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 29 2010 / 10-MAR-2010	☐
Reference No. 10318558	

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	
Address [redacted]	Evening Telephone Number SAME AS ABOVE	
City CYPRESS **State** TX **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
1ZVBP8CHXA5[redacted]	FORD	MUSTANG	2010

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
7-4-09	ADVANTAGE FORD - 626-359-9689			8	
Original Owner ☒	Dealer's City DUARTE	State CA.	Zip Code 91010		

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
5 SPEED AUTO.	☒ Antilock Brakes ☒ Cruise Control			07-JUL-2009

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 140000 AIR BAGS, 142000 AIR BAGS: SIDE/WINDOW	Failure Mileage	Failure Speed
	80	2

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		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 2010 FORD MUSTANG. THE CONTACT WAS DRIVING APPROXIMATELY 2 MPH PROCEEDING TO MAKE A LEFT TURN WHEN AN OPPOSING VEHICLE CRASHED INTO THE FRONT DRIVER SIDE DOOR. THE CONTACTS HEAD STRUCK THE FRONT DRIVER SIDE WINDOW WHICH RESULTED IN CUTS TO THE HEAD AND EYE BROW AREA. THE AIR BAG SYSTEM FAILED TO DEPLOY WITH THE IMPACT. A POLICE REPORT WAS FILED FOR THE INCIDENT AND THE VEHICLE WAS COMPLETELY DESTROYED. THE VEHICLE WAS TOWED TO AN INDEPENDENT MECHANIC. THE CURRENT AND FAILURE MILEAGES WERE 80.

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)

We reported incident to Ford on 8-5-09 but to this day have not heard anything from them. Our 2010 vehicle was totalled and not one of the airbags deployed. My husband was hurt by hitting his head into the drivers door window & his leg was hurt from the side impact of the crash. Also his neck was hurt. No permanent damage to my husband but the car was totalled. He was pulling out of our driveway & was hit on drivers side. ~~Our daughter had this~~ ~~condition because [illegible]~~

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382

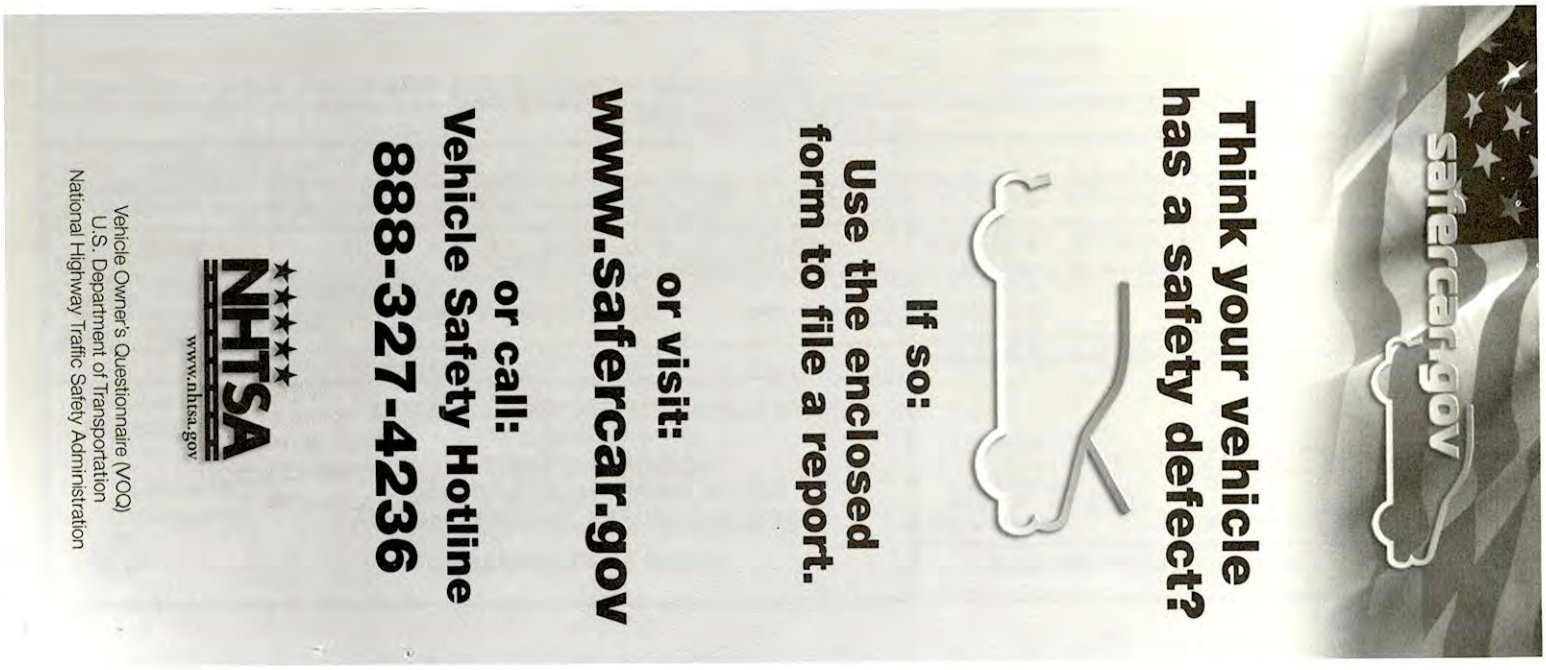
Official Business
Penalty for Private Use $300

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



800-392-3673
Fnd-Malia 866-466-6310 x83372

St. Louis Field Claim Office
Mail Processing Center
P.O. Box 410450
Charlotte, NC 28241
(800) 854-6011

MetLife Auto & Home

July 13, 2009

[redacted]

South Pasadena, CA [redacted]

RE: Our Insured: [redacted]
Claim Number: [redacted]
Date of Loss: July 7, 2009
Vehicle Description: 2010 Mustang

Dear [redacted]

This letter shall confirm that Metropolitan Direct Property and Casualty Insurance Company has deemed your 2010 Mustang to be a total loss. We have completed a local market evaluation to determine the value of this vehicle. A copy of that *evaluation* and *an estimate of damages* are enclosed. We have outlined your settlement below.

Actual Cash Value:	$31711.00
Sales Tax:	$ 3091.83
Title Fee:	$
Unused DMV Fees:	pending
Subtotal:	**$34802.83**
Less Deductible:	$ 1000.00
Total Settlement:	**$33802.83**

Please contact me with any questions.

Sincerely,

Lynn Hardin
Metropolitan Direct Property and Casualty Insurance Company
Total Loss Specialist
Ext. 5208
Fax. (866) 958-0203

[redacted]

Cypress, TX [redacted]

November 20, 2009

Ford Motor Company
Product Claims Department
P.O. Box 70
Dearborn, MI 48121-0070
Attn: Michelle Hull

Ms. Hull,

I am writing to confirm your receipt of the enclosed documents which were sent to your attention on August 5, 2009. I would like an update if one is available. I look forward to hearing from you and I thank you for your prompt reply.

Thank you,

[redacted]

2/4/10
Sylvia transferred to
Sally (Supervisor) - will send a communicat
over to Off. of Gen. Counsel.
requesting contact A.S.A.P.
Case #: 703181889

Fax #: (313) 845-5555

As of 4-19-10 we still have not heard anything else from Ford.

1ZVBP8CHXA5 [redacted]
80 miles

STATE OF CALIFORNIA
TRAFFIC COLLISION REPORT
CHP 555 Page 1 (Rev. 8-97) OPI 042

ORIGINAL

SPECIAL CONDITIONS	NUMBER INJURED	HIT & RUN FELONY	CITY	JUDICIAL DISTRICT	LOCAL REPORT NUMBER
NONE	NUMBER KILLED	HIT & RUN MISDEMEANOR	SOUTH PASADENA / ALHAMBRA		09-1742
			COUNTY / REPORTING DISTRICT	BEAT	
			LOS ANGELES	MISSION	

LOCATION

COLLISION OCCURRED ON: MISSION STREET
MILEPOST INFORMATION: FEET/MILES OF
☐ AT INTERSECTION WITH
☒ OR: 69 (SEE NARR) WEST OF ORANGE GROVE AVENUE

MO	DAY	YEAR	TIME (2400)	NCIC #	OFFICER I.D.
07	07	09	0756	1970	182

DAY OF WEEK: S M (T) W T F S
TOW AWAY: ☒ YES ☐ NO
STATE HWY REL: ☐ YES ☒ NO
PHOTOGRAPHS BY: ☒ NONE

PARTY 1

DRIVER'S LICENSE NUMBER	STATE	CLASS	SAFETY EQUIP.
[redacted]	CA	C	G

DRIVER ☒ | PEDESTRIAN ☐ | PARKED VEHICLE ☐ | BICYCLIST ☐ | OTHER ☐

NAME (FIRST, MIDDLE, LAST): [redacted]
STREET ADDRESS: [redacted]
CITY/STATE/ZIP: SOUTH PASADENA CA [redacted]

SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE (Mo Day Year)	RACE
M	BRN	BLU	506	185	[redacted]	W

HOME PHONE: [redacted]
BUSINESS PHONE: [redacted]
INSURANCE CARRIER: METROPOLITAN DIRECT
POLICY NUMBER: [redacted]
DIR OF TRAVEL: S
ON STREET OR HIGHWAY: MISSION STREET
SPEED LIMIT: 30

VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE
2009	FORD / MUSTANG / BLUE	NOT ISSUED	CA

OWNER'S NAME: ☒ SAME AS DRIVER
OWNER'S ADDRESS: ☒ SAME AS DRIVER
DISPOSITION OF VEHICLE ON ORDERS OF: ☐ OFFICER ☒ DRIVER ☐ OTHER
OWNER'S TOW
PRIOR MECHANICAL DEFECTS: ☒ NONE APPARENT ☐ REFER TO NARRATIVE
VEHICLE IDENTIFICATION NUMBER: 1ZVBP8CHXA5 [redacted]
CHP USE ONLY VEHICLE TYPE:
DESCRIBE VEHICLE DAMAGE: ☐ UNK ☐ NONE ☐ MINOR ☐ MOD. ☒ MAJOR ☐ ROLL-OVER
SHADE IN DAMAGED AREA
CA ____ DOT ____
CAL-T ____ TCP/PSC ____ MC/MX ____

PARTY 2

DRIVER'S LICENSE NUMBER	STATE	CLASS	SAFETY EQUIP.
[redacted]	CA	C	G

DRIVER ☒ | PEDESTRIAN ☐ | PARKED VEHICLE ☐ | BICYCLIST ☐ | OTHER ☐

NAME (FIRST, MIDDLE, LAST): [redacted]
STREET ADDRESS: [redacted]
CITY/STATE/ZIP: LYNWOOD CA [redacted]

SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE (Mo Day Year)	RACE
M	BLK	BRN	5'05	140	[redacted]	H

HOME PHONE: [redacted]
BUSINESS PHONE: [redacted]
INSURANCE CARRIER: SPECIALTY NATIONAL INS.
POLICY NUMBER: [redacted]
DIR OF TRAVEL: W
ON STREET OR HIGHWAY: MISSION STREET
SPEED LIMIT: 30

VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE
2004	DODG / 2500 / WHI	[redacted]	

OWNER'S NAME: ☐ SAME AS DRIVER
WEST COAST ARBORISTS
OWNER'S ADDRESS: ☐ SAME AS DRIVER
2350 E. VIA BURTON, ANAHEIM CA 92708
DISPOSITION OF VEHICLE ON ORDERS OF: ☐ OFFICER ☒ DRIVER ☐ OTHER
DRIVE AWAY
PRIOR MECHANICAL DEFECTS: ☒ NONE APPARENT ☐ REFER TO NARRATIVE
VEHICLE IDENTIFICATION NUMBER: 3D7KA26D24G [redacted]
CHP USE ONLY VEHICLE TYPE:
DESCRIBE VEHICLE DAMAGE: ☐ UNK ☐ NONE ☐ MINOR ☒ MOD. ☐ MAJOR ☐ ROLL-OVER
SHADE IN DAMAGED AREA
CA ____ DOT ____
CAL-T ____ TCP/PSC ____ MC/MX ____

PARTY 3

DRIVER'S LICENSE NUMBER	STATE	CLASS	SAFETY EQUIP.

DRIVER ☐ | PEDESTRIAN ☐ | PARKED VEHICLE ☐ | BICYCLIST ☐ | OTHER ☐

NAME (FIRST, MIDDLE, LAST):
STREET ADDRESS:
CITY/STATE/ZIP:

SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE (Mo Day Year)	RACE

HOME PHONE:
BUSINESS PHONE:
INSURANCE CARRIER:
POLICY NUMBER:
DIR OF TRAVEL:
ON STREET OR HIGHWAY:
SPEED LIMIT:

VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE

OWNER'S NAME: ☐ SAME AS DRIVER
OWNER'S ADDRESS: ☐ SAME AS DRIVER
DISPOSITION OF VEHICLE ON ORDERS OF: ☐ OFFICER ☐ DRIVER ☐ OTHER
PRIOR MECHANICAL DEFECTS: ☐ NONE APPARENT ☐ REFER TO NARRATIVE
VEHICLE IDENTIFICATION NUMBER:
CHP USE ONLY VEHICLE TYPE:
DESCRIBE VEHICLE DAMAGE: ☐ UNK ☐ NONE ☐ MINOR ☐ MOD. ☐ MAJOR ☐ ROLL-OVER
SHADE IN DAMAGED AREA
CA ____ DOT ____
CAL-T ____ TCP/PSC ____ MC/MX ____

PREPARER'S NAME	DISPATCH NOTIFIED	REVIEWER'S NAME	DATE REVIEWED
JACOBS # 182	☐ YES ☐ NO ☐ N/A	JACOBS # 182	07-08-09

1 VEHICLE WAS NOT MOVING AT 30 MILES. HE WAS PULLING OUT OF DRIVEWAY. THE 30 MILES WAS NOT CORRECT.

STATE OF CALIFORNIA

TRAFFIC COLLISION CODING

CHP 555 Page 2 (Rev. 8-97) OPI 042

DATE OF COLLISION (MO. DAY YEAR)	TIME (2400)	NCIC #	OFFICER I.D.	NUMBER
07-07-05	0756	1910	182	05-19512

PROPERTY DAMAGE

OWNER'S NAME	OWNER'S ADDRESS	NOTIFIED
		☐ YES ☐ NO

DESCRIPTION OF DAMAGE

SEATING POSITION

1 2 3
4 5 6
7

1 - DRIVER
2 TO 6 - PASSENGERS
7 - STATION WAGON REAR
8 - REAR 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

M/C BICYCLE HELMET
DRIVER
V - NO
W - YES

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

PASSENGER
X - NO
Y - YES

EJECTED FROM VEHICLE

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

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

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

- [X] A. VC SECTION VIOLATED: 21804(a) CITED: ☐ YES ☒ NO
- [ ] B. OTHER IMPROPER DRIVING*
- [ ] C. OTHER THAN DRIVER*
- [ ] D. UNKNOWN*
- [ ] E. FELL ASLEEP*

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	TYPE OF VEHICLE
X			A. PASSENGER CAR / STATION WAGON
			B. PASSENGER CAR W / TRAILER
			C. MOTORCYCLE / SCOOTER
	X		D. PICKUP OR PANEL TRUCK
			E. PICKUP / PANEL TRUCK W/ TRAILER
			F. TRUCK OR TRUCK TRACTOR
			G. TRUCK / TRUCK TRACTOR W/ TRLR.
			H. SCHOOL BUS
			I. OTHER BUS
			J. EMERGENCY VEHICLE
			K. HIGHWAY CONST. EQUIPMENT
			L. BICYCLE
			M. OTHER VEHICLE
			N. PEDESTRIAN
			O. MOPED

1	2	3	OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS)
			A. VC SECTION VIOLATION CITED: ☐ YES ☐ NO
			B. VC SECTION VIOLATION CITED: ☐ YES ☐ NO
			C. VC SECTION VIOLATION CITED: ☐ YES ☐ NO
			D.
X			E. VISION OBSCUREMENT: SUN
			F. INATTENTION*
			G. STOP & GO TRAFFIC
			H. ENTERING / LEAVING RAMP
			I. PREVIOUS COLLISION
			J. UNFAMILIAR WITH ROAD
X	X		K. DEFECTIVE VEH. EQUIP.: CITED ☐ YES ☐ NO
			L. UNINVOLVED VEHICLE
			M. OTHER*:
	X		N. NONE APPARENT
			O. RUNAWAY VEHICLE

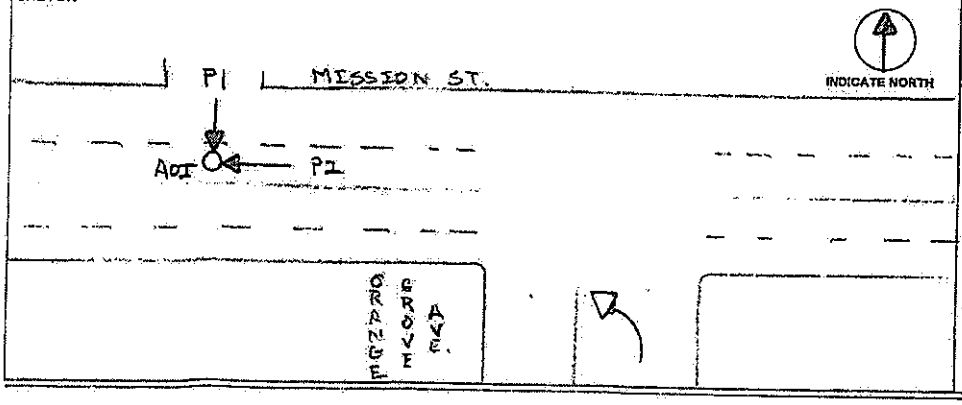
1	2	3	MOVEMENT PRECEDING COLLISION
			A. STOPPED
	X		B. PROCEEDING STRAIGHT
			C. RAN OFF ROAD
			D. MAKING RIGHT TURN
			E. MAKING LEFT TURN
			F. MAKING U TURN
			G. BACKING
			H. SLOWING / STOPPING
			I. PASSING OTHER VEHICLE
			J. CHANGING LANES
			K. PARKING MANEUVER
X			L. ENTERING TRAFFIC
			M.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

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

SPECIAL INFORMATION

- [ ] A. HAZARDOUS MATERIAL

SKETCH



MISCELLANEOUS

* NOT TO SCALE

NOTIFICATION: I received this call by radio, and I responded by normal response from the area of Misson Street at Orange Grove Avenue, arriving on scene at 0759 hours.

I. FACTS

ROADWAY DESCRIPTION: This collision took place in a business district.

HIGHWAY #1: Mission Street is a minor east-west asphalt-paved street with 2 lanes of travel in each direction. The directions of travel are separated by a double-yellow line with left turn bays. There are painted crosswalks to the ☐North ☒East ☐South ☐West. The roadway is straight with no center crown and no slope. The posted speed limit is 30 MPH, and I estimate the maximum safe speed under these conditions as 30 MPH.
In addition, there were ☐Vision obscurements: ☐Other: ☒ No other conditions noted.

☐ Single highway accident, no cross street involved.

HIGHWAY #2: Orange Grove Avenue is a minor north-south asphalt-paved street with 1 lanes of travel in each direction. The directions of travel are separated by a single painted line with left turn bays. There are not painted crosswalks to the ☐North ☐East ☐South ☐West. The roadway is straight with no center crown and no slope. The posted speed limit is 25 MPH, and I estimate the maximum safe speed under these conditions as 25 MPH.
In addition, there were ☐Vision obscurements: ☐Other: ☒ No other conditions noted.

WEATHER: Clear Other:
LIGHTING: Daylight Other: Due to the time of day (0756 hours) the sun is at a low position in the east sky. P1 was looking east bound into the sun as he exited the driveway.

TRAFFIC CONTROLS:
☒ Traffic controls were not a factor in this accident.
☐ Standard mounted tri-light signals in all directions ☐ with overhanging ☐ standard mounted ☐ left ☐ right-turn arrows
☐ Railroad crossing arms in all directions
☐ Stop signs ☐ 4-way ☐ 3-way ☐ 2-way ☐ 1-way, facing ☐North ☐East ☐South ☐West
☐ Yield sign(s) facing ☐North ☐East ☐South ☐West
☐ Warning sign(s) reading and facing ☐North ☐East ☐South ☐West
☐ Flare pattern ☐ Cone pattern ☐ Construction barricade
☐ I observed all signals and signs and found no visual obscurement all signals operating properly in all phases.
☐ Other:

MEASUREMENTS: ☐ No measurements taken.
All measurements were made by Pace and are approximate.
A.O.I.#1 was 42 feet south of the north curbline of Mission Street and, 69 feet west of the west curbline prolongation of Orange Grove Avenue.
Determined by ☒Statements ☐Skidmarks ☒Debris ☐Fluids ☒Points of Rest ☐Curb damage ☐Street damage ☐Accident witnessed by Officer ☐Other:
A.O.I.#2 was feet north of the north curbline of and, feet north of the north curbline of . Determined by ☐ Statements ☐Skidmarks ☐Debris ☐Fluids ☐Points of Rest ☐Curb damage ☐Street damage ☐Accident witnessed by Officer ☐Other:

A.O.I.#3 was feet north of the north curbline of and, feet north of the north curbline of . Determined by ☐ Statements ☐Skidmarks ☐Debris ☐Fluids ☐Points of Rest ☐Curb damage ☐Street damage ☐Accident witnessed by Officer ☐Other:

A.O.R.: ☒None taken ☐Vehicles moved prior to my arrival ☐See attached Diagram
☐ Additional information:

PHYSICAL EVIDENCE
SKIDMARKS: ☒None seen ☐ Skidmarks observed, did not appear relevant Veh# ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 had ABS brakes.
☐I found pre-collision locked-wheel ☐1 ☐2 ☐3 ☐4 tire skids from Vehicle #1 that were feet in length, extending from the A.O.I. in a north direction to:
☐I found pre-collision locked-wheel ☐1 ☐2 ☐3 ☐4 tire skids from Vehicle #2 that were feet in length, extending from the A.O.I. in a north direction to:

☐I found pre-collision locked-wheel ☐1 ☐2 ☐3 ☐4 tire skids from Vehicle #3 that were feet in length, extending from the A.O.I. in a north direction to:

☐I found pre-collision locked-wheel ☐1 ☐2 ☐3 ☐4 tire skids from Vehicle #4 that were feet in length, extending from the A.O.I. in a north direction to:

☐I checked the brake pedal and systems of Vehicle # and they appeared normal.

☐Other:

☐*SPEED ESTIMATE*: Based on the formula of S=√30 x d x f, where S=speed, 30=constant, d=distance, and f=coefficient of friction, and using % a f based on estimate I estimated the speed of Vehicle # at a minimum of MPH.

DEBRIS: ☐None, or:

☒Broken glass ☐Body parts ☐Mechanical parts ☐Chrome parts ☒Plastic parts ☐Paint flakes ☒Fluid ☐Mudcake all consistent with this collision, or ☐Other:

☐Significant debris located on Collision Diagram.

OTHER PHYSICAL EVIDENCE: *(Describe all evidence fully, give location and associated party or vehicle)* ☒None, or:

☐I found matching damage to vehicle consistent with the collision as described.
☐I found paint transfer from Vehicle # to Vehicle # located at
☐I found paint transfer from Vehicle # to Vehicle # located at
☐Photos: Officer ID# took ☐ digital ☐ 35mm ☐ Polaroid photographs.
☐Vehicle parts:
☐Alcohol/containers/contraband:
☐Driver Identification:
☐Blood/hair/body parts:
☐Fingerprints:
☐Vehicle defects (tires, lights, etc.):
☐Other:
☐See attached Property/Evidence Report:

II. STATEMENTS

PARTIES: *(Generally, the party found most at fault should be listed as Driver #1)*

☒ Driver ☐ Pedestrian ☐ Party #1James Collins contacted at scene, and was identified as the driver of Vehicle #1 by ☒admission ☐ observation ☐driver: ☐witness: ☒R/O of vehicle ☒keys ☐fingerprints ☐other:
☐ Driver ☐ Pedestrian ☐ Party #1 not contacted at scene, contacted at on at hours.
☒ Driver ☐ Pedestrian ☒ Party #1 identified by California D.L. #C42779987.
☐ Exact quotes:
☒ Statement in substance:P1 Collins was about to exit southbound from the driveway onto eastbound Mission Street. P1 stopped at the entrance to the street and observed the flow of traffic. P1 looked eastbound but did not see any traffic and proceeded to enter the roadway. P1 crossed lane number two and as he entered lane number one he was struck by P2 traveling westbound in lane one on Mission Street. P1 did not see the collision until the time of impact. P1's vehicle was struck in the front quarter-panel and driver's door. After the collision P1 drove his vehicle to the south curb of Mission Street facing eastbound.

☒ Driver ☐ Pedestrian ☒ Party #2Filandro Menjivar contacted at scene, and was identified as the driver of Vehicle #1 by ☒admission ☐ observation ☐driver: ☐witness: ☐R/O of vehicle ☒keys ☐fingerprints ☐other:
☐ Driver ☐ Pedestrian ☐ Party #2 not contacted at scene, contacted at on at hours.
☒ Driver ☐ Pedestrian ☐ Party #2 identified by California I.D. #A8473813.
☐ Exact quotes:
☒ Statement in substance:P2 Menjivar is contracted with the Public Works Department of the City of South Pasadena and was driving a company truck. P2 was traveling northbound on Orange Grove Avenue and made a left turn onto westbound Mission Street. P2 entered lane number one and proceeded straight. P2 did not see P1 exit the driveway on the northside of Mission Street and enter lane number one. P2 was unable to avoid the collision and broadsided P1's vehicle. P2 left his vehicle in lane number one and called the Police. P2's vehicle sustained damage to the center of the front end.

☐ Driver ☐ Pedestrian ☐ Party #3 not contacted, and was identified as the driver of Vehicle #1 by ☐admission ☐observation ☐ driver: ☐witness: ☐R/O of vehicle ☐keys ☐fingerprints ☐other:
☐ Driver ☐ Pedestrian ☐ Party #3 not contacted at scene, contacted at on at hours.
☐ Driver ☐ Pedestrian ☐ Party #3 identified by California D.L. #
☐ Exact quotes:
☐ Statement in substance:

☐ was a driver ☐ in vehicle # ☐ located at and was ☐ contacted behind the wheel ☐ contacted by phone at .
☐ Exact quotes:
☐ Statement in substance:

☐ was a driver ☐ in vehicle # ☐ located at and was ☐ contacted behind the wheel ☐ contacted by phone at .
☐ Exact quotes:
☐ Statement in substance:

☐ was a driver ☐ in vehicle # ☐ located at and was ☐ contacted behind the wheel ☐ contacted by phone at .
☐ Exact quotes:
☐ Statement in substance:

☐ Other:

III. OPINIONS AND CONCLUSIONS

SUMMARY: (*Investigating Officer's opinion as to how the collision occurred including time sequence, direction of travel, highway, speeds, lanes, and relationship of each vehicle to the others*): I was dispatched to a non-injury traffic collision on Mission Street west of Orange Grove Avenue. All times and measurements are approximate. P2 Menjivar is currently under contract with the Public Works Department of the City of South Pasadena. P1 exited the driveway on the north side of Mission Street and went southbound. P1 attempted to turn onto eastbound Mission Street. As P1 entered lane number one of westbound Mission Street P2 who was traveling westbound in lane number one collided with P1. P2 struck P1 in the front quarter panel and driver's side door and damaged the front center portion of P2's vehicle.

INTOXICATION: ☒ None, or:
☐ P# was determined to be ☐HBD and/or ☐DUI, see DUI Report for symptoms, FCT's, and chemical tests.
☐ P# was determined to be ☐HBD and/or ☐DUI, see DUI Report for symptoms, FCT's, and chemical tests.
☐ P# was determined to be ☐HBD and/or ☐DUI, see DUI Report for symptoms, FCT's, and chemical tests.
☐ Other:

HIT AND RUN: ☒ None, or Driver # fled the scene.
☐ ☐ can ☐ cannot I.D. and provided the following description:
☐ ☐ can ☐ cannot I.D. and provided the following description:
☐ Suspected was located at . ☐ Arrest report attached ☐ Citation #KR issued at scene.
☐ Suspect vehicle located at . ☐ Impounded. ☐ Stored.
☐ Other:

HAZARDOUS MATERIALS: ☒ None, or list parties, chemicals, property damage, injuries, owner, response, etc.:

ARREST/CITATION: ☒None, or:
☐P# was cited for the following charge(s):
☐P# was arrested for the following charge(s):
☐P# was arrested for the following charge(s):
☐Other:

ADDITIONAL INFORMATION: ☒ None, or:
☐P# 's license was Suspended:
☐P# 's license was Expired:
☐P# 's license was Expired:
☐P# had a physical impairment:
☐Other:
☐Other:

CAUSE:
☒This accident was caused by P#1 violation of CVC21804 (a), specifically:The driver of any vehicle entering a roadway from a private drive shall continue to yield the right of way to that traffic until he can proceed safely.
☐Other associated factor was P# violation of CVC , specifically:
☐Other associated factor was P# violation of CVC , specifically:
☐Inattention was also a factor for P# , in that their attention was diverted from their driving by their act of:
☐Inattention was also a factor for P# , in that their attention was diverted from their driving by their act of:
☐I was unable to determine the cause of this accident.

IV. RECOMMENDATIONS

☒ Investigation complete, no further action.
☐ To District Attorney for Felony Filing of , against
☐ To District Attorney for Felony Filing of , against
☐ To Detective Bureau for additional investigation:
☐ To Administrative Captain for review.
☒ Copy to ☒ City Manager ☐ City Clerk ☐ Other Agency: ☒ Other: Public Works
☐ Citation #KR issued in field to charging CVC (see attached copy)
☐ To T.A. Investigator for review and possible citation charging with
☐ Hold for chemical test results on (See copy of LASD Lab Receipt #)
☐ Hold for additional followup:
☐ Other:
☐ No filing recommended due to a lack of any independent witness or substantial physical evidence.

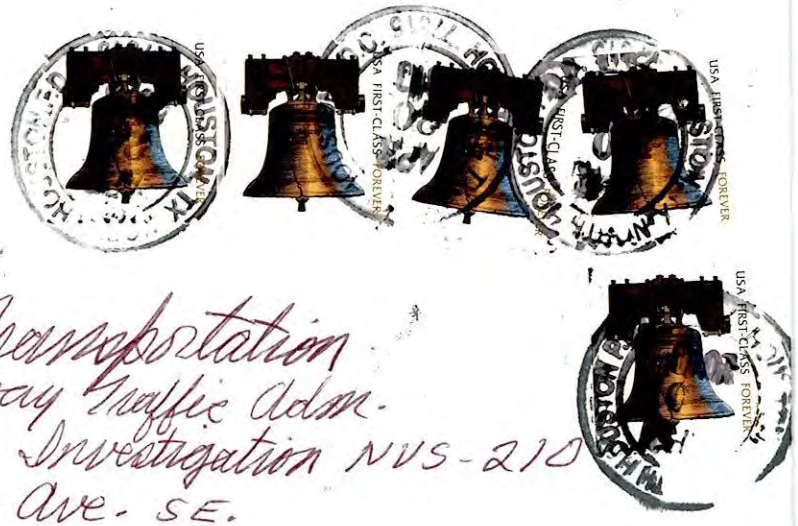
ATTACHED:
☐ CHP 180(s) for Vehicles # ☐1 ☐2 ☐3 ☐4 ☐5 ☐6
☐ Collision Diagram
☐ D.U.I. Report(s) for Party # ☐1 ☐2 ☐3 ☐4 ☐5 ☐6
☐ Arrest Report(s) for Party # ☐1 ☐2 ☐3 ☐4 ☐5 ☐6
☐ Officer's Report(s) – CVC 31 for Party # ☐1 ☐2 ☐3 ☐4 ☐5 ☐6
☐ Officer's Report(s) – CVC 12500(a) for Party # ☐1 ☐2 ☐3 ☐4 ☐5 ☐6
☐ Officer's Report(s) – CVC 14601 for Party # ☐1 ☐2 ☐3 ☐4 ☐5 ☐6
☐ Verbal Notice by peace officer
☐ Property/Evidence Report(s)
☐ Other:

JACOBS # 182	07-08-09	JACOBS # 182	07-08-09
Reporting Officer	Date	Approved	Date

T.A. INVESTIGATOR'S REVIEW:
☐ I have reviewed the above investigation, and based on the facts, evidence, and independent statements I find:
☐ Insufficient for filing, NO FURTHER ACTION
☐ Insufficient for filing, ADDITIONAL ACTION REQUIRED:
☐ P# cited on KR for violation of CVC to appear in Pasadena Municipal Court.
☐ Citation transmittal letter mailed, see attached copy.
☐ Copy of citation attached.
☐ See attached supplemental report.

Investigator	Date	Approved	Date

LAUGHLIN
PLUMBING
INC.
726 MISSION STREET
SOUTH PASADENA, CA 91030



US Dept. of Transportation
National Highway Traffic Adm.
Office of Defects Investigation NVS-210
1200 New Jersey Ave. SE.
Washington, D.C. 20077-9382