

Howell, Rosa (NHTSA)

From: Clarence Ditlow <cmdiii@autosafety.org>
Sent: Monday, May 20, 2013 1:35 PM
To: Hershman, Larry (NHTSA)
Subject: Ditlow: Here's the PAR for the 1995 Jeep in NC in 2005 that was not in FARS by vehicle because it was not a vehicle in transport.
Attachments: PAR NC 2005 MIF [REDACTED].pdf

Call me if you have any questions. I could never understand why FARS omitted these in the first place. It was not until so many police officers were killed in CVPI's but didn't show up in FARS that we figured it out.

Clarence Ditlow
Executive Director
Center for Auto Safety
1825 Connecticut Avenue NW Ste 330
Washington DC 20009-5725

ATTACHMENT

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.

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101678355
Date received by DMV
NOV 03 2005

Form 1 of 2 Supplemental Report Non Reportable FATALITY

Date 10/12/05 County MECKLENBURG Time 1834 Local Use/Patrol Area 132 A3

13 Relation to Highway Traffic Crash occurred In Near CHARLOTTE
Municipality of _____ Miles N S E W
1-77 NORTH (R.R. Crossing # 0 5 7 Miles (0#-Intersection) R. N S E W
X or from TYVOLA ROAD toward WOODLAWN ROAD
Use Highway Number, Street Name or Adjacent County or State Line

UNIT # 1 X VEHICLE PEDESTRIAN HIT & RUN COMMERCIAL VEHICLE
Drive _____
Address _____
City CHARLOTTE State NC Zip _____
Driver's Phone H (_____) _____
Numbers W (_____) _____
D.L. # _____ State NC
34 Vision Obstruction 0 35 Physical Condition 5 36 D.L. Restrictions 0
37 Alcohol/Drugs Suspected 1 38 Alcohol/Drugs Test 1 39 Results (if known) S-N/A 40 Vehicle Seizure (DWI) X

UNIT # 2 X VEHICLE PEDESTRIAN HIT & RUN OTHER
Drive _____
Address _____
City CHARLOTTE State NC Zip _____
Driver's Phone H (_____) _____
Numbers W (_____) _____
D.L. # _____ State NC
34 Vision Obstruction 0 35 Physical Condition 1 36 D.L. Restrictions 0
37 Alcohol/Drugs Suspected 0 38 Alcohol/Drugs Test 0 39 Results (if known) 0-N/A 40 Vehicle Seizure (DWI) X

Own _____
Address _____
City CHARLOTTE State NC Zip _____
Plate # _____ State NC Plate Year 2005
VIN _____
Vehicle FORD Year 1995 41 Vehicle Style (Type) 1 42 Vehicle Drivable X No
43 TAD _____ 44 Estimated Damage 10000.00
Insurance Company _____ Policy # _____

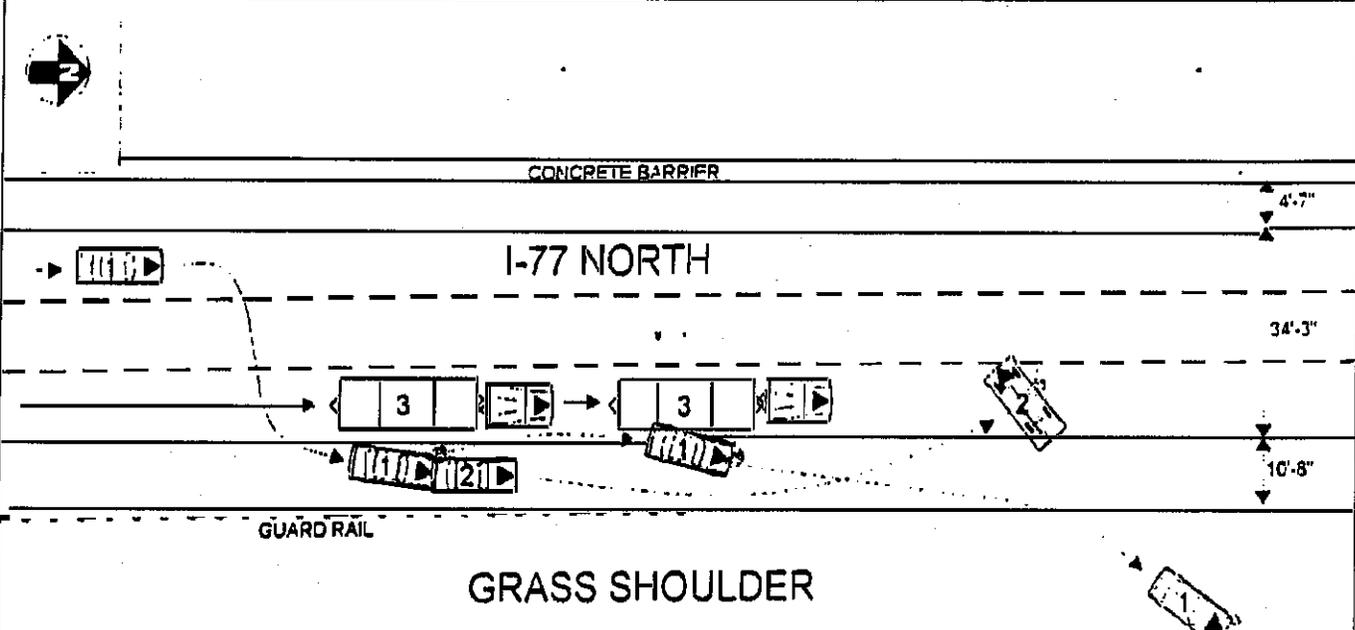
Own _____
Address _____
City CHARLOTTE State NC Zip _____
Plate # _____ State NC Plate Year 2005
VIN _____
Vehicle JEEP Year 1995 41 Vehicle Style (Type) 4 42 Vehicle Drivable X No
43 TAD _____ 44 Estimated Damage 10000.00
Insurance Company _____ Policy # _____

20 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source
46 Cargo Body Type _____ Same Address as Owner? _____
Source: Truck Shipping papers Driver
Carrier Identification Numbers, GVWR, Axles
US DOT# _____ ICC# _____ Axles on Vehicle Including Trailers _____
State _____ State# _____ IFTA# _____
FE# _____ Fleet# _____ Gross Vehicle Weight Rating _____

Table with columns A-H and rows 1-8. Contains names and addresses for all persons involved in the crash. Row 1: A 1 1 1 Unit 1 Dr. Post etc see above B M 10 2 10 2 1 2 see above Veh 1 Towed To/By: BRADLEY'S WRECKER SERVICE BRADLEY'S WRECKER SERVICE. Row 2: B 2 1 1 Unit 2 Dr. Post etc see above W M 10 1 0 1 1 1 see above Veh 2 Towed To/By: BRADLEY'S WRECKER SERVICE BRADLEY'S WRECKER SERVICE.

46 Name of EMS to CHAR MECK MEDIC #28 AND #38 45 Name of EMS to CAROLINA'S MEDICAL CENTER CHARLOTTE. 47 Injured Taken by EMS to (Treatment Facility and City or Town)

CRASH SEQUENCE (Unit Level)			50 Authorized Speed Limit	55	55	70 Road Configuration	0
51 Estimate of Original Driving Speed	70	0	71 Road Configuration	1	72 Road Surface Type		
52 Estimate of Speed at Impact	70	0	72 Road Surface Type	3	73 Road Configuration		
53 Tire Impressions Before Impact (ft)	0	0	73 Road Configuration	4	74 Access Control		
54 Distance Traveled After Impact (ft)	329	271	74 Access Control	2	75 Number of Lanes		
55 Emergency Vehicle Use	-	-	75 Number of Lanes	6	76 Traffic Control Type		
56 Post-Crash Fire (4 "Yes" check blocks)	<input type="checkbox"/>	<input type="checkbox"/>	76 Traffic Control Type	0	77 Traffic Control Oper		
57 School Bus - Contact Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	77 Traffic Control Oper	-	78		
58 School Bus - Noncontact Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	COMMERCIAL VEHICLE: Hazardous Materials Involvement				
59 Most Harmful Event for This Unit	21	21	Haz Mat Placard <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No From Placard indicate <input type="checkbox"/> <input checked="" type="checkbox"/> Hazardous Cargo <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 4-digit placard number or name from diamond or box 1-digit number from bottom of diamond Released (does not include fuel from fuel tank) ----- Carrying Haz Mat <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No -----				
60 Distance/Direction to Object Struck	0	0	81 Veh # _____ Overwidth Trailer and Overwidth Trailer (Inch) _____ Overwidth Permt # _____ 82 Trailer Type _____ 83 1st Trailer No. Axles _____ Width (inches) _____ Length (feet) _____ 84 2nd Trailer No. Axles _____ Width (inches) _____ Length (feet) _____				
61 Vehicle Undercarriage/Override	3	3					
62 Vehicle Defects	0	0					



Traveling Parked Facing N S E W on I-77 Unit 2 was Traveling Parked Facing N S E W on I-77

66 NARRATIVE (Include pertinent and unusual aspects, which are not listed elsewhere on this form)

VEHICLES 1 AND 3 WERE TRAVELING NORTH ON I-77. VEHICLE 2 WAS PARKED ON THE RIGHT SHOULDER OF I-77 FACING NORTH. VEHICLE 1 WAS CHANGING LANES WHEN HE RAN OFF THE ROAD TO THE RIGHT AND COLLIDED WITH VEHICLE 2. VEHICLES 1 AND 2 CAUGHT FIRE AND BEGAN TO BURN. VEHICLE 1 CAME BACK ONTO I-77 NORTH AND COLLIDED WITH VEHICLE 3. VEHICLE 1 THEN RAN OFF THE ROAD TO THE RIGHT AND CAME TO REST ON THE RIGHT SHOULDER IN THE GRASS. VEHICLE 2 OVERTURNED AND CAME TO REST ON ITS TOP ON I-77. VEHICLE 3 WAS MOVED PRIOR TO SHP ARRIVAL.

68 Type/Owner: NONE
 Owner Address: _____
 Phone: _____
 State: _____
 Property?:
 Estimated Damage: \$0

WITNESSES
 Name: _____ Address: _____ Phone No: (____) _____
 Name: _____ Address: _____ Phone No: (____) _____

TRAFFIC VIOLATION(S)
 Name: ALBERT PHARR Charge(s): DWI RECKLESS DRIVING, FAILURE TO REDUCE SPEED
 (Officer # optional)
 Name: _____ Charge(s): _____

FRP - S. ROBERTS Officer Name: *[Signature]* Officer Number: H2233 Department: NCSHP H/5 Date of Report: 10/12/2005
 NCNHP0000

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101678355
Date Received by DMV
NOV 03 2005

Form 1 of 2 Supplemental Report Non Reportable **FATALITY**

DATE: 10 / 12 / 05 County: MECKLENBURG Time: 1834 Local Use/Patrol Area: 132 A3

13 Relation to Highway Surface: 1 Crash In Near CHARLOTTE

Highway Number, or Highway, Street (if ramp or access road, indicate on left): I-77 NORTH

City: CHARLOTTE

From: TYVOLA ROAD To: WOODLAWN ROAD

UNIT # 3 VEHICLE PEDESTRIAN HIT & RUN COMMERCIAL 20 VEHICLE

Driver: [Redacted] Address: [Redacted] City: [Redacted] State: NC Zip: [Redacted]

34 Vision Obstruction: 0 35 Physical Condition: 1 36 D.L. Restrictions: 0

37 Alcohol/Drugs Suspected: 0 38 Alcohol/Drugs Test: 0 39 Results (if known): 0-N/A 40 Vehicle Seizure (DWI):

Owner: [Redacted] Address: [Redacted] City: [Redacted] State: NC Zip: [Redacted]

Vehicle Make: VOLVO Year: 2002 41 Vehicle Style (Type): 14 42 Vehicle Drivable: Yes No

43 TAD: RD-1 44 Estimated Damage: 500.00

20 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source

45 Cargo Body Type: 3 Same Address as Owner?

Carrier Identification Numbers, GVWR, Axles

US DOT: 065616 ICCS: 112713 Axles on Vehicle: 5

State: KS Street: 0593 Gross Vehicle Weight Rating: 123000

A	B	C	D	E	F	G	H	21	22	23	24	25	26	27	28	29	30	31	32	Names and Addresses for All Persons (Unit 1/Unit 2 Drv. Fed, etc. - See Above). Use check blocks if address same as Owner.
3	1	1										W	M	2	0	0	2	1	S	Vehicle 3 Towed To/By: DESTINATION DRIVER
																				Vehicle Towed To/By:

46 Name of EMS: _____ 47 Injured Taken by EMS to: _____

46 Name of EMS: _____ 47 Injured Taken by EMS to: _____

40. Points of Initial Contact		41. Authorized Driver (ID)		55	42. Signatures		9		
CRASH SEQUENCE (Unit Level)		43. Estimate of Impact (swerving/spinning)		55	43. Road Character		1		
44. Vehicle Maneuver/Action		43. Estimate of Speed at Impact		55	71. Road Classification		1		
45. Sign Material Action		43. Tire Impressions Before Impact (ft)		0	72. Road Surface Type		3		
46. Non-Motorist Location Prior to Impact		44. Distance Traveled After Impact (ft)		MOV	73. Road Configuration		4		
47. Crash Sequence - First Event for This Unit		45. Emergency Vehicle Use		-	74. Access Control		2		
48. Crash Sequence - Second Event		46. Post-Crash Fire (if "Yes" check block)		<input type="checkbox"/>	75. Number of Lanes		6		
49. Crash Sequence - Third Event		47. School Bus - Contact Vehicle		<input type="checkbox"/>	76. Traffic Control Type		0		
50. Crash Sequence - Fourth Event		48. School Bus - Noncontact Vehicle		<input type="checkbox"/>	77. Traffic Control Oper		-		
51. Most Harmful Event for This Unit		COMMERCIAL VEHICLE: Hazardous Materials Involvement		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No From placard indicate <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 4-digit placard number of name from diamond or box 1-digit number from bottom of diamond <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Carrying Haz Mat <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
52. Distance/Direction to Object Struck		57. Distance/Direction to Object Struck						0	
53. Vehicle Under/Over/Overide		58. Vehicle Under/Over/Overide						3	
54. Vehicle Defects		59. Vehicle Defects						0	
		60. Trailer Info		61. Trailer Type		9			
		62. 1st Trailer No. Axles		2		Width (inches)			
		63. Length (feet)		102		48			
		64. 2nd Trailer No. Axles				Width (inches)			
		65. Length (feet)				Length (feet)			
		66. Veh #		67. Overwidth Trailer and Overwidth Vehicle Home		Overwidth Permit #			

SEE ATTACHED DMV-349

Traveling Parked Facing N S E W on 1-77
 Unit was: Traveling Parked Facing N S E W on

68. NARRATIVE (Include pertinent and unusual aspects, which are not listed elsewhere on the form)
 SEE ATTACHED DMV-349.

69. Type/Owner: NONE Owner Address: Phone: State Property? Estimated Damage: 10

70. Name: Address: Phone No: WITNESSES

Name: Address: Phone No:

Name: ALBERT PHARR Charge(s): OWI, RECKLESS DRIVING, FAILURE TO REDUCE SPEED

Name: TRP B. S. ROBERTS Officer Name: Officer Number: H2233 Department: NCSHP H/5 Date of Report: 10/12/2005