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 ☐
26-JAN-2016	Reference No. 10822378

MAY 04 2016

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number [redacted]	E-mail Address
Address	[redacted]	Evening Telephone Number Same	
City SANTA ROSA	State CA	Zip Code [redacted]	

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
3C4FY[redacted] 3C4FY4BB6 1T[redacted] BB T	CHRYSLER	PT CRUISER	2001

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
8-2001	Zamwalt + Magnanni Chrysler Dealer			4	Unleaded
Original Owner ☒ Suppose to be	Dealer's City	State	Zip Code		

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
auto	☐ Antilock Brakes ☐ Cruise Control			22-JAN-2016

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 150000 SEAT BELTS, 140000 AIR BAGS + Knee bolsters	Failure Mileage	Failure Speed
	53000	25/30

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 OWNED A 2001 CHRYSLER PT CRUISER. THE CONTACT STATED THAT THE VEHICLE WAS INVOLVED IN A FRONT END COLLISION WHILE DRIVING 25 MPH. THE SEAT BELT PRE-TENSIONER DID NOT LOCK AND THE AIR BAGS DID NOT DEPLOY. THE FAILURE OCCURRED WITHOUT WARNING. THE VEHICLE WAS NOT TOWED TO THE CONTACT'S RESIDENCE. A POLICE REPORT WAS FILED. THERE WAS ONE INJURY THAT REQUIRED MEDICAL ATTENTION. THE CONTACT SUFFERED FROM A BRUISED CHEST, HANDS, SHOULDER PAIN, NECK PAIN, AND LEG PAIN. THE MANUFACTURER WAS NOT NOTIFIED OF THE FAILURE. THE VIN WAS INVALID. THE FAILURE MILEAGE WAS APPROXIMATELY 53,000. Vehicle was towed later, friend towed. Both passenger + driver 53947 were hurt. My knee + ankles felt broken, we had to walk home

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

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

Sorry, this has taken so long, officer was being different things on report were not true. He said we drove away, he helped to push car in parking place. He would'nt answer any questions. I contacted Chrysler they said my car wasn't under warranty, so it's not their problem. There are no repairs to be done Insurance Company totaled car.
Insurance adjuster informed me the VIN # was wrong get, says nothing on report? If you have any questions please call [redacted] (home)

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

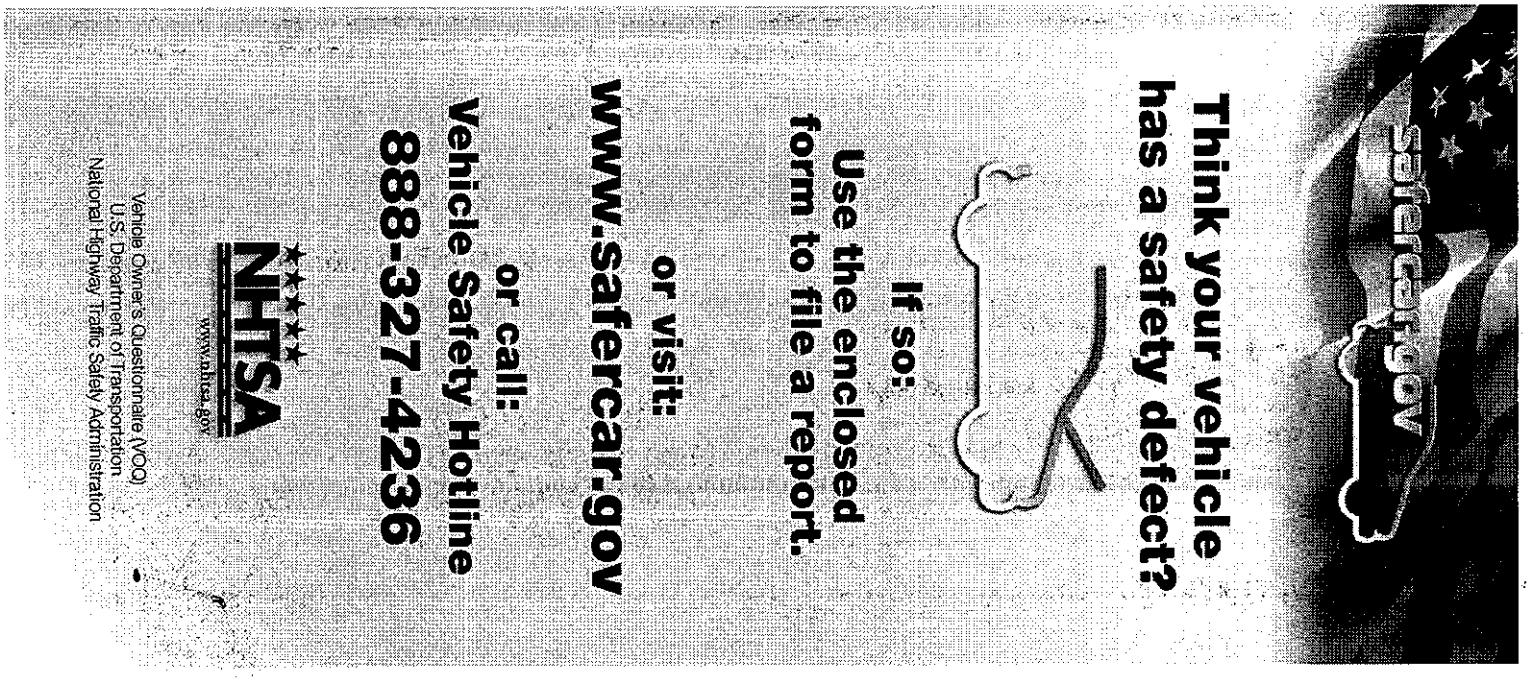
Official Business
Penalty for Private Use $300

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, NEF-100
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382



APPLICATION FOR RECORD INFORMATION

POLICE DEPARTMENT
965 SONOMA AVENUE
SANTA ROSA, CA 95404
(707) 543-3600

Report No.	[redacted]
Date of Incident: 1/22/16	Time of Incident: 530pm
Location of Incident: Sebastopol rd	
Report Type: (X) Accident ( ) Crime ( ) Calls for Service	

Personal Information (please print)

[redacted] [redacted]
Last Name First Name

[redacted]
Street Address

Santa Rosa CA [redacted]
City State Zip Code

Phone Numbers:

Home #: _____

Cell # : _____

☐ CALL FOR PICK-UP

REPORT FEE IS $2.00 / CALLS FOR SERVICE STATISTICS IS $10.00
FEES MUST BE COLLECTED AT TIME OF REQUEST

Name of Person Involved (Driver, Passenger, Victim, Property Owner, etc.):

Last: [redacted] First: [redacted] Date of Birth [redacted]

I declare under the penalty of perjury that I am: (X) The individual named ( ) The individual's Parent ( ) The individual's Attorney ( ) An Insurance Agent ( ) Other: _____ representing the party of interest in the report requested.

If "Other", please indicate the reason you believe that you are entitled to this information: _____

2/29/16 [redacted]
Today's Date Signature of Requesting Party

Reviewed/Accepted by Police Technician: [redacted]

Date: 3/24/16

NOTE: YOUR REQUEST WILL BE PROCESSED WITHIN TEN (10) BUSINESS DAYS. A COPY OF THE REPORT WILL BE MAILED TO YOU OR YOU WILL BE CONTACTED BY MAIL OR PHONE IF FURTHER INFORMATION IS NEEDED TO PROCESS YOUR REQUEST OR IF YOUR REQUEST IS DENIED (Govt. Code Sec. 6253 (c)).

DO NOT WRITE BELOW THIS LINE

(X) Approved ( ) Denied By: [redacted] Date: 3/1/16

Comments: _____

Reason for Denial:
( ) Report is by another Agency _____
( ) Report is currently under investigation
( ) Report is excluded from public release
( ) Insufficient information to locate report

SRPD 203A (3/14)

STATE OF CALIFORNIA

TRAFFIC COLLISION REPORT

CHP 555 Page 1 (Rev. 7-03) OPI 061

SPECIAL CONDITIONS	NUMBER INJURED	HIT & RUN FELONY	CITY	JUDICIAL DISTRICT	LOCAL REPORT NUMBER
	1	☐	SANTA ROSA	CENTRAL	[redacted]
	NUMBER KILLED	HIT & RUN MISDEMEANOR	COUNTY	REPORTING DISTRICT / BEAT	
	0	☐	SONOMA COUNTY	1060700053 / 7	

LOCATION

COLLISION OCCURRED ON	MO DAY YEAR	TIME (2400)	NCIC #	OFFICER I.D.
[redacted]	01/22/2016	1735	4905	SR473

MILEPOST INFORMATION	DAY OF WEEK	TOW AWAY	PHOTOGRAPHS BY
OF	S M T W T F S	☒ YES ☐ NO	☐ NONE FERRIGNO

☐ AT INTERSECTION WITH

☒ OR: 50 Feet OF STONY POINT RD

STATE HWY REL: ☐ YES ☒ NO

PARTY 1

DRIVERS LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.
[redacted]	CA	C	L	C

DRIVER ☒

NAME (FIRST, MIDDLE, LAST): [redacted]

PEDESTRIAN ☐

STREET ADDRESS: [redacted]

PARKED VEHICLE ☐

CITY/STATE/ZIP: SANTA ROSA, CA [redacted]

BICYCLIST ☐

SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE Mo. Day Year	RACE
M	BRO	HAZ	5'07	155	[redacted]	W

OTHER ☐

HOME PHONE: [redacted]

BUSINESS PHONE:

INSURANCE CARRIER: BRADY HARBOARD

POLICY NUMBER: [redacted]

DIR OF TRAVEL	ON STREET OR HIGHWAY	SPEED LIMIT
N	[redacted]	35

VEH YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE
2009	HONDA / CIVIC / WHI	[redacted]	CA

OWNER'S NAME: ☒ SAME AS DRIVER

OWNER'S ADDRESS: ☒ SAME AS DRIVER

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

YARBROUGH BROS.

PRIOR MECHANICAL DEFECTS: ☒ NONE APPARENT ☐ REFER TO NARRATIVE

VEHICLE IDENTIFICATION NUMBER:

VEHICLE TYPE	DESCRIBE VEHICLE DAMAGE	SHADE IN DAMAGED AREA
01	☐ UNK. ☐ NONE ☐ MINOR ☒ MOD. ☐ MAJOR ☐ ROLL-OVER	

CA DOT

CAL-T TCP/PSC MC/MX

PARTY 2

DRIVERS LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.
[redacted]	CA	C	M	C

DRIVER ☒

NAME (FIRST, MIDDLE, LAST): [redacted]

PEDESTRIAN ☐

STREET ADDRESS: [redacted]

PARKED VEHICLE ☐

CITY/STATE/ZIP: SANTA ROSA, CA [redacted]

BICYCLIST ☐

SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE Mo. Day Year	RACE
F	BRO	BRO	5'04	140	[redacted]	W

OTHER ☐

HOME PHONE: [redacted] NO

BUSINESS PHONE: CELL

INSURANCE CARRIER: PROGRESSIVE

POLICY NUMBER: [redacted]

DIR OF TRAVEL	ON STREET OR HIGHWAY	SPEED LIMIT
E	[redacted]	35

VEH YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE
	CHRYSLER / PT CRUISER / BLU / BL	[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 (NO)

PRIOR MECHANICAL DEFECTS: ☒ NONE APPARENT ☐ REFER TO NARRATIVE

VEHICLE IDENTIFICATION NUMBER:

VEHICLE TYPE	DESCRIBE VEHICLE DAMAGE	SHADE IN DAMAGED AREA
01	☐ UNK. ☐ NONE ☐ MINOR ☒ MOD. ☐ MAJOR ☐ ROLL-OVER	

CA DOT

CAL-T TCP/PSC MC/MX

PARTY

DRIVERS LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.

DRIVER ☐

NAME (FIRST, MIDDLE, LAST):

PEDESTRIAN ☐

STREET ADDRESS:

PARKED VEHICLE ☐

CITY/STATE/ZIP:

BICYCLIST ☐

SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE Mo. Day Year	RACE

OTHER ☐

HOME PHONE:

BUSINESS PHONE:

INSURANCE CARRIER:

POLICY NUMBER:

DIR OF TRAVEL	ON STREET OR HIGHWAY	SPEED LIMIT

VEH YEAR	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	SHADE IN DAMAGED AREA
	☐ UNK. ☐ NONE ☐ MINOR ☐ MOD. ☐ MAJOR ☐ ROLL-OVER	

CA DOT

CAL-T TCP/PSC MC/MX

STATE OF CALIFORNIA

TRAFFIC COLLISION CODING

CHP 555 Page 2 (Rev. 7-03) OPI 061

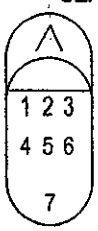
DATE OF COLLISION (MO, DAY, YEAR)	TIME (2400)	NCIC #	OFFICER I.D.	NUMBER
01/22/2016	1735	4905	SR473	[redacted]

PROPERTY DAMAGE

OWNER	OWNER ADDRESS	NOTIFIED
		☐ YES ☐ NO

DESCRIPTION OF DAMAGE

SEATING POSITION



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

SAFETY EQUIPMENT

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

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

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

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

INATTENTION CODES

A - CELLPHONE HANDHELD
B - CELLPHONE 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 FOLLOWED BY AN ASTERISK (*) SHOULD BE EXPLAINED IN THE NARRATIVE.

PRIMARY COLLISION FACTOR LIST NUMBER (#) OF PARTY AT FAULT: 1

A. VC SECTION VIOLATION: 21804(A) VC — CITED: ☐ YES ☒ NO
B. OTHER IMPROPER DRIVING*:
C. OTHER THAN DRIVER*
D. UNKNOWN*

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

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

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

ROADWAY CONDITION(S) *(MARK 1 TO 2 ITEMS)*
A. HOLES, DEEP RUT*
B. LOOSE MATERIAL ON ROADWAY*
C. OBSTRUCTION ON ROADWAY*
D. CONSTRUCTION - REPAIR ZONE
E. REDUCED ROADWAY WIDTH
F. FLOODED*
G. OTHER*
X H. NO UNUSUAL CONDITIONS

TRAFFIC CONTROL DEVICES
A. CONTROLS FUNCTIONING
B. CONTROLS NOT FUNCTIONING*
C. CONTROLS OBSCURED
X D. NO CONTROLS PRESENT / FACTOR*

TYPE OF COLLISION
A. HEAD-ON
B. SIDE SWIPE
C. REAR END
X D. BROADSIDE
E. HIT OBJECT
F. OVERTURNED
G. VEHICLE / PEDESTRIAN
H. OTHER*.

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

PEDESTRIAN'S ACTIONS
X A. NO PEDESTRIANS 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. APPROACHING / LEAVING SCHOOL BUS

1	2	SPECIAL INFORMATION
		A. HAZARDOUS MATERIAL
		B. CELL PHONE HANDHELD IN USE
		C. CELL PHONE HANDSFREE IN USE
X	X	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(S) *(MARK 1 TO 2 ITEMS)*

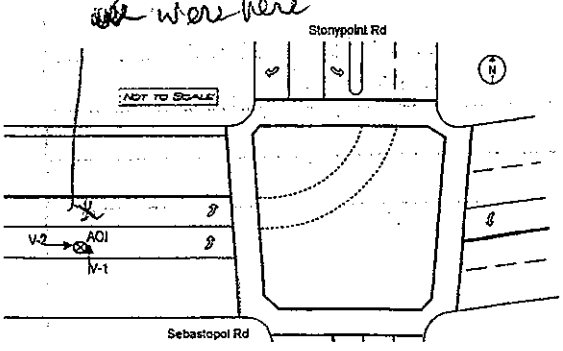
1	2	
		A. VC SECTION VIOLATION: CITED ☐ YES ☐ NO
		B. VC SECTION VIOLATION: CITED ☐ YES ☐ NO
		C. VC SECTION VIOLATION: CITED ☐ YES ☐ NO
		D. [redacted]
		E. VISION OBSCUREMENT:
		F. INATTENTION*:
		G. STOP & GO TRAFFIC
		H. ENTERING / LEAVING RAMP
		I. PREVIOUS COLLISION
		J. UNFAMILIAR WITH ROAD
		K. DEFECTIVE VEH. EQUIP.: CITED ☐ YES ☐ NO
		L. UNINVOLVED VEHICLE
		M. OTHER*:
X	X	N. NONE APPARENT
		O. RUNAWAY VEHICLE

MOVEMENT PRECEDING COLLISION	1	2
A. STOPPED		
B. PROCEEDING STRAIGHT		X
C. RAN OFF ROAD		
D. MAKING RIGHT TURN		
E. MAKING LEFT TURN	X	
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	
X	X	A. HAD NOT BEEN DRINKING
		B. HBD - UNDER INFLUENCE
		C. HBD - NOT UNDER INFLUENCE*
		D. HBD - IMPAIRMENT UNKNOWN*
		E. UNDER DRUG INFLUENCE*
		F. IMPAIRMENT - PHYSICAL*
		G. IMPAIRMENT NOT KNOWN
		H. NOT APPLICABLE
		I. SLEEPY / FATIGUED

SKETCH



MISCELLANEOUS

Class II

STATE OF CALIFORNIA

INJURED / WITNESS / PASSENGERS

CHP 555 Page 3 (Rev. 1-03) OPI 061

DATE OF COLLISION (MO. DAY YEAR)	TIME (2400)	NCIC #	OFFICER I.D.	NUMBER
01/22/2016	1735	4905	SR473	[redacted]

WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ("X" ONE): FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	INJURED WAS ("X" ONE): DRIVER	PASS.	PED.	BICYCLIST	OTHER	PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED
☐ #	☐	[redacted]	F	☐	☐	☐	☒	☒	☐	☐	☐	☐	2	01	M	C	0

NAME / D.O.B. / ADDRESS: [redacted] / [redacted] / [redacted], SANTA ROSA, CA [redacted]

TELEPHONE: [redacted]

(INJURED ONLY) TRANSPORTED BY: had to walk home TAKEN TO:

DESCRIBE INJURIES: pain to left leg both legs, right worse face, chest bruised

☐ VICTIM OF VIOLENT CRIME NOTIFIED

WITNESS ONLY	PASSENGER ONLY	AGE	SEX	FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER	PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED
☐ #	☒	[redacted]	F	☐	☐	☐	☐	☐	☐	☐	☐	☐	2	03	M	C	0

NAME / D.O.B. / ADDRESS: [redacted] / [redacted] WEST SANTA ROSA, CA [redacted]

TELEPHONE: [redacted]

(INJURED ONLY) TRANSPORTED BY: had to walk home TAKEN TO:

DESCRIBE INJURIES: Back + neck

☐ VICTIM OF VIOLENT CRIME NOTIFIED

WITNESS ONLY	PASSENGER ONLY	AGE	SEX	FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	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 INJURY	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 INJURY	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 INJURY	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:

☐

DATE OF INCIDENT/ OCCURRENCE	TIME (2400)	NCIC NUMBER	OFFICER I.D. NUMBER	NUMBER
01/22/2016	1735	4905	SR473	[redacted]

"X" ONE	"X" ONE	TYPE SUPPLEMENTAL ("X" APPLICABLE)		
[X] NARRATIVE	[ ] COLLISION REPORT	[ ] BA UPDATE	[ ] FATAL	[ ] HIT & RUN UPDATE
[ ] SUPPLEMENTAL	[ ] OTHER:	[ ] HAZARDOUS MATERIALS	[ ] SCHOOL BUS	[ ] OTHER:

CITY / COUNTY / JUDICIAL DISTRICT	REPORTING DISTRICT / BEAT	CITATION NUMBER
SANTA ROSA / SONOMA COUNTY / CENTRAL	[redacted]	

LOCATION/SUBJECT	STATE HIGHWAY RELATED
[redacted]	[ ] YES [X] NO

NOTIFICATION

On 01/22/16, at approximately 1735 hours, I was dispatched to the parking lot of Food Max [redacted] to investigate a traffic collision.

STATEMENTS

I contacted the driver of V-1, [redacted] declined medical attention. [redacted] stated that he was the driver of V-1 and stated the following, in essence. He said he was exiting the parking lot of Rite Aid located at [redacted] He exited the west driveway and intended to make a left turn onto westbound [redacted] stated that the traffic on eastbound [redacted] was backed up due to a red light at [redacted] A car left a gap for him to enter onto [redacted] and pass in front of. As he passed the front of this car he entered into the eastbound number 2 left turn lane and was struck by V-2. [redacted] stated that it happened so quickly that he did not see V-2 approaching.

I contacted the driver of V-2, [redacted] declined medical attention but stated she had pain in her both left leg. [redacted] stated that she was traveling eastbound within the number 2 left turn lane of [redacted] approaching [redacted] She was passing by stopped traffic within the eastbound lane of [redacted]. As she approached the intersection, V-1 drove in front of her and V-2 collided into the front left side of V-1.

I contacted the passenger of V-2, [redacted] advised me she did not have any injuries. [redacted] statements were consistent with [redacted] she said she wasn't sure, she thought she might be in shock

SUMMARY

V-2 was traveling eastbound within the number 2 left turn lane of [redacted] approaching [redacted]. She was passing stopped vehicles that were within

PREPARER'S NAME	I.D. NUMBER	MONTH / DAY / YEAR	REVIEWER'S NAME	MONTH / DAY / YEAR
FERRIGNO, KENNETH D	SR473	1/22/2016	WILHELM, TIMOTHY W	1/28/2016

DATE OF INCIDENT/ OCCURRENCE	TIME (2400)	NCIC NUMBER	OFFICER I.D. NUMBER	NUMBER
01/22/2016	1735	4905	SR473	[redacted]

"X" ONE	"X" ONE	TYPE SUPPLEMENTAL ("X" APPLICABLE)		
[X] NARRATIVE	[ ] COLLISION REPORT	[ ] BA UPDATE	[ ] FATAL	[ ] HIT & RUN UPDATE
[ ] SUPPLEMENTAL	[ ] OTHER:	[ ] HAZARDOUS MATERIALS	[ ] SCHOOL BUS	[ ] OTHER:

CITY / COUNTY / JUDICIAL DISTRICT	REPORTING DISTRICT / BEAT	CITATION NUMBER
SANTA ROSA / SONOMA COUNTY / CENTRAL	[redacted]	

LOCATION/SUBJECT	STATE HIGHWAY RELATED
[redacted]	[ ] YES [X] NO

the eastbound lane of [redacted] V-1 was exiting the parking lot on the south side of [redacted] V-1 was driving between stopped vehicles as it entered into the left turn lane to turn westbound onto [redacted] V-2 then collided into the front left side of V-1.

AREA OF IMPACT

The area of impact occurred within the number 2 left turn lane of [redacted] approximately 50 feet west of [redacted]

CAUSE

The driver of V-1, [redacted] caused this collision by failing to yield to on-coming traffic in violation of [redacted]a) CVC.

RECCOMENDATIONS

NONE

PREPARER'S NAME	I.D. NUMBER	MONTH / DAY / YEAR	REVIEWER'S NAME	MONTH / DAY / YEAR
FERRIGNO, KENNETH D	SR473	1/22/2016	WILHELM, TIMOTHY W	1/28/2016

APPLICATION FOR RECORD INFORMATION

POLICE DEPARTMENT
965 SONOMA AVENUE
SANTA ROSA, CA 95404
(707) 543-3600

Report No.:	[redacted]
Date of Incident: 1/22/16	Time of Incident:
Location of Incident:	[redacted]
Report Type: (X) Accident ( ) Crime ( ) Calls for Service	

SUPPLEMENTAL only - NO FEE

Personal Information (please print)

[redacted]
Last Name First Name

[redacted]
Street Address

Santa Rosa CA [redacted]
City State Zip Code

Phone Numbers:

Home #: [redacted]

Cell # : Ø

MAIL

☐ CALL FOR PICK-UP

REPORT FEE IS $2.00 / CALLS FOR SERVICE STATISTICS IS $10.00
FEES MUST BE COLLECTED AT TIME OF REQUEST

Name of Person Involved (Driver, Passenger, Victim, Property Owner, etc.):

Last: [redacted] First: [redacted] Date of Birth: 5/10/58

I declare under the penalty of perjury that I am: (X) The individual named ( ) The individual's Parent ( ) The individual's Attorney ( ) An Insurance Agent ( ) Other: _____ representing the party of interest in the report requested.

If "Other", please indicate the reason you believe that you are entitled to this information: _____

3/29/16 [redacted]
Today's Date Signature of Requesting Party

Reviewed/Accepted by Police Technician:
BM#965
Date: 3/29/2016

NOTE: YOUR REQUEST WILL BE PROCESSED WITHIN TEN (10) BUSINESS DAYS. A COPY OF THE REPORT WILL BE MAILED TO YOU OR YOU WILL BE CONTACTED BY MAIL OR PHONE IF FURTHER INFORMATION IS NEEDED TO PROCESS YOUR REQUEST OR IF YOUR REQUEST IS DENIED (Govt. Code Sec. 6253 (c)).

DO NOT WRITE BELOW THIS LINE

(X) Approved ( ) Denied By: VRF #947 Date: 4/1/16

Comments: _____

Reason for Denial: ( ) Report is by another Agency

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

OF INCIDENT/ OCCURRENCE	TIME (2400)	NCIC NUMBER	OFFICER I.D. NUMBER	[redacted]
01/22/2016	1735	4905	SR473	

"X" ONE	"X" ONE	TYPE SUPPLEMENTAL ("X" APPLICABLE)		
☐ NARRATIVE	☐ COLLISION REPORT	☐ BA UPDATE	☐ FATAL	☐ HIT & RUN UPDATE
☒ SUPPLEMENTAL	☒ OTHER:	☐ HAZARDOUS MATERIALS	☐ SCHOOL BUS	☐ OTHER:

CITY / COUNTY / JUDICIAL DISTRICT	REPORTING DISTRICT / BEAT	CITATION NUMBER
SANTA ROSA / SONOMA COUNTY / CENTRAL	1060700053 / 7	

LOCATION/SUBJECT [redacted]

STATE HIGHWAY RELATED ☐ YES ☒ NO

Supplement:

On 3/18/16 at approximately 1151 hours, I spoke with [redacted] via my department telephone. [redacted] advised me both of her legs were injured due to the collision. I had offered her medical treatment but she denied because she did not know who was going to pay for the medical bills. I also asked [redacted] if she wanted me to call her a tow for her vehicle, but she denied because she didn't want to pay for the tow and due to the fact her vehicle was legally parked. [redacted] left her vehicle legally parked in the parking lot.

Disposition:

Attach to Original.

REPORTER'S NAME	I.D. NUMBER	MONTH / DAY / YEAR	REVIEWER'S NAME	MONTH / DAY / YEAR
FERRIGNO, KENNETH D	SR473	3/18/2016	CORCORAN, RYAN	3/22/2016

CCC ONE MARKET VALUATION REPORT

Owner: [redacted]
Claim: [redacted]

SUPPLEMENTAL INFORMATION

NHTSA VEHICLE RECALL

The National Highway Traffic Safety Administration has issued 3 safety related recall notices that may apply to the above valued vehicle.

NHTSA Campaign ID : 00V366

Potential Number Of Units Affected : 1,211,756

Summary : Certain passenger vehicles, pickup trucks and sport utility vehicles fail to comply with the requirements of Federal Motor Vehicle Safety Standard No. 225, "Child Restraint Anchorage Systems." Some of the owner's manuals for these vehicles are missing instructions that provide a step-by-step procedure, including diagrams, for properly attaching a child restraint system's tether strap to the tether anchorage. In the event of a crash, the child seat may not be properly attached, increasing the risk of injury to the child.

Remedy : Owners will be provided with an addendum to the owner's manuals. The manufacturer has reported that owner notification began Nov. 12, 2000. Owners who do not receive the free owner's manual addendum within a reasonable time should contact Daimler Chrysler at 1-800-853-1403.

Dates Of Manufacture : June 1999 - October 2000

Models Involved : Neon, Stratus, Intrepid, Viper, Ram, Dakota, Durango, Prowler, Concorde, LHS, 300M, Sebring, PT Cruiser, Jeep Wrangler, Cherokee, Grand Cherokee

Manufacturer Recall No. : 957

NHTSA Campaign ID : 02V214

Potential Number Of Units Affected : 97,779

Summary : On certain passenger vehicles, the fuel supply line could contact the air conditioning tube service port. This can cause chafing of the line, resulting in fuel leakage. Fuel leakage in the presence of an ignition source could result in a fire.

Remedy : Dealers will inspect the fuel line for abrasion and install a clip to ensure isolation. In cases with evidence of fuel line abrasion, the fuel line will be replaced. The manufacturer reported that owner notification began on Aug. 12, 2002. Owners who do not receive the free remedy within a reasonable time should contact DaimlerChrysler at 1-800-853-1403.

Dates Of Manufacture : May 2000 - January 2001

Manufacturer Recall No. : B16

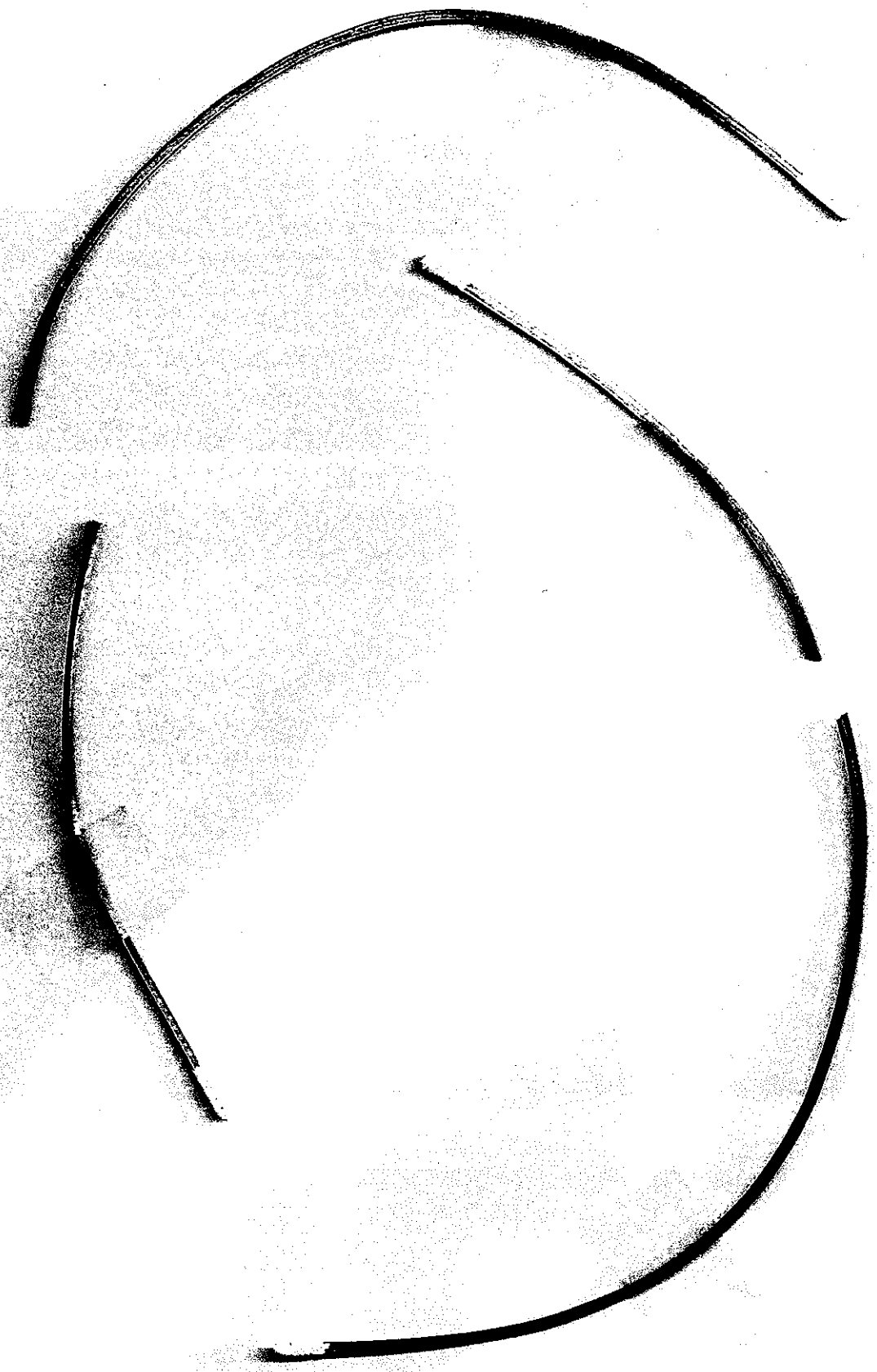
NHTSA Campaign ID : 02V215

Potential Number Of Units Affected : 345,436

Summary : On certain passenger vehicles, the fuel pump module mounting flange could leak fuel if the vehicle is involved in a rollover crash. Fuel leakage in the presence of an ignition source could result in a fire.

OVER →

Metal underwires



These were the underwires from my bra after crash. My chest bent the steering column

SUPPLEMENTAL INFORMATION

Remedy : Dealers will install a secondary seal over the fuel pump module. The manufacturer reported that owner notification began on Aug. 12, 2002. Owners who do not receive the free remedy within a reasonable time should contact DaimlerChrysler at 1-800-853-1403.

Dates Of Manufacture : October 1999 - June 2002

Manufacturer Recall No. : B23

CCCONE MARKET VALUATION REPORT

Owner: [redacted]
Claim: [redacted]

SUPPLEMENTAL INFORMATION

NHTSA VEHICLE RECALL

The National Highway Traffic Safety Administration has issued 3 safety related recall notices that may apply to the above valued vehicle.

NHTSA Campaign ID : 00V366

Potential Number Of Units Affected : 1,211,756

Summary : Certain passenger vehicles, pickup trucks and sport utility vehicles fail to comply with the requirements of Federal Motor Vehicle Safety Standard No. 225, "Child Restraint Anchorage Systems." Some of the owner's manuals for these vehicles are missing instructions that provide a step-by-step procedure, including diagrams, for properly attaching a child restraint system's tether strap to the tether anchorage. In the event of a crash, the child seat may not be properly attached, increasing the risk of injury to the child.

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OVER →

SUPPLEMENTAL INFORMATION

Remedy : Dealers will install a secondary seal over the fuel pump module. The manufacturer reported that owner notification began on Aug. 12, 2002. Owners who do not receive the free remedy within a reasonable time should contact DaimlerChrysler at 1-800-853-1403.

Dates Of Manufacture : October 1999 - June 2002

Manufacturer Recall No. : B23

[redacted]
Santa Rosa CA [redacted]

ROSELAND STATION
APR 25 2016
95407
USA
CHINEASLE SURCHARGE

NHTSA
1200 New Jersey Ave. S.E.
Washington D.C. 20590-0001
NEF-010
W48-226

20590$0001 C020