JAN. 20 2015

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
13-NOV-2014	Reference No. 10654821

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address		Evening Telephone Number	
City: LA CANADA	State: CA	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	Make	Model	Model Year
JTKKU4B45AJ	TOYOTA	SCION XD	2010

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
APR. 4-10	LONGO TOYOTA			FOUR	GAS
Original Owner ☑	Dealer's City: EL MONTE	State: CA	Zip Code: 91731		

Transmission Type	☐ Antilock Brakes ☐ Cruise Control	Powertrain	Multiple Failure:	Incident Date(s)
AUTO		WHEEL DRIVE	AIR BAGS	23-NOV-2011

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 140000 AIR BAGS	Failure Mileage	Failure Speed
	APPROX 32,000	15

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMAL9ABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type:

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☒ Yes ☐ No	☐ Yes ☒ No	2	0	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 2010 TOYOTA SCION XD. THE CONTACT STATED THAT WHILE MAKING A LEFT TURN AT APPROXIMATELY 15 MPH, ANOTHER VEHICLE CRASHED INTO THE CONTACT CAUSING THE CONTACT TO LOSE CONTROL OF THE VEHICLE. THE CONTACT CRASHED INTO A TRAFFIC SIGN AND THE AIR BAGS DID NOT DEPLOY. A POLICE REPORT WAS FILED. THE DRIVER SUSTAINED INJURIES TO THE SPINE AND BACK. THE PASSENGER SUSTAINED INJURIES TO THE KNEES, THE BACK AND NECK. THEY BOTH RECEIVED MEDICAL ATTENTION. THE VEHICLE WAS DESTROYED. THE MANUFACTURER WAS NOT NOTIFIED OF THE FAILURE. THE APPROXIMATE FAILURE MILEAGE WAS NOT AVAILABLE.

ATTACHMENTS ARE AS FOLLOWS:
(1) "TRAFFIC COLLISION REPORT" FOUR PAGES (POLICE RPT)
(2) "NARRATIVE/SUPPLEMENTAL" ONE PAGE (ADDITION TO POLICE REPORT)
(3) ~~POLICE RPT.~~ PHOTOS: TWO PACKETS (4) MEDICAL BILLS OUTSTANDING.

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)

MEDICAL BILLS OUTSTANGING APPROX $22,000.00
IN ADDITION SURGERY IS SUGGESTED FOR
MY BALANCE RE: LUMBAR SPINE PER U.C.L.A
SPINE DOCTOR.

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

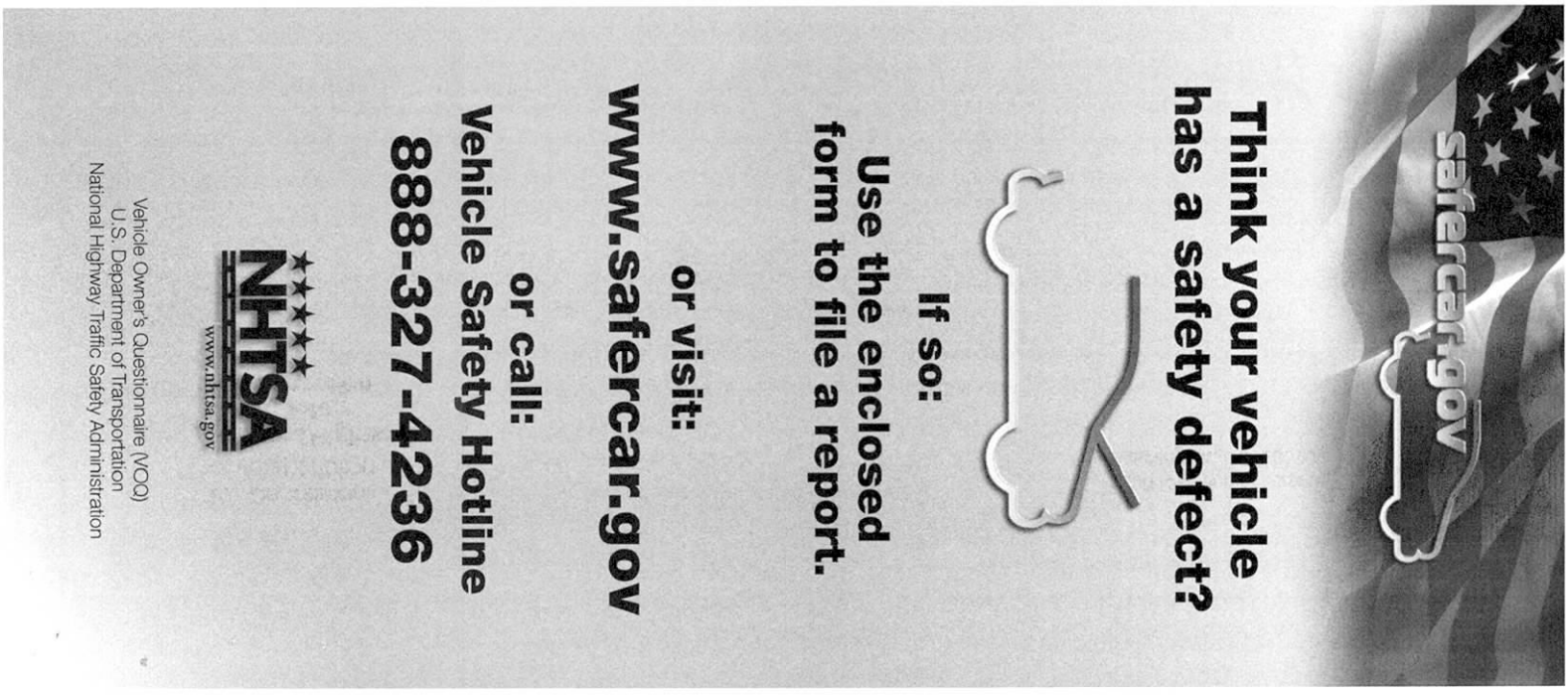
Official Business
Penalty for Private Use $300

**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



P 1 of 4

STATE OF CALIFORNIA

TRAFFIC COLLISION REPORT

SPECIAL CONDITIONS	NUMBER INJURED	HIT & RUN FELONY	CITY	JUDICIAL DISTRICT	LOCAL REPORT NUMBER
PRELIMINARY	2	☐	Inglewood	INGLEWOOD	[redacted]
	NUMBER KILLED	HIT & RUN MISD.	COUNTY / REPORTING DISTRICT / BEAT	DAY OF WEEK	TOW AWAY
	0	☐	LOS ANGELES / I05 / 01	Wednesday	☒ YES ☐ NO

LOCATION	COLLISION OCCURRED ON	MO. DAY YEAR	TIME (2400)	NCIC #	OFFICER I.D.
	[redacted]	11/23/2011	1924	1933	930

MILEPOST INFORMATION: FEET OF — GPS COORDINATES: LATITUDE LONGITUDE — STATE HWY REL. ☒ YES ☐ NO — PHOTOGRAPHS BY: ☐ NONE: None

☒ AT INTERSECTION WITH ☐ OR FEET OF [redacted]

PARTY 1

DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.
[redacted]	CA	C	M	G

DRIVER ☒ — NAME (FIRST, MIDDLE, LAST): [redacted]

PEDESTRIAN ☐ — STREET ADDRESS: [redacted]

PARKED VEHICLE ☐ — CITY / STATE / ZIP: INGLEWOOD CA [redacted]

BICYCLIST ☐ — OTHER ☐

SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	RACE
M	WHT	BRO	5'05"	125	[redacted]	W

HOME PHONE: [redacted] — BUSINESS PHONE:

INSURANCE CARRIER: STATE FARM INSURANCE — POLICY NUMBER: [redacted]

DIR. OF TRAVEL: W — ON STREET OR HIGHWAY: BEACH AVENUE — SPEED LIMIT: 15

VEH. YR.	MAKE / MODEL / COLOR	LICENSE NUMBER	STATE
2010	TOYOTA SCION WHITE	[redacted]	CA

OWNER'S NAME: ☒ SAME AS DRIVER

OWNER'S ADDRESS: ☒ SAME AS DRIVER

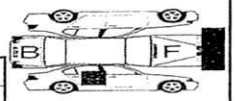
DISPOSITION OF VEHICLE ON ORDERS OF: ☐ OFFICER ☒ DRIVER ☐ OTHER

Bryants Tow

PRIOR MECHANICAL DEFECTS: NONE APPARENT ☒ REFER TO NARRATIVE ☐

VEHICLE IDENTIFICATION NUMBER: JTKKU4B45AJ[redacted]

VEHICLE TYPE: 01 — DESCRIBE VEHICLE DAMAGE: ☐ UNK ☐ NONE ☐ MINOR ☐ MOD ☒ MAJOR ☐ ROLL-OVER



CA ____ DOT ____ CAL-T ____ TCP/PSC ____ MC/MX ____

PARTY 2

DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.
[redacted]	CA	C	M	G

DRIVER ☒ — NAME (FIRST, MIDDLE, LAST): [redacted]

PEDESTRIAN ☐ — STREET ADDRESS: [redacted]

PARKED VEHICLE ☐ — CITY / STATE / ZIP: INGLEWOOD CA [redacted]

BICYCLIST ☐ — OTHER ☐

SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	RACE
F	BLK	BRO	5'00"	125	[redacted]	B

HOME PHONE: [redacted] — BUSINESS PHONE:

INSURANCE CARRIER: SAID YES NONE SHOWN — POLICY NUMBER:

DIR. OF TRAVEL: S — ON STREET OR HIGHWAY: [redacted] — SPEED LIMIT: 30

VEH. YR.	MAKE / MODEL / COLOR	LICENSE NUMBER	STATE
2002	NISSAN MAXIMA BLUE	[redacted]	CA

OWNER'S NAME: ☒ SAME AS DRIVER

OWNER'S ADDRESS: ☒ SAME AS DRIVER

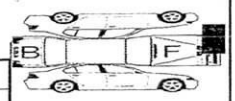
DISPOSITION OF VEHICLE ON ORDERS OF: ☐ OFFICER ☒ DRIVER ☐ OTHER

Driven Away

PRIOR MECHANICAL DEFECTS: NONE APPARENT ☒ REFER TO NARRATIVE ☐

VEHICLE IDENTIFICATION NUMBER: JN1DA31D52T[redacted]

VEHICLE TYPE: 01 — DESCRIBE VEHICLE DAMAGE: ☐ UNK ☐ NONE ☒ MINOR ☐ MOD ☐ MAJOR ☐ ROLL-OVER



CA ____ DOT ____ CAL-T ____ TCP/PSC ____ MC/MX ____

PARTY

DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.

DRIVER ☐ — NAME (FIRST, MIDDLE, LAST):

PEDESTRIAN ☐ — STREET ADDRESS:

PARKED VEHICLE ☐ — CITY / STATE / ZIP:

BICYCLIST ☐ — OTHER ☐

SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	RACE

HOME PHONE: — BUSINESS PHONE:

INSURANCE CARRIER: — POLICY NUMBER:

DIR. OF TRAVEL: — ON STREET OR HIGHWAY: — SPEED LIMIT:

VEH. YR.	MAKE / MODEL / COLOR	LICENSE NUMBER	STATE

OWNER'S NAME: ☐ SAME AS DRIVER

OWNER'S ADDRESS: ☐ SAME AS DRIVER

DISPOSITION OF VEHICLE ON ORDERS OF: ☐ OFFICER ☐ DRIVER ☐ OTHER

PRIOR MECHANICAL DEFECTS: NONE APPARENT ☐ REFER TO NARRATIVE ☐

VEHICLE IDENTIFICATION NUMBER:

VEHICLE TYPE: — DESCRIBE VEHICLE DAMAGE: ☐ UNK ☐ NONE ☐ MINOR ☐ MOD ☐ MAJOR ☐ ROLL-OVER

CA ____ DOT ____ CAL-T ____ TCP/PSC ____ MC/MX ____

PREPARER'S NAME	DISPATCH NOTIFIED	REVIEWER'S NAME	DATE REVIEWED
Chatman, Sr., Ivan, 930	☐ YES ☐ NO ☒ N/A	LaGreek, J 805	12/1/2011

PH: IPD 310-412-5211

STATE OF CALIFORNIA

TRAFFIC COLLISION CODING

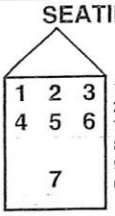
DATE OF COLLISION (MO. DAY YEAR)	TIME	NCIC #	OFFICER I.D.	NUMBER
11/23/2011	1924	1933	930	[redacted]

PROPERTY DAMAGE

OWNER'S NAME	OWNER'S ADDRESS	NOTIFIED
CITY OF INGLEWOOD	ONE WEST MANCHESTER BLVD	☐ YES ☒ NO

DESCRIPTION OF DAMAGE: SIGNAL LIGHT POST

SEATING POSITION



1 - DRIVER
2 TO 6 PASSENGERS
7 - STN. WAGON REAR
8 - RR. OCC. TRK OR VAN
9 - POSITION UNKNOWN
0 - OTHER

OCCUPANTS
A - NONE IN VEHICLE
B - UNKNOWN
C - LAP BELT USED
D - LAP BELT NOT USED
E - SHOULDER HARNESS USED
F - SHOULDER HARNESS NOT USED
G - LAP / SHOULDER HARNESS USED
H - LAP / SHOULDER HARNESS NOT USED
J - PASSIVE RESTRAINT USED
K - PASSIVE RESTRAINT NOT USED

SAFETY EQUIPMENT

L -AIR BAG DEPLOYED
M- AIR BAG NOT DEPLOYED
N - OTHER
P - NOT REQUIRED

CHILD RESTRAINT
Q -IN VEHICLE USED
R- IN VEHICLE NOT USED
S - IN VEHICLE USE UNKNOWN
T - IN VEHICLE IMPROPER USE
U - NONE IN VEHICLE

M / C BICYCLE - HELMET
DRIVER: V- NO, W - YES
PASSENGER: X- NO, Y - YES

EJECTED FROM VEHICLE
0 - NOT EJECTED
1 - FULLY EJECTED
2 - PARTIALLY EJECTED
3 - UNKNOWN

INATTENTION CODES

A - CELL PHONE HANDHELD
B - CELL PHONE HANDSFREE
C - ELECTRONIC EQUIPMENT
D - RADIO / CD
E - SMOKING
F -EATING
G - CHILDREN
H - ANIMALS
I - PERSONAL HYGIENE
J - READING
K - OTHER

ITEMS MARKED BELOW WHICH ARE FOLLOWED BY AN ASTERISK (*) SHOULD BE EXPLAINED IN THE NARRATIVE

PRIMARY COLLISION FACTOR LIST NUMBER OF PARTY AT FAULT

1 — A VC SECTION VIOLATED 21801 (A) Cited: No
B OTHER IMPROPER DRIVING:
C OTHER THAN DRIVER
D UNKNOWN

WEATHER (MARK 1 TO 2 ITEMS)
◆ A CLEAR
B CLOUDY
C RAINING
D SNOWING
E FOG / VISIBILITY FT.
F OTHER*:
G WIND

LIGHTING
A DAYLIGHT
B DUSK - DAWN
C DARK - STREET LIGHTS
◆ D DARK - NO STREET LIGHTS
E DARK - STREET LIGHTS NOT FUNCTIONING

ROADWAY SURFACE
◆ A DRY
B WET
C SNOWY - ICY
D SLIPPERY (MUDDY, OILY, ETC.)

ROADWAY CONDITIONS (MARK 1 TO 2 ITEMS)
A HOLES, DEEP RUTS
B LOOSE MATERIAL ON RDWY
C OBSTRUCTION ON ROADWAY
D CONSTRUCTION-REPAIR ZONE
E REDUCED ROADWAY WIDTH
F FLOODED
G OTHER
◆ H NO UNUSUAL CONDITIONS

TRAFFIC CONTROL DEVICES
◆ A CONTROLS FUNCTIONING
B CONTROLS NOT FUNCTIONING
C CONTROLS OBSCURED
D NO CONTROLS PRESENT/FACTOR

TYPE OF COLLISION
A HEAD-ON
B SIDESWIPE
C REAR END
◆ D BROADSIDE
E HIT OBJECT
F OVERTURNED
G VEHICLE PEDESTRIAN
H OTHER:

MOTOR VEHICLE INVOLVED WITH
A NON-COLLISION
B PEDESTRIAN
◆ C OTHER MOTOR VEHICLE
D MOTOR VEH ON OTHER ROADWAY
E PARKED MOTOR VEHICLE
F TRAIN
G BICYCLE
H ANIMAL:
I FIXED OBJECT:
J OTHER OBJECT:

PEDESTRIAN'S ACTION
◆ A NO PEDESTRIAN INVOLVED
B CROSSING IN CROSSWALK AT INTERSECTION
C CROSSING IN CROSSWALK NOT AT INTERSECTION
D CROSSING - NOT IN CROSSWALK
E IN ROAD - INCLUDES SHOULDER
F NOT IN ROAD
G APPROACH/LEAVING SCHOOL BUS

	1	2	3
A CONTROLS FUNCTIONING			
B CONTROLS NOT FUNCTIONING			
C CONTROLS OBSCURED			
D NO CONTROLS PRESENT/FACTOR			
A HEAD-ON			
B SIDESWIPE			
C REAR END			
◆ D BROADSIDE			
E HIT OBJECT			
F OVERTURNED			
G VEHICLE PEDESTRIAN			
H OTHER:			
A NON-COLLISION			
B PEDESTRIAN			
◆ C OTHER MOTOR VEHICLE			
D MOTOR VEH ON OTHER ROADWAY			
E PARKED MOTOR VEHICLE			
F TRAIN			
G BICYCLE			
H ANIMAL:			
I FIXED OBJECT:			
J OTHER OBJECT:			
A NO PEDESTRIAN INVOLVED			
B CROSSING IN CROSSWALK AT INTERSECTION			
C CROSSING IN CROSSWALK NOT AT INTERSECTION			
D CROSSING - NOT IN CROSSWALK			
E IN ROAD - INCLUDES SHOULDER			
F NOT IN ROAD	◆	◆	
G APPROACH/LEAVING SCHOOL BUS			

SPECIAL INFORMATION

	1	2	3
A HAZARDOUS MATERIAL			
B CELL PHONE HANDHELD IN USE		◆	
C CELL PHONE HANDSFREE IN USE			
D CELL PHONE NOT IN USE			
E SCHOOL BUS RELATED	◆		
F 75 FT MOTORTRUCK COMBO			
G 32 FT TRAILER COMBO			
H			
I			
J			
K			
L			
M			
N			
O			

OTHER ASSOCIATED FACTOR (MARK 1 TO 2 ITEMS)

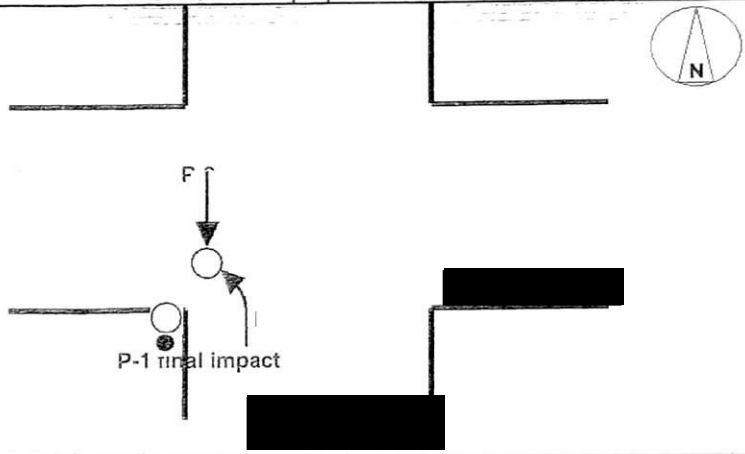
	1	2	3
A VC SECTION VIOLATION: Cited	[redacted]		
B VC SECTION VIOLATION: Cited	[redacted]		
C VC SECTION VIOLATION: Cited	[redacted]		
D	[redacted]		
E VISION OBSCUREMENT			
F INATTENTION*:			
G STOP & GO TRAFFIC			
H ENTERING / LEAVING RAMP			
I PREVIOUS COLLISION			
J UNFAMILIAR WITH ROAD			
K DEFECTIVE VEH. EQUIP.: Cited			
L UNINVOLVED VEHICLE			
M OTHER*:			
N NONE APPARENT			
O RUNAWAY VEHICLE			

MOVEMENT PRECEDING COLLISION

	1	2	3
A STOPPED			
B PROCEEDING STRAIGHT		◆	
C RAN OFF ROAD			
D MAKING RIGHT TURN			
E MAKING LEFT TURN	◆		
F MAKING U TURN			
G BACKING			
H SLOWING / STOPPING			
I PASSING OTHER VEHICLE			
J CHANGING LANES			
K PARKING MANEUVER			
L ENTERING TRAFFIC			
M OTHER UNSAFE TURNING			
N XING INTO OPPOSING LANE			
O PARKED			
P MERGING			
Q TRAVELING WRONG WAY			
R OTHER:*			

SOBRIETY - DRUG PHYSICAL (MARK 1 TO 2 ITEMS)

	1	2	3
A HAD NOT BEEN DRINKING	◆	◆	
B HBD - UNDER INFLUENCE			
C HBD - NOT UNDER INFLU.*			
D HBD - IMPAIRMENT UNK.*			
E UNDER DRUG INFLU.*			
F IMPAIRMENT - PHYSICAL*			
G IMPAIRMENT NOT KNOWN			
H NOT APPLICABLE			
I SLEEPY / FATIGUED			



MISCELLANEOUS

STATE OF CALIFORNIA

INJURED / WITNESSES / PASSENGERS

DATE OF COLLISION	TIME	NCIC NUMBER	OFFICER ID	NUMBER
11/23/2011	1924	1933	930	[redacted]

WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ("X" ONE): FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJ	COMPLAINT OF PAIN	INJURED WAS ("X" ONE): DRIVER	PASS.	PED.	BICYCLIST	OTHER	PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED
☐ #	☐	29	F	☐	☐	☐	X	☐	X	☐	☐	☐	2	3	M	G	0

NAME / D.O.B. / ADDRESS: [redacted] LOS ANGELES, CA, [redacted] USA [redacted]

TELEPHONE:

(INJURED ONLY) TRANSPORTED BY: Refused

TAKEN TO: N/A

DESCRIBE INJURIES: COMPLAINT OF PAIN IN LEFT LOWER LEG

☐ VICTIM OF VIOLENT CRIME NOTIFIED

WITNESS ONLY	PASSENGER ONLY	AGE	SEX	FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJ	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER	PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED
☐ #	☐	34	M	☐	☐	☐	X	☐	X	☐	☐	☐	1	3	M	G	0

NAME / D.O.B. / ADDRESS: [redacted] INGLEWOOD, CA, [redacted] USA [redacted]

TELEPHONE: [redacted]

(INJURED ONLY) TRANSPORTED BY: Refused

TAKEN TO: N/A

DESCRIBE INJURIES: COMPAINT OF PAIN IN BOTH KNEES

☐ VICTIM OF VIOLENT CRIME NOTIFIED

WITNESS ONLY	PASSENGER ONLY	AGE	SEX	FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJ	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER	PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED
☐ #	X	31	F	☐	☐	☐	☐	☐	☐	☐	☐	☐	2	4	M	G	0

NAME / D.O.B. / ADDRESS: [redacted] INGLEWOOD, CA, [redacted] USA [redacted]

TELEPHONE:

(INJURED ONLY) TRANSPORTED BY:

TAKEN TO:

DESCRIBE INJURIES:

☐ VICTIM OF VIOLENT CRIME NOTIFIED

WITNESS ONLY	PASSENGER ONLY	AGE	SEX	FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJ	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER	PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED
☐ #	☐			☐	☐	☐	☐	☐	☐	☐	☐	☐					

NAME / D.O.B. / ADDRESS:

TELEPHONE:

(INJURED ONLY) TRANSPORTED BY:

TAKEN TO:

DESCRIBE INJURIES:

☐ VICTIM OF VIOLENT CRIME NOTIFIED

WITNESS ONLY	PASSENGER ONLY	AGE	SEX	FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJ	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER	PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED
☐ #	☐			☐	☐	☐	☐	☐	☐	☐	☐	☐					

NAME / D.O.B. / ADDRESS:

TELEPHONE:

(INJURED ONLY) TRANSPORTED BY:

TAKEN TO:

DESCRIBE INJURIES:

☐ VICTIM OF VIOLENT CRIME NOTIFIED

WITNESS ONLY	PASSENGER ONLY	AGE	SEX	FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJ	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER	PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED
☐ #	☐			☐	☐	☐	☐	☐	☐	☐	☐	☐					

NAME / D.O.B. / ADDRESS:

TELEPHONE:

(INJURED ONLY) TRANSPORTED BY:

TAKEN TO:

DESCRIBE INJURIES:

☐ VICTIM OF VIOLENT CRIME NOTIFIED

PREPARER'S NAME	I.D. NUMBER	MO. DAY YEAR	REVIEWER'S NAME	MO. DAY YEAR
Chatman, Sr., Ivan, 930	930	11/24/2011	LaGreek, J 805	12/1/2011

STATE OF CALIFORNIA
NARRATIVE/SUPPLEMENTAL
CHP 556 (Rev 7-90) OPI 042

Date of Incident/Occurrence	Time(2400)	NCIC NUMBER	OFFICER ID #	NUMBER
11/23/2011	1924	1933	930	[redacted]

Notification:
On 11/23/2011, Officer Green Serial No. 924 and I Officer Chatman Serial No. 930 received a radio call of a two vehicle collision at [redacted] and [redacted] I/O's arrived on scene at approximately 1928 hrs.

Statements:
P-1 ([redacted]) stated in substance, that he was waiting to make a left turn onto [redacted] made a left turn and saw P-2 vehicle approaching at a high rate of speed. [redacted] attempted to make a u-turn hoping to avoid a vehicle collision with P-2. P-1 then collided into P-2's vehicle and the signal light post.

P-2 ([redacted]) stated in substance, that she was driving south in the number one lane on [redacted] approaching [redacted] on a green light a white vehicle made a left turn in front of her vehicle and collided into her vehicle.

Witness Statements:
Passenger [redacted] stated that she was seated in the front passenger seat when she saw a white vehicle make a left turn in front of P-2's vehicle and collided into P-2's vehicle. FALSE STATEMENT!
REFER PROPERT REPORT
Passenger [redacted] stated she was seated in the rear passenger seat when she saw a white vehicle make a left turn in front of P-2's vehicle and collided into P-2's vehicle. FALSE STATEMENT!
REFER PROPERT REPORT
Passenger [redacted] stated that P-1 was making a left turn when he saw P-2 approaching at a high rate of speed. P-1 then attempted to make a u-turn hoping to avoid a collision. P-1 then collided into P-2's vehicle and the signal light post. FALSE STATEMENT.
REFER TO PROPERT REPORT! DAMAGE TO P/VEHICLE AT PASSAGE DOOR (REAR # NOT THE FRONT DOOR)

Injuries:
Passenger [redacted] complained of pain in her left lower leg. [redacted] refused medical attention. Passenger [redacted] complained of pain in both knees. [redacted] refused medical attention

Area of Impact:

1 – 20 feet south of the north curb line of [redacted]
10 feet east of the west curb line of [redacted]

2 – 3ft south of the south curb line of [redacted]
6ft west of the west curb line of [redacted]

Cause:

Based on statements provided as well as damge to the vehicles, it is the opinion of the I/O that P-1 caused this collision by being in violation of [redacted] VC "Failure to yield while making a left turn."

I/O Notes
The signal light was fixed by city worker in about two hours after the traffic collision.

PREPARER'S NAME AND I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
Chatman, Sr., Ivan 930			

OFFICER GREEN TOOK NARRATIVE FROM STABO AT THE ACCIDENT SITE

STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

CHP 556 (Rev 7-90) OPI 042

DATE OF INCIDENT/OCCURRENCE	TIME (2400)	NCIC NUMBER	OFFICER I.D. NUMBER	NUMBER
11-23-2011	1924	1933	930	[redacted]

"X" ONE	"X" ONE	TYPE SUPPLEMENTAL ("X" APPLICABLE)		
☐ Narrative	☒ Collision report	☐ BA update	☐ Fatal	☐ Hit and run update
☒ Supplemental	☐ Other:	☐ Hazardous materials	☐ School bus	☒ Other:

CITY/COUNTY/JUDICIAL DISTRICT	REPORTING DISTRICT/BEAT	CITATION NUMBER
INGLEWOOD LOS ANGELES INGLEWOOD	105 01	

LOCATION/SUBJECT	STATE HIGHWAY RELATED
[redacted] AT [redacted] INTERSECTION	☒ Yes ☐ No

CORRECTION TO TRAFFIC COLLISION REPORT OF 11-23-2011

PAGE ONE:

PARTY ONE: ZIP CODE IS [redacted] NOT [redacted]

PARTY ONE: HAIR IS BLOND; EYES ARE BLUE; HEIGHT IS 5'10"; WEIGHT IS 165 lbs THE REPORT IS NOT STATED CORRECTLY.

PAGE ONE:

PARTY TWO: INSURANCE CARRIER - NONE PRESENTED.

PAGE TWO:

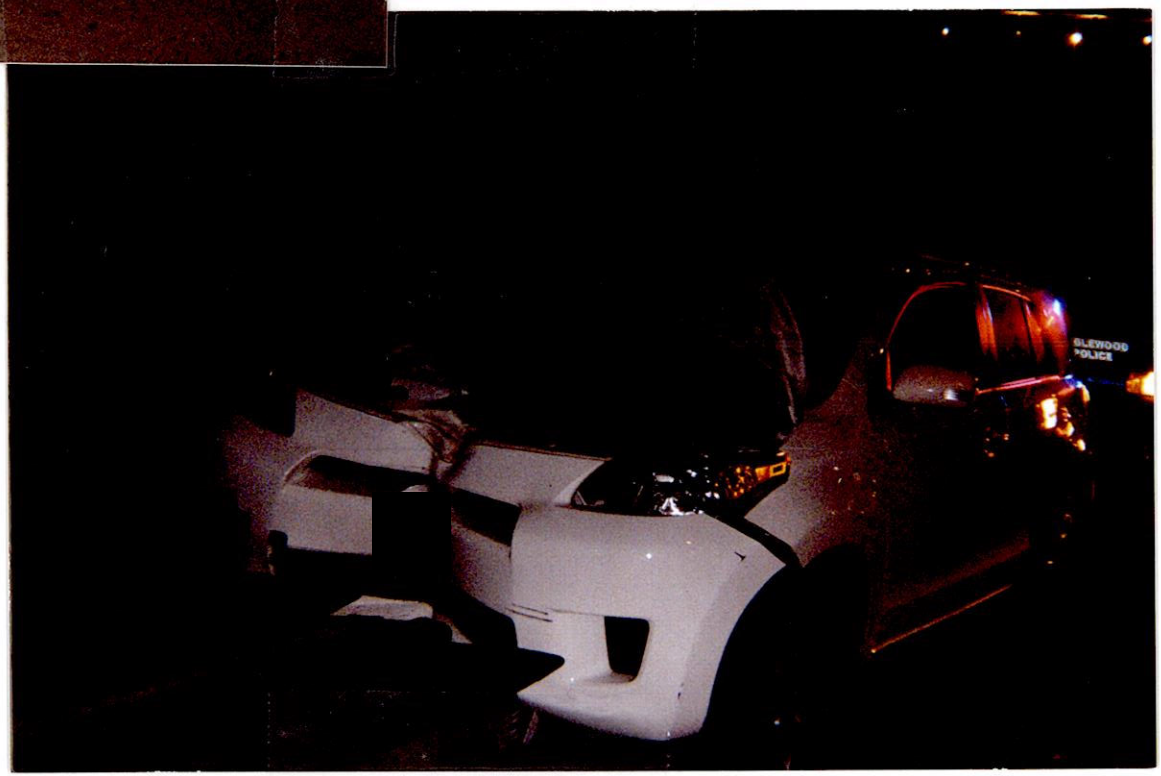
COLUMN TWO; "TYPE OF COLLISION" IS BROADSIDE: PARTY TWO COLLIDED INTO PARTY ONE PER PHYICAL EVIDENCE.

"SAFETY EQUIPMENT" AIRBAGS WERE NOT DEPLOYED - M, FOR PARTY ONE AND HIS TENANT PASSENGER [redacted]

"INATTENTION CODES" "A CELL PHONE HANDHELD" PARTY TWO GOT OUT OF HER VEHICLE WITH HER CELL PHONE IN HAND PER [redacted] / PASSENGER IN PARTY ONE'S VEHICLE

[redacted] NOV 19, 2012

PREPARER'S NAME AND I.D. NUMBER	DATE	REVIEWER'S NAME	DATE


GLEWOOD
POLICE

NHTS REFERENCE NO. 10654821

PACKET 2 OF 2

(a) SECONDARY IMPACT ON MY SCION X-D FRONT OF THE VEHICLE.
ALL AIR BAGS FAILED TO DEPLOY.
ACCIDENT DATE 11-23-2011.
OWNER [redacted]
VIN JTKKU4B45AJ[redacted].

NOTE: LOST CONTROL OF MY SCION X-D CONSEQUENTLY I IMPACTED ONE TRAFIC SIGNAL (METAL POLE) MY CAR WAS A TOTAL LOSS. ALSO FOUR PHOTOS INCLUDED IN THIS PACKET.

NHTS REFERENCE NO.: 10654821

PACKET 1 OF 2

(a) INITAL IMPACT ON MY SCION X-D. RIGHT REAR PASSENDER DOOR.
ALL AIR BAGS FAILED TO DEPLOY.
ACCIDENT DATE 11-23-2011. OWNER [redacted]
VIN JTKKU4B45AJ[redacted]

NOTE: ONE PHOTO INCLUDED