



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: 05-MAY-2006
Repository:
Reference No.: 10156870

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: BALDWIN PARK State: CA Zip Code: [Redacted]

Daytime Telephone Number: [Redacted]
Evening Telephone Number: SAME
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 [Redacted] your name or address to the vehicle manufacturer.
Signature of Owner: [Redacted] Date: 7/12/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: KMHC645C92U [Redacted]
Make: HYUNDAI Model: ACCENT Model Year: 2002
Date Purchased: 01-FEB-02 Dealer's Name and Telephone Number: SCOTTS HYUNDAI 626-575-8200 Engine: No: Cylinders 4 Fuel Type: Gas
Original Owner: Dealer's City: EL MONTE State: CA Zip Code: 91731
Transmission Type: AUTOMATIC Antilock Brakes Powertrain: UNKNOWN Vehicle Component Code: 141000 AIR BAGS:FRONTAL
 Cruise Control Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 03-MAY-2006 Failure Mileage: 36000 Failure Speed: 35
air bags in front deflated all at once on face and I was gagging and choking on a burning agent from battery air bag. The air bag was flat when my body came forward and I injured my steering wheel.

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 CONTACT STATED WHILE DRIVING 35 MPH THE VEHICLE HIT ANOTHER VEHICLE AND THE DRIVER-SIDE AIRBAG DEPLOYED. THE AIR BAG DEFLATED SO FAST IT CAUSED THE DRIVER TO HIT THE STEERING WHEEL. THE DRIVER SUSTAINED MINOR INJURIES AND A POLICE REPORT WAS FILED AT THE SCENE. THE INSURANCE COMPANY DEEMED THE VEHICLE TOTALED. THE DEALER AND MANUFACTURER WAS NOT ALERTED. *I went air bag deflated so fast in my face I was gagging and choking and my throat and nose was burning. There was no air left in air bag when the impact pushed me forward my whole upper torso slammed into steering wheel when I couldn't breathe the wind was knocked out on me and I thought I had broken my chest bone the pain was excruciating and unbearable (attachment)*

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.

7-12-06

Again the front Airbag deflated so fast in my face where I was gagging and choking and something in airbag was burning my throat and nose. There was no air left in bag when I came crashing forward from the impact onto the steering wheel the Airbag was flat and I could feel every fiber and slam on that Airbag on my body. My torso and arms just wrapped around the steering wheel. The blow knocked the wind out of me from my chest the pain was excruciating where I was afraid I had broken my chest bone. The impact shoved my body upward safety belt on and all and I jabbed my belly on up to the steering wheel. It left my abdomen black, purple and hard for weeks. The Airbag

are not big and round but,



but sort of square as I
remember. My Hyundai
Accent is now the property of

P O Box, who sent it to

I AA Auto Auction

2961 E. La Jolla St

Anaheim CA 92806

714-6305602

The thrust of air and speed from
airbag was like that of a balloon
when you let it go this I don't
think is normal. Do you?

Thank you

Baldwin Pk CA

VIN # KMHC645C92U

Reference # 10156870

Date Received 5-5-06

Date of Accident 5-3-06

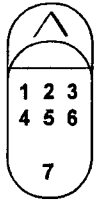
VCC 141000 AIR BAGS FRONTAL

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

R 300 202 / 60040

SPECIAL CONDITIONS 901T		NUMBER INJURED 1	HIT & RUN FELONY <input type="checkbox"/>	CITY WEST COVINA	JUDICIAL DISTRICT CITRUS	LOCAL REPORT NUMBER 06-4792			
NUMBER KILLED 0		HIT & RUN MISDEMEANOR <input type="checkbox"/>	COUNTY LA CO	REPORTING DISTRICT 6F1	BEAT 6F1				
LOCATION	COLLISION OCCURRED ON PACIFIC AVE			MO. DAY YEAR 5-2-06	TIME (2400) 1140	NCIC # 1975	OFFICER I.D. 104		
	MILEPOST INFORMATION N/A			DAY OF WEEK S M T (W) T F S	TOW AWAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PHOTOGRAPHS BY: <input checked="" type="checkbox"/> NONE			
	AT INTERSECTION WITH OR: FEET/MILES OF GARVEY AVE. NO.			STATE HWY REL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
PARTY 1	DRIVER'S LICENSE NUMBER	STATE CA	CLASS C	AIR BAG P	SAFETY EQUIP. G	VEH. YEAR 88	MAKE/MODEL/COLOR FORD/CROWN VIC	LICENSE NUMBER	STATE CA
DRIVER	NAME (FIRST, MIDDLE, LAST)			OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER					
PEDESTRIAN	STREET ADDRESS			OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER					
PARKED VEHICLE	CITY/STATE/ZIP MONROVIA CA			DISPOSITION OF VEHICLE ON ORDERS OF: <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER					
BICYCLIST	SEX M	HAIR BRN	EYES BRN	HEIGHT 5-06	WEIGHT 165	BIRTHDATE Mo. Day Year 9-13-41	RACE H	PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE	
OTHER	HOME PHONE		BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER:				
INSURANCE CARRIER ALLSTATE		POLICY NUMBER			VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE		SHADE IN DAMAGED AREA
DIR OF TRAVEL N/B		ON STREET OR HIGHWAY PACIFIC		SPEED LIMIT 40		UNK. <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> ROLL-OVER <input type="checkbox"/>		CA _____ DOT _____ CAL-T _____ TCP/PSC _____ MC/MX _____	
PARTY 2	DRIVER'S LICENSE NUMBER	STATE CA	CLASS C	AIR BAG L	SAFETY EQUIP. G	VEH. YEAR 2002	MAKE/MODEL/COLOR HYUNDAI/SONATA	LICENSE NUMBER	STATE CA
DRIVER	NAME (FIRST, MIDDLE, LAST)			OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER					
PEDESTRIAN	STREET ADDRESS			OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER					
PARKED VEHICLE	CITY/STATE/ZIP BALDWIN PARK CA			DISPOSITION OF VEHICLE ON ORDERS OF: <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER					
BICYCLIST	SEX F	HAIR BLK	EYES BRN	HEIGHT 5-7	WEIGHT 210	BIRTHDATE Mo. Day Year 9/19/46	RACE H	PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE	
OTHER	HOME PHONE		BUSINESS PHONE N/A		VEHICLE IDENTIFICATION NUMBER: KMHCG45C924				
INSURANCE CARRIER MERCURY		POLICY NUMBER			VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE		SHADE IN DAMAGED AREA
DIR OF TRAVEL S/B		ON STREET OR HIGHWAY PACIFIC		SPEED LIMIT 40		UNK. <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> ROLL-OVER <input type="checkbox"/>		CA _____ DOT _____ CAL-T _____ TCP/PSC _____ MC/MX _____	
PARTY 3	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE
DRIVER	NAME (FIRST, MIDDLE, LAST)			OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER					
PEDESTRIAN	STREET ADDRESS			OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER					
PARKED VEHICLE	CITY/STATE/ZIP			DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER					
BICYCLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	RACE	PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE	
OTHER	HOME PHONE		BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER:				
INSURANCE CARRIER		POLICY NUMBER			VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE		SHADE IN DAMAGED AREA
DIR OF TRAVEL		ON STREET OR HIGHWAY		SPEED LIMIT		UNK. <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER <input type="checkbox"/>		CA _____ DOT _____ CAL-T _____ TCP/PSC _____ MC/MX _____	
<p style="text-align: center;">WEST COVINA POLICE DEPARTMENT FOR OFFICIAL USE ONLY Unauthorized use of this information is a violation of Penal Code Sections 13302-13308 and may subject violators to misdemeanor charges. REL TO: <u>MAXIMIZ</u> AGENCY BY: <u>USA</u> DATE: <u>5/10/06</u></p>									
PREPARER'S NAME WITT 104				DISPATCH NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		REVIEWER'S NAME JEM 186		DATE REVIEWED 5/4/06	

DATE OF COLLISION (MO. DAY YEAR) 5-3-06	TIME (2400) 1140	NCIC # 1975	OFFICER I.D. 101	NUMBER 06-4792
OWNER'S NAME N/A		OWNER'S ADDRESS		NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO
PROPERTY DAMAGE DESCRIPTION OF DAMAGE				


SEATING POSITION  <p>1 - DRIVER 2 TO 6 - PASSENGERS 7 - STATION WAGON REAR 8 - REAR OCC. TRK. OR VAN 9 - POSITION UNKNOWN 0 - OTHER</p>	OCCUPANTS A - NONE IN VEHICLE B - UNKNOWN C - LAP BELT USED D - LAP BELT NOT USED E - SHOULDER HARNESS USED F - SHOULDER HARNESS NOT USED G - LAP/SHOULDER HARNESS USED H - LAP/SHOULDER HARNESS NOT USED J - PASSIVE RESTRAINT USED K - PASSIVE RESTRAINT NOT USED	SAFETY EQUIPMENT L - AIR BAG DEPLOYED M - AIR BAG NOT DEPLOYED N - OTHER P - NOT REQUIRED Q - IN VEHICLE USED R - IN VEHICLE NOT USED S - IN VEHICLE USE UNKNOWN T - IN VEHICLE IMPROPER USE U - NONE IN VEHICLE M / C BICYCLE - HELMET DRIVER PASSENGER V - NO X - NO W - YES Y - YES CHILD RESTRAINT Q - IN VEHICLE USED R - IN VEHICLE NOT USED S - IN VEHICLE USE UNKNOWN T - IN VEHICLE IMPROPER USE U - NONE IN VEHICLE EJECTED FROM VEHICLE 0 - NOT EJECTED 1 - FULLY EJECTED 2 - PARTIALLY EJECTED 3 - UNKNOWN	INATTENTION CODES A - CELLPHONE HANDHELD B - CELLPHONE HANDSFREE C - ELECTRONIC EQUIPMENT D - RADIO / CD E - SMOKING F - EATING G - CHILDREN H - ANIMALS I - PERSONAL HYGIENE J - READING K - OTHER
--	--	--	---

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

PRIMARY COLLISION FACTOR LIST NUMBER (#) OF PARTY AT FAULT	TRAFFIC CONTROL DEVICES	1	2	3	SPECIAL INFORMATION	1	2	3	MOVEMENT PRECEDING COLLISION
A VC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	A CONTROLS FUNCTIONING				A HAZARDOUS MATERIAL				A STOPPED
B OTHER IMPROPER DRIVING*	B CONTROLS NOT FUNCTIONING*				B CELL PHONE HANDHELD IN USE				B PROCEEDING STRAIGHT
C OTHER THAN DRIVER*	C CONTROLS OBSCURED				C CELL PHONE HANDSFREE IN USE				C RAN OFF ROAD
D UNKNOWN*	D NO CONTROLS PRESENT / FACTOR*				D CELL PHONE NOT IN USE				D MAKING RIGHT TURN
	E HEAD - ON				E SCHOOL BUS RELATED				E MAKING LEFT TURN
	B SIDE SWIPE				F 75 FT MOTORTRUCK COMBO				F MAKING U TURN
	C REAR END				G 32 FT TRAILER COMBO				G BACKING
WEATHER (MARK 1 TO 2 ITEMS)	D BROADSIDE				H				H SLOWING / STOPPING
A CLEAR	E HIT OBJECT				I				I PASSING OTHER VEHICLE
B CLOUDY	F OVERTURNED				J				J CHANGING LANES
C RAINING	G VEHICLE / PEDESTRIAN				K				K PARKING MANEUVER
D SNOWING	H OTHER*				L				L ENTERING TRAFFIC
E FOG / VISIBILITY FT.					M				M OTHER UNSAFE TURNING
F OTHER*					N				N XING INTO OPPOSING LANE
G WIND					O				O PARKED
LIGHTING	A NON - COLLISION								P MERGING
A DAYLIGHT	B PEDESTRIAN								Q TRAVELING WRONG WAY
B DUSK - DAWN	C OTHER MOTOR VEHICLE								R OTHER*
C DARK - STREET LIGHTS	D MOTOR VEHICLE ON OTHER ROADWAY				OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS)				
D DARK - NO STREET LIGHTS	E PARKED MOTOR VEHICLE				A VC SECTION VIOLATION: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				
E DARK - STREET LIGHTS NOT FUNCTIONING*	F TRAIN				B VC SECTION VIOLATION: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				
ROADWAY SURFACE	G BICYCLE				C VC SECTION VIOLATION: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				
A DRY	H ANIMAL:								SOBRIETY - DRUG PHYSICAL (MARK 1 TO 2 ITEMS)
B WET	I FIXED OBJECT:				D				A HAD NOT BEEN DRINKING
C SNOWY - ICY	J OTHER OBJECT:				E VISION OBSCUREMENT:				B HBD - UNDER INFLUENCE
D SLIPPERY (MUDDY, OILY, ETC.)					F INATTENTION*:				C HBD - NOT UNDER INFLUENCE*
ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)					G STOP & GO TRAFFIC				D HBD - IMPAIRMENT UNKNOWN*
A HOLES, DEEP RUT*	PEDESTRIAN'S ACTIONS				H ENTERING / LEAVING RAMP				E UNDER DRUG INFLUENCE*
B LOOSE MATERIAL ON ROADWAY*	A NO PEDESTRIANS INVOLVED				I PREVIOUS COLLISION				F IMPAIRMENT - PHYSICAL*
C OBSTRUCTION ON ROADWAY*	B CROSSING IN CROSSWALK - AT INTERSECTION				J UNFAMILIAR WITH ROAD				G IMPAIRMENT NOT KNOWN
D CONSTRUCTION - REPAIR ZONE	C CROSSING IN CROSSWALK - NOT AT INTERSECTION				K DEFECTIVE VEH. EQUIP.: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				H NOT APPLICABLE
E REDUCED ROADWAY WIDTH	D CROSSING - NOT IN CROSSWALK								I SLEEPY / FATIGUED*
F FLOODED*	E IN ROAD - INCLUDES SHOULDER				L UNINVOLVED VEHICLE				
G OTHER*:	F NOT IN ROAD				M OTHER*:				
H NO UNUSUAL CONDITIONS	G APPROACHING / LEAVING SCHOOL BUS				N NONE APPARENT				
					O RUNAWAY VEHICLE				

SKETCH

SEE DIAGRAM



INDICATE NORTH

MISCELLANEOUS

P-1 VALID

P-2 VALID

DATE OF COLLISION (MO. DAY YEAR) 5-3-06		TIME (2400) 11:00	NCIC # 1075	OFFICER I.D. 101	NUMBER 06-4792												
WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ("X" ONE)				INJURED WAS ("X" ONE)					PARTY NUMBER	SEAT PGS.	AIR BAG	SAFETY EQUIP.	EJECTED
				FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER					
#	<input type="checkbox"/>	59	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	L	G	

INJURED ONLY) TRANSPORTED BY: MMN, 9/19/46, S.A. P-2 TAKEN TO: QVH

QVH BY WCFD

DESCRIBE INJURIES
LFT KNEE INJ., LOWER BACK INJ, STOMACH PAIN

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"/>					TELEPHONE
---	--------------------------	--	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--	--	--	--	-----------

NAME / D. O. B. / ADDRESS

INJURED ONLY) TRANSPORTED BY: TAKEN TO:

DESCRIBE INJURIES

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"/>					TELEPHONE
---	--------------------------	--	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--	--	--	--	-----------

NAME / D. O. B. / ADDRESS

INJURED ONLY) TRANSPORTED BY: TAKEN TO:

DESCRIBE INJURIES

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"/>					TELEPHONE
---	--------------------------	--	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--	--	--	--	-----------

NAME / D. O. B. / ADDRESS

INJURED ONLY) TRANSPORTED BY: TAKEN TO:

DESCRIBE INJURIES

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"/>					TELEPHONE
---	--------------------------	--	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--	--	--	--	-----------

NAME / D. O. B. / ADDRESS

INJURED ONLY) TRANSPORTED BY: TAKEN TO:

DESCRIBE INJURIES

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"/>					TELEPHONE
---	--------------------------	--	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--	--	--	--	-----------

NAME / D. O. B. / ADDRESS

INJURED ONLY) TRANSPORTED BY: TAKEN TO:

DESCRIBE INJURIES

VICTIM OF VIOLENT CRIME NOTIFIED

REPAIRER'S NAME	I.D. NUMBER	MO. DAY YEAR	REVIEWER'S NAME	MO. DAY YEAR
-----------------	-------------	--------------	-----------------	--------------

Witt 104 5-3-06

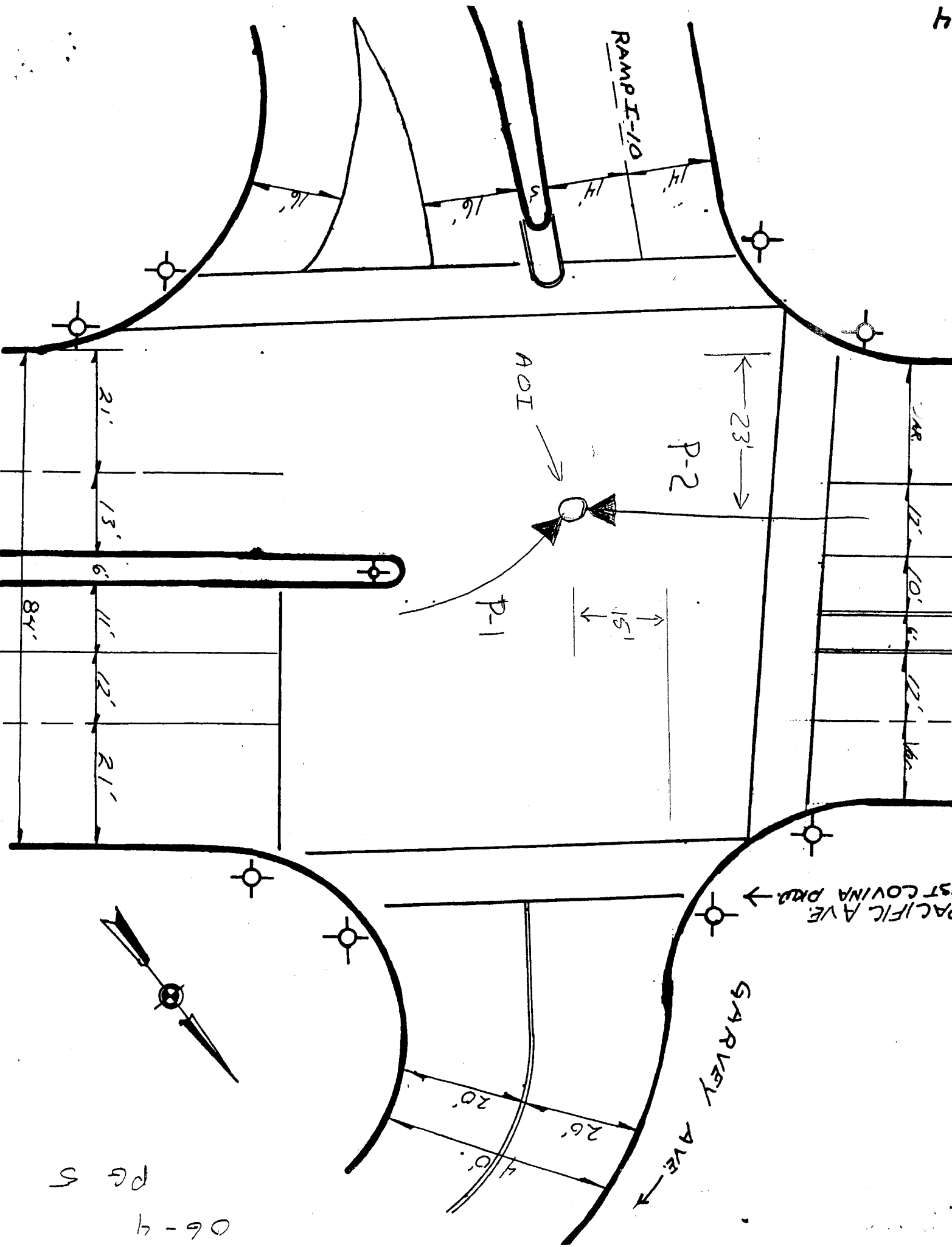
ARRATIVE/SUPPLEMENTAL

HP 556 (Rev 7-90) OPI 042

DATE OF INCIDENT/OCCURRENCE 5-3-06		TIME (2400) 1140	NCIC NUMBER 1975	OFFICER I.D. NUMBER 104	NUMBER 06-4792
X* ONE <input checked="" type="checkbox"/> Narrative <input type="checkbox"/> Supplemental		X* ONE <input checked="" type="checkbox"/> Collision report <input type="checkbox"/> Other:		TYPE SUPPLEMENTAL (*X* APPLICABLE) <input type="checkbox"/> BA update <input type="checkbox"/> Hazardous materials <input type="checkbox"/> Fatal <input type="checkbox"/> School bus <input type="checkbox"/> Hit and run update <input type="checkbox"/> Other:	
CITY/COUNTY/JUDICIAL DISTRICT WEST COVINA/LA Co./CITRUS				REPORTING DISTRICT/BEAT 6F1	CITATION NUMBER N/A
LOCATION/SUBJECT PACIFIC / GARVEY AVE, NO.				STATE HIGHWAY RELATED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

1. OPERATOR STATEMENTS
2. P-1 (RANGEL) SAID HE WAS N/B IN THE LEFT TURN LANE
3. OF PACIFIC AT GARVEY NO. AND WAS ABOUT TO ENTER W/B
4. I S-10. HE SAID HE WAS TRAVELING ABOUT 20 MPH AND
5. HAD A GRN. ARROW. AS HE BEGAN THE TURN P-2 RAN THE
6. RED LIGHT AND HIT HIM HEAD ON.
- 7.
8. P-2 (MARRQUEZ) SAID SHE WAS E/B PACIFIC IN THE NO. 2 LANE
9. AT ABOUT 30 MPH APPROACHING GARVEY NO. SHE HAD
10. A GREEN LIGHT AND ENTERED THE INTERSECTION. SHE SAW
11. P-1 TURN LEFT IN FRONT OF HER AGAINST THE LIGHT. P-1
12. HIT HER VEH HEAD ON.
- 13.
14. OPINIONS AND CONCLUSIONS
15. DUE TO CONFLICTING STATEMENTS AND NO WITNESSES
16. I AM UNABLE TO DETERMINE WHICH PARTY IS AT FAULT.
- 17.
18. RECOMMENDATIONS,
19. NO FURTHER ACTION.
- 20.
- 21.
- 22.
- 23.
- 24.
- 25.
- 26.
- 27.
- 28.
- 29.
- 30.

PREPARER'S NAME AND I.D. NUMBER WITT	DATE 5-3-06	REVIEWER'S NAME	DATE
--	-----------------------	-----------------	------



06-4
PG 5