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

Form Approved: O.M.B. No. 2127-0008

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 ☐
17-DEC-2011	Reference No. 10440279

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address			
City ENFIELD	State CT	Zip Code	Evening Telephone Number

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
3VWDB61E7XM	VOLKSWAGEN	CABRIO CONVERTIBLE	1999

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
Original Owner ☐	Dealer's City	State	Zip Code		

Transmission Type	☐ Antilock Brakes ☐ Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 09-JUL-2009

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 030000 SERVICE BRAKES, HYDRAULIC, 200000 WHEELS, 020000 SUSPENSION	Failure Mileage 110000	Failure Speed 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			N

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).

HELLO, I CONTACTED YOU ABOUT 2 YRS AGO WITHOUT F/U DUE TO RECOVERY FROM INJURIES. NOW I HAVE MY CASE ON THE DOCKETT TO SUE VW FOR FAULTY DISC/HUB ASSEMBY THAT SEPARATED DUE TO CORROSION. I HAVE THE PARTS AND PHOTOS TO SUBMIT. I INJURED MY RIGHT ANKLE ON JULY 9, 2009 WHEN THE WHEEL DETACHED FROM MY CAR WITHOUT WARNING AND AFTER IT HAD BEEN RECENTLY INSPECTED AND CLEANED BY BRAKE KING. SIMILAR TO THE JEEP GRAND CHEROKEE RECALL SINCE I OWNED ONE AND HAD THE HUB/DISC ASSEMBLY REPLACED BY STAINLESS STEEL ASSEMBLY. I WISH TO CONTINUE THIS INVESTIGATION SO THAT OTHERS ARE NOT INJURED HEAVEN FORBID. NOW I AM RADY TO HANDLE THE CASE IN COURT AND AM PREPARING FOR THE TRIAL. PLEASE ADVISE AS TO HOW TO DEFEND MY CASE AS THE ONES THAT WERE TRIED ON THE JEEP RECALL AND ACCIDENTS. ALSO, IF YOU NEED MORE INFO PLS CONTACT ME. AFTER THE FINAL PHYSICAL THERAPY AND PERM PARTIAL DISABILITY I INCURRED IN THE ACCIDENT I FEEL THAT THIS CASE NEEDS TO BE INVESTIGATED AND PROSECUTED. I AM AN ENGINEER AND AM SURE THE CORROSION CAUSED THE WHEEL DETACHMENT WHICH WAS DEFINATELY A PRODUCT DEFECT. ESPECIALLY SINCE I HAVE THE RECORDS OF INSPECTION AND SERVICE OF THE BRAKE INVOLVED WHICH CAUSED DETACHEMENT OF MY WHEEL ONLY 5 MONTHS LATER AND IN LIGHT OF THE JEEP RECALLS. HAVE A HAPPY, HEALTHY AND PROSPEROUS NEW YEAR. THANX. UPDATED 01/20/12*LJ

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

PLEASE SEE ATTACHED SUPPORTING DOCS

THANX.

[redacted]

safercar.gov

U.S. Department of Transportation

Thank you for your Vehicle Safety Complaint

JAN 19 2012

Your Complaint Information has been successfully submitted.

Your Confirmation Number (ODI Number) is: **10440279.**

Your Complaint will be available within 72 hours at http://www-odi.nhtsa.dot.gov/complaints/.

An acknowledgement was sent to [redacted]

1. Vehicle Information

Vehicle Identification Number (VIN):
3VWDB61E7XM[redacted]
Make / Model / Year:
VOLKSWAGEN CABRIO CONVERTIBLE 1999

2. Incident Information

Approximate Incident Date:
07/09/2009
Failure Mileage:
110,000
Speed:
55 (mph)
Failed Component(s):
Brakes, Suspension, Wheels
Fire:
No
Crash:
Yes
Persons Injured:
Deaths:
Description:
Hello, I contacted you about 2 yrs ago without f/u due to recovery from injuries. now I have my case on the dockett to sue VW for faulty disc/hub assemby that separated due to corrosion. i have the parts and photos to submit. I injured my right ankle on July 9, 2009 when the wheel detached from my car without warning and after it had been recently inspected and cleaned by Brake king. similar to the jeep grand cherokee recall since i owned one and had the hub/disc assembly replaced by stainless steel assembly. I wish to continue this investigation so that others are not injured heaven forbid. Now i am rady to handle the case in court and am preparing for the trial. please advise as to how to defend my case as the ones that were tried on the jeep recall and accidents. also, if you need more info pls contact me. After the final physical therapy and perm partial disability i incurred in the accident i feel that this case needs to be investigated and prosecuted. i am an engineer and am sure the corrosion caused the wheel detachment which was definately a product defect. especially since i have the records of inspection and service of the brake involved which caused detachement of my wheel only 5 months later and in light of the jeep recalls. have a happy, healthy and prosperous new year. thanx.

3. Personal Information

Name:
[redacted]
Email:
[redacted]
Daytime Phone:
[redacted]
Evening Phone:
[redacted]
Address1:
[redacted]
Address2:

City, State, Zip:
enfield, CT [redacted]

[redacted]

ENFIELD CT [redacted]
JULY 8, 2011

VW OF AMERICA INC
2200 FRENDANENT PORSCHE DR
HERNDON, VA
ATTN: ATTY OFFICE

DEAR SIR/MADAM:
HERE IS A SUMMARY CONCERNING MY CASE AGAINST VW.
I DO NOT HAVE THE INFO ABOUT THE SELLER AS I THOUGHT. IT IS SURELY ON RECORD WITH CT DMV. I AM WORKING ON GETTING AN EXPERT OPINION ON THE HUB DISC ASSEMBLY SEPARATION. WILL PLAN TO GET THE POLICE REPORT IN MIDDLETOWN CT WHEN I GET MY MONTHLY SSDI INCOME. LASTLY, HERE IS A BRIEF SUMMARY OF MY CASE AND SOME OF THE PEOPLE AND ORGANIZATIONS INVOLVED IN MY PERMANENT PARTIAL DISABILITY FROM THE VW HUB DISC SEPARATION.

THE ACCIDENT OCCURRED ON JULY 9, 2009. I WAS RETURNING HOME FROM AN APPOINTMENT WITH MY PSYCHIATRIST DR. DALE WALLINGTON IN WEST HARTFORD CT. WHILE TRAVEL ON RTE 84E TO GET TO RTE 9N, APPROX. 20 MIN. AFTER MY DR. APPT. MY VW CABRIO SUDDENLY AND WITHOUT WARNG (DURING PM RUSH HOUR)

SPUN AROUND A FEW TIMES UNTIL THE VW STOPPED ON THE GASSY MEDIAN HWY DIVIDER. THE FIRST PERSON I SPOKE WITH SAID HE SAW MY WHEEL CROSS THE MEDIAN AND CALLED 911. AN AUTOMOBILE ON THE OTHER SIDE OF THE HWY HIT MY WHEEL WITH MINOR AUTO DAMAGES. NOONE THANK HEAVEN HIT MY CAR AS IT SPUN AND THE AUTO THAT HIT MY TIRE HAD MINOR FRONT END DAMAGE AND THE DRIVER WITH A CHILD IN THE REAR SEAT RESTRAINST REPORTED NO INJURIES. HOWEVER, THE FLAP (TRANSPLANT FROM LEFT ARM TO MEDIAL RIGHT ANKLE) HEALING FROM A MOTORCYCLE EXHAUST PIPE BURN (AND SUBSEQUENT FRACTURES OF MY RIGHT TIBIA DUE TO THAT BURN) IN AUGUST, 2008 WAS INJURED SINCE IT BECAME SWOLLEN WITHOUT ABATEMENT. SINCE THE FLAP SURGERY IN OCTOBER, 2008 THE SUBJECT AREA WOULD SWELL BY EVENING AND THE SWELLING ALWAYS ABATED AFTER SLEEP. I WAS IN PHYSICAL THERAPY AT AN OUTPATIENT UNIT OF JOHNSON MEMORIAL HOSPITAL CALLED HEALTHTRAX IN ENFIELD, CT FOR MY RIGHT LEG INJURIES BUT, HAD TO DISCONTINUE THE THERAPY AFTER THE VW ACCIDENT SINCE MY FLAP BECAME RELENTLESSLY VERY SWOLLEN, PAINFUL AND DEVELOPED 2 ULCERS THAT SECRETED BLOODY EXUDATES IN THE TIBIAL IM NAIL SCREW AREA PROXIMAL TO A

LOCATED UNDER THE FLAP (IT WAS LATER DETERMINED THAT MOVEMENT OF THE SCREW CAUSED THE INFLAMMATION). IN ADDITION TO PHYSICAL THERAPY I WAS GIVEN HELP AT HOME (CLEANING, MEALS, ETC.) BY "HOMEMAKERS AND COMPANIONS" (LOCATED IN ENFIELD CT), TWICE A WEEK. THEREFORE, RECORDS FROM HEALTHTRAX AND HOMEMAKERS AND COMPANIONS WILL HAVE NOTES CONCERNING MY INJURY INCURRED FROM THE VW ACCIDENT. NEXT, I WENT TO YALE NEW HAVEN ORTHOPEDIC FRACTURE CLINIC, POST VW ACCIDENT, AND WENT TO YALE NEW HAVEN, DR. MICHAEL MATTHEW WITH POST ACCIDENT FLAP INJURY COMPLAINTS. ON OCTOBER 8, 2009 DR. MATTHEW PERFORMED RECONSTRUCTIVE SURGERY ON THE INFLAMMED SWOLLEN FLAP IN AN ATTEMPT TO REDUCE THE RELENTLESS EXTREME SWELLING, PAIN AND DISCHARGES FROM FLAP ULCERS (HE WAS THE PLASTIC SURGEON THAT PERFORMED THE FLAP SURGERY IN OCTOBER, 2008 AFTER MY AUGUST, 2008 MOTORCYCLE EXHAUST PIPE BURN). THE DOCTORS AT THE YALE NEW HAVEN ORTHO CLINIC PLACED THE TIBIAL IM NAIL AND SCREWS AFTER THE FLAP (INITIAL) SURGERY DUE TO BONE DAMAGES AND SUBSEQUENT COMPOUND FRACTURE OF THE RIGHT TIBIA FROM THE MOTORCYCLE BURN (CAUSED AREAS OF DEAD BONE DUE TO THE HEAT FROM THE BURN). THE IM NAIL SURGERY WAS DONE ON MARCH 15, 2009

I BEGAN PHYSICAL THERAPY AFTER IM NAIL AND SCREW SURGERY AND WAS HAVING MINIMAL SWELLING OF THE FLAP SITE WHICH ABATED EVERY NIGHT. THEN I INJURED THE FLAP IN THE VW ACCIDENT ON 7/9/09 (CAUSING SCREW SLIPPAGE) WHICH CAUSED EXTREME NON ABATEABLE SWELLING OF THE FLAP WITH PAIN AND FORMATION OF 2 ULCERS WHERE THE SCREWS WERE MOVED AS A RESULT OF THE VW ACCIDENT. (SEE ABOVE FOR MORE DETAILS AND SUBSEQUENT FLAP RECONSTRUCTIVE SURGERY). AFTER THE FLAP RECONSTRUCTIVE SURGERY MY FLAP CONTINUED TO BE PROBLEMATIC AND AN ABCESS FORMED AGAIN IN THE AREA OF IM NAIL SCREW INJURY INCURRED DURING THE VW ACCIDENT. THEREFORE, SURGERY AT YALE NEW HAVEN BY ORTHO SURGEONS DR SUMNER AND DR SAIF WAS PERFORMED ON DECEMBER 24, 2009 TO REMOVE THE TIBIAL IM NAIL AND SCREWS. AT THAT POINT THE SURGEONS DETERMINED THAT SCREW DISPLACEMENT FROM THE JULY, 2009 VW ACCIDENT WAS THE PROBLEM THAT CAUSED ALL SYMPTOMS POST ACCIDENT. REMOVAL OF THE IM NAIL AND SCREWS WAS "DIFFICULT" DUE TO ADHERENCE OF THE IM NAIL SO MY RIGHT KNEE BECAME PERMANENTLY DAMAGED WHILE REMOVAL OF THE IM NAIL FROM THE TIBIA THROUGH THE KNEE AREA. I STAYED HOSPITALIZED AT YALE FOR 4 DAYS

AFTER REMOVAL OF THE IM NAIL AND SCREWS, AS A RESULT OF THE DIFFICULT AND DAMAGES I INCURRED DURING THE OPERATION, WHICH WAS A NECESSARY PROCEDURE. PRIOR TO THE SURGERY ON DEC. 24, 2009 I WAS SEEN AT JOHNSON MEMORIAL HOSPITAL E.R. ON 12/11/09 WITH SEVERAL COMPLAINTS, INCLUDING DISCHARGE FROM THE FLAP ABCESS IN THE AREA AROUND THE IM NAIL SCREW THAT HAD MOVED DURING THE VW ACCIDENT. THE ABCESS WAS IN THE "HARDENED" STAGE AND LIQUIFIED A FEW DAYS AFTER MY VISIT THE ER, WHICH SUBSEQUENTLY REQUIRED IM NAIL AND SCREW REMOVAL SURGERY AS INDICATED ABOVE. POST SURGICAL RECOVERY WAS SLOW DUE TO THE TRAUMATIC OPERATION CAUSING AN EXTENDED PERIOD OF PAIN, KNEE AND ANKLE INSTABICITY AND SWELLING. ON 1/25/10 ALL REMAINING SURGICAL SKIN STAPLES WERE REMOVED AT YALE. IN A LETTER DATED JANUARY 10, 2010 FOR MY LONG TERM DISABICITY INSURANCE COMPANY (THE HARTARD, HARTFORD CT) I STATED THAT "I AM 100% DISABLED CURRENTLY AND HOMEBOUND SINCE THE 7/9/09 ACCIDENT WHEN MY FLAP WAS INJURED".

SUBSEQUENTLY MY FLAP SLOWLY HEALED. THERE MUST HAVE BEEN SEVERAL F/U APPTS WITH THE YALE DOCTORS. RECENTLY I RESTARTED PHYSICAL THERAPY AT THE RHODE ISLAND REHAB.

HOSPITAL. MY LOWER LEG REQUIRES COMPRESSION STOCKINGS AND ACE WRAP BUT THE SWELLING ABATES. THERE IS STILL PAIN IN MY RIGHT TIBIA AND KNEE STIFFNESS/INSTABILITY POST IM NAIL/SCREWS REMOVAL. I DISCONTINUE PHYS. THERAPY IN RI SINCE RETURNING TO CT AND PLAN TO RESTART IT SOON. I WALK WITH A CANE TO HELP STABILIZE MY RIGHT FLAP INJURY AND KNEE. THERE HAVE BEEN NO OTHER INCIDENTS OF NON ABATING SWELLING, PAIN AND/OR ULCERS IN THE HEALING FLAP AREA.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT ME AT MY CURRENT ADDRESS (SEE P.1) OR CALL ME AT HOME (TEL# [redacted]

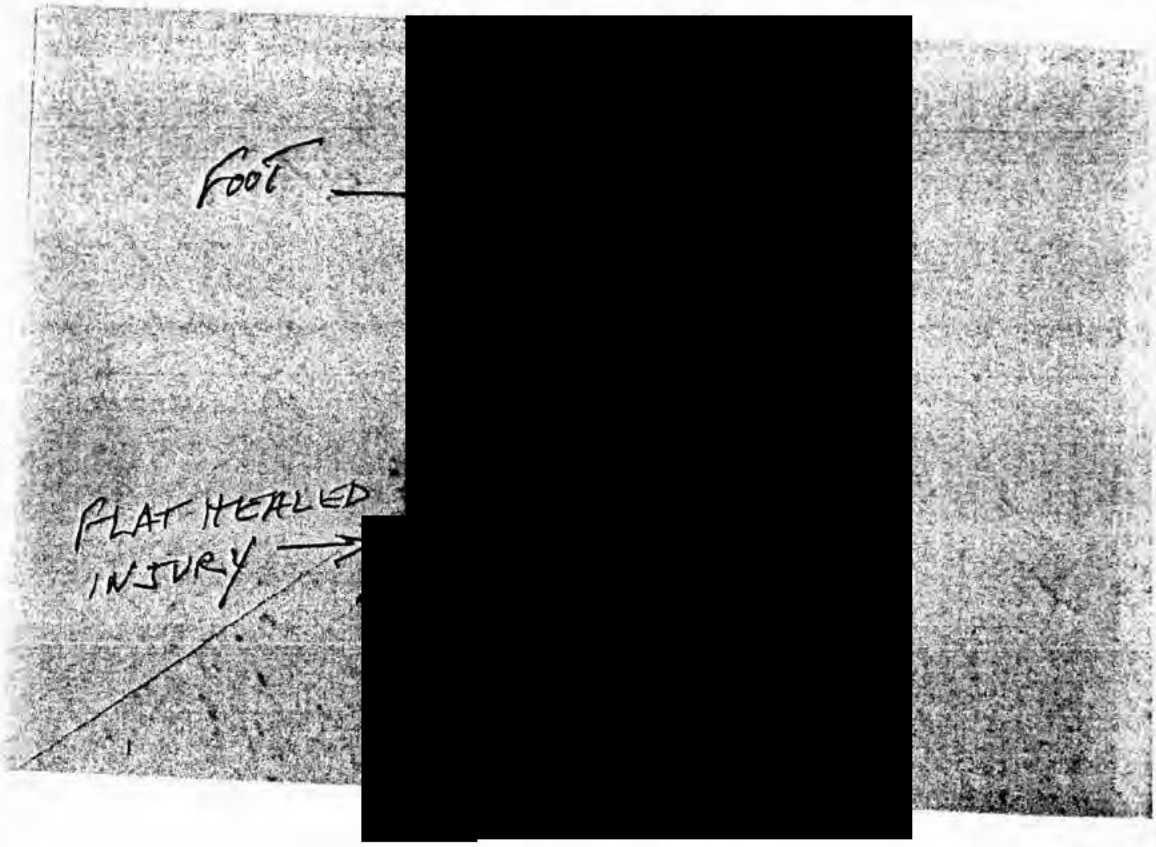
SINCERELY,

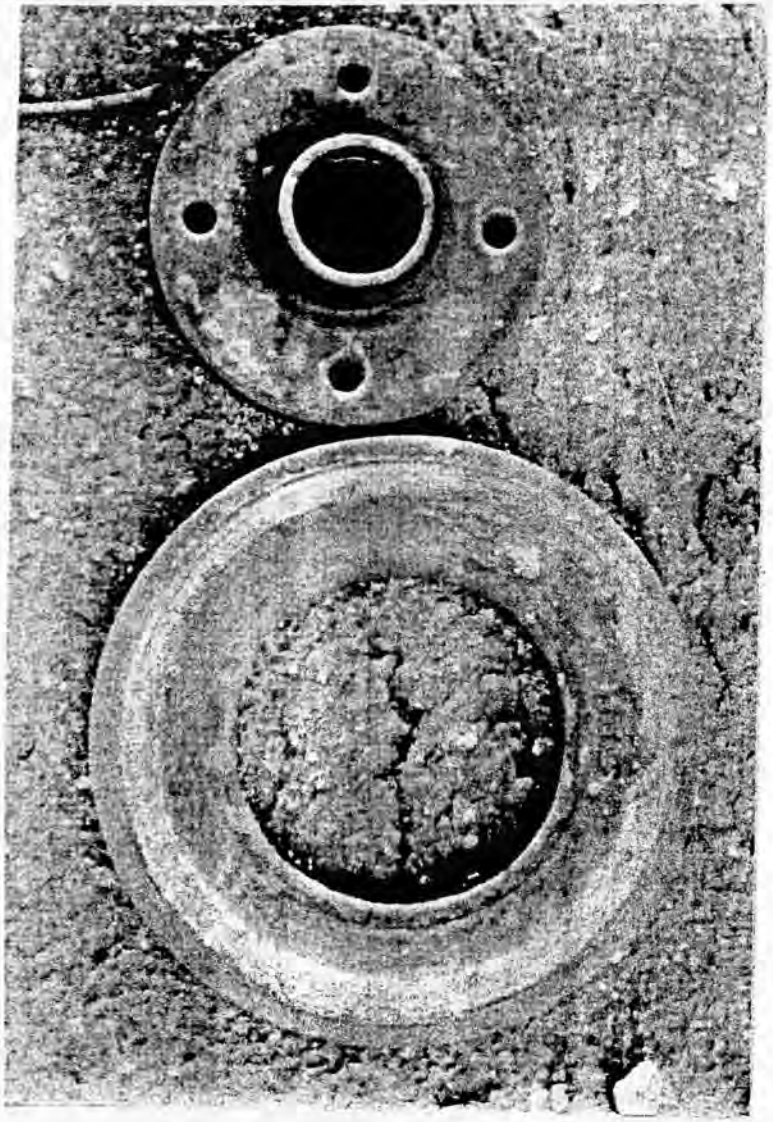
[redacted]

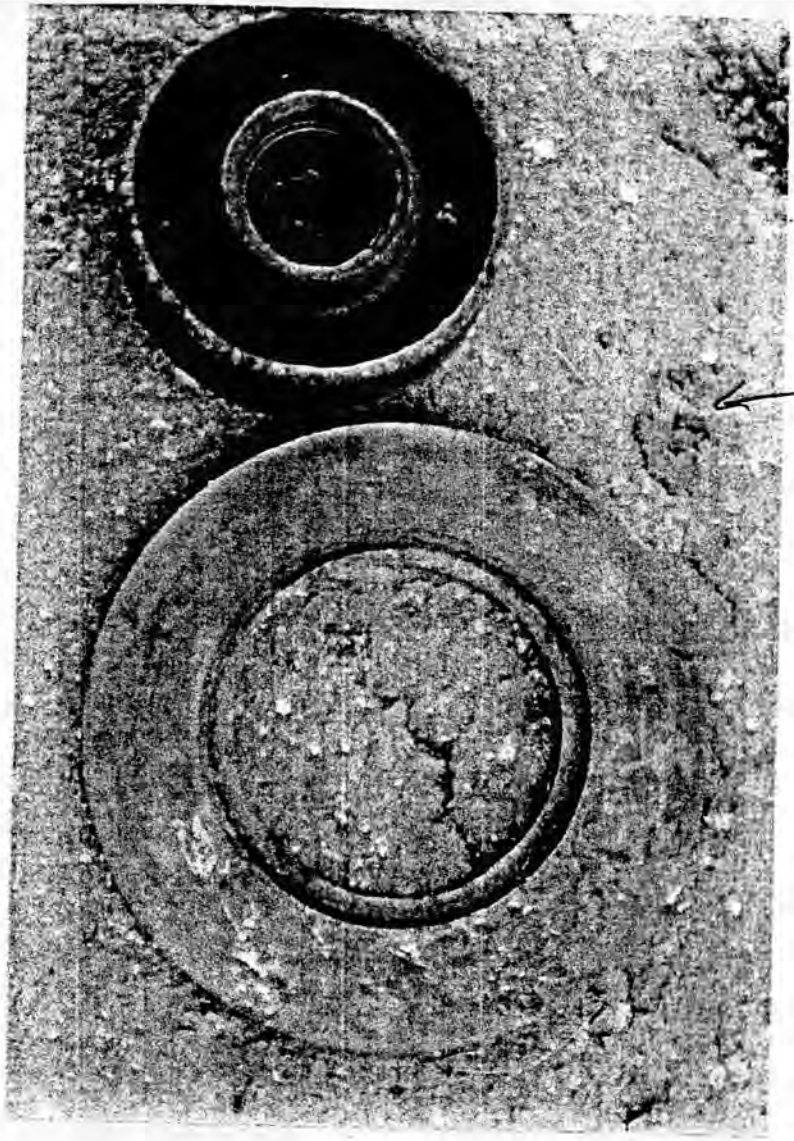
P.S. - I HAVE ATTACHED A COPY OF REAR BRAKE SERVICE FROM BRAKE KING.

② DEFECTIVE PART
③ HEALING LEG WOUND

PHOTO 12/26/10 LOOKING DOWN @ (R) FOOT AND HEALED INJURY. NOTE LACK OF SWELLING







COLOR COPY FOR ERNIE COHEN, PHD, PE SENT

SHOWS AREAS OF SEPARATION

CORROSION SEEN ON COLOR COPY SENT FOR EVALUATION BY AN ENGINEER (PhD, P.E.) ALSO I HAVE THE PARTS STORED FOR EXAMINATION.

VW SEPARATED HUB/DISC ASSEMBLY (BOTH SIDES OF EACH PART)

BRAKE KING AUTOMOTIVE INC.

DISCOUNT AUTOSERVICE SUPERCENTERS

DENT KING • PROFESSIONAL PAINTLESS DENT REMOVAL

867 Boston Rd.	1179 E. Columbus Ave.	22 Franklin St.	519 Front St.	236 Pleasant St.
Springfield, MA 01119	Springfield, MA 01105	Westfield, MA 01085	Chicopee, MA 01013	Northampton, MA 01060
(413) 783-3727	(413) 788-9244	(413) 572-1735	(413) 557-6908	(413) 584-4988

BRAKE KING AUTOMOTIVE, INC.
1179 EAST COLUMBUS AVE
SPRINGFIELD, MASSACHUSETTS 01105
PHONE---> 413 788-9244 <---PHONE

(413)788-9244 02/02/09 INVOICE 950184

[redacted]
ENFIELD [redacted] CT [redacted]

MAKE: VOLKSWAG MODEL: CABRIOLE YEAR: 99
MILES: 105510 LICENSE: [redacted] BY: BBM

SHOP LABOR DESCRIPTION	MECH	AMOUNT
*METALLIC FRONT BRAKE SPECIAL------>	JPT	59.95
**********		
INCLUDES:REPLACEMENT OF FRONT PADS, REPLACE BRAKE ROTORS, CLEAN AND REPACK WHEEL BEARINGS AS NEEDED, AND ROAD TEST VEHICLE.		
**********		
INSTALL FRONT BRAKE ROTORS	JPT	N/C
**********		
SERVICE FRONT CALIPERS	JPT	69.00
**********		
SERVICE REAR CALIPERS	JPT	N/C
**********		
* SUPER LUBE OIL & FILTER SPECIAL-->	JPT	8.50
INCLUDES :UP TO 5 QUARTS OF PREMIUM MOTOR OIL, REPLACE WITH A QUALITY PREMIUM OIL FILTER, COMPLETE CHASSIS LUBRICATION AND FREE TIRE ROTATION AND BRAKE INSPECTION.		
**********		
HAZARDOUS WASTE DISPOSAL FEE	JPT	3.00
**********		

BRAKE KING WILL GIVE YOU A FREE FOUR WHEEL ALIGNMENT WITH PURCHASE OF A BRAKE JOB, STRUTS, OR PURCHASE OF NEW TIRES
****
FAIL INSPECTION TEST?
DON'T DESPAIR ....
COME TO US FOR REPAIR

BRAKE KING SUPERLUBE

PARTS

QTY	PART NUMBER	NAME OF PART	PRICE
5	10W30	MOTOR OIL	8.50
1	V252	OIL FILTER	5.00
2	3464	FRONT BRAKE ROTOR	159.90

I hereby authorize the repair work to be done along with necessary material, and hereby grant you and / or your employees permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and / or inspection. An express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto.

X

CUSTOMER SIGNATURE

CONNECTICUT UNIFORM POLICE ACCIDENT REPORT

FORM PR-1 REV.01.01

sent to opposing atty

FOR DOT USE ONLY

R 16

READINGS: Latitude: 41.749154
Longitude: -72.716955

DATE OF ACCIDENT	MILITARY TIME	ACCIDENT SEVERITY	# VEHICLES INVOLVED	PAGE #	POLICE CASE NUMBER
07/09/09	1626	☐ Fatal ☐ Injury ☒ PDO	2	1 of 3	A 0900353331

A 1 B 1 C 1 D 1 E 0 F 3 G 2

TOWN OR CITY NAME	TOWN CODE	ACCIDENT OCCURRED ON (Street Name or Route #)	AT ITS INTERSECTION WITH (Street Name or Route #)
West Hartford	T155	I-84 EB/WB	at

H 2 02

IF NOT AT INTERSECTION
1. MEASURE DISTANCE (Check Appropriate Boxes) 50.00
● Feet ○ Tenths ○ Meters ○ Kilometers
2. DIRECTION ○ North ○ East ○ South ● West
3. NAME OF NEAREST INTERSECTING STREET, TOWN LINE OR MILE MARKER
of Exit 44 on ramp
Accident Occurred: ☐ On Private Property ☐ Parking Lot

S 2 5 T 2 51

02 H 1 | 4 S 1 | 45 T 1

TRAFFIC UNIT # 1 ☒ Vehicle ☐ Pedestrian ☐ Non-Contact Vehicle

OPERATOR # 1 or PEDESTRIAN NAME (Last, First, Middle Initial)
[redacted]

ADDRESS (Street Number and Name) [redacted]
PROPER LICENSE CLASS ☒ Yes ☐ No

CITY OR TOWN: Enfield | STATE: CT | ZIP CODE: [redacted] | SEX ☒ M ☐ F

OPERATOR LICENSE # [redacted] | STATE: CT | DATE OF BIRTH [redacted]

OWNER'S NAME (Enter SAME if Owner is Operator)
SAME AS ABOVE

ADDRESS (Street Number and Name)
SAME AS ABOVE

CITY OR TOWN: SAME AS ABOVE | STATE | ZIP CODE | BODY TYPE: CONVT

REGISTRATION # [redacted] | STATE: CT | VEHICLE YEAR AND MAKE: 1999 VOLK

VEHICLE IDENTIFICATION NUMBER: 3VWDB61E7XM[redacted]

CARRIER NAME

CARRIER ADDRESS (#, Street, City or Town, State, Zip Code)

SOURCE OF CARRIER NAME ☐ Shipping Papers/Trip Manifest ☐ Driver ☐ Side of Vehicle ☐ USDOT # ☐ ICCMC #

GROSS VEHICLE WEIGHT RATING # | HAZARDOUS MATERIAL PLACARD REQUIRED? ☐ Yes ☐ No 4 Digit # DISPLAYED? ☐ Yes ☐ No 1 Digit #

HAZARDOUS CARGO RELEASED? ☐ Yes ☐ No | ENFORCEMENT ACTION TAKEN ☒ None ☐ Arrest ☐ Written Warning ☐ Verbal Warning

STATUTE OR ORDINANCE #'S | SUBJECT OF ACTION ☐ Operator ☐ Carrier ☐ Owner ☐ Pedestrian

AUTOMOBILE INSURANCE – NAME – POLICY #
DAIRYLAND [redacted]

PARTS OF VEHICLE DAMAGED
1

VEHICLE TOWED TO: MCKENSIE AUTO | ☒ TOWED DUE TO DAMAGE

TRAFFIC UNIT # 2 ☒ Vehicle ☐ Pedestrian ☐ Non-Contact Vehicle

OPERATOR #2 PEDESTRIAN NAME (Last, First, Middle Initial)
[redacted]

ADDRESS (Street Number and Name) [redacted]
PROPER LICENSE CLASS ☒ Yes ☐ No

CITY OR TOWN: Bristol | STATE: CT | ZIP CODE: [redacted] | SEX ☐ M ☒ F

OPERATOR LICENSE # [redacted] | STATE: CT | DATE OF BIRTH [redacted]

OWNER'S NAME (Enter SAME if Owner is Operator)
SAME AS ABOVE

ADDRESS (Street Number and Name)
SAME AS ABOVE

CITY OR TOWN: SAME AS ABOVE | STATE | ZIP CODE | BODY TYPE: 4D SED

REGISTRATION # [redacted] | STATE: CT | VEHICLE YEAR AND MAKE: 1999 OLDS

VEHICLE IDENTIFICATION NUMBER: 1G3NL52T8XC[redacted]

CARRIER NAME

CARRIER ADDRESS (#, Street, City or Town, State, Zip Code)

SOURCE OF CARRIER NAME ☐ Shipping Papers/Trip Manifest ☐ Driver ☐ Side of Vehicle ☐ USDOT # ☐ ICCMC #

GROSS VEHICLE WEIGHT RATING # | HAZARDOUS MATERIAL PLACARD REQUIRED? ☐ Yes ☐ No 4 Digit # DISPLAYED? ☐ Yes ☐ No 1 Digit #

HAZARDOUS CARGO RELEASED? ☐ Yes ☐ No | ENFORCEMENT ACTION TAKEN ☒ None ☐ Arrest ☐ Written Warning ☐ Verbal Warning

STATUTE OR ORDINANCE #'S | SUBJECT OF ACTION ☐ Operator ☐ Carrier ☐ Owner ☐ Pedestrian

AUTOMOBILE INSURANCE – NAME – POLICY #
GEICO [redacted]

PARTS OF VEHICLE DAMAGED
FRONT END

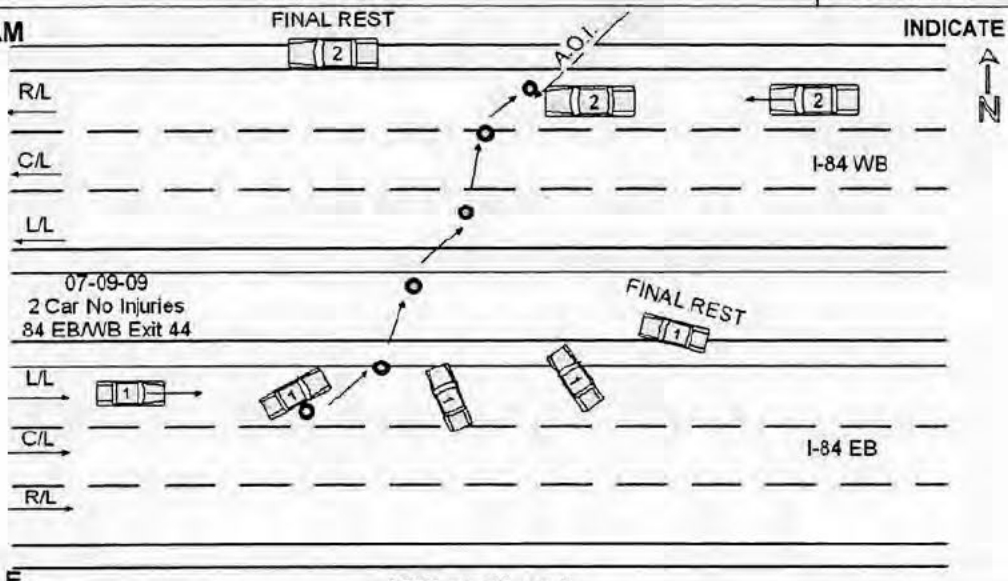
VEHICLE TOWED TO: N/A | ☐ TOWED DUE TO DAMAGE

J 21 13 J 22 U 2 K 21 2 K 22 V 2 W 13 X 2 Y 2 Z 2 AA AA 21 AA 22 AA 23 AA 24

	L.	M.	N.	NAME AND ADDRESS OF EACH INVOLVED PERSON	Date of Birth	O.	P.	Q.	
1	1	N	01	TRAFFIC UNIT # 1 OPERATOR OR PEDESTRIAN # 1	[redacted]	4	3	1	1
2	2	N	01	TRAFFIC UNIT # 2 OPERATOR OR PEDESTRIAN # 2	[redacted]	4	3	1	2
3	2	N	06	[redacted] BRISTOL, CT	[redacted]	5	3	1	3
4					Month Day Year				4
5					Month Day Year				5
6					Month Day Year				6
7					Month Day Year				7
8					Month Day Year				8

Police Case Number
0900353331

ACCIDENT DIAGRAM



MAP NOT TO SCALE

AOI-Area of Impact

TRAFFIC UNIT # 1 TRAVELING	TRAFFIC UNIT # 2 TRAVELING
East On I-84	West On I-84

Vehicle #1 was traveling eastbound on I-84 when his right rear tire came off of his vehicle sending his vehicle into a spin. The tire from Vehicle #1 then crossed the median and struck the front end of vehicle #2 which was traveling westbound on I-84. No injuries were reported on scene and Vehicle #1 was towed due to damage by McKensie Auto.

Operator #1 explained that he was traveling in an unknown lane on 84 eastbound in the area of exit 44 when his vehicle lost a tire and sent his vehicle into a spin. Operator #1 was identified through his Ct drivers license [redacted] as [redacted] (dob [redacted]. [redacted] explained that he was traveling at about 50 miles per hour when his vehicle went into a spin and he observed that a tire had come off his vehicle and went onto the other side of the highway. [redacted] explained that he was not injured but had a previous broken leg that was okay and he stated that he was not in need of medical attention.

Operator #2 explained that she was traveling in the right lane on 84 westbound in the area of exit 44, when she observed a tire come across the roadway from her left and she attempted to avoid the tire however was unable to because of the current heavy traffic. Operator #2 was identified through her Ct drivers license [redacted] (photo id), as [redacted] (dob [redacted]. [redacted] explained that the tire came across the roadway and was unable to avoid the tire before it struck the front right side of her vehicle. [redacted] stated that her and her passenger [redacted] (dob [redacted] were not injured and were not in need of medical attention.

Upon my arrival I observed that each section of roadway was a three lane paved section of roadway with a

DAMAGE TO PROPERTY OTHER THAN INVOLVED VEHICLES	1. DESCRIBE THE NATURE AND EXTENT OF PROPERTY DAMAGE
	NAME AND ADDRESS OF PROPERTY OWNER
	2. DESCRIBE THE NATURE AND EXTENT OF PROPERTY DAMAGE
	NAME AND ADDRESS OF PROPERTY OWNER

RANK AND SIGNATURE OF INVESTIGATING OFFICER	OFFICER ID	POLICE AGENCY IDENTIFICATION	REPORT DATE	CASE STATUS	SUPERVISOR
Trooper MIKEAL, SEAN A.	0684	CSP	07/09/2009	PR-1 (closed)	

Police Case Number
0900353331

ACCIDENT DIAGRAM

INDICATE NORTH

TRAFFIC UNIT #	TRAVELING On	TRAFFIC UNIT #	TRAVELING On

grass median which sloped up from the level of the roadway on both the eastbound and westbound sides. The roadway was dry and free of debris, and the weather was clear. Traffic was heavy due to rush hour. Operator #2 was on the westbound side right shoulder inside of her vehicle and there was minor damage to the front end of Vehicle #2. Operator #1 was outside of his vehicle upon my arrival and his vehicle was on the eastbound side left shoulder facing oncoming traffic.

Based on my investigation, operator statements, vehicle damage, scene examination, and all other aforementioned details, it is my conclusion that Operator #1 experienced a mechanical failure which was beyond his control, therefore causing the occurrence of this accident. Based on the above circumstances no enforcement action was issued.

DAMAGE TO PROPERTY OTHER THAN INVOLVED VEHICLES	1. DESCRIBE THE NATURE AND EXTENT OF PROPERTY DAMAGE					
	NAME AND ADDRESS OF PROPERTY OWNER					
	2. DESCRIBE THE NATURE AND EXTENT OF PROPERTY DAMAGE					
	NAME AND ADDRESS OF PROPERTY OWNER					
RANK AND SIGNATURE OF INVESTIGATING OFFICER Trooper MIKEAL, SEAN A.		OFFICER ID 0684	POLICE AGENCY IDENTIFICATION CSP	REPORT DATE 07/09/2009	CASE STATUS PR-1 (closed)	SUPERVISOR

[redacted]
ENFIELD CT [redacted]

FIRST CLASS

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