


INFORMATION Redacted PURSUANT TO THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6)

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p><b>DOT Auto Safety Hotline</b></p> <p><b>Vehicle Owner's Questionnaire</b> To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 100148</p>	
		<p>Date Received <b>AUG 26 2011</b></p>	<p>Repository <input type="checkbox"/></p>	<p>Reference No. 10415364</p>	
		<p>27-JUL-2011</p>			
<p><b>OWNER INFORMATION (Type or Print)</b></p>					
<p>Name</p>		<p>Daytime Telephone Number</p>		<p>E-mail Address</p>	
<p>Address</p>		<p>Evening Telephone Number</p>			
<p>City UNIONTOWN</p>	<p>State OH</p>	<p>Zip Code</p>			
<p><i>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).</i></p>					
<p><b>VEHICLE INFORMATION</b></p>					
<p>17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 2HGFG12859H</p>		<p>Make HONDA</p>	<p>Model CIVIC</p>	<p>Model Year 2009</p>	
<p>Date Purchased 3-30-09</p>	<p>Dealer's Name and Telephone Number PARK HONDA 330-644-3322</p>		<p>Engine: No: Cylinders 4</p>	<p>Fuel Type: GAS</p>	
<p>Original Owner <input checked="" type="checkbox"/></p>	<p>Dealer's City AKRON</p>	<p>State OH</p>	<p>Zip Code 44312</p>		
<p>Transmission Type AUTO</p>	<p><input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control</p>	<p>Powertrain FRT WHEEL DRIVE</p>	<p>Multiple Failure:</p>	<p>Incident Date(s) 05-JUL-2011</p>	
<p><b>FAILED COMPONENT(S)/PART(S) INFORMATION</b></p>					
<p>Vehicle Component Code: 140000 AIR BAGS</p>			<p>Failure Mileage 24000</p>	<p>Failure Speed 40</p>	
<p><b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b></p>					
<p>Tire Make</p>		<p>Tire Model (Name or Number)</p>		<p>Tire Size (Example P215/65R15)</p>	
<p>DOT No. (Example: DOTM9ABC036)</p>		<p><input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair</p>	<p>Failure Location:</p>		
<p>Tire Component Code</p>			<p>Tire Failure Type:</p>		
<p><b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b></p>					
<p>Make:</p>		<p>Date Manufactured:</p>		<p>Model No./Name:</p>	
<p>Seat Type:</p>		<p>Installation System:</p>			
<p>Child Seat Component Code:</p>		<p>Failed Part:</p>			
<p><b>APPLICABLE INCIDENT INFORMATION</b> <i>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)</i></p>					
<p>Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured 1</p>	<p>Number of Deaths</p>	<p>Reported to Police Y</p>	
<p><b>Narrative Description of Incident(S), Crash(es), and Injury(ies).</b> 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).</p>					
<p>TL* THE CONTACT OWNS A 2009 HONDA CIVIC EX. WHILE THE CONTACT WAS DRIVING APPROXIMATELY 40 MPH INTO AN INTERSECTION, AN OPPOSING VEHICLE CRASHED HEAD ON UNEXPECTEDLY. THE CONTACT SUSTAINED SEVERE TORSO INJURIES AND FRACTURED THREE RIBS. THERE WAS ALSO INJURY TO BOTH KNEES AND A LACERATION TO THE LIVER. THE CONTACT STATED THAT THE FORCE OF THE DRIVER SIDE AIR BAG DEPLOYMENT RESULTED IN EXTENSIVE INJURIES TO THE BODY. THE VEHICLE WAS DECLARED DESTROYED AND TOWED TO A SAVAGE FACILITY. THE CONTACT PLANNED TO NOTIFY THE MANUFACTURER OF THE FAILURE. THE APPROXIMATE FAILURE MILEAGE WAS 24,000. <b>INJURIES, IN ADDITION TO THOSE LISTED ABOVE INCLUDE 4 FRACTURED VERTIBRAE, FRACTURED STERNUM, FRACTURED LEFT KNEE CAP. THE DRIVER OF THE OTHER VEHICLE (91 HONDA) WITH NO AIR BAGS WAS ABLE TO WALK AWAY. AIR BAG ISSUE WAS REPORTED TO HONDA AMERICA - CASE REF# NO12011-07-2701295 ON 7/22/11 (OVER) 2</b></p>					
<p>Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.</p>			<p>ATTACH ADDITIONAL SHEETS IF NECESSARY</p>		
<p>The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond this questionnaire. Your response may be used to assist the NHTSA in determining whether a Manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.</p>					

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

THE OTHER CAR'S SPEED WAS ESTIMATED AT 20MPH.  
INJURIES ALSO INCLUDE A BENT DENTURE,  
PHOTOS INCLOSED

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department  
of Transportation

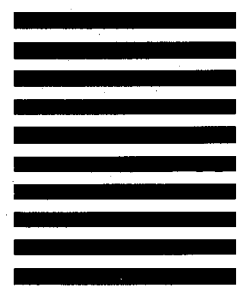
**National Highway  
Traffic Safety  
Administration**

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**

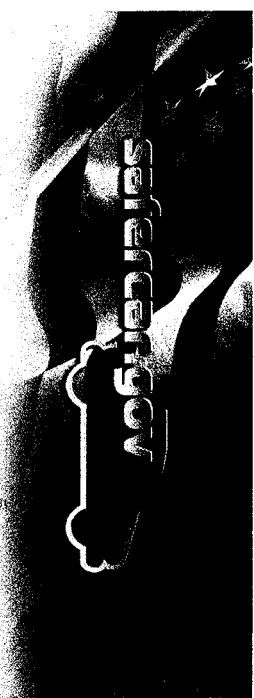
FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

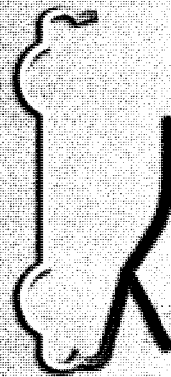
**US Department of Transportation  
National Highway Traffic Safety Administration**

**Office of Defects Investigation, NVS-210**

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



**Think your vehicle  
has a safety defect?**



**If so:  
Use the enclosed  
form to file a report.**

**or visit:  
www.safercar.gov**

**or call:  
Vehicle Safety Hotline  
888-327-4236**



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

08/09/2011

[REDACTED]  
UNIONTOWN, OH [REDACTED]

REC'D  
8/12/11  
ALLSTATE INS PAID  
REMAINING CAR LOAN

**OFFICIAL NOTICE – ACCOUNT PAID IN FULL**

Re: Account Number: [REDACTED]  
VIN: 2HGFG12859H [REDACTED]

Dear [REDACTED]

Thank you for financing your vehicle with Honda Financial Services (American Honda Finance Corporation). Once we verify your payment has cleared, your account will be considered paid in full.

**Additional Information:**

- If your account was paid off by a third party (i.e. bank, credit union, dealership or insurance company), we have forwarded the title and/or lien release to them.
- If you purchased Credit Life Insurance, Accident & Health and/or debt waiver (GAP) coverage in conjunction with your account and did not previously cancel this coverage, you may be eligible to receive a refund for unaccrued credit insurance or debt waiver (GAP) coverage. To inquire about a refund, contact your dealer or coverage provider to request a refund of any unearned premiums.

If you have other coverages in effect on the account and you wish to cancel that coverage, it is your responsibility to notify the dealer or coverage provider that you have paid off the account and would like a refund of any unearned premiums.

Our records indicate that your selling dealer was:

PARK HONDA  
951 INTERSTATE PARKWAY  
AKRON, OH 44312

Thank you again for financing with us. We have enjoyed serving you, and look forward to assisting you with future financing needs.

Regards,

**American Honda Finance Corporation**

2HGFG12859H [REDACTED]

American Honda Finance Corporation | PO Box 5308 | Elgin, IL 60121 | (800) 542-6632

PAIDACCT v10168

# TRAFFIC CRASH REPORT



LOCAL REPORT # 2011-0837

CRASH SEVERITY: 1 FATAL 3 PDO, 2 INJURY 4 UNKNOWN

HIT/SKIP: 1 NOT HIT/SKIP, 2 SOLVED, 3 UNSOLVED

PHOTOS TAKEN: YES

OH-2 OH-3 OH-1P OTHER

REPORTING AGENCY: Summit County Sheriffs

DATE OF CRASH: 07052011

TYPE OF CRASH: 0800

DAY OF WEEK: TUE

CITY: GREEN

COUNTY: 77

CRASH OCCURRED ON: SR 619

TYPE LOC: 3

TYPE LOCATION POINT USED: 1 NAMED STREET, 3 NUMBERED ROUTE, 2 NUMBERED STREET

LOCAL INFORMATION: 04 HOUSE NUMBER, 08 PLACE NAME W/O REFERENCE, 05 TOWNSHIP BOUNDARY, 09 DRIVEWAY, 06 MILE POST, 10 STREET OR ROUTE W/O REFERENCE, 07 CORPORATION LIMIT

ATY REFERENCE: DIST REFERENCE, DR, PREFIX, REFERENCE: SR241

REFERENCE POINT USED: 01 STATE LINE, 02 INTERSECTION 2 STREETS, 03 COUNTY LINE

REF POINT: 52

NAME (LAST, FIRST, MIDDLE): [REDACTED]

ADDRESS (STREET, CITY, STATE, ZIP CODE): [REDACTED] UNIONTOWN OH

HOME PHONE # [REDACTED] WORK PHONE # [REDACTED]

DL STATE: OH DL # [REDACTED] LP STATE: OH LP # [REDACTED]

INJURED TAKEN BY: 2

TRANSPORTED BY: GREEN FIRE

INJURED TAKEN TO: ALZON GENERAL

OWNER NAME (IF SAME, WRITE "SAME"): SAME

ADDRESS (STREET, CITY, STATE, ZIP CODE): [REDACTED]

YEAR: 2009 MAKE: Honda MODEL: 2 DOOR COLOR: RED INSURANCE COMPANY: ALLSTATE TOWING SERVICE: JEFFREYS

OFFENSE CHARGED: [REDACTED] OFFENSE DESCRIPTION: [REDACTED]

SUMMIT COUNTY SHERIFF'S OFFICE  
ID & RECORDS BUREAU  
I HEREBY CERTIFY THAT THIS IS  
A TRUE COPY OF THE ORIGINAL

JH

NAME (LAST, FIRST, MIDDLE): [REDACTED]

ADDRESS (STREET, CITY, STATE, ZIP CODE): [REDACTED] UNIONTOWN OH

HOME PHONE # [REDACTED] WORK PHONE # [REDACTED]

DL STATE: OH DL # [REDACTED] LP STATE: OH LP # [REDACTED]

INJURED TAKEN BY: 2

TRANSPORTED BY: GREEN FIRE

INJURED TAKEN TO: ALZON CENT

OWNER NAME: [REDACTED]

ADDRESS (STREET, CITY, STATE, ZIP CODE): [REDACTED] UNIONTOWN OH

YEAR: 1991 MAKE: HONDA MODEL: 4 DOOR COLOR: SILVER INSURANCE COMPANY: JEFFREYS

OFFENSE CHARGED: 4511.42 OFFENSE DESCRIPTION: RIGHT OF WAY TURNING LEFT

NAME (LAST, FIRST, MIDDLE): [REDACTED]

ADDRESS (STREET, CITY, STATE, ZIP CODE): [REDACTED] CLINTON OH

HOME PHONE # [REDACTED]

NAME (LAST, FIRST, MIDDLE): [REDACTED]

ADDRESS (STREET, CITY, STATE, ZIP CODE): [REDACTED]

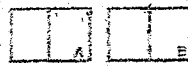
HOME PHONE # [REDACTED]

SEATING POSITION	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
01 FRONT - LEFT (MC DRIVER)	01 NONE USED	1 NOT-DEPLOYED	1 NOT PRESENT	1 NOT EJECTED	1 NOT TRAPPED	1 NO INJURY
02 FRONT - MIDDLE	02 SHOULDER BELT ONLY	2 DEPLOYED-FRONT	2 IN ON POSITION	2 TOTALLY EJECTED	2 EXTRICATED BY MECHANICAL MEANS	2 POSSIBLE
03 FRONT - RIGHT	03 LAP BELT ONLY	3 DEPLOYED-SIDE	3 IN OFF POSITION	3 PARTIALLY EJECTED	3 FREED BY NON-MECHANICAL MEANS	3 NON-INCAPACITATING
04 SECOND - LEFT (MC PASS)	04 SHOULDER/LAP BELT	4 DEPLOYED BOTH FRONT/SIDE	4 UNKNOWN	4 NOT APPLICABLE	4 UNKNOWN	4 INCAPACITATING
05 SECOND - MIDDLE	05 CHILD SAFETY SEAT	5 NOT APPLICABLE		5 UNKNOWN		5 FATAL INJURY
06 SECOND - RIGHT	06 MC HELMET USED	6 UNKNOWN				6 UNKNOWN
07 THIRD - LEFT (MC PASSENGER/SIDE CAR)	07 USE UNKNOWN					
08 THIRD - MIDDLE	08 NONE USED					
09 THIRD - RIGHT	09 HELMET USED					
10 SLEEPER SECTION OF CAB	10 PROTECTIVE PADS					
11 ENCLOSED CARGO AREA	11 REFLECTIVE CLOTHING					
12 UNENCLOSED CARGO AREA	12 LIGHTING					
13 TRAILING UNIT	13 OTHER					
14 EXTERIOR	14 UNKNOWN					
15 OTHER						
16 NON-MOTORIST						
17 UNKNOWN						

Motorist/Non-Motorist

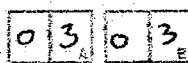
Occupant

NON-MOTORIST LOCATION



- 01 MARKED CROSSWALK AT INTERSECTION
02 INTERSECTION NO CROSSWALK
03 NON-INTERSECTION CROSSWALK
04 DRIVEWAY ACCESS CROSSWALK
05 IN ROADWAY
06 NOT IN ROADWAY
07 MEDIAN (BUT NOT SHOULDER)
08 ISLAND
09 SHOULDER
10 SIDEWALK
11 WITHIN 10 FEET OF ROADWAY (NOT SHOULDER, MEDIAN, SIDEWALK, ISLAND)
12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY)
13 OUTSIDE TRAFFICWAY
14 SHARED USE PATHS OR TRAILS
15 UNKNOWN

TYPE OF UNITS



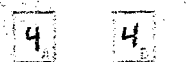
- MOTORIST
01 SUB-COMPACT
02 COMPACT
03 MID SIZE
04 FULL SIZE
05 MINIVAN
06 SPORT UTILITY VEHICLE
07 PICKUP
08 PANEL/VAN
09 SINGLE UNIT TRUCK
10 SINGLE UNIT TRUCK; 3+ AXLES
11 TRUCK/TRAILER
12 TRUCK TRACTOR (BOBTAIL)
13 TRACTOR/SEMI-TRAILER
14 TRACTOR/DOUBLE SHORT
15 TRACTOR/DOUBLE LONG
16 FIFTH WHEEL OR CONVERTER DOLLY
17 TRACTOR/TRIPLES
18 MOTORCYCLE
19 MOTORIZED BICYCLE
20 SCHOOL BUS
21 CHURCH BUS
22 PUBLIC BUS
23 OTHER BUS
24 POLICE VEHICLE
25 FIRE TRUCK
26 AMBULANCE/RESCUE
27 TAXI
28 MOTOR HOME
29 TRAM
30 FARM VEHICLE
31 FARM EQUIPMENT
32 SNOWMOBILE
33 CONSTRUCTION EQUIPMENT
34 ALL OTHERS
NON-MOTORIST
35 ANIMAL W/DRIVER
36 ANIMAL W/BUGGY
37 BICYCLE
38 PEDESTRIAN
39 PEDALCYCLIST
40 SKATER
41 OTHER-NON MOTORIST
42 UNKNOWN

IN EMERGENCY RESPONSE

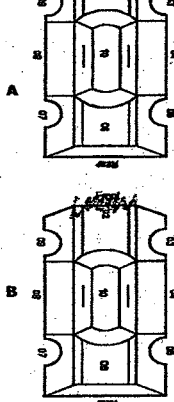


- 1 No
2 Yes
3 UNKNOWN

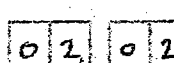
DAMAGE SCALE



- 1 NONE
2 NON-FUNCTIONAL DAMAGE
3 FUNCTIONAL DAMAGE
4 DISABLING DAMAGE
5 SEVERE
6 UNKNOWN

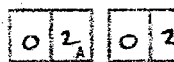


MOST DAMAGED AREA



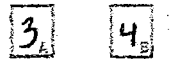
- 01 NONE
02 CENTER FRONT
03 RIGHT FRONT
04 RIGHT SIDE
05 RIGHT REAR
06 REAR CENTER
07 LEFT REAR
08 LEFT SIDE
09 LEFT FRONT
10 TOP AND WINDOWS
11 UNDERCARRIAGE
12 LOAD/TRAILER
13 TOTAL (ALL AREAS)
14 OTHER
15 UNKNOWN

POINT OF IMPACT



- 01 NONE
02 CENTER FRONT
03 RIGHT FRONT
04 RIGHT SIDE
05 RIGHT REAR
06 REAR CENTER
07 LEFT REAR
08 LEFT SIDE
09 LEFT FRONT
10 TOP AND WINDOWS
11 UNDERCARRIAGE
12 LOAD/TRAILER
13 TOTAL (ALL AREAS)
14 OTHER
15 UNKNOWN

ACTION



- 1 NON-CONTACT
2 NON-COLLISION
3 STRIKING
4 STRUCK
5 BOTH STRIKING AND STRUCK
6 UNKNOWN

STRIKING VEHICLE: OVERRIDE/ UNDERRIDE



- 1 NO UNDERRIDE OR OVERRIDE
2 UNDERRIDE, COMPARTMENT INTRUSION
3 UNDERRIDE, NO COMPARTMENT INTRUSION
4 UNDERRIDE, COMPARTMENT INTRUSION UNKNOWN
5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT
6 OVERRIDE, OTHER VEHICLE
7 UNKNOWN

MOTORIST

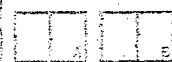
- 01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD
02 BACKING
03 CHANGING LANES
04 OVERTAKING/PASSING
05 TURNING RIGHT
06 TURNING LEFT
07 MAKING U-TURN
08 ENTERING TRAFFIC LANE
09 LEAVING TRAFFIC LANE
10 PARKED
11 SLOWING/STOPPED IN TRAFFIC
12 DRIVERLESS
13 OTHER
14 UNKNOWN
NON-MOTORIST
15 ENTERING/CROSSING IN SPECIFIED LOCATION
16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING
17 WORKING
18 PUSHING VEHICLE
19 APPROACHING/LEAVING VEHICLE
20 PLAYING/WORKING ON VEHICLE
21 STANDING
22 OTHER
23 UNKNOWN

CONTRIBUTING CIRCUMSTANCES

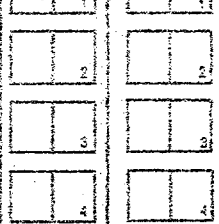


- MOTORIST
01 NONE
02 FAILURE TO YIELD
03 RAN RED LIGHT, OR STOP SIGN
04 EXCEEDED SPEED LIMIT
05 UNSAFE SPEED
06 IMPROPER TURN
07 LEFT OF CENTER
08 FOLLOWED TOO CLOSELY/ACDA
09 IMPROPER LANE CHANGE/ DROVE OFF ROAD/ IMPROPER PASSING
10 IMPROPER BACKING
11 IMPROPER START FROM PARKED POSITION
12 STOPPED OR PARKED ILLEGALLY
13 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER
14 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC)
15 FAILURE TO CONTROL
16 VISION OBSTRUCTION
17 DRIVER INATTENTION
18 FATIGUE/ASLEEP
19 OPERATING DEFECTIVE EQUIPMENT
20 LOAD SHIFTING/FALLING/SPILLING
21 OTHER IMPROPER ACTION
22 UNKNOWN
NON-MOTORIST
23 NONE
24 IMPROPER CROSSING
25 DARTING
26 LYING AND/OR ILLEGALLY IN ROADWAY
27 FAILURE TO YIELD RIGHT OF WAY
28 NOT VISIBLE (DARK CLOTHING)
29 INATTENTIVE
30 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS, OR OFFICER
31 WRONG SIDE OF THE ROAD
32 OTHER
33 UNKNOWN

VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE



- 01 TURN SIGNALS
02 HEAD LAMPS
03 TAIL LAMPS
04 BRAKES
05 STEERING
06 TIRE BLOWOUT
07 WORN OR SLICK TIRES
08 TRAILER EQUIPMENT DEFECTIVE
09 MOTOR TROUBLE
10 DISABLED FROM PRIOR CRASH
11 OTHER DEFECTS

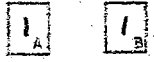


NON-COLLISION

- 01 OVERTURN/ROLLOVER
02 FIRE/EXPLOSION
03 IMMERSION
04 JACKKNIFE
05 CARGO/EQUIPMENT LOSS/SHIFT
06 EQUIPMENT FAILURE
07 SEPARATION OF UNITS
08 RAN OFF ROAD RIGHT
09 RAN OFF ROAD LEFT
10 CROSS MEDIAN/CENTERLINE
11 DOWNHILL RUNAWAY
12 OTHER NON-COLLISION
13 UNKNOWN NON-COLLISION
COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIXED
14 PEDESTRIAN
15 PEDALCYCLE
16 RAILWAY VEHICLE
17 ANIMAL - FARM
18 ANIMAL - DEER
19 ANIMAL - OTHER
20 MOTOR VEHICLE IN TRANSPORT
21 PARKED MOTOR VEHICLE
22 WORK ZONE MAINTENANCE EQUIPMENT
23 OTHER MOVABLE OBJECT
24 UNKNOWN MOVABLE OBJECT
COLLISION WITH FIXED OBJECT
25 IMPACT ATTENUATOR/CRASH CUSHION
26 BRIDGE OVERHEAD STRUCTURE
27 BRIDGE PIER OR ABUTMENT
28 BRIDGE PARAPET
29 BRIDGE RAIL
30 GUARDRAIL FACE
31 GUARDRAIL END
32 MEDIAN BARRIER
33 HIGHWAY TRAFFIC SIGN POST
34 OVERHEAD SIGN POST
35 LIGHT/LUMINAIRES SUPPORT
36 UTILITY POLE
37 OTHER POST, POLE OR SUPPORT
38 CULTIVAT
39 CURB
40 DITCH
41 EMBANKMENT
42 FENCE
43 MAILBOX
44 TREE
45 OTHER FIXED OBJECT
46 WORK ZONE MAINTENANCE EQUIPMENT
47 UNKNOWN FIXED OBJECT
48 OTHER
49 UNKNOWN

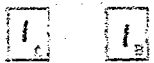
- 25 IMPACT ATTENUATOR/CRASH CUSHION
26 BRIDGE OVERHEAD STRUCTURE
27 BRIDGE PIER OR ABUTMENT
28 BRIDGE PARAPET
29 BRIDGE RAIL
30 GUARDRAIL FACE
31 GUARDRAIL END
32 MEDIAN BARRIER
33 HIGHWAY TRAFFIC SIGN POST
34 OVERHEAD SIGN POST
35 LIGHT/LUMINAIRES SUPPORT
36 UTILITY POLE
37 OTHER POST, POLE OR SUPPORT
38 CULTIVAT
39 CURB
40 DITCH
41 EMBANKMENT
42 FENCE
43 MAILBOX
44 TREE
45 OTHER FIXED OBJECT
46 WORK ZONE MAINTENANCE EQUIPMENT
47 UNKNOWN FIXED OBJECT
48 OTHER
49 UNKNOWN

FIRST HARMFUL EVENT



OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)

MOST HARMFUL EVENT



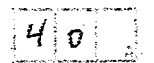
OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)

SPEED DETECTED

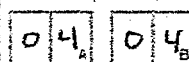


- 1 STATED
2 ESTIMATED SPEED

SPEED

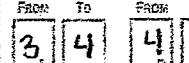


TRAFFIC CONTROL



- 01 NO CONTROLS
02 STOP SIGN
03 YIELD SIGN
04 TRAFFIC SIGNAL
05 TRAFFIC FLASHERS
06 SCHOOL ZONE
07 RAILROAD CROSSBUCKS
08 RAILROAD FLASHERS
09 RAILROAD GATES
10 CONSTRUCTION BARRICADE
11 POLICE OFFICER
12 PAVEMENT MARKINGS
13 CROSSWALK LINES
14 WALK/DON'T WALK SIGNAL
15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBLISCURED
16 OTHER

DIRECTION



- 1 NORTH
2 SOUTH
3 EAST
4 WEST
5 NORTHEAST
6 NORTHWEST
7 SOUTHEAST
8 SOUTHWEST
9 UNKNOWN

CONDITION



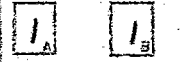
- 1 APPARENTLY NORMAL
2 PHYSICAL IMPAIRMENT
3 EMOTIONAL
4 ILLNESS
5 FELL ASLEEP, FAINTED, FATIGUED, ETC
6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL
7 OTHER
8 UNKNOWN

ALCOHOL/DRUG SUSPECTED



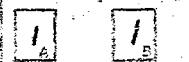
- 1 NONE
2 YES - ALCOHOL SUSPECTED
3 YES - HBD NOT IMPAIRED
4 YES - DRUGS SUSPECTED
5 YES - ALCOHOL / DRUGS SUSPECTED
6 UNKNOWN

ALCOHOL TEST STATUS



- 1 NONE
2 TEST REFUSED
3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE
4 TEST GIVEN, RESULTS KNOWN
5 TEST GIVEN, RESULTS UNKNOWN
6 UNKNOWN

ALCOHOL TEST TYPE



- 1 NONE
2 BLOOD
3 URINE
4 BREATH
5 OTHER

ALCOHOL TEST RESULT

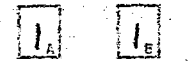


ALCOHOL TEST RESULT



- 1 NONE
2 TEST REFUSED
3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE
4 TEST GIVEN, RESULTS KNOWN
5 TEST GIVEN, RESULTS UNKNOWN
6 UNKNOWN

DRUG TEST TYPE



- 1 NONE
2 BLOOD
3 URINE
4 OTHER

DRUG TEST 1&2 RESULT



- 1 NONE
2 MARIJUANA
3 COCAINE
4 OPiates
5 AMPHETAMINES
6 PCP
7 OTHER
8 UNKNOWN AT TIME OF REPORTING

TYPE OF INTERSECTION



- 01 NOT AN INTERSECTION
02 FOUR-WAY INTERSECTION
03 T-INTERSECTION
04 Y-INTERSECTION
05 TRAFFIC CIRCLE/ROUNDABOUT
06 FIVE-POINT, OR MORE
07 ON RAMP
08 OFF RAMP
09 CROSSOVER
10 DRIVEWAY/ACCESS
11 RAILWAY GRADE CROSSING
12 SHARED-USE PATHS OR TRAILS
13 UNKNOWN

OCCURRENCE



- 1 ON ROADWAY
2 ON SHOULDER
3 IN MEDIAN
4 ON ROADSIDE
5 ON GORE
6 OUTSIDE TRAFFICWAY
7 UNKNOWN

ROAD CONTOUR



- 1 STRAIGHT LEVEL
2 STRAIGHT GRADE
3 CURVE LEVEL
4 CURVE GRADE

ROAD CONDITIONS



- 01 DRY
02 WET
03 SNOW
04 ICE
05 SAND, MUD, DIRT, OIL, GRAVEL
06 WATER (STANDING, MOVING)
07 SLUSH
08 DEBRIS\*\*
09 RUT, HOLES, BUMPS, UNEVEN PAVEMENT\*\*
10 OTHER
11 UNKNOWN
\*\*SECONDARY ROAD CONDITIONS ONLY

2011-0939

WAS EAST BOUND ON SR 619 TURNING LEFT (NORTH) AND  
 SR 241 WHEN IT FAILED TO YIELD THE RIGHT OF WAY  
 AND WAS STRUCK BY TRUCK

<b>NUMBER OF COLLISION OR IMPACT</b> <input checked="" type="checkbox"/> 3		<b>SCHOOL BUS RELATED</b> <input type="checkbox"/> 1 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN		<b>Diagram</b> 	<b>Write an "N" on the compass diagram to indicate the direction of north.</b>  NOT DRAWN TO SCALE	
<b>WEATHER</b> <input type="checkbox"/> 0 <input type="checkbox"/> 1 01 CLEAR 02 CLOUDY 03 FOG, SMOG, SMOKE 04 RAIN 05 SLEET, HAIL, (FREEZING RAIN DRIZZLE) 06 SNOW 07 SEVERE CROSSWINDS 08 BLOWING SAND, SOIL, DIRT, SNOW 09 OTHER 10 UNKNOWN		<b>WORK ZONE RELATED</b> <input type="checkbox"/> 1 1 NO 2 YES				
<b>LIGHT CONDITIONS</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9		<b>TYPE OF WORK ZONE</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5				
<b>LOCATION OF CRASH IN WORK ZONE</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		<b>WORKERS PRESENT</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3				

<b>Truck/Bus</b> <input type="checkbox"/>	THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING: A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR A BUS DESIGNED FOR AT LEAST 9 PERSONS, INCLUDING DRIVER.	<b>A N D</b> THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING: A FATALITY; OR AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.
	COMPANY (FROM SHIPPING PAPERS) _____ COMPANY PHONE _____ ADDRESS (STREET, CITY, ST, ZIP CODE) _____	

US DOT	ICC MC	FUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #

<b>CARGO BODY TYPE</b> <input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BUS (9-15 INCLUDING DRIVER) <input type="checkbox"/> 03 VAN/ENCLOSED BOX <input type="checkbox"/> 04 GRAB/CHIPS/GRANUL	<input type="checkbox"/> 05 POLE <input type="checkbox"/> 06 CARGO TANK <input type="checkbox"/> 07 FLATBED <input type="checkbox"/> 08 DRIP	<input type="checkbox"/> 09 CONCRETE MIXER <input type="checkbox"/> 10 AUTO TRANSPORTER <input type="checkbox"/> 11 GARBAGE/REFUSE <input type="checkbox"/> 12 OTHER <input type="checkbox"/> 13 UNKNOWN	<b>Weight (GVWR)</b> <input type="checkbox"/> 1 LESS/EQUAL 10,000 <input type="checkbox"/> 2 10,001 - 25,000 <input type="checkbox"/> 3 MORE THAN 25,000	<b>CDL Class</b> <input type="checkbox"/> 1 CLASS A <input type="checkbox"/> 2 CLASS B <input type="checkbox"/> 3 CLASS C <input type="checkbox"/> 4 CLASS M <input type="checkbox"/> 5 CLASS D	<b>Hazardous Materials Placard</b> <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	<b>Hazardous Materials Released</b> <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 NOT APPLICABLE <input type="checkbox"/> 4 UNKNOWN
--	---	--	---	--	---	---

<b>Police Action</b>						
DATE CRASH REPORTED 07052011	TIME REC CALL 0860	DISPATCH 0800	ARRIVED 0805	CLEARED 0845	OTHER 30	TOTAL LINES 75
OFFICER'S NAME # D.P.P. J. BLEWETT	SALVE # 0256	CHECKED BY SGT. VAUGHAN	DATE REPORT FILED # 07052011			
REPORT TAKEN BY <input type="checkbox"/> 1 POLICE AGENCY <input type="checkbox"/> 2 MOTORIST	REPORT TAKEN AT <input type="checkbox"/> 1 SCENE <input type="checkbox"/> 2 STATION <input type="checkbox"/> 3 OTHER	SUPPLEMENTARY REPORT # 2011-0839				





LOCAL REPORT NUMBER <b>2011-0839</b>	REPORTING AGENCY <b>Sumner Co. Sheriff</b>	DATE OF CRASH M <b>7</b>   D <b>5</b>   Y <b>11</b>
---	---	--

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, [REDACTED] HEREBY MAKE THIS VOLUNTARY STATEMENT TO

[REDACTED] PRINTED

**Bentley** OFFICER'S NAME AT **MASSILLON RD @ SR 619** LOCATION

Heading south on SR 619 making a left turn north bound onto Massillon Rd. I heard a loud noise and don't remember anything else and the sun was in my eyes

ADDRESS OF WITNESS [REDACTED] PHONE

OFFICER'S SIGNATURE **X B**

CAR EVALUATION FROM ALLSTATE REC'D 7/29/11

07/26/11 13:12  
Via: Multiple

AUTOSOURCE VALUATION  
AS Request: 29304418

Page 1  
Version: 1

ADMINISTRATIVE DATA

2009 HONDA CIVIC EX 2D COUPE

Melissa Fuller  
Allstate Insurance Company  
Metro Detroit Auto Branch  
27555 Executive Drive  
Farmington Hills MI 48331

Claimant: [REDACTED]  
Insured: [REDACTED]  
Claim: [REDACTED]  
Loss Date: 07/05/2011  
Loss Type: Collision  
Policy: [REDACTED]  
Other:

Primary Impact: 12  
Total Loss: yes

VINSOURCE ANALYSIS

2009 HONDA CIVIC EX 2D COUPE

VIN: 2HGFG12859H [REDACTED]  
Decodes as: 2009 Honda Civic EX 2D Coupe  
Accuracy: Decodes Correctly  
History: Activity was reported

- o AUTOSOURCE ACTIVITY: Reported by Allstate Insurance Company in Dublin, OH on July 25, 2011. Call them at (800)837-8304 regarding Claim: [REDACTED] (Request: 29301866 DOL: 07/05/2011 Odometer: Not Available).
- o AUTOTRAK ACTIVITY: (NONE)
- o AUDADEX/ESTIMATING ACTIVITY: (NONE)
- o SALES HISTORY ACTIVITY: (NONE)

NICB REPORT

2009 HONDA CIVIC EX 2D COUPE

No NICB/ISO Activity

VEHICLE SALVAGE TITLE SUMMARY

2009 HONDA CIVIC EX 2D COUPE

The link to Experian is not available. Another version of this report will be sent when the Experian link becomes available.

REPORTED PHONE NUMBER ANALYSIS

2009 HONDA CIVIC EX 2D COUPE

No Vehicles Advertised at [REDACTED]

VALUATION SUMMARY

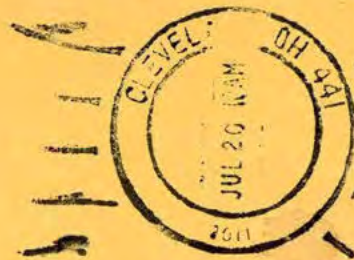
2009 HONDA CIVIC EX 2D COUPE

Comparable Vehicle	Loss Vehicle	Adjustment
Price: \$21,230		\$21,230





Uniontown, OH



NAT'L HIGHWAY TRAFFIC SAFETY ADMIN.  
1200 NEW JERSEY AVE SE  
WASHINGTON, DC 20590