

INFORMATION Redacted PURSUANT TO THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)  
 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  
**JAN 27 2012**  
 22-DEC-2011

Repository   
 Reference No.  
 10441022

**OWNER INFORMATION (Type or Print)**

Name [Redacted]  
 Address [Redacted]  
 City **ODESSA** State **TX** Zip Code [Redacted]

Daytime Telephone Number [Redacted]  
 Evening Telephone Number [Redacted]  
 E-mail Address [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: **2B3CJ4DVOAH [Redacted]**  
 Make **DODGE** Model **CHALLENGER** Model Year **2010**  
 Date Purchased **Oct. 12-10** Dealer's Name and Telephone Number **(432) 337-6601 All American Chevrolet** Engine: **6cyl 3.5** Fuel Type: **Gasoline**  
 Original Owner  Dealer's City **Odessa** State **TX** Zip Code **79761** No. Cylinders **6cyl**  
 Transmission Type **Auto**  Antilock Brakes  Cruise Control Powertrain Multiple Failure: **2** Incident Date(s) **01-DEC-2011 30-NOV-2011**

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Vehicle Component Code: **140000 AIR BAGS** Failure Mileage **17000** Failure Speed

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

The Make: \_\_\_\_\_ Tire Model (Name or Number): \_\_\_\_\_ Tire Size (Example P215/65R15): \_\_\_\_\_  
 DOT No. (Example: DOTM15ABC036)  Original Equipment  Prior Repair Failure Location: \_\_\_\_\_  
 Tire Component Code: \_\_\_\_\_ The 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  Yes  No Fire  Yes  No Number of Persons Injured **2** Number of Deaths **0** Reported to Police **yes**

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 DODGE CHALLENGER. THE CONTACT WAS DRIVING 20 MPH WHEN A VEHICLE CRASHED INTO THE REAR OF THE CONTACT'S VEHICLE, CAUSING THE CONTACT TO CRASH INTO A TRUCK. THE AIR BAGS DID NOT DEPLOY. THERE WERE TWO INJURIES REPORTED AND A POLICE REPORT WAS FILED. THE MANUFACTURER WAS NOT MADE AWARE OF THE FAILURE. THE VEHICLE WAS IN THE PROCESS OF BEING REPAIRED. THE FAILURE AND THE CURRENT MILEAGE WAS 17,000. THE VIN WAS UNAVAILABLE.

Contact's father was driving 35 MPH, as he came to a stop. A vehicle at the end of an Inter

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-502) 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 to 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.



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

1200 New Jersey Avenue SE  
Washington, DC 20590

Dear Consumer:

NVS-216rr

As a follow-up to your report to the Vehicle Safety Hotline (VSH), we have recorded your information on the enclosed Vehicle Owner's Questionnaire (VOQ) form. Please review the form and make changes, additions and corrections as necessary. Additionally, please provide a more detailed description of the failure(s) you reported that you believe relevant to safety. Also, if available, include copies of repair invoices, letters to the manufacturer, or any other document related to the problem(s) you reported. If a crash or fire occurred, include a copy of the police or fire department report.

It is helpful to be as thorough as possible in your report so that our ability to use your report will be maximized. If you do not have the information, it is not necessary to complete all the boxes. However, it is very difficult to identify the scope of a vehicle problem unless the vehicle identification number (VIN) is known. The VIN is located inside the vehicle on the dashboard adjacent to the left (driver's side) of the windshield pillar and on the drivers' door or the driver's door jam. It may also be listed on a dealer repair invoice or your insurance or registration cards. When reporting a tire problem, the brand name, tire line and complete tire size should be included. Be certain to provide the DOT tire identification number. It is usually located near the rim flange of the tire on either side of the tire.

We do not make your personal information (name, address, phone numbers, etc.) available to the general public. However, if we open an investigation that involves your vehicle, we will provide the manufacturer of your vehicle with a complete copy of your report. The information you provide may assist the manufacturer and NHTSA in determining if a safety-related defect exists.

Any information provided is entirely voluntary. There is no consequence or penalty of any kind if you do not wish to provide it. We seek this information to develop both statistical and investigative evidence that will help identify potential safety related problems in vehicles or vehicle equipment, e.g., tires, child safety seats, jacks, etc.

When completed, please fold and staple or tape the form so that the pre-addressed portion of the form is on the outside. If a larger envelope is used, tape the VOQ form to the larger envelope so that the pre-addressed portion of the form is showing.

If further assistance is needed, please contact the VSH at their toll-free number, 1-888-327-4236.

Thank you for your cooperation.

Sincerely,

Randy Reid Chief  
Correspondence Research Division  
Office of Defects Investigation  
Enforcement

Enclosure: VOQ



Law Enforcement and TxDOT Use ONLY  
 FATAL CMV SCHOOL BUS RAILROAD MAB SUPPLEMENT ACTIVE SCHOOL ZONE

Total Num. Units 3 Total Num. Crashes 6 TxDOT Crash ID

Texas Peace Officer's Crash Report (Form CR-3 1/1/2010)

Mail to: Texas Department of Transportation, Crash Reports, P.O. Box 149349, Austin, TX 78714. Questions? Call (512) 488-5780

Refer to Attached Code Sheet for Numbered Fields

\* These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

\* Crash Date (MM/DD/YYYY) 11/13/01 20:11:11 \* Crash Time (24HRMM) 1235 Case ID 11-21586 Local Use  
 \* County Name Ector \* City Name Odessa Outside City Limit

in your opinion, did this crash result in at least \$1,000 damage to any one person's property?  Yes  No  
 Latitude (decimal degrees) Longitude (decimal degrees)  
 ROAD ON WHICH CRASH OCCURRED  
 \* 1 Rdwy. Svs. LR \* Hwy. Num. 1 \* 2 Rdwy. Part 1 \* Block Num. 200 \* 3 Street Prefix E \* Street Name 8th \* 4 Street Suffix ST  
 Crash Occurred on a Private Drive or Road/Private Property/Parking Lot  Toll Road/Toll Lane  Speed Limit 35  Const. Zone  Yes  Workers Present  Yes  Street Desc.

INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER  
 At Int.  Yes  No 1 Rdwy. Svs. LR Hwy. Num. 1 2 Rdwy. Part 1 Block Num. 800 3 Street Prefix N Street Name TEXAS 4 Street Suffix AVE  
 Distance from Int. or Ref. Marker FT or MI 3 Dir. from Int. or Ref. Marker Reference Marker Street Desc. RRX Num.

Unit Num. 1 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN 1G.C.D.C.1.4K.4L.2  
 Veh. Year 1990 6 Veh. Color WHZ Veh. Make CHEVROLET Veh. Model 7 Body Style PK Emergency (Explain in Narrative if checked)  
 8 DL/D Type 1 9 DL Class C 10 GDL End. 96 11 DL Rest. 96 DOB (MM/DD/YYYY) 1/1/1

| Person Num.  | 12 Posn. Type | 13 Seat Position | Name: Last, First, Middle<br>Enter Driver or Primary Person for this Unit on first line | 14 Injury Severity | Age | 15 Ethnicity | 16 Sex | 17 Eject. | 18 Restr. | 19 Airbag | 20 Helmet | 21 Seat. | 22 Alc. Spec. | Alc. Result | 23 Drug Spec. | 24 Drug Result | 25 Drug Category |
|--|---------------|------------------|---|--------------------|-----|--------------|--------|-----------|-----------|-----------|-----------|----------|---------------|-------------|---------------|----------------|------------------|
|  |               |                  | Ector Driver or Primary Person for this Unit on first line                              |                    |     |              |        |           |           |           |           |          |               |             |               |                |                  |
| Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit. |               |                  |   |                    |     |              |        |           |           |           |           |          |               |             |               |                |                  |

Owner  Lessee Owner/Lessee Name & Address  
 Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type Fin. Resp. Name Fin. Resp. Num.  
 27 Vehicle Damage Rating 1 27 Vehicle Damage Rating 2 Vehicle  Yes  No  
 Towed By Towed To

Unit Num. 2 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN 2.B3CJ4.O.V.O.A.H.  
 Veh. Year 2000 6 Veh. Color SIL Veh. Make Dodge Veh. Model Challenger 7 Body Style P2 Pol., Fire, EMS on Emergency (Explain in Narrative if checked)  
 8 DL/D Type 1 9 DL Class C 10 GDL End. 96 11 DL Rest. 96 DOB (MM/DD/YYYY)

| Person Num.  | 12 Posn. Type | 13 Seat Position | Name: Last, First, Middle<br>Enter Driver or Primary Person for this Unit on first line | 14 Injury Severity | Age | 15 Ethnicity | 16 Sex | 17 Eject. | 18 Restr. | 19 Airbag | 20 Helmet | 21 Seat. | 22 Alc. Spec. | Alc. Result | 23 Drug Spec. | 24 Drug Result | 25 Drug Category |
|--|---------------|------------------|---|--------------------|-----|--------------|--------|-----------|-----------|-----------|-----------|----------|---------------|-------------|---------------|----------------|------------------|
| 1  | 1             | 1                |   | C                  | 48  | H            | 1      | 1         | 1         | 1         | 1         | 1        | 96            |             | 96            | 97             | 97               |
| 2  | 2             | 3                |   | C                  | 15  | H            | 2      | 1         | 1         | 1         | 1         | 1        |               |             |               |                |                  |
| 3  | 2             | 6                |   | C                  | 15  | H            | 2      | 1         | 1         | 1         | 1         | 1        |               |             |               |                |                  |
| Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit. |               |                  |   |                    |     |              |        |           |           |           |           |          |               |             |               |                |                  |

Owner  Lessee Owner/Lessee Name & Address SAME AS DRIVER  
 Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name ALLSTATE Fin. Resp. Num. 100079125616607

| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn. Num. | Taken To | Taken By | Date of Death (MM/DD/YYYY) | Time of Death (24HRMM) |
|-------------------------------|-----------|------------|----------|----------|----------------------------|------------------------|
|                               |           |            |          |          |                            |                        |
|                               |           |            |          |          |                            |                        |
|                               |           |            |          |          |                            |                        |
|                               |           |            |          |          |                            |                        |
|                               |           |            |          |          |                            |                        |
|                               |           |            |          |          |                            |                        |
|                               |           |            |          |          |                            |                        |

| CHARGES | Unit Num. | Prsn. Num. | Charge | Citation/Reference Num. |
|---------|-----------|------------|--------|-------------------------|
|         |           |            |        |                         |
|         |           |            |        |                         |
|         |           |            |        |                         |

| DAMAGE | Damaged Property Other Than Vehicles |  | Owner's Name | Owner's Address |
|--------|--------------------------------------|--|--------------|-----------------|
|        |                                      |  |              |                 |
|        |                                      |  |              |                 |

|                      |                                       |  |   |                      |  |  |
|----------------------|---------------------------------------|--|---|----------------------|--|--|
| Unit Num.            | <input type="checkbox"/> 10,001+ LBS. | <input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL       | <input type="checkbox"/> 9+ CAPACITY  | 28 Veh. Oper.        | 29 Carrier ID Type   | Carrier ID Num.                        |
| Carrier's Corp. Name |                                       |  | Carrier's Primary Addr.   |                      |  |  |
| 30 Rcty. Access      | 31 Veh. Type                          | <input type="checkbox"/> RGWV<br><input type="checkbox"/> GVWR | HazMat Released <input type="checkbox"/> Yes<br><input type="checkbox"/> No | 32 HazMat Class Num. | HazMat ID Num.   | 32 HazMat Class Num.<br>HazMat ID Num. |
| 33 Cargo Body Style  | Trailer 1 Unit Num.                   | <input type="checkbox"/> RGWV<br><input type="checkbox"/> GVWR | 34 Trlr. Type   | Trailer 2 Unit Num.  | <input type="checkbox"/> RGWV<br><input type="checkbox"/> GVWR | 34 Trlr. Type                          |
| Sequence Of Events   | 35 Seq. 1                             | 35 Seq. 2  | 35 Seq. 3   | 35 Seq. 4            | Total Num. Axles   | Total Num. Tires                       |

| FACTORS & CONDITIONS | 36 Contributing Factors (Investigator's Opinion) |              | 37 Vehicle Defects (Investigator's Opinion) |              | Environmental and Roadway Conditions |                  |                |                   |                 |                      |                      |                    |
|----------------------|--|--------------|---|--------------|--------------------------------------|------------------|----------------|-------------------|-----------------|----------------------|----------------------|--------------------|
|                      | Unit Num.  | Contributing | May Have Contrib.                           | Contributing | May Have Contrib.                    | 38 Weather Cond. | 39 Light Cond. | 40 Entering Roads | 41 Roadway Type | 42 Roadway Alignment | 43 Surface Condition | 44 Traffic Control |
|                      | 1  |              | 22  |              | 98                                   |                  |                |                   |                 |                      |                      |                    |
|                      |  |              |   |              |                                      | 1                | 1              | 4                 | 1               | 1                    | 1                    | 5                  |

|                       |   |                              |
|-----------------------|---|------------------------------|
| NARRATIVE AND DIAGRAM | Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary) | Field Diagram - Not to Scale |
|                       | See page 4  |                              |
|                       |   |                              |
|                       |   |                              |
|                       |   |                              |
|                       |   |                              |
|                       |   |                              |
|                       |   |                              |
|                       |   |                              |
|                       |   |                              |

|                        |  |                             |                     |                        |      |                          |                     |
|------------------------|--|-----------------------------|---------------------|------------------------|------|--------------------------|---------------------|
| Time Notified (24HRMM) | 1235   | How Notified                | dispatched          | Time Arrived (24HR:MM) | 1246 | Report Date (MM/DD/YYYY) | 11/13/2011          |
| Invest. Comp.          | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Investigator Name (Printed) | Mike Trogna         | ID Num.                | 7097 | Agency                   | Odessa Police Dept. |
| ORI Num.               | T-06802  | Agency                      | Odessa Police Dept. | District Area          |      |                          |                     |

Law Enforcement and TxDOT Use ONLY

FATAL CMV SCHOOL BUS RAILROAD MAB SUPPLEMENT ACTIVE SCHOOL ZONE

Total Num. Units: 3 Total Num. Persons: 6 TxDOT Crash ID

Texas Peace Officer's Crash Report (Form CR-3 1/1/2010)

Mail to: Texas Department of Transportation, Crash Records, P.O. Box 149349, Austin, TX 78714. Questions? Call (512)-489-6780

Page: 3 of 4

\*These fields are required on all additional sheets submitted for this crash (ex: additional vehicles, occupants, injured, etc.)

\*Crash Date (MM/DD/YYYY): 1.13.01.2011 \*Crash Time (24HRMM): 1235 Case ID: 11-21586 Local Use:  Outside City Limit:

\*County Name: Ector \*City Name: Odessa

In your opinion, did this crash result in at least \$1,000 damage to any one person's property?  Yes  No Latitude (decimal degrees): Longitude (decimal degrees):

ROAD ON WHICH CRASH OCCURRED

\*1 Rdw. Sys.: LR \*Hwy. Num.: 2 Rdw. Part: 1 Block Num.: 200 3 Street Prefix: E \*Street Name: 8th 4 Street Suffix: ST

Crash Occurred on a Private Drive or Road/Private Property/Parking Lot  Toll Road/Toll Lane Speed Limit: 35 Const. Zone:  Yes  No Workers Present:  Yes  No Street Desc.:

INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER

At Int.:  Yes  No 1 Rdw. Sys.: LR Hwy. Num.: 2 Rdw. Part: 1 Block Num.: 800 3 Street Prefix: N. Street Name: Texas 4 Street Suffix: AVE

Distance from Int. or Ref. Marker:  FT  MI 3 Dir. from Int. or Ref. Marker: Reference Marker: Street Desc.: RRX Num.:

Unit Num.: 3 5 Unit Desc.: 1 Parked Vehicle:  Hit and Run:  LP State: TX LP Num.: VIN: 2GCEC13T1S1L

Veh. Year: 2000 6 Veh. Color: WHZ Veh. Make: Chevrolet Veh. Model: Silverado 7 Body Style: PK  Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL Type: L 9 DL Class: C 10 CDL End.: 96 11 DL Rest.: 96 DOB (MM/DD/YYYY):

Address (Street, City, State, ZIP): Odessa, TX

| Person Num. | 12 Prin. Type | 13 Seat Position | Name: Last, First, Middle | 14 Injury Severity | Age | 15 Ethnicity | 16 Sex | 17 Expect. | 18 Restr. | 19 Airbag | 20 Helmet | 21 Seat. | 22 Alc. Spec. | Alc. Result | 23 Drug Spec. | 24 Drug Result | 25 Drug Category |
|-------------|---------------|------------------|---------------------------|--------------------|-----|--------------|--------|------------|-----------|-----------|-----------|----------|---------------|-------------|---------------|----------------|------------------|
| 1           | 1             | 1                |                           | N                  | 49  | W            | 1      | 1          | 1         | 1         | 1         | 97       | N             | 96          | 96            | 97             | 97               |

Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

Owner/Owner/Lessee Name & Address: Odessa, TX

Proof of Fin. Resp.:  Yes  Expired  Exempt 26 Fin. Resp. Type: 1 Fin. Resp. Name: TARB Risk Management Fin. Resp. Num.: 068901-120901

Fin. Resp. Phone Num.: 800-482-7276 27 Vehicle Damage Rating 1: 6.0 27 Vehicle Damage Rating 2: B.O.-L Vehicle Inventoried:  Yes  No

Towed By: down from scene by Gary Weatherford Towed To:

Unit Num.: 5 Unit Desc.: Parked Vehicle:  Hit and Run:  LP State: LP Num.: VIN:

Veh. Year: 6 Veh. Color: Veh. Make: Veh. Model: 7 Body Style:  Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL Type: DL ID State: DL ID Num.: 9 DL Class: 10 CDL End.: 11 DL Rest.: DOB (MM/DD/YYYY):

Address (Street, City, State, ZIP):

| Person Num. | 12 Prin. Type | 13 Seat Position | Name: Last, First, Middle | 14 Injury Severity | Age | 15 Ethnicity | 16 Sex | 17 Expect. | 18 Restr. | 19 Airbag | 20 Helmet | 21 Seat. | 22 Alc. Spec. | Alc. Result | 23 Drug Spec. | 24 Drug Result | 25 Drug Category |
|-------------|---------------|------------------|---------------------------|--------------------|-----|--------------|--------|------------|-----------|-----------|-----------|----------|---------------|-------------|---------------|----------------|------------------|
|             |               |                  |                           |                    |     |              |        |            |           |           |           |          |               |             |               |                |                  |

Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

Owner/Owner/Lessee Name & Address:

Proof of Fin. Resp.:  Yes  Expired  Exempt 26 Fin. Resp. Type: Fin. Resp. Name: Fin. Resp. Num.:

27 Vehicle: 27 Vehicle: Vehicle:  Yes

| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn. Num. | Taken To | Taken By | Date of Death (MM/DD/YYYY) | Time of Death (24HRMM) |
|-------------------------------|-----------|------------|----------|----------|----------------------------|------------------------|
|                               |           |            |          |          |                            |                        |
|                               |           |            |          |          |                            |                        |
|                               |           |            |          |          |                            |                        |

| CHARGES | Unit Num. | Prsn. Num. | Charge | Citation/Reference Num. |
|---------|-----------|------------|--------|-------------------------|
|         |           |            |        |                         |
|         |           |            |        |                         |

| DAMAGE | Damaged Property Other Than Vehicles |  | Owner's Name | Owner's Address |
|--------|--------------------------------------|--|--------------|-----------------|
|        |                                      |  |              |                 |

|                      |                                       |  |  |                      |  |  |
|----------------------|---------------------------------------|--|--|----------------------|--|--|
| Unit Num.            | <input type="checkbox"/> 10,001+ LBS. | <input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL       | <input type="checkbox"/> 9+ CAPACITY                                     | 28 Veh. Oper.        | 29 Carrier ID Type   | Carrier ID Num.                        |
| Carrier's Corp. Name |                                       |  | Carrier's Primary Addr.  |                      |  |  |
| 30 Rdwy. Access      | 31 Veh. Type                          | <input type="checkbox"/> RGWW<br><input type="checkbox"/> GVWR | HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No | 32 HazMat Class Num. | HazMat ID Num.   | 32 HazMat Class Num.<br>HazMat ID Num. |
| 33 Cargo Body Style  | Trailer 1 Unit Num.                   | <input type="checkbox"/> RGWW<br><input type="checkbox"/> GVWR | 34 Trl. Type   | Trailer 2 Unit Num.  | <input type="checkbox"/> RGWW<br><input type="checkbox"/> GVWR | 34 Trl. Type                           |

| FACTORS & CONDITIONS | 36 Contributing Factors (Investigator's Opinion) |              | 37 Vehicle Defects (Investigator's Opinion) |                   | Environmental and Roadway Conditions |                |                   |                 |                      |                      |                    |
|----------------------|--|--------------|---|-------------------|--------------------------------------|----------------|-------------------|-----------------|----------------------|----------------------|--------------------|
|                      | Unit Num.  | Contributing | Contributing                                | May Have Contrib. | 38 Weather Cond.                     | 39 Light Cond. | 40 Entering Roads | 41 Roadway Type | 42 Roadway Alignment | 43 Surface Condition | 44 Traffic Control |
|                      | 1  | 22           | 98  |                   | 1                                    | 1              | 4                 | 1               | 1                    | 1                    | 5                  |

Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)

UNIT 3 was stopped in the 100 BIK E. PTH in the outside lane at Red Light.

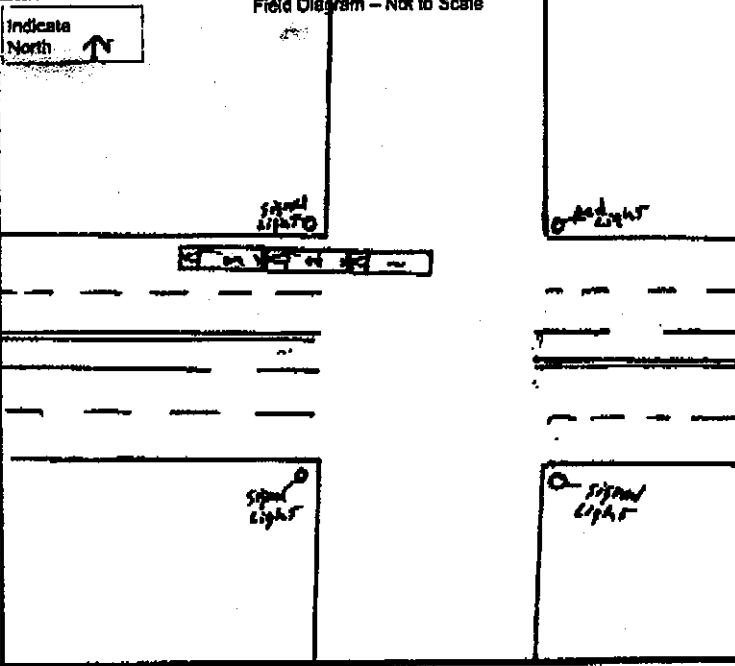
UNIT 2 was stopped in the 200 BIK E. PTH in the outside lane waiting on Traffic Light.

UNIT 1 was traveling WB in the 200 BIK E. PTH in the outside lane.

UNIT 2 ETC'S.

UNIT 1 STRUCK UNIT 2 BD causing unit 2 EP TO STRIKE UNIT 3 BD.

UNIT 1 Fled Scene.



|                        |             |                             |                     |                        |       |                          |            |
|------------------------|-------------|-----------------------------|---------------------|------------------------|-------|--------------------------|------------|
| Time Notified (24HRMM) | 12:43       | How Notified                | dispatched          | Time Arrived (24HR:MM) | 12:46 | Report Date (MM/DD/YYYY) | 11/30/2011 |
| Invest. Comp.          | Yes         | Investigator Name (Printed) | Mike Troglin        | ID Num.                | 7097  | District/Area            |            |
| ORI Num.               | T.X-068.0.2 | Agency                      | Odessa Police Dept. |                        |       |                          |            |