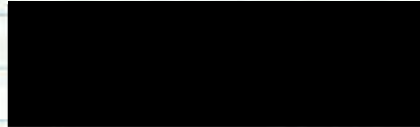


NHTSA,

Case # 249291
ODI # 10321771

3/27/10

Thank you for taking the time to talk to me on the phone. You guys made me feel a lot better. I wanted to send you this information just because. YOU GUYS ROCK!
I hope you can help me @ others



Call Anytime.

P.S. USAA. Lost my car for 4 Days and everything was stolen out of it. They finally found it when it showed up to be auctioned. It just keeps getting worse and worse.

2010 APR - 6 AM 11:04

MC
04/30
DW



6122063

ILLINOIS STATE POLICE CITATION AND COMPLAINT

COMPLAINT

CASE NO. _____ ISP DIST. _____ ISP DIST. _____ VIOLATOR
 COUNTY OF _____ OCCURRENCE _____ ASSIGNMENT _____
 TOWNSHIP _____ DE _____

DEFENDANT

PEOPLE STATE OF ILLINOIS VS. CITY/VILLAGE OF _____ VS.
 NAME _____ (Last) _____ (First) _____ (M.I.) _____ SID # _____
 ADDRESS _____ (Apt.) _____ EYES Female Male
 CITY STATE ZIP _____ HAIR _____ HEIGHT _____ WEIGHT _____
 STATE _____ EXPIR. DATE _____ DATE OF BIRTH _____

The Undersigned states that on ____/____/____ at ____ AM P.M. Defendant did unlawfully operate:

VEHICLE

REG. NO. _____ STATE _____ YEAR _____ US DOT # _____
 MAKE _____ YEAR _____ COLOR _____
 1. PEDESTRIAN 2. PASSENGER CAR 3. REC. VEH. OR TRUCK 4. BUS 5. TRUCK TRACTOR 6. TRAIL OR SEMI TRAIL 7. MOTORCYCLE OR BI-CYCLE 8. OTHER 9. CODE MOTOR VEH. 10. FLAGGED VEH. 11. OR MORE PASS. VEH.

Upon a Public Highway, or other Location, Specifically _____

Located in the County and State Aforesaid and Did Then and There Commit the Following Offense:

VIOLATION

L.V.C. 625 ILCS 6/ :
 3-20 OPERATING UNINSURED VEHICLE 11-502 () ILLEGAL TRANSPORTATION ALCOHOL
 8-301 NO VALID DRIVERS LICENSE 11-809a FAILURE TO REDUCE SPEED/ACCIDENT
 6-300 () DRIVING WHILE LICENSE SUSPENDED/REVOKED 11-809b SPEEDING ____ MPH IN A ____ MPH ZONE
 11-305 OBEYING TRAFFIC CONTROL DEVICE 11-709 () IMPROPER LANE USAGE
 11-000a () DRIVING UNDER INFLUENCE 12-001 FAILURE TO WEAR SEAT BELT () D () P
 6. C.S. LOCAL ORDINANCE CH _____ ACT _____ SEC _____
 NATURE OF OFFENSE _____

INCIDENT

ACCIDENT TYPE: DRIVER INJURY ONLY PROPERTY DAMAGE PERSONAL INJURY FATAL
 ROAD CONDITIONS: WET DRY SNOW ICE
 VISIBILITY: DAY NIGHT RAIN FOG CLEAR
 METHOD: H.H. RADAR P.L. CAR RADAR A.D.R.A.F.T. MARKED P.A.R.C.A.R.
 C. SIGNED ASSIST ACCIDENT OTHER
 NOTATIONS: _____

BOND

(See instructions on previous back side of Gold copy)
 1. CASH \$ _____ FULL AMOUNT 10%
 2. IL DRIVER'S LICENSE 3. BOND CARD NO. _____ ISSUED BY _____
 4. BOND POSTED ON TICKET NO. _____ 5. NO BOND COMPIED AT _____
 6. NOTICE TO APPEAR 7. PROMISE TO COMPLY 8. INDIVIDUAL BOND (FULL AMOUNT \$ _____)
 WITHOUT ADMITTING GUILT, I promise to comply with the terms of this Ticket and Release.

COURT PLACED/DATE

SIGNATURE X _____
 CIRCUIT COURT LOCATION AND DATE
 ADDRESS / COURTHOUSE _____
 CITY _____ ZIP _____ IL _____ OH _____ AT _____ AM _____ PM _____
 COURT APPEARANCE REQUIRED NO COURT APPEARANCE REQUIRED
 See instructions on top portion, back side of Gold copy.

Under penalties as provided by law for false certification pursuant to Section 1-109 of the Code of Civil Procedure and perjury pursuant to Section 30-2 of the Criminal Code of 1961, the undersigned certifies that the statements set forth in this instrument are true and correct.

MONTH _____ DAY _____ YEAR _____ OFFICER'S SIGNATURE _____ I.D. NO. _____

NOTE: USE SEPARATE CITATION FOR EACH VIOLATION

11 093 0015

Unit 1

DRIVER'S NAME (Last, First, M.I.)	DRIVER'S PHONE	YEAR, MAKE, MODEL	
[REDACTED]	[REDACTED]	2004. KIA MOTORS CORPORATION. OPTIMA	
DRIVER'S ADDRESS (Street, City, State, Zip)		PLATE NO. / STATE	DRIVER'S LICENSE NO.
[REDACTED] KENOSHA, WI. [REDACTED]		[REDACTED]	[REDACTED]
VEHICLE OWNER'S NAME (Last, First, M.I.)		VEHICLE OWNER'S INSURANCE COMPANY	
[REDACTED]		USAA Casualty Insurance Company	
VEHICLE OWNER'S ADDRESS (Street, City, State, Zip)		VEHICLE OWNER'S POLICY NO.	
[REDACTED] KENOSHA, WI. [REDACTED]		[REDACTED]	

Unit 2

DRIVER'S NAME (Last, First, M.I.)	DRIVER'S PHONE	YEAR, MAKE, MODEL	
[REDACTED]	[REDACTED]	2008. CHEVROLET. HHR	
DRIVER'S ADDRESS (Street, City, State, Zip)		PLATE NO. / STATE	DRIVER'S LICENSE NO.
[REDACTED] CHICAGO, IL [REDACTED]		[REDACTED]	[REDACTED]
VEHICLE OWNER'S NAME (Last, First, M.I.)		VEHICLE OWNER'S INSURANCE COMPANY	
[REDACTED]		American Access Casualty Company	
VEHICLE OWNER'S ADDRESS (Street, City, State, Zip)		VEHICLE OWNER'S POLICY NO.	
[REDACTED] CHICAGO, IL [REDACTED]		[REDACTED]	

DRIVER'S NAME (Last, First, M.I.)	DRIVER'S PHONE	YEAR, MAKE, MODEL	
[REDACTED]	[REDACTED]	[REDACTED]	
DRIVER'S ADDRESS (Street, City, State, Zip)		PLATE NO. / STATE	DRIVER'S LICENSE NO.
[REDACTED]		[REDACTED]	[REDACTED]
VEHICLE OWNER'S NAME (Last, First, M.I.)		VEHICLE OWNER'S INSURANCE COMPANY	
[REDACTED]		[REDACTED]	
VEHICLE OWNER'S ADDRESS (Street, City, State, Zip)		VEHICLE OWNER'S POLICY NO.	
[REDACTED]		[REDACTED]	

DRIVER'S NAME (Last, First, M.I.)	DRIVER'S PHONE	YEAR, MAKE, MODEL	
[REDACTED]	[REDACTED]	[REDACTED]	
DRIVER'S ADDRESS (Street, City, State, Zip)		PLATE NO. / STATE	DRIVER'S LICENSE NO.
[REDACTED]		[REDACTED]	[REDACTED]
VEHICLE OWNER'S NAME (Last, First, M.I.)		VEHICLE OWNER'S INSURANCE COMPANY	
[REDACTED]		[REDACTED]	
VEHICLE OWNER'S ADDRESS (Street, City, State, Zip)		VEHICLE OWNER'S POLICY NO.	
[REDACTED]		[REDACTED]	

Please use the information for your unit number above to assist you in completing your Illinois Motorist report. (Retain this form for your records.)

Copy of Crash Reports may be obtained from the Illinois State Police Records Unit

Request a check or money order for \$5 per copy made payable to: Ill State Police 400 M, PO BOX 19461, Springfield IL 62794-9461 or got to

REQUIREMENTS

Accident involving injury, death, or damage to any one person's property in excess of \$500 must be reported to the Illinois Department of Transportation within 10 days after the date of crash. If the driver is not the driver or other occupant of the vehicle should do so.

The Driver or other occupant of the vehicle should complete and file this report if the driver is physically unable to do so.

Illinois Motorist Report

On 3/11/2010 at approximately 5:45pm I was heading southbound on I-94 towards Chicago and coming from Kenosha, WI. The weather was extremely wet and it was raining hard.

I was in the right hand lane at the time. Traffic was moving at a stop and go pace of approximately 5 to 25 mph. [REDACTED] was driving her 2008 Chevy HHR and was in front of me at the time. At one point she unexpectedly slammed on her brakes and since it had been raining so hard and the road was very wet, I slammed on my brakes also but rear-ended her vehicle.

When I struck her car, even though I was wearing my seatbelt, my forehead by the hairline area violently struck the steering wheel because THE AIRBAG DID NOT DEPLOY!!!

She did not have a car in front of her, and her brakes held. The vehicle behind me swerved and missed hitting my car. We immediately pulled over to the side of the road. We inspected both vehicles and I, being a construction road worker, decided to get off of I-94 because it was not safe to stand in traffic. We drove our vehicles another $\frac{3}{4}$ of a mile and got off on Skokie blvd.

At that point she and I both called the police and our individual insurance companies. The local police showed up, but had no jurisdiction, so we waited 3 hours for the state police to show up.



*This is the police report I sent in.
I wanted you to have it.*









ILLINOIS MOTORIST REPORT

Mail this report to:
 Illinois Department of Transportation
 Crash Records Section
 1340 North 9th Street
 Springfield, Illinois 62766-0001



* 2 0 1 0 0 1 3 1 7 1 9 *

Use black ink and print or type all information.
 (To complete this form, see Driver Information Exchange)

For a copy of the Police Report contact the investigating agency.

CITY OR TOWNSHIP OF OCCURRENCE (CIRCLE ONE) <u>Cook County / New Trier Township</u>		COUNTY OF OCCURRENCE <u>Cook County</u>		AGENCY REPORT NO.	DATE OF CRASH 03 / 11 / 10 Month / Day / Year
DRIVER'S NAME (LAST, FIRST, M.I.) [REDACTED]		YOUR INSURANCE Were you covered by a liability insurance policy of the time of the crash? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Policy Number [REDACTED]	
STREET ADDRESS [REDACTED]		Full name of your insurance company (not agency) which issued policy to cover liability for damages of injury to others <u>U.S.A.A</u>		Policy Period From: <u>March 1st / 2010</u> To: <u>March 31st / 2010</u>	
CITY <u>Kenosh WI, 53143</u>	STATE <u>WI</u>	ZIP [REDACTED]	Name and address of representative who sold policy <u>was done online</u>	Name of Policy Holder [REDACTED]	
DRIVER LICENSE NUMBER [REDACTED]		STATE <u>WI</u>		VEHICLE OWNER'S PLATE NUMBER [REDACTED]	
VEHICLE OWNER'S NAME (LAST, FIRST, M.I.) [REDACTED]		VEHICLE OWNER'S ADDRESS (street, city, state, zip) [REDACTED]		STATE <u>WI</u>	
VEHICLE MAKE <u>Kia</u>		MODEL <u>Optima</u>	YEAR <u>2004</u>	VEHICLE OWNER'S INSURANCE COMPANY <u>U.S.A.A</u>	
VEHICLE DAMAGE		VEHICLE OWNER'S POLICY NUMBER [REDACTED]		VEHICLE OWNER'S POLICY NUMBER [REDACTED]	
APPROXIMATE COST TO REPAIR YOUR VEHICLE \$ <u>5,200</u>		APPROXIMATE COST TO REPAIR \$ <u>0</u>		DESCRIBE DAMAGE TO PROPERTY <u>U.S.A.A. Said it was a total loss, I could not get car back from U.S.A.A to get another estimate. They lost it for four days!</u>	
Was driver (owner) of other vehicle insured? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NOT KNOWN <input type="checkbox"/>		Were you driving a vehicle owned by your employer, in the course of your employment? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		PROPERTY OWNER'S NAME AND ADDRESS [REDACTED] <u>Kenosha WI, [REDACTED]</u>	
DID POLICE OFFICER INVESTIGATE CRASH? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		LIST PERSONS KILLED OR INJURED			
NAME [REDACTED]		UNIT	AGE <u>32</u>	SEX <u>M</u>	ADDRESS [REDACTED] <u>Kenosha WI, [REDACTED]</u>
DESCRIBE INJURIES <u>I was wearing my seatbelt and struck vehicle in front, the Air Bag Did NOT Deploy. I hit my head. Was not aware of surrounding for approx. 5 sec. Back pain was severe, so was head trauma.</u>					
If you fail to give full insurance information above it will be assumed that you did not have automobile liability insurance, and you may be subject to further application of the Safety Responsibility Law.		SIGN HERE [REDACTED] Signature of person making report		ADDRESS [REDACTED] <u>Kenosha WI, [REDACTED]</u>	
				DATE <u>03 / 24 / 10</u> Month / Day / Year	

UNIT # 1

Printed by authority of the State of Illinois

SR 1MCR 500M (November 2009)

COMPLETE BOTH SIDES OF THIS FORM



INDICATE NORTH BY ARROW

DIAGRAM WHAT HAPPENED INSTRUCTIONS

1. Follow dotted lines to draw outline of roadway at place of crash.
2. Number each vehicle and show direction of travel by arrow.

3. Use solid line to show path before crash:



dotted line after crash:



4. Show pedestrian by:



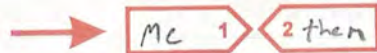
5. Show railroad by:



6. Show utility poles by:



7. Show motorcycle by:



YOUR REPORT IS CONFIDENTIAL AND CANNOT BE USED AS EVIDENCE IN ANY TRIAL.

THE PROVIDING OF FALSE INFORMATION IS A CLASS C MISDEMEANOR AND CAN RESULT IN A \$500 FINE AND A 30-DAY SENTENCE.

PRINT OR TYPE ALL INFORMATION.

LEGAL REQUIREMENTS

The driver of any motor vehicle involved in a crash which results in injury, death, or damage to any one person's property in excess of \$1,500 (or, \$500 if any driver is not insured) must complete this report and send to IDOT within 10 days after the crash.

If the driver is physically incapable of completing the report, the owner or another occupant of the vehicle should do so.

INSTRUCTIONS

OBSERVE THE FOLLOWING RULES.

1. PRINT OR TYPE ALL INFORMATION.
2. Answer all questions to the best of your knowledge. If unable to answer any questions, mark "NK" for "not known."
3. The nature and extent of all damages and injuries must be clearly and completely stated. Whenever a doctor's statement of injuries or a garage estimate of the cost of repairs is immediately available, give this information; otherwise, give your own careful estimate.
4. Use a second report form or a sheet of paper the same size to report additional vehicles, injured persons, witnesses, or any other information for which there is not sufficient space.
5. SIGN THE REPORT in the space at the bottom of the front side of this report form.

Important - This crash should also be reported to your insurance representative. Failure to report may jeopardize your automobile liability insurance.

DIAGRAM:



NARRATIVE (Refer to vehicle by Unit No.)

See Attached Copy of Accident Report. There is only

1 page. Typed;

The Safety Responsibility Law

For general information only

(See Sections 625 ILCS 5/7-100 through 5/7-216 of the Illinois Vehicle Code for complete statute.)

In certain cases drivers and owners may be required to prove financial responsibility, usually by presenting evidence of automobile liability insurance.

When any person sustains property damage in excess of \$1,500 (or, \$500 if any driver is not insured) or personal injuries, the names of uninsured motorists are sent to the Secretary of State with a legal notice of possible security deposit. The notice names all potential property damage and bodily injury claimants, and lists the evaluated amounts of those potential claims. The evaluations are based on information shown in the reports filed by drivers or owners. It is important that reports be filed promptly and that complete and accurate descriptions of property damage and bodily injuries be shown in the spaces provided on the report form.

The accident file, which usually contains a police report and a report from each driver, will be sent to the Secretary of State. That office will review the reports to ascertain if the uninsured driver was legally at fault, if the driver was clearly not at fault, the file will be closed; otherwise a Notice of Suspension will be mailed. The Notice of Suspension outlines the Methods of Compliance with the Illinois Safety Responsibility Law; it also advises the uninsured motorist of the right within 15 days of the Notice of Suspension to request a hearing. If a request for hearing is not received, the suspension becomes effective 45 days from the date of the Notice of Suspension. If a hearing is held and the Hearing Officer concludes, after considering all written and oral evidence, that there is a reasonable possibility of legal fault, the uninsured motorist has the following options; 1. Deposit security; 2. Present evidence of releases from liability (or signed agreements to pay for damages in installments) from all potential claimants names on the security deposit notice; 3. Show evidence of a final adjudication of nonliability. If the uninsured motorist fails to comply with any of the above options, his/her drivers license (if driver) and vehicle registration privileges (if owner) would be suspended. (None of the above affects any person's right to sue to recover damages.) (Security deposits, releases or installment agreements are to be submitted to the Secretary of State.)

USAA
Claim Details

Find information about your To Do List, vehicle inspection, any payments made by USAA and your applicable rental car details. We regularly update your claim details so be sure to come back and check the progress of your claim.

MY CLAIMS CONTACT

Christopher Norris
San Antonio Claims
Office
1-800-531-USAA (8722)
Ext. 61571



Status of Your Claim

Claim Overview

Below is the status of your claim. If there is someone else involved in this loss and you are determined to be responsible, you will not see their details here.

Status of Claim	New
USAA Number	[REDACTED]
Loss Date	03/12/2010
Type of Claim	Automobile: Collision
Insured Vehicle	2004 KIA OPTIMA LY/OPTIMA EX VIN: KNAGD126645 [REDACTED]
Location of Loss	Panda Express 3232 Lake Avenue Wilmette, IL 60091

[View All Claims](#)

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The information provided here does not reflect all claim-related details. Please contact your claim representative if you have any specific questions.

Kenosha WI



NHTSA Headquarters
1200 New Jersey Ave, SE
West Building, DC 20590

