

**INFORMATION Redacted PURSUANT TO THE FREEDOM OF
INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)**

Howell, Rosa (NHTSA)

From: Clarence Ditlow [cmdiii@autosafety.org]
Sent: Friday, March 04, 2011 4:41 PM
To: Clarence Ditlow; Yon, Scott (NHTSA); Hershman, Larry (NHTSA); Borris, Frank (NHTSA); Boyd, Richard (NHTSA)
Cc: Medford, Ronald (NHTSA); Smith, Daniel (NHTSA)
Subject: RE: Police Report Shows Jeep in NC Crash was a Cherokee & Not a Grand Cherokee As Reported
Attachments: NC 3-1-11 Jeep Fire Crash.pdf

Here's the police report as promised which shows the two vehicles to be:

1J4FT78SXSLS [REDACTED] 1995 JEEP CHEROKEE COUNTRY
1G8ZK5275VZ [REDACTED] 1997 SATURN SL2

Clarence

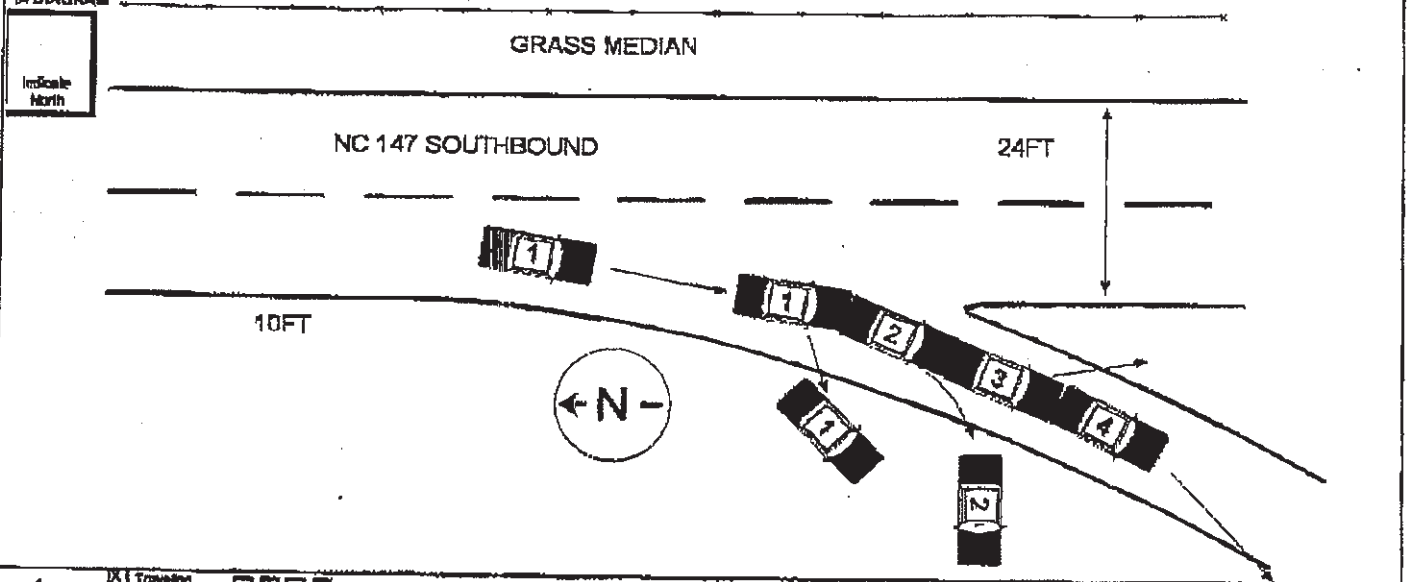
Please put this email & attachment (once you redact it) in the file of PE10-031.

From: Clarence Ditlow
Sent: Wednesday, March 02, 2011 5:13 PM
To: 'Scott.Yon@dot.gov'; Larry.Hershman@dot.gov; Frank.Borris@dot.gov; 'Richard.Boyd@dot.gov'
Cc: Ronald.Medford@dot.gov; 'Daniel.Smith@dot.gov'
Subject: Police Report Shows Jeep in NC Crash was a Cherokee & Not a Grand Cherokee As Reported

The police report shows this was a Cherokee versus a Grand Cherokee. They are faxing a copy but the quality may be poor. I will send it to you as soon as it comes in.

Clarence Ditlow
Executive Director
Center for Auto Safety
1825 Connecticut Ave NW
Washington DC 20009

44 POINTS OF INITIAL CONTACT (When in Contact)		Unit 1 1 2 3		Unit 2 14 15 16		VEHICLE INFO.		Unit 1	Unit 2	ROADWAY INFO.		WORK ZONE RELATED	
CRASH SEQUENCE (Unit Level)		Unit 1	Unit 2	50 Authorized Speed Limit	65	65	60 Road Features	15	70 Workzone Area	5			
45 Vehicle Maneuver/Action	4	1	51 Estimate of Original Traveling Speed	55	0	70 Road Character	1	75 Work Activity					
50 Non-Motorist Action			52 Estimate of Speed at Impact	40	0	71 Road Classification	3	80 Work Area Marked					
51 Non-Motorist Location Prior to Impact			53 Tire Impressions Before Impact (ft.)	30	0	72 Road Surface Type	8	81 Crash Location					
52 Crash Sequence - First Event for This Unit	21	21	54 Distance Traveled After Impact (ft.)	21	48	73 Road Configuration	4	TRAILER INFO.		Unit 1	Unit 2		
53 Crash Sequence - Second Event		1	55 Emergency Vehicle Use			74 Access Control	2	82 Trailer Type	00	00			
54 Crash Sequence - Third Event			56 Post-Crash Fire (if "Yes" check block)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	75 Number of Lanes	4	83 Trailer No. Above Whisk (feet)					
54 Crash Sequence - Fourth Event			57 School Bus - Confined Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	76 Traffic Control Type	0	Length (feet)					
56 Most Harmful Event for This Unit	21	21	58 School Bus - Nonconfined Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	77 Traffic Control Oper.		2nd Trailer No. Above Whisk (feet)					
57 Distance/Direction to Object Struck	0	0	COMMERCIAL VEHICLE: Hazardous Materials Investment Unit (Use Mat Placed) <input type="checkbox"/> Yes <input type="checkbox"/> No From Placed indicate; Hazardous Cargo <input type="checkbox"/> Yes <input type="checkbox"/> No 4-digit placard number or name from diamond or box 1-digit number from bottom of diamond Retained (does not include front lawn load) <input type="checkbox"/> Yes <input type="checkbox"/> No Carrying Haz Mat <input type="checkbox"/> Yes <input type="checkbox"/> No										
58 Vehicle Undercarriage	3	3	83 Use Overwidth Trailer and Overwidth Mobile Units				Overwidth Permit #						
59 Vehicle Defects	0	0											



Unit 1 was: Traveling Parked Facing N S E W on NC 147

Unit 2 was: Traveling Parked Facing N S E W on NC 147

65 NARRATIVE (Include pertinent and essential aspects, which are not listed elsewhere on the form)

VEHICLES 1, 2, 3, AND 4 WERE TRAVELING SOUTH ON NC 147. VEHICLES 2, 3, AND 4 WERE STOPPED IN TRAFFIC ON THE RAMP TO RP 2025. VEHICLE 1 COLLIDED WITH THE REAR OF VEHICLE 2. THIS COLLISION FORCED VEHICLE 2 TO COLLIDE WITH VEHICLE 3 AND VEHICLE 3 TO COLLIDE WITH VEHICLE 4. VEHICLE 1 CAME TO REST ON THE RAMP FACING SOUTH. VEHICLE 2 CAME TO REST ON THE RIGHT SHOULDER FACING WEST. VEHICLES 3 AND 4 CAME TO A CONTROLLED REST FACING SOUTH ON THE RAMP.

66 Type of Owner: _____

Owner Address: _____

City: _____

State: _____

Name: _____

Address: _____

Phone No. (____): _____

Phone No. (____): _____

Charge(s): **FAIL TO REDUCE SPEED**

Officer Name: **M K Young**

Officer Number: **2733**

Department: **North Carolina State Highway P**

Date of Report: **03/01/2011**

DMV-349 (Rev. 1/2009) 4

THIS REPORT IS FOR THE USE OF THE DIVISION OF MOTOR VEHICLES. THE DATA IS COLLECTED FOR STATISTICAL ANALYSIS AND SUBSEQUENT HIGHWAY SAFETY PROGRAMMING. DETERMINATIONS OF "FAULT" ARE THE RESPONSIBILITY OF INSURERS OR OF THE STATE'S COURTS.

Do not write in these spaces
103101176
Date Received by DMV
03/01/2011

No. of Units Involved Form 2 of 2 Supplemental Report Non-Reportable
Date 03/01/2011 County DURHAM Time 17:13 Local Use/Petrol Area 110301098CA/01

As Related to Roadway Section 1 Crash Occurred in Near DURHAM or 01.80 Miles R S E W outside municipality
on NC 147 Highway Number, or Highway, Street, or Avenue (if available) (Indicate on line) or 00.10 Miles (If Intersection) (If available)
from RP 202E Use Highway Number, Street Name or Address to Show Line toward RP 1954 Use Highway Number, Street Name or Address to Show Line

UNIT #3 VEHICLE PEDESTRIAN HIT & RUN COMMERCIAL VEHICLE
Driver [Redacted] Address [Redacted] City RALEIGH State NC
Same Address as Driver's License? Yes No Driver's Phone Numbers H [Redacted] W [Redacted]
DL [Redacted] State NC
DOB [Redacted] 34 Vision Obstruction 00 35 Physical Condition 01 36 D.L. Restrictions 0
37 Alcohol/Drugs Suspected 0 38 Alcohol/Drugs Test 0 39 Results (If known) 0 40 Vehicle Seizure (DVR)
Owner [Redacted] Address [Redacted] City RALEIGH State NC
Plate [Redacted] State NC Plate 2011
VIN 3GNDA33P47S
Vehicle CHEV Year 2007 41 Vehicle Style (Type) 4 42 Vehicle Drivable Yes No
43 TAI [Redacted] 44 Estimated Damage \$1000
Insurance Company STATE FARM Policy # [Redacted]

UNIT #4 VEHICLE PEDESTRIAN HIT & RUN OTHER
Driver [Redacted] Address [Redacted] City LAKE WACCAMAW State NC Zip [Redacted]
Same Address as Driver's License? Yes No Driver's Phone Numbers H [Redacted] W [Redacted]
DL [Redacted] State NC
DOB [Redacted] 34 Vision Obstruction 00 35 Physical Condition 01 36 D.L. Restrictions 0
37 Alcohol/Drugs Suspected 0 38 Alcohol/Drugs Test 0 39 Results (If known) 0 40 Vehicle Seizure (DVR)
Owner [Redacted] Address [Redacted] City WHITEVILLE State NC
Plate # TRUTHSKR State NC Plate 2012
VIN 19UUA65268A
Vehicle ACURA Year 2008 41 Vehicle Style (Type) 1 42 Vehicle Drivable Yes No
43 TAI [Redacted] 44 Estimated Damage \$500
Insurance Company USAA Policy # [Redacted]

20 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source
Unit 45 Cargo Body Type Same Address as Owner
Source: Truck Shipping papers Other
Carrier Identification Numbers, GVWR, Axles
US DOT# [Redacted] ICC# [Redacted] State [Redacted] IFTA# [Redacted] Gross Vehicle Weight Rating [Redacted]

	41	42	43	44	45	46	47	48	49	50	51	52	Notes and Addresses for All Persons (Unit 1/Unit 2 Dvr., Ped., etc. - See Above). Use check boxes if address same as Driver
A	3	1	1										View 3 Towel Tally
B	4	1	1										View 4 Towel Tally
C	4	2	4										[Redacted] WHITEVILLE, NC 28472
D	4	2	3										[Redacted] WHITEVILLE, NC 28472
E	4	2	6										[Redacted] LAKE WACCAMAW, NC 28450
F													
G													
H													

46 Name of EMS 46 Name of EMS
47 Injured Taken by EMS to (Treatment Facility and City or Town) 47 Injured Taken by EMS to (Treatment Facility and City or Town)

41 POINTS OF INITIAL CONTACT (Write in Circle) Unit <u>3</u> <u>14</u> <u>15</u> <u>16</u> Unit <u>4</u> <u>14</u> <u>15</u> <u>16</u>		VEHICLE INFO. 60 Authorized Speed Limit 61 Estimate of Original Traveling Speed 62 Estimate of Speed at Impact 63 Tire Impressions Before Impact (ft.) 64 Distance Traveled After Impact (ft.) 65 Emergency Vehicle Use 66 Post-Crash Fire (If "Yes" check box) 67 School Bus - Contact Vehicle 68 School Bus - Noncontact Vehicle		Unit <u>3</u> 65 0 0 0 65 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Unit <u>4</u> 65 0 0 0 65 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	ROADWAY INFO. 69 Road Feature 70 Road Character 71 Road Classification 72 Road Surface Type 73 Road Configuration 74 Access Control 75 Number of Lanes 76 Traffic Control Type 77 Traffic Control Oper	WORK ZONE RELATED 78 Workzone Area 79 Work Activity 80 Work Area Marked 81 Crash Location TRAILER INFO. Unit <u>3</u> Unit <u>4</u> 82 Trailer Type 1st Trailer No. Axles Width (inches) Length (feet) 2nd Trailer No. Axles Width (inches) Length (feet) 83 Overwidth Trailer and Overwidth Mobile Home Overwidth Permit #
CRASH SEQUENCE (Unit Level) Unit <u>3</u> Unit <u>4</u> 48 Vehicle Maneuver/Action 49 Non-Motorist Action 51 Non-Motorist Location Prior to Impact 52 Crash Sequence - First Event for This Unit 53 Crash Sequence - Second Event 54 Crash Sequence - Third Event 55 Crash Sequence - Fourth Event 56 Most Harmful Event for This Unit 57 Distance/Direction to Object Struck 58 Vehicle Underline/Override 59 Vehicle Defects		1 1 21 21 21 21 0 0 2 3 0 0		69 70 71 72 73 74 75 76 77		78 79 80 81 82 1st Width Length 2nd Width Length 83 Overwidth Mobile Home	
		COMMERCIAL VEHICLE: Hazardous Materials Involvement Unit <input type="checkbox"/> <input checked="" type="checkbox"/> Haz Mat Placed <input type="checkbox"/> Yes <input type="checkbox"/> No From Placed <input type="checkbox"/> <input checked="" type="checkbox"/> Hazardous Cargo <input type="checkbox"/> Yes <input type="checkbox"/> No Released (above and below first lines not same) Carrying Haz Mat <input type="checkbox"/> Yes <input type="checkbox"/> No 4-digit placard number or name from diamond or box 1-digit number from bottom of diamond					

84 DIAGRAM

Indicate North

Unit 3 was: Traveling Parked Facing N E E W on NC 147

Unit 4 was: Traveling Parked Facing N E E W on NC 147

85 NARRATIVE (Include pertinent and detailed aspects, which are not better illustrated in the diagram)

86 Typical Owner _____ **ADDITIONAL PROPERTY DAMAGE** _____ **State Property?** **Estimated Damage** X

Name _____ **Address** _____ **Phone No.** (_____) _____

Name _____ **Address** _____ **Phone No.** (_____) _____

Name _____ **Charge(s)** _____

Name _____ **Charge(s)** _____

Officer Name M K Young **Officer Number** 2795 **Department** North Carolina State Highway P **Date of Report** 03/01/2011