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 JUL 28 PM 2:28

FOR AGENCY USE ONLY 100148

| Date Received | Repository ☐ |
|---|---|
| 27-MAY-2008 | Reference No. 10228947 |

## OWNER INFORMATION (Type or Print)

| Name | | Daytime Telephone Number | E-mail Address |
|---|---|---|---|
| Address | | | |
| City CARROLLTON | State TX | Zip Code | 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 authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.*

Signature of Owner _____ Date 6/30/08

## VEHICLE INFORMATION

| 17 digit Vehicle Identification Number Located at bottom of windshield on driver's side | Make | Model | Model Year |
|---|---|---|---|
| 3TJHF10U620256167 JTJHF10U620 | LEXUS | RX300 | 2002 |

| Date Purchased | Dealer's Name and Telephone Number | | Engine: No: Cylinders | Fuel Type: |
|---|---|---|---|---|
| | Carmax | | | |
| Original Owner ☐ | Dealer's City | State / Zip Code | | |

| Transmission Type | ☐ Antilock Brakes ☐ Cruise Control | Powertrain | Vehicle Component Code: 140000 AIR BAGS |
|---|---|---|---|
| | | | Multiple Failure: |

## FAILED COMPONENT(S)/PART(S) INFORMATION

| Incident Date(s) | Failure Mileage | Failure Speed |
|---|---|---|
| 30-APR-2008 | 70000 | 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 LEXUS RX300. WHILE DRIVING 35-45 MPH, THE CONTACT STATED THAT ANOTHER VEHICLE CRASHED IN THE DRIVERS SIDE HER VEHICLE. THE AIRBAGS DID NOT DEPLOY. THE CONTACT SUSTAINED A CONCUSSION AND NECK INJURIES AND FELT THIS WAS CAUSED BECAUSE THE AIRBAGS DID NOT DEPLOY. AS OF MAY 27, 2008, THE DEALER HAD NOT REPAIRED THE VEHICLE. THE FAILURE AND CURRENT MILEAGES WERE 70,000.

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

08000835

Law Enforcement and TxDOT Use ONLY

☐ FATAL ☐ CMV INVOLVED ☐ SCHOOL BUS RELATED ☐ RAILROAD RELATED ☐ MEDICAL ADVISORY BOARD ☐ HIT AND RUN ☐ AMENDMENT/SUPPLEMENT

# Texas Peace Officer's Crash Report

Submission of Crash Records: This report may be submitted via the CRIS Web Portal, electronically submitted via XML or by mailing to the Texas Department of Transportation, Crash Records, P.O. Box 149349, Austin, TX 78714.
Questions? Call: 512/486-5780

Form CR-3 (Rev 04/08) (GSD-EPC) Page 1 of 2

PLACE WHERE CRASH OCCURRED
COUNTY: BELL CITY OR TOWN: TEMPLE
IF CRASH WAS OUTSIDE CITY LIMITS INDICATE FROM NEAREST TOWN: MILES ☐ N ☐ S ☐ E ☐ W OF

LOC #: A08000835
ORI #: 0140700
DPS #:

ROAD ON WHICH CRASH OCCURRED: BLOCK NUMBER | 1500 Blk of W Marlandwood Rd (STREET OR ROAD NAME) | ROUTE NUMBER OR STREET CODE
CONSTRUCTION ZONE WORKERS PRESENT ☐ YES ☒ NO ☐ YES ☒ NO SPEED LIMIT: 35

INTERSECTING STREET OR RR X'ING NUMBER: BLOCK NUMBER | STREET OR ROAD NAME | ROUTE NUMBER OR STREET CODE
CONSTRUCTION ZONE WORKERS PRESENT ☐ YES ☐ NO ☐ YES ☐ NO SPEED LIMIT:

NOT AT INTERSECTION: ☐ FT. ☐ MI. ☐ N ☐ S ☐ E ☐ W OF (SHOW MILEPOST OR NEAREST INTERSECTING HIGHWAY, IF NONE, SHOW NEAREST INTERSECTING STREET OR REFERENCE POINT)
MILEPOST: LATITUDE: LONGITUDE:

DATE OF CRASH: April (MONTH) 30 (DATE) 2008 (YEAR) DAY OF WEEK: Wednesday HOUR: 3:45 ☐ AM ☒ PM IF EXACTLY NOON OR MIDNIGHT, SO STATE

## UNIT # 1

UNIT DESCRIPTION: 1 (1-MOTOR VEHICLE, 2-TRAIN, 3-PEDALCYCLIST, 4-PEDESTRIAN, 5-MOTORIZED CONVEYANCE, 6-TOWED, 7-NON-CONTACT, 8-OTHER)
VIN #: 1GCHC24U42E
ALTERED VEHICLE HEIGHT ☐ YES ☒ NO

YEAR MODEL: 02 COLOR & MAKE: Red/ Chevy MODEL NAME: C2500 BODY STYLE: Truck LICENSE PLATE: YEAR STATE NUMBER

DRIVER'S NAME: LAST FIRST MIDDLE
ADDRESS (STREET, CITY, STATE, ZIP): Belton, TX

DRIVER'S LICENSE: STATE TX NUMBER [redacted] CLASS/TYPE C ENDORSEMENTS A RESTRICTIONS DATE OF BIRTH
LICENSE STATUS: 1 (1-VALID, 2-NOT VALID, 3-SUSPENDED/REVOKED, 4-CANCELLED/DENIED, 5-EXPIRED, 6-UNKNOWN)

DRIVER'S ETHNICITY: 1 (1-WHITE, 2-HISPANIC, 3-BLACK, 4-ASIAN, 5-OTHER) DRIVER'S SEX: ☒ MALE ☐ FEMALE DRIVER'S OCCUPATION: Unknown POLICE, FIREFIGHTER, EMS, ON EMERGENCY ☐ IF CHECKED, PLEASE EXPLAIN IN NARRATIVE

TYPE OF ALCOHOL SPECIMEN TAKEN (1-BREATH 2-BLOOD 3-URINE 4-NONE 5-REFUSED): 4 TEST RESULTS:
TYPE OF DRUG SPECIMEN TAKEN (1-BLOOD 2-URINE 3-NONE 4-REFUSED): 3 TEST RESULTS: DRUG CATEGORY: 1. 2.

LESSEE ☐
OWNER ☒
NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER):
ADDRESS (STREET, CITY, STATE, ZIP):

LIABILITY INSURANCE ☒ YES ☐ NO ☐ EXP: American International 800-241-1188 (INSURANCE COMPANY NAME & PHONE NUMBER) POLICY NUMBER: VEHICLE DAMAGE RATING: FD-2

## UNIT # 2

UNIT DESCRIPTION: 1 (1-MOTOR VEHICLE, 2-TRAIN, 3-PEDALCYCLIST, 4-PEDESTRIAN, 5-MOTORIZED CONVEYANCE, 6-TOWED, 7-NON-CONTACT, 8-OTHER)
VIN #: JTJHF10U620
ALTERED VEHICLE HEIGHT ☐ YES ☒ NO

YEAR MODEL: 02 COLOR & MAKE: Black/ Lexus MODEL NAME: RX300 BODY STYLE: SUV LICENSE PLATE: 09 (YEAR) TX (STATE) NUMBER

DRIVER'S NAME: LAST FIRST MIDDLE
ADDRESS (STREET, CITY, STATE, ZIP): Carrolton, TX

DRIVER'S LICENSE: STATE NUMBER CLASS/TYPE C ENDORSEMENTS A RESTRICTIONS DATE OF BIRTH
LICENSE STATUS: 1 (1-VALID, 2-NOT VALID, 3-SUSPENDED/REVOKED, 4-CANCELLED/DENIED, 5-EXPIRED, 6-UNKNOWN)

DRIVER'S ETHNICITY: 1 (1-WHITE, 2-HISPANIC, 3-BLACK, 4-ASIAN, 5-OTHER) DRIVER'S SEX: ☐ MALE ☒ FEMALE DRIVER'S OCCUPATION: Teacher POLICE, FIREFIGHTER, EMS, ON EMERGENCY ☐ IF CHECKED, PLEASE EXPLAIN IN NARRATIVE

TYPE OF ALCOHOL SPECIMEN TAKEN (1-BREATH 2-BLOOD 3-URINE 4-NONE 5-REFUSED): 4 TEST RESULTS:
TYPE OF DRUG SPECIMEN TAKEN (1-BLOOD 2-URINE 3-NONE 4-REFUSED): 3 TEST RESULTS: DRUG CATEGORY: 1. 2.

LESSEE ☐
OWNER ☒
NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER): Same As Driver
ADDRESS (STREET, CITY, STATE, ZIP):

LIABILITY INSURANCE ☒ YES ☐ NO ☐ EXP: STATE FARM INS (INSURANCE COMPANY NAME & PHONE NUMBER) POLICY NUMBER: VEHICLE DAMAGE RATING: LD-3

DAMAGE TO PROPERTY OTHER THAN VEHICLES
OBJECT | NAME AND ADDRESS OF OWNER | FEET FROM CURB | $ DAMAGE ESTIMATE

IN YOUR OPINION, DID THIS CRASH RESULT IN AT LEAST $1,000.00 DAMAGE TO ANY ONE PERSON'S PROPERTY? ☒ YES ☐ NO

CHARGES FILED
NAME: [redacted] CHARGE: Fail to Yield ROW from Private Drive CITATION #: 0801953A
NAME: CHARGE: CITATION #:

TIME NOTIFIED OF CRASH: 04-30-08 (DATE) 3:45 pm (HOUR) HOW: Dispatch TIME ARRIVED SCENE: 04-30-08 (DATE) 3:46pm (HOUR) DATE OF REPORT: 04-30-08

TYPED OR PRINTED NAME OF INVESTIGATOR: Saulter ID #: 511 AGENCY: TEMPLE POLICE DEPT DIST/AREA: REPORT COMPLETE ☒ YES ☐ NO

Form CR-3
(Rev 04/08)
Page 2 of 2

| SEAT POSITION | SOLICITATION | EJECTED | RESTRAINT USED | AIRBAG | HELMET USE | INJURY SEVERITY |
|---|---|---|---|---|---|---|
| 1-FRONT LEFT<br>2-FRONT CENTER<br>3-FRONT RIGHT<br>4-SECOND SEAT LEFT<br>5-SECOND SEAT CENTER<br>6-SECOND SEAT RIGHT<br>7-THIRD SEAT LEFT<br>8-THIRD SEAT CENTER<br>9-THIRD SEAT RIGHT<br>10-CARGO AREA<br>11-OUTSIDE VEHICLE<br>12-UNKNOWN | INDICATES A PERSON'S DESIRE TO RECEIVE CONTACT FROM PERSONS SEEKING PROFESSIONAL EMPLOYMENT AS/FOR ATTORNEY, CHIROPRACTOR, PHYSICIAN, SURGEON, PRIVATE INVESTIGATOR, OR ANY OTHER PERSON REGISTERED OR LICENSED BY A HEALTH CARE REGULATORY AGENCY (Y-SOLICIT, N-NO SOLICIT) | 1-NO<br>2-YES<br>3-YES, PARTIAL<br>4-NOT APPLICABLE<br>5-UNKNOWN | 1-SHOULDER & LAP BELT<br>2-SHOULDER BELT ONLY<br>3-LAP BELT ONLY<br>4-CHILD SEAT, FACING FORWARD<br>5-CHILD SEAT,FACING REAR<br>6-CHILD SEAT, UNK<br>7-BOOSTER SEAT<br>8-NONE<br>9-OTHER<br>10-UNKNOWN | 1-NOT APPLICABLE<br>2-NOT DEPLOYED<br>3-DEPLOYED, FRONT<br>4-DEPLOYED, SIDE<br>5-DEPLOYED, OTHER<br>6-UNKNOWN | 1-WORN, DAMAGED<br>2-WORN, NOT DAMAGED<br>3-WORN, UNK. DAMAGE<br>4-NOT WORN<br>5-UNKNOWN IF WORN | K-KILLED<br>A-INCAPACITATING INJURY<br>B-NON INCAPACITATING INJURY<br>C-POSSIBLE INJURY<br>N-NOT INJURED<br>U-UNKNOWN |

UNIT # 1 — TOWED DUE TO DISABLING DAMAGE ☐ YES ☒ NO — VEHICLE REMOVED TO: Driven From Scene — COMPANY & ADDRESS — BY: Driver — COMPANY & PHONE NUMBER

| ITEM # | SEAT POSITION | NAME (LAST, FIRST, MI) / ADDRESS | SOL | EJECTED | RESTRAINT USED | AIRBAG | HELMET | AGE | SEX | INJURY CODE |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 1 | Belton, TX | | 1 | 1 | 2 | 4 | | | N |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |
| 5 | | | | | | | | | | |

UNIT # 2 — TOWED DUE TO DISABLING DAMAGE ☐ YES ☒ NO — VEHICLE REMOVED TO: Driven From Scene — COMPANY & ADDRESS — BY: Guillen, Roland ( V2 fiancee) — COMPANY & PHONE NUMBER

| ITEM # | SEAT POSITION | NAME (LAST, FIRST, MI) / ADDRESS | SOL | EJECTED | RESTRAINT USED | AIRBAG | HELMET | AGE | SEX | INJURY CODE |
|---|---|---|---|---|---|---|---|---|---|---|
| 6 | 1 | Carrolton, TX | N | 1 | 1 | 1 | 4 | | | A |
| 7 | | | | | | | | | | |
| 8 | | | | | | | | | | |
| 9 | | | | | | | | | | |
| 10 | | | | | | | | | | |

| PED., PEDAL., MOT, CONVEY, ETC. | CASUALTY NAME (LAST, FIRT, MI) / ADDRESS | SOL | ALCOHOL SPECIMEN TAKEN | RESULT | DRUG SPECIMEN TAKEN | RESULT | HELMET | AGE | SEX | INJURY CODE |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | |
| | | | | | | | | | | |

DISPOSITION OF KILLED OR INJURED — IF AMBULANCE USED, SHOW

| ITEM # | TAKEN TO (INCLUDE CITY & STATE) | BY | TIME NOTIFIED | TIME ARRIVED AT SCENE | AMBULANCE UNIT # | # OF ATTENDANTS INCLUDING DRIVER | # OF PERSONS TRANSPORTED FOR TREATMENT |
|---|---|---|---|---|---|---|---|
| 2 | Scott & White Temple, TX | EMS | 3:47 pm | 3:53 pm | 22 | 2 | 1 |
| | | | | | | | |
| | | | | | | | |

COMPLETE THIS SECTION IF PERSON KILLED (if a person dies within 30 days of the crash, please complete this area and mail the supplement to the Crash Records Bureau)

| ITEM # | DATE OF DEATH | TIME OF DEATH | ITEM # | DATE OF DEATH | TIME OF DEATH | ITEM # | DATE OF DEATH | TIME OF DEATH | ITEM # | DATE OF DEATH | TIME OF DEATH |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | |

INVESTIGATOR'S NARRATIVE OPINION OF WHAT HAPPENED (ATTACH ADDITIONAL SHEETS IF NECESSARY)

**V1 stated that he waited for crossing traffic to pass before he pulled out from the private drive. V1 stated when he thought that he had a clear passage he pulled out. V1 stated that he cleared the eastbound lanes and pulled into the median. V1 stated as he began to cross the westbound lanes V2 appeared out of no where causing him to crash into the left side of the vehicle. V2 stated as she was traveling westbound she observed V1 pull into the median so she moved into the middle lane. V2 stated as she pulled into the middle lane she noticed that V1 accelerated and crashed into her car. V2 was transported to the hospital. V2 vehicle was released to Guillen, Roland (V2 fiancée) per her request.**

DIAGRAM

INDICATE NORTH

1-TWO-WAY, NOT DIVIDED
2-TWO-WAY,DIVIDED,UNPROTECTED MEDIAN
3-TWO-WAY,DIVIDED, PROTECTED BARRIER
4-ONE-WAY
9-UNKNOWN

FACTORS AND CONDITIONS LISTED ARE THE INVESTIGATOR'S OPINION

| UNIT # | FACTORS/CONDITIONS CONTRIBUTING | | | OTHER FACTORS/CONDITIONS MAY OR MAY NOT HAVE CONTRIBUTED | | | VEHICLE DEFECTS CONTRIBUTING | | VEHICLE DEFECTS MAY HAVE CONTRIBUTED | |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 1<br>34 | 2 | 3 | 1 | 2 | 3 | 1 | 2 | 1 | 2 |
| | 1 | 2 | 3 | 1 | 2 | 3 | 1 | 2 | 1 | 2 |

1 - ANIMAL ON ROAD – DOMESTIC
2 - ANIMAL ON ROAD – WILD
3 - BACKED WITHOUT SAFETY
4 - CHANGED LANE WHEN UNSAFE
5-13 SEE VEHICLE DEFECTS
14 - DISABLED IN TRAFFIC LANE
15 - DISREGARD STOP AND GO SIGNAL
16 - DISREGARD STOP SIGN OR LIGHT
17 - DISREGARD TURN MARKS AT INTERSECTION
18 - DISREGARD WARNING SIGN AT CONSTRUCTION
19 - DISTRACTION IN VEHICLE
20 - DRIVER INATTENTION
21 - DROVE WITHOUT HEADLIGHTS
22 - FAILED TO CONTROL SPEED
23 - FAILED TO DRIVE IN SINGLE LANE
24 - FAILED TO GIVE HALF OF ROADWAY
25 - FAILED TO HEED WARNING SIGN
26 - FAILED TO PASS TO LEFT SAFELY
27 - FAILED TO PASS TO RIGHT SAFELY
28 - FAILED TO SIGNAL OR GAVE WRONG SIGNAL
29 - FAILED TO STOP AT PROPER PLACE
30 - FAILED TO STOP FOR SCHOOL BUS
31 - FAILED TO STOP FOR TRAIN
32 - FAILED TO YIELD ROW – EMERGENCY VEHICLE
33 - FAILED TO YIELD ROW – OPEN INTERSECTION
34 - FAILED TO YIELD ROW – PRIVATE DRIVE
35 - FAILED TO YIELD ROW – STOP SIGN
36 - FAILED TO YIELD ROW – TO PEDESTRIAN
37 - FAILED TO YIELD ROW – TURNING LEFT
38 - FAILED TO YIELD ROW – TURN ON RED
39 - FAILED TO YIELD ROW – YIELD SIGN
40 - FATIGUED OR ASLEEP
41 - FAULTY EVASIVE ACTION
42 - FIRE IN VEHICLE
43 - FLEEING OR EVADING POLICE
44 - FOLLOWED TOO CLOSELY
45 - HAD BEEN DRINKING
46 - HANDICAPPED DRIVER (EXPLAIN IN NARRATIVE)
47 - ILL (EXPLAIN IN NARRATIVE)
48 - IMPAIRED VISIBILITY (EXPLAIN IN NARRATIVE)
49 - IMPROPER START FROM PARKED POSITION
50 - LOAD NOT SECURED
51 - OPENED DOOR INTO TRAFFIC LANE
52 - OVERSIZE VEHICLE OR LOAD
53 - OVERTAKE & PASS INSUFFICIENT CLEARANCE
54 - PARKED AND FAILED TO SET BRAKES
55 - PARKED IN TRAFFIC LANE
56 - PARKED WITHOUT LIGHTS
57 - PASSED IN NO PASSING LANE
58 - PASSED ON RIGHT SHOULDER
59 - PEDESTRIAN FAILED TO YIELD ROW TO VEHICLE
60 - SPEEDING – UNSAFE (UNDER LIMIT)
61 - SPEEDING – (OVER LIMIT)
62 - TAKING MEDICATION (EXPLAIN IN NARRATIVE)
63 - TURNED IMPROPERLY – CUT CORNER ON LEFT
64 - TURNED IMPROPERLY – WIDE RIGHT
65 - TURNED IMPROPERLY – WRONG LANE
66 - TURNED WHEN UNSAFE
67 - UNDER INFLUENCE – ALCOHOL
68 - UNDER INFLUENCE – DRUG
69 - WRONG SIDE – APPROACH OR IN INTERSECTION
70 - WRONG SIDE – NOT PASSING
71 - WRONG WAY – ONE WAY ROAD
72 - DRIVER INATTENTION-(CELL/MOBILE PHONE USE)
73 - ROAD RAGE
74 - OTHER FACTOR (WRITE ON LINE BELOW)

VEHICLE DEFECTS:
5 - DEFECTIVE OR NO HEADLAMPS
6 - DEFECTIVE OR NO STOP LAMPS
7 - DEFECTIVE OR NO TAIL LAMPS
8 - DEFECTIVE OR NO TURN SIG. LAMPS
9 - DEFECTIVE OR NO TRAILER BRAKES
10 - DEFECTIVE OR NO VEHICLE BRAKES
11 - DEFECTIVE OR NO STEERING MECH
12 - DEFECTIVE OR SLICK TIRES
13 - DEFECTIVE TRAILER HITCH

TRAFFIC CONTROL: 1-NONE; 2-INOPERATIVE; 3-OFFICER; 4-FLAGMAN; 5-SIGNAL LIGHT; 6-FLASHING RED LIGHT; 7-FLASHING YELLOW LIGHT; 8-STOP SIGN; 9-YIELD SIGN; 10-WARNING SIGN; 11-CENTER STRIPE/DIVIDER; 12-NO PASSING ZONE; 13-RR GATES/SIGNAL; 14-SCHOOL ZONE; 15-CROSSWALK; 16-BIKE LANE; 17-OTHER — **1**

ROADWAY RELATION: 1-ON ROADWAY; 2-OFF ROADWAY; 3-SHOULDER; 4-MEDIAN — **1**

PART OF THE ROADWAY: 1-MAIN LANE; 2-SERVICE ROAD; 3-ENTRANCE RAMP; 4-EXIT RAMP; 5-CONNECTOR; 6-DETOUR; 7-OTHER — **1**

ROADWAY ALIGNMENT: 1-STRAIGHT, LEVEL; 2-STRAIGHT, GRADE; 3-STRAIGHT, HILLCREST; 4-CURVE, LEVEL; 5-CURVE, GRADE; 6-CURVE, HILLCREST — **4**

LIGHT CONDITION: 1-DAYLIGHT; 2-DARK, NOT LIGHTED; 3-DARK, LIGHTED; 4-DARK,UNK LIGHTING; 5-DAWN; 6-DUSK; 8-OTHER; 9-UNKNOWN — **1**

TYPE OF ROAD SURFACE: 1-CONCRETE; 2-BLACKTOP; 3-BRICK; 4-GRAVEL; 5-DIRT; 6-OTHER; 7-UNKNOWN — **2**

WEATHER: 1-CLEAR/CLOUDY; 2-RAIN; 3-SLEET/HAIL; 4-SNOW; 5-FOG; 6- BLOWING SAND/SNOW; 7-SEVERE CROSSWINDS; 8-OTHER; 9-UNK — **1**

SURFACE CONDITION: 1-DRY; 2-WET; 3-STANDING WATER; 4-SNOW; 5-SLUSH; 6-ICE; 7-SAND, MUD, DIRT; 8-OTHER; 9-UNK — **1**

| Case Number: | Date: 05/01/08 |
|---|---|
| Location: | |
| Description: | |