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

FEB 11 2014

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: 30-DEC-2013	Repository ☐
	Reference No.: 10557834

OWNER INFORMATION (Type or Print)

Name [redacted]		Daytime Telephone Number [redacted]	E-mail Address
Address [redacted]		Evening Telephone Number	
City: FORT PARK FOREST PARK	State: GA	Zip Code [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	Make	Model	Model Year
1FMRU15W81L[redacted]	FORD	EXPEDITION	2001

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): 30-MAR-2006

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 180000 VEHICLE SPEED CONTROL	Failure Mileage: 120000	Failure Speed

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	1	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).

TL* THE CONTACT OWNS A 2001 FORD EXPEDITION. THE CONTACT STATED THAT WHILE IN REVERSE WITH HIS FOOT ON THE BRAKES, THE ENGINE RPMS INCREASED AS THE VEHICLE ACCELERATED INDEPENDENTLY. THE CONTACT CRASHED INTO FOUR DIFFERENT VEHICLES. THE VEHICLE WAS DESTROYED. THE CONTACT STATED SUSTAINED BRUISES TO THE BACK AND LEGS AND A POLICE REPORT WAS FILED. THE MANUFACTURER WAS NOT NOTIFIED OF THE FAILURE. THE FAILURE MILEAGE WAS 120,000.

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

The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond this questionnaire. Your response may be used to assist the NHTSA in determining whether a Manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

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

It took off on its own while in reverse. It went like 50-60 mph in Reverse by itself. I put both feet on brakes and turn off ignition wouldn't cut off because it was in gear. Tried to put in Neutral but it went right to Drive and took off through shop at excessive speed. It just stopped after all the damage was done.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

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

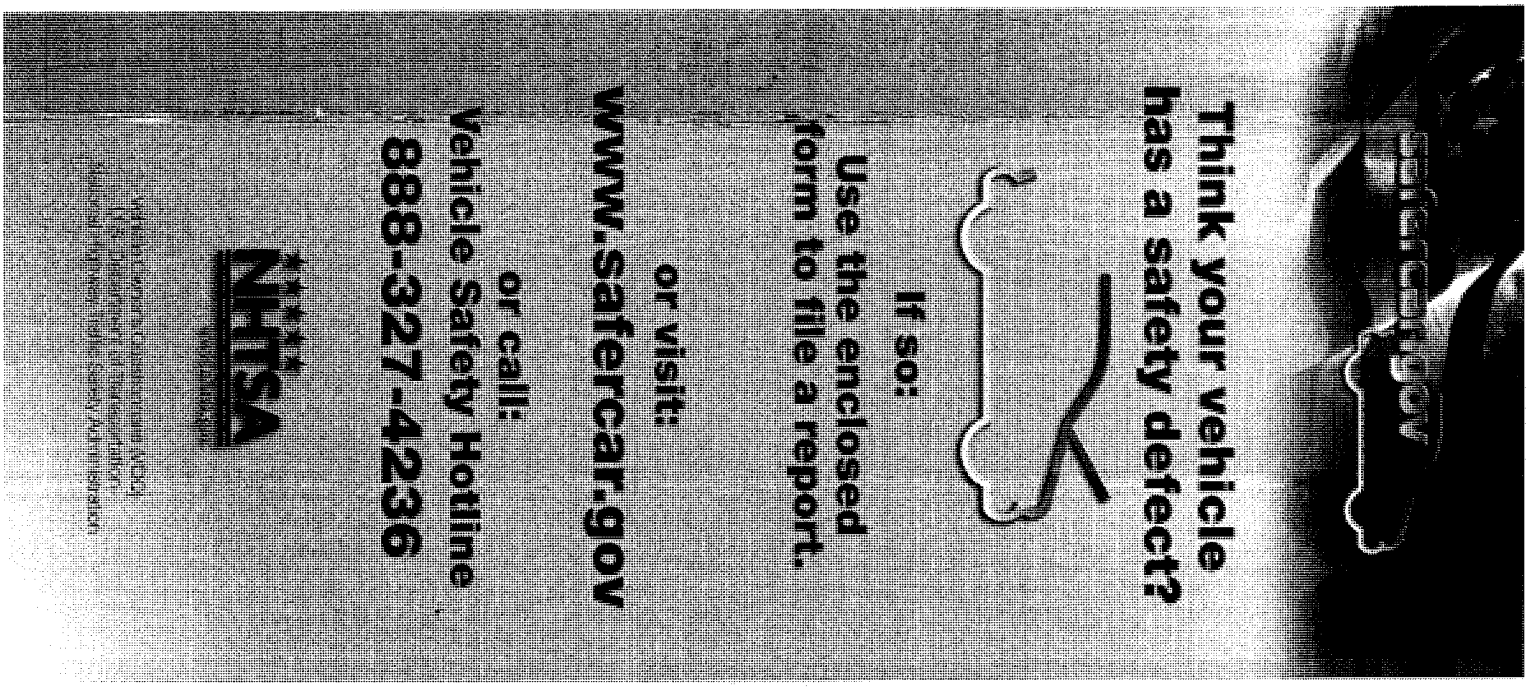
Official Business
Penalty for Private Use $300

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382



GEORGIA UNIFORM MOTOR VEHICLE ACCIDENT REPORT

Accident Number	Agency NCIC No.	County	Date Rec. by DOT
2006-010506	GA0601300	FULTON	

Date	Day of Week	Time	Off. Arrived	Total Number of: Vehicles	Injuries	Fatalities	Inside City Of:
03-30-06	☐ Sun ☐ M ☐ T ☐ W ☑ Th ☐ F ☐ S	12:03	12:12	4	1	0	

Road of Occurrence: 5471 OLD NATIONAL HWY — 1☐ Interstate 2☐ Lowest St. Rt. 3☑ Co. Road 4☐ City St.

At Its Intersection With: _____ — 1☐ Interstate 2☐ Lowest St. Rt. 3☐ Co. Road 4☐ City St.

Not At Its Intersection But _____ ☐ Miles ☐ Feet 1☐ North 2☐ South 3☐ East 4☐ West Of: _____ — 1☐ Interstate 2☐ Lowest St. Rt. 3☐ Co. Road 4☐ City St. 5☐ Co. Line

And Continuing in the direction checked above, the Next Reference Point is _____ — 1☐ Interstate 2☐ Lowest St. Rt. 3☐ Co. Road 4☐ City St. 5☐ Co. Line

Corrected Report? Yes ☐

Suppl. To Original? Yes ☐

Hit and Run ? Yes ☐

ZONE

Driver 1

Driver #	LAST NAME	FIRST	MIDDLE
1	[redacted]		

Ped #☐ Address: [redacted]

City	State	Zip	DOB
TUCKER	GA	[redacted]	[redacted]

Driver's License No.	Class	State	☑ Male ☐ Female
[redacted]	C	GA	

Posted Speed	Insurance Co.	Policy No.

Year	Make	Model	Telephone No.
2001	FORD / FORD GOLD	EXP	[redacted]

VIN	Vehicle Color
1FMRU15W81L[redacted]	SILVER

Tag #	State	County	Year
[redacted]	GA	FULTON	2004

Trailer Tag #	State	County	Year

☐ Same as Driver — Owner's Last Name: [redacted] First: Middle:

Address: [redacted]

City	State	Zip
RIVERDALE	GA	[redacted]

Removed By: DRIVER ☑ Request ☐ List

Alcohol Test	Type	Results	Drug Test	Type	Results
2			2		

Driver Cond	Direction Of Travel	Vision Obscured	Contributing Factors
1		1	

Veh Cond	Veh Maneuver	Ped. Maneuver	
	5		

Most Harmful Event	Veh Class: 1	Veh Type:
Traffic Ctrl	Device Inoperative? ☐ Yes ☐ No	

Driver 2

Driver #	LAST NAME	FIRST	MIDDLE
2	[redacted]		

Ped #☐ Address:

City	State	Zip	DOB

Driver's License No.	Class	State	☐ Male ☐ Female

Posted Speed	Insurance Co.	Policy No.

Year	Make	Model	Telephone No.
1995	FORD (ALSO SEE E	TAURUS	

VIN	Vehicle Color
1FALP52U2SA[redacted]	BLUE

Tag #	State	County	Year
NO TAG			

Trailer Tag #	State	County	Year

☐ Same as Driver — Owner's Last Name: [redacted] First: Middle:

Address: [redacted]

City	State	Zip
TUCKER	GA	[redacted]

Removed By: OWNER ☑ Request ☐ List

Alcohol Test	Type	Results	Drug Test	Type	Results

Driver Cond	Direction Of Travel	Vision Obscured	Contributing Factors

Veh Cond	Veh Maneuver	Ped. Maneuver	
	8		

Most Harmful Event	Veh Class:	Veh Type:
Traffic Ctrl	Device Inoperative? ☐ Yes ☐ No	

Injured Taken To: By:

EMS Notified Time: EMS Arrival Time: Hospital Arrival Time: Photos Taken: ☐ Yes ☐ No By:

Report By:	Department	Report Date	Checked By:	Date Checked
(640) CURRIE, FRANCHESCOT T	FULTON COUNTY POLICE DEPARTM	03-30-06	KELVIN D ROBERTS	3/30/06

Witness(es): Name / Address / City / State / Zip Code / Telephone No.

DOT MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE)

COMMERCIAL VEHICLES ONLY

Vehicle 1

Carrier Name / Vehicle # 1

Address / City / State / Zip

No. of Axles	G.V.W.R.	Fed. Reportable 1☐ Yes 2☐ No	Cargo Body Type

Vehicle Config.	I.C.C.M.C. #	U.S. D.O.T. #	Interstate ☐ Intrastate ☐

C.D.L.? 1☐ Yes 2☐ No — C.D.L. Suspended? 1☐ Yes 2☐ No

Vehicle Placarded? 1☐ Yes 2☐ No — Hazardous Materials? 1☐ Yes 2☐ No

Released? 1☐ Yes 2☐ No

If YES, Name or 4 Digit Number from Diamond or Box: _____

1 Digit Number from Bottom of Diamond: _____

___ Ran Off Road ___ Down Hill Runaway ___ Cargo Loss or Shift ___ Separation of Units

Vehicle 2

Carrier Name / Vehicle # 2

Address / City / State / Zip

No. of Axles	G.V.W.R.	Fed. Reportable 1☐ Yes 2☐ No	Cargo Body Type

Vehicle Config.	I.C.C.M.C. #	U.S. D.O.T. #	Interstate ☐ Intrastate ☐

C.D.L.? 1☐ Yes 2☐ No — C.D.L. Suspended? 1☐ Yes 2☐ No

Vehicle Placarded? 1☐ Yes 2☐ No — Hazardous Materials? 1☐ Yes 2☐ No

Released? 1☐ Yes 2☐ No

If YES, Name or 4 Digit Number from Diamond or Box: _____

1 Digit Number from Bottom of Diamond: _____

___ Ran Off Road ___ Down Hill Runaway ___ Cargo Loss or Shift ___ Separation of Units

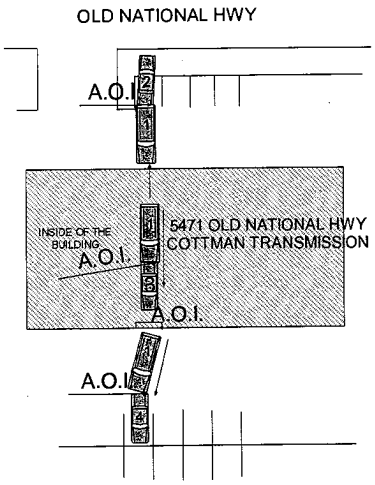
REMARKS:

PRIVATE PROPERTY ACCIDENT

DRIVER #1 ADVISED ME THAT HE WAS WORKING ON VEHICLE #1 (A GREY FORD EXPEDITION) WHEN IT SLIPPED OUT OF GEAR, GOING BACKWARDS AND STRIKING VEHICLE #2 (A BLUE FORD TAURUS). ONCE DRIVER #1 IMPACTED VEHICLE #2, HE PUT THE VEHICLE IN FORWARD DRIVE AND THE VEHICLE DROVE THROUGH THE GARAGE AND STRUCK VEHICLES #3 (A RED MAZDA 626) AND VEHICLE #4 (A BURGUNDY CADILLAC BROUGHHAM. THE GARAGE DOOR AND CARLIFT WERE BOTH DAMAGED SEVERLY.

INDICATE ON THIS DIAGRAM WHAT HAPPENED

NOT TO ANY SCALE



CITATIONS - VEHICLE # 1

CITATIONS - VEHICLE # 2

First Harmful Event	Traffic-Way Flow	Weather	Surface Cond.	Light Cond.	Manner of Collision	Location at Area Of Impact	Road Comp.	Road Def.	Road Character	Construction / Maintenance Zone

	VEH. # 1	VEH. # 2
Number of Occupants	1	0
Point Of Initial Contact	12	06
Damage To Vehicles	04	04

SKID DISTANCE BEFORE IMPACT — VEH. _____ AFTER VEH. _____ — VEH. _____ VEH. _____ Width of Road _____

Damage Other Than Vehicle: GARAGE DOOR

Owner: COTTMAN TRANSMISSION

Occupants (list below):

Driver # 1 Or Pedestrian #

Driver # 2 Or Pedestrian #

LAST NAME	FIRST	ADDRESS	CITY	STATE	ZIP	AGE	SEX	VEH #	POS	INJURY	TAKEN FOR TREAT.	EJECT	SAFETY EQUIP.	EXTRIC.	AIR BAG
										4	2	1	0	2	1
						X	X	X	X	XXXXX	XXXXX	XXXX	XXXXX	XXXXX	XXXX

GEORGIA UNIFORM MOTOR VEHICLE ACCIDENT REPORT

Accident Number	Agency NCIC No.	County	Date Rec. by DOT
2006-010506	GA0601300	FULTON	

Date	Day of Week	Time	Off. Arrived	Total Number of: Vehicles	Injuries	Fatalities	Inside City Of:
03-30-06	☐ Sun ☐ M ☐ T ☐ W ☑ Th ☐ F ☐ S	12:03	12:12	4	1	0	

Road of Occurrence: 5471 OLD NATIONAL HWY — 1☐ Interstate 2☐ Lowest St. Rt. 3☑ Co. Road 4☐ City St.

At Its Intersection With: _____ — 1☐ Interstate 2☐ Lowest St. Rt. 3☐ Co. Road 4☐ City St.

Not At Its Intersection But _____ ☐ Miles ☐ Feet 1☐ North 2☐ South 3☐ East 4☐ West Of: _____ — 1☐ Interstate 2☐ Lowest St. Rt. 3☐ Co. Road 4☐ City St. 5☐ Co. Line

And Continuing in the direction checked above, the Next Reference Point is _____ — 1☐ Interstate 2☐ Lowest St. Rt. 3☐ Co. Road 4☐ City St. 5☐ Co. Line

Corrected Report? Yes☐

Suppl. To Original? Yes☐

Hit and Run ? Yes☐

ZONE

Driver 3

Driver #	LAST NAME	FIRST	MIDDLE
3	[redacted]		

Ped #☐ Address

City State Zip DOB

Driver's License No. Class State ☐ Male ☐ Female

Posted Speed | Insurance Co. | Policy No.

Year 1990 | Make MAZDA | Model 626 | Telephone No.

VIN JM1GD2224L1[redacted] | Vehicle Color RED

Tag # [redacted] | State GA | County FULTON | Year 2007

Trailer Tag # State County Year

☐ Same as Driver | Owner's Last Name [redacted] | First | Middle

Address [redacted]

City COLLEGE PARK State GA Zip [redacted]

Removed By DRIVER ☐ Request ☐ List

Alcohol Test	Type	Results	Drug Test	Type	Results

Driver Cond	Direction Of Travel	Vision Obscured	Contributing Factors

Veh Cond	Veh Maneuver	Ped. Maneuver	
	8		

Most Harmful Event | Veh Class: | Veh Type:

Traffic Ctrl | Device Inoperative? ☐ Yes ☐ No

Driver 4

Driver #	LAST NAME	FIRST	MIDDLE
4	[redacted]		

Ped #☐ Address

City State Zip DOB

Driver's License No. Class State ☐ Male ☐ Female

Posted Speed | Insurance Co. | Policy No.

Year 1994 | Make CADILLAC | Model BROUGHAM | Telephone No.

VIN 1G6DW52P3RR[redacted] | Vehicle Color BURGUNDY

Tag # [redacted] | State GA | County CLAYTON | Year 2006

Trailer Tag # State County Year

☐ Same as Driver | Owner's Last Name [redacted] | First | Middle

Address [redacted]

City COLLEGE PARK State GA Zip [redacted]

Removed By DRIVER ☐ Request ☐ List

Alcohol Test	Type	Results	Drug Test	Type	Results

Driver Cond	Direction Of Travel	Vision Obscured	Contributing Factors

Veh Cond	Veh Maneuver	Ped. Maneuver	
	8		

Most Harmful Event | Veh Class: | Veh Type:

Traffic Ctrl | Device Inoperative? ☐ Yes ☐ No

Injured Taken To By:

EMS Notified Time EMS Arrival Time Hospital Arrival Time Photos Taken: ☐ Yes ☐ No By:

Report By: (640) CURRIE, FRANCHESCOT T | Department FULTON COUNTY POLICE DEPARTM | Report Date 03-30-06 | Checked By: KELVIN D ROBERTS | Date Checked 3/30/06

Witness(es): Name Address City State Zip Code Telephone No.

DOT MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE)

COMMERCIAL VEHICLES ONLY

Vehicle 3

Carrier Name

Vehicle # 3

Address City State Zip

No. of Axles	G.V.W.R.	Fed. Reportable 1☐ Yes 2☐ No	Cargo Body Type

Vehicle Config.	I.C.C.M.C. #	U.S. D.O.T. #	Interstate ☐ Intrastate ☐

C.D.L.? 1☐ Yes 2☐ No C.D.L. Suspended? 1☐ Yes 2☐ No

Vehicle Placarded? 1☐ Yes 2☐ No Hazardous Materials? 1☐ Yes 2☐ No

Released? 1☐ Yes 2☐ No

If YES, Name or 4 Digit Number from Diamond or Box: _____

1 Digit Number from Bottom of Diamond: _____

___ Ran Off Road ___ Down Hill Runaway ___ Cargo Loss or Shift ___ Separation of Units

Vehicle 4

Carrier Name

Vehicle # 4

Address City State Zip

No. of Axles	G.V.W.R.	Fed. Reportable 1☐ Yes 2☐ No	Cargo Body Type

Vehicle Config.	I.C.C.M.C. #	U.S. D.O.T. #	Interstate ☐ Intrastate ☐

C.D.L.? 1☐ Yes 2☐ No C.D.L. Suspended? 1☐ Yes 2☐ No

Vehicle Placarded? 1☐ Yes 2☐ No Hazardous Materials? 1☐ Yes 2☐ No

Released? 1☐ Yes 2☐ No

If YES, Name or 4 Digit Number from Diamond or Box: _____

1 Digit Number from Bottom of Diamond: _____

___ Ran Off Road ___ Down Hill Runaway ___ Cargo Loss or Shift ___ Separation of Units

MAIL TO: Georgia Department of Transportation, ACCIDENT REPORTING UNIT P.O. BOX 80447, CONYERS, GA 30013-8447

DMVS-523 Overlay

Georgia Uniform Vehicle Accident Report Overlay

ALCOHOL AND / OR DRUG TEST GIVEN
1 - Yes 2 - No 3 - Refused

TYPE TEST
1 - Blood 2 - Breath 3 - Urine 4 - Other

DRIVER CONDITION
1 - Not Drinking
2 - Not Known if U.I.
3 - Drinking Not Impaired
4 - U.I. Alcohol
5 - U.I. Drugs
6 - U.I.Alcohol & Drugs
7 - Physical Impairment
8 - Apparently Fell Asleep

DIRECTION OF TRAVEL
1 - North 2 - South 3 - East 4 - West

VISION OBSCURED BY
1 - Not Obscured
2 - Headlights
3 - Sunlight
4 - Parked Vehicle
5 - Trees, Bushes
6 - Rain, Snow, Ice on Windshield
7 - Other

VEHICLE CONDITION
1 - No Known Defects
2 - Tire Failure
3 - Brake Failure
4 - Improper Lights
5 - Steering Failure
6 - Slick Tires
7 - Other

VEHICLE MANEUVER
1 - Turning Left
2 - Turning Right
3 - Making U-turn
4 - Stopped
5 - Straight
6 - Changing Lanes
7 - Backing
8 - Parked
9 - Passing
10 - Negotiating A Curve
11 - Entering/Leaving Parking
12 - Entering/Leaving Driveway

PEDESTRIAN MANEUVER
1 - Crossing, Not At Crosswalk
2 - Crossing at Crosswalk
3 - Walking with Traffic
4 - Walking Against Traffic
5 - Pushing Or Working on Vehicle
6 - Other Working in Road
7 - Playing Roadway
8 - Standing in Roadway
9 - Off Roadway
10 - Other
11 - Darting Into Traffic

FIRST HARMFUL EVENT/MOST HARMFUL EVENT NON-COLLISION
1 - Overturn
2 - Fire/Explosion
3 - Immersion
4 - Jackknife
5 - Other Non-Collision

COLLISION WITH OBJECT NOT FIXED
6 - Pedestrian
7 - Pedalcycle
8 - Railway Train
9 - Animal
10 - Parked Motor Vehicle
11 - Motor Vehicle In Motion
12 - Motor Vehicle In Motion - In Other Roadway
13 - Other Object (Not Fixed)
14 - Deer

COLLISION WITH FIXED OBJECT
15 - Impact Attenuate
16 - Bridge Pier/Abutment
17 - Bridge Parapet End
18 - Bridge Rail
19 - Guardrail Face
20 - Guardrail End
21 - Median Barrier
22 - Highway Traffic Sign Post
23 - Overhead Sign Support
24 - Luminaire light Support
25 - Utility Pole
26 - Other Post
27 - Culvert
28 - Curb
29 - Ditch
30 - Embankment
31 - Fence
32 - Mailbox
33 - Tree
34 - Other - Fixed Object

CONTRIBUTING FACTORS
1 - No Contributing Factors
2 - D.U.I.
3 - Following Too Close
4 - Failed to Yield
5 - Exceeding Speed Limit
6 - Disregard Stop Sign/Signal
7 - Wrong Side Of Road
8 - Weather Conditions
9 - Improper Passing
10 - Driver Lost Control
11 - Changed Lanes Improperly
12 - Object Or Animal
13 - Improper Turn
14 - Parked Improperly
15 - Mechanical Or Vehicle Failure
16 - Surface Defects
17 - Misjudged Clearance
18 - Improper Backing
19 - No Signal/Improper Signal
20 - Driver Condition
21 - Driver's Vehicle
22 - Too Fast For Conditions
23 - Improper Passing Of School Bus
24 - Disregard Police Officer
25 - Distracted
26 - Other
27 - Cell Phone
28 - Inattentive

VEHICLE CLASS
1 - Privately Owned
2 - Police
3 - Fire
4 - School
5 - Other Govt. Owned
6 - Military
7 - Commercial Vehicle (For Acc. Reporting Purposes Only)
8 - Other

VEHICLE TYPE
1 - Passenger Car
2 - Pickup Truck
3 - Truck Tractor (Bobtail)
4 - Tractor/Trailor
5 - Tractor W/Twin Trailers
6 - Logging Truck
7 - Logging Tractor/Trailer
8 - Single Unit Truck
9 - Panel Truck
10 - Van
11 - Utility Passenger Vehicle.
12 - Vehicle With Trailer
13 - Bus
14 - Truck Towing House Trailer
15 - Ambulance
16 - Motorized Recreational Vehicle
17 - Motorcycle, Scooter, Minibike
18 - Moped
19 - Pedalcycle, Bicycle
20 - Farm or Construction. Equip.
21 - All Terrain Vehicle
22 - Other
23 - Go cart

TRAFFIC CONTROL
0 - Gates
1 - No Control Present
2 - Traffic Signal
3 - RR Signal/Sign
4 - Warning Sign
5 - Stop Or Yield Sign
6 - No Passing Zone
7 - Lanes
8 - Other
9 - Flashing Lights

CARGO BODY TYPE
1 - Van (Encl. Box)
2 - Auto Carrier
3 - Bus
4 - Dump
5 - Garbage/Refuse
6 - Flatbed
7 - Cargo Tanker
8 - Concrete Mixer
9 - Other

VEHICLE CONFIGURATION
1 - Bus (Seating for More Than 15 Passengers)
2 - Single Unit Truck: 2 Axles
3 - Single Unit Truck: 3 or More Axles
4 - Truck Trailer
5 - Truck Tractor (Bobtail)
6 - Tractor Trailer
7 - Tractor With Twin Trailers
8 - Unknown Heavy Truck (Cannot Classify)

TRAFFIC-WAY FLOW
1 - Two-way Traffic-way With No Physical Separation
2 - Two-way Traffic-way With a Physical Separation
3 - Two-way Traffic-way With a Physical Barrier
4 - One-way Traffic-way
5 - Continuous Turning Lane

WEATHER
1 - Clear
2 - Cloudy
3 - Rain
4 - Snow
5 - Sleet
6 - Fog
7 - Other

SURFACE CONDITION
1 - Dry
2 - Wet
3 - Snowy
4 - Icy
5 - Other
6 - Mud
7 - Sand
8 - Slush
9 - Oil

LIGHT CONDITION
1 - Daylight
2 - Dusk
3 - Dawn
4 - Dark - Lighted
5 - Dark - Not Lighted

MANNER OF COLLISION
1 - Angle
2 - Head On
3 - Rear End
4 - Sideswipe - Same Direction
5 - Sideswipe - Opposite Direction
6 - Not A Collision With a Motor Vehicle

LOCATION AT AREA OF IMPACT
1 - On Roadway
2 - On Shoulder
3 - Off Roadway
4 - Median
5 - Ramp
6 - Gore

ROAD COMPOSITION
1 - Concrete
2 - Black Top
3 - Tar And Gravel
4 - Dirt
5 - Gravel
6 - Other

CONTRIBUTING ROAD DEFECTS
1 - No Defects
2 - Defective Shoulders
3 - Holes, Deep Ruts, Bumps
4 - Loose Material On Surface
5 - Water Standing
6 - Road Under Construction
7 - Running Water
8 - Other

ROAD CHARACTER
1 - Straight And Level
2 - Straight On Grade
3 - Straight On Hillcrest
4 - Curve And Level
5 - Curve On Grade
6 - Curve On Hillcrest

DAMAGE TO VEHICLE
1 - None
2 - Slight
3 - Moderate
4 - Extensive
5 - Fire Present

AGE
00 - Up To One Year
01 - 97 Actual Age
98 - Ninety-eight Or Older
99 - Unknown

SEX
M - Male F - Female

TAKEN FOR TREATMENT
1 - Yes 2 - No

INJURY CODE
0 - Not Injured
1 - Killed
2 - Serious
3 - Visible
4 - Complaint

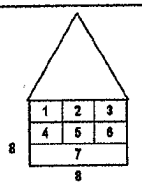
CONSTRUCTION / MAINTENANCE ZONE CODES
0 - None 1 - Construction 2 - Maintenance 3 - Utility 4 - Unknown type

EJECTION
1 - Not Ejected
2 - Trapped
3 - Totally Ejected
4 - Partially Ejected

SAFETY EQUIPMENT
0 - None Used
1 - Shoulder Belt
2 - Lap Belt
3 - Lap and Shoulder Belt
4 - Child Safety Seat (Properly Used)
5 - Child Safety Seat (Improperly Used)
6 - Motorcycle Helmet
7 - Bicycle Helmet
8 - Unknown

EXTRICATION (Equipment Used)
1 - Yes 2 - No

AIR BAG FUNCTION
0 - No Air Bag In This Seat
1 - Deployed Air Bag
2 - Non-Deployed Air Bag
3 - Deployed Side
4 - Deployed other Directions
5 - Deployed Multiple Directions
6 - Non-Deployed Front
7 - Non-Deployed Side
8 - Non-Deployed Other Direction
9 - Non-Deployed Multiple Direction



SEATING POSITION

POINTS OF INITIAL CONTACT
00 - Overturned
13 - Top
14 - Undercarriage
15 - Non-Contact Vehicle

REMARKS:

INDICATE ON THIS DIAGRAM WHAT HAPPENED

CITATIONS - VEHICLE # 3	CITATIONS - VEHICLE # 4

First Harmful Event	Traffic-Way Flow	Weather	Surface Cond.	Light Cond.	Manner of Collision	Location at Area Of Impact	Road Comp.	Road Def.	Road Character	Construction / Maintenance Zone

	VEH. # 3	VEH. # 4
Number of Occupants	0	0
Point Of Initial Contact	14	06
Damage To Vehicles	04	03

SKID DISTANCE BEFORE IMPACT _____ VEH. AFTER _____ VEH. Width of Road

_____ VEH. _____ VEH. _____

Damage Other Than Vehicle: GARAGE DOOR

Owner: COTTMAN TRANSMISSION

Occupants (list below): Driver # 3 Or Pedestrian # / Driver # 4 Or Pedestrian #

LAST NAME	FIRST	ADDRESS	CITY	STATE	ZIP	AGE	SEX	VEH #	POS	INJURY	TAKEN FOR TREAT.	EJECT	SAFETY EQUIP.	EXTRIC.	AIR BAG
						X	X	X	X	XXXXX	XXXXX	XXXX	XXXXX	XXXXX	XXXX

To protect the privacy of individuals, NHTSA does not make medical records available to the public without authorization. For this reason, documents falling into this category have not been included in this complaint record.

[redacted]

Claim # [redacted]

Forest Park GA [redacted]

US Department of Transportation
National Highway Traffic Safety Admini
Office of Defects Investigation NVS
1200 New Jersey Avenue SE.
Washington D.C. 20077-9382