U.S. Department of Transportation

National Highway Traffic Safety Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire

To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received	Repository ☐
APR 26 2010 (22-FEB-2010)	Reference No. 10312689

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number [redacted]	E-mail Address
Address	[redacted]	Evening Telephone Number [redacted]	
City PRESCOTT	State WI	Zip Code [redacted]	

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
JT2SK12E6P0 [redacted]	TOYOTA	CAMRY	1983

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
1993	Maplewood Toyota 612-482-1322			4	
Original Owner ☒	Dealer's City Maplewood	State MN	Zip Code 55109		

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
Manual	☐ Antilock Brakes ☒ Cruise Control		Cruise Control	09-OCT-2004

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 180000 VEHICLE SPEED CONTROL	Failure Mileage	Failure Speed
	199833	55

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 1983 TOYOTA CAMRY. THE CONTACT STATED AS SHE WAS DRIVING 55MPH WITH THE VEHICLE SPEED CONTROL ACTIVATED, THE VEHICLE ACCELERATED AND WAS MOVING SIDE TO SIDE. SHE LOST CONTROL OF THE STEERING WHEEL AND THE VEHICLE WENT INTO A DITCH CAUSING IT TO ROLL OVER AND CRASH INTO THE WALL. THE VEHICLE WAS TOTALLED. THE CONTACT WAS THE ONLY PERSON INJURED. SHE HAD TO BE CUT OUT OF THE VEHICLE AND A HELICOPTER TOOK HER TO THE HOSPITAL. THERE IS A POLICE REPORT IF NEEDED. THE VEHICLE WAS TOWED AWAY FROM THE SCENE. NO MAINTENANCE WAS PERFORMED ON THE VEHICLE PRIOR TO THE FAILURE. THE CONTACT DID NOT CALL THE MANUFACTURER UNTIL RECENTLY. THE VIN NUMBER IS UNKNOWN. THE THE FAILURE MILEAGE WAS 199,833.

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

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

Was driving between River Falls, WI & Prescott, WI, had cruise set at 55 (speed limit) straight road, all of a sudden car speeded up, going [illegible] from side to side (no cars coming) couldn't get brakes to work & had no control as to where the car went, rolled several times - went into a ditch which stopped the car - I was pinned in, had seat belt on. Had to be cut from the car - was taken to River Falls hospital by ambulance from there helicoptered to Regions hospital, St Paul, MN. Had bad cut on the head and many bruises. They thought the head cut was worse than it was. Was released a few days later. At that time was hit with Toyota problems & police didn't think it necessary to investigate.

ATTACH ADDITIONAL SHEETS IF NECESSARY [redacted]

U.S. Department of Transportation
National Highway Traffic Safety Administration
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382

Official Business
Penalty for Private Use $300

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382

Enclosed are all the papers, reports and pictures about my (1993) Toyota Car accident of 10/9/04. I'm sorry it has taken so long to get this to you, but it took some time to get it all together, plus was in the hospital.

I hope you can do something with this company, I had planned this would be my last car - I feel they should do something for reimbursement other than compensate for all the rest of the problems.

Sincerely,

[redacted]

[redacted]
[redacted]
Prescott, WI [redacted]

814/132

Amended Document ◯ On Emergency ◯

Document Number Override 0

Wisconsin Motor Vehicle Accident Report

Police No. 0413009

INSTRUCTIONS
Please use a Black Ink Pen or #2 Pencil.
Mark Areas as shown: Correct Mark ● Incorrect Marks

Reportable Accident 1 ● Ⓝ

County	MUN/TWP	Accident Date (Month / Day / Year)	Time of Accident (Military Time) Hour / Min.	Total Number Units / Injured / Killed
47	01	Oct / 09 / 04	1020	01 / 01 / 00

Hit & Run Ⓨ ●
Government Property Ⓨ ●
Fire (Narrative) Ⓨ ●
Photos Taken (Narrative) ● Ⓝ
Trailer or Towed (Narrative) Ⓨ ●
Truck or Bus (Last Page) Ⓨ ●
Load Spillage Ⓨ ●
Construction Zone Ⓨ ●
Names Exchanged 9 Ⓨ ●

Unit #

Sheet No. 1 Of 1 10

ACCIDENT LOCATION 11
◯ Public Highway, Intersection/Related
● Public Highway, Non-Intersection
◯ Parking Lot
◯ Private Property or Road

LATITUDE (GPS) Degrees: 12 Minutes: Seconds: LONGITUDE (GPS) Degrees: 13 Minutes: Seconds:

Please Do Not Write In This Microfilm Space

ON Hwy No. and / Street Name 14 STH 29
Estimated 0.2 ◯ FT. ● MI. Ⓝ ● Ⓔ Ⓢ Ⓦ 15
FROM/AT Hwy No. and / Street Name 16 CTH QQ

◯ House # ◯ Fire # ◯ Other ◯ Utility # ◯ Railroad # 17
Agency Space 18 52/32
Special Study 19 ①②③④

	Unit 1	Unit 2
Unit Number (20)	● 1	
Unit Type (21)	● 1	
Total Number of Occupants (22)	1	
Direction of Travel (Before the Accident) (23)	● W	
Speed Limit		
OPERATOR NAME Last / First / M.I. (25)	[redacted]	
ADDRESS Street & Number (26)	[redacted]	
City & State (27) / ZIP / Phone Number (28)	PRESCOTT WI [redacted]	
Driver's License Number (29)	[redacted]	
State (30) / Exp. Year (31)	WI / 07	
Date of Birth (32)	[redacted]	
Sex (33)	● F	
CMV	● N	
Operating as Classified		
Class (Mark Only One)	●	
Endorse (Mark All That Apply)		
On Duty Accident	Ⓟ Police Ⓔ EMT/First Responder Ⓕ Fire Fighter Ⓗ Winter Hwy Maintenance	Ⓟ Police Ⓔ EMT/First Responder Ⓕ Fire Fighter Ⓗ Winter Hwy Maintenance
Severity (38)	●	
Seat Position (39)	1	
Safety Equipment (40)	1	
Airbag (41)	● Deployed	
Ejected (42)	● Not Ejected	
Trapped/Extricated (43)	● Trapped/Extricated	
Medical Transport (44)		
Vehicle Owner Same (45)	● Y	Ⓨ Ⓝ
Last Name / First / M.I. (46)		
Street Address (47)		
City & State (48) / ZIP / Phone Number (49)		
Year of Vehicle (50)	1993	
Make (51)	TOYO	
Model (52)	CAM	
Body Style (53)	4DR	
Color (54)	GRY	
Vehicle ID Number (55)	JT2SK12E6PO[redacted]	
License Plate Number (56)	[redacted]	
Plate Type (57)	[redacted]	
State (58) / Exp. Year (59)	WI / 05	
Citation (62)	●	①②③
Policy Holder's Name Same (60) (61)	● Y	Ⓨ Ⓝ
Liability Insurance Company (63)	AMERICAN FAMILY	
Stat. # (64)		

Trapped/Extricated options: ① Not Applicable ② Not Trapped ③ Trapped/Extricated ④ Trapped/Not Extricated ⑤ Unknown

Ejected options: ① Not Applicable ② Not Ejected ③ Totally Ejected ④ Partially Ejected ⑤ Unknown

Airbag options: ① Deployed ② Non Deployed ③ Not Applicable ④ Unknown

Accident No.

Occupant Unit Number 65 ①②③④⑤⑥⑦⑧⑨⑩
NAME Last First M.I. 66
Date of Birth 67
Sex Ⓜ Ⓕ
Severity Ⓚ Ⓐ Ⓑ Ⓒ Ⓝ 70
Seat Position 71
Safety Equipment 72
AIRBAG 73 ① Deployed ② Non Deployed ③ Not Applicable ④ Unknown
ADDRESS Street & Number City & State ZIP 68
Address Same as Operator ◯ Yes ◯ No 74
EJECTED 75 ① Not Applicable ② Not Ejected ③ Totally Ejected ④ Partially Ejected ⑤ Unknown
TRAPPED/EXTRICATED 76 ① Not Applicable ② Not Trapped ③ Trapped/Extricated ④ Trapped/Not Extricated ⑤ Unknown
Medical Transport 77 Ⓨ Ⓝ
Agency Space 78
EMS Number 79

Date 10-09-04

Location STH 29 .2 M W of CTH QQ

MV4000 899

Occupant

Occupant Unit Number: ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

NAME Last	First	M.I.	Date of Birth	Sex Ⓜ Ⓕ	Severity Ⓚ Ⓝ Ⓐ Ⓑ Ⓒ	SEAT Position	SAFETY Equipment	AIRBAG
								① Deployed ② Non Deployed ③ Not Applicable ④ Unknown

ADDRESS Street & Number | City & State | ZIP

Address Same as Operator ◯ Yes ◯ No

EJECTED: ① Not Applicable ② Not Ejected ③ Totally Ejected ④ Partially Ejected ⑤ Unknown

TRAPPED/EXTRICATED: ① Not Applicable ② Not Trapped ③ Trapped/Extricated ④ Trapped/Not Extricated ⑤ Unknown

Medical Transport Ⓨ Ⓝ

Agency Space

Occupant

Occupant Unit Number: ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

NAME Last	First	M.I.	Date of Birth	Sex Ⓜ Ⓕ	Severity Ⓚ Ⓝ Ⓐ Ⓑ Ⓒ	SEAT Position	SAFETY Equipment	AIRBAG
								① Deployed ② Non Deployed ③ Not Applicable ④ Unknown

ADDRESS Street & Number | City & State | ZIP

Address Same as Operator ◯ Yes ◯ No

EJECTED: ① Not Applicable ② Not Ejected ③ Totally Ejected ④ Partially Ejected ⑤ Unknown

TRAPPED/EXTRICATED: ① Not Applicable ② Not Trapped ③ Trapped/Extricated ④ Trapped/Not Extricated ⑤ Unknown

Medical Transport Ⓨ Ⓝ

Agency Space

Type of Accident

First Harmful Event 26 — 80

Most Harmful Event

Unit Number	Unit Number
● ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩	① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

81 (select one per vehicle)

Collision With Object Not Fixed

①	Motor Vehicle in Transport	①
②	Parked Motor Vehicle	②
③	Deer	③
④	Pedalcycle	④
⑤	Pedestrian	⑤
⑥	Railway Train	⑥
⑦	Other Animal	⑦
⑧	Motor Vehicle in Transport In Other Roadway	⑧
⑨	Other Object (Not Fixed)	⑨

Collision With Fixed Object

⑩	Traffic Sign Post	⑩
⑪	Traffic Signal	⑪
⑫	Utility Pole	⑫
⑬	Lum. Light Support	⑬
⑭	Other Post	⑭
⑮	Tree	⑮
⑯	Mailbox	⑯
⑰	Guardrail Face	⑰
⑱	Guardrail End	⑱
⑲	Median Barrier	⑲
⑳	Bridge Parapet End	⑳
㉑	Bridge/Pier/Abut.	㉑
㉒	Impact Attenuator	㉒
㉓	Overhead Sign Post	㉓
㉔	Bridge Rail	㉔
㉕	Culvert	㉕
㉖	Ditch	㉖
㉗	Curb	㉗
㉘	Embankment	㉘
㉙	Fence	㉙
㉚	Other Fixed Object	㉚
㉛	Unknown	㉛

Non-Collision

●	Overturn	㉜
㉝	Fire/Explosion	㉝
㉞	Immersion	㉞
㉟	Jackknife	㉟
㊱	Other Non-Collision	㊱

Driver Condition

Unit Number	Unit Number
● ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩	① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Driver Factors (Or Pedestrians) — 88

①	Appeared Normal	①
②	Reduced Alertness	②
③	Ability Impaired	③
●	Not Observed	④

Presence — 89

⑤	Neither Alcohol nor Drugs Present	⑤
⑥	Yes—Alcohol Present	⑥
⑦	Yes—Drugs Present	⑦
⑧	Yes—Alcohol & Drugs Present	⑧
●	Unknown	⑨

Alcohol — 90

AC Value	AC Value

●	Test Not Given	⑩
⑪	Test Refused	⑪
⑫	Test Given, Alcohol Unknown	⑫
⑬	Test Given, No Alcohol Reported	⑬

Drugs — 91

●	Test Not Given	⑭
⑮	Test Refused	⑮
⑯	Test Given, Drugs Unknown	⑯
⑰	Test Given, No Drugs Reported	⑰
⑱	Drugs Reported (Specify Below)	⑱
⑲	Marijuana	⑲
⑳	Cocaine	⑳
㉑	Opiates	㉑
㉒	Amphetamines	㉒
㉓	PCP	㉓
㉔	Other Drug Medication	㉔
㉕	Type Unknown	㉕

Unit # ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Pedestrian

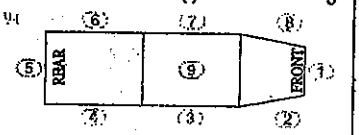
Location	Action
① In Crosswalk	① Walking not Facing Traffic
② In Roadway	② Disregarded Signal
③ Not in Roadway	③ Darting into Road
④ On Sidewalk	④ Dark Clothing
	⑤ Walking Facing Traffic

Manner of Collision

● No Collision with Motor Vehicle in Transport
② Rear-end
③ Head On
④ Rear to Rear
⑤ Angle
⑥ Sideswipe, Same Direction
⑦ Sideswipe, Opposite Direction
⑧ Unknown

Unit # ● ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Darken Numbered Area(s) of Vehicle Damage — 94



⓪ None
⑩ Undercarriage
● Total (Damage to All Areas)
⑫ Other
⑬ Unknown

Extent of Damage — 95

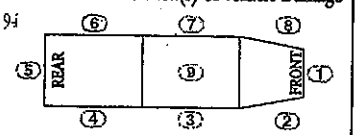
⓪ None
① Very Minor
② Minor
③ Moderate
● Severe
⑤ Very Severe
⑥ Unknown

Vehicle Towed Due to Damage 96 ● Ⓝ

Vehicle Removed By: 97 AUTOWORKS

Unit # ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Darken Numbered Area(s) of Vehicle Damage — 94



⓪ None
⑩ Undercarriage
⑪ Total (Damage to All Areas)
⑫ Other
⑬ Unknown

Extent of Damage — 95

⓪ None
① Very Minor
② Minor
③ Moderate
④ Severe
⑤ Very Severe
⑥ Unknown

Vehicle Towed Due to Damage 96 Ⓨ Ⓝ

Vehicle Removed By: 97

82 Fixed Object Struck

Unit #	Unit #	Unit #	Unit #

Govt. Damage Tag # 83

PROPERTY OWNER Last | First | M.I. 84

ADDRESS Street & Number 85

City & State 86 | ZIP | Phone Number ( ) 87

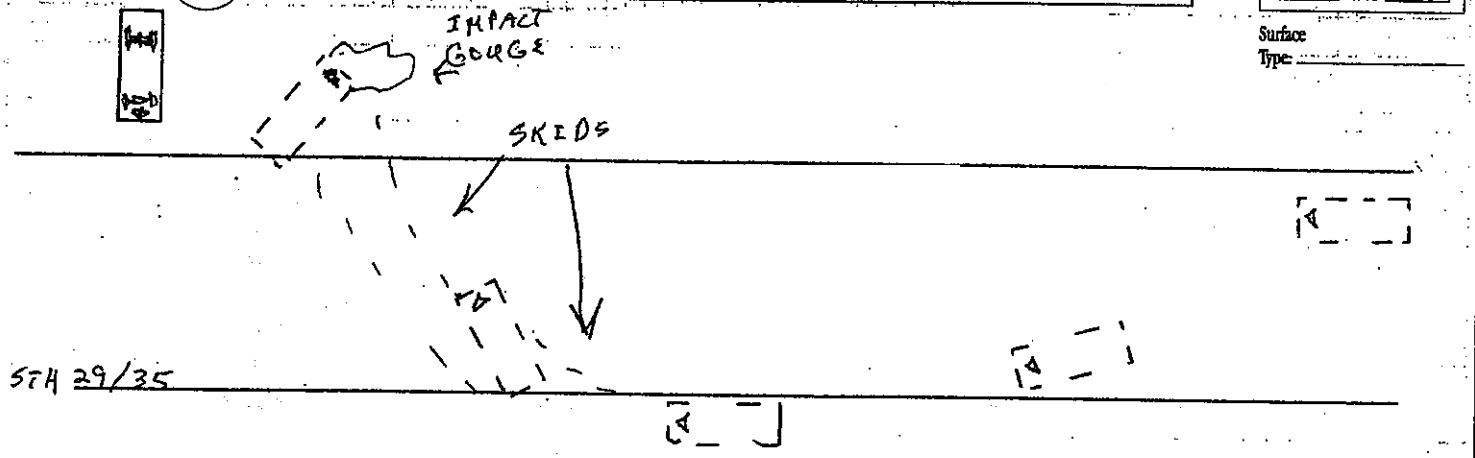
Draw Diagram of Accident & Indicate North with an arrow in the circle. 98

99 Pictorial Representation of Narrative

Supplemental Reports 101 ● (N) | Witness Statements 102 ● (N) | Measurements Taken 103 (Y) ●

Skidmarks to Impact: Unit 1 ○ 100 FEET Unit 2

Surface Type:



NARRATIVE

OPERATOR STATED SHE HAD CAR ON CRUISE AND IT SUDDENLY SPED UP AND PULLED LEFT. SHE LOST CONTROL OF VEHICLE SKIDDED ACROSS FROM LEFT SHOULDER TO RIGHT DITCH WHERE IT ROLLED OVER. SHE ALSO STATED, "THE SUN WAS IN MY EYES"

106 Power Unit #: Unit #: Trailer(s) Plate #: Unit Type: Trailer Type:

Photos By: BFPD - DIGITAL
105. KULENKAMP

What Drivers Were Doing

Unit Number		Unit Number
● 2 3 4 5 6 7 8 9 10	119	1 2 3 4 5 6 7 8 9 10

●	Going Straight	1
2	Making Left Turn	2
3	Making Right Turn	3
4	Slowing or Stopping	4
5	Stopped in Traffic	5
6	Legally Parked	6
7	Violating No Passing Zone	7
8	Illegally Parked	8
9	Parking Maneuver	9
10	Backing Maneuver	10
11	Changing Lanes	11
12	Overtaking on Left	12
13	Overtaking on Right	13
14	Making U Turn	14
15	Turning on Red	15
16	Merging	16
17	Negotiating Curve	17
18	Other	18

Traffic Control

Unit Number		Unit Number
● 2 3 4 5 6 7 8 9 10	120	1 2 3 4 5 6 7 8 9 10

●	No Control	1
2	Traffic Signal Operating	2
3	Traffic Signal Flashing	3
4	Stop Sign	4
5	Stop Sign with Flasher	5
6	Warning	6
7	Warn Sign with Flasher	7
8	Yield Sign	8
9	Traffic Control Person	9
10	RR-xing Signal	10
11	Other	11

WITNESS NAME 107 La [redacted] First [redacted]

ADDRESS 108 [redacted] Date of Birth 109 [redacted]

City & State 110 PRESCOTT WI ZIP [redacted] Phone Number 111 ([redacted]

ACCESS CONTROL 112
- ● No Control (Unlimited Access)
- (2) Full Control (Only Ramp Entry/Exit)
- (3) Partial Control

ROAD TERRAIN 113
Part A
- ● Straight
- (2) Curve

Part B
- ● Level/Flat
- (4) Hill

LIGHT CONDITION 114
- ● Daylight
- (2) Dark–Not Lighted
- (3) Dark–Lighted
- (4) Dawn
- (5) Dusk
- (6) Unknown

TRAFFIC WAY 115
- ● Not Physically Divided (2-Way Traffic)
- (2) Divided Highway, Median Strip, without Traffic Barrier
- (3) Divided Highway, Median Strip, with Traffic Barrier
- (4) One-Way Traffic
- (5) Parking Lot or Private Property

ROAD SURFACE CONDITION 116
- ● Dry
- (2) Wet
- (3) Snow/Slush
- (4) Ice
- (5) Sand, Mud, Dirt, Oil
- (6) Other
- (7) Unknown

WEATHER 118
- ● Clear
- (2) Cloudy
- (3) Rain
- (4) Snow
- (5) Fog, Smog, Smoke
- (6) Sleet, Hail (Freezing Rain or Drizzle)
- (7) Blowing Sand, Soil, Dirt, Snow
- (8) Severe Crosswinds
- (9) Other
- (10) Unknown

RELATION TO ROADWAY 117
- (1) On Roadway
- (2) Parking Lot or Private Property
- (3) Shoulder (Other Than Shoulder within Median or Gore)
- (4) Median (Other Than Median within Gore)
- (5) Outside Shoulder–Left
- ● Outside Shoulder–Right
- (7) Off Roadway–Location Unknown
- (8) Gore (Area between Ramp & Highway)
- (9) On Ramp
- (10) Unknown

8147132

Document Number Override 121

Officer's Opinion of Possible Contributing Circumstances

Driver Factors

Unit Number 122: ● 2 3 4 5 / 6 7 8 9 10 — ○ N/A

Unit Number: 1 2 3 4 5 / 6 7 8 9 10 — ○ N/A

1	Exceeding Speed Limit	1
2	Speed Too Fast/Condition	2
3	Fail to Yield Right of Way	3
4	Inattentive Driving	4
5	Following Too Close	5
6	Improper Turn	6
7	Left of Center	7
8	Disregarded Traffic Control	8
9	Improper Overtaking	9
10	Unsafe Backing	10
●	Failure to Have Control	11
12	Driver Condition	12
13	Physically Disabled	13
14	Other	14

Vehicle Factors

Unit Number 123: ● 2 3 4 5 / 6 7 8 9 10 — ○ N/A

Unit Number: 1 2 3 4 5 / 6 7 8 9 10 — ○ N/A

1	Brake System	1
2	Tires	2
3	Steering System	3
4	Turn Signals	4
5	Head Lamps	5
6	Stop Lamps	6
7	Tail Lamps	7
8	Disabled in Prior Accident	8
9	Other Disabled	9
10	Mirrors	10
11	Suspension System	11
●	Other	12

Highway Factors

Unit Number 124: ● 2 3 4 5 / 6 7 8 9 10 — ● N/A

Unit Number: 1 2 3 4 5 / 6 7 8 9 10 — ○ N/A

1	Snow, Ice or Wet	1
2	Narrow Shoulder	2
3	Low Shoulder	3
4	Soft Shoulder	4
5	Loose Gravel	5
6	Rough Pavement	6
7	Debris From Prior Accident	7
8	Other Debris	8
9	Sign Obscured or Missing	9
10	Narrow Bridge	10
11	Construction Zone	11
12	Visibility Obscured	12
13	Other	13

OFFICER INFORMATION

Last	First	M.I.
125 KUENKAMP	ELVIN	W

Law Enforcement Agency Address: 126 432 WEST MAIN PO BOX 9

City & State: 127 ELLSWORTH WI — ZIP: 54011

Phone Number: (715) 128 273-5051

Agency #	Enforcement Agency	Officer ID #
129	130 PIERCE SO	131 10095

Date Notified (132)

MONTH	DAY	YEAR
○ Jan	0 9	0 4
○ Feb		
● Mar	● 0	● 0
○ Apr	① ①	1
○ May	② ②	2
○ June	③ ③	3
○ July	4	●
○ Aug	5	5
○ Sept	6	6
● Oct	7	7
○ Nov	8	8
○ Dec	● 9	9

Time Notified (Military Time) (133)

HOUR	MIN.
1 0	2 0
● 0	● 0
● 1	1 1
2 2	● 2
3 3	3
4 4	4
5 5	5
6	6
7	7
8	8
9	9

Time Arrived (Military Time) (134)

HOUR	MIN.
1 0	3 6
● 0	● 0
● 1	1 1
2 2	2
3	● 3
4	4
5	5
6	●
7	7
8	8
9	9

Date of Report (135)

MONTH	DAY	YEAR
○ Jan	1 1	0 4
○ Feb		
○ Mar	○ 0	● 0
● Apr	●	1
○ May	② ②	2
○ June	③ ③	3
○ July	4	●
○ Aug	5	5
○ Sept	6	6
● Oct	7	7
○ Nov	8	8
○ Dec	9	9 9

Truck & Bus Accident Information

(This Section Must Be Completed for Each Truck or Bus Involved in this Accident.)

When To Use This Section: ***Did the accident involve:...*** (136)

Part A

A truck with at least two axles and six tires? (Y) (N)
A truck with a hazardous materials placard? (Y) (N)
A bus designed to carry 16 or more persons, including the driver? (Y) (N)

STOP! If all the responses to Part A are "NO" do not complete this Truck & Bus Accident Information Section. If there are any "YES" answers, continue to Part B.

Part B

Any person who was fatally injured? (Y) (N)
Any injured person who required transport for immediate medical treatment? (Y) (N)
One or more vehicles that had to be towed from the scene as a result of the accident? (Y) (N)

STOP! If all the responses to Part B are "NO" do not continue. If there are any "YES" answers, please complete this Truck & Bus Accident Information Section...

Hazardous Material Information

(137)

- Hazardous Material Class Numbers (1-2digit):
- Hazardous Material "UN" Numbers (4 digit):
- Hazardous Material Placard Displayed? (Y) (N)
- Hazardous Cargo was Released? (Y) (N)

List the Hazardous Material(s) by Name in this Load:

List the Name(s) of Released Hazardous Material(s):

Carrier Information

- Interstate Carrier? (Y) (N) (138)

Carrier Name 139

Carrier Identification Numbers

US DOT 140	LC
ICC MC	IC
Carrier Address 142	

Source: (141)
○ Vehicle Side
○ Shipping Papers
○ Trip Manifest
○ Driver
○ Log Book

Vehicle Information

Gross Vehicle Weight Rating 143 LBS

Total # of Axles 144

Vehicle Configuration (145)

① Bus ③ Single unit truck + 3 axles ⑤ Truck/Tractor ⑦ Tractor/Doubles ⑨ Unknown Heavy Truck
② Single unit truck, 2 axles, 6 tires ④ Truck/Trailer ⑥ Tractor/Semi-Trailer ⑧ Tractor/Triples ⑩ Log Truck

SEQUENCE OF EVENTS FOR THIS VEHICLE (146)

(Mark a total of one to four events in the order that they occurred.)

① ② ③ ④ Ran off Road	① ② ③ ④ Collision Involving Motor Vehicle in Transp.
① ② ③ ④ Jackknife	① ② ③ ④ Collision Involving Parked Motor Vehicle
① ② ③ ④ Overturn (Rollover)	① ② ③ ④ Collision Involving Train
① ② ③ ④ Downhill Runaway	① ② ③ ④ Collision Involving Pedalcycle
① ② ③ ④ Cargo Loss or Shift	① ② ③ ④ Collision Involving Animal
① ② ③ ④ Explosion or Fire	① ② ③ ④ Collision Involving Fixed Object
① ② ③ ④ Separation of Units	① ② ③ ④ Collision Involving Other Object
① ② ③ ④ Collision Involving Pedestrian	① ② ③ ④ Other

Cargo Body Type (147)

① Bus ⑥ Concrete Mixer
② Van/Enclosed box ⑦ Auto Transporter
③ Cargo Tank ⑧ Garbage/Refuse
④ Flatbed ⑨ Other
⑤ Dump ⑩ Log Truck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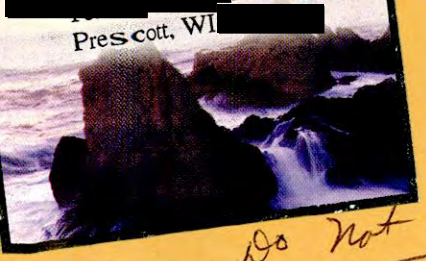

Do Not Bend -
Pictures enclosed

U.S. Department of Transportation
National Highway Traffic Safety Administration
1200 New Jersey Avenue S.E.
Washington, D.C. 20590

DeRocks

To protect the privacy of individuals, NHTSA does not make medical records available to the public without authorization. For this reason, documents falling into this category have not been included in this complaint record.