



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 ☐

AM 7:15
01-OCT-2007

Reference No.
10204573

OWNER INFORMATION (Type or Print)

Name

Address

City PARKVILLE

State MO

Zip Code

Daytime Telephone Number

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 authorized signature, please print your name or address to the vehicle manufacturer.

Signature of Owner Date 10/10/07

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1FMZU73E02L

Make
FORD

Model
EXPLORER

Model Year
2002

Date Purchased
01-AUG-01

Dealer's Name and Telephone Number

Engine:
No: Cylinders 6

Fuel Type:
Gas

Original Owner
☒

Dealer's City

State

Zip Code

Transmission Type
AUTOMATIC

☒ Antilock Brakes
☒ Cruise Control

Powertrain
4 WHEEL DRIVE

Vehicle Component Code
190000 TIRES

Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
31-AUG-2007

Failure Mileage
58200

Failure Speed
60

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make
FIRESTONE

Tire Model (Name or Number)
UNKNOWN DESTINATION LE 1107

Tire Size (Example P215/65R15)
P235/70R16

DOT No. (Example: DOTM19ABC036)
VN08D102707

☒ Original Equipment
☐ Prior Repair

Failure Location:

Tire Component Code
190000 TIRES

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

0

Number of Deaths

0

Reported to Police

N

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).

TL*THE CONTACT OWNS A 2002 FORD EXPLORER. THE VEHICLE HAS FIRESTONE DESTINATION, SIZE LEP23570R16 XL107T TIRES (NA). WHILE CHANGING LANES AT 60 MPH, THE TIRES WOULD SWERVE AND SHAKE. HE RETURNED THE TIRES FROM WHERE THEY WERE PURCHASED AND WAS INFORMED THAT THE FAILURE COULD HAVE BEEN DUE TO THE ALIGNMENT. THE TIRE SHOP MECHANIC INSPECTED THE VEHICLE AND FOUND NOTHING WRONG, HOWEVER, HE ROTATED THE TIRES. TWO DAYS LATER, THE CONTACT'S WIFE WAS DRIVING THE VEHICLE AT APPROXIMATELY 60 MPH. SHE SWITCHED LANES AND THE VEHICLE BEGAN TO SWERVE, CAUSING HER TO LOSE CONTROL. AS A RESULT, THE VEHICLE ROLLED OVER TWICE AND LANDED ON ITS TIRES. SHE WAS NOT INJURED AND THE VEHICLE WAS TOWED. THE CURRENT AND FAILURE MILEAGES WERE 58,200.

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.

MISSOURI UNIFORM ACCIDENT REPORT

PAGE 1 OF 4

SPACE USED FOR BARCODE		1 - AGENCY NAME AND ORI KANSAS CITY, MISSOURI POLICE DEPARTMENT 1125 LOCUST KANSAS CITY, MISSOURI 64106 ORI: MOKPD000									
LEFT THE SCENE ☐ YES ☒ NO		CLEARED ☒ YES ☐ NO		ACCIDENT CLASSIFICATION PROPERTY DAMAGE ONLY ☐		NUMBER INJURED 0		NUMBER KILLED 0		REPORT / CASE / INCIDENT NUMBER [REDACTED]	
NUMBER OF VEHICLES INVOLVED 1		ACCIDENT DATE 08-31-07		ACCIDENT TIME (MIL.) 1945		TIME NOTIFIED (MIL.) 1949		TIME ARRIVED (MIL.) 1952		INVESTIGATION DATE 08-31-07	
2 - LOCATION											
COUNTY: Clay			MUNICIPALITY: KANSAS CITY, MISSOURI			BEAT / ZONE: 415		TRP / DIST / PCT: NPD		INVESTIGATED AT SCENE ☒ YES ☐ NO	
ROADWAY DIRECTION: South			SPEED LIMIT: 60			DISTANCE FROM: 100 FEET		LOCATION: ☐ AFTER ☒ BEFORE ☐ AT		INTERSECTING STREET OR ROADWAY: NW 68 ST. (CST)	
ROAD MAINTAINED BY: ☒ 1. STATE ☐ 2. COUNTY ☐ 3. MUNICIPAL ☐ 4. PRIVATE PROPERTY ☐ 5. OTHER			SPEED LIMIT: 60			GEO - CODE		GPS LONGITUDE		LATITUDE	
3 - DAMAGE TO PROPERTY OTHER THAN VEHICLES ☒ NONE											
GIVE OWNER'S NAME AND ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE. ☐ MoDOT											
4. DRIVER'S FULL NAME (LAST, FIRST, MI) [REDACTED] ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED] KCMO [REDACTED]											
DRIVER'S LICENSE NUMBER / ID NUMBER [REDACTED]		STATE: MO		TYPE OF LICENSE: ☒ 1. OPERATOR CLASS ☐ 2. CDL CLASS		☐ 3. PERMIT ☐ 4. UNLICENSED		☐ 5. MC ONLY		MC ENDORSEMENT ☐ YES ☐ NO ☒ NA	
PROOF OF INSURANCE ☒ YES ☐ NO ☐ NOT REQUIRED		INSURANCE COMPANY: Farmers Group Ins.		☒ DRIVER ☐ VEHICLE		POLICY NUMBER [REDACTED]		NA		NA	
YEAR: 2002		MAKE: Ford		MODEL: Explorer		COLOR: Red					
LIC. PLATE NO. [REDACTED]		STATE: MO		YEAR: 2002		VIN: 1FMCU73E02 [REDACTED]		TOTAL NO. OF OCCUPANTS: 1			
VEHICLE OWNER NAME (LAST, FIRST, MI) / COMMERCIAL CARRIER ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED] SAME AS DRIVER											
VEHICLE DAMAGE (Circle all damaged areas) ☐ NONE INITIAL IMPACT NO. [REDACTED] NA 12											
18 - Undercarriage 19 - Windshield 20 - Burned 21 - Towed Unit 22 - Cargo TOWED FROM SCENE: ☒ YES ☐ NO TOW CO. INFORMATION: Northland Tow Co.											
5. DRIVER'S FULL NAME (LAST, FIRST, MI) [REDACTED] ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED]											
DRIVERS LICENSE NUMBER / ID NUMBER [REDACTED]		STATE: MO		TYPE OF LICENSE: ☐ 1. OPERATOR CLASS ☐ 2. CDL CLASS		☐ 3. PERMIT ☐ 4. UNLICENSED		☐ 5. MC ONLY		MC ENDORSEMENT ☐ YES ☐ NO ☐ NA	
PROOF OF INSURANCE ☐ YES ☐ NO ☐ NOT REQUIRED		INSURANCE COMPANY: [REDACTED]		☐ DRIVER ☐ VEHICLE		POLICY NUMBER [REDACTED]		NA		NA	
YEAR: [REDACTED]		MAKE: [REDACTED]		MODEL: [REDACTED]		COLOR: [REDACTED]					
LIC. PLATE NO. [REDACTED]		STATE: [REDACTED]		YEAR: [REDACTED]		VIN: [REDACTED]		TOTAL NO. OF OCCUPANTS: [REDACTED]			
VEHICLE OWNER NAME (LAST, FIRST, MI) / COMMERCIAL CARRIER ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED] SAME AS DRIVER											
VEHICLE DAMAGE (Circle all damaged areas) ☐ NONE INITIAL IMPACT NO. [REDACTED] NA											
18 - Undercarriage 19 - Windshield 20 - Burned 21 - Towed Unit 22 - Cargo TOWED FROM SCENE: ☐ YES ☐ NO TOW CO. INFORMATION: [REDACTED]											
6 - WITNESS ☐ NONE IDENTIFIED											
NAME OF WITNESS [REDACTED] KCMO [REDACTED]			ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED]						TELEPHONE NO. [REDACTED]		

7. COLLISION DIAGRAM		Direction Prior to Impact (circle one)				Est. Speed - Fatais Only											
		V1	N	E	W	V2	N	E	W	V3	N	E	W	V4	N	E	W
														INDICATE NORTH			
														  			
INDICATE ROAD NAMES																	
REQUIRED UNLESS DELAYED REPORT																	
8. EVIDENTIARY PHOTOS TAKEN																	
☐ YES ☒ NO BY WHOM														AVAILABLE FROM			
RECONSTRUCTION - includes Narrative, Diagram, & Photo(s)																	
☐ YES ☒ NO BY WHOM																	

US Hwy 169 South bound

Exit Ramp to Hwy 68 S.

①

②

③

④

DIAGRAM NOT TO SCALE

9 - CODES

SEAT LOCATION	INJURY	TRANSPORTED (Medical Treatment)	EJECTION	AIR BAG FRONT	AIR BAG SIDE	SAFETY DEVICES	
XX - Not Known P - Pedestrian B - Bicycle M - Motorcycle OE - Occupant - Enclosed Load Area OU - Occupant - Unenclosed Load Area CP - Commercial Passenger SV - Other (Explain in Remarks)	1. Fatal 2. Disabling 3. Evident - Not Disabling 4. Probable - Not Apparent 5. None Apparent 6. Unknown	1. No 2. EMS 3. Other 4. Unknown	1. NA 2. No 3. Partially 4. Totally 5. Unknown	1. None / NA 2. Deployed 3. Not Deployed	1. None / NA 2. Deployed 3. Not Deployed	1. None 2. Not Used 3. Shoulder Belt Only 4. Lap Belt Only 5. Shoulder and Lap Belt 6. Child Restraint	7. Helmet Used 8. Helmet Not Used 9. Use Unknown

10 - DRIVERS

NAME	DATE OF BIRTH MM-DD-YYYY	SEX	VEH. NO.	SEAT LOC.	INJ.	TRANS- PORT	EJEC- TION	AIR BAG F S	SAF DEV	TELEPHONE NO.
☐ NA DRIVER 1 - SAME ADDRESS AS ABOVE		F	1	FL	3	2	2	3 3	5	
☐ NA DRIVER 2 - SAME ADDRESS AS ABOVE			2							

11 - OTHER OCCUPANTS & PEDESTRIANS

(SAD = SAME AS DRIVER)

NAME	DATE OF BIRTH MM-DD-YYYY	SEX	VEH. NO.	SEAT LOC.	INJ.	TRANS- PORT	EJEC- TION	AIR BAG F S	SAF DEV	TELEPHONE NO.
☐ SAD										
☐ SAD										
☐ SAD										
☐ SAD										
☐ SAD										
☐ SAD										

12. VEHICLE BODY TYPES
AUTOMOBILES / SPECIAL VEHICLES

V1	V2
☐ 1. Passenger Car	
☐ 2. Station Wagon	
☒ 3. Sport Utility Vehicle	
☐ 4. Limousine (6-15 for hire)	
☐ 5. Van (8 or less with driver)	
☐ 6. Small Bus (9-15 with driver)	
☐ 7. Bus (16 or more with driver)	
☐ 8. School Bus (less than 16 with driver)	
☐ 9. School Bus (16 or more with driver)	
☐ 10. Motorcycle	☐ 2 Wh.
☐ 11. ATV	☐ 3 Wh.
☐ 12. Motorized Bicycle	☐ 4 Wh.
☐ 13. Pedalcycle	☐ 5 Wh. or More
☐ 14. Motor Home / Camper	☐ Unknown
☐ 15. Farm Implements	
☐ 16. Construction Equipment	
☐ 17. Other Transport Device	
☐ 18. Unknown	
☐ 19. Pick-up	
☐ 20. Single-unit Truck: 2 axes, 6 tires	
☐ 21. Single-unit Truck: 3 or more axes	
☐ A. Vehicle Pulling Another Unit(s) 1-21 only	
☐ 22. Truck Tractor With No Units	
☐ 23. Truck Tractor With One Unit	
☐ 24. Truck Tractor With Two Units	
☐ 25. Truck Tractor With Three Units	
☐ 26. Other Heavy Truck	
GCVW Rating (not licensed weight) 19-26 only	
☐ Less than or equal to 10,000 lbs.	
☐ 10,001 - 26,000 lbs.	
☐ Greater than 26,000 lbs.	

13. EMERGENCY VEHICLE INVOLVEMENT

V1	V2
☐ 1. Police	☒ NA
☐ 2. Fire	
☐ 3. Ambulance	
☐ 4. Other (must check "A")	
☐ A. Emergency Vehicle on Emergency Run	

14. HAZARDOUS MATERIALS

☒ NA

V1	V2
☐ Placard Displayed	
☐ 1. Gases in Bulk	
☐ 2. Solids in Bulk	
☐ 3. Liquids in Bulk	
☐ 4. Explosives	
☐ 5. None	
☐ A. Hazardous Materials' Cargo Released / Spilled	

15. ACCIDENT TYPE

☒ 1. On Roadway	
☐ 2. Off Roadway	
COLLISION INVOLVING	
☐ 1. Animal	
☐ 2. Pedalcycle	
☐ 3. Fixed Object	
☐ 4. Other Object	
☐ 5. Pedestrian	
☐ 6. Train	
☐ 7. MV in Transport	
☐ 8. MV on Other Roadway	
☐ 9. Parked MV	

NON-COLLISION

☒ 10. Overtaking
☐ 11. Other Non-Collision

TWO VEHICLE COLLISION

☐ 60. Head On
☐ 61. Rear End
☐ 62. Sideswipe - Meeting
☐ 63. Sideswipe - Passing
☐ 64. Angle
☐ 65. Backed Into
☐ 66. Other

16. TRAFFIC CONDITIONS

V1	V2
☒ 1. Normal	
☐ 2. Accident Ahead	
☐ 3. Congestion Ahead	

17. VEHICLE ACTION / SEQUENCE OF EVENTS

1. Going Straight	20. Ran Off Road - Right
2. Overtaking	21. Ran Off Road - Left
3. Making Right Turn	22. Overtaken / Rollover
4. Right Turn on Red	23. Fire / Explosion
5. Making Left Turn	24. Immersion
6. Making U Turn	25. Jackknife
7. Skidding / Sliding	26. Cargo Loss / Shift
8. Slowing / Stopping	27. Equipment Failure
9. Start in Traffic	28. Separation of Units
10. Start From Parked	29. Returned to Road
11. Backing	30. Collision Inv. Pedestrian
12. Stopped in Traffic	31. Collision Inv. Pedalcycle
13. Parked	32. Collision Inv. Train
14. Changing Lanes	33. Collision Inv. Animal (enter code - explain)
15. Avoiding	34. Collision Inv. MV in Transport
16. Crossover Median	35. Collision Inv. Parked Motor Vehicle
17. Crossover Centerline	36. Collision Inv. Fixed Object (enter code - explain)
18. Crossing Road	37. Collision Inv. Other Object (explain)
19. Airborne	38. Other - Non Collision

V1 ☐ Unknown

1, 14, 15, 7, 20, 38,

33. Animal Code _____

36. Fixed Object Code _____ / _____ / _____

V2 ☐ Unknown

33. Animal Code _____

36. Fixed Object Code _____ / _____ / _____

Animal, Fixed Object, and Inattention Codes explained in narrative.

18. PROBABLE CONTRIBUTING CIRCUMSTANCES V1 V2 ☐ 1. Vehicle Defects (explan) ☐ 2. Traffic Control Inoperable or Missing ☐ 3. Improperly Stopped on Roadway ☐ 4. Speed - Exceeded Limit ☐ 5. Too Fast for Conditions ☐ 6. Improper Passing ☐ 7. Violation Signal / Sign ☐ 8. Wrong Side (not passing) ☐ 9. Following Too Close ☐ 10. Improper Signal ☐ 11. Improper Backing ☐ 12. Improper Turn ☒ 13. Improper Lane Usage / Change ☐ 14. Wrong Way (One-Way) ☐ 15. Improper Start From Park ☐ 16. Improperly Parked ☐ 17. Failed to Yield ☐ 18. Alcohol ☐ 19. Drugs ☐ 20. Physical Impairment (explain) ☐ 21. Inattention (explain) P1 P2 ☐ 22. None	19. PEDESTRIAN INVOLVEMENT P1 P2 ☒ NA ☐ 1. At Intersection ☐ 2. Not At Intersection CROSSING ROAD ☐ 3. With Signal ☐ 4. Against Signal ☐ 5. No Signal ☐ 6. Diagonally ☐ 7. Within Crosswalk ☐ 8. Within Marked Crosswalk ☐ 9. Behind / in Front of Parked Car ☐ 10. With Traffic ☐ 11. Against Traffic ☐ 12. Getting On / Off Vehicle ☐ 13. Standing / Lying / Sitting on Road ☐ 14. Pushing / Working on Vehicle ☐ 15. Other Working ☐ 16. Playing on Road ☐ 17. Off Roadway 26. ROAD SURFACE ☐ 1. Concrete ☐ 3. Brick ☐ 5. Dirt / Sand ☒ 2. Asphalt ☐ 4. Gravel ☐ 6. Multi-Surface	20. VISION OBSCURED V1 V2 ☐ 1. Windshield ☐ 2. Load on Vehicle ☐ 3. Trees / Brush ☐ 4. Building ☐ 5. Embankment ☐ 6. Signboards ☐ 7. Hillcrest ☐ 8. Parked Cars ☐ 9. Moving Cars ☐ 10. Glare ☐ 11. Other (explain) ☒ 12. Not Obscured 23. LIGHT CONDITION ☒ 1. Daylight ☐ 2. Dark with Street Lights On ☐ 3. Dark with Street Lights Off ☐ 4. Dark - No Street Lights ☐ 5. Indeterminate (explain)	21. TRAFFIC CONTROL V1 V2 ☐ 1. Construction Zone ☐ 2. Other Work Zone ☐ 3. School Zone ☐ 4. Stop Sign ☐ 5. Electric Signal ☐ 6. RR Signal / Gate ☐ 7. Yield Sign ☐ 8. Officer / Flagman ☐ 9. No Passing Zone ☐ 10. Turn Restricted ☐ 11. Signal on School Bus ☒ 12. None 24. WEATHER CONDITION ☒ 1. Clear ☐ 2. Cloudy ☐ 3. Rain ☐ 4. Snow ☐ 5. Sleet ☐ 6. Freezing (temp.) ☐ 7. Fog / Mist ☐ 8. Indeterminate (explain)	22. ROAD CHARACTER ALIGNMENT ☒ 1. Straight ☐ 2. Curve PROFILE ☐ 1. Level ☐ 2. Grade ☒ 3. Hillcrest 25. ROAD CONDITION ☒ 1. Dry ☐ 2. Wet ☐ 3. Snow ☐ 4. Ice ☐ 5. Slush ☐ 6. Mud ☐ 7. Standing Water ☐ 8. Moving Water ☐ 9. Other (explain)
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27 - COMMERCIAL MOTOR VEHICLE (Complete for each commercial vehicle involved.)

A. CMV CRITERIA Answer the following to determine if this section should be completed. 1. Does this accident involve any of the following: 1. a person fatally injured; or 2. a person transported for medical attention; or 3. a vehicle towed from the scene of the accident ☐ NO - DO NOT COMPLETE ☒ YES - GO TO NUMBER 2 2. Examine each vehicle to determine if it is a commercial vehicle based on the following: 1. a truck with GVWR of more than 10,000 lbs. and engaged in commerce; or 2. a bus or school bus (9 or more including driver); or 3. a vehicle with a hazardous materials placard ☒ NO - DO NOT COMPLETE ☐ YES - COMPLETE SECTIONS B - E	B. CARRIER ID NUMBER V1 ICC NO. MC _____ USDOT NO. _____ V2 ICC NO. MC _____ USDOT NO. _____ C. HAZARDOUS MATERIAL PLACARD NUMBER V1 4-Digit Placard Number from Diamond / Box _____ Number From Bottom of Diamond _____ V2 4-Digit Placard Number from Diamond / Box _____ Number From Bottom of Diamond _____ D. TRAFFICWAY ☐ 1. Two-Way, Not Divided ☐ 2. Two-Way, Divided; Unprotected Median ☐ 3. Two-Way, Divided; Positive Median Barrier ☐ 4. One-Way, Not Divided	E. CARGO BODY TYPE V1 V2 ☐ 1. Enclosed Box ☐ 2. Cargo Tank ☐ 3. Flatbed ☐ 4. Dump ☐ 5. Concrete Mixer ☐ 6. Auto Transporter ☐ 7. Garbage / Refuse ☐ 8. Grain, Chip, Gravel ☐ 9. Pole Trailer ☐ 10. Other
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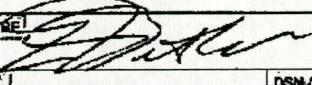
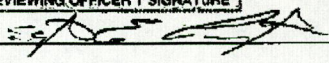
28 - NARRATIVE / STATEMENTS (If additional room is necessary, attach a separate sheet.)

Driver 1 stated she was South bound on US 169 HWY in the #2 Lane. She began to change lanes into the #1 lane when she observed another vehicle and swerved to avoid a collision. D1 stated she believes she lost control and ran off the road to the right causing her vehicle (V1) to flip onto the off ramp to NW 68 St.

Witness 1 stated she was South bound just behind V1. She stated she observed V1 begin to change lanes into #1 lane then near back to the right to avoid colliding with the other vehicle. She observed V1 run off the road to the right and flip twice landing on its wheels on the off ramp to NW 68 St.

My investigation revealed the above statements. I observed extensive damage to V1. D1 was being treated by Med and Fire, she had minor injuries to her ankles and wrists and complained of pain in her hand. Med transported her to North KC Hospital. D1's husband requested North # tow who towed V1 from the scene.

There were no other vehicles involved.

29. REPORTING OFFICER SIGNATURE 	DSN / BADGE NO. 5321	BEAT / ZONE 415	TROOP / DIST / PCT NPD
REVIEWING OFFICER 1 SIGNATURE 	DSN / BADGE NO. 4845	REVIEWING OFFICER 2 SIGNATURE	DSN / BADGE NO.

Antioch Firestone Complete Auto Care
5128 Antioch Road
Kansas City, MO 64119
(816) 453-2450

Name

Address

Telephone

Vehicle (VIN)

License

Technician

Mileage

Time Printed

8/28/07 2:06 PM

Ford Truck & Rear Wheel Drive Van : Explorer : 2002-05 : 4X4 : Left-hand Drive

Current Measurements

Left Front

-0.8°
Camber

5.4°
Caster

0.05°
Toe

Front

0.12°
Total Toe

0.00°
Steer Ahead

Right Front

-0.7°
Camber

5.3°
Caster

0.06°
Toe

Left Rear

-1.1°
Camber

0.02°
Toe

Rear

0.03°
Total Toe

0.00°
Thrust Angle

Right Rear

-0.9°
Camber

0.01°
Toe

THE ATTACHMENTS TO THIS
DOCUMENT HAVE BEEN REMOVED
TO PROTECT UNWARRANTED
INVASION OF PERSONAL PRIVACY
PURSUANT TO EXAMPTION 6 OF
THE FREEDOM OF INFORMATION
ACT (FOIA), 5 U.S.C. 552(b)(6).