APR 10 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	Repository ☐
05-MAR-2014	Reference No. 10567474

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address			
City EMERALD ~~X~~ Amarillo	State TX	Zip Code	Evening Telephone Number

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1G1AL52F457	CHEVROLET	COBALT	2005

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
06-25-05	Plains Chevrolet-806-374-4611			No: Cylinders	Gasoline
Original Owner ☑	Dealer's City Amarillo	State TX	Zip Code 79120		

Transmission Type			Multiple Failure:	Incident Date(s)
Auto-	☐ Antilock Brakes ☐ Cruise Control	Powertrain	Unintended Acceleration	11-AUG-2005

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 180000 VEHICLE SPEED CONTROL, 980000 UNKNOWN OR OTHER	Failure Mileage	Failure Speed
	1800	

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	0	1	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 CHEVROLET COBALT. THE CONTACT STATED THAT WHILE TRAVELING AT A HIGH RATE OF SPEED, THE DRIVER LOST CONTROL OF THE VEHICLE AND CRASHED INTO A TREE. THE DRIVER WAS FATALLY INJURED. A POLICE REPORT WAS FILED OF THE INCIDENT. THE CONTACT BELIEVED THAT THE VEHICLE EXHIBITED AN UNINTENDED ACCELERATION FAILURE WHICH CAUSED THE DRIVER TO LOSE CONTROL OF THE VEHICLE. THE VEHICLE WAS NOT DIAGNOSED OR REPAIRED. THE CONTACT ALSO INDICATED THAT THE AIRBAGS DID DEPLOY UPON IMPACT. THE MANUFACTURER WAS NOT NOTIFIED OF THE INCIDENT. THE VEHICLE WAS NOT DIAGNOSED OR REPAIRED. THE FAILURE MILEAGE WAS 1,800.

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

Off Rdwy-mv-FO-Fatality

TEXAS PEACE OFFICER'S ACCIDENT REPORT ST-3 (Eff. 9/1/01) MAIL TO: ACCIDENT RECORDS, TEXAS DEPARTMENT OF PUBLIC SAFETY, PO BOX 4087, AUSTIN, TX 78773-0350

LOC 2005 - 9930

PLACE WHERE ACCIDENT OCCURRED
COUNTY Potter CITY OR TOWN Amarillo (SHOW ONLY IF INSIDE CITY LIMITS)
IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN — MILES NORTH S E W OF CITY OR TOWN

DO NOT WRITE IN THIS SPACE
LOC. CODE SEVERITY FAT. REC. DR. REC.
DPS NO.

ROAD ON WHICH ACCIDENT OCCURRED 1500 Blk NE 24th (BLOCK NUMBER / STREET OR ROAD NAME / ROUTE NUMBER OR STREET CODE)
CONSTR. ZONE ☐ YES ☑ NO SPEED LIMIT 40
INTERSECTING STREET OR RR X'ING NUMBER — (BLOCK NUMBER / STREET OR ROAD NAME / ROUTE NUMBER OR STREET CODE)
CONSTR. ZONE ☐ YES ☑ NO SPEED LIMIT /
NOT AT INTERSECTION — ☐ FT. ☐ MI. ☐ N ☐ S ☐ E ☐ W OF — (SHOW MILEPOST OR NEAREST INTERSECTING NUMBERED HIGHWAY. IF NONE, SHOW NEAREST INTERSECTING STREET OR REFERENCE POINT.)

DATE OF ACCIDENT August 11 2005 DAY OF WEEK Thursday HOUR 0035 ☑ A.M. ☐ P.M. IF EXACTLY NOON OR MIDNIGHT, SO STATE

UNIT NO. 1 - MOTOR VEHICLE VEHICLE IDENT. NO. 1G1AL52F457[redacted] IF BODY STYLE = VAN OR BUS, INDICATE SEATING CAPACITY /
YEAR MODEL 2005 COLOR & MAKE White Chevrolet MODEL NAME Cobalt LS BODY STYLE 4 dr LICENSE PLATE 06 TX [redacted] (YEAR / STATE / NUMBER)
DRIVER'S NAME [redacted] (LAST / FIRST / MIDDLE / ADDRESS (STREET, CITY, STATE, ZIP) Amarillo Tx) PHONE NUMBER [redacted]
DRIVER'S LICENSE [redacted] DOB [redacted] RACE W SEX M OCCUPATION —
SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS) 1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED ☐ ALCOHOL/DRUG ANALYSIS RESULT — PEACE OFFICER, EMS DRIVER, FIRE FIGHTER ON EMERGENCY? ☐ YES ☑ NO
LESSEE ☐ OWNER ☑ Same (NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER) / ADDRESS (STREET, CITY, STATE, ZIP))
LIABILITY INSURANCE ☑ YES ☐ NO Allstate (INSURANCE COMPANY NAME) [redacted] (POLICY NUMBER) VEHICLE DAMAGE RATING RP-5, FC-4

UNIT NO. 2 - MOTOR VEHICLE ☐ TRAIN ☐ PEDALCYCLIST ☐ TOWED ☐ PEDESTRIAN ☐ OTHER ☑ FO VEHICLE IDENT. NO. — IF BODY STYLE = VAN OR BUS, INDICATE SEATING CAPACITY —
YEAR MODEL — COLOR & MAKE — MODEL NAME — BODY STYLE — LICENSE PLATE — (YEAR / STATE / NUMBER)
DRIVER'S NAME — (LAST / FIRST / MIDDLE / ADDRESS (STREET, CITY, STATE, ZIP)) PHONE NUMBER —
DRIVER'S LICENSE — (STATE / NUMBER / CLASS/TYPE) DOB — (MO / DAY / YEAR) RACE — SEX — OCCUPATION —
SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS) 1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED ☐ ALCOHOL/DRUG ANALYSIS RESULT — PEACE OFFICER, EMS DRIVER, FIRE FIGHTER ON EMERGENCY? ☐ YES ☐ NO
LESSEE ☐ OWNER ☐ (NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER) / ADDRESS (STREET, CITY, STATE, ZIP))
LIABILITY INSURANCE ☐ YES ☐ NO — (INSURANCE COMPANY NAME / POLICY NUMBER) VEHICLE DAMAGE RATING —

DAMAGE TO PROPERTY OTHER THAN VEHICLES
2 trees (OBJECT) City of Amarillo (NAME AND ADDRESS (STREET, CITY, STATE, ZIP) OF OWNER) 14 ft (FEET FROM CURB) $ 1,000 (DAMAGE ESTIMATE)

LIGHT CONDITION [4]	WEATHER [1] /	SURFACE CONDITION [1]	TYPE ROAD SURFACE [1]	DESCRIBE ROAD CONDITIONS (INVESTIGATOR'S OPINION)
1-DAYLIGHT	1-CLEAR/CLOUDY	1-DRY	1-BLACKTOP	
2-DAWN	2-RAINING	2-WET	2-CONCRETE	
3-DARK-NOT LIGHTED	3-SNOWING	3-MUDDY	3-GRAVEL	
4-DARK-LIGHTED	4-FOG	4-SNOWY/ICY	4-SHELL	
5-DUSK	5-BLOWING DUST	5-OTHER /	5-DIRT	
	6-SMOKE		6-OTHER /	
	7-SLEETING			
	8-HIGH WINDS			
	9-OTHER /			

IN YOUR OPINION, DID THIS ACCIDENT RESULT IN AT LEAST $1,000.00 DAMAGE TO ANY ONE PERSON'S PROPERTY? ☑ YES ☐ NO

CHARGES FILED
NAME / CHARGE / CITATION NUMBER
NAME / CHARGE / CITATION NUMBER

TIME NOTIFIED OF ACCIDENT 8/11/05 (DATE) 0039 AM (HOUR) HOW Dispatch TIME ARRIVED AT SCENE OF ACCIDENT 8/11/05 (DATE) 0042 AM (HOUR)
TYPED OR PRINTED NAME OF INVESTIGATOR Ken Dennis DATE REPORT MADE 8/11/05 IS REPORT COMPLETE ☑ YES ☐ NO
SIGNATURE OF INVESTIGATOR Ken Dennis ID NO. 263 DEPARTMENT Amarillo Police DIST/AREA —

98

SOLICITATION (SOL)	EJECTED	CODE FOR TYPE RESTRAINT USED	AIRBAG CODE	HELMET USE	CODE FOR INJURY SEVERITY	ALCOHOL/DRUG ANALYSIS (COMPLETE IF CASUALTIES NOT IN MOTOR VEHICLE)
INDICATES PERSON'S DESIRE TO RECEIVE CONTACT FROM PERSONS SEEKING PROFESSIONAL EMPLOYMENT AS/FOR AN ATTORNEY, CHIROPRACTOR, PHYSICIAN, SURGEON, PRIVATE INVESTIGATOR, OR ANY OTHER PERSON REGISTERED OR LICENSED BY A HEALTH CARE REGULATORY AGENCY. Y=O.K. TO SOLICIT N=NO SOLICITATION	A-NOT APPLICABLE Y-YES N-NO P-PARTIALLY U-UNKNOWN	A-SEATBELT & SHOULDER STRAP B-SEATBELT & NO SHOULDER STRAP C-CHILD RESTRAINT E-SHOULDER STRAP ONLY N-NONE	Y-DEPLOYED N-NO DEPLOYMENT U-UNKNOWN IF DEPLOYED	1-WORN-DAMAGED 2-WORN-NOT DAMAGED 3-WORN-UNK IF DAMAGED 4-NOT WORN 9-UNKNOWN IF WORN	K-KILLED A-INCAPACITATING INJURY B-NON INCAPACITATING C-POSSIBLE INJURY N-NOT INJURED	1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED

UNIT NO. 1

DAMAGE RATING RP-5, FC-4

TOWED DUE TO DAMAGE ☒ YES ☐ NO

VEHICLE REMOVED TO A&B 2810 EA 3rd Amarillo TX 79104

BY A&B

COMPLETE ALL DATA ON ALL OCCUPANTS' NAMES, POSITIONS, RESTRAINTS USED, ETC.; HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED

ITEM NO.	OCCUPANT'S POSITION	NAME (LAST NAME FIRST)	ADDRESS (STREET, CITY, STATE, ZIP)	SOL	EJECTED	TYPE RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
1	DRIVER	SEE FRONT									
2				N	N	N	Y	N	[redacted]	m	K
3											
4											
5											

UNIT NO. 2 (COMPLETE ONLY IF UNIT NO. 2 WAS A MOTOR VEHICLE)

DAMAGE RATING ______

TOWED DUE TO DAMAGE ☐ YES ☐ NO

VEHICLE REMOVED TO ______

BY ______

COMPLETE ALL DATA ON ALL OCCUPANTS' NAMES, POSITIONS, RESTRAINTS USED, ETC.; HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED

ITEM NO.	OCCUPANT'S POSITION	NAME (LAST NAME FIRST)	ADDRESS (STREET, CITY, STATE, ZIP)	SOL	EJECTED	TYPE RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
6	DRIVER	SEE FRONT									
7											
8											
9											
10											

COMPLETE IF CASUALTIES NOT IN MOTOR VEHICLE

PEDESTRIAN, PEDALCYCLIST ETC.	CASUALTY NAME (LAST NAME FIRST)	CASUALTY ADDRESS (STREET, CITY, STATE, ZIP)	SOL	TYPE SPECIMEN TAKEN	RESULT	HELMET	AGE	SEX	INJURY CODE
/									
/									

DISPOSITION OF KILLED AND/OR INJURED

ITEM NUMBERS	TAKEN TO	BY	TIME NOTIFIED	TIME ARRIVED AT SCENE	NO. ATTENDANTS INCLUDING DRIVER
1	NWTH	AMS	0038	0046	2
/		/	/	/	/

COMPLETE THIS SECTION IF PERSON KILLED

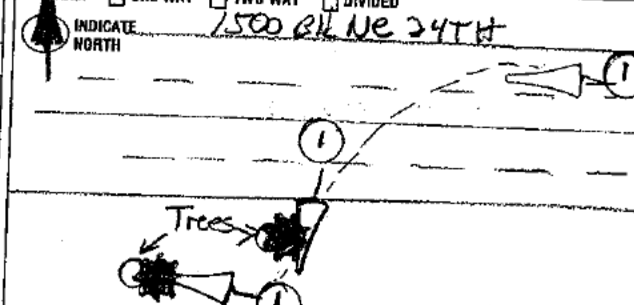
ITEM NUMBER	DATE OF DEATH	TIME OF DEATH	ITEM NUMBER	DATE OF DEATH	TIME OF DEATH	ITEM NUMBER	DATE OF DEATH	TIME OF DEATH
1	8/11/05	0300	/	/	/	/	/	/

INVESTIGATOR'S NARRATIVE OPINION OF WHAT HAPPENED (ATTACH ADDITIONAL SHEETS IF NECESSARY)

#1 was WB in the 1600 Blk of NE 24TH. Unit #1 Failed to control speed and lost control of vehicle. Vehicle went into a skid & the RP struck a tree. The vehicle split apart & the FC hit another tree. Trees were in the 1500 Blk

DIAGRAM ☐ ONE WAY ☐ TWO WAY ☐ DIVIDED

INDICATE NORTH



FACTORS AND CONDITIONS LISTED ARE THE INVESTIGATOR'S OPINION

FACTORS/CONDITIONS CONTRIBUTING

	1	2	3
UNIT 1	22	/	/
UNIT 2	/	/	/

OTHER FACTORS/CONDITIONS MAY OR MAY NOT HAVE CONTRIBUTED

	1	2
UNIT 1	/	/
UNIT 2	/	

TRAFFIC CONTROL

0-NO CONTROL OR INOPERATIVE
1-OFFICER OR FLAGMAN
2-STOP AND GO SIGNAL
3-STOP SIGN
4-FLASHING RED LIGHT
5-TURN MARKS
6-WARNING SIGN
7-RR GATES OR SIGNALS
8-YIELD SIGN
9-CENTER STRIPE OR DIVIDER
10-NO PASSING ZONE
11-OTHER CONTROL

0

1. ANIMAL ON ROAD - DOMESTIC
2. ANIMAL ON ROAD - WILD
3. BACKED WITHOUT SAFETY
4. CHANGED LANE WHEN UNSAFE
5. DEFECTIVE OR NO HEADLAMPS
6. DEFECTIVE OR NO STOP LAMPS
7. DEFECTIVE OR NO TAIL LAMPS
8. DEFECTIVE OR NO TURN SIGNAL LAMPS
9. DEFECTIVE OR NO TRAILER BRAKES
10. DEFECTIVE OR NO VEHICLE BRAKES
11. DEFECTIVE STEERING MECHANISM
12. DEFECTIVE OR SLICK TIRES
13. DEFECTIVE TRAILER HITCH
14. DISABLED IN TRAFFIC LANE
15. DISREGARD STOP AND GO SIGNAL
16. DISREGARD STOP SIGN OR LIGHT
17. DISREGARD TURN MARKS AT INTERSECTION
18. DISREGARD WARNING SIGN AT CONSTRUCTION
19. DISTRACTION IN VEHICLE
20. DRIVER INATTENTION
21. DROVE WITHOUT HEADLIGHTS
22. FAILED TO CONTROL SPEED
23. FAILED TO DRIVE IN SINGLE LANE
24. FAILED TO GIVE HALF OF ROADWAY
25. FAILED TO HEED WARNING SIGN
26. FAILED TO PASS TO LEFT SAFELY
27. FAILED TO PASS TO RIGHT SAFELY
28. FAILED TO SIGNAL OR GAVE WRONG SIGNAL
29. FAILED TO STOP AT PROPER PLACE
30. FAILED TO STOP FOR SCHOOL BUS
31. FAILED TO STOP FOR TRAIN
32. FAILED TO YIELD ROW - EMERGENCY VEHICLE
33. FAILED TO YIELD ROW - OPEN INTERSECTION
34. FAILED TO YIELD ROW - PRIVATE DRIVE
35. FAILED TO YIELD ROW - STOP SIGN
36. FAILED TO YIELD ROW - TO PEDESTRIAN
37. FAILED TO YIELD ROW - TURNING LEFT
38. FAILED TO YIELD ROW - TURN ON RED
39. FAILED TO YIELD ROW - YIELD SIGN
40. FATIGUED OR ASLEEP
41. FAULTY EVASIVE ACTION
42. FIRE IN VEHICLE
43. FLEEING OR EVADING POLICE
44. FOLLOWED TOO CLOSELY
45. HAD BEEN DRINKING
46. HANDICAPPED DRIVER (EXPLAIN IN NARRATIVE)
47. ILL (EXPLAIN IN NARRATIVE)
48. IMPAIRED VISIBILITY (EXPLAIN IN NARRATIVE)
49. IMPROPER START FROM PARKED POSITION
50. LOAD NOT SECURED
51. OPENED DOOR INTO TRAFFIC LANE
52. OVERSIZE VEHICLE OR LOAD
53. OVERTAKE AND PASS INSUFFICIENT CLEARANCE
54. PARKED AND FAILED TO SET BRAKES
55. PARKED IN TRAFFIC LANE
56. PARKED WITHOUT LIGHTS
57. PASSED IN NO PASSING ZONE
58. PASSED ON RIGHT SHOULDER
59. PEDESTRIAN FAILED TO YIELD ROW TO VEHICLE
60. SPEEDING - UNSAFE (UNDER LIMIT)
61. SPEEDING - OVER LIMIT
62. TAKING MEDICATION (EXPLAIN IN NARRATIVE)
63. TURNED IMPROPERLY - CUT CORNER ON LEFT
64. TURNED IMPROPERLY - WIDE RIGHT
65. TURNED IMPROPERLY - WRONG LANE
66. TURNED WHEN UNSAFE
67. UNDER INFLUENCE - ALCOHOL
68. UNDER INFLUENCE - DRUG
69. WRONG SIDE - APPROACH OR IN INTERSECTION
70. WRONG SIDE - NOT PASSING
71. WRONG WAY - ONE WAY ROAD
72. DRIVER INATTENTION - (CELL/MOBILE PHONE USE)
73. ROAD RAGE
74. OTHER FACTOR (WRITE ON LINE BELOW)

CERTIFICATION OF VITAL RECORD

CITY OF AMARILLO, TEXAS

STATE OF TEXAS — **CERTIFICATE OF DEATH** — **STATE FILE NUMBER**

Department of State Health Services — Vital Statistics

1. NAME OF DECEASED (a) FIRST [redacted] (b) MIDDLE (c) LAST [redacted]	(d) MAIDEN	2. SEX: Male	3. DATE OF DEATH: August 11, 2005	
4. DATE OF BIRTH [redacted]	5. AGE [redacted] IF UNDER 1 YR. MO / DAYS; IF UNDER 1 DAY HOURS / MIN	6. BIRTH PLACE (CITY & STATE OR FOREIGN COUNTRY): Amarillo, Texas	7. SOCIAL SECURITY NO. [redacted]	
8. RACE: Hispanic	9a. WAS THE DECEDENT OF HISPANIC ORIGIN? ☑ YES ☐ NO	9b. IF YES, SPECIFY (MEXICAN, CUBAN, PUERTO RICAN, ETC.): Mexican	10. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ YES ☒ NO	11. EDUCATION (SPECIFY HIGHEST GRADE COMPLETED, ELEM. OR SECONDARY (0-12) COLLEGE (13-16, 17+): 13
12. MARITAL STATUS ☐ MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED	13. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	14a. DECEDENT'S USUAL OCCUPATION: Forklift Operator	14b. KIND OF BUSINESS OR INDUSTRY: Building Supplies	
15a. RESIDENCE STREET ADDRESS [redacted]			15b. CITY OR TOWN: Amarillo	
15c. COUNTY: Potter	15d. STATE: Texas	15e. ZIP CODE [redacted]	15f. INSIDE CITY LIMITS ☒ YES ☐ NO	
16. FATHER'S NAME [redacted]	17. MOTHER'S MAIDEN NAME [redacted]			

18. PLACE OF DEATH (CHECK ONLY ONE)

HOSPITAL: ☐ INPATIENT ☒ ER/OUTPATIENT ☐ DOA — OTHER: ☐ NURSING HOME ☐ RESIDENCE ☐ OTHER (SPECIFY)

19. COUNTY OF DEATH: Potter	20. CITY OR TOWN (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.): Amarillo	21. NAME OF HOSPITAL OR INSTITUTION (If not in institution, show street address): Northwest Texas Healthcare
22. INFORMANT — SIGNATURE & RELATIONSHIP: [redacted] Father		23. MAILING ADDRESS OF INFORMANT: [redacted] Amarillo, TX [redacted]

24. METHOD OF DISPOSITION: ☒ BURIAL ☐ CREMATION ☐ REMOVAL FROM STATE ☐ DONATION ☐ OTHER (SPECIFY)	25a. PLACE OF DISPOSITION (NAME OF CEMETERY, CREMATORY OR OTHER PLACE): Llano Cemetery	25b. Section: Gard. Prec. Mem. Block: Lot: 145 Space: 1 Unknown ☐	29. NAME & ADDRESS OF FUNERAL HOME: Schooler Funeral Home 4100 S. Georgia Amarillo, Texas 79110
	26. LOCATION (CITY, STATE): Amarillo, Texas		
	27. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: [signature] 8/12/05	28. DATE OF DISPOSITION: August 15, 2005	

30. CERTIFIER

☐ CERTIFYING PHYSICIAN — TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED.

☐ MEDICAL EXAMINER / ☒ JUSTICE OF THE PEACE — ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE TIME, DATE, PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED.

31. SIGNATURE / TITLE OF CERTIFIER: [signature] Justice of the Peace	32. DATE SIGNED MO / DAY / YEAR: 8-23-05	33. TIME OF DEATH: 3:00a M.
34. PRINTED NAME & ADDRESS OF CERTIFIER: Jim Tipton, Rm 506 Potter County Courthouse, Amarillo, Texas 79101		

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to $10,000. (Health and Safety Code, Sec. 195, 1989)

CAUSE OF DEATH

35. PART 1 ENTER THE DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.

Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Multiple Blunt Force Injuries

DUE TO (OR AS A LIKELY CONSEQUENCE OF):

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST

b.

DUE TO (OR AS A LIKELY CONSEQUENCE OF):

c.

DUE TO (OR AS A LIKELY CONSEQUENCE OF):

d.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1 (i.e., substance abuse, diabetes, smoking, etc.)

36a. AUTOPSY? ☐ YES ☒ NO	36b. AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? ☐ YES ☐ NO	
37. DID TOBACCO USE CONTRIBUTE TO DEATH ☐ YES ☐ PROBABLY ☒ NO ☐ UNKNOWN	38. DID ALCOHOL USE CONTRIBUTE TO DEATH ☐ YES ☐ PROBABLY ☐ NO ☒ UNKNOWN	39. WAS DECEDENT PREGNANT AT TIME OF DEATH ☐ YES ☒ NO ☐ UNK; WITHIN LAST 12 MO ☐ YES ☒ NO ☐ UNK

40. MANNER OF DEATH: ☐ NATURAL ☒ ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ PENDING INVESTIGATION ☐ COULD NOT BE DETERMINED	41a. DATE OF INJURY: 8-11-2005	41b. TIME OF INJURY: 12:35a M.	41c. INJURY AT WORK ☐ YES ☒ NO	41d. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE, ETC. (SPECIFY): City Street
	41e. LOCATION (STREET AND NUMBER, CITY OR TOWN, STATE): 1500 Blk.NE 24th Street,Amarillo,Texas			
	41f. DESCRIBE HOW INJURY OCCURRED: Traveling at High Rate of speed,lost control struck tree,driver of vehicle			
42a. REGISTRAR FILE NO.: 02 01455	42b. DATE RECEIVED BY LOCAL REGISTRAR: AUGUST 24, 2005	42c. SIGNATURE OF LOCAL REGISTRAR: Donna DeRight		

VS-112 REV. 12/04

348802

STATE OF TEXAS
COUNTIES OF POTTER AND RANDALL } SS CERTIFIED COPY OF VITAL RECORDS
CITY OF AMARILLO

This is to certify that this is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Sec. 191.051, Health and Safety Code.

ISSUED AUG 24 2005

Donna DeRight
DONNA DeRIGHT, REGISTRAR
OFFICE OF VITAL STATISTICS
CITY OF AMARILLO

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.
LAMINATION MAY VOID CERTIFICATE.

American Bank Note Company

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

[redacted]
Amarillo, Texas [redacted]

AMARILLO TX 791
27 MAR 2014PM 2 T

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

20590

20077+9382