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|--|--|---|--|
|  <p>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</p> | | FOR AGENCY USE ONLY 100148 | |
| | | Date Received 09-JUL-2014 OCT 22 2014 | Repository <input type="checkbox"/> Reference No. 10609356 |
| OWNER INFORMATION (Type or Print) | | | |
| Name | [REDACTED] | | Daytime Telephone Number |
| Address | [REDACTED] | | E-mail Address NOEMAIL@UNK.GOV |
| City SUTHERLIN | State OR | Zip Code | Evening Telephone Number SAME |
| 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 1G2NE52T4WM [REDACTED] | | Make PONTIAC | Model GRAND AM |
| Date Purchased 1998-NEW | | Dealer's Name and Telephone Number CLINT Newell / 541-673-7000 | |
| Original Owner <input checked="" type="checkbox"/> | Dealer's City Roseburg | State OR | Zip Code |
| Engine: No: Cylinders 4 | Fuel Type: gas | Incident Date(s) 11-AUG-2004 8/29/2004 | |
| Transmission Type Automatic | <input checked="" type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control | Powertrain | Multiple Failure: |
| FAILED COMPONENT(S)/PART(S) INFORMATION | | | |
| Vehicle Component Codes: 100000 POWER TRAIN, ENGINE (PWS) | | Failure Mileage | Failure Speed |
| ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE N/A | | | |
| 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 N/A | | | |
| 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 <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 1 |
| Reported to Police N | | YES | |
| Narrative Description of Incident(S), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available). | | | |
| TL* THE CONTACT OWNS A 1998 PONTIAC GRAND AM. THE CONTACT STATED THAT THE DRIVER WAS TRAVELING AT AN UNKNOWN SPEED WHEN THE VEHICLE STALLED AND CRASHED INTO A TREE. THE DRIVER WAS KILLED AND THE VEHICLE WAS DESTROYED. A POLICE REPORT WAS FILED OF THE INCIDENT. THE MANUFACTURER WAS NOT MADE AWARE OF THE FAILURE. THE FAILURE MILEAGE WAS UNKNOWN. | | | |
| 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. | | | |

INCIDENT REPORT
DOUGLAS COUNTY SHERIFF'S OFFICE

CASE # [REDACTED]
GRID # 00

NARRATIVE:

On Sunday, August 29th, 2004, at about 1950 hours, I responded to the report of a single vehicle accident in the 800 block of [REDACTED], Roseburg.

I arrived on scene and found Lookingglass Fire Department extracting the driver from the vehicle. I briefly spoke to the driver, identified as [REDACTED]. [REDACTED] told me she had left her son's residence, on [REDACTED] after having dinner. [REDACTED] said when she was traveling down the hill the brakes on her vehicle failed when she tried to slow down. [REDACTED] told me to avoid going off the road and rolling her vehicle, she chose to hit a tree. [REDACTED] said she struck a tree and was trapped in her vehicle.

My investigation revealed the following:

The area of the accident was in the 800 block of [REDACTED], where it turns from a single lane paved road and widens to a double lane road. The single lane road has many corners prior to entering the two lane portion. The road has a steep down grade to it.

I found the last corner turns to the left on the single lane road. The vehicle struck an oak tree, about 16 inches in diameter, stopping the vehicle. There were no skid marks on the roadway. The vehicle struck the tree with the front center of the vehicle. The impact had pushed the engine back, and the drivers compartment was also pushed back.

The airbags had deployed and [REDACTED] had been using her seatbelt.

[REDACTED] had injuries to both of her legs, breaking both, and had also received lacerations to both legs. [REDACTED] had lost some blood, having sat in the vehicle for about 45 minutes after crashing.

[REDACTED] was transported to Mercy Hospital for treatment. D&D towing responded for the vehicle.

Several of [REDACTED] family members responded to the accident scene having been notified prior to my arrival.

CASE STATUS:

Case cleared, non-criminal.

Anthony F. Smith
OFFICER REPORTING/#
Anthony F. Smith #145/38134

[Signature]
SUPERVISOR 183

080404
DATE

AMS
CLK INIT

| | | | | | | | | | | |
|-------------------------------|--------------|-------------|-------------|---|---|---|---|---|------|----|
| POLICE INCIDENT / CASE NUMBER | EMS NOTIFIED | EMS ARRIVAL | LOCAL CODES | A | B | C | D | E | PAGE | OF |
| | 7:40 AM | 7:45 AM | | | | | | | 2 | 7 |

Check ONE box in all categories. Check ALL boxes that apply in categories with (*).

| FIRST HARMFUL EVENT | WEATHER | ROAD CHARACTER | VEH RELATED FACTORS | TRUCK CONFIGURATION | PEDESTRIAN TYPE |
|--|--|---|--|---|---|
| NON COLLISION <input type="checkbox"/> OVERTURN <input type="checkbox"/> FIRE / EXPLOSION <input type="checkbox"/> IMMERSION <input type="checkbox"/> GAS INHALATION <input type="checkbox"/> OTHER NON COLLISION <input type="checkbox"/> MEDICAL (Explain) | <input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> CLOUDY (OVERCAST) <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW <input type="checkbox"/> SLEET / HAIL / ETC <input type="checkbox"/> FOG / SMOG <input type="checkbox"/> SMOKE <input type="checkbox"/> BLOWING SAND / DIRT <input type="checkbox"/> SEVERE CROSSWIND <input type="checkbox"/> OTHER / UNKNOWN | <input type="checkbox"/> #1 #2 STRAIGHT and LEVEL <input type="checkbox"/> #1 #2 STRAIGHT w/ GRADE <input type="checkbox"/> #1 #2 CURVED and LEVEL <input checked="" type="checkbox"/> #1 #2 CURVED w/ GRADE VEH #1 — NUMBER OF LANES VEH #2 — NUMBER OF LANES TOTAL NUMBER OF LANES ROAD FLOW <input type="checkbox"/> #1 #2 ONE WAY TRAFFIC <input checked="" type="checkbox"/> #1 #2 NOT PHYSLY DIVIDED MEDIAN TYPE <input type="checkbox"/> UNPAVED <input type="checkbox"/> BARRIER <input type="checkbox"/> PAVED <input type="checkbox"/> CONT LEFT TURN | <input type="checkbox"/> #1 #2 NONE <input checked="" type="checkbox"/> #1 #2 BRAKES <input type="checkbox"/> STEERING <input type="checkbox"/> POWER PLANT <input type="checkbox"/> SUSPENSION <input type="checkbox"/> TIRES <input type="checkbox"/> EXHAUST <input type="checkbox"/> LIGHTS <input type="checkbox"/> SIGNALS <input type="checkbox"/> WINDOWS / WINDSHLD <input type="checkbox"/> RESTRAINT SYSTEM <input type="checkbox"/> WHEELS <input type="checkbox"/> COUPLING <input type="checkbox"/> CARGO <input type="checkbox"/> OTHER VEHICLE MOVEMENT <input type="checkbox"/> #1 #2 BACKING <input type="checkbox"/> #1 #2 STOPPED / <input checked="" type="checkbox"/> #1 #2 STRAIGHT AHEAD <input type="checkbox"/> #1 #2 TURNING RIGHT <input type="checkbox"/> #1 #2 TURNING LEFT <input type="checkbox"/> #1 #2 MAKING U-TURN <input type="checkbox"/> #1 #2 ENTER TRAFFIC LANE <input type="checkbox"/> #1 #2 LEAVE TRAFFIC LANE <input type="checkbox"/> #1 #2 OVERTAKING <input type="checkbox"/> #1 #2 CHANGING LANES <input type="checkbox"/> #1 #2 AVOIDING MANEUVER <input type="checkbox"/> #1 #2 MERGING <input type="checkbox"/> #1 #2 PARKING <input type="checkbox"/> #1 #2 NEGOTIATING A CURVE <input type="checkbox"/> #1 #2 OTHER | <input type="checkbox"/> #1 #2 TRUCK (2 or 3 AXLE) <input type="checkbox"/> #1 #2 TRUCK / TRACTOR-SEMI <input type="checkbox"/> #1 #2 TRUCK and TRAILER <input type="checkbox"/> #1 #2 DOUBLE TRAILERS <input type="checkbox"/> #1 #2 TRIPLE TRAILERS <input type="checkbox"/> #1 #2 DROMEDARY and SEMI <input type="checkbox"/> #1 #2 HEAVY HAUL CONFIG <input type="checkbox"/> #1 #2 BUS <input type="checkbox"/> #1 #2 OTHER * PASSENGER FACTORS PASS UNIT #1 <input type="checkbox"/> #1 #2 NONE <input type="checkbox"/> #1 #2 INTERFERED w/DRIVER <input type="checkbox"/> #1 #2 UNDER INFL - DRUGS <input type="checkbox"/> #1 #2 UNDER INFL - ALCOHOL <input type="checkbox"/> #1 #2 UNKNOWN <input type="checkbox"/> #1 #2 OTHER (Explain) PASS UNIT #2 <input type="checkbox"/> #1 #2 NONE <input type="checkbox"/> #1 #2 INTERFERED w/DRIVER <input type="checkbox"/> #1 #2 UNDER INFL - DRUGS <input type="checkbox"/> #1 #2 UNDER INFL - ALCOHOL <input type="checkbox"/> #1 #2 UNKNOWN <input type="checkbox"/> #1 #2 OTHER (Explain) | <input type="checkbox"/> NONE <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> BICYCLIST <input type="checkbox"/> CONVEYANCE <input type="checkbox"/> WHEELCHAIR <input type="checkbox"/> ANIMAL RIDER <input type="checkbox"/> RIDER of ANIM DRAWN VEH <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER (Explain) |
| COLLISION WITH <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> PARKED MOTOR VEHICLE <input type="checkbox"/> RAILWAY TRAIN <input type="checkbox"/> BICYCLIST CRASH TYPE <input type="checkbox"/> HEAD ON <input type="checkbox"/> REAR END <input type="checkbox"/> ANGLE <input type="checkbox"/> SIDESWIPE <input type="checkbox"/> MANNER UNKNOWN FIXED OBJECT <input type="checkbox"/> BARRICADE <input type="checkbox"/> BOULDER / ROCK <input type="checkbox"/> BRIDGE / PASS or RAILING <input type="checkbox"/> BUILDING <input type="checkbox"/> CULVERT HEADWALL <input type="checkbox"/> CURBING <input type="checkbox"/> DITCH <input type="checkbox"/> DIVIDER - CNCRT or STEEL <input type="checkbox"/> FENCE - NOT MEDIAN <input type="checkbox"/> FIRE HYDRANT <input type="checkbox"/> HIGHWAY GUARDRAIL <input type="checkbox"/> HIGHWAY SIGN <input type="checkbox"/> IMPACT ABSORBER <input type="checkbox"/> LIGHT STANDARD <input type="checkbox"/> MAILBOX <input type="checkbox"/> OVERHEAD SIGN POST <input type="checkbox"/> OVERHEAD STRUCTURE <input type="checkbox"/> PIER or COLUMN <input type="checkbox"/> RETAINING WALL <input type="checkbox"/> SIDESLOPE EARTH <input type="checkbox"/> SIDESLOPE ROCK or STONE <input type="checkbox"/> TRAFFIC SIGNAL POST <input checked="" type="checkbox"/> TREE <input type="checkbox"/> UNDERPASS TUNNEL <input type="checkbox"/> UTILITY POLE <input type="checkbox"/> OTHER FIXED (Explain) | SURFACE CONDITION <input checked="" type="checkbox"/> #1 #2 DRY <input type="checkbox"/> #1 #2 WET <input type="checkbox"/> #1 #2 SNOW / SLUSH <input type="checkbox"/> #1 #2 ICY <input type="checkbox"/> #1 #2 MUDDY <input type="checkbox"/> #1 #2 DEBRIS <input type="checkbox"/> #1 #2 RUTS / HOLES / BUMPS <input type="checkbox"/> #1 #2 WORN / POLISHED <input type="checkbox"/> #1 #2 LOW / SOFT SHOULDER <input type="checkbox"/> #1 #2 OTHER / UNKNOWN SURFACE TYPE <input type="checkbox"/> #1 #2 CONCRETE <input checked="" type="checkbox"/> #1 #2 BLACKTOP / ASPHALT <input type="checkbox"/> #1 #2 GRAVEL <input type="checkbox"/> #1 #2 DIRT <input type="checkbox"/> #1 #2 OTHER LIGHT <input type="checkbox"/> FULL DAYLIGHT <input type="checkbox"/> DAWN <input type="checkbox"/> DUSK <input type="checkbox"/> DARK - LIGHTED WAY <input type="checkbox"/> DARK - NOT LIGHTED <input type="checkbox"/> UNKNOWN TRAFFIC CONTROL TYPE <input checked="" type="checkbox"/> #1 #2 NONE <input type="checkbox"/> #1 #2 SCHOOL BUS LIGHTS <input type="checkbox"/> #1 #2 OFFICER / CROSSING <input type="checkbox"/> #1 #2 GUARD or FLAGGER <input type="checkbox"/> #1 #2 TRAFFIC SIGNAL w/ <input type="checkbox"/> #1 #2 PEDESTRIAN CONTROL <input type="checkbox"/> #1 #2 TRAFFIC SIGNAL <input type="checkbox"/> #1 #2 FLASHING BEACON <input type="checkbox"/> #1 #2 STOP SIGN <input type="checkbox"/> #1 #2 YIELD SIGN <input type="checkbox"/> #1 #2 RR CROSSING GATES <input type="checkbox"/> #1 #2 RR CROSSING BUCKS <input type="checkbox"/> #1 #2 RR FLASHING SIGNAL <input type="checkbox"/> #1 #2 RR CROSSING w/ <input type="checkbox"/> #1 #2 PAVEMENT MARKINGS <input type="checkbox"/> #1 #2 LANE CONTRLS / LINES <input type="checkbox"/> #1 #2 / STRIPES / DEVICES <input type="checkbox"/> #1 #2 SCHOOL SIGNAL <input type="checkbox"/> #1 #2 OTHER REG SIGN <input type="checkbox"/> #1 #2 UNKNOWN TRAFFIC CONTROL DEVICE CONDITION <input checked="" type="checkbox"/> #1 #2 NO MALFUNCTION <input type="checkbox"/> #1 #2 DOWN / MISSING <input type="checkbox"/> #1 #2 TURNED FROM <input type="checkbox"/> #1 #2 PROPER POSITION <input type="checkbox"/> #1 #2 OBSCURED BY <input type="checkbox"/> #1 #2 OTHER SIGNS <input type="checkbox"/> #1 #2 OBSCURED BY <input type="checkbox"/> #1 #2 PARKED VEHICLE <input type="checkbox"/> #1 #2 OBSCURED BY <input type="checkbox"/> #1 #2 VEGETATION | DRIVER LICENSE VIOLATION <input checked="" type="checkbox"/> #1 #2 NONE <input type="checkbox"/> #1 #2 INSTRUCTION PERMIT <input type="checkbox"/> #1 #2 LICENSE RESTRICTION <input type="checkbox"/> #1 #2 EXPIRED LICENSE <input type="checkbox"/> #1 #2 OUT OF CLASS <input type="checkbox"/> #1 #2 SUSPNDED / REVOKED <input type="checkbox"/> #1 #2 UNLICENSED DRIVER FACTORS DRIVER #1 #2 <input checked="" type="checkbox"/> #1 #2 NONE <input type="checkbox"/> #1 #2 CELL PHONE USE <input type="checkbox"/> #1 #2 OBSTRUCTED VIEW <input type="checkbox"/> #1 #2 FAILED TO YIELD ROW <input type="checkbox"/> #1 #2 DISGRD TRAF SIGN <input type="checkbox"/> #1 #2 TOO FAST FOR COND <input type="checkbox"/> #1 #2 MADE IMPROPER TURN <input type="checkbox"/> #1 #2 WRONG SIDEWAY <input type="checkbox"/> #1 #2 FOLLOW TOO CLOSELY <input type="checkbox"/> #1 #2 IMPROPER LANE CHNG <input type="checkbox"/> #1 #2 IMPROPER BACKING <input type="checkbox"/> #1 #2 IMPROPER PASSING <input type="checkbox"/> #1 #2 IMPROPER SIGNAL <input type="checkbox"/> #1 #2 IMPROPER PARKING <input type="checkbox"/> #1 #2 FATIGUE / DROWSY <input type="checkbox"/> #1 #2 ILL / BLACKOUT <input type="checkbox"/> #1 #2 UNKNOWN <input type="checkbox"/> #1 #2 OTHER IMPAIRMENT DRIVER #1 #2 <input checked="" type="checkbox"/> #1 #2 NONE <input type="checkbox"/> #1 #2 UNDER INFL - DRUGS <input type="checkbox"/> #1 #2 UNDER INFL - ALCOHOL <input type="checkbox"/> #1 #2 UNDER INFL - MEDS <input type="checkbox"/> #1 #2 UNKNOWN DETERMINED BY: <input type="checkbox"/> INTOXILYZER TEST <input type="checkbox"/> BLOOD OR URINE TEST <input type="checkbox"/> FIELD SOB. TEST <input type="checkbox"/> OBSERVED (SPEECH, ODOR, ETC.) <input type="checkbox"/> DRE EVALUATION <input checked="" type="checkbox"/> STATEMENTS <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER RESULTS OF TEST: D1 _____ % D2 _____ % <input type="checkbox"/> NO TEST GIVEN <input type="checkbox"/> TEST REFUSED <input type="checkbox"/> TESTED FOR DRUGS <input type="checkbox"/> RESLTS NOT AVAILABLE | PEDESTRIAN ACTION <input type="checkbox"/> ENTER / CROSS ROAD <input type="checkbox"/> WALK / RIDE w/TRAFF <input type="checkbox"/> WALK / RIDE AGAINST <input type="checkbox"/> STEP ON / OFF VEHICLE <input type="checkbox"/> STEP ON / OFF SCH BUS <input type="checkbox"/> APPRCH / LEAVE SC BUS <input type="checkbox"/> APPROACH / LEAVE VEH <input type="checkbox"/> WORK / PUSHING VEHICLE <input type="checkbox"/> OTHER WORKING <input type="checkbox"/> PLAYING <input type="checkbox"/> STANDING <input type="checkbox"/> LYING DOWN <input type="checkbox"/> UNKNOWN PED / BIKE VISIBILITY <input type="checkbox"/> NO CONTRAST w/BKGRND <input type="checkbox"/> CONTRASTED w/BKGRND <input type="checkbox"/> REFLECTIVE <input type="checkbox"/> OTHER <input type="checkbox"/> OTHER LIGHT SOURCE <input type="checkbox"/> UNKNOWN PED / BIKE FACTORS <input type="checkbox"/> NONE <input type="checkbox"/> FAILED TO YIELD ROW <input type="checkbox"/> DISREGARD TRAFFIC SIGN <input type="checkbox"/> ILLEGALLY IN ROAD <input type="checkbox"/> EQUIPMENT VIOLATION <input type="checkbox"/> CLOTHING NOT VISIBLE <input type="checkbox"/> UNDER INFL - DRUGS <input type="checkbox"/> UNDER INFL - ALCOHOL <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER (Explain) | | |
| OTHER OBJECT (NOT FIXED) <input type="checkbox"/> ANIMAL <input type="checkbox"/> THROWN / FALLING OBJECT <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER OBJECT (Explain) | | | TRAILER TYPE <input type="checkbox"/> #1 #2 LOG BUNK <input type="checkbox"/> #1 #2 SEMITRAILER <input type="checkbox"/> #1 #2 POLE TRAILER <input type="checkbox"/> #1 #2 FULL TRAILER <input type="checkbox"/> #1 #2 MOBILE HOME <input type="checkbox"/> #1 #2 UTILITY TRAILER <input type="checkbox"/> #1 #2 TRAVEL TRAILER <input type="checkbox"/> #1 #2 BOAT TRAILER <input type="checkbox"/> #1 #2 FARM EQUIPMENT <input type="checkbox"/> #1 #2 HORSE TRAILER <input type="checkbox"/> #1 #2 VEHICLE IN TOW <input type="checkbox"/> #1 #2 OTHER / UNKNOWN | PEDESTRIAN LOCATION IN ROAD <input type="checkbox"/> IN X-WALK <input type="checkbox"/> NOT IN X-WALK <input type="checkbox"/> NO X-WALK AVAILABLE INTERSECTION <input type="checkbox"/> IN X-WALK <input type="checkbox"/> NOT IN X-WALK <input type="checkbox"/> NO X-WALK AVAILABLE OTHER <input type="checkbox"/> NOT IN ROADWAY <input type="checkbox"/> SHOULDER <input type="checkbox"/> MEDIAN <input type="checkbox"/> BIKE LANE <input type="checkbox"/> UNKNOWN | |
| EVENT LOCATION ON ROADWAY <input type="checkbox"/> NON-INTERSECTION <input type="checkbox"/> INTERSECTION <input type="checkbox"/> INTERSECTION RELATED <input type="checkbox"/> DRIVEWAY ACCESS <input type="checkbox"/> INTERCHANGE AREA <input type="checkbox"/> RAILROAD CROSSING <input type="checkbox"/> BRIDGE <input type="checkbox"/> TUNNEL <input type="checkbox"/> OTHER ON-ROAD AREA OFF ROADWAY <input type="checkbox"/> SHOULDER <input type="checkbox"/> TURNOUT <input checked="" type="checkbox"/> ROADSIDE <input type="checkbox"/> BEYOND RIGHT OF WAY <input type="checkbox"/> MEDIAN <input type="checkbox"/> DRIVEWAY <input type="checkbox"/> PRIVATE DRIVE <input type="checkbox"/> RAILROAD CROSSING <input type="checkbox"/> OTHER OFF ROAD <input type="checkbox"/> PARKING LOT <input type="checkbox"/> UNKNOWN SPECIAL ZONE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> MAINTENANCE <input type="checkbox"/> UTILITY <input type="checkbox"/> SNOW <input type="checkbox"/> SCHOOL <input type="checkbox"/> UNKNOWN WORK <input type="checkbox"/> OTHER | | | | SKETCH & NARRATIVE UNIT 1 2 SKID MARKS TO (FEET) _____ DISTANCE AFTER (FEET) _____ | |

CERTIFICATION OF VITAL RECORD

TYPE OR PRINT IN PERMANENT BLACK INK

426145 I.D. TAG NO.

OREGON DEPARTMENT OF HUMAN SERVICES HEALTH DIVISION CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

MEDICARE HIC

005343

136- State File Number

1. DECEDENT'S NAME: [Redacted] 2. SEX: Female 3. DATE OF DEATH: [Redacted] 4. SOCIAL SECURITY NUMBER: [Redacted] 5a. AGE: [Redacted] 5b. Under 1 Year: [Redacted] 5c. Under 1 Day: [Redacted] 6. BIRTHPLACE: Indianapolis, IN 7. DATE OF BIRTH: [Redacted] 8. WAS DECEDENT EVER IN U.S. ARMED FORCES? No 9a. PLACE OF DEATH: [Redacted] 9b. FACILITY NAME: Oregon Health Sciences University 9c. CITY, TOWN, OR LOCATION OF DEATH: Portland 9d. COUNTY OF DEATH: Multnomah 10a. DECEDENT'S USUAL OCCUPATION: Coil Winder 10b. KIND OF BUSINESS/INDUSTRY: Aviation 11. MARITAL STATUS: Widowed 12. SPOUSE: [Redacted] 13a. RESIDENCE - STATE: Oregon 13b. COUNTY: Douglas 13c. CITY, TOWN OR LOCATION: Winston 13d. STREET AND NUMBER: [Redacted] 14. WAS DECEDENT OF HISPANIC ORIGIN? No 15. RACE: White 16. DECEDENT'S EDUCATION: 11 17. FATHER - NAME: [Redacted] 18. MOTHER - NAME: [Redacted] 19. INFORMANT - NAME and relationship to decedent: [Redacted] Son 20a. METHOD OF DISPOSITION: Removal from State 20b. PLACE OF DISPOSITION: Rose Hills Cemetery 20c. LOCATION - City or Town, State: Whittier, California 21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Dale Miller 21b. OREGON LICENSE NO. (Of Licensee): 3512 22. NAME, ADDRESS AND ZIP OF FACILITY: Wilson's Chapel of the Roses 965 W. Harvard, Roseburg, OR 97470 23. DATE FILED (Month, Day, Year): NOV 08 2004 24. REGISTRAR'S SIGNATURE: Judy Meckam

RESERVED FOR REGISTRAR'S USE

TO BE COMPLETED BY CERTIFYING PHYSICIAN 27. TIME OF DEATH: 8:30P M 28. WAS MEDICAL EXAMINER NOTIFIED? Yes 29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) Karen Gunson MD 30. DATE SIGNED (Month, Day, Year): November 2, 2004 31a. TIME OF DEATH: 8:30P M 31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): October 30, 2004 8:30P M 32. 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 stated. (Signature) Karen Gunson MD 33. DATE SIGNED (Month, Day, Year): November 2, 2004 COUNTY: STATE OF OREGON 34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): KAREN GUNSON, M. D., STATE MEDICAL EXAMINER, 13309 S. E. 84th AVENUE, #100, CLACKAMAS, OR 97015 35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest. Interval between onset and death (a) MULTIPLE COMPLICATIONS OF HIP FRACTURE DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) OTHER SIGNIFICANT CONDITIONS - II Conditions contributing to death but not resulting in the underlying cause given in PART I. 37. Did tobacco use contribute to the death? No 38. AUTOPSY: No 39. IF YES were findings considered in determining cause of death? No 40. MANNER OF DEATH: Accident 41a. DATE OF INJURY (Month, Day, Year): August 29, 2004 41b. TIME OF INJURY: Unknown 41c. INJURY AT WORK? No 41d. DESCRIBE HOW INJURY OCCURRED: Driver in car versus tree crash 41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify): Street 41f. LOCATION (Street and Number or Rural Route Number, City or Town, State): Unknown

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THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE MULTNOMAH COUNTY REGISTRAR.

NOV 09 2004

DATE ISSUED:

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

LILA WICKHAM, RN, MS COUNTY REGISTRAR MULTNOMAH COUNTY, OREGON



NATIONAL Hwy. Traffic Safety Admin. ref. # 10609356

Untitled

October 2, 2014

Reference #10609356

Additional information not on Police Report, as they only briefly spoke with [REDACTED] due to her injuries was in process of being transported to the hospital.

A statement was made by [REDACTED] to her health insurance company (United Healthcare, Ingenix subrogation services, Milwaukee, Wisconsin, Case # [REDACTED] as follows:

"was driving down incline, hit a tree because engine stalled and lost power brakes". [REDACTED] also, shortly after the accident, advised family members that she had lost everything power brakes, power steering and engine was not running (stalled).

We (the [REDACTED] Family) heard on the news that they had recalled 1999 Pontiac Grand Am for ignition problems and feel it detailed exactly what had happened to [REDACTED] in her 1998 Pontiac Grand Am. We heard this recall on the 1999 Pontiac was recalled on June 30th, 2014.

We feel they should investigate the ignition on the 1998 Pontiac Grand Am as we would like to know if it had the same exact ignition as the 1999 and could of caused her accident.

Thank You in Advance for any help you can give us that will start General Motors in checking into a possible recall on the 1998 Grand Am and it might prevent anyone else from experiencing the same type of failure and might prevent injury or death.

We have also contacted GM directly and are sending them your report, as well as the police report and death certificate of [REDACTED] In case you need it GM's reference # is [REDACTED] dated reported was 10/2/2014.

My name is [REDACTED] Sutherlin, OR [REDACTED] phone # [REDACTED]
email address: [REDACTED]

[REDACTED]

10/2/2014