

JUN 17 2014

<p><b>INFORMATION ACT (FOIA) 5 U.S.C. 552(B)(6)</b>                  DOT Auto Safety Hotline</p> <p><b>Vehicle Owner's Questionnaire</b>                  To Report Vehicle Safety Defects                  1-888-DASH-2-DOT                  (1-888-327-4236)                  INTERNET:www.nhtsa.dot.gov/hotline</p>	<p>FOR AGENCY USE ONLY 100148</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Date Received</td> <td style="width:50%;">Repository <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">13-JAN-2014</td> <td>Reference No. 10559552</td> </tr> <tr> <td>Daytime Telephone Number</td> <td>E-mail Address</td> </tr> <tr> <td>Evening Telephone Number</td> <td></td> </tr> </table>	Date Received	Repository <input type="checkbox"/>	13-JAN-2014	Reference No. 10559552	Daytime Telephone Number	E-mail Address	Evening Telephone Number	
Date Received	Repository <input type="checkbox"/>								
13-JAN-2014	Reference No. 10559552								
Daytime Telephone Number	E-mail Address								
Evening Telephone Number									

OWNER INFORMATION (Type or Print)			
Name	Address	City	State
		BRYANTS STORE Corbin	KY
		Zip Code	

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 1FAFP23115G	Make FORD	Model 500	Model Year 2005
Date Purchased 5/27/06	Dealer's Name and Telephone Number Legend Suzuki (out of business)		Engine: No: Cylinders V6
Original Owner <input type="checkbox"/>	Dealer's City Corbin	State KY	Zip Code 40701
Transmission Type Auto	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain	Multiple Failure: Incident Date(s) 02-JAN-2014

FAILED COMPONENT(S)/PART(S) INFORMATION		
Vehicle Component Code: 140000 AIR BAGS	Failure Mileage 130000	Failure Speed 43

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: DOTM19ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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				
<i>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)</i>				
Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 1	Number of Deaths 0	Reported to Police Y

**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 2005 FORD 500. THE CONTACT STATED THAT WHILE DRIVING APPROXIMATELY 43 MPH, THE CONTACT CRASHED INTO ANOTHER VEHICLE WHILE DRIVING ON BLACK ICE. THE AIR BAGS FAILED TO DEPLOY. THE CONTACT SUFFERED INJURIES TO THE LOWER BACK, LEFT ELBOW, RIGHT KNEE, RIGHT ARM, HEAD INJURIES, AND A LARGE LACERATION ABOVE HER RIGHT EYE. A POLICE REPORT WAS FILED. THE VEHICLE WAS DESTROYED. THE MANUFACTURER WAS NOT MADE AWARE OF THE FAILURE. THE APPROXIMATE FAILURE MILEAGE WAS 130,000.

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 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.

 <b>KENTUCKY UNIFORM POLICE</b> <b>TRAFFIC COLLISION REPORT</b>		DRAFT		MASTER FILE #				
INVESTIGATING AGENCY <b>KNOX COUNTY SHERIFF DEPARTMENT</b>			AGENCY ORI NUMBER <b>0610000</b>		LOCAL CODE <b>0102130528</b>			
ROADWAY NAME <b>KY11 S</b>		PARKING LOT: <b>N</b>		INTERSECTION WITH: <b>N</b>		BETWEEN STREETS: <b>N</b>		
ROADWAY #	DISTANCE FROM MILEPOINT	MILEPOINT #	INJURED	KILLED	# UNITS INVOLVED	HIT & RUN	ONE WAY	SPEED LIMIT
KY0011		5.765	3	1	6	NO	NO	055 MPH
IN CITY LIMITS? <b>NO</b>		LATITUDE DEG: <b>36</b> MIN: <b>49.39</b>			COLLISION DATE AND TIME <b>01/02/2014 05:28</b>			
MILES FROM CITY <b>4.7 MILES SOUTH</b>		LONGITUDE DEG: <b>83</b> MIN: <b>55.012</b>						
CITY/TOWN: <b>06101 - BARBOURVILLE</b>			RAMP: <b>NO</b>					
COUNTY: <b>061 - KNOX</b>			FROM:			DIR:		
SECONDARY COLLISION: <b>NO</b>			MEDIAN CROSSOVER: <b>NO</b>			TO:		
MANNER OF COLLISION <b>05 - REAR END</b>			LOCATION 1ST EVENT <b>03 - ON ROADWAY</b>			TRAFFIC CONTROL <b>02 - CENTER LINE</b>		
ROADWAY TYPE <b>07 - STATE</b>		TOTAL LANES <b>2</b>	ROADWAY CHARACTER <b>01 - CURVE &amp; GRADE</b>			ROADWAY SURFACE <b>01 - ASPHALT</b>	ROADWAY CONDITION <b>02 - ICE</b>	
WEATHER <b>03 - CLOUDY</b>		LIGHT CONDITION <b>06 - DARK-HWY NOT LIGHTED</b>			LAND USE <b>07 - RURAL</b>	SCHOOL BUS RELATED <b>03 - NOT APPLICABLE</b>		
FIRST AID AT SCENE <b>YES</b>		FIRST AID GIVEN BY <b>KNOX COUNTY E.M.S.</b>						
INJURED REMOVED TO <b>06101 - KNOX COUNTY</b>								
EMS AGENCY AND RUN # <b>0015</b>			EMS AGENCY AND RUN # <b>0016</b>			EMS AGENCY AND RUN #		
NOTIFIED TIME	ARRIVED TIME	TIME AT HOSPITAL	NOTIFIED TIME	ARRIVED TIME	TIME AT HOSPITAL	NOTIFIED TIME	ARRIVED TIME	TIME AT HOSPITAL
05:38	05:52	07:15	05:44	05:52	07:19			
INJURED OR DECEASED REMOVED BY <b>03 - MUNICIPAL/COUNTY EMERGENCY VEHICLE</b>								
1) PROPERTY DAMAGE - OTHER THAN VEHICLES						PROPERTY		
OWNER/ADDRESS								
2) PROPERTY DAMAGE - OTHER THAN VEHICLES						PROPERTY		
OWNER/ADDRESS								
3) PROPERTY DAMAGE - OTHER THAN VEHICLES						PROPERTY		
OWNER/ADDRESS								
INV. COMPLETE <b>YES</b>		PHOTOS <b>YES</b>		PHOTOGRAPHER UNIT NO. <b>7</b>				
INVESTIGATOR <b>HUDSON C</b>			ID NUMBER <b>SO-07</b>	BEAT OR POST NO. <b>KNOX-SO</b>	TIME NOTIFIED <b>06:32</b>	TIME ARRIVED <b>06:36</b>	RDWY OPENED <b>09:55</b>	
REVIEWED BY							PAGE <b>1 of 9</b>	

KENTUCKY UNIFORM POLICE TRAFFIC COLLISION REPORT - NARRATIVE			KSP 74 Revised 1/2000
DRAFT			MASTER FILE #
INVESTIGATING AGENCY	KNOX COUNTY SHERIFF DEPARTMENT	AGENCY ORI NUMBER	0510000 LOCAL CODE 0102130528

On this date at approx. 05:20 hrs Knox County Dispatch began receiving a overwhelming incoming calls of accidents occurring on both KY North 11 and KY South 11 due to unexpected freezing roadways. As officers were responding to accidents as they came in I was dispatched to this one on KY south 11.

As this officer responded to the scene I followed a state highway salt truck approx. one mile prior to the accident scene. While responding to this accident I passed a multitude of other vehicles that had slid off the roadway into the ditch lines. Upon arrival at the scene I observed the salt truck slide out of control cross both lanes of the roadway at the bottom of the hill within seeing distance of this accident. As I stopped at the bottom of the hill, my cruiser began sliding backwards toward the guardrail and stopped when it reached the grass.

After I exited my cruiser I found the roadway as being completely covered with ice and very difficult to walk on. I made my way to the guard rail and waked in the grass area up the hill to the accident scene.

Upon arrival at the crash location I observed unit six being the driver of unit one deceased underneath the right rear of unit four. The driver and passengers of unit three and two had already been removed from the units by E.M.S. personel and transported to Knox County E.R.

The driver of unit four stated he was traveling north bound on KY South 11 behind unit three as unit three was following unit two. He reported as they started down the hill all he seen was unit two collide into the rear of unit one. And then unit three collided into the rear of unit two. The driver stated he attempted to stop but was unable to due to the icy roadways. The driver of unit four stated he collided into the rear of unit three with the right side of unit four. The driver stated when he exited the vehicle to render help is when he discovered unit six underneath the right rear of unit four. The driver stated he isn't the one who collided with unit six and doesn't know which vehicle it would have been.

The driver of unit five reported he was traveling southbound on KY south 11 when he was forced to stop due to the collision. He reported seeing unit one stopped in the roadway with unit six laying near it non responsive. He reported unit two and three were near the positions they were in upon this officers arrival except seconds after he exited his vehicle to render help unit four slid into the rest causing unit two to slide further down hill causing it to collide with unit five as it was parked un occupied.

As this officer was investigating the collision the deceased husband [REDACTED] arrived on scene. Mr. [REDACTED] reported his wife had left the residence enroute to work and had called him (via cell phone) saying she had slid into the guard rail and unit one couldn't move. Mr. [REDACTED] reported she told him not to attempt to come over the hill cause it was icy and she would walk to the top of the hill to him.

This officer observed the initial point of impact approx. 21 feet further up the hill where I found evidence where unit one collided into the southbound lane guard rail. This officer observed debry from unit two and unit 3 at this location also. At the same location I observed the shoe of Mrs. [REDACTED] resting on the northbound shoulder along with a gold chain approx. three feet from the shoe.

With the only damage to unit one being minor front damage and rear hatch damage more severe. It appears after unit one collided into the guard rail and came to rest in the middle of the roadway, it was left by the driver in a position as facing northbound.

It appeared as unit six exited unit one and began attempting to walk back up the roadway to met with her husband after she had called. As unit two was traveling the same line of travel as unit one had, came down the hill reacted the same as unit one had and began slidding. Unit two collided into unit six and then into the rear of unit one with the front of unit two. Unit three as it was traveling the same line of travel as unit two a unknown distance behind unit two encountered the same reaction as unit one and unit two had and began to slide. Unit three slid into the rear of unit two with the front of unit three and then continued on to collide into the northbound ditch line with the front of unit three.

KENTUCKY UNIFORM POLICE TRAFFIC COLLISION REPORT - NARRATIVE			KSP 74 Revised 1/2000
DRAFT			MASTER FILE #
INVESTIGATING AGENCY	KNOX COUNTY SHERIFF DEPARTMENT	AGENCY ORI NUMBER	0610000 LOCAL CODE 0102130528

It appeared as unit four was traveling behind unit three and unit two, the driver encountered the same reaction to the ice and began to slide after attempting to stop when he observed the other collision taking place. As the driver of unit four applied his brakes, the rear end of unit four began going into a skid until colliding into the rear of unit three with the right side of unit four and then coming to rest when the left front bumper collided with the southbound guard rail.

When unit four collided into unit three it forced unit three's left front fender area into the rear of unit two and forced unit two further down the hill into unit five as unit five up this point had no contact with no other vehicles.

This officer observed additional accidents as other motorist came over the hill northbound and wrecked into the northbound ditch line.

This officer along with the coroner was able to remove Mrs. [REDACTED] from underneath unit four without having to move unit four. The deceased was resting next to the rear back tire and unit four had no pressure on Mrs. [REDACTED] upon removal.

After the roadway was cleared this officer observed the salt truck forced to back up the hill in reverse releasing salt to gain traction for its line of travel.

This officer responded to Knox County E.R. Where I made contact with the drivers and passenger of unit three and two. The driver of unit three was still out to x-ray when I spoke with the passenger of unit three. The passenger of unit three stated her husband was driving her to work north bound on KY 11 south and they were traveling behind her daughter in law in unit two. The passenger stated she remembers coming over the hill and colliding into the rear of unit two. The passenger stated that's all she really remembered about the accident and couldn't remember any other vehicles involved. The passenger stated she nor her husband exited the vehicle and was removed by E.M.S. personnel.

As I awaited the driver of unit three to return back from x-ray I made contact with the driver of unit two. The driver of unit two stated she was traveling northbound on KY south 11 and began going over the hill when she observed several wrecked vehicles. She reported she attempted to stop and was unable to do so cause of the ice. The driver stated she collided into a vehicle that was in the roadway. The driver couldn't give this officer any description of the vehicle she collided with at the time of the interview. The driver stated she remained inside unit two until extracted by E.M.S. personnel and then transported to the E.R.

I made contact with the driver of unit three upon his return back from x ray. The driver stated he was driving his wife to work north bound on KY south 11 and was traveling behind his daughter in law who was driving unit two. He stated he eased down on the brakes and began to slide with no control. He reported he collided into the rear of unit two with the front of unit three and then continued on colliding into a earth embankment. The driver stated he didn't remember any other vehicles involved in the accident and didn't exit the vehicle until E.M.S. arrived.

This officer observed no human factors could have been prevented for unit two to avoid a collision with her line of travel blocked by unit one and the roadways extremely icy along with the other units that followed. (see photographs and diagram)

# KENTUCKY UNIFORM POLICE TRAFFIC COLLISION REPORT - UNIT DRAFT

MASTER FILE # LOCAL CODE 0102130528

INVESTIGATING AGENCY **KNOX COUNTY SHERIFF DEPARTMENT**

AGENCY ORI NUMBER **0610000**

UNIT # **1** TOWED? **YES - ELLIS TOWING**

TOWED DUE TO DISABLED? **NO** # OCCUPANTS **1**

PEDESTRIAN FACTORS

OPERATOR'S LIC. NO. [REDACTED]

STATE **KY**

LIC. CLASS

ENDORSEMENT

OPERATORS LICENSE RESTRICTIONS  
**01 - CORRECTIVE LENS**

CO. RESIDENT **YES**

OWNER **YES**

COMPLIANT **YES**

C. FIRE **NO**

D. OVERTURNED **NO**

OPERATOR NAME (LN, FN, MI)

DATE OF BIRTH ADDRESS

**BARBOURVILLE, KY**

B. UNIT TYPE  
**08 - LT TRUCK(VAN/SPORTS UTILITY/PICKUP)**

A. PRE-COLLISION VEHICLE ACTION  
**12 - PARKED**

E. HUMAN FACTORS **08 - FAILED TO YIELD RIGHT OF WAY**

F. H. EVENT COLLISION  
**1ST: 20 - GUARDRAIL FACE**  
**2ND: 05 - OTHER MOTOR VEHICLE**

J. ENVIRONMENTAL FACTORS  
**11 - SLIPPERY SURFACE**

I. VEHICULAR FACTORS  
**99 - NONE DETECTED**

K. UNDERRIDE/OVERRIDE **03 - OVERRIDE-OTHER VEHICLE**

INVOLVED PERSONS: NAME, ADDRESS, CITY, STATE AND ZIP

NAME	ADDRESS	CITY	STATE	ZIP
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

DOB/DOB	14	15	16	17	18	19	20	21	22	23
[REDACTED]	08,01	YES	01	01	05	01	01	01	01	01
[REDACTED]										
[REDACTED]										

VEH YEAR **2004** MAKE **DODGE** MODEL **CARAVAN** TYPE **VN** STATE **KY** REGISTRATION NUMBER [REDACTED] YEAR **2014**

VEHICLE ID NUMBER **1D4GP45R84E** VEHICLE INSURED **YES** NAME OF INSURANCE CO. **STATE FARM** INSURANCE POLICY # [REDACTED] COLOR OF VEH **BLUE**

1ST AREA OF CONTACT **05 - REAR** 1ST AREA CONTACT - COMBINATION VEHICLE EXTENT OF DAMAGE **MINOR/MOD** AIR BAG SWITCH **NOT PRESENT** TRAVEL DIRECTION **NORTH**

ESTIMATED TRAVEL SPEED MOST HARMFUL EVENT **05 - OTHER MOTOR VEHICLE** NAS SAFETY REPORT #

COMMERCIAL VEH. **NO** LARGE TRUCK OR BUS **NO** PLACARD PRESENT **NO** HAZ. CARGO **NO** HAZ. SPILL **NO** HAZ. MAT. # **NO** TYPE CARGO/COMMODITY **NO** CARRIER TYPE **NO**

HM CLASS **SINGLE/COMBINATION/BOBTAIL** NO AXLES **NO** NO. TRAILERS **NO** US DOT # **NO** ICC MC # **NO** CRASH AVOIDANCE (Fatal Only) **NO** STEERING & BRAKING (EVIDENCE OR STATED) **NO**

VEHICLE CONFIGURATION **NO** CARGO BODY TYPE **NO** BUS USE **NO** CARRIER NAME SOURCE **NO**

GVWR TOTAL **NO** MOTOR CARRIER NAME **NO** MOTOR CARRIER ADDRESS **NO**

VIOLATION CODES **NO** CITATION NUMBER **NO** CASE NUMBER **NO** SUSPECTED DRINKING DRIVER **NO** METHOD OF DETERMINATION **02 - OBSERVATION**

TAKEN BY **NO** TEST OFFERED **NO** CHEMICAL TEST **NO** TESTED FOR **NO** SENT TO **NO** RESULTS **NO** PAGE **4 OF 9**

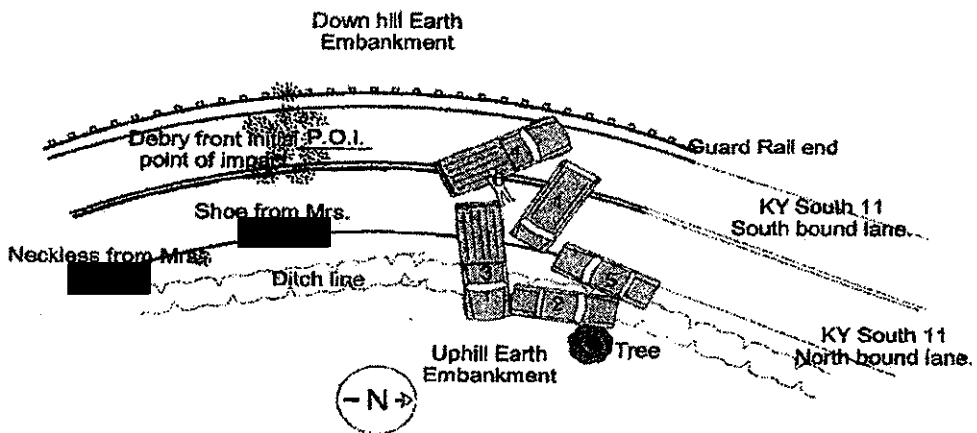
KENTUCKY UNIFORM POLICE TRAFFIC COLLISION REPORT - UNIT														
DRAFT														
INVESTIGATING AGENCY KNOX COUNTY SHERIFF DEPARTMENT						AGENCY ORI NUMBER 0610000		LOCAL CODE 0102130528						
UNIT # 2	TOWED? YES - ELLIS TOWING					TOWED DUE TO DISABLED? YES	# OCCUPANTS 1	PEDESTRIAN FACTORS						
OPERATOR'S LIC. NO. [REDACTED]		STATE KY	LIC. CLASS	ENDORSEMENT		OPERATORS LICENSE RESTRICTIONS								
CDL NO	CO. RESIDENT YES	OWNER YES												
OPERATOR NAME (I.N. EN. MI) [REDACTED]		DATE OF BIRTH		ADDRESS BRYANTS STORE, KY		COMPLIANT YES								
A. PRE-COLLISION VEHICLE ACTION 05 - GOING STRAIGHT AHEAD				B. UNIT TYPE 14-PASSENGER CAR				C. FIRE NO	D. OVERTURNED NO					
E. HUMAN FACTORS 97 - OTHER														
F-H. EVENT COLLISION 1ST: 06 - PEDESTRIAN 2ND: 05 - OTHER MOTOR VEHICLE				3RD: 16 - EARTH EMBANKMENT/ROCKCUT/DITCH 4TH: 05 - OTHER MOTOR VEHICLE										
I. VEHICULAR FACTORS 99 - NONE DETECTED				J. ENVIRONMENTAL FACTORS 11 - SLIPPERY SURFACE										
K. UNDERRIDE/OVERRIDE 04 - UNDERRIDE/COMPARTMENT INTRUSION														
INVOLVED PERSONS: NAME ADDRESS, CITY, STATE AND ZIP														
BRYANTS STORE, KY		FEMALE		DOB/DOD	14	15	16	17	18	19	20	21	22	23
[REDACTED]		[REDACTED]		DOB	08/01	YES	01	02	01	01	01	01	01	01
VEH YEAR 2005 MAKE FORD MODEL FIVE HUNDRED TYPE 4D STATE KY REGISTRATION NUMBER [REDACTED] YEAR 2014														
VEHICLE ID NUMBER 1FAFP23115C		VEHICLE INSURED YES	NAME OF INSURANCE CO. STATE FARM		INSURANCE POLICY # [REDACTED]		COLOR OF VEH BLUE							
1ST AREA OF CONTACT 01 - FRONT VEHICLE		1ST AREA CONTACT - COMBINATION VEHICLE		EXTENT OF DAMAGE SEVERE		AIR BAG SWITCH NOT PRESENT		TRAVEL DIRECTION SOUTH						
ESTIMATED TRAVEL SPEED BETWEEN 25 & 35 MPH		MOST HARMFUL EVENT 05 - OTHER MOTOR VEHICLE												
COMMERCIAL VEH. NO	LARGE TRUCK OR BUS	PLACARD PRESENT	HAZ. CARGO	HAZ. SPILL	HAZ. MAT. #	TYPE CARGO/COMMODITY		NAS SAFETY REPORT #						
HM CLASS														
SINGLE/COMBINATION/BOBTAIL		NO. AXLES	NO. TRAILERS	US DOT #	CARRIER TYPE		CRASH AVOIDANCE (Fatal Only) STEERING & BRAKING (EVIDENCE OR STATED)							
VEHICLE CONFIGURATION		CARGO BODY TYPE		BUS USE										
GVWR TOTAL		MOTOR CARRIER NAME				CARRIER NAME SOURCE								
MOTOR CARRIER ADDRESS														
VIOLATION CODES		CITATION NUMBER	CASE NUMBER	SUSPECTED DRINKING DRIVER NO	METHOD OF DETERMINATION 02 - OBSERVATION									
TAKEN BY														
TEST OFFERED NO	CHEMICAL TEST		TESTED FOR	SENT TO		RESULTS			PAGE					
										5 OF 9				

KENTUCKY UNIFORM POLICE TRAFFIC COLLISION REPORT - UNIT														
DRAFT											MASTER FILE #			
INVESTIGATING AGENCY KNOX COUNTY SHERIFF DEPARTMENT						AGENCY ORI NUMBER 0610800			LOCAL CODE 0102130528					
UNIT # 3	TOWED? YES - ELLIS TOWING					TOWED DUE TO DISABLED? YES	# OCCUPANTS 2		PEDESTRIAN FACTORS					
OPERATOR'S LIC. NO.			STATE KY	LIC. CLASS DM	ENDORSEMENT		OPERATORS LICENSE RESTRICTIONS							
CDL NO		CO. RESIDENT YES		OWNER YES		COMPLIANT YES								
OPERATOR NAME (L.N. CK. MI) [REDACTED]						[REDACTED]								
TITLE OF SIGHTING AGENCY [REDACTED]						[REDACTED]								
BRYANTS STORE, KY						B. UNIT TYPE 08-LT TRUCK(VAN/SPORTS UTILITY/PICKUP)			C. FIRE NO	D. OVERTURNED NO				
A. PRE-COLLISION VEHICLE ACTION 05 - GOING STRAIGHT AHEAD						E. HUMAN FACTORS 97 - OTHER								
F-H. EVENT COLLISION														
1ST: 05 - OTHER MOTOR VEHICLE				3RD: 05 - OTHER MOTOR VEHICLE										
2ND: 16 - EARTH EMBANKMENT/ROCKCUT/DITCH														
I. VEHICULAR FACTORS 99 - NONE DETECTED						J. ENVIRONMENTAL FACTORS 11 - SLIPPERY SURFACE								
K. UNDERRIDE/OVERRIDE 02 - OVERRIDE MOTOR VEHICLE IN TRANSPORT														
INVOLVED PERSONS: NAME, ADDRESS, CITY, STATE AND ZIP														
				DOB/DOD	14	15	16	17	18	19	20	21	22	23
BRYANTS STORE, KY				MALE	[REDACTED]	08,01	YES	01	03	04	01	01	01	01
BRYANTS STORE, KY				FEMALE	[REDACTED]	02	YES	03	03	02	01	01	01	01
VEH YEAR 2013 MAKE DODGE MODEL RAM PICKUP TYPE PK STATE KY REGISTRATION NUMBER YEAR 2014														
VEHICLE ID NUMBER 3C6JR7AT4D1		VEHICLE INSURED YES		NAME OF INSURANCE CO. STATE FARM MUTUAL			INSURANCE POLICY #			COLOR OF VEH RED				
1ST AREA OF CONTACT 01 - FRONT VEHICLE			1ST AREA CONTACT - COMBINATION VEHICLE			EXTENT OF DAMAGE SEVERE		AIR BAG SWITCH NOT PRESENT		TRAVEL DIRECTION NORTH				
ESTIMATED TRAVEL SPEED BETWEEN 25 & 35 MPH MOST HARMFUL EVENT 05 - OTHER MOTOR VEHICLE														
COMMERCIAL VEH. NO		LARGE TRUCK OR BUS NO		PLACARD PRESENT		HAZ. CARGO		HAZ. SPILL		HAZ. MAT. #		TYPE CARGO/COMMODITY		NAS SAFETY REPORT #
NM CLASS						CARRIER TYPE								
SINGLE/COMBINATION/BOBTAIL		NO. AXLES		NO. TRAILERS		US DOT #		ICC MC #		CRASH AVOIDANCE (Fatal Only) STEERING & BRAKING (EVIDENCE OR STATED)				
VEHICLE CONFIGURATION						CARGO BODY TYPE			BUS USE					
GVWR TOTAL				MOTOR CARRIER NAME				CARRIER NAME SOURCE						
MOTOR CARRIER ADDRESS														
VIOLATION CODES		CITATION NUMBER		CASE NUMBER		SUSPECTED DRINKING DRIVER NO		METHOD OF DETERMINATION 02 - OBSERVATION						
TAKEN BY														
TEST OFFERED NO		CHEMICAL TEST		TESTED FOR		SENT TO			RESULTS		PAGE			

KENTUCKY UNIFORM POLICE TRAFFIC COLLISION REPORT - UNIT														
DRAFT											MASTER FILE #			
INVESTIGATING AGENCY KNOX COUNTY SHERIFF DEPARTMENT						AGENCY ORI NUMBER 0610000			LOCAL CODE 0102130528					
UNIT #	TOWED?	TOWED DUE TO DISABLED?		# OCCUPANTS		PEDESTRIAN FACTORS								
4	NO	NO		1										
OPERATOR'S LIC. NO.			STATE	LIC. CLASS	ENDORSEMENT	OPERATORS LICENSE RESTRICTIONS								
CDL NO			CD. RESIDENT	YES	OWNER	YES								
OPERATOR NAME (LN, FN, MI)											COMPLIANT	YES		
DATE OF BIRTH ADDRESS														
BARBOURVILLE, KY														
A. PRE-COLLISION VEHICLE ACTION						B. UNIT TYPE			C. FIRE	D. OVERTURNED				
05 - GOING STRAIGHT AHEAD						08-LT TRUCK(VAN/SPORTS UTILITY/PICKUP)			NO	NO				
E. HUMAN FACTORS 97 - OTHER														
F-H. EVENT COLLISION														
1ST: 05 - OTHER MOTOR VEHICLE						3RD: 20 - GUARDRAIL FACE								
2ND: 06 - PEDESTRIAN														
I. VEHICULAR FACTORS						J. ENVIRONMENTAL FACTORS								
99 - NONE DETECTED						11 - SLIPPERY SURFACE								
K. UNDERRIDE/OVERRIDE 01 - NO UNDERRIDE/OVERRIDE														
INVOLVED PERSONS: NAME, ADDRESS, CITY, STATE AND ZIP														
BARBOURVILLE, KY			MALE	DOB/DOD	14	15	16	17	18	19	20	21	22	23
					08,01	NO	01	05		01	01	01	01	01
VEH YEAR MAKE MODEL TYPE STATE REGISTRATION NUMBER YEAR														
2000 FORD F150 PK KY 2014														
VEHICLE ID NUMBER			VEHICLE INSURED	NAME OF INSURANCE CO.			INSURANCE POLICY #			COLOR OF VEH				
1FTRX18L3YN			YES	GEICO						GREEN				
1ST AREA OF CONTACT			1ST AREA CONTACT - COMBINATION VEHICLE			EXTENT OF DAMAGE		AIR BAG SWITCH		TRAVEL DIRECTION				
03 - RIGHT SIDE						MINOR		NOT PRESENT		NORTH				
ESTIMATED TRAVEL SPEED BETWEEN 25 & 35 MPH MOST HARMFUL EVENT 05 - OTHER MOTOR VEHICLE														
COMMERCIAL VEH.		LARGE TRUCK OR BUS	PLACARD PRESENT	HAZ. CARGO	HAZ. SPILL	HAZ. MAT. #	TYPE CARGO/COMMODITY		NAS SAFETY REPORT #					
NO		NO												
HM CLASS						CARRIER TYPE								
SINGLE/COMBINATION/BOBTAIL		NO. AXLES	NO. TRAILERS	US DOT #	ICC MC #	CRASH AVOIDANCE (Fatal Only)								
						STEERING & BRAKING (EVIDENCE OR STATED)								
VEHICLE CONFIGURATION				CARGO BODY TYPE				BUS USE						
GVWR TOTAL				MOTOR CARRIER NAME				CARRIER NAME SOURCE						
MOTOR CARRIER ADDRESS														
VIOLATION CODES		CITATION NUMBER	CASE NUMBER	SUSPECTED DRINKING DRIVER	METHOD OF DETERMINATION									
				NO	02 - OBSERVATION									
TAKEN BY														
TEST OFFERED	CHEMICAL TEST	TESTED FOR	SENT TO	RESULTS	PAGE									
NO					7 OF 9									

KENTUCKY UNIFORM POLICE TRAFFIC COLLISION REPORT - UNIT													
DRAFT											MASTER FILE #		
INVESTIGATING AGENCY KNOX COUNTY SHERIFF DEPARTMENT						AGENCY ORI NUMBER 0610000			LOCAL CODE 0102130528				
UNIT #	TOWED?	TOWED DUE TO DISABLED?		# OCCUPANTS	PEDESTRIAN FACTORS								
5	NO	NO		0									
OPERATOR'S LIC. NO.		STATE	LIC. CLASS	ENDORSEMENT	OPERATORS LICENSE RESTRICTIONS								
CDL	CO. RESIDENT		OWNER										
OPERATOR NAME (LN, FN, MI)				COMPLIANT									
DATE OF BIRTH				ADDRESS									
A. PRE-COLLISION VEHICLE ACTION						B. UNIT TYPE			C. FIRE NO	D. OVERTURNED			
12 - PARKED						14-PASSENGER CAR			NO	NO			
E. HUMAN FACTORS 99 - NONE DETECTED													
F-K. EVENT COLLISION													
1ST: 05 - OTHER MOTOR VEHICLE													
I. VEHICULAR FACTORS						J. ENVIRONMENTAL FACTORS							
99 - NONE DETECTED						11 - SLIPPERY SURFACE							
K. UNDERRIDE/OVERRIDE 01 - NO UNDERRIDE/OVERRIDE													
INVOLVED PERSONS: NAME, ADDRESS, CITY, STATE AND ZIP													
		DOB/DOD		14	15	16	17	18	19	20	21	22	23
GRAY, KY		MALE		08	NO								
VEH YEAR	MAKE	MODEL			TYPE	STATE REGISTRATION NUMBER				YEAR			
1998	FORD	MUSTANG			CP	KY				2014			
VEHICLE ID NUMBER	VEHICLE INSURED	NAME OF INSURANCE CO.				INSURANCE POLICY #			COLOR OF VEH				
1FAFP4043W	YES	KENTUCKY FARM BUREAU							WHITE				
1ST AREA OF CONTACT		1ST AREA CONTACT - COMBINATION VEHICLE			EXTENT OF DAMAGE		AIR BAG SWITCH		TRAVEL DIRECTION				
07 - LEFT SIDE					VERY MINOR		NOT PRESENT		SOUTH				
ESTIMATED TRAVEL SPEED				MOST HARMFUL EVENT 05 - OTHER MOTOR VEHICLE									
COMMERCIAL VEH.	LARGE TRUCK OR BUS	PLACARD PRESENT	HAZ. CARGO	HAZ. SPILL	HAZ. MAT. #	TYPE CARGO/COMMODITY		NAS SAFETY REPORT #					
NO	NO												
HM CLASS				CARRIER TYPE									
SINGLE/COMBINATION/BOBTAIL		NO. AXLES	NO. TRAILERS	US DOT #	ICC MC #	CRASH AVOIDANCE (Fatal Only)							
						NO AVOIDANCE MANEUVER REPORTED							
VEHICLE CONFIGURATION				CARGO BODY TYPE				BUS USE					
GVWR TOTAL			MOTOR CARRIER NAME				CARRIER NAME SOURCE						
MOTOR CARRIER ADDRESS													
VIOLATION CODES		CITATION NUMBER	CASE NUMBER	SUSPECTED DRINKING DRIVER		METHOD OF DETERMINATION							
TAKEN BY													
TEST OFFERED	CHEMICAL TEST	TESTED FOR	SENT TO			RESULTS			PAGE				
									8 OF 9				

KENTUCKY UNIFORM POLICE TRAFFIC COLLISION REPORT - UNIT																						
DRAFT																						
INVESTIGATING AGENCY											AGENCY ORI NUMBER		LOCAL CODE									
KNOX COUNTY SHERIFF DEPARTMENT											0610000		0102130528									
UNIT #	TOWED?	TOWED DUE TO DISABLED?	# OCCUPANTS	PEDESTRIAN FACTORS																		
6	NO		1	01 - APPROACHING OR LEAVING VEHICLE																		
OPERATOR'S LIC. NO.		STATE	LIC. CLASS	ENDORSEMENT	OPERATORS LICENSE RESTRICTIONS																	
CDL	CO. RESIDENT	OWNER		COMPLIANT																		
OPERATOR NAME (LN, FN, MI)				DATE OF BIRTH				ADDRESS														
A. PRE-COLLISION VEHICLE ACTION					B. UNIT TYPE					C. FIRE	D. OVERTURNED											
					16-PEDESTRIAN																	
E. HUMAN FACTORS																						
F-H. EVENT COLLISION																						
I. VEHICULAR FACTORS							J. ENVIRONMENTAL FACTORS															
K. UNDERRIDE/OVERRIDE																						
INVOLVED PERSONS: NAME, ADDRESS, CITY, STATE AND ZIP																						
											DOB/DOD	14	15	16	17	18	19	20	21	22	23	
BARBOURVILLE, KY											FEMALE	03	NO							01	01	01
VEH YEAR	MAKE	MODEL			TYPE	STATE	REGISTRATION NUMBER				YEAR											
VEHICLE ID NUMBER	VEHICLE INSURED	NAME OF INSURANCE CO.				INSURANCE POLICY #			COLOR OF VEH													
1ST AREA OF CONTACT		1ST AREA CONTACT - COMBINATION VEHICLE			EXTENT OF DAMAGE		AIR BAG SWITCH		TRAVEL DIRECTION													
ESTIMATED TRAVEL SPEED				MOST HARMFUL EVENT																		
COMMERCIAL VEH.	LARGE TRUCK OR BUS	PLACARD PRESENT	HAZ. CARGO	HAZ. SPILL	HAZ. MAT. #	TYPE CARGO/COMMODITY			HAS SAFETY REPORT #													
NO	NO																					
HM CLASS				CARRIER TYPE																		
SINGLE/COMBINATION/BOBTAIL	NO. AXLES	NO. TRAILERS	US DOT #	ICC MC #	CRASH AVOIDANCE (Fatal Only)																	
VEHICLE CONFIGURATION				CARGO BODY TYPE				BUS USE														
GVWR TOTAL		MOTOR CARRIER NAME				CARRIER NAME SOURCE																
MOTOR CARRIER ADDRESS																						
VIOLATION CODES	CITATION NUMBER	CASE NUMBER	SUSPECTED DRINKING DRIVER	METHOD OF DETERMINATION																		
TAKEN BY																						
TEST OFFERED	CHEMICAL TEST	TESTED FOR	SENT TO	RESULTS				PAGE														
								9 OF 9														



Case : 0102140528  
KY South 11 between mile marker 3 and 4.

**NOT TO SCALE**