

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 436

Data Received

09-NOV-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

874736

 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>(Listed at front of windshield or drivers side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1GNDT13WXX2179703	CHEVROLET TRU	BLAZER	1999	

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	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"/> Motorbell <input type="checkbox"/> 2-Point Belt	<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"/> 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 12111000	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT A	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failures	Date(s) of Failure(s) 20-007-2000 Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CONSUMER WAS TRAVELING 32MPH & HAD A HEAD-ON COLLISION. CONSUMER WAS WEARING SEAT BELT RESTRAINT AT THE TIME, BUT FRONTAL AIR BAGS DIDN'T DEPLOY. DEALER CLOSED THE CASE AT ONE POINT & REOPENED IT ONCE. CONSUMER CONTACTED THEM A SECOND TIME.*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.

 DOT Auto Safety Hotline U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 436				
		Date Received 09-NOV-2000		Od_or _____ rt_dt _____ od_rt _____ up_tr _____				
OWNER INFORMATION (Type or Print)				Reference No. 874736				
[Redacted]		654765		Work Number _____ Home Number _____				
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorized signature, this report will be sent to the vehicle manufacturer.								
Signature of Owner _____		Date <u>11/27/00</u>						
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 1GNDT13WXX2179703		Vehicle Make CHEVROLET TRU	Vehicle Model BLAZER	Vehicle Year 1999	Current Odometer Reading 12,546			
Purchase Date 05-25-99	Dealer's Name <u>CASA CHEVROLET</u>			Engine Size (CID/CCA) <u>4.3</u>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection			
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City <u>EL PASO</u> State <u>NM</u> Zip Code <u>87110</u>			No Cylinders <u>6</u>				
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag		Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" 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 Utility <input type="checkbox"/> 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 type="checkbox"/> Other
FAILED COMPONENT(S)/PART(S) INFORMATION								
Component 12111000	Part Name(s) INTERIOR SYSTEMS:PASSENGER RESTRAINTS:AIR BAG:FRONTA			Location <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement			
No of Failures 1	Date(s) of Failure(s) <u>20-OCT-2000</u> Mileage at Failure(s) <u>12,546</u> Vehicle Speed at Failure(s) <u>32 MPH</u>			Failed Part(s) Available? <input type="checkbox"/> Yes <input checked="" 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 1	Number of Fatalities	Estimated Property Damage \$6,700	Reported to Police <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)								
CONSUMER WAS TRAVELING 32MPH & HAD A HEAD-ON COLLISION. CONSUMER WAS WEARING SEAT BELT RESTRAINT AT THE TIME, BUT FRONTAL AIR BAGS DIDN'T DEPLOY. DEALER CLOSED THE CASE AT ONE POINT & REOPENED IT ONCE. CONSUMER CONTACTED THEM A SECOND TIME.*AK								
CONTINUE ON BACK IF NEEDED								
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NOTED

RECEIVED

OFFICE OF THE ATTORNEY GENERAL

OFFICE OF PUBLIC INVESTIGATION

Nov 27, 2000

TO: Chevrolet Motor Division
Chevrolet Consumer Assistance Center
P.O. Box 7047
Troy, MI 48007-7047

388543

FROM: [REDACTED]

SUBJ: Failed Safety Equipment

COPIED

To whom it may concern;

On the 20th of October 2000 I was involved in a collision with another vehicle at an almost head-on impact. My vehicle was traveling at approximately 32 miles per hour. The other vehicle was moving at about the same speed. This gave a combined impact of approximately 64 miles per hour. The force of impact was such that the entire front end of my Blazer was almost totaled. However, the air bags on both passenger and driver sides failed to deploy. The enclosed photo copies will attest to the fact that a failure to deploy could have had dire consequences if not for the fact that the seat belt held. The force of impact reduced injuries to a bruising of my left side where the seat belt was attached and a strained ligament of my left leg. (The medical report is attached).

On the 26th of October 2000 I notified your office and the DOT of the incident. Both of you were notified by phone that a failure of safety equipment had occurred. On the 10th of November 2000 I again called your office to inquire about any action. At that time I was told the case had been closed but would be reopened. On or about the 21st of November 2000 I again called to see what action would be taken and was told that the case had been turned over to another area and the file could not be opened. This leaves me in a quandry as to what course to follow. I do not wish to place this in the hands of an attorney for redress for the fact that the only person to gain would be the attorney by filing a law suit. I am not a young man (age 71) and this has not only caused me much pain and suffering, but also this was also my only means of transportation. I would appreciate any information as to what is being done to rectify the situation.

Respectfully

[REDACTED SIGNATURE]

- Attachments: Police Report
- Damage Report Photos
- Damage estimates
- DOT report
- Medical report Emergency Room V.A. Hospital

cc: DOT

2000 DEC 14 P 4: 07
SECRETARIAT
PROPERTY ROOM

ALLSTATE INSURANCE COMPANY
ALBUQUERQUE MCO
6565 AMERICA PARKWAY N.E. SUITE #200
ALBUQUERQUE, NM 87110
(505) 880-5600

CD LOG NO 333 -0

10-30-00 9:41 AM

CORRECTED ESTIMATE

CLAIM INFORMATION

CLAIM #	1404151514B06	POLICY #	036546036
INSURED	SERNA, DEBBIE	LOSS DATE	10-20-00
CLAIMANT		LOSS TYPE	LIABILITY

INSPECTION

TYPE	FIELD		
APPRAISER NAME	TOM LINCOLN		
WORK PHONE	(505) 880-5600	FAX	(505) 880-5707
ADDRESS	6565 AMERICA PARKWAY	INSP DATE	10-30-00
CITY STATE	ALBUQUERQUE NM	LOCATION	KNITTLES
ZIP	87110~	CITY STATE	

OWNER

SMITH, ARTHUR	WORK# (000) 000-0000
1705 SUNSET RD SE	HOME# (505) 891-0251
RIO RANCHO NM 87124-	

REPAIR

QUANZ ADVACED AUTO CARE	CAR IN
9111 EAGLE RANCH RD	CAR OUT
ALBQ NM 87114-	REPAIR 10 DAYS
SHOP PHONE (505) 897-1949	FAX (505) 897-2669

VEHICLE

1999 CHEVROLET S10 BLAZER LS 4 DR WAGON
6CYL GASOLINE 4.3 VORTEC

OPTIONS

TWO-STAGE - EXTERIOR SURFACES	4-WHEEL DRIVE
COMPOSITE/EUROPEAN H/LAMPS	ELEC REMOTE CONTROL MIRRORS
POWER DOOR LOCKS	POWER SIDE WINDOWS
LUGGAGE RACK-ROOF	HEATED TAILGATE GLASS
LIFT-UP TAILGATE	PRIVACY TAILGATE GLASS
REAR WIPER	FRAME MOUNTED TRAILER HITCH
TILT STEERING WHEEL	AIR CONDITIONING
AUTOMATIC TRANS	CRUISE CONTROL
OVERHEAD CONSOLE	

BODY COLOR	BLUE	MILEAGE	12,546
CONDITION	GOOD	VIN	1GNDT13WXX2179703
LICENSE #	DV1171	CODE	U842
LICENSE STATE	NM	VEH INSP #	

REMARKS:

ALL SUPPLEMENTS MUST BE INSPECTED PRIOR TO REPAIR SUPP HOTLINE 880-5608
 THIS EST WAS PREPARED WITHOUT THE OPPORTUNITY FOR TEARDOWN

OP CODES:

* = USER-ENTERED VALUE	S = REPLACE OEM	NG = REPLACE NAGS
EC = COMPETITIVE PART	EU = RECYCLED PART	EP = COMPETITIVE PART
TE = PARTL REPL PRICE	ET = PARTL REPL LABOR	IT = PARTIAL REPAIR
I = REPAIR	L = REFINISH	SB = SUBLET
N = ADDITIONAL LABOR	RI = R&I ASSEMBLY	P = CHECK
AA = APPEAR ALLOWANCE	RP = RELATED PRIOR	UP = UNRELATED PRICE

OP	GDE	MC	DESCRIPTION	MER. PART NO.	PRICE	AJ%	HOURS	R
:	0006		BUMPER, FRONT	15007664 GM PART	261.00		0.6	1
:	0010		STRIP, FRONT IMPACT	15716712 GM PART	22.75		INC	1
:	0074	01	DAM, AIR	15717067 GM PART	101.00		INC	1
:	0074		DAM, AIR	REFINISH			1.0	4
				SURFACE			0.8	
				TWO-STAGE			0.2	
:	0022		FILLER, FRONT BUMPER	15015660 GM PART	33.50		INC	1
:	0011		BRACE, FRONT BUMPER	LT 15716713 GM PART	18.40		0.1	1
:	0012		BRACE, FRONT BUMPER	RT 15716714 GM PART	18.40		0.1	1
:	0096		HOOK, FRONT BUMPER TOW	RT REPAIR			0.5*	1
:	0122		BRKT, FRONT BUMPER MTG	LT 12472150 GM PART	38.75		1.0	1
:	0122		BRKT, FRONT BUMPER MTG	LT REFINISH			0.2	4
				SURFACE			0.2	
:	0123		BRKT, FRONT BUMPER MTG	RT 12472151 GM PART	38.75		1.0	1
:	0123		BRKT, FRONT BUMPER MTG	RT REFINISH			0.2	4
				SURFACE			0.2	
:	0021		GRILLE ASSEMBLY	15015044 GM PART	181.00		0.5	1
:	0339	01	INSERT, GRILLE	12470331 GM PART	71.25		INC	1
:	0339		INSERT, GRILLE	REFINISH			0.4	4
				SURFACE			0.4	
:	0023	01	EMBLEM, GRILLE	15634687 GM PART	17.15		INC	1
:	0041	01	HEADLAMP ASSY, HALOGEN	LT 16526217 GM PART	243.00		INC	1
:	0042	01	HEADLAMP ASSY, HALOGEN	RT 16526218 GM PART	243.00		INC	1
:	0973		HEADLAMPS AIM	ADDITIONAL LABOR			0.5	1
:	0057		PARKLAMP ASSEMBLY	LT 16526485 GM PART	45.00		INC	1
:	0083		PANEL, HOOD	12389408 GM PART	290.29		1.2	1
:	0083		PANEL, HOOD	REFINISH			5.9	4
				SURFACE			2.9	
				EDGE			1.8	
				TWO-STAGE			0.6	
				TWO-STAGE SETUP			0.6	
:	0089		SUPT, HOOD LOCK VERT	15732160 GM PART	46.99		INC	1
:	0084		HINGE, HOOD PANEL	LT REPLACE OEM	INC			1
:	0084		HINGE, HOOD PANEL	LT REFINISH			INC	4
:	0085	02	HINGE, HOOD PANEL	RT REPLACE OEM	INC			1
:	0085		HINGE, HOOD PANEL	RT REFINISH			INC	4
I	0086		PAD, INSULATOR HOOD	R&I ASSEMBLY			0.3	1
:	0073		PANEL, RADIATOR SUPT	15009394 GM PART	265.00		7.4	1
:	0073		PANEL, RADIATOR SUPT	REFINISH			1.2	4

				SURFACE			1.2
P 0755	RADIATOR			COMPETITIVE PART	298.67		INC 1
0076 01	BAFFLE, RADIATOR PANEL			15007346 GM PART	24.65		INC 1
0764 01	TANK, COOLANT RECOVERY			12380202 GM PART	15.95		INC 1
0770	BLADE, ENGINE FAN			15976889 GM PART	45.00		0.4 2
0727	SHROUD, RADIATOR UPPER			15003751 GM PART	10.35		INC 1
0977	A/C EVACUATE & RECHARG			ADDITIONAL LABOR			1.4 2
M03	FLEX ADDITIVE			COMPETITIVE PART	7.00*		0.0*1*
M07	PINSTRIPES-TAPE			COMPETITIVE PART	15.00*		0.3*1
M14	CORROSION PROTECTION			COMPETITIVE PART	5.00*		0.3*4
M17	COVER CAR EXTERIOR			COMPETITIVE PART	5.00*		0.0*1*
M18	SET-UP AND MEASURE			ADDITIONAL LABOR			2.0*3
M20	ANTI-FREEZE-COOLANT			COMPETITIVE PART	10.00*		0.0*1
M60	HAZARDOUS WASTE REMOVAL			COMPETITIVE PART	5.00*		0.0*1
	PRE PULLS			REPAIR			2.0*3*
	REPL BUG SHIELD			COMPETITIVE PART	69.95*C		0.3*1*
0731	CONDENSER, A/C			52474647 GM PART	319.86		INC 2
0103	FENDER, FRONT	LT		12377871 GM PART	270.90		2.9 1
0103	FENDER, FRONT	LT		REFINISH			3.3 4
				SURFACE			1.9
				EDGE			1.0
				TWO-STAGE			0.4
0104	FENDER, FRONT	RT		12472736 GM PART	275.50		2.5 1
0104	FENDER, FRONT	RT		REFINISH			3.3 4
				SURFACE			1.9
				EDGE			1.0
				TWO-STAGE			0.4
0111	MLDG, WHEEL OPENING	LT		R&I ASSEMBLY			0.2 1
0112	MLDG, WHEEL OPENING	RT		12376656 GM PART	41.50		0.2 1
0113	MAST, ANTENNA	RT		R&I ASSEMBLY			1
0155	SKIRT, INNER FENDER	LT		15003940 GM PART	70.75		0.2 1
0156	SKIRT, INNER FENDER	RT		15998992 GM PART	68.51		0.2 1
0786	AIR CLEANER ASSEMBLY			25099892 GM PART	112.00		0.2 2
0974	SUSPENSION ALIGN, FRT			ADDITIONAL LABOR	59.95*		0.0*2
0179	PANEL, UPPER COWL VENT	LT		15157931 GM PART	5.59		INC 1
0209	PNL, FRONT DOOR OUTER	LT		REPAIR			0.5*1
0209	PNL, FRONT DOOR OUTER	LT		REFINISH			2.4 4
				SURFACE			2.0
				TWO-STAGE			0.4
	>>FULL PAINT TIME ON PANEL TO			INCLUDE BLENDING WITHIN PANEL			
0210	PNL, FRONT DOOR OUTER	RT		REPAIR			3.0*1
0210	PNL, FRONT DOOR OUTER	RT		REFINISH			2.1 4
				SURFACE			2.0
				TWO-STAGE			0.1
	>>FULL PAINT TIME ON PANEL TO			INCLUDE BLENDING WITHIN PANEL			
0243	W/STRIP, BELT OUTER	LT		R&I ASSEMBLY			0.2 1
0244	W/STRIP, BELT OUTER	RT		R&I ASSEMBLY			0.2 1
0137	MLDG, FRONT DOOR LOWER	LT		R&I ASSEMBLY			0.6 1
0138	MLDG, FRONT DOOR LOWER	RT		R&I ASSEMBLY			0.6 1
0229	MIRROR, OUTER R/C	LT		R&I ASSEMBLY			0.3 1
0230	MIRROR, OUTER R/C	RT		R&I ASSEMBLY			0.3 1
0227	HANDLE, FRONT DOOR OTR	LT		R&I ASSEMBLY			0.6 1

RI 0228 HANDLE, FRONT DOOR OTR RT R&I ASSEMBLY 0.6 1

70 ITEMS

MC MESSAGE

01 CALL DEALER FOR EXACT PART # / PRICE

02 PART NO. DISCONTINUED, CALL DEALER FOR EXACT PART NO.

FINAL CALCULATIONS & ENTRIES

PARTS

GROSS PARTS	\$ 3,195.79
OTHER PARTS	\$ 475.57
PAINT MATERIAL	\$ 446.60

ADJUSTMENTS

DISCOUNT

MARKUP

PARTS TOTAL	\$ 4,117.96
TAX ON PARTS & MATERIAL @ 5.813%	\$ 239.38

LABOR	RATE	REPLACE HRS	REPAIR HRS	
1-SHEET METAL	\$ 40.00	22.4	4.5	\$ 1,076.00
2-MECH/ELEC	\$ 55.00	0.6	1.4	\$ 110.00
3-FRAME	\$ 50.00		4.0	\$ 200.00
4-REFINISH	\$ 40.00	20.3		\$ 812.00
5-PAINT	\$ 22.00			

LABOR TOTAL	\$ 2,198.00
TAX ON LABOR @ 5.813%	\$ 127.77
TAX ON SUBLET @ 5.813%	
SUBLET REPAIRS	
TOWING	
STORAGE	

GROSS TOTAL \$ 6,683.11

NET CORRECTED TOTAL \$ 6,683.11

PXN Y/03/01/00/02/02 CUM 03/01/00/02/02 Geocode: 87110 ALBUQUERQUE
SPPL Yes Geocode: 87103 NM MCO
ADP PENPRO W0338 CES LOG 333 -0 10-30-00 14:04:43 REL 3.38 CD 10/00
COPYRIGHT, AUTOMATIC DATA PROCESSING, INC. 1999

2.7 HOURS WERE ADDED TO THIS ESTIMATE BASED ON ADP'S TWO-STAGE REFINISH FORMULA: 20% OF REFINISH HOURS, AFTER OVERLAP, PLUS SETUP TIME FOR THE FIRST MAJOR PANEL, WHERE NOTED.

ESTIMATE CALCULATED USING THE 2.5 HOUR MAXIMUM ALLOWANCE FOR TWO-STAGE REFINISH OF NON-FLEX, EXTERIOR SURFACES.

TO ALL REPAIR FACILITIES: BEFORE USING AN AFTERMARKET SHEETMETAL PART,

1999 CHEVROLET S10 BLAZER LS 4 DR WAGON

CLAIM # 14041S1514B06

LOG 333

-0

10-30-00 9:41 AM

BE SURE TO LOOK FOR THE CAPA SEAL. THIS IS NOT AN AUTHORIZATION FOR REPAIR. SUPPLEMENTS MUST BE APPROVED PRIOR TO REPAIR. IF YOUR CAR IS OF UNITIZED CONSTRUCTION, IN SOME CASES THE REPAIR SHOP MAY NEED SPECIAL EQUIPMENT TO PROPERLY REPAIR THE CAR. YOU SHOULD DETERMINE IF THE SHOP YOU SELECT TO COMPLETE THE REPAIRS IS PROPERLY EQUIPPED.

Patient Name: XXXXXXXXXX
 Caregiver Name: NIGHSWONGER

LIGAMENT SPRAIN

AfterCare® Instructions

What You Should Know:

- A sprain is when ligaments are suddenly stretched or torn. Ligaments are tissues that hold bones together. Sprains usually occur in joints, such as in ankles, knees, or fingers. It is most common to sprain the ankle joint. You may have pain, tenderness, or swelling of the injured joint. You may also not be able to move the joint very well.
- A sprain may be caused from falling or twisting a joint. Car accidents may cause a joint sprain. You may be more likely to have a joint sprain if you are overweight. Wearing shoes that do not fit or high heeled shoes may also lead to an ankle sprain. Some sports may cause you to have joint sprains, such as skateboarding and ice or roller skating. You may need an x-ray of the joint to make sure a bone is not broken. A sprain usually takes 6 to 8 weeks to heal. But a bad sprain may take longer to heal.

Instructions:

- Rest the injured area for 3-5 days. Then slowly start Ace wrap
for cast
- using the joint as the pain allow
- Keep the joint raised if possible to lessen swelling.
- Apply ice to the sore ligament for 15 to 20 minutes each hour for the first 1 to 2 days. Put the ice in a plastic bag and place a towel between the bag of ice and your skin.
- After the first 1 to 2 days, you may apply heat to the injury to help relieve pain. You may use a warm heating pad, whirlpool bath, or warm, moist towels for 15 to 20 minutes every hour for 48 hours.
- If you were given a splint, wear it for _____ days.
- If you were given an elastic bandage, wear it for _____ days. You can adjust it to make it comfortable. Take it off at least once a day. The splint is too tight if you have numbness or tingling below the injury. Take it off and rewrap it more loosely.
- You may use medicines that you can buy without a prescription. Take only medications as directed by your doctor.
 - Acetaminophen/paracetamol
 - Ibuprofen

Call If:

- Bruising, swelling, or pain increases.
- You have cold toes if your leg was injured.
- You have cold fingers if your arm was injured.

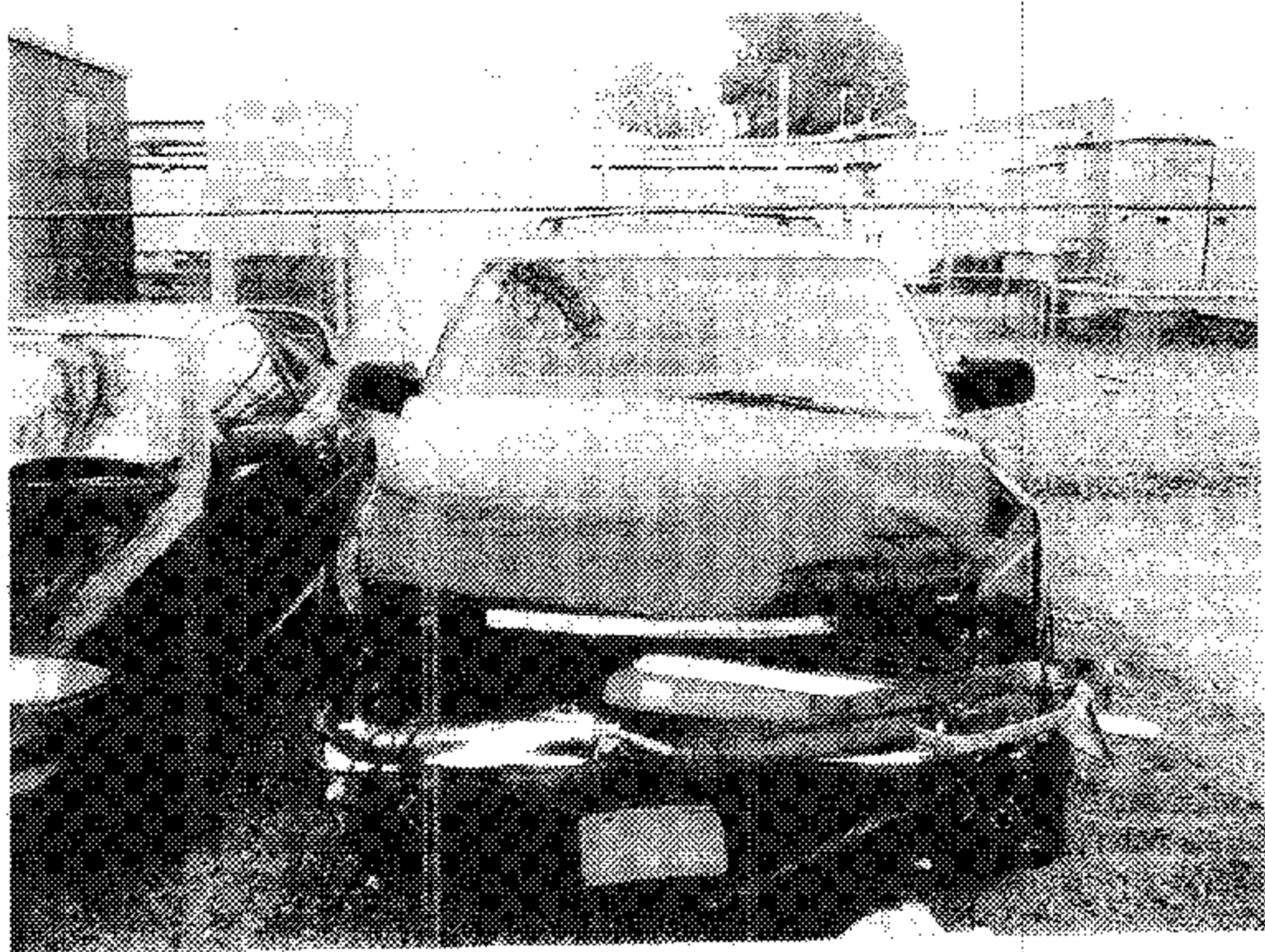
Return Immediately If:

- Your toes are numb or blue if your leg was injured.
- Your fingers are numb or blue if your arm was injured.

Special Instructions:

HOME TO REST. PERCOCET FOR PAIN, WILL CAUSE DROWSINESS. ICEPACK TO KNEE FOR PAIN AND SWELLING. RETURN TO THE EMERGENCY DEPT SHOULD CONDITION GET WORSE, FAIL TO IMPROVE OR IF ANY PROBLEMS ARISE.

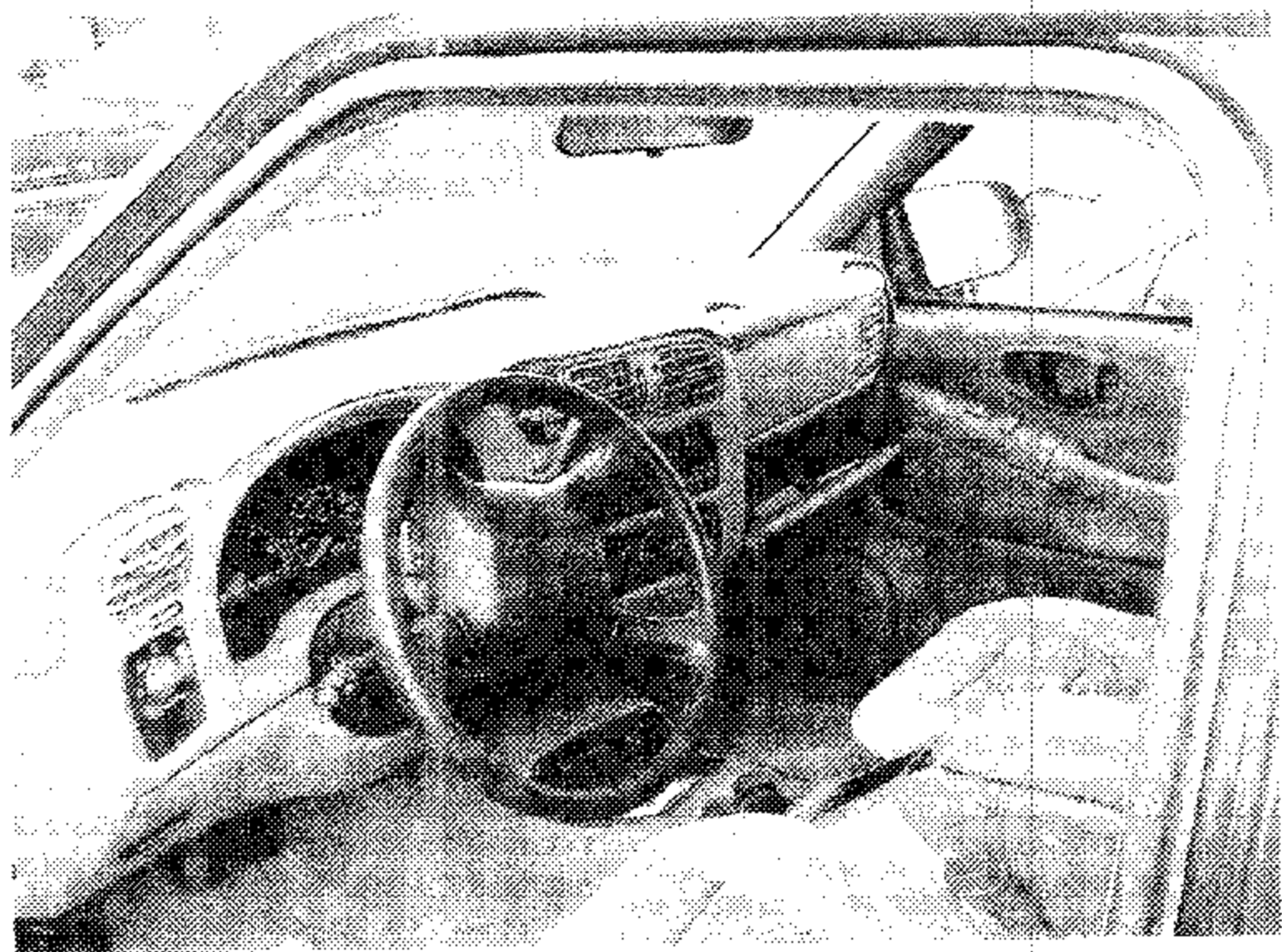
**Copyright ©MICROMEDEX Inc. 1974 - 2000 All rights reserved. Patient Education Leaflets Vol. 17 expires 12/2000
LIGAMENT SPRAIN AfterCare® Instructions(ER/ED) - Fri Oct 20 21:06:55 2000**











356632

Albuquerque Police Department

REGISTRATION
NO. 101
ISSUED
JUNE, 1987

ON PRIVATE PROPERTY

FATAL

INJURY

REPORTING DEPARTMENT
PROPERTY DAMAGE ONLY

UNDER \$500
 \$500 OR MORE

HIT AND RUN

STATE OF NEW MEXICO
UNIFORM ACCIDENT REPORT

00-20701

DATE OF ACCIDENT: **NOV 20 1987** TIME: **1625** CITY OCCURRED IN: **Albuquerque** COUNTY: **Bernalillo** SHEET **1** OF **2** SHEETS

SUN M T W T F SAT OCCURRED ON: **NOV 20 1987** AT INTERSECTION WITH: **NM 528 NW Westside Rd**

OTHER: FEET PERMANENT LANDMARK-COUNTY LINE-INTERSECTION FOR USE BY ORIGINATOR

LOCATION: MILES **N S E W** OF

LOCATION: MILES **N S E W** OF MILEPOST NO.

ACCIDENT OCCURRED: On Roadway Off Roadway

ACCIDENT CLASSIFICATION: Overturned Other N-Col Pedestrian Other Vehicle Vehicle On Other Pkwy

VEHICLE NO. 1: **NM 528 Bcl NW** Posted Speed: **40** Safe Speed: **40**

Driver License Number: **037065536** State: **NM** Type: **D** Restrictions: **B. Corrective Lense 10-2004** No. of Licenses: **07** Exp. Date: **12-27-87**

Seat Position Code: **LF** **LF** **7** Social Security Num: **401-32-3694** Occupation: **---** Sex: **6** Height: **71** Age: **M** Sex: **C**

Vehicle #1: **99 Chevy Blw SOUT 2412 Jefferson NE** Registered By: **Kn. Hc**

License #1: **2001 NM DU1171** US DOT/DC/SCC Numbers: **16WDT/3WAX 2179XZ** Owner's Telephone: **871-0251**

Owner's Name: **Same as Driver** Owner's Address: **---** Zip Code: **---**

Insured By: **Hartford Ins. Co** Policy Number: **55 PHD247676-115721** Liability Insurance: Yes No

VEHICLE NO. 2 - PEDESTRIAN: **N S E W** ON **NM 528 to E/B Westside Rd** Posted Speed: **25** Safe Speed: **25**

Driver's or Pedestrian's Full Name: **Serna, Debbie** Address: **469 Juniper H. Hs. Rd** Zip Code: **87004** Telephone: **994-2162**

Driver License Number: **031136865** State: **NM** Type: **D** Restrictions: **N/A** Expires: **12-20-00** Date of Birth: **11-21-46**

Seat Position Code: **LF** **LF** **7** Social Security Num: **525-43-4925** Occupation: **---** Sex: **6** Height: **33** Age: **F** Sex: **C**

Seat Pos: **RF** **Joseph Serna** **444 Apache Sp. S. / 87124** **6** **57** **M** **C**

Seat Pos: **LF** **Sabrina Serna** **---** **6** **9** **F** **O**

Seat Pos: **RR** **Mariah Serna** **---** **6** **2** **F** **O**

Vehicle #2: **97 Ford Red SOUT Destination** Registered By: **Driver**

License #2: **2001 nm 98765K** US DOT/DC/SCC Numbers: **2FMG635N2HLA560Y6** Owner's Telephone: **994-2162**

Owner's Name: **Same as Driver** Owner's Address: **---** Zip Code: **---**

Insured By: **All State** Policy Number: **036546036 09/13** Liability Insurance: Yes No

INJURED: First Aid Rendered By: **Rio Pardo 908** Injured Taken To: **Refused** By: **---**

OTHER PROPERTY INVOLVED: **N/A** DESCRIPTION OF PROPERTY AND DAMAGE: **---** Owner's Name: **---** Owner's Address: **---** Zip Code: **---**

WITNESS: **None Located** Name: **---** Age: **---** Address: **---** Telephone: **---**

- INJURY CODES**
- R - Killed
 - K - Head
 - C - Chest
 - A - Incapacitated - Carried From Scene
 - B - Visible Injury
 - C - Complaint - No Visible Injury
 - G - No Apparent Injury
- RESTRAINT CODES**
- 1 - Buckle Not Used
 - 2 - Buckle Not Used
 - 3 - Seat Belt Used
 - 4 - Shoulder Harness - Not Used
 - 5 - Shoulder Harness - Used
 - 6 - Belt & Harness - Used
 - 7 - Ejected From Vehicle
 - 8 - Child Restraint Device
 - A - Used Properly
 - B - Not Used
 - L - Used Improperly
 - H - Adult Occupant
 - A - Seat Belts Not Used
 - B - No Restraints Used

1. COMPLETE FRONT OF FORM. 2. REMOVE CARBON AND TISSUE PAPER. 3. TURN OVER AND COMPLETE REVERSE SIDE.

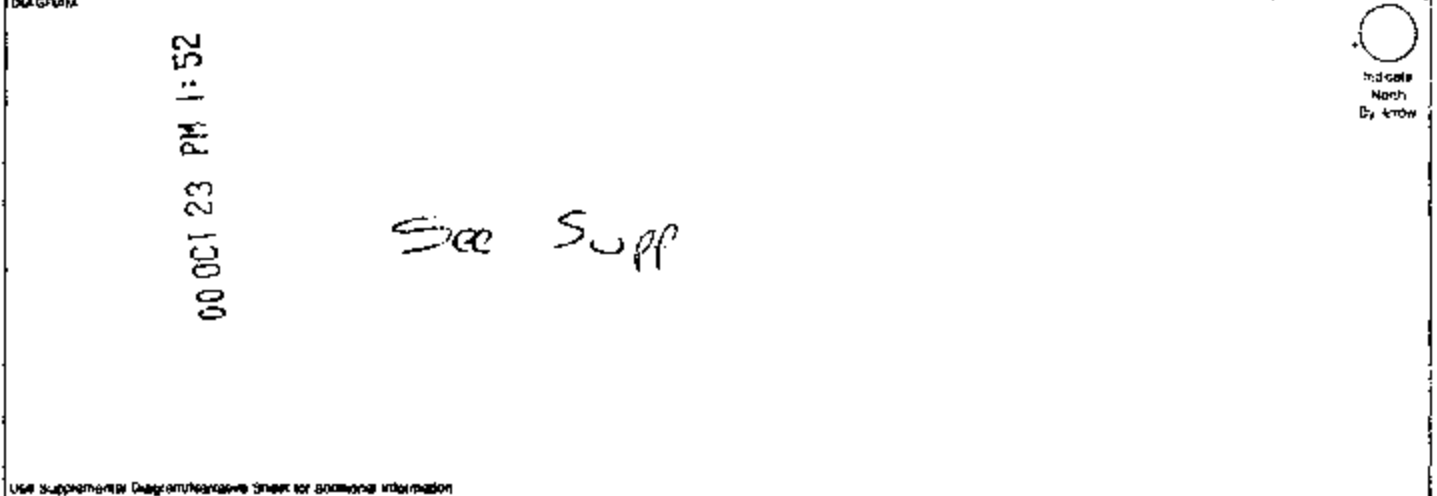
00-20704

ROAD - WEATHER	LIGHTING (Check One)	WEATHER (Check One)	ROAD COND. (Check One For Each)	ROAD SURFACE (Check One For Each)	TRAFFIC CONTROL (Check One For Each)	ROAD CHARACTER (Check One)	ROAD DESIGN (Check One Or More For Each)
<input checked="" type="checkbox"/> Daylight <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Dark Lighted <input type="checkbox"/> Dark - Not Lighted <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Snowing <input type="checkbox"/> Fog <input type="checkbox"/> Dust <input type="checkbox"/> Wind <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Ice <input type="checkbox"/> Loose Material <input type="checkbox"/> Other	<input type="checkbox"/> Paved Unimproved <input type="checkbox"/> Paved Center Street <input checked="" type="checkbox"/> Paved Curbs & Edgeline <input type="checkbox"/> Unpaved	<input type="checkbox"/> No Passing Zone <input type="checkbox"/> Stop Sign <input checked="" type="checkbox"/> Traffic Signals <input type="checkbox"/> Yield Sign <input type="checkbox"/> R.R. Gate <input type="checkbox"/> 4 Way Stop <input type="checkbox"/> Flashers <input type="checkbox"/> No Controls <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve	<input type="checkbox"/> 1 Lane <input type="checkbox"/> 2 Lanes <input checked="" type="checkbox"/> 3 Lanes <input type="checkbox"/> 4 Lanes	<input type="checkbox"/> One Way <input type="checkbox"/> Ramp <input type="checkbox"/> Freeway <input type="checkbox"/> Underpass <input type="checkbox"/> Alley <input checked="" type="checkbox"/> Other <input type="checkbox"/> Constr. Zone

EVENT	APPARENT CONTRIBUTING FACTORS (Check One Or More For Each)	WHAT DRIVERS WERE DOING (Check One For Each)
<input type="checkbox"/> Excessive speed <input type="checkbox"/> Speed too fast for conditions <input type="checkbox"/> Failed to yield right of way <input type="checkbox"/> Passed stop sign <input type="checkbox"/> Disregarded traffic signal <input type="checkbox"/> Drove left of center <input type="checkbox"/> Improper overtaking <input type="checkbox"/> Avoided no contact vehicle <input type="checkbox"/> Avoided no contact - other	<input type="checkbox"/> Following too closely <input checked="" type="checkbox"/> Made improper turn <input type="checkbox"/> Driver inattention <input type="checkbox"/> Under influence of alcohol <input type="checkbox"/> Other improper driving <input type="checkbox"/> Pedestrian error <input type="checkbox"/> Inadequate brakes <input type="checkbox"/> Driverless moving vehicle <input type="checkbox"/> Defective spacing	<input checked="" type="checkbox"/> Going Straight <input type="checkbox"/> Overtaking/Passing <input type="checkbox"/> Right Turn <input checked="" type="checkbox"/> Left Turn <input type="checkbox"/> U Turn <input type="checkbox"/> Stopping <input type="checkbox"/> Backing

DRIVER OR PEDESTRIAN SOBERIETY (Check One Or More For Each)	DRIVER OR PEDESTRIAN PHYSICAL CONDITION (Check One Or More For Each)	PEDESTRIAN ACTION				
<input type="checkbox"/> Consumed Alcohol <input type="checkbox"/> Consumed a Controlled Substance <input type="checkbox"/> Had Not Consumed Alcohol <input type="checkbox"/> Sobriety Unknown <input type="checkbox"/> Consumed Medication <input type="checkbox"/> Tested by Instrument <input type="checkbox"/> Field Sobriety Test <input type="checkbox"/> Eye Gaze / Nystagmus	<input type="checkbox"/> Fatigue/Asleep <input type="checkbox"/> Eyesight Imp. <input type="checkbox"/> Hearing Imp. <input type="checkbox"/> ILL <input type="checkbox"/> Medication <input type="checkbox"/> Amnesia <input checked="" type="checkbox"/> No App. Defects <input type="checkbox"/> Other Physical Impairment	<table border="1"> <tr> <th>At Intersection</th> <th>Not At Intersection</th> </tr> <tr> <td><input type="checkbox"/> With Signal <input type="checkbox"/> Against Signal <input type="checkbox"/> No Signal <input type="checkbox"/> Diagonal</td> <td><input type="checkbox"/> From Behind Obstruction <input type="checkbox"/> No Crosswalk <input type="checkbox"/> Crosswalk <input type="checkbox"/> Walking With Other <input type="checkbox"/> Wading Against Traffic <input type="checkbox"/> Standing <input type="checkbox"/> Pushing or working on vehicle <input type="checkbox"/> Playing a Game</td> </tr> </table>	At Intersection	Not At Intersection	<input type="checkbox"/> With Signal <input type="checkbox"/> Against Signal <input type="checkbox"/> No Signal <input type="checkbox"/> Diagonal	<input type="checkbox"/> From Behind Obstruction <input type="checkbox"/> No Crosswalk <input type="checkbox"/> Crosswalk <input type="checkbox"/> Walking With Other <input type="checkbox"/> Wading Against Traffic <input type="checkbox"/> Standing <input type="checkbox"/> Pushing or working on vehicle <input type="checkbox"/> Playing a Game
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Diagram Drawn By: E. Peer Measurements By: Not To Scale Loose Blank



Use Supplemental Diagram/scene sheet for additional information

NARRATIVE (Describe how accident occurred): Driver # 2 was N/R. S28 in the far right lane. Veh # 2 was S/R. S28 in the left turn lane to head east on Westside Rd. She saw that N/R traffic was backed up and that the center + left lane had stopped in the right lane. She began to make a left turn and did not see Veh # 1 remaining in the right lane. Driver # 1 could not react quick enough to avoid Veh # 2 which turned left of him. There was reports on neck/back pain but no one was transported. Veh # 1 was towed with heavy damage.

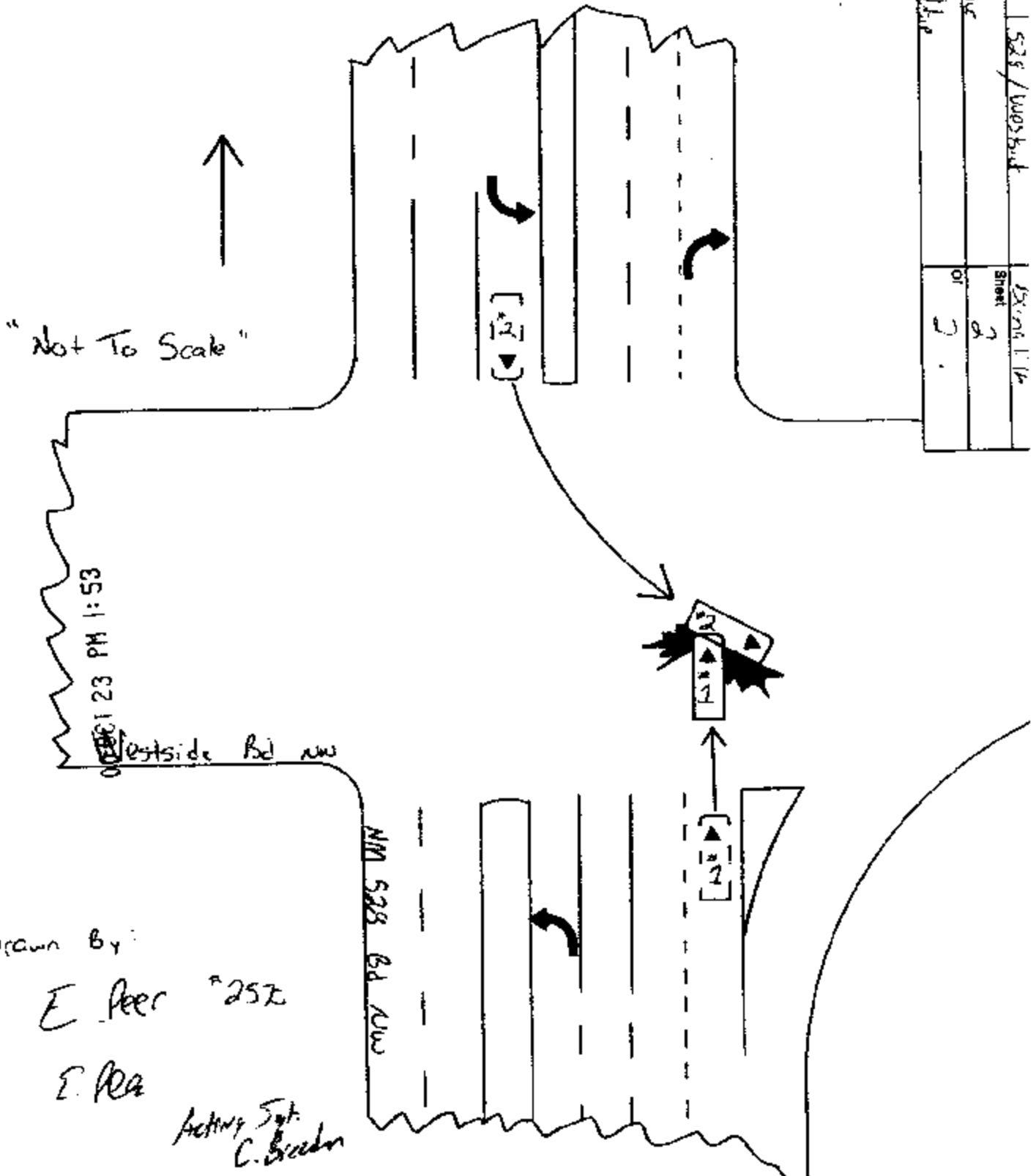
TRAILER OR TOWED VEHICLES	TOWED BY VEH. #1	Year	Make	Lic. Yr. - State - Number	Type		
	TOWED BY VEH. #2	Year	Make	Lic. Yr. - State - Number	Type		
ENFORCEMENT ACTION	VEH. NO.	Name	Violation	W	B	C	Citation No.
	VEH. NO.	Name	Violation	W	B	C	Citation No.
	VEH. NO.	Name	Violation	W	B	C	Citation No.
Time Notified	1630	Time Arrived	1635	Notified By	Dispatch	Supervisor	Supervisor Signature
Officer's Signature	E. Peer	Rank	P216	Officer No.	2570	Station	111
				Date of Report	10/23/2		

00-20704

STATE OF NEW MEXICO UNIFORM ACCIDENT REPORT SUPPLEMENTAL DIAGRAM/NARRATIVE

SHTD-10075
REV. 7/90

Driver No. 1	Smith, Arthur	Sheet	2
Driver No. 2	Sims, Belva	of	2
1625 1528 / westbound		1528 1528	



Drawn By:

E. Peer #252

E. Pea

Acting Sgt.
C. Breeden

REPORT NO. _____

ALBUQUERQUE POLICE DEPARTMENT TOW-IN REPORT

Make Chev

VIN 1G111T9302X311972

Year 77

License DV1171

Style Blazer

State N.M.

Color Black

Year Lic. _____

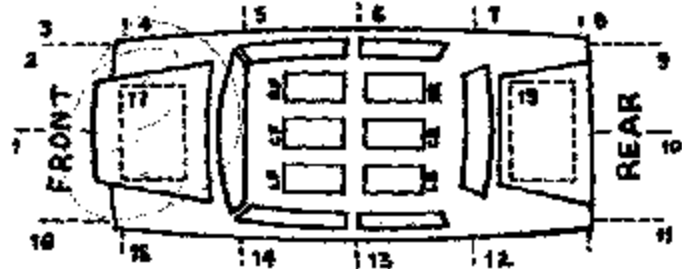
Driver/Owner _____ Phone _____

Address _____

Vehicle Damage

VEHICLE DAMAGE SEVERITY
(Enter Code in Vehicle Damage Area(s))
SEVERITY CODES: 1 Slight or minor-
2 Moderate-3 Severe or Extreme.

- 18 Top
- 20 Undercarriage



EVIDENCE

Hold on Car? Yes Reason _____

No

Store Inside: Yes No

Keys in Car? Yes No

Inventory of Vehicle

I hereby acknowledge receipt of above vehicle and property, in specified condition.

Wrecker Driver's Signature _____

Wrecker Company King

Towed From 12th/1st Reason acc

Towed To 12th/1st

Officer Authorizing Tow L. J. ...

Man # 3525 Date 10/20/77 Time 1:00

Wrecker rates and service are regulated by the State Corporation Commission of New Mexico, P.E.R.A. Building, P.O. Drawer 1269, Santa Fe, New Mexico 87501. In the event you feel you have been overcharged, please bring it to the attention of the wrecker company. If not satisfied with the explanation, you may forward your complaint to the State Corporation Commission. Additional appeals are available regarding consumer complaints and towing justification through the Mayor's hearing officer, 400 Marquette NW 87102, if submitted in writing within the time limits set by ordinance.

FORM DISTRIBUTION

WHITE - RECORDS, YELLOW - WRECKER, PINK - DRIVER/OWNER