE | CDL

OPERATOR'S LICENSE NO. | STATE | CLASS | ENDRS | EXP. YR.

RESTRICT | COMPL | COORD TEST | EAC TEST GIVEN | RESULT

CITATIONS—Code and Number | SPD. LIMIT

OWNER

OWNER'S NAME | OWNER'S PHONE

OWNER'S ADDRESS | NOTIFIED

INSURED BY | POLICY NO. | EXP. DATE

VEHICLE

LICENSE PLATE NO. | STATE | VIN

YEAR | MAKE | MODEL | BODY TYPE | RECON | COLOR

SPECIAL USE | SFTY EQPR | WEIGHT | INITIAL IMPACT POINT | DAMAGED AREAS

STOLEN | TYPE OF DAMAGE | ESTM. DAMAGE

REMOVAL | REMOVED BY

REMOVED TO: R | AT THE REQUEST OF

OBJECT STRUCK/DAMAGE DESCRIPTION | ESTM. DAMAGE

OBJ

OWNER'S NAME/ADDRESS | PHONE

72 NAME/ADDRESS	A UNIT	B POSIT	C AGE	D SEX	E EJECT	F SFTY	G INJ	H AREA	I CAUSE	J CAVE	K TRANS	L HOSP	M COND	N EMS CARD NO
# 32 / # 34	1	10	19	F	01	02	02	12	18	00	02	22	4	5[redacted]7

73 REPORT WRITTEN BY: SHAWN REUSONER | BADGE NO. 101703 | DATE/TIME: 4-26-06/2000

74 SUPERVISOR APPROVING: SGT [illegible] | BADGE NO. 508400

PAGE 2 OF 2 SHEET 2 OF 3 **STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT** HPD-105A1 (R-1/84)

91. ACCIDENT LOCATION	COUNTY	REPORT NO.
LUALUALEI HMSTD. RD. 232' NORTH of HALE EKAHI Rd	8	06-166281

92. LOCATION OF FIRST HARMFUL EVENT

INTERSECTION/JUNCTION
01 Intersection Area
02 Junction Area
03 Driveway Access
04 Alley Access

ON ROADWAY-NOT AT INT
10 Left or Inner Lane
11 Right or Outer Lane
12 Other Main Lane
13 Merge/Transition Lane
14 Acceleration Lane
15 Deceleration Lane
16 Left Turn Lane
17 Right Turn Lane
18 Bikeway
19 Bus/HOV Lane

OFF-ROADWAY
20 Left Shoulder
21 Right Shoulder
22 Left Roadside
23 Right Roadside
24 Median
25 Median Crossover
26 Outside ROW

OFF-ROADWAY-OTHER
30 Driveway
31 Private Road
32 Parking Lot
40 Other (Specify)

20

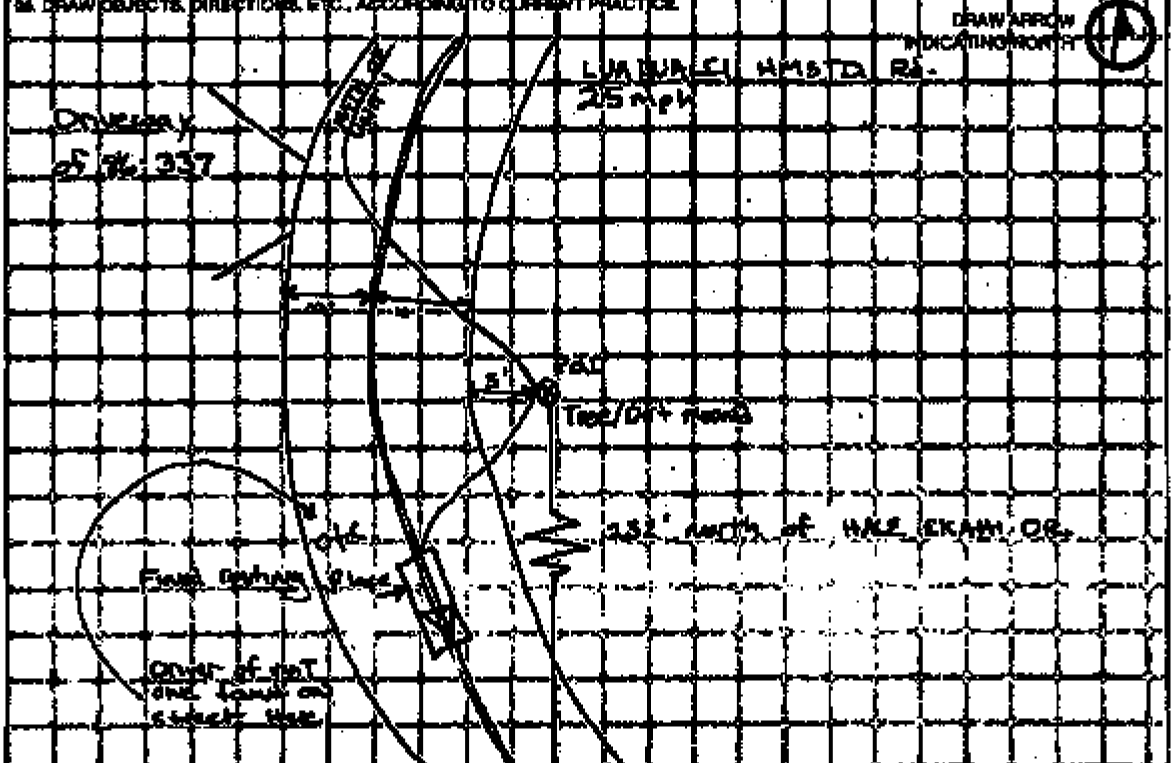
94. Check if INTERSECTION-RELATED ☐

93. HARMFUL EVENTS

	Unit	Unit or 0	Action
1	1	0	22
2			
3			
4			
5			
6			
7			
8			

95. DRAW OBJECTS, DIRECTIONS, ETC., ACCORDING TO CURRENT PRACTICE

DRAW ARROW INDICATING NORTH



NON-COLLISION (Enter 0 in 2nd block)
01 Overturned on Roadway
02 Overturned off Roadway
03 Submersion
04 Fire/Explosion
05 Jackknife
06 Ran Off Roadway
07 Other (Specify)

COLLISION
OBJECT/ANIMAL (Enter 0 in 2nd block)
10 Overhead Cables
11 Guardrail
12 Culvert
13 Bridge/Overpass
14 Underpass/Bridge/Support
15 Building
16 Island/Raised Median/Curb
17 Embankment/Retaining Wall
18 Fence
19 Utility Pole
20 Traffic Signal/Sign Post
21 Impact Attenuator
22 Standing Tree/Shrub
23 Hydrant
24 Animal
25 Other (Specify)

PEDESTRIAN
30 Unknown
31 Crossing - In Crosswalk
32 Crossing - outside Crosswalk
33 Crossing - no Crosswalk
34 Darting Out
35 Walking in Roadway
36 Playing in Roadway
37 Directing Traffic
38 Pushing/Working on Vehicle
39 Getting on/off Vehicle
40 Maint./Constr. Project
41 Other (Specify)

BICYCLE/MOPED
50 Unknown
51 Riding in Bikeway
52 Riding outside Bikeway
53 Riding in Road, No Bikeway
54 Riding off Roadway
55 Crossing Roadway
56 Fell into Roadway
57 Other (Specify)

MOTOR VEHICLE - IN TRANSPORT
60 Head On
61 Rear End
62 Sideswipe - Same Direction
63 Sideswipe - Opposite Direction
64 Angle - Same Direction
65 Angle - Opposite Direction
66 Broadside

MOTOR VEHICLE - OTHER
70 In Other Roadway

96. HOW WERE THE SPEEDS ESTIMATED?
unknown? (Tire marks)

97. HOW WAS POINT OF IMPACT ESTABLISHED?
Visual / witness

98. SHOULDER TYPE (Show on diagram if it was a factor.)
0. No Shoulder (2. Unimproved) 4. Gravel/Stone 6. Concrete
1. Turf 3. Graded Earth 5. Asphalt 7. Other

99. REFERENCE POINT IS ______ (FEET) ______ (DIRECTION)
OF ______ (OBJECT/LANDMARK)
ALL OBJECTS ARE MEASURED FROM POINT OF REFERENCE.

OBJECT	N	S	E	W

CLOSED
TRAFFIC/VHS
BY SGT. M. BREDE [illegible]
DATE/TIME 4-28-06/1300

100. TIRE/SKID MARKS (FEET)

Wheel	Unit	Unit	Unit	Unit
Lt-F				
Rt-F				
Lt-R				
Rt-R				

101. ACCIDENT DESCRIPTION (Refer to Units by Number)
Appears unit one traveling south bound on Lualualei Hmstd. Rd. at a high rate of speed lost control and swerved off the road hitting a dirt mound and small tree, then causing the vehicle to jump and do a flat spin 360' and land back in the center of the road. Driver ejected, possibly hitting the gear to park as she was thrown out during the spin. No skid marks. Tire mark visible near swerve point. Damage to all sides of vehicle

102. ACTIONS OF UNINVOLVED PED | BICYC | MOPED | MC | VEH

DAY/TIME REPRODUCED

103. PREPARED BY	BADGE NO.	DATE/TIME	104. SUPERVISOR APPROVING	BADGE NO.
SHAWN BEARONER	101723	4-26-06/2000	Sgt. [signature]	508100

[signature]

MOTOR VEHICLE ACCIDENT REPORT

HONOLULU POLICE DEPARTMENT

CONTINUATION SHEET
Page 2 of 2 Pages

LOCATION: LUALUALEI HOMESTO RD/HALE EKAHI

Report No. 06166281
District No. 8

WITNESS	[redacted]	[redacted]	Sex M	Age 35	[redacted]

*Narrative:

ASSIGNMENT/ARRIVAL:

I am currently assigned to District 8 as 2B856. On 4.26.06/1720 I was sent via dispatch to Lualualei Homestead Rd./Hale Ekahi Dr. on a report of an MVC.

OBSERVATIONS/ARRIVAL:

Upon arrival I observed a gray colored dodge P/U parked in the middle of Lualualei Homestead Rd. facing south bound with a flat tire and smashed all around its body. The driver was being lifted into the Ambulance, later identified as Pearl PUNIHAOLE.

STATEMENTS:

UNIT ONE - unable to provide state. Serious condition. Ambulance to Queens

WITNESS - SIMEON UU III m/35

UU stated that he observed UNIT 1 swerve off of the road on her own and was ejected out of the vehicle. Refer to the HPD 252.

DAMAGES:

UNIT 1 had damage to the entire vehicle. Dents and dings throughout. Back right tire flat and rim damaged. + 3000.—

INJURIES/Follow up OFFICER:

UNIT 1 Driver Pearl PUNIHAOLE Left in Ambulance shortly after my arrival in serious but stable condition. Refer to ARF # 598591. She was transported to Queens Hospital.

I requested a follow up officer via dispatch to obtain face page info/HPD 108C/and cite for NO INSURANCE. Refer to Follow up officers report under this report #.

Report Written By	IDENTIFICATION NO.	Date & Time	Supervisor Approving	IDENTIFICATION NO.
SHAWN REASONER	101703	4.26.06/2000	Sgt. [illegible]	508400

HONOLULU POLICE DEPARTMENT STATEMENT FORM Report No. 06166781

Statement o[redacted]	Classification: MVC
Address: [redacted]	Date of Occurrence: 4-26-06
Age 35 Date of Birth: 5-14-1970 SSN: [redacted]	Occupation: UNK
Res. Ph.: [redacted] Bus. Ph.: [redacted]	Employer: UNK
Location of Interview:	

Please give a detailed statement answering all of the following questions:

1. What DATE and TIME did it happen?
2. WHERE did it happen?
3. WHO was involved?
4. What WITNESSES do you know of?
5. WHAT happened?
6. HOW did it happen?
7. WHY did it happen (prior events/causes)?
8. ANY OTHER relevant information?
9. DID YOU IDENTIFY any suspects? Explain.
10. DID YOU IDENTIFY any weapons? Explain.
11. . . . any property? Explain.
12. . . . any vehicles? Explain.

The undersigned freely and voluntarily provides the following statement:

I [redacted] was Traveling UP Lualualei Hmstd Rd. Make Bound when I saw a Dodge Ram Charcoal (grey) in color 2 door truck lic plate #NVD-657 coming down Lualualei Hmstd Rd crossing the double yellow lines, smashed into the embankment and witnessed the driver a female, being tossed out of the passenger side window. Then [illegible] someone call 911

I have read this statement prepared by myself which consists of this typed/handwritten page and 0 continuation page(s), and have been given the opportunity to make corrections thereon. I attest that this statement is true and correct [redacted] gave this statement freely and voluntarily without coercion or promise of reward.

[redacted] 101703

Signature — Investigator's Signature

Date: 4-26-06 Time: 1740 Date: 4-26-06 Time: 1740

HPD-252 (R-12/96)

* Follow-up *

PAGE 1 OF 2 — STATE OF HAWAII — MOTOR VEHICLE ACCIDENT REPORT — DPD-108A (R-8/96)

SHEET 1 OF 1	CRIME CODE 550	COUNTY Hon	DISTRICT 8	CENSUS	BEAT 856	WATCH 2	REPORT NO 06-76628	

9 REPORT TYPE: 1 Major, 2 Minor — 10 TOTAL INVOLVED: MV, MC, OOP, BC, PED — 11 NO. OF UNITS — 12 NUMBER KILLED — 13 NUMBER INJURED — 14 TOWAWAY: 0 No, 1 Yes — 15 INTERJUR: 0 No, 1 Yes — 16 FIRE: 0 No, 1 Yes — 17 PHOTOS: 0 No, 1 Yes — 18 SELECT ONE: 1 Major, 2 Minor

19 DATE/TIME OCCURRED — DAY — DATE/TIME REPORTED — 20 REPORTED TO — I.D. NO. — 21 INVESTIGATOR(S): L. BARCENAS

22 REPORTED BY NAME/ADDRESS — RESID. PHONE — BUS. PHONE — 23 TIMES: SENT: ARRIVE: BACK:

24 WEATHER (up to two): 1 Clear, 2 Cloudy, 3 Rain, 4 Hazy, 5 Windy, 6 Other — 25 LIGHT/LIGHTING: 1 Daylight, 2 Dawn/Dusk, 3 Lt-Street, 4 Continuous, 5 Dark-Lights on, 6 Dark-No lights — 26 LOCATION CLASSIFICATION: 1 School, 2 Business, 3 Residential, 4 Industrial, 5 Recreation, 6 Farm/Fields, 7 No Dev, 8 Other — 27 TRAFFIC LEVEL: 1 Light, 2 Medium, 3 Heavy — EMS: NOTIF: ARRIVE:

LOC. — 28 NAME OF STREET OR HIGHWAY — CITY OR TOWN — ROADWORK: 0 No, 1 Yes — NUMBER LANES — TYPE: 1 Divided, 2 Undivided — FLOW: 1 One-Way, 2 Two-Way — RURAL/CLASS

RTE NO — N/S POST — 29 DIST. AND DIRECTION FROM REFER — REFER (MILE MARKER, INTERSECTION ETC.) — RURAL/CLASS

	COUNT NO	UNIT CLASS	NO. OF OCCUP	TRAILER TYPE	TRAILER PLATE NO.	CMV 0 NO 1 YES	HAZ MTRL
UNIT 1							
UNIT 2							

OPERATOR/PED

UNIT 1: [redacted] — OCCUPATION: W — 39 PLACE OF EMPLOYMENT/ADDRESS: W

40 SEX: M — DATE OF BIRTH (Age): 09-27-86 (19) — RACE: HWN — CDL: 0 NO, 1 YES

42 OPERATOR'S LICENSE NO.: [redacted] — STATE: HI — CLASS: 3 — ENDRS: X — EXP. YR.: 9-11

RESTRICT 44: B — COMPL: 1 Yes — COORD TEST: — BAC TEST GIVEN: 4 None, 1 Refused, 2 Breath, 3 Blood: X — RESULT: X %

46 CITATIONS—Code and Number: No Insurance HRS 431:10C-104 — SPEEDLIMIT: W

UNIT 2: 33 OPERATOR'S/PEDESTRIAN'S NAME — 35 ADDRESS — 37 RESID. PHONE — BUS. PHONE — OCCUPATION — 39 PLACE OF EMPLOYMENT/ADDRESS

41 SEX — DATE OF BIRTH (Age) — RACE — CDL: 0 NO, 1 YES

43 OPERATOR'S LICENSE NO. — STATE — CLASS — ENDRS — EXP. YR.

RESTRICT 45 — COMPL: 0 No, 1 Yes — COORD TEST — BAC TEST GIVEN: 0 None, 1 Refused, 2 Breath, 3 Blood — RESULT %

47 CITATIONS—Code and Number — SPEEDLIMIT

OWNER

48 OWNER'S NAME	OWNER'S PHONE	49 OWNER'S NAME	OWNER'S PHONE
50 OWNER'S ADDRESS	MODIFIED: 0 No, 1 Yes	51 OWNER'S ADDRESS	MODIFIED: 0 No, 1 Yes
52 INSURED BY — POLICY NO. — EXP. DATE		53 INSURED BY — POLICY NO. — EXP. DATE	

VEHICLE

54 LICENSE PLATE NO.	STATE	VIN	55 LICENSE PLATE NO.	STATE	VIN				
56 YEAR	MAKE	MODEL	BODY TYPE	RECON 0 No 1 Yes	COLOR	57 YEAR	MAKE	MODEL	BODY TYPE	RECON 0 No 1 Yes	COLOR
58 SPECIAL USE	SFTY EXPIR	WEIGHT	INITIAL IMPACT POINT	59 DAMAGED AREAS		60 SPECIAL USE	SFTY EXPIR	WEIGHT	INITIAL IMPACT POINT	61 DAMAGED AREAS	
62 STOLEN 0 No 1 Yes	TYPE OF DAMAGE 0 None 1 Light 2 Moderate 3 Severe 4 Total	ESTIM. DAMAGE $				63 STOLEN 0 No 1 Yes	TYPE OF DAMAGE 0 None 1 Light 2 Moderate 3 Severe 4 Total	ESTIM. DAMAGE $			
64 REMOVAL 1 Driven 2 Towed	REMOVED BY					65 REMOVAL 1 Driven 2 Towed	REMOVED BY				
66 REMOVED TO	AT THE REQUEST OF 1 Police 2 Other					67 REMOVED TO	AT THE REQUEST OF 1 Police 2 Other				
68 OBJECT STRUCK/DAMAGE DESCRIPTION	ESTIM. DAMAGE $					69 OBJECT STRUCK/DAMAGE DESCRIPTION	ESTIM. DAMAGE $				
70 OWNER'S NAME/ADDRESS	PHONE					71 OWNER'S NAME/ADDRESS	PHONE				

OBJ

72 NAME/ADDRESS	A UNIT	B POSIT	C AGE	D SEX	E EJECT	F SFTY	G INJ	H AREA	I CAUSE	J CARE	K TRANS	L HOSP	M COND	N EMS CARD NO
#32/34	U	10	19	F	W	U	01	09	U	U	02	22	03	U

73 REPORT WRITTEN BY: L. BARCENAS — BADGE NO.: 2039 — DATE/TIME: 04-26-06/1200 — 74 SUPERVISOR APPROVING — BADGE NO.: 729

HPD-108C (R-3/86)
MOTOR VEHICLE ACCIDENT

* Follow-up *

Report No. 06-166281

Report of Injured Person(s)

Accident Location: LEIHOKU / LUALUALEI HOMSTEAD Rd. Date: 04-26-06 Time: p 1720

Injured: [redacted] Address: [redacted] Phone: [redacted]

Injured Was:

A Unit	B Posit	C Age	D Sex	E Eject	F Sfty	G Inj	H Area	I Cause	J Care	K Trans	L Hosp	M Cond	N EMS Card No
u	10	19	F	n	u	01	01	n	n	02	22	03	u

Attending Physician: W. WAKUZAWA

Operator's License: HI (State) [redacted] (Number) Race: HWN Age: 19 DOB: 9-27-86

Occupation: u Where Employed: x

Description of Injuries: Pain to lower left stomach area, Contusion to back center of Head

Had been drinking: Yes ___ No X What? X How Many? X Time Last Drink? X

Where drinks consumed (Establishment): X

Statement: DOES NOT RECALL ANY EVENTS PRIOR TO COLLISION.

Injured: ____ Address: ____ Phone: ____

Injured Was:

A Unit	B Posit	C Age	D Sex	E Eject	F Sfty	G Inj	H Area	I Cause	J Care	K Trans	L Hosp	M Cond	N EMS Card No

Attending Physician: ____

Operator's License: ____ (State) ____ (Number) Race: ____ Age: ____ DOB: ____

Occupation: ____ Where Employed: ____

Description of Injuries: ____

Had been drinking: Yes ___ No ___ What? ___ How Many? ___ Time Last Drink? ___

Where drinks consumed (Establishment): ____

Statement: ____

Officer's remarks: OFCR S. REASONER (28856) REQUESTED FACE PAGE, HOSPITAL END, AND CITE FOR NO INSURANCE TO ABOVE PERSON. CITATION # 1DTC-06-004355 (NO INS. HAS VEHICLE) DISPOSITION: REFER TO KEY.

Officer L. BARCENAS I.D. No. 101507 Date/Time 04-26-06 / 2220

Supervisor Approving [signature] I.D. No. 73762 Date/Time 4-27-06 / 1530

Attached

I, [redacted] was in a car accident on April 26, 2006. While driving down Lualualei Hmstd. Rd., at 45mph. I hit a curb and lost control of the vehicle. The last thing I remember was hitting a curb. Due to the contusion I do not recall the accident after hitting a curb. According to a witness, the vehicle hit an embankment, hit a tree, spun out, and someone flew out of the passenger side window. Therefore, the air bags in vehicle did not deploy. The air bags could have saved me from ejecting the vehicle. Due to this accident, I have a fracture in my right shoulder blade. I have a future appointment on May 15th, 2006 for physical therapy.

[redacted]