

U.S. Department  
of TransportationNational Highway  
Traffic Safety  
Administration

DOT Auto Safety Hotline

**Vehicle Owner's Questionnaire (VOQ)**

NATIONWIDE 1-888-DASH-2-DOT

1-888-327-4236

www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY

197

Date Received

10-AUG-2000

Od_or	_____
rt_dt	_____
od_rt	_____
up_ltr	_____

Reference No.

867340

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
 In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) <small>(located at bottom of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1G8EC16L2EF102127	CHEVROLET TRU	SUBURBAN	1984	

Purchase Date	Dealer's Name _____	Engine Size (CID/CCL) _____	<input type="checkbox"/> Turbo
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	<input type="checkbox"/> Diesel
			<input type="checkbox"/> Gas
			<input type="checkbox"/> Fuel Injection

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____	<input type="checkbox"/> Sport Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle
		<input type="checkbox"/> Inlulubell <input checked="" type="checkbox"/> 2-Point Belt				<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

## FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02740000	Part Name(s) TIRES: TREAD	Location	Failed Part(s)
		<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement

No. of Failures 0	Date(s) of Failure(s) _____ 25-JUL-2000 Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____ 65	Failed Part(s) Available?   Yes   No	NHTSA Previously Contacted?   Yes   No
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## APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

Crash	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4	0		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CONSUMER STATED THAT WHILE DRIVING ABOUT 65 MPH WHEN LOST CONTROL OF VEHICLE AND ROLL OVER THE ROAD WHERE LATER FIND OUT THAT A REAR LEFT TIRE HAD A BLOW OUT.  
 FIRESTONE FIRE HAWK

CONTINUE ON BACK IF NEEDED

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 to 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.

<p style="text-align: center;"><b>DOT Auto Safety Hotline</b></p> <p style="text-align: center;"><b>Vehicle Owner's Questionnaire (VOQ)</b></p> <p style="text-align: center;">NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p><b>FOR AGENCY USE ONLY</b> 197</p>
	<p>Date Received <b>10-AUG-2000</b></p> <p>Reference No. <b>867340</b></p>
<p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>	<p>Od_or _____ r_dt _____ od_rt _____ up_itr _____</p>
<p><b>OWNER INFORMATION (Type or Print)</b></p>	
	<p>625958</p>
<p>Work Number _____ Home Number _____</p>	

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
 In the absence of a signature, your name and address to the vehicle manufacturer.  
 Signature of Owner \_\_\_\_\_ Date **9/13/00**

VEHICLE INFORMATION					
Vehicle Ident. No. (VIN)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading	
<b>1G8EC16L2EF102127</b>	<b>CHEVROLET TRU</b>	<b>SUBURBAN</b>	<b>1984</b>		
Purchase Date <b>4-93</b>	Dealer's Name _____		Engine Size (CID/CC/L) <b>350</b>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection	
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City <b>San Jose, CA</b> State <b>CA</b> Zip Code <b>92103</b>		No Cylinders <b>8</b>		
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> 2-Point Belt	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input checked="" type="checkbox"/> Sport Util Truck <input type="checkbox"/> Motorcycle
Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other					

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component <b>02740000</b>	Part Name(s) <b>TIRES:TREAD</b>	Location <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures <b>0</b>	Date(s) of Failure(s) <b>29-JUL-2000</b> Mileage at Failure(s) _____ Vehicle Speed at Failure(s) <b>65</b>	Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION INCIDENT INFORMATION					
(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form)					
Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured <b>4 + 1</b>	Number of Fatalities <b>0</b>	Estimated Property Damage <b>TOTAL</b>	Reported to Police <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)**

**WHILE DRIVING ABOUT 65 MPH LOST CONTROL OF VEHICLE AND ROLLED OVER THE ROAD. LATER FOUND OUT THAT A REAR LEFT TIRE HAD A BLOWOUT. FIRESTONE FIRE HAWK TIRES. \*AK**

CONTINUE ON BACK IF NEEDED

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.

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.\*

D O T V D Y K 4 R A 2 9 5

MANUFACTURER/TIRE NAME

Firestone Fire Hawk

SIZE

R2X11.50 R15LT

\* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

Multiple horizontal lines for narrative description.

☆ U.S. G.P.O.: 1982 - 623-897 / 80066

U.S. Department of Transportation  
National Highway Traffic Safety Administration

400 Seventh St., S.W.  
Washington, D.C. 20590

Official Business  
Penalty for Private Use \$300



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

**BUSINESS REPLY MAIL**  
FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Information Management Staff NSA-10.01  
400 7th Street, SW  
Washington, DC 20590



STATE OF CALIFORNIA  
**TRAFFIC COLLISION REPORT**  
 CHP 555 Page 1 (Rev. 8-97) OPI 042

SPECIAL CONDITIONS		NUMBER ARMED 1	HT & RN RELEVANT <input type="checkbox"/>	CITY UNINC.	JUDICIAL DISTRICT VISTA	LOCAL REPORT NUMBER 00070274	
		NUMBER KILLED 0	HT & RN RESIDENCE <input type="checkbox"/>	COUNTY SAN DIEGO	REPORTING DISTRICT 3		
LOCATION	COLLISION OCCURRED ON I-5 N/R				MO. DAY YEAR 07 29 00	TIME (2400) 2330	NCID # 9650
	MILEPOST INFORMATION 271 FEET N of 5 SDSY 790				DAY OF WEEK S M T W T F (S)		OFFICER I.D. 10955
	AT INTERSECTION WITH ROR: 271 FEET N of CAMP DEL MAR o/c				TOW AWAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		PHOTOGRAPHS BY <input checked="" type="checkbox"/> NONE
		STATE MY REL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
PARTY 1	DRIVER'S LICENSE NUMBER U1117530	STATE CA	CLASS C	SAFETY EQUIP. G	VEH YEAR 84	MAKE/MODEL/COLOR CHEV SUBURBAN WH	LICENSE NUMBER 28N526
OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER		OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER					
DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		SAV LUIS KEY (760) 757-4433					
PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE		VEHICLE IDENTIFICATION NUMBER					
CHP USE ONLY VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input checked="" type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER		SHADE IN DAMAGED AREA 			
SEX HAIR EYES HEIGHT WEIGHT BIRTHDATE RACE		M. BEN BAN 5'4" 150 03 07 63 H		CA DOT CALT TOP/PSG MCMX			
HOME PHONE (714) 556-5981		BUSINESS PHONE (714) 258-8001					
INSURANCE CARRIER COLONIAL PENN/AS		POLICY NUMBER 561993904					
DIR OF TRAVEL ON STREET OR HIGHWAY N I-5		SPEED LIMIT 65					
PARTY 2	DRIVER'S LICENSE NUMBER	STATE	CLASS	SAFETY EQUIP.	VEH YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER
OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER		OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER					
DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE					
VEHICLE IDENTIFICATION NUMBER		CHP USE ONLY VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER		SHADE IN DAMAGED AREA 	
SEX HAIR EYES HEIGHT WEIGHT BIRTHDATE RACE		CA DOT CALT TOP/PSG MCMX					
HOME PHONE		BUSINESS PHONE					
INSURANCE CARRIER		POLICY NUMBER					
DIR OF TRAVEL ON STREET OR HIGHWAY		SPEED LIMIT					
PARTY 3	DRIVER'S LICENSE NUMBER	STATE	CLASS	SAFETY EQUIP.	VEH YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER
OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER		OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER					
DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE					
VEHICLE IDENTIFICATION NUMBER		CHP USE ONLY VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER		SHADE IN DAMAGED AREA 	
SEX HAIR EYES HEIGHT WEIGHT BIRTHDATE RACE		CA DOT CALT TOP/PSG MCMX					
HOME PHONE		BUSINESS PHONE					
INSURANCE CARRIER		POLICY NUMBER					
DIR OF TRAVEL ON STREET OR HIGHWAY		SPEED LIMIT					
PREPAREX'S NAME R. SABLON		DISPATCH NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		REVIEWER'S NAME 		DATE REVIEWED 10/10/00	

STATE OF CALIFORNIA  
**TRAFFIC COLLISION CODING**  
 CHP 555 Page 2 (Rev. 8-97) OPJ 042

DATE OF COLLISION (MO. DAY YEAR) 072900 TIME (2400) 2330 NUCR # 9650 OFFICER I.D. 10955 NUMBER 00070274

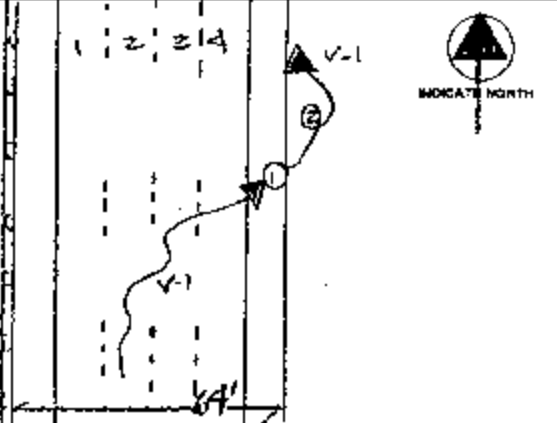
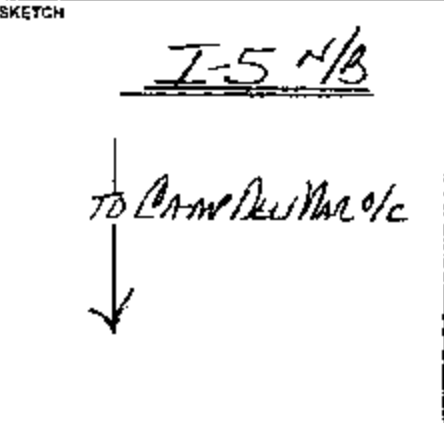
OWNER'S NAME \_\_\_\_\_ OWNER'S ADDRESS \_\_\_\_\_ NOTIFIED  YES  NO

PROPERTY DAMAGE DESCRIPTION OF DAMAGE \_\_\_\_\_

SEATING POSITION	OCCUPANTS	SAFETY EQUIPMENT	M/C BICYCLE-HELMET	EJECTED FROM VEHICLE
	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  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	DRIVER V - NO W - YES  PASSENGER X - NO Y - YES	0 - NOT EJECTED 1 - FULLY EJECTED 2 - PARTIALLY EJECTED 3 - UNKNOWN

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

PRIMARY COLLISION FACTOR LIST NUMBER (N) OF PARTY AT FAULT	TRAFFIC CONTROL DEVICES	TYPE OF VEHICLE			MOVEMENT PRECEDING COLLISION
		1	2	3	
A <u>22107 CV</u> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO B OTHER IMPROPER DRIVING* C OTHER THAN DRIVER* D UNKNOWN* E FELL ASLEEP*	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 D BROADSIDE E HIT OBJECT F OVERTURNED G VEHICLE / PEDESTRIAN H OTHER*	1 2 3	A PASSENGER CAR / STATION WAGON B PASSENGER CAR W/ TRAILER C MOTORCYCLE / SCOOTER D PICKUP OR PANEL TRUCK E PICKUP / PANEL TRUCK W/ TRAILER F TRUCK OR TRUCK TRACTOR G TRUCK / TRUCK TRACTOR W/ TRLR H SCHOOL BUS I OTHER BUS J EMERGENCY VEHICLE K HIGHWAY CONST. EQUIPMENT L BICYCLE M OTHER VEHICLE N PEDESTRIAN O MOPED	1 2 3	A STOPPED B PROCEEDING STRAIGHT C RAN OFF ROAD D MAKING RIGHT TURN E MAKING LEFT TURN F MAKING U TURN G BACKING H BLOWING / 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 * <u>UNSAFE TURN ON FREEWAY</u>
WEATHER (MARK 1 TO 2 ITEMS) A CLEAR B CLOUDY C RAINING D SNOWING E FOG / VISIBILITY FT. F OTHER* G WIND	A NON - COLLISION B PEDESTRIAN 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	1 2 3	OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS) A VC SECTION VIOLATION <input type="checkbox"/> YES <input type="checkbox"/> NO B VC SECTION VIOLATION <input type="checkbox"/> YES <input type="checkbox"/> NO C VC SECTION VIOLATION <input type="checkbox"/> YES <input type="checkbox"/> NO	1 2 3	SOBRIETY - DRUG PHYSICAL (MARK 1 TO 2 ITEMS) 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
LIGHTING A DAYLIGHT B DUSK - DAWN C DARK - STREET LIGHTS D DARK - NO STREET LIGHTS E DARK - STREET LIGHTS NOT FUNCTIONING*	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 3	ROADWAY SURFACE A DRY B WET C SNOWY - ICY D SLIPPERY (MUDDY, OILY ETC.)	1 2 3	SPECIAL INFORMATION A HAZARDOUS MATERIAL
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	PEDESTRIAN'S ACTIONS 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 3	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	1 2 3	MISCELLANEOUS A HAZARDOUS MATERIAL



MISCELLANEOUS

A HAZARDOUS MATERIAL

STATE OF CALIFORNIA  
**INJURED / WITNESS / PASSENGERS**  
 CHP 555 Page 3 (Rev. 2-97) OPI 042

DATE OF COLLISION (MO DAY YEAR) 07 29 00				TIME (2400) 2330		NOC# 9650				OFFICER I.D. 10735				PLATE# 00070274					
WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ("X" ONE)				INJURED WAS ("X" ONE)				PARTY NUMBER	SEAT POS.	SAFETY EQUIP.	EJECT				
<input type="checkbox"/>	<input type="checkbox"/>	10	M	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	6	C	<input checked="" type="checkbox"/>			
NAME / D. O. B. / ADDRESS SAMUEL ZERMENO 020790 (SAME AS PARTY #1)																			
(INJURED ONLY) TRANSPORTED BY: AMERICARE AMBULANCE																			
TAKEN TO: TRI-CITY HOSPITAL (OCEANSIDE, CA)																			
DESCRIBE INJURIES LACERATION TO FOREHEAD																			
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	32	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	3	G	<input checked="" type="checkbox"/>			
NAME / D. O. B. / ADDRESS ROSALBA AREVALA DE ZERMENO 042468 (SAME AS PARTY #1)																			
(INJURED ONLY) TRANSPORTED BY:																			
TAKEN TO:																			
DESCRIBE INJURIES																			
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	8	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	4	C	<input checked="" type="checkbox"/>			
NAME / D. O. B. / ADDRESS OMAR ZERMENO 050792 (SAME AS PARTY #1)																			
(INJURED ONLY) TRANSPORTED BY:																			
TAKEN TO:																			
DESCRIBE INJURIES																			
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	5	G	<input checked="" type="checkbox"/>			
NAME / D. O. B. / ADDRESS NANCY ZERMENO 041798 (SAME AS PARTY #1)																			
(INJURED ONLY) TRANSPORTED BY:																			
TAKEN TO:																			
DESCRIBE INJURIES																			
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																			
<input checked="" type="checkbox"/>	1	46	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
NAME / D. O. B. / ADDRESS FRANK JIMENEZ 082854 424 E. LOS ANGELES AVE, MONROVIA CA 91016																			
(INJURED ONLY) TRANSPORTED BY:																			
TAKEN TO: (626) 936-6026																			
DESCRIBE INJURIES																			
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																			
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
NAME / D. O. B. / ADDRESS																			
(INJURED ONLY) TRANSPORTED BY:																			
TAKEN TO:																			
DESCRIBE INJURIES																			
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																			
PREPARER'S NAME R. SARLAN				ID NUMBER 10955				MO DAY YEAR 07 29 00				REVIEWER'S NAME				MO. DAY YEAR			

DATE OF COLLISION (MO. DAY YEAR) 07 29 00	TIME (2400) 2330	NO. OF 9650	OFFICER I.D. 10935	NUMBER 00070274
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ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE = )

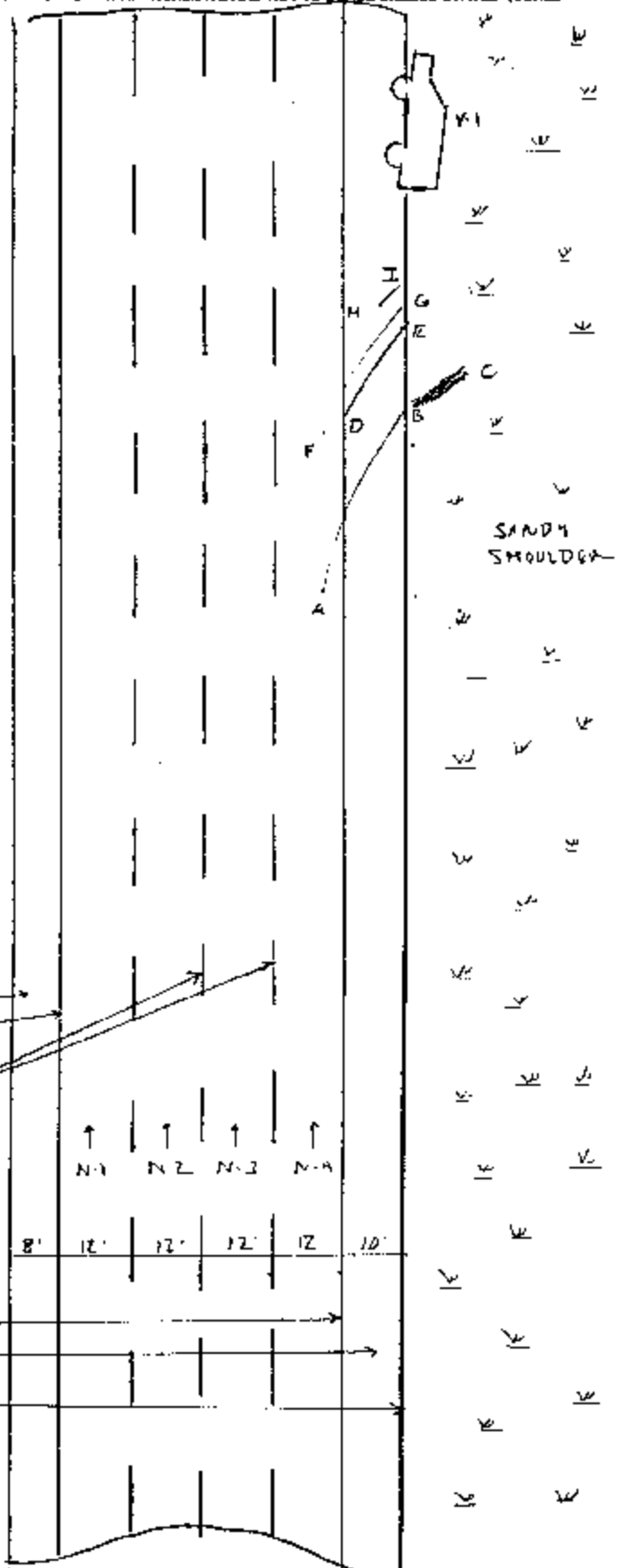
I-5 N/B



ASPHALT MEDIAN  
 SOLID YELLOW LINE  
 LANE MARKERS /  
 BOLT DATE

SOLID WHITE LINE  
 ASPHALT SHOULDER  
 RAISED CURB /  
 ASPHALT BERM

TO  
 HARBOR DR  
 UIC



ROW IS  
 CONCRETE

PREPARED BY LD. PAGE	I.D. NUMBER 8831	MO DAY YEAR 08 07 00	REVIEWER'S NAME	MO DAY YEAR
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**FACTS****NOTIFICATION**

At approximately 2335 hrs., I received a traffic collision call of a vehicle rolled over. I responded from the CHP Oceanside Office and arrived at the collision scene at approximately 2340 hrs.

All times, speeds, and measurements are approximations. Measurements were made by rollatape and visual estimation.

**SCENE**

I-5, in the area of this collision, is a full north/south freeway. The northbound lanes are separated from the southbound lanes by a wood/metal guardrail. The traffic lanes in each direction are separated from each other by a painted broken white lines with raised reflectors. The roadway surface is concrete and raingrooved. The entire roadway is bordered by asphalt shoulders.

**PARTIES**

Party #1 (P-1, Zermeno) was located at the collision standing by V-1. P-1 was identified as the driver of V-1 by passenger-N. Zermeno and by his own admission. P-1's identity was established by his California driver's license.

Vehicle #1 (V-1) was found at rest on its right side as depicted in factual diagram. V-1 was noted to have damage to the left rear tire, left rear shocks, left rear fender, right front tire, roof, side windows, and front windshield.

**STATEMENTS**

P-1 (Zermeno) related he was driving in the #2 lane of northbound I-5 north of Camp Del Mar O/C at 65-70 mph. As he continued northbound, he suddenly felt V-1 begin to "bounce" up and down for no apparent reason. He began to apply V-1's brakes, and suddenly lost control of V-1. V-1 began to veer towards the right out of control across the #3 lane and #4 lane onto the right shoulder. V-1 rolled onto its right side.

Passenger-N. Zermeno was asleep at the time of the collision.

Passenger-S. Zermeno, passenger-O. Zermeno and passenger-N. Zermeno no statements due to their ages.

Witness-Jimenez (Wit-1) was contacted at the collision scene. Wit-1 identified himself as a witness to the collision. Wit-1 stated he was driving in the #2 northbound lane of I-5 north of Camp Del Mar O/C at 65-70 mph approximately 150 ft. to the rear of V-1. As he continued to follow V-1, he suddenly observed V-1's left rear tire blow out. V-1 began to "bounce" up and down uncontrollably. V-1 suddenly veered towards the right across the northbound #3 and #4 lanes onto the right shoulder and rolling over.

# TIRE STATION

CUSTOMER INVOICE  
No. 6-086296-2

TIRE STATION  
102 S MAIN ST  
SANTA ANNA CA 92701  
(714) 292-8937

Page 1 of 1  
05-04-96



VEHICLE:  
91 CHEVROLET SUBURBAN 3/4  
5.0 LITRE 4B3L V8; VIN: F  
Mileage: 65000 License: CFLUIYD CA  
U3L 9

Store #013742717A TR3519 02 02 1      BAR # A2620288      EPA # 6AD991426925

## SALES RECEIPT

Description	Tech	Part	Qty	Unit	Price	Parts Total	Labor Total
FIREHW 419 THULES 62115415 F	00	332133	A	04	115.99	463.96	
WHEEL BALANCE LABOP	10	13716	ESF	04	0.00		0.00
ROAD HAZARD WARRANTY	10	58403	F	04	7.50	30.00	
Tech: 10 D ESPINOZA							

Sales Associate: D GUTIERREZ  
CFNA Exp 532.24 Acct# 679512226  
Total Tended 532.24

Ap# 09019      SUMMARY  
Parts 463.96  
Labor 0.00  
Sub Total 463.96  
CA Tax 7.750% 38.28  
TOTAL 502.24

I have received goods and/or services and agree to pay and comply with my cardholder agreement with the issuer.

I acknowledge notice and oral approval of an increase in the original estimated price.

The attached estimate is part of this invoice.

Signature or initials \_\_\_\_\_  
Estimate revised D \_\_\_\_\_ T \_\_\_\_\_  
Contacted \_\_\_\_\_

THANK YOU FOR SHOPPING  
TIRE STATION

See reverse side for Warranty Information

# TIRE STATION

CUSTOMER INVOICE  
No. 6-251347-4

TIRE STATION  
101 S MAIN ST  
SANTA ANNA CA 92701  
(714) 542-8857

Page 1 of 1  
01-05-98

CUSTOMER:



VEHICLE:  
94 CHEVROLET SUBURBAN 3/4  
5.0 LITRE 4BBL V8; VIN: F  
Mileage: 42947 License: 2BKN536 CA  
VIN #

Store #016748-71TA TR:4875 01 99 I BAR # 48030238 EPA # CA0981426935

Description	Tech Part		Qty	Unit Price	Parts Total	Labor Total
	No.	Number				
FIREHWK R4S FUDLPS	32115R15	6	00	282138	7.20	7.20
WHEEL BALANCE LABOR			10	18716	0.00	0.00
ROAD HAZARD WARRANTY			10	40215	0.00	0.00
TIRE ROTATION			10	15022	13.20	13.20
Tech: 10 D ESPINOZA					0.00	0.00

Sales Associate: B TARANGO  
CFNA Exp 21.98 Acct# 672513286

Apr# 09065

SUMMARY

Parts	20.40
Labor	0.00
Sub Total	20.40
CA Tax 7.750%	1.58
TOTAL	21.98

Total Tendered 21.98

I have received the above goods and/or services. If this is a credit card purchase, I agree to pay and comply with my cardholder agreement with the issuer.

I acknowledge notice and oral approval of an increase in the original estimated price.

The attached estimate is part of this invoice.

Signature or Initials \_\_\_\_\_  
Estimate revised D \_\_\_\_\_ T \_\_\_\_\_  
Contacted \_\_\_\_\_

THANK YOU FOR SHOPPING

TIRE STATION  
----- AMERICA'S HOME -----  
----- FOR CAR SERVICE -----

See reverse side for Warranty Information

# Smog Check Vehicle Inspection Report (VIR)

## Vehicle Information

Test Date/Time: 02/27/1999 @ 10:47

Model-Year: 1984	Make: CHEVROLET	Model: K10 SUBURBAN	
License: 2BKN536	State: CA	VIN: 1GBEC16L2EF102127	
Engine Size: 5.7 L	Type: Truck	Transmission: Automatic	
GVWR: 6800	Test Weight: 5500	Cylinders: 8	
Odometer: 46062	Certification: Federal	VLT Record #: 07374	
Fuel-Type: Gasoline	Exhaust: Single	Inspection Reason: Biennial	

## Overall Test Results

**Thank you for performing the needed emissions-related repairs to your vehicle. These repairs help California reach its goal of removing an extra 100 tons of smog-forming emissions from the air every day.**

Comprehensive Visual Inspection: PASS Functional Check: PASS Emissions Test: PASS

Smog Check Certificate Number: D1313016  
DMV ID Number: 2511917D387

Your Smog Check certificate has been electronically transmitted to DMV.  
Your certificate is valid for 90 days from date of issuance.  
Please keep this copy for your records.

## Emission Control Systems Visual Inspection/Functional Check Results

(Visual/Functional tests are used to assist in the identification of crankcase and cold start emissions which are not measured during the ASM test)

Result	ECS	Result	ECS	Result	ECS
PASS	PCV	PASS	Thermostatic Air Cleaner	PASS	Fuel Evaporative Controls
PASS	Catalytic Converter	PASS	Air Injection	N/A	System Malfunction Light
PASS	Exhaust Gas Recirculation	PASS	Spark Controls	PASS	Carb./Fuel Injection
N/A	Wiring to Sensors	PASS	Vacuum Lines to Sensors/Switches	PASS	Other Emission Related Components
N/A	Fillpipe Restrictor				Oxygen Sensor
PASS	Fuel Cap Integrity Test	PASS	Ignition Timing: 8 BTDC	N/A	

## ASM Emission Test Results

Test	RPM	%CO <sub>2</sub>		HC (PPM)			CO (%)			NO (PPM)			Results
		MEAS	MEAS	MAX	AVE	MEAS	MAX	AVE	MEAS	MAX	AVE	MEAS	
15 mph	1113	10.4	5.8	157	52	96	0.32	0.24	0.17	1986	381	1242	PASS
25 mph	1078	10.1	6.1	107	31	82	0.91	0.37	0.32	1973	387	1927	PASS

MAX - Maximum Allowable Emissions

AVE = Average Emissions For Passing Vehicles

MEAS = Amount Measured

### Repair Actions

Divertor Valve (AIS)  
Vacuum Motor (TAC)  
Vacuum Routing (EGR)  
Spark Control (Primary)  
Initial Timing (Secondary)

### Repair Costs

Total Repair Time: 0.8 hours  
Emission-Related Repairs (Parts): \$0  
Emission-Related Repairs (Labor): \$0  
Tanner Repairs (Parts and Labor): \$45  
Estimated Costs of Additional Repairs: \$0  
Hourly Labor Rate: \$65

## Smog Check Inspection Station Information

BEST AUTO CENTER  
2220 w. first street  
1-714-558-8188

Station Number: RL128649

Technician Name/Number: CHUNG UN KOO/EA111043  
Repair Tech Name/Number: CHUNG UN KOO/EA111043  
Software Version/EIS Number: 9814/ES974918

I certify, under penalty of perjury, under the laws of the State of California, that I performed the inspection in accordance with all bureau requirements, and that the information listed on this vehicle inspection report is true and accurate. All repairs were made in accordance with BAR guidelines.

Date

Technician's Signature

MAKE CHECKS PAYABLE TO:  
**AMERICARE AMBULANCE SERVICE**  
 820 WEST LOMITA BLVD  
 HARBOR CITY, CA 907102312  
 ADDRESS CORRECTION REQUESTED  
 (800)279-0793

IF PAYING BY MASTERCARD OR VISA, FILL OUT BELOW.

CHECK CARD USING FOR PAYMENT  
 MASTERCARD  VISA

CARDNUMBER	AMOUNT
SIGNATURE	EXP DATE

**STATEMENT** SHOW AMOUNT PAID HERE \$

STATEMENT DATE	ACCT. #	PAY THIS AMOUNT
08/25/2000	300018607	790.00



Items Shown : All Unpaid Charges

Please check box if above address is incorrect and indicate change on reverse side. PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

PATIENT	DATE	CODE	DESCRIPTION OF SERVICE	CHARGE	PAYMENTS		ADJUSTMENT	LINE ITEM BALANCE
					INSURANCE	PATIENT		
SAMUAL	07/29/2000	A0362C	BLSE + CODE 2	330.00				330.00
SAMUAL	07/29/2000	A0380	MILES BLS	405.00				405.00
SAMUAL	07/29/2000	A0422B	OXYGEN W/CANN,MASK	55.00				55.00

CURRENT	30 DAYS	60 DAYS	90 DAYS	120 DAYS	Total Account Balance	790.00	
790.00	0.00	0.00	0.00	0.00	Estimated Insurance	0.00	
						Patient Balance	790.00
						Balance Due Now	790.00

PLEASE SEND YOUR PAYMENT TO THE ADDRESS LISTED ABOVE. IF ANY QUESTIONS CONCERNING BILLING PLEASE CALL 800/279-0793.

Provider : AMERICARE AMBULANCE SERVICE

**OPINIONS AND CONCLUSIONS****SUMMARY**

V-1 was traveling in the #2 northbound lane of I-5 north of Camp Del Mar O/C at 65-70 mph. As V-1 continued northbound, V-1 had a sudden left rear tire failure. P-1 applied V-1's brakes and began to lose control of V-1. V-1 veered towards the right across the #3 and #4 lanes onto the right shoulder. V-1 struck the asphalt berm and rolled over onto its right side.

**AREA OF IMPACT (AOI)**

AOI #1 (V-1 vs. Asphalt berm) was established by physical evidence and determined to be approximately 271 ft. north of Camp Del Mar O/C and approximately 10 ft. east of the east roadway edge of northbound I-5.

AOI #2 (V-1 rollover) was established by physical evidence and determined to be approximately 290 ft. north of Camp Del Mar O/C and approximately 14 ft. east of the east roadway edge of northbound I-5.

POLICE  ACCIDENT   
 PFI  IMPOUND   
 FMO  STRAIGHT   
 CHP  HOLD   
 OWNER  O.P.D. FEE   
 DEALER  30 DAY HOLD

**San Luis Rey Towing**  
 SAN LUIS REY, CALIFORNIA 92068  
 P.O. BOX 186  
 471 N. EL CAMINO REAL  
 PH. (760) 757-4433  
  
**93332**

DATE 7/30 100

NAME	TOWING FRONT END REAR END <input checked="" type="checkbox"/>	241.50	MILEAGE POINT OF DEL.	2002 TIME IN
ADDRESS	MILEAGE		17860	2002 JUL 30 2002
CITY & STATE	STAND BY TIME		MILEAGE POINT OF PICK-UP	TIME OUT
MAKE & YEAR <u>BY CHEV SUBARU</u>	O.P.D. FEE		17839	2344
LICENSE NO. <u>2BKNSR CA.</u>	WINCH & CRANE		MILEAGE TOTAL	TOTAL TIME
VIN <u>1G8EC16L2E102127</u>	LABOR AT SCENE <u>PHS 24</u>	15.00	1st TOW <u>1100 AM</u>	DRIVER & TRUCK
TOWED FROM <u>1135 N. HANSON</u>	SERVICE CALL		2nd TOW	DRIVER & TRUCK
TOWED TO <u>SLR JT</u>	SECOND TOW		O.D. <u>46062</u>	
SECOND TOW	LIEN SALE FEE		EXP. <u>01/2001</u>	
BILL TO	OUTSIDE CHARGES		<u>July 30 2000</u>	
R.O. #	PHONE CALL		<u>Paul JR</u>	
CALL BY <u>CHP/OK</u>	STORAGE <u>PHS 24</u>	20.00	<u>Visa</u>	
	TOTAL	→ 338.15		

ALL PERSONAL ARTICLES REMOVED FROM THE ABOVE DESCRIBED VEHICLE. SIGNATURE

ABOVE VEHICLE RECEIVED IN SATISFACTORY CONDITION SIGNATURE Paul JR

