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 OCT 13 PM 2:15	☐
19-SEP-2006	Reference No. 10168658

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address [redacted]		[redacted]	
City SANTA CLARITA	State CA	Zip Code [redacted]	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 au[redacted] or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 9/25/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
WDBCA39D7JA[redacted]	MERCEDES BENZ	S CLASS 560 SEL	1998

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders 8	Fuel Type: Gas
Original Owner ☐	Dealer's City	State	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code ENGINE SPEED
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	REAR WHEEL DRIVE	180000 VEHICLE SPEED CONTROL CONTROL UNIT
			Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
22-MAR-2006	170000	25	

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
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	0	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 WHEN SHIFTED INTO DRIVE, THE VEHICLE ACCELERATED UNCONTROLLABLY INTO THE STREET WHERE IT COLLIDED WITH A HOUSE ON THE OTHER SIDE AT 25 MPH. THE POLICE DEPARTMENT AND AN EMERGENCY MEDICAL TEAM RESPONDED. A POLICE REPORT AND PHOTOS WERE TAKEN. THE CONTACT AVOIDED SERIOUS INJURY DUE TO THE DEPLOYMENT OF THE FRONTAL AIR BAG, ALTHOUGH TREATMENT WAS RECEIVED FOR MINOR ABRASIONS AND BRUISING. THE VEHICLE WAS TOWED TO THE SERVICE DEALER WHO DETERMINED THE FAILURE WAS DUE TO RUST AND POOR MAINTENANCE, ALTHOUGH THE CONTACT CLAIMED THE VEHICLE WAS MAINTAINED IN SHOW ROOM CONDITION. THE MODEL WAS 560 SEL. 1988

EIGHT PREVIOUS CRASHES OCCURED TO THIS MODEL AND NO OTHER MODELS, YET THIS CAR WAS NEVER RECALLED AND FIXED. WHY? P.S. CAR IS TOTAL

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

Mercedes-Benz

Mercedes-Benz USA, LLC

A DaimlerChrysler Company

July 6, 2006

[redacted]

Canyon Country, CA [redacted]

Re: 1988 Mercedes-Benz 560SEL
VIN: WDBCA39D7JA[redacted]

Dear [redacted]

In response to your request, this will confirm that my client's representative's inspection of the above referenced vehicle revealed no defect in its acceleration and braking systems that could have caused or contributed to the accident sustained with it. The inspection did, however, reveal that the vehicle was in poorly maintained condition, including but not limited to the throttle linkage which evidenced rust and dirt build up that could have adversely affected its operation.

Based on the foregoing, my client sees no basis for responsibility on its part for the accident you sustained with the vehicle. The opportunity to confirm my client's findings is appreciated.

Very truly yours,

Frank P. Berenz
Associate General Counsel

FPB/bmc

NHTSA Safety Problems and Issues

Consumer Complaints

1988 MERCEDES BENZ 560

Make :	MERCEDES BENZ
Model :	560
Year :	1988
Manufacturer :	MERCEDES-BENZ USA, LLC.
Crash :	Yes
Fire :	No
Number of Injuries:	1
ODI ID Number :	850868
Number of Deaths:	0
Date of Failure:	October 5, 1999
Component:	VEHICLE SPEED CONTROL:LINKAGES
Summary:	WHEN THE VEHICLE WAS SHIFTED FROM PARK TO REVERSE VEHICLE SUDDENLY ACCELERATED, RESULTING IN A COLLISION WHICH CAUSED MINOR INJURIES. *AK

Back

Search again

NHTSA Safety Problems and Issues

Consumer Complaints

1988 MERCEDES BENZ 560

Make :	MERCEDES BENZ
Model :	560
Year :	1988
Manufacturer :	MERCEDES-BENZ USA, LLC.
Crash :	Yes
Fire :	No
Number of Injuries:	1
ODI ID Number :	533528
Number of Deaths:	0
Date of Failure:	
Component:	VEHICLE SPEED CONTROL
Summary:	VEHICLE EXPERIENCED SUDDEN ACCELERATION WHICH RESULTED IN A FRONT END COLLISION, THERE WAS NO DEPLOYMENT OF AIR BAG.

Make :	MERCEDES BENZ
Model :	560
Year :	1988
Manufacturer :	MERCEDES-BENZ USA, LLC.
Crash :	No
Fire :	No
Number of Injuries:	1
ODI ID Number :	552529
Number of Deaths:	0
Date of Failure:	October 5, 1999
Component:	VEHICLE SPEED CONTROL
Summary:	VEHICLE EXPERIENCED SUDDEN ACCELERATION WHILE IN REVERSE GEAR RESULTING IN COLLISION WITH STORE AND INJURY TO CONSUMER. *MJS

Make :	MERCEDES BENZ

Model :	560
Year :	1988
Manufacturer :	MERCEDES-BENZ USA, LLC.
Crash :	No
Fire :	No
Number of Injuries:	1
ODI ID Number :	552529
Number of Deaths:	0
Date of Failure:	October 5, 1999
Component:	VEHICLE SPEED CONTROL
Summary:	VEHICLE EXPERIENCED SUDDEN ACCELERATION WHILE IN REVERSE GEAR RESULTING IN COLLISION WITH STORE AND INJURY TO CONSUMER. *MJS

Make :	MERCEDES BENZ
Model :	560
Year :	1988
Manufacturer :	MERCEDES-BENZ USA, LLC.
Crash :	Yes
Fire :	No
Number of Injuries:	0
ODI ID Number :	807718
Number of Deaths:	0
Date of Failure:	
Component:	VEHICLE SPEED CONTROL
Summary:	UPON SHIFTING FROM PARK TO DRIVE, FOOT APPLIED TO BRAKE PEDAL, ENGINE ROARED, THEN LURCHED FORWARD, OVERPOWERING BRAKES, HIT ROCK WALL, THEN ROLLED OVER, VEHICLE WAS TOTALLED. *AK

Make :	MERCEDES BENZ
Model :	560
Year :	1988
Manufacturer :	MERCEDES-BENZ USA, LLC.
Crash :	Yes
Fire :	No
Number of Injuries:	0

ODI ID Number : 841128

Number of Deaths: 0

Date of Failure:

Component: VEHICLE SPEED CONTROL

Summary: THROTTLE GOT STUCK, CAUSING THE VENICLE TO SUDDENLY ACCELERATE, RESULTING IN A CRASH. PLEASE PROVIDE FURTHER INFORMATION AND VIN#. *AK

Make : MERCEDES BENZ

Model : 560

Year : 1988

Manufacturer : MERCEDES-BENZ USA, LLC.

Crash : Yes

Fire : No

Number of Injuries: 1

ODI ID Number : 852403

Number of Deaths: 0

Date of Failure: October 5, 1999

Component: VEHICLE SPEED CONTROL

Summary: VEHICLE EXPERIENCED SUDDEN ACCELERATION WHEN PUT IN REVERSE, RESULTING IN VEHICLE HITTING A CURB, GOING AIRBORNE INTO A STORE WINDOW. DRIVER APPLIED BRAKES, BUT BRAKES FAILED TO STOP VEHICLE. DRIVER SUSTAINED INJURIES. VEHICLE WAS SEVERELY DAMAGED. *AK

Make : MERCEDES BENZ

Model : 560

Year : 1988

Manufacturer : MERCEDES-BENZ USA, LLC.

Crash : Yes

Fire : No

Number of Injuries: 0

ODI ID Number : 984650

Number of Deaths: 0

Date of Failure: May 9, 1996

Component: VEHICLE SPEED CONTROL

Summary: TURNED ON IGNITION, SHIFTED FROM PARK TO REVERSE, ENGINE

ACCELERATED, VEHICLE WENT BACKWARDS AT HIGH SPEED; BROADSIDED PARKED VEHICLE. *AK

Back

Search again

LOS ANGELES COUNTY SHERIFF'S DEPARTMENT

COLLISION REPORT INFORMATION

SANTA CLARITA STATION 23740 Magic Mountain Parkway Santa Clarita, CA 91355 (661) 255-1121 Deputy GUEVARA	Report Number: 106-04746-0611-472	Date: 03-22-06
	Location of Incident: 30303 HWY 14	

- The "REPORT NUMBER" listed above is the official report number of this collision.
- It will take approximately 5-10 days for this report to be written, reviewed and processed. After this time, you may purchase a copy of the report at the Sheriff's station listed above.

****** IMPORTANT INFORMATION - READ CAREFULLY ******

Vehicle Code section 16000 requires that the driver of any vehicle involved in a traffic collision which results in damage to property of any **ONE** party of $750.00 or more, **OR** results in the injury or death of any person **MUST** submit a FORM SR-1, Report of Traffic Collision, to the California Department of Motor Vehicles (DMV) within 10 days of the collision. Failure to comply with this section may result in the **SUSPENSION** of the motorist's driver's license.

Form SR-1 may be obtained from any office of the DMV, California Highway Patrol, any police or Sheriff's station, motor vehicle club, or insurance agent.

If damage occurred to any city, state, or county property, you will be contacted regarding possible liability.

T-655

STATE C[redacted]

TRA[redacted]LLISION REPORT

CH[redacted] 2-92) OPI 042 92 63763

PAGE 1 OF 4

SPECIAL CONDITIONS	NUMBER INJURED	HIT & RUN FELONY	CITY	JUDICIAL DISTRICT	LOCAL REPORT NUMBER
	0	☐	Santa Clarita	Newhall	106-04746-0611-472
	NUMBER KILLED	HIT & RUN MISD.	COUNTY / REPORTING DISTRICT / BEAT		
	0	☐	Los Angeles 0611 6 1 T1		

LOCATION

COLLISION OCCURRED ON: HAYCREEK AVENUE

MILEPOST INFORMATION: FEET / MILES OF

☐ AT INTERSECTION WITH OR ☒ 4303 FEET N OF HUFFY STREET

MO.	DAY	YEAR	TIME (2400)	NCIC #	OFFICER I.D
03	22	06	1453	1900	218123

DAY OF WEEK: S M T W T F S

TOW AWAY: ☒ YES ☐ NO

STATE HWY REL: ☐ YES ☒ NO

PHOTOGRAPHS BY: ☒ NONE

PARTY 1

DRIVER: ☒

DRIVER'S LICENSE NUMBER: [redacted] | STATE: CA | CLASS: C | SAFETY EQUIP.: G

NAME (FIRST, MIDDLE, LAST): [redacted]

PEDESTRIAN: ☐

STREET ADDRESS: [redacted]

PARKED VEHICLE: ☐

CITY / STATE / ZIP: C.N Country CA [redacted]

BICYCLIST: ☐

SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDAY	RACE
M	GRY	BRO	508	175	[redacted]	W

OTHER: ☐

HOME PHONE: [redacted] BUSINESS PHONE: ( )

INSURANCE CARRIER: A.A.A. [redacted] POLICY NUMBER

DIR. OF TRAVEL: N | ON STREET OR HIGHWAY: HAYCREEK AV | SPEED LIMIT: 25 | PCF: 22106VC

VEH. YEAR: 88 | MAKE / MODEL / COLOR: M-BENZ 560 SEL / BEIGE | LICENSE NUMBER: [redacted] | STATE: CA

OWNER'S NAME: ☒ SAME AS DRIVER

OWNER'S ADDRESS: ☒ SAME AS DRIVER

DISPOSITION OF VEHICLE ON ORDERS OF: ☐ OFFICER ☒ DRIVER ☐ OTHER

PRIOR MECHANICAL DEFECTS: NONE APPARENT ☒ REFER TO NARRATIVE ☐

CHP USE ONLY VEHICLE TYPE: 01

DESCRIBE VEHICLE DAMAGE: ☐ UNK. ☐ NONE ☐ MINOR ☒ MOD. ☐ MAJOR ☐ TOTAL

SHADE IN DAMAGED AREA

DOT ☐ CA ☐ ICC ☐ PUC ☐

PARTY 2

DRIVER: ☐

DRIVER'S LICENSE NUMBER | STATE | CLASS | SAFETY EQUIP.

NAME (FIRST, MIDDLE, LAST)

PEDESTRIAN: ☐

STREET ADDRESS

PARKED VEHICLE: ☐

CITY / STATE / ZIP

BICYCLIST: ☐

SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDAY MO.	BIRTHDAY DAY	BIRTHDAY YEAR	RACE

OTHER: ☐

HOME PHONE: ( ) - BUSINESS PHONE: ( ) -

INSURANCE CARRIER: POLICY NUMBER

DIR. OF TRAVEL | ON STREET OR HIGHWAY | SPEED LIMIT | PCF

VEH. YEAR | MAKE / MODEL / COLOR | LICENSE NUMBER | STATE

OWNER'S NAME: ☐ SAME AS DRIVER

OWNER'S ADDRESS: ☐ SAME AS DRIVER

DISPOSITION OF VEHICLE ON ORDERS OF: ☐ OFFICER ☐ DRIVER ☐ OTHER

PRIOR MECHANICAL DEFECTS: NONE APPARENT ☐ REFER TO NARRATIVE ☐

CHP USE ONLY VEHICLE TYPE:

DESCRIBE VEHICLE DAMAGE: ☐ UNK. ☐ NONE ☐ MINOR ☐ MOD. ☐ MAJOR ☐ TOTAL

SHADE IN DAMAGED AREA

DOT ☐ CA ☐ ICC ☐ PUC ☐

PARTY 3

DRIVER: ☐

DRIVER'S LICENSE NUMBER | STATE | CLASS | SAFETY EQUIP.

NAME (FIRST, MIDDLE, LAST)

PEDESTRIAN: ☐

STREET ADDRESS

PARKED VEHICLE: ☐

CITY / STATE / ZIP

BICYCLIST: ☐

SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDAY MO.	BIRTHDAY DAY	BIRTHDAY YEAR	RACE

OTHER: ☐

HOME PHONE: ( ) - BUSINESS PHONE: ( ) -

INSURANCE CARRIER: POLICY NUMBER

DIR. OF TRAVEL | ON STREET OR HIGHWAY | SPEED LIMIT | PCF

VEH. YEAR | MAKE / MODEL / COLOR | LICENSE NUMBER | STATE

OWNER'S NAME: ☐ SAME AS DRIVER

OWNER'S ADDRESS: ☐ SAME AS DRIVER

DISPOSITION OF VEHICLE ON ORDERS OF: ☐ OFFICER ☐ DRIVER ☐ OTHER

PRIOR MECHANICAL DEFECTS: NONE APPARENT ☐ REFER TO NARRATIVE ☐

CHP USE ONLY VEHICLE TYPE:

DESCRIBE VEHICLE DAMAGE: ☐ UNK ☐ NONE ☐ MINOR ☐ MOD. ☐ MAJOR ☐ TOTAL

SHADE IN DAMAGED AREA

DOT ☐ CA ☐ ICC ☐ PUC ☐

PREPARER'S NAME	DISPATCH NOTIFIED	REVIEWER'S NAME	DATE REVIEWED
Guevara G. (22) 218123	☐ YES ☐ NO ☒ N/A	Det. A. Arnold #236574	3/29/06

MAR 31 2006

STATE OF [redacted]

TRA[redacted]LLISION CODING

DATE OF * MO.	DAY	YEAR	TIME (2400)	NCIC NUMBER	OFFICER I.D.	NUMBER
05	22	06	1453	1900	218123	106-04746-0611-472

PROPERTY DAMAGE

OWNER'S NAME / ADDRESS: [redacted] COUNTRY CA [redacted]

NOTIFIED: ☒ YES ☐ NO

DESCRIPTION OF DAMAGE: SIDE OF HOUSE / METAL FENCING

SEATING POSITION

1 2 3
4 5 6
7

1 - DRIVER
2 TO 6 - PASSENGERS
7 - STATION WAGON REAR
8 - REAR OCC. TRK. OR VAN
9 - POSITION UNKNOWN
0 - OTHER

SAFETY EQUIPMENT

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

L - AIR BAG DEPLOYED
M - AIR BAG NOT DEPLOYED
N - OTHER
P - NOT REQUIRED

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

M / C BICYCLE - HELMET
DRIVER
V - NO
W - YES

PASSENGER
X - NO
Y - YES

EJECTED FROM VEHICLE

0 - NOT EJECTED
1 - FULLY EJECTED
2 - PARTIALLY EJECTED
3 - UNKNOWN

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

PRIMARY COLLISION FACTOR LIST NUMBER (#) OF PARTY AT FAULT

\# 1 — A VC SECTION VIOLATED: 22106 VC — CITED ☐ YES ☒ NO
\# — B OTHER IMPROPER DRIVING *
C OTHER THAN DRIVER *
D UNKNOWN *
\# — E FELL ASLEEP *

WEATHER (MARK 1 TO 2 ITEMS)

☐ A CLEAR
☒ B CLOUDY
☐ C RAINING
☐ D SNOWING
☐ E FOG / VISIBILITY FT.
☐ F OTHER * :
☐ G WIND

LIGHTING

☒ A DAYLIGHT
☐ B DUSK - DAWN
☐ C DARK-STREET LIGHTS
☐ D DARK - NO STREET LIGHTS
☐ E DARK - STREET LIGHTS NOT FUNCTIONING *

ROADWAY SURFACE

☒ A DRY
☐ B WET
☐ C SNOWY - ICY
☐ D SLIPPERY (MUDDY, OILY, ETC.)

ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)

☐ A HOLES, DEEP RUT *
☐ B LOOSE MATERIAL ON ROADWAY *
☐ C OBSTRUCTION ON ROADWAY *
☐ D CONSTRUCTION - REPAIR ZONE
☐ E REDUCED ROADWAY WIDTH
☐ F FLOODED *
☐ G OTHER * :
☒ H NO UNUSUAL CONDITIONS

TRAFFIC CONTROL DEVICES

☒ A CONTROLS FUNCTIONING
☐ B CONTROLS NOT FUNCTIONING *
☐ C CONTROLS OBSCURED
☐ D NO CONTROLS PRESENT / [redacted] *

TYPE OF COLLISION

☐ A HEAD - ON
☐ B SIDESWIPE
☐ C REAR END
☐ D BROADSIDE
☒ E HIT OBJECT
☐ F OVERTURNED
☐ G VEHICLE / PEDESTRIAN
☐ H OTHER * :

MOTOR VEHICLE INVOLVED WITH

☐ A NON - COLLISION
☐ B PEDESTRIAN
☐ C OTHER MOTOR VEHICLE
☐ D MOTOR VEHICLE ON OTHER ROADWAY
☐ E PARKED MOTOR VEHICLE
☐ F TRAIN
☐ G BICYCLE
☐ H ANIMAL:
☒ I FIXED OBJECT: CURB / HOUSE
☐ J OTHER OBJECT:

PEDESTRIANS INVOLVED

☒ A NO PEDESTRIAN INVOLVED
☐ B CROSSING IN CROSSWALK AT INTERSECTION
☐ C CROSSING IN CROSSWALK - NOT AT INTERSECTION
☐ D CROSSING - NOT IN CROSSWALK
☐ E IN ROAD - INCLUDES SHOULDER
☐ F NOT IN ROAD
☐ G APPROACHNG / LEAVING SCHOOL BUS

1	2	3	TYPE OF VEHICLE
☒			A PASSENGER CAR / STATION WAGON
			B PASSENGER CAR W / TRAILER
			C MOTORCYCLE / SCOOTER
			D PICKUP OR PANEL TRUCK
			E PICKUP / PANEL TRUCK W / TRAILER
		☒	F TRUCK OR TRUCK TRACTOR
			G TRUCK / TRUCK TRACTOR W / TRLR
			H SCHOOL BUS
			I OTHER BUS
			J EMERGENCY VEHICLE
			K HIGHWAY CONST. EQUIPMENT
			L BICYCLE
			M OTHER VEHICLE
			N PEDESTRIAN
			O MOPED

OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS)

A VC SECTION VIOLATED : CITED ☐ YES ☐ NO
B VC SECTION VIOLATED : CITED ☐ YES ☐ NO
C VC SECTION VIOLATED : CITED ☐ YES ☐ NO
D [redacted]
☐ E VISION OBSCUREMENT :
☐ F INATTENTION * :
☐ G STOP & GO TRAFFIC
☐ H ENTERING / LEAVING RAMP
☐ I PREVIOUS COLLLISION
☐ J UNFAMILIAR WITH ROAD
☐ K DEFECTIVE VEH. EQUIP. : CITED ☐ YES ☐ NO
☐ L UNINVOLVED VEHICLE
☐ M OTHER * :
☒ N NONE APPARENT
☐ O RUNAWAY VEHICLE

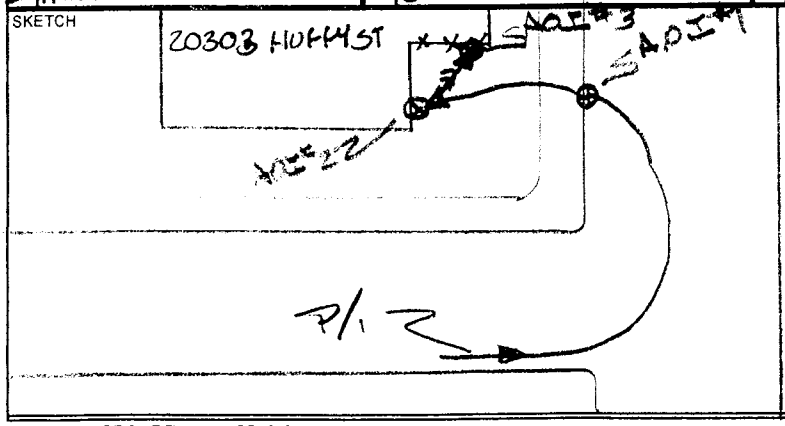
1	2	3	MOVEMENT PRECEDING COLLISION
			A STOPPED
			B PROCEEDING STRAIGHT
			C RAN OFF ROAD
			D MAKING RIGHT TURN
			E MAKING LEFT TURN
			F MAKING U TURN
			G BACKING
			H SLOWING / STOPPING
			I PASSING OTHER VEHICLE
			J CHANGING LANES
			K PARKING MANEUVER
			L ENTERING TRAFFIC
			M OTHER UNSAFE TURNING
			N XING INTO OPPOSING LANE
			O PARKED
			P MERGING
			Q TRAVELING WRONG WAY
			R OTHER * :

1	2	3	SOBRIETY - DRUG PHYSICAL (MARK 1 TO 2 ITEMS)
☒			A HAD NOT BEEN DRINKING
			B HBD - UNDER INFLUENCE
			C HBD - NOT UNDER INFLUENCE *
			D HBD - IMPAIRMENT UNKNOWN *
			E UNDER DRUG INFLUENCE *
			F IMPAIRMENT - PHYSICAL *
			G IMPAIRMENT NOT KNOWN
			H NOT APPLICABLE
			I SLEEPY / FATIGUED

SPECIAL INFORMATION

☐ A HAZARDOUS MATERIAL
☒ CELL - NOT IN USE

SKETCH



INDICATE NORTH

MISCELLANEOUS

STATE OF [redacted]

NARRATIVE SUPPLEMENTAL

CHP 556 (Rev.7-90) OPI 042

DATE OF INCIDENT/OCCURRENCE	TIME (2400)	NCIC NUMBER	OFFICER I.D. NUMBER	NUMBER
03-22-06	1453	1900	218123	106-04746-0611-472

"X" ONE: [X] Narrative [ ] Supplemental

"X" ONE: [X] Collision report [ ] Other:

TYPE SUPPLEMENTAL ("X") APPLICABLE): [ ] BA update [ ] Fatal [ ] Hit and run update [ ] Hazardous materials [ ] School bus [ ] Other:

CITY/COUNTY/JUDICIAL DISTRICT

REPORTING DISTRICT/BEAT

CITATION NUMBER

LOCATION/SUBJECT

STATE HIGHWAY RELATED [ ] Yes [ ] No

I. SKIDS

THERE WAS A RIGHT SIDE ACCELERATION MARK 12^03 FROM VEH. #1.

THERE WAS A LEFT SIDE ACCELERATION MARK 6^00 FROM VEH. #1.

BOTH ACCELERATION MARKS START FROM WHERE P/1 STATED HIS VEH. (V-1) WAS PARKED.

II. MEASUREMENTS

AREA OF IMPACT (A.O.I.)

A.O.I. #1 (VEH. #1 VS. WEST CURB) IS:

43^03 N/NCL OF HUFFY ST. AND 0^00 W/WCL OF HAYCREEK AVE.

A.O.I. #2 (VEH. #1 VS HAGEE) IS:

50^06 N/NCL OF HUFFY ST AND

22^06 W/WCL OF HAYCREEK AVE.

A.O.I. #3 (VEH. #1 VS METAL FENCE) IS:

63^01 N/NCL OF HUFFY ST. AND

13^00 W/WCL OF HAYCREEK AVE.

(ALL MEASUREMENTS TAKEN BY ME USING A ROL-A-TAPE.

PREPARER'S NAME AND I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
Guevara G. (22) 218123	03/22/06		/ /

Use previous editions until depleted.

90 57541

[redacted]RNIA
SUPPLEMENTAL
. 7-90) OPI 061

DATE OF INCIDENT/OCCURRENCE	TIME (2400)	NCIC NUMBER	OFFICER I.D. NUMBER	NUMBER
03-22-06	1453	1900	218123	106-0446-0611-42

"X" ONE: [X] Narrative [ ] Supplemental
"X" ONE: [X] Collision Report [ ] Other:
TYPE SUPPLEMENTAL ("X" APPLICABLE): [ ] BA Update [ ] Fatal [ ] Hit and Run Update [ ] Hazardous Materials [ ] School Bus [ ] Other:

CITY/COUNTY/JUDICIAL DISTRICT	REPORTING DISTRICT/BEAT	CITATION NUMBER

LOCATION/SUBJECT	STATE HIGHWAY RELATED
	[ ] Yes [ ] No

III. STATEMENT

P/1 SAID HE STARTED HIS CAR, (WHICH HAD BEEN PARKED IN FRONT OF HIS HOME) AND HEARD THE ENGINE ROARING VERY LOUD. P/1 SAID HE PLACED HIS FOOT ON THE BRAKE (OF HIS CAR) AND PLACED IT INTO 'DRIVE'. P/1 SAID HIS CAR TOOK OFF, VEERED LEFT AND HIT HIS NEIGHBORS HOME (C[redacted]

I ASKED P/1 WHY HE DIDN'T TURN OFF HIS CAR IF IT WAS 'ROARING' (REVVING) SO LOUDLY. P/1 SAID HE DIDN'T THINK ABOUT.

IV. SUMMARY

P/1 SAT IN HIS CAR AND TURNED IT ON, BUT CLEARLY, THE ROARING OF HIS VEHICLES ENGINE WAS FROM HIM MISTAKENLY PLACING HIS FOOT ON THE ACCELERATOR INSTEAD OF THE BRAKE. THIS IS EVIDENCED BY THE ACCELERATION MARKS (EFT ON THE ROAD BY VEH. #1 WHEN P/1 PUT HIS CAR INTO GEAR (DRIVE).

P/1 THEN VEERED LEFT, STRUCK THE CURB (A.O.I. #1) AND HOUSE (A.O.I. #2). A.O.I. #3 WAS CAUSED WHEN VEH. #1 STOPPED AFTER STRIKING THE HOUSE (A.O.I. #2) AND THE ENERGY RELEASED, CAUSED VEH. #1 TO BOUNCE IN REVERSE AND HIT THE FENCE (A.O.I. #3).

[ ] Continued

PREPARER'S NAME and I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
J. ELVARA, G (22) 218123	03-22-06		

Use previous editions until depleted.

OSP 04 82787

STATE OF CALIFORNIA DMV DEPARTMENT OF MOTOR VEHICLES
A Public Service Agency

REPORT OF TRAFFIC ACCIDENT OCCURRING IN CALIFORNIA

DMV USE ONLY

READ IMPORTANT INFORMATION ON BACK

AS APPROPRIATE, PLEASE TYPE OR PRINT IN BOXES

REPORTING PARTY'S INFORMATION

# OF VEHICLES	DATE OF ACCIDENT	CALIFORNIA COUNTY OF ACCIDENT	CALIFORNIA CITY WHERE ACCIDENT OCCURRED
01	03/22/06	LA	SANTA CLARITA

TIME OF ACCIDENT: Hour 3 ☐ AM ☒ PM ☒ In Traffic ☐ Parked ☐ Pedestrian ☐ Bicyclist ☐ Other (EXPLAIN, E.G., ROLLAWAY)

DRIVING FOR EMPLOYER: ☐ Yes ☒ No

DRIVER'S NAME (FIRST AND MIDDLE) [redacted] | LAST NAME [redacted] | DRIVER LICENSE NUMBER [redacted] | STATE CA

DRIVER'S ADDRESS (NUMBER) [redacted] | STREET [redacted] | DATE OF BIRTH [redacted] | DAMAGE AMOUNT 1500.00

CITY SANTA CLARITA | STATE CA | ZIP CODE [redacted] | TELEPHONE NUMBERS Wk ( ) — Hm ([redacted]

VEHICLE OWNER—PERSON OR COMPANY [redacted] | DATE OF BIRTH [redacted] | VEHICLE LICENSE PLATE [redacted] | STATE CA

CITY SANTA CLARITA | STATE CA | ZIP CODE [redacted]

VEHICLE IDENTIFICATION NUMBER WDBCA39D7JA [redacted] | INSURANCE COMPANY NAME (NOT AGENT, UNDERWRITER, OR BROKER) AUTOMOBILE CLUB | COMPANY NAIC NUMBER

INSURANCE POLICY NUMBER COVERING THE VEHICLE ACCIDENT (NOT CLAIM OR FILE NUMBER) [redacted] | POLICY PERIOD From 02-12-06 To 02-12-07

POLICY HOLDER'S NAME (IF DIFFERENT) | STREET ADDRESS | CITY | STATE | ZIP CODE

OTHER PARTY'S INFORMATION

☐ In Traffic ☐ Parked ☐ Pedestrian ☐ Bicyclist ☐ Other (EXPLAIN, E.G., ROLLAWAY)

DRIVING FOR EMPLOYER: ☐ Yes ☐ No

DRIVER'S NAME (FIRST AND MIDDLE) | LAST NAME | DRIVER LICENSE NUMBER | STATE

DRIVER'S ADDRESS (NUMBER) | STREET | DATE OF BIRTH | DAMAGE AMOUNT .00

CITY | STATE | ZIP CODE | TELEPHONE NUMBERS Wk ( ) Hm ( )

VEHICLE OWNER—PERSON OR COMPANY | DATE OF BIRTH | VEHICLE LICENSE PLATE | STATE

ADDRESS | CITY | STATE | ZIP CODE

VEHICLE IDENTIFICATION NUMBER | INSURANCE COMPANY NAME (NOT AGENT, UNDERWRITER, OR BROKER) | COMPANY NAIC NUMBER

INSURANCE POLICY NUMBER COVERING THE VEHICLE ACCIDENT (NOT CLAIM OR FILE NUMBER) | POLICY PERIOD From _____ To _____

POLICY HOLDER'S NAME (IF DIFFERENT) | STREET ADDRESS | CITY | STATE | ZIP CODE

INJURY/DEATH PROPERTY DAMAGE

NAME AND ADDRESS OF INDIVIDUAL INJURED OR DECEASED [redacted]

☒ Injured ☐ Deceased | ☒ Driver ☐ Passenger ☐ Bicyclist ☐ Pedestrian

NAME AND ADDRESS OF INDIVIDUAL INJURED OR DECEASED

☐ Injured ☐ Deceased | ☐ Driver ☐ Passenger ☐ Bicyclist ☐ Pedestrian

OTHER PROPERTY DAMAGED (TELEPHONE POLES, FENCE, LIVESTOCK, ETC.)

HOUSE AND GATE

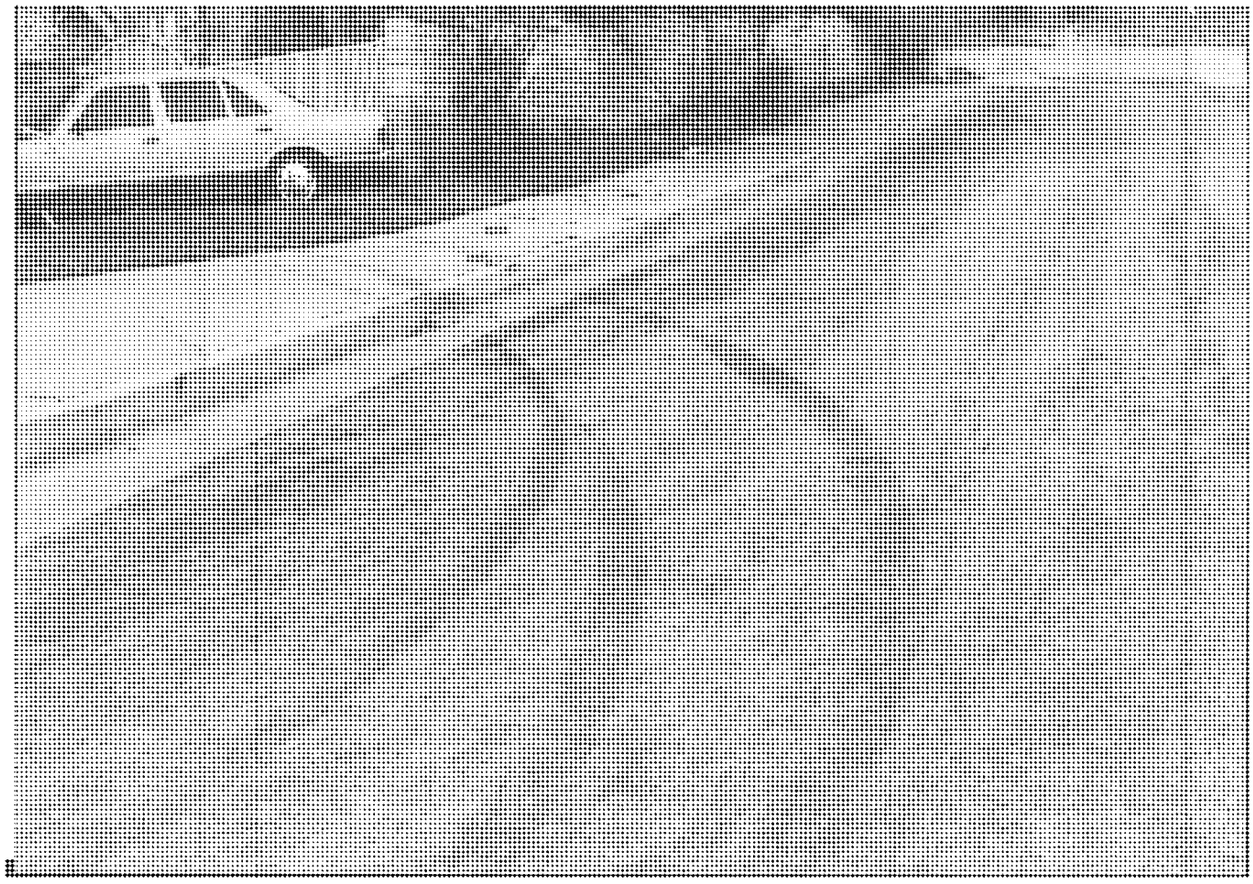
DAMAGE AMOUNT 1500.00

PROPERTY OWNER'S NAME AND ADDRESS [redacted] S.C. CA [redacted]

I certify under penalty of perjury under the laws of the State of California that the information entered on this document is true and correct.

DATE 3-25-06 | PRINTED NAME [redacted] | SIGNATURE X [redacted]

☐ ADDITIONAL INFORMATION ATTACHED



THREE VERY LONG AND HEAVY BRAKE SKID MARKS SHOW I WAS BRAKING VERY HARD, BUT I COULD NOT STOP THE CAR AS THE ENGINE (5.6 L.) OVERPOWERED THE BRAKES.

THEY CANNOT BE "ACCELARATION MARKS" AS STATED BY THE SHERIFF AS THERE ARE THREE OF THEM AND THE CAR IS REAR WHEEL DRIVE.