



U.S. Department  
of Transportation

National 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** 117

Data Received

14-SEP-2000

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
od\_rt \_\_\_\_\_  
up\_ltr \_\_\_\_\_

Reference No.

870535

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 front of windshield or drivers side)</small>	Vehicle Make <b>TOYOTA TRUCK</b>	Vehicle Model <b>4 RUNNER</b>	Vehicle Year <b>1987</b>	Current Odometer Reading
---	-------------------------------------	----------------------------------	-----------------------------	--------------------------

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

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input 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 type="checkbox"/> Sport Ult. Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input 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>02700000</b>	Part Name(s) <b>TIRES</b>	Location <input type="checkbox"/> Left <input type="checkbox"/> Frnt <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures <b>1</b>	Date(s) of Failure(s) <b>29-DEC-1999</b> Mileage at Failure(s) <b>140</b> Vehicle Speed at Failure(s) <b>65</b>	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input 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.)

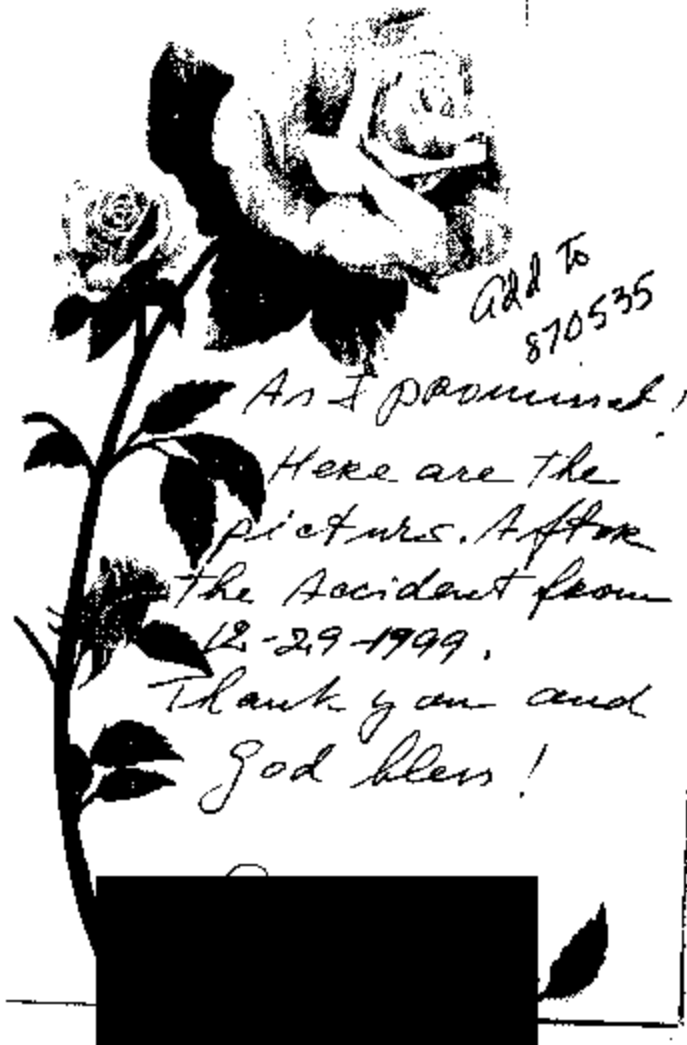
Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured <b>0</b>	Number of Fatalities <b>0</b>	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked=""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

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

**WHILE DRIVING ON HIGHWAY AT 65MPH TIRE BLEWOUT. HAD LOST CONTROL OF VEHICLE & WAS HEADING TOWARDS SOME TREES. VEHICLE THEN FLIPPED OVER. \*AK**

CONTINUED ON BACK PLEASE

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.



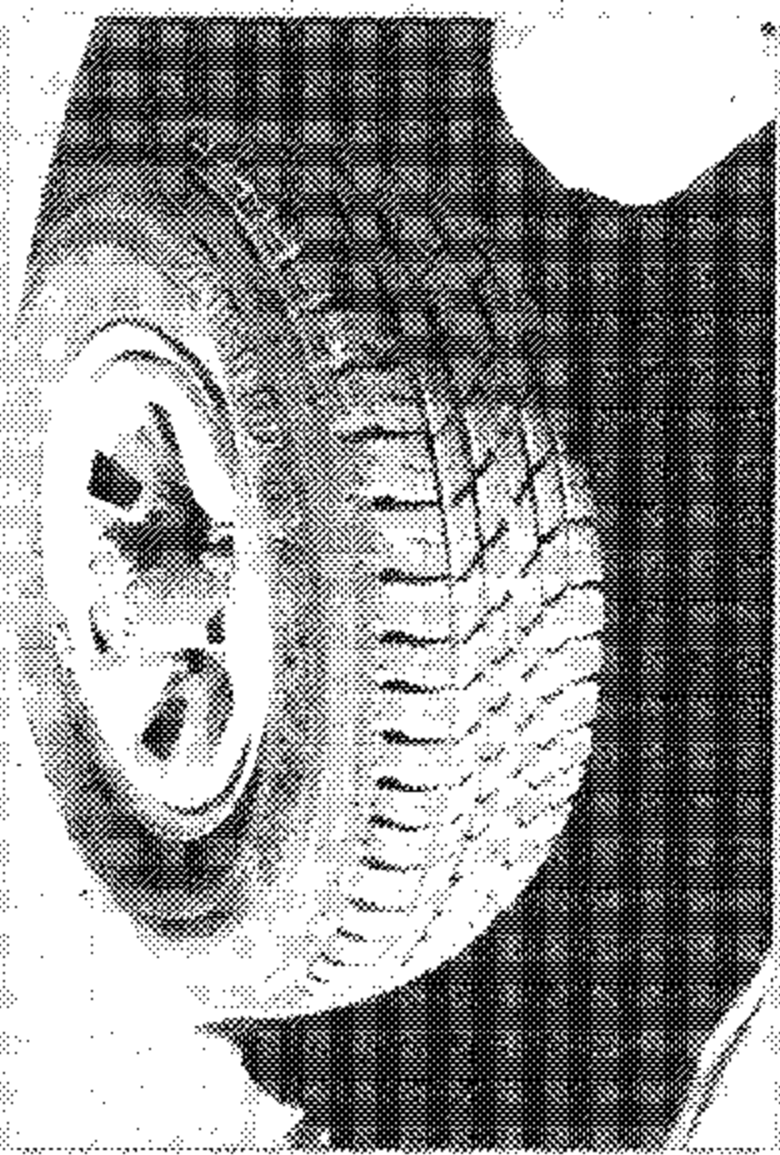
add to  
870535

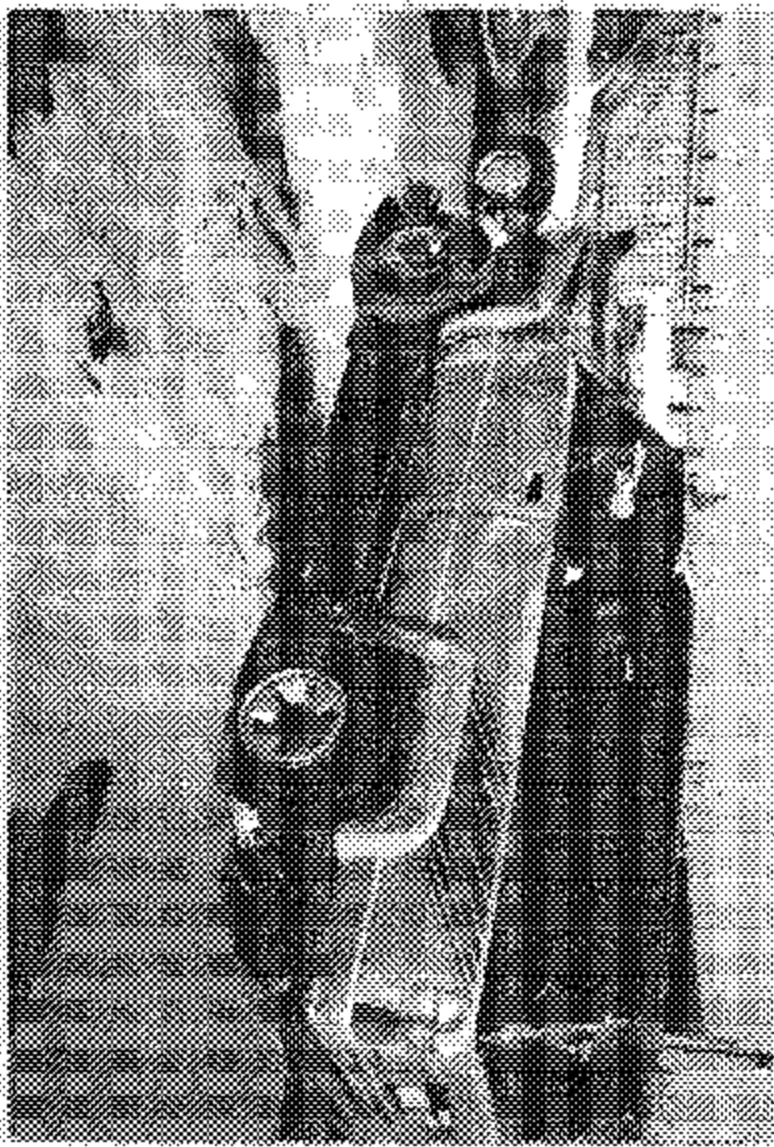
As I promised,  
Here are the  
pictures. After  
the Accident from  
12-29-1999.  
Thank you and  
God bless!

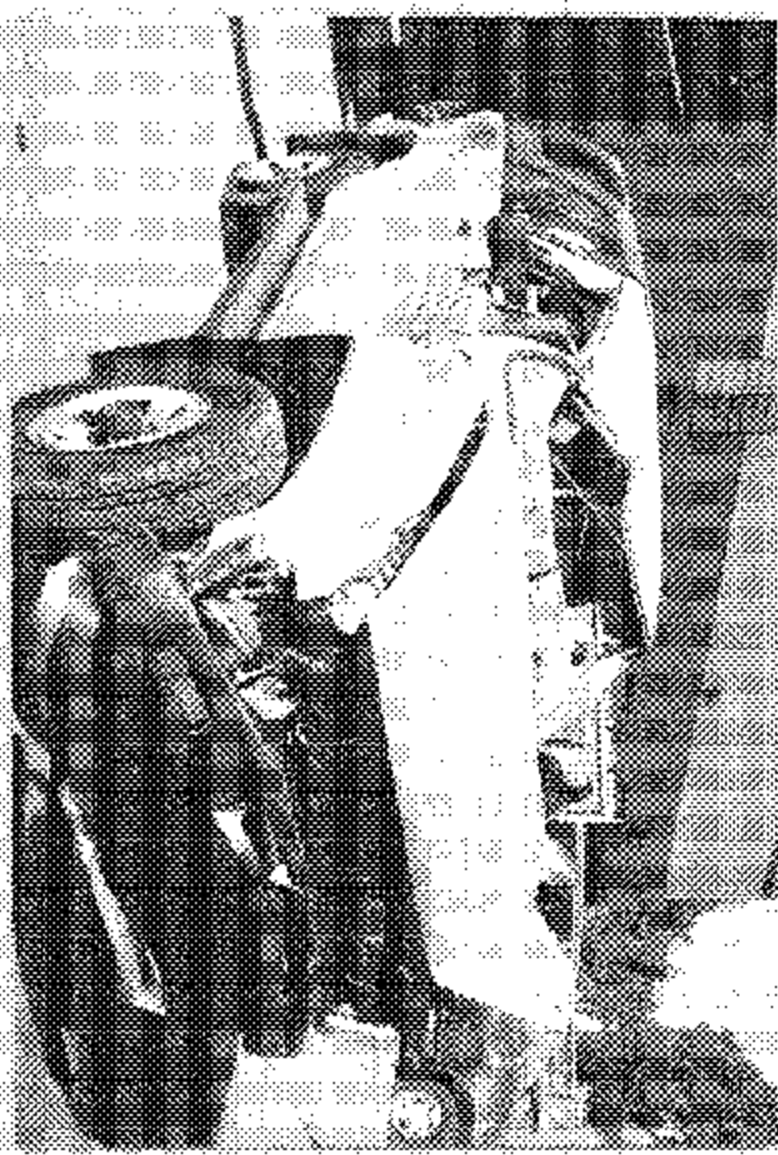



Front  
Tear did not  
blow out  
But all it  
are none  
Tip Tears










DOT Auto Safety Hotline		FOR AGENCY USE ONLY 117	
 U.S. Department of Transportation <b>National Highway Traffic Safety Administration</b>		<b>Vehicle Owner's Questionnaire (VOQ)</b> NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
<b>OWNER INFORMATION (Type or Print)</b> [Redacted] <b>638782</b>		<b>Date Received</b> 14-SEP-2000 <b>OFFICE</b> <b>DEFECTS INVESTIGATION</b>	
<b>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?</b> In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.		<b>Reference No.</b> <b>870535</b>	
<b>Signature of Owner</b> _____		<b>Work Number</b> _____ <b>Home Number</b> _____	
<b>VEHICLE INFORMATION</b>			
<b>Vehicle Ident. No. (VIN)</b> <small>Located at bottom of windshield on driver's side</small> <b>FILL IN</b> JT4RN6257H0101235	<b>Vehicle Make</b> <b>TOYOTA TRUCK</b>	<b>Vehicle Model</b> <b>4 RUNNER</b>	<b>Vehicle Year</b> <b>1987</b>
		<b>Current Odometer Reading</b> <b>Totaled</b> <b>ON 12-29-99</b>	
<b>Purchase Date</b> <b>OCT. 1987</b>	<b>Dealer's Name</b> <b>Foot Hill Toyota</b> <small>HIGHTOWER</small>	<b>Engine Size (CID/CC/L)</b> <b>4 Cyl.</b>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Used <small>in 1987</small>	<b>City</b> <u>Glendale</u> <b>State</b> <u>CA</u> <b>Zip Code</b> <u>91204</u>	<b>No Cylinders</b> <u>4 Cyl.</u>	
<b>Transmission Type</b> <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<b>Antilock Brakes</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Restraint System</b> <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	<b>Cruise Control</b> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		<b>Drive Train</b> <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	<b>Vehicle Type</b> <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other
		<input checked="" type="checkbox"/> Sport Utl <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	<b>Body Style</b> <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>			
<b>Component</b> <b>02700000</b>	<b>Part Name(s)</b> <b>TIRES</b> <u>Blew out (See enclosure)</u>	<b>Location</b> <input type="checkbox"/> Left <input type="checkbox"/> Front <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Rear	<b>Failed Part(s)</b> <input type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement <small>NEW 8-18-99</small>
<b>No of Failures</b> <b>1</b>	<b>Date(s) of Failure(s)</b> <u>29-DEC-1999</u> <b>Mileage at Failure(s)</b> <u>140</u> <b>Vehicle Speed at Failure(s)</b> <u>65</u>	<b>Failed Part(s) Available?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>NHTSA Previously Contacted?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>APPLICATION INCIDENT INFORMATION</b>			
<small>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)</small>			
<b>Crash</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Fire</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Number of Persons Injured</b> <b>0</b>	<b>Number of Fatalities</b> <b>0</b>
		<b>Estimated Property Damage</b>	<b>Reported to Police</b> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b>			
<b>WHILE DRIVING ON HIGHWAY AT 65MPH TIRE BLEWOUT. HAD LOST CONTROL OF VEHICLE &amp; WAS HEADING TOWARDS SOME TREES. VEHICLE THEN FLIPPED OVER. *AK</b>			
<i>please see Back for letter</i>			
<small>CONTINUE ON BACK IF NEEDED</small>			
<small>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.</small>			



October 3, 2000

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

Dear Ladies and Gentlemen:

As you see on the short description, I was driving at 65 MPH on the 101 Freeway to visit my daughter in San Francisco for the week of New Years. I was in no hurry to get there with my small dog and everyone's Christmas gifts in the trunk of the Toyota. I have driven that stretch many times before, and was familiar with this highway.

Suddenly I hard a muffled gunshot-like sound. Instantly I thought someone hit me, because the car sank in the rear right after the shot! Then the trees were coming at me. I tried to turn the wheel; could only see trees upside down, sky, then I was standing still in my car. I immediately reached for my little dog who was no longer next to me in the passenger seat. I unbuckled, opened the door and set out to find him (he is the only thing I love the most).

At that moment there were two men standing outside the door wanting to know if I was all right. One of them was the witness who saw it all happen, and convinced me that I did not hit anybody and no one hit me, but the tire blew out. There was no one else on the highway at that time. (Enclosed is police report.)

I was ill for awhile and my body and mind needed to heal. I thank God for my life and the life of my dog, "Shnaps." However, the nightmare is not over yet. It is now called "Bridgestone-Firestone Tires."

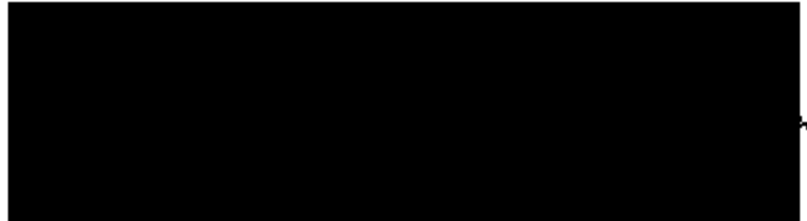
As you can see in the enclosures, I did hire an attorney in Mach, who was fast-talking, and said we had a case. In June he canceled on me, saying he spent too much money on this case. It seems there was not enough pain and suffering. In short, I did not break a leg or something more serious. Other attorneys are not even interested.

How much more pain and suffering must I go through? I am 73 years old, on a fixed income. I now have a car payment I can not afford, I made a loan on the house due to the tires

and doctor bills. Since the accident I have not been able to work due to handling all this by myself.

Please, if you could advise me how to go about this law business? Or is there anyone you know of to point me in the proper direction? I only have until December to file something.

Thank you very much,



LVT:pr

Encs: Police report  
Firestone receipt  
Doctor's report

P.S.

Photographs of the totaled vehicle and my injuries are available to you.

TRAFFIC COLLISION REPORT

SPECIAL CONDITIONS	NO INT	H&R FEL	CITY	JUDICIAL DISTRICT	NUMBER
	1	[ ]	UNINCORPORATED	SANTA BARBARA	
	NO KILL	H&R MISC	COUNTY	DIST	BEAT
	0	[ ]	SANTA BARBARA		30

09-12-1998

COLLISION OCCURRED ON:		MO	DAY	YEAR	TIME(GMST)	MCIC #	OFFICER I.D.
US 101 NORTHBOUND		12	29	99	1000	9760	015451
MILEPOST INFORMATION:				DAY OF WEEK	TOW AWAY	PHOTOGRAPHS BY:	
190 feet N of MP 101 SB 31.30				WEDNESDAY	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	1 ROLL, C.	
AT INTERSECTION WITH:					STATE HWY REL	JORDAN 12321	
DR OR: 1000 feet N of LAS VARAS RANCH ROAD					<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> NONE	

PARTY 1	DRIVER'S LICENSE NUMBER	STATE	CLASS	SAFETY	VEH YR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE									
1	M0250515	CA	C	G	87	TOYOTA 4 RUNNER SILVER	2YJX651	CA									
DRIVER	NAME(FIRST,MIDDLE, LAST)			OWNER'S NAME		<input checked="" type="checkbox"/> SAME AS DRIVER											
PEDES TRIAN	[REDACTED]			OWNER'S ADDRESS		<input checked="" type="checkbox"/> SAME AS DRIVER											
PARKED VEHICLE	[REDACTED]			DISPO OF VEHICLE ON ORDERS OF:		<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER											
BICY-CLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	RACE										
[ ]	F	BLN	BLU	5-02	115	05/13/26											
OTHER	INSURANCE CARRIER			POLICY NUMBER		BJ'S TURNPIKE TOW (605) 967-0915											
[ ]	AAA			G4486654		PRIOR MECHANICAL DEFECTS: NONE APPARENT <input checked="" type="checkbox"/> REFER TO NARRATIVE <input type="checkbox"/>											
DIR TRV: ON STREET OR HIGHWAY				SPEED LIMIT		VEHICLE IDENTIFICATION NUMBER:											
N US 101				65		<table border="1"> <tr> <td>CHP USE ONLY VEHICLE TYPE</td> <td>DESCRIBE VEHICLE DAMAGE</td> <td>SHADE IN DAMAGED AREA</td> </tr> <tr> <td>01</td> <td><input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> ROLL-OVER</td> <td></td> </tr> </table>			CHP USE ONLY VEHICLE TYPE	DESCRIBE VEHICLE DAMAGE	SHADE IN DAMAGED AREA	01	<input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR			<input type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> ROLL-OVER	
CHP USE ONLY VEHICLE TYPE	DESCRIBE VEHICLE DAMAGE	SHADE IN DAMAGED AREA															
01	<input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR																
	<input type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> ROLL-OVER																

PARTY 2	DRIVER'S LICENSE NUMBER	STATE	CLASS	SAFETY	VEH YR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE									
2																	
DRIVER	NAME(FIRST,MIDDLE, LAST)			OWNER'S NAME		<input type="checkbox"/> SAME AS DRIVER											
PEDES TRIAN	STREET ADDRESS			OWNER'S ADDRESS		<input type="checkbox"/> SAME AS DRIVER											
PARKED VEHICLE	CITY/STATE/ZIP			DISPO OF VEHICLE ON ORDERS OF:		<input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER											
BICY-CLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	RACE										
[ ]																	
OTHER	HOME PHONE			BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER:											
[ ]						<table border="1"> <tr> <td>CHP USE ONLY VEHICLE TYPE</td> <td>DESCRIBE VEHICLE DAMAGE</td> <td>SHADE IN DAMAGED AREA</td> </tr> <tr> <td></td> <td><input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER</td> <td></td> </tr> </table>			CHP USE ONLY VEHICLE TYPE	DESCRIBE VEHICLE DAMAGE	SHADE IN DAMAGED AREA		<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	
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	<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																
DIR TRV: ON STREET OR HIGHWAY				SPEED LIMIT		CA DOT											
						CAL-T TCP/PSC MCMX											

PARTY 3	DRIVER'S LICENSE NUMBER	STATE	CLASS	SAFETY	VEH YR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE									
3																	
DRIVER	NAME(FIRST,MIDDLE, LAST)			OWNER'S NAME		<input type="checkbox"/> SAME AS DRIVER											
PEDES TRIAN	STREET ADDRESS			OWNER'S ADDRESS		<input type="checkbox"/> SAME AS DRIVER											
PARKED VEHICLE	CITY/STATE/ZIP			DISPO OF VEHICLE ON ORDERS OF:		<input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER											
BICY-CLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	RACE										
[ ]																	
OTHER	HOME PHONE			BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER:											
[ ]						<table border="1"> <tr> <td>CHP USE ONLY VEHICLE TYPE</td> <td>DESCRIBE VEHICLE DAMAGE</td> <td>SHADE IN DAMAGED AREA</td> </tr> <tr> <td></td> <td><input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER</td> <td></td> </tr> </table>			CHP USE ONLY VEHICLE TYPE	DESCRIBE VEHICLE DAMAGE	SHADE IN DAMAGED AREA		<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	
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DIR TRV: ON STREET OR HIGHWAY				SPEED LIMIT		CA DOT											
						CAL-T TCP/PSC MCMX											

PREPARER'S NAME	DISPATCH NOTIFIED	REVIEWER'S NAME	DATE REVIEWED
NEUMANN, T	015451 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	D. J.	1-4-98



## INJURED/WITNESSES/PASSENGERS

DATE OF COLLISION 12 - 29 - 99				TIME/2400 1000		NCIC NUMBER 9760		OFFICER I.D. 015451		NUMBER 99-12-143						
WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ('X' ONE)				INJURED WAS ('X' ONE)					PARTY NUMBER	SEAT PLS.	SAFETY EQUIP.	EJECTED
				FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PEED.	BIKER	OTHER				
		73	F			X		X					1	1	G	0

NAME/D.O.B./ADDRESS

TELEPHONE

(INJURED ONLY) TRANSPORTED BY:

TAKEN TO

TREATED AT SCENE BY PARAMEDICS

WILL SEEK OWN AID AT LATER DATE.

DESCRIBE INJURIES:

COMPLAINT TO PAIN TO LEFT AND RIGHT SIDES. SMALL CUTS TO HANDS FROM GLASS. REFUSED TRANSPORT TO HOSPITAL.

 VICTIM OF VIOLENT CRIME NOTIFIED

1		44	M													
---	--	----	---	--	--	--	--	--	--	--	--	--	--	--	--	--

NAME/D.O.B./ADDRESS

TELEPHONE

ROGER JESUS GUARINE 07-03-55

E-14829 MULBERRY DRIVE, WHITTIER, CA, 90604

(562) 903-0030

(INJURED ONLY) TRANSPORTED BY:

TAKEN TO:

DESCRIBE INJURIES:

 VICTIM OF VIOLENT CRIME NOTIFIED

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

NAME/D.O.B./ADDRESS

TELEPHONE

(INJURED ONLY) TRANSPORTED BY:

TAKEN TO:

DESCRIBE INJURIES:

 VICTIM OF VIOLENT CRIME NOTIFIED

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

NAME/D.O.B./ADDRESS

TELEPHONE

(INJURED ONLY) TRANSPORTED BY:

TAKEN TO:

DESCRIBE INJURIES:

 VICTIM OF VIOLENT CRIME NOTIFIED

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NAME/D.O.B./ADDRESS

TELEPHONE

(INJURED ONLY) TRANSPORTED BY:

TAKEN TO:

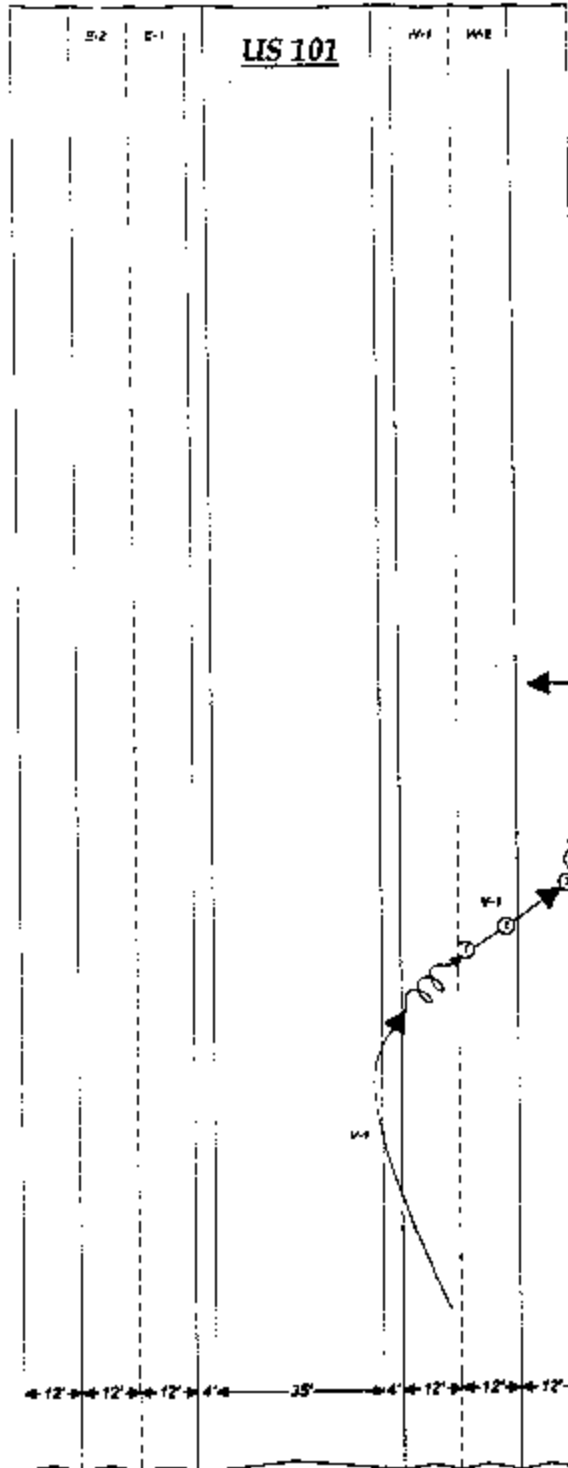
DESCRIBE INJURIES:

 VICTIM OF VIOLENT CRIME NOTIFIED

PREPARER'S NAME NEUMANN, T	I.D. NUMBER 015451	MO. DAY YR. 12-29-99	REVIEWER'S NAME	MO. DAY YR.
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**TRAFFIC COLLISION SKETCH**

DATE OF COLLISION 12 - 29 - 99	TIME(2400) 1000	NCIC NUMBER 9760	OFFICER I.D. NUMBER 15451	REPORT NUMBER 99-12-143
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Las Varas  
Ranch Road

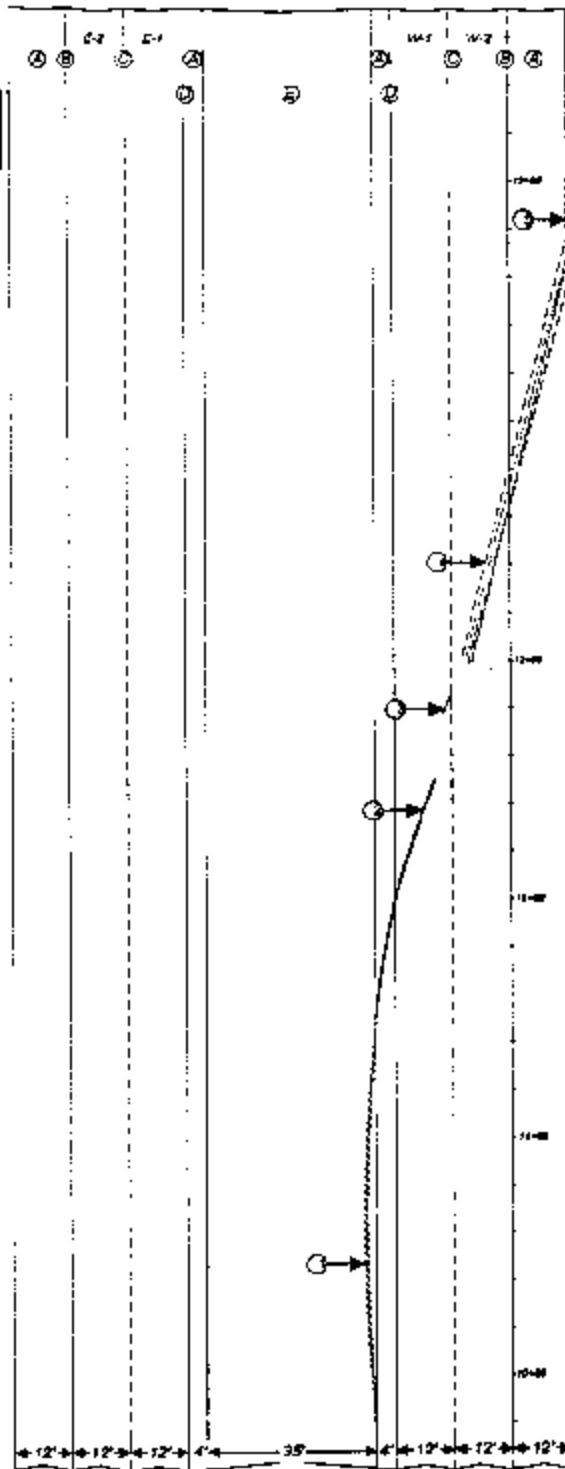


PREPARED BY NAME T. NEUMANN/OFFICER	LD. NUMBER 15451	NO. DAY YR. 12 - 29 - 99	REVIEWER'S NAME	MO. DAY YR.
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# TRAFFIC COLLISION FACTUAL DIAGRAM

DATE OF COLLISION 12 - 29 - 99	TIME(2400) 1000	NCIC NUMBER 9760	OFFICER I.D. NUMBER 15451	REPORT NUMBER 99-12-143
-----------------------------------	--------------------	---------------------	------------------------------	----------------------------

**US 101**



Las Varas  
Ranch Road

PREPAPER'S NAME T. NEUMANN/OFFICER	ID NUMBER 15451	MO. DAY YR. 12 - 29 - 99	REVIEWER'S NAME	MO. DAY YR.
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## TRAFFIC COLLISION FACTUAL DIAGRAM LEGEND

DATE OF COLLISION	TIME (2400)	ACCIDENT NUMBER	OFFICER I.D. NUMBER	REPORT NUMBER
12 - 29 - 99	1000	9760	15451	99-12-143

STATION LINE:

US 101 at this location runs in a true east/west direction despite the fact that the roadway is designated a north/south highway. For the purposes of this report, all directions will be in reference to this true compass direction. A station line was used to facilitate the collection of physical evidence. The station line was established down the north roadway edge of US 101 westbound (painted solid white line). Station 10+00 was established at milepost marker 101 SB 31.30 using a rollmeter. The station line increases from east to west and all off-set measurements were taken at a 90 degree angle from the station line by rollmeter. Measurements are approximate to the nearest foot and are recorded in feet and inches unless otherwise noted. See the preceding Factual Diagram for further details.

POINTS OF REST:

Due to the fact that V-1 was partially blocking the #2 lane of traffic, V-1 was pushed to the right shoulder to open the #2 lane of traffic. V-1's points of rest were not obtained prior to this movement and V-1 is not depicted in the diagram.

PHYSICAL EVIDENCE:

Spot	Description	Station	Direction	Width
<u>Item 1 - Tire Tread, Left Front Tire V-1</u>				
1.	Begin tire tread.	10+40	28' L	
2.	Reference point.	10+84	31' L	
3.	End tire tread, begin friction mark.	11+24	28' L	
<u>Item 2 - Tire Friction Mark, Left Front Tire V-1</u>				
4.	Begin tire friction mark.	11+24	28' L	
5.	Cross solid yellow line.	11+47	24' L	
6.	End tire friction mark.	11+74	15' L	
<u>Item 3 - Gouge Mark #1 (AOI #1)</u>				
7.	Begin gouge mark.	11+90	14' L	
8.	End gouge mark.	11+94	12' L	1"
<u>Item 4 - Scrape Marks from V-1 (AOI #2)</u>				
9.	Begin scrape marks.	11+98	10' L	4'
10.	Cross Station Line.	21+40	On Station	
11.	Scrape marks end, hit curb.	21+85	12' R	
<u>Item 5 - Damage to Raised Asphalt Curb (AOI #3)</u>				
12.	Begin damage to curb from V-1.	12+85	12' R	
13.	End damage to curb.	12+97	12' R	

PREPARER'S NAME	I.D. NUMBER	MO. DAY YR	REVIEWER'S NAME	MO. DAY YR
T. NEUMANN/OFFICER	15451	12-29-99		

## TRAFFIC COLLISION FACTUAL DIAGRAM LEGEND

DATE OF COLLISION	TIME/2400	NCIC NUMBER	OFFICER I.D. NUMBER	REPORT NUMBER
12 - 29 - 99	1000	9760	15451	99-12-143

Item 6 - Tread in Dirt from V-1 (AOI #4)

14.	Begin disheveled dirt area.	13+15	17' R	
15.	End disheveled dirt area.	13+31	22' R	8'

ROADWAY FEATURES

- A. Paved asphalt shoulder.
- B. Painted solid white line.
- C. Painted broken white lines.
- D. Painted solid yellow line.
- E. Dirt and shrub center median.

*These roadway features correspond with the items located on the preceding Factual Diagram.*

PREPARER'S NAME	I.D. NUMBER	MO. DAY YR.	REVIEWER'S NAME	MO. DAY YR.
T. NEUMANN/OFFICER	15451	12 - 29 - 99		

## TRAFFIC COLLISION NARRATIVE

DATE OF COLLISION 12 - 29 - 99	TIME (2400) 1000	ACCIDENT NUMBER 9760	OFFICER I.D. NUMBER 15451	REPORT NUMBER 99-12-143
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FACTS

The following times, speeds and measurements are approximations. All measurements were obtained by visual estimation and rollmeter.

NOTIFICATION:

At 1005 hours I received an injury traffic collision call. I responded from El Capitan State Beach and arrived on scene at 1010 hours.

SCENE DESCRIPTION:

This collision occurred in the westbound lanes of US 101, west of Las Varas Ranch Road in an unincorporated portion of Santa Barbara County. The roadway is constructed of asphalt concrete paving with a positive grade and is straight at this location. There are two 12 foot wide lanes for westbound traffic, each delineated by raised white ceramic bott dots and raised white reflectorized markers. The traffic lanes are bordered to the north by a painted solid white edgeline and a 12 foot asphalt shoulder. Bordering to the south is a painted solid yellow edgeline, 4 foot asphalt shoulder and 35 foot wide dirt and shrub center median which delineates westbound traffic from the eastbound traffic. The speed limit is controlled by a posted 65 m.p.h. sign west of the collision scene. Roadway markings were in good condition at the time of the collision. There were no vision obstructions noted or claimed and the weather was clear, dry, calm, and warm. For a detailed description of the traffic collision scene, refer to the preceding Factual Diagram and Legend.

PARTIES:Party #1

P-1 was located standing on the dirt embankment north of the highway upon my arrival. P-1 presented a valid California Driver's License for identification and was determined to be the driver of V-1 based upon the following: P-1's own statements, the statements of the witness, P-1 was the registered owner of V-1 at the time of the collision, the driver's seat of V-1 was adjusted to accommodate someone of P-1's size, and P-1 had injuries consistent with an overturned vehicle collision.

Vehicle #1 (V-1, Toyota):

V-1 was located resting on all four wheels upon the right shoulder and partially in the #2 lane of traffic facing in a southerly direction upon my arrival. V-1 sustained major rollover collision damage consisting of: left and right rear flat tires; a cracked windshield and several shattered windows; contact damage to the front and rear end and all sides in the form of scrapes and dents and induced damage and body disfigurement; and unknown engine damage. No prior mechanical defects were noted or claimed by P-1. V-1's seatbelts appeared to be in good condition. V-1 had no passengers at the time of the collision.

PREPARER'S NAME T. NEUMANN/OFFICER	I.D. NUMBER 15451	MO. DAY YR. 12 - 29 - 99	REVIEWER'S NAME	MO. DAY YR.
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## TRAFFIC COLLISION NARRATIVE

DATE OF COLLISION 12 - 29 - 99	TIME/CLOCK 1000	NCIC NUMBER 9760	OFFICER I.D. NUMBER 15451	REPORT NUMBER 99-12-143
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OTHER FACTUAL INFORMATION:STATEMENTS:**Party #1 (P-1)**

P-1 stated in essence that she was driving V-1 westbound on US 101 at approximately 65 mph in the #1 lane. She stated: "I don't know really what happened. I was driving and then all of the sudden I lost control and I was flipping and was on my side. I don't even know what happened to cause this. I think I might have gotten a flat and then lost control. That's all I can think must have happened."

**Witness #1 (W-1, Guarine):**

P-2 stated in essence that he was driving his private vehicle westbound on US 101 approximately ½ mile behind V-1 when he observed smoke ahead of him. He related that he observed one of V-1's rear tires blow out and then observed V-1 swerve towards the center median. Guarine then related that V-1 went into the center divider, lost control, and then re-entered the roadway. Upon re-entering the roadway, W-1 related that V-1 overturned two separate times prior to landing on the shoulder. He then related that he contacted P-1 to make sure she was not injured.

OPINIONS AND CONCLUSIONS:SUMMARY:

V-1 was travelling westbound on US 101 at approximately 65 mph in the #1 lane west of Las Varas Ranch Road. As V-1 was proceeding westbound, one of the rear tires of V-1 sustained a blow-out. Then, in reaction to this blow-out, P-1 allowed V-1 to drift to the left where V-1 left the roadway. Then, P-1 turned V-1 to the right in an attempt to compensate after having run off the road. Due to this unsafe turning movement, V-1 overturned as V-1 re-entered the highway and came into contact with the asphalt roadway. After this impact, V-1 slid in a northwesterly direction across the highway until coming into contact with the raised asphalt curb. V-1 then struck the curb, and overturned onto the right shoulder, continuing westbound within the dirt embankment. Slowed by the soft dirt, V-1 eventually stopped upon the dirt embankment and rolled down onto the right shoulder of the highway. After the collision, V-1 came to rest on all four wheels upon the right shoulder partially sticking out into the #2 lane facing in a southerly direction.

AREAS OF IMPACT (A.O.I.'S):

- A.O.I. #1 (V-1 vs. asphalt roadway) was located 14 feet left of the Station 1+90.
- A.O.I. #2 (V-1 vs. asphalt roadway) was located 10 feet left of the Station 1+98.
- A.O.I. #3 (V-1 vs. raised asphalt curb) was located 12 feet right of the Station 2+85.
- A.O.I. #4 (V-1 vs. dirt embankment) was located 22 feet right of the Station 3+15.

*The A.O.I. was determined based upon statements, vehicle damage, and physical evidence.*

PREPARER'S NAME T. NEUMANN/OFFICER	LD NUMBER 15451	MO. DAY YR. 12 - 29 - 99	REVIEWER'S NAME	MO. DAY YR.
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## TRAFFIC COLLISION NARRATIVE

DATE OF COLLISION	TIME(2400)	NCIC NUMBER	OFFICER I.D. NUMBER	REPORT NUMBER
12 - 29 - 99	1000	9760	15451	99-12-143

CAUSE:

1  
2  
3 Party #1 (P-1) caused this collision by her unsafe turning movement, a violation of  
4 section 22107 California Vehicle Code. This section states that no vehicle shall be turned from a  
5 direct course of travel or move right or left upon a roadway until such movement can be made  
6 with reasonable safety. Although the tire blow-out sustained by one of V-1's rear tires was  
7 unforeseeable, P-1's overcompensated turning movement did not allow her to maintain control  
8 of V-1. Had P-1 waited to give steering input until such an time that she could have regained  
9 control of V-1, it is likely this collision could have been avoided.

10  
11 *The cause was determined based upon statements, vehicle damage, and physical evidence.*

RECOMMENDATIONS

12  
13  
14  
15 None.

PREPARER'S NAME	I.D. NUMBER	MO. DAY YR	REVIEWER'S NAME	MO. DAY YR
T. NEUMANN/OFFICER	15451	12 - 29 - 99		

**FIRESTONE TIRE & SERVICE CENTERS** ORIGINAL COPY **8-888** NAT. ACC. 6 102821 4

NATIONAL ACCOUNT COMPANY: [REDACTED] UNIT NO. [REDACTED] YEAR-TYPE: 6 102821 4

DEPT TO: [REDACTED] CITY: [REDACTED] ST: [REDACTED] ZIP: [REDACTED]

FLEET NO. [REDACTED] UNIT NO. [REDACTED] MODEL: [REDACTED] MAKE: [REDACTED]

YII: [REDACTED] CHECK:  AITO  PASS  AMEX  OTHER: [REDACTED]

ACCOUNT NO. [REDACTED] EXP. DATE: [REDACTED] AMT. APPR: [REDACTED] 4PPR INC: [REDACTED] OP. NO: [REDACTED]

WORK PHONE: [REDACTED] CONTACT PHONE: [REDACTED] SERVICE NOTES / SYMPTOMS: [REDACTED]

FRONT PSI: [REDACTED] REAR PSI: [REDACTED] TORQUE: [REDACTED] (lbs.)

HUB CAP LOCKING DEVICE: YES  NO  KEY LOCATED: YES  NO

Mounting Instructions: (LF) (RF) (LR) (RR) (SP) (RP)

YOUR SERVICE advisor: [REDACTED] Do Not Remove The Roll-Over Protection

Items / Descriptions: [REDACTED]

INSPECTION:  COURTESY CHECK:  NO CHARGE:

AS THIS Dealer Will [REDACTED]

Send [REDACTED]

100%

Requested Services Sub Total A

Sub Total A \$ 31

LABOR: [REDACTED]

Parts: [REDACTED]

Tech: [REDACTED]

Initial Total: [REDACTED]

ACKNOWLEDGE THAT I HAVE REVIEWED THIS DOCUMENT OF REPAIR AND SERVICE WORK. I HEREBY AUTHORIZE THE ABOVE WORK TO BE DONE, INCLUDING THE INDICATED PARTS AND LABOR, AND PROMISE TO PAY FOR ALL SUCH WORK. I GRANT PERMISSION TO OPERATE THE DETLETTOR ON CAH, TRUCK OR VEHICLE ON STREETS, HIGHWAYS OR ELSEWHERE FOR THE PURPOSE OF INSPECTION AND/OR TESTING. I UNDERSTAND THAT ALL CLAIMS MUST BE ACCOMPANIED BY AN INVOICE. I UNDERSTAND IF ADDITIONAL WORK IS REQUIRED, YOU WILL OBTAIN MY VERBAL OR WRITTEN AUTHORIZATION BEFORE ANY ADDITIONAL WORK IS BEGUN, UNLESS OTHERWISE SPECIFIED IN THIS DOCUMENT.

Signature: [REDACTED] x [REDACTED]

ALL PARTS ARE NEW UNLESS NOTED OTHERWISE

# FIRESTONE TIRE & SERVICE CENTERS

CUSTOMER INVOICE  
No. 6-102821-4

FIRESTONE TIRE AND SERVICE CENTER  
401 S BRAND BLVD  
BLENDALE CA 91204  
(616) 841-5161

Page 1 of 1  
06-18-99



VEHICLE:  
87 TOYOTA 4 RUNNER  
2.4 LITRE F/I L4; VIN: 2E  
Mileage: 137899 License: 2YJRP651 CA  
VIN #

4 04 1      BAR # A6030280      EPA # CA1981977176

### SALES RECEIPT

Description	Tech No.	Part Number	QTY	Unit	Price	Parts Total	Labor Total
DUELER H/L P-MET P825/75GR10	00	062000	4	A 04	94.99	379.96	
RUBBER VALVE STEM	00	15040	2	A 04	5.99	11.98	
WHEEL BALANCE WEIGHT	00	13708	2	A 04	5.99	11.98	
WHEEL BALANCE LABOR	07	18716	2	HSF 04	17.00		38.00
DISPOSAL FEE/CA RECYCLE FEE	07	46655	2	SF 04	0.25		1.00
TIRE DISPOSAL FEE	07	75078	2	SA 04	1.50	3.00	
THRUST ANGLE ALIGNMENT	07	24929	2	AESF 01	24.99		49.98
DISCOUNT: UNDERCAR LABOR	07	21880	1	CSF01	48.58		48.58
Tech: 07 KF NIKO							

Sales Associate: R LIMON

SUMMARY	
Parts	406.80
Labor	30.41
Sub Total	437.21
CA Tax 8.250%	36.86
<b>TOTAL</b>	<b>474.07</b>

CHECK                    470.61  
Total Tended        470.61

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.

\_\_\_\_\_  
Customer Signature

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

The attached estimate is part of this invoice.

THANK YOU FOR SHOPPING

FIRESTONE TIRE AND SERVICE CENTER  
|----- AMERICA'S HOME -----|  
|----- FOR CAR SERVICE -----|

## LIMITED WARRANTY

### MasterCare<sup>®</sup> Service & Parts

**WHAT IS WARRANTED AND FOR HOW LONG?** Auto parts purchased at any Firestone Tire and Service Center location are warranted to be free from defects for a period of six (6) months or 3,000 miles, whichever comes first, and all auto service work performed at such location is warranted for the same period. Some parts and services are warranted for longer periods as listed below. Tires and batteries are warranted separately and not covered by this warranty. This warranty applies to parts installed and service performed on private passenger cars and light trucks.

**WHAT IS OFFERED UNDER THE WARRANTY?** If any automotive repair or service performed by us proves to be improperly performed during the six (6) month-3000 mile warranty period, we will, at the Customer's option, re-perform the work at no additional charge for parts or labor (except as noted in "Exclusions", below) or refund the amount the Customer has paid for the specific service work performed by us. Auto parts which prove to be unserviceable during the warranty period, except as identified below, will be replaced free of any additional charge for parts or labor, except as noted under "Exclusions" below.

LIMITED WARRANTY ON:	WARRANTY PERIOD	LABOR INCLUDED
Steering & Suspension Parts	LIFETIME (1)	NO
Universal Joints (Excluding CV Joints & Boots)	LIFETIME (1)	NO
Performance Gas Shock	LIFETIME (1)	YES
Gas Truck Shock	LIFETIME (1) (2)	YES
Performance Gas MacPherson Strut or Cartridge	LIFETIME (1)	YES
Lifetime Brake Service - Brake Shoes, Disc Pads, Calipers and/or Wheel Cylinders and all other hardware (See * **)	LIFETIME (1)	YES
Remanufactured Starters and Alternators	2 Year / 24,000 Miles	NO

(1) For as long as the original purchaser owns the vehicle; (2) Performance Gas Truck Shocks, installed on a commercial use vehicle, are also warranted against defects and wear-out for 1 year from date of purchase or 100,000 miles, whichever occurs first, labor included.

**Exclusions:** Replacement of anti-freeze or clamps is not included in the warranty on belts/radiator hoses. Cost of refrigerant and recharging of the air conditioning system is not included with the warranty on air conditioner parts or air conditioner compressors.

\* \*\* Cost of additional brake system components, including rotors and drums and/or labor to restore Brake System to its safe proper operation is not included with the lifetime warranty on Brake Shoes, Disc Pads, Calipers and/or Wheel Cylinders and all other hardware.

#### GENERAL PROVISIONS [Applicable to all warranties]

**WHO IS COVERED BY THE WARRANTIES LISTED IN THIS DOCUMENT?** This warranty covers only the original purchaser.

**WHERE WILL THE WARRANTIES BE HONORED?** Take your car to the Firestone Tire & Service Center which sold the warranted parts and/or service work, or to any other Firestone Tire & Service Center or a participating authorized Dealer location in the United States or the District of Columbia. They are listed in the yellow Pages under "Automobile Repairing and Service."

**HOW CAN A CLAIM BE MADE UNDER THE WARRANTIES?** The original invoice from the store at which the original work was performed must be presented in order to get the benefit of the warranty.

**WHAT OTHER CONDITIONS APPLY?** The obligations undertaken in these warranties are offered only on the above items and conditions and may not be enlarged or altered by anyone. This warranty document does not apply to products or vehicles used for commercial, racing, or off-the-road purposes, or to damage caused by abuse or accident. **To the extent permitted by law, Bridgestone/Firestone, Inc. and its Firestone Tire & Service Center locations disclaim liability for incidental and consequential damages.** Some states do not allow the exclusion or limitation of incidental or consequential damages, so the above limitation or exclusion may not apply to you.

**CONSUMER RIGHTS:** This warranty gives you specific legal rights, and you may also have other rights which vary from state to state. **GIVEN BY:** Firestone Tire & Service Center identified in stamp or, if none, by **Bridgestone/Firestone, Inc.**, 1 Bridgestone Park, Nashville Tennessee 37214.

**NOTICE:** A buyer of this product in California has the right to have this product serviced or repaired during the warranty period. The warranty period will be extended for the number of whole days that the product has been out of the buyer's hands for warranty repairs. If a defect exists within the warranty period, the warranty will not expire until the defect has been fixed. The warranty period will also be extended if the warranty repairs have not been performed due to delays caused by circumstances beyond the control of the buyer, or if the warranty repairs does not remedy the defect and the buyer notifies the manufacturer or seller of the failure of the repairs within 60 days after they were completed. If, after a reasonable number of attempts, the defect has not been fixed, the buyer may return this product for a replacement or a refund subject, in either case, to deduction of a reasonable charge for usage. This time extension does not affect the protections or remedies the buyer has under other laws.

Your satisfaction is important to us. If for any reason you are not satisfied with the service you receive, contact the Manager of the store where your service was provided. If you feel your problem has not been handled to your complete satisfaction, please call the Firestone Customer Retention Services, 1-800-367-3872.

# Statement of Account

RAM PRAKASH, M.D.  
 431 N. BRAND, SUITE 20  
 GLENDALE 91203  
 (818) 241-1158



Account No.
0000029600

Page #
1

Date
03/27/2000

D.O.I. 12/29/1999

Date	For	Description	Unit	Charges	Credits
01/10/2000	99205	MEDICAL EVALUATION	1	448.00	
01/10/2000	72040	X-RAY, CERVICAL, 3V	1	264.00	
01/10/2000	72100	X-RAY, LUMBAR 2-3 VIEWS	1	176.00	
01/12/2000	99203	PHYSICAL THERAPY EVALUATION	1	195.00	
01/12/2000	97010	HOT OR COLD PACKS	1	29.00	
01/12/2000	97014	ELECTRICAL STIMULATION	1	28.00	
01/12/2000	97124	MASSAGE 15MIN	1	36.00	
01/12/2000	97035	ULTRASOUND	1	36.00	
01/13/2000	97010	HOT OR COLD PACKS	1	29.00	
01/13/2000	97014	ELECTRICAL STIMULATION	1	28.00	
01/13/2000	97035	ULTRASOUND	1	36.00	
01/14/2000	97010	HOT OR COLD PACKS	1	29.00	
01/14/2000	97014	ELECTRICAL STIMULATION	1	28.00	
01/14/2000	97035	ULTRASOUND	1	36.00	
01/17/2000	97010	HOT OR COLD PACKS	1	29.00	
01/17/2000	97014	ELECTRICAL STIMULATION	1	28.00	
01/17/2000	97035	ULTRASOUND	1	36.00	

0 - 30 Days Current	31 - 60 Days Past Due	61 - 90 Days Past Due	91 - 120 Days Past Due	> 120 Days Past Due

<b>Balance Due</b>

## Notes

~~Please make checks payable to Ram Prakash, M.D.~~  
 399-76-3620

# Statement of Account

RAM PRAKASH, M.D.  
 431 N. BRAND, SUITE 2C  
 GLENDALE 91203

Account No.

0000029600

Page #

2

Date

03/27/2000

D.O.I. 12/29/1999

Date	For	Description	Unit	Charges	Credits
01/17/2000	97124	MASSAGE 15MIN	1	36.00	
01/18/2000	97010	HOT OR COLD PACKS	1	29.00	
01/18/2000	97014	ELECTRICAL STIMULATION	1	28.00	
01/18/2000	97124	MASSAGE 15MIN	1	36.00	
01/18/2000	97035	ULTRASOUND	1	36.00	
01/19/2000	97010	HOT OR COLD PACKS	1	29.00	
01/19/2000	97014	ELECTRICAL STIMULATION	1	28.00	
01/19/2000	97124	MASSAGE 15MIN	1	36.00	
01/19/2000	97035	ULTRASOUND	1	36.00	
01/21/2000	97010	HOT OR COLD PACKS	1	29.00	
01/21/2000	97014	ELECTRICAL STIMULATION	1	28.00	
01/21/2000	97035	ULTRASOUND	1	36.00	
01/28/2000	99213	MEDICAL RE-EVALUATION	1	125.00	
01/28/2000	97010	HOT OR COLD PACKS	1	29.00	
01/28/2000	97014	ELECTRICAL STIMULATION	1	28.00	
01/28/2000	97124	MASSAGE 15MIN	1	36.00	
01/28/2000	97035	ULTRASOUND	1	36.00	

0 - 30 Days Current	31 - 60 Days Past Due	61 - 90 Days Past Due	91 - 120 Days Past Due	> 120 Days Past Due	Balance Due

## Notes

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 399-76-3620

# Statement of Account

RAM PRAKASH, M.D.  
 431 N. BRAND, SUITE 20  
 GLENDALE 91203



Account No.
0000029600

Page #
3

Date
03/27/2000

D.O.I. 12/29/1999

Date	For	Description	Unit	Charges	Credits
01/31/2000	97010	HOT OR COLD PACKS	1	29.00	
01/31/2000	97014	ELECTRICAL STIMULATION	1	28.00	
01/31/2000	97124	MASSAGE 15MIN	1	36.00	
02/02/2000	97010	HOT OR COLD PACKS	1	29.00	
02/02/2000	97014	ELECTRICAL STIMULATION	1	28.00	
02/02/2000	97035	ULTRASOUND	1	36.00	
02/04/2000	97010	HOT OR COLD PACKS	1	29.00	
02/04/2000	97014	ELECTRICAL STIMULATION	1	28.00	
02/04/2000	97124	MASSAGE 15MIN	1	36.00	
02/07/2000	97010	HOT OR COLD PACKS	1	29.00	
02/07/2000	97014	ELECTRICAL STIMULATION	1	28.00	
02/07/2000	97124	MASSAGE 15MIN	1	36.00	
02/07/2000	97035	ULTRASOUND	1	36.00	
02/08/2000	97010	HOT OR COLD PACKS	1	29.00	
02/08/2000	97014	ELECTRICAL STIMULATION	1	28.00	
02/08/2000	97035	ULTRASOUND	1	36.00	
02/14/2000	97010	HOT OR COLD PACKS	1	29.00	

0 - 30 Days Current	31 - 60 Days Past Due	61 - 90 Days Past Due	91 - 120 Days Past Due	> 120 Days Past Due

Balance Due

## Notes

Please make checks payable to Ram Prakash, M.D.  
 399-76-3620

# Statement of Account

RAM PRAKASH, M.D.  
 431 N. BRAND, SUITE 20  
 GLENDALE 91203



<b>Account No.</b>
0000029600

<b>Page #</b>
4

<b>Date</b>
03/27/2000

D.O.I. 12/29/1999

Date	For	Description	Unit	Charges	Credits
02/14/2000	97014	ELECTRICAL STIMULATION	1	28.00	
02/14/2000	97035	ULTRASOUND	1	36.00	
02/18/2000	99213	MEDICAL RE-EVALUATION	1	125.00	
02/18/2000	97010	HOT OR COLD PACKS	1	29.00	
02/18/2000	97014	ELECTRICAL STIMULATION	1	28.00	
02/18/2000	97124	MASSAGE 15MIN	1	36.00	
02/18/2000	97035	ULTRASOUND	1	36.00	
02/18/2000	71100	X-RAY, RIBS (2V)	1	176.00	
02/23/2000	97010	HOT OR COLD PACKS	1	29.00	
02/23/2000	97124	MASSAGE 15MIN	1	36.00	
02/23/2000	97035	ULTRASOUND	1	36.00	
02/26/2000	97010	HOT OR COLD PACKS	1	29.00	
02/26/2000	97014	ELECTRICAL STIMULATION	1	28.00	
02/26/2000	97035	ULTRASOUND	1	36.00	
02/29/2000	97010	HOT OR COLD PACKS	1	29.00	
02/29/2000	97014	ELECTRICAL STIMULATION	1	28.00	
02/29/2000	97124	MASSAGE 15MIN	1	36.00	

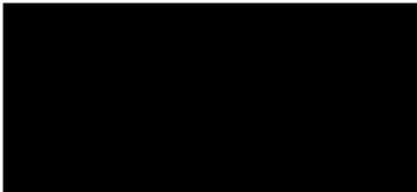
0 - 30 Days Current	31 - 60 Days Past Due	61 - 90 Days Past Due	91 - 120 Days Past Due	> 120 Days Past Due	Balance Due

## Notes

Please make checks payable to Ram Prakash, M.D.  
 399-76-3620

# Statement of Account

RAM PRAKASH, M.D.  
431 N. BRAND, SUITE 2C  
GLENDALE 91203



<b>Account No.</b>
0000029600

<b>Page #</b>
5

<b>Date</b>
03/27/2000

D.O.I. 12/29/1999

Date	For	Description	Unit	Charges	Credits
02/29/2000	97035	ULTRASOUND	1	36.00	
03/02/2000	97010	HOT OR COLD PACKS	1	29.00	
03/02/2000	97014	ELECTRICAL STIMULATION	1	28.00	
03/02/2000	97124	MASSAGE 15MIN	1	36.00	
03/02/2000	97035	ULTRASOUND	1	36.00	
03/06/2000	99213	MEDICAL RE-EVALUATION	1	125.00	
03/06/2000	97010	HOT OR COLD PACKS	1	29.00	
03/06/2000	97014	ELECTRICAL STIMULATION	1	28.00	
03/06/2000	97124	MASSAGE 15MIN	1	36.00	
03/06/2000	97035	ULTRASOUND	1	36.00	
03/07/2000	99070	SUPPORT	1	16.00	
03/13/2000	97010	HOT OR COLD PACKS	1	29.00	
03/13/2000	97014	ELECTRICAL STIMULATION	1	28.00	
03/13/2000	97035	ULTRASOUND	1	36.00	
03/20/2000	99213	MEDICAL RE-EVALUATION	1	125.00	
03/22/2000	99080	MEDICAL REPORT	1	240.00	

0 - 30 Days Current	31 - 60 Days Past Due	61 - 90 Days Past Due	91 - 120 Days Past Due	> 120 Days Past Due	Balance Due
					\$4336.00

## Notes

~~Please make checks payable to Ram Prakash, M.D.  
399-76-3620~~

*Paid in  
July 2000*

*Dr. Richard E. Grose*  
*Chiropractic*

*5151 Hagelline Avenue*  
*Sherman Oaks, California 91423*  
*(818) 789-4302 • (818) 789-4306*

March 15, 2000

AAA  
P.O. Box 15919  
Long Beach, Ca. 90815-5919  
Attn: Laurie Raudol

RE: [REDACTED]  
D/A: December 29, 1999

Attn: Laurie Raudol

The above named patient was seen in my office for examinations and treatments on the following dates:

EXAMINATION:

01/03/00	99205	Initial comprehensive hist., exam	\$165.00
03/07/00	90080	Re-examination	\$ 95.00

Total charge for examinations \$260.00

X-RAYS \$110.00

Total charge for x-rays \$110.00

TREATMENTS

01/03/00	98942	Spinal; five regions	\$55.00
01/03/00	97035	ultrasound	\$25.00
01/03/00	97010	Farmention/cryotherapy to one area	\$20.00
01/04/00	98942	Spinal; five regions	\$55.00
01/04/00	97035	ultrasound	\$25.00

01/04/00	97010	Farmentation/cryotherapy to one area	\$20.00
01/05/00	98942	Spinal; five regions	\$55.00
01/05/00	97035	ultrasound	\$25.00
01/05/00	97010	Farmentation/cryotherapy to one area	\$20.00
01/14/00	98942	Spinal; five regions	\$55.00
01/14/00	97035	ultrasound	\$25.00
01/14/00	97010	Farmentation/cryotherapy to one area	\$20.00
01/20/00	98942	Spinal; five regions	\$55.00
01/20/00	97035	ultrasound	\$25.00
01/20/00	97010	Farmentation/cryotherapy to one area	\$20.00
01/26/00	98942	Spinal; five regions	\$55.00
01/26/00	97035	ultrasound	\$25.00
01/26/00	97010	Farmentation/cryotherapy to one area	\$20.00
01/31/00	98942	Spinal; five regions	\$55.00
01/31/00	97035	ultrasound	\$25.00
01/31/00	97010	Farmentation/cryotherapy to one area	\$20.00
02/02/00	98942	Spinal; five regions	\$55.00
02/02/00	97035	ultrasound	\$25.00
02/02/00	97010	Farmentation/cryotherapy to one area	\$20.00
02/05/00	98942	Spinal; five regions	\$55.00
02/05/00	97035	ultrasound	\$25.00
02/05/00	97010	Farmentation/cryotherapy to one area	\$20.00
02/09/00	98942	Spinal; five regions	\$55.00
02/09/00	97035	ultrasound	\$25.00
02/09/00	97010	Farmentation/cryotherapy to one area	\$20.00
02/14/00	98942	Spinal; five regions	\$55.00
02/14/00	97035	ultrasound	\$25.00
02/14/00	97010	Farmentation/cryotherapy to one area	\$20.00
02/16/00	98942	Spinal; five regions	\$55.00

02/16/00	97035	ultrasound	\$25.00
02/16/00	97010	Farmentation/cryotherapy to one area	\$20.00
02/19/00	98942	Spinal; five regions	\$55.00
02/19/00	97035	ultrasound	\$25.00
02/19/00	97010	Farmentation/cryotherapy to one area	\$20.00
02/21/00	98942	Spinal; five regions	\$55.00
02/21/00	97035	ultrasound	\$25.00
02/21/00	97010	Farmentation/cryotherapy to one area	\$20.00
02/25/00	98942	Spinal; five regions	\$55.00
02/25/00	97035	ultrasound	\$25.00
02/25/00	97010	Farmentation/cryotherapy to one area	\$20.00
02/29/00	98942	Spinal; five regions	\$55.00
02/29/00	97035	ultrasound	\$25.00
02/29/00	97010	Farmentation/cryotherapy to one area	\$20.00
03/07/00	98942	Spinal; five regions	\$55.00
03/07/00	97035	ultrasound	\$25.00
03/07/00	97010	Farmentation/cryotherapy to one area	\$20.00
03/22/00	98942	Spinal; five regions	\$55.00
03/22/00	97035	ultrasound	\$25.00
03/22/00	97010	Farmentation/cryotherapy to one area	\$20.00
03/24/00	98942	Spinal; five regions	\$55.00
03/24/00	97035	ultrasound	\$25.00
03/24/00	97010	Farmentation/cryotherapy to one area	\$20.00
04/04/00	98942	Spinal; five regions	\$55.00
04/04/00	97035	ultrasound	\$25.00
04/04/00	97010	Farmentation/cryotherapy to one area	\$20.00
04/07/00	98942	Spinal; five regions	\$55.00
04/07/00	97035	ultrasound	\$25.00
04/07/00	97010	Farmentation/cryotherapy to one area	\$20.00

04/18/00	98942	Spinal; five regions	\$55.00
04/18/00	97035	ultrasound	\$25.00
04/18/00	97010	Farnention/cryotherapy to one area	\$20.00

Total charge for treatments \$2,200.00

Narrative report \$ 135.00

Summary of charges

EXAMINATIONS	\$ 260.00
X-RAYS	\$ 110.00
TREATMENTS	\$2,200.00
NARRATIVE REPORT	\$ 135.00

Grand total \$2,705.00

*not paid*

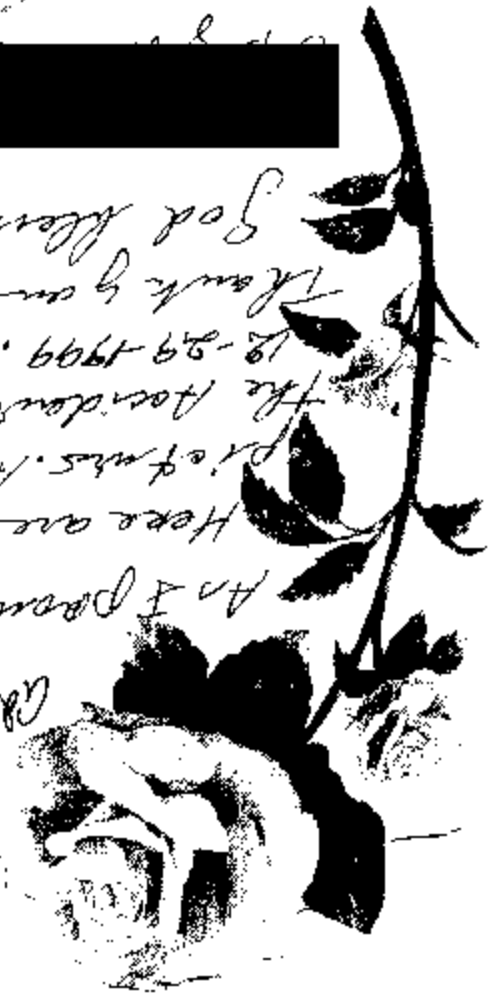
Sincerely,

Richard E. Grose, D.C.  
REG:js

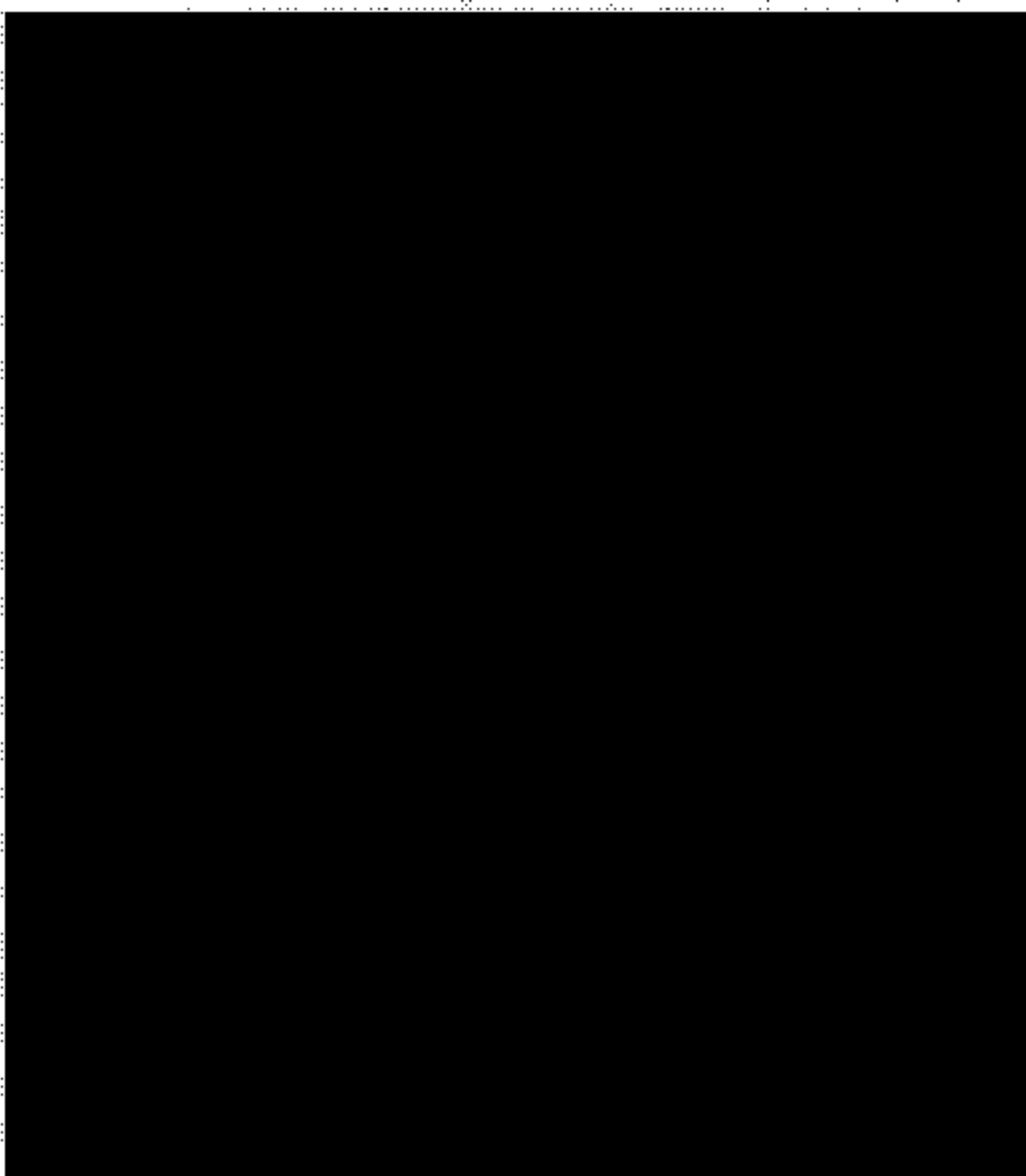
[Redacted]

God Bless!  
Thank you and  
12-29-1999.  
the Accident from  
Pie & Mrs. A. Hoff  
Here are the  
An I promise!


Call to  
870535









DOT Auto Safety Hotline		FOR AGENCY USE ONLY	
 U.S. Department of Transportation National Highway Traffic Safety Administration		<b>Vehicle Owner's Questionnaire (VOQ)</b> NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
OWNER INFORMATION (Type or Print)		Date Received	Ref. No.
[REDACTED]		14-SEP-2000	878535
638792		Week Number	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Signature of Owner		Date	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Locates a nation or manufacturer's district code)	Vehicle Make	Vehicle Model	Vehicle Year
FILL IN	TOYOTA TRUCK	4 RUNNER	1987
Purchase Date	Dealer's Name	Engine Size (Cylinder)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City State Zip Code	No. Cylinders	
Transmission Type	Brakes	Restraint System	Steering Control
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver's Side Airbag <input type="checkbox"/> Passenger's Side Airbag <input type="checkbox"/> Motorized <input type="checkbox"/> 3-Point Belt	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Drive Type	Vehicle Type	Body Style	
<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"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station wagon <input type="checkbox"/> Pick Up <input checked="" type="checkbox"/> Truck	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component	Part Name(s)	Location	Failure Part(s)
37700000	TIRES	<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	Order(s) of Failure(s)	Mileage of Failure(s)	Vehicle Speed of Failure(s)
1	29-DEC-1998	100	25
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input 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	Fire	Number of Persons Injured	Number of Fatalities
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0	0
Estimated Property Damage	Reported to Police		
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
WHILE DRIVING ON HIGHWAY AT 65MPH TIRE BLEWOUT. HAD LOST CONTROL OF VEHICLE & WAS HEADING TOWARDS SOME TREES. VEHICLE THEN FLIPPED OVER. *AK			
<small>Copyright © 1998 NHTSA. This information is furnished 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.</small>			