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

2007 DEC 12 AM 11:54

FOR AGENCY USE ONLY 100148

Date Received	Repository ☐
15-OCT-2007	Reference No. 10205702

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	[redacted]
City PRINCETON	State WV	Zip Code [redacted]	Evening Telephone Number [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 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	Make	Model	Model Year
KL5JJ56Z15[redacted]	SUZUKI	FORENZA	2005

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
12-16-06	Automart of Princeton, 304-431-2886			No: Cylinders 4	Gas
Original Owner ☐ UNKNOWN	Dealer's City	State	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	FRONT WHEEL DRIVE	141000 AIR BAGS:FRONTAL Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
08-OCT-2007	~~52000~~ Apprx 56000	30-40	airbags- front- driver + passenger

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	3 or 4	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).

TL*THE CONTACT OWNS A 2005 SUZUKI FORENZA. WHILE DRIVING 40 MPH, THE CONTACT REAR ENDED ANOTHER VEHICLE. THE FRONT AIR BAGS FAILED TO DEPLOY IN BOTH VEHICLES. THE CONTACT WAS NOT WEARING HER SEAT BELT AND STRUCK THE STEERING WHEEL. THE STEERING WHEEL BENT INTO THE DASHBOARD AND STRUCK THE WINDSHIELD. BOTH VEHICLES WERE DESTROYED AND A POLICE REPORT WAS FILED. THE CONTACT SUSTAINED FACIAL ABRASIONS, CHIPPED TEETH, CUTS, AND BRUISES. SHE DID NOT KNOW WHAT INJURIES THE DRIVER AND PASSENGER RECEIVED IN THE OTHER VEHICLE. THE REAR ENDED VEHICLE STRUCK ANOTHER VEHICLE, WHICH SUSTAINED MINOR DAMAGE. THE NUMBER OF PERSONS INJURED IN THAT VEHICLE COULD BE THREE OR MORE. THE CONTACT HAS PICTURES OF BOTH HERSELF AND HER VEHICLE. THE PURCHASE DATE WAS UNKNOWN. THE CURRENT AND FAILURE MILEAGES WERE 52,000

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

[redacted] was driving his 2005 Suzuki Forenza on Rt 20, Athens, Rd, Princeton, WV, on Monday, October 8, 2007, when he looked down for a split second and then struck a vehicle in the rear, which was a Ford Focus, then at which time, the Ford Focus struck the vehicle in front of him, which was a pickup. The owner of the Suzuki is [redacted] W and/or [redacted]

The airbags in the Suzuki did not deploy, driver nor passenger side. The airbags in the Ford Focus, did, however deploy. [redacted] nor his passenger, [redacted] was wearing their seatbelts. [redacted] struck the steering wheel, bending it down into the dash, then struck the windshield, causing cut/abrasions to the facial area. He also chipped some of his teeth. He sought medical attention at Princeton Community Hospital and his family dentist, Dr. Douglas Roy, both of which are located in Princeton, WV. While at Princeton Community Hospital, [redacted] received care for his injuries as well as a CT scan. The passenger in the Suzuki, [redacted] sought medical attention as well, but I do not know which physician/facility. There were possibly 2-3 people in the Ford Focus and I do believe some or all sought medical attention as well, but do no know which physician/facility.

Both the Suzuki and Ford was deemed a total loss. The accident was investigated by the Princeton City Police Department.

PAGE 1 OF 6

DMV-17-F REVISED 5/97

WEST VIRGINIA UNIFORM TRAFFIC CRASH REPORT

FORM OVERRIDE # 1-07-004875

LOCATION

Date of Crash: 10 08 07 | Day of Week: M T W Th F S Sun (1 2 3 4 5 6 7)
Time of Crash: 1555 HRS
CRASH REPORTED BY: 1 ○ State Police 3 ○ Sheriff 2 ● City Police 4 ○ Other
Time of Notification: 1559 HRS
Time of Arrival: 1602 HRS
○ Fatality ○ Leaving scene ○ Hit& Run ○ Striking Unattended Vehicle ● Other

COUNTY: Mercer
● IN ○ NEAR
CITY OR TOWN: Princeton
HIGHWAY CLASSIFICATION: 1 ○ Interstate 3 ● WV 5 ○ City 2 ○ US 4 ○ County 6 ○ Other

CRASH OCCURRED ON — ROUTE 1: 20 — STREET 1: Or Athens Road
AT INTERSECTION WITH — ROUTE 2: — STREET 2: Or
MAXIMUM SPEED LIMIT: 40 ● Posted ○ Not Posted
ADVISORY SPEED:
MAXIMUM SPEED LIMIT: ○ Posted ○ Not Posted
ADVISORY SPEED:
IF ON CONTROLLED ACCESS HIGHWAY, FILL IN ONE: 1 ○ Main Road 2 ○ Main Road at Interchange 3 ○ Entrance Ramp On 4 ○ Exit Ramp On — N S E W Side — N S E W Side

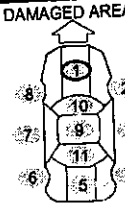
IF NOT AT INTERSECTION: 50 ● FEET ○ MILES N ● E ○ S ○ W ○ OF
STREET/HIGHWAY, TOWN ETC: Lilly Addition
RELATION TO ROADWAY (Location of First Impact): 1 ● On Road 2 ○ Median 3 ○ Shoulder 4 ○ Outside of Shoulder/Curb 5 ○ Gore 6 ○ Other/Unknown

IF LOCATION CAN BE DESCRIBED MORE PRECISELY, ENTER HERE SPECIAL REFERENCE OR GIS/GPS COORDINATES: In front of Alvis Accounting

DRIVER 1

DRIVER'S FULL NAME: [redacted] ● M ○ F
ADDRESS: [redacted] CITY: Princeton STATE: WV ZIP: [redacted]
DRIVER'S PHONE # ( )
DATE OF BIRTH: [redacted] SOCIAL SECURITY NUMBER: DRIVER LICENSE NUMBER: [redacted]
○ CDL ○ Jr Operator's ○ Learner's Perm. STATE: WV LICENSE RESTRICTION(S) VIOLATED: None
CITATION NUMBER: N/A CITATION CHARGE: N/A
DRIVER CONDITION: 1 ● Normal 2 ○ Fatigued 3 ○ Asleep 4 ○ Ill 5 ○ Drinking 6 ○ Medication 7 ○ Other 8 ○ Unknown
SOBRIETY TEST GIVEN: ○ Yes ○ No ○ Refused Test ● Not Offered
TYPE OF TEST GIVEN: ○ FIELD ○ BLOOD ○ BREATH ○ PBT ○ URINE ○ OTHER ● N/A
TEST RESULTS: N/A
DRIVER ACTION: 1 ● Going Straight Ahead 2 ○ Turning Right 3 ○ Turning Left 4 ○ Turning 5 ○ Changing Lanes 6 ○ Passing 7 ○ Parking 8 ○ Parked 9 ○ Backing 10 ○ Merging 11 ○ Slowing or Stopping 12 ○ Stopped in Traffic Lane 13 ○ Entering or Leaving Driveway 14 ○ Pulling Out from Parking Space 15 ○ Other (SEE NARRATIVE)

VEHICLE 1

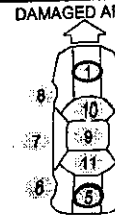
OWNER'S FULL NAME: ● SAME AS DRIVER
ADDRESS: ○ SAME AS DRIVER [redacted] CITY: Princeton STATE: WV ZIP: [redacted]
YEAR: 05 MAKE: Suzi MODEL: STYLE: 4D COLOR (List Primary/Secondary): Green / Black
LICENSE PLATE NUMBER: [redacted] STATE: WV YEAR: 08 VEHICLE IDENTIFICATION NUMBER: KL5JJ56Z15K[redacted]
DIRECTION TRAVEL (If turning enter direction BEFORE turn): N ● E ○ S ○ W ○ ON ROUTE (On Street) 1 ● ABOVE 2 ○
TOTAL OCCUPANTS OF THIS VEHICLE: 2
EXTENT OF DAMAGE: ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ● 5 ○ 6-Unknown
DRIVEABLE: ○ Yes ● No
DAMAGED AREA(S): 
PT. OF INITIAL IMPACT: 1 ●
TOWED DUE TO DAMAGE: ● Yes ○ No
TOWED BY: Mercer Wrecker
TOWED TO: Mercer Wrecker
AUTO LIABILITY INSURANCE: ● Yes ○ No
INSURANCE COMPANY: State Farm POLICY NO: [redacted] AGENT: PHONE:

CONTRIBUTING CIRCUMSTANCES (Check One or More):
1 ○ No improper Driving 2 ○ Exceeding Speed Limit 3 ○ Exceeding Safe Speed
4 ○ Changing Lanes Improperly 5 ● Following Too Closely 6 ○ Disregarded Traffic Control 7 ○ Did Not Have Right of Way 8 ● Failure to Maintain Control 9 ○ Driving Under Minimum Speed 10 ○ No Signal or Improper Signal
11 ○ Turning Improperly 12 ○ Passing Improperly 13 ○ Parking Improperly 14 ○ Backing Improperly 15 ○ Avoiding Animal or Vehicle 16 ○ Distraction Inside Vehicle 17 ○ Walking Violation
18 ○ Driver Under Influence 19 ○ Pedestrian Under Influence 20 ○ Slippery Pavement 21 ○ Other Roadway Defects 22 ○ Previous Accident 23 ○ Left of Center 24 ○ Other (SEE NARRATIVE)
12 UNDERCARRIAGE 13 NONE/NON-APPARENT 14 OTHER/UNKNOWN 15 ALL AREAS

DRIVER 2

DRIVER'S FULL NAME: [redacted] ● M ○ F
ADDRESS: [redacted] CITY: Athens STATE: WV ZIP: [redacted]
DRIVER'S PHONE # ( )
DATE OF BIRTH: [redacted] SOCIAL SECURITY NUMBER: DRIVER LICENSE NUMBER: [redacted]
○ CDL ○ Jr Operator's ○ Learner's Perm. STATE: WV LICENSE RESTRICTION(S) VIOLATED: None
CITATION NUMBER: N/A CITATION CHARGE: N/A
DRIVER CONDITION: 1 ● Normal 2 ○ Fatigued 3 ○ Asleep 4 ○ Ill 5 ○ Drinking 6 ○ Medication 7 ○ Other 8 ○ Unknown
SOBRIETY TEST GIVEN: ○ Yes ○ No ○ Refused Test ● Not Offered
TYPE OF TEST GIVEN: ○ FIELD ○ BLOOD ○ BREATH ○ PBT ○ URINE ○ OTHER ● N/A
TEST RESULTS: N/A
DRIVER ACTION: 1 ○ Going Straight Ahead 2 ○ Turning Right 3 ○ Turning Left 4 ○ Turning 5 ○ Changing Lanes 6 ○ Passing 7 ○ Parking 8 ○ Parked 9 ○ Backing 10 ○ Merging 11 ○ Slowing or Stopping 12 ● Stopped in Traffic Lane 13 ○ Entering or Leaving Driveway 14 ○ Pulling Out from Parking Space 15 ○ Other (SEE NARRATIVE)

VEHICLE 2

OWNER'S FULL NAME: ● SAME AS DRIVER
ADDRESS: ● SAME AS DRIVER CITY: STATE: ZIP:
YEAR: 03 MAKE: Ford MODEL: Focus STYLE: 4H COLOR (List Primary/Secondary): White /
LICENSE PLATE NUMBER: [redacted] STATE: WV YEAR: 08 VEHICLE IDENTIFICATION NUMBER: [redacted]
DIRECTION TRAVEL (If turning enter direction BEFORE turn): N ● E ○ S ○ W ○ ON ROUTE (On Street) 1 ● ABOVE 2 ○
TOTAL OCCUPANTS OF THIS VEHICLE: 2
EXTENT OF DAMAGE: ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ● 6-Unknown
DRIVEABLE: ○ Yes ● No
DAMAGED AREA(S): 
PT. OF INITIAL IMPACT: 5 ●
TOWED DUE TO DAMAGE: ● Yes ○ No
TOWED BY: Mercer Wrecker
TOWED TO: Mercer Wrecker
AUTO LIABILITY INSURANCE: ● Yes ○ No
INSURANCE COMPANY: Erie Insurance Co. POLICY NO: Q106505714W AGENT: PHONE:

CONTRIBUTING CIRCUMSTANCES (Check One or More):
1 ● No improper Driving 2 ○ Exceeding Speed Limit 3 ○ Exceeding Safe Speed
4 ○ Changing Lanes Improperly 5 ○ Following Too Closely 6 ○ Disregarded Traffic Control 7 ○ Did Not Have Right of Way 8 ○ Failure to Maintain Control 9 ○ Driving Under Minimum Speed 10 ○ No Signal or Improper Signal
11 ○ Turning Improperly 12 ○ Passing Improperly 13 ○ Parking Improperly 14 ○ Backing Improperly 15 ○ Avoiding Animal or Vehicle 16 ○ Distraction Inside Vehicle 17 ○ Walking Violation
18 ○ Driver Under Influence 19 ○ Pedestrian Under Influence 20 ○ Slippery Pavement 21 ○ Other Roadway Defects 22 ○ Previous Accident 23 ○ Left of Center 24 ○ Other (SEE NARRATIVE)
12 UNDERCARRIAGE 13 NONE/NON-APPARENT 14 OTHER/UNKNOWN 15 ALL AREAS

OTHER DAMAGE

DAMAGED PROPERTY OTHER THAN VEHICLES (DESCRIBE AS COMPLETELY AS POSSIBLE): None

ON PAVEMENT OR N S E W ____ FEET OF PAVEMENT EDGE

OWNER'S NAME: ○ Other (Please List) ○ DOH ○ City

ADDRESS / CITY / STATE / ZIP

CODES

SEATING (1 2 3 / 4 5 6 / 7 8 9)

B - Bicyclist
P - Pedestrian
E - Engineer (RR/Train
M- Motorcycle, Snow-mobile, etc.:
1 - Driver
4 - Passenger One
7 - Passenger Two
10 - Sleeper Section
11 - Other Enclosed Passenger Area/ Cargo Area
12 - Other Unenclosed Passenger Area/ Cargo Area
13 - Riding In/On Trailing Unit
14 - Riding On Vehicle Exterior
15 - Unknown
16 - Other (SEE NARRATIVE)

OCCUPANT PROTECTION
1 - None Installed
2 - None Used
3 - Lap Soft Only Used
4 - Shoulder Belt Only
5 - Lap and Shoulder Belt Used
6 - Child Safety Seat
7 - Helmet Glasses/Shield
8 - Unknown

INJURY CLASSIFICATION
K - Killed
A - Bleeding Wound, Distorted Member, or Had to Be Carried from Scene.
B- Bruises, Abrasions, Swelling, Limping, Etc.
C - No Visible Injury But Complaint of Pain or Momentary Unconsciousness.
0 - Not Injured

FIRST AID BY
1 - None
2 - Police
3 - Emergency Medical Technician
4 - Doctor / Nurse
5 - Rescue Squad
6 - Helicopter Crew
7 - Paramedic
8 - Unknown

AIRBAG DEPLOYED: 1 - Yes 2 - No 3 - Not equipped
EJECTED: 1 - No 2 - Yes 3 - Partially 4 - Unknown
TRAPPED/EXTRICATED: 1 - Not Trapped 2 - Trapped/Extricated 3 - Trapped/Not Extricated 4 - Unknown
MEDICALLY TRANSPORTED: 1 - No 2 - Yes 3 - Refused 4 - Unknown

CRASH

VEHICLE FIRE OCCURRENCE — Veh. #: 1 — 0 ● No Fire Occurrence 1 ○ Fire Occurred; Veh. #: 2 — 0 ● No Fire Occurrence 1 ○ Fire Occurred

HAZARDOUS CARGO — Veh. #: 1 — 0 ● No 1 ○ Yes 2 ○ Unknown; Veh. #: 2 — 0 ● No 1 ○ Yes 2 ○ Unknown

PERSONS INVOLVED

	NAME	M/F	AGE	ADDRESS	VEH. NO.	SEATING	OCC. PROT.	AIR-BAG	EJECTED	TRAPPED/EXTRI	INJURY	FIRST AID	MED TRAN
DRIVER →	[redacted]	M	15	[redacted] Athens WV	1	1	5	2	1	1	B	5	1
DRIVER →	[redacted]	F	16	[redacted] Princeton WV	2	1	5	1	1	1	C	5	1
					2	3	5	1	1	1	O	1	1
					1	3	2	2	1	1	O	1	O

INJURED TAKEN TO: N/A
INJURED TAKEN BY: N/A
EMS/AMBS UNIT NUMBER: N/A
EMS RUN FORM NUMBER: N/A

PED

PEDESTRIAN ACTION: 1 ○ Crossing at Intersection 2 ○ Crossing Not at Intersection 3 ○ Walking on Pavement With Traffic 4 ○ Walking on Pavement Facing Traffic 5 ○ Standing on Pavement 6 ○ Playing on Pavement 7 ○ Working on Pavement 8 ○ Other on Pavement 9 ○ Not on Pavement
Clothing: ○ Light ○ Dark

WITNESS

NAME OF WITNESS	ADDRESS	CITY	STATE	ZIP	PHONE NUMBER
[redacted]	[redacted]	Princeton	WV	[redacted]	H [redacted] W ( ) -
[redacted]	[redacted]	Princeton	WV	[redacted]	H ( ) - W ( ) -

ENVIRONMENT

LIGHT: 1 ● Daylight 2 ○ Dark 3 ○ Dark, Artificial Lights 4 ○ Dusk 5 ○ Dawn

WEATHER: 1 ○ Clear 2 ● Cloudy 3 ○ Raining 4 ○ Fog/Smog 5 ○ Snowing 6 ○ Sleeting 7 ○ Hailing 8 ○ Crosswinds

ROADWAY SURFACE: 1 ● Dry 2 ○ Wet 3 ○ Snow 4 ○ Ice 5 ○ Muddy 6 ○ Haz. Mat 7 ○ Other

ROADWAY CHARS.: 1 ● Straight and Level 2 ○ Straight and Grade 3 ○ Straight at Hillcrest 4 ○ Curve and Level 5 ○ Curve and Grade 6 ○ Curve at Hillcrest 7 ○ Straight and Rolling 8 ○ Sag Curve

ROAD TYPE: 1 ● Blacktop 2 ○ Concrete 3 ○ Brick 4 ○ Gravel 5 ○ Dirt 6 ○ Other: ____

TRAFFIC CONTROL: 1 ○ Stop Sign 2 ○ Traffic Signal 3 ○ Yield Signal 4 ○ Officer, Flagman 5 ○ RR Gates, Signals 6 ○ Construction zone 7 ○ School Zone 8 ● None 9 ○ Other
FUNCTIONING? ○ Yes ○ No

VISION OBSCURED BY — Veh. #: 1 2
1 ● ● Not Obscured; 2 ○ ○ Rain, Snow, Ice on Windshield; 3 ○ ○ Trees, Bush; 4 ○ ○ Building(s); 5 ○ ○ Embankment; 6 ○ ○ Signboard; 7 ○ ○ Hillcrest; 8 ○ ○ Parked Vehicles(s); 9 ○ ○ Moving Vehicles(s); 10 ○ ○ Blinding Headlights; 11 ○ ○ Blinding Sunlight; 12 ○ ○ Other; 13 ○ ○ Unknown

PHOTOS TAKEN: ○○ VIDEOS TAKEN: ○○ BY WHOM

NUMBER OF LANES: 2
WERE LANES CLEARLY MARKED? ● YES ○ NO

CRASH TYPE

MANNER OF COLLISION:
1 ● Rear End
2 ○ Head On
3 ○ Same Direction Sideswipe
4 ○ Opp. Direction Sideswipe
5 ○ Rear to Rear
6 ○ Single Vehicle Crash
7 ○ Other
LEFT TURNS: 8 10 11 12
LEFT&RIGHT TURN: 9
RIGHT TURNS: 16 17 18 19 20
NON-COLLISION: 13 14 15

VEH. SEQUENCE OF EVENTS (Use Codes at Right)

VEH. #	First Event	Second Event	Third Event	Fourth Event
1	16			
2	16			

MOST HARMFUL EVENT: VEH. #: 1 — 16; VEH. #: 2 — 16

NONCOLLISION: 01-Loss of Control; 02-Cross centerline/median; 03-Ran off roadway-left; 04-Ran off roadway-right; 05-Re-enter roadway; 06-Overturn; 07-Separation of units; 08-Fire/explosion; 09-Immersion; 10-Jackknife; 11-Downhill runaway; 12-Cargo loss/shift; 13-Individual fell from veh.; 14-Stopped in traffic lane; 15-Other non-collision

HPDACCISIONWITH: 16-Moving motor vehicle; 17-Pedestrian; 18-Bicyclist; 19-Motor veh. in transport; 20-Parked motor vehicle; 21-Railroad/Train; 22-Animal; 23-Other non-fixed object; 24-Bridge/pier/abutment; 25-Bridge parapet end; 26-Bridge rail; 27-Guardrail face; 28-Guardrail end; 29-Median barrier; 30-Highway traffic sign post; 31-Highway signal post; 32-Luminaire/light support; 33-Utility Pole; 34-Other Pole; 35-Culvert; 36-Curb; 37-Ditch; 38-Embankment; 39-Fence; 40-Mailbox; 41-Tree; 42-RR crossing signal; 43-Building; 44-Traffic Island; 45-Fire Hydrant; 46-Impact attenuator; 47-Other fixed object

COMMERCIAL CARRIER

SCREENING INFORMATION:
NUMBER OF QUALIFYING VEHICLES INVOLVED:
Trucks with 6 or more tires or a Haz. Mat Placard ____
Buses designed to carry 16 or more persons ____
NUMBER OF:
Persons Sustaining fatal injuries ____
Persons transported for IMMEDIATE medical treatment ____
Vehicles towed from the scene due to damage or provided assistance ____

VEHICLE NUMBER: ○○○○○○ 1 2 3 4 5 6

CARRIER INFORMATION SOURCE: 1 ○ Shipping Papers 2 ○ Vehicle Side 3 ○ Log Book 4 ○ Driver 5 ○ Other

CARRIER NAME / ADDRESS / CITY / STATE / ZIP
USDOT / ICCMC / STATE # / GVWR

NUMBER OF AXLES PER UNIT: Tractor / Trailer 1 / Trailer 2 / Trailer 3

VEHICLE CONFIGURATION: 1 ○ Any 4-tire vehicle; 2 ○ Bus; 3 ○ Single unit truck (2 axles/6 or more tires); 4 ○ Single unit buck (3 or more axles); 5 ○ Truck with trailer; 6 ○ Truck tractor only (Bobtail); 7 ○ Tractor with semi-trailer; 8 ○ Tractor with double trailers; 9 ○ Tractor with triple trailers; 10 ○ Other - Unable to classify

CDL TYPE: ○ A ○ B ○ C ○ None
ENDORS.: ○ H ○ N ○ P ○ T ○ X
CDL RESTRICTIONS: ○ K ○ L ○ M ○ N ○ None

CARGO BODY TYPE: 1 ○ Bus; 2 ○ Van/enclosed box; 3 ○ Cargo tank; 4 ○ Flatbed; 5 ○ Dump; 6 ○ Concrete Mixer; 7 ○ Auto Transport; 8 ○ Garbage or Refuse; 9 ○ Other (List Below)

HAZARDOUS MATERIAL: PLACARD: ○ Yes ○ No; SPILL: ○ Yes ○ No
Name or 4 Digit Number from Diamond or Box: ____
1 Digit Number from Bottom: ____

ASSISTING OFFICER:

NAME OF INVESTIGATING OFFICER (Please Print): T.A. Gray
NUMBER: 12
NAME OF POLICE AGENCY: Princeton City Police Department
O.R.I. NUMBER: WV0280300
DATE OF COMPLETION: 10 08 07

The data in this report reflects my best judgement and knowledge.
INVESTIGATING OFFICER'S SIGNATURE:

DMV-17-F REVISED 5/97

WEST VIRGINIA UNIFORM TRAFFIC CRASH REPORT

FORM OVERRIDE #

LOCATION

Date of Crash | M T W Th F S Sun (1 2 3 4 5 6 7) | Time of Crash HRS. | CRASH REPORTED BY: 1 State Police 2 City Police 3 Sheriff 4 Other | Time of Notification HRS. | Time of Arrival HRS. | Fatality / Leaving scene / Hit& Run / Striking Unattended Vehicle / Other

COUNTY | CITY OR TOWN (IN / NEAR) | HIGHWAY CLASSIFICATION (1 Interstate 2 U.S. 3 WV 4 County 5 City 6 Other)

CRASH OCCURRED ON | ROUTE 1 | STREET 1 | MAXIMUM SPEED LIMIT (Posted / Not Posted) | ADVISORY SPEED | IF ON CONTROLLED ACCESS HIGHWAY, FILL IN ONE (1 Main Road 2 Main Road at Interchange 3 Entrance Ramp On N S E W Side 4 Exit Ramp On N S E W Side)

AT INTERSECTION WITH | ROUTE 2 | STREET 2 | MAXIMUM SPEED LIMIT (Posted / Not Posted) | ADVISORY SPEED

IF NOT AT INTERSECTION ____ FEET / MILES N E S W OF | STREET HIGHWAY, TOWN ETC | RELATION TO ROADWAY (Location of First Impact) (1 On Road 2 Median 3 Shoulder 4 Outside of Shoulder/Curb 5 Gore 6 Other/Unknown)

IF LOCATION CAN BE DESCRIBED MORE PRECISELY, ENTER HERE
SPECIAL REFERENCE
OR GIS/GPS COORDINATES

DRIVER 3

DRIVER'S FULL NAME [redacted] (● M ○ F) | ADDRESS [redacted] | CITY Princeton | STATE WV | ZIP [redacted] | DRIVER'S PHONE # ( )

DATE OF BIRTH [redacted] | SOCIAL SECURITY NUMBER | DRIVER LICENSE NUMBER [redacted] | CDL / Jr Operator's / Learner's Perm. | STATE WV | LICENSE RESTRICTION(S) VIOLATED

CITATION NUMBER | CITATION CHARGE | DRIVER CONDITION (1 ● Normal 2 Fatigued 3 Asleep 4 Ill 5 Drinking 6 Medication 7 Other 8 Unknown)

SOBRIETY TEST GIVEN (Yes / No / Refused Test / ● Not Offered) | TYPE OF TEST GIVEN (FIELD / BLOOD / BREATH / PBT / URINE / OTHER / ● N/A) | TEST RESULTS

DRIVER ACTION: 1 Going Straight Ahead 2 Turning Right 3 Turning Left 4 Turning 5 Changing Lanes 6 Passing 7 Parking 8 Parked 9 Backing 10 Merging 11 Slowing or Stopping 12 ● Stopped in Traffic Lane 13 Entering or Leaving Driveway 14 Pulling Out from Parking Space 15 Other (SEE NARRATIVE)

VEHICLE 3

OWNER'S FULL NAME ● SAME AS DRIVER | ADDRESS ● SAME AS DRIVER | CITY | STATE | ZIP | WORK PHONE # ( )

YEAR 1995 | MAKE Chevy | MODEL GM4G | STYLE P/U Truck | COLOR (List Primary/Secondary) Green /

LICENSE PLATE NUMBER [redacted] | STATE WV | YEAR 08 | VEHICLE IDENTIFICATION NUMBER 2GBEK19K1S[redacted]

DIRECTION TRAVEL (If turning enter direction BEFORE turn) N ● E S W | ON ROUTE 1 ● ABOVE (On Street) 2 | TOTAL OCCUPANTS OF THIS VEHICLE 1 | EXTENT OF DAMAGE (0 1 2 ● 3 4 5 6-Unknown) | DRIVEABLE ● Yes / No | DAMAGED AREA(S) | PT. OF INITIAL IMPACT

TOWED DUE TO DAMAGE Yes ● No | TOWED BY: | TOWED TO:

AUTO LIABILITY INSURANCE ● Yes / No | INSURANCE COMPANY State Auto P&C | POLICY NO AMV009095 | AGENT | PHONE Princeton Ins.

CONTRIBUTING CIRCUMSTANCES (Check One or More)
1 ● No improper Driving; 2 Exceeding Speed Limit; 3 Exceeding Safe Speed
4 Changing Lanes Improperly; 5 Following Too Closely; 6 Disregarded Traffic Control; 7 Did Not Have Right of Way; 8 Failure to Maintain Control; 9 Driving Under Minimum Speed; 10 No Signal or Improper Signal
11 Turning Improperly; 12 Passing Improperly; 13 Parking Improperly; 14 Backing Improperly; 15 Avoiding Animal or Vehicle; 16 Distraction Inside Vehicle; 17 Walking Violation
18 Driver Under Influence; 19 Pedestrian Under Influence; 20 Slippery Pavement; 21 Other Roadway Defects; 22 Previous Accident; 23 Left of Center; 24 Other (SEE NARRATIVE)

12 UNDERCARRIAGE; 13 NONE/NON-APPARENT; 14 OTHER/UNKNOWN; 15 ALL AREAS

DRIVER

DRIVER'S FULL NAME (○ M ○ F) | ADDRESS | CITY | STATE | ZIP | DRIVER'S PHONE # ( )

DATE OF BIRTH | SOCIAL SECURITY NUMBER | DRIVER LICENSE NUMBER | CDL / Jr Operator's / Learner's Perm. | STATE | LICENSE RESTRICTION(S) VIOLATED

CITATION NUMBER | CITATION CHARGE | DRIVER CONDITION (1 Normal 2 Fatigued 3 Asleep 4 Ill 5 Drinking 6 Medication 7 Other 8 Unknown)

SOBRIETY TEST GIVEN (Yes / No / Refused Test / Not Offered) | TYPE OF TEST GIVEN (FIELD / BLOOD / BREATH / PBT / URINE / OTHER / N/A) | TEST RESULTS

DRIVER ACTION: 1 Going Straight Ahead 2 Turning Right 3 Turning Left 4 Turning 5 Changing Lanes 6 Passing 7 Parking 8 Parked 9 Backing 10 Merging 11 Slowing or Stopping 12 Stopped in Traffic Lane 13 Entering or Leaving Driveway 14 Pulling Out from Parking Space 15 Other (SEE NARRATIVE)

VEHICLE

OWNER'S FULL NAME ○ SAME AS DRIVER | ADDRESS ○ SAME AS DRIVER | CITY | STATE | ZIP | WORK PHONE # ( )

YEAR | MAKE | MODEL | STYLE | COLOR (List Primary/Secondary) /

LICENSE PLATE NUMBER | STATE | YEAR | VEHICLE IDENTIFICATION NUMBER

DIRECTION TRAVEL (If turning enter direction BEFORE turn) N E S W | ON ROUTE 1 ABOVE (On Street) 2 | TOTAL OCCUPANTS OF THIS VEHICLE | EXTENT OF DAMAGE (0 1 2 3 4 5 6-Unknown) | DRIVEABLE Yes / No | DAMAGED AREA(S) | PT. OF INITIAL IMPACT

TOWED DUE TO DAMAGE Yes / No | TOWED BY: | TOWED TO:

AUTO LIABILITY INSURANCE Yes / No | INSURANCE COMPANY | POLICY NO | AGENT | PHONE

CONTRIBUTING CIRCUMSTANCES (Check One or More)
1 No improper Driving; 2 Exceeding Speed Limit; 3 Exceeding Safe Speed
4 Changing Lanes Improperly; 5 Following Too Closely; 6 Disregarded Traffic Control; 7 Did Not Have Right of Way; 8 Failure to Maintain Control; 9 Driving Under Minimum Speed; 10 No Signal or Improper Signal
11 Turning Improperly; 12 Passing Improperly; 13 Parking Improperly; 14 Backing Improperly; 15 Avoiding Animal or Vehicle; 16 Distraction Inside Vehicle; 17 Walking Violation
18 Driver Under Influence; 19 Pedestrian Under Influence; 20 Slippery Pavement; 21 Other Roadway Defects; 22 Previous Accident; 23 Left of Center; 24 Other (SEE NARRATIVE)

12 UNDERCARRIAGE; 13 NONE/NON-APPARENT; 14 OTHER/UNKNOWN; 15 ALL AREAS

OTHER DAMAGE

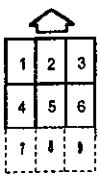
DAMAGED PROPERTY OTHER THAN VEHICLES (DESCRIBE AS COMPLETELY AS POSSIBLE)

○ ON PAVEMENT OR ____ FEET N S E W ○○○○ OF PAVEMENT EDGE

OWNER'S NAME ○ Other (Please List) ○ DOH ○ City | ADDRESS | CITY | STATE | ZIP

CODES

SEATING



B - Bicyclist
P - Pedestrian
E - Engineer (RR/Train
M- Motorcycle, Snow-mobile, etc.:
1 - Driver
4 - Passenger One
7 - Passenger Two
10 - Sleeper Section
11 - Other Enclosed Passenger Area/ Cargo Area
12 - Other Unenclosed Passenger Area/ Cargo Area
13 - Riding In/On Trailing Unit
14 - Riding On Vehicle Exterior
15 - Unknown
16 - Other (SEE NARRATIVE)

OCCUPANT PROTECTION
1 - None Installed
2 - None Used
3 - Lap Soft Only Used
4 - Shoulder Belt Only
5 - Lap and Shoulder Belt Used
6 - Child Safety Seat
7 - Helmet Glasses/Shield
8 - Unknown

INJURY CLASSIFICATION
K - Killed
A - Bleeding Wound, Distorted Member, or Had to Be Carried from Scene.
B- Bruises, Abrasions, Swelling, Limping, Etc.
C - No Visible Injury But Complaint of Pain or Momentary Unconsciousness.
0 - Not Injured

FIRST AID BY
1 - None
2 - Police
3 - Emergency Medical Technician
4 - Doctor / Nurse
5 - Rescue Squad
6 - Helicopter Crew
7 - Paramedic
8 - Unknown

AIRBAG DEPLOYED: 1 - Yes 2 - No 3 - Not equipped
EJECTED: 1 - No 3 - Partially 2 - Yes 4 - Unknown
TRAPPED/EXTRICATED: 1 - Not Trapped 3 - Trapped/Not Extricated 2 - Trapped/Extricated 4 - Unknown

MEDICALLY TRANSPORTED: 1 - No 2 - Yes 3 - Refused 4 - Unknown

	VEH. NO.	SEATING	OCC. PROT.	AIR-BAG	EJECTED	TRAP/EXTRI	IN-JURY	FIRST AID	MED TRAN
DRIVER ➡	3	1	8	2	1	1	0	1	1
DRIVER ➡									

CRASH

VEHICLE FIRE OCCURRENCE — Veh. #: 3 — 0 ● No Fire Occurrence 1 ○ Fire Occurred

HAZARDOUS CARGO — Veh. #: 3 — 0 ● No 1 ○ Yes 2 ○ Unknown

PERSONS INVOLVED

NAME	M/F	AGE	ADDRESS

INJURED TAKEN TO: | INJURED TAKEN BY: | EMS/AMBS UNIT NUMBER | EMS RUN FORM NUMBER

PED

PEDESTRIAN ACTION: 1 ○ Crossing at Intersection 2 ○ Crossing Not at Intersection 3 ○ Walking on Pavement With Traffic 4 ○ Walking on Pavement Facing Traffic 5 ○ Standing on Pavement 6 ○ Playing on Pavement 7 ○ Working on Pavement 8 ○ Other on Pavement 9 ○ Not on Pavement

Clothing: ○ Light ○ Dark

WITNESS

NAME OF WITNESS	ADDRESS	CITY	STATE	ZIP	PHONE NUMBER
					H ( ) -
					W ( ) -
					H ( ) -
					W ( ) -

ENVIRONMENT

LIGHT: 1 ○ Daylight 2 ○ Dark 3 ○ Dark, Artificial Lights 4 ○ Dusk 5 ○ Dawn

WEATHER: 1 ○ Clear 2 ○ Cloudy 3 ○ Raining 4 ○ Fog/Smog 5 ○ Snowing 6 ○ Sleeting 7 ○ Hailing 8 ○ Crosswinds

ROADWAY SURFACE: 1 ○ Dry 2 ○ Wet 3 ○ Snow 4 ○ Ice 5 ○ Muddy 6 ○ Haz. Mat 7 ○ Other

ROADWAY CHARS.: 1 ○ Straight and Level 2 ○ Straight and Grade 3 ○ Straight at Hillcrest 4 ○ Curve and Level 5 ○ Curve and Grade 6 ○ Curve at Hillcrest 7 ○ Straight and Rolling 8 ○ Sag Curve

ROAD TYPE: 1 ○ Blacktop 2 ○ Concrete 3 ○ Brick 4 ○ Gravel 5 ○ Dirt 6 ○ Other:

TRAFFIC CONTROL: 1 ○ Stop Sign 2 ○ Traffic Signal 3 ○ Yield Signal 4 ○ Officer, Flagman 5 ○ RR Gates, Signals 6 ○ Construction zone 7 ○ School Zone 8 ○ None 9 ○ Other

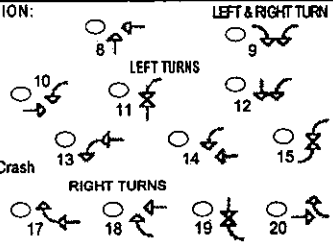
FUNCTIONING? ○ Yes ○ No

NUMBER OF LANES: ____ WERE LANES CLEARLY MARKED? ○ YES ○ NO

VISION OBSCURED BY — Veh. #: ____
1 ○ Not Obscured 2 ○ Rain, Snow, Ice on Windshield 3 ○ Trees,,Bush 4 ○ Building(s) 5 ○ Embankment 6 ○ Signboard 7 ○ Hillcrest 8 ○ Parked Vehicles(s) 9 ○ Moving Vehicles(s) 10 ○ Blinding Headlights 11 ○ Blinding Sunlight 12 ○ Other 13 ○ Unknown

CRASH TYPE

MANNER OF COLLISION:
1 ○ Rear End 2 ○ Head On 3 ○ Same Direction Sideswipe 4 ○ Opp. Direction Sideswipe 5 ○ Rear to Rear 6 ○ Single Vehicle Crash 7 ○ Other



SEQUENCE OF EVENTS (Use Codes at Right)
VEH. #: 3 — 1 | 6
VEH. #: ____
First Event | Second Event | Third Event | Fourth Event

MOST HARMFUL EVENT — VEH. #: 3 — 1 | 6 — VEH. #: ____

NONCOLLISION: 01-Loss of Control; 02-Cross centerline/median; 03-Ran off roadway-left; 04-Ran off roadway-right; 05-Re-enter roadway; 06-Overturn; 07-Separation of units; 08-Fire/explosion; 09-Immersion; 10-Jackknife; 11-Downhill runaway; 12-Cargo loss/shift; 13-Individual fell from veh.; 14-Stopped in traffic lane; 15-Other non-collision

HD/COLLISION WITH: 16-Moving motor vehicle; 17-Pedestrian; 18-Bicyclist; 19-Motor veh. in transport; 20-Parked motor vehicle; 21-Railroad/Train; 22-Animal; 23-Other non-fixed object; 24-Bridge/pier/abutment; 25-Bridge parapet end; 26-Bridge rail; 27-Guardrail face; 28-Guardrail end; 29-Median barrier; 30-Highway traffic sign post; 31-Highway signal post; 32-Luminaire/light support; 33-Utility Pole; 34-Other Pole; 35-Culvert; 36-Curb; 37-Ditch; 38-Embankment; 39-Fence; 40-Mailbox; 41-Tree; 42-RR crossing signal; 43-Building; 44-Traffic Island; 45-Fire Hydrant; 46-Impact attenuator; 47-Other fixed object

COMMERCIAL CARRIER

SCREENING INFORMATION:

NUMBER OF QUALIFYING VEHICLES INVOLVED:
Trucks with 6 or more tires or a Haz. Mat Placard ____
Buses designed to carry 16 or more persons ____

NUMBER OF:
Persons Sustaining fatal injuries ____
Persons transported for IMMEDIATE medical treatment ____
Vehicles towed from the scene due to damage or provided assistance ____

VEHICLE NUMBER ○○○○○○ 1 2 3 4 5 6

CARRIER INFORMATION SOURCE: 1 ○ Shipping Papers 2 ○ Vehicle Side 3 ○ Log Book 4 ○ Driver 5 ○ Other

CARRIER NAME | ADDRESS | CITY | STATE | ZIP | USDOT | ICCMC | STATE # | GVWR

NUMBER OF AXLES PER UNIT: Tractor | Trailer 1 | Trailer 2 | Trailer 3

VEHICLE CONFIGURATION: 1 ○ Any 4-tire vehicle 2 ○ Bus 3 ○ Single unit truck (2 axles/6 or more tires) 4 ○ Single unit buck (3 or more axles) 5 ○ Truck with trailer 6 ○ Truck tractor only (Bobtail) 7 ○ Tractor with semi-trailer 8 ○ Tractor with double trailers 9 ○ Tractor with triple trailers 10 ○ Other - Unable to classify

CDL TYPE: ○ A ○ B ○ C ○ None
ENDORS.: ○ H ○ N ○ P ○ T ○ X
CDL RESTRICTIONS: ○ K ○ L ○ M ○ N ○ None

CARGO BODY TYPE: 1 ○ Bus 2 ○ Van/enclosed box 3 ○ Cargo tank 4 ○ Flatbed 5 ○ Dump 6 ○ Concrete Mixer 7 ○ Auto Transport 8 ○ Garbage or Refuse 9 ○ Other (List Below)

HAZARDOUS MATERIAL: PLACARD: ○ Yes ○ No — SPILL: ○ Yes ○ No
Name or 4 Digit Number from Diamond or Box ____
1 Digit Number from Bottom: ____

ASSISTING OFFICER:

NAME OF INVESTIGATING OFFICER (Please Print) | NUMBER | NAME OF POLICE AGENCY: Princeton City Police Department | O.R.I. NUMBER: WV0280300

The data in this report reflects my best judgement and knowledge-

INVESTIGATING OFFICER'S SIGNATURE: | DATE OF COMPLETION

PHONE #: ( ) - BY WHOM:

PHOTOS TAKEN: ○ VIDEOS TAKEN: ○

COLLISION DIAGRAM

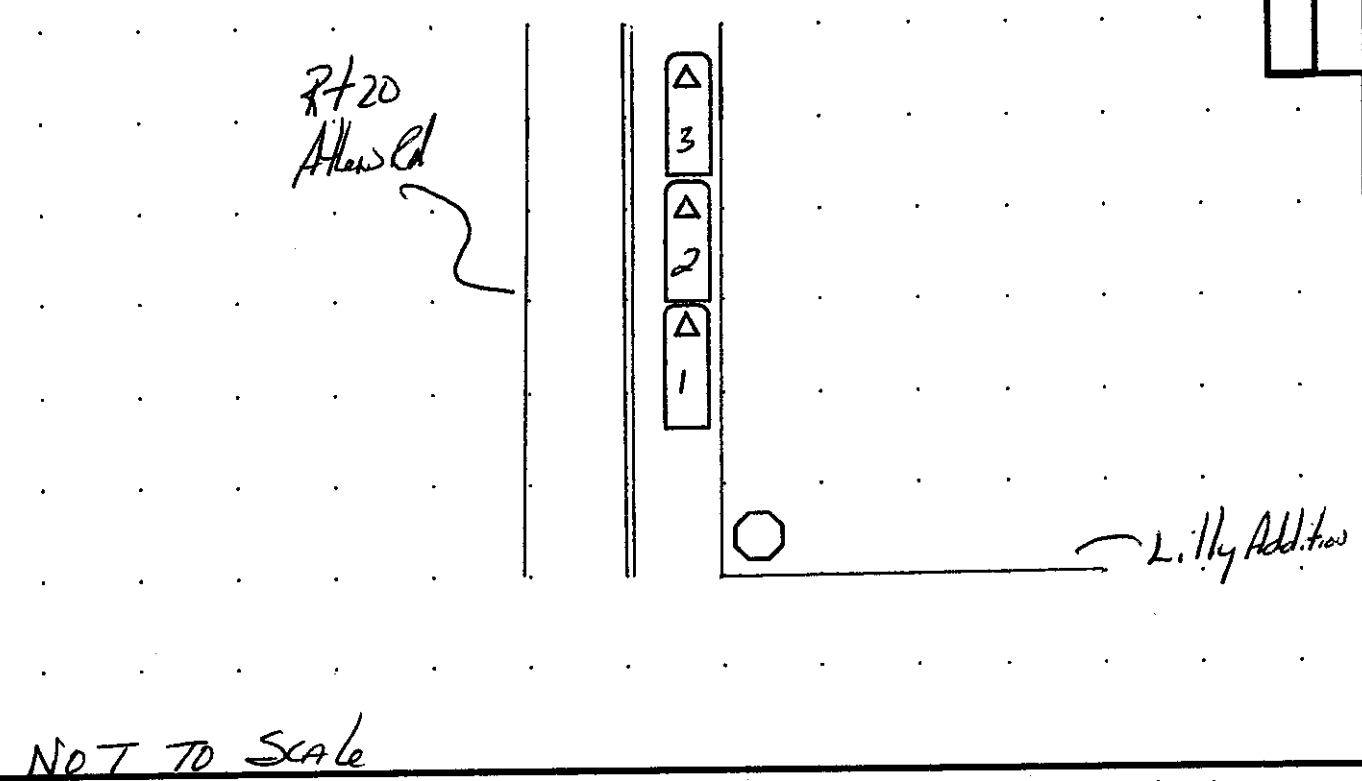
DRAW SCENE AS OBSERVED, INCLUDING ROADWAY LAYOUT, VEHICLE, PEDESTRIAN OR OBJECT STRUCK, TRAFFIC CONTROLS. SKIDMARKS, ETC.

IMPORTANT: NUMBER THE VEHICLES ACCORDING TO THE VEHICLE NUMBERS ON THE FRONT PAGE.

DRAW ARROW POINTING NORTH IN CIRCLE

FORM OVERRIDE #

~~Scale: 1 inch = 20 feet~~



NOT TO Scale

NARRATIVE

DESCRIBE WHAT HAPPENED (Refer to Vehicles by Number)

Vehicles # 1,2 & 3 were traveling north on Athens Road. Both driver # 2 & 3 had stopped in the traffic lane for stopped traffic. Driver # 1 stated that he looked down for just a moment to look at his cellphone in doing so he struck vehicle # 2 on the rear. Vehicle # 2 then struck vehicle # 3 on the rear. Both vehicle # 1 & 2 had to be towed from the scene.

INCIDENT NUMBER **07** 19186

MERCER COUNTY COMMUNICATIONS CENTER
E-911 INCIDENT REPORT

J-3

DATE 10-8-07

TELECOMMUNICATOR TMH

AGENCY'S NAME	PRS	CALLER'S NAME	[redacted]	CALLER'S NUMBER	[redacted]		
UNIT NO.	623	LOCATION	[redacted]	911	ADM	RADIO	CELL
ALARM RECEIVED	1557						
AGENCY ADVISED	1559						
RESPONDING	1601						
ON SCENE	1603	CALLER'S COMPLAINT	MVA 3-Car w/ Injury				
ENROUTE			Patient Refusal Signed				
FACILITY			28th				
ARRIVAL			WV OGC682				
AVAILABLE	1616		WV 4T4465				
IN STATION			WV 1EP657				

Mercer Wrecker 1611

LAW ENFORCEMENT	EMS	FIRE
ALARM	BLS 1 2 3	ALARM
OTHER MVC	ALS 1 2 3	1ST RESPONDERS
	OTHER MVC	OTHER MVC

MULTI-AGENCY RESPONSE

AGENCY	UNIT NUMBER	ALARM	RESPONDING	ON SCENE	ENROUTE FACILITY	ARRIVE FACILITY	AVAILABLE	IN STATION
PRS	625	1559	1601	1602			1616	
POO	12/18	1559	1559	1602			1636	
PFD	32	1559	1600	1601			1633	
PFD	36	1559	1600	1603			1633	

INCIDENT NUMBER **07** 19186

MERCER COUNTY COMMUNICATIONS CENTER
E-911 INCIDENT REPORT

V 4

TELECOMMUNICATOR TMH

DATE 10-8-07

AGENCY'S NAME	PRS	CALLER'S NAME [redacted]	CALLER'S NUMBER [redacted]
UNIT NO.	623	LOCATION	911 / ADAT / RADIO / CELL
ALARM RECEIVED	1557		
AGENCY ADVISED	1559		
RESPONDING	1601		
ON SCENE	1603	CALLER'S COMPLAINT	MVA 3-Car w/ Injury
ENROUTE		Patient Refusal Signed	
FACILITY		28th	
ARRIVAL		WV OGC1682	
AVAILABLE	1616	WV 4T4465	
IN STATION		WV 1EP657	Mercer Wrecker 1611

LAW ENFORCEMENT

ALARM _____

OTHER MVC

EMS

BLS 1 2 3

ALS 1 2 3

OTHER MVC

FIRE

ALARM _____

1ST RESPONDERS _____

OTHER MVC

MULTI-AGENCY RESPONSE

AGENCY	UNIT NUMBER	ALARM	RESPONDING	ON SCENE	ENROUTE FACILITY	ARRIVE FACILITY	AVAILABLE	IN STATION
PRS	625	1559	1601	1602			1616	
CPD	12/18	1559	1559	1602			1636	
PFD	32	1559	1600	1607			1633	
PFD	36	1559	1600	1603			1633	

CONNECT PRINTING, INC.

Account No. 31415 SF-MD FX

Questions? Contact Metro's WV DEPARTMENT.

OCT 11 2007

Please Reply To:
Metropolitan Reporting Bureau
Box 926, William Penn Annex
Philadelphia, PA 19105-0926
Phone: (800) 245-6686
Fax No: (800) 343-9047
www.metroreporting.com
Email: report@metroreporting.com

Request for a(n) **AUTO ACCIDENT** Report. Please return this form with report.

INSURED : [redacted]

REPORT NUMBER:

DATE OF LOSS : **10/08/2007** Time: **3:55 PM**

LOCATION : [redacted]
PRINCETON, , WV

REPORT NUMBER :

DRIVER : [redacted]

OTHER DRIVER :

CLAIM NUMBER : [redacted]

VEH.YEAR : **2005**
MAKE : **Forenza**

POLICE DEPT. : **PRINCETON PD**

DESCRIPTION : **AUTO ACCIDENT**

☐ ***Unable to Locate Report With Information Given***

☐ ***Loss Location Not In Our Jurisdiction. Try:*** _____

☐ ***Log Entry Only, No Report Written.*** **Notes:** _____

[] If there is a charge for this service, please enclose your bill with the report and our check will be issued promptly. 282

340076387

State Farm Insurance Companies

State Farm Insurance Companies
Centralized Total Loss Unit
PO Box 957
Frederick, MD 21705-0957

October 17, 2007

Name: [redacted]
Address: [redacted]
Princeton, WV [redacted]

Re: Claim Number [redacted]
Date of Loss: 10/8/2007
Our Insured: Wine
Veh: 2005 Suzuki Forenza EX VIN: KL5JJ56Z15K[redacted]

Dear [redacted] or [redacted]

We are providing you with our claim payment for the total loss of your vehicle. As discussed earlier, we will pay the Actual Cash Value of your vehicle, less any applicable deductible. The Actual Cash Value is determined by the market value, age, and condition of your vehicle at the time the loss occurred.

To assist us in determining Actual Cash Value of your vehicle, we are required by the West Virginia Insurance Commission to uniformly and routinely use one official used car guide. We have designated and used the NADA Official Used Car Guide-Eastern Edition

The amount payable to you was determined as follows:

Market/NADA Value		$ 8700.00
Less:	Prior Damage (if applicable)	-
	Condition Adjustment	
Base Price/ACV		= 8700.00
Plus:	Taxes	+ 435.00
	License and title fees	+ 15.50
Less:	Deductible (if applicable)	- 500.00
	Payment to Lienholder (if applicable)	- 8650.50
	Retained Salvage Value (if applicable)	-
Plus:	Loss of Use (if applicable)	+
Net Amount Payable to You		$ 0

The figures provided in your settlement are based on the premise you are purchasing a replacement vehicle and there will not be a lien holder on that vehicle. Please contact us if you finance a replacement vehicle as you may be entitled to reimbursement of fees in the amount of $5.00 to file the new lien with the West Virginia Division of Motor Vehicles.

If you have any questions concerning this total loss settlement or any other aspects of your claim, please do not hesitate to contact us.

Sincerely,

Bobby Cottle

Bobby Cottle
Claim Representative
Centralized Total Loss Unit,
1-888-613-3966 Team/Ext. 33
State Farm Automobile Insurance Company

10/15/2007 at 05:40 PM Job Number:
24707

ESTIMATE OF RECORD

2005 SUZU FORENZA EX 4-2.0L-FI 4D SED BLACK Int:GRAY

Estimate based on MOTOR CRASH ESTIMATING GUIDE. Unless otherwise noted all items are derived from the Guide ARS1426, CCC Data Date 09/01/2007, and the parts selected are OEM-parts manufactured by the vehicles Original Equipment Manufacturer. OEM parts are available at OE/Vehicle dealerships. OPT OEM (Optional OEM) or ALT OEM (Alternative OEM) parts are OEM parts that may be provided by or through alternate sources other than the OEM vehicle dealerships. OPT OEM or ALT OEM parts may reflect some specific, special, or unique pricing or discount. OPT OEM or ALT OEM parts may include "Blemished" parts provided by OEM's through OEM vehicle dealerships. Asterisk (*) or Double Asterisk (**) indicates that the parts and/or labor information provided by MOTOR may have been modified or may have come from an alternate data source. Tilde sign (~) items indicate MOTOR Not-Included Labor operations. Non-Original Equipment Manufacturer aftermarket parts are described as AM, Qual Repl Parts or Comp Repl Parts which stands for Competitive Replacement Parts. Used parts are described as LKQ, Qual Recy Parts, RCY, or USED. Reconditioned parts are described as Recond. Recored parts are described as Recore. NAGS Part Numbers and Benchmark Prices are provided by National Auto Glass Specifications. Labor operation times listed on the line with the NAGS information are MOTOR suggested labor operation times. NAGS labor operation times are not included. Pound sign (#) items indicate manual entries. Some 2006 vehicles contain minor changes from the previous year. For those vehicles, prior to receiving updated data from the vehicle manufacturer, labor and parts data from the previous year may be used. The Pathways estimator has a complete list of applicable vehicles. Parts numbers and prices should be confirmed with the local dealership.

CCC Pathways - A product of CCC Information Services Inc.

U.S. Department
of Transportation
**National Highway
Traffic Safety
Administration**

1200 New Jersey Avenue SE
Washington, DC 20590

Dear Consumer:

NVS-216cg

As a result of your 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 failures(s) you reported that you believe 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 drivers' door or the drivers 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-addressed portion of the form is on the outside. If a larger envelope is used, tape the VOQ form to the larger envelope so that the pre-addressed 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.

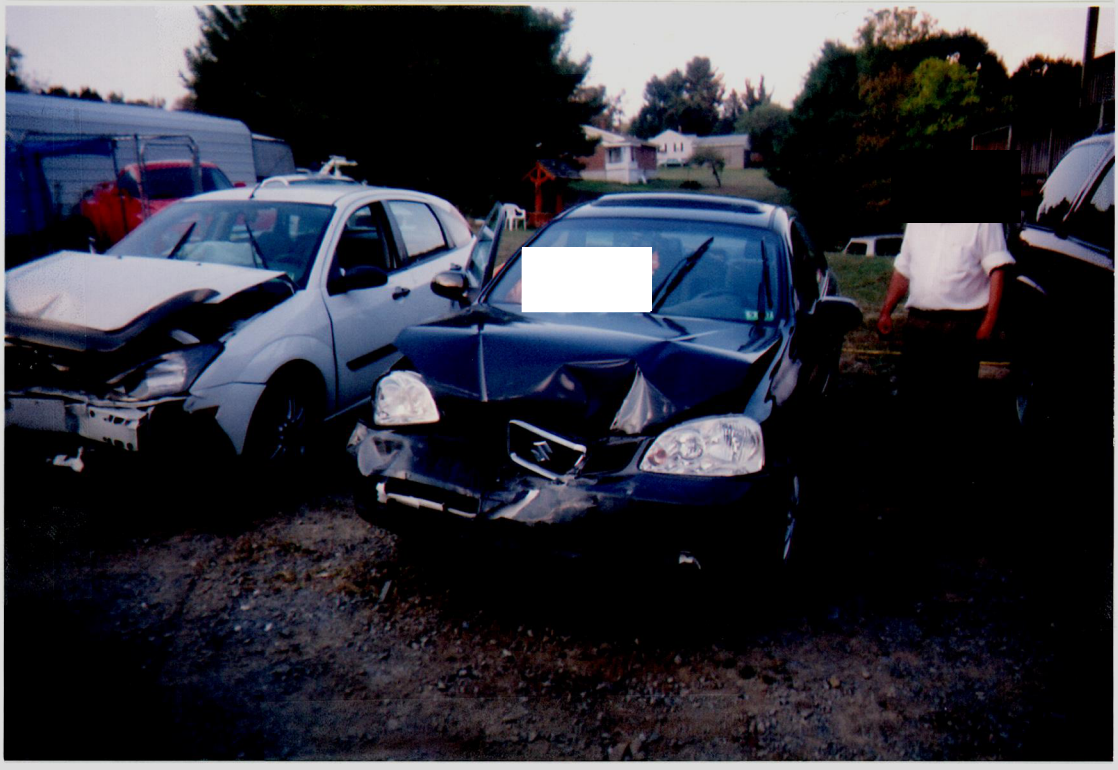
Sincerely,

Ronald B Fields

Ronald B. Fields, Chief
Correspondence Research Division
Enforcement

Enclosure: VOQ

NHTSA
www.nhtsa.gov

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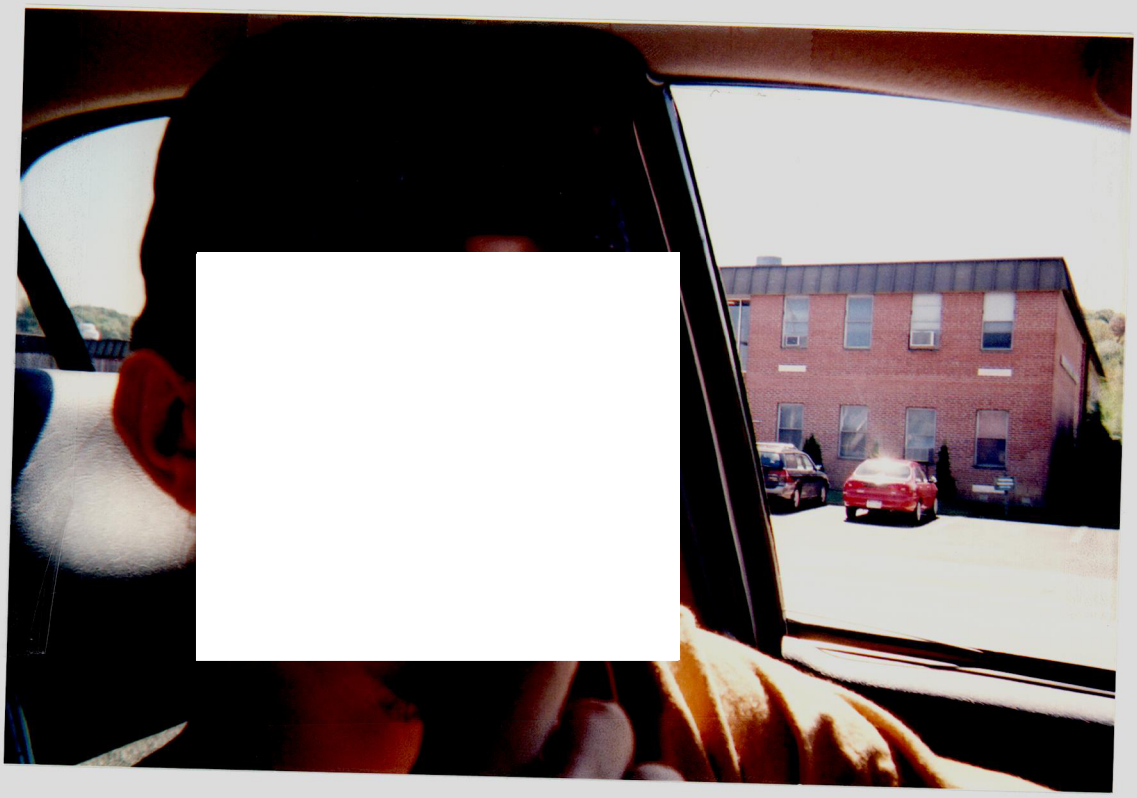

THE ATTACHMENTS TO THIS DOCUMENT HAVE BEEN REMOVED TO PROTECT UNWARRANTED INVASION OF PERSONAL PRIVACY PURSUANT TO EXEMPTION 6 OF THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6).