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: 17-JUL-2012	Repository ☐
	Reference No.: 10466268

OWNER INFORMATION (Type or Print)

Name	[redacted]		
Address	[redacted]		
City: ASHLAND	State: MA	Zip Code: [redacted]	

Daytime Telephone Number	E-mail Address
[redacted]	[redacted]
Evening Telephone Number: 508-881-4651	

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
1GTHK29U83E[redacted]	GMC	SIERRA	2003

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders 8	Fuel Type: Gas
Original Owner ☐	Dealer's City	State	Zip Code		

Transmission Type	☐ Antilock Brakes ☐ Cruise Control	Powertrain	Multiple Failure: 1	Incident Date(s): 21-OCT-2011

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: BRAKES (PWS)	Failure Mileage: 33338	Failure Speed: 40

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	2	0	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).

TRUCK WAS ENTERING MAJOR HIGHWAY, TRAFFIC BEGINS TOO SLOW DUE TO RUSH HOUR , SEEING THIS OCCUR I STEPPED ON BRAKES EXPECTING TO SLOW DOWN , UNTIL I REALIZED PEDAL HAD GONE ALL THE WAY TO FLOOR, THEN I LET UP AN PUSHED TO FLOOR AGAIN-NO BRAKES NO ROOM TO GO LEFT OR RIGHT IMPACT WAS UNAVOIDABLE, IMPACTED CAR TWICE WHICH PUSHED THAT CAR INTO ANOTHER THIS TRUCK WAS SERVICED BY GM DEALER FOR TRANSMISSION COOLING LINE AND ENGINE COOLING LINES MONDAY TUESDAY AND WEDNESDAY, NO MENTION OF BRAKE LINES ISSUE, ACCIDENT OCCURRED ON FRIDAY. ALSO HAD CONTACTED GM ABOUT ORIGINAL WORK RE: POSSIBLE WARRANTY. *TR UPDATED 07/25/12 *BF

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

Kindred
Transitional Care
and Rehabilitation
Eliot

KINDRED TRANSITIONAL CARE & REHABILITATION-ELIOT
168 W CENTRAL ST.
NATICK, MA 01760
508-655-1000

FAX COVER SHEET

DATE: JULY 23, 2012

 # PAGES FAXED: 36 - including cover sheet

TO: CHRIS LASH, SAFETY DEFECT ENG, N.H.T.S.A, OFFICE OF INVESTIGATIONS

FAX #: 202-366-2376

FROM: [redacted] ASHLAND MASS [redacted]

FAX #: [redacted]

PHONE #: [redacted]

RE:

☐ **Urgent** ☒ **For Review** ☐ **Please Comment** ☐ **Please Reply**

Confidentiality Notice

The information contained in this facsimile transmission is intended only for the use of the individual or entity to whom it is addressed. It may contain privileged, confidential or protected health information.

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JULY 23, 2012

CHRIS LAST
SAFETY DEFECTS ENGINEER

THANK YOU FOR YOUR INTREST

1.) AT PRESENT TIME OWNER OF THE CAR I HIT ARE TAKING LEGAL ACTION AGAINST ME
2.) G.M. WAS CALLED WHEN TRANSMISSION AND COOLING LINES WERE REPLACED AND NO MENTION TO MYSELF OR DEALER TO ALSO CHECK BRAKE LINES, I TRIED TO GET FIRST REPAIR WARRENTIED
3.) PRIOR TO THE EVENT THERE WERE NO WARNING SIGNS, BRAKE LINE JUST LET GO AND NO BRAKE AT ALL
4.) DEALER REPLACED ALL LINES AFTER ACCIDENT, AND I HAVE NO PARTS
5.) I'VE HEARD REPLACEMENT LINES ARE STAINLESS STEEL, WHAT WERE O.E.M.
6.) I NO LONGER OWN THE TRUCK TRADED IT DEC 2011
7.) ACCIDENT HAPPEN AT VERY BUSY INTERCHANGE AT RUSH HOUR ON FRIDAY 4:30 PM, NORMALLY I WOULD HAVE HAD PLENTY OF ROOM TO SAFELY STOP

[redacted] [redacted] HOME [redacted]

[redacted]

[redacted]

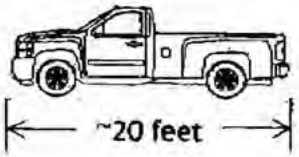
General Brake Failure

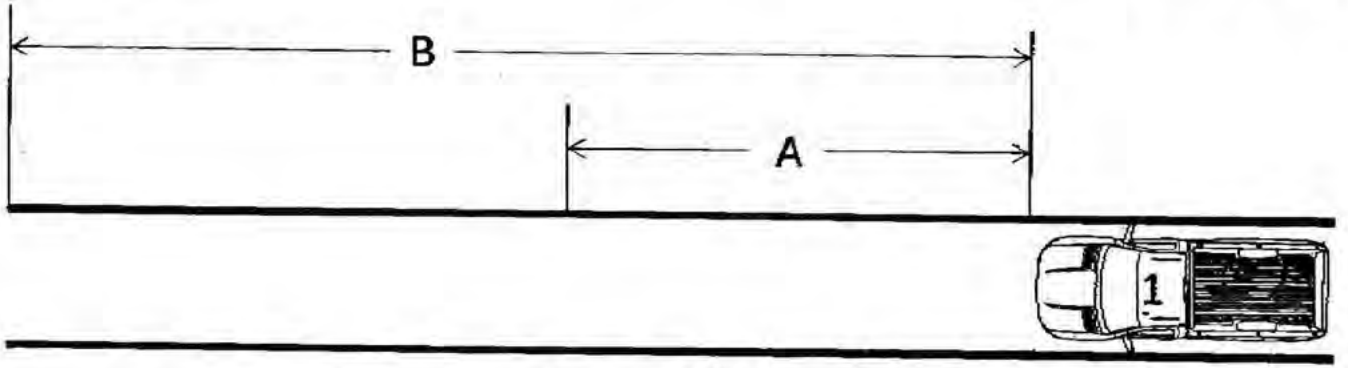
A – Your estimate of Initial brake point, distance from object or intended stop point

B – Your estimated stopping distance

B.) STOPPED BY HITTING CAR AHEAD OF ME

A.) 150 - 200' NOT REALLY SURE





1) Location or Road Intersection RT 93 / RT 3 / CROSSOVER RAMP
2) Direction of Travel NORTH
3) Your estimated speed when braking started BLACK BOX READ 42 MPH
4) Would you say your initial braking was Normal, Hard or Panic? NORMAL
5) Your final stop location
6) Post brake failure: did you drive the vehicle, tow or park?
7) Once stopped, did you feel like you had Some braking capability NO BRAKES

USDOT

7-5-12

SD|LYONS
1298 FALL RIVER AVE
SEEKONK, MA. 02771
VOICE: 508.336.9393
PAPER: 508.336.8989
WEB: sdlyons.com

CLEAR THROUGH TO THE FACTS

AUTOmotive | Forensics

TO Commerce Insurance Company
11 Gore Road
P.O. Box 758
Webster, MA 01570-0758

ATTENTION Shawn Blake

DATE November 10, 2011

VEHICLE ANALYSIS – SDL# M48152.1

FILE # XXR343
INSURED [redacted]
VEHICLE 2003 GMC Sierra
VIN 1GTHK29U83E[redacted]
ODOMETER 33,338
DATE OF LOSS October 21, 2011

Background

The insured was reportedly operating the 2003 GMC Sierra on October 21, 2011, and claimed he depressed the brake pedal but the pedal went to the floor. The truck was subsequently involved in a collision. Two days prior to the accident, Connolly Chevrolet reportedly performed a replacement of the front ABS sensors.

Objective

Examine the Chevrolet and determine if there is evidence of a deficiency in the brake system. Determine if there is evidence of faulty service work performed by Connolly Chevrolet two days prior to the loss.

DATE INSPECTED November 1, 2011
LOCATION Connolly Chevrolet, 350 Worcester Road, Framingham, MA

DETAILED ANALYSIS

Vehicle Equipment

YEAR	2003
MAKE	GMC
MODEL	Sierra 2500HD
BODY	Extended cab pickup
ENGINE	6.0 liter, fuel injected V8 engine, mounted inline
TRANSMISSION	Automatic transmission with 4-wheel drive
FEATURES	Air conditioning, cruise control, antilock brakes, power windows, power locks, fabric upholstery, front bucket and rear bench seats, alloy wheels, tilt steering column
AFTERMARKET	Snow plow frame

Report Findings

VEHICLE INSPECTION AND BRAKE SYSTEM EVALUATION

The GMC pickup showed no evidence of prior unrepaired damage existing at the time of the current loss. Within the passenger compartment, the upholstery and trim showed normal wear. The interior and exterior of the truck were exceptionally clean for the year of the truck. The vehicle was in good cosmetic condition prior to the loss.

The truck sustained collision damage to the lower center region of the chrome-plated front bumper. The lower center region of the bumper was crushed back, and the license plate and frame were distorted. There was no damage to the brake system as a result of the collision.

The GMC has power-assisted 4-wheel disc brake with ABS. Within the passenger compartment, we energized the ignition using the correct key to rotate the ignition lock. When the instrument cluster was energized, a warning message illuminated in the message center indicating "SERVICE BRAKE SYSTEM." Additionally, the red brake warning lamp was illuminated. We depressed the brake pedal and it traveled to the floor and did not develop hydraulic resistance. Within the engine compartment, the brake master cylinder, the brake fluid reservoir, and the hydro-boost power-assist booster unit remained properly attached at the left side of the bulkhead. The plastic brake fluid reservoir was empty of fluid. The brake line connections to the master cylinder were secure and showed no evidence of brake fluid leakage. The steel brake lines remained in good condition where they extend from the master cylinder, downward toward the framerail. However, where the lines extend down along the frame, they showed severe corrosion. We identified brake fluid leaking from a severely corroded and failed section of brake line extending along the left framerail below the cab. The steel line had ruptured due to the severe corrosion. The rupture allowed brake fluid to leak out and caused a loss of hydraulic pressure within the brake system. The failure of the corroded line caused a brake system failure in the 2003 GMC Sierra pickup.

The insured's 2003 GMC Sierra is among a population of GM C/K pickups and SUV's included in a NHTSA Defect Investigation PE 10-010 opened March 30, 2010 and closed January 5, 2011. The problem description was:

"Brake line corrosion allegedly can result in rupture during brake application, resulting in sudden reduction of brake effectiveness and increased stopping distances."

The investigation summary noted that the investigation has been upgraded to an Engineering Analysis (EA11-001) for subject vehicles sold or currently registered in Salt Belt States to further assess the scope, frequency, and safety risks associated with sudden failures of corroded brake pipes that can result in decreased brake effectiveness.

We have examined numerous other General Motors vehicles and some other make and model vehicles that have experienced brake failure due to corrosion of the brake lines. Connolly Chevrolet reportedly replaced the brake ABS sensors two days prior to the loss. The replacement of the electrical ABS sensors would not require disturbing the hydraulic system or brake fluid lines. Connolly Chevrolet did not cause the brake lines to corrode and fail. The line ruptured due to severe corrosion and resulting fatigue, which is a wear-and-tear issue and appears particularly prevalent in this type of GM truck. It is the opinion of the undersigned that the failure of the brake line would not have been foreseeable during the service work performed by Connolly Chevrolet. The brake line failure was a result of wear and tear and is consistent with other reported similar GM brake line failures that are the subject of the ongoing NHTSA Engineering Analysis.

CRASH DATA DOWNLOAD

We interrogated the airbag control module and found a non-deployment event recorded in the event data recorder. The ignition key cycle at the time of the event was five key cycles before the key cycle count at the time of our inspection and the maximum change in velocity recorded for the event was -3.41 miles per hour. Since the key cycles at the time of the event are consistent with occurring during the subject loss and the change in speed stored in the event data recorder was consistent with the damage observed on the front of the Chevrolet, the event stored in the vehicle does appear to be the subject collision loss.

The pre-crash data from the event lists the speed of the Chevrolet at one second intervals, 5 seconds before the collision as 42, 34, 26, 19, and 15 miles per hour. The speed dropped approximately 8 miles per hour for the first two time intervals, 7 miles per hour for the next time interval, and 4 miles per hour for the last time interval. The Chevrolet deceleration rate would be approximately 0.36 g's for the first two time intervals, 0.32g's for the next time interval and 0.18g's for the last time interval. This data shows the deceleration rate of the Chevrolet decreased before impact. For reference purposes, a skidding vehicle or a vehicle with antilock brakes will decelerate approximately 0.7-0.8 g's, or more.

Although we had no information regarding the amount of reported pre-impact braking, the information obtained from the event data recorder indicated the rate of deceleration, or the degree of braking, decreased before impact. This could only occur if the driver released pressure on the brake pedal or if the braking system was compromised before impact. The failure of the corroded steel brake line would have caused a loss of pressure within the hydraulic brake system, a loss of braking ability, and a reduction in the rate of deceleration prior to the impact, as observed in the CDR data.

S. D. Lyons, Inc., reserves the right to review any additional information, evidence, etc., if such becomes available, and to amend this report and its findings, should it be necessary.

S. Dennis Lyons
ASE Certified Master Auto Technician

Christopher Borelli, M.E.
Accident Reconstructionist
ACTAR #665

1

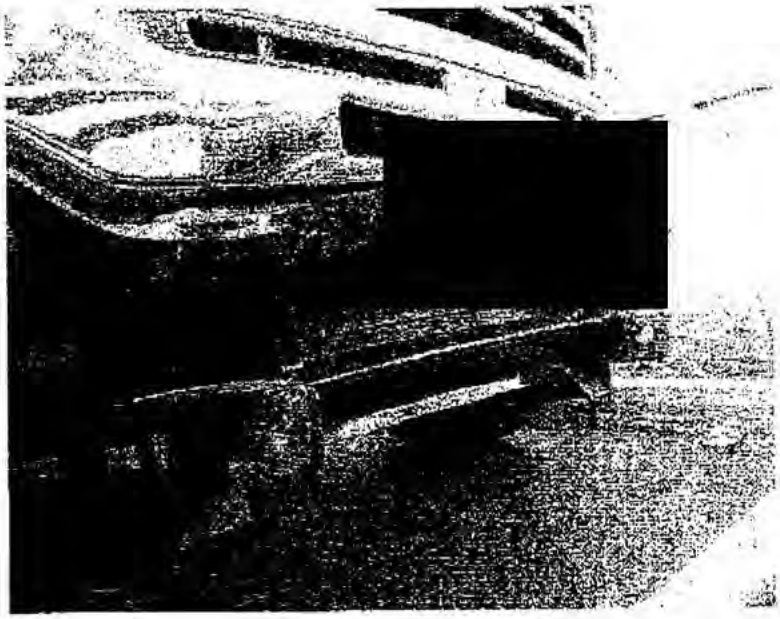
Left front view of the 2003 GMC Sierra pickup.

2

Right front view. The GMC sustained collision damage to the lower center of the front bumper.

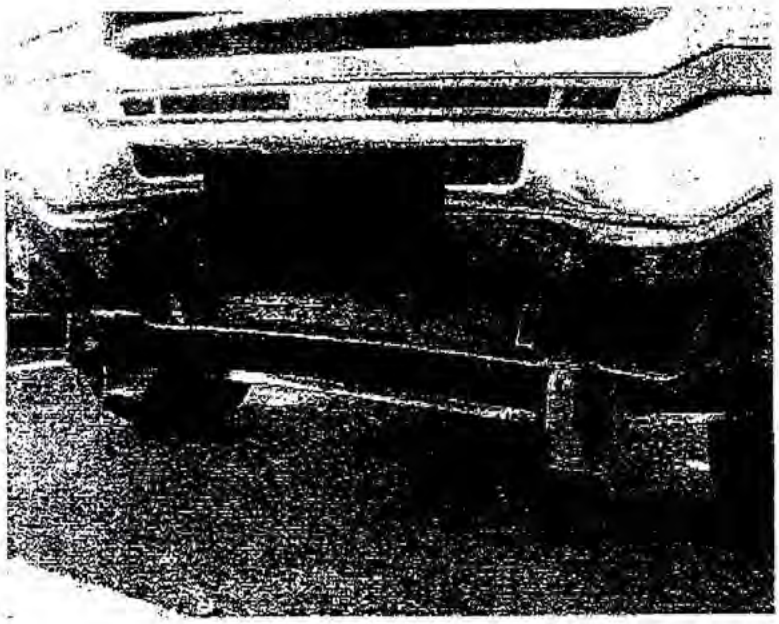
3

The lower center of the bumper was crushed and the license plate and frame were distorted.



4

Another view of the distortion to the bumper, license plate, and frame.



5

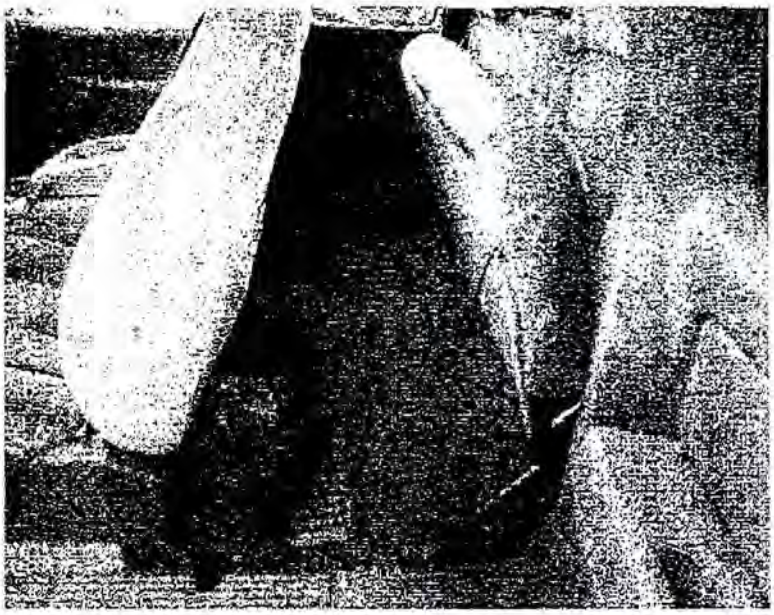
Right rear view.

6

Left rear view. The truck was in good cosmetic condition prior to the loss.

7

View of the rear passenger compartment.

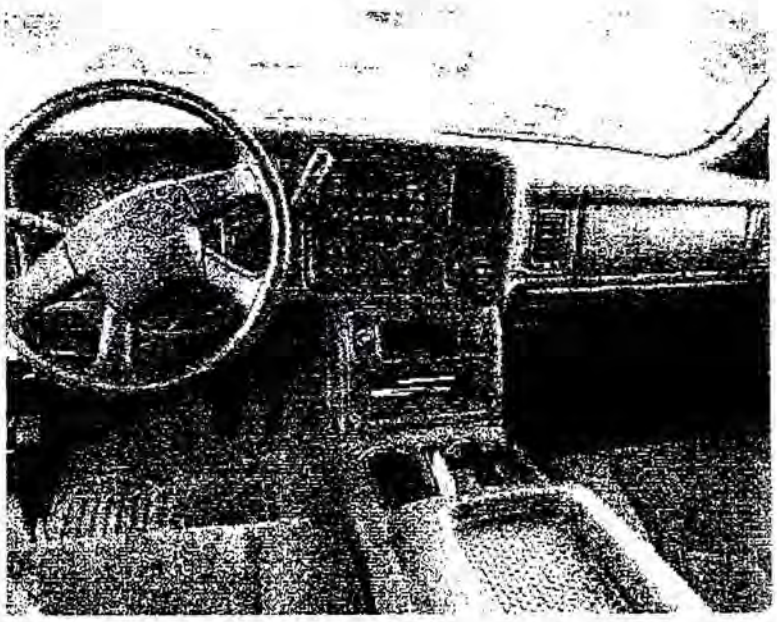


8

View of the front passenger compartment. The interior was exceptionally clean.

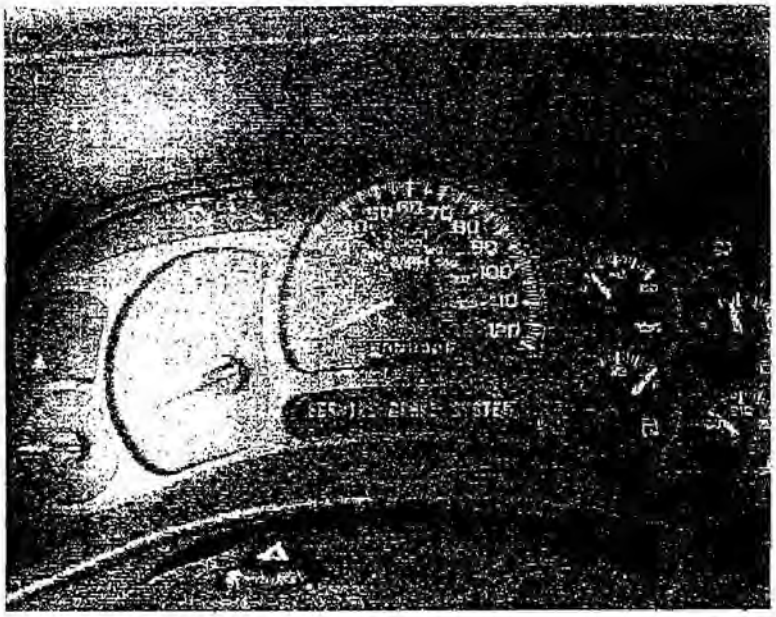
9

View of the dash assembly.



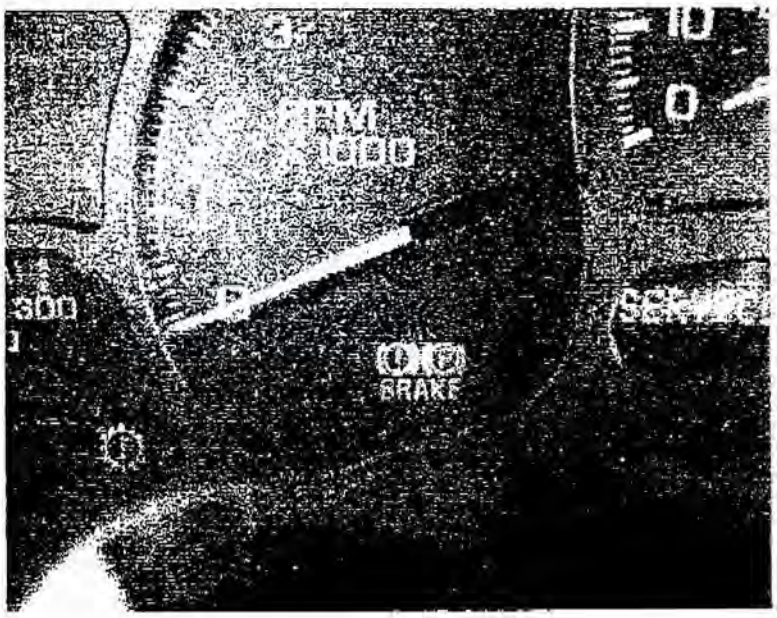
10

View of the instrument cluster when the ignition was energized. A "SERVICE BRAKE SYSTEM" warning was illuminated in the message center.



11

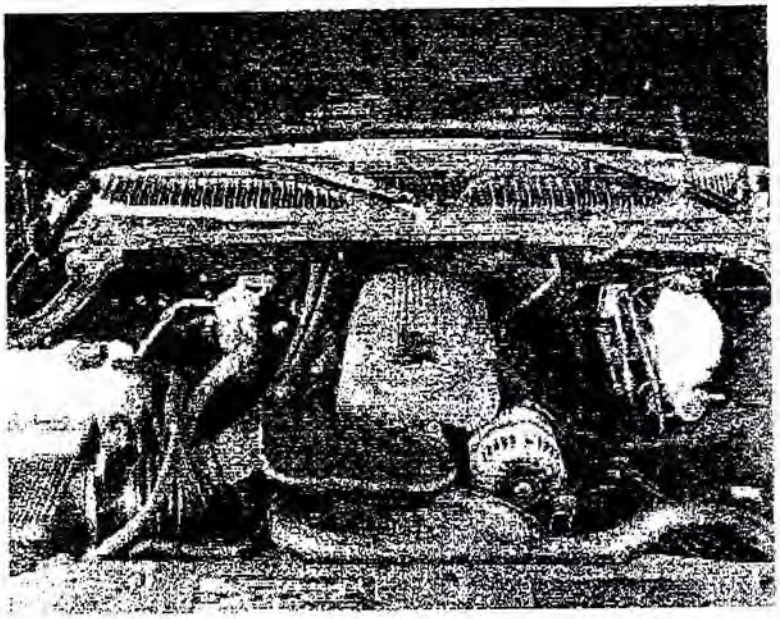
The red brake lamp was also illuminated.



12

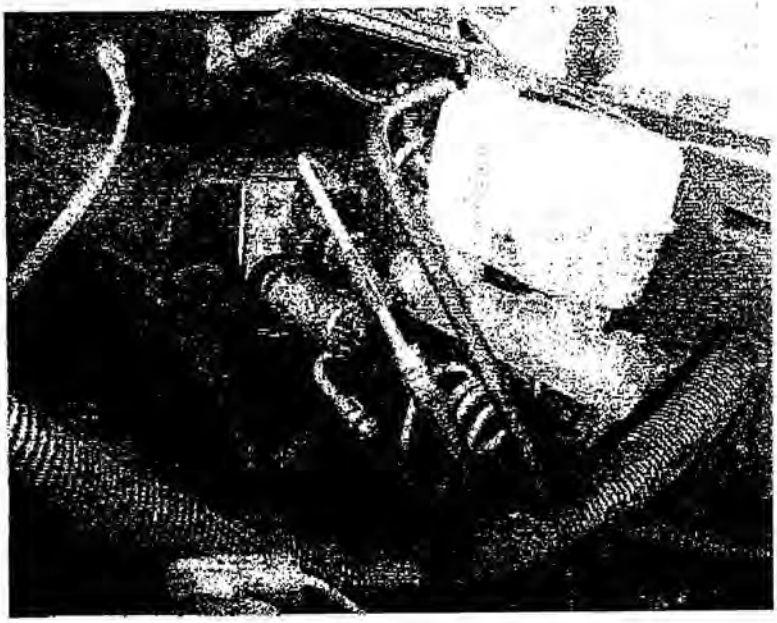
We depressed the brake pedal and it traveled to the floor and did not develop hydraulic resistance.

13



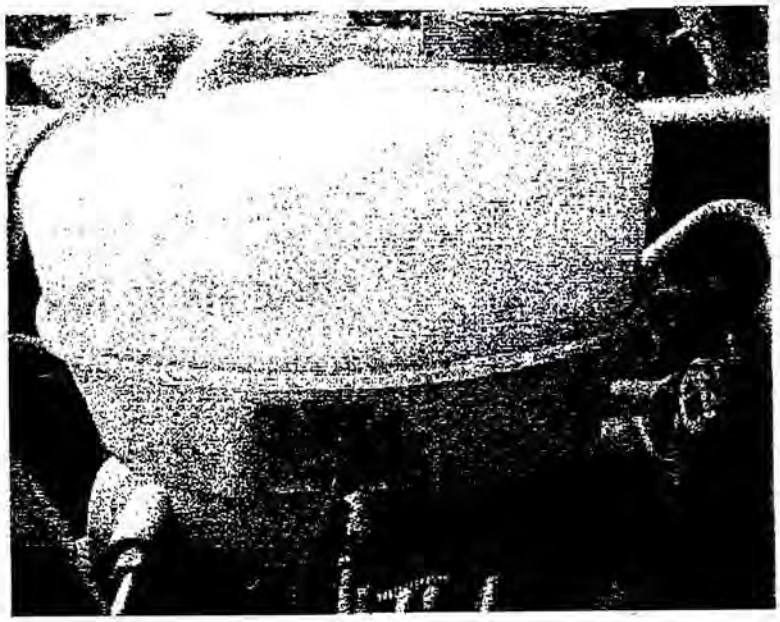
View of the engine compartment. The brake system components were not damaged by the collision.

14



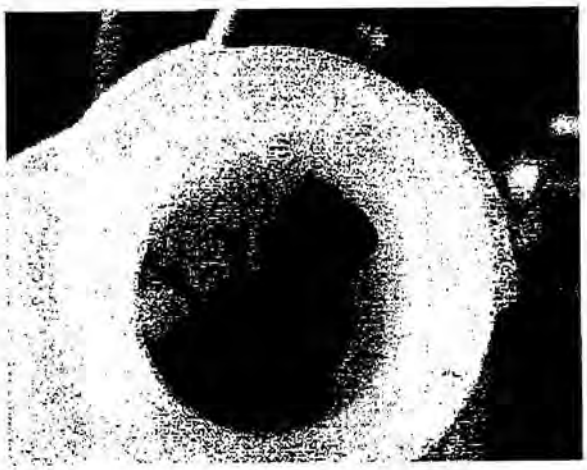
View of the brake master cylinder, fluid reservoir, and hydro-boost unit. The components remained properly assembled.

15



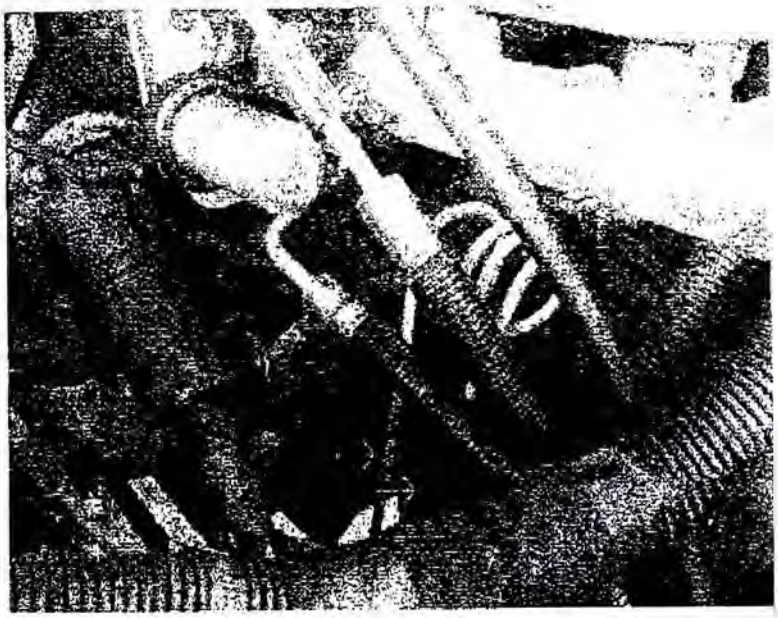
View of the brake fluid reservoir. There was no external fluid leakage noted from the reservoir.

16



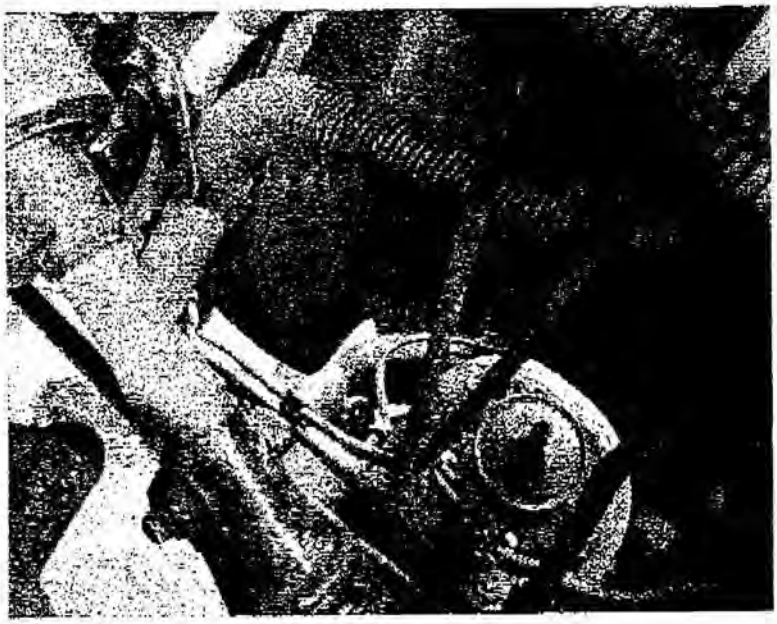
The reservoir was empty.

17



Two red arrows indicate brake lines extending down from the master cylinder toward the left framerail. The lines remained in good condition on the portions that extend down from the master cylinder.

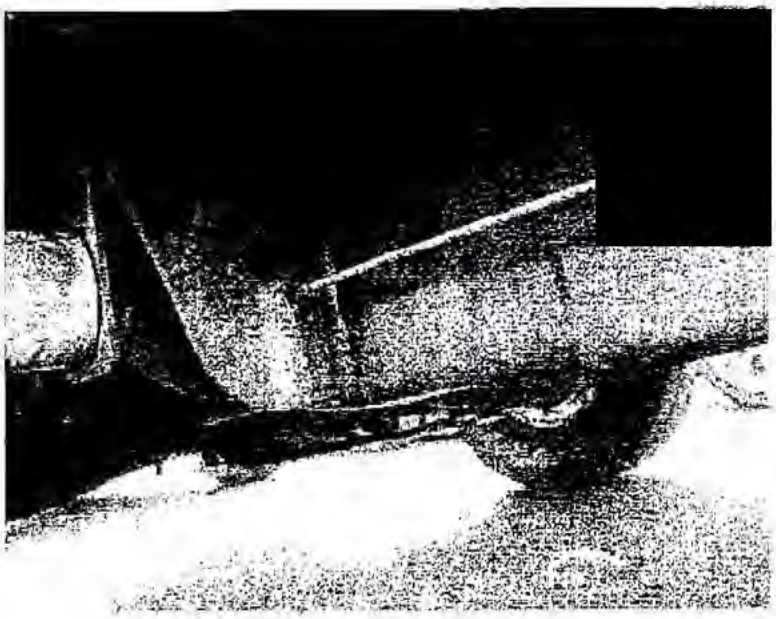
18



View of the two brake lines extending down toward the left framerail. There was no fluid leakage or severe corrosion in this area of the lines.

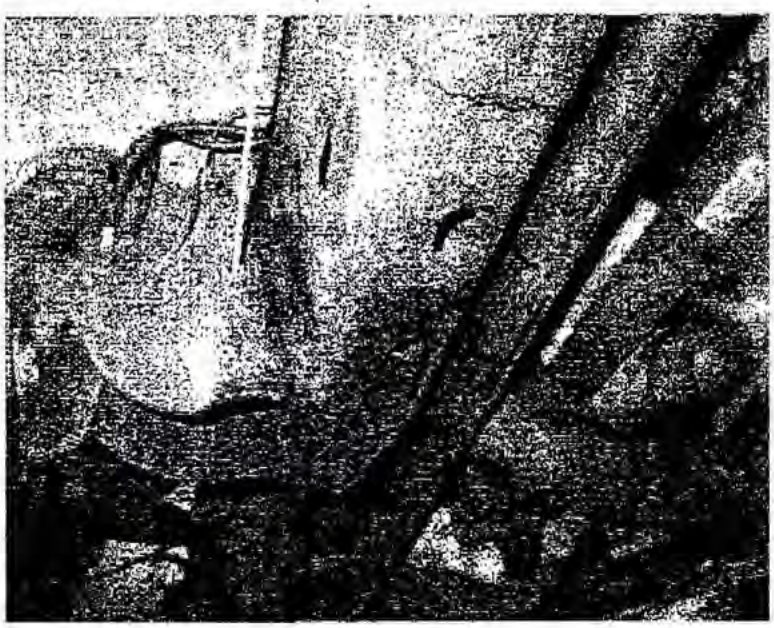
19

View of brake fluid found leaking down the left front framerail.



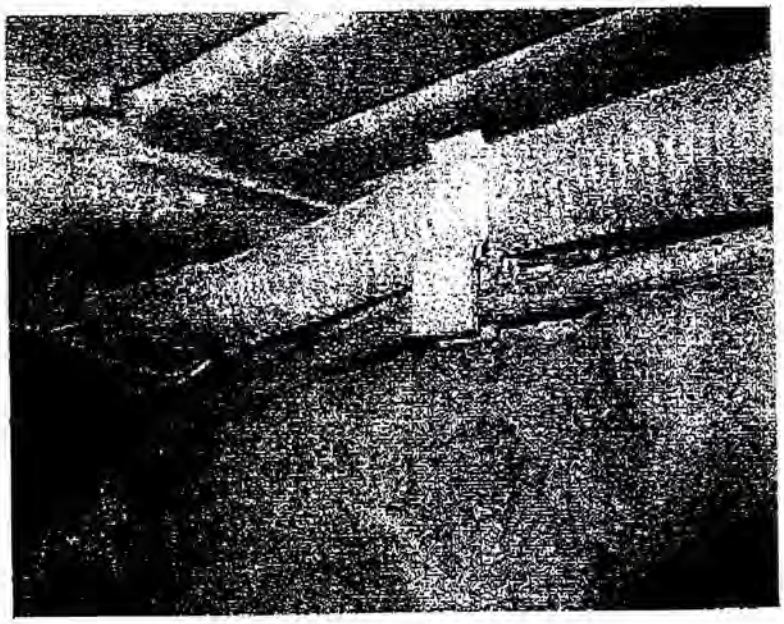
20

View of the brake fluid residue on the framerail.



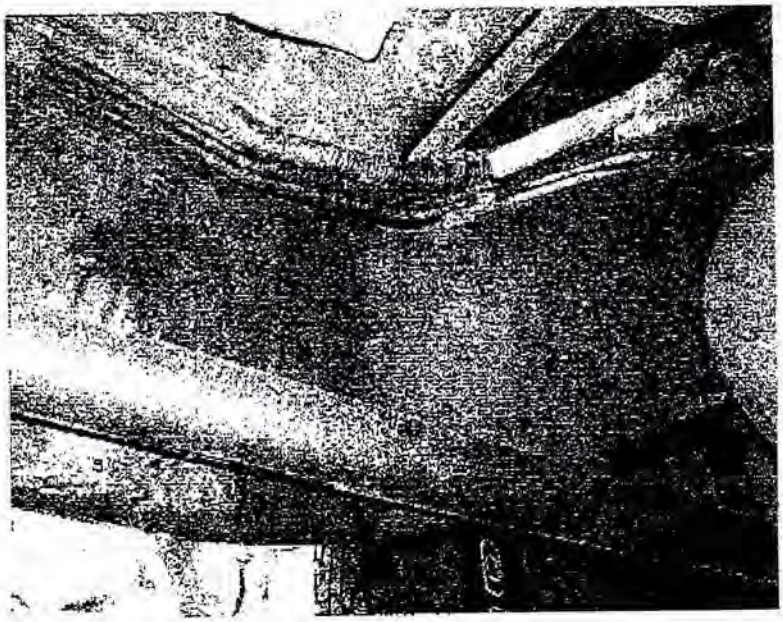
21

We found the brake lines showed severe corrosion where they extend along the framerail.



22

One of the brake lines had ruptured due to the severe corrosion, causing the brake fluid to leak out.



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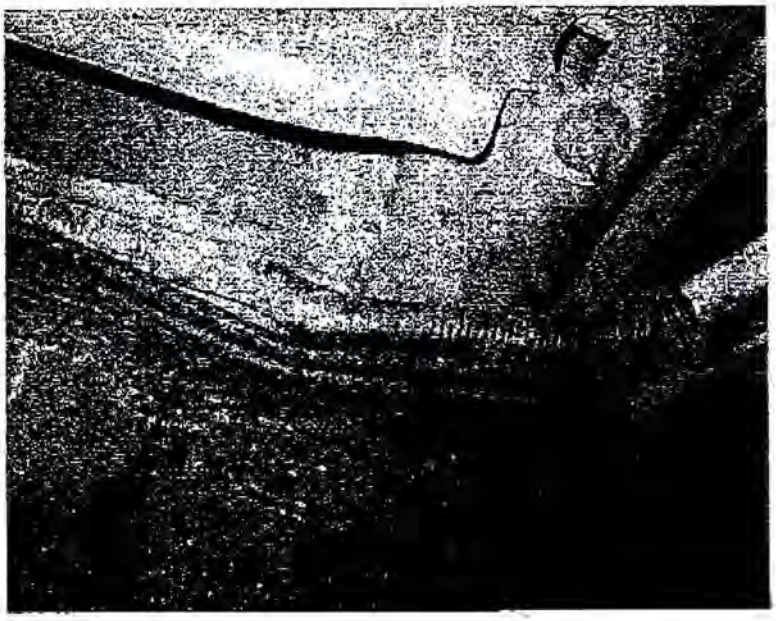


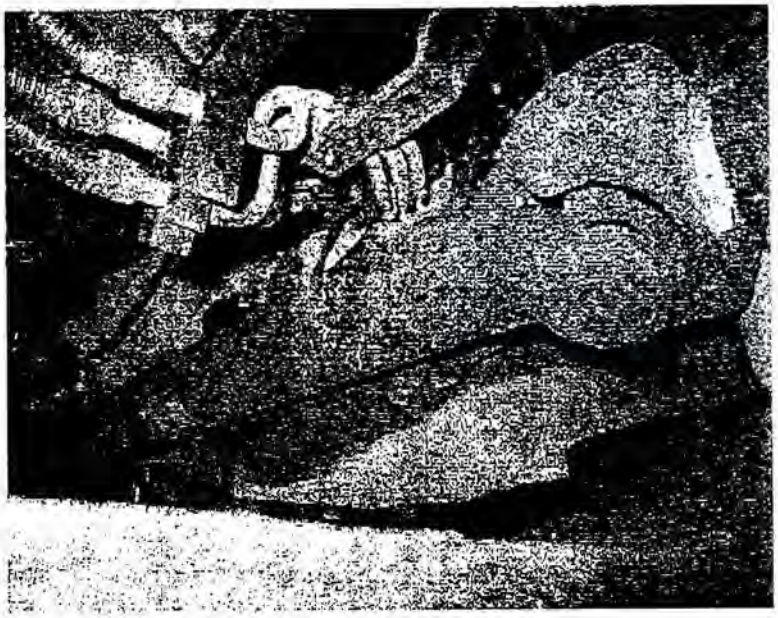
Closer view of the location of the failed brake line. The line failed due to severe corrosion.

24

Closer view of the location of the failure in the brake line. It was not caused by faulty service work.

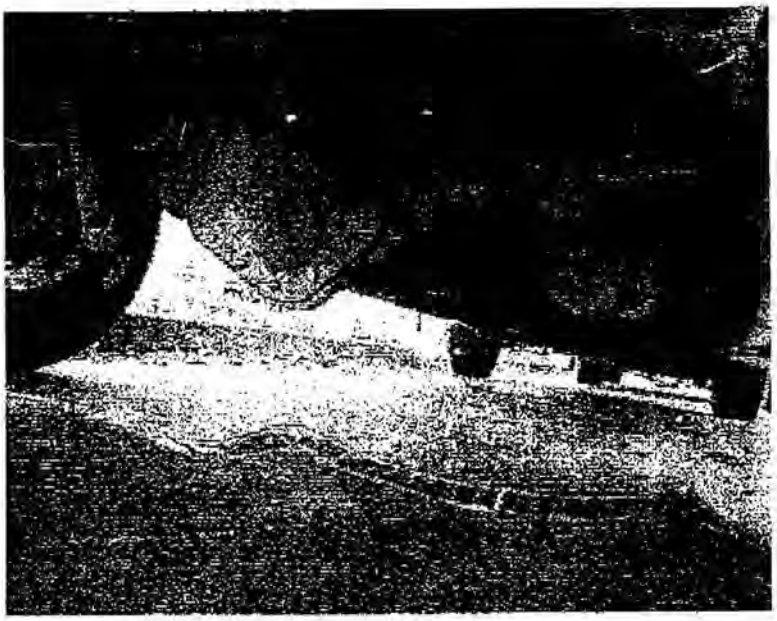
25

View of the extent of corrosion on other components on the undercarriage.



26

View of the rear axle assembly.



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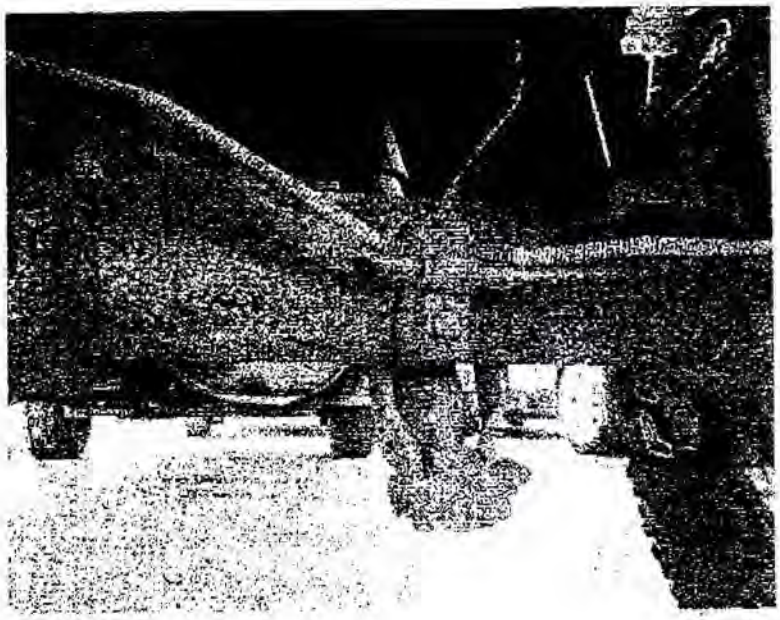
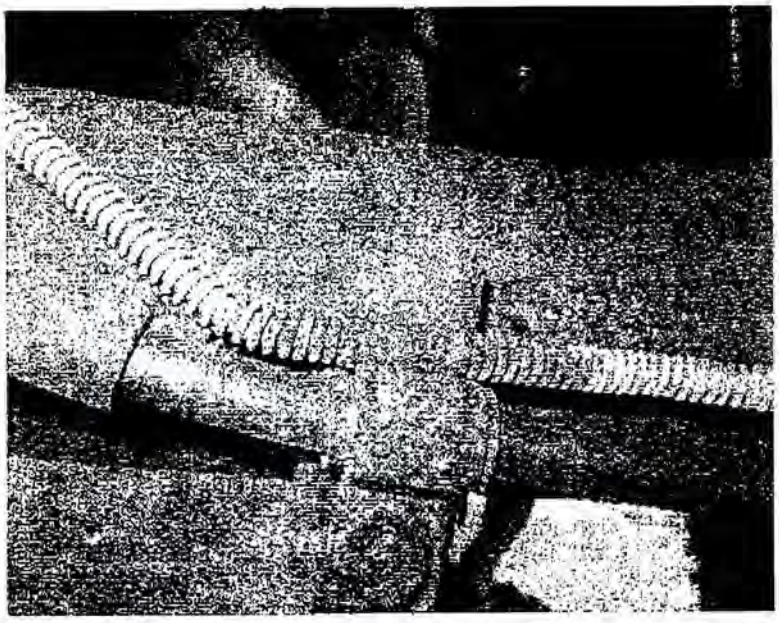


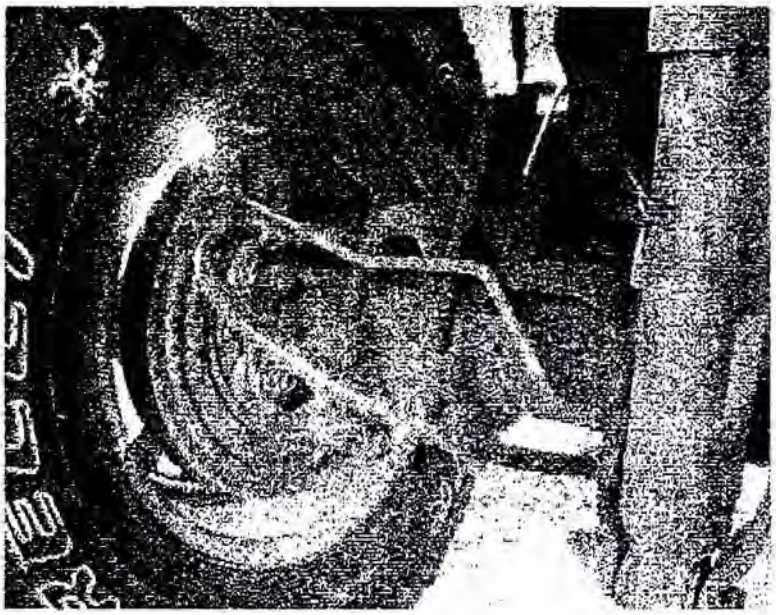
View of corrosion on the right side of the rear axle and the right rear brake line.

28



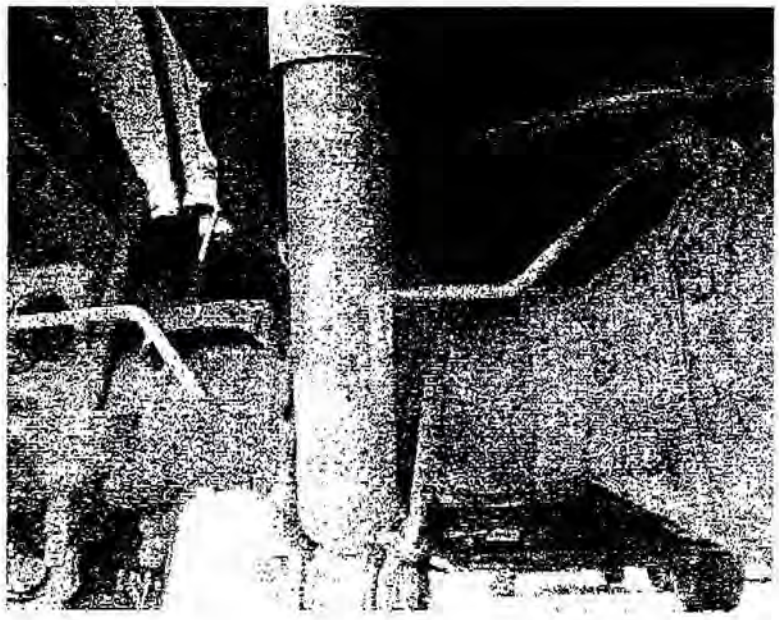
Closer view of a heavily corroded spot on the right rear brake line.

29



View of the left rear axle and brake line.

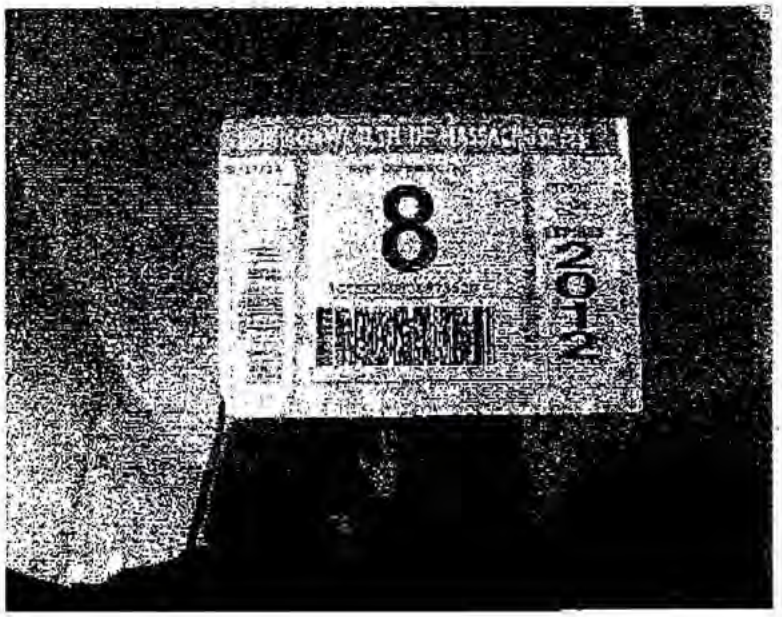
30



View of corrosion on the left rear axle and brake line components.

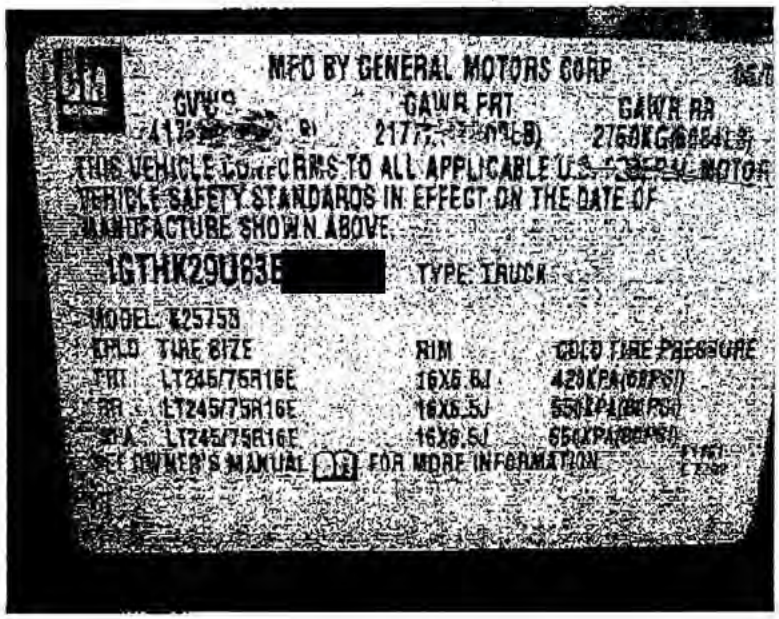
31

View of the current inspection sticker.



32

View of the VIN.



S. Dennis Lyons
ASE Certified Master Auto Technician

jms

I-H

Customer Number: 1-1??722 Invoice No: 289559

INVOICE

PAGE 1

[redacted]

350 Worcester Road, FRAMINGHAM, MA 01702
(508) 820-1221 x 607
FAX (508) 370-9445
www.connollychevrolet.com

Home: [redacted] Cell:

Email: ...@MSN.COM | HOME

SERVICE ADVISOR: 902 JOHN J CONCETTI

COLOR	YEAR MAKE/MODEL	VIN	LICENSE	MILEAGE IN/OUT	TAG
/CARBON...	... GMC Sierra 2500	1GTHK29U83E[redacted]	[redacted]	33118 33118	1200

IN SERVICE DATE		PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
22AUG03		17:00 07SEP11			CASH	07SEP11

OPTIONS: ENG:6.0 LITER MFI IRON

...14:57 07SEP11

LINE OPCODE TECH TYPE HOURS	LIST	NET	TOTAL
A PERFORM LUBE OIL AND FILTER			
PERFORM LUBE OIL AND FILTER			
		9.99	9.99
...FILTER	3.95	3.95	3.95
...OIL	8.99	8.99	53.94
...	1.99	1.99	1.99
**			
B GM ... MULTI-POINT VEHICLE INSPECTION			
... MULTI-POINT VEHICLE INSPECTION			
... CPB		0.00	0.00
... REPLACE AIR FILTER			
		0.00	0.00
... FILTER	[illegible].00	42.00	42.00
**			
C ...			
... CPB		0.00	0.00
**			
D ... ON ALL SPEEDS			
CAUSE ...			
... REPLACE RESISTOR			
... WPC84			(N/C)
...9088 RESISTOR			(N/C)
... CONNECTOR			(N/C)
FC ... PART# ...9088 COUNT: 1			
**			
E GET PRICE ON PIRELLI TIRES ON RACK SEE JOHN			
MIS PRICE FOR TIRES ARE 238.00 EA INSTALL			
		0.00	0.00
**			
HAZ WASTE FOR REPAIR ORDER			6.37

Herb Connolly CHEVROLET

Thank you ... to perform all the repairs requested on this vehicle ... If our service was satisfactory tell your friends, if ...

COMPLETE BODY SHOP AND PAINT FACILITIES
HERB CONNOLLY AUTO BODY (508) 879-0300
"DOMESTIC AND FOREIGN CAR SPECIALISTS"

"Who cares? We do! We Care About You"

FRAMINGHAM TELEPHONE (508) 820-1221 X 607 FAX: (508) 370-9445
350 WORCESTER ROAD, FRAMINGHAM, MA 01702

ALL PARTS INSTALLED ARE NEW UNLESS SPECIFIED OTHERWISE

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X

CUSTOMER SIGNATURE

DESCRIPTION	TOTALS
LABOR AMOUNT	
PARTS AMOUNT	
RECORD FEE	
SUBLET AMOUNT	
MISC. CHARGES	
TOTAL CHARGES	
LESS INSURANCE/COUPONS	
SALES TAX	
PLEASE PAY THIS AMOUNT	

Customer Copy

SERVICE ADVISOR ... CUSTOMER

[redacted]	VIN	LICENSE	MILEAGE IN/OUT	TAG
	1GTHK29U83[redacted]	[redacted]	33118 33118	1200

	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
	17:00 07SEP11			CASH	07SEP11

READY ... OPTIONS: ENG:6.0 LITER MFI IRON

... 07SEP11

LINE OPCODE TECH TYPE HOURS LIST NET TOTAL

PLEASE RETURN ALL SURVEYS YOU RECEIVE IF FOR ANY REASON YOUR RESPONSE IS LESS THAN "COMPLETELY SATISFIED" PLEASE CONTACT EITHER JUSTIN BROWN SERVICE MANAGER OR ADAM CONNOLLY DEALER (508-820-1221 EXT 422)
NIGHT DROP OFF BOX IS LOCATED BY SERVICE DOOR
THANK YOU FOR YOUR BUSINESS

Herb Connolly CHEVROLET

Thank you ... to perform all the repairs requested on ... your service was satisfactory tell your friends. If no, please ...

... COMPLETE ... SHOP AND PAINT FACILITIES
... AUTO BODY (508) 879-0300
DOMESTIC AND FOREIGN CAR SPECIALISTS

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... WORCESTER ROAD ... FRAMINGHAM, MA 01702

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X ____________
CUSTOMER SIGNATURE

DESCRIPTION	TOTALS
LABOR AMOUNT	$ 9.99
PARTS AMOUNT	$ 101.88
RECORD FEE	$ 0.00
SUBLET AMOUNT	$ 0.00
MISC. CHARGES	$ 6.37
TOTAL CHARGES	$ 118.24
LESS INSURANCE/COUPONS	$ 0.00
SALES TAX	$ 6.77
PLEASE PAY THIS AMOUNT	$ 125.01

Customer Copy

Customer Number: L187722 Invoice No: 288562

INVOICE

PAGE 1

Herb Connolly CHEVROLET
350 Worcester Road, Rte. 9
FRAMINGHAM, MA 01702
(508) 820-1221 x 607
FAX (508) 370-9445
www.connollychevrolet.com

[redacted]
,SHLAND, MA [redacted]
lome: [redacted] Bus: [redacted] Cell:
mail: EMAIL [redacted] HOME

SERVICE ADVISOR: 802 JOHN J CONCETTI

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/ OUT	TAG
CARBON-MT	03	GMC Sierra 2500	1GTHK29U83E[redacted]	[redacted]	32998 32998	0413

SERVICE DATE	PROD. DATE	WARR. EXP.	PROMISED	P.O. NO.	RATE	PAYMENT	INV. DATE
22AUG03			WAIT 17AUG11			CASH	17AUG11

R.O. OPENED	READY	OPTIONS: ENG:6.0_LITER_MFI_IRON
14:15 17AUG11	14:35 17AUG11	

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
A	PERFORM STATE INSPECTION.						
	20 PERFORM STATE INSPECTION.				29.00		29.00
	1035	CPB					

****

PLEASE RETURN ALL SURVEYS YOU RECEIVE IF
FOR ANY REASON YOUR RESPONSE IS LESS THAN
"COMPLETELY SATISFIED" PLEASE CONTACT EITHER
JUSTIN BROWN SERVICE MANAGER OR ADAM CONNOLLY
DEALER (508-820-1221 EXT. 422)
NIGHT DROP OFF BOX IS LOCATED BY SERVICE DOOR
THANK YOU FOR YOUR BUSINESS

Herb Connolly CHEVROLET

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X
CUSTOMER SIGNATURE

DESCRIPTION	TOTALS
LABOR AMOUNT	$ 29.00
PARTS AMOUNT	$ 0.00
RECORD FEE	$ 0.00
SUBLET AMOUNT	$ 0.00
MISC. CHARGES	$ 0.00
TOTAL CHARGES	$ 29.00
LESS INSURANCE/COUPONS	$ 0.00
SALES TAX	$ 0.00
PLEASE PAY THIS AMOUNT	$ 29.00

Customer Copy

J-B

Goodwrench

MULTI-POINT VEHICLE INSPECTION

Name: [redacted] Year/Model: 03 Canc Date: 9/7/11

Repair Order #: _____ VIN (last 8 digits): _____ Odometer: _____ Tag#: _____ License#: _____

■ Checked and OK ■ May Require Attention Soon ■ Requires Immediate Attention

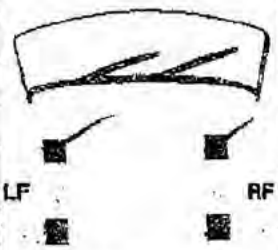
INTERIOR

OnStar

- ■ Subscription activated
- ■ Enrolled in OVD
- ■ Enrolled in DMN

- ■ Remaining engine oil life: 100 % Reset: ✓ N/A: _____
- ■ Air Conditioning Performance

WIPER BLADES



LF RF

- ■ ■ Rear (if applicable)
- ■ ■ Windshield condition

Cracks _____ Chips _____

CHECK TIRES AND TREAD DEPTH

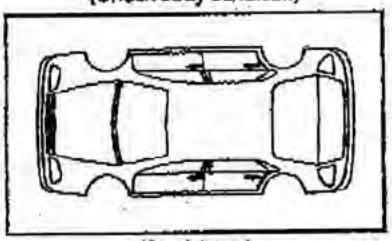
(Check body condition)

LF
- ■ 8/32 or Greater
- ■ 7/32 to 4/32
- ■ 3/32 or Less

PSI@: ____ set to: ____ PSI

LR
- ■ 8/32 or Greater
- ■ 7/32 to 4/32
- ■ 3/32 or Less

PSI@: ____ set to: ____ PSI



(Check lamps)

RF
- ■ 8/32 or Greater
- ■ 7/32 to 4/32
- ■ 3/32 or Less

PSI@: ____ set to: ____ PSI

RR
- ■ 8/32 or Greater
- ■ 7/32 to 4/32
- ■ 3/32 or Less

PSI@: ____ set to: ____ PSI

Lowest Tread Depth: ____ /32

- ☐ Rotation needed
- ☐ Rotation performed LF ☐ LR ☐
- ☐ Alignment needed
- ☐ Alignment performed
- Wear Pattern/Damage
- ☐ Balance needed
- ☐ Balance performed RF ☐ RR ☐

CHECK BATTERY

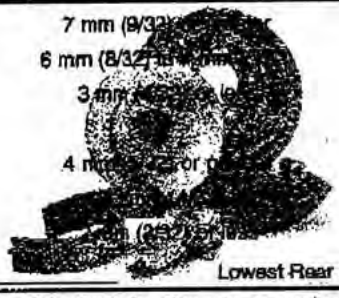
- ■ ■ Battery condition
- ■ ■ Battery cables and connections

CHECK FLUID LEVELS

OK	FILLED	REQUIRES ATTENTION
■	■ Engine oil	■
■	■ Brake fluid reservoir	■
■	■ Transmission (if equipped w/dipstick)	■
■	■ Coolant recovery reservoir	■
■	■ Power steering	■
■	■ Windshield washer	■

CHECK BRAKES/MEASURE FRONT AND REAR LININGS

LF ■ RF ■



LR ■ RR ■

Lowest Front Lining _____ Lowest Rear Lining _____

■ ■ Brake system (also including lines, hoses and parking brake)

ADDITIONAL CHECKS

Inspect for visible leaks:

- ■ ■ Fuel system (also including gas cap seating)
- ■ ■ Engine, transmission, drive axle, transfer case
- ■ ■ Engine cooling system
- ■ ■ Shocks and struts – also check operation

Inspect visual condition:

- ■ ■ Belts: engine, accessory, serpentine, and/or V-drive
- ■ ■ Hoses: engine, power steering and HVAC
- ■ ■ Engine air filter and cabin air filters
- ■ ■ Steering components and steering linkage
- ■ ■ CV drive axle boots or driveshafts and U-joints
- ■ ■ Exhaust system components
- ■ ■ Body components lubrication
- ■ ■ Restraint system component check
- ■ ■ Chassis components lubrication
- ■ ■ Evaporative control system

Additional Recommended Services

1)
2)
3)
4)
5)
6)
7)
8)

Service Consultant:

Technician: [redacted] No: 707

CUSTOMER COPY

04/11/201

3-A

Customer Number: L187722 Invoice No: 291605

INVOICE

[redacted]

PAGE 1

350 Worcester Road, Rts. 9
FRAMINGHAM, MA 01702
(508) 820-1221 x 607
FAX (508) 370-9445
www.connollychevrolet.com

ASHLAND, MA
Home: [redacted] Bus: [redacted] Cell:
Email: [redacted].COM|HOME

SERVICE ADVISOR: 802 JOHN J CONCETTI

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/ OUT		TAG
/CARBON-MT	03	GMC Sierra 2500	1GTHK29U83E[redacted]	[redacted]	33274	33274	1975

IN SERVICE DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	PAYMENT	INV. DATE
22AUG03			17:00 17OCT11		BCP	18OCT11

R/O OPENED	READY	OPTIONS: ENG:6.0_LITER_MFI_IRON
08:32 17OCT11	16:30 18OCT11	

LINE OPCODE TECH TYPE HOURS	LIST	NET	TOTAL
A POWER STEERING LEAK			
MIS REPLACE OIL COOLER LINE AND TRANS COOLER LINES			
776 CPB		630.00	630.00
1 15295836 PIPE	44.32	44.32	44.32
1 15804952 HOSE	90.54	90.54	90.54
1 15295840 HOSE	81.64	81.64	81.64
1 15295853 HOSE	88.06	88.06	88.06
1 15267484 PIPE	21.77	21.77	21.77
1 15809057 HOSE	23.39	23.39	23.39
1 15812029 PIPE	37.17	37.17	37.17
1 15203890 HOSE	133.00	133.00	133.00
1 88990465 PUMP REM	86.52	86.52	86.52
**********			
B NOISE STARTING COLD EXHAUST?			
MIS EXHAUST MANIFOLD BOLTS BROKEN NEED TO REMOVE BROKEN BOLTS AND RETAP AND REPLACE 900.00 PLUS TAX			
776 CPB		0.00	0.00
**********			
C CUST STATES WHEN SLOWING DOWN BRAKES SLIPPING ABS			
MIS REPLACE FRONT WHEEL SPEEDS SENSORS			
776 CPB		220.00	220.00
2 19181872 SENSOR	55.63	55.63	111.26
**********			
D 20% DISCOUNT COUIPON			
MIS OK			
802 CPB		0.00	0.00
**********			
HAZ WASTE FOR REPAIR ORDER			30.00

Herb Connolly CHEVROLET

Thank you for this opportunity to serve you. It is our aim to perform all the repairs requested on this repair order to your complete satisfaction. If our service was satisfactory tell your friends, if not, please tell us immediately.

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X
CUSTOMER SIGNATURE

DESCRIPTION	TOTALS
LABOR AMOUNT	
PARTS AMOUNT	
RECORD FEE	
SUBLET AMOUNT	
MISC. CHARGES	
TOTAL CHARGES	
LESS INSURANCE/COUPONS	
SALES TAX	
PLEASE PAY THIS AMOUNT	

3-B

ASHLAND, MA [redacted]
Home [redacted]
Email: EMAIL [redacted] HOME

PAGE 2-

Cell:

350 Worcester Road, Rte. 9
FRAMINGHAM, MA 01702
(508) 820-1221 x 607
FAX (508) 370-9445
www.connollychevrolet.com

SERVICE ADVISOR: 802 JOHN J CONCETTI

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/ OUT	TAG
/CARBON-MT	03	GMC Sierra 2500	1GTHK28U83E[redacted]	[redacted]	33274 33274	1975

IN SERVICE DATE	PROD. DATE	WARR. EXP.	PROMISED	P.O. NO.	RATE	PAYMENT	INV. DATE
22AUG03			17:00 17OCT11				

R.O. OPENED	READY	OPTIONS: ENG:6.0_LITER_MFI_IRON				
08:32 17OCT11	16:30 18OCT11				BCP	18OCT11

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL

PLEASE RETURN ALL SURVEYS YOU RECEIVE IF FOR ANY REASON YOUR RESPONSE IS LESS THAN "COMPLETELY SATISFIED" PLEASE CONTACT EITHER JUSTIN BROWN SERVICE MANAGER OR ADAM CONNOLLY DEALER (508-820-1221 EXT. 422)
NIGHT DROP OFF BOX IS LOCATED BY SERVICE DOOR
THANK YOU FOR YOUR BUSINESS

Herb Connolly CHEVROLET

for this opportunity to serve you. It is our aim to perform all the repairs requested on order to your complete satisfaction. If our service was satisfactory tell your friends, if tell us immediately.

COMPLETE BODY SHOP AND PAINT FACILITIES
HERB CONNOLLY AUTO BODY (508) 879-0300
"DOMESTIC AND FOREIGN CAR SPECIAUSTS"

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STER ROAD, RTE.9 FRAMINGHAM, MA 01702

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X
CUSTOMER SIGNATURE

DESCRIPTION	TOTALS
LABOR AMOUNT	$ 850.00
PARTS AMOUNT	$ 717.67
RECORD FEE	$ 0.00
SUBLET AMOUNT	$ 0.00
MISC. CHARGES	$ 30.00
TOTAL CHARGES	$ 1597.67
LESS INSURANCE/COUPONS	$ 313.00
SALES TAX	$ 46.73
PLEASE PAY THIS AMOUNT	$ 1331.40

X4692.280_1

Customer Copy

Pierce Collision Center Inc.
135 W CENTRAL ST
NATICK, MA 01760

(508)653-8810
fixit@piercecollision.com

Invoice

DATE	INVOICE #
11/09/2011	1254

BILL TO

[redacted]
Ashland, MA [redacted]

ins. co	vehicle
COMMERCE	03 GMC 2500

Date	Activity	Amount
10/29/2011	tow	775.29
11/09/2011	ins est	1,019.84
11/09/2011	supplement pending	1,673.41

Thanks so much for your business and the opportunity to serve you. You are a valued customer. Your business is greatly appreciated.

SUBTOTAL	$3,468.54
TAX (6.25%)	$0.00
TOTAL	$3,468.54
PAYMENT	$519.84
BALANCE DUE	$2,948.70

5

Customer Number: L187722 Invoice No: 292334

INVOICE

PAGE 1

Herb Connolly CHEVROLET Framingham
350 Worcester Road, Rte. 9
FRAMINGHAM, MA 01702
(508) 820-1221 x 607
FAX (508) 370-9445
www.connollychevrolet.com

[redacted]
ASHLAND, MA [redacted]
Home: [redacted] Bus: [redacted] Cell:
Email: EMAIL [redacted] HOME

SERVICE ADVISOR: 802 JOHN J CONCETTI

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/OUT		TAG
/CARBON-MT	03	GMC Sierra 2500	1GTHK29U83[redacted]	[redacted]	33338	33338	6286

IN SERVICE DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
22AUG03			WAIT 31OCT11			BCP	08NOV11

R.O. OPENED	READY	OPTIONS: ENG:6.0_LITER_MFI_IRON
09:37 31OCT11	15:59 08NOV11	

LINE	OPCODE	TECH	TYPE	HOURS		LIST	NET	TOTAL
A	CHECK BRAKES CUST GOT IN ACCIDENT							
	MIS SEE STORY BELOW							
		776	CPB				1500.00	1500.00
	1	SCTB2315	BRAKE LINE			359.00	359.00	359.00
	1	BK106	DOT3 GALLON			30.04	30.04	30.04
	**********							
HAZ WASTE FOR REPAIR ORDER								24.32

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X
CUSTOMER SIGNATURE

DESCRIPTION	TOTALS
LABOR AMOUNT	$ 1500.00
PARTS AMOUNT	$ 389.04
RECORD FEE	$ 0.00
SUBLET AMOUNT	$ 0.00
MISC. CHARGES	$ 24.32
TOTAL CHARGES	$ 1913.36
LESS INSURANCE/COUPONS	$ 188.90
SALES TAX	$ 25.84
PLEASE PAY THIS AMOUNT	$ 1750.30

Customer Copy

Section A: Crash Location

City/Town Where Crash Occurred	Date of Crash	Time of Crash	# Vehicles Involved
BRAINTREE MA	10-21-2011	4:30 AM ✓ PM	3

Please complete Section A1 or A2 below to indicate the location of the crash.
If you need additional space to describe the crash location, please use Section J on the last page of this form.

SECTION A1: Complete this Section if the crash occurred at an intersection of two or more streets:

Step 1: Please indicate the route or roadway where you were travelling when the crash occurred:

RAMP — Route# — PILGRIMS HWY — Name of Roadway/Street

Step 2: What was the name (or names) of the intersecting streets?

93 N — Route# — SOUTHEAST EXPY — Name of Roadway/Street

1 N — Route# — WILLARD ST — Name of Roadway/Street

OR

SECTION A2: Complete this Section if the crash did NOT occur at an intersection:

Step 1: Please indicate the route, roadway and address where the crash occurred:

The crash occurred on Route #: _____ at Street or Address Number: _____

on the Street/Roadway known as: _____

Step 2: Please provide as much of the following specific location information as possible:

The crash occurred (estimate number of feet) _____ feet

(indicate direction as N/S/E/W) _____ of:

a) Mile Marker number — — — . —

OR: b) Exit Number _____

OR: c) Intersecting Street/Roadway _____ Route# _____ Name of Roadway/Street

OR: d) Landmark SOUTH SHORE SHOPPING CENTER

Section B: Vehicle You Were Driving

Number of occupants in vehicle (including yourself): _____

Was vehicle damage above $1000? __Yes __No

Driver's Last Name, First, Middle	License State	Date of Birth	Age	Sex	License Class	Commercial Driver's License Endorsements
[redacted]	MA	6-[redacted]-53	58	✓M _F	_D _A _B _C _M Unknown	H _ Hazardous N _ Tank vehicles P _ Passenger transport; T _ Doubles/Triples X _ Tank and Hazardous

Street Address: [redacted] City/Town: ASHLAND State: MA Zip: [redacted]

Insurance Company	Vehicle Registration #	Reg. Type	Reg. State	Vehicle Year	Vehicle Make
COMMERCE	[redacted]		MA	2003	GMC

Indicate your type of vehicle

1 Passenger car	4 Bus (15 or more passengers)	8 Truck/trailer	12 Tractor/triples	97 Other
(2) Light truck (van, mini-van, pick-up, sport utility)	5 Bus (7-15 passengers)	9 Truck tractor (bobtail)	13 Unknown heavy truck	99 Unknown
3 Motorcycle	6 Single-unit truck (2 axles)	10 Tractor/semi-trailer	14 Motor home/recreational vehicle	
	7 Single-unit truck (3 or more axles)	11 Tractor/doubles		

Full Name of Vehicle Owner (Last, First, Middle): [redacted] Street Address: [redacted] City/Town: ASHLAND State: MA Zip: [redacted]

What Was Your Vehicle Doing Prior to the Crash?

Vehicle Travel Direction: _N _S _E _W

1 Travelling straight ahead	4 Turning left	7 Leaving traffic lane	10 Backing	97 Other
(2) Slowing or stopped	5 Changing lanes	8 Making U-turn	11 Parked	99 Unknown
3 Turning right	6 Entering traffic lane	9 Overtaking/passing		

Please Indicate the Sequence of Events as they occurred to YOUR Vehicle by writing the corresponding number (1-52, or 97, 99) in up to 4 boxes below.

What happened first?	What happened 2nd (if applicable)?	What happened 3rd (if applicable)?	What happened 4th (if applicable)?
1			

Collision with

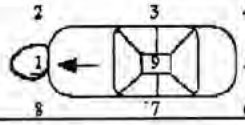
1 Motor vehicle in traffic
2 Parked motor vehicle
3 Pedestrian
4 Cyclist
5 Animal- deer
6 Animal- other
7 Moped
8 Work zone maintenance equipment
9 Railway vehicle (train, engine)
10 Other movable object
11 Unknown movable object
20 Curb
21 Tree
22 Utility pole
23 Light pole or other post/support
24 Guardrail
25 Median barrier
26 Ditch
27 Embankment/Sloping shoulder
28 Highway traffic signpost
29 Overhead sign support
30 Fence
31 Mailbox
32 Crash cushion/Impact attenuator
33 Bridge
34 Bridge overhead structure
35 Other fixed object (wall, building, tunnel)
36 Unknown fixed object

Non-Collision

40 Ran off road right
41 Ran off road left
42 Cross median/centerline
43 Overturn/rollover
44 Equipment failure-(blown tire, brakes, etc)
45 Fire/explosion
46 Immersion
47 Jackknife
48 Cargo/equipment loss or shift
49 Separation of units
50 Downhill runaway
51 Other non-collision
52 Unknown non-collision
97 Other
99 Unknown

Was your Vehicle Towed From the Scene Due to Damage? ✓ Yes __No

Vehicle Damaged Area (circle up to three)



0 None
(10) Undercarriage
11 Totaled
97 Other
(99) Unknown

2

Section C: You and Your Passengers

Please provide the full name, address, and DOB or Age for all passengers in your vehicle. Then write the corresponding code in each of the boxes for each occupant of the vehicle (yourself and all passengers). A list of the possible codes is provided at the bottom of this section.

		Date of Birth/Age	Sex M/F	A	B	C	D	E	F	G	H	Name of Medical Facility
Driver (See previous page) [redacted]		6-23-58	M	1	1	4	1	0	0	1-A	1	
Name of Passenger 1 (Last, First, Middle)	Address / City/Town / State / Zip											
Name of Passenger 2 (Last, First, Middle)	Address / City/Town / State / Zip											
Name of Passenger 3 (Last, First, Middle)	Address / City/Town / State / Zip											

A. Seating Position
1 Front seat - left side (or motorcycle driver)
2 Front seat - middle
3 Front seat - right side
4 Second seat - left side (or motorcycle passenger)
5 Second seat - middle
6 Second seat - right side
7 Third row - left side (or motorcycle passenger)
8 Third row - middle
9 Third row - right side
10 Sleeper section of cab
11 Enclosed passenger area
12 Unenclosed passenger area
13 Trailing unit
14 Riding on vehicle exterior
97 Other
99 Unknown

B. Safety System Used
0 None used
1 Shoulder and lap belt
2 Lap belt only
3 Shoulder belt only
4 Child safety seat
5 Helmet
99 Unknown

C. Air Bag Status
1 Deployed-front
2 Deployed-side
3 Deployed both front and side
4 Not deployed
5 Not applicable
99 Unknown

D. Air Bag Switch
1 Switch in ON position
2 Switch in OFF position
3 ON-OFF switch not present
4 Unknown if switch is present
99 Unknown

E. Ejected From Vehicle?
0 Not ejected
1 Totally ejected
2 Partially ejected
3 Not applicable
99 Unknown

F. Trapped?
0 Not trapped
1 Freed by mechanical means
2 Freed by non-mechanical means
99 Unknown

G. Injured?
1 Fatal injury
Non-fatal injury: 1-A
2 Incapacitating
3 Non-incapacitating
4 Possible
5 No injury
99 Unknown

H. Transported for Medical Care?
1 Not transported
2 EMS (emergency service)
3 Police
97 Other
99 Unknown

Section D: Other Vehicle(s) Involved in the Crash

2

Number of occupants in the Vehicle: 2 | Number of injured occupants: 2 | Was Vehicle Damage above $1000? Yes No | Moped? Yes No | Hit and Run? Yes No

Driver's License Number	License State	Date of Birth	Age	Sex M F	License Class D A B C M Unknown	Commercial Driver's License Endorsements H Hazardous N Tank vehicles P Passenger transport T Doubles/Triples X Tank and Hazardous
[redacted]	MA					

Full Name of Vehicle Driver (Last, First, Middle) [redacted] | Street Address [redacted] | City/Town CANTON | State MA | Zip [redacted]

Insurance Company SAFTEY | Policy [redacted] | State MA | Vehicle Year 1998 | Vehicle Make OLDS-JUTRIS

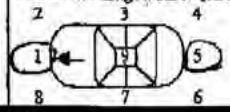
Indicate type of vehicle
1 Passenger car
2 Light truck (van, mini-van, pick-up, sport utility)
3 Motorcycle
4 Bus (15 or more passengers)
5 Bus (7-15 passengers)
6 Single-unit truck (2 axles)
7 Single-unit truck (3 or more axles)
8 Truck/trailer
9 Truck tractor (bobtail)
10 Tractor/semi-trailer
11 Tractor/doubles
12 Tractor/triples
13 Unknown heavy truck
14 Motor home/recreational vehicle
97 Other
99 Unknown

Full Name of Vehicle Owner (Last, First, Middle) [redacted] | Street Address [redacted] | City/Town CANTON | State MA | Zip [redacted]

Vehicle Travel Direction: N S E W

What Was the Vehicle Doing Prior to the Crash?
1 Travelling straight ahead
2 Slowing or stopped
3 Turning right
4 Turning left
5 Changing lanes
6 Entering traffic lane
7 Leaving traffic lane
8 Making U-turn
9 Overtaking/passing
10 Backing
11 Parked
97 Other
99 Unknown

Vehicle Damaged Area (circle up to three)



0 None
10 Undercarriage
11 Totaled
97 Other
99 Unknown

Section E: Non-Motorist(s) Involved in the Crash

Indicate the type of non-motorist involved: 1 Pedestrian 2 Cyclist 3 Skater 97 Other 99 Unknown

What was the non-motorist doing prior to the crash?
1 Entering or crossing location
2 Walking, running, or cycling
3 Working
4 Pushing vehicle
5 Approaching or leaving vehicle
6 Working on vehicle
7 Standing
97 Other
99 Unknown

Where was the non-motorist prior to the crash?
1 Marked crosswalk at intersection
2 At intersection but no crosswalk
3 Non-intersection crosswalk
4 In roadway
5 Not in roadway
6 Median (but not on shoulder)
7 Island
8 Shoulder
9 Sidewalk
10 Shared-use path or trails
99 Unknown

Date of Birth/Age	Sex M F	Full Name of Non-Motorist (Last, First, Middle)	Street Address	City/Town	State	Zip

Safety Equipment?
0 None used
6 Helmet
7 Protective pads (elbows, knees, etc.)
8 Reflective clothing
9 Lighting
10 Other
99 Unknown

Injured?
1 Fatal injury
Non-fatal injury:
2 Incapacitating
3 Non-incapacitating
4 Possible
5 No injury
99 Unknown

Transported for Medical Care?
1 Not transported
2 EMS (emergency service)
3 Police
97 Other
99 Unknown

If transported, please indicate Hospital/Medical Facility:

3

Section C: You and Your Passengers

Please provide the full name, address, and DOB or Age for all passengers in your vehicle. Then write the corresponding code in each of the boxes for each occupant of the vehicle (yourself and all passengers). A list of the possible codes is provided at the bottom of this section.

		Date of Birth/Age	Sex M/F	A	B	C	D	E	F	G	H	Name of Medical Facility
Driver (See previous page)												
Name of Passenger 1 (Last, First, Middle)	Address / City/Town / State / Zip											
Name of Passenger 2 (Last, First, Middle)	Address / City/Town / State / Zip											
Name of Passenger 3 (Last, First, Middle)	Address / City/Town / State / Zip											

A. Seating Position
1 Front seat - left side (or motorcycle driver)
2 Front seat - middle
3 Front seat - right side
4 Second seat - left side (or motorcycle passenger)
5 Second seat - middle
6 Second seat - right side
7 Third row - left side (or motorcycle passenger)
8 Third row - middle
9 Third row - right side
10 Sleeper section of cab
11 Enclosed passenger area
12 Unenclosed passenger area
13 Trailing unit
14 Riding on vehicle exterior
97 Other
99 Unknown

B. Safety System Used
0 None used
1 Shoulder and lap belt
2 Lap belt only
3 Shoulder belt only
4 Child safety seat
5 Helmet
99 Unknown

C. Air Bag Status
1 Deployed-front
2 Deployed-side
3 Deployed both front and side
4 Not deployed
5 Not applicable
99 Unknown

D. Air Bag Switch
1 Switch in ON position
2 Switch in OFF position
3 ON-OFF switch not present
4 Unknown if switch is present
99 Unknown

E. Ejected From Vehicle?
0 Not ejected
1 Totally ejected
2 Partially ejected
3 Not applicable
99 Unknown

F. Trapped?
0 Not trapped
1 Freed by mechanical means
2 Freed by non-mechanical means
99 Unknown

G. Injured?
1 Fatal injury
Non-fatal injury:
2 Incapacitating
3 Non-incapacitating
4 Possible
5 No injury
99 Unknown

H. Transported for Medical Care?
1 Not transported
2 EMS (emergency service)
3 Police
97 Other
99 Unknown

Section D: Other Vehicle(s) Involved in the Crash

13

Number of occupants in the Vehicle: 1 | Number of injured occupants: ____ | Was Vehicle Damage above $1000? ✓Yes __No | Moped? __Yes __No | Hit and Run? __Yes __No

Driver's License Number	License State	Date of Birth	Age	Sex	License Class	Commercial Driver's License Endorsements
[redacted]	MA			__M ✓F	__D __A __B __C __M __Unknown	H__ Hazardous T__ Doubles/Triples N__ Tank vehicles X__ Tank and Hazardous P__ Passenger transport

Full Name of Vehicle Driver (Last, First, Middle)	Street Address	City/Town	State
[redacted]	[redacted]	ROCKLAND	MA

Insurance Company	Vehicle Registration #	Reg. Type	Reg. State	Vehicle Year	Vehicle Make
METROPOLITAN PROP INS	[redacted]		MA		CHEV-TRAILBLAZER

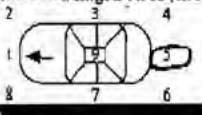
Indicate type of vehicle
1 Passenger car
2 Light truck (van, mini-van, pick-up, sport utility)
3 Motorcycle
4 Bus (15 or more passengers)
5 Bus (7-15 passengers)
6 Single-unit truck (2 axles)
7 Single-unit truck (3 or more axles)
8 Truck/trailer
9 Truck tractor (bobtail)
10 Tractor/semi-trailer
11 Tractor/doubles
12 Tractor/triples
13 Unknown heavy truck
14 Motor home/recreational vehicle
97 Other
99 Unknown

Full Name of Vehicle Owner (Last, First, Middle)	Street Address	City/Town	State	Zip
[redacted]	[redacted]	ROCKLAND	MA	[redacted]

Vehicle Travel Direction
✓N __S __E __W

What Was the Vehicle Doing Prior to the Crash?
1 Travelling straight ahead
2 Slowing or stopped
3 Turning right
4 Turning left
5 Changing lanes
6 Entering traffic lane
7 Leaving traffic lane
8 Making U-turn
9 Overtaking/passing
10 Backing
11 Parked
97 Other
99 Unknown

Vehicle Damaged Area (circle up to three)



0 None
10 Undercarriage
11 Totaled
97 Other
99 Unknown

Section E: Non-Motorist(s) Involved in the Crash

Indicate the type of non-motorist involved: 1 Pedestrian 2 Cyclist 3 Skater 97 Other 99 Unknown

What was the non-motorist doing prior to the crash?
1 Entering or crossing location
2 Walking, running, or cycling
3 Working
4 Pushing vehicle
5 Approaching or leaving vehicle
6 Working on vehicle
7 Standing
97 Other
99 Unknown

Where was the non-motorist prior to the crash?
1 Marked crosswalk at intersection
2 At intersection but no crosswalk
3 Non-intersection crosswalk
4 In roadway
5 Not in roadway
6 Median (but not on shoulder)
7 Island
8 Shoulder
9 Sidewalk
10 Shared-use path or trails
99 Unknown

Date of Birth/Age	Sex __M __F	Full Name of Non-Motorist (Last, First, Middle)	Street Address	City/Town	State	Zip

Safety Equipment?
0 None used
6 Helmet
7 Protective pads (elbows, knees, etc.)
8 Reflective clothing
9 Lighting
10 Other
99 Unknown

Injured?
1 Fatal injury
Non-fatal injury:
2 Incapacitating
3 Non-incapacitating
4 Possible
5 No injury
99 Unknown

Transported for Medical Care?
1 Not transported
2 EMS (emergency service)
3 Police
97 Other
99 Unknown

If transported, please indicate Hospital/Medical Facility:

4

Section F: Crash Conditions

Light Conditions
1 Daylight
2 Dawn
3 Dusk
4 Dark - lighted roadway
5 Dark - roadway not lighted
6 Dark - unknown roadway lighting
97 Other
99 Unknown

Weather Conditions (up to two)
1 Clear
2 Cloudy
3 Rain
4 Snow
5 Sleet, hail, freezing rain
6 Fog, smog, smoke
7 Severe crosswinds
8 Blowing sand, snow
97 Other
99 Unknown

Traffic Control Device
1 No controls
2 Stop signs
3 Traffic control signal
4 Flashing traffic control signal
5 Yield signs
6 School zone signs
7 Warning signs
8 Railroad crossing device
99 Unknown

Was the traffic control device functioning at the time of the crash?
1 ___ Yes
2 ___ No
N/A

Road Surface
1 Dry
2 Wet
3 Snow
4 Ice
5 Sand, mud, dirt, oil, gravel
6 Water (standing, moving)
7 Slush
97 Other
99 Unknown

Roadway Intersection Type
1 Not at intersection
2 Four-way intersection
3 T-intersection
4 Y-intersection
5 On ramp
6 Off ramp
7 Traffic circle
8 Five-point or more
9 Driveway
10 Railway grade crossing
99 Unknown

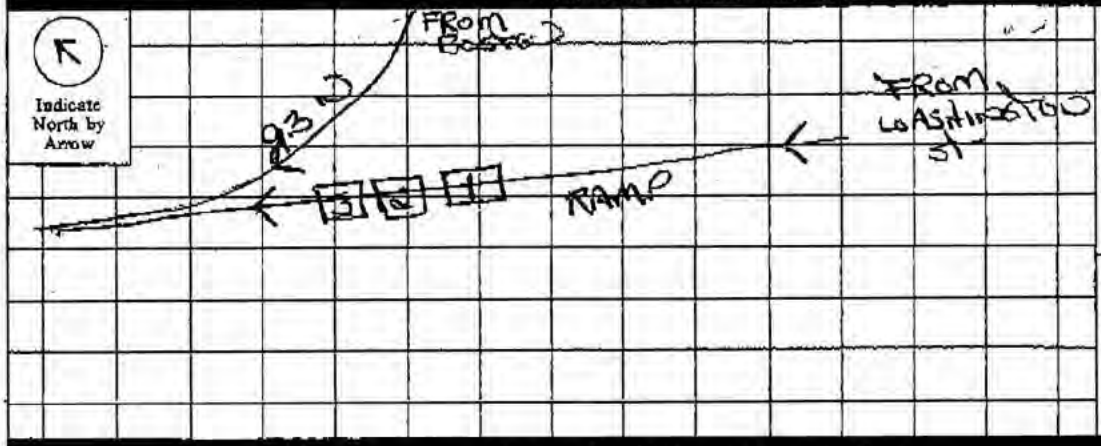
Trafficway Description
1 Two-way, not divided
2 Two-way, divided, unprotected median
3 Two-way, divided, protected median
4 One-way, not divided
99 Unknown

School Bus Related?
1 ___ Yes
2 ✓ No

Work Zone Related?
1 ___ Yes
2 ✓ No

Manner of Collision
1 Single vehicle crash
2 Rear-end
3 Angle
4 Sideswipe, same direction
5 Sideswipe, opposite direction
6 Head on
7 Rear to rear
99 Unknown

Section G: Crash Diagram



Please draw a diagram of the roadway or streets where the crash occurred, indicating the vehicles involved and direction of travel using the following symbols:
→ = Direction
1 = Vehicle 1 (Your Vehicle)
2 = Vehicle 2
O = Pedestrian/Non-motorist
N = North

Select one of the following if the crash did not occur on a public way:
___ Off-street parking lot
___ Garage
___ Mall/shopping center
___ Other private way

Section H: Witness Information

Witness Name (Last, First, Middle)	Address	Phone

Section I: Property Damage Information (Other than Vehicles)

Owner Name (Last, First, Middle)	Address	Phone	Property and Damage Description

Section J: Description of What Happened

I WAS DRIVING NORTH ON COMMERCE RAMP TO 95/93/128 NORTH WHEN TRAFFIC START TO SLOW. DUE TO MERGE OF OTHER ROADS, AT THAT POINT I PRESSED ON THE BRAKE PEDEL WHICH SLOWLY WENT TO THE FLOOR, AGAIN I PUSHED BRAKES THEN I DISCOVERED THEY WERE NOT WORKING AND HIT CAR AHEAD OF ME [redacted] TOTAL LOSS OF BRAKES
NOTE: TRUCK WAS SERVICED 10-17 THRU 10-19 REPLACE BRAKE SEALS

Section K: Signature

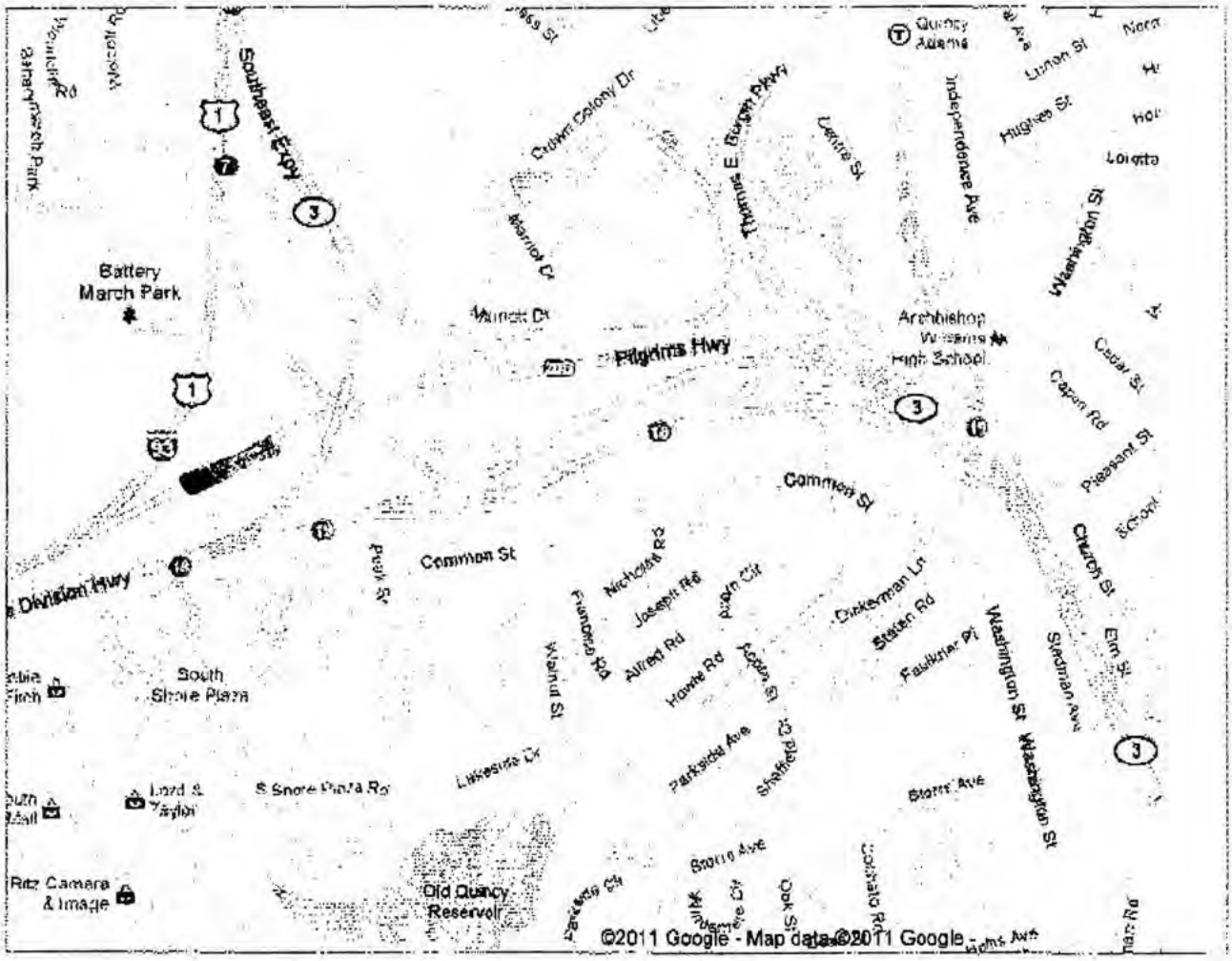
[redacted] Print [redacted] Date 10-24-2011

Signature Failure and Penalties of Perjury

5

Google

To see all the details that are visible on the screen, use the "Print" link next to the map.



ACCIDENT AREA

[redacted]