



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
 07-AUG-2006 9:04
 Repository
 Reference No.
 10164678

OWNER INFORMATION (Type or Print)

Name [REDACTED]
 Address [REDACTED]
 City MIAMI State FL Zip Code [REDACTED]

Daytime Telephone Number [REDACTED] 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 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
 2MEFM74W05X [REDACTED] Make MERCURY Model GRAND MARQUIS Model Year 2005
 Date Purchased 04-APR-05 Dealer's Name and Telephone Number MIAMI LINCOLN MERCURY Engine: No: Cylinders Fuel Type: Gas
 Original Owner Dealer's City MIAMI State FL Zip Code
 Transmission Type Antilock Brakes Powertrain Vehicle Component Code 140000 AIR BAGS
 Cruise Control Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 03-AUG-2006 Failure Mileage 8000 Failure Speed 30

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: DOTM19ABC036) Original Equipment Failure Location:
 Prior Repair
 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).

DT*: THE CONTACT STATED THE VEHICLE'S AIRBAGS DID NOT DEPLOY AFTER COLLIDING HEAD ON WITH ANOTHER VEHICLE. THE CONTACT APPROACHED A TRAFFIC LIGHT AT 30 MPH TO TURN LEFT WHEN ANOTHER VEHICLE RAN THE RED LIGHT AND CAUSED THE COLLISION. THE AIR BAGS DID NOT DEPLOY AND INJURIES WERE SUSTAINED. THE POLICE WAS CONTACTED AND A REPORT WAS TAKEN. THE VEHICLE WAS TOWED TO THE DEALER WHO OFFERED NO EXPLANATION AS TO WHY THE AIR BAGS DID NOT DEPLOY.

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.

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

I was involved in a auto accident
aug 3, 2006, in Miami Shore, Fla.
I had a head on collision & air bag
didn't open. The steering wheel hit
my chest.

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



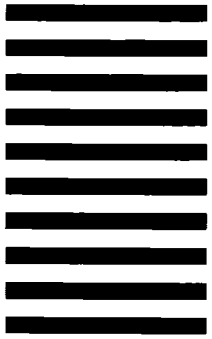
**NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES**

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-210
400 7th Street, SW
Washington, DC 20590



**Think your vehicle
has a safety defect?**



If so:

**Use the enclosed
form to file a report.**

or visit:

www.safercar.gov

or call:

**Vehicle Safety Hotline
888-327-4236**



Vehicle Owner's Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration





U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

400 Seventh Street, S.W.
Washington, D.C. 20590

Dear Consumer:

NVS-216 aaj

As a result of your recent report to the Vehicle Safety Hotline (VSH), we have recorded that report on the enclosed Vehicle Owner's Questionnaire (VOQ) form. Please review the form and make changes, additions and corrections as necessary. Additionally, please provide a more detailed description of the failure(s) you reported that you believe is(are) relevant to safety. Also, if available, include copies of repair invoices, letters to the manufacturer, or any other document related to the problem(s) you reported. If a crash or fire occurred, include a copy of the police or fire department report.

It is helpful to be as thorough as possible in your report so that our ability to use your report will be maximized. If you do not have the information, it is not necessary to complete all the boxes. However, it is very difficult to identify the scope of a vehicle problem unless the vehicle identification number (VIN) is known. The VIN is located inside the vehicle on the dashboard adjacent to the left (driver's side) of the windshield pillar and on the driver's door or the driver's door jam. It may also be listed on the dealer's repair invoices. When reporting a tire problem, the brand name, tire name and complete tire size should be included. If possible also provide the DOT tire identification number. It is usually located near the rim flange of the tire on either side of the tire.

The Privacy Act prohibits our agency from identifying you to the manufacturer without your permission. If you wish to give us that permission, please mark the appropriate authorization box and sign the form to allow us to provide your name to the manufacturer. The information you provide may assist the manufacturer and NHTSA in determining if a safety-related defect exists.

Any information provided is entirely voluntary. There is no consequence or penalty of any kind if you do not wish to provide it. We seek this information to develop both statistical and investigative evidence that will help identify potential safety related problems in vehicle or vehicle equipment, e.g., tires, child safety seats, jacks, etc.

When completed, please fold and staple or tape the form so that the pre-address portion of the form is on the out side. If a larger envelope is used, tape the VOQ form to the larger envelope so that the pre-address portion of the form is showing.

If further assistance is needed, please contact the VSH at their toll-free number, 1-888-327-4236.

Thank you for your cooperation.

Sincerely,

Alberto A. Jimenez, Chief
Correspondence Research Division
Office of Defects Investigation
Enforcement

Enclosure: VOQ



DOT AUTO SAFETY HOTLINE
888-DASH-2-DOT
888-327-4236

FLORIDA TRAFFIC CRASH REPORT LONG FORM

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH RECORDS, NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32389-0537

DO NOT WRITE IN THIS SPACE

Time & Location	DATE OF CRASH 08/03/2006	TIME OF CRASH 1140 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	TIME OFFICER NOTIFIED 1140 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	TIME OFFICER ARRIVED 1142 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	INVEST. AGENCY REPORT NUMBER 06005902	HSMV CRASH REPORT NUMBER 05433407
	COUNTY / CITY CODE 01-70	FEET or MILE(S) <input type="checkbox"/> FEET <input type="checkbox"/> MILE(S)	CITY OR TOWN MIAMI SHORES		CITY AND STATE <input checked="" type="checkbox"/> MIAMI-DADE	
	AT NODE NO. or FEET or MILE(S)	FROM NODE NO.	NEXT NODE NO.	NO. OF LANES 4	2 1. DIVIDED 2. UNDIVIDED	ON STREET, ROAD OR HIGHWAY NE 6 AVE

Section 1	DRIVER ACTION 1. Phantom 2. Hit & Run 3. N/A 3	YEAR 2005	MAKE MERC	TYPE 01	USE 01	VEH. LICENSE NUMBER [REDACTED]	STATE FL	VEHICLE IDENTIFICATION NUMBER 2MEFM74W05X		18. Undercarriage 19. Overturn 20. Windshield 21. Trailer SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S) 01
	TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE		VEHICLE REMOVED BY: MIDTOWN TOWING		1. Tow Rotation List 2. Tow Owner's Request 3. Driver 4. Other 2			

Section 2	VEHICLE TRAVELLING ON AT Est. MPH <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W NE 6 AVE	Posted Speed 30	EST. VEHICLE DAMAGE 10000	1. Disabling 2. Functional 3. No Damage 1	EST. TRAILER DAMAGE	AND CIRCLE DAMAGED AREA(S)	
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) STATE FARM		CITY AND STATE		ZIP CODE		
	NAME OF VEHICLE OWNER (Check Box If Same As Driver) <input checked="" type="checkbox"/>		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE
	NAME OF OWNER (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE

Section 3	DRIVER ACTION 1. Phantom 2. Hit & Run 3. N/A 3	YEAR 2003	MAKE LEXUS	TYPE 01	USE 01	VEH. LICENSE NUMBER [REDACTED]	STATE FL	VEHICLE IDENTIFICATION NUMBER JTHBD192030		18. Undercarriage 19. Overturn 20. Windshield 21. Trailer SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S) 14
	TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE		VEHICLE REMOVED BY: MIDTOWN TOWING		1. Tow Rotation List 2. Tow Owner's Request 3. Driver 4. Other 2			
	VEHICLE TRAVELLING ON AT Est. MPH <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W NE 96 ST		Posted Speed 15	EST. VEHICLE DAMAGE 18000	1. Disabling 2. Functional 3. No Damage 1	EST. TRAILER DAMAGE	AND CIRCLE DAMAGED AREA(S)			
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) ALLSTATE		CITY AND STATE		ZIP CODE		DATE OF BIRTH 05/01/1924			

Section 4	NAME OF VEHICLE OWNER (Check Box If Same As Driver) <input checked="" type="checkbox"/>		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE
	NAME OF OWNER (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE
	NAME OF MOTOR CARRIER (Commercial Vehicle Only)		CURRENT ADDRESS (Number and Street)		CITY, STATE AND ZIP CODE		US DOT or ICC MC IDENTIFICATION NUMBERS
	NAME OF DRIVER (Take From Driver License) / PEDESTRIAN		CURRENT ADDRESS (Number and Street)		CITY, STATE & ZIP CODE		DATE OF BIRTH 06/11/1960

VEHICLE TYPE	VEHICLE USE	TRAILER TYPE	RESIDENCE (Driver / Ped.)	PHYSICAL DEFECTS	ALCOHOL / DRUG USE	LOCATION IN VEHICLE
01 Automobile 02 Van 03 Light Truck / P.U. - 2 or 4 rear tires 04 Medium Truck - 4 rear tires 05 Heavy Truck - 2 or more rear axles 06 Truck Tractor (Cab-Boat) 07 Motor Home (RV) 08 Bus (driver + seats for 9-15) 09 Bus (driver + seats for over 15) 10 Bicycle 11 Motorcycle 12 Moped 13 All Terrain Vehicle 14 Train 15 Low Speed Vehicle 77 Other	01 Private Transportation 02 Commercial Passengers 03 Commercial Cargo 04 Public Transportation 05 Public School Bus 06 Private School Bus 07 Ambulance 08 Law Enforcement 09 Fire / Rescue 10 Military 11 Other Government 12 Dump 13 Concrete Mixer 14 Garbage or Refuse 15 Cargo Van 77 Other	01 Single Semi Trailer 02 Tandem Semi Trailer 03 Tank Trailer 04 Saddle Mount / Flatbed 05 Boat Trailer 06 Utility Trailer 07 House Trailer 08 Pole Trailer 09 Towed Vehicle 10 Auto Transport 77 Other	1 County of Crash 2 Elsewhere in State 3 Non-Resident Out of State 4 Foreign 5 Unknown DL TYPE: 1 A 2 B 3 C RACE: 1 White 2 Black 3 Hispanic 4 Other SEX: 1 Male 2 Female REQUIRED ENDORSEMENTS: 1 Yes 2 No 3 No Endorsement Required	1 No Defects Known 2 Eyesight Defect 3 Fatigue / Asleep 4 Hearing Defect 5 Liness 6 Seizure, Epilepsy, Blackout 7 Other Physical Defect INJURY SEVERITY: 1 None 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal (Within 30 Days) 6 Non-Traffic Fatality	1 Not Drinking or Using Drugs 2 Alcohol - Under Influence 3 Drugs - Under Influence 4 Alcohol & Drugs - Under Influence 5 Had Been Drinking 6 Pending ALC/DRUG Test Results SAFETY EQUIPMENT IN USE: 1 Not In Use 2 Seat Belt / Shoulder Harness 3 Child Restraint 4 Air Bag - Deployed 5 Air Bag - Not Deployed 6 Safety Helmet 7 Eye Protection	1 Front Left 2 Front Center 3 Front Right 4 Rear Left 5 Rear Center 6 Rear Right 7 In Body Of Truck 8 Bus Passenger 9 Other EJECTED: 1 No 2 Yes 3 Partial

DRIVER ACTION 1. Phantom 2. Hit & Run 3. N/A	YEAR 2006	MAKE GMC	TYPE 03	USE 01	VEH. LICENSE NUMBER Q577FC	STATE FL	VEHICLE IDENTIFICATION NUMBER 1GKES16S266			18. Undercarriage 19. Overturn 20. Windshield 21. Trailer SHOW FIRST POINT OF DAMAGE AND CIRCLE DAMAGED AREA(S)				
TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE		EST. MPH 30		Posted Speed 30	EST. VEHICLE DAMAGE 15000	1. Disabling 2. Functional 3. No Damage	EST. TRAILER DAMAGE	02				
VEHICLE TRAVELLING N S E W <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		ON AT NE 6 AVE		POLICY NUMBER		VEHICLE REMOVED BY: MIDTOWN TOWING		1. Tow Rotation List 2. Tow Owner's Request 3. Driver 4. Other		2				
MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR FIP) ALLSTATE		CURRENT ADDRESS (Number and Street) OPA LOCKA, FL		CITY AND STATE		ZIP CODE								
NAME OF VEHICLE OWNER (Check Box if Same As Driver)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE								
NAME OF OWNER (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE								
NAME OF MOTOR CARRIER (Commercial Vehicle Only)		CURRENT ADDRESS (Number and Street)		CITY, STATE AND ZIP CODE		US DOT or ICC MC IDENTIFICATION NUMBERS								
NAME OF DRIVER (Take From Driver License) / PEDESTRIAN		CURRENT ADDRESS (Number and Street)		CITY, STATE & ZIP CODE		DATE OF BIRTH		05/25/1971						
DRIVER LICENSE NUMBER		STATE FL	DL TYPE 5	REQ. END. 2	ALCOHOL/DRUG TEST TYPE 1 Blood 3 Urine 5 None 2 Breath 4 Refused	RESULTS 5	ALCOHOL/DRUG 1	PHYS. DEF. 1	RES. 1	RACE 2	SEX 2	INJ. 1	S. EQUIP. 2	EJECT. 1
HAZARDOUS MATERIALS BEING TRANSPORTED		PLACARDED	IF YES, INDICATE NAME OR 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND		WAS HAZARDOUS MATERIAL SPILLED?	RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE	DRIVER'S PHONE NO.							

#1	PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
#2	PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP

CONTRIBUTING CAUSES - DRIVER / PEDESTRIAN		VEHICLE DEFECT		VEHICLE MOVEMENT		VEHICLE SPECIAL FUNCTIONS	
01 No Improper Driving / Action	02 Careless Driving (Explain in Narrative)	03 Failed To Yield Right - of - Way	04 Improper Backing	05 Improper Lane Change	06 Improper Turn	07 Alcohol - Under Influence	08 Drugs - Under Influence
09 Alcohol & Drugs - Under Influence	10 Followed Too Closely	11 Disregarded Traffic Signal	12 Exceeded Safe Speed Limit	13 Disregarded Stop Sign	14 Failed To Maintain Equip. / Vehicle	15 Improper Passing	16 Drove Left of Center
17 Exceeded Stated Speed Limit	18 Obstructing Traffic	19 Improper Load	20 Disregarded Other Traffic Control	21 Failed To Maintain Equip. / Vehicle	22 Improper Passing	23 Drove Left of Center	24 Exceeded Stated Speed Limit
25 Obstructing Traffic	26 Driver Distraction	27 All Other (Explain in Narrative)	28 All Other (Explain in Narrative)	29 All Other (Explain in Narrative)	30 All Other (Explain in Narrative)	31 All Other (Explain in Narrative)	32 All Other (Explain in Narrative)
VEHICLE DEFECT		VEHICLE MOVEMENT		VEHICLE SPECIAL FUNCTIONS		SOURCE OF CARRIER INFORMATION	
01 No Defects	02 Def. Brakes	03 Worn / Smooth Tires	04 Defective / Improper Lights	05 Puncture / Blowout	06 Steering Mech.	07 Windshield Wipers	08 Equipment / Vehicle Defect
09 All Other (Explain in Narrative)	10 All Other (Explain in Narrative)	11 All Other (Explain in Narrative)	12 All Other (Explain in Narrative)	13 All Other (Explain in Narrative)	14 All Other (Explain in Narrative)	15 All Other (Explain in Narrative)	16 All Other (Explain in Narrative)
POINT OF COLLISION		PEDESTRIAN ACTION		LOCATION TYPE		ROAD SYSTEM IDENTIFIER	
01 On Road	02 Not On Road	03 Shoulder	04 Median	05 Turn Lane	06 None	07 Nearby	08 Entered
09 All Other (Explain in Narrative)	10 All Other (Explain in Narrative)	11 All Other (Explain in Narrative)	12 All Other (Explain in Narrative)	13 All Other (Explain in Narrative)	14 All Other (Explain in Narrative)	15 All Other (Explain in Narrative)	16 All Other (Explain in Narrative)
ROAD SYSTEM IDENTIFIER		WEATHER		ROAD SURFACE TYPE		LIGHTING CONDITION	
01 Interstate	02 U.S.	03 State	04 County	05 Local	06 Temporary / Toll	07 Clear	08 Cloudy
09 Fog	10 Rain	11 Snow	12 Sleet	13 Ice	14 Other	15 Other	16 Other
17 All Other (Explain in Narrative)	18 All Other (Explain in Narrative)	19 All Other (Explain in Narrative)	20 All Other (Explain in Narrative)	21 All Other (Explain in Narrative)	22 All Other (Explain in Narrative)	23 All Other (Explain in Narrative)	24 All Other (Explain in Narrative)

ROAD CONDITIONS AT TIME OF CRASH		VISION OBSTRUCTED		TRAFFIC CONTROL		SITE LOCATION		TRAFFICWAY CHARACTER	
01 No Defects	02 Obstruction With Warning	03 Obstruction Without Warning	04 Road Under Repair / Construction	05 Loose Surface Materials	06 Shoulders - Soft / Low / High	07 Holes / Ruts / Unsafe Paved Edge	08 Standing Water	09 Worn / Polished Road Surface	10 All Other (Explain in Narrative)
11 Vison Not Obscured	12 Inclement Weather	13 Parked / Stopped Vehicle	14 Trees / Crops / Bushes	15 Load On Vehicle	16 Building / Fixed Object	17 Signs / Billboards	18 Fog	19 Smoke	20 All Other (Explain in Narrative)
21 No Control	22 Special Speed Zone	23 Speed Control Sign	24 School Zone	25 Traffic Signal	26 Stop Sign	27 Yield Sign	28 Flashing Light	29 Railroad Signal	30 All Other (Explain in Narrative)
31 Not At Intersection / RR Xing / Bridge	32 At Intersection	33 Influenced By Intersection	34 Driveway Access	35 Railroad Crossing	36 Bridge	37 Entrance Ramp	38 Exit Ramp	39 Parking Lot - Public	40 Parking Lot - Private
41 Straight - Level	42 Straight - Upgrade / Downgrade	43 Curve - Level	44 Curve - Upgrade / Downgrade	TYPE SHOULDER		45 Paved	46 Unpaved	47 Curb	48 All Other (Explain in Narrative)

SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
3		316.075(1C1)	FTS RED TRAFFIC SIGNAL	7300-EDE
SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

FLORIDA TRAFFIC CRASH REPORT NARRATIVE/DIAGRAM

MAIL TO: DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH RECORDS SECTION, NEEL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0500

DO NOT WRITE IN THIS SPACE

TIME EMS NOTIFIED (FATALITIES ONLY) <input type="checkbox"/> AM <input type="checkbox"/> PM	TIME EMS ARRIVED (FATALITIES ONLY) <input type="checkbox"/> AM <input type="checkbox"/> PM	DATE OF CRASH 08/03/2006	COUNTY / CITY CODE 01-70	INVEST. AGENCY REPORT NUMBER 06005902	HSMV CRASH REPORT NUMBER 05433407
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06005902 CRASH NARRATIVE 05433407
96 ST NE 6 AVE

(NARRATIVE)

V#1 WAS STOPPED NORTH BOUND ON NE 6 AVE IN THE TURN LANE TO GO WEST ON NE 96 ST. V#2 WAS EAST ON NE 96 ST AT NE 6 AVE IN THE OUTSIDE LANE ENTERING THE INTERSECTION WITH THE TRAFFIC SIGNAL GREEN FOR EAST/WEST TRAFFIC. V#3 WAS SOUTH ON NE 6 AVE APPROACHING NE 96 ST IN THE INSIDE LANE AND FAILED TO STOP AT THE RED TRAFFIC SIGNAL ENTERING THE INTERSECTION STRIKING V#2 IN THE FRONT END AND THEN CONTINUED SOUTH ACROSS THE INTERSECTION STRIKING V#1 HEAD ON. DRIVER #1 WAS TRANSPORTED VIA AMR AMBULANCE TO THE HOSPITAL. MDFD ENGINE #30 LT CURBELO ON SCENE ALARM # 6148042

PTL. J. ST.THOMAS 11-0094 MS113 LT#19 08/03/2006

SECF	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT.

Violator(s)	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

WITNESS NAME (1)	CURRENT ADDRESS	CITY & STATE	ZIP CODE	WITNESS NAME (2)	CURRENT ADDRESS	CITY & STATE	ZIP CODE

GIVEN BY - NAME: _____ 1. Physician or Nurse 2. Paramedic or EMT 3. Police Officer 4. Certified 1st Aider 5. Other BY - NAME: _____

IF NO, WHERE? INVESTIGATION COMPLETE? IF NO, THEN WHAT? DATE OF REPORT PHOTOS TAKEN IF YES, BY WHOM?

1. YES 1 1. YES 1 08/03/2006 1. YES 2 1. INVESTIGATING AGENCY

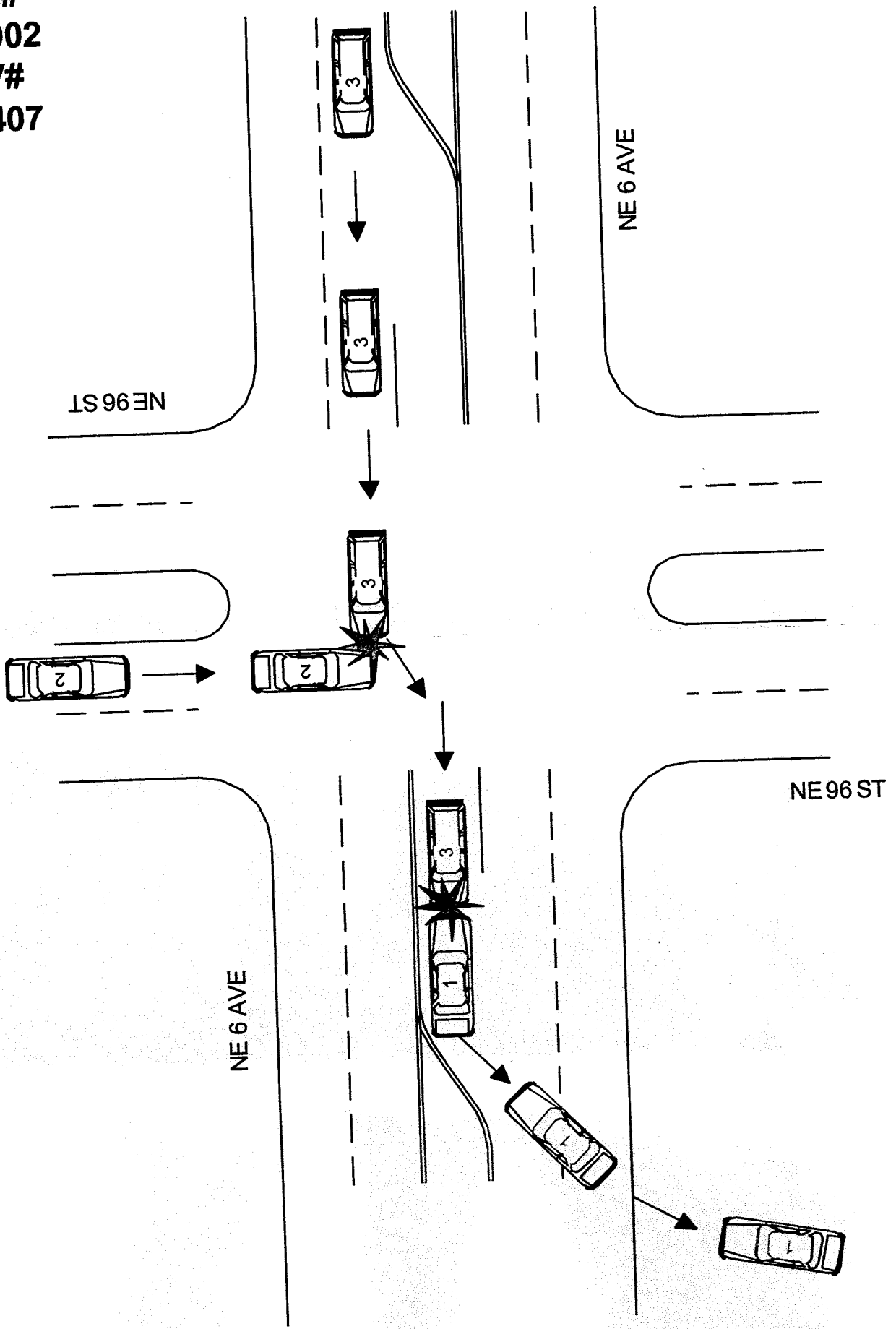
SIGNATURE: _____ BADGE NUMBER: **0094** DEPARTMENT: **MIAMI SHORES** FHP SO PD OTHER

Diagram
Diagram
CASE#

06005902

HSMV#

05433407



NOT TO SCALE