



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

Auto Safety Hotline

Vehicle Owner's Questionnaire

**NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>**

FOR AGENCY USE ONLY 936

Date Received

23-FEB-2001

Ord. or
rt. dt
pd. rt
rp. ltr

Reference No.

881294

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>(Location at bottom of and/or above driver's side)</small>	Vehicle Make HYUNDAI	Vehicle Model ACCENT	Vehicle Year 1999	Current Odometer Reading		
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio			
Transmission Type <input type="checkbox"/> Manual <input 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"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	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"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <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 12111000	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT.	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure	Date(s) of Failure(s) 20-FEB-2001 Mileage at Failure(s)	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <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	Number of Fatalities	Estimated Property Damag	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 STRUCK BY ANOTHER CAR AT 15MPH AND AIR BAGS FAILED TO DEPLOY. *AK

CONTINUE ON REVERSE

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.

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 335		
OWNER INFORMATION (Type or Print)		Date Received 23-FEB-2001		Ref. No. 881294		
[REDACTED]		676269		Work Number [REDACTED]		
[REDACTED]		Home Number [REDACTED]		Reference No. 881294		
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 authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.						
Signature of Owner [REDACTED]				Date 3/12/01		
VEHICLE INFORMATION						
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) KMHJF25F7XU780797		Vehicle Make HYUNDAI	Vehicle Model ELANTRA	Vehicle Year 1999	Current Odometer Reading 29,660	
Purchase Date 11/18/99	Dealer's Name ARENA HYUNDAI		Engine Size 2.0 L		<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection	
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City DAYTON State OH Zip Code 45415		No Cylinders 4			
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Anti-lock 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 Set <input checked="" type="checkbox"/> Passengerside Airbag		Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other
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: FRONT & PASSENGER AIR BAGS		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 2	Date(s) of Failure(s) 2 FEB-2001		Mileage at Failure(s) 29,660		Vehicle Speed at Failure(s) 20MPH. -EST.	
			Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" 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 2	Number of Fatalities 0	Estimated Property Damage Unknown, Poss. Total	Reported to Police <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)						
CONSUMER WAS STRUCK BY ANOTHER CAR AT 15MPH AND AIR BAGS FAILED TO DEPLOY. *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.						

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 10/99)

CRASH SEVERITY
 1 FATAL 3 PDD
 2 MORT 4 UNKNOWN

PRIVATE PROPERTY

HT/SLIP
 1 Not Hit/Slip
 2 SLIPPED
 3 UNDETERMINED

PHOTOS TAKEN

OH-2 OH-3 OH-1P Other

01017122
 2901 FAIRBORN Police 02 01 02212001

TIME OF CRASH: 15:54 DAY OF WEEK: WED

CRASH LOCATION: SR 444

DATE OF CRASH: 10/11/01 REFERENCE: HERBLE

NAME (LAST, FIRST, MIDDLE): ZOMBRUN, Secret L.

ADDRESS (STREET, CITY, STATE, ZIP CODE): 320 Johnson St. Dayton Ohio 45416

DATE OF BIRTH: 02/27/1980 SEX: M HOME PHONE: 586 9709

DL STATE: OH DL #: R0757598 LP STATE: OH LP #: AEV322

OWNER NAME (IF NAME, WRITE "SAME"): GMAC ADDRESS: 1255 Smith Rd. Xenia Ohio 45385

YEAR: 1998 MAKE: Chevrolet MODEL: S10 COLOR: Red

ORIGINAL CHARGE: 311.05 OFFENSE DESCRIPTION: Red Light Violation

DATE OF BIRTH: 02/02

DL STATE: OH DL #: R0796759 LP STATE: OH LP #: CFA3994

OWNER NAME (IF NAME, WRITE "SAME"): SAME ADDRESS: SAME

YEAR: 1999 MAKE: Hyundai MODEL: Elantra COLOR: Gray

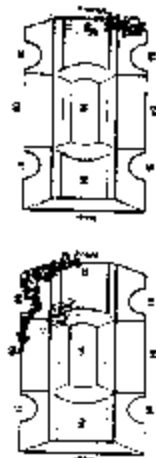
DATE OF BIRTH: 02

DL STATE: OH DL #: 00

NAME (LAST, FIRST, MIDDLE): Woodcock Wesley J

ADDRESS (STREET, CITY, STATE, ZIP CODE): 526 KOERNER Ave Englewood Ohio 45322

SEATING POSITION	SAFETY EQUIPMENT	ADN Bnd	ADN Bnd SWITCH	EJECTION	TRAPPED	INJURED
01 FRONT - LEFT (INC DRIVER)	01 None Used	1 Not Deployed	1 Not Present	1 NOT EJECTED	1 NOT TRAPPED	1 NO INJURY
02 FRONT - MIDDLE	02 Shoulder Belt Only	2 Deployed-Front	2 In On Position	2 TOTALLY EJECTED	2 ESTIMATED BY MECHANICAL MEANS	2 POSSIBLE
03 FRONT - RIGHT	03 Lap Belt Only	3 Deployed-Rear	3 In Off Position	3 PARTIALLY EJECTED	3 BY MECHANICAL MEANS	3 None
04 SECOND - LEFT (INC PASS)	04 Child Safety Seat	4 Not Applicable	4 Unknown	4 NOT APPLICABLE	4 Freed By Non-Mechanical Means	4 INCAPACITATED
05 SECOND - MIDDLE	05 None Used	5 Not Applicable		5 UNKNOWN	5 Unknown	5 FATAL INJURY
06 SECOND - RIGHT	06 None Used	6 Unknown				6 UNKNOWN
07 THIRD - LEFT (INC PASSENGER/SEAT)	07 Use Unknown					
08 THIRD - MIDDLE	08 None Used					
09 THIRD - RIGHT	09 None Used					
10 SLIDING SECTION OF CAB	10 Protective Pad					
11 ENCLOSED CARGO AREA	11 Reflective Clothing					
12 UNENCLOSED CARGO AREA	12 Leaning					
13 TRAILING UNIT	13 Other					
14 EXTERIOR	14 Unknown					
15 OTHER						
16 Non-Motorist						
17 UNKNOWN						

<p>UNIT NUMBERS 01 02</p> <p>NON-MOTORIST LOCATION</p> <p>01 MARKED CROSSWALK AT INTERSECTION 02 INTERSECTION NO CROSSWALK 03 NON-INTERSECTION CROSSWALK 04 DRIVEWAY ACCESS CROSSWALK 05 IN ROADWAY 06 NOT IN ROADWAY 07 MEDIAN (BUT NOT SHOULDER) 08 ISLAND 09 SHOULDER 10 SIDEWALK 11 WITHIN 10 FEET OF ROADWAY (NOT SHOULDER, MEDIAN, SIDEWALK, ISLAND) 12 BEYOND 10 FEET OF ROADWAY WITHIN TRAFFICWAY 13 OUTSIDE TRAFFICWAY 14 SHARED USE PATHS OR TRAILS 15 UNKNOWN</p>	<p>DAMAGE AREA</p>  <p>MOST DAMAGED AREA</p> <p>01 NONE 02 CENTER FRONT 03 RIGHT FRONT 04 RIGHT SIDE 05 RIGHT REAR 06 REAR CENTER 07 LEFT REAR 08 LEFT SIDE 09 LEFT FRONT 10 TOP AND WINDOWS 11 UNDERCARRIAGE 12 LOAD/TAILER 13 TOTAL (ALL AREAS) 14 OTHER 15 UNKNOWN</p>	<p>PRIOR CRASH ACTIONS 01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD 02 BACKING 03 CHANGING LANES 04 OVERTAKING/PASSING 05 TURNING RIGHT 06 TURNING LEFT 07 MAKING U-TURN 08 ENTERING TRAFFIC LANE 09 LEAVING TRAFFIC LANE 10 PARKED 11 SLOWING/STOPPED IN TRAFFIC 12 DOWNHILL 13 OTHER 14 UNKNOWN 15 NON-MOTORIST 16 ENTERING/CROSSING IN SPECIFIED LOCATION 17 WALKING, RUNNING, JOGGING, PLAYING, CYCLING 18 PUSHING VEHICLE 19 APPROACHING/LEAVING VEHICLE 20 PLAYING/TOYING ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN</p>	<p>SEQUENCE OF EVENTS 20 20</p> <p>NON-COLLISION 01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMPROBATION 04 JACUZZI 05 CARGO/EQUIPMENT LOSS/SHIFT 06 EQUIPMENT FAILURE 07 SEPARATION OF UNITS 08 RAN OFF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 CROSS MEDIAN/CENTRALISE 11 DOWNHILL RAMPWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION 14 COLLISION IS/PERSONAL VEHICLE, OR OBJECT NOT LISTED 15 PEDESTRIAN 16 RAILWAY VEHICLE 17 ANIMAL - FARM 18 ANIMAL - DEER 19 ANIMAL - OTHER 20 MOTOR VEHICLE IN TRANSPORT 21 PARKED MOTOR VEHICLE 22 WORK ZONE MAINTENANCE EQUIPMENT 23 OTHER MOVABLE OBJECT 24 UNKNOWN MOVABLE OBJECT 25 IMPACT ATTENUATION/CRASH CUSHION 26 BRIDGE OVERHEAD STRUCTURE 27 BRIDGE PIER OR ABUTMENT 28 BRIDGE PAVEMENT 29 BRIDGE RAIL 30 GUARDRAIL, FACE 31 GUARDRAIL, SHO 32 MEDIAN BARRIER 33 HIGHWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT/ILLUMINATION SUPPORT 36 JETTY POLE 37 OTHER POST, POLE OR SUPPORT 38 CURB/ST 39 CURB 40 DITCH 41 EMBANKMENT 42 FENCE 43 MAILBOX 44 TREE 45 OTHER FREE OBJECT 46 WORK ZONE MAINTENANCE EQUIPMENT 47 UNKNOWN FIELD OBJECT 48 OTHER 49 UNKNOWN</p>	<p>POSTED SPEED 35 35</p> <p>TRAFFIC CONTROL 04 04</p> <p>NO. OF CONTROLS 01 Error Sign 02 YIELD SIGN 03 TRAFFIC SIGNAL 04 TRAFFIC FLASHER 05 TRAFFIC FLASHER 06 SCHOOL ZONE 07 RAILROAD CROSSINGS 08 RAILROAD FLASHERS 09 RAILROAD GATES 10 CONSTRUCTION BARRICADE 11 POLICE OFFICER 12 PAVEMENT MARKINGS 13 CROSSWALK LINES 14 WALKWAY/TWY WALK SIGNAL 15 TRAFFIC CONTROL DEVICE (STOPWATCH, MEDIAN, OBSERVED) 16 OTHER</p>	<p>DRUG TEST STATUS 1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/NUMERALS 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN</p> <p>DRUG TEST TYPE 1 NONE 2 BLOOD 3 URINE 4 OTHER</p> <p>DRUG TEST 1&2 RESULT</p>
<p>TYPE OF UNIT 07 03</p> <p>MOTORIST 01 SUBCOMPACT 02 COMPACT 03 MID SIZE 04 FULL SIZE 05 MINIVAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PANEL/VAN 09 SINGLE UNIT TRUCK: 2 AXLES, 8 TIRES 10 SINGLE UNIT TRUCK: 2+ AXLES 11 TRUCK/TRAILER 12 TRUCK TRACTOR (BOOTAL) 13 TRACTOR/SEMI-TRAILER 14 TRACTOR/DOUBLE SHORT 15 TRACTOR/DOUBLE LONG 16 FIFTH WHEEL OR CONVERTER DOLLY 17 TRACTOR/WHEELER 18 MOTORCYCLE 19 MOTORCYCLE/BICYCLE 20 SCHOOL BUS 21 DASHON BUS 22 PUBLIC BUS 23 OTHER BUS 24 POLICE VEHICLE 25 FIRE TRUCK 26 AMBULANCE/RESCUE 27 TAXI 28 MOTOR HOME 29 TRAM 30 FARM VEHICLE 31 FARM EQUIPMENT 32 SCOOTER 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS 35 NON-MOTORIST 36 ANIMAL W/DRIVER 37 ANIMAL W/DRUGGY 38 BICYCLE 39 PEDESTRIAN 40 PEDALCYCLIST 41 SKATER 42 OTHER NON-MOTORIST 43 UNKNOWN</p>	<p>POINT OF IMPACT 03 09</p> <p>ACTION 1 NON-COLLISION 2 NON-COLLISION 3 STRIKING 4 STRUCK 5 BOTH STRIKING AND STRUCK 6 UNKNOWN</p> <p>SYNCHRONOUS VEHICLE: OVERLAP/ UNDERLAP 1 NONE 2 YES 3 UNKNOWN</p>	<p>CONTRIBUTING CIRCUMSTANCES 03 01</p> <p>MOTORIST 01 NONE 02 FAILURE TO YIELD 03 RAN RED LIGHT, OR STOP SIGN 04 EXCEEDED SPEED LIMIT 05 UNLAWFUL SPEED 06 IMPROPER TURN 07 LEFT OF CENTER 08 FOLLOWED TOO CLOSELY/WACDA 09 IMPROPER LANE CHANGE/ADDED DRIVE OFF ROAD/ 10 IMPROPER PASSING 11 IMPROPER SIGNALS 12 IMPROPER START FROM PARKED POSITION 13 STOPPED OR PARKED ILLEGALLY 14 OPENING VEHICLE IN ENEMY, ROCK, ICE, CARELESS, NEGLIGENCE OR AGGRESSIVE MANEUVER 15 STOPPING TO AVOID (DUE TO WIND, SUPPORT STRUCTURE, VEHICLE, OBJECT, NON-MOVEMENT IN ROADWAY, ETC) 16 FAILURE TO CONTROL 17 VISION OBSTRUCTION 18 DRIVER DISTRACTION 19 FATALITY/INJURY 20 OPERATING DEFECTIVE EQUIPMENT 21 LOAD SHIFTS/FALLING/SPILLAGE 22 OTHER IMPROPER ACTION 23 UNKNOWN 24 NON-MOTORIST 25 NONE 26 IMPROPER CROSSING 27 BACKING 28 LYING AND/OR TRIPPING IN ROADWAY 29 FAILURE TO YIELD RIGHT OF WAY 30 NOT VISIBLE (DARK CLOTHING) 31 HAZARDOUS 32 FAILURE TO OBEY TRAFFIC SIGNALS, SIGNALS, OR OFFICER 33 WRONG SIDE OF THE ROAD 34 OTHER 35 UNKNOWN</p>	<p>DIRTY CONDITION 2 1 3 2</p> <p>CONDITION 1 APPARENTLY NORMAL 2 PHYSICAL IMPAIRMENT 3 EMOTIONAL 4 ILLNESS 5 PAIN, ALZHEIMER, FANTASIES, FETTERED, ETC 6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL 7 OTHER 8 UNKNOWN</p> <p>ALCOHOL/DRUG SUSPECTED 1 NONE 2 YES - ALCOHOL SUSPECTED 3 YES - NBD NOT IMPAIRED 4 YES - DRUGS SUSPECTED 5 YES - ALCOHOL / DRUGS SUSPECTED 6 UNKNOWN</p> <p>ALCOHOL TEST STATUS 1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/NUMERALS 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN</p> <p>ALCOHOL TEST TYPE 1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER</p> <p>ALCOHOL TEST RESULT</p>	<p>DIRTY CONDITION 1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHWEST 8 SOUTHWEST 9 UNKNOWN</p> <p>TYPE OF INTERSECTION 03</p> <p>01 NOT AN INTERSECTION 02 FOUR-WAY INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CIRCLE/ROUNDABOUT 06 FREE-POINT, OR MORE 07 ON RAMP 08 OFF RAMP 09 OVERPASS 10 DRIVEWAY/ACCESS 11 RAILWAY/GRADE CROSSING 12 SHARED-USE PATHS ON TRAILS 13 UNKNOWN</p> <p>OCCURRENCE 1</p> <p>ROAD CONTOUR 1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE</p> <p>ROAD CONDITIONS PRIMARY SECONDARY 01 01</p> <p>01 DRY 02 WET 03 SNOW 04 ICE 05 SAND, MUD, DIRT, GR, GRAVEL 06 MUSH (STANDSTILL, MOVING) 07 SLUSH 08 DEBRIS 09 RUT, HOLES, BUMPS, UNEVEN PAVEMENT 10 OTHER 11 UNKNOWN **SECONDARY ROAD CONDITIONS ONLY</p>	
<p>IN EMERGENCY RESPONSE 1 1</p> <p>DAMAGE SCALE 3 4</p> <p>1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DEBILITATING DAMAGE 5 SEVERE 6 UNKNOWN</p>	<p>VEHICLE DEFECT CODE (ABLE TO 'S' OF SELECTED ABOVE)</p> <p>01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 WORK ON BLACK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM FRONT CRASH 11 OTHER DEFECTS</p>	<p>VEHICLE DEFECT CODE (ABLE TO 'S' OF SELECTED ABOVE)</p> <p>01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 WORK ON BLACK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM FRONT CRASH 11 OTHER DEFECTS</p>	<p>FIRST HARMFUL EVENT 1 1</p> <p>MOST HARMFUL EVENT 1 1</p> <p>SPEED DETECTED 2 2</p> <p>1 STATED 2 ESTIMATED SPEED</p> <p>SPEED 20 10</p>	<p>ALCOHOL TEST STATUS 1 1</p> <p>ALCOHOL TEST TYPE 1 1</p> <p>ALCOHOL TEST RESULT</p>	<p>ALCOHOL TEST STATUS 1 1</p> <p>ALCOHOL TEST TYPE 1 1</p> <p>ALCOHOL TEST RESULT</p>

0101712

Narrative

Unit #1 was traveling North Bound on SR 444 while approaching intersection (SR 444 to HESSIE Avenue) Unit #1 Failed to Stop for TRAFFIC SIGNAL (Red Light). Unit #2 was turning left from HESSIE Ave into SR 444. Unit #1 Collided w/ Unit #2. Witness Statements Attached.

MANNER OF COLLISION OR IMPACT

- 6
- 1 NOT COLLISION BETWEEN TWO VEHICLES OR TRAILERS
 - 2 REAR-END
 - 3 HEAD-ON
 - 4 REAR-TO-REAR
 - 5 BACKING
 - 6 ANGLE
 - 7 SIDESWIP, SAME DIRECTION
 - 8 SIDESWIP, OPPOSITE DIRECTION
 - 9 UNKNOWN

WEATHER

- 01
- 01 CLEAR
 - 02 CLOUDY
 - 03 FOG, SMOG, SMOKE
 - 04 RAIN
 - 05 SLEET, HAIL (FREEZING RAIN DRIZZLE)
 - 06 SNOW
 - 07 SAND OR DUST
 - 08 BLOWING SAND, SOIL, DIRT, SNOW
 - 09 OTHER
 - 10 UNKNOWN

LIGHT CONDITIONS

- 1 2
- 1 DAYLIGHT
 - 2 DAWN
 - 3 DUSK
 - 4 DARK - LIGHTED ROADWAY
 - 5 DARK - NOT LIGHTED
 - 6 DARK - UNKNOWN LIGHTING
 - 7 CLOUD
 - 8 OTHER
 - 9 UNKNOWN

SCHOOL BUS RELATED

- 1
- 1 NO
 - 2 YES, DIRECTLY INVOLVED
 - 3 YES, INDIRECTLY INVOLVED
 - 4 UNKNOWN

WORK ZONE RELATED

- 1
- 1 NO
 - 2 YES
 - 3 UNKNOWN

TYPE OF WORK ZONE

- 1
- 1 LANE CLOSURE
 - 2 LANE SHIFTCROSSOVER
 - 3 WORK ON SHOULDER OR MEDIAN
 - 4 BARRIERS/PORTAL MOVING WORK
 - 5 OTHER

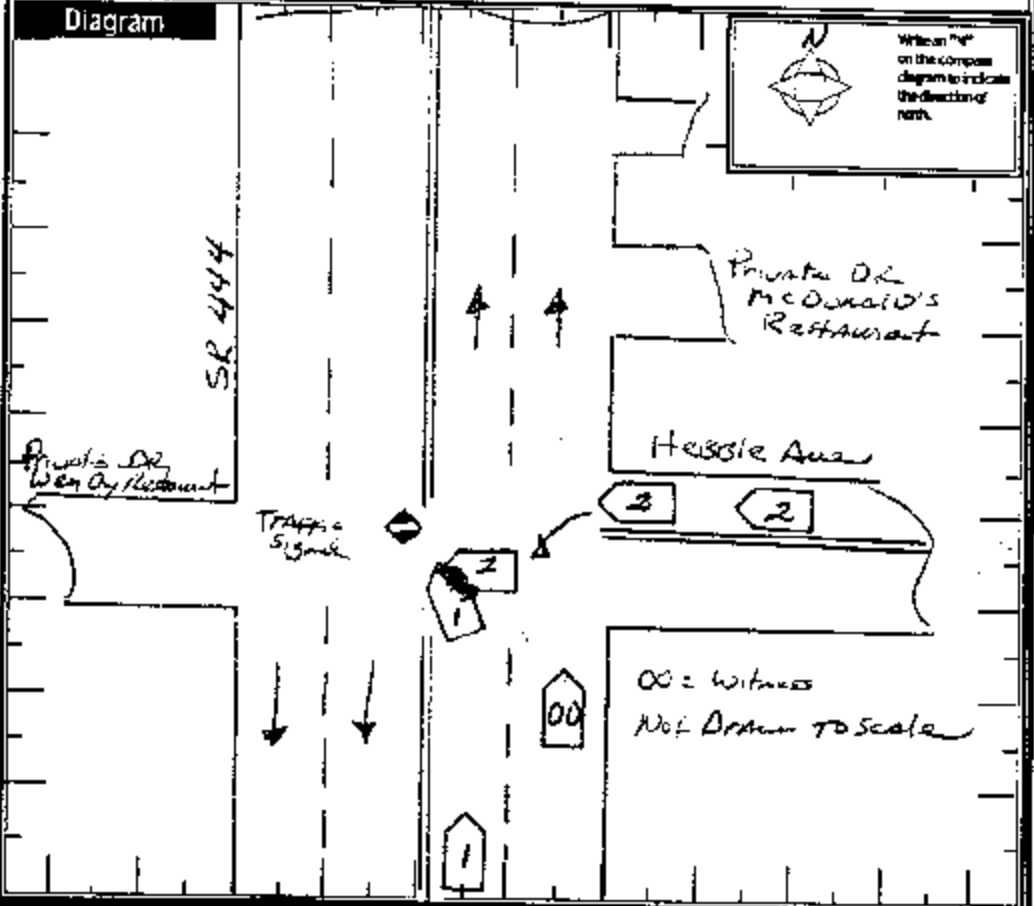
LOCATION OF CRASH IN WORK ZONE

- 1
- 1 BEFORE FIRST WORK ZONE WARNING SIGN
 - 2 ADVANCE WARNING AREA
 - 3 TRANSITION AREA
 - 4 ACTIVITY AREA

WORKERS PRESENT

- 1
- 1 NO
 - 2 YES
 - 3 UNKNOWN

Diagram



Truck/Bus

Unit #

THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:
 A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS OR
 A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD OR
 A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER.

THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING:
 A FATALITY OR
 AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT OR
 AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVENEING ASSISTANCE TO BE PROCEEDED UNDER ITS OWN POWER.

COMPANY (FROM SHIPPING PAPERS) _____ COMPANY PHONE _____
 ADDRESS (STREET, CITY, ST., ZIP CODE) _____

US DOT	CC MC	PLSD	TRAILER LP ST	TRAILER LP YEAR	TRAILER LP #	PLACARD #	F 20
Cargo Body Type	IS FOL	DS CONCRETE MIXER	Weight (GVWR)	CDL Class	Hazardous Materials Placed	Hazardous Material Released	
01 NOT APPLICABLE 02 Box (9-15 INCLUDING DRIVER) 03 VAN/ENCLOSED BOX 04 GRAB/CHAPER/GRAB/VALVE	05 FOL 06 CARGO TAN 07 FLATBED 08 Dump	09 AUTO TRANSPORTER 10 BARRAGE/REFUSE 11 OTHER 12 UNKNOWN	1 LESS THAN 10,000 2 10,001 - 20,000 3 MORE THAN 20,000	1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS D 5 CLASS E	1 NO 2 YES 3 UNKNOWN	1 NO 2 YES 3 NOT APPLICABLE 4 UNKNOWN	

Police Action

CALL NUMBER REPORTED: 02212001 1554 DISPATCH: 1554 ARMED: 1555 CLEARED: 1625 OTHER: 31

OFFICER'S NAME: L. Marshall SIGNATURE: [Signature] CHECKED BY: BARKOW #113 DATE REPORT FILED: 02212001

REPORT TAKEN BY: 1 POLICE AGENCY 2 MOTORIST REPORT TAKEN AT: 1 SCENE 2 STATION 3 OTHER

40007.01/7/12

LOCAL REPORT NUMBER 0101712	REPORTING AGENCY Fairborn Ohio	DATE OF CRASH M 02 10 01 19 01
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FOR LOCAL USE ONLY — DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Bridgett Dotson (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO

L. Marshall # 241 (OFFICERS NAME) AT SR444 @ Hebble Area (LOCATION)

I was sitting in Wendy's greenhouse looking out the window. I saw the truck going straight and the car turning. The truck hit the other car. I looked up at the light on hebble and saw that it was yellow. I went back and told my manager to call the police and went out to see if everyone was all right. The passenger in the car said that she had banged her knee but other than that, she was just fine. I didn't get a chance to talk to the other participants.

ADDRESS OF WITNESS 116 E. Emerson Ave Fairborn Ohio 45324	PHONE (937) 879-068
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SIGNATURE OF WITNESS <i>Bridgett Dotson</i>	OFFICERS SIGNATURE <i>L. Marshall # 241</i>
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LOCAL REPORT NUMBER 0101712

REPORTING AGENCY FAIRBORN Ohio

DATE OF CRASH M 2 10 21 Y 01

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Secret Stewart (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO

L. Marshall #241 (OFFICERS NAME) AT Heble & Broad intersection (LOCATION)

I Secret Stewart was heading towards Town & Country animal clinic when the Gentleman coming off Heble onto Broad hit the front passenger side I had the green light to proceed it ~~no~~ was not yellow nor was it red when we hit I looked over and saw that the man didn't have his seatbelt on, he was moving fine then complained of all kinds of problems. I asked every one around no one said they knew what had happened they saw the after effect. The sun was toward the Gentleman coming onto Broad he probably didn't see he had a red light.

RQ757598
Secret Stewart
(937) 586-9709
320 Johnson St.
Dayton OH 45410
2/27/80

Signature of Witness: Secret Stewart
Address: 320 Johnson St.
Dayton OH 45410

Signature of Officer: L. Marshall #241
Phone: 937 586-9709

LOCAL REPORT NUMBER 0101712	REPORTING AGENCY Fairborn Ohio	DATE OF CRASH M 2 D 21 Y 01
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, WESLEY J. WOODCOCK (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO

L. Marshall #241 (OFFICERS NAME) AT SR 444 @ Hebble Ave (LOCATION)

I was stopped at the red light at the intersection of Broad St. and Hebble Avenue. I was the first car at the red light. I heard the squeal of tires applied by a red truck passing me on my left side. The red truck skidded into the intersection and hit a small grey four door car on the driver's side as he was turning left from Hebble onto Broad St.

ADDRESS OF WITNESS 526 KOERNER AVE. ENGLEWOOD, OH 45322	PHONE 836-5671
SIGNATURE OF WITNESS <i>Wesley Woodcock</i>	OFFICERS SIGNATURE <i>L. Marshall #241</i>

HSY-0003

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOGAL REPORT NUMBER 0101712	REPORTING AGENCY Fairborn Ohio	DATE OF CRASH M 2 02/10/01
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FOR LOCAL USE ONLY — DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Shawn Schneider (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO

L. Marshall #291 (OFFICERS NAME) AT SR 444 @ Herbsle Ave (LOCATION)

I was getting out of my car and saw the Red Pickup slam into the Silver 4 door. The light was yellow ^{on Herbsle} at the time of the collision on Herbsle and Blvd. The ~~silver~~ Silver car had a yellow light. The Truck had a red light.

ADDRESS OF WITNESS 1900 Spangler Rd. Fairborn OH 45324	PHONE 879-0062
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SIGNATURE OF WITNESS <i>Shawn Schneider</i>	OFFICERS SIGNATURE <i>L. Marshall #291</i>
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OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 0101712

REPORTING AGENCY FAIRBORN Ohio

DATE OF CRASH M 2 21 Y 05

FOR LOCAL USE ONLY -- DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Kristine McDaniel (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO

L. Marshall #241 (OFFICERS NAME) AT SR 444 @ Hebble Ave (LOCATION)

Approx 3:45 witnessed id crash @ Board St in front of Wenzel's. Grey car had the most of way with a green light. Red 5-10 had a red light and turned into grey car as if wanting to turn into Wenzel's. Red 5-10 was going east on Board St.

ADDRESS OF WITNESS 6183 Zachary Ave Spfld, OH 45502 PHONE 937-464-5052

SIGNATURE OF WITNESS Kristine W. McDaniel OFFICERS SIGNATURE L. Marshall #241

HSY-0003