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 ☐
10-OCT-2006	Reference No. 10170342

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address		Evening Telephone Number	
City SHIPSHEWANA	State IN	Zip Code	

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Signature of Owner [redacted] Date 10/6/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1GTEC19T[redacted]	GMC	1500	2003

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
01-SEP-05	EBY FORD			No: Cylinders 8	Gas
Original Owner ☐	Dealer's City GOSHEN	State IN	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☐ Antilock Brakes ☒ Cruise Control	REAR WHEEL DRIVE	141000 AIR BAGS:FRONTAL Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
06-SEP-2006	38000	3	air bags didn't go off

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 WHILE ACCELERATING FROM A STOP SIGN AT 3 MPH, THE VEHICLE COLLIDED WITH THE FRONT LEFT DOOR OF ANOTHER VEHICLE. THE OTHER VEHICLE RAN THE STOP SIGN. BOTH THE FRONT AIR BAGS FAILED TO DEPLOY. THE CONTACT WAS WEARING THE SEAT BELT, BUT FRACTURED A BONE IN THE NECK AND INCURRED BRUISING TO THE BODY. THE CONTACT WAS TAKEN TO THE HOSPITAL AND A POLICE REPORT WAS FILED. THE SERVICE DEALER AND MANUFACTURER WAS NOT NOTIFIED.

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

UNIT INFORMATION

Local ID: 06-22206

001633908

Dr#	Driver's Name (Last, First, MI)
1	[redacted]

Address (Street, City, State, Zip): [redacted]

Date Month Day Year	Age
[redacted]	[redacted]

SOUTH BEND, IN [redacted]

Driver's License #	Lic Type	CDL Class	Lic State
[redacted]	OP		IN

Apparent Physical Status
- (●) Normal
- ( ) Had Been Drinking
- ( ) Handicapped
- ( ) Ill
- ( ) Asleep/Fatigued
- ( ) Drugs/Medication
- ( ) Unknown

Restrictions
- (●) Glasses/Contact Lenses
- ( ) Outside Rearview Mirror
- ( ) Daylight Driving
- ( ) Automatic Transmission
- ( ) Special Controls
- ( ) Employment Only
- ( ) Motorcycle Only
- ( ) To/From Employment
- ( ) Employer's Vehicle Only
- ( ) State-Owned Vehicles Only
- ( ) PP Chauffeurs-Taxi Only
- ( ) Power Steering
- ( ) Special Restrictions
- ( ) Probation DWI
- ( ) Probation HTV
- ( ) None

Gender	Test Given	Type Given	Alcohol Results	Drug
( ) Male	(●) None	( ) Blood	PBT • ___	( ) Positive
(●) Female	( ) Alcohol	( ) Urine	Certified Test • ___	( ) Negative
( ) Unknown	( ) Drug	( ) Breath	Pending ( )	( ) Pending
	( ) Alcohol+Drug	( ) SFST		
	( ) Refused	( ) PBT		

Safety Equipment Used
- ( ) No restraint
- ( ) Lap Belt Only
- ( ) Harness (Only)
- (●) Lap + Harness
- ( ) Child Restraint
- ( ) Helmet
- ( ) Airbag (No Restraint)
- ( ) Airbag + Belt Restraint
- ( ) Unknown

Safety Equipment Effective?
- (●) Yes
- ( ) No
- ( ) Not Applicable

Ejection/Trapped
- (●) Not Ejected or Trapped
- ( ) Partially Ejected
- ( ) Ejected
- ( ) Trapped In
- ( ) Pinned Under
- ( ) Unknown

EMS No.

Driver Injury Status
- ( ) Fatal Injury
- Non-Fatal Injury
  - ( ) Incapacitating
  - ( ) Non-Incapacitating
  - ( ) Possible Injury
  - ( ) Unknown
  - ( ) Refused

Nature of Most Severe Injury
- ( ) Severed
- ( ) Internal
- ( ) Minor Burn
- ( ) Severe Burn
- ( ) Abrasion
- ( ) Minor Bleeding
- ( ) Severe Bleeding (Arterial)
- ( ) Fracture/Dislocation
- ( ) Contusion/Bruise
- ( ) Complaint of Pain
- ( ) None Visible
- ( ) Other (Explain in Narrative)

Location of Most Severe Injury
- ( ) Chest
- ( ) Neck
- ( ) Eye
- ( ) Face
- ( ) Head
- ( ) Back
- ( ) Shoulder/Upper Arm
- ( ) Elbow/Lower Arm
- ( ) Abdomen/Pelvis
- ( ) Hip/Upper Leg
- ( ) Knee/Lower Leg/Foot
- ( ) Entire Body

If Cited?
- ( ) Infraction
- ( ) Misdemeanor
- ( ) Felony

IC Code:

IC Code:

Veh#	Color	Vehicle Year	Make	Model Name	Style
1	RED	2004	JEEP	CHEROKEE	4D

# Occupants	Lic Year	License #	License State
1	2006	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	30	ERIE INS	

Registered Owner's Name (Last, First, MI) (●) Same as Driver

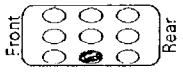
Address (Street, City, State, Zip)

Towed?	Towed To	Towed By
(●) Yes ( ) No	HAMILTONS	HAMILTONS

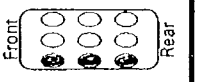
Trl#	Lic State	Lic Year	Registered Owner's Name (Last, First, MI) ( ) Same as Driver
License #			Address (Street, City, State, Zip)
Veh Year	Make		

Trl#	Lic State	Lic Year	Registered Owner's Name (Last, First, MI) ( ) Same as Driver
License #			Address (Street, City, State, Zip)
Veh Year	Make		

Initial Impact Area
- ( ) Undercarriage
- ( ) Trailer
- ( ) None
- ( ) Unknown



Areas Damaged (Multiples)
- ( ) Undercarriage
- ( ) Trailer
- ( ) None
- ( ) Unknown



Vehicle Use
- (●) Personal (Farm, Company)
- ( ) Commercial (Buses, Taxis, Common and Contract Carriers)
- ( ) Rental, not leased
- ( ) School
- ( ) Police*
- ( ) Fire*
- ( ) Ambulance*
- ( ) Military
- ( ) Highway Department
- ( ) Other Government (Postal, etc)
- ( ) Public Utilities (Gas, Electric, etc)
- ( ) Other (Explain in Narrative)

*Emergency Run?
- ( ) Yes
- ( ) No

Fire?
- ( ) Yes
- (●) No

Vehicle Type
- ( ) Passenger Car/Station Wagon
- ( ) Pickup
- ( ) Van
- (●) Sport Utility Vehicle
- ( ) Truck (Single Unit 2 axle, 6 tires)
- ( ) Truck (Single Unit 3 or more axles)
- ( ) Truck/Trailer (not semi)
- ( ) Tractor/One Semi Trailer
- ( ) Tractor/Double Trailers
- ( ) Tractor/Triple Trailers
- ( ) Tractor (Cab Only-No Trailer)
- ( ) Motor Home/Recreational Vehicle
- ( ) Motorcycle
- ( ) Bus/Seats 9-15 Persons including the driver
- ( ) Bus/Seats 15+ Persons including the driver
- ( ) School Bus
- ( ) Farm Vehicle
- ( ) Combination Vehicle
- ( ) Unknown Type (not classified)
- ( ) Moped

Pre-Crash Vehicle Action
- ( ) Going Straight
- ( ) Backing
- ( ) Changing Lanes
- ( ) Overtaking/Passing
- ( ) Turning Right
- ( ) Turning Left
- ( ) Making U Turn
- ( ) Merging
- (●) Starting in Traffic
- ( ) Driving Left of Center
- ( ) Crossing the Median
- ( ) Slowing or Stopped in Traffic
- ( ) Unattended Moving Vehicle
- ( ) Avoiding Object in Road
- ( ) Entering Traffic Lane
- ( ) Leaving Traffic Lane
- ( ) Parked

Direction of Travel
- ( ) North
- ( ) East
- ( ) Northeast
- ( ) Southeast
- (●) South
- ( ) West
- ( ) Northwest
- ( ) Southwest

Type of Primary/Secondary Roadway

One Way Traffic
- ( ) One Lane
- ( ) Two Lanes
- ( ) Multi-Lanes (3 or more)

Two Way Traffic
- (●) Two Lanes
- ( ) Multi-Lane Divided (3 or more)
- ( ) Multi-Lane Undivided 2 way left turn
- ( ) Multi-Lane Undivided (3 or more)
- ( ) Private Drive
- ( ) Alley

If a Collision Crash | Fill in only one oval in this category
- (●) Another Motor Vehicle
- ( ) Pedestrian
- ( ) Bicycle
- ( ) Impact Attenuator/Crash Cushion
- ( ) Bridge Overhead Structure
- ( ) Bridge Pier or Abutment
- ( ) Bridge Parapet End
- ( ) Bridge Rail
- ( ) Guardrail Face
- ( ) Guardrail End
- ( ) Median Barrier
- ( ) Highway Traffic Sign Post
- ( ) Deer
- ( ) Animal Other than Deer
- ( ) Animal Drawn Vehicle
- ( ) Overhead Sign Post
- ( ) Light Support
- ( ) Utility Pole
- ( ) Culvert
- ( ) Embankment
- ( ) Other Post/Pole/or Support
- ( ) Wall/Building/Tunnel, etc
- ( ) Work Zone Maintenance Equip.
- ( ) Other (Explain in Narrative)
- ( ) Railway Vehicle
- ( ) Fence
- ( ) Mailbox
- ( ) Tree
- ( ) Curb
- ( ) Ditch

Or if a Non-Collision Crash | Fill in only one oval in this category
- ( ) Overturn/Rollover
- ( ) Fire/Explosion
- ( ) Immersion
- ( ) Jackknife
- ( ) Cargo/Equipment Shift or Loss
- ( ) Off Roadway
- ( ) Fell from vehicle

Veh#	Commercial Vehicle: Carrier's Name and Address

HAZMAT Proper Shipping Name:

US DOT#	ICC#	State DOT#

Vehicle Identification #	CMV Inspection?	If
	( ) Yes ( ) No	Yes ( ) L1 ( ) L3

Gross Vehicle Weight Rating (GVWR)
- ( ) Less than 10,000#
- ( ) 10,001-26,000#
- ( ) 26,001# or more

Cargo Body Type
- ( ) Grain, Chip, Gravel, Coal
- ( ) Flatbed
- ( ) Dump
- ( ) Bus
- ( ) Van/Enclosed Box
- ( ) Cargo Tank
- ( ) Garbage/Refuse
- ( ) Concrete Mixer
- ( ) Auto Transport
- ( ) Pole
- ( ) Other (Explain in Narrative)

HAZMAT Placard	HAZMAT Release of Cargo	HAZMAT 4-Digit ID #	Hazard Class #
( ) Yes ( ) No	( ) Yes ( ) No		

INDIANA OFFICER'S STANDARD CRASH REPORT

State Form: 23558 (Revised 5/03) Stock 302
Mail to:
Indiana State Police, Crash Records Section
100 North Senate Avenue, Indianapolis, IN 46204

001633908

Report: (●) Original ( ) Supplemental Page 1 of 4

Local ID 06-22206

PDTA MV/MV/FO

Date of Crash Month	Day	Year	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
10	06	2006	FRI	2:03 ( ) AM (●) PM	ST. JOSEPH	CENTER	2				

Road Crash Occurred On	Nearest/Intersecting Road/Mile Marker/Interchange	If not at an intersection, number of feet from	Direction	Road Class.
IRONWOOD	JACKSON			( ) Interstate ( ) County Road ( ) US Road (●) Local/City Road ( ) State Road ( ) Other

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
(●) Yes ( ) No	SOUTH BEND	( ) Private ( ) DNR (●) Other		

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

Fill in only one Primary Cause for the crash

Fill in up to two ovals per vehicle for Driver Contributing Circumstances

Fill in one oval per vehicle for Vehicle and Environment Contributing Circumstances

Driver Contributing Circumstance

	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Alcoholic Beverages	( )	( )	( )	( )	( )
Illegal Drugs	( )	( )	( )	( )	( )
Prescription Drugs	( )	( )	( )	( )	( )
Driver Asleep or Fatigued	( )	( )	( )	( )	( )
Driver Illness	( )	( )	( )	( )	( )
Unsafe Speed	( )	( )	( )	( )	( )
Failure to Yield Right of Way	( )	( )	( )	( )	( )
Disregard Signal/Regulatory Sign	(●)	( )	( )	( )	( )
Left of Center	( )	( )	( )	( )	( )
Improper Passing	( )	( )	( )	( )	( )
Improper Turning	( )	( )	( )	( )	( )
Improper Lane Usage	( )	( )	( )	( )	( )
Following Too Closely	( )	( )	( )	( )	( )
Unsafe Backing	( )	( )	( )	( )	( )
Overcorrecting/Oversteering	( )	( )	( )	( )	( )
Ran off Road	( )	( )	( )	( )	( )
Wrong Way on One Way	( )	( )	( )	( )	( )
Pedestrian's Action	( )	( )	( )	( )	( )
Passenger Distraction	( )	( )	( )	( )	( )
Violation of License Restriction	( )	( )	( )	( )	( )
Jackknifing	( )	( )	( )	( )	( )
Cell Phone Usage	( )	( )	( )	( )	( )
Other Telematics in Use	( )	( )	( )	( )	( )
Driver Distracted (Explain in Narrative)	( )	( )	( )	( )	( )
Speed Too Fast for Weather Conditions	( )	( )	( )	( )	( )
Other (Explain in Narrative)	( )	(●)	(●)	( )	( )
None	( )	( )	( )	( )	( )

Vehicle Contributing Circumstance

	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Engine Failure or Defective	( )	( )	( )	( )	( )
Accelerator or Failure or Defective	( )	( )	( )	( )	( )
Brake Failure or Defective	( )	( )	( )	( )	( )
Tire Failure or Defective	( )	( )	( )	( )	( )
Headlights(s) Defective or Not On	( )	( )	( )	( )	( )
Other Lights Defective	( )	( )	( )	( )	( )
Steering Failure	( )	( )	( )	( )	( )
Window/Windshield Defective	( )	( )	( )	( )	( )
Oversize/Overweight Load	( )	( )	( )	( )	( )
Insecure/Leaky Load	( )	( )	( )	( )	( )
Tow Hitch Failure	( )	( )	( )	( )	( )
Other (Explain in Narrative)	( )	( )	( )	( )	( )
None	( )	(●)	(●)	( )	( )

Environment Contributing Circumstance

Glare	( )	( )	( )	( )
Roadway Surface Condition	( )	( )	( )	( )
Holes/Ruts in Surface	( )	( )	( )	( )
Shoulder Defective	( )	( )	( )	( )
Road Under Construction	( )	( )	( )	( )
Severe Crosswinds	( )	( )	( )	( )
Obstruction Not Marked	( )	( )	( )	( )
Lane Marking Obscured	( )	( )	( )	( )
View Obstructed	( )	( )	( )	( )
Animal/Object in Roadway	( )	( )	( )	( )
Traffic Control Inoperative/ Missing/Obscured	( )	( )	( )	( )
Utility Work	( )	( )	( )	( )
Other (Explain in Narrative)	( )	( )	( )	( )
None	(●)	(●)	( )	( )

Area Information: Fill in one oval per category

Hit and Run
( ) Yes
(●) No

Light Condition
(●) Daylight
( ) Dawn/Dusk
( ) Dark (Lighted)
( ) Dark (Not Lighted)
( ) Unknown

Type of Median
(●) Driveable
( ) Curbed
( ) Barrier Wall
( ) None

Locality
( ) Rural
(●) Urban

Weather Conditions
(●) Clear
( ) Cloudy
( ) Rain
( ) Snow
( ) Sleet/Hail /Freezing Rain
( ) Fog/Smoke/Smog
( ) Severe Cross Wind
( ) Blowing Sand/Soil/Snow

Type of Roadway Junction
( ) No Junction Involved
(●) Four-Way Intersection
( ) *T-Intersection*
( ) Y-Intersection
( ) Circle/Roundabout
( ) Five Point or More
( ) *Interchange*
( ) Ramp

School Zone
( ) Yes
(●) No

Surface Condition
(●) Dry
( ) Wet
( ) Muddy
( ) Snow/Slush
( ) Ice
( ) Loose Material on Road (Gravel etc.)
( ) Water (Standing or Moving)

Road Character
(●) Straight/Level
( ) Straight/Grade
( ) Straight/Hillcrest
( ) Curve/Level
( ) Curve/Grade
( ) Curve/Hillcrest
( ) Non-Roadway Crash

Rumble Strips
( ) Yes
(●) No

Construction
( ) Yes*
(●) No
( ) Back-up

Roadway Surface
(●) Asphalt
( ) Concrete
( ) Gravel
( ) Other

*If Yes **Construction Type**
( ) Lane Closure
( ) X-Over/Lane Shift
( ) Work on Shoulder
( ) Intermittent or Moving Work

Was this crash a result of aggressive driving? ( ) Yes (●) No

Traffic Control Devices
( ) Officer/Crossing Guard/Flagman
* ( ) RR Crossing Gate/Flagman
* ( ) RR Crossing Flashing Signal
( ) RR Crossing Sign
* ( ) Traffic Control Signal
* ( ) Flashing Signal
(●) Stop Sign
( ) Yield Sign
( ) Lane Control
( ) No Passing Zone
( ) Other (Explain in Narrative)
( ) None

*Traffic Control Device Operational? ( ) Yes ( ) No

Total Estimate of all damage in the Crash:
( ) Under $1000 ( ) $1001-$2500 ( ) $2501-$5000 ( ) $5001-$10,000 (●) $10,001-$25,000 ( ) $25,001-$50,000 ( ) $50,001-$100,000 ( ) Over $100,000

Other Property Damage (Include Cargo)

Name of Object	State Property	Owner's Name and Address
(1) STOP SIGN	( ) Yes (●) No	CITY OF SOUTH BEND, STREET DEPT. SOUTH BEND, IN
(2)	( ) Yes ( ) No	

Witness/Other Participant

( ) Witness ( ) Other Participant | # | (Last Name, First Name, MI)
Address etc.
Phone # Location at Time of Crash

( ) Witness ( ) Other Participant | # | (Last Name, First Name, MI)
Address etc
Phone # Location at Time of Crash

Non-Motorist (Last Name, First Name, MI)

Non-Motorist
( ) Pedestrian
( ) Pedalcyclist
( ) Other
Cited? ( ) Yes ( ) No
Direction
Street/Highway
Traffic Control? ( ) Yes ( ) No **If yes, was traffic control operational?** ( ) Yes ( ) No

Apparent Physical Condition
( ) Normal
( ) Had Been Drinking
( ) Handicapped
( ) Ill
( ) Asleep/Fatigued
( ) Drugs/Medication
( ) Unknown

Non-Motorist Action
( ) On designated non-motorists lane
( ) Not in roadway
( ) On shoulder
( ) On roadway
( ) With traffic
( ) Against traffic
( ) Crossing at intersection
( ) Crossing not at intersection
( ) Moving
( ) Standing
( ) Working
( ) Getting in or out of a vehicle
( ) Getting off or on a school bus
( ) Other (Explain in Narrative)

UNIT INFORMATION

Local ID: 06-22206

001633908

Dr#	Driver's Name (Last, First, MI)
2	[redacted]

Address (Street, City, State, Zip): [redacted]

SHIPSHEWANA, IN [redacted]

Date of Birth Month Day Year: [redacted] | Age:

Driver's License #: [redacted] | Lic Type: OP | CDL Class: | Lic State: IN

Apparent Physical Status
- (•) Normal
- ( ) Had Been Drinking
- ( ) Handicapped
- ( ) Ill
- ( ) Asleep/Fatigued
- ( ) Drugs/Medication
- ( ) Unknown

Restrictions
- (•) Glasses/Contact Lenses
- ( ) Outside Rearview Mirror
- ( ) Daylight Driving
- ( ) Automatic Transmission
- ( ) Special Controls
- ( ) Employment Only
- ( ) Motorcycle Only
- ( ) To/From Employment
- ( ) Employer's Vehicle Only
- ( ) State-Owned Vehicles Only
- ( ) PP Chauffeurs-Taxi Only
- ( ) Power Steering
- ( ) Special Restrictions
- ( ) Probation DWI
- ( ) Probation HTV
- ( ) None

Gender	Test Given	Type Given	Alcohol Results	Drug
(•) Male	(•) None	( ) Blood	PBT • ___	( ) Positive
( ) Female	( ) Alcohol	( ) Urine	Certified Test • ___	( ) Negative
( ) Unknown	( ) Drug	( ) Breath	Pending ( )	( ) Pending
	( ) Alcohol+Drug	( ) SFST		
	( ) Refused	( ) PBT		

Safety Equipment Used
- ( ) No restraint
- ( ) Lap Belt Only
- ( ) Harness (Only)
- (•) Lap + Harness
- ( ) Child Restraint
- ( ) Helmet
- ( ) Airbag (No Restraint)
- ( ) Airbag + Belt Restraint
- ( ) Unknown

Safety Equipment Effective?
- (•) Yes
- ( ) No
- ( ) Not Applicable

Ejection/Trapped
- (•) Not Ejected or Trapped
- ( ) Partially Ejected
- ( ) Ejected
- ( ) Trapped In
- ( ) Pinned Under
- ( ) Unknown

EMS No.:

Driver Injury Status
- ( ) Fatal Injury
- Non-Fatal Injury
- ( ) Incapacitating
- ( ) Non-Incapacitating
- ( ) Possible Injury
- ( ) Unknown
- ( ) Refused

Nature of Most Severe Injury
- ( ) Severed
- ( ) Internal
- ( ) Minor Burn
- ( ) Severe Burn
- ( ) Abrasion
- ( ) Minor Bleeding
- ( ) Severe Bleeding (Arterial)
- ( ) Fracture/Dislocation
- ( ) Contusion/Bruise
- ( ) Complaint of Pain
- ( ) None Visible
- ( ) Other (Explain in Narrative)

Location of Most Severe Injury
- ( ) Chest
- ( ) Neck
- ( ) Eye
- ( ) Face
- ( ) Head
- ( ) Back
- ( ) Shoulder/Upper Arm
- ( ) Elbow/Lower Arm
- ( ) Abdomen/Pelvis
- ( ) Hip/Upper Leg
- ( ) Knee/Lower Leg/Foot
- ( ) Entire Body

If Cited?
- ( ) Infraction
- ( ) Misdemeanor
- ( ) Felony

IC Code:

IC Code:

Veh#	Color	Vehicle Year	Make	Model Name	Style
2	GRN	2003	GMC	SERRA	TK

# Occupants	Lic Year	License #	License State
1	2006	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	30	FARM BUREAU	

Registered Owner's Name (Last, First, MI) (•) Same as Driver

Address (Street, City, State, Zip)

Towed? (•) Yes ( ) No | Towed To: BESTWAY | Towed By: BESTWAY

Trl#	Lic State	Lic Year	Registered Owner's Name (Last, First, MI) ( ) Same as Driver
License #			Address (Street, City, State, Zip)
Veh Year	Make		

Trl#	Lic State	Lic Year	Registered Owner's Name (Last, First, MI) ( ) Same as Driver
License #			Address (Street, City, State, Zip)
Veh Year	Make		

Initial Impact Area
- ( ) Undercarriage
- ( ) Trailer
- ( ) None
- ( ) Unknown

Front / Rear

Areas Damaged (Multiples)
- ( ) Undercarriage
- ( ) Trailer
- ( ) None
- ( ) Unknown

Front / Rear

Vehicle Use
- (•) Personal (Farm, Company)
- ( ) Commercial (Buses, Taxis, Common and Contract Carriers)
- ( ) Rental, not leased
- ( ) School
- ( ) Police*
- ( ) Fire*
- ( ) Ambulance*
- ( ) Military
- ( ) Highway Department
- ( ) Other Government (Postal, etc)
- ( ) Public Utilities (Gas, Electric, etc)
- ( ) Other (Explain in Narrative)

*Emergency Run?
- ( ) Yes
- ( ) No

Fire?
- ( ) Yes
- (•) No

Vehicle Type
- ( ) Passenger Car/Station Wagon
- (•) Pickup
- ( ) Van
- ( ) Sport Utility Vehicle
- ( ) Truck (Single Unit 2 axle, 6 tires)
- ( ) Truck (Single Unit 3 or more axles)
- ( ) Truck/Trailer (not semi)
- ( ) Tractor/One Semi Trailer
- ( ) Tractor/Double Trailers
- ( ) Tractor/Triple Trailers
- ( ) Tractor (Cab Only-No Trailer)
- ( ) Motor Home/Recreational Vehicle
- ( ) Motorcycle
- ( ) Bus/Seats 9-15 Persons including the driver
- ( ) Bus/Seats 15+ Persons including the driver
- ( ) School Bus
- ( ) Farm Vehicle
- ( ) Combination Vehicle
- ( ) Unknown Type (not classified)
- ( ) Moped

Pre-Crash Vehicle Action
- ( ) Going Straight
- ( ) Backing
- ( ) Changing Lanes
- ( ) Overtaking/Passing
- ( ) Turning Right
- ( ) Turning Left
- ( ) Making U Turn
- ( ) Merging
- (•) Starting in Traffic
- ( ) Driving Left of Center
- ( ) Crossing the Median
- ( ) Slowing or Stopped in Traffic
- ( ) Unattended Moving Vehicle
- ( ) Avoiding Object in Road
- ( ) Entering Traffic Lane
- ( ) Leaving Traffic Lane
- ( ) Parked

Direction of Travel
- (•) North
- ( ) East
- ( ) Northeast
- ( ) Southeast
- ( ) South
- ( ) West
- ( ) Northwest
- ( ) Southwest

Type of Primary/Secondary Roadway

One Way Traffic
- ( ) One Lane
- ( ) Two Lanes
- ( ) Multi-Lanes (3 or more)

Two Way Traffic
- (•) Two Lanes
- ( ) Multi-Lane Divided (3 or more)
- ( ) Multi-Lane Undivided 2 way left turn
- ( ) Multi-Lane Undivided (3 or more)
- ( ) Private Drive
- ( ) Alley

Veh# | Commercial Vehicle: Carrier's Name and Address

HAZMAT Proper Shipping Name:

US DOT# | ICC# | State DOT#

Vehicle Identification # | CMV Inspection? ( ) Yes ( ) No | If Yes ( ) L1 ( ) L3

Gross Vehicle Weight Rating (GVWR)
- ( ) Less than 10,000#
- ( ) 10,001-26,000#
- ( ) 26,001# or more

Cargo Body Type
- ( ) Grain, Chip, Gravel, Coal
- ( ) Flatbed
- ( ) Dump
- ( ) Bus
- ( ) Van/Enclosed Box
- ( ) Cargo Tank
- ( ) Garbage/Refuse
- ( ) Concrete Mixer
- ( ) Auto Transport
- ( ) Pole
- ( ) Other (Explain in Narrative)

HAZMAT Placard ( ) Yes ( ) No | HAZMAT Release of Cargo ( ) Yes ( ) No | HAZMAT 4-Digit ID # | Hazard Class #

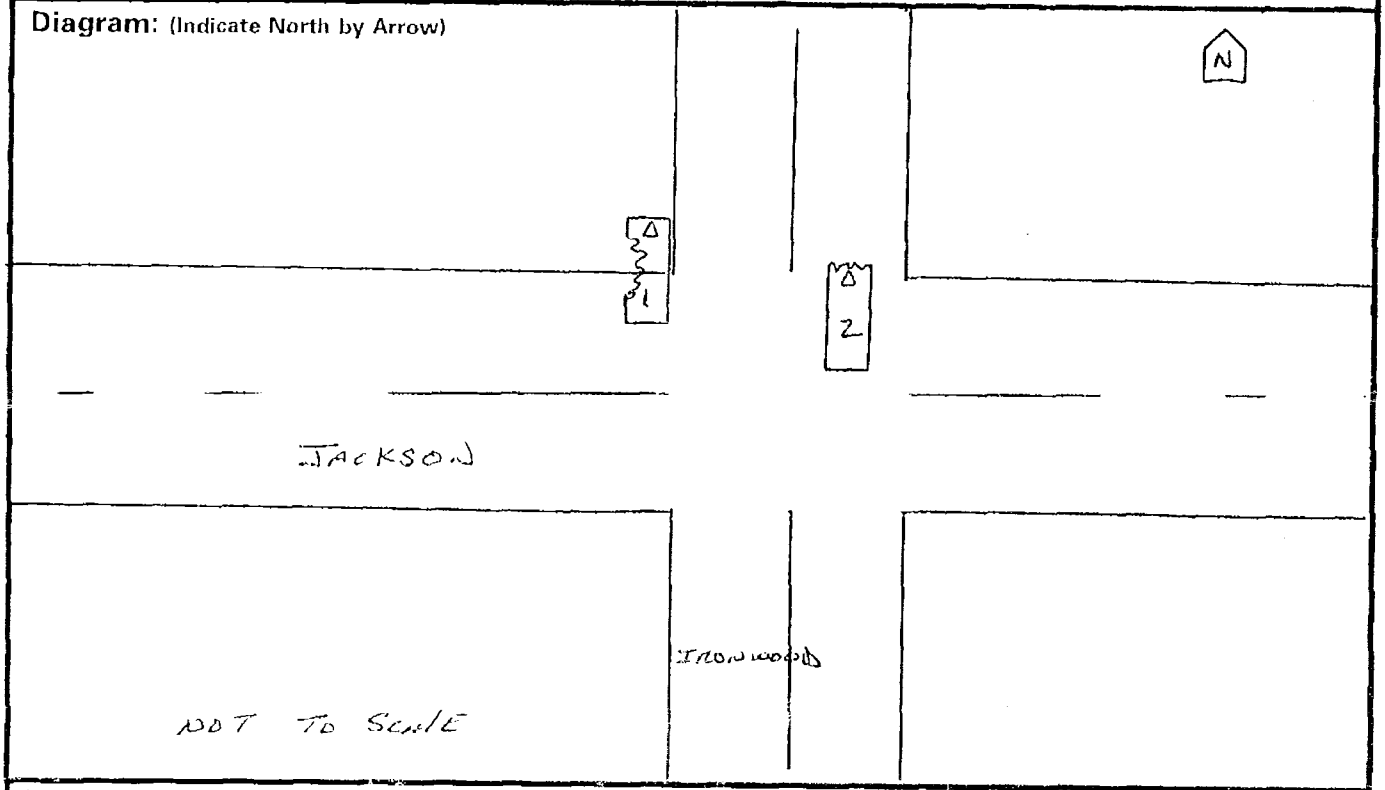
If a Collision Crash | Fill in only one oval in this category
- (•) Another Motor Vehicle
- ( ) Pedestrian
- ( ) Bicycle
- ( ) Impact Attenuator/Crash Cushion
- ( ) Bridge Overhead Structure
- ( ) Bridge Pier or Abutment
- ( ) Bridge Parapet End
- ( ) Bridge Rail
- ( ) Guardrail Face
- ( ) Guardrail End
- ( ) Median Barrier
- ( ) Highway Traffic Sign Post
- ( ) Deer
- ( ) Animal Other than Deer
- ( ) Animal Drawn Vehicle
- ( ) Overhead Sign Post
- ( ) Light Support
- ( ) Utility Pole
- ( ) Culvert
- ( ) Embankment
- ( ) Other Post/Pole/or Support
- ( ) Wall/Building/Tunnel, etc
- ( ) Work Zone Maintenance Equip.
- ( ) Other (Explain in Narrative)
- ( ) Railway Vehicle
- ( ) Fence
- ( ) Mailbox
- ( ) Tree
- ( ) Curb
- ( ) Ditch

Or if a Non-Collision Crash | Fill in only one oval in this category
- ( ) Overturn/Rollover
- ( ) Fire/Explosion
- ( ) Immersion
- ( ) Jackknife
- ( ) Cargo/Equipment Shift or Loss
- ( ) Off Roadway
- ( ) Fell from vehicle

Type of Crash

○ Rear End	○ Same Direction Sideswipe	● Right Angle	○ Backing Crash	
○ Head On	○ Opposite Direction Sideswipe	○ Left Turn	○ Other	○ Left/Right Turn
○ Rear to Rear	○ Ran off Road	○ Right Turn	○ Non-Collision	

Diagram: (Indicate North by Arrow)



Narrative:

Driver of V-1 stated she was west bound on Jackson. She stated she stopped at the stop sign. Did not see anyon at the intersection. As she started through the intersection she was struck by V-2.

Driver of V-2 stated he was north bound on Ironwood. He stated he stopped at the stop sign. He did not see anyone at the intersection. As he started through the intersection, V-1 was in front of her and he could not avoid V-2.

Time Notified	Time Arrived	Other Location of Investigation
2:05 ● PM	2:17 ● PM	Scene only

Assisting Officer	ID No.	Agency	Investigation Complete? ● Yes ○ No	Photos Taken? ○ Yes ● No
Assisting Officer	ID No.	Agency	Date of Report	
			10-06-06	
Investigating Officer (printed)	ID No.	Agency	Reviewing Officer	
Cpl. STEPHEN L. GOEN			MWS282	