


MAR 24 2015

 <p><b>DOT Auto Safety Hotline</b>  <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>				FOR AGENCY USE ONLY 100148	
U.S. Department of Transportation National Highway Traffic Safety Administration				Date Received 18-NOV-2014	
<b>OWNER INFORMATION (Type or Print)</b>				Repository <input type="checkbox"/> Reference No. 10659003	
Name [REDACTED]		Daytime Telephone Number [REDACTED]		E-mail Address	
Address [REDACTED]		Evening Telephone Number			
City SCOTT CITY		State MO	Zip Code [REDACTED]		
<p>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).</p>					
<b>VEHICLE INFORMATION</b>					
Digit Vehicle Identification Number: Located at bottom of windshield on driver's side 2LMDJ6JK4E [REDACTED]			Make LINCOLN	Model MKX	Model Year 2014
Date Purchased		Dealer's Name and Telephone Number		Engine: No: Cylinders	Fuel Type:
Original Owner <input type="checkbox"/>		Dealer's City	State	Zip Code	
Transmission Type	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Multiple Failure:		Incident Date(s) 02-APR-2014
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>					
Vehicle Component Code: 100000 POWER TRAIN				Failure Mileage 300	Failure Speed 2 mi per hr
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>					
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:		
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>					
Make:		Date Manufactured:		Model No./Name:	
Seat Type:		Installation System:			
Child Seat Component Code:		Failed Part:			
<b>APPLICABLE INCIDENT INFORMATION</b> (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)					
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police <input checked="" type="checkbox"/>	
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 2014 LINCOLN MKX. WHILE PARKED ON A FLAT SURFACE, THE VEHICLE ROLLED BACKWARDS WITHOUT WARNING. THE FAILURE RECURRED APPROXIMATELY FOUR TIMES. THE VEHICLE WAS NOT DIAGNOSED OR REPAIRED. THE MANUFACTURER WAS NOTIFIED. THE APPROXIMATE FAILURE MILEAGE WAS 300.					
<p style="font-size: 2em; color: blue;">see attached reports</p>					
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.					

February 04, 2015

[REDACTED]  
[REDACTED]  
Scott City MO [REDACTED]

State Farm Claims  
P. O. Box 661001  
Dallas TX 75266-1001

RE: Claim Number: [REDACTED]  
Date of Loss: April 26, 2014  
Our Insured: [REDACTED]  
Vehicle Type: 2014 Lincoln MKX

Dear [REDACTED]

This letter will verify that, on April 26, 2014, [REDACTED] was covered by a policy of automobile liability insurance issued by this company.

This will further verify that all known claims arising from this accident have been concluded.

This will further verify State Farm<sup>®</sup> has accepted liability under our insured's policy and agree to review all claims presented and related to this loss up to the amount of our insured's liability policy limits if claims are presented within the statute of limitation required by Missouri law.

If further information is needed, please advise.

As a State Farm<sup>®</sup> policyholder, you can enjoy the benefits of online registration. Benefits include checking the status of your claim online; managing your insurance information and accounts; and staying connected to State Farm. Just go to [statefarm.com](http://statefarm.com) to get registered. All you need to complete the process is your State Farm policy or account number, your email address, and about five minutes. If you are already registered, thank you!

Sincerely,

Bendrick S Humphrey  
Independent Adjuster  
Team: 22  
(800) 448-4587 Ext. 22  
Fax: (888) 257-6078

State Farm Mutual Automobile Insurance Company

PS: As requested the Police Report is included.



For Customer Support refer to the appropriate platform below:

**OrderPoint**  
800-934-9698  
Orderpoint.support@lexisnexis.com

**Accurint for Insurance**  
866-277-8407  
Accunnt.support@lexisnexis.com

**Lexis.com**  
Law Firm accounts  
800-543-6862

REPORT ATTACHED

PAGE COUNT 4

CLIENT [REDACTED]  
DIVISION [REDACTED]  
ADJUSTER CR4IGI2Q  
CLAIM [REDACTED]

TRANSACTION # [REDACTED]  
DATE 05/24/2014

DATE OF LOSS 04/26/2014 TIME OF LOSS 10 45 AM  
STREET 1314 PERRYVILLE BLVD  
CITY PERRYVILLE  
COUNTY PERRY  
STATE MO

INVESTIGATING AGENCY PERRYVILLE PD  
REPORT NUMBER [REDACTED]  
REPORT TYPE Auto Accident  
PARTY 1 WILMA HEISSERER  
PARTY 2 PAJCO INC.  
PARTY 3

CAR MKX MAKE LINCOLN YEAR 2014  
TAG

DRIVER LICENSE [REDACTED]  
ADDITIONAL INFO

POLICY #  
POLICY STATE  
LOSS KIND

NOTE

THANK YOU FOR YOUR ORDER!

MISSOURI UNIFORM CRASH REPORT

<b>1 - GENERAL CRASH INFORMATION</b>  <b>SPACE USED FOR BARCODE</b>	AGENCY NAME AND ORI <b>MO0790100</b> <b>PERRYVILLE POLICE DEPARTMENT</b> <b>120 N. JACKSON ST.</b> <b>PERRYVILLE MO 63775</b>
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LEFT THE SCENE DRIVER NO. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	CLEARED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	CRASH NOTIFICATION <input checked="" type="checkbox"/>	PROPERTY DAMAGE ONLY <input checked="" type="checkbox"/>	NO. INJURED <b>0</b>	NO. KILLED <b>0</b>	REPORT / CASE / INCIDENT NUMBER
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NO. VEH. INV <b>2</b>	CRASH DATE <b>04-26-2014</b>	CRASH TIME (MIL.) <b>1050</b>	NOTIFIED DATE <b>04-26-2014</b>	TIME NOTIFIED (MIL.) <b>1053</b>	INVESTIGATION DATE <b>04-26-2014</b>	TIME ARRIVED (MIL.) <b>1057</b>	INVEST AT SCENE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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ROADWAY <input type="checkbox"/> On Roadway <input checked="" type="checkbox"/> Off Roadway	NON-COLLISION <input type="checkbox"/> Overturning <input type="checkbox"/> Fire / Explosion <input type="checkbox"/> Immersion <input type="checkbox"/> Jackknife	COLLISION INVOLVING <input type="checkbox"/> Animal <input type="checkbox"/> Pedalcycle <input type="checkbox"/> Fixed object <input type="checkbox"/> Other object <input type="checkbox"/> Pedestrian	COLLISION INVOLVING <input type="checkbox"/> Railway Vehicle <input type="checkbox"/> Animal Drawn Veh / Animal Ridden Trans. <input type="checkbox"/> Motor Vehicle in Transport <input type="checkbox"/> Parked Motor Vehicle <input type="checkbox"/> Working Motor Vehicle	DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE <input type="checkbox"/> Front to Front <input type="checkbox"/> Front to Rear <input type="checkbox"/> Rear to Rear <input type="checkbox"/> Rear to Side <input type="checkbox"/> Angle <input type="checkbox"/> Sideswipe (Same Dir.) <input type="checkbox"/> Sideswipe (Opp. Dir.) <input type="checkbox"/> Falling / Shifting Cargo (Set in motion by MV) <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)
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COMMERCIAL MOTOR VEHICLE INVOLVEMENT CRITERIA - Answer the following to determine if the Commercial Vehicle fields in Section 7G must be completed

1. Does this crash involve any of the following? 1a. A person fatally injured; OR 1b. A person transported for medical attention; OR 1c. A vehicle towed due to disabling damage. <input checked="" type="checkbox"/> No - No commercial vehicle fields need completion. <input type="checkbox"/> Yes - Go to number 2.	2. Examine each vehicle to determine if it is a commercial vehicle based upon the following 2a. A truck / cargo van with GVWR / GCWR of more than 10,000lbs; OR 2b. A motor vehicle with seating for 9 or more including driver; OR 2c. A vehicle with a hazardous materials placard. <input type="checkbox"/> No - No Commercial vehicle fields need completion. <input type="checkbox"/> Yes - Complete Section 7G for appropriate vehicle.
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EVIDENTIARY PHOTOS TAKEN <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	BY WHOM	AVAILABLE FROM <input type="checkbox"/> Investigating Agency
RECONSTRUCTION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	BY WHOM	AVAILABLE FROM <input type="checkbox"/> Investigating Agency

**2 - LOCATION**

COUNTY <b>079</b>	MUNICIPALITY <b>2050</b>	BEAT / ZONE <b>N/A</b>	TRP/DIST/PCT <b>N/A</b>	GPS COORDINATES (DD NIM SS.S FORMAT) LAT: <b>N/A</b> LONG: <b>N/A</b>
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RDWY <b>PP</b>	BLOCK	ON <b>1314 PERRYVILLE BLVD. RHODES</b>	RDWY DIR	DISTANCE FROM <input type="checkbox"/> NA <input type="checkbox"/> Feet <input type="checkbox"/> Miles	LOCATION <input type="checkbox"/> After <input checked="" type="checkbox"/> Before <input type="checkbox"/> At	RDWY	BLOCK	INTERSECTING
SPEED LIMIT (MPH) <b>15</b>	ROAD MAINTAINED BY <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> Private Property <input type="checkbox"/> Other	<input type="checkbox"/> Unknown				SPEED LIMIT (MPH)	INT DIR	GEO - CODE

TRAFFICWAY <input type="checkbox"/> One-Way <input type="checkbox"/> Two-Way, Not Divided <input type="checkbox"/> Two-Way Divided, Unprotected Median <input checked="" type="checkbox"/> Other <input type="checkbox"/> Two-Way, Not Divided; Continuous Center Turn Lane <input type="checkbox"/> Two-Way Divided, Positive Median Barrier <input type="checkbox"/> Unknown	ROAD ALIGNMENT <input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve <input type="checkbox"/> Unknown (Explain) ROAD PROFILE <input checked="" type="checkbox"/> Level <input type="checkbox"/> Uphill <input type="checkbox"/> Downhill <input type="checkbox"/> Hillcrest <input type="checkbox"/> Dip <input type="checkbox"/> Unknown (Explain)
INTERSECTION TYPE <input checked="" type="checkbox"/> NA <input type="checkbox"/> 4-way intersection <input type="checkbox"/> Y-Intersection <input type="checkbox"/> 5-way / More <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> T-Intersection <input type="checkbox"/> Roundabout <input type="checkbox"/> Other (Explain)	ROAD CONDITION <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Standing Water <input type="checkbox"/> Sand / Gravel <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Wet <input type="checkbox"/> Ice / Frost <input type="checkbox"/> Mud / Dirt <input type="checkbox"/> Moving Water <input type="checkbox"/> Other (Explain)
ROAD SURFACE <input type="checkbox"/> Concrete <input type="checkbox"/> Brick <input type="checkbox"/> Dirt / Sand <input type="checkbox"/> Cobblestone <input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Gravel <input type="checkbox"/> Multi-Surface <input type="checkbox"/> Unknown (Explain)	WEATHER CONDITION <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Steel / Hail <input type="checkbox"/> Freezing (Temp) <input type="checkbox"/> Fog / Mist <input type="checkbox"/> Severe Crosswind <input type="checkbox"/> Other <input type="checkbox"/> Unknown
LIGHT CONDITION <input checked="" type="checkbox"/> Daylight <input type="checkbox"/> Dark-Lighted <input type="checkbox"/> Dark-Unlighted <input type="checkbox"/> Dark-Unknown Lighting <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)	

**3 - DAMAGE TO PROPERTY OTHER THAN VEHICLES**  None

LIST OWNER'S NAME ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE <input type="checkbox"/> MoDOT <input type="checkbox"/> County <input type="checkbox"/> Municipality	<b>RHODES 101</b>	<b>1314 PERRYVILLE BLVD</b>	<b>PERRYVILLE</b>	<b>MO 63775</b>
<b>DAMAGE TO GAS PUMP</b>	<b>GAS PUMP #6</b>			

**4 - WITNESS**  None Identified  Additional Witnesses In Narrative

NAME	ADDRESS (Street, City, State, Zip)	PHONE NUMBER

**5 - PEDESTRIAN**  NA  Law Enforcement Officer  Other Emergency Services Personnel  MoDOT Worker  Other Trafficway Worker  Other Pedestrian

NO.	NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)	PHONE NUMBER

DATE OF BIRTH	SEX	STRUCK BY VEH #	INJ	TRANS-PORT	SAFETY DEVICES	LOCATION <input type="checkbox"/> On Roadway <input type="checkbox"/> In Driveway Access <input type="checkbox"/> On Median / Crossing Island <input type="checkbox"/> On Sidewalk <input type="checkbox"/> Off Roadway <input type="checkbox"/> Unknown
CROSSING ROAD <input type="checkbox"/> With Signal <input type="checkbox"/> Against Signal <input type="checkbox"/> No Signal <input type="checkbox"/> Unknown	<input type="checkbox"/> NA <input type="checkbox"/> Not Al Crosswalk <input type="checkbox"/> In Marked Crosswalk <input type="checkbox"/> In Unmarked Crosswalk <input type="checkbox"/> Unknown	OTHER ACTIONS <input type="checkbox"/> NA / None <input type="checkbox"/> Getting On / Off Vehicle <input type="checkbox"/> Standing / Lying / Sitting On Road <input type="checkbox"/> Pushing / Working On Vehicle <input type="checkbox"/> Behind / In Front of Parked / Stopped Veh.	<input type="checkbox"/> Working in Trafficway <input type="checkbox"/> Playing in Trafficway <input type="checkbox"/> Walking / Running in Trafficway <input type="checkbox"/> With Traffic <input type="checkbox"/> Against Traffic	<input type="checkbox"/> Unknown <input type="checkbox"/> Other (Explain)	SCHOOL INFO. <input type="checkbox"/> NA <input type="checkbox"/> Going To / From School <input type="checkbox"/> Getting On / Off School Bus <input type="checkbox"/> Both Of The Above <input type="checkbox"/> Unknown (Explain)	
PROBABLE CONTRIBUTING CIRCUMSTANCES <input type="checkbox"/> None <input type="checkbox"/> Failed To Yield <input type="checkbox"/> Alcohol <input type="checkbox"/> Vision Obstructed (Explain) <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Distracted / Inattentive <input type="checkbox"/> Drugs <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Unknown (Explain)				DISTRACTED / INATTENTIVE CODE(S) <input type="checkbox"/> NA		ALCOHOL USE <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

Page Not Used

REPORT #

**7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS**

**7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)** PHONE NUMBER

**1** [REDACTED] **SCOTT CITY MO** [REDACTED]

DRIVER LICENSE / ID NUMBER: **0000000000** STATE: **MO** LIC STATUS:  Valid  Expired  Susp / Rev / Denied  Disqual CDL  Operator Class  Permit  Unknown (Explain)  MC Endorsement  YES  NO  NA

DATE OF BIRTH: [REDACTED] SEX: [REDACTED] SEAT LOC: [REDACTED] INJ: [REDACTED] TRANS-PORT: [REDACTED] ELEC-TION: [REDACTED] AIR BAG: [REDACTED] SAFETY DEVICES: [REDACTED] VISION OBSTRUCTED:  Not Obstructed  Windshield  Load on Veh  Trees / Brush  Building  Embankment  Sign  Hillcrest  Stopped Veh  Gate  Moving Veh  (Other (Explain))  Unknown (Explain)

PROOF OF INSURANCE:  Yes  No  Not Required INSURANCE COMPANY: **STATE FARM** EXPIRED:  PHONE NO. (Optional): [REDACTED] POLICY NUMBER:  NA  Driver  Vehicle  SAD

**7B. VEHICLE - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)** PHONE NUMBER  SAD

**2014 LINCOLN MKX** **SCOTT CITY MO** [REDACTED]

YEAR: **2014** MAKE: **LINCOLN** MODEL: **MKX** COLOR: **WHI** TYPE: [REDACTED] TOTAL NO. OF OCC.: **1**

LICENSE - PLATE NO.: [REDACTED] STATE: **MO** YEAR: **2016** VIN: **2LMDJ6JK4E8** [REDACTED]

VEHICLE DAMAGE (Mark all damaged areas):  None / No Damage  18 - Undercarriage  22 - Cargo  23 - Unknown  24 - Other (Explain)  19 - Windshield  20 - Burned  21 - Towed Unit

INITIAL IMPACT NO.: [REDACTED] TOWED BY:  Unknown  NA

VEHICLE BODY TYPES - Automobiles / Specialty Vehicles  Vehicle Used As Public Conveyance

Passenger Car  Van (<9 W/Driver)  Passenger Van (9+ W/Driver)  Sport Utility Vehicle  Limousine (7-8 W/Driver)  Limousine (9-15 W/Driver)  Motorized Bicycle  Motorcycle  To / From School

Small Bus (9-15 W/Driver)  Large Bus (15+ W/Driver)  School Bus  Intercity  Transit / Commuter  Charter / Tour  Other

Motorcycle  ATV  Motor Home  Farm Implements  Construction Equip., Heavy Mach.  Other Vehicle (Code)  Cargo van  Pickup  Other Heavy Truck  Unknown (Explain)

Single-unit Truck; 2 axes, 6 tires  Single-unit Truck; 3 or more axes  Veh. Pulling Another Unit(s) (Does not apply to Truck Tractor(s))  Truck Tractor With No Units  Truck Tractor With One Unit  Truck Tractor With Two Unit  Truck Tractor With Three Unit

GVW / GCW RATING (Not Licensed Weight) (Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only)

Less than or equal to 10,000 lbs.  10,001 - 26,000 lbs.  Greater than 26,000 lbs.  Unknown

EMERGENCY VEHICLE INVOLVEMENT  NA  Police  Ambulance  Fire  Other (Must Check "A" / "B")  A. Emergency Vehicle on Emergency Run  B. Stationary With Emergency Equip. Activated

CONTRIBUTING TRAFFIC CONDITIONS  NA  Congestion  Crash Ahead  Other Incident ahead  Traffic conditions unknown

**7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES**  Additional Codes Listed in Narrative (See Codes in Section 8)

SEQUENCE OF EVENTS CODES: **13 11 36**  Unknown ANIMAL CODE(S): [REDACTED] FIXED OBJECT CODE(S): [REDACTED] ALCOHOL USE:  No  Yes  NA

**7D. PROBABLE CONTRIBUTING CIRCUMSTANCES**  None

Vehicle Defects (Explain)  Vision Obstructed  Failed To Dim Headlights  Improper Towing / Pushing  Object / Obstruction in Roadway  Distracted / Inattentive (Designate Type)  Unknown (Explain)  Other (Explain)

Speed - Exceeded Limit  Driver Fatigue / Asleep  Failed To Use Lights  Improperly Stopped On Roadway  Improper Lane Usage / Change  Overcorrected  Wrong Side (Not Passing)  Wrong Side (One Way)  Improper Riding / Clinging To Veh. Exterior  Failed To Secure Load / Improper Loading  Animal(s) In Roadway

Too Fast For Conditions  Improper Signal  Following Too Close  Improper Backing  Wrong Side (Not Passing)  Improper Turn  Wrong Side (One Way)  Physical Impairment  Failed To Secure Load / Improper Loading  Animal(s) In Roadway

Violation Signal / Sign  Improper Backing  Wrong Side (Not Passing)  Improper Turn  Wrong Side (One Way)  Physical Impairment  Failed To Secure Load / Improper Loading  Animal(s) In Roadway

Failed To Yield  Improper Turn  Wrong Side (One Way)  Physical Impairment  Failed To Secure Load / Improper Loading  Animal(s) In Roadway

Alcohol  Improper Passing  Physical Impairment  Failed To Secure Load / Improper Loading  Animal(s) In Roadway

Drugs  Improperly Parked  Improper Start From Park  Animal(s) In Roadway

**7E. WORKZONE**  Yes  No  Unknown  Traffic Control  None  Unknown

Workers Present:  Yes  No  Unknown

Controls:  Warning Sign / Device  Railway Crossing Sign / Device  School Zone  Yield Sign  Other (Explain)

Electric:  Green/Yellow/Red  Flashing Red  Flashing Yellow  Ramp Meter  Other (Explain)

Other:  Stop Sign  No Passing Zone  Turn Restricted  Officer / Flagman  Signal On School Bus  Signal On School Bus  Other (Explain)

CONTROL MALFUNCTIONING / INOPERATIVE / MISSING:  Yes (Explain)  No  Unknown  NA

**7F. OCCUPANTS - NAME (Last, First, MI) ADDRESS (Street, City, State, Zip) DATE OF BIRTH (MM-DD-YYYY) SEX SEAT LOC INJ TRANS-PORT ELEC-TION AIR BAG SAFETY DEVICES PHONE NUMBER**

[REDACTED] **SCOTT CITY MO** [REDACTED] **M FR 5 1 2 3 U** [REDACTED]

**7G. COMMERCIAL MOTOR VEHICLE**  NA  Required on vehicle if "Yes" was answered to questions in parts 1 and 2 in CMV Involvement criteria and vehicle meets one of the three criteria in part 2.

MOTOR CARRIER IDENTIFICATION (License, etc.) - NAME & ADDRESS (Street, City, State, Zip)  SAO

COMMERCIAL / NON-COMMERCIAL:  Interstate Carrier  Not In Commerce - Government Vehicle  Not In Commerce - Other Vehicle  Intra-state Carrier  Not In Commerce - Rental Vehicle

MC / MX / IEC No.: [REDACTED] US DOT No.: [REDACTED]

CARGO BODY TYPE:  Enclosed Box  Flatbed  Concrete Mixer  Garbage / Refuse  Pole Trailer  Vehicle Towing Another Veh.  Intermodal Container Chassis  NA (No Cargo Body)  Other  Cargo Tank  Dump  Auto Transporter  Grain / Chip / Gravel  Log  Unknown

HAZARDOUS MATERIALS:  Yes  No  Unknown

PLACARD DISPLAYED:  Yes  No  Unknown

4-DIGIT NO.: [REDACTED] CLASS: [REDACTED] HM CARGO PRESENT:  Yes  No  Unknown

HM CARGO RELEASED:  Yes  No  Unknown

HAZARDOUS MATERIAL NAME: [REDACTED]

SEAT LOCATION		INJURY		TRANSPORTED (For Medical Treatment)		EJECTION		AIR BAG		SAFETY DEVICES	
XX - Not Known	FC SR LR	1. Fatal	1. No	1. NA	1. None / NA	9. Deployed - Combination	1. None	10. Booster Seat			
B - Pedalcycle	FL SC TC	2. Disabling	2. DMS	2. No	3. Not Deployed	10. Deployment Unknown	2. Not Used	11. Child Restraint - Forward Facing			
M - Motorcycle	FL SL TL	3. Evident - Not Disabling	3. Other	3. Partially	4. Removed	11. Air Bag Presence Unknown	3. Shoulder Belt Only	12. Child Restraint - Rear Facing			
CP - Commercial Passenger		4. Proximal - Not Apparent	U Unknown	4. Totally	5. Deployed - Front		4. Lap Belt Only	13. Other Helmet			
OE - Occupant - Enclosed Load Area		5. None Apparent	N NA	U Unknown	6. Deployed - Side		5. Shoulder and Lap Belt	14. Reflective Clothing			
OU - Occupant - Unenclosed Load Area		U Unknown			7. Deployed - Curtain		7. DOT Compliant MC Helmet	15. Other			
RC - Rail Crew		N. NA			8. Deployed - Other (Knee, Air Bag, etc.)		8. No Helmet	U. Use Unknown			
SV - Other (Explain in Narrative)								H. Not Applicable			
NA - Not Available											

**VEHICLE ACTION / SEQUENCE OF EVENTS** (Items with double-asterisk [\*\*] require additional coding)

1. Going Straight	10. Start From Parked	19. Airborne	28. Separation Of Units	37. Collision Inv. Other Object (Explain)	44. Thrown/Falling Object
2. Overtaking	11. Backing	20. Ran Off Roadway - Right	29. Reformed To Runway	38. Other Non-Collision	45. Struck By Falling, Shifting Cargo, Object Set In Motion By My Own MV
3. Making Right Turn	12. Stopped In Traffic	21. Ran Off Roadway - Left	30. Collision Inv. Pedestrian	39. Collision Inv. Bicycle/Pedalcycle In Bicycle Lane	46. Ran Off Roadway - Other (Explain)
4. Right Turn on Red	13. Parked	22. Overturn / Rollover	31. Collision Inv. Bicycle/Pedalcycle	40. Collision Inv. Animal Drawn Vehicle / Animal Ridden For Transportation	47. Cross Separator
5. Making Left Turn	14. Changing Lanes	23. Fire / Explosion	32. Collision Inv. Railway Veh.	41. Collision Inv. Working MV	
6. Making U-Turn	15. Averting	24. Immersion	33. Collision Inv. Animal(**)	42. Downhill Runaway	
7. Skidding / Sliding	16. Cross Median	25. Jactknife	34. Collision Inv. MV In Transport	43. Fell/Jumped From MV	
8. Slowing / Stopping	17. Cross Center Of Road	26. Cargo Loss / Shift	35. Collision Inv. Parked MV		
9. Start In Traffic	18. Cross Road	27. Equipment Failure	36. Collision Inv. Fixed Object(**)		

**ANIMAL CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS**

60. Deer	61. Farm Animal	62. Dog	63. Other Animal	U Unknown
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**FIXED OBJECT CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS**

20. Tree / Stump (Standings)	26. Culvert	32. Building	38. Bridge Rail	44. Wall
21. Embankment / Driveway / Ground / Rock Duff	27. Highway Traffic Sign Post / Support	33. Traffic Signal Support	39. Guardrail End	45. Cable Barrier
22. Guardrail Face	28. Bridge Pier / Abutment / Support	34. Impact Attenuator / Crash Cushion	40. Other Traffic Barrier	46. Bridge Overhead Structure
23. Utility Pole	29. Curb	35. Fire Hydrant	41. Overhead Sign Support	47. Overhead Line / Cable
24. Fence	30. Mail Box	36. Other (Explain)	42. Ditch	
25. Street Light Support	31. Concrete Traffic Barrier	37. Bridge Parapet End	43. Other Post / Pole / Support	

**DISTRACTED / INATTENTIVE CODES**

1. External Distraction	5. Communication Device - Hand held	9. Eating / Drinking	13. Computer Equipment / Electronic Games / etc.
2. Passengers	6. Communication Device - Hands Free	10. Reading	14. Adjusting Vehicle Controls
3. Stereo / Audio / Video Equipment	7. Communication Device - Texting / E-mailing	11. Tobacco Use	15. Other (Explain)
4. Navigation Device	8. Communication Device - Web Browsing	12. Grooming	

**VEHICLE TYPE CODES**

1. Motor Vehicle In Transport	3. Working Motor Vehicle	5. Animal Drawn Vehicle / Animal Ridden For Transport Purposes
2. Parked Motor Vehicle	4. Pedalcycle	U. Unknown

**OTHER VEHICLE CODES**

1. Riding Mower / Garden Tractor	3. Snowmobile	5. Animal Drawn Vehicle / Animal Ridden For Transport Purposes	6. Low Speed Vehicle
2. Golf Cart	4. Forklift		7. Other (Explain)

**9. NARRATIVE / STATEMENTS** (If additional room is necessary, use Section 11 - Narrative / Statements Continuation)

**Vehicle #1 was parked in front of the Rhodes gas station located at 1314 Perryville Blvd. Perryville, mo 63775. Vehicle #1 rolled backwards and struck a gas pump causing damage.**

**The vehicle was occupied at the time with 1 passenger. Passenger #1 stated that his wife parked the vehicle and went inside the gas station. Passenger #1 stated while his wife was inside the store the vehicle began to roll backwards and struck a gas pump.**

**The wife who drove the vehicle to the gas station was inside at the time of the crash, however she stated that she put the vehicle in park before she exited the vehicle.**

<b>10. REPORTING AND REVIEWING OFFICER INFORMATION</b>			
REPORTING OFFICER NAME <b>WESLEY BELL</b>	DSN / BADGE NO. <b>119</b>	BEAT / ZONE <b>N/A</b>	TROOP / DISTRICT / PRECINCT <b>N/A</b>
REVIEWING OFFICER NAME <b>BRAD PITTS</b>	DSN / BADGE NO. <b>106</b>	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.

My name is [REDACTED] I was the driver of the Lincoln MKX in question on the day of the incident. I needed to make a stop at the Rhodes Service Station in Perryville MO in April of 2014. I pulled up to the service station, put the car in park and turned off the motor. When I came out of the building the car was not where I parked it. Subsequently I noticed it had rolled down near a gas pump. My husband was sitting in the passenger seat when this occurred. He stated he got warm and opened the car door and at one point he noticed the car was rolling. There was nothing he could do because the console did not allow for him to reach the brake or do anything else. I don't know what precipitated the car rolling back but I have replayed the whole incident in my mind and in the car. My husband would not have gotten hot if the motor were running because the air conditioner was on and the car beeps when you try to leave it with the motor running and the message comes up that the engine is not off, then it beeps if you open the door and says driver door open. I had to have put the car in park because the car makes a beeping sound if you try to open the door and a message comes up saying the car is not in park. Anyone of those incidents would have gotten my attention. I was told I was probably new to driving the car and probably did one of the above things. I had already driven the car over 500 miles. My husband rarely drives the car and at that point had never driven it. I can only assume there was a malfunction in the vehicle.

The first time it happened was at 300 miles, second time at 500 miles on April 26, 2014 at Rhodes Gas Station in Perryville MO as the car rolled back and hit a gas pump doing about \$1000.00 damage to the car. The third time was at 2500 miles. The first and third time the car rolled back a little before it went into park. I am enclosing the police report from the Perryville incident with this form. I reported it to Groves Motor Co., in Cape Girardeau Mo. There was also a problem with the right front headlight not working all the time and the number lock system on the door. They fixed both of those problems and said no problem existed on the parking system so there was no need to repair it at that time. It was reported to the office of General Counsel 15 days later and a mechanical engineer was sent to inspect the vehicle and again found no mechanical defect in the car and therefore did nothing to the car. We were told to use the emergency brake at all times.

When my insurance carrier was contacted he stated we were driving a defective car and said to return the vehicle to the dealership and demand a rental car as this ours was unsafe to drive. The dealership refused to repair it until they received notification from Lincoln and to this day nothing has been done. I am waiting to hear from NHTSA on how to proceed to get this vehicle safe to drive.

Sincerely,

[REDACTED]  
[REDACTED]  
Scott City MO  
[REDACTED]