

INFORMATION Redacted PURSUANT TO THE FREEDOM OF  
INFORMATION ACT (FOIA), 5 U.S.C . 552(B)(6)

NEF-010  
CL-11004492-2831



JUN 14 2017

February 23, 2016

[Redacted]  
Saint Joseph, MO [Redacted]

CAIR [Redacted]  
VIN: 1J4GX48S34C [Redacted]

Dear [Redacted]

This will acknowledge your concern about the accident that occurred involving your 2004 Jeep Grand Cherokee.

Naturally, we were sorry to learn of the accident. The inspection involved a thorough examination of your vehicle and the photographing of all critical areas. Also, a diagnostic scan tool was linked to the air bag computer module in order to determine whether or not any fault codes were present, which would have indicated a condition that would have prevented the air bag from deploying. Also, as you may know, any fault with the air bag system prior to the accident would have caused the air bag light to come on and stay on beyond its normal 7-9 second self-check following start-up.

The air bag is designed to supplement the protection offered by safety belts in a full frontal impact of sufficient severity. The vehicle must receive impact information (along with other electronic signals) from the two front impact sensors that are used on the vehicles equipped with dual front airbags, one left side and one right side. Your vehicle was primarily damaged on one corner of the front side.

In conclusion, a review of our investigation does not lead us to believe that this is the type of accident in which the air bag is designed to deploy. From the information provided, the threshold for deployment had not been met and the Safety Restraint System operated as designed. Please see the air bag section in your owner's manual for detailed information on the operation of the Safety Restraint System.

Thank you for this opportunity to address your inquiry.

Sincerely,

*Tony Morris*

Tony Morris  
Special Investigations  
586-274-8164

TM/sk

2017 JUN 13 P 12:16  
RECEIVED  
NATIONAL IMPACT CENTER

NAM  
7/7/17  
LD

## IMPORTANT SAFETY RECALL

R60 / NHTSA 15V-673

This notice applies to your vehicle (VIN: 1J4GX48S34C [REDACTED]).

This interim notification letter is sent to you in accordance with the National Traffic and Motor Vehicle Safety Act.

Dear [REDACTED]

FCA has decided that a defect, which relates to motor vehicle safety, exists in certain 2003 model year Jeep Liberty models and 2004 model year Jeep Grand Cherokee models.

**The problem is...** The airbag system Occupant Restraint Control (ORC) module on your vehicle may experience a front airbag and/or seatbelt pretensioner inadvertent deployment. An inadvertent deployment while driving could distract the driver and cause a crash without warning.

**What your dealer will do...** FCA intends to repair your vehicle free of charge (parts and labor). However, the parts required to provide a permanent remedy for this condition are currently not available. FCA is making every effort to obtain these parts as quickly as possible. FCA will contact you again by mail, with a follow-up recall notice, when the remedy parts are available. 5

**What you must do to ensure your safety...** Once you receive your follow-up notice in the mail, simply contact your Chrysler, Jeep, Dodge, or RAM dealer right away to schedule a service appointment.

**If you need help...** If you have questions or concerns which your dealer is unable to resolve, please contact the FCA Recall Assistance Center at 1-800-853-1403.

Please help us update our records by filling out the attached prepaid postcard if any of the conditions listed on the card apply to you or your vehicle. If you have further questions go to [recalls.mopar.com](http://recalls.mopar.com).

If you have already experienced this specific condition and have paid to have it repaired, you may visit [www.fcarecallreimbursement.com](http://www.fcarecallreimbursement.com) to submit your reimbursement request online or you can mail your original receipts and proof of payment to the following address for reimbursement consideration: **FCA Customer Assistance, P.O. Box 21-8004, Auburn Hills, MI 48321-8007, Attention: Recall Reimbursement**. Once we receive and verify the required documents, reimbursement will be sent to you within 60 days. If you've had previous repairs and/or reimbursement you may still need to have the recall repair performed on your vehicle.

If your dealer fails or is unable to remedy this defect without charge and within a reasonable time, you may submit a written complaint to the Administrator, National Highway Traffic Safety Administration, 1200 New Jersey Ave., S.E., Washington, DC 20590, or you can call the toll-free Vehicle Safety Hotline at 1-888-327-4236 (TTY 1-800-424-9153), or go to [safercar.gov](http://safercar.gov).

We're sorry for any inconvenience, but we are sincerely concerned about your safety. Thank you for your attention to this important matter.

**Ask your dealer about the following notification(s). Our records indicate that your vehicle also requires repair for notification(s): N47**

Customer Services / Field Operations  
FCA US LLC

*Note to lessors receiving this recall: Federal regulation requires that you forward this recall notice to the lessee within 10 days.*



FCA US LLC

CIMS 482-00-8 5

PO Box 21800 8

Auburn Hills MI USA 48321-8008

PRESORTED  
FIRST CLASS MAIL  
U.S. POSTAGE  
PAID  
PERMIT #2655  
DETROIT, MI

Electronic Service Requested

**IMPORTANT!**

# **SAFETY RECALL NOTICE**

## **IMPORTANT SAFETY RECALL INFORMATION**

\*\*\* 2

Issued in Accordance  
With Federal Law



4C [REDACTED] R60 211311

SAINT JOSEPH, MO [REDACTED]



211311/#73489/R60-3D





Better Business Bureau Serving Eastern Michigan

20300 W 12 Mile Rd Ste 202  
Southfield, MI 48076-6409  
Phone: (248)223-9400 | Fax: (248)356-5156  
www.easternmichiganbbb.org

4/21/2017

[REDACTED]  
Saint Joseph, MO [REDACTED]

Dear [REDACTED]

This message is in regard to your complaint submitted to the Better Business Bureau on 4/20/2017 against Chrysler Group, LLC. Your complaint was assigned ID [REDACTED]

Your complaint has been sent to the business for their response. Most complaints are resolved within thirty (30) days. Your BBB will contact you as soon as a response is received from the business. Please wait to hear from us. If you have not received an update, and it is beyond the 30 day processing time, you may contact your Dispute Resolution Consultant for further information. Please reference this complaint ID if you contact us. In the meantime, if you and the company reach a resolution, please notify us.

Regards,

Better Business Bureau  
Marietta Cash  
Trade Practices Consultant  
248-356-5156 (Fax)

*Note: The text of your complaint may be publicly posted on the website(s) of BBB (BBB also reserves the right to not post the text of your complaint, in accordance with BBB policy). Please do not include any personally identifiable information when you tell us about your problem or in your desired outcome. By submitting your complaint, you are representing that it is a truthful account of your experience with the business. BBB may edit your complaint to protect privacy rights and to remove inappropriate language.*



FIAT CHRYSLER AUTOMOBILES

April 27, 2017

[REDACTED]  
Saint Joseph, MO [REDACTED]

RE: CAIR: [REDACTED]  
VIN: 1J4GX48S34C [REDACTED]

Dear [REDACTED]

We have reviewed your correspondence received March 29<sup>th</sup>, 2017, as well as the balance of our file, and we are unable to glean any additional information that would allow us to change our previous position. Should you have any doubts about our handling, we encourage you to engage your own investigator to look into the matter.

Based on the above reasons, FCA respectfully denies any further assistance. Further inquiries concerning compensation for the incident should be directed to your insurance carrier. We have closed our file on this matter.

Sincerely,

*Lisa Martinez*

Lisa Martinez  
Special Investigations  
(586) 274-8169

LMM/sk



April 27, 2017

[REDACTED]  
Saint Joseph, MO [REDACTED]

RE: CAIR: [REDACTED]  
VIN: 1J4GX48S34C [REDACTED]

Dear [REDACTED]

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Sincerely,

*Lisa Martinez*  
Lisa Martinez  
Special Investigations  
(586) 274-8169

LMM/sk

DRIVER LICENSE BUREAU  
P O BOX 200  
JEFFERSON CITY MO 65105-0200



*Missouri*  
DEPARTMENT OF REVENUE

Telephone: (573) 751-7195  
Fax: (573) 526-7365  
E-mail: [dlbmail@dor.mo.gov](mailto:dlbmail@dor.mo.gov)

[REDACTED]  
ST JOSEPH MO [REDACTED]

May 5, 2017

SUBJECT: FINANCIAL RESPONSIBILITY  
RE: ACCIDENT DATE: JANUARY 18, 2016  
YOUR CLIENT: [REDACTED]  
OTHER INVOLVED PARTY: [REDACTED]

Dear [REDACTED]:

This letter is in response to your correspondence dated April 12, 2017.

The Department of Revenue sympathizes with the difficulties you have experienced by being involved in accidents with uninsured motorist and is committed to enforcing Missouri's uninsured motorist laws.

Missouri law allows for multiple suspensions to be imposed against drivers and owners involved in accident without insurance. One law requires the accident to be reported to the Department within one-year of the accident date. Although the accidents you are referring to occurred more than one-year ago, another law allows for the suspension of someone's driving privilege for failing to satisfy a court judgment. You indicated that you have obtained court judgments against the uninsured motorist who caused damage to your vehicles. The Department can suspend the driving privilege of the uninsured motorist(s) for a period of up to ten years or until restitution is made with you, if you provide the following information for each judgment rendered:

- A copy of the petition for damages filed with the court. The petition should contain the court file-date stamp and court case number;
- A copy of the Judgment rendered by the court. The judgment must contain the Judge's signature, court file-date stamp, or court seal; and
- The defendant's name and date of birth or driver license number.

The Department appreciates your suggestions on ways to enforce the mandatory insurance laws. You may wish to also share your concerns with the Missouri legislators in your region.

[REDACTED]  
MAY 5, 2017

PAGE 2

If you have any questions, please contact any of our telephone information operators at (573) 751-7195.

MANDATORY FINANCIAL RESPONSIBILITY PROCESSING

DU1821 ROBERT

OFFICE LOCATION: HARRY S TRUMAN STATE OFFICE BUILDING, ROOM 470  
301 WEST HIGH STREET  
JEFFERSON CITY, MISSOURI 65105

DLB228, 201711600300257

This Case Needs to be reopened!

Chrysler resolved this case in

less than 30 days. The problem

with that is I didn't contact

Chrysler for a couple weeks. After

the accident (1-18-16) I called

Statefarm asking them when

Chrysler came to look at the

Jeep. They told me no one showed

up to look at it. So I then made

a request for them to hold the Jeep

in case this goes to trial. They

Complied with my request.

How can a company manufactured a product that is defected, knows it's defected and not contact the customer that purchased the product.

They need to be held accountable for any injury. As this has happened to me. My Jeep Grand Cherokee 2004

The defect was my airbag and seatbelt.

I feel that my injuries would be far less if my safety equipment

would have worked. Head trauma,

Neck, leg, and shoulder.

Now I know that is a lot of  
cost to make it work. The  
ins Company would benefit because  
more customers. D.O.T. can benefit  
from fines, Court Cost.

This would also employ more  
people. The fines, Court Cost will  
make up the cost!

Thank You for your  
time:

[REDACTED]  
St Joseph MO [REDACTED]  
[REDACTED]

I'm trying to settle this without an attorney and court. Not wasting your money and my time. I know how this will turn out. I had surgery on my neck in 2014. From the last time I was T-Boned on the passenger side where I was sitting. This last accident injured my neck again. The trauma to my head is still causing me trouble. I contacted Chrysler because the seat belt & airbag didn't work. Then I found out they were on a recall. I didn't get the notice until 8 months after the accident.

It makes me sick to think a company,

would weigh the options to see

which way would be less costly.

Fix the problem or just wait it

out. Then about 8 months after

the jeep was totaled I received

this recall notice.



St Joseph '10



To date I have over \$30,000

in medical bills

Just a thought.

If D.O.T can regulate Driver

license, and licence plates

for there Vehicle. So why can't

they regulate Auto Ins. So

Many people buys Ins just long

enough to licence the Vehicle.

Then they cancel it. Think about

this if the Ins Company Contact's

D.O.T of the Cancellation. D.O.T

Can contact said Driver give

them 10 days to get ins or

they lose there license.

To protect the privacy of individuals, NHTSA does not make medical records available to the public without authorization. For this reason, documents falling into this category have not been included in this complaint record.

MISSOURI UNIFORM CRASH REPORT

1 - GENERAL CRASH INFORMATION		AGENCY NAME AND ORI MO0110100 ST. JOSEPH POLICE DEPARTMENT 501 FARAON STREET SAINT JOSEPH, MO 64501	
SPACE USED FOR BARCODE			

LEFT THE SCENE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	DRIVER NO.	CLEARED <input type="checkbox"/> Yes <input type="checkbox"/> No	CRASH CLASSIFICATION	PROPERTY DAMAGE ONLY	NO. INJURED	NO. KILLED	REPORT / CASE / INCIDENT NUMBER	
NO. VEH. INV.	CRASH DATE	CRASH TIME (MIL.)	NOTIFIED DATE	TIME NOTIFIED (MIL.)	INVESTIGATION DATE	TIME ARRIVED (MIL.)	INVEST. AT SCENE	
2	01/18/2016	1548	01/18/2016	1549	01/18/2016	1557	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
CRASH TYPE	ROADWAY <input checked="" type="checkbox"/> On Roadway <input type="checkbox"/> Off Roadway	NON-COLLISION <input type="checkbox"/> Overturning <input type="checkbox"/> Fire / Explosion <input type="checkbox"/> Immersion <input type="checkbox"/> Jackknife	Fell/Jumped From MV <input type="checkbox"/> Cargo / Equip Loss / Shift <input type="checkbox"/> Other Non-Collision	COLLISION INVOLVING <input type="checkbox"/> Animal <input type="checkbox"/> Pedalcycle <input type="checkbox"/> Fixed Object <input type="checkbox"/> Other Object <input type="checkbox"/> Pedestrian		<input type="checkbox"/> Railway Vehicle <input type="checkbox"/> Animal Drawn Veh / Animal Ridden Trans. <input checked="" 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 checked="" 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)	

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 type="checkbox"/> No - No commercial vehicle fields need completion. <input checked="" 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 / GCVWR of more than 10,000 lbs; OR 2b. A motor vehicle with seating for 9 or more including driver; OR 2c. A vehicle with a hazardous materials placard.	<input checked="" type="checkbox"/> No - No commercial vehicle fields need completion. <input type="checkbox"/> Yes - Complete Section 7G for appropriate vehicle.
--	--	---	---

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 011-BUCHANAN	MUNICIPALITY 2350-ST. JOSEPH	BEAT / ZONE N/A	TRP/DIST/PCT 4	GPS COORDINATES (DD MM SS.S FORMAT) LAT: N NA LONG: W NA
------------------------	---------------------------------	--------------------	-------------------	---

ON CST PICKETT RD	RDWY DIR. WEST	DISTANCE FROM <input type="checkbox"/> NA Feet <input checked="" type="checkbox"/> 1 Miles	LOCATION <input type="checkbox"/> After <input type="checkbox"/> NA <input checked="" type="checkbox"/> Before <input type="checkbox"/> At	INTERSECTING [REDACTED]	SPEED LIMIT 25	ROAD MAINTAINED BY <input type="checkbox"/> State <input type="checkbox"/> County <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other	SPEED LIMIT NA	INT. DIR. N	GEO - CODE NA
----------------------	-------------------	---	---	----------------------------	-------------------	---	-------------------	----------------	------------------

TRAFFICWAY <input type="checkbox"/> One-Way <input type="checkbox"/> Two-Way; Not Divided <input type="checkbox"/> Two-Way; Not Divided; Continuous Center Turn Lane	<input checked="" type="checkbox"/> Two-Way; Not Divided <input type="checkbox"/> Two-Way; Divided; Unprotected Median <input type="checkbox"/> Two-Way; Divided; Positive Median Barrier <input type="checkbox"/> Other <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"/> Downhill <input type="checkbox"/> Dip <input type="checkbox"/> Uphill <input type="checkbox"/> Hillcrest <input type="checkbox"/> Unknown (Explain)
INTERSECTION TYPE <input type="checkbox"/> 4-way Intersection <input type="checkbox"/> T-Intersection	<input checked="" type="checkbox"/> NA <input type="checkbox"/> Y-Intersection <input type="checkbox"/> 5-way / More <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Roundabout <input type="checkbox"/> Other (Explain)	ROAD CONDITION <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Snow <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Ice / Frost <input type="checkbox"/> Mud / Dirt <input type="checkbox"/> Moving Water <input type="checkbox"/> Other (Explain)	WEATHER CONDITION <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Cloudy <input type="checkbox"/> Snow <input type="checkbox"/> Sleet / Hail <input checked="" type="checkbox"/> Freezing (Temp) <input type="checkbox"/> Fog / Mist <input type="checkbox"/> Severe Crosswind <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)

LIGHT CONDITION  
 Daylight  Dark-Lighted  Dark-Unlighted  Dark-Unknown Lighting  Other (Explain)  Unknown (Explain)

3 - DAMAGE TO PROPERTY OTHER THAN VEHICLES  None

LIST OWNER'S NAME & ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE.  MoDOT  County  Municipality

[REDACTED] JOSEPH, MO [REDACTED] MAILBOX AND POST WERE BROKEN OFF AT THE GOUND LEVEL -

4 - WITNESS  None Identified  Additional Witnesses In Narrative

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

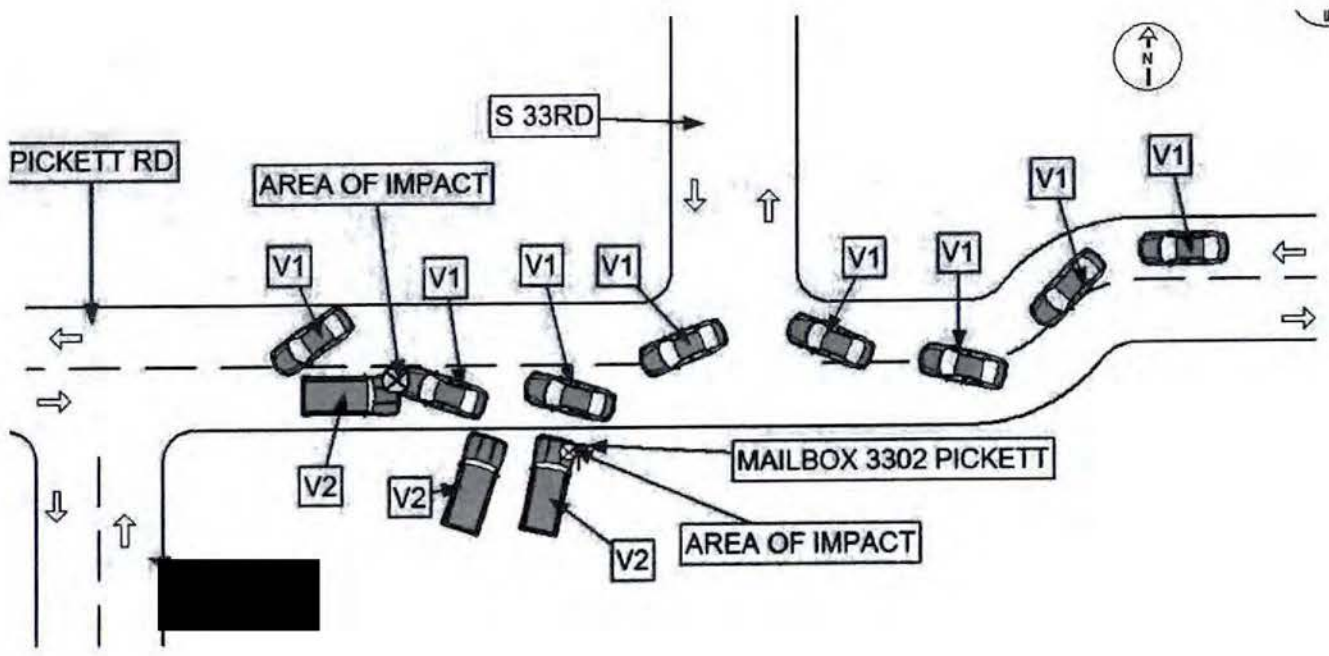
5 - PEDESTRIAN  NA  Law Enforcement Officer  Other Emergency Services Personnel  MoDOT Worker  Other Trafficway Worker  Other Pedestrian

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"/> On Sidewalk	<input type="checkbox"/> In Driveway Access <input type="checkbox"/> Off Roadway	<input type="checkbox"/> On Median / Crossing Island <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 At 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 In Trafficway <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"/> Failed To Yield <input type="checkbox"/> Distracted / Inattentive	<input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs	<input type="checkbox"/> Vision Obstructed (Explain) <input type="checkbox"/> Physical Impairment (Explain)	<input type="checkbox"/> Other (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			

6. COLLISION DIAGRAM      Compass Direction Before Crash Event(s) (Circle One)      V1 NES **W** U    V2 NESW U    V3 NESW U    V4 NESW U    V5 NESW U    V6 NESW U

INDICATE NORTH



INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE



7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

NO. 02 DRIVER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) [REDACTED] ST JOSEPH, MO, [REDACTED] PHONE NUMBER [REDACTED]

DRIVER LICENSE / ID NUMBER [REDACTED] STATE MO LIC STATUS [X] Valid [ ] Expired [ ] Susp / Rev / Denied [ ] Disqual CDL [ ] Canceled / Oth Invalid [ ] Unknown [ ] Operator Class F [ ] Permit [ ] Unknown (Explain) MC ENDORSEMENT [ ] Yes [ ] No [X] NA [ ] Unknown (Explain)

DATE OF BIRTH [REDACTED] SEX F SEAT LOC FL INJ 3 TRANS-PORT 2 EJECT-ION 2 AIR BAG 03 SAFETY DEVICES 05 VISION OBSTRUCTED [ ] NA [X] Not Obstructed [ ] Trees / Brush [ ] Sign [ ] Moving Veh [ ] Other (Explain) [ ] Windshield [ ] Building [ ] Hillcrest [ ] Stopped Veh [ ] Unknown (Explain) [ ] Load on Veh [ ] Embankment [ ] Parked Veh [ ] Glare

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

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) [REDACTED] SAINT JOSEPH, MO [REDACTED] PHONE NUMBER [REDACTED] SAD [ ]

YEAR 2004 MAKE JEEP MODEL CHEROKEE COLOR BLUE VEH. TYPE 01 TOTAL NO. OF OCC. 1

LICENSE - PLATE NO. MO YEAR 2016 VIN 1J4GX48S34C [REDACTED] TOWED FROM SCENE [X] Yes [ ] No TOWED DUE TO DIS. DAMAGE [X] Yes [ ] No

VEHICLE DAMAGE (Mark all damaged areas) [ ] None / No Damage INITIAL IMPACT NO. 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 - Undercarriage 19 - Windshield 20 - Burned 21 - Towed Unit 22 - Cargo 23 - Unknown 24 - Other (Explain) R & W TOWING - Phone#: (816) 232-7996 1214 S. 9TH ST. JOSEPH, MO 64503

VEHICLE BODY TYPES - Automobiles / Specialty Vehicles [ ] Vehicle Used As Public Conveyance [ ] Passenger Car [ ] Van (< 9 W/Driver) [ ] Passenger Van (9+ W/Driver) [X] Sport Utility Vehicle [ ] Limousine (7-8 W/Driver) [ ] Limousine (9-15 W/Driver) [ ] Motorized Bicycle [ ] Pedalcycle [ ] To / From School [ ] Small Bus (9-15 W/Driver) [ ] Large Bus (16+ W/Driver) [ ] School Bus [ ] Intercity [ ] Transit / Commuter [ ] Charter / Tour [ ] Other [ ] Motorcycle [ ] ATV [ ] 2 Wh [ ] 3 Wh [ ] 4 Wh [ ] 5 Wh / More [ ] Unknown [ ] 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 Tractors) [ ] Truck Tractor With No Units [ ] Truck Tractor With One Unit [ ] Truck Tractor With Two Units [ ] Truck Tractor With Three Units [ ] 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 [X] NA [ ] Police [ ] Ambulance [ ] Fire [ ] Other (Must check "A" / "B") [ ] A. Emergency Vehicle on Emergency Run [ ] B. Stationary With Emergency Equip. Activated CONTRIBUTING TRAFFIC CONDITIONS [X] NA [ ] Congestion Ahead [ ] Other Incident Ahead [ ] Crash Ahead [ ] Unknown (Explain)

7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES [ ] Additional Codes Listed in Narrative (See Codes in Section 8) SEQUENCE OF EVENTS CODES 01 08 34 [ ] Unknown ANIMAL CODE(S) [ ] FIXED OBJECT CODE(S) [ ] ALCOHOL USE [ ] Yes [ ] Unk [X] No [ ] NA

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES [X] None [ ] Vehicle Defects (Explain) [ ] Speed - Exceeded Limit [ ] Too Fast For Conditions [ ] Violation Signal / Sign [ ] Failed To Yield [ ] Alcohol [ ] Drugs [ ] Vision Obstructed [ ] Driver Fatigue / Asleep [ ] Improper Signal [ ] Improper Backing [ ] Improper Turn [ ] Improper Passing [ ] Improperly Parked [ ] Failed To Dim Headlights [ ] Failed To Use Lights [ ] Following Too Close [ ] Wrong Side (Not Passing) [ ] Wrong Side (One-Way) [ ] Physical Impairment (Explain) [ ] Improper Start From Park [ ] Improper Towing / Pushing [ ] Improperly Stopped On Roadway [ ] Improper Lane Usage / Change [ ] Overcorrected [ ] Improper Riding / Clinging To Veh. Exterior [ ] Failed To Secure Load / Improper Loading [ ] Animal(s) In Roadway [ ] Object / Obstruction in Roadway [ ] Distracted / Inattentive (Designate Type) [ ] Unknown (Explain) [ ] Other (Explain) DISTRACTED / INATTENTIVE CODE(S) [X] NA (See Codes in Section 8)

7E. WORK ZONE [ ] Yes [X] No [ ] Unknown TRAFFIC CONTROL [X] None [ ] Unknown 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 Controls: [ ] Warning Sign / Device [ ] Railway Crossing Sign / Device [ ] School Zone [ ] Yield Sign [ ] Other (Explain) CONTROL MALFUNCTIONING / INOPERATIVE / MISSING [ ] Yes (Explain) [ ] No [ ] Unknown [X] NA

Table with 10 columns: OCCUPANTS - NAME (Last, First, MI), ADDRESS (Street, City, State, Zip), DATE OF BIRTH MM-DD-YYYY, SEX, SEAT LOC, INJ, TRANS-PORT, EJECT-ION, AIR BAG, SAFETY DEVICES, PHONE NUMBER. Multiple rows for occupants.

7G. COMMERCIAL MOTOR VEHICLE [X] 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 (Leasee, etc.) - NAME & ADDRESS (Street, City, State, Zip) [ ] SAO PHONE NUMBER [ ] SAO

COMMERCIAL / NON-COMMERCIAL [ ] Interstate Carrier [ ] Intrastate Carrier [ ] Not In Commerce - Government Vehicle [ ] Not In Commerce - Rental Vehicle [ ] Not In Commerce - Other Vehicle MC / MX / ICC NO. [ ] USDOT NO. [ ] CARGO BODY TYPE [ ] Enclosed Box [ ] Cargo Tank [ ] Flatbed [ ] Dump [ ] Concrete Mixer [ ] Auto Transporter [ ] Garbage / Refuse [ ] Grain / Chip / Gravel [ ] Pole Trailer [ ] Log [ ] Vehicle Towing Another Veh. [ ] Intermodal Container Chassis [ ] NA (No Cargo Body) [ ] Other [ ] Unknown

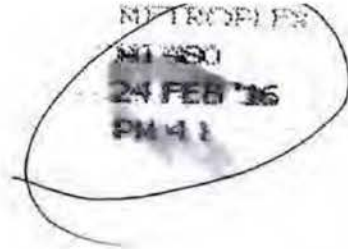
HAZARDOUS MATERIALS PLACARD DISPLAYED [ ] Yes [ ] No [ ] Unknown 4-DIGIT NO. [ ] CLASS [ ] HM CARGO PRESENT [ ] Yes [ ] No [ ] Unknown [ ] HM CARGO RELEASED [ ] Yes [ ] No [ ] Unknown HAZARDOUS MATERIAL NAME [ ]

SEAT LOCATION		INJURY	TRANSPORTED (For Medical Treatment)	EJECTION	AIR BAG	SAFETY DEVICES
FR SR TR FC SC TC FL SL TL						
XX - Not Known B - Pedalcycle M - Motorcycle CP - Commercial Passenger OE - Occupant - Enclosed Load Area OU - Occupant - Unenclosed Load Area RC - Rail Crew SV - Other (Explain in Narrative) NA - Not Applicable		1. Fatal 2. Disabling 3. Evident - Not Disabling 4. Probable - Not Apparent 5. None Apparent U. Unknown N. NA	1. No 2. EMS 3. Other U. Unknown N. NA	1. NA 2. No 3. Partially 4. Totally U. Unknown	1. None / NA 3. Not Deployed 4. Removed 5. Deployed - Front 6. Deployed - Side 7. Deployed - Curtain 8. Deployed - Other (Knee, Air Belt, etc.) 9. Deployed - Combination 10. Deployment Unknown U. Air Bag Presence Unknown	1. None 2. Not Used 3. Shoulder Belt Only 4. Lap Belt Only 5. Shoulder and Lap Belt 7. DOT Compliant MC Helmet 8. No Helmet 10. Booster Seat 11. Child Restraint - Forward Facing 12. Child Restraint - Rear Facing 13. Other Helmet 14. Reflective Clothing 15. Other U. Use Unknown N. Not Applicable
<b>VEHICLE ACTION / SEQUENCE OF EVENTS</b> (Items with double-asterisk [**] require additional coding)						
1. Going Straight 2. Overtaking 3. Making Right Turn 4. Right Turn on Red 5. Making Left Turn 6. Making U-Turn 7. Skidding / Sliding 8. Stowing / Stopping 9. Start In Traffic	10. Start From Parked 11. Backing 12. Stopped In Traffic 13. Parked 14. Changing Lanes 15. Avoiding 16. Cross Median 17. Cross Center Of Road 18. Cross Road	19. Airborne 20. Ran Off Roadway - Right 21. Ran Off Roadway - Left 22. Overturn / Rollover 23. Fire / Explosion 24. Immersion 25. Jackknife 26. Cargo Loss / Shift 27. Equipment Failure	28. Separation Of Units 29. Returned To Roadway 30. Collision Inv. Pedestrian 31. Collision Inv. Bicycle/Pedalcycle 32. Collision Inv. Railway Veh. 33. Collision Inv. Animal (**) 34. Collision Inv. MV in Transport 35. Collision Inv. Parked MV 36. Collision Inv. Fixed Object (**)	37. Collision Inv. Other Object (Explain) 38. Other Non-collision 39. Collision Inv. Bicycle/Pedalcycle In Bicycle Lane 40. Collision Inv. Animal Drawn Vehicle / Animal Ridden For Transportation 41. Collision Inv. Working MV 42. Downhill Runaway 43. Fell/Jumped From MV	44. Thrown/Falling Object 45. Struck By Falling, Shifting Cargo, Object Set In Motion By Own MV 46. Ran Off Roadway - Other (Explain) 47. Cross Separator	
<b>ANIMAL CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS</b>						
60. Deer	61. Farm Animal	62. Dog	63. Other Animal	U. Unknown		
<b>FIXED OBJECT CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS</b>						
20. Tree / Stump (Standing) 21. Embankment / Driveway / Ground / Rock Bluff 22. Guardrail Face 23. Utility Pole 24. Fence 25. Street Light Support	26. Culvert 27. Highway Traffic Sign Post / Support 28. Bridge Pier / Abutment / Support 29. Curb 30. Mail Box 31. Concrete Traffic Barrier	32. Building 33. Traffic Signal Support 34. Impact Attenuator / Crash Cushion 35. Fire Hydrant 36. Other (Explain) 37. Bridge Parapet End	38. Bridge Rail 39. Guardrail End 40. Other Traffic Barrier 41. Overhead Sign Support 42. Ditch 43. Other Post / Pole / Support	44. Wall 45. Cable Barrier 46. Bridge Overhead Structure 47. Overhead Line / Cable U. Unknown		
<b>DISTRACTED / INATTENTIVE CODES</b>						
1. External Distraction 2. Passengers 3. Stereo / Audio / Video Equipment 4. Navigation Device	5. Communication Device - Hand-held 6. Communication Device - Hands Free 7. Communication Device - Texting / E-mailing 8. Communication Device - Web Browsing	9. Eating / Drinking 10. Reading 11. Tobacco Use 12. Grooming	13. Computer Equipment / Electronic Games / etc. 14. Adjusting Vehicle Controls 15. Other (Explain)			
<b>VEHICLE TYPE CODES</b>						
1. Motor Vehicle In Transport 2. Parked Motor Vehicle	3. Working Motor Vehicle 4. Pedalcycle	5. Animal Drawn Vehicle / Animal Ridden For Transport Purposes U. Unknown				
<b>OTHER VEHICLE CODES</b>						
1. Riding Mower / Garden Tractor 2. Golf Cart	3. Snowmobile 4. Forklift	5. Animal Drawn Vehicle / Animal Ridden For Transportation	6. Low Speed Vehicle 7. Other (Explain)			
<b>9. NARRATIVE / STATEMENTS</b> (If additional room is necessary, use Section 11 - Narrative / Statements Continuation)						
<p>ON 1-18-2018 AT 1549 HOURS OFFICER GARY AND I, OFFICER ZEAMER RESPONDED TO AN INJURY ACCIDENT THAT WAS BLOCKING IN THE AREA OF [REDACTED] UPON OUR ARRIVAL I OBSERVED V1 FACING SOUTH WEST BLOCKING PICKETT RD. V2 WAS OFF THE RIGHT SIDE OF THE ROAD AND STRUCK A MAILBOX AT [REDACTED]</p> <p>THE CRASH OCCURRED AS V1 WAS WEST BOUND ON PICKETT GOING FASTER THAN THE POSTED SPEED LIMIT AND LOST CONTROL ON THE SNOW. THE CAR CROSSED THE CENTER LINE AND STRUCK V2 IN THE FRONT DRIVER'S CORNER. V2 THEN TRAVELED OFF THE ROADWAY TO THE RIGHT AND STRUCK THE MAILBOX OF [REDACTED] THE DRIVER OF V2 COMPLAINED OF INJURIES TO HER NECK, BACK AND KNEES.</p> <p>D1 STATED HE WAS GOING WEST AT FASTER SPEED THAN HE SHOULD HAVE BEEN AND CAUSED HIM TO LOSE CONTROL ON THE SNOW CAUSING HIM TO HIT V2.</p> <p>D2 STATED SHE WAS GOING EAST ON PICKETT AND TRIED TO STOP BEFORE SHE WAS HIT BY V1 IN HER LANE. SHE THEN TRAVELED OFF THE ROAD TO THE RIGHT HITTING THE MAILBOX. SHE REQUESTED AN AMBULANCE AND WENT TO HE EMERGENCY ROOM.</p> <p>V1 WAS TOWED BY BLUR KNIGHT AND V2 WAS TOWED BY R&amp;W,</p> <p>D1 WAS ISSUED A CITATION FOR CARELESS DRIVING.</p>						

10. REPORTING AND REVIEWING OFFICER INFORMATION			
REPORTING OFFICER NAME ZEAMER, PATRICK D	DSN / BADGE NO. 98782	BEAT / ZONE N/A	TROOP / DISTRICT / PRECINCT 4
REVIEWING OFFICER NAME MCBANE, CHRISTOPHER	DSN / BADGE NO. 55637	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.



Chrysler Group LLC  
CIMS 423-04-04  
P.O. Box 21-8004  
Auburn Hills, MI 48321-8004



neopost<sup>®</sup>  
02/24/2016  
US POSTAGE

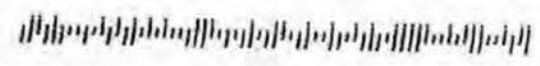
FIRST-CLASS MAIL  
\$00.48<sup>5</sup>



ZIP 48326  
041L11241559

[Redacted]  
Saint Joseph, MO [Redacted]

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Saint Joseph MC



Administrator National Highway Safety  
1200 New Jersey ave. S.E.  
Washington Dc 20590