INFORMATION REDACTED PURSUANT TOTHE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C.552(B)(6)

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 MAR 03 2020

24-JUN-2019

Repository ☐

Reference No. 11222052

OWNER INFORMATION (Type or Print)

Name [redacted]

Address [redacted]

City BEAUFORT | State SC | Zip Code [redacted]

Daytime Telephone Number [redacted]

Evening Telephone Number

E-mail Address [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
JAL4X41633U [redacted]	MITSUBISHI	OUTLANDER	2003

Date Purchased	Dealer's Name and Telephone Number		Engine: No: Cylinders	Fuel Type:
12/30/2002	BEAUFORT MITSUBISHI 843-		4	UNLEADED
Original Owner ☒	Dealer's City: BEAUFORT S.C. AT TIME	State: SC	Zip Code: 29902	

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
Automatic	☐ Antilock Brakes ☒ Cruise Control		Air bag Failed to deploy	25-MAY-2019

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 140000 AIR BAGS	Failure Mileage	Failure Speed
	340000	35

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
Uniroyal		
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	1	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 2003 MITSUBISHI OUTLANDER. THE CONTACT STATED THAT WHILE DRIVING APPROXIMATELY 35 MPH, THE DRIVER LOST CONTROL OF THE VEHICLE AND CRASHED WHILE ATTEMPTING TO AVOID COLLIDING WITH A DEER. DURING THE CRASH, THE VEHICLE HAD ROLLED OVER AND THE DRIVER WAS KNOCKED UNCONSCIOUS. THE DRIVER SUSTAINED HEAD AND NECK INJURIES, A FRACTURED LEFT SHOULDER AND AN INJURED TORSO AND WAS TRANSPORTED TO THE HOSPITAL. THE VEHICLE WAS DESTROYED AND TOWED AWAY. A POLICE REPORT WAS TAKEN AT THE SCENE. THE CAUSE OF THE FAILURE WAS NOT DETERMINED. THE MANUFACTURER AND LOCAL DEALER WERE NOT NOTIFIED. THE VIN WAS NOT AVAILABLE. THE FAILURE MILEAGE WAS 340,000.

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)

The air bag did Not deploy. I hit my Head ON the Steering, but being restraind, the seat belt preventyd me From crashing into windshield. SEE ENCLOSED SYNOPSIS. According to research mutsubishi was aware of Airbag Failure as early 2004, but relayed the information.

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

[redacted]

Burton, S. C. [redacted]

phone: [redacted]

email: [redacted]

US Dept of Transportation

NHTSA: Office of Defects Investigation: NEF-100

1200 Jersey Ave, SE

Washington, D. C. 20077-9382

RE Attadhed accident of May 25, 2019.

Dear Sir or Madam;

I have completed your report, but find inconsistencies in the reports of the Highway Patrol, who was not on the scene of the accident at the time. I was no where Blue Bird Lane, do not know anyone on Bluie Bird lane and have no reason to have been there. Blue Bird lane is about 4-5 blocks from where I live. At any rate, according to EMS records, HP was not there, and they arrived first. I have requested copies of the photos of the vehicle from State Farm who claimed the car was totalled. When I receive them I will forward them to you. Mitsubishi was aware Air Bag Deployment was a problem as early as 2004, but never communicated that to anyone that I know.

Sincerely [redacted]

cc: file

Office of Financial Responsibility (803) 896-5000
PO Box 1498, Blythewood, SC 29016-0050

NOTICE OF REQUIREMENT

Representatives can submit your insurance information at WWW.SC-ALIR.COM

Date	Time	County	1 - Interstate 4 Secondary 2 - US Primary 3 - County 5 - SC Primary 6 - PP	Collision Location (Rt. # Name)	Vehicle 6 - Contractor 2 - Alternate 7 - Business 5 - Scor	Miles	Dir. N E S W	In (Near) City or Town?
05-25-2019	2007	07	4	E 543 / PARKER DR		.24	S	BEAUFORT

To Vehicle Owner/ Operator

Failure to return this form to the Department of Motor Vehicles within 15 days from the date of the collision could result in the suspension of your driver license and registration privileges pursuant to South Carolina Code of Laws 56-9-351 and 56-10-530.

FR10-X

Driver/Pedestrian's Full Name				Driver Pedestrian's Full Name			
Unit # 01 #Occ 1	Sex	Race	Street	Unit # #Occ	Sex	Race	Street
	Birth Date		City, State & Zip BEAUFORT SC		Birth Date		City, State & Zip
State SC	Driver's License # D		Insurance Company STATE FARM	State	Driver's License #		Insurance Company
Year 2003	Body SU	Vehicle Make HITS	VIN # JA4LX41G33U	Year	Body	Vehicle Make	VIN #
State SC	Year 2019	License Plate #	Owner's D.L. #	State	Year	License Plate #	Owner's D.L. #
Home Telephone	Owner's Full Name			Home Telephone	Owner's Full Name		
Bus. Telephone	Street			Bus. Telephone	Street		
Contributed To Collision Yes No	City, State, & Zip BEAUFORT SC			Contributed To Collision Yes No	City, State & Zip		

Driver/Pedestrian's Full Name				State	Year	License Plate #	Owner's D.L. #
Unit # #Occ	Sex	Race	Street	Home Telephone		Owner's Full Name	
	Birth Date		City, State & Zip	Bus. Telephone		Street	
State	Driver's License #		Insurance Company	Contributed To Collision Yes No		City, State & Zip	
Year	Body	Vehicle Make	VIN #	Accident Insurance Information for Unit #			
				Company Name		Area Code/Phone Number ( )	
				Agency Name		Policy Number	

All Units Insurance Information
(to be completed by Investigating Officer)

Accident Insurance Information for Unit # 01		Accident Insurance Information for Unit #	
Company Name STATE FARM	Area Code/Phone Number	Company Name	Area Code/Phone Number ( )
Agency Name STATE FARM	Policy Number	Agency Name	Policy Number

Automobile Liability Insurance Information

Notice of Requirement Accepted → Signature

Y N Refused to Affix Signature?
Y N Vehicle Subject to Registration in SC?

To Be Completed Below or Entered at WWW.SC-ALIR.COM By Insurance Company representative. This form is to not be mailed to DMV if insurance information has been submitted electronically

Reference to Unit #: ____, I hereby affirm that to the best of my knowledge the vehicle described above was insured by the below stated insurance company on the date of the collision.

The information as contained herein is based solely upon my knowledge and belief as a representative of the above insurance company and no liability is implied into the above mentioned insurance as I have

Insurance Company: State Farm | Policy #: | Title: 5/29/19

Beginning Date: 04-12-2019 | Ending Date: 10/12/2019 | Policy Number: | Not Certified by S.C. Dept. of Ins.? | Bus. Telephone

Notice: If liability insurance was not in effect for your vehicle involved in the collision, the Department of Motor Vehicles could suspend your driver license and registration privileges pursuant to South Carolina Code of Laws 56-9-351 and 56-10-530.

If any of the below are applicable, Disregard the above portion.

Form FR-10 Not Issued: Section 56-10-5

- ☐ Check here if a Form SR-43 Fleet policy of 25 or more vehicles is on file with the Department of Motor Vehicles covering the vehicle
- ☐ Check here if a certificate of self-insurance has been issued by the Department of Motor Vehicles covering the vehicle and indicate the certificate number: SI- ____
- ☐ Check here if liability insurance was not in effect to comply with South Carolina statutory requirements

Signature | Date

No FR-10 issued to Operator Owner of unit #:
Summons issued to:
For operating or allowing the operation of an uninsured vehicle
Summons Number
Signature

Investigating Officer's Name	Rank	SCCJA #	Code	Date	Reviewer's Name	Rank	Internal Agency Code
STEPHENS - D W	L/CPL	6668-8977	H P 0 6				19CH078786

ORIGINAL

SOUTH CAROLINA DPS/OHS & DMV USE ONLY | Page # 1 Of 1

SOUTH CAROLINA TRAFFIC COLLISION REPORT FORM TR-310 (Rev. 04/2016)

# Of Units	Amended / Altered / Copy of Original Report	Completed	Received	Agency Received
01	Corrected	2019	2019	2034 2034

Date	Time of Collision	County	1- Interstate 2- US Primary 3- SC Primary	4- Secondary 5- County 6- PP 7- Ramp	Collision Location (Rt. # / Name)	8- Main Line 2- Alternate 5- Spur	6- Connection 7- Business	Miles	Dir.	In (Near) City or Town of:
05-25-2019	2007	07		5	543 / PARKER DR			.24	N E S (W)	BEAUFORT

Lane # / Dir.	Distance Offset	Direction	1- Interstate 2- US Primary 3- SC Primary	4- Secondary 5- County 6- Other 7- Ramp	Base Intersection (Rt. # / Name)	8- Main Line 2- Alternate 5- Spur	6- Connection 7- Business 9- Other	GPS COORDINATES 00.00' 00.00' DEGREES MINUTES SECONDS
# 1 Of 2 (S) NE SW	28.00 (Miles) Feet	N E (S) W			From: / BLUEBIRD LN			Latitude: 32 28 34.61
R.R. Id.	From: N E S W 1- Entrance 2- Exit	To: N E S W	1- Interstate 2- US Primary 3- SC Primary	4- Secondary 5- County 6- Other 7- Ramp	Toward: 787 / SCHORK RD (Second Intersection (Rt. # / Name))	8- Main Line 2- Alternate 5- Spur	6- Connection 7- Business 9- Other	Longitude: 80 44 59.71

Driver/Pedestrian's Full Name [redacted]

Unit #	Sex	Race	Street
[redacted]			[redacted]

#Occ	Birth Date	City, State, & Zip
1	[redacted]	BEAUFORT SC [redacted]

State	Driver's License #	Class	Insurance Company:
SC	[redacted]	D	STATE FARM

Year	Body	Vehicle Make	VIN #
2003	SU	MITS	JA4LX41G33U [redacted]

State	Year	License Plate #	Owner's D.L. #
SC	2019	[redacted]	[redacted]

Home Telephone	Owner's Full Name
[redacted]	[redacted]

Bus. Telephone	Street
( )	[redacted]

Contributed To Collision	City, State, & Zip
(Yes) No	BEAUFORT SC [redacted]

Estimated Speed	Speed Limit	C.D.L. Req: Yes (No)	T/B S Req: Yes (No)	Alc/Drg Info (see back): (Yes) No	Towed By
45	45	Statute # 56-05-2930	Statute # 56-05-2740		(Yes) No DUKES

Driver/Pedestrian's Full Name

Unit #	Sex	Race	Street

#Occ	Birth Date	City, State, & Zip

State	Driver's License #	Class	Insurance Company:

Year	Body	Vehicle Make	VIN #

Estimated Speed	Speed Limit	C.D.L. Req: Yes No	T/B S Req: Yes No	Alc/Drg Info (see back): Yes No	Towed By
		Statute #	Statute #		Yes No

Driver/Pedestrian's Full Name

State	Year	License Plate #	Owner's D.L. #

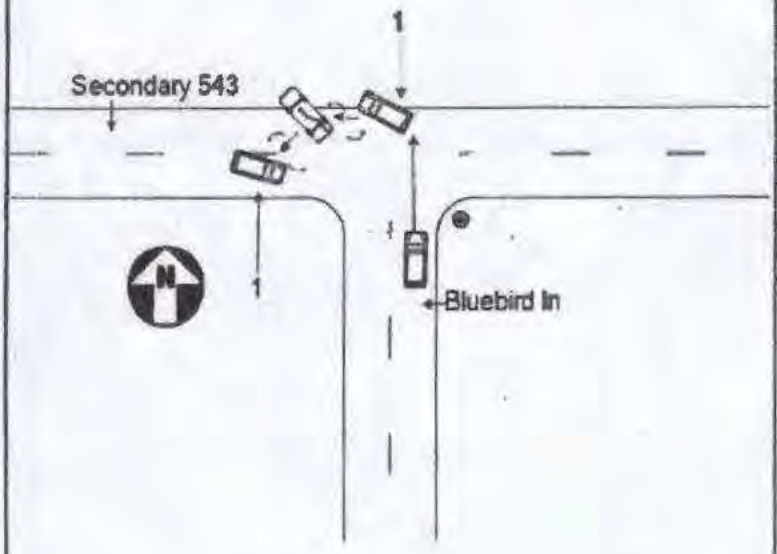
Unit #	Sex	Race	Street	Home Telephone	Owner's Full Name
				( )	

#Occ	Birth Date	City, State, & Zip	Bus. Telephone	Street
			( )	

Contributed To Collision	City, State, & Zip
Yes No	

Estimated Speed	Speed Limit	C.D.L. Req: Yes No	T/B S Req: Yes No	Alc/Drg Info (see back): Yes No	Towed By
		Statute #	Statute #		Yes No

Dir. of Travel:	Unit 1: (N) S E W	Unit 2: N S E W	Unit 3: N S E W



Unit 1 Dam.	Unit 2 Dam.	Unit 3 Dam.	Prop. Dam. 1	Prop. Dam. 2
$3800	$	$	$	$

Property Owner/Witness:	Property Owner/Witness:
Address:	Address:
State: Zip: Phone:	State: Zip: Phone:

Photo: Y (N) — Describe What Happened (Refer to Units by Number)

UNIT #1 WAS ATTEMPTING TO MAKE A LEFT TURN ONTO SECONDARY 543 FROM BLUEBIRD LN. THE DRIVER OF UNIT #1 DRIVING UNDER THE INFLUENCE RAN OFF THE ROAD RIGHT AND OVER CORRECTED THEN OVERTURNED.

NOTICE - THE TR-310 IS FOR STATISTICAL REPORTING PURPOSES ONLY AND IS A REFLECTION OF THE OFFICER'S BEST KNOWLEDGE, OPINION AND BELIEF COVERING THE COLLISION BUT NO WARRANT IS MADE AS TO THE FACTUAL ACCURACY THEREOF.

Investigating Officer's Name	Rank	SCDA #	Jurisdiction Code	Review Date	Reviewer's Name	Rank	Internal Agency Code
STEPHENS - D W	L/CPL	6668-8977	H P D 6	05-02-2019	M L Altman	Cpl	19CH078786

Unit	Date of Birth	Sex	Race	Injury	Seat	R/S	A.B.D.	Eject	L/AI	Tran	Name	Street Address	Zip Code
01	[redacted]	[redacted]	[redacted]	2	01	00	4 1	1	1	1 1	[redacted]	[redacted] BEAUFORT SC	[redacted]

Race AP- Asian/Pacific Islander W- White(Caucasian) AI- Alaskan Native or American Indian MR- Multi-Racial B- Black (African American) H- Hispanic O- Other U- Unknown

a) Injury Status 0- No Apparent Injury 1- Possible Injury 2- Suspected Minor Injury 3- Suspected Serious Injury 4- Fatal

b) 2 or 3 Wheel Motorized Vehicle Only Head Injury 1- Yes 2- No

Seating Loc. 01 02 03 / 04 05 06 / 07 08 09 20- Pedestrian 30- Trailing Unit 40- Bus or Van (4th row or Higher) 50- Other Enclosed Area (nonrailing) 51- Other Unenclosed Area (nonrailing) 60- Sleeper of Cab 70- Riding on Unit Exterior 80- Lap 99- Unk./NA

Restraint/Safety Device 00- None Used 11- Shoulder belt 12- Lap Belt Only 13- Shoulder & Lap Belt 21- Child Safety Seat 88- Other 99- Unknown

Air Bag Deployment / Switch a) 1- Deployed Front 2- Deployed Side 3- Deployed Both 4- Not Deployed 7- Not Applicable 8- Deployment Unk. b) 1- Switch in On Position 2- Switch in Off Position 3- No Switch 9- Unknown

Ejection 1- Not Ejected 2- Part. Ejected 3- Tot. Ejected 7- Not Applicable 9- Unknown

Location After Impact 1- Not Trapped 2- Extricated (Mechanical Means) 3- Freed (non-mech.) 4- Not Applicable 9- Unknown

a) Transported to Medical Facility 1- Yes 2- No 3- Unknown b) By: 1- EMS 2- Police 8- Other 9- Unknown

Pedestrian, Motor/Pedalcycle Only 31- Helmet 41- Protective Pads 51- Reflective Clothing 61- Lighting

Sequence of Events

Non-Collision 01- Cargo/Equip Loss or Shift 02- Cross Median/Center 03- Downhill Runaway 04- Equipment Failure 05- Fire/Explosion 06- Immersion 07- Jackknife 08- Overturn/Rollover 09- Ran off Road Left 10- Ran off Road Right 11- Separation of Unit 12- Spill (Two-Wheeled Veh.) 18- Other Non-Collision 19- Unk. Non-Collision

Seq 1	Seq 2	Seq 3	Seq 4	Most Harmful	1st Harmful
10	08			08	08

Collision: Not Fixed 20- Animal (Deer Only) 21- Animal (All Other) 22- Motor Veh. (In Transport) 23- Motor Veh. (Stopped) 24- Motor Veh. (Other Roadway) 25- Motor Veh. (Parked) 26- Pedalcycle 27- Pedestrian 28- Railway Veh. 29- Work Zone Maint. Equip. 38- Other Movable Object 39- Unk. Movable Object

Collision: Fixed Object 40- Bridge Overhead Structure 41- Bridge Parapet End 42- Bridge Pier or Abutment 43- Bridge Rail 44- Culvert 45- Curb 46- Ditch 47- Embankment 48- Equipment 49- Fence 50- Guardrail End 51- Guardrail Face 52- Highway Traffic Sign Post 53- Impact Attenuator/Crash Cushion 54- Light/Luminaire Support 55- Mail Box 56- Median Barrier 57- Overhead Sign Support 58- Other (Post, Pole, Support, Etc.) 59- Other (Wall, Building, Tunnel, Etc.) 60- Tree 61- Utility Pole 62- Work Zone Maint. Equipment 68- Other 69- Unknown

Manner of Collision (Struck Veh.) 00 — 00- Not Coll. w/ Motor Veh. 10- Rear End 20- Head On 30- Rear to Rear 41- Angle 42- Angle 43- Angle 50- Sideswipe Same Dr. 60- Sideswipe Opposite Dr. 70- Backed Into 99- Unknown

1st / Most Deformed Area 1st Deformed 92 Most Deformed 92

21- Pedestrian 81- None 92- Rollover 93- Total 94- Under Carriage 98- Other 99- Unknown

Vehicle Type 17 — 01- Automobile 12- Pickup Truck 13- Truck Tractor 14- Other Truck 15- Full Size Van 16- Mini Van 17- Sport Utility 25- Motorcycle 26- Other Motorbike 27- Pedalcycle 28- Animal Drawn Veh. 29- Animal (Ridden) 41- Pedestrian 51- Train 61- School Bus 68- Passenger Bus 88- Other 99- Unk. (Hit and Run Only)

Vehicle Use Code 01 — 01- Personal 02- Driver Training 03- Construction/Maint. 04- Ambulance 05- Military 06- Transport Passengers 07- Transport Property 08- Farm Use 09- Wrecker or Tow 10- Police 11- Government 12- Fire Fighting 13- Logging 18- Other 41- Pedestrian

Vehicle Attachment 1 — 1- None 2- Mobile Home 3- Semi-Trailer 4- Utility Trailer 5- Farm Trailer 6- Trailer w/Boat 7- Camper Trailer 8- Towed Motor Vehicle 9- Petroleum Tanker A- Lowboy Trailer B- Autocarrier Trailer C- Other Tanker D- Flat Bed E- Twin Trailers F- Other

Action Prior to Impact (Vehicle) 10 — 01- Backing 02- Changing lanes 03- Entering traffic lane 04- Leaving traffic lane 05- Making U-turn 06- Movements Essentially Straight Ahead 07- Overtaking/passing 08- Parked 09- Slowing or Stopped in traffic 10- Turning left 11- Turning right 88- Other **(Non-Motorist)** 21- Approaching/Leaving Vehicle 22- Entering/Crossing Location 23- Playing/Working on Vehicle 24- Pushing Vehicle 25- Standing 26- Walking, Playing, Cycling 99- Unknown 97- Working

Alcohol / Drug Test Given 5 5 — 1- Given - Known Results 2- Given - Unusable 3- Given - Pending 4- None 5- Refused

Test Type 1- Breath (Alc Only) 2- Blood 3- Urine 4- Serum 8- Other

Drug Results 1- Amphetamines 2- Cocaine 3- Marijuana 4- Opiates 5- PCP 7- None 8- Other

Alc Test Results A1 A2 A3

Special Use Only

Underride/Override 6 — 1- Under - Compartment Intrusion 2- Under - No Intrusion 3- Under - Unknown 4- Over - MV in transport 5- Over - Other Vehicle 6- None 9- Unknown

Extent of Deformity 3 — 0- None/Minor 2- Functional Damage 3- Disabling Damage 4- Severe/Totaled 5- Not Applicable 9- Unknown

Trafficway 1 — 1- Two-way, Not Divided 2- Two-way, Divided, Unprotected Median 3- Two-way, Divided, Barrier 4- One-Way 8- Other

1st Harmful Event Loc. 5 2 — a) 1- Gore 2- Island 3- Median 4- Roadside 5- Roadway 6- Shoulder 7- Sidewalk 8- Outside Trafficway 9- Unk. b) X-walk 1-Y 2-N 9-U

Road Character 1 — 1- Straight - Level 2- Straight - On grade 3- Straight - Hillcrest 4- Curve - Level 5- Curve - On grade 6- Curve - Hillcrest

Road Surface Condition 1 — 1- Dry 2- Wet 3- Snow 4- Slush 5- Ice 6- Contaminate 7- Water (Standing, etc.) 8- Other 9- Unk.

Traffic Control Type 41 — 01- Stop and Go Light 02- Flashing Traffic Signal 11- RR (X-bucks, Lights & Gate) 12- RR (X-bucks & Lights) 13- RR (X-bucks Only) 21- Officer or Flagman 22- Oncoming Emergency Vehicle 31- Pavement Markings Only 41- Stop Sign 42- Yield Sign 43- School Zone Sign 44- Work Zone 45- Other Warning Sign 51- Flashing Beacon 88- None 99- Unk.

Weather Condition 1 — 1- Clear (no adverse conditions) 2- Rain 3- Cloudy 4- Sleet, Hail 5- Snow 6- Fog, Smog, Smoke 7- Blowing Sand, Oil, Dirt or Snow 8- Severe Crosswinds 9- Unknown

Light Condition 3 — 1- Daylight 2- Dawn 3- Dusk 4- Dark (Lighting Unspecified) 5- Dark (Street Lamp Lit) 6- Dark (Street Lamp Not Lit) 7- Dark (No lights)

School Bus Involved 3 — 1- Yes, Directly 2- Yes, Indirectly 3- No 9- Unknown

Work Zone 2 — 1- Yes 2- No

Work Zone Location 1- Before 1st Sign 2- Advanced Warning Area 3- Transition Area 4- Activity Area 5- Termination Area

Work Zone Type 1- Shoulder/Median Work 2- Lane Shift/Crossover 3- Intermittent/Moving Work 4- Lane Closure 8- Other 9- Unk.

Workers Present 1- Yes 2- No

Junction Type 08 — 01- Crossover 02- Driveway 03- Five/More Points 04- Four way Intersection 05- Railway Grade Crossing 07- Shared Use Paths or Trails 08- T-Intersection 09- Traffic Circle 12- Y-Intersection 13- Nonjunction 99- Unknown

Primary Contributing Factors 16 — **Driver** 06, 13 (Others)

01- Disregarded Signs, Signal, Etc. 02- Distracted/Inattention 03- Driving Too Fast for Conditions 04- Exceeded Authorized Speed Limit 05- Failed to Yield Right of Way 06- Ran off Road 07- Fatigued/Asleep 08- Followed Too Closely 09- Made an Improper Turn 10- Medical Related 12- Aggressive Operation of Vehicle 13- Over-correcting/Over-steering 14- Swerving to Avoid Object 15- Wrong Side or Wrong Way 16- Under the Influence 17- Vision Obscured (Within Unit) 18- Improper lane Usage/Change 19- On Cell Phone 20- Texting 28- Other Improper Action 29- Unk.

Roadway 30- Debris 31- Non Highway Work 32- Obstruction in Roadway 33- Road Surface Condition (i.e. Wet) 34- Ruts, Holes, Bumps 35- Shoulders (None, Low, Soft, High) 36- Traffic Control Device (i.e. Missing) 37- Work Zone (Constr./Maint./Utility) 38- Worn, Travel, Polished Surface 48- Other 49- Unknown

Non-Motorist 50- Inattentive 51- Lying &/or Illegally in Roadway 52- Failure to Yield Right of Way 53- Not Visible (Dark Clothing) 54- Disregard Signs, Signals, Etc. 55- Improper Crossing 56- Darting 57- Wrong Side of Road 66- Under the Infl. 67- Other Person Under Infl. 68- Other 69- Unk.

Environmental 60- Animal in Road 61- Glare 62- Obstruction 63- Weather Condition 68- Other 69- Unknown

Vehicle Defect 70- Brakes 71- Steering 72- Power Plant 73- Tires/Wheel 74- Lights 75- Signals 76- Windows/Shield 77- Restraint System 78- Truck Coupling 79- Cargo 80- Fuel System 88- Other 89- Unk.

South Carolina Department of Public Safety

TOWED VEHICLE REPORT

Date Towed: 05 25 [redacted]
Location Towed From: Parker Dr
Case or Summons Number: [redacted]
Vehicle Operator's Name (First Middle Last): [redacted]
Street: [redacted]
City: Beaufort
Zip: [redacted]
State: SC

Vehicle Make: Mittsubishi
Year: 2003
Model: Outlander
VIN: JA4LX41G33U[redacted]
License Tag Number: [redacted]
State: SC
Year: 2019

Reason Towed: Collision
Operator Incarcerated: ☐ Yes ☐ No
Owner Notified: ☐ Yes ☐ No

Vehicle Owner's Name (First Middle Last): Same
Street: Same
City: Same
Zip:
State:

Towed By: Dukes
Requested By: ☐ Owner ☐ Operator ☐ Rotation
Street: 82 Savannah Hwy Beaufort
City: Beaufort
Zip: 29906
State: SC

Released To (First Middle Last):
Street:
City:
Zip:
State:

PROPERTY INVENTORY

☐ Radio ☐ Spare Tire ☐ CB Radio ☐ Radar Det ☐ Vehicle Jack
☐ Cell Phone ☐ Hub Caps ☐ Mag Wheels ☐ Tapes/CDs ☐ Tape/CD Player

Additional Inventory:
miscellaneous clothing personal items thrown throughout vehicle due to Roll over. lots of trash and other items

DAMAGE

Description of Damage:
Rollover

I have received the above-listed vehicle and inventory

Officer's Name:
Date:

Items in Custody of Officer:

Vehicle Lien Information:
Phone Number:
Street:
City:
Zip:
State:

Officer's Name: D.W Stephens
Rank: Lance Corporal
Badge Number: 144

BEAUFORT COUNTY EMS
PO BOX 890744
CHARLOTTE, NC 28289-0744

PAYMENT REQUIRED
30 DAYS PAST DUE

FEDERAL TAX ID: [redacted]
INCIDENT NUMBER:

NEED TO PROVIDE INSURANCE OR MAKE A PAYMENT?

ONLINE: www.emsbilling.com/patient
BY MAIL: Complete the reverse side of this statement and return or send check/money order and include the lower portion. An enclosed envelope has been provided for your convenience.
BY PHONE: Call 1 (888) 864-0529 Monday through Friday 8 am to 8 pm EST.

Para asistencia en español, por favor llame a sevicio al cliente al 1 (888) 864-0529 .

ACCOUNT DETAILS

STATEMENT DATE: 07/25/2019
RUN NUMBER: [redacted]
DATE OF SERVICE: 05/25/2019

BILL TO:
[redacted]

PATIENT NAME:
[redacted]

TO: BEAUFORT MEMORIAL HOSP
FROM: PARKER DR
BURTON, SC [redacted]

ACCOUNT ACTIVITY

DESCRIPTION	QUANTITY	TOTAL
ALS EMERGENCY TRANSPORT	1	$725.00
MILEAGE	7.3	$52.93
TOTAL CHARGES		**$777.93**
AMOUNT DUE UPON RECEIPT ·····►		$777.93

WE DO NOT HAVE YOUR INSURANCE ON FILE

****Balance listed is past due****

You may provide your insurance using any of the contact options listed above. If you do not have insurance, you are responsible for the amount due.

Tell us what you thought about your EMS experience at www.emsbilling.com/patient

TRA1-D-001416/1710-ACX5YC,S1-ET-M1-C00001 3

▼ PLEASE DETACH AND RETURN THE BOTTOM PORTION WITH YOUR PAYMENT.▼ LC004

PATIENT / GUARANTOR NAME: [redacted]
RUN NUMBER: [redacted]

STATEMENT DATE: 07/25/2019
DATE OF SERVICE: 05/25/2019
AMOUNT DUE: $777.93

BEAUFORT COUNTY EMS
PO BOX 890744
CHARLOTTE, NC 28289-0744

FEDERAL TAX ID: [redacted]
INCIDENT NUMBER: [redacted]

Please see reverse side for details. We accept: VISA

AMOUNT ENCLOSED $

Please make check or money order payable to: Beaufort County EMS

001416 1 MB 0.425 01416/001416/001720 0005 1 ACX5YC

[redacted]
BEAUFORT SC [redacted]

BEAUFORT COUNTY EMS
PO BOX 890744
CHARLOTTE NC 28289-0744

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.

[redacted] MAKE CHECKS PAYABLE TO [redacted]

BEAUFORT MEDICAL IMAGING, INC.
5700 SOUTHWYCK BLVD
TOLEDO, OH 43614-1509

[redacted]

FOR BILLING QUESTIONS Call 1-800-234-7944
9:00AM - 6:00PM

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NUMBER
09/29/19	[redacted]	[redacted]
SHOW AMOUNT PAID HERE $	PASS CODE BEAU	

* [redacted] FORWARDING SERVICE REQUESTED
[redacted] ADDRESSEE [redacted]

[redacted]

BEAUFORT SC [redacted]

[redacted] REMIT TO [redacted]

BEAUFORT MEDICAL IMAGING, INC.
5700 SOUTHWYCK BLVD
TOLEDO, OH 43614-1509

Client# H03249358/BEAU

☐ **Please check box if address is incorrect or insurance information has changed and indicate change(s) on reverse side.**

Please detach and return this portion with payment.

STATEMENT

DATE OF SERVICE	SERVICE RENDERED	CHARGES
5/25/19	Balance Forward	1446.00
	Payments	.00
	Balance Due	1446.00

TO PAY YOUR BILL ONLINE, PLEASE VISIT
HTTPS://PAYYOURBILL.APSMEDBILL.COM

BEAUFORT MEMORIAL HOSPITAL REF PHY: MOORE,SCOTT D

ACCOUNT NUMBER	STATEMENT DATE		TOTAL CHARGES	TOTAL PAYMENTS	ADJUSTMENTS	BALANCE DUE
[redacted]	09/29/19	PAYMENTS AFTER THIS DATE WILL APPEAR ON YOUR NEXT STATEMENT	1446.00	.00	.00	1446.00

PATIENT NAME

[redacted]

MAKE PAYMENT TO:
BEAUFORT MEDICAL IMAGING, INC.
1-800-234-7944

IN ORDER FOR US TO EXPEDITE THE FILING OF THIS CLAIM WE NEED ADDITIONAL INFORMATION. PLEASE CONTACT OUR OFFICE AND HAVE YOUR INSURANCE CARD AND FAMILY PHYSICIAN NAME AVAILABLE. WE APPRECIATE YOUR PROMPT RESPONSE. THANK YOU.

IF YOU'VE SENT PAYMENT IN FULL, PLEASE ACCEPT OUR THANKS AND DISREGARD THIS NOTICE.