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

2009 AUG 19 PM 1:30

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: 01-JUL-2009	Repository ☐
	Reference No.: 10275456

OWNER INFORMATION (Type or Print)

Name [redacted]		Daytime Telephone Number [redacted]	E-mail Address [redacted]
Address [redacted]		Evening Telephone Number SAME	
City WALNUT	**State** CA	**Zip Code** [redacted]	

Do you authorize NH[redacted]y of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an[redacted]A WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 08/03/09

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
19UUA56752A[redacted]	ACURA	TL	2002

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
06/24/01	THOMAS ACURA (626) 915-1602			6	
Original Owner ☒	Dealer's City COVINA	State CA	Zip Code 91723		

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
	☒ Antilock Brakes ☒ Cruise Control			07-JUN-2008

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 141000 AIR BAGS: FRONTAL	Failure Mileage	Failure Speed
DRIVER SIDE AIR BAGG FAILED TO OPERATE. DRIVER SIDE - DRIVER PASSENGER SIDE - NO ONE 0 11 AIR BAG OPERATED	60364	45

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 ACURA TL. WHILE DRIVING 45 MPH, THE CONTACT'S VEHICLE WAS STRUCK HEAD-ON BY ANOTHER VEHICLE, CAUSING A 120 DEGREE CRASH. THE DRIVER'S SIDE AIR BAG FAILED TO DEPLOY. THE CONTACT SUSTAINED NECK INJURIES AND UNDERWENT PHYSICAL THERAPY. A POLICE REPORT WAS FILED. THE VEHICLE WAS INSPECTED BY AN INSURANCE ADJUSTER, WHO WAS UNABLE TO DETERMINE WHY THE AIR BAG DID NOT DEPLOY. THE VEHICLE WAS DESTROYED. THE CONTACT IS IN THE PROCESS OF NOTIFYING THE MANUFACTURER. THE FAILURE MILEAGE WAS 60,364.

TOTALLED

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

STATE OF CALIFORNIA

TRAFFIC COLLISION REPORT

CHP 555 CARS PAGE 1 (REV 11-06) OPI 065

SPECIAL CONDITIONS: Suppl. 071808 CC062508

NUMBER INJURED: 2 | HIT & RUN FELONY: | CITY: UNINCORPORATED | JUDICIAL DISTRICT: WEST COVINA | LOCAL REPORT NUMBER: 08 065

NUMBER KILLED: 0 | HIT & RUN MISDEMEANOR: | COUNTY: LOS ANGELES | REPORTING DISTRICT: | BEAT: 3 | DAY OF WEEK: SATURDAY | TOW AWAY: [X] YES [ ] NO

LOCATION

COLLISION OCCURRED ON: NOGALES ST | MO: 06 DAY: 07 YEAR: 2008 | TIME (2400): 1002 | NCIC #: 9525 | OFFICER I.D.: 018904

MILEPOST INFORMATION: | GPS COORDINATES: LATITUDE 34.00840° LONGITUDE - 117.88735° | PHOTOGRAPHS BY: [X] NONE

[X] AT INTERSECTION WITH: [ ] OR: NORTHAM ST | STATE HWY REL: [ ] YES [X] NO

PARTY 1

DRIVER'S LICENSE NUMBER: [redacted] | STATE: CA | CLASS: C | AIR BAG: L | SAFETY EQUIP.: G

VEH. YEAR: 2002 | MAKE / MODEL / COLOR: ACUR 3.2 TL SIL | LICENSE NUMBER: [redacted] | STATE: CA

DRIVER [X] | NAME(FIRST, MIDDLE, LAST): [redacted]

OWNER'S NAME: [X] SAME AS DRIVER

PEDESTRIAN [ ] | STREET ADDRESS: [redacted]

OWNER'S ADDRESS: [X] SAME AS DRIVER

PARKED VEHICLE [ ] | CITY / STATE / ZIP: WALNUT CA [redacted]

DISPOSITION OF VEHICLE ON ORDERS OF: [ ] OFFICER [X] DRIVER [ ] OTHER

BICYCLIST [ ] | SEX: M | HAIR: BLK | EYES: BRN | HEIGHT: 5-06 | WEIGHT: 135 | BIRTHDATE MO [redacted] DAY YEAR | RACE: H

HADDICK'S TOW - (626)330-3289

OTHER [ ] | HOME PHONE: [redacted] | BUSINESS PHONE: [redacted]

PRIOR MECH. DEFECTS: [X] NONE APP. [ ] REFER TO NARRATIVE

VEHICLE IDENTIFICATION NUMBER:

INSURANCE CARRIER: AAA | POLICY NUMBER: [redacted]

VEHICLE TYPE: 01 | DESCRIBE VEHICLE DAMAGE: [ ] UNK [ ] NONE [ ] MINOR [X] MOD [ ] MAJOR [ ] ROLL-OVER | SHADE IN DAMAGED AREA

DIR OF TRAVEL: S | ON STREET OR HIGHWAY: NOGALES ST | SPEED LIMIT: 45

CA _____ DOT _____

CAL-T _____ TCP/PSC _____ MC/MX _____

PARTY 2

DRIVER'S LICENSE NUMBER: [redacted] | STATE: CA | CLASS: C | AIR BAG: M | SAFETY EQUIP.: G

VEH. YEAR: 2001 | MAKE / MODEL / COLOR: TOYT TACOMA GRN | [redacted] | STATE: CA

DRIVER [X] | NAME(FIRST, MIDDLE, LAST): [redacted]

OWNER'S NAME: [X] SAME AS DRIVER

PEDESTRIAN [ ] | STREET ADDRESS: [redacted]

OWNER'S ADDRESS: [X] SAME AS DRIVER

PARKED VEHICLE [ ] | CITY / STATE / ZIP: LA PUENTE CA [redacted]

DISPOSITION OF VEHICLE ON ORDERS OF: [ ] OFFICER [X] DRIVER [ ] OTHER

BICYCLIST [ ] | SEX: M | HAIR: BLK | EYES: BRN | HEIGHT: 5-02 | WEIGHT: 180 | BIRTHDATE MO [redacted] DAY YEAR | RACE: H

BOB'S TOWING - (626)965-2407

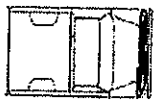
OTHER [ ] | HOME PHONE: [redacted] | BUSINESS PHONE: [redacted]

PRIOR MECHANICAL DEFECTS: [X] NONE APP. [ ] REFER TO NARRATIVE

VEHICLE IDENTIFICATION NUMBER:

INSURANCE CARRIER: MERCURY | POLICY NUMBER: [redacted]

VEHICLE TYPE: 22 | DESCRIBE VEHICLE DAMAGE: [ ] UNK [ ] NONE [ ] MINOR [X] MOD [ ] MAJOR [ ] ROLL-OVER | SHADE IN DAMAGED AREA



DIR OF TRAVEL: W | ON STREET OR HIGHWAY: NORTHAM ST | SPEED LIMIT: 25

CA _____ DOT _____

CAL-T _____ TCP/PSC _____ MC/MX _____

PARTY 3

DRIVER'S LICENSE NUMBER | STATE | CLASS | AIR BAG | SAFETY EQUIP.

VEH. YEAR | MAKE / MODEL / COLOR | LICENSE NUMBER | STATE

DRIVER [ ] | NAME(FIRST, MIDDLE, LAST)

OWNER'S NAME: [ ] SAME AS DRIVER

PEDESTRIAN [ ] | STREET ADDRESS

OWNER'S ADDRESS: [ ] SAME AS DRIVER

PARKED VEHICLE [ ] | CITY / STATE / ZIP

DISPOSITION OF VEHICLE ON ORDERS OF: [ ] OFFICER [ ] DRIVER [ ] OTHER

BICYCLIST [ ] | SEX | HAIR | EYES | HEIGHT | WEIGHT | BIRTHDATE MO DAY YEAR | RACE

PRIOR MECHANICAL DEFECTS: [ ] NONE APP. [ ] REFER TO NARRATIVE

OTHER [ ] | HOME PHONE | BUSINESS PHONE

VEHICLE IDENTIFICATION NUMBER:

INSURANCE CARRIER | POLICY NUMBER

VEHICLE TYPE | DESCRIBE VEHICLE DAMAGE: [ ] UNK [ ] NONE [ ] MINOR [ ] MOD [ ] MAJOR [ ] ROLL-OVER | SHADE IN DAMAGED AREA

DIR OF TRAVEL | ON STREET OR HIGHWAY | SPEED LIMIT

CA _____ DOT _____

CAL-T _____ TCP/PSC _____ MC/MX _____

PREPARER'S NAME: ALEXANDER ORTIZ 018904 | DISPATCH NOTIFIED: [X] YES [ ] NO [ ] N/A | REVIEWER'S NAME: | DATE REVIEWED: 6/25/08

STATE OF CALIFORNIA

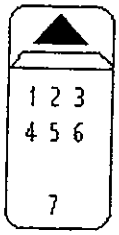
TRAFFIC COLLISION CODING

CHP 555 CARS PAGE2 (REV. 11-06) OPI 065

DATE OF COLLISION (MO. DAY YEAR)	TIME(2400)	NCIC #		OFFICER I.D.	NUMBER
06/07/2008	1002	9525		018904	

PROPERTY DAMAGE	OWNER	OWNER ADDRESS	NOTIFIED
	DESCRIPTION OF DAMAGE: NONE		☐ YES ☐ NO

SEATING POSITION



1 - DRIVER
2 TO 6 - PASSENGERS
7 - STA. WGN REAR
8 - RR. OCC TRK. OR VAN
9 - POSITION UNKNOWN
0 - OTHER

SAFETY EQUIPMENT

OCCUPANTS
A - NONE IN VEHICLE
B - UNKNOWN
C - LAP BELT USED
D - LAP BELT NOT USED
E - SHOULDER HARNESS USED
F - SHOULDER HARNESS NOT USED
G - LAP/SHOULDER HARNESS USED
H - LAP/SHOULDER HARNESS NOT USED
J - PASSIVE RESTRAINT USED
K - PASSIVE RESTRAINT NOT USED

L - AIR BAG DEPLOYED
M - AIR BAG NOT DEPLOYED
N - OTHER
P - NOT REQUIRED

CHILD RESTRAINT
Q - IN VEHICLE USED
R - IN VEHICLE NOT USED
S - IN VEHICLE USE UNKNOWN
T - IN VEHICLE IMPROPER USE
U - NONE IN VEHICLE

M/C BICYCLE - HELMET
DRIVER: V - NO, W - YES
PASSENGER: X - NO, Y - YES

EJECTED FROM VEHICLE
0 - NOT EJECTED
1 - FULLY EJECTED
2 - PARTIALLY EJECTED
3 - UNKNOWN

INATTENTION CODES

A - CELL PHONE HANDHELD
B - CELL PHONE HANDSFREE
C - ELECTRONIC EQUIPMENT
D - RADIO / CD
E - SMOKING
F - EATING
G - CHILDREN
H - ANIMALS
I - PERSONAL HYGIENE
J - READING
K - OTHER

ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK (*) SHOULD BE EXPLAINED IN THE NARRATIVE.

PRIMARY COLLISION FACTOR — LIST NUMBER (#) OF PARTY AT FAULT: 1

- A — VC SECTION VIOLATED: CITED ☐ YES ☒ NO — 21451(A)
- B — OTHER IMPROPER DRIVING*
- C — OTHER THAN DRIVER*
- D — UNKNOWN*

WEATHER (MARK 1 TO 2 ITEMS)

- X A CLEAR
- B CLOUDY
- C RAINING
- D SNOWING
- E FOG / VISIBILITY FT.
- F OTHER:*
- G WIND

LIGHTING

- X A DAYLIGHT
- B DUSK - DAWN
- C DARK - STREET LIGHTS
- D DARK - NO STREET LIGHTS
- E DARK - STREET LIGHTS NOT FUNCTIONING*

ROADWAY SURFACE

- X A DRY
- B WET
- C SNOWY - ICY
- D SLIPPERY (MUDDY, OILY, ETC.)

ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)

- A HOLES, DEEP RUT*
- B LOOSE MATERIAL ON ROADWAY*
- C OBSTRUCTION ON ROADWAY*
- D CONSTRUCTION - REPAIR ZONE
- E REDUCED ROADWAY WIDTH
- F FLOODED*
- G OTHER*:
- X H NO UNUSUAL CONDITIONS

TRAFFIC CONTROL DEVICES

- X A CONTROLS FUNCTIONING
- B CONTROLS NOT FUNCTIONING*
- C CONTROLS OBSCURED
- D NO CONTROLS PRESENT / FACTOR*

TYPE OF COLLISION

- A HEAD - ON
- B SIDE SWIPE
- C REAR END
- X D BROADSIDE
- E HIT OBJECT
- F OVERTURNED
- G VEHICLE / PEDESTRIAN
- H OTHER*:

MOTOR VEHICLE INVOLVED WITH

- A NON - COLLISION
- B PEDESTRIAN
- X C OTHER MOTOR VEHICLE
- D MOTOR VEHICLE ON OTHER ROADWAY
- E PARKED MOTOR VEHICLE
- F TRAIN
- G BICYCLE
- H ANIMAL:
- I FIXED OBJECT:
- J OTHER OBJECT:

PEDESTRIAN'S ACTIONS

- X A NO PEDESTRIANS INVOLVED
- B CROSSING IN CROSSWALK AT INTERSECTION
- C CROSSING IN CROSSWALK - NOT AT INTERSECTION
- D CROSSING - NOT IN CROSSWALK
- E IN ROAD - INCLUDES SHOULDER
- F NOT IN ROAD
- G APPROACHING / LEAVING SCHOOL BUS

	1	2	3
TRAFFIC CONTROL DEVICES			
A CONTROLS FUNCTIONING	X		
B CONTROLS NOT FUNCTIONING*			
C CONTROLS OBSCURED			
D NO CONTROLS PRESENT / FACTOR*			
TYPE OF COLLISION			
A HEAD - ON			
B SIDE SWIPE			
C REAR END			
D BROADSIDE		X	
E HIT OBJECT			
F OVERTURNED			
G VEHICLE / PEDESTRIAN			
H OTHER*:			
MOTOR VEHICLE INVOLVED WITH			
A NON - COLLISION			
B PEDESTRIAN			
C OTHER MOTOR VEHICLE	X		
D MOTOR VEHICLE ON OTHER ROADWAY			
E PARKED MOTOR VEHICLE			
F TRAIN			
G BICYCLE			
H ANIMAL:			
I FIXED OBJECT:			
J OTHER OBJECT:			
PEDESTRIAN'S ACTIONS			
A NO PEDESTRIANS INVOLVED	X		
B CROSSING IN CROSSWALK AT INTERSECTION			
C CROSSING IN CROSSWALK - NOT AT INTERSECTION			
D CROSSING - NOT IN CROSSWALK			
E IN ROAD - INCLUDES SHOULDER			
F NOT IN ROAD	X	X	
G APPROACHING / LEAVING SCHOOL BUS			

SPECIAL INFORMATION	1	2	3
A HAZARDOUS MATERIAL		X	
B CELL PHONE HANDHELD IN USE	X		
C CELL PHONE HANDSFREE IN USE			
D CELL PHONE NOT IN USE			
E SCHOOL BUS RELATED			
F 75 FT MOTORTRUCK COMBO			
G 32 FT TRAILER COMBO			
H			
I			
J			
K			
L			
M			
N			
O			
P			
Q			

OTHER ASSOCIATED FACTORS (MARK 1 TO 2 ITEMS)

	1	2	3
A VC SECTION VIOLATED: CITED ☐ YES ☐ NO			
B VC SECTION VIOLATED: CITED ☐ YES ☐ NO			
C VC SECTION VIOLATED: CITED ☐ YES ☐ NO			
D [redacted]	X	X	
E VISION OBSCUREMENT:			
F INATTENTION*:			
G STOP & GO TRAFFIC			
H ENTERING / LEAVING RAMP			
I PREVIOUS COLLISION			
J UNFAMILIAR WITH ROAD			
K DEFECTIVE VEH. EQUIP.: CITED ☐ YES ☐ NO			
L UNINVOLVED VEHICLE			
M OTHER*:			
N NONE APPARENT			
O RUNAWAY VEHICLE			

MOVEMENT PRECEDING COLLISION	1	2	3
A STOPPED		X	
B PROCEEDING STRAIGHT	X		
C RAN OFF ROAD			
D MAKING RIGHT TURN			
E MAKING LEFT TURN			
F MAKING U TURN			
G BACKING			
H SLOWING / STOPPING			
I PASSING OTHER VEHICLE			
J CHANGING LANES			
K PARKING MANEUVER			
L ENTERING TRAFFIC			
M OTHER UNSAFE TURNING			
N XING INTO OPPOSING LANE			
O PARKED			
P MERGING			
Q TRAVELING WRONG WAY			
R OTHER*:			

SOBRIETY - DRUG PHYSICAL (MARK 1 TO 2 ITEMS)	1	2	3
A HAD NOT BEEN DRINKING	X	X	
B HBD - UNDER INFLUENCE			
C HBD - NOT UNDER INFLUENCE*			
D HBD - IMPAIRMENT UNKNOWN*			
E UNDER DRUG INFLUENCE*			
F IMPAIRMENT - PHYSICAL*			
G IMPAIRMENT NOT KNOWN			
H NOT APPLICABLE			
I SLEEPY / FATIGUED			

SKETCH — FOR SKETCH DIAGRAM, SEE PAGE 4

INDICATE NORTH

MISCELLANEOUS

LOG#928

STATE OF CALIFORNIA

INJURED / WITNESSES / PASSENGERS

CHP 555 CARS PAGE 3 (REV 11-06) OPI 065

DATE OF COLLISION (MO. DAY YEAR)	TIME(2400)	NCIC #	OFFICER I.D.	NUMBER
06/07/2008	1002	9525	018904	

WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY('X' ONE): FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	INJURED WAS ('X' ONE): DRIVER	PASS.	PED.	BICYCLIST	OTHER	PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED
☐ #	☐	[redacted]		☐	☐	☐	☒	☒	☐	☐	☐	☐	1	1	L	G	0

NAME / D.O.B. / ADDRESS: [redacted] CA [redacted]

TELEPHONE: [redacted]

(INJURED ONLY) TRANSPORTED BY: MEDIC 1

TAKEN TO: QUEEN OF THE VALLEY HOSPITAL

DESCRIBE INJURIES:

COMPLAINT OF PAIN TO HEAD, NECK, AND BACK-TREATED BY EMERGENCY ROOM STAFF

☐ VICTIM OF VIOLENT CRIME NOTIFIED

WITNESS ONLY	PASSENGER ONLY	AGE	SEX	FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER	PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED
☐ #	☐	[redacted]		☐	☐	☐	☒	☒	☐	☐	☐	☐	2	1	M	G	0

NAME / D.O.B. / ADDRESS: [redacted] LA PUENTE CA [redacted]

TELEPHONE: [redacted]

(INJURED ONLY) TRANSPORTED BY: MEDIC 1

TAKEN TO: QUEEN OF THE VALLEY HOSPITAL

DESCRIBE INJURIES:

COMPLAINT OF PAIN TO HEAD, NECK, AND BACK-TREATED BY EMERGENCY ROOM STAFF

☐ VICTIM OF VIOLENT CRIME NOTIFIED

WITNESS ONLY	PASSENGER ONLY	AGE	SEX	FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER	PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED
☐ #	☐			☐	☐	☐	☐	☐	☐	☐	☐	☐					

NAME / D.O.B. / ADDRESS:

TELEPHONE:

(INJURED ONLY) TRANSPORTED BY:

TAKEN TO:

DESCRIBE INJURIES:

☐ VICTIM OF VIOLENT CRIME NOTIFIED

WITNESS ONLY	PASSENGER ONLY	AGE	SEX	FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER	PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED
☐ #	☐			☐	☐	☐	☐	☐	☐	☐	☐	☐					

NAME / D.O.B. / ADDRESS:

TELEPHONE:

(INJURED ONLY) TRANSPORTED BY:

TAKEN TO:

DESCRIBE INJURIES:

☐ VICTIM OF VIOLENT CRIME NOTIFIED

WITNESS ONLY	PASSENGER ONLY	AGE	SEX	FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER	PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED
☐ #	☐			☐	☐	☐	☐	☐	☐	☐	☐	☐					

NAME / D.O.B. / ADDRESS:

TELEPHONE:

(INJURED ONLY) TRANSPORTED BY:

TAKEN TO:

DESCRIBE INJURIES:

☐ VICTIM OF VIOLENT CRIME NOTIFIED

WITNESS ONLY	PASSENGER ONLY	AGE	SEX	FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER	PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED
☐ #	☐			☐	☐	☐	☐	☐	☐	☐	☐	☐					

NAME / D.O.B. / ADDRESS:

TELEPHONE:

(INJURED ONLY) TRANSPORTED BY:

TAKEN TO:

DESCRIBE INJURIES:

☐ VICTIM OF VIOLENT CRIME NOTIFIED

PREPARER'S NAME	I.D. NUMBER	MO. DAY YEAR	REVIEWER'S NAME	MO. DAY YEAR
ALEXANDER ORTIZ	018904	06/07/2008		

STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

(1/2)

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
06/07/2008	1002	9525	018904	

ADDITIONAL SUPPLEMENTAL:

OPINIONS AND CONCLUSIONS:

SUMMARY:

Party #1 was traveling southbound in vehicle #1 on Nogales St. in the #1 lane, at approximately 40 mph, just north of Northam St. Party #2 was traveling in vehicle #2 northtbound on Northam St. intending to make a left turn onto westbound Northam St. This collision occurred when P-2 entered the intersection on a green light but failed to yield to V-1 who was lawfully within the intersection. The left front of V-1 struck the front of V-2. After the collision, both vehicles were found as shown in the diagram and described in the legend.

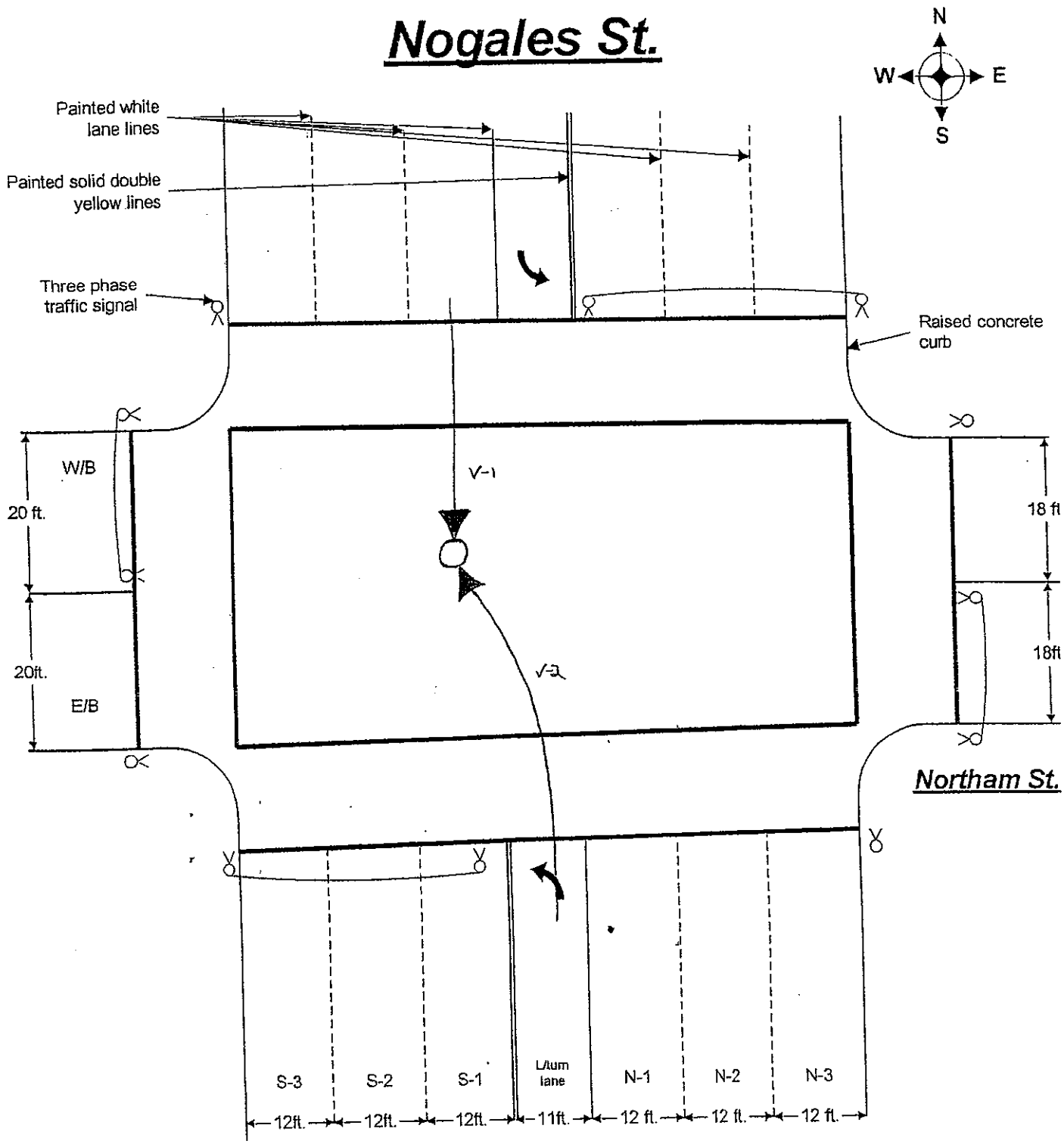
I am requesting a change to the party at fault for this collision, due to the information given by Party #2 [redacted] at the interview given on the date of 07-03-08. During the interview P-2 stated he was traveling northbound on Nogales St. and was intending to turn left traveling westbound on Northam St. Due to this change in direction and through further review, I have determined that P-2 failed to yield to oncoming traffic and turned left at the intersection a violation of 21800(a) VC (failure to yield to oncoming traffic at an intersection). Party #1 ([redacted] was not at fault for this collision due to southbound traffic lanes having the right-of-way at this location.

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
ALEXANDER ORTIZ	018904	06/07/2008	D Carrillo	8/14/08

STATE OF CALIFORNIA
NARRATIVE / SUPPLEMENTAL

PAGE 2/2 OF

DATE OF INCIDENT/OCCURRENCE	TIME	NCIC NUMBER	OFFICER I.D	NUMBER
06-07-08	1002	9525	18904	06 065



PREPARER'S NAME AND I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
A. ORTIZ	08/13/2008		