

**WOLFF ARDIS, P.C.**

ATTORNEYS AT LAW

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FAX (901) 763-8876

3810 STEWART OAKS DRIVE  
MEMPHIS, TENNESSEE 38134

www.wolffardis.com

April 28, 2004

RECEIVED  
NVS-210  
100 APR 29 A 10:48  
OFFICE OF THE  
INVESTIGATOR

Mr. Michael Lee  
National Highway Traffic Administration  
Office of Defects Investigation  
400 th Street SW  
Washington, DC 20590

**Re: NHTSA's EA03010  
Non-Deployment of Air Bags In 2000-2001 Ford Taurus & Mercury Sables**

Dear Mr. Lee:

Several months ago we spoke on the phone regarding a legal matter in which our firm represent the family of the driver of a 2002 Ford Taurus who was fatally injured in a frontal collision with non-air bag deployment.

I called as to inquire why NHTSA did not include the 2002 model Ford Taurus in it's EA03010. You referred me to Ford's response to NHTSA dated 10/22/03. I passed this information along to one of our consulting experts, Donald Phillips of National Forensic Engineers, who indicated to me that Ford was not being completely honest with NHTSA. You might want to give Mr. Phillips a call. He said that he would be happy to speak with you. His cell phone number is [REDACTED]. I believe that the information he has would be quite valuable to your investigation.

In our conversation, you asked me to send you a copy of the accident report and scene photos from our case - [REDACTED] v. Ford. A hard copy of the accident report is enclosed as well as a CD containing the scene photos from the Nashville Police Department. Please let me know if you have any additional questions.

Sincerely



Thomas J. Wolff  
Paralegal

/tjw

Enclosure

W:\c:\na\harris\c\k\rotherlee, MIKE - NHTSA 04028 TTW.wpd

METROPOLITAN POLICE DEPARTMENT  
NASHVILLE & DAVIDSON COUNTY  
TENNESSEE

Complaint # 03-83720  
Reference # 8448744

# Fatal Collision Report

Location: West Trinity Lane and Old Matthews

Date: 02/28/03

Time: 0117 hrs.

Deceased Name(s): [REDACTED]

Notified by: [REDACTED] (X) Yes ( ) No

Notified by: [REDACTED]

Notified / relation / date / time: [REDACTED]

Charges pending: ( ) Yes (X) No

Driver(s):

Charges filed: ( ) Yes (X) No

Driver(s):

Type of charges filed:

Blood test pending: (X) Yes ( ) No

Driver(s): [REDACTED]

Notifications made:

- (X) Medical Examiner ( ) D.A. Investigator ( ) Chaplain
- (X) Tech. Investigation Section (X) Public Information Officer ( ) Other:

Primary Investigator: Job D. Johnston 62176



Copies provided to: ( ) Division Commander ( ) Section Commander ( ) Detail Commander ( ) Investigator  
( ) Medical Examiner ( ) District Attorney ( ) Other:

<b>Supplement Report</b> Municipal Police Department Nashville, TN		1. Name [Redacted]	<input type="checkbox"/> Arrest <input checked="" type="checkbox"/> Other 1 <input type="checkbox"/> Other	2. M.P.D. Incident No. 09-083720
3. Arrest No. [Redacted]	4. Offense and Classification / Charge <b>Traffic Crash / Fatal</b>		Charged <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Page No. 1 of 1
6. Kind of Report Continued <input type="checkbox"/> Incident <input type="checkbox"/> Missing Person <input type="checkbox"/> Arrest <input checked="" type="checkbox"/> Other	7. Multiple Offenses <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8. Further Police Action and Report Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9. Value of Property Recovered <input type="checkbox"/> None <input checked="" type="checkbox"/> \$	
10. Narrative <input type="checkbox"/> None				
On 02-28-03 at about 0220 hours I was called out to a fatal vehicle crash on W. Trinity Lane near Old Matthews Road. I arrived at about 0237 hours and assisted traffic officer Job Johnson use the laser data collector to make a diagram of the crash scene and collect other needed data for the crash report.				
11. Signature of Reporter/Authorizer [Redacted]				
12. Reporting Officer (Print Name: First, M., Last) (Date/Time) <b>David R. Pugh 02-28-03 0237</b>			Employee No. <b>28025</b>	Radio Call Sign <b>752</b>
14. Approving Supervisor (Signature) <i>Det. Steve Lewis</i>			Employee No. <b>64837</b>	17. Case Status <input checked="" type="checkbox"/> Open <input type="checkbox"/> Investigated <input type="checkbox"/> Cleared by Field Officer <input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Inactive (Case Scheduled)
15. Reporter Employee No.		16. Date/Time Reported Employee No.		
13. Advisory Notice Issued <input type="checkbox"/> Departmental <input type="checkbox"/> Other				
Cleared by (Exception Select One Below) <input type="checkbox"/> Duty/Officer <input type="checkbox"/> Personnel/Officer <input type="checkbox"/> Community/Officer <input type="checkbox"/> Police/Officer <input type="checkbox"/> Other/Officer				

Page 1 of 8  
8448744  
Type of Crash  
1 Injury  
2 Property Damage Only  
3 Property Damage Only  
4 Property Damage Only

Metropolitan Nashville Police Department

Metropolitan Nashville Police Dept. (MND)

Date of Crash	Time of Crash	Total		Day of Week					Time of Day	County	City	Area	Type of Crash
		Vehicles	Injured	SUN	MON	TUE	WED	THUR					
01/19/04	10:00	1	1	0	0	0	0	0	0	0	0	0	Other
01/19/04	10:00	1	1	0	0	0	0	0	0	0	0	0	Other
01/19/04	10:00	1	1	0	0	0	0	0	0	0	0	0	Other
01/19/04	10:00	1	1	0	0	0	0	0	0	0	0	0	Other
01/19/04	10:00	1	1	0	0	0	0	0	0	0	0	0	Other
01/19/04	10:00	1	1	0	0	0	0	0	0	0	0	0	Other
01/19/04	10:00	1	1	0	0	0	0	0	0	0	0	0	Other
01/19/04	10:00	1	1	0	0	0	0	0	0	0	0	0	Other
01/19/04	10:00	1	1	0	0	0	0	0	0	0	0	0	Other
01/19/04	10:00	1	1	0	0	0	0	0	0	0	0	0	Other

TIME: 10:00 AM  
DATE: 01/19/04  
COUNTY: 15  
CITY: 01  
AREA: 01  
CRASH NO: 03-85720

West Trinity Lane  
Old Matthews Road  
Vehicle Number: [Redacted]  
Year: [Redacted]  
Color: [Redacted]

Metropolitan Nashville Police Department  
MND  
3003 Ford  
LEAFSPRING

Metropolitan Nashville Police Department  
MND  
3003 Ford  
LEAFSPRING

Metropolitan Nashville Police Department  
MND  
3003 Ford  
LEAFSPRING

Metropolitan Nashville Police Department  
MND  
3003 Ford  
LEAFSPRING

Planned Events

**Most Hazardous Event per Vehicle (per 1 year)**

**Collisions with Object Not Road**

**Collisions with Road Object**

**Non-Collision**

**Intersection Non-Hazardous**

Most Hazardous Event for the Crash

**Number of Collisions in Most Hazardous Event (per 1 year)**

**Location at Junction in Most Hazardous Event (per 1 year)**

**Location in Roadway at Most Hazardous Event (per 1 year)**

Driver Factors

**Driver Condition (per mile)**

**Driver Action (per mile)**

**Highway Construction/Obstruction Zone (per 1 mile)**

**Light Conditions (per 1 mile)**

**Weather Conditions (per 1 mile)**

Driver Alcohol Status

**Alcohol (per 1 year)**

**Drugs (per 1 year)**

**Driver Vehicle Movement (per 1 year)**

Page 2 of 8  
8448744

Document Type

- 1 Supplemental Document
- 2 Amended Document
- 3 Initial Agency Number

03-89720

Reference Number/Code

Motors (Passenger and/or Non-Motorist)

Vehicle Number	Year	Make	Model	Color	Street & Number	City & State	Age	Weight	Height	Eye Color	Hair Color	Build	Sex	Occupation	Education	Marital Status	Other Information
1001	1985	Chrysler	Leisure	White	1001	1001	25	170	5'10"	Blue	Brown	Medium	M	Student	High School	Single	None
1002	1985	Chrysler	Leisure	White	1002	1002	25	170	5'10"	Blue	Brown	Medium	M	Student	High School	Single	None
1003	1985	Chrysler	Leisure	White	1003	1003	25	170	5'10"	Blue	Brown	Medium	M	Student	High School	Single	None
1004	1985	Chrysler	Leisure	White	1004	1004	25	170	5'10"	Blue	Brown	Medium	M	Student	High School	Single	None
1005	1985	Chrysler	Leisure	White	1005	1005	25	170	5'10"	Blue	Brown	Medium	M	Student	High School	Single	None
1006	1985	Chrysler	Leisure	White	1006	1006	25	170	5'10"	Blue	Brown	Medium	M	Student	High School	Single	None
1007	1985	Chrysler	Leisure	White	1007	1007	25	170	5'10"	Blue	Brown	Medium	M	Student	High School	Single	None
1008	1985	Chrysler	Leisure	White	1008	1008	25	170	5'10"	Blue	Brown	Medium	M	Student	High School	Single	None
1009	1985	Chrysler	Leisure	White	1009	1009	25	170	5'10"	Blue	Brown	Medium	M	Student	High School	Single	None
1010	1985	Chrysler	Leisure	White	1010	1010	25	170	5'10"	Blue	Brown	Medium	M	Student	High School	Single	None

Vehicle Number	Year	Make	Model	Color	Street & Number	City & State	Age	Weight	Height	Eye Color	Hair Color	Build	Sex	Occupation	Education	Marital Status	Other Information
1011	1985	Chrysler	Leisure	White	1011	1011	25	170	5'10"	Blue	Brown	Medium	M	Student	High School	Single	None
1012	1985	Chrysler	Leisure	White	1012	1012	25	170	5'10"	Blue	Brown	Medium	M	Student	High School	Single	None
1013	1985	Chrysler	Leisure	White	1013	1013	25	170	5'10"	Blue	Brown	Medium	M	Student	High School	Single	None
1014	1985	Chrysler	Leisure	White	1014	1014	25	170	5'10"	Blue	Brown	Medium	M	Student	High School	Single	None
1015	1985	Chrysler	Leisure	White	1015	1015	25	170	5'10"	Blue	Brown	Medium	M	Student	High School	Single	None
1016	1985	Chrysler	Leisure	White	1016	1016	25	170	5'10"	Blue	Brown	Medium	M	Student	High School	Single	None
1017	1985	Chrysler	Leisure	White	1017	1017	25	170	5'10"	Blue	Brown	Medium	M	Student	High School	Single	None
1018	1985	Chrysler	Leisure	White	1018	1018	25	170	5'10"	Blue	Brown	Medium	M	Student	High School	Single	None
1019	1985	Chrysler	Leisure	White	1019	1019	25	170	5'10"	Blue	Brown	Medium	M	Student	High School	Single	None
1020	1985	Chrysler	Leisure	White	1020	1020	25	170	5'10"	Blue	Brown	Medium	M	Student	High School	Single	None

Vehicle Number	Year	Make	Model	Color	Street & Number	City & State	Age	Weight	Height	Eye Color	Hair Color	Build	Sex	Occupation	Education	Marital Status	Other Information
1021	1985	Chrysler	Leisure	White	1021	1021	25	170	5'10"	Blue	Brown	Medium	M	Student	High School	Single	None
1022	1985	Chrysler	Leisure	White	1022	1022	25	170	5'10"	Blue	Brown	Medium	M	Student	High School	Single	None
1023	1985	Chrysler	Leisure	White	1023	1023	25	170	5'10"	Blue	Brown	Medium	M	Student	High School	Single	None
1024	1985	Chrysler	Leisure	White	1024	1024	25	170	5'10"	Blue	Brown	Medium	M	Student	High School	Single	None
1025	1985	Chrysler	Leisure	White	1025	1025	25	170	5'10"	Blue	Brown	Medium	M	Student	High School	Single	None
1026	1985	Chrysler	Leisure	White	1026	1026	25	170	5'10"	Blue	Brown	Medium	M	Student	High School	Single	None
1027	1985	Chrysler	Leisure	White	1027	1027	25	170	5'10"	Blue	Brown	Medium	M	Student	High School	Single	None
1028	1985	Chrysler	Leisure	White	1028	1028	25	170	5'10"	Blue	Brown	Medium	M	Student	High School	Single	None
1029	1985	Chrysler	Leisure	White	1029	1029	25	170	5'10"	Blue	Brown	Medium	M	Student	High School	Single	None
1030	1985	Chrysler	Leisure	White	1030	1030	25	170	5'10"	Blue	Brown	Medium	M	Student	High School	Single	None

PLEASE PRINT WITH WRITING IN THIS AREA

Vehicles

**Vehicle 1**

**Damage** (circle 1-10)

**Location Numbered Area(s) of Vehicle Damage**

**Area of Damage**

**Vehicle Supplement**

**Damage**

**Vehicle 2**

**Damage** (circle 1-10)

**Location Numbered Area(s) of Vehicle Damage**

**Area of Damage**

**Vehicle Supplement**

**Damage**

**Vehicle 3**

**Damage** (circle 1-10)

**Location Numbered Area(s) of Vehicle Damage**

**Area of Damage**

**Vehicle Supplement**

**Damage**

**Vehicle 4**

**Damage** (circle 1-10)

**Location Numbered Area(s) of Vehicle Damage**

**Area of Damage**

**Vehicle Supplement**

**Damage**

**Vehicle 5**

**Damage** (circle 1-10)

**Location Numbered Area(s) of Vehicle Damage**

**Area of Damage**

**Vehicle Supplement**

**Damage**

**Vehicle 6**

**Damage** (circle 1-10)

**Location Numbered Area(s) of Vehicle Damage**

**Area of Damage**

**Vehicle Supplement**

**Damage**

**Vehicle 7**

**Damage** (circle 1-10)

**Location Numbered Area(s) of Vehicle Damage**

**Area of Damage**

**Vehicle Supplement**

**Damage**

**Vehicle 8**

**Damage** (circle 1-10)

**Location Numbered Area(s) of Vehicle Damage**

**Area of Damage**

**Vehicle Supplement**

**Damage**

**Vehicle 9**

**Damage** (circle 1-10)

**Location Numbered Area(s) of Vehicle Damage**

**Area of Damage**

**Vehicle Supplement**

**Damage**

**Vehicle 10**

**Damage** (circle 1-10)

**Location Numbered Area(s) of Vehicle Damage**

**Area of Damage**

**Vehicle Supplement**

**Damage**

**Vehicle 11**

**Damage** (circle 1-10)

**Location Numbered Area(s) of Vehicle Damage**

**Area of Damage**

**Vehicle Supplement**

**Damage**

**Vehicle 12**

**Damage** (circle 1-10)

**Location Numbered Area(s) of Vehicle Damage**

**Area of Damage**

**Vehicle Supplement**

**Damage**

**Vehicle 13**

**Damage** (circle 1-10)

**Location Numbered Area(s) of Vehicle Damage**

**Area of Damage**

**Vehicle Supplement**

**Damage**

**Vehicle 14**

**Damage** (circle 1-10)

**Location Numbered Area(s) of Vehicle Damage**

**Area of Damage**

**Vehicle Supplement**

**Damage**

**Vehicle 15**

**Damage** (circle 1-10)

**Location Numbered Area(s) of Vehicle Damage**

**Area of Damage**

**Vehicle Supplement**

**Damage**

**Vehicle 16**

**Damage** (circle 1-10)

**Location Numbered Area(s) of Vehicle Damage**

**Area of Damage**

**Vehicle Supplement**

**Damage**

**Vehicle 17**

**Damage** (circle 1-10)

**Location Numbered Area(s) of Vehicle Damage**

**Area of Damage**

**Vehicle Supplement**

**Damage**

**Vehicle 18**

**Damage** (circle 1-10)

**Location Numbered Area(s) of Vehicle Damage**

**Area of Damage**

**Vehicle Supplement**

**Damage**

**Vehicle 19**

**Damage** (circle 1-10)

**Location Numbered Area(s) of Vehicle Damage**

**Area of Damage**

**Vehicle Supplement**

**Damage**

**Vehicle 20**

**Damage** (circle 1-10)

**Location Numbered Area(s) of Vehicle Damage**

**Area of Damage**

**Vehicle Supplement**

**Damage**

**Trinity Lane**

**Truckway Flow**

**Truckway Status**

**Number of Travel Lanes**

**Truckway Surface Conditions**

**Truckway Character**

**Access Control**

**Truckway Status**

**Number of Travel Lanes**

**Truckway Surface Conditions**

**Truckway Character**

**Access Control**

**Other Property Damaged**

**Owner Information for Other Property Damage**

**Name** **Address** **Phone**

**City & State** **Zip**

**Other Information**

**Other Property Damaged**

**Owner Information for Other Property Damage**

**Name** **Address** **Phone**

**City & State** **Zip**

**Other Information**

**Vehicle 21**

**Damage** (circle 1-10)

**Location Numbered Area(s) of Vehicle Damage**

**Area of Damage**

**Vehicle Supplement**

**Damage**

**Vehicle 22**

**Damage** (circle 1-10)

**Location Numbered Area(s) of Vehicle Damage**

**Area of Damage**

**Vehicle Supplement**

**Damage**

Document Type

8448744

1. Applicant Name	2. Insured Name
3. Policy Number	4. License Number
09-83720	

Please Do Not Write In This Shaded Area

(This Section Must Be Completed For Each Truck or Trailer Involved In This Crash.)

Truck & Bus Crash Information

Who To Use This Section: Did the crash involve... <b>Part A</b> A truck with at least two axles and six tires? <input type="checkbox"/> Y <input type="checkbox"/> N A truck with a hazardous material placard? <input type="checkbox"/> Y <input type="checkbox"/> N A bus designed to carry 16 or more persons, including the driver? <input type="checkbox"/> Y <input type="checkbox"/> N <b>STOP! If all the responses to Part A are "NO" do not complete this Truck &amp; Bus Crash Information Section. If there are any "YES" answers, proceed to Part B.</b>	<b>Part B</b> Any person who was fatally injured? <input type="checkbox"/> Y <input type="checkbox"/> N Any injured person requiring transport for immediate medical treatment? <input type="checkbox"/> Y <input type="checkbox"/> N One or more vehicles that had to be towed from the scene as a result of the crash? <input type="checkbox"/> Y <input type="checkbox"/> N One or more vehicles that required repair or wear provided assistance before proceeding from scene under own power? <input type="checkbox"/> Y <input type="checkbox"/> N <b>STOP! If all the responses to Part B are "NO" do not complete. If there are any "YES" answers, please complete this Truck &amp; Bus Crash Information Section...</b>
--	---

Table 1 2 3 4 5 6 7 8 9 10 11 12 13

<b>Carrier Information</b>	<b>Carrier Identification Numbers</b>	<b>Vehicle File</b>
Hazardous Center? <input type="checkbox"/> Y <input type="checkbox"/> N	MC Number: WDCS ICC #C Carrier Address:	Shipping Paper EIS Worksheet Driver Log Book

<b>Hazardous Material Information</b>	<b>Hazardous Material Placed Onboard?</b> <input type="checkbox"/> Y <input type="checkbox"/> N	<b>Hazardous Cargo was Released?</b> <input type="checkbox"/> Y <input type="checkbox"/> N
List the Hazardous Material(s) by name in this crash: List the Name(s) of Released Hazardous Material(s):		

<b>Vehicle Information</b>	<b>Collision From Vehicle Weight Rating</b>	<b>LSI</b>	<b>Year of Make</b>
<b>Vehicle Configuration</b> Make: [ ] Model: [ ] Year: [ ] Gross Vehicle Weight Rating: [ ] <b>Reasons for Events For This Vehicle</b> 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100.	<b>Cargo Body Type</b> 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100.		

Table 1 2 3 4 5 6 7 8 9 10 11 12 13

<b>Carrier Information</b>	<b>Carrier Identification Numbers</b>	<b>Vehicle File</b>
Hazardous Center? <input type="checkbox"/> Y <input type="checkbox"/> N	MC Number: WDCS ICC #C Carrier Address:	Shipping Paper EIS Worksheet Driver Log Book

<b>Hazardous Material Information</b>	<b>Hazardous Material Placed Onboard?</b> <input type="checkbox"/> Y <input type="checkbox"/> N	<b>Hazardous Cargo was Released?</b> <input type="checkbox"/> Y <input type="checkbox"/> N
List the Hazardous Material(s) by name in this crash: List the Name(s) of Released Hazardous Material(s):		

<b>Vehicle Information</b>	<b>Collision From Vehicle Weight Rating</b>	<b>LSI</b>	<b>Year of Make</b>
<b>Vehicle Configuration</b> Make: [ ] Model: [ ] Year: [ ] Gross Vehicle Weight Rating: [ ] <b>Reasons for Events For This Vehicle</b> 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100.	<b>Cargo Body Type</b> 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100.		

Table 1 2 3 4 5 6 7 8 9 10 11 12 13

PLEASE DO NOT WRITE IN THIS AREA

Black Rubber Stamp (Vertical)



DIAGRAM  
Indicate North by Arrow



See pages 6,7,8

Witness Vehicle #1 was westbound on Trinity Lane at a high rate of speed. Driver #1 failed to negotiate the curve and  
crossed the roadway. Vehicle #1 struck a street sign and then a cement utility pole. According to witness #1, he observed at  
#113 hours a small black car driving on I-55 north without the headlights on at a high rate of speed. The vehicle exited at  
Trinity Lane and went westbound. SCAD Incident #116950

*[Handwritten signatures and stamps]*

M.P.D. FORM 104  
(Rev. 8-00)  
GLENMOUNT, TN

# Supplement Report

Metropolitan Police Department  
Nashville, TN

1. Name [Redacted]	<input type="checkbox"/> Arrested <input checked="" type="checkbox"/> Other No. 1 <input type="checkbox"/> Other	2. M.P. D. Incident No. 03-83720
-----------------------	--	-------------------------------------

3. Arrest No. <input checked="" type="checkbox"/> MVA	4. Offense and Classification / Charge Traffic Crash/Fatality	Changed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Minutes	5. Page No. 4 of 8
6. Report Continued <input type="checkbox"/> Arrest <input type="checkbox"/> Moving Person <input type="checkbox"/> Other or Supplement	7. Multiple Clear-up <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8. Further Police Action and Report Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	9. Value of Property Recovered <input checked="" type="checkbox"/> MVA \$

Report must be completed for all crashes involving injury and property damage. Property damage must be reported if the vehicle is damaged, even if the damage is minor.

1/20/03 I spoke with [Redacted] is the Complex Manager [Redacted] was employed. [Redacted] stated that [Redacted] may of had a business meeting with [Redacted] at New City Mechanical. I spoke with [Redacted] on 2/28/03 and he stated that he spoke with [Redacted] on the telephone approximately 1830 hrs. on 2/28/03. [Redacted] did not know where he was before the crash. On 2/28/03 I spoke with the victim's brother, [Redacted] and several other family members at the hospital to see if anyone knew where [Redacted] was before the crash. No one knew where he was. On 3/3/03 I met [Redacted] at the warehouse where the vehicle is stored. Myself and [Redacted] looked through the vehicle to find any evidence as to where [Redacted] was before the crash. No information was found. [Redacted] placed all of [Redacted]'s items in boxes for the family.

11. Signature of Reporter/Authorizer [Redacted]	16. Advisory Notice Issued <input type="checkbox"/> Domestic Violence Notice <input checked="" type="checkbox"/> No <input type="checkbox"/> Other Information Notice <input type="checkbox"/> Yes
12. Reporting Officer (Print Name: First, MI, Last) (Date/Time) John D. Johnston 3/4/03 1010 hrs	17. Case Status <input checked="" type="checkbox"/> Open <input type="checkbox"/> Unassigned <input type="checkbox"/> Closed by Rep. Officer <input type="checkbox"/> Closed by Arrest <input type="checkbox"/> Inactive (Law Enforcement)
13. Approving Supervisor (Signature) [Redacted]	18. Date/Time Reproduced Employee No. 62176 5115 Employee No. 44557
14. Approving Supervisor (Signature) [Redacted]	19. Closed by Exemption (Select One Below) <input type="checkbox"/> Death of Offender <input type="checkbox"/> Responder Declined <input type="checkbox"/> Beneficiary Deceased <input type="checkbox"/> Subject is Corporate <input type="checkbox"/> Inactive, No Activity

Form PD-100 (Rev. 1-03)

**METROPOLITAN POLICE DEPARTMENT  
NASHVILLE & DAVIDSON COUNTY  
TENNESSEE**

Page: 5 of 8  
Complaint # 03-83720  
Reference # 5448744

**Vehicle Examination Report**

Vehicle type (Year, Make, License plate): 2003, Ford, Taurus, (None), Black  
Where examined (if not at scene): Scene  
Vehicle examined at:  Final Rest  Vehicle Moved  
Position of vehicle:  Upright  Bottom Up  On driver side  On passenger side

Cargo / Trunk area:  Empty  Partly full  Full  Unable to open  
Vehicle weight: 3680 lbs.  
Vehicle weight obtained by:  Certified Scales  Vehicle Specs plate  Motor Vehicle Data base  
-- Attach copy of scale calibration card here if not used

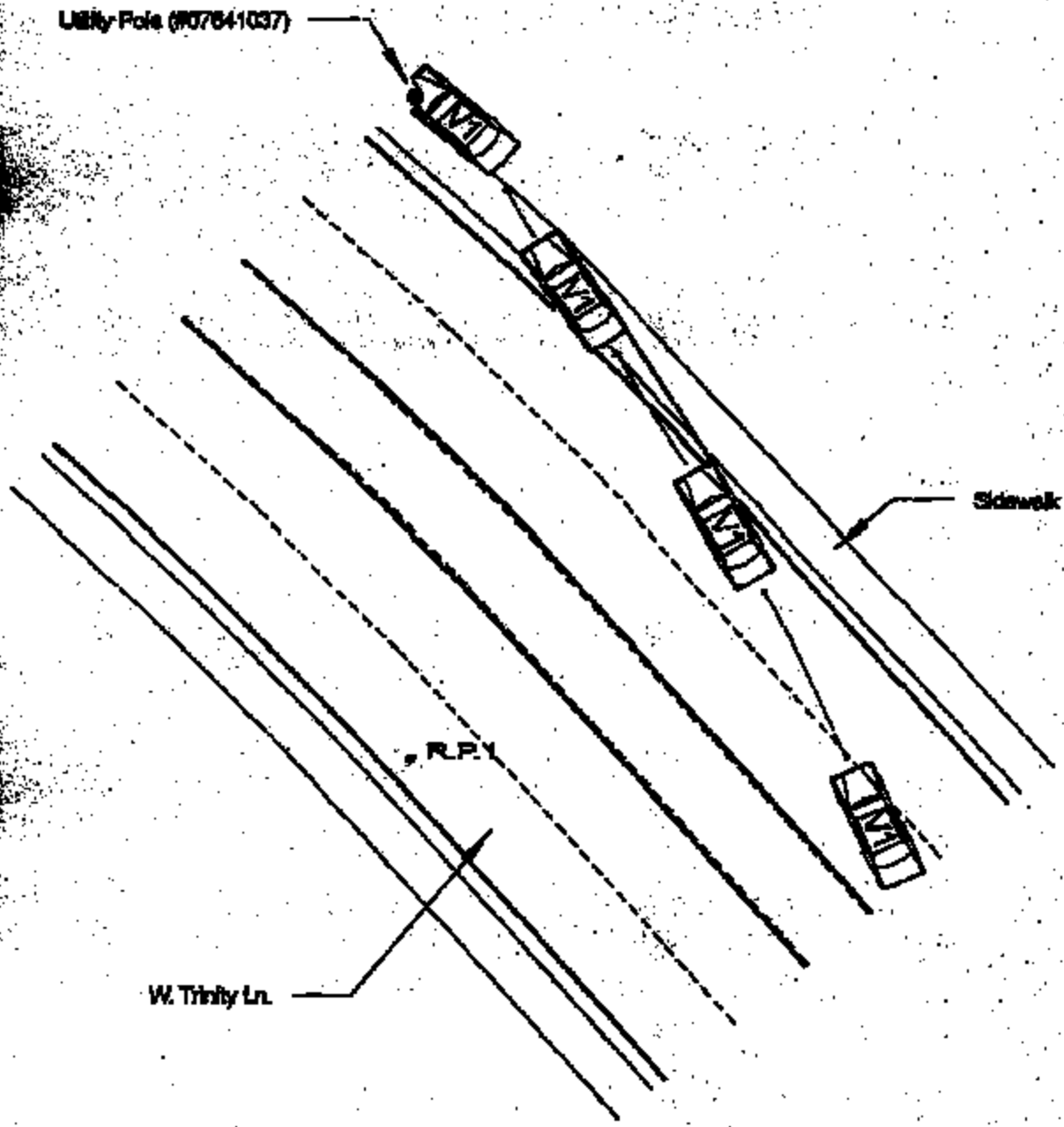
Fuel gauge reading (indicate if electronic gauge): Dashboard area destroyed  
Speedometer reading (indicate if electronic gauge): Dashboard area destroyed  
Headlamp switch (at time of examination):  Full on  Full off  Parking lights only  
Odometer reading (indicate if electronic gauge): Dashboard area destroyed

General Tire Conditions:  
Driver side front:  Deflated  Inflated >>P.S.I.  Off rim  Off vehicle  
Driver side rear:  Deflated  Inflated >>P.S.I.  Off rim  Off vehicle  
Passenger front:  Deflated  Inflated >>P.S.I.  Off rim  Off vehicle  
Passenger rear:  Deflated  Inflated >>P.S.I.  Off rim  Off vehicle  
If additional tires are present indicate description and location below.

Exterior lamps:  
Headlamps > Driver side:  On  Off  Broken  Intact  
Passenger side:  On  Off  Broken  Intact  
Rear lamps > Driver side:  On  Off  Broken  Intact  
Passenger side:  On  Off  Broken  Intact

Vehicle examined by / employee # / date / time:  
Job D. Johnston 62176 02/28/03 0930 hrs.  
Reviewed by primary investigator / employee # / date / time:  
Job D. Johnston 62176 02/28/03 1100 hrs.  
Approving supervisor / employee # / date / time:  
[Signature] 14883 2/24/03

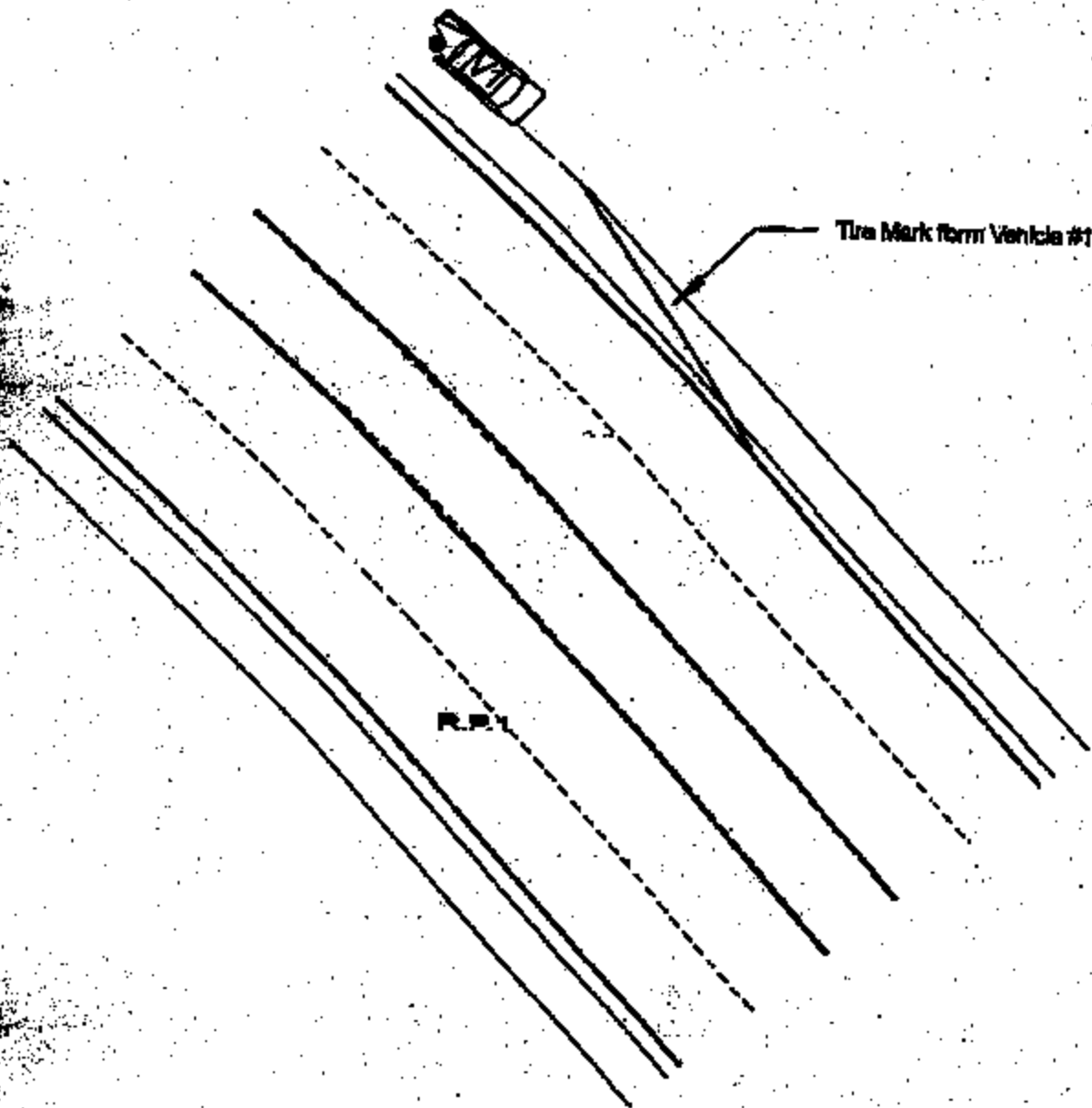
# Chain of Events



Nolan Associates, P.C. 2000 University Rd. Nashville, TN 37217	
Traffic Accident - Critical Injury W. Trinity Ln. near Old Nashville Rd. 01/19/04	
Drawing created by: Date: Scale:	Date: Scale:
01/20/04 	01/20/04 

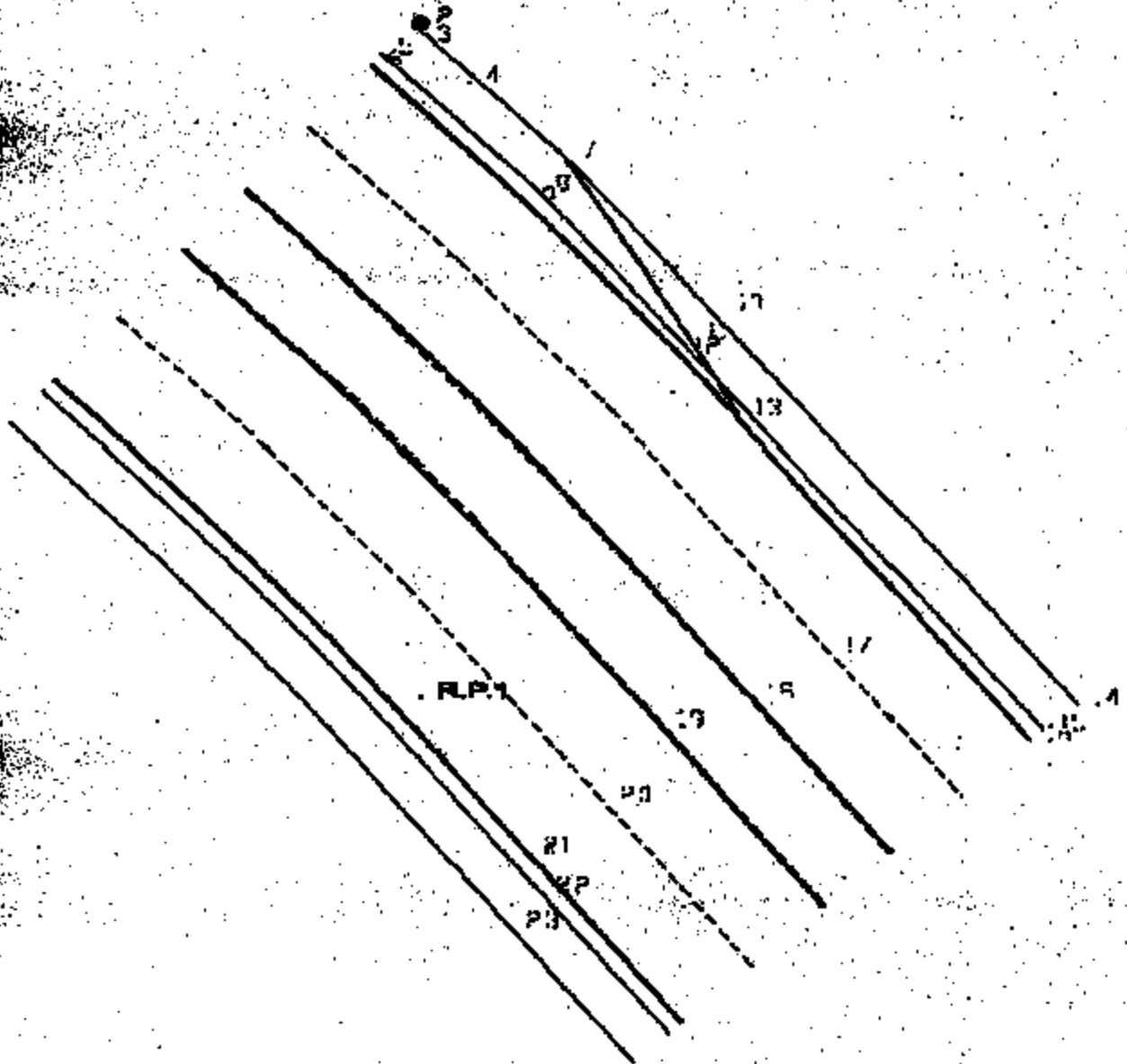
Final Rest

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State of Florida State Printing at Tallahassee, FL 2004	
Traffic Collision - Green Light and Traffic Law Enforcement Report FD-903 (REV. 10-01)	
Date of Report 1/20/04	Date 1/20/04
Report Number 2004	Report Number 2004
Officer [Signature]	Officer [Signature]

# Roadway and Measurement Points



Nolan Associates, Inc. 6000 Harding Rd., Nashville, TN 37211	
Traffic Solutions - Group 1000 141 W. 10th St., near 10th Avenue, St. Louis, MO 63102 - 314 777 7777	
Measurement taken by: Date: Time:	Name: [Signature] Date by: [Signature] to: [Signature]
Checked: Date:	Name: Date: