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

2008 JAN 29 AM 7:12

FOR AGENCY USE ONLY 100148

Date Received	Repository ☐
31-DEC-2007	Reference No. 10213239

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
Address	Evening Telephone Number	
City FOUR STATES / State WV / Zip Code		

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 1/12/08

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1G2JB52462	PONTIAC	SUNFIRE	2002

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
21-JUL-02	STARCHERS AUTO SALES 304-366-8191			No: Cylinders 4	Gas
Original Owner ☐	Dealer's City FAIRMONT	State WV	Zip Code 26554		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☐ Cruise Control	FRONT WHEEL DRIVE	030000 SERVICE BRAKES, HYDRAULIC Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
29-DEC-2007	26000	35	

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).

TL*THE CONTACT OWNS A 2002 PONTIAC SUNFIRE. WHILE DRIVING BETWEEN 35-40 MPH, THE BRAKES FAILED. THE VEHICLE STRUCK AND DESTROYED THE REAR BUMPER OF THE PRECEDING VEHICLE. THE CONTACT'S VEHICLE WAS DESTROYED AND TOWED FROM THE SCENE. A POLICE REPORT WAS FILED. HE WAS TRANSPORTED TO THE HOSPITAL BY AN AMBULANCE AND SUSTAINED INJURIES. THE CURRENT AND FAILURE MILEAGES WERE 26,000.

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

DMV-17-F REVISED 5/97

WEST VIRGINIA UNIFORM TRAFFIC CRASH REPORT

PAGE 1 OF 1

FORM OVERRIDE # 07237

LOCATION

Date of Crash: 12/29/07 | Day of Week: M T W Th F S Sun (1 2 3 4 5 6 7) | Time of Crash: 1807 HRS. | CRASH REPORTED BY: 1 State Police 3 Sheriff 2 City Police 4 Other | Time of Notification: 1808 HRS. | Time of Arrival: 1811 HRS.

Fatality / Leaving Scene / Hit & Run / Striking Unattended Vehicle / Other

COUNTY: MARION | CITY OR TOWN: IN / NEAR MANNINGTON

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	ADVISORY SPEED
AT INTERSECTION WITH	ROUTE 2	STREET 2	MAXIMUM SPEED LIMIT	ADVISORY SPEED

Or / Or

Posted / Not Posted

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)

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: ~~NBR~~ SOUTHBOUND LANE IN FRONT OF McDONALDS

DRIVER 1

DRIVER'S FULL NAME: [redacted] | M / F | ADDRESS: [redacted] CITY: FOURSTATES STATE: WV ZIP: [redacted] | DRIVER'S PHONE #

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

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 U-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: SHOEMAKER [redacted] / SAME AS DRIVER | ADDRESS / SAME AS DRIVER | CITY | STATE | ZIP

YEAR	MAKE	MODEL	STYLE	COLOR (List Primary/Secondary)
2002	PONTIAC	SUNFIRE	SEDAN	SILVER

LICENSE PLATE NUMBER: [redacted] | STATE: WV | YEAR: 2008 | VEHICLE IDENTIFICATION NUMBER: 1G2JB52462[redacted]

DIRECTION TRAVEL (If turning, enter direction BEFORE turn.): N E S W ON ROUTE 1 2 (Or Street) ABOVE | 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: NORTH MARION | TOWED TO: FOURSTATES

AUTO LIABILITY INSURANCE: Yes / No | INSURANCE COMPANY: NATIONWIDE | POLICY NO: [redacted] | AGENT

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: IDAMAY STATE: WV ZIP: [redacted] | DRIVER'S PHONE #

DATE OF BIRTH: [redacted] | SOCIAL SECURITY NUMBER: [redacted] | 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 U-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	MAKE	MODEL	STYLE	COLOR (List Primary/Secondary)
2000	CHEVY	BLAZER	UTILITY	GREEN

LICENSE PLATE NUMBER: [redacted] | STATE: WV | YEAR: 2008 | VEHICLE IDENTIFICATION NUMBER: 1GNCT18W7Y[redacted]

DIRECTION TRAVEL (If turning, enter direction BEFORE turn.): N E S W ON ROUTE 1 2 (Or Street) ABOVE | 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: HORACE MANN | POLICY NO: [redacted] | AGENT

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

WORK PHONE: ( )

AGENCY

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

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 Belt 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.
O - 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

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

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

PERSONS INVOLVED

NAME	M/F	AGE	ADDRESS

INJURED TAKEN TO: FAIRMONT GENERAL
INJURED TAKEN BY: MARION Co. Rsc. SQUAD.
EMS/AMBS UNIT NUMBER: M24
EMS RUN FORM NUMBER: 2007-00042545

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
PHONE NUMBER

WITNESS

NAME OF WITNESS	ADDRESS	CITY	STATE	ZIP	PHONE
					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: 2
WERE LANES CLEARLY MARKED? (●) YES ( ) NO

VISION OBSCURED BY
Veh. #: 1 2
1 (●) ( ) Not Obscured
2 ( ) ( ) Rain, Snow, Ice on Windshield
3 ( ) ( ) Trees, Bushes
4 ( ) ( ) Building(s)
5 ( ) ( ) Embankment
6 ( ) ( ) Signboard
7 ( ) ( ) Hillcrest
8 ( ) ( ) Parked Vehicle(s)
9 ( ) ( ) Moving Vehicle(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
LEFT & RIGHT TURN: 8, 9
LEFT TURNS: 10, 11, 12
RIGHT TURNS: 16, 17, 18, 19, 20
13, 14, 15

VEH. SEQUENCE OF EVENTS (Use Codes at Right)

VEH. #	First Event	Second Event	Third Event	Fourth Event
1	01	20		
2	14			

MOST HARMFUL EVENT
VEH. #: 1 — 20
VEH. #: 2 — 14

NON-COLLISION
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 noncollision

HAD A 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 truck (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:

NAME OF INVESTIGATING OFFICER (Please Print): S. M. DAVIS
NUMBER: 7
NAME OF POLICE AGENCY: MANNINGTON P.D
O.R.I. NUMBER: 0250200

The data in this report reflects my best judgement and knowledge.
INVESTIGATING OFFICER'S SIGNATURE:
DATE OF COMPLETION: 01 | 03 | 08

VIDEOS TAKEN: ( ) YES ( ) NO
ASSISTING OFFICER:

STATEMENTS OF INVOLVED DRIVERS AND WITNESSES (IF AVAILABLE)

I [redacted] pulled out of shop and was parking lot and a truck in front of me stopped suddenly so I had to hurry to stop and the other car came from behind me and hit me in rear end.

[redacted]

12/29/07 621 PM

TRAVELING SOUTH ON 258. COULD SEE A PICK-UP TRUCK IN FRONT OF BLAZER WITH BRAKE LIGHTS ON. SHE TRIED TO APPLY BRAKE BUT PEDAL WENT TO THE FLOOR. CAR WOULD NOT STOP. HIT BLAZER IN REAR [redacted]

01-29-08

ATTACH ADDITIONAL STATEMENT SHEETS AS NEEDED

PAGE ____ OF ____

FORM OVERRIDE # 07-237

COLLISION DIAGRAM

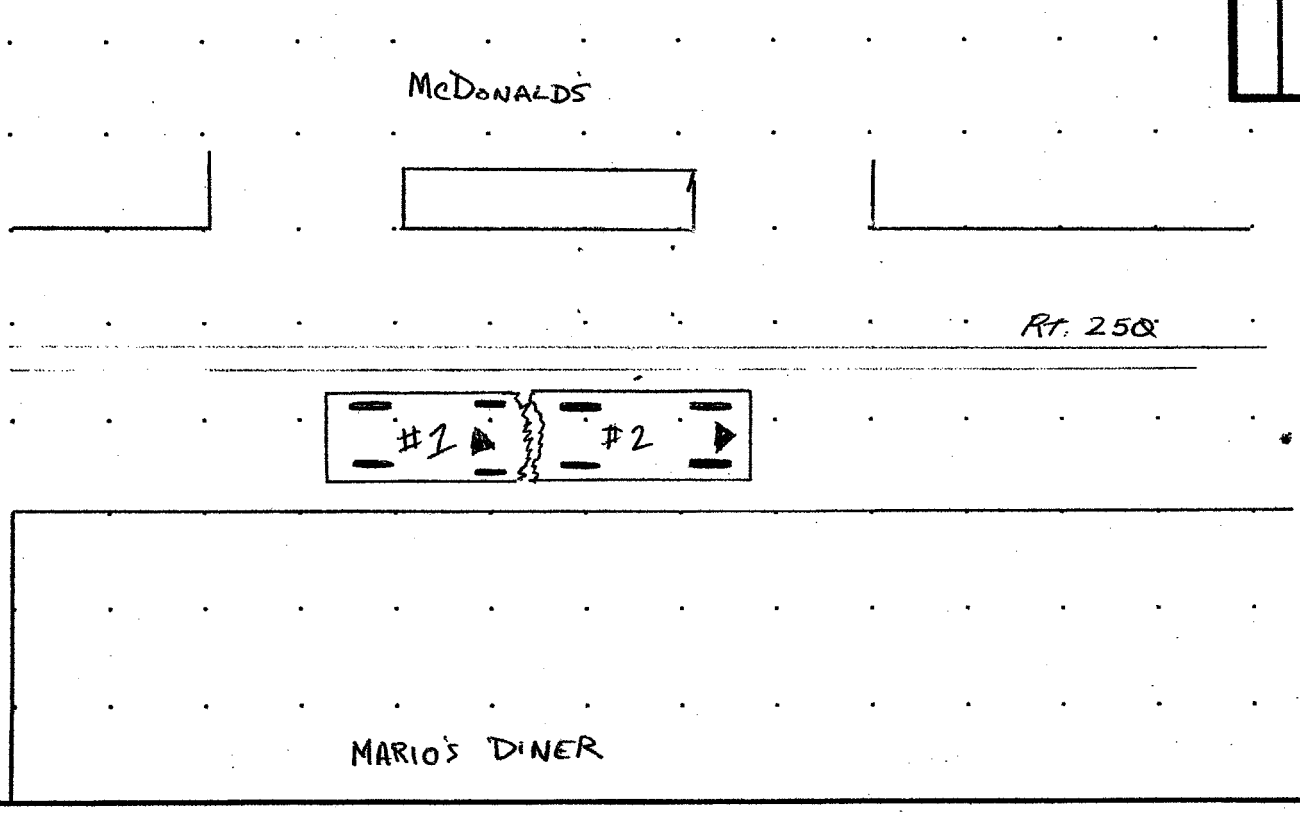
DRAW SCENE AS OBSERVED, INCLUDING ROADWAY LAYOUT, VEHICLE, PEDESTRIAN OR OBJECT STRUCK, TRAFFIC CONTROLS, SKIDMARKS, ETC.

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

DRAW ARROW POINTING NORTH IN CIRCLE

N

~~Scale: 1 inch = 20 feet~~ ★ NOT DRAWN TO SCALE ★



NARRATIVE

DESCRIBE WHAT HAPPENED (Refer to Vehicles by Number)

VEHICLE #1 AND VEH. #2 WERE BOTH FACING SOUTH IN THE SOUTH BOUND LANE ON RT. 250, MANNINGTON. DIRECTLY IN FRONT OF McDONALDS. VEH. #1 WAS UNDER VEH #2 REAR BUMPER. THERE WERE NO SKID MARKS LEADING TO EITHER OF THE VEH. VEH #1 HAD MAJOR FRONT END DAMAGE WITH DUAL FRONT AIR BAG DEPLOYMENT. VEH. #1 WAS TOWED BY NORTH MARION TOWING TO OWNERS RESIDENCE. VEH #2 RECEIVED MINOR REAR END DAMAGE TO REAR BUMPER AND WAS NOT TOWED. VEH #2 HAD A DEAD BATTERY AND WAS JUMP STARTED BY A MANNINGTON VOLUNTEER FIREMAN. NOTHING FURTHER SUBD. #7


PONTIAC

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).